



ANNUAL REPORT 2024/2025





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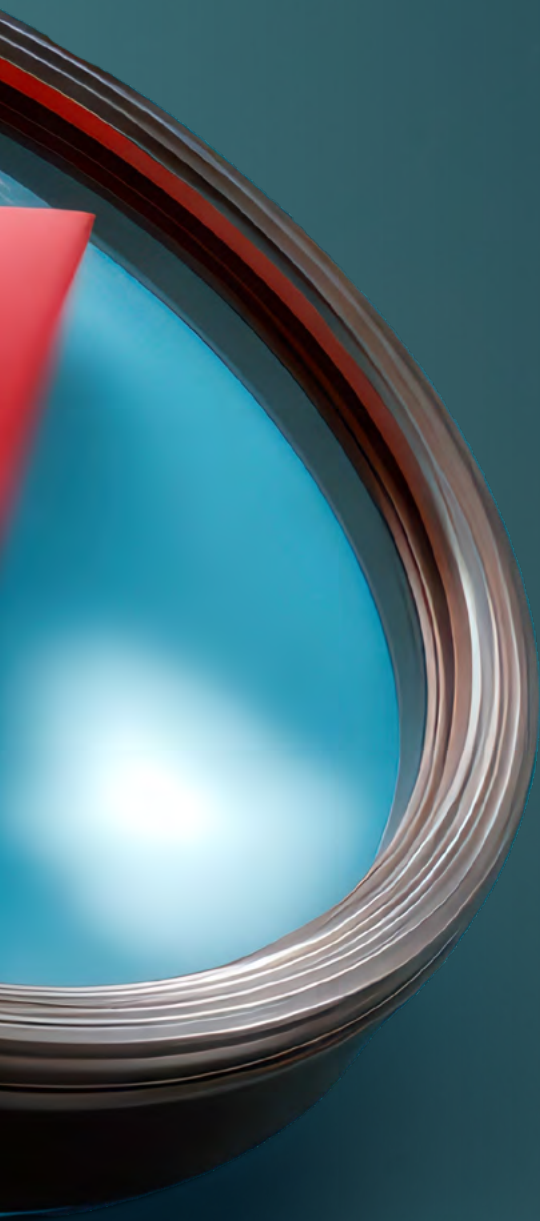
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PART A

GENERAL INFORMATION



1. THE HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA (HPCSA) GENERAL

OVERVIEW

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

REGULATORY MANDATE

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

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 TA Muslim
Dietetics and Nutrition	Ms LP Spies
Emergency Care	Dr S Sobuwa (Vice President) Mr STI Dwyili Mr A Bham
Environmental Health Practitioners	Mr J Shikwambane
Medical and Dental	Dr LN Makwakwa Dr SM Sathekge Prof JLA Rantloane
Medical Technology	Ms AF Vuma
Optometry and Dispensing Opticians	Ms Y Naidoo
Occupational Therapy, Medical Orthotics, Prosthetics and Arts Therapy	Ms E Burger
Psychology	Prof JO August
Physiotherapy, Podiatry and Biokinetics	Dr D Mathye (President of Council)
Radiography and Clinical Technology	Ms TB Mahlaola
Speech, Language and Hearing	Prof L Ramma

Community Representative not registered in terms of the Act	Mr N Raheman Rev NV Madyibi Rev TL Mashiloane Dr SR Legoabe Mr BI Dladla Mr TJ Nambo Ms M Mothapo Prof NJ Mekwa
Department of Higher Education and Training	Mr SR Mathebula
Department of Health	Dr AM Thulare
Person versed in law	Adv MJ Ralefatane
Persons appointed by Universities South Africa (Higher Education South Africa) now Universities South Africa (USAf)	Prof P Engel-Hills Prof L Green-Thompson Prof N Mofolo
South African Military Health Services	Lt General NP Maphaha
Registered Office	553 Madiba Street Cnr. Hamilton and Madiba Street Arcadia 0001
Postal Address	PO Box 205 Pretoria 0001
Bankers	ABSA Bank Limited
Auditors	Nexia SAB&T Registered Auditor
Company Secretary	Adv Ntsikelelo Sipeka (ACIBM)
Preparer of the Annual Financial Statement	The Annual Financial Statements in Part F were internally prepared by Ms M de Graaff CA(SA) – Chief Financial Officer
Website	www.hpcsas.co.za

2. ABBREVIATIONS AND ACRONYMS

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 Data- base
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
PBMDP	Professional Board for Medical and Dental Professions
PBOCP	Professional Board for Occupational Therapy,
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 of Council)



4. PRESIDENT'S FOREWORD

As we conclude our 2020–2025 term of office, it is fitting to reflect on the progress achieved, the challenges faced, and the lessons learned in fulfilling our statutory duties under the Health Professions Act, 56 of 1974 and other relevant governance frameworks. This has been a demanding yet fulfilling period during which Council has met most of the strategic goals it initially set.

Upon our appointment in 2020, one of our first responsibilities was to develop a five-year Strategic Plan responsive to the findings and recommendations of the Ministerial Task Team. The plan was informed by a thorough assessment of internal and external factors affecting Council's ability to fulfil its mandate. Clear priorities were set and translated into actionable programmes with defined indicators, enabling consistent monitoring and evaluation throughout the term.

Stakeholder engagement has remained central to effective regulation. Throughout the term, Council supported the regulator's participation in continental forums and international platforms, including our involvement in the Association of Medical Councils of Africa (AMCOA) as well as the International Association of Medical Regulatory Authorities (IAMRA). These engagements have provided valuable opportunities for mutual learning, benchmarking, and aligning regulatory practices with emerging global norms.

Council has continued to uphold sound corporate governance, emphasising accountability, transparency, and timely disclosure to its oversight authorities and the public. We recognise the essential role of the Minister of Health as the Executive Authority and remain committed to maintaining public confidence in the health profession's regulatory system. Our external auditors issued unqualified opinions on the annual financial statements throughout the term, including the year under review. This attests to the integrity of our financial reporting and the effectiveness of internal controls in accordance with the relevant accounting standards.

These achievements were realised despite a challenging operating environment. I wish to recognise the dedication of the collective, comprising Council members, Professional Boards members, executive leadership and staff, who ensured the continuity of services and regulatory stability through their professionalism. We also pay tribute to the memory of Board members who passed away during this term. We honour the memory of Dr Thabo Pinkoane, who served as Acting Registrar and Mr Daniel Tsunke Hlanyane, who served as a member of the Professional Board for Environmental Health Practitioners. Their contributions to the health professions and to the public interest will be remembered.

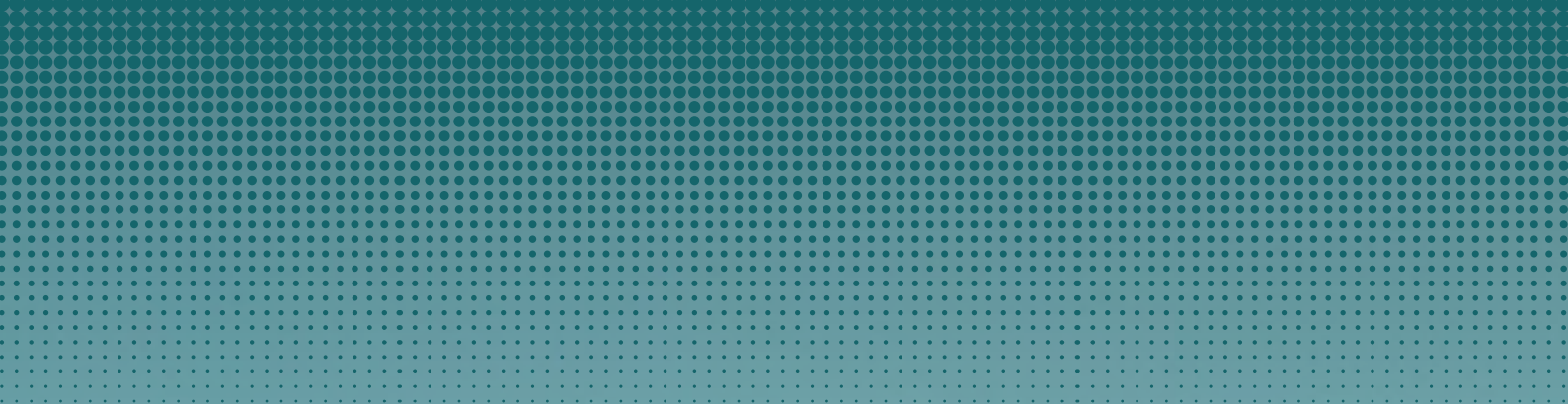
As we pass the baton to the incoming Council and Boards, we do so with confidence that they will build on this foundation to further enhance the regulator's performance and reputation, both nationally and internationally. On behalf of the outgoing Council, I would like to sincerely thank the Minister for the opportunity to serve and for the ongoing partnership in promoting safe, ethical, and high-quality healthcare practice in South Africa.

Thank you

A handwritten signature in black ink, appearing to read 'Desmond Mathye', with a stylized flourish at the end.

DR DESMOND MATHYE

PRESIDENT: HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA



Dr Magome Masike
HPCSA REGISTRAR



5. REGISTRAR OVERVIEW

INTRODUCTION

In the year under review, despite all the challenges experienced, we did everything possible empowered by the Health Professions Act, 56 of 1974 to fulfil our mandate of guiding the professions and protecting the public.

We managed to rise above the challenges and focus on delivering our mandate. We can look back at the preceding year and be proud that we were successful in turning the challenges experienced into opportunities. As we pursue our mission and vision and uphold the HPCSA mandate, we are confident we have made tangible efforts in ensuring that HPCSA delivers on its Strategic Objectives as espoused in our 2021/22-2025/26 Strategic Plan.

REGISTRATIONS

In the reporting period there were 185 420 health practitioners and 52 800 students on our register across the twelve Professional Boards. These included 10 797 new student registrants who came through during the reporting period. The automated system has assisted in reducing the turn-around time to no more than 10 days. About 6 593 interns were registered across the five Professional Boards during the reporting period.

EDUCATION AND TRAINING

It is a legislative requirement that the training and clinical programmes are recognised by the HPCSA for the registration of trainees and graduates. In the reporting period, a total of 700 evaluations of programmes were conducted and there were no institutions with evaluation fees not recovered.

Foreign qualified practitioners are also required to be assessed using different methods such as the Board examinations in order to establish their competency levels before they could be registered with the HPCSA. In the year under review, a total of 183 assessments/examinations across the Professional Boards were carried out.

FINANCE

During the year under review, the revenue increased by 3% from R416,4 million to R428,9 million and the investment revenue increased by 8.4% from R34,9 million to R37,8 million due to increase in investments and high prime interest rates. The revenue from annual fees increased by 4.3% from R306,1 million to R319,3 million mainly due to the increase in membership fees. Registration fees decreased by 8.7% from R27,0 million to R24,6 million. Fees from penalties imposed on practitioners increased by 25.8% from R4,7 million to R5,9 million. Fees from penalties imposed on practitioners increased by 25.8% from R4,7 million to R5,9 million.

CUSTOMER SATISFACTION LEVELS

During the 2024/25 financial year, Council placed a strong emphasis on service delivery, ensuring that stakeholder feedback was managed in a structured and accountable manner.

A dedicated e-mail servicedelivery@hpcsa.co.za was maintained as the central point of contact for service delivery complaints and compliments, providing stakeholders with direct access to raise concerns or acknowledge positive experiences.

In the reporting period, Council received a total of 1149 complaints and 426 compliments. Complaints were resolved following due

process, while the compliments served as encouragement and validation of our efforts to deliver exceptional services. Council remains committed to continuously improving service delivery by enhancing turnaround times, strengthening accountability, and ultimately reducing the volume of complaints.

CLEAN AUDIT

Council has once again achieved another unqualified audit for the 2024/25 financial year. We need to ensure continuation of such achievement. We acknowledge the hard work and commitment of Council, its committees, executive management, finance team and other departments and divisions in ensuring that this clean audit was attained.

ADVOCACY AND STAKEHOLDER ENGAGEMENT

Advocacy and stakeholder engagement is one of the strategic objectives for the HPCSA. For the HPCSA to remain relevant and survive within the healthcare environment, it requires regular interaction with its stakeholders. In the period under review, the HPCSA developed a stakeholder engagement strategy to guide its engagement with both internal and external stakeholders. This was to ensure that the relevant information is conveyed, especially when major decisions have to be implemented.

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 registrations are restored.

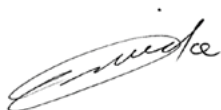
The office conducted 3 528 compliance inspections in the reporting period, reflecting an increase from the previous financial year. In relation to illegal practice, 589 investigations of unregistered persons were concluded. The Inspectorate continues to enforce professional compliance through various means. In the 2024/25 financial year the Inspectorate also participated in 28 joint inspections with other law enforcement agencies, participated in 58 stakeholder engagements, and conducted 25 awareness campaigns to strengthen public education and inter-agency collaboration.

PERFORMANCE

As a result of our continued NGOKU philosophy efforts in our daily operations of rendering services to the practitioners and the public, we noticed improvement in the HPCSA's service delivery. Change in our working attitudes, embracing "NGOKU" mantra, which can be characterised by an understanding that, we need to start making the small daily improvements by doing things NGOKU, has yielded positive results in building an organisation that we can all be proud of.

ACKNOWLEDGEMENTS

My sincere appreciation to the President, for his continued leadership and the outgoing Council for its guidance and support. To the management team and employees of HPCSA, I extend my gratitude for your endless support.



HPCSA REGISTRAR - DR MAGOME MASIKE

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 251 to 253.

The annual financial statements set out on pages 254 to 286, have been prepared on the going concern basis and were approved by Council on 29 September 2025, and signed on their behalf by:

Approval of financial statements



President: HPCSA

President: Health Professions Council of South Africa
29 September 2025

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.

VALUES OF THE HPCSA

Administrator

REEP

Responsiveness
Effectiveness
Efficiency
Professionalism

Advocate & Advisor

RHID

Respect
Honesty
Integrity
Dignity

Regulator

TRAFIC

Transparency
Rationality
Accountability
Fairness
Impartiality
Consistency

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-

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

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

1. Everyone has the right to have access to-
 - i. health care services, including reproductive health care
 - ii. sufficient food and water; and
 - iii. social security, including, if they are unable to support themselves and their dependents, appropriate social assistance.
2. The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights.
3. 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

1. Everyone has the right of access to-
 - i. any information held by the state; and
 - ii. 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

1. Everyone has the right to administrative action that is lawful, FY 2023/2024 ANNUAL REPORT 15. 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.

SAQA ACT

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 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.

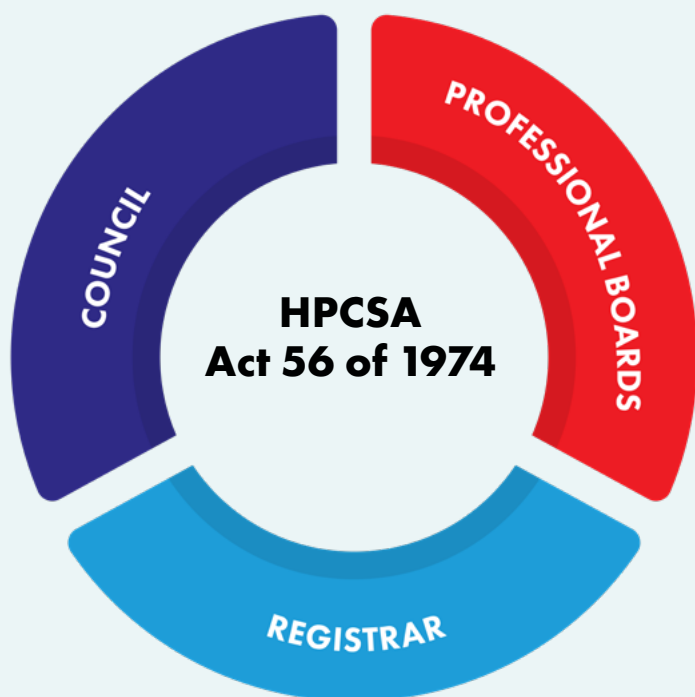
Table 1: Mapping the HPCSA's Strategic Plan to the Health Sector's Strategy FY2019 - FY2024

#	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						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			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	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.	Strategic Goal Number 3: improved relationships between Council and all relevant stakeholders by the end of the term (2025)
4	Prevalence of noncommunicable diseases reduced					Goal 3: Quality Improvement in the Provision of care	Provide leadership and enhance governance in the health sector for improved quality of care	Pillar 7: Strengthen Governance and Leadership to improve oversight, accountability, and health system performance at all levels	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	Tuberculosis (TB) prevention and cure progressively improved	Strengthen the health system				Improve equity, training and enhance management of Human Resources for Health Improving availability to medical products, and equipment	Pillar 1: Augment Human Resources for Health Operational Plan 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 health information system				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	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	Financial Universal health coverage					Pillar 3: Execute the infrastructure plan to ensure adequate, appropriately distributed, and well maintained health facilities	
8	Universal health care coverage achieved	Financial Universal health coverage						
9	Costs filled with skilled, committed, and competent individuals	Improve human resources in the healthcare sector						

10. ORGANISATIONAL STRUCTURE



MANDATE: HPCSA GLOBAL OVERSIGHT (3 SEC)



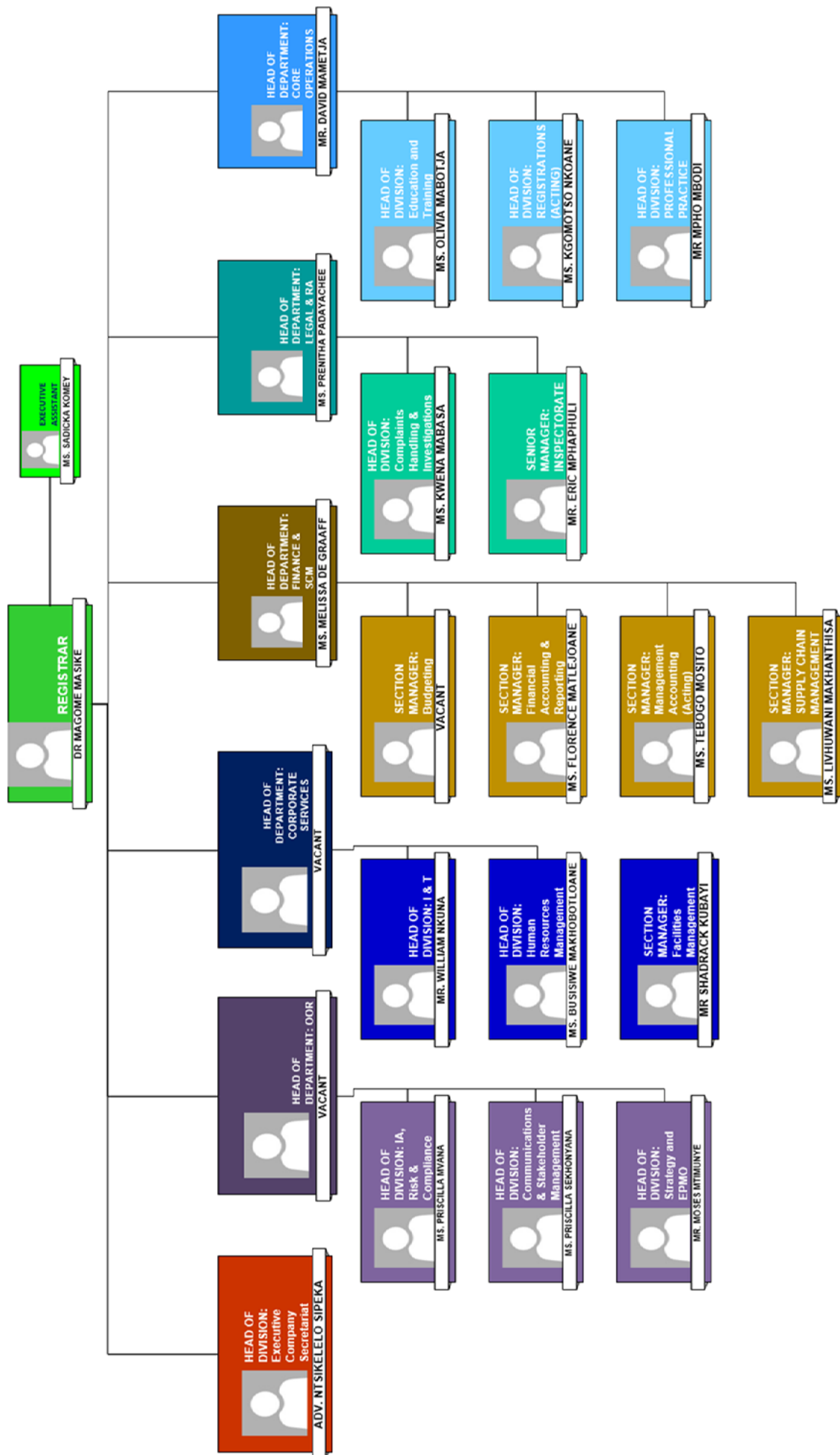
MANDATE: EXECUTION (12 SEC)



MANDATE: POLICY ENGINE (12 SEC)

Professional Board for Dental Assisting, Dental Therapy and Oral Hygiene	Professional Board for Dietetics and Nutrition
Professional Board Medical and Dental Professions	Professional Board for Medical Technology
Professional Board for Physiotherapy, Podiatry and Biokinetics	Professional Board for Psychology
Professional Board for Environmental Health	Professional Board for Emergency Care
Professional Board for Occupational Therapy, Medical Orthotics, Prosthetics and Arts Therapy	Professional Board for Optometry and Dispensing Opticians
Professional Board for Radiography & Clinical Technology	Professional Board for Speech, Language and Hearing Professions

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.



Mr 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.



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.



Adv. Ntsikelelo Sipeka

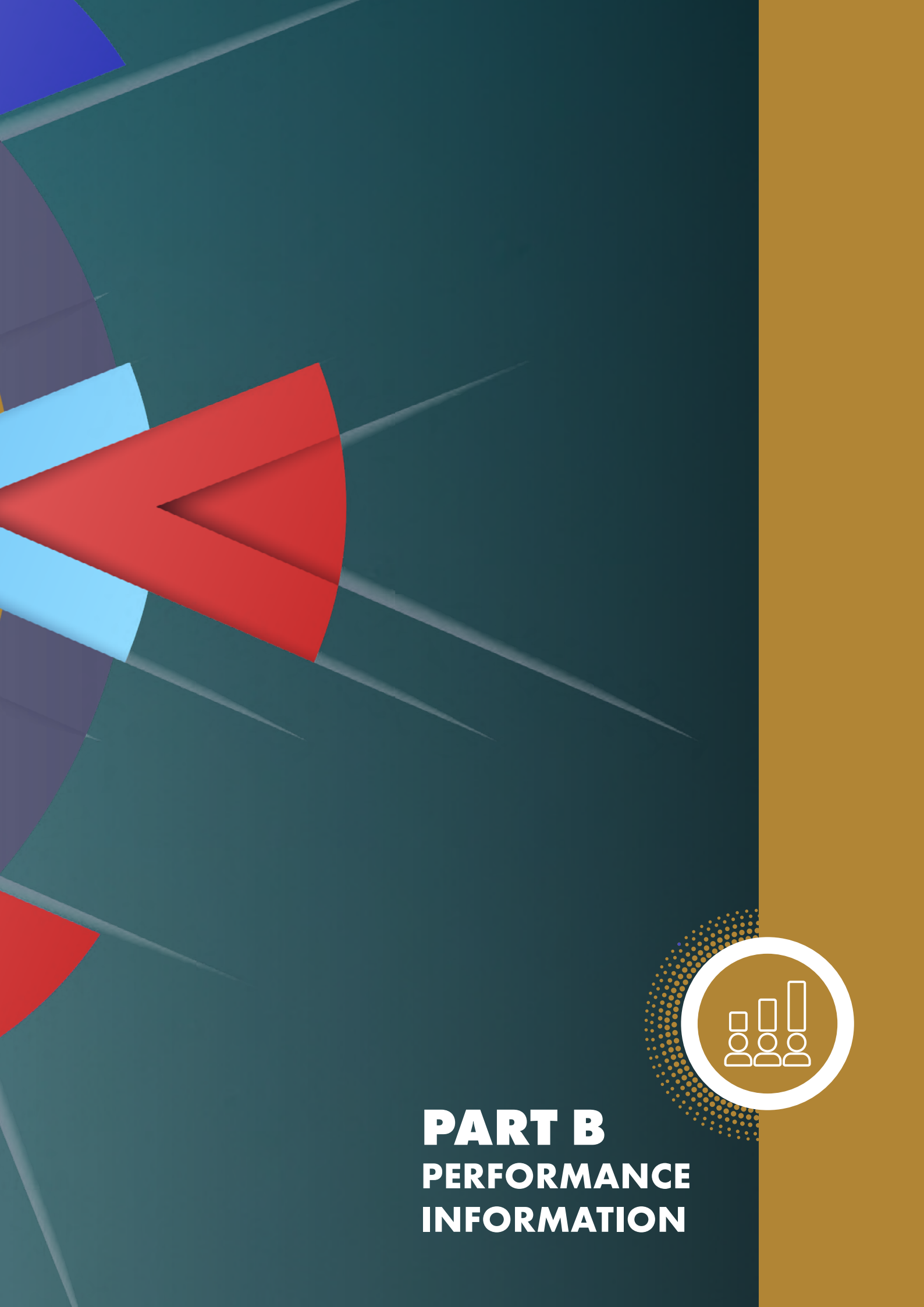
Head of Division Executive Company Secretariat

Adv. Ntsikelelo Sipeka (ACIBM) is a legal visionary and governance specialist with a wealth of experience in legal services. He is an Admitted Advocate of the High Court of South Africa and a member of the National Bar Council of South Africa, with an extensive experience of practice in both the Magistrate's and High Courts.

He has been a Company Secretary and a governance specialist for over ten (10) years. He held several positions, including Legal Advisor, Litigation Officer, Practicing Advocate of the High Court of South Africa, Head of Department Governance and Company Secretariat.

He is currently employed as a Head of Division Executive Company Secretariat at the Health Professions Council of South Africa responsible for guidance of Council and Professional Boards in governance matters and sound execution of their fiduciary responsibilities. He is further armed with the following qualifications: BJuris, LLB, Master's Degree in Development, PGDip Corporate Law, PGDip Labour Law, Certificate in Corporate Governance and Certificate in Compliance Management.





PART B
PERFORMANCE
INFORMATION

1. STRATEGIC ENVIRONMENT OVERVIEW

2. SECTION A

2.1 STRATEGIC ENVIRONMENT OVERVIEW

2.1.1 THE HPCSA STRATEGY

The HPCSA envisioned a strategic cycle whose impact would be characterised as excellent from a regulatory practice perspective. Figure 1 depicts those strategic choices that the HPCSA manages.

Council's Strategic and Plan (FY2021/22 – FY 2025/26)

The HPCSA's FY2021/2022 – FY2025/2026 Strategy can be characterised as a consolidation of the wins that were achieved through the FY2016/2017 – FY2020/2021's "Organisational Turnaround" strategy. Figure 1 is indicative of the Strategy and strategic choices made by the HPCSA.



Figure 1: HPCSA Strategy and Plan

The HPCSA's strategic plan was developed having considered specific remote, operating, as well as the internal factors that have potential may exacerbate the uncertainties that were recognised at the planning stage. This section presents outputs from the constant scanning effort of the environments and reflects whether the noted developments offers opportunities or threats or even downright risks. This information when carefully engaged with, enables the governance structure to reflect broader and wider than what is in the Annual Performance Plan and how those targets are being worked on and determine if there are no glaring environmental factors that will invalidate the approved plans. The planning assumptions that the HPCSA considered and continues to carefully monitor and evaluate are outlined in Table 1.

Table 1 : Approved Strategic Planning Assumptions

A #	ASSUMPTIONS IN THE INTERNAL ENVIRONMENT.	A #	ASSUMPTIONS IN THE EXTERNAL ENVIRONMENT
1	The backlog of Professional Conduct Inquiries (PCI) 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 care service delivery.
3	Implementation of Business Model will ensure that Council is successful.	3	Stable political environment.
		4	Positive and effective stakeholder relations and interventions will improve relation-ship with stakeholders
		5	Economic outlook will continue to improve over the medium term.

2.1.2 EXTERNAL ENVIRONMENT ANALYSIS

In this sub-section, a number of developments that directly, indirectly, and potentially affects the HPCSA, the Practitioners and the Public are discussed. The rationale for this analysis bases discussed is that the HPCSA governance structure must be aware of all inherent opportunities, threats and even risks.

POLITICAL FACTORS

In the reporting period a Government of National Unity (GNU) was formed by multiple political parties following the results of the National and Provincial Elections that took place. The policy of the Ministry of Health is likely to remain unchanged on matters such as National Health Insurance (NHI), the District Development Model (DDM) and Universal Health Coverage (UHC), as the incumbent political head at the Ministry of Health at National level continues to be from the political party that has governed the country for the preceding thirty years and is a person who has led the portfolio before and is assisted by a former Minister of Health.

We have also been exposed to the GNU parties differences being publicly expressed amongst constituent members of the government. These has not yet led to major disruptions, although they are a stark reminder of the potential for disruption which, if it occurs, may have a negative impact on the conclusion of national planned initiatives such as the National Health Insurance (NHI) – based on Universal Health Coverage (UHC) and the District Health System (DHS) model.

The Demarcation Regulations have gone a long way to settling the medical insurance industry and clarifying the roles of all players, as well as reclassifying specific insurance policies, including primary healthcare and hospital indemnity products, as products that may only be offered by a medical scheme. To manage this transition and minimise disruption, the Council for Medical Schemes (CMS) established an Exemption Framework in collaboration with relevant government bodies, giving insurers time to adjust their practices while

the National Department of Health (NDoH) developed a Low-Cost Benefit Option (LCBO) for existing medical schemes. The exemption period ended on 31 March 2025.

In the year under review the following developments were noted in the political environment:

- Signing of the withdrawal of the United States from the World Health Organization (WHO) requiring the organisation to seek 15% of its budget from other sources.
- Address of the Egregious Actions of the Republic of South Africa being signed - stating that it is U.S. policy to not provide aid or assistance to South Africa and to promote the resettlement of Afrikaner refugees escaping government.
- The G20 Health Working Group at its March 2025 meeting, at the behest of South Africa agreed to include "Financial Protection for Universal Health Coverage" in their resolutions.
- The SoNA 2025 statement making the pronouncement to prioritise the strengthening of the health system and improve the quality of care.
- The WHO reporting a significant regression in the Universal Health Coverage (UHC) over the world.

MEANING TO HPCSA-OPPORTUNITY AND OR THREAT OPPORTUNITY

- There is a need for the HPCSA to build and cement working relationships with the Minister and the Ministry of Health. The Ministry is a key role player and both BRICSA as well as in the implementation of the Africa Health Strategy 2016 – 2030 or any succeeding strategy framework. Regulatory bodies have a role to play and must play that role. The relationship between the HPCSA and the Ministry will determine whether the organisation moves into this important space.
- The Presidency as well as the Ministry of Health are emphasising the need for Universal Health Coverage. The President also asserts that there has been movement to strengthen all state organs as well as organisations set up to strengthen the democracy and partnering with private sector and bringing investment(s) into South Africa to assist programme(s) in creating economic growth, grow employment sector and alleviate poverty.
- The HPCSA is a key component in the South African Health System. The organisation must be able to align its operations to support the calls by the government towards universal health coverage. The eventual outcomes of 2024 general elections are of interest to all organisations inclusive of the HPCSA.
- South Africa's health system policy calls for strengthening of the system. All components of the health system in RSA inclusive of the HPCSA have the opportunity to openly participate and contribute to strengthening the health system. The HPCSA's regulatory strategy may have to explicitly support UHC and PHC.

THREAT

At political level, the government of national unity is a major change for the South African landscape. Change poses a threat due to the uncertainty and disruption it brings. Being far from these developments will open the HPCSA to threats.

RISK VIEW

- The consequences of the National and Provincial elections have been that a number of parliamentarians lost their seats. Non-performing, high maintenance and controversy plugged public entities poses a risk to their political heads. The tolerance levels for such risks will be reduced to a bare minimum. Leaders and leadership of public agencies that are viewed as non-performing, high maintenance, and controversial will be in the line of fire.
- The HPCSA is a statutory regulator – independent of government and executing a self-regulation mandate. Disregard and/or not heeding some of the articulations by the governing party and the government may place the HPCSA in the periphery of the health system decision makers
- The seemingly USA government hostile posture towards South Africa is an inherent risk for HPCSA's continued participation in IAMRA activities.

ECONOMIC FACTORS

The HPCSA (Council, Professional Boards, Secretariat and Practitioners) are not immune from economic challenges that the country and the organisation are monitoring. The economic factors are the indicators that are tracked as the interest rate, the inflation rate and the unemployment rate.

INFLATION LEVELS

The inflation rate is a monitored economic indicator tracked against the inflation target of between 3% and 6% as set by the South African Reserve Bank. The SARB through the Monetary Policy Commission (MPC) uses the interest rate to influence the level of inflation. The MPC has in the reporting period considered all factors that contribute to inflation and settled to keep the repurchase rates unchanged at 8,25% per annum.

The South African Reserve Bank kept the repo rate unchanged at a 15-year high of 8.25% in line with market expectations. The central bank noted that restrictive policy remains appropriate to stabilise inflation at 4.5% and that an unchanged stance remained appropriate, given the inflation risks. Some officials, however, were of the view that the inflation outlook had improved enough to reduce the degree of restrictiveness. The central bank added that inflation expectations do not yet reflect the 4.5% midpoint objective over the medium term. While expectations are moving in the right direction, they continue to show the impact of the recent inflation surge. The HPCSA is sensitive to economic developments and its impact on the practitioner and how that impact snowballs to how the HPCSA can still run its affairs sustainably.

The inflation rate remained within the targeted range of between 3% and 6% set by the Monetary Policy Commission (MPC) of the South African Reserve Bank (SARB). The Monetary Policy Committee (MPC) of the South African Reserve Bank (SARB) reduced the repo rate by 25 basis points to 8.0%. The growth in the GDP rate (albeit, anaemically) and the continued decline in the CPI and repo rates suggest an improvement, albeit slight, in the tough economic conditions faced by South Africans in general.

INTEREST RATES

In South Africa's 2024/25 financial year, interest rates experienced a cutting cycle, which resulted in the prime lending rate also falling from 11.75% to 10.50%. These cuts were driven by South Africa's successful fight against inflation, bringing it within the target range, and were intended to support economic growth and household affordability.

The Monetary Policy Committee (MPC) met to review and consider the country's repurchase rate policy position. The January 2025 meeting resolved to reduce the repurchase rate to 7,50%. The March 2025 meeting resolved to keep the repurchase rate unchanged at 7.50%.

EMPLOYMENT LEVELS

The unemployment level in the country, especially amongst the youth, continues unabated, with a devastating impact on individuals, families, and the wider community. Unemployment levels reached 33,5% in Quarter 2 compared to 32,9% in Quarter 1 of 2024. In as much as the HPCSA may efficiently and speedily process registrations, the failure by the economy to absorb the youth poses a significant potential societal challenge.

RELEVANCE TO THE HPCSA (OPPORTUNITY, THREATS AND OR RISKS) OPPORTUNITY

The higher interest rate continues to provide opportunity for more earnings per investment made.

THREATS

High unemployment numbers pose a general socio-economic threat as its consequences include being a breeder for social unrest, gangsterism, and general other criminality, alcohol, and drug abuse challenges.

RISKS

If the Interest Rates are lowered in the medium term, this would negatively impact the investment returns revenues.

TECHNOLOGICAL FACTORS

The World Health Organization (WHO) discussed the health systems of the future and how technology and innovation in health can be harnessed. These discussions focused on how these trends are reshaping health systems.

African continent has been witnessing a lot of growth and its healthcare ecosystem is no exception. Recently, the continent has seen a surge in companies developing and adopting innovative health technology products. These solutions can assist in improving access and quality of care and reduce costs for millions of Africans. However, the vast range of diversity within the continent poses many challenges and opportunities.

The health technology industry is delivering care to patients in different ways, be it through apps, wearables or a remote companion. Before the COVID-19 pandemic, a person had to always physically visit a hospital or a doctor to receive medical treatment, but things are changing fast. The digital health market in Africa is projected to grow by 15.42% between 2023 and 2027, resulting in a market volume of \$10.42 billion in 2027, according to Statista Market Insights.

The use of mobile devices, such as smartphones and tablets, to deliver healthcare services has been on the rise. These services include anything from providing information on health matters to remotely monitoring patients, as well as scheduling appointments. Due to the continent's high mobile penetration rate, this innovative trend is on the rise.

Artificial Intelligence (AI) has been shaking things up in the healthcare ecosystem and the technology in the healthcare market is on a massive growth spree. While Artificial Intelligence (AI) promises to provide useful innovations that may benefit healthcare, there is great potential for abuse that may harm patients as well as displace practitioners. The regulatory environment within South Africa has not yet provided sufficient policy guardrails to ensure appropriate use of AI. As a result, the Ethics Committee of Council has called for the development of ethical guidelines on AI. A draft has been developed and will go through internal consultations with relevant structures and will finally serve at Council.

Precedence Research predicts that AI in health technology will jump by 37% every year from 2022 to 2030. UNESCO and KPMG are also reporting that there is a decline in the public's trust of AI. Policymakers and regulators (like the HPCSA) are advised to assess and carefully choose how AI is defined as that could determine the shape that AI policy and or regulation takes. The Institute of Electrical and Electronics Engineers highlighted that technology is playing a pivotal role in driving advancements in the evolving landscape of global healthcare. The institute further asserts that those interested in these developments to track the continued evolution, adoption, and maturing use of technologies such as:

The Rise of Telemedicine 2.0 designed to enrich the virtual consultations capability by providing healthcare services remotely, greatly improving patient access, especially during crises. CapGemini advised that digital transformation in healthcare is accelerating spurred on by growing data practice capabilities. CapGemini further advises for a close watch of the acceleration of the adoption of technology and use in the health services in the following areas: -

- increase healthcare data sharing
- a shift towards integrated care systems
- multi-stakeholder partnerships driving healthcare service innovation
- digital health tools enabling individuals to gain more control over their health

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

OPPORTUNITIES, THREATS AND OR RISKS

OPPORTUNITY

- Technology has become a key component of the health system. The opportunity is for regulators like the HPCSA to co-create mechanisms that will show technology like AI being regulated for it to be trusted by the public.
- 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.
- Technology even in its enabling role comes with a price tag which at times can be prohibitive. Funding risk for the digitalisation effort will always be lurking in the background. Included would be compliance with domestic Acts, like for example POPIA, Information

governance, Consent and confidentiality issues. The regulatory agency as a provider of guidance to practitioners must be able to highlight all possible risks to minimise practitioners making mistakes thus creating avoidable work for the regulator.

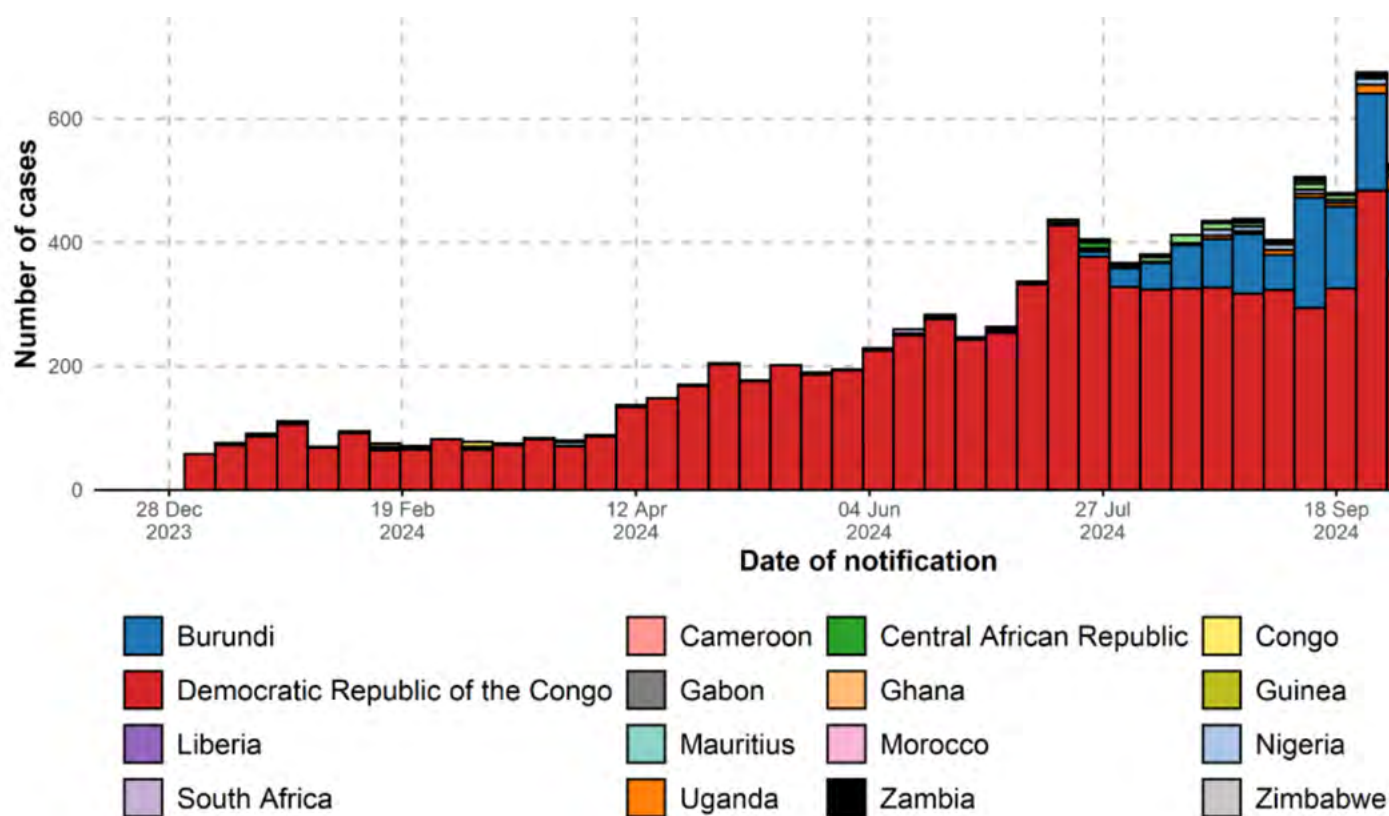
SOCIAL FACTORS

NATIONAL HEALTH INSURANCE BILL

On 15 May 2024, President Cyril Ramaphosa signed the National Health Insurance Bill into law. The National Health Insurance Act 20 of 2023 (NHI Act) marks a pivotal moment in South Africa's healthcare landscape. The funding of private hospitals and the remuneration of healthcare professionals will need to be carefully managed to ensure that South Africa retains its community of qualified, highly skilled healthcare professionals. South Africa has very low-level penetration across all the registrable professions per one thousand members of the public. The data to establish whether there is any proportional availability of health care practitioners in all provinces, in cities and towns as well as between primary health facilities right through to tertiary health facilities as well as the private sectors has been hard to come by. STATSSA state that the percentage of people in South Africa who live in rural areas stand at 32.65% of the total population.

MONKEYPOX (MPOX)

Monkey Pox (MPOX) continues to pose a global threat, especially in the African continent. In the reporting period the International Health Regulations (IHR) National Focal Point (NFP) of South Africa notified WHO of 20 confirmed monkeypox (MPOX) cases. The outbreak has affected 12 other African countries (Burundi, Cameroon, Central Africa Republic (CAR), Congo, Cote d' Ivoire, DRC, Ghana, Kenya, Liberia, Nigeria, Rwanda, and Uganda since 1 January 2024, reporting 18 737 cases (3 101 confirmed, 16 636 suspected) and 541 deaths [case fatality ratio (CFR): $18\,737/541=2.89\%$].



Source: WHO

Figure 2 depicting MPOX cases in Africa

Figure 2 depicts the incidences of MPOX in sub-Saharan Africa. Over 600 MPOX cases were reported, mainly from the Democratic Republic of Congo (DRC) and Burundi as on the 18th of September 2024 (See Figure 4). The National Institute of Communicable Diseases (NICD) reported 5 cases initially diagnosed in 2022 and 25 cases, cumulatively, in South Africa as of September 2024. Three infected persons succumbed to the disease, representing a crude cumulative Case Fatality Ratio (CFR) of 8:1.

FOOD POISONING

In the year under review the Gauteng Provincial Government has indicated food-borne illnesses of more than 400 persons, mainly children, including 6 who died in Naledi (Soweto) from food items purchased from “spaza shops”. The NICD conducted tests to establish confirmatory information regarding the extent of the outbreak. However, the Minister of Health reported that, based on initial assessments, organophosphates (also called Terbufos) and poor hygiene in food outlets are the main source of poisoning.

These outbreaks are a symptom of poor public health inspection capacity in food vendor outlets amongst others, especially in townships. While the HPCSA has about 4,400 Environmental Health Practitioners (EHPs) in its register, the National Department of Health (NDoH) has reported that, only 1 712 are available in the public sector to service 62 million South Africans, which is well below the target of 1 EHP for every 10 000 citizens, set by the World Health Organization (WHO). Based on this ratio, the NDoH estimates that an additional 4 491 EHPs are required to strengthen the response against social challenges facing the country, including health outbreaks. The HPCSA (led by the Environmental Health Practitioners’ Professional Board) may need to be part of engagements required to address the capacity shortages that have been identified with key stakeholders, including government and training institutions.

Table 2 : Provincial distribution of Environmental Health Practitioners and gaps

Province	EHPs	2022 Population	Required	Ratio	Shortage
EC	203	7230204	723	10000	520
FS	71	2964412	296	10000	225
GP	437	15099422	1510	10000	1073
KZN	287	12423907	1242	10000	955
LP	129	6572720	657	10000	528
MP	81	5143324	514	10000	433
NW	76	3804548	380	10000	304
NC	55	1355946	136	10000	81
WC	373	7433019	743	10000	370
RSA	1712	62027502	6203	10000	4491

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

OPPORTUNITIES, THREATS AND OR RISKS

OPPORTUNITY

There will need to be thorough consideration of how the NHI Act can be implemented so that it does not unduly impact the pockets and healthcare coverage of South Africans, while still addressing the existing inequitable access to healthcare in the country. The internal and external migrations enjoin the HPCSA to keep proper data on the locations of practice of registered practitioners to assist in determining whether there is a proportional spread across provinces, cities, towns, rural and urban settings. There is potential for increased health impact should wider dissemination among these and other vulnerable groups in South Africa and neighbouring countries continue.

RISKS

This event emphasises that the global MPOX outbreak linked to clade IIb monkeypox virus (MPXV) is still ongoing, and the risk of cross-border and international spread persists in all WHO regions. The unmet service needs create a gap will be closed by unregistered persons – this will undermine the “Protecting the public” of the HPCSA motto. Failure to act out this motto will also discourage those that are registered.

ENVIRONMENTAL FACTORS

In the year under review the G20 Environmental and Climate Sustainability Working Group (ECSWG) met in South Africa to address environmental and climate change priorities. The Climate Change Bill [B 9B—2022] was passed by both the National Assembly and National Council of Provinces (NCOP)] and sent to the President for assent. The purpose of this bill is to enable the development of an effective climate change response and a long-term, just transition to a low carbon and climate-resilient economy and society for South Africa in the context of sustainable development.

MEANING TO HPCSA – OPPORTUNITY AND OR THREAT OPPORTUNITY AND OR RISK

- Discussions and decisions taken at the ECSWG will be implemented by amongst many Environmental Health Practitioners.
- Regulations make the HPCSA a key player or contributor to these conversations.
- Regulations must enable, support and guide for appropriate behaviour by all registrable practitioners as they practice their professions and interact/interface with the environment.

LEGISLATIVE FACTORS

In the reporting period the parliamentary and presidency processes delivered several laws that must be of interest to the HPCSA:

- The National Health Insurance Act 20 of 2023
- Divorce Amendment, Act 1 of 2024
- National Prosecuting Authority Amendment Act, 10 of 2024
- National Council on Gender-Based Violence and Femicide Act, 9 of 2024
- Climate Change Act, 22 of 2024

Parliament was seized with eight Bills in the reporting period. One of the Bills includes the Statistics Amendment Bill (B 31—2023). The purpose of the Bill 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”.

RELEVANCE TO THE HPCSA (OPPORTUNITIES, THREATS AND OR RISKS) OPPORTUNITIES

- The NHI continues to offer opportunities to participants to the Health System in South Africa inclusive of the HPCSA.
- The statistics Bill offers a number of opportunities for any regulatory agency. Statistical information gathered using standardised practices will be useful for regulatory planning.

THREATS

- Poor understanding of a South Africa Health System that is underpinned by an NHI.

RISKS

- Failure by the HPCSA to adjust/improve its posture to an NHI era in South Africa.
- Inability of the HPCSA to be aligned with other players in the health system with regards to statistical data capabilities.

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Mr Lerole David Mametja
Head of Department: Core Operations.



2. DEPARTMENT: CORE OPERATIONS

1. DEPARTMENT OVERVIEW

The Department of Core Operations houses the core activities of the HPCSA as mandated by the Health Professions Act, 1974 (Act No. 56 of 1974, as amended) which is the founding legislation of the HPCSA. According to the Act, the HPCSA has responsibility over the Education and Training, Registration and Professional Practices of health practitioners in South Africa. These responsibilities are structurally located within 3 formal divisions in the Department, namely:

- a. Education and Training
- b. Professional Practice; and
- c. 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 5-year Strategic Plan of 2019/20 to 2025/26.

2. PERFORMANCE HIGHLIGHTS

The Department is constituted by 3 divisions operating seamlessly to address the core business of the HPCSA in matters relating to education and training, registrations, and professional practice. Joint planning and implementation occur regularly within the Department, which has facilitated the attainment, but not limited to the following achievements:

- Support provided to all 12 professional boards when undertaking programme evaluations and board examinations;
- Slashing of turn-around times for registration of students from 3 months to no more than 10 days following the introduction of an automated bulk registration system;
- A total of 244,813 persons registered with the HPCSA, the largest amongst all regulators in South Africa;
- A total of 1,847,434 service requests for Continuing Professional Development (CPD) received and processed in no more than 4 days on average.

3. DIVISION-SPECIFIC HIGHLIGHTS

3.1 EDUCATION AND TRAINING DIVISION

- 3.1.1 The Division draws its mandate from Section 16 of the Health professions Act No. 59 of 1974, which states that, "notwithstanding anything to the contrary in any other law ...no person or educational institution, excluding a university or a technicon, may offer or provide any training having as its object to qualify any person for the practising of any profession to which the provisions of this Act apply or for the carrying on of any". Even universities and Technikons (now, known as universities of technology" are required to have their programmes recognised by the HPCSA for the registration of their graduates.

- 3.1.2 Officials attended all 70 (100%) of engagements arranged during which, matters relating to education, training and quality assurance were discussed with important stakeholders.
- 3.1.3 More than 700 (100%) evaluations of programmes (training and clinical) undertaken by the 12 professional boards were supported (See Table 1). Unlike the previous reporting period, there were no institutions with evaluation fees not recovered.

Table 1: Programme Evaluations

PROFESSIONAL BOARD	EVALUATED PLATFORMS		TOTAL
	TRAINING	CLINICAL	
DIETETICS AND NUTRITION (DNB)	7	90	97
DENTAL ASSISTING, DENTAL THERAPY AND ORAL HYGIENE (DOH)	4	0	4
EMERGENCY CARE (EMB)	6	0	6
ENVIRONMENTAL HEALTH PRACTITIONERS (EHP)	1	0	1
MEDICAL AND DENTAL (MDB)	9	34	43
MEDICAL TECHNOLOGY (MTB)	2	116	118
OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS, PROSTHETICS AND ARTS THERAPY (OCP)	1	3	4
OPTOMETRY AND DISPENSING OPTICIANS (ODO)	1	0	1
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS (PPB)	8	16	24
PSYCHOLOGY (PSB)	8	347	355
RADIOGRAPHY AND CLINICAL TECHNOLOGY (RCT)	1	53	54
SPEECH, LANGUAGE AND HEARING (SLH)	1	0	1
Total	49	659	708

- 3.1.4 Unlike in the previous reporting period (where the MDB, experienced challenges with exams), all the 12 boards were able to offer board examinations as scheduled. All 183 (100%) examinations arranged by the professional boards were supported by the Division (See Table 2).

