



HPCSA
 Health Professions Council of South Africa
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ANNUAL REPORT
2022/2023







ANNUAL REPORT
2022/2023

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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 Nemutandandi (President) Prof. Solomon Rataemane – (Resigned - February 2023) Dr Thandeka Khanyile Prof Arthur Rantloane |
| Medical Technology | Ms Akhona Vuma |
| Optometry and Dispensing Opticians | Ms Yurisa Naidoo |
| Occupational Therapy, Medical Orthotics, Prosthetics and Arts Therapy | Mrs Elizabeth Burger |
| 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 |

South African Military Health Services

Registered Office

Postal Address

Bankers

Auditors

Company Secretary

Preparer of the Annual Financial Statement

Website

Prof. Nathaniel Mofolo

Lt General Ntshavheni Maphaha

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PO Box 205
Pretoria
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ABSA Bank Limited

Nexia SAB&T
Registered Auditor

Adv. Ntsikelelo Sipeka (ACIBM)

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

www.hpcsa.co.za

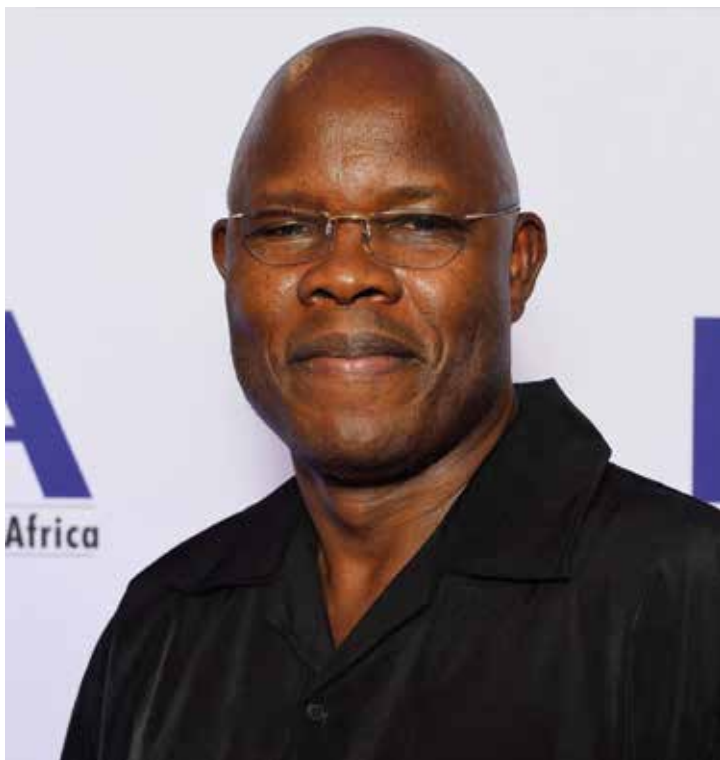
2. ABBREVIATIONS, ACRONYMS AND TERMS

| | |
|----------------|---|
| AI | Artificial Intelligence |
| AMCOA | Associations of Medical Councils of Africa |
| APA | Auditing Profession Amendment Act (Act No.5 of 2021) |
| AR/VR | Augmented Reality/Virtual Reality |
| CHW | Community Health Worker |
| CPD | Continuous Professional Development |
| CSIR | Council for Scientific and Industrial Research |
| 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 |
| HSRC | Human Sciences Research Council |
| IAMRA | International Association of Medical Regulatory Authority |
| IDC | International Data Corporation |
| IRBA | Independent Regulatory Board for Auditors |
| ICT | Information and Communication Technology |
| IT | Information Technology |
| IoT | Internet of Things |
| GHG | Greenhouse Gas |
| ILOSTAT | International Labour Organization Statistics Database |
| MoL | Maintenance of Licensure |
| MPC | Monetary Policy Commission |
| MTBPS | Medium Term Budget Policy Statement |
| MTSF | Medium Term Strategy Framework |
| MTT | Ministerial Task Team |
| NBI | National Business Initiative |
| NDC | Nationally Determined Contribution |
| NDoH | National Department of Health |

| | |
|-----------------|---|
| NHI | National Health Insurance |
| OHSC | Office of the Health Standards Compliance |
| PCC | Presidential Climate Commission |
| PCE | Professional Conduct Enquiries |
| PERSAL | Personal and Salary system |
| PHC | Public Health Centre |
| PMS | Performance Management Systems |
| POPI Act | Protection of Personal Information Act No. 4 of 2013 |
| SAIIA | South African Institute of International Affairs |
| SoNA | State of the Nations Address |
| 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 |
| PBMDDP | Professional Board for Medical and Dental Professions |
| PBOCP | Professional Board for Occupational Therapy, Medical Orthotics and Prosthetics and Arts Therapy Professions |
| WEF | World Economic Forum |

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. |
| PROFESSIONAL BOARD | A Professional Bboard established in terms of any of the provisions of Section 15 of Act. |
| 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

Introduction

As Council, one of our obligations amongst others is to table an annual report and account to the Parliament of the Republic of South Africa and relevant stakeholders at the end of each financial year. For the financial year 2022/23, we are pleased to report on how we performed in the delivery of our mandate of protecting the public and guiding the professions.

Looking back at the year under review, I have been constantly impressed by the way in which Council and the Professional Boards responded to every challenge and kept the welfare of HPCSA at the front and centre of what we do. There is a lot that Council can reflect on and be proud of over the last year.

As Council, 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.

Governance

In the reporting period, 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.

Council's Audit Committee is chaired by an independent external person to ensure that our relationships with our stakeholders are honest and transparent. The 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.

International Relations

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.

In the reporting period the HPCSA attended the Federation of States Medical Board's (FSMB) 110th Annual Meeting in New Orleans, Louisiana. In this meeting national experts in the field of medical licensure and discipline discussed current and future challenges facing health regulators. Furthermore, as a member of the International Association for Medical Regulatory Authorities (IAMRA), the HPCSA attended various webinars.

As the President of AMCOA, I am proud to say our footprint the African Continent is being noticed. The HPCSA as a member and the Secretariat of AMCOA hosted the 24th Annual Conference of the Association of Medical Councils of Africa from 01- 06 October 2022 at the Sun City Resort, North West Province. The Conference was pitched at the level of an international Conference (a premier global forum) where delegates across all health sectors, health regulators, policy makers, academics and service providers were afforded an opportunity to engage on regulatory matters pertaining to the healthcare environment, including the shifting local and global healthcare trend. The conference discussions further revolved around the theme **"the Health Workforce of the Future and its Regulation"**.

Drafting and Reviewing Legislation

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

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:

- Ethical rules of conduct for practitioners registered under the Health Professions Act, 1974
- Rules relating to the registration by medical practitioners and dentists.

During the reporting period the Council submitted regulations to the Minister of Health for final promulgation into law. 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.

In Memoriam

Council mourned the passing of a former Council Member and former Surgeon General of the South African National Defence Force (SANDF), Lieutenant General Zola Dabula who served Council from 2015 - 2020 term of office. He was a dedicated individual in his work and may his soul continue to rest in eternal peace.

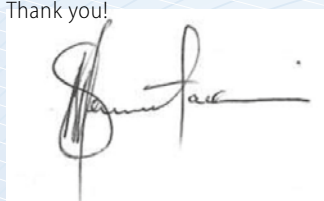
Acknowledgements

I would like to express words of appreciation to the Health Ministry for their continued unwavering support, leadership and guidance to the HPCSA in discharging its mandate.

I thank Council for providing the strategic direction to the HPCSA. To the Professional Boards, a special thanks for continuing to control and exercise authority in respect of all matters affecting the education, training, and practice of persons in any health professions falling within their ambit. Let me thank the Secretariat and a dedicated Management Team that was led by Dr. Thabo Pinkoane in his capacity as the Acting Registrar, who had the oversight role of the day-to-day operations to ensure that the organisation achieves the set goals.

I look forward to leading the HPCSA, working with Council, Council Vice-President, Dr Simphiwe Sobuwa, and the Registrar, Dr Magome Masike who was appointed in May 2023.

Thank you!



PROF. SIMON NEMUTANDANI

PRESIDENT: HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA



Dr Magome Masike
HPCSA REGISTRAR

REGISTRAR OVERVIEW

Introduction

During the year under review, as a regulatory body, despite all the challenges experienced, we did everything possible, empowered by the Health Professions Act, 56 of 1974 to fulfil our mandate of guiding the professions and protecting the public.

As Council we managed to rise above the challenges and focus on delivering our mandate. We can look back at the preceding year and be proud that we were successful in turning the challenges experienced into opportunities. As we pursue our mission and vision and uphold the HPCSA mandate, we are confident that the strategic direction we have chosen is sound as we have made tangible efforts in ensuring that the HPCSA delivers on its Strategic Objectives as espoused in our 2021/22-2025/26 Strategic Plan.

Registrations

In line with its legislative mandate the HPCSA registered 20 983 healthcare practitioners in the reporting period. Graduates transition from being students to qualified practitioners were registered based on a new registration process that puts control to finalise the registration of the practitioner. Like any new system, there were some teething problems that could only be experienced upon the processing of large volumes of applications in a short space of time. These challenges were isolated for resolution in time for the next peak registration period.

Education and Training

It is a legislative requirement that the training and clinical programmes are recognised by the HPCSA for the registration of trainees and graduates. In the reporting period, a total of 555 evaluations of programmes were conducted.

Foreign qualified practitioners are also required to be assessed using different methods such as the Board examinations in order to establish their competency levels before they could be registered with the HPCSA. In some instances, a lengthy curriculum review process may need to be undertaken to establish the equivalence of the training received as compared to that offered in South Africa. In the year under review, a total of 2 767 applicants sat through in the 36 assessments/examinations across the Professional Boards.

Finance

During the year under review, the revenue increased by 10% from R351,4 million to R387,6 million and investment revenue increased by 96.8% from R11,0 million to R21,7 million during the same period due to increase in investments and increase in prime interest rates and monies invested.

The annual fees increased by 3% from R283,7 million to R292,5 million mainly due to the increase in membership fees. Registration fees increased by 9% from R22,2 million to R24,2 million. Fees from penalties imposed on practitioners were R3,2 million.

Annual fees and restoration fees in the previous year continued to increase by 29% and 34% respectively indicating that practitioners who may have been suspended due to failure to pay annual fees during COVID-19 were restored back onto the registers of the 12 Professional Boards.



Customer Satisfaction Levels

In the period under review, the HPCSA carried out a Customer Satisfaction Survey to determine the overall performance of the organisation. The results achieved will be used to improve on gaps identified. Council appreciates the efforts of all stakeholders for participating in the survey.

Council through a dedicated complaints and compliments e-mail servicedelivery@hpcsacoza, received 472 e-mails which 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.

The organisational service charters were also reviewed during this period. The service charters ensure that Council provides efficient and effective service throughout the organisation. They also safeguard Council to ensure that the organisation has set standards of service that the stakeholders can expect.

Clean Audit

Council has once again achieved another unqualified audit for the 2022/23 financial year. We need to ensure that in the next financial we achieve another clean audit. We acknowledge the hard work and commitment of Council, its committees, executive management, finance team and other departments and divisions in ensuring that this clean audit was attained.

Advocacy and Stakeholder Engagement

Advocacy and stakeholder engagement is one of the strategic objectives of the HPCSA. Council has elevated the Stakeholder Engagement function as one of its Strategic Goals: "Improved relationship between the HPCSA and all relevant Stakeholders by the end of Council's term (2025)". For the HPCSA to remain relevant and survive within the healthcare environment, it requires regular interaction with its stakeholders.

Advocacy and stakeholder engagement play an important role in how stakeholders and the general public perceive the HPCSA. Council ensured that it achieved its objective of being an advisor and advocate in the healthcare regulatory environment.

In the period under review, the HPCSA developed a stakeholder engagement strategy to guide its engagement with both internal and external stakeholders. This was to ensure that the relevant information is conveyed, especially when major decisions have to be implemented.

Enforcement

One of the responsibilities of the HPCSA is to enforce compliance by practitioners in line with the provisions of the Health Professions Act, 1974. Council is embarking on a campaign to ensure that healthcare practitioners comply with all the regulations, ethical rules and in line with the provisions of the Health Professions Act. The Inspectorate Office continues to work closely with law enforcement to ensure that it intensifies its foot print with the provinces.

In the period under review, 2 727 compliance inspections were conducted and 25 joint inspections/operations were carried out 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), etc.

HPCSA Turnaround

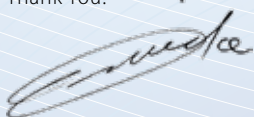
In order to improve our service offerings to the practitioners and the public at large, we have officially launched the NGOKU initiative. Through NGOKU initiative, we seek to improve the HPCSA's service delivery and performance delivery environment.

As a Registrar/CEO, I have made a clarion call to all the managers and the employees to change our working attitudes and embrace a "NGOKU" mantra, which can be characterised by an understanding that, we need to start making the small daily improvements by doing things NGOKU, so that we can get the HPCSA at the level we know it can be and build an organisation that we can all be proud of, not one that is spoken badly of. We are continuing with our aspirations of getting the HPCSA to a point where it becomes one of the leading health regulatory bodies in the world. The Heads of Departments and Divisions have pledged their support to the initiative by signing the NGOKU leadership pledge and committed to support the initiative; and encourage HPCSA employees to join the mission.

Acknowledgements

It is my privilege to thank our President, Prof. Simon Nmutandani and the Vice-President Dr Simpiwe Sobuwa, for their continued leadership and Council for its guidance. I thank and congratulate the Management and Council for the splendid contribution made during the year under review, to the success of the HPCSA. Thank you to HPCSA employees for their dedication. All of this could not have been achieved without their hard work. To all other stakeholders I wish to express appreciation for their support and assistance in the past year in helping HPCSA render the required service to all the healthcare practitioners.

Thank You!



Dr Magome Masike
HPCSA 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 for the year to 31 March 2023 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 226 have been prepared on the going concern basis and were approved by Council on 29 September 2023, 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 (HPCSA) 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-

- to an environment that is not harmful to their health or well-being; and
- to have the environment protected, for the benefit of present and future generations, through reasonable legislative and other measures that-
 - prevent pollution and ecological degradation.
 - promote conservation; and
 - 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

- Everyone has the right to have access to-
 - health care services, including reproductive health care.
 - sufficient food and water; and
 - social security, including, if they are unable to support themselves and their dependents, appropriate social assistance.
- The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realization of each of these rights.
- 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

- Everyone has the right of access to-
 - any information held by the state; and
 - 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

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

Section 40. On intergovernmental cooperation

- 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 Education Quality Committee— (i) promote quality assurance in higher education; (ii) audit the quality assurance mechanisms of higher education institutions; and (iii) accredit programmes of higher education;”

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 2021/22 – 2025/26 Strategic Plan seek to support the NDofH's 2020/21-2024/25 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.

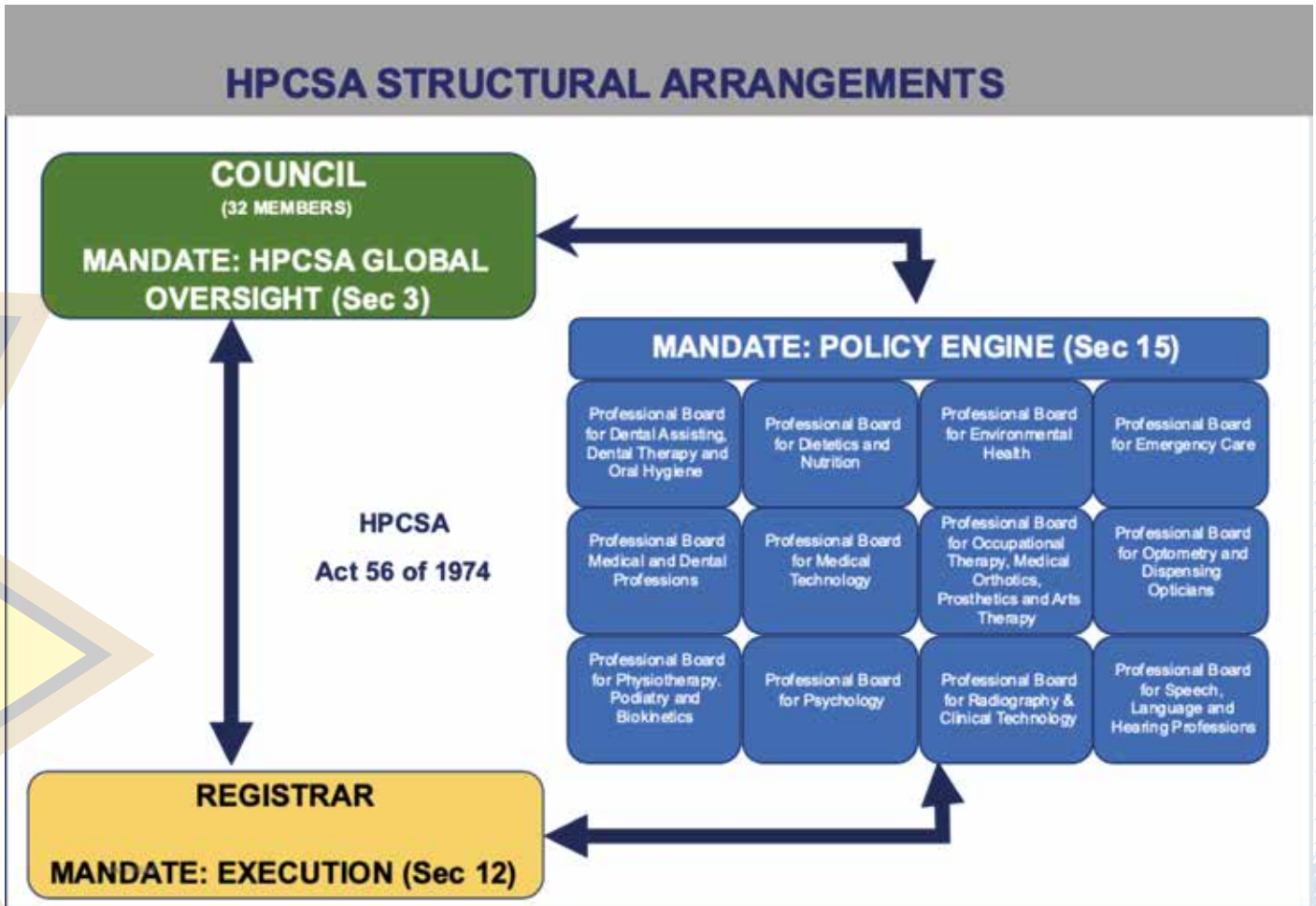
| # | NATIONAL DEVELOPMENT PLAN: VISION 2030 | NDP PRIORITIES 2030 | SUSTAINABLE DEVELOPMENT GOALS (SDG) | NDOH STRATEGIC THEMES | NDOH MTSF 2019-2024 IMPACTS | HEALTH SECTOR'S STRATEGY 2019-2024 | PRESIDENTIAL HEALTH SUMMIT COMPACT PILLARS | FY2021 – FY2022 – FY2026 HPCSA STRATEGIC GOALS |
|---|---|--|--|-----------------------|--|--|--|---|
| 1 | Raised the life expectancy of the 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, improve health and prevent disease • Improve health outcomes by responding to the quadruple burden of disease of South Africa • Intersectoral collaboration to address social determinants of health | None | 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 2: Achieve UHC by implementing NHI Policy • Progressively achieve Universal Health Coverage through NHI | 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 | |
| 3 | Maternal, infant, and child mortality reduced | | | TRANSFORM | | Goal 3: Quality Improvement in the Provision of care • 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) |
| 4 | Prevalence of non-communicable diseases reduced | | | TRANSFORM | | • 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. | Strategic Goal Number 5: A capacitated Council and Professional Boards to deliver on their fiduciary responsibilities. |

| # | 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 | |
|---|---|---|-------------------------------------|-----------------------|--|--|--|---|---|
| 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 | <ul style="list-style-type: none"> 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 | Strengthen the health system | | | | | <ul style="list-style-type: none"> Improve equity, training and enhance management of Human Resources for Health | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 |

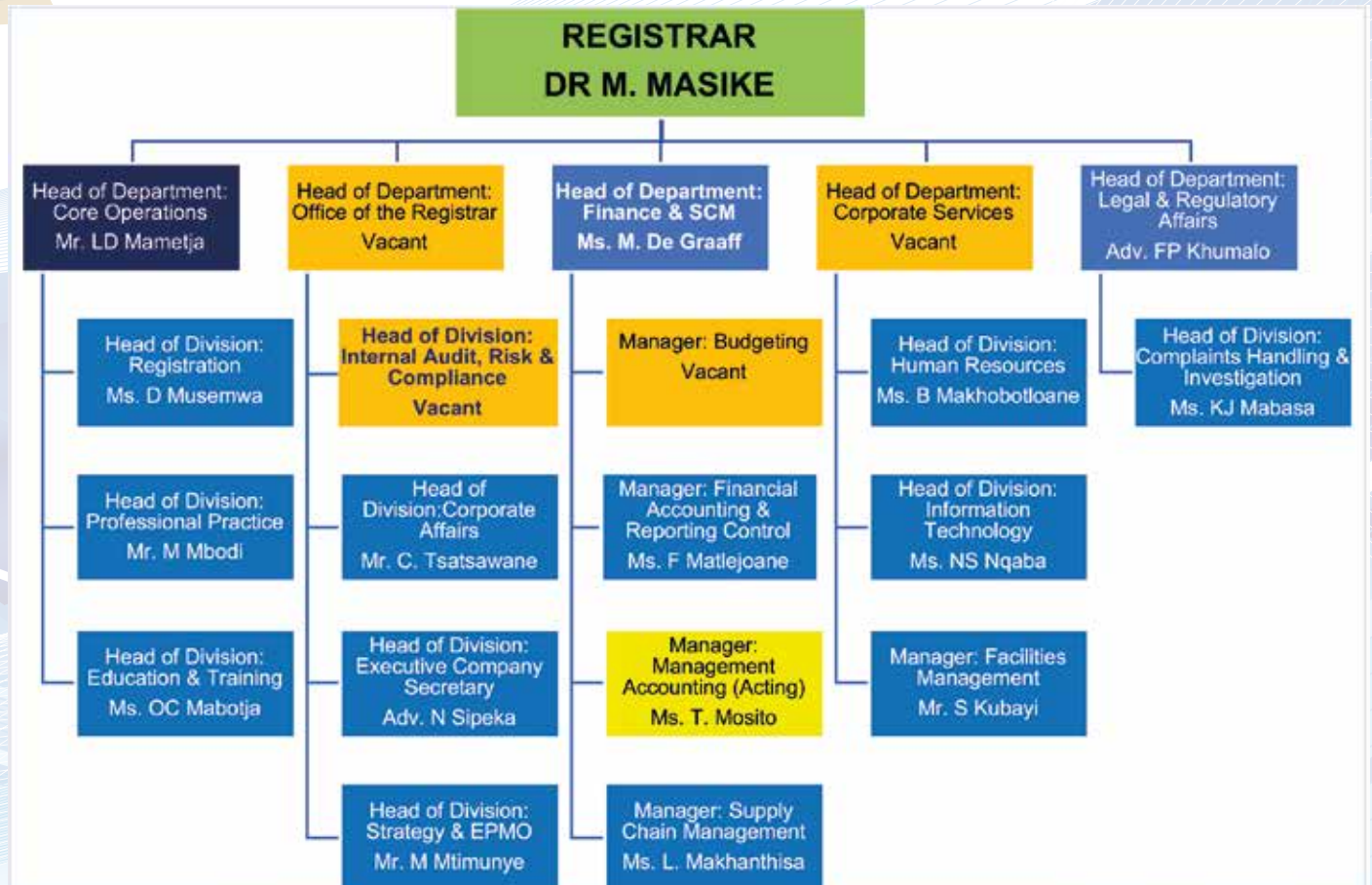
| # | NATIONAL DEVELOPMENT PLAN: VISION 2030 | NDP PRIORITIES 2030 | SUSTAINABLE DEVELOPMENT GOALS (SDG) | NDOH STRATEGIC THEMES | NDOH MTSF 2019-2024 IMPACTS | HEALTH SECTOR'S STRATEGY 2019-2024 | PRESIDENTIAL HEALTH SUMMIT COMPACT PILLARS | FY2021 – FY2022 – FY2026 HPCSA STRATEGIC GOALS |
|---|---|--|-------------------------------------|-----------------------|-----------------------------|--|--|--|
| | | | | | | <p>Goal 4: Build Health Infrastructure for effective service delivery</p> <ul style="list-style-type: none"> Execute the infrastructure plan to ensure adequate, appropriately distributed, and well-maintained health facilities | Pillar 3: Execute the infrastructure plan to ensure adequate, appropriately distributed, and well-maintained health facilities | |
| 7 | Primary healthcare teams deployed to provide care to families and communities | | | | | | | |
| 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



PROFILES OF THE REGISTRAR AND EXECUTIVE MANAGEMENT



Dr Magome Masike
Registrar

Dr Magome Masike is the Registrar 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.

Dr Masike is well-known in the medical industry, as he was previously Member of Executive Council (MEC) for Health in the North West province from 2010 and 2018. His achievement as a leader in the healthcare industry includes his leading role in the amalgamation of Tshepong and Klerksdorp public hospitals.

He holds an MBChB and a Master's in Business Administration (MBA). He is currently a candidate for a Doctor of Philosophy in Public Health. Dr Masike is not new to leadership roles. He was the Chairperson of the North West Parks Board and the Executive Mayor of the Matlosana Local Municipality from 2000 to 2004.

Dr Masike's other prominent roles include:

- Business Development Director of Healthcare at Oracle South Africa wherein he reported on Europe, Middle East, and Africa (EMEA),
- Chairperson of the North West Provincial Tender Board,
- Member of the Provincial Legislature,
- Chairperson of the Portfolio Committee on Finance in the Office of the Premier,
- President of the South African Medical Association (SAMA) in the North West,
- Member of the University Council of the Medical University of Southern Africa (MEDUNSA) and Chairperson of the Audit Committee.



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 (CFO).

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 South African Institute of Chartered Accountants (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 over 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.

Lerole David Mametja is the Head of Department:Core Operations. 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.





PART B

PERFORMANCE
INFORMATION



1. STRATEGIC ENVIRONMENT OVERVIEW

The HPCSA's Strategic Plan was developed with consideration 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 | Maintenance of Licensure (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 the National Health Insurance (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 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 FACTORS

The HPCSA is a creature of statute and thus is susceptible to the varying levels of influence by any movement in the political environment. Keeping a keen eye on political developments ensures that the organisation can keep its stakeholder engagement strategy relevant to whatever developments that may occur. In the 2022/23 financial year the following political factors played out at national and international level and were accordingly tracked for their likely impact on the HPCSA's operating environment: (1) national political stability, (2) corruption and the Judicial Commission of Inquiry into Allegations of State Capture (3) Section 194 inquiry immigration, (4), Section 89 inquiry; (5) the Russia war on Ukraine.

At national level, the political landscape was gripped by the African National Congress's 55th National Elective Conference which happened in December 2022. In the build up to this conference, robust political debate played out in the public platforms which created an impression of internal disharmony within the governing party and the fact that such disharmony was destined to filter into the national political terrain. The conference came and went without having any negative impact on the national political landscape.

The outcomes of the 2021 Local Government Elections delivered coalition governments in key cities in the country. These coalition governments were dysfunctional and brought turmoil which saw constant changes in the leadership of some of these municipalities. This development created a narrative suggesting that this was the precursor to how national government will look like post the 2024 National Elections . Political stability creates an impression of policy certainty. South Africa and especially agencies that were formed through legislation have a reason to remain on tenterhooks until the outcomes of the 2024 elections.

With sustained pressure, any organisation or person can be dislodged from their position in society. The sustained pressure on the Public Protector and the sitting President eventually delivered the Section 89 Hearing and Section 194 Inquiries. The HPCSA has for the approximately eight years been under pressure from certain quarters to implement a specific recommendation from the Ministerial Task Team report even though a report had been produced showing how matters that resulted in that recommendation being made had been sufficiently addressed and/or were in the process of being addressed. Any dysfunctional operations, or in the implementation of the stakeholder engagement strategy or any poorly considered communications plays into this call for the implementation of the said recommendation.

The Special Investigative Unit (SIU) is working at full throttle to deal with matters promulgated for investigation. Government Communication and Information System (GCIS) lists fifteen (15) matters that had been referred to SIU for investigation. Worryingly on the list was the ongoing investigations being undertaken at one of the universities that is a training platform for health care practitioners. The HPCSA as an integral part of the Health Sector Anti-Corruption Forum, must be prepared to make pronouncements on the integrity of qualifications that lead to professional registration and practice that are earned from universities under "dark clouds" of suspicion of awarding qualifications that were not properly earned.

The Russian war on Ukraine continued right through the 2022/23 financial year. The HPCSA found itself in the middle of a local storm that was caused by this war. There are South Africans who were studying in Ukraine in professions that are registrable in terms of Act, 56 of 1974. They had to be repatriated before they could finish their studies in Ukraine and were battling to get into South African universities to complete their degrees. These students asked the Department of Higher

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

Education and Training (DHET) and other bodies such as Universities South Africa (USAF), the Health Professions Council of South Africa (HPCSA) and the South African Committee of Medical Deans (SACoMD) for assistance.

In the 2023 Budget Speech, the Minister of Finance announced the “expansion of the renewable energy tax incentive” where businesses will be able to claim a 125 per cent deduction in the first year for all renewable energy projects with no thresholds on generation capacity. This announcement seems to back the assertion that the return of energy security is still far off. The costs of running generator sets to power up operations have been reported to be running into millions of rand for hospital groups, national retailers, telecommunications service providers and others. The tax incentives announced at the Budget Speech allows organisations such as the HPCSA to invest in alternative energy sources thus reducing the demand from the national electricity grid.

The Department of Justice and Constitutional Development held a National Conference under the theme: “Reflections on the Constitution: Rule of law, accountability, social and economic justice”. The deliberations reflected on the past 25 years of the Constitution and chartered what still needs to be done. The Constitution remains a living and imperative document in government’s pursuit of transforming the lives of all South Africans. The HPCSA continues to be enjoined to work within the parameters of the Constitution.

WHY THIS IS IMPORTANT FOR THE HPCSA?

The political factors discussed in and around the HPCSA’s operating environment for the 2022/23 financial year have been relevant and have alerted the organisation to the following: -

- Any sustained outcries about a “non-caring, dysfunctional organisation” may result in the review of the Act as well as the value of the continued existence of the HPCSA in its current state.
- The HPCSA only registers qualified persons with qualifications leading to professions acquired from reputable Higher Education Institutions . Universities suspected of awarding degrees to underserving students must be addressed with emphasis of possible removal of such universities from the “non-Examination” track registrations. A move such as this would dis-incentivise students from enrolling with such universities.
- The Russian war on Ukraine has shown a need for proactive expansion of the “examination” as well as the “non-examination” track institutions to avoid being caught unaware and being forced into task teams that may result in inconsistent application of the regulations used to regulate the professions.
- The policy pronouncement in dealing with the loadshedding crisis is the incentives for affording organisations to lessen their dependency on Eskom by self-provisioning. The HPCSA may want to consider that matter but considering the Benefit versus Risk of pursuing such a step.

ECONOMIC FACTORS

Inflation Levels

The inflation numbers for the 2022/23 financial year have for the most part of the financial year, outside the Monetary Policy Commission’s (MPC) had a target rate of between 3% and 6%. The inflation reached a high of 7.8% whilst the lowest recorded in the financial year was 5.9% which was achieved in the first month of the financial year. Figure 1 presents how inflation levels were for the financial year.

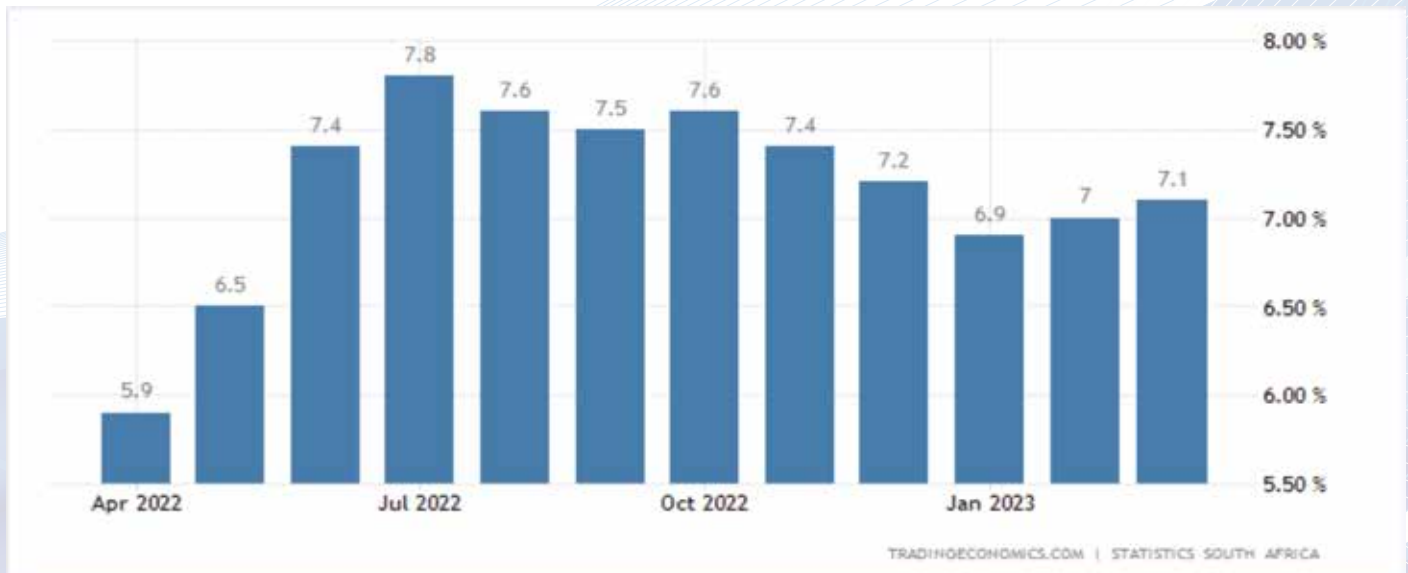


Figure 1: Interest Rate levels FY2022/2023

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.

Interest Rates

In order to tame inflation levels, the MPC has at its disposal a mandate of using interest rate as leverage. In responding to what could be termed the run-away inflation levels, the MPC increased interest rates by 350 basis points from an interest low of 4.25% in May of 2022 to reach 7.75% in April 2023. The repurchase rate of 7.75% was linked to a bank prime lending rate of 11.25%. Figure 2 depicts how the interest rates looked like for the 2022/23 financial year.

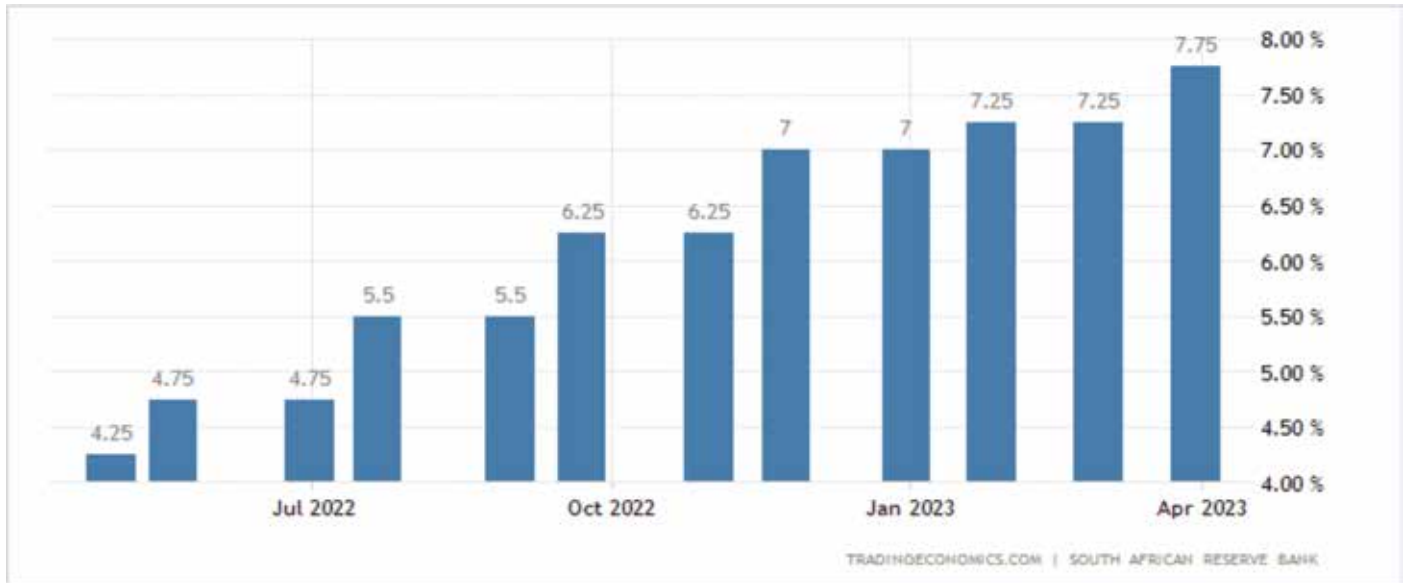


Figure 2: Interest Rate Levels RSA FY2022/2023

Unemployment Numbers

Unemployment levels continues to be high especially amongst young people. Figure 3 depicts how unemployment levels have looked like for the financial year. A research study published in Cogent Economics and Finance journal concludes that high unemployment levels without fail lead the affected to experience deprivation, inequality, dissatisfaction and frustration.

It is clearer now than ever before that government alone will not be able to reduce these high levels of unemployment especially amongst the young.

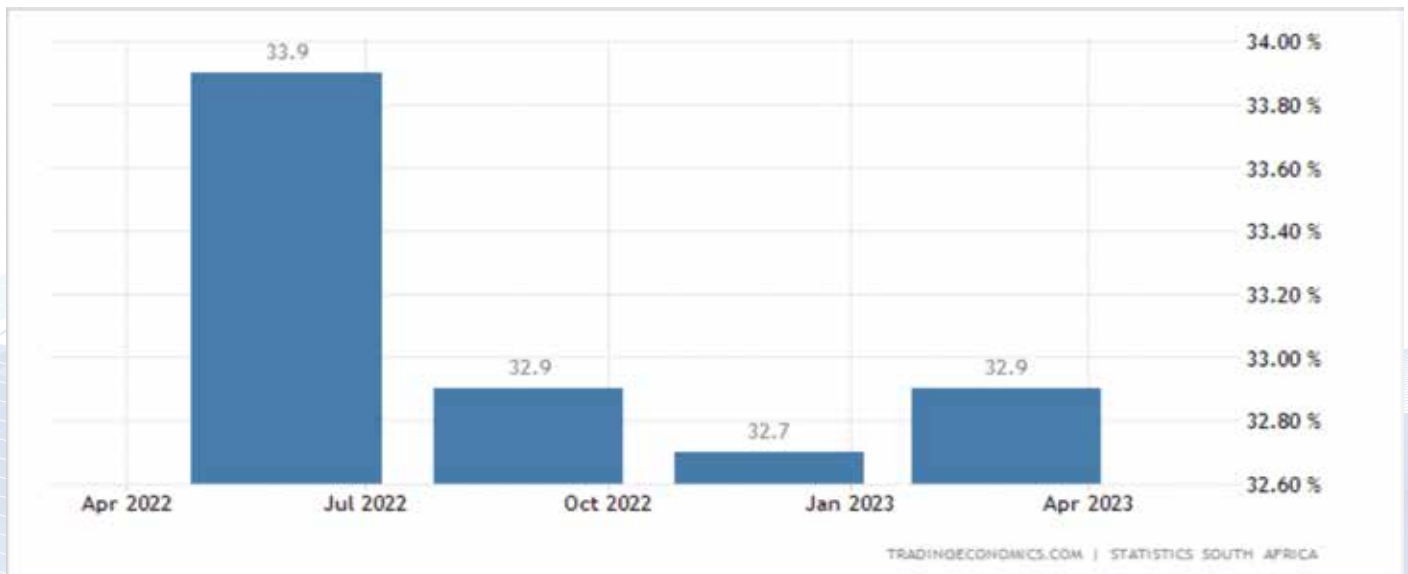


Figure 3: Unemployment Levels - South Africa 2022/2023

Loadshedding

South Africa was subjected to a 280 days of loadshedding for the period April 2022 to the end of March 2023. During each of these hours where power outages were experienced, the HPCSA still needed to back up energy to run key infrastructure that must be due to Service Level Agreements for 99.999% of the time. Running back up energy systems for this length of time came with attendant cost implications which the HPCSA had to carry.

Buy Local Movement

The Proudly South African Buy Local Summit and Expo was held in the reporting period. The theme of the conference was “Growing the economy and creating jobs through Localisation”. Cabinet encourages both business and citizens to buy local as every purchase or demand for local products and services contribute to the revival of the economy and supports job creation.

The higher interest rates are a boon for the HPCSA, but the equally higher inflation rates to some extent wipes out some of the gains from the higher interest rates whilst negatively affecting the registered practitioners.

The HPCSA is a buyer of goods and services. Government is propagating that South Africans “buy local”. The HPCSA should tacitly be supporting government in its endeavour to revive local industries. The HPCSA should consider making a principled statement on this matter.

WHY THIS IS IMPORTANT FOR THE HPCSA?

Inflation is important to the HPCSA because, it may impact on the ability of the HPCSA to operate within approved budget levels, especially if the resultant inflations increase go beyond what informed initial budget considerations. In recent times, practitioner fees were pegged against the consumer price index. Inflation levels across the whole year is an input into the budgeting process. The salary forecast assists in informing the considerations that must be had during salary negotiations time.

SOCIAL FACTORS

Safety and Security

A keen eye and interest were placed on the quarterly release of the Department of Police crime statistics right through the financial year. The preface to the report states, “the statistics are not just only to quantify crime or create debate in society. The figures also serve as a call of action for government, business, NGOs, civil society and communities to come on board in the fight against crime”.

The report detail a country under the grip of a crime wave. Criminal acts such as murder and attempted murder, sexual offences, assault with the intent to inflict grievous bodily harm, common robbery and robbery with aggravating circumstances, carjacking, rat non-residential premises and robbery at residential premises, robbery of cash in transit, bank robbery and truck hijacking. The police further assert that they know and appreciate that the current socio-economy has directly impacted on crime levels.

The Minister of Police asserts the following: “Communities, young and old also have a role to play towards lowering the crime rate in the country. We encourage active participation against the common enemy of crime through formal involvement such as Community Policing Forums (CPF) or other structures that enhance the policing footprint. Mphakathi, do not look away, let us act against crime together.” The Minister continued to call on community partnerships and indicated that the proof of the SAPS’ commitment to work hand in glove with communities, is that for the first time in the history of policing, they have realised the funding of Community Policing Forums (CPF). This funding will mean CPF members are not short of protective clothing, torches, communication material and other tools of trade to enable them to be fit for purpose. Community Policing remains a vital part of the overall strategy to push back on crime. The HPCSA as a community member should consider using some of its Community Social Responsibility coffers to sponsor some of the CPF efforts where such a need exists.

Business Ethics Quarterly of 2012, published an article asserting the following: “Silence as complicity: Elements of a corporate’s duty to speak out against human rights violations.” Since this article was published, a number of similarly worded articles and advisories have been issued. It is now opportune for the HPCSA to take a stand and make pronouncements on how social movements against crime will be or can be supported or joined in the “fight” against the mentioned social ills.

Social Unrest and Violence

Municipal IQ, monitors and publishes a number of municipal level indices. Since the beginning of calendar year 2023, they have reported an increase in the volume of protests in South Africa. They assert that the surge was mainly attributable to increased loadshedding. It is in the period that Emergency Care Practitioners have also seen a rise in attacks as they responded to emergency situations.

Political analysts are arguing that poor economic growth, unemployment and elevated inflation have created fertile ground for social unrest. Researchers in this space seem to converge on the prognosis that South Africa may be headed for further social unrests.

The national government website lists twenty-seven “Health Awareness Events” for 2023. These events assist in raising awareness around specific health issues. The HPCSA’s should consider using its website and the e-Bulletins to further spread the awareness campaigns.

WHY THIS IS IMPORTANT FOR THE HPCSA?

The HPCSA (Council, Professional Boards and Employees) is not immune from the scourge of crime and other social ills. Ensuring a stable social environment is a contributor to a thriving economic and social harmony, which the HPCSA, like other entities require. There is therefore a need to nudge the HPCSA to see the need to be socially active. The reflective question would be – “will the voice of the HPCSA make any difference” and “how will the HPCSA see itself a few years down the line if the organisation prefers to defer fight against social ills to legislated agencies and steer clear of involvement?”

The service delivery environment of the HPCSA needs continual watching over to ensure that pressure points, points of failure, capacity challenges which are precursors for service delivery challenges are addressed in a timely manner and obviate avoidable challenges.

TECHNOLOGICAL FACTORS

The technology factors that were of interest for the HPCSA were drawn from the following organisations: - (1) The Healthcare Information and Management Systems Society’s (HIMSS), (2) Gartner, (3) Deloitte, (4) McKinsey as well as (5) IDC (International Data Corporation). The common thread from most if not all their research reports is the following: -

- Healthcare providers (employers of healthcare practitioners) are planning to increase investment in technology and digital solutions over the next five years. The investments will be in the areas of telemedicine, personalised medicine, genomics and wearables, artificial intelligence (AI), cloud computing, extended reality (XR) and the internet of things (IoT) to develop and deliver new treatments and services.
- Healthcare organisations are in a journey of becoming composable enterprises. This means that leaders in the healthcare environment are embracing the rebuilding of or building of services using or utilising principles of composability. Service composability is a design principle, that encourages the design of

services that can be reused in multiple solutions that are themselves made up of composed services. The ability to recompose the service is ideally independent of the size and complexity of the service composition.

- Data sharing and monetisation, cloud for the vertical sectors, and blockchain all being ready for business, as well as information and cyber security are top of mind for business executives.
- “By 2026, fifty-four percent (54%) of CIOs will drive business transformation, empowering digitally resilient organisations through strategic technology roadmaps, and re-platforming to enable an agile, data-driven, collaborative workforce.”
- “As advances in new age technologies have increased the pace of change tenfold, **technology literacy becomes core to every role, requiring learning to be continuous and built at the level of individual skills that are deployed at the point of need.** In practice, which will mean orienting employee development around service delivery skills. This requires breaking down a capability into its smallest sets of composite skills.”
- Artificial Intelligence (AI) tools are increasingly being standardised and commoditised. What will likely differentiate the truly AI-fuelled enterprise from its competition will be how robust it uses AI throughout its processes. One of the most spoken about Artificial Intelligence technologies is ChatGPT (chatbot + Generative Pre-trained Transformer). Some of the punted use cases of ChatGPT includes (1) course content creation, (2) quick responses to customer inquiries and complaints and (3) Creating emails for customers and others.
- Modernisation of Legacy Environments through Cloud Deployments, Data insights and Data Sharing as well as technologies that will enhance customer experience.

WHY THIS IS IMPORTANT FOR THE HPCSA?

Employers of practitioners are adopting technology to augment the human capabilities in the provision of healthcare services. Artificial Intelligence is being mainstreamed right across economic sector. It is not whether AI will be used in healthcare provision or not. It is now about when, where, by who, how and for whom. Healthcare provision goes hand in glove with regulation. Is the HPCSA able to respond to the when, where, by who, how and for whom questions, so it is clear how regulation fits in within the AI conversation.

In amplifying the role of the regulator in this space, Coglianese (2023) writes, “we are seeing rapid advances in and new uses for AI technology, including uses by the federal government. A full and inclusive public dialogue is warranted, as the time has come for clearer guidance for government agencies as well as appropriate regulatory standards for the private sector.” Coglianese advises that regulation must be agile, flexible and vigilant to address differences in machine-learning algorithms, and he urges policymakers to adapt pre-existing areas of expertise and authority to address problems created by machine learning.

The HPCSA has a high call volume whilst the staff complement in the call centre has been reducing. Research is required to determine how the HPCSA can employ this technology in the operations environment to augment human resources.

The proposed HPCSA's Information Technology Strategy for 2022/23 – 2025/26 financial years is informed by the HPCSA's business ideal to achieve regulatory excellence. The initiatives proposed in the strategy document seek to automate key (macro and micro) business processes that are employed for core or support service delivery functions. The proposed strategy is consistent with IT advisories issued by key IT research houses such as Deloitte and Touché (Deloitte), International Data Corporation (IDC) as well as McKinsey. Digitalisation comes with financial implications. The HPCSA will need to be prepared for funding the whole roadmap as proposed.

ENVIRONMENTAL FACTORS

Section 24 of the Constitution provides that everyone has a right to an environment that is not harmful to their health or wellbeing. However, the lives and livelihoods of many people and communities are put at risk by those who destroy natural resources, harm the health of people and compromise the ecological integrity of the environment. Environmental issues that are worthy of reflection on includes: -

- The World Water Development Report (2023) warns that there is an “imminent risk” of a global water crisis, with more than two billion people worldwide lacking access to safe drinking water and 3.6 billion people without safely managed sanitation.
- The South African National Water and Sanitation Master Plan predicts that by 2030, the country will face water supply deficits of around 17%. Experts are calling for urgent action to accelerate change in the country's water sector and avert a humanitarian disaster as the country's water crisis reaches a critical point.
- There has been court tussles between non-governmental organisations and government joined by Eskom on the emission levels from fossil fuel power stations. In March 2022, the High Court had ruled that the poor air quality in the Highveld Priority Area violated the constitutional right to a safe and healthy environment. On the 18th of March 2023, a High Court granted the Minister of the Department: Forestry, Fisheries and Environment leave to appeal aspects of the earlier judgment related to the air pollution in the Highveld Priority Area.
- In September (2022), South Africa experienced a mine dam collapse in the Free State province. The impact of this collapse is yet to be fully understood. This collapse may be a mistake or a result of systemic failures. Some of the likely failures may include failure of enforcement of regulations. This mine dam collapse follows similar collapses that happened in the past.

WHY THIS IS IMPORTANT FOR THE HPCSA?

The HPCSA seeks to be an “Excellent Regulator”. But the HPCSA is a corporate citizen in the country. The HPCSA will do good by adopting waterwise approaches. Questions that may need to be asked includes but are not limited to – how much water is being used versus the water that should be used.

The Department: Forestry, Fisheries and Environment is part of the unitary RSA government that employs Environmental health practitioners. Environmental health practitioners are dedicated to protecting public health by monitoring and recommending solutions to reduce pollution levels in the air, water and the soil as well as noise and radiation levels.

The concern should be whether Environmental health practitioners are not caught in the crossfire here which may compromise their right to practise the professions without undue pressure and influence.

¹ referring to its chatbot functionality, and “GPT”, which stands for Generative Pre-trained Transformer.

LEGISLATIVE FACTORS

The Preferential Procurement Regulations of 2017 have been found to be unconstitutional and government has been given a year to effect corrections. The HPCSA is enjoined to watch the 2017 regulations' re-write process to ensure that adjustments in its supply chain policy and practice are made wherever such may be warranted.

Sections 36 to 40 [especially Section 36 (3)] of the National Health Insurance attracted objections which culminated in court processes that delivered a judgment declaring them unconstitutional. These sections are mainly around "certificate of need". The department is appealing the ruling and has indicated intention to take the matter to the Constitutional Court. The court process is still ongoing.

Issues around medico-legal claims continue to be a subject of discussion. There is a general understanding that the real source of these claims is multifactorial and one amongst many suggested solutions continues to improve the quality of care so that there are fewer legitimate claims against the state.

The Health Professions Act review processes continues in its journey within the control of the Department of Health. The HPCSA (Professional Boards) continues to wait for outcomes of requests for regulatory reviews and approval from the Ministry of Health.

The Information Regulator (Regulator) continued to lead the charge in enforcing compliance of POPIA and PAIA. Some of the developments from this office that were noted by the HPCSA includes: -

- The Enforcement Committee has been established in terms of Section 50 of the Protection of Personal Information Act No. 4 of 2013 (POPIA).
- The Information Regulator conducted an assessment into the alleged breach of the Protection of Personal Information Act (POPIA) by some officials of the South African Police Service (SAPS) following the release of personal details of the victims of the Krugersdorp attack by a group of armed men.
- The Information Officers (IOs) of public bodies were reminded to submit their annual reports in terms of Section 32 of PAIA to the Information Regulator (Regulator) by 9 September 2022.
- The Information Regulator (Regulator) referred the National Department of Health (NDoH) to the Enforcement Committee over the issue of certain personal information that the NDoH had collected as part of the management of the spread of the coronavirus during the COVID-19 pandemic.

The Employment Equity Amendment Bill, 2020 has been signed into law. This new law further promotes diversity and equality in the workplace and empower the government to set specific equity targets by sector and region, where transformation initiatives have lagged. The law requires companies with more than fifty employees to submit employment equity plans for their companies on how they intend to meet these targets and then submit annual reports to the Department of Employment and Labour.

Parliament approved the Constitution Eighteenth Amendment Bill (B1-2023) which effectively amends the Constitution of the Republic of South Africa, 1996, so as to recognise South African Sign Language as one of the official languages of the Republic and to provide for matters incidental thereto.

Significant Reportable Matter in the intervening period - Parliament of South Africa has approved the National Health Insurance Bill to be passed into law. The process now moves to the President of the Country to sign it off.

WHY THIS IS IMPORTANT FOR THE HPCSA?

The HPCSA Supply Chain Management policy as approved was developed to be consistent with the Public Finance Management Act. 1 of 1999 and its regulations. Developments in and around relevant legislation, bills and regulations are always important to the HPCSA to keep a keen and a watchful eye on.

Compliance to POPIA and PAIA are real and the HPCSA has to be compliant at all times including the reporting requirement.

The HPCSA is enjoined to start reporting as per the Employment Equity Amendment Act.

The HPCSA has to start investigating whether there is any need to comply to the sign language requirement.

The HPCSA has an interest in the NHI development.

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2. DEPARTMENT: CORE OPERATIONS

1. DEPARTMENTAL OVERVIEW

- 1.1 The Core Operations Department is responsible for three of the four core functions of the HPCSA. These are to do with Education and Training, Registrations and Professional Practice. The management of processes related to these functions are formalised into the respective three divisions that constitute the department;
- 1.2 In addition to managing processes related to the core functions, mainly administratively, the divisions provide critical support to both Council and the Professional Boards, as well as their respective committees. This is mainly in the form of researching relevant issues that would then constitute agenda items for the meeting of these structures, attending and participating in the meetings, and then taking responsibility for implementing the resolutions of the structures;
- 1.3 The HPCSA, generally, is beset with concerns regarding poor service delivery and non-responsiveness, especially as these relate to registered practitioners. These are legitimate concerns that the HPCSA and the department are seeking to address. In this regard:
- 1.3.1 The adequacy of staffing capacity may be an issue. Council has already recognised this as a potential hindrance, and processes are underway for remediation, including an organisational review that will be undertaken across the entire organisation;
- 1.3.2 Finalising the automation of administrative processes. Although more is still to be done, already, there are automated platforms available to enhance efficiency in the processing of service requests submitted to the HPCSA. The department has observed over the reporting period some reluctance in utilising these platforms, with some practitioners still hand-delivering hard copies or email documents. It is preferred that practitioners should submit their request by utilising the online portal available on the HPCSA's website.
- 1.4 Highlights from divisions
- 1.4.1 Education and Training
- 1.4.1.1 Institutions are, by law, required to settle costs arising from evaluations of programmes undertaken to establish whether they should still receive recognition by the HPCSA for registrations purposes. If these fees are not settled, the HPCSA may withhold evaluation reports and/or deny future recognition of the programmes, meaning, graduates from the said programmes will not be able to register with the HPCSA;
- 1.4.1.2 A total of 555 evaluations were conducted, with the Professional Board for Psychology accounting for the bulk of them (310), followed by RCT (81), MTB 58 and DNB (42);
- 1.4.1.3 All Professional Boards had assessment/examinations, with the MTB accounting for 938 candidates, followed by the MDB (medical) which accounted for 792 candidates sitting for medical examinations, and Psychology (769);
- 1.4.2 Registrations
- 1.4.2.1 There were 237 981 active registered practitioners in April 2023, compared to 235 070 in the previous financial year. The MDB continued to account for most registered practitioners followed by ECB, and PSB;
- 1.4.2.2 Newly prescribed registrations increased from 19 937 in 2021/22 to 20 983 in this reporting period;
- 1.4.2.3 Practitioners requesting Certificate of Good Standing (those likely to leave the country) continued the upward trend from 1 898 in 2021/22 to 2 208 in the reporting period.
- 1.4.2.4 A total of 9 806 practitioners were suspended, compared to 9 892 in the previous reporting period;
- 1.4.3 Professional Practice
- 1.4.3.1 A total of 1163,754 CPD related service requests from registered practitioners were received and processed, mostly, within a day or two during the 2022/23 financial year;
- 1.4.3.2 An average of 55 impaired practitioners were processed by both the MDB and inter-board health committees;
- 1.4.3.3 Six applications were received from non-registered entities requesting approval to appoint or employ registered health practitioners;
- 1.4.3.4 Guidelines for management of withdrawing and withholding treatment (booklet 7), management of health records (Booklet 9) and ethical rulings were reviewed and accordingly revised.

