



## **GUIDELINES FOR STUDENT STAFF RATIO AND QUALITY ASSURANCE IN STUDENT TRAINING**

### **MANDATE**

The Health Professions Council of South Africa (HPCSA) was established by the Health Professions Act, 1974 (Act 56 of 1974) as a quality assurance body for education and training in the professions which fall within its ambit. The vision of the HPCSA is to guide the profession and protect the public.

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

According to Section 15B to be read in conjunction with Section 16 of the Act Professional Boards may, subject to the prescribed accreditation process and prescribed conditions, including the submission of reports by teams or evaluators appointed by the Professional Board, accredit teaching institutions and training facilities.

The aim of this document is to set out broad HPCSA guidelines to support conduct of evaluations and accreditations of education and training programmes and facilities by the Professional Board for Physiotherapy, Podiatry and Biokinetics (PPB).

### **BACKGROUND**

The task team met on two occasions to investigate the matter student staff ratios. The Committees that accredit the various Universities identified that there were inconsistencies in student staff ratios, often attributed to increase in student numbers over the recent years.

### **FACTORS INFLUENCING NORMS FOR STUDENT STAFF RATIOS**

Following the two meetings the factors that may influence student staff ratios were identified as:

- Answering to the needs of the country – The NHI and the diseased profile of the patients attending / receiving health care in South Africa
- Quality – The demand for a good product
- Quantity the need for sufficient numbers of health practitioner to meet the healthcare needs of South Africa
- The nature of the programme – Theory, practical and clinical training
- The process of training related to the product delivered

This document is being developed as a starting point to embark on a consultative process with the following Stakeholders:

- University training students registered with the PPB Board
- Relevant clinical sites utilized by Universities for clinical training
- Professional Societies or Associations
- Department of Health Forums
- Student representatives through Universities / Professional Societies or Associations

## **PREAMBLE**

### **1. *Answering to the Needs of the Country – The NHI and the Diseased Profile of the Patients Attending / Receiving Health Care in South Africa***

As a result of an ageing population and changes in patterns of disease, there are greater demands for health services worldwide. South Africa is experiencing a quadruple burden of disease, which includes maternal, child & women's health; HIV and TB; chronic non-communicable diseases; and violence and injuries. Many initiatives being implemented by the Department of Health are to address this burden of disease. The National Health Insurance aims to improve access to quality healthcare services for the whole population, as well as to strengthen the under-resourced and strained public sector to improve health system performance. The Ten-Point Plan also highlights the need to improve the quality of health services. All these factors re-enforce the need for the development of quality health care practitioners, so as to answer to the needs of our country.

### **2. *Quality – The demand for a good product***

A high quality product within the Physiotherapy, Podiatry and Biokinetics professions will display an integration of profession specific knowledge skills and attributes with general attributes such as independent critical thinking, self-directed learning, cultural and ethical competencies, social responsibility as well as critical problem solving skills. This will ensure effective practice,

protection of the public and promotion of the status of these professions in South Africa.

Recommendations to ensure that a good quality product is delivered include adherence to:

- Minimum standards of training as developed by the PPB Board
- Compliance with National Core Standards and Legislation

### **3. *Quantity the need for sufficient numbers of health practitioners to meet the healthcare needs of South Africa***

The Dept. of Health has developed the HRH Strategy, the vision of which is: a workforce developed through innovative education and training strategies and fit for purpose to meet the needs of the re-engineered health system and measurably improve access to quality health care for all. Human resource is central to health and healthcare, and evidence shows that health care workers numbers and quality are positively associated with improved immunization coverage, successful outreach in primary health care, infant, child and maternal survival, impact on communicable diseases and enhancing quality and length of life. The Health Ten-Point Plan also includes improving human resources, planning, development and management. In order for Department of Health to meet its objectives, sufficient good quality health care practitioners need to be developed.

### **4. *The nature of the programme – Theory, practical and clinical training***

The impact of the number of students may influence the quality of teaching which may lead to a student who does not meet the minimum requirements of training. The nature of the programme will determine the student staff ratios. The nature of the professions practiced by Physiotherapy, Podiatry and Biokinetics are based on sound theoretical knowledge utilized in practical's that could be translated into good clinical practice. This therefore requires differing student staff ratios within these components of a programme.

## **Recommendations**

Based on our preliminary consultative process and our reference documents we recommend the following as a guideline.

\*Please note that the ratios below must be taken into account the following:

- I. An appropriately qualified practitioner registered with HPCSA (PPB)
- II. This norm refers to lecturing staff from the Universities
- III. Any contact with clinicians at a clinic site will serve as an additional clinical training opportunity

**a. Theory**

In pure theory lectures i.e. (no practical demonstrations) as per class size, however to ensure the quality of teaching and learning the necessary support strategies need to be in place for classes larger than 50.

**b. Practical**

For practical's 1 is to 20.

**c. Clinical training**

For clinical training 1 is to 10 however in an ICU unit it is suggested that this norm be reduced to 1 is to 5.

**5. *The process of training related to the product delivered***

The process of training is directly related to the nature of the programme / training i.e. theory, practical and clinical training. Educational strategies should be appropriately and effectively applied during the process of training and it is further recommended that educators be adequately trained and capacitated in the application of the strategies to ensure optimal outcomes.

**RECOMMENDED READING**

- Maintaining the quality of clinical education in physiotherapy
- The Impact of class size and number of students on outcomes in Higher education
- Maharashtra University of Health Science
- Student: Staff ratios for pre-registration midwifery programmes of education
- Australian standards for physiotherapy
- HRH Strategy South Africa
- Department of Health Ten-Point Plan
- NHI South Africa
- Quadruple Burden of Disease in South Africa

2. Discussion of current status (taking into account the points alluded to above)

Preamble –

This was the first meeting of the new task team of the 2015 board members. The task team noted that initially Physiotherapy and Podiatry programmes were discussed. However in view of envisaged changes to the Biokinetic

programme discussions also included the 3+1 and 4 year Biokinetic programmes.

Members of the task team also noted that there were some differences related to the delivery of the programmes with variations in theory, practicals and clinicals. It was also established that the infrastructure in some of universities varied and the number of students registered in the different programmes were related to the intake processes of the relevant university.

Based on the above there was agreement that the proposed student staff ratios are guidelines and future consideration must be taken relating to the innovative teaching and learning strategies which will allow for larger or differing ratios.

In view of the complex nature of the programmes, didactic issues and potential resources at the various institutions delivering the programmes the task team suggested that a research project be initiated to determine maximum ratios for the future.

### 3.Recommendation (way forward)

Having taken cognizance of the variations as indicated above and the current variations in the lecture formats of the programmes of Physiotherapy, Podiatry and Biokinetic programmes as well as the various didactic practices and approaches the task team recommends the following as a starting point for future discussions:

Theory only – this will depend on mode/method of delivery\*, the resources and space and can vary accordingly – potential ratios can be 1:50 (or greater)

\* refer to article <http://www.tandfonline.com/doi/pdf/10.1179/1083319613Z.000000000153>  
re blended learning/flipped classrooms

Theory and practical's - we recommend the ratio of **1:25**

Theory and group work (e.g. problem-based learning) - we recommend the ratio of **1:15**

Practical – we recommend ratio of **1:20**

Clinical – we recommend the ratio of **1:5** (but this can vary based on the nature of pedagogy and clinical setting as there are other factors to consider such as out-patients, gymnasium settings, ICU and gait labs).