



**Health Professions Council of South Africa**

**REPORT  
ON THE  
STAKEHOLDER ENGAGEMENT OF THE PSYCHOMETRICS  
COMMITTEE**

**OF THE  
PROFESSIONAL BOARD FOR PSYCHOLOGY**

**HELD AT**

**NCC, EMPERORS PALACE  
64 JONES ROAD, KEMPTON PARK**

**ON**

**5 MARCH 2015**

**AT**

**10:00**

**MEMBERS**

Dr TP Moloji (Chairperson)  
Prof C Foxcroft  
Ms N Tredoux  
Mr MR Phala  
Mr J August  
Mr B Morgan

**ABSENT WITH APOLOGY**

Prof T Sodi (Ex-Officio)  
Mr C Petersen

**IN ATTENDANCE**

Mrs A Taljaard (Acting General Manager – Professional Boards)  
Ms P Khathi (Acting Board Manager)  
Mrs N Maphasa (Board Secretary)  
Ms S Moleshe (Administrator)

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## **1 OPENING AND WELCOME**

The Chairperson declared the meeting open and welcomed all to the Stakeholder Engagement of the Psychometrics Committee. A special word of welcome was extended to the Stakeholders who attended.

## **2 PERSONALIA/OFFICIAL ANNOUNCEMENTS**

Mr C Petersen, a member of the Committee was admitted to hospital that morning, therefore he could not attend the Stakeholder Engagement.

## **3 UPDATE TO CONTACT DETAILS OF MEMBERS**

**NOTED** that this item was placed on the Agenda to enable members to indicate changes to their contact details as per the form provided.

## **4 ATTENDANCE OF MEETINGS AND EFFECTIVE PARTICIPATION OF MEMBERS IN MEETINGS**

**NOTED** that-

1. in terms of section 6(1)(b) of the Health Professions Act, 56 of 1974, a member vacates his or her office if he or she has been absent without leave of the President from more than two consecutive ordinary meetings of the Council or of a Committee referred to in section 10;
2. in May 2008, Council **NOTED** that Management, at its Strategic Planning Workshop held in February 2008 identified and ranked risks in the HPCSA environment, an exercise which produced the Council's Risk Management Plan 2008/9. Among the areas identified as risks was that of ineffective participation of Council/Board/Committee members in meetings evidenced by lack of quorums for meetings, early departure and/or late arrival at meetings;
3. on a scale of 1-5 where 1 = low and 5 = high, the impact of this risk was ranked at 5 and the likelihood/possibility of the risk occurring, taking into account the existing controls, was ranked at 5.

**FURTHER NOTED** that -

1. the impact referred to the effect that the risk would have on the achievement of the Council's objectives should the risk materialise and in this instance, the impact of ineffective participation by members for reasons indicated above, would result in Council not being able to meet its objectives as matters had to be deferred to subsequent meetings thereby delaying important decisions;
2. in reviewing the matter, Management was cognisant of the provisions of the Act (as amended) per section 6(1)(b) which referred to the vacation of office by members if they failed to attend two consecutive ordinary meetings without leave of the President;
3. the above section of the Act did not remedy the situation as the concern was on the need to address "irregular attendance" where apologies were submitted prior to the meeting which therefore meant that such members would technically have complied with the Act. However, in instances where members tendered apologies for more than

(2) consecutive ordinary meetings, a challenge existed in that whilst such members complied with the Act in this regard, they were however, failing to effectively participate in the business of Council, with the result that the ability of Council to meet its objectives was compromised;

4. in reviewing the matter, Management further took into account the provision of section 6(1)(i) of the Act which referred to the vacation of office by members who deliberately acted in a manner that would prejudice the interests of the Council, the health professions or the public or violated the Charter of the Council;
5. further consideration had also been given to paragraph 1.1 of the Charter for Councillors which stated that "Councillors shall strive for good governance by fulfilling all obligations imposed upon them and acting in the best interest of the Council and the public, by faithfully upholding and applying the law";
6. Council resolved to adopt the following policy on the attendance of and effective participation in meetings by members of Council/Boards/Committees:-
  - a. minutes of meetings had to reflect early departure and late arrival of members;
  - b. where applicable, return flight bookings for purposes of attending meetings, be booked taking into account the business hours of Council, i.e. it should be presumed that meetings will end at 16h30;
  - c. Chairpersons had to note trends with regard to irregular attendance, with or without apologies; early departure and late arrival and where it was found that a member's pattern of irregular attendance was persistent, their continued membership be reviewed in line with the provisions of the Act;
  - d. the Administration would as far as possible retain meetings on scheduled dates, however where meetings were rescheduled, a reflection of the same be made on the minutes of meetings.

