



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

**GUIDELINES FOR REGISTRATION
OF FOREIGN QUALIFIED ARTS
THERAPIST – FORM 176**

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.

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 and October annually. 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 cycle undertaken.
- Step 5: If successful and on receipt of written confirmation from the Board, obtain a letter of endorsement from the DWM of the National Department of Health.
- Step 6: Pay the prescribed fee for the issuance of the relevant registration certificate.
- Step 7: Upon successful completion of the Board examination and compliance with the DWM the candidate will be registered in the category Independent Practice

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)

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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GUIDELINES FOR REGISTRATION OF FOREIGN QUALIFIED PRACTITIONERS

FORM 176 AT

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 April examination will be 1 September of the preceding year. The cut-off date for applications for the 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**. In view of possible damage or loss of such documents, documents should be sent by registered 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: www.doh.gov.za

Switchboard: 012 395 8000

Physical address: C/r Thabo Sehume & Struben
 Civitas Building - Room S1001, 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**. 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 fees.
2. The examination of the Professional Board will be conducted in **April** and **October** consists of the following:

Arts Therapies (AT)	<p>a) A candidate will submit two written pieces of work and will sit for a practical viva voce for their examination. The written submissions that include a theoretical case example question, case study report and DVD are weighted at 25% each of the total examination mark (100%). The practical viva voce is weighted at 50% of the total examination mark (100%)</p> <p>A candidate will submit the following.</p> <p>b) One theoretical case example question. The case example question will be given to the candidate one month prior to the practical viva voce examination and is to be submitted no later than ten days prior to the practical examination.</p> <p>c) One case study report (individual / group) with supporting video documentation.</p> <p>d) A written report of the case and the video material must be submitted to the Education and Training Division at least 10 days before the examination.</p> <p>e) A practical oral examination/viva voce which will be based on the presentation of a case study, questions regarding the case example questions and ethics. Details for both these parts of the examination are reflected in pages 3 to 5.</p> <p>f) The written and practical examinations provide for;</p> <p>an assessment of knowledge of the theory, intervention strategies, and the clinical practice of the arts therapy medium for which the candidate is</p>
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	<p>applying to register (i.e. either art therapy, dance/movement therapy, drama therapy or music therapy).</p> <p>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.</p> <p>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</p> <p>g) The candidate must receive a minimum of 50/100 (50%) for the combined written submissions AND 50/100 (50%) for the practical viva voce examination in order to pass the exam. A candidate will have a maximum of two opportunities to pass each component of the examination within a period of three years.</p> <p>h) After successful completion of examinations South African citizens who obtained a qualification in another country will be required to complete one year of internship.</p>
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3. The Education Committee will appoint moderators and examiners for each examination.

C. APPEALS AGAINST RESULTS

In the event that a Candidate appeals the results of the Board Examination they are legally entitled to have access to the outcome of their assessment, the marking template, and the comments by the examiners. A different examination panel will be asked to review the recording of the examination and or the theory paper and provide an assessment thereof with comments and recommendations regarding the outcome of the appeal.

The remark will cost 50% of the examination fee.

D 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 Independent Practice

Registration will be affected upon submission of the letter issued by the Board, the documentation required according to the Regulations, an endorsement by the DWM of the Department of Health and the prescribed registration fee.

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
Email: matshidisomo@hpcsa.co.za

DRAMA	MUSIC	ART THERAPY	DANCE & MOVEMENT
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Community Service	Education	Post Graduate Study	Volunteer Service	Supervised Practice	Independent Practice
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1. TO BE COMPLETED BY APPLICANT (Please Print)

Title:(Mr/Mrs/Miss):							
Surname:							
Maiden Name:							
First Names:							
Postal Address:							
Work Address:							
Tel (Work):				Tel (Home):			
Cell:				E-Mail:			
Date of Birth:				Birth Place:			
Nationality:							
Present employer							
Position/appointment held:							
*Marital Status:	Single	Married	Divorced	Widowed	*Gender:	Male	Female
*Race:	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

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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	
Total Hours							

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 atthis.....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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.....

