

# VISION

Quality and equitable healthcare for all

# MOTTO

Protecting the public  
and guiding the  
professions

# MISSION

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

- Setting healthcare standards for training and practise in the professions registered with Council
- Fostering compliance with standards
- Ensuring on-going professional competence, and
- Protecting the public through engagement in matters involving the rendering of health services
- Public and stakeholder engagement;
- Upholding and maintaining ethical professional standards within health professions

# VALUES

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

- Transparency
- Consistency
- Fairness
- Dignity
- Honesty
- Professionality
- Responsiveness

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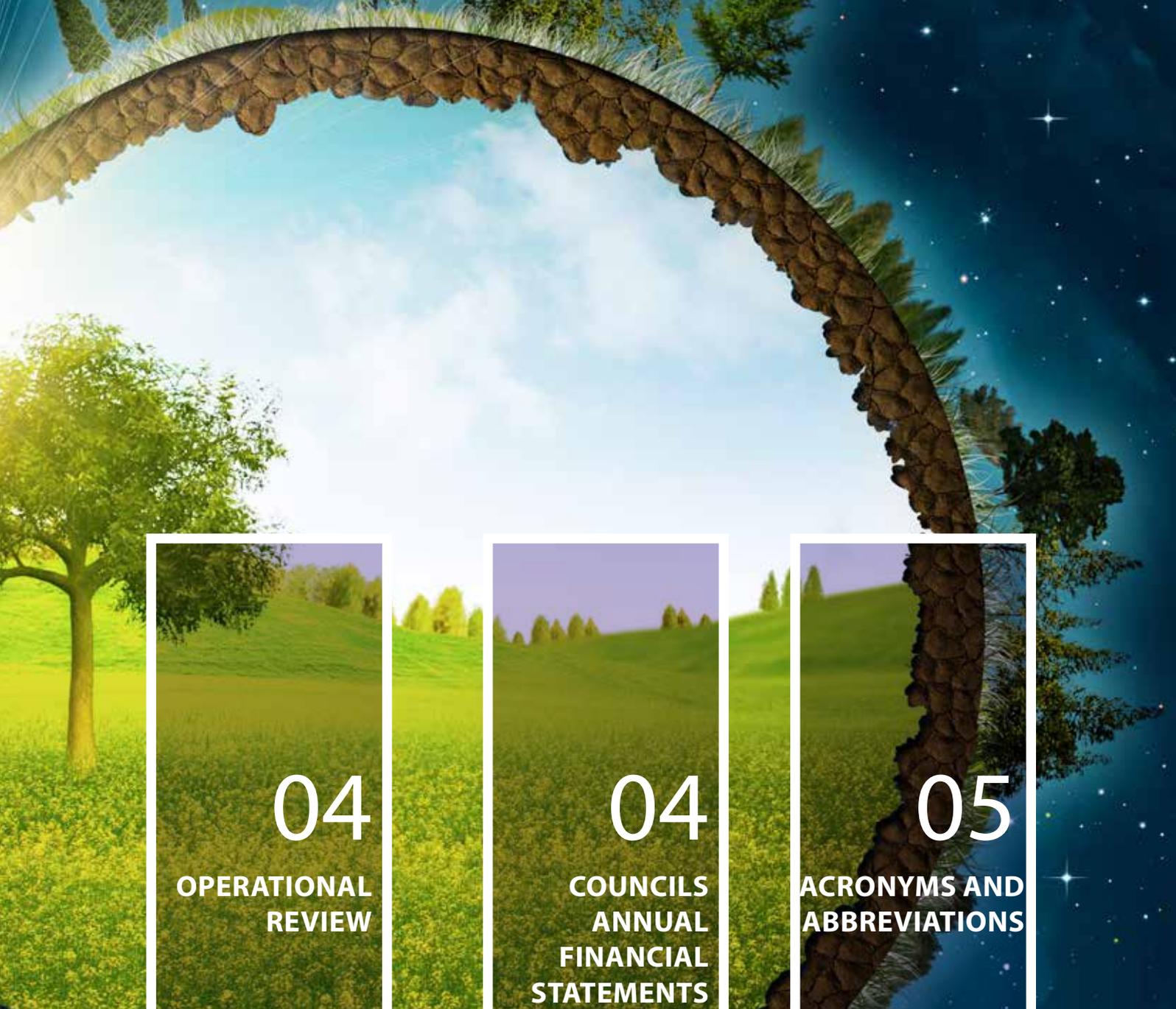
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# HIGHLIGHTS

- Appointment & Inauguration of the new Council and Professional Boards
- Presentation of the Strategic Plan 2015 – 2020 to the Minister of Health
- Actioning of the Ministerial Task Team findings
- Placements in all Core Executive Management Posts
- Off-site registrations successes
- Clean Audit Report
- Inspectorate Office successes
- Establishment of Risk Management Office
- Improved Stakeholder Engagement



# CORPORATE PROFILE

01





# COUNCIL PROFILE

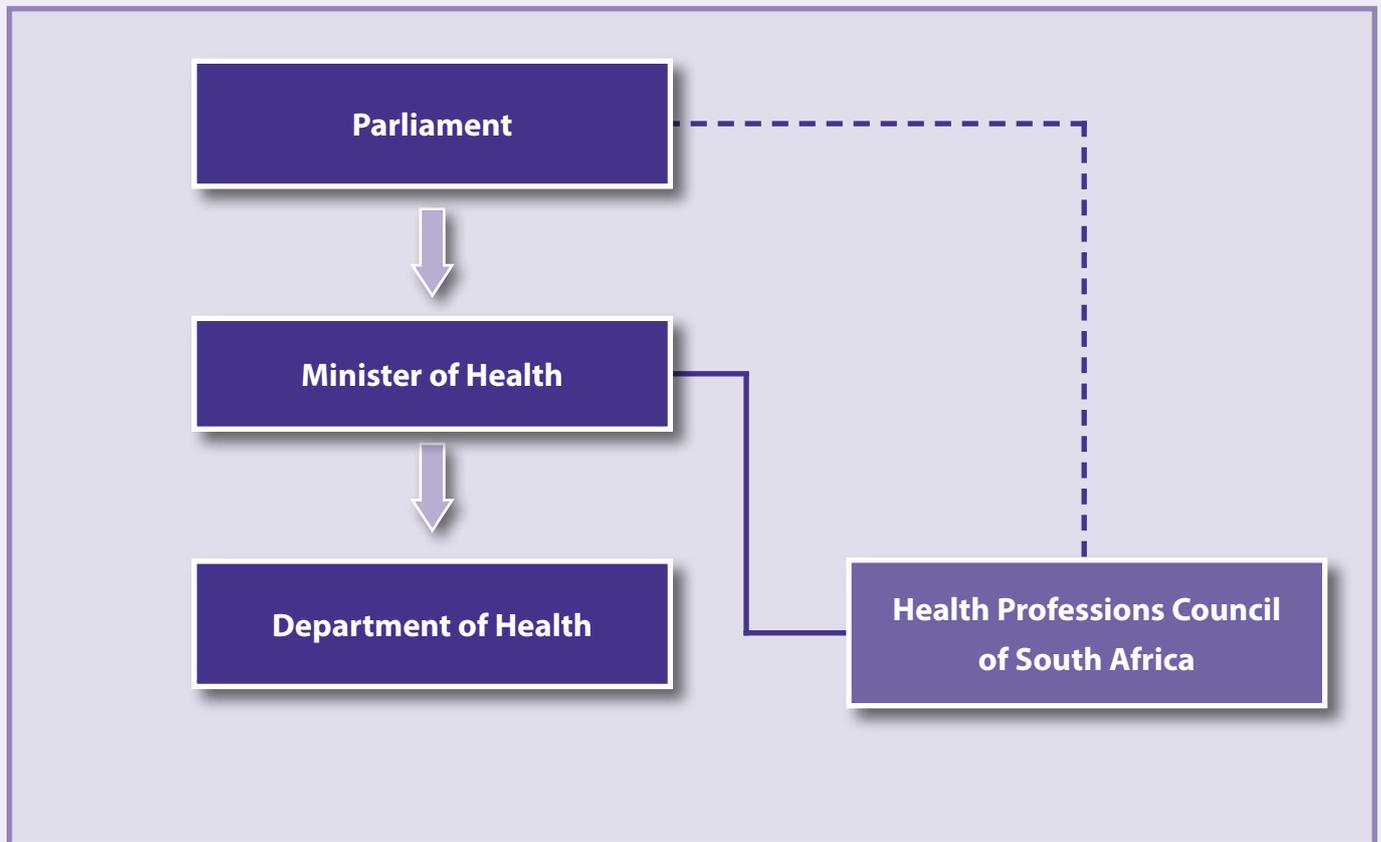
## WHO WE ARE

The Health Professions Council of South Africa (HPCSA) referred to as Council, is a statutory body established by the Health Professions Act, 56 of 1974 (as amended).

Its mandate is to regulate the health professions in the country in aspects pertaining to education, training and registration,

professional conduct and ethical behaviour, ensuring Continuing Professional Development (CPD), and fostering compliance with healthcare standards.

## HPCSA REPORTING STRUCTURE TO THE MINISTRY OF HEALTH



## OBJECTIVES AND FUNCTIONS OF COUNCIL

Objects and functions of Council are:

- a) To co-ordinate the activities of the Professional Boards established in terms of this Act and to act as an advisory and communicatory body for such Professional Boards;
- b) To promote and to regulate inter-professional liaison between health professions in the interest of the public;
- c) To determine strategic policy in accordance with national health policy as determined by the Minister, and to make decisions in terms thereof, with regard to the Professional Boards and the health professions, for



- matters such as finance, education, training, registration, ethics and professional conduct, disciplinary procedure, scope of the professions, inter-professional matters and maintenance of professional competence;
- d) To consult and liaise with relevant authorities on matters affecting the Professional Boards in general;
- e) To assist in the promotion of the health of the population of the Republic;
- f) Subject to legislation regulating 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, the diagnosis, treatment or prevention of physical or mental defects, illnesses or deficiencies in human kind;
- g) To promote liaison in the field of education and training referred to in paragraph (f), both in the Republic and elsewhere, and to promote the standards of such education and training in the Republic;
- h) To advise the Minister on any matter falling within the scope of this Act in order to support the universal norms and values of health professions, with greater emphasis on professional practice, democracy, transparency, equity, accessibility and community involvement;
- i) To communicate to the Minister information of public importance acquired by the Council in the course of the performance of its functions under this Act;
- j) To serve and protect the public in matters involving the rendering of health services by persons practising a health profession;
- k) To exercise its powers and discharge its responsibilities in the best interest of the public and in accordance with national health policy determined by the Minister;
- l) To be transparent and accountable to the public in achieving its objectives and when performing its functions and exercising its powers;
- m) To uphold and maintain professional and ethical standards within the health professions;
- n) To ensure the investigation of complaints concerning persons registered in terms of this Act and to ensure that appropriate disciplinary action is taken against such persons in accordance with this Act in order to protect the interest of the public;
- 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;
- p) To submit to the Minister-
- I. A five-year strategic plan within six months of the Council coming into office which includes details as to how the Council plans to fulfil its objectives under this Act;
  - II. Every six months a report on the status of health professions and on matters of public importance that have come to the attention of the Council in the course of the performance of its functions under this Act;
  - III. An annual report within six months of the end of the financial year;
- q) To ensure that an annual budget for the Council and the Professional Boards is drawn up and that the Council and the Professional Boards operate within the parameters of such budget.

## GOVERNANCE

The HPCSA is committed to and fully endorses the principles of the code of corporate governance as set out in the King III Report on Corporate Governance

Council subscribes to a governance system whereby in particular, ethics and integrity set the standards for compliance, and constantly reviews and adapts its structures and processes to facilitate effective leadership and sustainability.



Council continues its commitment in pursuance of high standards of corporate governance and global best practice as recommended by King III. In the year under review, Council took to ensure compliance with the obligations placed on it as a consequence thereof, most especially in terms of Green IT principles and value delivery. Council recognises its responsibility to conduct its affairs with fiscal prudence, transparency, accountability and fairness, thereby safeguarding the interests of all its stakeholders.

Council believes that its endorsement of the Code of Corporate Governance instils confidence in its legislative mandate of protecting the public and guiding the professions. The HPCSA is fully committed to the core values of integrity; impartiality; effectiveness; respect; accountability and transparency.

During the period under review, Council continued to identify areas of improvement or ways in which governance practices could be streamlined to ensure that it is fully compliant with the obligations placed on it by King III, especially in terms of Information Technology Governance.

## RISK MANAGEMENT

To enhance internal control systems, the administration conducted a risk analysis of the operations of Council in order to mitigate the risks which might impact Council's business.

In the 2015/16 financial year, Council appointed a Risk Management Officer whose responsibility was to establish, develop and implement the Enterprise Risk Management Policy Framework.

In the period under review, Council applied the principles of National Treasury Public Sector Risk Management Framework, King III Report on Corporate Governance: 2009, ISO 31000:2009 Risk Management – Principles and guidelines to develop a holistic Enterprise Risk Management (ERM) Policy Framework that was based on an integrated process to highlight enterprise view of the HPCSA's risks, impact and opportunities.

The Framework specifically addressed the structures, processes and standards to be implemented to manage risks on an enterprise-wide basis in a consistent manner. The Framework further addresses the specific responsibilities and accountabilities for the ERM process and the reporting of

risks at various levels within Council, ensuring a thorough and transparent governance processes.

## GOVERNANCE OF RISK

Council has overall strategic accountability for the total process of Council's risk management. In the period under review, Council ensured that an adequate and effective risk management system was in place; decided and approved Council's risk appetite and tolerance levels.

The Enterprise Risk Management Policy Framework delegated the responsibility of overseeing the management of risks pertaining to the business to the Audit and Risk Committee of Council (ARCOM) role is to ensure that the approved risk management policies and processes are embedded across Council and implemented by the Secretariat.

The Registrar is the Accounting Officer and is responsible for ensuring that HPCSA maintains effective, efficient and transparent systems of financial and risk management and internal control.

Each Manager was responsible for identifying, managing risks inherent to the operations of their various departments as well as establishing what the residual risk levels were and areas that needed special intervention by management.

## RISK ASSURANCE

The HPCSA has outsourced the Internal Audit function. Internal Audit provides assurance regarding the ERM processes and standards from both design and functional perspectives. Internal Audit independently audits the adequacy and effectiveness of the organisation's risk management, control and governance processes.

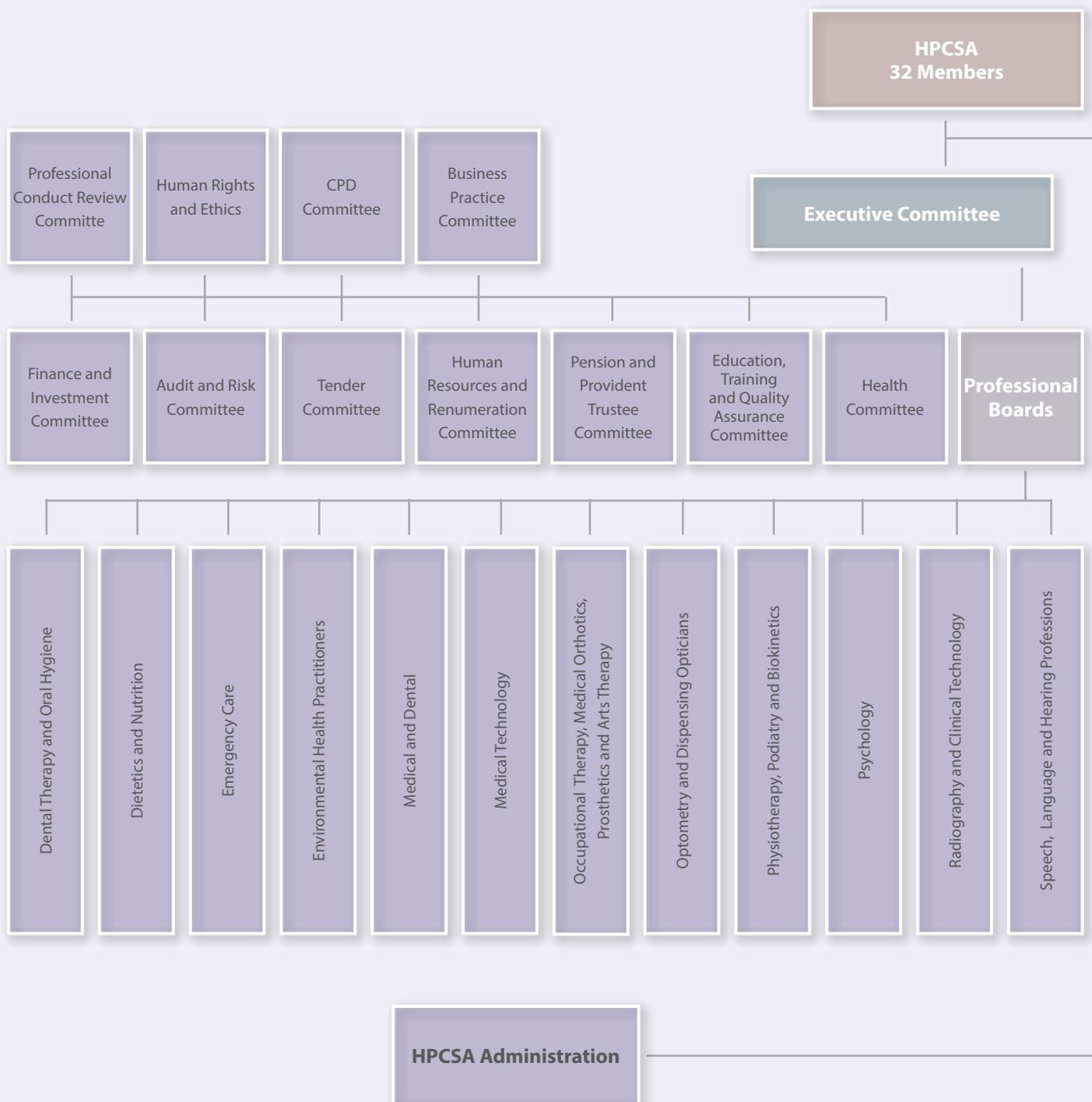


# HPCSA COUNCIL

## 1.1 ORGANISATIONAL STRUCTURE

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

The interface between the structures of the HPCSA is as follows:





## 1.1.1 COUNCIL

### Composition of Council as per Act

Not more than 16 people designated by Professional Boards\*

3 Persons appointed by the South African University Vice-Chancellor's Association

1 South african Military Health Services Representative, appointed by the Minister of Defence

1 Department of Education Representative, appointed by Minister of Education

9 Community Representatives not registered in terms of Act

1 Legal Representative

1 Department of Health Representative, appointed by Minister of Health

*\*Note: Each Professional Board has 1 representative except for the 2 biggest Boards i.e. MDB and EMB, who have 3 representatives each*

Council plays a co-ordinating, oversight and advisory role for the HPCSA whilst also functioning as the central conduit for communication. Council's role therefore is a critical one in ensuring harmonisation of the HPCSA with its Professional Boards, the Secretariat and all external stakeholders – in particular the National Department of Health.

The major strength of Council is that of broad representation in its membership. This representation includes the professions as well as those most impacted by health in South Africa, including community representatives, academia, Department of Health, Department of Higher Education and Training and SA Military Health Services. This broad representation allows Council to ensure that the needs of the profession, the public and the State are accounted for and considered.



## COUNCIL



Dental Therapy & Oral Hygiene	Dr. Tufayl Ahmed Muslim
Dietetics & Nutrition	Prof. Sussana Hanekom
Emergency Care	Mr. Lesiba Arnold Malotana (Vice President) Mrs Dagmar Muhlbauer Mr. Simphiwe Sobuwa
Environmental Health Practitioners	Ms. Duduzile Julia Sebidi
Medical and Dental	Dr. Tebogo Kgosietsile Solomon Letlape (President) Prof. Yusuf Ismail Osman Dr. Reno Lance Morar
Medical Technology	Mr. Molefe Aubrey William Louw
Optometry and Dispensing Opticians	Mr. Maemo Kobe
Occupational Therapy, Medical Orthotics, Prosthetics and Arts Therapy	Ms. Martha S van Niekerk
Psychology	Prof. Basil Joseph Pillay
Physiotherapy, Podiatry and Biokinetics	Ms. Nokuzola Doris Dantile
Radiography and Clinical Technology	Mr. Aladdin Speelman
Speech-Language and Hearing	Dr. Sadna Balton



Community Representative not registered in Terms of Act	Ms. Xoliswa Bacela Mr. Ketso Obed Tsekeli Ms. Ruth Maphosa Gontsana Ms. Julia Mmaphuti Nare Adv Tebogo Mafafo Prof. Nobelungu Julia Mekwa Prof. Rachel Vuyiswa Gumbi Ms. Brenda Pule Ms. Marie Mercia Isaacs
Department of Higher Education and Training	Dr Engela Van Staden
Department of Health	Dr. Terence Carter
Person versed in Law	Mr Sello Ramasala
Person appointed by the Universities South Africa (Higher Education South Africa ) now Universities South Africa (USAF)	Prof. Khaya Mfenyana Prof. Nomthandazo Gwele Prof. GJ van Zyl
South African Military Health Services	To be appointed

## COMMITTEES

- Audit & Risk Management
- Continuing Professional Development
- Education Training & Quality Assurance
- Health Committee
- Human Rights, Ethics & Professional Practice
- Desirable Business Practice

### Audit & Risk Management Committee

The Audit and Risk Management Committee of the Council is an independent committee chaired by an independent non-executive Chairman. It was established to provide additional assurance on the reliability and integrity of both financial and non-financial activities of the Council. The Council has delegated responsibility for the oversight of risk management to the Audit and Risk Management Committee.

This Committee monitors the internal controls in place, ensure that the HPCSA's interests and assets are protected. The

committee ensures that an effective internal audit is in place and that roles and functions of external and internal audits are sufficiently clarified and coordinated to provide an objective overview of the operational effectiveness of the organisations internal controls, risk management, governance and reporting. The committee monitors the process of addressing significant matters that might impact on internal controls arising out of the internal and external audit reports

### Continuing Professional Development Committee

The HPCSA's Continuing Professional Development (CPD) Committee, together with the Professional Boards develop policy proposals for a uniform but flexible system of CPD that will accommodate the diversity of health professions; facilitate continuing development of all health professionals registered with the HPCSA; addresses all CPD related issues within the existing policy parameters of the Council and the Professional Boards; and report thereon to the Council and the Professional Boards.

In terms of Section 27 of the HPCSA Act 1974, CPD compliance is a requirement



- conditions relating to continuing education and training to be undertaken by persons registered in terms of this Act in order to retain such registration;
- the nature and extent of continuing education and training to be undertaken by persons registered in terms of this Act; and the criteria for recognition by the Council of continuing education and training courses and of education institutions/professional associations offering such course.



### Education Training & Quality Assurance Committee

The Education Training and Quality Assurance (ETQA) committee is established in terms of the Health Professions Act, Act No. 56 of 1974 (Section 16 of the Act).

#### Functions

- To facilitate/ensure liaison with key stakeholders such as the Council on Higher Education (CHE), South African Qualifications Authority (SAQA), etc. with regards to the registration of qualifications and accreditation.
- Responsible for provision of strategic direction with respect to Quality Assurance objectives and responsibility on behalf of the HPCSA.
- Develop policies, principles, criteria and guidelines related to Education and Quality Assurance Activities for recommendation to Professional Boards and HPCSA Council.
- Monitor all Education and Quality Assurance activities and make recommendations to Professional Boards and HPCSA Council.
- Guide Professional Boards on accreditation of providers in the Higher Education Band, registration of assessors,

certificating of learners.

- Final responsibility for promotion of quality amongst providers in the Higher Education Band.
- Identify issues of concern that are relating to Quality Assurance and the accreditation of providers.
- Ensure that accreditation of providers of Higher Education take place effectively and efficiently.
- Review the HPCSA Quality Management System as and when required

### Health Committee

The Health Committee regulates/advises impaired practitioners who suffer from mental or physical condition or the abuse of or dependence on chemical substances, which affects the competence, attitude, judgment or performance of a student or a person registered in terms of the Health Professions Council Act, (Act 56 of 1974) section 51. The Health Committee is a non-punitive Committee which was established to manage the compliance of the practitioners while also protecting the public. The Committee also focuses on the refinement of the regulations and procedures affecting the day to day functions and operations of the Health Committee.



#### Functions

- Establish policies and procedures and to enlist cooperation and support for the prevention or alleviation of circumstances which may lead to impairment in students and practitioners.
- Establish mechanisms and procedures for the early identification of impairment in students and practitioners



- Implement procedures for handling crisis situations which may threaten patient safety and care.
- Undertake informal assessments of reports on alleged impaired students and practitioners, to make findings with regard to impairment and , if required, to impose conditions of registration or practice on such persons aimed at protection of patients and treatment of impaired persons.
- Appoint investigation committees on an Ad Hoc basis to undertake formal investigations into reports on alleged impairment in the absence of voluntary cooperation of students or practitioners, to make findings with regard to impairment and, if required, to impose conditions of registration or practice aimed at protection of patients and treatment of impaired students or practitioners
- Consider applications by students or practitioners who were found to be impaired to have their conditions of registration or practice amended or to have such conditions revoked.
- Oversee the implementation of treatment programmes of impaired students or practitioners and to review the position of each such student or practitioner at least every 3 years.
- advise the Council and Professional Boards on all matters pertaining to human and patient rights and dignity, and to promote respect for the human rights and rights of patients amongst persons registered with Council;
- advise the Council and Professional Boards on the establishment of appropriate guidelines of ethical conduct and behaviour and the maintenance of high standards of professional practice amongst persons registered with Council;
- initiate the formulation of policies, rules and rulings for approval by the Council and Professional Boards on appropriate professional and ethical behaviour and conduct of persons registered with Council;
- analyse issues raised by Committees of Preliminary Inquiry and Professional Conduct Committees regarding the treatment and care of patients and to advise the Council and Professional Boards on how to deal with such matters within the framework of professional practice;
- provide guidance to the professions with regard to the interpretation of the policies, rules and rulings on ethical and professional conduct made by Council and the Professional Boards, in relation to the human rights and dignity of patients;

### Human Rights, Ethics & Professional Practice Committee

The Human Rights, Ethics & Professional Practice Committee is set up primarily to promote respect for human rights and the rights of patients amongst persons registered with Council and to accordingly advise the Council and Professional Boards on such matters.



### Responsibilities and functions

- advise the Council and Professional Boards on any matter pertaining to Ethics, Health and Human Rights applicable to person registered with Council;
- Handle all other matters that management desires to have reviewed by the Committee;
- Regularly review and make recommendations about changes to the charter of the Committee;
- Obtain or perform an annual evaluation of the Committee's performance and make applicable recommendations.

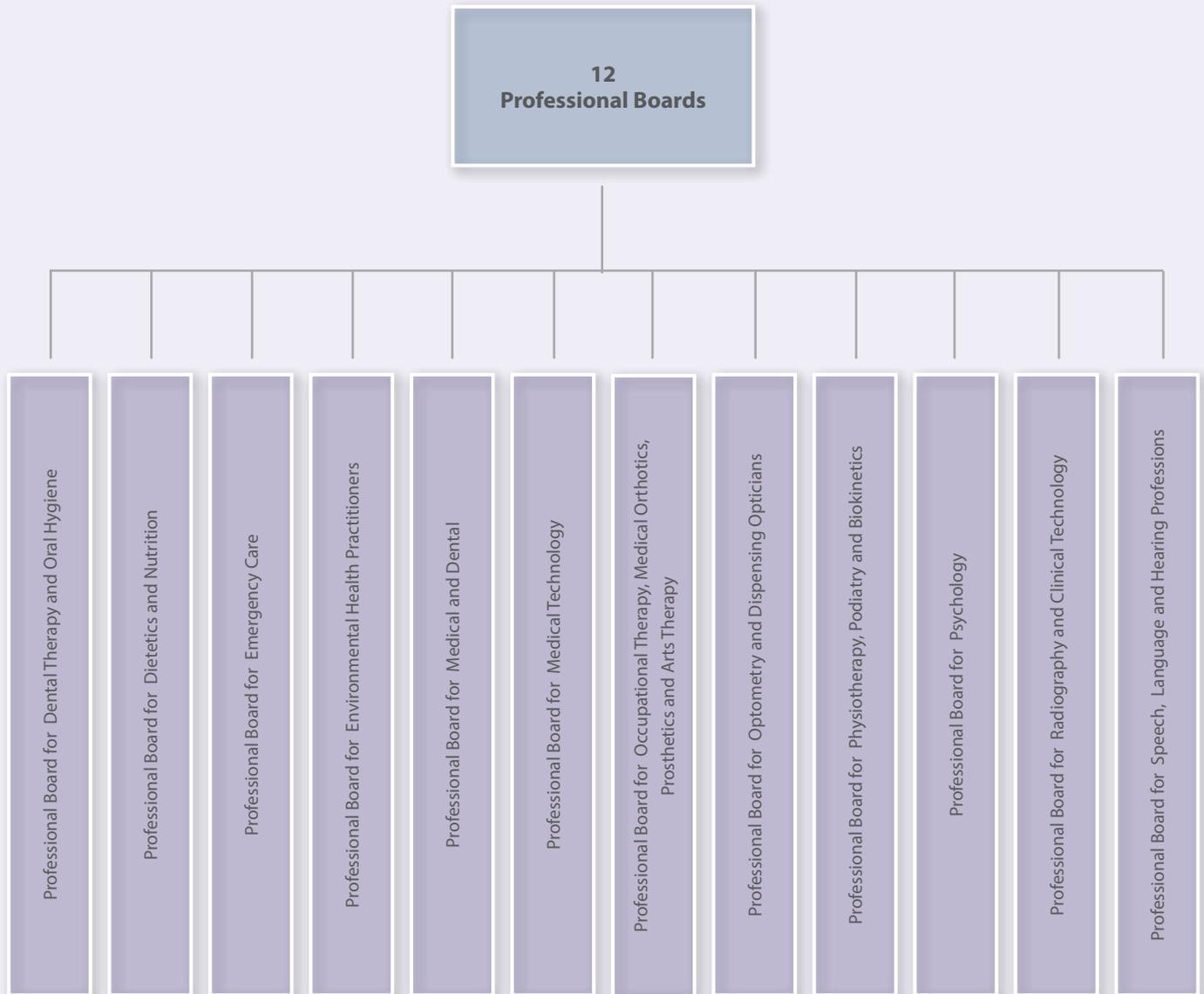
### Business Practice Committee

- As a result of the changing socio-economic environment in South Africa and its impact on the provision of health care in the country, the need arose for the Council to determine what may be regarded as acceptable business practices in the healthcare sector in order to protect the public.



## 1.1.2 THE PROFESSIONAL BOARDS

The Professional Boards of the HPCSA include:



The Professional Boards are autonomous and on their functions to the Council. They perform the core regulatory functions of the HPCSA, which includes the following:

- Setting of minimum standards for education and training
- Registration of health professionals
- Examination and recognition of foreign qualified practitioners
- Professional conduct enquiries
- Evaluation and accreditation of higher education facilities
- Foster compliance to Continuing Professional Development



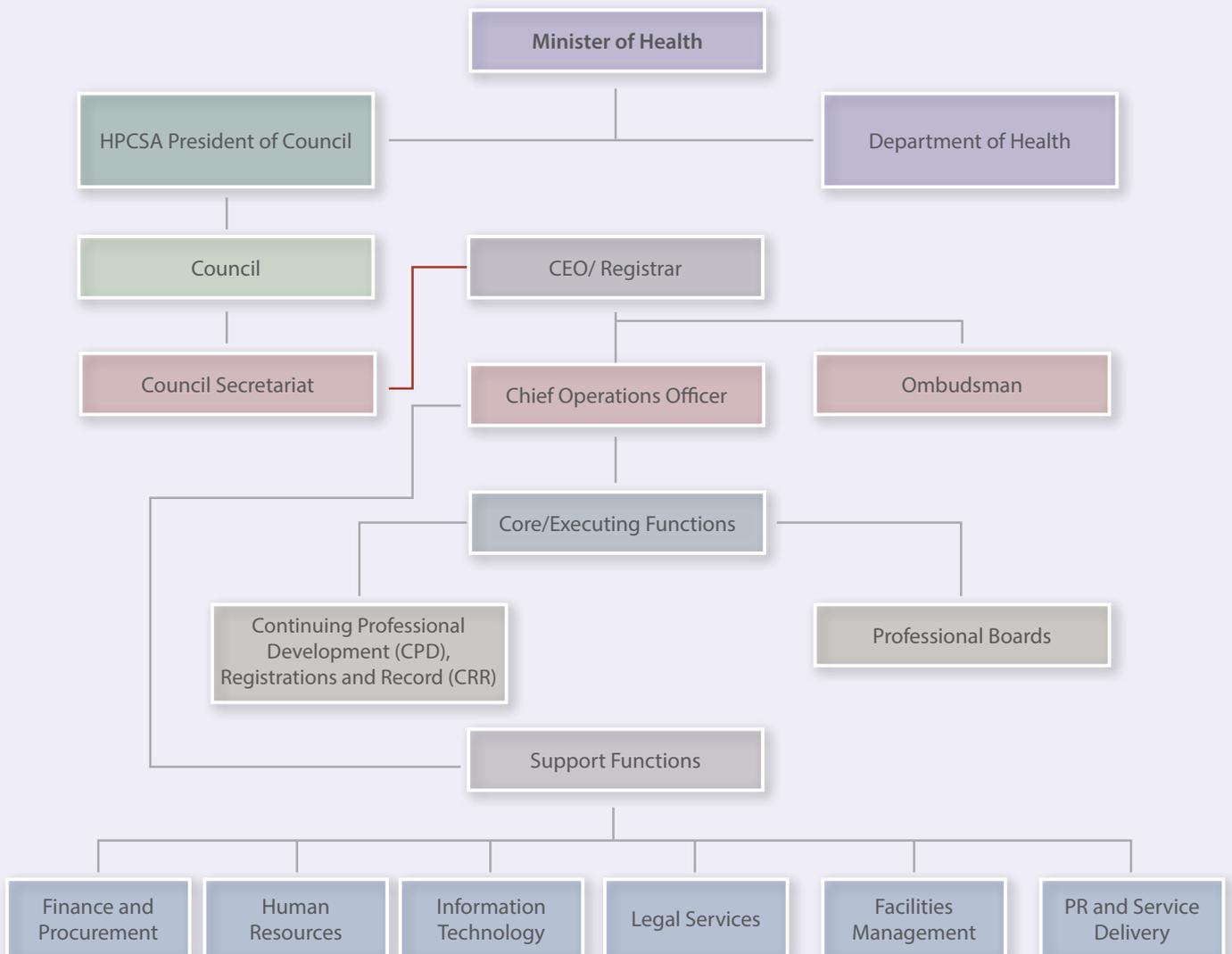
### 1.1.3 REGISTRAR AND SECRETARIAT

The role of the Secretariat is to execute the regulations set out by the Professional Boards. The Secretariat is therefore the pivot on which the functioning of the HPCSA depends.

The HPCSA comprises of eight departments namely:

- Office of the Registrar
- Professional Boards
- Continuing Professional Development (CPD), Registrations and Record (CRR)
- Finance and Procurement
- Human Resources
- Information Technology
- Legal Services
- Facilities Management
- Facilities Management

The operational structure of Administration / Secretariat is as follows:





## HPCSA ADMINISTRATION STRUCTURE

### ACTING REGISTRAR/CHIEF EXECUTIVE OFFICER - Adv. FP Khumalo

National Diploma in Police Administration Technikon SA

Bachelor of Law (LLB), University of Natal

Master of Laws (Business Law) (LLM) University of Natal

Bachelor of Philosophy (Honours) (Knowledge and Information Management) University of Stellenbosch

Masters Degree in Diplomatic Studies - University of Pretoria.

Admitted as an Advocate of the High Court in 2003

Involved in pro bono litigation representing the underprivileged under the auspices of the University of Natal Law Clinic



### ACTING CHIEF OPERATIONS OFFICER AND HPCSA OMBUDSMAN - Dr MA Kwinda

Bachelor of Science: University of Venda

Bachelor of Medicine and Bachelor of Surgery: University of Natal

Certificate in Advanced Health Management Programme: FPD/Yale University

Certificate in Travel Medicine: University of Witwatersrand

Master of Medicine in Family Medicine: University of Limpopo

Master of Science in Medicine in Bioethics and Health Law: University of Witwatersrand

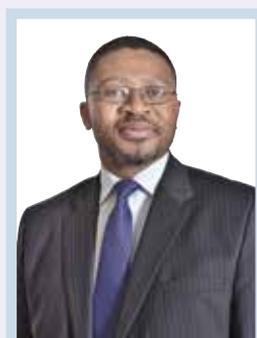
**Areas of expertise:** Bioethics and Health Law, Strategic Planning and Management

### CHIEF FINANCIAL OFFICER: - Ms M de Graaff

B. Compt (HONS) (UNISA) – 1996

Chartered Accountant (South Africa) – 2000

**Areas of Expertise:** Financial Management, Taxation, Auditing, Supply Chain Management, Policy Development and Strategic Planning



### GENERAL MANAGER: CONTINUING PROFESSIONAL DEVELOPMENT (CPD), REGISTRATIONS AND RECORD (CRR) - Mr TL Makamba

Bachelor of Bibl Degree - University of Western Cape

Bachelor of Bibl Degree (Honours) - University of Western Cape

Diploma in Information Management, Information Science - University of Western Cape

Master of Business Administration – Regenesys Business School

**Areas of expertise:** Enterprise Content Management, Business Analysis, Change Management, Programme Management, Knowledge Management



### CHIEF INFORMATION OFFICER: - Ms N Nqaba

BComm: University of Fort Hare

Professional Certificate in CIO Practice: WITS

Masters in Information Technology: University of Pretoria

**Areas of expertise:** IT Strategy, Data Security, Analytics, Stakeholder Relationship Management and Knowledge Management



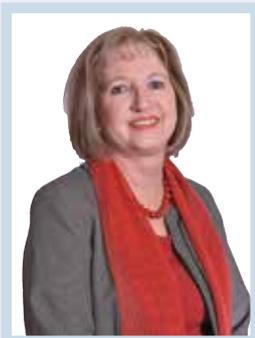
### ACTING GENERAL MANAGER: PROFESSIONAL BOARDS - Ms A Taljaard

BA (ED) JP -University of Pretoria

Course in Public Sector Project Management – North-West -University

Courses in Performance Management, Disciplinary Skills and Labour Relations for non- HR Managers

**Areas of expertise:** Staff development, Mentoring and Systems Implementation to improve standards and service excellence.



### ACTING GENERAL MANAGER: LEGAL SERVICES - Mr C Nkuna

Bachelor of Law: University of the North (now University of Limpopo)

**Areas of expertise:** Medical Law, Strategic Planning and Project Management



### SENIOR MANAGER: PUBLIC RELATIONS AND SERVICE DELIVERY - Ms D Chuma

BA Communications - University of Fort Hare

Diploma in Public Relations and Business Communication – Damelin Management School

BA Communications ( Hons) University of South Africa

Certificate in the Programme of Marketing Management - UNISA Centre for Business Management

Certificate in Advanced Programme in Marketing Management - UNISA Centre for Business Management

**Areas of expertise:** Corporate Communications, Marketing Management, Stakeholder Management, Media Relations and Strategic Brand Management





### SENIOR MANAGER: INSPECTORATE - Mr Eric Mphaphuli

B. A Criminal Justice – University of Venda

LLB – University of South Africa

Public Development Management Programme – University of Pretoria

**Areas of expertise:** Forensic Investigation and Compliance



### SENIOR MANAGER: HUMAN RESOURCES AND LABOUR RELATIONS - Mr K Dube

BA – University of South Africa

Fundamental Management Programme – University of South Africa

Post Graduate Diploma- Labour Law- University of Johannesburg

Certificate in Monitoring and Evaluation- Graduate School of Business -University of Stellenbosch

**Areas of expertise:** Labour Relations, Compensation and Remuneration management, Employee Development, General management



### MANAGER: FACILITIES MANAGEMENT AND SUPPORT SERVICES - Mr S Dudumashe

Diploma in Building Management – Mangosuthu Technikon

Diploma in Project Management – Executive Education

Certificates in: Infrastructure Planning and Community Development, Housing Development Quality Management, Strategic Facilities Management, Operation and Maintenance for Buildings, Preservation of Historic buildings, Planning and Integrated design for Buildings, Contract Law (NEC3, GCC, FIDIC), Disaster management and Recovery Planning, Environmental Management and Occupational Health and safety.

**Areas of expertise:** Building and Facilities Management, Project Management, Infrastructure planning and development



### RISK MANAGEMENT OFFICER - Mr RT Makhubela

Bsc Degree in Computer Science and Statistics – University of the North (now University of Limpopo)  
Higher Education Diploma (Computer Science and Maths Methods) – University of the North (now University of Limpopo)

Diploma in Advanced Business Management – University of Johannesburg

Diploma in Enterprise Risk Management – University of Johannesburg

Certificate in Enterprise Risk Management – University of Johannesburg

ITIL and PRINCE2 Certifications – OGC United Kingdom

COBIT Certification – ITGI-ISACA

AIRMSA - Associate member of The Institute of Risk Management in South Africa

**Areas of expertise:** Information Technology including IT Governance, Business Continuity Management, Compliance, Strategic & Operational Risk Management, Corporate Governance







# FROM THE LEADERSHIP

02





## PRESIDENTS REPORT - DR TKS LETLAPE



The year 2015/2016 has been a year characterised by both achievements and challenges. The achievements were the inauguration of the new Council and Professional Boards, the compilation and submission of the 2016/17 – 2020/21 Strategic Plan, the Annual Report and the revision of the ethical guidelines. The challenges centred around the release of the Ministerial Task Team Report and Council's review of the recommendations, and the Competition Commission's Market Health Inquiry.

The term of office for the previous HPCSA Council ended in September 2015, and in October 2015, the Minister of Health Dr Aaron Motsoaledi appointed a new Council for a term of five years ending in 2020.

The main role and responsibility of Council is to co-ordinate the activities of the Professional Boards in accordance with the Health Professions Act No.56 of 1974 and also fulfil the mandate of the said Act. Council is legislatively enjoined to promote and regulate inter-professional liaison between the health professions in the interest of the public and to fulfil an advisory role to the Minister of Health on matters falling within the scope of the Health Professions Act in order to support the universal norms and values of health professions and the national health policy.

### MINISTERIAL TASK TEAM REPORT

Since the release of the Ministerial Task Team (MTT) Report by the Minister of Health, Dr Aaron Motsoaledi on 25 October 2015, the HPCSA has been constantly updating the Minister on progress made with regard to Council's actions to the findings. During the latter part of the financial year, four of the five recommendations were actioned. The remainder of the recommendations will be finalised in the financial period to ensure that the HPCSA is on a path of full functionality.

As a means of addressing some of the issues that were raised in the MTT report, the following issues which are deemed to be vital were addressed:

- The turn-around time for the Registration of Foreign Qualified: Previously, the HPCSA accepted non-compliant applications, while giving the applicant an opportunity to in the meantime comply. This caused unnecessary delays in that most foreign qualified practitioners would take long to comply with the requirements. While this delay can be attributed to the HPCSA, it also had causality from the practitioners. In order to ameliorate this challenge, going forward, the HPCSA will no longer accept non-compliant applications. Only compliant applications that meet all the requirements are henceforth processed. The HPCSA has committed itself in its strategic plans of the Professional Boards to finalise the registration of compliant applications within six (6) month of receipt by Council. Professional Boards have improved their systems to ensure adherence to regulations and policies. In addition, Professional Boards have implemented a framework of separating Board functions from Secretariat functions.
- Delays in the finalisation of complaints against practitioners: A review is being conducted on the current complaints management system as recommended in the Ministerial Task Team Report. It is anticipated that a complete overhaul of the system will result in an efficient system, based on quicker turnaround time frames. This will include legislative amendments



- Inconsistency with imposed sanctions: It should be noted that each complaint is dealt by the Committee on its own merits. When the Committees decide to impose penalties, they are also guided by Gazetted Guidelines which they are bound to adhere to. To ensure consistency throughout the committees, a Committee of Prelim Chairs has now been established where the Chairpersons of Committees meet on a regular basis to ensure that there is consistency in terms of the resolutions adopted and penalties imposed.

## THE STRATEGIC PLAN

In line with the National Development Plan (NDP) specifically the need for an effective and efficient healthcare system for all, Council Strategic Plan was devised at a vital stage during a time of change. The process for developing the Strategic Plan was informed by a careful analysis of all the factors that might have an impact on Council's ability to perform its duties and deliver on its mandate.

The Strategic Plan highlights four key strategic priorities, namely:

- Improved business model to enhance the functioning of the HPCSA
- Adequate, effective and efficient support by and to Council, Professional Boards and Secretariat
- HPCSA as an advocate, advisor to enhance engagements with all key stakeholders
- Legislative and regulatory consistency across the HPCSA and its Professional Boards

## THE COMPETITION COMMISSION'S MARKET HEALTH INQUIRY

The Competition Commission conducted an inquiry into the private healthcare market with a view to assisting in understanding how it may promote competition in the healthcare sector.

In the year under review, the HPCSA played a vital role in ensuring that it provides its comments to the Competition Commission:

A Multi-disciplinary Task Team (MDTT) of Council held a workshop on 23 July 2015 at which the task team together with an external legal expert held robust debates and gave detailed inputs regarding the Ethical Rules in question.

Publishing of the Inquiry report and recommendations is scheduled for December 2016.