**RESOLVED** that the resolution of Council relating to attendance of meetings and effective participation of members in meetings be noted and adhered to.

**NOTED** that-

1. in terms of section 6(1)(b) of the Health Professions Act, 56 of 1974, a member vacates his or her office if he or she has been absent without leave of the President from more than two consecutive ordinary meetings of the Council or of a Committee referred to in section 10;
2. in May 2008, Council **NOTED** that Management, at its Strategic Planning Workshop held in February 2008 identified and ranked risks in the HPCSA environment, an exercise which produced the Council's Risk Management Plan 2008/9. Among the areas identified as risks was that of ineffective participation of Council/Board/Committee members in meetings evidenced by lack of quorums for meetings, early departure and/or late arrival at meetings;
3. on a scale of 1-5 where 1 = low and 5 = high, the impact of this risk was ranked at 5 and the likelihood/possibility of the risk occurring, taking into account the existing controls, was ranked at 5.

**FURTHER NOTED** that -

4. the impact referred to the effect that the risk would have on the achievement of the Council's objectives should the risk materialise and in this instance, the impact of ineffective participation by members for reasons indicated above, would result in Council not being able to meet its objectives as matters had to be deferred to subsequent meetings thereby delaying important decisions;
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6. the above section of the Act did not remedy the situation as the concern was on the need to address "irregular attendance" where apologies were submitted prior to the meeting which therefore meant that such members would technically have complied with the Act. However, in instances where members tendered apologies for more than (2) consecutive ordinary meetings, a challenge existed in that whilst such members complied with the Act in this regard, they were however, failing to effectively participate in the business of Council, with the result that the ability of Council to meet its objectives was compromised;
7. in reviewing the matter, Management further took into account the provision of section 6(1)(i) of the Act which referred to the vacation of office by members who deliberately acted in a manner that would prejudice the interests of the Council, the health professions or the public or violated the Charter of the Council;
8. further consideration had also been given to paragraph 1.1 of the Charter for Councillors which stated that "Councillors shall strive for good governance by fulfilling all obligations imposed upon them and acting in the best interest of the Council and the public, by faithfully upholding and applying the law";
9. Council resolved to adopt the following policy on the attendance of and effective participation in meetings by members of Council/Boards/Committees:-
  - e. minutes of meetings had to reflect early departure and late arrival of members;
  - f. where applicable, return flight bookings for purposes of attending meetings, be booked taking into account the business hours of Council, i.e. it should be presumed that meetings will end at 16h30;
  - g. Chairpersons had to note trends with regard to irregular attendance, with or without apologies; early departure and late arrival and where it was found that a member's pattern of irregular attendance was persistent, their continued membership be reviewed in line with the provisions of the Act;
  - h. the Administration would as far as possible retain meetings on scheduled dates, however where meetings were rescheduled, a reflection of the same be made on the minutes of meetings.

**RESOLVED** that the resolution of Council relating to attendance of meetings and effective participation of members in meetings be noted and adhered to.

## **5 ORDER OF BUSINESS AND DEBATE**

**NOTED** that this item was placed on the Agenda to enable members to indicate at that stage whether they required changing the order of business and debate.

## **6 OTHER COMPETENT BUSINESS**

**NOTED** that –

1. this item was placed on the Agenda to enable members to raise extremely urgent matters only that have arisen since the finalisation of the Agenda and which could not wait for the next meeting;
2. in terms of the Regulations relating to the Functions and Functioning of Professional Boards, a member of the Board wishing to raise a matter at a meeting had to notify the Registrar in writing 30 days prior to the date of the meeting.

