

**HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA**

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

**ACCREDITATION OF PRACTICES / INSTITUTIONS FOR INTERNSHIP TRAINING  
IN MEDICAL ORTHOTICS AND PROSTHETICS**

Procedure to be followed by an institution or private practice to apply for approval for the training on intern medical orthotists and prosthetists.

1. The application institution must direct a letter to the OCP Professional Board when interested in training interns that have completed the National Diploma at the University of Technology (TUT).
2. Annexure 2 must be completed after they have complied with the minimum requirements as set out in Annexure 1.
3. The Professional Board will appoint a committee consisting of two members to evaluate the institution. On completion of the evaluation, the duly completed Annexure 3 and the evaluators' report will be submitted to the Professional Board.
4. Shortly after discussion of the feedback at the Education Committee of the Professional Board, the institution will be advised whether the application were approved by the Board. The accreditation if approved will be for a period of five years.
5. The accredited centres must train a minimum of 3 interns during the five year period to be able to re apply after five years for re-accreditation.
6. The Professional Board is entitled to withdraw the status of an accredited training institution should the institution fail to comply with the minimum standards set by the Professional Board.
7. Apart from the initial evaluation, clinical training centres will in future be subjected to re-evaluation on a regular basis within the five-year cycle.

**HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA****PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY,  
MEDICAL ORTHOTICS AND PROSTHETICS AND ARTS THERAPY****MINIMUM REQUIREMENTS FOR ACCREDITATION OF PRACTICES / INSTITUTIONS  
FOR THE TRAINING OF INTERN MEDICAL ORTHOTISTS AND PROSTHETISTS**

1. An accredited training institution must function under the management of a Medical Orthotist and Prosthetist who is registered with the HPCSA.
2. A centre must have a minimum of 2 registered MOP's to be considered for accreditation.
3. A ratio of 2 interns to each supervising medical orthotist and prosthetist may not be exceeded.
4. The centre must be equipped with the equipment necessary to train Interns in the field of medical orthotics and prosthetics, as determined in the approved curriculum for Interns.
5. It will be required of the centre to adhere to the Health and Safety standards.
6. The centre must provide adequate facilities. This includes a secretary to receive patients, waiting rooms, adequate walking / gait areas, plaster casting rooms, fitting rooms, and storerooms. Further the lab must consist of appropriate designated areas for manufacturing that include working with plaster, lamination, draping and an area where bench work can take place. Adequate sanitary facilities for staff and patients and access to the building are essential. Laboratories and clinical areas must be in walking distance to each other.
7. The volume and variety of work must ensure that adequate training is provided in relation to the approved curriculum for Interns.
8. It will be required of the controlling Medical Orthotist and Prosthetist at the centre to take the main responsibility of the training program of the interns. Main supervisors and co supervisors must be identified to train the interns. The main supervisor will take the responsibility
9. In addition training manuals must be kept by individual interns and signed by supervising medical orthotists and prosthetists. These manuals must be made available on request.

**Special notes:**

1. The institution must be available for inspection by the Professional Board at any given time.
2. Should the centre relocate to other premises, or if there are any changes to one of the above requirements, the Professional Board must immediately be notified accordingly in writing. The Professional Board may withdraw the training status at any time should the institution fail to meet the minimum requirements.
3. Supervision of intern medical orthotists and prosthetists could only be undertaken by registered Medical Orthotists and Prosthetists.



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APPLICATION FOR RECOGNITION AS AN INTERN TRAINING INSTITUTION

This form is to be completed by an institution (public/private) when applying to train Intern Medical Orthotists and Prosthetists. Once you have ensured that the minimum standards had been met, the information, as requested, should be reflected in the application form. Further information may be obtained from the University of Technology.

1. Name of the Institution/Facility :  
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2. Physical address:  
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.....  
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3. Postal address:  
.....  
.....  
.....

4. Tel No.: .....  
Fax No.: .....  
E-mail: .....

5. Details of applicant:  
Name and Initials: .....  
Title: .....  
Date: .....  
Designation: .....

**6. Brief history of the Institution/Facility : (Include type of facility , management, mission, goals etc)**

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.....  
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**6b. Names of interns trained the past 5 years (Applicable to re-applications)**

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.....  
.....  
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**7. I. Names of all registered Medical Orthotists & Prosthetists employed at the Institution/Facility with their qualification:**

a. ....  
b. ....  
c. ....  
d. ....  
e. ....  
f. ....  
g. ....

**8.a. Names of all Medical Orthotists and Prosthetists that will be acting as supervisors and co supervisors with their signatures.**

a. ....  
b. ....  
c. ....  
d. ....  
e. ....  
f. ....



**12. Describe the layout of the facility and mention the various rooms which form part of the centre:**

**(A drawing depicting the centre may also be included here.)**

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**Drawing:**

**13. Provide details of supervision and training plan for interns.**

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**14. Other relevant information you may wish to include:**

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15.

If this is a first application please insert a ✓ in this text box.

If this is a re-application please insert a ✓ in this text box.

**16. Name of Head of Centre (Applicant)**

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**Signature**

\_\_\_\_\_  
**Date**

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Based on the evaluation Annexure 3 must be completed by the evaluation panel for submission to the Education Committee of the Professional Board.

