

HPCSA
Health Professions Council of South Africa

ANNUAL REPORT
2021/2022





Month	Value
AUG	5,750
SEP	6,000
OCT	6,250



ANNUAL REPORT 2021/2022

Table of Contents

PART A: GENERAL INFORMATION

1. The Health Professions Council of South Africa (HPCSA) General Information	6
2. Abbreviations/Acronyms	7
3. Glossary of Terms	7

FOREWORD BY THE PRESIDENT 9

REGISTRAR OVERVIEW 11

5. Councillor's Responsibilities and Approval	13
6. Strategic Overview	14
6.1 Vision	
6.2 Mission	
6.3 The Culture of the HPCSA	
7. Policy Mandate	15
8. Health Sector's Strategic Plan and Medium-Term Strategic Framework	17
9. Organisational Structure	20

PART B: PERFORMANCE INFORMATION

1. STRATEGIC ENVIRONMENT OVERVIEW 26

Political Environment	26
Economic Environment	27
Social Environment	29
Technological Environment	30
Ecological/Environmental Environment	31
Legislative Environment	32

2. DEPARTMENT: CORE OPERATIONS 33

Department-wide Overview	33
1. Education And Training Division	33
2. Registrations	45
3. Professional Practice	51

3. DEPARTMENT: LEGAL AND REGULATORY AFFAIRS 53

1. Introduction	53
2. Strategic Focus	53
3. Key Policy Development And Legislative Changes	64
4. Conclusion	64

4. DEPARTMENT: CORPORATE SERVICES FACILITIES AND INFRASTRUCTURE MANAGEMENT 65

Introduction	65
1. Properties and Renovations	65
2. Occupational Health and Safety	65

INFORMATION TECHNOLOGY 66

HUMAN RESOURCES MANAGEMENT 67

5. DEPARTMENT: FINANCE AND SUPPLY CHAIN MANAGEMENT 70

5.1 Financial Performance	70
---------------------------	----

6 DEPARTMENT: OFFICE OF THE REGISTRAR 74

6.1 Engagements Between Council And Regional, Continental And International Stakeholders	
--	--

7 PERFORMANCE INFORMATION BY PROGRAMME 76

PART C: PERFORMANCE INFORMATION from the PROFESSIONAL BOARDS

OVERVIEW OF PROFESSIONAL BOARDS 86

General powers of Professional Boards 86

Professional Board for Emergency Care	90
Professional Board for Dietetics and Nutrition	96
Professional Board for Dental Assisting, Dental Therapy and Oral Hygiene	102
Medical and Dental Professions Board	108
Professional Board for Medical Technology	130
Professional Board for Occupational Therapy, Medical Orthotics and Prosthetics and Arts Therapy	136
Professional Board for Environmental Health Practitioners	144
Professional Board for Optometry and Dispensing Opticians	148
Professional Board for Physiotherapy, Podiatry and Biokinetics	152
Professional Board for Psychology	156
Professional Board for Radiography and Clinical Technology	162
Professional Board for Speech, Language and Hearing	168

PART D: GOVERNANCE, RISK & COMPLIANCE

01. INTRODUCTION 172

02. THE EXECUTIVE AUTHORITY 172

03. THE ACCOUNTING AUTHORITY 172

04. COUNCIL CHARTER 176

05. COMPOSITION 176

ENTERPRISE RISK MANAGEMENT 180

GOVERNANCE OF RISK 180

INTERNAL AUDIT 181

AUDIT AND RISK COMMITTEE OF COUNCIL 181

2021/22 RISK MANAGEMENT KEY AREAS OF FOCUS AND ACHIEVEMENTS 181

KEY RISKS 182

COMPLIANCE MANAGEMENT 183

PART E: FINANCIAL INFORMATION

AUDIT AND RISK COMMITTEE REPORT 189

COUNCILORS' RESPONSIBILITIES AND APPROVAL 192

COUNCILORS' REPORT 193

INDEPENDENT AUDITOR'S REPORT 196

STATEMENT OF FINANCIAL POSITION 199

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME 200

STATEMENT OF CHANGES IN EQUITY 201

STATEMENT OF CASH FLOWS 202

ACCOUNTING POLICIES 203

NOTES TO THE AUDITED ANNUAL FINANCIAL STATEMENTS 211

DETAILED INCOME STATEMENT 229





DATA
ANALYSIS



PART A

**GENERAL
INFORMATION**

1. THE HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA (HPCSA) GENERAL INFORMATION

Overview

The HPCSA, together with the 12 Professional Boards under its ambit, is established to provide for control over the education, training and registration for practicing of health professions registered under the Health Professions Act 56 of 1974.

In order to protect the public and guide the professions, Council ensures that practitioners uphold and maintain professional and ethical standards within the health professions and ensure the investigation of complaints concerning practitioners and to ensure that disciplinary action is taken against persons who fail to act accordingly.

Regulatory Mandate

The HPCSA is established by section 2 of the Health Professions Act, 1974 (Act No. 56 of 1974) ("the Act") as a juristic person. This means that HPCSA is a creature of statute and can only exercise such powers and functions as contained in the Act.

The Act also provides for powers and functions of Council and the Professional Boards.

GENERAL INFORMATION

Country of incorporation and domicile	South Africa
Nature of business and principal activities	Health Professions Regulator
Dental Assisting, Dental Therapy and Oral Hygiene	Dr Tufayl Ahmed Muslim
Dietetics and Nutrition	Ms Lenore Spies
Emergency Care	Dr Simpiwe Sobuwa (Vice President) Mr Sidney Dwyili Mr Ahmed Bham
Environmental Health Practitioners	Mr Joseph Shikwambane
Medical and Dental	Prof. Mbulaheni Simon Nmutandandi (President) Prof. Solomon Rataemane Dr Thandeka Khanyile
Medical Technology	Ms Akhona Vuma
Optometry and Dispensing Opticians	Ms Yurisa Naidoo
Occupational Therapy, Medical Orthotics, Prosthetics and Arts Therapy	Dr Deshini Naidoo
Psychology	Dr Justin Oswin August
Physiotherapy, Podiatry and Biokinetics	Dr Desmond Mathye
Radiography and Clinical Technology	Ms Brenda Mahlaola
Speech, Language and Hearing	Prof. Lebogang Ramma
Community Representative not registered in terms of the Act	Ms Rachel Mphephu Mr Naheem Raheman Rev. Ntombizine Velma Madyibi Rev. Thabiso Lancelord Mashiloane Dr Sethole Reginald Legoabe Mr Bheki Innocent Dladla Mr Thapelo Joshua Nambo Ms Mmanape Mothapo Prof Julia Ngoloyi-Mekwa
Department of Higher Education and Training	Mr Alfred Matlhesedi Makgato

**Department of Health
Person versed in law**

Dr Aquina Thulare
Adv. Motlatjo Josephine Ralefatane

Persons appointed by Universities South Africa (Higher Education South Africa) now Universities South Africa (USAF)

Prof. Penelope Engel-Hills
Prof. Fikile Nomvete
Prof. Nathaniel Mofolo

South African Military Health Services

Lt General Ntshavheni Maphaha

Registered Office

553 Madiba Street
Cnr. Hamilton and Madiba Street
Arcadia
0001

Postal Address

PO Box 205
Pretoria
0001

Bankers

ABSA Bank Limited

Auditors

Nexia SAB&T
Registered Auditor

Company Secretary

Adv. Ntsikelelo Sipeka (ACIBM)

Preparer of the Annual Financial Statement

The Annual Financial Statements in Part F were internally prepared by
Ms M de Graaff – Chief Financial Officer

Website

www.hpcs.co.za

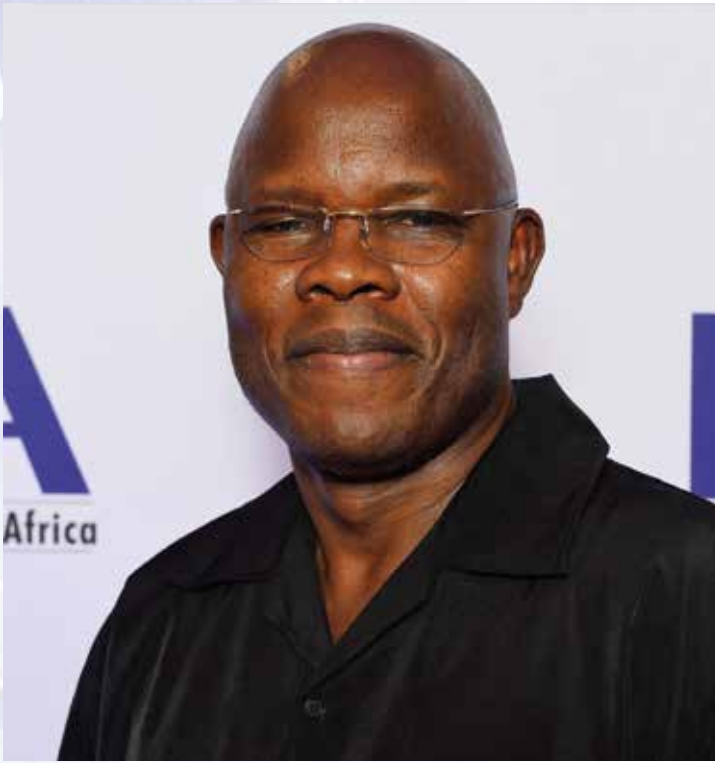
2. ABBREVIATIONS, ACRONYMS AND TERMS

AMCOA	Associations of Medical Councils of Africa
AR/VR	Augmented Reality/Virtual Reality
CHW	Community Health Worker
CPD	Continuous Professional Development
FY	Financial Year
FWA	Fraud, Waste and Billing Abuse
GDP	Gross Domestic Product
HPA	Health Professions Act
HPCSA	Health Professions Council of South Africa
HR	Human Resource
HRH	Human Resources for Health
IAMRA	International Association of Medical Regulatory Authority
ICT	Information and Communication Technology
IT	Information Technology
IoT	Internet of Things
MoL	Maintenance of Licensure
MTBPS	Medium Term Budget Policy Statement
MTSF	Medium Term Strategy Framework
MTT	Ministerial Task Team
NDoH	National Department of Health
NHI	National Health Insurance
OHSC	Office of the Health Standards Compliance
PCE	Professional Conduct Enquiries
PERSAL	Personal and Salary system
PHC	Public Health Centre

PMS	Performance Management Systems
SAIIA	South African Institute of International Affairs
TBD	To Be Determined
TRIPS	Trade-Related Aspects of Intellectual Property Rights
WBOTS	Ward Based Outreach Teams
PBDNB	Professional Board for Dietetics and Nutritionists Professions
PBDOH	Professional Board for Dental Assistance, Dental Therapy and Oral Hygienists Professions
PBEMC	Professional Board for Emergency Care Professions
PBMTP	Professional Board for Medical Technology Professions
PBODO	Professional Board for Optometry and Dispensing Opticians Professions
PBPPB	Professional Board for Physiotherapy, Podiatry and Biokinetics Professions
PBRCT	Professional Board for Radiography and Clinical Technology Professions
PBSLH	Professional Board for Speech, Language, and hearing Professions
PBEHP	Professional Board for Environmental Health Professions
PBPSP	Professional Board for Psychology Professions
PBMDP	Professional Board for Medical and Dental Professions
PBOCP	Professional Board for Occupational Therapy, Medical Orthotics and Prosthetics and Arts Therapy Professions

GLOSSARY OF TERMS

TERM	HPCSA's UNDERSTANDING AND APPLICATION
ACT	Includes the regulations, rules and any proclamation or order issued or made under this Act.
MANDATE	An authority given by one person to another to do certain things or take some course of action and accepted by the other. It is an authority given by a principal to his/her agent.
VISION STATEMENT	It describes what the organisation should look like as it successfully implements its strategies and achieves its full potential.
MISSION STATEMENT	Is an action-oriented formulation of the organisation's reason for existence—its purpose.
SERVICE	It is any act of performance that one party can offer to another that is essentially intangible and does not result in the ownership of anything. Preparation of service may or may not be associated with the physical product".
ORGANISATIONAL CULTURE	The set of shared, taken for granted implicit assumptions that a group holds and that determines how it perceives, thinks about, and reacts to its various environments.
SERVICE MANAGEMENT	It is a multidisciplinary field which is related to many other management fields. The world of service management has two sides: the customer experience and the behind-the-scenes services that support the customer. True success in service management means that customers' expectations are met or exceeded in a predictable way.
CUSTOMER	Known as a client, buyer, or purchaser is the recipient of a good, service, product or an idea via a financial transaction or exchange for money or some other valuable consideration.
STRATEGIC ISSUE	It is a fundamental policy choice or change challenge affecting an organisation's mandates, mission, product or service level and mix, clients or users, costs, financing, structure, processes, or management.
Strengths (SWOT)	Strengths are the qualities that enable the organisation to accomplish the organisation's mission. Strengths can be either tangible or intangible for example human competencies, process capabilities, financial resources, products and services, customer goodwill and brand loyalty.
Weaknesses (SWOT)	Weaknesses are the qualities that prevents the organisation from accomplishing its mission. These weaknesses deteriorate influences on the organisational success and growth. Weaknesses may be depreciating machinery, insufficient research and development facilities, narrow product range, poor decision-making, and others. Weaknesses are controllable. Therefore, must be eliminated or minimised.
Opportunities (SWOT)	Opportunities are presented by the environment within which the organisation operates. These arise when an organisation can take benefit of conditions in its environment to plan and execute strategies that enable it to become more profitable. Organisation should be on the lookout and recognise the opportunities and grasp them whenever they arise.
Threats/Challenges (SWOT)	Threats/Challenges arise when conditions in external environment jeopardise the reliability and profitability of the organisation's business. They compound the vulnerability when they relate to the weaknesses. Threats are uncontrollable. When a threat arise, stability and survival can be at stake.
HEALTHCARE PRACTITIONER	Means any person, including a student, registered with Council in a profession registrable in terms of this Act.
MEDICAL PRACTITIONER	Means a person registered as such under this Act.
MEMBER	Means a member of Council or of a Professional Board.
PRESIDENT	Means the president of Council;
PROFESSIONAL BOARD	Means a Professional Board established in terms of any of the provisions of Section 15.
QUALIFICATION	Means any degree, diploma or certificate awarded after examination of a person's proficiency in a particular subject.
REGISTRAR	Means the registrar appointed under Section 12 or a person lawfully acting in that capacity;
REGULATION	Means any regulation made under this Act.
REGISTER	When used as a noun, means a register kept in accordance with the provisions of this Act, and when used in relation to any class or a member of any class of persons in respect of which a register is kept, means the register kept for that class.
RULE	Means any rule made under this Act.
UNPROFESSIONAL CONDUCT	Means improper or disgraceful or dishonourable or unworthy conduct or conduct which, when regard is had to the profession of a person who is registered in terms of this Act, is improper or disgraceful or dishonourable or unworthy.



Prof. MS Nmutandani

PRESIDENT: HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

PRESIDENT'S FOREWORD

In line with our obligations to Parliament and other stakeholders of the Republic of South Africa, we are pleased to report on how we fared in the delivery of our mandate of protecting the public and guiding the professions for the period 2021-2022.

As the President of Council, I am delighted to highlight the progress that has been achieved in terms of areas of our service to the healthcare practitioners and the public at large. The compilation of the 2021/22 unqualified annual report is part of our progressive efforts occurring in Council under our stewardship.

We continue to regulate the healthcare professions in the country in aspects pertaining to registration, education and training, professional conduct and ethical behaviour, ensuring continuing professional development, and fostering compliance with healthcare standards. All individuals who practise any of the healthcare professions incorporated in the scope of the HPCSA are obliged by the Health Professions Act No. 56 of 1974 to register with Council. Failure to do so constitutes a criminal offence.

Registration with HPCSA offers the healthcare practitioners, benefits such as:

- Conferral of professional status to the practitioner, inclusive of the right to practise the profession that he/she is qualified for,
- The assurance that no unqualified person may practise these professions, and
- Credibility as a competent practitioner who may command a reward for his/her services.

Council is legislatively enjoined to promote and regulate inter-professional liaison between the healthcare professions in the interest of the public and to fulfil an advisory role to the Minister of Health on matters falling within the scope of the Health Professions Act in order to support the universal norms and values of health professions and the national health policy.

Strategic Focus

To position the HPCSA as a progressive regulator of healthcare professions aspiring to quality, equitable and accessible healthcare, Council highlights six key strategic goals, namely:

- Digitally enabled Council by 2022/23
- Maintained financial viability of Council and all Professional Boards
- Improved relationships between Council and all relevant stakeholders by the end of the term (2025) responsibilities.
- Improved professional conduct processes
- A capacitated professional Council and Boards to deliver on its fiduciary responsibilities.
- Implemented organisational structure review

In implementing our first strategic goal as Council, we moved to online services to ensure that HPCSA becomes an effective and efficient regulatory body. Some registered practitioners are already enjoying interaction with this online platform, for various services, such as renewal of annual registrations, submission of registration applications, making online payment transactions, and uploading of CPD certificates. The online platform provides a complete self-service mechanism of interaction to always ensure improved communication with Council. As members of Council and the Professional Boards, our task is to continuously provide strategic direction and support, an area that we have focused on during the past year. Our collective commitment to excellence in leadership and innovation remains our focus.

Governance

As a regulatory body we continued to adhere to the principles of good governance as embodied in the King Reports, the Health Professions Act, and any relevant legislation and governance prescripts. Adherence to these principles ensures that the HPCSA maintains the integrity of its operations, thus gaining credibility from and confidence of its important stakeholders.

Good corporate governance and stakeholder confidence are fundamental elements in determining the nature of the relationship between the HPCSA, its shareholder represented by the Minister of Health, the healthcare industry and the South African public.

The Council's Audit Committee was satisfied at the acceptable way risks have been managed. Our external auditors have expressed an unqualified opinion on the annual financial statements for the period under review.

As a regulatory body, the HPCSA adhered to the principles of good corporate governance processes of disclosure and transparency so as to provide regulators and shareholders as well as the general public with precise and accurate information about the financial, operational and other aspects of the organisation.

Drafting and Reviewing Legislation - Health Professions Bill

The HPCSA continues to play a meaningful role in making contributions to the Health Professions Bill and other legislative policies.

Following consultative efforts with stakeholders on the draft policy the draft Health Professions Bill was drafted and finalised. The draft Health Professions Bill was approved by Council in the third quarter of the 2021/22 financial year. Council recommended that draft Health Professions Bill to the Minister of Health for consideration.

Among Council's role is that of drafting and reviewing legislation, including secondary legislation (rules and regulations). In the year under review Council also drafted the regulations and rules. The following are regulations that were finally promulgated into law during the reporting period:

- Regulation relating to the condition under which optometrists may practice their profession.
- Regulations relating to the registration of forensic pathology officers.

The HPCSA continues to work hard to set the benchmark for healthcare regulatory environment and for best practices in all spheres of its activities. The results articulated in the report would not have been possible without the guidance of the HPCSA Council and the work of the various Professional Boards.

Acknowledgements

I would like to take this opportunity to thank the Minister of Health, Dr Joe Phaahla for his continued guidance and support and continuously guiding HPCSA in carrying out its regulatory mandate. To the Secretariat, and a dedicated Management Team thank you for ensuring that the organisation achieves the goals set.

My gratitude to Council Vice-President, Dr Simphiwe Sobuwa, Council and Professional Boards for their role in ensuring that we continuously improve our work as the regulatory body and enhance the position and standing of the HPCSA within the regulatory environment, in the country and the continent. I also extend a sincere thanks to all our stakeholders who have contributed greatly to our work. It is a privilege and an honour to preside over Council.

Thank you.



PROF. MS NEMUTANDANI

PRESIDENT: HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA



Dr TM Pinkoane
HPCSA ACTING REGISTRAR

REGISTRAR OVERVIEW

It gives me great pleasure to present the 2021/22 annual report, which in essence represents significant milestone in ensuring that the HPCSA delivers on its Strategic Objectives as espoused in our 2021/22-2025/26 Strategic Plan.

Not only is this annual report important in terms of attaining the goals set, but also because this is the first that I am presenting, after Council entrusted me with a key role to strategically provide direction to this important regulatory body in the healthcare environment as its Acting Registrar/ CEO.

I am humbled by the confidence that Council has in my capabilities to lead this organisation in the direction in which it can fully discharge its mandate in an efficient, effective, professional and responsive manner.

The HPCSA continues to deliver on its regulatory mandate of guiding and regulating the healthcare professions in the country in aspects pertaining to registration, education and training, professional conduct and ethical behaviour, ensuring continuing professional development.

In our endeavour to protect the public, we stepped up our efforts to foster compliance with the healthcare standards. This was to ensure that the South African public is given the assurance that the healthcare practitioners are appropriately trained, qualified, competent and practising within their scopes of practice in accordance with their training and abilities.

REGISTRATIONS

In line with its legislative mandate the HPCSA registered 19 937 healthcare practitioners in the year under review. A total of 8 381 new graduates were registered at offsite registration centres over 42 days.

Practitioners who were unable manage register at the offsite registration centres were registered through emailed applications and the requests were submitted through service cloud. Registration categories for which original or notarised documentation was required were processed with an end date which would only be removed after the applicant or practitioner submitted the original application.

The Client Contact Centre remained open to service practitioners who needed assistance with the online portal or had registration related inquiries.

CUSTOMER SATISFACTION LEVELS

In the period under review the HPCSA carried out a Customer Satisfaction Survey to determine the overall performance of the organisation.

Council will use the results achieved to improve on gaps identified. As Council appreciate the efforts of all stakeholders for participating in the survey, Council through a dedicated complaints and compliments e-mail servicedelivery@hpcsa.co.za , received 3 881 e-mails.

All complaints received during the year under review were resolved within a 48-hour turnaround time. Practitioners are encouraged to use this e-mail address as a complaints/compliments platform to rate the service they have received from the HPCSA employees. Service Charters were reviewed during this period and will be communicated on HPCSA platforms.

RISK MANAGEMENT

Council continued to improve on its risk management and assessment methods. In the reporting period, the Executive Management Committee approved the reviewed Crisis Management Plan for the organisation.

In rolling out the Business Continuity Management process for the organisation, the Business Continuity Plans (BCP) for all functional areas were reviewed and updated. The disaster recovery test was also conducted successfully on a full-scale.

In responding to COVID-19, the management reviewed and updated the organisational wide contingency plan on regular basis during the reporting period. The business continuity management processes have demonstrated to be effective in the reporting period as the organisation managed to continue with all its operations.

CLEAN AUDIT

Receiving a clean audit finding is now existing as a fundamental and inseparable part of our character as a regulatory body, as we did again in this reporting period. The Executive Management continues to utilise the expenditure within the approved budget. The unqualified audit result was achieved because of collaborative efforts of the all employees within the organisation.

The commitment of Council, its Committees, Executive Management, the Department: Finance and Supply Chain Management and all other departments is acknowledged for ensuring that this achievement becomes a reality.

ENFORCEMENT

The HPCSA continues to foster and enforce compliance by practitioners in line with the provisions of the Health Professions Act, 1974. The Inspectorate Office continued to work closely with other law enforcement agencies to ensure that bogus practitioners who tarnish the image of the healthcare professions are brought to book by the justice system as practising whilst not registered is a criminal offence.

In the reporting the Inspectorate Office carried out 3 386 compliance inspections and 24 joint inspections/operations with law agencies such as the South African Police Service (SAPS), South African Health Products Regulatory Authority (SAHPRA), with Directorate of Priority Crime Investigations (DPCI), and etc.

IN MEMORIAM


In the period under review, the organisation mourned the passing of two of its employees, Mr Sibusiso Nhlapo who was working in Strategy and EPMO Division and Mr Ronnie Makinta who was employed in the Registrations Division. They were dedicated individuals in their work and may their souls continue to rest in eternal peace.

ACKNOWLEDGEMENTS

This Annual Report is the result of a collaborative effort all the departments and divisions within Council. Thank you for your continued support and partnership to ensure that this project is carried out successfully.

A special gratitude goes to the HPCSA President, Prof. Simon Nemutandani and the Vice-President, Dr Simphiwe Sobuwa and Council for the leadership and support that was provided in the year under review.

Lastly, I would like to thank the HPCSA employees and management for their dedication, contribution and their sterling work in ensuring Council's advancement in achieving its mandate. I look forward to making meaningful contributions in ensuring that Council becomes a first-class regulator.



Dr TM Pinkoane
HPCSA Acting Registrar

5. COUNCILLOR'S RESPONSIBILITIES AND APPROVAL

In accordance with the Health Professions Act No. 56 of 1974, the Registrar is responsible for the annual financial statements and other related financial information included in this Report, which includes the annual financial statements and transparent presentation of the state of affairs of Council as at the end of the financial year. The report also includes the results of Council's operations and performance, in accordance with the International Financial Reporting Standards.

In the reporting period, the external auditors were engaged to express an independent opinion on the annual financial statements prepared in accordance with the International Financial Reporting Standards. The annual financial statements are based on appropriate accounting policies consistently applied and supported by reasonable and prudent judgements.

The Registrar is ultimately responsible for internal financial controls system established by Council and place considerable importance on maintaining a strong control environment. In the reporting period, the Registrar acknowledges that these responsibilities, namely; setting standards for internal control aimed at reducing the risk of error or loss in a cost-effective manner were made. A clearly defined framework for delegation of responsibilities, compliance with accounting procedures at an acceptable level of risk and maintaining the highest ethical standards in ensuring that Council's business is conducted in a manner that is reasonable, in all circumstances.

The Registrar acknowledges to have reviewed Council's cash flow forecast and, it is on that basis of the current financial position, that he is satisfied that Council had access to adequate resources to continue as a going concern.

Accordingly, the annual financial statements were examined by Council's external auditors and their report is presented on pages 196 to 198.

The annual financial statements set out on pages 199 to 230, have been prepared on the going concern basis and were approved by Council on 30 September 2022, and signed on their behalf by:

Approval of financial statements.



Prof. MS Nmutandani

PRESIDENT: HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

6. STRATEGIC OVERVIEW

6.1 VISION STATEMENT

The Vision of the HPCSA is to be

“A progressive regulator of health professions aspiring to quality, equitable and accessible healthcare.”

6.2 MISSION STATEMENT

The Mission of the HPCSA is: -

To regulate and guide registered healthcare professions and protect the public through:

- Setting contextually relevant standards for healthcare training and practice.
- Setting and maintaining standards for Ethical and Professional practice.
- Strengthening the maintenance of continuing competency programmes.
- Ensuring consistent compliance to all the set standards.
- Continually engaging the public and other stakeholders.

6.3 THE CULTURE OF THE HPCSA

The progressive culture that the HPCSA wants to come through from all its functionaries (Members of Council, Members of Professional Boards, and the Secretariat) in their individual as well as in group settings will be based on the Core Values Sets enumerated in Figure 2.

The HPCSA has adopted an approach which puts a meaning to each and every one of the value words and then defines behaviours that each of the functionaries of the HPCSA will display all the time. The values exercise also delivered behaviours that each and every one of the HPCSA functionaries will work towards eradicating in the posture as they engage with any of the activities meant to deliver the tenets of the Health Professions Act, 56 of 1974 as amended.



7. LEGISLATIVE AND OTHER MANDATES

LEGISLATIVE MANDATES

The Health Professions Council of South Africa is established as a juristic person in terms of Section 2 of the Health Professions Act, 56 of 1974 (The "Act"). In executing its mandate, the HPCSA is

directed and guided by the legislative landscape that its operations are either intended to impact or may be impacted by. Some of the many legislations that must be taken into account by the HPCSA during the course of its mandate delivery are discussed here. The importance of this discussion is to bring to the fore the need for the HPCSA to comply to or work within the constraints or latitude that these laws prescribe.

THE CONSTITUTION OF THE REPUBLIC OF SOUTH AFRICA (ACT 108 OF 1996)

The Constitution of the Republic of South Africa is the supreme law of the land. Chapter 2 of the Constitution sets out fundamental rights of all citizens including the right to dignity and the right to equality. This chapter also articulates as to when the guaranteed rights may be limited. The rights afforded to all citizens which the HPCSA during its operation cannot flout includes the following:

Section 24. Environment

Everyone has the right-

- (a) to an environment that is not harmful to their health or well-being; and
- (b) to have the environment protected, for the benefit of present and future generations, through reasonable legislative and other measures that-
 - (i) prevent pollution and ecological degradation.
 - (ii) promote conservation; and
 - (iii) secure ecologically sustainable development and use of natural resources while promoting justifiable economic and social development

Section 27. Health care, food, water, and social security

- (1) Everyone has the right to have access to-
 - (a) health care services, including reproductive health care.
 - (b) sufficient food and water; and
 - (c) social security, including, if they are unable to support themselves and their dependents, appropriate social assistance.
- (2) The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realization of each of these rights.
- (3) No one may be refused emergency medical treatment.

Section 30. Language and culture

Everyone has the right to use the language and to participate in the cultural life of their choice, but no one exercising these rights may do so in a manner inconsistent with any provision of the Bill of Rights.

Section 32. Access to information

- (1) Everyone has the right of access to-
 - (a) any information held by the state; and
 - (b) any information that is held by another person and that is required for the exercise or protection of any rights.

Section 33. Just administrative action

- (1) Everyone has the right to administrative action that is lawful, reasonable, and procedurally fair.
- (2) Everyone whose rights have been adversely affected by administrative action has; the right to be given written reasons.

Section 40. On intergovernmental cooperation

- (1) In the Republic, government is constituted as national, provincial, and local spheres of government which are distinctive, interdependent, and interrelated.
- (2) All spheres of government must observe and adhere to the principles in this Chapter and must conduct their activities within the parameters that the Chapter provides.

Section 41. Principles of co-operative government and intergovernmental relations

- (1) All spheres of government and all organs of state within each sphere must-
 - (a) preserve the peace, national unity, and the indivisibility of the Republic.
 - (b) secure the well-being of the people of the Republic.
 - (c) provide effective, transparent, accountable, and coherent government for the Republic as a whole.
 - (d) be loyal to the Constitution, the Republic, and its people.
 - (e) respect the constitutional status, institutions, powers, and functions of government in the other spheres.
 - (f) not assume any power or function except those conferred on them in terms of the Constitution.
 - (g) exercise their powers and perform their functions in a manner that does not encroach on the geographical, functional, or institutional integrity of government in another sphere; and
 - (h) co-operate with one another in mutual trust and good faith by-
 - (i) fostering friendly relations.
 - (ii) assisting and supporting one another.
 - (iii) informing one another of, and consulting one another on, matters of common interest.
 - (iv) coordinating their actions and legislation with one another.
 - (v) adhering to agreed procedures; and
 - (vi) avoiding legal proceedings against one another.

NATIONAL HEALTH ACT, 61 OF 2003

The National Health Act, 61 of 2003 provides a framework for a structured, uniform health system for South Africa. The HPCSA plays a pivotal role in promoting the provisions in the act through:

- a) Advocating for the rights and duties of users and Healthcare Personnel as set out in Chapter 2 of the National Health Act
- b) Assisting the Minister of Health in setting Regulations Relating to Human Resources as per Chapter 7, Section 52 of the National Health Act
- c) Representation at the Forum of Statutory Health Professional Councils and ensuring that it meets the responsibilities as set out in Chapter 7, section 50 of the National Health Act
- d) Collaborating with other Health Councils and statutory bodies provided for in the National Health Act

THE HEALTH PROFESSIONS ACT, (ACT 56 OF 1974)

The Health Professions Act assigns object and general powers to each of the three components that constitute the HPCSA.

THE SOUTH AFRICAN QUALIFICATIONS AUTHORITY ACT, ACT 58 OF 1995 AND THE HIGHER EDUCATION ACT, 1997 SAQA ACT

Objectives of National Qualifications Framework

2. The objectives of the National Qualifications Framework are to-
 - (a) create an integrated national framework for learning achievements.
 - (b) facilitate access to, and mobility and progression within education, training, and career paths.
 - (c) enhance the quality of education and training.
 - (d) accelerate the redress of past unfair discrimination in education, training, and employment opportunities; and thereby
 - (e) contribute to the full personal development of each learner and the social and economic development of the nation at large.

Functions of Authority

5. (1) Subject to the provisions of subsection (2), the Authority shall-
 - (bb) the accreditation of bodies responsible for monitoring and auditing achievements in terms of such standards or qualifications;

- (2) The Authority shall pursue the objectives of the National Qualifications Framework as provided in section 2 and execute the functions of the Authority as provided in subsection (1)-

- (a) after consultation and in co-operation with the departments of state, statutory bodies, companies, bodies, and institutions responsible for education, training and the certification of standards which will be affected by the National Qualifications Framework;

HIGHER EDUCATION ACT, 1997

This Act was promulgated to regulate higher education; to provide for the establishment, composition and functions of a Council on Higher Education (CHE); to provide for the establishment, governance and funding of public higher education institutions; to provide for the appointment and functions of an independent assessor; to provide for the registration of private higher education institutions; to provide for quality assurance and quality promotion in higher education; to provide for transitional arrangements and the repeal of certain laws; and to provide for matters connected, therewith.

This Act also assert the following power to CHE: -

Every national and provincial department of state, every publicly funded science, research and professional council and every higher education institution must provide the CHE with such information as the CHE may reasonably require for the performance of its functions in terms of this Act.

One of the functions of CHE as found in Chapter 2, section 5 (1) reads as follows: -

“(c) subject to section 7(2), through its permanent committee, the Higher 25 Education Quality Committee— (i) promote quality assurance in higher education; (ii) audit the quality assurance mechanisms of higher education institutions; and (iii) accredit programmed of higher education;”

7. POLICY MANDATES

The HPCSA is one of the legislated entities entrusted to contribute to the delivery of Health for All policy directives of the government. The HPCSA operates under the ambit of the National Department of Health for guidance and direction. The NDoH including Act, 108 of 1996 and Act, 61 of 2003 is guided and driven by key policy mandates issued by the government. The HPCSA's planning systems are therefore aligned to its policy mandates. Policy mandates at hand are – (a) National Development Plan 2030, (b) National Health Insurance, (c) Medium Term Strategic Framework, (d) Presidential Health Summit, (e) NDoH Human Resources for Health Strategy, (f) Health Market Enquiry, (g) Section 59 Enquiry. In this document, only three of these are discussed.

NATIONAL DEVELOPMENT PLAN 2030 (NDP)

The National Development Plan: Vision 2030 (NDP) is South Africa's long-term plan for achieving inclusive growth, prosperity, and improvements in the quality of life for the country's citizens. It embodies the letter and spirit of the Constitution and serves as an action plan for securing the future of all South Africans. The pathway set out by the NDP to achieve this ideal was identified through an assessment of the causes of high unemployment, poverty, and inequality, as part of the NPC's 2011 Diagnostic Report. Of the nine (9) critical challenges identified in the Diagnostic Report, four (4) are of direct interest and concern to

the HPCSA, namely:

- Too few people work.
- The public health system cannot meet demand or sustain quality.
- Public services are uneven and often of poor quality.
- Corruption levels are high.

For the NDP to be achievable, it requires general holistic mobilisations of forces that look at the plan in its entirety as opposed to specific pockets in the plan. The NPC commissioned a report in 2019 to determine how far the country has gone towards achieving the ideals that NDP projected.

The NDP Review report (2019) states, "The NDP correctly anticipated that achieving traction and progress would require "doing things differently" (the development cycle paradigm shift), "starting now". "A major challenge has been the inability of various sectors of society to place the broader national interest before their own sectoral interest, and the lack of trust between government, business and labour.

Political and ideological contestations in the state and in the governance of the country have shifted the NDP from being the central focus of government. For these and other reasons outlined in this review, the country has underperformed on various interim targets envisioned in the NDP.

Unemployment, poverty, and inequality remain entrenched, and together with crime and violence, particularly against women and children, fuel social distress and negative national sentiment. The private sector is largely withdrawn and lacks confidence and initiative, with the result that investment, growth and employment are suffocated."

MEDIUM TERM STRATEGIC FRAMEWORK 2019 – 2024

The three spheres of government conduct development planning meaning that the Medium-Term Strategic Framework reflects the NDP five-year Implementation Plan and Integrated Monitoring Framework.

The MTSF 2019-2024 outlines the priorities to be implemented in the sixth administration. It also outlines the priorities and interventions across South Africa's national development pillars. The MTSF promotes alignment, coordination and ultimately full integration of all development planning instruments into an integrated framework bearing results without duplication, role conflict and development contradictions, better coordination through the district-based delivery model.

The MTSF 2019-2024 is also the translation of the government priorities outlined by the President at the 2019 State of the Nation Address (SoNA) that derived from the electoral mandate for a five-year period. The seven priorities of this strategic framework are embedded into the three pillars. The priorities, which will be achieved through more focused implementation, coordination, and integration by the various levels of government including state owned enterprises, the private sector and civil society. Three of these priorities are discussed here, namely: -

Priority 1: A capable, ethical, and developmental state

Priority 3: Education, skills, and health

Priority 7: A better Africa and world

HUMAN RESOURCES FOR HEALTH STRATEGY 2030

The 2030 Human Resources for Health (HRH) Strategy was developed by the National Department of Health through a Ministerial Task Team. A concern is found in the report which reads as follows, "An important first step in health workforce planning is to determine the current number and density of healthcare workers in South Africa. All health professionals in South Africa are required to register annually with their respective professional councils. The most recent data available on the total numbers of health professionals registered with the Health Professions Council of South Africa (HPCSA), were received and analysed." "However, Council data over-estimate the stock of working health professionals because it includes professionals that have left South Africa, retired or who work outside their profession. Councils do not accurately differentiate these categories at present, nor do they have accurate information on current location or sector of work."

8. HEALTH SECTOR'S STRATEGIC PLAN AND MEDIUM-TERM STRATEGIC FRAMEWORK

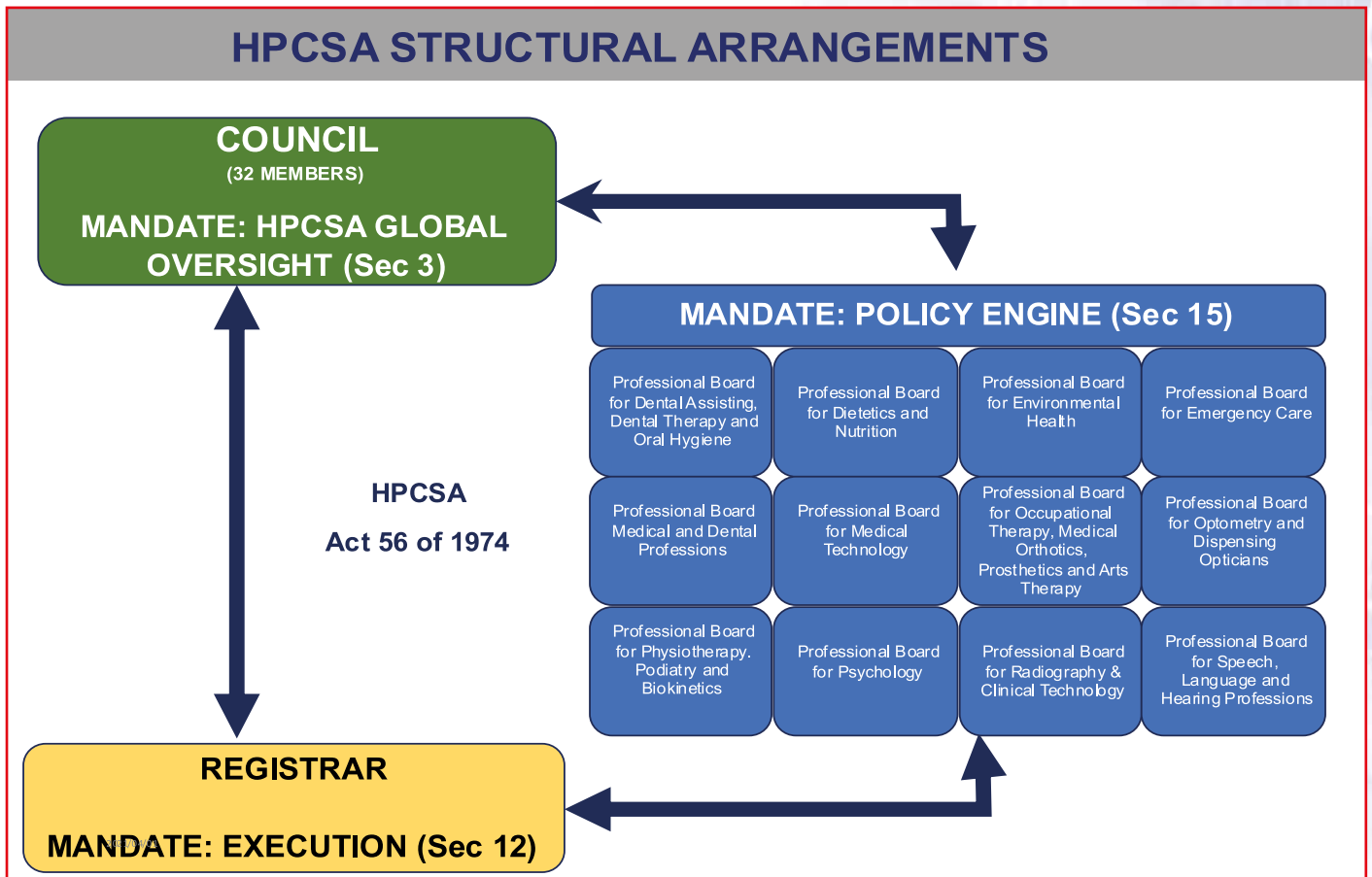
The HPCSA acknowledges and plans its programmes with due consideration to the health sector's 2019 – 2024 medium-term strategic framework. Table 1 plots how the HPCSA's FY2021/2022 – 2025/2026 Strategic plan seek to support the NDOH's FY2020/21-2024/25 Strategic plan which in turn supports the government's national development plan 2030, which in turn supports the United Nations Development Programme's sustainable development goals. Table 1 also plots the commitment made in the Presidential Health Summit Compact.

#	NATIONAL DEVELOPMENT PLAN: VISION 2030	NDP PRIORITIES 2030	SUSTAINABLE DEVELOPMENT GOALS (SDG)	NDOH STRATEGIC THEMES	NDOH MTSF 2019-2024 IMPACTS	HEALTH SECTOR'S STRATEGY 2019-2024	HEALTH SECTOR'S STRATEGY 2019-2024	PRESIDENTIAL HEALTH SUMMIT COMPACT PILLARS	FY2021 – FY2022 – FY2026 HPCSA STRATEGIC GOALS
1	Raised the life expectancy of South Africans to at least 70 years	<ul style="list-style-type: none"> Address social determinants that affect health and diseases. Prevent and reduce the disease burden and promote health 	SDG #3: Good Health and Wellbeing SDG #4: Quality Education	SURVIVE AND THRIVE	Life expectancy of South Africans improved to 66.6 years by 2024, and 70 years by 2030	Goal 1: Increase Life Expectancy and Prevent Disease Goal 2: Achieve UHC by implementing NHI Policy	<ul style="list-style-type: none"> Improve health outcomes by responding to the quadruple burden of disease of South Africa Intersectoral collaboration to address social determinants of health 	None Pillar 4: Engage the private sector in improving the access, coverage, and quality of health services; and Pillar 6: Improve the efficiency of public sector financial management systems and processes	Strategic Goal Number 3: Improved relationships between Council and all relevant stakeholders by the end of the term (2025)
2	Tuberculosis (TB) prevention and cure progressively improved			TRANSFORM	Universal Health Coverage for all South Africans progressively achieved, and all citizens protected from the catastrophic financial impact of seeking health care by 2030 through the implementation of NHI Policy	Goal 3: Quality Improvement in the Provision of care Goal 2: Quality Improvement in the Provision of care	<ul style="list-style-type: none"> Progressively achieve Universal Health Coverage through NHI Improve quality and safety of care 	Pillar 5: Improve the quality, safety and quantity of health services provided with a focus on to primary health care. Pillar 7: Strengthen Governance and Leadership to improve oversight, accountability, and health system performance at all levels	Strategic Goal Number 3: improved relationships between Council and all relevant stakeholders by the end of the term (2025)
3	Maternal, Infant, and child mortality reduced					<ul style="list-style-type: none"> Provide leadership and enhance governance in the health sector for improved quality of care 		Strategic Goal Number 5: A capacitated Council and Professional Boards to deliver on their fiduciary responsibilities.	
4	Prevalence of non-communicable diseases reduced								

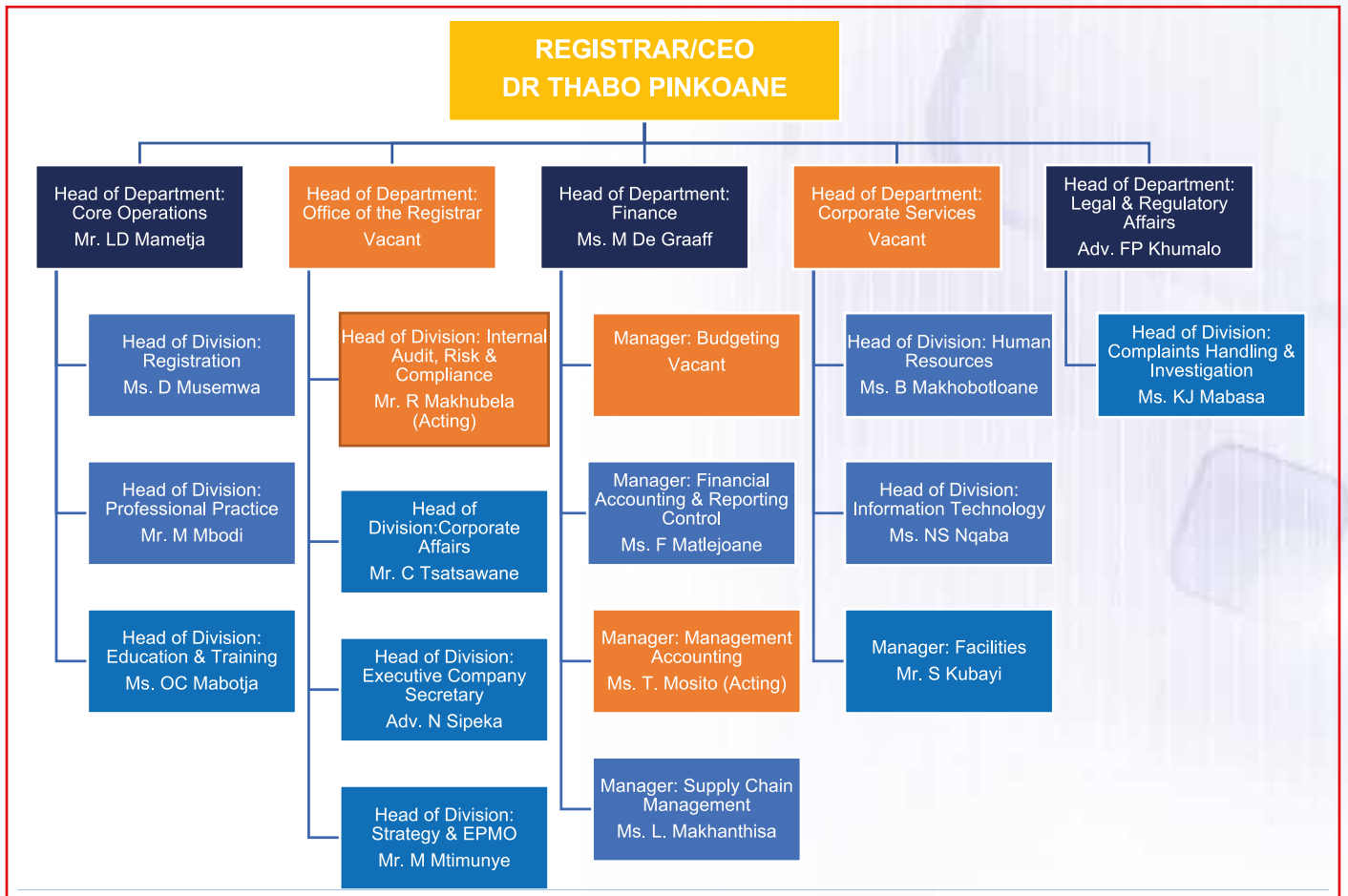
#	NATIONAL DEVELOPMENT PLAN: VISION 2030	NDP PRIORITIES 2030	SUSTAINABLE DEVELOPMENT GOALS (SDG)	NDOH STRATEGIC THEMES	NDOH MTSF 2019-2024 IMPACTS	HEALTH SECTOR'S STRATEGY 2019-2024	HEALTH SECTOR'S STRATEGY 2019-2024	PRESIDENTIAL HEALTH SUMMIT COMPACT PILLARS	FY2021 – FY2022 – FY2026 HPCSA STRATEGIC GOALS
5	injury, accidents, and violence reduced by 50% from 2010 levels				Universal Health Coverage for all South Africans progressively achieved, and all citizens protected from the catastrophic financial impact of seeking health care by 2030 through the implementation of NHI Policy	Goal 3: Quality Improvement in the Provision of care	<ul style="list-style-type: none"> Improve community engagement and reorient the system towards Primary Health Care through Community based health Programmes to promote health 	Pillar 8: Engage and empower the community to ensure adequate and appropriate community-based care	Strategic Goal Number 3: Improved relationships between Council and all relevant stakeholders by the end of the term (2025)
6	Health system reforms completed	<ul style="list-style-type: none"> Strengthen the health system 				<ul style="list-style-type: none"> Improve equity, training and enhance management of Human Resources for Health 	Pillar 1: Augment Human Resources for Health Operational Plan		
		<ul style="list-style-type: none"> Improve health information system 				<ul style="list-style-type: none"> Improving availability to medical products, and equipment 	Pillar 2: Ensure improved access to essential medicines, vaccines, and medical products through better management of supply chain equipment and machinery		
		<ul style="list-style-type: none"> Improve quality by using evidence 				<ul style="list-style-type: none"> Robust and effective health information systems to automate business processes and improve evidence-based decision making 	Pillar 6: Improve the efficiency of public sector financial management systems and processes	Pillar 9: Develop an Information System that will guide the health system policies, strategies, and investments	Strategic goal number 1: digitally enabled council by 2023/2024

#	NATIONAL DEVELOPMENT PLAN: VISION 2030	NDP PRIORITIES 2030	SUSTAINABLE DEVELOPMENT GOALS (SDG)	NDOH STRATEGIC THEMES	NDOH MTSF 2019-2024 IMPACTS	HEALTH SECTOR'S STRATEGY 2019-2024	PRESIDENTIAL HEALTH SUMMIT COMPACT PILLARS	FY2021 – FY2022 – FY2026 HPCSA STRATEGIC GOALS
7	Primary healthcare teams deployed to provide care to families and communities					Goal 4: Build Health Infrastructure for effective service delivery	<ul style="list-style-type: none"> Execute the infrastructure plan to ensure adequate, appropriately distributed, and well-maintained health facilities 	
8	Universal health care coverage achieved	Financial Universal health coverage						
9	Posts filled with skilled, committed, and competent individuals	Improve human resources in the healthcare sector						

9. ORGANISATIONAL STRUCTURE



SECRETARIAT'S ORGANISATIONAL STRUCTURE



REGISTRAR AND HEADS OF DEPARTMENTS



Dr Thabo Pinkoane
Acting Registrar

Dr Thabo Pinkoane is the Acting Registrar/CEO of the Health Professions Council of South Africa (HPCSA). He has a wealth of knowledge and experience, emanating from having worked in both the public and private sector.

His career spans over 25 years of experience within the healthcare industry. In 1994 he joined Gauteng Department of Health, where he was a medical advisor in the Physical Facility Directorate. From there he worked in various capacities as a clinician until he became the Superintendent in the Free State Department of Health.

In 2008 Dr Pinkoane joined the Limpopo Department of Health and in 2014, he was seconded to the Head Office, Limpopo Department of Health as Chief Director: Strategic Planning; Monitoring and Evaluation; Research, Health Information Management; Research; Quality Management and Complaints Management.

His educational background commenced in 1985 when he obtained his BSc (Med) from Medunsa in 1985 and in 1994 he obtained his MBChB from the same institution. He also attained certificates in Advanced Health Management Programme from FPD/YALE University, USA as well as a Certificate in Strategic Development and Leadership obtained from Witwatersrand University, and Advanced Certificate Programme in Health Management from University of Pretoria.



Ms Melissa de Graaff
Head of Department: Finance and Supply Chain Management and
Chief Financial Officer

Ms Melissa de Graaff is the Head of Department: Finance and Supply Chain Management and Chief Financial Officer of the Health Professions Council of South Africa (HPCSA)..

She obtained her BCompt (Hons) from Unisa in 1996, continuing further to conclude with her CA(SA) in 2000. As a Chartered Accountant, she affiliated with the SAICA in 2002.

Aside from her qualifications, she is also an expert in implementation, communication and negotiation, annual financial statements, supply chain management, audit, taxation, policy and procedure development and implementation, and also problem solving.



Adv. Phelelani Khumalo

Head of Department: Legal and Regulatory Affairs.

Adv. Phelelani Khumalo is the Head of Department: Legal and Regulatory Affairs. He has a total of 28 years' experience as a public servant. He has more than 18 years of managerial experience of which 8 has been at executive management level. He has extensive experience in organisational effectiveness, including turnaround process and service delivery improvement processes. He has more than 10 years' experience in the legal advisory and regulatory environments.

Adv. Khumalo is an admitted Advocate of the High Court of South Africa since 2003. He holds the following educational qualifications:

- Masters' Degree in Diplomatic Studies - University of Pretoria;
- Bachelor of Philosophy (Knowledge and Information Management)- University of Stellenbosch
- Master of Laws (Business Law) (LLM) - University of KwaZulu-Natal;
- Bachelor of Law (LLB) - University of KwaZulu-Natal; and
- National Diploma in Police Administration - Technikon SA (now University of South Africa).



Mr Lerole David Mametja

Head of Department: Core Operations.

Mr Lerole David Mametja was appointed as Head of Department: Core Operations in January 2020. He holds a Master's Degree in Public Health (Health Policy and Management) from Columbia University, New York, USA. He has worked in the health sector for the past 28 years and has held senior executive management positions.

He was the CEO of the Health Systems Trust (HST), Chief Programme Executive at TB HIV Care and National TB Programme Manager at the National Department of Health. He has actively participated in global efforts, including the preparations for (as part of Task Teams led by the Geneva-based Stop TB Partnership and the World Health Organisation (WHO)), and attendance of the first ever convened United Nations High Level Meeting on TB held at the UN in 2018.





180

160

140

120

100

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60

40

20

0

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PART B

PERFORMANCE
INFORMATION

1. STRATEGIC ENVIRONMENT OVERVIEW

The HPCSA's strategic plan was developed with consideration being had of specific internal and external environmental assumptions. This section presents the output of the continued scanning of the strategic environment for those signals that may or do impact the strategic assumptions decided upon during the strategic planning effort. Table 1 is a representation of the strategic assumptions as contained in the HPCSA's Strategic Plan document.

A #	ASSUMPTIONS IN THE INTERNAL ENVIRONMENT.	A #	ASSUMPTIONS IN THE EXTERNAL ENVIRONMENT
1	The number of Professional Conduct Enquiries (PCE) will keep on increasing and rolling planned backlog will continue	1	MoL will continue to attract negativity from healthcare practitioners.
2	Council financial position to remain stable throughout the term.	2	COVID-19 pandemic will continue to force Council and Professional Boards to review processes ((Global pandemics).
3	Implemented Business Model will ensure that Council is successful.	3	Implementation of NHI will improve healthcare service delivery.
4	Decline in registers causing decline in fees.	4	Stable political environment.
5	COVID-19 has increased the usage of virtual environments (move to digital environments).	5	Positive and effective stakeholder relations will increase.
6	COVID-19 will affect the productivity of HPCSA.	6	Economic outlook will improve substantially.
7	Decline in revenue due to less revenue received because of the negative impact on healthcare practitioners/institutions.		

The PESTEL¹ analysis tool is used to assess and inform how the remote environment affects and has an impact on the statutory regulator business of the

HPCSA. External factors influence the business of the HPCSA. The appropriate level of external environment understanding ensures that management, members of professional boards as well as members of the Council are always seeing the big picture of the business's ecosystem. This analysis enables the detection of any changes (negative or positive) in the external environment. Failure to do this is guaranteed to enable external factors to have the potential to cause harm to the HPCSA's business goals. The external factors that were considered and the permeated right through the financial year are discussed in this section.

POLITICAL ENVIRONMENT

At the national level, the political environment continues to be stable. Several political analysts continue to sound the alarm at the level of internal disharmony within the governing party and the fact that such disharmony might filter into the national political terrain. The July 2021 unrests were in some quarters characterised as politically motivated. South Africa's country political risk is listed by Global Economy on number 112 out of 192 countries.

The President of the country in his State of the Nation Address (SONA) address, touched on key national priorities including the national state of disaster, immigration, social infrastructure, cannabis industry, energy, mining, public and social employment, state capture, and others.

On immigration, feedback was on the work that went into updating the 2014 developed critical skills which was meant for issue in 2021. The list's primary aim of the 2021 critical skills list is to identify occupations that are in shortage and unlikely to be developed domestically in time to prevent the obstruction of short-to-medium term economic growth. The list, unfortunately, excludes medical practitioners.

It is known and accepted that South Africa is in short supply of medical professionals almost across the board, inclusive of nurses and doctors and a plethora of associated skills. This is also compounded by the fact that in-country training institutions and tertiary education institutions cannot keep up with the needs of the medical care professions. Foreign qualified medical practitioners have struggled to get work permits and are often despondent that they return to their home countries.

On the global political level, Russia invaded Ukraine during the reporting period. How long the conflict will last is not known, and neither is the full impact of the invasion on the global political and economic systems will be. This has already negatively impacted energy costs, increase in repo rate and contributed to high inflation.

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¹ Aguilar F. (1967), *Scanning the Business Environment*

ECONOMIC ENVIRONMENT

FY2021/2022 started in the middle of the COVID-19 pandemic. In year 1 of the pandemic, the economy had been closed down due to the proclamation of the National State of Disaster and its implementation in terms of the Disaster Management Act 57 of 2002. When FY2021/2022 started, economic activity had started to improve, and productivity was seeing promising growth.

This positive development in the economic environment were disrupted by the July 2021, “unrests”, the worldwide inflation trends, and the eventual war in Ukraine. ILOSTAT reports that the annual rate of inflation worldwide, as measured by the consumer price index (CPI), accelerated to 9.2 per cent in March 2022, up from 7.5 per cent in February 2022, 6.8 per cent in January 2022 and 6.4 per cent in December 2021.

The overall rise in worldwide inflation levels reflected the continuing effects of the COVID-19-related lockdowns in 2020 and 2021 as well as a surge in energy and food prices, especially since the start of the war in Ukraine on 24 February 2022. The Ukraine conflict has inflicted major shock on commodity markets, disrupting global patterns of trade, production and consumption in ways that are likely to keep prices at high levels in the coming years.

The inflation level in South Africa has followed international trends. Figure 1 below, presents the South African inflation trends.

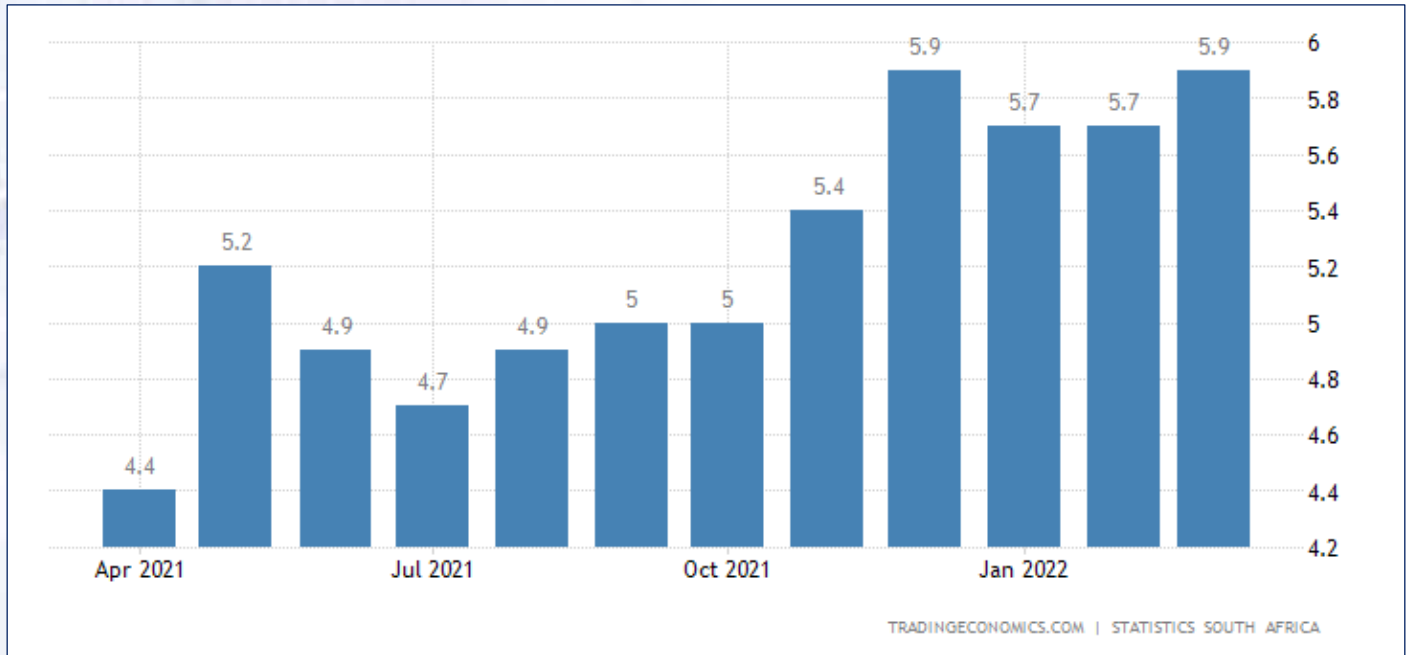


Figure 1: Tracking the inflation rate FY2021/2022 (courtesy STATSSA)

The Monetary Policy Commission (MPC) in its role to conduct monetary policy within a flexible inflation-targeting framework has had to adjust the repurchase rate with a view to arrest the local inflation levels. Figure 2 below presents the levels of the repurchase rate trends for the FY2021/2022.

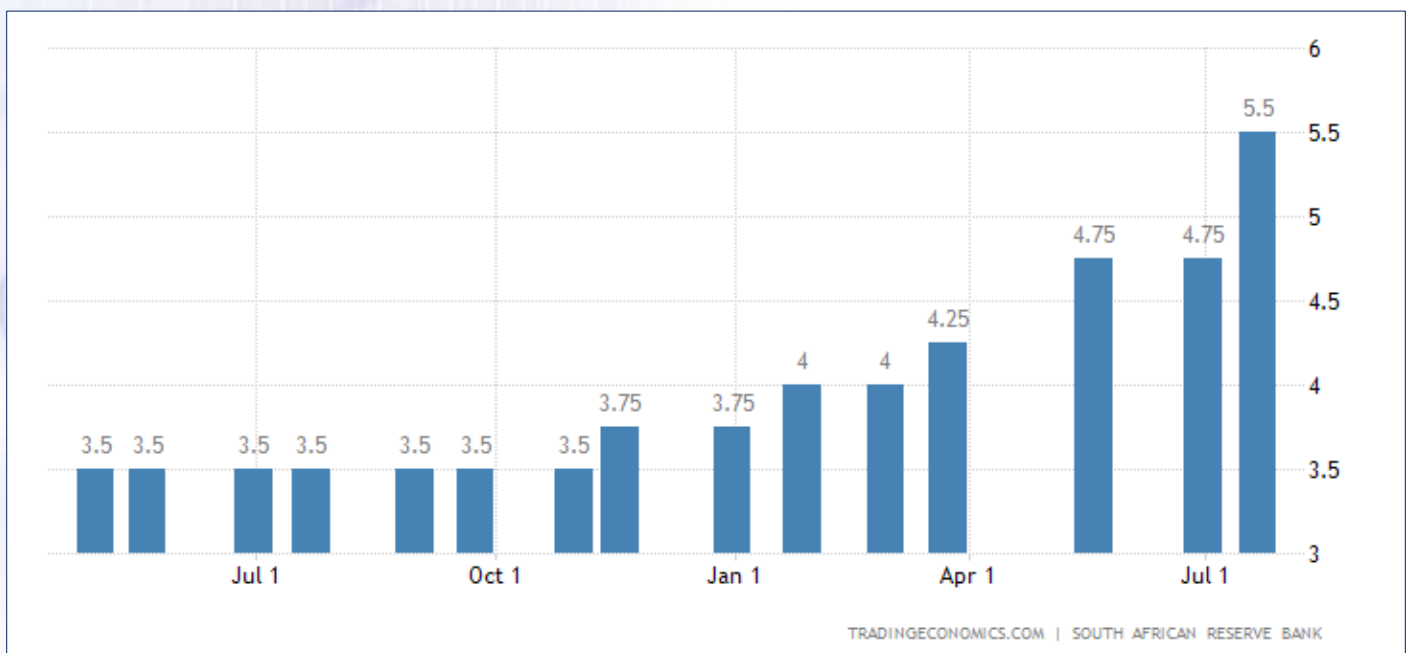


Figure 2: South Africa Interest Rate April '21 - March '22 (Courtesy STATSSA)

In the last quarter of 2021, South Africa saw the unemployment rate reach a 35.3% level. By the end of March 2022 (Q1 in calendar year), the unemployment levels had abated by 0.8% to reach a level of 34.5%.

Cabinet issued a statement which affirmed a continued commitment to address the triple challenge of unemployment, poverty, and inequality. Government continues to affirm a commitment to do whatever is possible to create a conducive environment for investment in the country. Statista asserts that unemployment for those with graduate and some other tertiary education within South Africa is around 9.5%.

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SOCIAL ENVIRONMENT (SOCIO-CULTURAL)

In July of 2021, South Africa experienced what was characterized as “looting or unrests” in some parts of the country but the incidents were more pronounced in Gauteng and KwaZulu-Natal provinces. These unrests are understood to have taken the lives of up to 340 people, whilst also interrupting a four-quarter economic growth streak which resulted in a gross domestic product (GDP) contraction of 1.5% in the third quarter of 2021.

Initial quantification of the impact of the unrests on the economic output suggests that up to R50-billion of production output may have been lost. Several private health care service points were negatively affected in the aftermath of the said unrest and approximately 80 HPCSA registered practitioners’ practices were negatively impacted. The destruction of health care service points directly may have resulted in lost records, lost revenues, and other losses that work against advancing the principles of universal health care for all.

The Human Sciences Research Council (HSRC) issued a policy brief on the recovery from COVID-19 in South Africa. The policy brief recommends that local strategies for disaster risk reduction and recovery that should be in place must recognise poverty as a key driver of disaster risk and concentrate on reducing disaster risk for the most vulnerable groups in society.

The Council for Scientific and Industrial Research (CSIR) NextGen Health argues that South Africa’s growing burden of the disease calls for the health sector to provide accessible and cost-effective health technologies and medical supplies for impactful health service outcomes.

The President, during the State of the Nation (SONA) address, indicated that government intends to streamline immigration laws to attract skilled immigrants. The revised critical skills list has been published and it reflects where shortage exists. This revision will ensure that South Africa’s immigration policy matches the skills demands of the economy. A World Bank report suggests that South Africa produces a relatively low number of health care practitioners, and the country could use immigration to attract qualified practitioners from elsewhere on the continent.

Section 27 of the Constitution of South Africa provides that everyone has the right to have access to health care services, including reproductive health care services and no one may be refused emergency medical treatment. In the year under review, the Auditor General has established that contingent liability for medical negligence claims were over R100 billion. Experts in this area suggests that the most obvious solution to the problem of medico-legal claims is to improve the quality of health care so that there are fewer legitimate claims against the state. Improving the quality of care will also include a need for better management at various levels of the healthcare system including appointing appropriately qualified and committed persons, better management, better record-keeping systems, prevention of, and or improved management of medical negligence.

The crime statistics released by the Minister of Police in the year under review make for grim reading. Crime generally, gender-based violence and femicide, and other contact crimes continue to be on the rise and continue to be a staple read for all South Africans.