## INTERNATIONAL RELATIONS

HPCSA continues to maintain and build relationships with other African countries to foster improved collaboration and synergy.

The HPCSA aims to continuously expand its footprint within the African continent as means of exchanging knowledge and skills. This will assist in improving HPCSA delivery of services. Currently, the HPCSA is deemed to be an organisation that can be used in benchmarking in order to obtain and identify best practice.

During the year under review, the HPCSA met with the delegation from the Seychelles Government to benchmark processes with regard to student applications, postgraduate studies for Seychelles Doctors in South Africa and, in general, health cooperation matters were amongst the discussed.

The HPCSA also played a vital role in the organisation of the 19<sup>th</sup> Annual Association Medical Councils of Africa (AMCOA) Conference, which took place at the Kenya Medical Practitioners and Dentists Board in Mombasa, Kenya.

The focus of the Conference was on the profession and the enhancement of regulation, licensure and continuing professional development to promote high standards of care. In line with the AMCOA mission, the Conference facilitated ongoing exchange of information among regulatory authorities within the region as well as develop protocols for licensure of medical and dental practice.

## IN MEMORIAM

On behalf of Council, the Executive Management and the staff of the HPCSA, I would like to extend my deepest condolences on the passing of Professor Rachel Vuyiswa Gumbi on 25 December 2015.



Professor Gumbi was appointed to serve on the HPCSA Board as a Community Representative for a five-year period from October 2015 by the Minister of Health, Dr Aaron Motsoaledi. Her stint at the HPCSA was brief and as Council, we were looking forward to working with her and drawing from her invaluable experience. Prof Gumbi made an invaluable contribution to the HPCSA and will be sorely missed in the health sector. May her soul rest in eternal peace.

## ACKNOWLEDGEMENTS

Council is grateful to the Minister of Health, Dr Aaron Motsoaledi for providing guidance and leadership to the HPCSA. I thank all Members of Council and the Professional Boards for their hard work and commitment in their contribution to making the HPCSA attain its goals.

I thank the Secretariat for implementing policies and decisions as directed by both Council and Professional Boards

On behalf of my colleagues on the Executive Committee of Council, the entire Council and the professional boards thank our employees for their dedicated efforts and for the way they have embraced our new culture of responsiveness and accountability. I thank all of our stakeholders, especially the healthcare practitioners, for the confidence they have entrusted the HPCSA to deliver on its mandate.

**Dr TKS Letlape**  
**President**



## FOREWORD BY THE REGISTRAR/CHIEF EXECUTIVE OFFICER - ADV. FP KHUMALO



I am pleased to present the HPCSA Annual Report 2015/16, which was a year of significant progress.

The changing healthcare trends, coupled with the dynamic healthcare needs of the population, demands a regulator that is responsive and relevant. In setting the appropriate and relevant standards for healthcare training and education, registration, practice and continuing development of professionals, the HPCSA commits to fairness, transparency, consistency and accountability, while executing its mandate professionally, efficiently and effectively. Furthermore, the HPCSA realises its advocacy and advisory role for healthcare within South Africa and to do so with respect, honesty, dignity and integrity.

The report on the Ministerial Task Team ensured that the HPCSA focuses on re-shaping the organisation and implementing recommendations contained in the Report. The implementation of the recommendations will address the pertinent issues that affect how HPCSA provides its services to one of its most key stakeholders, the Practitioners.

True to our vision of 'Providing Quality and Equitable Healthcare

for All', the HPCSA compiled its first ever Strategic Plan 2016/17-2020/21. The strategic planning process sought to ensure that a comprehensive and integrated strategy was developed; and that through this process, alignment of outcomes and expectations will be achieved for all relevant internal and external stakeholders.

The appointment of the Professional Board members and Council took place in October 2015, and the HPCSA has established improved business processes. As we pursue our mission and vision and uphold the HPCSA mandate, we are confident that the strategic direction we have chosen is sound.

In the financial year under review, the HPCSA filled all vacant senior management positions with a diverse team that is able to ensure that the HPCSA upholds its mandate of protecting the public and guiding the professions.

### REGISTRATIONS

During the period under review, Council registered 17 351 practitioners who qualified for registration in accordance with the Health Professions Act. Council also registered 2 209 interns to commence with Prescribed internship Programmes and in addition, 7 042 students. In the category of postgraduate studies, 758 foreign nationals were registered. The medical or dental specialist register increased by a total of 831 practitioners.

Council continues to bring its services closer to the practitioners. In December 2015, Council embarked on off-site registration of undergraduate students who qualified to commence with their internship training, community service, as well as other practitioners who were registered in independent practice. A total of 5 165 practitioners were registered and 118 were restored to the register.

The off-site renewal of registration has proven to be a success. Through off-site registration, 69 252 practitioners renewed their registrations and received their practicing cards at the offsite.

The HPCSA continues to uphold its mandate of protecting the public and guiding the professions. As a means of interacting with practitioners and the public through direct dialogue, the HPCSA conducted practitioner and public roadshows in



various provinces throughout the country. The practitioner roadshows enable Council to highlight pertinent issues that affect practitioners at their respective work environments. One practitioner roadshow was held in the year under review in September 2015 and it was attended by 750 practitioners.

The public roadshows aim to educate the public on healthcare matters, the scope of practice and the do's and when consulting practitioners. :

The public roadshow in was held in Shoshanguve and was attended by 470 members of the public.

Council conducted numerous Symposia around the country. The Symposia are an engagement platform initiated as a mechanism to interact and engage its stakeholders and receive feedback on pertinent issues that affect them.

## RISK MANAGEMENT

In the year under review, the Council appointed a Risk Management Officer, who is responsible for the establishment, development and implementation of the Enterprise Risk Management Policy Framework. A business risk management plan was developed in identifying risks with full action plans to enhance control measures which will enable the HPCSA to enhance internal control in order to mitigate the risks which threaten the organisation. This is the first time that a risk analysis was conducted.

## REDUCTION OF COSTS FOR HIGH COURT CASES

The High Court cases decreased from R16.9 million in 2014/15 to R12.6 million during the reporting period, a significant decrease of 26%. The decrease in costs is due to reduction in litigation. The HPCSA will uphold this and ensure that it reduces the number of cases that end up in the High Court.

## INSPECTORATE OFFICE

The HPCSA Inspectorate Office is fully functional with a Head Office in Pretoria and with regional offices in the Western Cape (Cape Town), Kwa-Zulu Natal (Durban) and Eastern Cape (East London). The Inspectorate Office was established in the year 2014/2015 with the intention of ensuring that the HPCSA fully

discharges its mandate of protecting the public and guiding the professions. This is in line with one of Council's responsibilities of enforcing compliance by practitioners as per the provisions of the Health Professions Act, No.56 of 1974.

Once a practitioner has been struck off the Register, the HPCSA does not have jurisdiction over the practitioner. The Inspectorate Office then works closely with law enforcement to ensure that it intensifies its foot print with the provinces. The HPCSA is envisaging having more regional offices in other provinces.

## CLEAN AUDIT

Once again, Council has received another unqualified clean audit. This is the second unqualified audit in succession. We acknowledge the hard work of the Council, its committees, executive management, finance team and other departments in ensuring that this clean audit was achieved.

Council will ensure that another clean audit will be achieved in the next financial year.

## IN MEMORIAM

The HPCSA pays tribute to James Dinake, who was an employee in the Department Registration.

## ACKNOWLEDGEMENTS

It would have been difficult to steer a ship without a supportive leadership team that provides the necessary guidance and counsel. I therefore thank the Minister of Health, Dr Aaron Motsoaledi, for his guidance in ensuring that, as the HPCSA, we continue to serve the practitioners and provide the service that is required.

I also like to thank the President, Dr Kgosi Letlape, the Vice-President Mr Arnold Malotana, Council and Professional Board members for having faith in the Secretariat and assisting with the re-shaping of the HPCSA.

I express my deepest gratitude to the Executive Management of the HPCSA for your endless support, the staff of HPCSA, for your hard work and determination and our support staff for their assistance so that we could deliver on our mandate of the HPCSA..



This has not been an easy journey but I am confident that with your continuous support and with time, the HPCSA will be where it is envisaged to be.

**Adv. FP Khumalo**  
**Acting Registrar/Chief Executive Officer**





# OFFICE OF THE OMBUDSMAN

03





## REPORT OF THE OMBUDSMAN - DR MA KWINDA



### 1. STATUTORY FUNCTIONS

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

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

### 2. STRATEGIC FOCUS

**2.1. To ensure quality health services to the public and guidance to the professionals:** The Ombudsman has been involved in providing Continuing Professional Development (CPD) accredited ethics presentations to different groups of professionals registered under the Act with respect to CPD activities and conferences. Some of the topics presented were:

- Informed Financial Consent;
- Health Professional and the Law; and
- Ethics in the Health Care Professions.

The Ombudsman, through the Department: Public Relations and Service Delivery, has responded to several media enquiries from both print media (newspapers) and electronic media (radio) with a view to guiding the practitioners and, by extension, protecting the public.

**2.2. To create an environment for professional boards to be proactive, effective and compliant:**

The Ombudsman plays an active role in Council, Council Committees, Professional Boards and Boards Committees. The Office of the Ombudsman has a standing report at the Professional Conduct Review Committee of Council and the Medical and Dental Professions Board, which forms 92% of the workload in the Ombudsman's Office. The Ombudsman also contributed to the Board newsletters by providing articles informed by common complaints the Office mediated on.

**2.3. To ensure effective, efficient, economical and accountable administration:**

The Office of the Ombudsman has been strategically placed to attend to minor complaints that do not warrant the holding of a formal professional conduct inquiry with significant cost saving to Council. The average turnaround time for the finalisation of complaints in the Office of the Ombudsman is 97 days. Contact mediations that require travelling to meet with the parties only forms 10% of all the matters finalised, which represents a significant cost



reduction in the mediation of complaints. The Office of the Ombudsman has a good working relationship with all the stakeholders, and most of the mediation meetings are held at no cost to Council.

**2.4. To optimise synergies between council, government and other stakeholders through constructive dialogue:**

The Office of the Ombudsman participated in the Medical Advisory Group Conference held in Stellenbosch in September 2015. A benchmarking visit was conducted to the Tax Ombud to learn and share best practices. Complaints not falling under the jurisdiction of the Council were referred to appropriate bodies or tribunals and the same bodies

will also refer matters that are for Council's jurisdiction. These include the Department of Health, the Council for Medical Schemes, the Consumer Commission, the South African Pharmacy Council and the South African Nursing Council.

**2.5. To ensure effective, efficient and economical governance in accordance with best practice:**

The Office has appointed a Case Administrator who is an addition to the current staff of two, and this has brought about significant improvements and efficiency in complaints management. Consequently, the client satisfaction rate on the services of the Office of the Ombudsman is currently at 95%.

### 3. PERFORMANCE OVERVIEW

#### 3.1. Performance Information

INDICATOR	2014/2015			2015/20116		
	Target	Actual Number	Actual Percentage	Target	Actual Number	Actual Percentage
Total Complaints received by HPCSA		2597	N/A		2944	N/A
Number of complaints referred for mediation		635	25%		676	23%
Number of complaints finalised		307	49%		557	82%
Number of matters referred for preliminary investigation		128	20%		75	11%
Number of matters finalised through contact mediations	Establish a baseline	42	17%	20%	53	10%
TAT for finalising matters		76 days		90 days	97 days	
Client Satisfaction Rate		90 days		75%		95%



### 3.2. Board distribution of complaints

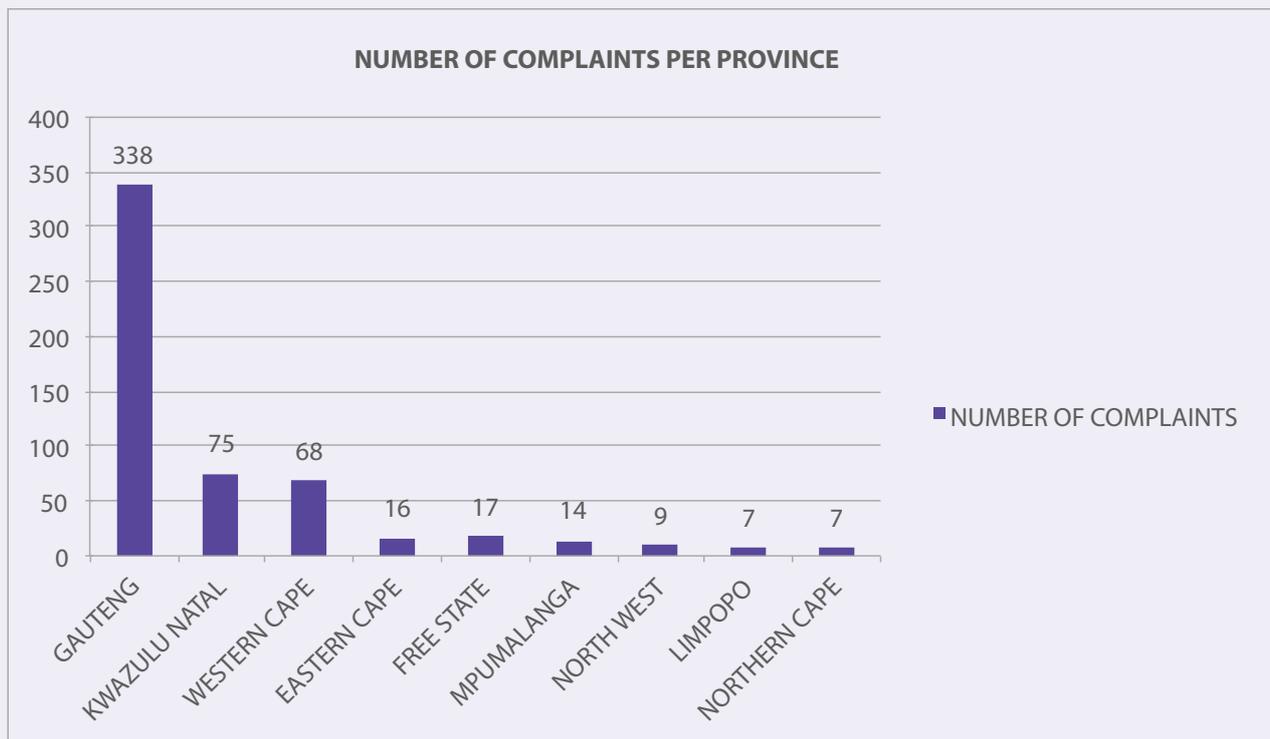
An analysis of the 676 complaints, distributed per Professional Board, indicated that the Medical and Dental Professions Board accounts for 92%(622) of the complaints, followed by the Optometry and Dispensing Opticians Board at 2.2%(15). The Psychology Board, Podiatry and Biokinetics Board, as well as the Dental and Oral Hygiene Board each accounted for 1.3%(9) of the complaints. The Occupational Therapy, Medical Orthotics, Prosthetics and Arts Therapy had 1%(6), followed by the Radiography and Clinical Technology at 0.6%(4) and the lowest number of complaints mediated were in the Speech, Language and Hearing Professions at 0.3%(2). There were no complaints mediated for practitioners registered under the following boards:

- Environmental Health;
- Medical Technology;
- Dietetics and Nutrition; and
- Emergency Care.



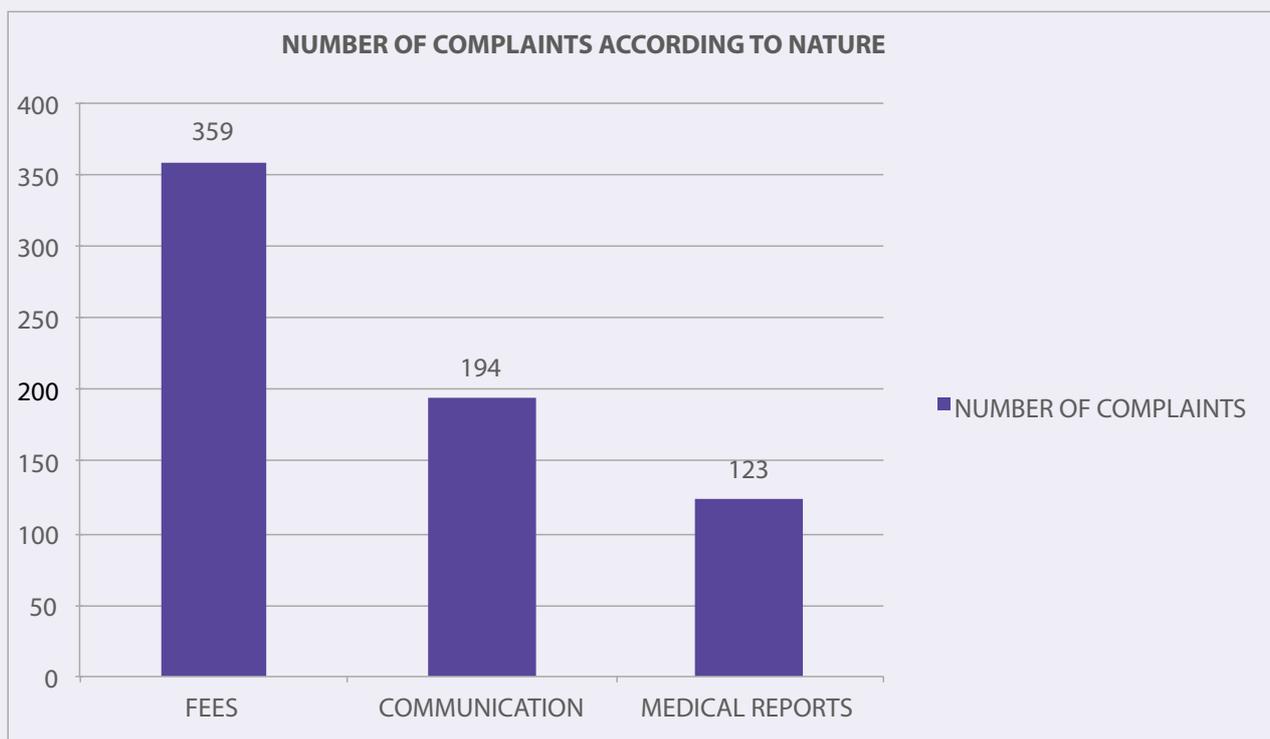


### 3.3. Provincial distribution of complaints



The provincial distribution of complaints is a reflection of the register of practitioners with Gauteng, where most practitioners registered under the Act are practicing accounting for 52%(351) of the complaints followed by the Western Cape at 17%(116); KwaZulu-Natal at 15.5%(104); the Free State at 3.6%(24); Mpumalanga at 3.4%(23); the Eastern Cape at 3%(22); North West and Limpopo at 2%(13) each and Northern Cape at 1.5%(10).

### 3.4. Nature of complaints





The nature of complaints received by the Office of the Ombudsman predominantly related to fees, medical reports and communication. Of the 676 complaints analysed according to the nature of complaints, those related to fees formed the majority at 53% (359), followed by complaints relating to communication at 29%(194) and those related to medical reports at 18%(123).

#### 4. CASE STUDY: MEDICAL AID AUTHORISATION AND INFORMED FINANCIAL CONSENT

A patient lodged a complaint against a plastic surgeon due to the doctor's codes being rejected by the patient's medical scheme. In the informed financial consent that was signed by the patient, the doctor had clearly indicated the procedure codes and the amount that will be charged for the procedure. The patient agreed to this in writing. Authorisation was sought from the medical aid and an authorisation was issued.

However, in the authorisation letter, the medical aid replaced code 0290 (*Reconstructive procedures including all stages and skin graft by myo-cutaneous or fascio-cutaneous flap*) with code 0315(*Requiring repair by small skin graft or small local flap or other procedures of similar magnitude*) and code 0313 (*Extensive resection for malignant soft tissue tumour including muscle*) with code 4850 (*Excision of malignant lesion: Face/ears/eyelids/nose/lips: 1.1-2cm*).

In his determination, the Ombudsman referred to the legislative obligations that healthcare practitioners have towards their patients in terms of the following statutes:

1. Section 6(1)(b) & (c) of the National Health Act states that. "Every health care provider must inform a user of the range of diagnostic procedures and treatment options generally available to the user; the benefits, risks, costs and consequences associated with each option".
2. Section 53(1) of the Health Professions Act states that "every person registered under this Act shall, unless circumstances render it impossible for him or her to do so, before rendering any professional services inform the person whom the services are to be rendered or any person responsible for the maintenance of such

person, of the **fee** which he or she intends to charge for such services: (a) when so requested by the person concerned; or (b) when such **fee** exceeds that usually charged for such services, and shall in a case to which paragraph (b) relates, also inform the person concerned of the usual **fee**".

3. Ethical Rule 27(A)(d) of the Ethical Rules of Conduct for Practitioners Registered under the Health Professions Act, 1974 states that, " A practitioner shall, at all times, provide adequate information about the patient's diagnosis, treatment options and alternatives, **costs** associated with each such alternative and any other pertinent information to enable the patient to exercise a choice in terms of treatment and informed decision-making pertaining to his or her health and that of others".
4. According to the National Patients' Rights Charter (2.8), "Everyone has a right to be given full information about the nature of one's illness, diagnostic procedures, the proposed treatment and risks associated therewith and the costs involved".

The determination by the Ombudsman was that the doctor fulfilled the requirements of informed financial consent based on his clinical assessment and cannot be held responsible for matters related to authorisation by the medical aid and no further action was taken against the doctor.

**Lesson:** Healthcare practitioners have a duty of informing their patients about the cost of their services (informed financial consent) and when patients agree to the information given, they are liable for all the fees irrespective of whether they are covered by medical aid or not.

#### 5. CONCLUSION

Although the Office of the Ombudsman has not been empowered by legislation to impose any of the penalties according to section 42 of the Health Professions Act, the Office has made recommendations that may be interpreted as restitution in matters where practitioners have acted unprofessionally, and the majority of practitioners agreed with the determinations of the Ombudsman as a way of resolving the matters.



# OPERATIONAL REVIEW

# 04







# OPERATIONAL REVIEW BY THE ACTING REGISTRAR/CHIEF EXECUTIVE OFFICER - ADV. FP KHUMALO

## 1. CORE/EXECUTING FUNCTIONS



### 1.1 PROFESSIONAL BOARDS

### 1.2 CONTINUING PROFESSIONAL DEVELOPMENT (CPD), REGISTRATIONS AND RECORDS (CRR)



## 1. PROFESSIONAL BOARDS

### 1. INTRODUCTION

The primary role of the Department Professional Boards is to provide administrative support to the 12 Professional Boards under the auspices of the Health Professions Council. The underlying consideration for ensuring quality assurance at the HPCSA is the protection of the public through the establishment of a policy framework to ensure the provision of health care professionals who are competent to practise their professions ethically. The Health Professions Act, Act 56 of 1974 sets a fundamental basis for the quality assurance function of the HPCSA.

### 2. ROLE AND FUNCTIONS OF PROFESSIONAL BOARDS

Professional Boards are statutory structures whose overall objective is to ensure the establishment and maintenance of acceptable levels of health care services in the professions under their control. In terms of section 15A of the Health Professions Act, 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:

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

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

At a strategic level, Professional Boards have a responsibility to assist in the promotion of the health of the population of the Republic on a national basis and to make recommendations to Council to advise the Minister on any matter falling within the scope of the Act in order to support the universal norms and values of such profession or professions.

### 3. NOMINATION AND APPOINTMENT OF MEMBERS TO NEW BOARDS

The term of office for the Boards' membership of the 12 Professional Boards came to an end on the last day of June 2015. An Internal Task Team was appointed to oversee the project of nomination of new members and reconstitutions of the Professional Boards, and to ensure that the process was conducted in a transparent manner. An independent external service provider was appointed to oversee and verify nominations to ensure that the nominations received were valid.

A call for nominations of new practitioners for appointment by the Minister to serve on Professional Boards was made. An awareness campaign was conducted to ensure that practitioners registered with Council were informed of the nomination process based on criteria set out for eligibility for nomination. The nomination invitations closed on 30 October 2014 and the Electoral Office commenced with the verification of nominations received soon after. A list of valid nominations was published in the Government Gazette on 21 November 2014 and the nomination appointment process was handed over to the office of the Minister.



In terms of section 5(4) of the Act, the Minister shall inform the Registrar of the HPCSA of the persons appointed, and, in terms of section 5(3) the names of the appointed persons should reach the Registrar not less than three months prior to the date of expiry of the term of office of the Council and Board membership. On 28 August 2015, the Minister of Health as per Board Notice published the list of members appointed to the 12 Professional Boards in accordance with the constitution of each Board.

#### 4. INAUGURATION AND ORIENTATION OF NEW BOARDS

During the months of August and September 2015, inaugural meetings were held for each of the 12 Professional Boards. During these meetings, members were inducted and orientated towards the HPCSA mandate, functioning and structures. Boards also appointed members to the various committees based on their composition. Chairpersons and Vice Chairpersons were appointed for the term of each Board.

In terms of section 5(1) of the Health Professions Act, 1974 (Act No. 56 of 1974), the Council shall be representative, and Professional Boards designated members to serve on the HPCSA, on a basis proportional to the number of persons registered to practice the professions 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.

On 29 October 2015, the Council's inaugural meeting was held and members were appointed to the different Council Committees and on 24 and 25 November 2015, Council conducted its first ordinary meeting.

During October/November 2015, orientation and training sessions were held in Cape Town, Durban and Gauteng, which included orientation on the HPCSA legislative and policy mandate, procedures, and corporate governance principles. Thereafter, the Boards commenced with their business, and training of members was ongoing based on the needs as identified by members.

#### 4. STRATEGIC PLANNING OF PROFESSIONAL BOARDS

Section 3(p) of the Health Professions Act, 56 of 1974 (as amended) provided that Council had to submit to the Minister the following –

1. a five-year strategic plan within six months of the Council coming into office which includes details as to how the Council plans to fulfil its objectives under the Act;
2. every six months a report on the status of health professions and on matters of public importance that have come to the attention of the Council in the course of the performance of its functions under this Act; and
3. an annual report within six months of the end of the financial year.

The appointment of the service provider for the facilitation of Council, Professional Boards, and Management sessions was finalised by the Council's Tender Committee in December 2015. The Professional Boards Strategic Planning workshops commenced from January 2016 until 29 February 2016.

The service provider assisted all structures of Council in ensuring that the strategic planning documents, annual performance plans and operational plans were aligned to the statutory requirements and recommendations emanating from the Internal Audit Performance Management Review of 2015.

The strategic planning of the Boards was conducted in line with the Sustainable Development Goals, National Department of Health's (NDOH) strategic goals and priorities, HPCSA planning and reporting requirements, hand-over reports from the outgoing boards as well as other strategic and national imperatives.

Boards embarked on the process of a SWOT analysis, followed by determining the Vision and Mission statement and as well as Values for the five-year term. Once those were completed, a process of determining strategic goals ensued, which were broadly aligned to:

1. Regulate and Guide the Profession



2. Advocacy, Advisory and Stakeholder Engagement
3. Effective and Efficient Functioning of the Board

## 5. THE OPERATIONAL PLAN OF THE DEPARTMENT

The Department Professional Boards provided administrative support to the Boards to ensure that they fulfill their responsibilities as determined in terms of the Health Professions Act, Act 56 of 1974. The activities of the Professional Boards Department are guided by the annual operational plan of the Department. The main goals of the operational plan are to ensure:-

- Improved business model to enhance the functioning of the HPCSA;
- Adequate, effective and efficient support provided to and by Council, Professional Boards and Secretariat;
- Improving the role of the HPCSA as an advocate and advisor through enhanced engagement with all key stakeholders.
- To ensure legislative and regulatory consistency across HPCSA and all the Professional Boards consistency.

## 6. PROGRESS MADE IN LINE WITH STRATEGIC OBJECTIVES AND ACHIEVEMENTS

### SETTING AND REVIEWING STANDARDS FOR EDUCATION AND TRAINING AND PROFESSIONAL PRACTICE

The main purpose of Professional Boards in setting and reviewing standards for education and training, as well as professional practice was to ensure delivery of competent practitioners who will render healthcare services that meet healthcare needs of the South African population. The Boards reviewed procedures and guidelines for the design and development of qualifications, which took into consideration requirements of other relevant statutory bodies, such as the Council on Higher Education (CHE) and South African Qualifications Authority.

## BOARD ACTIVITIES

During the year under review, positive progress had been made in line with the strategic objectives and achievements in terms of Board activities. During the period 1 April 2015 until 31 March 2016, a number of meetings and workshops were held as follows:

ACTIVITY	NUMBER OF ACTIVITIES
Board Inaugural meetings	12
Board Induction and Orientation meetings	12
Professional Board meetings	27
Subcommittee meetings	102
Committee/Subcommittee meetings	12
Task Team meetings	10
Board Examinations	11
Evaluations conducted	163
Conferences attended	6

### REVIEW OF THE BOARD EXAMINATION PROCESS

Boards embarked on an activity to standardise the examinations across Boards. The examination guidelines and policies especially, with reference to the standardisation of the processes, the integration of examinations and quality assurance of the examination process was undertaken and was still work in progress. An on-line examination application system was investigated.

### EVALUATION AND ACCREDITATION OF EDUCATION AND TRAINING

Professional Boards continued to review guidelines for their quality assurance functions in order to streamline and standardise processes. Training and orientation of evaluators was undertaken by three (3) of the Boards in order to ensure that members appointed to conduct evaluations successfully executed their mandate according to the guidelines and in order to build capacity for this function.

### IMPROVEMENT OF COMMUNICATION

One of the means of communication was the issuing of at least one newsletter per annum per Board in order to



communicate important profession and administrative related issues to registered professionals and students. This included new developments, such as new regulations, policies and procedures. All Boards also contributed to articles in the Bulletin Magazine, which was issued during the period under review.

#### TABLE OF STAKEHOLDER INTERACTIONS

NATURE OF ACTIVITY	NO OF ACTIVITIES
Meeting between the Representatives of the Professional Board for Radiography and Clinical Technology and the Society of Radiographers of South Africa and Radiologist Society of South Africa.	1
Radiography Day Celebration.	1
Professional Board for Emergency Care Practitioners meet with ECP, ECT and ECA Training Providers.	1
Professional Board for Psychology Stakeholder meeting on B Psych and B Psych Equivalent Programmes.	1
The Professional Board for Dietetics and Nutrition with Representatives of Educational Institutions, Provincial Managers (Nutrition) and Professional Organisations.	1
Combined Stakeholder Meeting for the Professional Board of Speech, Language and Hearing Professions, Representatives of Higher Educational Institutions and National Department of Health.	1
Combined Stakeholder Meeting for the Professional Board of Speech, Language and Hearing Professions and the Representatives of Professional Organisations.	1
Professional Board for Optometry and Dispensing Opticians Stakeholder Meeting.	1
Professional Board for Environmental Health Practitioners and Stakeholders Meeting.	1
Stakeholder meetings with Heads of Departments. Physiotherapy, Podiatry and Biokinetics	2
Representatives of the Professional Board for Dental Therapy and Oral Hygiene met with representatives of SADA to discuss the amendment regulations relating to the qualifications for the registration of Dental Assistants.	1
National Oral Health Consultative Stakeholder meeting.	1

#### INCREASED HUMAN CAPACITY

The establishment of new registers and growth in the registers currently managed by the Boards resulted in a need for increased administrative support to deal with complex issues and to provide guidance to the Boards. The Department was capacitated in terms of increased human resources with the required skills and experience. However, training on the understanding and application of legislation and policies required ongoing training and mentoring. This would enable the Department to render a more effective and efficient service to professionals as well as to Boards. Additional staff will be appointed within the next phase in order to improve on the human capacity.

#### 7. STRATEGY TO MANAGE AND MINIMISE RISKS IN THE DEPARTMENT

The importance of risk management and the implementation of mitigation measures after the risks were assessed, assisted the Department to implement measures to minimise the inherent risk. Failure by the Department to execute its mandate would result in ineffective regulation of the professions and would have (adverse) inherent reputational risks for the organisation as well as for the public.

The following risks were managed during the period under review, as they would impact on the ability of the Boards to discharge their mandates:

#### HIGH STAFF TURNOVER RATE

The high staff turn-over rate resulted in capacity constraints and loss of institutional experience and knowledge. This was managed with staff retention strategies and motivation of staff, as well as investment in training and development of staff.

#### FAILURE TO ADHERE TO POLICIES AND PROCEDURES

Non-adherence to policies and procedures resulted in *ultra vires* or irregular decisions and litigation associated with reputational risk. This was addressed in terms of workshops and adherence to policies and procedures.



### INADEQUATE KNOWLEDGE / OWNERSHIP OF INTERNAL PROCESSES

Inadequate job knowledge of staff resulted in an increased number of complaints. As a mitigating mechanism, staff was mentored. Involvement in the development and implementation of the operational plan of the Department was expanded.

### IT INFRASTRUCTURE CONFIGURATION NOT MEETING BUSINESS REQUIREMENTS

This impacted on service delivery and ineffective integration of systems. The upgrade of the IT infrastructure was a priority requirement as it impacted on the functioning of all departments.

### OPERATING IN SILOS

This resulted in inadequate communication and interaction which was addressed by regular internal workshops, sharing of information and implementation of SLA's.

## 8. OUTSTANDING ACTIVITIES FOR THE NEXT FINANCIAL YEAR

The following issues were flagged and will be dealt with in the next financial year:

1. Further expansion of human capacity to support the business needs of the Department.
2. Exploring the options for conducting on-line examinations in order to protect the integrity of examinations.
3. The establishment of the Education and Training Office.
4. Finalisation of a draft framework for maintenance of licensure (aka revalidation or recertification) and to commence with the broad consultation process with practitioners.
5. The expanded office space requirements of the Department to ensure a conducive working environment.

### PROFESSIONAL BOARD FOR DENTAL THERAPY AND ORAL HYGIENE



After an intensive and lengthy nomination and selection process, the new Professional Board for Dental Therapy and Oral Hygiene was inaugurated on 9 September 2015. The selected members possess a wealth of knowledge, skills and expertise to ensure that effective and expertise input is provided to members of the various professions, and in ensuring that the public is protected. The Board comprises of 13 members, and the following constituencies are represented:

Universities South Africa Representatives	Dr P Brijlal – University of the Western Cape – Chairperson of the Education Committee Dr J Oosthuysen – Central University of Technology – CPD Representative
Ministerial Appointee	Dr J Smit – Director – National Department of Oral Health
Community Representatives	Ms H Motlanthe Ms N Tsebe
Dental Assistants	Ms P Ramela Ms T Muthibi
Oral Hygienists	Ms K S Pause Mrs N Swart – Vice-Chairperson of the Board Mrs C R Brent



Dental Therapists	Mr M J Maponyane – Chairperson of the Committee of Preliminary Inquiry Mr T W Muthuphei Dr T A Muslim – Chairperson of the Board
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The Board members have a variety of skills, abilities, education and professional backgrounds. Three members of the Board hold doctoral qualifications and two hold Master's degrees and are pursuing further studies. Two members are studying towards a Master's degree, and one member holds two qualifications in higher education and law. Five Board members are in academia, four members are in the public sector, and two are in the private sector. This diversity of skills and abilities allows the Board to encompass a wide and informed variety of views, opinions and concerns, thus ensuring that decisions and regulations are made with the best possible consideration and in keeping with the mandate of the HPCSA, namely to protect the public and to guide the professions.

The Board recognises the high standards set by the previous Board, and is working hard at continuing on that trajectory and emulating these standards, which is no easy task.

The Board is pleased to announce that it has begun the lengthy process of changing its name to include the profession of Dental Assisting. The proposed new name for the Board will be the Professional Board for Dental Assisting, Dental Therapy and Oral Hygiene. This is a lengthy and legally comprehensive task, as all rules, regulations, policies and references to the Board have to be amended to reflect the new name.

## VISION AND MISSION

The **vision** of the Board is to ensure quality oral health care regulation through public protection and professional advancement. Its **mission** is to promote Oral Health Care to all through:

- Ensuring compliance for professional registrations;
- Developing appropriate standards for training, education, professional practice and CPD; and
- Fostering effective stakeholder engagement and participation.

## STRATEGIC OBJECTIVES

The incoming Board was tasked with developing strategic objectives for the period 2015-2020. The Board developed a strategic plan in line with Council's strategic objectives and values. The Board also worked towards an operational plan and risk management plan that would give expression to the Board's strategic goals. The strategic goals as identified by the new Board are:

- a. Efficient and Effective Functioning of the Board;
- b. Quality Standards in Education, Training and Practice (Guiding the Profession);
- c. Effective Stakeholder Engagement; and
- d. Ensuring Compliance (in Order to Protect the Public).

The Board has set itself goals in order to ensure that these strategic goals are met, and is making steady and continuous progress towards fulfilling these goals.

## DETERMINING AND UPHOLDING THE STANDARDS OF EDUCATION AND TRAINING

In April 2015, the Board attended an evaluators training workshop which was hosted by the Council on Higher Education (CHE). The Chairperson of the Board made a presentation on the evaluation processes of the Board and the CHE commented positively on the Board's processes and procedures, and concurred that there were many similarities between the evaluation processes of the Board and those of the CHE.



Quality assurance of education and training programmes is a core function of the Board so as to ensure that competent graduates are registered with the Board. Further to accreditation visits, the Education Committee Chairperson has devised the first draft template that institutions should use in reporting their annual activities to the Board.

The Education Committee developed guidelines for accreditation of off-site facilities for Dental Therapy, Oral Hygiene and Dental Assisting student placement. Qualifications are increasingly designed to incorporate periods of work outside of the traditional teaching and learning environment that integrate with and supplement the learning experiences offered at higher education institutions (HEIs). These guidelines were developed in response to the increasing practice of some HEIs offering educational experiences to students in off-site facilities, which are outside of the traditional teaching and learning environment. These guidelines will be sent to stakeholders for final comment.

The regulations pertaining to the use of mobile clinics are in the process of amendment.

On 6 October 2015, the Board was represented at the Department of Higher Education and Training (DHET) Demands, Challenges and Supply of Health Care Professionals planning workshop, and provided input to the DHET on the need for increased intake and funding for Dental Assisting, Dental Therapy and Oral Hygiene training, in line with key national oral health imperatives, such as the National Health Insurance (NHI).



## NEW EDUCATION PROVIDERS/PROGRAMMES

The Board has previously engaged with the University of Fort Hare, the Nelson Mandela Metropolitan University, the Central University of Technology and Sol Plaatje University to discuss the possible implementation of oral health programmes. These discussions are ongoing. Additionally, at its meeting with the South African Dental Association (SADA) in early 2016, the Board expressed its support in principle of SADA's intention to gain accreditation as a Higher Education Institution that would offer training to certain cohorts of oral health professionals, including dental assistants.

Delays in the finalisation of the Scope of the Profession of Dental Therapists have been cited by certain higher education institutions as being the reason that they were unwilling to introduce dental therapy into their programme offerings. It is envisaged that once the Scope has been finalised these institutions will offer dental therapy training.

## STAKEHOLDER ENGAGEMENT

The vision and strategic plan of the newly elected Board has established core principles by which matters of the Board will be managed. One of the most prominent principles is stakeholder engagement and consultation. Pertinent matters that relate to the education and training of the three professions (dental therapists, oral hygienists and dental assistants) that fall under the ambit of the Board will be managed through a process of consultation, either through task team facilitation or through an invitation for comment on disseminated documents. In order to develop and improve on stakeholder engagement and enhance communication, a Stakeholder Engagement Plan was developed. The following objectives were constituted:

- to identify, prioritise and formalise communication with Stakeholders;
- to review current guidelines for communication and provide comments; and
- to engage in regular communication with key stakeholders through on pertinent matter through journals, websites, e-mail/e-Bulletin, social media, road shows, and through engaging the community on the role of the HPCSA and the Board.



In June 2015, the Board submitted a newsletter to Council for publication, as well as three articles for inclusion in the e-Bulletin.

The Board also participated in numerous stakeholder engagements during the financial year under review, and it is envisaged that these engagements will continue in the new financial year. Amongst these was the roadshow held at Emalaheni (formerly Witbank), and attendance of two meetings of the National Oral Health Stakeholders Consultative Committee, held under the auspices of the National Department of Health. The Board has interacted directly or indirectly with various stakeholders, such as the Council on Higher Education (CHE), the South African Qualifications Authority (SAQA), the Office of Health Standards Compliance (OHSC), the Department of Higher Education and Training (DHET), the National Department of Health (NDoH), the South African Dental Therapy Association (SADTA), the Dental Assistants Association of South Africa (DAASA), the Oral Hygienists Association of South Africa (OHASA), the Committee of Dental Deans (CDD) and various other role-players.

The Board met with representatives of the South African Dental Therapy Association (SADTA) in June 2015 and discussed key concerns pertaining to the education and training of oral health professionals. Further engagement is expected between the Board and SADTA in the near future.

Members of the Board met with representatives of the South African Dental Association (SADA) in early 2016 to discuss their concerns related to the education, training and registration of dental assistants. Further discussions are anticipated.

The Board acknowledges that it cannot operate in isolation, and has, to this end, interacted with other Boards.

### **DETERMINING AND MAINTAINING PROFESSIONAL PRACTICE AND CONDUCT**

The Board demands that practitioners exercise professionalism and display ethical behaviour that is of the highest standard. Therefore the Board has ensured that all its members are fully CPD compliant, and that they lead by example in practicing high ethical and moral standards. The Board urges all practitioners to afford patients the highest standard of professional care, and to practice in a socially responsible manner. The Board has

commented on a draft Policy related to Impaired Practitioners and Students, and has commented on the revised ethical guidelines.

### **SCOPES OF PROFESSIONS**

Following stakeholder engagement, the Board revised the Scope of the Profession of Dental Therapists, and on 3 February 2016, these amended Draft Regulations were forwarded to the Minister of Health for consideration.

The Regulations defining the Scope of the Profession of Oral Hygienists in 2000 included the administering of local anaesthetics. This regulation was omitted when the Minister promulgated the regulations relating to the amended scope of practice in 2013. Council approved the amendment regulations and the amendment regulations that were submitted to the NDoH for publication by the Minister for public comment in November 2015.

As part of the 2015-2020 Strategic Plan, the Board envisages undertaking a review of the Scopes of Practice of all three professions within its jurisdiction.



### **COMPLIANCE FOR PROFESSIONAL REGISTRATION**

The Board has to ensure that compliance standards for professional registration are adhered to, and has, during the review period, considered applications by a number of professionals who either sought re-entry after a period of suspension from the register or who were non-practising. The Board also received applications from foreign qualified practitioners who sought to be registered in South Africa.



These applications were considered and various measures were put in place to ensure that the candidates were eligible for registration. This included the recommendation of the completion of an examination at an accredited higher education institution or periods of supervised practice.

### **DISCIPLINARY ACTION**

The Board is concerned at the number and nature of complaints received against practitioners registered under its ambit. The Board, has as its mandate, the need to protect the public and to guide the profession. The Board pleads to practitioners to practice ethically and responsibly, and is of the opinion that should practitioners do so the number of complaints received will reduce dramatically. For the period January 2015 to December 2015, the Board received a large number of complaints. Some complaints were resolved by the Ombudsman, but it is disconcerting to note that 30 complaints were of a serious nature and had to be dealt with by the Committee of Preliminary Inquiry. Not only are these cases unnecessary, but they are expensive to resolve and contribute to high annual fees.

### **BOARD EXAMINATION**

The Board continues to express concern that whilst a large number of dental assistants who were registered with the proviso that they successfully complete a Board examination have failed to do so. The proposed amendments to the Regulations relating to the Qualifications for the Registration of Dental Assistants will allow for a number of examinations to be offered over the next two years, and the Board strongly encourages all those eligible Dental Assistants to undertake and successfully complete the prescribed Board Examination. Failure to do so could impact negatively on one's registration status.

### **FINANCIAL CONTROLS**

The Board takes cognisance of the current unfavourable financial and economic climate in the country. In such a climate, the Board has made every attempt to ensure frugality in its expenditure patterns and fee schedules. In its Budget meeting held in December 2015, the Board proposed various austerity and cost-cutting measures in order to curtail spending. These measures included holding back-to-back meetings in order to

reduce members' travel expenses. The Board maintained the Dental Assistants examination fee for 2016, and budgeted for an inflation Consumer Price Index (CPI) linked budget increase of 6% with respect to annual fees. The Board also maintained a zero-based budget increase.

### **CHALLENGES**

One of the most significant challenges that the Board faces is the resistance by other professions and associations to the professionalisation of Dental Assistants. At a special Board meeting on 18 February 2016, the Board noted that there is a need to facilitate the registration of the people who work as Dental Assistants without a formal qualification and who did not register as Dental Assistants during the "grandfather clause" period, and also not during the two year moratorium period imposed by the High Court had on the criminal prosecution of unregistered practising Dental Assistants. The two-year moratorium expired on 31 March 2016. Urgent measures needed to be put into place to assist unqualified yet experienced Dental Assistants to be registered.



The Board resolved that the regulations relating to the qualifications for the registration of Dental Assistants be amended to provide for unqualified yet experienced Dental Assistants to be provisionally registered for a maximum period of two years, with the proviso that, within this period, they shall undertake and pass a Board examination, which will allow them full registration as Dental Assistants, but without a formal qualification. The applications by unqualified Dental Assistants for provisional registration would have to be submitted to the Board within four (4) months of the date of promulgation of



the regulations, after which date no further applications will be considered. These provisionally registered Dental Assistants would be required to comply with the Board's requirements for Continuous Professional Development (CPD) and the payment of the prescribed annual fee. There will be four (4) Board examinations per annum conducted over a period of two years, and Dental Assistants will be allowed a maximum of three (3) opportunities to sit for the Board examination.

