

**HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA**  
**PROFESSIONAL BOARD FOR PHYSIOTHERAPY, PODIATRY AND BIODIAGNOSTICS**  
**APPLICATION AND GUIDELINES FOR REGISTRATION**  
**FOREIGN QUALIFIED PHYSIOTHERAPISTS**

These guidelines are for those applicants who hold foreign physiotherapy qualifications and are applying to register with the HPCSA.

**1. Professional Studies**

- 1.1 An applicant must hold a physiotherapy qualification equivalent to a recognised South African qualification.
- 1.2 The education and training must correlate with the education and training required from candidates qualifying in South Africa.

**2. Applications**

The following documents must be submitted to the Professional Board of Physiotherapy, Podiatry and Biokinetics for consideration:

- 2.1 The attached application form (Form 49 PT Annexure 1), duly completed.
- 2.2 Copies of all degree/diploma certificates or similar academic qualifications certified by an attorney in his or her capacity as notary public and bearing the official stamp as well as sworn translations of these into English. Copies certified only by a Commissioner of Oaths **will not be accepted**. Alternatively original documents together with copies thereof could be submitted for verification by the relevant Council staff. In view of possible damage or loss of such documents it is not advisable to send such documents by mail. (Refer to Form 49 PT Annex 2.)
- 2.3 Original academic transcripts (academic record) issued by your educational institution indicating course content of each qualification and a sworn translation of these into English (copies of original documents will only be accepted if duly certified as outlined above). (Refer to Form 49 PT Annexure 2.)
- 2.4 In addition to the above minimum requirements, applicants must 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. (Refer to Form 49 PT Annexure 2.)
- 2.5 Demonstrate professional competence by means of the submission of official documentary evidence of having completed full-time practical training and/or professional experience.
- 2.6 A "Certificate of Evaluation" issued by the **South African Qualifications Authority** (SAQA). Practitioners are required to have all academic qualifications evaluated by the South African Qualifications Authority in Pretoria.

Applications for this purpose should be duly completed and submitted directly to SAQA at the following address:

**Street address:**

SAQA House  
1067 Arcadia Street, Hatfield  
Pretoria

**Switchboard: (012) 431 5000**

**E-mail Address: <http://www.saqa.org.za/>**

**For general enquires: [saqainfo@saqa.org.za](mailto:sqaqainfo@saqa.org.za)**

**Evaluation of Foreign Qualifications Call Centre: 012 431-5070**

**Postal Address:**

Postnet Suite 248  
Private Bag X06  
Waterkloof, 0145

**Fax: (012) 431 5147**

See “*Evaluation of Foreign Qualifications*” on the SAQA website for specific documentation, including degree certificates, transcripts of record and the evaluation fees to be sent to SAQA as part of your request.

- 2.7 A recent original Certificate of Status (Certificate of Good Standing), indicating that the applicant is in good standing, issued by the foreign registration authority/ies where the applicant is currently registered/practising issued within the preceding three months.
- 2.8 A copy of a valid Passport or Identity Document as proof of current citizenship, duly certified by a notary public as indicated above.
- 2.9 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). *The application for this purpose should be compiled and submitted directly to The Program Manager, Department of Health ; Room 1004,(South tower) Civitas Building, National Department of Health, (Corner of Thabo Sehume and Struben Street); Pretoria CBD, RSA.* Applicants who fail to secure the support of the DWM towards an application for registration or employment will not be eligible for registration.
- 2.10 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. Once such applicants have successfully completed the examination of the Board and have received confirmation from the Board that they are eligible to register with the Council such applicants have to approach the Department of Health, for placement in public 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. The contact details are as follows: Tel 012 395 8680/ 8685 / 8686/ 8687; E-mail [Mnisip@health.gov.za](mailto:Mnisip@health.gov.za); [MachaB@hpcsa.co.za](mailto:MachaB@hpcsa.co.za)

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**. 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.

Duly compiled applications or written enquiries may be sent or delivered to:

The Registrar  
HPCSA  
P O Box 205  
PRETORIA  
SOUTH AFRICA

OR  
553 Madiba Street  
Arcadia  
PRETORIA

### 3. Examination

Upon receipt of written confirmation that the candidate is eligible to sit for the PPB Board Examination, the candidate submits the following to the Professional Board:

- A copy of the letter issued by the PPB Professional Board confirming that the applicant is eligible to sit the examination.
- Proof of payment of the examination fee prior to the examination.