Table 2: Board Examinations

PROFESSIONAL BOARD	NUMBER OF EXAMS	NUMBER OF EXAMINEES	NUMBER PASSED	% PASSED
DIETETICS AND NUTRITION (DNB)	1	1	1	100%
DENTAL ASSISTING, DENTAL THERAPY AND ORAL HYGIENE (DOH)	2	48	45	94%
EMERGENCY CARE (EMB)	1	63	15	24%
ENVIRONMENTAL HEALTH PRACTITIONERS (EHP)	17	18	18	100%
MEDICAL AND DENTAL (MDB)	143	629	384	61%
MEDICAL TECHNOLOGY (MTB)	5	595	427	72%
OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS, PROSTHETICS AND ARTS THERAPY (OCP)	2	2	2	100%
OPTOMETRY AND DISPENSING OPTICIANS (ODO)	5	9	8	89%
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS (PPB)	5	7	7	100%
PSYCHOLOGY (PSB)	3	1,002	826	82%
RADIOGRAPHY AND CLINICAL TECHNOLOGY (RCT)	2	24	7	29%
SPEECH, LANGUAGE AND HEARING (SLH)	3	4	4	100%
Total	189	2,402	1,744	79%

3.2 REGISTRATIONS

3.2.1 DIVISIONAL OVERVIEW

- 3.2.1.1 The Registration Division is responsible for the registration of all health practitioners registerable in terms of the Health Professions Act, Act No. 56 of 1974 as amended, (the Act), including students ahead of practising their respective professions.
- 3.2.1.2 The Division registers, interns, and qualified health practitioners, including specialists.
- 3.2.1.3 The Division also issues certificates by the Registrar, specifically those confirming the good standing (status) of practitioners, mainly seeking recognition by foreign regulators and those confirming internship. The certificates by the Registrar are issued in terms of section 23 of the Act. The Division issue verification of credentials of registered health practitioners and medical reports/ certificates issued by health practitioners.

3.2.2 STUDENT REGISTRATION

- 3.2.2.1 Students receiving education and training in South Africa, are required to register from the 1st year of studying towards the qualification registerable with the HPCSA.
- 3.2.2.2 There were 52,800 students in the HPCSA's registers across its 12 boards. These included 10,797 new student registrants who came through during the reporting period (See Table 1).
- 3.2.2.3 In the past, the turn-around-time (TAT) for processing registrations of students was 3-months. However, with the introduction of an automated system (generally known as the "dump"), the TAT has been reduced to no more than 10 days.

Table 1, Active Student Registrations for the period 1 April 2024 to 31 March 2025

PROFESSIONAL BOARDS	STUDENT REGISTER TYPE	TOTAL
PROFESSIONAL BOARD FOR DIETETICS AND NUTRITION (DNB)	STUDENT DIETITIAN	1,105
	DIETETICS VISITING STUDENT	2
	STUDENT NUTRITIONIST	127
	NUTRITION VISITING STUDENT	10
	TOTAL	1,244

PROFESSIONAL BOARDS	STUDENT REGISTER TYPE	TOTAL
PROFESSIONAL BOARD FOR DENTAL ASSISTING, DENTAL THERAPY AND ORAL HYGIENE (DOH)	STUDENT DENTAL ASSISTANT	995
	STUDENT ORAL HYGIENIST	450
	STUDENT DENTAL THERAPIST	250
	TOTAL	1,695
PROFESSIONAL BOARD FOR ENVIRONMENTAL HEALTH PRACTITIONERS (EHP)	EHP VISITING STUDENT	6
	STUDENT ENVIRONMENTAL HEALTH OFFICER	1,971
	TOTAL	1,977
PROFESSIONAL BOARD FOR EMERGENCY CARE BOARD (EMB)	STUDENT PARAMEDIC	726
	STUDENT EMERGENCY CARE ASSISTANTS	657
	STUDENT EMERGENCY CARE PRACTITIONER	1,213
	ECP VISITING STUDENT	36
	STUDENT EMERGENCY CARE TECHNICIAN	671
	TOTAL	3,303
PROFESSIONAL BOARD FOR MEDICAL AND DENTAL (MDB)	STUDENT CLINICAL ASSOCIATE	980
	STUDENT DENTIST	1,510
	STUDENT GENETIC COUNSELLOR	3
	STUDENT INTERN	3,894
	MEDICAL STUDENT	13,383
	STUDENT MEDICAL SCIENTIST	251
	STUDENT MEDICAL PHYSICIST	28
	VISITING STUDENT	80
	TOTAL	20,129
PROFESSIONAL BOARD FOR MEDICAL TECHNOLOGY (MTB)	STUDENT MEDICAL TECHNICIAN	1,077
	STUDENT LABORATORY ASSISTANT	401
	STUDENT MEDICAL TECHNOLOGIST	2,277
	TOTAL	3,755
PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS, PROSTHETICS AND ARTS THERAPY (OCP)	ARTS THERAPY STUDENT	44
	STUDENT MEDICAL ORTHOTIST AND PROSTHETIST	504
	STUDENT OCCUPATIONAL THERAPIST	2,402
	STUDENT OCCUPATIONAL THERAPY ASSISTANT	32
	TOTAL	2982
PROFESSIONAL BOARD FOR OPTOMETRY AND DISPENSING OPTICIANS (ODO)	STUDENT DISPENSING OPTICIAN	540
	STUDENT OPTOMETRIST	1,247
	VISITING STUDENT OPTOMETRY	4
	TOTAL	1,791

PROFESSIONAL BOARDS	STUDENT REGISTER TYPE	TOTAL
PROFESSIONAL BOARD FOR PHYSIOTHERAPY, PODIATRY AND BIOKINETICS (PPB)	STUDENT BIOKINETICIST	1,504
	STUDENT PODIATRIST	400
	STUDENT PHYSIOTHERAPIST	2,601
	PHYSIOTHERAPY VISITING STUDENT	2
	TOTAL	4,507
PROFESSIONAL BOARD FOR PSYCHOLOGY BOARD (PSB)	STUDENT PSYCHOMETRIST	284
	STUDENT PSYCHOLOGIST	1,755
	PSYCHOLOGY VISITING STUDENT	7
	STUDENT REGISTERED COUNSELLOR	2,150
	TOTAL	4,196
PROFESSIONAL BOARD FOR RADIOGRAPHY AND CLINICAL TECHNOLOGY (RCT)	STUDENT RADIOGRAPHER	3,388
	VISITING STUDENT RADIOGRAPHER	95
	STUDENT ELECTRO-ENCEPHALOGRAPHIC TECHNICIAN	237
	STUDENT CLINICAL TECHNOLOGIST	895
	STUDENT RADIATION TECHNOLOGIST	2
	STUDENT SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHER	9
	TOTAL	4,626
PROFESSIONAL BOARD FOR SPEECH, LEARNING AND HEARING (SLH)	STUDENT AUDIOLOGIST	901
	STUDENT HEARING AID ACOUSTICIAN	31
	STUDENT SPEECH THERAPIST	1,390
	STUDENT SPEECH THERAPIST AND AUDIOLOGIST	239
	STA VISITING STUDENT	4
	TOTAL	2,565
GRAND TOTAL		52,800

3.2.3 INTERN REGISTRATION

3.2.3.1 Internship training offers registrants an opportunity to receive training under supervision and guidance in accredited facilities, thereby ensuring their suitability to become registered practitioners.

3.2.3.2 There were 6,593 interns registered across 5 professional boards during the reporting period (See Table 2).

Table 2, Active Intern Registrations for the period 1 April 2024 to 31 March 2025

PROFESSIONAL BOARDS	INTERN REGISTER TYPE	TOTAL
PROFESSIONAL BOARD FOR MEDICAL AND DENTAL (MDB)	INTERN GENETIC COUNSELLOR	8
	INTERN	4,736
	INTERN MEDICAL SCIENTIST	237
	INTERN MEDICAL PHYSICIST	43
	TOTAL	5,024

PROFESSIONAL BOARDS	INTERN REGISTER TYPE	TOTAL
PROFESSIONAL BOARD FOR MEDICAL TECHNOLOGY (MTB)	MEDICAL TECHNOLOGY INTERN	284
	TOTAL	284
PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS, PROSTHETICS AND ARTS THERAPY (OCP)	ARTS THERAPIST INTERN	40
	INTERN MEDICAL ORTHOTIST AND PROSTHETIST	2
OCP Total	TOTAL	42
PROFESSIONAL BOARD FOR PHYSIOTHERAPY, PODIATRY AND BIOKINETICS (PPB)	INTERN BIOKINETICIST	294
	TOTAL	294
PROFESSIONAL BOARD FOR PSYCHOLOGY (PSB)	INTERN PSYCHOLOGIST	949
	TOTAL	949
GRAND TOTAL		6,593

3.2.4 HEALTH PRACTITIONERS

- 3.2.4.1 Registration is a prerequisite from practicing a profession within South Africa.
- 3.2.4.2 The purpose of registration is to ensure that, only skilled and competent health practitioners are allowed to practice their profession registrable in terms of the Act within the Republic of South Africa.
- 3.2.4.3 The main categories of registration for health practitioners are: Public/Community Service, Supervised Practice, Independent Practice, Specialists and Subspecialists.
- 3.2.4.4 In addition, registration is also undertaken for restricted practice for 1) Education, 2) Post-graduate study, 3) Section 29, 4) Volunteers, 5) Government to Government agreement, and 6) Military Services.
- 3.2.4.5 There were 185,420 registered health practitioners during the reporting period (See Table 3).
- 3.2.4.6 The MDB had the largest number of registered practitioners, 64,978 (35%).

Table 3, Active Practitioner Registrations for the period 1 April 2024 to 31 March 2025

PROFESSIONAL BOARD	HEALTH PRACTITIONER REGISTER TYPE	TOTAL
PROFESSIONAL BOARD FOR DIETETICS AND NUTRITION (DNB)	DIETITIAN	4,343
	NUTRITIONIST	235
	TOTAL	4,578
PROFESSIONAL BOARD FOR DENTAL ASSISTING, DENTAL THERAPY AND ORAL HYGIENE (DOH)	DENTAL ASSISTANT	3,785
	ORAL HYGIENIST	1,427
	DENTAL ASSISTANT (SUPPLEMENTARY REGISTER) - CLOSED	1
	DENTAL THERAPIST	1,007
	TOTAL	6,220
PROFESSIONAL BOARD FOR ENVIRONMENTAL HEALTH PRACTITIONERS (EHP)	FOOD INSPECTOR	9
	ENVIRONMENTAL HEALTH PRACTITIONER	4,380
	ENVIRONMENTAL HEALTH ASSISTANT	62
	TOTAL	4,451
PROFESSIONAL BOARD FOR EMERGENCY CARE (EMB)	AMBULANCE EMERGENCY ASSISTANT	10,217
	PARAMEDIC	1,833
	BASIC AMBULANCE ASSISTANT	20,735
	EMERGENCY CARE ASSISTANT	444
	EMERGENCY CARE PRACTITIONER	1,221

PROFESSIONAL BOARD	HEALTH PRACTITIONER REGISTER TYPE	TOTAL
PROFESSIONAL BOARD FOR EMERGENCY CARE (EMB)	EMERGENCY CARE TECHNICIAN	995
	OPERATIONAL EMERGENCY CARE ORDERLY	324
	TOTAL	35,769
PROFESSIONAL BOARD FOR MEDICAL AND DENTAL (MDB)	BIOMEDICAL ENGINEER	1
	CLINICAL ASSOCIATE	1,435
	DENTIST	7,006
	GENETIC COUNSELLOR	37
	GENETIC COUNSELLOR	14
	CLINICAL BIOCHEMIST	6
	MEDICAL PRACTITIONER	55,451
	MEDICAL BIOLOGICAL SCIENTIST	504
	MEDICAL BIOLOGICAL SCIENTIST	312
	MEDICAL PHYSICIST	210
	SUPPLEMENTARY MEDICAL SCIENTIST	2
	TOTAL	64,978
PROFESSIONAL BOARD FOR MEDICAL TECHNOLOGY (MTB)	CYTO-TECHNICIAN	1
	MEDICAL TECHNICIAN	5,162
	LABORATORY ASSISTANT	1,258
	MEDICAL LABORATORY SCIENTIST	932
	MEDICAL TECHNOLOGIST	6,399
	SUPPLEMENTARY MEDICAL TECHNICIAN	11
	SUPPLEMENTARY LABORATORY ASSISTANT	106
		13,869
PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS, PROSTHETICS AND ARTS THERAPY (OCP)	ASST MED ORTH PROST & LEATHERWORKER	4
	ARTS THERAPIST	140
	ORTHOPAEDIC FOOTWEAR TECHNICIAN	39
	MEDICAL ORTHOTIST AND PROSTHETIST	848
	ORTHOPAEDIC TECHNICAL ASSISTANT	67
	OCCUPATIONAL THERAPIST	6,597
	OCCUPATIONAL THERAPY ASSISTANT	31
	OCCUPATIONAL THERAPY TECHNICIAN	373
	SUPPLEMENTARY MEDICAL ORTHOTIST AND PROSTHETIST	1
		8,100
PROFESSIONAL BOARD FOR OPTOMETRY AND DISPENSING OPTICIANS (ODO)	DISPENSING OPTICIAN	167
	OPTOMETRIST	4,515
	ORTHOPTIST	8

PROFESSIONAL BOARD	HEALTH PRACTITIONER REGISTER TYPE	TOTAL
PROFESSIONAL BOARD FOR OPTOMETRY AND DISPENSING OPTICIANS (ODO)	SUPPLEMENTARY OPTICAL DISPENSER	2
	SUPPLEMENTARY OPTOMETRIST	8
	TOTAL	4,700
PROFESSIONAL BOARD FOR PHYSIOTHERAPY, PODIATRY AND BIOKINETICS (PPB)	BIOKINETICIST	2,335
	PODIATRIST	444
	MASSEUR	2
	PHYSIOTHERAPIST	9,235
	PHYSIOTHERAPY ASSISTANT	70
	PHYSIOTHERAPY TECHNICIAN	54
	REMEDIAL GYMNAST	1
	SUPPLEMENTARY PODIATRIST	3
	SUPPLEMENTARY PHYSIOTHERAPIST	2
	TOTAL	12,146
PROFESSIONAL BOARD FOR PSYCHOLOGY (PSB)	PSYCHO-TECHNICIAN	7
	PSYCHOMETRIST	2,156
	REGISTERED COUNSELLOR	2,739
	PSYCHOLOGIST	9,763
	TOTAL	14,665
PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS, PROSTHETICS AND ARTS THERAPY (OCP)	RADIOGRAPHER	9,358
	ELECTRO-CARDIOGRAPHY TECHNICIAN	8
	ELECTRO-ENCEPHALOGRAPHIC TECHNICIAN	63
	CLINICAL TECHNOLOGIST	547
	GRADUATE CLINICAL TECHNOLOGIST	1,175
	RADIATION LABORATORY TECHNOLOGIST	7
	RESTRICTED SUPP DIAG RADIOGRAPHER	2
	SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHER	91
	SUPPLEMENTARY CLINICAL TECHNOLOGIST	2
	TOTAL	11,253
PROFESSIONAL BOARD FOR SPEECH, LEARNING AND HEARING (SHL)	AUDIOMETRICIAN	4
	AUDIOLOGIST	1,137
	HEARING AID ACOUSTICIAN	119
	SUPPLEMENTARY AUDIOLOGIST	1
	SUPPLEMENTARY HEARING AID ACOUSTICIAN	4
	COMMUNITY SPEECH AND HEARING WORKER	5
	SPEECH AND HEARING CORRECTIONIST	3
	SPEECH AND HEARING ASSISTANT	2

PROFESSIONAL BOARD	HEALTH PRACTITIONER REGISTER TYPE	TOTAL
PROFESSIONAL BOARD FOR SPEECH, LEARNING AND HEARING (SHL)	SUPPLEMENTARY SPEECH THERAPIST AND AUDIOLOGIST	1
	SPEECH THERAPIST	1,818
	SPEECH THERAPIST AND AUDIOLOGIST	1,596
	SPEECH THERAPY ASSISTANT	1
	TOTAL	4,691
GRAND TOTAL		185,420

3.2.4 MAINTENANCE OF REGISTRATION

- 3.2.4.1 In terms of section 22(2) of the Act, a certificate of registration shall be evidence of registration for a period of one year, and thereafter, an annual practising certificate, which shall be issued upon payment of the required annual fee and the submission of such information as may be required by the Council to enable it to keep accurate statistics on human resources in the health field, shall be regarded as proof of registration.
- 3.2.4.2 Only practitioners with an active registration status are eligible for practicing their profession in South Africa.
- 3.2.4.3 In terms of section 19(1)(c) of the Act, practitioners who are not practicing their profession may request, not later than the 31st March of the year, voluntary removal of their names from the register. Voluntary erasure makes practitioners not to be liable for fees for the duration of their absence from the register.
- 3.2.4.4 The Registrar also issues certificates in terms of section 23 of the Act based on requests from registered practitioners, namely, certificates of status and internship duty as may be requested by a practitioner.

Table 4 depicts the various services attended to over the period.

CATEGORY	NUMBER RECORDED
Certificate of Status	2,447
Certified Extract	491
Intern Duty Certificate	378
Verification of Credential	438
Section 29 registration	52
Volunteer Services	96
Voluntary erasure	1,118
Specialists and Subspecialists registration	690
Registration Category Change	5,136
Registered Additional Qualification	2,089
Registered Additional Categories	36
Restoration following voluntary erasure	76
Restoration following suspension for failure to pay annual fees	2098
Restoration following exemption due to ill-health	10
Deposed affidavits for various stakeholders	619

3.3 PROFESSIONAL PRACTICE

3.3.1 CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

- 3.3.1.1 The CPD programme is managed according to Section 26 of the Health Professions Act, 1974 (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 an average turn-around time (TAT) of 3.7 days (See Figure 1 below);
 - A total of **21,002** spreadsheets were received and uploaded from the CPD providers for bulk uploading on the HPCSA's CPD Centralised System;
 - An average of **42,332** registered health practitioners engaged the CPD online portal, which is about **23%** utilization rate (that is 42 332/ 181 000).

3.4.2 REGULATORY TOOLS FOR ETHICS AND BUSINESS PRACTICE

- 3.4.2.1 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, the 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 to responding to correspondence, in the reporting period averaged two (2) days for the total of 3525 enquiries received (See Figure 2 below).

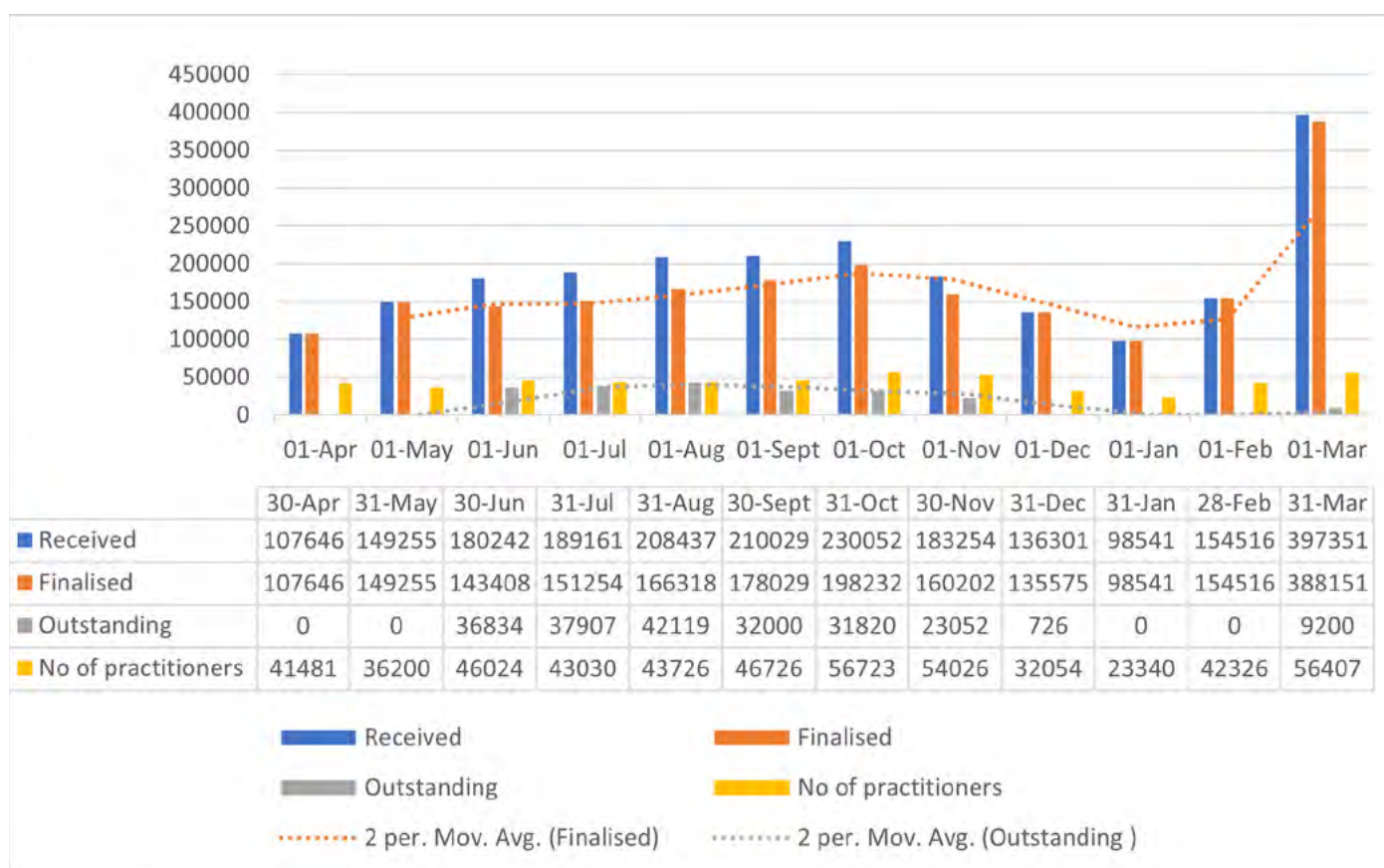


Figure 1: CPD workload management

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, 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.

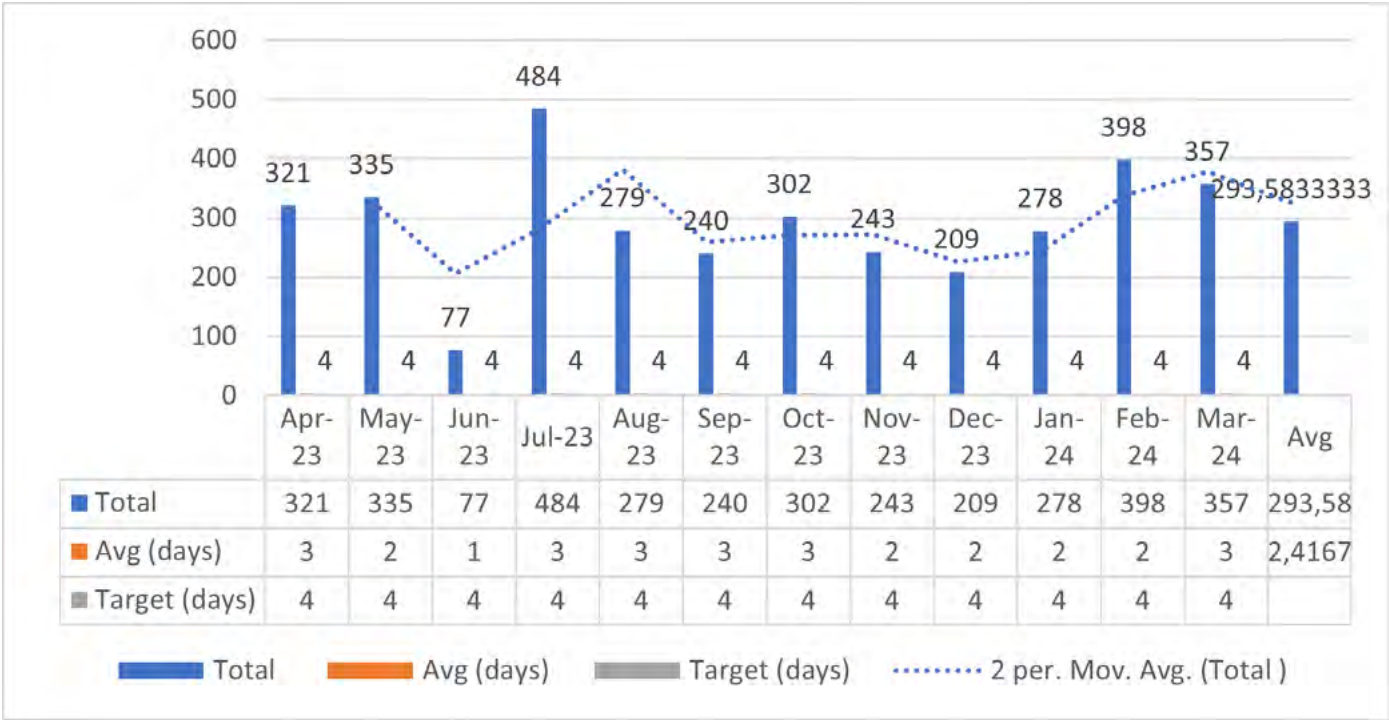


Figure 2: Management of correspondence seeking guidance and advice

- 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).

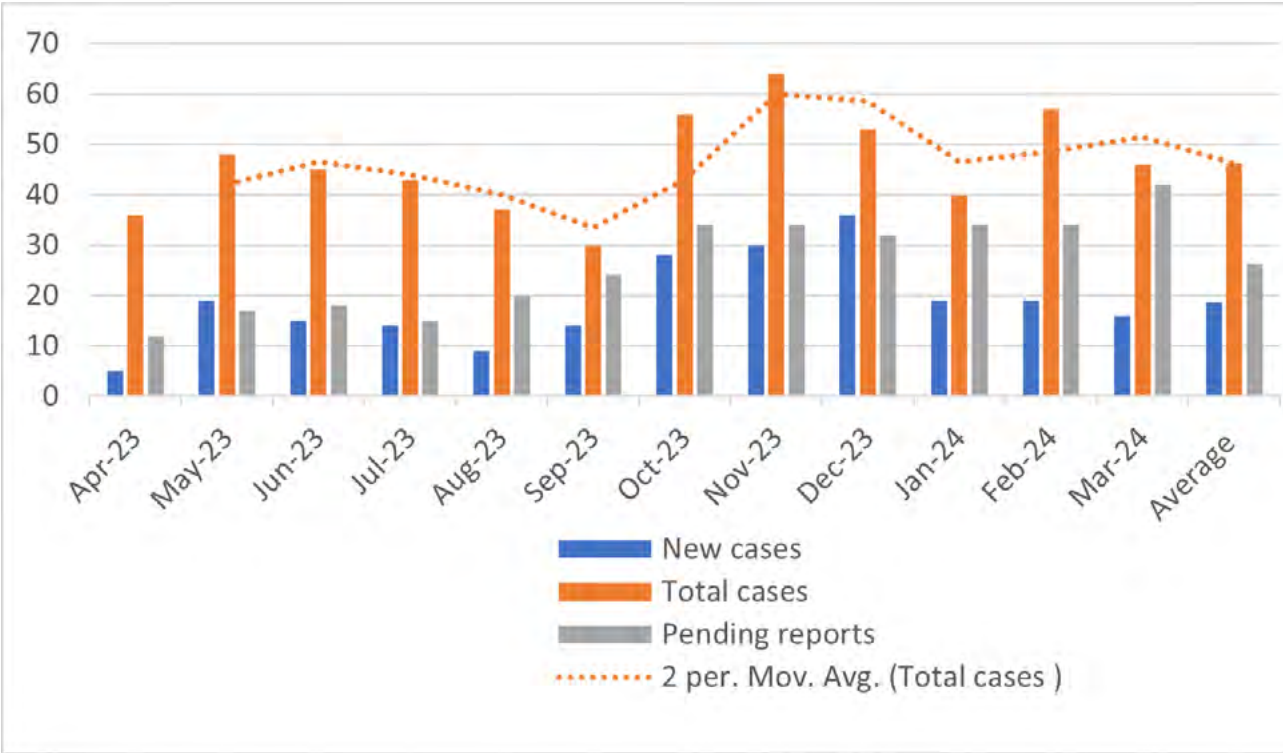


Figure 3: Summary of Health Committees case load

REGISTRY TEAM



Backrow from left to right: Bishop Mashaba (Copy Shop), Stephen Pholoma (Front desk), Moosa Chiloane (Scanning), Wandile Buwa (Team Leader), Andries Mahlangu (Return to Sender Mail), Boikie Mogomotsi (Internal Queries), and Enock Nkosi (Front desk)
Frontrow from left to right: Jane Moila (Courier), Debbie Van Der Merwe (Retrievals), Sugan Reddy (OSvC), and Kelebogile Moagi (Incoming mail).

Ms Prenitha Padayachee
Head of Department: Legal and Regulatory Affairs



3. DEPARTMENT: LEGAL & REGULATORY AFFAIRS

1. INTRODUCTION

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

The 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 three (3) sections: Complaints Logging and Analysis, Chief Mediator, Preliminary Investigation.

1.2.1. Complaints Logging and Analysis

Its functions are to receive, peruse, analyse, register, 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.

1.3. 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 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 practice 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). The vetting of contracts, provision of legal opinions and the management of litigations for and against the Council is also dealt with.

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, Section 3 on Objects and Functions of Council state:

“(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 22 February 2024

- Efficient complaints handling and investigation.
- Ensure an effective alternative dispute resolution of complaints.
- Effective and efficient legal advisory services & 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 “Strengthen the service delivery environments of the HPCSA”, sub-strategic goal 4a, being “Improved Professional Conduct Processes”. For the financial year 2024/2025 the Key Performance Indicator was “Case Clearance rate at Preliminary Investigations. This annual target was achieved 73,7% (998/1353).

At the Departmental level, as would appear in more details on the sections below, despite challenges relating to resources shortages we manage 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 manage to make savings of collected R5 803 242 of the fines imposed by the Preliminary Committees of Inquiry. On Investigations we completed 73,7% (998/1353) of matters allocated during the financial year. At mediation 97% (700/725) of complaints were finalised through electronic mediation. This meant that we saved costs associated with physical/contact mediation.

At Professional Conduct Inquiry revenue generated R2 175 000. We only carried over to the financial year 2024/2025 a total of 259 matters which is an increase from 187 matters carried forward into the financial year 2023/2024.

The 50% case clearance rate target was not achieved, as the Professional Conduct Inquiry unit only managed to finalise (158/417) 37.89%.

At Legislative Drafting, we drafted 100% (14/14) of the rules and regulations presented to us, with an average turnaround time of 7.2 days. At the Road Accident Fund (RAF) Division, 5,210 disputes were received, 161 meetings were held, and 4,038 cases were finalised. At the Inspectorate, a total of 3,528 compliance inspections were conducted against the annual target of 9,336.

The 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 Professional Conduct Inquiry as maintained a solid conviction rate, contributing significantly to the department’s overall success.

3.2. COMPLAINTS HANDLING AND INVESTIGATIONS

During the period under review, the HPCSA received 2367 new complaints of which 2255 were registered.

Table 1

Complaints Received	2020/2021	2021/2022	2022/2023	2023/2024	2024/2025
Total number of complaints received by HPCSA	1,458	1,503	1,675	2,041	2,367
Total registered	1,395	1,421	1,554	1,820	2,255
Complaints referred for Preliminary Investigation	987	893	1,065	1,076	1,353
Complaints referred to Chief Mediator for Mediation	408	528	489	744	902
Complaints resolved at Perusal and analysis stage	63	82	98	162	112

- **2255** complaints were **registered** and were allocated as follows:
 - » 1353 (60%) were referred for Preliminary Investigation and
 - » 902 (36,5%) for Mediation

Table 2

Mechanism Of Receipt (Platform)	No. of Complaints	Percentage
Online	1423	63,1%
Email	795	35,3%
Walk-in	37	1,6%
TOTAL	2255	100%

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

- 63,1% of the complaints were received through the HPCSA online platform,
- 35,3% were received through the emails,
- 1.6% were received through walk-ins.

There was a slight increase in the use of the online system by the public from 62% during the 2023/2024 financial year to 63,1% in the 2024/2025 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
Member of Public (MOP)	1772	78,6%
Practitioner	152	6,7%
Medical aid scheme	100	4,4%
Inspectorate	73	3,2%
Chief Mediator	70	3,1%
Internal Department-HPCSA	24	1,1%
Legal representative	21	0,9%
South African Health Products Regulatory Authority (SAHPRA)	17	0,8%
Anonymous	9	0,4%
Other Entities	9	0,4%
Investigation	4	0,2%

Source of Complaint	No. of Complaints	Percentage
Road Accident Fund (RAF)	3	0,1%
Insurance	1	0,04%
GRAND TOTAL	2255	100%

Based on **Table 3** above, the percentage of complaints received from members of the public was the highest at 78,6% followed by complaints received from practitioners at 6.7%.

Table 4

Nature of Complaints	No. of Complaints	Percentage
Insufficient care	319	14,1%
Negligence	304	13,5%
Medical Reports	227	10,1%
Incompetence	201	8,9%
Accounts	159	7,1%
Charging for services not rendered	144	6,4%
Communication	139	6,2%
Billing	88	3,9%
Informed financial consent	82	3,6%
Putting patients at risk	48	2,1%
Informed consent	48	2,1%
Medical Records	35	1,5%
Disclosure of Confidential Information	34	1,5%
Medical Certificates	31	1,4%
Professional reputation of Colleagues	30	1,3%
Employment of unregistered persons	29	1,3%
Practicing whilst suspended	27	1,2%
Undesirable Business Practices	19	0,8%
Patient Abandonment	17	0,8%
Practicing Outside Category Limits	17	0,8%
Over Servicing	16	0,7%
Sexual Impropriety	12	0,5%
Unprofessional Conduct	12	0,5%
Patient Dignity, Choices, and Integrity	11	0,5%

Covering	10	0,4%
Assault	10	0,4%
Other Categories	186	8,3%
GRAND TOTAL	2255	100%

Table 4 illustrates that complaints of Insufficient care at 14,1% and negligence were the highest at 13,5% and medical reports at 10,1%. The trend has changed as compared to 2023/24 financial year in that negligence was the highest.

Table 5

Complaints Registered per Board	Number Received	Percentage	Practitioners registered per Board	Proportion
Medical and Dental Board (MDB)	1835	81.21%	62,983	2,9%
Psychology Board (PSB)	138	6.13%	14,302	0,9%
Optometry and Dispensing Opticians (ODO)	49	2.22%	4,587	1,1%
Physiotherapy, Podiatry and Biokinetics (PPB)	48	2.13%	11,855	0,4%
Speech, Language and Hearing Professions (SLH)	46	2.09%	4,490	1,04%
Occupational Therapy, Medical Orthotics and Prosthetics and Arts Therapy (OCP)	40	1.78%	7,893	0,5%
Dental Therapy and Oral Hygiene (DOH)	27	1.24%	5,998	0,5%
Emergency Care Practitioners (EMB)	24	1.07%	36,892	0,1%
Radiography & Clinical Technology (RCT)	20	0.89%	10,873	0,2%
Dietetics and Nutrition Board (DNB)	17	0.76%	4,442	0,4%
Medical Technology Board (MTB)	10	0.44%	13,213	0,1%
Environmental Health Practitioners (EHP)	1	0.04%	4,453	0,02%
Total	2255	100%	181 981	1,2%

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

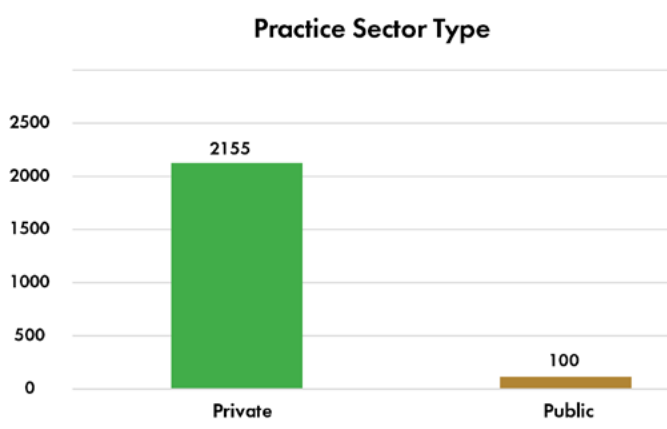


Figure 1 above reflects that of the 2255 registered complaints, **2155 (95,5%)** were registered against practitioners that were practicing in the private sector (either in private hospitals or own private practice) while **100 (4.5%)** were against practitioners practicing in the public sector which 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	2,367
Number of complaints registered	N/A	2,255
% Complaints resolved at perusal & analysis	2,5%	7,9%
TAT perusal, analysis & categorization of complaints	3 days	1,04 days (Range of 0-40 days)
TAT for screening of complaints	2 days	1,2 days (Range 091 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	1,353
Total number of Precautionary Suspensions	N/A	3
Average TAT for investigation of complaints	150 days	79 days
Total number of complaints still under investigation	N/A	331
% Of opens cases > 150 days (5 months)	20%	10,3% (34/331)
Case clearance rate-Preliminary investigation	Annual 60%	73,7% (998/1353)

The above table reflects the following:

- The average TAT for investigation of complaints was 79 days despite the increase in the number of complaints.
- The number of cases which would be carried over to 2025/26 is 331.

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

The table below reflects on the execution of penalties imposed by the Preliminary Committee of Inquiry.

Table 8

Key Performance Indicator (KPI)	Performance	Comments
Total files received	408	
Reg 4(9) Penalties	391	
Contempt of Council [Reg 4(4)(a) or Reg 4(5)(a)]	17	
Total number of charge sheets drafted and communicated	406	2 - referred back for clarification of charges
Average TAT-drafting of charge sheets	0.8 days	
Minimum TAT	1 day	
Maximum TAT	6 days	
Total amount of fines imposed	R7,787, 000	

Key Performance Indicator (KPI)	Performance	Comments
Charges accepted	316	
No response to charges	14	26 still within time period
Charges rejected	50	
Files closed	271	
Referred to Inquiry	76	
Total Amount Collected	R5,803, 242	
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 to 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

Chief Mediator Key Performance Indicator (KPI)	Target	2024-2025 Performance
Number of complaints received	N/A	902
Number of complaints per mediator	N/A	301
TAT for perusal, analysis, and allocation of complaints to mediators	3 days	0,54 days
% of complaints perused and analysed within 3 days	80%	100% (902/902)
TAT for LOE request	3 days	0,23 days
Number of complaints resolved	N/A	725
No. of virtual & contact mediations done	N/A	25
Case Clearance Rate 2024/2025	75%	80.4% (725/902)
Case Clearance Rate 2023/2024	N/A	100% (96/96) cumulative (744/744)
% of open complaints >70 days	20%	6,8% (12/177)
Average TAT for mediation of complaints (days)	70 days	34,1 days
% of complaints mediated within 70 days	70%	91% (659/725)
% of complaints resolved without contact/virtual mediation	90%	97% (700/725)
Mediation success rate	85%	91% (660/725)

Table 9 reflects that 902 complaints were referred to for mediation from April 2024 to March 2025. This was 40% (902/2255) of the total complaints registered against practitioners in the 2024/2025 financial year.

Table 10

Distribution per Nature of Complaint	No. of Complaints	Percentage
Medical Report/ Records	213	23,6%
Insufficient Care	189	21,0%
Accounts	146	16,2%
Communication	115	12,7%
Billing	87	9,6%
Informed Financial Consent	87	9,6%
Other	13	1,4%
Patient abandonment	8	0,9%
Failure to furnish patient with statement	6	0,7%
Professional reputation to colleagues	6	0,7%
Medicine and Medical Devices	5	0,6%
Disclosure of Confidential Information	4	0,4%
withholding information	4	0,4%
Employment contract	3	0,3%
Inaccurate record keeping	3	0,3%
Over servicing	3	0,3%
Conflict of interest	2	0,2%
Patient dignity	2	0,2%
Putting patients at risk	2	0,2%
Integrity	1	0,1%
Practicing in Partnership	1	0,1%
Professional appointment	1	0,1%
Refuse Assistance	1	0,1%
GRAND TOTAL	902	100,0%

Table 10 reflects that the majority of matters received related to Medical Reports/Records, Insufficient Care (substandard care), Accounts and Communication. The trend of the Top 5 remained the same as the previous financial year.

Table 11

Manner in which Complaints were Resolved	Total	Percentage
Electronic Mediation	621	85,7%
Referred to Prelim	65	9,0%
Virtual Mediation	25	3,4%
Withdrawn	8	1,1%
Cancelled	4	0,6%
Duplicate	2	0,3%
Total	725	100%

Table 11 above reflects how the 725 complaints were mediated during the period under review.

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	156	9	1	2	1		44	213
Insufficient Care	105	19	11	3	1		50	189
Accounts	104	8			1	1	32	146
Communication	79	8	7	1			20	115
Informed Financial Consent	72	6					9	87
Billing	63	7			1	1	15	87
Other	8			1			4	13
Patient abandonment	6	2						8
Failure to furnish patient with statement	6							6
Professional reputation to colleagues	1	1	4					6
Medicine and Medical Devices	5							5
Disclosure of Confidential Information	2	1					1	4
Employment contract	3							3
Inaccurate record keeping	2			1				3
Over servicing	2	1						3
Conflict of interest			2					2
Patient dignity		2						2
Putting patients at risk	2							2

Mode of closure per nature of complaint	Electronic Mediation	Referred for Prelim	Contact/ Virtual Mediation	Withdrawn	Cancelled	Duplicate	Open	Grand Total
Integrity		1						1
Practicing in partnership	1							1
Professional appointment	1							1
Refuse Assistance	1							1
Withholding information	2						2	4
GRAND TOTAL	621	65	25	8	4	2	177	902

Table 12 is the tabulated performance of the mediation of complaints registered for the period April 2024 to March 2025. The table also illustrates that electronic mediation (telephone and email) remains the most common mode through which matters are finalized.

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	2024/2025
Fines Imposed at inquiry	90	66	62	70	58
Acquittals	59	60	43	37	28
Finalised by HOD	38	43	21	10	9
Suspensions	32	28	17	4	17
Finalised at Prelim	04	27	17	5	13
Admission of Guilt Fines - Regulation 4(9)	43	30	10	15	11
Caution & Reprimand	27	7	8	15	8
Defence Objection Upheld	0	4	7	7	10
Erasures	30	4	2	3	1
Finalised at Health Committee	0	0	1	3	0
Payment for costs of proceedings to be paid	0	0	0	0	2
Withdrawal (HPCSA does not have jurisdiction)					1
TOTAL	323	269	188	169	158

Table 14

Breakdown of finalised matters per Professional Board	2020/21	2021/22	2022/23	2023/24	2024/2025
Medical and Dental	209	191	137	122	105
Psychology	24	33	11	12	15
Emergency Care Personnel	23	14	8	2	8
Medical Technology	0	1	7	1	9
Optometry & Dispensing Opticians	16	7	7	2	4
Dental Therapy and Oral Hygiene	8	02	5	7	1
Occupational Therapy, Medical Orthotics & Prosthetics	10	7	5	9	1
Speech, Language and Hearing	4	07	3	4	1
Radiography and Clinical Technology	11	03	2	1	2
Physiotherapy, Podiatry and Biokinetics	11	03	2	5	7
Dietetics	7	01	1	4	4
Environmental Health	0	0	0	0	1
TOTAL	323	269	188	169	158

Finalised per offence

Table 15

Breakdown of finalised matters per offence	2020/21	2021/22	2022/23	2023/24	2024/2025
Negligence	45	42	39	23	20
Insufficient Care/Treatment & Mismanagement of Patients	32	47	28	36	20
Fraudulent Certificates/Incorrect Information on Death Certificates	10	17	21	6	4
Fraud and theft	51	27	17	14	16
Unacceptable/Inappropriate Relationship with Patients	18	11	16	6	3
Overcharging / charging for Services not Rendered	43	23	13	22	10
Issues relating to Consent	15	8	9	6	7
Bringing the Professions into disrepute	17	16	9	6	6
Undesirable Business Practice	0	0	9	9	23
Incompetence	25	19	8	4	13
Practicing Outside Scope of competence	16	7	4	7	10
Contempt of Council	5	1	4	9	4
Damaging Professional Reputation of Colleague	4	3	3	0	1
Misdiagnosis	5	8	2	3	5

Breakdown of finalised matters per offence	2020/21	2021/22	2022/23	2023/24	2024/2025
Over servicing	3	6	2	8	1
Employing unregistered practitioners	17	12	1	4	4
Refusing to complete forms / producing inaccurate reports	3	3	1	0	3
Practicing without registration	2	1	1	1	1
Breach of confidentiality	1	5	1	0	3
Unethical Advertising	1	4	0	1	0
Unethical dispensing, using of unregistered medicine and prescribing of drugs	2	0	0	2	1
Refusing to treat patients	7	7	0	1	3
Supersession	1	1	0	1	0
Contravening the Hazardous Substances Act, 1973	0	1	0	0	0
TOTAL	323	269	188	169	158

3.4. ROAD ACCIDENT FUND APPEAL TRIBUNAL DIVISION

Table 16

RAF Tribunal	2020/21	2021/22	2022/23	2023/24	2024/2025
Matters received	1,905	1,838	3,243	4,617	5,210
No. of meetings	117	96	101	145	161
Serious	1,046	617	608	1,020	2,688
Non serious	2,433	1,415	1,651	2,239	1,350
Deferred	393	272	245	320	413
Withdrawn	77	36	19	42	44
Finalised	3,479	2,032	2,259	3,259	4,038

Contested claims for serious injury are referred to the Health Professions Council of South Africa (HPCSA) Appeal Tribunals for final determination. 5,210 disputes were received during the period under review. 161 meetings were held. 4,495 matters were dealt with of which 4,038 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	2024/2025
Compliance inspections conducted	4,056	3,386	1,987	2,727	3,528
Investigation of unregistered persons	804	732	497	667	589
Total received	914	806	639	734	651

Key Performance Indicator	2020/21	2021/22	2022/23	2023/24	2024/2025
Percentage achieved	88%	91%	77%	89%	90%
Outstanding fines finalized	5	7	0	0	0
Total received	6	7	0	0	0
Percentage achieved	83%	100%	N/A	N/A	N/A

Table 18

Joint inspections with other Law Enforcement Agencies	2020/21	2021/22	2022/23	2023/24	2024/2025
Joint inspections/operations	53	24	25	23	28
Stakeholders engaged	82	55	50	48	58
Awareness Campaigns	37	21	23	15	25

At the Inspectorate, a total of 3,528 compliance inspections were conducted in 2024/2025, reflecting an increase from the previous year and achieving 90% of the inspection target. In relation to illegal practice, 589 investigations of unregistered persons were concluded out of 651 received, maintaining a high resolution rate. Although no outstanding fines were finalized in this period, the Inspectorate continued to enforce professional compliance through various means. The Inspectorate also participated in 28 joint inspections with other law enforcement agencies, engaged 58 stakeholders, and conducted 25 awareness campaigns to strengthen public education and inter-agency collaboration.

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
09 June 2024	Regulations defining the scope of the profession of Dental Assistants.
14 June 2024	Repeal of the Regulations relating to the registration of Environmental Health Assistants.
07 August 2024	Regulations relating to the qualifications for the registration of registered Dietitian Nutritionists.
07 August 2024	Regulations relating to the undergraduate curricula for the registration of registered Dietitian Nutritionists.
08 August 2024	Regulations relating to the registration of Students Environmental Health Practitioners.
10 September 2024	Regulations relating to the registration of Psychometrists.
17 February 2025	Regulations relating to the qualifications for the registration of Medical Laboratory Scientists.
17 February 2025	Regulations defining the scope of the profession of Medical Technology.
25 February 2025	Regulations relating to the control and use of psychological tests.

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

Table 20

Date of Publication	Regulation
28 May 2024	Regulations relating to the registration by Dental Therapists and Oral Hygienists of additional qualifications.
28 May 2024	Regulations relating to the qualifications for the registration of Medical Orthotists and Prosthetists.
09 June 2024	Regulations relating to the registration of Dental Assistants.
28 June 2024	Regulations relating to the registration of Optometry and Dispensing Opticians students.
08 August 2024	Regulations relating to the constitution of the Professional Board for Environmental Health Practitioners.
08 August 2024	Regulations relating to the qualifications for the registration of Environmental Health Practitioners.
18 August 2024	Regulations relating to the registration by Optometrists of additional qualifications.
18 November 2024	Regulations relating to the qualifications for the registration of Graduate Clinical Technologists.
23 January 2025	Regulations relating to the performance of community service by Environmental Health Practitioners.
20 March 2025	Regulations relating to the evaluation and accreditation of educational and training institutions.

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

Table 21

Date of Publication	Regulation
15 November 2024	Regulations relating to the registration by Dietitians and Nutritionists of additional qualifications.
06 December 2024	Regulations relating to the constitution of the Medical and Dental Professions Board.

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

Table 22

Date of Final Promulgation into Law	Rules
21 June 2024	Regulations defining the scope of the profession of Dietitians.
04 October 2024	Regulations relating to the registration by Dental Therapists and Oral Hygienists of additional qualifications.
04 October 2024	Regulations relating to the qualifications for the registration of Medical Orthotists and Prosthetists.
04 October 2024	Regulations defining the scope of the profession of Orthopaedic Footwear Technicians.
29 November 2024	Regulations relating to the qualifications for the registration of Graduate Clinical Technologists.
06 December 2024	Regulations relating to the constitution of the Professional Board for Environmental Health Practitioners.
06 December 2024	Regulations defining the scope of the profession of Arts Therapists.
06 December 2024	Regulations defining the scope of the profession of Orthotics and Prosthetics Technicians.
13 December 2024	Regulations relating to the registration of Orientation and Mobility Practitioners.

Date of Final Promulgation into Law	Rules
14 March 2025	Regulations defining the scope of the profession of Medical Orthotics and Prosthetists.
14 March 2025	Regulations relating to the registration of Optometry and Dispensing Optician Students.

3.6.1.2. Rules

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

Table 23

Date of Publication	Rules
28 February 2025	Ethical Rules of Conduct for Practitioners registered under the Health Professions Act, 1974.
15 November 2024	Rules relating to the registration by Dietitians and Nutritionists of additional qualifications.

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

Table 23

Date of Publication	Notice
25 October 2024	The Ethical Rules of Conduct for Practitioners registered under the Health Professions Act, 1974.
08 November 2024	Rules relating to the registration by Medical Practitioners and Dentists of additional qualifications.
13 December 2024	Rules relating to continuing education and training for registered Health Practitioners.

Other Notices:

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

Table 24

Date of Publication	Notice
24 January 2025	Board Notice relating to annual fees.
07 February 2025	Board Notice relating to fees payable to council.
28 February 2025	Board Notice relating to fees payable to council.

4. CONCLUSION

The 2024/2025 reporting period marked a significant year of progress and performance for the Department of Legal and Regulatory Affairs. The Department successfully met the majority of its Key Performance Indicators despite facing resource constraints, particularly in relation to staffing and caseload volumes.

The Complaints Handling and Investigation division recorded a notable increase in the number of complaints received and registered, reflecting growing public engagement and trust in the Council's regulatory processes. Improvements in turnaround times and an increase in resolution rates at the perusal, analysis, and mediation stages contributed to enhanced operational efficiency. The high success rate in electronic mediation reflects the Department's commitment to accessible and cost-effective alternative dispute resolution mechanisms.

The Professional Conduct Inquiry function maintained a solid performance with a consistent conviction rate and a reduction in the number of matters carried over. This indicates improved throughput in managing disciplinary matters. The Road Accident Fund Division demonstrated strong performance with increased case finalisations and enhanced operational throughput at the Tribunal.

The Inspectorate strengthened its law enforcement role by increasing inspections and compliance interventions, although there remains a need for scaling up activities to meet the growing demands. Joint operations and stakeholder collaborations also played a vital role in ensuring sectoral compliance.

The Legislative Drafting Division maintained a 100% rate of drafting and submission of regulations and rules, contributing meaningfully to the regulatory reform agenda. The promulgation of new regulations and publication of rules further advanced the legal framework within which the health professions are governed.

Overall, the Department demonstrated resilience, efficiency, and adaptability, contributing meaningfully to the Council's mandate of protecting the public and ensuring professional accountability. Continued efforts will be required to improve compliance enforcement, further reduce case backlogs, and enhance stakeholder engagement.