2. EDUCATION AND TRAINING DIVISION

2.1 Evaluations of Programmes

- 2.1.1 Training and clinical programmes should be formally recognised by the HPCSA, which is a legislative requirement for registration of trainees/graduates;
- 2.1.2 A total of 555 evaluations were conducted (see Table 1);

Table 1: Evaluation of programmes

| Professional Board | Evaluation issues | No |
|---|--|-----------|
| Dieticians and Nutritionists (DNB) | Higher education institution | 5 |
| | Clinical training site | 37 |
| | Report on adherence to evaluation schedule | 0 |
| | Cost recovery: Evaluation reports withheld/re-evaluation not scheduled | 0 |
| | Total evaluations conducted | 42 |
| Dental Therapists, Dental Assistants and Oral Hygienists (DIOH) | Higher education institution(s) | 1 |
| | Cost recovery: Evaluation reports withheld/re-evaluation not scheduled | 0 |
| | Total evaluations conducted | 1 |

| | | |
|---|--|------------|
| Emergency Care (ECB) | Higher education institution | 4 |
| | Cost recovery: Evaluation reports withheld/re-evaluation not scheduled | 2 |
| | Total evaluations conducted | 4 |
| Environmental Health (EHB) | Higher education institution | 3 |
| | Cost recovery: Evaluation reports withheld/re-evaluation not scheduled | 0 |
| | Total evaluations conducted | 3 |
| Medical and Dental (MDB) | Medical under and postgraduate programmes | 8 |
| | Dental under and postgraduate programmes | 5 |
| | Internship Clinical Training Site | 26 |
| | Medical Science | 0 |
| | Cost recovery: Evaluation reports withheld/re-evaluation not scheduled | 7 |
| | Total | 39 |
| Medical Technology (MTB) | Higher education institution | 1 |
| | Clinical Training sites | 57 |
| | Cost recovery: Evaluation reports withheld/re-evaluation not scheduled | 0 |
| | Total evaluations conducted | 58 |
| Occupational Therapy (OCP) | Higher education institution | 5 |
| | Cost recovery: Evaluation reports withheld/re-evaluation not scheduled | 0 |
| | Total evaluations conducted | 5 |
| Optometry and Dispensing Opticians (PBODO) | Higher education institution | 2 |
| | Cost recovery: Evaluation reports withheld/re-evaluation not scheduled | 0 |
| | Total evaluations conducted | 2 |
| Physiotherapy, Podiatry and Biokinetics (PPB) | Higher education institution | 4 |
| | Cost recovery: Evaluation reports withheld/re-evaluation not scheduled | 0 |
| | Total evaluations conducted | 4 |
| Psychology (PSB) | Higher education institution | 19 |
| | Internship clinical training sites | 6 |
| | Tailored internship programmes (Desktop) | 285 |
| | Cost recovery: Evaluation reports withheld/re-evaluation not scheduled | 0 |
| | Total evaluations conducted | 310 |
| Radiography and Clinical Technology (RCT) | Higher education institution | 1 |
| | Clinical Training sites | 80 |
| | Cost recovery: Evaluation reports withheld/re-evaluation not scheduled | 0 |
| | Total evaluations conducted | 81 |
| Speech, Language and Hearing (SLH) | Higher education institution | 6 |
| | Report on adherence to evaluation schedule | 0 |
| | Cost recovery: Evaluation reports withheld/re-evaluation not scheduled | 0 |
| | Total evaluations conducted | 6 |
| Total | | 555 |

2.2 Board examinations

- 2.2.1 Foreign qualified may be required to be assessed through amongst other methods, board examinations in order to establish competency levels ahead of their being registered with the HPCSA;
- 2.2.2 In some instances, a lengthy curriculum review process may need to be undertaken to establish the equivalence of the training received as compared to that offered in South Africa;
- 2.2.3 A total of 2,767 applicants sat through 36 assessments/exams across the 12 boards (See Table 2);
- 2.2.4 The average pass rate was 76%, with DNB, DOH, EHB and SLH achieving 100% pass rates;
- 2.2.5 The highest failure rates were among the ECM (92%), MDB – Dental (68%) and ODO (67%).

Table 2: Board examinations

| Board | Number of exams | Number who wrote | Passed (%) | Failed (%) |
|---|-----------------|------------------|--------------------|------------------|
| Dieticians And Nutritionists (DNB) | 1 | 1 | 1 (100%) | 0 |
| Dental Assisting, Dental Therapy and Oral Hygiene (DOH) | 2 | 39 | 39 (100%) | 0 |
| Emergency Care (ECPB) | 2 | 59 | 5 (8%) | 54 (92%) |
| Environmental Health (EHB) | 10 | 10 | 10 (100%) | 0 |
| Medical And Dental (MDB): | | | | |
| Medical | | 792 | 582 (74%) | 210 (26%) |
| Dental | | 24 | 8 (33%) | 16 (67%) |
| Medical Science | | 48 | 47 (98%) | 1 (2%) |
| Medical Technology (MTB) | 4 | 938 | 725 (77%) | 213 (23%) |
| Occupational Therapy, Medical Orthotics, Prosthetics and Arts Therapy (OCP) | 3 | 8 | 7 (88%) | 1 (12%) |
| Optometrist And Dispensing Optician (ODO) | 4 | 9 | 3 (33%) | 6 (67%) |
| Physiotherapy, Podiatry and Biokinetics (PPB) | 4 | 4 | 3 (75%) | 1 (25%) |
| Psychology | 3 | 769 | 631 (82%) | 138 (18%) |
| Radiography And Clinical Technology (RCT) | 2 | 65 | 50 (77%) | 15 (23%) |
| Speech, Language and Hearing (SLH) | 1 | 1 | 1 (100%) | 0 |
| Total | 36 | 2,767 | 2,112 (76%) | 548 (24%) |

3. REGISTRATIONS

3.1 Divisional overview

3.1.1 The Registration Division is responsible for the registration of all health practitioners registerable in terms of the Health Professions Act, No. 56 of 1974 as amended, including students ahead of practising their respective professions. Registration ensures that a practitioner receives professional status, inclusive of right to practise the profession that they are qualified for.

3.1.2 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) Postgraduate study, and 3) Volunteers;

3.2 Registration of Health Practitioners

3.2.1 In the year under review, the HPCSA registered 20 983 healthcare practitioners in line with its legislative mandate. Graduates transition from being students to qualified practitioners were registered based on a new registration process that puts the control to finalise the registration on the practitioner. Like any new system, there were some teething problems that could only be experienced upon the processing of large volumes of applications in a short space of time. These challenges were isolated for resolution in time for the next peak registration period;

3.2.2 Practitioners who completed internship at the end of 2022 were registered based on applications uploaded through the practitioner portal. Copies of intern duty certificates for both medical and psychology interns were accepted for registration per resolution of the respective Boards. The resolutions to accept copies of intern duty certificates obviated the need to register based on an end date, with an expectation of originals to still be submitted to remove the end date, thereby increasing efficiency in the registration process;

3.2.3 Specialist applications for the Medical and Dental Board practitioners still need to be accompanied by original supporting documents from the training institutions;

3.2.4 Applications for change of category from community service to independent practice were processed on the basis of uploaded or even emailed signed off application forms;

3.2.5 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 2022 to 31 March 2023, with comparative numbers for the period 1 April 2021 to 31 March 2022.

Table 3: Registrations

| CATEGORY | NUMBER REGISTERED IN 2021/22 | NUMBER REGISTERED IN 2022/23 |
|--------------------------|------------------------------|------------------------------|
| Prescribed Registrations | 19 937 | 20 983 |
| Specialists | 825 | 795 |
| Foreign Qualified | 351 | 653 |
| Additional Category | 106 | 54 |
| Additional Qualification | 2 313 | 2 065 |
| Category Change | 4 717 | 5 145 |

Table 4: Removals

| CATEGORY | NUMBER RECORDED IN 2021/22 | NUMBER RECORDED IN 2022/23 |
|--|----------------------------|----------------------------|
| Voluntary Erasures | 461 | 646 |
| Suspensions for not paying annual fees | 9 892 | 9 806 |
| Instruction to Erase | 15 | 88 |
| Deceased | 101 | 45 |

Table 5: Certificates by the Registrar

| CATEGORY | NUMBER ISSUED IN 2021/22 | NUMBER ISSUED IN 2022/23 |
|-----------------------------|--------------------------|--------------------------|
| Certificates of Status | 1 898 | 2 208 |
| Certified Extracts | 225 | 293 |
| Intern Duty Certificates | 228 | 326 |
| Verification of Credentials | 192 | 285 |

3 Registration Growth Statistics April 2020 – March 2023

Table 4 depicts the growth of the total register from April 2020 to March 2023 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.

Table 6: Active registrations from April 2020 to April 2023

| REG TYPE | BRD CODE | REG CODE | REG NAME | Apr 2020 | Apr 2021 | Apr 2022 | Apr 2023 | |
|---------------------|------------------|---------------------|--|--------------|---------------|---------------|---------------|---------------|
| Intern | MDB | GCIN | INTERN GENETIC COUNSELLOR | 12 | 10 | 13 | 10 | |
| | | GRIN | INTERN GENETIC COUNSELLOR | 4 | 4 | 4 | 4 | |
| | | IN | INTERN | 4,458 | 5,016 | 5,124 | 5,379 | |
| | | MSIN | INTERN MEDICAL SCIENTIST | 242 | 214 | 260 | 291 | |
| | | MWIN | INTERN MEDICAL BIOLOGICAL SCIENTIST | 26 | 26 | 26 | 26 | |
| | | PHIN | INTERN MEDICAL PHYSICIST | 36 | 42 | 45 | 45 | |
| | MDB Total | | | | 4,778 | 5,312 | 5,472 | 5,755 |
| | MTB | MTIN | MEDICAL TECHNOLOGY INTERN | 807 | 735 | 768 | 725 | |
| | MTB Total | | | | 807 | 735 | 768 | 725 |
| | OCP | ATIN | ARTS THERAPIST INTERNS | 14 | 19 | 23 | 25 | |
| | | OSIN | INTERN MEDICAL ORTHOTIST AND PROS-THETIST | 70 | 96 | 93 | 68 | |
| | OCP Total | | | | 84 | 115 | 116 | 93 |
| | PPB | BKIN | INTERN BIOKINETICIST | 1,010 | 338 | 314 | 300 | |
| | PPB Total | | | | 1,010 | 338 | 314 | 300 |
| PSB | PSIN | INTERN PSYCHOLOGIST | 1,013 | 733 | 877 | 904 | | |
| PSB Total | | | | 1,013 | 733 | 877 | 904 | |
| Intern Total | | | | 7,692 | 7,233 | 7,547 | 7,777 | |
| Practitioner | DOH | DA | DENTAL ASSISTANT | 4,325 | 4,098 | 3,956 | 3,711 | |
| | | OH | ORAL HYGIENIST | 1,257 | 1,263 | 1,249 | 1,252 | |
| | | SDA | DENTAL ASSISTANT (SUPPLEMENTARY REGISTER) - CLOSED | 1 | 1 | 1 | 1 | |
| | | TT | DENTAL THERAPIST | 740 | 804 | 853 | 898 | |
| | DOH Total | | | | 6,323 | 6,166 | 6,059 | 5,862 |
| | DNB | DT | DIETITIAN | 3,494 | 3,822 | 3,940 | 4,062 | |
| | | NT | NUTRITIONIST | 229 | 216 | 219 | 218 | |
| | DNB Total | | | | 3,723 | 4,038 | 4,159 | 4,280 |
| | EHO | FI | FOOD INSPECTOR | 1 | 9 | 9 | 9 | |
| | | HI | ENVIRONMENTAL HEALTH PRACTITIONER | 3,493 | 4,118 | 4,229 | 4,285 | |
| | | HIA | ENVIRONMENTAL HEALTH ASSISTANT | 71 | 69 | 69 | 62 | |
| | EHO Total | | | | 3,565 | 4,196 | 4,307 | 4,356 |
| | EMB | ANA | AMBULANCE EMERGENCY ASSISTANT | 11,350 | 11,365 | 11,030 | 10,728 | |
| | | ANT | PARAMEDIC | 1,353 | 1,543 | 1,594 | 1,647 | |
| | | BAA | BASIC AMBULANCE ASSISTANT | 35,448 | 29,664 | 26,288 | 23,363 | |
| | | ECA | EMERGENCY CARE ASSISTANT | 0 | 0 | 20 | 106 | |
| | | ECP | EMERGENCY CARE PRACTITIONER | 817 | 854 | 958 | 1,046 | |
| | | ECT | EMERGENCY CARE TECHNICIAN | 1,100 | 1,080 | 1,057 | 1,036 | |
| | | OECO | OPERATIONAL EMERGENCY CARE ORDERLY | 441 | 393 | 366 | 348 | |
| | EMB Total | | | | 50,509 | 44,899 | 41,313 | 38,274 |

| | | | | | | |
|------------------|-----|---|---------------|---------------|---------------|---------------|
| MDB | BE | BIOMEDICAL ENGINEER | 1 | 1 | 1 | 1 |
| | CA | CLINICAL ASSOCIATE | 946 | 1,006 | 1,089 | 1,152 |
| | DP | DENTIST | 6,059 | 6,586 | 6,641 | 6,681 |
| | GC | GENETIC COUNSELLOR | 21 | 23 | 25 | 30 |
| | GR | GENETIC COUNSELLOR | 11 | 14 | 14 | 14 |
| | KB | CLINICAL BIOCHEMIST | 5 | 6 | 6 | 6 |
| | MP | MEDICAL PRACTITIONER | 43,901 | 48,021 | 49,533 | 51,514 |
| | MS | MEDICAL BIOLOGICAL SCIENTIST | 298 | 339 | 365 | 400 |
| | MW | MEDICAL BIOLOGICAL SCIENTIST | 316 | 350 | 348 | 347 |
| | PH | MEDICAL PHYSICIST | 148 | 166 | 168 | 184 |
| | SMW | SUPPLEMENTARY MEDICAL SCIENTIST | 2 | 3 | 3 | 3 |
| MDB Total | | | 51,708 | 56,515 | 58,193 | 60,332 |
| MTB | CT | CYTO-TECHNICIAN | 1 | 1 | 1 | 1 |
| | GT | MEDICAL TECHNICIAN | 3,969 | 4,314 | 4,442 | 4,674 |
| | LA | LABORATORY ASSISTANT | 940 | 966 | 990 | 1,101 |
| | MLS | MEDICAL LABORATORY SCIENTIST | 210 | 234 | 282 | 468 |
| | MT | MEDICAL TECHNOLOGIST | 5,097 | 6,119 | 6,244 | 6,315 |
| | SGT | SUPPLEMENTARY MEDICAL TECHNICIAN | 4 | 14 | 12 | 12 |
| | SLA | SUPPLEMENTARY LABORATORY ASSISTANT | 157 | 136 | 127 | 115 |
| MTB Total | | | 10,378 | 11,784 | 12,098 | 12,686 |
| OCP | AOS | ASST MED ORTH PROST & LEATHERWORKER | 4 | 2 | 3 | 3 |
| | AT | ARTS THERAPIST | 95 | 95 | 100 | 108 |
| | OB | ORTHOPAEDIC FOOTWEAR TECHNICIAN | 39 | 46 | 43 | 42 |
| | OS | MEDICAL ORTHOTIST AND PROSTHETIST | 638 | 698 | 744 | 783 |
| | OSA | ORTHOPAEDIC TECHNICAL ASSISTANT | 76 | 75 | 75 | 71 |
| | OT | OCCUPATIONAL THERAPIST | 5,638 | 5,876 | 6,063 | 6,221 |
| | OTB | OCCUPATIONAL THERAPY ASSISTANT | 66 | 51 | 46 | 40 |
| | OTT | OCCUPATIONAL THERAPY TECHNICIAN | 442 | 420 | 392 | 390 |
| | SOS | SUPPLEMENTARY MEDICAL ORTHOTIST AND PROSTHETIST | 1 | 1 | 1 | 1 |
| OCP Total | | | 6,999 | 7,264 | 7,467 | 7,659 |
| ODO | OD | DISPENSING OPTICIAN | 136 | 133 | 142 | 141 |
| | OP | OPTOMETRIST | 3,879 | 3,994 | 4,055 | 4,204 |
| | OR | ORTHOPTIST | 4 | 10 | 9 | 9 |
| | SOD | SUPPLEMENTARY OPTICAL DISPENSER | 1 | 2 | 2 | 2 |
| | SOP | SUPPLEMENTARY OPTOMETRIST | 5 | 8 | 8 | 8 |
| ODO Total | | | 4,025 | 4,147 | 4,216 | 4,364 |
| PPB | BK | BIOKINETICIST | 1,869 | 1,971 | 2,058 | 2,152 |
| | CH | PODIATRIST | 280 | 349 | 372 | 405 |
| | MA | MASSEUR | 0 | 2 | 2 | 2 |
| | PT | PHYSIOTHERAPIST | 8,058 | 8,343 | 8,571 | 8,749 |
| | PTA | PHYSIOTHERAPY ASSISTANT | 137 | 122 | 101 | 101 |
| | PTT | PHYSIOTHERAPY TECHNICIAN | 43 | 42 | 50 | 54 |
| | RM | REMEDIAL GYMNAST | 1 | 1 | 1 | 1 |
| | SCH | SUPPLEMENTARY PODIATRIST | 2 | 3 | 3 | 3 |
| | SPT | SUPPLEMENTARY PHYSIOTHERAPIST | 1 | 2 | 2 | 2 |
| PPB Total | | | 10,391 | 10,835 | 11,160 | 11,469 |
| PSB | PM | PSYCHO-TECHNICIAN | 7 | 12 | 9 | 8 |
| | PMT | PSYCHOMETRIST | 1,939 | 2,047 | 2,018 | 2,028 |
| | PRC | REGISTERED COUNSELLOR | 2,559 | 2,596 | 2,583 | 2,606 |

| | | | | | | | |
|-------------------------------|------------------|---|---|----------------|----------------|---------------|--------------|
| | PS | PSYCHOLOGIST | 8,030 | 9,125 | 9,218 | 9,296 | |
| PSB Total | | | 12,535 | 13,780 | 13,828 | 13,938 | |
| RCT | DR | RADIOGRAPHER | 7,309 | 8,332 | 8,586 | 8,751 | |
| | EE | ELECTRO-ENCEPHALOGRAPHIC TECHNICIAN | 60 | 62 | 61 | 61 | |
| | KT | CLINICAL TECHNOLOGIST | 682 | 745 | 623 | 584 | |
| | KTG | GRADUATE CLINICAL TECHNOLOGIST | 689 | 726 | 843 | 978 | |
| | RLT | RADIATION TECHNOLOGIST | 10 | 8 | 8 | 8 | |
| | RSDR | RESTRICTED SUPP DIAG RADIOGRAPHER | 1 | 2 | 2 | 2 | |
| | SDR | SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHER | 100 | 130 | 115 | 112 | |
| | SKT | SUPPLEMENTARY CLINICAL TECHNOLOGIST | 2 | 2 | 2 | 2 | |
| RCT Total | | | 8,853 | 10,007 | 10,240 | | |
| SLH | AM | AUDIOMETRICIAN | 1 | 4 | 4 | 4 | |
| | AU | AUDIOLOGIST | 781 | 835 | 914 | 971 | |
| | GAK | HEARING AID ACOUSTICIAN | 109 | 139 | 134 | 127 | |
| | SAU | SUPPLEMENTARY AUDIOLOGIST | 1 | 1 | 1 | 1 | |
| | SGAK | SUPPLEMENTARY HEARING AID ACOUSTICIAN | 2 | 4 | 4 | 4 | |
| | SGG | COMMUNITY SPEECH AND HEARING WORKER | 7 | 6 | 4 | 4 | |
| | SGK | SPEECH AND HEARING CORRECTIONIST | 3 | 4 | 3 | 3 | |
| | SHA | SPEECH AND HEARING ASSISTANT | 3 | 3 | 2 | 2 | |
| | SSTA | SUPPLEMENTARY SPEECH THERAPIST AND AUDIOLOGIST | 1 | 1 | 1 | 1 | |
| | ST | SPEECH THERAPIST | 1,272 | 1,401 | 1,511 | 1,595 | |
| | STA | SPEECH THERAPIST AND AUDIOLOGIST | 1,450 | 1,638 | 1,647 | 1,616 | |
| | STB | SPEECH THERAPY ASSISTANT | 1 | 1 | 1 | 1 | |
| | SLH Total | | | 3,631 | 4,037 | 4,226 | 4,329 |
| Practitioner Total | | | 172,640 | 177,668 | 178,047 | 7,777 | |
| Student | DOH | DA S | STUDENT DENTAL ASSISTANT | 2,065 | 2,080 | 2,194 | 2,270 |
| | | OH S | STUDENT ORAL HYGIENIST | 342 | 388 | 396 | 494 |
| | | TT S | STUDENT DENTAL THERAPIST | 269 | 300 | 269 | 289 |
| | DOH Total | | | 2,676 | 2,768 | 2,859 | 3,053 |
| | DNB | DT S | STUDENT DIETITIAN | 1,453 | 1,490 | 1,435 | 1,472 |
| | | NT S | STUDENT NUTRITIONIST | 310 | 335 | 354 | 371 |
| | | NT V | NUTRITION VISITING STUDENT | 2 | 2 | 2 | 2 |
| | | DT V | DIETETICS VISITING STUDENT | | | | 2 |
| | DNB Total | | | 1,765 | 1,827 | 1,791 | 1,847 |
| | EHO | HI S | STUDENT ENVIRONMENTAL HEALTH OFFICER | 1,838 | 1,733 | 1,600 | 1,631 |
| | EHO Total | | | 1,838 | 1,733 | 1,600 | 1,631 |
| | EMB | ANTS | STUDENT PARAMEDIC | 597 | 662 | 679 | 666 |
| | | ECAS | STUDENT EMERGENCY CARE ASSISTANTS | 30 | 73 | 141 | 201 |
| | | ECPS | STUDENT EMERGENCY CARE PRACTITIONER | 917 | 1,012 | 1,012 | 1,037 |
| | | ECPV | ECP VISITING STUDENT | 21 | 26 | 26 | 34 |
| | | ECTS | STUDENT EMERGENCY CARE TECHNICIAN | 684 | 685 | 683 | 675 |
| | EMB Total | | | 2,249 | 2,458 | 2,541 | 2,613 |

| | | | | | | |
|----------------------|------|---|----------------|----------------|----------------|----------------|
| MDB | CA S | STUDENT CLINICAL ASSOCIATE | 547 | 577 | 642 | 769 |
| | DP S | STUDENT DENTIST | 973 | 1,021 | 918 | 1,136 |
| | GC S | STUDENT GENETIC COUNSELLOR | 5 | 8 | 6 | 10 |
| | GR S | STUDENT GENETIC COUNSELLOR | 1 | 1 | 1 | 1 |
| | IN S | STUDENT INTERN | 2,190 | 1,799 | 2,161 | 1,445 |
| | MP S | MEDICAL STUDENT | 11,574 | 12,146 | 11,957 | 12,392 |
| | MS S | STUDENT MEDICAL SCIENTIST | 267 | 268 | 262 | 259 |
| | PH S | STUDENT MEDICAL PHYSICIST | 30 | 28 | 28 | 34 |
| | VS | VISITING STUDENT | 134 | 15 | 4 | 22 |
| MDB Total | | | 15,721 | 15,863 | 15,979 | 16,068 |
| MTB | GT S | STUDENT MEDICAL TECHNICIAN | 2,778 | 2,852 | 3,086 | 3,169 |
| | LA S | STUDENT LABORATORY ASSISTANT | 1,019 | 1,007 | 1,096 | 1,204 |
| | MT S | STUDENT MEDICAL TECHNOLOGIST | 4,352 | 4,552 | 4,585 | 4,733 |
| MTB Total | | | 8,149 | 8,411 | 8,767 | 9,106 |
| OCP | AT S | ARTS THERAPY STUDENT | 56 | 49 | 60 | 80 |
| | OS S | STUDENT MEDICAL ORTHOTIST AND PROSTHETIST | 339 | 282 | 337 | 354 |
| | OT S | STUDENT OCCUPATIONAL THERAPIST | 1,952 | 1,956 | 1,920 | 2,061 |
| | OTBS | STUDENT OCCUPATIONAL THERAPY ASSISTANT | 32 | 32 | 32 | 32 |
| | OTES | DELETED - ART THERAPY STUDENT | 7 | 7 | 7 | 7 |
| OCP Total | | | 2,386 | 2,326 | 2,356 | 2,534 |
| ODO | OD S | STUDENT DISPENSING OPTICIAN | 379 | 409 | 436 | 471 |
| | OP S | STUDENT OPTOMETRIST | 905 | 939 | 925 | 1,107 |
| | OPVS | VISITING STUDENT OPTOMETRY | 4 | 4 | 4 | 4 |
| ODO Total | | | 1,288 | 1,352 | 1,365 | 1,582 |
| PPB | BK S | STUDENT BIOKINETICIST | 1,351 | 1,283 | 1,038 | 1,226 |
| | CH S | STUDENT PODIATRIST | 322 | 343 | 314 | 313 |
| | PT S | STUDENT PHYSIOTHERAPIST | 2,209 | 2,191 | 2,328 | 2,446 |
| PPB Total | | | 3,882 | 3,817 | 3,680 | 3,985 |
| PSB | PMTS | STUDENT PSYCHOMETRIST | 455 | 533 | 454 | 532 |
| | PS S | STUDENT PSYCHOLOGIST | 1,399 | 1,448 | 1,644 | 1,660 |
| | PS V | PSYCHOLOGY VISITING STUDENT | 3 | 5 | 5 | 5 |
| | SRC | STUDENT REGISTERED COUNSELLOR | 2,008 | 2,149 | 1,990 | 1,965 |
| PSB Total | | | 3,865 | 4,135 | 4,093 | 4,162 |
| RCT | DR S | STUDENT RADIOGRAPHER | 2,328 | 2,302 | 2,531 | 2,576 |
| | DR V | VISITING STUDENT RADIOGRAPHER | 38 | 58 | 58 | 75 |
| | EE S | STUDENT ELECTRO-ENCEPHALOGRAPHIC TECHNICIAN | 143 | 161 | 176 | 204 |
| | KT S | STUDENT CLINICAL TECHNOLOGIST | 516 | 583 | 663 | 793 |
| | RLTS | STUDENT RADIATION TECHNOLOGIST | 1 | 2 | 2 | 2 |
| | SDRS | STUDENT SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHER | 9 | 9 | 9 | 9 |
| RCT Total | | | 3,035 | 3,115 | 3,439 | 3,659 |
| SLH | AU S | STUDENT AUDIOLOGIST | 501 | 541 | 595 | 655 |
| | GAKS | STUDENT HEARING AID ACOUSTICIAN | 32 | 32 | 32 | 31 |
| | ST S | STUDENT SPEECH THERAPIST | 806 | 862 | 951 | 1,004 |
| | STAS | STUDENT SPEECH THERAPIST AND AUDIOLOGIST | 243 | 214 | 205 | 223 |
| | STAV | STA VISITNG STUDENT | 4 | 4 | 4 | 4 |
| SLH Total | | | 1,586 | 1,653 | 1,787 | 1,917 |
| Student Total | | | 48,440 | 49,458 | 52,157 | 7,777 |
| Grand Total | | | 228,772 | 234,359 | 235,070 | 237,981 |

4. PROFESSIONAL PRACTICE

4.1 Divisional 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.

4.2 CPD and MoL project

4.2.1 The CPD portfolio is managed according to Section 26 of the Health Professions Act, 56 of 1974, CPD Rules and Guidelines;

4.2.2 A total of 1,163,754 service requests were submitted and closed in the 2022/23 financial year by registered practitioners, see figure 1 below;

4.2.3 The development of MoL programme continues, and it is expected that the testing and piloting will be concluded in the 2023/24 financial year;

4.2.4 In the 2022/23 financial year, a total of 19 427 bulk uploading spreadsheets were received from CPD Service Providers for uploading on HPCSA's system;

4.2.5 Average of twenty one percent (21%) of active health practitioners on Council's database have utilised CPD portal for uploading evidence of CPD compliance or submission of enquiries in the 2022/23 financial year.

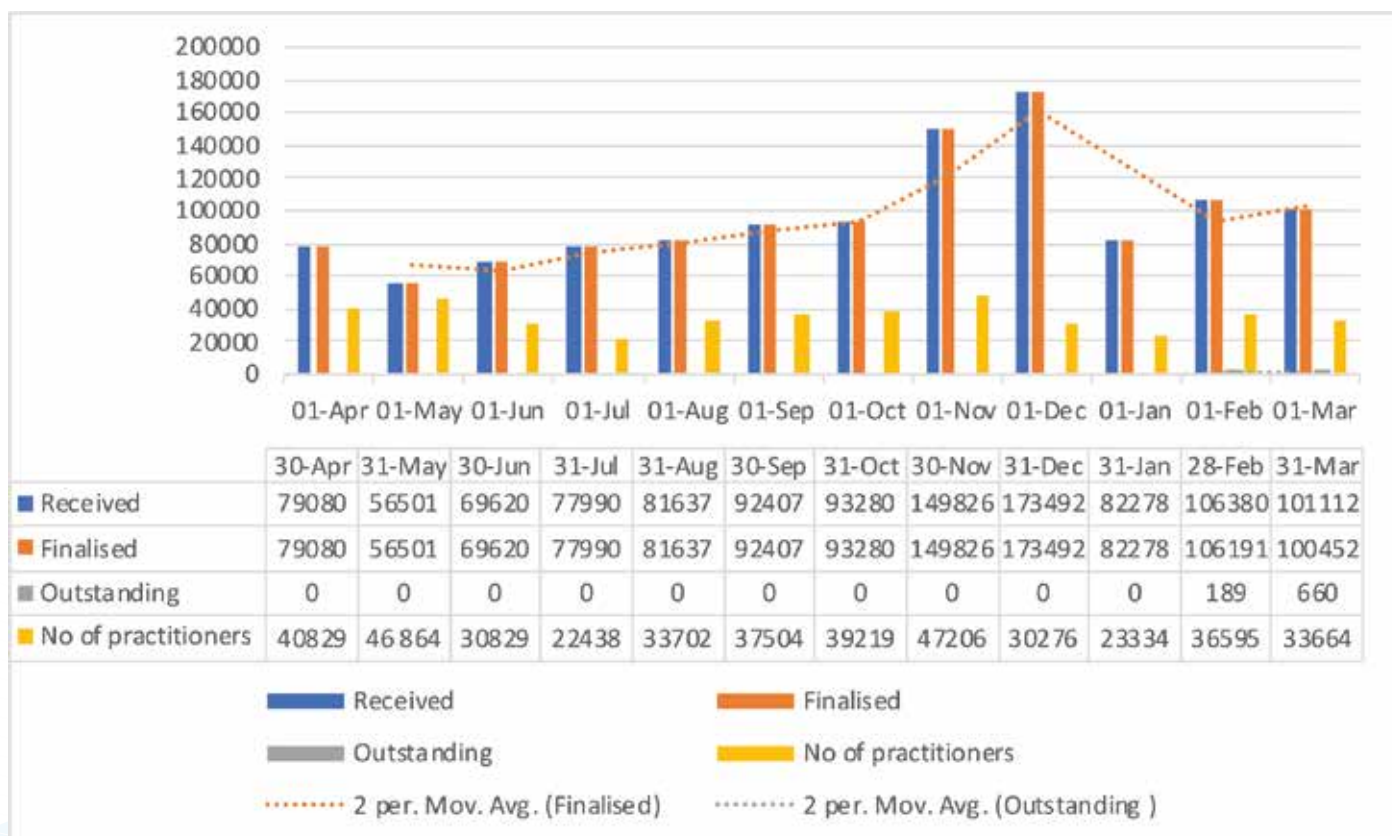


Figure 1: CPD annual workload for FY2022/23

4.3 Business Practice

4.3.1 Six applications were received from non-registered entities requesting approval to appoint or employ registered health practitioners in terms of ethical rule 18 in the 2022/23 financial year;

4.3.2 Revisions of the business practice policy is expected to be concluded in the 2023/24 financial year.

4.4 Management of impaired practitioners and students

4.4.1 Regulatory framework: The management of practitioners' impairment is conducted as per regulations defined in terms of Section 51 of the Health Professions Act, 56 of 1974 ;

4.4.2 Average of 14 new cases were reported in each month in the 2022/23 financial year for the health committees' consideration, pertaining to allegations of practitioner's health impairment;

4.4.3 Majority of the cases fall under the Health Committee of the Medical and Dental Professions Board (MDB), and the rest with an inter-Professional Board Health Committee;

4.4.4 There is an average of 55 active cases from both committees' caseload for the 2022/23 financial year as in Figure 1.

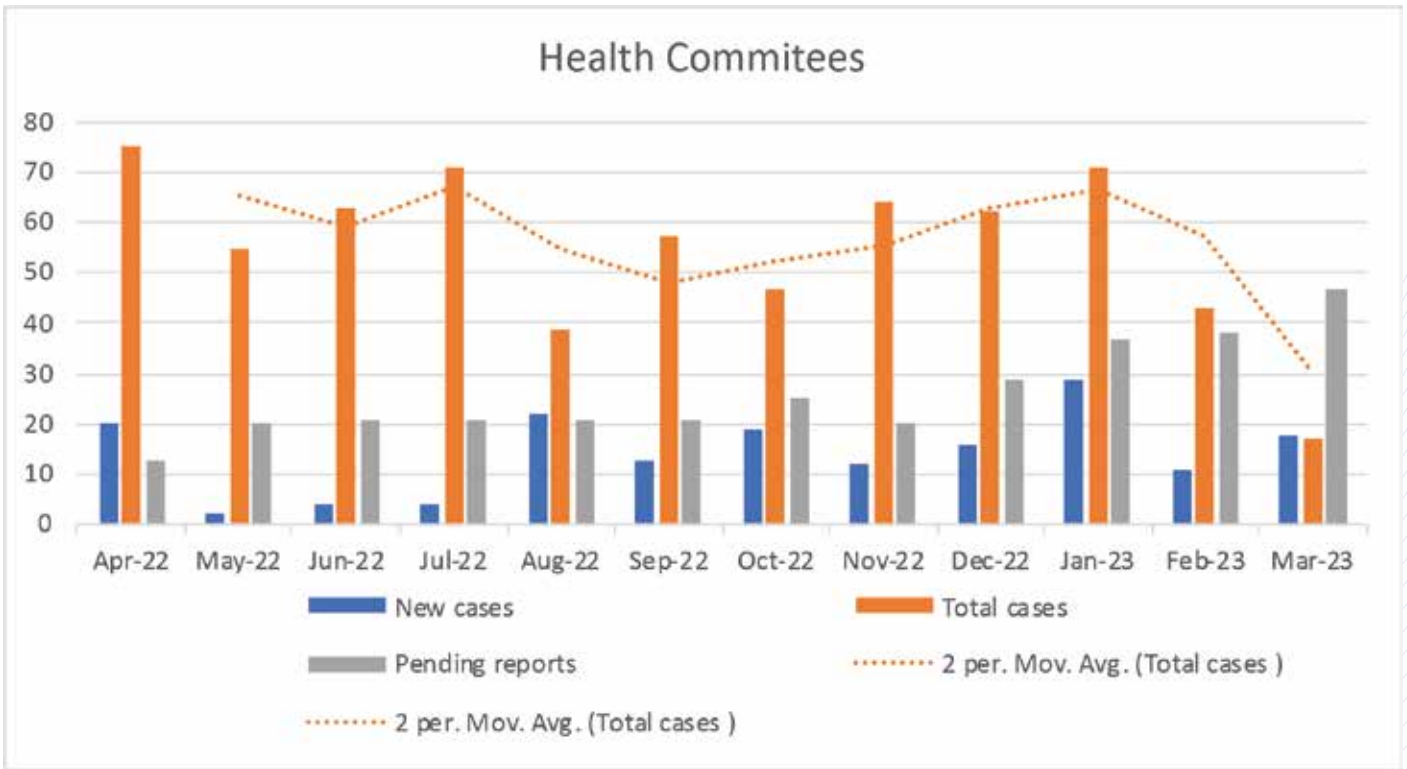


Figure 1: Summary of Health Committees monthly activities FY2022/2023

4.5 Scope of practice and ethics

- 4.5.1 Ethics and legal framework: The Health Professions Act, 56 Of 1974 , ethical rules, ethical rulings, regulations, and ethical guidelines of good practice for Council;
- 4.5.2 Revision of guidelines for management of withdrawing and withholding treatment (booklet 7), management of health records (Booklet 9), ethical ruling was concluded in the 2022/23;
- 4.5.3 Turnaround time for responding to correspondences seeking advice and guidance on matters of ethics averaged of 2.5 days for total of 2649 enquiries (See Figure 2).

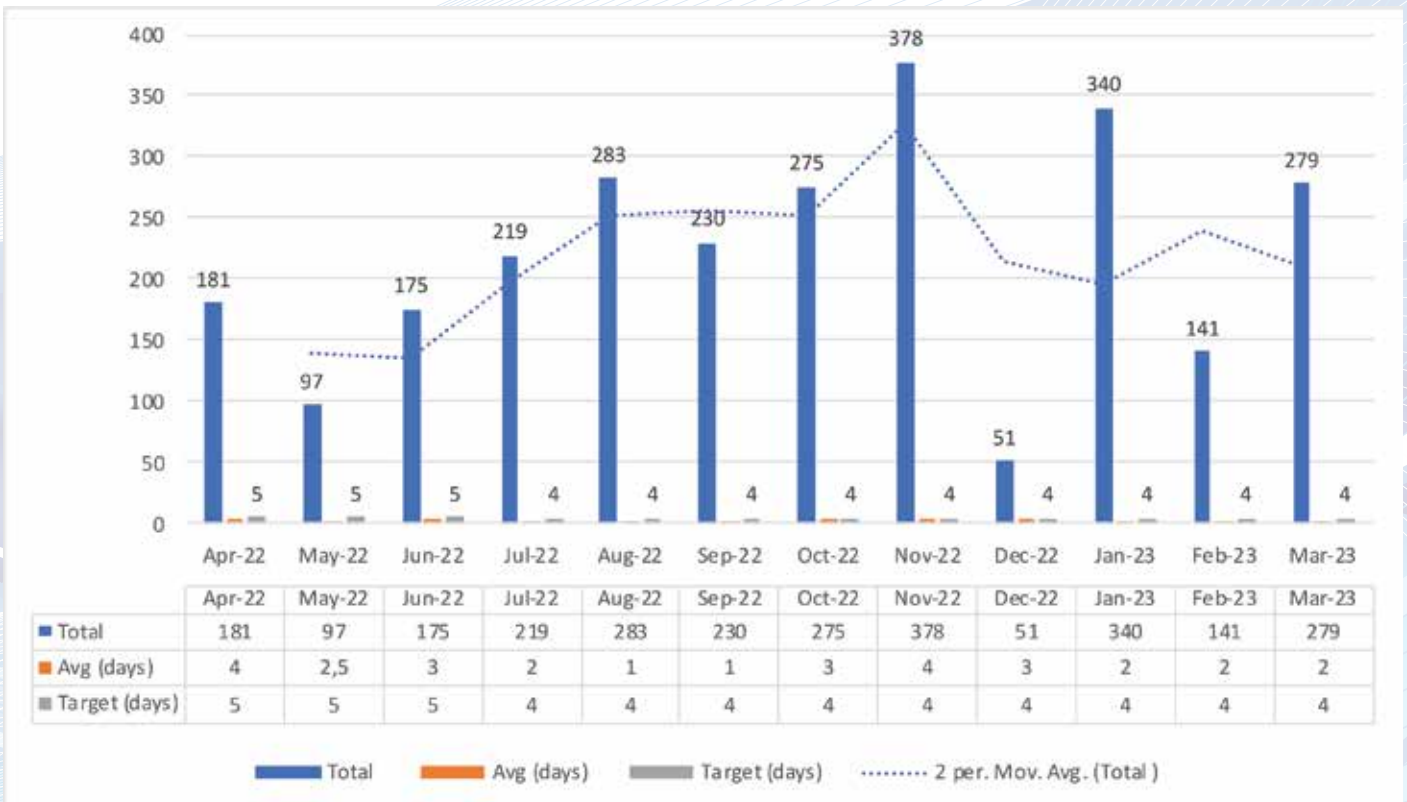


Figure 2: TAT for responding to enquiries relating to ethical matters

3. DEPARTMENT: LEGAL AND REGULATORY AFFAIRS

1. INTRODUCTION

The Department: Legal and Regulatory Affairs (LRA) consists of six (6) divisions: The Office of the Head of Department, Complaints Handling and Investigation, Professional Conduct Inquiry, Legislative Drafting Division, Inspectorate and Road Accident Fund Division.

1.1. The Office of the Head of Department

This division manages the performance of the LRA Department. It provides strategic direction in line with Council's Strategic Plan and the Annual Performance Plan. It also serves to monitor the deliverables targeted in the Annual Operational Plan.

1.2. Complaints Handling and Investigation

This division receives complaints on allegations of unprofessional conduct lodged with the Registrar against a person registered under the Act. The Complaints Handling and Investigation Division is further divided into four (4) sections: Complaints Handling and Analysis, Ombudsman/Chief Mediator, Preliminary Investigation and Charge Office.

1.2.1. Complaints Handling and Analysis

Its functions are to receive, peruse, analyse, register, and allocate complaints according to their significance and seriousness. Complaints of minor transgressions are allocated for mediation to the Ombudsman/Chief Mediator. Other complaints are assigned for Preliminary Investigation and other relevant authorities.

1.2.2. Ombudsman/Chief Mediator

The Ombudsman mediates minor transgressions with the aim of making determination to reach a resolution.

1.2.3. Preliminary Investigation

Complaints are investigated and the results are presented to the Preliminary Committee of Inquiry ("PCI")

1.2.4. Charge Office

This office executes penalties imposed by the Preliminary Committees of Inquiry ("PCI").

1.3. Professional Conduct Inquiry

Professional Conduct Inquiry acts as a proforma complainant in the prosecution of complaints referred by the Preliminary Committees of Inquiry. A committee called the Professional Conduct Committee presides over the prosecution of such complaints.

1.4. Road Accident Fund Division

This division was established to render Secretariat support to the Road Accident Fund Appeal Tribunal.

1.5. Inspectorate (Law Enforcement)

The main function of this division is to enforce compliance with the Health Professions Act, rules and regulations by conducting inspections and attending to unregistered persons practising.

1.6. Legislative Drafting Division

The primary role of this division is to draft and review legislation (rules and regulations). This division also deals with the vetting of contracts, provision of legal opinions and the management of litigations for and against Council.

2. STRATEGIC FOCUS

Chapter 1 of the Health Professions Act, 56 of 1974 on establishment, objects, functions and powers of the Health Professions Council of South Africa and of Professional Boards, in Section 3 states that the objects and functions of Council are to :

"(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".

In line with Section 3 on Objects and Functions of Council, the following Departmental Strategic Objectives/Goals were agreed upon during the Strategic Session held in March 2022:

- Efficient complaints handling and investigation.
- Ensure an effective alternative dispute resolution of complaints.
- Effective and efficient legal advisory services, and prosecution of complaints against practitioners.
- Ensure relevance Ethical Rules/Guidelines Reviews to the changing healthcare landscape.
- Effective and efficient compliance enforcement.
- Effective and efficient system of assessment of serious injuries by the RAF Tribunal.

3. PERFORMANCE REPORTS OF THE DEPARTMENT: LEGAL AND REGULATORY AFFAIRS (LRA)

3.1. The Office of the Head of Department

At a strategic level of Council, the LRA is contributing to strategic goal four (4) which is to "Strengthen the service delivery environments

of the HPCSA, sub-strategic goal 4a, being "Improved Professional Conduct Processes". For the 2022/23 financial year the Key Performance Indicator was "Case Clearance rate at Preliminary Investigations. (CHU&I)". The annual target was the Baseline Rate Report. This annual target was achieved, and the baseline was established at 68% (715/1051).

At the departmental level, as it would appear more detailed on the sections below, despite challenges relating to resources shortages we managed to achieve all our Key Performance Indicators as per the Operational Plan of the department.

The efficiencies that we have implemented in the department have borne some fruits in a form of savings and improved case clearance. At CHU&I we managed to save R 4 983 460. We collected R3 097 500 of the fines imposed at Preliminary Inquiry. On Investigations we cleared 67% (715/1066). We carried over only 32.9% (315). On mediation, electronic mediation 87% (396/453) was the main mode through which complaints were resolved. This meant that we saved costs associated with physical mediation.

At Prosecution we managed to save R8 150 816. We only carried over to the 2023/24 financial year a total of 171 matters which is a decrease from 224 matters carried forward into the 2022/23 financial year .

At Legislative Drafting we managed to draft and vet all regulations and rules presented to us within 30 days.

At RAF, out of 101 meetings we finalised 2 259 of the 3 243 matters received. At Inspectorate we conducted 2 727 compliance inspections against the annual target of 2 600.

The implementation of the cloud-based case management system (Oracle Service Cloud) has enhanced our effectiveness in the areas of document management and information security and workflow management. We expect that the number of complaints lodged online through this system will increase and so will our effectiveness.

Shortages in human resources both at CHU&I and Inspectorate remain a challenge that holds us from reaching our optimum potential. The funding gap for inquiries remains a challenge. The fixed term contracts in RAF support staff remains a big challenge as it creates a high staff turnover rate.

As a Head of Department, I would like to thank all colleagues in the LRA for their hard work, determination and excellent achievements despite all challenges encountered during the reporting period. Continue to serve and protect the public without fear or favour.

3.2. Complaints Handling and Investigation

During the period under review, the HPCSA received 1675 new complaints with their trends detailed below.

| TABLE 1: Complaints received | 2020/21 | 2021/22 | 2022/23 |
|---|----------------|----------------|----------------|
| Total number of complaints received by HPCSA | 1 458 | 1 503 | 1 675 |
| Complaints referred for Preliminary Investigation | 987 | 893 | 1 065 |
| Complaints referred to Ombudsman/Chief Mediator for Mediation | 408 | 528 | 489 |
| Complaints resolved at Perusal and analysis stage | 63 | 82 | 98 |
| Anonymous | | | 23 |

Of the total 1 675 received,

- **1 554** complaints were **registered** and were allocated as follows:
 - > 1 065 (64%) were referred for Preliminary Investigation and
 - > 489 (29%) for Mediation
- the balance of 121 complaints were dealt with as follows:
 - > 98 (6%) were resolved at perusal and analysis stage; and
 - > 23 (1%) were received as anonymous and required investigation to establish more facts in terms of Section 41A.

| TABLE 2: Mechanism of Receipt (Platform) | No. of Complaints | Percentage |
|---|--------------------------|-------------------|
| Email | 1124 | 72.3% |
| HPCSA Online system | 405 | 26.1% |
| Walk-ins | 18 | 1.2% |
| Post | 7 | 0.5% |
| TOTAL | 1 554 | 100% |

For the period under review as stipulated in Table 2; 72.3 % of complaints were received through the email platform which decreased from 99% in 2021/22 financial year. This was due to the introduction of the online system. 26.1% were received through the online system while 1.2% were received through walk-ins. The remaining 0.5% were received through postal services.

| TABLE 3: Source of Complaint | No. of Complaints | Percentage |
|-------------------------------------|--------------------------|-------------------|
| Members of public | 1 293 | 83.2% |
| Practitioner | 99 | 6.4% |
| Medical aid scheme | 43 | 2.8% |
| Ombudsman | 31 | 2.0% |
| Inspectorate | 30 | 1.9% |
| Other entities | 25 | 1.6% |
| Legal representative | 19 | 1.2% |
| HPCSA internal department | 12 | 0.8% |
| Anonymous | 2 | 0.1% |
| TOTAL | 1 554 | 100% |

Based on Table 3, the percentage of complaints received from members of the public was the highest at 83.2% followed by complaints received from practitioners at 6.4%. Ombudsman, Inspectorate, and other internal departments combined, referred 4,7% of the complaints for investigation.

| TABLE 4: Top 12 Nature of Complaints | No. of Complaints | Percentage |
|---|--------------------------|-------------------|
| Negligence | 345 | 22.2% |
| Medical reports | 135 | 8.7% |
| Accounts | 124 | 8.0% |
| Insufficient care | 120 | 7.7% |
| Incompetence | 115 | 7.4% |
| Charging for services not rendered | 92 | 5.9% |
| Communication | 76 | 4.9% |
| Billing | 57 | 3.7% |
| Informed consent | 45 | 2.9% |
| Patient abandonment | 45 | 2.9% |
| Medical records | 44 | 2.8% |
| Disclosure of confidentiality | 33 | 2.1% |
| Other complaint categories | 323 | 20.8% |
| TOTAL | 1 554 | 100% |

Table 4 illustrates that complaints of negligence remain high at 22.2% which increased from 21.6% in 2021/22 financial year. These were followed by offences relating to medical reports at 8.7%, accounts related offences at 8% and insufficient care at 7.7%. Miscellaneous complaints accounted for 20.8%.

| TABLE 5: Complaints Registered per Board | Number Received | Percentage | Number of Practitioners in the Board |
|---|------------------------|-------------------|---|
| MDB | 1 276 | 82,1% | 58 840 |
| PSB | 101 | 6,5% | 14 063 |
| PPB | 41 | 2,6% | 11 296 |
| ODO | 31 | 2,0% | 4 330 |
| EMB | 26 | 1,7% | 41 584 |
| OCP | 20 | 1,3% | 7 496 |
| DTB | 17 | 1,1% | 4 175 |
| SLH | 16 | 1,0% | 12 413 |
| DOH | 11 | 0,7% | 4 235 |
| RCT | 10 | 0,6% | 6 192 |
| MTB | 4 | 0,3% | 7 496 |
| EHO | 1 | 0,1% | 4 396 |
| TOTAL | 1 554 | 100% | |

Table 5 above reflects the number and percentage of cases registered per Board, MDB remains the highest.

Figure 1: Practice Sector Type

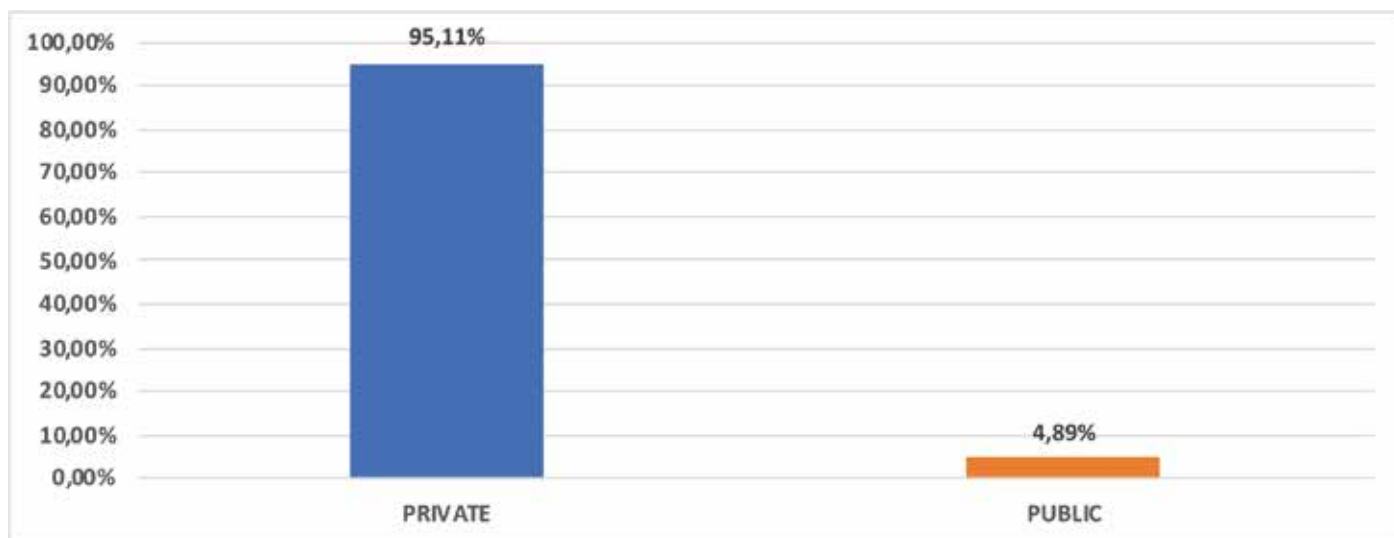


Figure 1 reflects that of the 1 554 registered complaints, 95.1% were against practitioners practising in the private sector (either in private hospitals or own private practice) whilst 4.9% were against practitioners practising in the public sector.

3.2.1. Complaints Handling and Analysis

| TABLE 6: Key Performance Indicator (KPI) | Target | 2022/2023 Performance |
|--|--------|-----------------------|
| Average TAT for perusal, analysis and categorisation of complaints | 3 days | 0.6 days |
| Average TAT screening of complaints | 2 days | 0.3 days |

This is in line with the targeted Key Performance Indicators.

3.2.2. Preliminary Investigation

| TABLE 7: Key Performance Indicator (KPI) | Target | 2022/2023 Performance |
|---|--------------------|-----------------------|
| Average TAT for investigation of complaints | 150 days | 86 days |
| Case clearance rate-Preliminary investigation | Establish baseline | 67% |

As per Table 1; 1 065 complaints were referred for Preliminary Investigation during the period under review. The case clearance rate (investigations completed) was 67% (715 of 1 065 complaints received). This performance was used by Council for establishing the baseline. The previous years' registered complaints referred for preliminary investigation are reflected on Table 1.

3.2.3. Charge Office

| TABLE 8: Key Performance Indicator (KPI) | 2022/2023 Performance |
|--|--|
| Total files received | 350 |
| Total number of charge sheets drafted and communicated | 331 (19 files uploaded after the financial year) |
| Average TAT-drafting of charge sheets | 7 days |
| Minimum TAT | 1 day |
| Maximum TAT | 7 days |
| Caution | 36 |
| Reprimand | 7 |
| Caution and reprimand | 8 |
| Number of Fines Imposed | 280 |
| Total Amount of Fines Imposed | R5,510,000 |
| Charges Accepted | 204 |
| No Response to Charges | 85 |
| Charges Rejected | 42 |
| Total Amount Collected | R3,097,500 |

3.2.4. Ombudsman/Chief Mediator

The Office of the Ombudsman was established to mediate in 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, 56 of 1974.

The Office of the Ombudsman considers any referred matter and mediates between parties. This is done with a view of making a determination to resolve the matter between the parties. In cases where either party does not agree to abide by the determination, the matter is referred to the Registrar for preliminary investigation.

| TABLE 9: Key Performance Indicator (KPI) | No. of Complaints | Total | Percentage |
|---|--------------------------|--------------|-------------------|
| No. of registered complaints received by Ombudsman 2022/23 (Refer to Table 1) | 489 | 1,554 | 31% |
| Case Clearance (Complaints finalised) | 453 | 489 | 93% |
| Finalised <70 days | 422 | 453 | 93% |
| Average TAT for mediation of complaints | 453 | 29.8 days | |
| Mediation success rate (Finalised through Mediation) | 424 | 453 | 94% |
| Referred to Preliminary Investigation | 29 | 453 | 6% |
| Finalised without requiring virtual/contact mediation | 431 | 453 | 95% |
| Case Clearance (2021/22) | 61 | 61 | 100% |

| TABLE 10: Top 12 Nature of Complaints referred for Mediation | No. of Complaints | Percentage |
|---|--------------------------|-------------------|
| Accounts | 126 | 25,8% |
| Medical reports/ records | 118 | 24,1% |
| Insufficient care | 82 | 16,8% |
| Billing | 52 | 10,6% |
| Communication | 40 | 8,2% |
| Informed financial consent | 19 | 3,9% |
| Patient abandonment | 11 | 2,2% |
| Charging fees for services not (personally rendered) | 11 | 2,2% |
| Overservicing | 5 | 1,0% |
| Failure to furnish a patient with statement of account | 4 | 0,8% |
| Unprofessional conduct | 3 | 0,6% |
| Integrity | 3 | 0,6% |
| Other complaint categories | 15 | 3,1% |
| TOTAL | 489 | 100% |

The table above shows that accounts and medical reports /records continue to be the highest followed by the complaints related to insufficient care.

| TABLE 11: Top 12 manner in which matters were finalised at Mediation | No. of Complaints | Percentage |
|---|--------------------------|-------------------|
| Electronic mediation | 396 | 87.4% |
| Referred for Prelim | 22 | 4.9% |
| Contact/virtual mediation | 15 | 3.3% |
| Withdrawn | 10 | 2.2% |
| Contact/virtual mediation - Referred for Prelim | 7 | 1.5% |
| Duplicate | 2 | 0.4% |
| Outside jurisdiction | 1 | 0.2% |
| Total | 453 | 100% |

453 of the 489 complaints referred for mediation were finalised. Electronic mediation (telephone, email) remains the most common modes through which matters were finalised by the Ombudsman. This is a consistent trend from the previous financial year. Seven (7) matters were referred to Preliminary Investigation after attempting to mediate through contact and/virtual mediation.

| TABLE 12: Mode of closure per nature of complaint | Electronic Mediation | Referred for Prelim | Contact/ Virtual Mediation | Withdrawn | Duplicate and Outside jurisdiction | Grand Total |
|--|-----------------------------|----------------------------|-----------------------------------|------------------|---|--------------------|
| Accounts | 106 | 5 | 1 | 2 | 2 | 116 |
| Medical reports/ records | 103 | 3 | 2 | 2 | | 110 |
| Insufficient care | 60 | 5 | 12 | 1 | | 78 |
| Billing | 43 | 4 | 1 | 2 | | 50 |
| Communication | 27 | 1 | 4 | 2 | 1 | 35 |
| Informed Financial Consent | 16 | | 1 | | | 17 |
| Charging fees for services not personally rendered | 8 | 1 | | 1 | | 10 |
| Patient abandonment | 9 | | | | | 9 |
| Overservicing | 4 | | | | | 4 |
| Failure to furnish a patient with statement of account | 4 | | | | | 4 |
| Integrity | 2 | 1 | | | | 3 |
| Unprofessional conduct | 2 | 1 | | | | 3 |
| Inaccurate record keeping | | | 1 | | | 1 |
| Dignity | 1 | 1 | | | | 2 |
| Miscellaneous complaints | 11 | | | | | 11 |
| Total | 396 | 22 | 22 | 10 | 3 | 453 |

This table demonstrates that the mode of closure is still being managed through electronic mediation. What is also evident is that some of the Insufficient Care complaints, which were previously only referred for preliminary investigation are being finalised through electronic mediation.