**FURTHER NOTED** that no matters were raised under “other competent business”

## **7 DECLARATION OF CONFLICT OF INTEREST**

**NOTED** that in order to avoid a potential or perceived conflict of interest, it should be reiterated that the onus was on a member to declare to Council or a Professional Board such interest *inter alia*, arising from a member’s position as an office bearer in a professional association/society/union or any other capacity and that the Council or Professional Board will express itself on the matter. The following were examples of instances where conflict of interest for Members of Council of Professional Board could arise:-

1. Office bearers for Professional Associations, Professional Institute, Professional Societies;
2. Being related to the practitioner whose matter is under consideration by Council or Professional Board;
3. Being a shareholder of a healthcare facility;
4. Being employed by a facility for which an item has been placed on Council of Professional Board for consideration;
5. Ownership of practices and education facilities which are under consideration by Council or Professional Board.

**FURTHER NOTED** that –

1. in order to deal with potential or perceived biases and unfairness and in order to enshrine immunity of all Board members where members of Council or Professional Boards make a declaration of conflict of interest, such members were expected to recuse themselves from the meeting when matters of which they declared conflict of interest are discussed;
2. the ETQA Committee in 2013 resolved that the attendance register for Board meetings should make provision for a declaration of conflict of interest;

3. the Executive Committee in May 2013 resolved that the-
  - a. recommendation by the ETQA Committee be endorsed in terms of declaring conflict of interest on the attendance register to be signed by all attendees;
  - b. provision for declaring a potential conflict of interest on the attendance register, be applied at all Committees and not Board meetings only.

**RESOLVED** that -

1. the declaration of conflict of interest in writing would apply at all committee meetings of the Board;
2. Committee members undertook declare any potential conflict of interest on any of the items which had been placed on the agenda.

## **8 THE ROLE OF THE HPCSA AS A STATUTORY AND REGULATORY STRUCTURE**

### **8.1 FUNCTIONS OF THE HEALTH PROFESSIONS COUNCIL**

18/3/21 P

**NOTED** that –

1. the Health Professions Council of South Africa (HPCSA) has been established in terms of the Health Professions Act, Act 56 of 1974. In terms of section 3 of this Act, the functions of the HPCSA are to–
  - a. *co-ordinate the activities of the professional boards established in terms of this Act and to act as an advisory and communicatory body for such professional boards;*
  - b. *promote and to regulate inter-professional liaison between registered professions in the interest of the public;*
  - c. *determine strategic policy, and to make decisions in terms thereof, with regard to the professional boards and the registered professions, for matters such as finance, education, registration, ethics and professional conduct, disciplinary procedure, scope of the professions, inter-professional matters and maintenance of professional competence;*
  - d. *consult and liaise with relevant authorities on matters affecting the professional boards in general;*
  - e. *assist in the promotion of the health of the population of the Republic and to control and to exercise authority in respect of all matters affecting the training of persons in, and the manner of the exercise of the practices pursued in connection with, the diagnosis, treatment or prevention of physical or mental defects, illnesses or deficiencies in human kind;*
  - f. *promote liaison in the field of training referred to above both in the Republic and elsewhere, and to promote the standards of such training in the Republic;*
  - g. *advise the Minister on any matter falling within the scope of this Act in order to support the universal norms and values of health professions, with greater*

*emphasis on professional practice, democracy, transparency, equity, accessibility and community involvement; and*

*h. communicate to the Minister, information of public importance acquired by the council in the course of the performance of its functions under this Act.*

2. the driving vision of the HPCSA was to ensure “**Quality Health Care Standards for All**” members of the population of South Africa. This vision is pursued through the mission of HPCSA which is “**To enhance the quality of health by developing strategic policy frameworks for effective co-ordination and guidance of the professional boards in:**

- **Setting health care standards for training and discipline in the professions registered with the Council;**
- **Ensuring on-going professional competence; and**
- **Fostering compliance with those standards**

