



PHYSIOTHERAPY, PODIATRY AND BIOKINETICS

NEWS

Newsletter of the Professional Board for Physiotherapy, Podiatry and Biokinetics





CONTENTS

Chairperson's Message.....	1
The Strategic Direction of the Board and Progress	3
Introduction Of Board Members.....	5
Concerns Over Clawbacks	10
PPB Board's Position On Commission-Based Remuneration.....	10
Continuous Professional Development.....	11
Impact Of COVID-19 on practitioners, student training and the competencies of graduates.....	14
Conversion Of Physiotherapy Assistants (PTA) To Physiotherapy Technician (PTT).....	16
Physiotherapy, Podiatry and Biokinetics Programme Evaluation by the Board.....	17
The Health Committee of the Boards	19

CHAIRPERSON'S MESSAGE



Greetings to all health practitioners registered with the Professional Board for Physiotherapy, Podiatry and Biokinetics. The 2020-2025 term of office Board was inducted and inaugurated in 2020 when the COVID-19 lockdown levels were still high. Many have lost their loved ones, friends and colleagues, whereas others still bear the disease's scars. My condolences to all those who have lost their loved ones, friends and colleagues. I would also like to also convey well wishes to all those practitioners who are struggling as a result of the COVID-19 pandemic and other reasons.

Constitution of the Board

In terms of Regulation 2 of the regulations relating to the Constitution of the Professional Board for Physiotherapy, Podiatry and Biokinetics (No R 1246 of 28 November 2008), the Board shall consist of 15 members, of whom five (5) shall be physiotherapists, two (2) podiatrists, two (2) biokineticist, one (1) physiotherapy assistant/physiotherapy technician, one (1) person appointed by Universities South Africa (formerly Higher Education South Africa), one (1) person representing the Department of Health; and three (3) community representatives. There

are currently 14 members of the Board, with one physiotherapy vacancy following the resignation of an appointed member.

Objects and Functions of Professional Boards (Section 15A)

The objects of a Professional Board are:

- a) To consult and liaise with other Professional Boards and relevant authorities on matters affecting the Professional Board.
- b) To assist in the promotion of the health of the population of the Republic on a national basis.
- c) Subject to legislation regulating healthcare providers and consistency with national policy determined by the Minister, to control and to exercise authority in respect of all matters affecting the education and training of persons in, and the manner of the exercise of the practices pursued in connection with, any health profession falling within the ambit of the Professional Board.
- d) To promote liaison in the field of the education and training contemplated in paragraph (c), both in the Republic and elsewhere, and to promote the standards of such education and training in the Republic.
- e) To make recommendations to Council to advise the Minister on any matter falling within the scope of this Act as it relates to any health profession falling within the ambit of the Professional Board in order to support the universal norms and values of such profession or professions, with greater emphasis on professional practice, democracy, transparency, equity, accessibility, and community involvement.
- f) To make recommendations to Council and the Minister on matters of public importance acquired by the Professional Board in the course of the performance of its functions under this Act.
- g) To maintain and enhance the dignity of the relevant health profession and the integrity of the persons practising the profession.
- h) To guide the relevant health profession or professions and to protect the public.

General powers of Professional Boards (Section 15B) (1) A Professional Board may -

- a) in such circumstances, as may be prescribed, or where otherwise authorised by this Act, remove any name from a register or, upon payment of the prescribed fee, restore thereto or suspend a registered person from practising his or her profession pending the institution of a formal inquiry in terms of Section 41.
- b) appoint examiners and moderators, conduct examinations, and grant certificates and charge such fees in respect of such examinations or certificates as may be prescribed.
- c) subject to prescribed conditions approve training schools.
- d) consider any matter affecting any profession falling within the ambit of the Professional Board and make representations or take such action in connection therewith as the Professional Board deems advisable.

- e) upon application by any person, recognise any qualification held by him or her (whether such qualification has been obtained in the Republic or elsewhere) as being equal, either wholly or in part, to any prescribed qualification, whereupon such person shall, to the extent to which the qualification has so been recognised, be deemed to hold such prescribed qualification.
- f) after consultation with another Professional Board or Boards, establish a joint standing committee or committees of the Boards concerned; and
- g) perform such other functions as may be prescribed, and generally, do all such things as the Professional Board deems necessary or expedient to achieve the objects of this Act.

Chairperson of the Professional Board for Physiotherapy, Podiatry and Biokinetics
Dr Desmond Mathye



THE STRATEGIC DIRECTION OF THE BOARD AND PROGRESS

The Board has finalised its five-year Strategic Plan with a vision and mission statements as stated below:

VISION

A recognised regulator that promotes quality and equitable healthcare in physiotherapy, podiatry and biokinetics services.

MISSION STATEMENT

The provision of physiotherapy, podiatry and biokinetics healthcare services that:

- Promotes the rendering of evidence-based healthcare to the population.
- Promotes the setting of contextually relevant healthcare training and practice standards for registered professions.
- Ensures compliance with training and service delivery standards aligned to national and international best practice.
- Uphold and maintain ethical and professional standards within the health professions.
- Fosters ongoing professional development and competence.
- Protect the public in matters involving the rendering of healthcare services.
- Advocates for the provision of a safe working environment (health and wellness).
- Ensures efficient and effective functioning of the Board.



