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

Dear Sir / Madam

**INFORMATION FOR REGISTRATION AND EXAMINATION WITHIN THE OCP BOARD**

Your application for registration with the Health Professions Council of South Africa refers.

Foreign qualified health practitioners with qualifications that enable them to practice abroad/in their country of origin may apply for registration with the Health Professions Council of South Africa provided the applicant complies with the minimum requirements. The South African Minimum Standards for Training for professions registered within this Board (HPCSA) will be used as a guideline when the board examination is compiled. Candidates are advised to consult minimum standards documents, related to their profession, when selecting material to prepare for the examination. (<http://www.hpcsa.co.za/PBOccupational/Registration>)

Registration is on condition that the applicant submits written support in terms of employability from the Directorate: Workforce Management (DWM) of the National Department of Health, Pretoria.

The following procedure should be followed by foreign qualified practitioners:

- Step 1: Apply to the Board for registration by submitting current and relevant documentation, including an initial letter of endorsement towards employability issued by the DWM of the National Department of Health.
- Step 2: The education committee determines eligibility to sit the board examination. If approved, the first examination should be undertaken within a year of available examination after approval by the education committee.
- Step 3: Payment of the examination fee will be required for theoretical and practical examinations respectively before the examination. The date and venue of the examination will be decided by the Board, but will be conducted in April/May and September/October annually. (For Medical Orthotics and Prosthetics examinations will take place only in September/October). Proof of payment must be submitted with the application.
- Step 4: Undertake both part of the examination (theoretical and practical). A sub-minimum of 50% applies to each examination. Result will be available within six weeks of the last examination undertaken.
- Step 5: If successful and on receipt of written confirmation from the Board, obtain a letter of endorsement towards allocation and employment from the DWM of the National Department of Health.
- Step 6: Pay the prescribed fee for the issuance of the relevant registration certificate.

Kindly note that in order to obtain registration in the category Independent Practice work in the Public Service Sector may be required. In addition, you will be required to submit a letter of endorsement issued by the Directorate: Workforce Management (DWM) of the National Department of Health. This letter will only be issued on the basis of permanent residence status or South African citizenship. Stakeholders in making this decision are the Department of Health (DOH), Workforce management (FWMP) and the HPCSA.

In order to avoid delays in the processing of your application **all documents, correctly certified** as per the requirements of the Board should be submitted preferably **in one batch**. Applications submitted by **facsimile (fax)** will not be entertained. All documentation required by the Board should be submitted in English. Only original translations of the required documents done by a sworn translator and duly sealed and notarised will be accepted. In addition to such English translations, legible copies of the original documents, certified and duly sealed by a Notary Public should be submitted.

It should be noted that **separate** applications should be prepared and submitted to the Health Professions Council of South Africa (Form 176 OCP) and the Directorate: Workforce Management (DWM) of the National Department of Health. (Form 176 DOH)

It should be further noted that you would initially be required to be employed in public service or community service (depending on availability of community service placements). You would only be allowed to enter into independent practice once you have obtained South African citizenship or permanent residence status in terms of the Immigration Act, 2002 (Act No. 13 of 2002).

Should you require any further information, please feel free to write to the Professional Board or the DWM of the National Department of Health.

Yours faithfully

pp \_\_\_\_\_  
**REGISTRAR**

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**HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA  
PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS  
AND PROSTHETICS AND ARTS THERAPY**

**GUIDELINES FOR REGISTRATION OF FOREIGN QUALIFIED  
PRACTITIONERS**

These guidelines are intended to assist an applicant who wishes to apply for registration with the Professional Board for Occupational Therapy, Medical Orthotics and Prosthetics and Arts Therapy (OCP Board). This procedure consists of 3 stages:

**A STAGE 1 APPLICATION**

1. A foreign qualified applicant must hold a qualification entitling him or her to practise in the country in which the qualification was obtained.
2. The education and training of the applicant must meet the requirements of the Professional Board for the education and training required from candidates qualifying in South Africa. The Professional Board acting under the auspices of the Health Professions Council of South Africa will establish whether an applicant meets the prescribed Minimum Standards of Training for professions in the OCP Board in South Africa.
3. Please note that **separate** applications should be prepared and submitted to –
  - the Health Professions Council of South Africa
  - the Directorate: Workforce Management (DWM) of the National Department of Health in South Africa – See Form 176 DOH
4. The cut-off date for applications for the March / April examination will be 1 September of the preceding year. The cut-off date for applications for the September / October examination will be 1 February of the same year.
5. The following documents must be submitted to the Professional Board at the address provided below:
  - The attached application form, duly completed.
  - Copies of all degree/diploma certificates or equivalent academic qualifications certified by an attorney in his or her capacity as notary public and bearing the official stamp as well as sworn translation of these into English. Copies certified only by a Commissioner of Oaths **will not be accepted**. Alternatively original documents together with copies thereof could be submitted for verification by the relevant Council staff. In view of possible damage or loss of such documents it is not advisable to send such documents by mail.
  - A recent original Certificate of Status (Certificate of Good Standing), issued by the foreign registration authority/ies where the applicant is currently registered. Such certificates will only be accepted if they were issued within the preceding three months.
  - A copy of a valid Passport or Identity Document as proof of current citizenship, duly certified by a notary public as indicated above.
  - A letter of endorsement in support of the application for registration issued by the Directorate: Workforce Management (DWM) of the National Department of Health (Form 176 DOH attached hereto for this purpose). *This application should be compiled and submitted directly to The Director, DWM, National Department of Health, Civitas Building, 222 Thabo Sehume St, Pretoria, 0001, South Africa, 012 395 8000*
  - Applicants who fail to secure the support of the DWM towards an application for registration or employment will not be eligible for registration.
  - In the case of South African citizens who qualified abroad the letter of endorsement in support of the application for registration issued by the Directorate: Workforce Management

(DWM) of the National Department of Health is not required. Upon receipt of written confirmation by the Board of successful completion of the examination and that they are eligible to register with the Council such applicants are required to approach the Department of Health, for placement in community service posts as per the “Regulations relating to the registration of persons who hold qualifications not prescribed for registration” promulgated as Government Notice No. R. 101 on 6 February 2009.

Their contact details are as follows:

Website: <http://www.health.gov.za/contact.php>

Switchboard: 012 395 8000

Physical address: Civitas Building, 222 Thabo Sehume St, Pretoria

Postal address: Private Bag X828, Pretoria, 0001

6. In addition to the above minimum requirements, applicants may further be required to submit a detailed curriculum (in English) of the applicant’s course of study, specifying courses, content of education (theory) and training (practical/clinical), duration and mode of examination/evaluation.
7. In order to avoid delays in the processing of your application **all the documents, correctly certified** as per the requirements of the Board should be submitted preferably **in one batch**. Applications submitted by **facsimile (fax)** will not be entertained. All documentation required by the Board should be submitted in English. Only original translations of the required documents done by a sworn translator and duly sealed and notarised will be accepted. In addition to such English translations, legible copies of the original documents, certified and duly sealed by a Notary Public should be submitted.