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TECHNOLOGICAL ENVIRONMENT

The FY2021/22 was a period to review and reset the Information and Technology Strategy of the HPCSA. A number of I and T trends were gleaned from leading research houses. This section reflects on some of the trends that are of interest to the HPCSA.

The World Economic Forum (WEF), Accenture and Gartner assert the need for organisations such as the HPCSA to transition its skills base taking into account the technological and digital development. They assert the following

- the impact of technology is shortening the shelf-life of employees' existing skill sets. Business can no longer be passive consumers or ready-made human capital. Businesses are encouraged to put talent development and future workforce strategy front and centre of sustainability and then growth.
- It is time to organizations to reimagine workforce development programmes, as well as a readjustment of skills. Digital technologies such as artificial intelligence (AI) and robotics are transforming the nature of work and the skills needed to thrive. Humans and machines will increasingly work together to drive productivity.
- Digital skills are generally becoming in demand and are viewed as critical for many roles.

Research by Forrester, International Data Corporation (IDC) has established that trends indicate that once-successful business models are being adapted the new digital landscape fast-tracked by experiences gained as remote work became more acceptable. They also established that digital customer service interactions will continue to increase and that customer satisfaction expectations will continue to be rise. These expectations will put pressure on organizations in the same as well as complementing ecosystems to adapt and then keep pace with these developments. The proposed HPCSA's Information and Technology strategic plan is also taking cognizance of this trend and seeks to digitalize the organization.

Advisories from Accenture and McKinsey place emphasis on the composability of Information and Technology services as well as the primacy of Enterprise Architecture in digital transformation. Digitally advanced companies have a clear target and focus their activities on modelling the future. They assert that organizations undertake digital transformation for reasons such as seeking to deliver better customer experiences amongst many. To better deliver on these better customer experiences, organizations need to be agile. Agility is characterized by the ability to move fast and easily. All organizations and businesses have to constantly reinvent themselves to be able to deliver to constantly changing customer expectations. To do this, organizations must understand and implement the "composable enterprise." A composable enterprise is an organization that delivers business outcomes and adapts to the pace of business change. One of the most important aspects of the composable enterprise is enterprise architecture practices that enable the assembly and dynamic reassembly of packaged business capabilities (PBCs). The HPCSA's Information and Technology strategic plan acknowledged the primacy of enterprise architecture practices for I and T to move to the centre of service delivery of the HPCSA's regulatory mandate.

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ECOLOGICAL/ENVIRONMENTAL ENVIRONMENT

In 2021, the Presidential Climate Commission (PCC) focused on three urgent priorities: strengthening South Africa's 2030 climate target, developing a framework to guide a just and equitable transition, and building a social compact to support this transition.

In 2021, the President of South Africa requested that the PCC support the public consultation process to build consensus around South Africa's updated nationally determined contribution (NDC). The NDC is a document that is submitted to the United Nations Framework Convention on Climate Change as part of South Africa's international commitment to addressing climate change. The NDC sets out the targets, policies, and actions that South Africa will undertake through 2030 in the transition towards a low-emissions and climate-resilient economy

Climate Change Bill (B9-2022) processes

The Climate Change Bill was processed in the year under review. The purpose of the Bill is to "enable the development of an effective climate change response and a long-term, just transition to a low-carbon and climate-resilient economy and society for South Africa in the context of sustainable development, and to provide for matters connected therewith." If the Bill becomes law, it will form the first legal framework in South Africa to respond to the impacts of climate change.

Alignment of policies - The Climate Change Bill requires every organ of state that exercises a power or performs a function affected by climate change to review, co-ordinate, amend and harmonize their policies, measures, programmes, and decisions to ensure that the risks of climate change impacts and associated vulnerabilities are taken into consideration and to give effect to the objects of the Bill. This emphasizes the importance of providing a coordinated and integrated response to the impacts of climate change as per the principles of cooperative governance.

Sectoral Emissions Targets - In addition to the determination of the national greenhouse gas (GHG) emissions trajectory, the Bill provides that within one year of the Act coming into operation, the Minister must publish a list of the GHG-emitting sectors subject to sectoral emissions targets. The targets must include quantitative and qualitative GHG emission reduction goals for the first five years, the subsequent 5 – 10 years, and for a 10 – 15-year period thereafter. The targets will be reviewed every five years. Once the sectoral emissions targets have been determined, the Ministers responsible for the administration of the relevant sectors must develop and implement policies and measures toward the achievement of the sectoral emissions targets.

National Business Initiative (NBI) issued a report where the following is articulated, "we believe there is a real opportunity for South Africa to access long-term trade and capital as the global economy transitions to one that is net-zero by 2050. Nine of the largest economies in the world have committed to net-zero by 2050 and are looking to secure low-carbon goods that can help them meet those goals. We see parallel commitment and activity from the global private sector. To access these new markets and capital South Africa needs to position itself as a credible market. In order to be credible, South Africa needs to demonstrate similar levels of ambition and demonstrate what needs to be done (and what international support is needed) to get there.

NBI further asserts thus, "COP26 presented a major opportunity to present South Africa's long-term plan and ambition and therefore position South Africa as a major investment destination. It is therefore incumbent on all of business to support enhanced ambition in South African government submissions. Business should specifically support enhanced ambition in the Nationally Determined Contribution (NDC) (2030 targets) in line with a long-term effort to reduce carbon emissions to net-zero by 2050.

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The Presidential Climate Commission's First Annual Review April 2021 – March 2022, www.thepresidency.gov.za/sites/default/files/Presidential%20Climate%20Commission%20Annual%20Report%202021-22.pdf

NBI (2021) A Guide to Climate Change for South African CEOs, www.nbi.org.za/wp-content/uploads/2021/12/A-Guide-to-Climate-Change-for-South-African-CEOs.pdf

LEGISLATIVE ENVIRONMENT

In the year under review, a number of Bills and Acts were processed by parliament, and some made their way to being assented on by the President of the country. Some of these Bills and Acts were of interest to the HPCSA. Some of these are discussed below here.

Protection of Personal Information Act No. 4 of 2013 (POPI Act)

Cases of the theft and misuse of people's personal information has led to the need to promulgate regulations to protect personal information and a person's right to privacy. The POPI Act sets out the minimum standards regarding accessing and processing of any personal information belonging to another. The President issued a Proclamation on 22 June 2020, commencing some sections of the POPI Act which came into effect on 1 July 2020. These sections largely deal with the application and exclusion provisions, the lawful processing of personal information and respective exemptions, the Information Officer, prior authorization, codes of conduct and provisions regulating direct marketing.

All organizations (inclusive of HPCSA) in South Africa (of any size) and individuals that are able to obtain, handle and store the personal information of another individual, whether it be in terms of their employment or as suppliers or service providers, must adhere to the requirements of the Act and implement steps to safeguard this information. Companies have 12 months to get their systems and processes in place to comply with the Act, in this case, 1 July 2021. Non-compliance could result in not only reputational damage and/or potential civil damages claims, but punitive fines up to R10 million- or 10-years imprisonment, or a combination thereof.

Auditing Profession Amendment Act (Act No.5 of 2021) APA

The Independent Regulatory Board for Auditors (IRBA) approached National Treasury in 2017 with proposals to amend the APA which would enable the regulator to address public concerns on the state of the auditing profession and assist it in carrying out its mandate in a more effective and efficient way. The profession had been besieged by high-profile corporate collapses and state capture revelations that had implicated auditors and highlighted audit failure in some instances. As negative sentiment increased, the regulator recognized that it was necessary to improve its enforcement processes to ensure its effectiveness. The APA is intended to strengthen the IRBA's independence, investigation, and disciplinary processes, and the amended Act also provides for:

- The power to enter and search premises for the purpose of seizing information relevant to an investigation;
- The power to subpoena persons with information that is required for an investigation;
- The power to refer non-audit complaints for the investigation to registered accredited accounting bodies; and
- Stricter monetary sanctions in relation to both investigation and disciplinary outcomes.

The APA does not absolve organizations such as the HPCSA from ensuring the integrity of every year's Audit process outcomes.

National Health Insurance Bill Process

The Portfolio Committee on Health finished the public hearings in all nine provinces in early 2021, it received further requests from over 130 organizations and institutions to make oral submissions and contribute towards the NHI Bill. In the year under review, the Portfolio Committee on Health facilitated and held six (6) virtual rounds of public hearings. The stakeholders that were given the opportunity to provide input into the process include political parties, organizations such as the South African Nursing Council, Pharmacy Council, Health Professions Council of South Africa, and the Board of Healthcare Funders. The Portfolio Committee on Health has now saddled with analysis of all inputs received and then deciding on the next steps in the NHI Bill process.

Climate Change Bill (B9-2022) processes

Parliament processed the Climate Change Bill in the year under review. The purpose of the Bill is to "enable the development of an effective climate change response and a long-term, just transition to a low-carbon and climate-resilient economy and society for South Africa in the context of sustainable development; and to provide for matters connected therewith." If the Bill becomes law, it will form the first legal framework in South Africa to respond to the impacts of climate change.

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National Health Insurance (NHI) Bill, <https://www.parliament.gov.za/project-event-details/54>

Auditing Profession Amendment Act 5 of 2021, <https://www.gov.za/documents/auditing-profession-amendment-act-5-2021-26-apr-2021-0000>

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2. DEPARTMENT: CORE OPERATIONS

DEPARTMENT-WIDE OVERVIEW

The Department of Core Operations houses the core activities of the HPCSA as mandated by the Health Professions Act, 1974 (Act No. 56 of 1974 as amended) which is the founding legislation of the HPCSA. According to the Act, the HPCSA has responsibility over the Education and Training, Registration and Professional and Ethical conduct and practice of health practitioners in South Africa. These responsibilities are structurally located within 3 formal divisions in the Department, namely:

- a) Education and Training
- b) Professional Practice; and
- c) Registrations

The Divisions, individually and collectively as a department, seek to contribute to the attainment of the Strategic Goals and Objectives of the HPCSA, for the current 5-year Strategic Plan of 2016/17 to 2021/22.

The Department was, during the reporting period, staffed as follows:

- a) Department – Head of Department and Secretary. However, the Secretary was transfer to another unit within Council and
- b) Education and Training – 14 of the approved for positions have been filled
- c) Professional Practice – 13 of the 13 approved positions provided have been filled. No vacancy.
- d) Registrations -

1. EDUCATION AND TRAINING DIVISION

The activities of the Education and Training Division fall under the following key functional areas:

- 1) Facilitation of Professional Board Examinations,
- 2) Evaluation of education and training programmes,
- 3) Evaluation of clinical training sites, and 4) Coordination of specialists assessments and Recognition of Prior Learning/ Medical Officer Training Time

1.1. PROFESSIONAL BOARDS EXAMINATIONS

1.1.1 MEDICAL AND DENTAL PROFESSIONS BOARD: BOARD EXAMINATIONS

Medical Board Exams were facilitated and coordinated as follows:

MEDICAL PROFESSION BOARD EXAM (OSCE)	DATE	NUMBER OF CANDIDATES	PASSED	FAILED
Medical Exam (OSCE)	09 September 2021	63	50	13
	10 September 2021	59	45	14
	26 October 2021	58	35	23
	27 October 2021	58	32	26
	25 January 2022	62	44	18
	26 January 2022	63	49	14
	31 March 2022	74	37	37
NUMBER OF OSCE EXAM CONDUCTED	Seven (7)	437	292	145
MEDICAL PROFESSION BOARD EXAM (THEORY)	DATE	NUMBER OF CANDIDATES	PASSED	FAILED
Medical Exam (Theory)	25 May 2021	106	99	7
	28 September 2021	150	117	33
	10 December 2021	171 candidates	119	52
NUMBER OF MEDICAL EXAM (THEORY)	Three (3)	427	335	92

1.1.2 DENTAL BOARD EXAMINATIONS

NO	DENTAL BOARD EXAM	DATE OF EXAM	TOTAL CANDIDATES	PASSED	FAILED
1	PART 1	4 June 2021	3	3	0
	PART 2 (A&B)	18 June 2021	7	4	3
	PART B3	12 and 13 July 2021	5	1	4

1.1.3 SPECIALIST EXAM/PEER REVIEW

NO	FOREIGN QUALIFIED SPECIALIST AP-PLICATIONS	NUMBER OF APPLICATIONS RECEIVED	PROGRESS
1	Specialist Medicine	2	Sent to CMSA for peer review
2	Specialist Dentistry	1	Sent for review by the 4 Dental Deans
TOTAL APPLICATIONS RECEIVED		THREE (3)	

1.1.4 TOTAL MEDICAL OFFICER APPLICATION FOR RECOGNITION OF WORKED TIME

The following applications for the recognition of specialist training time were received and processed in accordance with the PETM guidelines:

SPECIALTY/SUBSPECIALTY	APPROVED NUMBERS
Anaesthesiology	13
Paediatrics	4
Obstetrics and Gynaecology	2
Ophthalmology	2
Haematological Pathology	1
Psychiatry	3
Internal Medicine	7
Emergency Medicine	1
TOTAL MEDICAL OFFICER APPLICATION FOR RECOGNITION OF WORKED TIME	THIRTY-THREE (33)

1.1.5 MEDICAL SCIENCE PORTFOLIO OF EVIDENCE (PoE) SUBMISSION 2021/2022

CYCLE	NUMBER OF PORTFOLIOS RECEIVED	APPROVED /FINALISED	OUTSTANDING/STILL IN PROGRESS
01 May 2021 to 31 May 2021	25	25	0
1 September to 31 September 2021	18	17	1
01 January to 31 January 2022	21	19	2
TOTAL CYCLES THREE (3)	64	61	3

1.1.6 PSYCHOLOGY NATIONAL BOARD EXAMINATION

The Psychology National Board Exams are scheduled thrice a year, February, June and October each year and are administered Online/Virtual Board Exams.

The Table below provides a summary of the examinations held:

JUNE 2021 EXAMINATION			
CATEGORIES	PASSED	FAIL	TOTAL
Educational Psychology	15	2	17
Industrial Psychology	47	7	54
Research Psychology	8	5	13
Neuropsychology	-	-	-
Registered Counsellors	28	0	28
Psychometry	20	10	30
Counselling Psychology	18	1	19
Clinical Psychology	30	5	35
TOTAL	166	30	196

06-08 OCTOBER 2021 EXAMINATION			
CATEGORIES	PASSED	FAIL	TOTAL
Counselling Psychology	29	1	30
Clinical Psychology	41	14	55
Educational Psychology	41	3	44
Industrial Psychology	52	7	59
Research Psychology	7	5	12
Psychometry	45	13	58
Registered Counsellors	70	0	70
TOTAL	285	43	328

02-04 FEBRUARY 2022 EXAMINATION			
CATEGORIES	PASSED	FAIL	TOTAL
Clinical Psychology	37	9	46
Counselling Psychology	13	0	13
Industrial Psychology	27	5	32
Educational Psychology	15	5	20
Research Psychology	9	0	9
Psychometry Psychology	36	20	56
Registered Counsellors	64	2	66
Neuropsychology	4	0	4
TOTAL	205	41	246

1.1.7 OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS, PROSTHETICS & ARTS THERAPY (OCP) BOARD EXAMINATIONS

PROFESSION/EXAMINATION	DATE	TOTAL CANDIDATES	PASSED	FAILED
OFT Examination	April 2021	5	4	1
	01 October 2021	2	2	
Foreign Qualified OCP	May 2021	1		1
	22 September 2021	2	1	1
NUMBER OF OCP BOARD EXAMINATION FACILITATED	FOUR (4)	10	7	3

1.1.8 PROFESSIONAL BOARD FOR DIETETICS AND NUTRITION (DNB) EXAMINATIONS

CATEGORY	DATE	TOTAL CANDIDATES	PASSED	FAILED
Dietetics	November 2021	1	1	

1.1.9 SPEECH LANGUAGE AND HEARING (SLH) BOARD EXAMINATIONS

CATEGORY	DATE	TOTAL CANDIDATES	PASSED	FAILED
Audiology	24 June 2021	1	1	
Audiology	6 December 2021	1	1	
NUMBER OF SLH BOARD EXAMINATION FACILITATED	TWO (2)	2	2	

1.1.10 PROFESSIONAL BOARD FOR EMERGENCY CARE: BOARD EXAMINATIONS

The Professional Board for Emergency Care did not implement any Professional Board Examination for the period 2021/2022.

The following institutions' programme examinations were moderated:

INSTITUTION	PROGRAMMES MODERATED	DATE OF MODERATION	VIRTUAL/PHYSICAL
Netcare Education Faculty of Emergency and Critical Care (FECC) – KwaZulu-Natal Campus	Higher Certificate in Emergency Medical Care	27 May 2021	Physical
Netcare Education Faculty of Emergency and Critical Care (FECC) – Midrand Campus	Higher Certificate in Emergency Medical Care	26 and 27 August 2021	Physical
Nelson Mandela University	Bachelor's Degree in Emergency Medical Care -	27 to 29 October 2021	Physical
Cape Peninsula University of Technology	Diploma in Emergency Medical Care	16 and 17 November 2021	Physical
Durban University of Technology	Bachelor's Degree in Emergency Medical Care	24 to 26 November 2021	Physical
NUMBER OF PBEC EXAMINATIONS MODERATIONS FACILITATED			FIVE (5)

1.1.11 RADIOGRAPHY AND CLINICAL TECHNOLOGY (RCT) BOARD EXAMINATIONS

ELECTRO-ENCEPHALOGRAM (EEG) PROFESSIONAL BOARD EXAMINATIONS				
RCT BOARD EXAM	DATE OF EXAMINATION	NUMBER OF CANDI-DATES	NUMBER PASSED	NUMBER FAILED
EEG Board Examination (Theory Component)	21 April 2021	18	2	16
EEG Board Exam (Practical Component)	5 May 2021	2	2	NONE (0)
NUMBER OF EEG BOARD EXAMINATION FACILITATED	TWO (2)	20	4	16

RCT FOREIGN QUALIFIED RADIOGRAPHERS					
FOREIGN QUALIFIED RADIOGRAPHERS		DATE OF EXAMINATION	NUMBER OF CANDIDATES	NUMBER PASSED	NUMBER FAILED
Diagnostic Radiography Board Examination	Theory Component	24 April 2021 14 October 2021	4	3	1
	Clinical component (Digital image evaluation and 2 clinical assessments)	13 November 2021			
NUMBER OF DIAGNOSTIC RADIOGRAPHY BOARD EXAMINATION FACILITATED		THREE (3)	4	3	1

SPECIAL ULTRASOUND BOARD EXAMINATION					
EXAM	DATE	NUMBER OF CANDIDATES	PASSED	FAILED	
Special Ultrasound Theory	17 November 2021	171	108	63	
Special Ultrasound Practical Multiple Areas	29 November to 1 December 2021	171			
Special Ultrasound Practical Abdomen	30 November 2021				
Special Ultrasound Practical Breast	1 December 2021				
NUMBER OF SPECIAL ULTRASOUND BOARD EXAMINATION FACILITATED		ONE (1)	171	108	63

1.1.12 MEDICAL TECHNOLOGY BOARD (MTB) EXAMINATIONS

Medical Technology Examinations are outsourced to Society of Medical Laboratory Technology of South Africa (SMLTSA).

DISCIPLINE	DATE	TOTAL CANDIDATES	PASSED	FAILED	
Virology	11 October 2021	5	1	4	
Microbiology	11 October 2021	5	3	2	
Immunohematology	11 October 2021	5	4	1	
Histopathology	11 October 2021	9	0	9	
Haematology	11 October 2021	5	2	3	
Immunology	11 October 2021	5	4	1	
GT Phlebotomy	11 October 2021	187	128	59	
Histopathological Technique	11 October 2021	24	12	12	
Cytology	11 October 2021	3	1	2	
Cytogenetics	11 October 2021	1	1	0	
Clinical Pathology	11 October 2021	83	35	48	
Clinical Chemistry	11 October 2021	3	3	0	
SUBTOTAL		331	194	141	
DISCIPLINE	DATE	TOTAL CANDIDATES	PASSED	FAILED	
Chemical Pathology	07-03-2022	7	3	4	
Cytology	7-8-03-2022	2	2	0	
Histopathological technique	07-03-2022	2	1	1	
Immunology	07-03-2022	4	4	0	
Immunohematology (Blood Transfusion)	07-03-2022	2	0	2	
Microbiology	07-03-2022	6	3	3	
Haematology	07-03-2022	1	0	1	
NUMBER OF SPECIAL MTB EXAMINATION FACILITATED		TWO (2)	24	13	11

1.1.13 PROFESSIONAL BOARD FOR PHYSIOTHERAPY, PODIATRY AND BIKINETICS (PPB) BOARD EXAMINATIONS

DISCIPLINE	DATE	TOTAL CANDIDATES	PASSED	FAILED
Physiotherapy Theory Board Examination	28 April 2021	1	1	0
Physiotherapy Practical Board Examination	29 June 2021	1	0	1
Physiotherapy Assistants upgrading to Physiotherapy Technicians	24 June 2021 – re-write	3	2	1
Podiatry Theory Board Examination	23 September 2021	1	1	0
Podiatry Clinical Board Examination	29 October 2021	1	1	0
NUMBER OF PPB BOARD EXAMINATION FACILITATED	FIVE (5)	7	5	2

1.1.14 PROFESSIONAL BOARD FOR ENVIRONMENTAL HEALTH PRACTITIONERS (EHP) EXAMINATION

DISCIPLINE	DATE	TOTAL CANDIDATES	PASSED	FAILED
Environmental Health Practitioners	3 and 21 May 2021	2	2	None (0)
Environmental Health Practitioners	3 and 25 June 2021	2	2	None (0)
Environmental Health Practitioners	30 September 2021	1	1	None (0)
Environmental Health Practitioners	30 September 2021	1	1	None (0)
Environmental Health Practitioners	13 October and 26 October 2021	2	2	None (0)
Environmental Health Practitioners	24 November 2021	1	1	None (0)
Environmental Health Practitioners	10 December 2021	1	1	None (0)
Environmental Health Assistants	2 December 2021	2	0	2
Environmental Health Practitioners	4, 8 and 10 February 2022	3	3	None (0)
Environmental Health Practitioners	29 and 31 March 2022	2	2	None (0)
NUMBER OF EHPB BOARD EXAMINATION FACILITATED	TEN (10)	17	15	2

1.1.15 PROFESSIONAL BOARD FOR OPTOMETRIST AND DISPENSING OPTICIAN (PBODO) EXAMINATION.

DISCIPLINE	DATE	NUMBER OF CANDIDATES	PASSED	FAILED
Optometrists Clinical Board Examination	10 and 11 April 2021	6	1	5
Dispensing Optician clinical Board exams	23 and 24 September 2021	1	1	0
Optometrist Clinical Board	9 and 10 October 2021	7 applied, 1 was absent 6 candidates took the exam	3	3
NUMBER OF PBODO BOARD EXAMINATION FACILITATED	THREE (3)	13	5	8

1.1.16 DENTAL AND ORAL HEALTH BOARD (DOH) EXAMINATIONS

Hundred and ten (110) candidates were scheduled to take the Board Exam, 59 were absent, and 51 took the Dental Assistant Professional Board Examination.

DISCIPLINE	DATE	TOTAL CANDIDATES	PASSED	FAILED
Dental Assistant Professional Board Examination	9 November 2021	Scheduled 110	51	None (0)
		Absent 59		
		Present 51		
NUMBER OF DENTAL ASSISTANT PROFESSIONAL BOARD EXAMINATION FACILITATED	ONE (1)	51	51	NONE (0)

1.2. PROFESSIONAL BOARD EVALUATIONS

1.2.1. MEDICAL DENTAL AND PROFESSIONS BOARD (MDB) EVALUATIONS: MEDICINE UNDERGRADUATE AND POSTGRADUATE PROGRAMMES.

INSTITUTION	NEXT EVALUATION	PROGRAMMES	VIRTUAL/PHYSICAL/HYBRID
University of Limpopo	16 to 20 August 2021	MBCHB	Hybrid
University of Pretoria	27-30 September to 01 October 2021	BCMP	Hybrid
Walter Sisulu University	13 to 17 October 2021	BCMP	Hybrid
Sefako Makgatho MCHD	27 to 28 September 2021	MCHD	Hybrid
University of Limpopo	March 2022	MMED (various disciplines)	Hybrid
NUMBER OF MEDICINE UNDERGRADUATE AND POSTGRADUATE EVALUATIONS FACILITATED		FIVE (5)	

1.2.2 DENTISTRY UNDER AND POST GRADUATE PROGRAMMES

NAME OF INSTITUTION	DATE	UNDERGRADUATE PROGRAMME	VIRTUAL/PHYSICAL/HYBRID
Sefako Makgatho Health Sciences University	Follow-up evaluation	19 and 20 July 2021	Hybrid
University of Pretoria	18-19 October 2021	MCHD	Hybrid
University of Western Cape	22-25 October 2021	MCHD	Hybrid
University of Witwatersrand	23 March 2022	BDS	Hybrid, (Impromptu Evaluation)
NAME OF INSTITUTION	DATE	POSTGRADUATE PROGRAMME	VIRTUAL/PHYSICAL/HYBRID
University of the Western Cape	25 to 29 October 2021	1. Orthodontics 2.Oral Pathology 3.Maxillo-Facial and Oral Surgery 4.Community Dentistry 5.Prosthodontics 6.Periodontics and Oral Medicine	Hybrid
University of Pretoria	18 to 21 October 2021	1. Orthodontics 2. Oral Pathology 3.Periodontics and Oral Medicine 4.Maxillo-Facial and Oral Surgery 5.Community Dentistry 6.Prosthodontics	Hybrid
NUMBER OF DENTISTRY UNDERGRADUATE AND POSTGRADUATE EVALUATIONS FACILITATED		SIX (6)	

1.2.3 MEDICAL INTERNSHIP EVALUATIONS

NAME OF INSTITUTION	PROGRAMME	DATE	VIRTUAL
Robert Mangaliso Sobukwe/Prof Z K Mathews/Galeshewe Day/West End/training complex (Former Kimberley Hospital)	Medical Internship	01 October 2021	Virtual
Joe Morolong/Taung Hospital complex	Medical Internship	27 October 2021	Virtual
Far East Rand Hospital	Medical Internship	02 November 2021	Virtual
Port Shepstone Hospital	Medical Internship	29 October 2021	Virtual
Mamelodi Regional Hospital	Medical Internship	04 November 2021	Virtual
Mitchell's Plain Hospital	Medical Internship	05 November 2021	Virtual
Karl Bremer Hospital	Medical Internship	16 November 2021	Virtual
Mapulaneng Hospital	Medical Internship	24 November 2021	Virtual
Paarl Hospital	Medical Internship	30 November 2021	Virtual
Addington/Mahatma Gandhi Hospital	Medical Internship	02 July 2021	Virtual
Victoria Hospital	Medical Internship	09 July 2021	Virtual
Frere Hospital	Medical Internship	14 July 2021	Virtual
Tembisa Provincial Tertiary Hospital 28/07;	Medical Internship	28 July 2021	Virtual
Prince Mshiyeni Hospital	Medical Internship	29 July 2021	Virtual
Edenvale Hospital	Medical Internship	30 July 2021	Virtual
Kalafong Provincial Tertiary Hospital	Medical Internship	06 August 2021	Virtual
Tshilidzini/Donald Fraser	Medical Internship	11 August 2021	Virtual
Chris Hani Baragwanath Hospital	Medical Internship	12 August 2021	Virtual
Rob Ferreira Hospital	Medical Internship	16 August 2021	Virtual
SBAH	Medical Internship	18 August 2021	Virtual
Mokopane Hospital	Medical Internship	26 August 2021	Virtual
New Castle/Madadeni hospital	Medical Internship	27 August 2021	Virtual
Bongani Hospital	Medical Internship	30 August 2021	Virtual
Groote Schuur Hospital complex	Medical Internship	09 September 2021	Virtual
Khayelitsha Hospital complex	Medical Internship	15 September 2021	Virtual
Letaba Hospital	Medical Internship	17 September 2021	Virtual
St Ritas Hospital	Medical Internship	21 September 2021	Virtual
Klerksdorp Hospital complex	Medical Internship	21 September 2021	Virtual
PMB Hospital complex	Medical Internship	22 September 2021	Virtual
Tambo Memorial Hospital	Medical Internship	29 September 2021	Virtual
NUMBER OF MEDICAL INTENSHIP EVALUATIONS CORDINATED		THIRTY (30)	

1.2.4 ADDITIONAL MEDICAL INTERNSHIP POSTS FOR THE JANUARY 2022 INTAKE

The MDB on the 22 November 2021 RESOLVED to approve the applications for additional internship training posts as below:

NAME OF TRAINING COMPLEX	CURRENT APPROVED NUMBER OF POSTS	NUMBER OF POSTS APPLIED FOR	MDB APPROVAL	TOTAL APPROVAL
Gauteng Province Total	1568	320	180	1748
Eastern Cape Province Total	456	76	76	532
KZN Province Total	1128	172	140	1268
Limpopo Province Total	340	84	64	404
Mpumalanga Province Total	200	40	40	240
Free State Province	276	48	40	316
Northern Cape Province Total	84	32	0	84
North West Province Total	352	40	40	392
Western Cape Province Total	652	120	120	772
GRAND TOTAL	5052	932	700	5756

1.2.5 FOREIGN MEDICAL CURRICULUM REVIEW

The following seven (7) institutions were approved by the task team and the METRC pending approval of the Board.

NAME OF UNIVERSITY	STATUS	OUTSTANDING DOCUMENT
Capital medical University	Awaiting Boards Approval	No Outstanding documents
Kharkiv Medical University		
Saratov State Medical University		
Zhengzhou Medical University		
Amrita School of Medicine		
Tambov State Medical University		
Texila American University		

The following five (5) institutions were assessed by the task team still pending documents

NAME OF UNIVERSITY	STATUS	OUTSTANDING DOCUMENT
Grigore T Popa University	Pending documents	In order for a determination to be made a clinical training programme should be submitted detailing the following information: <ul style="list-style-type: none"> The clinical component of training. The expected outcome of the clinical training. The facilities used for the clinical training. Details on the assessment of the clinical component.
Chongqing Medical University		a. Detailed information on the activities that are covered in the non-lectures training hours for each discipline. b. Clarity on whether the Chinese language and Chinese Culture hours and credits (in the first and second year) are included within the 5500 training hours. c. Clarity on what is meant by the optional courses. Do students need to select from the courses and can students also choose to not do the optional courses (in year one and two).
Shenyang Medical College		Proof of open accreditation by two (2) international Medical Councils and ECFMG
Xi'an Jiaotong University-China		Clarity on what does it entail when students "view patients" and what clinical training do students undergo.
China Medical University		Proof of open accreditation by two (2) international Medical Councils and ECFMG

The following institutions are awaiting assessment by the task team

NAME OF UNIVERSITY	STATUS	OUTSTANDING DOCUMENT
Vinnitsa National Pirogov Memorial Medical University, Vinnitsya (VMNU)- Ukraine	Pending Assessment	Details of Academic Curriculum for the medical degree indicating the course of study, specifying courses, content of education and training. 1. Proof of open accreditation by two (2) international Medical Councils and ECFMG 2. Proof of accreditation by the Medical Council/ Regulator from country of institution is signed 3. Letter of recognition of programme from the country's National Department of Health and/or National Department of Education Proof of academic English proficiency course (IELTS) (less than 2 years) if language of tuition was not English
Odessa National Medical University		
Ivano Frankivsk National Medical University		
Altinbas University		
Hunan University of Medicine		
Jiangsu University		
Kings college London		
Windsor University		
Kazan State Medical University		
Rajshahi Medical College		
Manipal University		

1.2.6 PROFESSIONAL BOARD FOR DIETICIAN AND NUTRITIONIST (DNB) PROFESSIONAL BOARD EVALUATIONS.

UNIVERSITY	PROGRAMME	DATES	VIRTUAL/PHYSICAL
Sefako Makgatho Health Sciences University (SMU)	Bachelor of Science in Dietetics	26 to 29 July 2021	Virtual
University of KwaZulu-Natal (UKZN)	Bachelor of Science in Dietetics and Human Nutrition	08 to 10 September 2021	Hybrid
University of Venda	Bachelor of Science in Nutrition	04 to 07 October 2021	Virtual
Nelson Mandela University	Bachelor of Science in Dietetics	14 to 17 March 2022	Virtual
NUMBER OF DNB EVALUATIONS FACILITATED		FOUR (4)	

1.2.7 PROFESSIONAL BOARD FOR SPEECH, LANGUAGE AND HEARING EVALUATIONS

NAME OF INSTITUTION	DATE OF RE-EVALUATION	NAME OF THE PROGRAMME	METHOD OF EVALUATION
University of Fort Hare	22 – 23 June 2021	Speech-Language Pathology	Physical Evaluation
	06 July 2021	Speech-Language Pathology	Virtual – (Interviews with respective stakeholders from the University)
NUMBER OF SLH EVALUATIONS FACILITATED			TWO (2)

1.2.8 PROFESSIONAL BOARD FOR EMERGENCY CARE (ECPB) EVALUATIONS

NAME OF INSTITUTION COLLEGE	DATE OF RE-EVALUATION	NAME OF THE PROGRAMME	METHOD OF EVALUATION
MediClinic Private Higher Education Institution	21 and 22 April 2021	Higher Certificate in Emergency Medical Care	Physical
Free State College of Emergency Care (under the auspice of University of Johannesburg)	29 and 30 June 2021	Higher Certificate in Emergency Medical Care	Physical
Cape Peninsula University of Technology (CPUT)	21 July 2021	Speech-Language Pathology	Physical Evaluation
Sefako Makgatho Health Sciences University (SMU)	09 and 10 September 2021	Higher Certificate in Emergency Medical Care	Physical
Durban University of Technology	01 February 2022	Bachelor of Health Science in Medical Emergency Care	Physical
School for Military Health Training (under the auspice of University of Johannesburg)	09 February 2022	Higher Certificate in Emergency Medical Care	Physical
NUMBER OF PBEC EVALUATIONS FACILITATED		SIX (6)	

1.2.9 MEDICAL TECHNOLOGY BOARD (MTB) EVALUATIONS

INSTITUTION	CATEGORY	DATE	Type
Universal Pathology Johannesburg	Medical Technician Phlebotomy	6 April 2021	Physical evaluation
Universal Pathology Durban	Medical Technician Phlebotomy	6 April 2021	Physical evaluation
Nelson Mandela University	BHSC Medical Laboratory Science	31 March 2022 & 01 April 2022	Physical evaluation
NUMBER OF MTB EVALUATIONS FACILITATED		THREE (3)	

1.2.10 PROFESSIONAL BOARD FOR PHYSIOTHERAPY, PODIATRY AND BIOKINETICS (PPB) BOARD EXAMINATIONS

INSTITUTION	DATE OF EVALUATION	PROGRAMME	VIRTUAL/PHYSICAL
University of Venda	8 to 9 April 2021	Biokinetics	Physical
North West University	18 January 2022	Bachelor of Health Sciences in Biokinetics	Physical
NUMBER OF PPB EVALUATIONS FACILITATED		TWO (2)	

1.2.10 PROFESSIONAL BOARD FOR PHYSIOTHERAPY, PODIATRY AND BIOKINETICS (PPB) BOARD EXAMINATIONS

INSTITUTION	DATE OF EVALUATION	PROGRAMME	VIRTUAL/PHYSICAL
Nelson Mandela University (NMU)	9-10 June 2021	Professional Degree in Environmental Health	Physical evaluation
Cape Peninsula University of Technology (CPUT)	30 August 2021	Professional Degree in Environmental Health.	Physical evaluation
Durban University of Technology (DUT)	30 - 31 August 2021	Professional Degree in Environmental Health	Physical evaluation
Mangosuthu University of Technology (MUT)	1 September 2022	Professional Degree in Environmental Health	Physical evaluation
University of Johannesburg (UJ)	21-22 September 2021	Professional Degree in Environmental Health	Physical evaluation
Central University of Technology	11 October 2021	Professional Degree in Environmental Health	Physical Evaluation
NUMBER OF EHPB EVALUATIONS FACILITATED		Six (6)	

1.2.12 PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS, PROSTHETICS & ARTS THERAPY (OCP) EVALUATIONS

INSTITUTION	DATE OF EVALUATION	PROGRAMME	VIRTUAL/PHYSICAL
University of Pretoria	April 2021	Master of Arts Music programme	Virtual
University of Johannesburg	01 July 2021	Master of Arts Therapy	Virtual
Tshwane University of Technology (TUT)	29 - 30 Nov 2021	Medical Orthotics and Prosthetics Masters Programme.	Virtual
NUMBER OF OCP EVALUATIONS FACILITATED		THREE (3)	

1.2.13 PSYCHOLOGY EVALUATIONS

INSTITUTION	DATE OF EVALUATION	PROGRAMME	VIRTUAL/PHYSICAL
None	N/A	N/A	N/A

1.2.14 PSYCHOLOGY APPROVAL OF INDIVIDUAL TAILORED INTERNSHIP PROGRAMMES

NO	CATEGORIES	APPROVED NUMBERS
1	Educational Psychology	137
2	Industrial Psychology	229
3	Research Psychology	11
4	Neuropsychology	0
5	Registered Counsellors	0
6	Psychometry	0
7	Counselling Psychology	20
NUMBER OF PSYCHOLOGY APPROVED INDIVIDUAL TAILORED INTERNSHIP PROGRAMMES		397

1.2.15 PROFESSIONAL BOARD FOR OPTOMETRIST AND DISPENSING OPTICIAN (PBODO) EVALUATIONS.

INSTITUTION	DATE OF EVALUATION	PROGRAMME	VIRTUAL/PHYSICAL
None	N/A	N/A	N/A

1.2.16 DENTAL ASSISTING, DENTAL THERAPY AND ORAL HYGIENE (DOH) PROFESSIONAL BOARD EVALUATIONS

UNIVERSITY	PROGRAMME	DATES	VIRTUAL/PHYSICAL
University of the Witwatersrand	Oral hygiene	21-23 September 2021	Virtual
Central University of Technology	Dental Assistants	23-24 November 2021	Hybrid
NUMBER OF DOH EVALUATIONS FACILITATED		TWO (2)	

1.2.17 RADIOGRAPHY AND CLINICAL TECHNOLOGY BOARD EVALUATIONS

Total sixty (60) evaluations were facilitated: 57 Clinical Training facilities and 3 Higher Education Institutions (HEIs):

HEI	CLINICAL TRAINING FACILITIES	CATEGORY	DATE	VIRTUAL /PHYSICAL
University of Johannesburg	(DRS)Bedford Gardens Hospital	Diagnostic	23-06-2021	Virtual
University of Johannesburg	(DRS) Bedford Gardens Hospital	Ultrasound	23-06-2021	Virtual
University of Johannesburg	(DRS) Mulbarton Hospital	Ultrasound	23-06-2021	Virtual
University of Johannesburg	(DRS) Netcare Union Hospital	Ultrasound	15-06-2021	Virtual
University of Johannesburg	(DRS) Linksfield Hospital	Ultrasound	15-06-2021	Virtual
University of Johannesburg	(DRS) Sunward Park Hospital	Ultrasound	18-06-2021	Virtual
University of Johannesburg	(DRS) Clinton Hospital	Ultrasound	23-06-2021	Virtual
University of Johannesburg	(DRS) Roseacres Hospital	Ultrasound	18-06-2021	Virtual
Durban University of Technology	Charlotte Maxeke Johannesburg Academic Hospital	Cardiology	12-03-2021	Virtual
Central University of Technology	Fresenius Medical Care Panorama	Nephrology	12-03-2021	Virtual
Tshwane University of Technology	Biko Academic Hospital	Pulmonology	9-04-2021	Virtual
Tshwane University of Technology	Biko Academic Hospital	Cardiovascular Perfusion	19-04-2021	Virtual
Central University of Technology	Universitas Academic Hospital (UAH)	Neurophysiology	01-04-2021	Virtual
Central University of Technology	Universitas Academic Hospital (UAH)	Pulmonology	01-04-2021	Virtual
Tshwane University of Technology	Renalworx Dialysis Centre	Nephrology	11-02-2021	Virtual
Central University of Technology	Tygerberg Hospital	Critical Care	06-04-2021	Virtual
Central University of Technology	Tygerberg Hospital Respiratory Lung Unit	Pulmonology	06-04-2021	Virtual
Tshwane University of Technology	Steve Biko Academic Hospital: Nephology unit	Nephrology	09-04-2021	Virtual
Tshwane University of Technology	Steve Biko Hospital	Neurophysiology	19-04-2021	Virtual
Cape Peninsula University of Technology	Morton & Partners: Cape Town Mediclinic	Ultrasound	03-05-2021	Virtual
Cape Peninsula University of Technology	Morton & Partners: Melomed Belville	Ultrasound	04-05-2021	Virtual
Cape Peninsula University of Technology	Morton & Partners: Christian Banard	Ultrasound	03-05-2021	Virtual
Cape Peninsula University of Technology	Morton & Partners: MelomedGateville	Ultrasound	04-05-2021	Virtual
Cape Peninsula University of Technology	Morton & Partners: Life Kingsbury Radiology	Ultrasound	05-05-2021	Virtual
Cape Peninsula University of Technology	Morton & Partners: Melomed Mitchells Plain	Ultrasound	04-05-2021	Virtual
Cape Peninsula University of Technology	Morton & Partners: New Sommerset Hospital	Ultrasound	05-05-2021	Virtual
Durban University of Technology	IMA Private Renal Unit	Nephrology	25-03-2021	Virtual
Durban University of Technology	Dialysis Care Group (PTY) LTD Mount Edgecombe	Nephrology	25-03-2021	Virtual
Tshwane University of Technology				
Durban University of Technology	Charlotte Maxeke Johannesburg Academic Hospital	Nephrology	12-03-2021	Physical

Central University of Technology	FMC Panorama	Nephrology	26-03-2021	Physical
Durban University of Technology	Inkosi Albert Luthuli Hospital: Nephrology Unit	Nephrology	30-04-2021	Physical
University of Johannesburg	Chris Hani Baragwanath Academic Hospital	Diagnostic	20-05-2021	Virtual
University of Johannesburg	Louis Pasteur Hospital	Ultrasound	18-05-2021	Virtual
University of Johannesburg	Mafikeng Hospital	Ultrasound	19-05-2021	Virtual
University of Johannesburg	Chris Hani Baragwanath Hospital	Ultrasound	20-05-2021	Virtual
University of Johannesburg	TRIRAD	Diagnostic	25-05-2021	Virtual
University of Johannesburg	TRIRAD Diagnostic	Ultrasound	25-05-2021	Virtual
University of Johannesburg	Dr Burger Radiologists - Olivedale Hospital	Ultrasound	28-05-2021	Virtual
University of Johannesburg	Dr Burger Radiologists - Arwyp Hospital	Ultrasound	27-05-2021	Virtual
University of Johannesburg	Kalafong Provincial Tertiary Hospital	Ultrasound	17-05-2021	Virtual
University of Johannesburg	Dr Burger Radiologists – UNITAS Hospital	Ultrasound	21-05-2021	Virtual
Tshwane University of Technology	Rob Ferreira Hospital	Diagnostics	05-10-2021	Virtual
Tshwane University of Technology	Mapulaneng Hospital	Diagnostics	06-10-2021	Virtual
University of Johannesburg	Life Parklands Springs	Ultrasound	15-09- 2021	Virtual
University of Johannesburg	Glynnwood	Diagnostic	14-09- 2021	Virtual
University of Johannesburg	Milpark Radiology	Ultrasound	15-09- 2021	Virtual
Tshwane University of Technology	Wijnland Fertility Clinic	Reproductive Biology	23-09-2021	Virtual
University of Johannesburg	Midstream Medical	Ultrasound	13-09- 2021	Virtual
University of Johannesburg	Charlotte Maxeke Johannesburg Academic Hospital	Radiation Oncology	01-10-2021	Virtual
Central University of Technology	Themba Hospital	Diagnostics	06-10-2021	Virtual
University of Pretoria	Pholoso Hospital	Diagnostics	03-11-2021	Physical
University of Johannesburg	Hellen Joseph	Ultrasound	15-11-2021	Virtual
University of Johannesburg	Hellen Joseph	Diagnostics	15-11-2021	Virtual
University of Pretoria	Kalafong	Diagnostics	28-10-2021	Virtual
University of Pretoria	KwaMhlanga	Diagnostics	28-10-2021	Virtual
University of Pretoria	Loius Pastuer	Diagnostics	02-11-2021	Virtual
University of Pretoria	Mamelodi	Diagnostics	28-10-2021	Virtual
University of Pretoria	Pretoria West Hospital	Diagnostics	02-11-2021	Virtual
University of Pretoria	Tshwane District Hospital	Diagnostics	04-11-2021	Physical
UNIVERSITY EDUCATION AND TRAINING PROGRAMMES				
University of Johannesburg	Radiography	30-31 September 2021	Virtual	
University of Pretoria	Radiography	22-25 November 2021	Hybrid	
Durban University of Technology	Clinical Technology	16-19 November 2021	Physical	
Durban University of Technology	Radiography	22 - 24 March 2022.	Virtual	
NUMBER OF RCT EVALUATIONS FACILITATED			SIXTY ONE (61)	

Challenges regarding evaluations:

In accordance with Council Rule 112 of 2018, evaluation fees shall be determined by the HPCSA on a cost recovery basis for each evaluation:

- Evaluation of a new programme
 - Review of an existing programme
 - Repeat or follow up investigation to check on compliance with conditions of approval.
 - Restoration of approval after withdrawal of approval by the relevant Board;
- shall be paid within 30 days after the issuing of the invoice by Council.

The challenges experienced by the HPCSA regarding payment of evaluation fees are as follows:

- Reluctance in paying of evaluation fees by some higher education institutions.
- Late payment of evaluation fees by some higher education institutions.

2. REGISTRATIONS

2.1 Overview

The Registration Division is responsible for the registration of all health practitioners registerable in terms of the Health Professions Act, Act No. 56 of 1974 as amended, including students ahead of their practising their respective professions. Registration ensures that a practitioner receives professional status, inclusive of right to practice the profession that they are qualified for. The main categories of registration are 1) Students, 2) Interns, 3) Public/Community Service, 4) Supervised Practice, 5) Independent Practice, 6) Specialists and subspecialists. In addition, registration is also undertaken for temporary and/or restricted practice for 1) Education, 2) Post-graduate study, and 3) Volunteers

2.2 Registration of Health Practitioners

In the year under review, the HPCSA registered 19937 healthcare practitioners in line with its legislative mandate. The challenges experienced with the registration of graduates, registration of category changes for those who were completing community service and registration of specialists and subspecialists in the period December 2020 to March 2021 led to several delayed registrations. The 2021 graduates were registered at offsite registration centers. The offsite registration drive received an overwhelming response where most centers operated overnight, with the team ensuring registration of practitioners who headed the call to come and register before the Christmas Holidays. A total of 8381 practitioners were registered at various centers over 42 days.

Practitioners who did not attend to registrations at offsite registration centers were, in the main, registered based on emailed applications and requests submitted through service cloud. Registration categories for which original or notarized documentation is required were processed with an end date which would only be removed after the applicant or practitioner submitted the original application. The Client Contact Centre remained open to service practitioners who needed assistance with the inline portal or had registration related inquiries.

The following tables depict movements that resulted in changes to the registers kept by Council, as well as other services provided to practitioners in the period, 1 April 2021 to 31 March 2022, with comparative numbers for the period 1 April 2020 to 31 March 2021:

Table 1: Registrations

CATEGORY	NUMBER REGISTERED IN 2020/2021	NUMBER REGISTERED IN 2021/2022
Prescribed Registrations	23,020	19937
Specialists	512	825
Foreign Qualified	326	351
Additional Category	71	106
Additional Qualification	1,268	2313
Category Change	1036	4717

Table 2: Removals

CATEGORY	NUMBER RECORDED IN 2020/2021	NUMBER RECORDED IN 2021/2022
Voluntary Erasures	636	461
Suspensions for not paying annual fees	11,770	9892
Instruction to Erase	31	15
Deceased	75	101

Table 3: certificates by the Registrar

CATEGORY	NUMBER ISSUED IN 2020/2021	NUMBER ISSUED IN 2021/2022
Certificates of Status	1,997	1898
Certified Extracts	455	225
Intern Duty Certificates	228	228
Verification of Credentials	226	192

2.3 Registration Growth Statistics April 2018 – March 2021

Annexure 1 depicts the growth of the total register from April 2018 to March 2021 including those healthcare practitioners who do not necessarily pay annual fees such as students, intern students, interns from some professional boards, and practitioners exempted due to old age but are still practising.

Active Registrations (April 2019/2020/2021/2022)

REG_TYPE	BRD_CODE	REG_CODE	REG_NAME	Apr 2019	Apr 2020	Apr 2021	Apr 2022
Intern	MDB	GCIN	INTERN GENETIC COUNSELLOR	12	12	10	13
		GRIN	INTERN GENETIC COUNSELLOR	4	4	4	4
		IN	INTERN	3,715	4,458	5,016	5,124
		MSIN	INTERN MEDICAL SCIENTIST	239	242	214	260
		MWIN	INTERN MEDICAL BIOLOGICAL SCIENTIST	26	26	26	26
		PHIN	INTERN MEDICAL PHYSICIST	28	36	42	45
	MDB Total			4,024	4,778	5,312	5,472
	MTB	MTIN	MEDICAL TECHNOLOGY INTERN	866	807	735	768
MTB Total			866	807	735	768	
Intern	OCP	ATIN	ARTS THERAPIST INTERNS	10	14	19	23
		OSIN	INTERN MEDICAL ORTHOTIST AND PROSTHETIST	249	70	96	93
	OCP Total			259	84	115	116
	PPB	BKIN	INTERN BOKINETICIST	988	1,010	338	314
	PPB Total			988	1,010	338	314
	PSB	PSIN	INTERN PSYCHOLOGIST	958	1,013	733	877
	PSB Total			958	1,013	733	877
Intern Total				7,095	7,692	7,233	7,547
Practitioner	DOH	DA	DENTAL ASSISTANT	4,460	4,325	4,098	3,956
		OH	ORAL HYGIENIST	1,240	1,257	1,263	1,249
		SDA	DENTAL ASSISTANT (SUPPLEMENTARY REGISTER) - CLOSED	1	1	1	1
		TT	DENTAL THERAPIST	767	740	804	853
	DOH Total			6,468	6,323	6,166	6,059
	DTB	DT	DIETITIAN	3,555	3,494	3,822	3,940
		NT	NUTRITIONIST	229	229	216	219
	DTB Total			3,784	3,723	4,038	4,159
	EHO	FI	FOOD INSPECTOR	9	1	9	9
		HI	ENVIRONMENTAL HEALTH PRACTITIONER	3,806	3,493	4,118	4,229
		HIA	ENVIRONMENTAL HEALTH ASSISTANT	66	71	69	69
	EHO Total			3,881	3,565	4,196	4,307
	EMB	ANA	AMBULANCE EMERGENCY ASSISTANT	10,683	11,350	11,365	11,030
		ANT	PARAMEDIC	1,489	1,353	1,543	1,594
		BAA	BASIC AMBULANCE ASSISTANT	43,171	35,448	29,664	26,288
		ECA	EMERGENCY CARE ASSISTANT	0	0	0	20
		ECP	EMERGENCY CARE PRACTITIONER	731	817	854	958
ECT		EMERGENCY CARE TECHNICIAN	1,123	1,100	1,080	1,057	
OECO		OPERATIONAL EMERGENCY CARE ORDERLY	462	441	393	366	
EMB Total			57,659	50,509	44,899	41,313	

Practitioner	MDB	BE	BIOMEDICAL ENGINEER	2	1	1	1
		CA	CLINICAL ASSOCIATE	846	946	1,006	1,089
		DP	DENTIST	6,365	6,059	6,586	6,641
		GC	GENETIC COUNSELLOR	12	21	23	25
		GR	GENETIC COUNSELLOR	14	11	14	14
		KB	CLINICAL BIOCHEMIST	9	5	6	6
		MP	MEDICAL PRACTITIONER	45,393	43,901	48,021	49,533
		MS	MEDICAL BIOLOGICAL SCIENTIST	267	298	339	365
		MW	MEDICAL BIOLOGICAL SCIENTIST	383	316	350	348
		PH	MEDICAL PHYSICIST	151	148	166	168
		SMW	SUPPLEMENTARY MEDICAL SCIENTIST	3	2	3	3
	MDB Total			53,445	51,708	56,515	58,193
	MTB	CT	CYTO-TECHNICIAN	1	1	1	1
		GT	MEDICAL TECHNICIAN	3,915	3,969	4,314	4,442
		LA	LABORATORY ASSISTANT	818	940	966	990
		MLS	MEDICAL LABORATORY SCIENTIST	167	210	234	282
		MT	MEDICAL TECHNOLOGIST	5,780	5,097	6,119	6,244
		SGT	SUPPLEMENTARY MEDICAL TECHNICIAN	16	4	14	12
		SLA	SUPPLEMENTARY LABORATORY ASSISTANT	171	157	136	127
MTB Total			10,868	10,378	11,784	12,098	
Practitioner	OCP	AOS	ASST MED ORTH PROST & LEATHERWORKER	4	4	2	3
		AT	ARTS THERAPIST	87	95	95	100
		OB	ORTHOPAEDIC FOOTWEAR TECHNICIAN	48	39	46	43
		OS	MEDICAL ORTHOTIST AND PROSTHETIST	596	638	698	744
		OSA	ORTHOPAEDIC TECHNICAL ASSISTANT	77	76	75	75
		OT	OCCUPATIONAL THERAPIST	5,465	5,638	5,876	6,063
		OTB	OCCUPATIONAL THERAPY ASSISTANT	69	66	51	46
		OTT	OCCUPATIONAL THERAPY TECHNICIAN	452	442	420	392
		SOS	SUPPLEMENTARY MEDICAL ORTHOTIST AND PROSTHETIST	1	1	1	1
	OCP Total			6,799	6,999	7,264	7,467
	ODO	OD	DISPENSING OPTICIAN	138	136	133	142
		OP	OPTOMETRIST	3,812	3,879	3,994	4,055
		OR	ORTHOPTIST	10	4	10	9
		SOD	SUPPLEMENTARY OPTICAL DISPENSER	2	1	2	2
		SOP	SUPPLEMENTARY OPTOMETRIST	8	5	8	8
	ODO Total			3,970	4,025	4,147	4,216
	PPB	BK	BIOKINETICIST	1,786	1,869	1,971	2,058
		CH	PODIATRIST	319	280	349	372
		MA	MASSEUR	2	0	2	2
PT		PHYSIOTHERAPIST	7,906	8,058	8,343	8,571	
PTA		PHYSIOTHERAPY ASSISTANT	156	137	122	101	
PTT		PHYSIOTHERAPY TECHNICIAN	46	43	42	50	
RM		REMEDIAL GYMNAST	1	1	1	1	
SCH		SUPPLEMENTARY PODIATRIST	3	2	3	3	
SPT		SUPPLEMENTARY PHYSIOTHERAPIST	2	1	2	2	
PPB Total			10,221	10,391	10,835	11,160	

Practitioner	PSB	PM	PSYCHO-TECHNICIAN	16	7	12	9	
		PMT	PSYCHOMETRIST	2,101	1,939	2,047	2,018	
		PRC	REGISTERED COUNSELLOR	2,474	2,559	2,596	2,583	
		PS	PSYCHOLOGIST	8,742	8,030	9,125	9,218	
	PSB Total			13,333	12,535	13,780	13,828	
	RCT	DR	RADIOGRAPHER	7,890	7,309	8,332	8,586	
		EE	ELECTRO-ENCEPHALOGRAPHIC TECHNICIAN	55	60	62	61	
		KT	CLINICAL TECHNOLOGIST	802	682	745	623	
		KTG	GRADUATE CLINICAL TECHNOLOGIST	598	689	726	843	
		RLT	RADIATION TECHNOLOGIST	10	10	8	8	
		RSDR	RESTRICTED SUPP DIAG RADIOGRAPHER	3	1	2	2	
		SDR	SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHER	163	100	130	115	
		SKT	SUPPLEMENTARY CLINICAL TECHNOLOGIST	2	2	2	2	
	RCT Total			9,523	8,853	10,007	10,240	
	SLH	AM	AUDIOMETRICIAN	4	1	4	4	
		AU	AUDIOLOGIST	706	781	835	914	
		GAK	HEARING AID ACOUSTICIAN	148	109	139	134	
		SAU	SUPPLEMENTARY AUDIOLOGIST	1	1	1	1	
		SGAK	SUPPLEMENTARY HEARING AID ACOUSTICIAN	4	2	4	4	
		SGG	COMMUNITY SPEECH AND HEARING WORKER	13	7	6	4	
		SGK	SPEECH AND HEARING CORRECTIONIST	4	3	4	3	
		SHA	SPEECH AND HEARING ASSISTANT	3	3	3	2	
		SSTA	SUPPLEMENTARY SPEECH THERAPIST AND AUDIOLOGIST	1	1	1	1	
			ST	SPEECH THERAPIST	1,202	1,272	1,401	1,511
			STA	SPEECH THERAPIST AND AUDIOLOGIST	1,589	1,450	1,638	1,647
			STB	SPEECH THERAPY ASSISTANT	1	1	1	1
	SLH Total			3,676	3,631	4,037	4,226	
Practitioner Total			183,627	172,640	177,668	177,266		

Student	DOH	DA S	STUDENT DENTAL ASSISTANT	1,977	2,065	2,080	2,194	
		OH S	STUDENT ORAL HYGIENIST	334	342	388	396	
		TT S	STUDENT DENTAL THERAPIST	257	269	300	269	
	DOH Total				2,568	2,676	2,768	2,859
	DTB	DT S	STUDENT DIETITIAN	1,411	1,453	1,490	1,435	
		NT S	STUDENT NUTRITIONIST	289	310	335	354	
		NT V	NUTRITION VISITING STUDENT	2	2	2	2	
	DTB Total				1,702	1,765	1,827	1,791
	EHO	HI S	STUDENT ENVIRONMENTAL HEALTH OFFICER	1,796	1,838	1,733	1,600	
	EHO Total				1,796	1,838	1,733	1,600
	EMB	ANTS	STUDENT PARAMEDIC	491	597	662	679	
		ECAS	STUDENT EMERGENCY CARE ASSISTANTS	0	30	73	141	
		ECPS	STUDENT EMERGENCY CARE PRACTITIONER	856	917	1,012	1,012	
		ECPV	ECP VISITING STUDENT	23	21	26	26	
		ECTS	STUDENT EMERGENCY CARE TECHNICIAN	692	684	685	683	
	EMB Total				2,062	2,249	2,458	2,541
	MDB	CA S	STUDENT CLINICAL ASSOCIATE	511	547	577	642	
		DP S	STUDENT DENTIST	1,002	973	1,021	918	
		GC S	STUDENT GENETIC COUNSELLOR	2	5	8	6	
		GR S	STUDENT GENETIC COUNSELLOR	1	1	1	1	
		IN S	STUDENT INTERN	2,180	2,190	1,799	2,161	
		MP S	MEDICAL STUDENT	13,213	11,574	12,146	11,957	
		MS S	STUDENT MEDICAL SCIENTIST	621	267	268	262	
		MW S	STUDENT MEDICAL SCIENTIST	68	0	0	0	
		PH S	STUDENT MEDICAL PHYSICIST	33	30	28	28	
	VS	VISITING STUDENT	101	134	15	4		
	MDB Total				17,732	15,721	15,863	15,979
	MTB	GT S	STUDENT MEDICAL TECHNICIAN	2,775	2,778	2,852	3,086	
		LA S	STUDENT LABORATORY ASSISTANT	1,016	1,019	1,007	1,096	
MT S		STUDENT MEDICAL TECHNOLOGIST	4,851	4,352	4,552	4,585		
MTB Total				8,642	8,149	8,411	8,767	
OCP	AT S	ARTS THERAPY STUDENT	45	56	49	60		
	OS S	STUDENT MEDICAL ORTHOTIST AND PROSTHETIST	382	339	282	337		
	OT S	STUDENT OCCUPATIONAL THERAPIST	1,888	1,952	1,956	1,920		
	OTBS	STUDENT OCCUPATIONAL THERAPY ASSISTANT	32	32	32	32		
	OTES	DELETED - ART THERAPY STUDENT	7	7	7	7		
OCP Total				2,354	2,386	2,326	2,356	
ODO	OD S	STUDENT DISPENSING OPTICIAN	355	379	409	436		
	OP S	STUDENT OPTOMETRIST	841	905	939	925		
	OPVS	VISITING STUDENT OPTOMETRY	4	4	4	4		
ODO Total				1,200	1,288	1,352	1,365	
PPB	BK S	STUDENT BIOKINETICIST	1,021	1,351	1,283	1,038		
	CH S	STUDENT PODIATRIST	314	322	343	314		
	PT S	STUDENT PHYSIOTHERAPIST	2,117	2,209	2,191	2,328		
PPB Total				3,452	3,882	3,817	3,680	

Student	PSB	PMTS	STUDENT PSYCHOMETRIST	846	455	533	454
		PS S	STUDENT PSYCHOLOGIST	1,394	1,399	1,448	1,644
		PS V	PSYCHOLOGY VISITING STUDENT	5	3	5	5
		SRC	STUDENT REGISTERED COUNSELLOR	2,903	2,008	2,149	1,990
	PSB Total			5,148	3,865	4,135	4,093
	RCT	DR S	STUDENT RADIOGRAPHER	2,561	2,328	2,302	2,531
		DR V	VISITING STUDENT RADIOGRAPHER	42	38	58	58
		EE S	STUDENT ELECTRO-ENCEPHALOGRAPHIC TECHNICIAN	128	143	161	176
		KT S	STUDENT CLINICAL TECHNOLOGIST	515	516	583	663
		RLTS	STUDENT RADIATION TECHNOLOGIST	2	1	2	2
		SDRS	STUDENT SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHER	9	9	9	9
	RCT Total			3,257	3,035	3,115	3,439
	SLH	AU S	STUDENT AUDIOLOGIST	516	501	541	595
		GAKS	STUDENT HEARING AID ACOUSTICIAN	31	32	32	32
		ST S	STUDENT SPEECH THERAPIST	746	806	862	951
		STAS	STUDENT SPEECH THERAPIST AND AUDIOLOGIST	289	243	214	205
		STAV	STA VISITNG STUDENT	4	4	4	4
SLH Total			1,586	1,586	1,653	1,787	
Student Total			51,499	48,440	49,458	50,257	
Grand Total			242,221	228,772	234,359	235,070	

3. PROFESSIONAL PRACTICE

3.1 Overview

The Professional Practice Division's main functions are 1) Continuing Professional Development (CPD) and its transitioning to Maintenance of Licensure (MoL) 2) Business Practices 3) Scope of Practice and Profession 4) Ethics and Human Rights 5) Management of impaired Practitioners and Students.

3.2 CPD and MoL project

The CPD portfolio is managed according to section 26 of the Health Professions Act, 1974 which states that: -

The council may, after consultation with a professional board, make rules which:-

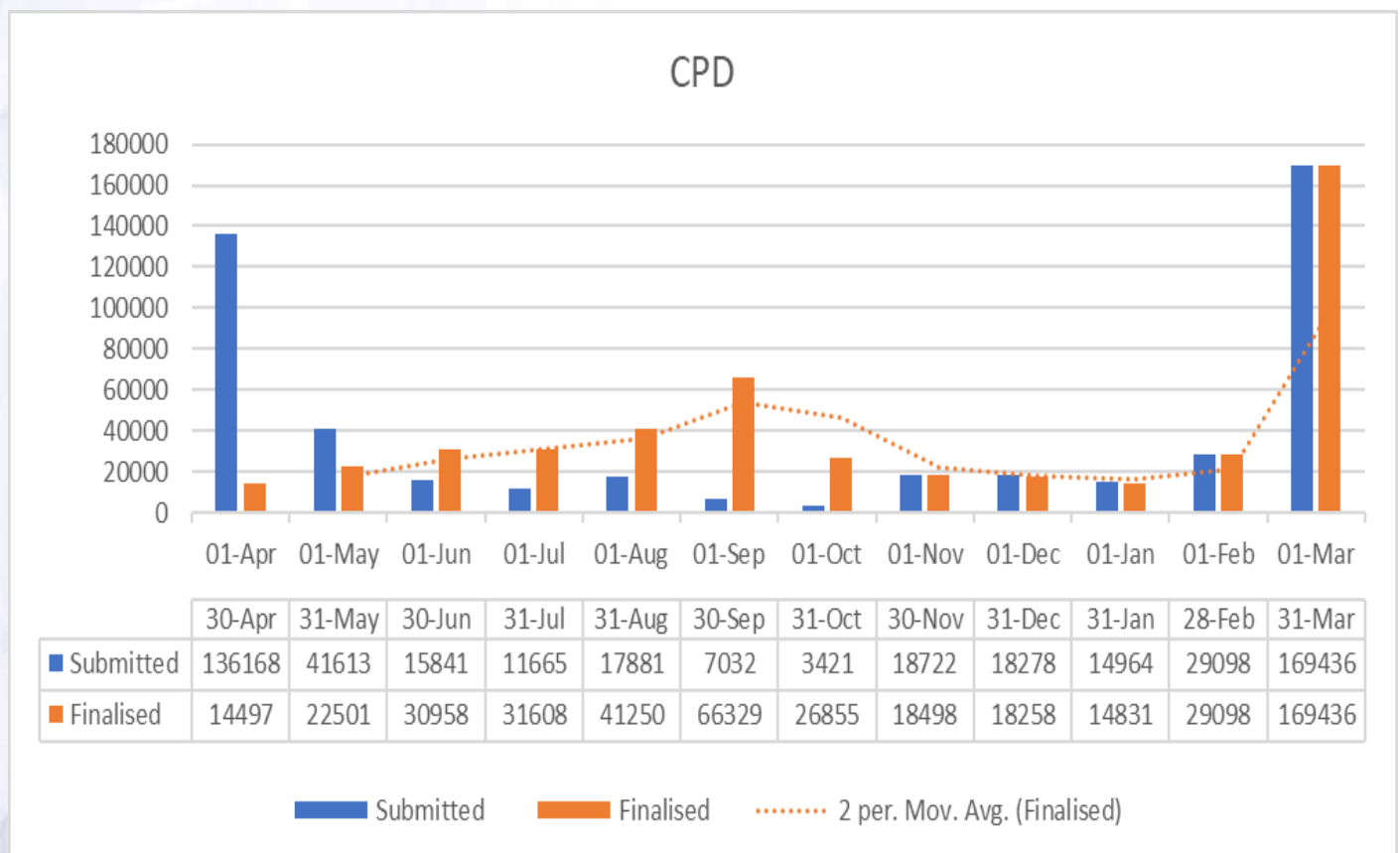
- (a) determine conditions relating to continuing professional development to be undertaken by persons registered in terms of this Act in order to retain such registration;
- (b) determine the nature and extent of continuing professional development to be undertaken by persons registered in terms of this Act;
- (c) relate to the criteria for the recognition by the professional board of continuing professional development activities and providers of such activities;
- (d) relate to offences in respect of, and penalties for, noncompliance.

3.2.1 A total of 484 119 individual cases were submitted and closed in the FY2022 by registered practitioners for CPD, see figure 1 below.

3.2.2 The development of MoL programme continues, and it is expected that the testing and piloting will be concluded in the FY23.

3.2.3 Seventy percent (70%) of active practitioners on Council's database have utilised CPD portal for uploading CPD compliance information or submission of enquiries in the FY2022.

Figure 1: CPD annual stats



3.3 Business Practice

3.3.1 Total of seven (7) applications, in terms of ethical rule 18, were considered Council, of which five (5) have been finalised.