In an attempt to ensure that all affected Dental Assistants apply for registration under these amended regulations, the Board requested that Council provides a dedicated office to deal with the registration of the Dental Assistants and that additional administrative support be provided to assist with the logistical arrangements for the Board examinations. The regulations were submitted to the Minister's office in February 2016. The Board is awaiting the publication of these amended regulations so as to allow for a period of public comment before the final regulations are published.

The Board wishes to advise all unqualified and unregistered Dental Assistants to ensure that they seize this final opportunity to register with the HPCSA, and to complete the Board examination within the prescribed two years, as failure to do so will result in the Dental Assistant being removed from the register. The Board also wishes to request fellow oral healthcare professions and employers to assist in facilitating the registration of these Dental Assistants, and to offer them the necessary educational support that they may require in order to prepare for the Board examination.

The previous Board worked hard to ensure that they fulfilled the mandate of the HPCSA. As a result, the standards that they set are extremely high. However, the current Board has devoted itself to maintaining these high standards, and assures both the public and fellow practitioners that they will abide steadfastly to the mandate of the Boards, and tirelessly strive to ensure outstanding service to the professions and to the people of South Africa.



## PROFESSIONAL BOARD FOR DIETETICS AND NUTRITION



### 1. STRATEGIC FOCUS

#### 1.1 Overview

The Professional Board for Dietetics and Nutrition is responsible for the stewardship through guiding the profession and protecting the public by focussing on continuous best practice and governance output.

The Professional Board comprises highly skilled, professional individuals, with its main focus intended to drive continuous innovation at all levels of strategy and operations, ensuring that the profession receives maximum value for the contributions they pay to the Council.

#### 1.2 Vision

Ensure quality and equitable nutritional health for all through public protection, guiding the profession and advocacy.



### 1.3 Mission

- To protect and serve the public through ensuring:
  - Excellence and integrity in dietetics and nutrition delivery; and
  - 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
- To ensure effective communication with all stakeholders and to advocate for the role of nutrition in:
  - The health and wellness of all South Africans; and
  - All sectors of public decision making and policy development
- To ensure effective and efficient functioning of the Board.

## 2. THE STRATEGIC PLANNING PROCESS

In terms of alignment between Council and Professional Boards, a tripartite relationship exists between Council, the Professional Boards and the Secretariat, established to achieve the mandate of the HPCSA. This relationship is defined in the following manner: there are interdependencies between the Council, Boards and the Secretariat. This results in alignment and adequate coordination of resources.

The Professional Board strategies was aligned with the Council's strategy through the following three overarching themes, namely:

- i. Organisational Effectiveness;
- ii. Advocacy and Advisory; and
- iii. Regulatory Certainty.

The strategic planning process sought to ensure that a comprehensive and integrated strategy is developed, and that, through this process, alignment of outcomes and expectations

is achieved for all relevant internal and external stakeholders.

### 3.1 Strategic objectives of the Board

At the strategic planning workshop of the Professional Board for Dietetics and Nutrition in January 2016, members developed a five - year Strategic Plan for the Board covering the period: 2016 – 2020. The Strategic Plan is envisaged to be finalised and ready for implementation by the end of July 2016 and it focuses on the following strategic objectives:

- i. Improve the responsiveness to the public and professionals with respect to turnaround times (e.g. enquiries) and finalisation of misconduct charges;
- ii. Ensure accountability and professional conduct of professionals;
- iii. Develop, review and finalise the scope of practice for registered professionals;
- iv. Setting up of minimum competencies and skills;
- v. Improve CPD compliance to improve professional competence and ensure that professionals are properly qualified to serve the public;
- vi. Review, update and streamline guidelines, rules, regulations and scopes of practice (SoPs); and
- vii. Strengthening of processes & timeframes pertaining to registration.



## 2. PERFORMANCE OVERVIEW

### 2.1 The term of office of the Board

The term of Office for the previous Professional Board ended in June 2015. In September 2015, new Professional Board was inaugurated for a term of five years commencing in 2015 and ending in 2020.



## 2.2 Meetings of the Board and its committees

The Board conducted the following meetings for the period April 2015 to March 2016:

Professional Board meetings	Executive Committee meetings	Education, Training and Registration Committee meetings
12 and 19 June 2015	09 December 2015 – Special Executive	15 October 2015
27 January 2016		20 November 2015 - Teleconference
25 February 2016 – Special Board		16 February 2016 - Teleconference
	26 February 2016	
	03 March 2016 - Teleconference	

## 2.3 Overview of Board achievements

### 2.3.1 Policy development or review

- i. Reviewed the scope of profession for Dietetics;
- ii. Developed the new scope of profession for Nutritionists;
- iii. Completed the scope and competencies for the Dietician/Nutritionist (new nutrition professional); and
- iv. Held consultations with the HR department of the Department of Health about the current and new nutrition professionals.

### 2.3.2 System improvements

- i. Reviewed Form 271 – Evaluation of Institutions of Higher Learning;
- ii. Review Form 271 Section 46(c) – now a separate document; and
- iii. Reviewed Guidelines for Registration of Foreign Qualified Nutritionists.

### 2.3.3 Newsletter

This is a valuable communication vehicle by the Board affording registered Dietitians and Nutritionists an opportunity to be updated on various issues affecting the profession.

As such, the Board published the first newsletter relating to information on Dietetics and Nutrition. The collaboration with the Association for Dietetics in South Africa (ADSA) to accredit the Ethics Multiple Choice Questions, made it possible to publish one CPD Ethics article questionnaire that assisted the Dietitians and Nutritionists to accrue two ethics CEUs.



## 3. DETERMINING AND MAINTAINING THE STANDARDS OF PROFESSIONAL PRACTICE AND CONDUCT

During the period under review, the Board addressed the following key activities relating to the standards of professional practice and conduct:

### 3.1.1 Annual Stakeholder meetings

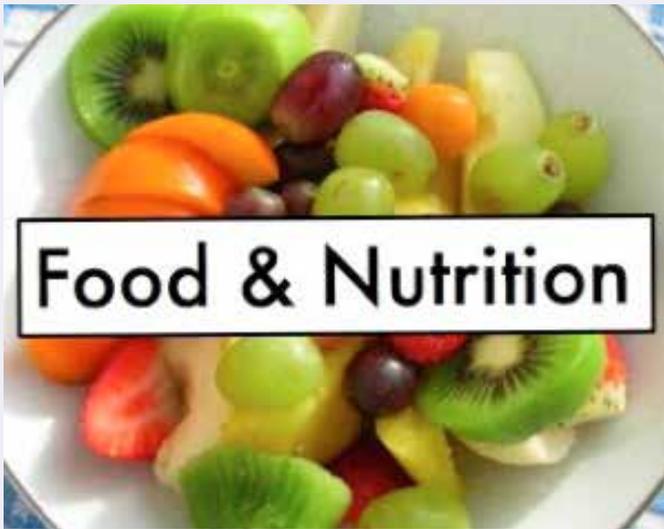
The Annual meeting of the Board took place with the Heads of Dietetics/Nutrition Departments at Universities, National Department of Health: Directorate: Nutrition, Nutrition Managers of Provincial Departments of Health, Professional Associations, namely ADSA (representing Dietitians), the Nutrition Society of South Africa (representing Nutritionists), and the South Africa Defence Force representatives.

### 3.1.2 Training for Evaluators

The Board conducted the training for evaluators comprising of the Board members and the Heads of Dietetics/Nutrition Departments at Universities. The training reviewed amongst others the following:



- Form 271 – procedure for evaluation of dietetics training programmes, code of conduct and declaration of confidentiality for evaluators of education and training programmes;
- Form 46c, criteria for accreditation of training sites for experiential learning in Dietetics and Nutrition; and
- HPCSA guidelines for evaluation and accreditation of education and training institutions.



## 4. DETERMINING AND UPHOLDING STANDARDS OF EDUCATION AND TRAINING

### 4.1 Revised schedule of evaluation of dietetics and nutrition

The revised schedule of evaluation of Dietetics and Nutrition at education institutions was finalised and approved by the committee of the Board on 26 February 2016.

### 4.2 Accreditation of training programmes

The Board accredited programmes of the following universities as follows:

University of Venda (Nutrition programme)	04 to 07 May 2015
Sefako Makgatho Health Sciences University - (Dietetics programme)	02 to 05 June 2015
University of Pretoria – (Dietetics programme)	01 to 04 September 2015

### 4.4 Guidelines for registration of foreign qualified Nutritionists

The Board developed guidelines for registration of foreign qualified Nutritionists (entry level competencies).

### 4.5 Review of Form 271 – evaluation of institutions of higher learning

At the stakeholder meeting on 27 February 2014 with the Heads of Departments and Clinical Managers, it was recommended that Form 271 on Evaluation of Institutions of Higher Learning be reviewed and updated. The form was circulated to universities for comment. Ratings would be removed from the section that was completed by institutions. The Education Committee was mandated to include minimum standards in the revised document.

### 4.6 Examination for registration as nutritionists – grandfather clause

The Board resolved that applicants must approach universities training in Nutrition for re-examination arrangements and future Board examinations (university entry examination). The University of Venda and North-West University were requested to facilitate the Nutrition Board examinations on behalf of the Board.

## 5. KEEPING ACCURATE REGISTERS

Apart from ensuring that only appropriately qualified practitioners are registered within the respective professions, the Board also has ensured that the foreign qualified practitioners are registered in terms of the relevant legislation and the latest policies of both the Board and the National Department of Health.

The Board is currently looking at introducing a 3rd register to accommodate the proposed new cadre of Nutrition Professionals, though implementation would be realised in the foreseeable future.

## 6. FINANCIAL AND BUDGETARY MATTERS

### 6.1 Financial statements

According to the financial statements of the Board ending



April 2016, it functioned well within its budget provision and incurred no overspending during this period.

## 6.2 Approval of 2015/16 annual fees

The Executive Committee in December 2015 **resolved** to increase the annual fee by three percent (3%) for the financial year 2016/17.

REGISTER		2015	2016
DT	Dietitians	<b>1391.00</b>	<b>1433</b>
SDT	Supplementary Dietitians	<b>1391.00</b>	<b>1433</b>
NT	Nutritionists	<b>1391.00</b>	<b>1433</b>
SNT	Supplementary Nutritionists	<b>1391.00</b>	<b>1433</b>



## PROFESSIONAL BOARD FOR EMERGENCY CARE



### STRATEGIC OBJECTIVES

The new Board was appointed in July 2015 by the Minister of Health, Dr Aaron Motsoaledi for the 2015-2020 term of office and inaugurated in September 2015. The Board developed a strategic plan in the latter half of 2015. The incumbent Board identified education standards aligned with international best practices and within the South African context, quality assurance of education and training programmes, compliance standards for professional registration, continuous professional development, professional practice, and evidence based scopes of practice, stakeholder engagement and improved clinical governance as key areas for promotion during the term of the Board. Some of the goals of the Board, among many others, are:

- regular stakeholder engagement;
- the issuing of the revised evidenced-based emergency care clinical guidelines/protocols for all the registration categories;



- the re-alignment of the emergency medical care education and training programmes; and
- the on-going professionalisation of emergency care.

## OVERVIEW

The previous Board started the process of the review of the emergency care clinical guidelines/protocols. An agreement was entered into with the African Federation for Emergency Medicine (AFEM) for the review of the protocols. The incumbent Board will finalise the revised protocols and continue with the re-alignment of the emergency medical care education and training. Moreover, the previous Board established a Research Committee and a Clinical Advisory Committee. The mandate of the Research Committee is to develop a research agenda for the emergency care profession and to encourage research. The mandate of the Clinical Advisory Committee is to deal with all matters relating to clinical practice, e.g. protocols/scopes of practice, capabilities and ethics and to ensure that the protocols/scope of practice, capabilities and medicines for emergency care providers are aligned and updated with best practices, the international resuscitation guidelines and within the South African context.

During the 2015/16 financial year, the Board conducted a number of evaluations for re-accreditation of existing education and training programmes and for the accreditation of new programmes. In keeping with the Board's strategic objective of ensuring quality education and training in emergency medical care and the registration of competent and appropriately qualified emergency care providers, the Board withdrew the accreditation of several education and training providers due to serious quality concerns.

Equally so, a number of education and training providers were found to be compliant and retained their accreditation. During the year, the Board held meetings as follows:

NATURE OF MEETING	NUMBER
Board	3
Board Executive Committee	4
Education Committee	3
Clinical Advisory Committee	1
Research Committee	2
Task Team	2

The Board also conducted five (5) workshops. As a quality control measure, the Board appointed moderators for the moderation of all the first examinations conducted by newly accredited education and training providers, the Emergency Care Technician examinations, Paramedic examinations and the Bachelor in Emergency Medical Care examinations.

## PROMOTING THE HEALTH OF THE NATION

The Board communicates with its stakeholders through the website, newsletter, e-bulletin and holds at least two stakeholder meetings per annum in different provinces. The Chairperson or representative of the Board also attended the meetings of the National Committee of Emergency Medical Services, the Principals Forum and the Advisory Committees of the Universities offering emergency medical care programmes.

## DETERMINING AND MAINTAINING STANDARDS OF PROFESSIONAL PRACTICE AND CONDUCT

The Board acted on complaints relating to practicing outside of scope of practice, unprofessional conduct at accident scenes and towards colleagues, insufficient treatment of patients, delay in responding to calls and the transporting of patients, etc. The Board also received quarterly status reports on professional conduct matters to enable the Board to monitor progress, as well as trends in complaints.

The Board's Committee of Preliminary Inquiry finalised 48 complaints, referred eight matters for professional conduct inquiries, deferred 26 matters in order to obtain further information, had eleven (11) consultations and conducted one (1) inspection. There were 18 guilty findings and eight emergency care providers were cautioned and reprimanded. The Board is seriously concerned about the unprofessional behaviour of emergency care providers at accident scenes and towards their colleagues, as well as the information communicated on social media, which has a negative impact on the image of the profession of emergency care.

The Board will review its ethical rules, once the review of the protocols has been finalised to ensure that the ethical rules are in line with the protocols.

The Board appointed an external provider for the review of the protocols of all the emergency care professional categories.



The review process will be finalised in June 2016 and thereafter the Board will consider the revised protocols prior to it being made available to stakeholders for comment/input.

The Clinical Advisory Committee focuses on clinical and governance matters and its primary function is to ensure that the scopes of practice of emergency care providers are relevant, current and evidence based.

The Board reviewed all the Board's policies and guidelines with the view to ensuring that they remain relevant and current.



## DETERMINING AND UPHOLDING STANDARDS OF EDUCATION AND TRAINING

The Board evaluated all the education and training providers of accredited short learning programmes, which were due for re-accreditation in the three year accreditation cycle. The Board conducted seven evaluations for re-accreditation, six evaluations for the accreditation of new education and training providers, two evaluations of new premises of accredited providers and conducted two impromptu inspections. The Board is concerned about the number of education and training providers that were non-compliant with the Board's accreditation criteria. The Board withdrew the accreditation of one education and training provider due to serious quality concerns and non-compliance with the minimum education and training standards, as determined by the Board.

The Diploma in Emergency Medical Care (NQF 6) which led to the registration of Emergency Care Technicians has been implemented by two private providers.

The Board is in the process of finalising the minimum education and training standards for the Higher Certificate in Emergency Medical Care. The Board met with the education and training providers intending to offer the Diploma in Emergency Medical Care (NQF 6) and the Higher Certificate in Emergency Medical Care (NQF 5), representatives of the National Committee of Emergency Medical Services and the Principals Forum to discuss the minimum education and training standards for these programmes.

## KEEPING ACCURATE REGISTERS

The registration statistics for all registration categories as at February 2016 were as follows:

REGISTRATION CATEGORIES	TOTAL
Basic Ambulance Assistants	54 557
Ambulance Emergency Assistants	9 160
Operational Emergency Care Orderlies	505
Student Paramedics	549
Paramedics	1 600
Student Emergency Care Technicians	598
Emergency Care Technicians	1 025
Student Emergency Care Practitioners	680
Emergency Care Practitioners	432
TOTAL	69 106

As seen in the past, there is still a high number of suspensions of emergency care providers from the registers mainly due to the non-payment of annual registration fees, especially in the Basic Ambulance Assistants (BAA) category, where more than 7 000 providers in 2015 alone were suspended.





## PROFESSIONAL BOARD FOR ENVIRONMENTAL HEALTH PRACTITIONERS



### 1. STRATEGIC FOCUS

The previous Professional Board for Environmental Health Practitioners developed a five year (2010 – 2015) strategic plan with the following goals:-

- a. Ensure registration of Environmental Health practitioners according to the Health Professions Act;
- b. Facilitate well trained and competent environmental health professionals;
- c. Enhance the position of the environmental health profession within the health care delivery system: and
- d. Enhance Continuing Professional Development (CPD) in environmental health.

The new Board that was inaugurated on 11 September 2015 developed a strategic plan for its term of office, 2015 – 2020, with the following strategic goals, which will undoubtedly take forward most of the strategic objectives from the previous Board:-

1. Promote Ongoing and Effective Stakeholder Engagement;
2. Monitor compliance within the Environmental Health Professions;
3. Strengthen Education and Guide the Profession; and
4. Ensure Effective and Efficient Functioning of the Board.

### MEETINGS OF THE BOARD AND ITS STRUCTURES

BOARD 7 meetings, including workshops	EXECUTIVE COMMITTEE	EDUCATION COMMITTEE
14/05/2015 – Board & Stakeholders	22/10/2015 – Special EXCO	09/04/2015 with Advisory
15/05/2015 – Board meeting		10/04/2015
11/09/2015 – Inauguration of new board		23/10/2015
22/10/2015 – Board specific training of new members		
03/12/2015 – Strategic plan brainstorming session		
04/12/2015 – Board meeting		
08 – 09/02/2016 – strategic planning workshop		

### 2. PERFORMANCE OVERVIEW

The Professional Board for Environmental Health Practitioners at the last meeting of the outgoing Board held in May 2015 reviewed its strategic plan which guided the Board during its term of office. It was realised that the Board had made



satisfactory progress in implementing its set strategic objectives.

The 14 member new Board that was inaugurated in September 2015 with a diversity of expertise and professional backgrounds met at the beginning of December 2015 to pave the way forward in terms of a brainstorming session to come up with strategic goals and programmes for the term. The strategic planning exercise was finalised in February 2016.

During the period under review, the Board and its structures held 11 successful meetings and workshops. Interactions with stakeholders (practitioners and Heads of Environmental Health departments at institutions offering Environmental Health) were fruitful.

The Board continued to monitor environmental health education and training programmes offered by accredited institutions, and continued to support higher education institutions to ensure adherence to the minimum requirements and standards so that the professionals produced are competent to serve the South African public.

The Board had zero cases of preliminary enquiries and zero cases of professional conduct.



### 3. PROMOTING THE HEALTH OF THE NATION

The Board held an interactive meeting with Environmental Health Practitioners (EHPs) in Bloemfontein, which saw 113 practitioners attending, where they were addressed on the following:-

- a. An overview of Council and its structures, mandate and strategic highlights, benefits of registration, end of term for current Board and that new Boards should be appointed to assume office.
- b. The Board Chairperson's presentation focused on the Board structure, role, strategic objectives and highlights, achievements over the five years in office.
- c. One of the then board members Prof Mukhola made an hour-long presentation on environmental health ethics.

All attendees received two general CEUs and two for ethics and received certificates of attendance immediately after the meeting. The Board was very impressed with the attendance and engagement with practitioners. These efforts ensure that the Board does not only wait for CPD service providers but contributes towards continuing development of practitioners with the aim to ensure that the public is served by competent practitioners who are continuously improving their skills and knowledge.

The Board also participated in the HPCSA roadshow where face to face interactions were held with the practitioners. Information on operations of the Board was given to stakeholders and all enquiries relating to the functions of the Board were addressed.

The 2015 Annual World Environmental Health Day commemoration was held in Polokwane, Limpopo and the Board (represented by its Secretariat) was afforded an exhibition space.

The Board achieved its objective of enhancing the position of the Environmental Health profession in the healthcare delivery system through interaction with stakeholders and through constant and effective communication.

The Professional Board for Environmental Health Practitioners continued to successfully interact with relevant stakeholders in building relations towards improving delivery of Environmental Health services in the country, with the following aims: To ensure visibility of the Board among practitioners and address all concerns that practitioners they may have had. To keep practitioners informed of Board matters and matters of the Health Professions Council of South Africa that affect their practise.



#### 4. DETERMINING AND MAINTAINING THE STANDARDS OF PROFESSIONAL PRACTICE AND CONDUCT

The Board continuously encouraged Continuing Professional Development activities. Thirty (30) applications for CPD accreditation from various organisations and from individual practitioners were processed during the period under review.

Practitioners are regularly encouraged to undertake research and the Board would assist financially to the research project approved.

The Committee of Preliminary Enquiry has not had a meeting during the reporting period, which could mean that the Environmental Health Practitioners professional conduct and practice are of acceptable standards or the misconducts are not reported.

##### Scope of practice:

- a. The Board started the process of reviewing the scope of profession for Environmental Health Practitioners to ensure alignment with the recently approved Professional Degree in Environmental Health.
- b. The scope of the profession for health promotion practitioners was finalised, approved by the Board and circulated for comments by all other Professional Boards before approval by Council and further processing towards promulgation of regulations defining the scope. Still to be finalised.

**New programmes:** No new programmes were accredited by the Board in the period under review.

**Quality Assurance:** for purposes of monitoring and assuring quality standards of education and training, the Board conducted evaluations for accreditation at five institutions during the period under review.

In 2015, two institutions were assessed for their readiness to offer the Professional Degree in Environmental Health, and both were accredited. The Board will continue monitoring and giving the necessary support to all institutions of higher learning offering environmental health programmes.

#### 5. KEEPING ACCURATE REGISTERS

Forty nine (49) candidates set for oral examinations towards restoration or registration, with only one candidate being a foreign qualified. Effectively, in 2015/2016, four hundred and five (405) Environmental Health Practitioners and two environmental health assistants (EHAs) were registered and forty nine (49) EHPs and three EHAs restored.





## MEDICAL AND DENTAL PROFESSIONS BOARD



### 1 PROGRESS MADE BY THE OUTGOING BOARD

The Medical and Dental Professions Board concluded the strategic objectives which were defined at inception in 2010. This included, among other things, raising awareness about the roles and responsibilities of the Board with the public and professionals and promoting dialogue and alignment of strategies with the public and professionals.

The Board enhanced effective internal/external mechanisms of communication and implemented an effective communication strategy through various stakeholder interactions.

In order to achieve the strategic objectives, the following meetings and Board activities were conducted during 1 April 2015 - 31 March 2016:

BOARD ACTIVITIES	NUMBER OF ACTIVITIES
Board meetings	5
Executive Committee	3
Chairs of Committees of Preliminary Inquiry	1
MDB Management Committee	1
Education and Registration Committee	2
Practice Committee	5
SGB Steering Committee	0
Tariff Committee	0
Medical Science Committee	3
Curriculum Subcommittee	3
Subcommittee for Internship Training	4
Subcommittee for Postgraduate Education and Training Subcommittee (Medical)	4
Subcommittee for Postgraduate Education and Training Subcommittee (Dental)	3
Examination Subcommittee (Medical)	6
Examinations Subcommittee (Dental)	3
Subcommittee for Undergraduate Education and Training	3
Workshops	8
Task Team meetings/Ad Hoc meetings	3
Stakeholders	2
National Board Examinations	
Accreditations	8
Inspections	2

### 2 INAUGURATION OF THE NEW BOARD

The term of the previous Board came to an end on 30 June 2015, and, in terms of section 15 of the Health Professions Act, the Minister of Health appointed members to the new Board in September 2015 following a nomination process by registered practitioners.

The newly established Board with forty-five (45) members was inaugurated on 28 September 2016 to serve a five-year term from 2015 to 2020. The new Board met on 18 - 20 January 2016 and developed the vision and mission statement for the Board as follows:



## Vision

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

## Mission

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; and
- Advise Council and the Minister of Health in the development of strategic policy frameworks.

The following strategic goals were defined for the term of the Board:

### To ensure the effective and efficient functioning of the Board:

- To improve the effectiveness and efficiency of meetings;
- To review the current mandate, powers, functions and accountability of the Board and its Committees to improve competency, structure and membership of Board and the removal of overlap/duplication of functions;
- To facilitate a holistic review of the Health Professions Act and its associated regulations in consultation with Council and all other Professional Boards;
- Performance Assessment at Board, Committee and Subcommittee levels in consultation with Council and other Boards;
- Continuous training and orientation of Board Members.

- Regulating and Guiding the Profession
- The periodic review the legislative framework and regulations pertaining to the functions of the Board;
- Investigate issues of certification and licensing;
- Review and communicate ethical guidelines;
- Proactive measures towards illegal practice (working out of scope, ensure identification of illegal practices, whistleblowing);
- Ensure that registration processes are effective and efficient and that registration occurs timeously; and
- Ensure that Professional Conduct cases are resolved effectively and efficiently.



### Protecting the Public:

- Setting standards for training of professionals;
- Provide a platform for public complaints and resolution thereof; and
- Compliance with relevant CPD process to ensure protection of the public.

### Advisory and Advocacy for the Profession and stakeholder engagement

- To enhance the communication of the Board and Council/other Boards to ensure a harmonised environment;



- Enhance the Board's communication with external stakeholders by contributing to the development of the Council's Stakeholder Engagement Strategy; and
- Development of an engagement framework to advise and advocate to the professionals and public inclusive of the broader stakeholders.

The strategic plan developed would reflect performance levels of the Board for the term of the Board until 2020, and will serve as a tool for planning for future Board activities and to assess the Board in terms of performance.

### 3 ACHIEVEMENTS AND CHALLENGES OF THE BOARD AND ITS COMMITTEE STRUCTURES

During the period from 1 April 2015 to 31 March 2016, the Practice Committee held four (4) Ordinary Meetings, three (3) Task Team meetings; one (1) Hand-Over Report meeting and one (1) Practice Evaluation.

The Committee deliberated and considered matters referred to it by the Board and other Professional Boards. The Committee made recommendations on matters related to policy development and review.

The Practice Committee, as a new committee, developed its own Standard Operating Procedures guided by the Terms of Reference of the Committee. The Committee, through the development of its Standard Operating Procedures was in the process of contributing to systems that the Board will use to regulate the practice of the medical and dental professions.



The following recommendations of the Practice Committee were approved by the Board in 2016, namely-

- that Council should allow Professional Boards to appoint Accreditors for Continuous Professional Development, as the Criteria and Guidelines for Accreditors (2.2) in relation to appointment of Accreditors was incongruent with the Rules Relating to Continuing Education and Training for Registered Practitioners 10(2), as the function of appointing Accreditors is not that of Professional Boards but of Council;
- that the Ethical Rules and Rulings be reviewed and aligned to the Health Professions Act due to inconsistencies in application;
- to prioritise engagement with the Office of Health Standards Compliance (OHSC) to align the activities of the Practice Committee of the Board to those of the OHSC;
- the Board to consider including a representatives of Medical Sciences and Clinical Associates as members of the Practice Committee; and
- to prioritise practice matters referred to the Board such that the referral process is understood by all Board Committees and includes matters from the complaints management system and, where relevant, from the Ombudsman Office.

The Committee also established Task Teams to work on processes to be followed in fulfilling its mandate of advising the Board on providing guidance to the practice of the professions registered/regulated under the Board.

The Curriculum Subcommittee developed its own Standard Operating Procedures – Criteria for Recognition (Robot System), which it applied when processing applications. The Subcommittee processed applications and has advised the Undergraduate and Postgraduate Committees on its resolutions.

Some of the challenges were the streamlining of the current inconsistent processes that were communicated and followed on receipt of applications for Registration/Recognition by Foreign Qualified Practitioners (FQP)/ Foreign Qualified Interns (FQI).



One of the achievements of the Subcommittee for Internship Training was the Amendment of Form 10A. The amendments were approved in October 2015 and the new form was included in the 2016 logbook for interns. The Handbook on Internship Training and Guidelines for interns, accredited facilities and health authorities were updated annually in August/September.

Some of the challenges experienced by the Internship Committee were in terms of the accreditation of internship facilities in view of the fact that some facilities indicated that there was not sufficient funding for intern training.

The Subcommittee for Postgraduate Education and Training Subcommittee (Medical) undertook a number of projects during the reporting period, which included the following:

- a. *Accreditation visits:*
  - i. University of Cape Town: 22 – 24 June 2015
  - ii. Stellenbosch University: 19 - 21 August 2015

#### **University of the Witwatersrand**

- i. Cardiothoracic Department
- ii. Virology
- iii. Immunology
- iv. Medical Genetics

#### **University of the Free State**

- i. Geriatrics
  - ii. Plastic surgery
  - iii. Paediatric Surgery
  - iv. Forensic Pathology
  - v. Haematology
  - vi. Chemical pathology
  - vii. Virology
- c. *Service Level Agreement*

A Service Level Agreement between the HPCSA and the Colleges of Medicine South Africa (CMSA) was signed and was finalised on 29 April 2015.

The following key policy decisions were taken during the year in relation to Family Medicine, namely the re-opening of registration through the Grandfather clause dispensation on 14 October 2015 for a period of six months, which was later extended by another six months by the Board.

One of the challenges experienced by the Subcommittee for Postgraduate Education and Training Subcommittee (Medical) was the enforcement of new requirements for specialist registration.

The Subcommittee for Postgraduate Education and Training Subcommittee (Dental) had a number of achievements, which included the following:

#### *Registrar Form*

Concerns regarding the training of the Registrars were noted during the accreditation visits. Therefore, the Registrar form was developed to serve as an evaluation mechanism for Registrar issues during the accreditation and also served as a platform for the Registrars to voice their concerns. Registrars were required to provide feedback through the Registrar Form twice per annum.

#### *Change of name for Oral Pathology to Oral and Maxillofacial Pathology*

It was noted that the name attributed to Oral Pathology speciality did not fully reflect the full scope of practice represented by it. Therefore, the Heads of Departments in Oral Pathology proposed that the name of the speciality be changed from "Oral Pathology" to that of "Oral and Maxillofacial Pathology" since the latter better encompassed the spectrum of diagnostic pathology included in this field of study.

The Board approved and recommend to Council that the rules pertaining to qualifications in Medicine and Dentistry be amended to reflect the name change for Oral Pathology to be referred as Oral and Maxillofacial Pathology.

#### *Extended training for Oral Pathology to five years*

The speciality of Oral Pathology (unanimous through all the Heads of Departments) has decided that the speciality should be a five-year instead of a four-year programme. The Heads of



Departments in Oral Pathology therefore made a request for extended training for Oral Pathology to five years. The matter will be concluded in the next financial year.

The Examination Subcommittee (Medical) dealt with the following important issues during the term under review:

*Volunteer Services Registration:*

In terms of registration in the category for Volunteer Services for more than a six (6) months period, the following documentation was required in support of such application: –

- a. a letter of support issued by the Department of Health;
- b. the verification report issued by the Educational Commission for Foreign Medical Graduates (ECFMG);
- c. long-term volunteer services which were continuously being extended, such as the United Nations Development Programme (UNDP), etc. should be required to comply with registration requirements by HPCSA.

#### **4 SETTING AND MAINTAINING OF MINIMUM STANDARDS OF EDUCATION AND TRAINING**

The following training institutions were evaluated by panels appointed by the Board during 1 April 2015 - 31 March 2016:

##### **Undergraduate Education and Training**

- MBChB Programme (rural training platform, amendments and curriculum changes), University of KwaZulu-Natal, as well as the MBChB Programme, School of Clinical Medicine, University of KwaZulu-Natal.
- BCMP Clinical Associate Training Programme, University of Pretoria.
- MBChB Programme, School of Medicine, Faculty of Health Sciences, University of the Free State.
- MBChB Programme, School of Clinical Medicine, Faculty of Health Sciences, University of the Witwatersrand.
- Rural Clinical School Visit – MBChB Programme, University of Stellenbosch.

##### **Internship training**

The following number of hospitals/facilities was accredited

during the period under review for purposes of internship training:

PROVINCE	NUMBER OF HOSPITALS
Gauteng	15
Limpopo	8
Mpumalanga	4
KwaZulu-Natal	10
Free State	4
Eastern Cape	4
Western Cape	13
Northern Cape	1
North West	5

##### **Postgraduate Education and Training (Medical)**

- University of Cape Town
- Stellenbosch University
- University of the Witwatersrand

##### **Postgraduate Education and Training (Dental)**

The accreditation of postgraduate education and training (Dental) programmes was conducted for two training institutions on 9 and 10 September 2015, 22 and 23 October 2015 respectively.

##### **Medical Science**

The accreditation of Intern Medical Science training programmes was conducted at three training institutions on the following dates; 17 July 2015, 30 July 2015, 17 September 2015.

##### **Assessment of Foreign training institutions for equivalents (Curriculum Subcommittee)**

The objects of a professional board are “subject to legislation regulating health care providers and consistency with national policy determined by the Minister, to control and to exercise authority in respect of all matters affecting the education and training of persons in, and the manner of the exercise of the practices pursued in connection with, any health profession falling within the ambit of the professional board; to promote



liaison in the field of the education and training, both in the Republic and elsewhere, and to promote the standards of such education and training in the Republic."

A Professional Board may 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.

The HPCSA was the designated authority to register health care professionals for professional practice in South Africa (Section 17 of HPCSA Act of 1974). For this purpose, an acceptable primary medical/dental qualification was necessary for general practice, as well as an acceptable specialist qualification for specialists. Foreign medical or dental graduates will have to submit their qualifications to the HPCSA to determine whether their primary medical/dental qualifications or specialist qualifications were acceptable. There are three possible routes as outlined below:

- Qualifications acceptable for registration without a formal examination;
- Qualifications that may be exempted from examinations; and
- Qualifications, which require foreign graduates to pass the appropriate examination before registration.

Statistical information on the three National Board examinations conducted during 1 April 2015 to 31 March 2016 is reflected below.

Date of examination	University where the examinations were conducted	Examination category	Number of candidates who wrote	Number of candidates who passed
21 April 2015	Univ of KwaZulu-Natal	5 <sup>th</sup> year exam	2	2
11 May 2015	Univ of KwaZulu-Natal	Medical Board Exam	124	46
26 June 2015	Univ of KwaZulu-Natal	6 <sup>th</sup> year Univ Exam	49	13
August 2015	Univ of KwaZulu-Natal	5 <sup>th</sup> year exam	1	1
1 October 2015	Univ of KwaZulu-Natal	Medical Board Exam	145	48
7 November 2015	Univ of KwaZulu-Natal	5 <sup>th</sup> year exam	17	16
10 December 2015	Univ of KwaZulu-Natal	5 <sup>th</sup> year exam	1	1
		<b>Total</b>	<b>340</b>	<b>128</b>

## 5 CONDUCTING OF BOARD EXAMINATIONS

As part of the mandate of the Board to ensure that qualified and competent persons be registered, the Board conducted three Board Examinations in a two-year period in order to ensure standards of education and training, and professional practice. The purpose of Board examinations was to measure the capacity of foreign qualified practitioners wishing to enter the profession for community service, supervised practice or independent practice.

A written examination for Foreign Qualified Medical Practitioners took place on 13 May 2015 at the University of KwaZulu-Natal. A total number of 125 candidates wrote the examination. 46 of the candidates passed and a total of 79 candidates were unsuccessful in this examination. The Practical examination was held on 17 June 2015 at Howard College Campus, Durban.

A high number of students failed the Board Examination for Dentists and an Assessor Workshop took place on 17 April 2015 at the HPCSA Office to discuss the applications for the registration of foreign qualified dental specialists in Orthodontics in order to streamline the process.

The Sefako Makgato Health Sciences University conducted the Board examinations for Foreign Qualified Dental Practitioners, which was held in June/July 2015. The examination process had been aligned to the University's rules to assure reliability. A total number of 15 candidates sat for the examinations.



Date of examination	University were the examinations were conducted	Examination category	Number of candidates who cone the clinical examinations	Number of candidates who passed
June 2015	Univ of KwaZulu-Natal	Medical Board exam	46	38
June/July 2015	Sefako Makgatho Health Sciences University	Dental Board exam	15	10
Nov 2015	Univ of KwaZulu-Natal	Medical Board exam	48	44
		<b>Total</b>	<b>109</b>	<b>92</b>

Total number of candidates that wrote and passed the National Board Examinations:

340 candidates wrote the Board Examination during the financial year.

128 candidates passed the Board Examination during the financial year.

Total number of candidates who conducted and passed the National Board Examinations:

109 candidates conducted the clinical Board Examination during the financial year.

92 candidates passed the clinical Board Examination during the financial year.

## 6 KEEPING OF ACCURATE REGISTERS

On 7 March 2016, the Education and Registration Committee conducted a workshop to discuss issues and challenges related to education and registration matters, which included a presentation that highlighted the various registration categories of foreign qualified practitioners as well as the problem areas. Comments and discussions were entertained and the review of the applicable application forms was also considered.

A task team was appointed consisting of four members to review policies and guidelines for discussion at the Workshop. The policy on the restoration of names pertaining to clinical associates, medical and dental practitioners as well as medical scientists, medical physicists and genetic counsellors was also discussed.

The high failure rate of Board Examinations was considered, which led to the recommendation that the Examination should be done at point of entry, and if a candidate has written the first examination, he/she should not be required to write the second examination.

The guidelines for Internship training for foreign medical graduates was submitted to the Education and Registration Committee for consideration, and it was agreed that in principle the Committee was in support of the proposed guidelines provided that the proposal be redrafted and it is named supervised practice instead of internship.

The Board has recognised that, as a regulatory body, compliance with policy and the regulatory framework of HPCSA (including national legislation) was critical. Therefore, a process of reviewing and aligning its "Standard Operating Procedures" (SOPs) with the legislative and regulatory framework was initiated. The finalised SOPs will be published on HPCSA website for easy access by prospective practitioners who wished to register with HPCSA.



## PROFESSIONAL BOARD FOR MEDICAL TECHNOLOGY



### 1. STRATEGIC FOCUS

The term of office of the previous Board ended in June 2015. Ms R Bridgemohan was formerly the Chairperson of the Board. Mr M A W Louw has been appointed as the Chairperson since the inauguration of the new Board for the term of 2015-2020.

The new Board consists of:

- Five (5) Medical Technologists
- One (1) Medical Technician
- One (1) Member representing the National Department of Health
- One (1) Member representing the Universities South Africa (formerly HESA)
- One (1) Community Representative appointed by the Minister of Health

There is currently one vacancy for a community representative to be filled on the Board.

### VISION

Ensure the public has access to quality and affordable medical technology services.

### MISSION

The Professional Board for Medical Technology's mission is to:

- Develop, strengthen, monitor and evaluate standards for:
  - Quality education, training and CPD
  - Conditions for registration and licensure
  - Compliance with ethical standards
- Develop and implement the Scope of Practice.
- Proactively aligning to the needs of the country through effective stakeholder engagement.

#### 1.1. STRATEGIC OBJECTIVES OF THE BOARD

The Professional Board for Medical Technology developed its strategic objectives for the five-year period (2015 – 2020) and aligned it with the strategy of the HPCSA.

The following were the pivotal areas identified by the Board:

#### 1. Effective and Efficient Functioning of the Board

- 1.1. Identify sustainable funding for Board activities;
- 1.2. Clearly define roles and responsibilities;
- 1.3. Continuous empowerment and capacity development of the Board Members;
- 1.4. Develop the skills for evaluators; and
- 1.5. Improved effectiveness and efficiency of meetings.

#### 2. Ongoing Stakeholder Engagement

- 2.1. Develop a stakeholder engagement plan to ensure effective communication with all stakeholders.

#### 3. Promote the Protection of the Public

- 3.1. Address Point of Care devices;
- 3.2. Review of professional conduct processes; and
- 3.3. Registration of professionals.

#### 4. Guiding the Profession – Education, Training and Proactive Promotion of the Profession

- 4.1. Define Career Paths;



- 4.2. Quality Assurance for education and training;
- 4.3. Rules and Regulations;
- 4.4. Scope of Practice and Standards of Practice;
- 4.5. Continuing Professional Development (CPD); and
- 4.6. Restoration of practitioners



## 2. PERFORMANCE OVERVIEW

The Board conducted the following meetings for the period under review:

### ▪ **PROFESSIONAL BOARD MEETINGS**

The Board held three (3) meetings during the period of 1 April 2015 to 31 March 2016. The Society of Medical Laboratory Technologists of South Africa (SMLTSA) conducts the National Board examination on behalf of the Board. The Memorandum of Understanding (MoU) between the Board and SMLTSA was reviewed. A task team was appointed to analyze the examination process.

The Board delegated a task team to discuss an action plan relating to the establishment of a register for Forensic Pathology Officers. In view of the fact that the new Board was inaugurated a new task team was appointed.

### ▪ **EDUCATION COMMITTEE MEETING**

Due to the term of office that ended on 30 June 2015, only one (1) Education Committee Meeting was held. The Committee focused on finalising the evaluations of institutions and of training facilities.

The regulation for the Bachelor of Health Science BHSc in Medical Laboratory Science was approved by the Board. The

qualification was upgraded from the 360-credit National Diploma to a 480-credit degree qualification. All disciplines have moved into the molecular level. The new qualification is underpinned by technology advancement and aims at improving the Medical Technology profession.

### ▪ **INAUGURAL MEETING**

The inaugural meeting of the new Board was held in September 2015. The new Board members were acquainted with:

- The role of the Board;
- Handover Reports;
- Composition of the Professional Board;
- Election of the Chairperson and Vice-Chairperson;
- Establishment of committees;
- Election of Committee Members and appointment of Chairpersons of Committees; and
- Charter for Councillors.

### ▪ **STRATEGIC PLANNING WORKSHOPS**

The strategic plan meeting was held on 11 and 12 January 2016 to develop the strategic objectives for their term of office.

## 3. OVERVIEW OF BOARD ACHIEVEMENTS AND CHALLENGES

### **SUCCESSES:**

The new Board was inaugurated in August 2015 and has achieved quite a lot in a relatively short space of time in terms of meeting its regulatory obligations, which include but is not limited to registration of practitioners, developing guidelines. The task team was appointed to look into the issue of Board Examinations and successfully submitted a report on the matter.

1. Arranged and attended an Evaluator Training workshop, which was facilitated by the former Board Chairperson, an experienced South African National Accreditation Services (SANAS) evaluator/assessor with lots of experience, Ms Roshini Bridgemohan. This was the first in the series of more to be arranged as a continuous process.



2. The Board appointed a task team to look into the Board Examinations due to possible inconsistencies in the examination results, and a very comprehensive report was submitted to the Board for further handling and action;
3. The Board had a successful meeting with one of our major stakeholders, the Society of Medical Laboratory Technologist of South Africa (SMLTSA) at their headquarters in Cape Town, among other matters discussed was the report by the Task Team on Board Examinations.
4. The Board is in the process of putting together a Task Team to deal with National Articulation and Recognition of Prior Learning (RPL) for the new four-year degree, the BHSc-MLS, which is currently being offered only by two universities of technology (UoTs), namely the Cape Peninsula University of Technology (CPUT) and the Neslon Mandela Metropolitan University (NMMU). Other UoTs are in the process of applying to offer the degree programme.

### CHALLENGES:

There have not been any serious challenges pertaining to the new board except to complete certain tasks which were carried over from the previous board, namely:

1. Complete outstanding evaluations of Clinical Facilities, there is quite a huge number to still evaluate;
2. With the help of the legal department of the HPCSA, continue to update and finalise promulgation of policies that regulate our professions;

3. Implement outstanding policies and regulations from previous years that have been promulgated into law by the Minister.

### 3.1. PROJECTS HANDED OVER TO THE NEW BOARD:

The previous Board prepared a hand over report to indicate to the new incoming Board to what extent it had been successful in reaching its objectives and goals. The report included the following:

- The goals and objectives set by the Board;
- Achievements recorded by the Board;
- Outstanding work that the Board could not complete;
- Difficulties and challenges that the Board encountered;

The following projects were handed over to the new Board

- Role extension for the Medical Technology professions.
- Approach the newly established higher education institutions in South Africa (SA) to start offering Forensic Technology professionals (including Forensic Technicians/Officers) as the demand for their services is on the increase;
- Facilitate communication with Stakeholders (Employers/UoTs) to promote categories of Virology/ Histology/ Cytology/ Genetics in Medical Technology
- Take into cognisance the fact that SA is the leader in healthcare service delivery in the SADC countries, the





rite out full name, namely Professional Board for Medical Technology board should look into the part they can play in improving service delivery.

#### 4. STAKEHOLDER MEETINGS AND PUBLIC AWARENESS CAMPAIGNS

The Board did not host a stakeholder meeting during the period under review. However, members of the Board were invited to the following congresses:

##### 4.1. SOCIETY OF MEDICAL LABORATORY TECHNOLOGISTS OF SOUTH AFRICA (SMLTSA) CONGRESS

The Board administration arranged an exhibition stand during the SMLTSA congress that took place from 15 – 17 May 2015. The Board responded to enquiries from practitioners for the duration of the congress. The Board works in close collaboration with SMLTSA and it was a great opportunity to be invited to the congress.

##### 4.2. THE P5 AFRICA CONGRESS - CAPE TOWN

Two Board members attended the Leveraging Point of Care Testing and Personalised Medicine to Advance Healthcare Congress that was held on 23 - 24 March 2016 in Cape Town. The meeting was supported by the Faculty of Medicine and Health Sciences of Stellenbosch University. Attendees were awarded a maximum of 14 General Continuing Educational Units (CEU) and two Ethics CEU Points.