**B STAGE 2 EXAMINATION**

1. Upon receipt of written confirmation by the Education Committee of the Professional Board for Occupational Therapy, Medical Orthotics and Prosthetics that the applicant is eligible to sit the Board Examination, he/she must submit the following to the Board prior to the examination:
  - Examination application form, duly completed.
  - A copy of the letter issued by the Education Committee of the Board confirming that the applicant is eligible to sit the examination.
  - The examination fee.
2. The examination of the Professional Board will be conducted in **April/May** and **September/October** (for medical orthotist and prosthetist, examinations will only be offered in September/October) consists of the following:

Occupational Therapy (OT)	<ol style="list-style-type: none"> <li>a. Three hour written examination which shall provide for –           <ol style="list-style-type: none"> <li>i. an assessment of knowledge of basic sciences, intervention strategies according to the models of occupational therapy and the role of the occupational therapist in the public health arena, applicable to clinical practice in South Africa.</li> <li>ii. an assessment of the candidate’s understanding of the ethics of the health professions and particularly the profession of occupational therapy, as practised in South Africa; and</li> </ol> </li> <li>b. A practical oral examination which will be based on the presentation of two case studies. Details for both these parts of the examination are reflected in Annexure D-</li> </ol>
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	<p>OT attached hereto.</p> <p>c. A candidate will have a maximum of two opportunities to pass each component of the examination within a period of three years.</p> <p>d. After successful completion of examinations South African citizens who obtained a qualification in another country will be required to complete one year of community service.</p>
<p>Medical Orthotics and Prosthetics (MOP)</p>	<p>a. Two three hour written examinations in Orthotics and Prosthetics respectively which shall provide for –</p> <ul style="list-style-type: none"> <li>i. knowledge of basic clinical assessment, measuring, manufacturing, fitting and issuing of devices, including the rehabilitation process in MOP in the South African public health arena.</li> <li>ii. an assessment of the candidate's understanding of the ethics of the health professions as practised in South Africa.</li> </ul> <p>b. A practical examination which will be based on orthotic and prosthetic levels of treatment. Refer to Annexure D-MOP.</p> <p>c. A candidate will have a maximum of two opportunities to pass each component of the examination within a period of three years.</p> <p>d. On successful completion of examinations the candidate will be required to complete an internship of minimum twelve months.</p>
<p>Arts Therapies (AT)</p>	<p>a. A three-hour written examination which shall provide for</p> <ul style="list-style-type: none"> <li>i. an assessment of knowledge of the theory, intervention strategies, and the clinical practice of the arts therapy medium for which the candidate is applying to register (i.e. either art therapy, dance/movement therapy, drama therapy or music therapy).</li> <li>ii. An assessment of knowledge of the application of the arts therapy medium for which the candidate is applying to register within the South African context.</li> <li>iii. an assessment of the candidate's understanding of the ethics of the health professions, and particularly the profession of the arts therapy medium for which the candidate is applying, as practised in South Africa</li> </ul> <p>b. A practical oral examination which will be based on the presentation of a case study. Details for both these parts of the examination are reflected in Annexure D-OT attached hereto.</p> <p>c. A candidate will have a maximum of two opportunities to pass each component of the examination within a period of three years.</p> <p>d. After successful completion of examinations South African citizens who obtained a qualification in another</p>

	country will be required to complete one year of community service.
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3. The Education Committee will appoint moderators and examiners for each examination.

**C STAGE 3 - REGISTRATION**

The Professional Board will issue a letter to applicants who have been successful in the examination. Such applicants will qualify for registration in the category Public Service by submitting a copy of the letter issued by the Board, a formal offer of employment endorsed by the DWM of the Department of Health, the prescribed registration fee as well as the documentation outlined in the letter.

In addition to the registration fee, applicants are required to pay a **pro-rata annual fee**. No registration certificate will be issued without all requested documentation being submitted.

**Address/Enquiries**

Duly compiled applications or written enquiries may be sent or delivered to:

The Registrar HPCSA P O Box 205 PRETORIA 0001 SOUTH AFRICA	OR	553 Madiba Street Arcadia PRETORIA
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## APPLICATION FOR REGISTRATION

Public Service     
  Education     
  Post graduate Study     
  Volunteer Service

### 1. TO BE COMPLETED BY APPLICANT (Please Print)

<b>Title:(Mr/Mrs/Miss):</b>							
<b>Surname:</b>							
<b>Maiden Name:</b>							
<b>First Names:</b>							
<b>Postal Address:</b>							
<b>Work Address:</b>							
<b>Tel (Work):</b>				<b>Tel (Home):</b>			
<b>Cell:</b>				<b>E-Mail:</b>			
<b>Date of Birth:</b>				<b>Birth Place:</b>			
<b>Nationality:</b>							
<b>Present employer</b>							
<b>Position/appointment held:</b>							
<b>*Marital Status:</b>	Single	Married	Divorced	Widowed	<b>*Gender:</b>	Male	Female
<b>*Race:</b>	African	Asian	Coloured	White			
* - For statistical purposes only – Information required by the National Department of Health							

### 2. Qualifications

Name of Degree/Diploma	University/Educational Institution where qualification was obtained	From		To	
		Month	Year	Month	Year



**3. Full Record of Practical Clinical Training (Completed concurrent with or after completion of professional education)**

Areas (e.g. Paediatrics, Adults, including Geriatrics, etc.)	Type of Patients	Type of Setting	From		To		Hours
			Month	Year	Month	Year	
<b>Total Hours</b>							

**4. Professional Experience (In chronological order)**

Name of institution	Nature of appointment held	Full-time/ part-time	From	To	Total period in months	Enclosed documentary evidence marked A, B, etc

**5. DECLARATION BY APPLICANT APPLYING FOR REGISTRATION IN TERMS OF THE HEALTH PROFESSIONS ACT, 1974**

I, .....hereby declare under oath as follows:

- a. I am the person referred to in the accompanying certificate(s) of qualification(s) which I submit in support of my application to be registered as \_\_\_\_\_ in the Republic of South Africa.
- b. The said qualification(s) was/were granted to me after examination and is/are my own lawful property, and entitle me as far as professional qualifications are concerned, to practise in the country where qualification was obtained, namely \_\_\_\_\_.
- c. I have never been convicted in any country of any offence against the law or been debarred from practice by reason of misconduct and, to the best of my knowledge and belief, no proceedings involving or likely to involve a charge of any such nature are pending against me in any country at present\*.
- d. I further accept that my application may be delayed should I fail to submit all the required documentation.

**Signature** .....

SWORN before me at ..... this .....day  
of ..... 20.....

**Signature:** .....

**Justice of the Peace or Commissioner of Oaths**

**Declaration to be completed preferably by a medical practitioner, dentist or other health practitioner**

I, the undersigned\*\* .....  
of ..... hereby declare under oath:

I personally know .....  
whose signature appears above. To the best of my knowledge and belief, the statements in his/her declaration are true.

I consider him/her to be a fit and proper person to be registered as \_\_\_\_\_.

**Signature** ..... Profession or calling .....

SWORN before me at ..... this..... day of  
..... 20 .....