**Part A**

1. General guidelines for the report:
  - 1.1 An evaluation will be conducted at an institution once an application for accreditation for the training of Intern Medical Orthotists and Prosthetists is received. Evaluation of such institutions will be repeated every five years.
  - 1.2 The Board will notify the institution of the intended evaluation.
  - 1.3 Visual evaluation and interviews with staff should provide evidence of adequate space for equipment, interns and treatment of patients.
  - 1.4 The report will be made available to the institution.

**Part B**

<b>1. Name of the Institution/Facility :</b> ..... .....
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<b>2. Physical address:</b> ..... ..... ..... .....
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<b>3. Postal address:</b> ..... ..... .....
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<b>4.</b>
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**Tel No.:** .....

**Fax No.:** .....

**E-mail:** .....

**5. Detail of Head of Institution:**

**Name and Initials:** .....

**Title:** .....

**Date:** .....

**6. Names of the evaluators:**

**a.** .....

**b.** .....

**c.** .....

**7. Date of evaluation:**

.....

**8. Is the head of the Institution /Facility a registered medical orthotist and prosthetist?**

**Yes**

**No**

**9. Will the supervisors take responsibility for the training of the interns.**

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**10. Describe the equipment available at the Centre:**

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**11. Describe the diversity and volume of work undertaken at the Centre:**

Lower limb orthotics (Below the knee).....

Lower limb prosthetics (Below the knee) .....

Lower limb orthotics (knee and above the knee).....

Lower limb prosthetics (knee and above the knee,,).....

Upper limb orthotics .....

Upper limb prosthetics (including breast prosthetics) .....

Spinal orthotics .....

Any comments:

.....  
.....

**12. Describe the working and treatment area, toilets and all the other facilities for interns, staff and patients at the institution:**

a. Reception area:.....

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b. Sanitary areas :.....

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c. Casting rooms:.....

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d. Fitting rooms:.....

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e. Area for training gait:.....

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f. Bench area:.....

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g. Laminating area:.....

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h. Draping area:.....

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i. Welding area:.....

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- j. **Machine area:**.....  
 .....
- k. **Plaster room:**.....  
 .....
- l. **Store Rooms:**.....  
 .....

<b>13. Does the institution have the following health and safety equipment and processes in place?</b>			
	<b>Description</b>	<b>YES</b>	<b>NO</b>
13.1	Are the necessary health and safety signs displayed?		
13.2	Does the staff have safety equipment: <ul style="list-style-type: none"> <li>• Aprons or dust coats.</li> <li>• Safety glasses for welding.</li> <li>• Welding gloves.</li> <li>• Safety glasses for machine work.</li> <li>• Face masks.</li> <li>• Gloves for protection against heat.</li> </ul>		
13.3	First aid kit.		
13.4	Separate room/cupboard for chemicals.		
13.5	Fire fighting equipment. Is it regularly serviced?		
13.6	Health and Safety Act in book form available? Health and Safety representative appointed?		
13.7	Evacuation plan.		
13.8	Are all machines in working order? If not, specify. . ..... ..... .....		
13.9	Is there extraction fans available and in working order connected to machines producing dust?		
13.10	Adequate sanitation and toilet facilities available.		
13.11	Gas welding bottles outside building or fixed to the wall inside the building? Explain.....		
13.12	Is lightning at machines sufficient?		
13.13	Are working areas properly cleaned around potentially dangerous equipment?		
13.14	Proof of health and safety training of staff, especially interns?		
13.15	Is there a patient rights chart visible in the reception area?		

14. **Were the minimum standards and special notes (Annexure 1) explained to the head of the Centre?**

Yes

No

15. **According to Form 266 (Standards of Practice for Medical Orthotics and Prosthetics) the centre are aware of the standards.**

**a. Professional Autonomy and accountability**

Legal and Ethical Boundaries  
Confidentiality  
Obligate to maintain skills needed for the profession  
Record Keeping  
Ethical issues  
CPD activities

Yes

No

**b. Professional Relationships**

Working as part of an inter disciplinary team  
Demonstrate good communication skills towards patients and colleagues

Yes

No

**c. The skills needed for the Medical Orthotist and Prosthetist Practitioner**

Identification and assessment of health and social care needs  
Formulation and delivery of a rehabilitation program for the patient  
Show evaluating and assessment skills to be able to conduct appropriate measurements for each patient  
To have the adequate skill to measure and manufacture the device needed for each patient  
Understanding the importance of correct fitting procedures for each device  
Maintain a good understanding of the key basic concepts of the biological, physiological and clinical science relevant to the profession specific patients.  
Maintaining a safe environment at all times for all.

Yes

No

**d. Management**

To be able to perform a supervisors roll when applying for accreditation at the HPCSA  
Understanding the responsibility of managing the time, monitoring procedures, evaluation procedures and the feedback to the appropriate person regarding the interns  
Conduct appropriate information regarding the management of a orthotic and prosthetic practice  
To be able to inform interns about financial issues and implications regarding componentry and devices for patients

Yes

No

**16. Recommendations:**

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**17. Signatures of evaluators:**

**a.** .....

**b.** .....

**Date:** .....

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