#### 5. DETERMINING AND UPHOLDING STANDARDS OF EDUCATION AND TRAINING

The Professional Board for Medical Technology conducted four evaluations at educational institutions and four evaluations at clinical training facilities during the period under review. These were:

- Vaal University of Technology (VUT);
- Nelson Mandela Metropolitan University (NMMU);
- Mangosuthu University of Technology (MUT); and
- Durban University of Technology (DUT)

#### 6. FINANCIAL AND BUDGETARY MATTERS

The Board has performed within its budget during the period: 1 April 2015 to 31 March 2016.

##### ANNUAL FEES

	REGISTER	2015/2016
MT	Medical Technologist	R 1125.00
SGT	Supplementary Medical Technician	R 790.00
GT	Medical Technician	R 494.00
SLA	Supplementary Laboratory Assistant	R 466.00
LA	Laboratory Assistant	R 466.00



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



### 1. INTRODUCTION

The new Occupational Therapy, Medical Orthotics and Arts Therapy Professional Board started its term of office in September 2015. The Minister of Health appointed members to constitute the new Board to serve a term of office from 2015 to 2020.

The previous Board at the beginning of its term in 2010 made it its mission to develop and implement strategies to advocate for the transformation of the services delivered by the professions to meet the health needs of South African society. The Board's vision's for the term of office was to ensure quality in service delivery to all.

Over the five-year term, the Board undertook a number of projects to review regulations, policies, processes and guidelines to improve the quality, access and service provided to the practitioners. In July 2015, the term of Office of the 2010 – 2015 came to an end and a new Board was inaugurated on 22 September 2015 in a function organised at the Health Professions Council Head Offices in Pretoria.

The installation of the new Board was a culmination subsequent to a call for nominations of new practitioners for appointment by the Minister to serve on Professional Boards. A list of valid nominations was published in the Government Gazette on 21 November 2014 and the nomination appointment process was handed over to the office of the Minister. On 28 August 2015, the Minister of Health as per Board Notice published the list of members appointed to the 12 Professional Boards in accordance with the constitution of each Board.

### 2. INAUGURATION AND ORIENTATION OF THE NEW BOARDS

The OCP Board in September 2015 installed new members to champion the development of the professions and protect the public. At that meeting, members were inducted on the HPCSA mandate, functioning and structures of Board. The Board also appointed members to the various committees based on its composition. Chairpersons and Vice-Chairpersons were also elected for the term of the Board.

During October/November 2015, orientation and training sessions were held in Cape Town, Durban and Gauteng, which included orientation on the HPCSA legislative and policy mandate, procedures, and corporate governance principles.



### 3. STRATEGIC PLANNING OF THE BOARD

The Occupational Therapy, Medical Orthotics and Arts Therapy Board conducted its strategic planning session in February 2016. The sessions were conducted in line with the Sustainable Development Goals, National Department of Health's (NDOH) strategic goals and priorities, HPCSA planning and reporting requirements, hand-over reports from the outgoing boards as well as other strategic and national imperatives.



The Board employed a SWOT analysis approach, followed by determining the Vision and Mission statement and as well as Values for the five-year term (2015 – 2020). Once those were completed, a process of determining strategic goals ensued, which were broadly aligned to:

1. Regulate and Guide the Profession;
2. Advocacy, Advisory and Stakeholder Engagement; and
3. Effective and Efficient Functioning of the Board.

### Vision

To regulate the professions for quality and equitable services at all levels of health care.

### Mission

The Occupational Therapy, Medical Orthotics and Arts Therapy Board will achieve its mission by:

- Guiding and regulating the profession through:
  - Scopes of professions and practice;
  - Setting minimum training standards and enforcing compliance;
  - Accreditation and quality assurance of training programmes, facilities and supervisors; and
  - Setting the standards for registration.
- Protecting the public through:
  - Monitoring professional conduct.
  - Advocacy, advisory and stakeholder engagement through:
    - Consistent and effective advice; and
    - Responsiveness to the evolving health needs of the country.

The Board is in a process of finalising and approving the final strategic planning document, operational plan and risk management documents for implementation until 2020.

## 4. PROGRESS MADE IN LINE WITH THE STRATEGIC OBJECTIVES AND ACHIEVEMENTS

The Board acknowledged that its main purpose is setting and reviewing standards for education and training, as well as professional practice in order to ensure delivery of competent practitioners who will render healthcare services that meet healthcare needs of the South African population. The Board reviewed procedures and guidelines for the design and development of qualifications, which took into consideration requirements of other relevant statutory bodies, such as the Council on Higher Education (CHE).



### Board Activities

During the year under review, progress was made in line with the strategic objectives and achievements in terms of Board activities. During the period: 1 April 2015 until 31 March 2016, a number of meetings and workshops were held as follows:

ACTIVITY	NUMBER OF ACTIVITIES
Board Inaugural meetings	1
Board Induction and Orientation meetings	1 (over two days)
Professional Board meetings	2
Executive Committee meetings	1
Education Committee meetings	3
Subcommittee meetings	4
Task Team meetings	3
Board Examinations	1
Evaluations conducted	1
Conferences attended	0



## Communication with the Stakeholders

In an effort to improve the means of improving communication, the Board published one newsletter in order to communicate important profession and administrative related issues to registered professionals and students.

The Board was also engaged with, represented and participated in a number of meetings with various stakeholders including:

- The National Health Forum;
- Universities and National Associations;
- The Departments of Basic Educations and Higher Education and Training;
- The Medicines Control Council; and
- Competition Commission, etc.



## Board Achievements

The Board has achieved the following under the previous Board under the leadership of Prof A Ramukumba:

- Revised "Standards of Practice" documents of all professions;
- Procedures and processes to evaluate service delivery of professions registered with the Professional Board in terms of "Standards of Practice";
- Raised awareness and improved efficacy of patients/clients complaints procedure at the road shows;
- Monitoring of the manner in which CPD providers cover the scopes of all professions as well as ethics and medical law

- Monitoring of the implementation of the Revised Minimum Standards of training for all programmes;
- A system developed for the evaluation and accreditation of training programmes that lead to registration of practitioners;
- Revised examination process for foreign qualified practitioners of all of the professions of the Board; and
- Revised Scope of Profession document for the profession of occupational therapy, pending approval from Council and promulgation.

## Matters Handed Over to the New Board

The following important matters could not be finalised during the term of office and were handed over to the new Board to include in the planning of the new Board activities:

- Activity groups used by nurses in the treatment of mental health care users;
- Ethical rules review, including rule 23 and annexure 7;
- Upper ethical tariff in terms of section 53(3)(d) of the Health Professions Act;
- National Health Reference Price List;
- Transgression of the scope of the profession of occupational therapy and extension of scope of practice of psychometrics;
- Working group meeting to develop norms and standards for the provision of professional support staff to Learners with Special Educational Needs (LSEN) schools ;
- Role of occupational therapists in assessments for purposes of the Road Accident Fund;
- Performance of community service by foreign qualified practitioners;
- Finalisation of (OTT) Top-Up examination project; and
- Orientation and Mobility practitioners – application for creation of a register.

## Growth in the Board Register

The Board managed to grow its numbers by 687 practitioners that were registered in terms of the section 17 of the Health Professions Act, 1974 (Act No. 56 of 1974 as amended).



Board	Category	Total
<b>Occupational Therapy, Medical Orthotics and Prosthetic and Arts Therapy</b>	AT - Arts Therapist	5
	OB - Orthopaedic Footwear Technician	1
	OS - Medical Orthotist and Prosthetist	21
	OAS - Assistant Medical Orthotist and Prosthetist, and Leatherworkers	4
	OT - Occupational Therapist	596
	OTB - Occupational Therapy Assistant	1
	OTT - Occupational Therapy Technician	59
	<b>Total</b>	<b>687</b>

### ANNUAL FEES FOR 2015/2016

Section 62 of the Health Professions Act 56 of 1975 empowers HPCSA through the Minister of Health to prescribe annual fees to be paid to Council by registered practitioners.

The Occupational Therapy, Medical Orthotics and Prosthetic and Arts Therapy Board prescribed the following fees for year 2015/2016:

OT - Occupational Therapist	R 1, 342
OS - Medical Orthotist and Prosthetist	R 1, 342
SOT - Supplementary Occupational Therapy	R 1, 342
SOS – Supplementary Medical Orthotist and	R 1, 342
OB – Orthopaedic Footwear Technician	R 436
OTT – Occupational Therapy Technician	R 436
OAS – Assistant Medical Orthotist and Prosthetist and Leatherworker	R 436
OTB – Occupational Therapy Assistant	R 422
AT – Arts Therapist	R 1, 342
OSA – Orthopaedic Technician Assistant	R 436

## PROFESSIONAL BOARD FOR OPTOMETRY AND DISPENSING OPTICIANS



### STRATEGIC FOCUS

The new professional Board, after its inauguration in September 2015, had a workshop in which it developed the Vision and Mission which paved its strategic plan for the next five years, 2015 – 2020.

### VISION

An effective and accountable regulator in the education and practice of eye care professions.

### MISSION

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

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



In order to protect the public and guide the professions, the Board set the following as its strategic goals:

GOAL	STRATEGIC OBJECTIVE
1. Aligning the professions to the needs of the country.	1.1 To review and enhance quality standards within education and training;
	1.2 To actively promote specialities within the Dispensing Opticians and Optometry professions;
	1.3 To maintain the quality of professionals through National Board Examinations;
	1.4 To Promote the production and retention of professionals at a rate that serves the needs of the country;
	1.5 Keeping socially relevant;
	1.6 Strive to promote affordable and accessible eye care services; and
	1.7 Promotion of outreach programmes to address the needs of communities, disabled citizens, women, children and the previously disenfranchised.
2. On-going and Effective Stakeholder Engagement.	2.1 Improve communication with all stakeholders to promote a positive brand image;
	2.2 Fostering practitioner compliance; and
	2.3 Proactively engage with stakeholders to ensure minimum quality standards.

GOAL	STRATEGIC OBJECTIVE
3. Governance and regulating Scopes of Practice.	3.1 Review the Scopes of Practice;
	3.2 Consider disparities between the professions in relation to membership fees;
	3.3 Review of legislation to ensure that there is context and rationale supporting the rules;
	3.4 Define clear Scopes of Practice for Optometry.
	3.5 Amendment of the Scope of Profession for Dispensing Opticians;
	3.6 Strengthening of processes and timeframes;
	3.7 NGO regulations; and
	3.8 Ensure effective functioning of the Board (and Council).
4. Protecting the Public	4.1 Prescribe professional practice standards for the respective eye care professions;
	4.2 Monitor compliance with the minimum standards of care;
	4.3 Advocate for equitable distribution of practitioners;
	4.4 Ensure CPD compliance by all registered professionals;
	4.5 Continual Ethical commitment; and
	4.6 An informed public of practitioners' ethical duties.



## PERFORMANCE OVERVIEW

### Key achievements

The Professional Board for Optometry and Dispensing Opticians and its structures successfully held eight meetings and workshops between April 2015 and March 2016. The strategic plan developed for the previous term of office guided



the Board in carrying out its mandate. The Board reviewed its strategic plan for progress and was found it to be satisfactory. The new Board inaugurated in September 2015 developed a strategic plan for the current term of office (2015 – 2020) in line with Council's strategic plan.

## 1. EDUCATION:

The Board provided continuous monitoring and support to Institutions accredited to offer Optometry and Dispensing Opticians programmes. Further to that support, these institutions were provided extra support to facilitate the implementation of the recommended minimum requirements and outcomes for ocular therapeutics and to deal with the challenges emanating from that process. The Board is currently working on measures to ensure that the quality of undergraduate clinical education is not compromised.

## 2. SCOPE EXPANSION:

The Board continued to engage the Medicines Control Council (MCC) to expand the list of scheduled substances for Optometrists as approved by the MCC. This is a list of scheduled substances that optometrists are allowed to use and prescribe as part of the expanded scope.



The Board held a workshop on the national board examinations, the purpose was to understand how the different Professional Boards and other similar organisations such as the American National Board of Examiners, American Board of Optometry and Prometric conduct Board examinations towards initial registration with Professional Council; and to also understand the different structures, processes and mode of delivery adopted for such examinations. Prometric is an American provider of services for both Test Development and Delivery provider specialising in on-line examination of health related programmes. An appropriate examination model is currently being explored.

## PROMOTING THE HEALTH OF THE NATION

### Stakeholder management and communication

The Board met with the stakeholders (practitioners) on the 6<sup>th</sup> of May and had a Board meeting on the 7<sup>th</sup> of May 2015 in Bloemfontein. The stakeholders' meeting was attended by 17 practitioners, i.e. 15 optometrists, one medical doctor and one occupational therapist. Presentations made included:-

- "Enforcing Ethical and Professional Conduct". This included the statistics and types of cases handled by the Committee of Preliminary Enquiry;
- The highlight of achievements of the Board over the five year period 2010 – 2015.

## DETERMINING AND MAINTAINING STANDARDS OF PROFESSIONAL PRACTICE AND CONDUCT

### Scope of practice

Since the scope of the profession of optometry has been expanded to include therapeutics, the University of KwaZulu-Natal (UKZN) started to offer the therapeutics programme. Those optometrists who received the didactic part need to obtain 600 clinical hours of experiential learning for therapeutics to be recognized by the Board and to be able to register with Health Professions Council of South Africa.



## Disciplinary issues

Matters that served before the Committee of Preliminary Enquiry at **3 meetings** held:

- Total matters handled – 85
- Finalised matters – 32
- Matters referred to Inquiry – 18
- Deferred matters – 12
- Consultation – 2
- Inspection – 1
- Guilty verdicts – 16

## DETERMINING AND UPHOLDING STANDARDS OF EDUCATION AND TRAINING

### Continuing Professional Development (CPD)

An effective monitoring system of CPD programmes is in place. The Board has monitored ongoing practitioner education and activities that were accredited by approved education and training institutions. CPD providers were encouraged to offer good quality activities, including ethics. Practitioners are once again reminded to ensure that they comply with the CPD requirements to stay abreast of developments and remain on the register.

### Quality Assurance

#### Quality assurance at educational institutions and key observations/patterns and interventions by the Board:

The Board continued to monitor provision of quality education and training of professionals under its ambit and thus provided the necessary support to the institutions. The guidelines for evaluations have been reviewed to ensure that all aspects of the scope expansion are covered and that social accountability measures are included in the programme accreditation criteria.

The new Board is continuing to pursue monitoring institutional progress regarding transformational issues at education and training institutions that were initiated by the previous Board. Some of the issues being addressed currently are regarding the use of relevantly and appropriately qualified and experienced external examiners by Institutions.

## Training

No new programmes were accredited by the Board in the past year. The Board, however, continued to encourage institutions to provide programmes in ocular therapeutics, diagnostics, ethics courses and a more comprehensive five-year programme that will include both diagnostics and therapeutics.

## KEEPING ACCURATE REGISTERS

### Review of regulations, new and amended registers

Regulations defining the scope of profession to include vision therapy and the supply/fitting of all types of contact lenses have been promulgated.

No amended registers have been created; however a therapeutics category has been added to the register.





## PROFESSIONAL BOARD FOR PHYSIOTHERAPY, PODIATRY AND BIOKINETICS



### 1. INTRODUCTION

The previous Professional Board for Physiotherapy, Podiatry and Biokinetics took office on 1 July 2010 and 2015 was its last year in office. The Board under the Chairpersonship of Prof N Taukobong developed a vision to ensure quality professional service, responsive to national and community needs and global trends. This was done to protect and serve the public and guide the professions.

Over its five-year term, the Board undertook a number of projects to review regulations, policies, processes and guidelines with a view to improving the quality, access and service provided to the practitioners.

Being cognisant that the term of office for the 2010 – 2015 Boards was coming to an end, a call for nominations of new practitioners for appointment by the Minister to serve on Professional Boards was made. A list of valid nominations was published in the Government Gazette on 21 November 2014 and the nomination appointment process was handed over

to the office of the Minister. On 28 August 2015, the Minister of Health as per Board Notice published the list of members appointed to the 12 Professional Boards in accordance with the constitution of each Board.



### 2. INAUGURATION AND ORIENTATION OF THE NEW BOARDS

The Professional Board for Physiotherapy, Podiatry and Biokinetics in September 2015 inaugurated new members in a function organised at HPCSA in Pretoria. At the meeting, members were inducted and orientated towards the HPCSA mandate, functioning and structures. The Board also appointed members to the various committees based on their composition. Chairpersons and Vice Chairpersons were also appointed for the term of the Board.

During October/November 2015, orientation and training sessions were held in Cape Town, Durban and Gauteng, which included orientation on the HPCSA legislative and policy mandate, procedures, and corporate governance principles. The Board conducted its training in November 2015 focusing on its business, and training of members was based on the needs as identified by members.

### 3. STRATEGIC PLANNING OF THE BOARD

The strategic planning of the Board was conducted in February 2016 in line with the Sustainable Development Goals, National Department of Health's (NDOH) strategic goals and priorities, HPCSA planning and reporting requirements, hand-over reports from the outgoing boards as well as other strategic and national imperatives.



The Board embarked on the process of a SWOT analysis, followed by determining the Vision and Mission statement and as well as Values for the five-year term (2015 – 2020). Once those were completed, a process of determining strategic goals ensued, which were broadly aligned to:

1. Regulate and Guide the Profession;
2. Advocacy, Advisory and Stakeholder Engagement; and
3. Effective and Efficient Functioning of the Board.

### Vision

Ensuring quality specialised skills in Physiotherapy, Podiatry and Biokinetics for all.

### Mission

- To guide, set standards and regulate the professions in line with national and international practices;
- To protect the public;
- To proactively address the needs of the community and relevant stakeholders;
- To advocate for the professions and advise relevant policy formulation; and
- To ensure efficient and effective functioning of the Board.



### Strategic Goals

The Board deliberated on its desired achievements and the following strategic goals were also identified -

- Guiding and Regulating the Profession;
- Protecting the Public;
- Advocacy, Advisory and Stakeholder Engagement; and

- Effective and Efficient Functioning of the Board

The Board was in the process of finalising and approving the final strategic planning, Operational plan and Risk management documents for implementation until 2020.

## 4. PROGRESS MADE IN LINE WITH THE STRATEGIC OBJECTIVES AND ACHIEVEMENTS

The main purpose of Professional Boards in setting and reviewing standards for education and training, as well as professional practice was to ensure delivery of competent practitioners who will render healthcare services that meet healthcare needs of the South African population. The Boards reviewed procedures and guidelines for the design and development of qualifications, which took into consideration requirements of other relevant statutory bodies, such as the Council on Higher Education (CHE).

### Board Activities

During the year under review, positive progress was made in line with the strategic objectives and achievements in terms of Board activities. During the period: 1 April 2015 until 31 March 2016, a number of meetings and workshops were held as follows:

ACTIVITY	NUMBER OF ACTIVITIES
Board Inaugural meetings	1
Board Induction and Orientation meetings	1 (over two days)
Professional Board meetings	2
Subcommittee meetings	4
Workshops	1
Task Team meetings	3
Board Examinations	2
Evaluation of Clinical facilities (BKIN)	39
Evaluations conducted	2
Conferences attended	0
Combined Education Committee with HOD's	1



## Communication with stakeholders

In an effort to improve the means of improving communication the Board issued at least one newsletter per annum in order to communicate important profession and administrative related issues to registered professionals and students.

## Other Achievements of the Board

- Evaluation and Accreditation of Training guidelines – revised;
- Examination Guidelines – revised;
- Minimum Standards of Training For Physiotherapy Students – completed;
- SAQA Designators – registered;
- Examinations, Minimum Standards of Training for Undergraduate Physiotherapy Students – revised;
- Student, Staff Ratios and the Role of Clinicians In Supervision of Undergraduate Physiotherapy Training – Final stages; and
- Training of Evaluators for Training Institutions – Final stages.

## Growth in the register

The Board managed to grow its numbers by 895 practitioners that were registered in terms of Section 17 of the Health Professions Act, 1974 (Act No. 56 of 1974 as amended).

Board	Category	Total
<b>Professional Board for Physiotherapy, Podiatry and Biokinetics</b>	BK - Biokineticist	157
	CH - Podiatrists	4
	PT - Physiotherapist	895
	<b>Total</b>	<b>895</b>



## Annual Fees for 2015/2016

Section 62 of the Health Professions Act 56 of 1975 empowers the HPCSA, through the Minister of Health, to prescribe annual fees to be paid to Council by registered practitioners.

The Board prescribed the following fees for year 2015/2016:

## Professional Board for Physiotherapy, Podiatry and Biokinetics

PT – Physiotherapists	R 1, 181
CH – Podiatrist	R 1, 181
BK – Biokineticist	R 1, 181
SPT – Supplementary Physiotherapist	R 1, 181
SCH – Supplementary Podiatrist	R 1, 181
PTA – Physiotherapy Assistant	R 428
PTT – Physiotherapy Technician	R 525
MA – Masseur	R 464
RM – Remedial Gymnast	R 428
SBK – Supplementary Biokineticist	R 1, 181



## PROFESSIONAL BOARD FOR PSYCHOLOGY



### 1 PROGRESS MADE BY THE OUTGOING BOARD

The Professional Board for Psychology concluded the strategic objectives which were defined at inception of their term of office in 2010. This included, among other things, raising awareness regarding the roles and responsibilities of the HPCSA with the public and professionals; as well as promoting dialogue and alignment of strategies with both the public and professionals.

Furthermore, through various stakeholder interactions, the Board enhanced effective internal and external communication mechanisms and implemented a well-conceptualised communication strategy. The Board also identified policies, guidelines and regulations for review in line with applicable legislative mandates and national health initiatives, such as the Mental Health Strategy.

In relation to its mandate of ensuring ongoing professional competence, the Board provided oversight on the CPD system

and initiated the review of standards of ethical practice.

The Board contributed to the development of capacity within the Professional Board and administration and ensured high level engagement between the HPCSA and relevant authorities.

In order to achieve the strategic objectives as referred to above, the following meetings and board activities were held during 1 April 2015 to 31 March 2016:

BOARD ACTIVITIES	NUMBER OF ACTIVITIES
Professional Board meetings	3
Inaugural of new Professional Board	1
Board Strategic and Operational Planning	1
Induction meetings	3
HPCSA Roadshows	1
Executive Committee meetings	0
Education, Training and Registration Committee meetings	3
Examinations Committee meetings	2
Committee for Preliminary Inquiry meetings	4
Psychometrics Committee meetings	2
Accreditation and Quality Assurance Committee meetings	1
Stakeholder meetings (Heads of Departments meeting)	2
Workshops	0
Task Team meetings/Ad Hoc meetings	3
National Board Examinations	3
Accreditations	9
Congresses and Conferences	2





## 2 INAUGURATION OF THE NEW BOARD

The term of the previous Board came to an end on 30 June 2015 and the Minister of Health appointed members to the new Board in September 2015. The newly established 20 member Board was inaugurated on 23 September 2016 to serve a five year term from 2015 to 2020.

The new Board met in February 2016 and developed a strategic plan, which included the following main objectives and initiatives:

1. to review and clarify the scope of practice and scope of profession in line with best practice and ensure that it meets the needs of the public.
2. to review and update the ethical rules, regulations, guidelines and policies applicable to the profession.
3. to improve inter-sectoral relations and engage with international bodies to ensure that best practice and benchmarking is incorporated locally.
4. to improve communication with stakeholders and inter-sectoral relations.
5. to ensure quality of training programmes, adherence to minimum standards for training and training facilities, compliance to CPD requirements and the conducting of examinations that are enforcing standards and that are fair and transparent.
6. to streamline the classification process of psychometric tests in line with the legislative framework.

### The Vision Statement

To Guide, Regulate and Advocate for Quality Psychological Healthcare.

### Mission Statement

The Professional Board will strive to protect the public and guide the profession through-

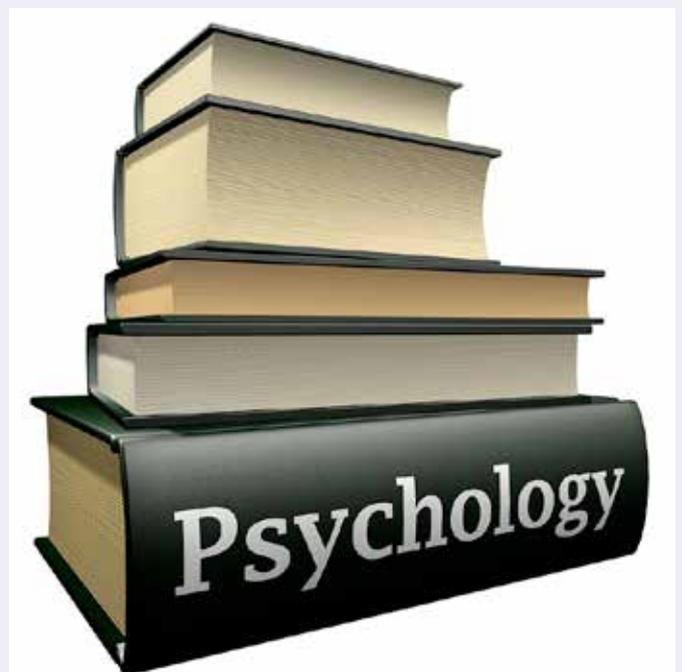
- Legislation, regulations, guidelines and policies;
- Effective, efficient and transparent procedures and processes;
- Relevant and progressive standards; and

- Engaging the public, training institutions, practitioners and other relevant stakeholders.

## 3 SETTING OF MINIMUM STANDARDS OF EDUCATION AND TRAINING

The Professional Board has a responsibility to determine and ensure the maintenance of standards for professional practice and professional conduct.

The purpose of defining minimum requirements for education and training is to guide providers on minimum standards required to produce graduates who are adequately prepared for community service, supervised practice or independent practice. During April 2015 to February 2016, the Education, Training and Registration Committee reviewed the standards of the nine registers or standards generating bodies (SGBs) under the ambit of the Board aligned to the Higher Education Qualification Sub-Framework (HEQSF) and international best practice, keeping in mind the needs of the South African population.



## 4 MAINTAINING OF STANDARDS OF EDUCATION AND TRAINING

The purpose of the Board in relation to the evaluation of learning programmes and clinical (Internship) training facilities was to ensure that education and training offered by training



providers met minimum requirements set by the Board. Ultimately, education and training should deliver graduates who are well prepared to practise their professions competently and safely either under supervision or independently.

Programmes falling under the ambit of the Board at the following Higher Educational Institutions were evaluated by panels appointed by the Board during 1 April 2015 -31 March 2016:

- Cornerstone College
- Free State University
- University of Cape Town
- Midrand Graduate Institute
- South African College of Applied Psychology (SACAP)

The following Internship training facilities were evaluated by panels appointed by the Board during the period: 1 April 2015 - 31 March 2016:

- Automotive Training Academy (ATA)
- Tygerberg Forum for Industrial Psychologists
- EOH Human Capital Solutions
- Counselling and Career Development Unit (CCDU) at Wits University

## 5 PROMOTION OF HEALTH OF THE SOUTH AFRICAN POPULATION

The review of the ethical rules was assigned to the Committee of Preliminary Inquiry, and it was resolved that the Psychological Society of South Africa (PsySSA) and the Society for Industrial and Organisational Psychology South Africa (SIOPSA) be requested to undertake a risk analysis related to ethical matters in order to assist in the review process.

In its role to guide the profession of psychology, the Board was committed to ensuring that the regulated ethical rules were reviewed and updated to account for ethical challenges for psychology practitioners. To ensure transparency, the Board engaged with the profession on amendments to ethical rules. An Ethics Task Team was constituted in support of the process of review of the ethical rules in consultation with stakeholders. The task team consisted of Board members, representatives

of professional associations/societies, the Chair of the Heads of Departments (HODs) Forum, as well the Legal Advisor: Legislation.

Concerns were raised by the Board regarding the education, training and continued existence of research as a category of registration by psychologists. The following concerns were also raised:

1. the dwindling numbers in Research Psychologists;
2. the small numbers of Research Psychologists obtaining registration with the HPCSA;
3. the path of Research Psychology training being unclear and inconsistent at different institutions;
4. internships opportunities, as well as the supervision of interns in Research Psychology;
5. the issue of training and administering of psychometric testing.

Issues relating to Research Psychology were referred to the Education Committee for consideration, and a task team was appointed to investigate the matter and make recommendations to the Board.



## 6 STAKEHOLDER INTERACTION

### Meeting with representatives from Government Departments

A successful meeting with representatives from Government Departments was held in May 2015. A need to focus on engagement with stakeholders, such as the professional associations/societies, the Department of Health, Departments of Basic and Higher Education, the Department of Correctional



Services, South African Police Service, the SA Military Service, Department of Social Welfare and Department of Women, Children and People with Disabilities was identified.

This engagement would enable the Board to-

- a. discuss, promote and enhance the profession specific issues such as the provision for posts of the different categories of professionals and internship training;
- b. address the post structure and the implementation of OSD within government structures;
- c. address the challenges with the funding bracket and model for the Masters training in psychology;
- d. meet with the CPD Accreditors in order to address issues of concern such a scope violations and to improve the quality of CPD activities.

### **17<sup>th</sup> Conference of the Society for Industrial and Organisational Psychology of South Africa (SIOPSA) – July 2015**

The annual SIOPSA Conference was held from 27 – 29 July 2015 at the CSIR Conference Centre in Pretoria. The theme of the 17th Annual SIOPSA Conference was *Breaking through Tradition: Psychology for the 21st Century*. Emanating from the meeting between the Presidents of SIOPSA and PsySSA and representatives of the Professional Board held in April 2015 on the review of ethical guidelines was a recommendation that a panel discussion be opened to the Professional Board to introduce the concept of reviewing the ethical rules of conduct for psychologists. A panel discussion was held on day one of the Conference by the Professional Board and SIOPSA, the topic of discussion was *Engagement for Amending and Applying Professional Ethics*.

### **21<sup>st</sup> Annual Psychological Society of South Africa (PsySSA) Congress – October 2015**

The 21<sup>st</sup> Annual Psychology Congress was hosted by the Psychological Society of South Africa (PsySSA) from 15-18 September 2015 at Emperor's Palace, Johannesburg. The theme of the 2015 Congress was *Strength in Unity*, the congress presentations and participation reflected the diversity of our nation as well as the multiple views, theoretical perspectives and areas of practice that characterise psychology as a discipline.

The 2015 Congress included a number of presentations with nine parallel sessions that included 225 oral papers, 19 symposia, 10 roundtable discussions and 25 five poster presentations on display. The presentations were sourced to satisfy all palates, including practitioners, researchers, academics and students. The Congress attracted a high number of Psychology professionals and the Professional Board for Psychology had a distinguished presence at the Congress, by way of hosting numerous discussion sessions.

The Congress theme *Strength in Unity* was evident through the collaborative and unifying workshops, presentations symposia and roundtable discussions.

## **7 BUDGET**

The Board operated within its allocated budget during the period under review. Based on the 2015/2016 budget provided, the annual fees for 2016 for registers under the ambit of the Professional Board for Psychology were not increased. They remained the same as the previous financial year, as follows:

REGISTER	DESCRIPTION	ANNUAL FEE 2014	ANNUAL FEE 2015	ANNUAL FEE 2016
PS	Psychologists	1,587.00	1,682.00	1,682.00
PMT	Psychometrists	817.00	866.00	866.00
PM	Psychotechnicians	675.00	715.00	715.00
PSIN	Intern psychologists	537.00	570.00	570.00
PRC	Registered counsellors	817.00	866.00	866.00



## 8 NATIONAL BOARD EXAMINATIONS

As part of the mandate of the Board of ensuring that qualified and competent persons are registered, the Board conducted three Board Examinations during the period under review in order to ensure standards of education and training, and professional practice. The purpose of Board examinations was to assess the capacity of graduates, foreign qualified practitioners and practitioners applying for restoration to enter the profession for community service, supervised practice or independent practice.

Statistical information on the three National Board examinations conducted during 1 April 2015 to 31 March 2016 is reflected below:

Date of examination	Examination category	Number of candidates who wrote	Number of candidates who passed
<b>June 2015</b>	Clinical Psychology	74	74
	Counselling Psychology	15	12
	Educational Psychology	26	13
	Industrial Psychology	55	46
	Research Psychology	10	9
	Registered Counsellor	99	81
	Psychometrist – Independent Practice	54	45
	Psychometrist – Supervised Practice	8	2
	<b>Total</b>		<b>341</b>

Date of examination	Examination category	Number of candidates who wrote	Number of candidates who passed
<b>October 2015</b>	Clinical Psychology	52	49
	Counselling Psychology	28	24
	Educational Psychology	42	33
	Industrial Psychology	49	42
	Research Psychology	14	11
	Registered Counsellor	161	148
	Psychometrist – Independent Practice	60	37
	Psychometrist – Supervised Practice	5	0
	<b>Total</b>		<b>411</b>



Date of examination	Examination category	Number of candidates who wrote	Number of candidates who passed
<b>February 2016</b>	Clinical Psychology	38	37
	Counselling Psychology	22	19
	Educational Psychology	29	21
	Industrial Psychology	63	57
	Research Psychology	6	3
	Registered Counsellor	142	109
	Psychometrist – Independent Practice	90	64
	Psychometrist – Supervised Practice	7	4
	<b>Total</b>	<b>397</b>	<b>314</b>

Total number of candidates that wrote and passed the National Board Examinations

**1149** candidates wrote the Board Examination during the financial year

**940** candidates passed the Board Examination during the financial year

## 9 REPORT ON ACTIVITIES DEALT WITH BY THE COMMITTEE OF PRELIMINARY INQUIRY

Matters served at the Committee of Preliminary Inquiry	15 May 2015	14 June 2015	31 July 2015	8 Dec 2015
Requested an explanation	0	1	0	0
Explanation noted/accepted	6	5	18	30
Cautioned/ Reprimanded	2	0	0	7
To conduct an inspection	0	0	0	0
Requested consultation with practitioner	1	2	3	5
Disciplinary Inquiry with option of fine	0	0	0	15
Disciplinary Inquiry	3	1	3	2
Further consideration deferred	14	2	15	11
Complaint withdrawn	2	0	0	0
Found guilty and imposed fine/penalty	2	3	5	0
Not to proceed with complaint	0	0	1	0
Insufficient information to proceed with case	0	0	2	0
Fine reduced	0	0	1	0
<b>Total</b>	<b>30</b>	<b>14</b>	<b>48</b>	<b>70</b>



## PROFESSIONAL BOARD FOR RADIOGRAPHY AND CLINICAL TECHNOLOGY



### 1. STRATEGIC FOCUS

The new Board for Radiography and Clinical Technology (RCT Board) was inaugurated in September 2015. During this time, term of the previous Board members who had served the professions with utmost dedication and fervour came to an end. It is imperative for the new Board members to build on the foundation laid by the previous Board and to ensure that all important issues are addressed as a matter of urgency and hopefully finalised during the remainder of its term of office.

I am blessed to lead a group of extremely experienced and knowledgeable professionals. The new members come from diverse backgrounds and are equal to the challenge of tackling the demands of the Board's new term.

The new Board consists of:

- 4 Radiographers
- 2 Graduate Clinical Technologists
- 1 Member representing the Universities South Africa (formerly HESA)
- 1 Community Representative appointed by the Minister of Health

- 1 Departmental representative appointed by the Minister of Health.

The Board currently has four vacancies; one Radiographer, one Clinical Technologist and two Community Representatives. The Board is waiting for the Minister to appoint suitable candidates to fill the aforementioned vacancies.

### Vision and Mission

The RCT Board formulated its vision and mission during the strategic planning meeting in January 2016 as follows:

#### VISION

To be an effective regulator of the radiography and clinical technology professions.

#### MISSION

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

- Set and monitor compliance to quality norms, standards and guidelines;
- Promote ethical practice and protection of the public;
- Proactively engage and collaborate with all stakeholders (internal and external);
- **Timeously** respond to the needs of stakeholders; and
- Function in an effective and efficient manner.

### 1.1. STRATEGIC OBJECTIVES OF THE BOARD

Following its inauguration, the new Board set clear strategic objectives that must be achieved within the current term of office, which commenced in 2015 and will expire in 2020. The following strategic objectives were set as priorities:

#### 1. Protect the Public through Ensuring Adherence to Standards, Regulations and Requirements by Practitioners

- 1.1. Review all current regulations related to Radiography and Clinical Technology;
- 1.2. Review of the regulatory framework for the HPCSA;
- 1.3. Promotion of a Whistle-blower Policy;



- 1.4. Ensure that governance documents relating to ethics and practice are clearly defined;
- 1.5. Promote participation, access and compliance to CPD;
- 1.6. Assist in the regulation of medical devices related to the RCT professions; and
- 1.7. Ensure ethical conduct by professionals .



## 2. Guide the Professions through Promoting Competent, Quality Practitioners

- 2.1. Maintain quality of education & training standards;
- 2.2. Training of Evaluators;
- 2.3. Conduct a review of education and training standards;
- 2.4. Review and update the Scopes of Profession, Scopes of Practice and Standards of Practice;
- 2.5. Review guidelines and policies relating to Role Extension; and
- 2.6. Review Restoration Policy and non-clinical practice.

## 3. Ensure Effective Communication and Collaboration with Stakeholders

- 3.1. Develop, implement and monitor a stakeholder engagement plan;
- 3.2. Establishing a national presence and increase access to the vulnerable and previously disadvantaged; and
- 3.3. Advocate for the creation of additional positions and career pathing.

## 4. A Board that Functions in an Effective and Efficient Manner

- 4.1. Review current systems, processes and internal Board policies to improve efficiency;
- 4.2. Ensure all roles and responsibilities within the Board are clearly defined;
- 4.3. Increase financial sustainability of the Board;
- 4.4. Improved effectiveness and efficiency of meetings;
- 4.5. Development and Training of Board Members; and
- 4.6. Ensure the effective and efficient registration of professionals.

These strategic objectives were aligned with those of the HPCSA and will provide direction and set priorities for the Board. It is anticipated that these strategic objectives will bring about an improved service delivery to practitioners, the public and take both professions to greater heights.

## 2. ACHIEVEMENTS OF THE BOARD

The following key meetings were conducted by the Board during the period of 1 April 2015 to 31 March 2016.

### 2.1. PROFESSIONAL BOARD MEETINGS

The Board conducted four meetings during this period. The Board has several matters to endorse and review. The following matters amongst others were dealt with:

#### ▪ **Diagnostic Radiographers Scope of Practice**

The Board is currently drafting a new Scope of Profession and Scope of Practice for practitioners in line with the new four-year professional qualification. The regulations prescribing these changes will also be finalised in the next financial year. Similarly, the Board is also in the process of revising the Scope for Clinical Technologists.

#### ▪ **Role Extension Research in Radiography**

Representatives of the Professional Board for Radiography and Clinical Technology met with the Society of Radiographers of South Africa (SORSA) and Radiological Society of South Africa (RSSA) to discuss role extension for Radiographers. After the deliberations, the representatives agreed that role extension be formalised for radiographers going forward.



Two (2) Task Teams were appointed to set and finalise the minimum standards for role extension in its various forms. Community Representatives and Ministerial appointees will form part of all Task Teams appointed to deal with the work of the Board as they will bring a different yet valuable perspective to the Board as it considers and finalises minimum standards for role extension.

The two areas for role extension that the task teams will focus on in the interim are the injecting of contrast media and image interpretation by radiographers.

▪ **Process Related To Management of Impaired Medical Students**

The Undergraduate Education and Training Sub-Committee of the Medical and Dental Board compiled guidelines related to the management of impaired medical students. The Board for Radiography and Clinical Technology resolved to compile a similar document for students registered under its ambit.

**2.2. EDUCATION COMMITTEE MEETING**

Two (2) Education Committee meetings were held. The Committee ensured that the evaluation of training facilitates were prioritised during this period. The Education Committee has achieved the following:

- Drafted guidelines for Mobile Practices;
- Review of the Scope of Radiography in view of the Role Extension Survey;
- Started with the drafting of regulations for establishing registers for the four-year Professional Degrees;
- Started with the drafting of regulations for establishing of registers for EEG Technicians and and Spirometrist;
- Approved applications for recognition of Continuing Professional Development (CPD) activities;
- Approved applications for Registration as Radiographers Diagnostic (Foreign Qualified);
- Approved applications for restoration to the register;
- Successfully conducted Board Examinations; and
- Approved applications for Private Practice: Radiography.



**2.3. EXECUTIVE COMMITTEE MEETING**

The Executive Committee is authorised to attend to and finalise all matters relating to the Radiography and Clinical Technology profession that may arise between meetings of the Professional Board; within the current policy parameters, determined by the Board, and to report thereon to the Professional Board. Two Executive Committee meetings were held during the period under review.

**2.4. STRATEGIC PLANNING**

The strategic planning meeting was held on 28 January 2016. The Board compiled and developed the strategic objectives for their term of office.

**3. STAKEHOLDER MEETINGS AND PUBLIC AWARENESS CAMPAIGNS**

**3.1. STAKEHOLDER - MAY 2015**

Once a year, the Board facilitates a meeting with stakeholders as part of its Communication and Engagement Strategy. Stakeholders invited to this meeting consist of University Heads of Departments offering Radiography Training, Professional Associations, and the Directorate for Radiation Control, as well as Deputy Directors for Radiography of the Provincial Departments of Health. All provinces were represented, except KwaZulu-Natal, who does not have a Radiographer appointed in this position.

This meeting is of importance to the Board as it serves as a forum to discuss matters of mutual concern for both professions. The Board held a stakeholder meeting in May 2015. . Some of the items discussed were:



- The Status of the 240-credit Diagnostic Qualifications;
- Applications for Re-accreditation of Higher Educational Institutions;
- Challenges Experienced by the Professional Board when Evaluating Clinical Facilities;
- Roll out of the implementation of the Four Year Degree Programme;
- Referral of Foreign Qualified Radiography Candidates to Academic Institutions for Evaluation of Professional Competency;
- Cycle of Evaluations to be conducted for Clinical Facilities; and
- Establishment of Registers for Clinical Technology Technicians.

### 3.2. RCT DAY - NOVEMBER 2015

The 2015 Radiography and Clinical Technology Day Celebration was held on 6 November 2015 under the theme: *"Ethics in the Profession"*. The aim of the annual celebration is to commemorate the discovery of X-radiation by William Roentgen in 1895 as well as the Clinical Technology Profession.

Registered professionals with the Professional Board for Radiography and Clinical Technology Board were invited via emails, the HPCSA website and social media to attend the event. The celebration was attended by a 100 practitioners, who were addressed by speakers from the Board, Council and the Western Cape Department of Health. The practitioners were further awarded five (5) CPD points for attending the event.

The event was also in line with the Board's strategic objectives of stakeholder engagement and also assisted in improving and maintaining communication with practitioners, as well as creating an opportunity for dialogue.

The Department: Registration was on-site to enable practitioners, during breaks and lunch-time, to update their details, pay their annual fees and answer any questions they might have had regarding their registration with the Council. This service proved to be very beneficial to practitioners.

## 4. DETERMINING AND UPHOLDING STANDARDS OF EDUCATION AND TRAINING

The Board is mandated to set the requirements for evaluation and accreditation of education and training facilities and to conduct evaluations in order to grant accreditations. The Board conducted three evaluations at educational institutions and a total of 125 training facilities, i.e. 76 Radiography and 49 Clinical Technology. The educational institutions evaluated were:

- University of Johannesburg;
- Durban University of Technology;
- Nelson Mandela Metropolitan University



## 5. KEEPING ACCURATE REGISTERS

### CLINICAL TECHNOLOGY REGISTRATION REQUIREMENTS RESOLVED

Registration with the Health Professions Council of South Africa (HPCSA) is not only a prerequisite for professional practice, but it is also a legal requirement to keep all personal details up to date at all times.

Prior to 1 April 2002, Clinical Technologists qualified with a National Diploma after three years of study at former technikons. On completion of 12 months' work in a registered training unit after qualifying, Clinical Technologists were allowed to register at the HPCSA as qualified Clinical Technologist. In 1998, the B Tech degree was in the early stages of being implemented at the former technikons (now universities of technology). However, the B Tech degree was not compulsory for those Clinical Technologists who had registered before 1 April 2002



and they were still regarded as Independent Practitioners. Some of these Clinical Technologists did, however, obtain the B Tech degree, although it made no difference to their registration at the HPCSA, or their ability to work independently at that stage.

After 1 April 2002, the B Tech degree was fully implemented and Technologists were registered in two different registers namely:

- Student Clinical Technologist (KTS)
- Clinical Technologist (KT)

Under the categories:

- Undergraduate;
- Dependant/Supervised Practice;
- Independent Practice; or
- Private Practice.

In 2005, the HPCSA converted to a new computer software system. This created challenges as, unlike the previous registration and operating systems of the HPCSA, no provision was made with the new system for the different categories of registration. It was unable to distinguish between Clinical Technologists qualified prior to 1 April 2002 and those qualified thereafter. When the data was transferred to the new IT system, this presented a problem as it resulted in professionals qualified prior to 2002, now erroneously being registered under the category of "Supervised Practice".

Many Clinical Technologists, who had obtained their National Diploma after 2002, were registered in the category 'Independent Practice' in error. This incorrect registration created great confusion, because some newly qualified Clinical Technologists erroneously had an impression that they could work independently without any supervision and claim for clinical work done.