## **9 THE ROLE AND RESPONSIBILITY OF THE PROFESSIONAL BOARD**

### **9.1 THE OBJECTIVES OF PROFESSIONAL BOARDS**

18/3/21

**NOTED** that –

Professional Boards were statutory structures with the overall objective to ensure establishment and maintenance of acceptable levels of health care services in professions under their control. In terms of section 15 A of the Health Professions Act number 56 of 1974, Professional Boards assumed *control and exercise authority in respect of all matters affecting the training of persons in, and the manner of the exercise of the practices pursued in connection with, any profession falling within the ambit of the professional Board, and to maintain and enhance the dignity of the profession and the integrity of the persons practising the profession.* In terms of these delegations professional boards had a responsibility:

- a. To determine and ensure maintenance of standards for professional practice and professional conduct.
- b. To determine and ensure upholding of standards for education and training.
- c. To grant certification to students and to compliant practitioners to practice, professions.
- d. To register, where applicable, graduates for internship
- e. To register, where applicable, graduates for community service.
- f. To develop policy and formulate regulations and rules of conduct for professional practice.

## **10 MATTERS PERTAINING TO PSYCHOMETRIC TESTS AND TEST CLASSIFICATION**

### **10.1 MANDATE OF THE PSYCHOMETRICS COMMITTEE OF THE PROFESSIONAL BOARD FOR PSYCHOLOGY**

18/3/13

PSB 1/PSYCHOM MAR 2015

**NOTED** that –

1. the Professional Board for Psychology exercised control over psychological tests. To assist the Board with this function, the Board established the Psychometrics Committee. The Psychometrics Committee advised the Professional Board on all matters pertaining to psychological tests and testing as well as the evaluation and classification of psychological tests, and undertook tasks assigned to it by the Professional Board;
2. the Professional Board mandated the Psychometrics Committee to deal with and report to the Professional Board and to classify and regularly revise the status of any device, instrument, questionnaire, apparatus, method, technique or test aimed at the evaluation of emotional, behavioural and cognitive processes or adjustment of personality of individuals or groups of persons, or for the determination of intellectual abilities, personality make-up, personality functioning, aptitude or interests by the usage and interpretation of questionnaires, tests projections or other techniques or any apparatus, whether of SA origin or imported, for the determination of intellectual abilities, aptitude, personality make-up, personality functioning, psycho-psychological functions or psychopathology and to report thereon to the Board.

**FURTHER NOTED** the presentation by Mr J August on the mandate of the Psychometrics Committee of the Professional Board for Psychology.

### **10.2 PURPOSE OF TEST CLASSIFICATION AND THE CURRENT CLASSIFICATION PROCESS**

18/11/P

PSB 2/PSYCHOM MAR 2015  
PSB 3/PSYCHOM MAR 2015  
PSB 4/PSYCHOM MAR 2015  
PSB 5/PSYCHOM MAR 2015  
PSB 6/PSYCHOM MAR 2015  
PSB 7/PSYCHOM MAR 2015  
PSB 8/PSYCHOM MAR 2015  
PSB 9/PSYCHOM MAR 2015  
PSB 10/PSYCHOM MAR 2015

**NOTED** that –

1. the use of a psychometric measuring device, test, questionnaire, technique or instrument that assessed intellectual or cognitive ability or functioning, aptitude, interest, personality make-up or personality functioning, was constituted as being a psychological act. This in view of possible harm and management implications of persons who might be adversely affected by test outcomes, required appropriate professional qualifications, skills and experience. According to the Health Professions Act, Act 56 of 1974, only registered psychologists were permitted to perform psychological acts;

2. any assessment which, in the view of the Board, measured a psychological construct had to be classified by the Professional Board;
3. an application for the evaluation and classification of a test that measured a psychological construct had to be made by completing and submitting Form C, the technical manual and the test or a link to the test if the test was administered electronically. These documents should be accompanied by a proof of payment of R 10 000 for tests classification;
4. two independent reviewers from the pool of approved expert reviewers were appointed by the Professional Board. A reviewer who, for whatever reason, was unable to objectively and impartially review a test, had to inform the Psychometrics Committee of this fact and recuse himself or herself from the evaluation and classification process.