Vacant
Head of Department: Office of the Registrar



4. DEPARTMENT: CORPORATE SERVICES FACILITIES AND INFRASTRUCTURE MANAGEMENT

Human Resources Management

The HR Division completed an Organisation Structure review project. The purpose of the project was to establish whether a decision to split some functions resulted in a negative impact on the HPCSA service delivery. The project was further inspired by capacity issues such as complaints of increased work overload; under-capacitation and moratorium on Administration and Secretarial positions; unclear role clarity; unclear reporting lines and the tools of regulations that seem to be creating a burden on the HPCSA by inducing lengthy process timelines, leading to poor turnaround times. Lastly, the project needed to examine system integration challenges and inefficient processes caused by a lack of standardisation, prolonged delays in processing applications and manual processes. Outcomes of the project resulted in the uplifting of a moratorium on positions that are pertinent to service delivery as it was resolved that vacancies that constitute a key role in the key business activity's processes, be filled either on a permanent or on a temporary basis. Other resolutions/recommendations include fast-tracking the digitalization effort, especially Oracle Service Cloud Enhancement which had been ongoing for some time.

Two disciplinary hearings were concluded and all resulted in Dismissals. Five grievances were resolved and closed. Five disputes are the Labour Court. The number of employees utilising EAP services has increased significantly in comparison to the previous years. Health coaching sessions, mindfulness training, and stress management workshops have all seen increases in engagement and participation rates during virtual counselling and wellness programs. The introduction of new wellness initiatives that address financial, physical, and emotional health has also been accomplished. These accomplishments provide evidence of the beneficial effects the EAP has had on the company and its staff, highlighting the program's worth and efficiency in creating a good and healthy work environment.

Interns were brought onboard, as part capacity building, developing future talent pipeline whilst reducing the workload of employees. Our Team of Senior Managers were put through a Leadership development programme with each Manager being allocated a Coach to enhance their leadership skills, improve performance, and drive organisational success. The intention of allocating Coaches was to provide personalized guidance, support, and accountability, helping Managers to develop self-awareness, manage stress, and make better decisions.

POLICY DEVELOPMENT AND REVIEW

The following policies were reviewed and approved in the past year:

1. Performance Management and Development Policy
2. Flexible Working arrangements Policy
3. Recruitment and Selection policy
4. Relocation and Travel Assistance Policy
5. Employment Equity Policy
6. Employee wellbeing policy
7. Harassment Policy
8. Grievance Code and Procedure Policy
9. Incapacity Code and Procedure Policy
10. Employee Study Assistance Policy
11. Leave Policy

EMPLOYMENT EQUITY STATUS

The table below indicate the breakdown of employees by gender during the period under review. The HPCSA employs 100 males and 156 females out of a total number of 256 employees.

Table 1

	CURRENT EMPLOYEE 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	0	0	1	1
Professional qualified	28	1	2	0	25	1	2	1
Skilled	36	2	0	0	59	5	3	2
Semi-skilled	27	1	1	0	46	6	1	1
Unskilled	0	0	0	0	2	0	0	0
TOTAL	93	4	3	0	132	12	7	5

EMPLOYMENT CHANGES

The HPCSA strives to fill vacant positions within 90 days Turnaround Time (TAT) and HR achieved 7 of 13 appointments (54%) in the year under review. A total of ten (10) vacant positions were available at the beginning of the year and 13 appointments were from nineteen (19) vacant positions that became available and achieving 8 of 13 appointments (62%) on the EE numerical targets of the approved EE Plan during the period under review.

Table 2

LEVELS	Employment at beginning of period	Appointments	Terminations	Employment at end of the period
Top Management	1	0	0	1
Senior Management	3	1	1	3
Professional qualified	56	7	3	60
Skilled	106	5	5	107
Semi-skilled	85	0	2	83
Unskilled	2	0	0	2
TOTAL	253	13	11	256

PERSONNEL COST BY SALARY BAND

The bulk of the HPCSA Personnel cost is allocated to the categories of Professionally Qualified and Skilled Technical.

Table 3

EE Level	Personnel Expenditure (Total Earnings & Total Company Contributions)	% Of total personnel cost *	No. of employees
Top Management	R 3 514 154.61	1.49%	1
Senior Management	R 8 629 229.66	3.65%	4
Professional qualified	R 87 145 592.38	36.84%	62
Skilled	R 87 723 911.43	37.09%	112
Semi-Skilled	R 48 906 917.19	20.68%	85
Unskilled	R626 058.62	0.26%	2
TOTAL	R 236 545 863.89	100%	266

PERFORMANCE BY SALARY BAND

For the performance period 2024/2025, staff were awarded 4.25% percent off the annual package for excellent performance, which was the achievement of a rating of an "A", B and "C" respectively.

Table 4

EE Level	Employee Performance
Top Management	B
Senior Management	1- A rating , 1- B rating, 1 – Not assessed (on Probation)
Professional qualified	23- A rating and 29- B rating, 2- C rating, and 5 not assessed. (Probation)
Skilled	51- A rating and 48- B rating, 3- C rating and 0- D rating, 5- on Probation
Semi-Skilled	39- A rating and 36- B rating, 7- C rating, – and 1 Not assessed (Pending)
Unskilled	2- A Rating

STAFF TURNOVER

The average turnover for the period under review was 4%.

Employees who left

Average no. of employees

HR 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.

Table 5

Reason	Number	% of total no. of staff leaving
Death	0	0
Resignation	5	0.45
Dismissal (misconduct & incapacity)	3	0.27
Retirement	1	0.09
Ill health	0	0
Expiry of contract	2	0.18
Total	11	0.99

TRAINING EXPENDITURE PER DIVISION

Table 6

Monthly Expenditure	
Division	Cost
April	0
May	1540
June	3 748.98
July	10 499
August	186 701.95
September	43 850.17
October	297 875.30
November	88095.26
December	77457.90
January	11793
February	47150.96
March	263 881.22
Total	987,809.74

TRAINING EXPENDITURE PER DIVISION

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March	263 881.22
Total	987,809.74

Table 7

No of staff on various Training Interventions (Technical, Behavioral & Professional Update)			
Month	Technical	Behavioral	Professional Update
April	0	107	1
May	1	3	0
June	0	9	0
July	0	11	0
August	0	13	0
September	0	51	0
October	0	44	0
November	0	49	0
December	0	2	0
January	0	14	0
February	0	90	0
March	0	5	0
Total	1	398	1

BURSARIES GRANTED

Table 8

Bursaries 2024/2025	Total
2024/2025	49

Table 9

Training Budget 2024/2025	
Budget	R1 323 526.62
Expenditure	R 987 809.74
Remaining Budget	R335 716.68

EMPLOYEE WELLBEING PROGRAMME

Top problem cluster

Table 10

Problem Cluster	Problem Type	Apr 2024 - Mar 2025	Apr 2024 - Mar 2025 %	Apr 2023 - Mar 2024	Apr 2023 - Mar 2024 %	Apr 2022 - Mar 2023 %	Lyra SA Ave %
Mental Health	Stress	19	14.3%	19	12.6%	8.0%	13.1%
Mental Health	Anxiety	10	7.5%	11	7.3%	9.6%	8.3%
Mental Health	Depression	5	3.8%	5	3.3%	4.8%	3.0%
Mental Health	Burden of support	2	1.5%	0	0.0%	2.4%	1.0%
Relationship Issues	Partner/Spouse	11	8.3%	12	7.9%	4.8%	4.3%
Relationship Issues	Family members	10	7.5%	7	4.6%	1.6%	3.5%
Relationship Issues	Divorce & Separation	4	3.0%	5	3.3%	4.8%	2.6%
Relationship Issues	Infidelity	2	1.5%	2	1.3%	1.6%	1.2%
Personal Development	Self-Actualisation	5	3.8%	3	2.0%	3.2%	2.1%
Personal Development	Self esteem	5	3.8%	1	0.7%	0.8%	0.9%
Personal Development	Work/life balance/ integration	4	3.0%	0	0.0%	0.8%	1.9%
Personal Development	Communication skills	3	2.3%	8	5.3%	1.6%	2.8%
Personal Development	Anger (management)	1	0.8%	2	1.3%	2.4%	1.4%
Child & Family Care	Child school/ learning problems	5	3.8%	1	0.7%	1.6%	0.5%
Child & Family Care	Child Behavioural	3	2.3%	2	1.3%	3.2%	1.6%
Child & Family Care	Childcare -issues	2	1.5%	1	0.7%	0.0%	0.9%
Loss Issues	Bereavement	5	3.8%	5	3.3%	3.2%	3.8%
Loss Issues	Traumatic loss	1	0.8%	0	0.0%	0.8%	0.5%

EMPLOYEE WELLBEING PROGRAMME

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.

Table 11

Risk Level	Risk Reason	Apr 2024 - Mar 2025	Apr 2023 - Mar 2024
Orange	Substance Abuse	1	1
	Domestic Violence	1	0
Red	Suicidal	0	1
Total		2	2

IMPACT ON WORK PERFORMANCE

A 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 8.6%. This compares to a Lyra SA average of 15.7% during the same period.

Table 12

Impact On Work Category	Apr 2024 - Mar 2025	Mar 2025	Apr 2023 - Mar 2024	Mar 2024	Lyra SA Ave %
Negligible	7	20.0%	6	15.8%	17.1%
Moderate	4	11.4%	1	2.6%	8.2%
Significant	21	60.0%	29	76.3%	56.8%
Severe	3	8.6%	2	5.3%	15.7%
Inadequate information to assess impact	0	0.0%	0	0.0%	2.0%
Total	35	100.0%	38	100.0%	100.0%

FUTURE HR PLANS / GOALS

The HR division will be focusing on the following areas in the year 2025/26:

- Re-testing the culture and climate of the HPCSA through an Employee Culture and Climate Survey
- Reviewing of the HPCSA Values
- Implementing recommendations of the Organisational Structure review project through job descriptions review and other activities etc.
- Implementation of succession management.
- Automating HR by purchasing additional HR modules and migrating the HR system from on premises to the Cloud.
- Policies that are currently under review are as follows:
- Remuneration Policy
- Learning and Skills Development Policy
- Job Evaluation Policy

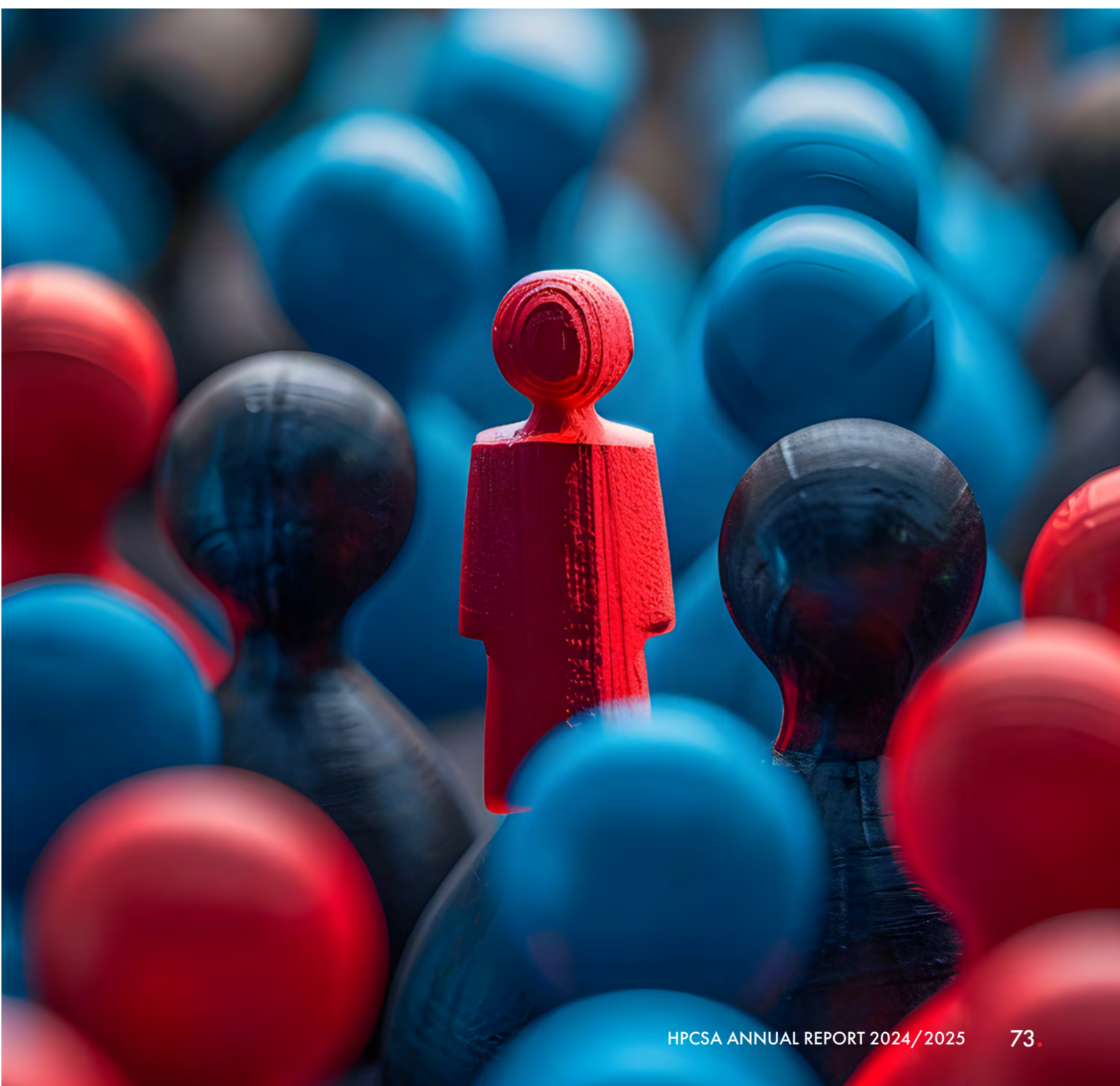
INFORMATION AND TECHNOLOGY

In the financial year 2024/2025, the Health Professions Council of South Africa (HPCSA) achieved significant milestones in advancing its digital transformation agenda, establishing information and technology as a pivotal enabler of regulatory efficiency, compliance, and service delivery. The Information and Technology (I&T) portfolio has consistently strengthened governance, resilience, and innovation, ensuring alignment with the Council's mandate as well as stakeholder expectations.

KEY ACHIEVEMENTS

Service Automation: The Oracle Service Cloud (OSvC) program has made considerable progress, with Wave 3A successfully completed and subsequent phases initiated. This advancement has enhanced the automation of practitioner Registration, Continuing Professional Development (CPD), and Case Management Processes, resulting in reduced turnaround times and improved service quality.

Digital Modernization: The stabilization of the Oracle E-Business Suite (EBS), replacement of the network backbone, and renewal of the storage area network (SAN) and backup systems have established a robust foundation for core operations. The updated HPCSA website has improved accessibility, user experience, and compliance. Furthermore, the introduction of a modernized call centre platform, integrated with AI-enabled support, has enhanced responsiveness to practitioners and increased service efficiency.



Ms Melissa de Graaff
Head of Department: Finance and Supply Chain
Management and Chief Financial Officer



5. DEPARTMENT: FINANCE AND SUPPLY CHAIN MANAGEMENT

5.1 FINANCIAL PERFORMANCE

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

REVENUE

The operations of the HPCSA are funded by revenue from healthcare practitioners. Revenue is primarily derived from annual fees, registration fees and penalty fees.

During the year under review, the revenue increased by 3% from R416,4 million to R428,9 million and investment revenue increased by 8.4% from R34,9 million to R37,8 million during the same period due to increase in investments and high prime interest rates.

The annual fees increased by 4.3% from R306,1 million to R319,3 million mainly due to the increase in membership fees. Council was able to keep annual and other fee increases for the financial year ending 31 March 2025 to a below inflation increase of 2%.

Registration fees received decreased by 8.7% from R27,0 million to R24,6 million. Fees from penalties imposed on practitioners increased by 25.8% from R4,7 million to R5,9 million.

Annual fees – Prior year and Restoration fees decreased during the last financial year by 22.8% due to improved collection of annual fees and reduction of suspension of practitioners. Suspension decreased by 15.7% or R1.8 million during the financial year.

Bad debt provision (Credit loss allowance) decreased by R8,1 million during the financial year.

EXPENSES

Operating expenses increased from R365,9 million to R405,9 million in the period under review and was due to the following:

- Council, Professional Boards and Committee meetings expenditure increased by 7.5% from R62,6 million to R67,3 million, due to an increase activity of Council, Professional Boards, and committees.
- Employment costs increased by 7.4% from R225,9 million to R242,5 million due to filling of essential vacant positions and annual salary increases.
- Information Technology costs increased by 36.2% from R22,1 million to R30,0 million due to increase license requirements for online practitioner services portal.
- Strategic Project cost increased by 198% from R2,8 million to R8,2 million. Significant progress has been made on key strategic projects during the financial year, including Organisational structure review, Ngoku project, Website redesign, and other projects.
- SIU expenditure was R0 (2024 – R1,0 million) during the financial year.
- Consulting and professional fees - legal fees increased by 18.8% from R11,4 million to R13,5 million during the financial year.
- Bad debts written off during the financial year amounted to R2,9 million.

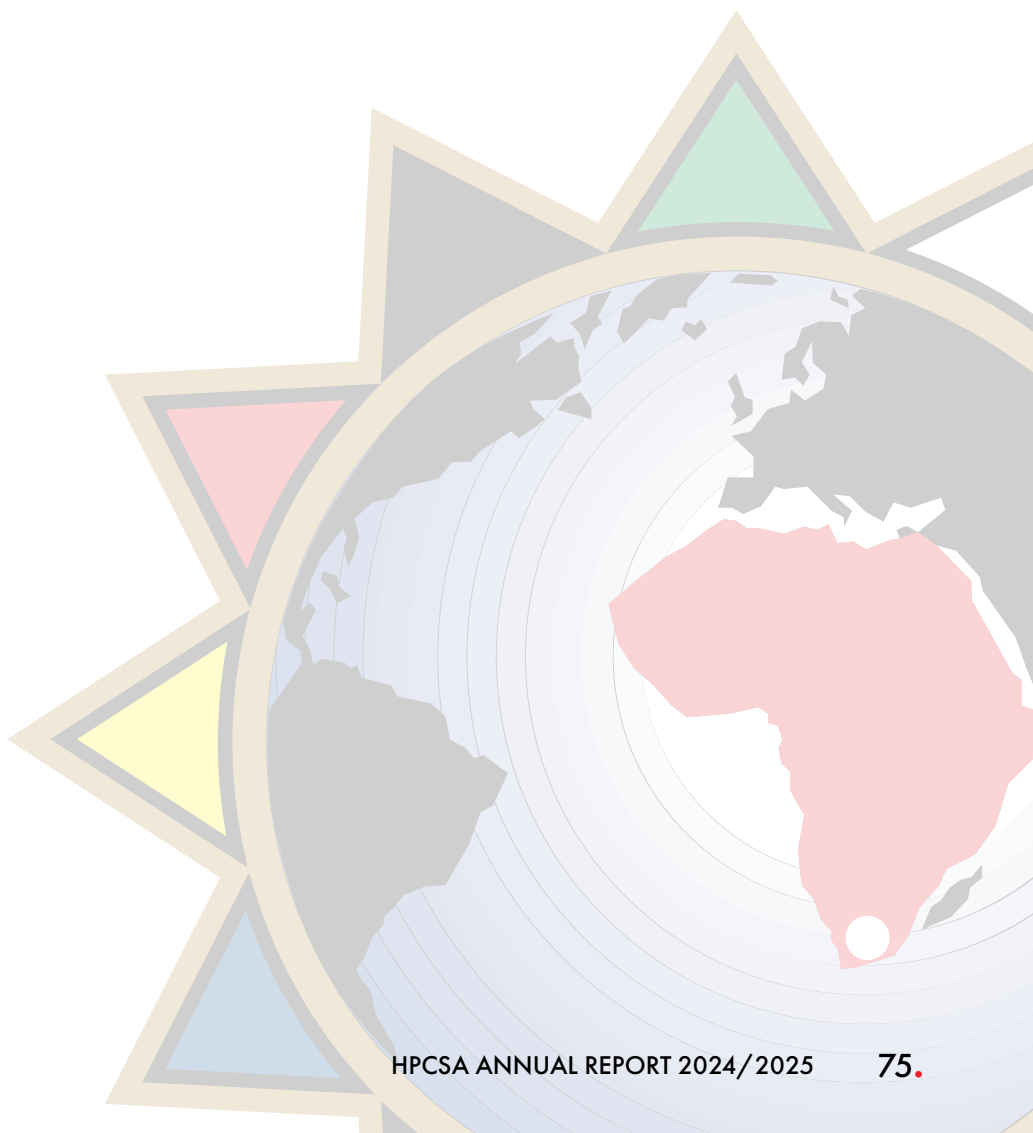
SURPLUS GENERATED

The total comprehensive surplus for the year was R23,2 million for the year under review compared to a surplus of R50,7 million in the previous financial year. The comprehensive surplus was mainly due to:

- R6,5 million additional annual fee revenue generated.
- R2,6 million additional penalty revenue generated.
- R2,0 million additional registration revenue generated.
- R1,6 million additional evaluation revenue generated.
- R8,1 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 R93,4 million of which R85,7 million was Level 1 to Level 3 BBBEE spent, which constitutes 91.7 percent of overall procurement spent with a BBBEE recognition level of 119.3% at R111,4 million.



Vacant
Head of Department: Office of the Registrar



6. DEPARTMENT: OFFICE OF THE REGISTRAR

COUNCIL SUPPORT FOR HPCSA IN CONTINENTAL AND INTERNATIONAL AFFAIRS

The Council has consistently backed the HPCSA's involvement in both continental and international matters. Such engagements are crucial as they serve as valuable learning experiences and provide opportunities for benchmarking.

PARTICIPATION IN KEY MEETINGS

The HPCSA attended the 112th Annual Meeting of the Federation of State Medical Boards (FSMB), which focused on the intentional application of data and scientifically sound methodologies to aid decision-making. Key areas of discussion included:

- A review of the current regulatory landscape to assess its effectiveness.
- The role of AI in enhancing regulation.
- Approaches to addressing sexual misconduct and opioid mis-prescribing.

In its capacity as the Secretariat, the HPCSA played a significant role in coordinating the Annual Capacity Building Workshop of the Association of Medical Councils of Africa (AMCOA). The theme was: "Use of Digital Technology and Innovation in Strengthening Governance and Regulation in Healthcare: How do we become SMART Regulators?" It was chosen to foster discussions on enhancing governance and regulation considering technological advancements in healthcare. It was designed to empower member states to operate efficiently, meet their goals, adapt to changes, and ultimately reach their full potential.

The Council also facilitated the 26th Annual Conference of AMCOA, a timely platform for healthcare policymakers, regulators, practitioners, and stakeholders to discuss the significant impact of AI and innovation on healthcare governance and regulation. The conference theme, "Regulation in the Era of Artificial Intelligence," highlighted both opportunities and challenges associated with AI in healthcare, particularly the medical regulator's role in offering guidance and standards to help doctors effectively navigate AI in clinical environments. At the core of these discussions was the emphasis on patient safety, underscoring that the doctor retains ultimate responsibility for patient care, regardless of the support tools employed.

As a member of the International Association for Medical Regulatory Authorities (IAMRA), the HPCSA participated in various webinars and symposiums focusing on:

- The regulator's role in fostering a compassionate and supportive approach to complainants in sexual misconduct cases.
- Ethical recruitment of the health workforce and the regulators' responsibilities.
- Maximizing the IAMRA Physician Information Exchange (PIE).
- WHO Health Practitioner Regulation: Design, Reform and Implementation Guidance, which is the first comprehensive guidance document on health practitioner regulation produced by WHO.

The Council also hosted various best practice visits (e.g., to Seychelles, Lesotho, Namibia). These visits were aimed at developing specific competencies while fostering broader capacity for growth, innovation, and resilience within the Regulatory Authorities.

These initiatives underscore the Council's commitment to advancing healthcare regulation on both a continental and international scale. By engaging in these activities, the HPCSA not only strengthens its own regulatory frameworks but ensures that the Council remains at the forefront of innovative regulatory practices, adapting to the ever-evolving landscape of healthcare.

COMMUNICATIONS AND STAKEHOLDER MANAGEMENT

CORPORATE AFFAIRS ANNUAL REPORT

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

MEDIA RELATIONS

Council recognises the media as an essential partner in keeping stakeholders informed about its mandate and objectives. Building and maintaining open and transparent relationships with media outlets remains a key priority. In the reporting period, Council conducted fifty-three (53) media interviews, issued twenty-seven (27) media statements, and addressed most of the media enquiries within the required 48-hour turnaround time.

SOCIAL MEDIA

During the reporting period, Council intensified its use of Facebook and LinkedIn to communicate activities and developments. These platforms also served as additional service channels, easing the workload of call centre agents and client service units by enabling practitioners to submit enquiries and service requests directly. This improved response times, ensured queries were quickly resolved or redirected, and reduced negative feedback on accessibility and turnaround times.

Engagement on social media continued to grow, enhancing Council's visibility and interaction. Facebook followers increased by 1 593, this resulted in the Facebook followers increasing to 23 978, while LinkedIn also recorded a notable rise in active followers. To broaden Council's reach, Instagram and YouTube were introduced. The YouTube channel has become a dedicated hub for tutorials and information on Council's services, steadily attracting practitioners and the public.

PUBLICATIONS

Council continues to communicate through different communication channels which includes electronic and printed newsletters. The Corporate Affairs Department electronically distributed nine (9) Professional Boards newsletters to the practitioners. The Professional Board newsletters ensure that practitioners receive the latest information regarding all matters related to the board. Practitioners are continuously encouraged to update their email addresses and contacts with Council so as to facilitate electronic communication via e-mail and special SMS notifications, which allows for real-time communication.

Internal stakeholder engagement is vital to ensure that staff is continuously kept abreast of all activities that take place within Council. To this end, the Division Corporate Affairs published four (6) internal newsletters – PULSE, in the year under review.

Thirty-five (35) editions of e-Bulletin, a monthly electronic newsletter, were distributed to the practitioners. This newsletter communicates critical information to the HPCSA's registered practitioners; guiding their professional conduct and best practices in healthcare delivery, thus contributing to quality standards that promote the health of all South Africans.

The HPCSA was also featured in various publications including the health focused strategic publications in a form of advertorials. The organisation was profiled in Public Sector magazine and had advertorials placed in the online publications such as the Mail & Guardian, News24, and TimesLive. The purpose of profiling Council in these publications is to ensure maximum exposure to strengthen the HPCSA brand and its functions.

During the reporting period, the HPCSA implemented a communications campaign anchored in the NGOKU philosophy to highlight organisational improvements and progress. These changes were communicated through media interviews, video clips shared on social media platforms, and targeted publications. The campaign not only created awareness of the reforms but also strengthened stakeholder confidence in the Council's commitment to transparency, accountability, and service excellence. Going forward, HPCSA will continue to prioritise effective and efficient communication to ensure stakeholders remain informed, engaged, and aligned with the organisation's mandate of protecting the public and guiding the professions.

STAKEHOLDER ENGAGEMENT

Stakeholder engagement as a key component of Council's activities plays a central role in identifying and understanding the needs, interests and expectations of stakeholders, which, in turn supports informed, strategic and sustainable decision-making.

Effective engagement helps translate stakeholder needs into organisational goals, thereby creating an effective strategy for consistency in how Council interacts with various stakeholders across the board. Council has identified its stakeholders such as regulatory bodies, universities, civil society organisations and organised labour with the objective of establishing how these organisations are or may be affected (positively and negatively) by its activities.

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.

Council 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, Council conducted a total of hundred and seventy-seven (177) engagements.

SERVICE DELIVERY

During the 2024/25 financial year, Council placed a strong emphasis on service delivery, ensuring that stakeholder feedback was managed in a structured and accountable manner. A dedicated electronic mailbox (servicedelivery@hpcsa.co.za) was maintained as the central point of contact for service delivery complaints and compliments, providing stakeholders with direct access to raise concerns or acknowledge positive experiences.

All correspondence received through the mailbox were formally recorded and managed in accordance with established procedures. Complaints were referred to the relevant business units for resolution, while compliments were shared with the respective employees as recognition of their professionalism, efficiency, and commitment to client-focused service delivery.

In the reporting period, Council received a total of 1 149 complaints and 426 compliments. Building on the lessons learned during the year, Council remains committed to continuously improving service delivery by enhancing turnaround times, strengthening accountability, and ultimately reducing the volume of complaints. Stakeholder feedback will continue to play an important role in shaping internal improvements and promoting a culture of excellence in service delivery.

CALL CENTRE

The Call Centre performance report presents a detailed overview of the centre's operations, activities, and achievements during the reporting period. It highlights key performance indicators, service delivery outcomes, and improvements implemented to strengthen efficiency and effectiveness.

As a vital function of the HPCSA, the Call Centre serves as the primary point of contact for practitioners and customers. This report outlines its performance and demonstrates the centre's continued contribution to advancing organisational goals and enhancing customer experience.

Call Volume

During the reporting period, the call centre handled **163 882 calls**, reflecting a **0.5% decrease** compared to the **164 605 calls** recorded in the 2023/24 financial year. This marginal decline is attributed to the growing adoption of alternative service channels, such as the online portal and self-service platforms, which practitioners and customers increasingly utilised for inquiries and support. Furthermore, operational efficiencies, including quicker resolution times, improved self-service functionality, and a reduction in repeat calls, suggest that the decline is a positive indicator of enhanced service delivery rather than reduced demand.

CALL CENTRE REQUESTS INCIDENTS

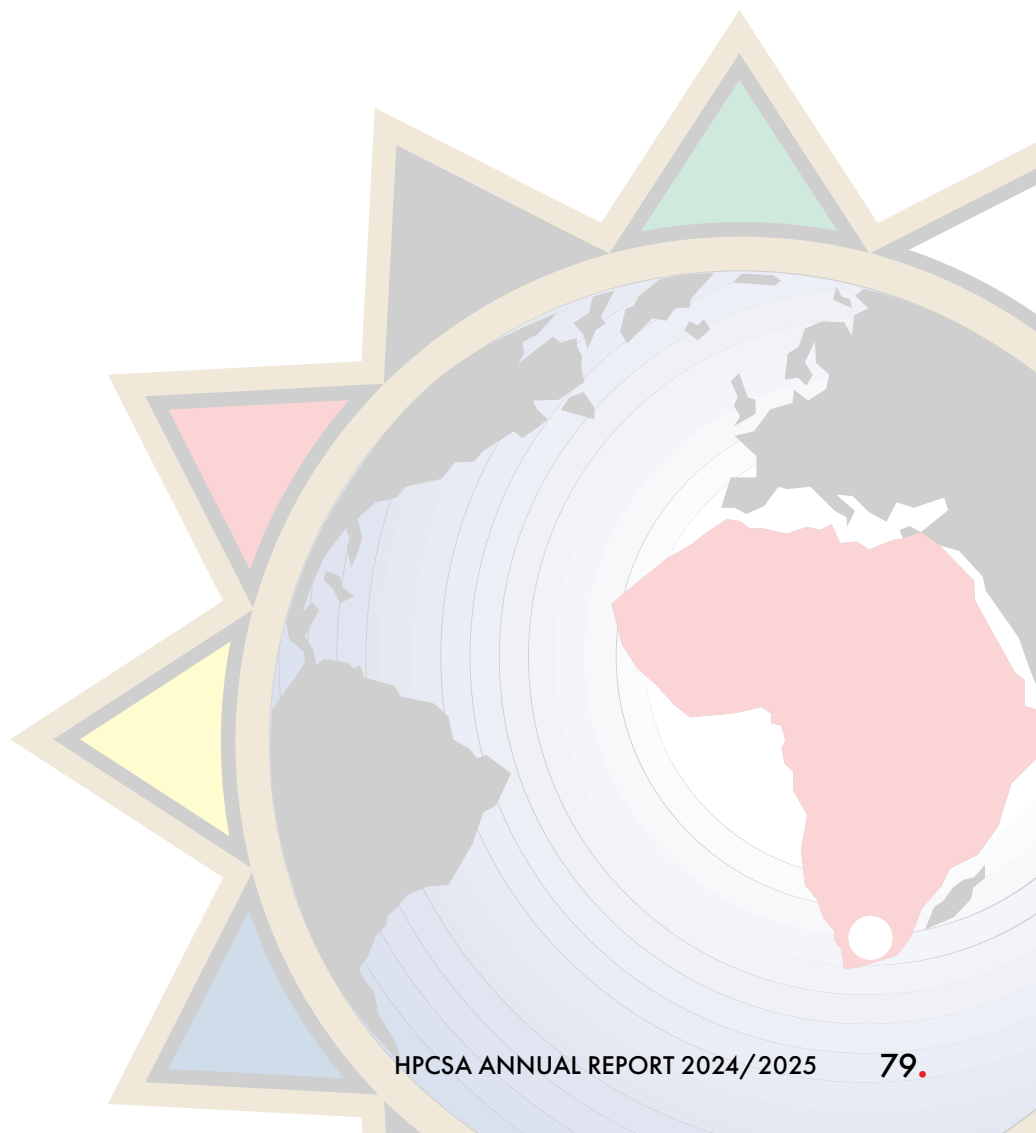
The Call Centre Service Requests Incidents Report for the financial year 2024/25 provides a detailed analysis of the incidents managed by the call centre during the reporting period. This report highlights the call centre's efficiency and effectiveness in handling service requests, showcasing the improvements made and the dedication of the team in meeting customer needs.

During the 2024/25 financial year, the call centre managed a total of **21 975 service request incidents**, compared to **25 547 incidents** in 2023/24. This reflects a **14% decrease**, largely attributable to the increased adoption of the online portal, where more practitioners are now logging their service requests directly rather than contacting the call centre.

Performance and Resolution

The call centre demonstrated strong performance in managing service request incidents during the reporting period. All logged incidents were successfully resolved, underscoring the call centre's ability to address customer needs in a timely and effective manner. The reduction in service requests, combined with improved accessibility and greater use of alternative digital channels, highlights the centre's operational efficiency and its commitment to delivering quality service across multiple platforms.

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.





PERFORMANCE INFORMATION

This section presents to Council, feedback on performance achieved against key performance indicators (KPIs) and targets set for Q4 of the Annual Performance Plan FY2024/25.

7.1 STRATEGIC GOALS AND QUARTERLY TARGETS

In reporting against the contracted annual performance plan targets, colour codes are used to provide ease of understanding of the colours used in the Performance Tables that follow. Table 5 denotes the colour legend which clarifies what the colours in each of the cells containing performance information in the APP report mean.

Table 3: Legend in the Performance tables

COLOUR	MEANING OF COLOUR CODE	SCORES ACHIEVED IN % TERMS
GREEN	Performance fully met target	100%
AMBER	Performance satisfactory, but below target	>65% <99%
RED	Performance failed to reach target	< 65%
LIME	Work could not be started due to external factors outside control of HPCSA. KPI's highlighted in this colour are excluded in the calculation of performance outcomes	0%
BLUE	Work not meant to start in the reporting period. KPI's highlighted in this colour are excluded in the calculation of performance outcomes	0%

7.1.1 PERFORMANCE INFORMATION AGAINST THE ANNUAL PERFORMANCE PLAN

This section provides feedback against planned Key Performance Indicators targets which are used to deliver the HPCSA's strategic goals and objectives. For Quarter 4, there were (20) Key Performance Indicators against which feedback is provided. Feedback on performance from the preceding reporting period is also provided for comparative and trend analysis. Table 3 presents a summary of the performance achieved against KPIs and targets set for Quarter 1 of the FY2024/25 Annual Performance Plan.

7.1.1.1 QUARTER #1 SUMMARY VIEW OF ACHIEVED PERFORMANCE

Table 4 is inserted here to show the performance comparison between the preceding and the succeeding reporting period.

Table 4: Summary of Q1 Performance against Q1 APP Targets

Strategic Goal	Number of Indicators	Number of KPIs assessed in Q1	PERFORMANCE AGAINST KEY PERFORMANCE INDICATORS							
			NOT DUE TO START IN QUARTER UNDER REVIEW	NOT ACHIEVED		PARTIALLY ACHIEVED		ACHIEVED		
				#	%	#	%	#	%	
1	1	0	1	0	0%	0	0%	0	0%	
2	2	1	1	0	0%	0	0%	1	100%	
3	7	5	2	1	20%	2	40%	2	40%	
4A	2	0	2	0	0%	0	0%	0	0%	
4B	8	8	0	0	0%	0	20%	8	100%	
5	4	3	1	0	0%	0	0%	3	100%	
6	1	1	0	0	0%		0%	1	100%	
TOTALS	25	18	7	1	5,55%	2	11,11%	15	83,33%	

In the Section, Performance Feedback against the Annual Performance for Q1, the following is presented:

- 18 KPI's were planned for execution to the conclusion in Quarter 1.
- 15 of 18(83,33%) KPI's were Achieved.
- 2 of 18 (11,11%) of the KPI's were Partially Achieved.
- 1 of 18 (5,55%) of the KPI's were Not Achieved
- 7 of the KPI's is due to start in Q2-Q4 and scheduled for the next financial year.

7.1.1.2 QUARTER #2 - SUMMARY VIEW ACHIEVED PERFORMANCE

Table 5 is inserted here to show the performance comparison between the preceding and the succeeding reporting period.

Table 5: Summary of Q2 Performance against Q2 APP Targets

Strategic Goal	Number of Indicators	Number of KPIs assessed in Q1	PERFORMANCE AGAINST KEY PERFORMANCE INDICATORS							
			NOT DUE TO START IN QUARTER UNDER REVIEW	RED NOT ACHIEVED		AMBER PARTIALLY ACHIEVED		GREEN ACHIEVED		
				#	%	#	%	#	%	
1	1	0	1	0	0%	0	0%	0	0%	
2	2	1	1	0	0%	0	0%	1	100%	
3	7	6	1	0	0%	2	33%	4	67%	
4A	2	0	2	0	0%	0	0%	0	0%	
4B	8	8	0	0	0%	0	20%	8	100%	
5	4	3	1	0	0%	0	0%	3	100%	
6	1	1	0	0	0%	1	100%	0	0	
TOTALS	25	19	6	0	0%	3	16%	16	84%	

In the Section, Performance Feedback against the Annual Performance for Q2, the following is presented:

- 19 KPI's were planned for execution to the conclusion in Quarter 2
- 16 of 19 (84%) KPI's were achieved.
- 3 of 19 (16%) of the KPI's were partially achieved.
- 6 of the KPI's is due to start in Q2-Q4 and scheduled for the next financial year.

7.1.1.1.3 QUARTER #3 - SUMMARY VIEW OF ACHIEVED PERFORMANCE

Table 6 is inserted here to show the performance comparison between the preceding and the succeeding reporting period.

Table 6: Summary of Q3 Performance against Q3 APP Targets

Strategic Goal	Number of Indicators	Number of KPIs assessed in Q1	PERFORMANCE AGAINST KEY PERFORMANCE INDICATORS							
			NOT DUE TO START IN QUARTER UNDER REVIEW	RED NOT ACHIEVED		AMBER PARTIALLY ACHIEVED		GREEN ACHIEVED		
				#	#	%	#	%	#	%
1	1	1	0	0	0%	1	100%	0	0%	
2	2	1	1	0	0%	0	0%	1	100%	
3	7	7	0	1	14,29%	1	14,29%	5	71,43%	
4A	2	0	2	0	0%	0	0%	0	0%	
4B	8	7	1	0	0%	0	0%	7	100%	
5	4	2	2	0	0%	0	0%	2	50%	
6	1	1	0	1	0%	1	100%	0	0	
TOTALS	25	19	6	1	5,26%	3	15,79%	15	78,95%	

In the Section, Performance Feedback against the Annual Performance for Q3, the following is presented:

- 19 KPI's were planned for execution to the conclusion in Quarter 3.

- 1 of 19 (5,26%) KPI's were not achieved.
- 15 of 19 (78,95%) KPI's were achieved.
- 3 of 19 (15,79%) of the KPI's were partially achieved.
- 6 of the KPI's were not due to be Assessed in Q3.

7.1.1.4 QUARTER #4 SUMMARY VIEW OF ACHIEVED PERFORMANCE

Table 7 is inserted here to show the performance comparison between the preceding and the succeeding reporting period.

Table 7: Summary of Q4 Performance against Q4 APP Targets

Strategic Goal	Number of Indicators	Number of KPIs assessed in Q1	PERFORMANCE AGAINST KEY PERFORMANCE INDICATORS							
			NOT DUE TO START IN QUARTER UNDER REVIEW	RED NOT ACHIEVED		AMBER PARTIALLY ACHIEVED		GREEN ACHIEVED		
			#	#	%	#	%	#	%	
1	1	0	1	0	0	0	0	0	0	
2	2	1	1	0	0	0	0	1	100%	
3	7	6	1	1	16,67%	0	0	5	83,33%	
4A	2	1	1	0	0	0	0	1	100%	
4B	8	8	0	0	0	0	0	8	100%	
5	4	3	1	1	33,33%	0	0	2	66,67%	
6	1	1	0	0	0	0	0	1	100%	
TOTALS	25	20	5	2	10%	0	0	18	90%	

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

- 2 of the 20 (10%) the KPI's were "NOT ACHIEVED".
- 18 of 20 (90%) KPI's were "ACHIEVED".

7.1.2 OVERALL ANNUAL ORGANISATIONAL PERFORMANCE SCORE

Table 8 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 FY2024/2025 is 91,34%. This score is arrived at by adding number of KPI's that could be done for the year (23) for all the quarters (denominator) and adding the number of KPI's whose target were successfully achieved (21) for all the quarters (numerator). The score is 21 DIVIDED BY 23 MULTIPLIED BY 100 = 91,34%.

Table 8: Performance Comparison – Q1, Q2, Q3 and Q4

STRAT. GOAL #		# Of KPI's in APP		ACHIEVED												NOT ACHIEVED OR PARTIALLY ACHIEVED OR POSTPONED TO NEXT YEAR											
				Q1			Q2			Q3			Q4			FULL YEAR		Q1		Q2		Q3		Q4		FULL YEAR	
				# OF KPIs	%	#	# OF KPIs	%	#	# OF KPIs	%	#	# OF KPIs	%	#	# OF KPIs	%	#	# OF KPIs	%	#	# OF KPIs	%	#	# OF KPIs	%	#
1	1	0	0	0	0	0	0	0%	1	0	0%	0	0	0	0	0	0	0%	0	0	0	0	0	0	0	0	0
2	2	1	1	100	1	1	100%	1	1	100%	1	1	100%	2	2	100%	0	0	0	0	0	0	0	0	0	0	0
3	7	5	2	40	6	4	67%	7	5	71,43%	6	5	83,33%	7	6	85,71	0	0	2	33,33%	3	60%	1	16,67%	1	14,29%	
4A	2	0	0	0	0	0	0%	0	0	0%	1	1	100%	1	1	50%	0	0	0	0	0	0	0	0	0	0	50
4B	8	8	8	100	8	8	100%	7	7	100%	8	8	100%	8	8	100%	0	0	0	0	0	0	0	0	0	0	0
5	4	3	3	100	3	3	100%	2	2	50%	3	2	66,67%	4	3	75%	0	0	0	0	0	0	1	33,33%	1	25%	
6	1	1	1	100	1	0	0	1	0	0	1	1	100%	1	1	100%	0	0	1	100%	0	0	0	0	0	0	0
TOTALS	25	18	15	83,33	19	16	84%	19	15	78,95 %	20	18	90%	23	21	91,30%	3	16,67%	3	15,79%	3	16,67%	2	10%	2	8,70%	

DETAILED PERFORMANCE REPORT AGAINST THE 2024/25 APP

This sub-section presents the detailed information against each of the contracted KPIs, Targets and the Performance Achieved in the quarter under review. Where a KPI is either “Partially Achieved (colour coded - AMBER) or Not Achieved (colour coded - RED),” an abridged narrative is provided in a corresponding cell under Column (e) explaining the cause/reason for inability to successfully Achieve. Management then provides a narrative in the corresponding cell under Column (f) to indicate how the less that satisfactory performance will be remediated.



STRATEGIC GOAL #1: DIGITALLY ENABLED COUNCIL BY 2025/2026
STRATEGIC OBJECTIVE: DIGITALLY ENABLED COUNCIL BY 2025/2026

# Of Indicators Tracked Strategic Objectives	1	# Of Indicators with Missed Targets	# Of Indicators with Achieved Targets	# Of Indicators with Neither Achieved nor Missed	#Of Indicators Not Planned for Evaluation in This Quarter	1
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Performance in Q4 FY2024/25						
Key Performance indicator	KPI unit of measure	(a) Baseline service level performance	(b) Annual target for FY2024/2025	(c) Q4 – FY2024/25 (Jan - Mar)	(d) Q4 – FY2024/25 (Jan - Mar)	(e) = (d) – (c) Narration for variances/ gaps
1.2 (a) Signed off (delivered) online ICT services systems.	%	12,50% (1/8)	75% (6 Modules/81 Modules) MODULE #2 • Wave #2 MODULE #3 • Wave #3 MODULE #4 • Wave #4. MODULE #5 • Wave #5 MODULE #6 • Wave #6 MODULE #7 • Wave #7	(2/8) modules 25% of outstanding project	This KPI cannot be assessed (Elapse of Time Before Project Resumption).	The Annual Performance Plan listed the duration of the contract negotiations as a likely constraint – this constraint materialised. misalignment between project restart and the time of the restart as compared to the targets Approval for the Project to continue was received in September 2024. Initial focus was on the 13 “Issues” in the Production Environment (where the deployed system is in daily use) before Project Work could resume. Some Project Work was done in the last 3 months of FY2024/25t.
(f) Management’s intervention/s To correct the gaps in						
Substantive work went into restarting the Project in the available time before the end of the Financial Year.						

1 For the FY2024/25 APP – ICT Services Aligned to the OSvC Wave Deployment Approach which changes from 7 Initiatives to 8 Waves instead.

STRATEGIC GOAL #2: MAINTAINED FINANCIAL SUSTAINABILITY OF COUNCIL AND ALL PROFESSIONAL BOARDS
STRATEGIC OBJECTIVE 2.1: ENSURE FINANCIAL SUSTAINABILITY TO DELIVER ON COUNCIL MANDATE ANNUALLY.

# Of Indicators Tracked Strategic Objectives	2	# Of Indicators with Missed Targets	# Of Indicators with Achieved Targets	1 = 100%	# Of Indicators with Neither Achieved nor Missed	#Of Indicators Not Planned for Evaluation in This Quarter	1
Key Performance indicator	KPI unit of measure	(a) Baseline service level performance	(b) Annual target for FY2024/2025	Performance in Q4 FY2024/25			
				(c) Q4 – FY2024/25 (Jan - Mar)	(d) Q4 – FY2024/25 (Jan - Mar)	(e) = (d) – (c) Narration for variances/ gaps	(f) Management's intervention/ s To correct the gaps in
2.1 (a) Unqualified audit opinion with no material findings.	Report YES or NO	Yes	Yes	Not Assessed in this Quarter	Not Assessed in this Quarter	This KPI is scheduled for Achievement by 30th of September 2024. KPI was Achieved and Banked then.	Not Required
2.1 (b) Revenue collection rate.	% (Percent)	100%	98%	98%	ACHIEVED R435 699 319 / R 428 879 191 (101.59%) Target Exceed by 3.59% Collected	Not Applicable	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	6	# Of Indicators with Missed Targets	1 = 16,67%	# Of Indicators with Achieved Targets	5 = 83,33%	# Of Indicators with Neither Achieved nor Missed	#Of Indicators Not Planned for Evaluation in This Quarter	1
Key Performance indicator	KPI unit of measure	(a) Baseline service level performance	(b) Annual target for FY2024/2025	Performance in Q4 FY2024/25				(f) Management's intervention/s To correct the gaps in
				(c) Q4 – FY2024/25 (Jan - Mar)	(d) Q4 – FY2024/25 (Jan - Mar)	(e) = (d) – (c) Narration for variances/gaps		
New 3.1 (a)(a) Improve the image of the HPCSA with 1. General Public 2. Registered Practitioners Professional Associations	Report	NULL	Baseline Study Reports x 3 1. General Public 2. Registered Practitioners Professional Associations	Baseline Study Report x 3	ACHIEVED Baseline Study Conducted.	Not Applicable		Not Required
New 3.1 (a)(b) Weighted Stakeholder Engagement Score (composite). - Number of Engagements (Weight -20%). - Stakeholder Feedback Surveys (Weight =70%). Collaboration Index (10%)	%	NULL	65%	65%	ACHIEVED Composite Score = 84.3% No: of engagements held was 40. A maximum of 10 required in the quarter, therefore 100% achieved. Weighted at 20%. 86% achieved for stakeholder feedback surveys. $86\% / 100 \times 70\% = 60.2\%$. collaboration index is $649 / 1575 \times 10\% = 4.1\%$.	Not Applicable		Not Required

							Total is therefore 20% + 60.2% + 4.1% = 84.3		
New 3.1 (a)(c) Improvement in Complaints Levels raised by the Public	%	NULL	Baseline Study Report	Not Assessed in this Quarter	Not Assessed in this Quarter	Baseline report was delivered in the preceding Quarter.		Not Required	
New 3.1 (a)(d) Reduction of Dropped Calls	%	NULL	15%	5% Cumulative 15%	NOT ACHIEVED Calls Received: 62 751 Calls Answered: 27 650 Calls Dropped: 35 101 Rate 35 101 / 62751 = 44%	Call Centre was inundated with calls due to peak period • CPD compliance deadline • Annual fees • Registrations System challenges regarding EBS • Payment Processing Errors • Portal Billing Errors • CPD Points Not Updating	The Call Centre will be Copacitated with additional Call Centre Staff.		
STRATEGIC OBJECTIVE 3.2: IMPLEMENT UNITARY CUSTOMER SERVICE MANAGEMENT PRACTICE BY FY2024/2025									
3.2 (c) Implemented "revised" HPCSA's Customer Service Management System	% (Percentage)	NULL	85% Project Activities as per Project Schedule	21.25% of Project Activities as per Project Schedule	ACHIEVED The following Project Artefacts were delivered - 1. Service Catalogue inclusive of Service Charters per Service Line 2. Customer Strategy. 3. Customer Service Architecture. 4. Customer Service Management policy (EMC voted against creating a policy for this environment.	Not Applicable		Not Required	

Key Performance indicator	KPI unit of measure	(a) Baseline service level performance	(b) Annual target for FY2024/2025	Performance in Q4 FY2024/25			(f) Management's intervention/s To correct the gaps in
				(C) Q4 – FY2024/25 (Jan - Mar)	(d) Q4 – FY2024/25 (Jan - Mar)	(e) = (d) – (c) Narration for variances/gaps	
STRATEGIC OBJECTIVE 3.3: IMPLEMENTED MONITORING AND EVALUATION PROGRAMME ANNUALLY							
3.3 (a) – Monitored the implementation of “Tools of Regulations” of 12 Professional Boards2.	# (Number)	6	12 Monitoring Reports	3 Monitoring Reports	ACHIEVED 3 Monitoring Reports Delivered	Not Applicable	Not Required
3.3 (b) Evaluated the implementation of the “Stakeholder Engagement Plans” of the Professional Boards	# (Number)	6	12 Evaluation Reports	4 Evaluation Reports	ACHIEVED 4 Evaluation Reports Delivered	Not Applicable	Not Required

2 Rephrased from the following – “3.1 (b) Evaluation of impact of stakeholder engagement strategy initiatives”

STRATEGIC GOAL #4: STRENGTHEN THE SERVICE DELIVERY ENVIRONMENTS OF THE HPCSA
SUB-STRATEGIC GOAL #4A: IMPROVED PROFESSIONAL CONDUCT PROCESSES
STRATEGIC OBJECTIVE 4A.1: REFORM THE PROFESSIONAL CONDUCT PROCESSES BY FY2025/2026

# Of Indicators Tracked Strategic Objectives	1	# Of Indicators with Missed Targets	# Of Indicators with Achieved Targets	1 (100%)	# Of Indicators with Neither Achieved nor Missed	#Of Indicators Not Planned for Evaluation in This Quarter
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Key Performance indicator	KPI unit of measure	(a) Baseline service level performance	(b) Annual target for FY2024/2025	Performance in Q4 FY2024/25		
				(C) Q4 – FY2024/25 (Jan - Mar)	(d) Q4 – FY2024/25 (Jan - Mar)	(e) = (d) – (c) Narration for variances/ gaps
4A.1 (a) Case Clearance rate at Preliminary Investigations.	%	60%	60%	60%	ACHIEVED 73,7% (998/1353) of Cases Cleared at the Preliminary Investigations Level.	Not Applicable
						Not Required
4A.1 (b) Reviewed, redesigned, and implemented improved professional conduct processes, policies, regulations, and funding model						
4A.1 (b)(iv) Project Activities Implemented3	% Percentage	NULL	35% (Consultation with prof board) 100% (Redesign professional conduct processes, policies, regulations, and funding model)	10%	NOT ASSESSED IN THIS QUARTER	This KPI in on hold as the new Head of Department sought to understand the Professional Conduct processes and whether the need for the project was justified or not.
						This KPI will be undertaken in the FY2025/26.