The date and venue of the examination will be determined by the PPB Professional Board. The examination will be conducted during **April / May** and **September / October** annually, depending on the number of candidates.

Guidelines regarding the examination are contained in Annexure 4.

### 4. Registration with HPCSA

Candidates who successfully completed both theoretical and practical PPB Board Examinations will be considered with a view to approval for registration (refer to Form 49 PT Annexure 5.) at the pre-scheduled PPB Board Meeting.

**HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA**

**PROFESSIONAL BOARD FOR PHYSIOTHERAPY, PODIATRY AND BIODYNAMICS**

**APPLICATION FOR REGISTRATION AS A PHYSIOTHERAPIST IN THE CATEGORY**

**Public Service**   
  **Education**   
  **Postgraduate Studies**   
  **Volunteer Service**

**1. To be completed by applicant (Please Print)**

<b>Title:(Mr/Mrs/Miss):</b>							
<b>Surname:</b>							
<b>Maiden Name:</b>							
<b>First Names:</b>							
<b>Postal Address:</b>							
<b>Work Address:</b>							
<b>Tel (Work):</b>				<b>Tel (Home):</b>			
<b>Cell</b>				<b>E-Mail:</b>			
<b>Date of Birth:</b>				<b>Birth Place:</b>			
<b>Nationality:</b>							
<b>Present employer</b>							
<b>Position / Appointment held</b>							
<b>*Marital Status:</b>	Single	Married	Divorced	Widowed	<b>*Gender:</b>	Male	Female
<b>*Race:</b>	African	Asian	Coloured	White			
<b>* - For statistical purposes only – Information required by the National Department of Health</b>							

## 2. Professional Qualifications

Name of Degree / Diploma	University/Educational Institution	FROM YYYY MM DD	TO YYYY MM DD

### Basic Professional Education

Please give the full name and address of the institution where you received your basic education and training in physiotherapy.

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## 3. Registration Details

Does your country require State Registration (Licensing) in order to practise?

 YES

 NO

Registration Number:

## 4. Clinical Training (Completed concurrently with or after completion of professional education)

Name of Institution	Area of clinical rotations completed	From		To	
		Month	Year	Month	Year

## 5. 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

**6. Proficiency in English (Tick)**

	<b>Good</b>	<b>Average</b>	<b>Poor</b>
Speak			
Write			
Read			

**7. 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 a physiotherapist in 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 as a physiotherapist in the country of its/their origin, 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\*  
  
(\* If the applicant is unable to make the declaration, the Council will require full particulars of the reasons for his or her inability.)
- 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 ..... 201.....

**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 a physiotherapist.

**Signature** .....Profession or calling .....

SWORN before me at ..... this.....day of  
..... 201.....

**Signature** .....

Justice of the Peace or Commissioner of Oaths

District of .....

**8. Any other relevant information that the applicant wishes to bring to the attention of the Professional Board:**

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**9. Statement by Applicant:**

I accept that my application could be delayed should I fail to provide the relevant information or documentation.

Name of applicant: (Please print)	
Signature:	
Date:	

(Refer to paragraph 3 of the guidelines for documentation to be attached to this application.)

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**ATTESTATION BY EDUCATIONAL INSTITUTION REGARDING  
QUALIFICATION OBTAINED BY PHYSIOTHERAPIST**  
(Please print or type)

**INSTRUCTIONS**

- a. Section 1 to be completed by candidate.
- b. Once completed, this annexure should be submitted by the candidate directly to the University or Educational Institution for completion.
- c. Once completed, this form must be returned directly by the University to:  
The Registrar, Professional Board for Physiotherapy, Podiatry and Biokinetics, HPCSA, P O Box 205, Pretoria, 0001, Republic of South Africa.
- d. 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.

