

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

**THE PROFESSIONAL BOARD
FOR
ENVIRONMENTAL HEALTH PRACTITIONERS**

**GUIDELINES ON SUPERVISED PRACTICE FOR EHP'S REGISTERED
UNDER THE SUPERVISED PRACTICE CATEGORY**

PURPOSE:

The purpose of this document is to provide guidelines to Environmental Health professionals who require supervised practice in order to meet the expected competencies for registration with the HPCSA independent Environmental Health Practitioner.

BACKGROUND:

Practitioners who have not practiced the profession for a period of two years and longer may no longer possess the required competencies. The Professional Board for Environmental Health Practitioners recognises that these practitioners may wish to resume practicing in the profession. Supervised practice may therefore be required to guide the practitioner and to protect the public. In order for the Board / Council to ensure that these practitioners meet the requirements for registration in the Independent Practice category (or any other category in which he/she was registered prior to the erasure/ voluntary deregistration), the following guidelines are proposed.

GUIDELINES:

Roles and responsibilities of the supervised practitioner

1. Ensure appropriate registration as an “Environmental Health Practitioner under supervised practice” with the HPCSA prior to beginning a period of minimum six months supervised practice.
2. Identify and provide the following required information and applicable supportive documentation (Annexure 1 Form 28A) that reflect on:
 - a. The area/s they intend working in when they begin practising again
 - b. Their prior knowledge and skills.
 - c. Any relevant skills and knowledge gained during the period of non-practice.
 - d. Any relevant personal or career developments achieved during the period.
3. Participate in the assessment of own professional skills prior to and at end of the period of supervised practice (Annexure 2 Form 28B and Annexure 3 Form 28C).
4. Frankly / honestly indicate areas of professional practice for which developmental support is required (which the mentor will concentrate on) and areas of strengths (which must be maintained /improved).
5. Be aware of and adhere to all operational policies, protocols and guidelines of the area / institution where the supervised practice will occur.
6. Actively participate in continuing professional development.
7. Sustain and continuously improve knowledge and skills following the period of supervised practice.

Expected Outcomes

1. Demonstrate competence and performance in all areas of scope of practice commensurate with registration requirements.
2. Evidence based knowledge, skills and attitudes to professionally and ethically practice in the Environmental Health Profession with focus on the following but not limited to any one or more of the below mentioned areas as recommended by supervisor:-
 - a. Water Quality Monitoring
 - b. Food Control

- c. Waste Management and General Hygiene monitoring
- d. Health Surveillance of Premises
- e. Surveillance and prevention of communicable diseases, excluding immunisation
- f. Vector Control Monitoring
- g. Pollution Control
- h. Disposal of the dead
- i. Chemical Safety
- j. Noise Pollution Control
- k. Radiation (Ionising and Non-Ionising) Monitoring and Control
- l. Port Health
- m. Malaria Control
- n. Control and Monitoring of Hazardous Substances
- o. Climate Change Monitoring
- p. Occupational Health and Safety
- q. Environmental Management Investigations

The supervisor must:

1. be currently registered on the HPCSA register for Environmental Health Practitioners
2. be practicing independent Environmental Health Practitioner for a minimum of 3 consecutive years
3. practice within the scope of the profession for Environmental Health Practitioners

Roles and responsibilities of the supervisor:

1. Ensure that the practitioner is temporarily registered with the HPCSA as an “Environmental Health Practitioner under supervised practice” before resumption of duties.
2. Identify and assess areas of professional practice as determined by the supervisor.
3. Consult with the supervised practitioner in devising a plan to:
 - a. acquire and demonstrate competence and performance commensurate with the expectations for registration in the desired category.
 - b. facilitate and execute supervision of physical practice
4. Provide guidance to the practitioner being mentored / supervised.
5. Activities supervised must include:
 - a. Physical practice.
 - b. CPD activities.
 - c. Administration / management responsibilities.

Guidelines for the report

At the end of the stipulated supervised period, the supervising practitioner must generate a report on a standard approved form (Annexure 4) with employer letter head containing the following information:


1. Address and telephone number of the institution where supervised practice took place
2. Name and HPCSA registration number of supervising practitioner
3. Name and HPCSA registration number of supervised practitioner
4. Dates of commencement and termination of supervised practice
5. Details of:
 - a. the plan that was devised and implemented to develop/foster physical practice in all areas
 - b. the frequency and nature of the supervision process
6. Comments on the performance of the practitioner in relation to physical areas and the general practice management skills
7. Recommendation: the supervisor must indicate
 - a. whether the practitioner meets the competence and performance requirements for independent practice and registration in the desired category or
 - b. whether a further period of supervised practice is recommended. Should a recommendation be for extended supervised period then it must be accompanied by a detailed motivation for the decision highlighting areas of concern.
8. Following the period of supervised practice and registration leading to Independent Practice in the relevant professional category,
 - a. The practitioner will be included in a CPD audit to ensure adherence with this requirement.
9. Submit a progress report to the Board Manager at the end of the supervision period.