3.4 Management of impaired practitioners and students

The management of practitioners' impairment is conducted in terms of regulations section 51 of the Health Professions Act, 1974 which states that: -

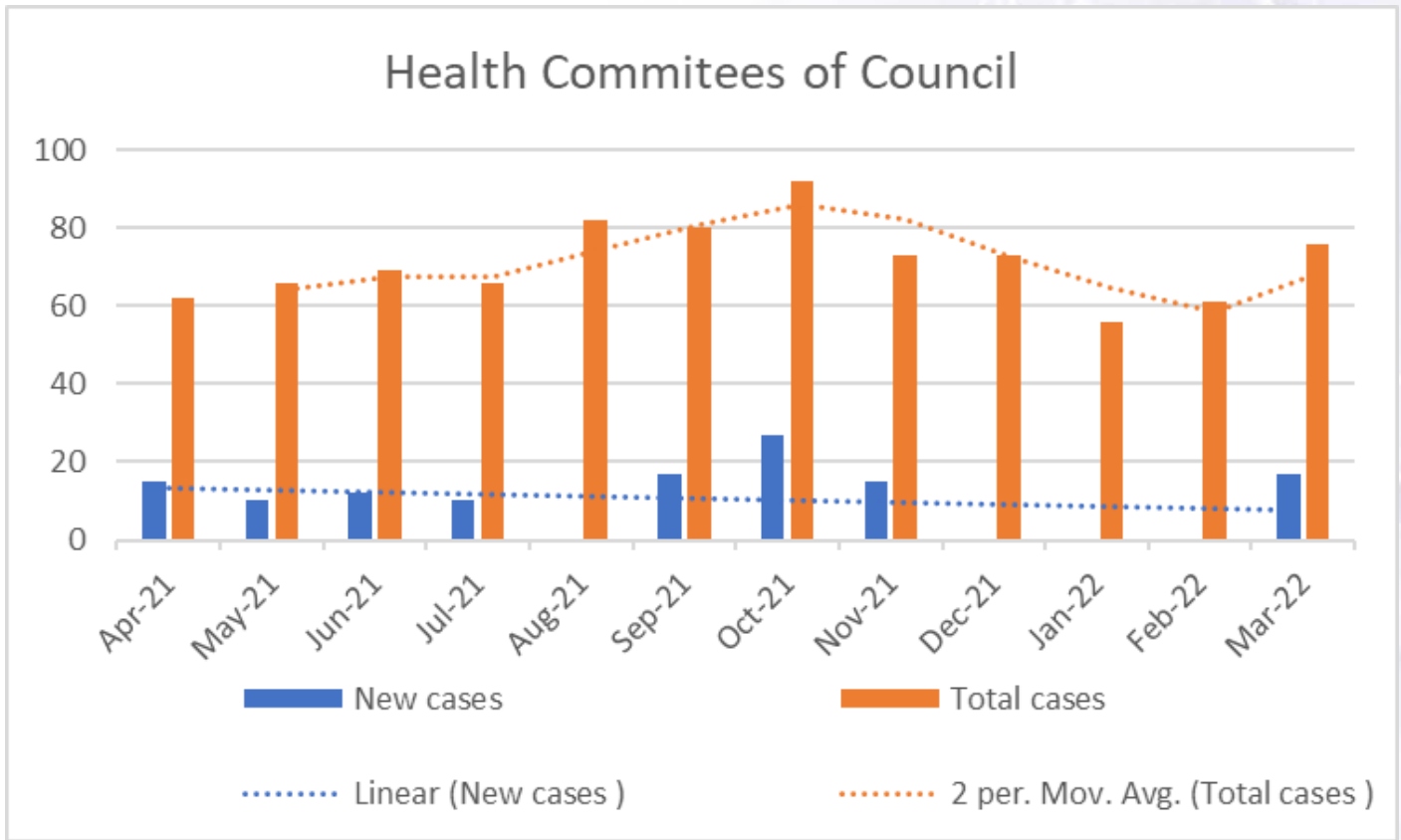
The Minister may, after consultation with the council and the professional boards, make regulations relating to investigation in respect students or persons registered in terms of this Act who appears to be impaired, on the assessment of conditions, the conditions to be imposed on the registration or practice, their scope, their suspension or removal from practicing, revocation of conditions, suspension or removal and on acts of unprofessional conduct committed before or during assessment or investigation.

3.4.1 The Committee managed a total of 455 individual practitioners' cases in terms of section 51 of the Act – a significant increase from 389 cases of the previous FY21 - wherein 53% comprise of males and the remainder of 47% are females.

3.4.2 Over 80% of reported cases relates to mental, bipolar and substance relate addictive disorder.

3.4.3 Total of one hundred and twenty-three (123) cases were reported to Council for investigation.

Figure 2 shows cases monitoring per month for the Health Committees



3.5 Scope of practice and ethics

3.5.1 Council is finalizing the review of professional and ethical rules (that is rule 7, 8, 18 and 21), especially those as reflected in the report of the Health Market Inquiry.

3.5.2 The review of the following ethical guidelines is completed, ethical guidelines for general ethics principles (Booklet 1), guidelines for informed consent (Booklet 4), guidelines for confidentiality (Booklet 5), and guidelines for Telehealth (Booklet 10-formely Telemedicine)

3.5.3 The next financial year (that is FY23) will see Council reviewing the remainder of the professional and ethical rules, ethical guidelines for withdrawing and withholding treatment (Booklet 7), guidelines of management of health records (Booklet 9) and ethical rulings.

3. DEPARTMENT: LEGAL AND REGULATORY AFFAIRS

1. INTRODUCTION

The Department: Legal and Regulatory Affairs consists of the following main divisions, each executing specific functions:

- (a) The Office of the Head of Department
the main function of this division is to manage the performance of the Department so as to achieve the deliverables targeted in the annual operational plan and to provide strategic direction in line with the Council Strategic Plan and the Annual Performance Plan.
- (b) Complaints Handling and Investigation
The main function of this Division is to receive, peruse, analyse, categorise, mediate upon and investigate complaints of unprofessional conduct lodged with the Registrar. It has three sections, namely the Complaints Handling and Analysis whose main function is to receive, peruse, analyse, register and allocate complaints to the Investigators and allocate minor complaints capable of being mediated upon to the Ombudsman/Chief Mediator; Mediation whose main function is to mediate upon minor complaints and make determinations; Investigation Section whose main function is to investigate complaints and present the results of such investigations to a Committee of a professional board called the Preliminary Committee of Inquiry ("the PCI").
- (c) Professional Conduct Inquiry
The main function of this division is to act as a proforma complainant in the prosecution of complaints referred by the PCI. The Professional Conduct Committee is a committee of a professional board which presides over the prosecution of complaints.
- (d) Legislative Drafting
The main function of this division is draft and review legislation including secondary legislation (rules and regulations). The section

also vets contracts, provides legal opinions and manages litigation against and for Council.

- (e) Inspectorate Office
Established as a compliance enforcement division and the main function of this division is to enforce compliance with the Health Professions Act, Rules and Regulations, through conducting inspections and attending to unregistered persons practising.
- (f) Road Accident Fund:
Established to render secretariat support to the Road Accident Fund Appeal Tribunal; and

2. STRATEGIC FOCUS

In terms of section 3 of the Health Professions Act, 1974 one of the objects and functions of the Health Professions Council of South Africa ("HPCSA") is to ensure the investigation of complaints concerning persons registered in terms of this Act and to ensure that appropriate disciplinary action is taken against such persons in order to protect the interest of the public and to ensure that persons registered in terms of this Act behave towards users of health services in a manner that respects their constitutional rights to human dignity, bodily and psychological integrity and equality.

The Department: Legal and Regulatory Affairs' main task is to ensure that HPCSA fulfils this important object or function of protecting the public. The strategic focus area includes complaints management, investigation, mediation, and compliance enforcement.

2.1 COMPLAINTS HANDLING, INVESTIGATION AND MEDIATION

2.1.1. COMPLAINTS HANDLING

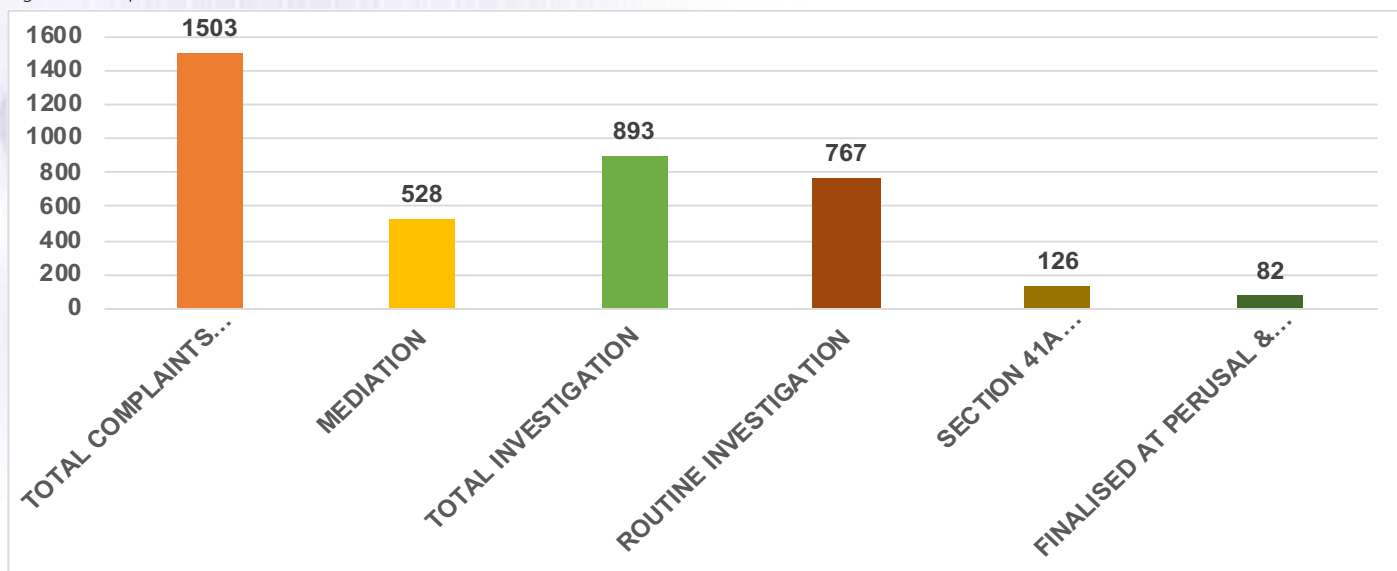
2.1.1.1. TRENDS

Table 1: Complaints received

	2019/2020	2020/2021	2021/2022
Total number of complaints received by HPCSA	2059	1458	1503
Total number of complaints referred for Preliminary Investigation	1239	987	893
Total number of complaints referred for Mediation	711	407	528
Total number of complaints resolved at Perusal and analysis stage	109	63	82

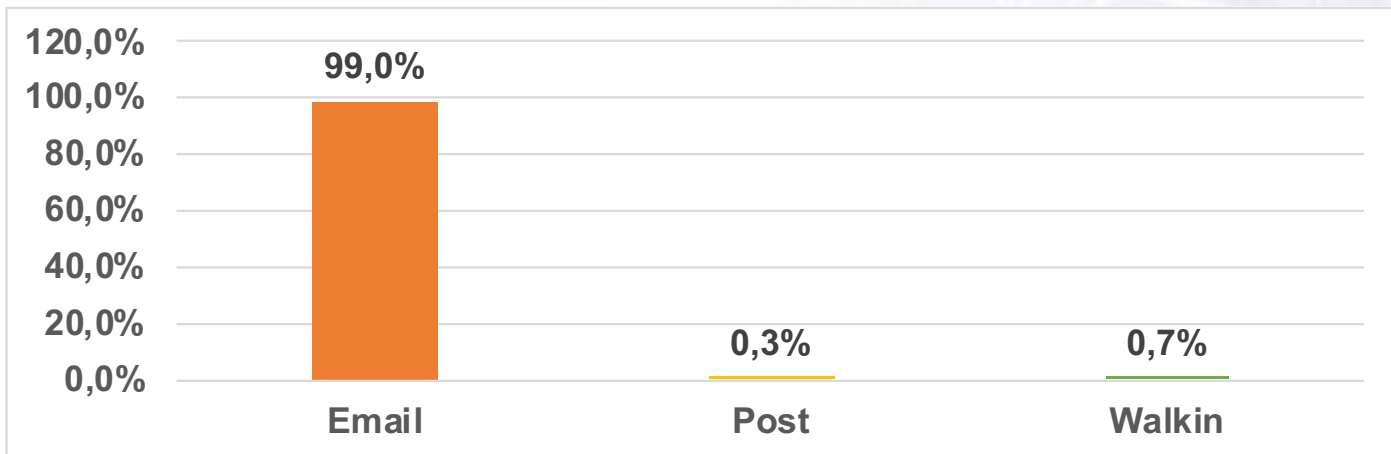
During the period under review, the HPCSA received 1503 new complaints of which 893 (59.4%) were referred for Preliminary Investigation, 528 (35.1%) for Mediation and 82 (5.1%) were resolved at perusal and analysis stage.

Figure 1: Complaints received



For the period under review as stipulated in Figure 2, 99 % of complaints were received through emails which reduced from 99.5% in 2020/21. Those received through walk-ins were 0.7% which increased from 0.4% compared to the previous financial year and the remaining 0.3% were received through postal services which increased from 0.1%.

Figure 2: Mechanism of receipt



Based on the figure 3 below, the percentage of complaints received from members of public was the highest at 77.6% which increased from 73.2% in 2020/21, followed by complaints received from practitioners at 6.5% and Inspectorate Division at 3.6%.

Figure 3: Source of complaint

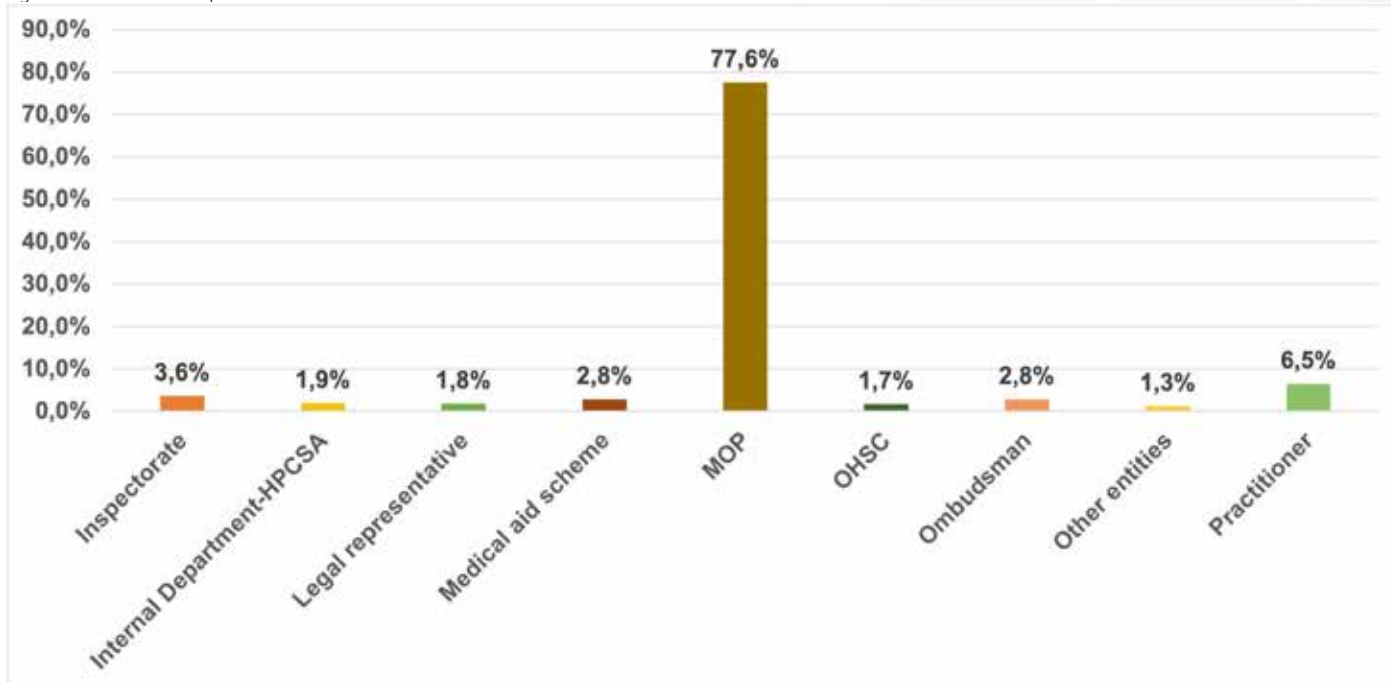


Figure 4 illustrates that cases of negligence remains the top nature of complaint at 21.6% which decreased from 30.2% in 2020/21, followed by offences relating to medical reports and insufficient care at 12.4% and accounts related offences at 8.9%.

Figure 4: Nature of complaint

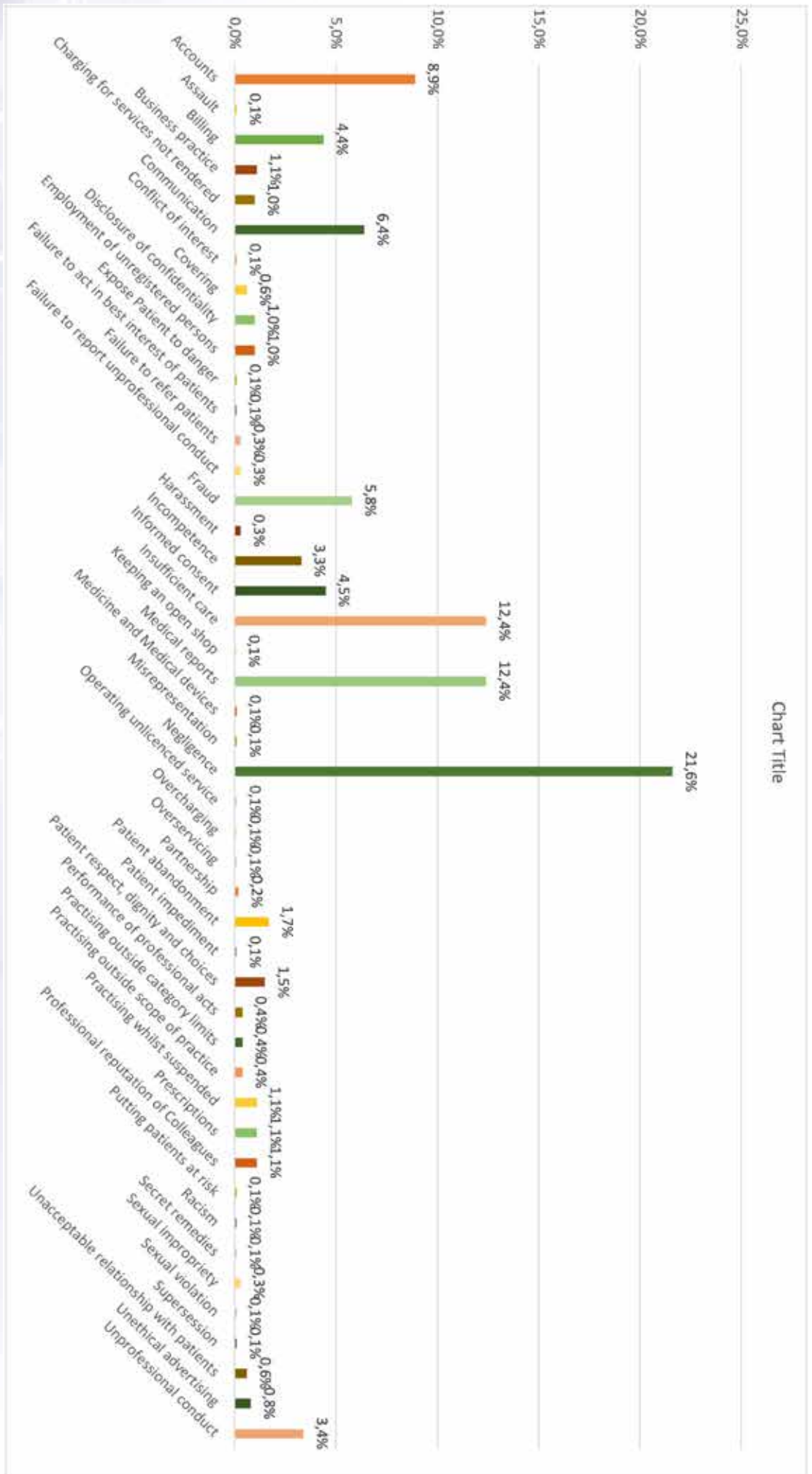


Figure 5 below shows the proportions of the boards as per the HPCSA register.

Figure 5: Proportion of Practitioners on the HPCSA Register

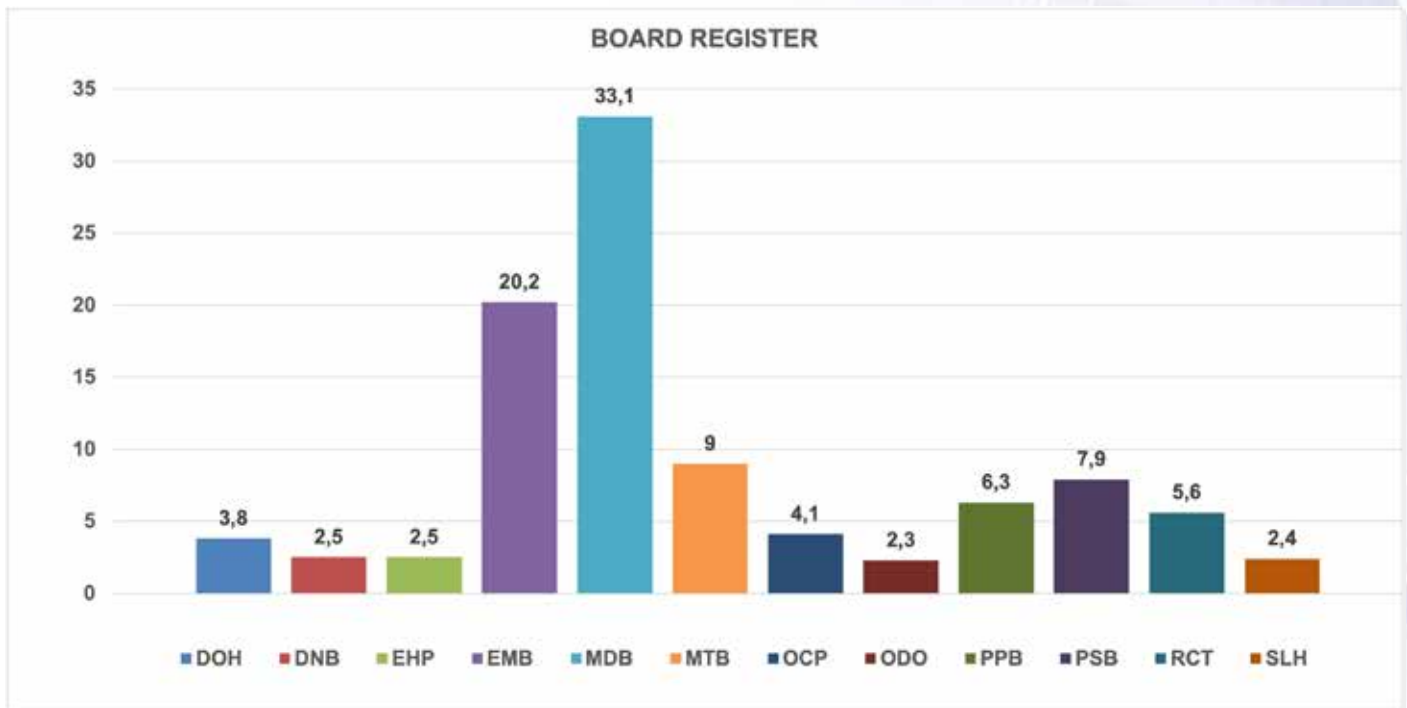


Figure 6 below illustrates that the percentage of complaints received for the MDB was 84.7% which is almost the same in the previous financial year (85%). This was followed by the PSB at 5.1%, OCP at 1.8%, PPB at 1.7% and the rest followed. There were no complaints received from the EHP board for the period under review similar to the previous financial year.

Figure 6: Percentage of complaints received per Board

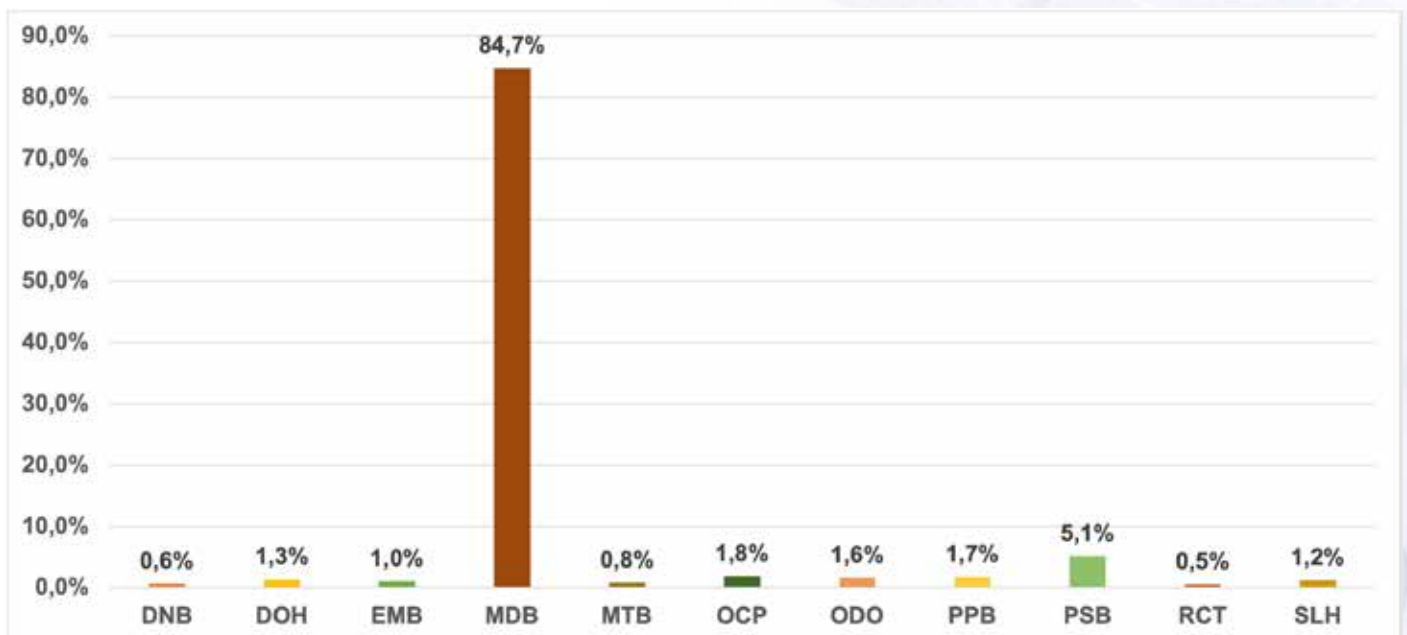
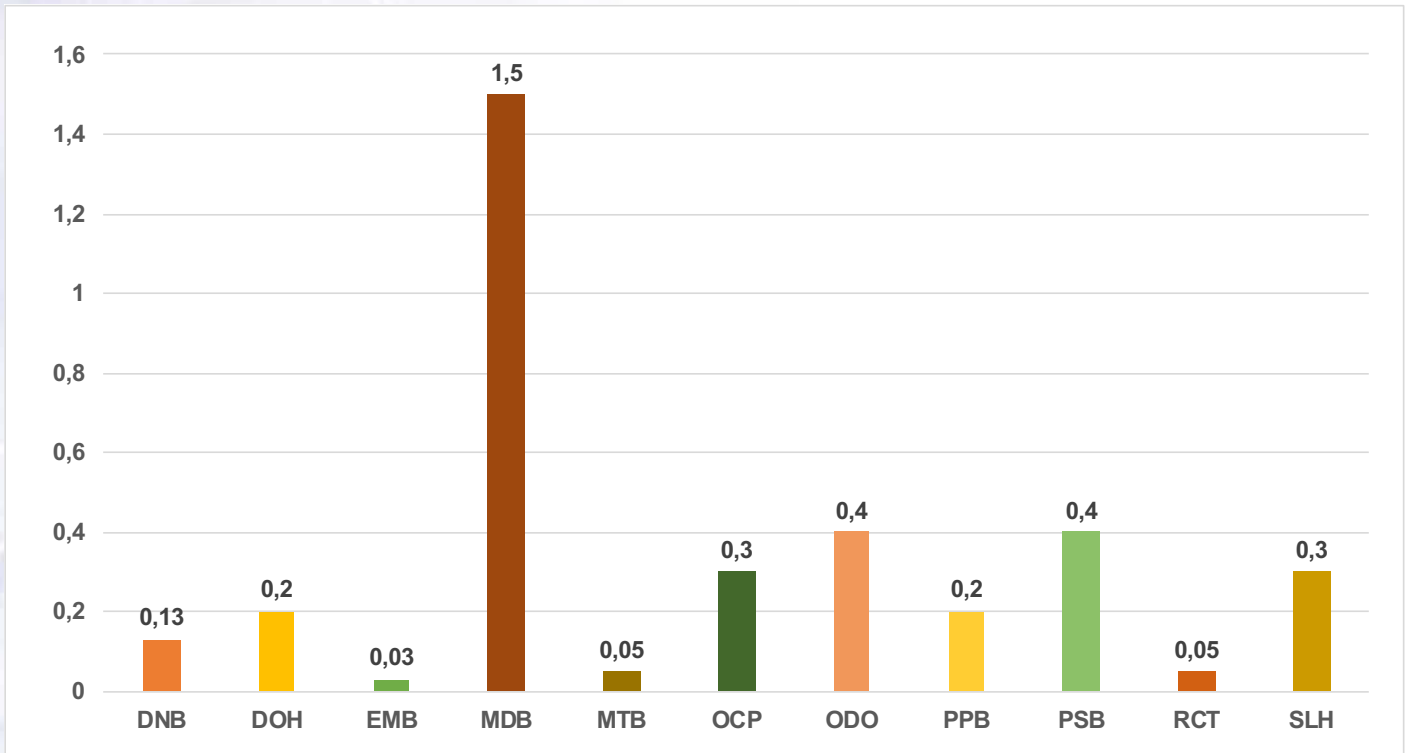


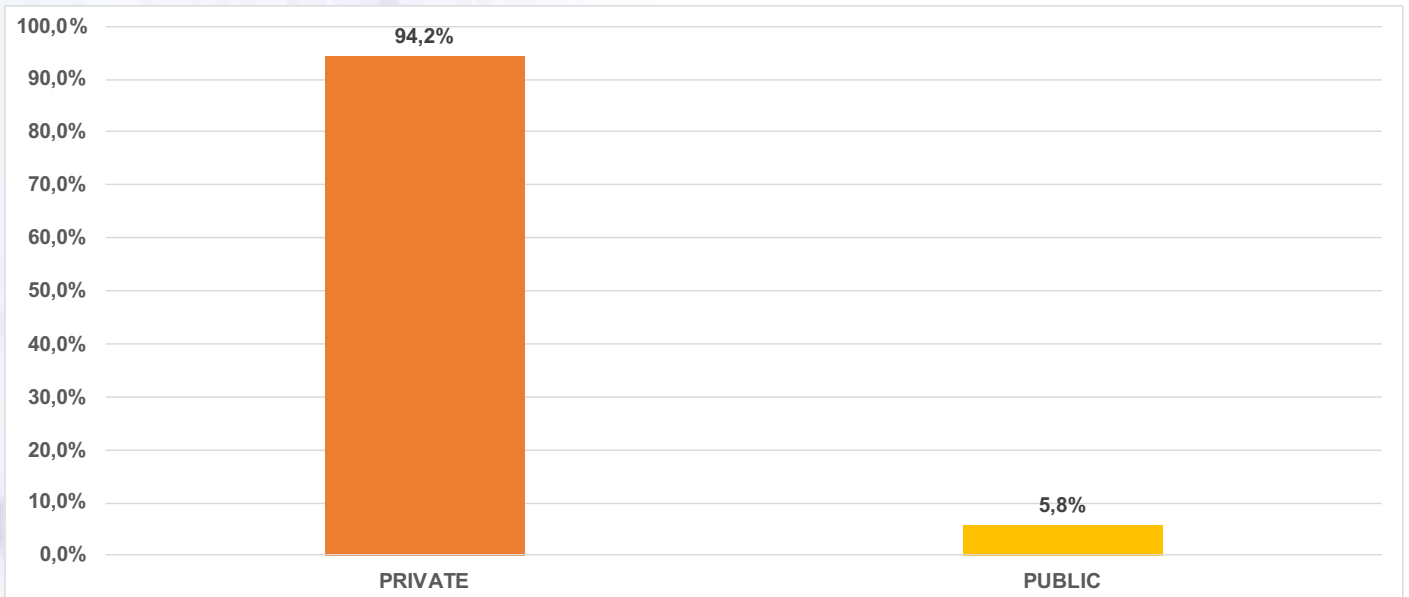
Figure 7 Below illustrates that in terms of the proportion to the register, the proportion of complaints registered per board was 1.5 for the MDB which decreased from 2.3 compared to the previous financial year, followed by both ODO and PSB at 0.4 and the rest followed.

Figure 7: Proportion of complaints received per board



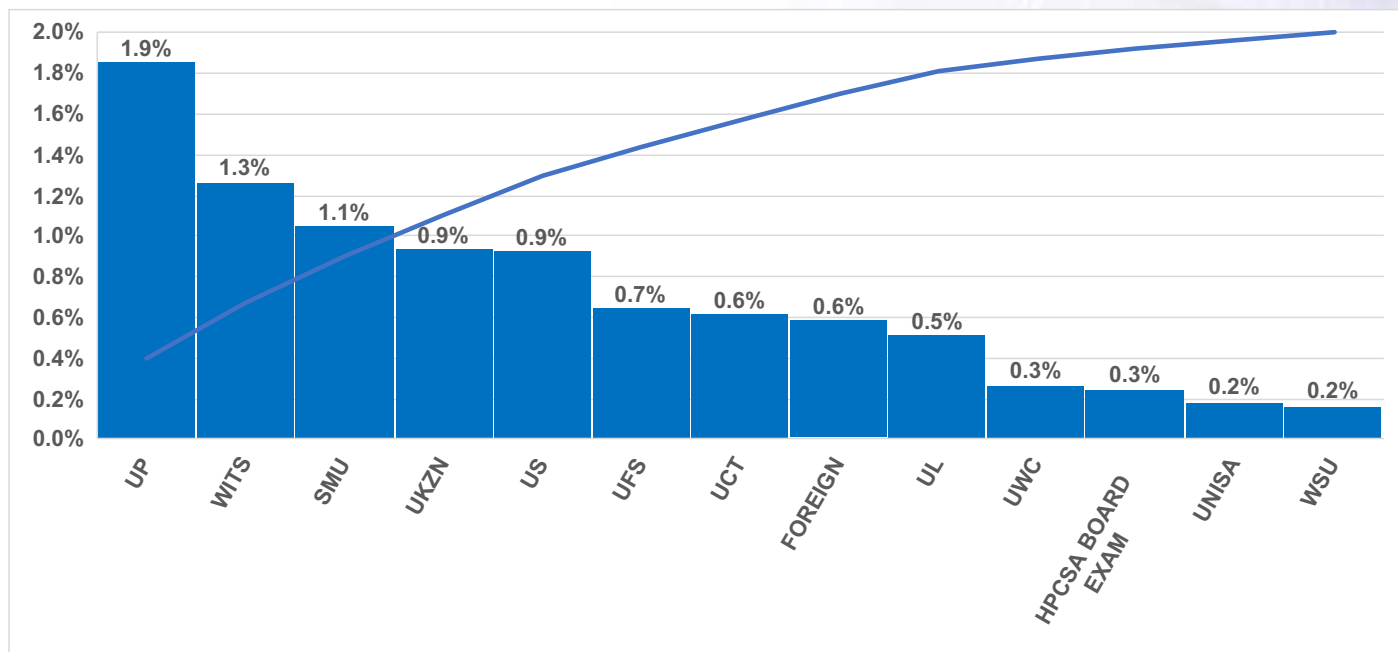
The figure below reflects that of the 1421 registered cases, 94.2% were against practitioners practicing in private sector (either in private hospitals or own private practice) whilst 5.8% were against practitioners practicing in the public sector.

Figure 8: Practice type



The information below in figure 9 shows that the highest number of cases were registered against practitioners who trained at University of Pretoria followed by Wits University. This is followed by Sefako Makgatho University, University of Kwa-Zulu Natal and the rest followed.

Figure 9: Distribution of cases per practitioners primary training facility (Top 13)



2.1.1.2. COMPLAINTS HANDLING PERFORMANCE

Table 2: Complaints Handling Performance

INDICATOR	2021/2022
Average TAT for perusal, analysis and categorization of complaints	2 days
Average TAT for registration, acknowledgement and allocation of complaints	0.2 days

2.1.2. PRELIMINARY INVESTIGATION

During the period under review, 893 complaints were referred for Preliminary Investigation of which 767 were for routine investigation and 126 were for Section 41A investigations (Onsite investigations). The case clearance rate (investigations completed) was above the target of 45% with an actual performance of 652/893=73%

Table 3: Preliminary Investigation Performance

INDICATOR	TARGET	ACTUAL PERFORMANCE
Total number of investigations completed	N/A	893
Case clearance rate	45%	73% (652/893)

Please refer below for full details:

NUMBER OF COMPLAINTS RECEIVED				
Description	2018/2019	2019/2020	2020/2021	2021/2022
	1038	1239	987	893

MATTERS CONSIDERED BY COMMITTEES OF PRELIMINARY INQUIRY				
Description	2018/2019	2019/2020	2020/2021	2021/2022
	Data not available	911	1573	1691

MATTERS FINALISED BY COMMITTEES OF PRELIMINARY INQUIRY				
Description	2018/2019	2019/2020	2020/2021	2021/2022
	561	513	1073	1095

STATUTORY FUNCTIONS

The office of the ombudsman was established to mediate in the cases of minor transgressions in terms of regulation 2(3) (d) of the Regulations Relating to the Conduct of Inquiries into alleged Unprofessional Conduct under the Health Professions Act, 1974. In terms of these regulations, minor transgressions mean conduct which in the opinion of the Registrar or preliminary committee of inquiry, on the basis of the documents submitted to the Registrar or such committee, is unprofessional, but of a minor nature, and does not warrant the holding of a formal professional conduct inquiry.

The office of the ombudsman considers any referred matter and mediates between parties with a view to making a determination to resolve the matter between the parties, advise the parties of the determination made on the matter and require them to indicate whether or not they will abide by the determination. If the parties agree to abide by the determination, the ombudsman confirms the determination in writing and the determination is then binding on both parties as a final resolution on the matter. In cases where either party does not agree to abide by the determination, the matter is referred to the registrar for preliminary investigation.

EXECUTIVE SUMMARY

- The ombudsman received 528 complaints from April 2021 to March 2022, which comprises 35.1% (528/1503) of total registered complaints during this period. There is a 6% increase of complaints referred for mediation compared to the 2021/22 financial year.
- On average, it takes less than a day from the time a complaint is registered to the time when a request for explanation is sent to the respondent.
- 88% (467/528) of the complaints received from April 2021 to March 2022 have been finalised, of which 94% (439/467) were finalised within 70 days with a mediation success rate of 94% (441/467), meaning that 6% of the cases were referred for preliminary investigation.
- A total number of 499 matters were finalised by the Ombudsman, of which 93.6% (467/499) were received in the current financial year; 6.4% (32/499) are from the previous financial year.
- All matters (32) which were outstanding from the 2020/21 financial year were cleared in the 1st quarter of 2021/22 financial year.
- 97.8% (488/499) of complaints were finalised without requiring a virtual / contact mediation, only 2.2% (11/499) were finalised through virtual / contact mediation.

Table 4: Cumulative Performance Information

INDICATOR	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022
	Performance	Performance	Performance	Performance	Performance
Total Complaints received & registered by HPCSA	2608	1662	2058	1404	1503
Total complaints mediated	798(30.59%)	776(46.7%)	711(35%)	407(29%)	528 (36.9%)
Number of complaints finalised	243(30.45%)	147(19%)	560(79%)	374(92%)	467(88%)
Number of matters finalised through contact mediations	2(0.82%)	4(2.7%)	28(5%)	8 (2%)	11(2.35%)
TAT for finalising matters	165 days	138 days	99 days	29 days	33.6 days

2.1.3.1 Performance for 2021/2022

Below is the tabulated performance of the Ombudsman on the cases registered in the 2021/2022 financial year.

Table 5: Manner in which complaints were finalized

Mode of Closure	Number of Complaints
Electronic Mediation	415 (88.8%)
Referred to Prelim	26 (5.6%)
Virtual Mediation	11 (2.4%)
Cancelled	8 (1.71%)
Withdrawn	7 (1.5%)
Grand Total	467

Electronic Mediation (telephone, email) remains the most common modes through which matters are finalized by the Ombudsman. This is a consistent trend from the previous financial year.

Table 6: Matters referred to the Ombudsman per nature of complaint

Nature of Complaint	Number of complaints
Insufficient Care	130 (24.6%)
Account	113 (21.4%)
Medical Records/reports	107 (20.3%)
Communication	68 (12.9%)
Informed Financial Consent	40 (7.6%)
Billing	56 (10.6%)
Patient privacy, Dignity, choices and integrity	11 (2.08%)
Harassment	2 (0.37%)
Secret Remedy	1 (0.2%)
Total	528

The table above show that more complaints related to insufficient care were referred to the Ombudsman office. This shows an increase of 76% (56) of the matters received compared to the previous financial year. In the 130 matters of insufficient care received in 2021/2022, 112 were finalized, out of which six (6) were referred for Prelim as failed mediation and five (5) were finalized through virtual mediation.

Table 6: Mode of closure per nature of complaint

Sum of Total NATURE OF COMPLAINT	MODE OF CLOSURE					Grand Total
	Cancelled	Electronic Mediation	Referred to Prelim	Virtual Mediation	Withdrawn	
Insufficient care	3	96	6	5	2	112
Accounts	1	90	5	2	3	101
Medical Report/ Records	1	86	8	1	1	97
Communication		49	5	2		56
Billing	1	50	1	1		53
Informed Financial Consent	2	32	1		1	36
Harassment		2				2
Patient Privacy, Dignity, Choices and Integrity		10				10
Grand Total	8	415	26	11	7	467

Electronic mediation is the main mode through which complaints are resolved, followed by matters referred for Preliminary Investigation. Matters referred for prelim are mostly relating to medical records followed by insufficient care matters.

Table 7: Distribution of complaints per Board

Board	Total
MDB	478
PSB	17
ODO	12
OCP	9
PPB	4
SLH	4
RCT	3
DOH	1

The above table shows that 90.5% of the work of the ombudsman involves practitioners registered under the MDB and the rest of the Professional Boards sharing the 9.5%. There were no matters lodged against practitioners registered with the Emergency Care Board, Environmental Health Practitioners Board and Medical Technology Board, that were referred to the Ombudsman.

Table 8: Complaints per specialty in the Medical and Dental Board

Specialty	Number of Complaints
GP	146
Dentistry	66
Obstetrics & Gynaecology	36
Orthopaedics	33
Medicine	28
Psychiatry	17
Neurosurgery	15
Anaesthesiology	14
Pathology	14
Family Medicine	10
Cardiology	7
Diagnostic Radiology	7
Plastic & Reconstructive surgery	7
Otorhinolaryngology	6
Orthodontics	5
Ophthalmology	4
Maxillo facial and oral surgery	4
Paediatric surgery	4

Dermatology	3
Paediatrics	3
Nephrology	3
Pulmonology	2
Gastroenterology	2
Cardiothoracic surgery	1
Community health	1
Critical care	1

Emergency Medicine	1
Medical Oncology	1
Infectious disease	1
Radiation Oncology	1
Radiology	1
Total	478

The above table shows the distribution of complaints across specialties in the Medical and Dental Board

Table 9: Nature of Complaints Distribution per Board

Nature of Complaint	Number of complaints
Insufficient Care	130 (24.6%)
Account	113 (21.4%)
Medical Records/reports	107 (20.3%)
Communication	68 (12.9%)
Informed Financial Consent	40 (7.6%)
Billing	56 (10.6%)
Patient privacy, Dignity, choices and integrity	11 (2.08%)
Harassment	2 (0.37%)
Secret Remedy	1 (0.2%)
Total	528

The table above show that more complaints related to insufficient care were referred to the Ombudsman office. This shows an increase of 76% (56) of the matters received compared to the previous financial year. In the 130 matters of insufficient care received in 2021/2022, 112 were finalized, out of which six (6) were referred for Prelim as failed mediation and five (5) were finalized through virtual mediation.

Table 6: Mode of closure per nature of complaint

Sum of Total NATURE OF COMPLAINT	Board								Grand Total
	DOH	MDB	OCP	ODO	PPB	PSB	RCT	SLH	
Insufficient care		121	2	5		1	1		130
Accounts		104	3	3	2			1	113
Medical Report/ Records		92	1	1	1	11		1	107
Communication		65				3			68
Billing	1	50			1	2		2	56
Informed Financial Consent		34	1	3			2		40
Patient Privacy, Dignity, Choices and Integrity		11							11
Harassment			2						2
Secret remedies		1							1
Grand Total	1	478	9	12	4	17	3	4	528

This table shows the most common nature of complaints per Board. The most common complaints for the Medical and Dental Board are matters relating to insufficient Care followed by Accounts. Complaints relating to medical records / reports are the most common in the Psychology Board.

2.1.3.2. Cases for 2020/21

All cases (32) which had been registered in the previous financial year were all cleared, resulting in the 100% clearance of cases registered in 2020/2021 financial year.

2.2 Professional Conduct Inquiry

The following is a breakdown of matters that were referred for direct Inquiry before Committees of Professional Conduct Inquiry and the penalties imposed.

SUMMARY OF FINALISED MATTERS ACCORDING TO PENALTIES				
01 April 2021 - 31 March 2022				
Description	2018/19	2019/20	2020/21	2021/22
Suspensions	17	35	32	28
Acquittals	15	45	59	60
Fines Imposed at inquiry	61	118	90	66
Caution & Reprimand	30	18	27	7
Admission of Guilt Fines4(9)	167	154	43	30
Finalised at Health Committee	00	01	00	0
Finalised by HOD	26	60	38	43
Erasures	11	15	30	04
Backlog project	14	00	00	0
Finalised at Prelim	-	-	04	27
DEFENCE OBJECTION UPHELD	-	05	00	4
TOTAL	341	451	323	269

2.2.1 Breakdown per board

BREAKDOWN OF FINALIZED MATTERS PER PROFESSIONAL BOARD					
01 APRIL 2021 – 31 MARCH 2022					
	BOARD	2018/2019	2019/2020	2020/2021	2021/2022
1.	Medical and Dental	248	312	209	191
2.	Dental Therapy and Oral Hygiene	04	15	8	02
3.	Dietetics	06	2	7	01
4.	Medical Technology	00	1	00	01
5.	Occupational Therapy, Medical Orthotics & Prosthetics	08	6	10	07
6.	Optometry & Dispensing Opticians	10	29	16	07
7.	Physiotherapy, Podiatry and Biokinetics	14	6	11	03
8.	Psychology	30	40	24	33
9.	Speech, Language and Hearing	07	7	4	07
10.	Emergency Care Personnel	12	22	23	14
11.	Radiography and Clinical Technology	02	11	11	03
12.	Environmental Health	00	00	00	00
	TOTALS	341	451	323	269

2.2.3 Finalised matters per offence

BREAKDOWN OF FINALIZED MATTERS PER OFFENCE				
01 APRIL 2021 – 31 MARCH 2022				
TYPE OF OFFENCE	2018/19	2019/20	2020/21	2021/22
Unethical Advertising	01	14	01	04
Incompetence	17	26	25	19
Over servicing	05	1	3	06
Breach of confidentiality	03	1	1	05
Damaging Professional Reputation of Colleague	01	1	4	03
Insufficient Care/Treatment & Mismanagement of Patients	48	66	32	47
Negligence	25	62	45	42
Unacceptable/Inappropriate Relationship with Patients	11	14	12	11
Refusing to treat patients	04	03	7	07

Misdiagnosis	07	09	5	08
Practicing Outside Scope of competence	13	23	16	07
Fraudulent Certificates/Incorrect Information on Death Certificates	16	18	5	17
Refusing to complete forms / producing inaccurate reports	12	13	3	03
Overcharging / charging for Services not Rendered	32	56	43	23
Issues relating to Consent	24	30	15	08
Fraud and theft	60	68	51	27
Bringing the Professions into disrepute	27	24	17	16
Employing unregistered practitioners	14	16	17	12
Unethical dispensing, using of unregistered medicine and prescribing of drugs	05	4	2	00
Contempt of Council	10	2	5	01
Supersession	01	1	2	01
Contravening the Hazardous Substances Act, 1973	03	00	00	01
Practicing without registration	02	05	2	01
TOTAL	341	451	323	269

2.3 THE ROAD ACCIDENT FUND APPEALS TRIBUNAL

Contested claims for serious injury are referred to the Health Professions Council of South Africa (HPCSA) Appeal Tribunals for final determination. 1 838 disputes were received during the period under review. 96 meetings were held, 2 340 matters were dealt with, and 2 032 cases were finalised.

RAF TRIBUNAL 01 April 2021 – 31 March 2022							
	Matters received	No. of meetings	Serious	Non serious	Deferred	Withdrawn	Finalised
2018/2019	4 788	82	879	2 155	235	14	3 034
2019/2020	4 251	112	1 268	3 106	500	37	4 374
2020/2021	1 905	117	1 046	2 433	393	77	3 479
2021/2022	1 838	96	617	1 415	272	36	2 032

In the financial year under review, a significantly lower number of new matters were received as compared to previous financial years. This reduction can be attributed to ongoing changes at the RAF as well as the impact of Covid 19 which has resulted in a slowdown of work output at the RAF. It is expected that the number of lodgments will increase going forward.

2.4 LAW ENFORCEMENT: INSPECTORATE

The Inspectorate Office became a fully-fledged Unit since February 2015 and has since performed as follows:

Indicator/Year	2018/2019	2019/2020	2020/2021	2021/2022
compliance inspections conducted	1 468	3521	4056	3386
Investigation of unregistered persons	1289/1564 (82%)	1222/1384 (88%)	804/ 914 (88%)	732/806 (91%)
outstanding fines finalized	91/98 (93%)	26/26 (100%)	5/6 (83%)	7/7 (100%)

2.4.1 Joint Inspections with other Law Enforcement Agencies

Indicator/Year	2018/2019	2019/2020	2020/2021	2021/2022
Joint inspections/operations	29	149	53	24
Stakeholders engaged	27	129	82	55
Awareness Campaigns	18	31	37	21

3. KEY POLICY DEVELOPMENT AND LEGISLATIVE CHANGES

3.1 The Draft Health Professions Bill

- (a) The Legislative Review Project gained momentum in the reporting period. From the report on the "As Is" legislative and policy environment approved in March 2019 we developed a Draft Policy on the Council's ("Draft Policy") core mandate in the first quarter of the reporting period. Consultations with professional boards on the Draft Policy were finalized in the second quarter of the financial year 2020/2021 and was approved by Council in the same quarter. A draft Health Professions Bill, 2020 was drafted and finalized in the third quarter of the financial year 2020/2021.
- (b) The Draft Health Professions Bill, 2020 served before Council in the fourth Quarter of the financial year 2020/2021 but could not be considered in that sitting.
- (c) The Draft Health Professions Bill was approved by Council in the third quarter financial year 2021/2022 and recommend the same to the Minister for consideration and subsequent Cabinet and Parliamentary processes.

3.2 Regulations

During the reporting period the following regulations and rules were drafted:

Date of publication	Regulation
17 September 2021	Regulations defining the scope of the profession of Oral Hygiene.
17 September 2021	Regulations relating to the names that may not be used in the profession of Nutrition and dietetics.
17 September 2021	Regulations relating to the constitution of the medical and dental professions board.
17 September 2021	Regulations defining the scope of the profession of podiatry.
23 July 2021	Regulations relating to the constitution of the professional board for emergency care.
22 October 2021	Regulations relating to the conduct of inquiries into alleged unprofessional conduct under the Health Professions Act, 1974.
29 October 2021	Regulations defining the scope of the profession of occupational therapy
10 September 2021	Regulations relating to the constitution of the Professional Board for Optometry and Dispensing Opticians.
02 July 2021	Regulations relating to the names that may not be used in the profession of physiotherapy.
30 July 2021	Regulations relating to the qualifications for the registration of dispensing opticians.
22 October 2021	Regulations relating to the qualifications for the registration of optometrists.

3.2.1 Regulations finally promulgated into law

Date of final promulgation into law	Regulation
17 September 2021	Regulation relating to the condition under which optometrists may practice their profession.
25 March 2022	Regulations relating to the registration of forensic pathology officers.

3.2.2 Repealed rules

Date of repeal	Regulation
28 May 2021	The rules for the registration of community speech and hearing workers.
28 May 2021	The rules for the registration of speech and hearing assistants.

Rules relating to the registration by medical practitioners and dentists of additional qualifications finally promulgated on 11 March 2022.

4. Conclusion

While the Department experienced severe shortage of staff capacity and financial constraints, the over all performance is commendable.

4. DEPARTMENT: CORPORATE SERVICES FACILITIES AND INFRASTRUCTURE MANAGEMENT

INTRODUCTION

During the financial year; 2021/2022, the Division: Facilities Management continued with the implementation of the developed property roadmap which was approved by the Council in 2020/2021. The roadmap was aligned with the approved a Flexible Working Arrangement Policy (FWAP). Due to the anticipated underutilisation of the office space due to remote working and reliance to online platform, the Property roadmap focused on decreasing HPCSA rental footprint, and to improve the existing HPCSA building to support operations. some of the activities on the roadmap implemented can be summarised as follows:

- Doing away with leased regional offices since employees are expected to work remotely
- Renovation Project Phase 2: this includes the renovation project at Registration Area.
- Converting HPCSA buildings into Smart buildings
- Leasing some office space to generate revenue

COVID-19 Continued to affect organisation's operations during the year under review, the country was hit by 3rd and the 4th waves of the COVID-19 Pandemic. The division was to ensure that HPCSA's facilities are safe and remained compliant with COVID-19 Protocols to prevent the spread of COVID-19.

1. PROPERTIES AND RENOVATIONS

1.1. REGIONAL OFFICES

After consultation with Inspectorate division, consensus was reached that we cannot do away with regional offices, this because the Administrators supporting inspectors are based in the offices on daily bases. Instead, cost-effective offices (Hot desk format) were sourced and procured for Durban, Cape town and East London. As a result, significant savings have been experienced as a result

1.2. RENOVATIONS AND UPGRADES

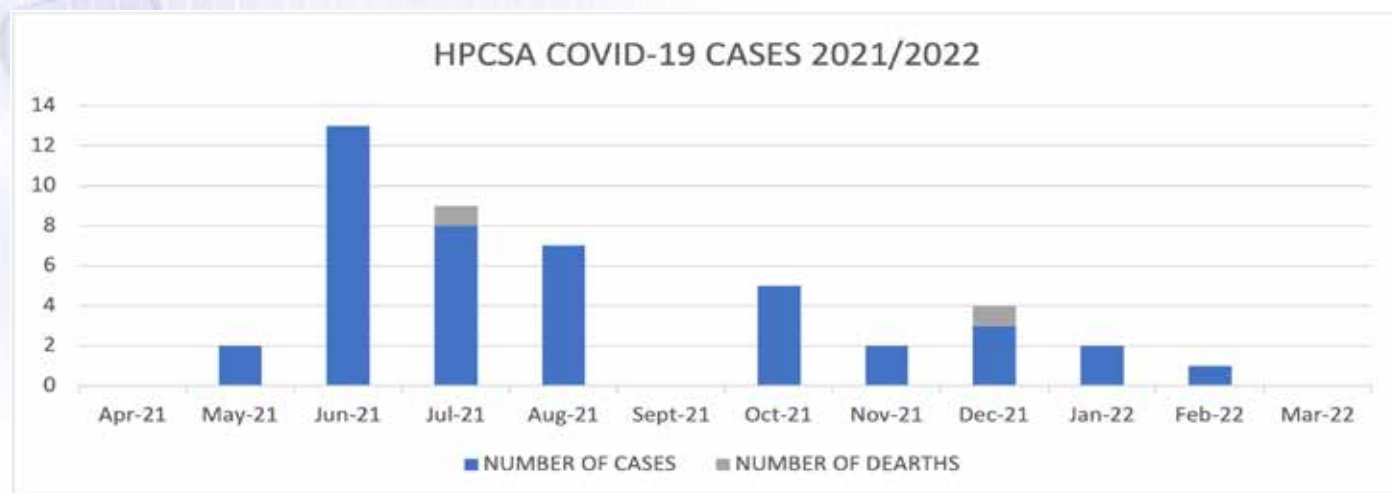
Many upgrades and improvements were carried out in the three properties owned by the HPCSA to preserve Council's investments and to ensure that these properties continue to support operations. This also includes the security upgrades, where new intercom system was upgraded, repairs of the existing biometric system, and upgrades of the CCTV to improve surveillance. Upgrades also includes the installation of new water storages in Metroden building, revitalisation of the irrigation system and upgrades of the basement storage areas.

Renovations of the Registration offices and client center areas were completed and handed back to registration. This also include the renovations of the 4th floor kitchen, ground floor kitchen, office 204 and may more other offices. All this work was done in order to improve the workspace environment for HPCSA Employees.

1.3. CONVERTING HPCSA BUILDINGS INTO SMART BUILDINGS

Work has been done in this area, Buildings energy Audit was conducted, and project plan has been created to ensure that HPCSA Buildings are energy efficient.

COVID 19 Related Incidents / Cases for 2021/2022



Some of areas on the project plan have been implement. And also the services of Mechanical/Plumbing engineer were source and reports were produced, work to be implement in the next financial year due to cost constraints.

1.4. LEASING SOME OFFICE SPACE TO GENERATE REVENUE

With most of HPCSA Employees working from home, most of the office space remained vacant, in order generate additional revenue, all vacant office should be leased out. Facilities management has worked on business case and researched further feasibility concept, however due to uncertainty on the future of work culture in the organisation, this could not be finalised. This will be revisited in the next financial year.

2. OCCUPATIONAL HEALTH AND SAFETY

During the year in review, Occupational Health and Safety was responsible in ensuring that all the HPCSA Facilities are safe and comply with the COVID-19 protocol. This was to ensure the safety of both HPCSA Customers and employees frequenting the facilities. Training and awareness campaigns on COVID-19 were held to ensure that all HPCSA staff members are fully informed and safe. And also, vaccination center was organised in the offices to afford employees the opportunity to vaccinate. 132 Employees were vaccinated in the workplace

OHS also implemented engineering controls and administrative controls to combat COVID-19, And procured PPE which was issued to HPCSA working in the office during the Pandemic. OHS also reported and managed all the COVID-19 cases detected in the workplace.

INTRODUCTION

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INFORMATION AND TECHNOLOGY

HPCSA's strategic objectives of digitization and improvement of business model could not have been considered at a better time. Consequently, delivering of the above-mentioned strategic objectives enabled Council to continue providing services remotely during the trying times of the pandemic. Technology has proven to be at the core of service provision in the HPCSA.

Throughout the year the organization has embarked on continuous improvement process to optimize and enhance deployed solutions with a view to provide customer friendly services to its clientele. Software configurations and developments in the enhancement projects are at an advanced stage such that practitioners and the general public will soon be experiencing improved services through use of technology.



HUMAN RESOURCES MANAGEMENT

HR Annual Report 2021/22

In 2021/22, The HR division continued to provide support to the HPCSA Management and employees regarding the COVID-19 pandemic and working from home. Consultation of the remuneration policy was finalised, and the policy is approved. While HPCSA values continue to be communicated through the Corporate Affairs Division, an employee climate and culture survey was conducted. The survey is one of the objectives derived from strategic goal number 6, which is aimed at achieving organisational performance improvements by the Financial Year 2022/2023. The HPCSA management intends to use the results of the study to shape future activities and inform decisions with a view to improving employee engagement and ultimately assist the HPCSA to mould and maintain an engaged culture.

Excitingly to note is that about 65% of appointments made, were internal due to the internal recruitment process. ICAS was appointed as a Wellness service provider with effect from 01 December 2021 following a termination of contract by Healthi Choices. A vaccination drive was held, with 132 employees vaccinated. Benchmarking of salaries process is still in progress.

Policy Development and Review

Of the prioritized policies for consultation, only the Remuneration and Benefits policy was finalized and approved. Other policies that were prioritized will be carried over to 2022/23: Code of Conduct, Performance Management & Development policy.

Employment Equity Status

The table below indicate the breakdown of employees by gender during the period under review. The HPCSA employs 93 males and 163 females out of a total number of 256 employees.

	CURRENT EMPLOYEE EE STATUS							
	Male				Female			
	African	Coloured	Indian	White	African	Coloured	Indian	White
Top Management	1	0	0	0	0	0	0	0
Senior Management	3	0	0	0	2	0	0	1
Professional qualified	27	1	2	1	19	0	1	1
Skilled	27	2	0	0	58	5	3	3
Semi-skilled	27	1	1	0	59	7	1	1
Unskilled	0	0	0	0	2	0	0	0
TOTAL	85	4	3	1	140	12	5	6

Employment changes

The HPCSA continues to fill positions within a reasonable timeframe.

LEVELS	Employment at beginning of period	Appointments	Terminations	Employment at end of the period
Top Management	0	1	0	1
Senior Management	6	0	0	6
Professional qualified	52	6	5	52
Skilled	95	18	6	98
Semi-skilled	93	3	4	97
Unskilled	2	0	0	2
TOTAL	248	28	15	256

Personnel cost by salary band

The bulk of the HPCSA Personnel cost is allocated to the categories of Professionally Qualified, Skilled Practitioners and Semi-Skilled employees to the average of 34.48%

EE Level	Personnel Expenditure (Total Earnings & Total Company Contributions)	% Of total personnel cost *	No. of employees
Top Management	2,766,538.60	1.42	1
Senior Management	14,814,208.26	7.59	6
Professional qualified	69,835,685.24	35.78	59
Skilled	66,180,002.95	33.90	103
Semi-Skilled	41,086,760.36	21.05	86
Unskilled	510,304.30	0.26	2
Total	195,193,499.71	100	257

For the performance period 2020/2021, staff were awarded 10 days leave for excellent performance, which was the achievement of a rating of an "A" or a "B". The performance rating achievement of an "A" entails that the employee has by far exceeded the expected standard of performance and the percentage ranges between 90%-100%. The performance rating of a "B" means the employee has performed significantly above the expected performance standard and the percentage range for a "B" is 70%-89%.

The staff that were not assessed in the table below were due to various reasons like non-submissions of assessments and disputes.

EE Level	Employee Performance
Top Management	
Senior Management	2- A rating ,2- B rating and 2- Not assessed
Professional qualified	18- A rating and 26- B rating, 2- C rating, 3- D- and 2 not assessed.
Skilled	30- A rating and 48- B rating, 8- C rating and 0- D rating, 1- on suspension, 4 Not assessed and 1 still on probation.
Semi-Skilled	42- A rating and 33- B rating, 16- C rating and 1- On suspension and 4 not Assessed.
Unskilled	2- A Rating and 0- B Rating

Employee Turnover

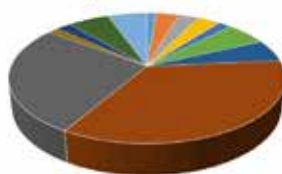
The turnover for the period under review was at 5.5%. HR monitors the employee exits as it provides valuable insight on how the HPCSA can continue harnessing the skills and knowledge of our employees. Five of the fourteen employment terminations were due to resignations. Two terminations were due to death in service, three dismissal and four retirements.

Reason	Number	% of total no. of staff leaving
Death	2	0.77%
Resignation	5	1.94%
Dismissal (misconduct & incapacity)	3	1.16%
Retirement	4	1.55%
Ill health	0	0%
Expiry of contract	0	0%
Total	14	5.5%

TRAINING EXPENDITURE PER DIVISION

Divisional Expenditure	
Division	Cost
Internal Audit, Risk and Compliance	R9,993.08
Corporate Affairs	R24,737.82
Education and Training	R22,639.20
Strategy and EPMO	R24,813.45
Facilities	R14,121.35
Finance and Supply Chain	R45,993.16
Human Resources Management	R42,863.59
Information and Technology	R273,463.82
Legal and Regulatory Affairs	R210,045.55
Office of the Registrar	R11,428.48
Professional Practice	R17,056.88
Registrations	R44,434.73
Executive Company Secretariat	R43,092.77
Total	R784,683.88

Divisional Expenditure Cost



No of staff on various Training Interventions (Technical, Behavioral & Professional Update)			
Month	Technical	Behavioral	Professional Update
April	2	0	0
May	8	13	0
June	114	2	0
July	118	0	0
August	40	37	0
September	98	0	0
October	85	0	0
November	69	2	0
December	2	0	0
January	11	0	0
February	94	107	0
March	56	152	0
Total	697	313	0

Trainings 2021/2022	NQF Aligned	Not NQF - Aligned
Percentage	43%	57%

Bursaries 2021/2022	Total
2021/2022	21

Future HR plans / Goals

The following will be focus areas in the year 2022/23:

- To implement Change Management training with regards to Oracle Implementation in the organisation
- Continue review and consultation of the following prioritised policies: Code of Conduct & Business Ethics Policy; Performance Management & Development System Policy and Succession Management Policy
- Review the Organisational Structure
- Implement employee climate survey recommendations
- Benchmarking of salaries and performance rewards

5 DEPARTMENT: FINANCE AND SUPPLY CHAIN MANAGEMENT

5.1 FINANCIAL PERFORMANCE

The Department: Financial Services has during the reporting period ensured that the HPCSA maintains satisfactory accounting records, prepares for the audit of Annual Financial Statements. Over and above, the Department: Financial Services provided other related information, as well as help maintain a proper system of internal controls to provide reasonable assurance regarding the achievements of the HPCSA's objectives.

REVENUE

The operations of the HPCSA are funded by revenue from healthcare practitioners. Revenue is primarily derived from annual fees, registration fees and penalty fees.

During the year under review, the revenue increased by 10% from R322,5 million to R357,1 million and investment revenue increased by 10% from R10,0 million to R11,0 million during the same period due to increase in investments and increase in prime interest rates.

The annual fees increased by 7% from R262,7 million to R283,7 million mainly due to the increase in membership fees. Registration fees increased by 49% from R15,4 million to R22,9 million. Fees from penalties imposed on practitioners were R4 million.

EXPENSES

In the past financial year Council continued with its cost saving initiatives resulting in continued savings. Savings further increased due to implementation of Business process Re-engineering, digital migration projects in the preceding financial years and employees working from home. All of these resulted in operating expenses decreasing from R327 million to R326,6 million in the period under review and was due to the following:

- Council, Professional Boards and Committee meetings expenditure decreased by 5% from R53,7 million to R51,1 million, due to an increase in the number of virtual meetings savings cost for travel, accommodation, and venue costs.
- Employment costs decreased by 1% from R199,2 million to R192,8 million due to non-filling of non-essential vacant positions.

- Information Technology costs increased by 11% from R15,2 million to R17,0 million, due to additional requirement to increase ERS Oracle and other support costs as well as new licence costs in support of Council strategic objective of Digitally enabled Council.
- Strategic Project cost increased by 13% from R2 million to R2,3 million due to implementation of Council 5-year strategic plan.
- Costs incurred and recovered for Road Accident Fund (RAF) cases decreased by 32% from R22,4 million to R16,9 million, due to decrease in RAF activities, more efficient processes implemented, virtual meetings and electronic documents.
- Reversal of revenue due to suspension of membership because of non-payment by healthcare practitioners increased by 30% from R12,6 million to R17,9 million.
- SIU expenditure was R2,2 million (2021 – R2,3 million) during the financial year.
- Consulting and professional fees - legal fees increased to R9,8 million during the financial year.
- Bad debt provision (Credit loss allowance) increased by R6,5 million during the financial year due to increase in accreditation/evaluation expenditure and continued non-payment by Universities and institutions of these fees.

SURPLUS GENERATED

Total comprehensive surplus for the year was R41,5 million for the year under review compared to a surplus of R4,2 million in the previous financial year. The comprehensive surplus was mainly due to:

- R1 million additional revenue generated
- R27 million savings and or less activities for Council and Professional Board expenditure.
- R8 million savings for Secretariat Prosecution and CHU&I divisions due to secretariat arranging for mostly virtual meetings ensuring savings in travel and accommodation costs and doing investigation online.
- R800k savings on employees costs due to non-filling of non-key vacant positions.
- R4,7 million savings in administration budget due to employees working from home and other cost saving initiatives.