3 New KPI against existing Strategic Objective

SUB-STRATEGIC GOAL #4B: STRENGTHEN THE HPCSA'S CORE OPERATIONS ENVIRONMENT
STRATEGIC OBJECTIVE 4B.1: IMPROVE EFFICIENCIES IN CORE OPERATIONS BY Q4 OF FY2025/2026.

# Of Indicators Tracked Strategic Objectives	8	# Of Indicators with Missed Targets	# Of Indicators with Achieved Targets	# Of Indicators with Neither Achieved nor Missed	# Of Indicators Not Planned for Evaluation in This Quarter
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Key Performance indicator	KPI unit of measure	(a) Baseline service level performance	(b) Annual target for FY2024/2025	Performance in Q4 FY2024/25			
				(C) Q4 – FY2024/25 (Jan - Mar)	(d) Q4 – FY2024/25 (Jan - Mar)	(e) = (d) – (c) Narration for variances/ gaps	(f) Management's intervention/s To correct the gaps in
4B.1 (a) % Of scheduled Board Examinations facilitated within stipulated timelines	% (Percentage)	100%	100%	100%	ACHIEVED 100% (24/24)	Not Applicable	Not Required
4B.1(b) (i) Average Turn-around time (TAT) for Registration of all graduates coming through the dump process taking up contracts from 1 January (as deployed for OSVC Wave 1).	Working Days	8.5	3.5	3.5	ACHIEVED 1.5 Working Days	Over-achievement was due to additional staffing capacity through the procurement of fixed-term employees	Not Required
4B.1(b) (ii) % Of Registration - Students coming through the EBS dump process by end of June 2024	%	NULL	100%	Not Assessed in this Quarter	ACHIEVED 100% (7141 /7141)	Not Applicable	Not Required
4B.1(c) Average Turn-around time (TAT) for Issuance of Section 23 Certificates (Certificate of Status, Intern Duty Certificate, Verifications)	Working Days	NULL	10	10	ACHIEVED 8 Working Days	This Achievement was assisted by the availability of additional capacity through fixed term Employees	Not Required

4B.1 (d) Average Turn-around time (TAT) for Restorations	Working Days	NULL	10	10	ACHIEVED 7 Working Days	Over-achievement was due to additional staffing capacity through the procurement of fixed-term employees	Not Required
4B.1 (e) TAT - Change of Category Local Registrations	Working Days	NULL	7.5	7.5	ACHIEVED 5 Working Days	Over-achievement was due to additional staffing capacity through the procurement of fixed-term employees	Not Required
4B.1 (f) Applications from individual practitioners not yet being processed through OSVC (e.g., MTIN, PSS, PSIN, OSIN, ATIN, BKIN)	Working Days	NULL	7.5 Days	7.5 working days,	ACHIEVED 7 Working Days	Over-achievement was due to additional staffing capacity through the procurement of fixed-term employees	Not Required
4B.1 (g) Turn Around Time (TAT) for processing practitioners' evidence of CPD compliance (Revised Wording)	Working Days	5	5	5	ACHIEVED 1.3 Working Days	Over-achievement was due to additional staffing capacity through the procurement of fixed-term employees	Not Required

3 New KPI against existing Strategic Objective

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

# Of Indicators Tracked Strategic Objectives	3	# Of Indicators with Missed Targets	1 = 33,33%	# Of Indicators with Achieved Targets	2 = 66,67%	# Of Indicators with Neither Achieved nor Missed	#Of Indicators Not Planned for Evaluation in This Quarter	1
Key Performance indicator	KPI unit of measure	(a) Baseline service level performance	(b) Annual target for FY2024/2025	Performance in Q4 FY2024/25				(f) Management's intervention/s To correct the gaps in
				(C) Q4 – FY2024/25 (Jan - Mar)	(d) Q4 – FY2024/25 (Jan - Mar)	(e) = (d) – (c) Narration for variances/ gaps		
				STRATEGIC OBJECTIVE 5.1: ENSURE THAT NECESSARY CONTINUOUS TRAINING IS PROVIDED TO MEMBER TO ENABLE THEM TO EXECUTE THEIR ROLE EFFECTIVELY. EVALUATE IMPACT OF TRAINING OF THE PROFESSIONAL BOARD ANNUALLY.				
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	Not Required	
5.1 (c) Regulatory practice training conducted annually for all members of all professional boards and members of Council.	Number (#)	2	2	Though Planned for Delivery in this Quarter – Work Already Delivered in Q #3 Not Assessed in this Quarter	Work Already Delivered in Q #3 Not Assessed in this Quarter	The KPI was successfully achieved earlier than planned.	Not Required	
STRATEGIC OBJECTIVE 5.2: MAINTAINED THE STATE OF ALL “TOOLS OF REGULATIONS” USED IN REGULATING THE PROFESSIONS ANNUALLY.								
5.2 (b) Harmonization and Standardization of ALL Professional Boards’ “Tools of Regulations”	%	13,5% (66/489)	274% (132/489)	13,5% (66/489) of “Tools of Regulations” Harmonised	NOT ACHIEVED Only 49/489 “Tools of Regulations” Were Worked On		Poor Performance Issues were encountered. Training, Coaching and Employee Assistance Programme were employed to no avail.	The Deployed Functionary was let go due to failure to deliver on this mandate. The Outstanding Work will be addressed in FY2025/2026



LINKING PERFORMANCE WITH BUDGETS

PROGRAMME 1: DIGITALLY ENABLED COUNCIL								
Description	"Budget 2024/25"	Roll-over	Virements	Surplus	"Adjusted 2024/25 Budget"	Year-to-date actuals	Variances	% Variance
Capex: Oracle Enhancement		15 746 730			15 746 730	3 344 826	12 401 904	79%
Capex: Network		4 965 214			4 965 214	2 254 944	2 710 270	55%
Capex: Conferencing system		2 011 634			2 011 634	1 781 584	230 050	11%
Capex: Computers and monitors	1 242 345				1 242 345	883 686	358 659	29%
Capex: Intangible assets (Conferencing system)	226 327				226 327	226 327	0	0%
IT operational expenditure	20 815 269	7 259 738	2 150 000	8 700 000	38 925 007	30 050 113	8 874 894	23%
Collaboration allowances (Council)	352 474				352 474	290 034	62 440	18%
Collaboration allowances (Professional boards)	2 553 930				2 553 930	2 576 092	-22 162	-1%

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

PROGRAMME 2 MAINTAINED FINANCIAL SUSTAINABILITY OF COUNCIL AND ALL PROFESSIONAL BOARDS								
Description	"Budget 2024/25"	Roll-over	Virements	Surplus	"Adjusted 2024/25 Budget"	Year-to-date actuals	Variances	% Variance
INCOME								
Annual Fees	312 741 574				312 741 574	319 279 446	6 537 872	2%
Registration fees	22 596 976				22 596 976	24 612 348	2 015 372	9%
Examination fees	7 141 191				7 141 191	5 191 835	-1 949 356	-27%

PROGRAMME 2 MAINTAINED FINANCIAL SUSTAINABILITY OF COUNCIL AND ALL PROFESSIONAL BOARDS							
Description	"Budget 2024/25"	Roll-over	Virements	Surplus	"Adjusted 2024/25 Budget"	Year-to-date actuals	Variances
Evaluation Fees	4 774 990				4 774 990	6 356 370	1 581 380
Penalties	3 318 977				3 318 977	5 910 607	2 591 630
Sundry fee (Including Restoration fees)	22 163 315				22 163 315	17 215 079	-4 948 236
Other Income (Including Interest received)	35 850 538				35 850 538	42 170 079	6 319 541
	408 587 562	0	0	0	408 587 562	420 735 764	12 148 202
EXPENDITURE							
Council and Professional Board committees	102 199 616	35 320 184	-100 000	0	138 726 790	82 052 258	56 674 531
Administration expenditure	76 924 587	39 390 899	5 212 000	8 700 000	130 227 486	78 584 697	51 642 789
Employee expenditure	259 609 355	2 166 791	-5 112 000	4 920 223	261 584 370	246 703 775	14 880 594
	438 733 558	76 877 874	0	13 620 223	529 231 655	407 340 730	123 197 915

Reason for variances:

Council was able to collect 102% of budgeted annual fee revenue and 109% of budgeted registration fee revenue.

Council was also able to collect 133% of budgeted evaluation revenue with improved collection of outstanding invoices from institutions.

Penalty revenue exceeded budget by 78% due to increase in number of complaints and penalties issued.

Other income revenue exceeded budget by 18% due to increase in interest received on increased investments.

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

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

LINKING PERFORMANCE WITH BUDGETS

PROGRAMME 3: IMPROVED RELATIONSHIPS BETWEEN COUNCIL AND ALL RELEVANT STAKEHOLDERS BY THE END OF THE TERM (2025)									
Description	"Budget 2024/25"	Roll-over	Virements	Surplus	"Adjusted 2024/25 Budget"	Year-to-date actuals	Variances	% Variance	
Corporate Affairs	4 513 802	1 033 376	-650 000	0	4 897 178	4 912 982	-15 804	0%	
International	2 395 016	0	0	0	2 395 016	899 155	1 495 861	62%	
Local	750 810	0	0	0	750 810	487 218	263 592	35%	
AMCOA secretarial support	1 799 599	0	0	0	1 799 599	1 075 418	724 181	40%	
Strategic project: Ngoku	0	1 891 442	0	0	1 891 442	1 010 660	880 782	47%	
Chief Mediator	104 715	0	40 000	0	144 715	134 726	9 989	7%	
Inspectorate	2 629 759	500 000	60 000	0	3 189 759	3 207 724	-17 965	-1%	

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

PROGRAMME 4: STRENGTHEN THE SERVICE DELIVERY ENVIRONMENTS OF THE HPCSA - IMPROVED PROFESSIONAL CONDUCT PROCESSES									
Description	"Budget 2024/25"	Roll-over	Virements	Surplus	"Adjusted 2024/25 Budget"	Year-to-date actuals	Variances	% Variance	
Appeal committees	590 898	0	132 818	0	2 253 134	427 688	1 825 446	81%	
Preliminary committees	4 525 392	0	-14 000	0	5 216 252	3 840 795	1 375 457	26%	
Prelim Appeal Committees	933 022	492 760	0	0	1 425 782	417 139	1 008 642	71%	
Professional conduct Inquiries	18 187 803	1 500 000	750 928	0	19 631 444	18 234 046	1 397 397	7%	
Litigation (External Legal Firms)	5 831 950	4 200 000	200 000	0	10 031 950	7 246 786	2 785 164	28%	
Prosecution	922 687	403 746	-403 746	0	922 687	35 010	887 677	96%	

PROGRAMME 4: STRENGTHEN THE SERVICE DELIVERY ENVIRONMENTS OF THE HPCSA - IMPROVED PROFESSIONAL CONDUCT PROCESSES								
Description	"Budget 2024/25"	Roll-over	Virements	Surplus	"Adjusted 2024/25 Budget"	Year-to-date actuals	Variances	% Variance
Complaints handling and investigations	1 315 467	816 467	-100 000	0	2 111 934	643 773	1 468 161	70%

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.

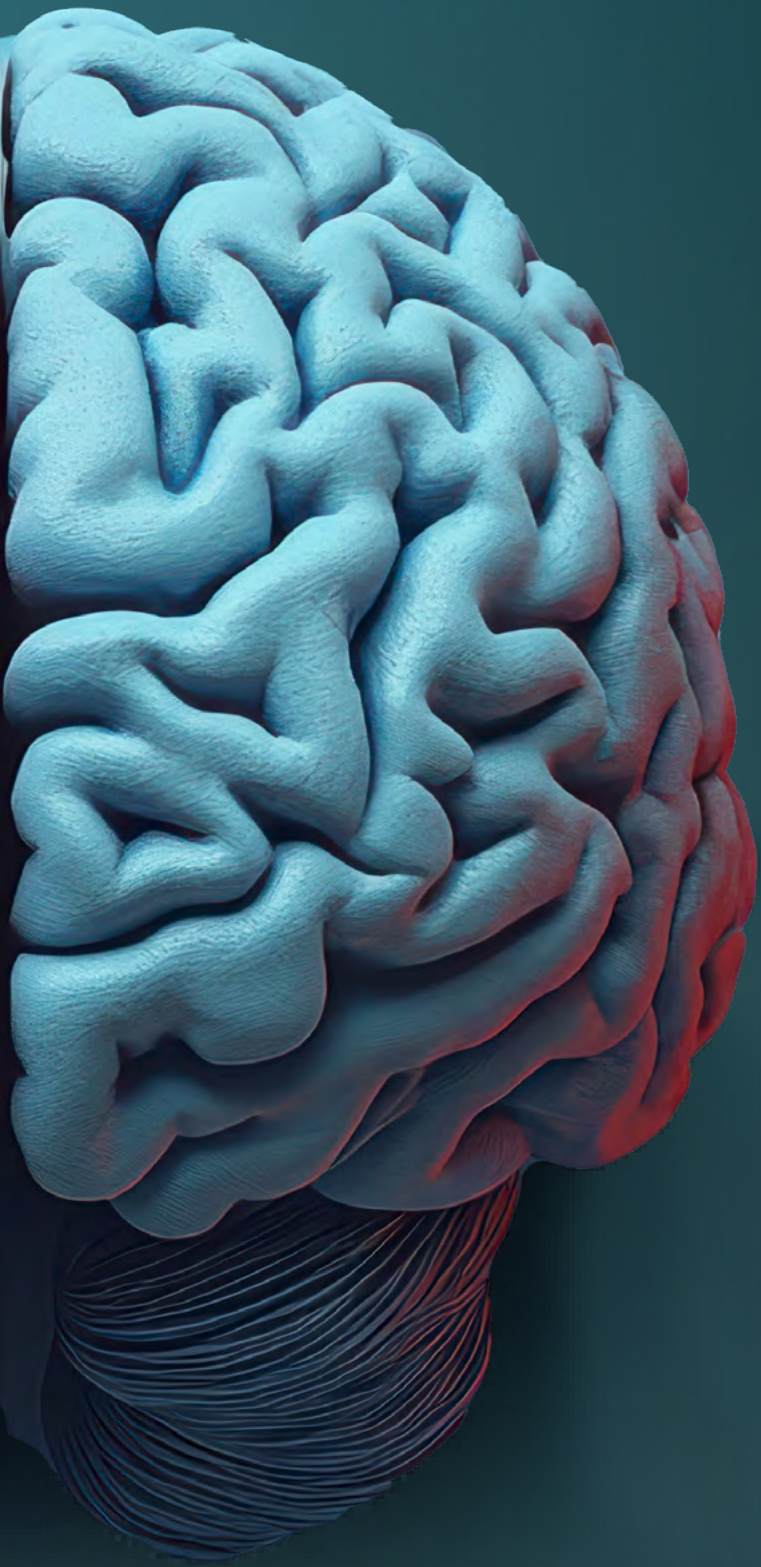
LINKING PERFORMANCE WITH BUDGETS

PROGRAMME 5: A CAPACITATED PROFESSIONAL COUNCIL AND BOARDS TO DELIVER ON ITS FIDUCIARY RESPONSIBILITIES								
Description	"Budget 2024/25"	Roll-over	Virements	Surplus	"Adjusted 2024/25 Budget"	Year-to-date actuals	Variances	% Variance
Council and Professional Board committees	69 892 397	27 907 211	-666 000	0	97 133 608	51 207 023	45 926 585	47%
Appeal committees	590 898	0	132 818	0	2 253 134	427 688	1 825 446	81%
Prelim committees	4 525 392	0	-14 000	0	5 216 252	3 840 795	1 375 457	26%
Prelim Appeal Committees	933 022	492 760	0	0	1 425 782	417 139	1 008 642	71%
Professional conduct Inquiries	18 187 803	1 500 000	750 928	0	19 631 444	18 234 046	1 397 397	7%
Litigation (External Legal Firms)	5 831 950	4 200 000	200 000	0	10 031 950	7 246 786	2 785 164	28%

LINKING PERFORMANCE WITH BUDGETS

PROGRAMME 6: IMPROVED ORGANISATIONAL PERFORMANCE BY FY2022/2023								
Description	"Budget 2024/25"	Roll-over	Virements	Surplus	"Adjusted 2024/25 Budget"	Year-to-date actuals	Variances	% Variance
Council strategic projects (organisational structure review)	1 200 000	266 659			1 466 659	1 325 344	141 315	11%





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.

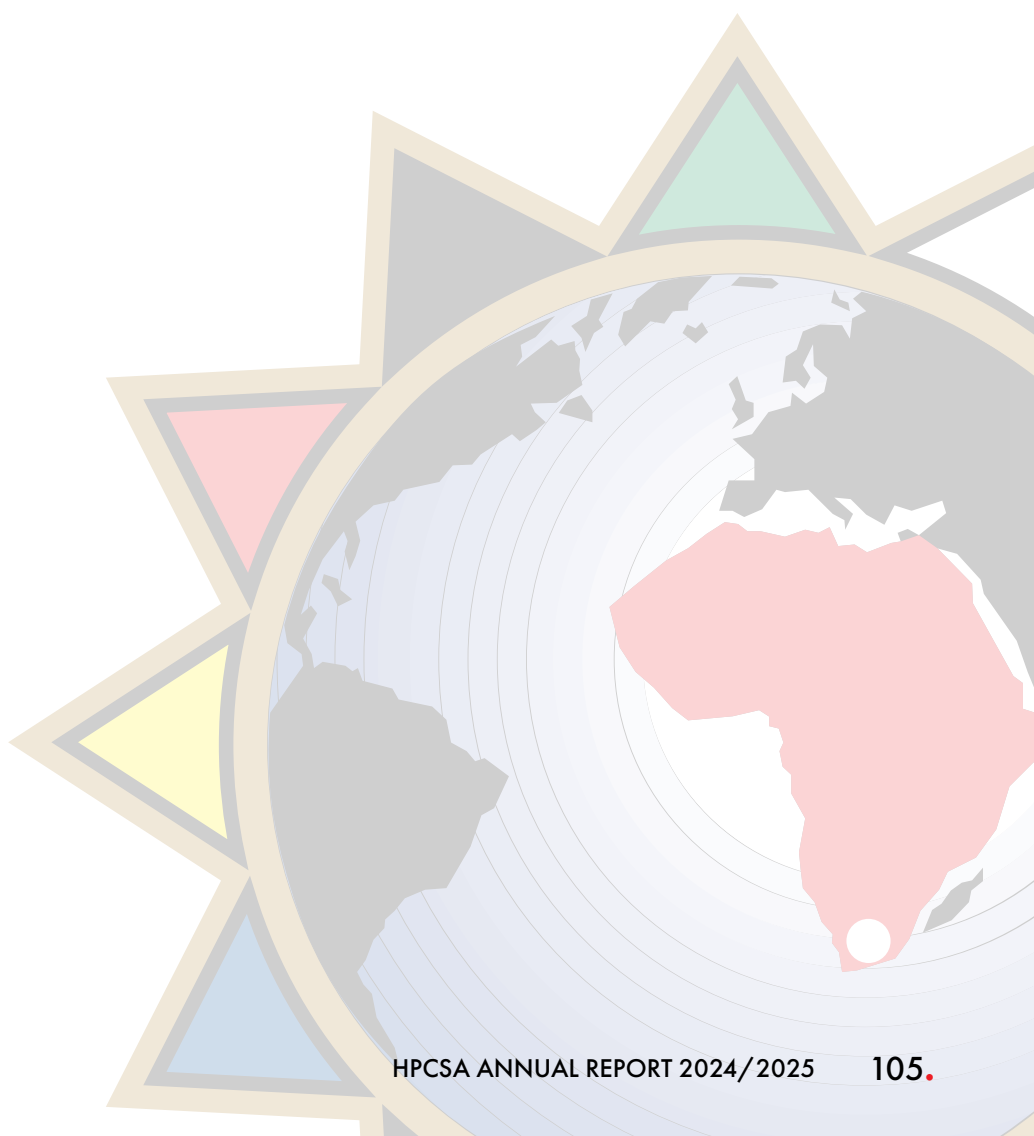
Any decision of a Professional Board relating to a matter falling entirely within its ambit shall not be subject to ratification by Council, and Council shall, for this purpose, determine whether a matter falls entirely within the ambit of a Professional Board.

The objects of Professional Boards are:

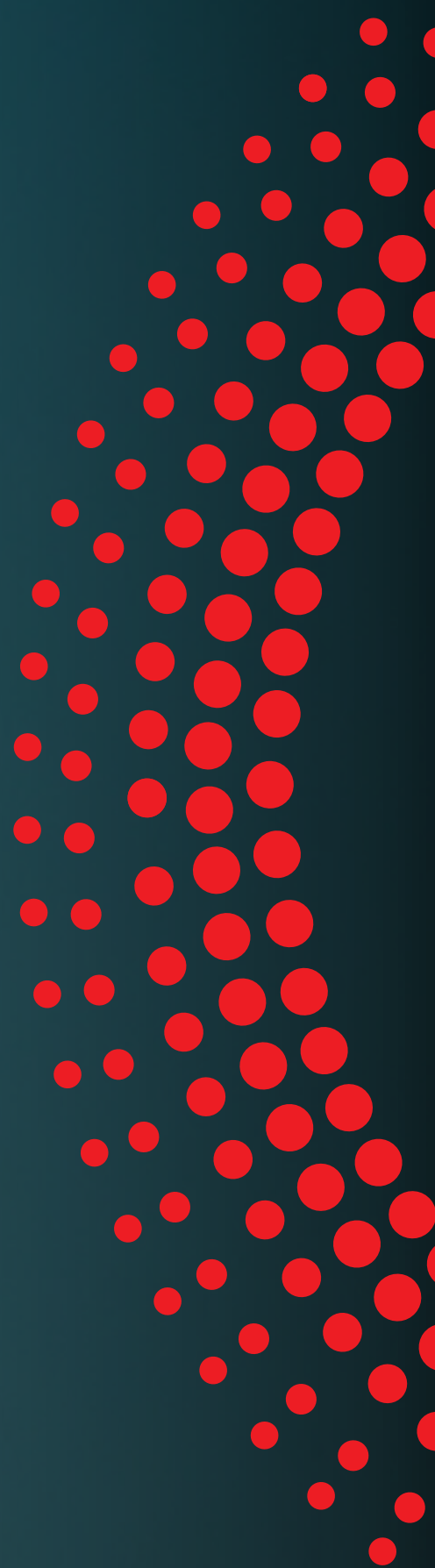
- a. to consult and liaise with other Professional Boards and relevant authorities on matters affecting the Professional Boards;
- b. to assist in the promotion of the health of the population of the Republic on a national basis;
- c. subject to legislation regulating healthcare providers and consistency 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.







**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 (1) Education and Training, (2) Registrations, (3) Professional Practice, (4) Professional Conduct as well as (5) 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 (The "Act"), 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 comprise nineteen (19) members appointed by the Minister of Health, with two vacancies.



Dr Simpiwe Sobuwa
CHAIRPERSON: PROFESSIONAL BOARD
FOR EMERGENCY CARE PROFESSIONS

2. STRATEGIC INTENT OF THE BOARD

The Health Professions Act 56 of 1974 enjoins the HPCSA and the Professional Boards to develop and deliver a five-year strategic plan within six (6) months of Council assuming tenure. The Strategic Plan is a tool to communicate the strategically important outcomes orientated goals and objectives against which the Board's five-year results can be measured and evaluated by relevant stakeholders.

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 organisations' annual performance plan results can be measured and evaluated by Parliament, Provincial Legislatures, and the Public.

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:

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 STRATEGIC PLAN PROGRAMMES

The board is responsible for setting the organisation's strategic direction and ensuring it is aligned with its mission and values. The board of directors, in terms of its mandate, should not only become involved in strategy evaluation but also in the formulation and implementation of strategic plans and annual performance plans.

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 implementations 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)

2.4 PROFESSIONAL BOARD RISK MANAGEMENT

Risk is an integral aspect of a professional board. Principle 11 of the King IV Report on corporate Governance for South Africa states: The governing body should govern risk in a way that supports the organisation in setting and achieving its strategic objectives.

The Board holds the ultimate responsibility for risk management, making its role one of risk governance and oversight. The fundamental components of the board's risk governance and oversight role encompass approval of risks, risk limits, risk reports, and general oversight of risk management.

The Board managed in the reporting period to identify seven (7) comprehensive risks which were reviewed and treated as demonstrated by the risk treatment action plans in the table below:

3. GOVERNANCE

3.1 MEETINGS OF BOARD AND BOARD COMMITTEES

The Professional Board annually approves meeting schedules for financial years with the budget provided for the governance structures. The following number of meetings were convened during the reporting period, either virtually or in physical sittings.

Professional Board meetings	Strategic Plan and Annual Performance Plan meeting - 24 January 2025 Ordinary Board meeting - 21 June 2024 Ordinary Board meeting - 28 October 2024 Ordinary Board meeting - 31 March 2025
Executive Committee meetings (EXCO)	Executive Committee - not in the reporting period
Clinical Advisory Committee meetings (CAC)	Clinical Advisory Committee meeting- 20 August 2024 Clinical Advisory Committee meeting – 20 November 2024
Committee of Preliminary Inquiries (Prelim) meetings	Committee of Preliminary Inquiries meeting - 31 March 2024 Committee of Preliminary Inquiries meeting - 26 July 2024 Committee of Preliminary Inquiries meeting - 04 October 2024 Committee of Preliminary Inquiries meeting - 14 February 2025
Education Committee (ETR) meetings	Education Committee meeting – 22 May 2024 Education Committee workshop – 17 September 2024 Education Committee meeting – 26 November 2024 Education Committee meeting – 4 March 2025

3.2 COMMITTEES OF THE BOARD

In terms of the Regulations relating to the functions and functioning of the Professional Chapter 1 regulation 2(a), the Professional 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 so established.

The Professional Boards' regulatory work of interest covers four regulatory functions, namely, (1) Education and Training, (2) Registration, (3) Professional Practice, and (4) 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

- i. 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 the 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 Professional 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 University 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

- i. Develop and review the clinical practice guidelines based on scientific research regularly to ensure that it is in the best interest of the population of the Republic of South Africa.
- ii. Determine and regulate best practice 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 profession 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; and
- viii. Develop and review Board-specific ethical rules and Board rulings for the emergency care professions under the ambit of the Board.

COMPOSITION

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

The Committee developed 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 COMMITTEE OF PRELIMINARY INQUIRY

MANDATE OF THE COMMITTEE

- 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 RE-EVALUATION	APPROVED EVALUATION PERIOD
	Durban University of Technology	Bachelor	Re-evaluation	6 years
	KwaZulu-Natal College of Emergency Care	Diploma	New programme	N/A
	Mediclinic Private Education Institution	Higher Certificate and Diploma	Re-evaluation	N/A
	North-West College of Emergency Care	Higher Certificate	New programme	N/A
	Western Cape College of Emergency Care	Diploma	New Programme	N/A
	Sefako Makgatho Health Sciences University	Higher Certificate and Diploma	Re-evaluation	N/A

4.1.2 EXAMINATIONS OF THE PROFESSIONAL BOARD

TYPE OF EXAMINATION (BOARD EXAM) BAA & AEA	EXAMINATION PERIOD (MONTH)	# OF PRACTITIONERS EXAMINED
Theory and OSCE Components	June 2024	65

4.1.3 MODERATIONS OF THE PROFESSIONAL BOARD

EMB	INSTITUTION MODERATED	MODERATION PERIOD (MONTH)
	KwaZulu-Natal College of Emergency Care	June 2024
	Sefako Makgatho Health Sciences University	June 2024
	Sefako Makgatho Health Sciences University	July 2024
	NetCare FECC – Durban Campus	August 2024
	School for Military Health Training	September 2024
	Cape Peninsula University of Technology	November 2024
	Cape Peninsula University of Technology	November 2024

4.2 REGISTRATIONS

In terms of the Health Professions Act of 1974 Section 17 (1) No person shall be entitled to practise within the Republic unless he or she is registered in terms of this Act.

Section 18 The registrar shall keep registers in respect of persons registered in terms of this Act, and must enter in the appropriate register the name, relevant contact details, qualifications, date of initial registration and such other particulars (including the registration category in which they hold registration and the name of their speciality, subspeciality, professional category or categories, if any) as the relevant professional board may determine, of every person whose application for registration in terms of section 17(2) has been granted.

BRD CODE	REG TYPE	REG CODE	REGISTER NAME	TOTAL
	INTERN	ANTV	ANT VISITING STUDENT	2
	INTERN TOTAL			2
	PRACTIONER	ANA	AMBULANCE EMERGENCY ASSISTANT	10,217
		ANT	PARAMEDIC	1,833
		BAA	BASIC AMBULANCE ASSISTANT	20,735
		ECA	EMERGENCY CARE ASSISTANT	444
		ECP	EMERGENCY CARE PRACTITIONER	1,221
		ECT	EMERGENCY CARE TECHNICIAN	995
		OECO	OPERATIONAL EMERGENCY CARE ORDERLY	324
	PRACTITIONER TOTAL			35,769
	STUDENT	ANTS	STUDENT PARAMEDIC	726
		ECAS	STUDENT EMERGENCY CARE ASSISTANTS	657
		ECPS	STUDENT EMERGENCY CARE PRACTITIONER	1,213
		ECPV	ECP VISITING STUDENT	36
		ECTS	STUDENT EMERGENCY CARE TECHNICIAN	671
	STUDENT TOTAL			3,303
EMB TOTAL				39,074

4.3 CLINICAL ADVISORY COMMITTEE

The relevant enabling legislative authority for the CPD programme is the following: Health Professions Act, 1974 (Act No. 56 of 1974), CPD Rules, CPD Guidelines for Health practitioners and Accreditors.

The Continuing Professional and Development (CPD) matters are regulated in terms of Section 26 of the Health Professions Act, 1974 (Act No. 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. The CPD Compliance report of the Emergency Care Board for the reporting period:

EMERGENCY CARE BOARD	CPD COMPLIANCE RATE			
	Non-Compliance Rate		Compliance Rate	
	11582	32%	24145	68%

The Professional 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 Professional Board continues to engage the practitioners and to encourage and advocate awareness of the importance of complying with CPD matters.

5. PRELIMINARY INQUIRIES MATTERS

The Preliminary Inquiry process is regulated in terms of the Regulations Relating to the Conduct of Inquiries into Alleged Unprofessional Conduct Under the Health Professions Act, 1974, as amended.

Matters are finalised at Prelims, where the committee must:

- note and accept the practitioner's explanation in terms of Regulation 4(7), both parties are advised on the outcome, and the file is closed.
- Finalise a matter in terms of Regulation 4(9), that is, the committee finds evidence of unprofessional conduct, and if it is a minor transgression, the committee can impose a sanction in terms of section 41 (1) (a), that is, impose a penalty of a caution or a reprimand or both a caution and a reprimand, or the committee can impose a fine in terms of section 41 (1)(d) of the Health Professions Act 54, 1976 and both parties are advised on the outcome. If a sanction is imposed by the committee, the practitioner has 14 days in which to accept the charge/s. Should the practitioner accept the charge/s the finance raises the invoice, the practitioner pays, and the file is closed. Failure to accept the charge/s or respond will result in the matter being referred to the Professional Conduct Inquiry. The file is then moved to the Legal and Regulatory Department to proceed with the Inquiry.
- Finalise the matter in terms of Regulation 4(8), that is, there is evidence of unprofessional conduct, and the conduct is a major transgression, and the matter is referred to the Professional Conduct Inquiry with or without an option to pay an admission of guilt fine. The Preliminary Committee of Inquiry will provide points of Inquiry that the Proforma complainant will use to make his case. The parties are advised on the outcome. The file is then moved to the Legal and Regulatory Department. A matter may be closed/withdrawn when a complainant decides not to pursue that matter and withdraws the complaint in writing. Parties are advised, and the file is closed. There are instances where information is requested from the complainant, and there is no response, the matter is closed, with proof to the committee that attempts have been made to source the information requested by the committee.

MATTERS DEFERRED BY THE COMMITTEE

The committee can defer a matter for the following reasons:

- Written information in terms of section 42(1) of the Health Professions Act – This is when consultation is used by the committee for clarification on the explanation that the practitioner has provided. In terms of this section any person can be called before the committee
- Consultation in terms of Regulation 4(3) of the Regulations Relating to The Conduct of Inquiries into Alleged Unprofessional Conduct Under the Health Professions Act, 1974, as amended. Here the practitioner has not provided an explanation and the committee instructs the practitioner to appear before the committee to explain why he/she did not submit an explanation within the stipulated time frame.
- If the evidence that is before the committee is not sufficient to finalise a matter, the committee may request for further information.

MATTERS REFERRED BY THE COMMITTEE:

- The committee may refer a matter to other committees should they require information on a particular matter.

The following stakeholder-related initiatives were implemented:

Type of Stakeholder engagement initiative	Dates
Meeting with NDoH to discuss the Clinical Practice Guidelines	19 April 2024
Meeting with QCTO and HWSeta	21 May 2024
Follow-up Meeting with QCTO and HWSeta	19 June 2024
Practitioner Roadshow - Kimberley	24 October 2024
Workshop with Universities, NDoH, CHE & EMS provincial to discuss the review of Minimum standards of the Board	25 February 2025

8.

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

The following policy documents were reviewed and finalized

- Minimum standards for the Bachelor’s degree
- Minimum standards for the Diploma EMC
- Minimum standards for the Higher Certificate EMC
- Minimum standards for the registration as medical rescue practitioner
- Migration of EMB registration categories
- 24 Clinical Support Decisions Tools

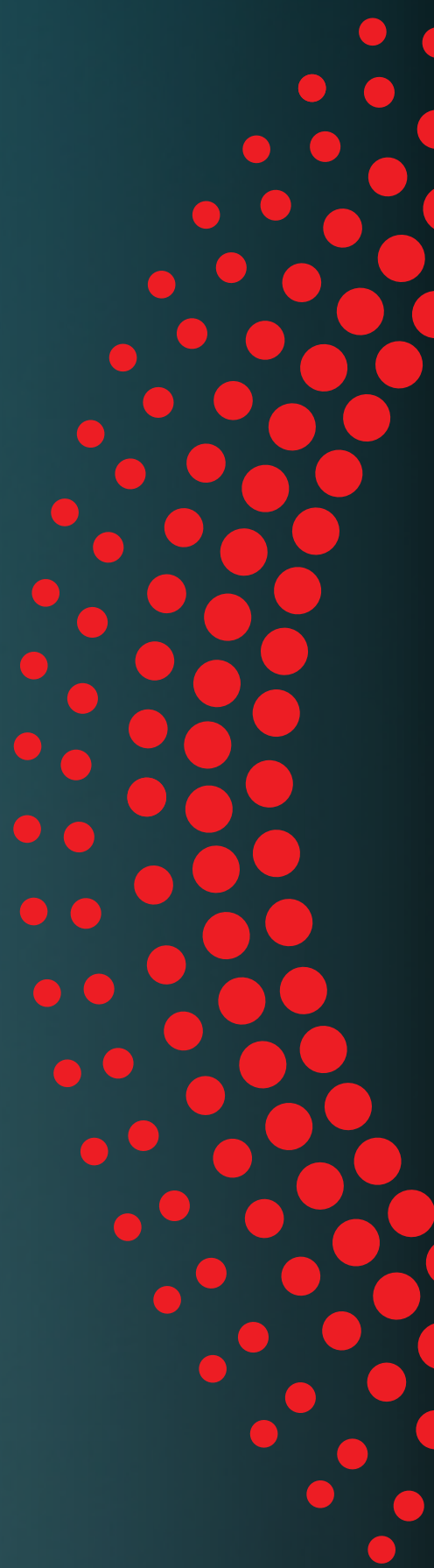
9.

REFLECTION ON ACHIEVEMENTS OF THE PROFESSIONAL BOARD

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

- Conducted the Practitioner roadshows
- Conducted the first two (2) Board examinations for practitioners wishing to restore their names back to the register.
- Approval of the 24 clinical decision support tools
- Reviewed and approved Education Committee Policies
- Discussion and review of the Board Strategy Plan and Annual Performance Plans indicators and activities.
- Implementation of the Board Stakeholder Activities.
- Conducting Moderation 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 of (1) Education and Training, (2) Registrations, (3) Professional Practice, (4) Professional Conduct as well as (5) 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 practicing 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 (The "Act"). 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, the Board for Dietetics and Nutrition is currently comprised of ten (10) members appointed by the Minister of Health.

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



Ms Lenore Spies
CHAIRPERSON: PROFESSIONAL BOARD
FOR DIETETICS AND NUTRITION

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 this organisation's annual performance plan, 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 STATEMENT

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 STATEMENT

The Mission of the Board is: -

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

- 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
- 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)

Goa I#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 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.

3. OVERVIEW

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 11 April 2024 Ordinary Board meeting of 22 July 2024 Ordinary Board meeting of 28 & 29 October 2024 Ordinary Board meeting of 30 January 2025
Education Training and Registration (ETR) committee meetings	Ordinary Committee Meeting of 23 May 2024 Ordinary Committee Meeting of 15 August 2024 Ordinary Committee Meeting of 18 November 2024 Ordinary Committee Meeting of 26 February 2025
Professional Practice (PPC) committee meetings	Ordinary Committee Meeting of 14 May 2024 Ordinary Committee Meeting of 27 August 2024 Ordinary Committee Meeting of 28 November 2024 Ordinary Committee Meeting of 18 February 2025
Committee of Preliminary Inquiries (Prelim) meetings	Ordinary Committee Meeting of 27 May 2024 Ordinary Committee Meeting of 16 September 2024 Ordinary Committee Meeting of 12 November 2024 Ordinary Committee Meeting of 07 March 2025
Enteral and Parenteral Prescription Rights task team meetings	Task Team Meeting of 23 September 2024 Task Team Meeting of 21 November 2024 Task Team Meeting of 19 February 2025

3.2 COMMITTEES OF THE BOARD

In terms of the Regulations relating to the functions and functioning of the Professional Chapter 1 regulation 2(a), 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 so established.

The Professional Boards' regulatory work interest covers four regulatory functional areas. These are (1) Education and Training, (2) Registration, (3) Professional Practice, (4) 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 of 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:

SUMMARY OF APPROVED CLINICAL TRAINING FACILITIES OFFERING DIETETICS AND NUTRITION PROGRAMMES AS AT 31 MARCH 2025

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 accredited training sites of for the year April 2024 to March 2025.

UNIVERSITY	APPROVED THERAPEUTIC NUTRITION TRAINING FACILITIES	APPROVED COMMUNITY NUTRITION TRAINING FACILITIES	APPROVED FOOD SERVICE MANAGEMENT TRAINING FACILITIES	GRAND TOTAL
Nelson Mandela University	4	11	4	19
North-West University	No applications tabled for the period under review	No applications tabled for the period under review	No applications tabled for the period under review	No applications tabled for the period under review
Sefako Makgatho Health Sciences University	6	3	5	14
Stellenbosch University	No applications tabled for the period under review	1	1	2
University of the Free State	No applications tabled for the period under review	No applications tabled for the period under review	1	1
University of KwaZulu-Natal	No applications tabled for the period under review	No applications tabled for the period under review	No applications tabled for the period under review	No applications tabled for the period under review
University of Limpopo	1	5	5	11
University of Pretoria	No applications tabled for the period under review	No applications tabled for the period under review	No applications tabled for the period under review	No applications tabled for the period under review
University of Venda	No applications tabled for the period under review	3	4	7
University of the Western Cape	1	No applications tabled for the period under review	6	7
Total	12	23	26	61

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

NAME OF UNIVERSITY	APRIL 2024 – MARCH 2025	NUMBER OF APPROVED CLINICAL TRAINING FACILITIES APPROVED AT ETRC MEETING
University of the Free State	Pelonomi Tertiary Hospital	1
Stellenbosch University	Woseley Clinic	2
	Worcester Regional Government Hospital	
University of the Western Cape	Alexandera Hospital	7
	Bellville Melomed Hospital	
	Melomed Gateville Private Hospital	
	Melomed Mitchell's Plain Private Hospital	
	Melomed Tokai Private Hospital	
	Red Cross War Memorial Children Hospital	
	Victoria Hospital	

University of Venda	Donald Fraser Hospital	7
	Letaba Regional Hospital	
	Malamulele District Hospital	
	Mhinga Community Health Centre	
	Nkhensani District Hospital	
	Thohoyandou Community Health Centre	
	William Eddie Community Health Centre	
Nelson Mandela University	Booyens Park Clinic	19
	Chatty Clinic	
	Cecelia Makewani Hospital – Food Service Management	
	Cecelia Makewani Hospital – Therapeutic Nutrition	
	Dora Nginza Hospital – Food Service Management	
	Dora Nginza Hospital – Therapeutic Nutrition	
	Gqeberha Clinic	
	Humansdorp Hospital	
	Kruisfontein Clinic – Rural Clinic	
	Kwanomzamo Clinic – Rural Clinic	
	Livingstone Tertiary Hospital	
	Masakhane Clinic, Rural Clinic	
	New Brighton Clinic	
	Pellsrus Clinic Rural Clinic	
	Port Elizabeth Provincial Hospital – Community Nutrition	
	Port Elizabeth Provincial Hospital – Food Service Management	
	Port Elizabeth Provincial Hospital – Therapeutic Nutrition	
	Ubuntu Pathways NGO	
	Wells Estate	
Sefako Makgatho Health Sciences University	1 Military Hospital	14
	Charlotte Maxeke Johannesburg Academic Hospital	
	Dr George Mukhari Academic Hospital – Food Service Management	
	Dr George Mukhari Academic Hospital – Therapeutic Nutrition	
	Eesterus Community Health Clinic	
	Helen Joseph Hospital – Food Service Management	

Sefako Makgatho Health Sciences University	Helen Joseph Hospital – Therapeutic Nutrition	14
	Jubilee District Hospital	
	Kekanastad Clinic – Rural	
	Soshanguve Block TT	
	Tambo Memorial Hospital - Food Service Management	
	Tambo Memorial Hospital – Therapeutic Nutrition	
	Tembisa Provincial Tertiary Hospital – Food Service Management	
	Tembisa Provincial Tertiary Hospital – Therapeutic Nutrition	
University of Limpopo	Lebowakgomo Clinic 1	11
	Lebowakgomo Clinic 2	
	Letaba Hospital	
	Mankweng Hospital	
	Mokopane Hospital	
	Moletjie Clinic	
	Nobody Rural Clinic	
	Phuti Clinic – Rural Clinic	
	Pietersburg Provincial Hospital	
	Thabamoopo Hospital	
	Voortrekker Hospital	
Total		61

Activities of ETRC in the last financial year aligned to ETRC mandate, are as follows:

1. The ETRC updated Form 46C, the application for approval of clinical training facilities to ensure all required information is included in the electronic application, specifically to obtain information regarding the model of training, and for the CVs of personnel involved in training, the form was updated to request detailed information regarding their expertise and specific involvement in the training. 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 facilities. A request to add the CPD compliance letters of training staff was also added to the form.
2. The ETRC conducted a workshop on 18 July 2024 for DNB programme evaluators in preparation for evaluation visits of Higher Education Institutions that were due for evaluation in the reporting period.
3. Both Form 271 and 290, used for evaluations of Dietetics and Nutrition programmes, were revised to ensure complete alignment with the Quality Management System (QMS) Policy after changes to the QMS policy were approved by Council in December 2024.
4. The project of the opening of the new register for the Registered Dietitian Nutritionist (RDN) made good progress during this reporting period. 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 six (6) Universities Programme Qualification Mix (PQM) applications and approved same, for onward submission to the Council on Higher Education (CHE) for approval of their programmes. The remaining four (4) Universities PQM applications are pending, since

different HEIs have different internal processes to obtain approval of a new programme. The DNB received the finalised Qualification Standard for the Bachelor of Science in Dietetics and Nutrition in July 2024.

3.2.1.1 EVALUATIONS CONDUCTED

In the April 2024 to March 2025 financial year, the ETRC planned and executed the evaluation of the Nutrition programme offered by University of Venda, and Dietetics programme offered by the University of the Western Cape. A follow-up onsite visit was also conducted at the University of KwaZulu-Natal during the period under review. The costs associated with all evaluations conducted by the Professional Board during the reporting period, have been recovered from Higher Education Institutions (HEIs).

3.2.1.2 BOARD EXAMINATIONS FACILITATED

In the April 2024 to March 2025 financial year, three (3) Dietitians wrote their Board examination at Sefako Makgatho Health Sciences University (SMU) and their registration has subsequently been restored. The two (2) Nutritionists who applied for restoration of registration were granted permission to write the Board examination at University of Venda (UNIVEN).

3.2.1.3 TOTAL REGISTRATIONS

Total No of Active Registrations per Professional Board (As at 31 March 2025)

BRD CODE	REG TYPE	REG CODE	REGISTER NAME	TOTAL
DNB	Practitioner	DT	DIETITIAN	4,343
		NT	NUTRITIONIST	235
	Practitioner Total			4,578
	Student	DT S	STUDENT DIETITIAN	1,105
		DT V	DIETETICS VISITING STUDENT	2
		NT S	STUDENT NUTRITIONIST	127
		NT V	NUTRITION VISITING STUDENT	10
	Student Total			1,244
DNB				5,822

3.3 PROFESSIONAL PRACTICE

Continuing Professional Development (CPD) and matters aligned with the Professional Practice mandate, are regulated in terms of Section 26 of the Health Professions Act, 1974 (Act No. 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 of PPC 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 June 2024 Constantly monitoring the CPD compliance.
2. An e-bulletin was published to alert practitioners about the imminent suspension of practitioners who are CPD non-compliance.
3. PPC reviewed a number of ethical guidelines and the Scope of Practice for Dietitians, thereafter making recommendations to the Board.
4. Reviewed the CPD annual reports and kept track of the Board CPD compliance.

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

Board	Compliance Rate			
	April 2024		March 2025	
DNB	2253	50.7%	2532	55.2%

Board	Non-Compliance Rate			
	April 2024		March 2025	
DNB	2190	49.3%	2051	44.8%

3.3.1 SCHEDULED NUTRITION PRESCRIBING RIGHTS TASK TEAM

- 1. Phase 3 task team was appointed with effect from 1 September 2024 to end of the Board’s term, 31 October 2025.
- 2. On behalf of the Board the PRTT met with SAHPRA to seek clarity on SAHPRA requirements,
- 3. On behalf of the Board the PRTT hosted a meeting with the universities that have expressed interest in offering prescription rights training
- 4. On behalf of the Board the PRTT had a consultative meeting with the critical care medical experts.

4. PRELIMINARY INQUIRIES AND PROFESSIONAL CONDUCT MATTERS

The Preliminary Inquiry processes is regulated in terms of the Regulations Relating to The Conduct of Inquiries into Alleged Unprofessional Conduct Under the Health Professions Act, 1974, as amended.

- 4.1. Matters are finalised at Prelims where the committee must:
- note and accept the practitioner’s explanation in terms of Regulation 4(7), both the parties are advised on the outcome and the file is closed.
 - Finalise a matter in terms of Regulation 4(9), that is, the committee finds evidence of unprofessional conduct and if it is a minor transgression, the committee can impose a sanction in terms of section 41 (1) (a), that is, impose a penalty of a caution or a reprimand or both a caution and a reprimand, or the committee can impose a fine in terms of section 41(1)(d) of the health Professions Act 54, 1976 and both parties are advised on the outcome. If a sanction is imposed by the committee the practitioner has 14 days in which to accept the charge/s. Should the practitioner accept the charge/s the finance raises the invoice, the practitioner pays, and the file is closed. Failure to accept the charge/s or failure to respond will result in the matter being referred to Professional Conduct Inquiry. The file is then moved to the Legal and Regulatory Department to proceed with the Inquiry.
 - Finalise the matter in terms of Regulation 4(8), that is, there is evidence of unprofessional conduct, and the conduct is a major transgression, and the matter is referred to the Professional Conduct Inquiry with or without an option to pay an admission of guilt fine. The Preliminary committee of Inquiry will provide points of Inquiry that the Proforma complainant will use to make his case. The parties are advised on the outcome. The file is then moved to the Legal and Regulatory Department.

A matter may be closed/withdrawn is when a complainant decides not to pursue that matter and withdraws the complaint in writing. Parties are advised and the file is closed. There are instances where information is requested from the complainant and there is no response, the matter is closed, with proof to the committee that attempts have been made to source the information requested by the committee.

4.2 Matters deferred by the committee
The committee can defer a matter for the following reasons:

- Consultations/written information in terms of section 42(1) of the Health Professions Act – this consultation is used when the committee needs clarification on the explanation that the practitioner has provided. In terms of this section any person can be called before the committee
- Consultation in terms of Regulation 4(3) of the Regulations Relating to The Conduct of Inquiries into Alleged Unprofessional Conduct Under the Health Professions Act, 1974, as amended. Here the practitioner has not provided an explanation and the committee instructs the practitioner to appear before the committee to explain why he/she did not submit an explanation within the stipulated time frame.
- If the evidence that is before the committee is not sufficient to finalise a matter, the committee may request for further information.

4.3 Matters referred by the committee:

- The committee may refer a matter to other committees should they require information on a particular matter.

DIETETICS AND NUTRITION BOARD
COMMITTEE OF PRELIMINARY
INQUIRIES CASE CLEARANCE FOR THE
REPORTING PERIOD
1 April 2024 - 31 March 2025

QUARTER 1 Apr-June 2024	QUARTER 2 Jul- Sept 2024
100%	No meeting held
QUARTER 3 Oct - Dec 2024	QUARTER 4 Jan - Mar 2025
83%	100%

PROFESSIONAL CONDUCT
COMMITTEES OF ENQUIRY

During the reporting period 4 (four) professional conduct committees of enquiry were held.

5

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 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.

6

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 utilises the information in the financial statements to ensure the financial health of the Board.

During the reporting period, the Board reviewed and assessed the financial performance of the Board utilizing the presented financial performance at all the quarterly Board meetings. Furthermore, the Board used the financials to guide implementing activities of the Board in accordance with the Annual Performance Plan 2024-25.

DNB 27/5/24	1	PRELIM MEETINGS 1 April 2024 - 31 March 2025	
DNB 16/9/24	0	Number of Meetings	
DNB 12/11/24	1	Explanation accepted 4(7)	Finalised by Prelim
DNB 7/03/25	1	Caution/Reprimand 4(9) A	
TOTALS	3	Referred for Inquiry Reg 4(8)	
	4	Guilty Fine 4(9) D	
	5	Closed \withdrawn	
	6	Reg 4(4)	CONTEMPT Of COUNCIL
	6	Reg 4(5)	
	1	Consultations Sec 42(1)	DEFERRED
	5	Notice to appear 4(3)	
		Inspectorate	
		Section 41 A Investigation	
		Further Information	
		Time Constraints	
		Practitioner Specialty	
		Ombudsman	REFERRED
		Other Committees	
		Business Practice Comm	
		Health Comm	
	11	Total Matters Considered	
	20		

7. 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
19th International Congress of Nutrition and Dietetics 2024 Toronto, Ontario Canada attendance on Board Chairperson	12-14 June 2024
Professional Board for Dietetics and Nutrition Practitioner Roadshow, held in North-West Province	13 September 2024
Nutrition Congress in Durban participation on Programme and attended by Board representatives	2-4 October 2024
Professional Board for Dietetics and Nutrition Mpumalanga Practitioner Roadshow, held in Mpumalanga Province	01 November 2024
Annual Stakeholder meeting of the professional board for Dietetics and Nutrition with the heads of Departments of Education Institutions, Provincial Nutrition managers and Professional Associations	20 February 2025
Professional Board for Dietetics and Nutrition Gauteng Practitioner Roadshow, held in Gauteng Province	14 March 2025
Professional Board for Dietetics and Nutrition, 1st year student's webinar	26 March 2025

The Professional Board utilise various tools to engage with the external stakeholders, inclusive of newsletters and eBulletin electronic publications distributed accordingly in the 2024/25 financial year as follows:

Dietetics and Nutrition Board Published e-Bulletins 2024/25:

- 10 May 2024
- 12 June 2024
- 13 August 2024
- 9 October 2024
- 3 December 2024
- 27 January 2025
- 6 March 2025

Dietetics and Nutrition Board Published newsletters 2024/25

- September 2024
- December 2024

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/ rules were reviewed and/or finalised:

- Rules relating to the Additional Qualifications for registration of Dietitians.
- Regulations relating to Registered Dietitian Nutritionist (RDN) Professional Qualification finalized and submitted to NDoH.
- Regulations relating to Registered Dietitian Nutritionist (RDN). Professional undergraduate curricula finalized and submitted to NDOH.
- Regulations relating to RDN Scope of Profession- finalized for submission to Council when necessary (i.e., following promulgation of the Regulations relating to the RDN professional qualification).
- Regulations relating to the Scope of Profession of Dietitians promulgated 2024

REGULATORY, POLICY AND GOVERNANCE FRAMEWORK REVIEW AND FINALISATION

7.1 REGULATORY ACHIEVEMENTS

A primary focus of the Board (with the support of Legal Services) during this period has been to update and follow-up of Regulations relating to the Dietetic and Nutrition professions.

