As per the Health Professions Act 56 of 1974, the Health Professions Council of South Africa (HPCSA) is responsible for defining words or expressions which have been assigned in the Act. The Professional Board for Emergency Care (PBEC) is responsible for matters relating to persons registered within its professional registration categories.

The following professional registration categories fall within the ambit of the PBEC:

1. **Basic Ambulance Assistant (BAA) – Supervised Practice**
2. **Ambulance Emergency Assistant (AEA) – Independent Practice**
3. **Paramedic (ANT) – Independent Practice**
4. **Operational Emergency Care Orderly (OECO) – Independent Practice**
5. **Emergency Care Technician (ECT) – Independent Practice**
6. **Emergency Care Assistant (ECA) – Independent Practice**
7. **Emergency Care Practitioner (ECP) – Independent Practice**

According to the Act, the following words and expressions have the following meaning:

1. “**independent practice**” means the practising of a health profession by a registered health practitioner for his or her own account in *solus* practice, as a partner in a partnership with another health practitioner or other health practitioners, as an associate in an incorporated association with other health practitioners, or as a director of a company exempted from the provisions of the Act in terms of section 54A of the Act.

2. “**supervised practice**” means practising a health profession under the supervision of an appropriately qualified health practitioner at an approved facility as determined by the board.

3. “**supervised**” means the overseeing of the professional acts of a person registered in the category of supervised practice by a supervising practitioner and the acceptance by that supervising practitioner of liability for such professional acts.

In light of this, the PBEC therefore confirms that persons registered as BAA’s must be supervised when engaged in clinical practice. The PBEC further confirms that the “**approved facility**” relates to the service provider which is delivering the required services in the emergency care environment.

The PBEC views the matter of supervision as a holistic process that occurs in relation to all professional practice related activities in which the supervised practitioner is engaged in. The process of supervision should form part of activities prior to actual clinical encounters in the form of education and training, during clinical encounters as well after actual clinical encounters in the form of debriefing, reflection and where necessary ongoing education and training. If a more holistic approach to supervision occurs, it is acceptable for supervised practitioners to perform acts within their scope of practice not necessarily under direct visual
supervision at the time of the clinical encounter. When necessary, this means that the supervised practitioner may perform an act within his/her scope of practice without the supervising practitioner being present during the clinical encounter. However, and most importantly, the supervising practitioner takes full responsibility for the acts of the supervised practitioner. The supervising practitioner must, in all cases be identified prospectively where clinical encounters occur. Where a supervising practitioner cannot readily be identified and/or contacted, the supervised practitioner is not permitted to practice.