



HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

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

**GUIDELINES FOR THE EVALUATION AND ACCREDITATION OF
EDUCATION AND TRAINING PROGRAMMES**

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ABBREVIATIONS / ACRONYMS

1	HPCSA	Health Professions Council of South Africa
2	SVP	Site Visit Plan
3	SV	Site Visit
4	HEI	Higher Education Institution

DEFINITION OF TERMS

Accreditation	The approval and recognition of professional programmes of study by the accrediting body. It is the recognition of academic and clinical quality by an impartial body, in this instance, the HPCSA. Graduates of accredited programmes are eligible for registration with the HPCSA, a legal requirement to practice the profession in South Africa. Accreditation status is valid for 5 years.
Criteria for Programme Accreditation	Acts, Regulations, standards, specified by the Professional Board with which an Institution's professional education and training programme must comply in order to be accredited.
Evaluation Panel	A team of experts appointed by the Board to evaluate an institution's professional education and training programme and facilities to determine whether it meets the Criteria for Programme Accreditation. The panel members are external to the educational Institution.
Higher Education Institution	An organisation of Higher Education, offering a professional programme of education and training that leads to registration with the HPCSA.
Minister	The Minister of Health of South Africa
Programme accreditation	Determination by the Professional Board of whether an Institution's professional programme of education and training meets the Criteria for Programme Accreditation for registration of its graduates with the HPCSA.
Programme evaluation	Processes undertaken by the Board (once every 5 years) to assess whether an institution's professional programme of education and training meets the Criteria for Programme Accreditation for education and training in the profession.
Professional Board	A Professional Board as defined in the Health Professions Act, 1974 (Act 56 of 1974)
Self-evaluation/	A process undertaken by an Institution's professional programme of education and training to assess whether it

review	meets the Criteria for Programme Accreditation.
Site visit	A visit to an Institution's professional programme of education and training undertaken by the Evaluation panel for the purpose of programme evaluation. It typically involves: interviews with students, staff and the leadership; observation of student academic and clinical learning opportunities/ activities; visits to clinical training facilities; review of programme resources and documentation.
Site visit plan	A schedule of activities which the Evaluation panel will undertake during the site visit to an Institution.
Training facility	An organisation that offers professional practice / clinical training to students during formal periods of study.

1. INTRODUCTION

The Health Professions Council of South Africa (HPCSA) established in terms of the Health Professions Act, 1974 (Act 56 of 1974) act as quality assurance body for the education and training in the professions within the ambit of the respective professional boards. This is done by the respective boards responsible for those professions.

In terms of section 3 of the Act the object and function of the HPCSA is to control and to exercise authority in respect of all matters affecting education and training in, and the manner of exercise of practices pursued in connection with the diagnosis, treatment or prevention of physical or mental defects, illnesses or deficiencies in humankind. Such actions would be subject to legislation regulating health care providers and further be consistent with national policy determined by the Minister.

In terms of Section 16 of the Act no person, educational institution or training facility, may offer or provide any education or training having as its object to qualify any person for the practising of any profession to which the provisions of the Act apply or for the performance of any other activity directed to the mental or physical examining of any person or to the diagnosis, treatment or prevention of any mental or physical defect, illness or deficiency in humankind, unless such education and training has been accredited by the professional board concerned as being appropriate education and training for such purpose.

Section 16(6) of the Act further stipulates that the Health Professions Council is the education and training quality assurer for the health professionals registered under the Act.

Accreditation follows an evaluation of the programme which could include an institutional self-review and report; a site visit and report by an evaluation panel appointed by the Board followed by a determination by the Board whether the criteria and standards have been met. The process relies on institutional self-review and continuous development and is underpinned by the honesty and integrity of all concerned. Quality education may be achieved in a variety of ways and programmes' flexibility in the pursuit of excellence is acknowledged.

This document sets out the guidelines of the Board functioning under the auspices of the Health Professions Council of South Africa (HPCSA) to support the programme evaluation process leading to the accreditation of an Institution's education and training programmes and facilities falling within its ambit. The processes were derived following consultation with higher education Institutions in accordance with local and international guidelines.

1.1 Framework for Accreditation

This document provides the guidelines of the Health Professions Council of South Africa to facilitate uniform programme evaluation and accreditation processes for the OCP Professional Board. These include roles, responsibilities, processes and documents relating to:

- The Professional Board
- The evaluation panel
- The institution's professional education and training programme; and
- The board secretariat.

In addition, there are detailed timeframes for the different accreditation processes (see Appendix A).

2. PURPOSE OF ACCREDITATION

The purpose of accreditation is to promote excellence in educational preparation while assuring the public that graduates of accredited programmes are educated in a core set of knowledge and skills required for competent, safe, ethical, effective, and independent professional practice (as determined by the Minimum Standards of Training). Accreditation requires the Professional Board to ensure the quality of education and training programmes, as a facet of the protection of the public. The Health Professions Act, and relevant regulations, criteria and standards identify basic core elements that must exist in all accredited education and training programmes.

3. DURATION OF ACCREDITATION

An Institution's professional education and training programme is granted accreditation when it meets the prescribed standards and requirements (as specified in the Act, relevant regulations and criteria). Accreditation is valid for five years after which the programme will be re-evaluated. Graduates of programmes that are accredited are eligible for registration with the HPCSA enabling them to legally practice the profession for which they have been educated and trained.

New programmes, as well as existing education and training programmes which do not meet minimum standards, will be required to comply with specific recommendations determined by the Professional Board. Upon compliance with such requirements, graduates will be registered with the HPCSA.

In cases where an education and training programme does not meet the minimum requirements set by the Professional Board students will not be registered by the HPCSA and will therefore not be permitted to practise.

4. ROLES AND RESPONSIBILITIES

4.1 PROFESSIONAL BOARD

The Professional Board acting under the auspices of the HPCSA is responsible for the accreditation of Institutions offering education and training

The Professional Board, in accordance with the Act and relevant regulations, ensures quality in professional education and training by evaluating and accrediting professional education and training programmes within their ambit.