FOR OFFICIAL USE ONLY		
Documents received	Yes	No
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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ATTESTATION BY EDUCATIONAL INSTITUTION REGARDING QUALIFICATION

(Please print or type)

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.

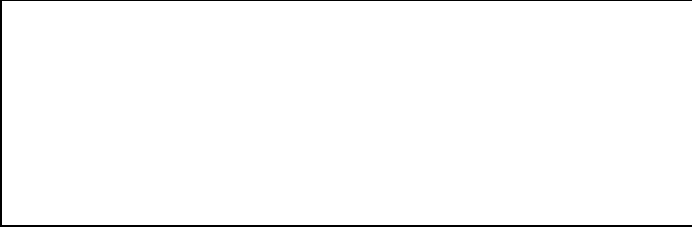
- e. Applicant Information
 - A concise official copy of the syllabus of training.
 - An official transcript of the results obtained by the applicant in each examination.
- f. Is this Educational Institution accredited/approved by the World Federation of Occupational Therapists/ International Association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

Signed:.....

Name: Please print

Designation:.....

Official date stamp of Institution



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

1. Individual applicants apply for registration as outlined above in order to obtain registration in public service.
2. Practitioners registered in the Category Public Service shall practise under the auspices of an employing Public Health Authority.
3. 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

1. Only applicants who have completed 12 months of community service and obtained permanent residence status and/or South African citizenship will be eligible for registration in the category Independent Practice.
2. 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. 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

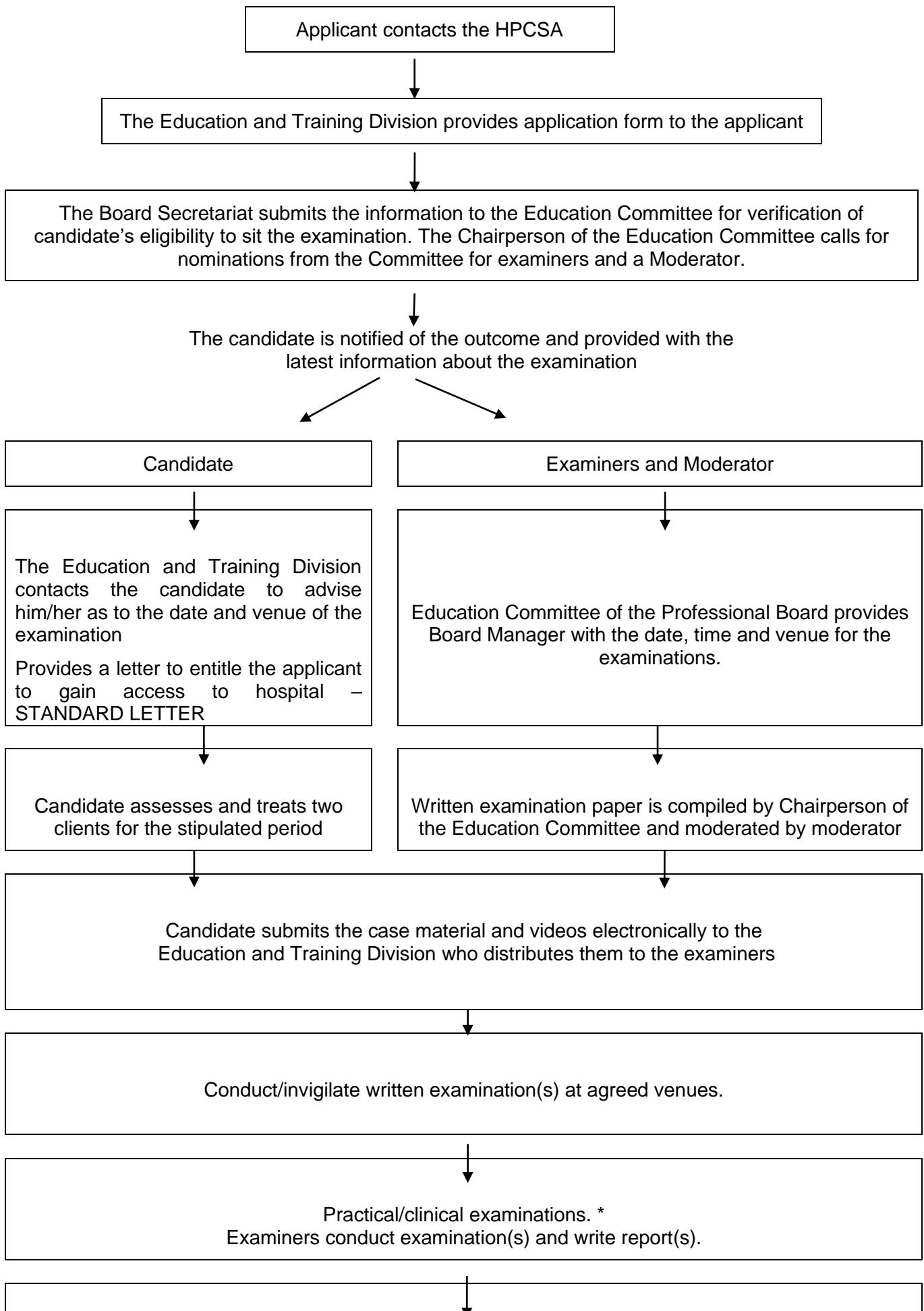
1. An application for registration in the category volunteer service must be submitted by the relevant South African health care provider, approved by the Board. The application should further be supported by the Directorate: Workforce Management of the National Department of Health.
2. The application 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 Master's 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 follows