**Section 1** (To be completed by applicant)

<b>Title:(Mr/Mrs/Miss):</b>	
<b>Surname:</b>	
<b>Maiden Name:</b>	
<b>First Names:</b>	
<b>Postal Address:</b>	
<b>Tel (Work):</b>	<b>Tel (Home):</b>
<b>Cell:</b>	<b>E-Mail:</b>
<b>Date of Birth:</b>	<b>Birth Place:</b>
<b>Nationality:</b>	

**Section 2** (To be completed by University or Educational Institution)

<b>Name of Institution</b>	
<b>Address of Institution</b>	



<b>Qualification Obtained</b>	
<b>Date obtained</b>	
<b>Is this candidate in good standing with the Profession?</b>	
<b>If not, please provide an explanation</b>	
<b>Initials and Surname of Contact Person</b>	
<b>Official Designation</b>	
<b>E-mail address</b>	
<b>Contact Telephone Number</b>	

<b>ENTRY REQUIREMENTS</b>			
What are the pre-entry requirements for the course?			
<b>(Please answer under the following headings)</b>			
School subject passed / credits required			
Percentage pass mark required			
<b>DURATION OF BASIC COURSE</b>			
	Day	Month	Year
Commencement of course by the applicant			
Completion of course by the applicant			

If the applicant was required to repeat any part of the course and this influenced the date of completion please state how much extra time was required

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**THEORETICAL EDUCATION**

Please list the subjects included in the course (excluding clinical practice) and state the number of hours devoted to formal theoretical education. Specify others and state the number of hours devoted to each subject.

SUBJECTS

TOTAL NUMBER OF HOURS

	<b>THEORY</b>	<b>PRACTICAL</b>
Physics		
Chemistry		
Psychology		
Physiology		
Anatomy		
Physiotherapy		
Other		

Theory of Clinical Sciences including-

NUMBER OF HOURS

1. Pathology	
2. Internal Medicine	
3. Cardio Pulmonary	
4. Orthopaedics/Sports Medicine	
5. Surgery	
6. Paediatrics	
7. Women's Health	
8. Neurology	
9. Neuro-surgery	
10. Psychiatry	
11. Geriatrics	
12. Community Medicine	
13. Other	

.....  
 .....  
 .....

**SUBJECTS SPECIFIC TO PHYSIOTHERAPY**

**Kinesiology including Exercise therapy**

Specific movement techniques  
 Proprioceptive Neuro-muscular facilitation  
 Neurodevelopment therapy

Mobilisation and manipulation techniques

Myofascial release

Respiratory therapy

Management of Critical Care patients

Electrotherapy

Hydrotherapy

Massage

Other physiotherapy-related content

.....  
 .....  
 .....  
 .....

NUMBER OF HOURS	
THEORY	PRACTICAL

**Please Note:**

A certified copy of the syllabi of individual subjects must be included with the application.

**CLINICAL/PRACTICAL TRAINING**

How much clinical/practical experience in the examination/treatment of patients is included during training? By this is meant the examination or treatment of patients by the student and not merely the observation of patient examination/treatment carried out by a qualified practitioner. Please give exact number of hours spent per year working with patients.

First year ..... hours  
 Second year ..... hours  
 Third year ..... hours  
 Fourth year ..... hours

What percentage of this practical experience was:

Supervised .....  
 Unsupervised .....

In which of the following fields has clinical/practical experience in the examination/treatment of patients been gained during training?

(State number of weeks spent in each area during training)

**Clinical Medicine including**

- Internal Medicine
- Surgery
- Orthopaedics, Rheumatology
- Traumatology/Sports Medicine
- Women’s Health (including ante- and postnatal)
- Neurology
- Neurosurgery
- Paediatrics
- Intensive Care
- Paediatrics
- Geriatrics
- Rehabilitation-not recovered above
- Please specify

.....  
 .....  
 .....  
 Any other areas  
 .....  
 .....

NUMBER OF WEEKS

**DECLARATION BY HEAD OF EDUCATIONAL INSTITUTION**

I hereby certify that the information provided in this Annexure is correct.

Title (Dr, Mr, Mrs, etc) .....

Initials and Surname (please print): .....

Official designation: .....

Signature: .....

Date: .....

<p><b>Official Date Stamp of Educational Institution</b></p>
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**FOR OFFICIAL USE ONLY**

<b>Documents received</b>	<b>Yes</b>	<b>No</b>
Copies of all qualification certificates, correctly certified		
Academic transcripts		
Certificate of status issued by foreign registration authority		
Passport or Identity Document		
Letter of endorsement - Directorate: Workforce Management (DWM)		

**COMMENT:**

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**HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA**  
**PROFESSIONAL BOARD FOR PHYSIOTHERAPY, PODIATRY AND BIODYNAMICS**  
**GUIDELINES FOR EXAMINATIONS FOR FOREIGN QUALIFIED PHYSIOTHERAPISTS**

In terms of the policy of the HPCSA all foreign qualified applicants are required to sit for a Board examination in order to determine their registrability with Council.