PROCUREMENT ACTIVITIES

The annual procurement spent totaled R59,4 million of which R48,7 million was Level 1 to Level 3 BBBEE spent, which constitutes 82 percent of overall procurement spent with a BBBEE recognition level of 106% at R63 million.

Linking performance with budgets

PROGRAMME 1: DIGITALLY ENABLED COUNCIL BY 2023/2024								
Description	Budget 2021/22	Roll-over	Virements	Surplus	Adjusted 2021/22 Budget	Year-to-date actuals	Variances	% Variance
Contribution to capital expenditure	1 065 300	8 409 831	0	0	9 475 131	2 050 858	7 424 273	78%
IT expenses	19 759 016	1 921 200	1 931 705	0	23 611 921	16 992 205	6 619 716	28%
Tools of Trade allowances	3 332 903	0	0	0	3 332 903	4 220 323	-887 420	-27%
Collaboration allowances (Council)	3 187 800	0	-500 000	0	2 687 800	2 622 525	65 275	2%

Reason for variances:

Oracle Service Cloud system project is a multi-year project which started in 2021/22 financial year and is expected to be finalised in 2022/23 financial year. Additional Tools of Trade allowances were paid due to Employees continuing to work from home during implemented business continuity period.

Linking performance with budgets

PROGRAMME 2 MAINTAINED FINANCIAL SUSTAINABILITY OF COUNCIL AND ALL PROFESSIONAL BOARDS								
Description	Budget 2021/22	Roll-over	Virements	Surplus	Adjusted 2021/22 Budget	Year-to-date actuals	Variiances	% Variance
INCOME								
Annual Fees	283 409 818	0	0	0	283 409 818	283 718 940	309 122	0%
Registration fees	19 624 757	0	0	0	19 624 757	22 209 480	2 584 723	13%
Examination fees	8 311 349	0	0	0	8 311 349	7 404 333	-907 016	-11%
Evaluation Fees	2 680 253	0	0	0	2 680 253	2 398 030	-282 223	-11%
Penalties	7 140 500	0	0	0	7 140 500	4 053 682	-3 086 818	-43%
Sundry fee (Including Restoration fees)	15 774 620	0	0	0	15 774 620	16 220 276	445 656	3%
Other Income (Including Interest received)	29 452 372	0	0	0	29 452 372	32 130 198	2 677 826	9%
	366 393 668	0	0	0	366 393 668	368 134 939	1 741 271	0%
EXPENDITURE								
Council and Professional Board committees	97 751 684	4 818 382	-1 500 000	0	101 070 066	60 902 912	40 167 154	40%
Administration expenditure	83 424 436	17 536 813	1 140 190	0	102 101 439	72 930 392	29 171 047	29%
Employee expenditure	193 641 050	0	359 810	2 472 163	196 473 023	192 759 873	3 713 150	2%
	374 817 170	22 355 195	0	2 472 163	399 644 528	326 593 177	73 051 351	18%

Reason for variances:

For the second time in 6 financial years, Council were able to collect 100% of budgeted revenue.

Council, Professional Boards and Secretariat continued with cost savings initiatives that resulted in significant savings.

Positive variance in employee expenditure was due to savings due to non-filling of non-key vacant positions.

Linking performance with budgets

PROGRAMME 3: IMPROVED RELATIONSHIPS BETWEEN COUNCIL AND ALL RELEVANT STAKEHOLDERS BY THE END OF THE TERM (2025)								
Description	Budget 2021/22	Roll-over	Virements	Surplus	Adjusted 2021/22 Budget	Year-to-date actuals	Variiances	% Variance
Corporate Affairs	3 684 237	0	-359 810	0	3 324 427	1 331 597	1 992 830	60%
International	639 689	0	0	0	639 689	36 732	602 957	94%
Local	271 080	0	-80 000	0	191 080	9 310	181 770	95%
AMCOA	243 960	0	0	0	243 960	186 523	57 437	24%
Ombudsman	85 000	0	0	0	85 000	52 019	32 981	39%
Inspectorate	2 212 582	0	0	0	2 212 582	1 229 314	983 268	44%

Reason for variances:

Above variances were due to Council, Professional Boards and Secretariat cost savings initiatives to mitigate possible negative impact on revenue caused by Covid19. International and Local travel were also impacted by travel restrictions and move to virtual conferences due to Covid19.

Linking performance with budgets

PROGRAMME 4: STRENGTHEN THE SERVICE DELIVERY ENVIRONMENTS OF THE HPCSA - IMPROVED PROFESSIONAL CONDUCT PROCESSES								
Description	Budget 2021/22	Roll-over	Virements	Surplus	Adjusted 2021/22 Budget	Year-to-date actuals	Variations	% Variance
Preliminary committees	5 976 179	0	630 000	0	6 606 179	2 376 635	4 229 543	64%
Professional conduct Inquiries	17 754 870	390 000	150 000	0	18 294 870	17 222 058	1 072 812	6%
Professional conduct inspections	214 750	0	0	0	214 750	0	214 750	100%
Prosecution	3 809 123	0	-200 000	0	3 609 123	67 218	3 541 905	98%
Appeal committees	561 723	0	-300 000	0	261 723	315 221	-53 498	-20%
Complaints handling and investigations	4 675 313	0	0	0	4 675 313	218 103	4 457 210	95%
Litigation (External Legal Firms)	11 550 497	0	0	0	11 550 497	5 113 105	6 437 393	56%

Reason for variances:

Above variances were due to Council, Professional Boards and Secretariat cost savings initiatives to mitigate possible negative impact on revenue caused by Covid19. Savings were realised due to mostly virtual preliminary and professional conduct inquiry meetings held saving cost of travel, accommodation, venue, and other costs.

Linking performance with budgets

PROGRAMME 5: A CAPACITATED PROFESSIONAL COUNCIL AND BOARDS TO DELIVER ON ITS FIDUCIARY RESPONSIBILITIES								
Description	Budget 2021/22	Roll-over	Virements	Surplus	Adjusted 2021/22 Budget	Year-to-date actuals	Variations	% Variance
Council and Professional Board committees	61 908 415	4 428 382	-1 980 000	0	64 356 797	35 875 893	28 480 904	44%
Preliminary committees	5 976 179	0	630 000	0	6 606 179	2 376 635	4 229 544	64%
Professional conduct Inquiries	17 754 870	390 000	150 000	0	18 294 870	17 222 058	1 072 812	6%
Appeal committees	561 723	0	-300 000	0	261 723	315 221	-53 498	-20%
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Linking performance with budgets

PROGRAMME 6: IMPROVED ORGANISATIONAL PERFORMANCE BY FY2022/2023								
Description	Budget 2021/22	Roll-over	Virements	Surplus	Adjusted 2021/22 Budget	Year-to-date actuals	Variations	% Variance
To be budgeted in 2022/23 – 2025/26 financial year								



6 DEPARTMENT: OFFICE OF THE REGISTRAR

Corporate Affairs Division

COMMUNICATION AND STAKEHOLDER ENGAGEMENT

COMMUNICATIONS AND MEDIA RELATIONS

Effective communication is an essential tool in achieving and maintaining HPCSA's working relations both internally and externally and this was amplified during the COVID-19 pandemic. The pandemic forced the organisation and the world to communicate remotely by tapping into unfamiliar grounds of communicating. While still ensuring that we communicate accurate information, we had to ensure that we uphold the reputation of the organisation and this was achieved through the various communication mechanisms such as: interviews, media statements, media enquiries, publications and social media.

Media Interviews, Media Releases/ Statements and Media Enquiries

The media plays a vital role in bridging the gap between the HPCSA and its stakeholders on a regular basis to convey Council's objects and mandate. The HPCSA continues to advocate for an open and cordial relationship with the media, both locally and internationally.

In the reporting period the HPCSA conducted twenty-four (24) media interviews, disseminated thirty-one (31) media releases and responded to media enquiries within an average turnaround time of 24 hours. The turnaround time for the organisation to respond to media enquiries is 48 hours.

SOCIAL MEDIA

During the financial period 2021/22 the HPCSA introduced the Facebook social media platform, which was aimed at improving the communication with its stakeholders. The Facebook page has been able to assist practitioners with various queries and provide updates on HPCSA matters such as CPD updates, etc.

The social media platform played a crucial role in establishing a better understanding of Council's needs and challenges.

PUBLICATIONS

The HPCSA continued to make tangible efforts to communicate with its stakeholders through various publications both internally and externally. For the internal stakeholders (i.e. its employees), the Division compiled three (3) editions of the PULSE newsletter. The newsletter aims to keep employees informed on Council's policies, activities, services, social events, and other organisational news.

The Professional Boards engage with the practitioners and keep them abreast on recent developments in the various disciplines. For the period under review six (6) newsletters were produced by the respective Boards.

The e-Bulletin, which is an electronic bulletin is another means of disseminating timely and up to date information to the health-

care practitioners. In the year under review nineteen (19) editions of e-Bulletin were produced.

The HPCSA was profiled in a strategic magazine to ensure maximum exposure to strengthen the HPCSA brand and its functions namely, The South African Medical Journal. The key message was on the HPCSA's Maintenance of Licensure (MoL) programme.

Practitioners are continuously encouraged to update their e-mail addresses and contact details with the HPCSA, to facilitate electronic communication via e-mail and special SMS notifications, which allows for real-time communication.

STAKEHOLDER ENGAGEMENTS

Stakeholder engagement is positioned as one of Council's Strategic Goal number 3 of improved relationships between Council and All Relevant Stakeholders by the end of the term (2025).

With the Covid-19 pandemic still in our midst for the financial year under review the roadshow and symposia continued to be held on virtual platforms to ensure that practitioners continue to obtain their Continuing Educational Units (CEUs). The HPCSA conducted eleven (11) online symposia. The symposia were aimed at informing and engaging healthcare practitioners on pertinent issues that affect them in their respective work environments and provide the practitioners an opportunity to keep abreast with new developments in their respective professions.

Over and above the symposia, stakeholder engagements were continuing within the various Divisions and their stakeholders. These engagements were to ensure that a two-way communication is established and maintained. Overall, Council conducted forty-two (42) stakeholder engagements.

The HPCSA conducted four (4) Corporate Social Investment initiatives for the period under review.

SERVICE DELIVERY

The HPCSA's dedicated complaints e-mail servicedelivery@hpcsa.co.za, received 3 881 e-mails. All complaints received during the year under review were resolved within a 48-hour turnaround time. Practitioners are encouraged to use this e-mail address as a Complaints/Compliments platform to rate the service they have received from the HPCSA employees. The HPCSA has conducted its annual Climate Satisfaction Survey for the year under review and the results will be published on the HPCSA website. Service Charters were reviewed during this period and will be communicated on HPCSA platforms.

CALL CENTRE

The Call Centre continues to serve as a frontline service providing an essential service to the HPCSA stakeholders. In the period under review, the Call Centre received a total of 92 190 emails, and 80 461 were responded to. As a result, 12 440 emails were carried over into the period of 2022/23. The Call Centre achieved its target and answered 87% of the emails.

The Call Centre received 205 258 calls for the reporting period, 90 762 calls were answered while 114 489 calls were abandoned. This resulted in 44% of the calls being answered.

The total of 45310 online service request incidents were conclusively addressed, at the end of the reporting period.

6.1 ENGAGEMENTS BETWEEN COUNCIL AND REGIONAL, CONTINENTAL AND INTERNATIONAL STAKEHOLDERS

Council supported and continues to support the HPCSA's involvement in continental and international affairs. This is essential as these engagements are used as learning experiences and for benchmarking purposes.

As a member of the International Association for Medical Regulatory Authorities (IAMRA), we attended various webinars, namely –

- i) The Challenge of Humanizing Medical Regulation in a Post-COVID World, in this webinar discussions focused on how Medical regulation rightly has patient and public protection at the heart of its work. However, regulation can have a devastating impact on the stress, health and well-being of doctors, particularly when they are under investigation and how this was undoubtedly exacerbated by COVID-19 and lockdowns that have had a huge impact on the mental health of doctors and the community more widely. The webinar highlighted work underway to humanize medical regulation. What have doctors under investigation shared about the experience? What does humane regulation mean? And how should regulators respond across the world particularly in the emerging post Covid world?
- ii) Disruption in Healthcare and Regulation, in this webinar discussions focused on how COVID-19 has impacted every aspect of life in some way or another. How it has challenged and changed how we live and how we work. In this webinar, we considered the lessons we, as regulators, have learned – what's worked, what hasn't, and what can we do better in the future when faced with a similar challenge. We also took a wider view of the medical regulation landscape – what can, and should, we be talking about right now?
- iii) Misinformation and challenges to the independence of medical regulation, In this webinar, we explored the ways in which health regulatory authorities around the world are being subjected to

external pressure to base their regulatory standards, policies and decisions on misinformation or information that is not evidence-based – a phenomenon particularly apparent in relation to COVID-19

On a continental level, the HPCSA as a member and Secretariat of AMCOA assisted in the coordination of the HWC2022 AMCOA Workshop which was hosted by the Cabinet Secretaries for the Ministry of Health and Ministry of Education Kenya. The purpose of the workshop was to undertake a stakeholder driven dialogue on Curriculum and Training of all cadres of Health Care Professionals to optimize opportunities in the following areas:

- a) To strengthen the technical and soft skill competencies and enhance the global competitiveness and future job readiness of our health professionals
- b) To ensure adequate response to the continents changing healthcare needs
- c) To strengthen capability and technical support from the health professionals for the Universal health care coverage (UHC) agenda.

The conference discussions further revolved around the theme "Repositioning today's health workforce for the future". The broad-based deliberations identified gaps, challenges, strategies and opportunities to bring transformative change for the health workforce.

The HPCSA also affirmed its decision to host the AMCOA 24th International Conference on, which is scheduled to be held at the Sun City Resort in North West Province, from 2 – 6 October 2022. The HPCSA will ensure that most of healthcare practitioners and the HPCSA Governance Structures – including Board Members and Council attend the Conference and learn from this opportunity.



7 PERFORMANCE INFORMATION BY PROGRAMME

The HPCSA tracks performance against commitments made to key performance indicators on a quarterly basis. The key performance indicators information is collated from a cross-section of KPI calculation types, namely cumulative (year-to-date, year-end) and non-cumulative. Tables 1 and 2 present how on a quarterly to quarter basis, the performance information feedback was collected at a summary level.

Table 1: Q1 and Q2 Performance Information Feedback

STRAT. GOAL #	QUARTER 1						QUARTER 2					
	ACHIEVED		PARTIALLY ACHIEVED		NOT ACHIEVED		ACHIEVED		PARTIALLY ACHIEVED		NOT ACHIEVED	
	#	%	#	%	#	%	#	%	#	%	#	%
1	0	0	0	0	0	0	1	100	0	0	0	0
2	1	100	0	0	0	0	3	100	0	0	0	0
3	1	100	0	0	0	0	1	100	0	0	0	0
4A	1	100	0	0	0	0	2	100	0	0	0	0
4B	7	86	0	0	14	7	5	71.43	2	28.57	0	0
5	1	100	0	0	0	2	0	0	0	0	2	100
6	1	100	0	0	0%	1	1	100	0	0	0	0
TOTALS	13	92	0	0	8	17	13	76.47	2	11.77	2	11.76

Table 2: Q3 and Q4 Performance Information Feedback

STRAT. GOAL #	QUARTER 3						QUARTER 4					
	ACHIEVED		PARTIALLY ACHIEVED		NOT ACHIEVED		ACHIEVED		PARTIALLY ACHIEVED		NOT ACHIEVED	
	#	%	#	%	#	%	#	%	#	%	#	%
1	1	100	0	0	0	1	1	100	0	0	0	0
2	2	100	0	0	0	2	2	100	0	0	0	0
3	1	100	0	0	0	1	1	100	0	0	0	0
4A	2	100	0	0	0	4	3	75	1	25	0	0
4B	6	83.33	1	16.67	0	6	6	100	0	0	0	0
5	2	100	0	0	0	3	3	100	0	0	0	0
6	1	0	0	0	100	3	3	100	0	0	0	0
TOTALS	15	86.67	1	6.66	1	20	19	95.00	1	5	0	0

FINAL PERFORMANCE SCORE FOR FY2021/2022

Table 3 presents the comparison between the Organisational Performance Score for financial years 2020/2021 and 2021/2022. This organizational performance is placed side-by-side with the organizational performance score for FY2020/2021. The Annual Performance Score for FY2021/2022 is the aggregation of performance information feedback collated over the four (4) quarters of the financial year.

Table 3: Final HPCSA Organisational Performance Score Summary

ANNUAL PERFORMANCE SCORE FY2020/2021					ANNUAL PERFORMANCE SCORE FY2021/2022						
STRATEGIC GOAL	NUMBER OF INDICATORS	ACHIEVED		NOT ACHIEVED		STRATEGIC GOAL	NUMBER OF INDICATORS	ACHIEVED		NOT ACHIEVED	
		#	%	#	%			#	%	#	%
1	8	3	37.50%	5	62.50%	1	1	100%	0	0%	
2	8	6	75.00%	2	25.00%	2	3	100%	0	0%	
3	5	4	80.00%	1	20.00%	3	1	100%	0	0%	
4	3	2	66.67%	1	33.33%	4A	4	3	75%	1	25%
						4B	6	6	100%	0	0%
						5	4	100%	0	0%	
						6	3	100%	0	0%	
TOTALS	24	15	62.50%	9	37.50%	TOTALS	22	21	95.5%	1	4.5%

DETAILED PERFORMANCE REPORT AGAINST THE FY2021/2022 APP

The tables that follow provide detailed performance information feedback with respect to the commitments made against the Key Performance Indicators used to deliver the Strategic Goals of the HPCSA. Quarter 4 performance information where the performance level achieved is indicated as "Not Achieved" or "Partially Achieved," a narrative detailing the cause of the performance level achieved as well as a management intervention commitment is captured to outline the corrective action that will be implemented to get the performance level back on track.

2.4.1 QUARTERLY TARGETS AGAINST STRATEGIC GOAL #1: DIGITALLY ENABLED COUNCIL BY 2023/2024

# Of Indicators Tracked Strategic Objectives	2	# Of Indicators with Missed Targets	0	# Of Indicators with Achieved Targets	1/1 = 100%	# Of Indicators with Neither Achieved nor Missed Targets	0	#Of Indicators Not Planned for Evaluation in This Quarter	1	Performance for FY2021/2022			
										(a)	(b)	(d)	(e) = (d) - (c)
Performance Indicator	KPI unit of measure	Baseline service level performance	Annual target for FY2021/2022	REPORT – Baseline Study Report Developed and Delivered	ACHIEVED	(e) = (d) - (c) Narration for variances/ gaps	Management's intervention/s To arrest the performance gaps						
1.1 (A) Collaboration Systems Utilization Rate	%	NULL	Undertake Baseline Study	Not Assessed	Not Applicable	Not Assessed	Not Required. Target achieved						
1.2 (A) Signed Off Online ICT Services Systems	%	12.50% (1/8)	42.85% (3/7) (Dependent on Signing of SLA with Service Provider)	Project multi-year project to be finalised in 22/23 with Service Provider.	Not Assessed	SLA was signed with Service Provider and project is continuing. Wave 1 is expected to be taken live in June 2022.							

# Of Indicators Tracked Strategic Objectives	3	# Of Indicators with Missed Targets	0	# Of Indicators with Achieved Targets	3/3 = 100%	# Of Indicators with Neither Achieved nor Missed Targets	0	# Of Indicators Not Planned for Evaluation in This Quarter	0
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Performance indicator	KPI unit of measure	(a) Baseline service level performance	(b) Annual target for FY2021/2022	Performance for FY2021/2022		
				(d) (April - March)	(e) = (d) - (c) Narration for variances/ gaps	(f) Management's intervention/s To arrest the performance gaps
2.1 (a) Unqualified Audit Opinion with No Material Findings (Yes/No)	Report (Yes/No)	Yes	Yes	ACHIEVED	Not Applicable	None required. 7th No audit qualification achieved
2.1 (b) Adherence to budget timeline	%	100%	100%	ACHIEVED 100% completed	Not Applicable	Not Required. Target achieved
2.1 (c) Revenue collection rate	%	91%	95%	ACHIEVED R367 654 726/ R366 091 986 = 100.4% (Adjusted for RAF which is a cost recovery revenue line item)	Not Applicable	None Required. Performance 5.4% better than target and 100.4% of revenue collected

2.3.3 QUARTERLY TARGETS AGAINST STRATEGIC GOAL #3: IMPROVED RELATIONSHIPS BETWEEN COUNCIL AND ALL RELEVANT STAKEHOLDERS BY THE END OF THE TERM (2025)

# Of Indicators Tracked Strategic Objectives	1	# Of Indicators with Missed Targets	0	# Of Indicators with Achieved Targets	1/1 = 100%	# Of Indicators with Neither Achieved nor Missed Targets	0	# Of Indicators Not Planned for Evaluation in This Quarter	0
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Performance indicator	KPI unit of measure	(a) Baseline service level performance	(b) Annual target for FY2021/2022	Performance for FY2021/2022		
				(d) (April - March)	(e) = (d) - (c) Narration for variances/ gaps	(f) Management's intervention/s To arrest the performance gaps
3.1 (a) Stakeholders engaged	%	NULL	100% (36/36)	ACHIEVED 100% 36/36	Not Applicable	Not Required. Target achieved

# Of Indicators Tracked Strategic Objectives	4	# Of Indicators with Missed Targets	1/4 - 25%	# Of Indicators with Achieved Targets	3/4 = 75%	# Of Indicators with Neither Achieved nor Missed Targets	0	#Of Indicators Not Planned for Evaluation in This Quarter	0
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Performance Indicator	KPI unit of measure	(a) Baseline service level performance	(b) Annual target for FY2021/2022	Performance for FY2021/2022					
				(d) (April - March)	(e) = (d) – (c) Narration for variances/ gaps	(f) Management's intervention/s To arrest the performance gaps			
% Of funded professional conduct inquiries	%	34%	34%	ACHIEVED 34% of Professional Conduct Inquiries funded	Not Applicable	None required. Target achieved			
Case clearance rate - media-tion	%	80%	80%	ACHIEVED 88% (467/528) annual	Not Applicable	None Required. Performance 8% better than the target			
Case clearance rate – % of cases submitted quarterly to committee of preliminary inquiry	%	NULL	65%	NOT ACHIEVED 62% (288/468)	-3%	Turnaround time for investigation process reduced due to added investigators increasing cases going to Prelim – This would require more Prelims to be scheduled to finalise these additional cases.			
Case clearance rate – pro-fessional conduct inquiry	%	Null	Undertake baseline study	ACHIEVED Baseline Study Report Baseline = (76/187) 41%	Not Applicable	None required. Target achieved			

2.3.4 QUARTERLY TARGETS AGAINST STRATEGIC GOAL #4: STRENGTHEN THE SERVICE DELIVERY ENVIRONMENTS OF THE HPCSA – SUB-STRATEGIC GOAL #4B: STRENGTHEN THE HPCSA'S CORE OPERATIONS ENVIRONMENT.

# Of Indicators Tracked Strategic Objectives	6	# Of Indicators with Missed Targets	0	# Of Indicators with Achieved Targets	6/6 = 100%	# Of Indicators with Neither Achieved nor Missed Targets	0	# Of Indicators Not Planned for Evaluation in This Quarter	2
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Performance for FY2021/2022									
Performance indicator	KPI unit of measure	(a) Baseline service level performance	(b) Annual target for FY2021/2022	(d) (April - March)	(e) = (d) – (c) Narration for variances/ gaps	(f) Management's intervention/s To arrest the performance gaps			
4B.2 (a) % Of scheduled evaluations facilitated within stipulated timelines	%	40%	100%	ACHIEVED 100% (7/7)	N/a	None required. Target achieved			
4B.2 (b) % Of scheduled Board Examinations facilitated within stipulated timelines	%	60%	100%	ACHIEVED 100% (9/9)	N/a	None required. Target achieved			
4B.2 (c) Average Turn-Around-Time (TAT) for Education & Training activities	Days	10 days	5	ACHIEVED 5 Days Average E & T Activities resolution time for the Quarter)	N/a	None required. Target achieved			
4B.2 (d) % New registrations processed online	%	N/A	50%	NOT ASSESSED	Oracle Service cloud enhancements are still being developed	EPMO and ICT to ensure the successful completion of enhancements			
4B.2 (e) Average Registrations Turn-around Time (TAT)	Days	10	10	ACHIEVED 8 [Jan=7.5; Feb=8; Mar=7.5]	N/a	None Required. Performance 2 days better than target			
4B.2 (f) Percentage of practitioners audited for CPD compliance	%	N/A	40%	ACHIEVED 70% (126,494/180,707)	N/a	None required. Performance 30% better than target			
4B.2 (g) Turn-Around-Time (TAT) for rule 18 employment applications for submission to governance structures.	Days	N/A	30	N/A	No new applications were received	N/A			
4B.2 (h) Scope of practice queries addressed Turn-Around-Time (TAT)	Days	10	10	ACHIEVED 3.33 days Performance = 4 days Jan (290) 3 days Feb (193) 3 days Mar (214)	N/a	Appointment of new official improved capacity and performance 1.67 days better than target			

2.3.5 QUARTERLY TARGET AGAINST STRATEGIC GOAL #5: A CAPACITATED PROFESSIONAL COUNCIL AND BOARDS TO DELIVER ON ITS FIDUCIARY RESPONSIBILITIES

# Of Indicators Tracked Strategic Objectives	3	# Of Indicators with Missed Targets	0	# Of Indicators with Achieved Targets	3/3 = 100%	# Of Indicators with Neither Achieved nor Missed Targets	0	#Of Indicators Not Planned for Evaluation in This Quarter	0
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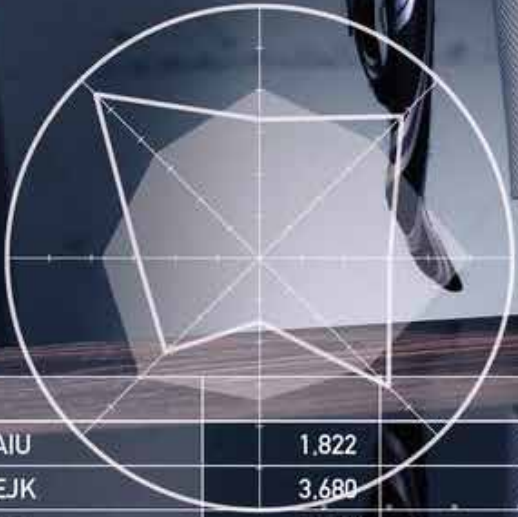
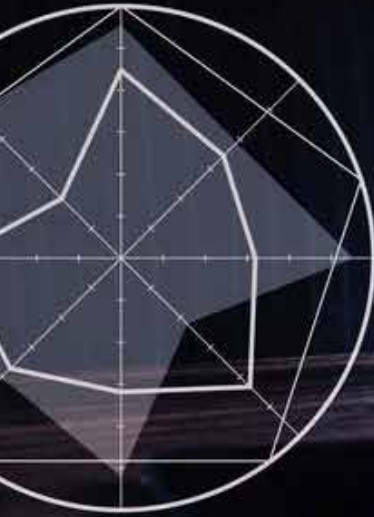
Performance Indicator	KPI unit of measure	Baseline service level performance	Annual target for FY2021/2022	(d) (April - March)	Performance for FY2021/2022	
					(e) = (d) – (c) Narration for variances/ gaps	(f) Management's Intervention/s To arrest the performance gaps
5.1 (A) Corporate Governance Training Conducted for Professional Board and Council	Number	2	2	ACHIEVED 2 out 2 Training Interventions Conducted	Not Applicable	None Required. Target achieved
5.1 (B) Regulatory Practice Training Annually Per Professional Board and Council	Number	Null	2	ACHIEVED 2 out 2 Training Interventions Conducted	Not Applicable	None Required. Target achieved
5.1 (C) Participant Satisfaction Rate	%	Null	75%	ACHIEVED 80% Score Recorded	Not Applicable	None Required. Performance 5% better than target
5.1 (D) Governance – Unresolved Internal Audit Findings	%	Null	0%			

2.3.6 QUARTERLY TARGETS AGAINST STRATEGIC GOAL #6: IMPROVED ORGANISATIONAL PERFORMANCE BY FY2022/2023

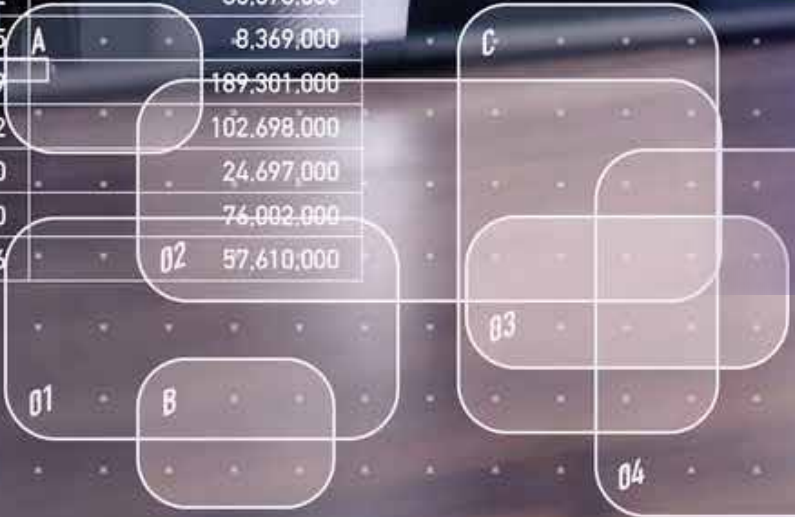
# Of Indicators Tracked Strategic Objectives	3	# Of Indicators with Missed Targets	0	# Of Indicators with Achieved Targets	3 = 100	# Of Indicators with Neither Achieved nor Missed Targets	0	# Of Indicators Not Planned for Evaluation in This Quarter	2
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Performance for FY2021/2022									
Performance indicator	KPI unit of measure	(a) Baseline service level performance	(b) Annual target for FY2021/2022	(d) (April - March)	(e) = (d) - (c) Narration for variances/ gaps	(f) Management's intervention/s To arrest the performance gaps			
6.1 (a) Organisational performance score	%	Null	Undertake baseline study	ACHIEVED	N/a	None required. Target achieved			
6.1 (b) Post BPR implementation review	Report (Yes or no)	Null	Undertake Baseline Study	ACHIEVED	N/a	None required. Target achieved			
6.1 (c) Performance management policy implementation evaluation	%	Null	100%	The Organisational Structure Review Project Plan was drafted and presented to REMCO		Incorrect target as assessments and moderations for 2021/22 happens in Q1 for 2022/23			
6.1 (d) Employee satisfaction rate (yes/no)	Report	Null	Undertake Employee Satisfaction Survey	ACHIEVED	N/a	None required. Target achieved			
6.1 (e) Performance information – unresolved audit findings	Report	(5/5) Negative findings	0%	Employee Satisfaction Report available					





AIU	1.822	12.349.000
EJK	3.680	238.681.000
HPL	1.062	85.678.000
KEE	485	8.369.000
NAH	8.569	189.301.000
QOP	6.602	102.698.000
TIK	890	24.697.000
WIG	6.280	74.002.000
AHD	2.436	57.610.000





PART C

PERFORMANCE INFORMATION
from the PROFESSIONAL BOARDS

OVERVIEW OF PROFESSIONAL BOARDS

The Health Professions Act, 56 of 1974, Section 15 makes provision for the establishment of Professional Boards. Professional Boards are statutory structures whose overall objective is to ensure the establishment and maintenance of acceptable levels of healthcare services in the professions under their purview.

The Minister shall, on the recommendation of Council, establish a Professional Board with regard to any health profession in respect of which a register is kept in terms of this Act, or with regard to two or more such health professions.

In terms of the Health Professions Act, 56 of 1974, Professional Boards assume 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 have a responsibility to:

- Determine standards for education and training aligned to best practice based on the needs of the country ;
- Ensure compliance to those standards in terms of the process of evaluation and accreditation of education and training facilities;
- Determine and ensure maintenance of standards for professional practice and professional conduct;
- Ensure compliance to continuing professional development (CPD) and to enhance a culture of life- long learning within the scope of the profession directives;
- Grant certification to students and to compliant practitioners to practise their professions once all the registrations requirements had been complied with;
- Register, where applicable, graduates for internship where applicable and graduates for compulsory Community Service;and
- Develop policy and formulate regulations and rules of conduct for professional practice.

Any decision of a Professional Board relating to a matter falling entirely within its ambit shall not be subject to ratification by the Council, and Council shall, for this purpose, determine whether a matter falls entirely within the ambit of a Professional Board.

The objects of Professional Boards are:

- (a) to consult and liaise with other Professional Boards and relevant authorities on matters affecting the Professional Boards;
- (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 such profession; and
- (h) to guide the relevant health profession or professions and to protect the public .

General powers of Professional Boards

(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 in relation to a profession falling within the ambit of the Professional Board.

(2) Any decision of a Professional Board relating to a matter falling entirely within its ambit shall not be subject to ratification by Council and Council shall, for this purpose, determine whether a matter falls entirely within the ambit of a Professional Board.







PROFESSIONAL BOARD
FOR EMERGENCY CARE



Dr Simpiwe Sobuwa
CHAIRPERSON OF THE PROFESSIONAL BOARD FOR
EMERGENCY CARE

1. BOARD OVERVIEW

The Professional Boards are the coordinating bodies for all the healthcare practitioners registered with Council. The respective Professional Boards are established for a specific profession, dealing with any matters relating to that specific profession. The Professional Board for Emergency Care is appointed by the Minister of Health in terms of Section 15 of the Health Professions Act 1974, (Act of 56 of 1974).

The Professional Board is committed to promoting the health of the population, determining standards of professional education and training, setting and maintaining excellent standards of ethical and professional practice.

The Emergency Care Professional Board was constituted in terms of the Regulations relating to the Constitution of the Professional Board for Emergency Care contained in Regulation No. R 1254 of 28 November 2008. The current Professional Board consists of 20 members who were inaugurated in October 2020 to serve a five-year term from 2020-2025.

The following professions are registered under the auspices of the Professional Board for Emergency Care, namely:

- Basic Ambulance Assistant (BAA)
- Ambulance Emergency Assistant (AEA)
- Operational Emergency Care Orderly (OECO)
- Paramedics (ANT)
- Emergency Care Technicians (ECT)
- Emergency Care Practitioners (ECP)

2. VISION AND MISSION

The Board developed the vision and mission statement outlined as follows:

Vision

“Promote quality, equitable and professional people-centered Emergency Care for all.”

Mission

To enhance the quality of Emergency Care by developing and implementing strategic policy frameworks through:

- Setting contextually relevant and evidence-based healthcare training and practice standards for registered professions.
- Ensuring compliance with standards.
- Fostering on-going professional development, competence, and accountability.
- Protecting the public in matters involving the rendering of emergency care.
- Transparent public and stakeholder engagement; and
- Upholding and maintaining ethical and professional standards within the Emergency Care and advocating for patient rights.

3. BOARD STRATEGIC OBJECTIVES

The Strategic plan developed (2020-2025) would reflect the performance levels of the Board for the five-year term, however there was an Annual Performance Plan (2020/21) which serves as an annual planning and performance tool for implementing activities set out in the five-year strategic plan document.

The Professional Board for Emergency Care outlined the following six main strategic goals to pursue during its term (2020-2025):

- The first strategic goal refers to optimised interdepartmental cooperation for clinical guidelines. This strategy aims to develop a stakeholder turnaround plan, that promotes revision and updating of the clinical guidelines. This will be achieved by implementing a functional interdepartmental forum, to monitor and evaluate clinical guidelines. The efficacy of this forum will be assessed annually.
- The second strategic goal refers to an approved roadmap for qualifications, roles, and objectives for emergency care vision 2030. This will provide an outline of the minimum standards for postgraduate qualifications required to register with the Board and ensure adherence to these requirements. To achieve this, the Board will set-up a functional task-team to realise EMS vision 2030; develop postgraduate minimum standards for qualifications registerable in Emergency Care by 2025 to enable specialisation, which includes stakeholder engagement and promulgation of minimum standards for postgraduate qualifications; align the scope of the profession and related scopes of practice to the EMS vision 2030, and lastly merge various Emergency Care registration categories by 2025.
- The third strategic goal refers to effective and efficient Preliminary Committee and Professional Conduct processes. This strategy will attempt to address current concerns related to the prolonged duration and elevated costs of such processes. To achieve this strategy, the Board intends to provide a reviewed Cost Structure for running Professional Conduct Enquiry processes; implement a “Virtual Platform” as a formal Professional Conduct Enquiry processes channel, and lastly, use the Ombudsman to resolve and reduce complaints going into the Professional Conduct by 2025 by obtaining approval for regulations enabling Ombudsman to finalise on matters.
- The fourth strategic goal refers to the improved functioning of the Professional Board through the development of regulations, guidelines, rules and policies. The Board as a regulator and part of Council must be fully conversant with regulatory science if it needs the impact of the regulations to be consistent in delivering positive Health Systems outcomes. Secondly, the Board has a duty to ensure that it is properly

governed in line with the appropriate government regulations. Existing regulations will be validated, and where necessary, non-existing regulations will be developed. This will be achieved through the review and/or development of regulations, and through the review and/or development of relevant guidelines and rules.

- The fifth strategic goal refers to capacitated members of the PBEMB effectively executing their fiduciary responsibilities and ensuring proper functioning of the Board. Implementation of this strategy is key to ensure all Board members are appropriately capacitated to execute their regulatory and governance roles to allow for efficient operation and accountability from the Board against the mandate and fiduciary responsibilities. The Board aims to achieve this strategy by providing adequate training to the Board members to execute their fiduciary responsibilities, as well as increase the number of resolved cases at Prelim Committee level, through implementing capacity building workshops and improving case preparation processes.
- The last strategic goal refers to improved relationships between Professional Board for Emergency Care and all relevant stakeholders by the end of the term (2025). This strategy is aimed at improving the poor relationship between the HPSCA, the Board and all relevant stakeholders to increase the number of stakeholders becoming HPCSA and EMB ambassadors. Therefore, the Board has aligned to the HPCSA wide movement to rebuild stakeholder relationship practices to create long-term, mutually beneficial relationships. The Board aims to achieve this by implementing annual stakeholder engagement strategy initiatives and evaluating the impact of the Stakeholder Engagement Strategy every two years.

4. EDUCATION, TRAINING AND REGISTRATION MATTERS

During the period under review, the Board delegated the review, and consideration of Education training and registration matters to the Education committee to ensure compliance with standards of education, training and registration in line with the Health Professions Act relevant provisions.

The Board conducted six (6) evaluations during the period under review of 2021-2022 as part of its quality assurance objective:

- Site inspection – Mediclinic – Higher Certificate in Emergency Medical Care – 22 April 2021.
- Follow-up evaluation – Free State College of Emergency Care under the auspice of University of Johannesburg – Higher Certificate in Emergency Medical Care – 29 and 30 June 2021.
- Follow-up evaluation – Cape Peninsula University of Technology – Higher Certificate in Emergency Medical Care – 21 July 2021.
- Impromptu evaluation – Sefako Makgatho Health Sciences University – 09 and 10 September 2021.
- Follow-up evaluation – Durban University of Technology - Bachelor's Degree in Emergency Medical Care – 01 February 2021.
- Site inspection - South African Military Health Training School (SAMHTS) under the auspice of University of Johannesburg – 09 February 2022.

The Education Committee reported that Four (4) new Higher Education Institution programmes were approved. i.e.

- Northern Cape College of Emergency Care under the auspice of University of Johannesburg – Higher Certificate, Diploma in Emergency Medical Care and Advanced Certificate in Medical Rescue.
- Mediclinic Private Higher Education Institution – Higher Certificate in Emergency Medical Care.
- University of Johannesburg (Northern Cape College of Emergency Care College) – Higher Certificate in Emergency Medical Care.

- Cape Peninsula University of Technology – Higher Certificate in Emergency Medical Care

The Education Committee reported that the following Moderations were conducted as follows:

- Netcare Education Faculty of Emergency and Critical Care (FECC) – KwaZulu-Natal Campus – 27 May 2021.
- Netcare Education Faculty of Emergency and Critical Care (FECC) – Midrand Campus – 26 and 27 August 2021.
- Nelson Mandela University 27 to 29 October 2021 – Bachelor's Degree in Emergency Medical Care.
- Cape Peninsula University of Technology – 16 and 17 November 2021 – Diploma in Emergency Medical Care.
- Durban University of Technology – 24 to 26 November 2021 – Bachelor's Degree in Emergency Medical Care.

5. STAKEHOLDER ENGAGEMENT MATTERS

One of the Professional Board's key strategic objectives relates to improving stakeholder engagement through advisory and advocacy on matters affecting the profession. The objective was intended to promote meaningful engagement and dialogue with the relevant stakeholders as it forms part of Councils broader strategic objective.

In this regard, the Board undertook the following engagements during the period under review:

- The Board had engagements with the Quality Council for Trades and Occupations (QCTO), National Department of Health (NDoH) and Health and Welfare Seta during April and May 2021 to discuss matters of mutual interest.
- The Board further had engagement with the Council on Higher Education (CHE) regarding the accreditation of Provincial Colleges to offer Emergency Care Programmes.
- The Board also engaged the South African Health Products Regulatory Authority (SAHPRA) regarding the published gazette on schedule of medications.

6. PRELIMINARY INQUIRY AND PROFESSIONAL CONDUCT MATTERS

In terms of the mandate of the Committee of Preliminary Inquiry of the Professional Board, the Committee is authorised to deal with all matters relating to preliminary inquiries regarding complaints in terms of Section 41(2) of the Health Professions Act 1974, (Act of 56 of 1974), and to report thereon any trends to the Professional Board for further deliberation.

The EMB Board Committee of Preliminary Inquiry considered matters for the reporting period April 2021 – March 2022 were as follows:

The EMB Board Committee of Preliminary Inquiry considered matters for the reporting period April 2021 – March 2022 were as follows:

Matters	Number
1. Matters that served before the committee	28
2. Explanations noted and accepted	8
3. Inspections	0
4. Consultations	8
5. Notice to Appear 4(3)	5
6. Referred to Disciplinary Inquiry – Regulation 4(8)	0
7. Further consideration deferred (for additional information)	2
8. Complaint withdrawn	0
9. Found guilty and imposed fine/Penalty/ Caution and reprimand – Regulation 4(9)	5

In an effort to circumvent misconduct by the Practitioners, the Professional Board through the newsletters and the website regularly addresses, warns practitioners of the trends of misconduct dealt with at the Committee of Preliminary Inquiry. The Professional Board continuously encouraged practitioners to exercise professionalism and display ethical behavior by publishing Ethics related questionnaires in the Professional Board Newsletters of 2021/22.

7. HIGHLIGHTS OF THE BOARD

During the period from 01 April 2021 to 31 March 2022, the Professional Board for Emergency Care continued to commit to and fully endorse the principles of good corporate governance as set out in the King IV Code. The Professional Board convened two Ordinary Board meetings, four Education Committee meetings and three Clinical Advisory Committee meetings. The PBEC Further convened two workshops to review and revise the strategic plan for 2020-2025 and the risk register of the Professional Board.

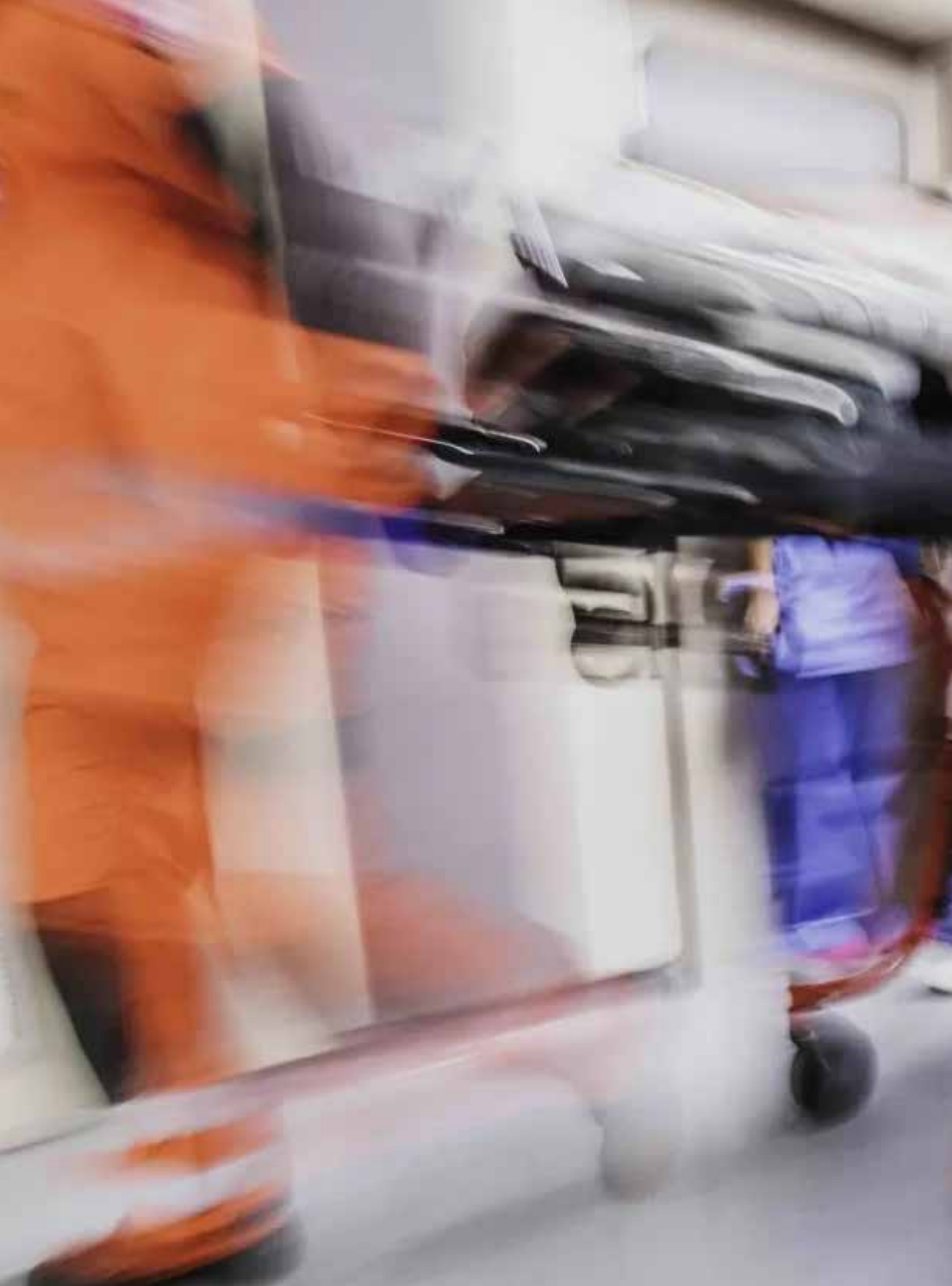
To this end, the Professional Board maintained high ethical standards in executing the following governance related activities:

- The revision and Approval of the Strategic Plan, the Annual Performance Plan.
- The revision of the Risk Management Plan that directed the activities and operations of the Board to meet the strategic goals and to mitigate the risks identified.
- Development and finalisation of Stakeholder engagement plan of the Board.
- Reviewed the composition of committees in terms of Regulation 2 relating to the functions and functioning of the Professional Boards.
- Reviewed and approved the Terms of References for the Committees of the Professional Board.
- The review and monitoring of the budget for the Professional Board and ensured that all Board's activities were undertaken within the approved budgets
- Reviewed the Moderators of the Board and approval of same.
- Exercised budget restraints to effect cost cutting measures that included convening back-to-back meetings.
- Decisions taken by the Board relating to the Profession were communicated and shared with all relevant stakeholders for information sharing and feedback purposes; as well as for receiving buy-in.

- Ensured that the decision-making is in line with the relevant legislative frameworks. Accordingly, no ultra-vires decisions and litigations were received against the Professional Board for the reporting period.

8. OTHER BOARD ACTIVITIES INCLUDED:

- Publishing an annual newsletter
- Keeping the practitioners abreast of the clinical practice guidelines current information
- Improving its specific website
- Reviewing ethical guidelines related to the profession
- Adhering to the Evaluators and Moderators of Institutions of Higher Learning
- Promptly resolving applications relating to restorations and foreign registrations
- Develop and finalise the examination standards and implement same for practitioners to sit for examination following removal from the register







PROFESSIONAL BOARD FOR DIETETICS AND NUTRITION



Ms Lenore Spies
CHAIRPERSON OF THE PROFESSIONAL BOARD FOR DIETETICS AND NUTRITION

1. OVERVIEW

The Professional Boards are the coordinating bodies for all the healthcare practitioners registered with Council. The respective Professional Boards are established for a specific profession, dealing with any matters relating to that specific profession. The Professional Board for Dietetics and Nutrition is comprised of nine (9) members appointed by the Minister of Health in terms of Section 15 of the Health Professions Act 1974, (Act of 56 of 1974). In addition, the Board co-opted one expert to assist with coordinating the new register of Dietitian Nutritionist for the Board.

The Professional Board is committed to promoting the health of the population, determining standards of professional education and training, setting and maintaining excellent standards of ethical and professional practice.

2. VISION, MISSION AND STRATEGIC OBJECTIVES OF THE BOARD

2.1 VISION

“A progressive regulator of nutrition and dietetic professions aspiring to quality, equitable and accessible nutrition healthcare.”

2.2 MISSION

The Mission of the Board is: -

To ensure effective and efficient functioning of the Board.

To protect and serve the public through ensuring

- Excellence and integrity in dietetics and nutrition service delivery

- Sensitivity and responsiveness to the needs of the public

To guide and regulate the profession by

- Defining and delineating the scope of practice
- Ensuring relevant and quality education and training standards
- Enhancing the quality and professionalism of practice
- Advocacy for innovative and sustainable professional practice

To ensure effective communication with all stakeholders and to

advocate for the role of nutrition in

- The health and wellness of all South Africans
- All sectors of public decision

2.3 STRATEGIC GOALS OF THE BOARD

Strategic Goal Number 1 - develop new Dietitian-Nutritionist professional (DNP) qualification.

The Board acknowledged that there was a need for a new cadre in the profession that will enhance nutritional health delivery to all South Africans. The Board has a duty to guarantee that the professions remain relevant to society by ensuring necessary developments and proficiencies in each category of registration and equitable service delivery. As such a new/additional (hybrid) cadre category that will be trained with a view to balance both nutrition and dietetics competencies and techniques to manage all health care needs of the society in all settings will be developed during the current term. The Board will also be collaborating with stakeholders to develop the new DNP programme as well as the tools and techniques to assess the new offering.

Strategic Goal Number 2 - adapted to the changing professional environment. The Professional Board as a Regulator needs to be in the apex of its environment as the professions change due to technology, politics, and economy. Members of Professional Boards must be fully conversant with regulatory science for the impact of the regulations to be consistent with delivering positive Health Systems outcomes. Thus, the Board needs to be agile and adaptive to both the internal and external environments and to remain relevant it needs to continuously evaluate the needs of the country and develop interventions that are relevant and effective in dealing with the societal needs.

Strategic Goal Number 3 - managed stakeholder relationships by the end of the term (2025).

The Board is a regulator and a vital structure in the society. The work of the DNB affects many stakeholders simultaneously impacting the work of the HPCSA by actions and or omissions of numerous stakeholders. The success and or failure of the DNB is determined by what the stakeholders say based on direct or indirect experiences as well as on dominant or lingering perceptions. In extreme cases the most vocal of stakeholders can influence the functioning of the Board. Hence, feedback from stakeholders should assert that the DNB is functioning optimally when it comes to “building and maintaining” mutually beneficial relationships. To this extent the Board will be proactive and where required responsive to stakeholders.

Strategic Goal Number 4 - regulated the professions and protected the public. The Board as a regulator and part of the Council must be fully conversant with regulatory science if the impact of the regulations will be consistent in delivering positive Health Systems outcomes. Secondly, the Board has a duty to ensure that it is properly governed in line with the appropriate government regulations. Equally important is that the Board must develop relevant regulations, rules, guidelines, and policies to advance the professions.

The Board will develop appropriate rules, policies, guidelines, and regulations as per the need and requirement of the environment noting the technological advances and development in the profession.

Strategic Goal Number 5 - adapted mol processes to the professional board (for dietetics and nutrition professions) to contribute to the development and implementation of the MOL

The Board has a responsibility to protect the public by also ensuring that there is professional development programme. Considering the research trends and research, a need for an evidence-based outcome professional development model that is linked to the maintenance of licensure to practice, must be put in place.

The Board will resolve on adapting the MOL processes of the HPCSA to contribute to the development of the DNB MOL.

2.3.1 PERFORMANCE RELATED ACTIVITIES OF THE BOARD

The workshop to discuss and finalise the strategic plan and annual performance plan was conducted on 9 June 2021 to disaggregate activities, allocate baselines, objectives and targets on both the plans.

The workshop to review the Strategic plan (2020-2025), Annual Performance Plan (2020-2021) Stakeholder engagement plan and risk management plan was conducted on 18 January 2022.

3. EDUCATION, TRAINING & REGISTRATION MATTERS

3.1 EVALUATIONS OF HIGHER EDUCATION INSTITUTIONS

The Board approved the recommendation of education training and training committee that community representatives be included as programme evaluators for the Dietetics and Nutrition Programmes as their involvement would allow for more diverse views particularly from community perspective.

The Board ratified dissemination of database list of accredited clinical training facilities to the National Department of Health, as well as the provincial coordinators. Further it, noted the database list of non-accredited clinical training facilities of Dietetics and Nutrition training programmes at Higher Education Institutions.

The evaluations and re-evaluations of Higher Education Institutions took place as follows:

1. Re-evaluation of the Bachelor of Science in Dietetics programme offered by Sefako Makgatho Health Sciences University was conducted on 26 to 29 July 2021.
2. Re-evaluation of the Bachelor of Science in Dietetics and Human Nutrition programme offered by University of KwaZulu-Natal was conducted on 08 to 10 September 2021.
3. Re-evaluation of the Bachelor of Nutrition programme offered by University of Venda was conducted on 04 to 07 October 2021.
4. Re-evaluation of the Bachelor of Science in Dietetics programme offered by Nelson Mandela University was conducted on 14 to 17 March 2022.

3.2 TRAINING OF ASSESSORS

Two (2) trainings of programme evaluators were conducted on 08 June 2021 and 24 March 2022 respectively.

3.3 REGISTRATION

Registration with the Health Professions Council of South Africa (HPCSA) is a pre-requisite for professional practice. The Board's rigorous application vetting process was conducted to ensure that appropriately qualified practitioners were registered in terms of the policies, guidelines and relevant legislation of the Board.

The Board tracked the registration, and restoration of the 5 practitioners by utilising the Applications Resolutions Register.

3.4 BOARD EXAMINATION

The Board examination is outsourced and takes place once a year during October/November. There were two (2) candidates who sat for the Board examination for the period under review.

3.5 REGISTERED DIETITIAN NUTRITIONIST (RDN) PROJECT

- The Board convened a workshop to facilitate the completion of the socio-economic impact certificate relating to the new register of Dietitian-Nutritionist project.
- The Board through the NDOH representative prepared a submission for the Minister's attention (for the approval of the new Dietitian Nutritionist register).
- The first draft of the Conceptualisation of new Competencies and Assessment Criteria for the Dietitian-Nutritionist register, was completed

- Regular engagement with the external Stakeholders i.e., Higher Education Institutions, CHE, DoHET, NDOH and SAQA relating to the new Dietitian-Nutritionist register

3.6 REGULATIONS

- In October 2021, the Board noted the amended regulations relating to the names that may not be used in the Profession of Dietetics or Nutrition had been published for public comment
- In September 2021, the Board noted the publication of regulations relating to the scope of practice of Nutritionists, for public comment

4. PROFESSIONAL PRACTICE MATTERS

4.1 ENTERAL AND PARENTERAL PRESCRIPTION RIGHTS TASK TEAM

- The Board approved the previous the task team be engaged and re-appointed in May 2021
- The Board ratified the round robin decision that approved the appointment of a member to fill the existing vacancy on the Enteral and Parenteral Product Prescription Guide Task Team in October 2021.
- The Board approved the submitted updated Terms of Reference of the Enteral and Parenteral Product Prescription Guide Task Team in October 2021.
- The Board developed the Draft Prescription rights guideline document for Dietitians.

4.2 CONSOLIDATED ANNUAL REPORT OF CPD ACCREDITORS AND ACCREDITED SERVICE PROVIDERS FOR THE BOARD

- The Board approved submitted consolidated Annual Report of CPD Accreditors and Accredited Service Providers 2019/20 as reviewed and recommended by the Professional Practice Committee meeting held on 19 February 2021 in May 2021.

4.3 CPD COMPLIANCE OF THE BOARD

- The Board in May and October 2021 ordinary meetings and the January 2022 meeting interrogated the CPD compliance report and noted the low compliance rates and agreed to devise ways to encourage the practitioners to comply and adhere.
- Compliance rates for dietitians was 18.3% for this reporting period, while that for Nutritionists was 11.7% for the same reporting period.

4.4 REVIEW OF ETHICAL GUIDELINES OF COUNCIL BY THE BOARD

- The Board in May 2021 approved reviewed booklet 1, booklet 4, booklet 5, booklet 10 and business practice policy as per the recommended inputs of the Professional Practice Committee.
- The Board in May 2021 noted the submitted Supervision guidelines for healthcare professionals as recommended by the Professional Practice Committee Meeting of 19 February 2021.

4.5 MAINTENANCE OF LICENSURE TASK TEAM

- The Board in October 2022 resolved to operationalise strategic goal 5 namely "adapt and develop professional

board specific Maintenance of Licensure minimum competency standards” by developing a generic process document which outlines a process of assessing maintenance of licensure of dietitians and nutritionists.

- The Board in January 2022 endorsed and approved the revised terms of reference clearly articulating activities and timelines for the Task Team.

5. STAKEHOLDER ENGAGEMENT MATTERS

One of the Professional Board’s key strategic objectives relates to improving stakeholder engagement through advisory and advocacy on matters affecting the profession. The objective was intended to promote meaningful engagement and dialogue with the relevant stakeholders as it forms part of Councils broader strategic objective.

In this regard, the Board undertook the following engagements in the year under review:

- Annual Stakeholder meeting of the professional board for Dietetics and Nutrition with the heads of Departments of Education Institutions, Provincial Nutrition managers and Professional Associations held on 17 February 2022.
- The Board Chairperson was nominated to represent the Professional Board at the Virtual International Congress on Dietetics taking place on the 1st to 3rd September 2021, and to present an abstract on behalf of the Professional Board.
- The Board approved that in order to implement strategic objective 2.2 i.e. “Undertake state of professions research (gaps between Dietetics Nutrition services expectations versus Dietetics Nutrition service delivery) to identify gaps in the competencies and changes to competencies by 2025”, therefore a 5-10 minutes questionnaire tool (quantitative and qualitative research data based) was developed covering all profession related areas of Dietetics and Nutrition in order to identify gaps in the competencies and changes to said competencies.
- The Board through a representative attended the scheduled National Health Insurance (NHI) public hearing consultations which took place virtually on the 25, 26 and 28 January 2022.
- The eBulletins of the Board were developed and disseminated to practitioners in the following topics i.e., Annual fees and CPD non-Compliance in January and March 2022 respectively.

6. PRELIMINARY INQUIRY AND PROFESSIONAL CONDUCT

In terms of the mandate of the Committee of Preliminary Inquiry of the Professional Board, the Committee is authorised to deal with all matters relating to preliminary inquiries regarding complaints in terms of Section 41(2) of the Health Professions Act 1974, (Act of 56 of 1974), and to report thereon any trends to the Professional Board for further deliberation.

The Dietetics and Nutrition Board Committee of Preliminary Inquiry meetings were held on 30 June 2021, 28 September 2021 and 25 March 2022 meetings in the reporting period and the following matters were dealt with:

Matters	Number
1. Matters that served before the committee	18
2. Explanations noted and accepted	5
3. Inspections	0
4. Consultations	5
5. Notice to Appear 4(3)	1
6. Referred to Disciplinary Inquiry – Regulation 4(8)	1
7. Further consideration deferred (for additional information)	2
8. Complaint withdrawn	0
9. Found guilty and imposed fine/Penalty/ Caution and reprimand – Regulation 4(9)	4

In an effort to circumvent misconduct by the Practitioners, the Professional Board through the newsletters and the website regularly addresses, warns practitioners of the trends of misconduct dealt with at the Committee of Preliminary Inquiry.

7. HIGHLIGHTS

- The Board approved the submitted committees’ performance assessment tool on 05 May 2021.
- The Board approved Board risk register for the period 2020-2025 on 05 May 2021.
- The Board approved implementation of form 46C electronic excel spreadsheet for the Institutions submission of application of training sites. The said excel forms are used for submission by the Institutions via email to the secretariat to the committee for consideration.
- Reviewed the composition of committees in terms of Regulation 2 relating to the functions and functioning of the Professional Boards.
- Reviewed and approved the Terms of References for the Committees of the Professional Board.
- Ensured that the decision - making is in line with the relevant legislative frameworks. Accordingly, no ultra-vires decisions and litigations were received against the Professional Board for the reporting period.
- The review of the register of regulations, rules and policies of the Board.
- The revision and approval of Forms 271 and 46C respectively.
- The revision and approval of the Examination Guidelines of the Professional Board.
- Development and implementation of the Stakeholder Communications Plan.
- Developed the Standard operating processes/guidelines and policies for the Board.
- All Boards meetings and workshops were convened in line with the meetings schedule.
- In May 2021, the Board approved Request for permission to make use of the Accredited Service Provider’s records on CPD opportunities offered since 1 January 2018 for publication in an accredited academic journal.
- In October 2021, the Board approved the collaborative research project with the board - planned survey of the introduction of the Nutrition Care Plan principles in the curricula at the universities. A board member to work closely with the research project and to report to the Board in that regard.
- In January 2022, the Board approved the following forms:
 - Form 271A – form used by the Higher Education Institutions for self-evaluation purposes for Dietetics Programme evaluations.
 - Form 290A – form used by the Higher Education Institutions for self-evaluation purposes for Nutrition Programme evaluations.
 - Form 271B – form used by the Evaluators Panel for purposes of

evaluators report for Dietetics and Nutrition programmes.

- Form 290B - form for use by the Evaluators Panel for purposes of evaluators report for Nutrition programmes.
- In January 2022, the Board approved the Guidelines on Completion of form 46C.
- In January 2022, the Board responded to the NDOH HRH Strategy 2030 minimal reflection of the Dietetics and Nutrition profession on the strategy.
- The Board at the quarterly meetings considered and deliberated on the invoices of evaluation and ensured that the payments are followed up with the Institutions.







**PROFESSIONAL BOARD FOR
DENTAL ASSISTING, DENTAL
THERAPY AND ORAL HYGIENE**



Dr Tufayl Ahmed Muslim

CHAIRPERSON OF THE PROFESSIONAL BOARD FOR DENTAL ASSISTING, DENTAL THERAPY AND ORAL HYGIENE

1. OVERVIEW

The Professional Board for Dental Assisting, Dental Therapy and Oral Hygiene is constituted of thirteen (13) members appointed by the Minister of Health in terms of section 15 of the Health Professions Act 1974, (Act 56 of 1974). These members must be thanked for their hard work and dedication towards achieving and upholding the mission and vision of the Health Professions Council of South Africa (HPCSA); namely "To protect the public and to guide the profession". It is also opportune to thank the Secretariat who have rendered an effective and efficient support service to the Board in particular, and the professions in general.

2. VISION AND MISSION

The Board has adopted the following vision and mission, which is closely aligned to that of the HPCSA, yet reflective of the unique nature of the professions of Dental Assisting, Dental Therapy and Oral Hygiene.

The Vision of the Board is:

Regulate equitable and innovative quality oral health care for all.

The Mission of the Board is:

To promote Oral Health Care to all through:

- Ensuring compliance for professional registration
- Appropriate education and training standards
- Advocacy for innovative and sustainable professional practice
- Transparency

The Board will work tirelessly, and within the parameters of good governance, to ensure that it ascribes fully to achieving its vision and mission.

3. STRATEGIC OBJECTIVES

The Board has made notable strides in achieving the strategic

objectives that it set for itself, especially in the areas of stakeholder interaction. Additionally, strides have been made towards achieving various other goals and objectives. The Board held two Strategic Planning sessions (1 July 2021 and 17 February 2022) to review and realign its strategic aims and objectives.

The four broad areas of the strategic objectives were:

- Efficient and effective functioning of the Board.
- Effective stakeholder engagement.
- Quality standards in education, training and practice.
- Ensuring compliance with rules and regulation.

I am delighted to report that most of the performance metrics and indicators have not only been met but have been substantially achieved. There is ongoing continuous quality improvement in all areas of the Board, including administration, financial management and stakeholder engagement.

4. EDUCATION AND TRAINING

The Board has been entrusted with the duty of ensuring that the people of South Africa can be assured of appropriately trained, qualified, and competent healthcare professionals that practice according to their scopes of practice in accordance with their training and abilities. The HPCSA has clear ethical rules regarding the performance of professional acts, and in terms of Rule 21 of the "Ethical Rules of Conduct for Practitioners Registered Under the Health Professions Act, 1974", and contained in Government Notice No. R 717 of 4 August 2006, a practitioner shall perform, in an emergency, only a professional act for which he or she is adequately educated, trained and sufficiently experienced. The Board has engaged with the various Universities to offer courses to Oral Hygienists and Dental Therapist, and these courses have been in place since the early 2000's.

The Education Committee is continuing with its engagement with the South African health Products Regulatory Authority (SAPHRA), (formerly the Medicines Control Council – MCC) in attempting to overcome the systemic process hurdles related to the approval of the purchase of local anaesthetic and other approved medicants by Oral Hygienists. SAPHRA has granted approval for the purchase and use rights for topical fluorides, and oral and topical anesthetics. However, SAPHRA has not granted approval to the Board for the purchase and use rights of injectables' (local anesthetics) and whitening agents, and the Board is currently in constructive engagements with the SAPHRA clinical advisory unit to obtain the required permission, which we anticipate would be granted shortly.

The Education Committee has also engaged with the dental therapy profession via its professional association to review and revise the list of medicants that may be prescribed by dental therapists, and a joint task team comprising of members of the South African Dental Therapy Association (SADTA) and board members have constructed a formulary of medicines that is due to be submitted to SAPHRA for approval.

The National Department of Health (NDOH) Education Technical Working Group has requested that the HPCSA undertakes interventions to improve training around antimicrobial stewardship and infection control and the Board will be requesting higher education institutions to review their curricula to ensure that these competencies are included in undergraduate training and that they are appropriately assessed.

Two evaluations of higher education training institutions conducted during 2021/2022. The University of the Witwatersrand (WITS) was evaluated on 21–23 September 2021, and the university was approved to train Oral Hygiene students for a period of five years. The Central University of Technology – Free State (CUT=FS) was evaluated on 23-24 November 2021, with the university being approved to train dental assisting students for a period of five years. Both CUT-FS and WITS will be re-evaluated in 2026.

5. STAKEHOLDER ENGAGEMENT

The Professional Board for Dental Assisting, Dental, Therapy and Oral Hygiene has had extensive engagement with stakeholders via a plethora

of stakeholder interactions and platforms. The aim of these interactions is to ensure representation of stakeholders, engagement with stakeholders, and professional upliftment. The Board had a fruitful virtual stakeholder engagement with several stakeholders in August 2020.

Other stakeholder interventions included a Stakeholder Engagement Webinar (1 February 2022) wherein 1182 practitioners had registered to attend the online roadshow. A total of 500 practitioners attended (fluctuating between 450 to 500). Unfortunately, this webinar was held during a period where South Africa experienced large scale load-shedding, and several practitioners who registered could not attend. The Board decided to repeat the Webinar in the next reporting cycle (i.e., June 2022) to allow those professionals who were not able to attend to have the opportunity to gain valuable information as well as earn CPD points. Following the webinar, a customer satisfaction survey was conducted and a satisfaction rate of 99% being recorded.