**Signature** .....

Justice of the Peace or Commissioner of Oaths

District of .....

**Declaration to be completed preferably by a medical practitioner, dentist or other health practitioner**

I, the undersigned\*\* .....  
of ..... hereby declare under oath:

I personally know .....

whose signature appears above. To the best of my knowledge and belief the statements in his/her declaration are true.

I consider him/her to be a fit and proper person to be registered as \_\_\_\_\_.

**Signature** .....

Profession or calling .....

SWORN before me at ..... this..... day of  
..... 20.....

**Signature:** .....

Justice of the Peace or Commissioner of Oaths

**If the applicant is unable to make the declaration above, the Council, in order to consider the application, will require full particulars of the reasons for his or her inability.**

**6. Any other relevant facts which the applicant wishes to bring to the attention of the Board:**

.....

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.....

.....

<b>FOR OFFICIAL USE ONLY</b>		
<b>Documents received</b>	<b>Yes</b>	<b>No</b>
Copy of qualification certificates		
Sworn Translation in English		
Certificate of Status		
Passport or Identity Document		
Letter of endorsement – Directorate: Workforce Management		

**COMMENT:**

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**N.B** Examination fees for foreign qualified practitioners are as follows:

(Effective from 1 April 2014 to 31 March 2015):

Occupational Therapists	R 6360-00
Medical Orthotists and Prosthetists	R 6360-00 plus R 2000.00 (separate fee for material)
Arts Therapists	R 6360-00
Examination fee (clinical exam only)	R 4240-00
Occupational Therapy Technicians	R 1060-00

**ATTESTATION BY EDUCATIONAL INSTITUTION REGARDING QUALIFICATION**

(Please print or type)

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**INSTRUCTIONS**

1. This section to be submitted directly to the University or Educational Institution for completion.
2. Once completed this form must be returned by the University directly to: The Registrar, Professional Board for Occupational Therapy, Medical Orthotics/Prosthetics and Arts Therapy, HPCSA, P O Box 205, Pretoria, 0001, Republic of South Africa.
3. If the institution should have any reservations about the applicant's professional competence, professional conduct or moral character, please explain in a letter addressed to the Registrar at the same address.

- 
- a. Name of applicant: .....  
(Title, Initials and Surname)
  - b. Type of Qualification e.g. BSc(OT) .....
  - c. Date qualification obtained: .....
  - d. Educational Institution information

Name: .....

Address:.....

.....  
.....  
.....  
.....

Phone Number: (Country and dialling code).....

Fax No. ....

E-mail address . ....

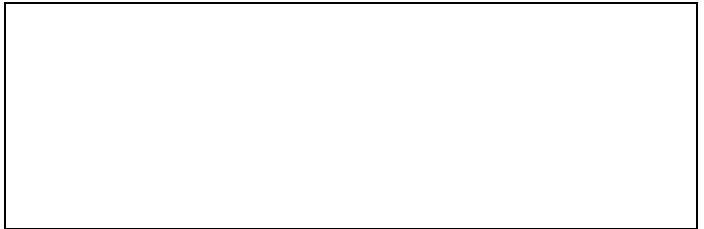
- e. Applicant Information
  - A concise official copy of the syllabus of training.
  - An official transcript of the results obtained by the applicant in each examination.
- f. Is this Educational Institution accredited/approved by the World Federation of Occupational Therapists/ International Association Orthotics and Prosthetics/ Another international organization (provide detail) Yes / No

Signed:.....

Name: Please print .....

Designation:.....

Official date stamp of Institution

A large, empty rectangular box with a thin black border, intended for an official date stamp from the institution.

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

**CATEGORIES FOR REGISTRATION**

A practitioner who obtained his/her basic qualification outside South Africa will initially have to apply for registration in the category Public Service. After meeting further requirements as prescribed by the HPCSA and the Minister of Health the applicant may apply for registration in the category independent or private practice.

**A. REGISTRATION IN THE CATEGORY PUBLIC SERVICE**

- a. Individual applicants apply for registration as outlined above in order to obtain registration in public service.
- b. Practitioners registered in the Category Public Service shall practise under the auspices of an employing Public Health Authority.
- c. Continuation of registration in this and other categories of registration is subject to the prescribed requirements of professional conduct and Continuing Professional Development.

**B. REGISTRATION IN THE CATEGORY INDEPENDENT PRACTICE**

- a. Only applicants who hold registration in the category Public Service and obtained permanent residence status and/or South African citizenship will be eligible for registration in the category Independent Practice.
- b. In order to consider an application for registration in independent practice a written request as well as a letter of support pertaining to such registration, issued by the Directorate: Workforce Management of the National Department of Health, would have to be submitted to the Board.

**C. REGISTRATION IN THE CATEGORY EDUCATION**

1. Applications for such registration must first be submitted by the Head of the relevant Department and the Dean of a University/research institution. Such application should further be supported by the Directorate: Workforce Management of the National Department of Health.
2. Applications must be accompanied by –
  - a. proof of the applicant holding an appropriate qualification in occupational therapy in the country of origin (attach a copy of degree certificate certified by a Notary Public and (if applicable) a sworn translation thereof in English);
  - b. a recent original Certificate of Status (Certificate of Good Standing) issued by the foreign Registration Authority;
  - c. a recommendation on the applicant's registrability as well as an undertaking regarding supervision to be provided by the University for the duration of such registration submitted by the Head of the relevant Department and the Dean of a University/research institution based on –
    - i. the institution's assessment of the applicant's *curriculum vitae*;
    - ii. an assessment of his/her abilities to practise successfully in South Africa as an educator/trainer/researcher;
    - iii. the applicant having complied with all the requirements of the institution for employment as an educator/trainer/researcher;

- d. the application form for registration, duly completed;
  - e. the prescribed registration fee.
3. Persons registered in the category Education are only permitted to practice in accordance with their appointment at the relevant educational institution for teaching, training or research purposes subject to appropriate supervision to be provided by the University. Such registration does not entitle such practitioner to practice in independent or private practice.
4. Registration in this category, where an examination is not required for registration, would be limited to a maximum period of one year per application. Such registration could, however, be extended annually on the basis of a written request by the head of such institution and subject to approval thereof by the Board.

