

## Training of Mid-Level Workers (MLW) in South Africa

South Africa adopted the policy of health care delivery system based on the primary health care approach. The introduction of MLW will increase access to quality health care for all by strengthening primary health care delivery.

This new cadre of workers is meant to bridge the gap between the urban and rural divide, the well-resourced and under-served areas. The main objective is to improve access to health care to all sectors irrespective of geographical location.

Training of Mid Level Workers (MLW) relates to the scope of practice allowed. The training

required can be determined in terms of skills shortages, quality improvement, new technology or new health interventions and emerging health programmes requiring certain types of skills.

Training of Mid Level Workers varies in terms of entry qualifications, training content and duration of training as determined by each professional council.

The implications of any introduction of new categories may be perceived in terms of the following:

- Scopes of practice and career paths.
- Resources for training.
- Location of training (facilities).
- Academic staff to offer the training.
- Funding of training.

What are the entry requirements?  
MLWs should possess basic literacy and numeracy. They should have passed Grade 12.

Priority must be given to interested individuals in the rural and underserved areas, and where possible, they must be linked to a clinic, community centre or a district hospital. Health sciences have a scientific base and it is for this reason that employers can utilise untrained Matric school leavers with a certain level of basic education. Recognition of prior learning can be applied.

How long should the training be?  
Mid-level workers should be trained for a minimum period of two years.

The duration of training of mid-level workers should be at least half that of the profession in which they are being trained. Training institutions must determine unit standards for each course and determine a reasonable minimum duration to allow functionality of these cadres.

Consultative process with stakeholders agreed that minimum training should be fixed at two



Occupational Therapist working with a child with learning problems using growth motor co-ordination.  
Photo courtesy of Wits University's OT Department.

years to maintain a level of efficacy of MLW's that would ensure acceptable quality standards in health care delivery.

What should the course cover?  
To be based on health care needs, the relevant profession shall determine the course content. Professional Councils currently does the accreditation, evaluation and ratification of subject matter taught in the various programmes. On completion of training, the Council will also register the MLWs.

### Policy objectives

The aim of the initiative is to:

- Determine one definition and develop a uniform policy on mid-level workers in South Africa.
- Define the role of a mid-level worker within the South African health system.
- Provide guidelines on production, training, and utilization of MLW's within the context of the HR Plan.
- Set the scene for regulation and registration of mid-level workers.
- Provide guidelines on customizing MLW cadres to South African health care needs, after benchmarking on regional and international best practices on MLW's.
- Facilitate integration of mid-level worker cadres into the health system and health care teams in the work place.

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### General Information

Should you require any information or assistance from Council, please direct your queries as follows:

- General queries – Registration details, annual and pro rata fees, practising cards: Call Centre: 012 338 9300/01
- Communication with the Board should be made via the administrative office: 012 338 9460, email: daniek@hpcsa.co.za
- Website: www.hpcsa.co.za

# Chairperson's note

At the end of 2007 the Board as it is at present moves into its last year. The five years seem to have gone very quickly. The composition of the present Board is a particularly effective one and much material has been dealt with during this time, for all three professions. Board members are hard working and concerned, meetings are efficiently run, deadlines are generally met (with a bit of a push at times!) and we appear to work well together. I like to think there is a feeling of openness.

One of the most important matters dealt with by the Board is the up-grading of the Occupational Therapy Assistants (OTAs)/Community Rehabilitation workers (CRWs) to the status of Occupational Therapy Technician (OTT) by instituting a Board Examination. The first Board examination took place on April 4th 2007 at the HPCSA and 10 candidates were examined and the second examination was at the Polokwane Hospital on 26th September and 18 candidates were examined. At the end of March 2008 OTT Board examinations are planned for Port Elizabeth, Cape Town, Polokwane and Johannesburg.

The training of OTAs in South Africa will cease at the end of 2007 and this Board will only recognise OTT training programmes from this date. OTAs not wishing to do the Board examination will always be recognised and registered by the Board and will also have recognition on the Board.

At the same time as our deliberations on this subject, we were delighted to know that the Department of Health has taken up the issue of Mid-level Health Workers, and we have been involved in the preliminary meetings. The meetings served to confirm that our work with our Mid-level Health Workers is very much on track.

The SGB process for the National Diploma in Medical Orthotics/Prosthetics has been

completed and submitted. The Standards of practice have also been completed. All undergraduate training in this profession is undertaken in public facilities. The training is evaluated every four years by the Professional Board in order to bring about compliancy.

The Mid-level Health Workers in this Profession have been to some extent neglected.