In response to this confusion, the Radiography and Clinical Technology Board appointed a task team who successfully resolved these problems by registering Clinical Technologists in the appropriate category and November 2012 to address these issues. A resolution was made in January 2013 to the effect that:-

Clinical Technologists will now be registered in three different registers, namely:

- Student Clinical Technologist (KTS)
- Clinical Technologist (KT)
- Graduate Clinical Technologist (KTG)

Within three main registration categories namely:

- Undergraduate
- Supervised Practice
- Private Practice

In addition,

1. Student Clinical Technologists were normally registered via their educational institutions and register as a Student Clinical Technologist (KTS) in the category Student/Undergraduate.
2. Any individual who qualified as a Clinical Technologist (KT) on the old curriculum (with a National Diploma) and registered with the HPCSA before 1 April 2002 should be registered as a Clinical Technologist in the category "Private Practice". This registration entitles professionals to register a Private Practice and obtain a practice number with the Board of Healthcare Funders (BHF) in order to claim from medical aids for services rendered.
3. Technologists who obtained a National Diploma after 1 April 2002 are registered as a Clinical Technologist (KT) in the category "Supervised Practice". These technologists are therefore **not allowed** to conduct a private practice and are thus forbidden to work without supervision or claim from medical aids for services rendered.
4. A B Tech degree is recognised as an additional qualification. Any Clinical Technologist who has earned a B Tech Degree will be registered as a Graduate Clinical Technologist (KTG) in the category "Private Practice". This registration allows the individual to register a Private Practice and a practice number with the Board of Healthcare Funders (BHF) in order to claim from medical aids for services rendered.



After completing the requirements of each of the registration categories, the onus is on the individual to formally apply for registration in the next appropriate category and to ensure that their registration is correct.



## 6. FINANCIAL AND BUDGETARY MATTERS

The Board is proud to report that it has functioned within its budget during the period of 1 April 2015 to 31 March 2016.

### ANNUAL FEES

	REGISTER	2015/2016
DR	Radiographer	R 995.00
KTG	Graduate Clinical Technologist	R 995.00
KT	Clinical Technologist	R 995.00
SKT	Supplementary Clinical Technologists	R 995.00
KTA	Assistant Clinical Technologist	R 363.00
SDR	Supplementary Diagnostic Radiographers	R 363.00
EE	Electro-Encephalographic Technicians	R 363.00
RLT	Radiation Laboratory Technologists	R 624.00
RSDR	Restricted Supplementary Diagnostic Radiographers	R 363.00
SEE	Supplementary Electro-Encephalographic Technicians	R 363.00
SRLT	Supplementary Radiation Laboratory Technologist	R 624.00

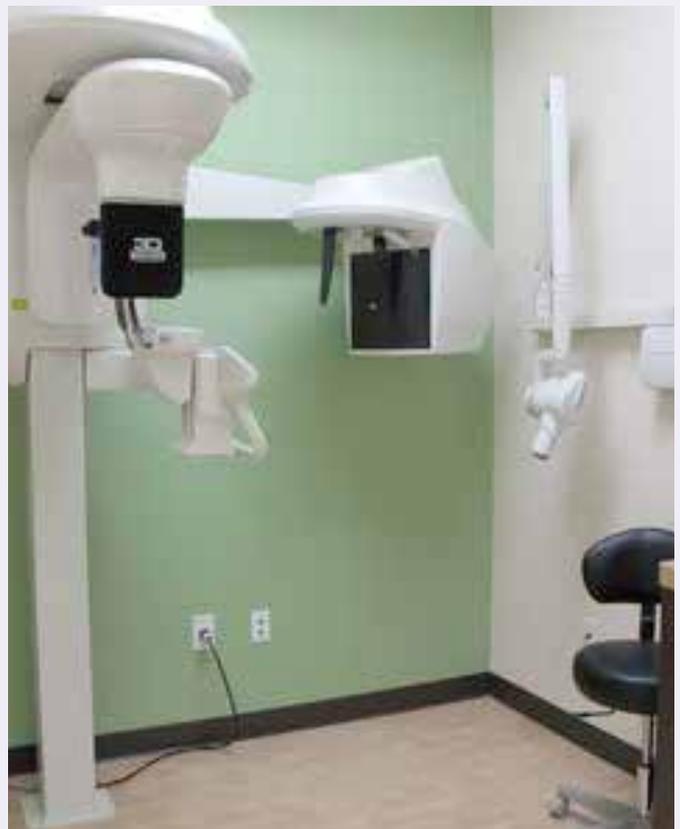
The RCT Board is mindful of the high registration fees and how that may pose a challenge of affordability on the part of the

professionals. The Board will, in its future planning, endeavour to keep the increases to a minimum.

## 7. CHALLENGES EXPERIENCED

The Board was experiencing challenges with persons owning and operating Diagnostic Radiography and Ultrasound equipment. In some instances, Diagnostic examinations were done by professionals who were not properly trained in the safe use of Diagnostic equipment. In other instances, ultrasound examinations were conducted by professionals and non-professionals not adequately trained to conduct such ultrasound examinations. This may pose health risks to members of the public in respect to radiation over exposure (for diagnostic radiography equipment) and false negative or false positive diagnosis in the case of ultrasound examinations.

The new Board is intent on tightening regulations around ownership of Diagnostic and Ultrasound equipment. The Board has undertaken to educate the public about their rights in order for them to be more aware of the credentials of persons conducting diagnostic and ultrasound examinations.





## PROFESSIONAL BOARD FOR SPEECH LANGUAGE AND HEARING PROFESSIONS



### 1. STRATEGIC FOCUS

#### 1.1 Overview and Status on Strategic Objectives

The Professional Board for Speech Language and Hearing is responsible for the stewardship through guiding the profession and protecting the public by focusing on continuous best practice governance output.

The Professional Board comprises of highly skilled, professional individuals, with its main focus intended to drive continuous innovation at all levels of strategy and operations, ensuring that the profession receives maximum value for the contributions they pay to the Council.

#### Vision

- A leader in regulating the education, training and practice of the Speech, Language and Hearing professions.

#### Mission

The Speech, Language and Hearing Board strives to:

- Develop and monitor regulations and standards for education, training and practice;
- Regulate registrations, professional conduct and training;
- Register students and professionals;
- Accredite training programmes;
- Strengthen the monitoring of CPD compliance; and

Improve collaboration with all relevant stakeholders In order to promote the health, development and well-being of the nation.



### 2. THE STRATEGIC PLANNING PROCESS

In terms of alignment between Council and Professional Boards, a tripartite relationship exists between Council, the Professional Boards and the Secretariat, established to achieve the mandate of the HPCSA. This relationship is defined in terms of interdependencies between the Council, Boards and Secretariat. This results in alignment and adequate coordination of resources.

The Professional Board strategies align with the Council's strategy through the following three overarching themes, namely:



- i. Organisational effectiveness;
- ii. Advocacy and advisory; and
- iii. Regulatory certainty.

The strategic planning process sought to ensure that a comprehensive and integrated strategy is developed; and that, through this process, alignment of outcomes and expectations is achieved for all relevant internal and external stakeholders.

### Strategic objectives of the Board

The Board has the following strategic objectives:

- i. To establish and implement mechanisms for enhancing participation effectiveness and efficiency of the Board and its committees/sub-committees;
- ii. Skills development of Board Members and associated persons;
- iii. Improved effectiveness and efficiency of meetings;
- iv. Develop, implement and monitor a coordinated Stakeholder Engagement Plan;
- v. Understanding the needs of the professions in terms of human resources;
- vi. Continue to guide and inform curriculum development processes of higher education institutions;
- vii. Ensure adherence by training institutions/individuals to the Board's core competencies;
- viii. Ensure provision/production of high quality trained Speech Language Therapists; and
- ix. Finalise a generic framework of core competencies for the Hearing Aid Acousticians in line with contextual needs and international benchmarks.



## 3. PERFORMANCE OVERVIEW

### 3.1 Meetings of the Board and its Committees

The Board conducted the following meetings for the period under review:

Professional Board meetings	Executive Committee meetings	Strategic Planning	Education, Training and Registration Committee meetings
10 December 2015	10 December 2016 21 April 2016	18 -19 January 2016	23 November 2015 29 February 2016

### 3.2 Overview of Board Performance

The Board and its structures held six meetings between November 2015 and April 2016. All meetings consistently formed a quorum. In January 2016, the Board reviewed its strategic plan and there is progress made in its implementation. The Board assessed its performance according to the Performance Survey Tool in 2015 and submitted a progress report to the Education and Training Quality Assurance (ETQA) Committee of the South African Qualifications Authority (SAQA). The Board is satisfied that good progress was made.

The Board accredited programmes of a number of universities for a period of five years, and continued to provide support to education and training institutions in reviewing and developing a new curriculum.

### 3.3 Achievements of the Board for the period

#### 3.3.1 Policy development or review

- Mobile Practice Guidelines;
- Finalised regulations relating to the undergraduate curricula and professional examinations in (i) audiology and in (ii) speech language therapy;
- Finalised regulations relating to the registration of (i) audiology and (ii) speech language therapy students;
- Finalized scope of practice of (i) Audiologists and (ii) Speech Language Therapists;



- Reviewed and revised scope of practice of Hearing Aid Acousticians;
- Regulations relating to the curricula and examinations for Hearing Aid Acousticians are being finalised by the task team;
- Scope of practice of professional mid-level workers (MLWs) in process of being developed for (i) Audiology Technician (AT), and (ii) Speech Language Therapy Technician (SLTT); and
- Regulations relating to the curricula and examinations for (i) AT and (ii) SLTT are being developed by task teams.

### 3.3.2 System Improvements

- Devised and finalized comprehensive documentation and processes for the evaluation for accreditation of Higher Education Institutions for Speech Language Therapy and Audiology.

### 3.3.3 Standards Setting

Developed the following guidelines for Audiology Practice

- Diagnostic protocols for Paediatric populations;
- Guidelines for diagnostic Audiology in Adults;
- Guidelines for Industrial Audiology;
- Guidelines for Hearing Aid selection and Fitting for Adults;
- Guidelines for the provision of Hearing Screening Services in Schools;
- Guidelines for Newborn and Infant Hearing Screening in South Africa;
- Guidelines on the fitting of Hearing Instruments for children; and
- Guidelines for adult auditory rehabilitation.

## 4. STAKEHOLDER INITIATIVES AND ENGAGEMENTS

The Board communicated regularly with practitioners, professional associations, education and training providers and other relevant stakeholders on work done towards fulfilling its mandate. Engagements with stakeholders, such as practitioners, universities, and different government departments enhanced

the Board's visibility and improved communication in general. These included the following:

- Discussion regarding the use of KUDUwave for Ototoxicity Monitoring on 22 March 2016; and
- the rollout of the Programme by the National Department of Health.
- Meetings between the Board representatives and the National Forum and Professional Associations. However, the Board intended convening further engagements with relevant directorates of NDoH, the South African Nursing Council (SANC) and the Department of Labour and representatives of universities to ensure that it gains a holistic view of different stakeholders; and
- The Board was represented at the Workshop for the Development of Local Advisory Committee on Assistive Technology for the Gate Project (WHO) held on 11 February 2016.



## 5. DETERMINING AND MAINTAINING THE STANDARDS OF PROFESSIONAL PRACTICE AND CONDUCT

### 5.1 Scope of Practice

The Board established the following task teams for the period under review to develop the scope of the practice:



- Early Hearing Detection and Intervention;
- Mid-Level Worker;
- Schools Screening;
- Ototoxicity;
- Hearing Aid Acousticians;
- Language and Culture – Audiology; and
- Language and Culture – Speech Therapy.

Additional task teams to be established in the near future:

- Occupational Audiology.

The Professional Board rules and regulations finalised and still to be finalised:

- The rules and regulations pertaining to the Speech, Language and Hearing Professions;
- Regulations relating to the undergraduate curricula and professional examinations in Audiology;
- Regulations relating to the undergraduate curricula and professional examinations in Speech Language Therapy.

## 5.2 Determining the scope of practice of Mid-Level Workers (MLW)

The Task team is underway to develop the scope of practice for mid-level workers, compile a curriculum including intended learning outcomes, consider international guidelines, the Mid-Level Workers curriculum document, the document on service delivery at the different levels, and the Higher Education Qualifications Sub-Framework from the Council on Higher Education. The Board established two task teams to consider and advise the Board on the scope of the professions and the curriculum of Audio MLWs and Speech MLWs.

## 6. DETERMINING AND UPHOLDING STANDARDS OF EDUCATION AND TRAINING

### 6.1 Continuing Professional Development

After considering the annual reports submitted by accredited service providers to ensure they offered quality CPD activities,

the Board approved the following accredited service providers:

Accreditor	Accredited Service Provider
The South African Speech Language and Hearing Association (SASLHA)	The South African Speech Language and Hearing Association (SASLHA)
University of Witwatersrand	University of Cape Town
University of Pretoria	University of the Witwatersrand
	University of Stellenbosch
	University of Pretoria

### 6.2 The Board approved Accredited Programmes for 2015/16

Institution	Date of evaluation	Next evaluation
Hearing Aid Acousticians Programme – University of Pretoria	June and Nov 2015	

## 7. KEEPING ACCURATE REGISTERS

Apart from ensuring that only appropriately qualified practitioners are registered within the respective professions, the Board also ensured that the foreign qualified practitioners were registered in terms of the relevant legislation and the latest policies of both the Board and the National Department of Health.

The Board has no new or amended registers for the period under review.

### 7.1 Approval of the Budget and Increase of Annual Fees for 2015/16

The Board operated within its budget, and approved the revised budget and increased the annual fees for registers under its ambit as follows:



Abbrev	Register	April 2014 – March 2015	April 2015 -March 2016	April 2016 - March 2017
STA	Speech Therapist and Audiologist	R1215	R1300	R1378
SSTA	Supplementary Speech Therapist and Audiologist	R1215	R1300	R1378
AU	Audiologist	R1215	R1300	R1378
SAU	Supplementary Audiologist	R1215	R1300	R1378
GAK	Hearing Aid Acoustician	R1215	R1300	R1378
SGAK	Supplementary Hearing Aid Acoustician	R1215	R1300	R1378
SGG	Community Speech and Hearing Workers	R420	R450	R477
SGK	Speech and Hearing Correctionist	R420	R450	R477
AM	Audiometrician	R420	R450	R477
STB	Speech Therapy Assistant	R380	R406	R430
ST	Speech Therapist	R1215	R1300	R1378





## 2. CONTINUING PROFESSIONAL DEVELOPMENT (CPD), REGISTRATIONS AND RECORDS (CRR)

### 2.1. INTRODUCTION

During the reporting period, the Department: Continuing Professional Development, Registration and Records (CRR) of Council managed to provide excellent service to practitioners in line with the mandate of the Health Professions Council of South Africa (HPCSA) as espoused in the Health Professions Act, 1974 (Act No. 56 of 1974 as amended).

This report provides the highlights on the achievement recorded by CRR in the 2015/16 financial year. The report also reflects on the key challenges experienced which, if not addressed, can be a hindrance to the delivery of quality service to the HPCSA and its stakeholders.



### 2.2. REGISTRATION OF HEALTH PRACTITIONERS

During the 2015/16 financial year, Council registered thousands of healthcare professionals in line with its legislative mandate. The approach employed by Council entailed the registration of healthcare professionals in the Head Office in Pretoria and in offsite registration offices. The achievements recorded are reflected below:

#### 2.2.1 IN-HOUSE REGISTRATION



During the period under review, Council registered 17 351 practitioners who qualified for registration in accordance with the Act. As part of enabling practitioners to commence with prescribed Internship Programmes, Council registered 2 209 interns. In addition, 7 042 students studying towards a health profession registerable in terms of the Act were registered. In the category of postgraduate studies offered through an accredited university in the Republic of South Africa, 758 foreign nationals were registered. This has seen the medical or dental specialist register growing by a total of 831 practitioners (refer to Growth Statistics in Annexure 1).

Moreover, Council processed and issued 3 308 certificates of status, 897 certified extracts, 401 internship duty certificates, including the processing of 746 verifications for credentials. In addition, Registrations also attended to various walk-in applications and enquiries from 28 432 practitioners who visited Council's Client Contact Centre in Pretoria.

#### 2.2.2 OFFSITE REGISTRATION AND RENEWAL OF REGISTRATION

In December 2015, Council attended to **offsite registration** of



undergraduate students who had qualified to commence with their internship training, community service, as well as other practitioners who were registered in independent practice. A total of 5 165 practitioners were registered and 118 were restored to the register. Through offsite registration, the HPCSA reduced the rate of non-compliant applications received. The applicants were able to ensure that their applications met the set requirements and were thus promptly registered. The interns and community service practitioners were registered and ready to commence with their internship and community service on time.



The reporting period saw **offsite renewal of registration** bearing noticeable successes. Through offsite registration, 69 252 practitioners renewed their registrations and received their practicing cards at the offsite virtual offices across the nine provinces at a cost of R17.51 per renewed registration. In addition, the offsite registration has ensured that the HPCSA services are brought closer to practitioners and the HPCSA has a visibility per province countrywide.



### 2.2.3 REGISTRATION GROWTH STATISTICS APRIL 2013 – MARCH 2016

During the reporting period, a total of 185 172 practitioners renewed their registrations of which 69 252 were renewed at the

offsite virtual offices and 105 039 practitioners were renewed at the Head Office and practicing cards issued and dispatched through the Post Office. A total of 10 881 practitioners were removed from the register for reasons ranging from failure to pay annual fees, non-compliance with continued professional development, having been found guilty of unprofessional conduct and voluntary erasure from the register.

The table in Annexure 1 depicts the growth of the total register from April 2013 to March 2016. The register also depicts a category of practitioners who are not eligible to pay annual fees, such as students, intern students, interns and practitioners exempted due to old age.

### 2.3. CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

During the 2014/15 financial year, Council approved the conducting of a benchmarking exercise on the maintenance of license to practice, which resulted in a report that was tabled for discussion at all 12 Professional Boards on the benefits of introducing licensure for health professionals registered with Council.

As the maintenance of licensure is good and common practice adopted by many regulators internationally, the majority of the Professional Boards accepted the report and agreed that a proposal be made to Council to implement Maintenance of Licensure.

Council supported the proposal with a proposition that researchers be appointed to conduct comprehensive research on maintenance of licensure, its benefits, how it works in other regulators internationally and make recommendations to the HPCSA on how licensure can be deployed looking at the specific requirements of each of the professional boards of Council. In the 2015/16 financial year, researchers were appointed to work on this comprehensive document taking into account all inputs made by the Boards on the benchmarking report. The researchers are scheduled to complete this work in the 2016/17 financial year.

In addition, Council conducted regular audits of health practitioners registered with Council to ensure that they are compliant with CPD. The outcomes of the audit conducted with 24 000 randomly selected practitioners demonstrated that



less than 50% of practitioners were not compliant with CPD and extensions were granted to ensure that the practitioners become compliant.

#### 4. DOCUMENT MANAGEMENT

In the past, the Education Commission for Foreign Medical Graduates (ECFMG) utilised manual processes to conduct the verification of credentials for foreign medical practitioners. The verified credentials were also received manually by the HPCSA. To enhance the process, in the latter part of 2015, the ECFMG introduced the Electronic Portfolio of International Credentials with an electronic utility to forward verified credentials online and enable practitioners to apply for verification online. This means that using Electronic Portfolio of International Credentials (EPIC), the HPCSA would be able to receive verified portfolios electronically from ECFMG.



To migrate to EPIC, the HPCSA, together with ECFMG, engaged in a process that will be followed to implement the electronic system. In December 2015, the end-users of the system within the HPCSA were given access and training on how verified credentials can be accessed from the system. The training culminated in the implementation of the system by Council at the beginning of 2016, which has resulted in Council receiving electronic portfolios from ECFMG via the EPIC Portal. The full implementation of the system will take place in 2016/17 financial year.

In addition to EPIC implementation, Council captured a total of 22 674 changes of personal details received from practitioners as required by the Act. There is also a steady increase of verifications received from the ECFMG with 2101 verifications captured and 432 notifications received from foreign regulatory authorities informing Council of disciplinary steps taken against health professionals, who were found guilty of misconduct. This number includes 307 foreign Certificates of Status captured. Other challenges relating to the scanning of documents will be addressed in the current year as the HPCSA is finalising the installation of information technology storage infrastructure.



#### 5. CHALLENGES

The achievements recorded at CRR during the reporting period were not without challenges. One of the major challenges was the one relating to the Post Office, which has resulted in practitioner information not reaching them on time and/or not reaching them at all. This challenge also increased the volume of documents returned to sender and continued to impact negatively on the quality of services rendered by Council to its clients. As expected, this led to an increase in the rate of complaints to Council. Council has looked at mechanisms of addressing the problem and those will be implemented in the next financial year 2016/17.

In addition, Council is addressing the backlog associated with scanning and storage of records as the organisation finalises the installation of its IT storage infrastructure and associated tools that support its business.



## ANNEXURE 1: REGISTRATION GROWTH STATISTICS

BRD_CODE	REGISTRATION CODE	REGISTRATION NAME	01 April	01 April	01 April	31 March
			2013	2014	2015	2016
<b>DOH</b>	DA	DENTAL ASSISTANT	2 991	2 974	3 003	3 049
	DA S	STUDENT DENTAL ASSISTANT	1 581	1 673	1 748	1 820
	OH	ORAL HYGIENIST	1 069	1 110	1 143	1 195
	OH S	STUDENT ORAL HYGIENIST	341	323	340	382
	TT	DENTAL THERAPIST	568	607	625	659
	TT S	STUDENT DENTAL THERAPIST	185	205	227	256
<b>DOH Total</b>			<b>6 735</b>	<b>6 892</b>	<b>7 086</b>	<b>7 361</b>
<b>DTB</b>	DT	DIETITIAN	2 572	2 778	2 949	3 145
	DT S	STUDENT DIETITIAN	1 292	1 381	1 510	1 650
	NT	NUTRITIONIST	151	180	198	197
	NT S	STUDENT NUTRITIONIST	220	258	290	316
<b>DTB Total</b>			<b>4 235</b>	<b>4 597</b>	<b>4 947</b>	<b>5 308</b>
<b>EHO</b>	FI	FOOD INSPECTOR	11	11	11	11
	HI	ENVIRONMENTAL HEALTH PRACTITIONER	3 259	3 363	3 447	3 567
	HI S	STUDENT ENVIRONMENTAL HEALTH OFFICER	2 094	2 304	2 469	2 471
	HIA	ENVIRONMENTAL HEALTH ASSISTANT	61	60	63	64
<b>EHO Total</b>			<b>5 425</b>	<b>5 738</b>	<b>5 990</b>	<b>6 113</b>
<b>EMB</b>	ANA	AMBULANCE EMERGENCY ASSISTANT	7 993	8 507	8 882	9 225
	ANT	PARAMEDIC	1 573	1 598	1 605	1 591
	ANTS	STUDENT PARAMEDIC	510	553	537	0
	BAA	BASIC AMBULANCE ASSISTANT	53 955	55 631	56 786	55 400
	ECP	EMERGENCY CARE PRACTITIONER	222	287	367	451
	ECPS	STUDENT EMERGENCY CARE PRACTITIONER	402	507	597	678
	ECT	EMERGENCY CARE TECHNICIAN	595	778	939	1 063
	ECTS	STUDENT EMERGENCY CARE TECHNICIAN	664	702	662	588
	OECO	OPERATIONAL EMERGENCY CARE ORDERLY	549	548	530	508
<b>EMB Total</b>			<b>66 463</b>	<b>69 111</b>	<b>70 905</b>	<b>69 504</b>
<b>MDB</b>	AN	ANAESTHETIST'S ASSISTANT	2	2	2	1
	BE	BIOMEDICAL ENGINEER	2	2	2	2
	CA	CLINICAL ASSOCIATE	215	361	467	575
	CA S	STUDENT CLINICAL ASSOCIATE	348	359	436	501
	DP	DENTIST	5 772	5 817	6 006	6 158
	DP S	STUDENT DENTIST	1 284	1 292	1 324	1 439
	GC	GENETIC COUNSELLOR	3	6	9	9
	GC S	STUDENT GENETIC COUNSELLOR	1	2	2	2
	GCIN	INTERN GENETIC COUNSELLOR	8	5	5	5
	GR	GENETIC COUNSELLOR	19	20	19	18
	GRS	STUDENT GENETIC COUNSELLOR	10	10	10	10
	GRIN	INTERN GENETIC COUNSELLOR	1	1	1	2



BRD_CODE	REGISTRATION CODE	REGISTRATION NAME	01 April	01 April	01 April	31 March
			2013	2014	2015	2016
	HA	HEALTH ASSISTANT	2	1	0	0
	IN	INTERN	3 158	3 251	3 106	3 132
	IN S	STUDENT INTERN	1 187	1 011	1 077	1 427
	KB	CLINICAL BIOCHEMIST	12	12	11	10
	MP	MEDICAL PRACTITIONER	39 537	40 716	41 886	43 141
	MP S	MEDICAL STUDENT	9 809	10 686	11 594	12 372
	MS	MEDICAL BIOLOGICAL SCIENTIST	96	126	158	185
	MS S	STUDENT MEDICAL SCIENTIST	256	301	379	446
	MSIN	INTERN MEDICAL SCIENTIST	104	124	132	165
	MW	MEDICAL BIOLOGICAL SCIENTIST	494	477	461	449
	MW S	STUDENT MEDICAL SCIENTIST	276	276	276	273
	MWIN	INTERN MEDICAL BIOLOGICAL SCIENTIST	26	26	26	26
	PH	MEDICAL PHYSICIST	131	132	135	145
	PH S	STUDENT MEDICAL PHYSICIST	44	44	53	59
	PHIN	INTERN MEDICAL PHYSICIST	8	21	22	19
	SMW	SUPPLEMENTARY MEDICAL SCIENTIST	4	3	3	3
	VS	VISITING STUDENT	128	49	804	53
<b>MDB Total</b>			<b>62 937</b>	<b>65 133</b>	<b>68 406</b>	<b>70 627</b>
<b>MTB</b>	CT	CYTO-TECHNICIAN	1	1	1	1
	GT	MEDICAL TECHNICIAN	2 636	2 943	3 121	3 375
	GT S	STUDENT MEDICAL TECHNICIAN	2 290	2 370	2 405	2 495
	LA	LABORATORY ASSISTANT	241	297	425	538
	LA S	STUDENT LABORATORY ASSISTANT	802	874	906	895
	MLS	MEDICAL LABORATORY SCIENTIST	0	0	0	15
	MT	MEDICAL TECHNOLOGIST	4 980	5 075	5 257	5 362
	MT S	STUDENT MEDICAL TECHNOLOGIST	3 657	3 882	4 213	4 335
	MTIN	MEDICAL TECHNOLOGY INTERN	453	549	519	630
	SGT	SUPPLEMENTARY MEDICAL TECHNICIAN	32	29	24	22
	SLA	SUPPLEMENTARY LABORATORY ASSISTANT	277	259	244	221
<b>MTB Total</b>			<b>15 369</b>	<b>16 279</b>	<b>17 115</b>	<b>17 889</b>
<b>OCP</b>	AOS	ASST MED ORTH PROST & LEATHERWORKER	10	8	9	7
	AT	ARTS THERAPIST	66	65	65	71
	AT S	ART THERAPY STUDENT	7	7	25	0
	OB	ORTHOAEDIC FOOTWEAR TECHNICIAN	55	56	55	53
	OS	MEDICAL ORTHOTIST AND PROSTHETIST	445	466	482	497
	OS S	STUDENT MEDICAL ORTHOTIST AND PROSTHETIST	114	130	201	242
	OSA	ORTHOAEDIC TECHNICAL ASSISTANT	91	100	93	95
	OSIN	INTERN MEDICAL ORTHOTIST AND PROSTHETIST	90	109	141	168
	OT	OCCUPATIONAL THERAPIST	4 048	4 299	4 534	4 812
	OT S	STUDENT OCCUPATIONAL THERAPIST	1 856	1 951	2 048	2 270

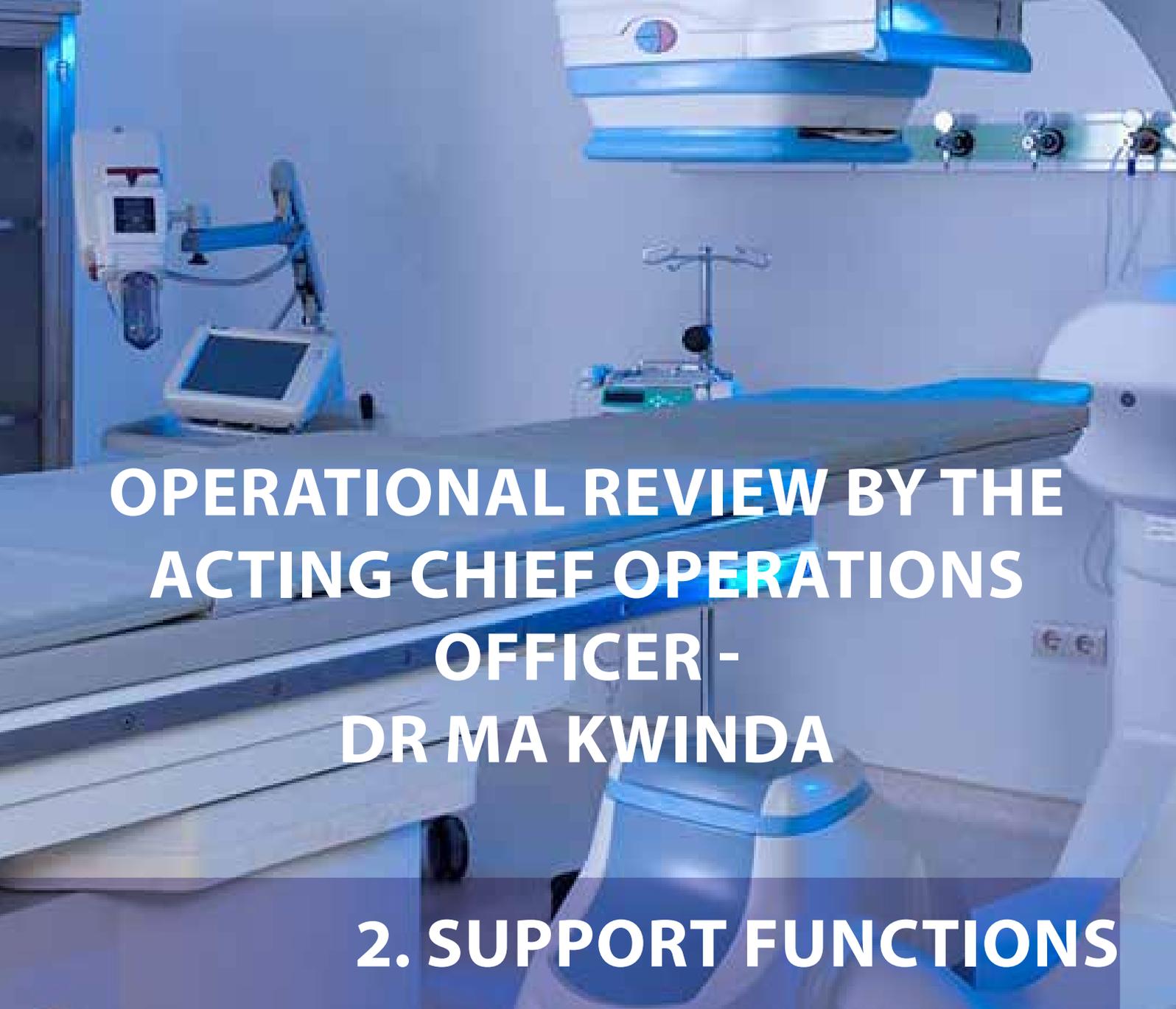


			01 April	01 April	01 April	31 March
BRD_CODE	REGISTRATION CODE	REGISTRATION NAME	2013	2014	2015	2016
	OTB	OCCUPATIONAL THERAPY ASSISTANT	234	201	177	108
	OTBS	STUDENT OCCUPATIONAL THERAPY ASSISTANT	58	47	47	46
	OTES	DELETED - ART THERAPY STUDENT	21	10	10	10
	OTT	OCCUPATIONAL THERAPY TECHNICIAN	421	448	444	491
	SOS	SUPPLEMENTARY MEDICAL ORTHOTIST AND PROSTHETIST	2	2	1	1
<b>OCP Total</b>			<b>7 518</b>	<b>7 899</b>	<b>8 332</b>	<b>8 871</b>
<b>ODO</b>	OD	DISPENSING OPTICIAN	141	151	147	154
	OD S	STUDENT DISPENSING OPTICIAN	346	366	390	378
	OP	OPTOMETRIST	3 425	3 533	3 600	3 702
	OP S	STUDENT OPTOMETRIST	796	826	870	899
	OR	ORTHOPTIST	12	12	13	12
	SOD	SUPPLEMENTARY OPTICAL DISPENSER	4	3	2	2
	SOP	SUPPLEMENTARY OPTOMETRIST	11	11	10	11
<b>ODO Total</b>			<b>4 735</b>	<b>4 902</b>	<b>5 032</b>	<b>5 158</b>
<b>PPB</b>	BK	BIOKINETICIST	1 189	1 305	1 384	1 505
	BK S	STUDENT BIOKINETICIST	516	529	566	0
	BKIN	INTERN BIOKINETICIST	85	265	410	595
	CH	PODIATRIST	238	254	264	265
	CH S	STUDENT PODIATRIST	266	276	304	349
	MA	MASSEUR	3	3	3	3
	PT	PHYSIOTHERAPIST	6 392	6 670	6 902	7 196
	PT S	STUDENT PHYSIOTHERAPIST	1 981	2 097	2 155	2 474
	PTA	PHYSIOTHERAPY ASSISTANT	261	253	228	199
	PTAS	STUDENT PHYSIOTHERAPY ASSISTANT	2	2	2	2
	PTT	PHYSIOTHERAPY TECHNICIAN	11	23	53	53
	RM	REMEDIAL GYMNAST	2	2	2	2
	SCH	SUPPLEMENTARY PODIATRIST	3	3	3	3
	SPT	SUPPLEMENTARY PHYSIOTHERAPIST	4	4	4	3
<b>PPB Total</b>			<b>10 953</b>	<b>11 686</b>	<b>12 280</b>	<b>12 649</b>
<b>PSB</b>	PM	PSYCHO-TECHNICIAN	33	29	26	24
	PMT	PSYCHOMETRIST	1 986	1 981	1 981	2 028
	PMTS	STUDENT PSYCHOMETRIST	10	144	286	423
	PRC	REGISTERED COUNSELLOR	1 509	1 724	1 812	1 977
	PS	PSYCHOLOGIST	7 417	7 622	7 891	8 190
	PS S	STUDENT PSYCHOLOGIST	1 062	1 195	1 300	1 429
	PSIN	INTERN PSYCHOLOGIST	877	927	866	900
	SRC	STUDENT REGISTERED COUNSELLOR	23	192	1 361	2 045
<b>PSB Total</b>			<b>12 917</b>	<b>13 814</b>	<b>15 523</b>	<b>17 016</b>
<b>RCT</b>	DR	RADIOGRAPHER	6 401	6 739	6 997	7 321
	DR S	STUDENT RADIOGRAPHER	1 763	1 890	1 987	1 937



BRD_CODE	REGISTRATION CODE	REGISTRATION NAME	01 April	01 April	01 April	31 March
			2013	2014	2015	2016
	EE	ELECTRO-ENCEPHALOGRAPHIC TECHNICIAN	41	42	46	49
	EE S	STUDENT ELECTRO-ENCEPHALOGRAPHIC TECHNICIAN	66	75	77	85
	KT	CLINICAL TECHNOLOGIST	1 028	939	875	864
	KT S	STUDENT CLINICAL TECHNOLOGIST	492	529	568	602
	KTG	GRADUATE CLINICAL TECHNOLOGIST	9	178	255	350
	RLT	RADIATION TECHNOLOGIST	14	12	12	12
	RLTS	STUDENT RADIATION TECHNOLOGIST	6	6	7	7
	RSDR	RESTRICTED SUPP DIAG RADIOGRAPHER SUPPLEMENTARY DIAGNOSTIC	7	7	7	5
	SDR	RADIOGRAPHER	260	250	240	229
	SDRS	STUDENT SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHER	94	99	100	100
	SKT	SUPPLEMENTARY CLINICAL TECHNOLOGIST	4	5	5	4
<b>RCT Total</b>			<b>10 185</b>	<b>10 771</b>	<b>11 176</b>	<b>11 565</b>
<b>SLH</b>	AM	AUDIOMETRICIAN	5	5	4	4
	AU	AUDIOLOGIST	308	375	444	504
	AU S	STUDENT AUDIOLOGIST	355	376	406	0
	GAK	HEARING AID ACOUSTICIAN	118	125	129	139
	GAKS	STUDENT HEARING AID ACOUSTICIAN	24	41	38	42
	SAA	SPEECH AND HEARING ASSISTANT	0	1	0	0
	SAU	SUPPLEMENTARY AUDIOLOGIST SUPPLEMENTARY HEARING AID	1	1	1	1
	SGAK	ACOUSTICIAN	4	4	4	4
	SGG	COMMUNITY SPEECH AND HEARING WORKER	20	19	17	18
	SGK	SPEECH AND HEARING CORRECTIONIST	6	6	6	7
	SHA	SPEECH AND HEARING ASSISTANT SUPPLEMENTARY SPEECH THERAPIST AND	0	1	1	1
	SSTA	AUDIOLOGIST	1	1	1	1
	ST	SPEECH THERAPIST	661	747	824	942
	ST S	STUDENT SPEECH THERAPIST	564	633	694	796
	STA	SPEECH THERAPIST AND AUDIOLOGIST STUDENT SPEECH THERAPIST AND	1 455	1 453	1 475	1 516
	STAS	AUDIOLOGIST	369	356	381	362
	STB	SPEECH THERAPY ASSISTANT	3	4	3	3
<b>SLH Total</b>			<b>3 894</b>	<b>4 148</b>	<b>4 428</b>	<b>4 340</b>
<b>Grand Total</b>			<b>211 366</b>	<b>220 970</b>	<b>231 w220</b>	<b>236 401</b>



A photograph of an operating room with a surgical table, monitors, and medical equipment. The text is overlaid on this image.

# **OPERATIONAL REVIEW BY THE ACTING CHIEF OPERATIONS OFFICER - DR MA KWINDA**

## **2. SUPPORT FUNCTIONS**



**2.1 HUMAN RESOURCES**

**2.2 INFORMATION TECHNOLOGY**

**2.3 FACILITY MANAGEMENT AND  
SUPPORT SERVICES**

**2.4 LEGAL SERVICES**

**2.5 FINANCE AND PROCUREMENT**

**2.6 PUBLIC RELATIONS AND  
SERVICE DELIVERY**





## 1. HUMAN RESOURCES AND LABOUR RELATIONS

### 1.1 STRATEGIC FOCUS

The HPCSA strives to become an employer of choice and to create an environment where employees are able to develop and advance their careers and growth in the organisation. Council's employee value proposition is to keep abreast of best practice on employment and employment conditions of its staff. To this end, Council strives to retain its employees and make them continue to perceive it as an employer of choice, based research and best practice.

The overall strategic objective of the Human Resources Management is to have a satisfied workforce that delivers on the mandate of Council.

### 1.2 PERFORMANCE OVERVIEW

In order to keep up with best practice on the management of human resources, at every opportunity Council focuses on keeping up with market trends on how its workforce can ensure that Council optimally meets its strategic objectives.

Council finalised Phase Two implementation of the organisational design review. Some of the aspects of this work will continue into the new financial year. As part of the project, 21 new positions were profiled and graded.

Further, the organisation finalised the implementation of the three-year cycle of remuneration benchmarking for employees



falling within the bargaining unit. Specific agreements were also reached with the trade union in this regard. Council is pleased in having reached a smooth conclusion to the process that has been outstanding for some time.

During the year under review, 73% of the vacancies that existed at the beginning of the period were filled.

One of the areas of achievement is the training of staff in relevant disciplines related to their areas of responsibility. This area saw a large percentage of staff undergoing training to contribute to improved conceptual capacity and building Council's capacity to deliver on its mandate.

97% of staff attended various training interventions related to their areas of responsibility, an increase of four percent (4%) from the previous financial year. The organisation continues to have an uptake for further career development. During the year under review, 23 employees benefited from further education and training bursaries that Council offers. The uptake is consistent with the trends in previous years.

### 1.3 STAFF COMPLEMENT

The total staff complement as at 31 March 2016 was **237**.





### 1.3.1 Employment Equity profile

The table below, reflects the distribution of the staff profile by Race, Gender and Job Level as at 31 March 2016:

Occupational Levels	Male				Female				Foreign Nationals		Total
	A	C	I	W	A	C	I	W	Male	Female	
Top management	3	0	0	0	1	0	0	0	0	0	4
Senior management	4	0	0	0	2	0	0	1	0	0	7
Professionally qualified and experienced specialists and mid-management	10	0	1	1	5	1	1	3	0	0	22
Skilled technical and academically qualified workers, junior management, supervisors, foremen, and superintendents	23	1	0	0	37	2	3	4	0	0	70
Semi-skilled and discretionary decision making	28	4	1	0	74	11	3	8	0	0	129
Unskilled and defined decision making	2	0	0	0	3	0	0	0	0	0	5
<b>TOTAL PERMANENT</b>	<b>70</b>	<b>5</b>	<b>2</b>	<b>1</b>	<b>122</b>	<b>14</b>	<b>7</b>	<b>16</b>	<b>0</b>	<b>0</b>	<b>237</b>
Temporary employees	2	0	0	0	0	0	0	0	0	0	2
<b>GRAND TOTAL</b>	<b>72</b>	<b>5</b>	<b>2</b>	<b>1</b>	<b>122</b>	<b>14</b>	<b>7</b>	<b>16</b>	<b>0</b>	<b>0</b>	<b>239</b>

The HPCSA strives to align itself with the country's demographics and to attract persons with disabilities.

### 1.3.2 Staff Movements

#### Filling of vacant positions from April 2015 to March 2016

Filled	In progress	Total
41	27	68

The increase in the number of vacancies is a result of new positions that were created as part of the implementation of the Organisational Design and Review process.

Appointments made in the year under review and their distribution according to source and demographic profile is depicted below:

External appointments	Internal promotions	Total
38	3	41



The distribution of appointments and the racial profile is depicted below:

**Distribution of appointments in terms of Race:**

African	Indian	Coloured	White	TOTAL
39	1	0	1	41

**Distribution of appointments according to Gender:**

Male	Female	Total
17	24	41

**1.3.3 Staff Turnover**

A total of 19 (i.e. 9.3%) of employees exited the organisation during the reporting period. In addition, two staff members took the early retirement option and two more went on normal retirement. One staff member sadly died in service. Compared to similar organisations, this turnover rate is regarded as acceptable.

**1.3.4 Promotions**

Month	Number of employees
Aug-15	1
Sep-15	1
Feb-16	1
Total	3

**1.4 TRAINING AND DEVELOPMENT**

The HPCSA invests in the training and development of its employees and contribution towards skills development.

97% of the staff that received training was at an investment in training of 100% of budget for the year under review. This is regarded as an exceptional investment in the development of staff. For the period under review, Council hosted 22 interns and placed them across the various departments in the organisation. The internship programme assisted newly qualified students to gain valuable work experience. Four of the interns were placed in the Information department. Bytes Technologies has continued to support the internships. The other interns were funded through the Itukise programme.

In compliance with the Skills Development Act 97 of 1998, the Workplace Skills Plan and the Implementation Report were submitted before the due date as required by the Sector Education and Training Authority (SETA).





## 1.5 LABOUR RELATIONS

A summary of Labour Relations matters is provided below for the period under review.

### 1.5.1 Misconducts

Counselling	Verbal warnings	Written warnings	Final written warnings	dismissals	CCMA
04	0	0	0	0	03

### 1.5.2 Grievances

Two formal grievances were lodged during the reporting period. These grievances were, however, amicably resolved.

### 1.5.3 Bargaining Forum

The HPCSA has a Bargaining Forum, established in terms of the Recognition Agreement, with the Trade Union, the National Education, Health and Allied Workers Union (NEHAWU). The Forum deals with matters of mutual interest and conducts annual salary negotiations. For the period under review, the Forum was able to resolve on salary negotiations, within the prescribed period and adjustments were implemented in line with the policy of Council. The Forum held 17 meetings in the period under review.

## 1.6 EMPLOYEE WELLNESS

To provide additional support in the workplace, an external service provider was appointed to provide 24-hour professional employee assistance service, on a confidential basis. Two Wellness Days were held during this period in partnership with Discovery Health. As a manifestation of Council's commitment

to employee wellness, a Wellness Coordinator was appointed during the period under review.

## 1.7 ADMINISTRATIVE MATTERS

### 1.7.1 Leave and Personnel Records Management

Council implemented an online self-service system for managing employee leave during their period in question. This has significantly improved leave management in the Organisation and should lead to better leave audit results. The system is constantly being enhanced to provide value to the organisation.

### 1.7.2 Pension and Provident Fund

The Trustees had previously resolved to move the Pension and Provident Funds to an Umbrella Fund. Approval was received to migrate the Provident Fund during the period under review. The statutory valuations were completed and submitted for approval. The migration of the Pension Fund to the Umbrella Funds will be concluded upon receipt of approval by the Financial Services Board. The trustees also appointed new Investment Managers in the period under review.





## 2. INFORMATION TECHNOLOGY

### 2.1 STRATEGIC OBJECTIVE

The Department: Information Technology (IT) supports and enables the operations of Council to achieve its strategic objectives. The Department put together an IT strategy, which is fully aligned with HPCSA strategic goals.

#### 2.1.1 Achievements

##### Infrastructure Technology Refresh

The Department IT embarked on a project of rolling out a Datacentre Technology Refresh, which included the following:

- Virtualisation of all physical servers on VMware;
- Upgrade of the Storage Area Network (SAN) on Hitachi Virtual Storage Platform (VSP) G400 SAN Storage Array platform; and
- Upgrade of datacentre core switches from 1GbE to 10GbE Ethernet speed.