The Professional Board delegates the functions relating to education and training, standards setting and other educational matters to the Education Committee. The roles and responsibilities of the Education Committee includes, amongst others:

- Standards setting
- Scheduling of evaluation of institutions' professional education and training programmes
- Setting Frameworks for evaluation and accreditation
- Appointment and training of evaluators
- Determining accreditation status of education and training programmes
- Managing outcomes of the Accreditation process and non-compliance

These roles and responsibilities include the following:

4.1.1 Standards setting

The Professional Board operates according to set standards and criteria for professional education and training which are reflected in the following documents:

- *Qualifications for SAQA registration per profession*
- *Minimum Standards of Education and Training.*
- *Scope of the professions / practice*
- *Regulations relating to the registration of students*
- *Health Professions Act, 1974 (Act 56 of 1974)*
- *The Higher Education Qualifications Framework*
- *Higher Education Act, 1997 (Act No. 101)*
- *Continuing Professional Development: Guidelines for the Health Care Professionals*
- *Policy Document on Undesirable Business Practices*
- *Ethical Rules of Conduct for Practitioners registered under the Health Professions Act, 1974*
- *Guidelines for Good Practice in the Health Care Professions: National Patients' Rights Charter*
- *Curriculum for Human Rights Ethics and Medical Law*
- *Level Descriptors for the National Qualifications Descriptors*
- *National Health Act (2003)*

4.1.2 Setting accreditation schedule

At the first meeting of the Education Committee, a roster of the evaluations of the education and training programmes for the respective institutions is compiled for the term of office of the Board. Re-evaluation of accredited programmes occurs once in a five-year cycle for those programmes which have been accredited previously.

4.1.3 Appointment as an Evaluator to Evaluation Panel

The processes relating to the nomination and appointment of evaluators to serve on the Evaluation Panel are outlined in Appendix B and Appendix C contains the Code of Conduct for Evaluators

Individuals will receive a letter notifying them of their appointment as an Evaluator in the preceding year.

The individual must indicate in writing her/his acceptance of the appointment or wish to decline to the Board secretariat within one month of receipt of the letter.

Should an evaluator decline the appointment, the chair of the education committee will facilitate the appointment of a replacement in consultation with the convenor of the evaluation.

4.1.4 Communication and Support

During the evaluation and accreditation process, the Board Secretariat will liaise regarding arrangements for the upcoming evaluations and provide general support to institutions and evaluators regarding arrangements for the upcoming evaluations on behalf of the Education Committee (See Appendix A, Appendix B and Appendix C).

4.1.5 Accreditation status

The Education Committee will review and consider the Programme Evaluation Report (see Appendix D) compiled by the evaluation panel during a formal meeting and the subsequent response of the Institution to the report. The committee will then make a decision with respect to accreditation. There are three options:

- a. Accreditation is granted for a five-year period.
- b. Accreditation is granted subject to conditions directly related to minimum standards of training, e.g. that certain issues be addressed within specified time frames, together with the right to re-evaluate the institution based on these concerns. In such cases, an annual report from the institution will be required until conditions have been adequately addressed.
- c. Accreditation may be declined if an Institution's programme does not meet the requirements for accreditation.

4.1.6 Manage the outcomes of the accreditation process

1. Communicate accreditation status to the institution within two weeks of the Education Committee meeting at which the report was served.
2. In the event that conditional accreditation is granted, granted for a limited period, or declined, the Committee must, in its communication to the institution -
 - a. document the reasons for the accreditation status
 - b. communicate the implications thereof;
 - c. specify conditions/ requirements which the institution must meet in order for -
 - graduates of the programme to register with the HPCSA;
 - the professional education and training programme to be accredited;
 - d. request the institution to submit and implement a plan of action, with time frames and resources, to address the issues raised;
 - e. review the institution's plan of action, make additional recommendations, if necessary, and approve the plan for implementation. It is the institution's responsibility to implement the plan;
 - f. maintain contact with institutions to ensure that issues of quality assurance are addressed continuously.
3. Should the institution lodge an appeal around the decisions taken, the matter must be resolved with advice from the Legal Department of the HPCSA.
4. The Education Committee will communicate reasonable and appropriate information on the accreditation of programmes to relevant authorities and the Professional Board.

4.2. EVALUATION OF EDUCATION AND TRAINING PROGRAMMES AT HIGHER EDUCATION INSTITUTIONS

The roles and responsibilities of the Education and Training Programme in the Accreditation process are described, as follows:

4.2.1 Self-review - Universities

The HEI conducts and compiles a self-review report (see Appendix E), describing how their professional education and training programmes meet the Criteria for Programme Accreditation. This report is submitted to the Board Secretariat at least one month before the site visit.

4.2.2 Proposed Site Visit Plan – University and Training Facilities

The HEI should propose a plan (with timeframes) for the site visit. (See Appendix F). The evaluation is conducted over three to five days. This will include visits to clinical training facilities and compilation of the report.

The following documentation must be submitted to the Board Secretariat at least one month before the Site Visit:

- a. Self-Review Report
- b. Proposed Site Visit Plan (SVP)
- c. Academic and Clinical timetables for all years of study
- d. List of all training facilities (clinical sites) utilised

The proposed site visit plan must include visits to a minimum of three clinical training facilities (See Appendix F), chosen by the evaluators on the first day of the site visit, reflecting the different levels of care e.g. a primary and a tertiary health level facility, or an urban and a rural facility must be visited, if possible.

4.2.3 Preparation of documentation for review by the Evaluation Panel during the Site Visit

The institution must prepare, label and coherently organise a variety of documents for the evaluation panel to review during the Site Visit (SV). The list of these documents is in Appendix G.

4.2.4 Preparation for the Site Visit

The HEI must:

- a. Review and accommodate amendments to the SVP proposed by the evaluation panel.
- b. Ensure that the Self-Assessment Questionnaires for Practice Facilities are completed for all training facilities utilised by the Institution. (Appendix H-OT / H-AT / H-MOP)
- c. Negotiate and arrange for the availability of staff/ students/ management/ leadership for interviews/ meetings, academic and clinical teaching and learning activities, as outlined in the updated Site Visit Plan.
- d. Dedicate a venue for the Evaluation Panel to use for the interviews, document review, etc.

4.2.5 Participation in evaluation

- a. The staff of the HEI will facilitate execution of the SVP.
- b. The convener will conclude the evaluation by providing overall comments on the process without alluding to the recommendations made.