3.3. 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.

| TABLE 13: Summary of finalised matters according to penalties | 2019/20 | 2020/21 | 2021/22 | 2022/23 |
|--|----------------|----------------|----------------|----------------|
| Fines Imposed at inquiry | 118 | 90 | 66 | 62 |
| Acquittals | 45 | 59 | 60 | 43 |
| Finalised by HoD | 60 | 38 | 43 | 21 |
| Suspensions | 35 | 32 | 28 | 17 |
| Finalised at Prelim | 0 | 04 | 27 | 17 |
| Admission of Guilt Fines - Regulation 4(9) | 154 | 43 | 30 | 10 |
| Cautions and Reprimands | 18 | 27 | 7 | 8 |
| Defence Objection Upheld | 5 | 0 | 4 | 7 |
| Erasures | 15 | 30 | 4 | 2 |
| Finalised at Health Committee | 1 | 0 | 0 | 1 |
| Backlog project | 0 | 0 | 0 | 0 |
| TOTAL | 451 | 323 | 269 | 188 |

| TABLE 14: Breakdown of finalised matters per Professional Board | 2019/20 | 2020/21 | 2021/22 | 2022/23 |
|--|----------------|----------------|----------------|----------------|
| Medical and Dental | 312 | 209 | 191 | 137 |
| Psychology | 40 | 24 | 33 | 11 |
| Emergency Care Personnel | 22 | 23 | 14 | 8 |
| Medical Technology | 1 | 0 | 1 | 7 |
| Optometry and Dispensing Opticians | 29 | 16 | 7 | 7 |
| Dental Therapy and Oral Hygiene | 15 | 8 | 02 | 5 |
| Occupational Therapy, Medical Orthotics and Prosthetics | 6 | 10 | 7 | 5 |
| Speech, Language and Hearing | 7 | 4 | 07 | 3 |
| Radiography and Clinical Technology | 11 | 11 | 03 | 2 |
| Physiotherapy, Podiatry and Biokinetics | 6 | 11 | 03 | 2 |
| Dietetics | 2 | 7 | 01 | 1 |
| Environmental Health | 0 | 0 | 0 | 0 |
| TOTAL | 451 | 323 | 269 | 188 |

| TABLE 15: Breakdown of finalised matters per offence | 2019/20 | 2020/21 | 2021/22 | 2022/23 |
|---|----------------|----------------|----------------|----------------|
| Negligence | 62 | 45 | 42 | 39 |
| Insufficient Care/Treatment and Mismanagement of Patients | 66 | 32 | 47 | 28 |
| Fraudulent Certificates/Incorrect Information on Death Certificates | 18 | 5 | 17 | 21 |
| Fraud and theft | 68 | 51 | 27 | 17 |
| Unacceptable/Inappropriate Relationship with Patients | 14 | 12 | 11 | 16 |
| Overcharging / charging for Services not Rendered | 56 | 43 | 23 | 13 |
| Issues relating to Consent | 30 | 15 | 8 | 9 |
| Bringing the Professions into disrepute | 24 | 17 | 16 | 9 |
| Undesirable Business Practice | 0 | 0 | 0 | 9 |
| Incompetence | 26 | 25 | 19 | 8 |
| Practicing Outside Scope of competence | 23 | 16 | 7 | 4 |
| Contempt of Council | 2 | 5 | 1 | 4 |
| Damaging Professional Reputation of Colleague | 1 | 4 | 3 | 3 |
| Misdiagnosis | 9 | 5 | 8 | 2 |
| Over servicing | 1 | 3 | 6 | 2 |
| Employing unregistered practitioners | 16 | 17 | 12 | 1 |
| Refusing to complete forms / producing inaccurate reports | 13 | 3 | 3 | 1 |
| Practicing without registration | 5 | 2 | 1 | 1 |
| Breach of confidentiality | 1 | 1 | 5 | 1 |
| Unethical Advertising | 14 | 1 | 4 | 0 |
| Unethical dispensing, using of unregistered medicine and prescribing of drugs | 4 | 2 | 0 | 0 |
| Refusing to treat patients | 3 | 7 | 7 | 0 |
| Supersession | 1 | 2 | 1 | 0 |
| Contravening the Hazardous Substances Act, 1973 | 0 | 0 | 1 | 0 |
| TOTAL | 457 | 313 | 269 | 188 |

3.4. Road Accident Fund Division

| TABLE 16: RAF Tribunal | 2019/20 | 2020/21 | 2021/22 | 2022/23 |
|-------------------------------|----------------|----------------|----------------|----------------|
| Matters received | 4251 | 1 905 | 1 838 | 3 243 |
| No. of meetings | 112 | 117 | 96 | 101 |
| Serious | 1268 | 1 046 | 617 | 608 |
| Non serious | 3106 | 2 433 | 1 415 | 1 651 |
| Deferred | 500 | 393 | 272 | 245 |
| Withdrawn | 37 | 77 | 36 | 19 |
| Finalised | 4374 | 3 479 | 2 032 | 2 259 |

Contested claims for serious injury are referred to HPCSA's Appeal Tribunals for final determination. During the period under review 3 243 disputes were received and 101 meetings were held, 2 523 matters were dealt with and 2,259 cases were finalised.

3.5. Inspectorate (Law Enforcement)

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

| TABLE 17: Key Performance Indicator | 2019/20 | 2020/21 | 2021/22 | 2022/23 |
|--|----------------|----------------|----------------|----------------|
| Compliance inspections conducted | 3 521 | 4 056 | 3 386 | 2 727 |
| No. of meetings | 112 | 117 | 96 | 101 |
| Investigation of unregistered persons | 1 222 | 804 | 732 | 667 |
| Total received | 1 384 | 914 | 806 | 734 |
| Percentage achieved | 88% | 88% | 91% | 89% |
| Outstanding fines finalised | 26 | 5 | 7 | 0 |
| Total received | 26 | 6 | 7 | 0 |
| Percentage achieved | 100% | 83% | 100% | N/A |

| TABLE 18: Joint inspections with other Law Enforcement Agencies | 2019/20 | 2020/21 | 2021/22 | 2022/23 |
|--|----------------|----------------|----------------|----------------|
| Joint inspections/operations | 149 | 53 | 24 | 25 |
| Stakeholders engaged | 129 | 82 | 55 | 50 |
| Awareness campaigns | 31 | 37 | 21 | 23 |

3.6. Legislative Drafting Division

3.6.1. Key Policy Development and Legislative Changes

3.6.1.1. Regulations

During the reporting period the following regulations were submitted to the Minister of Health for final promulgation into law: -

| TABLE 19: Date of Submission | Regulation |
|---|--|
| 12 October 2022 | Regulations relating to the constitution of the Professional Board for emergency care. |
| 14 October 2022 | Regulations relating to the conduct of inquiries into alleged unprofessional conduct. |
| 17 January 2023 | Regulations defining the scope of the profession of clinical technology. |
| 17 January 2023 | Regulations defining the scope of the profession of radiography. |
| 18 January 2023 | Regulations defining the scope of the profession of nutrition. |
| 18 January 2023 | Regulations relating to the names that may not be used in the profession of dietetics and nutrition. |

During the reporting period the following regulations were published for comment: -

| TABLE 20: Date of Publication | Regulation |
|--|---|
| 30 September 2022 | Regulations defining the scope of the profession of dental therapy. |
| 03 February 2023 | Regulations relating to the registration of intern arts therapists. |
| 03 February 2023 | Regulations defining the scope of the profession of orthopaedic footwear technicians |
| 03 February 2023 | Regulations relating to the names that may not be used in the profession of optometry and dispensing opticians. |
| 03 February 2023 | Regulations relating to the qualifications for the registration of biokineticists. |
| 03 March 2023 | Regulations relating to the qualifications for registration of dental assistants. |
| 03 March 2023 | Regulations defining the scope of the profession dietetics. |
| 03 March 2023 | Regulations relating to the registration of optometry and dispensing optician students. |
| 03 March 2023 | Regulations relating to the qualifications for the registration of medical orthotists and prosthetists. |

During the reporting period, the following regulations have been finally promulgated into law: -

| TABLE 21: Date of Final Promulgation into Law | Regulation |
|--|---|
| 03 March 2023 | Regulations relating to the registration of arts therapists. |
| 03 March 2023 | Regulations relating to the fines which may be imposed for unprofessional conduct under the Health Professions Act, 1974. |
| 31 March 2023 | Regulations relating to the constitution of the Professional Board for optometry and dispensing opticians |

3.6.1.2. Rules

During the reporting period, the following rules have been finally promulgated into law: -

| TABLE 22: Date of Publication | Rules |
|--|--|
| 11 November 2022 | Ethical rules of conduct for practitioners registered under the Health Professions Act, 1974 |
| 02 December 2022 | Rules relating to the registration by medical practitioners and dentists. |

During the reporting period, the following rules have been finally repealed: -

| TABLE 23: Date of Repeal | Rules |
|-------------------------------------|--|
| 09 September 2022 | Rules relating to the registration of audiometricians. |
| 09 September 2022 | Rules relating to the registration of speech and hearing correctionists. |

4. CONCLUSION

As a Department, we are pleased to have contributed immensely towards Council's financial sustainability through the savings that are as a result of our effective ways of doing business. In the same manner we contributed to the achievement of Council's legislative mandate of protecting the public and shall continue to do so in the next financial year.

4. DEPARTMENT: CORPORATE SERVICES FACILITIES AND INFRASTRUCTURE MANAGEMENT

INTRODUCTION

Some of the core mandates of the Facilities Management Division are to:

- Provide adequate and safe physical infrastructure to support the HPCSA operations,
- Sustain a safe and healthy environment by keeping buildings and their components in good repair and structurally sound,
- Ensures compliance with the Occupational Health and Safety Act, 85 of 1993 and other statutory provisions in line with Facilities Management, and
- Preserve Council's investments in properties by continuously maintaining properties in line with the Buildings Maintenance Plan.

During the 2022/23 financial year, the Division: Facilities Management continued with the execution of its mandates, where a safe working environment for HPCSA employees, clients and other stakeholders accessing HPCSA premises was created, and continued to maintain and upgrade HPCSA properties. The effects of COVID-19 were minimal to the organisation during the financial since the economy was reopened, and most restrictions such as wearing of masks and limitations on building occupancy were lifted.

1. OPERATIONAL AREAS

The operational plan and risk registers were developed in accordance with the business requirements, and in line with the implementation of the approved property road map. The operational plan was executed and an overall score of 92% was achieved, with some of the activities put on hold due to unplanned changes in the working environment.

1.1. Leased regional offices

Leased regional offices remain occupied by the Inspectorate Office in the following regions: Cape Town, Durban and East London. These offices were reduced from two (2) offices per region to one (1) small hot desk type office since employees were working remotely most of the time, and as a result significant savings were realised. This reduction will be assessed during the 2023/24 financial year as employees have returned to the office.

1.2. Renovations and upgrades of HPCSA owned properties

HPCSA owns three properties under its Assets Register:

- The Main Building located in 553 Madiba Street in Arcadia, Pretoria - housing the Office of the Registrar, Client Contact Centre and Finance, Corporate Services and Core Operations departments; and
- Metrodenpark Building located in 572 Madiba Street in Arcadia, Pretoria - housing Legal and Regulatory Affairs Department and Company Secretariat Division, and
- Garage property providing additional parking for employees.

Upgrades and improvements were carried out in these three properties owned by the HPCSA to preserve Council's investments in line with Council's strategic direction for buildings with the aim to continue to improve support to operations. Upgrades include:

- Security upgrades, where the biometric system was upgraded with the HIKVISION facial recognition access control, and upgrades of the CCTV to improve surveillance,
- Renovation of 6th floor kitchen,
- Renovation of client contact centre courtyard,
- Continued renovation of the garage property
- Renovation of the EAP office
- upgrade of paving and parking demarcation in front of main building, and other renovations and upgrades.

Repainting of the Main Building exterior project could not be implemented as planned, the tender was advertised twice but bidders who submitted their bids did not meet the minimum mandatory requirements. This has been deferred to the new financial year.

Continued office space renovation project was put on hold at the Bid Adjudication stage towards the end of the financial year due to the uncertainty regarding the flexible working arrangement policy applications in Council. This renovation project was aimed at introducing more open plan offices and hot desks which is ideal for flexible working arrangement.

2. HUMAN RESOURCES ISSUES AND OTHER CHALLENGES

2.1. Space challenges

Since from 2010, the HPCSA has always had challenges with physical infrastructures to accommodate all employees (2010 annual report). Having invested in technology which enabled the creation of online self-service portal for practitioners, for meetings to be held virtually and for most employees to work remotely, Council approved the flexible working arrangement in 2020.

The implementation of the Flexible Working Policy reduced reliance and demand for physical meeting rooms and office space.

The implemented new property roadmap approved by Council focused on the reduction of HPCSA property footprint. The lease at Nedbank Plaza was terminated, and region offices spaces were reduced saving HPCSA significant costs. The arrangement solved HPCSA space challenges.

Below revoking of the approved flexible working arrangement would require additional office and parking space which will have to be leased and fitted out a significant additional cost to Council. The new Registrar, Dr Masike, and his executives are currently reviewing the revoking of the flexible working arrangements.

2.2. Impact of revoking of approved flexible working arrangement

Most of the HPCSA employees worked remotely for the most part of the year, with other employees who were not eligible to work remotely, working in the office on daily basis.

Due to some service delivery challenges and a petition signed by practitioners complaining about HPCSA's poor service delivery, the Acting Registrar instructed all employees to fully return to the office on daily basis as of the 1st of February 2023, and revoked all approvals of the flexible working arrangements in place.

This was in attempt to ensure that employees are working under the strict supervision of managers and supervisors to improve performance and service delivery.

This came with the following challenges:

- Insufficient time for Facilities Management to plan and source the additional office space to accommodate all HPCSA employees.
- The approved property roadmap and space availability is hinged on the approved flexible working arrangement policy as HPCSA does not have sufficient office capacity to house all the employees.
- On the 1st of February 2023, most HPCSA employees reported for duty at the HPCSA buildings which posed a big challenge to facilities management since there was no sufficient workstations and parking space to accommodate all these employees. Some were congested in the newly created hot desks group rooms, which led to some employees lodging complaint against Council to the Department of Employment and Labour. The inspectors conducted an unannounced inspection, and issued the following three notices:

Prohibition notice

- This notice was to be adhered into with immediate effect.
- The notice was issued because of overcrowding on the fourth floor of Metroden which was a serious risk, lack of adequate physical barriers was also cited as a concern.
- This notice has been complied with in a way of staff rotation while a permanent solution is being investigated.

Contravention notice

- This notice was issued because of lack of sufficient bathrooms and kitchenettes to service the high number of employees per floor, and lack of bathroom and ramps for disabled employees.
- The other challenge highlighted was high number of boxes and documents in the occupied offices and in the passages.
- All safe housekeeping issues were addressed, and other structural challenges such as inadequate ablutions facilities and kitchenettes will be addressed by allowing employees to work in the office on rotational basis, the finalisation of the property roadmap and a new way of working for the organisation.

Improvement notice

- This notice highlighted the need improving electrical and IT cables skirtings around both buildings, to address slippery floors to restrain chair movements.
- These have also been highlighted in our regular Occupational Health and Safety Act inspections and are supposed to be addressed by the renovation projects.
- All these findings were because of HPCSA not having adequate office space to accommodate all employees in an environment where all employees must work from HPCSA office, which led to the contravention of the Occupational Health and Safety Act 85 of 1993.



Facilities Management Division continued with the execution of its mandates, where a safe working environment for HPCSA employees, clients and other stakeholders accessing HPCSA premises was created.

INFORMATION TECHNOLOGY

In the reporting period normal operations proceeded optimally whilst running some projects within the Information Technology environment.

The following strategic projects were deployed during the financial year:

- Enhanced portal functionality for CPD and Registrations functions. The number of practitioners and the members of the public who access the online portal has increased substantially.
- Consolidation of printing services.
- Refresh of the Storage Area Network, Backup, Replication and Disaster recovery site.

Two new external experts have joined the I&T Steering Committee to replace the outgoing external experts during the financial period. Council continues to invest in its strategic objectives of digitisation.



COMMUNICATIONS AND MEDIA RELATIONS

As a regulatory body, the HPCSA has to ensure that it remains effective and efficient by communicating accurate and reliable information to its stakeholders. To guarantee that our communication is effective, Council has a two-way communication that enables transparency and openness. Communication is conveyed through 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 objectives 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 thirty (30) media interviews, disseminated twenty-one (21) media releases and responded to media enquiries within an average turnaround time of 24 hours, while its turnaround time to respond to media enquiries is 48 hours.

SOCIAL MEDIA

During the financial period under review, the HPCSA introduced the Facebook platform, which was aimed at improving communication with stakeholders. Within this period a LinkedIn page was also introduced to diversify the reach.

The usage of both these platforms has been instrumental in receiving, addressing and resolving a myriad of enquiries and complaints from practitioners. The Facebook platform has proven to be more popular and the preferred mode of communication by practitioners.

Notable improvements and benefits:

- The social media platform has bolstered a better understanding of Council's needs and challenges;
- Received enquiries and/or complaints are responded to in real time and wherever possible are resolved immediately;
- Complaints and enquiries are followed up with officials within the relevant divisions to resolve and/or provide feedback to the practitioners;
- Collaboration with Service Delivery helps to curb the duplication of cases that would otherwise clog the service delivery mailbox and the logging of calls through the Call Centre;
- The system allows for a better follow-up on outstanding cases as well as to escalate, should there be a need;
- Improved two-way and relatively timely communication and correspondence with practitioners and other stakeholders;
- The system plays a dual role – receiving enquiries and/or complaints and disseminating information as and when required.

PUBLICATIONS

In the reporting period the HPCSA took tangible efforts to communicate with its stakeholders through various publications both internally and externally. For the internal stakeholders (i.e., its employees), the Corporate Affairs Division compiled four (4) 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 division also compiled eight (8) Professional Boards newsletters, which were produced to keep practitioners abreast on recent developments within the Professional Boards and Council. The e-Bulletin, which is an electronic bulletin is another means of disseminating timeous and up to date information to the healthcare practitioners. In the year under review twenty-five (25) editions of e-Bulletin were produced.

The HPCSA was profiled in the health focused strategic publications, namely, South African Medical Journal, SAMA Weekly, Medical Brief and Public Sector magazine. The purpose of profiling Council in these publications is to ensure maximum exposure to strengthen the HPCSA brand and its functions. The key message was on the HPCSA's regulatory plans.

The organisation also communicates with the practitioners through e-mail and special short message service (SMS) notifications, which allows for real-time communication. For this purpose practitioners are continuously encouraged to update their e-mail addresses and contacts details with the HPCSA, to facilitate electronic communication.

STAKEHOLDER ENGAGEMENT

Stakeholder engagement is positioned as one of Council's Strategic goals, with its responsibility of improving the role of the HPCSA as an advocate and advisor through enhanced engagement with all key stakeholders to ensure that the HPCSA fulfils its legal mandate of protecting the public and guiding the professions. The function of engaging stakeholders has been moved up to Strategic Goal 3: "Improved relationship between the HPCSA and all relevant Stakeholders by the end of the Council's term (2025)".

Stakeholder engagements continue to take place throughout the organisation. In the reporting period Council has conducted a total of 72 stakeholder engagements. These includes Council, Professional Boards, departmental and divisional stakeholder engagements as well as the monthly online symposia which Council continues to host to engage with the practitioners.

PUBLIC ENGAGEMENTS THROUGH THE MEDIA

The media plays a vital role in bridging the gap between the HPCSA and its stakeholders on a regular basis to convey Council's mandate and objectives. The HPCSA continues to advocate for an open and cordial relationship with the public through local, national, regional and international media relations.

In the reporting period the HPCSA conducted thirty (30) media interviews, disseminated twenty-one (21) media releases and responded to media enquiries within an average turnaround time of 24 hours, while its turnaround time to respond to media enquiries is 48 hours.

During the reporting period, the HPCSA continued to uphold its mandate of protecting the public and guiding the professions. Various radio initiatives were conducted to create awareness and educate the public through the following platforms:

- Through the Soshanguve FM, several Professional Boards had an opportunity to create awareness and educate the public on their respective scope of profession,, mandates and activities.
- The Complaints Handling and Investigating Unit in collaboration with the Inspectorate Office conducted numerous interviews on Lesedi FM, Newzroom Afrika, Soshanguve FM, Power FM, Phalaphala FM and the Government and Communication Information System (GCIS) platform which enabled the HPCSA to communicate with the practitioners and the public through 65 community radio stations throughout the country. The interviews focussed on the role and functions of the HPCSA, including the HPCSA Online platform functionalities.
- The Professional Practice division also conducted a few interviews through the Government Communication and Information System platform where the public was made aware of the HPCSA ethical guidelines principles and processes.

SERVICE DELIVERY

The HPCSA complaints/compliment e-mail servicedelivery@hpcsa.co.za , received 472 e-mails. All complaints/compliments received during the year under review were resolved within a 48-hour turnaround time. Practitioners are encouraged to use this e-mail address 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. The Service Charters were also reviewed during this period to ensure that the organisation has set standards of service that the stakeholders can expect. These Service Charters aim to safeguard Council and focuses on service delivery and assesses its performance.

CALL CENTRE

The Call Centre continues to operate as a critical component of the HPCSA, serving as the primary point of contact for practitioners and the public. In the period under review, the Call Centre performed as follows in rendering its services:

Call Volume:

The total number of 193 282 calls received during the reporting period decreased by 6% compared to total of 205 258 calls received in the previous financial year. This means that fewer practitioners and customers reached out to the call centre during the 2022/23 financial year compared to the previous financial year, as a result of practitioners utilising alternative channels, such as self-service options, for their inquiries or support needs.

Abandonment Rate:

The call abandonment rate of 105 548 decreased by 8% compared to total of 114 489 for the previous financial year, indicating reduced waiting times and improved call centre accessibility.

Technological Advancements:

The Call Centre successfully integrated emails to service request incidents in order to handle routine inquiries, resulting in the info mailbox being permanently closed enabling agents to work on the online portal.

Service request incidents:

During the reporting period the Call Centre effectively addressed a total of 24 898 incidents. Out of these, 5 845 incidents were from the backlog of 2021/22, and an additional 5 992 incidents were received between April and July 2022. To manage the increased workload, the Call Centre employed three contracted call centre agents during this period.

In the subsequent months, from August 2022 to March 2023, the Call Centre received a total of 13 061 incidents. Combining these with the incidents received in the earlier months, the total number of incidents handled for the reporting period reached 19 053.

The Call Centre's dedication and efforts in managing incidents resulted in conclusively resolving the entire caseload for the reporting period, meeting the needs of our customers efficiently and effectively.

Info emails:

During the reporting period, the Call Centre received a significant total of 25 709 emails from customers seeking assistance and support. Out of these incoming emails, the Call Centre effectively addressed an impressive total of 49 076 emails. This includes not only the emails received during the current year but also 23 367 emails carried over from the previous financial year.

The info email was officially closed on 7 June 2022, prompting practitioners to shift towards utilising the online portal services for all inquiries and support needs.

HR



HUMAN RESOURCES MANAGEMENT

In 2022/23 reporting period, the HPCSA workforce continued to work from home until the 1st of February 2023 when employees resumed working from the HPCSA premises on a full-time basis apart from employees who are on a hybrid working arrangement. The Human Resources Division continued to provide support even with the re-integration of the employees, following a lengthy period of working from home. With most employees now being back at the HPCSA offices, sporting codes such as aerobics and soccer have been re-instituted. The HPCSA appointed Alexander Forbes as Benefits Consultants to work with Sygnia Umbrella Retirement Fund (SURF). The appointment of Alexander Forbes has had a positive contribution on employees with regards to cost savings. A total of four CCMA disputes were settled in favour of the Employer (HPCSA) and there has been a reduced number of disciplinary cases/matters compared to the previous reporting year. Mental Health and Well-being Support has continued to be a priority for the HPCSA with the provision of counselling services and stress management resources assisting employees to manage mental health.

Policy Development and Review

Reviewing of policies continues to be a priority for the Human Resources Division. In the reporting period REMCO reviewed and approved the policies schedule, with the Code of Conduct, Succession Planning Performance Management, Resettlement and the Acting policies in progress. .

Employment Equity Status

The table below indicate the breakdown of employees by gender during the period under review. The HPCSA employs 96 males and 160 females out of a total number of 256 employees.

Positions within the HPCSA structure are categorized according to the table below:

| Occupational Level | Paterson Grade | Positions |
|--|----------------|---|
| Top Management | F1 – F3 | Registrar; CEO |
| Senior Management | E1 – E5 | Heads of Departments |
| Professionally Qualified / Mid-Management | D1 – D5 | Heads of Divisions; Senior Managers; Experienced Specialist roles; Section Managers |
| Technically skilled (Academically qualified) | C1 – C5 | Supervisors; Team Leaders; Coordinators; Consultants; Junior specialist roles |
| Semi-skilled | B1 – B5 | Administrators; Contact Centre Agents; Finance Officers; Receptionist; Clerical roles |
| Unskilled | A1 – A3 | Cleaners; Refreshments Officers; |

| | 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 | 28 | 1 | 2 | 1 | 24 | 0 | 2 | 1 |
| Skilled | 28 | 2 | 0 | 0 | 59 | 5 | 2 | 3 |
| Semi-skilled | 28 | 1 | 1 | 0 | 51 | 6 | 1 | 1 |
| Unskilled | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 |
| TOTAL | 88 | 4 | 3 | 1 | 138 | 11 | 5 | 6 |

Employment changes

The HPCSA continues to fill positions within a reasonable timeframe. During the period under review ten (10) new appointments and thirteen (13) internal promotions were made in the organisation. and thirteen (13)

| LEVELS | Employment at beginning of period | Appointments | Terminations | Employment at end of the period |
|------------------------|-----------------------------------|--------------|--------------|---------------------------------|
| Top management | 1 | 1 | 1 | 1 |
| Senior management | 6 | 0 | 0 | 6 |
| Professional qualified | 52 | 2 | 2 | 59 |
| Skilled | 98 | 3 | 7 | 99 |
| Semi-skilled | 97 | 4 | 3 | 89 |
| Unskilled | 2 | 0 | 0 | 2 |
| Total | 256 | 10 | 13 | 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 35.85%.

| EE Level | Personnel Expenditure (Total Earnings & Total Company Contributions) | % Of total personnel cost * | No. of employees |
|------------------------|--|-----------------------------|------------------|
| Top Management | 1,853,530.24 | 0.89 | 1 |
| Senior Management | 15,476,772.45 | 7.89 | 6 |
| Professional qualified | 75,947,535.87 | 35.85 | 59 |
| Skilled | 70,766,042.64 | 32.98 | 99 |
| Semi-skilled | 45,734,845.17 | 21.55 | 89 |
| Unskilled | 565,817.09 | 0.52 | 2 |
| Total | 210,344,543.46 | 100 | 255 |

For the performance period 2021/22, staff were awarded 10 and 5 days leave for excellent performance, which was the achievement of a rating of an "A" and "B" respectively. 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%.

Employees who 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 | 3 - A rating ,3- B rating and 0 - Not assessed |
| Professional qualified | 18 - A rating and 18- B rating, 9 - C rating and 2- not assessed. |
| Skilled | 30 - A rating and 53- B rating, 2- C rating and 0 - D rating, 6- Not assessed. |
| Semi-skilled | 38 - A rating and 44- B rating, 9 - C rating and 2- on Probation |
| Unskilled | 0 - A Rating and 2- B Rating |

Staff Turnover

Turnover for the period under review was at 5.07%. Human Resources monitors the employee exits as it provides valuable insight on how the HPCSA can continue harnessing the skills and knowledge of employees and promote retention. Ten of the thirteen employment terminations were due to resignations. The other three terminations were for misconduct, retirement and expiry of contract.

| Reason | Number | % of total no. of staff leaving |
|-------------------------------------|-----------|---------------------------------|
| Death | 0 | 0% |
| Resignation | 10 | 3.90% |
| Dismissal (misconduct & incapacity) | 1 | 0.39% |
| Retirement | 1 | 0.39% |
| Ill health | 0 | 0% |
| Expiry of contract | 1 | 0.39% |
| Total | 13 | 5.07% |

TRAINING EXPENDITURE PER DEPARTMENT/DIVISION

| Monthly Expenditure | |
|---------------------|-------------------|
| Department/Division | Cost |
| April | 3,590.00 |
| May | 0 |
| June | 50,805.00 |
| July | 78,480.06 |
| August | 37,065.76 |
| September | 31,791.09 |
| October | 72,709.37 |
| November | 110,899.34 |
| December | 78,463.71 |
| January | 107,510.90 |
| February | 37,004.35 |
| March | 242,278.72 |
| Total | 850,598.30 |

| No of staff on various Training Interventions (Technical, Behavioral & Professional Update) | | | |
|---|------------|------------|---------------------|
| Month | Technical | Behavioral | Professional Update |
| April | 171 | 0 | 0 |
| May | 0 | 0 | 0 |
| June | 17 | 11 | 0 |
| July | 27 | 75 | 0 |
| August | 36 | 1 | 0 |
| September | 34 | 0 | 0 |
| October | 18 | 56 | 1 |
| November | 83 | 51 | 0 |
| December | 2 | 0 | 0 |
| January | 0 | 0 | 0 |
| February | 2 | 40 | 0 |
| March | 6 | 12 | 0 |
| Total | 396 | 246 | 1 |

Bursaries granted

| Bursaries 2022/23 | Total |
|-------------------|-------|
| 2022/23 | 31 |

| Training Budget 2022/23 | |
|-------------------------|---------------|
| Budget | R1 159 298.12 |
| Expenditure | R 714 409.37 |
| Remaining Budget | R 534 623.90 |

Employee Wellness Programme

The following graph depicts the utilisation of the wellness services for the past year:



Future HR plans / Goals

The Human Resources Division will be focusing on the following areas in the 2023/24 financial year:

- Implementing Change Management for all the projects that are underway.
- Continue with the review and consultation of the remaining policies in line with the newly approved Policy Schedule.
- The Organisational Structure Review Project
- Implementation of the employee climate survey recommendations
- Provide financial wellness and financial planning resources for employees.

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 R351,4 million to R387,6 million and investment revenue increased by 96.8% from R11,0 million to R21,7 million during the same period due to increase in investments and increase in prime interest rates and monies invested.

The annual fees increased by 3% from R283,7 million to R292,5 million mainly due to the increase in membership fees. Registration fees increased by 9% from R22,2 million to R24,2 million. Fees from penalties imposed on practitioners were R3,2 million.

Annual fees – Prior year and Restoration fees continued to increase during the last financial year by 29% and 34% respectively indicating that practitioners who may have been suspended due to failure to pay annual fees during Covid19 choosing to come back onto the registers of the 12 Professional Boards.

EXPENSES

Operating expenses increased from R311 million to R333,9 million in the period under review and was due to the following:

- Council, Professional Boards and Committee meetings expenditure increased by 11% from R49,8 million to R55,3 million, due to an increase in the number of meetings required by Council, Professional Boards, and committees.
- Employment costs increased by 9% from R192,7 million to R210,1 million due to filling of essential vacant positions and annual salary increases.
- Information Technology costs decreased by 4% from R17,0 million to R16,3 million.
- Strategic Project cost decreased by 13% from R2,4 million to R1,8 million.
- Reversal of revenue due to suspension of membership because of non-payment by healthcare practitioners decreased by 20% from R17,9 million to R14,2 million.
- SIU expenditure was R1,3 million (2022 – R2,2 million) during the financial year and expenditure will continue into the financial year ending 31 March 2024.
- Consulting and professional fees - legal fees decreased to R7,4 million during the financial year.
- Bad debt provision (Credit loss allowance) decreased by R1,2 million during the financial year due to increase in payment of outstanding accreditation/evaluation expenditure by universities and institutions of these fees.

SURPLUS GENERATED

Total comprehensive surplus for the year was R53,3 million for the year under review compared to a surplus of R40,6 million in the previous financial year. The comprehensive surplus was mainly due to:

- R4,5 million additional annual fee revenue generated.
- R8,2 million additional restoration revenue generated.
- R3,9 million additional registration revenue generated.
- R2,5 million additional evaluation revenue generated.
- R16,0 million additional interest received which will be ploughed back by Council int reserves to continue to strengthen Council reserves and improve Council's going concern status.
- R17,9 million savings and or less activities for Council, Professional Boards, and secretariat expenditure.

PROCUREMENT ACTIVITIES

The annual procurement spent totaled R47,1 million of which R58,7 million was Level 1 to Level 3 BBBEE spent, which constitutes 80 percent of overall procurement spent with a BBBEE recognition level of 104% at R61,2 million.

Linking performance with budgets

| PROGRAMME 1: DIGITALLY ENABLED COUNCIL BY 2023/2024 | | | | | | | | |
|---|----------------|-----------|------------|---------|-------------------------|----------------------|------------|------------|
| Description | Budget 2022/23 | Roll-over | Virements | Surplus | Adjusted 2022/23 Budget | Year-to-date actuals | Variations | % Variance |
| CAPEX - IT Equipment | 1 065 300 | | | | 1 065 300 | 904 985 | 160 315 | 15% |
| CAPEX - IT Servers (Backup solution) | 5 091 047 | | | | 5 091 047 | 5 091 047 | 0 | 0% |
| CAPEX - Software (Oracle) | 8 343 853 | | | | 8 343 853 | 2 548 060 | 5 795 793 | 69% |
| CAPEX - Software work-in-progress (Oracle) | 541 877 | | | | 541 877 | 541 877 | 0 | 0% |
| IT operational expenditure | 20 632 802 | | -2 805 349 | | 17 827 453 | 16 320 749 | 1 506 704 | 8% |
| Collaboration allowances (Council) | 724 800 | | | | 724 800 | 211 050 | 513 750 | 71% |

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 2025/26 financial year.

Linking performance with budgets

| PROGRAMME 2 MAINTAINED FINANCIAL SUSTAINABILITY OF COUNCIL AND ALL PROFESSIONAL BOARDS | | | | | | | | |
|--|--------------------|-------------------|----------------|-------------------|-------------------------|----------------------|-------------------|------------|
| Description | Budget 2022/23 | Roll-over | Virements | Surplus | Adjusted 2022/23 Budget | Year-to-date actuals | Variations | % Variance |
| INCOME | | | | | | | | |
| Annual Fees | 287 940 157 | 0 | 0 | 0 | 287 940 157 | 292 513 949 | 4 573 792 | 2% |
| Registration fees | 20 353 928 | 0 | 0 | 0 | 20 353 928 | 24 226 754 | 3 872 826 | 19% |
| Examination fees | 8 151 645 | 0 | 0 | 0 | 8 151 645 | 5 799 434 | -2 352 211 | -29% |
| Evaluation Fees | 4 486 368 | 0 | 0 | 0 | 4 486 368 | 6 953 101 | 2 466 733 | 55% |
| Penalties | 3 773 409 | 0 | 0 | 0 | 3 773 409 | 3 269 202 | -504 207 | -13% |
| Sundry fee (Including Restoration fees) | 12 401 675 | 0 | 0 | 0 | 12 401 675 | 21 260 999 | 8 859 324 | 71% |
| Other Income (Including Interest received) | 20 631 799 | 0 | 0 | 0 | 20 631 799 | 33 545 128 | 12 913 329 | 63% |
| | 357 738 981 | 0 | 0 | 0 | 357 738 981 | 387 568 567 | 29 829 586 | 8% |
| EXPENDITURE | | | | | | | | |
| Council and Professional Board committees | 88 939 317 | 33 883 873 | -319 024 | 12 633 284 | 135 137 450 | 71 958 487 | 63 178 963 | 47% |
| Administration expenditure | 55 961 952 | 13 145 730 | -820 000 | 0 | 68 287 682 | 50 063 356 | 18 224 326 | 27% |
| Employee expenditure | 202 399 186 | 9 422 317 | 1 089 024 | 1 188 032 | 214 098 559 | 211 923 635 | 2 174 924 | 1% |
| | 347 300 454 | 56 451 920 | -50 000 | 13 821 316 | 417 523 690 | 333 945 478 | 83 578 212 | 20% |

Reason for variances:

For the third time in 6 financial years, Council was able to collect 100% of budgeted revenue. Registration fees, restoration fees and interest received was above budgeted amounts.

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 2022/23 | Roll-over | Virements | Surplus | Adjusted 2022/23 Budget | Year-to-date actuals | Variations | % Variance |
| Corporate Affairs | 3 662 438 | 380 000 | | | 4 042 438 | 3 101 482 | 940 956 | 23% |
| International | 314 688 | 639 689 | 500 000 | 0 | 1 454 377 | 1 192 620 | 261 757 | 18% |
| Local | 435 778 | 850 000 | -650 000 | 0 | 635 778 | 466 172 | 169 606 | 27% |
| AMCOA secretarial support | 671 379 | 0 | 450 000 | 0 | 1 121 379 | 777 786 | 1 372 319 | 122% |
| AMCOA Conference | 0 | 0 | -241 007 | 12 633 284 | 12 392 277 | 11 153 470 | 1 803 683 | 15% |
| Ombudsman | 85 000 | 0 | 0 | 0 | 85 000 | 92 629 | -7 629 | -9% |
| Inspectorate | 2 312 148 | 0 | -250 000 | 0 | 2 062 148 | 2 201 383 | -139 235 | -7% |

Linking performance with budgets

| PROGRAMME 4: STRENGTHEN THE SERVICE DELIVERY ENVIRONMENTS OF THE HPCSA - IMPROVED PROFESSIONAL CONDUCT PROCESSES | | | | | | | | |
|--|----------------|------------|-----------|---------|-------------------------|----------------------|------------|------------|
| Description | Budget 2022/23 | Roll-over | Virements | Surplus | Adjusted 2022/23 Budget | Year-to-date actuals | Variations | % Variance |
| Preliminary committees | 5 394 956 | 0 | 100 000 | 0 | 5 494 956 | 2 668 003 | 2 826 953 | 51% |
| Professional conduct Inquiries | 13 703 599 | 11 014 518 | 135 000 | 0 | 24 853 117 | 16 873 835 | 7 979 282 | 32% |
| Professional conduct inspections | 228 600 | 0 | 0 | 0 | 228 600 | 0 | 228 600 | 100% |
| Prosecution | 4 784 649 | 3 391 905 | -10 000 | 0 | 8 166 554 | 15 738 | 8 150 816 | 100% |
| Appeal committees | 571 598 | 30 000 | 200 000 | 0 | 801 598 | 456 980 | 344 618 | 43% |
| Complaints handling and investigations | 5 507 541 | 0 | 10 000 | 0 | 5 517 541 | 551 571 | 4 965 970 | 90% |
| Litigation (External Legal Firms) | 8 811 697 | 1 000 000 | -160 000 | 0 | 9 651 697 | 5 277 541 | 4 374 156 | 45% |

Reason for variances:

Above variances were due to improved efficiencies in Complaints Handling and investigation and prosecution sections.

Linking performance with budgets

| PROGRAMME 5: A CAPACITATED PROFESSIONAL COUNCIL AND BOARDS TO DELIVER ON ITS FIDUCIARY RESPONSIBILITIES | | | | | | | | |
|---|----------------|------------|-----------|------------|-------------------------|----------------------|------------|------------|
| Description | Budget 2022/23 | Roll-over | Virements | Surplus | Adjusted 2022/23 Budget | Year-to-date actuals | Variations | % Variance |
| Council and Professional Board committees | 88 939 317 | 33 883 873 | -319 024 | 12 633 284 | 135 137 450 | 71 958 487 | 63 178 963 | 47% |
| Preliminary committees | 5 394 956 | 0 | 100 000 | 0 | 5 494 956 | 2 668 003 | 2 826 953 | 51% |
| Professional conduct Inquiries | 13 703 599 | 11 014 518 | 135 000 | 0 | 24 853 117 | 16 873 835 | 7 979 282 | 32% |
| Appeal committees | 571 598 | 30 000 | 200 000 | 0 | 801 598 | 456 980 | 344 618 | 43% |
| Litigation (External Legal Firms) | 8 811 697 | 1 000 000 | -160 000 | 0 | 9 651 697 | 5 277 541 | 4 374 156 | 45% |

Linking performance with budgets

| PROGRAMME 6: IMPROVED ORGANISATIONAL PERFORMANCE BY FY2022/2023 | | | | | | | | |
|---|----------------|-----------|-----------|---------|-------------------------|----------------------|------------|------------|
| Description | Budget 2022/23 | Roll-over | Virements | Surplus | Adjusted 2022/23 Budget | Year-to-date actuals | Variations | % Variance |
| Budgeted in 2023/24 – 2025/26 financial year | | | | | | | | |



6 DEPARTMENT: OFFICE OF THE REGISTRAR

ENGAGEMENTS BETWEEN COUNCIL AND REGIONAL, CONTINENTAL AND INTERNATIONAL STAKEHOLDERS

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

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

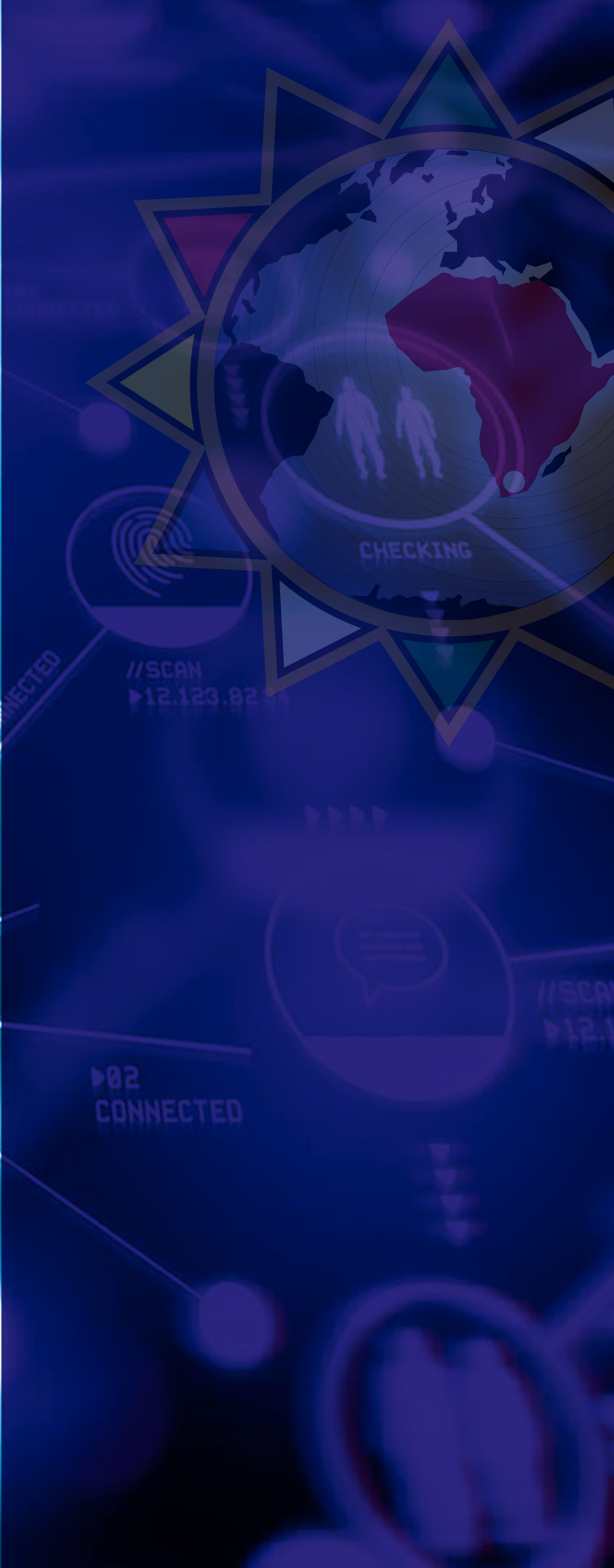
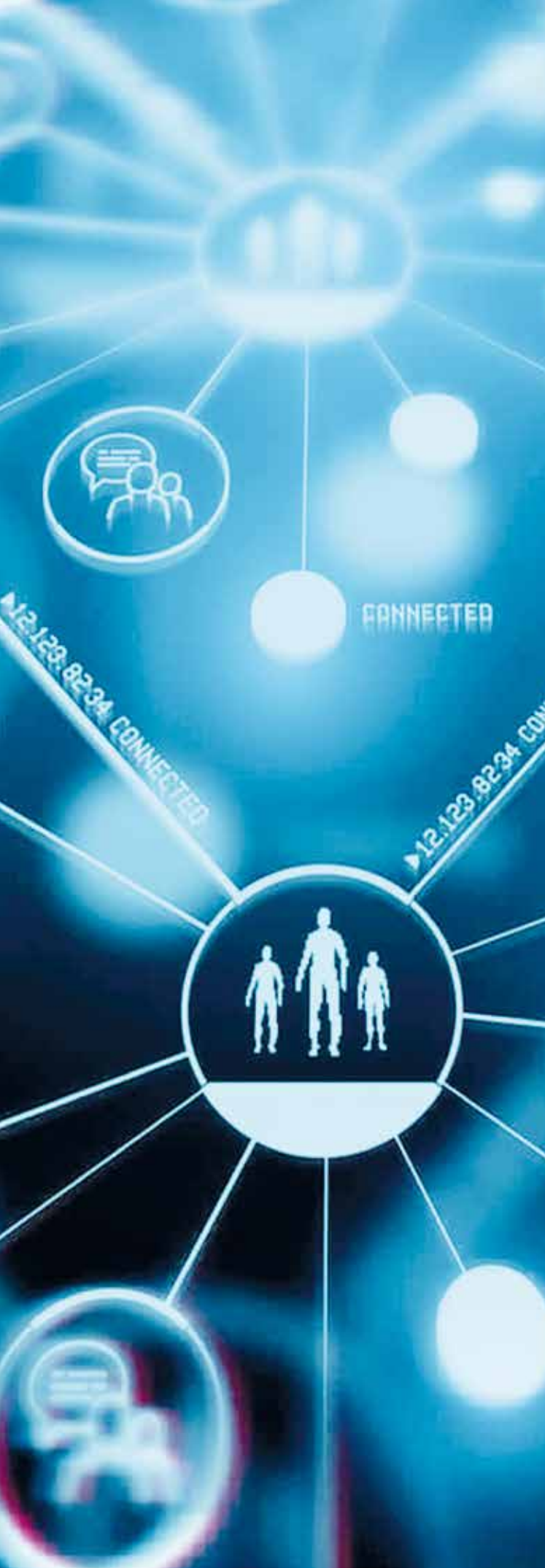
- i) **Misinformation and challenges to the independence of medical regulation**, in this webinar discussions on exploring various ways in which medical regulatory authorities (MRAs) around the world are being subjected to external pressure to base their regulatory standards, policies and decisions on misinformation or information that is not evidence-based – a phenomenon particularly apparent in relation to COVID-19. We also discussed how MRAs might resist this pressure.
- ii) **Duty of Candour/Video**, in this webinar patients and their advocates expressed their views arguing for much greater openness among doctors with their patients. Panel members learned about the experience in the United Kingdom of a legislated duty of candour which sits alongside professional obligations. The webinar also focused on how medical regulators can do more to support much greater openness and honesty between doctors and patients and the worldwide movement of patient champions to make this a reality.
- iii) **Telehealth and Virtual Care – COVID and Beyond/Video**, during this webinar panel members discussed lessons learned through the pandemic and issues that regulators need to pay attention to, as telehealth and virtual care are embedded in the ongoing delivery of healthcare services.
- iv) **Indigenous Cultural Safety, Cultural Humility and Anti-racism**, the webinar highlighted discussions around organisation's commitment to Cultural Safety and Humility and reconciliation on everything from governance and Board/ Committee education requirements through their review of the complaints processes to make them more accessible and safe for Indigenous people.

The HPCSA also attended the Federation of States Medical Board's (FSMB) 110th Annual Meeting in New Orleans, Louisiana. The three-day intensive programme brought together national experts in the field of medical licensure and discipline to discuss current and future challenges facing health regulators. The areas of concern that were covered, are the following:

- Physician Health and Well Being.
- Misinformation and Disinformation.
- Digital Credentials and the Future of Licensing.
- Diversity, Equity and Inclusion: Are We Making Progress? Trends in Continuing Medical Education What Regulators Need to Know.

On a continental level, the HPCSA as a member and the Secretariat of AMCOA hosted the 24th Annual Conference of the Association of Medical Councils of Africa. The conference was successfully hosted from 01 – 06 October 2022 at the Sun City Resort, North West Province. The Conference was pitched at the level of an international Conference (a premier global forum) where delegates across all health sectors, health regulators, policy makers, academics and service providers were afforded an opportunity to engage on regulatory matters pertaining to the healthcare environment, including the shifting local and global healthcare trend.

The conference discussions further revolved around the theme "the Health Workforce of the Future and its Regulation". The 2022 AMCOA Conference aimed to facilitate dialogue around an effective healthcare sector by supporting best practices, innovation and knowledge sharing to the benefit of the public at large. The event programme featured speakers from across the continent, the World Health Organization and the Minister of Health, Dr Joe Phaahla.



7 PERFORMANCE INFORMATION

This section presents to Council, feedback on performance achieved against the work planned for execution of the 2022/23 Annual Performance Plan.

1. STRATEGIC GOALS AND QUARTERLY TARGETS

In reporting against the contracted annual performance plan targets, colour codes are used to provide ease of understanding of the colours used the Performance Tables. Table 3 denotes the colour legend to clarify what each of the cells in the APP report mean.

Table 3: Legend in the Performance tables

| COLOUR | MEANING OF COLOUR CODE | SCORES ACHIEVED IN |
|------------------|---|--------------------|
| GREEN | Performance fully met target | 100% |
| AMBER | Performance satisfactory, but below target | >65% <99% |
| RED | Performance failed to reach target | < 65% |
| LIME | Work could not be started due to external factors outside control of HPCSA. Numbers excluded in the calculation of performance outcomes | 0% |
| BLUE | Work not meant to start in the reporting period. Numbers excluded in the calculation of performance outcomes | 0% |
| TAN/BROWN | Targets met and banked | 100% |

2. PERFORMANCE AGAINST THE APPROVED ANNUAL PERFORMANCE PLAN FY2022/23

This document presents the performance that could be achieved by the HPCSA for Quarter 4 of the 2022/23 financial year. However, it is important that the reader is allowed a trail of performance scores since the beginning of the financial year. To this effect, the performance summaries for the preceding quarters are provided here.

2.1. PERFORMANCE INFORMATION AGAINST THE APP FOR QUARTER 1

Table 4 presents the summarised view of performance achieved against targets set for Quarter 1 of the 2022/23 financial year. This table is used to assist in determining a performance trends information.

Table 4: Summary of Q1 Performance against Q1 APP Targets

| Strategic Goal | Number of Indicators | Number of KPIs assessed in Q1 | PERFORMANCE AGAINST KEY PERFORMANCE INDICATORS | | | | | | | | |
|----------------|----------------------|-------------------------------|--|----------|--------------|----------|-----------------|-----------|------------|----------|-----------------------------|
| | | | Not due to start in quarter | | NOT ACHIEVED | | PARTLY ACHIEVED | | ACHIEVED | | PURPLE Completed and banked |
| | | | # | % | # | % | # | % | # | % | |
| 1 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 2 | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 100 | 0 | |
| 3 | 3 | 2 | 1 | 0 | 0 | 0 | 0 | 2 | 100 | 0 | |
| 4A | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 4B | 3 | 3 | 0 | 0 | 0 | 0 | 0 | 3 | 100 | 0 | |
| 5 | 3 | 3 | 0 | 0 | 0 | 0 | 0 | 3 | 100 | 0 | |
| 6 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 100 | 0 | |
| TOTALS | 14 | 10 | 4 | 0 | 0 | 0 | 0 | 10 | 100 | 0 | |

In the Section, Performance Feedback against the Annual Performance for Q1, the following is presented:

- 10 KPIs were planned for execution to the conclusion in Quarter 1.
- 10 of 10 (100%) KPIs were achieved.
- 4 of the KPI's are due to start in Q2-Q4.

2.2 PERFORMANCE INFORMATION AGAINST THE APP FOR QUARTER 2

Table 5 presents the summarised view of performance achieved against targets set for Quarter 2 of the 2022/23 financial year. This table is used to assist in determining a performance trends information.

Table 5: Summary of Q2 Performance against Q2 APP Targets

| Strategic Goal | Number of Indicators | Number of KPIs assessed in Q2 | PERFORMANCE AGAINST KEY PERFORMANCE INDICATORS | | | | | | | |
|----------------|----------------------|-------------------------------|--|--------------|---------------|-----------------|----------|----------|---------------|-----------------------------|
| | | | Not due to start in quarter | NOT ACHIEVED | | PARTLY ACHIEVED | | ACHIEVED | | PURPLE Completed and banked |
| | | | | # | # | % | # | % | # | |
| 1 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 2 | 100% | 0 |
| 3 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 2 | 100% | 0 |
| 4A | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4B | 3 | 3 | 0 | 0 | 0 | 0 | 0 | 3 | 100% | 0 |
| 5 | 3 | 3 | 0 | 3 | 100% | 0 | 0 | 0 | 0 | 0 |
| 6 | 1 | 1 | 0 | 1 | 100% | 0 | 0 | 0 | 0 | 0 |
| TOTALS | 13 | 11 | 2 | 4 | 36.36% | 0 | 0 | 7 | 63.63% | 0 |

In the Section, Performance Feedback against the Annual Performance for Q2, the following is presented:

- 11 KPIs were planned for execution to the conclusion in Quarter 2.
- 2 KPIs were not due for assessment in the reporting period.
- 4 out of 11 KPIs (36.36%) were NOT ACHIEVED.
- 7 out of 11 KPIs (63.64%) were ACHIEVED.

The explanations for those KPIs where performance is less than 100% for the quarter are found in the "Detailed Performance Report against the 2022/23 APP".

2.3 PERFORMANCE INFORMATION AGAINST THE ANNUAL PERFORMANCE PLAN FOR QUARTER 3

Table 6 presents the summarised view of performance achieved against targets set for Quarter 3 of the 2022/23 financial year. This table is used to assist in determining a performance trends information.

Table 6: Summary of Q3 Performance against Q3 APP Targets

| Strategic Goal | Number of Indicators | Number of KPIs assessed in Q3 | PERFORMANCE AGAINST KEY PERFORMANCE INDICATORS | | | | | | | |
|----------------|----------------------|-------------------------------|--|--------------|------------|-----------------|-----------|-------------|------------|-----------------------------|
| | | | Not due to start in quarter | NOT ACHIEVED | | PARTLY ACHIEVED | | ACHIEVED | | PURPLE Completed and banked |
| | | | | # | # | % | # | % | # | |
| 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 100% | 1 |
| 3 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 2 | 100% | 1 |
| 4A | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4B | 3 | 3 | 0 | 0 | 0 | 0 | 0% | 3 | 100% | 0 |
| 5 | 3 | 3 | 0 | 3 | 100% | 0 | 0 | 0 | 0% | 0 |
| 6 | 1 | 1 | 0 | 1 | 100% | 0 | 0 | 0 | 0 | 0 |
| TOTALS | 13 | 10 | 1 | 4/10 | 40% | 0 | 0% | 6/10 | 60% | 2 |

In the Section, Performance Feedback against the Annual Performance for Q3, the following is presented:

- 10 KPIs were planned for execution to the conclusion in Quarter 3.
- 4 KPIs were not due for assessment in the reporting period.
- 4 out of 10 KPIs (40%) were NOT ACHIEVED.
- 6 out of 10 KPIs (60%) were ACHIEVED.
- 2 were achieved in Q2 and are now banked away.

The explanations for those KPIs where performance is less than 100% for the quarter are found in the "Detailed Performance Report against the 2022/23 APP".

2.4. PERFORMANCE INFORMATION AGAINST THE ANNUAL PERFORMANCE PLAN FOR QUARTER 4

Table 7 presents the summarised view of performance achieved against targets set for Quarter 4 of the 2022/23 financial year. This table is used to assist in determining a performance trends information.

Table 7: Summary of Q4 Performance against Q4 APP Targets

| Strategic Goal | Number of Indicators | Number of KPIs assessed in Q4 | PERFORMANCE AGAINST KEY PERFORMANCE INDICATORS | | | | | | | | |
|----------------|----------------------|-------------------------------|--|---------------|-----------------|----------|----------|--------------|-----------------------------|-----------------------------------|----------------|
| | | | NOT ACHIEVED | | PARTLY ACHIEVED | | ACHIEVED | | PURPLE Completed and banked | COULD NOT BE DONE IN THIS QUARTER | |
| | | | # | % | # | % | # | % | # | # | |
| 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 ¹ |
| 2 | 2 | 1 | 0 | 0 | 0 | 0 | 1 | 100 | 1 | | |
| 3 | 3 | 2 | 0 | 0 | 0 | 0 | 2 | 100 | 1 | | |
| 4A | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 100 | 0 | | |
| 4B | 3 | 3 | 0 | 0 | 0 | 0 | 3 | 100 | 0 | | |
| 5 | 3 | 3 | 1 | 33.33% | 0 | 0 | 2 | 67 | 0 | | |
| 6 | 1 | 1 | 1 | 100% | 0 | 0 | 0 | 100 | 0 | | |
| TOTALS | 14 | 11 | 2 | 18.18% | 0 | 0 | 9 | 81.82 | 2 | 1 | |

In the Section, Performance Feedback against the Annual Performance for Q4, the following is presented:

- 11 KPIs were planned for execution to the conclusion in Quarter 4.
- 1 KPI out of 11 KPIs COULD NOT BE DONE due to the Service Provider unilaterally putting the OSVC project on hold.
- 9 of 11(81.82%) KPIs were ACHIEVED.
- 2 KPI out of the 11 KPIs (18.18%) was NOT ACHIEVED.

The Overall Organisational Performance Score for 2022/23 financial year is 84.6%

2.5. OVERALL ORGANISATIONAL PERFORMANCE SCORE

Table 8 presents a full year-long comparison of performances achieved on a quarter to quarter. This presents a snapshot view of the organisational performance score information.

Table 8: Performance Comparison – Q1, Q2, Q3 and Q4

| STRAT. GOAL # | # of KPI's in APP | ACHIEVED | | | | | | | | | | | | | | | | |
|---------------|-------------------|-----------|-----------|------------|-----------|----------|--------------|-----------|----------|-----------|-----------|----------|--------------|-----------|-----------|----------------|--|--|
| | | Q1 | | | Q2 | | | Q3 | | | Q4 | | | FULL YEAR | | | | |
| | | # OF KPIs | # | % | # OF KPIs | # | % | # OF KPIs | # | % | # OF KPIs | # | % | # OF KPIs | # | % | | |
| 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 ² | | |
| 2 | 2 | 2 | 1 | 100 | 2 | 2 | 100 | 1 | 1 | 100 | 1 | 1 | 100 | 2 | 2 | 100 | | |
| 3 | 3 | 2 | 2 | 100 | 2 | 2 | 100 | 2 | 2 | 100 | 2 | 2 | 100 | 3 | 3 | 100 | | |
| 4A | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 100 | 1 | 1 | 100 | | |
| 4B | 3 | 3 | 3 | 100 | 3 | 3 | 100 | 3 | 2 | 66.67 | 3 | 3 | 100 | 3 | 3 | 100 | | |
| 5 | 3 | 3 | 3 | 100 | 3 | 0 | 0 | 3 | 0 | 0 | 3 | 2 | 67 | 3 | 2 | 66.67 | | |
| 6 | 1 | 1 | 1 | 100 | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 100 | 1 | 0 | 100 | | |
| TOTALS | 14 | 11 | 10 | 100 | 11 | 7 | 63.63 | 10 | 5 | 50 | 11 | 9 | 81.82 | 13 | 11 | 84.62 | | |

| STRAT. GOAL # | # of KPI's in APP | NOT ACHIEVED | | | | | | | | | | | | | | | | | |
|---------------|-------------------|--------------|----------|----------|--------------|----------|-----------|----------|--------------|-----------|--------------|----------|--------------|----------|--------------|----------|--------------|---|---|
| | | Q1 | | Q2 | | Q3 | | Q4 | | FULL YEAR | | | | | | | | | |
| | | # | % | # | % | # | % | # | % | # | % | | | | | | | | |
| 1 | 1 | # | % | 0 | 0 | # | % | 0 | 0 | | | | | | | | | | |
| 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4A | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4B | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | 3 | 0 | 0 | 3 | 100 | 3 | 100 | 1 | 33.33 | 1 | 33.33 | 1 | 33.33 | 1 | 33.33 | 1 | 33.33 | | |
| 6 | 1 | 0 | 0 | 1 | 100 | 1 | 100 | 1 | 100 | 1 | 100 | 1 | 100 | 1 | 100 | 1 | 100 | | |
| TOTALS | 14 | 0 | 0 | 4 | 36.36 | 4 | 40 | 2 | 18.18 | 2 | 15.38 | 2 | 15.38 | 2 | 15.38 | 2 | 15.38 | | |

¹ This KPI is around Oracle Service Cloud Project Which is on hold on account of Oracle.