#### **D. REGISTRATION IN THE CATEGORY VOLUNTEER SERVICE**

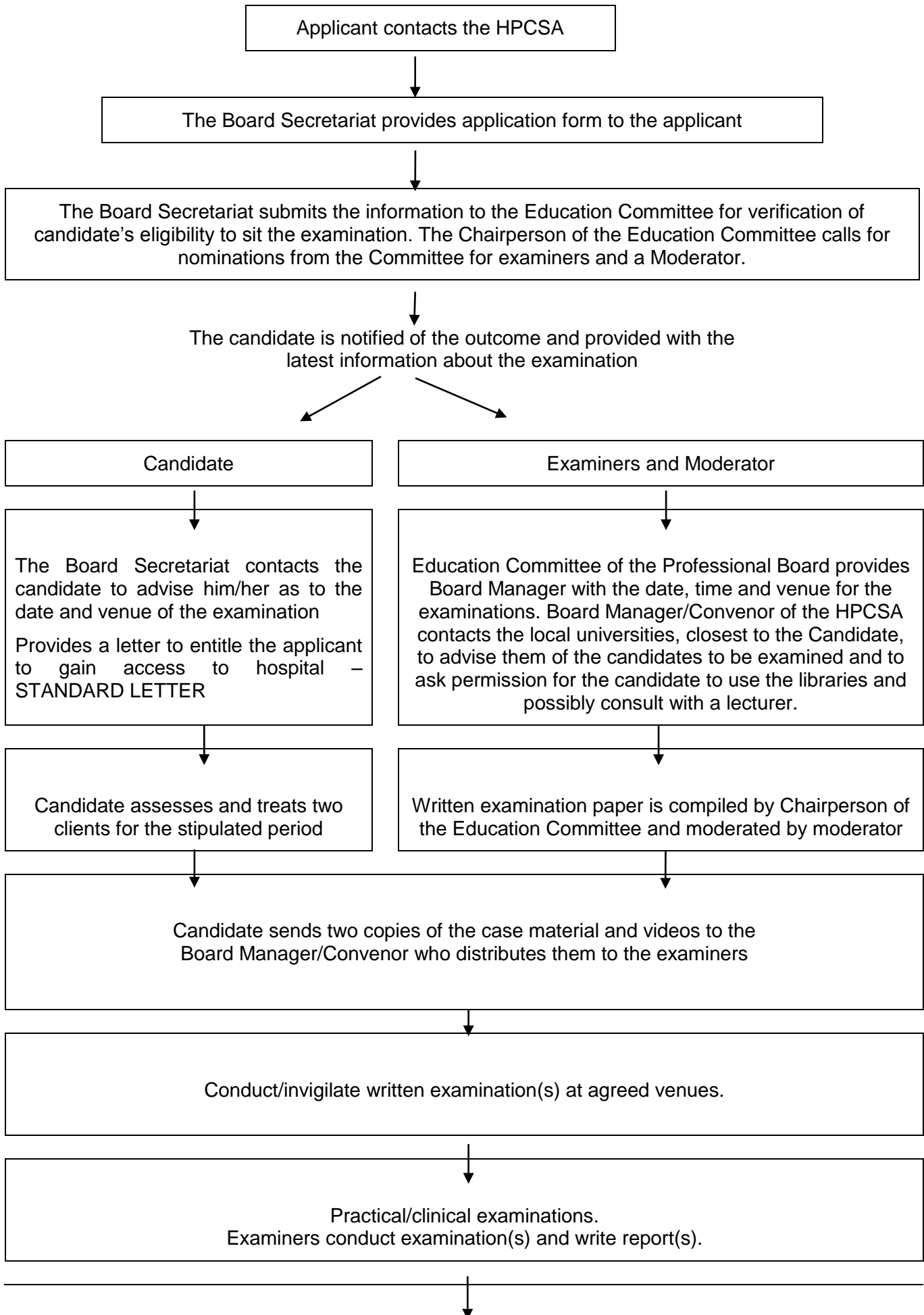
1. An application for registration in the category volunteer service must be submitted by the relevant South African health care provider, approved by the Board. The application should further be supported by the Directorate: Workforce Management of the National Department of Health.
2. The application must be accompanied by –
- a. proof of the relevant practitioner holding an appropriate qualification in occupational therapy in the country of origin (attach a copy of degree certificate certified by a Notary Public and a sworn translation thereof into English);
  - b. a recent original Certificate of Status (Certificate of Good Standing) issued by foreign Registration Authority;
  - c. a recommendation for registration by the South African health care provider based on –
    - i. the provider's assessment of the practitioner's *curriculum vitae*;
    - ii. an assessment of the practitioner's abilities to practise successfully in South Africa;
    - iii. the period for which the practitioner will require such registration (See 3 below);
    - iv. an undertaking by the South African health care provider to supervise the practitioner during the said period of registration;
  - d. an affidavit, issued by the South African health care provider confirming that the applicant would only be employed as a volunteer for the duration of such registration, that the applicant would not be remunerated for his or her services and that appropriate supervision would be provided for the duration of such registration.
  - e. The application for registration in the Category Volunteer Services, duly completed.
  - f. The prescribed registration fee.
3. Registration in the category Volunteer Services, where an examination is not required for registration, would be limited to a maximum period of one year per application. Such registration could, however, be extended annually on the basis of a written request by the head of such institution and subject to approval thereof by the Board.

## **E. REGISTRATION IN THE CATEGORY POST GRADUATE STUDY**

- a. Applications for such registration should be submitted by the Dean of the Faculty of a South African university. This category is intended to build capacity and on completion of their study programme, these students are required to return to their country of origin. Registration in this category is limited to unpaid positions only. Such application should further be supported by the Directorate: Workforce Management of the National Department of Health.
- b. Applications must be accompanied by –
  - i. proof of the applicant holding at least a basic qualification in occupational therapy in the country of origin (attach a copy of degree certificate certified by a Notary Public and a sworn translation thereof in English);
  - ii. a letter submitted by the Dean of the Faculty of a South African university confirming that the applicant would be appointed in a supernumerary post as well as a recommendation for registration in the said category by the university specifying -
    - aa. the nature of the proposed study;
    - bb. the level of such study;
    - cc. the expected duration of the proposed study;
  - iii. a letter issued by the Department of Health confirming that all requirements and contractual arrangements had been complied with to permit the applicant to undergo the proposed post graduate study in South Africa and that the applicant had agreed in writing that he or she would not on completion of his or her education and training apply for registration in South Africa;
  - iv. a recent original Certificate of Status (Certificate of Good Standing) issued by the foreign Registration Authority;
  - v. the attached application form for registration, duly completed;
  - vi. the prescribed registration fee.
- c. This registration is limited to a specific university.
- d. The scope of the post graduate study is as specified, including clinical duties, while holding a supernumerary post for post graduate study.
- e. Education and training undertaken in a supernumerary post will not be recognised for registration of such practitioner in South Africa. In order to qualify for registration in South Africa, an applicant has to formally apply to the Board for registration.
- f. Registration in this category, where an examination is not required for registration, would be limited to a maximum period of one year per application. Such registration could, however, be extended annually on the basis of a written request by the head of such institution and subject to approval thereof by the Board.
- g. It should, however, be noted that successful completion of e.g. a Masters degree in South Africa will not entitle an applicant to registration in South Africa. Successful completion of the Board examination aligned with competencies towards a primary qualification will be the only route towards registration in public service and eventually independent practice in South Africa.