4.3 THE EVALUATORS

4.3.1 Code of Conduct

Evaluators are expected to conduct themselves in accordance with the highest standards of ethical, moral and professional behaviour during all phases of the process. Each evaluator must review, sign the Code of Conduct in Appendix C and submit it to the Board Secretariat together with the written acceptance of the appointment to an Evaluation Panel – prior to receiving any documentation from the Institution.

4.3.2 Preparation for the site visit

- a. Evaluators are expected to familiarize themselves with –
 - i. The institution's self-review report
 - ii. The SVP
 - iii. All evaluation guidelines – Worksheet
 - iv. All documents listed under 4.1.1 of this document
 - v. Report of the previous evaluation conducted by the Education Committee
- b. Review the SVP proposed by the HEI against requirements detailed in Appendix F
- c. The convenor will communicate modifications to the SVP with the HEI

4.3.3 Site Visit

Elements to be included in a site visit:

- Academic and Clinical Facilities
- Review of prepared documentation as per Appendix H. (Template for the Self-Assessment Report)
- Schedule follow-up interviews if necessary
- Conduct a closing session with the staff and Head of the programme.
 - Explain the process going forward, including timeframes:
 - Report to be compiled by evaluators and sent to Board secretariat.
 - Education Committee meets to review report and requests the institution for comment and input
 - Once input is received the Education Committee makes a determination regarding accreditation.
 - Board secretariat will communicate accreditation status to the institution.

NOTE:

- ❖ The Panel must not provide feedback to the Head of programme, staff members or Dean on the outcomes of the evaluation process, or discuss recommendations regarding the institution's accreditation status. Verbal feedback may be misconstrued and interpreted differently from the written feedback and may create a false positive or negative impression.

- ❖ It is the responsibility of the Education Committee (On behalf of the Professional Board) to review the evaluation report, the institution's written response, and other supporting documentation, and to determine accreditation status.

5. PROCESS FOLLOWING EVALUATION

- a. Each of the evaluators must complete a draft evaluation report as per the format in Appendix D
- b. The convener of the evaluation team compiles the evaluation report within two weeks and submits sections A and B of the evaluation report to the Board Secretariat.
- c. The Education Committee will meet to determine accreditation status at its next meeting.
- d. The final report will be provided to the HEI (Head of Programme and the Dean) once Section B has been ratified by the Education Committee.
- e. The HEI will be required to respond within one month.
- f. In cases where accreditation has been granted conditionally, or accreditation was not granted –
 - An improvement plan and subsequent progress report will be required in accordance with the procedures stipulated in (Appendix I)
 - The Education committee will consider the Improvement Plan. Once approved, the HEI Improvement Plan can be implemented.
 - Annual progress reports will be required by the end of May annually until the conditions required for accreditation have been met.

6. COMPILATION OF EVALUATION REPORT

- a. The evaluators will spend one day of the evaluation at the institution - with access to the documentation of the education institution - to compile the draft evaluation report.
- b. The evaluators may request clarification from institutional staff, if necessary.
- c. Each evaluator analyses the data arising from the areas allocated and contributes to the written report.
- d. Statements / conclusions in the report should as far as possible be supported with evidence.
- e. The convenor must compile, consolidate and submit the Programme Evaluation Report as per the template for the Programme Evaluation Report (Appendix D).

7. BOARD SECRETARIAT

Role and responsibilities of the Board Secretariat:

- a. Manage all the administrative processes effectively and efficiently as set out in this document in the "Timeframes for the Accreditation Process" (Appendix A).
- b. Facilitate effective communication between the Professional Board, HEIs and evaluators.
- c. Maintain the highest standard of professionalism throughout the process.

APPENDICES:

- A TIMEFRAMES FOR DIFFERENT ACCREDITATION PROCESSES**
- B COMPOSITION AND CONSTITUTION OF THE EVALUATION PANEL**
- C CODE OF CONDUCT FOR EVALUATORS**
- D PROGRAMME EVALUATION REPORT**
- E SELF-REVIEW REPORT - UNIVERSITIES**
- F DEVELOPMENT OF SITE VISIT PLAN**
- G DOCUMENTS TO BE REVIEWED BY THE EVALUATION PANEL DURING SITE VISIT**
- H SELF-ASSESSMENT QUESTIONNAIRE – CLINICAL PLACEMENT FACILITY**
- I IMPROVEMENT PLAN – SUMMARY OF FEEDBACK TO BE PROVIDED**

Timeframes for the different accreditation processes

All parties must abide by the specified time frames

PRE PROGRAMME EVALUATION		
Responsibility	Action	Time frames
Professional Boards	Note and update the schedule of evaluation of each institution's education and training programme to ensure that each institution is evaluated at least once during its 5 year term of office	First meeting post inauguration of the Board
	Inform the particular institution of its programme evaluation and site visits to occur during the Institution's academic year Evaluation does not need to occur during the final exam.	Within a month following the first education committee meeting of the preceding year
Professional Boards	Nominate the members of the evaluation panel	Within a month following the first education committee meeting of the preceding year
Board administration	Notify evaluators of nomination	Within a month following the first education committee meeting of the preceding year
Evaluators	Accept/Decline appointment Sign Code of Conduct	Within one month following receipt of notification
Board administration	Notify the Institution & provide guidelines Notify the members of the evaluation panel & send Criteria for Accreditation and Code of Conduct	Early in January of the year of evaluation
Education Provider	Submits to Convener and Board Secretariat: <ul style="list-style-type: none"> • Self-Review Portfolio • Proposed Site Visit Plan • Academic and Clinic Schedules 	One month prior to site visit
Board administration	Submits documentation to the evaluation panel namely <ul style="list-style-type: none"> • Self-Review Report • Proposed Site Visit Plan • Academic and clinical schedules 	Within two days of receipt from the institution

Evaluation Panel	Reviews institutions documents, consult other members of the panel and make suggestions for amendments to the institution's Proposed Site Visit Plan	At least three weeks before the date of the site visit
Convenor of the Evaluation Panel	Communicates evaluation panel's suggestions for amendments to the Site Visit Plan to the HEI	At least two weeks before the date of the site visit
DURING PROGRAMME EVALUATION		
Evaluation Panel	Conducts site visit and programme evaluation	During site visit
POST EVALUATION		
Evaluation Panel	Compile draft report	Last day of Site Visit
	Submit to Board Secretariat the final report (Sections A & B) on the programme evaluation	Within two weeks of the site visit
Board administration	Submits final report to the Education committee for ratification	First Education Committee meeting following the conclusion of the inspection
	Sends the HEI a copy of the final report on the programme evaluation	Within one week of ratification by the education committee.
HEI	Review and respond, in writing,	Within four weeks of receipt
Education committee	Where relevant, review and approve the Improvement Plan	At the next meeting of the education committee
HEI	Implement Improvement Plan	As soon as possible
HEI	HEI annual progress reports are submitted until conditions have been met	End of May annually.