The Board also engaged with other stakeholders such as:

- Stakeholder engagement with the South African Dental Therapy Association (30 April 2021).
- Stakeholder engagement with the Heads of Departments of Higher Education Institutions (10 June 2021).
- Strategic planning session (1 July 2021).
- Strategic planning session (17 February 2022).

6. PROFESSIONAL PRACTICE AND CONDUCT

The Board has reviewed and made input and recommendations to the Council of the HPCSA regarding the following Ethical rules and Guidelines –

- i. Guidelines for Good Practice in the Health Care Professions (booklet 1)
- ii. Guidelines on Seeking Patients' Consent - Ethical Considerations (booklet 4)
- iii. General Ethical Guidelines for Good Practice in Telehealth (booklet 10)
- iv. Supervision Guidelines
- v. Ethical Guidelines on Keeping of Patient Records
- vi. Business Practice Policy

The Board considered and approved the annual report submitted by the Oral Hygiene Society of South Africa (OHASA) and the South African Dental Therapists Association of South Africa (SADTA) regarding their CPD activities. However, the low CPD compliance rate remains and area of concern by the Board. The Board will be closely monitoring CPD compliance rates and will institute interventions to ensure that professionals under its ambit become CPD compliant.

The Board engaged with the Board of Healthcare Funders (BHF), and the requirement by Dental Therapists and Oral Hygienists to submit a "Confirmation of Private Practice" letter when applying for a practice number with the BHF has been removed as a requirement. This will certainly make the process of applying for a practice much easier. The only requirement to obtain a BHF practice number will be registration in the category independent practice, and this is now aligned to the requirements imposed by the BHF on most other health professionals registered with HPCSA in the category independent practice. Thus, the BHF are now issuing practice numbers to all Dental Therapists and Oral Hygienists registered in the category Independent Practice with the HPCSA.

The Committee of Preliminary Inquiry of the Board has been active in its activities over the reporting year and has made inroads in reducing the number of outstanding cases. However, many new cases have been reported over the year, and this remains a matter of concern. Many of these complaints were related to the allegations related to performance of clinical procedures, failure to keep proper records, treating patients without consent, practising whilst not being registered, operating unlicensed radiographic equipment, submitting fraudulent or irregular claims, and unprofessional communication with patients. The Board wishes to once again highlight that we live in an increasing litigious society and urges practitioners to practice ethically and responsibly. It is the vision of the Board that not a single case should be brought to the Committee of Preliminary Inquiry, and that practitioners

render services of the highest standards to the public. The Board therefore urges practitioners to practice ethically, display excellent patient communication skills, and practice with the approved scope of practice of the relevant profession.

The Committee of Preliminary Inquiry has conducted three meetings during the reporting period and considered a total of 17 matters.

65% (11/17) of matters were finalised by Prelim as follows:

- 3 explanations were accepted, resolved in terms of Regulation 4(7)
- 1 matter referred to Inquiry, resolved in terms of Regulation 4(8)
- 7 matters penalties imposed and caution/reprimand, resolved in terms of Regulation 4(9)

35% (6/17) of matters were deferred by Prelim as follows:

- 1 matter was referred for consultation in terms of section 42(1)
- 1 matter was deferred due to Notice to appear in terms of Regulation 4(3)
- 4 matters were deferred to request further information

7. SCOPE OF PROFESSIONS

The Board is cognisant of the needs of the professions registered under its ambit (Dental Therapy, Oral Hygiene and Dental Assisting). As such, the Board consults extensively with various stakeholders such as education institutions and quality assurers such as SAQA, CHE etc., professional associations, employers, the Department of Health and the Department of Higher Education and Training. To this end the Board, as part of its defined strategic objectives began a process of reviewing the scopes of practice of the three professions.

During the reporting period public comments from various stakeholders that were submitted to the Minister of Health following the draft Scope of the Profession of Oral hygiene were received by the Board and are being considered by both the Education Committee and the Board. The draft scopes for the professions of Dental Assisting and Dental Therapy, as well as the draft Regulations Relating to the Qualification for registration of Dental Assistants that were submitted to the Minister of Health to gazette for public comments have still not been gazetted.

8. BOARD EXAMINATIONS

The Board conducts examinations for Dental Assistants. The Board is committed to offering four Board examinations per year, in all nine provinces, in order to make these examinations easily accessible and available to all. Due to the COVID-19 pandemic only one Dental Assistants Board examination was conducted on 21 November 2021 in six (6) provinces (Eastern Cape, Free State, Gauteng, KwaZulu-Natal, Limpopo and the Western Cape). A total of 110 candidates applied to write the Board examination, but 59 candidates were absent (due to fears of the COVID virus). Of the 51 who sat the and passed the examination a 100% pass rate was achieved, and these results reveal that candidates are generally well prepared. The success of these candidates is facilitated by the availability of recently revised examination preparation guidelines.

9. GOVERNANCE

The Board has also been successful in many other areas and has ensured full compliance with the strategic objectives for the reporting period (April 2021 to March 2022) as outlined in its

Strategic Plan. All scheduled Board meetings were conducted, with excellent attendance and participation by Board members. During this reporting period three (3) Board meetings (11 June 2021, 29 October 2021 and 18 February 2021) were held, as well as two (2) Education, Training and Registration Committee meeting (09 April 2021 and 07 October 2021). One (1) Executive Committee meeting was held on 13 May 2021.

The Board, as part of its good governance strategy, reviewed the following policies:

- Restoration Guidelines -To provide for registration process for Dental Assistants that have not registered with the HPCSA within six years of obtaining the dental assistants' qualification.
- Form 285 Self-evaluation portfolio.
- Revised to provide for virtual evaluations.
- Guidelines for evaluators.
- List of questions for evaluators.
- Guidelines for the institutional annual report template.
- Recognised the new First Aid Course as one of the options for the First aid requirements which must be submitted for independent practice registration by Oral Hygienist's that qualified before the year 2000.

The registration requirements and the relevant registration form were amended to include the new First Aid Course as one of the options for the First Aid requirement.

The Board is acutely aware of the importance of exercising good governance, as entrenched in King III and King IV. To this end, the Board continues to maintain high ethical and governance standards, and ensures that any potential, perceived or actual conflict is appropriately managed. The secretariat, and the Board, are constantly monitored and evaluated, and any risks are identified and managed. The Board aligns itself to the governance principles of the HPCSA, and strives to ensure that the principles and values of transparency, accountability, honesty, respect, empathy and transformation are adhered to. The Board also strives to ensure that its decisions are aligned to the demands of the various ethical obligations, rules and regulations, and statutory laws of South Africa.

10. HIGHLIGHTS

The Board has achieved numerous successes despite it being in office for a few months. Amongst these is that it has continued to engage with stakeholders on a meaningful and fruitful basis. The Board conducted its first ever online seminar which was attended by hundreds of practitioners. Further such online stakeholder interactions are planned for in the future, as these are cost effective and allow for a mass audience.

The use of online meetings and technology will also be ramped up to include virtual higher education institution accreditation visits, and work on the development of an online examination for the Dental Assistants Board Exam.

The Board recognises the need for continuous improvement and has conducted training for its members to improve their efficiency and effectiveness. Training workshops included an Evaluators Training workshop that was held on 13 May 2021.

11. CONCLUSION

I am confident that as we forge ahead in the remaining few years of office the Board will continue to achieve many successes in its quest to become one of, if not, the most effective, efficient and responsive Board within the health regulatory sphere and that we

will work towards achieving the mandate of the Board, i.e., to protect the public and guide the profession.

Warm Regards

DR TA MUSLIM

CHAIRPERSON: PROFESSIONAL BOARD FOR DENTAL THERAPY AND ORAL HYGIENE







MEDICAL



Health Care
Doctor
Hospital
Pharmacist
Nurse
Dentist
First Aid
Surgeon
Emergency





MEDICAL AND DENTAL PROFESSIONS BOARD





Prof Solomon Tshimong Rataemane
CHAIRPERSON OF THE PROFESSIONAL BOARD FOR MEDICAL AND DENTAL PROFESSIONS

1 OVERVIEW

The constitution of Professional Boards is in terms of Regulations made by the Minister in consultation with council in terms of section 15(4) and (5) of the Act. The Professional Boards control the professions falling within their ambit under the overarching coordination and guidance of the HPCSA and are coordinating bodies for all the healthcare practitioners registered with Council and are established for a specific profession, deals with any matters relating to a specific profession.

Accordingly, the current Medical and Dental Professions Board was constituted in terms of the Regulations relating to the Constitution of the Medical and Dental Professions Board contained in Regulation No. R 1254 of 28 November 2008 and it is comprised of 45 members appointed by the Minister of Health for a period of five years, as of October 2020 and will end in September 2025.

The Professional Board in terms Section 15B (1)(f) and Regulation 2 of the regulations relating to the function and functioning of Professional Boards may establish standing committees as it deems necessary and such committees to consist of as many persons, appointed by the Professional Board as the Professional Board may determine. This is further amplified statutorily where "the Professional Board may delegate to any of its Committees its powers as it may determine but shall not be divested of any power so delegated".

The Professional Board in compliance with and Regulation 2 of the regulations relating to the function and functioning of Professional Boards constituted the following Committees namely; Committee for Medical Science, Dental Committee, Medical Education, Training and Registration Committee, Health Committee, Professional Practice Committee and Executive Committee in the reporting period.

The Professional Board also established the following Committees of Preliminary Inquiry: First Medical Committee of Preliminary Inquiry (Prelim Med-1), Second Medical Committee of Preliminary Inquiry (Prelim Med-2), Third Medical Committee of Preliminary

Inquiry (Prelim Med-3), Fourth Medical Committee of Preliminary Inquiry (Prelim Med-4), Fifth Medical Committee of Preliminary Inquiry (Prelim Med-5) and Dental Committee of Preliminary Inquiry (Prelim Dent)

2 VISION AND MISSION

Vision

To provide quality and equitable healthcare through public protection, professional regulation and advocacy

Mission

The mission of the Medical and Dental Professions Board is to:

- Ensure Appropriate education and training standards
- Regulate and ensure compliance for professional registration
- Promote and regulate professional as well as ethical practice
- Guide the relevant professions and to protect the public
- Maintain and enhance the dignity and integrity of the health profession and professionals
- Advocate for the promotion of the health of the population
- Commit to improved stakeholder engagement
- Advise the Council and the Minister of Health in the development of strategic policy frameworks

Values

The Board will deliver on its mandate through:

- Expecting honesty and integrity from its members
- Acting with respect, fairness and transparency to all
- Regulating consistently and decisively
- Functioning effectively and efficiently
- Ensuring accountability for its actions

3 THE STRATEGIC GOALS

In February 2021, the Professional Board held the strategic planning workshop to discuss the strategies that the Board will be pursuing over the coming 5 years. The strategy of the current Board is premised around the wins of the preceding strategic plan of the Medical and Dental Profession Board. The Professional Board chose four (4) goals that will be used as building blocks towards achievement of the stated goals and specific identified initiatives.

The Board chose the following four (4) strategic goals:

- Goal (programme) number 1: Efficient and Effective Functioning of the Board
- Goal (programme) number 2: Regulating and Guiding the Profession
- Goal (programme) number 3: Protecting the Public
- Goal (programme) number 4: Advisory and Advocacy for Profession and Stakeholder

4 EDUCATION AND TRAINING

In terms of Health Professions Act 1974, (Act of 56 of 1974), one of the primary functions of the Board is to determine and uphold standards of education, training and practice.

The Professional Board delegated the mandate of education, registration and training related matters to the Medical Education, Training and Registration Committee, Dental Committee and the Committee for Medical Science.

4.1 MEDICAL INTERNSHIPS

National Department of Health: Additional medical internship posts for January 2022 intake

- a. Correspondence dated 10 September 2021 was received from the

Acting Director-General at National Department of Health (NDoH), to inform the HPCSA that there were insufficient approved medical internship posts due to the increased intake in universities and the number of Nelson Mandela Fidel Castro students who returned from Cuba and were currently being integrated into local universities.

- b. The letter indicated that the NDoH engaged the Provincial Departments of Health and a resolution was made that Provinces will submit applications to request additional medical internship posts to accommodate the shortfall for the coming January 2022 intake.
- c. The table below indicates the calculations of the additional posts required per province to accommodate the shortfall for a two (2) years medical internship training cycle:

Provinces	HPCSA Accredited Posts (Current)	Additional Accreditation required (2 Years)	Proportional (1st year)
EC	446	80	
FS	276	48	
GP	1 568	272	
KZ	1 128	172	
LP	340	60	
MP	204	36	
NC	84	28	
NW	352	32	
WC	648	120	
SAMHS	44	0	
Total	5 090	848	424

The Board at its meeting on 22 November 2021 RESOLVED to approve the applications for additional internship training post numbers.

4.2 MEDICAL SCIENCE

The Medical Science Legal Framework can be divided into Internship training as prescribed in Policy A and accreditation of internship training facilities as described in Policy B.

- CMS H Guidelines on assessment and moderation of Portfolio of Evidence
- CMS 02 MBS Guideline for submission and assessment of portfolio of evidence

3. Board Examinations; and
4. Recognition of Prior Learning/Training Time.

The COVID19 Pandemic and lockdown that commenced in March 2020 affected some of the activities that had been planned.

4.3 ACCREDITATIONS AND EVALUATIONS

The activities of the Education and Training Division fall under the following key functional areas:

1. Accreditations and Evaluations of Training programmes;
2. Accreditations and Evaluations of Internship Programmes;

SCHEDULE FOR DENTAL UNDERGRADUATE AND POSTGRADUATE PROGRAMMES

Pertaining to evaluations of Higher Education Institutions and re-evaluation and/or follow-up evaluations, in the said reporting

period, the Board reviewed the schedule of cycle of evaluation for re-evaluation and follow-up evaluations of the Medical and Dental Undergraduate and Postgraduate Programmes at higher education institutions as follows:

DENTAL PROFESSION: UNDERGRADUATE AND POSTGRADUATE ACCREDITATION EVALUATION SCHEDULES					
1.1. UNDERGRADUATE ACCREDITATION EVALUATION SCHEDULES					
NO	INSTITUTION	PROGRAMME	LAST VISIT	APPROVED ACCREDITATION DURATION	NEXT SCHEDULED VISIT
1.	University of the Witwatersrand	BDS	September 2016 and August 2017	5 years	2022
2.	University of the Western Cape	BCHD	September 2017	5 Years	2022
3.	University of Pretoria	BCHD	August 2018	3 Years	2022
4.	Sefako Makgatho Health Sciences University	BDS	July 2016	5 years	2022

1.2 POSTGRADUATE ACCREDITATION EVALUATION SCHEDULES					
NO	INSTITUTION	PROGRAMME	LAST VISIT	APPROVED ACCREDITATION DURATION	NEXT SCHEDULED VISIT
1.	University of the Witwatersrand	1.Oral Pathology 2.Maxillo-Facial and Oral Surgery 3.Community Dentistry 4.Prosthodontics 5.Periodontics and Oral Medicine 6.Orthodontics	September 2015	5 years	2022
2.	University of the Western Cape	1. Orthodontics 2.Oral Pathology 3.Maxillo-Facial and Oral Surgery 4.Community Dentistry 5.Prosthodontics 6.Periodontics and Oral Medicine	October 2021	5 Years	2026
3.	University of Pretoria	1. Orthodontics 2. Oral Pathology 3.Periodontics and Oral Medicine 4.Maxillo-Facial and Oral Surgery 5.Community Dentistry 6.Prosthodontics	October 2021	3 Years	2024
4.	Sefako Makgatho Health Sciences University	1.Community Dentistry 2.Maxillo-Facial and Oral Surgery 3.Oral Pathology 4.Orthodontics 5.Periodontics and Oral Medicine 6.Prosthodontics	Sept 2021	5 years (2019 to 2024)	2025

SCHEDULE FOR MEDICAL UNDERGRADUATE PROGRAMMES

MB CHB AND MBBCH PROGRAMMES			
INSTITUTION	PREVIOUS VISIT	ACCREDITATION PERIOD	NEXT VISIT
Stellenbosch University	24-28 July 2017	5 years	2022
	Renewed curriculum	1.Oral Pathology	September 2015
University of the Free State	4 – 8 May 2015 and 9-13 October 2017	5 years	2022
University of Cape Town	September 2019	5 years	2024
Sefako Makgatho Health Sciences University	9-13 March 2020	5 years	2025 (waiting for accreditation payment).
University of Pretoria	30 September to 04 October 2019	5 years	September 2015
University of the Witwatersrand	15-19 July 2019	5 years	2024
Nelson Mandela University	28 October to 1 November 2019	2 years (first intake in 2021)	2022
Walter Sisulu University	9-13 April 2018	3 years	2022
University of KwaZulu Natal	7-11 May 2018	5 years	2023
University of Limpopo	19-24 August 2018	2 years	16 to 20 August 2021
BCMP PROGRAMMES			
INSTITUTION	PREVIOUS VISIT	ACCREDITATION PERIOD	NEXT VISIT
Walter Sisulu University	13 to 17 September 2021	5 years	2026
University of Pretoria	27&30 Sept to 01 Oct 2021	5 years	2026
University of the Witwatersrand	15-19 October 2018	5 years	2023

SCHEDULE FOR MEDICAL POSTGRADUATE PROGRAMMES

NAME OF THE TRAINING INSTITUTION	LAST ACCREDITATION VISITS	ACCREDITATION	LAST VISIT	APPROVED ACCREDITATION DURATION	NEXT SCHEDULED VISIT
University of the Free State	25-28 March 2019	5 years			2024
University of KwaZulu-Natal	13-16 August 2019	5 years			2024
University of Limpopo	2-3 February 2015	2 years	11-13 March 2019	Anaesthesia Dermatology Emergency Medicine Internal Medicine General Surgery Nuclear Med Plastic & Reconstructive Surgery	2022 March
Sefako Makgatho Health Sciences University	4-5 February 2015	2 years	26 – 27 July 2016		2022
Stellenbosch University	19 - 21 August 2015	5 years			August 2023
University of Cape Town	22 – 24 June 2015	5 years			June 2023
University of the Witwatersrand	23-24 June 2014	5 years	3 March 2015 and 9 July 2015		2022
University of Pretoria	15-17 Sept 2014	5 years	3 June 2016		2022
Walter Sisulu University	18 - 21 July 2016	5 years			July 2023

THE SCHEDULE FOR THE ACCREDITATION FOR INTERN MEDICAL SCIENCE TRAINING INSTITUTIONS:

Geographic Region	Last Accr	Accrn period	2017	2018	2019	2020	2021
University of the Free State	17 July 2015	5 years (2015-2020)				July 2020	
Haematology Molecular Biology Microbiology Virology Clinical Biochemistry Human Genetics Medical Physics							
CAPE PROVINCE							
University of Cape Town	20 June 2016	5 years (2016-2021)					July 2021
Anatomical Pathology Clinical Biochemistry Genetics Genetic Counselling Haematology Medical Physics Microbiology Pharmacology Virology							
PathCare	21 June 2016	5 years (2016-2021)					July 2021
Microbiology							

Geographic Region	Last Accr	Accrn period	2017	2018	2019	2020	2021
CAPE PROVINCE							
Stellenbosch University							
Virology Microbiology Reproductive Biology Medical Physics Immunology Haematology Anatomical Pathology Clinical Biochemistry Genetic Counselling	29 September 2016	5 years (2016-2021)					Sept 2021
GAUTENG PROVINCE							
Sefako Makgatho Health Sciences University							
Virology Anatomical Pathology Chemical Pathology Haematology Microbiology Medical Physics	12/13 June 2012	5 years (2012-2017)	June 2017				
University of Pretoria							
Immunology Medical Physics Haematology Microbiology Virology Clinical Biochemistry Reproductive Biology	7 March 2013	5 years (2013-2018)		March 2018			
University of the Witwatersrand							
Chemical Pathology Genetics Haematology Molecular Biology Microbiology Genetic Counselling Medical Physics	2 October 2014	5 years (2014-2019)			October 2019		
Anatomical Pathology	19 September 2016	2 years (Jan 2017-Dec 2018)		December 2018			
National Institute for Communicable Diseases							
Microbiology Virology	11 September 2013	5 years (2014-2018)		September 2018			
Immunology Molecular Biology (re-evaluation)	17 September 2015	3 years (2015-2018)					
National Institute for Occupational Health							
Microbiology Anatomical Pathology	9 July 2013	5 years (2013-2018)		July 2018			
Clinical Biochemistry (re-evaluation)	30 July 2015	3 years (2015-2018)					

Geographic Region	Last Accr	Accrn period	2017	2018	2019	2020	2021
Lancet Laboratories	6 January 2014	5 years (2013-2018)		November 2018			
Clinical Biochemistry							
Ampath	29 July 2013	5 years (2014-2018)		July 2018			
Clinical Biochemistry Immunology Molecular Biology							
Genetics	11 July 2015	3 years (2015-2018)					
KWAZULU-NATAL PROVINCE							
Molecular Diagnostic Services	27 November 2014	5 years (2015-2019)			November 2019		
Molecular Biology							
University of KwaZulu Natal-NHLS - Inkosi Albert Luthuli Central Hospital	28 November 2014	5 years (2015-2019)			November 2019		
Anatomical Pathology Clinical Biochemistry Haematology Molecular Biology Microbiology Virology Medical Physics							

4.3.1 ACCREDITATIONS

Because of the advent of the Covid-19 pandemic, all accreditations were postponed to the next financial year. Future accreditations will need to consider, the recommendations made by the Education, Training and Quality Assurance (ETQA) Committee of Council as it considered measures to minimize costs for accreditations and evaluations of programmes. The Committee identified several options that could help save costs, while recognising that the unique requirements of each professional area would need to be taken into consideration.

In fact, each evaluation should be handled on its merits, subject to the approval of each board. In this regard, the following may be considered when seeking to minimise costs:

- The use of virtual platforms for amenable aspects of accreditations and evaluations
- Reduction in the number of accreditation panel members
- Reduction in the duration of site visits (these usually would take 5 days)
- Reducing the wide gap in fees paid to chairpersons and ordinary members of panels (subject to rules and prescripts of the HPCSA)
- Remote administrative and logistics support by the Secretariat
- Reconciling fees paid to panel members with the fact that, panel members are already employees of institutions, paid for by those institutions. However, this should be handled carefully as it may be difficult to attract people with expertise to serve on the panels if fees are not attractive
- Exploration of the possibility of the Department of Higher Education, Science and Technology, and Council on Higher Education subsidizing

accreditation evaluations.

4.3.2 EVALUATIONS

PROFESSION	NUMBER OF EVALUATIONS/ ACCREDITATIONS
Medical Undergraduate programmes including Clinical Associate programmes	3
Medical Postgraduate programmes	0
Dental Undergraduate programmes	0
Dental Postgraduate programmes	3
Medical Science	
Internship training sites	35

4.4 MATTERS RELATING TO TEACHING UNITS, DEPARTMENTS AND POSTS

The Board approved the following applications for training units and additional registrar training post numbers:

Training units	12
New and additional registrar training posts/numbers	20

4.5 MATTERS PERTAINING TO MEDICAL SCIENCE

The Committee for Medical Science has embarked on a process of reviewing all medical science legal framework including policies, guidelines and accreditation documents.

Applications from Medical Scientist to serve as evaluators for Medical Science were approved by the. The appointment is for a period of three (3) years commencing on 1 January 2022 to 31 December 2025 and appointment letters were sent to Fifty-One (51) evaluators, the list of the appointed evaluators.

The invitation to serve as evaluator was extended to Medical Physicists who were interested to serve as evaluators and five (5) applications were received. The final round of nominations was conducted, and six (6) applications were received in the following categories and appointment letters were sent to them:

One (1) Anatomical Pathology
Four (4) Clinical Biochemistry
One (1) Virology

5 REGISTRATIONS

Active Registrations (As at 01 April 2022)

Dental Community Service

REG CODE	PRACT TYPE	PRACT FIELD	TOTAL
DP	PUBLIC SERVICE	COMMUNITY SERVICE	279
	PUBLIC SERVICE Total		279

Dental Practitioners (Public Service)

REG CODE	PRACT TYPE	PRACT FIELD	TOTAL
DENTIST	PUBLIC SERVICE	DENTAL PRACTITIONER (MAXILLO FACIAL) GAUTENG	2
		DENTAL PRACTITIONER RESTRICTED TO MAXILLOFACIAL FS	1
		DENTISTRY	6
		GENERAL PRACTITIONER	25
		SPECIALIST	1
DENTIST Total			279

Dental Practitioners (Independent Practice)

REG CODE	PRACT TYPE	PRACT FIELD	TOTAL
DENTIST	INDEPENDENT PRACTICE	GENERAL PRACTITIONER	5,737
		REGISTRAR	3
		REGISTRAR PRETORIA	3
		REGISTRAR UWC	2
		SPECIALIST	521
DENTIST Total			6,266

Dental Specialists

REG CODE	PRACT FIELD	SPECIALITY	TOTAL
DENTIST	SPECIALIST	COMMUNITY DENTISTRY	33
		MAXILLO AND ORAL PATHOLOGY	1
		MAXILLO FACIAL AND ORAL SURGERY	155
		MAXILLO FACIAL AND ORAL SURGERY (DENTAL) (CLOSED)	2
		ORAL MEDICINE AND PERIODONTICS	67
		ORAL PATHOLOGY	19
		ORTHODONTICS	154
		PROSTHODONTICS	91
DENTIST Total			522

Dental Practitioners (Other Practice Types)

REG CODE	PRACT TYPE	PRACT FIELD	TOTAL
DENTIST	EDUCATION	SPECIALIST WITWATERSRAND	1
	EDUCATION Total		1
	NON CLINICAL	(blank)	18
	NON CLINICAL Total		2
	POSTGRADUATE STUDY	UNIVERSITY OF PRETORIA	1
		UNIVERSITY OF THE WITWATERSRAND	1
		UNIVERSITY OF WESTERN CAPE	6
	POSTGRADUATE STUDY Total		8
	SUPERVISED PRACTICE	GENERAL PRACTITIONER	36
	SUPERVISED PRACTICE Total		36
	Unknown	Unknown	4
Unknown Total		4	
DENTIST Total			67

All Intern Registers

BRD CODE	REG TYPE	REG CODE	REG NAME	TOTAL
MDB	Intern	IN	INTERN	5,124
Intern Total				5,124
	Practitioner	BE	BIOMEDICAL ENGINEER	1
		BE	BIOMEDICAL ENGINEER	1
		CA	CLINICAL ASSOCIATE	1,089
		DP	DENTIST	6,647
		GC	GENETIC COUNSELLOR	25
		GR	GENETIC COUNSELLOR	14
		KB	CLINICAL BIOCHEMIST	6
		MP	MEDICAL PRACTITIONER	49,599
		MS	MEDICAL BIOLOGICAL SCIENTIST	374
		MW	MEDICAL BIOLOGICAL SCIENTIST	368
		PH	MEDICAL PHYSICIST	168
		SMW	SUPPLEMENTARY MEDICAL SCIENTIST	3
		Practitioner Total		
MDB Total				63,418

MP Community Service

BRD CODE	REG CODE	PRAC FIELD	TOTAL
MDB	MP	MEDICAL PRACTITIONER COMMUNITY SERVICE	2,602

Medical Practitioners (Public Service)

REG NAME	PRACT TYPE	PRACT FIELD	TOTAL
MEDICAL PRACTITIONER	PUBLIC SERVICE	DENTAL PRACTITIONER (MAXILLO FACIAL) GAUTENG	2
		EDUCATION	3
		EDUCATION TRANSKEI	1
		GENERAL PRACTITIONER RESTRICTED GENERAL PRACTICE	4
		MED PRACTITIONER RESTRICTED TO FORENSIC PATH FS	1
		MEDICAL PRACTITIONER	1,232
		MEDICAL PRACTITIONER (ANAESTHESIOLOGY) MPUMALANGA	1
		MEDICAL PRACTITIONER (ANAESTHESIOLOGY) NORTH WEST	1

	MEDICAL PRACTITIONER (ENT) NORTH WEST	1
	MEDICAL PRACTITIONER (GASTROENTEROLOGY) GAUTENG	1
	MEDICAL PRACTITIONER (NEUROLOGY) FREE STATE	1
	MEDICAL PRACTITIONER (OBS & GYNAE) EASTERN CAPE	2
	MEDICAL PRACTITIONER (OBS & GYNAE) FREE STATE	1
	MEDICAL PRACTITIONER (OBS & GYNAE) LIMPOPO	1
	MEDICAL PRACTITIONER (OBS & GYNAE) MPUMALANGA	2
	MEDICAL PRACTITIONER (OBS & GYNAE) NORTH WEST	4
	MEDICAL PRACTITIONER (OPHTHALMOLOGY) EASTERN CAPE	1
	MEDICAL PRACTITIONER (OPHTHALMOLOGY) MPUMALANGA	1
	MEDICAL PRACTITIONER (OPHTHALMOLOGY) NORTH WEST	2
	MEDICAL PRACTITIONER (ORTHOPAEDICS) EASTERN CAPE	1
	MEDICAL PRACTITIONER (ORTHOPAEDICS) KWAZULU NATAL	1
	MEDICAL PRACTITIONER (ORTHOPAEDICS) MPUMALANGA	1
	MEDICAL PRACTITIONER (ORTHOPAEDICS) NORTHERN CAPE	2
	MEDICAL PRACTITIONER (UROLOGY) GAUTENG	1
	MEDICAL PRACTITIONER (UROLOGY) NORTH WEST	1
	MEDICAL PRACTITIONER ANAESTHESIOLOGY KWAZULU NATAL	1
	MEDICAL PRACTITIONER ANAESTHESIOLOGY NORTHERN CAPE	2
	MEDICAL PRACTITIONER DERMATOLOGY NORTHERN CAPE	1
	MEDICAL PRACTITIONER EASTERN CAPE	1
	MEDICAL PRACTITIONER FAMILY MEDICINE	1
	MEDICAL PRACTITIONER GAUTENG	2
	MEDICAL PRACTITIONER MEDICINE - EASTERN CAPE	1
	MEDICAL PRACTITIONER MEDICINE FREE STATE	1
	MEDICAL PRACTITIONER MEDICINE LIMPOPO	6
	MEDICAL PRACTITIONER MEDICINE MPUMALANGA	3
	MEDICAL PRACTITIONER MEDICINE NORTH WEST	1
	MEDICAL PRACTITIONER NORTH WEST	1
	MEDICAL PRACTITIONER PAEDIATRICS EASTERN CAPE	1
	MEDICAL PRACTITIONER PAEDIATRICS FREE STATE	3
	MEDICAL PRACTITIONER PAEDIATRICS GAUTENG	1
	MEDICAL PRACTITIONER PAEDIATRICS LIMPOPO	2
	MEDICAL PRACTITIONER PAEDIATRICS MPUMALANGA	2
	MEDICAL PRACTITIONER PAEDIATRICS NORTH WEST	2
	MEDICAL PRACTITIONER PSYCHIATRY FREE STATE	1
	MEDICAL PRACTITIONER PSYCHIATRY GAUTENG	1
	MEDICAL PRACTITIONER PSYCHIATRY NORTH WEST	5
	MEDICAL PRACTITIONER RESTRICT TO PUBLIC HEALTH MED	4
	MEDICAL PRACTITIONER RESTRICTED TO EMERG MED LP	2
	MEDICAL PRACTITIONER RESTRICTED TO ANAESTHESIOLOGY	1
	MEDICAL PRACTITIONER RESTRICTED TO CARDIO LIMPOPO	1
	MEDICAL PRACTITIONER RESTRICTED TO CARDIOLOGY EC	1
	MEDICAL PRACTITIONER RESTRICTED TO CLIN PATH	1
	MEDICAL PRACTITIONER RESTRICTED TO DIAG. RAD MP	1
	MEDICAL PRACTITIONER RESTRICTED TO FAM MED E.CAPE	1
	MEDICAL PRACTITIONER RESTRICTED TO FAM MED F STATE	11
	MEDICAL PRACTITIONER RESTRICTED TO FAM MED GAUTENG	11
	MEDICAL PRACTITIONER RESTRICTED TO FAM MED KZN	1
	MEDICAL PRACTITIONER RESTRICTED TO FAM MED MPUMA	1
	MEDICAL PRACTITIONER RESTRICTED TO FAM MED N CAPE	14

MEDICAL PRACTITIONER RESTRICTED TO FAM MED N WEST	4
MEDICAL PRACTITIONER RESTRICTED TO FAMILY MEDICINE	85
MEDICAL PRACTITIONER RESTRICTED TO FORENS PATH N.C	1
MEDICAL PRACTITIONER RESTRICTED TO FORENS PATH NW	1
MEDICAL PRACTITIONER RESTRICTED TO MEDICINE	2
MEDICAL PRACTITIONER RESTRICTED TO NEUROSURG LIM	2
MEDICAL PRACTITIONER RESTRICTED TO NEUROSURGERY	1
MEDICAL PRACTITIONER RESTRICTED TO OBS & GYNAE	1
MEDICAL PRACTITIONER RESTRICTED TO OBSTETRICS & GY	5
MEDICAL PRACTITIONER RESTRICTED TO OPHTHALMOLOGY	1
MEDICAL PRACTITIONER RESTRICTED TO ORTHOPAEDICS	5
MEDICAL PRACTITIONER RESTRICTED TO PAEDIATRICS	1
MEDICAL PRACTITIONER RESTRICTED TO SURGERY	2
MEDICAL PRACTITIONER RESTRICTED TO VASCULAR SURG L	1
MEDICAL PRACTITIONER SURGERY KWAZULU NATAL	1
MEDICAL PRACTITIONER SURGERY LIMPOPO	1
MEDICAL PRACTITIONER SURGERY MPUMALANGA	4
MEDICAL PRACTITIONER SURGERY NORTH WEST	2
MEDICAL PRACTITIONER-RESTRICTED CARDIOLOGY N WEST	1
MEDICAL PRACTITIONER-RESTRICTED GP EASTERN CAPE	10
MEDICAL PRACTITIONER-RESTRICTED GP FREE STATE	3
MEDICAL PRACTITIONER-RESTRICTED GP GAUTENG	2
MEDICAL PRACTITIONER-RESTRICTED GP KWAZULU NATAL	3
MEDICAL PRACTITIONER-RESTRICTED GP LIMPOPO	1
MEDICAL PRACTITIONER-RESTRICTED GP MPUMALANGA	3
MEDICAL PRACTITIONER-RESTRICTED GP NORTH WEST	4
MEDICAL PRACTITIONER-RESTRICTED GP NORTHERN CAPE	2
MEDICAL PRACTITIONER-RESTRICTED TO NEPHROLOGY NW	1
POSTGRADUATE STUDY	1
SPECIALIST	208
SUBSPECIALIST	17
PUBLIC SERVICE Total	1,732

Medical Practitioners (Independent Practice)

REG NAME	PRACT TYPE	PRACT FIELD	TOTAL
MEDICAL PRACTITIONER	INDEPENDENT PRACTICE	DENTAL PRACTITIONER (MAXILLO FACIAL) GAUTENG	2
		FAMILY MEDICINE	217
		MEDICAL PRACTITIONER	27,481
		REGISTRAR	1
		REGISTRAR LIMPOPO	11
		REGISTRAR PRETORIA	8
		REGISTRAR SMU	62
		REGISTRAR STELL	110
		REGISTRAR UCT	5
		REGISTRAR UFS	16
		REGISTRAR UKZN	17
		REGISTRAR UP	108
		REGISTRAR WITS	269
		REGISTRAR WSU	2
		SPECIALIST	13,982
		SUBSPECIALIST	1,979
INDEPENDENT PRACTICE Total	44,268		

Dental Specialists

REG NAME	PRACT FIELD	SPECIALITY	TOTAL
MEDICAL PRACTITIONER	SPECIALIST	ANAESTHESIOLOGY	1,935
		CARDIOTHORACIC SURGERY	148
		CLINICAL PHARMACOLOGY	21
		COMMUNITY HEALTH	62
		DERMATOLOGY	290
		DIAGNOSTIC RADIOLOGY	1,022
		EDUCATION PATHOLOGY (MICROBIOLOGICAL)	1
		EMERGENCY MEDICINE	166
		FAMILY MEDICINE	989
		FAST TRACK - PAEDIATRICS	1
		MEDICAL GENETICS	17
		MEDICINE	993
		NEUROLOGY	204
		NEUROSURGERY	254
		NUCLEAR MEDICINE	84
		OBSTETRICS AND GYNAECOLOGY	1,204
		OCCUPATIONAL MEDICINE	42
		OPHTHALMOLOGY	580
		ORTHOPAEDICS	1,039
		OTORHINOLARYNGOLOGY	373
		PAEDIATRIC SURGERY	56
		PAEDIATRICS	1,045
		PATHOLOGY	18
		PATHOLOGY (ANATOMICAL)	306
		PATHOLOGY (CHEMICAL)	140
		PATHOLOGY (CLINICAL)	75
		PATHOLOGY (FORENSIC)	90
		PATHOLOGY (HAEMATOLOGICAL)	158
		PATHOLOGY (MICROBIOLOGICAL)	174
		PATHOLOGY (VIROLOGICAL)	51
		PHYSICAL MEDICINE (CLOSED)	2
		PLASTIC AND RECONSTRUCTIVE SURGERY	245
		PREVENTIVE MEDICINE (CLOSED)	4
		PSYCHIATRY	879
		PUBLIC HEALTH MEDICINE	92
		RADIATION ONCOLOGY	255
SPORTS AND EXERCISE MEDICINE	1		
SURGERY	877		
UROLOGY	305		
VENEROLOGY (CLOSED)	1		
SPECIALIST Total			14,199
SPECIALIST CAPE TOWN	ANAESTHESIOLOGY		1
	(blank)		1
SPECIALIST CAPE TOWN Total			2
SPECIALIST KWAZULU-NATAL	DERMATOLOGY		1
SPECIALIST KWAZULU-NATAL Total			1

SPECIALIST PRETORIA	NEUROSURGERY	1
	PLASTIC AND RECONSTRUCTIVE SURGERY	1
SPECIALIST PRETORIA Total		2
SPECIALIST TRANSKEI	PATHOLOGY (HAEMATOLOGICAL)	1
SPECIALIST TRANSKEI Total		1
SPECIALIST WALTER SISULU	FAMILY MEDICINE	1
	OBSTETRICS AND GYNAECOLOGY	1
	OCCUPATIONAL MEDICINE	1
	SURGERY	1
SPECIALIST WALTER SISULU Total		4
SPECIALIST WITWATERSRAND	ANAESTHESIOLOGY	1
	DIAGNOSTIC RADIOLOGY	1
	EMERGENCY MEDICINE	1
	MEDICINE	1
	ORTHOPAEDICS	2
	SURGERY	2
SPECIALIST WITWATERSRAND Total		8
SUBSPECIALIST	ANAESTHESIOLOGY	33
	COMMUNITY HEALTH	10
	EMERGENCY MEDICINE	7
	MEDICINE	979
	OBSTETRICS AND GYNAECOLOGY	161
	PAEDIATRIC	433
	PAEDIATRICS	14
	PATHOLOGY (HAEMATOLOGICAL)	28
	PATHOLOGY (MICROBIOLOGICAL)	3
	PHYSICAL MEDICINE (CLOSED)	5
	PSYCHIATRY	94
	SPECIAL MERIT	6
	SURGERY	219
	UROLOGY	5
SUBSPECIALIST Total		1,997
SUBSPECIALIST WITWATERSRAND	SURGERY	1
SUBSPECIALIST WITWATERSRAND Total		1
MEDICAL PRACTITIONER Total		16,215

Medical Practitioners (Other Practice Types)

REG NAME	PRACT TYPE	PRACT FIELD	TOTAL
MEDICAL PRACTITIONER	EDUCATION	SPECIALIST CAPE TOWN	2
		SPECIALIST KWAZULU-NATAL	1
		SPECIALIST PRETORIA	2
		SPECIALIST STELLENBOSCH	1
		SPECIALIST TRANSKEI	1
		SPECIALIST WALTER SISULU	4
		SPECIALIST WITWATERSRAND	8
		SUBSPECIALIST	1
		SUBSPECIALIST WITWATERSRAND	1
		UNIVERSITY OF CAPE TOWN	4

	UNIVERSITY OF NATAL	1
	UNIVERSITY OF PRETORIA	1
	UNIVERSITY OF STELLENBOSCH	1
	UNIVERSITY OF THE WITWATERSRAND	6
	UNIVERSITY OF WALTER SISULU	13
	UNIVERSITY OF WESTERN CAPE	1
EDUCATION Total		48
MEDICAL PRACTITIONER -NON CLINICAL	(blank)	85
MEDICAL PRACTITIONER -NON CLINICAL Total		85
NON CLINICAL	SPECIALIST	1
	(blank)	5
NON CLINICAL Total		6
NON CLINICAL PRACTICE	MEDICAL PRACTITIONER	2
	SPECIALIST	2
NON CLINICAL PRACTICE Total		4
POSTGRADUATE STUDY	FS	2
	SMU	9
	STELL	19
	UCT	15
	UKZN	3
	UNIVERSITY OF CAPE TOWN	258
	UNIVERSITY OF FREE STATE	5
	UNIVERSITY OF KWAZULU-NATAL	54
	UNIVERSITY OF PRETORIA	22
	UNIVERSITY OF STELLENBOSCH	190
	UNIVERSITY OF THE WITWATERSRAND	110
	UP	6
	WALTER SISULU UNIVERSITY	3
	WITS	9
POSTGRADUATE STUDY Total		705
PUBLIC SERVICE SUPERVISED PRACTICE	MEDICAL PRACTITIONER	32
PUBLIC SERVICE SUPERVISED PRACTICE Total		32
SUPERVISED PRACTICE	FAMILY MEDICINE	2
	MEDICAL PRACTITIONER	103
	SPECIALIST	5
SUPERVISED PRACTICE Total		110
UNIVERSITY OF TRANSKEI	SPECIALIST	1
UNIVERSITY OF TRANSKEI Total		1
Unknown	Unknown	4
Unknown Total		4
MEDICAL PRACTITIONER Total		995

Medical scientists

BRD CODE	REG TYPE	REG CODE	REG NAME	TOTAL
MDB	Intern	GCIN	INTERN GENETIC COUNSELLOR	13
		GRIN	INTERN GENETIC COUNSELLOR	4
		IN	INTERN	5,124
		MSIN	INTERN MEDICAL SCIENTIST	260
		MWIN	INTERN MEDICAL BIOLOGICAL SCIENTIST	26
		PHIN	INTERN MEDICAL PHYSICIST	45
		Intern Total		
	Practitioner	BE	BIOMEDICAL ENGINEER	1
		CA	CLINICAL ASSOCIATE	1,089
		DP	DENTIST	6,647
		GC	GENETIC COUNSELLOR	25
		GR	GENETIC COUNSELLOR	14
		KB	CLINICAL BIOCHEMIST	6
		MP	MEDICAL PRACTITIONER	49,599
		MS	MEDICAL BIOLOGICAL SCIENTIST	374
		MW	MEDICAL BIOLOGICAL SCIENTIST	368
		PH	MEDICAL PHYSICIST	168
	SMW	SUPPLEMENTARY MEDICAL SCIENTIST	3	
	Practitioner Total		58,294	
MDB Total			63,766	

6 STAKEHOLDER ENGAGEMENT

One of the Board's key strategy objectives was to improve stakeholder engagement through advisory and advocacy on matters affecting the profession. The objective was intended to promote meaningful engagement and dialogue with the relevant stakeholders as it forms part of Councils broader strategic objective.

In this regard, the Board engaged with its stakeholders through the newsletter relating to the clinical practice guidelines, frequently asked questions related to the profession and other matters related to the Board profession announced on the board specific website.

The following virtual stakeholder engagements took place in the reporting period:

- 11 June 2021: Meeting with the Maatla Group and CMSA
- 19 October 2021: General Stakeholder meeting

7 PROFESSIONAL PRACTICE AND CONDUCT

In terms of the mandate of the Committees of Preliminary Inquiry of the Professional Board, the Committees are authorised to deal with all matters relating to preliminary inquiries regarding complaints in terms of Section 41(2) of the Health Professions Act 1974, (Act of 56 of 1974), and to report thereon any trends to the Professional Board for further deliberation.

8 PROFESSIONAL CONDUCT UNIT REPORT

OVERVIEW

Professional Conduct Unit is comprised of two sub-divisions namely the prelim and conduct inquiries as their establishment and purpose is explained below:-

- Preliminary Committee of Inquiry means committee established by Professional Board in terms of section 15(5) ff of the Act 56 of 1974 for the prelim investigation of complaints to make a determination thereon.
- Preliminary Inquiry means an inquiry held in terms of regulations by preliminary committee of inquiry to consider complaint against a person registered in the Professional Board register concerned in order to make a determination on the appropriate manner of dealing with such complaint.
- Preliminary Conduct Committee means committee established by Professional Board in terms of section 15(5) f of the Act 56 of 1974 to conduct inquiry.
- Inquiry means and inquiry held by Professional Board or a professional conduct of the professional Board under Chapter IV of the Act and this regulation to enquire into a complaint or charge against the registered person.

8.1 PROFESSIONAL CONDUCT PRELIM INQUIRIES STATISTICS

In terms of the above we have 6 Medical & Dental Board committees of Prelim in terms of conduct inquiries. The performance of the Professional Conduct Unit is monitored quarterly and annually as explained below for its success rate.

PRELIM MEETING	Number of Meetings	Finalized by Prelim					Deferred						Referred			Withdrawn	Total Matters Considered	
		Explanation accepted 4(7)	Caution/Reprimand 4(9) A	Referred for Inquiry Reg 4(8)	Guilty Fine 4(9) D	Consultations Sec 42(1)	Notice to appear 4(3)	Inspectorate	Section 41A Investigation	Further Information	Time Constraints	Practitioner Speciality	Ombudsman	Other Committees	Business Practice Comm	Health Comm		Withdrawn / closed
Med – 1	6	152	11	13	32	34	12	0	0	14	30	4	0	2	0	2	7	313
Med – 2	4	25	29	5	11	11	32	0	2	38	22	0	0	0	0	0	2	177
Med – 3	6	120	48	30	67	76	32	0	2	24	20	0	0	4	0	0	2	425
Med – 4	6	128	12	14	20	29	15	1	2	21	0	0	0	1	0	2	9	254
Med – 5	5	84	14	12	23	9	5	0	1	34	2	0	0	0	0	0	5	189
Dental Prelim	5	27	5	4	16	3	2	0	0	6	0	0	0	2	1	0	2	68
TOTALS	32	536	119	78	169	162	98	1	7	137	74	4	0	9	1	4	27	1426

8.2 PROFESSIONAL CONDUCT PRELIM INQUIRIES NUMBER OF MEETINGS HELD

First Medical Committee of Preliminary Inquiry (Prelim Med-1)	6 Meetings
Second Medical Committee of Preliminary Inquiry (Prelim Med-2)	4 Meetings
Third Medical Committee of Preliminary Inquiry (Prelim Med-3)	6 Meetings
Fourth Medical Committee of Preliminary Inquiry (Prelim Med-4)	5 Meetings
Fifth Medical Committee of Preliminary Inquiry (Prelim Med-5)	6 Meeting
Dental Committee of Preliminary Inquiry (Prelim Dent)	5 Meetings
Prelim workshop	1 Workshop

8.3 CONDUCT INQUIRIES ANNUAL REPORTING

Activities	Quarter 1			Quarter 2			Quarter 3			Quarter 4			Total Matters
	April 2021	May 2021	June 2021	July 2021	August 2021	September 2021	October 2021	November 2021	December 2021	January 2022	February 2022	March 2022	
Set Down Matters	23	31	42	50	40	51	53	50	30	26	37	43	476
Removal from the roll	12	12	12	32	26	16	08	14	07	05	05	13	162
Postponed at the inquiry	06	09	15	08	08	15	24	14	15	14	16	13	157
Finalized	05	10	15	10	04	16	10	22	08	07	15	17	139
Appeals	00	00	02	00	02	04	02	00	00	00	01	00	11
Suspensions	00	00	00	00	00	00	00	00	00	00	00	00	00
TOTALS	46	62	86	100	80	102	97	100	60	52	74	86	945

8.4 CONDUCT INQUIRY REPORT- SUMMARIES

Summary:

- A total of three hundred and forty cases (340) were set down during the year April 2021 – March 2022;
- On average, 19% of cases set down were removed from the roll and 14% of the matters are postponed at the inquiry due to several reasons including: -
 - a) Removal from the roll:-
 - i. Agreement by both parties as they are not ready to proceed with the matter
 - ii. Request from attorneys as they have just been appointed as attorney of record and not ready to proceed with the inquiry
 - iii. Withdrawal of the case by the complainant
 - iv. Practitioner requesting to pay a Reg. 4(9) fine at the last minutes
 - b) Postponement at the hearing :-
 - i. Postponed due to time constrain
 - ii. Application for a postponement by any party, either practitioner/attorney (most not ready to proceed, e.g., pre-trial not held, late appointment, not comfortable with certain committee member, etc or the pro forma complainant (due to respondents and/or witnesses not located, not able to arrange for a pre-trial, etc
 - iii. Postponement by the Committee Members as they are not satisfied with certain issues and require some documents and/or proof

9 COMPLIANCE FOR REGISTRATION

Registration with the Health Professions Council of South Africa (HPCSA) is a pre-requisite for professional practice, and it is also a legal requirement to keep all personal details up to date at all times.

The Board's rigorous registration application vetting process, in particular for the foreign qualified and first-time registrants is conducted to ensure that appropriately qualified practitioners were registered in terms of the Boards requirements outlined in the policies, guidelines and relevant regulatory frameworks.

10 BOARD EXAMINATION

10.1 INSTALLATION OF VIDEO RECORDING EQUIPMENT FOR USAGE DURING OSCE EXAMINATIONS

Due to the persuasive requests from lawyers and Court Orders received regarding the remarking of manned OSCE stations, SMU indicated that the OSCE examinations would only be conducted if video recording equipment was installed.

The Board in principle agreed that the OSCE examinations need to be recorded.

10.2 APPOINTMENT OF AN AGENCY TO TAKE OVER THE ADMINISTRATION OF THE MDB MEDICAL EXAMINATION AFTER THE EXPIRY OF SMU'S CONTRACT IN MARCH 2022

The Board approved the extended contract between the HPCSA and Sefako Makgatho Health Sciences University (SMU) for a fix period of twelve (12) months effective from 1st April 2022

Council already started the process of advertising to procure a Service Provider in accordance with the HPCSA's SCM policies and procedures was disseminated to the media outlets on the 9 March 2022

10.3 EXAMINATION AGENCY TO HOST THE DENTAL BOARD EXAMINATION

The University of Pretoria was contacted to enquire if the University would be interested in hosting the Dental Board Examination of which the University of Pretoria and there was a principal agreement that University of Pretoria is willing to hosting the Dental Board Examination.

The Department: Core Operations in consultation with the Department Legal and Regulatory Affairs is in the process of drafting the Memorandum of Understanding between HPCSA and the University of Pretoria.

10.4 POLICY / GUIDELINE ON MODERATION OF BORDERLINE MARKS

The Board -

- i. approved the principle of marks that are 49.4% and below should be converted to 49%, thus a failure and marks that are 49.5% and above be converted to 50% thus a pass;
- ii. that the Board should play an active role in the

moderation of the examination as defined in the MoU signed with the agency.

10.5 DENTAL EXAMINATIONS

Part 1 of the Dental Board Examination took place on 4 June 2021. The HPCSA received the results on 9 June 2021 reporting that all three candidates that partook in the examination had passed. The examination results were then communicated to the candidates on 11 June 2021.

10.6 DENTAL BOARD EXAMINATION PROGRESS REPORT

The Medical and Dental Professions Board at its meeting on 28 September 2021 NOTED that –

1. The Dental Board Exam was scheduled to take place as per the following dates:
 - Part 1: 4 June 2021
 - Part 2 (A & B): 18 June 2021
 - Part 3: 12 and 13 July 2021.
2. A total of twenty-four (24) candidates were invited to participate in the examination, however, only ten (10) candidates paid the examination fees of R22 000.00 to partake.

Number of candidates scheduled to take the Dental Board:

NUMBER OF CANDIDATES	PARTS TO BE WRITTEN	COMMENTS
7	(PART1), (PART 2A & 2B)(PART 3)	First attempt
3	(PART 2A & 2B) (PART 3)	Passed Part in 2019

10.7 MEDICAL EXAMINATION STATISTICS

10.7.1 25 MAY 2021

- i. 176 new applications, and 120 of those were scheduled to take the exam on the 25 May 2021, however, only 108 of those paid the exam fee.
- ii. New applications in addition 25 applications were assessed and 25 are awaiting assessment and the numbers are increasing daily.
- iii. 118 candidates are not scheduled for the exam.
- iv. 166 candidates are awaiting to repeat the theory.
- v. 66 candidates are waiting for curriculum review

The total numbers awaiting to be scheduled for the Medical Board Exam, (excluding the 120 that wrote on the 120 on the 25 May 2021):

- i. 340 candidates: Theory Exam.
- ii. 37: OSCE, (Repeaters).

10.7.2 9 SEPTEMBER 2021

On 9 September 2021, all 63 candidates took part in the examination, which took part in four different sessions in the day.

10.7.3 10 SEPTEMBER 2021

- i. On 10 September 2021 there were 60 candidates scheduled to take part in the examination however, 59 candidates were present while one candidate was not present.
- ii. The OSCE manned stations were video recorded by the service provider (Maverick), who then supplied the video recordings to the Education and Training Division on 13 September 2021. The recordings were then stored in the Office of the Registrar.

10.7.4 28 SEPTEMBER 2021

The theory examination took place on the 28 September 2021. All repeaters who were waiting to write the exam were awarded an opportunity and 150 candidates confirmed their availability to write the exam

10.7.5 31 MARCH 2022

The examination date was communicated to the Secretariat on 24 March 2022, and invitations were extended to one hundred and eight (108) candidates who were pending the practical component. Candidates were given until the 28 March 2022, to confirm their willingness to take the opportunity.

The Medical practical (OSCE) examination took place as follows:

Date of exam	31 March 2022	Exam Venue	SMU Skills Centre
Exam format	OSCE		
Total number of candidates invited	108		
Number of candidates who confirmed attendance	74		
Number of candidates that declined invitation	34		
Total candidates that took the exam	74		

10.8 MEDICAL EXAMINATION RESULTS

10.8.1 MEDICAL BOARD EXAM RESULTS: THEORY EXAMINATION TAKEN ON THE 25 MAY 2021

The below is brief reporting on the Medical Board Examination (Theory component) that was taken on the **25 May 2021**

NUMBER OF CANDIDATES	PARTS TO BE WRITTEN	COMMENTS
1	Candidates schedule to take the exam Monday 25 May 2021	120
	Actual number that paid the exam fee to take the exam	108
2	Actual number that sat for the exam on the 25 May 2021	106.
3	Reasons for not taking the exam	1 Candidate not in the country, and thus could not travel. 1 reported to being infected with COVID

Effect of industrial action/strike on the Medical Board Examination

Due to the industrial action that took place at the SMU at the time of the examinations, the examinations did not take place at the Sefako Makgatho Health Sciences University Sports Centre as was expected but was moved to the adjacent Gauteng College of Nursing (Ga-Rankuwa Campus). Candidates were informed timeously of the venue change, and all candidates were able to pitch at the new arranged venue on time.

The 3-week industrial action/strike also contributed to the delay in the marking, the moderation and consequently the release of the exam results, as the ICT Department that is assisting with the marking of the MCQ cards, could not function during the strike.

The results were received on 16 June 2021.

NO	ITEM DESCRIPTION	NUMBER/PERCENTAGE	
	Number that sat for the exam	106	
2	Total number that passed	99	93%
3	Total number that failed	7	7%
4	Minimum percentage	35%	
5	Maximum percentage	81%	
6	Average	62%	

10.8.2 MEDICAL PRACTICAL (OSCE) EXAMINATION WAS ON THE 9 AND 10 SEPTEMBER 2021 AT SEFAKO MAKGATHO HEALTH SCIENCES UNIVERSITY

OSCE DATE	NUMBER OF CANDIDATES	PASSED	FAILED
09 September 2021	63	50	13
10 September 2021	59	45	14
TOTAL	122	95	27

10.8.3 MEDICAL THEORY EXAMINATION WAS ON THE 28 SEPTEMBER 2021 AT SEFAKO MAKGATHO HEALTH SCIENCES UNIVERSITY

The results were received on 14 October 2021.

THEORY DATE	NUMBER OF CANDIDATES	PASSED	FAILED
28 September 2021	150	117	33

10.8.4 MEDICAL PRACTICAL (OSCE) EXAMINATION WAS ON THE 10 DECEMBER 2021 AT SEFAKO MAKGATHO HEALTH SCIENCES UNIVERSITY

Aggregate Results (28th September 2021)

Sat for the written exam	171	50	13
Passed	120	45	14
Failed	51	50	13
Pass rate	70.2%	45	14

The summary of the results of the OSCE component conducted on 25-26 January 2022 are tabled below:

Day	25 January 2022	26 January 2022
Candidates that undertook the OSCE	62	63
Passed	44	49
Failed	18	14
Absent from OSCE	0	0

10.8.5 THE SMU ADMINISTERED THE LAST URGENT EXIT OSCE EXAM ON THE 31 MARCH 2022.

The examination date was communicated to the Secretariat on 24 March 2022, and invitations were extended to one hundred and eight (108) candidates who were pending the practical component. Candidates were given until the 28 March 2022, to confirm their willingness to take the opportunity.

The 108 candidates were divided into four (4) groups for the day.

OSCE EXAM ADMINISTRATION	25 January 2022
SESSION 1 (ARRIVAL 09:00)	SESSION 2 (ARRIVAL 11:00)
Started at 09:00 and ended at 12:00	Started at 13:00 and ended at 16:00
A1 accommodated 19 candidates	B1 accommodated 18 candidates
A2 accommodated 19 candidates	B2 accommodated 18 candidates
TOTAL=38	TOTAL=36

10.9 MEDICAL SCIENCE (PORTFOLIO SUBMISSIONS)

The Committee for Medical Science has received the following portfolios for the National Board Assessment (Portfolio Assessments)

Cycle	Number of Portfolios Received	Approved	FAILED
/ Finalised	Outstanding/ Still In Progress	50	13
May 2021	26	26	-
September 2021	18	14	4 (still with moderator)
January 2022	20	8	12 still with moderator

11 POLICIES AND GUIDELINES

The following guidelines and policies were approved by the Board in the reporting period:

- Guidelines for professionals performing acts in emergency situations
- Virtual Evaluation Guidelines

12 GOVERNANCE

Governance denotes the way organisations are directed and controlled. It is pertinently concerned with power and decision making in the organisation and it relates to the transparent and ethical way by which leaders attempt to achieve the objectives of the organisation and how they are held accountable for their actions and omissions.

The Board's Annual Performance Plan and Operational Plan informed the activities involved in the running of the Board and ensuring that it meets its goals.

A Risk Register was developed to identify and mitigate potential risks and these governance documents were reviewed at the Professional Board's structures to manage and track progress as well effectiveness of interventions.

The Professional Board is committed to and fully endorse the principles of good governance as set out in the King IV Report and as dealt with the following:

- The revision and approval of Strategic plans, Annual Performance plans and risk management plans that directed activities and operations of the Board to meet the strategic goals and mitigation of the risks identified.
- Reviewed the composition of Committees in terms of Regulation 2 of the Regulations relating to the functions and Functioning of the Professional Boards.
- Reviewed and approved the terms of references for the Committees of the Professional Board.
- The review and monitoring of budget of the Board and ensured that cost cutting measures are implemented and adhered to such as convening meetings back-to-back.
- Decisions taken by the Board relating to the Profession were communicated and shared with the stakeholders for buy-in, information sharing and feedback purposes.
- Ensured that decision making is in line with the relevant legislative frameworks. Accordingly, no ultra-vires decisions and litigations were received against the Board for the reporting period.

In the reporting period concerned, the meetings and workshops convened were as follows;

Professional Board meetings	Strat Plan: 1 Meetings: 7
Executive Committee meetings (EXCO)	7
Committee for Medical Science (CMS)	Meetings: 4 Teleconference: 2
Dental Committee (DC)	4
Medical Education, Training and Registration Committee (METRC)	5
Practice Committee (PPC)	6
Health Committee (HC)	4
First Medical Committee of Preliminary Inquiry (Prelim Med-1)	6
Second Medical Committee of Preliminary Inquiry (Prelim Med-2)	4
Third Medical Committee of Preliminary Inquiry (Prelim Med-3)	6
Fourth Medical Committee of Preliminary Inquiry (Prelim Med-4)	5
Fifth Medical Committee of Preliminary Inquiry (Prelim Med-5)	6
Dental Committee of Preliminary Inquiry (Prelim Dent)	5
Task Teams/Ad-hoc meetings/ Workshop	Executive Committee: 2 Medical Science: 3 Prof Practice Committee: 3 Health Committee: 1 Prelim workshop: 1 Dentco: 1 (Dental Evaluators workshop) METRC: 2 (Curriculum review task teams)

13 HIGHLIGHTS

- Reviewed and updated its policies, guidelines and regulations of the Board
- Reviewed and updated its legal framework for the profession of medical science
- Development and approval of Stakeholder Engagement Plan
- Development and communicating an articulation strategy to ensure existing practitioners are aware of their professional development pathways
- Revision and approval of strategic plan and annual performance plan of the Board
- Appointment of Moderators and Evaluators (Medical Science)
Recognition of qualifications not prescribed for registration (Medical Science)
- Update Legal frameworks for medical scientists
- Cost recovery of fees of evaluation expenses





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**PROFESSIONAL BOARD FOR
MEDICAL TECHNOLOGY**



Ms Akhona Vuma
CHAIRPERSON OF THE PROFESSIONAL BOARD FOR MEDICAL TECHNOLOGY

1. OVERVIEW AND STRATEGIC OBJECTIVES

The Professional Board for Medical Technology was constituted in terms of section 15a of the Health Professions Act 56 of 1974. In terms of the section, Professional Boards are statutory structures whose overall objective is to ensure the establishment and maintenance of acceptable levels of health care services in the professions under their control.

The Health Professions Act 56 of 1974 empowers professional boards to assume 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 practicing the profession.

The Professional Board for Medical Technology is constituted of ten (10) members appointed by the Minister of Health in terms of section 15 of the Health Professions Act 1974, (Act 56 of 1974).

2. VISION AND MISSION

The Board approved the following vision and mission statements.

Vision

Quality and ethical medical technology services for all.

Mission

The Professional Board for Medical Technology's mission is to develop, strengthen, implement, monitor, and evaluate quality standards in education, training, and practice environments by:

- a. Implementing academic articulation route for developing career progression.
- b. Ensuring compliance to requirements for registration,

licensure, CPD, ethical rules and scope of the profession.

- c. Embracing technological progressions.
- d. Promoting development of specialisation discipline categories in the profession.
- e. Promoting post graduate education.
- f. Proactively aligning to the needs of the country through effective stakeholder engagement.

2. MEETINGS OF THE BOARD AND BOARD STRUCTURES

To achieve the strategic objectives as referred to above, the following meetings and board activities were conducted between 1 April 2021 and 30 March 2022.

BOARD ACTIVITIES	NUMBER OF ACTIVITIES
Professional Board meetings (3 ordinary and 2 special)	5
Education Committee meetings (3 ordinary 1 special)	4
Executive Committee	1
Committee of the Preliminary Inquiry	3
Task Team meetings	1
Stakeholders meeting	2

3. STRATEGIC OBJECTIVES

3.1 The Board meeting to finalize the strategic programmes of the Board was held on 21 July 2021. The Board developed -year strategic programmes and identified the following four (4) strategic goals:

- a. Digitally enabled Professional Board by 2025.
- b. Improved relationships between Professional Board for Medical Technology Professionals and Relevant Stakeholders by the end of the term (2025).
- c. Approved reviewed scope of profession by 2025.
- d. Achieved fully funded professional conduct processes

4. EDUCATION AND TRAINING

4.1 One of the primary functions of the Board is to determine and uphold standards of education and training. This function delegated to the Education to the Education Training and Registration Committee was done via the system of evaluation and accreditation of education and training against a set of standards and guidelines. The Committee is satisfied with its functioning as it can claim many achievements during the reporting period.

4.2 The Education, Training and Registrations Committee meetings were all run efficiently and effectively while aligning to the HPCSA Council guidelines for conducting meetings. The meetings were all quorate and all members participated in the meetings with each member's voice having an important contribution to the engagements of the committees.

4.3 The following rules, policies and guidelines were reviewed and approved by the Education Training and Registration Committee and referred to the Board for ratification:

- a. Registration guidelines for the recognition of prior learning for medical technologists who wish to register medical laboratory scientist
- b. Annual reporting template for higher education institutions

- c. Annual reporting template for clinical training facilities
- d. Supervision guidelines for the health care professions
- e. Guidelines to allow medical technology graduates who failed the board examination more than three times another opportunity to be assessed for medical technology registration
- f. Guidelines to allow laboratory assistants who could not register as medical technicians as result of failing the board examination more than three times another opportunity for to assessed
- g. Policy relating to registration and training of student and intern medical laboratory professions: review of section 12
- h. Guidelines for role of the convenor of the evaluation panel
- i. The guidelines for the virtual evaluation of clinical training facilities and higher education institution for medical technology

5. STAKEHOLDER ENGAGEMENT

- 5.1 One of the Board's key strategic objectives was to improve communication with stakeholders.
- 5.2 The Board communicates with its stakeholders through the website, newsletter, e-bulletin and at least one stakeholder meeting per annum in different provinces.
- 5.3 The Board contributed various articles in the newsletters of the Board that are aimed at engaging with Stakeholders on various matters affecting the professions.
- 5.4 The annual meeting with the Executive Committee of the Board and the Professional Association (SMLTSA), was convened on 7 April 2021.
- 5.5 A stakeholder meeting between the Board and the Heads of Department and professional association was convened on 28 April 2021.

6. PROFESSIONAL PRACTICE AND CONDUCT

- 6.1 In terms of the mandate of the Committee of Preliminary Inquiry, the Committee is authorized within the current policy parameters as determined by the Board, to deal with all matters relating to preliminary inquiries regarding complaints in terms of Section 41(2) of the Health Professions Act, Act 56 of 1974 and to report thereon to the Professional Board.
- 6.2 The Prelim Committee has conducted three meetings during the reporting period. A total of 28 matters were considered relating to practicing outside of scope of practice, unprofessional conduct towards clients and colleagues, insufficient treatment of patients, etc.
 - 54% (15/28) of matters were finalised by Prelim as follows: -
 - 2 explanations were accepted, resolved in terms of Regulation 4(7)
 - 2 matters referred to Inquiry, resolved in terms of Regulation 4(8)
 - 11 matters penalties imposed and caution/reprimand, resolved in terms of Regulation 4(9)
 - 46% (13/28) of matters were deferred by Prelim as follows:
 - 1 matter was referred for consultation
 - 12 matters were deferred for further information

- 6.3 The Professional Practice Committee of the Board is newly established committee, and the mandate of the Committee includes amongst other things promotion of ethical conduct, human rights, and the rights of patients amongst health care professions registered under the ambit of the Professional Board for Medical Technology.

- 6.4 The Professional Practice Committee meetings were all run efficiently and effectively while aligning to the HPCSA Council guidelines for conducting meetings. The meetings were all quorate and all members participated in the meetings.
- 6.5 Recommended to the Professional Practice Committee of Council for the approval of the Life Health Care Group application to employ Medical Technologists and Medical Technicians to enable "point of care" diagnostic testing and SARS-CoV-2 antigen testing subject to compliance to the recommendations made by the Professional Practice Division and the following conditions –
 - a. Amendment of the contractual clause stating that unprofessional conduct will be internally dealt with by the entity first before such is reported to the HPCSA. The Board advises that unprofessional conduct should be reported as soon it is detected to the HPCSA.
 - b. The Boards reserves the right to conduct unscheduled site visits.
 - c. Submission of report after 12 months by the applicant.

The Life Health Care Group approval to employ Medical Technologists and Medical Technicians was limited only to the point of care testing and SARS-CoV-2 antigen testing in line with the request in the application

- 6.6 The following rules, policies and guidelines were reviewed and approved by Professional Practice Committee and referred to the Board for ratification and recommendations to Council
 - Guidelines for good practice in the health care professions (booklet 1)
 - Guidelines on seeking patients' consent - ethical considerations (booklet 4)
 - General ethical guidelines for good practice in telehealth (booklet 10)
 - Supervision guidelines
 - Ethical guidelines on keeping of patient records
 - Business Practice Policy

6. SCOPE OF PROFESSION

The Board is currently reviewing the scope of profession of Medical Technology.