**FURTHER NOTED** that –

1. the functions of the Psychometrics Committee and that the functions of the Professional Board for Psychology were driven by the mandate of the HPCSA, to protect the public. Their functions were limited by the Scope of Practice for psychologists;
2. the Committee could not make decisions that would violate the existing regulations;
3. the following constructs were reserved for the profession of psychology:
  - Intellectual abilities
  - Aptitude
  - Interests
  - Personality make-up
  - Personality functioning
  - Emotional functioning
  - Neuropsychological disorders
  - Mental functioning deficiencies
  - Psycho-physiological functioning
  - Psychopathology
  - Temperament
  - Personnel career selection
4. exercising control over prescribed psychological questionnaires or tests etc., was reserved for registered psychology professionals;
5. psychological tests that were developed, controlled and distributed by unregistered persons and entities represented a transgression;
6. tests were evaluated to determine whether its use resulted in a psychological act, and the process was classification. Further to that it was to determine whether the test was suitable to use in South Africa. When the review process was complete and the test met the requirements, a certificate was issued and this process was certification;
7. a test that was being development or adapted for South African norms, Form A had to be duly completed and submitted to the Professional Board;
8. Form B was a progress report that had to be submitted regarding the progress on the development/adaptation of the psychological test. Any changes to the research design

and to the research team and/or the responsible psychology practitioner should be reported to the Professional Board;

9. an application for the evaluation and classification of a test that measures a psychological construct had to be made by completing and submitting Form C as well as submitting the technical manual and the test or a link to the test if the test is administered electronically. These documents should be accompanied by a payment for test classification;
10. two independent test reviewers were appointed by the Professional Board. Evaluators were required to declare a possible conflict of interest;
11. the psychological test was independently evaluated by each of the reviewers, who also propose a classification category. If the evaluators did not agree, a third evaluator might be asked to review the test;
12. a decision would be made to classify the test or to refer the test back to the submitter to make improvements. If not classified, the test remained on the list of tests in development/being adapted;
13. delays in the process occurred when the Committee waited for feedback from reviewers, submitters not resubmitting after first evaluation and the submitters submitting the same documents again without addressing the issues in the report.

### **10.3 RE-IMAGINING THE PSYCHOLOGICAL TEST REVIEW AND CLASSIFICATION SYSTEM**

18/4/16/1/17

PSB 11/PSYCHOM MAR 2015  
PSB 12/PSYCHOM MAR 2015

**NOTED** that –

1. with the changes to the Employment Equity Act (EEA), the implications were that those measures that were deemed to be tapping psychological constructs needed to be submitted for review, classification and certification to the Psychometrics Committee of the Professional Board for Psychology. While this was especially important for psychological measures used in organisational settings, the same standards should be strived for in other assessment contexts. However, the reality was that few measures had been submitted annually to the Psychometrics Committee for review, classification and certification purposes. Now that certification was a requirement prescribed by the amended EEA, it was anticipated that many more measures would be submitted;
2. the addition to clause (d) in the amended EEA prompted a more extensive re-imagining of the review and classification process and system was promoted;
3. café conversations were held on the following:
  - a. Proposed elements and principles of the re-imagined psychological test review, classification and certification system
  - b. Submission and screening
  - c. Review process - reviewers

- d. Review process and review criteria (adapted EFPA review system and Forms A, B and C)
- e. Review process - review outcomes, appeal process, and publication of reviews
- f. Classification and certification process (includes publishing List of Psychological Tests and how to address the issue of obsolete tests.
- g. Next steps and managing the transition process

#### **FURTHER NOTED –**

1. that the EFPA Form would be utilised as a guide for test developers, it was recommended by the professionals in the previous stakeholder engagement of the Committee;
2. that Dr N Taylor and Prof M De Beer were acknowledged for their contribution to the initiation of the proposed classification system;
3. the feedback from the café conversations 1 to 3 were as follows:

Café Conversation: Group 1 – acknowledged the recognition of the EFPA guide as a framework to work on and the transparency of the proposed electronic submission process. The representatives were grateful for the opportunity provided by the Committee to engage with the stakeholders, however the Clinical and Counselling Psychologists were underrepresented.