## APPLICATION AND EXAMINATION PROCESS FLOW CHART

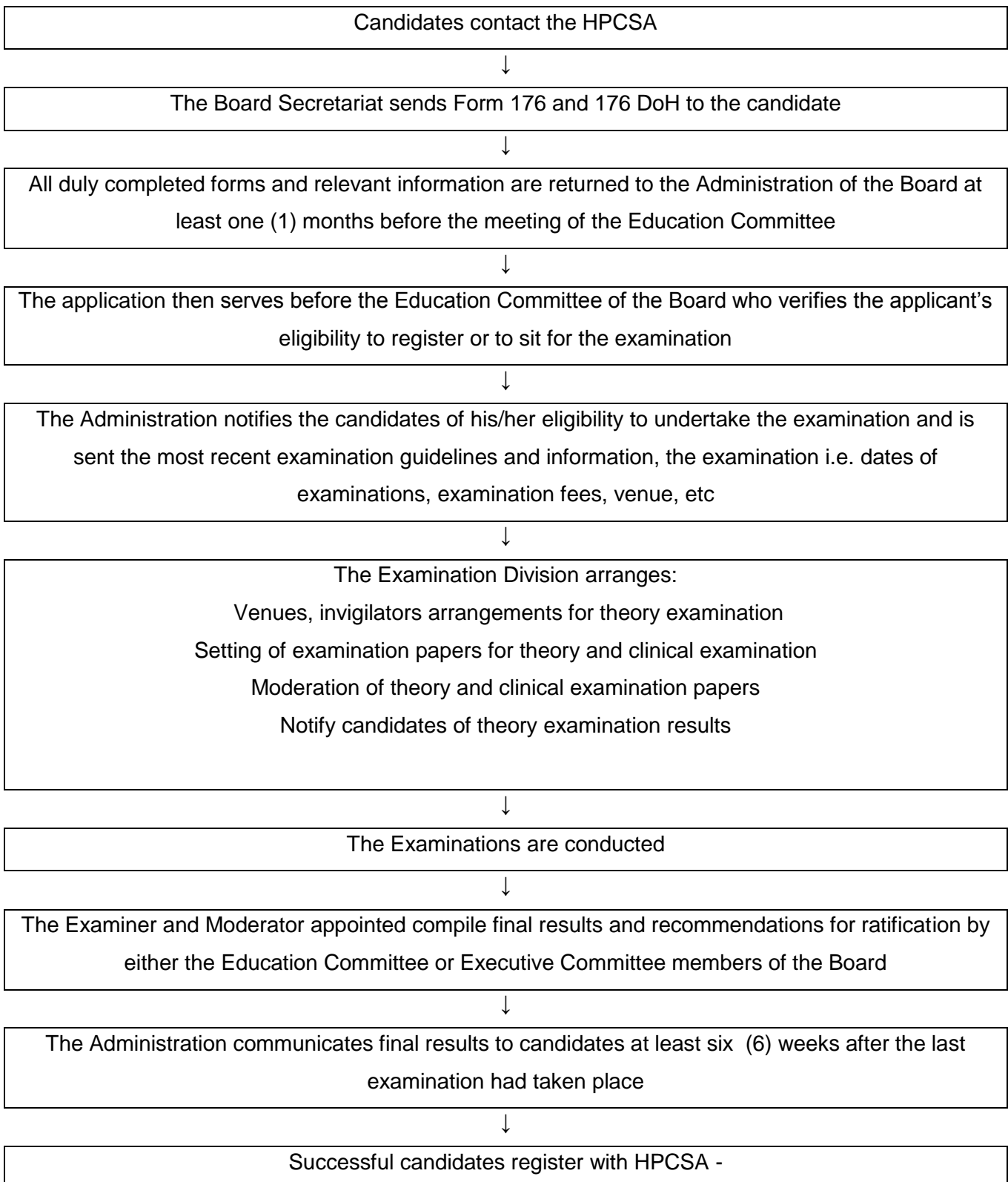


Examinations Administrator of the HPCSA receives results.  
Reports submitted to the Education Committee for ratification.  
Examinations Administrator informs candidate of results and further requirements.



Registration process – who, when, where, how – information sent to the  
candidate by the Board Secretariat.

APPLICATION AND EXAMINATION PROCESS



**REQUIREMENTS TO BE MET BY THE CANDIDATE PRIOR TO THE WRITTEN AND PRACTICAL/ORAL EXAMINATION**

Candidates are required to meet the following requirements prior to the examination:

1. The candidate will write one 3 hour examination which will contain one question orientated to the physical field of practice (25 marks) and one orientated to the psychiatric field of practice (25 marks). In the third question 25 marks will be divided between ethics, management and health policy. The total marks of the paper will be 75. Questions will be orientated to the South African situation. A minimum of 50% constitutes a pass. **This is not an open book examination.**
2. Candidates are required to meet the following requirements prior to the examination:
  - a. Select and treat 2 cases for a minimum of 6 sessions, at the place selected for the clinical work. One case must be in the physical field of practice and one in the psychiatric field. The clients should represent different age groups.
  - b. The cases should demonstrate comprehensive planning of treatment and illustrate a variety of techniques, activities and methods of treatment as well a planning for the future.
  - c. A written report according to the Case Report Outline below, of each case, must be submitted in duplicate to the Examination Administrator at least 10 days before the examination.
  - d. A 15 minute video clip, of one treatment session for each case must be made and submitted in duplicate to the Board Manager with the report, 10 days before the examination. The most important part of the treatment session should be presented by the candidate at the oral examination. This video clip should be in English and it is essential that it has good sound and a clear image. Both therapist and patient should be visible during treatment. Self-recorded visual material (video) is sufficient, provided that it meets the above criteria and it is possible for the examiners to see the way in which the client is handled both physically and psychologically. The candidate should remember that this is in lieu of a live demonstration. Should the video clip be found to be unsatisfactory for examination purposes the examination will be unable to proceed.  
  
**Please note that written permission must be obtained from the patient/client to be recorded during treatment. The patient/client must be assured that the video clip will remain in the possession of the candidate after the examination. For this reason it is necessary to obtain written permission. Confidentiality must be honoured. (Refer to Annexure F-OT)**
  - e. The examiners will review the material submitted.
4. The results of the Examination will be submitted by the examiners in a report to the Examinations Administrator who will then submit the results to the Education Committee for ratification.
5. Once approved by the Education Committee the Examinations Administrator will notify the applicant and provide further information for registration.

**CANDIDATES ARE REQUIRED TO MEET THE FOLLOWING REQUIREMENTS PRIOR TO THE PRACTICAL EXAMINATION:**

- a. Select and treat one client OR one group of clients for a minimum of 6 sessions, at the place selected for the clinical work.
- b. The case study should demonstrate comprehensive planning of treatment and illustrate a variety of arts therapeutic interventions within the particular arts modality the candidate is being examined upon. Attention should also be paid to the relationship between therapist and client/group as well as a planning for the future of treatment.
- c. A written report according to the Case Report Outline below, of the case, must be submitted in duplicate to the Board Manager **at least 10 days before the examination**. If the case study report is not submitted at least 10 days before the exam the candidate will not be allowed to sit the exam.
- d. A fifteen-minute excerpt of one treatment session for one case must be recorded and submitted in DVD format to the Board Manager, in duplicate, with the report, **10 days before the examination**. If the DVD is not submitted at least 10 days before the exam the candidate will not be allowed to sit the exam. The excerpt should contain the most significant part of the treatment session. The client **and particularly the therapist** should be clearly visible and clearly audible in the excerpt. The verbal component of the session demonstrated on the DVD should be in English.
- e. A home DVD is sufficient provided that it meets the above criteria and it is possible for the examiners to see the way in which the therapist works with the client both physically and psychologically. The candidate should remember that this is in lieu of a live demonstration. Should the DVD be found to be unsatisfactory for examination purposes the examination will be unable to proceed.