COMPOSITION AND CONSTITUTION OF THE EVALUATION PANEL

The Education Committee is responsible to manage the selection, appointment and training of the members of the evaluation panel as per the authority delegated by the Professional Board.

1. Criteria for Evaluation Panel membership

- a. Recognized professional clinical expertise.
- b. In good professional standing, including CPD.
- c. Relevant and in-depth knowledge of educational processes is desirable.
- d. Familiarity with the health and education issues related to national and international trends is desirable.
- e. Postgraduate qualification in the relevant profession is recommended.
- f. The convener of the panel should preferably be a current member of the Professional Board.

2. Nomination and appointment of Evaluators

- a. Formal nominations for eligible and willing candidates should be drawn from the pool of potential evaluators as obtained from Education and Training programmes and Professional associations/ Forums and the Board.
- b. Nominees should accept or decline appointment.
- c. Recuse them in the event of a conflict of interest

3. Composition of the Evaluation Panel

- a. At least two evaluators per evaluation.
- b. The composition of each panel must reflect an optimal mix of experiences, skills and abilities for a successful accreditation process.
- c. The appointed evaluators must have no conflict of interest in relation to the HEI being evaluated.
- d. Appointed evaluators should preferably not evaluate the same Institution within a ten year cycle i.e. for two consecutive evaluations

CODE OF CONDUCT FOR EVALUATORS

Evaluators are expected to conduct themselves in accordance with the highest standards of ethical, moral and professional behaviour during all phases of the process. Each evaluator must review, sign and submit this Code of Conduct to the Board Secretariat together with a letter relating to acceptance of the appointment to an Evaluation Panel prior to receiving any documentation from the Institution.

I _____ (name) agree to conduct myself in accordance with the highest standards of ethical, moral and professional behaviour at all times. With respect to the Programme Evaluation and site visit, I will:

1. Treat peers, staff and students at the institution, and the Board/ HPCSA with courtesy and respect.
2. Exercise punctuality at all times.
3. Maintain strict confidentiality. The results and outcomes of the process will only be discussed with the Board secretariat and/or the Education Committee of the Board.
4. Conduct the evaluation objectively, fairly, impartially and with integrity.
5. Evaluate the programme on its merits i.e. in relation to whether it meets the criteria / requirements specified by the Board.
6. Evaluate the programme (i.e. nature of learning opportunities provided by programme) and not individual students' performance.
7. Respect differences as methods of attaining requirements are variable and are the right of the programme.
8. Avoid comparisons with my own or other education and training or training programmes.
9. Refrain from offering advice to the programme/institution.
10. Recuse myself in the event of a conflict of interest.
11. I will not discuss the report directly with the institution. All communications will be conducted through the Board Secretariat.

Signature

Date

NOTE: Form should be signed and submitted to the Board Secretariat prior to the evaluation.

PROGRAMME EVALUATION REPORT

Institution: _____

Department/Division: _____

Faculty: _____

Dates of Site Visit: _____

Evaluation Team: _____

Program(s) Reviewed (specify degree designator(s)): _____

Head of Department: _____

Contact Person: _____

Contact Details: _____

SECTION A: (This section will serve as a report back to the HEI)

Critically evaluate the information provided in the self-review report and related evidence obtained during the site visit, using the following:

- Issues arising from the previous evaluation.
- Current governance system
- Student Body
- Staff
- Curriculum
- Clinical education, supervision and contact hours
- Student support
- Resources
- Institutional Quality Assurance Processes
- Interpretation of Academic freedom and autonomy

Critically evaluate the clinical exposure, as reflected in the forms, observed during the clinical visits and based the section in the self-report report

SECTION B: (This section will serve as recommendation to the Education Committee)

Conclusion and Recommendations:

Provide views and recommendations of evaluators relating to:

- a. Strengths - acknowledge strengths of the programme by commending these.
- b. Challenges/weaknesses - provide and justify recommendations and possible solutions.
(NOTE: The Board makes the final decision regarding steps to be taken by the institution and the institution will propose changes in response to recommendations.)
- c. Opportunities for further development of the education and training programme.

Recommendation for Accreditation, with clear rationale and/or motivation thereof. If status ii is recommended, also suggest possible conditions to be met.

NOTE:

Limit report to 10 pages.

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

**EVALUATION OF FACILITIES FOR THE TRAINING OF OCCUPATIONAL THERAPY
STUDENTS**

SELF-REVIEW REPORT - UNIVERSITIES

(To be compiled by the HEI relating to Professional Education and Training programme.)

This document contains information that is required by the evaluation panel. In constructing this report, use the information below to guide the sequence of presenting information. The self-evaluation should reflect on the current status and include future plans and development.

1. Issues arising from the previous evaluation.

Recommendations of the **previous evaluation**, overview of these and how they have been addressed

2. Current governance system

- a. Statement of vision and mission of unit / division / department
- b. Situation of the unit/division/department in the institution/faculty/school
- c. How the department/division is managed.
- d. Programme management and coordination.
- e. How the programme is an integral part of the mission of the institution and is integrated in institutional planning and resource allocation.

3. Student body

- a. Admission criteria.
- b. Recruitment strategies.
- c. Equity targets and transformation goals.
- d. Composition of the student body: number, gender, linguistic background, disability.
- e. Past and current profile and throughput of the student body in relation to the profession's need for transformation.