THE BOARD HAS SET FIVE STRATEGIC GOALS:

GOAL 1: Digitally enabled Professional Board by 2025.

The Board is no longer printing meeting packs as digital platforms are used. The majority of the meetings are also held virtually.

GOAL 2: Improved relationships between the Board and all relevant stakeholders by the end of 2025 (Engage stakeholders at all levels)

In alignment with Goal 2, the Board had virtual stakeholder engagement in October 2021 and Education stakeholders in August 2022. Another Board stakeholder meeting is planned for October 2022. All stakeholders are encouraged to always engage the Board through secretariat and not directly through Board members.

GOAL 3: Approved compendium of requisite regulation effecting documents

Regulations relating to the names that may not be used in relation to the profession of Physiotherapy were published for public comments in July 2021. Regulations defining the scope of the profession of Podiatry were published for public comments in September 2021. Regulations defining the scope of the profession of Physiotherapy and Biokinetics have been submitted to the ministry of health but have not yet been published for public comment. Regulations relating to the qualifications for registration of Biokineticist: amendment to include the University of Free State was submitted to the ministry of health but has not yet been published for public comment. Regulations relating to the qualifications for registration of Biokineticist: amendment to the qualification name was submitted to the ministry of health but has not yet been published for public comment.

GOAL 4: Professional Board capacitated to effectively execute its fiduciary duties.

Board members have already attended part 1 of being a director through the Institute of Directors South Africa in March 2022.

GOAL 5: Approved prescription rights for the podiatry profession by 2022.

All outstanding information as requested by SAHPRA has been submitted for processing and now awaiting finalisation thereof.



INTRODUCTION OF BOARD MEMBERS



DR DESMOND MATHYE

Desmond Mathye is a physiotherapist in private practice in Giyani and the Chairperson of the Professional Board for Physiotherapy, Podiatry and Biokinetics. He has the following qualifications: Bachelor of Laws (LLB) from the University of South Africa, Bachelor of Science in Physiotherapy [BSc (Physio)] WITS, Master of Early Childhood Intervention (MECI) from the University of Pretoria, Master of Business Administration (MBA) (MANCOSA) and a Doctor of Philosophy in Physiotherapy (PhD in Physio) from University of Pretoria. He serves in the following structures of the Board: Executive Committee (ExCo) as the Chairperson, Education, Training and Registration Committee (ETRC) and Professional Practice Committee (PPC). The Board has designated him to Council, and he serves in the following Council structures: Human Resources and Remuneration Committee (REMCO), Information Technology Committee (IT) and Professional Practice Committee (PPC).



PROF. JEANNE GRACE

Jeanne Grace practises as a biokineticist and is a Professor in Biokinetics at the University of KwaZulu-Natal and holds a Doctoral degree in Biokinetics. She is the Vice-Chairperson of the Board and serves on the following structures of the Board: Executive Committee (ExCo), Preliminary Committee Inquiry (Prelim), Education, Training and Registration Committee (ETRC) and Biokinetics Accreditation Committee (BKIN).



PROF. VERONICA NTSIEA

Veronica Ntsiea is the Head of the Physiotherapy Department at Wits University, a stroke rehabilitation researcher and academic. She has the following qualifications: Bachelor of Science in Physiotherapy (BSc in Physio), obtained from then MEDUNSA, Master of Public Health (MPH) and Doctor of Philosophy in Physiotherapy (PhD) both from the University of the Witwatersrand. She serves in the following Board structures: Executive Committee (ExCo), Preliminary Committee Inquiry (Prelim) as the Chairperson, and Education, Training and Registration Committee (ETRC).



PROF. MARIANNE UNGER

Marianne Unger is a passionate Professor in Physiotherapy at Stellenbosch University, with 26 years of experience, having served and chaired various committees, including undergraduate programme and research ethics committees. She has a PhD degree in Paediatric Neurology with a special interest in better understanding movement strategies for improved interventions in children with cerebral palsy. Concerned about future physiotherapy practice and education, she furthered her training and recently completed a Teaching and Learning Fellowship. She drives the University of Stellenbosch's Physiotherapy programme curriculum renewal. She is excited to discover new and innovative methodologies to better students' experiences while preparing them for the changing scope of future physiotherapy practice. She serves on the Board's Executive Committee

(ExCo) and, the Education, Training and Registration Committee (ETRC), where she is the Chairperson. The Board has designated her to serve on Council's Health Committee, where she is also the Chairperson.



MR BRUCE BARKER

Bruce Barker is a physiotherapist in private practice and has the following qualifications; BA and MSc (PT) both from the Witwatersrand University. He serves on the following structures of the Board: Executive Committee (ExCo), Preliminary Committee of Inquiry (Prelim), Education, Training and Registration Committee (ETRC), Biokinetics Accreditation Committee (BKIN), and the Professional Practice Committee (PPC).