**Please note that written permission must be obtained from the patient/client for recording the treatment session on DVD. The patient/client must be assured that the DVD will remain in the possession of the candidate after the examination and if necessary be given to the patient/client, but confidentiality, however, must be honoured.**

## CASE REPORT OUTLINE OT

**Please note that candidates are required to present a detailed Case Report which must contain the following information:**

### 1. Background Information on the Patient/Client

Name (for purposes of confidentiality the real name of the patient should not be revealed), age, gender, occupation, social and family circumstances and place of work (if applicable).

### 2. Medical History

Details of past and present medical history. Diagnosis and medication, including side-effects of medication. Details of the present treatment regime (if available) e.g. occupational therapy and physiotherapy.

### 3. Social and Work History

- Details of current work and work environment as well as past work history.
- Details of home environment and family and support structures.

### 4. Assessment

- Details of all assessments carried out by the candidate. These should be comprehensive and relevant to the particular stage of treatment. Relevant assessment forms should be included. Standardised assessments should be referenced.
- List of the current problems and strengths experienced by the patient/client.
- List of all aims of treatment and desired outcomes to be met during the treatment period in order of importance.

### 5. Treatment Plan (Planning for the future)

- The Model of Occupational Therapy selected as the basis of the plan should be given, the reasons for selection and how it will influence the treatment.
- Description of the activities, techniques, principles and structuring used to implement the plan for 6 sessions.

Note: "Activities is used in the widest sense of the word and includes activities of daily living, community visits and interaction, splints, psychosocial group work or any tool used by the occupational therapist in the treatment of the patient /client.

### 6. Record of past intervention leading up to examination

A record of each treatment must be provided and should include the following:

- The aims of treatment and desired outcomes
- The way in which the principles of treatment were implemented
- The structuring and process of the chosen activity/occupation
- The reaction of the patient/client to the treatment process
- The type of interpersonal relationship and handling principles used
- The reaction of the patient/client to the treatment
- The treatment outcomes
- Plans for the grading of the program
- Plans for aftercare and follow-up

Professional terminology must be used throughout and references given at the end of the report.

**CASE REPORT OUTLINE FOR AT**

**Please note that candidates are required to present a detailed written Case Report which must contain the following information:**

**1. Background Information on the patient/client**

Name (for confidentiality the real name should not be revealed), age, gender, occupation, social and family circumstances and place of work (if applicable).

**2. Medical History**

- Details of past and present medical/psychological/psychiatric history. Diagnosis and medication, including side-effects of medication. Details of the past and present treatment regime (if there is one) e.g. Psychotherapy, occupational therapy
- Reason for present referral
- Recent stressful events

**3. Personal History**

- Details of family members and relationships
- Childhood information: early physical and emotional development
- Education: adjustment to and progression through school, learning problems, etc.
- Relationship history

**4. Family History**

- Recent stressful events
- Details of family members and relationships
- Details of home environment and support structures

**5. Social and Work History**

- Details of current work and work environment as well as past work history
- Details of social networks

**6. Assessment**

- Details of all arts therapy assessments carried out by the candidate. These should be comprehensive and relevant to the particular stage of treatment. Relevant assessment forms should be included (if applicable)
- List of the current problems and strengths experienced by the patient/client.
- Describe the relationship between the client and the arts modality

**7. Treatment Plan**

- The Model of Arts Therapy selected as the basis of the plan should be given, the reasons for selection and how it will influence the treatment
- Description of the techniques and interventions used to implement the plan for the 6 sessions
- Plans for follow up must be included

**2.** Professional terminology must be used throughout and references given at the end of the report.

## FORMAT OF EXAMINATION FOR OCCUPATIONAL THERAPY

### A. PRACTICE CONTEXT (15 mins)

Candidate outlines critical MACRO context / BACKGROUND information about the area in which the video was made and names the MESA/MICRO dimensions of the videoed session. In other words, the intervention is framed in terms of significant background information (incl. assessment methods and findings) about participant(s).

The session is situated within an overall intervention programme that provides a clear idea of the long-term envisaged outcome as well as clearly formulated short-term goals. The session is then introduced to include aim(s)/objective(s), principles and rationale for action/intervention. Candidate uses the opportunity to JUSTIFY what he/she was thinking during PLANNING for the session.

**[This section will be assessed using the *Naming, Framing and Presenting* sections of the marking guide.]**

### C. QUESTIONS (5 mins)

### D. EXPLANATION OF CLIP (3 mins)

An explanation of the process just prior or leading up to the clip. Candidate gives reasons for choice of clip and a synopsis of the CRITICAL issues demonstrated/ addressed in video clip ie. what examiners must specifically look out for. Alert them to key points of the interaction or the situation that you wish them to specifically notice in order to best demonstrate your clinical competence and/or clinical reasoning. Identify aspects of your planning log being operationalised or revised-in-action.

### D. WATCH VIDEO CLIP (10 mins)

**[This section will be assessed using the *Acting* section of the marking guide.]**

### E. EVALUATION (10 mins)

Candidate evaluates the clip, the session as a whole and the overall intervention programme/ service offered by the candidate to the individual/group. Recommendations and future plans for the client/group are included.

**[This section will be assessed using the *Evaluating* section of the marking guide.]**

### F. QUESTIONS (10 mins)

**[This section will be assessed using the *Response To Questions* section of the marking guide.]**

### G. MARKING ( 5 mins)

TOTAL TIME : 60 MINUTES

**[Acknowledgement: The practical examination was modelled on the practical examination developed and used the by University of Cape Town's Occupational Therapy Division**



**FORMAT OF EXAMINATION ARTS THERAPY**

**WRITTEN EXAMINATION:**

The candidate will write one three-hour examination which will contain questions orientated to the theory and practice of the Arts Therapy medium for which the candidate is applying. One question will be divided between ethics, management and health policy. The total marks of the paper will be 100. Questions will be orientated to the South African situation. A minimum of 50% constitutes a pass. **This is not an open book examination.**

**PRACTICAL EXAMINATION:**

Candidates are required to meet the following requirements prior to the practical examination:

- a. Select and treat one client OR one group of clients for a minimum of 6 sessions, at the place selected for the clinical work.
- b. The case study should demonstrate comprehensive planning of treatment and illustrate a variety of arts therapeutic interventions within the particular arts modality the candidate is being examined upon. Attention should also be paid to the relationship between therapist and client/group as well as a planning for the future of treatment.
- c. A written report according to the Case Report Outline below, of the case, must be submitted in duplicate to the Board Manager **at least 10 days before the examination**. If the case study report is not submitted at least 10 days before the exam the candidate will not be allowed to sit the exam.
- d. A fifteen-minute excerpt of one treatment session for one case must be recorded and submitted in DVD format to the Board Manager, in duplicate, with the report, **10 days before the examination**. If the DVD is not submitted at least 10 days before the exam the candidate will not be allowed to sit the exam. The excerpt should contain the most significant part of the treatment session. The client **and particularly the therapist** should be clearly visible and clearly audible in the excerpt. The verbal component of the session demonstrated on the DVD should be in English.
- e. A home DVD is sufficient provided that it meets the above criteria and it is possible for the examiners to see the way in which the therapist works with the client both physically and psychologically. The candidate should remember that this is in lieu of a live demonstration. Should the DVD be found to be unsatisfactory for examination purposes the examination will be unable to proceed.
- f. **Please note that written permission must be obtained from the patient/client for recording the treatment session on DVD. The patient/client must be assured that the DVD will remain in the possession of the candidate after the examination and if necessary be given to the patient/client, but confidentiality, however, must be honoured.**
- g. The examiners will review the materials submitted.