**1. The purpose of the examination is to:**

- Evaluate the candidate's theoretical and clinical/practical knowledge and competence in physiotherapy. The standard expected is measured against the minimum standards expected of practitioners qualified in South Africa.
- Test the candidate's knowledge of the laws, ethical rules and regulations relating to the practising of physiotherapy in South Africa.
- A subminimum mark of 50% applies to the section on ethics.
- Satisfy the Professional Board of proficiency in English.

**2. Composition of the Board Examination**

The examination is composed of two parts – a theoretical and a practical/clinical examination.

**N.B. The written examination must be passed (pass mark 60%) before the candidate will be allowed to enter for the practical examination. NO SUPPLEMENTARY EXAMINATIONS ARE ALLOWED.**

**2.1 Theory Examination in Physiotherapy – 3 Hours**

This paper is composed of two sections. The first section relates to the gazetted ethical rules and regulations under which a practitioner may practise his/her profession in South Africa. (See [www.hpcsa.co.za/conduct/ethics](http://www.hpcsa.co.za/conduct/ethics)). The second section examines the practice of the profession. Background knowledge of the practice of the profession and application of physiotherapy techniques and modalities will be tested in this section. All aspects of pathology, anatomy, physiology and clinical sciences including internal medicine, cardio-pulmonary, surgery, orthopaedics, neurology, gynaecology and obstetrics, community health, psychiatry, paediatrics, geriatrics and other relevant fields may be tested in this section. Particular emphasis is placed on the fields of cardio-pulmonary, intensive care, neurology and orthopaedics in the examination.

**2.2 Practical Examination**

This examination will be arranged at a centre according to the numbers and geographic distribution of candidates. The PPB Professional Board will determine where the examination will be held. One examiner and a moderator examine candidates. Candidates are responsible for payment of their own travelling fees and accommodation costs.

**2.2.1 Format of Practical Examination**

At this examination candidates are required to evaluate one patient and treat another patient. The patients may be either acute, chronic or at a rehabilitation stage of treatment.

Any condition could be asked. The main categories of patients selected for examination are usually orthopaedic and rheumatology, traumatology, neurology, cardio-pulmonary including both medical and surgical patients, Critical Care, paediatrics and outpatients.

### **2.2.2 Time Allowed**

The time allowed for each of the components of the practical/clinical examination (evaluation and treatment) is 1 hour.

The candidate is allowed 1 hour for the evaluation of the patient and to document the findings. A further ½ hour is allowed for the treatment of the patient and the assessment of the candidate's knowledge by asking questions.

The candidate is allowed 1 hour for the treatment of the patient, which includes the assessment of the candidate's knowledge by asking questions. Another ½ hour is allowed for the evaluation of the patient before this treatment of the patient commences. An abbreviated evaluation form is to be completed and handed in before the treatment of the patient.

The mark sheet for the practical examination is included as Annexure 4.1 to these guidelines.

### **3. Pass mark for the practical/clinical examination**

The pass mark is 60% and is obtained by averaging the marks obtained on each component of the examination (i.e. assessment and treatment of the patient). A subminimum of 50% is required for each of the components of the practical/clinical examination.

No supplementary examinations are permissible and a candidate who is unsuccessful is only afforded three examination attempts.

#### 4. Patient Assessment

The patient's bed letter, X-rays, physiotherapy information referral and other relevant information are made available to the candidate. The candidate is required to evaluate the patient using appropriate subjective and objective methods of evaluation. The findings must then be recorded and documented so that the candidate will be able to give the following:

- i. patient history;
- ii. current medical history;
- iii. relevant special examination findings e.g. X-rays, blood gasses etc;
- iv. physical assessment (including the relevant and appropriate testing of functional ability, posture and gait, range of movement, muscle strength, muscle tone, exercise tolerance, lung evaluation, pain evaluation etc);
- v. identify the main physiotherapy problems;
- vi. identify other possible problems relevant to physiotherapy as well as possible complications;
- vii. formulate long and short-term goals for physiotherapy treatment;
- viii. plan a treatment programme;
- ix. be able to discuss future progressions on this programme;
- x. formulate the advice necessary for the patient;
- xi. plan a home exercise programme.

**This total examination is then repeated on a second patient. The second patient will have a very different pathology to the first.** An abbreviated evaluation form is to be completed and handed in before the treatment of the patient.