PROF. LLOYD L LEACH

Lloyd L Leach is an Associate Professor in the Department of Sport, Recreation and Exercise Science at the University of the Western Cape. He is a member of the Biokinetics Association of South Africa (BASA) and also a committee member of the Sports Science and Medical Committee of the South African Football Association (SAFA) in Cape Town. He is also an assessor for the Higher Education Qualifications Committee (HEQC) of the Council on Higher Education (CHE). He serves as the Chairperson on the following structures of the Board: Biokinetics Accreditation Committee (BKIN) and the Professional Practice Committee (PPC).



MS NOMZAMO DUMA

Nomzamo Duma is a podiatrist with the following qualifications: B.Tech Pod obtained from University of Johannesburg and a Masters' of Business Administration (MBA) from Regent Business School. She serves in the following structures of the Board; Executive Committee (ExCo), Preliminary Committee of Inquiry (Prelim), Education, Training and Registration Committee (ETRC), Biokinetics Accreditation Committee (BKIN), and the Professional Practice Committee (PPC). The Board has designated her to serve on Council's Education, Training and Quality Assurance Committee (ETQA).



PROF. YVONNE PAUL

Yvonne Paul is a biokineticist and an Assistant Dean: Research in the Faculty of Science, at the Tshwane University of Technology. She has a Doctoral degree in Sports Science and Physiology focusing on Diabetes and Exercises from the University of Pretoria. She also holds an MBA (Education Management) from the Haaga-Helia University of Applied Sciences in Finland. She is an NRF-rated researcher, and her interest is in the field of Biokinetics which encompasses the science of movement and the application of therapeutic exercise in health promotion, rehabilitative treatment and/or performance enhancement. She serves on the Board's Education, Training and Registration Committee (ETRC) and Biokinetics Accreditation Committee (BKIN).



MR EPHRAIM MODIMAKWANE

Ephraim Modimakwane is a podiatrist in private practice with a B.Tech in Podiatry from the University of Johannesburg. He is serving in the following structures of the Board: Education, Training and Registration Committee (ETRC) and Professional Practice Committee (PPC).



MS CHRAISSIE MKHARI

Chraissie Mkhari is a physiotherapy technician (PTT) working as a physiotherapy assistant (PTA) at Evuxakeni Hospital in Giyani. She serves on the Board's Education, Training and Registration Committee (ETRC).



MR BENNETT ASIA

Mr Bennett Asia was born on 17 March in 1958, Williston, South Africa. He matriculated in 1975, Berg River High School, Wellington.

Mr Bennet has a diploma in Public Health obtained in 1979 from Peninsula Technikon and a diploma in Orthopaedics attained in 1982.

He also holds a postgraduate diploma in Health Management which he obtained in 2004 from the University of Cape Town. His other qualifications include Bachelor of Arts degree and postgraduate diploma in Tertiary Education both attained from University of South Africa.

He worked as a public health practitioner and orthopaedic practitioner in Tygerberg Hospital. He was a lecturer at University of Stellenbosch and a part-time lecturer at Peninsula Technikon. He is currently working at the National Department of Health a Senior Manager. Among his achievements in the National Department of Health, he implemented quality improvement programme to measure performance of the District Health System nationally. Mr Asia also developed Service Level Agreements between municipalities and Provincial Departments of Health.



DEBBIE DEBORAH DINEO RAPHUTI

Debbie Deborah Dineo Raphuti is a former Member of Parliament representing the African national Congress (ANC). She is also a Social Justice, Gender, and Health Environmental Activist, and she has worked at different hospitals and private sector. Having studied in different universities, she has also worked at National Health Department and has served in various Boards. She is an ordinary member on the PPB Board in the Executive Committee.



MR EMILE SMITH

Mr Emile Smith is a passionate sports professional having participated in most facets of the sporting ecosystem ranging from having played in two Olympic games, to managing marketing and sales for the TuksSport (HPC), MD of Frontiers Sport and Entertainment (Sponsorship, eventing and broadcast) with Non-Executive Directorships at SASCOC and CPT (Pty) Ltd (Royal Marang Hotel and Ananda Lodge).

He has an undergraduate degree in Business Administration and BPhil Honours in Marketing Management with a great passion for sports commercialisation and development. His interest in the field of PPB is more from a lived experience perspective having been a professional athlete making extensive use of these services and from a rehabilitation aspect after having recovered from a broken neck (C1 and C2 fractures) in 2016.

Professionally he has served as athlete's commission, high performance sport and Finance Committee member at SASCOC and as Executive member responsible for high performance at South African Hockey Association. He has worked as lead advisor on Sport and Hospitality for the Royal Bafokeng Nation from an investment and commercialisation perspective.

He currently serve as an ordinary member on the PPB Board in the Executive Committee and he is using his extensive experience and background to add value and deliver on the strategic imperatives of the organisation.