An oral examination will then take place for one hour per candidate at the agreed venue. The examination will cover the written case study and DVD of the treatment session as well as basic professional knowledge, theoretical concepts and ethics of practice.

The candidate must be prepared to present the case for 20 minutes and may bring the written case to refer to. The examiners may request the candidate to play certain sections of the DVD excerpt for questions and discussion.

Examiners will give a mark for the combination of the written case, oral presentation and general questions. A minimum of 50% will constitute a pass.

## FORMAT OF THE WRITTEN AND PRACTICAL EXAMINATION FOR MOP

Candidates are informed of the following during the examination:

### Theory

1. The candidate will write two 3-hour examination in Orthotics theory on the first day of examination. This will commence on 10:00 of the specific day arranged.

#### Orthotics Theory

- Lower extremity below the knee
  - Lower extremity through the knee and above the knee
  - Upper extremity
  - Spinal
2. The candidate will write a 3 hour examination in prosthetics theory on the second (2<sup>nd</sup>) day of the examination. This will commence on 10:00 of the specific day arranged.

#### Prosthetics Theory

- Lower extremity below the knee
  - Lower extremity through the knee and above the knee
  - Upper extremity
3. The examination will include ethical rules and regulations set out by the HPCSA regarding the profession orthotics and prosthetics.

**Note: The candidates have to pass both theoretical examination with a minimum of 50% to may proceed to the next session which will be arranged with the candidate.**

### Practical / Clinical

The candidate will be traveling to the chosen university to be tested in orthotics and prosthetics case studies separately with different levels. One day will be set out for orthotics and one day for prosthetics:

1. Any of the following may be during clinical session with an orthotic / prosthetic patient:
  - Clinical evaluation
  - Clinical different methods for evaluation
  - Diagnosis related evaluation
  - Measuring methods
  - Static and dynamic alignment
  - Rehabilitation process in the specific case study.
2. Any of the following may be tested during a practical session with an orthosis / prosthesis:
  - Imprinting needed (including POP / also taking alternative methods into consideration)
  - Manufacturing of the orthosis
  - POP adjustments
  - Metal work /
  - Drape moulding
  - Laminating
  - Lining
  - Suspension
  - General lab skills
  - Bench alignment

#### Patients that may be chosen for orthotics:

One of the following lower extremity orthotic patients:

- Foot Orthosis (FO)
- Ankle Foot Orthosis (AFO)
- Knee Orthosis (KO)
- Knee Ankle Foot Orthosis (KAFO)
- Hip Knee Ankle Foot Orthosis (HKAFO)
- Hip Orthosis (HO)

OR

One of the following upper extremity orthotic patients:

- Finger Orthosis (FO)
- Hand Orthosis (HO)
- Wrist Orthosis (WO)
- Wrist Hand Orthosis (WHO)
- Elbow Orthosis (EO)
- Shoulder Orthosis (SO)
- Shoulder Elbow Wrist Hand Orthosis (SEWHO)

OR

One of the following upper spinal orthotic patients:

- Lumber Orthosis (LO)
- Lumber Sacral Orthosis (LSO)
- Thoracic Lumber Sacral Orthosis (TLSO)
- Cervical Thoracic Lumber Sacral Orthosis (CTLSO)
- Cervical Orthosis (CO)

Patients that may be chosen for prosthetics:

One of the following lower extremity amputees:

- Trans Metatarsal (TM)
- Ankle Disarticulation (AD)
- Trans Tibial (TB)
- Knee Disarticulation (KD)
- Trans Femoral (TF)
- Hip Disarticulation (HD)

OR

One of the following upper extremity amputees:

- Partial Hand (PH)
- Wrist Disarticulation (WD)
- Trans Ulnar/Radial (TU/R)
- Elbow Disarticulation (ED)
- Trans Humeral (TU)
- Shoulder Disarticulation (SD)

## MARKING GUIDE – OT

## HPCSA PRACTICAL EXAMINATION

[BASED ON UNIVERSITY OF CAPE TOWN: DIVISION OF OCCUPATIONAL THERAPY FORMAT]

## EVALUATION GUIDELINE FOR VIDEO PRESENTATION

STUDENT'S NAME:

FINAL MARK:

**NAMING** the focus of the demonstration (e.g. summarise key background information; assess and define individual/group/population needs; identify critical impairment/activity/participation issues; name key occupational issues/needs/capacities; identify appropriate aims and objectives for THIS session)

0-46	47-49	50-59	60-69	70-74	75-84	85-100
Very Weak	Weak	Basic Competence	Competent	Strong	Excellent	Brilliant

**FRAMING** the action: (e.g. choose principles based on models/theory; select/adapt/modify appropriate agency for effecting change; provide rationale for choices based on knowledge of health condition/disorder or development/learning need; match strategies with client/group needs and context resources; prepare the venue, people, materials etc. for the session)

0-46	47-49	50-59	60-69	70-74	75-84	85-100
Very Weak	Weak	Basic Competence	Competent	Strong	Excellent	Brilliant

**ACTING** (e.g. actual performance/skills in engaging with client/group and applying planned action; quality of interpersonal interactions, responding to the clients/groups emerging needs; recognizing cues and revising approaches "in action"; adapting or grading where indicated; taking precautions; collaborating with co-facilitator; terminating)

0-46	47-49	50-59	60-69	70-74	75-84	85-100
Very Weak	Weak	Basic Competence	Competent	Strong	Excellent	Brilliant

**EVALUATING** (e.g. reflection-on-action; recognize and analyse critical incidents; make meaningful revisions in hindsight; propose appropriate future actions, tell realistic prospective therapeutic/development/health story; propose relevant future plans; reflect on personal strengths and growth areas; recognize what is feasible for the individual/group in that context at that time)

0-46	47-49	50-59	60-69	70-74	75-84	85-100
Very Weak	Weak	Basic Competence	Competent	Strong	Excellent	Brilliant

**RESPONSE TO QUESTIONS** (e.g. conceptualization of core components of questions and general critical thinking/reasoning ability; evidence of depth of knowledge/degree of competence etc.)