² OSVC Project On Hold

3. DETAILED PERFORMANCE REPORT AGAINST THE2022/23 APP

3.1. QUARTERLY TARGETS AGAINST STRATEGIC GOAL #1: DIGITALLY ENABLED COUNCIL BY 2023/24

| # Of Indicators Tracked Strategic Objectives | 0 | # Of Indicators with Missed Targets | 0 | # Of Indicators with Achieved Targets | 0 | # Of Indicators with Neither Achieved nor Missed Targets | 0 | #Of Indicators Not Planned for Evaluation in This Quarter | 0 | Work could not be started due to external factors outside control of HPCSA | 1 |
|--|---|-------------------------------------|---|---------------------------------------|---|--|---|---|---|--|---|
|--|---|-------------------------------------|---|---------------------------------------|---|--|---|---|---|--|---|

| Key Performance indicator | KPI unit of measure | (a) Baseline service level performance | (b) Annual target for FY2022/23 | Quarterly targets | | Performance in Q4 | | (f) Management's intervention/s To arrest the performance gaps |
|--|---------------------|--|---------------------------------|--------------------|--|--|--|--|
| | | | | (c) Q4 (Jan - Mar) | (d) Q4 (Jan - Mar) | (e) = (d) – (c) Narration for variances/gaps | | |
| 1.1 (a) Signed off digital services systems • Case Management (contin- ance) • Online Registrations (Continu- ance) | Percentage (%) | 43.84% (3/7) | 28.57% (2/7) | 28.57% (2/7) | Could Not Be Done - Not Assessed in this Quarter | The Service Provider put the project on hold - | There are negotiations as well as en- gagement with the Service Provider to resolve the issues. | |

3. DETAILED PERFORMANCE REPORT AGAINST THE2022/23 APP

3.1. QUARTERLY TARGETS AGAINST STRATEGIC GOAL #1: DIGITALLY ENABLED COUNCIL BY 2023/24

| # Of Indicators Tracked Strategic Objectives | 1 | # Of Indicators with Missed Targets | 0 | # Of Indicators with Achieved Targets | 1 = 100% | # Of Indicators with Neither Achieved nor Missed Targets | 0 | Targets met and banked | 1 |
|--|---|-------------------------------------|---|---------------------------------------|----------|--|---|------------------------|---|
|--|---|-------------------------------------|---|---------------------------------------|----------|--|---|------------------------|---|

| Key Performance Indicator | KPI unit of measure | (a) Baseline service level performance | (b) Annual target for FY2022/23 | Quarterly targets | | Performance in Q4 | | (f) Management's intervention/s To arrest the performance gaps |
|--|-----------------------------------|--|---------------------------------|---|---|--|--------------|--|
| | | | | (c) Q4 (Jan - Mar) | (d) Q4 (Jan - Mar) | (e) = (d) – (c) Narration for variances/gaps | | |
| 2.1 (a) Unqualified audit opinion with no material findings | External Audit Report (Yes or No) | Unqualified Report (YES) | Unqualified Report (YES) | Not Assessed in this Quarter ACHIEVED IN Q2 ALREADY | Not Assessed In this Quarter ACHIEVED IN Q2 ALREADY | | | |
| 2.1 (b) Revenue collection rate | Percentage (%) | 91% | 95% | 95% | ACHIEVED R404 193 733/ R384 091 976 = 105.23% (Inclusive of AMCOA Conference) | +10.23% and more than the annual target of 95% | Not Required | |

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 | 2 | # Of Indicators with Missed Targets | 0 | # Of Indicators with Achieved Targets | 2 = 100% | # Of Indicators with Neither Achieved nor Missed Targets | 0 | Targets met and banked | 1 |
|--|---|-------------------------------------|---|---------------------------------------|----------|--|---|------------------------|---|
|--|---|-------------------------------------|---|---------------------------------------|----------|--|---|------------------------|---|

| Key Performance indicator | KPI unit of measure | (a) Baseline service level performance | (b) Annual target for FY2022/23 | Quarterly targets | | Performance in Q4 | | | |
|--|---------------------|--|---------------------------------|------------------------------|------------------------------|--------------------|--|--|--|
| | | | | (c) Q4 (Jan - Mar) | (C) Q4 (Jan - Mar) | (d) Q4 (Jan - Mar) | (e) = (d) – (c) Narration for variances/gaps | (f) Management's intervention/s To arrest the performance gaps | |
| 3.1.(a) Number of Stakeholders Engagement Activities | Number (#) | 36 | 40 | 10 | ACHIEVED | Not Applicable | Not Required | | |
| 3.1 (b) Evaluation of Impact of Stakeholder Engagement Strategy Initiatives – Pilot the Evaluation Tool with 6 Professional Board Stakeholders | Report | 6 | Development of Evaluation Tool | NOT ASSESSED IN THIS QUARTER | NOT ASSESSED IN THIS QUARTER | Not Applicable | Not Required | | |
| 1. MDB, 2. SLH, 3. EMD, 4. DOH, 5. DNB and 6. PPB | | | 95% | 95% | ACHIEVED | Not Applicable | Not Required | | |

3.4. QUARTERLY TARGETS AGAINST STRATEGIC GOAL #4: STRENGTHENING THE SERVICE DELIVERY ENVIRONMENTS OF THE HPCSA - SUB-STRATEGIC GOAL #4A: IMPROVED PROFESSIONAL CONDUCT PROCESSES

| # Of Indicators Tracked Strategic Objectives | 1 | # Of Indicators with Missed Targets | N/a | # Of Indicators with Achieved Targets | 1 = 100% | # Of Indicators with Neither Achieved nor Missed Targets | N/a | #Of Indicators Not Planned for Evaluation in This Quarter | N/a |
|--|---|-------------------------------------|-----|---------------------------------------|----------|--|-----|---|-----|
|--|---|-------------------------------------|-----|---------------------------------------|----------|--|-----|---|-----|

| Key Performance indicator | KPI unit of measure | (a) Baseline service level performance | (b) Annual target for FY2022/23 | Quarterly targets | | Performance in Q4 | | | |
|---|---------------------|--|---------------------------------|-----------------------------|--------------------|--------------------|--|--|--|
| | | | | (c) Q4 (Jan - Mar) | (C) Q4 (Jan - Mar) | (d) Q4 (Jan - Mar) | (e) = (d) – (c) Narration for variances/gaps | (f) Management's intervention/s To arrest the performance gaps | |
| 4A.1 (a) Case Clearance rate at Preliminary Investigations. (CHU&I) | Report (YES or NO) | Null | Baseline Rate Report | YES Baseline Rate Report | ACHIEVED | Not Applicable | Not Required | | |

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

| # 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 | 0 |
|---|---------------------|-------------------------------------|-----------------------------|---------------------------------------|--|--|--|--|---|
| Key Performance Indicator | KPI unit of measure | Baseline service level performance | Annual target for FY2022/23 | Quarterly targets | | Performance in Q4 | | | |
| | | (a) | (b) | (c) | (d) | (e) = (d) – (c) | (f) | | |
| | | | | Q4 (Jan - Mar) | Q4 (Jan - Mar) | Narration for variances/gaps | Management's intervention/s To arrest the performance gaps | | |
| 4B.1 (a) % Of scheduled Board Examinations facilitated within stipulated timelines | Percentage (%) | 100% | 100% | 100% | ACHIEVED 100% (12/12) | Not Applicable | Not Required | | |
| 4B.1 (b) Average Registrations Turn-around Time (TAT) | Days | 10 days | 8.5 days | 10 Days | Jan 7.5 Feb 8 Mar 7.5 ACHIEVED Average – 8 Days | Not Applicable | Not Required | | |
| 4B.1 (c) Turn Around Time (TAT) for processing practitioners' evidence of CPD compliance | Days | 10 Days | 8.5 Days | 5 Days | ACHIEVED TAT for Q4 = 2Days | Not Applicable | Not Required | | |

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

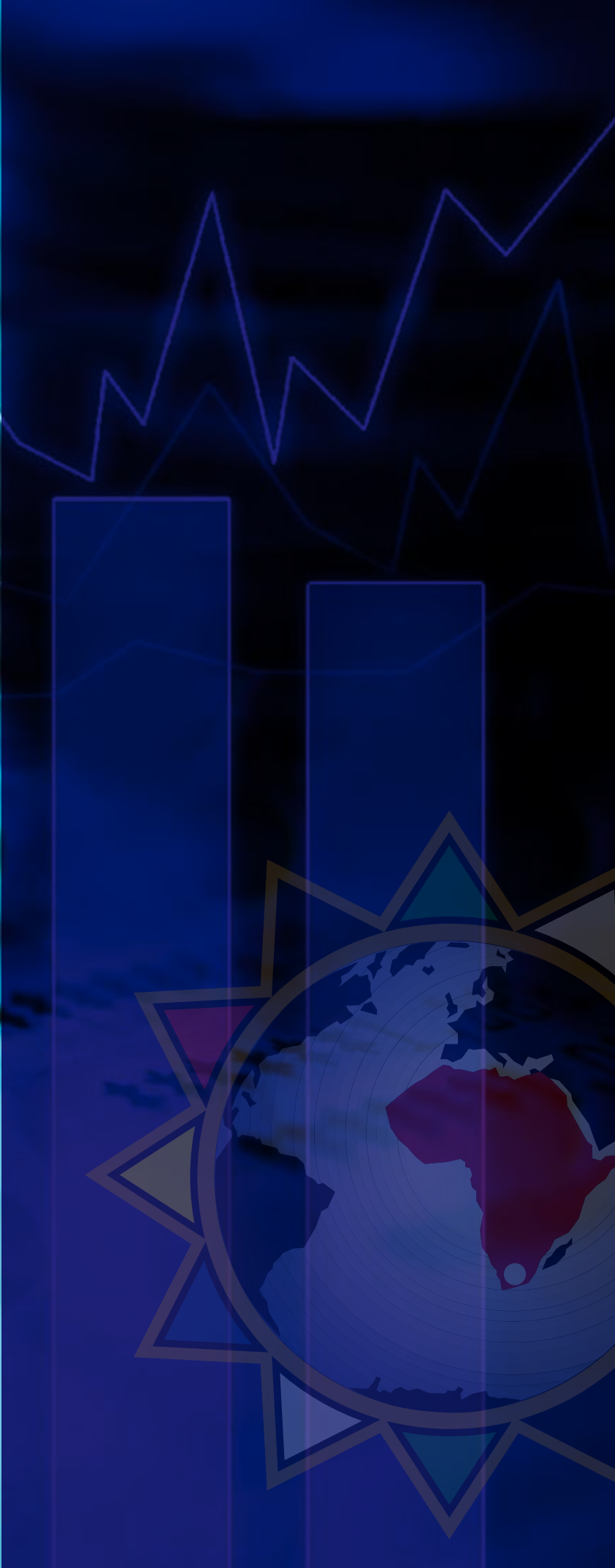
| # Of Indicators Tracked Strategic Objectives | 3 | # Of Indicators with Missed Targets | 1 = 33.33% | # Of Indicators with Achieved Targets | 2 = 66.67% | # Of Indicators with Neither Achieved nor Missed Targets | 0 | # Of Indicators Planned for Evaluation in This Quarter | 0 |
|--|---|-------------------------------------|------------|---------------------------------------|------------|--|---|--|---|
|--|---|-------------------------------------|------------|---------------------------------------|------------|--|---|--|---|

| Key Performance indicator | KPI unit of measure | (a) Baseline service level performance | (b) Annual target for FY2022/23 | Quarterly targets | | Performance in Q4 | | | |
|--|---------------------|--|---------------------------------|---------------------------------------|--|--|---|--|--|
| | | | | (c) Q4 (Jan - Mar) | (d) Q4 (Jan - Mar) | (e) = (d) - (c) Narration for variances/gaps | (f) Management's intervention/s To arrest the performance gaps | | |
| 5.1 (a) Number of Corporate Governance Training Conducted for Council member | Number (#) | 2 | 2 | Corporate Governance Inventory Report | ACHIEVED | Not Applicable | Not assessed in this Quarter | | |
| 5.1 (b) Number of Corporate Governance Training Conducted for Professional Board members | Number (#) | 2 | 2 | Corporate Governance Inventory Report | ACHIEVED | Not Applicable | Not assessed in this Quarter | | |
| 5.1 (c) Case Clearance Rate – % of cases submitted quarterly to committee of preliminary inquiry | Percentage (%) | 68% | 70% | 70% | NOT ACHIEVED 1086/1721 * 100 = 63% | The cases that were dealt with BUT had to be deferred due to: <ul style="list-style-type: none"> • Consultations Sec 42(1) – 194 cases • Notice to appear 4(3) – 70 cases. • Inspectorate – 3 case • Section 41A Investigation – 11 cases • Further Information – 216 cases • Consider next mtg – 79 cases. • Time Constraints – 16 cases | This was mistakenly made a Council Target. It has since been moved to the Professional who have better control. | | |

3.7. QUARTERLY TARGETS AGAINST STRATEGIC GOAL #6: IMPROVED ORGANISATIONAL PERFORMANCE BY FY2022/23

| # Of Indicators Tracked Strategic Objectives | 1 | # Of Indicators with Missed Targets | 1 = 100% | # Of Indicators with Achieved Targets | N/A | # Of Indicators with Neither Achieved nor Missed Targets | N/A | # Of Indicators Planned for Evaluation in This Quarter | N/A |
|--|---|-------------------------------------|----------|---------------------------------------|-----|--|-----|--|-----|
|--|---|-------------------------------------|----------|---------------------------------------|-----|--|-----|--|-----|

| Key Performance indicator | KPI unit of measure | (a) Baseline service level performance | (b) Annual target for FY2022/23 | Quarterly targets | | Performance in Q4 | | | |
|--|---------------------|--|---------------------------------|---------------------------------------|---------------------|--|--|--|--|
| | | | | (c) Q4 (Jan - Mar) | (d) Q4 (Jan - Mar) | (e) = (d) - (c) Narration for variances/gaps | (f) Management's intervention/s To arrest the performance gaps | | |
| 6.1 (a) Post BPR Structure implementation review | % | Baseline study output | 12.5% of Project Activities | 3.125% of Project Activities Executed | NOT ACHIEVED | The Project is still in the Project Team recruitment stage. The successful resource turned down the offer of employment. None of the respondents to the Business Analysis vacancy advert were suitable for employment. The process had to be restarted | Instead of advertising in general newspapers – Labour Brokers have been approached to assist with these required resources, [Alternatively, a Supply Chain Management Process will be run in a parallel manner to test the market. | | |







PART C

PERFORMANCE INFORMATION
from the PROFESSIONAL BOARDS



1. 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 healthcare 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 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:

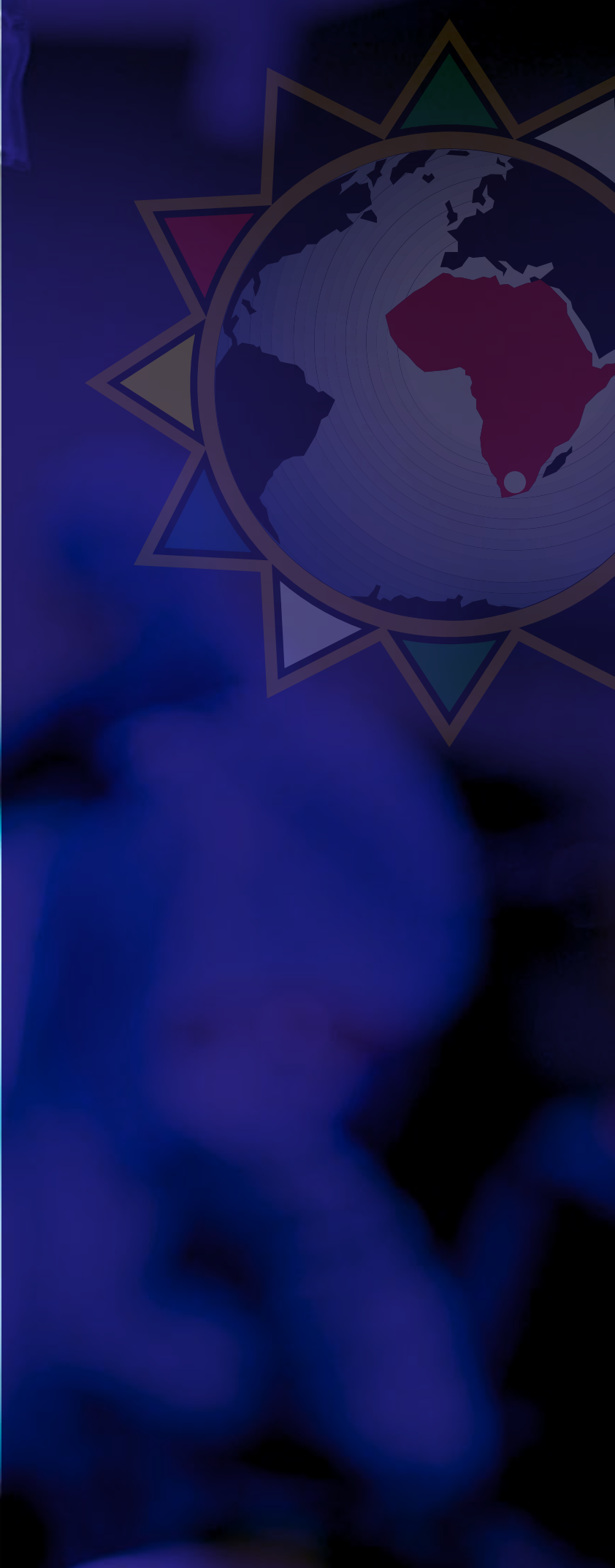
- (a) to consult and liaise with other Professional Boards and relevant authorities on matters affecting the Professional Boards;
- (b) to assist in the promotion of the health of the population of the Republic on a national basis;
- (c) subject to legislation regulating healthcare providers and consistency 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**

1. OVERVIEW

The Professional Board for Emergency Care is established in terms of Section 15 of the Health Professions Act, 56 of 1974 which details the objects and functions as well as the general powers of the Professional Board.

The Health Professions Act creates the HPCSA as a statutory regulatory body against registrable professions with a special interest in and oversight over the Education and Training, Registrations, Professional Practice, Professional Conduct as well as Back Office to provide an enabling support infrastructure for an effective regulator. The Professional Board for Emergency Care professions executes the regulatory role on behalf of the HPCSA in all emergency care professions.

The HPCSA, is a statutory entity and by implication, the Professional Board for Emergency Care is a stakeholder to numerous public entities. Similarly, other public entities are stakeholders to the HPCSA and its Professional Boards.

The Professional Board for Emergency Care comprises nineteen (19) members appointed by the Minister of Health, with two vacancies of an Emergency Care Technician and a Basic Ambulance Assistant.

2. STRATEGIC INTENT OF THE BOARD

The strategic management of the HPCSA and, by extension, the "strategic plans"/programmes of all the Professional Boards must present strategically important outcomes-orientated goals and objectives against which this organisation's annual performance plan results can be measured and evaluated by Parliament, Provincial Legislatures, and the public.

The HPCSA's Annual Performance Plan commits to performance indicators and targets that must be achieved in a budget year. The said performance indicators and targets must be aligned across all HPCSA sub-structures and are supported by the required budget.

2.1 Vision and mission

The vision of the Board is to: -

"Promote quality, equitable and professional people-centred Emergency Care for all."

2.2 The mission of the Board is: -

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 ongoing 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.

2.3 PROFESSIONAL BOARD FOR EMERGENCY CARE STRATEGIES (STRATEGIC PROGRAMMES)

Goal # 1: Optimised interdepartmental cooperation for clinical guidelines

Goal #2: An approved roadmap for qualifications, roles and objectives for emergency care 2030 vision

Goal #3: Effective and efficient preliminary committee and professional conduct processes

Goal # 4: Improved functioning Professional Board through fighting of regulations, guidelines, rules, and policies

Goal # 5: Develop an effective professional conduct enquiries system by 2025.

Goal # 6: Improved relationships between the Professional Board for Emergency Care and all relevant stakeholders by the end of the term (2025).
(Engage stakeholders at all levels)

3. GOVERNANCE

3.1 MEETINGS

The Professional Board annually approves meeting schedules for the budget year for its governance structures. The following number of meetings were convened during the reporting period, either virtual or in a physical mode.



Dr Simpiwe Sobuwa
CHAIRPERSON OF THE PROFESSIONAL BOARD FOR
EMERGENCY CARE

| | |
|--|--|
| Professional Board meetings | <ul style="list-style-type: none"> • Special Board - 06 June 2022 • Ordinary Board - 28 July 2022 • Ordinary Board - 07 October 2022 |
| Executive Committee meetings (ExCo) | <ul style="list-style-type: none"> • Executive Committee - 12 August 2022 |
| Clinical Advisory Committee (CAC) | <ul style="list-style-type: none"> • Clinical Advisory Committee -10 March 2022 • Clinical Advisory Committee -18 May 2022 special CAC • Clinical Advisory Committee -17 August 2022 • Clinical Advisory Committee - 14 March 2023 |
| Education Committee (ETR) | <ul style="list-style-type: none"> • Education Committee - 16 February 2022 • Special Education Committee - 28 February 2022 • Education Committee workshop – review of guidelines 17 May 2022 • Education Committee – 18 May 2022 • Education Committee evaluators/moderators’ workshop – 26 July 2022 • Education Committee – 14 September 2022 • Special Education committee 11 October 2022 • Education Committee workshop – review of guidelines 22 November 2022 • Education Committee - 23 November 2022 • Education Committee workshop review of guidelines -22 February 2023 • Education Committee -23 February 2023 |

3.2 COMMITTEES OF THE BOARD

In terms of the regulations relating to the functions and functioning of the Professional Boards Chapter 1 Regulation 2(a), states that the Professional may, from time-to-time, establish such standing committees as it may deem necessary, each consisting of as many persons appointed by the Professional Board, as the Professional Board may determine but including at least one member of the Professional Board who shall be the chairperson of such committee and shall determine the composition, quorum, and terms of reference of each committee so established.

The Professional Boards’ regulatory work interest covers four regulatory functions, namely, Education and Training, Registration, Professional Practice and Professional Conduct.

During the reporting period, the Professional Board established and delegated operational Board activities to the following standing committees, which met on a quarterly basis.

3.2.1 THE EDUCATION COMMITTEE

MANDATE

1. To develop, review and maintain the minimum standards of education and training for professions under the ambit of the Professional Board, i.e., to undertake initial assessments and conduct re-evaluations and site-visits on a regular basis and to recommend to the Professional Board for approval;
2. To consider and finalise applications from any educational institutions, training schools etc, wishing to offer training as submitted by the Education and Training Division, falling within the Professional Board’s ambit and submitting to the Professional Board for approval and/or ratification.
3. To consider and recommend to the Professional Board the appointment of panels for accreditation and evaluation of programmes.
4. To consider, deal with and finalise applications submitted for restoration purposes (that are not dealt with administratively and in line with the delegations of authority);
5. To formulate, review and recommend to the Board any education, training, registration-related criteria (excluding CPD matters), policy, rule, or regulation falling within the ambit of the Professional Board and recommend same to the Board for approval;
6. To advise and recommend to the Board research on best practices aimed at advancing and developing the education and training of the professions falling under the ambit of the Professional Board; and
7. To explore opportunities for communication with stakeholders relating to education and training matters and to advise the Board thereon.

COMPOSITION

- Two Paramedics
- Three Emergency Care Practitioners
- One Universities of South Africa (USA) representative
- Chairperson or Vice Chairperson of the board

During this financial year, the committee achieved most of its activities as mandated by the Board.

3.2.2 CLINICAL ADVISORY COMMITTEE

The mandate of the Clinical Advisory Committee is as follows:-

- i. Develop and review the clinical practice guidelines based on scientific research regularly to ensure that it is in the best interest of the South African population.
- ii. Determine and regulate best clinical practice in relation to emergency care in the South African context.
- iii. Ensure that emergency care clinical practice is commensurate with the scope of the professions of emergency care.
- iv. Determine the scopes of professions/ practice of emergency care providers under the ambit of the Professional Board for Emergency Care.
- v. Determine the capabilities of emergency care providers under the ambit of the Professional Board for Emergency Care.
- vi. Determine medicine-related issues relating to emergency care providers under the ambit of the Professional Board for Emergency Care.
- vii. Ensure, that the matters around scopes of professions and scopes of practice are adequately communicated and addressed with emergency care education and training providers; and
- viii. Develop and review Board specific ethical rules and rulings for the emergency care professions under the ambit of the Board.
- ix. Formulate, review and recommend to the Board any matters relating to CPD.

COMPOSITION

- Four Emergency Care Practitioners
- One Emergency Care Technician
- One Paramedic

The committee is currently developing the end-user (algorithms) manual for the clinical practice guidelines. The process will be concluded in the first quarter of 2023/24 financial year.

3.2.3 BOARD TASK TEAM

The Board appointed a temporary Task Team to oversee the service provider's progress in developing a manual for the clinical practice guidelines.

3.2.4 COMMITTEE OF PRELIMINARY INQUIRY

The mandate of the committee is to:-

- i. Deal with and finalise all matters relating to preliminary inquiries regarding complaints in terms of Section 41(2);
- ii. Determine appropriate fines in terms of Section 42(8) of Health Professions Act, 56 of 1974;
- iii. Devise measures to regulate and set the standards to which the Professional Boards practitioners should conform and recommend the same to the Board for approval; and
- iv. Identify trends relating to the conduct of practitioners and refer such trends to the Boards for further deliberation and pronouncement.

4. REPORT ON ANNUAL PERFORMANCE

4.1. EDUCATION AND TRAINING

EVALUATIONS

| EMB | UNIVERSITY EVALUATED | PROGRAMME | NEW PROGRAMME OR REACCREDITATION | APPROVED EVALUATION PERIOD |
|-----|--|--------------------------------|----------------------------------|----------------------------|
| | KZN College of Emergency Care | Higher Certificate | New programme | Pending |
| | NetCare Education | Higher Certificate and Diploma | Re-evaluation | pending |
| | Durban university of Technology | Bachelor of Health Sciences | Re-evaluation | 5 years |
| | University of Johannesburg (SAMHTS) | Higher Certificate | new-evaluation | 3 years |
| | | Diploma | Re-evaluation | 3 years |
| | Northern Cape College of Emergency Care | Higher Certificate | Re-evaluation | 3 years |
| | Cape Peninsula University of Technology | Higher Certificate | Re-evaluation | pending |
| | Sefako Makgatho Health Sciences University | Higher Certificate and Diploma | Re-evaluation | 3 years |
| | Nelson Mandela University | Bachelor's Degree | Re-evaluation | 5 years |

EXAMINATIONS

| EMB | TYPE OF EXAMINATION (BOARD EXAM) BAA AND AEA | EXAMINATION PERIOD (MONTH) | # OF PRACTITIONERS EXAMINED |
|-----|--|---------------------------------------|-----------------------------|
| | Theory, Practical and Simulation | June 2022 | 36 |
| | Theory, Practical and Simulation | September 2022 (remedial examination) | 22 |
| | Theory, Practical and Simulation | January 2023 | 26 |
| | Theory, Practical and Simulation | March 2023 (remedial examination) | 11 |

MODERATIONS

| EMB | INSTITUTION MODERATED | MODERATION PERIOD (MONTH) |
|-----|---|---------------------------|
| | University of Johannesburg (Diploma) | March 2023 |
| | NetCare (Higher Certificate) | December 2022 |
| | Durban University of Technology (Bachelor of Health Sciences) | November 2022 |
| | University of Johannesburg (Higher Certificate) | July 2022 |
| | University of Johannesburg (Diploma) | March 2022 |
| | University of Johannesburg (Bachelor of Health Sciences) | March 2022 |
| | Nelson Mandela University (Bachelor of Health Sciences) | February 2022 |

4.2 REGISTRATIONS

| BRD CODE | REGISTER TYPE | REG CODE | REGISTER NAME | Total | |
|----------|---------------|---------------------------|------------------------------------|-------------------------------------|---------------|
| EMB | Practitioner | ANA | AMBULANCE EMERGENCY ASSISTANT | 10736 | |
| | | ANT | PARAMEDIC | 1675 | |
| | | BAA | BASIC AMBULANCE ASSISTANT | 23 448 | |
| | | ECA | EMERGENCY CARE ASSISTANT | 138 | |
| | | ECP | EMERGENCY CARE PRACTITIONER | 1 058 | |
| | | ECT | EMERGENCY CARE TECHNICIAN | 1 036 | |
| | | OECO | OPERATIONAL EMERGENCY CARE ORDERLY | 352 | |
| | | Practitioner Total | | | 38 443 |
| | | Student | ANTS | STUDENT PARAMEDIC | 672 |
| | | | ECAS | STUDENT EMERGENCY CARE ASSISTANTS | 203 |
| | | | ECPS | STUDENT EMERGENCY CARE PRACTITIONER | 1 096 |
| | | | ECPV | ECP VISITING STUDENT | 34 |
| | | | ECTS | STUDENT EMERGENCY CARE TECHNICIAN | 675 |
| | | Student Total | | | 2 680 |
| | | EMB Total | | | 41 123 |

4.3 PROFESSIONAL PRACTICE (CPD)

The Continuing Professional and Development (CPD) matters are regulated in terms of Section 26 of the Health Professions Act, 56 of 1974, which states that the HPCSA may, from time-to-time, make rules which prescribe the criteria for recognition by the HPCSA of continuing education and training courses and education institutions offering such courses.

The CPD Compliance report of the Emergency Care Board for the reporting period:

| Board | Compliance Rate | | | |
|------------|-----------------|--------------|------------|--|
| | April 2022 | | April 2023 | |
| 956/41 391 | 2.3% | 3 241/38 301 | 8.5% | |

The Board, during the reporting period, discussed practical measures and solutions to circumvent the continuous non-compliance and the low compliance rate, as demonstrated in the compliance rate table. However, the Board continues to engage the practitioners and to encourage and advocate awareness on the importance of complying with the CPD matters.

4.4 Preliminary Inquiries and matters

STATISTICAL REPORT- ANNUAL REPORTING 1 APRIL 2022- 31 MARCH 2023

| PRELIM MEETINGS | Finalized by Prelim | | | | Deferred | | | | | | | | Referred | | | | Withdrawn / closed | Total Matters Considered |
|-----------------|---------------------|---------------------------|---------------------------|-------------------------------|--------------------|-------------------------|-----------------------|--------------|---------------------------|---------------------|-------------------|------------------|------------------------|-----------|------------------|------------------------|--------------------|--------------------------|
| | Number of Meetings | Explanation accepted (47) | Caution/ Reprimand (49) A | Referred for Inquiry Reg (48) | Guilty Fine (49) D | Consultations Sec 42(1) | Notice to appear (43) | Inspectorate | Section 41A Investigation | Further Information | Consider next mtg | Time Constraints | Practitioner Specialty | Ombudsman | Other Committees | Business Practice Comm | | |
| EMB 27 May 22 | 1 | | | 2 | | 3 | 2 | 1 | | 2 | | | | | | | | 10 |
| EMB 5 SEP 22 | 1 | | | 5 | 4 | 2 | 1 | 1 | | 1 | | | | | | 1 | 1 | 16 |
| EMB 12 DEC 22 | 1 | | | | 2 | 2 | | | 3 | | | | | | | 1 | 1 | 9 |
| EMB 24 FEB 23 | 1 | 4 | | | 2 | 1 | | | | | | | | | | 1 | 2 | 10 |
| TOTALS | 4 | 4 | 7 | 8 | 8 | 3 | 2 | 6 | 6 | 3 | 3 | 2 | 4 | 3 | 3 | 4 | 45 | |

CASE CLEARANCE PER QUARTER

| QUARTER 1 | QUARTER 2 | QUARTER 3 | QUARTER 4 | ANNUAL CASE CLEARANCE |
|-----------|-----------|-----------|-----------|-----------------------|
| 20% | 62.5% | 33.3% | 80% | 23/45= 51% |

4.5 RISK MANAGEMENT

The Board, as required by the governance prescripts, is responsible for risk management. During the reporting period, the Board risk management oversight entailed identifying risks, approving risk registers and mitigating risks through regular interaction with the risk treatment plan, which is reviewed and considered at the quarterly Board meetings as part of the strategy.

The risks outlined in the risk register are actively engaged and monitored by the Board through its committees which are responsible for the Board's operational work.

4.6 FINANCIAL MANAGEMENT

The quarterly and annual financial statements of the Board are the principal way in which the Governing Body Members make themselves accountable to stakeholders. The financial statements present a report on the financial performance of the organisation over the previous budget year and the organisation's financial position at the end of that year. The Professional Boards utilise the information in the financial statements

to assess the stewardship of the governing body and the financial health of the Board.

During the reporting period, the Board reviewed and assessed the financial performance of the Board utilising the presented financial performance at the quarterly Board meetings. Furthermore, the Board used the financials to guide the implementation of the Board activities.

4.7 STAKEHOLDER MANAGEMENT

The Professional Board for Emergency Care executes the regulatory role on behalf of the HPCSA in all emergency care professions .

The HPCSA, is a statutory entity and, by implication, the Professional Board for Emergency Care, is a stakeholder to numerous public entities. In the same breath, other public entities are stakeholders to the HPCSA and its Professional Boards.

The Professional Board Strategic Plan objectives are inclusive of stakeholder engagement objectives therefore, the Board annually implements specific and directed initiatives relevant to the emergency care stakeholders .

In the reporting period the following stakeholder related initiatives were implemented:

| QUARTER 1 | QUARTER 2 |
|--|------------------|
| Practitioner Roadshow (Durban) | 20 June 2022 |
| Practitioner Roadshow (Gauteng) | 22 June 2022 |
| Meeting with the University of Cape Town (development of manual for CPGs) | 23 August 2022 |
| Meeting with Council on Higher Education (minimum standards for the Diploma in Emergency Medical Care) | 23 February 2023 |
| The Board engaged with various stakeholders to comment on the position paper for Advanced Emergency Medical Rescue | 23 February 2023 |

4.8 POLICY AND GOVERNANCE FRAMEWORK REVIEW

(SCOPE OF PRACTICE, ADDITIONAL QUALIFICATIONS RULES, REGULATIONS AND GUIDELINES)

The following policy documents were reviewed and finalised:

- i. Form 305 – Code of conduct and confidentiality
- ii. Form 315 – Application for registration by foreign qualified practitioners
- iii. Form 319 – Evaluation report template
- iv. Form 321 – Evaluation panel guidelines
- v. Form 332 – Guidelines for submission of portfolios
- vi. Form 332A – Guidelines self-evaluation report
- vii. Form 337 – Guideline for submission of academic annual report
- viii. Form 340 – Programme guideline for evaluation visits
- ix. Forms 341 – Restoration guideline
- x. Forms 348 – Guideline for submission of portfolio of evidence
- xi. Form 349 – Moderation reporting template for Higher Education Institutions (HEIs)
- xii. Forms 350 – Guideline for Board moderators
- xiii. Form 351 – Examination guidelines
- xiv. Minimum standards for the Higher Certificate
- xv. Minimum standards for the Bachelor's degree
- xvi. Developed position paper on Advanced Emergency Medical Rescue
- xvii. Updated list of capabilities published on the website.

4.9 CONCLUSION (Reflection on the performance of the Board)

Achievements

- Conducted the practitioners roadshows in two provinces.
- Conducted the first two (2) Board examinations for practitioners wishing to restore their names back to the register.
- Appointed the Service Provider i.e., The University of Cape Town through a tender process to develop a manual for the clinical practice guidelines (work in progress).
- Reviewed and approved majority of the education policies.
- Discussion and review of the Board Strategy Plan and Annual Performance Plans indicators and activities.
- Review and approval of the Board Stakeholder Plan.
- Conducting Moderations and evaluations of the training institutions as per the evaluations schedule.
- Capacitated the new moderators by shadowing experienced moderators of the Board.





PROFESSIONAL BOARD
FOR DIETETICS AND NUTRITION



1. OVERVIEW

The Professional Board for Dietetics and Nutrition is established in terms of Section 15 of the Health Professions Act, 56 of 1974 which details the objects and functions as well as the general powers of the Professional Board.

The Health Professions Act creates the HPCSA as a statutory regulatory body against registrable professions with special interest in and oversight over the Education and Training, Registrations, Professional Practice, Professional Conduct as well as the Back Office to provide an enabling support infrastructure for an effective regulator. The Professional Board for Dietetics and Nutrition Professions executes the regulatory role on behalf of the HPCSA in all dietetics and nutrition professions .

The HPCSA as a statutory entity and by implication the Professional Board for Dietetics and Nutrition is a stakeholder to numerous public entities and vice versa, other public entities are stakeholders to the HPCSA and its Professional Boards.

The Professional Board for Dietetics and Nutrition currently comprises nine (9) members appointed by the Minister of Health with one vacancy for a community representative. In the reporting period the Professional Board co-opted an expert to assist with the establishment of a new register cadre termed Registered Dietitian Nutritionist.

2. STRATEGIC INTENT OF THE BOARD

The strategic management of the HPCSA and by extension the strategic plans/programmes of all the Professional Boards must present strategically important outcomes orientated goals and objectives against which Council's Annual Performance Plan results can be measured and evaluated by Parliament, Provincial Legislatures, and the public.

The Board's Annual Performance Plan commits to performance activities, indicators and targets that must be achieved in a financial year and are supported by the required budget.

2.1 VISION

The Vision of the Board is to be: "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: -

- a) To ensure effective and efficient functioning of the Board.
- b) 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
- c) 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
- d) 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 PROFESSIONAL BOARD FOR DIETETICS AND NUTRITION STRATEGIES (STRATEGIC GOALS/ PROGRAMMES)

Goal #1: Develop new dietetic and nutrition professional qualification.

Goal #2: Adapt to the changing professional environment.

Goal #3: Manage stakeholder relations.

Goal #4: Regulate the profession and protect the public.

Goal #5: Improve Continuing Professional Development compliance of the Professional Board to contribute to the development and implementation of Maintenance of Licensure (MoL).

Goal #6: Improve the Professional Board's professional conduct processes.



Ms Lenore Spies

CHAIRPERSON OF THE PROFESSIONAL BOARD FOR DIETETICS AND NUTRITION

3. GOVERNANCE

3.1 MEETINGS

The Professional Board annually approves a meeting schedule for its governance structures for the budget year. The meetings that took place, either virtual or in physical mode, are listed in the table below:

| | |
|--|--|
| Professional Board meetings | Ordinary Board meeting of 25 April 2022 Ordinary Board meeting of 25 July 2022 Special Board meeting of 23 May 2022 Ordinary Board meeting of 24 October 2022 Ordinary Board meeting of 26 January 2023 |
| Education, Training and Registration (ETR) Committee meetings | Ordinary ETR of 18 August 2022 Ordinary ETR of 18 November 2022 Ordinary ETR of 18 February 2023 Special ETR of 01 February 2023 Quality Management System (QMS) Policy Awareness Workshop of 23 March 2023 |
| Professional Practice (PPC) Committee meetings | Ordinary PPC of 7 September 2022 Ordinary PPC of 18 November 2022 Ordinary PPC of 17 February 2023 |
| Committee of Preliminary Inquiries (Prelim) meetings | Ordinary Prelim meeting of 27 Jun 2022 Ordinary Prelim meeting of 26 Sep 2022 Ordinary Prelim meeting of 29 Mar 2023 |
| Enteral and Parenteral Prescription Rights Task Team meetings | Enteral and Parenteral Prescription Rights Task Team Meeting of 04 July 2022 Enteral and Parenteral Prescription Rights Task Team Meeting of Task Team Meeting of 07 September 2022 Enteral and Parenteral Prescription Rights Task Team Meeting of Task Team Meeting of 28 November 2022 |
| Registered Dietitian Nutritionist project meetings with Higher Education Institutions | Registered Dietitian Nutritionist project meeting of 26 April 2022 Registered Dietitian Nutritionist project meeting of 27 June 2022 Registered Dietitian Nutritionist project meeting of 16 September 2022 Registered Dietitian Nutritionist project meeting of 10 October 2022 Registered Dietitian Nutritionist project meeting of 9 November 2022 Registered Dietitian Nutritionist project meeting of 21 February 2023 |

3.2 COMMITTEES OF THE BOARD

In terms of the regulations relating to the functions and functioning of the Professional Chapter 1 Regulation 2(a), the Professional Board may from time-to-time establish such standing committees as it may deem necessary, each consisting of as many persons, appointed by the Professional Board, as the Professional Board may determine but including at least one member of the Professional Board who shall be the Chairperson of such committee, and shall determine the composition, quorum, and terms of reference of each committee so established.

The Professional Boards' regulatory work interest covers four regulatory functional areas, namely, Education and Training, Registration, Professional Practice, and Professional Conduct. During the reporting period, the Professional Board established the standing committees to perform operational work on its behalf. It did not, however, abdicate its oversight of duties delegated to the standing committees. These committees are Education, Training and Registration Committee, Professional Practice Committee and Committee of Preliminary Inquiries with their achievements outlined below.

3.2.1 EDUCATION, TRAINING AND REGISTRATION COMMITTEE (ETRC)

In the context of the mandate of the ETRC: to recommend to the Board, evaluation of education and training programmes and facilities, and practitioner registration. The following is a summary of accomplishments during the reporting period:

Clinical Training Facilities Accredited by the Board

| Name of University | 2022 | 2023 |
|--|-----------|-----------|
| University of Pretoria | 2 | 4 |
| University of the Free State | 12 | 8 |
| Stellenbosch University | 5 | 2 |
| University of the Western Cape | 0 | 0 |
| North-West University | 0 | 0 |
| University of KwaZulu-Natal | 4 | 1 |
| University of Venda | 0 | 0 |
| Nelson Mandela University | 4 | 0 |
| Sefako Makgatho Health Sciences University | 0 | 0 |
| University of Limpopo | 0 | 0 |
| Total | 27 | 15 |

Furthermore, ETRC revised Form 46C, which is used for application of accreditation for Work Integrated Learning (WIL) sites, to be submitted electronically,

The ETRC conducted a Quality Management Systems (QMS) workshop with Board members to capacitate them on the newly approved HPCSA Quality Management Systems Policy which deals with all aspects related to education, training, and registration activities/ responsibilities of the HPCSA. Following the workshop, the Board resolved that Form 271 and Form 290 used for evaluations of Dietetics and Nutrition programmes should be revised to ensure complete alignment with the QMS Policy. The ETRC also revised the policy/addendum that provides guidance on the criteria applicable for appointment of evaluators for programme evaluations.

In the reporting period, there was progress following the opening of the new register for the Registered Dietitian Nutritionist (RDN).. All ten universities have agreed to transition to the training of the new professional. Specific support with programme development, has been provided to universities upon request. All universities have now started the process of obtaining the necessary approvals for the new programme within their university structures. The Board has now received and evaluated all applications from all universities to provide the new programme. Submissions to the National Department of Health are complete and endorsed. In parallel, the Legal and Regulatory process are also being completed in terms of the Regulation and Scope of the RDN.

3.2.1.1 EVALUATIONS CONDUCTED

| UNIVERSITY EVALUATED | PROGRAMME | NEW PROGRAMME OR RE-EVALUATION | APPROVED EVALUATION PERIOD |
|------------------------------|----------------------------------|--------------------------------|----------------------------|
| Nelson Mandela University | Bachelor of Science Dietetics | Re-evaluation | Five (5) years |
| University of Limpopo | Bachelor of Science in Dietetics | Re-evaluation | Five (5) years |
| North-West University | Bachelor of Science in Dietetics | Re-evaluation | Five (5) years |
| Stellenbosch University | Bachelor of Science in Dietetics | Re-evaluation | Five (5) years |
| University of the Free State | Bachelor of Science in Dietetics | Re-evaluation | Five (5) years |

3.2.1.2 EXAMINATIONS FACILITATED

| TYPE OF EXAMINATION | EXAMINATION PERIOD (MONTH) | # OF PRACTITIONERS EXAMINED |
|---------------------|----------------------------|-----------------------------|
| Written | August and September 2022 | 3 |

Clinical Training Facilities Accredited by the Board

| BRD CODE | REG TYPE | REG CODE | REG NAME | Total | |
|------------|---------------------------|----------|----------------------------|--------------|--------------|
| DTB | Practitioner | DT | DIETITIAN | 4 062 | |
| | | NT | NUTRITIONIST | 218 | |
| | Practitioner Total | | | 4 280 | |
| | Student | DT S | STUDENT DIETITIAN | 1 472 | |
| | | DT V | DIETETICS VISITING STUDENT | 2 | |
| | | NT S | STUDENT NUTRITIONIST | 371 | |
| | | NT V | NUTRITION VISITING STUDENT | 2 | |
| | Student Total | | | 1 847 | |
| | DTB Total | | | | 6 127 |

3.2.2 PROFESSIONAL PRACTICE (CPD)

The Continuing Professional and Development (CPD) and matters aligned with the Professional Practice mandate, are regulated in terms of Section 26 of the Health Professions Act, 56 of 1974, which stated that the HPCSA may from time-to-time make rules which prescribe the criteria for recognition by the HPCSA of continuing education and training courses and education institutions offering such courses.

Activities of PPC in the last financial year aligned to PPC mandate are as follows:

1. Coordinated the CPD activity hosted by the Board; i.e the Practitioner webinar in August 2022.
2. An e-Bulletin was published to inform DNB practitioners about the new CPD system and also to encourage DNB practitioners to be CPD compliant.
3. The PPC reviewed the Scope of Practice that was put together by the Nutrition Prescribing Rights Task Team.
4. To encourage practitioner participation in the Board activities, the Board invited practitioners to design an artwork for the Board. The proposed prize for the artwork that met the criteria was the sponsorship to attend the Nutrition Congress in Cape Town in April 2023. However, very few practitioners participated, and entries received did not meet the required artwork criteria.

4. SCHEDULED NUTRITION PRESCRIBING RIGHTS TASK TEAM

4.1 The task team drafted the Scope of Practice for Dietitians for the Board to review and call for external input.

4.2 The task team hosted the round table meeting with experts in the field of Critical Care Nutrition. The objective for the meeting was to identify core competencies required to enable Dietitians to prescribe scheduled nutrition (S0 – S3)

The Board CPD survey tool was approved at the July 2022 Board meeting, and the said document was harmonized with the Council CPD Survey tool and subsequently it was shared with the practitioners at the Bloemfontein Practitioners Roadshow in March 2023.

The CPD Compliance report related to Dietetics and Nutrition Board for the reporting period:

| Board | Compliance Rate | | | |
|-------|-----------------|-------|-------------|-------|
| | April 2022 | | April 2023 | |
| DNB | 1129/4159 | 27.1% | 1 481/4 295 | 34.5% |

3.2.3 Preliminary Inquiries and Professional Conduct matter

| | FY2021/22 | 2022 Q1 | 2022 Q 2 | 2022 Q3 | 2022 Q4 | FY2022/23 |
|---------------------------------------|-----------|---------|----------|---------|---------|-----------|
| Number of Meetings | 3 | 1 | 1 | No mtg | 1 | 3 |
| Total Matters Served | 18 | 8 | 12 | | 10 | 30 |
| Finalised Matters | 10 | 5 | 4 | | 5 | 14 |
| Breakdown of Finalised Matters | | | | | | |
| Explanations Accepted | 5 | 1 | 1 | | 0 | 2 |
| Caution and Reprimand | 1 | 1 | 0 | | 0 | 1 |
| Referred to Inquiry | 1 | 1 | 1 | | 2 | 4 |
| Guilty Fine | 3 | 2 | 2 | | 3 | 7 |
| Total Deferred Matters | 8 | 3 | 9 | | 5 | 17 |
| Breakdown of Deferred Matters | | | | | | |
| Consult–Clarify | 5 | 0 | 2 | | | 2 |
| Consult–Instruct to Ap | 1 | 2 | 5 | | | 7 |
| Further Information | 2 | 1 | 2 | | 4 | 7 |
| Time Constraints | | | | | 1 | 1 |

Case Clearance for 2022/23 = **47%**

| PRELIM MEETING - DNB | Number of Meetings | Finalised by Prelim | | | | Contempt Of council | Deferred | | | | | | Referred | | | Total Matters Considered | | | |
|----------------------|--------------------|---------------------------|---------------------------|-------------------------------|--------------------|---------------------|----------|----------|-------------------------|-----------------------|--------------|---------------------------|---------------------|------------------|-------------------------|--------------------------|-----------|------------------|------------------------|
| | | Explanation accepted 4(7) | Cautio n/Reprimand 4(9) A | Referred for Inquiry Reg 4(8) | Guilty Fine 4(9) D | | Reg 4(4) | Reg 4(5) | 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 |
| 27 Jun 22 | 1 | 1 | 1 | 1 | 2 | | | 2 | | | 1 | | | | | | | | 8 |
| *26 Sep 22 | 1 | 1 | 0 | 1 | 2 | | 2 | 5 | | | 2 | | | | | | | | 12 |
| *29 Mar 23 | 1 | 0 | 0 | 2 | 3 | | 4 | | | | 4 | 1 | | | | | | | 10 |
| TOTALS | 3 | 2 | 1 | 4 | 7 | | 4 | 2 | 7 | | 7 | 1 | | | | | | | 30 |

DNB PROFESSIONAL CONDUCT INQUIRIES MATTERS

| Spread Per Board | JANUARY 2023 | | FEBRUARY | | MARCH | | Total |
|------------------|--------------|---|----------|---|-------|---|-------|
| | DNB | 1 | DNB | 0 | DNB | 0 | 1 |

4. RISK MANAGEMENT

The Board has a governance responsibility for Risk Management i.e identifies the risks, approves the risk registers and mitigates the risks identified in the risk register through regular interaction with the risk treatment plan which is reviewed and considered at the quarterly Board meetings as part of the strategy.

For the reporting period, the Board considered the risk treatment plan at its quarterly meetings.

5. FINANCIAL MANAGEMENT

The quarterly and annual financial statements of the Board are the principal way in which the Governing Body Members make themselves accountable to stakeholders. The Professional Boards utilise the information in the financial statements to assess the stewardship of the governing body and the financial health of the Board.

During the reporting period, the Board reviewed and assessed the financial performance of the Board utilising the presented financial performance at the quarterly Board meetings. Furthermore, the Board used the financials to guide in implementing the activities of the Board in accordance with the Annual Performance Plan 2022/23.

6. STAKEHOLDER MANAGEMENT

The Professional Board for Dietetics and Nutrition Professions executes the regulatory role on behalf of the HPCSA in all dietetics and nutrition professions.

The HPCSA as a statutory entity and by implication the Professional Board for Dietetics and Nutrition is a stakeholder to numerous public entities and vice versa other public entities are stakeholders to the HPCSA and its Professional Boards.

The Professional Board Strategic/Annual Plan objectives are inclusive of stakeholder engagement objective therefore, the Board annually implements specific and directed initiatives relevant to the stakeholders and the dietetics and nutrition professions.

In the reporting period the following stakeholder related initiatives were implemented:

| Type of Stakeholder engagement initiative | Dates |
|---|------------------|
| National Human Resource Committee (NHRC) Virtual Online Meeting | 11 April 2022 |
| Presentation of NDoH HR Strategy-Health Workforce by National Department of Health Representative(s) | 12 April 2022 |
| CHE Meeting for accreditation of Registered Dietitian Nutritionist Qualification | 23 August 2022 |
| Board of Healthcare Funders (BHF) Presentation to the Professional Board for Dietetics and Nutrition | 24 October 2022 |
| Annual Stakeholder Engagement with Higher Education Institutions, Provincial Coordinators of the Department of Health and Professional Associations | 20 February 2023 |
| Meeting with Professional Associations | 2 March 2023 |
| Practitioner Roadshow in Bloemfontein | 17 March 2023 |
| Expert Round Table Discussion on Scope of Practice of Dietitians | 24 March 2023 |

7. REGULATORY, POLICY AND GOVERNANCE FRAMEWORK REVIEW AND FINALISATION

7.1 Regulatory Achievements

The primary focus of the Board (with the support of Legal Services) during this period has been to update and follow-up on the Regulations relating to the Dietetic and Nutrition professions. In addition, the process for the regulation of the new cadre, the Registered Dietitian-Nutritionist is now at an advanced stage. These processes involve the drafting of regulations for publication for comments, as well as the reviewing of all comments received. Final draft regulations together with responses and comments received were submitted to the National Department of Health which is responsible for the final promulgation.

The following regulations were reviewed and/or finalised:

- i. Regulations relating to Registered Dietitian Nutritionist (RDN) Professional Qualification finalised for submission to the NDoH
- ii. Regulations relating to RDN Scope of Profession- finalised for submission to Council
- iii. Regulations relating to the Scope of Profession of Dietitians- published for public comment
- iv. Regulations relating to the Scope of Profession of Nutritionist - promulgated
- v. Regulations relating to the names that may not be used in the profession of dietetics and nutrition- promulgated
- vi. Draft regulation relating to the Additional Qualifications for registration of dietitians
- vii. Draft regulation relating to the Scope of Practice of dietitians

7.2 Finalised guidelines

- i. Guidelines and procedure for completion of Form 46C for evaluation of Clinical Training Facilities
- ii. Examination Guidelines of the Professional Board
- iii. Guidelines for evaluation of Work Integrated Learning sites

7.3 Finalised forms

- i. Form 176 NT Self- evaluation for foreign (and South African) applicants attempting to register as nutritionist
- ii. Form 176 NT Self- evaluation for foreign (and South African) applicants attempting to register as dietitians
- iii. Form 271 A Procedure for self-assessment by Higher Education Institutions (HEIs) for Dietetics Education and Training Programmes
- iv. Forms 290 A and Form 290 B - Procedure for self-Assessment by Higher Education Institutions (HEIs) for Nutritionist Education and Training Programmes
- v. Form 272 – Pre-Assessment Form for universities registering new programmes (Application by universities)

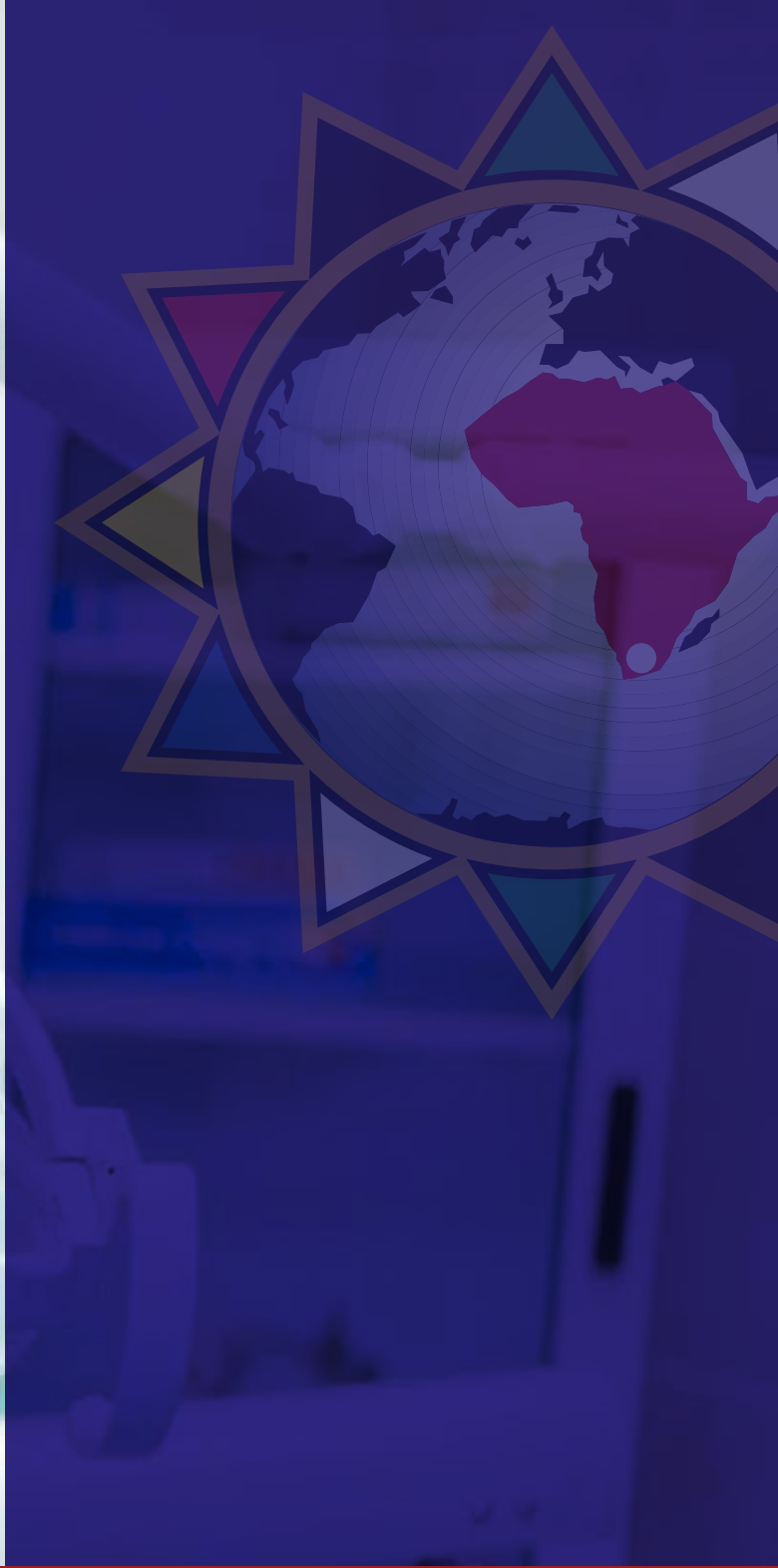
7.4 Other Governance documents finalised:

- i. Roles and responsibilities of a Regulator
- ii. Position statement on registration status of lecturers at training institutions

8. CONCLUSION

The attendance at, and participation of, all members of the Professional Board during all the meetings and Board engagements has contributed to the efficiency of the Board. Through their tenacity and perseverance, the Board has finally been able to see marked movement in the publication and promulgation of the regulations that affect practitioners registered with the Board. In addition, evaluations of the Board have confirmed that our student training continues to meet the set standards. The Secretariat of the Board continues to ensure adequate member and practitioner support and cost-effective management of the daily functioning of the Board. The Board continues to prioritise communication and engagement with and support of their registered practitioners.





