

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

APPLICATION FOR PRACTICE ACCREDITATION

CHANGE OF LOCATION

This form is to be completed by any Biokineticist who aims to change location of his/her current accredited practice. Please ensure you are familiar with the rules and guidelines for accreditation before completing this form. The following documents must be submitted together with this form before the practice changes location, to the Education and Training Division for further consideration by the PPB Board.

CHECKLIST (the following must all be submitted together with the Letter of Intent F206A)

Form 206 C	
Documents indicating practice name i.e. letterhead and business card	
Emergency evacuation plan	

NB if there is also a change in supervisors, Form 206 D must also be completed for each new supervisor. If there is also a change in practice name, Form 206 E must also be completed.

Naming of practice

Stationary letterhead and a business card showing the applicant's name of the practice: i.e. Jon Dow Biokineticist [www.biokineticsSA.org.za – Login to the member's page and click on Professional information, choose from the drop-down list: Professional Conduct and Ethics], must be submitted together with this application.

Emergency Evacuation Plan

- Standard/status of CPR/AED training of practitioners in the practice
- Immediate on-site emergency treatment provided by Biokineticist (to assist, rescue or resuscitate patient)
- Emergency equipment available, such as defibrillators, etc.
- Emergency telephone numbers
- Response time
- Evacuation procedure
- The proximity of the nearest hospital/clinic/doctor
- Availability of fire extinguishers
- How often are mock exercises conducted?
- Clinical and evacuation plan specified

- Floor plan of practice in which exists and position of emergency equipment, fire hydrants and exits are indicated of practice

1. CURRENT PRACTICE DETAILS

1.1	NAME OF INSTITUTION/ PRACTICE:	
1.2	HEAD OF INSTITUTION/ PRACTICE:	
1.3	Postal address:	
1.4	Physical address:	
1.5	Contact no:	
	Fax no:	Cell no:
	E-mail address:	

2. OTHER PRACTICE/S PREVIOUSLY APPROVED

LOCATION/STREET	NUMBER OF INTERNS	YEAR APPROVED

3. NEW PRACTICE LOCATION DETAILS

3.1	Postal address:	
3.2	Physical address:	
3.3	Contact no:	
	Fax no:	Cell no:
	E-mail address:	

4. EVALUATOR

NAME (please print)	SIGNATURE
DATE OF EVALUATION:	

FACILITIES FOR TRAINING OF INTERNS

5.1 STANDARD OF FACILITIES

QUESTION/STATEMENT		Yes	No	Evaluator comments
5.1.1	Is there adequate space for client/patient for physical evaluation and physical intervention?			
5.1.2	Is there adequate equipment available to measure the physical parameters required for a Biokinetic practice?			
5.1.3	Is there adequate equipment available for physical exercise/activity			
5.1.4	Is the equipment adequately maintained?			
5.1.5	Is there adequate work space for staff?			
5.1.6	Is there adequate work space for interns?			
5.1.7	Is the general hygiene of the facility adequate?			
5.1.8	Is there a change room/ablution facility available?			

5.2 SURVEY OF EXERCISE EQUIPMENT AND FACILITIES

ASSESSMENT EQUIPMENT		Yes	No	Comments	Evaluation comments
Stadiometer	M				
Scale	M				
$\dot{V}O_{2max}$ equipment					
Isokinetic equipment					
Skinfold callipers	M				
Flexibility box	M				
Plinth	M				
Goniometers	M				
Dynamometers					
Strength testing equipment	M				
Calibrated cycle ergometer	M				
Treadmill					
12 lead ECG machine					
Cholesterol measuring device	M				
Glucose measuring device	M				
Peak flow meter (portable)					
Lung function machine					
Posture evaluation system (e.g. grid)					
Assessment area					
Other					
EMERGENCY EQUIPMENT					
(To be aligned with the emergency plan)					
AED defibrillator	M*				
Portable oxygen cylinder	M				
Ambubag with 100% oxygen reservoir	M				
CPR valves and gloves	M*				
First aid box	M				

M = minimum requirement

* If the practice can provide the address and contact details of the hospital or doctor close by that has an AED and an ambubag, this is not required in the practice. Alternatively provide evidence to be aligned with your emergency plan arrangements made with emergency services, doctors, etc.