0-46	47-49	50-59	60-69	70-74	75-84	85-100
Very Weak	Weak	Basic Competence	Competent	Strong	Excellent	Brilliant

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\* **PRESENTING** (e.g. style of presentation; use of audio-visual aids and illustrative material; professional confidence) **\*(limited weighting in overall mark)**

0-46	47-49	50-59	60-69	70-74	75-84	85-100
Very Weak	Weak	Basic Competence	Competent	Strong	Excellent	Brilliant

## MARKING GUIDE FOR HPCSA PRACTICAL EXAMINATION ARTS THERAPIES

### EVALUATION GUIDELINE FOR VIDEO PRESENTATION

STUDENT'S NAME:

FINAL MARK:

#### ASSESSMENT OF CLIENT / GROUP AND DEVELOPMENT OF THERAPEUTIC GOALS

0-46	47-49	50-59	60-69	70-74	75-84	85-100
Very Weak	Weak	Basic Competence	Competent	Strong	Excellent	Brilliant

#### DESCRIPTION OF THERAPEUTIC PROCESS / INTERVENTION

0-46	47-49	50-59	60-69	70-74	75-84	85-100
Very Weak	Weak	Basic Competence	Competent	Strong	Excellent	Brilliant

#### FRAMING THE THERAPEUTIC PROCESS

(e.g. theoretical underpinning; reflexive explorations)

0-46	47-49	50-59	60-69	70-74	75-84	85-100
Very Weak	Weak	Basic Competence	Competent	Strong	Excellent	Brilliant

#### EVALUATING

(e.g. outcomes of the therapeutic process; reflection on goals; recommendations for future work)

0-46	47-49	50-59	60-69	70-74	75-84	85-100
Very Weak	Weak	Basic Competence	Competent	Strong	Excellent	Brilliant

#### RESPONSE TO QUESTIONS

(e.g. conceptualization of core components of questions and general critical thinking/reasoning ability; evidence of depth of knowledge/degree of competence; understanding of ethics etc.)

0-46	47-49	50-59	60-69	70-74	75-84	85-100
Very Weak	Weak	Basic Competence	Competent	Strong	Excellent	Brilliant

\* **PRESENTING** (e.g. style of presentation; use of audio-visual aids and illustrative material; professional confidence) **\*(limited weighting in overall mark)**

0-46	47-49	50-59	60-69	70-74	75-84	85-100
Very Weak	Weak	Basic Competence	Competent	Strong	Excellent	Brilliant

**ADDITIONAL COMMENTS:**

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**MARKING GUIDE FOR CLINICAL / PRACTICAL EXAMINATION SESSION FOR MOP**

The candidate will have to show competency in treating any of the patients mention in Annexure F.

The following will be used as a marking guide:

- Punctuality (including time management during the session)
- Dress code and appropriate tools (including the handling of the tools)
- Overall Attitude (including the handling of the device and looking at the “pride of work”)
- Research (including the knowledge of any pathology of the specific patient)
- Quality (overall skills will determine this)
- Fitting criteria (including involving the patient)
- Overall impression

Stations where the candidates may be expected to work and what the criteria in that area is:

- Clinical Room
  - Evaluation / Assessing
  - Measuring
  - Casting
  - Decision making on the type of device
- Plaster Room
  - Rectification of the cast model
- Thermo Room
  - Laminating of prosthetics
- Work Station Room
  - General tasks
  - Steel work
  - Setting up the orthosis / prosthesis (Bench Alignment)
- Machine Room
  - General tasks
- Diagnostic Room
  - Fitting the patient
  - Static and dynamic alignment

A 50% for combined orthotic and prosthetic tasks are the minimum requirement to pass the examination.

**HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA**

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

**PERMISSION TO VIDEO RECORD SESSION FOR EXAMINATION PURPOSES**

**CLIENT CONSENT FORM**

I, .....,  
hereby give my permission for the Session in Occupational / Art / Drama / Music / Dance Movement  
Therapy (Please circle as appropriate)

with ..... (Name of Candidate)  
to be recorded.

I understand that this recording will be used only for purposes of the registration examinations. I also  
understand that all efforts to protect my privacy, anonymity and confidentiality, as well as that of my  
family, will be adhered to, in line with standard clinical practice.

I understand that I can request to view this recording, and that this recording will be destroyed after  
the examination.

Signature: .....

Initials and Surname: .....

Examination Candidate: .....

For the Institution: .....

For the HPCSA: .....

Date: ..... 201 ....

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

**CONFIRMATION: ARRANGMENTS FOR BOARD EXAMINATION**

(Only once the Education Committee or the Board confirmed in writing that  
the applicant is eligible to sit the examination.)

<b>HPCSA Reference No</b>	
<b>Title (Dr, Mr, Ms, etc.)</b>	
<b>Surname (Please print)</b>	
<b>First Names (Please print)</b>	
<b>Postal Address (Please print)</b>	
<b>Telephone:</b>	
<b>Fax Number</b>	
<b>Cell Number</b>	
<b>E-Mail Address</b>	
<b>SIGNATURE</b>	
<b>DATE</b>	

**Preferred Venue (Please indicate):**

Cape Town                       Johannesburg                       Durban  
 Pretoria

The following should be submitted in support of the application:

- A copy of the letter issued by the Education Committee or the Board confirming that the applicant is eligible to sit the examination.
- Proof of payment of examination fee.

**PLEASE NOTE THAT THE APPLICATION WILL NOT BE PROCESSED WITHOUT PROOF OF PAYMENT**

**Closing date:**

This duly completed confirmation form plus examination fee by no later than **15 January or 15 June at 12:00** for the examinations in **April/May** and **September/October** respectively to:

The Registrar, P O Box 205, Pretoria, 0001 **OR** 553 Madiba Street, Arcadia, Pretoria

**OR fax to:** 012 338 9497 (For the attention of Mrs G Kintu)

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

**Department: PROFESSIONAL BOARDS**

**Reference: 31/4/2/2**

Mrs G Kintu

**Date:**

Dear Madam

**REQUEST FOR ASSISTANCE WITH PREPARATIONS WITH CLINICAL EXAMINATION  
FOR FOREIGN QUALIFIED PRACTITIONERS**

The Professional Board for Occupational Therapy, Medical Orthotics and Prosthetics and Arts Therapy requires all foreign qualified practitioners to pass an examination conducted by examiners appointed by the Professional Board before they may register with the Health Professions Council of South Africa and practice their profession in South Africa.

The examination has a written and a practical component. The practical component requires that the candidate presents 2 case studies of patients/clients (of any age group) and demonstrate treatment sessions that she/he had with the specific patients/clients by visual recording. One patient/client must be from the physical field and the other from the psychiatric field of occupational therapy. It may not be possible for the candidate to obtain both patients/clients in your clinical area.

The Professional Board requests your permission that \_\_\_\_\_ **(Name)** may treat a patient/client for a period of not more than 3 months prior to the scheduled examination. Informed consent will have to be obtained from the patient/client for his/her participation in treatment and one treatment session may be recorded. The candidate must obtain written informed consent from the patient.

The recording of the treatment session will be in safe-keeping by the examiners who managed the examination until the results of the examination have been finalized and will then be destroyed.

Your favourable consideration of this request will be appreciated.

Yours sincerely

**MRS G KINTU  
ADMINISTRATOR**