#### 5. Suggested Reading List/Study Material

Title	Author	Publisher
Peripheral Manipulation 3 <sup>rd</sup> Ed 1991	Maitland G D	Butterworth – Heinemann Ltd.
Vertebrai Manipulation 5 <sup>th</sup> Ed Pub 1986	Maitland G D	London Butterworths
Principles and Practice of Medicine, 1981 13 <sup>th</sup> Ed.	Davidson L Stanley P	Edinburgh Churchill Livingston
Neurological Phys – air problem solving approach.	S Edwards	Churchill Livingston 1 <sup>st</sup> ed 1998 ISBN 04430488781
Phys for Respiratory and Cardiac Problems	Pryor J A, Webber B A	Churchill Livingston ISBN 0443058415



Manual of Orthopaedic Surgery 4 <sup>th</sup> ed, 1998 Dept. of Orthopaedics	R K Marks	Univ of Cape Town
Essential Orthopaedic and Trauma 2 <sup>nd</sup> ed, 1993	Dandy D J	Churchill Livingston
Disabled Village Children 2 <sup>nd</sup> ed, 1987	Werner D	Palo Alto Hesparian Foundation
Tetraplegics and Paraplegics A guide for physiotherapists	I Bromley	Churchill Livingston
Sports injury: Assessment and Rehabilitation	D Reid	
Cerebral Palsy – Caring and Coping 1 <sup>st</sup> ed, 1998	Goodman M & Katz B	Witwatersrand Univ. Press ISBN 1868143295
Physical Examination of the Spine and extremities 2d ed.	Hopenfield S	Appleton Century-Crofts division of Prentice Hall
Fundamentals of Respiratory Care, 5 <sup>th</sup> ed.	Egan D	St Lous C V Mosby
Guide to Medical Ventilation and Intensive Respiratory Care.1995 1 <sup>st</sup> ed.	Pierce L N B	ISBN 0-7216-6478-Y
Mobilisation of the Nervous System, 1 <sup>st</sup> ed.1991	Butler D S	Churchill Livingston Melbourne
Steps to follow – A guide to the treatment of Adult Hemiplegia.1985,1 <sup>st</sup> ed.	Davies P M	Springer Verlag, Berlin
Right in the middle 1 <sup>st</sup> ed. 1990		Springer Verlag, Berlin
Key issues in neurological Physiotherapy Part of Series Physiotherapy PTO Foundation for practice 1 <sup>st</sup> ed.1990	Ada L Corring C – ed.	Butterworth, Heinemann
Sport Injuries	S A Edition-Juta&Co.	Peterson L, Renstrom P
Key issues in M'skeletal Physiotherapy.1 <sup>st</sup> ed.1993	Crosbie J McConrnnell J	Butterworths, Heinemann
Health Promotion – Foundation for Practice	J Naidoo and J Wills	Bailliere Tindall 1994, ISBN 07020 1680 2
Sports Physiotherapy – applied Science and practice:	Zuluaga M	ISBN 0-443-04804-5
Electrotherapy Agents in Physiotherapy, 3 <sup>rd</sup> ed.1980	Wadsworth H and Chamugan APD	Marrickville Science
Electrotherapy Explained – Principles and Practice 2 <sup>nd</sup> ed.	Law J & Reed A	Butterworths, Heinemann
Physiotherapy and the	Y Burns and J	W B Saunders 1996

Growing Child.	McDonald	ISBN 07020-1942-9
Paediatric Respiratory Care 1 <sup>st</sup> ed. 1995	Prasaad & Hussey	Capman & Hall
Starting again 1 <sup>st</sup> ed.	Davies P M	Springer Verlag, Berlin
Neurological Physiotherapy, 1 <sup>st</sup> 1998	Stokes Maria	Mosby Int Ltd, London
Neurological Rehabilitation: Optimizing motor performance.	Carr J H, Shepherd R, 1 <sup>st</sup> ed. 1998	Butterworths, Heinemann 1 <sup>st</sup> ISBN 07506 09710 1 <sup>st</sup> ed. 1998
Clinical Assessment in Respiratory Care, 3 <sup>rd</sup> ed.	Wilkens R, Sheldon R and Krider S	St Louis Mosby, 1995 ISBN 8151 9334-3

**MARK SHEET FOR PRACTICAL EXAMINATION**

**ASSESSMENT AND TREATMENT OF A PATIENT**

NAME OF CANDIDATE .....