4. Staffing - staff demographics profile by race, gender and disability.

- a. Qualification and registration profile.
- b. Workload:
 - courses/modules taught for the last three years.
 - Number of staff and staff-student ratio and how this relates to effective delivery of the programme.
- c. Staff development - opportunities for improvement in curriculum development,

- teaching/learning facilitation, assessment.
- d. Availability of appropriately qualified and registered practitioners with at least two years professional experience to supervise students' clinical practice.
- e. Staff engagement with Continuing Professional Development.

5. Curriculum

- a. There is an appropriate orientation programme to introduce students to their training.
- b. Curriculum principles and organization in relation to meeting the stated academic and clinical outcomes for the profession.
 - i. Learning outcomes clearly specified with appropriate assessment criteria and strategies.
 - ii. Content covered.
 - iii. Teaching and learning methodologies.
 - iv. Teaching and learning incorporates a balance of academic education and professional/clinical practice in suitable and adequate facilities both on campus and in professional training sites.
 - v. A detailed description and critique of how quality is assured in the programme.
 - vi. Involvement of clinical staff in curriculum planning and programme review.
- c. Relevance of education and training to the South African context.
- d. How the curriculum leads to the development of both technical as well as critical cross field outcomes.
- e. Critical evaluation of the extent to which the curriculum/curricula meets the exit level outcomes and Minimum Standards.

6. Clinical education, supervision and contact hours

- a. Adequate training opportunities that address the scope of profession.
- b. Structured methods for monitoring student learning such as logbooks, learning portfolios or placement files.
- c. Adequate supervision by registered professionals.
- d. The training team is made up of a mix of appropriate professionals required to ensure effective training of students.
- e. Staff of the clinical training facility are aware of the exit level outcomes students are expected to meet.
- f. Students meet the required number of clinical hours, in a range of areas within the scope of the profession.

7. Student support

There is adequate support to meet diverse learning needs in terms of academic development opportunities.

8. Resources

Comment on the resources available to offer the professional training programme.
This should include:

- a. Operating budget
- b. Physical space
- c. Adequacy of access to computers and internet by staff and students
- d. Library facilities and support in terms of access, prescribed and recommended literature and additional readings.
- e. Clinical equipment and resources
- f. Access to training sites
- g. Transport
- h. Student support services
- i. Other

9. Institutional Quality Assurance Processes

Describe what it is and how this is implemented within the program

10. Interpretation of Academic freedom and autonomy

In the context of academic freedom, how has the programme responded to the regulations and exit level outcomes for the profession.

11. Summary

To include reflections on:

- a. Strengths - acknowledge strengths of the programme by commending these.
- b. Challenges/weaknesses - provide and justify recommendations and possible solutions.
- c. Opportunities for further development of the education and training programme.

DEVELOPMENT OF SITE VISIT PLAN

The Institution should propose a plan (with timeframes) for the site visit. This proposal must be submitted electronically to the Board Secretariat. The evaluation panel may suggest amendments to the SVP.

Elements to include in the Site Visit Plan (SVP):

1. Meetings with the -
 - a. Leadership/Management of the Institution e.g. Dean, Director of the Department/ School;
 - b. Members of Staff (most/all) for 30 to 60 minutes without Head of Programme present;
 - c. Students (at least 50%) of the final year students for approximately an hour;
 - d. Head of the Programme and other senior members of staff;
 - e. Head and programme staff for closing meeting.
2. Visit to a minimum of three clinical facilities.
3. Time to review prepared documentation.
4. Academic activity that demonstrates clinical competence of final year students.

**DOCUMENTS TO BE REVIEWED BY THE EVALUATION PANEL
DURING SITE VISIT**

The institution will prepare, label and coherently organize the documents listed for the Evaluation Panel to review during the site visit. This should be compiled from existing documentation from the preceding 12 months.

1. Departmental and institutional policies on admissions.
2. Performance indicators in terms of throughput rate for the last three years.
3. The programme descriptors offered by the institution, i.e. programme submissions to NQF/SAQA
4. Curriculum documentation for all courses and assessment, including practical fieldwork guidelines and expectations.
5. Examples of assessments and examinations conducted in the previous calendar year as well as examples of case studies:
6. A schedule of the final mark compilation, as well as the rules for this compilation
7. Examples of quality assurance reports, e.g. internal moderation, and external examiner reports and research reports.
8. Complete record of students' clinical contact hours must be available.
9. The mark sheets for at least three years of graduating classes as well as all students currently enrolled in the programme.
10. A report on staff development activities in the last three years.
11. Details regarding service offered by academic staff.
12. A library report on prescribed books, recommended books, journals, etc. that students can access in the library.

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

**EVALUATION OF FACILITIES FOR THE TRAINING OF OCCUPATIONAL THERAPY
STUDENTS**

SELF-ASSESSMENT QUESTIONNAIRE – CLINICAL TRAINING FACILITY

(To be completed by the occupational therapy staff at the clinical facility and used as a guideline during discussions with evaluators.)

Name of facility:	
Address:	
Telephone No:	Fax No:
E-mail Address	
Name & designation of Head occupational therapist:	
Type of facility:	
Level of Care i.e. Primary, Secondary or Tertiary:	
PATIENTS TREATED BY OCCUPATIONAL THERAPY STAFF	
<p>1. Describe the client population served, e.g. diagnostic breakdown, age group, type of occupational dysfunction they present with at the facility. Where multiple types of populations are served, please provide an estimated percentage breakdown of the categories.</p>	

2. Describe the type of occupational therapy intervention provided.		
3. Provide an estimated percentage of the types of programs described above.		
a. Remedial		
b. Habilitative		
c. Rehabilitative		
d. Preventative		
e. Promotive		
	100%	
4. Give an indication of the duration of occupational therapy programmes rendered		
5. Indicate the area(s) of excellence of the Occupational Therapy Department (<i>i.e. what is your department known for?</i>):		
6. STAFFING		
6.1 Occupational Therapists		
Post level	Number of Posts available	Number of Posts Filled
Supervisory		
Production		
Community Service		
6.2 Support Staff		

Post level	Number of Posts available	Number of Posts Filled
OTT		
OTA		

6.3 Other Staff		
Post level	Number of Posts available	Number of Posts Filled
Official business hours for Occupational Therapy Service:		

7. Organization of the Department/Division/Section/Service		
	Y	N
Does the department have a strategic plan, including a vision and a mission?		
Are the strategic objectives in line with government policies?		
Does the department have written objectives?		
Are the objectives aligned with the other departments within the institution, as well as institutional policies?		
Is the facility management aware of the occupational therapy objectives?		
Are the objectives developed in collaboration with staff?		
Is there an organogram for the department?		
Are the lines of communication clearly defined?		
Are all positions described in a written job description?		
Do relevant stakeholders understand the function of the department?		