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



1. OVERVIEW / INTRODUCTION

The Professional Board for Dental Assisting, Dental Therapy and Oral Hygiene (the Board) is established in terms of Section 15 of the Health Professions Act, 56 of 1974, which details the objects and functions as well as the general powers of the Professional Board.

The Board is constituted of thirteen (13) members appointed by the Minister of Health in terms of Section 15 of the Health Professions 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 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. STRATEGIC INTENT OF THE BOARD

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

Vision

The vision of the Professional Board for Dental Assisting Dental, Therapy and Oral Hygiene is to regulate equitable and innovative quality oral healthcare for all.

The mission is to promote Oral Healthcare to all through:

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

The Board works tirelessly within the parameters of good governance to ensure that it ascribes fully to achieve its vision and mission.

Strategic objectives

The four broad areas of the strategic objectives are:

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

The Board has made notable strides in achieving the strategic objectives that it has set for itself, especially in the areas of stakeholder interaction. Additionally, strides have been made towards -improving preliminary inquiry and professional conduct turnaround times and processes

- Reviewing of regulation, policies and guidelines to be current and relevant.
- Enhance efficiency and effectiveness of Board members through training.

Most of the performance metrics and indicators have not only been met but have been achieved. There is ongoing continuous quality improvement in all areas of the Board, including administration, financial management and stakeholder engagement.

3. GOVERNANCE

3.1 Committees of the Board

The PBDOH has set up committees to enable logical grouping of the regulator work and the ease of execution and delivery. The committees that enable the Professional Boards to deliver on its Strategic Programmes are -

- Education Training and Registration Committee
- Committee of Preliminary Inquiry
- Executive Committee

3.2 Meetings

To achieve the strategic objectives as referred to above, the following meetings and Board activities were conducted between 1 April 2023 and 31 March 2023.



Dr Tufayl Ahmed Muslim

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

| BOARD STRUCTURE | TYPE OF MEETING | DATE |
|--|------------------------------------|------------------|
| Education, Training and Registration Committee | Ordinary meeting | 8 April 2022 |
| Committee of Preliminary Inquiry | Ordinary meeting | 14 April 2022 |
| Education, Training and Registration Committee | Extraordinary meeting | 20 May 2022 |
| Board | Ordinary meeting | 10 June 2022 |
| Board | CPD Webinar | 27 June 2022 |
| Board | Stakeholders meeting | 26 July 2022 |
| Committee of Preliminary Inquiry | Ordinary meeting | 12 August 2022 |
| Education, Training and Registration Committee | Ordinary meeting | 26 Sept 2022 |
| Board | Ordinary meeting | 27 October 2022 |
| Board | CPD Webinar | 7 Nov 2022 |
| Committee of Preliminary Inquiry | Ordinary meeting | 12 December 2022 |
| Education, Training and Registration Committee | Workshop – Curriculum benchmarking | 20 January 2023 |
| Board | Ordinary meeting | 1 February 2023 |
| Committee of Preliminary Inquiry | Ordinary meeting | 6 March 2023 |

4. REPORT ON ANNUAL PERFORMANCE

4.1. EDUCATION AND TRAINING

One of the primary functions of the Board is to determine and uphold standards of education and training. This function is delegated to the Education, Training and Registration Committee and includes systems of evaluation and accreditation of education and training against a set of standards and guidelines. The Board continuously monitors provision of quality education and training of professionals under its ambit.

The Education, Training and Registration convened three (3) meetings during the reporting period.

4.1.2 Evaluations

The following Higher Education Institutions were evaluated during this reporting period.

| Name of the HEI | Programme | Date |
|--|----------------------------|-----------------------|
| Cape Peninsula University of Technology | Dental Assisting Programme | 27 – 28 July 2022 |
| University of KwaZulu-Natal - Interim Evaluation | Oral Hygiene Programme | 03 – 04 August 2022 |
| University of KwaZulu-Natal | Oral Hygiene Programme | 01 – 03 November 2022 |

4.1.3 Board examinations

Dental Assistants Board Examination

Two Dental Assistants Board examinations were conducted during the reporting period. The first Dental Assistants Board examination was conducted on 14 June 2022 wherein eighteen (18) candidates wrote and passed the examination. The second examination was conducted on 07 March 2023. A total of 21 candidates wrote, all 21 passed with an average mark of 63% and a range of between 50% - 74%. This was the last scheduled Dental Assistant Board examination for the Dental Assistants registered in the limited category based on Board notice No 40772 of 2017.

Foreign Qualified Board Examination

This function has been delegated to Higher Education Institutions who conduct the examination on behalf of the Board.

Restoration Board Examination

This function has been delegated to Higher Education Institutions who conducts the examination on behalf of the Board.

a. REGISTRATION

Active Registration (As at 31 March 2023)

| BRD CODE | REGISTER TYPE | REG CODE | REGISTER NAME | 31 Mar 2022 | 31 Mar 2023 | Movement |
|----------|---------------------------|----------|--|--------------|--------------|--------------|
| DTHO | Practitioner | DA | DENTAL ASSISTANT | 3 956 | 3 711 | -245 |
| | | OH | ORAL HYGIENIST | 1 249 | 1 252 | 3 |
| | | SDA | DENTAL ASSISTANT (SUPPLEMENTARY REGISTER) - CLOSED | 1 | 1 | 0 |
| | | TT | DENTAL THERAPIST | 853 | 898 | 45 |
| | Practitioner Total | | | 6 059 | 5 862 | -197 |
| | Student | DA S | STUDENT DENTAL ASSISTANT | 2 194 | 2 270 | 76 |
| | | OH S | STUDENT ORAL HYGIENIST | 396 | 494 | 98 |
| | | TT S | STUDENT DENTAL THERAPIST | 269 | 289 | 20 |
| | Student Total | | | 2 859 | 3 053 | 194 |
| | DOH Total | | | | 8 918 | 8 915 |

b. PROFESSIONAL PRACTICE (CPD)

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

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 an area of concern for 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 resolved to establish a Professional Practice Committee of the Board. The mandate and the terms of reference were reviewed and approved at the meeting held on 1 February 2023. The committee consists of 5 members and two (2) meetings will be held annually by this committee.

c. PROFESSIONAL CONDUCT

The Professional Conduct Unit comprises two sub-divisions, namely, the preliminary and conduct inquiries.

Committee of Preliminary Inquiry

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, 56 of 1974 and to report thereon any trends to the Professional Board for further deliberation.

The Committees of Preliminary Inquiry convened four (4) meetings during the reporting period and a total number of 20 matters served at the meetings, wherein 80% (16/20) of matters were finalised.

- i. Sixteen (16) of the 20 matters were finalised in terms of Regulation 4(9) which amounts to 80% case clearance.
- ii. Two of the 20 matters (10%) were deferred for further information.
- iii. In 10% (2/10) of matters, the practitioners were requested to appear before the Preliminary Inquiry Committee.

| PRELIM MEETING | Meetings | Finalised by Prelim | | | | | | Contempt Of council | Deferred | | | | | | | Referred | | Total Matters Considered | | | |
|------------------------------------|----------|---------------------------|--------------------------|-------------------------------|--------------------|-------------------|----------|---------------------|----------|-------------------------|-----------------------|--------------|---------------------------|---------------------|------------------|-------------------------|-----------|--------------------------|------------------|------------------------|-------------|
| | | Explanation accepted 4(7) | Caution/Reprimand 4(9) A | Referred for Inquiry Reg 4(8) | Guilty Fine 4(9) D | Closed \withdrawn | Reg 4(4) | | Reg 4(5) | 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 |
| DTOH 14/04/22 | 1 | 1 | 0 | 1 | 3 | 0 | | | 1 | | | 1 | | | | | | | | | 7 |
| DTOH 12/8/22 | 1 | | 2 | | 4 | 1 | | | | | | 1 | | | | | | | | | 8 |
| DTOH 12/12/22 | 1 | 3 | | | 1 | | | | | | | | | | | | | | | | 4 |
| DTOH 6/3/23 | 1 | | | | | | | | 1 | | | | | | | | | | | | 1 |
| TOTALS | 4 | 4 | 2 | 1 | 8 | 1 | | | 2 | | | 2 | | | | | | | | | 20 |
| C/C16/20* 100=80% | | | | | | | | | | | | | | | | | | | | | |

Professional Conduct Inquiry Committee

Two (2) Professional Conduct Inquiries were conducted during the reporting period on the following dates, and the outcomes are indicated below -

| DATE | NATURE OF INQUIRY | OUTCOME |
|-------------------|---|---|
| 14 - 16 June 2022 | <ul style="list-style-type: none"> i. Practising outside scope ii. Ethical Rule 3 (unethical advertising/misrepresentation) | Found guilty and sanctioned as follows: A fine of R50 000-00 half of which is suspended for three years on condition that he is not found guilty of a similar offence. |
| 20 July 2022 | <ul style="list-style-type: none"> i. Engaging in an undesirable business practice or model by practising whilst suspended ii. Failure to keep medical records iii. Failure to provide patient with medical records iv. Transmission of patient records to a third party) without consent from the patient v. Fraud, in that the practitioner provided a third party with the patient's records, who in turn claimed for services not rendered vi. Improper or disgraceful conduct relating to advertising in that the practitioner named their practice "Dr Floss" in contravention to the ethical rules relating to naming. | Found guilty and sanctioned as follows: suspended from practice for a period of three years and that the suspension is suspended for a period of five years on condition that the respondent is not found guilty of similar offences during the period of suspension. |

d. RISK MANAGEMENT

The Board has developed a risk register linked to the strategic objectives. The Risk Treatment progress report is submitted for consideration at each Board in terms of managing the risks. The Secretariat, and the Board constantly monitors the risk register, and risks are identified and managed. The risk register is revised annually and aligned to the revised strategic programmes.

e. FINANCIAL MANAGEMENT

The Board functioned well within its allocated budget in the financial year.

f. STAKEHOLDER MANAGEMENT

One of the Board's key strategy objectives is to improve stakeholder engagement through advisory and advocacy on matters affecting the profession. In this regard, the Board engaged with its stakeholders through virtual stakeholder engagements and through electronic media. The following stakeholders' engagements were conducted:

- i. Meeting between the Board and the Higher Education Institutions, National and Provincial Oral Health Departments and Professional Associations was conducted on 26 July 2022 through Microsoft Teams.
- ii. CPD online seminar held on 27 June 2022
- iii. CPD online seminar held on 07 November 2022

g. GOVERNANCE AND REGULATORY FRAMEWORK REVIEW

- i. The Board has ensured full compliance with the strategic objectives in the reporting period (April 2022 to March 2023) as outlined in its Strategic Plan. All scheduled Board meetings were conducted, with excellent attendance and participation by Board members.
- ii. The Board is acutely aware of the importance of exercising good corporate 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 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.
- iii. The Board, as part of its good governance strategy, reviewed the following policies:
 - Restoration guidelines of Dental Assistants, Dental Therapists and Oral Hygienists (Form 345)
 - Form 285 Self-evaluation portfolio
 - Guidelines for Institutional annual report
 - Restoration Guidelines
 - Form 189A OH Independent practice
- iv. The South African Health Products Regulatory Authority (SAHPRA) has granted approval for the purchase and use rights for topical fluorides, and oral and topical anesthetics, including the purchase and use rights of injectables' (local anesthetics).
- v. The Board and Council has the approved the list of drugs that can be prescribed, purchased and used by dental therapists. An application was submitted to SAHPRA to consider and approve the list of drugs that can be prescribed, purchased and used by dental therapists.
- vi. The scope of profession for Dental Assisting, Dental Therapy and Oral Hygiene is still under review. The Board has also resolved to develop a scope of practice for the three professions under its ambit, which is Dental Assisting, Dental Therapy and Oral Hygiene.

5. CONCLUSION

The Board has been blessed with an efficient and effective Secretariat who ensures the optimal functioning of the Board. The Board continues to make inroads in fulfilling its mandate by being transparent, honest, reflective and prioritising the needs of both the practitioners and the communities that we serve. As the Chairperson I must extend my thanks and appreciation to those Board members and HPCSA Secretarial staff who constantly strive to serve the Board to the highest of their abilities.

I am confident that as we continue to 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.





MEDICAL AND DENTAL PROFESSIONS BOARD

1 OVERVIEW

The Constitution of Professional Boards is in terms of regulations made by the Minister of Health 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 Medical and Dental Professions Board is 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 comprises 45 members appointed by the Minister of Health for a period of five years.

The Professional Board in terms of 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 may consist of as many persons, appointed by the Professional Board as it 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 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 STRATEGIC INTENT OF THE BOARD

Vision and Mission

The vision of the Medical and Dental Professions Board is to provide quality and equitable healthcare through public protection, professional regulation and advocacy

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

- Ensure appropriate education and training standards
- Regulate and ensure compliance for professional registration
- Promote and regulate professionals 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 Council and the Minister of Health in the development of strategic policy frameworks

Values

The Professional 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.



Prof Arthur Rantloane
CHAIRPERSON OF THE PROFESSIONAL BOARD FOR MEDICAL AND DENTAL PROFESSIONS

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

- Goal (programme) number 1: Efficient and Effective Functioning of the Board

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

The following are the Board's 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 the profession and stakeholders

4 GOVERNANCE

Committees of the Board

- Committee for Medical Science Committee (CMS)
- Dental Committee (Dentco)
- Medical Education, Training and Registration Committee (METRC)
- Professional Practice Committee (PPC)
- Health Committee (HC)
- 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)
- Dental Committee of Preliminary Inquiry (Prelim Dent)
- Executive Committee (EXCO)

Meetings

In the reporting period the following meetings and workshops were convened :

| | |
|--|---|
| Professional Board meetings | Strategic Planning workshop: 1 Meetings: 7 |
| Executive Committee (ExCo) meetings | Meetings: 4 Workshops: 1 |
| Committee for Medical Science (CMS) | Meetings: 7 Task Teams: 6 |
| Dental Committee (DC) | Meetings: 4 |
| Medical Education, Training and Registration Committee (METRC) | Meetings: 7 Workshops: 1 |
| Curriculum review | Meetings: 3 |
| Practice Committee (PPC) | Meetings: 4 Workshops: 1 |
| Health Committee (HC) | Meetings: 5 |
| First Medical Committee of Preliminary Inquiry (Prelim Med-1) | Meetings: 6 |
| Second Medical Committee of Preliminary Inquiry (Prelim Med-2) | Meetings: 4 |
| Third Medical Committee of Preliminary Inquiry (Prelim Med-3) | Meetings: 6 |
| Fourth Medical Committee of Preliminary Inquiry (Prelim Med-4) | Meetings: 6 |
| Fifth Medical Committee of Preliminary Inquiry (Prelim Med-5) | Meetings: 4 |
| Dental Committee of Preliminary Inquiry (Prelim Dent) | Meetings: 6 |
| Stakeholder engagements | 6 |

Board training

| | |
|-------------------------------|---|
| Medical Internship Evaluators | 2 |
|-------------------------------|---|

REPORT ON ANNUAL PERFORMANCE

4.1 EDUCATION AND TRAINING

In terms of Health Professions Act, 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.

Curriculum review: Qualifications not prescribed for registration

The curriculums of the following universities were reviewed and deemed to be partially compliant with the expected standard of professional education and training for registration. Holders of qualifications from these universities would be required to successfully complete the Board Examination to qualify for registration:

| Qualification | University | Approval June 2022 |
|-----------------------|--|------------------------|
| Medical qualification | Capital Medical University, China | Examination track |
| Medical qualification | Kharkiv National Medical University, Ukraine | Examination track |
| Medical qualification | Texilla American University, China | Examination track |
| Medical qualification | Saratov State Medical University, Russia | Examination track |
| Medical qualification | Zhengzhou University, China | Examination track |
| Medical qualification | Amrita School of Medicine, India | Examination track |
| Medical qualification | Tambov State Medical University, India | Examination track |
| Qualification | University | Approval November 2022 |
| Medical qualification | Chongqing Medical University, China | Examination track |
| Medical qualification | Xian Jiatong University, China | Examination track |
| Medical qualification | China Medical University, China | Examination track |
| Medical qualification | Al-Azhar University, Egypt | Examination track |
| Medical qualification | Odessa National Medical University, Ukraine | Examination track |
| Medical qualification | Muhimbili University, Tanzania | Examination track |
| Medical qualification | Ryazan State Medical University, Russia | Examination track |
| Medical qualification | Astrakhan State Medical University, Russia | Examination track |
| Qualification | University | Approval March 2023 |
| Medical qualification | Jiangsu University, China | Examination track |
| Medical qualification | Xuzhou Medical University, China | Examination track |
| Medical qualification | Ivano Frankvist National Medical University, Ukraine | Examination track |
| Medical qualification | Altinbas University, Turkey | Examination track |
| Medical qualification | University Of Debrecen, Hungary | Examination track |
| Medical qualification | Dnipro National Institute of Traditional and Non-traditional Medicine, Ukraine | Examination track |

Training programme

Medical Internship training sites

| HOSPITALS | EVALUATION DATES |
|--|--------------------|
| Eastern Cape Province | |
| Port Elizabeth Hospital Complex (including Livingstone/Dora Nginza) | 26 October 2022 |
| Mthatha Academic Hospital Complex (Nelson Mandela Academic Hospital) | 24-25 October 2022 |
| Free State Province | |
| Pelonomi Complex /Bloemfontein Academic Hospital Complex | 23 August 2022 |
| Boitumelo Regional Hospital | 27 October 2022 |
| Dihlabeng Hospital | 14-15 July 2022 |
| Mofumahadi Manapo Mopeli Regional Elizabeth Ross Hospital Complex | 31 August 2022 |
| Gauteng Province | |
| Helen Joseph/ Rahima Moosa Mother and Child Hospital Complex | 15 September 2022 |

| | |
|--|--------------------|
| Thelle Mogoerane Regional Hospital | 21 September 2022 |
| Pholosong Hospital | 12 October 2022 |
| Dr George Mukhari Academic Hospital | 14 September 2022 |
| West Rand Hospital (Leratong Hospital and Dr Yusuf Dadoo Hospital) | 24 August 2022 |
| Charlotte Maxeke Johannesburg Academic Hospital | 16-17 August 2022 |
| 1 Military Hospital | 28 November 2022 |
| KwaZulu-Natal Province | |
| Durban Hospital Complex | 30-31 October 2022 |
| General Justice Gizenge Mpanza (former Stanger) Hospital | 5 September 2022 |
| Ngwelezane Hospital /Umphu Health Clinic | 17 October 2022 |
| Ladysmith Hospital | 13 December 2022 |
| Limpopo Province | |
| Philadelphia Hospital | 23 August 2022 |
| Elim Hospital | 28 August 2022 |
| Lebowakgomo Hospital | 3 October 2022 |
| Mpumalanga Province | |
| No evaluations in 2022 | |
| Northern Cape Province | |
| No evaluations in 2022 | |
| North West Province | |
| Mafikeng: Thusong/GDLR: Gelukspan: Lehurutshe/Zeerust | 21-22 July 2022 |
| Potchefstroom/Witrand/ J B Marias Training Complex | 3 August 2022 |
| Western Cape Province | |
| Tygerberg Hospital Training Complex | 18 August 2022 |
| New Somerset Hospital | 19 October 2022 |
| Helderberg Hospital | 12 August 2022 |
| Worcester Hospital and Breede Valley Sub-district | 20 October 2022 |
| George Hospital | 6 December 2022 |

Dental undergraduate and postgraduate accreditation evaluation schedules:

| DENTAL UNDERGRADUATE PROGRAMMES: BDS | | | |
|--|-----------------------|----------------------|------------|
| INSTITUTION | EVALUATION DATES | ACCREDITATION PERIOD | NEXT VISIT |
| University of Western Cape | 18 to 21 October 2022 | Report in progress | |
| Sefako Makgatho Health Sciences University | 07 to 10 March 2023 | Report in progress | |
| Witwatersrand University | 28 to 31 March 2023 | Report in progress | |

| DENTAL POSTGRADUATE PROGRAMMES: BCHD | | | |
|--------------------------------------|-------------------------|----------------------|------------|
| INSTITUTION | EVALUATION DATES | ACCREDITATION PERIOD | NEXT VISIT |
| University of Pretoria | 25 to 27 July 2022 | Three (3) years | 2025 |
| Witwatersrand University | 12 to 14 September 2022 | Five (5) years | 2027 |

Medical undergraduate and postgraduate accreditation evaluation schedules:

| MEDICAL UNDERGRADUATE PROGRAMMES: MB CHB AND MBBCH PROGRAMMES | | | |
|---|------------------------------|----------------------|------------|
| INSTITUTION | EVALUATION DATES | ACCREDITATION PERIOD | NEXT VISIT |
| Nelson Mandela University | 27 - 30 June to 01 July 2022 | Two (2) years | 2024 |
| University of Free State | 12 to 16 September 2022 | Five (5) years | 2027 |
| Walter Sisulu University | 03 to 07 October 2022 | Report in progress | |

Medical postgraduate programmes

| INSTITUTION | EVALUATION DATES | ACCREDITATION PERIOD | NEXT VISIT |
|--|--------------------------------------|----------------------|------------|
| University of Pretoria | 18 to 22 July 2022 | Five (5) years | 2027 |
| Witwatersrand University | 04 to 08 July 2022 | Report in progress | |
| Sefako Makgatho Health Sciences University | 29-31 August to 01-02 September 2022 | Report in progress | |

Examinations

Dental Examinations

The Dental examinations took place as follows:

| Part | Date | Examination | Venue* |
|------|---------------------|---|---|
| 1 | 7 October 2022 | Ethics and Jurisprudence MCQ paper (Short briefing - by the examination coordinator) | Oral and Dental Hospital Room 6-24 |
| 2A | 15 October 2022 | Dentistry Paper MCQ Paper 1 Dentistry Paper MCQ Paper 2 | CBT lab CBT lab |
| 2B | 22 October 2022 | Dentistry Paper OSPE written Paper 1 | CBT lab |
| 2B | 23 October 2022 | Dentistry Paper OSPE written Paper 2 | CBT lab |
| 3 | 14-16 November 2022 | Practical skills exam | Oral and Dental Hospital Room 4-34 (Skills Laboratory) |

- Thirty (30) candidates were invited to write the examinations, only 10 candidates paid to sit for Board examinations, and two candidates were preparing for practical examinations only.
- Part 1 – 8 candidates wrote and passed examination.
- Part 2 – 7 candidates wrote and failed examination.
- Part 3 - 2 candidates wrote and failed the examination.

Medical examinations

The Theory Medical Board Examinations were held at Sefako Makgatho Health Sciences University (SMU)

5 July 2022

| Date of examination | 05 July 2022 | Examination Venue | SMU Sports complex |
|---|--------------|-------------------|--------------------|
| Examination format | Written | | |
| Total number of candidates who took the examination | 115 | | |
| Number of candidates who passed the examination | 110 | | |
| Number of candidates who failed the examination | 04 | | |
| Pass rate | 95.7% | | |

16 October 2022

| Date of examination | 16 October 2022 | Examination Venue | SMU Sports complex |
|--|-----------------|-------------------|--------------------|
| Examination format | Written | | |
| Total number of candidates invited | 120 | | |
| Number of candidates who confirmed attendance | 74 | | |
| Number of candidates who declined invitation | 46 | | |
| Total candidates who took the examination | 74 | | |
| Number of candidates absent from the examination | 0 | | |

Examination results

| Date of examination | 16 October 2022 | Examination Venue | SMU Sports complex |
|---|-----------------|-------------------|--------------------|
| Examination format | Written | | |
| Total number of candidates who took the examination | 74 | | |
| Number of candidates who passed the examination | 72 | | |
| Number of candidates who failed the examination | 04 | | |
| Pass rate | 97.3% | | |

Practical OSCE Medical Board Examinations were held at Sefako Makgatho Health Sciences University (SMU)

21 and 22 July 2022

| Date of examination | 21-22 July 2022 | Examination Venue | SMU Skills Centre |
|------------------------------------|-----------------|-------------------|-------------------|
| Examination format | OSCE | | |
| Total number of candidates invited | 123 | | |

| | |
|---|-----|
| Number of candidates who confirmed attendance | 123 |
| Number of candidates who declined invitation | 0 |
| Total candidates who took the examination | 118 |
| Total number of candidates absent | 5 |

Examination results

| Date of examination | 21-and 22 July 2022 | Examination Venue | SMU Skills Centre |
|---|---------------------|-------------------|-------------------|
| Examination format | Practical (OSCE) | | |
| Total number of candidates who took the examination | 118 | | |
| Number of candidates who passed the examination | 78 | | |
| Number of candidates who failed the examination | 40 | | |
| Pass rate | 66.1% | | |

22 and 23 September 2022

| Date of examination | 22 and 23 September 2022 | Examination Venue | SMU Skills Centre |
|---|--------------------------|-------------------|-------------------|
| Examination format | OSCE | | |
| Total number of candidates invited | 124 | | |
| Number of candidates who confirmed attendance | 124 | | |
| Number of candidates who declined invitation | 0 | | |
| Total candidates who took the examination | 121 | | |
| Total number of candidates absent | 3 | | |

Examination results

| Date of examination | 21and22 July 2022 | Examination Venue | SMU Skills Centre |
|---|-------------------|-------------------|-------------------|
| Examination format | Practical (OSCE) | | |
| Total number of candidates who took the examination | 121 | | |
| Number of candidates who passed the examination | 53 | | |
| Number of candidates who failed the examination | 68 | | |
| Pass rate | 44% | | |

24 and 25 November 2022

| Date of examination | 24-and 25 November 2022 | Examination Venue | SMU Skills Centre |
|---|-------------------------|-------------------|-------------------|
| Examination format | OSCE | | |
| Total number of candidates invited | 119 | | |
| Number of candidates who confirmed attendance | 119 | | |
| Number of candidates that declined invitation | 0 | | |
| Total candidates that took the examination | 59+57 | | |
| Total number of candidates absent | 3 | | |

Examination results

| Date of examination | 24-and 25 November 2022 | Examination Venue | SMU Skills Centre |
|---|-------------------------|-------------------|-------------------|
| Examination format | Practical (OSCE) | | |
| Total number of candidates who took the examination | 119 | | |
| Number of candidates who passed the examination | 82 | | |
| Number of candidates who failed the examination | 34 | | |
| Pass rate | 69% | | |

26- 27 January 2023

| Date of examination | 26-and 27 January 2023 | Examination Venue | SMU Skills Centre |
|---|------------------------|-------------------|-------------------|
| Examination format | OSCE | | |
| Total number of candidates invited | 110 | | |
| Number of candidates who confirmed attendance | 110 | | |

| | |
|--|-----|
| Number of candidates who declined invitation | 0 |
| Total candidates that who the examination | 104 |
| Total number of candidates absent | 6 |

Examination results

| Date of examination | 26-and 27 January 2023 | Examination Venue | SMU Sills centre |
|---|------------------------|-------------------|------------------|
| Examination format | OSCE | | |
| Total number of candidates who took the examination | 104 | | |
| Number of candidates who passed the examination | 62 | | |
| Number of candidates who failed the examination | 38 | | |
| Pass rate | 60% | | |

Medical Science (Portfolio Submissions)

The following portfolios for the National Board Assessment (Portfolio Assessments) were received:

| Cycle | Number of Portfolios Received | Approved / Finalised | Outstanding/Still in Progress |
|----------------|-------------------------------|----------------------|-------------------------------|
| January 2022 | 20 | 20 | 0 |
| May 2022 | 7 | 7 | 0 |
| September 2022 | 18 | 18 | 0 |
| January 2023 | 57 | 48 | 9 |

4.2 Registration

Active Registrations (As of 01 April 2023)

| BRD_CODE | REG_TYPE | REG_CODE | REG_NAME | Total | |
|----------------------|---------------------------|------------------|-------------------------------------|---------------|---------------|
| MDB | Intern | GCIN | INTERN GENETIC COUNSELLOR | 10 | |
| | | GRIN | INTERN GENETIC COUNSELLOR | 4 | |
| | | IN | INTERN | 5,435 | |
| | | MSIN | INTERN MEDICAL SCIENTIST | 291 | |
| | | MWIN | INTERN MEDICAL BIOLOGICAL SCIENTIST | 26 | |
| | | PHIN | INTERN MEDICAL PHYSICIST | 45 | |
| | Intern Total | | | | 5,811 |
| | Practitioner | BE | BIOMEDICAL ENGINEER | 1 | |
| | | CA | CLINICAL ASSOCIATE | 1,152 | |
| | | DP | DENTIST | 6,681 | |
| | | GC | GENETIC COUNSELLOR | 30 | |
| | | GR | GENETIC COUNSELLOR | 14 | |
| | | KB | CLINICAL BIOCHEMIST | 6 | |
| | | MP | MEDICAL PRACTITIONER | 51,527 | |
| | | MS | MEDICAL BIOLOGICAL SCIENTIST | 401 | |
| | | MW | MEDICAL BIOLOGICAL SCIENTIST | 347 | |
| | | PH | MEDICAL PHYSICIST | 184 | |
| | | SMW | SUPPLEMENTARY MEDICAL SCIENTIST | 3 | |
| | Practitioner Total | | | | 60,346 |
| | Student | CA S | STUDENT CLINICAL ASSOCIATE | 769 | |
| | | DP S | STUDENT DENTIST | 1,142 | |
| | | GC S | STUDENT GENETIC COUNSELLOR | 10 | |
| | | GR S | STUDENT GENETIC COUNSELLOR | 1 | |
| | | IN S | STUDENT INTERN | 1,451 | |
| | | MP S | MEDICAL STUDENT | 12,392 | |
| | | MS S | STUDENT MEDICAL SCIENTIST | 259 | |
| | | PH S | STUDENT MEDICAL PHYSICIST | 34 | |
| VS | | VISITING STUDENT | 22 | | |
| Student Total | | | | 16,080 | |
| MDB Total | | | | 82,237 | |

4.3 Professional Practice (CPD)

Compliance rate survey questionnaire (CPD) was sent to registered practitioners. The CPD compliance for December 2022 is listed below:

| Registration Category | No. of practitioners | Jun-22 | Sep-22 | Dec-22 |
|---------------------------------------|----------------------|--------------|---------------|---------------|
| Biomedical Engineer (BE) | 1 | 0 (0%) | 0 (0%) | 0 (0%) |
| Clinical Associates (CA) | 1 038 | 13 (1.2%) | 17 (1.5%) | 39 (3.7%) |
| Dentist (DP) | 6 612 | 315 (4.7%) | 342 (5.1%) | 486 (7.4%) |
| Genetic Counsellor (GC) | 23 | 4 (14.3%) | 3 (10.3%) | 5 (16.7%) |
| Genetic Councillor (GR) | 14 | 3 (21.4) | 3 (21.4%) | 4 (28.6%) |
| Clinical Biochemist (KB) | 6 | 0 (0%) | 0 (0%) | 0 (0%) |
| Medical Practitioner (MP) | 48 245 | 4 893 (9.8%) | 5 592 (11.1%) | 6902 (14%) |
| Medical Biological Scientist (MS) | 349 | 68 (17.9%) | 78 (20.3%) | 116 (29.4%) |
| Medical Biological Scientist (MW) | 351 | 31 (8.9%) | 33 (9.5%) | 36 (10.3%) |
| Medical Physicist (PH) | 169 | 32 (18.6%) | 32 (18.1%) | 38 (20.8%) |
| Supplementary Medical Scientist (SMW) | 3 | 0 (0%) | 0 (0%) | 0 (0%) |
| Total | 56 811 | 5 359 (9.1%) | 6 100 (10.3%) | 7 626 (13.2%) |

Seventy percent (70%) of actively registered practitioners on Council's database utilised online CPD portal for either uploading CPD compliance information or submission of enquiries in the 2022/23 financial year.

The HPCSA is in the process of amending CPD rules and its guidelines in order to improve the efficiencies and access to the programme.

4.4 PROFESSIONAL CONDUCT

Overview

Professional Conduct Unit is comprises 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 preliminary investigation of complaints to make a determination thereon.
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, 56 of 1974 and to report thereon any trends to the Professional Board for further deliberation.
- 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 an inquiry into the complaint.
- Inquiry means an 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.

Committees of Preliminary Inquiry

| PRELIM MEETINGS | Meetings | Explanation accepted 4(7) | Caution/Reprimand 4(9) A | Referred for Inquiry Reg 4(8) | Guilty Fine 4(9) D | Closed \withdrawn | Reg 4(4) | Reg 4(5) | Consultations Sec 42(1) | Notice to appear 4(3) | Inspectorate | Section 41A Investigation | Further Information | Time Constraints | Practitioner Specialty | Ombudsman | Other Committees | Business Practice Comm | Health Comm | Total Matters Considered |
|-----------------|----------|---------------------------|--------------------------|-------------------------------|--------------------|-------------------|----------|----------|-------------------------|-----------------------|--------------|---------------------------|---------------------|------------------|------------------------|-----------|------------------|------------------------|-------------|--------------------------|
| TOTAL | 32 | 556 | 51 | 63 | 168 | 54 | 4 | | 164 | 46 | 1 | 9 | 173 | 78 | 16 | | 15 | 2 | 4 | 1 417 |

- 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)
- Firth Medical Committee of Preliminary Inquiry (Prelim Med-5)
- Dental Committee of Preliminary Inquiry (Prelim Dent)

4.5 RISK MANAGEMENT

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.

4.6 FINANCIAL MANAGEMENT

The review and monitoring of budget of the Board and its committees ensured that cost cutting measures are implemented and adhered to such as convening meetings back-to-back.

4.7 STAKEHOLDER MANAGEMENT

One of the Board's key strategy objectives is to improve stakeholder engagement through advisory and advocacy on matters affecting the profession. The objective is 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 frequently asked questions related to the profession and other matters related to the Board profession announced on the Board specific website.

The following stakeholder engagements took place in the reporting period:

- 15 June 2022: Council on Higher Education (CHE)
- 31 May 2022: MDB Medical Internship Evaluators
- 13 July 2022: Registered practitioners registered under the Medical and Dental Professions Board
- 24 March 2023 and 29 March 2023: Training institutions and evaluators for Medical Science profession

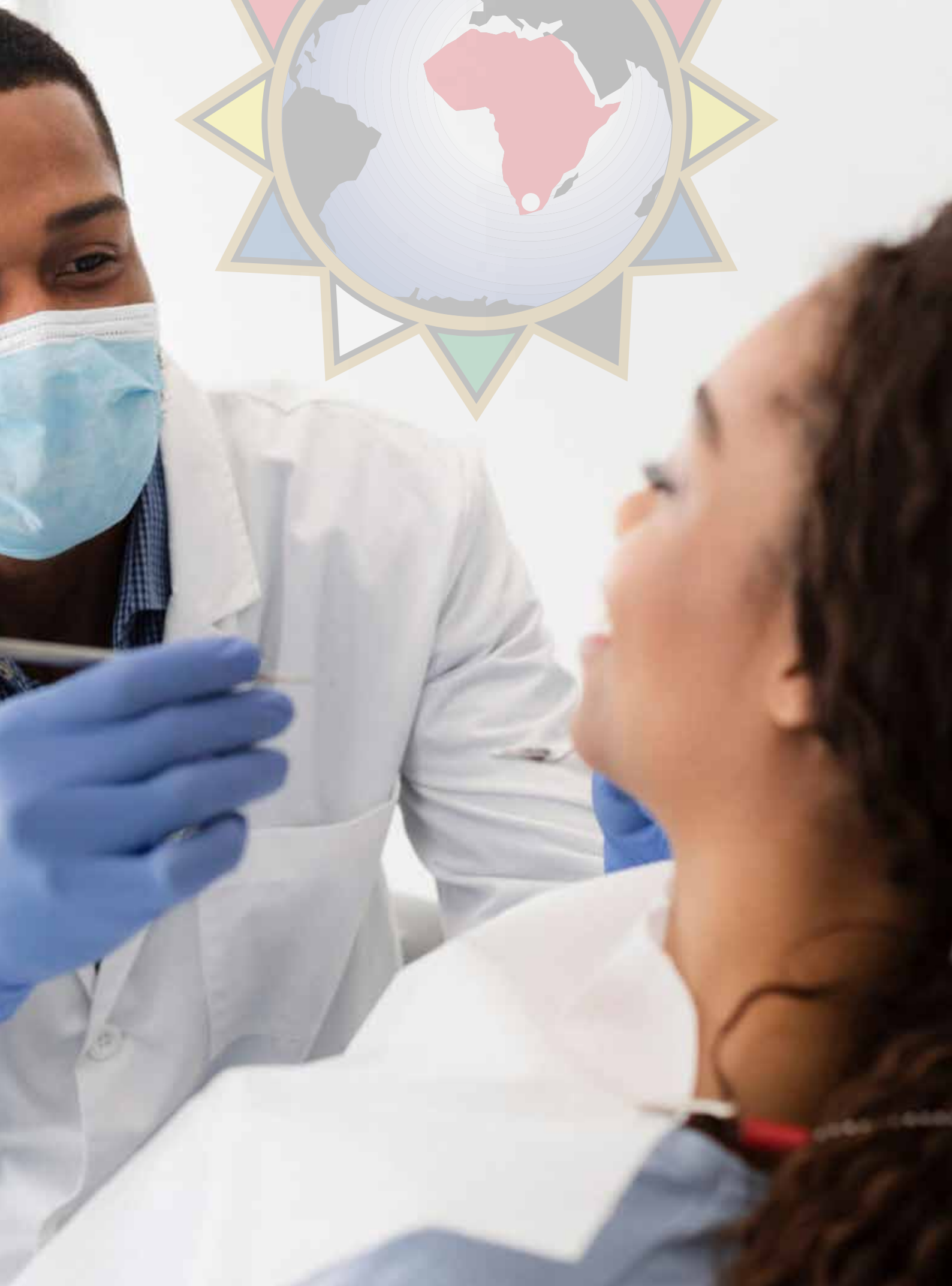
4.8 POLICY AND GOVERNANCE FRAMEWORK REVIEW (SCOPE OF PRACTICE, ADDITIONAL QUALIFICATIONS RULES, REGULATIONS AND GUIDELINES)

- **Scope of practice**
There were no amendments to the scope of practice for the following professional groups: Medical Science, Clinical associates, Medical Practitioners or Dental Practitioners
- **Rules for additional qualifications:**
Rules relating to the registration by medical practitioners and dentists of additional qualifications: amendment (Updated 27 May 2022)
Rules relating to the qualifications not prescribed for registration for medical science
- **Reviewed guidelines / policies:**
Review of ethical booklet 9: Keeping of records
Review of ethical guidelines: booklet 7: Withholding and withdrawing treatment
- **New guidelines/policies developed and approved:**
Policy on virtual evaluations review
Guidelines for recognition of internship training performed outside South Africa
- **Framework were reviewed:**
Policy regarding the training of intern medical scientists – (CMS A)
Guidelines on assessment and moderation of Portfolio of Evidence: Intern Medical Scientists – CMS H

CONCLUSION

The Board and its committees had an extremely busy year under review, not least because of the need to claw back time lost due to the COVID-19 pandemic. It is however commendable that despite these challenges, the Board and its committees managed to make a significant dent in the backlog of matters requiring attention. Chief among those were accreditations programme for universities, laboratories and hospitals, whilst guideline and regulatory reviews constituted another activity requiring urgent attention.

The Board's strategic planning workshop in February 2023 helped to chart the course for the 2023/24 financial year and there is every expectation that its set objectives will be achieved in the new year.







PROFESSIONAL BOARD FOR MEDICAL TECHNOLOGY

1. OVERVIEW / INTRODUCTION

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, 56 of 1974. Section 15 of the Act details the objects and functions as well as the general powers of the Professional Board.

2. STRATEGIC INTENT OF THE BOARD

The Board has adopted the following vision and mission, which are closely aligned to that of the HPCSA, yet reflective of the unique nature of the professions of Medical Technology.

Vision and mission

The vision of the Professional Board for Medical Technology is quality and ethical medical technology services for all.

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

- Implementing academic articulation route for developing career progression.
- Ensuring compliance to requirements for registration, licensure, CPD, ethical rules and scope of the profession.
- Embracing technological progressions.
- Promoting development of specialisation discipline categories in the profession.
- Promoting post graduate education.
- Proactively aligning to the needs of the country through effective stakeholder engagement.

Strategic objectives

The Board has five strategic goals spread out for execution over the five-year term of Council that will be driving focus. The Board is focusing on specific strategic programmes to deliver its mandate. The five broad areas of the strategic goals are:

- Digitally enabled Professional Board by 2025.
- Improved relationships between Professional Board for medical technology professions and relevant stakeholders by the end of the term (2025).
- Approved reviewed scope of profession by 2025.
- Achieved fully funded professional conduct processes
- Improved professional conduct processes

Most of the performance metrics and indicators have been achieved.

3. GOVERNANCE

3.1 Committees of the Board

The PBMT has set up the following Committees to enable the Board to deliver on its mandate and achieve the set strategic goals –

- Education Training and Registration Committee
- Professional Practice Committee
- Committee of Preliminary Inquiry
- Executive Committee

3.2 Meetings

To achieve the strategic objectives the following Board meetings and activities were conducted between 1 April 2023 and 31 March 2023.

| BOARD ACTIVITIES | NUMBER OF ACTIVITIES |
|--|----------------------|
| Professional Board meetings (4 ordinary, 2 special and 1 strategic planning) | 6 |
| Education Committee meetings (4 ordinary 1 special) | 4 |
| Executive Committee 3 ad-hoc | 1 |
| Professional Practice Committee (2 ordinary meetings) | 2 |
| Committee of the Preliminary Inquiry (4 ordinary meetings) | 3 |
| Task Team meetings | 4 |
| Stakeholders meeting | 2 |
| Training workshops | 2 |
| September 2022 | 18 |



Ms Akhona Vuma

CHAIRPERSON OF THE PROFESSIONAL BOARD FOR MEDICAL TECHNOLOGY

4. REPORT ON ANNUAL PERFORMANCE

4.1. EDUCATION AND TRAINING

One of the primary functions of the Board is to determine and uphold standards of education and training. This function is delegated to the Education, Training and Registration Committee and includes systems of evaluation and accreditation of education and training against a set of standards and guidelines. The Board continuously monitors provision of quality education and training of professionals under its ambit.

The Education, Training and Registration Committee has conducted four meetings during the reporting period.

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 three months of the new year for the previous year of reporting.

Developing the new training model for training laboratory.

Developing the monitoring tool for the higher education institutions offering the BHSC: MLS course. NB: Not sure if you want to report on these two points. Yes, the Board initiated them during this financial year, this will allow us to report on them in the next report.

4.1.2 Evaluations

The following Higher Education Institutions were evaluated during this reporting period.

| Name of the HEI | Program | Date |
|---|---|------------------------------|
| Nelson Mandela University | Bachelor of Health Sciences: Medical Laboratory Science | 31 March 2022 – 1 April 2022 |
| Cape Peninsula University of Technology | Bachelor of Health Sciences: Medical Laboratory Science | 7 – 8 September 2022 |

4.1.3 Evaluations of clinical training facilities

A total of 118 evaluations of clinical training facilities were conducted and approved for the training of students and inters in the categories of Laboratory Assistants, Medical Technicians, Medical Technologists and Medical Laboratory Science.

4.1.4 Board examinations

The Society of Medical Laboratory Technologists (SMLTSA) conducts the Board examinations on behalf of the Board. The following Board examinations were conducted during the reporting period.

| EXAMINATION | DATE | VENUE |
|---|-------------|--------|
| QUARTER 1 | | |
| Clinical Chemistry (Chemical Pathology) | 7-03-2022 | SMLTSA |
| Clinical Pathology | 9-03-2022 | SMLTSA |
| Cytogenetics | | SMLTSA |
| Cytology | 7-8-03-2022 | SMLTSA |
| Haematology | 14-03-2022 | SMLTSA |
| Histopathological Technique | 7-03-2022 | SMLTSA |
| Immunohaematology (Blood Transfusion) | 14-03-2022 | SMLTSA |
| Immunology | 7-03-2022 | SMLTSA |
| Microbiology | 7-03-2022 | SMLTSA |
| Virology | 7-03-2022 | SMLTSA |
| QUARTER 2 | | |
| Lab Assistant Examinations | 8-04-2022 | SMLTSA |
| QUARTER 3 | | |
| Blood Transfusion (Immunohaematology) | | SMLTSA |
| Clinical Chemistry (Chemical Pathology) | 10-10-2022 | SMLTSA |
| Clinical Pathology | 10-10-2022 | SMLTSA |
| Cytology | 10-10-2022 | SMLTSA |
| Haematology | 10-10-2022 | SMLTSA |
| Histopathological Technique | 10-10-2022 | SMLTSA |
| Immunology | 10-10-2022 | SMLTSA |
| Microbiology | 10-10-2022 | SMLTSA |
| Phlebotomy | 10-10-2022 | SMLTSA |
| Virology | 10-10-2022 | SMLTSA |
| QUARTER | | |
| | | |

4.2. REGISTRATION

Active Registration (As of 31 March 2023)

| BRD CODE | REGISTER TYPE | REG CODE | REGISTER NAME | 31 Mar 2022 | 31 Mar 2023 | Movement | |
|----------|---------------------------|----------|---------------------------|------------------------------------|---------------|------------|-----|
| MTB | Intern | MTIN | MEDICAL TECHNOLOGY INTERN | 768 | 725 | -43 | |
| | Intern Total | | | 768 | 725 | -43 | |
| | Practitioner | CT | | CYTO-TECHNICIAN | 1 | 1 | 0 |
| | | GT | | MEDICAL TECHNICIAN | 4 442 | 4 674 | 232 |
| | | LA | | LABORATORY ASSISTANT | 990 | 1 101 | 111 |
| | | MLS | | MEDICAL LABORATORY SCIENTIST | 282 | 468 | 186 |
| | | MT | | MEDICAL TECHNOLOGIST | 6 244 | 6 315 | 71 |
| | | SGT | | SUPPLEMENTARY MEDICAL TECHNICIAN | 12 | 12 | 0 |
| | | SLA | | SUPPLEMENTARY LABORATORY ASSISTANT | 127 | 115 | -12 |
| | Practitioner Total | | | 12 098 | 12 686 | 588 | |
| | Student | GT S | | STUDENT MEDICAL TECHNICIAN | 3 086 | 3 169 | 83 |
| | | LA S | | STUDENT LABORATORY ASSISTANT | 1 096 | 1 204 | 108 |
| | | MT S | | STUDENT MEDICAL TECHNOLOGIST | 4 585 | 4 733 | 148 |
| | Student Total | | | 8 767 | 9 106 | 339 | |
| | MTB Total | | | 21 633 | 22 517 | 884 | |

4.3. PROFESSIONAL PRACTICE (CPD)

The Professional Practice Committee has conducted two meetings during the reporting period.

The committee inputs to review of the HPCSA Ethical guidelines.

- Ethical Ruling
- Business Practice Policy
- Keeping of Patient Records (Booklet 9)

The Committee considered and approved the annual CPD reports submitted by the University of Johannesburg and the Society of Medical Laboratory Technologists of South Africa (SMLTSA) regarding their CPD activities. The low CPD compliance rate by practitioners was flagged as an area of concern by the Board.

4.4. PROFESSIONAL CONDUCT

Committee of Preliminary Inquiry

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.

The Committees of Preliminary Inquiry convened 4 meetings during the reporting period

The Committees of Preliminary Inquiry convened 4 meetings during the reporting period and a total number of 14 matters served at the meetings, 80% (16/20) of matters were finalised by Prelim.

10 of the 14 matters were finalised in terms of Regulation 4(9) which amounts to 71% case clearance.

Matters Finalised by PCI

Explanation Accepted 3
 Referred to Inquiry 0
 Penalty (Caution, Reprimand) imposed 1
 Penalty imposed (Fine) 6

Matters Deferred by PCI

Consultation Sec 42(1) 0

Notice to appear Reg 4(3) 0

Deferred Further information 4

| PRELIM MEETING | Meetings | Finalised by Prelim | | | | | Contempt Of council | | Deferred | | | | | | | Referred | | Total Matters Considered | | |
|-------------------------------------|----------|---------------------------|-------------------------|-------------------------------|--------------------|-------------------|---------------------|----------|-------------------------|-----------------------|--------------|---------------------------|---------------------|------------------|-------------------------|-----------|------------------|--------------------------|------------------------|-------------|
| | | Explanation accepted 4(7) | Cautio/Reprimand 4(9) A | Referred for Inquiry Reg 4(8) | Guilty Fine 4(9) D | Closed \withdrawn | Reg 4(4) | Reg 4(5) | 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 |
| MTB 19/04/22 | 1 | | | | 5 | | | | | | 1 | | | | | | | | | 6 |
| MTB 4/7/22 | 1 | 1 | 1 | | | | | | | | | 1 | | | | | | | | 3 |
| MTB 2/11/22 | 1 | | | | 1 | | | | | | | 2 | | | | | | | | 3 |
| MTB 15/2/22 | 1 | | 1 | | | 1 | | | | | | | | | | | | | | 2 |
| TOTALS | 4 | 1 | 2 | | 6 | 1 | | | | | 1 | 3 | | | | | | | | 14 |
| C/C 10/14* 100=71% | | | | | | | | | | | | | | | | | | | | |

4.5. RISK MANAGEMENT

The Board has developed a risk register linked to the strategic objectives. The Risk Treatment progress report is submitted for consideration at each Board in terms of managing the risks.

The secretariat, and the Board constantly monitors the risk register and any risks are identified and managed.

The Risk Register is revised annually and aligned to the revised strategic programmes.

4.6. FINANCIAL MANAGEMENT

The Board functioned well within its allocated budget in the new financial year.

4.7. STAKEHOLDER MANAGEMENT

One of the Board's key strategy objectives was to improve stakeholder engagement through advisory and advocacy on matters affecting the professions under the ambit of the Board.

The following stakeholders' engagements were conducted:

- Annual meeting with the Society of Medical Laboratory Technologists of South Africa
- Annual meeting with Board and the Higher Education Institutions, National, Clinical Training Facilities, National and Provincial NHLS Departments and Professional Associations
- Consultative with the Higher Education Institutions
- Consultative meeting with clinical training facilities
- Stakeholder Engagement with the Public Health and Social Development Sectoral Bargaining Council
- Stakeholder Engagement with the Directorate of Forensic Pathology Services and the Department of Health
- Consultative meeting with Nelson Mandela University and the National Health Laboratory Services
- Consultative meeting Cape Peninsula University of Technology
- Stakeholder Engagement National Health Laboratory Service
- One (1) Practitioners CPD Webinar

4.8. GOVERNANCE AND REGULATORY FRAMEWORK REVIEW

The Regulations relating to the registration of Forensic Pathology Officers were promulgated into law on 25 March 2022 and the deadline to register the FPO was 25 September 2022.

Due to challenges at the Department of Health and the pending labour issues, the FPO were not registered by the deadline of 25 September 2022.

The Board has ensured full compliance with the strategic objectives for the reporting period (April 2022 to March 2023) as outlined in its Strategic Plan. All scheduled Board meetings were conducted, with excellent attendance and participation by Board members.

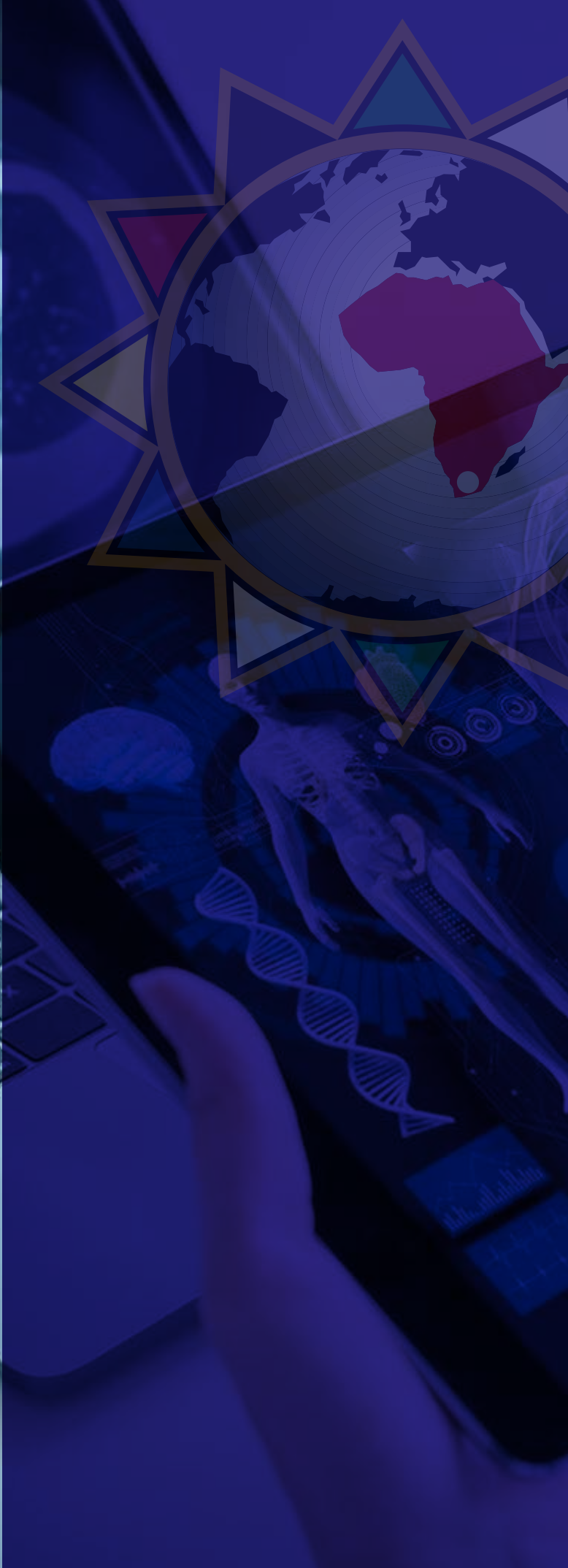
The Board, as part of its good governance strategy, reviewed the following policies:

- a. Guidelines for the recognition of clinical pathology training time towards specialists' examination.
- b. Guidelines for appointing evaluators and standard operating procedures for inspections of training laboratories
- c. The evaluation report for training facilities
- d. Evaluation report for training facilities
- e. Audit evaluation tool
- f. Policy relating to registration and training for Medical Laboratory Scientists, Medical Technologists, Medical Technicians and Laboratory Assistants (Form MT 160)

5. CONCLUSION

The Board has experienced a number of challenges in the performance of some of its goals. However, the challenges allowed the Board to engage its stakeholders more and work with some of the stakeholders to see to it the implementation of the goals. Another challenge that the Board faced was capacity. Members had to stretch themselves further in order to ensure that the profession is not compromised. The Board has already initiated the processes necessary towards ensuring that it becomes fully capacitated again. Part of the capacitation includes increasing the pool of trained evaluators. Although the Board's budget was compromised along the financial year, the Board managed to ensure that as many as possible training facilities evaluations were conducted. Improvements to the evaluation tools and methods have also been achieved to ensure that the Board meets its mandate. The Board still has a lot of goals yet to achieve and it is pleasing to report that work towards achieving those goals is still in place.









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

1. OVERVIEW / INTRODUCTION

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

2. STRATEGIC INTENT OF THE BOARD

2.1. VISION

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.

2.2. MISSION

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

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

2.2. STRATEGIC OBJECTIVES

The strategic goals of the OCP Board for their term of office are:

- Competent OCP graduates practicing the professions.
- A capacitated professional board to deliver on its fiduciary responsibilities.
- Ensured that all requisite guidelines and regulations that empower the board to regulate the professions are current and applicable.
- Recognized technologies for training and practice environment.
- All professional conduct matters are concluded timeously.
- Improved relationships between the professional board for OCP and all relevant stakeholders by the end of the term (2025).

3. GOVERNANCE

To achieve the strategic objectives and to improve communication with stakeholders and inter-sectoral relations, the following structures supported the Board:

- Executive Committee
- Education, Training and Registration Committee
- Internship Committee
- Professional Practice Committee
- Assistive Devices task Team
- Clinical Research Task Team
- Committee of Preliminary Inquiry
- Ad-Hoc Performance Assessment Committee



Dr Deshni Naidoo

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

The following meetings and activities of the Professional Board were conducted and facilitated during the period 1 April 2022 - 31 March 2023:

| BOARD ACTIVITIES | NUMBER OF ACTIVITIES |
|---|----------------------|
| Professional Board meetings | 3 |
| Board Strategic plan sessions | 1 |
| Board Roadshows | 1 |
| Document Review Task Team | 2 |
| Executive Committee meetings | 2 |
| Education, Training and Registration Committee meetings | 3 |
| Internship Committee meetings | 2 |
| Professional Practice Committee | 2 |
| Committee for Preliminary Inquiry meetings | 3 |
| Assistive Devices Task Team | 3 |
| Clinical Research Task Team | 1 |
| Board Examinations | 2 |
| Evaluation of programmes at HEI | 7 |
| Stakeholder Engagements | 3 |
| Training of Board Members | 2 |
| TOTAL | 37 |

4. REPORT ON ANNUAL PERFORMANCE

4.1 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 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 seven (7) years. The following programmes were evaluated during the 2022/23 year:

| INSTITUTION | PROGRAMME |
|----------------------------------|--|
| University of Free State | Occupational Therapy Programme |
| University of Pretoria | Occupational Therapy Programme |
| University of Cape Town | Occupational Therapy |
| Durban University of Technology | Medical Orthotics and Prosthetics programme |
| Tshwane University of Technology | Bachelor of Health Sciences in Medical Orthotics and Prosthetics Programme |
| University of KwaZulu- Natal | Occupational Therapy Programme |
| University of Johannesburg | Arts Therapy |

4.2 TRAINING OF EVALUATORS AND EXAMINERS

The Board held successful training of evaluators and examiners in MOP, OT and Arts Therapy in an effort to rectify the issue of having limited evaluators.