DR JACOBUS JOHANNES LLOYD

Founding Director of Afrique Rehabilitation & Research Consultants NPC

Technical Expert on Disability and Rehabilitation South Africa

Dr Jacques Lloyd has been living with quadriplegia following a water-skiing accident sustained in 1988. For more than 35 years, he has been lobbying for disability rights. Dr Lloyd regularly does accessibility assessments, counsels newly-injured persons with spinal cord injury and participates in sport. In addition, he participates in fundraising and training of Peer Supporters. Specialising in physical disabilities, Dr Lloyd completed his BA degree at Stellenbosch University and his Master's degree in Europe, focusing on Adapted Physical Activities, Physical Education, Rehabilitation Sciences and Physiotherapy. In August 2019, he was awarded a PhD by the University of the Western Cape. His thesis focused on "Behavioural and protective factors contributing to the risk and vulnerability to HIV/AIDS among individuals with spinal cord injuries in South Africa".

He was a consultant to the Department of Higher Education for establishing support systems at educational facilities for students with disabilities. He was also a national sector representative for people with disability on South African National AIDS Council (SANAC). Dr Lloyd contributed to the further development of the South African National Strategic Plan on HIV, TB and STIs 2017-2022 by ensuring the inclusion of services for people with disability. In mid-2018, he co-developed an early detection training programme for health workers on Spinal Tuberculosis for the University Research Company, USA. Between May 2010 and March 2013, he was involved in the National roll-out of the QuadPara Association of South Africa's (QASA) Rolling Positive Sexual Reproductive Health and Peer Support training programme.

CONCERNS OVER CLAWBACKS

By Dr Desmond Mathye

On 12 February 2018, the Board issued a statement titled 'Concern over clawback by medical aid schemes' <https://www.hpcsablogs.co.za/ppb-concern-over-clawback-by-medical-aid-schemes/>.

The HPCSA is empowered in terms of the Health Professions Act to regulate the affairs of practitioners but not that of funders or medical aid schemes. Medical aid schemes are regulated by Council for Medical Schemes. Practitioners who are audited and clawed back are advised to seek legal advice before signing an acknowledgement of debt or even paying.

PPB BOARD'S POSITION ON COMMISSION-BASED REMUNERATION

By Dr Desmond Mathye

Following a request by a professional association for clarity on whether commission-based remuneration is permissible. In its meeting on 20-21 April 2022, the Board deliberated on the matter and made a few resolutions. The following advisory is hereby issued in terms of Section 15B (1)(d) of the Health Professions Act, 56 of 1974.

The Board resolved:

(1) That there are no HPCSA-related prescripts that forbid commission-based remuneration (2) Not support or promote commission-based remuneration as it is likely to result in ethical transgressions, particularly of Rule 7 (3) and Rule 22. Rule 7 (3) - A practitioner shall not offer or accept any payment, benefit, or material consideration (monetary or otherwise) which is calculated to induce him or her to act or not to act in a particular way not scientifically, professionally, or medically indicated or to under-service, over-service or over-charge patients. Rule 20 – A practitioner shall not permit himself or herself to be exploited in any manner.

CONTINUOUS PROFESSIONAL DEVELOPMENT

By Mr Mpho Mbodi (Divisional Head - Professional Practice)

Continuous Professional Development (CPD) is a legislated requirement for all registered health practitioners in terms of Section 26 of the Health Professions Act, 1974. All registered practitioners must comply with certain conditions relating to CPD as a pre-requisite for continued registration. Essentially the above means that if a health practitioner is not compliant with the minimum CPD requirements as determined, the HPCSA has legislative authority to prohibit continued registration of such practitioner. The HPCSA may, after consultation with a Professional Board, make rules which:-

- (a) determine conditions relating to CPDs to be undertaken by persons registered in terms of this Act in order to retain such registration;
- (b) determine the nature and extent of CPDs to be undertaken by the persons registered in terms of this Act;
- (c) relate to the criteria for recognition by the Professional Board of CPD activities and of service providers offering such activities; and
- (d) relate to offences in respect of, and penalties for, non-compliance with Section 26 of the Health Professions Act.

Responsibility of the health practitioner

Every health practitioner has a responsibility to ensure that they continually update their professional knowledge and skills for the end benefit of themselves and their patients or clients. As such, the CPD has the sole mandate to determine conditions of compliance, nature and extent of such requirements and criteria for compliance. Health practitioners have a duty to ensure that their professional integrity is maintained.

Determination of compliance

Health practitioners are required to accumulate 30 accredited continuing education units (CEUs) (also called CPD points) across a period of 12 months, including professional content, and five CEUs for ethics, human rights and medical law. Each CEU is valid for 24 months from the date on which the activity took place.