7. BOARD EXAMINATIONS

The Society of Medical Laboratory Technologists of South Africa (SMLTSA) conducts the National Board examination on behalf of the Board as per the Memorandum of Understanding.

8. GOVERNANCE

The Board aligns itself to the governance principles of the HPCSA and strives to ensure that the principles and values of transparency, accountability, honesty, respect, empathy and transformation are adhered to. The Board had committed to fulfil this mandate. This was achieved by developing a Strategic Plan which was aligned to

its mandate in terms of the Health Professions Act, 1974 (Act 56 of 1974). A Risk Register was also developed to mitigate and manage potential risks.

The Annual Performance Plan and Operational Plan defined the day-to-day operational activities in the managing of the Board activities and to ensure that the Board meets its objectives.

The Board reviewed the mandates, roles and responsibilities of its committees in terms of its strategic objectives.

9. HIGHLIGHTS

Successful launch of the virtual evaluations.

Continued engagements with stakeholders.

All meetings of the Board and Committees were conducted as scheduled.

10. CHALLENGES FACED BY THE BOARD FOR THE REPORTING PERIOD:

Some of the stakeholder's disregard of the Regulator and the statutes governing the profession of Medical Technology. There were too many issues of non-compliance to rules and regulations of the Board and HPCSA considered during the reporting period. As a result in some circumstances the Board had to resolve contraindicatory to its legislative framework to accommodate the non-compliance to rules and regulations.

Some of the non-compliance matters were due to lack of and/or poor administrative controls within the HPCSA. The Board addressed the identified issues at the various available platforms.

11. CONCLUSION

The Board, and its committees, have seen a lot of progress in the efforts to achieve its strategic goals. The ability of the Board to gain such momentum is mostly due to its earnest engagements with all its internal and external stakeholders to ensure synergy of information and programmes. Although challenged with the non-payment of government employed Board members, the Board has enjoyed participation and commitment from some of its members although the concern still remains.

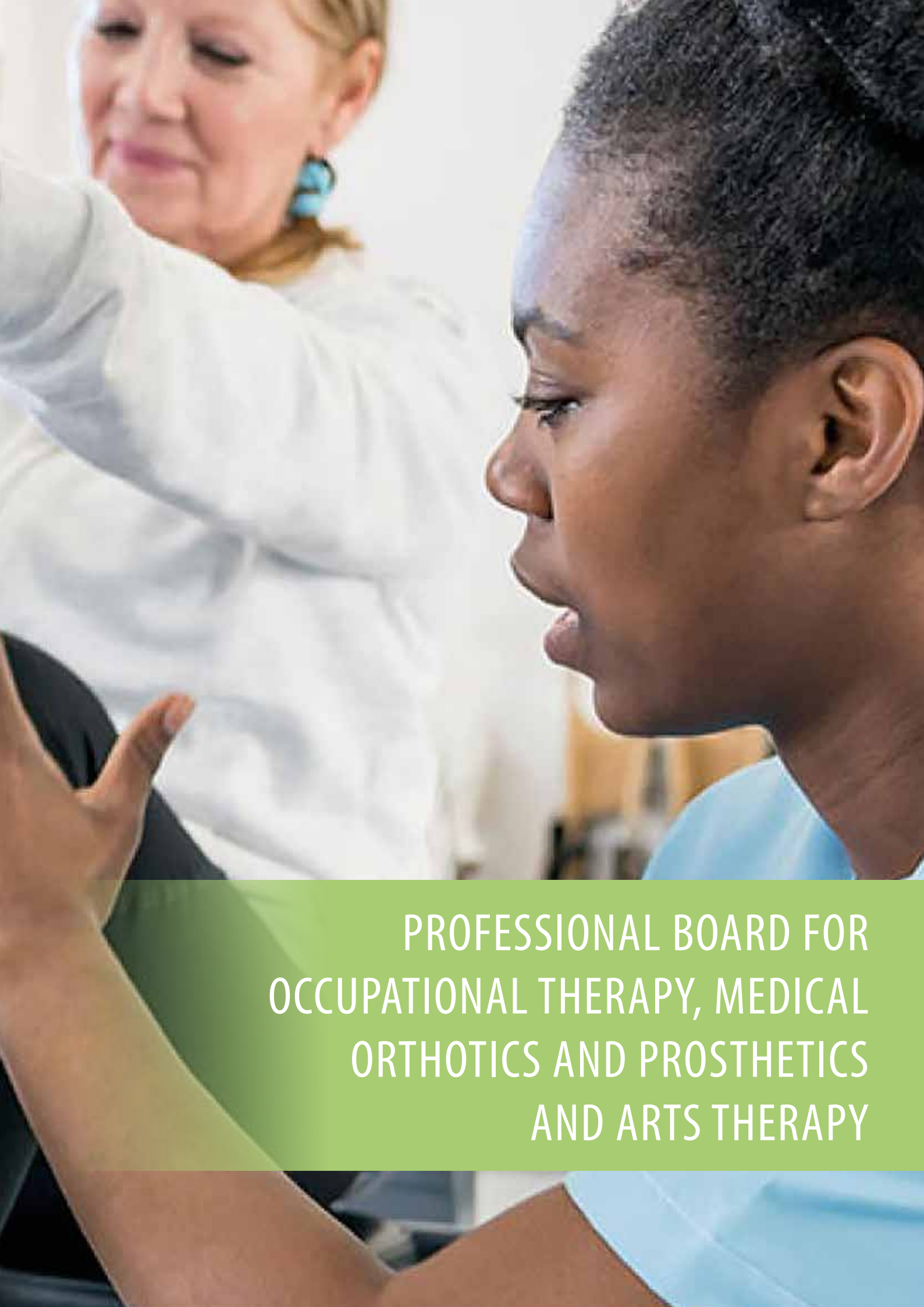
MS A VUMA

CHAIRPERSON: PROFESSIONAL BOARD FOR MEDICAL TECHNOLOGY







A close-up photograph of a woman in a white lab coat, likely a healthcare professional, examining the arm of a patient. The patient is a Black woman with short hair, wearing a light blue shirt. The professional is looking intently at the patient's arm, which is extended. The background is softly blurred, showing what appears to be a clinical or office setting. A green semi-transparent banner is overlaid at the bottom of the image, containing white text.

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



Dr Deshni Naidoo

CHAIRPERSON OF THE PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS AND PROSTHETICS AND ARTS THERAPY

1. OVERVIEW AND CONSTITUTION OF THE NEW BOARD

The Professional Board for Occupational Therapy, Medical Orthotics and Prosthetics and Arts Therapy was constituted of fourteen (14) members appointed by the Minister of Health in terms of Section 15 of the Health Professions Act 1974, (Act 56 of 1974).

Vision Statement

The vision for the Professional Board for Occupational Therapy, Medical Orthotics and Prosthetics and Arts Therapy is a board regulating its professions and protecting the public through promotion of holistic health services for all.

Mission Statement

The Professional Board for Occupational Therapy, Medical Orthotics and Prosthetics and Arts Therapy will achieve its vision by:

- Guiding and regulating the profession through:
 - o Scopes of professions and practice.
 - o Setting contextually relevant minimum training standards.
 - o Enforcing compliance.
 - o Accreditation and quality assurance of training programmes, facilities, and supervisors.
 - o Setting the standards for registration.
 - o fostering/promoting continuing professional development.
- Protecting the public through:
 - o Monitoring professional conduct.
 - o upholding and maintaining ethical standards.
 - Advocacy, advisory and stakeholder engagement through:
 - o Consistent and effective communication and guidance.
 - o Responsiveness to the evolving health needs of the country.
- Efficient and effective Board functioning

Strategic Objectives

The Board developed strategic programmes for the 5- year term as well as the 2021/22 Annual Performance Plan (APP). The Board defined 8 Strategic Goals and did the mapping during the development of the Risk Register of Goals 1-5 in terms of the Inherent Risk which included the context, the risk identification, as well as identifying the inherent risk rating. The main strategic goals of the Professional Board for Occupational Therapy, Medical Orthotics and Prosthetics and Arts Therapy include the following:

- Competent OCP graduates practicing the professions
- A capacitated Professional Board to deliver on its fiduciary responsibilities
- Ensured that all requisite guidelines and regulation that empowers the Board to regulate the professions are current and applicable
- Recognized technologies for training and practice environment
- All professional conduct matters are concluded timeously
- Adopted virtual platforms for all work of the Board
- Digitally enabled Professional Board by 2025
- Improved relationships between Professional Board for OCP and all relevant stakeholders by the end of the term (2025)

2. PERFORMANCE OVERVIEW AND GOVERNANCE

Board Performance Assessment

The Performance Assessment Tool for Professional Boards was developed by the Education, Training and Quality Assurance Committee (ETQA Committee) and was aimed at enabling Professional Boards to engage thoroughly in reflecting on its performance. The Annual Self-Assessment on the Board performance was compiled by the Company Secretariat for January – December 2021 served at the Board meeting in April 2022.

Approval of the Board Risk Register

The HPCSA (Council) adopted an Enterprise-wide Risk Management (ERM) approach to adequately manage its risk exposure and to ensure effective assurance. The Enterprise Risk Management Policy Framework is developed using as its foundation the principles of King IV Report on Corporate Governance (2016), the National Treasury – Public Sector Risk Management Framework and the ISO 31000 Risk Management – Principles and guidelines.

The purpose of the Enterprise Risk Management (ERM) Policy Framework was to guide Council to create, protect, and enhance stakeholder value by managing the uncertainties that could influence achieving the mandate of HPCSA. The Policy Framework's main objective was to provide a process to guide the pro-active governance, risk and compliance (GRC) and inculcate a risk management culture across the HPCSA.

The risk management process included the application of logical and systematic methods for:

- communicating and consulting throughout the process;
- establishing the context for: identifying, analysing, evaluating and treating the risks associated with any function, strategic objective, process, activity, or product;
- monitoring and reviewing of the risks;
- recording and reporting the results appropriately.

The risk strategy included the management controls that were in place. The residual risk rating included control effectiveness, the residual result, the risk rating as well as the risk owner. In terms of control improvement planning, provision was made for future action plans, the responsible person was allocated as well as the action completion date. The final Risk Register was approved in December 2021 and the Risk Treatment Action Plan that reported on progress was presented in April 2022.

Board and Committee related activities

To achieve the strategic objectives and to improve communication with stakeholders and inter-sectoral relations, the following meetings and activities of the Professional Board were conducted and facilitated during the period 1 April 2021 - 31 March 2022:

BOARD ACTIVITIES	NUMBER OF ACTIVITIES
Professional Board meetings	3
Board Strategic plan sessions	-
Board Roadshows	1
Document Review Task Team	-
Executive Committee meetings	1
Education, Training and Registration Committee meetings	3
Internship Committee meetings	4
Committee for Preliminary Inquiry meetings	5
Board Examinations	4
Evaluation of programmes at HEI	4
Evaluation of Internship facilities	-
Congresses and Conferences	-
Stakeholder Engagements	2
Training of Board Members	2

3. EDUCATION AND TRAINING AND QUALITY ASSURANCE OF PROGRAMMES

The Board, based on set minimum standards for training and exit level outcomes, guided institutions on the education and training of students and interns. The development and training of a professional is viewed as part of the value chain in the process from the accreditation of programmes to the certification of a practitioner's competencies in order to register qualified and competent practitioners. This ensured that training remained dynamic, relevant, flexible and sensitive to the burden of disease and rehabilitation as well as the health care needs of the South African population.

The Board continuously monitored the provision of quality education and training of students and interns registered under the ambit of the Board and was committed to provide the continued support and guidance to institutions. Institutions were scheduled for evaluation and accreditation to train students in accordance with the minimum standards based on a cycle of five (5) years.

The following programmes were evaluated during the 2021/22 year:

DATE OF VISIT	NAME OF INSTITUTION	PROGRAMME EVALUATED/ ACCREDITED
15 to 19 Nov 2021	Sefako Makgatho Health Sciences	Occupational Therapy
Follow up visit 2021	Tshwane University of Technology	Medical Orthotics and prosthetics
14 to 15 April 2021	University of Pretoria	Art Therapy
30 June to 1 July 2021	University of Johannesburg	Art Therapy

Development of On-line / Virtual Guidelines

The COVID-19 pandemic motivated a need to consider alternative methods of conducting evaluations of programmes at higher educational institutions. Universities have commenced with online occupational therapy teaching, learning and assessment programmes during 2020. The Board was required to compile guidelines that assist with the option of conducting evaluations online rather than face to face. Additionally, there was a need to develop guidelines to assess the online content and online clinical activities that the universities were implementing during the period of evaluation. This is particularly relevant as the Board advised that 70-80% of the occupational therapy educational programmes be conducted online in 2020.

A Task Team was appointed to develop guidelines for on-line evaluations at Higher Educational institutions, guidelines for on-line examinations and guidelines for on-line supervision of students/ interns at institutions. The guidelines for the virtual/ online evaluation of programmes and online examinations were developed and approved by the Board in October 2021.

Board Examination

The purpose of Board Examinations is to measure the competence and capacity of foreign qualified practitioners applying for registration to enter the profession. Examinations comprise of theory and practical assessments conducted by the Board.

The Board conducts two (2) Examinations every year in April/ May and September/ November respectively. The Education, Training and Registration Committee approves applications prior to examinations and provide the necessary infrastructure to ensure that the examinations were conducted with professionalism and that the integrity of the examinations be protected.

The following examinations were conducted during the period:

PROFESSION EXAMINATION	DATE	TOTAL CANDIDATES	PASSED	FAILED
OFT Examination	April 2021	5	4	1
	01 October 2021	2	2	0
Foreign Qualified OCP (OT and AT)	May 2021	1	0	1
	22 September 2021	2	1	1
Number of OCP Board examinations facilitated	Four (4)	10	7	3

Internship Committee

The Internship Committee is responsible for the management of all internship matters relating to Medical Orthotics and Prosthetics (MOP) and Arts Therapies. The Committee reviews internship reports; evaluates internship sites and accredits internship supervisors. The Internship Committee ensures interns translate their registration once they have been successfully signed off. Key issues that were addressed relate to:

- Reviewing on mid-way and final reports of all interns
- Supporting interns in timeous processing of all documentation submitted

The Committee has successfully reviewed mid way and final reports of MOP and Arts Therapy interns. A productive meeting was held with the Head of Registrations where the Committee outlined its concerns regarding registration delays, misinformation, lack of communication and loss of documentation.

Investigating the Standards of Professional Practice, Clinical training and Competencies required for practice: Occupational Therapy, Medical Orthotics and Prosthetics, and Arts Therapy in South Africa.

South African Occupational Therapy, Medical Orthotics and Prosthetics and Arts Therapy (OCP) training is regulated by respective Occupational Therapy, Medical Orthotics and Prosthetics, and Arts Therapy minimum standards of education and training. A crucial component of the minimum standards of education and training is the mandatory 1000 hours of practice education/ fieldwork required by students to graduate. The global regulatory bodies that introduced the minimum 1000 hours of practice education anticipated that this would allow students to gain the competencies required for professional practice. However, given the rapidly changing healthcare systems and contexts there has been debates as to whether these hours are sufficient or whether there are other methods to prepare students for professional practice.

The HPCSA reviews the competencies every 5 years however there has been limited research into the competencies and standards of practice for entry level practitioner with the Occupational Therapy, Medical Orthotists and Prosthetics, and Arts Therapy Board. The connection between the competencies and the education provided by educational institutions is essential as South African graduates are expected to perform within meet the exit level competencies outlined in the minimum standards of practice.

It is expected that South African new graduates enter the workforce with the ability to perform within the competencies prescribed in the respective Occupational Therapy, Medical Orthotists and Prosthetics, and Arts Therapy standards of practice documents. The primary function of the standards is to specify the entry-level requirements of new graduates from the HPCSA OCP Board. There has been limited to no recent research on the standards of practice for the professions represented by the HPCSA OCP Board.

The purpose of the research project is to conduct a comprehensive research into Standards of Professional Practice, clinical training and competencies required for practice for occupational therapy, medical orthotics and prosthetics, and arts therapy in South Africa.

4. STAKEHOLDER ENGAGEMENT

One of the Board's key strategic objectives was to improve communication with stakeholders and inter-sectoral relations, this in an effort to promote dialogue with the stakeholders at the same time providing guidance to the professionals.

To achieve the strategic objectives of improving communication with stakeholders, the Board held consultative meetings with O & M Stakeholder and Heads of Departments at Higher Education and institutions and other relevant Stakeholders.

Practitioner Roadshow

In fulfilling the Board's strategic objective of stakeholder engagement, a roadshow was held on 23 March 2022, and it focused on the following matters of discussion:

1. Board Mission, Vision, Strategic Goals and Board Committees;
2. Medical Ethics in the era of the Covid-19 pandemic & update on the revision of Ethical Rules of Conduct;
3. Complaints process and nature of violations of Ethical Rules and cases serving at Preliminary Inquiries;
4. Registration and uploading of CPD portfolios to the online portal;
5. Informed Consent and Patient Confidentiality;
6. Changes and importance of CPD Compliance;
7. Scope of Profession and Challenges of Violations - Medical Orthotics and Prosthetics.

5. PROFESSIONAL PRACTICE AND CONDUCT

Establishment of the Professional Practice Committee

The Professional Board in April 2021 established a Professional Practice Committee. The Professional Practice Committee was mandated:

- to guide the Board and Committees and profession on the sound interpretation and application of ethical rules of conduct and other ethical policy guidelines and principles to enhance ethical service rendering to patients/clients;
- to make recommendations to the Board on policies and guidelines any matter relating to ethical guidelines for good practice and advise on business practice issues for health care professionals registered in terms of the ambit of the Board;
- to assist the Division Professional Practice of the HPCSA to develop and review guidelines on ethics, practice related issues and health care providers in line with the standards set by the Office of Health Standard Compliance;
- to promote good ethical conduct and practice, respect for human rights, and the rights and dignity of patients / clients;
- to contribute to the development of stakeholder engagement plans

relating to the objects and functioning of the Board, with respect to ethics, human rights and professional practice related matters in line with the oversight role of the Board;

- to promote compliance to CPD and make recommendations to the Board on guidelines and other related matters pertaining to Continuing Professional Development.

Consulting and Orthotic Fitting by Non-Qualified Trauma Unit/ Emergency Room Personnel

A communication was sent to professional association highlighting Rule 21 on Performance of professional acts from the Ethical Rules of Conduct, it specified that - A practitioner shall perform, except in an emergency, only a professional act –

- for which he or she is adequately educated, trained and sufficiently experienced; and
- under proper conditions and in appropriate surroundings

Approval of Board CPD Accreditors

Compliance with certain conditions relating to continuing professional development was a prerequisite for continued registration. Professional Boards may delegate their responsibility for accrediting service providers to Accreditors. The criteria and processes to be followed as well as the procedures for record keeping are contained in the Criteria and Guidelines for Accreditors document. Accreditors can also provide their own activities if they were approved as an accredited service provider. Applications for approval of Accreditors of CPD activities for professions under the ambit of

the Board were received from the following, and were approved for a period of 5 years for the term of the Board until 2025:

1. Occupational Therapy Association of South Africa (OTASA);
2. Tshwane University of Technology (TUT);
3. South African National Arts Therapies Association (SANATA)
4. University of Stellenbosch

Committee of Preliminary Inquiry

The Committee of Preliminary Inquiry is mandated and authorised within the current policy parameters as determined by the Board, to deal with all matters relating to preliminary inquiries regarding complaints in terms of Section 41(2) of the Health Professions Act, Act 56 of 1974 and to report thereon to the Professional Board.

The Chairperson of the Committee of Preliminary Inquiry presented reports on the nature and progress pertaining to matters that served before the Committee at all Board meetings held during the period under review.

The Board complied with the requirements that Professional Conduct matters should be finalised at Board / Professional Conduct Committee within 18 months. During the 2021/2022 period 33 matters served before the Committee of Preliminary Inquiry, 20 matters were finalised while 13 were pending finalisation.

MEETING OUTCOME	DATE OF MEETING				
	6 May 2021	25 June 2021	5 Aug 2021	19 Nov 2021	21 Feb 2022
Matters served before the Committee	6	6	6	7	8
Explanations noted/accepted	2	2	1	3	1
Cautioned/ Reprimanded	-	-	-	-	-
Inspections	-	-	-	-	-
Consultations facilitated	-	-	-	-	-
Disciplinary Inquiry with option of fine	-	-	-	-	-
Disciplinary Inquiry	1		1		3
Further consideration deferred	2	3	3	1	3
Complaint withdrawn	-	-	-	-	-
Found guilty and imposed fine/penalty	-	1	1	3	1
Not to proceed with complaint	1	-	-	-	-
Referred to Pro-Forma Complainant	-	-	-	-	-
Matter Outside Council Jurisdiction	-	-	-	-	-
Fine reduced	-	-	-	-	-
Total Matters Finalised	4 matters were finalised	3 matters were finalised	2 matters were finalised	6 matters were finalised	5 matters were finalised
Total Matters Not finalised	2 Consultations were facilitated	3 matters were deferred for further consideration	3 matters were deferred for further consideration and 1 matter was referred to disciplinary Inquiry	1 matter were deferred for further consideration	3 matters were deferred for further consideration

6. SCOPE OF PROFESSIONS

Regulations relating to the Scope of the Profession of Occupational Therapy

The review of the Scope of Profession for Occupational Therapy was finalised in 2018. The finalised Scope was submitted to Council for ratification in June 2018. This was after it was circulated to all other Professional Boards for comments. The Regulations were submitted to the Ministry of Health in 2018 for promulgation. On 10 October 2021, the Minister signed the Regulations relating to the scope of the profession of Occupational Therapy and were promulgated for commenting in the Government Gazette. The Ministers' Office confirmed that no comments and inputs were received from the profession.

7. HIGHLIGHTS

- Training for examiners and moderators was conducted in March 2022.
- Evaluations were conducted for 2021/22 despite limitations posed by Covid -19 pandemic, a hybrid evaluation method was successfully implemented.
- Successful accreditation of new training programmes:
 - o MA Arts in Arts Therapy (UP)
 - o MA Arts Therapy (UJ)
 - o Bachelor of Health Sciences in Medical Orthotics and Prosthetics (BHSc) TUT

8. CHALLENGES

The Board had an insufficient pool of examiners and moderators to assist with conducting the Board examinations. Similarly, the Board experienced challenges with the insufficient pool of evaluators to conduct evaluations at Higher Education Institutions.







636.85





**PROFESSIONAL BOARD FOR
ENVIRONMENTAL HEALTH
PRACTITIONERS**



Mr Joseph Shikwambane
CHAIRPERSON OF THE PROFESSIONAL BOARD FOR ENVIRONMENTAL HEALTH PRACTITIONERS

1. OVERVIEW

The Board and its structures held a total of eight (8) meetings successfully in 2021/22 reporting period with only one Board meeting being physical (all other meetings were virtual). Stakeholder engagements happened as planned with practitioners, a municipality and Heads of Environmental Health programs at higher education institutions. Participation and attendance of Members has been more than satisfactory over the period – records kept by the Secretariat in terms of regulation 26 of the regulations relating to the functions and functioning of the Professional Boards, confirms accordingly. Monitoring of work integrated learning continued

2. VISION AND MISSION

Vision – A regulatory body that promotes comprehensive, quality and equitable Environmental Health for all

Mission – The Board protects the interest of the public and guides the profession through:

- Developing and implementing strategies, policy frameworks and standards for Environmental Health professions
- Monitoring the quality of training against set standards
- Promoting ethical practice by ensuring on going professional competence and conduct
- Aligning to international standards in education and training while adhering to best practice within the South African context
- Ensuring effective communication with all stakeholders

3. EDUCATION MATTERS

The Education Training and Registration Committee of the Board continued to monitor provision and relevance of continuing professional development activities through consideration of annual reports submitted by accredited service providers and giving feedback. Monitoring of work integrated learning hours of final year students was done following concession to reduce

the number of required hours due to COVID-19 challenges. A new reporting template for mid-year and the full year was developed.

4. STAKEHOLDER ENGAGEMENT

Annual engagement with University Heads of Environmental Health Departments on policy matters pertaining to education and training, for example work integrated learning guidelines, guidelines on accreditation of the professional degree programme, ethical conduct of students, articulation general statutory requirements took place. Annual engagements with Municipalities and practitioners took place as a hybrid – virtual and in Northern Cape.

5. PROFESSIONAL PRACTICE AND CONDUCT

No matters were considered by the Board's Committee on Preliminary Inquiries and thus no meetings of professional conduct were held during the period under review. The Board however continued to encourage reporting of unprofessional conduct at stakeholder engagements.

6. SCOPE OF PROFESSIONS

Scope of practice for the professions under the ambit of the Board are in place. The Board ensured previously reported cases of scope infringement were dealt with accordingly with the assistance of the Inspectorate Office. No new cases of scope infringement were reported in the period.

7. COMPLIANCE FOR REGISTRATION

Twenty-two (22) CPD applications were approved for the period 2021- 2022. The Education Training and Registration Committee of the Board ensured that the applications received from foreign qualified practitioners considered were compliant in all standard requirements for registration including being equivalent to the South African qualification and approved for Board exam. Through the newsletter article and talk during symposium, Practitioners were encouraged to stay registered by attending accredited continuing professional development activities and acquire the required continuing education units as determined by section 26 of the Health Professions Act.

8. BOARD EXAMINATIONS

Sixteen (16) Board exams for restoration took place – 15 candidates passed and restored and only one (1) failed the board exam.

Five (5) Environmental Health Assistants (EHA) applications received and approved by the ETRC to sit for the Board examination – 1 passed the Board Exam, 2 failed and 2 still to sit for the Board exam

The Board exam appeal process guidelines have been approved by the Board and incorporated into the reviewed board examination guidelines.

9. GOVERNANCE

The Board's annual performance plan (APP) document incorporates objectives, timeframes and indicators aligned with the strategic plan. The monitoring of performance was done through regular reporting on the progress made towards implementing the set objectives as outlined in the APP. The reports were approved at Board meetings in May 2021.

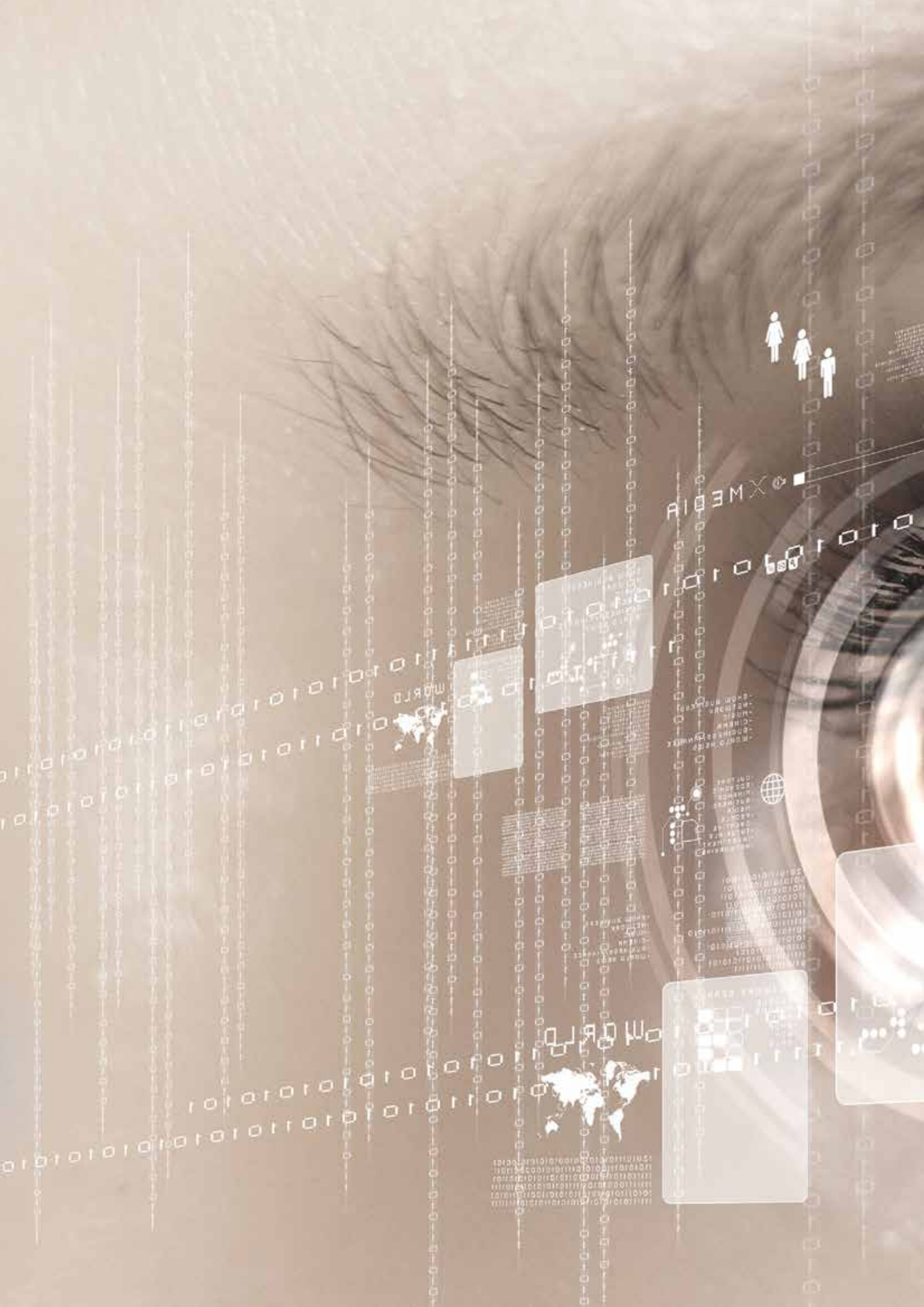
Related risk register monitored.

10. HIGHLIGHTS

- a. Newsletter published
- b. 100% of agendas were finalized during all meetings that were scheduled and those unscheduled for the period under review.
- c. Successful stakeholder engagement with Head of Institutions

- d. Three (3) institutions were visited to check their progress in the offering of the professional degree in Environmental Health. The Board was satisfied with the progress made. Three other institutions were re-evaluated and approved to continue offering the professional degree in Environmental Health for the next five years.
- e. Improved role with strategic partners (communication and interactions), stakeholders/practitioners and municipality.
- f. Active participation (presentation by the Board Chairperson) in the Technical session hosted by the King Cetshwayo District Municipality.
- g. Active participation (presentation by the Board Chairperson) in the Seminar organised by the Mangosuthu University of Technology).







PROFESSIONAL BOARD FOR OPTOMETRY AND DISPENSING OPTICIANS



Ms Yurisa Naidoo
CHAIRPERSON OF THE PROFESSIONAL BOARD FOR OPTOMETRY
AND DISPENSING OPTICIANS

1. OVERVIEW

The Professional Board for Optometry and Dispensing Opticians successfully implemented its 2021/22 annual performance plan (APP) against the approved budget. A total of nineteen (19) scheduled and special meetings of the Board and its structures including Task Teams, were held during the period, mainly using Microsoft Teams platform, only one meeting was held face to face in accordance with the decision of Council. Generally members have improved on active participation, cooperation and contributions toward a successful year.

2. VISION AND MISSION

VISION: "An effective and accountable regulator in the education and practice of eye care professions"

MISSION: To establish and implement a regulatory framework, policies and guidelines for optometry and dispensing opticianry through:

- Setting of professional norms and standards
- Quality assurance of eye care education and professional practice
- Defining Scopes of Practice
- Promotion of equitable and accessible eye care service delivery
- Effective stakeholder engagement

In order to protect the public and guide the professions.

3. EDUCATION AND TRAINING

In the period under review there were no evaluations scheduled for accreditation of dispensing opticianry and optometry programmes, only a submission of a progress report from one institution on updates on the improvement plan. Continued support and guidance was given to all institutions offering education and training in optometry and dispensing opticianry to ensure that competent graduates would be registered with the Council.

The Education, Training and Registration Committee (ETRC) of the Board held all its meetings as scheduled, with one (1) additional special meeting of this Committee also conducted.

A total of one hundred and sixty-two (162) clinical hours/patient numbers portfolio files of final year students were successfully audited as one of the requirements to be met for registration.

The Board approved one (1) ocular therapeutics additional qualification from New England College of Optometry (NECO). No foreign undergraduate qualification was considered or approved, as no applications were received during this period.

4. STAKEHOLDER ENGAGEMENT

The Board held its annual bilateral meeting with the South African Optometric Association (SAOA).

In addition the Board also held its annual stakeholder engagement meeting with HoD's of education and training institutions, other associations, NGO's, Provincial departments of Health (DoHs), etc. to discuss relevant policy matters and share best practices towards improving the professions.

The webpage for the Board was regularly reviewed and updated with relevant information. Optisight newsletter was also published.

Published media statements were on the development of Specialties and the dangers of purchasing readymade and/or adjustable readers/spectacles.

5. PROFESSIONAL PRACTICE AND CONDUCT

The current clinical guidelines for practice are under review.

The Committee of Preliminary Inquiries had five (5) meetings in 2021/22 which considered sixteen (16) matters and the following stats be noted:

1. Matters that served before the committee	16
2. Explanations noted and accepted	1
3. Inspections	0
4. Consultations	1
5. Referred to Disciplinary Inquiry – Regulation 4(8)	9
6. Further consideration deferred (for additional information)	1
7. Complaint withdrawn	0
8. Found guilty and imposed fine/Penalty/ Caution and reprimand – Regulation 4(9)	1

6. SCOPE OF PROFESSIONS

In an effort to guide the profession the following Legislative framework and policy guidelines were attended to:-

- Finalised the review of the Board examination guidelines.
- Reviewed mobile practice guidelines.
- Reviewed supervised practice guidelines.
- Finalised considering public comments on the review of Annexure 8 of the Ethical Rules, feedback provided to the National Department of Health.

7. COMPLIANCE FOR REGISTRATION

- Continuing Professional Development (CPD) Accredited Service Providers (ASP'S) and Accreditors appointed by the Board submitted annual reports to the Board for consideration. The ASP's and Board appointed Accreditors faced challenges due to COVID-19, a few

activities were called off, some postponed and ASP's were forced to move these activities virtually.

- The Board continued with its annual verification of compliance with regards to patient numbers/clinical hours, which are supposed to be acquired by final year students as one of the minimum requirements for registration.

8. BOARD EXAMINATION

The Board examination sessions held had a total of nine (9) examination candidates of which

- Five (5) candidates passed all their components while four (4) candidates were not successful in all components.
- Only one (1) foreign qualified practitioner was assessed.

9. GOVERNANCE

Attendance and active participation of members during meetings and discussion of documents improved greatly and has led to the Board being more effective and efficient in carrying out its mandate. In accordance with Regulation 2 of the regulations relating to the functions and functioning of Professional Boards, Committees of the Board and terms of reference thereof, were accordingly reviewed.

Progress made on the implementation of annual targets as outlined in the 2021/22 annual performance plan, was done and strategic plan review completed in March 2022. The Board is satisfied with its performance in the financial year. Monitoring of the mitigation of identified risks was an ongoing activity and successfully achieved.

Legislative framework and policy guidelines:- the Board managed to finalise the review of the Board examination guidelines, reviewed the mobile practice guidelines and reviewed the supervised practice guidelines.

10. HIGHLIGHTS

- The Board received approval from SAHPRA for more drugs for use and prescription by optometrists.
- Published Optisight newsletter.
- Published media statements on Specialties and the dangers of purchasing readymade and/or Adjustable Readers.
- Compiled the Board Annual Performance Plan (APP) for 2021/22 and the draft APP for 2022/23.
- Approved the 2021-2025 Strategic Planning document of the Board.
- Finalised considering public comments on the review of Annexure 8 of the Ethical Rules, feedback provided to the National Department of Health.

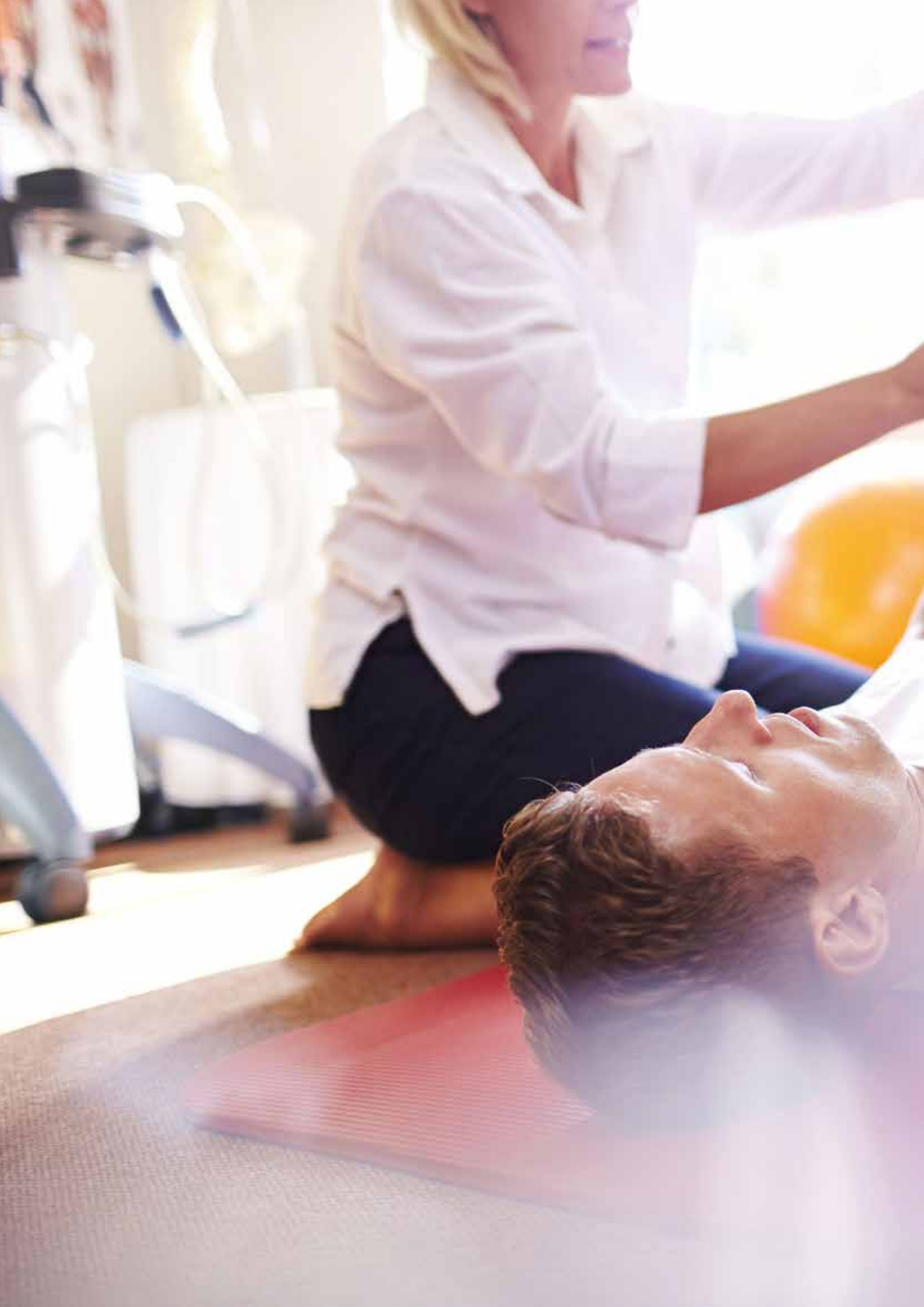
All legislative framework pertaining to the Board were reviewed and most still awaiting promulgation by the Minister of Health.

Proactive handling of complaints and improved handling of legal matters by the Committee of Preliminary Inquiry.

Close monitoring of education standards with regular reporting by institutions.

Expansion of Drug list for prescription by Optometrists – the Board managed to get more drugs approved by the South African Health Products Regulatory Authority (SAHPRA) however the Board has established a new Task Team to work on another submission to SAHPRA to get more drugs approved.







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



Dr Desmond Mathye
CHAIRPERSON OF THE PROFESSIONAL BOARD FOR
PHYSIOTHERAPY, PODIATRY & BIKINETICS

1. OVERVIEW

The Professional Board for Physiotherapy, Podiatry and Biokinetics successfully implemented its 2021/22 annual performance plan (APP) against the approved budget. The Board successfully had a total of eighteen (18) scheduled and unscheduled meetings and activities, including meetings of ad-hoc structures, mainly using the Microsoft Teams platform. Only one meeting was held face to face. Of all these meetings, a hundred per cent of the agendas were completed, and no meeting was ever postponed or cancelled due to a lack of a quorum. During the period under review, the Board had generally improved on active participation, contributions and cooperation and improved its working relationship with Board Secretariat.

2. VISION AND MISSION

The Board finalized and approved its strategic plan with its vision and mission as stated below: -

Vision

“A recognized regulator that promotes quality and equitable healthcare in Physiotherapy, Podiatry and Biokinetics services.”

Mission Statement

The provision of Physiotherapy, Podiatry and Biokinetics health care services that:

- Promote the rendering of evidence-based Healthcare to the population.
- 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 practices.
- Uphold and maintain ethical and professional standards within the health professions.
- Fostering ongoing professional development and competence.
- Protecting the public in matters involving the rendering of health services

- Advocate for the provision of a safe working environment (health and wellness)
- Ensuring efficient and effective functioning of the Board.

3. EDUCATION AND TRAINING

The Education Training and Registration Committee (ETRC) of the Board continued to engage with

The evaluation schedule for quality assurance of the Biokinetics education and training programmes at three (3) higher education institutions happened using a hybrid approach i.e. virtual and a one-day visit due to COVID-19 restrictions. All were approved to continue offering programmes for the next five years. The necessary support and guidance were given to all institutions for continuing quality assurance and improvement of the education and training programs for the professions under the ambit of the Board, to ensure that competent graduates would be registered with the Council.

The reviewed regulations are still with the Ministry of Health for further processing and promulgation.

- Regulations relating to the qualifications for registration of Biokineticist: amendment to include the University of Free State.
- Regulations relating to the qualifications for registration of Biokineticist: amendment to the qualification name.
- 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 – the Board will consider feedback from Ministry of Health.
- Regulations defining the scope of the profession of Podiatry were published for public comments in September 2021 – the Board will consider feedback from Ministry of Health.

The ETRC started the review of guidelines on applications for registration by foreign qualified practitioners, including process and forms.

The Board received reports on clinical education hours from institutions offering Physiotherapy and Biokinetics programmes; all were compliant with no major concerns, and graduates were found competent to register with Council.

4. STAKEHOLDER ENGAGEMENT

The annual engagement of the Education Training and Registration Committee with Heads of Department at higher education institutions offering education and training in Physiotherapy, Podiatry and Biokinetics, took place in August 2021. The Professional Associations were also involved in the same engagement.

The annual Board specific practitioner roadshow held virtually in October 2021 was a great success, with 300 practitioners participating and obtaining continuing education units for their CPD portfolio.

5. PROFESSIONAL PRACTICE AND CONDUCT

The Committee for Preliminary Enquiries considered forty (40) matters in five (5) meetings held within the reporting period.

1. Matters that served before the committee	40
2. Explanations noted and accepted	15
3. Inspections	0
4. Consultations	4
5. Referred to Disciplinary Inquiry – Regulation 4(8)	1
6. Further consideration deferred (for additional information)	6
7. Complaint withdrawn	2
8. Found guilty and imposed fine/Penalty/ Caution and reprimand – Regulation 4(9)	1

6. SCOPE OF PROFESSIONS

Reviewed regulations defining the scopes of all the three professions in the previous reporting period, still await finalization by the Ministry of Health. The review was done to update and ensure alignment with the developments and needs of the country. Consultations with relevant stakeholders had been done, and input/comments received incorporated.

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 – the Board will consider feedback from the Ministry of Health. Regulations defining the scope of the profession of Podiatry were published for public comments in September 2021 – the Board will consider feedback from Ministry of Health.

The intention to have the Regulations relating to the scope of PTTs is underway, an exemption has been received from the socio-economic impact assessment system (SEIAS).

7. COMPLIANCE FOR REGISTRATION

Continuing Professional Development (CPD) Accredited Service Providers (ASP) and Accreditors appointed by the Board, submitted annual reports to the Board for consideration. The ASPs and Board appointed Accreditors faced challenges due to COVID-19; a few activities were called off, some postponed and ASPs were forced to move these activities virtually. Practitioners attending the stakeholder meetings were encouraged to attend accredited continuing professional development activities to comply with a legislative requirement. Four (4) applications from foreign qualified practitioners were considered and approved to take the Board examination during this period.

8. BOARD EXAMINATION

The Board had five (5) examination sessions conducted with a total of seven (7) candidates, of which five (5) passed, and two were not successful. These numbers include the supplementary examination taken by physiotherapy technicians (PTTs) - conducted and finalized.

9. GOVERNANCE

The Terms of reference for all the different Committees of the Professional Board were reviewed as required annually. Regular reports from these Committees were tabled at the Board meetings.

Continued monitoring of the budget of the Board was done through financial statements which were tabled at every Board meeting or electronically circulated to Members in the absence of meetings.

Regular monitoring of the implementation of the strategic plan document through the developed annual performance plan was done – reporting done at a full Board meeting and the risk register to be finally approved at the first meeting of the new financial year.

All Board members received training on corporate governance offered by the Institute of Directors.

10. HIGHLIGHTS

- a. General improvement in terms of attendance and participation of Members at all scheduled and unscheduled/ special meetings held and in activities of the Board and its committees.
- b. 100% of agendas of meetings held finalized.
- c. Feedback from SAHPRA on the application for extended prescription rights for podiatrists was receiving attention from the Board, and additional information was required to be put together.
- d. Successful stakeholder engagements with professional associations/societies and heads of programme departments at higher education institutions
- e. The Board newsletter published.
- f. All scheduled evaluations for approval of programmes and clinical facilities (for Biokinetics internship training) took place as planned, and all reports were given to institutions in time.
- g. Compiled the Board Annual Performance Plan (APP) for 2021/22 and the draft APP for 2022/23.
- h. Approved the 2021-2025 Strategic Planning document of the Board.







**PROFESSIONAL BOARD FOR
PSYCHOLOGY**



Dr Justin Oswin August
CHAIRPERSON OF THE PROFESSIONAL BOARD FOR PSYCHOLOGY

1. OVERVIEW AND CONSTITUTION OF THE NEW BOARD

The Professional Board for Psychology was constituted of twenty (20) members appointed by the Minister of Health in terms of Section 15 of the Health Professions Act 1974, (Act 56 of 1974).

Vision Statement

To regulate and advocate for responsive, relevant, and equitable psychological health care and wellbeing for all.

Mission Statement

The Professional Board for Psychology Board will strive to enable regulations that protect the public, guide and uphold the integrity of the profession via-

- The development of progressive regulations, standards, guidelines, and policies.
- Engaging and advocating the work of the Board to all relevant stakeholders.
- Ensuring compliance to legislation.
- Implementing effective, efficient, and transparent procedures and processes.
- Promoting equitable provision of psychological health care services and wellbeing for all.

Strategic Goals

The main strategic goals of the Professional Board for Psychology include the following:

1. A digitally enabled Professional Board.
2. Improved relationships between Board and Stakeholders by the end of the term in 2025.
3. Approved number of guidelines and regulations by 2025.
4. Efficiently directed Professional Board programmes within available funds.

2. PERFORMANCE OVERVIEW AND GOVERNANCE

Board Performance Assessment

The Performance Assessment Tool for Professional Boards was developed by the Education, Training and Quality Assurance Committee (ETQA Committee) and was aimed at enabling Professional Boards to engage thoroughly in reflecting on its performance.

The Annual Self-Assessment on the Board performance was compiled by the Company Secretariat for the January – December 2021 served at the Board meeting in March 2022.

Approval of the Board Risk Register

The HPCSA (Council) adopted an Enterprise-wide Risk Management (ERM) approach to adequately manage its risk exposure and to ensure effective assurance. The Enterprise Risk Management Policy Framework is developed using as its foundation the principles of King IV Report on Corporate Governance (2016), the National Treasury – Public Sector Risk Management Framework and the ISO 31000 Risk Management – Principles and guidelines.

The purpose of the Enterprise Risk Management (ERM) Policy Framework was to guide Council to create, protect, and enhance stakeholder value by managing the uncertainties that could influence achieving the mandate of HPCSA. The Policy Framework's main objective was to provide a process to guide the pro-active governance, risk and compliance (GRC) and inculcate a risk management culture across the HPCSA.

The Board commenced with the development of the Risk Register on 14 October 2021 and a follow up meeting of the Executive Committee was facilitated on 22 November 2021 to finalise the Risk Register. The Risk Register was developed with the identification of inherent risks within the risk context and inherent risk rating. Thereafter risk strategies were developed with the identification of management controls that were in place. With the Management Controls that were in place, the residual risks were identified with the inclusion of a risk rating and risk owner. The Risk Register also included Control Improvement Planning with future action plans, responsible persons or risk owners as well as action completion dates.

Board and Committee related activities

To achieve the strategic objectives and to improve communication with stakeholders and inter-sectoral relations, the following meetings and activities of the Professional Board were conducted and facilitated during the period 1 April 2021 - 31 March 2022:

BOARD ACTIVITIES	NUMBER OF ACTIVITIES
Professional Board meetings	4
Governance Training for Board Members and Secretariat	1
Executive Committee meetings	2
Education, Training and Registration Committee meetings	4
Examinations Committee meetings	3
Committee for Preliminary Inquiry meetings	4
Psychometrics Committee meetings	3
Accreditation and Quality Assurance Committee meetings	2
Neuropsychology Review Panel meeting	4
National Board Examinations	3
HOD Stakeholder meeting	1
Consultative meetings	5
Total of activities	36

EDUCATION AND TRAINING

Casework supervision in the first and subsequent years of professional training in psychology

1. Supervision in the M1 and M2 years was category-specific (which has been communicated at a number of stakeholder meetings), some institutions appear to regard the absence of any mention in Form 160 of supervision requirements during the M1 year to suggest that there were no requirements in the first year of training of psychologists. Recently, the Accreditation and Quality Assurance evaluation templates have made the expectation that supervision should be category-specific throughout training explicit. Universities should be duly informed.
2. A communication went to Universities stating that –
 - a. Psychologists who supervise student and intern psychologists should be registered in the appropriate category with a minimum of three years of post-qualifying experience. In other words, student psychologists registered in the first and subsequent years of a professional masters programme in counselling psychology, for example, should be supervised by suitably experienced and registered counselling psychologists.
 - b. The only temporary exception to this requirement is for new categories, such as neuropsychology, that are still becoming established. However, even in this category, supervisors of student and intern neuropsychologists should be registered neuropsychologists with at least three years of experience in the field, albeit without necessarily having been registered for three years.

Minimum Standards for the Training of Research Psychologists

The minimum standards document for the training of Research Psychologists was under review. The draft minimum standards document was circulated to Research Psychology Course Coordinators for input and commenting. A consultative meeting was first held with Course Coordinators in order to guide them in the kind of input required, this would prevent receiving unrelated input. Following the meeting held with stakeholders, input and comments were submitted in writing. The Education, Training and

Registration Committee considered the comments and input from stakeholders, and was working on a final draft of the minimum standards.

Evaluation of Institutions

One of the primary functions of the Board is to determine and uphold standards of education and training. This was being done via the system of evaluation and accreditation of education and training against a set of criteria and guidelines. The Board continuously monitors provision of quality education and training of professionals under its ambit and would thus provide the necessary support to institutions. No evaluations were conducted for the reporting period, due to the negative impact of the COVID-19 pandemic.

The Board developed and approved evaluation guidelines in its meeting held on 14 March 2022, training on the guidelines was held on the 31st of March 2022 by the Accreditation and Quality Assurance (AQA) Committee. The AQA Committee has appointed panels who would conduct evaluations virtually and in-person (under certain circumstances). The Education and Training Division was mandated to send out letters to institutions and letters to selected panel members, in order to resume with evaluations without any further delays.

National Board Examinations

The examinations of the Professional Board for Psychology were conducted in terms of the provisions of Health Professions Act, 1974 (Act No. 56 of 1974). The purpose of the National Board Examinations was to determine the competency of graduates in terms of academic and clinical knowledge, ethical rules of conduct as well as knowledge of relevant legislation and policies in order to be registered with the Council. Foreign qualified practitioners and practitioners applying for restoration to the register after erasure of a period of 2 years, without practising their profession and not complying to CPD and other requirements, were also required to do the National Board Examination in order to be registered or restored to the register. Due to the impact of the Covid -19 pandemic, the examinations proceeded to be conducted virtually.

National Board Examinations were conducted between June 2021 and February 2022 as follows:

DATE OF EXAMINATION	CATEGORY	NUMBER OF CANDIDATES	NUMBER OF CANDIDATES PASSED	NUMBER OF CANDIDATES FAILED
June 2021	Clinical Psychology	37	32	5
	Counselling Psychology	19	18	1
	Educational Psychology	17	15	2
	Industrial Psychology	49	41	8
	Neuropsychology	0	0	0
	Registered Counsellor	28	28	0
	Psychometry	25	16	9
	Total for all categories	175	150	25

DATE OF EXAMINATION	CATEGORY	NUMBER OF CANDIDATES	NUMBER OF CANDIDATES PASSED	NUMBER OF CANDIDATES FAILED
October 2021	Clinical Psychology	55	41	14
	Counselling Psychology	30	29	1
	Educational Psychology	44	41	3
	Industrial Psychology	59	52	7
	Neuropsychology	0	0	0
	Registered Counsellor	70	70	0
	Psychometry	59	45	14
	Total for all categories	317	278	39

DATE OF EXAMINATION	CATEGORY	NUMBER OF CANDIDATES	NUMBER OF CANDIDATES PASSED	NUMBER OF CANDIDATES FAILED
February 2022	Clinical Psychology	46	37	9
	Counselling Psychology	13	13	0
	Educational Psychology	20	15	5
	Industrial Psychology	32	27	5
	Neuropsychology	0	0	0
	Registered Counsellor	66	64	2
	Psychometry	56	36	20
	Total for all categories	233	192	41

The total candidates who took the examinations (including those who passed or failed) during the 2021/ 22 financial year were as follow:

- 725 candidates wrote the Board examination
- 620 candidates passed
- 105 candidates failed

Moderation and Quality Assurance of Virtual Board Examinations

1. A question was raised as to how the Committee quality assured the examination as well as the results. The Chairperson of the Board requested that the Examinations Committee consider the moderation process for the Board Examination as well as the provision of a moderation report.
2. Cost management was a major issue in the examination process and in the past the Convenor of the examination panel assumed the role of Moderator as well and the moderation was a built-in consensus process. Members were of the view that an examiner could not set the paper and do moderation during the examination as these functions had to be separated in order to ensure transparency.
3. The Examinations Committee in January 2022 resolved that-
 - a. as from the June 2022 examination, a Moderator be appointed for each category of the examination to fulfil an independent role as Moderator;
 - b. external Moderators be appointed by the Committee and be requested to sign a declaration of confidentiality form and mandated to do the moderation of the case vignettes once the Chairperson of the Committee has quality assured and moderated the vignettes as an internal moderation process;
 - c. the Education and Training Co-ordinator be mandated to provide the case vignettes to the Moderators as part of the formal moderation process prior to the examination and that direct communication between the Chairperson of the Committee and Moderators be avoided to ensure transparency;

- d. it be agreed that a 10% sample of the case vignettes be selected and moderated by the Moderators after the examination and that reports be provided by the Moderators for consideration by the Committee together with the examination results.
 - e. once the ETQA Committee of Council has finalised the HPCSA Moderation Policy, the Board moderation process be revisited in order to ensure alignment with the HPCSA policy.
4. The Board in March 2022 resolved to approve the moderation process for the National Board Examinations and Form 255 - Board Examination Policy Guidelines would be amended accordingly.

4. STAKEHOLDER STRATEGY AND ENGAGEMENTS

The Professional Board continued to play a significant advocacy and advisory role in line with one of Council's strategic objective of stakeholder engagement. This was to ensure that the Professional Board improved its communication with stakeholders and further enhance its inter-sectoral relations. With this initiative in mind, the Professional Board promoted dialogue with the various stakeholders in order to protect the public and provide guidance to the professionals.

Due to the impact of COVID -19, all stakeholder interactions were facilitated virtually.

Mental Health Awareness month – October 2021

The Corporate Affairs Division upon agreement with the Board, identified the following activities to commemorate World Mental Health Month with specific emphasis on World Mental Health Day on 10 October. The theme for this year was "Mental healthcare for all: let's make it a reality".

Media Release

A media release was compiled and distributed to the various media houses. The aim of the media release was to commemorate the month of October as World Mental Health Month with the objective of not only educating the public but also continuously creating awareness around the various types of mental health illnesses and the symptoms associated with mental health.

Interview

Through this initiative, a radio interview was organised with Ligwalagwala

FM and the interview was conducted by Prof Ngcobo Sithole on 13 October 2021. Ligwalagwala FM is a Zulu and Swati radio station with a listenership of approximately 20 000. The interview was not a phone-in-programme as the aim was to get more information across and ensure more people are educated. The radio station has indicated that they would like more of such interviews, however, going forward the interviews would be phone ins.

E-Bulletin

The E-Bulletin is an external newsletter targeted towards practitioners. The newsletter is normally produced once a month, and this can also be produced at any time when there is a need to communicate any message with registered practitioners. An article on the World Mental Health Awareness was published to all the registered practitioners.

E-mail Signature

The email signatures were an internal initiative to create awareness amongst the staff.

5. PROFESSIONAL PRACTICE AND CONDUCT

Establishment of the Professional Practice Committee

The Professional Board in March 2022 established a Professional Practice Committee. The Professional Practice Committee was mandated:

- to guide the Board and Committees and profession on the sound interpretation and application of ethical rules of conduct and other ethical policy guidelines and principles to enhance ethical service rendering to patients/clients;

- to make recommendations to the Board on policies and guidelines any matter relating to ethical guidelines for good practice and advise on business practice issues for health care professionals registered in terms of the ambit of the Board;
- to assist the Division Professional Practice of the HPCSA to develop and review guidelines on ethics, practice related issues and health care providers in line with the standards set by the Office of Health Standard Compliance;
- to promote good ethical conduct and practice, respect for human rights, and the rights and dignity of patients / clients;
- to contribute to the development of stakeholder engagement plans relating to the objects and functioning of the Board, with respect to ethics, human rights and professional practice related matters in line with the oversight role of the Board;
- to promote compliance to CPD and make recommendations to the Board on guidelines and other related matters pertaining to Continuing Professional Development.

Professional Conduct Matters

In terms of the mandate of the Committee of Preliminary Inquiry, the Committee was authorised as determined by the Board, to deal with all matters relating to preliminary inquiries regarding complaints in terms of Section 41(2) of the Health Professions Act, Act 56 of 1974 and to report thereon to the Professional Board.

The Committee conducted four meetings in 2021/2022 and a total of 83 cases served before the Committee of Preliminary Inquiry as follows:

DATE OF EXAMINATION	CATEGORY	NUMBER OF CANDIDATES	NUMBER OF CANDIDATES PASSED	NUMBER OF CANDIDATES FAILED
	4-5 May 2021	18-19 Aug 2021	17 Nov 2021	22 Feb 2022
Matters served before the Committee	22	27	20	14
Explanations noted/accepted	5	10	5	8
Cautioned/ Reprimanded	-	-	-	-
Inspections	-	-	-	-
Consultations facilitated	3	4	4	3
Disciplinary Inquiry with option of fine	3	3	2	-
Disciplinary Inquiry	4	3	1	2
Further consideration deferred	-	1	1	-
Complaint withdrawn	-	-	-	-
Found guilty and imposed fine/penalty	5	6	7	1
Not to proceed with complaint	1	-	-	-
Referred to Pro-Forma Complainant	1	-	-	-
Matter Outside Council Jurisdiction	-	-	-	-
Fine reduced	-	-	-	-
Total Matters Finalised	18 matters were finalised	22 matters were finalised	15 matters were finalised	11 matters were finalised
Total Matters Not finalised	3 Consultations were facilitated and 1 matter was referred to Pro-Forma Complainant	4 Consultations were facilitated and 1 matter was deferred for further consideration	4 Consultations were facilitated and 1 matter was deferred for further consideration	3 Consultations were facilitated

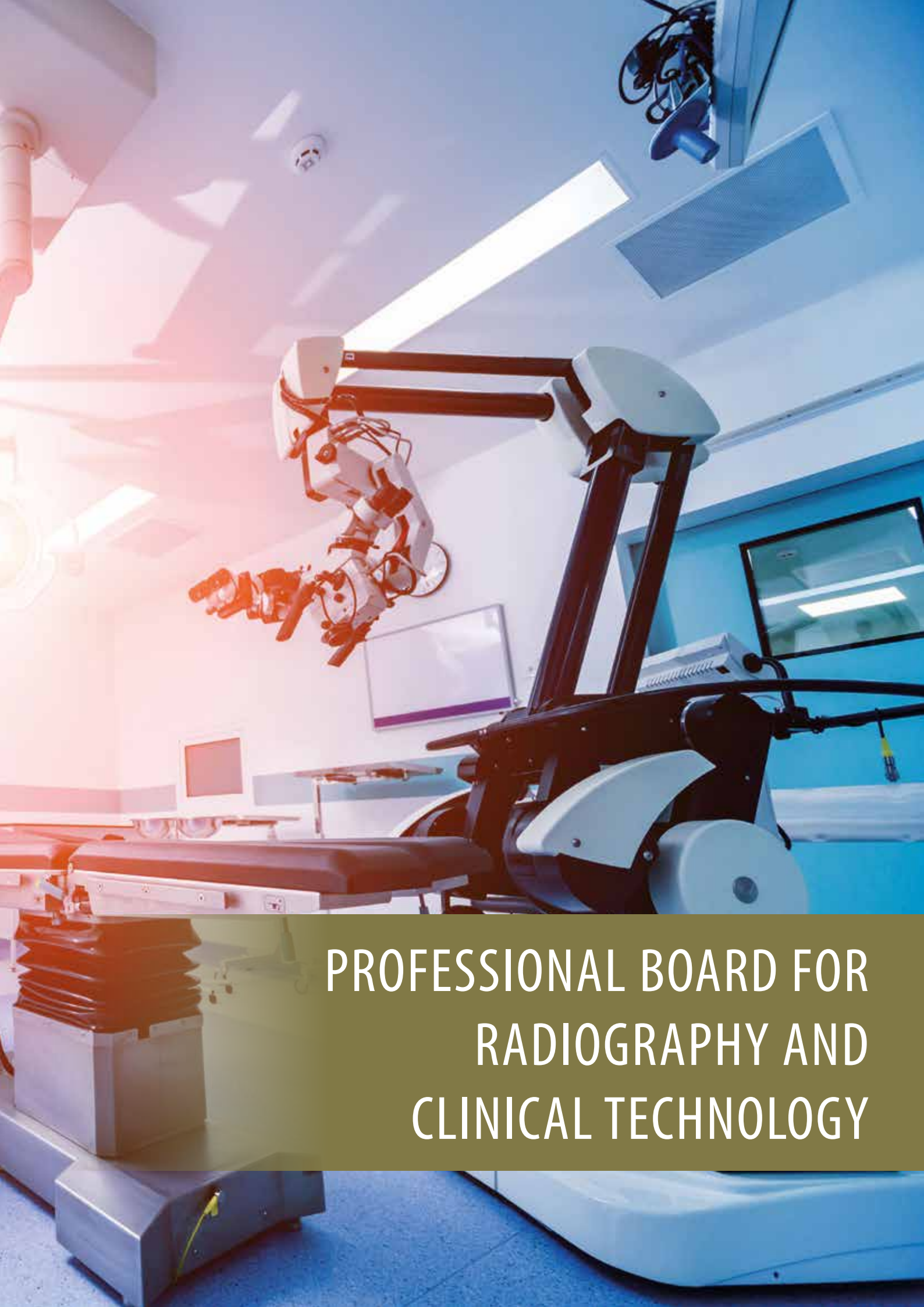
6. FINANCE AND BUDGETING

The Board functioned well within its budget provisions with a 4.25% increase in annual fees for 2022 and an amount of R 1 200 000 was available for the Board for roll-over to the next financial year based on approval by FINCOM for specific Board projects during the period under review.

MS P KHATI

DEPUTY COMPANY SECRETARY PROFESSIONAL BOARD FOR PSYCHOLOGY





PROFESSIONAL BOARD FOR
RADIOGRAPHY AND
CLINICAL TECHNOLOGY



Dr Chevon Clark
CHAIRPERSON OF THE PROFESSIONAL BOARD FOR RADIOGRAPHY
AND CLINICAL TECHNOLOGY

1 OVERVIEW

The Professional Board for Radiography and Clinical Technology is constituted of thirteen (13) members appointed by the Minister of Health in terms of section 15 of the Health Professions Act 1974, (Act 56 of 1974).

The current Board which will hold office from 2020 – 2025 was inaugurated into office on 2 November 2021. Dr C Clark was elected as Chairperson of the Board and Ms TB Mahlaola as Vice-Chairperson.

The strategic planning session of the Board was conducted on 26 January 2022 and the Board has finalised its five-year strategic plan.

2. VISION AND MISSION

The Board approved the following vision and mission statements.

Vision

Regulator of ethical, equitable, efficient, and innovative radiography and clinical technology professions.

Mission statement

The Radiography and Clinical Technology Board strives to efficiently, within its mandate:

- i. Prioritize protection of the public by ensuring ethical standards of practice in the profession.
- ii. Ensure continuous professional development.
- iii. Develop, monitor and ensure compliance to policies and procedures in ensuring protection of all.
- iv. Effectively engage and collaborate with all stakeholders and
- v. Function in an effective and efficient manner

3. STRATEGIC OBJECTIVES

To achieve this, the Professional Board developed a 5-year strategic plan and identified the following five (5) strategic goals:

- i. Effective CPD Programme
- ii. Implemented (A Quality Assurance) Guidance Programme for the Professions
- iii. Enhance Ethical Practice
- iv. Improved Practice Guidance Environment for all Professions in the Board
- v. Improved Relationships Between Professional Board for Radiography and Clinical Technology Professions and all relevant stakeholders by the end of the Term (2025). (Engaged Stakeholders at all Levels)

The Professional Board for Radiography and Clinical Technology has achieved the set performance metrics and indicators during the reporting period. The Board had committed to fulfil this mandate during its term of office. The Annual Performance Plan and Operational Plan defined the day to day operational activities in the managing of the Board activities and to ensure that the Board meets its objectives.

3. EDUCATION AND TRAINING

One of the primary functions of the Board is to determine and uphold standards of education and training. This was done via the system of evaluation and accreditation of education and training against a set of standards and guidelines.

The Education, Training and Registrations Committee meetings were all run efficiently and effectively while aligning to the HPCSA Council guidelines for conducting meetings. The meetings were all quorate and all members participated in the meetings with each member's voice having an important contribution to the engagements of the committees. The committees received outstanding support from its secretariat which ensured efficient and effective functioning.

One of the core functions of the Education, Training and Registrations Committee is the accreditation of programmes at Institutions of Higher Learning and recognition of Clinical Training Facilities. Due to the COVID-19 Lockdown Regulations, the Board had to extend the term of accreditation for Higher Education Institutions by a year. As the Lockdown Regulations were eased in this financial year, the Board was able to conduct evaluations that were planned.

Accreditation and evaluation cost recovery

Efforts to resolve the apparent reluctance by Higher Education Institutions (HEIs) to pay for the accreditation and evaluation fees on cost recovery basis are already underway between the HPCSA and Universities South Africa (USAf). An HPCSA Task team that will include members of the HPCSA ETQA Committee, and the Secretariat will meet with Universities South Africa to reach resolution.

Development of the template for the annual reporting by HEIs

As part of ensuring that the minimum standards of education and training are monitored annually, the Committee developed a template to be used by HEIs. HEIs will be expected to complete this template annually and submit to the Board within first 3 months of the new year for the previous year of reporting.

The Education committee is in the process of integrating the annual HEI's reports into the five-year accreditation evaluation.