EXERCISE MONITORING EQUIPMENT		Yes	No	Comments	Evaluation Comments
Blood pressure machines	M				
Stethoscopes	M				
Heart rate monitors (watches)	M				
Stopwatches	M				
Oxygen saturation monitors					
Subjective rating scales (e.g. RPE, claudication, angina and dyspnea scales, tendency to fall, etc.)	M				
Lancets	M				
Cardiorespiratory testing equipment **	M				
Other	M				
EXERCISE EQUIPMENT		Yes	No	Comments	Evaluation Comments
Bicycles					
Treadmills					
Steppers					
Rowers					
Stair climbers					
Arm ergometers					
Gym balls	M				
Wobble/balance boards	M				
Dumbbells	M				
Circuit weight stations					
Exercise area(s)	M				
Walking area(s)	M				
Mats	M				
Benches	M				
Other					
EDUCATION AND TEACHING AIDS		Yes	No	Comments	Evaluation Comments
Seminar/lecture room					
Educational handouts to patients/clients					
Other					
INFORMATION MANAGEMENT		Yes	No	Comments	Evaluation Comments
Patient demographics and health screening questionnaire(s)*	M				
Indemnity form and informed consent*	M				
List of medication*	M				
Individual files for patients (secured and locked away)	M				
Assessment results and feedback to patient*					
Exercise and attendance record*					
E-mail access					
Record keeping/Patient reports, Filing and Proformas	M				
ADMINISTRATION AND MANAGEMENT		Yes	No	Comments	Evaluation Comments
Professional liability/indemnity insurance	M				
Assessment form for intern evaluation	M			Form 27 BK on HPCSA	
Contract of Employment	M				
Comment(s)					

* Examples of these forms to be handed in during inspection

** Cardiorespiratory testing equipment must include at least: (VO₂ testing bikes/treadmills/steps)

6. INTERN CRITERIA

6.1	SUPERVISION *	Yes	No	Evaluator comments
6.1.1	Does the Biokineticist comply with regulations regarding supervision of the intern's work? (Refer to guidelines)			
6.1.2	Are the interns being supervised in terms of their ability to prescribe correct physical activity/exercise programs?			
6.1.3	Is the intern's knowledge, skills and management in the practice of Biokinetics supervised?			
6.1.4	Is there a good relationship between the supervising Biokineticist and the interns?			
6.1.5	Are the quarterly reports in terms of the work and performance of the interns comprehensive and up to date?			
6.1.6	Is the program of work drawn up for the training of interns adequate? (Check mentorship plan)			
6.2	EXPOSURE TO BIKINETICS PRACTICE*	Yes	No	Evaluator comments
6.2.1	Are the interns exposed to a varied client/patient population?			
6.2.2	Are the interns integrated into the duties of a multi-disciplinary team?			
6.2.3	Are interns guided to assume progressively more responsibility regarding client/patient care? (Refer to mentorship program)			
6.2.4	Is the extent of direct contact with clients/patients for purposes of treatment or consultation satisfactory? (Refer to mentorship program)			
Comments:				

If the practice is unable to provide exposure in the entire scope of Biokinetics provide information regarding alternative arrangements with other practices as well as written undertakings regarding such arrangements including time frames relating to periods to be spent at such practices.

* Interviews with Biokinetic intern(s) mandatory during the evaluation of an existing accredited practice.

6.3 BIKINETICISTS RESPONSIBLE FOR DIRECT SUPERVISION

Initials, Surname and HPCSA registration number	Highest academic qualification(s)	Biokinetics experience (internship excluded)	Years of registration with the HPCSA	CPD (60 CEU's in total including 10 for ethics over past 2 years)	Evaluator Comments

7. EMERGENCY PROCEDURES

	STATEMENT	Yes	No	Evaluator Comments
7.1	Does the institution/practice have an emergency plan?			
7.2	Is the standard of the emergency plan sufficient? (Refer to emergency plan which should contain items such as the emergency telephone no's and their location/accessibility, fire extinguishers, evacuation procedure, floor plan)			
7.3	Was an emergency plan provided? (To be attached, see 7.2)			

8. EXPOSURE TO BIODYNAMICS SCOPE OF PRACTICE

8.1 Indicate the exposure to Biokinetics Scope of Practice of new institution/practice

Scope of Practice		% done in present Institution or Practice	% completed elsewhere (attach report)	Evaluator Comments
8.1.1	Othopaedic conditions			
8.1.2	Chronic conditions			
8.1.3	Promotion of health & wellness			
8.1.4	Special populations			
8.1.5	Neurological conditions			
8.1.6	Sport specific testing			
8.1.7	Other:			
Comments				

Where additional exposure is provided through cooperation with other practices, written undertakings with essential information and time frames relating to such exposure should be provided by those practices and submitted together with this evaluation report.