Current developments

Ongoing development regarding CPD mainly affects how CEUs are submitted to the HPCSA. The following provides important information regarding changes to the existing processes: -

- The process of randomly selecting practitioners from the HPCSA's database to verify compliance has been discontinued. All registered practitioners are now expected to comply with the set CPD requirements continuously.
- The online self-service platform is available on the HPCSA's website for all registered health practitioners to submit enquiries and/or upload the required evidence of CPD compliance. Registered health practitioners can also view their CPD status online. The link below provides a step-by-step procedure on how to access the online portal: https://www.hpcsas.co.za/Uploads/Professional_Practice/CPD/2021/CPD_Manual_for_Practitioners_2021.pdf.
- The HPCSA has approved authorised facilitators and service providers of CPD activities submit the attendance registers directly to the HPCSA in order to update the practitioners' CPD profiles. This has effectively commenced for some Professional Boards, as implemented on 1 February 2022, while the rest of the CPD service providers and facilitators agreed to begin their submission effectively on 1 March 2022.
- The further implication is that the issuance of Continuous Education Unit (CEUs) certificates is no longer mandatory, as the information will be provided directly to the HPCSA by the approved facilitators and providers of the CPD activities.
- The online portal will remain active to cater for the exceptions, that is, the activities not accredited by local providers but are recognised for CPD purposes, for example, when submitting a certificate from an international provider or reviewing journal articles for peer-reviewed profession-specific scientific journals.

- A registered health practitioner will be notified once any HPCSA accredited/approved CPD activity is added to your profile. Please contact the HPCSA if the notification is not received within a week of attending the CPD activity or if the CPD status is not updated according to activities attended.

Non-compliance

As practitioners are expected to meet minimum CPD requirements on an ongoing basis, the relevant Professional Board, at any time, may act as follows when the requirements for compliance are not met:

- Change the category of registration to supervised practice; until proof of compliance with the CPD requirements is submitted
- Request the practitioner to participate in Board Examinations
- Suspend the practitioner from the register until submission of proof of compliance with the CPD requirements is submitted; or
- Any other resolution by the relevant Professional Board.



IMPACT OF COVID-19 ON PRACTITIONERS, STUDENT TRAINING AND THE COMPETENCIES OF GRADUATES

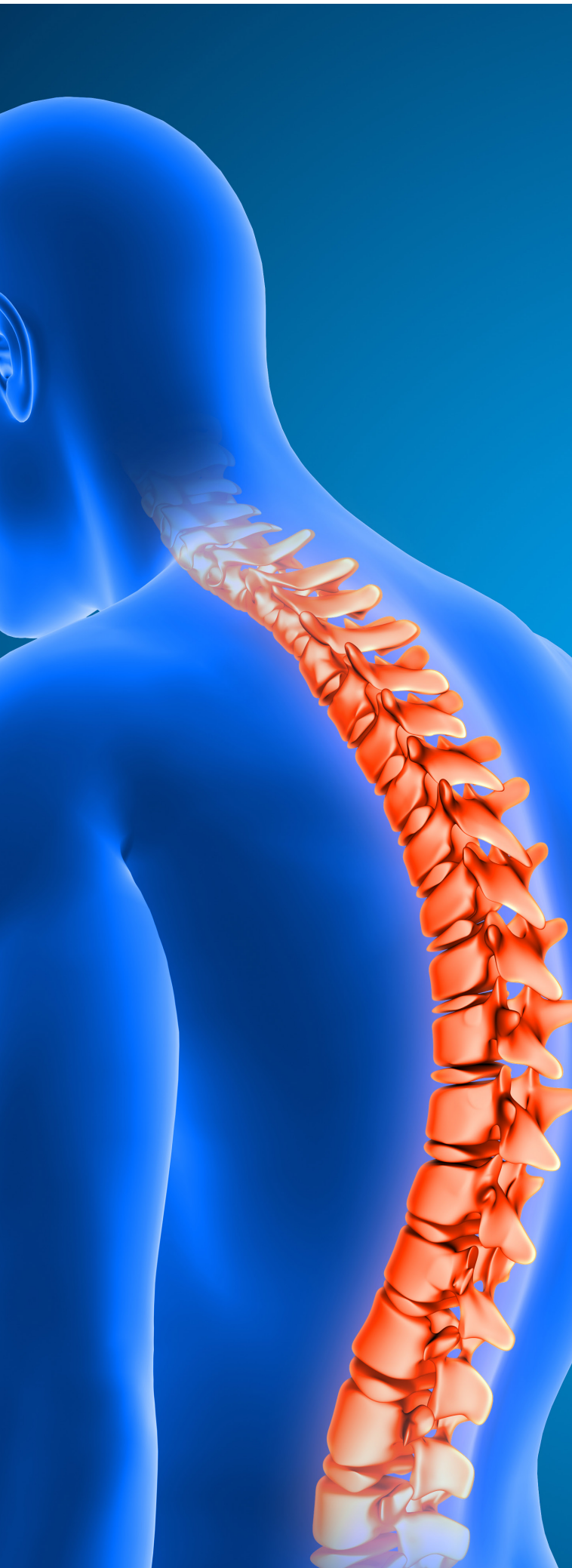
By Professors Marianne Unger, Veronica Ntsiea, Yvonne Paul, Jeanne Grace and Mr Ephraim Modimakwane

The COVID-19 pandemic has and continues to have an impact on the training of our students. Concerns on whether the strict measures limiting the face-to-face training, which we have grown accustomed to have with its negative impact have been raised. The Board, however, has been closely monitoring and supporting institutions as far as possible to ensure that graduates entering professional practice comply with the threshold standards as determined. Some concessions were made; however, no changes were made to examination and external moderation procedures.