The Refresh project enabled the HPCSA to leverage on opportunities brought by new technologies in the virtualised environment. Among other opportunities are:

- Saving energy and going green;
- Reduction in the datacentre footprint;
- Faster server provisioning;
- Increased uptime;
- Improved disaster recovery;
- Moving data to the cloud and making the environment ready for Cloud services resources, such as Software as a Service (SaaS), Platform as a Service (PaaS) and Infrastructure as a Service (IaaS).

The completion of the project will see Council reducing number of servers from twenty three (23) servers to six servers (6) with all twenty three services running on virtualised instances, thus reducing costs in the number of physical servers to be procured and electricity consumption.

##### Offsite registration

The Department made available a Virtual Office Solution to enable the Council to process the annual renewals as an additional offering to the offsite registration services. More speed points were made available to accommodate the anticipated high numbers of practitioners and to shorten the long queues.

The Virtual office made provision for:

Services	Description	No of officials
ERS system	Enabling Registration and finance officials to register practitioners away from the office	<b>7 officials per site</b>
Payment points	Offsite payment	<b>2 speed points per site</b>
Printing Services	Printing of Registration packs and other work related documents.	<b>7 officials per site</b>
File share services	Access to forms and reference document from the main office	<b>7 officials per site</b>
Email Services	To send and receive mails	<b>7 officials per site</b>
Internet Services	To access the internet	<b>6 officials per site</b>

##### Internet and Data Line

In the reporting period, the Internet Line was upgraded to high-speed connectivity for the purpose of exchanging large data files, better internet speed and improved system response. A 15 Mbps fibre line was installed to replace a 4 Mbps.

##### Website and Intranet

The website is in place to ensure easy access of information to the HPCSA clients. Content management is done by the Department: Public Relations and Service Delivery. The role of the Department: IT is to maintain the Web services infrastructure and architecture, enhancing the security and functionalities to keep it professional and ensuring the availability of the website 24/7.



In the period under review, the first phase of Share Point Intranet Development was completed and published on Microsoft Hyper V Virtual server. The Intranet solution is built to add value to Council by increasing employee participation and collaboration, making internal documents and information search more efficient and relevant.



### ERS Support

In the period under review, a tender to stabilise and upgrade Oracle was finalised and ready to be awarded. The scope of work includes the following:

- Upgrade All Oracle Applications from existing version to 12c Latest supported version;
- Ensure optimal utilization of Oracle Licenses;
- Suggest and implement oracle best practices for Backup, Recovery, Cloning and Customization and Change Management standards;
- Provide Oracle training to IT department, all affected users and transfer skills;
- Change revenue accounting from cash basis to accrual basis;
- Change VAT accounting from applied cash basis to accrual basis;
- Review and implement new features of Oracle EBS 12.2;
- Develop and enhance financial reports;
- Providing L2 and L3 support with regards to day to maintenance of ERS; and
- Rationalization of licenses post removal of unnecessary

customization.

### Statistical and Analytical data

The Department: Information Technology was responsible for the extraction and compilation of Datasets and Statistical Reports pertaining to various aspects of the Registration Profiles of Healthcare Professionals in South Africa to both Internal as well as Local and International External Stakeholders.

Practitioner contact information including postal addresses, email addresses and mobile telephone numbers for registered practitioners was provided for the distribution of the Council's communication platforms such as the e -Bulletin, Professional Board Communications and Newsletters, CPD Audit Communications, Regional Roadshow Invites, Annual Fee Collection Campaigns as well as Council Member Elections as per requests received from various internal departments.

### Network/Wireless and Security

Four (4) additional Wireless Access Points were installed at Metroden Building and three (3) at the Main Building. These enabled mobile users to be fully connected wherever they are within the buildings. The 2015/16 Offsite Registrations Project was carried out successfully with minimal network challenges.

For improved security, the Department: Information Technology installed a new server and Symantec Antivirus server manager and updated to version 12.1.6(12.1 RU6 MP4).

### Email services

The Department: Information Technology enabled and configured Outlook Web Access. This meant that emails could be accessed from any place where there is internet connectivity. In addition, email gateway to Symantec Messaging Gateway was upgraded to version 10.5.4-4. Symantec Messaging Gateway delivers inbound and outbound messaging security, real-time antispam and antivirus protection, advanced content filtering, and data loss prevention in a single platform. To improve availability, more IPs were added to ensure the highest available uptime for external email services.

### Information Technology Internship Programme

The Department offered one (1) learner a 12- month and five



(5) other learners 3- months training and work experience opportunities in different sections of the Department. This was to enable them enhance their professional skills and receive invaluable work experience in each of their chosen IT career paths.



### 2.1.2 Challenges

#### Networking Infrastructure

Switches deployed in the environment are outdated and beyond end of life. The cabling deployed is also not suitable for the current business. This is because businesses evolve and thus have requirements that require advanced cabling which can transmit various types of load.

#### No IT infrastructure to support Professional Boards

Currently, there is no technological platform to support Professional Boards. Consequently, engagements with Professional Boards are managed in traditional ways where manual documents have to be printed and posted either through courier or via post.

## FACILITIES MANAGEMENT AND SUPPORT SERVICES

### PERFORMANCE OVERVIEW

The Department: Facilities Management & Support Services continued to provide support to the Council by providing:

- Successful Facilities Management system by sustaining the assets and buildings;

- Maintaining of the internal and external mailing services; and
- Reproduction of all Council's documents.



Committees that were supported included:

- The Property Committee of Council which was re-constituted by Council to ensure that all matters relating to Council's fixed property portfolio will serve. Facilities Management and Support Services provided technical and administrative support to this Committee.
- The Tender Committee of Council from April 2015 till December 2015, when the function was handed over to the Finance department where it now resides.

In this period, the following service contracts expired, services were advertised and new contracts were signed.

- Catering services;
- Security services;
- Printing Solution (MFP and High volume);
- Cleaning Services; and
- Hand Delivery services



### PROJECTS



Various planned and ad hoc maintenance projects were concluded in the period under review, including the following:

- A 200KVa standby Generator was installed in the Metroden Park building, where there previously was none, which saw Council through all of the load shedding.
- Additional office space was created on the 6<sup>th</sup> Floor Metroden for an additional ten (10) staff members.
- Renovation plans and tender documents for the CEO's Office and the additional ablution facilities for the physical challenged people on the Ground Floor were concluded.
- The 2015/16 financial year also saw the establishment of the Inspectorate Offices in Cape Town, Durban and East London. Facilities Management assisted in securing offices for the Provincial Offices



## LEGAL SERVICES

*"The legal department is tasked with the investigation and prosecution of all complaints against health practitioners"*

### 1) STRATEGIC FOCUS

The Legal Department as a functionary of the Registrar is charged with the primary responsibilities of receiving, investigating, and in appropriate instances prosecuting cases of unprofessional conduct. The Legal Department also provides legal support to the Council, Boards and Administration. In terms of section 3 of the Health Professions Act, 1974 one of the objects and functions of the Health Professions Council of South Africa ("HPCSA") is to ensure the investigation of

complaints concerning persons registered in terms of this Act and to ensure that appropriate disciplinary action is taken against such persons in order to protect the interest of the public and 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.

### 2) A COMPARATIVE PERFORMANCE OVERVIEW

During the reporting Period, the Legal Department received 3 591 new complaints of which 647 were referred to the Ombudsman, 498 were police files and 2 446 were complaints to be investigated by the Department.

From 01 April 2015 to 31 March 2016, the Legal Department finalized a total of 288 matters at Professional Conduct Inquiry level, 1 013 at Preliminary Inquiry level, 2 398 at Road Accident Appeal Tribunal level and 787 matters were investigated and finalized at Inspectorate level.

There were no Preliminary Inquiry and Professional Conduct Inquiry meetings for the month of 01 July 2015 to September 2015 due to the expiry of the term of office of the previous professional boards.

Please refer below for full details:

NUMBER OF COMPLAINTS RECEIVED			
Description	2013/2014	2014/2015	2015/2016
	3 026	2 597	2 944





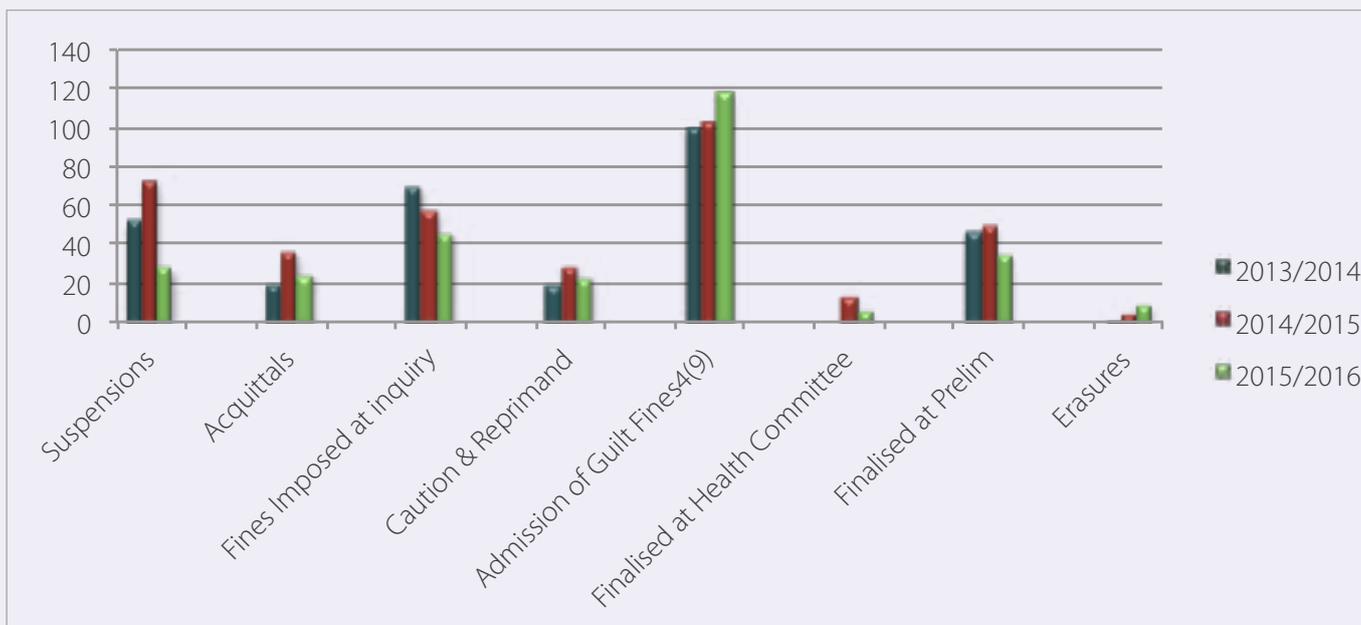
### MATTERS FINALISED BY COMMITTEES OF PRELIMINARY INQUIRY

Description	2013/2014	2014/2015	2015/2016
	1 115	1 206	1 013



### PROFESSIONAL CONDUCT INQUIRY 01 APRIL 2015 TO 31 MARCH 2016

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





## BREAKDOWN PER BOARD

<b>BREAKDOWN OF FINALIZED MATTERS PER PROFESSIONAL BOARD 01 APRIL 2015 – 31 MARCH 2016</b>				
	<b>BOARD</b>	<b>2012 / 2013</b>	<b>2013 / 2014</b>	<b>2014 / 2015</b>
1	Medical and Dental	184	236	199
2	Dental Therapy and Oral Hygiene	04	06	08
3	Dietetics	01	0	0
4	Medical Technology	0	01	0
5	Occupational Therapy, Medical Orthotics & Prosthetics	02	05	05
6	Optometry & Dispensing Opticians	22	16	17
7	Physiotherapy, Podiatry and Biokinetics	07	12	06
8	Psychology	20	21	22
9	Speech, Language and Hearing	01	03	10
10	Emergency Care Personnel	01	07	14
11	Radiography and Clinical Technology	06	02	07
12	Environmental Health	0	0	0
	<b>TOTALS</b>	<b>248</b>	<b>309</b>	<b>288</b>

## FINALISED MATTERS PER OFFENCE

<b>BREAKDOWN OF FINALIZED MATTERS PER OFFENCE 01 APRIL 2015 – 31 MARCH 2016</b>			
<b>TYPE OF OFFENCE</b>	<b>2013 / 2014</b>	<b>2014 / 2015</b>	<b>2015/2016</b>
Unethical Advertising	06	7	06
Incompetence	25	55	23
Over servicing		11	01
Breach of confidentiality	09	6	07
Damaging Professional Reputation of Colleague	04	1	01
Insufficient Care/Treatment & Mismanagement of Patients	36	21	28
Negligence	22	19	23
Unacceptable/Inappropriate Relationship with Patients	05	8	08
Refusing to treat patients	05	6	03
Misdiagnosis	09	8	02
Practicing Outside Scope of competence	11	17	13
Fraudulent Certificates/Incorrect Information on Death Certificates	08	16	10
Refusing to complete forms / producing inaccurate reports	04	5	04
Overcharging / charging for Services not Rendered	66	33	27
Issues relating to Consent	21	25	30
Fraud and theft	38	61	59



<b>BREAKDOWN OF FINALIZED MATTERS PER OFFENCE 01 APRIL 2015 – 31 MARCH 2016</b>			
<b>TYPE OF OFFENCE</b>	<b>2013 / 2014</b>	<b>2014 / 2015</b>	<b>2015/2016</b>
Bringing the Professions into disrepute	18	21	10
Employing unregistered practitioners	06	9	09
Unethical dispensing, using of unregistered medicine and prescribing of drugs	04	06	01
Contempt of Council	10	23	11
Supersession / Contravening the Hazardous Substances Act, 1973	01	02	06
Practicing without registration	01	04	06
<b>TOTAL</b>	<b>309</b>	<b>364</b>	<b>288</b>

### THE ROAD ACCIDENT FUND

A total of **2 648** complaints were received during the period under review. **85** meetings were held, **975** matters were dealt with and **2 398** cases were finalized.

<b>RAF TRIBUNAL 01 April 2015 – 31 March 2016</b>							
	<b>Matters received</b>	<b>No. of meetings</b>	<b>Serious</b>	<b>Non serious</b>	<b>Deferred</b>	<b>Withdrawn</b>	<b>Finalised</b>
<b>2013/2014</b>	<b>2470</b>	<b>19</b>	<b>239</b>	<b>164</b>	<b>68</b>	<b>08</b>	<b>411</b>
<b>2014/2015</b>	<b>2951</b>	<b>47</b>	<b>585</b>	<b>623</b>	<b>98</b>	<b>5</b>	<b>1208</b>
<b>2015/2016</b>	<b>2648</b>	<b>85</b>	<b>975</b>	<b>1371</b>	<b>260</b>	<b>42</b>	<b>2398</b>

### LAW ENFORCEMENT AND COMPLIANCE: THE INSPECTORATE OFFICE – February 2015

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

- 675 Compliance inspections. Conducted 367 that is 22% compliance rate achieved.
- 449 Backlog criminal cases reported of unregistered persons. Investigated and finalised 227 i.e 51% conviction rate. Complaints received before the establishment of the Inspectorate Office.
- 186 new files criminal cases reported of unregistered persons. Investigated and finalised 143 i.e 76% clearance rate.
- 53 matters referred for collection of outstanding fines, 50 outstanding fines were collected i.e 94% success rate.

<b>DESCRIPTION</b>	<b>MATTERS RECEIVED</b>	<b>FINALISED</b>	<b>CLEARANCE RATE</b>
Compliance inspection	675	367	54%
Unregistered persons (criminal cases)	635	370	58%
Matters referred for collection	53	50	94%



### 3. HIGH PROFILE CASES

#### ROBERT JAMES STRANSHAM-FORD

Adv Robert James Stransham-Ford (Applicant) was provisionally diagnosed with Adema Carcinoma. During March 2015, Applicant underwent an ultrasound biopsy and it was established that the cancer had metastasized in his lymph glands. Also during March 2015 he was admitted to the Victoria Hospital as an emergency, and in great pain. He has since had to have his lymph removed because the cancer had spread to his lower spine, kidneys and lymph nodes.

Applicant wanted to obtain a court order be granted requesting a medical practitioner who is registered with the HPCSA to end his life or to enable him to end his life by the administration or provision of some or other lethal agent and that the medical practitioner who administers or provides the legal agent not be held accountable and shall be free from any civil, criminal or disciplinary liability that may arise.

The order was granted on 30 April 2015 by Judge H J Fabricius – That the Applicant is a mentally competent adult, has freely and voluntarily, and without undue influence requested the Court to authorise that he be assisted in an act of suicide, The applicant is terminally ill and suffering intractably and has a severely curtailed life expectancy of some weeks only. That the Applicant is entitled to be assisted by a willing and qualified medical doctor either by administration of a lethal agent or by providing the Applicant with the necessary lethal agent to administer himself in ending his life and the medical doctor will not be considered to be acting unlawfully and will thus not be

subject to prosecution or disciplinary proceedings.

Unfortunately, Adv Strandsham-Ford passed away the morning of the court hearing and never heard the Pretoria High Court ruling in court that he was entitled to assisted suicide.

The Matter is pending in the Supreme Court of Appeal.

#### REGISTRATION OF DENTAL ASSISTANTS

South African Dental Association (SADA) instituted legal action with regard to the promulgated regulations relating to the qualifications for registration of Dental Assistants.

The regulations were promulgated by the Minister in 2005 and in 2013 SADA decided to challenge these regulations in court. The court ruled in favour of the Board, namely that the regulations relating to the qualifications for registration of Dental Assistants will remain in force.

Review application has been finalized in November 2015 and cost orders were granted by the courts in favour of the HPCSA. However, SADA has now appealed to the Supreme Court of Appeal. The date of the court hearing has not yet been confirmed.

#### DR W BASSON

On 22 April 2016, the North Gauteng High Court, in Pretoria handed down the judgment in the Review Application brought by Dr Basson against Prof Hugo and Prof Mhlanga, in their official capacities as Chairperson and member of the





disciplinary Committee, respectively. The Health Professions Council of South Africa was also cited in the proceedings as the disciplinary proceedings are conducted and regulated by the HPCSA.

In the Review Application Dr Basson was seeking an order that the decision of the Professional Conduct Committee (“the disciplinary committee”) refusing to recuse themselves from the disciplinary proceedings be reviewed and set aside and that Prof Hugo and Prof Mhlanga be ordered to recuse themselves from the disciplinary proceedings.

Judge Unterhalter AJ ordered that the Application is dismissed with costs and Dr Basson is directed to exhaust his remedy of appeal before an appeal committee in terms of the Health Professions Act 56 of 1974, should he wish to do so. The matter has since been taken on appeal.



#### 4. CHALLENGES

- The delay in the appointment of Inspectors and finalization of 3 (three) regional office space in Kwa-Zulu Natal, East London and Western Cape had a negative impact and made it difficult for the Inspectorate office to reach their target.
- The expiry of the term of office of the professional boards at the end of June 2015 and the inauguration of new professional boards at the end of September 2015 had a negative effect on the clearance of matters by Committees of Preliminary Inquiries and Professional Conduct Committees.

## FINANCIAL SERVICES AND PROCUREMENT

Council managed its finances efficiently and effectively during the year under review to ensure that it achieved its strategic objectives.

### STRATEGIC OBJECTIVES

The role of the Department: Financial Services is to ensure that Council maintains satisfactory accounting records, prepares for the audit of Annual Financial Statements, provides any other related information on an annual basis, as well as maintain a proper system of internal controls, which will provide reasonable assurance regarding the achievements of Council’s objectives.

### REVENUE

The operations of Council are funded by revenue from health practitioners. Revenue is primarily comprised of annual fees, examination fees, restoration fees, registration fees and penalty fees.

During the year under review, the revenue increased by 12% from R175,7 million to R191,5 million and investment revenue increased by 24.2% from R18,5 million to R20,7 million during the same period.

The annual fees increased by 10% from R142,7 million to R157,3 million mainly due to the increase in membership and membership fees. Registration fees increased from R16,9 million to R17,3 million. Fees from penalties imposed on practitioners decreased from R2,6 million to R2,3 million.

### EXPENSES

Operating expenses increased to R227,9 million from R196,9 million representing an increase of 14%. The main reasons for the increase are as follows:

- Council, Professional Boards and committee meetings expenditure increased by 11% from R41,9 million to R46,4 million due to an increase in the number of meetings and venue costs.



- Employment costs increased by 20% due to annual salary increment, benchmarking and additional employees appointed in terms of the new organisational structure.
- Information Technology costs increased from R2,8 million to R5,4 million due to increase in Oracle license costs and appointment of ERS Oracle specialist to stabilise Oracle environment.
- Legal costs decreased from R16,9 million to R12,6 million, a decrease of 26%.
- Costs incurred and recovered for Road Accident Fund (RAF) cases increased by 43% from R6,3 million to R11 million due to increase in RAF activities.
- Reversal of revenue due to suspension of membership as a result of non-payment by health practitioners increased from R5,1 million to R7,4 million.

### DEFICIT GENERATED

The net deficit generated by Council was R1,9 million for the year under review compared to a revised surplus of R9,2 million in the previous financial year. The realised net deficit of R1,9 million is lower than the revised budgeted deficit of R29,6 million. The favourable deviation of actual experience from the planned net surplus is largely due to a reduction of Council and board activities due to changes of Council and Board members during the year.

### INFORMATION TECHNOLOGY (IT) ACCOUNTING SYSTEM CHALLENGES

Council has maintained proper financial records during the 2015/16 financial year.

### REVENUE ACCRUAL

The financial records for revenue were maintained on a cash basis (i.e. revenue recognised when cash is paid) and not accrual basis as required by the International Financial Reporting Standards. With the assistance of an interim Enterprise Reporting System (ERS) Accounting service provider, Council was able to identify and record revenue accrual transactions. Council appointed a service provider in 2016/17 to upgrade the Oracle system and fix the identified accounting issues.

### BACKLOG IN RECEIPT ALLOCATIONS

Backlogs in cash receipt allocations were resolved as Council developed a system to auto-allocate receipts. Unidentified receipts due to incorrect reference numbers used by practitioners and others are still allocated manually.

### LATE CLOSING OF ACCOUNTING PERIODS

Late closures of periods continue to be a challenge and are caused by continued use of an old version of the accounting system, which caused system bugs. Council appointed a service provider in 2016/17 to upgrade the Oracle system and fix the identified system issues.

### APPOINTMENT OF AN INTERIM ERS ACCOUNTING SERVICE PROVIDER

Council appointed an Interim ERS Accounting service provider, who assisted Council with:

- Report to accrue for revenue on an accrual basis;
- Fixed Accounting system bugs; and
- Corrected debtors ages analysis.

### APPOINTMENT OF AN ERS SERVICE PROVIDER

Council appointed an ERS Accounting service provider to stabilise the accounting system by:

- Upgrading accounting system to latest version; and
- Provide technical ERS services to Council for 12 month period to resolve any unidentified issues;
- Resolve accounting issues including accrual for revenue and VAT.

### SUPPLY CHAIN MANAGEMENT

The total SCM spend for the year under review was R75 million, of which Diners Club International amounted to R26 million (34%) This spend was on traveling costs which includes accommodation and air fares for Council and Professional Board activities.

The ideal situation is to have 80% of spent on contract and below is the new contracts entered into during the year under review:



Service Provider	Type	From	Till	Contract amount
Caterx Catering	Catering	01-Jul-15	30-Jun-17	Per order
Zilwa	Cleaning	Oct-15	30-Sep-17	R 1 324 799
Imvula	Security	01-Oct-15	30-Sep-17	R 1 627 705
Africa international Advisor	Strategic Planning	Feb-16	Jun-16	R 1 609 425
A & J Mahlangu Logistics	Courier Services	01-Jan-16	31-Dec-18	R2 068 825
SAFIKA	Printing Services	01-Aug-15	30-Sep-18	Periodical Contract

## Contract Management

Contract Management is the ideal method, which can be utilised to contain cost as the prices under contract are fixed during the duration of the contract period.

### Contract management “moves the needle”

Moving the needle means that the budget decision will have a meaningful effect on the financial performance of the organisation. A meaningful effect would be to decrease air travel and hotel accommodation expenditure.

The emphasis for the new financial year, 2016/17 would be to introduce contract management and ensure 80 percent of spent is on contract. Diners Club International spend needs to be unbundled to give the HPCSA an opportunity to enter into contract with hotelier’s groups and leverage on volumes to reduce costs.

The following contracts will be reviewed:

- Lithotech Sales Pretoria - Printing Services since 2006 – e.g. Annual fee notices;
- R & H Projects (Pty) Ltd - Air-conditioning Services since June 2009;
- Neotel (PTY) Ltd - Internet data line services since 2013;
- Interactive Intelligence - Telephone software since 2005; and
- Metrofile - Storage and backup services since June 2006.



## PUBLIC RELATIONS AND SERVICE DELIVERY

Corporate communications and stakeholder engagements play an important role in how stakeholders and the general public perceive the HPCSA. The Department: Public Relations and Service Delivery is responsible for the provision of all public relations, media liaison, stakeholder relations, reputation management, branding and marketing, events management, call centre, information resource centre and service delivery. The objective is to ensure that service delivery excellence, pro-active reputation management and ongoing stakeholder engagement initiatives support Council's strategic objectives.

### MEDIA LIAISON AND PUBLICITY



Council values media liaison as an important tool in conveying its initiatives to its stakeholders, clients and the public at large in order to uphold its mandate of protecting the public and guiding the professions.

To ensure that key HPCSA's messages, as well as achievements for projects within the Council, are effectively communicated, interaction with the media through media statements, interviews, official comments, as well as media briefings were some of the interventions that were utilised. To heighten awareness of the HPCSA and enhance communication with key stakeholders, Council will in the next financial year (2016/17) embark on a radio awareness campaign throughout South Africa. The aim of the radio awareness campaign will be to educate and increase public knowledge on the mandate, roles and responsibilities of the HPCSA.

## STAKEHOLDER ENGAGEMENT

Stakeholder engagement is central to the work of Council, as it is driven by a desire for ethical leadership and responsible practices and the conviction to ensure that Council adheres to its mandate of guiding the professions and protecting the public. Stakeholder engagement, therefore, is an ongoing commitment to share knowledge and good practice with healthcare practitioners, medical students, the public, government departments, academic institutions and various associations. Stakeholder engagement is thus a vital mechanism to ensure interaction with various parties.



In the 2016/17 financial year, the HPCSA will be developing a stakeholder engagement policy to guide the HPCSA's internal and external stakeholders and ensure that relevant information is conveyed especially when major decisions have to be implemented.

The Professional Boards continue to communicate through electronic and printed newsletters. The Department assisted in developing five (5) Professional Boards' Newsletters.



Practitioners are continuously encouraged to update their email addresses and contacts with Council so as to facilitate electronic communication via email and special short message services (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 Department: Public Relations and Service Delivery published three internal newsletters – PULSE, in the year under review.



The Bulletin Magazine is an annual magazine that is distributed to all HPCSA stakeholders. The Magazine 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 conducts practitioner roadshows as a means of engaging with practitioners through direct dialogue on pertinent issues that affect them at their respective work environments. The issues range from clarifying the role of the HPCSA, improving the HPCSA's service and accessibility, education on the Health Committee, legal processes and how to avoid litigation, ethical guidelines and rules, the latest

rulings and continuing professional development (CPD). The roadshows are in line with upholding the HPCSA mandate of guiding the professions. One practitioner roadshow was held during the year under review in September 2015, and was attended by 750 practitioners.



The HPCSA also hosted a public roadshow to educate the public on the following issues:

- Healthcare matters;
- Apprising patients on scope of practice; and
- Apprising the public on the do's and don'ts when consulting a practitioner.

The first ever public roadshow was held in Soshanguve in September 2015. Attended by 470 members of the public, the Soshanguve roadshow was characterised by robust interaction between Council and the said community. The public requested that in future, the Department of Health and the South African Nursing Council (SANC) should also form part of the roadshow in order to address some of the issues raised as encountered at hospitals and clinics.





Over and above the roadshows, Council conducted a number of symposia around the country. The symposia are an engagement platform initiated as a mechanism to interact and engage its stakeholders and receive feedback on pertinent issues that affect them. This kind of direct dialogue is important and necessary for Council, as it allows Council to take a direct pulse of its performance and how well Council is doing in as far as its execution of its mandate is concerned. The symposia also afford practitioners an opportunity to keep abreast with new developments within their respective professions, at the same time allowing them to ensure that their knowledge stays relevant and up to date. Practitioners obtain Continuing Educational Units (CEU's) at the symposia. In the year under review, six (6) symposia were hosted and were in total attended by more than 2600 practitioners.



## BRANDING

The Department: Public Relations and Service Delivery continuously upholds the image of the HPCSA through communicating and educating both practitioners and the public on the HPCSA mandate, services and procedures through various platforms. The Department is working to ensure that the image and reputation of the HPCSA is restored.

## REPUTATION MANAGEMENT

Media monitoring is a vital tool to keep track of news that relate to the HPCSA, stakeholders and the health environment in general.

Media monitoring enables the organisation to determine the Advertising Value Equivalent (AVE) and monitor the organisation, brand and executives in the news. It furthermore

monitors corporate reputation and tracks the effectiveness of media releases. AVE is a value that is used in the public relations industry to 'measure' the benefit to a client from media coverage of a public relations campaign.

In the year under review, the total AVE for the HPCSA was **R125 927 595.00**

## CALL CENTRE

One of the most critical service challenges businesses face today is driving cost-efficiency in call centers while maintaining the quality of customer interactions. Currently, the type of call centre utilised at the HPCSA is a conceptual Call Centre structure, which is the most complex within the call centre environment. The Call Centre is responsible for maintaining a positive image to the public and practitioners by providing an effective interface and professional first line telephonic assistance and problem solving ability. The primary purpose is to ensure a high standard of service delivery to external clients through effective management, tracking and resolution of front office queries escalated throughout Council.



## FOCUS ON CUSTOMER SERVICE

During the period under review, in order for Council to ensure a high standard of service delivery, a number of key projects were undertaken, as follows:

- The research conducted indicated that over 155 796 incoming calls were received and 87% of those were answered, while 45 776 Info e-mails and 88% were handled for the 2015/16 reporting period and were resolved within a turn-around time of 48 hours.
- In July 2015, the Call Centre embarked on a project of verifying and updating practitioners' addresses. By



the end of the reporting period, the Call Centre had accurately captured and updated 31 440 practitioners' details.

- During the same period, the Call Centre received and printed 23 557 practicing card requests from practitioners who had never received their cards.
- The project of phoning 15 850 practitioners is expected to be suspended due to failure on their part to pay annual fees.



The Call Centre successfully completed all above assigned tasks on time with a client satisfaction rate of 80%. For this constant excellent service delivery to customers, the Call Centre received a recognition award from the Office of the Registrar/CEO. The ability of the Call Centre to initiate meaningful projects to enhance the overall credibility, functioning and service delivery of the HPCSA has been another epitome of the work of the Call Centre for the year under review.

In the period under review, the Call Centre embarked on a project to develop an Interactive Voice Response (IVR) system to improve the voice recordings and flow of calls to ensure better quality of service to the practitioners and the public. This was because previously clients had to stay on the line regardless of the type of enquiry they had, leading to long queues and extremely long holding time for the caller. This resulted in callers dropping the calls and increasing the number of abandoned calls. In the next financial year, the IVR will be further upgraded to include a self-service option during office hours and outside of our normal office hours.

The Call Centre will also be introducing a call back facility whereby callers who have been waiting for long on the queue, will be given an option to leave a message and their contact details and they can be called back later. This project will enhance service delivery to our Healthcare Professionals, as well as to the public.

## SERVICE DELIVERY

In an endeavor to improve Council's customer centricity and service delivery throughout the HPCSA, Council undertook its first ever Customer Satisfaction Survey, to establish a baseline in terms of the services rendered to our stakeholders. The results indicated both areas where Council excelled and areas which needed improvements. The recommendations thereof were used in the Council environmental analysis and served as a basis for Council's turnaround strategy.

The service delivery email address, [servicedelivery@hpcsa.co.za](mailto:servicedelivery@hpcsa.co.za), is HPCSA's dedicated complaints email. During the year under review, a total of 3 934 emails were received. All emails were attended to and 80% of the complaints were resolved within 48 hours. Practitioners are encouraged to use this complaints line to provide positive or negative feedback on the service they have received from the HPCSA staff.

## RESOURCE CENTRE

The Resource Centre is one key function that is housed within the Department: Public Relations and Service Delivery and available and accessible to all HPCSA staff. Currently, the Resource Centre comprises mostly of print material. However, in the next financial year, the Resource Centre is envisaged to be the hub of Council, where the bulk of information will be in electronic format. The main purpose of the Resource Centre is for the staff to utilise it for research purposes in order to perform their duties. Material is purchased based on staff requirements.







# COUNCIL'S ANNUAL FINANCIAL STATEMENTS

05



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**Detailed Income Statement**



## GENERAL INFORMATION

**Country of incorporation and domicile**

South Africa

**Nature of business and principal activities**

Health Professions Regulator

**Council members**

Dr TKS Letlape  
 Mr. AL Malotana  
 Mr. S Ramasala  
 Prof K Mfenyana  
 Ms. MM Isaacs  
 Prof N Gwele  
 Prof GJ van Zyl  
 Ms. X Bacela  
 Dr S Balton  
 Dr T Carter  
 Ms. ND Dantile  
 Ms. R Gontsana  
 Prof SM Hanekom  
 Mr. M Kobe  
 Mr. MAW Louw  
 Adv T Mafafo  
 Prof NJ Mekwa  
 Dr RL Morar  
 Mrs. D Muhlbauer  
 Dr TA Muslim  
 Ms. JM Nare  
 Prof YI Osman  
 Prof BJ Pillay  
 Ms. DJ Sebidi  
 Mr. S Sobuwa  
 Mr. A Speelman  
 Mr. KO Tsekeli  
 Ms. MS van Niekerk



## GENERAL INFORMATION

<b>Registered office</b>	553 Madiba Street Cnr Hamilton and Madiba Street Arcadia 0083
<b>Postal address</b>	PO Box 205 Pretoria 0001
<b>Bankers</b>	ABSA Bank Limited
<b>Auditors</b>	Morar Incorporated Chartered Accountants (SA) Registered Auditors
<b>Secretary</b>	Ms Sadicka Butt
<b>Level of assurance</b>	These annual financial statements have been audited in compliance with the applicable requirements of the Health Professions Act no 56 of 1974.
<b>Preparer</b>	The annual financial statements were internally compiled by: Ms Melissa de Graaff, Chief Financial Officer
<b>Issued</b>	15 September 2016



## AUDIT AND RISK COMMITTEE REPORT

### 1. MEMBERS OF THE AUDIT AND RISK COMMITTEE

The members of the Audit and Risk committee of the Health Professions Council of South Africa comprise of the following independent and non-executive members:

NAME	OFFICE	DESIGNATION
Ms. B Shongwe	Chairperson	Independent
Adv S Gugwini-Peter	Member	Independent
Mr. S Ngwenya	Member	Independent
Prof G van Zyl	Member	Non-executive
Mr. D Serenyane	Member	Non-executive
Dr LM Moja	Member	Non-executive
Dr RL Morar	Member	Non-executive
Prof R Gumbi	Member	Non-executive - Passed away December 2015

The committee is satisfied that the members thereof have the required knowledge and experience as set out in King III, principle 3.2 paragraph 5 to 10.

Report of the Audit and Risk Committee is in terms of 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 Members, and has performed its responsibilities as set out in the terms of reference. In executing its duties during the reporting period, the Committee has done the following:

#### AUDIT

- Monitored the effectiveness of the scope, plans, budget, coverage, independence, skills, staffing, overall performance and position of the internal audit and compliance functions within the organisation.
- Recommended to Council the appointment of the external auditors.
- Monitored the effectiveness of the external auditors - including their skills, independence, audit plan, budget, reporting, and overall performance - and approved external audit fees.

- Reviewed audit findings and management's action plans.
- Reviewed whether the work performed by internal audit and by external audit is appropriate and ensured that no significant gaps in audit assurance exist between internal and external audit.
- 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 audit had direct access to the Audit and Risk Committee and the Chairperson of the Audit and Risk Committee.

#### FINANCIAL

- Reviewed the financial statements and reporting for proper and complete disclosure of timely, reliable and consistent information.
- Evaluated the appropriateness, adequacy and efficiency of the accounting policies and procedures, 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 assessments, 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.

## GOVERNANCE

- Provided a channel of communication between Council and management and the internal and external auditors.
- Received regular reporting from each of the above functions and monitored that issues and concerns raised were resolved by management in a timely manner.

## FOR THE YEAR ENDED 31 MARCH 2016

The Committee's assessment is that the overall control environment of Council needs improvements. The Committee

is satisfied that since the previous year of reporting significant progress has been made in improving the internal control environment to prevent, detect and report areas of non-compliance.

Accordingly, the full disclosure requirements of the Health Professions Act 56 of 1974 as amended have been met during the financial year under review. This is supported by the findings from the internal auditors as well as the external auditors. The effectiveness of the aforementioned measures continues to be in a constant state of improvement. The Committee has resolved to ensure that the comprehensive implementation of and adherence to the internal control environment reforms be expedited.

The Committee is satisfied that the annual financial statements are based on appropriate accounting policies, and supported by reasonable and prudent judgements and estimates. The Committee evaluated Council's annual financial statements for the year ended 31 March 2016 and based on the information provided therein, believes that the financial statements comply, in all material respects, 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 committee performs the duties laid upon it by King III, principle 3.5 by holding meetings with the key role players on a regular basis and by the unrestricted access granted to the external auditors.

The committee held 4 scheduled meetings during 2016.

Ms. B Shongwe	Chairperson	P	P	C/M	P	3 of 3
Adv S Gugwini-Peter	Member	P	P	C/M	P	3 of 3
Mr. S Ngwenya	Member	P	P	C/M	A/P	2 of 3
Prof G van Zyl	Member	P	A/P	C/M	P	2 of 3
Mr. D Serenyane *	Member	A/P	A/P	C/M	N/M	0 of 3
Dr LM Moja *	Member	P	P	C/M	N/M	2 of 3
Dr RL Morar**	Member	N/A	N/A	C/M	P	1 of 3
Prof R Gumbi ** & ***	Member	A/P	A/P	C/M	N/M	0 of 3

\* = Term expired 30 September 2015

\*\* = Members appointed 01 October 2015

\*\*\* = Member passed away in December 2015

P = Present

A/P = absent with apology

N/A = Not appointed

C/M = Council term expired, no meeting

N/M = No longer a member



### 3. DISCHARGE OF RESPONSIBILITIES

The Committee agrees that the adoption of the going-concern premise 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 2016.

The audit committee in consultation with executive management, agreed to the terms of the 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.

### 4. ANNUAL FINANCIAL STATEMENTS

Following the review of the annual financial statements the Audit and Risk Committee recommend Council approval thereof.

On behalf of the Audit and Risk Committee:

**Ms. B Shongwe**  
**Chairperson Audit and Risk Committee**  
**Pretoria**  
**29 September 2016**



## 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 annual financial statements and related financial information included in this report. It is her 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 annual financial statements.

The 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 place considerable importance on maintaining a strong control environment. To enable the Registrar to meet these responsibilities, the sets standards for internal control aimed at reducing the risk of error or loss in a cost effective manner.

The standards include the proper delegation of responsibilities within a clearly defined framework, effective accounting procedures and adequate segregation of duties to ensure an acceptable level of risk. These controls are monitored throughout the Council and all employees are required to maintain the highest ethical standards in ensuring the Council's business is conducted in a manner that in all reasonable circumstances is above reproach. The focus of risk management in the Council is on identifying, assessing, managing and monitoring all known forms of risk across the Council. While operating risk cannot be fully eliminated, the Council endeavors to minimise it by ensuring that appropriate infrastructure, controls, systems and ethical behavior 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 to 31 March 2017 and, in the light of this review and the current financial position, he is satisfied that the Council has or has access to adequate resources to continue in operational existence for the foreseeable future.

The annual financial statements set out on pages 151 to 179 have been prepared on the going concern basis.

**Dr TKS Letlape**  
**President of Council**



## INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL MEMBERS OF THE HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Reg. No: 2000/008551/21

IRBA Reg. No: 901449

Eco Fusion 6, Block C, Unit 25,  
324 Witch Hazel Street,  
Highveld, Centurion, 0157

Tel: +27 12 661 3140  
Fax: +27 12 661 5046

P O Box 68268  
Highveld Park  
0169

e-mail: [info@morar.co.za](mailto:info@morar.co.za)  
website: [www.morar.co.za](http://www.morar.co.za)

### INTRODUCTION

We have audited the annual financial statements of the Health Professions Council of South Africa, as set out on pages 151 to 179, which comprise the statement of financial position as at 31 March 2016 and the statement of profit or loss and other comprehensive income, statement of changes in surplus and statement of cash flows for the year then ended and the notes, comprising a summary of significant accounting policies and other explanatory information.

### COUNCILORS' RESPONSIBILITY FOR THE ANNUAL FINANCIAL STATEMENTS

The Councilors are responsible for the preparation and fair presentation of these annual financial statements in accordance with the International Financial Reporting Standards and requirements of the Health Professions Act No: 56 of 1974, and for such internal controls as the Councilors determine are necessary to enable the preparation of the annual financial statements that are free from material misstatements, whether due to fraud or error.

### AUDITOR'S RESPONSIBILITY

Our responsibility is to express an opinion on these annual financial statements based on our audit. We conducted our audit in accordance with the International Standards on Auditing. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance whether the annual financial statements are free from material misstatement.

An audit involves performing procedures to obtain evidence about the amounts and disclosures in the annual financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the annual financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Council's preparation and fair presentation of the annual financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Council's internal control. An audit also includes evaluating the appropriateness of

#### Offices In:

Centurion  
Pietermaritzburg  
Kimberley  
Cape Town  
East London  
Durban  
Bloemfontein  
Polokwane  
Rustenburg

#### Directors:

R. Morar CA (S.A.), CFE  
C. Machiri CA (S.A.)  
S. Mahadea CA (S.A.)  
S. Rabichand CA (S.A.)  
K. Naidoo CA (S.A.)  
V. Samarjith CA (S.A.)  
J. Christian CA (S.A.)  
J. Reddy CA (S.A.)  
T. Mudamburi CA (S.A.)  
B. Louwrens CA (S.A.)  
R. Naidoo CA (S.A.)  
L. Van der Walt CA (S.A.)  
N. Cupido CA (S.A.)  
E. Potgieter CA (S.A.)  
A. Singh CA (S.A.)  
B. Temba CA (S.A.)  
M. Naicker CA (S.A.)  
A. Bikram CA (S.A.)





accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the annual financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **OPINION**

In our opinion, the annual financial statements present fairly, in all material respects, the financial position of the Health Professions Council of South Africa as at 31 March 2016, and its financial performance and its cash flows for the year then ended in accordance with the International Financial Reporting Standards and the requirements of the Health Professions Act No: 56 of 1974.

### **OTHER REPORTS REQUIRED**

As part of our audit of the annual financial statements for the year ended 31 March 2016, we have read the Councillors' report for the purpose of identifying whether there are material inconsistencies between that report and the audited annual financial statements. The reports are the responsibility of the preparers. Based on reading these reports we have not identified material inconsistencies between these and the audited annual financial statements. However, we have not audited the reports and accordingly do not express an opinion thereon.

Morar Incorporated  
Chartered Accountants (SA)  
Registered auditors

Pretoria  
30 September 2016

Per: V Samarjith  
Director



## COUNCILORS' REPORT

The Council Members have pleasure in submitting their report on the annual financial statements of Health Professions Council of South Africa for the year ended 31 March 2016.

### 1. MAIN BUSINESS AND OPERATIONS

The Health Professions Council of South Africa is a non-profit-making statutory body governed by the Health Professions Act No 56 of 1974. The objectives of the Council (as contained in the Act) may be summarised as follows:

- a) To promote the health of the population;
- b) Determine standards of professional education and training; and
- c) Set and maintain excellent standards of ethical and professional practice.

The operating results and state of affairs of Council are fully set out in the attached annual financial statement. There have been no material changes to the nature of the Council's business from the prior year.

### 2. REVIEW OF FINANCIAL RESULTS AND ACTIVITIES

The 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 compared to the prior year.