4. STAKEHOLDER ENGAGEMENT

One of the Board's key strategic objectives was to improve communication with stakeholders. The aim of these interactions is to ensure representation of stakeholders, engagement with stakeholders, and professional upliftment. The following interactions with stakeholders took place:

- i. The Stakeholders meeting with Higher Education Institutions, Professional Associations, National Department of Health, Provincial Departments of Health, Private hospitals groups and practitioners who represented themselves privately was conducted on a virtual platform on 06 May 2021.
- ii. A meeting was held on 21 May 2021 with Society of Radiographers of South Africa (SORSA) and Radiological Society of South Africa (RSSA) regarding application for employment of Radiographers by private hospitals and proposed closure of private practice register.
- iii. A meeting was held with the Radiography industry on 02 July 2021 regarding proposed closure of private practice register.
- iv. A meeting was held with Office of Health Standards and Compliance (OHSC) on 30 July 2021 to discuss Clinical Technology (Nephrology) Guidelines.
- v. A meeting was held with Radiation Control (SAHPRA) on 19 August 2021 regarding proposed closure of Private Practice Register for Radiographers
- vi. A meeting was held on 20 August 2021 with 3 University of Technologies (CUT, DUT and TUT) that offer Clinical Technology qualification to discuss pass rate for competency-based module
- vii. A meeting was held with Chris Baragwanath Academic Hospital on 16 September 2021 to discuss scope of practice for Diagnostic Radiographers as employees at Bara did not want to perform forensic radiography claiming is not part of the scope
- viii. A meeting was held with Department of Health, South African Nursing Council and Office of Health Standards and Compliance on 01 October 2021 to discuss dialysis unit operations
- ix. To address the low CPD Compliance rate, the Board to host RCT Board webinars to CEU's. The inaugural RCT webinar was conducted on 25 November 2021
- x. Meeting with stakeholders was held on 01 March 2022 regarding placement of EEG Technicians at accredited facilities.

The Board contributed various articles in the newsletters of the Board that are aimed at engaging with stakeholders on various matters affecting the professions.

5. PROFESSIONAL PRACTICE AND PROFESSIONAL CONDUCT

In terms of the mandate of the Committee of Preliminary Inquiry, the Committee was authorised within the current policy parameters as determined by the Professional Board, to deal with all matters relating to preliminary inquiries regarding complaints in terms of Section 41(2) of the Health Professions Act, Act 56 of 1974 and to report thereon to the Professional Board.

The Committee of Preliminary Inquiry had conducted three meetings during the reporting period. A total of 12 matters were considered relating to practicing outside of scope of practice, unprofessional conduct towards clients and colleagues, insufficient treatment of patients, etc.

83% (10/12) of matters were finalised by Prelim as follows: -

- 3 explanations were accepted, resolved in terms of Regulation 4(7)
- 1 matter was referred to Inquiry, resolved in terms of Regulation 4(8)
- 6 matters penalties imposed and caution/reprimand, resolved in terms of Regulation 4(9)

17% (2/12) of matters were deferred by Prelim as follows:

- 1 matter was referred for consultation
- 1 matter was deferred for further information

The Professional Practice Committee of the Board is a newly established committee, and the mandate of the Committee includes amongst other things promotion of ethical conduct, human rights, and the rights of patients amongst health care professions registered under the ambit of the Professional Board for Radiography and Clinical Technology.

The Professional Practice Committee meetings were all run efficiently and effectively while aligning to the HPCSA Council guidelines for conducting meetings. The meetings were all quorate and all members participated in the meetings with each member's voice having an important contribution to the engagements of the committees. The committees received outstanding support from its secretariat which ensured efficient and effective functioning.

6. SCOPE OF PROFESSIONS

None considered for the reporting period. The Board still awaits public comments from the National Department to the Regulations defining the scope of profession of Radiography and the Regulations defining the scope of profession of Clinical Technology.

7. BOARD EXAMINATIONS

Foreign Qualified Board Examinations

The purpose of Board Examinations is to measure the competence and capacity of foreign qualified practitioners applying for registration to enter the profession. Examinations comprise of a theory and practical assessments conducted by the Board.

Three foreign qualified Radiographers wrote the theory Board examination for registration on 24 May 2021. The Clinical examination was conducted at Helen Joseph Hospital on 13 November 2021.

EEG Technicians Board Examinations

The EEG examination was conducted on 29 April 2021 at HPCSA Offices and clinical component on 05 May 2021 at Netcare Pretoria East Hospital.

20 candidates wrote theory component of the exam and only 3 who passed this component. The 3 who passed the theory component wrote the practical component and only 2 passed. The Moderator report was approved at the ETRC meeting on 23 June 2021 and the candidates were informed of the outcome of the examination.

Special Ultrasound Examinations

The special ultrasound exams were conducted on 17 November 2021 (Theory) and 29 November 2021 to 01 December 2021 (Practical).

8. POLICIES AND GUIDELINES

The Board developed, reviewed and approved the following guidelines and policies -

- i. Examinations Guidelines for Electrocardiography (ECG)
- ii. Examinations Guidelines for Spirometry

- iii. Examinations Guidelines for Electro Encephalographic (EEG) Guidelines
- iv. Guidelines for Staff/ Students Ratio Training
- v. Guidelines for Examinations of Foreign Qualified Radiographers in the Category Nuclear Medicine
- vi. Guidelines for Examinations of Foreign Qualified Radiographers in the Category Radiation Therapy
- vii. Guidelines for Examinations of Foreign Qualified Radiographers in the Category Ultrasound
- viii. Guidelines for Examinations of Foreign Qualified Radiographers in the Category Diagnostic

9. GOVERNANCE

The Board developed a 5-year strategic plan for the period 2020-2025 and identified five strategic goals with several objectives and initiatives.

The Board committed to fulfil this mandate during the reporting period. The Annual Performance Plan and Operational Plan defined the day to day operational activities in the managing of the Board activities and to ensure that the Board meets its objectives.

At each Professional Board meeting the Board reviewed progress made on the objectives and monitored the Risk Register to ensure that the strategic objectives were achieved.

10. HIGHLIGHTS

Virtual Roadshow

On the 25th of November 2021, the Board held a successful on-line seminar, that saw a total of 798 attendees, from the 952 that had registered. This was the highest number of professionals attending an RCT Roadshow within the last 5 years. The session was interactive and the overall feedback from the attendees were positive.

Successful launch of the virtual evaluations

The COVID-19 pandemic had a significant impact on the ability of the board to complete all the University and training unit accreditations, due to travel restrictions, lockdowns, and COVID-19 surges. However, COVID-19 did catalyse innovation and the Board devised criteria and guidelines to implement virtual accreditations for sites that were previously accredited and a hybrid method of accreditation for the University accreditations limiting contact and potential exposure. The Board successfully implemented virtual accreditations and continues to complete virtual accreditations on previously accredited facilities, significantly improving our accreditation process and stakeholder experience.

11. CONCLUSION

The year in review sets out examples of our key achievements and collaborations with our stakeholders to continue to achieve our strategic objectives.

As we move into the new reporting period, I would like to thank the Professional Board for their continued commitment towards the work outlined in the annual report and the achievements to date. Thank-you to the HPCSA Executive team and Secretariat for your continuous support and leadership. And finally thank-you to our stakeholders that has worked with us during the year and your

continued contribution to the Profession and the Board.

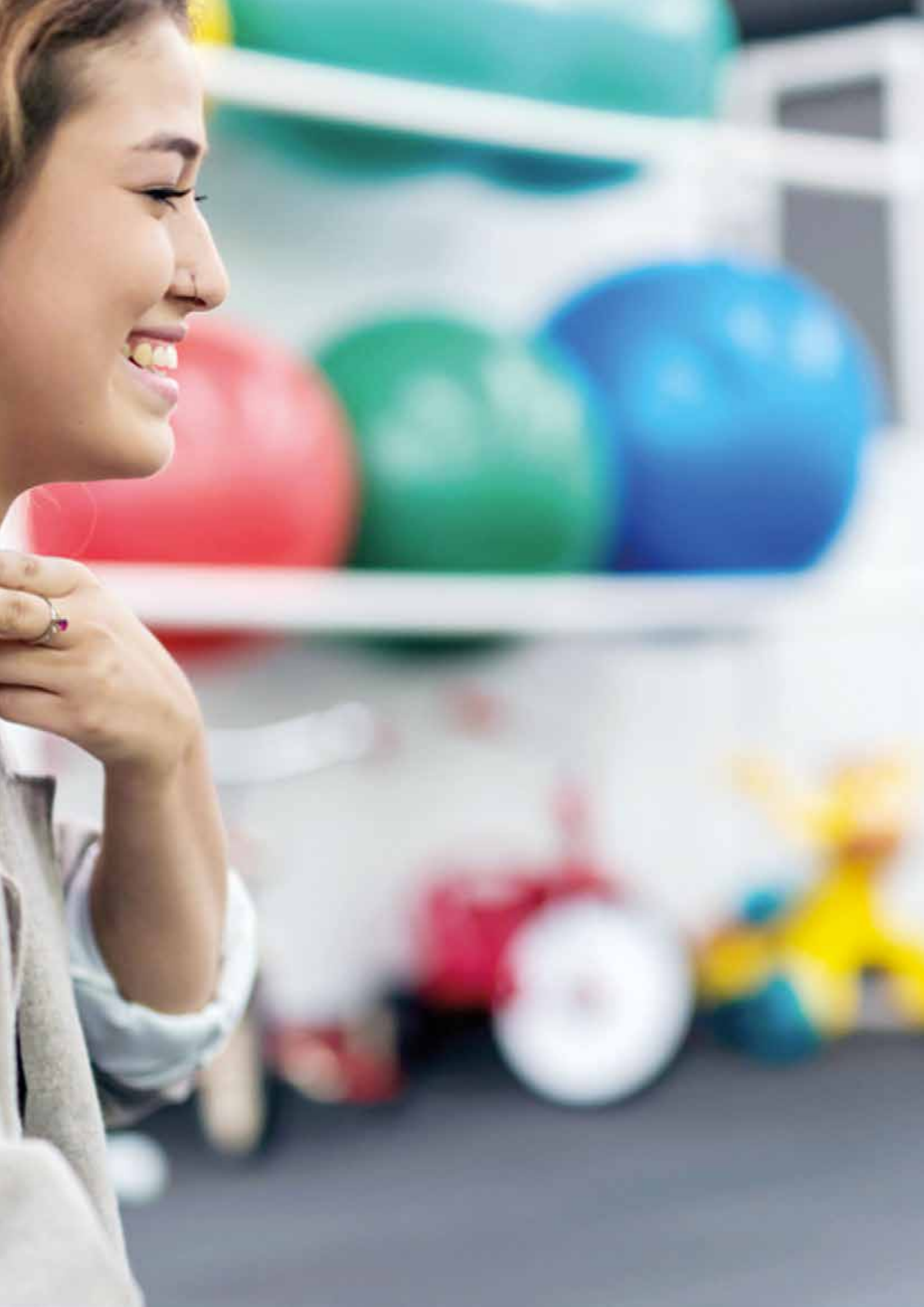
In the coming year we look forward to our continued stakeholder engagements and completing and achieving the objectives of our current 5-year strategic plan.

“Alone we can do so little; together we can do so much.” Helen Keller

DR C CLARK

CHAIRPERSON: PROFESSIONAL BOARD FOR RADIOGRAPHY AND CLINICAL TECHNOLOGY







**PROFESSIONAL BOARD FOR
SPEECH LANGUAGE AND HEARING**



Prof Lebogang Ramma
CHAIRPERSON OF THE PROFESSIONAL BOARD FOR SPEECH
LANGUAGE AND HEARING

1. OVERVIEW

A Speech/Language Therapist assists in the promotion of normal communication, as well as the identification, prevention, treatment and management of a variety of developmental or acquired Speech, language and oral disorders.

An Audiologist is a health care and educational professional who deals with the prevention, identification, treatment and management of organic disorders of the auditory and balance system, auditory processing disorders and developmental or acquired speech disorders caused by hearing loss.

2. THE FOLLOWING VISION, MISSION AND STRATEGIC GOALS WERE DEFINED FOR THE TERM OF THE BOARD:

VISION

“A global leader in the regulation of quality education, training, and professional practice of Speech, Language and Hearing professions for all.”

MISSION

The Speech, Language and Hearing Board strives to:

- Develop and monitor contextually relevant regulations, standards for education, training, professional practice.
- Regulate registrations, professional conduct.
- Register students and professionals.
- Evaluate training programmes.
- Strengthen, support, and monitor CPD compliance.
- Improve collaboration with all relevant stakeholders and
- Promote the health, development, and well-being of the nation.

STRATEGIC GOALS FOR THE TERM

The Professional Board developed the strategic plan for the term of the Board (2020-2025). However, for during the period under review, it utilised the Annual Performance Plan (2021-2022) as a tool to implement the activities set out in the strategic plan and to report performance accordingly in that regard.

- Achieved standardized minimum exit competency levels for all graduates in the SLH professions achieved standardized minimum exit
- Capacitated members of the professional board enabling effective discharge of mandated fiduciary responsibilities
- Improved relationships between professional board for SLH and all relevant stakeholders by the end of the term (2025).
- Ensured that all requisite regulations, guidelines and rules that empowers the professional board to regulate the professions are current, applicable, and just
- Improved competency levels of all registered professionals
- All reported professional conduct matters are concluded timeously
- Achieved full funding of the professional conduct processes
- Digitally Enabled Professional Board by 2025

During the period under review, the Board delegated its work though it did not abdicate its responsibility to the following committees:

- Education, Training and Registration Committee
- Professional Practice Committee and
- Task teams to develop Minimum Exit Competency Level Assessment tool for SLH graduate and Competency Evaluation respectively.

3. EDUCATION AND TRAINING

3.1 EVALUATIONS OF HIGHER EDUCATION INSTITUTIONS

The onsite evaluation visit of Speech, Language Pathology programme offered by the University of Fort Hare was conducted on

- 22 and 23 June 2021 and
- virtually on 06 July 2021.

3.2 TRAINING OF ASSESSORS

The training of programme evaluators workshop was held on 07 July 2021.

3.3 REGISTRATION

Registration with the Health Professions Council of South Africa (HPCSA) is a pre-requisite for professional practice, and it is also a legal requirement to keep all personal details up to date at all times.

The Board's rigorous application vetting process was conducted to ensure that appropriately qualified practitioners were registered in terms of the policies, guidelines and relevant legislation of the Board. The Board utilised the Applications Resolutions Register to track the registration and restoration of practitioners.

3.4 BOARD EXAMINATION

There were three (3) Board examinations conducted for the period under review.

4. STAKEHOLDER ENGAGEMENT

One of the Professional Board's key strategic objectives relates to improving stakeholder engagement through advisory and advocacy on matters affecting the profession. The objective was intended to promote meaningful engagement and dialogue with the relevant stakeholders as it forms part of Councils broader strategic objective.

In this regard, the Board undertook the following engagements in the period under review:

- o Annual Stakeholder Meeting for the Professional Board for Speech Language and Hearing Professions held on 15 June 2021;
- o SLH Executive Committee and Professional Associations, to discuss concerns around Speech Language and Hearing Practitioners Business Practices was held on 17 August 2021; and
- o SLH Board Meeting with representatives from the University of Fort Hare (UFH) and Department of Higher Education and Training (DHET) held on 10 December 2021.

5. PRELIMINARY INQUIRY AND PROFESSIONAL CONDUCT

In terms of the mandate of the Committee of Preliminary Inquiry of the Professional Board, the Committee is authorised to deal with all matters relating to preliminary inquiries regarding complaints in terms of Section 41(2) of the Health Professions Act 1974, (Act of 56 of 1974), and to report thereon any trends to the Professional Board for further deliberation.

The Speech Language and Hearing Board Committee of Preliminary Inquiry meetings were held 1 July 2021, 1 October 2021 and 2 February 2022 meetings in the period April 2021 – March 2022 and the following matters were dealt with:

Matters	Number
1. Matters that served before the committee	20
2. Explanations noted and accepted	1
3. Inspections	0
4. Consultations	0
5. Notice to Appear 4(3)	2
6. Referred to Disciplinary Inquiry – Regulation 4(8)	3
7. Further consideration deferred (for additional information)	7
8. Complaint withdrawn	1
9. Found guilty and imposed fine/Penalty/ Caution and reprimand – Regulation 4(9)	6

In an effort to circumvent misconduct by the Practitioners, the Professional Board through the newsletters and the website regularly addresses, warns practitioners of the trends of misconduct dealt with at the Committee of Preliminary Inquiry.

6. BOARD GOVERNANCE HIGHLIGHTS

- o Adhering to the Board meetings schedules and convened three ordinary board meetings, two workshops to review the risk register and strategic plan document, three ordinary education training and registration committee meetings and three professional practice committee meetings.
- o The Revision and Approval of the Strategic Plan, the Annual Performance Plan as well as the Risk Management Plan that directed the activities and operations of the Board to meet the strategic goals and to mitigate the risks identified.
- o Reviewed the composition of committees in terms of Regulation 2 relating to the functions and functioning of the Professional Boards.
- o Reviewed and approved the Terms of References for the Committees of the Professional Board.
- o The review and monitoring of the budget for the Professional Board and ensured that all Board's activities were undertaken within the approved budgets
- o Exercised budget restraints to effect cost cutting measures that included convening back-to-back meetings.
- o Decisions taken by the Board relating to the Profession were communicated and shared with all relevant stakeholders for information sharing and feedback purposes; as well as for receiving buy-in,
- o Ensured that the decision - making is in line with the relevant legislative frameworks. Accordingly, no ultra-vires decisions and litigations were received against the Professional Board for the reporting period.
- o The review and approval of the register of guidelines, policies and rules of the Board.
- o The terms of references of the task teams of minimum standards of undergraduate students, and competency evaluation.
- o The review of the clinical hours, demographic profiles and CPD accreditors and accredited service providers and applications of the CPD accreditors.
- o The Board collaborated with HEIs to develop plans to mitigate against the negative impact of the COVID-19 pandemic on clinical training of students.

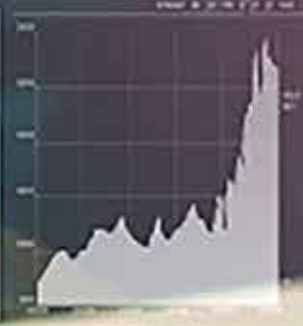
Prof. Lebogang Ramma
Chairperson (SLH Board)



WWAZ
TVRZ
TTAW
CCAD
HAEW
JJAS
RRAP



+111.51	▲	+39.31
+92.21	▲	+87.69
+87.14	▲	+67.64
+131.94	▲	+121.49
+74.68	▼	-67.24
+94.71	▲	-61.41
+77.91	▼	-69.36



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PART D

GOVERNANCE,
RISK & COMPLIANCE

1. INTRODUCTION

Corporate Governance is a system of rules, practices and processes by which the HPCSA is directed, controlled and held to account. In addition to the legislative requirements based on enabling legislation corporate governance at the HPCSA is applied in tandem with the principles communicated in the King Codes on Corporate Governance.

2. THE EXECUTIVE AUTHORITY

The Health Professions Council of South Africa is a creature of statute established in terms of Section 2 of the Health Professions Act, 56 of 1974. It is accountable to Parliament through the Minister of Health as its Executive Authority.

In terms of Section 3 (1) of the Health Professions Act 51 of 1974, the HPCSA has to submit to the Minister the following:

- i) A five-year Strategic Plan within six months of Council coming into office, which includes details as to how Council plans to fulfil its objectives under the Act;
- ii) Every six months, a report on the status of health professions and matters of public importance that have come to the attention of Council in the course of the performance of its functions under the Act; and
- iii) An annual report within six months of the end of the financial year.

In the reporting period, the above stated information was submitted to the Minister in compliance with the requisite time frames.

3. THE ACCOUNTING AUTHORITY

Council as the governing body of the HPCSA is established and vested with all functions of the Accounting Authority. Council's tenure for the period 2015/2020 came to an end and a new Council was inaugurated in December 2020 to remain in office until 2025. Council is responsible for the development of HPCSA's five-year strategy and to exercise oversight on performance placing emphasis on the following object and functions of the HPCSA:

- a) To 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) To promote and to regulate interprofessional liaison between health professions in the interest of the public;
- c) To determine strategic policy in accordance with National Health Policy as determined by the Minister, and to make decisions in terms thereof, with regard to the Professional Boards and the health professions, for matters such as finance, education, training, registration, ethics and professional conduct, disciplinary procedure, scope of the professions, interprofessional matters and maintenance of professional competence;
- d) To consult and liaise with relevant authorities on matters affecting the Professional Boards in general;
- e) To assist in the promotion of the health of the population of the Republic;
- f) Subject to legislation regulating health care 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, the diagnosis, treatment or prevention of physical or mental defects, illnesses or deficiencies in human kind;
- g) To promote liaison in the field of education and training referred to in paragraph (f), both in the Republic and elsewhere, and to promote the standards of such education and training in the Republic;
- h) To 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;
- i) To communicate to the Minister information of public importance acquired by the Council in the course of the performance of its functions under this Act;
- j) To serve and protect the public in matters involving the rendering of health services by persons practising a health profession;
- k) To exercise its powers and discharge its responsibilities in the best interest of the public and in accordance with national health policy determined by the Minister;
- l) To be transparent and accountable to the public in achieving its objectives and when performing its functions and exercising its powers;
- m) To uphold and maintain professional and ethical standards within the health professions;
- n) To ensure the investigation of complaints concerning persons registered in terms of this Act and to ensure that appropriate disciplinary action is taken against such persons in accordance with this Act in order to protect the interest of the public; and
- o) To ensure that persons registered in terms of this Act behave towards users of health services in a manner that respects their constitutional rights to human dignity, bodily and psychological integrity and equality, and that disciplinary action is taken against persons who fail to act accordingly.

The following were Council members in the reporting period and held meetings as follows:

Members from 01 April 2021 to 31 March 2022

MEMBERS	DESIGNATION	ORD Meeting 3	Special Meeting	ORD Meeting 4	Special Meeting	ORD Meeting 5	Special Meeting	ORD Meeting 6	TOTAL
		28 & 29-Jun-21	29-Aug-21	29 & 30-Sep-21	12-Nov-21	09 & 10-Dec-2021	19-Mar-22	29 & 30 Mar-22	
Prof M S Nmutandani	Chairperson	P	P	P	P	P	P	P	7 OF 7
Dr S Sobuwa	Vice President	P	P	P	P	P	P	P	7 OF 7
Dr J O August	Member	P	P	P	P	P	P	P	7 OF 7
Mr A Bham	Member	P	P	A/P	P	P	P	P	6 OF 7
Ms E Burger	Member	P	P	P	P	P	A/P	P	6 OF 7
Mr BI Dladla	Member	P	P	P	P	P	P	P	7 OF 7
Mr S T Dywili	Member	P	P	P	P	P	P	P	7 OF 7
Prof P Engel-Hills	Member	P	P	P	P	P	P	P	7 OF 7
Dr T T Khanyile	Member	P	P	P	P	P	P	P	7 OF 7
Dr S R Legoabe	Member	P	P	P	P	P	P	P	7 OF 7
Rev N Madyibi	Member	P	P	P	P	P	P	P	7 OF 7
Ms T B Mahlaola	Member	P	P	P	P	P	P	P	7 OF 7
Mr A M Makgato	Member	P	P	P	P	P	A/P	A/P	5 OF 7
Lit Gen P Maphaha	Member	P	A/P	P	P	P	P	P	6 OF 7
Rev T L Mashiloane	Member	P	P	P	P	P	P	P	7 OF 7
Dr D Mathye	Member	P	P	P	P	P	A/P	P	6 OF 7
Ms R Mphaphu	Member	P	A/P	P	P	P	P	P	6 OF 7
Prof N Mofolo	Member	P	P	A/P	P	P	A/P	P	5 OF 7
Ms M M S Mothapo	Member	P	P	P	P	P	P	P	7 OF 7
Dr T A Muslim	Member	P	P	P	P	P	P	P	7 OF 7
Mr T J Nambo	Member	P	A/P	P	P	P	P	P	6 OF 7
Ms Y Naidoo	Member	P	P	P	A/P	P	P	P	6 OF 7
Prof NJ Ngoloyi-Mekwa	Member	P	P	P	P	P	P	P	7 OF 7
Prof F Nomvete	Member	P	P	P	A/P	P	A/P	P	5 OF 7
Mr N Raheman	Member	P	P	P	P	P	P	P	7 OF 7
Adv M J Ralefatane	Member	P	P	P	P	P	P	P	7 OF 7
Prof L Ramma	Member	P	P	P	P	P	P	P	7 OF 7
Prof S T Rataemane	Member	P	P	P	P	P	P	P	7 OF 7
Mr J Shikwambane	Member	P	P	P	P	P	P	P	7 OF 7
Ms L Spies	Member	P	P	P	P	P	A/P	P	6 OF 7
Dr A Thulare	Member	P	P	P	P	P	P	A/P	6 OF 7
Ms A Vuma	Member	P	P	P	P	P	P	P	7 OF 7

* N/A = Not Applicable | *A/P = Absent with Apology | *P = Present | *A = Absent | *N/M = No longer a member

HPCSA COUNCIL



PROF SOLOMON RATAEMANE
CHAIRPERSON OF THE MEDICAL
AND DENTAL PROFESSIONS BOARD



DR SIMPIWE SOBUWA
CHAIRPERSON OF THE
EMERGENCY CARE BOARD



DR TUFAYL AHMED MUSLIM
CHAIRPERSON OF THE DENTAL
ASSISTING, DENTAL THERAPY AND
ORAL HYGIENE BOARD



MS LENORE SPIESS
CHAIRPERSON OF THE DIETETICS
AND NUTRITION BOARD



MR JOSEPH SHIKWAMBANE
CHAIRPERSON OF THE
ENVIRONMENTAL HEALTH
PRACTITIONERS BOARD



MS AKHONA VUMA
CHAIRPERSON OF THE MEDICAL
TECHNOLOGY BOARD



MS ELIZABETH BURGER
REPRESENTATIVE OF THE
OCCUPATIONAL THERAPY, MEDICAL
ORTHOTICS, PROSTHETICS AND ARTS
THERAPY BOARD



MS YURISA NAIDOO
CHAIRPERSON OF THE
OPTOMETRY AND DISPENSING
OPTICIANS BOARD



DR DESMOND MATHYE
CHAIRPERSON OF THE
PHYSIOTHERAPY, PODIATRY AND
BIOKINETICS BOARD



DR JUSTIN OSWIN AUGUST
CHAIRPERSON OF THE
PSYCHOLOGY BOARD



MS TINTSWALO MAHLAOLA
DEPUTY CHAIRPERSON OF THE
RADIOGRAPHY AND CLINICAL
TECHNOLOGY BOARD



PROF LBOGANG RAMMA
CHAIRPERSON OF THE SPEECH
LANGUAGE AND HEARING
PROFESSIONS BOARD



MR SIDNEY THAMSANQA DWILI
EMERGENCY CARE BOARD



MR AHMED BHAM
EMERGENCY CARE BOARD



PROF MS NEMUTANDANI
(PRESIDENT)
MEDICAL AND DENTAL BOARD



DR THANDEKA KHANYILE
MEDICAL AND DENTAL BOARD



PROF N NGOLOYI-MEKWA
COMMUNITY REPRESENTATIVE



MS RACHEL MPHEPHU
COMMUNITY REPRESENTATIVE



MR NAHEEM RAHEEM
COMMUNITY REPRESENTATIVE



REV NTOMBIZINE MADYIBI
COMMUNITY REPRESENTATIVE



REV THABISO MASHILOANE
COMMUNITY REPRESENTATIVE



DR SETHOLE LEGOABE
COMMUNITY REPRESENTATIVE



MR BHEKI DLADLA
COMMUNITY REPRESENTATIVE



MS MMANAPE MTHAPO
COMMUNITY REPRESENTATIVE



MR THAPELO NAMBO
COMMUNITY REPRESENTATIVE



MR ALFRED MAKGATO
DEPARTMENT OF HIGHER
EDUCATION AND TRAINING



DR AQUINA THULARE
DEPARTMENT OF HEALTH



ADV MOTLATJO RALEFATANE
PERSON VERSED IN LAW



PROF PENELOPE ENGEL-HILLS
PERSONS APPOINTED BY UNIVERSITIES
SOUTH AFRICA (HIGHER EDUCATION
SOUTH AFRICA) NOW UNIVERSITIES
SOUTH AFRICA (USAF)



PROF FIKILE NOMVETE
PERSONS APPOINTED BY UNIVERSITIES
SOUTH AFRICA (HIGHER EDUCATION
SOUTH AFRICA) NOW UNIVERSITIES
SOUTH AFRICA (USAF)



PROF NATHANIEL MOFOLO
PERSONS APPOINTED BY UNIVERSITIES
SOUTH AFRICA (HIGHER EDUCATION
SOUTH AFRICA) NOW UNIVERSITIES
SOUTH AFRICA (USAF)



L.T.-GENERAL PETER MAPHAHA
SOUTH AFRICAN MILITARY
HEALTH SERVICES (SAMHS)

4. COUNCIL CHARTER

The Council Charter is in accordance with the Health Professions Act and runs in tandem with the principles contained in the King III and King IV Codes on Corporate Governance. Members of Council are expected and reminded regularly to adhere and comply to the Charter of Council. Therefore, the HPCSA Charter is handled effectively and transparently. The charter outlines the process to follow in the enforcement of charter in instances of contravention.

5. COMPOSITION

In terms of Section 10(1)(a) of the Health Professions Act 56 of 1974, Council may, from time-to-time, establish committees to assist in the execution of its responsibilities. During this period the following committees were established and held meetings as follows:

EXECUTIVE COMMITTEE

MEMBERS	DESIGNATION	Special Meeting	Special Meeting	Special Meeting	Special Meeting	Special Meeting	Ord Meeting	Special Meeting	Ord Meeting	Special Meeting	Special Meeting	Ord Meeting									
1. Prof MS Nemutandani	(President)	12-May-21	P	02-Jun-21	P	18-Jun-21	P	10-Aug-21	P	28-Aug-21	P	17-Sept-21	P	29-Nov-21	P	23-Jan-22	A/P	10-Feb-22	A/P	10-Mar-22	P
2. Dr S Sobuwa	(V. President)		P		P	A/P			P		P		P		P		P		P		P
3. Adv M Ralefatane	Member		P		P		P		P		P		P		P		P		P		P
4. Ms L Spies	Member		P		P		P		P		P		P		P		P		P		P
5. Ms Y Naidoo	Member		P		P		P		P		P		P		P		P		P		P
6. Prof JN Mekwa	Member		P		P		P		P		P		P		P		-		-		-
7. Dr J August	Member		P		P		P		P		P		P		P		P		P		P
8. Dr A Thulare	Member		P		P		P		P		P		P		P		P		P		P
9. Prof N Mofolo	Member		P		P		P		P		P		P		P		P		P		P
10. Ms N Madyibi	Member		P		P		P		P		P		P		P		P		P		P

* N/A = Not Applicable | *A/P = Absent with Apology | *P = Present | *A = Absent | *N/M = No longer a member

MANAGEMENT COMMITTEE

MEMBERS	DESIGNATION	Special Meeting	Special Meeting	Special Meeting	Special Meeting	TOTAL	
Prof N Nemutandani	Chairperson	17-Aug-21	P	02-Mar-22	P	24-Mar-22	3 OF 3
Dr S Sobuwa	Member		P		P		3 of 3
Dr J O August	Member		P		P		3 of 3
Prof N Mofolo	Member		P		P		3 of 3

* N/A = Not Applicable | *A/P = Absent with Apology | *P = Present | *A = Absent | *N/M = No longer a member

FINANCE AND INVESTMENT COMMITTEE

MEMBERS	DESIGNATION	ORD Meeting	Special Meeting	Special Meeting	Ord Meeting	Special Meeting (Joint Remco & FINCOM)	Ord Meeting	Ord Meeting
		07-Jun-21	02-Aug-21	12-Aug-21	13-Sept-21	28-Sept-21	11-Nov-21	15-Feb-22
Ms L Spies	Chairperson	P	P	P	P	P	P	P
Mr T J Nambo	Member	P	P	P	P	P	P	P
Mr B Dladla	Member	P	P	P	P	P	P	P
Ms D Simba	Member	P	P	P	P	P	P	A
Mr Q Chogle	Member	N/A	N/A	N/A	N/A	N/A	P	P

* N/A = Not Applicable | *A/P = Absent with Apology | * P = Present | *A = Absent | *N/M = No longer a member

AUDIT AND RISK MANAGEMENT COMMITTEE

MEMBERS	ORD Meeting	Special Meeting -Workshop	ORD Meeting	Special Meeting -Workshop	ORD Meeting	Special Meeting	Ord Meeting	Ord Meeting
		14-Jun-21	23-Jun-21	15-Sept-21	08-Nov-21	15-Nov-21	09-Mar-22	
Rev N Madyibi	Chairperson	P	P	P	P	P	P	P
Ms A Vuma	Member	P	P	P	P	P	P	P
Mr F Docrat	Member	P	P	P	P	P	P	P
Mr S Nyangintsimbi	Member	P	P	A/P	P	P	P	P
Ms R Khwela	Member	A/P	P	P	P	P	P	P
Mr S Ngwenya	Member	P	P	P	P	P	P	P
Mr N Raheman	Member	A/P	N/A	N/A	N/A	N/A	N/A	N/A
Dr R Legoabe	Member	N/A	N/A	N/A	N/A	N/A	N/A	P

* N/A = Not Applicable | *A/P = Absent with Apology | * P = Present | *A = Absent | *N/M = No longer a member

HUMAN RESOURCES AND REMUNERATION COMMITTEE (REMCO)

MEMBERS	DESIGNATION	ORD Meeting 2	ORD Meeting 3	Special Meeting	ORD Meeting 4	ORD Meeting 5	Special Meeting	TOTAL
		15-Apr-21	16-Sept-21	28-Sept-21	19-Nov-21	01-Mar-22	15-Mar-22	6 Of 6
Dr S Sobuwa	Chairperson	P	P	P	P	P	P	6 of 6
Ms D B Ramasia	Member	P	P	P	P	P	P	6 of 6
Dr D Matyhe	Member	P	P	P	P	P	P	6 of 6
Mr C Cain	Independent Member	P	P	P	P	P	P	6 of 6
Ms Y A W Mgqoboi	Independent Member	A/P	P	P	P	P	P	5 of 6
Mr ST Dywill	Independent Member	P	P	A/P	P	P	A/P	4 of 6

* N/A = Not Applicable | *A/P = Absent with Apology | * P = Present | *A = Absent | *N/M = No longer a member

PENSION AND PROVIDENT FUND COMMITTEE

MEMBERS	DESIGNATION	ORD Meeting 2	ORD Meeting 3	ORD Meeting 4	ORD Meeting 5	TOTAL
		26-May-21	25-Aug-21	30-Nov-21	24-Feb-22	4 OF 4
Dr T A Muslim	Chairperson	P	P	P	P	4 OF 4
Mr T Mashiloane	Member	P	P	P	P	4 OF 4
Adv N Mathibeli	Member	P	P	P	P	4 OF 4
Mr V Masango	Member	P	P	P	P	4 OF 4
Mr N Kgole	Member	P	P	P	P	4 OF 4
Ms A Taljaard	Member	P	A/P	P	P	3 OF 4

* N/A = Not Applicable | *A/P = Absent with Apology | * P = Present | *A = Absent | *N/M = No longer a member

PROFESSIONAL PRACTICE COMMITTEE

MEMBERS	DESIGNATION	ORD Meeting 1	PPC Workshop Day 2	PPC Workshop Day 3	ORD Meeting 4	ORD Meeting 5	CPD Task Team 6	CPD Task Team 7	TOR/ MoU Task Team 8	ORD Meeting 9	TOTAL
Prof N Mofolo	Chairperson	07-May-21	10-Aug-22	11-Aug-22	26-Aug-21	23-Nov-21	02-Feb-22	10-Feb-22	14-Mar-22	03-Mar-22	9 OF 9
Adv M J Ralefatane	Member versed in law	P	P	P	P	P	N/A	N/A	N/A	P	6 of 9
Prof N Mekwa	Member (Community Representative)	P	P	P	P	N/A	N/A	N/A	N/A	P	7 of 9
Dr MN Mabasa	Professional Board for Medical and Dental	P	P	P	A/P	P	N/A	N/A	N/M	N/A	4 of 9
Prof M Veller	Professional Board for Medical and Dental	N/A	N/A	N/A	N/A	N/A	N/A	N/A	P	P	5 of 9
Prof MB Ngcobo-Sithole	Professional Board for Psychology	P	P	P	P	P	N/A	N/A	N/A	P	2 of 9
Ms P Maniza	Professional Board for Dietetics and Nutrition	P	P	P	P	P	N/A	N/A	N/A	P	6 of 9
Dr D Mathye	Professional Board for Physiotherapy, Podiatry and Biokinetics	P	P	P	P	P	P	P	P	P	6 of 9
Ms K Manda	Professional Board for Dental Therapy and Oral Hygiene	P	P	P	P	P	N/A	N/A	N/A	P	9 of 9
Mr S Gumede	Professional Board for Optometry and Dispensing Opticians	P	P	P	P	P	N/A	N/A	N/A	P	6 of 9
Ms SL Lange	Professional Board for Environmental Health Professionals	P	P	P	P	P	P	P	N/A	P	6 of 9
Mr L L Mduzana	Professional Board for Occupational Therapy, Medical Orthotics and	P	P	P	P	P	N/A	N/A	N/A	P	6 of 9
Mr JM Mokoena	Professional Board for Emergency Care Professions	P	A/P	P	P	P	N/A	N/A	N/A	P	5 of 9
Ms T B Mahlaola	Professional Board for Radiology & Clinical Technology	P	P	P	P	P	N/A	N/A	N/A	P	6 of 9
Mr MH Tefo	Professional Board for Medical Technology	P	P	A/P	P	P	N/A	N/A	N/A	P	5 of 9
Mr J Naidoo	Professional Board for Speech Language & Hearing	P	P	P	P	P	N/A	N/A	N/A	P	6 of 9
Prof A Ross	The National Accreditors Forum (NAF)	P	P	P	P	P	P	P	P	P	9 of 9

* N/A = Not Applicable | *A/P = Absent with Apology | * P = Present | *A = Absent | *N/M = No longer a member

INFORMATION & TECHNOLOGY (I&T) STEERING COMMITTEE

MEMBERS	DESIGNATION	Special Meeting 1	ORD Meeting 2	ORD Meeting 3	ORD Meeting 4	Special Meetings	Selection of Independent Members 6	TOTAL
		17-May-21	09-Jun-21	25-Jun-21	14-Sept-21	16-Nov-21	08-Feb-22	6 Of 6
Ms Y Naidoo	Chairperson	P	P	P	P	P	P	6 of 6
Mr J Shikwambane	Member	P	P	P	P	P	P	6 of 6
Dr D Matyhe	Member	P	P	P	P	P	P	6 of 6
Mr J Segole	Independent Member	P	P	P	P	P	P	6 of 6
Mr. P Nkukwana	Independent Member	P	P	P	A/P	P	P	5 of 6

* N/A = Not Applicable | *A/P = Absent with Apology | * P = Present | *A = Absent | *N/M = No longer a member

EDUCATION, TRAINING AND QUALITY ASSURANCE COMMITTEE

MEMBERS	DESIGNATION	ORD Meeting 1	ORD Meeting 2	ORD Meeting 3	Task Team: (Examinations Minimum Standards) 4	ORD Meeting 5	TOTAL
		14-May	13-Aug-21	12-Nov-21	31-Jan-22	11-Feb-22	5 Of 5
Prof L Ramma	Chairperson (Council Member)	P	P	P	P	P	5 of 5
Dr P Briljal	Professional Board for Dental Assisting, Dental Therapy and Oral Hygiene	P	P	P	P	P	5 of 5
Dr N Moreoe	Professional Board for Speech, Language and Hearing Professions	P	P	P	N/A	P	4 of 5
Ms H E Koornhof	Professional Board for Dietetics and Nutrition	P	P	A/P	N/A	P	3 of 5
Prof J Pillay	Professional Board for Psychology	P	A/P	P	N/A	P	3 of 5
Ms N P Duma	Professional Board for Physiotherapy, Podiatry & Biokinetics	P	P	P	N/A	P	4 of 5
Prof I S Human	Professional Board for Board for Environmental Health Practitioners	P	P	P	N/A	P	4 of 5
Mr A Bham	Professional Board for Emergency Care	P	P	P	N/A	P	4 of 5
Prof A Mbokazi	Medical and Dental Professions Board	P	P	P	N/A	P	4 of 5
Dr B V Shongwe	Professional Board for Radiography and Clinical Technology	P	P	P	P	P	5 of 5
Mr S Rabothata	Professional Board for Occupational Therapy, Medical Orthotics and	P	P	P	N/A	P	4 of 5
Prof P Engel-Hills	A Representative of the Education and Training provider	P	P	P	A/P	P	4 of 5
Dr B Mkhize	Professional Board for Medical Technology	P	P	P	N/A	P	4 of 5
Ms A De La Rey	Professional Board – Optometrist and Dispensing Opticians	P	P	P	N/A	P	4 of 5
Dr A M Thulare	NDOH Representative	A/P	P	P	N/A	P	3 of 5

* N/A = Not Applicable | *A/P = Absent with Apology | * P = Present | *A = Absent | *N/M = No longer a member

ETHICS COMMITTEE

MEMBERS	DESIGNATION	ORD Meeting 2	Special Meeting	ORD Meeting 3	ORD Meeting 4	TOTAL
		29-Jul-21	07-Sept-21	24-Nov-21	28-Feb-22	4 OF 4
Dr J O August	Chairperson	P	P	P	P	4 OF 4
Dr T Khanyile	Member	P	A/P	P	P	3 OF 4
Prof S Rataemane	Member	P	P	P	P	4 OF 4
Adv M Ralefatane	Member	P	P	P	P	4 OF 4
Dr A Thulare	Member	P	P	P	P	4 OF 4
Mr T Mashiloane	Member	P	P	A/P	P	3 OF 4
Ms R Mphephu	Member	P	P	A/P	P	3 OF 4
Dr V K Mofuoa	Member	N/A	N/A	N/A	P	1 OF 4
Mr M Menye	Member	N/A	N/A	N/A	P	1 OF 4

* N/A = Not Applicable | *A/P = Absent with Apology | * P = Present | *A = Absent | *N/M = No longer a member

MINIMISING CONFLICT OF INTEREST

The HPCSA Charter of Good Practice for Councillors and Professional Boards is aimed at ensuring good governance within Council and Professional Board members performing duties within the domain of their powers and mandate. Members are, further, expected to declare any potential, actual and perceived conflict of interest to any direct or indirect business interest that they or their families may have in any matter relevant and related to the HPCSA. The declaration register is signed before every meeting and should any member declare any interest, they are to be recused from the governance structure meetings.

In the reporting period, Council members and Executives continued to declare direct or indirect business interests that they or their families may have in any matter which is relevant to the HPCSA. These declarations are recorded and kept on minutes of the meetings of respective structures.

COMPANY SECRETARY

The Company Secretary is responsible for developing systems and processes that enable Council and its other governance structures to discharge their fiduciary responsibilities, efficiently and effectively.

The Company Secretary is accountable to Council and Professional Boards for ensuring that governance procedures are followed and reviewed regularly and are in compliance with the applicable laws and regulations. The Company Secretary is ultimately responsible for corporate governance issues, setting annual plans for Council and Professional Boards and related committees and keeping the governance body abreast of new applicable legislation and governance prescripts.

Council and Professional Boards have access to the Company Secretary both as a collective and as individuals.

ENTERPRISE RISK MANAGEMENT

Council in ensuring that risk is managed effectively approves from time to time the following risk management instruments:

- Enterprise Risk Management (ERM) Policy;
- Risk Appetite Framework;
- Compliance Management Policy;
- Business Continuity Management Policy; and
- Fraud Prevention Policy, Strategy and Response Plan.

These instruments address the structures, roles and responsibilities, processes and standards implemented for the overall risk management process of the organisation.

The HPCSA adopted a structured approach to risk management. The risk management programme is aligned to best practices as set out in King IV Report on Corporate Governance (2016), the National Treasury – Public Sector Risk Management Framework (2010) and ISO 31000.

The HPCSA uses a consistent approach to the assessment and treatment of all types of risks, at all levels and for all activities.

Risks are identified and classified in terms of Governance, People, Regulatory Impact/Compliance, Business Disruption, Technology, Fraud, Financial, Stakeholders, Project and Reputational risk.

GOVERNANCE OF RISK

Council has the ultimate responsibility for the governance and oversight of risk, and it has delegated to the Secretariat /administration the implementation and execution of effective risk management at HPCSA.

The Audit and Risk Committee of Council (ARCOM) is delegated the responsibility for ongoing oversight of risk management on behalf of Council.

Risk Assessments take place annually to identify, quantify and manage risks that impact the strategic objectives of the HPCSA at all levels. Management monitors the implementation of mitigating strategies and reports to ARCOM on a quarterly basis.

Assurance is achieved using four lines of defence (Combined Assurance Model), to enable effective control of the environment in the organisation.

INTERNAL AUDIT

Internal Audit (IA) function independently assesses the effectiveness of the risk management process. HPCSA internal Audit function is outsourced and Council has delegated the oversight of internal audit to ARCOM.

IA is governed through an approved Internal Audit Charter. IA function reports quarterly to ARCOM on the effectiveness of the approved process and as implemented by management in managing risks impacting strategic objectives.

In the main, IA function provides independent assurance that contributes to the effectiveness of risk management, control and governance processes. IA assurance activities include:

- a) Providing assurance on the design and effectiveness of risk management process;
- b) Providing assurance that the risks are correctly evaluated;
- c) Evaluating risk management process and the reporting on the status of key risks and controls;
- d) Reviewing the management of key risks, including the effectiveness of the controls and other responses to them; and
- e) Conducting risk-based audits.

AUDIT AND RISK COMMITTEE OF COUNCIL

ARCOM provides oversight over the performance of the risk management process.

Management reviews progress on the implementation of risk mitigation strategies on a monthly basis and report to ARCOM quarterly.

2021/22 RISK MANAGEMENT KEY AREAS OF FOCUS AND ACHIEVEMENTS

During the 2021/22 financial year; the following key areas of focus were achieved:

- Continuous improvement of risk management and risk assessments continued.
- During the reporting period the following instruments were reviewed and updated, and subsequently approved by Council:
 - o Risk Appetite Framework;
 - o Compliance Management Policy;
 - o Fraud Prevention Policy, Strategy and Response Plan; and
 - o Crisis Management Business Continuity Management Policy Framework.
- Council Strategic, Professional Boards and Operational risks assessments were conducted during the reporting period.
- In rolling out the Business Continuity Management process for the organisation, the following were achieved:
 - (i) Executive Management Committee approved the reviewed and updated Crisis Management Plan for the organisation;
 - (ii) Business Continuity Plans (BCP) for all functional areas were reviewed and updated; and
 - (iii) Conducted a successful full-scale Disaster Recovery test.

Responding to COVID-19

- In responding to COVID-19, Management reviewed and updated on regular basis during the reporting period the organisational wide contingency plan that was approved by Council on 17 March 2020, which covers all areas of operations.
- The organisation continued to operate in business continuity mode since the Business Continuity Plan was invoked effective 17 March 2020 and continued throughout the reporting period.
- Our business continuity management processes have demonstrated to be effective during the period as the organisation managed to continue with all its operations.

Activities planned for financial year 2022/23

The following activities are planned for the 2022/23 financial year:

- Review and update the following risk management Infrastructure:
 - o Enterprise Risk Management Policy;
 - o Risk Appetite Framework;
 - o Business Continuity Management Policy;
 - o Organisational Business Continuity Plan;
 - o Compliance Management Policy; and
 - o Fraud Prevention Policy.
- Development of a Risk Management Framework.
- Conduct Strategic Risks Assessment.
- Conduct departmental and divisional risks assessments.

KEY RISKS

The table below outlines the reporting period Key Risks facing the HPCSA and the mitigating strategies adopted and implemented to prevent same occurring:

RISK IDENTIFICATION		MITIGANTS
Cyber - attacks and espionage	Cyber - attacks will lead to unauthorised access to data which could have detrimental consequences to the HPCSA	<ul style="list-style-type: none"> Continual IT Penetration Testing to identify and rectify potential weaknesses that can be exploited by cyber criminals and implementation of solutions strategies Virtual Private Network implemented IT security policies in place Annual IT Cyber Security Internal Audit (AE) are taking place Continuous assessment of cyber security posture Deployed vulnerability and patch management systems Bi-Annual vulnerability gap analysis
Delay in the implementation of online services	The delay to implement the online services at the pace required to digitise /modernise the organisation identified processes will impact on HPCSA ability to deliver or achieve its goals and objectives	<ul style="list-style-type: none"> ICT steering committee Project governance structures Service level agreement management ORACLE Steering Committee Active participation of Registrations business unit
Funding risk	Insufficient revenue to fund Council and Professional Board activities will impact on HPCSA ability to deliver or achieve its goals and objectives	<ul style="list-style-type: none"> Use of statistical information in preparation of budget Continuous monitoring of revenue collection Monthly cash-flow report with 5-year forecast Monthly reminders to practitioners with outstanding annual fees (major revenue)
	Insufficient cash flow to deliver on Council's mandate will result in Council not being a going concern	<ul style="list-style-type: none"> Bank accounts are monitored on daily basis 12-month cash flow done monthly 5-year cash flow focus Investment policy weekly monitoring of annual fee payment statistics annual fee reminders notices to practitioners outstanding annual fees
Failure to profile all stakeholders	Failure to profile all the stakeholders prevents council from engaging with all stakeholders in communicating the mandate of Council and receiving feedback from stakeholders	<ul style="list-style-type: none"> Identified list of stakeholders Stakeholder engagement strategy Stakeholder engagement plans for the Boards
Failure to implement Council stakeholder engagement strategy initiatives	Non-implementation of stakeholder engagement strategy and plan	<ul style="list-style-type: none"> Stakeholder engagement strategy. Profiled stakeholders document Stakeholder engagement plans for the Boards Communication strategy Registrar's scheduled stakeholder engagements Scheduled symposia Scheduled public roadshows
Failure to reform	Failure to reform Professional Conduct processes, policies, regulations and funding model will result in continued backlog and low clearance rate of complaints	None
Lack of Funding	Inability to fund Professional Conduct and/or Inspectorate	<ul style="list-style-type: none"> Increased in virtual enquiries Complaints are evaluated and allocated accordingly Ombudsman to mediate some of the complaints Perusal and analysis of the complaints for decision making on the path to take of the complaint
Delays in processing rule 18 applications	Failure of Council to timeously resolve on the applications submitted to Council in terms of ethical rule 18	<ul style="list-style-type: none"> Ethical rules Terms of References Business Practice Policy
Not keeping up with Technological advances	HPCSA regulatory environment not keeping up with Technological advances in the use of Technology to practice the professions	<ul style="list-style-type: none"> Project plan to review ethical framework for alignment in place Consultations with external organisations with specific expertise is ongoing Ongoing reviews consultations with Professional Boards
Failure to execute fiduciary responsibility	Failure to train Council and Board members on governance will result in Council and Board members being unable to deliver on their fiduciary responsibilities	<ul style="list-style-type: none"> Intensive induction programme Training of council and professional board members by external reputable bodies
Organisational structure not supporting the business operations	Conflicting roles and misalignment between departments/divisions	<ul style="list-style-type: none"> Approved Organisational structure Reviewal of the Organisational Structure
Leadership turnover	Instability in the organisation due to the Registrar/ CEO position turnover	<ul style="list-style-type: none"> Health Professions Act 56 of 1974 Development of retention strategy for the Registrar position

HPCSA Business Disruption	A disaster affecting the HPCSA Business operations will lead to the HPCSA being unable to perform its function and executing its mandate	<ul style="list-style-type: none"> • Business Continuity Management Policy • Organisational wide contingency plan that covers all areas of operations. • Crisis Management Plan • Deployed Backup and Replication Solution • Departmental/divisional Business Continuity Plans
	HPCSA's failure to adequately prevent the spread of COVID-19 in the workplace	<ul style="list-style-type: none"> • Flexible working Arrangement Policy • Dedicated COVID-19 Compliance Officer • PPE for employees procured • COVID-19 Risk Register in place • HPCSA has developed response plans in line/compliance with the Government Regulations relating to COVID-19 • Occupational Health and safety policy
Unethical behaviour (Fraud and Corruption)	Increase in fraud related incidents / exposures	<ul style="list-style-type: none"> • Predictive fraud detection and prevention capabilities and fraud response plan implemented • Code of conduct in place • Fraud prevention policy, strategy and response plan

COMPLIANCE MANAGEMENT

The HPCSA is committed to complying with all applicable laws and Regulations and is kept informed of changes that could potentially affect the organisation. HPCSA is required to comply with applicable laws, including all internal policies, processes and procedures. All employees are aware of compliance risk management and their responsibilities in their day-to-day conduct.

Our organisation has a compliance function to ensure effective compliance risk management.

To achieve the above, Council approves from time to time a Compliance Management Policy, which includes a compliance Regulatory Universe with all identified laws and regulations applicable to the organisation. The Compliance function reports the status of compliance and any material breaches or key risks to Council, through ARCOM.

There were no material or regulatory penalties, sanctions or fines for contraventions of, or non-compliance with, statutory obligations against, and the organisation continued to ensure compliance with all other relevant laws, policies and procedures.

In the next financial year, Compliance risk assessments will continue in order to review and update all Compliance Risk Management Plans (CRMPs).





PART E

FINANCIAL
INFORMATION

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2022

General Information

Country of incorporation and domicile	South Africa
Nature of business and principal activities	Health Professions Regulator
Directors	Prof MS Nmutandani (President) Dr S Sobuwa (Vice President) Ms LP Spies Dr TA Muslim Mr ST Dywili Dr A Bham Mr J Shikwambane Prof SM Rataemane Dr TT Khanyile Ms A Vuma Ms E Burger Ms Y Naidoo Mr TJ Nambo Dr JO August Ms TB Mahlaola Prof L Ramma Dr AM Thulare Prof NJ Ngoloyi-Mekwa Ms R Mphephu Mr N Raheman Rev N Madyibi Rev TL Mashiloane Dr SR Legoabe Mr BI Dladla Prof F Nomvete Prof P Engel-Hills Dr D Mathye Prof N Mofolo Ms MM Mothapo Adv MJ Ralefatane Lt Gen P Maphaha* Mr AM Makgato

* Appointed 4th May 2021

Registered office	553 Madiba Street Cnr Hamilton and Madiba Street Arcadia 0001
Postal address	P O Box 205 Pretoria 0001
Bankers	ABSA Bank Limited
Auditors	Nexia SAB&T Registered Auditors
Secretary	Adv Ntsikelelo Sipeka (ACIBM)

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2022

General Information

Preparer

The annual financial statements were internally compiled by:
Ms M de Graaff
Head of Department: Finance and Supply Chain Management (CFO)

Website

www.hpcs.co.za



HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2022

Index

	Page
The reports and statements set out below comprise the annual financial statements presented to the Health Professions Council of South Africa	
Audit and Risk Committee Report	189 - 191
Councilors' Responsibilities and Approval	192
Councilors' Report	192 - 195
Independent Auditor's Report	196 - 198
Statement of Financial Position	199
Statement of Profit or Loss and Other Comprehensive Income	200
Statement of Changes in Equity	201
Statement of Cash Flows	202
Accounting Policies	203 - 210
Notes to the Annual Financial Statements	211 - 228
The following supplementary information does not form part of the annual financial statements and is unaudited:	
Detailed Income Statement	229 - 230

Audit and Risk Committee Report

1. Members of the Audit and Risk Committee

The Audit and Risk Committee (ARCOM) is comprised of four non-executives members of the Council and four independent members, and include:

Name	Office	Designation
Rev N Madyibi	Chairperson	Non-Executive
Ms A Vuma	Member	Non-Executive
Mr N Raheman*	Member	Non-Executive
Dr SR Legoabe**	Member	Non-Executive
Mr S Nyangintsimbi	Member	Independent
Ms R Khwela	Member	Independent
Mr S Ngwenya	Member	Independent
Mr F Docrat	Member	Independent

* The member resigned in December 2021

** The member appointed in March 2022

The committee is satisfied its members possess the required skills, knowledge and experience as set out in King IV, principle 3.2 paragraphs 5 to 10.

The report of the Audit and Risk Committee (ARCOM) is prepared in terms of the Health Professions Act 56 of 1974 as amended, section 13. The Audit and Risk Committee has adopted appropriate formal terms of reference which have been approved by Council. ARCOM has performed its responsibilities as set out in its' terms of reference executing its duties during the reporting period, the Committee has performed the following:

Audit

- Monitored the effectiveness and adequacy of the scope, plans, budget, coverage, independence, skills, staffing, overall performance and position of the internal audit and compliance functions within the organisation.

ARCOM further:

- Recommended to Council the appointment of the external auditors.
- Monitored the effectiveness of the external auditors including their collective skillset, independence, audit plan, budget, reporting, overall performance and approved external audit fee.
- Reviewed audit findings and management's action plans.
- Reviewed whether the work performed by internal audit and by external audit is appropriate and contributed towards the combined assurance model adopted by the Council.
- Obtained an assessment of the strength and weaknesses of systems, controls and other factors from the auditors and management that might be relevant to the integrity of the financial statements.
- Ensured that the external auditors and internal auditors had direct access to the Audit and Risk Committee and the Chairperson of the Audit and Risk Committee.

Financial

- Reviewed the annual financial statements for proper and complete disclosure of timely, reliable and consistent information.
- Evaluated the appropriateness, adequacy and efficiency of the accounting policies compliance with overall accounting standards and any changes thereto.
- Reviewed the annual financial statements before submission to Council for any change in accounting policies and practices, significant areas of judgement, significant audit adjustments, the internal control and going concern statements, the risk management report, the corporate governance report, compliance with accounting and disclosure standards, and compliance with statutory and regulatory requirements.
- Reviewed the recommendations of the external auditor and those of any regulatory authority for significant findings and management's proposed remedial actions.
- Enquired about the existence and substance of significant accounting accruals, impairments or estimates that could have a material impact on the financial statements.
- Reviewed any pending litigation, contingencies, claims and assessment, and the presentation of such matters in the financial statements.
- Considered qualitative judgements by management on the acceptability and appropriateness of current or proposed accounting principles and disclosures.
- Obtained an analysis from management and the auditors of significant financial reporting issues and practices in a timely manner.

Audit and Risk Committee Report

Risk Governance

- The Council has assigned the oversight of risk governance to the Audit and Risk Committee. The Committee's responsibilities regarding risk are identical to that of a separate Risk Committee.

During the reporting period ARCOM

- Reviewed and recommended to Council for approval of the HPCSA Fraud Prevention Policy including fraud strategy and response plan and Compliance Management Policy.
- Reviewed and recommended twice to Council for approval the 2021/22 Council Strategy Risk Register.
- Provided a channel of communication between Council, management, internal and external auditors.
- Received regular report update from each of the above functions and monitored that issues and concerns raised were resolved by management in a timely manner.

For the year ended 31 March 2022

The Committee's assessment is that the overall control environment of HPCSA needs improvements. The Committee is satisfied that since the previous year reporting good progress has been made in improving the internal control environment to prevent, detect and report areas of non-compliance.

Accordingly, the full disclosure requirements of the Health Professions Act 56 of 1974 as amended have been met during the financial year under review. This is supported by the findings from the internal auditors as well as the external auditors. The effectiveness of the aforementioned measures continues to be in a constant state of improvement. The Committee has resolved to ensure that the comprehensive implementation of and adherence to the internal control environment reforms be expedited.

The Committee is satisfied that the annual financial statements are based on appropriate accounting policies and supported by reasonable and prudent judgements and estimates. The Committee evaluated Council's annual financial statements for the year ended 31 March 2022 and, based on the information provided therein, believes that the financial statements comply, in all material aspects, with the relevant provisions of the Health Professions Act 56 of 1974 and International Financial Reporting Standards.

2. Meetings held by the Audit Committee

The Audit and Risk committee performs the duties specified by Section 94(7) of the Companies Act, 2008 by holding meetings with the key role players on a regular basis and by the unrestricted access granted to the internal and external auditors.

The committee held 4 scheduled meetings during the financial year ending 31 March 2022.

	Meeting 11 July 2021	Meeting 15 September 2021	Meeting 08 November 2021	Meeting 09 March 2022	Total
Rev N Madybi (Chairperson)	P	P	P	P	4 of 4
Mr S Ngwenya (Independent)	P	P	P	P	4 of 4
Ms A Vuma (Non-Executive)	P	P	P	P	4 of 4
Mr S Nyangintsimbi (Independent)	P	A/P	P	P	3 of 4
Mr N Raheman (Non- executive)*	A/P	P	P	R	3 of 4
Ms R Khwela (Independent)	P	P	P	P	4 of 4
Mr F Docrat (Independent)	P	P	P	P	4 of 4
Dr SR Legoabe (Non- executive)**	N/A	N/A	N/A	P	1 of 4

P = Present

A/P = Absent with apology

N/A = Not Appointed yet

R = Member resigned

* The member resigned in December 2021

** The member was appointed in March 2022

Audit and Risk Committee Report

3. Finance Function

We believe that the Finance Department possess the requisite and appropriate expertise and experience to meet their responsibility.

4. Internal Audit Function

The internal audit function was co-sourced to Big Business Innovations Group (Pty) Ltd with supervision provided by the HPCSA management, who also is responsible for the Chief Audit Executive function.

We believe that the internal audit function (Big Business Innovations Group (Pty) Ltd effectively fulfilled their responsibilities during the financial year and had the appropriate and required expertise and experience.

5. Discharge of responsibilities

The Committee agrees that the adoption of the going-concern principle is appropriate in preparing the annual financial statements. The Audit and Risk Committee has therefore recommended the adoption of the annual financial statements by Council Members on the 30 September 2022.

The Audit and Risk Committee agreed to the terms of the external audit engagement. The audit fee for the external audit has been considered and approved taking into consideration such factors as the timing of the audit, the extent of the work required and the scope.

6. Annual Financial Statements

Following the review of the audited annual financial statements the Audit and Risk Committee recommend Councils' approval thereof. Audit and Risk Committee concur with the external audit opinion.

On behalf of the Audit and Risk Committee



Rev N Madyibi
Chairperson Audit and Risk Committee

Pretoria

30 September, 2022

Councilors' Responsibilities and Approval

The Registrar is required in terms of the Health Professions Act no 56 of 1974 to maintain adequate accounting records and is responsible for the content and integrity of the audited annual financial statements and related financial information included in this report. It is his responsibility to ensure that the annual financial statements fairly present the state of affairs of the Council as at the end of the financial year and the results of its operations and cash flows for the period then ended, in conformity with International Financial Reporting Standards. The external auditors are engaged to express an independent opinion on the audited annual financial statements.

The audited annual financial statements are prepared in accordance with International Financial Reporting Standards and are based upon appropriate accounting policies consistently applied and supported by reasonable and prudent judgements and estimates.

The Registrar acknowledges that he is ultimately responsible for the system of internal financial control established by the Council and places considerable importance on maintaining a strong control environment. To enable the Registrar to meet these responsibilities, the set standards for internal control aimed at reducing the risk of error or loss in a cost-effective manner. The standards include the proper delegation of responsibilities within a clearly defined framework, effective accounting procedures and adequate segregation of duties to ensure an acceptable level of risk. These controls are monitored throughout the Council and all employees are required to maintain the highest ethical standards in ensuring the Council's business is conducted in a manner that in all reasonable circumstances is above reproach. The focus of risk management in the Council is on identifying, assessing, managing and monitoring all known forms of risk across the Council. While operating risk cannot be fully eliminated, the Council endeavours to minimise it by ensuring that appropriate infrastructure, controls, systems and ethical behaviour are applied and managed within predetermined procedures and constraints.

The Registrar is of the opinion, based on the information and explanations given by management, that the system of internal control provides reasonable assurance that the financial records may be relied on for the preparation of the annual financial statements. However, any system of internal financial control can provide only reasonable, and not absolute, assurance against material misstatement or loss.

The Registrar has reviewed the Council's cash flow forecast in light of this review and the current financial position, she is satisfied that the Council has access to adequate resources to continue in operational existence for the foreseeable future.

The external auditors are responsible for independently auditing and reporting on the Council's audited annual financial statements. The annual financial statements have been examined by the Council's external auditors.

The annual financial statements set out on page 199 to 230, which have been prepared on the going concern basis, were approved by the Council on 30 September 2022 and were signed on their behalf by:

Approval of financial statements



Prof MS Nmutandani
President: Health Professions Council of South
Africa
30 September 2022

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2022

Councilors' Report

The Council Members have pleasure in submitting their report on the audited annual financial statements of Health Professions Council of South Africa for the year ended 31 March 2022.

1. Main business and operations

The Health Professions Council of South Africa is a non-profit making statutory body governed by the Health Professions Act No 56 of 1974. The objectives of the Council (as contained in the Act) may be summarised as follows:

- (a) To promote the health of the population;
- (b) Determine standards of professional education and training; and
- (c) Set and maintain excellent standards of ethical and professional practice.

The operating results and state of affairs of the Council are fully set out in the attached annual financial statements.

There have been no material changes to the nature of the Council's business from the prior year.

2. Review of financial results and activities

The audited annual financial statements have been prepared in accordance with International Financial Reporting Standards and the requirements of the Health Professions Act no 56 of 1974. The accounting policies have been applied consistently.

3. Directorate

The Council Members in office at the date of this report are as follows:

Council Members	Office	Designation
Prof MS Nemetandani	President	Non-executive
Dr S Sobuwa	Vice President	Non-executive
Ms LP Spies		Non-executive
Dr TA Muslim		Non-executive
Mr ST Dywili		Non-executive
Dr A Bham		Non-executive
Mr J Shikwambane		Non-executive
Prof SM Rataemane		Non-executive
Dr TT Khanyile		Non-executive
Ms A Vuma		Non-executive
Ms E Burger		Non-executive
Ms Y Naidoo		Non-executive
Mr TJ Nambo		Non-executive
Dr JO August		Non-executive
Ms TB Mahlaola		Non-executive
Prof L Ramma		Non-executive
Dr AM Thulare		Non-executive
Prof NJ Ngoloyi-Mekwa		Non-executive
Ms R Mphephu		Non-executive
Mr N Raheman		Non-executive
Rev N Madyibi		Non-executive
Rev TL Mashiloane		Non-executive
Dr SR Legoabe		Non-executive
Mr BI Dladla		Non-executive
Prof F Nomvete		Non-executive
Prof P Engel-Hills		Non-executive
Dr D Mathye		Non-executive
Prof N Mofolo		Non-executive
Ms MMS Mothapo		Non-executive
Adv MJ Ralefatane		Non-executive
Lt Gen P Maphaha*		Non-executive
Mr AM Makgato		Non-executive

* Appointed 4th May 2021

4. Property, plant and equipment

There was no change in the nature of the property, plant and equipment of the Council or in the policy regarding their use.

Councilors' Report

At 31 March 2022, the Council's investment in property, plant and equipment amounted to R28,042,524 (2021: R 28,719,238), of which R2,818,411 (2021: R 3,330,998) was added in the current year through additions.

5. Special Investigating Unit

On 17 May 2019 and with the publication of Proclamation no R23 of 2019 (Gazette no 10947 dated 17 May 2019), the honourable President of the Republic of South Africa established a Special Investigation. The SIU was established in response to a request from Council for the establishment of a SIU to investigate.

(i) Maladministration in connection with the affairs at the Council regarding exercising its functions in terms of the Health Professions Act, 1974.

(ii) Any unlawful or improper conduct by the employees or officials at the HPCSA or any other person regarding the registration of Health Practitioners in terms of the Health Professions Act, 1974.

The SIU in April 2022 indicated that they have finalised their investigations and is preparing a final presidential report. In this cases, three Council employees are dismissed due to reasons related to their misconducts including gross negligence, theft, fraud, bribery, dishonest practices and/ or acts of corruption.