During lockdown, theory courses continued online through synchronised sessions via Teams, Moodle, Blackboard and other platforms, depending on the institution's online teaching platforms. However, alternative methods were required to enable practical sessions and workplace-based training. As evidenced by reports submitted to the Education, Training and Registration Committee (ETRC) of the Board, clinical training was not compromised regarding the minimum clinical 1000 hours stipulated by HPCSA. The PPB Board granted a concession of a maximum of 100 hours for alternative but relevant clinical training methods. Institutions utilised patient simulations, videos, case discussions, and other innovative techniques, including telerehabilitation. Some students tested positive for COVID-19 but continued with online clinical activities where possible. Students who exceeded the number of concession hours due to multiple COVID-19 exposures were allowed to make up for a lost clinical time through an extension of their academic year (examinations conducted much later than usual in the year to accommodate for such).

Despite the challenges, students performed well in clinical examinations across the institutions. Their results compare favourably with pre-COVID-19 pandemic results (2019 was used as a reference to compare 2020 and 2021 performance). The clinical and theory examinations were conducted and moderated as per the norm and as prescribed in the minimum standards for training. Clinical areas affected most by COVID-19 were related to out-patients, sports, schools, and elderly care settings.



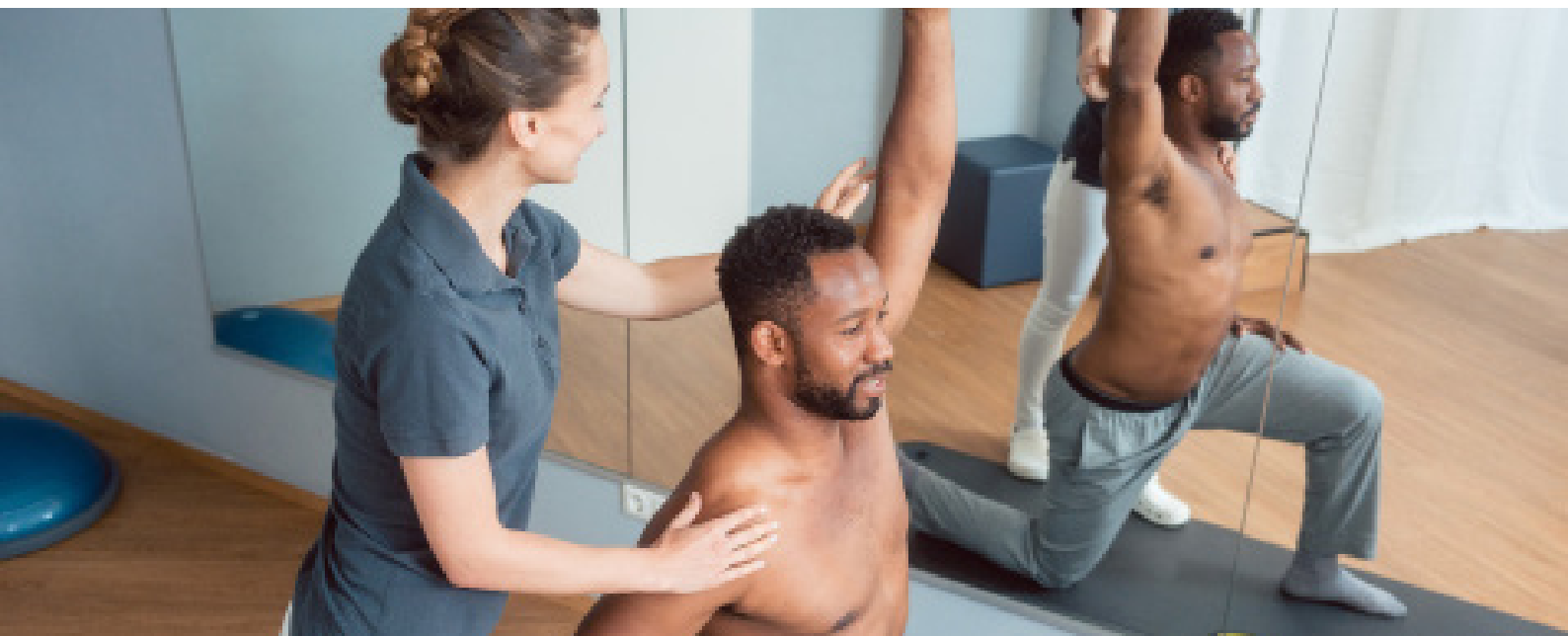


There were no elective surgical procedures, and the patient profiles in hospital settings, therefore hugely different to before. Students instead engaged in online activities as listed above or model/patient simulations. Most institutions ensured that students still had hands-on experience, even in these areas, either through catch-up sessions later in the year or by sending students to alternative placements. In settings with limited capacity for students, final-year students were typically prioritised. All universities reported that the students had met the minimum clinical training requirements by the time they graduated/completed their studies.