9. FINAL COMMENTS FROM THE EVALUATOR
 (this section to be completed by the evaluator)

9.1	Qualifications and experience of supervisor(s)
9.2	Ethical Compliance
9.3	Facility and Equipment
9.4	Information System and Management

10. FINAL RECOMMENDATION

That the new facility/practice at.....
 (physical address) be accredited for the training of intern Biokineticist(s) with effect
 from: *(insert period of accreditation here)*

.....
SIGNATURE OF EVALUATOR

.....
DATE

TEL:

CELL:

.....
SIGNATURE OF ETRC CHAIRPERSON

.....
DATE

TEL:

CELL:

ANNEXURE A

PROFESSIONAL BOARD FOR PHYSIOTHERAPY, PODIATRY AND BIOKINETICS DRAFT MENTORSHIP PROGRAMME FOR INTERN BIOKINETICISTS (To be submitted with the evaluation report. If required, separate tables should be compiled, by using the tables given below as templates)

The mentorship programme should provide a clear strategy on the programme to be followed and actions to be taken by the supervising biokineticist to ensure that the intern receives adequate exposure to the full scope of the profession according to the minimum standards determined by the Professional Board and to ensure that training facilities and resources are sufficient and appropriate for the education and training of students in biokinetics.

1. SUPERVISORS ASSIGNED FOR DIRECT SUPERVISION:

.....
.....

2. FIRST 6 MONTHS - NATURE OF EXPOSURE (Provide approximate time to be spent for each of the areas, where the training will take place as well as the role of the supervisor in mentoring the student/intern)

ORTHOPAEDIC CONDITIONS (In-house Y / N)
CHRONIC CONDITIONS (In-house Y / N)
CORPORATE WELLNESS AND HEALTH PROMOTION (In-house Y / N)
SPECIAL POPULATIONS (In-house Y / N)
NEUROLOGICAL CONDITIONS (In house Y / N)
SPORT SPECIFIC TESTING (In house Y / N)
OTHER (E.g. Practice administration, observing operations, etc. (In-house Y / N)
If not in-house indicate where the training will be done. The name of the supervising

biokineticist and /or medical practitioner responsible for the training should further be provided

3. SECOND 6 MONTHS - NATURE OF EXPOSURE (Provide approximate time to be spent for each of the areas, where the training will take place as well as the role of the supervisor in mentoring the student/intern)

ORTHOPAEDIC CONDITIONS (In-house Y / N)
CHRONIC CONDITIONS (In-house Y / N)
CORPORATE WELLNESS AND HEALTH PROMOTION (In-house Y / N)
SPECIAL POPULATIONS (In-house Y / N)
NEUROLOGICAL CONDITIONS (In house Y / N)
SPORT SPECIFIC TESTING (In house Y / N)
OTHER (E.g. Practice administration, observing operations, etc. (In-house Y / N))
If not in-house indicate where the training will be done. The name of the supervising biokineticist and /or medical practitioner responsible for the training should further be provided

4.1 MONITORING AND REPORTING

List skills to be developed and plan of action
Indicate planned exposure and frequency to journal clubs, workshops, clinics, discussion patient groups, etc.
How will exposure to administrative and financial practice management skills be structured?
Additional comments on training

4.2 GUIDANCE OF INTERN THROUGH TRAINING PROCESS

The supervisor is here required to explain how the intern will be guided through various steps that will eventually enable him/her to attain a level of competency, which will allow him/her to practice independently. The ideal approach would be to do it by means of a quarterly mentorship plan (refer to the table below). In the first two or three months of internship, for example, the intern could be required only to observe the supervisor during assessments and exercise prescription and its execution. The following month(s) will see the intern being given more and more responsibilities until the independent ability is reached. Included in this programme must be the number/frequency of discussion sessions with the intern by the supervisor. This approach can be made in a written step by step plan, or by using the table below:

MONTH	DUTIES OF SUPERVISOR	NO OF DISCUSSIONS	DUTIES OF INTERN
1 st quarter			
2 nd quarter			
3 rd quarter			
4 th quarter			

5. INFORMATION REGARDING ADDITIONAL EXPOSURE

If the practice is unable to provide exposure to the entire scope of biokinetics information regarding alternative arrangements with other practices should be attached (Written undertakings regarding such arrangements with other accredited practices should include undertakings regarding supervision).

NAME OF PRACTICE	ADDRESS	DISCIPLINE IN BIOKINETICS

How will the intern rotate between the different practices?

Arrangements regarding supervision between the relevant practices. This should be accompanied by written undertakings from the additional practices involved regarding this supervision.

Names of supervisors at the respective additional practices.

6. TRAINING ON EMERGENCY PROCEDURES

How do you intend to structure training on emergency procedures? Specific reference should be made to immediate on-site emergency treatment by the biokineticist (to assist, rescue or resuscitate patient) and the standard/status of CPR/ACD training of practitioners in the practice.