There are various categories of workers, some of whom are professions in their own right e.g. leather-workers and boot-makers, who object strongly to being classified as assistants. They need special consideration and the Board is working on this representatives from the Board had a long overdue, but excellent meeting with the Department of Health under the Chairmanship of Mrs Mdlalose. Subjects discussed were the Mid-level Health Workers, the lack of scarce skills allowance for Medical Orthotists and Prosthetists and the creation of posts and community service for Arts Therapists. The Arts Therapists have been invited to make a presentation to the department in order to develop an understanding of this profession. The meeting has not yet taken place.

A very successful meeting was also held with the Department of Education under the Chairmanship of Mr Hindle. Some of the subjects under discussion were the role of the occupational therapist in Inclusive Education and Education posts for Occupational Therapists doing community service. We are waiting for follow up meetings with relevant persons in the department.

All SAQA documents for Occupational Therapy, Occupational Therapy Assistants, Arts Therapy and Medical Orthotics/Prosthetics were submitted in December 2006. The document on the New Minimum Standards for the training of

Occupational Therapy Technicians was completed in November 2006 in time before the



Chairperson of the Board  
Dr. Rosemary Crouch

implementation of the Board Up-grading Examinations. Susan Beukes, chairperson of the Education Committee has planned a meeting of Stakeholders in February 2008 to debate the Minimum Standards for Training for Occupational Therapists. Mrs Beukes also serves on the Council's CPD Committee and reports back to the Board. The Board members feel positive about the new developments in CPD.

The number of foreign applicants applying to do the Board examinations, in all three professions, has increased. The examining of these applicants is labour and time intensive and expensive. Foreign professionals now have to register with the Department of Health before they can be considered for examination. Their registration only permits them to work in the public sector.

We have had a very difficult year from an administrative point of view and there have been great frustrations, not only for Board members but also for our registered professionals. We have at last been privileged to have an experienced Board Manager, Danie Kotze who has already got the ball rolling again and we are greatly relieved. We hope that he will stay with us for years.

Dr. Rosemary Crouch: Chairperson of the Board.

## Human rights, ethics now mandatory in CPD

The HPCSA has resolved that human rights and ethics will be a compulsory element in the CPD initiative for all healthcare practitioners. This has been made obligatory in the CPD curriculum in order to improve the ethical



professional behaviour and attitude of practitioners. In light of the above, all practitioners are now expected to accumulate 5 Continuing Education Units (CEUs) every year for human rights and ethics.

# OCP, PPB put cross training under spotlight

Dr Rosemary Crouch and Professor C Eales

A historic event took place on 13th April 2007 when the Executive Committees of the Board for Occupational Therapy, Medical Orthotics/Prosthetics and Arts Therapy and the Board for Physiotherapy, Podiatry and Biokinetics met to discuss common issues.

The main item for discussion was the Cross Training (multi-skilling) within the professions. It was acknowledged by the members present at the meeting that difficulties exist in cross-skilling between the professions of Physiotherapy and Occupational Therapy. This should firstly be addressed at an undergraduate level. Addressing the issues on specific activities would only be possible when the minimum standards of training for the professions are finalised and the new, revised scopes of the professions have been defined. It was proposed that information regarding overlapping and profession specific actions be collected by both the professional Boards via input from the practitioners. The Boards have clearly defined specific treatment modalities taught at an undergraduate level which may not be taught as intervention by the other profession. The core functions must be identified at a service or practice level. New areas of practice or techniques must be defined and discussed as they are developed by the two Boards, as well as profession specific actions, areas of overlap and quality control measures must be identified.

It was decided to discontinue the terms "multi-skilling and cross-training" as these terms are confusing. The emphasis is on clarification of the use of modalities by practitioners in the two professions.



At a post-graduate level where many of the problems arise as a result of "cross-training and multi-skilling," it was decided that the Boards would continue with a stricter registration of post-graduate courses submitted to them by educational institutions for approval. New post-graduate courses would not be automatically recognised. Also post-graduate qualifications submitted by a professional to a Board would not automatically be recognised. The Boards will collaborate when applications for new post-graduate courses are received. They must be satisfied that when at a post-graduate level, a modality from another profession is taught, the

professional has sufficient skill to apply the modality in a safe and competent manner.

It is only under these conditions that the two Boards will condone the use of modalities by practitioners from the other profession. Post-graduate training courses in the use of modalities from the other professions must be a registrable qualification with the Boards eg. M Occ Ther – Hand therapy and M Physio Ther – Handtherapy. At present there are no specialist registers available for these two professions. The establishment of specialist registers for the two Boards is an aspect that is under investigation.

No category or specialist registers for Hand Therapists, Play Therapists etc. exist at present and these post-graduate qualifications could only be regarded as a field of interest. The professional could only practice under their original registration as Occupational Therapist or physiotherapist.