Comment:		
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8. Departmental Management Related to Student Supervision		
	Y	N
Are regular intervention planning sessions held, e.g. ward rounds?		
Are interdisciplinary meetings held?		
Is there an opportunity for students to participate in medical rounds, or equivalent?		
Are all Occupational Therapy staff registered with HPCSA?		
Is HPCSA registration of all Occupational Therapy staff checked annually?		
Are the "Regulations Defining the Scope of the Profession of Occupational Therapy" (No R 2145) available in the department?		
Is a system in place to control issuing of equipment, consumables and assistive devices?		
Is a Quality Assurance programme in place?		
Is a system in place to monitor client record keeping?		
Is a system in place to monitor client satisfaction?		
Is a system in place to measure treatment outcomes?		
Has an accessibility audit been conducted in your unit?		

9. Does the facility have the following health and Safety equipment and processes in place?		
	Y	N
Are the necessary health and safety signs displayed?		

Is relevant safety equipment available?		
Is a First Aid kit visible and accessible?		
Is firefighting equipment available and regularly serviced?		
Is an evacuation plan in place?		
Is there evidence of maintenance schedules for all equipment and machinery?		
Are standard operating procedures visibly available for all machinery and equipment?		
Are sufficient sanitation facilities available?		
Is sufficient lighting available at machinery and equipment?		
Are working areas properly cleaned?		
Is there evidence of health and safety training of staff and students?		
Are all machinery and equipment in working condition? If not, specify problems in comments section below.		
Comments:		

10. Physical Facilities			
	Y	N	N / A
Is there appropriate space for treatment?			
Is adequate storage space available?			
Is there adequate machinery and equipment?			
Are there adequate consumables?			
Is there access to assistive equipment / devices?			
Is there adequate office / work space for staff?			
Is there adequate work space for students?			
Is there space where staff and students can relax?			

Is there a designated space for students to keep their personal belongings safely?			
Is a fax and phone available?			
Is there an e-mail facility available?			
Is there an internet facility available?			
Is there adequate work-related transport available?			
Comments:			

11. Occupational Therapy Process		
	Y	N
Are occupational therapy staff aware of the "Ethical Rules of Conduct for Practitioners Registered under the Health Professions Act, 1974 (G N No R 717 of 4 August 2006)?"		
Are assessment forms available in the department / unit / division?		
Are assessments conducted regularly?		
Are assessments documented appropriately?		
Are progress notes written regularly?		
Are occupational therapy records available to relevant stakeholders?		
Are students exposed to working with support staff?		
If a student is in charge of a programme, is there someone to whom the student can hand over when they leave?		
Are handover procedures in place when students complete clinical work and when staff go on leave?		
Are there opportunities for multi- / interdisciplinary intervention?		
Please provide list of standard and standardized tests used:		

Comments:		
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12. Student Supervision		
	Y	N
Are student learning opportunities identified and facilitated in the department?		
Is there an orientation document for students?		
Is there a procedure document regarding use and behaviour in student accommodation?		
Is there a health and safety procedure document for students?		
Is adequate time available for clinical staff to supervise students?		
Does the clinical staff have a positive attitude towards the clinical supervision of students?		
Do occupational therapy staff discuss / check intervention planning prior to execution?		
Do lecturers regularly attend intervention sessions of students with patients / clients?		
Do lecturers and occupational therapy staff collaborate to evaluate students' performance?		
Do occupational therapy staff have the opportunity to give inputs into the curriculum?		
Does the training facility provide information / training to occupational therapists on student supervision?		
What is the clinical staff: student ratio?		

How many intervention sessions per student are observed per week?	
How many members of occupational therapy staff have attended a supervision training course?	
How many members of occupational therapy staff have not attended a supervision training course?	
Comments:	

Document prepared by	
Signature:	Date:
Name (Please Print)	

Head of OT Department / Section	
Signature:	Date:
Name (Please Print)	

Head of Facility	
Signature:	Date:
Name (Please Print)	

FORM H – MEDICAL ORTHOTISTS AND PROSTHETISTS

Profession Specific Guidelines for Programme Evaluation Report

- **Minimum standards for training of Medical Orthotists and Prosthetist (Form 123 OS)**
 - **Standards of Practice for Medical Orthotics and Prosthetics (Form 266)**
 - **Scope of Practice for Medical Orthotics and Prosthetics**
1. Students in an accredited training institution involved in clinical work that involves patients, must be under the direct supervision of a Medical Orthotist & Prosthetist, registered with the HPCSA.
 2. The institution where the practical / clinical training is done must be equipped with the equipment necessary to train learners in the field of medical orthotics & prosthetics, as determined in the approved curriculum.
 3. It will be required of the institution to adhere to the Health and Safety standards set out by the Department of Labour.
 4. The institution must provide adequately for the following:
 - Lecturing facilities
 - Reception area
 - Formal office space for lecturers
 - Patient waiting area
 - Clinical area
 - Diagnostic area
 - Casting area
 - Machine area
 - Plaster modification area
 - Moulding area
 - Laminating area
 - Bench room
 - Store room
 5. The volume and variety of clinical / practical work must ensure that adequate training is provided in relation to the approved curriculum for learners.

6. The institution must be available for inspection by the Professional Board at any given time.
7. Should the institution relocate to other premises, or if there are any changes to one of the above requirements, the Professional Board must immediately be notified accordingly in writing.
8. The Professional Board may withdraw the training status due to failure to comply with the above requirements, at any time.

Other comment:

2. EVALUATORS

Name	Discipline	Signature	Address	Tel no	Fax no	E-mail

DATE OF EVALUATION.....

