



**HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA**

**PROFESSIONAL BOARD FOR EMERGENCY CARE**

**GUIDELINE FOR THE SUBMISSION OF PORTFOLIO OF EVIDENCE FOR  
FOREIGN QUALIFIED PRACTITIONERS, LATE REGISTRATIONS AND  
RESTORATION PURPOSES**

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## **1. BACKGROUND AND PURPOSE**

In-line with the Health Professions Act of 1974, individuals wishing to practice a healthcare discipline that falls within the ambit of the Health Professions Council of South Africa (HPCSA) are required to register with Council (Section 17 of the Act).

Typically, the individual who intends registering in terms of the Act shall apply to the Registrar submitting the qualification which may entitle him or her to register in the respective professional registration category. Together with a proof of identity and good character, a valid and authentic qualification/s, the professional board concerned with that registration shall consider the registration of the individual.

Depending on the professional board concerned, in the case of an ordinary registration, the individual shall apply for registration within 1 (one) year of obtaining the qualification. In the case where an individual does not register within the predetermined time period (or is removed from a register for any reason), the professional board concerned may require a reassessment, recertification and/or acceptable alternative before considering the registration of the individual. An example of an acceptable alternative is a Portfolio of Evidence (PoE).

With specific regard to the Professional Board for Emergency Care (PBEC), it may occur that individuals who have completed an emergency care qualification either at a recognised South African or foreign institution do not register with the PBEC immediately (within one year) after qualification but do practice in a clinical environment outside of South Africa. An additional cohort of practitioner that will make use of this PoE is a practitioner who has been erased from the register in South Africa. These practitioners may or may not have been engaged in emergency care outside of South Africa after being removed. Subsequently, these individuals (and in-line with South Africa's labour and employment laws) wish to register with the PBEC. Together with a reassessment or recertification (where applicable) the applicant will require a PoE indicating the current status, compliance with professional development and clinical

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experience will be required. This PoE will be assessed by the relevant structures within the PBEC.

Based on the outcomes of the PoE assessment, the application for registration may be approved or declined by the Board. Alternatively, based on this PoE, the individual may have to undergo reassessment or recertification. With exception to special circumstances where the PBEC decrees that a practitioner should submit a POE, this PoE will be completed by individuals when assessing all foreign qualifications in conjunction with the foreign qualification documentation required by the HPCSA as well as by individuals wishing to restore their names to a particular registration category.

The purpose of this document is to provide those individuals who have been requested to submit a PoE with guidance in relation to the contents of the PoE. It must be noted that depending on the individual's clinical background and context, certain aspects of the PoE may be more expansive than other aspects. It is also acknowledged, with particular reference to those individuals wishing to restore their names to a particular registration category, that certain aspects will be excluded. With this in mind, PoEs are considered on an individual basis, as direct comparison of individual PoEs is not possible. Certain aspects of the PoE are mandatory as will be described below.

## **2. THE PORTFOLIO OF EVIDENCE**

### **2.1 DEFINITION**

From as far back as 1975, Knapp defines a PoE as:

*"...a file or folder of information which has been accumulated about a student's past experiences and accomplishments... (it) can be the vehicle for organizing and distilling raw prior experiences in a manageable form for assessment...a process by which prior experiences can be translated into educational outcomes or competencies, documented and assessed for academic credit or recognition."*<sup>1</sup>

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Despite this aged definition, this still can be counted on as widely accepted. Users of this definition have added additional nuances to suit various professions, industries and educational environments.

Finally, in terms of professional portfolio (as opposed to those used during learning) development, certain authors refer to the term “*product portfolio*” which describes and

1. Knapp J. A Guide to Assessing Prior Experience Through Portfolios. Education Testing Service. Cooperative Assessment of Experiential Learning. Princeton.

## 2.2 CONTENTS OF THE PORTFOLIO OF EVIDENCE

Keeping the definition of the PoE in mind, it would be acceptable to include a wide range of evidence in the construction of the portfolio. However, to improve the reliability and validity of the portfolio and subsequent fair and transparent portfolio assessment, Lam<sup>1</sup> advises that the contents of the portfolio should be strictly guided with at least, an indication of minimally acceptable requirements.

Below is a list of documentation for the purposes of the PoE as stipulated by the PBEC (either as a bound document or in electronic format with a corresponding table of contents):

\*mandatory items for all categories of persons applying to register (foreign-qualified, late registration and those who have been removed from a register). Foreign qualified and late registration applicants are required to include the additional items as indicated below.

- a) A letter addressed to the Professional Board for Emergency Care (PBEC) detailing your request. This must include your current registration status with the HPCSA as well as your intended registration category for which you are applying. **Please also include reasons as to why you did not apply for registration immediately after obtaining your qualification or the reason for being removed from the respective register\***
- b) A copy of your identity document/passport.\*
- c) Proof of residence (eg. Utility bill)\*

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d) A concise (no longer than two [2] pages) curriculum vitae (CV) placing particular emphasis on your employment history. (Please ensure that the references placed within the CV are current at the time of application)\*

1. Lam R. Promoting Self-Regulated Learning through Portfolio Assessment: testimony and recommendations. *Assessment and Evaluation in Higher Education*. 2014;39(6):699-714.

- e) A copy (if you are or were registered with the HPCSA) of your registration certificate as well proof of current registration status. (mandatory if previously registered with the HPCSA)
- f) A copy of your foreign professional body registration certificate. (Please ensure that the document/s indicate your first date of registration as well as your current registration status)
- g) Copy of SAQA certificate (mandatory for foreign qualified practitioners)
- h) Copies of **applicable** Continuing Professional Development (CPD) activities for the preceding two (2) years at the date of application for registration. It must be noted that certain CPD activities are not related to the intended category of registration, and therefore will not be considered appropriate.
- i) Certified copies of your educational/training qualifications.\*
- j) If currently registered as a health care professional, a letter from your direct line-manager(s)/team-leader(s)/reporting person(s) indicating the following:
  - I. The approximate number of clinical hours worked in the past two (2) years.
  - II. The nature of the clinical environment (e.g. Pre-hospital primary response, out-of-hospital interfacility transfers, event medical standby, aeromedical environment, primary health care setting, remote-site setting etc)
  - III. The number of cases the service/provider attends to either per day/per week/per month/per annum. Included in this, the average number of high, medium and low-acuity cases per day/per week/per month.
  - IV. The average number of cases (per day/per week/per month) that you have managed or played a significant role in based on the same categories i.e. high/medium/low-acuity.
  - V. A description/summary/finding of any (if any) disciplinary/inquest related to unprofessional, unethical and/or improper healthcare conduct.
  - VI. A letter of recommendation from a peer of at least the same or senior medical qualification with whom you would have interacted with on a routine basis during your clinical activities. This letter of recommendation must include your (although

it is acknowledged that this may be fairly subjective) level of professional conduct and clinical competence.

- VII. A list of four (4) peers, with whom you would have had routine professional interaction. Please indicate their role and position.
- VIII. A personal development/continuing education plan.
- IX. A letter of good health from a registered medical practitioner.

### **3. CONCLUSION**

Although the list of required documentation is considered a “minimum requirement”, individuals wishing to submit a PoE are reminded that an increase in the volume of documentation alone does not necessarily improve the submission’s reliability or validity. Any additional documentation that is being considered for submission must undergo careful consideration.

Finally – the composition of a PoE should not just be seen with a single objective in mind (professional registration), but rather as an on-going professional developmental task.