FORMAT OF EXAMINATION ARTS THERAPY

1. Written Examination and Practical Examination Requirements

The candidate will submit two written pieces of work and will sit for a practical viva voce for their examination. The written submissions and viva are carefully integrated to provide the candidate with ample opportunities to engage critically and self reflexively with their work. The written submissions that include a theoretical case example question, case study report and video material are weighted at 25% each of the total examination mark (100%). The practical viva voce is weighted at 50% of the total examination mark (100%)

The candidate must receive a minimum of 50/100 (50%) for the combined written submissions **AND** 50/100 (50%) for the practical viva voce examination in order to pass the exam.

1.2 Written Submissions

The candidate will submit the following:

- One theoretical case example question

The case example question will be given to the candidate **one month** prior to the practical viva voce examination and is to be submitted in **duplicate no later than ten days prior** to the practical examination.

- One case study report (individual / group) with supporting video documentation

A written report of the case must be submitted to the Education and Training Division as well as the video material **at least 10 days before the examination**.

If the case study report, video material and the case example question are not submitted at least 10 days before the examination the candidate will not be allowed to sit the practical examination.

1.2.1 Theoretical Case Example Question

This question will be oriented towards the candidate's theoretical knowledge of their modality relating to ethics, management and health policy. The question will be framed and relate directly to a South African context. The examiner and moderator will directly address the candidate's submission in the practical examination. The theoretical case example question will demand critical engagement and academic rigor from the candidate.

The question will offer a contextualised scenario regarding group based clinical work, with a clear ethical dilemma or concern.

In response to the question, based on the candidate's specific arts modality, they will be required to respond with:

- a) Appropriate theoretical approaches;
- b) Appropriate treatment plans;
- c) Considerations of the South African context;
- d) Ethical Considerations;
- e) Practical Considerations / Risk Assessment;
- f) Considerations of Resources, Support Available - psychosocial resources;
- g) Professional terminology must be used throughout and references given at the end.