### 3. COUNCILORS'

The Council Members in office during the financial year are as follows:

COUNCIL MEMBERS	OFFICE	DESIGNATION	CHANGES
Dr TKS Letlape	President	Non-executive	Appointed 01/10/2015
Mr. AL Malotana	Vice President	Non-executive	Re-appointed 01/10/2015
Prof MS Mokgokong	Former President	Non-executive	Term ended 30/09/2015
Prof T Sodi	Former Vice President	Non-executive	Term ended 30/09/2015
Mr. DN Serenyane		Non-executive	Term ended 30/09/2015
Rev G Moerane		Non-executive	Term ended 30/09/2015
Mr. J Chaka		Non-executive	Term ended 30/09/2015
Mr. S Ramasala		Non-executive	Re-appointed 01/10/2015
Prof K Mfenyana		Non-executive	Re-appointed 01/10/2015
Ms. MM Isaacs		Non-executive	Re-appointed 01/10/2015
Mr. S Sobuwa		Non-executive	Appointed 01/10/2015
Ms. R Bridgemohan		Non-executive	Term ended 30/09/2015
Ms. RM Kekana		Non-executive	Term ended 30/09/2015



COUNCIL MEMBERS	OFFICE	DESIGNATION	CHANGES
Prof TA Ramukumba		Non-executive	Term ended 30/09/2015
Prof UME Chikte		Non-executive	Term ended 30/09/2015
Ms. VR Moodley		Non-executive	Term ended 30/09/2015
Ms. V Amrit		Non-executive	Term ended 30/09/2015
Dr AT Lekalakala		Non-executive	Term ended 30/09/2015
Dr D Parker		Non-executive	Term ended 30/09/2015
Prof E Wentzel-Viljoen		Non-executive	Term ended 30/09/2015
Mr. RL Mjethu		Non-executive	Term ended 30/09/2015
Dr C Vincent-Lambert		Non-executive	Term ended 30/09/2015
Mr. R Naidoo		Non-executive	Term ended 30/09/2015
Mr. MD Mhlanga		Non-executive	Term ended 30/09/2015
Dr LM Moja		Non-executive	Term ended 30/09/2015
Prof S Singh		Non-executive	Term ended 30/09/2015
Prof NP Taukobong		Non-executive	Term ended 30/09/2015
Prof G van Zyl		Non-executive	Re-appointed 01/10/2015
Mr. KP Legodu		Non-executive	Term ended 30/09/2015
Mr. MW Mkhombo		Non-executive	Term ended 30/09/2015
Ms. L Dikweni		Non-executive	Term ended 30/09/2015
Ms. X Bacela		Non-executive	Appointed 01/10/2015
Dr S Balton		Non-executive	Appointed 01/10/2015
Dr T Carter		Non-executive	Appointed 01/10/2015
Ms. ND Dantile		Non-executive	Appointed 01/10/2015
Ms. RM Gontsana		Non-executive	Appointed 01/10/2015
Prof N Gwele		Non-executive	Re-appointed 01/10/2015
Prof SM Hanekom		Non-executive	Appointed 01/10/2015
Mr. M Kobe		Non-executive	Appointed 01/10/2015
Mr. MAW Louw		Non-executive	Appointed 01/10/2015
Adv T Mafafo		Non-executive	Appointed 01/10/2015
Prof NJ Mekwa		Non-executive	Appointed 01/10/2015
Dr RL Morar		Non-executive	Appointed 01/10/2015
Mrs. D Muhlbauer		Non-executive	Appointed 01/10/2015
Dr TA Muslim		Non-executive	Appointed 01/10/2015
Ms. JM Nare		Non-executive	Appointed 01/10/2015
Prof YI Osman		Non-executive	Appointed 01/10/2015



COUNCIL MEMBERS	OFFICE	DESIGNATION	CHANGES
Prof BJ Pillay		Non-executive	Appointed 01/10/2015
Ms. DJ Sebidi		Non-executive	Appointed 01/10/2015
Mr. A Speelman		Non-executive	Appointed 01/10/2015
Mr. K O Tsekeli		Non-executive	Appointed 01/10/2015
Ms. MS van Niekerk		Non-executive	Appointed 01/10/2015
Ms. TS Mtshali		Non-executive	Appointed 01/10/2015

#### 4. EVENTS AFTER THE REPORTING PERIOD

The previous Registrar, Dr. B Mjamba-Matshoba and Council reached an amicable agreement and her last day of service was 30 April 2016.

#### 5. AUDITORS

Morar Incorporated Chartered Accountants (SA) was appointed as auditors for the Council for 2016.

#### 6. SECRETARY

The Council secretary is Ms. Sadicka Butt.



## MEETINGS OF COUNCIL AND COUNCIL COMMITTEES

During the year under review, the Health Professions Council of South Africa met four times.

In terms of Regulation 10 (1) (a) 2 of the Regulations relating to the establishment, objects, functions and powers of the Health Professions Council of South Africa, the Council may from time to time establish committees to assist in the execution of its responsibilities.

The table reflects committees utilized by the Council. During the year under review, a part from the members, the Registrar and Executive Management also attended the meetings of Council & its committees and participated actively.

Attendance by members at Council and Committee meetings for the period April 2015 to September 2016 were as follows:-

				COUNCIL	COUNCIL MANAGEMENT COMMITTEE	EXECUTIVE COMMITTEE	AUDIT AND RISK COMMITTEE	FINANCE AND INVESTMENT COMMITTEE	TENDER COMMITTEE	PROPERTY COMMITTEE
DELEGATION	TITLE	INITIALS	SURNAME	NO. OF MEETINGS HELD						
				4	1	0	2	2	2	0
President	Prof	M. S.	Mokgokong	4	1	0				
Vice President & Psychology Board	Prof	T.	Sodi	3	1	0			2	
PROFESSIONAL BOARDS	Dental Therapy & Oral Hygiene	Ms	V. Amrit	4						
	Dietetics & Nutrition	Prof	E. Wentzel-Viljoen	3						
	Emergency Care	Mr	C. Vincent-Lambert	1						
	Emergency Care	Mr	L. A. Malotana	3						
	Emergency Care	Mr	R. Naidoo	3		0		2		
	Environmental Health Practitioners	Mr	J. Chaka	2						
	Medical & Dental Professions Board	Prof	U. M. E. Chikte	3		0		2		
	Medical & Dental Professions Board	Prof	L. M. Moja	3		0	2			
	Medical Technology	Ms	R. Bridgemohan	2						
Occupational Therapy, Medical Orthotics, Prosthetics & Arts Therapy	Prof	T. A. Ramukumba	3							



					COUNCIL	COUNCIL MANAGEMENT COMMITTEE	EXECUTIVE COMMITTEE	AUDIT AND RISK COMMITTEE	FINANCE AND INVESTMENT COMMITTEE	TENDER COMMITTEE	PROPERTY COMMITTEE
DELEGATION		TITLE	INITIALS	SURNAME	NO. OF MEETINGS HELD						
					4	1	0	2	2	2	0
	Optometry & Dispensing Opticians	Ms	V. R.	Moodley	4						
	Physiotherapy, Podiatry & Biokinetics	Prof	N. P.	Taukobong	4						
	Radiography & Clinical Technology	Ms	R. M.	Kekana	4						
	Speech, Language & Hearing Professions	Prof	S.	Singh	3	1					
COMMUNITY REPRESENTATIVES		Ms	M. M.	Isaacs	2				2		
		Mr	K. P.	Legodu	4				2	2	
		Mr	M. D.	Mhlanga	4					2	
		Mr	R. L.	Mjethu	2						
		Mr	M. V.	Mkhombo	3						
		Rev	G.	Moerane	3						
		Ms	T. S.	Mtshali	3						
		Mr	D. N.	Serenyane	2		0	0			
		Ms	L. M.	Dikweni	2						
Higher Education South Africa		Prof	N.	Gwele	1					1	
Higher Education South Africa		Prof	K	Mfenyana	2	1					
Higher Education South Africa		Prof	G. J.	Van Zyl	2			1			
Person from the South African Military Health Service		Vacant									
Person in the employment of the Department of Education		Dr.	D.	Parker	2						
Person in the employment of the Department of Health		Dr	A.T.	Lekalakala	1		0				
Person Versed in Law		Mr	S.	Ramasala	4		0		2		



During the year under review, the Health Professions Council of South Africa met four times.

In terms of Regulation 10 (1) (a) 2 of the Regulations relating to the establishment, objects, functions and powers of the Health Professions Council of South Africa, the Council may from time to time establish committees to assist in the execution of its responsibilities.

The table reflects committees utilized by the Council. During the year under review, a part from the members, the Registrar and Executive Management also attended the meetings of Council & its committees and participated actively.

Attendance by members at Council and Committee meetings were as follows:-

				HUMAN RESOURCES AND REMUNERATION	PENSION AND PROVIDENT FUND	HUMAN RIGHTS, ETHICS AND PROFESSIONAL PRACTICE	BUSINESS PRACTICE	PROFESSIONAL CONDUCT REVIEW	CONTINUING PROFESSIONAL DEVELOPMENT	EDUCATION, TRAINING AND QUALITY ASSURANCE	
DELEGATION		TITLE	INITIALS	SURNAME	NO. OF MEETINGS HELD						
					3	2	2	2	1	1	1
President		Prof	M. S. M.	Mokgokong	3						
Vice President & Psychology Board		Prof	T.	Sodi							
PROFESSIONAL BOARDS	Dental Therapy & Oral Hygiene	Ms	V.	Amrit			2				
	Dietetics & Nutrition	Prof	E.	Wentzel-Viljoen							
	Emergency Care	Mr	C.V.	Lambert			1				
	Emergency Care	Mr	L. A.	Malotana					1		
	Emergency Care	Mr	R.	Naidoo							
	Environmental Health Practitioners	Mr	J.	Chaka					1		
	Medical & Dental Professions Board	Prof	U. M. E.	Chikte							1
	Medical & Dental Professions Board	Prof	L. M.	Moja	2						
	Medical Technology	Ms	R.	Bridgemohan				2			
Occupational Therapy, Medical Orthotics, Prosthetics & Arts Therapy	Prof	T. A.	Ramukumba							1	



					HUMAN RESOURCES AND REMUNERATION	PENSION AND PROVIDENT FUND	HUMAN RIGHTS, ETHICS AND PROFESSIONAL PRACTICE	BUSINESS PRACTICE	PROFESSIONAL CONDUCT REVIEW	CONTINUING PROFESSIONAL DEVELOPMENT	EDUCATION, TRAINING AND QUALITY ASSURANCE
DELEGATION		TITLE	INITIALS	SURNAME	NO. OF MEETINGS HELD						
					3	2	2	2	1	1	1
	Optometry & Dispensing Opticians	Ms	V. R.	Moodley				2	1		
	Physiotherapy, Podiatry & Biokinetics	Prof	N. P.	Taukobong		2					0
	Radiography & Clinical Technology	Ms	R. M.	Kekana			2				
	Speech, Language & Hearing Professions	Prof	S.	Singh						1	0
COMMUNITY REPRESENTATIVES		Ms	M. M.	Isaacs	1			2			
		Mr	K. P.	Legodu					1		
		Mr	M. D.	Mhlanga							
		Mr	R. L.	Mjethu			2				
		Mr	M. W.	Mkhombo		2					
		Rev	G.	Moerane			1				
		Ms	T. S.	Mtshali							
		Mr	D. N.	Serenyane							
		Dr	T. M.	Sibeko							
Higher Education South Africa		Prof	N.	Gwele							1
Higher Education South Africa		Prof	K	Mfenyana					1		
Higher Education South Africa											
Person from the South African Military Health Service		Vacant									
Person in the employment of the Department of Education		Dr.	D.	Parker							
Person in the employment of the Department of Health		Dr	A.T.	Lekalakala	2						
Person Versed in Law		Mr	S.	Ramasala	3			2			



In accordance with the relevant terms of reference, persons who are not members of Council have been co-opted to serve on the Council Committees.

Attendance of the co-opted members of the committees was as follows:-

				AUDIT AND RISK COMMITTEE	HUMAN RIGHTS, ETHICS AND PROFESSIONAL PRACTICE	HEALTH COMMITTEE (SECTION 51)	CONTINUING PROFESSIONAL DEVELOPMENT	EDUCATION, TRAINING AND QUALITY ASSURANCE	TENDER COMMITTEE	HUMAN RESOURCES AND REMUNERATION
DELEGATION	TITLE	INITIALS	SURNAME	NO. OF MEETINGS HELD						
				2	2	2	1	1	2	3
Co-opted to Health Committee	Prof	G	Lindegger			1				
Co-opted to Health Committee	Prof	M	Matoane			2				
Co-opted to Health Committee	Prof	S	Rataemane			1				
Co-opted to Health Committee	Prof	D	White			0				
Co-opted to Human Rights, Ethics and Professional Practice Committee	Prof	A	Dhai			2				
Co-opted to Human Rights, Ethics and Professional Practice Committee	Prof	D	McQuoid-Mason			1				
Co-opted to Human Resources and Remuneration Committee	Mr	W	Kuperus							3
External Member to Tender Committee	Ms	I.	Nzotta						0	
External Member to Audit & Risk Management Committee	Adv	S.	Gugwini-Peter	2						
External Member to Audit & Risk Management Committee	Mr	S.	Ngwenya	2						
External Member to Audit & Risk Management Committee (Chairperson)	Ms	B.	Shongwe	2						
DHET Representtaive	Ms	E.L.	Van Staden					1		



					AUDIT AND RISK COMMITTEE	HUMAN RIGHTS, ETHICS AND PROFESSIONAL PRACTICE	HEALTH COMMITTEE (SECTION 51)	CONTINUING PROFESSIONAL DEVELOPMENT	EDUCATION, TRAINING AND QUALITY ASSURANCE	TENDER COMMITTEE	HUMAN RESOURCES AND REMUNERATION
DELEGATION		TITLE	INITIALS	SURNAME	NO. OF MEETINGS HELD						
					2	2	2	1	1	2	3
CONTINUING PROFESSIONAL DEVELOPMENT COMMITTEE	Dental Therapy & Oral Hygiene	Dr	L	Samuels				0			
	Emergency Care	Mr	W	van der Net				1			
	Environmental Health Practitioners	Dr	S	Mukhola				0			
	Medical and Dental	DR	T	Fish				1			
	Medical Technology	Ms	J	Hind				0			
	Occupational Therapy, Medical Orthotics /Prosthetics and Arts Therapy	Prof	L	van Niekerk				1			
	Optometry and Optical Dispensing	Ms	P	von Poser				0			
	Physiotherapy, Podiatry and Biokinetics	Dr	E.C.	Janse Van Vuuren				1			
	Psychology	Prof	G	Pretorius				1			
	Radiography and Clinical Technology	Mrs	R	Engelbrecht				1			
	Speech, Language and Hearing	Dr	E.C.	De Koker				0			
	National Accreditors Forum	Prof	ME	Parker				1			



In terms of Regulation 10 (1) (a) 2 of the Regulations relating to the establishment, objects, functions and powers of the Health Professions Council of South Africa, the Council may from time to time establish committees to assist in the execution of its responsibilities.

The table reflects committees utilized by the Council. During the year under review, a part from the members, the Registrar and Executive Management also attended the meetings of Council & its committees and participated actively.

Attendance by members at Council and Committee meetings for the period October 2015 to March 2016 were as follows:-

					COUNCIL COUNCIL	COUNCIL MANAGEMENT COMMITTEE	EXECUTIVE COMMITTEE	AUDIT AND RISK COMMITTEE	FINANCE AND INVESTMENT COMMITTEE	TENDER COMMITTEE	PROPERTY COMMITTEE
DELEGATION		TITLE	INITIALS	SURNAME	NO. OF MEETINGS HELD						
					5	5	3	1	1	1	1
President & Medical and Dental Professions Board		Dr	T. K. S.	Letlape	5	5	3				
Vice President & Emergency Care		Mr	L. A.	Malotana	5	5	3				
PROFESSIONAL BOARDS	Dental Therapy & Oral Hygiene	Dr	T. A.	Muslim	5		3		1		
	Dietetics & Nutrition	Prof	S. M.	Hanekom	3						
	Emergency Care	Mr	S	Sobuwa	3						
	Emergency Care	Mrs	D	Muhlbauer	2						
	Environmental Health Practitioners	Ms	D. J.	Sebidi	5						1
	Medical & Dental Professions Board	Dr	R. L.	Morar	4		2	1			
	Medical & Dental Professions Board	Prof	Y. I.	Osman	4						
	Medical Technology	Mr	M. A. W.	Louw	5						
	Occupational Therapy, Medical Orthotics, Prosthetics & Arts Therapy	Ms	M. S.	van Niekerk	4						1
	Optometry & Dispensing Opticians	Mr	M	Kobe	5	5	2				



					COUNCIL COUNCIL	COUNCIL MANAGEMENT COMMITTEE	EXECUTIVE COMMITTEE	AUDIT AND RISK COMMITTEE	FINANCE AND INVESTMENT COMMITTEE	TENDER COMMITTEE	PROPERTY COMMITTEE
DELEGATION		TITLE	INITIALS	SURNAME	NO. OF MEETINGS HELD						
					5	5	3	1	1	1	1
	Physiotherapy, Podiatry & Biokinetics	Ms	N. D.	Dantile	5						
	Psychology	Prof	B. J.	Pillay	5						
	Radiography & Clinical Technology	Mr	A	Speelman	4		3			1	
	Speech, Language & Hearing Professions	Dr	S	Balton	5						
COMMUNITY REPRESENTATIVES		Ms	M. M.	Isaacs	5		1		1		
		Ms	X	Bacela	3						
		Ms	R. M.	Gontsana	5						
		Prof	R. V.	Gumbi*	0			0			
		Adv	T	Mafafo	2						1
		Prof	N. J.	Mekwa	5		3				
		Ms	J. M.	Nare	4					1	1
		Ms	B	Pule*	4						
		Mr	K. O.	Tsekeli	5					1	
Higher Education South Africa		Prof	N. S.	Gwele	2						
Higher Education South Africa		Prof	K. O.	Mfenyana	3						
Higher Education South Africa		Prof	G. J.	Van Zyl	2			1			
Person from the South African Military Health Service		Vacant			Vacant						
Person in the employment of the Department of Education		Vacant			Vacant						
Person in the employment of the Department of Health		Dr	T	Carter	5	3	3				
Person Versed in Law		Mr	S	Ramasala	5				1	1	



During the year under review, the Health Professions Council of South Africa met four times.

In terms of Regulation 10 (1) (a) 2 of the Regulations relating to the establishment, objects, functions and powers of the Health Professions Council of South Africa, the Council may from time to time establish committees to assist in the execution of its responsibilities.

The table reflects committees utilized by the Council. During the year under review, a part from the members, the Registrar and Executive Management also attended the meetings of Council & its committees and participated actively.

Attendance by members at Council and Committee meetings for the period October 2015 to March 2016 were as follows:-

					HUMAN RESOURCES AND REMUNERATION	PENSION AND PROVIDENT FUND	HUMAN RIGHTS, ETHICS AND PROFESSIONAL PRACTICE	BUSINESS PRACTICE	PROFESSIONAL CONDUCT REVIEW	CONTINUING PROFESSIONAL DEVELOPMENT	EDUCATION, TRAINING AND QUALITY ASSURANCE
DELEGATION		TITLE	INITIALS	SURNAME	NO. OF MEETINGS HELD						
					2	1	1	1	1	2	0
President & Medical and Dental Professions Board		Dr	T. K. S.	Letlape							
Vice President & Emergency Care		Mr	L. A.	Malotana	2						
PROFESSIONAL BOARDS	Dental Therapy & Oral Hygiene	Dr	T. A.	Muslim		1				2	
	Dietetics & Nutrition	Prof	S. M.	Hanekom			0				
	Emergency Care	Mr	S	Sobuwa							
	Emergency Care	Mrs	D	Muhlbauer					1		
	Environmental Health Practitioners	Ms	D. J.	Sebidi					1		
	Medical & Dental Professions Board	Dr	R. L.	Morar				1			
	Medical & Dental Professions Board	Prof	Y. I.	Osman							
	Medical Technology	Mr	M. A. W.	Louw		1			1		
	Occupational Therapy, Medical Orthotics, Prosthetics & Arts Therapy	Ms	M. S.	van Niekerk							



					HUMAN RESOURCES AND REMUNERATION	PENSION AND PROVIDENT FUND	HUMAN RIGHTS, ETHICS AND PROFESSIONAL PRACTICE	BUSINESS PRACTICE	PROFESSIONAL CONDUCT REVIEW	CONTINUING PROFESSIONAL DEVELOPMENT	EDUCATION, TRAINING AND QUALITY ASSURANCE
DELEGATION		TITLE	INITIALS	SURNAME	NO. OF MEETINGS HELD						
					2	1	1	1	1	2	0
	Optometry & Dispensing Opticians	Mr	M	Kobe	2			1			
	Physiotherapy, Podiatry & Biokinetics	Ms	N. D.	Dantile	2			1			
	Psychology	Prof	B. J.	Pillay			1				
	Radiography & Clinical Technology	Mr	A	Speelman							
	Speech, Language & Hearing Professions	Dr	S	Balton			1				
COMMUNITY REPRESENTATIVES		Ms	M. M.	Isaacs							
		Ms	X	Bacela							
		Ms	R. M.	Gontsana	2						
		Prof	R. V.	Gumbi*							
		Adv	T	Mafafo			1				
		Prof	N. J.	Mekwa			1		1		
		Ms	J. M.	Nare							
		Ms	B	Pule*							
		Mr	K. O.	Tsekeli							
Higher Education South Africa		Prof	N. S.	Gwele			0				
Higher Education South Africa		Prof	K. O.	Mfenyana					1		0
Higher Education South Africa		Prof	G. J.	Van Zyl							
Person from the South African Military Health Service		Vacant									
Person in the employment of the Department of Education		Vacant									
Person in the employment of the Department of Health		Dr	T	Carter	0			0			
Person Versed in Law		Mr	S	Ramasala				0	1		



In accordance with the relevant terms of reference, persons who are not members of Council have been co-opted to serve on the Council Committees.

Attendance of the co-opted members of the committees was as follows:-

DELEGATION	TITLE	INITIALS	SURNAME	AUDIT AND RISK COMMITTEE	HUMAN RIGHTS, ETHICS AND PROFESSIONAL PRACTICE	HEALTH COMMITTEE (SECTION 51)	CONTINUING PROFESSIONAL DEVELOPMENT	EDUCATION, TRAINING AND QUALITY ASSURANCE	TENDER COMMITTEE	FINANCE AND INVESTMENT COMMITTEE		
				NO. OF MEETINGS HELD								
				1	1	2	2	0	1	1		
Co-opted to Health Committee	Prof	S.	Rataemane			2						
Co-opted to Health Committee	Dr	T. P.	Moloi			1						
Co-opted to Health Committee	Dr	G. P.	Grobler			1						
Co-opted to Health Committee	Dr	Z.	Ngobese			2						
Co-opted to Human Rights, Ethics and Professional Practice Committee	Prof	D.	McQuoid-Mason			1						
Co-opted to Human Rights, Ethics and Professional Practice Committee	Dr	N.	Tsotsi			1						
External Member to Human Resources and Remuneration Committee	Mr	W.	Kuperus									
External Member to Tender Committee	Ms	I.	Nzotta						1			
External Member to Audit & Risk Management Committee	Adv	S.	Gugwini-Peter	1								
External Member to Audit & Risk Management Committee	Mr	S.	Ngwenya	0								
External Member to Audit & Risk Management Committee (Chairperson)	Ms	B.	Shongwe	1								
External Member to Finance and Investment Committee	Mr	G.	Ferreira							1		
External Member to Finance and Investment Committee	Ms	RJ	Ganda							1		
DHET Representaive	Ms	E.L.	Van Staden					0				



					AUDIT AND RISK COMMITTEE		HUMAN RIGHTS, ETHICS AND PROFESSIONAL PRACTICE		HEALTH COMMITTEE (SECTION 51)		CONTINUING PROFESSIONAL DEVELOPMENT		EDUCATION, TRAINING AND QUALITY ASSURANCE		TENDER COMMITTEE		FINANCE AND INVESTMENT COMMITTEE	
DELEGATION		TITLE	INITIALS	SURNAME	NO. OF MEETINGS HELD													
					1	1	2	2	0	1	1							
CONTINUING PROFESSIONAL DEVELOPMENT COMMITTEE	Dental Therapy & Oral Hygiene	Dr	J.	Oosthuysen				2										
	Emergency Care	Mr	W.	van der Net				1										
	Environmental Health Practitioners	Mr	C.	Qoto				1										
	Medical and Dental	Dr	T.	Fish				1										
	Medical Technology	Ms	M.	Baruth				1										
	Occupational Therapy, Medical Orthotics /Prosthetics and Arts Therapy	Prof	L.	Van Niekerk				2										
	Optometry and Optical Dispensing	Ms	A.	Pinto-Prins				2										
	Physiotherapy, Podiatry and Biokinetics	Dr	S.S.	Maharaj				2										
	Psychology	Prof	T.	Guse				2										
	Radiography and Clinical Technology	Dr	V.	Harilall				0										
	Speech, Language and Hearing	Dr	S.	Balton				2										
	National Accreditors Forum	Prof	M. E.	Parker				2										

# STATEMENT OF FINANCIAL POSITION

AT 31 MARCH 2016

Figures in Rand	Note(s)	2016	2015 restated
<b>Assets</b>			
<b>Non-Current Assets</b>			
Property, plant and equipment	3	18,696,081	14,332,228
Intangible assets	4	1,837,853	2,297,316
Other financial assets	5	1,098,991	1,257,525
		<b>21,632,925</b>	<b>17,887,069</b>
<b>Current Assets</b>			
Trade and other receivables	7	19,120,996	10,889,213
Cash and cash equivalents	8	356,173,834	350,855,337
		<b>375,294,830</b>	<b>361,744,550</b>
<b>Total Assets</b>		<b>396,927,755</b>	<b>379,631,619</b>
<b>Equity and Liabilities</b>			
<b>Equity</b>			
Reserves		856,124	1,014,659
Retained surplus		185,052,892	187,016,116
		<b>185,909,016</b>	<b>188,030,775</b>
<b>Liabilities</b>			
<b>Current Liabilities</b>			
Trade and other payables	11	20,390,501	11,730,057
Income received in advance	9	186,480,394	175,303,715
Provisions	10	4,147,844	4,567,072
		<b>211,018,739</b>	<b>191,600,844</b>
<b>Total Equity and Liabilities</b>		<b>396,927,755</b>	<b>379,631,619</b>

# STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

AT 31 MARCH 2016

Figures in Rand	Note(s)	2016	2015 restated
Revenue	12	191,530,290	175,724,261
Other income	13	13,645,666	11,975,667
Operating expenses		(227,868,413)	(196,988,141)
<b>Operating deficit for the year</b>	14	<b>(22,692,457)</b>	<b>(9,288,213)</b>
Investment revenue	15	20,729,233	18,483,074
<b>Surplus/ (deficit) for the year</b>		<b>(1,963,224)</b>	<b>9,194,861</b>
<b>Other comprehensive income:</b>			
<b>Items that may be reclassified to profit or loss:</b>			
Available-for-sale financial assets adjustments		(158,535)	334,238
<b>Other comprehensive income for the year net of taxation</b>	19	<b>(158,535)</b>	<b>334,238</b>
<b>Total comprehensive surplus/ (deficit) for the year</b>		<b>(2,121,759)</b>	<b>9,529,099</b>

# STATEMENT OF CHANGES IN EQUITY

AT 31 MARCH 2016

Figures in Rand	Fair value adjustment assets- available- for- sale reserve	Retained surplus	Total equity
Opening balance as previously reported	680,421	163,451,047	164,131,468
Adjustments			
Prior period error - Provisions	-	14,370,208	14,370,208
<b>Balance at 01 April 2014 as restated</b>	<b>680,421</b>	<b>177,821,255</b>	<b>178,501,676</b>
Surplus for the year as previously reported	-	5,540,085	5,540,085
Prior period error - Settlement labour case	-	494,776	494,776
Prior period error - Labour relation expenses	-	25,402	25,402
Prior period error - Provisions	-	3,134,598	3,134,598
Other comprehensive income	334,238	-	334,238
<b>Total comprehensive surplus for the year - Restated</b>	<b>334,238</b>	<b>9,194,861</b>	<b>9,529,099</b>
Opening balance as previously reported	-	168,991,131	168,991,131
Adjustments			
Prior period errors - Settlement labour case	-	494,776	494,776
Prior period errors - Labour relation expense	-	25,402	25,402
Prior period error - Provisions	-	17,504,807	17,504,807
<b>Balance at 01 April 2015 as restated</b>	<b>1,014,659</b>	<b>187,016,116</b>	<b>188,030,775</b>
Deficit for the year	-	(1,963,224)	(1,963,224)
Other comprehensive income	(158,535)	-	(158,535)
<b>Total comprehensive (deficit) / surplus for the year</b>	<b>(158,535)</b>	<b>(1,963,224)</b>	<b>(2,121,759)</b>
<b>Balance at 31 March 2016</b>	<b>856,124</b>	<b>185,052,892</b>	<b>185,909,016</b>
Note(s)	19	28	

# STATEMENT OF CASH FLOW

AT 31 MARCH 2016

Figures in Rand	Note(s)	2016	2015 restated
<b>Cash flows from operating activities</b>			
Cash receipts from customers		196,944,173	188,933,581
Cash paid to suppliers and employees		(207,016,738)	(193,227,551)
Cash generated from (used in) operations	20	(10,072,565)	(4,293,970)
Interest income		20,700,511	18,457,543
Dividends received		28,722	25,531
<b>Net cash from operating activities</b>		<b>10,656,668</b>	<b>14,189,104</b>
<b>Cash flows from investing activities</b>			
Purchase of property, plant and equipment	3	(5,359,497)	(3,283,291)
Sale of property, plant and equipment		21,325	-
<b>Net cash from investing activities</b>		<b>(5,338,172)</b>	<b>(3,283,291)</b>
<b>Total cash movement for the year</b>		<b>5,318,496</b>	<b>10,905,813</b>
Cash at the beginning of the year		350,855,337	339,949,524
<b>Total cash at end of the year</b>	8	<b>356,173,833</b>	<b>350,855,337</b>

## **1. PRESENTATION OF ANNUAL FINANCIAL STATEMENTS**

The annual financial statements have been prepared in accordance with International Financial Reporting Standards, and the Health Professions Act of 1974. The annual financial statements have been prepared on the historical cost basis, and incorporate the principal accounting policies set out below. They are presented in South African Rands.

### **1.1 SIGNIFICANT JUDGEMENTS AND SOURCES OF ESTIMATION UNCERTAINTY**

In preparing the annual financial statements, management is required to make estimates and assumptions that affect the amounts represented in the annual financial statements and related disclosures. Use of available information and the application of judgement are inherent in the formation of estimates. Actual results in the future could differ from these estimates which may be material to the annual financial statements.

#### **Trade receivables, Held to maturity investments and Loans and receivables**

The Council assesses its trade receivables, held to maturity investments and loans and receivables for impairment at the end of each reporting period. In determining whether an impairment loss should be recorded in profit or loss, the Council makes judgements as to whether there is observable data indicating a measurable decrease in the estimated future cash flows from a financial asset.

#### **Available-for-sale financial assets**

The Council follows the guidance of IAS 39 to determine when an available-for-sale financial asset is impaired. This determination requires significant judgment. In making this judgment, the Council evaluates, among other factors, the duration and extent to which the fair value of an investment is less than its cost; and the financial health of and near-term business outlook for the investee, including factors such as industry and sector performance, changes in technology and operational and financing cash flow.

#### **Fair value estimation**

The fair value of financial instruments traded in active markets (such as trading and available-for-sale securities) is based on quoted market prices at the end of the reporting period. The quoted market price used for financial assets held by the council is the current bid price.

#### **Impairment testing**

The recoverable amounts of cash-generating units and individual assets have been determined based on the higher of value-in-use calculations and fair values less costs to sell. These calculations require the use of estimates and assumptions.

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. Assets are grouped at the lowest level for which identifiable cash flows are largely independent of cash flows of other assets and liabilities. If there are indications that impairment may have occurred, estimates are prepared of expected future cash flows for each group of assets. Expected future cash flows used to determine the value in use of goodwill and tangible assets are inherently uncertain and could materially change over time.

#### **Provisions**

Provisions were raised and management determined an estimate based on the information available. Additional disclosures of these estimates of provisions are included in note 10 - Provisions.

#### **Prior year comparatives**

When the presentation or classification of items in the Annual Financial Statements is amended, prior period comparative amounts are also reclassified and restated, unless such comparative reclassification and / or restatement is not required by a International Financial Reporting Standards. The nature and reason for such reclassifications and restatements are also disclosed.

When material accounting errors, which relate to prior periods, have been identified in the current year, the correction is made retrospectively as far as it is practicable and the prior

year comparatives are restated accordingly. Where there has been a change in accounting policy in the current year, the adjustment is made retrospectively as far as is practicable and the prior year comparatives are restated accordingly.

## **1.2 PROPERTY, PLANT AND EQUIPMENT**

Property, plant and equipment are tangible assets which Council holds for its own use or for rental to others and which are expected to be used for more than one year.

An item of property, plant and equipment is recognised as an asset when it is probable that future economic benefits associated with the item will flow to Council, and the cost of the item can be measured reliably.

Property, plant and equipment are initially measured at cost. Cost includes all of the expenditure which is directly attributable to the acquisition or construction of the asset, including the capitalisation of borrowing costs on qualifying assets and adjustments in respect of hedge accounting, where appropriate.

The initial estimate of the costs of dismantling and removing an item and restoring the site on which it is located is also included in the cost of property, plant and equipment, where Council is obligated to incur such expenditure, and where the obligation arises as a result of acquiring the asset or using it for purposes other than the production of inventories.

Expenditure incurred subsequently for major services, additions to or replacements of parts of property, plant and equipment are capitalised if it is probable that future economic benefits associated with the expenditure will flow to Council and the cost can be measured reliably. Day to day servicing costs are included in profit or loss in the year in which they are incurred.

Major inspection costs which are a condition of continuing use of an item of property, plant and equipment and which meet the recognition criteria are included as a replacement in the cost of the item of property, plant and equipment. Any remaining inspection costs from the previous inspection are derecognised.

Major spare parts and stand by equipment which are expected to be used for more than one year are included in property,

plant and equipment.

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.

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 Buildings, Buildings and Buildings which is carried at revalued amounts being the fair value at the date of revaluation less any subsequent accumulated depreciation and subsequent accumulated impairment losses.

When an item of property, plant and equipment is revalued, the gross carrying amount is adjusted consistently with the revaluation of the carrying amount. The accumulated depreciation at that date is adjusted to equal the difference between the gross carrying amount and the carrying amount after taking into account accumulated impairment losses.

When an item of property, plant and equipment is revalued, any accumulated depreciation at the date of the revaluation is eliminated against the gross carrying amount of the asset.

The revaluation reserve in equity related to a specific item of property, plant and equipment is transferred directly to retained income when the asset is derecognised.

The revaluation reserve in equity related to a specific item of property, plant and equipment is transferred directly to retained income as the asset is used. The amount transferred is equal to the difference between depreciation based on the revalued carrying amount and depreciation based on the original cost of the asset, net of deferred tax.

Depreciation of an asset commences when the asset is available for use as intended by management. Depreciation is charged to write off the asset's carrying amount over its estimated useful life to its estimated residual value, using a method that best reflects the pattern in which the asset's economic benefits are consumed by Council. Leased assets are depreciated in a consistent manner over the shorter of their expected useful lives and the lease term. Depreciation is not

charged to an asset if its estimated residual value exceeds or is equal to its carrying amount. Depreciation of an asset ceases at the earlier of the date that the asset is classified as held for sale or derecognised.

The useful lives of items of property, plant and equipment have been assessed as follows:

Item	Depreciation method	Useful life
Buildings	Straight line	50 years
Furniture and fixtures	Straight line	20 years
Office equipment	Straight line	10 years
IT equipment	Straight line	5 years
Works of art	Straight line	30 years

The residual value, useful life and depreciation method of each asset are reviewed at the end of each reporting year. If the expectations differ from previous estimates, the change is accounted for prospectively as a change in accounting estimate.

Each part of an item of property, plant and equipment with a cost that is significant in relation to the total cost of the item is depreciated separately.

The depreciation charge for each year is recognised in profit or loss unless it is included in the carrying amount of another asset.

Impairment tests are performed on property, plant and equipment when there is an indicator that they may be impaired. When the carrying amount of an item of property, plant and equipment is assessed to be higher than the estimated recoverable amount, an impairment loss is recognised immediately in profit or loss to bring the carrying amount in line with the recoverable amount.

An item of property, plant and equipment is derecognised upon disposal or when no future economic benefits are expected from its continued use or disposal. Any gain or losses arising from derecognition of an item of property, plant and equipment is included in profit or loss when the item is derecognised. Any gain or loss arising from derecognition of an item of property, plant and equipment is determined as the difference between the net disposal proceeds, if any, and the

carrying amount of the item.

Assets which Council holds for rentals to others and subsequently routinely sells as part of the ordinary course of activities are transferred to inventories when the rentals end and the assets are available-for-sale. These assets are not accounted for as non-current assets held for sale. Proceeds from sales of these assets are recognised as revenue. All cash flows on these assets are included in cash flows from operating activities in the cash flow statement.

The Council's management determines the estimated useful lives and related depreciation charges for these assets. These estimates are based on industry norms and then adjusted to be Council specific. Management will increase the depreciation charge where useful lives are less than previously estimated useful lives and vice versa. Depreciation and amortisation recognised on property, plant and equipment and intangible assets are determined with reference to be useful lives and residual values of the underlying items. The useful lives and residual values of assets are based on management's estimation of the asset's condition, expected condition at the end of the period of use, its current use, expected future use and the Council's expectations about the availability of finance to replace the asset at the end of its useful life. In evaluating the how the condition and use of the asset informs the useful life and residual value management considers the impact of technology and minimum service requirements of the assets.

### 1.3 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 amortisation period and the amortisation method for intangible assets are reviewed every period-end.

Internally generated brands, mastheads, publishing titles, customer lists and items similar in substance are not recognised as intangible assets.

Amortisation is provided to write down the intangible assets, on a straight line basis, to their residual values as follows:

Item	Useful life
Computer software	12

### 1.4 FINANCIAL INSTRUMENTS

#### Classification

The Council classifies financial assets and financial liabilities into the following categories:

- Held-to-maturity investment
- Loans and receivables
- Available-for-sale financial assets

Classification depends on the purpose for which the financial instruments were obtained / incurred and takes place at initial recognition.

#### Initial recognition and measurement

Financial instruments are recognised initially when the Council becomes a party to the contractual provisions of the instruments. Financial instruments are measured initially at fair value, except for equity investments for which a fair value is not determinable, which are measured at cost and are classified as available-for-sale financial assets.

For financial instruments which are not at fair value through profit or loss, transaction costs are included in the initial measurement of the instrument.

#### Subsequent measurement

Dividend income is recognised in profit or loss as part of other income when the Council's right to receive payment is established.

Loans and receivables are subsequently measured at amortised cost, using the effective interest method, less accumulated impairment losses.

Held-to-maturity investments are subsequently measured at amortised cost, using the effective interest method, less accumulated impairment losses.

Available-for-sale financial assets are subsequently measured at fair value. This excludes equity investments for which a fair value is not determinable, which are measured at cost less accumulated impairment losses.

Gains and losses arising from changes in fair value are recognised in other comprehensive income and accumulated in equity until the asset is disposed of or determined to be impaired. Interest on available-for-sale financial assets calculated using the effective interest method is recognised in profit or loss as part of other income. Dividends received on available-for-sale equity instruments are recognised in profit or loss as part of other income when the Council's right to receive payment is established.

#### Derecognition

Financial assets are derecognised when the rights to receive cash flows from the investments have expired or have been transferred and the Council has transferred substantially all risks and rewards of ownership.

#### Fair value determination

The fair values of quoted investments are based on current bid prices.

#### Impairment of financial assets

At each reporting date the Council assesses all financial assets, other than those at fair value through profit or loss, to determine whether there is objective evidence that a financial asset or group of financial assets has been impaired.

For amounts due to the Council, significant financial difficulties of the debtor, probability that the debtor will enter bankruptcy and default of payments are all considered indicators of impairment.

In the case of equity securities classified as available-for-sale, a significant or prolonged decline in the fair value of the security below its cost is considered an indicator of impairment. If any such evidence exists for available-for-sale financial assets, the cumulative loss - measured as the difference between the acquisition cost and current fair value, less any impairment loss on that financial asset previously recognised in profit or loss - is

removed from equity as a reclassification adjustment to other comprehensive income and recognised in profit or loss.

Impairment losses are recognised in profit or loss.

Impairment losses are reversed when an increase in the financial asset's recoverable amount can be related objectively to an event occurring after the impairment was recognised. This is subject to the restriction that the carrying amount of the financial asset at the date that the impairment is reversed shall not exceed what the carrying amount would have been had the impairment not been recognised.

Reversals of impairment losses are recognised in profit or loss except for equity investments classified as available-for-sale. Impairment losses are also not subsequently reversed for available-for-sale equity investments which are held at cost because fair value was not determinable.

Where financial assets are impaired through use of an allowance account, the amount of the loss is recognised in profit or loss within operating expenses. When such assets are written off, the assets write off is made against the relevant allowance account. Subsequent recoveries of amounts previously written off are credited against operating expenses.

#### Trade and other receivables

Trade receivables are measured at initial recognition at fair value, and are subsequently measured at amortised cost using the effective interest rate method. Appropriate allowances for estimated irrecoverable amounts are recognised in profit or loss when there is objective evidence that the asset is impaired. Significant financial difficulties of the debtor, probability that the debtor will enter bankruptcy or financial reorganisation, and default or delinquency in payments (more than 90 days overdue) are considered indicators that the trade receivable is impaired. The allowance recognised is measured as the difference between the asset's carrying amount and the present value of estimated future cash flows.

The carrying amount of the asset is reduced through the use of an allowance account, and the amount of the loss is recognised in profit or loss within operating expenses. When a trade receivable is uncollectable, it is written off against the allowance account for trade receivables. Subsequent

recoveries of amounts previously written off are recognised in the profit and loss.

Trade and other receivables are classified as loans and receivables.

#### Trade and other payables

Trade payables are initially measured at fair value, and are subsequently measured at amortised cost, using the effective interest rate method.

#### Cash and cash equivalents

Cash and cash equivalents comprise cash on hand and demand deposits and other short-term highly liquid investments that are readily convertible to a known amount of cash and are subject to an insignificant risk of changes in value. These are initially and subsequently recorded at fair value.

#### Held to maturity

These financial assets are initially measured at fair value plus direct transaction costs.

At subsequent reporting dates these are measured at amortised cost using the effective interest rate method, less any impairment loss recognised to reflect irrecoverable amounts. An impairment loss is recognised in profit or loss when there is objective evidence that the asset is impaired, and is measured as the difference between the investment's carrying amount and the present value of estimated future cash flows discounted at the effective interest rate computed at initial recognition.

Impairment losses are reversed in subsequent periods when an increase in the investment's recoverable amount can be related objectively to an event occurring after the impairment was recognised, subject to the restriction that the carrying amount of the investment at the date the impairment is reversed shall not exceed what the amortised cost would have been had the impairment not been recognised.

Financial assets that Council has the positive intention and ability to hold to maturity are classified as held to maturity.

**1.5 IMPAIRMENT OF ASSETS**

The Council assesses at each end of the reporting period whether there is any indication that an asset may be impaired. If any such indication exists, the Council estimates the recoverable amount of the asset.

Irrespective of whether there is any indication of impairment, the Council also:

- tests intangible assets.

If there is any indication that an asset may be impaired, the recoverable amount is estimated for the individual asset. If it is not possible to estimate the recoverable amount of the individual asset, the recoverable amount of the cash-generating unit to which the asset belongs is determined.

The recoverable amount of an asset or a cash-generating unit is the higher of its fair value less costs to sell and its value in use.

If the recoverable amount of an asset is less than its carrying amount, the carrying amount of the asset is reduced to its recoverable amount. That reduction is an impairment loss.

An impairment loss of assets carried at cost less any accumulated depreciation or amortisation is recognised immediately in profit or loss.

An entity assesses at each reporting date whether there is any indication that an impairment loss recognised in prior periods for assets other than goodwill may no longer exist or may have decreased. If any such indication exists, the recoverable amounts of those assets are estimated.

The increased carrying amount of an asset other than goodwill attributable to a reversal of an impairment loss does not exceed the carrying amount that would have been determined had no impairment loss been recognised for the asset in prior periods.

A reversal of an impairment loss of assets carried at cost less accumulated depreciation or amortisation other than goodwill is recognised immediately in profit or loss. Any reversal of an impairment loss of a revalued asset is treated as a revaluation increase.

**1.6 EMPLOYEE BENEFITS - DEFINED CONTRIBUTION PLANS**

Contributions made towards the fund are recognised as an expense in the Statement of Financial Performance in the period that such contributions become payable. This contribution expense is measured at the undiscounted 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.

**1.7 PROVISIONS AND CONTINGENCIES**

Provisions are recognised when:

- the Council has a present obligation as a result of a past event;
- it is probable that an outflow of resources embodying economic benefits will be required to settle the obligation; and
- a reliable estimate can be made of the obligation.

The amount of a provision is the present value of the expenditure expected to be required to settle the obligation.

Where some or all of the expenditure required settling a provision is expected to be reimbursed by another party, the reimbursement shall be recognised when, and only when, it is virtually certain that reimbursement will be received if the entity settles the obligation. The reimbursement shall be treated as a separate asset. The amount recognised for the reimbursement shall not exceed the amount of the provision.

Provisions are not recognised for future operating losses.

If an entity has a contract that is onerous, the present obligation under the contract shall be recognised and measured as a provision.

Contingent assets and contingent liabilities are not recognised.

### 1.8 REVENUE

Revenue from membership fees, registration fees, examinations fees and penalties are recognised when all the following conditions have been satisfied:

- the amount of revenue can be measured reliably;
- it is probable that the economic benefits associated with the transaction will flow to the Council, and
- the costs incurred or to be incurred in respect of the transaction can be measured reliably.

Revenue is measured at the fair value of the consideration received or receivable and represents the amounts receivable for goods and services provided in the normal course of business, net of trade discounts and volume rebates, and value added tax.

Interest is recognised, in profit or loss, using the effective interest rate method.

Dividends are recognised, in profit or loss, when the Council's right to receive payment has been established.

Unidentified credit balances which are older than one year and cannot be traced to the individual members are recognised as revenue.