3. RESOURCES

STAFF RESPONSIBLE FOR TRAINING

PERMANENT STAFF AT ACADEMIC INSTITUTION

Name	Race	Highest academic qualification	Subject(s)	Date of appointment	HPCSA Reg number

PART TIME STAFF AT ACADEMIC INSTITUTION

Name	Race	Highest academic qualification	Subject(s)	Date of appointment	HPCSA Reg number

**4. LEARNER DETAILS
SELECTION OF STUDENTS**

Are students selected?	Yes	No
If Yes: State the selection criteria _____ _____ _____ State the reasons for the selection criteria _____ _____ _____		
If No: State the reason for not selecting _____ _____ _____		

Describe system used to allow students into course		

5. LEARNER STATISTICS

Year of study	Number of Learners				% pass rate
	Black	Indian	Coloured	White	
1 st year					
2 nd Year					
3 rd Year					
4th Year					

6. ACADEMIC PROFILE

	Yes	No
Are lecturers encouraged to improve their qualifications?		
Are academic staff members appropriately qualified for the subjects that they lecture?		
Do facilitators carry a reasonable lecture load?		
Are facilitators annually evaluated using job descriptions as a guideline?		
Are facilitators evaluated by their learners?		
Are facilitators evaluated by their superiors?		
Are peer evaluations conducted to help improve lecturing skills?		
Are practicals integrated with theory?		
Are marking memoranda available?		
Are guidelines available for evaluation of projects?		
Are all evaluations, evaluation results, memoranda and methods documented properly?		
Are lecturing staff supplied with suitable offices, computers and software and do they have access to the internet?		
Are study guides available for all subjects?		

Are study guides updated every year?		
Do study guides describe how semester/year marks will be calculated?		
Do the guides describe the rule that apply if a learner missed a test or evaluation session?		
Do study guides include learning outcomes?		
Do study guides include outlines of each of the sections?		
Do study guides include references?		
Do study guides include sample questions and model answers?		
Are white or black boards used?		
Are slides used?		
Are videos/DVD's used?		
Are tutorials used?		
Are flip charts used?		
Are group discussions conducted?		
Are computers used as interactive education methods?		
Are formative evaluation methods conducted?		
Are OHP transparencies used, in big font and clear?		
Are notes and hand outs of a good standard?		
Are learners required to do projects/ assignments?		
Are learners required to use poster presentations?		
Are learners required to take part in group discussions?		
Are learners required to complete projects that will enhance their computer skills?		
Are prescribed books available?		
Are all lecture evaluations by learners, peers and superiors properly documented?		
Are these evaluations acted upon? /Did the action result in any improvement?		

7. INSTITUTIONS USED FOR PRACTICAL SUBJECTS

Name of institution / facility / centre	Name of Supervisor	OS number

8. EXAMINATIONS

FIRST YEAR

Name of Examiner	Name of Moderator	Subject	* External / Internal

SECOND YEAR

Name of Examiner	Name of Moderator	Subject	* External / Internal

THIRD YEAR

Name of Examiner	Name of Moderator	Subject	* External / Internal

FOURTH YEAR

Name of Examiner	Name of Moderator	Subject	* External / Internal

- *Internal - Professional registered in the relevant discipline
- External - Professional outside of University but registered within the profession

9. FACILITIES
TEACHING AND PRACTICAL TRAINING FACILITIES

	Yes	No
Number of practical laboratories:		
Number of lecture rooms		
Are the lecture rooms separate?		
Is the space in the lecture rooms sufficient?		
Are there suitable desks and chairs in the lecture rooms?		
Are lectures given in the practical rooms?		
Are the practical rooms big enough to accommodate all the learners?		
Are the rooms suitably equipped?		
Are the rooms well maintained and clean?		
Are the rooms reasonably utilized?		
Do the rooms have suitable hand-wash facilities?		
Is the lighting in the rooms sufficient?		
Are the rooms well ventilated and sufficiently heated?		
Who is responsible for the cleaning?		
Are rooms cleaned regularly?		
Do the rooms have sufficient space per working area?		
Do learners evaluate the preparation and provision of practical presentations?		

10. LECTURE AIDS AND FACILITIES

	Yes	No
What additional lecture aids are available?		
Black/White boards		
Overhead Projector		
Data Projector		
Charts/ Models		
TV/ VCR/DVD		
Is there a room for learner breaks?		
Is there a cloakroom? (1 toilet/10 learners)		
Is there a separate staff toilet?		
Library details		
Is a list of books available?		
Is there an adequate supply of references?		
Is access to the internet available?		

11. **EQUIPMENT PROVIDED IN PRACTICAL FACILITY.**

	Yes	No
Patient waiting area		
Is the waiting area clean and efficient?		
Clinical area, Diagnostic area and Casting area		
Parallel bars		
Measuring equipment		
Examination beds		
X-Ray light box		
Casting equipment		
Diagnostic equipment		
Machine area		
Drilling machines		
Grinding machine		
Stitcher		
Cutting machine		

Band saw		
Belt sanding machine		
Router		
Dust extraction		
Plaster room		
Floor grid		
Basin		
Equipment: Hand tools		
Storage rack for plaster models		
Moulding area		
Suction /		
Oven		
Laminating area		
Suction		
Lamination stations		
Working / Bench room		
Benches for students to work at		
Hand tools		

12. PRACTICAL

	Yes	No
Are program staff members and various representatives from the profession regularly involved in ascertaining whether curricula and syllabi still satisfy the needs of the qualification?		
Are specific outcomes addressed?		
Are suggested changes submitted to the HPCSA for approval?(Mention last submission)		
Are study guides available and do they comply with the syllabus requirements?		
Are these study guides reviewed annually?		
Do they contain outcomes and a time schedule?		
Do they contain a log for experiential activities?		
Is a record kept of all learners busy with training outside the institution?		

Is every learner visited during this period?		
Are procedures to monitor and evaluate training outside the institution properly documented?		

