Form 59 OCP

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

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

GUIDELINES FOR THE EVALUATION AND APPROVAL FOR REGISTRATION 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
5	ETRC	Education, Training and Registration Committee

DEFINITION OF TERMS

Approval for registration	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 approved and recognised programmes are eligible for registration with the HPCSA, a legal requirement to practice the profession in South Africa. Approval for registration status is valid for 5 years.
Criteria for Programme Approval for registration	Acts, Regulations, standards, specified by the Professional Board with which an Institution's professional education and training programme must comply in order to be approved.
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 Approval for registration. 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 approval for registration	Determination by the Professional Board of whether an Institution's professional programme of education and training meets the Criteria for Programme Approval for registration 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 Approval for registration 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/ review	A process undertaken by an Institution's professional programme of education and training to assess whether it meets the Criteria for Programme Approval for registration.
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.

Approval for registration 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 approval for registration 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 Approval for registration

This document provides the guidelines of the Health Professions Council of South Africa to facilitate uniform programme evaluation and approval for registration 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 approval for registration processes (see Appendix A).

2. PURPOSE OF APPROVAL FOR REGISTRATION

The purpose of approval for registration is to promote excellence in educational preparation while assuring the public that graduates of approved 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). Approval for registration 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 approved education and training programmes.

3. DURATION OF APPROVAL FOR REGISTRATION

An Institution's professional education and training programme is granted approval for registration when it meets the prescribed standards and requirements (as specified in the Act, relevant regulations and criteria). Approval for registration is valid for five years after which the programme will be re-evaluated. Graduates of programmes that are approved 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 approval for registration 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 approving 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 ETRC. The roles and responsibilities of the ETRC includes, amongst others:

- Standards setting
- Scheduling of evaluation of institutions' professional education and training programmes
- Setting Frameworks for evaluation and approval for registration
- Appointment and training of evaluators
- Determining approval for registration status of education and training programmes
- Managing outcomes of the Approval for registration 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 approval for registration schedule

At the first meeting of the ETRC, 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 approved programmes occurs once in a five-year cycle for those programmes which have been approved previously. Evaluations of new programmes are scheduled as the need arises (see Apprendix J).

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 ETRC 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 approval for registration 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 ETRC (See Appendix A, Appendix B and Appendix C).

4.1.5 Approval for registration status

The ETRC will review and consider the Programme Evaluation Report (see Appendix D) compiled by the evaluation panel during a formal meeting. The committee will then make a decision with respect to approval for registration. There are three options:

a. Approval for registration is granted for a five-year period.
b. Approval for registration 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. Approval for registration may be declined if an Institution's programme does not meet the requirements for approval for registration.

4.1.6 Manage the outcomes of the approval for registration process

1. Communicate approval for registration status to the institution within two weeks of the ETRC meeting at which the report was served.
2. In the event that conditional approval for registration is granted, granted for a limited period, or declined, the Committee must, in its communication to the institution -
    a. document the reasons for the approval for registration 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 approved;
    d. requests the institution to submit and implement a plan of action, with time frames and resources, to address the issues raised;
    e. reviews 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 ETRC will communicate reasonable and appropriate information on the approval for registration 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 Approval for registration process are described, as follows:

4.2.1 Self-review - Higher Education Institutions (Existing Programmes)

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 Approval for registration. This report is submitted to the Board Secretariat at least one month before the site visit.

4.2.2 Proposed Site Visit Plan – Higher Education Institution 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

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.
    - ETRC meets to review report
    - The ETRC makes a determination regarding approval for registration.
    - Board secretariat will communicate approval for registration 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 approval for registration 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 ETRC (On behalf of the Professional Board) to review the evaluation report, other supporting documentation, and to determine approval for registration 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 ETRC will meet to determine approval for registration status at its next meeting.

d. The final report will be provided to the HEI (Vice Chancellor, Dean and Head of Programme) once Section B has been ratified by the ETRC.

e. The HEI will be required to respond within one month.

f. In cases where approval for registration has been granted conditionally, or approval for registration was not granted –

- An improvement plan and subsequent progress report will be required in accordance with the procedures stipulated in (Appendix I)
- The ETRC 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 approval for registration 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 Approval for registration 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:

APPENDIX A

Timeframes for the different approval for registration 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 ETRC meeting of the preceding year
Professional Boards	Nominate the members of the evaluation panel	Within a month following the first ETRC meeting of the preceding year
Board administration	Notify evaluators of nomination	Within a month following the first ETRC meeting of the preceding year
Evaluators	Accept/Decline appointment Sign Code of Conduct	Within one month following receipt of notification
Board administration	Notify the HEI & provide guidelines Notify the members of the evaluation panel & send Criteria for Approval for registration and Code of Conduct	Early in January of the year of evaluation
HEI	Submits to Convener and Board Secretariat: • Self-Review Portfolio • Proposed Site Visit Plan • Academic and Clinic Schedules A hard copy and electronic copies (in Word and PDF format) must be submitted.	One month prior to site visit
Board administration	Submits documentation to the evaluation panel namely • Self-Review Report • Proposed Site Visit Plan • Academic and clinical schedules • The report from the previous evaluation	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 See above
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 The site visit should include four days for evaluation activities and on day on site to initiate the writing of the report	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 ETRC for ratification	First ETRC 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 ETRC.
HEI	Review and respond, in writing,	Within four weeks of receipt
ETRC	Where relevant, review and approve the Improvement Plan	At the next meeting of the ETRC
HEI	Implement Improvement Plan	As soon as possible
HEI	HEI annual progress reports are submitted until conditions have been met	End of May annually.

APPENDIX B

COMPOSITION AND CONSTITUTION OF THE EVALUATION PANEL

The ETRC 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 approval for registration 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

APPENDIX C

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 ETRC 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.

APPENDIX D

PROGRAMME EVALUATION REPORT

The purpose of this appendix is to provide the structure for the written report to be submitted by the evaluators of the HEI.

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 ETRC)

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.
d. Ensure that there is evidence regarding recommendations that are made, with a 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, MEDICAL ORTHOTICS AND PROSTHETICS, AND ARTS THERAPY STUDENTS

SELF-REVIEW REPORT – HIGHER EDUCATION INSTITUTIONS

(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.

APPENDIX F

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.

APPENDIX G

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.
13. Clinical practice timetable

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 training facility and used as a guideline during discussions with evaluators. Please note that this form is for evaluation of clinical placement facilities at **all** levels of care. Please give an indication by means of 'N/A' where components of the form are not applicable to the level of care of the facility.)

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	
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.	
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.e. what is your department known for?)*:	

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:		

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 / workspace for staff?			
Is there adequate workspace 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:		

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)	

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

EVALUATION OF FACILITIES FOR THE TRAINING OF MEDICAL ORTHOTICS AND PROSTHETICS STUDENTS

SELF-ASSESSMENT QUESTIONNAIRE – CLINICAL TRAINING FACILITY

(To be completed by the medical orthotics and prosthetics staff at the clinical training 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 medical orthotist and prosthetist:	
Type of facility:	
Level of Care i.e. Secondary or Tertiary:	
PATIENTS TREATED BY MEDICAL ORTHOTICS AND PROSTHETICS STAFF	
1. Describe the client population served, e.g. diagnostic breakdown, age group, type of dysfunction they present with at the facility. Where multiple types of populations are served, please provide an estimated percentage breakdown of the categories.	
2. Describe the type of medical orthotics and prosthetics intervention provided.	

3. Give an indication of the duration of medical orthotics and prosthetics programmes rendered
4. Indicate the area(s) of excellence of the medical orthotics and prosthetics service *(i.e. what is your service known for?)*:

8. STAFFING

6.1 Medical orthotist and prosthetists

Post level	Number of posts available	Number of posts filled	Highest level of qualification
Supervisory			
Production			

6.2 Support Staff

Post level	Number of Posts available	Number of Posts Filled
Medical Orthotics and Prosthetics Assistant		
Medical Orthotics and Prosthetics Technician		
Orthopaedic Footwear Technician		

6.3 Other Staff

Post level	Number of Posts available	Number of Posts Filled

Official business hours for Medical orthotics and prosthetics Service:

9. 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 medical orthotics and prosthetics 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:		

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 medical orthotics and prosthetics staff registered with HPCSA?		
Is HPCSA registration of all Medical orthotics and prosthetics staff checked annually?		
Are the “Regulations Defining the Scope of the Profession of Medical orthotics and prosthetics” (No R) available in the department?		
Is a system in place to control issuing of equipment, consumables and orthotic and prosthetic 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**
Is there a Health and Safety Act in book form available?		
Is there a designated health and safety representative?		
Is there a health and safety committee?		
Are detailed records of all accidents kept?		
Are policies altered to prevent recurrences?		
Are the necessary health and safety signs displayed?		
Is relevant safety equipment available?		
Is suitable Personal Protective Equipment worn in all practical rooms? Does the staff have safety equipment: • Aprons or dust coats. • Safety glasses for welding. • Welding cloves. • Safety glasses for machine work. • Face masks. • Gloves for protection against heat.		
Is there evidence of maintenance schedules for all safety equipment?		
Is a First Aid box visible and accessible?		