The word limit for this submission is 2500 – 3000 (words)

1.2.2 Case Study Report and video material submission

Before engaging with a client or a group of clients to fulfil examination requirements for the case study report and video submission, correct ethical procedures must be followed as laid out by the HPCSA. The clinical work must comply with ethical and research integrity principles. These should include: respecting human dignity and integrity; ensuring honesty and transparency towards research subjects and gaining free and informed consent; conducting a risk assessment; protecting vulnerable persons; ensuring privacy and confidentiality, promoting

justice and inclusiveness; minimizing harm and maximising benefit. The candidate must have the attached letter signed by the host organisation / institution.

Case Study Report

Select and treat one client OR one group of clients in South Africa for a minimum of 8 sessions, at the place selected for the clinical work. 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 planning for the future of treatment. The candidate must be supervised by a registered Arts Therapist for at least 8 hours too support this work.

The candidate must utilise the following as frame when writing the case study report:

The word limit for the case report is no less than 2500 words.

The case study report should be written in a narrative format in order to clearly tell the story of the treatment

1. Background Information on the client/s

- Name (for confidentiality the real name/s 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 challenges, etc.;
- Relationship history.

4. Family History

- 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 modality specific techniques and methodologies 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 8 or more sessions (detailed analysis of what unfolded in treatment in relationship to the methodology and the therapeutic relationship);

- Plans for follow up must be included / recommendations.
- 8. Evaluation of the Success of the treatment process**
- A discussion regarding the achievement of treatment goals and the efficacy of the intervention
 - Evaluation of the therapeutic relationship with consideration of transference and counter transference.
- 9. Ethical Considerations**
- A discussion about how the client/s were engaged in the case study;
 - The tools used to comply with ethical and research integrity principles.

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

Video Material Submission

The video submission should directly support the case study report by showcasing a minimum of four selected excerpts from the full process. There must be at least two video excerpts, and each excerpt should be a minimum of five minutes long and no longer than 20 minutes in total for both excerpts. These may take the form of video excerpts, pictures and audio clips. The excerpt must showcase the range of modality specific techniques utilised and the candidate's ability to make use of these appropriately. The video material should offer the examiner and moderator insight into the process.

Ethical considerations as discussed above must include informed written consent by the client/s for recording the treatment session on video. The client/s must be assured that the video can be given to the client/s after the examination or stored in a safe place by the Candidate.

The video material must be submitted 10 days prior to the examination along with the case study report and the case example question. The video will be submitted via a secure online platform and the candidate will be informed of this process by the secretariat.

1.3 Practical Viva Voce

- One oral (viva voce) examination

This examination will be between 1.5-2 hours in length and will be facilitated by the examiner and moderator at an agreed upon venue.

The examination will cover the case study report with the supporting DVD; the theoretical case example question as well as basic professional knowledge, theoretical concepts and ethics of practice. The candidate must be prepared to present the case for 30-45 minutes utilizing power point and the DVD as reference in the presentation.

1.4 Post the Viva Voce the candidate may receive no more than five reflective questions from the examiner to respond to in writing within two days of receiving the questions.

- The candidate is to submit proof in the form of a spreadsheet signed off by the current / training clinical supervisor of the completion of 1000 clinical hours. The spreadsheet should detail the duration of each placement; the total number of clinical hours and the context of the site.
- The 1000 clinical hours are comprised of all hours spent at the placement site inclusive of client contact sessions; clinical supervision; team meetings; ward rounds; peer supervision etc.
- The 1000 clinical hours are to be completed prior to submitting the application to sit the Board Examination.

EXAMINER REPORTING GUIDELINES AND MARKING RUBRICS

EXAMINERS AND MODERATORS REPORT ARTS THERAPY EXAMINATIONS

Name of examiner /moderator:	
Name of candidate:	
Date of oral examination:	
Venue for oral examination:	
Name of examiner / moderator:	
Arts therapy modality:	

Principles of Examination:

- The examination intends to offer the candidate a supportive experience. Examiners are to be mindful of the varying frames of reference a candidate may present as a result of the specific accredited model of training received internationally. This may differ from the examiners own model and frame of reference.
- Please ensure that all comments offer detailed rigorous feedback adhering to the same academic requirements requested of the candidate throughout the examination process.
- Where appropriate please make concrete suggestions for improvement and further references.
- A soft copy of the marking rubrics will be provided for your convenience.