7.2 FINALISED GUIDELINES

- Examination guidelines for registration and restoration of the Professional Board for Dietetics and Nutrition.
- Guidelines and procedure for completion of Form 46C for evaluation of Clinical Training Facilities and Guidelines for evaluation of Work Integrated Learning sites.

7.2 FINALISED FORMS

- i. Form 271 : Procedure for self-assessment by Higher Education Institutions (HEI's) for Dietetics Education and Training Programmes.
- ii. Forms 290 : Procedure for self-Assessment by Higher Education Institutions (HEI's) for Nutritionist Education and Training Programmes.
- iii. Form 272 : Pre-Assessment Form for Universities Registering new programmes (Application by Universities).

7.2 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

As the term of office of the current Board ends, the tireless and selfless dedication of all the Board members, inclusive of the Board secretariat, makes certain that a well-organised, efficient, and effective Board that has been responsive to practitioner and public needs, can be passed on to the incoming Board.

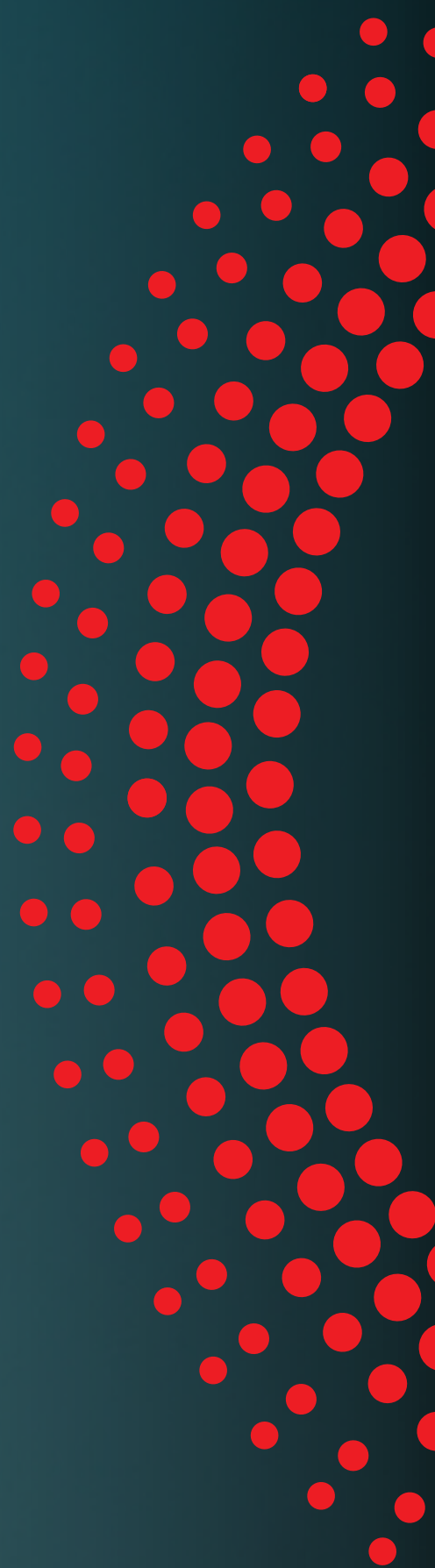
The Board has managed to review, update and promulgate Regulations (some of which were more than 30 years old) that affect the practitioners registered with the Board. This will go a long way to ensuring that the profession is adequately described and protected. In addition, the Board has now completed the evaluations of all 10 (ten) higher education institutions that train our registered students, confirming that our student training continues to meet the set standards of practice.

The Board has continued to prioritize communication and engagement with, and support of, their registered practitioners. At the end of its term, the Board would have visited all 9 (nine) Provinces in our country as part of its goal to manage stakeholder relations. Not only has this raised the profile and visibility of Board activities, but these personal engagements ensured that the Board was afforded the opportunity to listen and be responsive to practitioner views and needs.

Through its unwavering commitment, the Board has tried to ensure that the benefits of their work have extended both to the practitioners as well as the public which they are mandated to protect. The Board looks forward to handing over the baton to the next generation of Nutrition regulatory decision-makers and trust that they will find it robust enough to deal with what is in the future.







**PROFESSIONAL BOARD FOR
DENTAL ASSISTING, DENTAL
THERAPY AND ORAL HYGIENE**

1. OVERVIEW

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

The Board consists of thirteen (13) members appointed by the Minister of Health in terms of section 15 of the Health Professions Act 1974, (Act 56 of 1974). Gratitude and appreciation must be extended to these members for their hard work and dedication towards achieving, and upholding, the mission and vision of the Health Professions Council of South Africa (HPCSA); namely "To protect the public and to guide the profession".



Dr Tufayl Ahmed Muslim
CHAIRPERSON: PROFESSIONAL BOARD FOR DENTAL
ASSISTING, DENTAL THERAPY AND ORAL HYGIENE

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 Dental Assisting, Dental Therapy and Oral Hygiene.

VISION

Regulate equitable and innovative quality oral health care for all.

MISSION

Promote Oral Health Care to all through:

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

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

STRATEGIC OBJECTIVES

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

The Board has made notable strides in achieving the strategic objectives that it 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 exceeded. There is ongoing continuous quality improvement in all areas of the Board, including administration, financial management and stakeholder engagement.

3. 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. To achieve the strategic objectives as referred to above, the following meetings of the board and its structures conducted 12 meetings between 1 April 2024 and 31 March 2025.

BOARD STRUCTURE	TYPE OF MEETING	DATE
Committee of Preliminary Inquiry	Ordinary meeting	8 April 2024
Education Training and Registration Committee	Ordinary meeting	9 April 2024
Board	Ordinary meeting	10 May 2024
Board	Ordinary meeting	11 July 2024
Education Training and Registration Committee	Ordinary meeting	18 September 2024
Committee of Preliminary Inquiry	Ordinary meeting	7 August 2024
Board	Ordinary meeting	10 October 2024
Committee of Preliminary Inquiry	Ordinary meeting	11 November 2024
Education Training and Registration Committee	Ordinary meeting	6 February 2024
Board	Special meeting	12 February 2025
Committee of Preliminary Inquiry	Ordinary meeting	18 February 2025.
Committee of Preliminary Inquiry	Special meeting	20 February 2025



4. REPORT ON ANNUAL PERFORMANCE

4.1. EDUCATION AND TRAINING

- a. 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.
- b. The Education Training and Registration Committee convened three (3) meetings during the reporting period, 2 ordinary and 1 special. The committee meetings were all run efficiently and efficiently while aligning to the HPCSA Council guidelines for conducting meetings. The meetings were all quorate and all members participated in the meetings with each member's making an important contribution to the engagements of the committee.

4.1.2 EVALUATIONS

- a. The Board has the responsibility of accreditation of Higher Education Institutions, and this is a critical function of the committee. The Board, through the Education Training Registration Committee continuously monitored the provision of quality education and training of students registered under the ambit of the Board and committed to providing 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.
- b. The HEL's accredited in the term of the reporting are summarized in the table below:

Date of evaluation	Higher Education Institution	Qualification	Status
30 - 31 July 2024	University of Pretoria	Bachelor of Oral Hygiene	Approval for 5 years
16 October 2024	Cape Peninsula University of Technology	Certificate in Dental Assisting	Approval for 5 years
17-18 October 2024	University of the Western Cape	Bachelor of Oral Hygiene	Approval for 5 years
6 November 2024	Tshwane University of Technology	Certificate in Dental Assisting	Approval for 5 years

4.1.3 BOARD EXAMINATIONS

There are three (3) types of Board examinations administered by the Board.

- a. Dental Assistants Board examination

The purpose of Board Examinations is to measure the competence and capacity of Dental Assistant who are registered in the limited category through the grandfather dispensation clause. students. The examiner and moderator are Board members.

Two (2) Dental Assistant Board examinations were conducted during the reporting period, on 5 November 2024 and 25 March 2025, with a total of 48 candidates writing the exams.

In the terms of the reporting, the statistics for the Dental Assistants examination are summarized in the table below:

Date of Examination	Number of candidates who registered for the examination	Number of candidates who passed	Number of candidates who failed	Number of candidates who did not write
05 November 2024	11	09	01	01
25 March 2025	38	36	02	Nil

b. Board Examinations for restoration

The purpose is to measure the competence and capacity of South African Practitioners who have not practiced their profession for a period of 6 years or more post qualification and those who were suspended from the register for a period of 6 years or more. This type of examination is delegated to the Higher Education Institutions, recognised by the Board.

Twenty-five (25) Candidates wrote and passed the restoration Board examination for the period under review.

Higher Education Institution	Register	Number of candidates who wrote	Pass	Fail
Tshwane University of Technology	Dental Assisting	5	5	0
Durban University of Technology	Dental Assisting	5	5	0
Central University of Technology	Dental Assisting	3	3	0
Cape Peninsula University of Technology	Dental Assisting	6	6	0
University of the Witwatersrand	Oral Hygiene	4	4	0
University of the Western Cape	Oral Hygiene	2	2	0

c. Foreign Qualified Board examination

The purpose is to measure the competence and capacity of qualified foreign 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.

4.1.4 REVIEW OF THE LEGISLATIVE FRAMEWORK

The committee played a leading role in the review of the Board's Regulation's, guidelines and policies.

4.2. RISK MANAGEMENT

The Board has developed a risk register linked to the strategic objectives. Twelve (12) action plans were identified to mitigate the risks linked to the strategic objectives. The secretariat and the Board constantly monitor the risk register, and any risk found is managed accordingly. As a result, 10 of the action plans were completed. The remaining 2 plans were carried over to the next financial year.

4.3. FINANCIAL MANAGEMENT

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

4.4. STAKEHOLDER MANAGEMENT

One of the Board's key strategy objectives is to improve stakeholder engagement through advisory and advocacy on matters affecting the profession. To achieve the strategic objectives of improving communication with stakeholders, the Board conducted 18 stakeholders' engagements, including roadshows, congresses and other consultative meetings as follows:

NAME OF STAKEHOLDER	NATURE OF ENGAGEMENT	DATE
University of the Witwatersrand	Consultation regarding Bachelor of Health Science qualification	17 April 2024.
Annual Board stakeholders meeting with training institutions, professional associations and other stakeholders	Annual stakeholders meeting	20 June 2024
Sefako Makgatho Health Science University	Student Roadshow	29 July 2024
University of Pretoria	Student Roadshow	29 July 2024
University of the Witwatersrand	Student Roadshow	1 August 2024
Tshwane University of Technology	Student Roadshow	2 August 2024
DOH Board Registered Practitioners	Webinar	29 August 2024
Durban University of Technology	Student Roadshow	17 September 2024
University of KwaZulu Natal	Student Roadshow	17 September 2024
International Association for Dental Oral and Craniofacial Research	Exhibition and interaction with practitioners	19 - 20 September 2024
Central University of Technology	Student Roadshow	3 October 2024
Cape Peninsula University of Technology	Student Roadshow	15 October 2024
University of the Western Cape	Student Roadshow	15 October 2024
OHASA Congress	Exhibition and interaction with practitioners	25 – 26 October 2024
Central University of Technology	Consultation regarding Oral Hygiene qualification	5 November 2024
DOH Board Registered Practitioners	Webinar	27 November 2024
Dental Assistant Association	Webinar	3 December 2024
DOH Board Registered Practitioners	Practitioners Roadshow	29 March 2025

The newsletter of the Board was published on 23 August 2024.

4.5. GOVERNANCE AND REGULATORY FRAMEWORK REVIEW

1. The Board has ensured full compliance with the strategic objectives for the reporting period (April 2024 to March 2025) as outlined in its Strategic Plan. All scheduled Board meetings were conducted, with excellent attendance and participation by Board members.
2. 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.

4.6. MATTERS PERTAINING STATUTORY PROVISIONS

1. The Regulations Relating to the Registration by Dental Therapists and Oral Hygienists of Additional Qualifications was promulgated into Law on 4 October 2024.
2. The Regulations defining the Scope of Profession of Dental Assistant was promulgated for public comments on 25 October 2024.
3. Due to material amendments made to the Regulations Defining the Scope of the Profession of Oral Hygiene, which was promulgated for public comments in 2021, the Board approved the recommendation to redraft the scope of profession and restart the process of getting the scope of profession approved. The Regulations Defining the Scope Profession of Oral Hygienists are submitted to the 11 Professional to solicit their input and comments by the Minister of Health.
4. Due to material amendments made to the Regulations Defining the Scope of the Profession of Dental Therapy, which was promulgated for public comments in 2021, the Board resolved to redraft the scope of profession and restart the process of getting the scope of profession approved by the Minister of Health. The Regulations Defining the Scope Profession of Dental Therapists are submitted to the 11 Professional to solicit their input and comments. by the Minister of Health.
5. The amendments to Regulations Defining the Scope of the Profession of Dental Assisting are yet to published into Law.
6. The Regulations Relating to the Qualifications for Registration of Dental Assistants: Amendment are yet to be published.
7. At the recommendation of the ETR committee, the Board considered and approved the following guidelines -
 - a. Guidelines for registration of foreign qualified Dental Assistants, Dental Therapists, and Oral Hygienists
 - b. Guidelines for accreditation of facilities for Dental Assisting, Dental Therapy and Oral Hygiene student placement (Form 346).
 - c. Supervision Guidelines for Dental Assisting, Dental Therapy and Oral Hygiene professions.
8. As part of the HPCSA broader and internal consultation, the Board considered and supporter the following Regulations –
 - a. Regulations relating to the control and use of psychological tests as proposed by the Professional Board for Psychology.
 - b. Regulations Defining the Scope of the Profession of Medical Technology
 - c. Regulations relating to the qualifications which entitle the Medical Laboratory Scientists to registration.
 - d. Regulation Relating to the Registration of Technicians in Clinical Technology
9. Considered and supported the amendments made to the Ethical Guidelines on
 - a. Social Media
 - b. Chargeable fees for missed appointments.
 - c. Ethical Guidelines Over-servicing, Perverse Incentives and Related Matters
 - d. Guidelines on the use of artificial intelligence
10. Supported the proposed Standard Operation Procedures between the Professional Practice Committee of Council and Professional Boards

5. REPORT ON ANNUAL PERFORMANCE

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.





**MEDICAL AND DENTAL
PROFESSIONS BOARD**

1. OVERVIEW

The constitution of Professional Boards is in terms of Regulations made by the Minister in consultation with council in terms of section 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.

Accordingly, the current Medical and Dental Professions Board, was constituted in terms of the Regulations relating to the Constitution of the Medical and Dental Professions Board contained in Regulation No. R 1254 of 28 November 2008 and it is comprised of 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 to 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, Credentialing Committee, 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)



Prof Arthur Rantloane
CHAIRPERSON: PROFESSIONAL BOARD
FOR MEDICAL AND DENTAL PROFESSIONS

2. STRATEGIC INTENT OF THE BOARD

VISION AND MISSION

Vision

To provide quality and equitable healthcare through public protection, professional regulation and advocacy

Mission

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 the 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 coming 5 years. The strategy of the current 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 chose the following 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

3. GOVERNANCE

COMMITTEES OF THE BOARD

Committee for Medical Science Committee (CMS)
 Credentialing Committee
 Dental Committee (Dentco)
 Medical Education, Training and Registration Committee (METRC)
 Professional Practice Committee (PPC)
 Health Committee (HC)
 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)
 Dental Committee of Preliminary Inquiry (Prelim Dent)
 Forum for Chairs for Preliminary Inquiry (Chairs Prelim)
 Executive Committee (EXCO)

MEETINGS

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

Professional Board meetings	Strategic Planning Session: 1 Meetings: 5 Special meeting 2
Executive Committee meetings (EXCO)	Meetings: 5 Workshop: 1 Stakeholder meetings 14
Committee for Medical Science (CMS)	Meetings: 6 Workshops: 4 Task Teams: 19

Credentialing Committee	Meeting: 1
Dental Committee (DC)	Meetings: 4 Special meetings: 4
Medical Education, Training and Registration Committee (METRC)	Meetings: 4 Workshops: 1 Task Teams: 2
Practice Committee (PPC)	Meetings: 4 Workshop: 0 Task Teams 5
Health Committee (HC)	Meetings: 4 Workshop: 1
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: 6
Fourth Medical Committee of Preliminary Inquiry (Prelim Med-4)	Meetings: 5
Fifth Medical Committee of Preliminary Inquiry (Prelim Med-5)	Meetings: 6
Dental Committee of Preliminary Inquiry (Prelim Dent)	Meetings: 7
Forum for Chairs of Preliminary Inquiry	Meetings: 2

TRAINING

Medical Internship Evaluators	20 May 2024
Regulatory Training of the Council and Professional Board members	July 2024
Institute of Directors of Southern Africa (IoDOSa) Training for Board members	November & December 2024
Members of Committees of Preliminary Inquiries	26 August 2024

WORKSHOPS

Professional Practice Committee of the Council and Professions Committees of Professional Boards	8 August 2024
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4. EDUCATION AND TRAINING

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

The Professional Board delegated the mandate of education, registration and training related matters to the Medical Education, Training and Registration Committee, Dental Committee and the Committee for Medical Science.

CURRICULUM REVIEW: QUALIFICATIONS NOT PRESCRIBED FOR REGISTRATION

The Curriculums of the following Universities were reviewed and deemed to be of satisfactory standard of professional education and training for registrability upon successful passing the Board Examination: The institutions are approved for a three (3) year period.

Qualification	University	(METRC) 29 & 30 Oct 2024
Medical Qualification	Texila American University, Zambia	Examination
Medical Qualification	Lusaka Apex Medical University, Zambia	Examination
Medical Qualification	University of Zambia, Zambia	Examination
Medical Qualification	Cavendish University, Zambia	Examination
Medical Qualification	University of Malawi, Malawi	Examination
Medical Qualification	University of Bel Campus, Democratic Republic of Congo	Examination
Medical Qualification	Hunan Medical University, China	Examination
Medical Qualification	Jiujiang University, China	Examination
Medical Qualification	Wenzhou Medical University, China	Examination
Medical Qualification	Hubei University of Chinese Medicine, China	Examination
Medical Qualification	University of Zimbabwe, Zimbabwe	Examination
Medical Qualification	University of Mauritius, Mauritius	Examination
Medical Qualification	College of Medicine, Ambrose Ali University, Nigeria	Examination
Medical Qualification	Caucasus International University, Georgia	Examination
Medical Qualification	University of Georgia in Georgia	Examination
Medical Qualification	Lincoln American University, Guyana	Examination
Medical Qualification	University of Novi Sad, Serbia	Examination
Medical Qualification	St George's University in Grenada, Caribbean	Examination
Medical Qualification	University of Medicine and Pharmacy of Craiova, Romania	Examination

Medical Qualification	Sumy State University, Ukraine	Examination
Medical Qualification	Ataturk University, Turkey	Examination
Medical Qualification	I.P. Pavlov First St Petersburg State Medical University, Russia	Examination
Medical Qualification	Privolzhsky Research Medical University, Russia	Examination
Medical Qualification	Ziauddin University, Pakistan	Examination
Medical Qualification	Mohammed Bin Rashid University of Medicine and Health Sciences, Dubai	Examination
Medical Qualification	Ala Too International University, Kyrgyzstan	Examination
Medical Qualification	Emilio Aguinaldo College, Philippines	Examination
Medical Qualification	De La Salle Medical and Health Sciences Institute College of Medicine, Philippines	Examination
Medical Qualification	Sir Seewoosagur Ramgoolam Medical College, India	Examination
Medical Qualification	Kerala University of Health Sciences, India	Examination
Medical Qualification	Shenyang Medical College, China	Examination
Qualification	University	Credentialing Committee 7 March 2025
Medical Qualification	Guangzhou Medical University, China	Examination
Medical Qualification	New Vision University, Georgia	Examination
Medical Qualification	Trinity College Dublin, Dublin	Examination
Medical Qualification	University of Maryland, United States of America	Examination
Medical Qualification	Okan University, America	Examination
Medical Qualification	Sahiwal Medical College, Pakistan	Examination
Medical Qualification	Texila American University, Guyana	Examination
Medical Qualification	Western Sydney University, Australia	Examination
Qualification	University	Approval 3 April 2024 (Dentco)
Bachelor of Dental Surgery	Rajiv Gandhi University of Health Sciences, India	Examination
Qualification	University	Approval 18 July 2024 (Dentco)
Bachelor of Dental Surgery	University of Zimbabwe, Zimbabwe	Examination

EVALUATIONS: Medical Internship training sites

HOSPITAL	DATE VISITED	ACCREDITATION PERIOD
MPUMALANGA		
Mapulaneng /Tintswalo Hospital complex	10 - 11 Oct 2024	2 years
NORTH WEST		
Job Shimankana Tabane / Bojanala Training Complex	2 - 3 Oct 2024	3 years
Klerksdorp/Tshepong/Nic Bondentein Hospital/ Matlosana Training Centre	7 Aug 2024	3 years
Mafikeng Provincial Hospital Complex: Thusong/GDLR: Gelukspan: Lehurutshe/ Zeerust	17 - 18 Oct 2024	1 years
KWAZULU-NATAL		
Addington Hospital	29 Aug 2024	1 years
Port Shepstone Hospital	25 Sept 2024	1 years
Dr R K Khan Hospital	27 Nov 2024	2 years
Durban Hospital complex	25 - 26 July 202	2 years
General Justice Gizenga Mpanza Regional Hospital	13 - 14 Nov 2024	2 years
Ladysmith Regional Hospital	14 Nov 2024	2 years
GAUTENG		
Charlotte Maxeke Johannesburg Academic Hospital	22 July 2024	2 years
Steve Biko Academic Hospital/ Tshwane District Hospital Training Complex	21 Aug 2024	3 years
Tembisa Provincial Tertiary hospital	14 Aug 2024	2 years
Dr George Mukhari Academic Hospital	26 Aug 2024	1 years
Edenvale General Hospital	23 Oct 2024	2 years
Kalafong Provincial Tertiary hospital	06 Nov 2024	3 years
West Rand Hospital (Leratong Hospital & Dr Yusuf Dadoo Hospital)	12 Nov 2024	3 years
Thelle Mogoerane Regional Hospital	21 Nov 2024	3 years
Tambo Memorial/Bertha Gxowa Training Complex	28 Nov 2024	3 years
WESTERN CAPE		
Mitchells Plain Hospital	27 Aug 2024	3 years
Helderberg Hospital	4 Sept 2024	3 years
New Somerset Hospital	2 Sept 2024	2 years
Victoria Hospital	11 Sept 2024	3 years
Paarl Hospital	29 Nov 2024	1 years

EXTENDED MEDICAL INTERNSHIP TRAINING PLATFORM IN FAMILY MEDICINE ROTATION IN COMMUNITY HEALTH CENTRES: EASTERN CAPE

The following sites were approved for medical internship training in Family Medicine:

- i. Chatty Clinic
- ii. Gqeberha Clinic.
- iii. PE Central Clinic
- iv. West End Clinic
- v. Zwide Clinic
- vi. Rosedale Clinic

DENTAL UNDERGRADUATE AND POSTGRADUATE ACCREDITATION EVALUATION SCHEDULES:

DENTAL UNDERGRADUATE PROGRAMMES: BDS			
INSTITUTION	EVALUATION DATES	ACCREDITATION PERIOD	NEXT VISIT
University of the Witwatersrand	16 - 17 October 2024	3 Years	March 2028

No Dental postgraduate programmes: BCHD were evaluated during the period 1 April 2024 to 31 March 2025

MEDICAL UNDERGRADUATE AND POSTGRADUATE ACCREDITATION EVALUATION SCHEDULES:

MEDICAL UNDERGRADUATE PROGRAMMES: MB CHB AND MBBCH PROGRAMMES			
INSTITUTION	EVALUATION DATES	ACCREDITATION PERIOD	NEXT VISIT
Stellenbosch University	10 - 14 June 2024	Renewed curriculum 3-years. 2023 (New curriculum not yet implemented due to covid 19)	2029 (Clinical platform to be re-evaluation in 2027)
Nelson Mandela University	15 - 19 July 2024	2 years	2026
BCMP PROGRAMMES			

No BCMP programmes were evaluated during the period 1 April 2024 to 31 March 2025.

MEDICAL POSTGRADUATE PROGRAMMES

INSTITUTION	EVALUATION DATES	ACCREDITATION PERIOD	NEXT VISIT
University of the Free State	2 - 6 September 2024	Wait final approval of evaluation report by METRC	

EXAMINATIONS

DENTAL EXAMINATIONS

Exam format: MCQ, OSCE and Practical skills examination

Date of exam: October/November 2024	Exam Venue UP Prinshof Campus South (Pretoria)
Exam format: MCQ, OSCE and Practical skills examination	
Total number of candidates who took the exam	6
Number of candidates who passed the exam	1
Number of candidates who failed the exam	5

MEDICAL EXAMINATIONS

Written examination:

Date of exam: 20 March 2024	Exam Venue UKZN
Exam format	Written
Total number of candidates who 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%
Average	44%
Minimum	25%
Maximum	66%
Date of exam: 10 July 2024	Exam Venue UKZN
Exam format	Written
Total number of candidates who took the exam	115
Number of candidates who passed the exam	53
Number of candidates who were condoned to pass	0
Number of candidates who failed the exam	62
Pass Rate	46%
Average	48%
Minimum	28%
Maximum	67%

Date of exam: 18 March 2025	Exam Venue UKZN
Exam format	Written
Total number of candidates who took the exam	141
Number of candidates who passed the exam	84
Number of candidates who were condoned to pass	0
Number of candidates who failed the exam	57
Pass Rate	60%
Average	52%
Minimum	32%
Maximum	77%

OSCE examinations:

Date of exam: 7 - 8 May 2024	Exam Venue UKZN
Exam format	OSCE
Total number of candidates who took the exam	85
Number of candidates who passed the exam	52
Number of candidates who failed the exam	33
Pass Rate	61%
Average	48%
Minimum	32%
Maximum	63%
Date of exam: 18 - 19 September 2024	Exam Venue: UKZN
Exam format	OSCE
Total number of candidates who took the exam	81
Number of candidates who passed the exam	41
Number of candidates who failed the exam	40
Pass Rate	51%
Average	48%
Minimum	10%
Maximum	64%

Date of exam: 3 - 4 December 2024 (SMU Group)	Exam Venue
Exam format	OSCE
Total number of candidates who took the exam	55
Number of candidates who passed the exam	26
Number of candidates who failed the exam	29
Pass Rate	47%
Average	45%
Minimum	31%
Maximum	61%

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 2024 CYCLE:

CYCLE	NUMBER OF PORTFOLIOS RECEIVED	APPROVED/FINALISED	OUTSTANDING/STILL IN PROGRESS	NUMBER OF REGISTERED INTERNS
May	28	27	1-REVISION	27

SUMMARY OF THE SEPTEMBER 2024 CYCLE

CYCLE	NUMBER OF PORTFOLIOS RECEIVED	APPROVED/FINALISED	OUTSTANDING/STILL IN PROGRESS	NUMBER OF REGISTERED INTERNS
September	26	26	0	26

SUMMARY OF THE JANUARY 2025 CYCLE

CYCLE	NUMBER OF PORTFOLIOS RECEIVED	APPROVED/FINALISED	OUTSTANDING/STILL IN PROGRESS	NUMBER OF REGISTERED INTERNS
January	28	24	2-Major Revisions 2-Moderation	In Progress

5. REGISTRATIONS

ACTIVE REGISTRATIONS FOR MDB (AS AT 31 MARCH 2025)

BRD_CODE	REG_TYPE	REG_CODE	REGISTER_NAME	Total
MDB	Intern	GCIN	Intern Genetic Counsellor	8
		IN	Intern	4,736
		MSIN	Intern Medical Scientist	237
		PHIN	Intern Medical Physicist	43
	Intern Total			5,024
	Practitioner	BE	Biomedical Engineer	1
		CA	Clinical Associate	1,435
		DP	Dentist	7,006
		GC	Genetic Counsellor	37
		GR	Genetic Counsellor	14
		KB	Clinical Biochemist	6
		MP	Medical Practitioner	55,451
		MS	Medical Biological Scientist	504
		MW	Medical Biological Scientist	312
		PH	Medical Physicist	210
		SMW	Supplementary Medical Scientist	2
	Practitioner Total			64,978
	Student	CA S	Student Clinical Associate	980
		DP S	Student Dentist	1,510
		GC S	Student Genetic Counsellor	3
		IN S	Student Intern	3,894
		MP S	Medical Student	13,383
		MS S	Student Medical Scientist	251
		PH S	Student Medical Physicist	28
		VS	Visiting Student	80
	Student Total			20,129
MDB Total			90,131	

6. PROFESSIONAL PRACTICE (CPD)

7. PROFESSIONAL CONDUCT

OVERVIEW

Professional Conduct Unit is comprised of 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 1974, (Act of 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.

SUMMARY

The Board has budgeted for 6 preliminary committee meetings for each committee. The dental committee had an ad-hoc committee meeting to discuss 1 matter.

- 1726 matters served at prelims. MDB's Preliminary Committees of Inquiry dealt with 1288 matters. 74 % of the matters that served at prelims were MDB matters.
- 93 matters were referred to Inquiry, this does not include the matters that would have been referred by CHI to Inquiry.
- 163 matters were deferred for consultations in terms for practitioners to clarify their responses.
- 119 matters were deferred for further information.

PRELIM MEETINGS 1 April 2024 - 31 March 2025		Number of Meetings		Finalised by Prelim				CONTEMPT OF COUNCIL				DEFERRED								REFERRED			
MED 1	6	110	21	23	43	2	8	10	35	15			11		4		1		1	277			
MED 2	5	122	2	2	29	2	2	1	6	3			35		2					203			
MED 3	6	90	19	26	47		2	3	65	6	2	2	12				17			293			
MED 4	6	84	4	7	17	3		2	25	4			23							169			
MED 5	5	86	4	18	16	5	2	2	14	10			31		2		1			189			
DENT	7	31	9	17	48	8	3		18	3			7	12	2		1			157			
TOTALS	35	523	59	93	200	20	17	18	163	41	2	2	119	12	10		20		1	1288			

8.

REGULATION 4A APPEALS STATISTICS:

RESOLUTIONS

Board	Number of Matters Served	Appeal dismissed and Prelim Committee Decision upheld	Prelim Decision Varied	Referred to Inquiry	DEFERRED TO THE NEXT MEETING
MDB – 29-30/04/2024	19	15	2	0	
MDB 09-10/05/2024	24	20	3	1	
MDB 06/8/2024	14	5	2	4	
MDB 21&22/8/2024	18	12	4	2	
MDB 08/10/2024	26	23	1	1	1
MDB 17/10/2024	18	15	0	0	3
MDB – 14/01/2025	31	27	3	0	1
TOTALS	150	117	15	8	5

SUMMARY

The Board has budgeted for 6 preliminary committee meetings for each committee. The dental committee had an ad-hoc committee meeting to discuss 1 matter.

- 78% of the appeals were dismissed, and the decision of the preliminary committee was upheld.
- 10 % of the appeals the prelim decision was varied
- 5 % of the matters were referred to Inquiry.
- 3% of the matters were deferred to the next meeting, where the specialist was not available.

8.1 COST OF REGULATION 4A APPEALS.

	Date & Length of Meeting	Chairperson, Committee members and Specialists	Description /Services	Totals
MDB	29-30 APRIL 2024- 1.5 DAYS 19 matters served	3 Committee Members	Chair – 8614 * 1.5 M1-5545* 1.5 M2-5545* 1.5	R29 556.00
		10 Experts	10*2772.00 (Half Day)	R27 720.00
			TRANSCRIPTS	R22 763.17
				R80 039.17
	09-10 MAY 2024 -2 DAYS 24 matters served	3 Committee Members	Chair – 8614 * 2 M1-5545* 2 M2-5545* 2	R39 408.00
		11 Experts who assisted the committee	11 *2772.00 (Half Day)	R30 492.00

		TRANSCRIPTS	R16 741.84
			R86 641.84
06 AUGUST 2024 -1 DAY 14 matters served	3 Committee Members	Chair – 8614 * 1 M1-5545*1 M2-5545*1	R19 704.00
	4 Experts who assisted the committee	4*2772 (Half Day)	R11 088.00
		TRANSCRIPTS	R1 069.30
			R31 861.30
21-22 AUGUST 2024-2 DAYS 18 matters served	3 Committee Members	Chair – 8614 * 2 M1-5545*2 M2-5545*2	R39 408.00
	11 Experts who assisted the committee	11 * 2772 (Half Day)	R30 492.00
		TRANSCRIPTS	R2 340.90
			R72 240.90
08 OCTOBER 2024-1 DAY 25 matters served	3 Committee Members	Chair – 8614 * 1 M1-5545*1 M2-5545*1	R19 704.00
	10 Experts who assisted the committee	10*2772 (Half Day)	R27 720.00
		TRANSCRIPTS	R2 109.70
			R49 533.70
17 OCTOBER 2024-1 DAY 18 matters served	3 Committee Members	Chair – 8614 * 1 M1-5545*1 M2-5545*1	R19 704.00
	9 Experts who assisted the committee	9*2772 (Half Day)	R24 948.00
		TRANSCRIPTS	R3 468.00
			R48 120.00
14 & 15 JANUARY 2025 -1 AND A HALF DAYS 31 matters served	3 Committee Members	Chair – 8614 * 1.5 M1-5545*1.5 M2-5545*1.5	R29 556.00
	12 Experts who assisted the committee	12*2772 (Half Day)	R33 264.00
		TRANSCRIPTS	R8 381.00
			R71 140.00
Total Cost= R439 576.91			

9. PROFESSIONAL CONDUCT INQUIRIES SET DOWN MATTERS:

314 MATTERS WERE SET DOWN FOR THE MEDICAL AND DENTAL PROFESSIONS BOARD.

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.

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.

10. STAKEHOLDER MANAGEMENT

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:

- Stakeholder engagements held by representatives of the Board its Executive Committee or representatives from the Medical Education, Training and Registration Committee.

University of Pretoria	17 May 2024
University of Stellenbosch	08 July 2024
Sefako Makgatho University	08 July 2024
University of Limpopo	26 July 2024
Nelson Mandela University	26 July 2024
University of Western Cape	26 July 2024
Wits University	11 September 2024
Walter Sisulu University	11 September 2024
University of Free State	11 September 2024
University of Cape Town	02 October 2024
Clinical Associate National Consortium	29 November 2024
Professional Board for Optometry and Dispensing Opticians	29 November 2024

Colleges of Medicine of South Africa	24 June 2024
South African Health Products Regulatory Authority	23 January 2025
South African Health Products Regulatory Authority	12 March 2025
Eastern Cape Provincial Legislature	19 March 2025

- Stakeholder engagements held by the MDB Professional Practice Committee:

Office of Health Standards Compliance	08 November 2024
Reproductive Health Specialists	15 August 2024

- Stakeholder engagements held by the Committee for Medical Science:

National Institute for Occupational Health	20 January 2025
National Institute for Communicable Diseases	20 January 2025
University of Witwatersrand	21 January 2025
Lancet Laboratories	05 February 2025
Klerksdorp hospital	26 March 2025
Greys hospital	26 March 2025
University of Witwatersrand (CMJAH Medical Physics Department)	27 March 2025

- Stakeholder engagements held by the MDB Health Committee

Health Professionals	2 December 2024
Health Professionals	22 February 2025

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

- Rules and Regulations:

Amended regulations relating to the constitution of the Medical and Dental Professions Board
Amended rules relating to the registration by medical practitioners and dentists of additional qualifications: amendment

- Revised guidelines / policies:

Guidelines for the registration in the category medical practitioner/specialist education
Revised supervised practice report
Revised policy regarding the criteria for evaluation of facilities for internship training in medical science (CMS B)

Revised application form 12-DP– for use by persons holding qualifications not prescribed for registration

- New guidelines/policies developed and approved:

Guidelines to establish a new medical science discipline or medical-biological science categories

Fitness to Practice (FTP) guidelines

Guidelines and application form for registration as a medical scientist (new categories) in terms of the Health Professions Act 56 of 1974: Section 33 (Form 176 CMS)

Guidelines for foreign qualified practitioners

Form 12: Application form for Specialists (peer review)

Form 12: Application form for Postgraduate studies

Form 12: Application form for Volunteer services

Form 12: Application for registration in public service

- Framework for medical science:

Revised application for accreditation as a training facility for intern medical biological scientists, medical physics, and genetic counselling (CMS D1-3)

Revised evaluation report template for medical science disciplines (CMS E1-E3)

Revised application for registration certificate of medical biological scientist intern training (Form 36 MS)

Code of conduct and declaration of confidentiality for evaluators (CMS K)

Annual report template (CMS C) Medical Science

12. CONCLUSION

The Board and its committees had an extremely busy year under review. It is however commendable that despite these challenges, the 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

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

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

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

Quality and ethical medical technology services for all.

MISSION

The Professional Board for Medical Technology’s 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 with requirements for registration, licensure, CPD, ethical rules and scope of the profession.
- Embracing technological progression.
- Promoting development of specialisation discipline categories in the profession.
- Promoting post graduate education.
- Proactively aligning to the needs of the country through effective stakeholder engagement.

3. GOVERNANCE

3.1 COMMITTEES OF THE BOARD

Compliance with applicable laws, regulations, rules, standards is very important to the Board and to Secretariat. The Board is very consistent with compliance.

The Board and secretariat place a strong emphasis on the need for members to continuously develop their knowledge for the benefit of the professions and to uphold the Board’s mandate.



MS AKHONA VUMA
CHAIRPERSON: PROFESSIONAL BOARD
FOR MEDICAL TECHNOLOGY

STRATEGIC OBJECTIVES

The Board has five strategic goals spread out for execution over the 5-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.

In line with fostering a culture of understanding, as well as strengthening knowledge within its structures, members attended regular training to keep up to date with the required skills set. 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

3.2 MEETINGS

To achieve the strategic objectives as referred to above, the following meetings and board activities were conducted between 1 April 2024 and 31 March 2025.

BOARD STRUCTURE	TYPE OF MEETING	DATE OF MEETING	MEMBERS ATTENDANCE RATE
MTB PPC	Ordinary	3 April 2024	80% (4/5)
Annual Stakeholder with SMLTSA	Ordinary	12 April 2024	83% (5/6)
EXCO Meeting with TUT, 1 military hospital & Lancet	Extra Ordinary E	16 April 2024	83% (5/6)
MTB Board	Ordinary	19 April 2024	100% (10/10)
Board	General Stakeholder meeting with HOD's for HEI & training facilities Professional Association	13 May 2024	100% (10/10)
EXCO	Ad-hoc EXCO meeting with medical technician phlebotomy training facilities	31 May 2024	100% (6/6)
ETRC	Ordinary ETRC Meeting	13 June 2024	90% (5/6)
PPC	Ordinary PPC Meeting	25 June 2024	66% (4/6)
Board	Ordinary Board Meeting	17 July 2024	90% (9/10))
ETR Committee	Ordinary ETRC Meeting	4 -5 September 2024	66% (4/6)
Prelim	Ordinary Meeting	15 August 2024	75% (3/4)
Board	Ordinary Meeting	23 October 2024	70% (7/10)
Board	Ordinary Meeting (continuation)	6 November 2024	80% (8/10)
PPC	PPC workshop	6 November 2024	
Prelim	Ordinary Meeting	8 November 2024	75% (3/4)
ETRC	Ordinary meeting	20 November 24	60% (4/6)
Board	Strategy Workshop	5 Feb 2025	100 % (10/10)
Prelim	Ordinary Meeting	12 February 2025	100% (4/4)
Board	Ordinary Meeting	6 March 2025	70% (7/10)
PPC	Ordinary Meeting	19 March 2025	80% (4/5)
Prelim	Ad-hoc	31 March 2025	100%

4. REPORT ON ANNUAL PERFORMANCE

4.1. EDUCATION AND TRAINING COMMITTEE

4.1.1. Mandate

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 mandate of the committee includes but not limited to the following –

- Developing and reviewing regulations and policies for the professions under the ambit of the Board, that is Medical Laboratory Scientist, Medical Technologists, Medical Technicians and Laboratory Assistants;
- Evaluation and accreditation of education and training against a set of standards and guidelines.
- Investigating and managing complaints and non-compliances in respect of approved Higher Education Institutions and Clinical Training Facilities;
- Monitoring and evaluating the implementation of regulations and policies of education and training;
- Providing support to education institutions and clinical training to facilitate delivery of quality education and training
- Communicating to approved education institutions and relevant stakeholders with regards to information pertaining to standards and training.

4.1.2 Membership of the committee

- Dr B Mkhize
- Prof C Grobler
- Ms B Makabe
- Mr H Tefo
- Ms K Mvumvu
- Mr S Bakhane

4.1.3 Key performance during the reporting period

- The Education Training and Registration convened three (3) meetings during the reporting period, one each quarter, except for quarter 4. The meeting that was scheduled for 28 March 2025 was postponed to the 4th of April 2025. The reason for the postponement was due to lack of quorum.
- The Committee reviewed and made a recommendation to the Board to consider approving the following policies -
 - policy relating to registration and training of student and intern medical laboratory professionals form 160 MT for implementation.
 - policy relating to registration and training of student and intern medical laboratory professionals form 160 MT for implementation.
- The committee continuously monitored provision of quality education and training of professionals under its ambit.
- An evaluator training workshop was conducted on 26 November 2024; all new and old evaluators attended the training.
- The following Higher Education Institutions were evaluated during this reporting period.

Date of evaluation	HEI	Qualification
29- 30 July 2024	University of Johannesburg	Bachelor of Health Science in Medical Laboratory Science
12 - 13 September 2024	Tshwane University Technology	Bachelor of Health Science in Medical Laboratory Science

- A total of 79 clinical training laboratories were evaluated during the reporting period and the Quarterly statistics is summarised in the table below.

Total Number of Labs evaluated	Approved
79	67
Not approved	Conditional approval
1	11

- The Society of Medical Laboratory Technologists (SMLTSA) conducts the Board examinations on behalf of the Board. A total of 4 examinations were conducted during the reporting period as follows:
- The table below summaries the statistics of the examinations conducted during the reporting period.

Date of examination	Type of examination	Pass rate
8 April 2024	Laboratory assistant (LA) Board examination	96%
8 April 2024	Medical Technician (GT) supplementary	8%
2 September 2024	Medical Technologist Board examination	35%
7 October 2024	Medical Technician Board examination	82%
3 March 2025	Medical Technologist Board examination	61%

4.2. REGISTRATION

Active Registration (As of 31 March 2024)

4.3. PROFESSIONAL PRACTICE COMMITTEE

4.3.1 Mandate

One of the primary functions of the Board is to determine and uphold standards of professional practice and ethical practice. The Committee deals with all matters of professional practice including but not limited to the following:

- a. Recommend to the Board standards and guidelines for practice of the Medical Technology professions.
- b. Recommend to the Board the guidelines on continued professional development (CPD).
- c. 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 Professional Board for Medical Technology.
- d. Recommend and review guidelines for registration of practices and health care providers in collaboration with the Professional Practice Division and the Office of Health Standards.
- e. Promotion of ethical conduct, human rights, and the rights of patients amongst health care professions registered under the ambit of the Professional Board for Radiography and Clinical Technology.
- f. Contribute to the development of stakeholder engagement plans relating to the objects and functioning of the Board, with respect to ethics, rights and practice related matters.

4.3.2 Membership of the Committee

- a. Mr MH Tefo
- b. Prof CJ Grobler
- c. Ms A Sheldon
- d. Ms KO Mvumvu
- e. Mr SS Bakhane
- f. Ms N Nikiwe

4.3.2 Key outputs for the year under review

- a. The Committee conducted three meetings during the reporting period. The meeting scheduled for 20 September 2024 did not quorate and the matters were finalised during the Board meeting on 23 October 2024.
- b. The Professional Practice Committee exercised oversight into processes that ensure a uniform system of continuing professional development and continuing assessment of all health practitioners registered with the Board
- c. The Committee considered and approved the annual CPD reports submitted by the accreditors of the Board. Medical Laboratory Technologists of South Africa (SMLTSA) regarding their CPD activities.
- d. Made recommendation to the Board to initiate a recruitment drive for stakeholders to apply to become service providers for the board.

- e. Reviewed and made recommendations to the Board to consider and approve the guidelines relating to supervised practice for restoration and (Form 18 MT) for implementation.

4.1.4 CPD compliance

The CPD compliance for the practitioners registered under the ambit of the Board as at 31 March 2025 was 61% that is (8327 - complaint health practitioners / 13718 - total health practitioners).

4.4. COMMITTEE OF PRELIMINARY INQUIRY

4.4.1 Mandate

The Committee of Preliminary Inquiry is authorized 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, Act 56 of 1974 and to report thereon to the Professional Board. The Prelim Committee has conducted one meeting during the reporting period.

4.4.2 Membership of the committee

- a. Ms A Sheldon
- b. Ms N Mthembu
- c. Ms K Mvumvu
- d. M S Bakhane
- e. Ms M Ramokoka

4.3.2 Key outputs for the year under review

4.4.3 Key outputs for the year under review

The Committee conducted four (4) meeting during the reporting period, one in each quarter and three matters were considered in each quarter with 12 matters overall.

The full report on the activities of the Committee of Preliminary Inquiry is available under the Legal and Regulatory Affairs Department section.

4.5. EXECUTIVE COMMITTEE

4.5.1 Mandate

The Executive Committee is authorised to deal with and consider all matters relating to Radiography and Clinical Technology 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 drafting and implementation of policies and regulations of the Board.

4.5.2 Membership

- a. Ms AF Vuma
- b. Prof CJ Grobler
- c. Dr TB Mkhize
- d. Ms A Sheldon
- e. Mr MH Tefo

- f. Ms N Nikiwe
- g. Mr S Bakhane

4.5.3 The meetings of the Executive Committee are held on an ad-hoc basis. There were two meetings conducted during the reporting period.

4.6. 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.

4.7. FINANCIAL MANAGEMENT

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

4.8. 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:

NAME OF STAKEHOLDER			NATURE OF ENGAGEMENT	DATES
1 Military Training Facility and Tshwane University of Technology			Consultative meeting with Board representatives regarding TUT students who did clinical training at 1 Military hospital unaccredited	16 April 2024
Lancet Laboratory			Consultative Meeting regarding training of an intern who was not registered with the Board	16 April 2024
Society of Medical Laboratory Technologists of South Africa			Annual meeting	12 April 2024
HEI	Training Laboratories	Professional association	Annual Stakeholder meeting	13 May 2024
CUT CPUT DUT MUT NMU TUT VUT UJ	AMPATH PATHCARE LANCET SANAS Lab24 NHLS SANBS	Society of Medical Laboratory Technologists of South Africa		
Phlebotomy scientific committee of SMLTSA and training facilities that offer training for Medical Technicians in phlebotomy			Consultative Meeting regarding supervision of students and evaluation of training facilities	31 May 2024
South African Nursing Council facilities.			To discuss registered nurses as supervisors of Medical Technicians in phlebotomy and evaluators of Phlebotomy training	4 August 2024
Practitioners registered with the MTB Board			Webinar	17 September 2024
Phlebotomy Training facilities			Phlebotomy Medical Technicians training	10 December 2024
Consultative meeting with Scientific Committees of SMLTSA			To discuss the scope of practice	6 November 2024
SANBS			To discuss lack of progress on the accreditation of SANBS medical technology training laboratories training laboratories	3 March 2025
MTB practitioners			Physical Roadshow	7 March 2025

4.9. MATTERS PERTAINING TO RULES, POLICY AND GUIDELINES

- a. On the recommendation of the Education Training and Registration Committee the Board approved -
 - i. the revised policy relating to registration and training of student and intern medical laboratory professionals form 160 MT for implementation.
 - ii. the revised policy relating to registration and training of student and intern medical laboratory professionals form 160 MT for implementation.
- b. On the recommendation of the Professional Practice Committee the Board approved –
 - i. the revised guidelines relating to supervised practice for restoration and (Form 18 MT) for implementation.

The Board supported the Standard Operation Procedures between the Professional Practice Committee of Council and Professional Boards.

4.10. MATTERS PERTAINING STATUTORY PROVISIONS

- a. The Rules relating to the registration by medical technologists of additional qualifications were reviewed and approved by the Board. The Rules were subsequently approved by Council and submitted to the Legal and Regulatory Affairs Department to gazette for Public comments.
- b. The Regulations relating to qualifications which entitled to medical laboratory scientists' registration were reviewed and approved by the Board after internal consultation among the other 11 Professional Boards. The Regulation was subsequently approved by Council and submitted to the National Department of Health to promulgate for Public comments.
- c. The Scope of Profession also underwent internal consultation among the other 11 Professional Boards and subsequently approved by the Board and Council. The Regulation was submitted to the National Department of Health to promulgate for Public comments.
- d. As part of the HPCSA broader and internal consultation, the Board considered and supporter the following Regulations –
 - i. Regulations relating to the control and use of psychological tests as proposed by the Professional Board for Psychology
 - ii. Regulations Defining the Scope of the Profession of Dental Therapy,
 - iii. Regulations Defining the Scope of the Profession of Oral Hygiene,
 - iv. Regulation Relating to the Registration of Technicians in Clinical Technology
 - v. Core competency document listing competencies required to enable Dietitians to prescribe.
- e. Considered and supported the amendments made to the Ethical Guidelines on
 - i. Social Media
 - ii. Chargeable fees for missed appointments
 - iii. Ethical Guidelines Overservicing, Perverse Incentives and Related Matters
 - iv. Guidelines on the use of artificial intelligence

5. CONCLUSION

As the Board and its committees approach the last mile of the term, we can say that it has achieved its mission of developing, strengthening, implementing, monitoring, and evaluating quality standards in education, training, and practice environments. The improved stakeholder engagements and cooperation has seen to the conclusion of some very vital tasks that were facing the Board. Needless to say, that the work of the PBMT will never be fully concluded until the day we realize the implementation of the academic articulation route for developing career progression and 100% compliance to CPD requirements.

Majority of clinical training facilities that had lost their training status managed to regain their training status as the implementation of the Cluster Model of Evaluations continues to take place. This is good news for both the profession and academic institutions. The Board is grateful to all stakeholders for working together to see to the fruitful implementation of the Cluster Model of Evaluations. The Board also notes that there are still issues of training time allocation balance.

The appointment of additional members to fill the long-standing vacant posts within the board and its committee came in the last hours of the term, however the positive impact by the new members is evident. Additionally, the Board has endorsed and implemented the good practice of co-opting fellow professionals within its structures to ensure continuation and progress on the tasks it has undertaken. This good practice has allowed registered practitioners to actively contribute to the progressive work done by the Board.





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

1. OVERVIEW

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

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

2.2. MISSION

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

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



Prof Deshini Naidoo
CHAIRPERSON: PROFESSIONAL BOARD FOR
OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS AND
PROSTHETICS AND ARTS THERAPY

2.3. STRATEGIC OBJECTIVES

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

- Competent OCP graduates practicing 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.
- Recognized 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
- Committee of Preliminary Inquiry
- Clinical Research Task Team
- Assistive Devices task Team

The following meetings and activities of the Professional Board were conducted and facilitated during the period 1 April 2024 - 31 March 2025:

BOARD ACTIVITIES	NUMBER OF ACTIVITIES
Professional Board meetings	3
Board Strategic plan sessions	1
Board Roadshows	3
Executive Committee meetings	2
Education, Training and Registration Committee meetings	5
Professional Practice Committee	2
Committee for Preliminary Inquiry meetings	4
Assistive Devices Task Team	1
Clinical Research Task Team	1
Training of Board Members	3
Student – Staff Ration Task Team	1
Stakeholder Engagements	7
TOTAL	33

4. REPORT ON ANNUAL PERFORMANCE

4.1 EDUCATION AND TRAINING AND QUALITY ASSURANCE OF PROGRAMMES

The Board, based on set minimum standards for training and exit level outcomes, guided institutions on the education and training of students and interns. The development and training of a professional is viewed as part of the value chain in the process from the accreditation of programmes to the certification of a practitioner's competencies in order to register 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 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 programmes were evaluated during the 2024/25 year:

INSTITUTION	PROGRAMME	DATES
University of the Witwatersrand	Occupational Therapy	21-23/10/2024: Physical 24/10/2024: Virtual
Durban University of Technology	Medical Orthotics and Prosthetics	19-21 November 2024 Physical
University of the Witwatersrand	Arts Therapy (Drama)	26-27 November 2024 Physical

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 comprise of theory and practical assessments conducted by the Board.