Is there evidence of first aid training of staff?		
Are there eye-wash facilities available in all laboratories?		
If applicable is there an emergency shower available?		
Is fire-fighting equipment available and regularly serviced?		
Does the institution comply with local fire regulations?		
Has the institution been inspected by the local fire department?		
Are Fire Blankets available?		
Has staff been trained in the correct use of the fire extinguisher and fire blankets?		
Is an operational fire alarm system installed in the building?		
Is there a back-up system?		
Is the fire alarm audible in all sections?		
Is an evacuation plan in place?		
Is there evidence of maintenance schedules for all equipment and machinery?		
Is an extraction fan available and in working order connected to machines producing dust?		
Are gas welding bottles outside building or fixed to the wall inside the building?		
Are standard operating procedures visibly available for all machinery and equipment?		
Are volatile chemicals and flammable solutions stored appropriately and in the right correct containers?		
Is the electrical distribution box marked/ labelled?		
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?		
Is eating, drinking, smoking, application of make-up prohibited in laboratories?		
Is 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 an appropriate reception area?			
Is there a clinical area?			
Is there a diagnostic area?			
Is there a casting area?			
Is there a machine area?			
Is there a plaster modification area?			
Is there a moulding area?			
Is there a laminating area?			
Is there a bench room?			
Is there a storeroom?			
Are there adequate consumables?			
Is there access to assistive equipment / devices?			
Is there adequate office / workspace for staff?			
Is there adequate workspace 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. EQUIPMENT

	Yes	No
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. Medical Orthotics and Prosthetics Process		
	Y	**N**
Are medical orthotics and prosthetics 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 medical orthotics and prosthetics records available to relevant stakeholders?		
Are students exposed to working with support staff?		
Are handover procedures in place when students complete clinical work and when staff goes on leave?		
Are there opportunities for multi- / interdisciplinary intervention?		
Please provide list of standard and standardized tests used:		
Comments:		

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 of 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 medical orthotics and prosthetics staff discuss / check intervention planning prior to execution?		
Do lecturers regularly attend intervention sessions of students with patients / clients?		
Do lecturers and medical orthotics and prosthetics staff collaborate to evaluate students' performance?		
Do medical orthotics and prosthetics staff have the opportunity to give inputs into the curriculum?		
Does the training facility provide information / training to medical orthotist and prosthetists on student supervision?		
What is the clinical staff: student ratio?		
How many intervention sessions per student are observed per week?		
How many members of medical orthotics and prosthetics staff have attended a supervision training course?		
How many members of medical orthotics and prosthetics staff have not attended a supervision training course?		
Comments:		

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

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

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

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

EVALUATION OF FACILITIES FOR THE TRAINING OF ARTS THERAPY STUDENTS

SELF-ASSESSMENT QUESTIONNAIRE – CLINICAL TRAINING FACILITY

(To be completed by the arts therapy staff at the clinical training facility or the arts therapy student supervisor for each facility and used as a guideline during discussions with evaluators.)

Name of facility:	
Address:	
Tel. No:	Fax. No:
Type of facility:	
Name of arts therapy supervisor:	
Institutional staff member responsible for arts therapy programme:	
Name of arts therapist employed at facility:	
1. CLIENTS	
Diagnosis: Indicate the diagnoses of the clients present at the facility.	
• Forensic psychiatry	
• Psychogeriatric psychiatry	
• Chronic psychiatry	
• Acute psychiatry	
• Physical disability	

• Mental disability	
• Learning disability	
• Pervasive developmental disorders	
• Attention-deficit and disruptive behaviour disorders	
• Language / communication disorders	
• Visual impairment	
• Substance abuse	
• Neurological injury / disease	
• HIV/AIDS	
• Psychosocial difficulty	
• Other diagnoses: • _____ _____	
Age groups: Give a percentage estimate of the age groups in the facility.	
• Children under 5 years	
• Children under 12 years	
• Adolescents	
• Adults	
• Geriatrics	

2. Indicate the areas of focus for arts therapy at this facility:		
3. STAFF		
Art Therapists		
Posts available	Filled	Vacant
Dance/Movement Therapists		
Posts available	Filled	Vacant
Drama Therapists		
Posts available	Filled	Vacant
Music Therapists		
Posts available	Filled	Vacant
Daily working hours for arts therapy staff:		

4. 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 arts 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:		

5. **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 Arts Therapy staff registered with HPCSA?		
Is HPCSA registration of all Arts Therapy staff checked annually?		

Are the “Regulations Defining the Scope of the Profession of Arts Therapy” 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?		