### 1.9 IRREGULAR EXPENDITURE

Irregular expenditure is expenditure that is contrary to the HPCSA Act 56 of 1974 or is in contravention of the entity's supply chain management policies. Irregular expenditure excludes unauthorised expenditure. Irregular expenditure is accounted for as expenditure in the Statement of profit and loss or other comprehensive income.

### 1.10 RELATED PARTIES

The Council has processes and controls in place to aid in the identification of related parties. A related party is a person or an entity with the ability to control or jointly control the other party, or exercise significant influence over the other party, or vice versa, or a Council that is subject to common control, or joint control. Related party relationships where control exists

are disclosed regardless of whether any transactions took place between the parties during the reporting period.

Where transactions occurred between the entity and any one or more related parties, and those transactions were not within:

- Normal supplier and / or client / receipt relationships on terms and conditions no more or less favorable than those which it is reasonable to expect the entity to have adopted if dealing with that individual entity or person in the same circumstance; and
- Terms and conditions within the normal operating parameters established by the reporting entity's legal mandate;
- Further details about those transactions are disclosed in the notes to the financial statements

### 1.11 SUBSEQUENT EVENTS AFTER THE REPORTING DATE

Events after the reporting date are those events both favorable and unfavorable that occur between the reporting date and the date when the annual financial statements are authorised for issue, and are treated as follows:

- The Council adjust the amounts recognised in its annual financial statements to reflect adjusting events after the reporting date for those events that provide evidence of conditions that existed at the reporting date, and
- The Council does not adjust the amounts recognised in its annual financial statements to reflect non-adjusting events after the reporting date for those events that are indicative of conditions that arose after the reporting date.

### 1 NEW STANDARDS AND INTERPRETATIONS

#### 1.1 STANDARDS AND INTERPRETATIONS NOT YET EFFECTIVE

Council has chosen not to early adopt the following standards and interpretations, which have been published and are mandatory for Council's accounting periods beginning on or after 01 April 2016 or later periods:

<b>Standard/ Interpretation:</b>	<b>Effective date: Years beginning on or after</b>	<b>Expected impact:</b>
▪ IFRS 9 (AC 146) Financial Instruments	01 January 2018	Unlikely there will be a material impact
▪ IFRS 15 Revenue from Contracts with Customers	01 January 2017	Unlikely there will be a material impact
▪ Amendment to IFRS 11: Accounting for Acquisitions of Interests in Joint Operations	01 January 2016	Unlikely there will be a material impact
▪ Amendments to IAS 16 and IAS 38: Clarification of Acceptable Methods of Depreciation and Amortisation	01 January 2016	Unlikely there will be a material impact
▪ Amendments to IFRS 10 and IAS 28: Sale or Contribution of Assets between an Investor and its Associate or Joint Venture	01 January 2016	Unlikely there will be a material impact
▪ Amendment to IAS 27: Equity Method in Separate Financial Statements	01 January 2016	Unlikely there will be a material impact
▪ IFRS 14 Regulatory Deferral Accounts	01 January 2016	Unlikely there will be a material impact
▪ Amendments to IFRS 10, 12 and IAS 28: Investment Entities. Applying the consolidation exemption	01 January 2016	Unlikely there will be a material impact
▪ Amendments to IAS 16 and IAS 41: Agriculture: Bearer Plants	01 January 2016	Unlikely there will be a material impact
▪ Amendment to IFRS 5: Non-current Assets Held for Sale and Discontinued Operations: Annual Improvements project	01 January 2016	Unlikely there will be a material impact
▪ Amendment to IFRS 7: Financial Instruments: Disclosures: Annual Improvements project	01 January 2016	Unlikely there will be a material impact
▪ Amendment to IAS 19: Employee Benefits: Annual Improvements project	01 January 2016	Unlikely there will be a material impact
▪ Disclosure Initiative: Amendment to IAS 1: Presentation of Financial Statements	01 January 2016	Unlikely there will be a material impact
▪ Amendment to IAS 34: Interim Financial Reporting. Annual Improvements project	01 January 2016	Unlikely there will be a material impact

The aggregate impact of the initial application of the statements and interpretations on Council's annual financial statements is expected to be as follows:

# NOTES TO THE ANNUAL FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2016

## 3 PROPERTY, PLANT AND EQUIPMENT

	2016			2015		
	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	7,767,091	(2,068,157)	5,698,934	7,767,091	(1,912,815)	5,854,276
Furniture and fixtures	4,277,943	(3,068,279)	1,209,664	4,137,385	(2,993,623)	1,143,762
Office equipment	8,502,375	(5,027,486)	3,474,889	7,531,436	(4,604,652)	2,926,784
IT equipment	14,799,537	(10,035,538)	4,763,999	10,597,902	(9,739,223)	858,679
Works of art	104,482	(100,896)	3,586	104,482	(100,764)	3,718
Presidential badge	1	-	1	1	-	1
<b>Total</b>	<b>38,996,437</b>	<b>(20,300,356)</b>	<b>18,696,081</b>	<b>33,683,305</b>	<b>(19,351,077)</b>	<b>14,332,228</b>

### RECONCILIATION OF PROPERTY, PLANT AND EQUIPMENT - 2016

	Opening balance	Additions	Disposals	Depreciation	Total
Land	3,545,008	-	-	-	3,545,008
Buildings	5,854,276	-	-	(155,342)	5,698,934
Furniture and fixtures	1,143,762	140,559	-	(74,657)	1,209,664
Office equipment	2,926,784	970,940	-	(422,835)	3,474,889
IT equipment	858,679	4,247,998	(29,899)	(312,779)	4,763,999
Works of art	3,718	-	-	(132)	3,586
Presidential badge	1	-	-	-	1
	<b>14,332,228</b>	<b>5,359,497</b>	<b>(29,899)</b>	<b>(965,745)</b>	<b>18,696,081</b>

### RECONCILIATION OF PROPERTY, PLANT AND EQUIPMENT - 2015

	Opening balance	Additions	Disposals	Depreciation	Total
Land	3,545,008	-	-	-	3,545,008
Buildings	6,009,618	-	-	(155,342)	5,854,276
Furniture and fixtures	947,840	423,413	-	(227,491)	1,143,762
Office equipment	1,251,830	2,327,720	(111)	(652,655)	2,926,784
IT equipment	956,832	532,158	(6,917)	(623,394)	858,679
Works of Art	4,178	-	-	(460)	3,718
Presidential badge	1	-	-	-	1
	<b>12,715,307</b>	<b>3,283,291</b>	<b>(7,028)</b>	<b>(1,659,342)</b>	<b>14,332,228</b>

Compensation received for losses on property, plant and equipment is included in operating surplus.

# NOTES TO THE ANNUAL FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2016

## 3 PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

### DEPRECIATION RATES

The depreciation methods and average useful lives of property, plant and equipment have been assessed as follows:

Figures in Rand		2016	2015
Buildings	Straight line basis - years	50	50
Furniture and fixtures	Straight line basis - years	20	10
Office equipment	Straight line basis - years	10	5
Computer software	Straight line basis - years	5	3
Computer servers	Straight line basis - years	10	3
Works of Art	Straight line basis - years	30	10

### Changes in estimates

The HPCSA reassessed the useful lives and residual values of items of property, plant and equipment at the end of each end of the reporting period, in line with the accounting policy and IAS 16 Property, plant and equipment. These assessments are based on historic analysis, benchmarking, and the latest available and reliable information.

	Depreciation on original estimate	Depreciation on revised estimate	Impact of change in estimate
Artwork	458,879	185,342	273,536
Computers	460	132	328
Office equipment	719,243	306,594	412,650
Furniture	224,212	68,823	155,389
<b>Depreciation</b>	<b>1,402,794</b>	<b>560,891</b>	<b>841,903</b>

	Depreciation on original estimate	Depreciation on revised estimate	Impact of change in estimate
Artwork	1,172,842	899,306	273,536
Computers	1,342	1,015	328
Office equipment	1,633,835	1,221,186	412,650
Furniture	1,430,554	1,275,165	155,389
<b>Accumulated Depreciation as at 31 March 2016</b>	<b>4,238,574</b>	<b>3,396,671</b>	<b>841,903</b>

# NOTES TO THE ANNUAL FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2016

## 4. INTANGIBLE ASSETS

	2016			2015		
	Cost/ Valuation	Amortisation and impairment	Carrying value	Cost/ Valuation	Amortisation and impairment	Carrying value
Computer software - Oracle	7,657,718	(5,819,865)	1,837,853	7,657,718	(5,360,402)	2,297,316

### Reconciliation of intangible assets - 2016

	Opening balance	Amortisation	Total
Computer software - Oracle	2,297,316	(459,463)	1,837,853

### Reconciliation of intangible assets - 2015

	Opening balance	Amortisation	Impairment Reversal	Total
Computer software - Oracle	1	(459,463)	2,756,778	2,297,316

The HPCSA made a decision in 2015 to stabilise the Oracle system and to reverse the impairment of R2 756 778.

Figures in Rand	2016	2015 restated
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## 5. OTHER FINANCIAL ASSETS

### Available-for-sale

Listed Shares - 16046 Sanlam Shares	1,098,991	1,257,525
Free shares allocated to Council during Sanlam's demutualisation process		

### Non-current assets

Available-for-sale	1,098,991	1,257,525
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## 6. RETIREMENT BENEFITS DEFINED CONTRIBUTION PLAN

The HPCSA provides retirement benefits through independent funds under the control of trustees and all contributions to those funds are charged to profit and loss. The HPCSA pension and provident funds are governed by the Pensions Fund Act, 1956.

Total cost charged to profit and loss	5,724,202	5,020,323
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# NOTES TO THE ANNUAL FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2016

Figures in Rand	2016	2015 restated
<b>7. TRADE AND OTHER RECEIVABLES</b>		
Trade receivables before provision for bad debt	6,679,182	7,233,441
Less: Provision for bad debts	(5,296,290)	(5,321,854)
Trade receivables after provision for bad debts	1,382,892	1,911,587
Advances to Council members, managers and employees	87,557	45,612
Prepayments	2,996,644	1,047,991
Deposits	92,510	75,180
VAT	6,485,887	5,465,845
Accrued Income	47,386	-
Accrued interest	8,028,120	2,342,998
	<b>19,120,996</b>	<b>10,889,213</b>
<b>Trade receivables ageing</b>		
Current (0-30 days)	948,208	1,434,017
31-60 days	338,541	404,305
60 -90 days	96,143	73,265
	<b>1,382,892</b>	<b>1,911,587</b>
<b>8. CASH AND CASH EQUIVALENTS</b>		
Cash and cash equivalents consist of:		
Cash on hand	2,500	2,500
Bank balances	110,631,705	112,921,783
Short-term deposits	245,539,629	237,931,054
	<b>356,173,834</b>	<b>350,855,337</b>
<b>Cash and cash equivalents pledged as collateral</b>		
Guarantee to SA Post Office Limited		
No expiry date and no special conditions apply	1,000,000	1,000,000
Limited Cession of ABSA Bank Ltd fixed deposit for R500,000 (2064961351)		
Limited Cession of ABSA Bank Ltd fixed deposit for R1,500,000 (2064951992)		
<b>9. INCOME RECEIVED IN ADVANCE</b>		
Unapplied receipts	183,847,820	172,080,008
Unidentified receipts	2,632,574	3,223,707
	<b>186,480,394</b>	<b>175,303,715</b>

**9. INCOME RECEIVED IN ADVANCE (CONTINUED)**

**UNAPPLIED RECEIPTS**

Unapplied receipts represent receipts in advance from members for their next year’s membership fees. These receipts are allocated when bulk billing is done in the next financial year.

**UNIDENTIFIED RECEIPTS**

Unidentified receipts represent 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 practitioners’ who paid, but are not yet registered. Receipts can only be applied once registration is complete.

**10. PROVISIONS**

**RECONCILIATION OF PROVISIONS - 2016**

	Opening Balance	Additions	Utilised during the year	Total
Provisions for accrued leave	4,567,072	949,843	(1,369,071)	4,147,844

**RECONCILIATION OF PROVISIONS - 2015**

	Opening Balance	Additions	Utilised during the year	Total
Provisions for accrued leave	5,372,168	4,302,974	(5,108,070)	4,567,072

**Provision for accrued leave**

This provision represents the liability for the total amount of leave days due to permanent employees.

Figures in Rand	2016	2015 restated
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**11. TRADE AND OTHER PAYABLES**

Trade payables	12,013,275	7,161,370
Other payables	805,839	519,422
Accruals and other payables	7,571,387	4,041,883
Association of Medical Councils of Africa (AMCOA)	-	7,382
	<b>20,390,501</b>	<b>11,730,057</b>

# NOTES TO THE ANNUAL FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2016

Figures in Rand	2016	2015 restated
<b>12. REVENUE</b>		
Annual fees - Current year	157,352,012	142,705,892
Unidentified receipts recognised	783,743	1,335,013
Restoration fees	4,968,369	5,090,520
Examination fees	2,159,915	1,608,066
Evaluations fees	1,851,168	1,169,412
Other professional fees	1,917,691	1,465,530
Registration Fees	17,268,954	16,897,386
Annual fees - Prior year	2,881,913	2,847,092
Fees from penalties imposed	2,346,525	2,605,350
	<b>191,530,290</b>	<b>175,724,261</b>
<b>13. OTHER INCOME</b>		
RAF management fees	2,184,392	2,060,747
Insurance compensation	36,105	18,563
Rental income	166,803	157,361
RAF recovery	11,009,794	6,468,354
Sundry revenue	151,802	383,142
Register sales	79,115	115,492
Tender fees	17,655	15,229
Impairment reversal - intangible assets	-	2,756,779
	<b>13,645,666</b>	<b>11,975,667</b>

# NOTES TO THE ANNUAL FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2016

Figures in Rand	2016	2015 restated
<b>14. OPERATING (LOSS) PROFIT</b>		
Operating (loss) profit for the year is stated after accounting for the following:		
<b>Operating lease charges</b>		
Equipment		
▪ Rental Machines	932,338	850,998
Loss on sale of property, plant and equipment	8,574	7,027
Amortisation of intangible assets	459,463	459,463
Depreciation on property, plant and equipment	965,745	1,659,342
Employee costs	125,904,128	104,509,981
Strategic projects	3,735,423	2,521,835
IT Expenses	5,420,978	2,806,759
Postage	3,675,366	3,079,689
Public relations and promotions	3,157,287	3,132,262
Printing and stationery	5,310,870	3,191,925
Road Accident Fund expenses	6,901,575	3,868,381
Legal expenses	12,611,931	16,967,363
Council, professional board and committee meetings	46,275,816	41,874,610
<b>15. INVESTMENT REVENUE</b>		
<b>Dividend revenue</b>		
Listed financial assets - Local	28,722	25,531
<b>Interest revenue</b>		
Short term deposits	20,700,511	18,457,542
	<b>20,729,233</b>	<b>18,483,073</b>
<b>16. TAXATION</b>		
No provision has been made for tax as the Council is exempt from normal tax.		
<b>17. AUDITORS' REMUNERATION</b>		
Fees	408,263	377,697

# NOTES TO THE ANNUAL FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2016

## 18. OPERATING LEASE

<b>Copier equipment</b>	<b>Next year</b>	<b>2 - 5 Years</b>	<b>Total</b>
Contractual amounts	976,803	1,381,279	2,358,082

Fixed term lease agreements for 36 months with the option to extend for an indefinite period, subject to the right of either party to terminate the agreement upon not less than 30 days written notice.

## 19. OTHER COMPREHENSIVE INCOME

### COMPONENTS OF OTHER COMPREHENSIVE INCOME - 2016

Items that may be reclassified to profit or loss

<b>Available-for-sale financial assets adjustments</b>	<b>Gross</b>	<b>Tax</b>	<b>Net</b>
Gains and losses arising during the year on Sanlam shares	(158,535)	-	(158,535)

### Components of other comprehensive income - 2015

Items that may be reclassified to profit or loss

<b>Available-for-sale financial assets adjustments</b>	<b>Gross</b>	<b>Tax</b>	<b>Net</b>
Gains and losses arising during the year on Sanlam shares	334,238	-	334,238

### Figures in Rand

2016

2015  
restated

## 20. CASH GENERATED FROM (USED IN) OPERATIONS

Surplus / (Loss) for the year	(1,963,224)	9,194,861
<b>Adjustments for:</b>		
Depreciation and amortisation	1,425,208	2,118,804
Net profit on disposal of property, plant and equipment	8,574	7,027
Dividends received	(28,722)	(25,531)
Interest received - investment	(20,700,511)	(18,457,543)
Movements in provisions	(419,230)	(9,169,106)
Reversal of impairment	-	(2,756,776)
<b>Changes in working capital:</b>		
Trade and other receivables	(8,231,783)	1,233,653
Trade and other payables	8,660,444	(3,982,369)
Income received in advance	11,176,679	17,543,010
	<b>(10,072,565)</b>	<b>(4,293,970)</b>

# NOTES TO THE ANNUAL FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2016

## 21. RELATED PARTIES

### Relationships

Registrar and CEO - Dr B Mjamba-Matshoba	Refer to note 22
COO – Adv TP Boikanyo	Exposure is limited to employee remuneration as disclosed and included under Operating expenditure in the Detailed Income Statement
Ombudsman - Dr MA Kwinda	
CIO - Ms. SN Nqaba – started March 2016	
ACIO – Mr. B Maluleka – Acted October 2015 to February 2016	
CFO – Mr. SS Zulu – September 2014 to March 2015	
Interim CFO - Ms. M de Graaff – Started April 2015	
GM: Legal – Adv FP Khumalo	
GM: CRR – Mr. LT Makamba – Started October 2015	
Acting GM: CRR – Ms. M Venter – Acted till September 2015 (role shared)	
Acting GM: CRR – Ms. DK Nkoane - Acted till September 2015 (role shared)	
Acting GM: Professional Boards – Ms. A Taljaard – Acted till May 2015	
Interim GM: Professional Boards – Mr. S Mabuza – June 2015 to December 2015	
SM: HR – Mr. K Dube	
SM: PR – Ms. CM Motloung – till June 2015	
SM: PR – Ms. D Chuma – Started December 2015	
Acting SM: PR – Mr. SG Mthimkulu – Acted July, September and November 2015	
Acting SM: PR – Ms. KP Sekhonyana – Acted August and October 2015	
Manager: Support Services – Ms. O Fisher – Retired December 2015	
Acting Manager: Support Services – Mr. T Malapane – Acted January to March 2016	
President of Council - Prof MS Mokgokong	Refer to note 23
Council members - 29 council members	Refer to Councilor's report
Association of Medical Councils of Africa (AMCOA) - HPCSA is a member of AMCOA and manages the day-to-day financial affairs of AMCOA	Refer to note 11
Minister of Health and Department of Health	Health Professions Act no 56 of 1974

### Figures in Rand

2016

2015  
restated

### Related party transactions

#### Council/Professional Board member fees

Member fees	12,631,319	12,399,492
Preparation fees	2,740,590	2,454,823
Subsistence expenses	4,693,882	3,505,377

#### Other related party accounts receivable / (payable)

AMCOA loan account	-	7,382
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## NOTES TO THE ANNUAL FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2016

### 22. KEY MANAGEMENT REMUNERATION

#### 2016

	Salaries	Performance bonus	Retirement benefits	Medical aid contribution	Total
Dr B Mjamba-Matshoba (Registrar and CEO)	1,904,145	245,432	114,238	34,135	2,297,950

#### 2015

	Salaries	Performance bonus	Retirement benefits	Medical aid contribution	Total
Dr B Mjamba-Matshoba (Registrar and CEO)	1,892,572	210,655	115,698	31,848	2,250,773

### 23. COUNCILORS EMOLUMENTS

The following emoluments, allowances and travel costs have been paid to Councilors for Council and Council Committee meetings:

#### 2016

	Members Fees	President Allowance	Subsistence Allowance	Travel Costs	Total Fees
Prof MS Mokgokong	27,050	28,539	19,405	-	74,994
Dr TKS Letlape	122,130	31,125	-	14,957	168,212
Prof T Sodi	39,610	-	-	2,600	42,210
Mr. LA Malotana	76,360	-	-	3,929	80,289
Ms. X Bacela	8,340	-	-	1,221	9,561
Dr S Balton	43,240	-	-	4,484	47,724
Ms. ND Dantile	43,540	-	-	2,321	45,861
Ms. RM Gontsana	28,880	-	-	2,550	31,430
Prof NS Gwele	21,390	-	-	29,417	50,807
Prof SM Hanekom	33,110	-	-	5,564	38,674
Ms. MM Isaacs	61,620	-	-	21,736	83,356
Mr. M Kobe	70,650	-	-	4,325	74,975
Mr. MAW Louw	50,250	-	-	594	50,844
Adv T Mafafo	16,910	-	-	191	17,101
Prof NJ Mekwa	40,230	-	-	1,246	41,476
Prof K Mfenyana	25,870	-	-	9,126	34,996
Dr RL Morar	39,740	-	-	309	40,049
Mrs. D Muhlbauer	13,280	-	-	878	14,158
Dr TA Muslim	49,100	-	-	4,980	54,080
Ms. JM Nare	29,960	-	-	10,283	40,243
Prof YI Osman	23,320	-	-	797	24,117
Prof BJ Pillay	32,970	-	-	6,494	39,464
Ms. B Pule	16,910	-	-	846	17,756
Mr. S Ramasala	91,580	-	-	6,646	98,226

# NOTES TO THE ANNUAL FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2016

## 23. COUNCILORS EMOLUMENTS (CONTINUED)

2016

	Members Fees	President Allowance	Subsistence Allowance	Travel Costs	Total Fees
Ms. DJ Sebidi	32,860	-	-	4,334	37,194
Mr. S Sobuwa	23,550	-	-	618	24,168
Mr. A Speelman	38,190	-	-	799	38,989
Mr. KO Tsekeli	26,100	-	-	1,046	27,146
Ms. MS van Niekerk	33,090	-	-	2,500	35,590
Prof E Wentzel-Viljoen	19,460	-	-	4,654	24,114
Ms. V Amrit	23,090	-	-	1,057	24,147
Mr. R Naidoo	25,620	-	-	309	25,929
Mr. J Chaka	25,620	-	-	2,354	27,974
Prof UME Chikte	29,730	-	-	1,057	30,787
Ms. R Bridgemohan	18,910	-	-	137	19,047
Prof TA Ramukumba	20,310	-	-	1,145	21,455
Ms. VR Moodley	32,510	-	-	309	32,819
Prof NP Taukobong	36,500	-	26,619	1,495	64,614
Prof S Singh	46,790	-	19,405	3,346	69,541
Mrs. RM Kekana	31,660	-	-	594	32,254
Prof G van Zyl	25,020	-	-	-	25,020
Ms. TS Mtshali	21,390	-	-	206	21,596
Mr. DN Serenyane	13,900	-	-	6,706	20,606
Mr. RL Mjethu	17,530	-	-	-	17,530
Mr. KP Legodu	38,920	-	-	13,357	52,277
Rev G Moerane	23,090	-	-	-	23,090
Mr. VM Mkhombo	17,990	-	-	19,323	37,313
Mr. MD Mhlanga	25,020	-	-	12,531	37,551
Dr LM Moja	49,350	-	19,405	26,443	95,198
Ms. L Dikweni	28,030	-	-	219	28,249
	<b>1,730,270</b>	<b>59,664</b>	<b>84,834</b>	<b>240,033</b>	<b>2,114,801</b>

# NOTES TO THE ANNUAL FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2016

## 23. COUNCILORS EMOLUMENTS (CONTINUED)

The following emoluments, allowances and travel costs have been paid to Councilors for Council and Council Committee meetings:

### 2015

	Members Fees	President Allowance	Subsistence Allowance	Travel Costs	Total Fees
Prof MS Mokgokong	137,717	69,174	-	54,580	261,471
Prof T Sodi	60,570	-	10,828	6,945	78,343
mar AL Malotana	13,900	-	-	4,133	18,033
Prof E Wentzel-Viljoen	12,040	-	-	5,808	17,848
Ms. V Amrit	20,960	-	-	1,056	22,016
Mr. R Naidoo	38,800	-	-	4,762	43,562
Ms. VR Moodley	34,440	-	-	-	34,440
Mr. J Chaka	34,550	-	-	2,633	37,183
Prof UME Chikte	24,010	-	-	1,348	25,358
Ms. R Bridgemohan	13,900	-	-	396	14,296
Prof TA Ramukumba	29,250	-	-	2,628	31,878
Ms. RM Kekana	28,130	-	-	1,009	29,139
Prof S Singh	68,070	-	25,484	6,402	99,956
Mr. DN Serenyane	37,980	-	-	19,385	57,365
Prof G van Zyl	5,560	-	-	-	5,560
Mr. S Ramasala	80,380	-	-	6,765	87,145
Ms. TS Mtshali	34,440	-	-	1,930	36,370
Ms. MM Isaacs	36,830	-	-	8,615	45,445
Mr. RL Mjethu	16,520	-	-	-	16,520
Mr. KP Legodu	37,910	-	-	14,374	52,284
Rev MPG Moerane	16,680	-	-	-	16,680
Mr. VM Mkhombo	17,720	-	-	23,211	40,931
Mr. MD Mhlanga	10,270	-	-	9,994	20,264
Prof N Gwele	5,560	-	-	6,968	12,528
Dr LM Moja	93,550	-	69,455	19,072	182,077
Prof K Mfenyana	19,460	-	-	11,088	30,548
Prof NP Taukobong	25,740	-	-	2,376	28,116
Ms. L Dikweni	8,340	-	-	170	8,510
	<b>963,277</b>	<b>69,174</b>	<b>105,767</b>	<b>215,648</b>	<b>1,353,866</b>

# NOTES TO THE ANNUAL FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2016

Figures in Rand	2016	2015 restated
<b>24. ROAD ACCIDENT FUND (RAF)</b>		
The surplus recovered from the agreement between HPCSA and the Road Accident Fund can be reconciled as follows:		
Employee costs	2,564,209	2,271,593
RAF legal, tribunal expenditure, sheriff and disbursements	7,927,349	3,877,984
HPCSA overheads (Stationery, telephone and training)	534,666	185,987
<b>Cost incurred by HPCSA</b>	<b>11,026,224</b>	<b>6,335,564</b>
Amounts invoiced to RAF iro costs incurred	11,026,224	6,468,354
Management accounts	2,184,392	2,060,747
Rental income	166,803	157,361
<b>Amounts received from RAF</b>	<b>13,377,419</b>	<b>8,686,462</b>
<b>Surplus</b>	<b>2,351,195</b>	<b>2,350,898</b>

## 25. 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 equivalent 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 value.
- Trade and other payables - are subject to normal trade credit terms and short payment cycles. The cost of other payables approximates its fair value.

No financial instrument is carried at an amount in excess of its fair value.

### LIQUIDITY RISK

The Health Professions Council of South Africa manages liquidity risk through the compilation and monitoring of cash flow forecasts as well as ensuring that there are adequate banking facilities.

# NOTES TO THE ANNUAL FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2016

## 25. RISK MANAGEMENT (CONTINUED)

### MATURITY PERIOD

	0-12 Months	1-5 Years	> 5 Years
<b>2016 Financial Assets</b>			
Cash and cash equivalents	356,173,834	-	-
Trade and other receivables	19,075,508	-	-
	<b>375,249,342</b>	-	-
<b>2016 Financial Liabilities</b>			
Trade and other payables	20,170,251	-	-
Income received in advance	186,679,025	-	-
	<b>206,849,276</b>	-	-
<b>2015 Financial Assets</b>			
Cash and cash equivalents	350,855,337	-	-
Trade and other receivables	10,889,213	-	-
	<b>361,744,550</b>	-	-
<b>2015 Financial Liabilities</b>			
Trade and other payables	11,755,459	-	-
Income received in advance	175,303,716	-	-
	<b>187,059,175</b>	-	-

### INTEREST RATE RISK

The Health Professions Council of South Africa does have investments which is interest-bearing assets. The Council is however funded through different income streams received from members. Interest rate fluctuations will therefore not have a material impact on income and operating cash flows.

### CREDIT RISK

Potential concentrations of credit risk consist mainly of cash and cash equivalents, trade receivables and other receivables. At 31 March 2016, 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.

# NOTES TO THE ANNUAL FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2016

Figures in Rand	2016	2015 restated
<b>26. UNAUTHORISED, IRREGULAR AND FRUITLESS AND WASTEFUL EXPENDITURE</b>		
<b>Irregular expenditure</b>		
Opening Balance	1,101,472	1,097,925
Meeting recordings	-	3,547
Penalties and interest	-	3,547
Condonment	(1,101,472)	-
	<b>-</b>	<b>1,101,472</b>

## SUPPLIER OF GOODS AND SERVICES - 2015

The supplier of meeting recordings and transcriptions was not on database of preferred suppliers.

## PENALTIES AND INTERESTS - 2015

The penalties and interest incurred during the year under review was as a result of incorrect cheque drawn for SARS to pay employees "pay as you earn". There was a difference between the amounts in words and in numbers on the cheque.

## 27. CONTINGENT LIABILITIES

### MATTER REGARDING FORMER LEGAL ADVISOR

A former employee lodged complaint against Council with CCMA for unfair dismissal and he won the matter at CCMA. The CCMA Award was reviewed and set aside by the Labour Court. The Labour Court referred the matter back to the CCMA to be heard anew. The former employee has resuscitated the matter by following the Labour court ruling to remit matter back to CCMA. The CCMA is expected to issue an award in October 2016. In the event that CCMA rules in employees favor, compensation may be made, which may be equal to R520,581. The HPCSA has not made any provisions in this financial year and will continue to review this decision on an on-going basis.

### MATTER REGARDING FORMER GENERAL MANAGER

The employee has referred matter to CCMA following an unsuccessful appeal to MANCO. The first hearing was on 21 August 2015 and Commissioner agreed to postpone matter for re- enrolment. Following several arbitration meetings, the arbitration proceeding were concluded and the CCMA issued an award in August 2016 dismissing the employees case. The employee has indicated that they will lodge an application for review at the Labour Court. In the event that Labour court review rules in employees favour an award of 12 months compensation may be made, which may be equal to R1,381,812. The HPCSA has not made any provisions in this financial year and will continue to review this decision on an on-going basis.

## 27. CONTINGENT LIABILITIES (CONTINUED)

### MATTER REGARDING FORMER GENERAL MANAGER

The former General Manager: Legal has entered into a dispute with Council. The Commission for Conciliation, Mediation and Arbitration (CCMA) ruled in favor of the official. The decision was also taken to the Labour Court for review. The Labour Court ruled that the matter be remitted back to the CCMA to be heard before another Commissioner. The employee has subsequently referred the matter back to the CCMA. A set down date has not yet been received from the CCMA. In the event that CCMA rules in employees favour a maximum award of 12 months compensation may be made, which will be equal to R520,581. The HPCSA has not made any provisions in this financial year and will continue to review this decision on an on-going basis.

### MATTER REGARDING PRACTITIONER: MR. RP MCMAHON

Mr. McMahon has instituted an action against Council in the KwaZulu-Natal High Court, Pietermaritzburg, in which he claims payment of the sum of R 11 million plus interest and costs. There are no actions at the moment as Mr. McMahon is experiencing challenges. The matter is currently dormant. The HPCSA has not made any provisions in this financial year and will continue to review this decision on an on-going basis.

### MATTER REGARDING PRACTITIONER: MS. CJ GROBLER

The practitioner experienced slow reaction of the Council to complaints against Dr Gordon. She is claiming damages estimated R768,000. 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. The HPCSA has not made any provisions in this financial year and will continue to review this decision on an on-going basis.

### MATTER REGARDING PRACTITIONER: DR JF SCHOLTZ

A claim has been lodged against the Council of the HPCSA due to incorrect registration status provided on behalf of a registered practitioner resulting in the loss of employment opportunity of the registered practitioner. The practitioner is claiming payment of the sum of R 50 million. The HPCSA has a 60% chance of obtaining Court's favor. The matter was last postponed in September 2014 when the attorneys of Dr Scholtz failed to secure the attendance of witnesses from Abu Dhabi for purposes of trial. Dr Scholtz as the Plaintiff has taken no further steps to re-enroll the matter. The HPCSA has not made any provisions in this financial year and will continue to review this decision on an on-going basis.

### MATTER REGARDING FORMER ACTING CHIEF EXECUTIVE OFFICER

The acting Acting Chief Executive Officer was suspended with effect from 7 October 2011.

The matter went to the CCMA and the Council was ordered to reinstate the acting Chief Executive Officer in the position of Chief Operations officer. The CCMA Award was reviewed and set aside by the Labour Court. The Labour Court referred the matter back to the CCMA to be heard anew. The applicant referred the matter back to the CCMA. After several arbitration hearings, in June 2016, the CCMA issued a ruling in favour of the HPCSA. Subsequent to the ruling, the applicant gave notice of an application for review at the Labour Court. In the event that Labour Court rules in employees favor an award of compensation may be made, which might be equal to R1,505,212.

The HPCSA has not made any provisions in this financial year and will continue to review this decision on an on-going basis.

# NOTES TO THE ANNUAL FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2016

## 28. PRIOR PERIOD ERRORS

The Council identified prior period errors during the process of preparation of the annual financial statements. The errors have been corrected through retrospectively restatement of the comparative figures SAICA in the current financial year's financial statements.

Figures in Rand	2016	2015 restated
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The correction of the errors resulted in net adjustments as follows:

### 28.1 PROVISIONS

Provision for employee labour cases, court litigation cases and MDB reserves did not meet the recognition criteria of IAS37 as the provision could not be estimated reliably.

#### Statement of Comprehensive Income

Decrease in legal costs	-	(3,160,000)
Increase in labour relation expenses	-	25,402

#### Statement of Financial Position

Decrease in provision for court litigation	-	16,485,000
Decrease in provision for MDB reserve	-	305,000
Decrease in provision for employee labour costs	-	714,806
Increase in retained income (balance sheet) opening balance as 01 April 2014	-	(14,370,208)

### 28.2 SETTLEMENT LABOUR COSTS

The settlement for an employee labour case was paid and incorrectly accrued for during the financial year ended 31 March 2015.

#### Statement of Comprehensive Income

Decrease in settlement costs	-	(494,776)
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#### Statement of Financial Position

Increase in retained income (balance sheet) opening balance as 01 April 2015	-	494,776
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### 28.3 BONUS SAVINGS

Bonus savings were incorrectly classified as provisions. This error was corrected by reclassifying bonus savings to trade and other payables. The correction of the error resulted in net adjustment as follows:

#### Statement of Financial Position

Decrease in provisions	-	(345,304)
Increase in Trade and other payables	-	345,304

## DETAILED INCOME STATEMENT

FOR THE YEAR ENDED 31 MARCH 2016

Figures in Rand		2016	2015 restated
<b>Revenue</b>			
Annual Fees Current year before suspensions		164,746,932	147,811,023
<b>Less:</b> Suspension of membership		(7,394,920)	(5,105,132)
Annual fees - Current year		157,352,011	142,705,891
Annual fees - Prior year		2,881,913	2,847,092
Fees from penalties imposed		2,346,525	2,605,350
Registration fees		17,268,954	16,897,386
Unidentified receipts recognised		783,743	1,335,013
Restoration fees		4,968,369	5,090,520
Examination fees		2,159,915	1,608,066
Evaluation fees		1,851,168	1,169,412
Other professional fees		1,917,691	1,465,530
	12	<b>191,530,289</b>	<b>175,724,260</b>
<b>Other income</b>			
RAF management fees	24	2,184,392	2,060,747
Rental income	24	166,803	157,361
RAF Recovery	24	11,009,794	6,468,354
Sundry revenue		151,803	383,142
Register sales		79,115	115,492
Tender fees		17,655	15,229
Insurance compensation		36,105	18,563
Impairment reversal - intangible assets	4	-	2,756,779
Dividends received	15	28,722	25,531
Interest received	15	20,700,511	18,457,543
		<b>34,374,900</b>	<b>30,458,741</b>
<b>Expenses (Refer to page 160)</b>		<b>(227,868,413)</b>	<b>(196,988,141)</b>
<b>Surplus for the year</b>		<b>(1,963,224)</b>	<b>9,194,860</b>

The supplementary information does not form part of the annual financial statement and is unaudited

## DETAILED INCOME STATEMENT

FOR THE YEAR ENDED 31 MARCH 2016

Figures in Rand		2016	2015 restated
<b>Operating expenses</b>			
Air conditioning expenses		222,941	168,035
Auditors remuneration	17	408,263	377,697
Bad debts - increase/(decrease) in provision		(1,383)	407,491
Bank charges		3,320,287	1,723,230
Cash shortages		576	-
Cleaning		604,832	590,596
Consulting and professional fees		651,868	915,022
Council, professional board and committee meetings		46,275,816	41,874,610
Depreciation, amortisation and impairments		1,425,208	2,118,804
Employee costs		125,904,128	104,509,981
Equipment and furniture less than R1000		42,650	20,256
IT expenses		5,420,978	2,806,759
Insurance		507,363	402,358
Internal Audit Fees		955,354	913,461
International conference		283,657	1,680,851
Lease rentals on operating lease		932,338	850,998
Legal expenses		12,611,931	16,967,363
Library costs		93,778	-
Loss on sale of assets		8,574	7,027
Municipal expenses		2,045,547	1,819,714
Postage		3,675,366	3,079,689
Printing and stationery		5,310,870	3,191,525
Public relations and promotions		3,157,287	3,132,262
RAF Expenses	24	6,901,575	3,868,381
Repairs and maintenance		920,935	1,139,968
Security		843,296	780,989
Strategic projects – Teambuilding, Strategic Sessions and Off-site registrations		3,735,423	2,521,834
Subscriptions		58,742	163,612
Telephone and fax		1,399,586	883,735
Tender administrative costs		150,627	71,893
		<b>227,868,413</b>	<b>196,988,141</b>

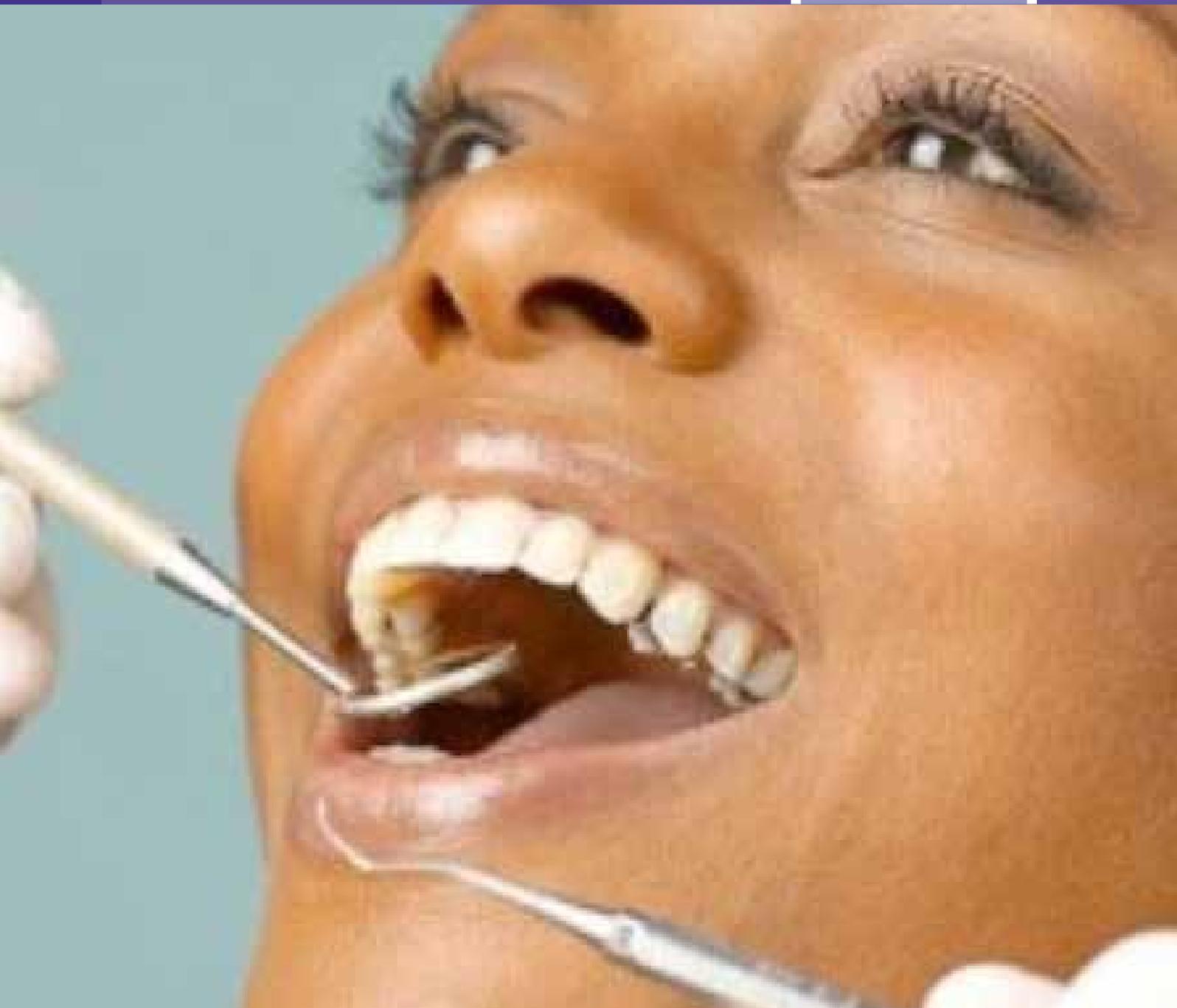
The supplementary information does not form part of the annual financial statement and is unaudited





# ABBREVIATION AND ACRONYMS

05





## ACRONYMS AND ABBREVIATIONS

<b>ADSA</b>	Association for Dietetics in South
<b>AKA</b>	Also Known As
<b>ARCOM</b>	Audit And Risk Committee
<b>AQA</b>	Accreditation and Quality Assurance Committee
<b>CDD</b>	Committee of Dental Deans
<b>CEO</b>	Chief Executive Officer
<b>CEU's</b>	Continuing Educational Unit/s
<b>CFO</b>	Chief Financial Officer
<b>CHE</b>	Council of Higher Education
<b>CRR</b>	Continuing Professional Development, Registrations And Records
<b>COO</b>	Chief Operations Officer
<b>CPD</b>	Continuing Professional Development
<b>DAASA</b>	Dental Assistants Association of South Africa
<b>DHET</b>	Department of Higher and Education Training
<b>DNB</b>	Professional Board for Dietetics and Nutrition
<b>ECA</b>	Emergency Care Assistants
<b>ECFMG</b>	Educational Commission for Foreign Medical Graduates
<b>ECP</b>	Emergency Care Practitioners
<b>ECT</b>	Emergency Care Technicians
<b>EH</b>	Environmental Health
<b>EHA</b>	Environmental Health Assistants
<b>EHP</b>	Professional Board for Environmental Health Practitioners
<b>EMB</b>	Professional Board for Emergency Care
<b>ERM</b>	Enterprise Risk Management
<b>ETQA</b>	Education and training Quality Assurance
<b>FY</b>	Financial Year
<b>HESA</b>	Higher Education of South Africa
<b>HPA</b>	Health Professionals Act
<b>HPCSA</b>	Health Professions Council of South Africa
<b>HR</b>	Human Resources
<b>HRH</b>	Human Resources for Health
<b>HWSETA</b>	Health and Welfare Sector Education and Training Authority
<b>ICT</b>	Information and Communication Technologies
<b>IMC</b>	Internal Management Committee
<b>ISO</b>	International Organisation for Standardisation
<b>IT</b>	Information Technology
<b>MDB</b>	Medical and Dental Professions Board
<b>MDTT</b>	Multi-Disciplinary Task Team

<b>MOH</b>	Minister of Health
<b>MTSF</b>	Medium term Strategic Framework
<b>MTT</b>	Ministerial Task Team
<b>NEHAWU</b>	National, Education, Health and Allied Workers Union
<b>NDOH</b>	National Department of Health
<b>NDP</b>	National Development Plan
<b>NGO</b>	Non-Government Organisation
<b>NHI</b>	National Health Insurance
<b>NPA</b>	National Prosecuting Authority
<b>OCP</b>	Occupational Therapy, Medical Orthotics and Prosthetics, and Arts Therapy
<b>ODO</b>	Professional Board for Optometry and Dispensing Opticians
<b>OHASA</b>	Oral Hygienist Associations of South Africa
<b>OHSC</b>	Office of Health Standards Compliance
<b>PBDOH</b>	Professional Board for Dental Therapy and Oral Hygiene
<b>PBMT</b>	Professional Board of Medical Technology
<b>PPB</b>	Professional Board for Physiotherapy, Podiatry and Biokinetics
<b>PSB</b>	Professional Board for Psychology
<b>PsySSA</b>	Psychological Society of South Africa
<b>RCT</b>	Professional Board for Radiography and Clinical Technology
<b>SADA</b>	South African Dental Association
<b>SADTA</b>	South African Dental Therapy Association
<b>SANC</b>	South African Nursing Council
<b>SAQA</b>	South African Qualifications Authority
<b>SIOPSA</b>	Society For Industrial and Organisational Psychology of South Africa
<b>SLA's</b>	Service Level Agreements
<b>SLH</b>	Professional Board for Speech, Language and Hearing Therapy
<b>SMART</b>	Specific, Measurable, Achievable, Realistic, Timed
<b>SMLTSA</b>	Society of Medical Laboratory Technology of South Africa
<b>SOP/s</b>	Standard Operating Procedure/s
<b>UN</b>	United Nations
<b>UNDP</b>	United Nations Development Programme
<b>WHO</b>	World Health Organisation