The Board conducts two (2) examinations every year in April/May and September/October 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 examinations were conducted during the period:

Categories	Dates	
Foreign Qualified Arts Therapist (Music)	15 April 2024	Online via Teams
Foreign Qualified Occupational Therapist	17 April 2024	Online via Teams/ Physical
Foreign Qualified Occupational Therapist	18 April 2024	Online via Teams
Foreign Qualified Occupational Therapist	18 April 2024	Online via Teams
Foreign Qualified Arts Therapy (Drama)	22 April 2024	Online via Teams
Foreign Qualified Arts Therapy (Drama)	22 April 2024	Online via Teams
Occupational Therapist: Foreign Qualified	01-18 October 2024	Physical Virtual
Orthopedic Footwear Technician	21-23 October 2024	Physical Virtual

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 obtained 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.

The Research Task Team utilized the three research questions as a guide to its functions. Which were:

- What competencies do the Occupational Therapy, Medical Orthotists and Prosthetics and Art Therapy graduates/practitioners require when they graduate to meet the demands of the working world.
- How should the activities toward the 1000 clinical hours be defined?
- What are the standards of practice required for Occupational Therapy, Medical Orthotists and Prosthetics and Art Therapy graduates/practitioners.

The outputs for the project were the following:

- revised minimum standards of training documents;
- revised entry level standards of practice documents;
- a report to practitioners for each profession (associations and public sector forum;
- Arts Therapy manuscripts on data for dissemination, OT manuscripts on the data for dissemination and MOP manuscripts on the data for dissemination;
- for the manuscript drafting the members would not be remunerated and this would be done on their own time. The Board would not pay for publication fees as well. The HPCSA and the OCP Board has to be acknowledged in any publication;
- present at the roadshow in 2025;
- present at conference if the opportunity;
- CPD event on the data.

The Task team conducted focus group interviews and distributed surveys. To obtain a good number of responses, the survey was sent out three times to practitioners. After data analysis, the Task Team started with document revision. Standards of Practice documents were approved by the Board and were distributed to stakeholders for comments/input.

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, while providing guidance to the professionals. To achieve the strategic objectives of improving communication with stakeholders, the Board held the following engagements:

1. On 8 July an engagement was held with the Council on Higher Education concerning the de-accreditation of the Medical Orthotics and Prosthetics programmes.
2. In fulfilling the Board's strategic objective of stakeholder engagement, a physical roadshow was held at Emperors Palace Hotels on 15 August 2024 and it focused on the following matters of discussion:
 - The Role of the HPCSA, Board & Projects of the Board presented by the Chairperson of the Board
 - Registration processes presented by the Registration Division
 - Updated Ethical of Conduct presented by the Professional Practice Division
 - Complaints Handling Process presented by the Complaints Handling and Investigations Unit
 - CPD Compliance presented by the Professional Practice Division
 - Ethical Matters: New Guidelines for Billing Practices presented by the Professional Practice Division
3. Arts Therapies Day and the 25th Anniversary of the Music Therapy programme was held on 31 August 2024.
4. An online stakeholders meeting was held on 30 September 2024, and it focused on the following matters of discussion:
 - Introduction of Dr Busi Ndlovu Director: CDDG National Department OF Health
 - Student Staff Ratio
 - CPD Non-Compliance
 - An Increase in Complaints
 - Updating of Standardized Test – Occupational Therapy
 - Report of the Clinical Research Task Team
 - Draft Guideline Documents
 - Guidelines In the Use of Artificial Intelligence (AI)
 - Nomination Process for The New Board
5. SAOPA Conference was held on the 3rd of October 2024, and Board members in Medical Orthotics and Prosthetics attended to present papers on the research findings and functioning of the Board. Secretariat attended and manned an exhibition table.
6. A virtual roadshow, attended by 650 practitioners, was held on 28 January 2025, and it focused on the following matters of discussion:
 - Foundation for Integrity: Establishing Minimum Standards for OT, MOP, and Arts therapy
 - Feedback from OCP Research on competencies, 1000 hours Standards of practice
 - Ethics & CPD
7. A physical roadshow was held at CTICC – Cape Town on 18 March 2025 and it focused on the following matters of discussion:
 - Ngoku Principles
 - The Role of the HPCSA, the Board, and Board Projects
 - Registration Processes and How to Follow Up if Issues Arise
 - Ethical Considerations
 - Complaints Handling and Investigation Procedures
 - CPD Compliance
 - The POPI Act
8. A physical roadshow was held at Pine Lodge Resort & Conference Centre– Gqeberha on 25 March 2025 and it focused on the following matters of discussion:
 - Ngoku Principles
 - The Role of the HPCSA, the Board, and Board Projects
 - Registration Processes and How to Follow Up if Issues Arise
 - Ethical Considerations
 - Complaints Handling and Investigation Procedures
 - CPD Compliance
 - The POPI Act
9. The Chairperson of the Board attended the Advisory Committee meeting at the Tshwane University of Technology on 19 September 2024.
10. The Chairperson of the Board attended OTASA Council meeting 2 and 3 August 2024.

4.5 PROFESSIONAL CONDUCT

The Professional Conduct Unit comprises of 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 2024/2025 forty four (44) complaints were registered.

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)

4.6 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 PB.

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

Health practitioners were required to attain CPD compliance and maintain a minimum Continuing Education Units (CEUs) per year. For every CPD recognised/approved CPD activity, the CEUs are granted, inclusive of those of professional content, ethics, human rights and medical law. Each CEU is currently valid for 12 months from the date on which the activity took place. This means that health practitioner should aim to accumulate a balance of CEUs by the end of each year of practice, and thereafter top-up on an ongoing basis. New rules were promulgated on 13 December 2024, CPD points were no longer doubled, practitioners were required to have obtained 30 CEU in a financial year.

In calculating the overall compliance rate of the Board, total number of health practitioners per category was divided by the actual number of health practitioners compliant at a time of report (e.g., 15 (compliant)/100 (Total) = 15% compliance rate). The Board's compliance rate was as follows:

OCP	non-compliant		compliant		no of practitioners
AOS	3	75,0%	1	25,0%	4
AT	73	51,0%	70	49,0%	143
OB	25	64,1%	14	35,9%	39
OS	388	44,5%	483	55,5%	871
OSA	40	54,8%	33	45,2%	73
OT	2584	39,1%	4022	60,9%	6606
OTB	21	60,0%	14	40,0%	35
OTT	135	35,9%	241	64,1%	376
SOS	1	100,0%	0	0,0%	1
Total	3270	40.1 %	4878	59.9 %	8148

4.8 REGULATORY FRAMEWORK

MINIMUM STANDARDS FOR THE TRAINING OF ORTHOPAEDIC TECHNICAL ASSISTANTS

The Board resolved that the Orthopaedic Footwear Technician (OB register) be phased out; and the Minimum Standards for the Training of Orthopaedic Technical Assistants document be approved.

REGULATIONS RELATING TO THE SCOPE OF THE PROFESSION OF ORTHOPAEDIC FOOTWEAR TECHNICIANS

Regulations relating to the scope of the profession of Orthopaedic Footwear Technicians were promulgated into law in August 2024.

REGULATIONS RELATING TO QUALIFICATION FOR REGISTRATION OF ORTHOTIC AND PROSTHETIC TECHNICIANS

Regulations relating to qualification for registration of Orthotic and Prosthetic Technicians were promulgated into law in August 2024.

INTERNSHIP MANUAL FOR MEDICAL ORTHOTICS & PROSTHETICS F160S

The OSIN manual was reviewed to incorporate a clause around interns that re-apply to complete their internship after the two years had expired. Mrs Deist and the Secretariat was tasked to review the psychology internship guidelines to determine the best possible proviso to include into the OSIN manual. The internship guidelines were changed to indicate that the MOP interns that did not complete their internship would no longer be required submit the 60 case studies. However, instead the ETR Committee would appoint a supervisor to supervise the returning intern for the intern to complete a supervised period of twelve (12) months before registering in independent practice.

GUIDELINES FOR REGISTRATION OF FOREIGN QUALIFIED MEDICAL ORTHOTISTS AND PROSTHETISTS - FORM 176

It was acknowledged that the MOP foreign qualified practitioners would be required to work under supervision for twelve months after writing the Board examination. Form 176 OS was approved.

WORKING GROUP FOR STANDARDS OF PRACTICE FOR ARTS THERAPY

It was brought to the attention of the ETR Committee that the standards of practice documents were used in daily practice for all professions. The Arts Therapist standards of practice document had not been adequately written to articulate the four different modalities that the Arts Therapists represent. The working group subsequently met and drafted the standards of practice document for Arts Therapist. The standards of practice document for Arts Therapist was approved and submitted to the Board for ratification.

REGULATIONS RELATING TO REGISTRATIONS OF ORIENTATION AND MOBILITY PRACTITIONERS

The Board noted the final promulgation of the regulations that establish the register for Orientation and Mobility practitioner in December 2024. The Board started with the grandfathering process, and it resolved that the scope regulations be developed.

GUIDELINES IN THE USE OF ARTIFICIAL INTELLIGENCE (AI) IN TRAINING AND PRACTICE

The guidelines on the use of artificial intelligence (AI) in training and practice OT, MOP and AT were to provide guidance for the adoption and use of new technology in the three professions in South Africa. These guidelines aimed to ensure that technology was integrated effectively, ethically, and safely to enhance therapeutic outcomes, uphold professional standards, and protect the rights and privacy of clients. It was important to note that when adopting new technology, the practitioner must ensure that the use of the technology falls within the scope of practice of the profession. The integration of new technologies in the practice presents significant opportunities to enhance therapeutic outcomes, improve accessibility, and support administrative efficiency. However, it was essential to approach this integration with caution, considering ethical implications, data privacy, and the need for ongoing monitoring and adaptation.

The Board approved and implemented these guidelines.

GUIDELINES FOR THE ADOPTION OF NEW TECHNOLOGY IN SOUTH AFRICA

The Board approved and implemented these guidelines.

REGULATIONS RELATING TO THE SCOPES OF THE PROFESSIONS IN MEDICAL ORTHOTICS AND PROSTHETICS

The Regulations defining the Scope of the Profession of Medical Orthotics and Prosthetics were promulgated into law in March 2025.

4.9 CONCLUSION

Over the past year, the Board has made meaningful progress through key achievements, including strengthening stakeholder engagement, reviewing and updating regulatory documents, training evaluators and examiners, facilitating the promulgation of the scope of practice in MOP, developing guideline documents for the use of AI, the promulgation of the law allowing Orientation and Mobility practitioners to register with the OCP board and concluding the research project to enhance our regulatory framework for education and training. These milestones reflect our ongoing commitment to collaboration, effective governance, and professional growth. I sincerely thank the Professional Board and the secretariat for their dedication, resilience, and commitment to ensuring that the Board meets its performance targets. As we look ahead to the final few months of the current Board, we remain focused on building strong partnerships, improving communication, ensuring compliance with CPD requirements, and successfully completing the projects we have initiated. I am confident that the Board will continue to serve as an effective, efficient, and responsive body, upholding our mandate to protect the public while supporting and advancing the professions under our care.





**PROFESSIONAL BOARD
FOR ENVIRONMENTAL
HEALTH PRACTITIONERS**

1. OVERVIEW

To achieve its strategic objectives set for the financial year 2024/25, the Professional Board for Environmental Health Practitioners had eleven (11) meetings plus six (6) stakeholder engagements.

2. STRATEGIC INTENT OF THE BOARD

VISION

– The Vision of the BOARD is: -

“A Health Regulator that promotes equitable, all-inclusive, preventative, and quality environmental health services for all.”

MISSION STATEMENT

The Environmental Health Board protects the interests of the public and guides the profession through:

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

STRATEGIC OBJECTIVES

- 1.1 Reduced number of EH Practitioners working without the appropriate Registrations by 2025.
- 1.2 Categorized all registered EHP's across the country by 2025.
- 1.3 Ensure quality education and training of EH vocations by 2025.
- 1.4 Ensured quality processing of CPD applications within the set timeframes annually.
- 1.5 Evaluated CPD programme impact every second year.
- 1.6 Reviewed PBEHP regulations for alignment and enablement of a regulated EHP by Q4 of FY2023/2024.
- 1.7 Implemented stakeholder engagement strategy initiatives annually.
- 1.8 Reform the professional conduct processes by Q4 OF FY2024/2025 .

3. GOVERNANCE

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



Mr Joseph Shikwambane
CHAIRPERSON: PROFESSIONAL BOARD FOR
ENVIRONMENTAL HEALTH PRACTITIONERS

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: - 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 profession; - Direct the registrar or the acting registrar to, on the established policies of the Professional Board may, remove from the register the name of any person.
Education, Training and Registration Committee	Committee be 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, finalize and report to the Board on all 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 authorized 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 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 Deal with and finalise all matters relating to preliminary inquiries regarding complaints in terms of section 41(2); 5.2 Determine accounts in terms of section 53 and fines in terms of section 42(8) of Act 56 of 1974; 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 ACTIVITIES

The following meetings and activities of the Professional Board were conducted and facilitated during the period 1 April 2024 - 31 March 2025:

- Board Training – 100% of Board Members attended the Being A Director (governance) course offered by the Institute of Directors South Africa, to enable them to execute their roles effectively. Two workshops on Regulatory training were held to ensure efficient performance of the Committee of Preliminary Inquiries.
- Meetings – under this period of reporting, the Board and its structures had a total of eleven (11) successful meetings at which 100% of the agenda was completed, six (6) of which were engagements with relevant stakeholders.
- The Board had its annual review of the strategic plan and approved the 2024/25 Annual Performance Plan (APP) together with the related Risk Register and the Risk Treatment Plan. Progress reports on the implementation of both the APP and Risk Treatment Plan were tabled and approved at all Board meetings.

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. During the period, the Board developed, reviewed, finalized and implemented the following:

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:

Seventeen (17) Board examinations towards registration and restoration were conducted, and all candidates passed the examination.

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

4.2 REGISTRATIONS

In March 2025 registered EH practitioners were 6425 which is an increase from 6339 in March 2024 – a 4% increase. The efforts of the Board 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-eight (48) CPD applications were approved for the period 2024- 2025. 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 sitting at 55% which was an increase from the 25% compliance rate from the previous financial year. 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

The Board's Committee on Preliminary Inquiries held three (3) meetings, and six (6) matters served before the Committee and were all finalized in the financial year 2024/2025, achieving a 100% case clearance rate. Only one (1) matter served at Professional Conduct and finalized during the period under review.

4.5 RISK MANAGEMENT

Following the approval of the 2024/25 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 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 these stakeholders primarily for the duration of the term of the Board and then 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 evaluation for approval of the professional degree programme, ethical conduct of students, work integrated learning and general statutory requirements took place in April 2024.

Annual engagements with Municipalities and practitioners took place as planned through a hybrid meeting (virtual and physical) in North West, with Bojanala District Municipality on 27 August 2024 and with Practitioners on 28 August 2024 of which SALGA and NDOH were part of the engagement.

Exhibition and engagement with practitioners at the 13th World Environmental Health Day 2024 Conference organised by the National Department of Health on the 25 & 26 September 2024.

The Board presented at the SALGA National Environmental Health Indaba from 12 -13 February 2025. Further made presentations at Mangosuthu University of Technology, Nelson Mandela University and Tshwane University of Technology during their first year students orientation programmes, mainly regarding work integrated learning programmes and other regulatory requirements.

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. Guidelines for writing newsletter article
- b. Guidelines for Supervised Practice
- c. Accreditation criteria
- d. The Board adopted a new Board logo and developed the Board Logo Usage Guidelines
- e. Regulations relating to registration of environmental health assistant
- f. Regulations relating to the constitution of the Professional Board for Environmental Health Practitioners – Promulgated
- g. Regulations relating to the qualifications for the registration of environmental health practitioners – Submitted for promulgation
- h. Regulations relating to performance of community service by environmental practitioners submitted for promulgation

5. CONCLUSION

- a. 100% of agendas were finalized during all meetings that were scheduled and those unscheduled for the period under review. No meeting was postponed due to quorum issues.
- b. The Board performed well in executing its fiduciary duties and implementing the set strategic objectives.
- c. Developed a tool used by higher education institutions offering Environmental Health programmes for reporting on work integrated learning (WIL). The Board further requested institutions to make electronic submission of WIL reports.
- d. Newsletter published on 28 February 2025.
- e. Successful stakeholder engagement with Head of Institutions, Bojanala District Municipality in North West province, SALGA, NDoH and practitioners in North West.
- f. Letters sent to employers to Raise Awareness about non-registered practitioners.
- g. Media release on alleged scope encroachment.
- h. Scope encroachment cases referred to Inspectorate office for investigation and reports to update the Board served at all Board meetings in 2024/25.

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

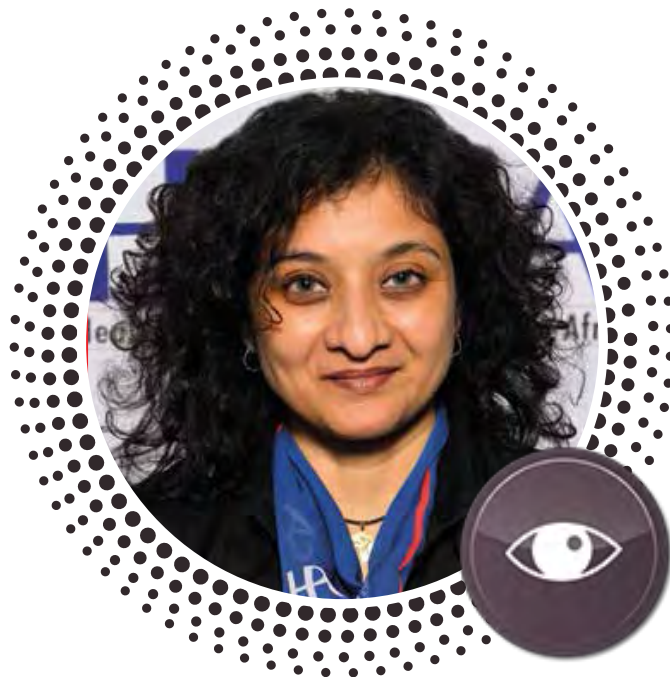
2. STRATEGIC INTENT OF THE BOARD

VISION

the vision of the 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:



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

- 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 FY2025/26.
- 1.2 Conduct evaluation on ODO education programmes and clinical training sites for each institution once in the 5-year cycle.
- 2.1 Implement Online Board Examination system by 2025.
- 3.1 Investigate specialties in the Optometry profession by FY2025/2026.
- 3.2 Develop minimum standards of education and training for the specialties by FY 2025/2026.
- 4.1 Review Regulation Framework (Clinical Guidelines, Regulations and Rules, non-clinical guidelines) by 2024/2025.
- 5.3 Reform the Professional Conduct Processes by Q4 of FY2025/2026.
- 6.1 Implemented stakeholder engagement strategy (Stakeholder Engagements) annually.

3. GOVERNANCE

- 3.1 Meetings: The Board and its Committees had 12 successful meetings (which included special meetings) plus 27 meetings of Task Teams and Working Groups (a total of 39 meetings) during the period.
- 3.2 Members attended two Regulatory training workshops arranged by Professional Conduct unit.
- 3.3 100% of members of the Board attended the governance workshop (Being a Director – at different levels) offered by the Institute of Directors South Africa.
- 3.4 Committees of the Board – The PBODO has four standing Committees and one ad hoc Committee (Prelim 2)

NAME OF COMMITTEE	MANDATE
1. Executive Committee	Committee be mandated within the current policy parameters as determined by the Board to: 1.1 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; 1.2 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; 1.3 To ensure sound and regular communication with all relevant stakeholders relating to all matters pertaining to the profession; 1.4 Direct the Registrar or the acting registrar to, on the established policies of the Professional Board, remove from the register the name of any person
2. Education, Training and Registration Committee	Committee be mandated within the current policy parameters as determined by the Board to:- 2.1 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; 2.2 Deal with all matters relating to continuing professional development including consideration of applications for accreditation; 2.3 Consider, finalize and report to the Board on all non-compliant applications for registration and applications for registration received from foreign qualified practitioners; 2.4 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 assessments and conduct re-evaluations and site-visits on a regular basis; 2.5 Conduct evaluations of education and training programmes submitted to the Board for approval purposes; 2.6 To consider applications from any educational institution wishing to offer education and training that falls within the ambit of the Board; 2.7 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; 2.8 Deal with and finalize all applications for restoration or registration requiring Board examinations; 2.9 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 the Council, education and training institutions accredited by the Board, stakeholders and other Professional Boards in order to perform its duties.
3. Professional Practice Committee	Committee is established to exercise oversight on processes that ensure a uniform system of continuing professional development and continuing assessment of all health care practitioners registered with the Board. The Committee is mandated within the current policy parameters as determined by the Board to: 3.1 Consider and finalise any matters affecting the health care 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; 3.2 Consider and finalise any matter affecting the health care professionals registered under this Act as referred by relevant organs of State and any other stakeholders; 3.3 To promote and regulate interprofessional liaison between health care professionals in the interest of the public; 3.4 Advise the Board on 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; 3.5 Advise the Board on the establishment of appropriate guidelines of professional practice, ethical conduct and behaviour and the maintenance of high standards of professional practice amongst health care practitioners under the ambit of the PPC;

4, Committee of Preliminary Inquiries	The Committee exercises oversight on processes regarding professional and preliminary conduct inquiries against any health care practitioners registered under the Health Professions Act. Committee is mandated within the current policy parameters as determined by the Board to:- 4.1 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; 4.2 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; 4.3 Formulate recommendations to the Board with regard to the amendment of the ethical rules and guidelines relating to the ethical conduct of practitioners; 4.4 Advise the Professional Board on trends relating to the conduct of practitioners and the nature of offenses.
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4. REPORT ON ANNUAL PERFORMANCE

4.1. EDUCATION AND TRAINING

- Evaluations

The Board successfully conducted an evaluation for approval of education and training programme at the below institution:

NAME OF INSTITUTION	PROGRAMME	DATE OF EVALUATION
1. University of Limpopo	Optometry	3 - 6 March 2025

EXAMINATIONS

TOTAL NUMBER OF EXAM CANDIDATES	# PASSED ALL COMPONENTS	# UNSUCCESSFUL	FOREIGN QUALIFIED PRACTITIONER
8	5	3	

- The Board conducted four (4) Board examination sessions, with a total number of eight (8) examination candidates.
- Five (5) candidates passed all their components while three (3) candidates were not successful in all components.

CPD compliance rate was at 63% at the end of the financial year under review.

4.2. PROFESSIONAL CONDUCT

ANNUAL REPORTING STATISTICS FY 2024/2025 - PRELIM STATISTICS

Summary: 4 meetings were budgeted for, scheduled, and held. Thirty (32) matters served before the committee and 7 were referred to Inquiry.

	Total Matters Considered	7	3	10	12	32
REFERRED	Health Comm					
	Business Practice Comm					
	Other Committees					
DEFERRED	Ombudsman					
	Practitioner Specialty	1				1
	Time Constraints					
	Further Information	1	1		2	4
	Section 41A Investigation					
	Inspectorate					
	Notice to appear 4(3)			3		3
	Consultations Sec 42(1)	1	1	2	2	6
CONTEMPT OF COUNCIL	Reg 4(5)					
	Reg 4(4)				2	2
Finalised by Prelim	Closed \withdrawn					
	Guilty Fine 4(9) D		1	2	3	6
	Referred for Inquiry Reg 4(8)	1	1	3	2	7
	Caution/Reprimand 4(9) A	1	1			2
	Explanation accepted 4(7)	2			1	3
	Number of Meetings	1	1	1	1	4
	PRELIM MEETINGS FY 2024/25	ODO 23/5/24	ODO 31/7/24	ODO 10/12/24	ODO 28/3/2025	TOTALS

CASE CLEARANCE RATE PER QUARTER

QUARTER 1
57%
QUARTER 2
66%
QUARTER 3
50%
QUARTER 4
50%

4.3. RISK MANAGEMENT

From the 23 risk register action plans, the Board completed/achieved 16 action plans, 3 were not due, 1 was discontinued and 3 were ongoing.

4.4. FINANCIAL MANAGEMENT

The finances of the Board within the financial year 2024/25 reporting period were well managed, good revenue raised and the Board had a surplus for which the Board applied for a roll-over to use on other projects. Financial statements are tabled at Board meetings for regular reporting and monitoring and also sent to members in between meetings to keep the Board abreast of its financial status. Professional Conduct Inquiries ran over-budget due to increased number of cases compared to previous years, virements were required.

4.5. STAKEHOLDER MANAGEMENT

One of Council's strategic goals is improved relationships between Council and all relevant stakeholders by the end of the term. The Board resolved that 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 education and training institutions, professional associations, Non-Government Organisations (NGO's), Provincial Departments of Health, etc.
- Held an annual meeting between the EXCO of the Board and Heads of Department of institutions. ETRC was part of the meeting.
- EXCO held a stakeholder engagement meeting with public sector optometrists.
- Successfully conducted two practitioner roadshows (one virtual and one physical) on 14 October 2024 and 19 March 2025 respectively, with a total of 393 and 46 practitioners joining the roadshows respectively.

4.6. POLICY AND GOVERNANCE FRAMEWORK REVIEW

(Scope of practice, additional qualifications rules, regulations and Guidelines)
Progress is highlighted under achievements below.

CHALLENGES

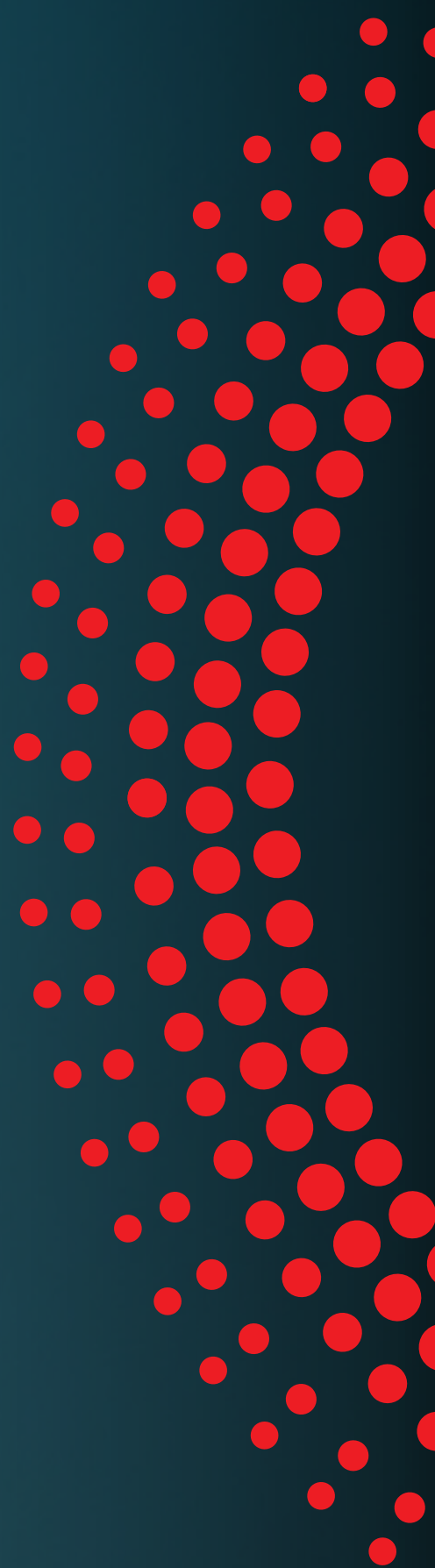
1. Non-adherence to deadlines and slow responses to emails from Board members on certain tasks.
2. Capacity within the Organisation has been an ongoing challenge affecting Board activities.
3. Increase in Professional Conduct Inquiries resulted in budget constraints.

5. CONCLUSION

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 was excellent and no meeting was postponed due to quorum challenges.
3. Published Optisight newsletter in November 2024.
4. Compiled the Board Annual Performance Plan (APP) for 2024/25 and the draft APP for 2025/26. Progress report on the implementation tabled at Board meetings.
5. The following regulations were reviewed/finalised and published in the Government Gazette in March 2025.
 - Regulations relating to the registration of optometry or dispensing optician students.
6. The amendment to the following rules was promulgated in October 2024:
 - 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 – awaiting promulgation by the Minister.
 - Regulations relating to qualifications for registration of optometrists (amendment to include the National Board examination) – awaiting promulgation.
8. The Board reviewed and finalized the following guidelines:
 - Guidelines for Board examinations
 - Supervised Practice guidelines
 - Vision Screening guidelines
9. The following guidelines were reviewed during the reporting period, and will be approved in the next financial year:
 - Guidelines for appointment of external examiners
 - Guidelines on appointment of lecturers at universities
 - Guidelines for Evaluation and Recognition of programmes
 - Guidelines for evaluation and accreditation of clinical training facilities
 - Guidelines for Restoration-Registration
10. The Board developed the following guidelines:
 - Guidelines on Myopia Management – approved by Board in September 2024.
 - Guidelines on the use of AI – awaiting approval in the next financial year.
11. Verified 203 final year student portfolios of evidence from the five (5) institutions approved to offer programmes in optometry and dispensing opticianry.
12. The Board participated in the South African Optometric Association's Centenary Congress held from 19 – 21 July 2024. The Board Chairperson was one of the speakers/presenters and the HPCSA was afforded an exhibition space which was occupied by Board Secretariat and the Corporate Affairs Division.







**PROFESSIONAL BOARD
FOR PHYSIOTHERAPY,
PODIATRY AND BIOKINETICS**

1. OVERVIEW

The Professional Board for Physiotherapy Podiatry and Biokinetics, at the end of the financial year 2024/25 composed of fourteen (14) appointed by the Minister of Health in terms of Section 15 of the Health Professions Act 56 of 1974. The Board has achieved most of its set strategic objectives for the financial year 2024/25 within budget. Active participation by members was on the increase to realize successful finalization of fourteen (14) meetings in total for the Board and its structures.

2. STRATEGIC INTENT OF THE BOARD

VISION

- "A recognized regulator that promotes quality and equitable healthcare in Physiotherapy, Podiatry and Biokinetics services."

MISSION STATEMENT

The provision of Physiotherapy, Podiatry and Biokinetics health care 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 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.

STRATEGIC OBJECTIVES

- 1.3 Improve CPD compliance levels by end of Q4 FY2024/2025
- 2.1 Implemented Stakeholder Engagement Strategy Initiatives Annually
- 3.3 Develop and Review Rules for PPB professions by Q4 of FY2024/2025
- 4.1 Increased number of resolved cases at Prelim Committee level by Q4 in FY2024/2025
- 6.1 Improved efficiency in Core Operations Activities by Q4 in FY2024/2025



Dr Desmond Mathye (President of Council)
CHAIRPERSON: PROFESSIONAL BOARD FOR
PHYSIOTHERAPY, PODIATRY & BIKINETICS

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.

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
- Committee of Preliminary Inquiry
- Biokinetics Internship Committee

The following meetings and activities of the Professional Board were conducted and facilitated during the period 1 April 2024 - 31 March 2025:

BOARD ACTIVITIES	NUMBER OF ACTIVITIES
Professional Board meetings	4
Board Strategic plan sessions	1
Board Roadshows	1
Executive Committee meetings	1
Education, Training and Registration Committee meetings	4
Professional Practice Committee	2
Biokinetics Internship Committee	3
Stakeholders' engagement	4
Student – Staff Ration Task Team	1
Examination remuneration guidelines Task Team	1
Prescription rights for Podiatrist Task Team	3
Application for approval of a new programme (IIE's) Task Team	1
Task Team for FQP (proposed new Application)	1
TOTAL	27

Committees of the Board

NAME OF COMMITTEE	MANDATE
Biokinetics Internship Committee	The 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 & Registration Committee	• 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, finalize 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 finalize 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 may have, remove from the register the name of any person.
Professional Practice Committee	Committee is established to exercise oversight on processes that ensure a uniform system of continuing professional development and continuing assessment of all health care practitioners registered with the Council. The Committee further exercises oversight on processes regarding professional and preliminary 5conduct inquiries against any health care practitioners registered under the Health Professions Act. The Committee is mandated within the current policy parameters as determined by the Board to: a. Consider and finalise any matters affecting the health care 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 health care professionals registered under this Act as referred by relevant organs of State and any other stakeholders; c. To promote and regulate interprofessional liaison between health care 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 health care practitioners under the ambit of the PPC;

4. REPORT ON ANNUAL PERFORMANCE

4.1. EDUCATION AND TRAINING - EVALUATIONS

The four institutions that were re-evaluation in 2024/2025:

Institution	Programme	Date of evaluations	Evaluation Costs recovered
University of Zululand	Biokinetics	11 – 13 March 2025	Paid
University of Western Cape (UWC)	Physiotherapy	25-27 March 2025	Paid
University of Pretoria (UP)	Biokinetics	4 - 6 March 2025	Paid
University of the Free State (UFS)	Physiotherapy	17-19 March 2025	Paid

BOARD EXAMINATIONS – 2024-2025

CATEGORY	DATE	TOTAL CANDIDATES	PASSED	FAILED
Physiotherapy Theory Board Examination	25 April 2024	2	2	0
Physiotherapy Theory Board Examination	20 September 2024	1	1	0
Physiotherapy Practical Board Examination	31 May 2024	2	1	1
Physiotherapy Practical Board Examination	26 October 2024	1	0	1
TOTAL NUMBER OF PPB BOARD EXAMINATIONS FACILITATED		6	4	2

4.2. REGISTRATIONS

Twelfth (12) applications for the change of category to independent practice were approved for the period April 2024 – March 2025. 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 Independent Practice.

4.3. PROFESSIONAL PRACTICE (CPD)

CPD compliance report from Professional Practice division was tabled at Board meetings in the reporting period 2024 – 2025 financial year 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 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.

For the 2023/2024 financial year this committee considered 76 matters and finalised 34 matters.

Quarter to Quarter Case Clearance Rate:

QUARTER 1
29% - target not achieved
QUARTER 2
43% - target not achieved
QUARTER 3
60% - target achieved
QUARTER 4
42% - target not achieved

Fines Imposed by the Prelim Committee per Quarter FY 2023/2024

QUARTER 1
R70 000.00
QUARTER 2
R57 000.00
QUARTER 3
R177 000.00
QUARTER 4
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.

Total Matters Considered	14	23	20	19	76
Health Comm					
Business Practice Comm					
Other Committees					
Ombudsman					
Practitioner Specialty					
Time Constraints		10			10
Further Information	6		5	7	18
Section 41A Investigation					
Inspectorate					
Notice to appear 4(3)	2		1	3	6
Consultations Sec 42(1)	2	1	2		5
Reg 4(5)		1			1
Reg 4(4)		1		1	2
Closed \withdrawn				1	1
Guilty Fine 4(9) D	2	4	6	1	13
Referred for Inquiry Reg 4(8)	1	3	1	4	9
Caution/Reprimand 4(9) A		2			2
Explanation accepted 4(7)	1	1	5	2	9
Number of Meetings	1	1	1	1	4
Annual Stats FY 23/24	PPB 10/5/23	PPB 10/8/23	PPB 1/11/23	PPB 7/2/24	TOTALS

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. In August, 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.

- A. Practitioner Roadshow
In fulfilling the Board's strategic objective of stakeholder engagement, a virtual roadshow for practitioners was held on 8 October 2024.
- B. Annual engagement with higher education institutions offering programmes in physiotherapy, podiatry & biokinetics, professional associations/societies, all other stakeholders from different sectors, was successfully held on 16 August 2023.

5. CONCLUSION

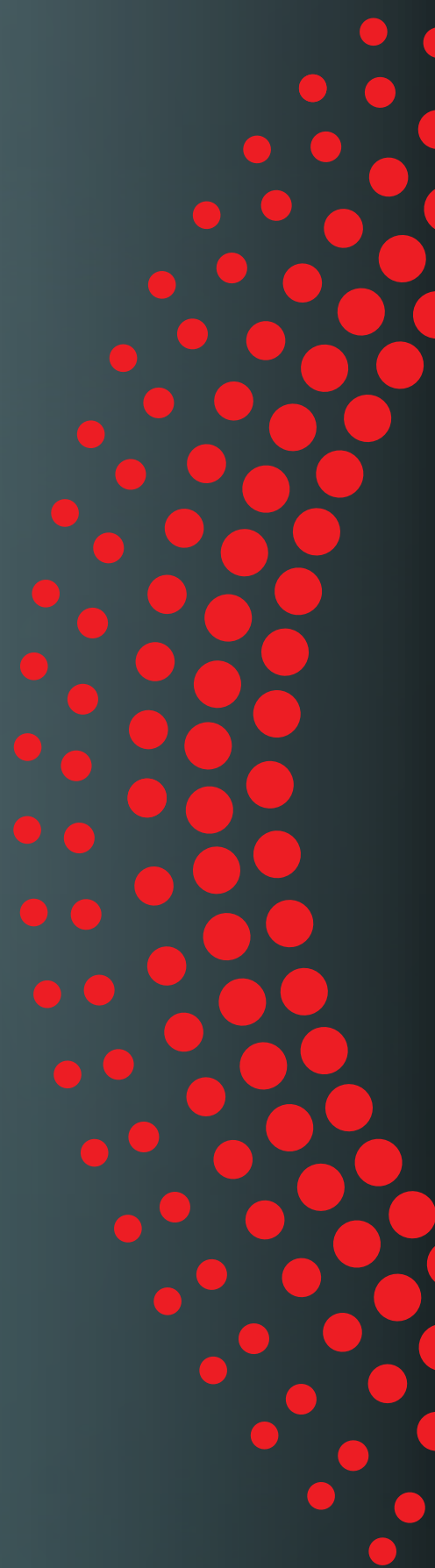
ACHIEVEMENTS:

- a. Guidelines for Evaluation and Accreditation of institution for Physiotherapy, Podiatry and Biokinetics – Completed
- b. Standard Operating Procedure (SOP) for Biokinetics Internship reviewed, amended and approved.
- c. Improved participation of Members in meetings and other activities of the Board.
- d. 100% of agendas for the period under review were finalized during all meetings that were scheduled and unscheduled.
- e. Successful stakeholder engagement with Head of Institutions
- f. Improved communication and interactions with strategic partners/stakeholders/practitioners.
- g. Minimum Standards of Training for three professions under the ambit of the Board were updated, finalized and approved in 2024.
- h. Updated restoration guidelines were approved in 2024.
- i. Foreign qualified application form was reviewed and finalised.
- j. Student staff ration guideline was reviewed and finalised
- k. The Board has had appointed one vacancy of a Physiotherapist since its inauguration in 2020 and finally in February 2024, the vacancy was filled by the Minister of Health.
- l. Council approved the Rules relating to regulation relating to registration for Biokinetics
- m. E-bulletin was completed in 2024
- n. Scope document for Physiotherapy Technicians (PTT) was finalised in 2024.
- o. Approved the Draft rules incorporating sexual misconduct to serve at the next Council.

CHALLENGES:

- 1. Non-adherence to deadlines and some of the tasks taking longer than anticipated to be completed.
- 2. Capacity issues within Board Secretariat.
- 3. The Executive not sufficiently supporting the Board by attending its meetings.
- 4. No newsletter was completed.





**PROFESSIONAL BOARD
FOR PSYCHOLOGY**

1. OVERVIEW AND CONSTITUTION

The Professional Board for Psychology was constituted of twenty (20) members appointed by the Minister of Health in terms of Section 15 of the Health Professions Act 1974, (Act 56 of 1974).

2. STRATEGIC INTENT OF THE BOARD

VISION STATEMENT

To regulate and advocate for responsive, relevant, and equitable psychological health care and wellbeing for all.

MISSION STATEMENT

The Professional Board for Psychology Board will strive to enable regulations that protect the public, guide and uphold the integrity of the profession via-

- 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 health care services and wellbeing for all.

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
- Professional Practice Committee
- Committee of Preliminary Inquiry
- Working Group on the Proposed Training Framework
- Task Team on the Developmental Pathways



Prof. Justin Oswin August

CHAIRPERSON: PROFESSIONAL BOARD FOR PSYCHOLOGY

STRATEGIC GOALS

The main strategic goals of the Professional Board for Psychology include the following:

1. A digitally enabled Professional Board.
2. Improved relationships between Board and Stakeholders by the end of the term in 2025.
3. Approved number of guidelines and regulations by 2025.
4. Efficiently directed Professional Board programmes within available funds.

The following meetings and activities of the Professional Board were conducted and facilitated during the period 1 April 2024 - 31 March 2025:

BOARD ACTIVITIES	NUMBER OF ACTIVITIES
Professional Board meetings	3
Executive Committee meetings	4
Education, Training and Registration Committee meetings	5
Accreditation and Quality Assurance Committee meetings	3
Professional Practice Committee	4
Committee for Preliminary Inquiry meetings	4
Working Group on the Proposed Training Framework	5
Task Team on the Developmental Pathways	2
Review of Regulations relating to registration of Registered Counsellors	2
Regulatory/Governance Trainings	2
National Board Examinations	3
Roadshows	1
Stakeholder Engagements	11
Total of activities	49

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 period, the Board considered the following:

PROPOSED TRAINING FRAMEWORK FOR PROFESSIONAL PSYCHOLOGY

In 2019, The Professional Board of Psychology (PBP) began to discuss a new training framework for the first time. After these initial steps, several possibilities were mooted, amongst others a generalist category, with further training leading to specialisation. Over a series of meetings, the ETRC Committee eventually crafted two professional pathways aligned with the requirements of the Higher Education Qualifications Sub framework (HEQSF). These pathways were discussed with practitioners and stakeholders during provincial roadshows.

In 2024, the present Board mandated the current task-team consisting to consider feedback from practitioners that had been received from provincial roadshows and to propose a change management plan and framework that could guide the training framework changes going forward. A revised training framework presents a chance to not only significantly increase the number of psychological professionals trained, but to also confront and dismantle the enduring colonial legacies embedded within the curriculum. This moment calls for bold innovation: to craft a psychology and training framework that is deeply attuned to the realities, cultures, and histories of South African and broader African communities and contexts.

By revisioning current models of education, training, registration, and service provision in South Africa, we can democratise access to psychological training to ensure that the profession truly reflects the population it serves. Through this transformation, we can also cultivate a new generation of psychological professionals that are equipped to address the mental health challenges of our country and its humanity, and committed to social justice. Working Group presented the report as follows:

- **Change Management Plan:** The Working Group presented the change management plan for the training framework, emphasising the importance of stakeholder engagement and the need for a change consultant.
- **Stakeholder Mapping:** Detailed stakeholder mapping process was presented, categorizing stakeholders based on their level of involvement

and priority. Highlighting the importance of engaging critical stakeholders and developing relationships with change champions to support the board's objectives

- SCARF Model: The SCARF model for change management, focusing on status, certainty, autonomy, relatedness, and fairness. Emphasizing the need to address perceived threats and promote collaboration with stakeholders to ensure successful implementation of the training framework.
- Immediate Actions: Immediate actions for relationship building and promoting certainty, including communication with critical stakeholders, developing clear guidelines, and providing a compelling business case for change. The importance of frequent updates and collaboration with regulatory bodies is essential.

To take the process further, the Board resolved to appoint an external consultant to manage the communication and change management process for the training framework.

GUIDELINES ON EVALUATION OF INSTITUTIONS OF HIGHER LEARNING

The Accreditation and Quality Assurance Committee resolved the Self Evaluation Reports (SER) should be reviewed to ensure that they were aligned to the approved set criteria. The Board in April 2024 resolved that the guidelines be approved.

REVIEW OF MINIMUM STANDARDS FOR THE TRAINING OF PSYCHOLOGISTS, REGISTERED COUNSELLORS AND PSYCHOMETRISTS

The Education, Training and Registration Committee in May 2024 noted that the Minimum Standards for the Training of Educational, Counselling, Clinical, Industrial Psychologists, Psychometrists and Registered Counsellors were due for a review. The Committee further noted that the Forensic Psychology Task Team recommended that the minimum standards be revised to reflect generic skills for forensic psychology. The Board in November 2024 approved and implemented the revised Minimum Standards for the Training of Educational, Counselling, Clinical, Industrial Psychologists, Psychometrists and Registered Counsellors.

EXAMINATION POLICY FOR PSYCHOLOGISTS, REGISTERED COUNSELLORS AND PSYCHOMETRISTS (FORM 255)

The Education, Training and Registration Committee in September 2024 resolved that Section 4.1 c) of the examinations policy be amended to reflect "absenteeism from the exam will result in forfeiting of the examination fee, unless in exceptional cases (the fee is levied to recover administrative costs)".

REGULATIONS RELATING TO THE REGISTRATION OF REGISTERED COUNSELLORS

The Regulations Relating to the Registration of Registered Counsellors were submitted for review. A name change was recommended for the category, and the proposed name was Psychological Counsellor and that, engagements should be held with relevant stakeholders to obtain their input on the proposed name change.

The Board in November 2024 approved the regulations and they be forwarded to Council for further approval and submission to the Minister for promulgation. Council approved the regulations, they are waiting promulgation by the Minister.

DEVELOPMENTAL PATHWAY FOR PSYCHOLOGY CATEGORIES

The Developmental Pathway Programme has been established to provide registered psychological professionals with a structured opportunity to enhance their psychological knowledge and practice. This initiative responds to the challenges of limited access to training and the increasing need for practitioners to expand their skill sets. Currently, there are no structured professional development pathways for registered psychological professionals in South Africa beyond CPD or Short Learning Programmes. This creates a significant barrier for professionals who wish to advance their practice and transition into another category based on their passion, expertise, qualifications, and professional growth. Existing options are either impractical for working professionals or financially unfeasible. International programmes require Board accreditation for equivalency, and the expectation that professionals must leave their jobs to further develop their skill sets is unrealistic.

In contrast, other medical sciences allow for career development and training while working. The Developmental Pathway Programme is not a 'free-for-all'; it upholds strict quality assurance measures to maintain high standards of practice. This initiative builds on a similar process introduced in 2023 for transverse registration, and the same rigorous criteria will apply. The programme is specifically designed for practitioners already registered within the psychologist categories, and there will be no automatic entry—only those who meet the requirements will qualify.

The Board is currently engaging stakeholders to solicit input from the profession and other relevant stakeholders on the Developmental Pathway Programme.

REGULATIONS RELATING TO THE CONTROL AND USE OF PSYCHOLOGICAL TESTS

The Board resolved that the draft regulations be approved and send to Legal Advisor: Legislative Drafting together with SEIAS form motivating the need and purpose of regulations. The draft regulations be also sent to Council for approval and onward submission to the Minister for promulgation.

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 via the system of evaluation and accreditation of education and training against a set of criteria and guidelines. The Board continuously monitors provision of quality education and training of professionals under its ambit and would thus provide the necessary support to institutions. Twenty (20) evaluations were conducted during the period.

4.2 EXAMINATIONS

The examinations of the Professional Board for Psychology were conducted in terms of the provisions of Health Professions Act, 1974 (Act No. 56 of 1974). The purpose of the National Board Examinations was to determine the competency of graduates in terms of academic and clinical knowledge, ethical rules of conduct as well as knowledge of relevant legislation and policies in order to be registered with the Council. Foreign qualified practitioners and practitioners applying for restoration to the register after erasure of a period of 2 years, were also required to do the National Board Examination in order to be registered or restored to the register. The National Board Examinations were conducted between June 2024 and February 2025, and a total of 1003 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 standardized 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

Health practitioners were required to attain CPD compliance and maintain a minimum Continuing Education Units (CEUs) per year. For every CPD recognised/approved CPD activity, the CEUs are granted, inclusive of those of professional content, ethics, human rights and medical law. Each CEU is currently valid for 12 months from the date on which the activity took place. This means that health practitioner should aim to accumulate a balance of CEUs by the end of each year of practice, and thereafter top-up on an ongoing basis. New rules were promulgated on 13 December 2024, CPD points were no longer doubled, practitioners were required to have obtained 30 CEU in a financial year.

In calculating the overall compliance rate of the Board, total number of health practitioners per category was divided by the actual number of health practitioners compliant at a time of report (e.g., 15 (compliant)/100 (Total) =15% compliance rate). The Board’s compliance rate was as follows:

Register	No		Yes		Total (Count)
	Count	Compliance %	Count	Compliance %	
PM	7	100,0%	0	0,0%	7
PMT	1343	62,8%	792	37,1%	2135
PRC	1675	61,9%	1029	38,1%	2704
PS	4900	50,8%	4741	49,2%	9641
Total	7925	54.7 %	6562	45.3 %	14487

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. The Board in November 2024 approved the revised list of psychological assessment, the list is waiting publication.

5.4 PROFESSIONAL CONDUCT

In terms of the mandate of the Committee of Preliminary Inquiry, the Committee 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, Act 56 of 1974 and to report thereon to the Professional Board. The Committee conducted four meetings in 2024/2025 and 116 compaints were dealt with during the period.

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. The following engagements were held:

1.

A roadshow on the proposed training framework for professional psychology was held on 24 April 2024 at the Radisson Hotel & Convention Centre Johannesburg, Or Tambo. 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 roadshow was attended by eleven (11) representatives from various Associations.
2.

A meeting was held with the Society for Educational Psychology of South Africa (SEPSA). The meeting was attended by the Registrar/CEO, Board Chair and Vice-Chair and the DCS on 30 May 2024. SEPSA requested assistance from the Registrar to help resolve the issue of certain medical aids who stopped reimbursing Educational Psychologists (Polmed, Keyhealth, Profmed, Medihelp, Camaf and GEMS).
3.

A Tshwane District Mental Health Services Webinar was held on 17 July 2024. The purpose of the webinar was to collaborate and network with other role players in the field of psychology within the province, as a way of improving service delivery in different contexts. The webinar was attended by the Chairperson of the Committee of Preliminary Inquiry, Prof MB Ngcobo-Sithole.
4.

International Test Commission (ITC) Conference on 2-5 July 2024 in Spain. The proposed regulation on the use and control psychological assessments were presented to solicit input and comments from international stakeholders.

5. SIOPSA conference on 17-19 July 2024 in Johannesburg. The Chairperson did a keynote address and a Board member participated in a panel discussion.
6. ICP Conference on 21-26 July 2024 in Prague. A round table discussion was held on the training framework for professional psychology.
7. Board representatives attend the PsySSA conference and held a round table discussion on progresses made by the Board in the past 30 years. Secretariat manned an exhibition table.
8. The Education, Training and Registration Committee held its annual stakeholder meeting with universities, internship sites and professional associations on 31 October 2024. Meeting was to discuss matters related to education, training and professional development.
9. Mental health month was commemorated in October 2024, the Board had an engagement with a school on mental health awareness.
10. On the 28th of February 2025, the Chairperson and Vice-Chairperson of the Board held a meeting with the National Department of Health (Dr Pillay, Ms Mushwana), seeking clarity on the Developmental Pathway programme.
11. Assessment Standards South Africa (ASSA) consisted of representatives of SIOPSA, PsySSA, and the ATP. ASSA requested an opportunity to engage the Professional Practice Committee as a result of questions they often receive from the community regarding the test classification process and the role of the Psychometrics Committee. The engagement was held on 1 August 2024.
12. A meeting with Council on Higher Education, SAQA and DHET was held on the issue of relinking of internship programmes with academic training. The meeting proposed that a discussion document be jointly developed to clarify: The rationale /motivation for the change; the range of concerns of the Professional Board with supporting data on the low throughput rates showing trends as previously discussed; the proposal for addressing the concerns; options for consideration in addressing the concerns; and the review of programme and qualification records to ensure alignment across all four stakeholders. An internal meeting at the CHE to plan for development of the discussion document would be held to work on the structure of the document.

7. CONCLUSION

The Professional Board for Psychology has made significant progress during the 2024/2025 period in advancing regulatory reforms, strengthening education and training, and enhancing stakeholder engagement. Through the implementation of revised training standards, advancing the developmental pathways programme, and improved governance processes, the Board has upheld its mandate to protect the public and promote the integrity of the profession. Looking ahead, the Board remains committed to driving innovation, inclusivity, and collaboration to ensure psychology continues to play a vital role in advancing mental health and wellbeing across South Africa.



The background is a dark blue gradient. On the left side, there are numerous small, out-of-focus light blue and white specks, resembling a bokeh effect or a starry sky. On the right side, there is a dense, diagonal pattern of red circles of varying sizes, creating a sense of depth and movement.

**PROFESSIONAL BOARD
FOR RADIOGRAPHY AND
CLINICAL TECHNOLOGY**

1. OVERVIEW

The Professional Board for Radiography and Clinical Technology is made up of thirteen (13) members appointed by the Minister of Health in terms of Section 15 of the Health Professions Act 1974, (Act 56 of 1974). The 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 registrable professions. The Professional Board for Radiography and Clinical Technology executes the regulatory role on behalf of the HPCSA in all professions practicing Radiography and Clinical Technology.