6. **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 equipment?		
Are sufficient sanitation facilities available?		
Is sufficient lighting available at equipment?		
Are working areas properly cleaned?		
Is there evidence of health and safety training of staff and students?		
Is all equipment in working condition? If not, specify problems in comments section below.		
Comments:		

7. Physical Facilities			
	Y	**N**	**N / A**
Is there appropriate space for treatment?			
Is adequate storage space available?			
Is there adequate 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:			

8. Arts Therapy Process		
	Y	**N**
Are arts 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 arts 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:		

9. 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 arts therapy staff discuss / check intervention planning prior to execution?		
Do lecturers regularly attend intervention sessions of students with patients / clients?		
Do lecturers and arts therapy staff collaborate to evaluate students' performance?		
Do arts therapy staff have the opportunity to give inputs into the curriculum?		

Does the training facility provide information / training to arts 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 arts therapy staff have attended a supervision training course?		
How many members of arts 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)	

APPENDIX I

Improvement Plan

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

IMPROVEMENT PLAN

SUMMARY OF FEEDBACK TO BE PROVIDED BY EDUCATIONAL INSTITUTION

HIGHER EDUCATION INSTITUTION: ……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.		

APPENDIX J

New Programme Applications

EVALUATION AND APPROVAL OF NEW PROGRAMMES FOR PROFESSIONAL REGISTRATION

The following steps shall be followed in applying for approval for registration of a new training programme:

1. The Higher Education Institution (HEI) is responsible for obtaining a programme accredited by the Council for Higher Education (CHE) before approaching the Professional Board for approval for professional registration.

2. Once CHE approval for registration has been granted, the HEI will formally notify the Professional Board of the programme details and intention to seek HPCSA approval for registration, together with evidence of the CHE accreditation.

3. The Professional Board, at a ETRC Committee meeting appoints evaluators and a date for a site visit to take place, is determined in consultation with the institution.

4. The evaluation process that may lead to approval for registration of a training programme is based on meeting the Minimum Standards determined by the Board for the education and training.

5. The HEI must submit a self-review report (SER) to the Division Education and Training one month prior to the site visit. The Self-review report should include the following:

a. DETAILS OF THE NEW PROGRAMME

- Name of institution
- Qualification title
- Qualification type
- Duration of the programme
- Total credit value
- Entrance requirements

b. MOTIVATION FOR THE PROGRAMME

- Mission
- Objectives

c. DETAILS OF ACADEMIC STAFF (EXISTING AND ANTICIPATED)

- Details must be provided of staff offering the programme i.e. qualifications, clinical experience and registration with the Board where appropriate.

d. PROSPECTIVE PROGRAMME FRAMEWORK / OUTLINE

- Flow diagram of modules/subjects as these are offered per level/year, to describe their sequence.

e. PROPOSED NUMBER OF STUDENTS IN EACH YEAR OF TRAINING

f. CURRICULUM (PROFESSIONAL SPECIFIC)

- Professional specific curriculum
- Basic science curricula
- Clinical sciences curricula

g. CLINICAL TRAINING

- Identify clinical areas
- Purpose of student training at each identified area
- Availability of clients and patients at the identified clinical area
- Memorandum of Understanding between province, clinical area and institution
- Supervisors for clinical training: Name, Qualification, Years of experience, registration with the HPCSA

h. ACADEMIC FACILITIES

- Lecture theatres
- Skills laboratories
- Location and capacity
- Equipment -comprehensive audit of the available equipment
- Libraries
- Information Technology Systems and Support Services

i. METHODS OF TEACHING, LEARNING AND ASSESSMENTS

- Provide details
- Learning Management Systems

j. STUDENT SUPPORT SERVICES

- Policies and Procedures regarding diversity management
- Transport, accommodation and finance
- Access to health services
- Education and Career Support

5. The evaluators' report serves at the next ETRC Committee meeting, subsequent to the site visit in order to determine if the programme meets the minimum standards determined by the Board for registration purposes.

6. A recommendation will thereafter be made to the Board that the new programme be approved/ accredited for registration and that the regulations for registration be amended accordingly in order to serve at Council for ratification.

7. The Regulations prescribing qualifications for registration need to be amended and promulgated. Once a new programme has been approved by the Professional Board it will be sent to the office of the Minister of Health for approval and publication in the Government Gazete.

8. Follow-up site visits for a new programme will be done during the first year of the first cohort and then during the year of the final year of the first cohort. If approval for registration of a training programme is successful the accreditation/ approval, will be for a maximum period of 5 years. Thereafter, the training programme will undergo a re-evaluation in order to renew

its approval for registration, according to the schedule of evaluations as set out by the ETRC Committee (see section 4.1.2 above).

July 2020