4.3 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:

| Categories | Applications | Candidates |
|----------------------|--------------|--------------|
| Arts Therapy | October 2022 | 2 candidates |
| Occupational Therapy | October 2022 | 1 candidate |

4.4 RESEARCH TASK TEAM

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 (OCP) Health Professions Council of South Africa (HPCSA) 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. However, there is a paucity of literature that can provide evidence to guide the revision of standards of practice documents or provide a justification or elaboration on the 1000 minimum clinical hours required for students to graduate. There was a need to research these phenomena to develop evidence to guide the board with these revisions and ensure that graduates and practitioners are delivering services that are contextually relevant and in the best interest of the public. This was identified as an imperative for the board to address. The research was embedded into the strategic plan for the board for 2021 -2025. The purpose of the research project is to conduct comprehensive research into Standards of Professional Practice, clinical training, and competencies required for practice for Occupational therapy, Medical Orthotics and Prosthetics, and Art therapy in South Africa.

The research task team finalised the research proposal and the data collection tools and submitted the study for ethical approval. The research study was granted Ethics approval from the University of KwaZulu Natal Biomedical Ethics Research Council. There were three profession-specific working groups namely OT, AT, and MOP. Each group undertook a scoping review and benchmark exercise regarding competencies, fieldwork hours, and standards of practice. Each team submitted a report for the OCP board at the end of the 2022/2023 financial year. The report addressed the findings of the scoping review and the way forward for with the information gained with the review and benchmarking exercise.

4.5 STAKEHOLDER MANAGEMENT

One of the Board's key strategic objectives was to improve communication with stakeholders and inter-sectoral relations, 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 the following engagements:

The 8th Joint National Forum for Rehabilitation Professions in the Public Sector

An invite was received from the National Department of Health for the 8th Joint National Forum for Rehabilitation Professions in the public sector, board members attended on 20 to 21 September 2022. The National Forum serves as a springboard for national policy initiatives and a platform to find innovative ideas to address the myriad services delivery challenges in the health system.

Heads of University Departments and Stakeholders Meeting

The Professional Board for Occupational Therapy, Medical Orthotics and Prosthetics and Arts Therapy at its strategic planning session identified stakeholder engagement and communication as an important objective with the aim to have improved relationships between the Professional Board and all relevant stakeholders by the end of its term in 2025. The Professional Board held its annual Stakeholders Engagement, inviting all Heads of Departments at Universities/Higher Educational institutions, representatives of Professional Associations/Societies, Department of health rehabilitation managers and other representatives from each province. The aim of the meeting was to advise on the strategic objectives, policies and regulations developed by the Board for the 5-year term, and to discuss other important issues pertaining to education, training, examination, and professional practice. Prior to the meeting stakeholders were requested to submit items for the agenda so that the Board addressed concerns raised by the stakeholders.

Consultative Meeting with the National Department of Health

The Board needed to understand what the National Department of Health's future plans were for the mid-level workers within the register of the Board, how this plan would be articulated and who were the relevant Stakeholders. Furthermore, there was a request for Arts Therapy representation at the National Forum and issues of posts for Arts Therapy in the Public Sector.

Bulletin article on World Occupational Therapy Day

World Occupational Therapy Day was celebrated on 27 October 2022 in recognition of the occupational therapy profession. The OCP board highlighted the role of OT in the different areas of practice by drawing attention to how leadership and mentorship can be developed for young practitioners to build capacity within in the profession along with and safeguards for the public. The 2022 theme was Opportunity + Choice = Justice.

Practitioner Roadshow

A virtual roadshow was held on 23 March 2023, it was attended by 680 practitioners. Based on stakeholder input, presentations focused on the following issues:

- Board overview and the status of Scopes of practice for OCP professions presented by the Chairperson of the Board.
- Telehealth in South Africa: Ethical considerations for registered practitioners presented by the Professional Practice Division.
- The evolution of Continuous Professional Development: An update from the Health Professions Council of South Africa presented by the Professional Practice Division.
- Functions and processes of the Complaints Handling Division presented by the Complaints Handling and Investigations Unit.
- New guidelines on the keeping of patient records (including process to follow when notifying HPCSA of the passing of a practitioner, practitioners informing their family members or executor of the process to follow) presented by the Professional Practice Division.
- The use of the online registration platform, and the info@hpcsa.co.za email address was no longer operational presented by the Registration Division.

Engagements with Professional Associations

Occupational Therapy Association (OTASA): HPCSA representative was requested for the OTASA council meeting in August 2022. A board member attended and presented the HPCSA strategic objectives and answered queries from the association.

South African Orthotic & Prosthetic Association/ Medical Orthotics and Prosthetics Association of South Africa (SAOPA/MOPASA) and International: The SAOPA national conference for Orthotics and Prosthetics was held in Cape Town from 27 to 29 October 2022. The Vice-Chairperson of the Board represented the HPCSA at this conference. A timeslot was allocated to discuss the minimum standards of education and training in South Africa. The session was well attended, and several questions were posed to the HPCSA. SAOPA is always willing and able to work in collaboration with the HPCSA and thanked us for attending and contributed in such a positive way.

South African National Arts Therapies Association (SANATA): SANATA Annual General Meetings in May 2022 was attended by the Arts Therapist of the Board. In addition, four Executive Committee meetings that take place quarterly were attended. SANATA has made immense strides in solidifying and formalising its relationship to the Board..

4.6 CONSIDERED REGULATIONS

- Regulations relating to the Scope of the Profession of Occupational Therapy were finally promulgated into law in February 2023.
- No public comments were received on the Regulations relating to the Scope of the Profession of Orthopaedic Footwear Technicians and the Minister's Office was advised to proceed with final promulgation of the regulations.
- No public comments were received on the Regulations relating to registrations of Interns in Arts Therapy and the Minister's Office was advised to proceed with final promulgation of the regulations.
- A public comment was received on the Regulations relating to the Scopes of the Professions in Medical Orthotics and Prosthetics, the comment did not propose any changes to the draft regulations. The Board proposed final promulgation of the regulations into law.
- No public comments were received on the Regulations relating to the Scope of the Profession of Orthotic and Prosthetic Technicians and the Minister's Office was advised to proceed with final promulgation of the regulations.
- No public comments were received on the Regulations relating to the Scopes of the Profession of Arts Therapy and the Minister's Office was advised to proceed with final promulgation of the regulations.

4.7 RISK MANAGEMENT

The Board approved and implemented a Risk Register as well as the Risk Treatment Action Plan. The risk register included the management controls that were in place. 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.

4.8 PROFESSIONAL CONDUCT

The Professional Conduct Unit comprises of two sub-divisions namely, Preliminary Committee of Inquiry and Professional Conduct Inquiries. The Preliminary Committee of Inquiry is a committee established by the Professional Board in terms of section 15(5) ff of the Act (56 of 1974) for the preliminary investigation of complaints to make a determination thereon. Professional Conduct Committee means committee established by a Professional Board in terms of section 15(5) f of the Act 56 of 1974 to conduct an inquiry. During the 2022/2023 the following matters were dealt with:

| PRELIM MEETING | Meetings | Finalised by Prelim | | | | | | Contempt Of council | Deferred | | | | | | | Referred | | Total Matters Considered | | |
|-------------------------------------|----------|---------------------------|--------------------------|-------------------------------|--------------------|-------------------|----------|---------------------|----------|-------------------------|-----------------------|--------------|---------------------------|---------------------|------------------|-------------------------|-----------|--------------------------|------------------|------------------------|
| | | Explanation accepted 4(7) | Caution/Reprimand 4(9) A | Referred for Inquiry Reg 4(8) | Guilty Fine 4(9) D | Closed \withdrawn | Reg 4(4) | | Reg 4(5) | 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 |
| OCP 6/5/22 | 1 | 2 | | 1 | | 1 | | | | | | 2 | | | | | | | | 6 |
| OCP 17/8/22 | 1 | 2 | 0 | 1 | 2 | | | 1 | 2 | | | 1 | | | | | | | | 9 |
| OCP 11/11/22 | 1 | | 1 | 2 | 1 | | | 2 | | | | 1 | | | | | | | | 7 |
| OCP 16/2/22 | 1 | | | 1 | | | | 1 | | | 1 | | | | | | | | | 3 |
| TOTALS | 4 | 4 | 1 | 5 | 3 | 1 | | 4 | 2 | | 1 | 4 | | | | | | | | 25 |
| C/C 14/25* 100=56% | | | | | | | | | | | | | | | | | | | | |

4.9 ACCREDITED CONTINUOUS PROFESSIONAL PROVIDERS

The Accredited Service Providers were individuals or institutions approved by the Professional Board (PB) on the basis that they meet the criteria set out on the Accredited Service Provider guidelines of the Health Professions Council of South Africa (HPCSA). The criteria and processes followed, as well as the procedures for record keeping developed by Council in consultation with the PB with the main purpose to ensure that the process of CPD accreditation was standardised across all PBs in order to fulfil the CPD mandate in terms of section 26 of the Health Professions Act 56 of 1974. The Accredited Service Providers below have been approved by a PB.

| Name of institution | Type of institutions |
|--|--------------------------|
| University of Stellenbosch (US) | Training Institution |
| South African National Arts Therapies Association (SANATA) | Professional Association |
| South African Orthotic and Prosthetic Association (SAOPA) | Professional Association |
| Occupational Therapy Association of South Africa (OTASA) | Professional Association |
| Tshwane University of Technology | Training Institution |

4.10 UPDATE ON PRACTITIONER'S COMPLIANCE TOWARDS THE CONTINUOUS PROFESSIONAL DEVELOPMENT PROGRAMME FOR OCP BOARD

Continuous Professional Development (CPD) was a legal requirement in terms of section 26 of HPCSA Act 56 of 1974, as amended. CPD is the process of documenting and tracking the skills, knowledge and experience that practitioners gain both formally and informally as they work, this being beyond any initial training. The primary purpose of CPD is to ensure that all practitioners maintain and improve their professional knowledge, skills and performance for improved patient/client and health systems outcomes.

In an effort to improve the efficiency of the Continuous Professional Development (CPD) programme, the Health Professions Council of South Africa (HPCSA) approved some amendments to some aspect of CPD programme; mainly pertaining to the manner of submission evidence of CPD compliance. This report aims to bring the amendments to your attention, as approved, and to appraise the Board on the extent of the registered health practitioner's compliance towards the requirements:

- the practice of random sampling practitioners from the HPCSA's database to verify compliance has been discontinued. All registered practitioners are now expected to always remain compliant to CPD requirements;
- online self-service platform on the HPCSA's website is now available to all registered practitioners in order to submit enquiries and/or upload necessary evidence of CPD compliance. Registered practitioners can view the CPD status online;
- for all approved CPD activities, the HPCSA has approved that the facilitators submit the attendance registers directly to HPCSA to update practitioner's CPD status. This will officially begin effective 1 February 2022 for some professional boards, while the rest of the professions will commence on 1 March 2022;
- Issuance and submission of Continuous Education Unit (CEUs) certificates is no longer mandatory, as the information will be provided directly to the HPCSA by the approved facilitators of the activities;
- the online portal will remain active in order to cater for the exceptions of the above, example is when CPD was facilitated by international provider, submission of published manuscripts, submission of level two activities such as formal qualifications etc.

By the end of March 2023, the Board's compliance rate was at 21.7%

CONCLUSION

The Board has had numerous successes during the year in review. These have included to name a few, engagement with our stakeholders, review of regulatory documents, training of evaluators and examiners, progression of regulations on scope of professions in MOP and Arts Therapy and the research project to strengthen the Boards regulatory documents on education and training. The Board continues to collaborate with stakeholders to achieve our strategic objectives with continued emphasis on improve communication and positive relationships with stakeholders and increasing compliance with CPD. I would like to thank the Professional Board and the Secretariat for their diligence and continued commitment towards the work outlined in the annual report and their efforts to ensure that the Board achieves its annual performance plan. In the coming year I am confident that the Board will continue to achieve successes in its quest to become an effective, efficient and responsive Board and that we will work toward achieving the mandate of the Board i.e. to protect the public and guide the professions which it serves.







**PROFESSIONAL BOARD FOR
ENVIRONMENTAL HEALTH
PRACTITIONERS**

1. OVERVIEW / INTRODUCTION

To achieve its strategic objectives set for the financial year 2022/23, the Professional Board for Environmental Health Practitioners had eleven (11) meetings, and three engagement meetings with its stakeholders.

2. STRATEGIC INTENT OF THE BOARD

VISION – The Vision of the BOARD is: -

“A Health Regulator that promotes equitable, all-inclusive, preventative, and quality environmental health services for all.”

MISSION STATEMENT

The Environmental Health Board protects the interests of the public and guides the profession through:

- o Developing, implementing, and monitoring strategies, policy frameworks and standards for Environmental Health professions.
- o Setting and monitoring accreditation and quality of training against standards.
- o Promoting ethical practice by ensuring ongoing professional competence and conduct.
- o Aligning to international standards in education and training while adhering to best practice within the South African context;
- o Ensuring effective and accessible communication with all stakeholders
- o Affordable professional guidance considering the economic conditions.

STRATEGIC OBJECTIVES

- 1.1 Reduced number of EH Practitioners working without the appropriate Registrations by 2025
- 1.2 Categorized all registered EHP's across the country by 2025.
2. Ensure quality education and training of EH vocations by 2025
- 3.1 Ensured quality processing of CPD applications within the set timeframes annually.
- 3.2 Evaluated CPD programme impact every second year.
4. Reviewed PBEHP regulations for alignment and enablement of a regulated EHP by Q4 of FY2023/2024.
5. Implemented stakeholder engagement strategy initiatives annually.
6. Reform the professional conduct processes by Q4 OF FY2024/2025



Mr Joseph Shikwambane

CHAIRPERSON OF THE PROFESSIONAL BOARD FOR ENVIRONMENTAL HEALTH PRACTITIONERS

3. GOVERNANCE

- Meetings – under this period of reporting, the Board and its structures had a total of eleven (11)- successful meetings, three (3) of which were engagements with relevant stakeholders.
- Committees of the Board (Name of the Committees and the mandate of the committee)

| NAME OF COMMITTEE | MANDATE |
|--|--|
| Executive Committee | <p>The mandate of the Executive Committee is to deal with and finalise all matters relating to the profession arising between meetings of the Professional Board within the current policy parameters, or as would be determined from time to time by the Professional Board, including:</p> <ul style="list-style-type: none"> o to 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; o to deal with and to report to the Board on all matters relating to public relations and media coverage pertaining to the business of the Board; o to ensure sound and regular communication with all relevant stakeholders relating to all matters pertaining to the profession; o direct the registrar to, or the acting registrar on the established policies of the Professional Board may, remove from the register the name of any person |
| Education, Training and Registration Committee | <p>Committee be mandated within the current policy parameters as determined by the Board to:-</p> <ol style="list-style-type: none"> 5.1 deal with, finalise and to report to the Professional Board on all matters relating to the theoretical and practical training of professions within the ambit of the Professional Board and persons undergoing training; 5.2 deal with all matters relating to continuing professional development including consideration of applications for accreditation; 5.3 consider, finalize and report to the Board on all non-compliant applications for registration and applications for registration received from foreign qualified practitioners, 5.4 Ensure that the minimum standards of education and training at education institutions, as may be determined by the Board from time to time are maintained, i.e. to undertake initial assessments and conduct re-evaluations and site-visits on a regular basis. 5.5 Conduct evaluations of education and training programmes submitted to the Board for accreditation purposes; 5.6 To consider application from any educational institution wishing to offer education and training that falls within the ambit of the Board. 5.7 Advising the Board relating to International trends best practices relating to education and training and to conduct research on matters aimed at advancing and developing the education and training of the professions falling under the ambit of the Professional Board; 5.8 Deal with and finalize all applications for restoration or registration requiring Board examinations. 5.9 Perform other oversight functions as requested by the Board; <p>The Committee is authorized by the Board to seek and obtain any information or documents it requires from any employee of Council, education and training institutions accredited by the Board, stakeholders and other Professional Boards in order to perform its duties.</p> |
| Committee of Preliminary Inquiries | <p>The mandate of the Committee of Preliminary Enquiry Committee of Preliminary Enquiry is to deal with and finalise all matters relating to the profession arising between meetings of the Professional Board within the current policy parameters, or as would be determined from time to time by the Professional Board, including:</p> <ol style="list-style-type: none"> 5.1 Deal with and finalise all matters relating to preliminary inquiries regarding complaints in terms of section 41(2); 5.2 Determine accounts in terms of section 53 and fines in terms of section 42(8) of Act 56 of 1974; 5.3 Formulate recommendations with regard to the amendment of the ethical rules and guidelines relating to the ethical conduct of practitioners. 5.4 Advise the Professional Board on trends relating to the conduct of practitioners and the nature of offenses. |

- Board Training – 100% of Board Members attended the being a director (governance) course.

4. REPORT ON ANNUAL PERFORMANCE

4.1 EDUCATION AND TRAINING

- Evaluations:
Three institutions were re-evaluated and approved to continue offering the professional degree in Environmental Health for the next five years. The Board continued giving the necessary support to all the seven institutions offering environmental health programme.
- Examinations:
Fifteen Board examinations were conducted; Fourteen (14) Board examinations for restoration – 14 candidates passed and restored,

One (1) Board examination for new registration, passed and registered as independent practitioner.

The Board examination question paper was reviewed for improvement of questions and memorandum and was approved by the Board.

4.2 REGISTRATIONS

One (1) practitioner was registered as new registration applicant with Board exam; however, other registrations were directly submitted to Registrations department or were completed online.

4.2. Professional Practice (CPD)

Twenty-three (23) CPD applications were approved for the period 2022- 2023. CPD compliance report from Professional Practice division was tabled at Board meetings in 2022 – 2023 financial year to appraise the Board on how practitioners were doing in relation to one of the legislative requirements to remain registered.

Through the newsletter article and talk during symposium, practitioners were encouraged to stay registered by attending accredited continuing professional development activities and to acquire the required continuing education units as determined by section 26 of the Health Professions Act.

4.3. Professional 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.

4.4. Risk Management – following the approval of the 2022/23 annual performance plan (APP), the Board developed its risk register. The risks were monitored throughout the year with risk treatment plans tabled at all Board meetings.

4.5. Financial Management – the approved/allocated budget for the period was well spent with expenditure monitored regularly; financial statements shared electronically and tabled at Board meetings.

4.6. Stakeholder Management

The Board continued to pursue its objective to ensure that mutually beneficial relationships are built with all these stakeholders primarily for the duration of the term of the Board and then beyond the term. 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 in April 2022. Annual engagements with Municipalities and practitioners took place as planned in September 2022 through hybrid meeting – virtual and physical in KwaZulu Natal.

4.7. Policy and Governance framework Review (Scope of practice, additional qualifications rules, regulations and Guidelines

Some of the rules/regulations and/or policies/standard operating procedures reviewed included:

- a. Regulations relating to the qualifications for registration of environmental health practitioners, awaiting promulgation.
- b. Regulations relating to registration of additional qualifications by environmental health practitioners, published in September 2022 for public comments; comments considered by the Board and regulations awaiting promulgation.
- c. Guidelines on Board examinations for restoration/registration reviewed and approved.
- d. Standard operating procedure for the registration of foreign qualified practitioners, reviewed and approved.
- e. Guidelines on the registration of environmental health assistants reviewed and approved by the Board.
- f. Guidelines for review of the 4-year bachelor's degree in environmental health reviewed.
- g. Mid-year work-integrated learning (WIL) monitoring/evaluation tool developed by ETRC and approved by Board May 2022.

5. CONCLUSION (Reflection on the performance of the Board)

- a. Newsletter published in September 2022.
- 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, Municipality and Practitioners.
- d. Mid-Year WIL verification tool reviewed.

It remains the Board's intent to fulfill its mandate that will be of benefit to the profession and the South African population.







**PROFESSIONAL BOARD FOR
OPTOMETRY AND
DISPENSING OPTICIANS**

1. OVERVIEW / INTRODUCTION

2. STRATEGIC INTENT OF THE BOARD

VISION – the vision of the PBODO is to be a: “Regulator that promotes quality, equitable provision of holistic eye care for all.

MISSION STATEMENT

The mission of the Professional Board for Optometry and Dispensing Opticians is to enhance the quality of health for all by developing strategic policy frameworks for effective and efficient co-ordination and guidance of the professions through:

- Setting contextually relevant healthcare training and practice standards for registered professions incorporating technological advances.
- Ensuring compliance with standards.
- Fostering on-going professional development and competence.
- Protecting the public in matters involving the health services.
- Public and stakeholder engagement.
- Upholding and maintaining ethical and professional standards within the professions.



Ms Yurisa Naidoo
CHAIRPERSON OF THE PROFESSIONAL BOARD FOR OPTOMETRY AND DISPENSING OPTICIANS

STRATEGIC OBJECTIVES

- 1.1 Close the gap between eye care education and training output and the needs of the Country by FY2025/26.
- 1.2 Conduct evaluation on ODO education programmes and clinical training sites for each institution once in the 5-year cycle.
- 2.1 Implement Online Board Examination system by 2025
- 3.1 Investigate specialties in the Optometry profession by FY2022/2023
- 3.2 Develop minimum standards of education and training for the specialties by FY2023/2024
- 4.1 Review Regulation Framework (Clinical Guidelines, Regulations and Rules, non-clinical guidelines) by 2023/2024
- 5.1 Capacitate Professional Conduct Inquiry Committee Members and proforma complainants FY2022/2023
- 5.2 Reform the Professional Conduct Processes by Q4 Of Fy2024/2025
- 6.1 Implemented stakeholder engagement strategy (Stakeholder Engagements) annually.

3. GOVERNANCE

- Meetings: The Board and its Committees had 15 successful meetings plus 9 meetings of Task Teams (a total of 24 meetings) during the period.
- Committees of the Board (Name of the Committees and the mandate of the committee) – The PBODO has four standing Committees and one ad hoc committee.

| NAME OF COMMITTEE | MANDATE |
|---------------------|--|
| Executive Committee | <p>Committee be mandated within the current policy parameters as determined by the Board to:</p> <ul style="list-style-type: none"> 5.1 to 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. 5.2 to deal with and to report to the Board on all matters relating to public relations and media coverage pertaining to the business of the Board. 5.3 to ensure sound and regular communication with all relevant stakeholders relating to all matters pertaining to the profession. 5.4 direct the Registrar to, or the acting registrar on the established policies of the Professional Board may, remove from the register the name of any person- |

| | |
|--|--|
| Education, Training and Registration Committee | <p>Committee be mandated within the current policy parameters as determined by the Board to: -</p> <ol style="list-style-type: none"> 5.1 deal with, finalise and report to the Professional Board on all matters relating to the theoretical and practical training of professions within the ambit of the Professional Board and persons undergoing training. 5.2 deals with all matters relating to continuing professional development including consideration of applications for accreditation. 5.3 consider, finalize and report to the Board on all non-compliant applications for registration and applications for registration received from foreign qualified practitioners. 5.4 ensure that the minimum standards of education and training at education institutions, as may be determined by the Board from time to time are maintained, i.e., to undertake initial assessments and conduct re-evaluations and site-visits on a regular basis. 5.5 conduct evaluations of education and training programmes submitted to the Board for accreditation purposes. 5.6 to consider applications from any educational institution wishing to offer education and training that falls within the ambit of the Board. 5.7 advising the Board relating to international trends and best practices relating to education and training and conducting research on matters aimed at advancing and developing the education and training of the professions falling under the ambit of the Professional Board. 5.8 deal with and finalize all applications for restoration or registration requiring Board examinations. 5.9 perform other oversight functions as requested by the Board. <p>The Committee is authorised by the Board to seek and obtain any information or documents it requires from any employee of the Council, education and training institutions accredited by the Board, stakeholders, and other Professional Boards in order to perform its duties.</p> |
| Professional Practice Committee | <p>Committee is established to exercise oversight on processes that ensure a uniform system of continuing professional development and continuing assessment of all health care practitioners registered with the Council.</p> <p>The Committee further exercises oversight on processes regarding professional and preliminary conduct inquiries against any health care practitioners registered under the Health Professions Act.</p> <p>The Committee is mandated within the current policy parameters as determined by the Board to:</p> <ol style="list-style-type: none"> a) Consider and finalize any matters affecting the health care professionals registered under this Act and, consistent with national health policy determined by the Minister, make representations or take such action in connection therewith as the Board deems necessary. b) Consider and finalize any matter affecting the health care professionals registered under this Act as referred by relevant organs of State and any other stakeholders. c) To promote and regulate interprofessional liaison between health care professionals in the interest of the public. d) Advise the Board and thus Council on all matters pertaining to human rights, and the dignity and rights of patients, and to promote respect for human rights and the dignity and rights of patients. e) Advise the Board and thus Council on the establishment of appropriate guidelines of professional practice, ethical conduct and behaviour and the maintenance of high standards of professional practice amongst health care practitioners under the ambit of the PPC. |
| Committee of Preliminary Inquiries | <p>Committee is mandated within the current policy parameters as determined by the Board to: -</p> <ol style="list-style-type: none"> 5.1 To consider any complaint against a person registered on the register of the professional board and make a determination on the appropriate manner of dealing with such a complaint in terms of Regulation 4 of the Regulations relating to the Conduct of Inquiries into alleged unprofessional conduct under the Health Professions Act. 5.2 Consult with or seek information from any person, including the person against whom the complaint, charge or allegation has been lodged, whenever the Committee is in doubt as to whether an inquiry should be held in connection with the complaint, charge, or allegation. 5.3 Formulate recommendations with regard to the amendment of the ethical rules and guidelines relating to the ethical conduct of practitioners. 5.4 Advise the Professional Board on trends relating to the conduct of practitioners and the nature of offenses. |

- Board Training: All Board members have been trained on conducting evaluations of education and training programmes and all have attended the level one and two governance training.
- Members further attended regulatory workshop arranged by Professional Conduct unit

4. REPORT ON ANNUAL PERFORMANCE

4.1. EDUCATION AND TRAINING

EVALUATIONS

The Board successfully conducted two (2) hybrid evaluations for approval at the below institutions.

| NAME OF INSTITUTION | PROGRAMME | DATE OF EVALUATION |
|--|-----------------------|-------------------------|
| University of Johannesburg (UJ) | Optometry | 22 – 25 August 2022 |
| Cape Peninsula University of Technology (CPUT) | Dispensing Opticianry | 31 – 05 September 2022. |

EXAMINATIONS

| TOTAL NUMBER OF EXAM CANDIDATES | # PASSED ALL COMPONENTS | # UNSUCCESSFUL | FOREIGN QUALIFIED PRACTITIONER |
|---------------------------------|-------------------------|----------------|--------------------------------|
| 7 | 4 | 3 | 1 |

- The Board conducted three (3) Board examination sessions, with a total number of seven (7) examination candidates.
- Four (4) candidates passed all their components while three (3) candidates were not successful in all components.
- There was one (1) foreign qualified practitioner who was re-assessed for the theory examination and was successful with her remaining two (2) components

4.2. Registrations

4.3. Professional Practice (CPD)

Annual reports from CPD accreditors and accredited service providers considered by the Board, approved and appropriate feedback given to each.

4.4. Professional Conduct

4.5. Risk Management

The Board was successful in 8 of its 10 risk treatment plans, with the remaining 2 put on hold as they require submission/feedback from Council. The Board continues to monitor the risk treatment plan and is updated at each Board meeting by Secretariat.

4.6. Financial Management – regular monitoring, financial statements tabled at Board meetings and also sent to members in between meetings to keep the Board abreast with its financial status. The finances of the Board within this financial year/ reporting period were well managed, great revenue raised and had a surplus for which the Board could apply for roll over and be able to use on other projects.

4.7. Stakeholder Management (Purpose and table)

One of Council's strategic goals is improved relationships between Council and all relevant stakeholders by the end of the term. The Board resolved in order to improve relationships with, encourage interaction and open lines of communication with its relevant stakeholders, it would hold meetings on an annual basis with these stakeholders.

- Held an annual Bilateral meeting with the South African Optometric Association (SAOA).
- Held an annual Stakeholder engagement meeting with Heads of Department of institutions, associations, Non-Government Organisations (NGO's), Provincial Department of Health, etc.
- Successfully conducted the Board's first online practitioner roadshow on 23 November 2022, with a total of 167 practitioners joining the Zoom session.

4.8. Policy and Governance framework Review (Scope of practice, additional qualifications rules, regulations and Guidelines)

5. CONCLUSION (Reflection on the performance of the Board)

ACHIEVEMENTS

1. Board received approval from the South African Health Products Regulatory Authority (SAHPRA) for seven (7) more drugs for use by optometrists.
2. Published Optisight newsletter.
3. Compiled the Board Annual Performance Plan (APP) for 2022/23 and the draft APP for 2023/24. Progress report on the implementation tabled at Board meetings.

4. Annexure 8 of the Ethical Rules of Conduct was reviewed and published in the Government Gazette on 02 December 2022.
5. The following regulations were reviewed/finalized and published in the Government Gazette:
 - Regulations relating to the qualifications for the registration of dispensing opticians.
 - Regulations relating to the qualifications for the registration of optometrists.
 - Regulation relating to the constitution of the Professional Board for Optometry and Dispensing Opticians.
6. The following regulations were published in the Government Gazette for Public Comment:
 - Regulations relating to the registration of optometry and dispensing optician students.
 - Regulations relating to the names that may not be used in relation to the profession of optometry and dispensing opticians.
7. The Board reviewed the following guidelines:
 - Clinical guidelines
 - Guidelines for volunteer services
 - Guidelines for restoration/registration
 - Board examination guidelines
8. Managed to verify 202 final year student portfolios of evidence from the five (5) institutions approved to offer programmes in optometry and dispensing opticianry.
9. Chairperson of the Board participated in the Association of Medical Councils of Africa (AMCOA) conference, which was hosted by the HPCSA in Sun City on 3-6 October 2022.

CHALLENGES

1. Non-adherence to deadlines and slow responses to emails from Board members on certain tasks.
2. Lack of capacity within Board Secretariat.







**PROFESSIONAL BOARD FOR
PHYSIOTHERAPY, PODIATRY
& BIKINETICS**

1. OVERVIEW / INTRODUCTION

The Professional Board for Physiotherapy Podiatry and Biokinetics, currently composed of thirteen (13) Members and has two (2) vacancies, has achieved most of its set strategic objectives for the financial year 2022/23 within budget. Active participation by members was on the increase to realize finalization of 22 meetings in total.

2. STRATEGIC INTENT OF THE BOARD

- **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.
 - 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 maintaining ethical and professional standards within the health professions.
 - Fostering on-going professional development and competence.
 - Protecting the public in matters involving the rendering of health services
 - Advocate for provision of a safe working environment (health and wellness)
 - Ensuring efficient and effective functioning of the Board.
 - Adopted with changes.

• STRATEGIC OBJECTIVES

- 1.1 Improved utilization of implemented ICT infrastructure by Q4 annually by FY2022/2023.
- 1.2 Improved collaboration infrastructure use by Q4 FY2022/2023.
- 1.3 Improve CPD compliance levels by end of Q4 FY2022/2023
- 1.4 Provide Business Requirements for Board Specific Online Board Examination system by 2024.
- 2.1 Implemented Stakeholder Engagement Strategy Initiatives Annually
- 2.2 Evaluated impact of implemented Stakeholder Engagement Strategy every 2 Years.
- 3.1 Develop and Review Regulations for PPB professions by Q4 of FY2022/2023
- 3.2 Develop and Review Guidelines (standards) for PPB professions by Q4 of FY2022/2023
- 3.3 Develop and Review Rules for PPB professions by Q4 of FY2022/2023
- 4.1 Increased number of resolved cases at Prelim Committee level by Q4 in FY2022/2023
- 4.2 Improved professional conduct hearing outcomes by Q4 in FY2022/2023
- 4.3 Improved Evaluation process quality by Q4 FY2022/2023
- 5.1 Approve postgraduate training for podiatrists by Q4 in FY2022/2023
- 5.2 Advocate for the granting of prescription rights for Podiatrists by 2023



Dr Desmond Mathye
CHAIRPERSON OF THE PROFESSIONAL BOARD FOR
PHYSIOTHERAPY, PODIATRY & BOKINETICS

3. GOVERNANCE

- Board Training – All Board members have been trained on Evaluation of education and training programmes and all have attended the level one and two governance training.
- Meetings – successfully held thirteen (13) meetings at which 100% of the agendas were completed. In addition, Task Teams had 9 meetings; Task Team to review restoration guidelines finalized the review and Board approved the reviewed guidelines, Task Team to review the process and forms for the foreign qualified practitioners' application for registration – review finalized however approval at next level ongoing; Task Team appointed to review Biokinetics Internship processes finalized.
- Committees of the Board (Name of the Committees and the mandate of the committee)

| NAME OF COMMITTEE | MANDATE |
|--|---|
| Biokinetics Internship Committee | <p>The committee is authorised to: -</p> <ul style="list-style-type: none"> • conduct evaluations of any training facility for purposes of Biokinetic internship; • consider and approve training facilities for purposes of Biokinetic internship; and • appoint evaluators for purposes of evaluating any training facility. |
| Education, Training and Registration Committee | <ul style="list-style-type: none"> • deal with, finalise and to report to the Professional Board on all matters relating to the theoretical, practical and clinical training of professions within the ambit of the Professional Board and persons undergoing training; • consider, finalize and report to the Board on all non-compliant applications for registration and applications for registration received from foreign qualified practitioners, • ensure that the minimum standards of education and training at education institutions, as may be determined by the Board from time to time are maintained, i.e. to undertake initial assessments and conduct re-evaluations and site-visits on a regular basis. • to seek and obtain any information or documents it requires from any employee of Council, education and training institutions recognised by the Board, stakeholders and other Professional Boards in order to perform its duties. • conduct evaluations of education and training programmes submitted to the Board for approval purposes; • to consider applications from any educational institution wishing to offer education and training that falls within the ambit of the Board; • advising the Board relating to international trends and best practices relating to education and training and to conduct research on matters aimed at advancing and developing the education and training of the professions falling under the ambit of the Professional Board; • deal with and finalize all applications for restoration or registration requiring Board examinations. • perform other oversight functions as requested by the Board; |
| The Committee of Preliminary Inquiries | <p>The Committee of Preliminary Inquiry is mandated within the current policy parameters as determined by the Board to:-</p> <ul style="list-style-type: none"> • consider any complaint against a person registered in the register of the professional board and decide on the appropriate manner of dealing with such a complaint in terms of Regulation 4 of the Regulations Relating to the Conduct of Inquiries into alleged Unprofessional Conduct Under the Health Professions Act; • consult with or seek information from any person, including the person against whom the complaint, charge or allegation has been lodged, whenever the committee is in doubt as to whether an inquiry should be held in connection with the complaint, charge or • formulate recommendations regarding the amendment and/or developments of the ethical rules and guidelines relating to the ethical conduct of practitioners. • advise the Professional Board on trends relating to the conduct of practitioners and the nature of offenses. |
| Executive Committee | <p>The Executive Committee is mandated within the current policy parameters as determined by the Board to:</p> <ul style="list-style-type: none"> • to 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; • to deal with and to report to the Board on all matters relating to public relations and media coverage pertaining to the business of the Board; • to ensure sound and regular communication with all relevant stakeholders relating to all matters pertaining to the professions; • attend to any urgent matters in between Board meetings. • direct the Registrar to, or the Acting Registrar on the established policies of the Professional Board may have, remove from the register the name of any person |
| Professional Practice Committee | |

4. REPORT ON ANNUAL PERFORMANCE

4.1. EDUCATION AND TRAINING

- Evaluations (Table Format)

The four institutions that were re-evaluated in 2022/2023:

| INSTITUTION | DATE | PROGRAMME |
|--|------------------------|---------------|
| University of the Witwatersrand (Wits) | 24 – 26 August 2022 | Physiotherapy |
| University of Cape Town (UCT) – | 7 - 9 September 2022 | Physiotherapy |
| University of Pretoria – (UP) | 21 – 23 September 2022 | Physiotherapy |
| University of the Western Cape (UWC) | 28 - 30 September 2022 | Biokinetics |

BOARD EXAMINATIONS

| CATEGORY | DATE | TOTAL CANDIDATES | PASSED | FAILED |
|---|-------------------|------------------|----------|----------|
| Physiotherapy Theory Board Examination | 23 May 2022 | 1 | 1 | 0 |
| Physiotherapy Theory Board Examination | 22 September 2022 | 1 | 1 | 0 |
| Physiotherapy Practical Board Examination | 1 July 2022 | 1 | 0 | 1 |
| Physiotherapy Practical Board Examination | 20 October 2022 | 2 | 1 | 1 |
| TOTAL NUMBER OF PPB BOARD EXAMINATIONS FACILITATED | Four (4) | 5 | 3 | 2 |

4.2. Registrations

Twenty (20) applications for the change of category to independent practice were approved for the period April 2022 – March 2023. The Task Team appointed by the Education Training and Registration Committee of the Board ensured that the applications received for the change of category were compliant in all standard requirements for registration and were all approved for registration in the category Independent Practice.

4.3. Professional Practice (CPD)

| PPB | | | | |
|-------------------------------------|----------------------------|-----------------------------|----------------|---------------|
| Accreditor | Accreditor status Approved | Period of Accreditor status | Annual Reports | Date received |
| Biokinetic Association of SA (BASA) | Yes | 4 yrs | Yes | 10-Jan-23 |
| Podiatry Association of SA (PASA) | Yes | 4 yrs | Yes | 12-Dec-22 |
| SA Society of Physiotherapy (SASP) | Yes | 4 yrs | Yes | 17-Jan-23 |
| University of Stellenbosch (US) | Yes | 4 yrs | Yes | 12-Dec-22 |
| University of the Free State (UF) | Yes | 4 yrs | Yes | 07-Dec-22 |
| University of Johannesburg (UJ) | Yes | 4 Yrs | Yes | 16-Jan-22 |

4.4. Professional Conduct

The Board continued to encourage reporting of unprofessional conduct at stakeholder engagements.

4.5. Risk Management – the Board developed a risk register which was monitored throughout the year with risk treatment plan tabled at full Board meetings.

4.6. Financial Management – the Board performed well within the allocated approved budget.

4.7. Stakeholder Management

One of the Board's key strategic objectives was to improve communication with stakeholders and inter-sectoral relations, this 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 Education and Training Registration Committee and Heads of Departments at Higher Education and institutions and other relevant Stakeholders

A. Practitioner Roadshow

In fulfilling the Board's strategic objective of stakeholder engagement, a virtual roadshow for practitioners was held on 11 October 2022-. The Education, Training and Registration Committee met with other stakeholders which included higher education institutions and professional associations, to interact and engage on policy/principle matters pertaining to education, training and registration for professions under the ambit of the Board.

B. Annual engagement with higher education institutions offering programmes in physiotherapy, podiatry & biokinetics, professional associations/societies, all other stakeholders from different sectors, was successfully held in August 2022.

5. CONCLUSION (Reflection on the performance of the Board)

ACHIEVEMENTS:

- a. Guidelines for Evaluation and Accreditation of institution for Physiotherapy, Podiatry and Biokinetics – Completed
- b. Standard Operating Procedure (SOP) for Biokinetics Internship reviewed, amended and approved.
- c. Newsletter published in November 2022.
- d. 100% of agendas for the period under review were finalized during all meetings that were scheduled and unscheduled.
- e. Successful stakeholder engagement with Head of Institutions
- f. Improved communication and interactions with strategic partners/stakeholders/practitioners.
- g. Minimum Standards of Training for three professions under the ambit of the Board were finalized and approved 2022.

Challenges:

- 1. Non-adherence to deadlines and some of the tasks taking longer than anticipated to be completed.
- 2. Capacity issues within Board Secretariat.
- 3. The Executive not sufficiently supporting the Board by attending its meetings
- 4. The Board has had one vacancy since its inauguration in 2020.







**PROFESSIONAL BOARD FOR
PSYCHOLOGY**

1. OVERVIEW AND CONSTITUTION

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).

2. STRATEGIC INTENT OF THE BOARD

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.

3. GOVERNANCE

Board Activities

To achieve the strategic objectives and to improve communication with stakeholders and inter-sectoral relations, the following structures supported the Board:

- Executive Committee
- Education, Training and Registration Committee
- Accreditation and Quality Assurance Committee
- Examinations Committee
- Professional Practice Committee
- Psychometrics Committee
- Forensic Psychology Task Team
- Neuropsychology Review Panel
- Committee of Preliminary Inquiry
- Ad-Hoc Performance Assessment Committee



Dr Justin Oswin August
CHAIRPERSON OF THE PROFESSIONAL BOARD FOR PSCHOLOGY

The following meetings and activities of the Professional Board were conducted and facilitated during the period 1 April 2022 - 31 March 2023:

| BOARD ACTIVITIES | NUMBER OF ACTIVITIES |
|---|----------------------|
| Professional Board meetings | 4 |
| Training of Board Members and Evaluators | 3 |
| Executive Committee meetings | 2 |
| Education, Training and Registration Committee meetings | 3 |
| Examinations Committee meetings | 3 |
| Committee for Preliminary Inquiry meetings | 3 |
| Psychometrics Committee meetings | 2 |
| Accreditation and Quality Assurance Committee meetings | 3 |
| Neuropsychology Review Panel meeting | 2 |
| Forensic Psychology Task Team | 1 |
| National Board Examinations | 3 |
| Stakeholder Engagements/Roadshow | 9 |
| Higher Education Institute and Internship sites Evaluations | 22 |
| Total of activities | 60 |

Risk Management

The Board approved and implemented a Risk Register as well as the Risk Treatment Action Plan. The risk register included the management controls that were in place. 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.

4. EDUCATION AND TRAINING

4.1 EVALUATION CRITERIA FOR PROFESSIONAL PROGRAMMES IN PSYCHOLOGY, REGISTERED COUNSELLING AND PSYCHOMETRY

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.

The Professional Board for Psychology, in consultation with members of the evaluation panels, has updated the criteria against which professional programmes in psychology are evaluated. The Board decided to make the evaluation criteria available to University departments in the interests of good practice and continuous quality assurance. We hope that with transparent evaluation criteria, Academic Departments will work towards achieving or exceeding all of the standards, not only in preparation for the evaluations that normally occur only once every five years but rather as an ongoing commitment to quality assurance.

Ten criteria (A to J) are listed in the document. Each of the criteria is associated with minimum standards that are further broken down into key elements or examples. Evaluators will rate the programmes that they are evaluating for each of the ten criteria. Four options are available: (4) Exceeds minimum standards; (3) Meets minimum standards; (2) Partially meets standards; and (1) Does not meet standards. Evaluation panels will complete a report with recommendations based on the evaluation criteria, which will be considered first by the Accreditation and Quality Assurance for a recommendation to the Board for Psychology.

Some of the historical requirements do not apply to new programmes that are being evaluated for the first time. It should be noted that while many of the standards and items apply to all categories (Clinical, Counselling, Educational, Research and Industrial Psychology, Neuropsychology, Psychometry and Registered Counsellor), some are specific to particular categories. This is clearly indicated.

These criteria are new and will be further revised as needed. All other related documentation will be updated in accordance with the evaluation criteria in the coming months.

The evaluation process shall be that one panel member per programme will conduct the site inspection and see the students, lecturers and course coordinators before the virtual meeting with senior staff and management. The onsite inspection will then inform the virtual meetings.

The following training institutions were evaluated in 2022/2023:

| Institution | Programme |
|-------------------------------|---|
| Rhodes University | Clinical Psychology Counselling Psychology |
| University of KwaZulu-Natal | Clinical Psychology Counselling Psychology Research Psychology Industrial Psychology |
| SACAP JHB | BPsych Registered Counsellor BPsych Equivalent Registered Counsellor |
| UNISA | Industrial Psychology |
| SACAP CPT | BPsych Registered Counsellor BPsych Equivalent Registered Counsellor |
| Cornerstone | BPsych Registered Counsellor |
| University of Cape Town | Clinical Psychology Industrial Psychology Neuropsychology |
| University of Johannesburg | Industrial Psychology |
| Rhodes University | Student Counselling Centre (RUCC) – Counselling Psychology Internship Programme |
| Fort England Hospital | Clinical Psychology Internship Programme |
| 1 Military Hospital | Clinical Psychology Internship Programme |
| KPMG | Industrial Psychology Internship Programme |
| Automotive Transport Academy | Industrial Psychology Internship Programme |
| Tshwane University Technology | Counselling Psychology Internship Programme |

4.2 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, were also required to do the National Board Examination in order to be registered or restored to the register. The examinations proceeded to be conducted virtually.

National Board Examinations were conducted between June 2022 and February 2023 as follows:

| DATE OF EXAMINATION | CATEGORY | NUMBER OF CANDIDATES | NUMBER OF CANDIDATES PASSED | NUMBER OF CANDIDATES FAILED |
|---------------------|---------------------------------|----------------------|-----------------------------|-----------------------------|
| June 2022 | Clinical Psychology | 37 | 30 | 7 |
| | Counselling Psychology | 24 | 23 | 1 |
| | Research Psychology | 6 | 5 | 1 |
| | Educational Psychology | 14 | 13 | 1 |
| | Industrial Psychology | 39 | 33 | 6 |
| | Neuropsychology | 0 | 0 | 0 |
| | Registered Counsellor | 30 | 29 | 1 |
| | Psychometry | 38 | 25 | 13 |
| | Total for all categories | 188 | 158 | 30 |

| DATE OF EXAMINATION | CATEGORY | NUMBER OF CANDIDATES | NUMBER OF CANDIDATES PASSED | NUMBER OF CANDIDATES FAILED |
|---------------------|---------------------------------|----------------------|-----------------------------|-----------------------------|
| October 2022 | Clinical Psychology | 44 | 38 | 6 |
| | Counselling Psychology | 25 | 24 | 1 |
| | Educational Psychology | 37 | 30 | 7 |
| | Industrial Psychology | 25 | 20 | 5 |
| | Research Psychology | 3 | 2 | 1 |
| | Neuropsychology | 0 | 0 | 0 |
| | Registered Counsellor | 53 | 52 | 1 |
| | Psychometry | 78 | 54 | 24 |
| | Total for all categories | 265 | 220 | 45 |

| DATE OF EXAMINATION | CATEGORY | NUMBER OF CANDIDATES | NUMBER OF CANDIDATES PASSED | NUMBER OF CANDIDATES FAILED |
|----------------------|---------------------------------|----------------------|-----------------------------|-----------------------------|
| February 2023 | Clinical Psychology | 38 | 32 | 6 |
| | Counselling Psychology | 25 | 19 | 6 |
| | Educational Psychology | 25 | 20 | 5 |
| | Research Psychology | 4 | 2 | 2 |
| | Industrial Psychology | 38 | 33 | 5 |
| | Neuropsychology | 5 | 5 | 0 |
| | Registered Counsellor | 63 | 59 | 4 |
| | Psychometry | 113 | 78 | 35 |
| | Total for all categories | 311 | 248 | 63 |

The total candidates who took the examinations (including those who passed or failed) during the 2022/ 23 financial year were as follow:

- **764** candidates wrote the Board examination
- **626** candidates passed
- **138** candidates failed

4.3 DISCONTINUATION OF VIRTUAL NATIONAL BOARD EXAMINATIONS

The Board in its meeting held on 30 November 2022 resolved that due to the National State of Disaster being lifted and Council revoking the Business Continuity Plan, the National Board Examinations will return to venue-based examinations as from year 2023. The virtual examinations were an interim measure in response to the restrictions placed due to the COVID-19 pandemic.

A deviation was granted for the February 2023 National Board Examinations, these examinations were conducted virtually. This was to ensure the smooth running of the examinations, by allowing adequate time to arrange the logistics of venue-based examinations, including preparing the examiners, moderators, examinees and the Education and Training Division well in advance.

A communication was sent out to Institutions of higher learning to inform students and interns on the changes to the National Board Examinations, that as from June 2023 examinations will be venue-based. They will be conducted in Johannesburg, Pretoria, Cape Town, Bloemfontein, Durban, Polokwane and Gqeberha (Port Elizabeth).

5. PROFESSIONAL PRACTICE

5.1 ACCREDITED CONTINUOUS PROFESSIONAL PROVIDERS

The Accredited Service Providers were individuals or institutions approved by the Professional Board (PB) on the basis that they meet the criteria set out on the Accredited Service Provider guidelines of the Health Professions Council of South Africa (HPCSA). The criteria and processes followed, as well as the procedures for record keeping developed by Council in consultation with the PB with the main purpose to ensure that the process of CPD accreditation was standardised across all PBs in order to fulfil the CPD mandate in terms of section 26 of the Health Professions Act 56 of 1974. The Accredited Service Providers below have been approved by the Board.

| Name of institution | Type of institutions |
|--|--------------------------|
| Psychological Society of South Africa | Professional Association |
| Society for Industrial and Organisational Psychology | Professional Association |
| University of the Free State | Academic Institution |

5.2 UPDATE ON PRACTITIONER'S COMPLIANCE TOWARDS THE CONTINUOUS PROFESSIONAL DEVELOPMENT PROGRAMME FOR OCP BOARD

Continuous Professional Development (CPD) was a legal requirement in terms of section 26 of HPCSA Act 56 of 1974, as amended. CPD is the process of documenting and tracking the skills, knowledge and experience that practitioners gain both formally and informally as they work, this being beyond any initial training. The primary purpose of CPD is to ensure that all practitioners maintain and improve their professional knowledge, skills and performance for improved patient/client and health systems outcomes.

In an effort to improve the efficiency of the Continuous Professional Development (CPD) programme, the Health Professions Council of South Africa (HPCSA) approved some amendments to some aspect of CPD programme; mainly pertaining to the manner of submission evidence of CPD compliance. This report aims to bring the amendments to your attention, as approved, and to appraise the Board on the extent of the registered health practitioner's compliance towards the requirements:

- the practice of random sampling practitioners from the HPCSA's database to verify compliance has been discontinued. All registered practitioners are now expected to always remain compliant to CPD requirements;
- online self-service platform on the HPCSA's website is now available to all registered practitioners in order to submit enquiries and/or upload necessary evidence of CPD compliance. Registered practitioners can view the CPD status online;
- for all approved CPD activities, the HPCSA has approved that the facilitators submit the attendance registers directly to HPCSA to update practitioner's CPD status. This will officially begin effective 1 February 2022 for some professional boards, while the rest of the professions will commence on 1 March 2022;
- Issuance and submission of Continuous Education Unit (CEUs) certificates is no longer mandatory, as the information will be provided directly to the HPCSA by the approved facilitators of the activities;
- the online portal will remain active in order to cater for the exceptions of the above, example is when CPD was facilitated by international provider, submission of published manuscripts, submission of level two activities such as formal qualifications etc.

The compliance rate of the Board at the end of March 2023 was as follows:

| PSB REG CATE | | Non-Compliance | | Compliance | | Total |
|--------------|-----|----------------|---------------|-------------|---------------|--------------|
| PSB | PM | 8 | 100,0% | 0 | 0,0% | 8 |
| PSB | PMT | 1741 | 84,9% | 310 | 15,1% | 2051 |
| PSB | PRC | 2270 | 86,1% | 365 | 13,9% | 2635 |
| PSB | PS | 7174 | 76,9% | 2161 | 23,1% | 9335 |
| Total | | 11193 | 79.8 % | 2836 | 20.2 % | 14029 |

5.3 THE CREDO/ PLEDGE FOR PSYCHOLOGY PRACTITIONERS

The Board had resolved that the Credo as an aspirational code for psychological practitioners be approved and be served at the HOD Stakeholder meeting for further consultation on the proposed implementation process with a view to the time of implementation and the requirement of signing of the Credo by qualifying practitioners.

Stakeholders during the meeting with Heads of Department and Internship sites supported the credo and recognised the need to implement one for the entire profession. Stakeholders were invited to submit further input in writing, no further input was received thus far. The Credo was then referred to the Practice Committee for implementation.

The Board in August 2022 resolved that the Credo/Pledge be approved and implemented. It be distributed to Institutions of Higher Education, and they be advised that the Credo/Pledge was not enforced, but a recommendation from the Professional Board.

5.4 REVIEW OF ETHICAL RULES OF CONDUCT AND ANNEXURE 12

The Health Professions Council of South Africa has embarked on the programme to review and improve ethical guidelines and relevant policies in order to support healthcare provision by aligning regulatory framework with prevailing circumstances in order to protect the public and guide the professions. The professional and ethical rules and guidelines require continuous maintenance as well as updates in order to adequately provide guidance to the practitioners on matters relating to their practice. The aim of the review is to make necessary adjustment to the professional and ethical framework of the HPCSA, not only for the practitioners to utilise in their day-to-day delivery of services, but also for the public to make use of. The Professional Board in August 2022 noted the reviewed Annexure 12 and approved the amendments made. The Board further resolved to engage internal and external stakeholders for commenting. Stakeholders were engaged and minimal input was made.

5.5 LIST OF CLASSIFIED PSYCHOLOGICAL TESTS

Regulations Defining the Scope of the Profession of Psychology (Government Gazette, No. 31433, 16 September 2008, section 2(f)) declares that the Board must publish a notice of tests classified for use by psychology professionals. A revised list of tests as classified was updated and submitted to the Professional Board for approval. The Board approved the list in November 2022 and a request to gazette the list was submitted to Legal Advisor: Legislative Drafting. The list was published.

5.6 PROFESSIONAL CONDUCT

The Committee conducted three meetings in 2022/2023 and a total of 67 cases served before the Committee of Preliminary Inquiry as follows:

| PRELIM MEETING | Meetings | Finalised by Prelim | | | | | Contempt Of council | Deferred | | | | | | Referred | | Total Matters Considered | | | | | |
|-------------------|----------|---------------------------|--------------------------|-------------------------------|--------------------|-------------------|---------------------|----------|----------|-------------------------|-----------------------|--------------|---------------------------|---------------------|------------------|--------------------------|-------------------------|-----------|------------------|------------------------|-------------|
| | | Explanation accepted 4(7) | Caution/Reprimand 4(9) A | Referred for Inquiry Reg 4(8) | Guilty Fine 4(9) D | Closed \withdrawn | | Reg 4(4) | Reg 4(5) | 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 |
| PSB 5/5/22 | 1 | 6 | 2 | 1 | 5 | | | 2 | | | | 1 | | | | | | | | | 16 |
| PSB 23/8/22 | 1 | 21 | 2 | 2 | 3 | | | 1 | 3 | | | 2 | | | | | | | | | 34 |
| PSB 15/11/22 | 1 | 6 | | 5 | 6 | | 3 | | 1 | | | | | | | | 1 | | | | 17 |
| PSB 17/3/22 | 0 | | | | | | | | | | | | | | | | | | | | |
| TOTALS | 3 | 33 | 4 | 8 | 14 | | 3 | 3 | 4 | | | 3 | | | | 1 | | | | | 67 |
| C/C 59/67* | | | | | | | | | | | | | | | | | | | | | |
| 100=88% | | | | | | | | | | | | | | | | | | | | | |

6. STAKEHOLDER MANAGEMENT AND ADVOCACY

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.

Meeting with Heads of Education Department, Internship Sites and Professional Associations

The annual meeting with the Heads of Departments, which included the Programme Coordinators, and the Internship Coordinators was held. The purpose of the engagement was to highlight the important role and responsibility of institutions in the quality assurance of internship training, especially in the case of tailored internships.

Presentation to Military Psychology Institute and 1 Military Hospital Interns

An invited was received from the 1 Military Hospital and Military Psychology Institute to present on the functions and policy framework of the Professional Board for Psychology, as well as on psychological ethics to their Interns. The Deputy Company Secretary and Committee Coordinator assigned to the Professional Board attended the session on the 20th of September and the 2nd of December to present and discuss Board expectations from psychology interns.

PSYSSA 26th Congress

PsySSA hosted the 26th Congress at Emperors Palace Conference Centre, Johannesburg, from 12th to 14th October 2022. The Professional Board for Psychology was invited to participate in, and present at the 26th Congress. The 26th Annual South African Psychology Congress sought to animate

emancipatory impulses and potentialities within the science, practice and profession. With this in mind, the 26th Congress had as its theme, Tending to the Seeds of Crisis: Looking to a New Horizon of African-centred Psychology.

The Head of Division: Professional Practice, attended the conference to present on the Board's CPD compliance report, and on the amendments and application of telehealth. An exhibition table was manned by Board Secretariat who attended to enquiries pertaining to the Board and HPCSA functions. The Board sponsored the conference with promotional material.

Council for Medical Schemes (CMS) - Exclusion of Claims from Educational, Counselling and Industrial Psychologists - Interpretation of The Scope Of Psychology

On 4 April a meeting was held with Dr Kabane, CMS CEO, Dr August, Prof Young and HPCSA Executive Management. The meeting noted that –

1. from the Professional Board's Committee of Preliminary Inquiry, it had become apparent that when some Medical Schemes become aware that practitioners were over servicing, overcharging or committing fraud, they use threats of reporting the practitioner to the Committee of Preliminary Inquiry in order to leverage compliance with the repayment agreement. This became evident where medical aids have reported practitioners because they had not complied with some agreement that they had entered into with the practitioner. The Board was not unsympathetic to medical schemes who have a duty to recover costs that were fraudulently claimed but would request that medical schemes should report those practitioners so that they could be held accountable by the HPCSA and face professional sanctions without which such practitioners were likely to commit other professional misconduct elsewhere;
2. concerning the payment of claims, medical aids should not rely on the 2011 scope of practice regulations, which was now a redundant document and formally withdrawn. Rather, medical aids need to delineate between categories and should rely on minimum competencies for the different categories. While this would not be the perfect solution, it is the most comprehensive way in which the Board has attempted to delineate between the various categories.