The pandemic also had some unintended positive consequences. The current cohort of graduates was exposed to more stringent infection control measures, training, and assessment. This should continue as standard practice. Regarding curricular matters, although initially, it was difficult for staff to cope with emergency remote teaching approach, many learnt new methods for curriculum delivery (online) and clinical education (videos, simulations), and courses which were better delivered online identified.

Multiple online resources, including podcasts and technique videos, were created and are now readily available for students to use for revision and learning purposes.

It is evident that 2020 and 2021 graduates, and most likely graduates in the next few years, will exit our programmes with knowledge and skill sets different from earlier graduates. They may seem to lack technical skill execution in some areas, but COVID-19 has enabled them to develop other skills. Being comfortable with not knowing but having the skills and resources to manage any situation may prove valuable in developing collaborative, reflective practitioners and lifelong learners. We hope our professionals will continue to support and mentor new graduates as we build and move our professions forward.



CONVERSION OF PHYSIOTHERAPY ASSISTANTS (PTA) TO PHYSIOTHERAPY TECHNICIAN (PTT)

By Prof. Marianne Unger and Ms Chraissie Mkhari

The Board embarked on a once-off process to upskill the current Physiotherapy Assistants (PTAs) to enable them to register as Physiotherapy Technicians (PTTs) to align their (job level status) with those of Occupational Therapy. Two physiotherapists from the Board facilitated workshops across the country, which a number of practitioners attended.

The practitioners' supervisors were tasked with the responsibility for further training and supervising the extended practice skills. Unfortunately, COVID-19 impacted the examinations, and a theory paper was only written in November 2020. Thirty-seven (37) candidates continued with the practical and clinical examinations, which were completed in September 2021. Thirty (30) candidates were considered competent and transitioned to PTT.

The skills of a PTT differ from that of PTA in that a PTT has more independent and first-contact screening duties and, as with a mid-level care worker, may extend rehabilitation services into the communities. They may, for example, run group exercises and educational classes or sessions and do home visits alone. They can screen for risk factors and refer to

higher-level physiotherapy services. In more direct supervised settings, a PTT may also evaluate and treat patients after being seen by a physiotherapist or other relevant health professional.

The thirty (30) candidates who successfully completed the examinations are eligible to register as PTTs with HPCSA. Once these practitioners have successfully changed their registration status to that of a PTT, they can inform their respective employers to be considered for a post upgrade.

To date, no institutions are training PTTs. Practitioners should also note that the HPCSA is no longer registering new PTAs. Furthermore, it is important to note that the HPCSA does not provide training. Any further queries can be emailed to naledim@hpcsa.co.za.

PHYSIOTHERAPY, PODIATRY AND BIOKINETICS PROGRAMME EVALUATION BY THE BOARD

By Prof. Marianne Unger

In terms of Section 3(f) of the Health Professions Act, 1974, the object and function of the HPCSA include controlling and exercising authority in all matters relating to the education and training of health professionals. Institutions offering qualifications which entitle the holder to registration under the Act shall furnish the HPCSA on its request with full particulars as to the standard of general education required for students, the course of study, training and examinations required for students before such qualification is granted and results thereof as provided for in section 31 of the Act.

The physiotherapy, podiatry and Biokinetics programmes should be accredited by the Council on Higher Education (CHE) and registered with the South African Quality Authority (SAQA). Maintaining accreditation is achieved through a five-year cyclical evaluation process of the programme by the Board, which includes (but is not limited to):

- a) The HEI's self-evaluation report, which consists of an expose of the curriculum, learning and teaching capacity, information on clinical training sites and a reflection on the past five years since the last evaluation visit was conducted;
- b) A site visit by a Board appointed evaluation panel consisting of two professionals relevant to the programme being evaluated and who have experience in higher education, plus one member from either of the other two professions.
- c) The Board determines whether the criteria and minimum standards have been met.

The programme evaluation process by the Board is informed by the Health Professions Act 1974 and is supported by the Education





and Training Division of Council.

The Board evaluates:

Eight Physiotherapy programmes:

- a) University of the Western Cape
- b) University of Pretoria
- c) University of the Witwatersrand
- d) University of Cape Town
- e) Stellenbosch University
- f) Sefako Makgatho Health Sciences University
- g) University of the Free State
- h) University of KwaZulu-Natal

Twelve Biokinetics programmes:

- a) University of Cape Town
- b) University of the Western Cape
- c) Stellenbosch University
- d) University of the Witwatersrand
- e) University of Venda
- f) University of Zululand
- g) University of Pretoria
- h) North-West University
- i) Nelson Mandela University
- j) University of the Free State
- k) University of KwaZulu-Natal
- l) University of Johannesburg

One Podiatry programme of the University of Johannesburg



THE HEALTH COMMITTEE OF THE BOARDS

By Prof. Marianne Unger

The mandate of the Health Professions Council of South Africa (HPCSA) in protecting the public and guiding the professions includes, among other things ensuring that health practitioners are fit to practise their profession. As such, the Health Committee of the Boards was established to regulate and/or advise health practitioners who may be impaired. Impairment means a mental or physical condition or the abuse of or dependence on chemical substances which affects the competence, attitude, judgment or performance of a person registered in terms of the Act.