6. Covid-19 Impact

The impact of Covid-19 in the financial period 2021/22 has improved as compared to the previous financial period 2020/21. Due to early actions taken by HPCSA in reducing cost, to mitigate possible decline in revenue, due to above, HPCSA managed a comprehensive surplus of R41,541,762 for the financial year ending 31 March 2022.

HPCSA also collected 100% of budgeted annual fee revenue for this financial year, HPCSA also considered impact of Covid-19 on future revenue for the financial year ending 31 March 2022 and took appropriate action in reducing planned cost.

7. Going concern

The annual financial statements have been prepared on the basis of accounting policies applicable to a going concern. This basis presumes that funds will be available to finance future operations and that the realisation of assets and settlement of liabilities, contingent obligations and commitments will occur in the ordinary course of business.

The Council believe that the audited annual financial statements has adequate financial resources to continue in operation for the foreseeable future and accordingly the Councilors have been prepared on a going concern basis. The Councilors have satisfied themselves that the Council is in a sound financial position and that it has access to sufficient reserves to meet its foreseeable cash requirements. The Councilors are not aware of any new material changes that may adversely impact the Council. The Councilors are also not aware of any material non-compliance with statutory or regulatory requirements or of any pending changes to legislation which may affect the Council.

8. Auditors

Nexia SAB&T continued in office as external auditors for the Council for the financial year ending 31 March 2022.

9. Secretary

The company secretary is Adv Ntsikelelo Sipeka.

10. Date of authorisation for issue of financial statements

The annual financial statements have been authorised for issue by the Councilors on 30 September 2022. No authority was given to anyone to amend the audited annual financial statements after the date of issue.

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2022

Councillors' Report

The annual financial statements set out on page 199 to 230, which have been prepared on the going concern basis, were approved by the Council on 30 September 2022 and were signed on its behalf by:

Approval of audited annual financial statements



Prof MS Nmutandani
President: Health Professions Council of South Africa
30 September 2022

INDEPENDENT AUDITOR'S REPORT

To the members of the Council of Health Professions Council of South Africa

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Health Professions Council of South Africa set out on pages 199 to 228, which comprise the statement of financial position as at 31 March 2022, and the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the financial statements present fairly, in all material respects, the financial position of Health Professions Council of South Africa as at 31 March 2022, and its financial performance and cash flows for the year then ended in accordance with International Financial Reporting Standards and the requirements of the Companies Act of South Africa and Health Professions Act no: 56 of 1974.

Basis for Opinion

We conducted our audit in accordance with International Standards on Auditing (ISAs). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Council in accordance with the Independent Regulatory Board for Auditors' Code of Professional Conduct for Registered Auditors (IRBA Code) and other independence requirements applicable to performing audits of financial statements in South Africa. We have fulfilled our other ethical responsibilities in accordance with the IRBA Code and in accordance with other ethical requirements applicable to performing audits in South Africa. The IRBA Code is consistent with the corresponding sections of the International Ethics Standards Board for Accountants' International Code of Ethics for Professional Accountants (including International Independence Standards). We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Information

The councillors are responsible for the other information. The other information comprises the information included in the document titled "Health Professions Council of South Africa Audited Annual Financial Statements for the year ended 31 March 2022", which includes the Councillor's Report and the Audit and Risk Committee's Report as required by the Companies Act of South Africa and the Health Professions Act no: 56 of 1974. The other information does not include the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not express an audit opinion or any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the Councillors for the Financial Statements

The councillors are responsible for the preparation and fair presentation of the financial statements in accordance with International Financial Reporting Standards and the requirements of the Companies Act of South Africa and the Health Professions Act No: 56 of 1974, and for such internal control as the councillors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the councillors are responsible for assessing the Council's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the councillors either intend to liquidate the Council or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit

evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the company to cease to continue as a going concern.

- Evaluate the overall presentation, structure, and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the councillors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Nexia SAB&T

Nexia SAB&T

C Chigora

Director

Registered Auditor

30 September 2022

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2022

Statement of Financial Position

Figures in Rand	Note(s)	2022	2021
Assets			
Non-Current Assets			
Property, plant and equipment	3	28,042,524	28,719,238
Right-of-use assets	4	1,965,581	2,975,449
Intangible assets	5	12,719,931	12,716,101
Investments at fair value	6	1,084,300	894,022
		43,812,336	45,304,810
Current Assets			
Trade and other receivables	9	14,773,906	13,557,367
Cash and cash equivalents	10	323,405,279	183,680,488
		338,179,185	197,237,855
Total Assets		381,991,521	242,542,665
Equity and Liabilities			
Equity			
Revaluation reserve		582,698	523,137
Fair value adjustment reserve		911,780	721,502
Retained income		112,811,514	71,519,589
		114,305,992	72,764,228
Liabilities			
Non-Current Liabilities			
Lease liabilities	4	-	310,634
Current Liabilities			
Trade and other payables	11	17,385,348	21,795,167
Lease liabilities	4	310,635	527,344
Deferred income	12	239,461,944	138,067,741
Employee benefits	8	10,527,603	9,077,551
		267,685,529	169,467,803
Total Liabilities		267,685,529	169,778,437
Total Equity and Liabilities		381,991,521	242,542,665

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2022

Statement of Profit or Loss and Other Comprehensive Income

Figures in Rand	Note(s)	2022	Restated 2021
Revenue	13	336,681,750	296,835,297
Other operating income	14	20,391,805	25,640,499
Loss on disposal of assets		(160,153)	(463,536)
Other operating expenses		(326,593,177)	(327,664,773)
Operating surplus (deficit)	15	30,320,225	(5,652,513)
Interest income	16	11,024,471	9,987,836
Finance costs		(52,771)	(178,187)
Surplus for the year		41,291,925	4,157,136
Other comprehensive income:			
Items that will not be reclassified to profit or loss:			
Profit on revaluation of works-of-art		59,559	-
Profit on fair value through other comprehensive income		190,278	126,752
Total items that will not be reclassified to profit or loss		249,837	126,752
Other comprehensive income for the year		249,837	126,752
Total comprehensive surplus for the year		41,541,762	4,283,888

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2022

Statement of Changes in Equity

Figures in Rand	Revaluation reserve	Fair value adjustment reserve	Total reserves	Retained income	Total equity
Opening balance as previously reported	523,137	594,750	1,117,887	67,649,672	68,767,559
Adjustments					
Prior period error	-	-	-	(287,216)	(287,216)
Balance at 1 April, 2020 as restated	523,137	594,750	1,117,887	67,362,456	68,480,343
Profit for the year	-	-	-	4,157,136	4,157,136
Other comprehensive income	-	126,752	126,752	-	126,752
Total comprehensive income for the year	-	126,752	126,752	4,157,136	4,283,888
Opening balance as previously reported	523,137	721,502	1,244,639	71,824,094	73,068,733
Adjustments					
Prior period errors	-	-	-	(304,505)	(304,505)
Balance at 1 April, 2021 as restated	523,137	721,502	1,244,639	71,519,589	72,764,228
Profit for the year	-	-	-	41,291,925	41,291,925
Other comprehensive income	59,561	190,278	249,839	-	249,839
Total comprehensive income for the year	59,561	190,278	249,839	41,291,925	41,541,764
Balance at 31 March, 2022	582,698	911,780	1,494,478	112,811,514	114,305,992

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2022

Statement of Cash Flows

Figures in Rand	Note(s)	2022	2021
Cash flows from operating activities			
Cash receipts from customers		355,857,016	333,493,981
Cash paid to suppliers and employees		(222,122,592)	(429,607,893)
Cash generated from/(used in) operations	18	133,734,424	(96,113,912)
Interest income		11,024,471	9,987,836
Finance costs	4	(52,771)	(178,187)
Net cash from operating activities		144,706,124	(86,304,263)
Cash flows from investing activities			
Purchase of property, plant and equipment	3	(2,818,411)	(3,331,000)
Sale of property, plant and equipment	3	-	(1,098,698)
Purchase of other intangible assets	5	(1,445,300)	-
Sale of investments at fair value		(190,278)	(126,752)
Net cash from investing activities		(4,453,989)	(4,556,450)
Cash flows from financing activities			
Lease liabilities	4	(527,343)	(1,711,563)
Net cash from financing activities		(527,343)	(1,711,563)
Total cash movement for the year		139,724,791	(92,572,276)
Cash at the beginning of the year		183,680,488	276,252,764
Total cash at end of the year	10	323,405,279	183,680,488

Accounting Policies

Corporate information

The Health Professions Council of South Africa is a Statutory Body, established in terms of Section 2(1) of the Health Professions Act incorporated and domiciled in South Africa.

The annual financial statements for the year ended 31 March 2022 were authorised for issue in accordance with a resolution of the Councilors on 30 September 2022.

1. Significant accounting policies

The principal accounting policies applied in the preparation of these audited annual financial statements are set out below.

1.1 Basis of preparation

The annual financial statements have been prepared on the going concern basis in accordance with, and in compliance with International Financial Reporting Interpretations Committee ("IFRIC") interpretations issued and effective at the time of preparing these annual financial statements and the Health Professions Act no 56 of 1974 of South Africa, as amended.

These annual financial statements comply with the requirements of the SAICA Financial Reporting Guides as issued by the Accounting Practices Committee and the Financial Reporting Pronouncements as issued by the Financial Reporting Standards Council.

The annual financial statements have been prepared on the historic cost convention, unless otherwise stated in the accounting policies which follow and incorporate the principal accounting policies set out below. They are presented in Rands, which is the Council's functional currency.

1.2 Significant judgements and sources of estimation uncertainty

The preparation of audited annual financial statements in conformity with IFRS requires management, from time to time, to make judgements, estimates and assumptions that affect the application of policies and reported amounts of assets, liabilities, income and expenses. These estimates and associated assumptions are based on experience and various other factors that are believed to be reasonable under the circumstances. Actual results may differ from these estimates. The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimates are revised and in any future periods affected.

Key sources of estimation uncertainty

Impairment of property, plant and equipment

Council assess at each reporting date, whether there is any indication that an asset may be impaired. If any such indication still exists, Council then estimates the recoverable amount of the asset. The recoverable amounts of individual assets are determined based on the higher of the value in use and fair value less to costs to sell. The excess of the carrying amount over the recoverable amount is recognised as an impairment loss in the statement of profit or loss and other comprehensive income.

Useful lives of property, plant and equipment

Management assess the appropriateness of the useful lives of property, plant and equipment at the end of each reporting period. The useful lives of assets are based on management's estimates. Management considers the impact of technology and the required return on assets to determine the optimum useful life expectation, where appropriate. The estimated residual value of assets is also based on management's judgement, which considers the condition of assets at the end of their useful lives.

Calculation of expected credit loss (ECL)

When measuring expected credit loss (ECL), the Council uses reasonable and supportable forward-looking information which is based on assumptions for the future movement of different economic drivers and how these drivers will affect each other.

Loss given default is an estimate of the loss arising on default. It is based on the difference between the contractual cash flows due and those that the lender would expect to receive, taking into account cash flows from collateral and intergral credit enhancements.

Probability of default constitutes a key input in measuring ECL. Probability of default is an estimate of the likelihood of default over a given time horizon, the calculation of which includes historical data, assumptions and expectations of future conditions.

Accounting Policies

1.2 Significant judgements and sources of estimation uncertainty (continued)

Defined benefit obligations

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimates are revised and in any future periods affected. Information about significant areas of estimation uncertainty and critical judgements in applying accounting policies that have the most significant effect on the amounts recognised in the Financial Statements is included in note 7.

1.3 Prior year comparatives

When the presentation or classification of items in the Annual Financial Statements is amended, prior period comparative amounts are also reclassified and restated, unless such comparative reclassification and / or restatement is not required by a International Financial Reporting Standards. The nature and reason for such reclassification and restatements are also disclosed.

When material accounting errors, which relate to prior periods, have been identified in the current year, the correction is made retrospectively as far as it is practicable and the prior year comparatives are restated accordingly. Where there has been a change in accounting policy in the current year, the adjustment is made retrospectively as far as is practicable and the prior year comparatives are restated accordingly. Prior period errors identified in the current period are included under note 28.

1.4 Property, plant and equipment

Property, plant and equipment owned by Council comprises of buildings, office equipments, IT equipments, works of art and computer servers. Other items of property, plant and equipment, which include buildings and equipments are disclosed as right-of-use assets.

An item of property, plant and equipment is recognised as an asset when it is probable that future economic benefits associated with the item will flow to the Council, and the cost of the item can be measured reliably.

Property, plant and equipment is initially measured at cost. Cost includes all of the expenditure which is directly attributable to the acquisition or construction of the asset.

Property, plant and equipment is subsequently stated at cost less accumulated depreciation and any accumulated impairment losses, except for:

- land which is stated at cost less any accumulated impairment losses; and
- work-of-art assets that is stated at revaluation less accumulated depreciation and any accumulated impairment losses.

Revaluations for work-of-art assets are made with sufficient regularity such that the carrying amount does not differ materially from that which would be determined using fair value at the end of the reporting year.

When an item of work-of-art asset is revalued, the gross carrying amount is adjusted consistently with the revaluation of the carrying amount. The accumulated depreciation at that date is adjusted to equal the difference between the gross carrying amount and the carrying amount after taking into account accumulated impairment losses.

When an item of works-of-art asset is revalued, any accumulated depreciation at the date of the revaluation is eliminated against the gross carrying amount of the asset.

Any increase in an asset's carrying amount, as a result of a revaluation of work-of-art assets, is recognised in other comprehensive income and accumulated in the revaluation reserve in equity. The increase is recognised in profit or loss to the extent that it reverses a revaluation decrease of the same asset previously recognised in profit or loss.

The decrease in the carrying amount is recognised in other comprehensive income to the extent of any credit balance existing in the revaluation reserve in respect of that asset.

Any decrease work-of-art asset carrying amount, as a result of a revaluation, is recognised in profit or loss in the current year.

The decrease recognised in other comprehensive income reduces the amount accumulated in the revaluation reserve in equity.

The revaluation reserve related to a specific item of work-of-art assets is transferred directly to retained income when the asset is derecognised.

Accounting Policies

1.4 Property, plant and equipment (continued)

Depreciation of an asset commences when the asset is available for use as intended by management. Depreciation is charged to write off the asset's carrying amount over its estimated useful life to its estimated residual value, using a method that best reflects the pattern in which the asset's economic benefits are consumed by the Council. Depreciation is not charged to an asset if its estimated residual value exceeds or is equal to its carrying amount. Depreciation of an asset ceases at the earlier of the date that the asset is classified as held for sale or derecognised.

The useful lives of items of property, plant and equipment have been assessed as follows:

Item	Depreciation method	Useful life
Buildings	Straight line	50 years
Furniture and fittings	Straight line	20 years
Office equipment	Straight line	10 years
IT equipment	Straight line	5 years
Works of art	Straight line	30 years
Computer servers	Straight line	10 years

Land is not depreciated as it is deemed to have an indefinite life. The residual value, useful life and depreciation method of each asset are reviewed at the end of each reporting year. If the expectations differ from previous estimates, the change is accounted for prospectively as a change in accounting estimate.

Each part of an item of property, plant and equipment with a cost that is significant in relation to the total cost of the item is depreciated separately.

The depreciation charge for each year is recognised in profit or loss unless it is included in the carrying amount of another asset.

Impairment tests are performed on property, plant and equipment when there is an indicator that they may be impaired. When the carrying amount of an item of property, plant and equipment is assessed to be higher than the estimated recoverable amount, an impairment loss is recognised immediately in profit or loss to bring the carrying amount in line with the recoverable amount.

An item of property, plant and equipment is derecognised upon disposal or when no future economic benefits are expected from its continued use or disposal. Any gain or loss arising from the derecognition of an item of property, plant and equipment, determined as the difference between the net disposal proceeds, if any, and the carrying amount of the item, is included in profit or loss when the item is derecognised.

The Council's management determines the estimated useful lives and related depreciation charges for these assets. These estimates are based on industry norms and then adjusted to be Council's specific. Management will increase the depreciation charge where useful lives are less than previously estimated useful lives and vice versa. Depreciation and amortisation recognised on property, plant and equipment and intangible assets are determined with reference to the useful lives and residual values of the underlying items. The useful lives and residual values of assets are based on management's estimation of the asset condition, expected condition at the end of the period use, its current use, expected future use and the Council's expectations about the availability of finance to replace the asset at the end of its useful life. In evaluating the how the condition and use of the asset informs the useful life and residual value management considers the impact of technology and minimum service requirements of the asset.

1.5 Intangible assets

An intangible asset is recognised when:

- it is probable that the expected future economic benefits that are attributable to the asset will flow to the entity; and
- the cost of the asset can be measured reliably.

Intangible assets are initially recognised at cost.

An intangible asset arising from development (or from the development phase of an internal project) is recognised when:

- it is technically feasible to complete the asset so that it will be available for use or sale.
- there is an intention to complete and use or sell it.
- there is an ability to use or sell it.
- it will generate probable future economic benefits.
- there are available technical, financial and other resources to complete the development and to use or sell the asset.

Accounting Policies

1.5 Intangible assets (continued)

- the expenditure attributable to the asset during its development can be measured reliably.

Intangible assets are carried at cost less any accumulated amortisation and any impairment losses.

Intangible assets owned by Council are all amortised on a straight-line basis over their useful lives. Amortisation of intangible assets commence when the asset is available for use as intended by management. All intangible assets are tested for impairment and the remaining carrying amount is amortised over its useful life.

The amortisation period and the amortisation method for intangible assets are reviewed every period-end.

Amortisation is provided to write down the intangible assets, on a straight line basis, to their residual values as follows:

Item	Depreciation method	Average useful life
Computer software - Oracle	Straight line	12 years
Right Use of Assets - Computer software	Straight line	12 years

1.6 Financial instruments

Initial recognition and measurement

Financial instruments are recognised initially when the Council becomes a party to the contractual provisions of the instruments. Financial instruments are initially measured at fair value including transaction costs.

Classification

The financial assets of Council comprise the following:

- Trade and other receivables; and
- Cash and cash equivalents which are classified as financial assets at amortised cost.
- Other financial assets are measured at fair value through other comprehensive income (OCI).

After initial recognition

- Interest on financial assets measured at amortised cost is calculated using the effective interest rate method.

Financial assets are derecognised when the contractual rights to the cash flows from the financial asset expire or when it is transferred, and the transfer qualifies for derecognition.

Impairment of financial assets

The Council assessed at the end of each reporting period whether there was any objective evidence that a financial asset or group of financial assets was impaired. If any such evidence existed, the extent of the impairment was determined.

Impairment losses in financial assets carried at amortised cost were recognised in surplus or deficit.

The expected credit loss model to be used in impairing financial assets.

This model requires the Council to account for expected credit losses and changes thereto at each reporting date to reflect changes in credit risk since initial recognition of the financial assets.

IFRS requires the Council to assess for all classes of financial assets measured at amortised cost.

The Council has elected to apply the simplified approach for measuring the loss allowance at an amount equal to lifetime for trade receivables, contract assets and lease receivables.

Reversals of impairment losses are recognised in surplus or deficit.

Financial instruments designated as at fair value through profit and loss

The investments in sanlam equity shares are designated as financial assets at fair value through profit and loss.

Accounting Policies

1.6 Financial instruments (continued)

Trade and other receivables

Classification

Trade receivables are classified as financial assets at amortised cost. A loss allowance account is used to recognise impairments on trade receivables. For trade receivables and contract assets, a simplified approach is applied in calculating expected credit losses. Instead of tracking changes in credit risk, a loss allowance is recognised based on lifetime expected credit losses at each reporting date.

Initial recognition and measurement

Trade and other receivables are recognised when the Council becomes a party to the contractual provisions of the receivables. They are measured, at initial recognition, at fair value plus transaction costs, if any.

They are subsequently measured at amortised cost.

The amortised cost is the amount recognised on the receivable initially, minus principal repayments, plus cumulative amortisation (interest) using the effective interest method of any difference between the initial amount and the maturity amount, adjusted for any loss allowance.

Trade and other payables

Classification

Trade payables are obligations for goods and services that have been acquired from suppliers in the ordinary course of business. Trade payables are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities.

Financial liabilities are recognised initially when the Council becomes a party to contractual provisions. The trade payables are initially measured at fair value plus transaction costs. They are classified as financial liabilities at amortised cost and subsequently measured at amortised cost using the effective interest method.

Cash and cash equivalents

Cash and cash equivalents comprise cash on hand and demand deposits, and other short-term highly liquid investments that are bank fixed deposits readily convertible to a known amount of cash and are subject to an insignificant risk of changes in value.

These are initially and subsequently recognised at amortised cost.

1.7 Leases

For any new contracts entered into, the Council considers whether a contract is, or contains a lease.

A contract is, or contains a lease if the contract conveys the right to control the use of an identified asset for a period of time in exchange for consideration.

Accounting Policies

1.7 Leases (continued)

Council as lessee

A lease liability and corresponding right-of-use asset are recognised at the lease commencement date, for all lease agreements for which the Council is a lessee, except for short-term leases of 12 months or less, or leases of low value assets. For these leases, the Council recognises the lease payments as an operating expense (note 4) on a straight-line basis over the term of the lease unless another systematic basis is more representative of the time pattern in which economic benefits from the leased asset are consumed.

Details of leasing arrangements where the Council is a lessee are presented in note 4, Right of use asset.

Lease liability

The lease liability is initially measured at the present value of the lease payments that are not paid at the commencement date, discounted by using the rate implicit in the lease. If this rate cannot be readily determined, the Council uses its incremental borrowing rate.

The lease liability is subsequently measured by increasing the carrying amount to reflect interest on the lease liability (using the effective interest method) and by reducing the carrying amount to reflect lease payments made. Interest charged on the lease liability is included in finance costs.

When the lease liability is re-measured in this way, a corresponding adjustment is made to the carrying amount of the right-of-use asset, or is recognised in profit or loss if the carrying amount of the right-of-use asset has been reduced to zero.

Right-of-use assets

Right-of-use assets are measured at cost less accumulated depreciation and impairment losses.

Right-of-use assets are depreciated over the shorter period of lease term and useful life of the underlying asset. However, if a lease transfers ownership of the underlying asset or the cost of the right-of-use asset reflects that the Council expects to exercise a purchase option, the related right-of-use asset is depreciated over the useful life of the underlying asset.

Depreciation starts at the commencement date of a lease.

For right-of-use assets which are depreciated over their useful lives, the useful lives are presented in the following table:

Item	Depreciation method	Average useful life
Right use of asset - buildings	Straight line	2 years
Right use of asset - equipments	Straight line	3 years
Right use of asset - computer software	Straight line	5 years

The residual value, useful life and depreciation method of each asset are reviewed at the end of each reporting year. If the expectations differ from previous estimates, the change is accounted for prospectively as a change in accounting estimate. Each part of a right-of-use asset with a cost that is significant in relation to the total cost of the asset is depreciated separately.

The depreciation charge for each year is recognised in profit or loss unless it is included in the carrying amount of another asset.

Accounting Policies

1.8 Employee benefits

Short-term employee benefits

The cost of short-term employee benefits, (those payable within 12 months after the service is rendered, such as paid vacation leave and sick leave, bonuses, and non-monetary benefits such as medical care), are recognised in the period in which the service is rendered and are not discounted.

The cost of employee entitlements to salaries, annual leave and other entitlements which the Council has a present obligation to pay as a result of employees' services provided to the reporting date is recognised as a liability.

Defined contribution plans

Contributions made towards the fund are recognised as an expense in the Statement of profit or loss and other comprehensive income in the period that such contributions become payable. This contribution expense is measured at the discounted amount of the contribution paid or payable to the fund. A liability is recognised to the extent that any of the contributions have not yet been paid.

Conversely an asset is recognised to the extent that any contributions have been paid in advance.

Payments to defined contribution retirement benefit plans are charged as an expense as they fall due.

1.9 Revenue

Revenue is income arising in the course of a Council's ordinary activities.

Sale of goods

Revenue comprises of sales made to customers excluding amounts received on behalf of third parties, like value added tax. These sales include among others tender fees and register sales.

Rendering of services

Revenue from membership fees, registration fees, examination fees, restoration fees, penalties and other revenue are recognised when services are rendered.

Revenue is measured based on the consideration specified in a contract with the registered person, for example annual fees invoices are issued annually to all registered practitioners and revenue is recognised when or as the performance obligation is satisfied by transferring a promised service to a customer and when Council have a legal right to receive the revenue.

When a performance obligation is satisfied and when Council have a legal right to receive the revenue, revenue is recognised as the amount of the transaction price that is allocated to the performance obligation.

Unidentified credit balances which are older than one year and cannot be traced to the individual members are recognised as revenue.

Description	Point in time when revenue is recognised
Annual fees - Current	When the annual fee is paid
Annual fees - Prior year	When the restoration process completed
Fees from penalties - imposed	When the case of practitioner is finalised
Registration fees	When the registration process has been finalised
Unidentified receipts recognised	When 12 months period elapsed from the date of receipt
Restoration fees	When the restoration process has been finalised
Examination fees	When the application is approved and fees received
Evaluation fees	When evaluation invoice has been raised
Other professional fees	When invoices raised
RAF Management fees	When the invoice is raised
Profit on sale of assets	When sale is completed and purchaser signed the form
Other rental income	When the invoice is raised
Other recoveries - RAF	When the invoice is raised
Sundry revenue	When the fees are received
Register sales	When the invoice is raised
Tender fees	When the invoice is raised

Accounting Policies

1.10 Deferred income

1.10.1 Unapplied Receipts

Deferred income is recognised when member fees that was paid in advance by members, are due and payable.

1.10.2 Unidentified Receipts

Unidentified receipts are recognised as revenue when unidentified member or debtor has been identified and fees for this member or debtor is due and payable.

Unidentified receipts that remain unidentified for longer than a financial year, are recognised as revenue under unidentified receipts recognised at the end of the financial year. When a member or debtor who's receipt were recognised as revenue under unidentified receipts are identified, then revenue will be derecognised under unidentified receipts and recognised as revenue if fees are due and payable for the member or debtor.

Notes to the Annual Financial Statements

2. New Standards and Interpretations

2.1 Standards and interpretations not yet effective

The Council has chosen not to early adopt the following standards and interpretations, which have been published and are mandatory for the Council's accounting periods beginning on or after 1 April, 2022 or later periods:

Disclosure of accounting policies: Amendments to IAS 1 and IFRS Practice Statement 2.

IAS 1 was amended to require that only material accounting policy information shall be disclosed in the annual financial statements. The amendment will not result in changes to measurement or recognition of financial statement items, but management will undergo a review of accounting policies to ensure that only material accounting policy information is disclosed.

The effective date of the amendment is for years beginning on or after 1 January, 2023.

It is unlikely that the amendment will have a material impact on the Council's annual financial statements.

Definition of accounting estimates: Amendments to IAS 8

The definition of accounting estimates was amended so that accounting estimates are now defined as "monetary amounts in annual financial statements that are subject to measurement uncertainty."

The effective date of the amendment is for years beginning on or after 1 January, 2023.

It is unlikely that the amendment will have a material impact on the Council's annual financial statements.

Classification of Liabilities as Current or Non-Current - Amendment to IAS 1

The amendment changes the requirements to classify a liability as current or non-current. If an entity has the right at the end of the reporting period, to defer settlement of a liability for at least twelve months after the reporting period, then the liability is classified as non-current.

If this right is subject to conditions imposed on the entity, then the right only exists, if, at the end of the reporting period, the entity has complied with those conditions.

In addition, the classification is not affected by the likelihood that the entity will exercise its right to defer settlement. Therefore, if the right exists, the liability is classified as non-current even if management intends or expects to settle the liability within twelve months of the reporting period. Additional disclosures would be required in such circumstances.

The effective date of the amendment is for years beginning on or after 1 January, 2023.

It is unlikely that the amendment will have a material impact on the Council's annual financial statements.

Reference to the Conceptual Framework: Amendments to IFRS 3

The amendment makes reference to the Conceptual Framework for Financial Reporting issued in 2018 rather than to the IASC's Framework for the Preparation and Presentation of Financial Statements. The amendment specifically points to the treatment of liabilities and contingent liabilities acquired as part of a business combination, and which are in the scope of IAS 37 Provisions, Contingent Liabilities and Contingent Assets or IFRIC 21 Levies. It clarifies that the requirements of IAS 37 or IFRIC 21 should be applied to provisions, contingent liabilities or levies to determine if a present obligation exists at the Acquisition date. The amendment further clarifies that contingent assets of acquirees share not be recognised as part of the business combination.

The effective date of the Council is for years beginning on or after 1 January, 2022.

It is unlikely that the amendment will have a material impact on the Council's annual financial statements.

Annual Improvement to IFRS Standards 2018-2020: Amendments to IFRS 9

The amendment concerns fees in the '10 per cent' test for derecognition of financial liabilities. Accordingly, in determining the relevant fees, only fees paid or received between the borrower and the lender are to be included.

Notes to the Annual Financial Statements

2. New Standards and Interpretations (continued)

The effective date of the Council is for years beginning on or after 1 January, 2022.

It is unlikely that the amendment will have a material impact on the Council's annual financial statements.

Notes to the Annual Financial Statements

Figures in Rand

3. Property, plant and equipment

	2022				2021				
	Cost or revaluation	Accumulated depreciation	Carrying value	Cost or revaluation	Accumulated depreciation	Carrying value	Cost or revaluation	Accumulated depreciation	Carrying value
Land	3,545,008	-	3,545,008	3,545,008	3,545,008	-	3,545,008	-	3,545,008
Buildings	13,343,026	(3,157,586)	10,185,440	11,665,051	10,312,455	(2,918,451)	8,746,600	(5,800,715)	4,511,740
IT Servers	10,312,455	(6,796,844)	3,515,611	10,312,455	5,465,246	(2,490,150)	2,975,096	(2,339,892)	2,573,524
IT equipment	5,960,011	(3,385,771)	2,574,240	2,566,217	4,913,416	(2,339,892)	2,573,524	(6,550,919)	5,838,948
Furniture and fittings	5,074,841	(2,508,624)	2,566,217	5,068,181	12,389,867	(6,550,919)	5,838,948	(39,227)	528,321
Office equipment	12,460,578	(7,392,397)	5,068,181	587,826	567,548	-	528,321	-	1
Works of art	587,880	(54)	587,826	1	1	-	1	-	1
Presidential badge	1	-	1	1	1	-	1	-	1
Total	51,283,800	(23,241,276)	28,042,524	48,858,592	(20,139,354)	28,719,238	28,719,238	(20,139,354)	28,719,238

Reconciliation of property, plant and equipment - 2022

	Opening balance	Additions	Disposals	Work-in-progress	Revaluations	Depreciation	Depreciation reversal	Total
Land	3,545,008	-	-	-	-	-	-	3,545,008
Buildings	7,208,008	1,677,976	-	1,538,592	-	(239,136)	-	10,185,440
Furniture and fittings	2,573,524	161,425	-	-	-	(168,732)	-	2,566,217
IT servers	4,511,740	-	-	-	-	(996,129)	-	3,515,611
IT Equipment	2,975,096	605,558	-	-	-	(970,240)	74,619	2,574,240
Office equipment	5,838,948	373,452	(176,557)	-	-	(1,025,689)	58,027	5,068,181
Works of art	528,321	-	-	-	59,559	(54)	-	587,826
Presidential badge	1	-	-	-	-	-	-	1
	27,180,646	2,818,411	(287,350)	1,538,592	59,559	(3,399,980)	132,646	28,042,524

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2022

Notes to the Annual Financial Statements

Figures in Rand

3. Property, plant and equipment (continued) Reconciliation of property, plant and equipment - 2021

	Opening balance	Additions	Disposals	Depreciation	Depreciation reversal	Total
Land	3,545,008	-	-	-	-	3,545,008
Building	6,845,564	596,625	(54,327)	(195,591)	15,737	7,208,008
Furniture and fittings	2,454,013	464,612	(632,469)	(159,222)	446,590	2,573,524
IT servers	5,645,167	-	-	(1,133,427)	-	4,511,740
IT Equipments	3,897,555	366,145	(2,500,290)	(1,007,029)	2,218,715	2,975,096
Office equipments	6,795,149	365,024	(499,506)	(1,146,587)	324,868	5,838,948
Works of Art	547,239	-	-	(18,918)	-	528,321
Presidential badge	1	-	-	-	-	1
Buildings: Work-in-progress	-	1,538,592	-	-	-	1,538,592
	29,729,696	3,330,998	(3,686,592)	(3,660,774)	3,005,910	28,719,238

Loss on sale of property, plant and equipment is included under operating (deficit) / surplus in note 15.

Compensation received for losses on property, plant and equipment is included in profit or loss statement.

No property, plant and equipment have been pledged as a security for any liabilities of Council during the financial year.

Works-of-art assets are disclosed at fair value.

4. Right-of-use assets

The Council leases assets which includes buildings, telephone and and printing equipments. The average lease term is 3 years.

The Council has the option to purchase the telephone and printing at a nominal amount on completion of the lease term.

Details pertaining to leasing arrangements, where the Council is lessee are presented below:

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2022

Notes to the Annual Financial Statements

4. Right-of-use assets (continued)

Net carrying amounts of right-of-use assets

The carrying amounts of right-of-use assets are as follows:

Buildings	-	135,539
Office equipment	279,273	650,961
Computer software	1,686,308	2,188,949
	1,965,581	2,975,449

Additions to right-of-use assets

Computer software	-	1,098,704
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Depreciation recognised on right-of-use assets

Depreciation recognised on each class of right-of-use assets, is presented below. It includes depreciation which has been expensed in the total depreciation charge in profit or loss.

Buildings	130,090	1,280,772
Office equipment	371,688	371,689
	501,778	1,652,461

Other disclosures

Interest expense on lease liabilities	52,771	178,187
Expenses on short-term leases included in operating expenses	439,898	346,723
Total cash outflow from leases	492,669	524,910

Lease liabilities

Lease liabilities have been included in the non-current and current liabilities line item on the statement of financial position.

The maturity analysis of lease liabilities is as follows:

Within one year	323,762	580,780
Two to five years	-	323,761
	323,762	904,541
Less finance charges component	(13,127)	(66,563)
Present value of minimum lease payments	310,635	837,978

Non-current liabilities	-	310,634
Current liabilities	310,635	527,344
	310,635	837,978

It is Council policy to lease telephone equipments and buildings.

The average lease term is 3 years for telephone and printing solutions while for the right-of-use building was 2 years.

Interest rates are charged at 10% per annum effective from the contract date. The parties agreed to enter into a thirty-six (36) months agreement commencing on 1 January 2020, notwithstanding the date of signature herein, to 31 December 2022. All leases have fixed repayments and no arrangements have been entered into for contingent rent.

The Council obligations under leases are secured by the lessor's charge over the leased assets.

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2022

Notes to the Annual Financial Statements

Figures in Rand

5. Intangible assets

	2022		2021	
	Cost / Valuation	Accumulated Carrying value amortisation	Cost / Valuation	Accumulated Carrying value amortisation
Computer software	23,139,292	(11,864,661)	11,274,631	(10,423,191)
Oracle cloud - Work in Progress	1,445,300	-	1,445,300	-
Total	24,584,592	(11,864,661)	23,139,292	(10,423,191)

Reconciliation of intangible assets - 2022

	Opening balance	Additions	Amortisation	Total
Computer software	12,716,101	-	(1,441,470)	11,274,631
Oracle Cloud - Work in progress	-	1,445,300	-	1,445,300
	12,716,101	1,445,300	(1,441,470)	12,719,931

Reconciliation of intangible assets - 2021

	Opening balance	Transfers	Amortisation	Total
Computer software	11,575,375	2,128,755	(988,029)	12,716,101
Software - Leased Assets	2,128,755	(2,128,755)	-	-
	13,704,130	-	(988,029)	12,716,101

The HPCSA embarked on a new project of the Oracle service cloud and is in process of development.

No intangible assets have been pledged as a security for any liabilities of Council during the financial year.

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2022

Notes to the Annual Financial Statements

2022

2021

6. Investments at fair value

Equity investments at fair value

Listed shares	1,084,300	894,022
15018 Sanlam free shares allocated to Council during Sanlam's demutualisation process.		
	1,084,300	894,022

7. Retirement benefits

Defined contribution plan

The HPCSA provides retirement benefits through independent funds under the control of trustees and all contributions on those funds are charged to profit and loss. The HPCSA pension and provident funds are governed by the Pensions Fund Act, 1956.

The total group contribution to such schemes	5,352,978	10,051,699
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8. Employee Benefits

Employee benefits represents the leave days that are accrued to employees and are payable in full when an employee resign. The reduction from previous year's R10, 051, 699 to R5, 352, 978 was due to the HPCSA moving from employer contributions to only employee contributions in October 2021.

Employee benefits

Accrued staff leave	10,527,603	9,077,551
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9. Trade and other receivables

Financial instruments:

Trade receivables	27,828,672	23,222,012
Less: Credit loss allowance	(24,193,240)	(17,701,417)
Net Trade receivables	3,635,432	5,520,595
Advances to managers and employees	60,083	57,103
Prepayments	7,308,284	6,023,372
Deposits	128,890	259,877
AMCOA loan account	145,915	28,500
Accrued income and interest	3,495,302	1,667,920
Total trade and other receivables	14,773,906	13,557,367

Reconciliation of Credit Loss Allowance

Opening Balance	(17,701,417)	(14,088,192)
Increase in credit loss allowance	(6,491,823)	(3,613,225)
	(24,193,240)	(17,701,417)

Loss Allowance Matrix - 2022

	Weighted average expected	Estimated gross carrying amount	Lifetime ECL
Current	51 %	3,661,913	1,998,025
1-30 days	71 %	3,615,545	2,580,761
31-60 days	77 %	691,775	536,114
61-90 days	72 %	432,014	309,807
91-180 days	73 %	1,105,449	812,013
181-360 days	73 %	1,292,998	938,546
361 + days	100 %	17,028,978	17,017,974
	100 %	27,828,672	24,193,240

Notes to the Annual Financial Statements

9. Trade and other receivables (continued)

Loss Allowance Matrix - 2021	Weighted average expected	Estimated gross carrying amount	Lifetime ECL
Current	34 %	4,026,194	561,732
1-30 days	44 %	520,859	952,961
31-60 days	40 %	505,832	673,075
61-90 days	42 %	43,987	19,156
91-180 days	49 %	685,399	357,974
181-360 days	49 %	4,355,785	2,261,355
361+days	100 %	13,083,956	12,875,164
	100 %	23,222,012	17,701,417

Trade receivables disclosed above include amounts that are past due at the end of the reporting period for which the Council has not recognised an impairment because there has not been a significant change in credit quality and the amounts are still considered recoverable. There are no trade receivables that represent more than 5% of the total trade receivables of the Council. There is no material difference between the fair value of receivables and their carrying amount due to the short term nature of these instruments.

10. Cash and cash equivalents

2022 2021

Cash and cash equivalents consist of:

Cash on hand	-	515
Bank balances	53,666,196	67,864,037
Short-term deposits	269,739,083	115,815,936
	323,405,279	183,680,488

Cash and cash equivalents pledged as security

Total cash and cash equivalents pledged as a collateral	2,000,000	2,000,000
No expiry date and no special conditions apply		
Limited Cession of Absa Bank Ltd Fixed Deposit no: 2064961351 for R 500, 000		
Limited Cession of Absa Bank Ltd Fixed Deposit no: 2064951992 for R 1,500,000		

11. Trade and other payables

Financial instruments:

Trade payables	8,403,723	9,642,427
Accruals and other payables	8,037,910	10,688,713

Non-financial instruments:

VAT	943,715	1,464,027
	17,385,348	21,795,167

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2022

Notes to the Annual Financial Statements

Figures in Rand	2022	2021
12. Deferred income		
Unearned revenue	7,024,091	6,224,954
Unapplied receipts	226,393,496	129,540,007
Unidentified receipts	6,044,357	2,302,780
	239,461,944	138,067,741

Unearned revenue

Represents revenue that Council only has a legal right to once payment has been received.

Unapplied receipts

Represents receipts in advance from members for their next years membership fees.

Unidentified receipts

Represents receipts from members who cannot be identified at this stage. These members normally claim these receipts when their fees remain unpaid and they receive reminders.

Included in this amount is also practitioners who paid, but are not yet registered. Receipts can only be applied once registration is complete.

13. Revenue

Unidentified receipts - recognised	677,010	1,201,303
Annual fees - current	283,718,940	262,687,700
Restoration fees	10,338,566	7,559,460
Examination fees	7,404,332	2,170,556
Evaluation fees	2,398,031	68,640
Other professional fees	1,905,262	1,726,659
Registration fees	22,209,479	15,439,441
Annual fees - prior years	3,976,448	2,715,342
Fees from penalties imposed	4,053,682	3,266,196
	336,681,750	296,835,297

14. Other operating income

RAF management fees	2,399,344	2,333,288
Profit on sale of assets	-	71,535
Rental income	223,876	216,934
Other recoveries - RAF	16,664,329	22,234,272
Sundry revenue	767,494	695,640
Register sales	26,469	-
Tender fees	36,043	40,128
Insurance compensation	274,250	48,702
	20,391,805	25,640,499

15. Other operating surplus (deficit)

Auditors' remuneration - External auditors		312,722	303,335
Depreciation		3,901,757	5,313,235
Amortisation on intangible assets		1,944,115	1,125,438
Loss on disposal of fixed assets	3	160,153	463,536
Operating lease charges - rental machines and office space		474,546	346,723
Legal expenses	5	9,822,427	9,014,175
Council, professional boards and committee meetings		51,080,485	53,694,341
Employee costs		195,270,975	194,177,612

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2022

Notes to the Annual Financial Statements

Figures in Rand	2022	2021
15. Other operating surplus (deficit) (continued)		
Strategic projects	2,366,631	2,044,598
IT Expenses	16,992,205	15,196,301
Postage	1,477,872	892,850
16. Investment income		
Interest income		
Investments in financial assets:		
Bank and other cash	11,024,471	9,987,836

Finance income is recognised using the effective interest method and is recognised when it is receivable to Council. The interest income is earned on positive bank balances.

17. Taxation

The Council is exempted from taxation in terms of the Income Tax Act.

18. Cash generated from/(used in) operations

Profit for the year	41,291,925	4,157,136
Adjustments for:		
Depreciation and amortisation	5,845,873	6,438,673
Losses on disposals, scrappings and settlements of assets and liabilities	160,153	463,536
Interest income	(11,024,471)	(9,987,836)
Finance costs	52,771	178,187
Changes in working capital:		
Trade and other receivables	(1,216,539)	11,018,185
Derivatives	190,278	126,752
Trade and other payables	(4,409,819)	(821,761)
Deferred income	101,394,201	(110,500,260)
Employee benefits	1,450,052	2,813,476
	133,734,424	(96,113,912)

19. Related parties

Relationships

Acting Registrar and CEO - Dr MA Kwindu	Refer to note 20
Acting Registrar and CEO - Ms Melissa de Graaff	Refer to note 20
Registrar and CEO - Dr D Motau	Refer to note 20
Executive Management	Refer to note 20
President of Council - Prof MS Nmutandani	Refer to note 21
Council members - 32 members	Refer to note 21
Association of Medical Councils of Africa (AMCOA) - HPCSA is a member of AMCOA and manages the day-to-day financials affairs of AMCOA	Refer to note 9
Road Accident Fund	Refer to note 22
Minister of Health and Department of Health	Refer to Health Professions Act no 56 of 1974

Related party transactions

Council / Professional Board members fees (See note 21)

Members fees	31,451,036	33,236,481
Preparation fees	-	24,088
Subsistence allowances	1,557,265	821,783

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2022

Notes to the Annual Financial Statements

Figures in Rand

20. Executive Remuneration

Executive

2022

	Emoluments	Retirement benefits	Medical aid	Acting allowance	Total
Acting Registrar / CEO (01 April to 31 May 2021)	370,226	26,112	-	113,114	509,452
Registrar / CEO (01 June 2021 to 31 March 2022) *	2,511,693	99,773	155,072	-	2,766,538
Acting Registrar / CEO (01 September - 31 March 2022) and Chief Financial Officer (01 April to 31 August 2021)	2,283,176	98,155	42,019	553,037	2,976,387
Head of Department - Legal and Regulatory Affairs	2,858,397	122,585	29,604	-	3,010,586
Head of Division: Information Technology (CIO)	2,242,954	132,575	40,284	-	2,415,813
Head of Department: Core Operations	1,886,531	82,503	51,250	-	2,020,284
Head of Division: Registrations	1,827,011	77,549	-	-	1,904,560
Head of Division: Inspectorate	1,778,617	76,084	-	-	1,854,701
Head of Division: Strategy and Enterprise Project Management	1,630,951	95,425	-	-	1,726,376
Head of Division: Executive Company Secretariat	1,609,778	70,458	34,822	-	1,715,058
Head of Division: Educational and Training	1,576,504	86,056	-	-	1,662,560
Head of Division: Complaints Handling and Investigation	1,563,393	70,458	81,206	-	1,715,057
Head of Division: Human Resources	1,467,800	86,056	-	-	1,553,856
Acting Head of Division: Internal Audit and Risk	1,466,860	64,169	24,858	18,000	1,573,887
Acting: HOD Finance and SCM / CFO (08 September 2021 to 31 March 2022)	1,257,584	55,500	18,510	598,320	1,929,914
Head of Division: Corporate Affairs	1,202,871	46,864	20,693	-	1,270,428
	27,534,346	1,290,322	498,318	1,282,471	30,605,457

* Council has entered into a termination agreement with former Registrar / CEO on 30 August 2022. The total amount of R1, 125, 947 was paid to the former Registrar / CEO as a termination agreement amount. Council has also entered into a settlement agreement with a former Registrar/CEO on 21 October 2021 and an amount of R1 385 154 was paid.

2021

	Emoluments	Performance bonus	Retirement benefits	Medical aid	Acting allowance	Total
Acting Registrar / CEO	2,116,031	160,347	150,927	-	658,277	3,085,582
Head of Department: Legal and Regulatory Affairs	2,638,793	283,807	189,345	33,731	-	3,145,676
Head of Department: Finance and SCM / (CFO)	2,092,403	224,486	150,927	38,977	-	2,506,793
Head of Division: Information Technology (CIO)	2,004,679	-	256,444	-	-	2,261,123
Head of Department: Core Operations (01 January to 31 March 2021)	1,709,979	-	126,218	48,838	-	1,885,035
Head of Division: Registrations	1,657,165	-	118,248	-	-	1,775,413
Head of Division: Inspectorate	1,614,569	171,727	116,084	-	-	1,902,380
Head of Division: Strategy and Enterprise Project Management	1,451,198	-	155,450	-	-	1,606,648
Acting Head of Division: Executive Company Secretariat	1,433,808	-	105,526	33,178	-	1,572,512
Head of Division: Complaints Handling and Investigation	1,410,564	-	107,214	77,918	-	1,595,696
Risk Management Officer	1,331,898	102,238	112,074	23,688	-	1,569,898

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2022

Notes to the Annual Financial Statements

Figures in Rand

20. Executive Remuneration (continued) - 2021

Head of Division: Human Resources (01 August 2020 to 31 March 2021)	1,302,487	-	139,752	-	-	1,442,239
Head of Division: Education and Training	1,302,171	-	139,752	-	-	1,441,923
Head of Division: Professional Practice	1,106,404	-	80,391	-	-	1,186,795
Senior Manager: Road Accident Fund Tribunal	1,106,217	-	80,391	-	-	1,186,608
Head of Division: Internal Audit and Risk (01 April to 31 October 2020)	759,255	-	81,688	-	-	840,943
Acting Head of Division: Corporate Affairs (01 May to 31 March 2021)	743,967	-	54,422	-	523,022	1,321,411
Head of Division: Corporate Affairs (April 2020)	103,690	-	12,834	-	-	116,524
	25,885,278	942,605	2,177,687	256,330	1,181,299	30,443,199

21. Councillors' Emoluments

Non-executive

2022

	Emoluments	President and Vice President Retainers Fees	Board Retainers Fees	Other Allowances (Collaboration, Subsistence and Travel)	Total
Prof MS Nmutandani	737,587	171,452	-	87,503	996,542
Dr S Sobuwa	233,732	139,278	113,763	33,600	520,373
Ms LP Spies	330,270	-	113,763	37,700	481,733
Ms E Burger	116,425	-	-	12,250	128,675
Prof P Engel-Hills	82,875	-	-	11,200	94,075
Ms NV Madyibi	229,376	-	-	15,050	244,426
Dr TT Khanyile	28,963	-	-	14,000	42,963
Ms A Vuma	257,725	-	113,763	35,050	406,538
Dr D Mathye	269,777	-	113,763	50,243	433,783
Prof N Mofolo	178,525	-	-	2,100	180,625
Dr JO August	262,187	-	113,763	31,900	407,850
Ms TB Mahlaola	235,656	-	12,659	13,477	261,792
Mr TJ Nambo	117,000	-	-	14,924	131,924
Adv MJ Ralefatane	216,939	-	-	15,050	231,989
Ms R Mphephu	165,751	-	-	12,600	178,351
Mr N Raheman	171,976	-	-	12,600	184,576
Dr SR Legoabe	109,688	-	-	14,700	124,388
Mr BI Dladla	126,750	-	-	-	126,750
Mr J Shikwambane	213,337	-	113,763	29,000	356,100
Dr TA Muslim	238,859	-	113,763	44,889	397,511
Prof NJ Ngoloyi-Mekwa	97,500	-	-	7,350	104,850
Mrs MMM Mothapo	104,813	-	-	11,550	116,363
Ms Y Naidoo	228,621	-	113,763	38,128	380,512
Prof L Ramma	197,222	-	113,763	31,900	342,885
Dr AM Thulare	-	-	-	13,740	13,740
Mrs D Naidoo	109,396	-	113,763	26,100	249,259
Mr ST Dywili	24,375	-	-	11,310	35,685
Prof SM Rataemane	252,715	-	113,763	69,281	435,759
	5,338,040	310,730	1,264,052	697,195	7,610,017

2021

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2022

Notes to the Annual Financial Statements

	Emolments	President and Vice President Retainers Fees	Board Retainers Fees	Other Allowances (Collaboration, Subsistence and Travel)	Total
Prof MS Nemutandani*	340,575	62,006	-	21,392	423,973
Dr S Sobuwa***	251,900	51,672	53,824	15,800	373,196
Ms LP Spies*	160,150	-	53,824	17,201	231,175
Ms E Burger*	34,125	-	-	4,343	38,468
Prof P Engel-Hills*	14,625	-	-	2,800	17,425
Dr A Bham*	9,750	-	-	1,544	11,294
Ms X Bacela*	29,250	-	-	7,000	36,250
Ms NV Madyibi*	9,750	-	-	242	9,992
Dr TT Khanyile*	19,500	-	-	2,100	21,600
Ms A Vuma*	132,625	-	53,824	17,201	203,650
Dr D Mathye*	229,425	-	53,824	39,715	322,964
Prof N Mofolo*	60,650	-	-	7,681	68,331
Dr JO August*	317,475	-	53,824	20,937	392,236
Ms TB Mahlaola	168,900	-	-	10,937	179,837
Mr TJ Nambo*	19,500	-	-	5,622	25,122
Prof F Nomvete*	9,750	-	-	-	9,750
Adv MJ Ralefatane*	48,750	-	-	-	48,750
Mr R Mphephu*	87,750	-	-	6,173	93,923
Dr TKS Letlape*	623,425	93,009	75,354	19,600	811,388
Mr LA Malotana*	56,200	77,507	75,354	-	209,061
Mr S Ramasala	438,000	-	-	-	438,000
Prof K Mfenyana	50,325	-	-	4,900	55,225
Mr A Speelman	100,075	-	75,354	34,300	209,729
Mrs D Muhlbauer	98,540	-	-	6,450	104,990
Mr N Raheman*	102,375	-	-	11,460	113,835
Rev TL Mashiloane*	48,750	-	-	3,862	52,612
Dr SR Legoabe*	24,375	-	-	-	24,375
Mrs MMM Mothapo	58,500	-	-	7,425	65,925
Mr BI Dladla*	14,625	-	-	64	14,689
Prof BJ Pillay**	187,812	-	75,354	36,400	299,566
Mr J Shikwambane*	141,025	-	53,824	17,201	212,050
Dr A Lucen**	29,250	-	-	6,300	35,550
Prof NJ Ngoloyi-Mekwa**	160,875	-	-	9,100	169,975
Ms ND Dantile**	172,050	-	75,354	36,472	283,876
Ms JM Nare	34,125	-	-	7,700	41,825
Dr AM Thulare***	206,325	-	-	6,435	212,760
Ms DJ Sebidi**	134,050	-	75,354	35,700	245,104
Dr S Balton**	115,800	-	75,354	37,867	229,021
Ms RM Gontsana**	39,000	-	-	4,900	43,900
Prof SM Hanekom**	74,125	-	75,354	37,100	186,579
Prof GJ van Zyl**	48,175	-	-	4,200	52,375
Ms Y Naidoo**	146,675	-	53,824	17,095	217,594
Mr M Kobe**	199,150	-	75,354	41,500	316,004
Prof L Ramma**	87,275	-	53,824	11,600	152,699
Mr MAW Louw**	57,925	-	75,354	35,000	168,279
Mr ST Dywili**	29,250	-	-	-	29,250
Prof SM Rataemane*	293,456	-	53,824	23,638	370,918
Ms MM Isaacs**	34,125	-	-	4,900	39,025
Ms MS van Niekerk**	114,800	-	75,354	36,924	227,078
Mr KO Tsekeli**	58,500	-	-	4,900	63,400
Dr TA Muslim**	228,400	-	129,179	49,672	407,251
Prof YI Osman**	106,675	-	-	5,600	112,275
	6,258,483	284,194	1,442,489	738,953	8,724,119

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2022

Notes to the Annual Financial Statements

Figures in Rand 2022 2021

- * = Appointed 16 November 2020
 ** = Term ended 31 October 2020
 *** = Reappointed 16 November 2020

22. Road Accident Fund (RAF)

The surplus recovered from the agreement between HPCSA and the Road Accident Fund can be reconciled as follows:

Cost incurred by HPCSA	16,738,522	22,234,272
Employee costs	8,534,750	9,742,193
RAF legal, tribunal expenditure, sheriff and disbursements	8,002,662	12,474,068
HPCSA overheads (Stationery, telephone and training)	201,110	18,011
Amounts received from RAF	19,287,549	24,783,954
Amounts received from RAF	16,664,329	22,234,272
Management accounts	2,399,344	2,333,288
Rental income	223,876	216,394
Other Operating income (see note 14)	2,549,027	2,550,222

23. Financial instruments and risk management

Fair value of financial instruments

The carrying amounts of the following financial instruments approximate their fair value due to the fact that these instruments are:

- Cash and cash equivalents include bank balances and investments with commercial interest rates.
- Short trade and other receivables - due to the short term nature of Health Professions Council of South Africa's receivables, amortised cost approximates its fair values.
- Trade and other payables - are subject to normal trade credit terms and short payment cycles. The cost of other payables approximate its fair value.

No financial instrument is carried at an amount in excess of its fair value.

Categories of financial assets

2022

	Note(s)	Fair value through other comprehensive income - equity instruments	Amortised cost	Total	Fair value
Investments at fair value	6	1,084,300	-	1,084,300	1,084,300
Trade and other receivables	9	-	14,773,906	14,773,906	14,773,906
Cash and cash equivalents	10	-	319,715,774	319,715,774	319,715,774
		1,084,300	334,489,680	335,573,980	335,573,980

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2022

Notes to the Annual Financial Statements

Figures in Rand 2022 2021

23. Financial instruments and risk management (continued)

2021

	Note(s)	Fair value through other comprehensive income - equity instruments	Amortised cost	Total	Fair value
Investments at fair value	6	894,022	-	894,022	894,022
Trade and other receivables	9	-	13,557,367	13,557,367	13,557,367
Cash and cash equivalents	10	-	183,680,488	183,680,488	183,680,488
		894,022	197,237,855	198,131,877	198,131,877

Categories of financial liabilities

2022

	Note(s)	Amortised cost	Leases	Total
Trade and other payables	11	13,695,842	-	13,695,842
Deferred income		239,461,944	-	239,461,944
Finance lease obligations	4	-	310,635	310,635
Employee benefits		10,527,603	-	10,527,603
		263,685,389	310,635	263,996,024

2021

	Note(s)	Amortised cost	Leases	Total
Trade and other payables	11	21,795,167	-	21,795,167
Deferred income		138,067,741	-	138,067,741
Finance lease obligations	4	-	837,978	837,978
Employee benefits		9,077,551	-	9,077,551
		168,940,459	837,978	169,778,437

Financial risk management

Overview

The Council is exposed to the following risks from its use of financial instruments:

- Credit risk;
- Liquidity risk; and
- Market risk (interest rate risk and price risk).

Credit risk

Credit risk is the risk of financial loss to the company if a customer or counterparty to a financial instrument fails to meet its contractual obligations.

Potential concentrations of credit risk consist mainly of cash and cash equivalents, trade receivables and other receivables.

At 31 March 2022, the Health Professions Council of South Africa did not consider there to be any significant concentration of credit risk which had not been insured or adequately provided for.

Notes to the Annual Financial Statements

Figures in Rand 2022 2021

23. Financial instruments and risk management (continued)

The Council only deposits cash with major banks with high quality credit standing and limits exposure to any one counter-party.

Credit risk - Trade and other receivables (See note 9)

Trade and other receivables consist of a large number of customers spread across diverse industries and geographical areas. Ongoing credit evaluation is performed on the financial condition of trade and other receivables.

The carrying amount of financial assets recognised in the financial statements, which is net of impairment losses, represents the Council's maximum exposure to credit risk.

To measure the expected credit losses, trade receivables and contract assets have been grouped based on shared credit risk characteristics and the days past due.

The expected loss rates are based on the payment profiles of revenue over a period of 12 months and the corresponding historical credit losses experienced within this period. The historical loss rates are adjusted to reflect current and forward-looking information on macroeconomic factors affecting the ability of the customers to settle the receivables.

Credit risk - Cash and cash equivalents

The credit risk of liquid funds is limited because the counter parties are banks with high credit ratings assigned by international credit-rating agencies. The funds invested are spread across a number of banks. The Council utilises only investment grade banks within South Africa as per the recognised rating agencies.

Liquidity risk

The Health Professions Council of South Africa manages liquidity risk through the compilation and monitoring of cash flow forecasts as well as ensuring that there are adequate banking facilities.

The maturity profile of contractual cash flows of non-derivative financial liabilities, and financial assets held to mitigate the risk, are presented in the following table. The cash flows are undiscounted contractual amounts.

2022

	Less than 1 year	Total
Current liabilities		
Trade and other payables	13,695,842	13,695,842
Finance lease liabilities	310,635	310,635

2021

	Less than 1 year	1 to 2 years	Total
Non-current liabilities			
Finance lease liabilities	-	310,634	310,634
Current liabilities			
Trade and other payables	11 21,795,167	-	21,795,167
Finance lease liabilities	527,344	-	527,344
	(22,322,511)	(310,634)	(22,633,145)

Notes to the Annual Financial Statements

Figures in Rand

2022

2021

23. Financial instruments and risk management (continued)

Interest rate risk

The Health Professions Council of South Africa does have investments which are interest-bearing assets. The Council is however funded through different income streams received from members. Interest rates fluctuations will therefore not have a material impact on income and operating cash flows.

24. Contingent Asset

During the financial year Council found that a member who is a government employee claimed members fees from Council while letter from Minister of Health indicated that government employees should not claim members fees from HPCSA. Council has referred matter to Minister of Health for resolution and if Minister of Health determine that member is at fault for claiming, the member would have to return members fees received back to HPCSA. The estimated contingent asset is R 910,550. This note should be read together with the contingent liability note 25 on Government employees.

25. Contingent liabilities

Matter regarding Practitioner: Ms CJ Grobber

The practitioner experienced slow reaction of the Council to complaints against Dr Gordon. She is claiming damages estimated R 768, 000. Dr Gordon who is the second defendant is currently being sequestered and the proceedings are currently affected by the sequestration proceedings. There is currently no movement on the matter. There has been some telephonic contact in July 2021 and February 2022 with Plaintiff's attorney where they were enquiring if a settlement offer will be forthcoming, to which we have responded in the negative but no further legal steps have been taken. The HPCSA has not made any provisions in the previous financial year and no provision should be made this financial year and this decision can be reviewed on an on-going basis if the circumstances change.

Matter regarding Practitioner: Dr JF Scholtz

A claim has been lodged against the Council of the HPCSA due to incorrect registration status provided on behalf of a registered practitioner resulting in the loss of employment opportunity of the registered practitioner. The practitioner is claiming payment of the sum of R 49,173,658. The matter was held on 17-20 August 2020. The matter has not finalised the parties were to file their heads in 2020. The HPCSA complied but the Plaintiff did not and only filed their heads on 20 May 2022 and final arguments were only heard by Munzhelele J on 27 May 2022 and judgment was reserved.

Matter regarding Garter & Swanepoel // UCT

The Plaintiff's, Ms Gartner and Ms Swanepoel, both having completed the MA in Neuropsychology seek an order in the amount of R41, 061,524 and R125, 555,376 respectively which is alleged to be made up of:

- loss of income for unpaid internship in the year 2014;
- expenses incurred for registration expenses for the period 2015-2017; and
- loss of future income as a professional neuropsychologist as of March 2015 to date of retirement.

The action has been defended by the HPCSA herein and awaiting additional documents from plaintiff. An exception was raised by the HPCSA and heard in November 2020 and judgment was delivered in May 2021 in favour of the HPCSA. Following this success Plaintiff had enquired about abandoning their claim against the HPCSA with each party to carry own costs. It is not clear if opponents will pursue the matter further as they have not taken any further legal steps since the outcome of the exception in May 2021.

Matter regarding the Council and Board members employed by Government

Council has approached the Minister of Health to reconsider his decision that Government employees who are members of Council or Professional Boards should not claim fees for attendance of meetings or other activities of these structures. If the Minister changes this decision and allow government employees to claim fees for attendance of meetings or activities it will have a financial impact on Council that is currently estimated to be a maximum of R15 million.

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2022

Notes to the Annual Financial Statements

Figures in Rand 2022 2021

25. Contingent liabilities (continued)

Matter regarding the Former Chief Investigator

There is unfair dismissal dispute that is currently at CCMA arbitration stage. In the event that CCMA rules in the employee's favour, a maximum award of 12 months compensation may be made, which will be equal to R1,066,384. There is no progress in the case as the CCMA is not operational during the national lockdown due to Covid-19. The HPCSA has not made any provision in this financial year and will continue to review this decision on an on-going basis.

The matter was in abeyance since December 2020. However, Former Chief Investigator has re-filed a claim with CCMA, to which the HPCSA will oppose.

Matter regarding the Former Head of Division: HR

The pre-trial process underway, with parties exchanging pre-trial conference proposals. The Former HOD: HR's legal team have on 28 June 2021 submitted an out of court settlement proposal of R 4, 769,270.95. The HPCSA's legal representative has been instructed to reject the offer of settlement. The HPCSA has not made any provision in this financial year and will continue to review this decision on an on-going basis.

26. Fruitless / Wasteful Expenditure

During the financial year, the Council suffered an unrecoverable loss of R 45,425 due to re-printing of internship logbooks. The logbooks were printed incorrectly and as a result, the responsible Division reprinted those logbooks and incurred additional costs for the correcting, attaching and reprinting and manually removing and inserting missing pages.

Opening balance at the beginning of the year	-	-
Printing and Stationery	45,425	-
Condonement	-	-
Balance	45,425	-

27. Prior period errors

27.1 Trade and other trade receivables (Debtors) and Evaluation fees

The Council has identified the prior period error when reviewing the debtors transactions of the financial period 2019/20. Some evaluation invoices that were previously sent out to the institutions were not correct and the payments were not done by the institutions. Those invoices were corrected during the current financial year and affected the debtors control account and evaluation fees of the financial period 2019/20. The Council has also identified the prior period error when reviewing the debtors transactions of the financial period 2020/21. Some evaluation invoices that were previously sent out to the institutions were not correct and the payments were not done by the institutions. Those invoices were corrected during the current financial period and affected the debtors control account and evaluation fees account of the financial period 2020/21. Both errors have been corrected through retrospectively restatement of the comparative figures in the current financial year's financial statements.

Statement of Financial Position

	As previously reported	Correction of error	Restated
Retained income - Opening balance 01 April 2021	67,649,672	(287,216)	67,362,456
Retained income - Opening Balance 01 April 2021	72,111,310	(287,216)	71,824,094
Retained income - Opening balance 1 April 2021	71,824,094	(304,505)	71,519,589
Trade receivables and other receivables - Opening 01 April 2021	12,856,365	701,002	13,557,367
Trade payables and other payables - Opening 1 April 2021	29,579,995	(7,784,828)	21,795,167
Employee benefits	-	9,077,551	9,077,551

Statement of Profit or Loss and Other Comprehensive Income

	As previously reported	Correction of error	Restated
Revenue	(297,139,802)	304,505	(296,835,297)
Evaluation Fees	(373,145)	304,505	(68,640)

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2022

Detailed Income Statement

Figures in Rand	Note(s)	2022	2021 Restated
Revenue			
Annual Fees Current year before suspensions		301,633,344	275,299,972
Less: Suspension of membership		(17,914,404)	(12,612,272)
Annual fees - Current year		283,718,940	262,687,700
Annual fees - Prior year		3,976,448	2,715,342
Fees from penalties imposed		4,053,682	3,266,196
Restoration fees		10,338,566	7,559,460
Registration fees		22,209,480	15,439,442
Examination fees		7,404,333	2,170,555
Unidentified receipts - recognised		677,009	1,201,303
Evaluation fees		2,398,030	68,640
Other professional fees		1,905,262	1,726,659
	13	336,681,750	296,835,297
Other operating income			
RAF management fees		2,399,344	2,333,288
Profit on sale of assets		-	71,535
Other rental income		223,876	216,934
Other recoveries - RAF		16,664,329	22,234,272
Sundry revenue		767,494	695,640
Register sales		26,469	-
Tender fees		36,043	40,128
Insurance compensation		274,250	48,702
	14	20,391,805	25,640,499
Other operating gains (losses)			
Losses on disposal of assets or settlement of liabilities		(160,153)	(463,536)
Expenses (Refer to page 46)			
		(326,593,177)	(327,664,773)
Operating profit (loss)		30,320,225	(5,652,513)
Investment income	16	11,024,471	9,987,836
Finance costs		(52,771)	(178,187)
Other comprehensive losses			
Profit on revaluation of works-of-art		59,559	-
Fair value gains		190,278	126,752
Surplus / (Deficit) for the year		41,541,762	4,283,888

* See Note

The supplementary information presented does not form part of the annual financial statements and is unaudited

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2022

Detailed Income Statement

Figures in Rand	Note(s)	2022	2021
Other operating expenses			
Amortisation		1,944,115	1,125,438
Auditor's remuneration - external audit		312,722	303,335
Bad debts - Increase in credit loss allowance		6,506,946	3,660,045
Bank charges		4,868,941	3,464,212
Cleaning		754,905	619,242
Airconditioning Expenses		295,600	131,400
Consulting and professional fees		291,852	133,775
Internal Audit Fees		446,922	781,660
Consulting and professional fees - legal fees		9,822,427	9,014,175
RAF Expenses		16,991,448	22,451,206
Depreciation		3,901,758	5,313,235
Employee costs		192,759,873	194,177,612
Tender administrative costs		200,612	9,464
Investigations: SIU		2,227,238	2,261,305
Equipment and furniture less than R1000		3,857	40,135
Strategic projects - BPR, Teambuildings and Strategic Sessions		2,361,521	2,044,598
Conferences (HPCSA and IAMRA)		13,181	605,011
Settlement labour cases - Employees		2,511,101	-
AMCOA Conference		186,523	28,223
Council, professional board and committee meetings		51,080,485	53,694,341
Insurance		723,238	713,645
IT expenses		16,992,205	15,196,301
Municipal expenses		2,444,801	3,124,735
Postage		1,477,872	892,850
Printing and stationery		924,480	794,241
Promotions		1,331,597	1,601,451
Repairs and maintenance		2,125,911	2,136,140
Security		2,053,183	2,389,938
Subscriptions		70,527	60,991
Telephone and fax		930,604	757,725
Travel - overseas		36,732	138,344
		326,593,177	327,664,773

* See Note

The supplementary information presented does not form part of the annual financial statements and is unaudited

Notes

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