As a result of the meeting held, a Joint Regulatory Forum was established to facilitate the resolution of Fraud, Waste and Abuse related billing disputes between service providers and the medical schemes. In combating Fraud, Waste and Abuse within the medical schemes industry the regulatory gap that exists between the CMS and other regulators including the HPCSA, has been identified by many observers as a key contributor to the lack of success in this endeavour. The Section 59 Investigation Panel have also identified the closer co-operation and collaboration between the CMS and the HPCSA, as a key intervention that will ensure an equitable and transparent intervention to address billing related disputes in the medical schemes industry. The functions and objectives of the Joint Regulatory Forum include:

- Meet on a quarterly basis to consider reports from the Joint Technical Team
- Consider and decide on matters escalated to it by the Joint Technical Team
- Consider and approve jointly developed Standard Operating Procedures
- Decide on section 59 disputes and any other matters to escalate to the Fraud, Waste and Abuse Dispute Resolution Tribunal
- Decide on matters to be escalated to other Regulators and Law enforcement Agencies
- Release joint media statements on key issues
- Make regular joint presentations to the National Department of Health
- Collaborate on matters of mutual interest identified in the Memorandum of Agreement
- Sign a Memorandum of Agreement between the two parties

Roadshow on the Proposed Training Framework for Professional Psychology

A roadshow on the proposed training framework for professional psychology was held on 3 March 2023 at the Radisson Blu Hotel and Residence in Cape Town. The purpose of the roadshow was to promote dialogue with stakeholders and to promote transparency on the approved proposed training framework for professional psychology. The roadshow was attended by twenty-two (22) representatives from various Universities and Internship Sites, which include Stellenbosch University, University of Cape Town, University of the Western Cape, Cornerstone Institute and the Western Cape Department of Health.

Internship Stakeholder Breakfast Session - UNISA Department of Industrial and Organisational Psychology

An Internship Stakeholder Breakfast Session was held with the UNISA Department of Industrial and Organisational Psychology on 28 March 2023 at the Alpine Attitude Boutique Hotel, the purpose of the engagement was on psychology internships and Board examination processes. The session was attended by the Chairperson of the Board and the Committee Coordinator of the Board.

Meeting with SIOPSA HOD Forum on Linking of Internship Programme with Academic Training

SIOPSA HOD Forum representatives attended the 14 March 2023 Board meeting to engage further and ascertain the kind of support required to ensure that they complied. Engaging further with SIOPSA HOD Forum did not mean that the Board was remedying lack of consultation. The engagement was not to negotiate, but to determine the support required to ensure that institutions were complying. The Board resolved that the matter be referred to the Education, Training and Registration Committee, the data expected from universities would provide guidance in terms of a way forward. The SIOPSA HOD Forum was advised that the requirement to relink remained.

Mental Health Awareness month – October 2022

In commemoration of the Mental Health Awareness Month, an article was released by Corporate Affairs in consultation with the Board's Executive Committee to educate and bring awareness to the public on the importance of mental health.

CONCLUSION

The Board remains committed to fulfilling its mandate that will be of benefit to the profession of psychology and the South African population. Engagements nationally and internationally is a key area of focus for the Board to allow for the development of progressive processes and procedures.





PROFESSIONAL BOARD FOR
RADIOGRAPHY AND
CLINICAL TECHNOLOGY

1 OVERVIEW

The Professional Board for Radiography and Clinical Technology is established in terms of Section 15 of the Health Professions Act, 56 of 1974, which details the objects and functions as well as the general powers of the Professional Board.

The Board is constituted of thirteen (13) members appointed by the Minister of Health in terms of Section 15 of the Health Professions Act, 56 of 1974.

2. STRATEGIC INTENT OF THE BOARD

The Board has adopted the vision and mission, which are closely aligned to that of the HPCSA, yet reflective of the unique nature of the Radiography and Clinical Technology professions .

The Board approved the following vision and mission statements.

The vision of the Professional Board for Radiography and Clinical Technology is to be a Regulator of ethical, equitable, efficient, and innovative Radiography and Clinical Technology Profession.

The mission of the Radiography and Clinical Technology Board is to strive to efficiently, within its mandate:

- a. Prioritise protection of the public by ensuring ethical standards of practice in the profession.
- b. Ensure continuous professional development.
- c. Develop, monitor and ensure compliance to policies and procedures in ensuring protection of all.
- d. Effectively engage and collaborate with all stakeholders, and
- e. Function in an effective and efficient manner.

Strategic objectives

To achieve this, the Professional Board developed a five-year strategic plan and identified the following five (5) strategic goals:

- a. Effective CPD Programme
- b. Implemented (A Quality Assurance) Guidance Programme for the Professions
- c. Enhance Ethical Practice
- d. Improved Practice Guidance Environment for all Professions in the Board
- e. Improved Relationships Between Professional Board for Radiography and Clinical Technology Professions and all relevant stakeholder 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's activities ensuring that the Board meets its objectives.

3. GOVERNANCE

3.1 Committees of the Board

The Professional Board for Radiography and Clinical Technology has set up the following committees to enable the Board to deliver on its mandate and achieve the set strategic goals –

- a. Education, Training and Registration Committee
- b. Professional Practice Committee
- c. Committee of Preliminary Inquiry
- d. Executive Committee



Dr Chevon Clark
CHAIRPERSON OF THE PROFESSIONAL BOARD FOR RADIOGRAPHY AND CLINICAL TECHNOLOGY

3.2 Meetings

To achieve the strategic objectives as referred to above, the following meetings and Board activities were conducted between 1 April 2023 and 31 March 2023.

| PROFESSIONAL BOARD ACTIVITIES | NUMBER OF ACTIVITIES |
|---|----------------------|
| Professional Board meetings (4 ordinary and 1 strategic planning) | 5 |
| Education Committee meetings (4 ordinary 1 special) | 5 |
| Professional Practice Committee (2 ordinary meetings) | 2 |
| Committee of the Preliminary Inquiry (4 ordinary meetings) | 4 |
| Task Team meetings | 4 |
| Stakeholders meetings | 2 |
| Training workshops | 1 |

4. REPORT ON ANNUAL PERFORMANCE

4.1. EDUCATION AND TRAINING

One of the primary functions of the Board is to determine and uphold standards of education and training. This function is delegated to the Education, Training and Registration Committee and includes systems of evaluation and accreditation of education and training against a set of standards and guidelines. The Board continuously monitors provision of quality education and training of professionals under its ambit.

The Education, Training and Registration Committee convened four (4) meetings during the reporting period.

The committee conducted the evaluators training on 28 March 2023.

4.1.2 Evaluations

The Board continuously monitored the provision of quality education and training of professionals under its ambit and was committed to provide the necessary support to institutions. Institutions are scheduled for evaluation and accreditation to train students in accordance with the minimum standards of education and training every five years.

The following HEI were evaluated during the reporting period.

| Name of the HEI | Qualification | Date |
|--|-------------------------|---------------------|
| Sefako Makgatho Health Sciences University | Diagnostics Radiography | 23 – 26 August 2022 |
| Nelson Mandela University | Diagnostics Radiography | 25-28 October 2022 |

4.1.2 Evaluations of clinical training facilities

A total of 118 evaluations of clinical training facilities were conducted and approved for the training of students, 19 for Clinical Technology and 99 for Radiography.

Clinical Technology

| | HEI | FACILITY | CATEGORY | DATE |
|-----|----------------------------------|---|-----------------|------------|
| 1. | Central University of Technology | Chris Hani Baragwanath Academic Hospital | Nephrology | 12-05-2022 |
| 2. | Central University of Technology | Bernice Terblanche | Neurophysiology | 20-05-2022 |
| 3. | Central University of Technology | Charlotte Maxeke Hospital | Neurophysiology | 19-05-2022 |
| 4. | Durban University of Technology | Helen Joseph Hospital | Cardiology | 25-05-2022 |
| 5. | Durban University of Technology | St Augustine's Hospital | Cardiology | 25-05-2022 |
| 6. | Durban University of Technology | Helen Joseph Renal Unit | Nephrology | 12-05-2022 |
| 7. | Durban University of Technology | Helen Joseph Renal Unit | Nephrology | 12-05-2022 |
| 8. | Central University of Technology | Chris Hani Baragwanath Hospital Respiratory and Neurosurgery Clinic | Pulmonology | 07-07-2022 |
| 9. | Durban University of Technology | Drs Gafoor and Soosiwala Inc: Cardiology | Cardiology | 05-07-2022 |
| 10. | Durban University of Technology | Inkosi Albert Luthuli Hospital: Cardiology | Cardiology | 04-07-2022 |
| 11. | Central University of Technology | Drs Don Zachariah: Cardiology | Cardiology | 08-07-2022 |
| | Central University of Technology | Chris Hani Baragwanath Academic Hospital | Critical Care | 6-09-2022 |
| 12. | Durban University of Technology | Inkosi Albert Luthuli Hospital | Pulmonology | 7-09-2022 |
| 13. | Central University of Technology | Livingston Hospital | Critical Care | 30-08-2022 |

| | | | | |
|-----|----------------------------------|------------------------------------|----------------------|------------|
| 14. | Durban University of Technology | Helen Joseph Hospital | Pulmonology | 2-11-2022 |
| 15. | Durban University of Technology | Charlotte Maxeke Academic Hospital | Cardiology | 1-11-2022 |
| 16. | Central University of Technology | Universitas Academic Hospital | Critical Care | 31-10-2022 |
| 17. | Tshwane University of Technology | Mediclinic Soweto Renal Services | Nephrology | 20-10-2022 |
| 18. | Nelson Mandela University | Bay Radiology (Greenacres) | Diagnostics | 5-12-2022 |
| 19. | Central University of Technology | Cape Facility | Reproductive Biology | 23-03-2023 |

Radiography

| | HEI | FACILITY | CATEGORY | DATE |
|-----|---|---|-------------------|------------|
| 1. | Nelson Mandela University | Cecilia Makiwane Hospital | Diagnostics | 22-06-2022 |
| 2. | Cape Peninsula University of Technology | Netcare N1 Radiotherapy Department | Radiotherapy | 06-06-2022 |
| 3. | Nelson Mandela University | Nelson Mandela Academic Hospital | Diagnostics | 06-07-2022 |
| 4. | University of Johannesburg | Dr Laubscher and Partners\Potchefstroom Mediclinic | Diagnostics | 14-07-2022 |
| 5. | University of Johannesburg | Dr Laubscher and Partners\Anncron Life Hospital | Diagnostics | 13-07-2022 |
| 6. | University of Johannesburg | Dr Laubscher and Partners \Wilmed Private Hospital | Diagnostics | 13-07-2022 |
| 7. | University of Johannesburg | Keystone Radiology | Ultrasound | 11-08-2022 |
| 8. | University of Johannesburg | Mooimed Keystone Radiology Potchefstroom | Ultrasound | 10-08-2022 |
| 9. | University of Johannesburg | Unit 1 @ Health Medical Centre | Diagnostics | 11-08-2022 |
| 10. | University of Johannesburg | Unit 41 Metro Lifestyle Centre Montana | Diagnostics | 11-08-2022 |
| 11. | University of Johannesburg | Mooimed Keystone Radiology Potchefstroom | Diagnostics | 10-08-2022 |
| 12. | Cape Peninsula University of Technology | Cape Gate Radiation Oncology | Radiotherapy | 8-08-2022 |
| 13. | Cape Peninsula University of Technology | Vergelegen Radiation Oncology | Radiotherapy | 4-08-2022 |
| 14. | University of Johannesburg | Anncron Life Hospital | Ultrasound | 4-08-2022 |
| 15. | University of Johannesburg | Wilmed Private Hospital | Ultrasound | 4-08-2022 |
| 16. | University of Johannesburg | Potchefstroom Mediclinic | Ultrasound | 5-08-2022 |
| 17. | Durban University of Technology | Jackpersad & Partners Chartsmed | Diagnostics | 20-09-2022 |
| 18. | Durban University of Technology | Jackpersad & Partners Pietermaritzburg | Diagnostics | 21-09-2022 |
| 19. | Durban University of Technology | Jackpersad & Partners eThekweni Hospital & Heart Centre | Diagnostics | 22-09-2022 |
| 20. | Durban University of Technology | Jackpersad & Partners City Hospital | Diagnostics | 20-09-2022 |
| 21. | Durban University of Technology | Jackpersad & Partners Midlands Medical Centre | Diagnostics | 20-09-2022 |
| 22. | Durban University of Technology | Jackpersad & Partners Victoria | Diagnostics | 22-09-2022 |
| 23. | Cape Peninsula University of Technology | George Provincial Hospital | Diagnostics | 07-10-2022 |
| 24. | Cape Peninsula University of Technology | Winelands Radiology Busamed Paardevlei Private Hospital | Diagnostics | 06-10-2022 |
| 25. | Durban University of Technology | Lakesmith & Partners Westville Hospital | Diagnostic | 6-10-2022 |
| 26. | Durban University of Technology | Lakesmith & Partners Entabeni Hospital | Diagnostic | 7-10-2022 |
| 27. | Durban University of Technology | Lakesmith & Partners Kingsway Hospital | Diagnostic | 7-10-2022 |
| 28. | Durban University of Technology | Lakesmith & Partners Parklands Hospital | Diagnostic | 11-10-2022 |
| 29. | Durban University of Technology | Lakesmith & Partners Crompton Hospital | Diagnostic | 11-10-2022 |
| 30. | Durban University of Technology | Lakesmith & Partners Gateway Hospital | Diagnostic | 12-10-2022 |
| 31. | Durban University of Technology | Lakesmith & Partners Digital Mmamogramy | Diagnostic | 12-10-2022 |
| 32. | Durban University of Technology | Lakesmith & Partners St Augustine's | Diagnostic | 12-10-2022 |
| 33. | Durban University of Technology | Northdale Hospital (KZN Department of Health) | Diagnostic | 10-10-2022 |
| 34. | Durban University of Technology | Hillcrest Imaging Centre | Diagnostic | 10-10-2022 |
| 35. | Durban University of Technology | Jackpersad & Partners: Westridge Hospital | Nuclear Medicine | 26-10-2022 |
| 36. | Durban University of Technology | Inkosi Albert Luthuli Central Hospital (IALCH) | Nuclear Medicine | 26-10-2022 |
| 37. | -Durban University -of Technology | Drs Lake, Smith and Partners Inc – Entabeni & Gateway | Nuclear Medicine | 27-10-2022 |
| 38. | Durban University of Technology | King Edward VIII Hospital | Nuclear Medicine | 27-10-2022 |
| 39. | Nelson Mandela University | Bay Radiology Mangold imaging Centre (MIC | Diagnostics | 21-10-2022 |
| 40. | Durban University of Technology | Addington | Radiotherapy | 17-11-2022 |
| 41. | University of Pretoria | Steve Biko Academic Hospital | Radiation Therapy | 11-11-2022 |
| 42. | Durban University of Technology | Prince Mshiyeni | Diagnostics | 31-10-2022 |
| 43. | Durban University of Technology | Grey Hospital | Radiotherapy | 04-11-2022 |
| 44. | Durban University of Technology | Grey Hospital | Diagnostics | 01-11-2022 |
| 45. | Durban University of Technology | Dr Kauffman & Partners Inc Netcare St Anne's Hospital | Diagnostics | 01-11-2022 |
| 46. | Durban University of Technology | LSP - Crompton | Ultrasound | 5-12-2022 |
| 47. | Durban University of Technology | LSP - St Augustine's | Ultrasound | 5-12-2022 |
| 48. | Durban University of Technology | LSP - Kingsway | Ultrasound | 6-12-2022 |
| 49. | Durban University of Technology | LSP - Westville | Ultrasound | 6-12-2022 |

| | | | | |
|-----|--|---|------------------|---------------------|
| 50. | Durban University of Technology | LSP -Gateway | Ultrasound | 7-12-2022 |
| 51. | Durban University of Technology | LSP- Parklands | Ultrasound | 12-12-2022 |
| 52. | Durban University of Technology | LSP-Hilcrest | Ultrasound | 12-12-2022 |
| 53. | Durban University of Technology | LSP - Entabeni | Ultrasound | 13-12-2022 |
| 54. | Nelson Mandela University | Livingstone Hospital | Diagnostics | 5-12-2022 |
| 55. | Nelson Mandela University | Bay Radiology Greenacres | Diagnostics | 6-12-2022 |
| 56. | University of Pretoria | Steve Biko Academic Hospital | Nuclear Medicine | 14-12-2022 |
| 57. | Nelson Mandela University | Livingstone Hospital | Diagnostics | 6-12-2022 |
| 58. | Nelson Mandela University | Dora Nginza Regional Hospital | Diagnostics | 6-12-2022 |
| 59. | Nelson Mandela University | Bay Radiology, St Georges | Diagnostics | 5-12-2022 |
| 60. | Nelson Mandela University | Bay Radiology Drs Erasmus Vawda Rabe and Partners | Diagnostics | 5-12-2022 |
| 61. | Nelson Mandela University | Bay Radiology (Greenacres) | Diagnostics | 5-12-2022 |
| 62. | Cape Peninsula University of Technology | Hermanus Radiology | Ultrasound | 31-01-2023 |
| 63. | Cape Peninsula University of Technology | Bay Radiology Greenacres | Ultrasound | 01-02-2023 |
| 64. | Durban University of Technology | GJG Mpanza Regional Hospital | Diagnostics | 01-02-2023 |
| 65. | Durban University of Technology | Drs Perumal & Partners, Ahmed Al Kadi Hospital | Diagnostics | 31-01-2023 |
| 66. | Durban University of Technology | Lenmed Nu Shifa Hospital Radiology Department | Diagnostics | 31-01-2023 |
| 67. | Durban University of Technology | St Mary's District Hospital | Diagnostics | 01-02-2023 |
| 68. | Cape Peninsula University of Technology | Bellville Melomed | Diagnostics | 20-02-2023 |
| 69. | Cape Peninsula University of Technology | Cape Town Mediclinic | Diagnostics | 20-02-2023 |
| 70. | Cape Peninsula University of Technology | Christian Barnard Memorial | Diagnostics | 16-02-2023 |
| 71. | Cape Peninsula University of Technology | Gatesville Melomed | Diagnostics | 16-02-2023 |
| 72. | Cape Peninsula University of Technology | Groote Schuur Hospital | Diagnostics | 14-02-2023 |
| 73. | Cape Peninsula University of Technology | Milnerton Mediclinic | Diagnostics | 15-02-2023 |
| 74. | Cape Peninsula University of Technology | Mitchell's Plain | Diagnostics | 20-02-2023 |
| 75. | Cape Peninsula University of Technology | Tygerberg Hospital | Diagnostics | 14-02-2023 |
| 76. | Cape Peninsula University of Technology | Vincent Pillotti | Diagnostics | 15-02-2023 |
| 77. | Cape Peninsula University of Technology | Tygerberg Hospital | Ultrasound | 22-02-2023 |
| 78. | Cape Peninsula University of Technology | Groote Schuur Hospital | Ultrasound | 22-02-2023 |
| 79. | Cape Peninsula University of Technology | Solway Oncology | Radiotherapy | 27-02-2023 |
| 80. | Durban University of Technology | Inkosi Albert Luthuli Central Health | Ultrasound | 27-01-2023 |
| 81. | Durban University of Technology | Durdoc Hospital Radiography department | Diagnostics | 15-02-2023 |
| 82. | Durban University of Technology | Harry Gwala | Diagnostics | 15-02-2023 |
| 83. | University of Johannesburg | Charlotte Maxeke Academic Hospital | Diagnostics | 8-02-2023 |
| 84. | University of Johannesburg | Charlotte Maxeke Academic Hospital | Ultrasound | 8-02-2023 |
| 85. | University of Johannesburg | Drs. Matisson, Scott and Tobias | Nuclear Medicine | 2-02-2023 |
| 86. | University of Johannesburg | Dr. George Mukhari Academic Hospital | Nuclear Medicine | 9-02-2023 |
| 87. | University of Johannesburg | Radiologists Netcare Pinehaven Hospital | Ultrasound | 16-03-2023 |
| 88. | Sefako Makgatho Health Sciences University | Job Shimankana Tabane hospital | Diagnostics | 20-02-2023 |
| 89. | Sefako Makgatho Health Sciences University | Petersburg Provincial Hospital | Diagnostics | 20-02-2023 |
| 90. | Sefako Makgatho Health Sciences University | Brits District Hospital | Diagnostics | 8-02-2023 |
| 91. | Sefako Makgatho Health Sciences University | Dr George Mukhari Academic Hospital | Diagnostics | 10-02-2023 |
| 92. | Sefako Makgatho Health Sciences University | Jubilee Hospital | Diagnostics | 8-02-2023 |
| 93. | Sefako Makgatho Health Sciences University | Mankweng Hospital | Diagnostics | 9-02-2023 |
| 94. | Sefako Makgatho Health Sciences University | Potchefstroom Hospital | Diagnostics | 9-02-2023 |
| 95. | University of Johannesburg | Radiologists Netcare Pinehaven Hospital | Ultrasound | 16-03-2023 |
| 96. | Durban University of Technology | Oncology Centre | Radiotherapy | 27-03-2023 |
| 97. | Sefako Makgatho Health Sciences University | Mafikeng Provincial Hospital | Diagnostics | 10 /03 - 17/03 2023 |
| 98. | Sefako Makgatho Health Sciences University | 2. Klerksdorp Hospital | Diagnostics | 16-03-2023 |
| 99. | Sefako Makgatho Health Sciences University | 3. Tshepong Hospital | Diagnostics | 16-03-2023 |

4.1.3 Board examinations

The EEG Technicians theory and practical components examinations were conducted on 03 June 2022 and 04 June 2022, respectively.

Eight (8) candidates wrote theory component of the examination and only one passed this component. The 1 who passed the theory component wrote the practical component on 28 June 2022. The moderator report served at the ETRC Committee meeting held on 03 August 2022.

| EXAMINATION | DATE | TYPE | VENUE |
|------------------------|--------------|-----------|---------------------------|
| QUARTER 1- NONE | | | |
| EEG Examination | 03 June 2022 | Theory | HPCSA Offices |
| EEG Examination | 28 June 2022 | Practical | Netcare Alberton Hospital |

Special Ultrasound Examinations

The deferred special ultrasound examinations were conducted on 17 November 2021 (theory) and 29 November 2021 to 01 December 2021 (practical). This matter has been finalised and closed.

| EXAMINATION | DATE | TYPE | VENUE |
|----------------------------------|----------------|------------------|--------|
| QUARTER 1- NONE | | | |
| Ultrasound Special Supplementary | 6 June 2022 | Theory | Online |
| Ultrasound Special Supplementary | 7 June 2022 | Image Evaluation | Online |
| Ultrasound Special Supplementary | 9-13 June 2022 | Oral | Online |

Foreign Qualified Board Examinations

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

No examinations were conducted during the reporting period.

4.2. REGISTRATION

Active Registration (As of 31 March 2023)

| BRD CODE | REGISTER TYPE | REG CODE | REGISTER NAME | 31 Mar 2022 | 31 Mar 2023 | Movement |
|----------------------|---------------------------|----------|---|---------------|---------------|------------|
| RCT | Practitioner | DR | RADIOGRAPHER | 8 586 | 8 751 | 165 |
| | | EE | ELECTRO-ENCEPHALOGRAPHIC TECHNICIAN | 61 | 61 | 0 |
| | | KT | CLINICAL TECHNOLOGIST | 623 | 584 | -39 |
| | | KTG | GRADUATE CLINICAL TECHNOLOGIST | 843 | 978 | 135 |
| | | RLT | RADIATION TECHNOLOGIST | 8 | 8 | 0 |
| | | RSDR | RESTRICTED SUPP DIAG RADIOGRAPHER | 2 | 2 | 0 |
| | | SDR | SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHER | 115 | 112 | -3 |
| | | SKT | SUPPLEMENTARY CLINICAL TECHNOLOGIST | 2 | 2 | 0 |
| | Practitioner Total | | | 10 240 | 10 498 | 258 |
| | Student | DR S | STUDENT RADIOGRAPHER | 2 531 | 2 576 | 45 |
| | | DR V | VISITING STUDENT RADIOGRAPHER | 58 | 75 | 17 |
| | | EE S | STUDENT ELECTRO-ENCEPHALOGRAPHIC TECHNICIAN | 176 | 204 | 28 |
| | | KT S | STUDENT CLINICAL TECHNOLOGIST | 663 | 793 | 130 |
| | | RLTS | STUDENT RADIATION TECHNOLOGIST | 2 | 2 | 0 |
| | | SDRS | STUDENT SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHER | 9 | 9 | 0 |
| Student Total | | | 3 439 | 3 659 | 220 | |
| RCT Total | | | | 13 679 | 14 157 | 478 |

4.3. PROFESSIONAL PRACTICE (CPD)

The committee conducted two (2) meetings during the reporting period.

The committee during the reporting period considered and provided inputs to the following documents received from Professional Practice Division:

- a. Ethical Ruling
- b. Business Practice Policy
- c. Keeping of Patient Records (Booklet 9)

The Professional Practice Committee had a task team meeting regarding the establishment of Dialysis Technicians register with SAHPRA, Department of Health as well as other categories of clinical technology representatives that are not represented in the Board.

The committee considered and approved the annual reports submitted by the accreditors and accredited service providers approved by the Board regarding their CPD activities. The low CPD compliance rate by practitioners was flagged as an area of concern by the Board.

4.4. PROFESSIONAL CONDUCT

The Professional Conduct Unit comprises two sub-divisions, namely, the preliminary and conduct inquiries.

Committee of Preliminary Inquiry

In terms of the mandate of the Committee of Preliminary Inquiry (CPI) 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, 56 of 1974 and to report thereon any trends to the Professional Board for further deliberation.

During this period under review, there were three (3) RCT Preliminary Inquiry meetings held. The number of complaints that were considered by the RCT Committee of Preliminary Inquiry were 14 inclusive of backlog matters. Below is the illustration of how the committee resolved on matters served:

Total number Total finalised by PCI

Explanation accepted - 0
 Referred to inquiry - 1
 Penalty (caution, reprimand) imposed - 1
 Penalty imposed (Fine) 1

Total number deferred by PCI

Consultation Sec 42(1) - 4
 Notice to appear Reg 4(3) - 1
 Deferred further information 5

Total number referred by PCI

Health Committee - 0

Total number closed by PCI

Withdrawn - 1

| PRELIM MEETING | Meetings | Finalised by Prelim | | | | | Contempt Of council | Deferred | | | | | Referred | | Total Matters Considered | | | | | | |
|------------------------------------|----------|---------------------------|--------------------------|-------------------------------|--------------------|-------------------|---------------------|----------|----------|-------------------------|-----------------------|--------------|---------------------------|---------------------|--------------------------|------------------|-------------------------|-----------|------------------|------------------------|-------------|
| | | Explanation accepted 4(7) | Caution/Reprimand 4(9) A | Referred for Inquiry Reg 4(8) | Guilty Fine 4(9) D | Closed \withdrawn | | Reg 4(4) | Reg 4(5) | 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 |
| RCT 9/5/22 | 1 | | | | 1 | | | | 1 | | | 2 | | | | | | | | | 4 |
| RCT 14/10/22 | 1 | | 1 | | | | | 2 | | | | 1 | | | | | | | | | 4 |
| RCT 13/2/23 | 1 | | | | 1 | | | 2 | | | | 4 | | | | | | | | | 7 |
| RCT | | | | | | | | | | | | | | | | | | | | | |
| TOTALS | 3 | 1 | | 2 | | | | 4 | 1 | | | 7 | | | | | | | | | 15 |
| C/C 3/15* 100=20% | | | | | | | | | | | | | | | | | | | | | |

4.5. RISK MANAGEMENT

The Board has developed a risk register linked to the strategic objectives. The Risk Treatment progress report is submitted for consideration at each Board in terms of managing the risks.

The Secretariat and the Board constantly monitors the Risk Register and risks are identified and managed.

The Risk Register is revised annually and aligned to the revised strategic programmes.

4.6. FINANCIAL MANAGEMENT

The Board functioned well within its allocated budget in the financial year.

4.7. STAKEHOLDER MANAGEMENT

One of the Board's key strategy objectives is to improve stakeholder engagement through advisory and advocacy on matters affecting the profession.

In this regard, the Board engaged with its stakeholders through virtual stakeholder engagements and through electronic media. One newsletter and one e-Bulletin were published during the reporting period.

The following stakeholders' engagements were conducted:

- a. Meeting between the Board and the Higher Education Institutions, National and Provincial Coordinators, Clinical training facilities and Professional Associations was conducted on 24 May 2022 through Microsoft Teams.
- b. Consultative meeting with SAHPRA was held on 30 June 2022
- c. Inaugural CPD online seminar was held on 25 August 2022
- d. Consultative meeting with the Board of Healthcare Funders was held on 12 September 2022
- e. CPD online seminar was held on 24 November 2022
- f. Consultative meeting with the Western Cape Government was held on 13 January 2023

4.8. GOVERNANCE AND REGULATORY FRAMEWORK REVIEW

The Board has ensured full compliance with the strategic objectives in the reporting period (April 2022 to March 2023) as outlined in its Strategic Plan. All scheduled Board meetings were conducted, with good attendance and participation by Board members.

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

- a. Scope of practice for Ultrasound
- b. Scope of practice for EEG
- c. Forensic Radiography guidelines
- d. Supervision guidelines
- e. Restoration guidelines
- f. Minimum Standards for image interpretation
- g. Guidelines for Examinations of Foreign Qualified Radiographers in the Category Nuclear Medicine
- h. Guidelines for Examinations of Foreign Qualified Radiographers in the Category Radiation Therapy
- i. Guidelines for Examinations of Foreign Qualified Radiographers in the Category Ultrasound
- j. Guidelines for Examinations of Foreign Qualified Radiographers in the Category Diagnostic

The Board considered public comments submitted by the Health Ministry regarding the regulation defining the scope of profession for Clinical Technologist and made recommendations to the Minister of Health to promulgate the regulation into law.

The Board also considered public comments submitted by the Health Ministry regarding the regulation defining the scope of profession for Radiographers and made recommendations to the Minister of Health to promulgate the regulation into law.

5. CONCLUSION (Reflection on the performance of the Board)

As we reflect over the prior year, the Professional Board for Radiography and Clinical (RCT) has made substantial progress in achieving its strategic objectives, although the journey is not yet done. Our strategy commits us to continuously improve and innovate upholding high standards for the professions we regulate. Over this year and next, we will continue to pursue our strategic aims and build on the work outlined in this report.

I would like to thank:

The Professional Board for the achievement outlined in the report and their expertise, passion and commitment they bring to the Board.

To the HPCSA Executive Team, Council and Secretariat for your continuous support, leadership and mentorship.

To our stakeholders who continue to engage and support the Board in achieving the set strategic objectives, and that together we continue to collaborate to shape regulation that is effective, responsive and compassionate.







**PROFESSIONAL BOARD FOR
SPEECH LANGUAGE AND HEARING**

1. OVERVIEW

The Professional Board for Speech, Language and Hearing Professions is established in terms of Section 15 of the Health Professions Act, 56 of 1974 (The "Act"). Section 15 of the Act details the objects and functions as well as the general powers of the P Board.

The Health Professions Act creates the HPCSA as a statutory regulatory body against registrable professions with special interest in and oversight over Education and Training, Registrations, Professional Practice, and Professional Conduct as well as the Back Office to provide an enabling support infrastructure for an effective regulator. The Professional Board for Speech, Language and Hearing Professions executes the regulatory role on behalf of the HPCSA in all Speech, Language and Hearing professions.

The HPCSA as a statutory entity and by implication the Professional Board for Speech Language and Hearing Professions is a stakeholder to numerous public entities and in the same breath other public entities are stakeholders to the HPCSA and its Professional Boards.

The Professional Board for Speech, Language and Hearing Professions currently comprises ten (10) members appointed by the Minister of Health.

2. STRATEGIC INTENT OF THE BOARD

The strategic programmes of the Professional Board must present key strategic outcomes orientated goals and objectives to which the annual performance plan results can be measured, monitored and evaluated. The said set goals and performance indicators and targets aligned across the Board's governance structures and are supported by the required annual budget.

The heart of the Board's Strategic Plan is developed from Strategic Issue determination and distillation. The Strategic Plan of the HPCSA for the rolling five-year planning cycle (2021/22 – 2025/26) is anchored on eight (8) Strategic Goals that define the ends state of what Council was to achieve by the end of the planning cycle term.

2.1 Vision and mission

The Vision of the Board is to be: -

"A global leader in the regulation of quality education, training, and professional practice of Speech, Language and Hearing professions for all."

Mission statement of 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.

2.2 PROFESSIONAL BOARD FOR SPEECH, LANGUAGE AND HEARING STRATEGIES (STRATEGIC PROGRAMMES)

Goal#1: Achieve standardised minimum exit competency levels for all graduates in SLH professions.

Goal#2: Capacitated members of the Professional Board enabling effective discharge of mandated fiduciary responsibilities.

Goal # 3: Improved relationships between Professional Board for SLH and All Relevant Stakeholders by the end of the term (2025).

Goal#4: Ensured that all requisite Regulations, Guidelines and Rules that empower the Professional Board to regulate the professions are current, applicable, and just.

Goal# 5: Improved competency levels of all SLH Registered Professionals.

Goal# 6: All reported professional conduct matters are concluded timeously.

Goal# 7: Achieved full funding of the professional conduct processes.

Goa1#8: Digitally Enabled Professional Board by 2025.



Prof Lebogang Ramma

CHAIRPERSON OF THE PROFESSIONAL BOARD FOR SPEECH LANGUAGE AND HEARING

3. GOVERNANCE

3.1 MEETINGS

The Professional Board annually approves meeting schedule for the budget year for its governance structures. The meetings that took place, either virtual or in physical mode, are listed in the table below:

| | |
|--|--|
| Professional Board meetings | Special Board Meeting of 19 August 2022 Special Board Meeting of 26 September 2022 Ordinary Board Meeting of 27 March 2023 |
| Executive Committee meetings (EXCO) | None for the reporting period. |
| Professional Practice Committee (PPC) | Ordinary PPC of 03 August 2023 Ordinary PPC of 03 November 2023 Ordinary PPC of 07 March 2023 |
| Task Teams 1: Task Team to Develop a Competency Framework for the SLH Professions of Speech Language Therapy, Audiology and Hearing Aid Acousticians | 25 August 2022 30 March 2023 |
| Task Teams 2: Task team for Development of Board Specific Guidelines for Competency Evaluation | 05 September 2022 |
| Education Training Registration Committee (ETR) | Ordinary ETR of 02 August 2022 Ordinary ETR of 02 November 2022 Ordinary ETR of 01 March 2023 Special ETR of 11 March 2022 Special ETR of 23 March 2022 Special ETR of 15 August 2022 Special ETR of 05 December 2022 Special ETR of 23 December 2022 Special ETR of 29 January 2023 |

3.2 COMMITTEES OF THE BOARD

In terms of the Regulations relating to the functions and functioning of the Professional Chapter 1 Regulation 2(a), the Professional Board may from time-to-time establish such standing committees as it may deem necessary, each consisting of as many persons, appointed by the Professional Board, as the Professional Board may determine but including at least one member of the professional board who shall be the chairperson of such committee, and shall determine the composition, quorum, and terms of reference of each committee so established. The Professional Boards' regulatory work interest covers four regulatory functional. These are (1) Education and Training, (2) Registration, (3) Professional Practice, (4) Professional Conduct.

During the reporting period, the Professional Board established the following standing committees to perform operational work on its behalf however it did not abdicate its oversight of its duties delegated to the standing committees. The committees are Education Training and Registration committee, Professional Practice Committee and Committee of Preliminary Inquiries with the mandates outlined below.

3.2.1 EDUCATION, TRAINING AND REGISTRATION COMMITTEE (ETRC)

The mandate of the committee is -

- to recommend to the Board policies for evaluation of education and training programmes and facilities;
- to recommend to the Board any criteria, policy, rule, or regulation relating to the regulation of education and training programmes;
- to recommend to the Board regarding the evaluation and approval of education and training programmes;
- to recommend to the Board appointment of panels for accreditation and evaluation of programmes and institutions;
- to recommend to the Board policies for the recognition of additional qualifications registrable with the Board;
- to contribute to the Board strategic development and implementation in terms of education, training and registration matters;
- to recommend to the Board policies relating to registration and restoration; and
- to recommend to the Board, policy relating to the conduct of the assessments for competence in relation to recognition of qualifications not prescribed for registration.

3.2.2 PROFESSIONAL PRACTICE COMMITTEE

The mandate of the committee is -

- to recommend to the Board standards and guidelines for the practice of the professions;
- to recommend to the Board the guidelines on continued professional development;
- to recommend to the Board policies on any matter relating to Ethical guidelines for good practice in the health care professions registered under ambit of the Professions Board;
- to recommend and review guidelines for registration of practices and health care providers in collaboration with the Office of Health Standards;
- to promote ethical conduct, human rights, and the rights of patients amongst health care professions registered under the ambit of the Professions Board; and
- to contribute to the development of stakeholder engagement plans relating to the objectives and functioning of the Board, with respect to ethics, rights and practice related matters.

3.2.3 COMMITTEE OF PRELIMINARY INQUIRY

The mandate of the committee is -

- deal with and finalise all matters relating to preliminary inquiries regarding complaints in terms of section 41(2);
- determine appropriate fines in terms of section 42(8) of Act 56 of 1974;
- devise measures to regulate set the standards to which the professional boards practitioners should conform and recommend same to the board for approval; and
- identify trends relating to the conduct of Practitioners and refer such trends to the Boards for further deliberation and pronouncement.

4. REPORT ON ANNUAL PERFORMANCE

4.1. EDUCATION AND TRAINING

4.1.1 EVALUATIONS

| UNIVERSITY EVALUATED | PROGRAMME | NEW PROGRAMME OR RE-EVALUATION | APPROVED EVALUATION PERIOD |
|-----------------------------|---------------------------|--------------------------------|---|
| University of KwaZulu Natal | Speech-Language Pathology | Re-evaluation | Provisional approval for 2yrs |
| | Audiology | | |
| University of Cape Town | Speech-Language Pathology | Re-evaluation | Conditional approval pending submission of the plan of action and |
| | Audiology | | |
| University of Pretoria | Speech-Language Pathology | Re-evaluation | Provisional approval for 2yrs |
| | Audiology | | |

4.1.2 EXAMINATIONS

| TYPE OF EXAMINATION | EXAMINATION PERIOD (MONTH) | # OF PRACTITIONERS EXAMINED |
|---------------------|----------------------------|-----------------------------|
| OSCE | March 2023 | 1 |

4.1.3 REGISTRATIONS

| BRD CODE | REGISTER TYPE | REG CODE | REGISTER NAME | TOTAL |
|----------|----------------------|---------------------------|--|--------------|
| SLH | Practitioner | AM | AUDIOMETRICIAN | 4 |
| | | AU | AUDIOLOGIST | 977 |
| | | GAK | HEARING AID ACOUSTICIAN | 128 |
| | | SAU | SUPPLEMENTARY AUDIOLOGIST | 1 |
| | | SGAK | SUPPLEMENTARY HEARING AID ACOUSTICIAN | 4 |
| | | SGG | COMMUNITY SPEECH AND HEARING WORKER | 4 |
| | | SGK | SPEECH AND HEARING CORRECTIONIST | 3 |
| | | SHA | SPEECH AND HEARING ASSISTANT | 2 |
| | | SSTA | SUPPLEMENTARY SPEECH THERAPIST AND AUDIOLOGIST | 1 |
| | | ST | SPEECH THERAPIST | 1,598 |
| | | STA | SPEECH THERAPIST AND AUDIOLOGIST | 1,616 |
| | | STB | SPEECH THERAPY ASSISTANT | 1 |
| | | Practitioner Total | | |
| | Student | AU S | STUDENT AUDIOLOGIST | 674 |
| | | GAKS | STUDENT HEARING AID ACOUSTICIAN | 31 |
| | | ST S | STUDENT SPEECH THERAPIST | 1,053 |
| | | STAS | STUDENT SPEECH THERAPIST AND AUDIOLOGIST | 243 |
| | | STAV | STA VISITING STUDENT | 4 |
| | Student Total | | | 2,005 |
| | SLH Total | | | 6,344 |

4.2. PROFESSIONAL PRACTICE (CPD)

The Continuing Professional and Development (CPD) matters are regulated in terms of Section 26 of the Health Professions Act, 1974 (Act No. 56 of 1974), which stated that the HPCSA may from time to time make rules which prescribe the criteria for recognition by the HPCSA of continuing education and training courses and education institutions offering such courses.

| Board | Compliance Rate | | | |
|-------|-----------------|-------|------------|-------|
| | April 2022 | | April 2023 | |
| SLH | 102/4,223 | 24.4% | 1,270/4331 | 29.3% |

The CPD is a legal requirement in terms of section 26 of HPCSA Act 56 of 1974, wherein evidence of skills, knowledge and experience that practitioner gain both formally and informally, this being beyond any initial training, is documented and tracked to inform the DOH. The primary purpose of CPD is to ensure that all practitioners maintain and improve their professional knowledge, skills and performance for improved patient/client and health systems outcomes. As previously reported, the Health Professions Council of South Africa (HPCSA) has introduced several changes to the programme.

During the reporting period, the Board's CPD compliance rate was low however with a slight increase as per the above table. The Board devised possible awareness solution to circumvent the low compliance rate which entailed, publishing the newsletter, engaging the stakeholder with a view to encourage practitioners compliance rate and publishing the CPD ethics activity for the practitioners to complete and submit at their own leisure.

4.3. Preliminary Inquiries and matters

STATISTICAL REPORT- ANNUAL REPORTING 1 APRIL 2022- 31 MARCH 2023

| SLH PRELIM MEETING | Number of Meetings | Finalised by Prelim | | | | | Contempt Of council | | Deferred | | | | | Referred | | Withdrawn | | | | |
|--------------------|--------------------|---------------------------|--------------------------|-------------------------------|--------------------|----------|---------------------|----------|-------------------------|-----------------------|--------------|---------------------------|---------------------|------------------|-------------------------|-----------|-----------|------------------|------------------------|-------------|
| | | Explanation accepted 4(7) | Caution/Reprimand 4(9) A | Referred for Inquiry Reg 4(8) | Guilty Fine 4(9) D | CONTEMPT | Reg 4(4) | Reg 4(5) | 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 |
| 21 FEB 23 | 1 | | 1 | 2 | 1 | | 3 | 1 | | | 2 | | | | | | | | | 1 |
| 6 JULY 22 | 1 | 1 | 1 | 1 | | | | 1 | 1 | | 2 | | | | | | | | | |
| 7 APR 22 | 1 | | | | 1 | | | | | | 3 | | | | | | | | | 1 |
| 11 OCT 22 | 1 | | 1 | | 5 | | | 1 | 3 | | 1 | | | | | | | | | 2 |
| TOTALS | 4 | 1 | 3 | 3 | 7 | | 3 | 3 | | | 8 | | | | | | | | | 4 |

NB: the resolutions above equate to the number of matters served as some matters had more than 1 resolution.

CASE CLEARANCE PER QUARTER

| QUARTER 1 | QUARTER 2 | QUARTER 3 | QUARTER 4 | ANNUAL CASE CLEARANCE |
|-----------|-----------|-----------|-----------|-----------------------|
| 20% | 50% | 62% | 63% | 18/32= 56.25% |

4.4. RISK MANAGEMENT

The Board's role in risk management is fundamental. The Board has a Governance responsibility for Risk Management i.e identifies the risks, approves the risk registers, and mitigates the risks identified in the risk register through regular interaction with the risk treatment plan which is reviewed and considered at the quarterly board meetings as part of the strategy.

For the reporting period, the Board considered the risk treatment plan at its quarterly meetings.

4.5. FINANCIAL MANAGEMENT

The quarterly and Annual financial statements of the Board are the principal way in which the Governing Body Members make themselves accountable to stakeholders. The Financial statements present a report on the financial performance of the organisation over the previous budget year and financial position of the organisation as at the end of that year. The Professional Boards utilize the information in the financial statements to assess the stewardship of the governing body and the financial health of the Board.

During the reporting period, the Board reviewed and assessed the financial performance of the Board utilizing the presented financial performance at the quarterly Board meetings. Furthermore, the Board used the financials to guide implementing activities of the Board.

4.6. STAKEHOLDER MANAGEMENT

The Professional Board for Speech Language and Hearing Profession executes the regulatory role on behalf of the HPCSA in all professions practicing Speech language and Hearing.

The HPCSA as a statutory entity and by implication the Professional Board for Speech Language and Hearing is a stakeholder to numerous public entities and in the same breath other public entities are stakeholders to the HPCSA and its professional boards.

The Professional Board strategic plan objectives are inclusive of stakeholder engagement objective therefore, the Board annually implements specific and directed initiatives relevant to the stakeholders for Speech Language and Hearing professions.

The following stakeholder related initiatives were implemented:

| Type of Stakeholder engagement initiative | Dates |
|--|------------------|
| Annual Stakeholder Meeting for the Professional Board for Speech Language and Hearing Professions | 14 July 2022 |
| Professional Board for Speech Language and Hearing Professions Student Webinar | 21 October 2022 |
| Engagement between SLH Professional Practice Committee and South African Speech Language Hearing Association (SA-SLHA) Representatives | 03 November 2022 |
| Engagement between SLH Professional Practice Committee and Society of Hearing Aid Acoustician of South Africa (SHAA) | 07 March 2022 |

4.7. POLICY AND GOVERNANCE FRAMEWORK REVIEW (SCOPE OF PRACTICE, ADDITIONAL QUALIFICATIONS RULES, REGULATIONS AND GUIDELINES)

The following regulations were reviewed and finalised

- i. Guidelines for the Summary of Clinical Learning for Registration with the HPCSA: Speech Language Therapy
- ii. Recording Template for Clinical Learning: Speech Language Therapy
- iii. Guidelines for the Summary of Clinical Learning for Registration with the HPCSA: Audiology
- iv. Recording Template for Clinical Learning: Audiology
- v. Recording template for undergraduate student demographic profiles
- vi. Guidelines for evaluation and accreditation of Higher Education and Training Institutions
- vii. Guidelines for the assessment of clinical competency for speech language and hearing professions
- viii. Regulations defining the scope of the professions of audiology
- ix. Regulations defining the scope of the Profession of Speech Language Therapy
- x. Regulations relating to the scope of the profession of hearing aid acoustician

4.8. CONCLUSION (Reflection on the performance of the Board)

Like other Boards at HPCSA, the SLH Board has had to confront some challenges stemming from the legacy of the COVID-19 pandemic. This includes working virtually for majority of the time and supporting education and training programmes to safeguard the quality of their programmes in the context of challenges that were essentially accentuated by the pandemic. Despite these challenges, the SLH Board has performed well over the past financial year (2022/23) and achieved significant milestones in line with its strategic goals. Some of the notable achievements include engaging extensively with its key stakeholders to discuss matters relevant to training and regulation of the professions as well as disseminating necessary information when indicated. The Board has also made significant progress in updating key rules to ensure that they are current and relevant to regulate the profession. Last, the Board managed to successfully conduct re-evaluation of three education training programmes over the past financial year.

While significant gains have been made over the past financial year, there were also some challenges that posed a threat to the Board's overall progress. Most significant of those was the Board's efforts to support a training programme that was deemed not to meet the Board's minimum criteria for training competent practitioners. Engaging with the programme had proved to be very challenging and has drawn out a lot out of the Board's resources (time, human resources and financial). However, significant progress has been made and I am confident that this engagement will yield a positive outcome in the end.

To conclude, I remain eternally grateful to members of the SLH Board who have remained resolute in their quest to serve the Board. Board members' engagement and contribution during our discussions have helped us to move forward as a Board. I am also thankful to the Board's secretariat for their support and at times, guidance. I therefore, remain optimistic that we are in course to achieve an overwhelming majority of our strategic goals by the end of our term as a Board.







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, 56 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 of the financial year. In the reporting period, the above stated information was submitted to the Minister in compliance with the requisite time frames. The Council has continued to provide the Honourable Minister with updates on a quarterly basis as its implementation of the approved Strategic Plan.

3. THE ACCOUNTING AUTHORITY

Council as the governing body of the HPCSA is established and vested with all functions of the Accounting Authority. Council is responsible for the development of HPCSA's five-year Strategic Plan and to exercise oversight on performance placing emphasis on the following object and functions of the HPCSA as enshrined in Section 3 of the Health Professions Act, 56 of 1974:

- 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 regulate inter professional 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, inter professional 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 healthcare providers and consistency with national policy determined by the Minister, to control and 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 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.

4. COMPOSITION OF COUNCIL

Council as the governing body is established, in terms of Section 5(i) of the Health Professions Act, 56 of 1974 as follows:

- a) Not more than 16 persons designated by the Professional Boards, on basis proportional to the number of persons registered to practise the profession falling under each Professional Board: Provided that each Professional Board shall be entitled to designate at least one person registered in terms of this Act;
- b) One person in the employment of the Department of Health, appointed by the Minister;
- c) One person in the employment of the Department of Education, appointed by the Minister of Education;
- d) Nine community representatives not registered in terms of this Act, appointed by the Minister;
- e) One person from the South African Military Health Service, appointed by the Minister of Defence;
- f) Three persons appointed by the South African University Vice-Chancellors' Association; and
- g) One person versed in law, appointed by the Minister.

Current Council Members from 01 April 2022 to 31 March 2023:

| NAME | DESIGNATION | 7TH ORD MEETING | SPECIAL MEETING | SPECIAL MEETING | 8TH ORD MEETING | 9TH ORD MEETING | SPECIAL MEETING | 10TH ORD MEETING | TOTAL |
|-----------------------|----------------|-----------------|-----------------|-----------------|-----------------|------------------|-----------------|------------------|--------|
| | | 29 & 30-Jun-22 | 09-Jul-22 | 27-Jul-22 | 29 & 30-Sep-22 | 08 & 09-Dec-2022 | 01-Feb-23 | 29 & 30 Mar-23 | |
| 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 | P | A/P | P | P | A/P | 5 OF 7 |
| Ms E Burger | Member | P | P | P | A/P | P | 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 | A/P | P | P | P | P | P | 6 OF 7 |
| Dr T T Khanyile | Member | P | P | P | P | P | P | A/P | 6 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 | A/P | P | P | P | P | P | P | 6 OF 7 |
| Mr A M Makgato | Member | P | P | P | P | P | A/P | P | 6 OF 7 |
| Lit Gen P Maphaha | Member | P | P | P | P | P | P | P | 7 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 | P | P | 7 OF 7 |
| Ms R Mphephu | Member | P | P | P | P | P | P | P | 7 OF 7 |
| Prof N Mofolo | Member | P | A/P | P | P | P | P | P | 6 OF 7 |
| Ms M M S Mthapo | 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 | P | P | P | P | P | P | 7 OF 7 |
| Ms Y Naidoo | Member | P | P | P | P | P | P | A/P | 6 OF 7 |
| Prof NJ Ngoloyi-Mekwa | Member | P | P | P | P | P | P | P | 7 OF 7 |
| Prof F Nomvete | Member | A/P | P | P | P | A/P | P | A/P | 4 OF 7 |
| Mr N Raheman | Member | A/P | P | P | P | P | P | P | 6 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 | A/P | P | P | A | A | A | N/M | 2 OF 7 |
| Mr J Shikwambane | Member | P | P | P | A/P | P | P | P | 6 OF 7 |
| Ms L Spies | Member | P | P | P | P | P | P | P | 7 OF 7 |
| Dr A Thulare | Member | P | P | P | P | P | P | P | 7 OF 7 |
| Ms A Vuma | Member | P | P | P | P | P | P | A/P | 6 OF 7 |

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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 SPIES
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 LEBOGANG 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 MOTHAPO
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)

COMPOSITION OF COMMITTEES OF COUNCIL

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 | Ord Meeting | Special Meeting | Special Meeting | Ord Meeting | Special Meeting | Ord Meeting | Special Meeting | Ord Meeting |
|-----------------------|----------------|-----------------|-----------------|-------------|-----------------|-----------------|-------------|-----------------|-------------|-----------------|-------------|
| 1. Prof MS Nmutandani | (President) | 12-May-21 | P | P | 10-Aug-21 | P | 17-Sep-21 | P | 29-Nov-21 | 23-Jan-22 | 10-Mar-22 |
| 2. Dr S Sobuwa | (V. President) | P | P | A/P | P | P | P | P | P | A/P | P |
| 3. Adv M Ralefatane | Member | P | P | P | P | P | P | P | P | P | P |
| 4. Ms L Spies | | P | P | P | P | P | P | P | P | P | P |
| 5. Ms Y Naidoo | | P | P | P | P | P | P | P | P | P | P |
| 6. Prof JN Mekwa | | P | P | P | P | P | P | P | - | - | - |
| 7. Dr J August | | P | P | P | P | P | P | P | P | P | P |
| 8. Dr A Thulare | | P | P | P | P | P | P | P | P | P | P |
| 9. Prof N Mofolo | | P | P | P | P | P | P | P | P | P | P |
| 10. Ms N Madyibi | | P | P | P | P | P | P | P | P | P | P |

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MANAGEMENT COMMITTEE

| MEMBERS | DESIGNATION | Special Meeting | Special Meeting | Special Meeting | Special Meeting | TOTAL |
|-------------------|-------------|-----------------|-----------------|-----------------|-----------------|--------|
| Prof N Nmutandani | Chairperson | 17-Aug-21 | P | 02-Mar-22 | 24-Mar-22 | 3 of 3 |
| Dr S Sobuwa | Member | P | P | P | P | 3 of 3 |
| Dr J O August | Member | P | P | P | P | 3 of 3 |
| Prof N Mofolo | Member | P | P | P | P | 3 of 3 |

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FINANCE AND INVESTMENT COMMITTEE

| MEMBERS | DESIGNATION | ORD Meeting | Special Meeting | Special Meeting | Special Meeting | Ord Meeting | Special Meeting (Joint Remco & FINCOM) | Ord Meeting | Ord Meeting | Ord Meeting |
|--------------|-------------|-------------|-----------------|-----------------|-----------------|-------------|--|-------------|-------------|-------------|
| Ms L Spies | Chairperson | 07-Jun-21 | 02-Aug-21 | 12-Aug-21 | 13-Sep-21 | 28-Sep-21 | 11-Nov-21 | 15-Feb-22 | | |
| 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 | P | | |
| Mr Q Chogle | 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

AUDIT AND RISK MANAGEMENT COMMITTEE

| MEMBERS | ORD Meeting | Special Meeting -Workshop | ORD Meeting | Special Meeting -Workshop | Special Meeting | Special Meeting | Ord Meeting | Ord Meeting | Ord Meeting |
|--------------------|-------------|---------------------------|-------------|---------------------------|-----------------|-----------------|-------------|-------------|-------------|
| Rev N Madyibi | Chairperson | 14-Jun-21 | 23-Jun-21 | 15-Sept-21 | 08-Nov-21 | 15-Nov-21 | 09-Mar-22 | | |
| Ms A Vuma | Member | P | P | P | P | P | P | | |
| Mr F Docrat | Member | P | P | P | P | P | P | | |
| Mr S Nyangintsimbi | Member | P | P | A/P | P | P | P | | |
| Ms R Khwela | Member | A/P | P | P | P | P | P | | |
| Mr S Ngwenya | Member | P | P | P | P | P | P | | |
| Mr N Raheman | Member | A/P | 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 | | |

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HUMAN RESOURCES AND REMUNERATION COMMITTEE (REMCO)

| MEMBERS | DESIGNATION | 6TH ORD MEETING | SPECIAL MEETING | 7TH ORD MEETING | SPECIAL MEETING | 8TH ORD MEETING | SPECIAL MEETING | 9TH ORD MEETING | SPECIAL MEETING | SPECIAL MEETING | TOTAL |
|-------------------|--------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|--------|
| Dr S Sobuwa | Chairperson | 02-Jun-22 | 27-Jun-22 | 01 & 02-Sep-22 | 10-Oct-22 | 02-Nov-22 | 14-Dec-22 | 03-Feb-23 | 22-Mar-23 | 25-Mar-23 | 9 OF 9 |
| Ms D B Ramasia | Independent member | P | P | P | P | P | P | P | P | P | 9 of 9 |
| Dr D Matyhe | Member | P | P | P | P | P | P | P | P | A/P | 8 of 9 |
| Mr C Cain | Independent Member | P | P | P | P | P | P | P | P | P | 9 of 9 |
| Ms Y A W Mgqoboli | Independent Member | A/P | P | N/M | N/M | N/M | N/M | N/M | N/M | N/M | 1 of 9 |
| Mr S T Dywili | Member | P | P | P | P | P | P | P | P | P | 9 of 9 |

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PENSION AND PROVIDENT FUND COMMITTEE

| MEMBERS | DESIGNATION | 6TH ORD MEETING | 7TH ORD MEETING | 8TH ORD MEETING | 9TH ORD MEETING | TOTAL |
|------------------|-------------|-----------------|-----------------|-----------------|-----------------|--------|
| | | 26-May-22 | 15-Sep-22 | 25-Nov-22 | 07-Mar-23 | |
| Dr T A Muslim | Chairperson | P | P | P | P | 4 OF 4 |
| Rev 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 | A/P | P | P | P | 3 OF 4 |
| Mr N Kgole | Member | P | P | P | P | 4 OF 4 |
| Ms F Matlejoane | Member | P | A/P | P | P | 3 OF 4 |

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PROFESSIONAL PRACTICE COMMITTEE

| MEMBERS | DESIGNATION | 6th ORD Meeting | 7th ORD Meeting | 8th ORD Meeting | 9th ORD Meeting | TOTAL |
|--------------------|---|-----------------|-----------------|-----------------|-----------------|--------|
| | | 03-May-22 | 26-Aug-22 | 26-Nov-22 | 09-Mar-23 | |
| Prof N Mofolo | Chairperson | P | P | P | P | 4 OF 4 |
| Adv M J Ralefatane | Member versed in law | P | P | P | P | 4 of 4 |
| Prof N Mekwa | Member (Community Representative) | P | P | P | P | 4 of 4 |
| Prof M Veller | Professional Board for Medical and Dental | P | P | P | P | 4 of 4 |
| Dr M Kometsi | Professional Board for Psychology | P | P | A/P | P | 3 of 4 |
| Ms P Maniza | Professional Board for Dietetics and Nutrition | P | P | P | P | 4 of 4 |
| Dr D Mathye | Professional Board for Physiotherapy, Podiatry and Biokinetics | P | A/P | P | P | 3 of 4 |
| Ms K Manda | Professional Board for Dental Therapy and Oral Hygiene | P | P | P | P | 4 of 4 |
| Mr S Gumede | Professional Board for Optometry and Dispensing Opticians | P | P | P | P | 4 of 4 |
| Ms SL Lange | Professional Board for Environmental Health Professionals | P | A/P | P | P | 3 of 4 |
| Mr L L Mdzana | Professional Board for Occupational Therapy, Medical Orthotics and Prosthetics and Arts Therapy | P | P | P | P | 4 of 4 |
| Mr JM Mokoena | Professional Board for Emergency Care Professions | P | P | N/M | N/M | 2 of 4 |
| Ms T B Mahlaola | Professional Board for Radiology & Clinical Technology | A/P | P | A/P | P | 2 of 4 |
| Mr MH Tefo | Professional Board for Medical Technology | P | P | P | A/P | 3 of 4 |
| Mr J Naidoo | Professional Board for Speech Language & Hearing | P | P | P | P | 4 of 4 |
| Prof A Ross | The National Accreditors Forum (NAF) | P | P | P | P | 4 of 4 |
| Prof A Ross | The National Accreditors Forum (NAF) | P | P | P | P | 4 of 4 |

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INFORMATION & TECHNOLOGY (I&T) STEERING COMMITTEE

| MEMBERS | DESIGNATION | ORD Meeting 1 | ORD Meeting 2 | Special Meeting 3 | ORD Meeting 4 | ORD Meeting 5 | Special Meeting 6 | TOTAL |
|-------------------|--------------------|---------------|---------------|-------------------|---------------|---------------|-------------------|--------|
| Ms Y Naidoo | Chairperson | 09-Jun-22 | 14-Sep-22 | 03-Nov-22 | 18-Nov-23 | 21-Feb-23 | 24-Mar-23 | 6 Of 6 |
| Mr J Shikwambane | Member | P | P | P | P | P | P | 6 of 6 |
| Dr D Mathe | Member | P | P | P | P | P | P | 6 of 6 |
| Mr N Kadiramwando | Independent Member | P | P | P | P | P | P | 6 of 6 |
| Dr V Mello | Independent Member | P | P | P | P | P | P | 6 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 | ORD Meeting 4 | ORD Meeting 5 | TOTAL |
|--------------------|--|---------------|---------------|---------------|---------------|---------------|--------|
| Prof L Ramma | Chairperson (Council Member) | 11-May-22 | 11-Aug-22 | 14-Nov-22 | 09-Feb-23 | 22-May-23 | 5 Of 5 |
| Dr P Brijal | Professional Board for Dental Assisting, Dental Therapy and Oral Hygiene | P | P | P | P | P | 5 of 5 |
| Dr N Moore | Professional Board for Speech, Language and Hearing Professions | A/P | P | P | P | P | 4 of 5 |
| Ms H E Koornhof | Professional Board for Dietetics and Nutrition | P | P | P | P | P | 5 of 5 |
| Prof J Pillay | Professional Board for Psychology | P | A/P | P | P | P | 4 of 5 |
| Ms N P Duma | Professional Board for Physiotherapy, Podiatry & Biokinetics | P | P | P | P | P | 5 of 5 |
| Prof I S Human | Professional Board for Board for Environmental Health Practitioners | P | P | P | P | P | 5 of 5 |
| Mr A Bham | Professional Board for Emergency Care | P | P | P | P | P | 5 of 5 |
| Prof A Mbokazi | Medical and Dental Professions Board | P | P | P | P | P | 5 of 5 |
| Dr B V Shongwe | Professional Board for Radiography and Clinical Technology | A/P | P | P | P | P | 4 of 5 |
| Mr S Rabothata | Professional Board for Occupational Therapy, Medical Orthotics and | P | P | P | P | P | 5 of 5 |
| Prof P Engel-Hills | A Representative of the Education and Training provider | P | P | P | P | P | 5 of 5 |
| Dr B Mkhize | Professional Board for Medical Technology | P | P | P | P | P | 5 of 5 |
| Dr A De La Rey | Professional Board – Optometrist and Dispensing Opticians | P | P | P | P | P | 5 of 5 |
| Dr A M Thulane | NDOH Representative | P | P | A/P | P | A/P | 3 of 5 |
| Mr MA Makgatho | DHET Representative | P | A/P | P | A/P | A/P | 2 of 5 |

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ETHICS COMMITTEE

| MEMBERS | DESIGNATION | 5TH ORD MEETING | 6TH ORD MEETING | 7TH ORD MEETING | 8TH ORD MEETING | TOTAL |
|------------------|-------------|-----------------|-----------------|-----------------|-----------------|--------|
| | | 08-Jun-22 | 17-Aug-22 | 28-Oct-22 | 22-Feb-23 | 4 OF 4 |
| Dr J O August | Chairperson | P | P | P | P | 4 OF 4 |
| Dr T Khanyile | Member | P | P | P | A/P | 3 OF 4 |
| Prof S Rataemane | Member | P | A | A | N/M | 1 OF 4 |
| Adv M Ralefatane | Member | P | P | P | P | 4 OF 4 |
| Dr A Thulare | Member | A/P | P | A/P | P | 2 OF 4 |
| Rev T Mashiloane | Member | P | P | P | P | 4 OF 4 |
| Ms R Mphephu | Member | P | P | P | P | 4 OF 4 |
| Dr V K Mofuoa | Member | P | P | P | P | 4 OF 4 |
| Mr M Menye | Member | P | P | P | P | 4 OF 4 |

* N/A = Not Applicable | *A/P = Absent with Apology | * P = Present | *A = Absent | *N/M = No longer a member

COUNCIL CHARTER AND CONFLICT OF INTEREST POLICY

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. 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.