Allegations of impairment of health practitioners may be reported to the HPCSA by anyone, including members of the public as well as own or fellow healthcare practitioners. Health practitioners include registered students and interns. Any reported case is referred to the reported Health Committee for assessments (formal or informal), mostly based on medical reports, to make considered findings. The health practitioner is always notified of the complaint and is requested to undergo relevant assessments to ensure that the committee is empowered to resolve the case. The assessments are only conducted by the qualified specialist appointed by the Health Committee or self-appointed health practitioner.

After all the processes and assessments are conducted, the Health Committee makes a

determination if impairment exists or not. The health practitioner can only be declared impaired in terms of Section 51 of the Act. Note that such declaration may be followed by conditions of practice, such as limitation of practice or registration restrictions, depending on the specific case.

The committee recommends and provides oversight of the implementation of a treatment and/or rehabilitation programme and frequently reviews the status of the health practitioner over a duration of time, typically for at least three (3) years. The health practitioner under the committee's management provides frequent reports to ensure that the committee can evaluate progress. Typically, the reporting frequency starts quarterly, followed by bi-annual progress reports, annual reports, and an exit interview, depending on the progress made in achieving rehabilitation.

It is in the best interest of the affected health practitioner to co-operate with the process and instructions of the Health Committee, not only for their rehabilitation but to ensure that the public is protected from potentially harmful practices. In the absence of cooperation by healthcare practitioners, the Health Committee may appoint an Investigation Committee on an ad hoc basis to undertake formal investigations and, if required, may impose conditions of registration or practice.

The committee also considers applications by impaired health practitioners to have their conditions of registration or practice amended or revoked.

The Health Committee is a non-punitive structure established to manage treatment compliance by the health practitioner. Declaration of impairment does not necessarily mean suspension; the health practitioner can still practise after being declared an impaired practitioner. The decision to suspend a health practitioner is solely based on the evidence available, mostly from medical reports as provided by the treating practitioner.

The current Health Committee of the Professional Boards consist of eleven (11) members representing each Professional Board. The committee also co-opt one (1) Psychiatrist from the Medical and Dental Board. When fully constituted, it is always composed of the following professions:

- One Clinical Psychologist;
- One Occupational Therapist;
- One Psychiatrist

Chairperson is elected amongst the Professional Boards represented.

To contact the Health Committee or to report an alleged impairment, kindly contact us at email at healthcommittee@hpcsa.co.za or by telephone at 012 3383963.



GENERAL INFORMATION

FOR ANY INFORMATION OR ASSISTANCE FROM THE COUNCIL DIRECT YOUR ENQUIRIES TO THE CALL CENTRE

Tel: 012 338 9300/01

Fax: 012 328 5120

WHERE TO FIND US:

553 Madiba Street

Corner Hamilton and Madiba Streets

Arcadia, Pretoria

P.O Box 205

Pretoria 0001

WORKING HOURS :

Monday – Friday : 08:00 – 16:30

Weekends and public holidays – Closed

CERTIFIED EXTRACTS FROM THE REGISTER. CERTIFICATES OF STATUS, VERIFICATION OF LICENSURE

Email: lebogangm@hpcs.co.za

Change of contact details

Email: records@hpcs.co.za

SCOPE, ETHICAL, PRACTICE RELATED AND CPD QUERIES

Email: Professionalpractice@hpcs.co.za

SERVICE DELIVERY

Email: servicedelivery@hpcs.co.za

Tel: 012 3389301

LODGING OF COMPLAINTS AGAINST REGISTERED PRACTITIONERS

Email: legalmed@hpcs.co.za

STATISTICAL INFORMATION AND DATA BASES

Email: yvetted@hpcs.co.za

COPYRIGHT DISCLAIMER

The PPB Newsletter is a newsletter for practitioners registered with the PPB Board. It's produced by the Corporate Affairs Division, Health Professions Council of South Africa (HPCSA) building, 2nd floor, Madiba Street, Arcadia, Pretoria. PPB practitioners are encouraged to forward their contributions to Naledi Mphafudi at NalediM@hpcs.co.za. The copyright in the compilation of this newsletter, its name and logo is owned by the HPCSA. You may not reproduce this newsletter, or its name or the logo of the HPCSA that appears in this newsletter, in any form, or for commercial purposes or for purposes of advertising, publicity, promotion, or in any other manner implying their endorsement, sponsorship of, affiliation with any product or service, without the HPCSA's prior express written permission. All information in this newsletter, is provided in good faith but is relied upon entirely at your own risk. By making use of this newsletter and its information you agree to indemnify the HPCSA, Employees and Service Providers from all liability arising from its use.



Health Professions Council of South Africa