The issue of Mid-level Health Workers in the professions was briefly discussed but will have to be revisited when the promulgation of the legislation of the HEQF on the different levels and credit allocation has taken place.

A draft policy on the overlap of scopes of professions should be issued by the end of 2007.

## Inform Council of address changes!



HPCSA is required by law to keep accurate registers of all the healthcare practitioners falling under its authority. Healthcare practitioners in turn are legally obliged to inform the HPCSA in writing of their change of address within 30 days of the change. This is in accordance with Section 18 (3) of the Health Professions Act, Act No. 56 of 1974.

Failure by practitioners to notify Council of their change of address constitutes an offence.

In terms of Section 19 (1)(b) of the Act, Council may erase such practitioners from the register for failing to inform Council within three months of the Registrar sending a certified letter of enquiry to the practitioner.

"Following our recent annual fee reminders sent to practitioners, many of the letters were returned to us unopened. We then sent registered letters to request written confirmation of the change of address details, but have had few responses. In these cases, we may – as we are entitled to by the Act – strike a practitioner's name from the register for frustrating our efforts to uphold the law," said Adv. Boyce Mkhize, HPCSA Registrar.

The address details need to be changed in writing and can be sent through to fax (012) 338-9312, by e-mail to marthinav@hpcsa.co.za, or by post to P O Box 205, Pretoria, 0001 for attention: Records Department.

## Professional Conduct Panels: Play your part.

Should a registered practitioner be interested in serving on professional conduct panels, the HPCSA would be interested in hearing from you. The professional should be a registered practitioner of the HPCSA and should not have pending complaints. A stipend will be offered for the practitioner's services to uphold the ethics of the healthcare professions. Anyone interested can contact Lynnette van den Berg at [lynnettevdb@hpcsa.co.za](mailto:lynnettevdb@hpcsa.co.za).

# Practitioners lose licence to practice

The August 2007 erasures due to non payment of annual fees by practitioners have seen a number of practitioners from the Professional Board for Occupational Therapy, Medical Orthotics/Prosthetics and Arts Therapy being stripped of their right to practice.

Of the 3 936 practitioners registered with Council, 277 were erased. These practitioners will only be restored to the roll of practitioners once they have fully paid their annual dues and applicable penalties.

Once a practitioner is erased, he or she will have to pay a penalty fee to be restored to the register of practitioners. Those who apply for restoration of their names to the register within six months after erasure will pay twice the applicable annual fee for the current year, as well as the outstanding fees.

After a period of six months but within 12 months of the erasure date, the amount shall be equivalent to four times the applicable annual fees as well as the outstanding fees.

Practising without HPCSA registration is criminal and against the Health Professions Act of 1974.

## Payment methods

Registered practitioners may utilise any of the following payment methods:

Banking and debit orders: Contact Call Centre – 012 338 9300/01

## Banking Details:

Account name: HPCSA

Bank: ABSA

Branch: Arcadia

Branch Code: 33 49 45

Account number: 405 00 33 481 – annual fees

Account number: 061 00 00 169 – all other applications.

Reference number: registration number

## Credit card details

Authorisation to process a credit card entry must be faxed and duly signed by the practitioner concerned.



The following must be supplied:

Registration number

Card number and expiry date

Include CVV number at the back of card

Amount payable

What the money is for

Telephone number

Fax to: 012 338 9395 attention: Anne-Marie

Roux

Credit card enquiries can be directed to Anne-Marie Roux on 012 338 9386

## OT snatches award

Witbank based Occupational Therapist, Jennie McAdam, has done the Board and her province proud after winning the Excellence in Healthcare Award.

Ms McAdam received the highest accolade for healthcare professionals at a gala event hosted by the National Department of Health at Vodaworld on 23 November 2007.

The Award for Excellence in Healthcare is in recognition of her outstanding performance in occupational therapy services particularly in the public sector. Her dedication to quality healthcare and community involvement, her untiring advocacy efforts in promoting the rights of people with disabilities as well as her commitment to the Patient Charter led the Awards Committee to select her for the highest honour.

The Excellence in Healthcare Awards is an annual event that seeks to recognise and honour healthcare practitioners across the country who go beyond the call of duty to serve their fellow South Africans with distinction.



Jennie McAdam was one of the recipients of the Excellence Health Care Awards, and she received her award on 23 November 2007, at Vodaworld in Midrand. OCP News would like to congratulate her for her sterling work.



OCP News is a newsletter for all practitioners registered with the Professional Board for Occupational Therapy, Medical Orthotics/Prosthetics and Arts Therapy.

It is produced by the Public Relations and Service Delivery Department, HPCSA 2<sup>nd</sup> Floor, HPCSA Building, 553 Vermeulen Street, Arcadia, Pretoria.

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