Dr Chevon Clark

CHAIRPERSON: PROFESSIONAL BOARD FOR RADIOGRAPHY
AND CLINICAL TECHNOLOGY

2. STRATEGIC INTENT OF THE BOARD

The Board vision and mission closely aligns to that of the HPCSA, yet reflective of the unique nature of the professions of Radiography and Clinical Technology.

VISION

Regulator of ethical, equitable, efficient, and innovative Radiography and Clinical Technology Profession.

MISSION STATEMENT

The Radiography and Clinical Technology Board strives to efficiently, within its mandate:

- Prioritize protection of the public by ensuring ethical standards of practice in the profession.
- Ensure continuous professional development.
- Develop, monitor and ensure compliance with policies and procedures in ensuring protection of all.
- Effectively engage and collaborate with all stakeholders and
- Function in an effective and efficient manner

STRATEGIC OBJECTIVES

The Board developed a 5-year strategic plan and identified the following five (5) strategic goals:

- Effective CPD Programme
- Implement a Quality Assurance guidance program for the professions
- Enhance Ethical Practice
- Improved Practice Guidance Environment for all Professions on the Board
- Improved Relationships Between Professional Board for Radiography and Clinical Technology Professions and all relevant stakeholders by the end of the Term (2025). (Engaged Stakeholders at all Levels).

There is sufficient expertise and the requisite knowledge among the Board members to carry out its business. There is a wide enough range of perspectives in the meeting of the Board to facilitate robust discussions. Board members are comfortable expressing different points of view and challenging proposals. The Board has made notable strides in achieving the strategic objectives that it set for itself.

3. GOVERNANCE

Compliance with applicable laws, regulations, rules, standards is very important to the Board and to Secretariat. The Board is very consistent with compliance.

The Board and secretariat place a strong emphasis on the need for members to continuously develop their knowledge for the benefit of the professions and to uphold the Board's mandate.

In line with fostering a culture of understanding, as well as strengthening knowledge within its structures, members attended regular training to keep up to date with the required skills set.

The PBRCT 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

All scheduled Board meetings were conducted, with good attendance and participation by Board members. To achieve the strategic objectives as referred to above, 18 meetings of the Board and its structures were conducted, 4 ordinary and 1 extraordinary Board meetings, 4 ETRC meetings, 4 Prelim meetings, 4 PPC meetings and 1 APP review meeting.

Board structure	Type of meeting	Date of meeting
Committee of Preliminary Inquiry	Ordinary	08 April 2024
Professional Practice Committee	Ordinary	11 April 2024
Education Training and Registration Committee	Ordinary	7 May 2024
Board	Ordinary	15 May 2024
Professional Practice Committee	Ordinary	04 July 2024
Board	Ordinary	31 July 2024
Education Training and Registration Committee	Ordinary	7 August 2024
Committee of Preliminary Inquiry	Ordinary	14 August 2024
Board	Extra-ordinary	11 September 2024
Board	Ordinary	29 October 2024
Education Training and Registration Committee	Ordinary ETRC	4 November 2024
Committee of Preliminary Inquiry	Ordinary	17 November 2024
Professional Practice Committee	Ordinary PPC	22 November 2024
Committee of Preliminary Inquiry	Ordinary	11 February 2025
Education Training and Registration Committee	Ordinary ETRC	19 February 2025
Board	APP review	25 February 2025
Board	Ordinary	26 February 2025
Professional Practice Committee	Ordinary PPC	11 March 2025

4. REPORT ON ANNUAL PERFORMANCE

4.1. EDUCATION AND TRAINING

4.1.1 Mandate and meetings

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 committee meetings were all run efficiently and efficiently while aligning to the HPCSA Council guidelines for conducting meetings. The meetings were all quorate and all members participated in the meetings with each members making an important contribution to the engagements of the committee.

4.1.2 Evaluations of Higher Education Institutions

The Board, through the Education Training Registration Committee continuously monitored the provision of quality education and training of students registered under the ambit of the Board. Only one (1) Higher Education Institution was conducted, a follow up visit of the Bachelor of Radiography in Diagnostic Radiography at Sefako Makgatho University of Health Sciences.

4.1.3 Evaluations of Clinical Training Facilities

The total number of forty-three clinical training facilities (43) were evaluated information is summarised in the tables below:

	Evaluated	Approved	Not approved	Conditional approval
Radiography	35	35	0	0
Clinical Technology	8	8	0	0

4.1.4 Board Examinations

a. EEG Board examination

The purpose of Board Examinations is to measure the competency and ability of EEG students undergoing in-house training applying for registration to enter the EEG profession. 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 examiners and moderators appointed by the Board.

The examination was conducted in the third quarter three and the information is contained in the table below.

Date of examination	Venue	No. of candidates	Pass rate
20 & 27 November 2024	HPCSA offices and TUT	17	3/17

b. Foreign Qualified Board examination

The purpose of Board Examinations is to measure the competency and ability of qualified foreign 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 provides the necessary infrastructure to ensure that the

examinations were conducted with professionalism and that the integrity of the examinations be protected.

The examinations were conducted in quarters one (1) and quarter three (3) as per the below -

Examination	Date	Type	No. of candidates	Pass rate	Venue
Foreign Qualified Diagnostics Radiography	22 May 2024	Theory	8	25% (2/8)	HPCSA Offices
Foreign Qualified Diagnostics Radiography	23-24 May 2024	Practical			Charlotte Maxeke Academic Hospital
Foreign Qualified Diagnostics Radiography	22 November 2024	Theory	8	50% (4/8)	HPCSA Offices
Foreign Qualified Diagnostics Radiography	25 & 28 November 2024	Practical			Charlotte Maxeke Academic Hospital

4.2. PROFESSIONAL PRACTICE

The Professional Practice Committee is 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.

The Professional Practice Committee of the Board has conducted four (4) meetings during the reporting period. The committee meetings were conducted efficiently and efficiently while aligning to the HPCSA Council guidelines for conducting meetings. The meetings were all quorate and all members participated in the meetings with each members making an important contribution to the engagements of the committee.

The Committee has considered and approved the annual reports for accreditors and accredited service providers of the Board.

The CPD compliance for the practitioners registered under the ambit of the Board as at 31 March 2024 was 51%. While this reflects a notable improvement, the overall low compliance rate remains a persistent concern. The importance of CPD compliance is emphasized at the Boards webinars and roadshows practitioners were urged to meet the requirements to avoid deregistration.

The Committee has reviewed several guidelines and policies and made recommendations to the Board for approval of the reviewed documents.

4.3. COMMITTEE OF PRELIMINARY INQUIRY

The Committee of Preliminary Inquiry conducted four meetings during the reporting period on 08 April 2024, 14 August 2024, 7 November 2024 and 11 February 2025.

The committee considered twenty-two (22) matters. Of the 22 matters, fifteen (15) matters were finalised.

The full report on the activities of the Committee of Preliminary Inquiry is available under the Legal and Regulatory Affairs Department section.

4.4. EXECUTIVE COMMITTEE

The meetings of the Executive Committee are held ad-hoc, there were no meeting conducted during the reporting period.

4.5. RISK MANAGEMENT

The Board has developed a risk register linked to the strategic objectives. The Board has determined the risk appetite, risk tolerance, activities to mitigate the identified risks and regularly receives reports on risk the treatment progress and management.

4.6. FINANCIAL MANAGEMENT

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

4.7. STAKEHOLDER MANAGEMENT

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

The Board knows who the key external stakeholders are and communicates effectively with them.

It was noted that the Board does play a role in fulfilling this key strategic objective with stakeholders. It was agreed by members that to increase the Boards effectiveness amongst its stakeholders, there is a need for continuous engagement with stakeholders through coordinated consultations and meaningful stakeholder and public participation.

To achieve the strategic objectives of improving communication with stakeholders, the Board conducted 13 meetings, student roadshows and other consultative meetings as follows:

Name of stakeholder	Nature of engagement	Date of engagement
RCT Board registered practitioners	Webinar	25 April 2024
Head of Departments (Provincial Health, HEI) Professional Associations Clinical Training facilities SAHPRA	Annual Stakeholders meeting	11 June 2024
SAHPRA:	Clin -Tech medication list	3 July 2024
Ultrasound stakeholders - HEI Provincial Departments Clinica; Training Facilities	To discuss the shortage of Ultrasound Radiographers	17 July 2024
Clin -Tech HEI, Associations, Training facilities	To discuss SAHPRA concerns regarding the Clin-Tech medication list	30 July 2024
RCT Board registered practitioners	Critical Care Congress	14-17 August 2024
RCT Board registered practitioners	CPD Accredited Webinar	12 September 2024
RCT Board registered practitioners	South African Renal Care Congress	18-20 October 2024
RCT Board registered practitioners	Clinical Neurophysiology Society of South Africa	24-27 October 2024
RCT Board registered practitioners	CPD Accredited Webinar	23 November 2024
RCT Final year Students	Webinar	5 December 2024
Radiography approved HEI's		5 March 2025
RCT Board registered practitioners	CPD Accredited Webinar	27 March 2025

- a. The 2024/25 RCT newsletter was published on 12 June 2024.
- b. The 2024/25 RCTE-bulletin was published on 23 August 2024.

4.8. MATTERS PERTAINING STATUTORY PROVISIONS

1. Regulations relating to qualifications for the registration of graduate clinical technologist were promulgated into Law on 29 November 2024.
2. The Board reviewed the Regulation Relating to the Registration of Technicians in Clinical Technology by including the nephrology and critical care technicians. The Regulation was subsequently approved by Council and submitted to the National Department of Health to promulgate for Public comments.
3. The Regulations defining the scope of profession for Radiographers are yet to be promulgated.
4. As part of the HPCSA broader and internal consultation, the Board considered and supporter the following Regulations -
 - a. Regulations relating to the control and use of psychological tests as proposed by the Professional Board for Psychology.
 - b. Regulations Defining the Scope of the Profession of Medical Technology
 - c. Regulations which entitle Medical Laboratory Scientists to registration
 - d. Regulations Defining the Scope of the Profession of Dental Therapy,
 - e. Regulations Defining the Scope of the Profession of Oral Hygiene,
 - f. Core competency document listing competencies required to enable Dietitians to prescribe.
5. The Board has considered and supported the amendments made to the Ethical Guidelines on -
Social Media
Chargeable fees for missed appointments.
Ethical Guidelines Overservicing, Perverse Incentives and Related Matters
Guidelines on the use of artificial intelligence
6. The Board reviewed and approved the following guidelines and policies -
 - a. Rules of Conduct (Annexure 10) pertaining specifically to the Profession of Clinical Technology
 - b. Rules of Conduct (Annexure 10) pertaining specifically to Regulations relating to the registrations of Technicians in Clinical Technology by adding ECG and Spirometry.
 - c. Guidelines for the Registration of Student Technicians in Clinical Technology.
 - d. Guidelines for the Registration of Technicians in Clinical Technology.
 - e. Policy on the restoration of practitioners.
 - f. Application form (Form 9RCT) for use by practitioners pursuing additional qualifications in Clinical Technology.
7. Supported the proposed Standard Operation Procedures between the Professional Practice Committee of Council and Professional Boards.

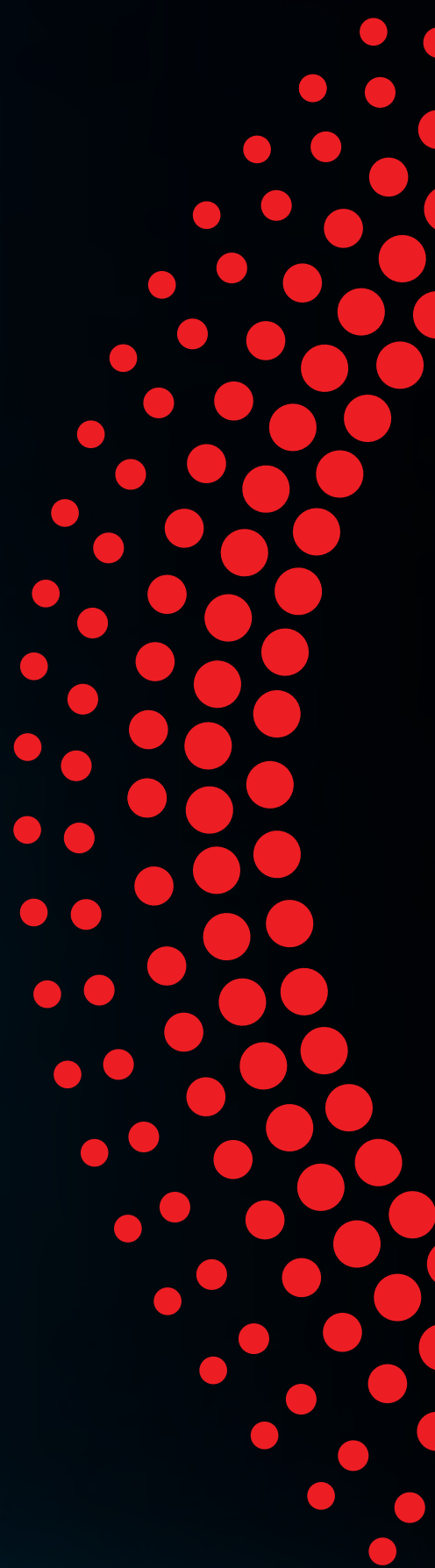
5. CONCLUSION

As we bring the 2024–2025 reporting period to a close, I am pleased to reflect on the progress and achievements of the Professional Board for Radiography and Clinical Technology. Throughout the year, the Board has remained committed to upholding the highest standards of professional regulation, education, and clinical practice to safeguard both the integrity of the professions and the wellbeing of the public.

The Board has made measurable strides in strengthening regulatory compliance, enhancing stakeholder engagement, and addressing emerging issues affecting practitioners. Notably, our efforts have focused on promoting continued professional development, advancing ethical practice, and ensuring alignment with national health priorities.

As we look ahead, we remain resolute in our mission to ensure that the professions of Radiography and Clinical Technology continue to thrive, innovate, and serve the evolving health needs of South Africa.





**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 (The "Act"). Section 15 of the Act 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 (1) Education and Training, (2) Registrations, (3) Professional Practice, (4) Professional Conduct as well as (5) 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 practicing Speech Language and Hearing.

The HPCSA as a statutory entity and by implication the Professional Board for Speech Language and Hearing Professions is 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 is currently comprised of ten (10) members appointed by the Minister of Health.



Prof Lebogang Ramma
CHAIRPERSON: PROFESSIONAL BOARD
FOR SPEECH LANGUAGE AND HEARING

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 said 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 5-year planning cycle (FYs2021/2022 – 2025/2026) is anchored on Eight (8) Strategic Goals that define the ends state what Council was to achieve by the end of the planning cycle term.

2.1 VISION STATEMENT

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."

2.2 MISSION STATEMENT

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 standardized 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.

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 Professional Board Meeting of 24 May 2024 Ordinary Professional Board Meeting of 30 July 2024 Special Professional Board Meeting of 30 September 2024 Special Professional Board Meeting of 20 March 2025
Executive Committee meetings (EXCO)	None for the reporting period.
Professional Practice Committee (PPC)	Ordinary Professional Practice Committee Meeting of 07 June 2025 Ordinary Professional Practice Committee Meeting of 05 September 2024 Ordinary Professional Practice Committee Meeting of 05 November 2024 Ordinary Professional Practice Committee Meeting of 07 February 2025
Task Teams 1: Task Team to Develop Over the Counter (OTC) Hearing Devices Guidelines	Task Team Meeting of 30 October 2024
Task Team 2: Minimum Exit Competency levels Task Team	Task Team Meeting of 18 August 2024 Task Team Meeting of 14 October 2024 Task Team Meeting of 28 October 2024 Task Team Meeting of 05 December 2024 Task Team Meeting of 24 February 2024
Committee of Preliminary Inquiries (Prelim)	Ordinary Committee of Preliminary Inquiries Meeting of 31 May 2024 Ordinary Committee of Preliminary Inquiries Meeting of 18 September 2024 Ordinary Committee of Preliminary Inquiries Meeting of 115 November 2024 Ordinary Committee of Preliminary Inquiries Meeting of 11 March 2025
Education Training Registration Committee (ETR)	Ordinary Education, Training and Registration Committee Meeting of 06 June 2024 Ordinary Education, Training and Registration Committee Meeting of 04 September 2024 Ordinary Education, Training and Registration Committee Meeting of 02 December 2024 Special Education, Training and Registration Committee of 17 December 2024 Ordinary Education, Training and Registration Committee Meeting of 06 February 2025

3.2 COMMITTEES OF THE BOARD

In terms of the Regulations relating to the functions and functioning of the Professional Chapter 1 regulation 2(a), the Professional 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 so established. The Professional Boards’ regulatory work interest covers four regulatory functional. These are (1) Education and Training, (2) Registration, (3) Professional Practice, (4) 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 its 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 -

- a. To recommend to the Board policies for evaluation of education and training programmes and facilities;
- b. To recommend to the Board any criteria, policy, rule, or regulation relating to the regulation of education and training programmes;
- c. To recommend to the Board regarding the evaluation and approval of education and training programmes;
- d. To recommend to the Board appointment of panels for accreditation and evaluation of programmes and institutions;
- e. To recommend to the Board policies for the recognition of additional qualifications registrable with the Board;
- f. To contribute to the Board strategic development and implementation in terms of education, training and registration matters;

- g. To recommend to the Board policies relating to registration and restoration; and
- h. To 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 (PPC)

The mandate of the committee is -

- a. To recommend to the Board standards and guidelines for the practice of the professions;
- b. To recommend to the Board the guidelines on continued professional development;
- c. To 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;
- d. To recommend and review guidelines for registration of practices and health care providers in collaboration with the Office of Health Standards;
- e. To promote ethical conduct, human rights, and the rights of patients amongst health care professions registered under the ambit of the Professions Board; and
- f. To 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 INQUIRIES (PRELIM)

The mandate of the committee is -

- 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 set the standards to which the professional boards practitioners should conform and recommend 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. ACTIVITIES OF COMMITTEES OF THE PROFESSIONAL BOARD

4.1. EDUCATION AND TRAINING

4.1.1 HIGHER EDUCATION INSTITUTIONS EVALUATIONS 2024/25

UNIVERSITY EVALUATED	PROGRAMME	NEW PROGRAMME OR RE-EVALUATION	APPROVED EVALUATION PERIOD
Sefako Makgatho Health Sciences University	Speech-Language Pathology Audiology	No evaluations were conducted for the period under review.	N/A

Stellenbosch University	Speech-Language Pathology	No evaluations were conducted for the period under review.	N/A
University of Cape Town	Speech-Language Pathology Audiology	No evaluations were conducted for the period under review.	N/A
University of KwaZulu-Natal	Speech-Language Pathology Audiology	No evaluations were conducted for the period under review.	N/A
University of Pretoria	Speech-Language Pathology Audiology	No evaluations were conducted for the period under review.	N/A
University of the Witwatersrand	Speech-Language Pathology Audiology	No evaluations were conducted for the period under review.	N/A
University of Fort Hare	Speech-Language Pathology	A site visit, focused on the evaluation of Clinical Education and Supervision, was conducted at the University of Fort Hare on 18 November 2024, in collaboration with the Council on Higher Education (CHE).	N/A

4.1.2 EXAMINATIONS

TYPE OF EXAMINATION	EXAMINATION PERIOD (MONTH)	# OF PRACTITIONERS EXAMINED
OSCE (RESTORATION EXAMS)	01 July 2024	1
	26 July 2024	1
	26 February 2025	2
OSCE (University of Fort Hare)	07-08 May 2024	32
	21-23 January 2025	47

4.1.3 REGISTRATION

Total No of Active Registrations per Professional Board (As at 31 March 2025)

BRD_CODE	REG_TYPE	REG_CODE	REGISTER_NAME	Total
SLH	Intern	AM	AUDIOMETRICIAN	4
		AU	AUDIOLOGIST	1,137
		GAK	HEARING AID ACOUSTICIAN	119
		SAU	SUPPLEMENTARY AUDIOLOGIST	1
		SGAK	SUPPLEMENTARY HEARING AID ACOUSTICIAN	4
		SGG	COMMUNITY SPEECH AND HEARING WORKER	5
		SGK	SPEECH AND HEARING CORRECTIONIST	3
		SHA	SPEECH AND HEARING ASSISTANT	2
		SSTA	SUPPLEMENTARY SPEECH THERAPIST AND AUDIOLOGIST	1
		ST	SPEECH THERAPIST	1,818

BRD_CODE	REG_TYPE	REG_CODE	REGISTER_NAME	Total
SLH	Intern	STA	SPEECH THERAPIST AND AUDIOLOGIST	1,596
		STB	SPEECH THERAPY ASSISTANT	1
	Practitioner Total			4,691
	Student	AUS	STUDENT AUDIOLOGIST	901
		GAKS	STUDENT HEARING AID ACOUSTICIAN	31
		STS	STUDENT SPEECH THERAPIST	1,390
		STAS	STUDENT SPEECH THERAPIST AND AUDIOLOGIST	239
		STAV	STA VISITING STUDENT	4
	Student Total			2,565
SLH Total				7,256

4.2. PROFESSIONAL PRACTICE

The Continuing Professional and Development (CPD) matters are regulated in terms of Section 26 of the Health Professions Act, 1974 (Act No. 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.

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 DOH. 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 Health Professions Council of South Africa (HPCSA) has introduced several changes to the programme.

The Professional Board Continuing Professional and Development (CPD) compliant and non-compliant statistics for the reporting period were as follows:

Board	CPD Compliance Rate			
	April 2024		March 2025	
SLH	1,904	42.4%	2,325	50%

Board	CPD Compliance Rate			
	April 2024		March 2025	
SLH	2,588	57.6%	2,364	50%

The Board devised possible awareness solutions to circumvent the low compliance rate which entailed, publishing the newsletter, engaging the stakeholder at roadshows and through the radio interviews awareness with a view to encourage practitioners compliance rate and publishing the CPD ethics activity on the newsletters for the practitioners to complete and submit at their own leisure.

5. PRELIMINARY INQUIRIES AND MATTERS

The Preliminary Inquiry processes is regulated in terms of the Regulations Relating to The Conduct of Inquiries into Alleged Unprofessional Conduct Under the Health Professions Act, 1974, as amended.

Matters are finalised at Prelims where the committee must:

- Note and accept the practitioner's explanation in terms of Regulation 4(7), both the parties are advised on the outcome and the file is closed.
- Finalise a matter in terms of Regulation 4(9), that is, the committee finds evidence of unprofessional conduct and if it is a minor transgression, the committee can impose a sanction in terms of section 41 (1) (a), that is, impose a penalty of a caution or a reprimand or both a caution and a reprimand, or the committee can impose a fine in terms of section 41(1)(d) of the health Professions Act 54, 1976 and both parties are advised on the outcome. If a sanction is imposed by the committee the practitioner has 14 days in which to accept the charge/s. Should the practitioner accept the charge/s the finance raises the invoice, the practitioner pays, and the file is closed. Failure to accept the charge/s or failure to respond will result in the matter being referred to Professional Conduct Inquiry. The file is then moved to the Legal and Regulatory Department to proceed with the Inquiry.
- Finalise the matter in terms of Regulation 4(8), that is, there is evidence of unprofessional conduct, and the conduct is a major transgression, and the matter is referred to the Professional Conduct Inquiry with or without an option to pay an admission of guilt fine. The Preliminary committee of Inquiry will provide points of Inquiry that the Proforma complainant will use to make his case. The parties are advised on the outcome. The file is then moved to the Legal and Regulatory Department.
- A matter may be closed/withdrawn is when a complainant decides not to pursue that matter and withdraws the complaint in writing. Parties are advised and the file is closed.
- There are instances where information is requested from the complainant and there is no response, the matter is closed, with proof to the committee that attempts have been made to source the information requested by the committee.

Matters deferred by the committee

The committee can defer a matter for the following reasons:

- Consultations/written information in terms of section 42(1) of the Health Professions Act – this consultation is used when the committee needs clarification on the explanation that the practitioner has provided. In terms of this section any person can be called before the committee.
- Consultation in terms of Regulation 4(3) of the Regulations Relating to The Conduct of Inquiries into Alleged Unprofessional Conduct Under the Health Professions Act, 1974, as amended. Here the practitioner has not provided an explanation and the committee instructs the practitioner to appear before the committee to explain why he/she did not submit an explanation within the stipulated time frame.
- If the evidence that is before the committee is not sufficient to finalise a matter, the committee may request for further information.

Matters referred by the committee:

- The committee may refer a matter to other committees should they require information on a particular matter.

5.1.1 STATISTICS FOR THE REGULATION 4A APPEALS: FY 2024/2025

There was 1 Regulation 4A appeals meeting that was held for the Speech Language and Hearing Professional Board.

5.1.2 PROFESSIONAL CONDUCT INQUIRIES SETDOWN MATTERS FOR FY 2024/5

There were 2 matters that were set down for this board.

5.2 PRELIM STATISTICAL REPORT- ANNUAL REPORTING 1 APRIL 2024 - 31 MARCH 2025

Summary: 4 meetings were budgeted, scheduled, and held. 53 matters served before the committee and 14 were referred to Inquiry.

6. RISK MANAGEMENT

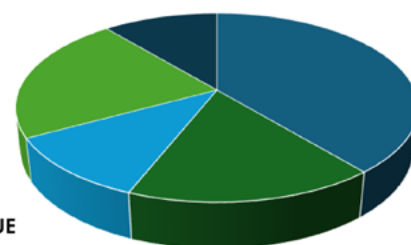
The Board has a Governance responsibility for Risk Management i.e identifies the risks, approves the risk registers, and mitigates the risks identified in the risk register through regular interaction with the risk treatment plan which is reviewed and considered at the quarterly board meetings as part of the strategy plan and annual performance plan.

For the reporting period, a total of eight (8) risks were identified with respective management controls and action plans to mitigate the risks.

6.1 RISK TREATMENT IMPLEMENTATION PROGRESS REPORT APRIL 2024 TO MARCH 2025

	PERFORMANCE	
IMPLEMENTATION PROGRESS	%	# OF PLANS
COMPLETE/ACHIEVED	39%	7
PARTIALLY ACHIEVED	0%	0
ONGOING	17%	3
IN PROGRESS BUT OVERDUE	11%	2
IN PROGRESS	0%	0
NOT ACHIEVED AND OVERDUE	22%	4
QUAQRTELY	11%	2
TOTAL	100%	18

- COMPLETE/ ACHIEVED
- ONGOING
- IN PROGRESS
- QUAQRTELY
- PARTIALLY ACHIEVED
- IN PROGRESS BUT OVERDUE
- NOT ACHIEVED AND OVERDUE



	Total Matters Considered								
REFERRED	Health Comm								
	Business Practice Comm								
	Other Committees								
DEFERRED	Ombudsman								
	Practitioner Specialty								
	Time Constraints								
	Further Information	1	6	2	2			11	
	Section 41A Investigation								
	Inspectorate								
	Notice to appear 4(3)	2	2					4	
	Consultations Sec 42(1)	2		1				3	
CONTEMPT OF COUNCIL	Reg 4(5)	2	1	1				4	
	Reg 4(4)	2	1	1	1			5	
Finalised by Prelim	Closed \withdrawn					0		0	
	Guilty Fine 4(9) D	3	1	1		1		6	
	Referred for Inquiry Reg 4(8)	3	4	3		4		14	
	Caution/Reprimand 4(9) A	2				1		3	
	Explanation accepted 4(7)	3	4	3		5		15	
	Number of Meetings	1	1	1		1		4	
	PRELIM MEETINGS 1 April 2024 - 31 March 2025	SLH 31/5/24	SLH 18/09/24	SLH 15/11/2024	SLH 11/3/25				
	Totals								

7. 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 utilizing the presented financial performance at the quarterly Board meetings.

8. STAKEHOLDER MANAGEMENT

The Professional Board for Speech Language and Hearing Profession executes the regulatory role on behalf of the HPCSA in all professions practicing Speech language and Hearing. The HPCSA as a statutory entity and by implication the Professional Board for Speech Language and Hearing is 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.

8.1 IMPLEMENTED STAKEHOLDER ENGAGEMENT INITIATIVES APRIL 2024 TO MARCH 2025

Stakeholder engagement initiative	Dates
Meeting between University of Fort Hare (UFH) Representatives and SLH Board Representatives	02 May 2024
Meeting between University of Fort Hare (UFH) Representatives and SLH Board Representatives	10 May 2024
Engagement between South African Speech Language Hearing Association (SASLHA) Representative and Professional Practice Committee of the Board	07 June 2024
Professional Board for Speech Language and Hearing Professions, Student Webinar with First Year Students	03 July 2024
Professional Board for Speech Language and Hearing Professions, Student Webinar with Final Year Students	03 July 2024
Professional Board for Speech Language and Hearing Professions Practitioner Roadshow held in Gauteng Province	30 July 2024
Annual engagement between the SLH Education, Training and Registration Committee and Representatives from the Higher Education Institution (HEI)	04 September 2024
Engagement between South African Association of Audiologists (SAAA) Representative and Professional Practice Committee of the Board	05 September 2024
Meeting between SLH Board representatives and University of Fort Hare Representatives	06 November 2024
Meeting between Council on Higher Education (CHE) and Professional Board for Speech Language and Hearing Professions Representatives	09 December 2024

9.

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

9.1 THE REGULATIONS REVIEWED AND FINALISED

- Regulations defining the scope of the Profession of Speech Language Therapy
- Regulations relating to the undergraduate curricula and professional examinations in audiology
- Regulations relating to the constitution of the professional board for speech, language and hearing professions

9.2 THE RULES REVIEWED AND/OR FINALISED

- Rules relating to the registration by speech therapists, speech therapists and audiologists and audiologists of additional qualifications
- Rules for the registration of speech therapists, speech therapists and audiologists, and audiologists

9.3 THE GUIDELINES REVIEWED AND/OR FINALISED

- 1st Draft for the SLH professions' Rehabilitation Competency Framework was approved by the Board
- 1st Draft Guidelines for Over the Counter (OTC) Hearing Instruments was approved by the Board
- Guidelines for practice in a culturally and linguistically diverse South Africa
- Minimum standards for the hearing screening in Schools

9.4 THE POSITION STATEMENT WERE REVIEWED AND/OR FINALISED

- Scope Infringement on "Hearing Assessment" and "Fitting of Hearing Aids Performed by other Practitioners and/or "Frontline" Staff in Optometry/Dispensing Opticianry Practice
- Statement Regarding Special Licensing Vestibular
- Role of speech-language therapist in assessment and treatment of patients with tracheostomies
- Position Statement on Treatment of Patients Using Neuromuscular Electrical Stimulation (NMES)
- Speech, Language and Hearing Professional Board Guidance on the Application of Regulations, Rules and Guidelines During Covid-19 Pandemic

9.5 THE FORMS REVIEWED AND/OR FINALISED:

- Form 18 A - SLH Guidelines for supervised practice
- Form 18 B - SLH Undertaking by Supervisor
- Form 18 C - SLH Supervisory Report Template

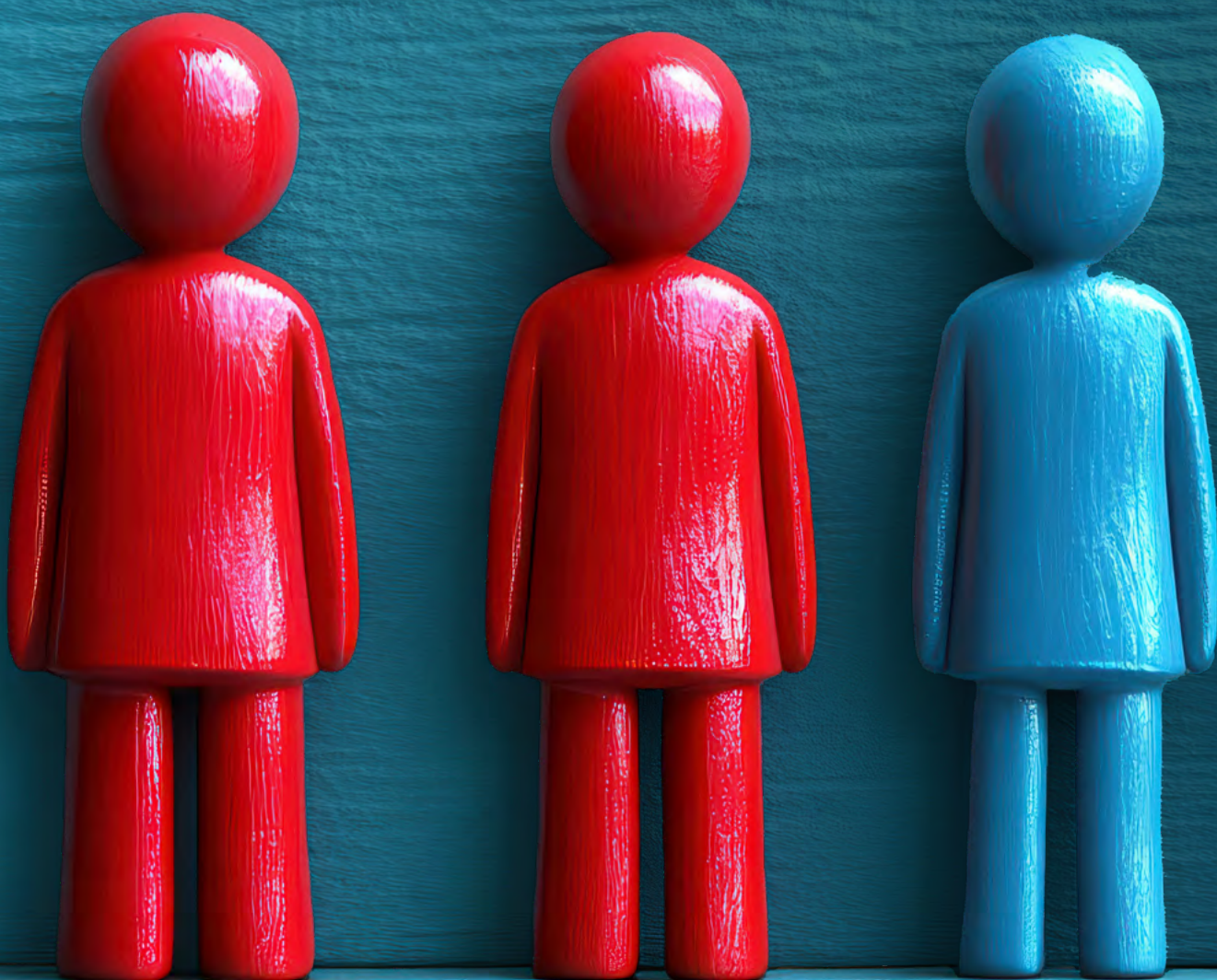
10. CHAIRPERSONS' NOTE

10.1 REFLECTION ON PERFORMANCE OF THE BOARD

The 1 April 2024 to 31 March 2025 SLH Board's annual report is special because it represents a key inflection point in the journey of the current Board. It indeed signals the end of a journey for the current Board who are left with a little less than a year to complete their term of office. From the outset the Board set as its vision, to be "a global leader in the regulation of quality education, training, and professional practice of Speech, Language and Hearing professions for all." This vision served as a guide for all the Board's activities over the past 4 years. Specific to the financial year under review, the Board successfully managed to engage with various of its stakeholders over a variety of forums, most notable of those engagements was the Board's Roadshow in Johannesburg during 2024. This allowed the practitioners to engage directly, and in person with the Board. However, the highlight of the Board's activities during the period under review ought to be the joint site evaluation visit to the University of Fort Hare that was done in collaboration with the Council on Higher Education. This joint evaluation visit underscored the commitment on the part of both parties to work together in matters pertaining to quality assurance of training programmes in higher education to further the nation's developmental agenda. The Board also managed to review and update many of the regulations that enable it to perform its regulatory function, an achievement that should be commended. Most importantly, the Board managed to achieve all its goals for the financial year within the bounds of the allocated budget.

There were also some long-term goals that the Board sought to achieve which needed more time investment that went beyond its tenure. Notable of those goals was the Board's decision to adopt a competency-based framework to assess the Board's practitioners. Work towards the development of this framework continued during the financial year under review, however, the Board has always acknowledged that pursuing such a monumental goal requires a significant time investment. Therefore, during the planning of the work for development of this framework, a decision was made earlier on to ensure a smooth handover of the remainder of the work to the new Board that will be constituted towards the end of 2025 to complete the tasks that could not be completed during the tenure of the current board.

To conclude, the SLH Board has worked diligently to pursue and achieve the goals that it sets for itself. Credit must go to the hard-working men and women who constitute this Board and who at times needed to make personal sacrifices to ensure that the work of the Board gets done. The support provided by the Secretariat team was also critical to ensuring that the work of the Board was done as planned. As we edged closer to the end of the term of the current Board, I have no doubt in mind that the incoming Board will find a solid foundation on which they will launch the agenda for the next 5 years of their term.





PART D

GOVERNANCE, RISK & COMPLIANCE



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 2024 to 31 March 2025:

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 (President of Council)
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 LP 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

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



MR AHMED BHAM
EMERGENCY CARE BOARD



**PROF JUSTIN OSWIN
AUGUST**
CHAIRPERSON OF THE
PSYCHOLOGY BOARD



MS TINTSWALO MAHLAOLA
DEPUTY CHAIRPERSON OF THE
RADIOGRAPHY AND CLINICAL
TECHNOLOGY BOARD



PROF LEBOGANG RAMMA
CHAIRPERSON OF THE SPEECH
LANGUAGE AND HEARING
PROFESSIONS BOARD



**MR SIDNEY THAMSANQA
DYWILI**
EMERGENCY CARE BOARD



DR DESMOND MATHYE
CHAIRPERSON OF THE
PHYSIOTHERAPY, PODIATRY AND
BIOKINETICS BOARD
(President of Council)



**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



REV THABISO MASHILOANE
COMMUNITY REPRESENTATIVE



DR SETHOLE LEGOABE
COMMUNITY REPRESENTATIVE



MR BHEKI DLADLA
COMMUNITY REPRESENTATIVE



DR LOUISA MAKWAKWA
MEDICAL AND DENTAL BOARD



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 N NGOLOYI-MEKWA
COMMUNITY REPRESENTATIVE



MR NAHEEM RAHEMAN
COMMUNITY REPRESENTATIVE



REV NTOMBIZINE MADYIBI
COMMUNITY REPRESENTATIVE



MS MMANAPE MTHAPO
COMMUNITY REPRESENTATIVE



**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)



PROF PENELOPE ENGEL-HILLS
PERSONS APPOINTED BY
UNIVERSITIES SOUTH AFRICA
(HIGHER EDUCATION SOUTH
AFRICA) NOW UNIVERSITIES
SOUTH AFRICA (USAf)



MR SIZWE MATHEBULA
DEPARTMENT OF HIGHER
EDUCATION

COMPOSITION OF COMMITTEES OF COUNCIL

1. COUNCIL

Members from 01 April 2024 to 31 March 2025

Name	DESIGNATION	15TH ORD MEETING 27-Jun-24	28-Jun-24	16TH ORD MEETING 26-Sept-24	27-Sept-24	17TH ORD MEETING 05-Dec-24	06-Dec-24	SPECIAL MEETING 14-Jan-25	27-Mar-25	18TH ORD MEETING 28-Mar-25
Prof M S Nemutandani	Chairperson	P	P	N/M	N/M	N/M	N/M	N/M	N/M	N/M
Dr S Sobuwa	Vice President	P	P	P	P	P	P	P	P	P
Prof J O August	Member	P	P	P	P	P	P	A/P	P	P
Mr A Bham	Member	P	P	P	P	P	P	A/P	A/P	A/P
Ms E Burger	Member	P	P	P	A/P	P	P	P	P	P
Mr BI Dladla	Member	P	P	P	P	P	P	P	P	P
Mr STI Dywili	Member	P	P	P	P	P	P	P	P	P
Prof P Engel-Hills	Member	P	P	P	P	P	P	P	P	P
Dr MS Sathekge	Member	P	P	P	P	P	P	P	P	P
Dr S R Legoabe	Member	P	P	P	P	P	P	P	P	P
Rev N Madyibi	Member	P	P	P	P	P	P	P	P	P
Ms T B Mahlaola	Member	P	P	P	P	P	P	A/P	P	P
Lit Gen P Maphaha	Member	A/P	A/P	A/P	A/P	P	P	A/P	A/P	A/P
Bishop T L Mashiloane	Member	P	P	P	P	P	P	A/P	A/P	A/P
Dr D Mathye	(President of Council)	P	P	P	P	P	P	P	P	P
Prof N Mafolo	Member	P	P	P	P	P	P	P	P	P
Ms M M S Mothapo	Member	P	P	P	P	P	P	P	P	P

Name	DESIGNATION	15TH ORD MEETING 27-Jun-24	28-Jun-24	16TH ORD MEETING 26-Sept-24	27-Sept-24	17TH ORD MEETING 05-Dec-24	06-Dec-24	SPECIAL MEETING 14-Jan-25	27-Mar-25	18TH ORD MEETING 28-Mar-25
Dr T A Muslim	Member	P	P	P	P	P	P	P	P	P
Mr T J Nambo	Member	P	P	P	P	P	P	P	P	P
Ms Y Naidoo	Member	P	P	P	P	P	P	A/P	P	P
Prof NJ Ngoloyi-Mekwa	Member	P	P	P	P	P	P	P	P	P
Prof JLA Rantloane	Member	P	P	P	P	P	P	P	P	P
Mr N Raheman	Member	P	P	P	P	P	P	A/P	A/P	A/P
Adv M J Ralefatane	Member	P	P	P	P	P	P	P	P	P
Prof L Ramma	Member	P	P	P	P	P	P	P	P	P
Prof L Green-Thompson	Member	P	P	A/P	A/P	P	P	P	P	P
Mr J Shikwambane	Member	P	P	P	P	A/P	A/P	P	P	P
Ms LP Spies	Member	P	P	P	P	P	P	A/P	P	P
Dr AM Thulare	Member	P	P	A/P	A/P	P	P	P	A/P	A/P
Ms AF Vuma	Member	P	P	A/P	A/P	P	P	P	A/P	A/P
Dr IN Makwakwa	Member	N/A	N/A	N/A	N/A	P	P	A/P	P	P
Mr SR Mathebula	Member	N/A	N/A	N/A	N/A	N/A	N/A	P	P	P

* N/A = Not Applicable | * A/P = Absent with Apology | * P = Present | * A = Absent | * N/M = No longer a member | Prof MS Nemutandane = No longer a President from September 2024 | Dr D Mathye = President from September 2024

2. EXECUTIVE COMMITTEE OF COUNCIL

Name	Designation	Special Meeting 10-May-24	Special Meeting 23-May-24	14th Ord Meeting 14-Jun-24	15th Ord Meeting 20-Sept-24	16th Ord Meeting 28-Nov-24	Special Meeting 31-Jan-25	Special Meeting 06-Feb-25	17th Ord Meeting 13-Mar-25	TOTAL
1. Prof MS Nemutandani	(President)	P	P	P	P	N/M	N/M	N/M	N/M	4 OF 8
2. Dr D Mathye	(President of Council)	N/A	N/A	N/A	N/A	P	P	P	P	4 OF 8
3. Dr S Sobuwa	(V. President)	P	P	P	P	P	P	P	P	8 OF 8
4. Adv MJ Ralefatane	Member	P	P	P	P	P	P	P	P	8 OF 8
5. Ms LP Spies	Member	P	P	P	P	P	P	P	P	8 OF 8
6. Ms Y Naidoo	Member	P	P	P	P	P	P	P	P	8 OF 8
7. Prof JN Mekwa	Member	P	P	P	P	P	P	P	P	8 OF 8
8. Prof JO August	Member	P	A/P	P	P	P	A/P	P	P	6 OF 8
9. Dr AM Thulare	Member	P	P	P	P	P	A/P	P	P	7 OF 8
10. Prof N Mafolo	Member	P	P	P	P	P	P	P	P	8 OF 8
11. Rev N Madyibi	Member	P	P	P	P	P	P	P	P	8 OF 8

* N/A = Not Applicable | * A/P = Absent with Apology | * P = Present | * A = Absent | * N/M = No longer a member

3. FINANCE AND INVESTMENT COMMITTEE OF COUNCIL

Members Attendance for the 2024/2025 FY

Members Name	Designation	Fincom 14th Ordinary meeting 05 June 2024	Fincom 15th Ordinary Meeting 10 September 2024	Fincom 16th Ordinary Meeting 11 & 12 November 2024	Fincom Special Meeting 27 November 2024	Fincom 17th Ordinary Meeting 04 March 2025	TOTAL
1. Ms LP Spies	Chairperson	P	P	P	P	P	5 OF 5
2. Mr TJ Nambo	Independent Member	P	P	P	P	P	5 OF 5
3. Mr BI Dladla	Member	P	P	A/P	P	A/P	2 OF 5
4. Ms S Dikwayo	Independent Member	P	A/P	P	P	A/P	3 OF 5
5. Mr Q Chogle	Independent Member	P	P	P	P	P	5 OF 5

* N/A = Not Applicable | * A/P = Absent with Apology | * P = Present | * A = Absent | * N/M = No longer a member

4. AUDIT AND RISK MANAGEMENT COMMITTEE OF COUNCIL

Members Name	Designation	Arcom 14th Ordinary meeting 10 June 2024	Arcom 15th Ordinary Meeting 1 September 2024	Arcom 16th Ordinary Meeting 21 November 2024	Arcom 17th Ordinary Meeting 6 March 2025	Arcom Special Meeting 20 March 2025	TOTAL
1. Rev NB Madyibi	Chairperson	P	P	P	P	P	5 OF 5
2. Mr S Ngwenya	Independent Member	P	P	P	P	A/P	4 OF 5
3. Ms AF Vuma	Member	P	A/P	P	P	P	4 OF 5
4. Mr ST Nyangintsimbi	Independent Member	A/P	P	A/P	P	P	3 OF 5
5. Ms R Khwela	Independent Member	P	P	P	P	A/P	4 OF 5
6. Mr F Docrat	Independent Member	P	P	A/P	P	P	4 OF 5
7. Dr SR Legobabe	Member	P	P	P	P	P	5 OF 5

* N/A = Not Applicable | * A/P = Absent with Apology | * P = Present | * A = Absent | * N/M = No longer a member

5. PROFESSIONAL PRACTICE COMMITTEE OF COUNCIL

Members from 01 April 2024 to 31 March 2025

Name	Designation	ORD Meeting 1 Adv M J Ralefatane	CPD Task Team 2 10-Apr-24	Workshop 3 08-Aug-24	ORD Meeting 4 30-Aug-24	ORD Meeting 5 13-Nov-24	ORD Meeting 6 04-Mar-25	TOTAL
Prof N Mofolo	Chairperson	P	N/A	P	P	P	P	5 of 6
Adv M J Ralefatane	Member versed in law	P	N/A	P	P	P	P	5 of 5
Prof N Mekwa	Member (Community Representative)	P	N/A	P	P	P	P	5 of 6
Prof M Veller	Professional Board for Medical and Dental	P	N/A	N/M	N/M	N/M	N/M	1 of 6
Dr TT Khanyile	Professional Board for Medical and Dental	N/A	N/A	P	P	A	A	3 of 6
Dr A Watts	Professional Board for Psychology	A/P	N/A	P	P	P	P	4 of 6
Ms P Maniza	Professional Board for Dietetics and Nutrition	P	N/A	P	P	P	P	5 of 5
Dr D Mathye (President of Council)	Professional Board for Physiotherapy, Podiatry and Biokinetics	P	N/A	P	P	P	P	5 of 5
Mr EM Modimakwane	Professional Board for Physiotherapy, Podiatry and Biokinetics	N/A	N/A	N/A	N/A	P	P	
Ms K Manda	Professional Board for Dental Therapy and Oral Hygiene	P	N/A	P	P	P	P	5 of 5
Mr S Gumede	Professional Board for Optometry and Dispensing Opticians	P	N/A	P	P	P	P	5 of 5
Dr SL Lange	Professional Board for Environmental Health Professionals	P	P	P	P	P	P	6 of 6
Mr L L Mduzana	Professional Board for Occupational Therapy, Medical Orthotics and	P	N/A	P	P	P	P	5 of 5
Mr B Van Nugteren	Professional Board for Emergency Care Professions	P	P	P	P	P	P	5 of 5
Ms T B Mahlaola	Professional Board for Radiology & Clinical Technology	P	N/A	P	P	A/P	A	5 of 5
Mr MH Tefo	Professional Board for Medical Technology	P	N/A	P	A	P	P	5 of 5
Mr J Naidoo	Professional Board for Speech Language & Hearing	P	N/A	P	P	A/P	P	5 of 5
Prof A Ross	The National Accreditors Forum (NAF)	A/P	P	P	P	P	P	5 of 5
Ms L Reid	The National Accreditors Forum (NAF)	N/A	P	N/A	N/A	P	P	

* N/A = Not Applicable | * A/P = Absent with Apology | * P = Present | * A = Absent | * N/M = No longer a member

6. INFORMATION & TECHNOLOGY (I&T) STEERING COMMITTEE

Members from 01 April 2024 to 31 March 2025

Name	Designation	Special Meeting 1	ORD Meeting 2	ORD Meeting 3	ORD Meeting 4	ORD Meeting 5	TOTAL
		30-May-24	07-Jun-24	11-Sept-24	15-Nov-24	18-Feb-25	5 OF 5
Ms Y Naidoo	Chairperson	P	P	P	P	P	5 OF 5
Mr J Shikwambane	Member	P	P	P	P	P	5 OF 5
Dr D Mathye (President of Council)	Member	P	P	P	N/M	N/M	4 of 5
Mr N Kadiramwando	Independent Member	P	P	P	P	P	5 OF 5
Dr VM Mello	Independent Member	P	P	P	P	P	5 OF 5
Prof L Ramma	Member	N/A	N/A	N/A	P	P	2 OF 5

* N/A = Not Applicable | * A/P = Absent with Apology | * P = Present | * A = Absent | * N/M = No longer a member

7. EDUCATION , TRAINING AND QUALITY ASSURANCE COMMITTEE OF COUNCIL

Members from 01 April 2024 - 31 March 2025

Name	Designation	ORD Meeting 1	ORD Meeting 2	Special meeting 3	ORD Meeting 4	ORD Meeting 5	TOTAL
		21-May	05-Aug-24	14-Oct-24	07-Nov-24	07-Feb-25	5 OF 5
Prof L Ramma	Chairperson (Council Member)	P	P	P	P	P	5 of 5
Dr P Brijjal	Professional Board for Dental Assisting, Dental Therapy and Oral Hygiene	P	P	P	P	P	5 of 5
Dr N Moroe	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
Prof JO August	Professional Board for Psychology	N/A	N/A	N/A	N/A	P	1 of 5

Name	Designation	ORD Meeting 1	ORD Meeting 2	Special meeting 3	ORD Meeting 4	ORD Meeting 5	TOTAL
		21-May	05-Aug-24	14-Oct-24	07-Nov-24	07-Feb-25	5 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	A/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	A/P	P	5 of 5
Mr S Rabothata	Professional Board for Occupational Therapy, Medical Orthotics and	P	A/P	A/P	P	A/P	5 of 5
Prof P Engel-Hills	A Representative of the Education and Training provider	P	P	P	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	P	P	P	4 of 5
Mr SR Mathebula	DHET	N/A	N/A	P	P	P	
Dr A M Thulare	NDOH Representative	A	P	P	A/P	P	2 of 5

* N/A = Not Applicable | * A/P = Absent with Apology | * P = Present | * A = Absent | * N/M = No longer a member

8 HUMAN RESOURCES AND REMUNERATION COMMITTEE (REMCO)

Members from 01 April 2024 to 31 March 2025

Name	Designation	14TH ORD MEETING	15TH ORD MEETING	16TH ORD MEETING	17TH ORD MEETING	TOTAL	TOTAL
		12-Jun-24	06-Sept-24	05-Nov-24	27 & 28 February 2025	4 OF 4	5 OF 5
Dr S Sobuwa	Chairperson	P	P	P	P	4 of 4	5 OF 5
Ms D B Ramasia	Independent member	A/P	P	P	P	3 of 4	5 OF 5
Dr D Mathye (President of Council)	Member	P	P	N/M	N/M	2 of 4	4 of 5
Mr C Cain	Independent Member	P	P	A/P	P	3 of 4	5 OF 5
Dr K Mohamed Padayachee	Independent Member	P	P	A/P	P	3 of 4	5 OF 5
Mr STI Dywili	Member	P	P	P	P	4 of 4	5 OF 5
Dr RS Legoabe	Member	N/M	N/M	P	P	2 of 4	2 OF 5

* N/A = Not Applicable | *A/P = Absent with Apology | * P = Present | * A = Absent | *N/M = No longer a member

9. PENSION AND PROVIDENT FUND COMMITTEE

Members from 01 April 2024 to 31 March 2025

Name	Designation	14TH ORD MEETING	15TH ORD MEETING	16TH ORD MEETING	17TH ORD MEETING	TOTAL
		24-May-24	06-Aug-24	25-Nov-24	25-Feb-25	4 OF 4
Dr T A Muslim	Chairperson	P	P	P	P	4 OF 4
Bishop T L Mashiloane	Member	P	P	P	P	4 OF 4
Adv N Mathibeli	Member	A/P	P	N/M	N/M	1 OF 4
Mr N Kgole	Member	P	P	P	P	4 OF 4
Ms F Matlejoane	Member	P	P	P	P	3 OF 4
Ms M Makgosi	Member	N/M	N/M	P	P	2 OF 4

* N/A = Not Applicable | *A/P = Absent with Apology | * P = Present | * A = Absent | *N/M = No longer a member

10. ETHICS COMMITTEE

Members from 01 April 2024 to 31 March 2025

Name	Designation	13TH ORD MEETING	14TH ORD MEETING	15TH ORD MEETING	16TH ORD MEETING	TOTAL
		06-Jun-24	20-Aug-24	25-Oct-24	20-Feb-24	4 OF 4
Prof JO August	Chairperson	P	P	P	P	4 OF 4
Dr MS Sathekge	Member	P	P	P	P	4 OF 4
Ms TB Mahloa	Member	P	P	P	P	4 OF 4
Adv MJ Ralefatane	Member	P	P	P	P	4 OF 4
Dr AM Thulare	Member	A	A/P	P	P	2 OF 4
Rev TL Mashiloane	Member	P	P	P	P	4 OF 4
Ms MMS Mothapo	Member	P	P	P	P	4 OF 4
Dr VK Mofuoa	Member	A	P	P	P	3 OF 4
Mr MA Menye	Member	A/P	P	A/P	P	2 OF 4

* N/A = Not Applicable | * A/P = Absent with Apology | * P = Present | * A = Absent | * N/M = No longer a member

ENTERPRISE RISK MANAGEMENT

Council in ensuring that risk is managed effectively, approves 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 governance 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 of Council (ARCOM) is delegated the responsibility for ongoing oversight of 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 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 line 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 to the Risk Management function and consolidated reports are submitted and presented 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 identified and managed.