COMMUNICATION WITH THE PROFESSIONAL BOARD FOR ENVIRONMENTAL HEALTH PRACTITIONERS

All communication should be addressed to:

The Registrar
Professional Board for Environmental Health Practitioners
P O Box 205
PRETORIA
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ANNEXURE 1

 <p style="margin-top: 10px;">Form 28A</p>	<p>Required information and applicable supportive documentation by supervised practitioner</p>
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Please complete:

Name of Supervised Practitioner (Including HI Registration Number)	
Postal Address of Supervised Practitioner	
Telephone Number (Incl Area Code)	
Mobile Number	
e-Mail Address	
Fax Number (Incl Area Code)	
The area/s the practitioner intend working in when begin practicing again	
Prior knowledge and skills (Attach certified copies of evidence)	
Any relevant skills and knowledge gained during the period of non-practice (Attach certified copies of evidence)	
Any additional personal or career developments achieved during the period (Attach certified copies of evidence)	

ANNEXURE 2


 <p style="margin-top: 10px;">Form 28B</p>	<p>Supervised practitioner assessment template of own professional skills prior to the period of supervised practice</p>
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Please complete:

Name of Supervised Practitioner (Including HI Registration Number)			
Postal Address of Supervised Practitioner			
Telephone Number (Incl. Area Code)			
Mobile Number			
e-Mail Address			
Fax Number (Incl Area Code)			
1. The supervised practitioner demonstrate competence and performance in all areas of scope of practice	Good	Average	Poor
2. Evidence based knowledge, skills and attitudes to professionally and ethically practice in the Environmental Health Profession with focus on but not limited to any one or more of the below mentioned areas as recommended by the supervisor:	Good	Average	Poor
a. Water Quality Monitoring	Good	Average	Poor
b. Food Control	Good	Average	Poor
c. Waste Management and General Hygiene Monitoring	Good	Average	Poor
d. Health Surveillance of Premises	Good	Average	Poor

e. Surveillance and prevention of communicable diseases, excluding immunisation	Good	Average	Poor
f. Vector Control Monitoring	Good	Average	Poor
g. Pollution Control	Good	Average	Poor
h. Disposal of the Dead	Good	Average	Poor
i. Chemical Safety	Good	Average	Poor
j. Noise Pollution Control	Good	Average	Poor
k. Radiation (Ionising and Non-Ionising) Monitor and Control	Good	Average	Poor
l. Port Health	Good	Average	Poor
m. Malaria Control	Good	Average	Poor
n. Control and Monitoring of Hazardous Substances	Good	Average	Poor
o. Climate Change Monitoring	Good	Average	Poor
p. Occupational Health and Safety	Good	Average	Poor
q. Environmental Management Investigations	Good	Average	Poor

ANNEXURE 3

 <p style="margin-top: 10px;">Form 28C</p>	<p>Supervised practitioner assessment template of own professional skills after the period of supervised practice</p>
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Please complete:

Name of Supervised Practitioner (Including HI Registration Number)			
Postal Address of Supervised Practitioner			
Telephone Number (Incl. Area Code)			
Mobile Number			
e-Mail Address			
Fax Number (Incl. Area Code)			
1. The supervised practitioner demonstrate competence and performance in all areas of scope of practice	Good	Average	Poor
2. Evidence based knowledge, skills and attitudes to professionally and ethically practice in the Environmental Health Profession with focus on but not limited to any one or more of the below mentioned areas as recommended by the supervisor:	Good	Average	Poor
a. Water Quality Monitoring	Good	Average	Poor
b. Food Control	Good	Average	Poor
c. Waste Management and General Hygiene Monitoring	Good	Average	Poor
d. Health Surveillance of Premises	Good	Average	Poor

e. Surveillance and prevention of communicable diseases, excluding immunisation	Good	Average	Poor
f. Vector Control Monitoring	Good	Average	Poor
g. Pollution Control	Good	Average	Poor
h. Disposal of the Dead	Good	Average	Poor
i. Chemical Safety	Good	Average	Poor
j. Noise Pollution Control	Good	Average	Poor
k. Radiation (Ionising and Non-Ionising) Monitor and Control	Good	Average	Poor
l. Port Health	Good	Average	Poor
m. Malaria Control	Good	Average	Poor
n. Control and Monitoring of Hazardous Substances	Good	Average	Poor
o. Climate Change Monitoring	Good	Average	Poor
p. Occupational Health and Safety	Good	Average	Poor
q. Environmental Management Investigations	Good	Average	Poor

ANNEXURE 4

Stamp or Logo of institution where supervised practice took place	Report by supervising practitioner after stipulated supervised period
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Please complete:

1. Name of Supervising Practitioner (Including HI Registration Number)		
2. Name of Supervised Practitioner (Including HI Registration Number)		
3. Name and address of the institution where supervised practice took place		
4. Telephone Number of supervising practitioner (Incl. Area Code)		
5. Mobile Number of supervising practitioner		
6. e-Mail Address of supervising practitioner		
7. Fax Number of supervising practitioner (Incl. Area Code)		
8. Dates of commencement and termination of supervised practice	Commencement Date:	Termination Date:
9. Please attach details and proof of:		
a. the plan that was devised and implemented to develop/foster physical practice in all areas		

b. the frequency and nature of the supervision process	
10. Comments on the performance of the practitioner in relation to physical areas and the general practice management skills	
11. Recommendation (Mark with X):	
a. The practitioner meets the competence and performance requirements for independent practice and registration in the desired category	
b. Further period of supervised practice is recommended Note: In case the recommendation be for extended supervised period the supervision practitioner must provide detailed motivation for the decision highlighting areas of concern)	