DIAGNOSIS OF PATIENT .....

**FINAL MARK** .....%

**ASSESSMENT**

**1. INTERPERSONAL RELATIONSHIPS and COMMUNICATION:**

- Professional Behaviour and Appearance
- Communication with and approach to patient & staff (if relevant)
- Communication at patients level (Supportive, motivative, etc).
- General management of the situation
- Explanation of procedures / findings to patient (Reactive to patient's psychological needs)

**/10 marks**

**2. EVALUATION:**

2.1 Subjective

- Technique of questioning
- Thoroughness/ completeness of information from file/ X-rays etc.

2.2 Objective

- Observations
- Evaluation / Measuring techniques (e.g. Auscultation, Goniometer etc.)
- Measurement of Range of Movement/ Measurement of muscle strength
- Functional assessment

**/15 marks**

**3. PROBLEM IDENTIFICATION:**

- Main problems and priorities
- Secondary problems
- Insight into inter relationship of problems

**3.1 Safety precautions and Contra indications**

**/10 marks**

**4. GOAL SETTING and PRIORITIES:**

4.1 Short term

- Appropriateness to problems identified
- Realistic

4.2 Long term

**/10 marks**

**5. TREATMENT PLAN:**

- In broad principles only
- Directed towards treatment of the main problem

- Knowledge/ Relevance of choice of treatment techniques

5.1 Execution of Treatment programme

- Effectivity

5.2 Application of safety measures/ precautions

**/30 marks**

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**6. HOME PROGRAMME/ ADVICE/ FOLLOW UP:**

- Including instructions to "carers" if relevant

**/10 marks**

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**7. DOCUMENTATION:**

- Accuracy of recordings
- Completeness
- Scientific language usage
- Critical as to effectiveness of chosen treatment method

**/10 marks**

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**8. GENERAL ORGANISATION AND USE OF TIME:**

- Works purposefully, accurately and systematically
- Realistic use of time

**/5 marks**

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**9. GENERAL COMMENTS:**

(Examiner to please give comments on candidate's performance)

.....  
.....

**TOTAL MARKS.....%**

**EXAMINER .....**

**DATE .....**

**NAME**

**OF**

**CANDIDATE:**

\_\_\_\_\_

**NAME**

**OF**

**PATIENT:**

\_\_\_\_\_

**DIAGNOSIS:**

\_\_\_\_\_

<b>PROBLEMS</b>	<b>SHORT &amp; LONG TERM AIMS</b>	<b>TREATMENT PROGRAMME</b>

**Form 49 PT**

**PROFESSIONAL BOARD FOR PHYSIOTHERAPY, PODIATRY AND BIOKINETICS  
OF THE HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA**

**REGISTRATION FOR PUBLIC SERVICE, INDEPENDENT PRACTICE, EDUCATION  
AND VOLUNTEER SERVICE FOR GRADUATES HOLDING FOREIGN QUALIFICATIONS  
IN PHYSIOTHERAPY**

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 practice.

**A. REGISTRATION IN THE CATEGORY PUBLIC SERVICE**

- a. Individual applicants apply for registration as outlined above in order to obtain registration in public service.
- b. Practitioners registered in the Category Public Service will be required to practise under the auspices of an employing Public Health Authority.
- c. 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**

- a. Only applicants who hold registration in the category Public Service and obtained permanent residence status and/or South African citizenship will be eligible for registration in the category Independent Practice.
- b. 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 registration in the category education must 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 physiotherapy 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. a recommendation on the applicant's registrability as well as 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 POSTGRADUATE 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 physiotherapy 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 postgraduate 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 postgraduate study is as specified, including clinical duties, while holding a supernumerary post for postgraduate 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.

**D. REGISTRATION AS A PHYSIOTHERAPIST IN THE CATEGORY VOLUNTEER SERVICES**

- 1. An application for registration in the category volunteer service must be submitted by the relevant South African Health Care Provider Agency, 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 physiotherapy 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 Agency based on –
    - i. the Agency'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 Agency to supervise the practitioner during the said period of registration;
  - d. an affidavit, issued by the South African Health Care Provider Agency 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 Service, duly completed.
  - f. The prescribed registration fees.
- 3. Registration in the category Volunteer Service, 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 on the basis of a written request by the head of such institution and subject to approval by the Board.