2024/25 RISK MANAGEMENT KEY AREAS OF FOCUS AND ACHIEVEMENTS

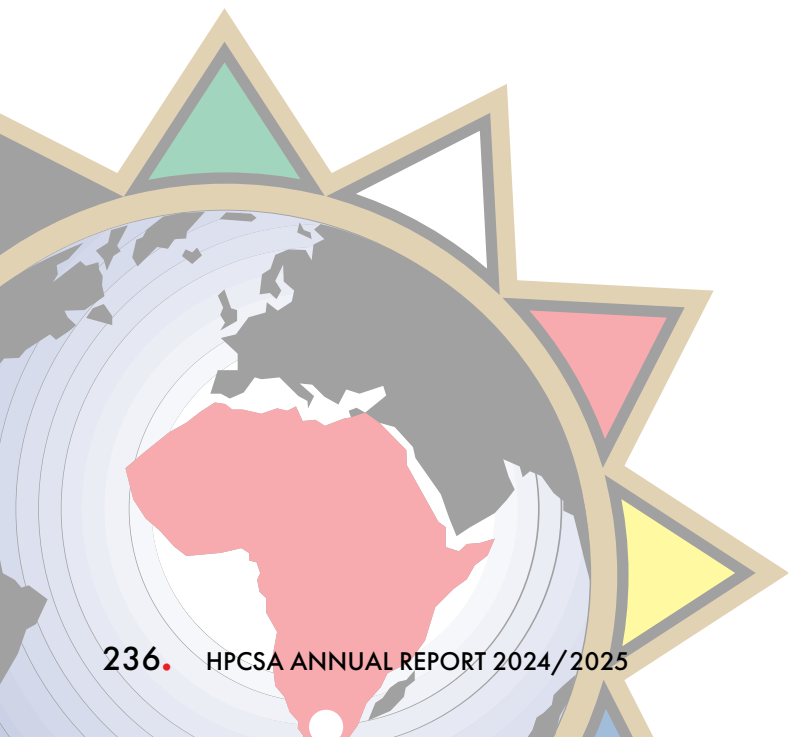
During the 2024/25 financial year, the following key areas of focus were achieved:

- 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:
 - » Enterprise Risk Management Framework;
 - » Crisis Management Plan;
 - » Whistle-Blower Protection and Reporting Policy; and
 - » Whistleblowing Process and Procedures; and
 - » Combined Assurance Model.
- Council Strategic, Professional Boards and Operational risks assessments were conducted, risk registers compiled and approved.
- In line with the Business Continuity Management programme of the organisation, One (1) Disaster Recovery (DR) test was conducted and all Continuity Recovery Plans for respective line functions were reviewed and updated.

Activities planned for the 2025/26 financial year.

The following activities are planned for the 2024/25 financial year:

- Review and update the following risk management Instruments:
 - » Fraud Prevention Policy;
 - » Business Continuity Management Policy;
 - » Risk Appetite Framework;
 - » Enterprise Risk Management Policy; and
 - » Development of a new internal Group Personal Accident and Injury Policy.
- Conduct strategic risks Assessment.
- Conduct all Professional Boards risks assessments.
- Conduct all Departmental and Divisional risks assessments.
- Review and update all Departmental and Divisional continuity recovery plans.



Key Risks: The table below outlines the reporting period Key Risks facing the HPCSA.

Table 1: 2024/25 HPCSA Key Risks

RISK IDENTIFICATION		MITIGATION STRATEGIES
Risk Description	Risk Statement	Mitigation Strategies
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. - The Scope Change Control Board
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, anti-virus, and web filtering (proxy server), - Enabled multifactor authentication on public facing systems.
Funding risk	ORACLE escalating license cost will impact on HPCSA's ability to deliver or achieve on digital migration	- Quarterly license audit to confirm active users on the system. - Updating the license contract register. - Negotiation with the service provide on the cloud licensing cost
	Insufficient revenue to fund Council and Professional Board 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 5-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. 12-month cash flow conducted on monthly basis. 5-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. - Development of a balanced budget which is aligned to Council strategy.
Poor relationship with Stakeholders	Failure to manage for 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 for the purpose of; - 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. - Annual Council stakeholder engagement.
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.	Implementation of "revised" HPCSA's Customer Service Management System Service requests are managed through the following channels: - Online service request system; - Group e-mails; - Walk-ins; 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.
Failure to execute fiduciary responsibility	Failure to train Council and Board members on governance will result in Council and Boards to be unable to deliver on their fiduciary responsibilities.	- Intensive induction programme 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 outlines 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.
Organizational 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.
HPCSA Business Disruption	A disruption or disaster affecting the HPCSA Business operations	- Disaster Recovery testing to ensure effectiveness of recovery plans in the event of a disaster. - Business Continuity Management Policy. - Business Continuity Plan. - Deployed Backup and Replication Solution. - Continuous Departmental/divisional continuity recovery plans. - Ongoing maintenance and servicing of the power backup generator to ensure the generator is always on standby in the event of power outage.

COMPLIANCE RISK MANAGEMENT

The HPCSA is committed to complying with all applicable Laws and Regulations. Through legislation environment scanning process, the organisation is continually kept abreast of changes that could potentially affect the organisation.

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.

During the 2024/25 financial year, the organisation strengthened compliance management by developing, reviewing and updating compliance risk management plans across HPCSA's Regulatory Compliance Universe.

There were no material or regulatory penalties, sanctions, or fines for contraventions of, or non-compliance with, statutory obligations against, the organisation.

In the 2025/26 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.

Further, the following activities are planned for the financial year:

- Review of the Compliance Management Policy to align with best practices.
- Development of an organisation-wide mandatory compliance submissions framework to ensure timely and accurate reporting to regulatory authorities.
- Conduct targeted compliance audits to evaluate adherence to applicable laws and internal policies to identify areas for improvement
- Strengthen compliance oversight through the consolidation of non-compliance treatment plans, enabling more effective monitoring and remediation.
- Implement compliance awareness interventions to build knowledge and promote a culture of compliance among HPCSA staff.



PART E

FINANCIAL

INFORMATION



HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

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 (Current President) * Prof MS Nemutandani (Previous President) * * Dr S Sobuwa (Vice President) Dr TA Muslim Mr ST Dywili Dr A Bham Mr J Shikwambane Prof J Rantloane Ms MMS 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 NV Madyibi Rev TL Mashiloane Dr SR Legoabe Mr BI Dladla Adv MJ Ralefatane Prof P Engel-Hills Ms LP Spies Prof N Mofolo Dr MS Sathekge Prof L Green-Thompson Dr LN Makwakwa *** Mr SR Mathebula ****
	* Appointed as the new Council President on the 26 September 2024 ** Withdrawal by Medical and Dental Board of appointment on 4 July 2024 *** Appointed on the 4th July 2024 **** Appointed on the 30th July 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 2025

GENERAL INFORMATION

Postal address	PO 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.hpcs.co.za

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

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HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

AUDIT AND RISK COMMITTEE REPORT

1. Members of the Audit and Risk Committee

The Audit and Risk Committee (ARCOM) is comprised of three non-executive members of the Council and four independent members, 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 its members possess the required skills, knowledge and experience as set out in King IV, principle 3.2 paragraphs 5 to 10.

The report of the Audit and Risk Committee (ARCOM) is prepared in terms of the Health Professions Act 56 of 1974 as amended, section 13. The Audit and Risk Committee has adopted appropriate formal terms of reference which have been approved by Council. ARCOM has performed its responsibilities as set out in its terms of reference executing its duties during the reporting period, the Committee has performed the following:

Audit

- Monitored the effectiveness and adequacy of the scope, plans, budget, coverage, independence, skills, staffing, overall performance and position of the internal audit and compliance functions within the organisation.

ARCOM further:

- 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.

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

AUDIT AND RISK COMMITTEE REPORT

During the period ending 31 March 2025, ARCOM:

- Reviewed and recommended to Council for approval of the Enterprise Risk Management Framework.
- Reviewed and recommended to Council for approval of the 2024/25 Council Strategy Risk Register.
- Reviewed and recommended to Council for approval of the Whistle-Blower Protection and Reporting Policy.
- Reviewed and recommended to Council for approval of the Whistleblowing Process and Procedures.
- Reviewed and recommended to Council for approval of the Combined Assurance Model.
- Reviewed and recommended to Council for approval of the Internal Audit Charter.
- 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 2025

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 2025 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 2025.

	10/06/2024	01/09/2024	21/11/2024	06/03/2025	Total
Rev NV Madyibi (Chairperson)	Yes	Yes	Yes	Yes	4 of 4
Ms A Vuma (Non-Executive)	Yes	N/a	Yes	Yes	3 of 4
Dr R Legoabe (Non-Executive)	Yes	Yes	Yes	Yes	4 of 4
Mr S Nyangintsimbi (Independent)	N/a	Yes	Yes	N/a	2 of 4
Ms R Khwela (Independent)	Yes	Yes	Yes	Yes	4 of 4
Mr S Ngwenya (Independent)	Yes	Yes	Yes	Yes	4 of 4
Mr F Docrat	Yes	Yes	Yes	N/a	3 of 4

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.

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

AUDIT AND RISK COMMITTEE REPORT

4. Internal Audit Function

The internal audit function was co-sourced to OMA Chartered Accountants with supervision provided by the HPCSA management, who also is responsible for the Chief Audit Executive function.

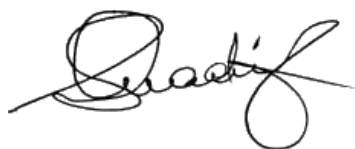
5. Discharge of responsibilities

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 29 September 2025. 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
29 September 2025



HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

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 International Financial Reporting Standards. The external auditors are engaged to express an independent opinion on the audited annual financial statements.

The audited annual financial statements are prepared in accordance with International Financial Reporting Standards and are based upon appropriate accounting policies consistently applied and supported by reasonable and prudent judgements and estimates.

The Registrar 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 2026 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 251 to 253.

The annual financial statements set out on page 254-286, which have been prepared on the going concern basis, were approved by the Council on 29 September 2025 and were signed on their behalf by:

Approval of financial statements



Dr D Mathye
President: Health Professions Council of South Africa
29 September 2025

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

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 2025.

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:

- To promote the health of the population;
- Determine standards of professional education and training; and
- 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	Council Members	Designation
Dr D Mathye*	Current President	Non-executive	Mr N Raheman	Non-executive
Prof MS Nemutandani**	Previous President	Non-executive	Rev NV Madyibi	Non-executive
Dr S Sobuwa	Vice President	Non-executive	Rev TL Mashiloane	Non-executive
Ms LP Spies		Non-executive	Dr SR Legoabe	Non-executive
Dr TA Muslim		Non-executive	Mr BI Dladla	Non-executive
Mr ST Dywili		Non-executive	Prof P Engel-Hills	Non-executive
Dr A Bham		Non-executive	Prof N Mofolo	Non-executive
Mr J Shikwambane		Non-executive	Ms MM Mothapo	Non-executive
Prof J Rantloane		Non-executive	Adv MJ Ralefatane	Non-executive
Ms A Vuma		Non-executive	Dr MS Sathekge	Non-executive
Ms E Burger		Non-executive	Prof L Green-Thompson	Non-executive
Ms Y Naidoo		Non-executive	Dr LN Makwakwa (Appointed 04 July 2024)	Non-executive
Mr TJ Nambo		Non-executive	Dr SR Mathebula (Appointed 30 July 2024)	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		

* Appointed as a Council President on the 26 September 2024

** Withdrawal by the Medical and Dental Board on 4 July 2024

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

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 2025, the Council's investment in property, plant and equipment amounted to R36,684,267 (2024: R30,653,456) of which R9,836,319 (2024: R 3,081,781) was added in the current year through additions.

5. Special Investigating Unit

The SIU's investigation at the HPCSA, under Proclamation No R23 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 Councilors are not aware of any material event which occurred after the reporting date and up to the date of this report.

8. Auditor

Morar Incorporated appointed in office as the external auditor for the Council for the financial year ending 31 March 2025.

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, 29 September 2025. 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 254-286, which have been prepared on the going concern basis, were approved by the Council on 29 September 2025 and were signed on its behalf by:

Approval of audited annual financial statements



Dr D Mathye
President: Health Professions Council of South Africa
29 September 2025

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

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 254 to 286, which comprise the statement of financial position as at 31 March 2025, 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 2025, 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 council in accordance with the Independent Regulatory Board for Auditors' Code of Professional Conduct for Registered Auditors (IRBA Code) and other independence requirements applicable to performing audits of 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 opinion.

Other Information

The councilors are responsible for the other information. The other information comprises the information included in the document titled "Health Professions Council of South Africa financial statements for the year ended 31 March 2025", which includes the Councilors' Report as required by the Health Professions Act No 56 of 1974 and the supplementary information as set out on pages 287 to 288. The other information does not include the financial statements and our auditor's report thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.



Reg. No: 2000/008551/21
IRBA Reg. No: 901449

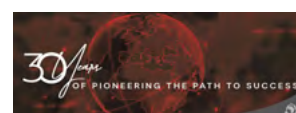
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Directors:
J. Reddy CA (SA), RA, MBA, CFE
C. Machiri CA (SA), RA
K. Naidoo CA (SA), RA
A. Bikram CA (SA), RA



HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

INDEPENDENT AUDITOR'S REPORT

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 councilors 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 council's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the councilors either intend to liquidate the council or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with 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 councilors' 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 council to 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.

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

INDEPENDENT AUDITOR'S REPORT

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 2 years.

Morar Inc.

Jennifer Reddy
Chief Executive Officer
Morar Incorporated
Chartered Accountants (SA)
Registered Auditors

Date: 30 September 2025
Pietermaritzburg

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH, 2025

Figures in Rand	Note(s)	2025	2024 Restated *
Assets			
Non-Current Assets			
Property, plant and equipment	3	36,684,267	30,653,456
Right-of-use assets	4	17,240	227,564
Intangible assets	5	11,320,470	13,397,564
Investments at fair value	6	1,242,740	1,042,100
		49,264,717	45,320,684
Current Assets			
Trade and other receivables	8	44,765,335	36,575,154
Cash and cash equivalents	9	552,544,093	472,773,808
		597,309,428	509,348,962
Total Assets		646,574,145	554,669,646
Equity and Liabilities			
Equity			
Revaluation reserve		630,558	630,558
Fair value adjustment reserve		1,070,220	869,580
Retained income		240,451,242	217,449,127
		242,152,020	218,949,265
Liabilities			
Non-Current Liabilities			
Finance lease liabilities	4	-	19,759
Current Liabilities			
Finance lease liabilities	4	19,570	220,341
Accrued leave	10	11,330,675	10,034,973
Trade and other payables	11	31,040,452	23,116,863
Deferred income	12	362,031,428	302,328,445
		404,422,125	335,700,622
Total Liabilities		404,422,125	335,720,381
Total Equity and Liabilities		646,574,145	554,669,646

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

Figures in Rand	Note(s)	2025	2024 Restated *
Revenue	13	382,177,100	379,800,728
Other operating income	14	8,973,008	1,674,274
Other operating expenses		(405,957,848)	(365,872,356)
Operating (deficit)/surplus		(14,807,740)	15,602,646
Interest income	16	37,826,431	34,904,953
Finance costs		(16,576)	(36,800)
Surplus for the year		23,002,115	50,470,799
Other comprehensive income:			
Items that will not be reclassified to profit or loss:			
Gain on revaluation - Property, plant and equipment		-	47,860
Gain on fair value through other comprehensive income	6	200,640	187,425
Total items that will not be reclassified to profit or loss		200,640	235,285
Other comprehensive income for the year		200,640	235,285
Total comprehensive surplus for the year		23,202,755	50,706,084

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

STATEMENT OF CHANGES IN EQUITY

Figures in Rand	Revaluation reserve	Fair value adjustment reserve	Total reserves	Retained income	Total equity
Opening balance as previously reported Adjustments	582,698	682,155	1,264,853	166,067,776	167,332,629
Prior period error (See note 26.1)	-	-	-	910,550	910,550
Restated* Balance at 1 April, 2023 as restated	582,698	682,155	1,264,853	166,978,326	168,243,179
Surplus for the year	-	-	-	46,701,368	46,701,368
Prior period errors (See note 26.2, 26.3 and 26.4)	-	-	-	(440,937)	(440,937)
Change in accounting estimates (Note 27)	-	-	-	4,210,370	4,210,370
Other comprehensive income	47,860	187,425	235,285	-	235,285
Total comprehensive income for the year	47,860	187,425	235,285	50,470,801	50,706,086
Balance at 1 April, 2024	630,558	869,580	1,500,138	217,449,127	218,949,265
Surplus for the year	-	-	-	23,002,115	23,002,115
Other comprehensive income	-	200,640	200,640	-	200,640
Total comprehensive income for the year	-	200,640	200,640	23,002,115	23,202,755
Balance at 31 March, 2025	630,558	1,070,220	1,700,778	240,451,242	242,152,020

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

STATEMENT OF CASH FLOWS

Figures in Rand	Note(s)	2025	2024 Restated *
Cash flows from operating activities			
Cash receipts from customers		382,959,927	374,718,067
Cash paid to suppliers and employees		(324,260,433)	(343,303,772)
Cash generated from operations	18	58,699,494	31,414,295
Interest income		34,190,068	32,170,872
Finance costs		(16,576)	(36,800)
Net cash from operating activities		92,872,986	63,548,367
Cash flows from investing activities			
Purchase of property, plant and equipment	3	(9,836,319)	(3,081,781)
Purchases of intangible assets	5	(3,029,275)	-
Net cash from investing activities		(12,865,594)	(3,081,781)
Cash flows from financing activities			
Repayment of lease liabilities	4	(237,107)	(217,348)
Total cash movement for the year		79,770,285	60,249,238
Cash and cash equivalents at the beginning of the year		472,773,808	412,524,570
Cash and cash equivalents at the end of the year	9	552,544,093	472,773,808

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

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 2025 were authorised for issue in accordance with a resolution of the Councilors on 29 September 2025.

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 notes 8 and 25.

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

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 notes 26 and 27.

1.4 Property, plant and equipment

Property, plant and equipment owned by Council comprises of buildings, furniture and fixtures, office equipment, 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.

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

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
IT servers	Straight line	10 years
Works of art and Presedential badge	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	Amortisation method	Average useful life
Computer software - Oracle	Straight line	12 years
Other - Computer software	Straight line	12 years

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

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 of 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 8).

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.

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

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 8.

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.

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

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 - equipment	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.

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

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 was 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	At a point in time	Invoice amount as contracted	Once-off
Service	Registration fees	Committee of a professional board 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

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

2. New Standards and Interpretations

2.1 Standards and interpretations effective and adopted in the current year

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 2024.

At the date of authorisation of these Annual Financial Statements for the year ended 31 March 2025, the following IFRS Accounting Standards were adopted.

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.

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 2024 (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.

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

2. Changes in accounting policy (continued)

Standard/ Interpretation:	Effective date: Years beginning on or after	Expected impact:
IFRS 18 Presentation and Disclosure in Financial Statements	1 January, 2027	Unlikely there will be a material impact
Amendments to IFRS 9 Financial Instruments	1 January, 2026	Unable to reliably estimate the impact
Amendments to IAS 10 Statement of Cash flows	1 January, 2026	Unlikely there will be a material impact
Amendments to IFRS 9 and IFRS 7: Amendments to the Classification and Measurement of Financial Instruments.	1 January, 2026	Unable to reliably estimate the impact

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

Figures in Rand

3. Property, plant and equipment

	2025			2024		
	Cost or revaluation	Accumulated depreciation	Carrying value	Cost or revaluation	Accumulated depreciation	Carrying value
Land	3,545,008	-	3,545,008	3,545,008	-	3,545,008
Buildings	17,023,658	(4,004,611)	13,019,047	14,771,937	(3,701,325)	11,070,612
IT servers	14,885,618	(9,841,881)	5,043,737	15,403,502	(8,996,337)	6,407,165
Furniture and fittings	4,328,559	(2,194,333)	2,134,226	4,524,254	(2,263,907)	2,260,347
Office equipment	17,393,379	(8,023,169)	9,370,210	12,919,212	(9,265,500)	3,653,712
IT equipment	5,840,202	(2,864,640)	2,975,562	8,234,872	(5,113,828)	3,121,044
Works of art & Presidential badge	629,741	(33,264)	596,477	635,741	(40,173)	595,568
Total	63,646,165	(26,961,898)	36,684,267	60,034,526	(29,381,070)	30,653,456

Reconciliation of property, plant and equipment - 2025

	Opening balance	Additions	Disposals	Transfers	Depreciation Reversal	Total
Land	3,545,008	-	-	-	-	3,545,008
Buildings	11,070,612	2,438,117	(166,783)	(322,899)	-	13,019,047
Furniture and fittings	2,260,347	146,300	(98,121)	(174,300)	-	2,134,226
Office equipment	3,653,712	6,449,151	(256,509)	(876,152)	400,008	9,370,210
IT equipment	3,121,044	802,751	(152,989)	(888,889)	93,645	2,975,562
IT servers	6,407,165	-	(8,500)	(1,354,928)	-	5,043,737
Works of art & Presidential badge	595,568	-	(5,684)	(21,190)	27,783	596,477
Total	30,653,456	9,836,319	(688,586)	(3,638,358)	521,436	36,684,267

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

3. Property, plant and equipment (continued)

Reconciliation of property, plant and equipment - 2024

	Opening balance	Additions	Disposals	Transfers	Revaluation surplus	Depreciation	Total
Land	3,545,008	-	-	-	-	-	3,545,008
Buildings	10,184,549	1,160,579	-	-	-	(274,516)	11,070,612
Furniture and fittings	2,580,621	87,702	(237,784)	-	-	(170,192)	2,260,347
Office equipment	4,510,567	190,360	(3,993)	14,163	-	(1,057,385)	3,653,712
IT Servers	7,737,067	-	-	-	-	(1,329,902)	6,407,165
Works of art & Presidential badge	568,232	-	-	-	47,860	(20,524)	595,568
IT equipment	2,549,812	1,643,140	(49,599)	(14,163)	-	(1,008,146)	3,121,044
	31,675,856	3,081,781	(291,376)	-	47,860	(3,860,665)	30,653,456

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 20,3 million (2024 - R21,9 million).

ERF 587 PTN 3, Arcadia, Pretoria, 572 Madiba Street at a value of R2,5 million (2024 - R3,4 million).

ERF 1244 Arcadia, Pretoria, 553 Madiba Street at a value of R35,8 million (2024 - R35,9 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 average lease term is 2 years. The Council leases rental machines (printing and photocopy machines) under a finance lease, from 01 May 2023.

Details pertaining to leasing arrangements, where the Council is lessee are presented below:

	2025			2024		
	Cost or revaluation	Accumulated depreciation	Carrying value	Cost or revaluation	Accumulated depreciation	Carrying value
Office equipment	420,648	(403,408)	17,240	420,648	(193,084)	227,564

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

Figures in Rand 2025 2024 Restated*

4. Right-of-use assets (continued)

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	17,240	227,564
Additions to right-of-use assets		
Office equipment	-	420,648

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	210,324	193,084
Other disclosures		
Interest expense on lease liabilities	16,576	36,800
Lease repayments	237,107	217,348
Total cash outflow from leases	253,683	254,148
Finance lease liabilities		
The maturity analysis of lease liabilities is as follows:		
Within one year	19,759	237,107
Two to five years	-	19,759
	19,759	256,866
Less finance charges component	(189)	(16,766)
Present value of minimum lease payments	19,570	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.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

Figures in Rand

5. Intangible assets - Developed internally

	2025			2024		
	Cost or revaluation	Accumulated depreciation	Carrying value	Cost or revaluation	Accumulated depreciation	Carrying value
	21,832,928	(12,338,498)	9,494,430	28,769,526	(15,913,839)	12,855,687
	1,826,040	-	1,826,040	541,877	-	541,877
	23,658,968	(12,338,498)	11,320,470	29,311,403	(15,913,839)	13,397,564

Reconciliation of property, plant and equipment - 2025

	Opening balance	Additions	Disposals	Transfers	Amortisation	Total
Computer software	12,855,687	1,203,235	(3,286,180)	541,877	(1,820,189)	9,494,430
Oracle cloud - Work in Progress	541,877	1,826,040	-	(541,877)	-	1,826,040
	13,397,564	3,029,275	(3,286,180)	-	(1,820,189)	11,320,470

Reconciliation of intangible assets - 2024

	Opening balance	Impairment	Amortisation	Amortisation reversal	Total
Computer software	14,938,589	(1,068,704)	(1,308,308)	294,110	12,855,687
Oracle cloud - Work in Progress	541,877	-	-	-	541,877
	15,480,466	(1,068,704)	(1,308,308)	294,110	13,397,564

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

Figures in Rand	2025	2024 Restated*
6. Investments at fair value		
Equity investments at fair value through other comprehensive income:		
Opening balance of investment	1,042,100	854,675
Increase in share price	200,640	187,425
	1,242,740	1,042,100

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 at a price of R82,75 per share.

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	23,351,324	21,568,145
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8. Trade and other receivables

Financial instruments:	1,042,100	854,675
Trade receivables	29,184,515	39,341,417
Loss allowance	(16,739,103)	(24,857,109)
Trade receivables at amortised cost	12,445,412	14,484,308
Employee costs in advance	107,803	80,303
Prepayments	12,569,235	7,749,961
Deposits	128,890	128,890
Amcoa loan account	1,353,841	636,958
Other receivables	910,550	910,550
Accrued interest	12,427,715	8,791,353
Accrued income	4,821,889	3,792,831
Total trade and other receivables	44,765,335	36,575,154

Opening Balance (Increase) / Decrease in credit loss allowance

Non-current assets	(24,857,109)	(22,915,980)
Current assets	8,118,006	(1,941,129)
	(16,739,103)	(24,857,109)

Prepayments

This represents the amounts paid in advance to creditors.

Accrued interest

This represent the interest accrued on bank fixed deposits.

Exposure to credit risk: Trade receivables inherently expose the Council to credit risk, being the risk that the Council will incur financial loss if customers fail to make payments as they fall due.

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

Figures in Rand	2025	2024 Restated *
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8. Trade and other receivables (continued)

Exposure to credit risk

Trade receivables inherently expose the Council to credit risk, being the risk that the Council will incur financial loss if customers fail to make payments as they fall due.

The Council'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:

Expected credit loss rate:	2025 Estimated gross carrying amount at default	2025 Loss allowance (Lifetime expected credit loss)	2024 Estimated gross carrying amount at default	2024 Loss allowance (Lifetime expected credit loss)
Current: 13% (2024:29%)	1,220,736	155,956	839,488	255,001
Less than 30 days past due: 12% (2024:30%)	2,068,042	251,723	5,398,746	1,592,835
31-60 days past due: 11% (2024: 29%)	789,240	83,460	1,801,469	524,828
61-90 days past due: 9% (2024: 32%)	356,935	31,698	687,432	219,164
91-180 days past due: 10% (2024:18%)	2,564,818	267,502	6,470,000	1,194,642
181-360 days: 13% (2024: 30%)	2,279,500	292,431	2,112,819	643,738
361 + days: 67% (2024: 94%)	19,892,894	15,656,333	21,623,463	20,426,901
	29,172,165	16,739,103	38,933,417	24,857,109

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

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.

Evaluations and other debtors (Restorations, penalties, registration fees and other)

Evaluations more than 365 days 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.

9. Cash and cash equivalents

Cash and cash equivalents consist of:

Bank balances	174,495,750	74,408,749
Short-term deposits	378,048,343	398,365,059
	552,544,093	472,773,808

Cash and cash equivalents pledged as security

Bank balances	2,000,000	2,000,000
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HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

Figures in Rand	2025	2024 Restated*
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9. Cash and cash equivalents (continued)

No expiry date and no special conditions apply.

Limited Cession of Absa Bank Ltd Fixed Deposit no: 2064961351 for R 500, 000

Limited Cession of Absa Bank Ltd Fixed Deposit no: 2064951992 for R 1,500,000

10. Employee benefits

Employee benefits represents the leave days that are accrued to employees and are payable in full when an employee resigns. See note 27 on change of accounting estimate.

Employee benefits

Accrued staff leave	11,330,675	10,034,973
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11. Trade and other payables

Financial instruments:

Trade payables	8,052,581	11,247,857
Accruals and other payables	22,657,858	9,763,343

Non-financial instruments:

VAT	330,013	2,105,663
	31,040,452	23,116,863

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

2025	Unearned Revenue	Unapplied Receipts	Unidentified Receipts	Total
Opening balance as at 01 April 2024	10,019,354	287,557,769	4,751,322	302,328,445
Movement for the period	880,397	58,849,477	(26,891)	59,702,983
	10,899,751	346,407,246	4,724,431	362,031,428
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

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

Figures in Rand	2025	2024 Restated *
12. Deferred income (continued)		
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.		
13. Revenue		
From services provided		
Unidentified receipts - recognised	1,431,037	1,412,629
Annual fees - current	319,279,446	306,045,943
Restoration fees	9,691,504	13,054,366
Examination fees	5,191,835	7,815,495
Evaluation fees	6,356,370	8,428,316
Other professional fees (COS, CEX, CPD, Medical reports)	3,197,541	3,195,130
Registration fees	24,612,348	26,959,059
Annual fees - prior years	4,608,643	5,478,969
Fees from penalties imposed	5,910,607	4,699,723
	380,279,331	377,089,630
Revenue other than from contracts with customers		
Annual fees - prior years	1,897,769	2,711,098
	382,177,100	379,800,728
14. Other operating income		
Asset revaluation surplus	27,783	-
Profit on sale of fixed assets	94,951	1,035
Rental income	265,133	250,125
Decrease in credit loss allowance	8,118,005	-
Other recoveries - RAF	36	-
Sundry revenue	274,457	406,765
Register sales	-	236,040
Dividends received	53,464	91,309
Amcoa sponsorship	-	408,000
Compensation received for loss of PPE	139,179	281,000
	8,973,008	1,674,274

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

Figures in Rand	2025	2024 Restated *
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:		
Gains / (losses) on disposals, scrappings and settlements		
Amortisation on intangible assets	1,820,189	1,308,308
Bank charges	4,371,703	4,269,035
Consulting and professional fees	13,531,739	11,387,662
Corporate affairs	4,912,982	3,366,148
Council, professional boards and committee meetings	67,268,034	62,604,712
Depreciation	3,848,682	4,053,749
Employee costs	242,501,163	225,863,228
Inspectorate	3,207,724	2,933,043
International conferences and meetings	899,155	2,231,231
IT expenses	30,050,113	22,058,917
Loss on disposal of assets	3,482,640	1,036,424
Municipal expenses	3,101,819	2,949,046
Rental - machines and offices	561,655	462,527
Repairs and maintenance	1,875,238	1,723,188
Security	2,473,064	2,311,275
Strategic projects	8,229,324	2,760,692
16. Interest income		
Interest received on bank and short term deposits	37,826,431	34,904,953

Finance income is recognised using the effective interest method and is recognised when it is accrued 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.

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

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NOTES TO THE ANNUAL FINANCIAL STATEMENTS

Figures in Rand	2025	2024 Restated *
18. Cash generated from operations		
Surplus for the year	23,002,115	50,470,799
Adjustments for non-cash items:		
Depreciation, amortisation, impairments and reversals of impairments	5,668,871	5,353,520
Losses on sale of assets and liabilities	4,612,734	671,192
Interest accrued	3,636,363	2,734,081
Amortisation and depreciation reversals	(1,142,827)	512,523
Adjust for items which are presented separately:		
Interest income	(37,826,431)	(34,904,953)
Finance costs	16,576	36,800
Changes in working capital:		
Increase in trade and other receivables	(8,190,181)	(6,756,936)
Increase / (decrease) in trade and other payables	7,923,589	(4,632,129)
Increase in deferred income	59,702,983	19,353,473
Increase / (decrease) in employee benefits	1,295,702	(1,424,075)
	58,699,494	31,414,295

19. Related parties

Relationships

President of Council - Dr D Mathye

Council members - 29 members

Minister of Health and Department of Health

Refer to note 21

Refer to Health Professions Act no 56 of 1974

Related party transactions

Council / Professions Board members fees

Members fees	41,409,661	34,358,794
Subsistence allowances	2,870,823	3,488,185

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

20. Executive Remuneration

Executive

2025	Emoluments	Retirement benefits	Medical aid	Acting and additional responsibility allowances	Performance bonus	Total
Registrar	3,449,402	64,752	-	-	-	3,514,154
Head of Department: Finance and SCM / (CFO)	2,660,461	50,845	51,362	43,399	356,179	3,162,246
Head of Department - Legal and Regulatory Affairs (01 September 2024 to 31 March 2025)	1,125,050	21,519	-	-	-	1,146,569
Head of Division: Information Technology (CIO) (01 May 2024 to 31 March 2025)	1,273,606	25,406	-	29,054	56,000	1,384,066
Head of Department: Core operations	2,247,736	43,652	61,069	-	213,644	2,566,101
Head of Division: Registrations (01 April 2024 to 28 February 2025)	2,087,844	37,368	-	-	-	2,125,212
Head of Division: Inspectorate	2,079,395	59,375	-	-	196,083	2,334,853
Head of Division: Strategy and Enterprise Project Management	1,977,646	37,766	-	-	182,612	2,198,024
HOD: Executive Secretariat and acting HOD: Legal and Regulatory Affairs (01 April 2024 to 31 August 2024)	1,898,609	36,992	43,363	628,179	180,550	2,787,693
Head of Division: Educational and Training	1,884,170	33,862	-	-	162,192	2,080,224
Head of Division: Complaints Handling and Investigation	1,954,794	39,122	100,762	43,399	260,669	2,398,746
Head of Division: Human Resources	1,795,325	34,477	-	-	165,268	1,995,070
Head of Division: Internal Audit and Risk (01 July 2024 to 31 March 2025)	1,050,632	31,866	-	-	-	1,082,498
Acting Head of Division: IT / CIO (April 2024)	131,547	2,607	3,616	10,893	-	148,663
Head of Division: Corporate Affairs (01 April 2024 to 28 February 2025)	1,602,304	30,903	24,695	-	-	1,657,902
Chief Mediator Acting (01 June 2024 to 30 November 2024, appointed in December 2024)	1,037,822	21,554	80,841	62,288	95,961	1,298,466
Acting HOD: Corporate Affairs (01 April 2024 to 31 March 2025)	1,114,197	34,630	-	148,546	51,752	1,349,125
Head of Division: Professional Practice	1,441,170	28,163	-	-	133,370	1,602,703
Acting Head of Division: Internal Audit and Risk Management (01 April 2024 to 30 June 2024)	432,038	8,467	7,528	34,413	-	482,446
Acting Head of Division: Registrations (01 August 2024 to 31 March 2025)	905,929	17,359	30,494	115,738	45,421	1,114,941
	32,149,677	660,685	403,730	1,115,909	2,099,701	36,429,702

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NOTES TO THE ANNUAL FINANCIAL STATEMENTS

2024	Emoluments	Retirement benefits	Medical aid	Acting and additional responsibility allowances	Total
Registrar /CEO (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: Education 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 / CEO (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.

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

21. Councilors' emoluments

Non-executive

2025

	Emoluments	President and Vice President Retainers Allowance	Board Retainers Allowance	Other - Subsistence, Travel and Collaboration	Total
Prof MS Nemutandani*	-	36,327	-	9,210	45,537
Dr S Sobuwa	263,662	104,715	76,790	152,850	598,017
Prof JO August	409,347	-	76,790	109,915	596,052
Mr N Raheman	277,507	-	-	16,529	294,036
Ms E Burger	44,037	-	-	14,665	58,702
Mr BI Dladla	42,921	-	-	-	42,921
Mr ST Dywili	5,545	-	-	15,468	21,013
Prof PC Engel-Hills	90,564	-	-	16,596	107,160
Dr SR Legoabe	154,641	-	-	15,535	170,176
Ms NV Madyibi	185,226	-	-	14,273	199,499
Ms TB Mahlaola	174,927	-	57,593	16,629	249,149
Dr D Mathye (President of Council)	393,770	72,654	76,790	134,786	678,000
Dr N Mofolo	125,172	-	-	14,479	139,651
Mrs MMS Mothapo	107,354	-	-	14,139	121,493
Dr TA Muslim	215,879	-	76,790	24,099	316,768
Ms Y Naidoo	268,438	-	76,790	57,825	403,053
Mr TJ Nambo	104,736	-	-	11,883	116,619
Dr NL Makwakwa	317,164	-	57,593	14,340	389,097
Adv MJ Ralefatane	168,192	-	-	14,489	182,681
Prof L Ramma	284,511	-	76,790	36,105	397,406
Dr MS Sathekge	372,892	-	-	11,335	384,227
Mr J Shikwambane	188,892	-	76,790	39,404	305,086
Ms LP Spies	349,594	-	76,790	80,531	506,915
Dr A Thulare	-	-	-	16,596	16,596
Ms A Vuma	163,796	-	76,790	45,450	286,036
Prof JL Rantloane	240,772	-	76,790	145,268	462,830
Prof NJ Ngoloyi-Mekwa	175,013	-	-	14,273	189,286
Rev TL Mashiloane	118,597	-	-	16,306	134,903
Prof L Green-Thompson (Appointed 22 August	-	-	-	23,075	23,075
	5,243,149	213,696	883,086	1,096,053	7,435,984

* Withdrawal by Medical and Dental Board appointment on 4th July 2024

** Appointed on the 4th July 2024

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

21. Councilors' emoluments (continued)

2024

Non-executive	Emoluments	President and 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
Ms LP Spies	311,054	-	72,512	40,280	423,846
Adv MJ Ralefatane	251,267	-	-	17,136	268,403
Mr ST Dywili	160,311	-	-	14,508	174,819
Rev NV Madyibi	216,092	-	-	13,458	229,550
Mr J Shikwambane	160,961	-	72,512	37,824	271,297
Dr TT Khanyile*	285,873	-	-	8,914	294,787
Ms A Vuma	262,464	-	72,512	32,695	367,671
Ms E Burger	104,116	-	-	15,309	119,425
Ms Y Naidoo	281,431	-	72,512	37,165	391,108
Prof N Mofolo	117,847	-	-	15,884	133,731
Prof JO August	351,829	-	72,512	103,859	528,200
Ms TB Mahlaola	194,371	-	54,384	14,052	262,807
Prof L Ramma	251,267	-	72,512	34,050	357,829
Dr A Thulare	-	-	-	15,154	15,154
Prof NJ Ngoloyi-Mekwa	128,928	-	-	13,458	142,386
Dr MS Sathekge**	259,998	-	-	16,686	276,684
Mr N Raheman	174,332	-	-	12,252	186,584
Dr D Mathye (President of Council)	267,095	-	72,512	86,868	426,475
Rev TL Mashiloane	126,838	-	-	17,814	144,652
Dr SR Legoabe	106,255	-	-	13,814	120,069
Mr BI Dladla	71,860	-	-	13,458	85,318
Prof P Engel-Hills	77,457	-	-	12,330	89,787
Mrs MMM Mothapo	117,847	-	-	13,302	131,149
Mr TJ Nambo	281,431	-	-	37,165	318,596
Dr TA Muslim	162,916	-	72,512	34,265	269,693
Prof JL Rantloane	147,679	-	71,349	202,517	421,545
	5,650,476	236,092	778,341	1,437,244	8,102,153

* Resigned 08 June 2023

** Appointed 21 June 2023

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

Figures in Rand	2025	2024 Restated*
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	22,718,141	20,331,679
Employee costs	8,991,163	9,353,213
RAF legal, tribunal expenditure, sheriff and disbursements	13,719,008	10,970,947
HPCSA overheads (Stationery, telephone and training)	7,970	7,519
Amounts received from RAF	24,881,042	23,292,902
Amounts received from RAF	22,718,141	20,331,679
Management accounts	1,897,769	2,711,098
Rental income	265,132	250,125
Revenue and other operating income (see note 14 and 15)	2,162,901	2,961,223
23. Fruitless / Wasteful Expenditure		
Opening balance at the beginning of the year	-	406,138
Condonement	-	(406,138)
Balance	-	-

24. 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 is suing the HPCSA for over R 419, 010.61 for loss of earnings for failing to issue him with a Certificate of Status in time for him to finalize a contract of employment in Canada. The matter is yet to be set down for hearing.

Matter regarding Practitioner: Henry Eli Haynes

The practitioner is suing the HPCSA for R771,900.00 in damages for defamation emanating from accusation by one of the HPCSA's inspectors that the plaintiff had practice a profession registrable in terms of the Health Professions Act, 1974 without registration and therefore committed an offence. The HPCSA Inspector reported the plaintiff to SAPS for practicing without registration and this resulted in the arrest of the plaintiff. The plaintiff was aggrieved by the action of the HPCSA Inspector, hence this action for damages. The matter is set down to proceed on 13 June 2025.

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

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 had sought a settlement of R 8 million after rejecting the six months settlement. The matter is set down for 15-17 September 2025 at the Labour Court. The HPCSA has not made any provision in this financial year and will continue to review this decision on an on-going basis.

25. 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

2025	Note(s)	Fair value through other comprehensive income - equity instruments	Amortised cost	Total	Fair value
Investments at fair value	6	1,242,740	-	1,242,740	1,242,740
Trade and other receivables	8	-	44,765,335	44,765,335	44,765,335
Cash and cash equivalents	9	-	552,544,093	552,544,093	552,544,093
		1,242,740	597,309,428	598,552,168	598,552,168

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	8	-	36,575,154	36,575,154	36,575,154
Cash and cash equivalents	9	-	472,773,808	472,773,808	472,773,808
		1,042,100	509,348,962	510,391,062	510,391,062

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

25. Financial instruments and risk management (continued)

Categories of financial liabilities

2025	Note(s)	Amortised cost	Leases	Total
Trade and other payables	11	31,040,452	-	31,040,452
Finance lease obligations	4	-	19,570	19,570
Accrued leave	10	11,330,675	-	11,330,675
		42,371,127	19,570	42,390,697
2024	Note(s)	Amortised cost	Leases	Total
Trade and other payables	11	23,116,863	-	23,116,863
Finance lease obligations	4	-	220,341	220,341
Accrued leave	10	10,034,973	-	10,034,973
		33,151,836	220,341	33,372,177

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 2025, 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.

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 8)

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.

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

25. Financial instruments and risk management (continued)

Ongoing credit evaluation is performed on the financial condition of trade and other receivables. Refer to note 8 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.

26. Prior period errors

26.1 Trade and other receivables: Government employee

The Council identified a prior period error because of correspondence received from the Minister of Health on 6 April 2025, where the Minister of Health confirmed 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.

Council in a special meeting of 2 May 2025 resolved to mandate the Secretariat to recover the paid remuneration to Council and Professional Board Members who are employed by Government and its Agencies.

This prior period error relates to a matter of an ex-council member who was investigated in 2022 where it was found that the member is a government employee and was paid R 910 550.

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

26.1 Trade and other receivables: Government employee (continued)

Statement of Financial Position	As previously reported	Correction of error	Total
Retained income - Opening balance 01 April 2023	(166,067,775)	(910,550)	(166,978,325)
Trade and other receivables - Opening balance at 1 April 2024	35,208,546	910,550	36,119,096
Retained income - Opening balance at 1 April 2024	(212,769,144)	(910,550)	(213,679,694)

26.2 Trade and other trade receivables, Amcoa conference and Dividend received

The Council identified a prior period error when reconciling the HPCSA bank statements. A sponsorship payment was received from the National Government Communication and Information Systems on the 22 August 2024 for the AMCOA conference. The error has been corrected through retrospective restatement of comparative figure in the current financial year's statements.

The Council has identified the prior period error when reviewing the declaration date of Dividends paid for the financial year 2023/24. The dividends were paid on the 08 April 2024 but declared in March 2024. The error has been corrected through retrospective restatement of comparative figure in the current financial year's statements.

Statement of Financial Position	As previously reported	Correction of error	Total
Retained income - Opening balance 01 April 2024 - See note 26.1	(213,679,694)	(456,058)	(214,135,752)
Trade and other receivables - Opening 01 April 2024 - See note 26.1	36,119,096	456,058	36,575,154

Statement of Profit or Loss and Other Comprehensive Income	As previously reported	Correction of error	Total
Other Income - 2024			
Amcoa sponsorship	-	(408,000)	(408,000)
Dividend received	(43,251)	(48,058)	(91,309)

26.3 Trade and other trade payables, IT equipment, IT expenses, and SIU

The Council has identified the prior period error when reviewing the creditors transactions of the financial period 2023/24. Some IT and SIU expenses incurred during the financial period 2023/24 were processed under the financial period 2024/25. 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	Total
Retained income - Opening balance at 01 April 2024 as restated after correction of Note 26.2	(214,135,752)	969,394	(213,166,358)
Trade and other payables - Opening 01 April 2024	(22,147,469)	(969,394)	(23,116,863)

Statement of Profit or Loss and Other Comprehensive Income	As previously reported	Correction of error	Total
Investigations: SIU	1,072,568	699,070	1,771,638
IT Expenses	21,869,528	270,324	22,139,852

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

26.4 Property, plant and equipment - Computer equipment

The Council has identified the error when reviewing the computer equipment for the financial year 2023/24. The IT equipment was erroneously allocated under the IT expenses. 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	Total
Retained income - Opening balance at 01 April 2024 as restated after correction of Note 26.3	(213,166,358)	(72,399)	(213,238,757)
Property, plant and equipment - Opening 01 April 2024	30,581,051	72,399	30,653,450

Statement of Profit or Loss and Other Comprehensive Income	As previously reported	Correction of error	Total
IT Expenses (See note 26.3)	22,139,852	(80,935)	22,058,917
Depreciation	4,045,213	8,536	4,053,749

27. Change in accounting estimate

Accrued staff leave

The Council has identified a change in accounting estimate when accruing employee leave. Previously Council accrued for employee's leave for more than 15 days. However Council policy does not allow for payment of accrued leave for more than 15 days on termination of an employee contract or when an employee leaves the Council. This has been corrected through retrospective restatement of the comparative figures in the current financial year's financial statements.

2025 Statement of Financial Position	As previously reported	Change in accounting estimate	Total
Accrued staff leave	16,453,557	(5,122,882)	11,330,675

2024 Statement of Financial Position	As previously reported	Change in accounting estimate	Total
Retained income - Opening balance as 01 April 2024 as restated after correction of Note 26.4	(213,238,757)	(4,210,370)	(217,449,127)
Accrued staff leave Note 10 as restated	(14,245,343)	4,210,370	(10,034,973)

Statement of Profit or Loss and Other Comprehensive Income	Before change in accounting estimate	Change in accounting estimate	After change in accounting estimate
Employee costs	230,073,598	(4,210,370)	225,863,228

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

DETAILED STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

Figures in Rand	Note(s)	2025	2024 Restated*
Revenue			
Annual fees current year before suspensions		328,824,476	317,378,299
Less: suspension of membership		(9,545,030)	(11,332,356)
Annual fees - current year		319,279,446	306,045,943
Annual fees - prior year		4,608,643	5,478,969
Fees from penalties imposed		5,910,607	4,699,723
Restoration fees		9,691,504	13,054,366
Registration fees		24,612,348	26,959,059
RAF management fees		1,897,769	2,711,098
Examination fees		5,191,835	7,815,495
Unidentified receipts - recognised		1,431,037	1,412,629
Evaluation fees		6,356,370	8,428,316
Other professional fees (COS, CEX, CPD, Medical reports)		3,197,541	3,195,130
	13	382,177,100	379,800,728
Other operating income			
Profit on sale of fixed assets		94,951	1,035
Asset revaluation surplus		27,783	-
Other rental income		265,133	250,125
Decrease in credit loss allowance		8,118,005	-
Other recoveries - RAF		36	-
Sundry revenue		274,457	406,765
Register sales		-	236,040
Dividend received		53,464	91,309
Compensation received for loss of PPE		139,179	281,000
Amcoa Sponsorship		-	408,000
	14	8,973,008	1,674,274
Expenses (Refer to page 45)		(405,957,848)	(365,872,356)
Operating (loss) / profit		(14,807,740)	15,602,646
Investment income	16	37,826,431	34,904,953
Finance costs		(16,576)	(36,800)
Other comprehensive losses			
Profit on revaluation - property, plant and equipment		-	47,860
Fair value gains	6	200,640	187,425
Surplus for the year		23,202,755	50,706,084

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2025

DETAILED STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

Figures in Rand	Note(s)	2025	2024 Restated*
Other operating expenses			
Air-conditioning expenses		596,069	446,099
AMCOA expenditure		1,075,418	1,789,109
Amortisation	5	1,820,189	1,308,308
Auditor's remuneration - external audit		364,484	360,731
Bank charges		4,371,703	4,269,035
Bad debts written off		2,915,019	15,889
Bad debts - increase in credit loss allowance		-	1,941,128
Chief mediator		134,726	72,389
Cleaning services		718,570	631,936
Consulting and professional fees - legal fees		13,531,739	11,387,662
Consulting - others		1,048,014	272,739
Corporate affairs expenses		4,912,982	3,366,148
Council, professional board and committee meetings		67,268,034	62,604,712
Depreciation	3&4	3,848,682	4,053,749
Employee costs		242,501,163	225,863,228
Entertainment allowances		75,634	59,725
Equipment and furniture less than R2000		416,207	40,236
Government gazette notices		37,940	79,168
Internal Audit Fees		667,837	45,500
International conferences and meetings		899,155	2,231,231
Inspectorate expenses		3,207,724	2,933,043
Insurance		796,628	670,894
Investigations: SIU		-	1,771,638
IT expenses		30,050,113	22,058,917
Loss on disposal of assets		3,482,640	1,036,424
Municipal expenses		3,101,819	2,949,046
Postage		1,498,689	1,199,122
Printing and stationery		1,210,233	1,113,865
RAF expenses		-	3,983
Repairs and maintenance		1,875,238	1,723,188
Security		2,473,064	2,311,275
Settlement labour cases - employees		-	1,608,215
Short-term leases		561,655	462,527
Strategic projects - BPR, team-building and strategy sessions		8,229,324	2,760,692
Subscriptions		443,332	440,230
Telephone and fax		1,085,070	934,571
Tender administrative costs		181,044	246,186
Travel admin charges		70,492	61,988
Travel - local		487,218	747,830
		405,957,848	365,872,356