Marking Rubrics

Rating Scale Guide:

0	Poor the candidate displays no competency with reference to these criteria
1	Weak - the candidate displays little competency with reference to these criteria
2	Moderate – the candidates display some competency but there is room for greater depth and improvement
3	Good – The candidate displays competency
4	Very Good – the candidate displays competency, academic acumen and professional rigour
5	Excellent – the candidate displays exceptional ability to engage with the requirements academically and professionally

2.1 Theoretical Case Example Question Marking Rubric

Criteria	Mark (5)	Comments
Mark and comment on the candidate's ability to critically engage with the ethical dilemma and contextual content of the case example provided		

Mark and comment on the candidate's ability to create an appropriate, well-articulated and considered treatment plan		
Mark and comment on the candidate's use of appropriate techniques; methodologies and theoretical frameworks in keeping with the Arts Therapy modality being examined		
Mark and comment on the candidate's risk assessment of available resources		
Mark and comment on the candidate's use of appropriate academic formatting and theoretical referencing		
TOTAL (25)		

2.2 Case Study Report and DVD Submission Marking Rubric

Criteria	Mark (5)	Comments
Mark and comment on the candidate's ability to develop an appropriate treatment plan according to the presenting and diagnostic needs of the client/group		
Mark and comment on the candidate's ability to utilise and analyse the use of modality specific techniques and methodologies presented in the case study report		
Mark and comment on the candidate's use of appropriate theoretical frameworks to support interventions made and the case analysis		
Mark and comment on the candidate's consideration of the social/cultural/economic and political context of the case as well as the ethical considerations		
Mark and comment on the candidate's analysis of the therapeutic relationship, with reference to the transference and counter transference. Comment on the candidate's self-evaluation and reflexivity.		
TOTAL (25)		

TOTAL WRITTEN SUBMISSIONS (50) _____

2.3 Practical Viva Voce Marking Rubric

Criteria	Mark (10)	Comments
Mark and comment on the candidate's ability to transpose the case study report into a professional case presentation which clearly articulates the breadth of the clinical work, the theoretical analysis of the work and the therapeutic relationship.		
Mark and comment on the candidate's ability to utilise the DVD excerpts to appropriately support the case presentation and the analysis offered thereof.		
Mark and comment on the candidate's ability to respond to questions by applying ethics, theoretical thinking; self-engagement and reflexivity.		
Mark and comment on the candidate's ability to critically engage with the context of the case and questions regarding applying the methodology to the South African context.		
Mark and comment on the candidate's general preparedness for the examination and professional rigor.		
TOTAL ORAL EXAMINATION (50)		

OVERALL TOTAL (100) _____

PASS /FAIL _____

2.4 General Comments by the examiner

Criteria	Comment
Comment on the candidate’s overall knowledge of their art modality as a clinical tool with HPCSA minimum standards of training.	
Comment on the candidate’s understanding of the theoretical foundations of his/her therapy modality in line with HPCSA minimum standards of training.	
Comment on the candidate’s knowledge of their arts therapy modality within the South African context.	
Comment on the candidate’s knowledge of ethical regulations and practices within the arts therapies.	

2.5 Comment by the Moderator

What is your view on the fairness of the marking of the examination questions and the result that the candidate obtained?	
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Examiner’s Signature: _____

Date: _____

Moderator’s Signature: _____

Date: _____

PERMISSION TO VIDEO RECORD SESSION FOR EXAMINATION PURPOSES

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

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

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: 2023

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



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

Department: PROFESSIONAL BOARDS

Reference:

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

ADMINISTRATOR