13. EXAMINATIONS

FINAL EXAMINATION AND CONTINUOUS ASSESSMENT (TESTS, SEMINARS, PROJECTS, ETC)

Please comment on the following aspects of continual assessment and the final examination	
1. Subjects and number of papers per subject.	_____ _____
2. Balance between aspects, such as memorising, insight and application, examined in each paper.	_____ _____
3. Relevance of each paper to professional practice	_____ _____
4. Number of final examination papers:	_____ _____
5. Comment in detail on the role of the external examiner and/or the moderator of examination papers and scripts.	_____ _____
6. Comment in detail on the Moderator's Report	_____ _____ _____ _____ _____
7. Describe the purpose of external examination in the final examinations. If no external examination is conducted please motivate.	_____ _____ _____ _____

<hr/> <hr/>
<p>8. Comment on the external examiner's role in the results.</p> <hr/> <hr/> <hr/> <hr/> <hr/>

14. HEALTH & SAFETY

	Yes	No
Are all machines in working order? If not, specify. _____ _____		
Is an extraction fan available and in working order connected to machines producing dust?		
Gas welding bottles outside building or fixed to the wall inside the building? Explain.		
Is there is sufficient lightning at machines?		
Is working areas properly cleaned around dangerous equipment?		
Does the institution have a Health and Safety Act in book form available?		
Does the institution have a dedicated safety officer?		
Name the designated person _____		
Does the institution have a safety committee?		
How often do they meet?		
Are minutes of the meetings available?		
Is the safety equipment regularly inspected and serviced?		
Safety signs available and visible?		
No Smoking, drinking and eating sign clearly visible at entrance?		
Is the electrical distribution box marked/ labelled?		
Does the institution comply with local fire regulations?		

Has the institution been inspected by the local fire department?		
Are there sufficient fire extinguishers of the correct type and are they regularly serviced?		
Are Fire Blankets available?		
Has staff been trained in the correct use of the fire extinguisher and fire blankets?		
Has the procedure been documented?		
Is an operational fire alarm system installed in the building?		
Is there a back-up system?		
Is the fire alarm audible in all sections?		
Are fire drills held? Is this documented?		
Are evacuation routes diagrammed and posted?		
Are there clearly marked exits?		
Are all staff and the learners orientated to safety procedures?		
Are volatile chemicals and flammable solutions stored appropriately and in the right correct containers?		
Are detailed records of all accidents kept?		
Are policies altered to prevent recurrences?		
Are First Aid facilities available?		
Is the first aid box regularly checked and stocked?		
Do these boxes comply with the OHS Act		
Are sufficient persons qualified in First Aid? Is proof available?		
Are there eye-wash facilities available in all laboratories?		
If applicable is there an emergency shower available?		
Is suitable Personal Protective Equipment worn in all practical rooms? Does the staff have safety equipment: <ul style="list-style-type: none"> • Aprons or dust coats. • Safety glasses for welding. • Welding clothes. • Safety glasses for machine work. • Face masks. • Gloves for protection against heat. 		
Is eating, drinking, smoking, application of make-up prohibited in laboratories?		

Administrative support staff	Yes	No
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Is the staff performing administration suitably qualified and trained?		
Is the finance department suitably administered?		
Is the marketing department suitably administered?		
Is the learner registration effective?		
Is the capturing of learner data accurate?		
Is effective communication with the learner facilitated?		
Are loans and bursaries available to learners?		
Is counselling available to learners?		
Do external moderators monitor exit level subjects?		
Are examiners in possession of a higher qualification than the learners?		
Are strict security measures maintained with external examinations?		
Do learners receive examination dates well in advance? (1 month)		
Are year marks available to learners at least 1 week before examinations?		

15. ACTIONS/ RECOMMENDATIONS

<p>1. Resources / Staff responsibility for training</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>2. Selection of students</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>3. Statistics</p> <hr/> <hr/> <hr/> <hr/>

4. Academic Profile

5. Institutions used for practical subjects

6. Examination

7. Facilities

8. Lecture Aids & Facilities

9. Equipment provided in Practical Facility

10. Practical

11. Final Evaluation and continuous assessment

12. Health & Safety

16. FINAL RECOMMENDATION ON THE SUITABILITY OF THE TRAINING INSTITUTION IN THE TRAINING OF STUDENTS

AFTER CAREFUL CONSIDERATION, ASSESS IN ONE OF THE BOXES BELOW, THE ACCOMPLISHMENT OF THE TRAINING INSTITUTION IN FULFILLING THE MINIMUM STANDARDS:

Very good	
Good	
Average/Satisfactory	
Unsatisfactory/below average	
Unacceptable	

GUIDELINES FOR LEARNER INTERVIEW:	Yes	No
Name: _____		
Date commenced with study? _____		
Current year of study? _____		
Proof of HPCSA registration _____		
Program awareness:		
Is the learner utilising and following a structured program?		
Did you receive a hand-out/handbook that details all the UoT requirements and regulations in addition to the relevant course study guides?		
Was the orientation adequate?		
Can the learner name a safety officer (Health & Safety representative, First Aider or Fire Warden)		
Do you have a syllabus/study guides?		
Do you have adequate access to technical information e.g.		

Text books; internet; qualified staff?		
Do you have sufficient study time?		
Are the lecturers helpful in addressing your problems?		
Do they have an "open door" policy and are they accessible?		
Do you have access to notes/library?		
Quality of practical:		
Do you have contact with patients?		
Are you supervised at all times during this contact?		
Comment on the availability of qualified staff.		
Comment on lecturer's ability to answer questions.		
What is your overall impression of the lecturer and practical?		
What is the quality and relevance of practical training?		
Do you feel you are making progress as a learner and how would you evaluate this progress if any?		
What is your view on quality control at the institution?		
Describe a positive aspect of your learning experience?		
If you could change any aspect of the course, what would it be and how?		
Have you decided if you want to further you studies at this institution?		
If so what influenced your decision?		

Describe your overall impressions of the education you are receiving at this University. <hr/> <hr/>		

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

SUMMARY OF FEEDBACK TO BE PROVIDED BY EDUCATIONAL INSTITUTION

UNIVERSITY:FORM COMPLETED BY:

DATE OF EVALUATION: DATE

ITEMS AS RAISED IN EVALUATION REPORTS	DATE FOR ACTIONS REGARDING ITEMS RAISED	RESULTS OF ACTIONS COMPLETED
E.g: 1. Report item 4.5: "Revise the work allocation for demonstration of treatment session": Educational institution indicates what actions will be taken, e.g. "Staff to discuss mark allocation and consider more marks for the actual demonstration by the student".	October	The mark allocation for demonstration aspect is increased and allocation of marks are as follows:
2. Report item 6.1:		
3. Report item 7.2: etc.		