Café Conversation: Group 2 – appreciated the proposed classification system, however they had concerns on the feasibility of the system as it required resources. An electronic portal was the best way of doing test classification; timelines of test classification could be cut down from the 6 months mentioned. The representatives were concerned on how the reviewers were identified and the training required for reviewers.

Café Conversation: Group 3 – the EFPA guideline would be of good use for developers and the representatives commended the proposed classification system. There was a concern on the added clause (d) to the amended section 8 of the Employment Equity Act that some form of moratorium be granted to the test developers and distributors.

Café Conversation: Group 4 – the representatives commended the openness of the Committee and should continue to engage with the stakeholders. There was a contention of the definition of a psychological test, that there should be a definition of what a psychological test was. The list of classified tests had to be put on the website.

Café Conversation: Group 5 – the Employment Equity Act mentioned non-psychological tests, professionals needed a guide on what was a non-psychological test. Screening of tests should not take longer than a month as more tests would be submitted; a recommended screening fee was R1000.

Café Conversation: Group 6 – there were very few professionals who had the skills of test reviewing, the skills required to do these functions were scarce. Reviewers will have to be trained. The system should be able to allow the developers to track their tests as to how far were they in the process. The proposed system would need funding, would the Board be able source funding in support of the proposed classification system. Of more concern was the issue of Intellectual Property.

Café Conversation: Group 7 – also addressed the issue of Intellectual Property as a concern; the online system should be systematic. A blog should be developed where professionals will be able to comment and give feedback on test review outcomes.

Café Conversation: Group 8 – ethical clearance will be required for research done on tests, of concern was where the publishers would apply for ethical clearance. Academics had an advantage of applying at the universities. Form A be amended to accommodate tests that were not psychological. “Other body” may need to be developed for tests that were not in the ambit of the HPCSA.

4. The following were feedback from the café conversations 4 to 7:

Café Conversation: Group 1 – the review process will have to be objective and fair to avoid developers applying to appeal. Reviewers should be carefully selected. Good communication was needed between the stakeholder and the Board as well as with the HPCSA Administration; the newsletter and the website alone were not sufficient.

Café Conversation: Group 2 – the Board should engage with various departments such as the Department of Labour and Health. The list of classified tests should be published more frequently than on an annual basis. A peer review process should be implemented to scrutinise the actual outcome of test reviews.

Café Conversation: Group 3– test classification could be outsourced and the Board could utilise a Section 21 company to continue with test classification.

Café Conversation: Group 4 – obsolete tests were of concern, there were tests under that category that were still good and useful such as the Ravens; such tests should be classified in a different category.

Café Conversation: Group 5 – the table supported a tiered classification process. A process be developed that would deal with tests that were classified but not reviewed. Tests that were under development and adaptation be used on a cost recovery process, they should be used and restricted to psychologists only.

Café Conversation: Group 6 – the list of classified tests should be published on a regular basis rather than wait for annual publication. It should be clarified on what to do with other similar assessments that were not psychological. Timeframes for tests review should be clarified.

Café Conversation: Group 7 – experienced reviewers who were currently reviewing psychological tests should determine the kind of skills required for test reviewing. Test developers should be utilised for test review, a peer review process be included and developers should declare conflict of interest before reviewing a test. Psychometrists should be trained well and be equipped to be test reviewers, such training be integrated in the teaching and training of psychometrists at universities. Test developers should complete the first section of the EFPA form when submitting a test for classification. The industry had a plea for an amnesty period in order to be in line with the amended legislation due to the amendment of section 8 of the EEA.

Café Conversation: Group 8– stakeholders be involved in dealing with obsolete tests and that they be notified of tests that would be removed from the list. Developers should include ethics clearance certificate when submitting Form A, a proposal for tests under development/adaptation. The proposed review process should be implemented soon and with time it should be refined. Stakeholders should be involved in the adaptation of the EFPA form.

## **11 CONCLUSION**

The meeting adjourned at 16h00 with a word of appreciation to the stakeholders from the Chairperson.

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