In terms of the Council Policy on Conflict of Interests 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, it approves from time-to-time the following risk management instruments:

- Enterprise Risk Management (ERM) Policy;
- Risk Appetite Framework;
- Combined Assurance Model;
- Compliance Management Policy;
- Business Continuity Management (BCM) Policy;
- Business Continuity Plan (BCP);
- Fraud Prevention Policy, Strategy and Response Plan; and
- The Whistle-Blower Protection and Reporting Policy, including whistle blowing processes and procedures.

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 ERM Policy has been developed using the principles of Health Professions Act, 56 of 1974 (as amended), the National Treasury – Public Sector Risk Management Framework (2010), ISO 31000:2018 and King IV Report on Corporate Governance (2016) as its foundation.

The HPCSA uses a consistent risk assessment methodology for the assessment and treatment of all types of risks, at all levels.

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 control 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) has been designated with the responsibility of overseeing the 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 provide reports to ARCOM on a quarterly basis.

Assurance is achieved using four lines of assurance (Combined Assurance Model), to enable effective control of the environment in the organisation.

INTERNAL AUDIT AS A THIRD LINE OF ASSURANCE

Internal Audit (IA) function independently assesses the effectiveness of the risk management process. IA is governed through an approved Internal Audit Charter. IA function reports quarterly to the Audit and Risk Committee of Council (ARCOM) on the effectiveness of the approved process and as implemented by management in managing risks impacting on the strategic objectives.

The 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 (risk action plans) on a monthly basis and provide reports to ARCOM quarterly.

2022/23 RISK MANAGEMENT KEY AREAS OF FOCUS AND ACHIEVEMENTS

During the 2022/23 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:
 - ERM Policy;
 - BCM Policy;
 - BCP;
 - Combined Assurance Model;
 - Risk Appetite Framework;
 - Fraud Prevention Policy, Strategy and Response Plan; and
 - A standalone Whistle-Blower Protection and Reporting Policy was developed and approved by Council during the reporting period.
- 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; and
 - (ii) Business Continuity Plans (BCP) for all functional areas were reviewed and updated.

Business Continuity Mode

- It was reported previously that, in responding to COVID-19, the organisation continued to operate in business continuity mode since the Business Continuity Plan was invoked effectively 17 March 2020 and continued throughout the previous reporting period.
- During the reporting period, business continuity mode operation was discontinued, effectively 01 February 2023.

Activities planned for 2023/24 financial year

The following activities are planned for the 2022/23 financial year:

- Review and update the following risk management Instruments:
 - o ERM Policy;
 - o Risk Appetite Framework;
 - o Business Continuity Management Policy;
 - o Business Continuity Plan;
 - o Compliance Management Policy; and
 - o Fraud Prevention Policy.
- Development of a standalone Risk Management Framework.
- Conduct Strategic Risks Assessment.
- Conduct Professional Boards risks assessments.
- 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"> • Bi-Annual vulnerability tests and gap analysis • Backup of online services on separate infrastructure • Continual IT Penetration Testing to identify and rectify potential weaknesses that can be exploited by cyber criminals and implementation of solutions strategies. • IT security policies • IT Cyber Security Internal Audit • Deployed vulnerability and patch management systems |
| Delay in the implementation of online services | The delay to implement the online services at the pace required to digitise /modernise the organisation's identified processes will impact on the HPCSA's 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 • The Scope Change Control Board • Strengthen the Software Quality Assurance Capacity • Strengthen the business requirements traceability capabilities |
| Funding risk | Insufficient revenue to fund Council and Professional Board activities will impact on HPCSA's ability to deliver or achieve its goals and objectives | <ul style="list-style-type: none"> • Usage of statistical information in preparation of budget • Continuous monitoring of revenue collection • Monthly cash-flow report with five-year forecast • Monthly reminders to practitioners with outstanding annual fees • Recovery of outstanding evaluation/accreditation fees before embarking on new evaluations/accreditations • Recovery of new evaluation/accreditation fees before providing evaluation/accreditation report to institution |
| | 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 • Five-year cash flow focus • Investment policy • Annual fee payment statistics monitored on weekly basis • Annual fee notices sent to practitioners reminding them to settle outstanding annual fees |
| Poor relationship with stakeholders | Failure to manage 'stakeholders' needs in line with HPCSA mandate will lead to poor stakeholder relationship and diminish Council's image | <ul style="list-style-type: none"> • Professional Boards Stakeholder engagements • Service charter development • Stakeholder engagement strategy that includes: <ol style="list-style-type: none"> a) Profiled stakeholders document; b) Stakeholder engagement plans for the Professional Boards; c) Communication protocol; d) Scheduled symposia; and e) Scheduled public roadshows. |
| 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 • Business Practice Policy • Engagements/consultations taking place between the Professional Practice Committee and various Professional Boards • Implementation of agreements reached during engagements/consultations between the Professional Practice Committee and various Professional Boards |
| HPCSA regulatory environment not keeping up with technological advances | HPCSA regulatory environment not keeping up with technological advances needed to inform practising of the professions | <ul style="list-style-type: none"> • Project plan to review ethical framework for alignment • Ongoing consultations with external organisations with specific expertise • Reviewal of Ethical Rules and guidelines in line with the approved Ethical Framework |

| | | |
|---|---|---|
| Failure to execute fiduciary responsibility | Failure to train Council and Professional Board members on governance will result in Council and Professional 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 on corporate governance, risk and compliance |
| 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 high turnover in the retention of incumbents to the Registrar/ CEO position (and this may have, at least potentially, a possible negative impact on the retention of other key positions within the HPCSA) | <ul style="list-style-type: none"> • Health Professions Act, 56 of 1974 • Development of retention strategy for the Registrar position • Succession Planning and Management Policy development |
| HPCSA Business Disruption | A disruption or disaster affecting the HPCSA business operations | <ul style="list-style-type: none"> • Business Continuity Management Policy • Organisational wide contingency plan that covers all areas of operations. • Deployed Backup and Replication Solution • Departmental/divisional Business Continuity Plans • IT Recoverability risk assessment • Disaster Recovery tests • Backup generator maintenance and service |
| 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 • Code of conduct in place • Fraud prevention policy, strategy and response plan • Fraud awareness training • Fraud and Corruption Hotline |

COMPLIANCE RISK MANAGEMENT

The HPCSA is committed to complying with all applicable laws and regulations. Through legislation environment scan process, the organisation at all times is kept informed of changes that could potentially affect the organisation.

Due to the fact that HPCSA is required to comply with applicable laws, including all internal policies, processes and procedures; the 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 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 and regulations.

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 2023

General Information

| | |
|--|---|
| Country of incorporation and domicile | South Africa |
| Nature of business and principle activities | The Health Professions Council is a statutory body, established in terms of the Health Professions Act and is committed to protect the public and guide the professions. |
| Councillors | 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 NP Maphaha Mr AM Makgato |
| | * Resigned 27 February 2023 |
| 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 |

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2023

General Information

Secretary

Adv Ntsikelelo Sipeka (ACIBM)

Website

www.hpcsa.co.za



HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2023

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| The reports and statements set out below comprise the annual financial statements presented to the Health Professions Council of South Africa | |
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Audit and Risk Committee Report

1. Members of the Audit and Risk Committee

The Audit and Risk Committee (ARCOM) is comprised of three non-executives members of the Council and four independent members, as follows:

| Name | Office | Designation |
|--------------------|-------------|---------------|
| Rev NV Madyibi | Chairperson | Non-Executive |
| Ms A Vuma | 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 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:

- 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 and 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.

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.

Audit and Risk Committee Report

During the period ending 31 March 2023, ARCOM

- Reviewed and recommended to Council for approval of the HPCSA Fraud Prevention Policy including fraud strategy and response plan.
- Reviewed and recommended twice to Council for approval the 2022/23 Council Strategy Risk Register.
- Reviewed and recommended to Council for approval of the Enterprise Risk Management Policy.
- Reviewed and recommended to Council for approval of the Business Continuity Management Policy.
- Reviewed and recommended to Council for approval of the Business Continuity Plan.
- Reviewed and recommended to Council for approval of the Risk Appetite Framework.
- Reviewed and recommended to Council for approval of the organisation's new Whistle-Blower (WB) Policy and the WB Process and Procedures.
- Provided a channel of communication between Council, management, internal and external auditors.
- Received regular report updates from each of the above functions and monitored that issues and concerns raised were resolved by management in a timely manner.

For the financial year ended 31 March 2023

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 continue 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 2023 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 2023.

| | 13/06/ 2022 | 22/08/2022 | 12/09/2022 | 16/11/2022 | 14/12/2022 | 08/03/2023 | Total |
|-------------------------------------|-------------|------------|------------|------------|------------|------------|--------|
| Ms NV Madyibi (Chairperson) | Yes | Yes | Yes | Yes | Yes | Yes | 6 of 6 |
| Ms A Vuma (Non-Executive) | Yes | Yes | Yes | Yes | Yes | N/a | 5 of 6 |
| Dr R Legoabe (Non-Executive) | Yes | Yes | Yes | Yes | Yes | Yes | 6 of 6 |
| Mr S Nyangintsimbi (Independent) | N/a | Yes | Yes | Yes | Yes | Yes | 5 of 6 |
| Ms R Khwela (Independent) | Yes | Yes | Yes | Yes | Yes | Yes | 6 of 6 |
| Mr S Ngwenya (Independent) | Yes | Yes | Yes | Yes | Yes | Yes | 6 of 6 |
| Mr F Docrat (Independent) | Yes | Yes | Yes | Yes | Yes | Yes | 6 of 6 |

N/a = Absent with apology

3. Finance Function

We believe that the Finance Department possess the requisite and appropriate expertise and experience to meet their responsibility.

Audit and Risk Committee Report

4. Internal Audit Function

The internal audit function was co-sourced to Business Innovations Group (Pty) Ltd (BIG) with supervision provided by the HPCSA management, who also is responsible for the Chief Audit Executive function.

HPCSA had to terminate the agreement with BIG due to a breach which were not rectified within agreement specified period.

The internal audit function, due to this termination, was not operational for the last three months of the financial year.

HPCSA is in process of appointment of new internal audit service provider.

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 29 September 2023.

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 NV Madyibi
Chairperson Audit and Risk Committee

Pretoria

Friday, 29 September, 2023



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 acknowledge that he is ultimately responsible for the system of internal financial control established by the Council and place 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 for the year to 31 March 2024 and, in light of this review and the current financial position, he 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 226, which have been prepared on the going concern basis, were approved by the Council on 29 September 2023 and were signed on their behalf by:

Approval of financial statements



Prof MS Nmutandani
President: Health Professions Council of South
Africa
29 September 2023

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2023

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 2023.

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 NV 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 NP Maphaha | | Non-executive |
| Mr AM Makgato | | Non-executive |

*Resigned 27 February 2023

Councilors' Report

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.

At 31 March 2023, the Council's investment in property, plant and equipment amounted to R31,675,855 (2022: R 28,084,252), of which R6,864,702 (2022: R 2,818,411) was added in the current year through additions.

5. Special Investigating Unit

The SIU's investigation at the HPCSA, under Proclamation R23 of 2019, is finalised. The litigation and facilitation of the referrals will continue until the conclusion of the matters.

The SIU's final report was submitted to the Presidency. The Presidency has engaged the HPCSA on the recommendations and have requested a detailed report on the HPCSA plan to address those challenges.

6. 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 believes that based on the audited annual financial statements, the Council has adequate financial resources to continue in operation for the foreseeable future and accordingly the Annual Financial Statements 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.

7. Events after the Reporting Period

The Councilors are not aware of any material event which occurred after the reporting date and up to the date of this report.

8. Auditors

Nexia SAB&T continued in office as external auditors for the Council for the financial year ending 31 March 2023.

9. Secretary

The Council secretary is Adv Ntsikelelo Sipeka.

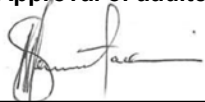
10. Date of authorisation for issue of financial statements

The annual financial statements have been authorised for issue by the Councilors on Friday, 29 September 2023. No authority was given to anyone to amend the audited annual financial statements after the date of issue.

Councillors' Report

The annual financial statements set out on page 199 to 226, which have been prepared on the going concern basis, were approved by the Council on 29 September 2023 and were signed on its behalf by:

Approval of audited annual financial statements



Prof MS Nematandani
President: Health Professions Council of South Africa
29 September 2023



INDEPENDENT AUDITOR'S REPORT

To the Members of the Council of Health Professions Council of South Africa

Opinion

We have audited the financial statements of Health Professions Council of South Africa set out on pages 199 to 226, which comprise the statement of financial position as at 31 March 2023, 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 2023, and its financial performance and cash flows for the year then ended in accordance with International Financial Reporting Standards and the requirements 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 Members of the council are responsible for the other information. The other information comprises the information included in the document titled "Health Professions Council of South Africa Annual Report 2022/2023", which includes the Councillors' Report and the Audit and Risk Committee's Report as required by the Health Professions Act no 56 of 1974. The other information does not include the financial statements and our auditor's report thereon.

Audit. Tax. Advisory.

Chairperson: Mrs A Ramasike | Chief Executive Officer: Mr B Adam
SAB&T Chartered Accountants Incorporated t/a Nexia SAB&T
Company Registration Number: 1997/018869/21 | IRBA Registration Number: 921297
Offices in: Bloemfontein, Cape Town, Centurion, Durban, Johannesburg, Kimberley, Nelspruit, Polokwane, Port Elizabeth, Rustenburg
B-BBEE rating: Level 1 Contributor in terms of Generic Scorecard - B-BBEE Codes of Good Practice
SAB&T Chartered Accountants Incorporated is a member of Nexia, a leading, global network of independent accounting and consulting firms.
SAB&T Chartered Accountants Incorporated is an authorised financial services provider.
* A full list of directors is available for inspection at the company's registered office or on request.

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 Members of the Council for the Financial Statements

The Members of the Council are responsible for the preparation and fair presentation of the financial statements in accordance with International Financial Reporting Standards and the requirements of the Health Professions Act No 56 of 1974, and for such internal control as the Members of the Council 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 Members of the Council 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 Members of the Council 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 Council's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Members of the Council.
- Conclude on the appropriateness of the Members of the Council's 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 Council'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 Council 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 Members of the Council 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

Caroline Chigora

Director

Registered Auditor

29 September 2023



HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2023

Statement of Financial Position as at 31 March, 2023

| Figures in Rand | Note(s) | 2023 | Restated 2022 |
|-------------------------------------|---------|--------------------|--------------------|
| Assets | | | |
| Non-Current Assets | | | |
| Property, plant and equipment | 3 | 31,675,855 | 28,084,252 |
| Right-of-use assets | 4 | - | 279,273 |
| Intangible assets | 5 | 15,480,466 | 14,406,239 |
| Investments at fair value | 6 | 854,674 | 1,084,300 |
| | | 48,010,995 | 43,854,064 |
| Current Assets | | | |
| Trade and other receivables | 9 | 28,907,668 | 14,820,926 |
| Cash and cash equivalents | 10 | 412,524,570 | 323,405,279 |
| | | 441,432,238 | 338,226,205 |
| Total Assets | | 489,443,233 | 382,080,269 |
| Equity and Liabilities | | | |
| Equity | | | |
| Revaluation reserve | | 582,698 | 582,698 |
| Fair value adjustment reserve | | 682,155 | 911,780 |
| Retained income | | 165,517,943 | 111,907,981 |
| | | 166,782,796 | 113,402,459 |
| Liabilities | | | |
| Current Liabilities | | | |
| Trade and other payables | 11 | 28,226,420 | 18,377,629 |
| Lease liabilities | 4 | - | 310,635 |
| Deferred income | 12 | 282,974,969 | 239,461,943 |
| Employee benefits | 8 | 11,459,048 | 10,527,603 |
| | | 322,660,437 | 268,677,810 |
| Total Equity and Liabilities | | 489,443,233 | 382,080,269 |

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2023

Statement of Profit or Loss and Other Comprehensive Income

| Figures in Rand | Note(s) | 2023 | Restated 2022 |
|--|---------|-------------------|-------------------|
| Revenue | 13 | 363,612,302 | 339,081,089 |
| Other operating income | 14 | 23,956,265 | 12,352,603 |
| Other operating expenses | 15 | (333,945,478) | (310,992,534) |
| Operating surplus | | 53,623,089 | 40,441,158 |
| Finance costs | | (13,127) | (52,771) |
| Surplus for the year | | 53,609,962 | 40,388,387 |
| Other comprehensive income: | | | |
| Items that will not be reclassified to profit or loss: | | | |
| Profit on revaluation - Works of art | | - | 59,559 |
| Profit /(Loss) on fair value through other comprehensive income | 6 | (229,628) | 190,278 |
| Total items that will not be reclassified to profit or loss | | (229,628) | 249,837 |
| Other comprehensive income for the year | | (229,628) | 249,837 |
| Total comprehensive surplus for the year | | 53,380,334 | 40,638,224 |

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2023

Statement of Changes in Equity

| | Revaluation reserve | Fair value adjustment reserve | Total reserves | Retained income | Total equity |
|--|------------------------|-------------------------------------|------------------|--------------------|--------------------|
| Figures in Rand | | | | | |
| Balance at 1 April, 2021 | 523,137 | 721,502 | 1,244,639 | 71,519,594 | 72,764,233 |
| Surplus for the year | - | - | - | 41,291,925 | 41,291,925 |
| Other comprehensive income | 59,559 | 190,278 | 249,837 | - | 249,837 |
| Total comprehensive income for the year | 59,559 | 190,278 | 249,837 | 41,291,925 | 41,541,762 |
| Opening balance as previously reported | 582,698 | 911,780 | 1,494,478 | 112,811,514 | 114,305,992 |
| Adjustments | | | | | |
| Prior period errors (Note 27) | - | - | - | (903,533) | (903,533) |
| Balance at 1 April, 2022 as restated | 582,698 | 911,780 | 1,494,478 | 111,907,981 | 113,402,459 |
| Surplus for the year | - | - | - | 53,609,962 | 53,609,962 |
| Other comprehensive income | - | (229,625) | (229,625) | - | (229,625) |
| Total comprehensive income for the year | - | (229,625) | (229,625) | 53,609,962 | 53,380,337 |
| Balance at 31 March, 2023 | 582,698 | 682,155 | 1,264,853 | 165,517,943 | 166,782,796 |

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2023

Statement of Cash Flows

| Figures in Rand | Note(s) | 2023 | Restated 2022 |
|---|---------|--------------------|--------------------|
| Cash flows from operating activities | | | |
| Cash receipts from customers | | 355,281,955 | 341,707,989 |
| Cash paid to suppliers and employees | | (274,084,135) | (205,601,517) |
| Cash generated from operations | 18 | 81,197,820 | 136,106,472 |
| Interest income | | 18,199,870 | 8,462,144 |
| Net cash from operating activities | | 99,397,690 | 144,481,170 |
| Cash flows from investing activities | | | |
| Purchase of property, plant and equipment | 3 | (6,864,700) | (2,818,411) |
| Purchase of other intangible assets | 5 | (3,089,937) | (1,445,300) |
| Net cash from investing activities | | (9,954,637) | (4,263,711) |
| Cash flows from financing activities | | | |
| Lease liabilities | 4 | (323 762) | (492 669) |
| Net cash from financing activities | | (323 762) | (492 669) |
| Total cash movement for the year | | 89,119,291 | 139,724,791 |
| Cash at the beginning of the year | | 323,405,279 | 183,680,488 |
| Total cash at end of the year | 10 | 412,524,570 | 323,405,279 |

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 2023 were authorised for issue in accordance with a resolution of the Councilors on 29 September 2023.

1. Significant accounting policies

The principal accounting policies applied in the preparation of Council's annual financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

1.1 Basis of preparation

The annual financial statements have been prepared in accordance with International Financial Reporting Standards, and the Financial Reporting Pronouncements as issued by the Financial Reporting Standards Council.

The annual financial statements have been prepared under the historical cost basis unless otherwise stated. The functional and presentation currency for Council is South African Rands (ZAR).

1.2 Significant judgements and sources of estimation uncertainty

In preparing of the Council's annual financial statements, the Council has made significant judgements, estimates and assumptions that impact on the carrying amount of certain assets and liabilities, income and expenses as well as other information reported in the notes.

The Council periodically monitors such estimates and assumptions and incorporates all relevant information available at the date when financial statements are prepared. However, this does not prevent actual figures from differing from estimates. The judgements made in the process of applying the Council's accounting policies that have the most significant effect on the amounts recognised in the financial statements and the estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are addressed in the relevant accounting policies.

Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

Critical judgements in applying the Council's accounting policies

1.2.1 Key sources of estimation uncertainty

Leases

Non-cancellable lease term

In determining the non-cancellable lease term, management considered all facts and circumstances (such requirements of business owners) that create an economic incentive to exercise an extension option, or not exercise a termination option.

Extension options (or periods after termination options) are only included in the lease term if the lease is reasonably certain, therefore a more than 50% chance, to be extended (or not terminated). Refer to note 4.

Trade and other receivables

Credit risk

At each reporting date, the Council assesses whether the credit risk on trade and other receivables has increased significantly since initial recognition by assessing the change in the risk of a default occurring over the expected life of the debtor. These factors have been stipulated in detail in note 9 and 23.

1.2.2 Critical accounting estimates and judgements

Useful lives of intangible assets

Accounting Policies

1.2 Significant judgements and sources of estimation uncertainty (continued)

The Council amortises its finite useful life intangibles assets over their estimated useful lives. The estimation of the useful lives of assets are based on technological innovation as well as duration of valid licences. Refer to note 5.

Useful lives of property and equipment

The Council depreciates its property and equipment over their estimated useful lives. The estimation of the useful lives of the right of use asset is based on the lease term of the underlying lease while the useful lives of the remaining assets are based on historic performance as well as expectations about future use and therefore requires a significant degree of judgement to be applied by management. The useful lives of these assets can vary depending on a variety of factors, including technological innovation, maintenance programmes and relevant market information. Refer to note 4.

Impairment testing

The Council reviews and tests the carrying value of assets when events or changes in circumstances suggest that the carrying amount may not be recoverable. When such indicators exist, management determine the recoverable amount by performing value in use calculations.

Intangible assets with indefinite useful lives and assets under development are tested for impairment on an annual basis. These calculations require the use of estimates and assumptions. When it is not possible to determine the recoverable amount for an individual asset, management assesses the recoverable amount for the cash generating unit to which the asset belongs.

1.3 Prior Year Comparatives

Where there has been a change in accounting policy in the current year, a restrospective adjustment is made as far as practicable and the prior year comparatives are restated accordingly. Similarly, when accounting errors have been identified in the current year which relate to the prior year, the correction is made retrospectively as far as practicable and the prior year comparatives are restated accordingly, refer to note 26.

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.

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.

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 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.

Accounting Policies

1.4 Property, plant and equipment (continued)

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.

The useful lives of items of property, plant and equipment have been assessed as follows:

| Item | Depreciation method | Average useful life |
|------------------------|---------------------|---------------------|
| Buildings | Straight line | 50 years |
| Furniture and fittings | Straight line | 20 years |
| Office equipment | Straight line | 5-10 years |
| IT equipment | Straight line | 2-10 years |
| Works of art | Straight line | 30 years |
| Computer servers | Straight line | 10 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 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.

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.

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 |
| Other - Computer software | Straight line | 12 years |

Accounting Policies

1.6 Financial instruments

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.

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).

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.

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 is determined.

Impairment losses in financial assets carried at amortised cost are recognised in surplus or deficit.

This model requires the Council to account for expected credit losses and changes trade and other receivables at each reporting date to reflect changes in credit risk since initial recognition of the financial assets.

The Council has elected to apply the simplified approach for measuring the loss allowance at an amount equal to lifetime for trade receivables.

Reversals of impairment losses are recognised in surplus or deficit.

Trade and other receivables

All trade and other receivable are due within 12 months therefore the Council applied the practical expedient and no significant financing was applied.

Classification

Trade and other receivables, excluding, when applicable, advances to managers and employees, prepayments, deposits, AMCOA loan account, accrued income and interest and sundry debtors - Government employees are classified as financial assets subsequently measured at amortised cost (note 9).

They have been classified in this manner because their contractual terms give rise, on specified dates to cash flows that are solely payments of principal outstanding, and the Council's business model is to collect the contractual cash flows on trade and other receivables.

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.

Impairment of financial assets

The Council recognises a loss allowances for expected credit losses (ECLs) on financial assets measured at amortised cost. The simplified approach has been applied in determining the expected credit losses using a lifetime expected loss allowance measured using matrix.

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.

Accounting Policies

1.6 Financial instruments (continued)

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. Refer to note 9.

Write off policy

The Council writes off a receivable when there is information indicating that the counter-party is in severe financial difficulty and there is no realistic prospect of recovery, e.g. when the counter-party has been placed under liquidation or has entered into bankruptcy proceedings. Receivables written off may still be subject to enforcement activities under the Council recovery procedures, taking into account legal advice where appropriate. Any recoveries made are recognised in surplus or deficit.

Trade and other payables

Classification

Trade payables are classified as current liabilities if payment is due within one year or less.

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 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.

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. Short-term leases of 12 months or less, or leases of low value asset, lease payments are recognised as an operating expense 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.

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 surplus or deficit. 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.

Accounting Policies

1.7 Leases (continued)

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 (leased period) |
|---------------------------------|---------------------|-------------------------------------|
| Right use of asset - buildings | Straight line | 2 years |
| Right use of asset - equipments | Straight line | 3 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 surplus or deficit, unless it is included in the carrying amount of another asset.

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.

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.

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2023

Accounting Policies

1.9 Revenue (continued)

| Type of revenue | Description | Performance obligation | Transfer of control | Measurement of transaction price | Duration of contract |
|-----------------|-----------------------------|--|----------------------|----------------------------------|----------------------|
| Service | Annual Fee - Current | When a practitioner certificate is issued | At the point in time | Invoice amount as contracted | Once-off |
| Service | Annual Fee - Prior year | Restoring of a health professional registration | At the point in time | Invoice amount as contracted | Once-off |
| Service | Restoration fees | Restoring of a health professional registration | At the point in time | Invoice amount as contracted | Once-off |
| Service | Penalty - Preliminary stage | Full payment of acknowledgement of debt penalty as issued by Preliminary Committee of a professional board | At the point in time | Invoice amount as contracted | Once-off |
| Service | Penalty - Inquiry stage | Finalisation of Inquiry process and issuing of penalty by Inquiry Committee of a professional board | At the point in time | Invoice amount as contracted | Once-off |
| Service | Registration fees | Registration of membership | At the point in time | Invoice amount as contracted | Once-off |
| Service | Examination | Date of examination | At the point in time | Invoice amount as contracted | Once-off |
| Service | Evaluations | Date of invoice (cost of recovery) | At the point in time | Invoice amount as contracted | Once-off |
| Service | RAF management fee | RAF tribunals | At the point in time | Invoice amount as contracted | Once-off |
| Service | AMCOA conference | Hosting of conference | At the point in time | Invoice amount as contracted | Once-off |

1.10 Deferred income

1.10.1 Unapplied Receipts

Deferred income is recognised when member fees are due and payable (1 April) in terms of the Health Professions Act of South Africa.

1.10.2 Unidentified Receipts

Unidentified receipts are recognised as revenue when previously unidentified members or debtors have been identified and revenue can be allocated against on open invoice.

Unidentified receipts that remain unidentified for longer than two 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 effective and adopted in the current year

The Council will adopt the following standards and interpretations that are relevant to its operations in the next financial year:

| Standard/ Interpretation: | Effective date: Years beginning on or after | Expected impact: |
|---|--|--|
| <ul style="list-style-type: none"> Disclosure of accounting policies: Amendments to IAS 1 and IFRS Practice Statement 2. | 1 January, 2023 | The impact of the amendment is not material. |
| <ul style="list-style-type: none"> Definition of accounting estimates: Amendments to IAS 8 | 1 January, 2023 | The impact of the amendment is not material. |
| <ul style="list-style-type: none"> Classification of Liabilities as Current or Non-Current - Amendment to IAS 1 | 1 January, 2023 | The impact of the amendment is not material. |

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 is for years beginning on or after 01 January 2023.

The Council expects to adopt for the first time in the 2024 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 is for years beginning on or after 01 January 2023.

The Council has adopted for the first time in the 2024 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 is for years beginning on or after 01 January 2023.

The Council expects to adopt for the first time in the 2024 annual financial statements.

Notes to the Annual Financial Statements

3. Property, plant and equipment

| | 2023 | | | 2022 | | |
|------------------------|---------------------|--------------------------|-------------------|---------------------|--------------------------|-------------------|
| | 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 |
| Buildings | 13,611,355 | (3,426,809) | 10,184,546 | 13,343,026 | (3,158,922) | 10,184,104 |
| IT Servers | 15,403,502 | (7,666,462) | 7,737,040 | 10,312,455 | (6,796,844) | 3,515,611 |
| IT equipment | 6,712,002 | (4,147,998) | 2,564,004 | 5,960,011 | (3,401,867) | 2,558,144 |
| Furniture and fittings | 5,115,962 | (2,535,341) | 2,580,621 | 5,074,841 | (2,458,628) | 2,616,213 |
| Office equipment | 12,912,359 | (8,415,955) | 4,496,404 | 12,460,578 | (7,383,233) | 5,077,345 |
| Works of art | 587,880 | (19,649) | 568,231 | 587,880 | (54) | 587,826 |
| Presidential badge | 1 | - | 1 | 1 | - | 1 |
| Total | 57,888,069 | (26,212,214) | 31,675,855 | 51,283,800 | (23,199,548) | 28,084,252 |

Reconciliation of property, plant and equipment - 2023

| | Opening balance | Additions | Disposals | Depreciation | Total |
|------------------------|-------------------|------------------|-----------------|--------------------|-------------------|
| Land | 3,545,008 | - | - | - | 3,545,008 |
| Buildings | 10,184,105 | 268,328 | - | (267,887) | 10,184,546 |
| Furniture and fittings | 2,616,213 | 148,559 | (907) | (183,244) | 2,580,621 |
| IT servers | 3,530,838 | 5,091,047 | - | (884,845) | 7,737,040 |
| IT Equipment | 2,542,916 | 904,985 | - | (883,897) | 2,564,004 |
| Office equipment | 5,077,345 | 451,783 | (14,165) | (1,018,559) | 4,496,404 |
| Works of art | 587,826 | - | - | (19,595) | 568,231 |
| Presidential badge | 1 | - | - | - | 1 |
| | 28,084,252 | 6,864,702 | (15,072) | (3,258,027) | 31,675,855 |

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2023

Notes to the Annual Financial Statements

3. Property, plant and equipment (continued) Reconciliation of property, plant and equipment - 2022

| | Opening balance | Additions | Disposals | Work-in-progress | Revaluations | Depreciation reversal | Total |
|------------------------|-------------------|------------------|------------------|------------------|--------------------|-----------------------|-------------------|
| Land | 3,545,008 | - | - | - | - | - | 3,545,008 |
| Building | 7,208,008 | 1,677,976 | - | 1,538,592 | (240,471) | - | 10,184,105 |
| Furniture and fittings | 2,573,524 | 161,425 | - | - | (118,736) | - | 2,616,213 |
| IT servers | 4,511,740 | - | - | - | (996,129) | 15,227 | 3,530,838 |
| IT Equipments | 2,975,096 | 605,558 | (110,793) | - | (986,337) | 59,392 | 2,542,916 |
| Office equipments | 5,838,948 | 373,452 | (176,557) | - | (1,016,525) | 58,027 | 5,077,345 |
| Works of Art | 528,321 | - | - | - | (54) | - | 587,826 |
| Presidential badge | 1 | - | - | - | - | - | 1 |
| | 27,180,646 | 2,818,411 | (287,350) | 1,538,592 | (3,358,252) | 132,646 | 28,084,252 |

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.

ERF 587 R/PTN 1, Arcadia, Pretoria, 572 Madiba Street at a value of R19 million (2022 - R17.8 million)

ERF 587 PTN 3, Arcadia, Pretoria, 572 Madiba Street at a value of R3,4 million (2022 - R 3,3 million)

ERF 1244 Arcadia, Pretoria, 553 Madiba Street at a value of R37 million (2022 - R 35 million)

The above properties were evaluated by the independent valuer SA Valuations company. The purpose of this valuation was to determine the current market and replacement value.

Work-of-art assets are disclosed at fair value.

Works-of-art assets are revalued every two years.

All other property, plant and equipment are disclosed at cost less accumulated depreciation and the carrying amount do not materially differ from the fair value for these assets.

No property, plant and equipment have been pledged as a security for any liabilities of Council during the financial year.

Notes to the Annual Financial Statements

4. Right-of-use assets

The Council leases rental machines (printing and photocopy machines) and the contract expired in December 2022. The average lease term is 3 years.

The Council has the option to purchase rental at a nominal amount on completion of the lease term.

Details pertaining to leasing arrangements, where the Council is lessee are presented below:

Net carrying amounts of right-of-use assets

The carrying amounts of right-of-use assets are as follows:

| | | |
|------------------|---|---------|
| Office equipment | - | 279,273 |
|------------------|---|---------|

Additions to right-of-use assets

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 |
| Office equipment | 279,273 | 371,688 |
| | 279,273 | 501,778 |

Other disclosures

| | | |
|---------------------------------------|---------|---------|
| Interest expense on lease liabilities | 13,127 | 52,771 |
| Lease repayments | 310,635 | 439,898 |
| Total cash outflow from leases | 323,762 | 492,669 |

Lease liabilities

The maturity analysis of lease liabilities is as follows:

| | | |
|--|----------|----------------|
| Within one year | - | 323,762 |
| | - | 323,762 |
| Less finance charges component | - | (13,127) |
| Present value of minimum lease payments | - | 310,635 |
| Current liabilities | - | 310,635 |

It is Council policy to lease photocopier machines.

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 and ended on 31 December 2022.

The Council obligations under leases are secured by the lessor's charge over the leased assets.

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

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Notes to the Annual Financial Statements

5. Intangible assets - Developed internally

| | 2023 | | 2022 | |
|---------------------------------|---------------------|-----------------------------|---------------------|-----------------------------|
| | Cost / Valuation | Accumulated amortisation | Cost / Valuation | Accumulated amortisation |
| Computer software | 29,868,228 | (14,929,639) | 25,874,867 | (12,913,928) |
| Oracle cloud - Work in Progress | 541,877 | - | 1,445,300 | - |
| Total | 30,410,105 | (14,929,639) | 27,320,167 | (12,913,928) |

Reconciliation of intangible assets - 2023

| | Opening balance | Additions | Transfers | Amortisation | Total |
|---------------------------------|--------------------|------------------|-------------|--------------------|-------------------|
| Computer software | 12,960,939 | 2,548,060 | 1,445,300 | (2,015,710) | 14,938,589 |
| Oracle Cloud - Work in progress | 1,445,300 | 541,877 | (1,445,300) | - | 541,877 |
| | 14,406,239 | 3,089,937 | - | (2,015,710) | 15,480,466 |

Reconciliation of intangible assets - 2022

| | Opening balance | Additions | Transfers | Amortisation | Total |
|---------------------------------|--------------------|------------------|------------------|--------------------|-------------------|
| Computer software | 12,169,297 | - | 2,735,757 | (1,944,115) | 12,960,939 |
| Oracle Cloud - Work in progress | - | 1,445,300 | - | - | 1,445,300 |
| | 12,169,297 | 1,445,300 | 2,735,757 | (1,944,115) | 14,406,239 |

The HPCSA embarked on an enhancement project of the Oracle service cloud and is in process of development and the first wave has been completed in the current financial year and have been taken into production.

The project was put on hold by Oracle in February 2023 and at that point a further 7 waves of new development and enhancements was outstanding. HPCSA is currently busy with further contract negotiations with Oracle on these remaining waves and associated costs due to scope changes required. The project will restart upon successful finalisation of these contract negotiations.

Notes to the Annual Financial Statements

6. Investments at fair value

Equity investments at fair value through other comprehensive income:

| | | |
|--------------------------------------|----------------|------------------|
| Opening balance of investment | 1,084,300 | 894,022 |
| Increase / (Decrease) in share price | (229,626) | 190,278 |
| Closing balance of investment | 854,674 | 1,084,300 |

Listed shares traded in stock exchange

Financial assets through other comprehensive income consists of listed shares and are recognised at fair value, which is the quoted market value of the shares on the Johannesburg Stock Exchange (JSE) and is equal to the carrying amount.

15018 Sanlam free shares allocated to Council during Sanlam's demutualisation process.

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 Employer contribution to scheme | - | 5,352,978 |
| Total Employee contributions to such scheme | 21,064,150 | 20,556,165 |

The reduction under total Employer contribution to scheme from the previous financial year's R 5,352,978 to R nil was due to the HPCSA moving from Employer contributions to only Employee contributions during the previous financial year. These changes had no impact on total cost to Council salary of an employee, as the benefit was previously included in an employees total cost to Council salary.

8. Employee Benefits

Employee benefits represents the leave days that are accrued to employees and are payable in full when an employee resign.

| | | |
|--------------------------|------------|------------|
| Employee benefits | | |
| Accrued staff leave | 11,459,048 | 10,527,603 |

9. Trade and other receivables

Financial instruments:

| | | |
|-----------------------------|--------------|--------------|
| Trade receivables | 33,572,695 | 27,828,672 |
| Less: Credit loss allowance | (22,915,980) | (24,193,240) |
| Net Trade receivables | 10,656,715 | 3,635,432 |

Non-financial instruments:

| | | |
|------------------------------------|-----------|-----------|
| Advances to managers and employees | 20,703 | 107,103 |
| Prepayments | 7,900,907 | 7,308,284 |
| Deposits | 128,890 | 128,890 |
| AMCOA loan account | 589,543 | 145,915 |
| Accrued interest | 6,057,272 | 2,562,317 |
| Accrued income | 3,553,638 | 932,985 |

| | | |
|--|-------------------|-------------------|
| Total trade and other receivables | 28,907,668 | 14,820,926 |
|--|-------------------|-------------------|

Reconciliation of Credit Loss Allowance

| | | |
|--|--------------|--------------|
| Opening Balance | (24,193,240) | (17,701,417) |
| Decrease / (Increase) in credit loss allowance | 1,277,260 | (6,491,823) |

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Notes to the Annual Financial Statements

9. Trade and other receivables (continued)

(22,915,980) (24,193,240)

| Loss Allowance Matrix - 2023 | Expected loss rate | Estimated gross carrying amount | Lifetime ECL |
|------------------------------|--------------------|---------------------------------|-------------------|
| Current | 54 % | 1,055,537 | 503,363 |
| 1-30 days | 19 % | 909,958 | 177,034 |
| 31-60 days | 14 % | 1,073,901 | 145,764 |
| 61-90 days | 19 % | 1,062,401 | 200,206 |
| 91-180 days | 36 % | 8,069,463 | 2,865,494 |
| 181-360 days | 26 % | 1,594,632 | 413,878 |
| 361 + days | 94 % | 19,806,803 | 18,610,241 |
| | 100 % | 33,572,695 | 22,915,980 |

| Loss Allowance Matrix - 2022 | Expected loss rate | Estimated gross carrying amount | Lifetime ECL |
|------------------------------|--------------------|---------------------------------|-------------------|
| Current | 51 % | 3,543,912 | 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 % | 27,710,671 | 24,193,240 |

There are no trade receivables that represent more than 5% of the total trade receivables of the Council.

Trade and sundry receivables are assessed each year for expected credit losses based on the information relevant to the current year and the probability of default.

Debtors outstanding less than 365 days

Evaluations

Council determine expected loss allowance percentage for evaluation debtors based on actual recovery rate percentage for the last financial year. These debtors are being actively pursued.

Other debtors (Restorations, penalties, registration fees and other)

Council determine expected loss allowance percentage for other debtors based on actual recovery rate percentage for the last financial year. These debtors are being actively pursued.

Debtors outstanding less than 365 days

Evaluations and other debtors (Restorations, penalties, registration fees and other)

Evaluations more than 365 days past due' consists of debtors carried forward from prior year therefore the ECI provision has increased in line with the risk and 100% credit loss allowance are provided on these debtors. These debtors are being actively pursued.

10. Cash and cash equivalents

Cash and cash equivalents consist of:

| | | |
|---------------------|--------------------|--------------------|
| Bank balances | 146,599,586 | 53,666,196 |
| Short-term deposits | 265,924,984 | 269,739,083 |
| | 412,524,570 | 323,405,279 |

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

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Notes to the Annual Financial Statements

Figures in Rand 2023 2022

10. Cash and cash equivalents (continued)

Cash and cash equivalents pledged as security

| | | |
|---|-----------|-----------|
| Total cash and cash equivalents pledged as a collateral to SA Post Office to serve as a guarantee for mail liability. | 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 | 16,285,366 | 8,403,723 |
| Accruals and other payables | 10,538,493 | 9,030,191 |

Non-financial instruments:

| | | |
|-----|-----------|---------|
| VAT | 1,402,561 | 943,715 |
|-----|-----------|---------|

28,226,420 18,377,629

12. Deferred income

| 2023 | Unearned Revenue | Unapplied Receipts | Unidentified Receipts | Total |
|-------------------------------------|---------------------|-----------------------|--------------------------|--------------------|
| Opening balance as at 01 April 2022 | 7,024,094 | 226,393,495 | 6,044,354 | 239,461,943 |
| Movement for the period | 1,345,986 | 43,822,548 | (1,655,508) | 43,513,026 |
| | 8,370,080 | 270,216,043 | 4,388,846 | 282,974,969 |

| 2022 | Unearned Revenue | Unapplied Receipts | Unidentified Receipts | Total |
|-------------------------------------|---------------------|-----------------------|--------------------------|--------------------|
| Opening balance as at 01 April 2021 | 6,224,954 | 129,540,007 | 2,302,780 | 138,067,741 |
| Movement for the period | 799,140 | 96,853,488 | 3,741,574 | 101,394,202 |
| | 7,024,094 | 226,393,495 | 6,044,354 | 239,461,943 |

Unearned revenue

Represents revenue that Council only has a legal rights to once full payment has been received and goods and services delivered.

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 van only be applied once registration is complete.

13. Revenue

From services provided

| | | |
|--|-------------|-------------|
| Unidentified receipts - recognised | 1,704,778 | 677,010 |
| Annual fees - current | 292,513,949 | 283,718,940 |
| Restoration fees | 13,848,946 | 10,338,566 |
| Examination fees | 5,799,434 | 7,404,331 |
| Evaluation fees | 6,953,101 | 2,398,031 |
| Other professional fees (COS, CEX, CPD, Medical reports) | 2,399,205 | 1,905,258 |
| Registration fees | 24,226,754 | 22,209,479 |
| Annual fees - prior years | 5,129,042 | 3,976,448 |

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Audited Annual Financial Statements for the year ended 31 March 2023

Notes to the Annual Financial Statements

| Figures in Rand | 2023 | 2022 |
|---|--------------------|--------------------|
| 13. Revenue (continued) | | |
| Fees from penalties imposed | 3,269,202 | 4,053,682 |
| | 355,844,411 | 336,681,745 |
| Revenue other than from contracts with customers | | |
| RAF Management Fees | 2,536,107 | 2,399,344 |
| Amcoa Conference | 5,231,784 | - |
| | 7,767,891 | 2,399,344 |
| | 363,612,302 | 339,081,089 |
| 14. Other operating income | | |
| Rental income | 236,637 | 223,876 |
| Bad debts - Decrease in credit loss allowance | 1,249,745 | - |
| Sundry revenue | 475,553 | 767,494 |
| Interest Income | 21,694,825 | 11,024,471 |
| Register sales | 13,402 | 26,469 |
| Tender fees | 40,128 | 36,043 |
| Compensation received for loss of PPE | 245,975 | 274,250 |
| | 23,956,265 | 12,352,603 |

15. Other operating expenses

The Council view its expenditure as core business and operational expenditure relating to its day-to-day activities.

Other operating expenses include:

Core business expenditure

| | | |
|---|-------------|-------------|
| Amortisation on intangible assets | 2,015,710 | 1,944,115 |
| Depreciation | 3,537,300 | 3,860,030 |
| Bank charges | 3,882,431 | 5,814,203 |
| Inspectorate expenses | 2,201,383 | 1,229,314 |
| Consulting and professional fees | 7,403,652 | 9,822,427 |
| Employee costs | 210,097,981 | 192,707,854 |
| Strategic projects | 1,786,048 | 2,361,521 |
| Conferences (HPCSA and IAMRA) | 11,153,470 | 13,181 |
| Council, professional boards and committee meetings | 55,327,250 | 49,760,619 |
| IT Expenses | 16,320,749 | 17,026,853 |
| Municipal expenses | 2,764,241 | 2,444,801 |
| Public relations | 3,101,482 | 1,331,597 |
| Repairs and maintenance | 1,844,004 | 2,090,008 |
| Security | 2,139,882 | 2,053,183 |
| International conferences and meetings | 1,192,620 | 36,732 |

16. Interest income

| | | |
|---|------------|------------|
| Interest received on bank and short term deposits | 21,694,825 | 11,024,471 |
|---|------------|------------|

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 and short term deposit balances.

In calculating finance income, the effective interest rate is applied to the gross carrying amount of the asset.

17. Taxation

The Council is exempt from taxation in terms of section 10(1) (cA)(i) of the Income Tax Act.

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2023

Notes to the Annual Financial Statements

| Figures in Rand | 2023 | 2022 |
|---|-------------------|--------------------|
| 18. Cash generated from operations | | |
| Surplus for the year | 53,609,962 | 40,388,387 |
| Adjustments for: | | |
| Depreciation and amortisation | 5,553,010 | 5,804,145 |
| Losses on disposal of assets or settlement of liabilities | 15,070 | 160,157 |
| Interest income | (18,199,870) | (8,462,144) |
| Finance costs | 13,127 | 52,771 |
| Changes in working capital: | | |
| Trade and other receivables | (14,086,742) | (1,263,559) |
| Trade and other payables | 9,848,791 | (3,417,538) |
| Deferred income | 43,513,027 | 101,394,201 |
| Employee benefits | 931,445 | 1,450,052 |
| | 81,197,820 | 136,106,472 |

19. Related parties

Relationships

President of Council - Prof MS Nematandani

Refer to note 21

Council members - 32 members

Refer note 21

Minister of Health and Department of Health

Refer to Health Professions Act no 56 of 1974

Related party transactions

Council / Professions Board members fees (See note 21)

| | | |
|------------------------|------------|------------|
| Members fees | 31,680,210 | 31,451,036 |
| Subsistence allowances | 2,530,627 | 1,557,265 |

20. Executive Remuneration

Executive

2023

| | Emoluments | Retirement benefits | Medical aid | Acting allowance | Total |
|--|------------|---------------------|-------------|------------------|-----------|
| Registrar / CEO (01 April 2022 - 30 August 2022) | 2,590,795 | 23,395 | 71,403 | - | 2,685,593 |
| Acting Registrar / CEO (01 April 2022 to 05 August 2022) and Chief Financial Officer (08 August 2022 to 31 March 2023) | 2,475,320 | 42,993 | 45,922 | 357,294 | 2,921,529 |
| Acting Registrar / CEO (08 August 2022 to 31 March 2023) | 1,853,530 | - | - | - | 1,853,530 |
| Head of Department - Legal and Regulatory Affairs | 3,109,705 | 53,419 | 29,155 | - | 3,192,279 |
| Head of Division: Information Technology (CIO) | 2,475,625 | 42,993 | 41,467 | 16,500 | 2,576,585 |
| Head of Department: Core Operations | 2,065,078 | 36,663 | 54,499 | - | 2,156,240 |
| Head of Division: Registrations | 1,983,069 | 34,498 | - | - | 2,017,567 |
| Head of Division: Inspectorate | 1,934,082 | 33,719 | - | - | 1,967,801 |
| Head of Division: Strategy and Enterprise Project Management | 1,815,391 | 31,850 | - | - | 1,847,241 |
| Head of Division: Executive Secretariat | 1,748,217 | 31,355 | 37,030 | - | 1,816,602 |
| Head of Division: Educational and Training | 1,586,820 | 28,690 | - | - | 1,615,510 |
| Head of Division: Complaints Handling and Investigation | 1,766,753 | 32,393 | 84,180 | 16,500 | 1,899,826 |
| Head of Division: Human Resources | 1,645,969 | 29,155 | - | - | 1,675,124 |
| Acting Head of Division: Internal Audit and Risk (08 September 2022 to 31 March 2023) | 339,917 | 7,494 | - | 502,590 | 850,001 |
| Acting: HOD Finance and SCM / CFO (01 April 2022 to 31 July 2022) | 499,560 | 7,711 | 6,228 | 363,279 | 876,778 |

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

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2023

| | Emoluments | Retirement benefits | Medical aid | Acting allowance | Total |
|--|-------------------|---------------------|----------------|------------------|-------------------|
| 20. Executive Remuneration (continued) | | | | | |
| Head of Division: Corporate Affairs | 1,569,274 | 28,665 | 22,471 | 9,000 | 1,629,410 |
| Acting Head of Department: Internal Audit and Risk (01 April 2022 to 31 August 2022) | 665,005 | 11,333 | 10,455 | 7,500 | 694,293 |
| Ombudsman | 2,565,080 | 47,493 | - | - | 2,612,573 |
| | 32,689,190 | 523,819 | 402,810 | 1,272,663 | 34,888,482 |

* Council has entered into a termination agreement with former Registrar / CEO on 30 August 2022. The total amount of R1, 125, 948 was paid to the former Registrar / CEO as a termination agreement amount.

HPCSA moved in the previous financial year ending 31 March 2022 from Council contributions for pension and provident fund to employee contributions only for pension and provident fund.

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 |
| Head of Department: Legal and Regulatory Affairs | 2,858,397 | 122,585 | 29,604 | - | 3,010,586 |
| 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: 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 Secretariat | 1,609,778 | 70,458 | 34,822 | - | 1,715,058 |
| 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 |
| Head of Division: Education and Training | 1,576,504 | 86,056 | - | - | 1,662,560 |
| 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) | 2,283,176 | 98,155 | 42,019 | 553,037 | 2,976,387 |
| Acting Head of Division: Internal Audit and Risk | 1,466,860 | 64,169 | 24,858 | 18,000 | 1,573,887 |
| 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 |

21. Councillors' Emoluments

Non-executive

2023

| | Emoluments | Vice President Retainers Allowance | Board Retainers Allowance | Other Allowances (Collaboration, Subsistence and Travel) | Total |
|--------------------|------------|------------------------------------|---------------------------|--|---------|
| Prof MS Nmutandani | 416,110 | 127,757 | - | 261,758 | 805,625 |
| Dr S Sobuwa | 363,203 | 92,068 | - | 61,804 | 517,075 |
| Ms LP Spies | 334,258 | - | 67,516 | 32,763 | 434,537 |
| Ms E Burger | 134,065 | - | - | 13,558 | 147,623 |
| Prof P Engel-Hills | 85,313 | - | - | 13,650 | 98,963 |
| Dr N Mofolo | 150,264 | - | - | 10,500 | 160,764 |

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

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Notes to the Annual Financial Statements

2023

| | Emoluments | Vice President Retainers Allowance | Board Retainers Allowance | Other Allowances (Collaboration, Subsistence and Travel) | Total |
|-----------------------|------------------|--|---------------------------------|--|------------------|
| Mr STI Dywili | 258,328 | - | - | 16,900 | 275,228 |
| Ms NV Madyibi | 175,986 | - | - | 12,600 | 188,586 |
| Dr TT Khanyile | 422,424 | - | - | 26,999 | 449,423 |
| Ms A Vuma | 346,838 | - | 67,516 | 35,006 | 449,360 |
| Dr D Mathye | 307,050 | - | 67,516 | 60,379 | 434,945 |
| Mr J Shikwambane | 179,733 | - | 67,516 | 37,700 | 284,949 |
| Dr JO August | 254,474 | - | 67,516 | 34,800 | 356,790 |
| Ms TB Mahlaola | 197,359 | - | 50,637 | 13,663 | 261,659 |
| Mr TJ Nambo | 112,132 | - | - | 11,868 | 124,000 |
| Adv MJ Ralefatane | 136,505 | - | - | 12,600 | 149,105 |
| Ms R Mphephu | 126,751 | - | - | 11,941 | 138,692 |
| Mr N Raheman | 146,251 | - | - | 10,634 | 156,885 |
| Rev TL Mashiloane* | 109,690 | - | - | 18,551 | 128,241 |
| Dr SR Legoabe | 104,818 | - | - | 12,600 | 117,418 |
| Mr BI Dladla | 97,500 | - | - | - | 97,500 |
| Dr TA Muslim | 149,170 | - | 67,516 | 50,485 | 267,171 |
| Prof NJ Ngoloyi-Mekwa | 136,504 | - | - | 12,600 | 149,104 |
| Mrs MMM Mothapo | 85,313 | - | - | 12,600 | 97,913 |
| Prof JL Rantloane | 117,414 | - | 50,637 | 68,425 | 236,476 |
| Ms Y Naidoo | 223,563 | - | 67,516 | 32,616 | 323,695 |
| Prof L Ramma | 312,863 | - | 67,516 | 39,139 | 419,518 |
| Dr AM Thulare | - | - | - | 16,069 | 16,069 |
| Prof SM Rataemane | 123,711 | - | 67,516 | 48,518 | 239,745 |
| | 5,607,590 | 219,825 | 708,918 | 990,726 | 7,527,059 |

2022

| | Emoluments | President and Vice President Retainers Fees | Board Retainers Fees | Other Allowances (Collaboration, Subsistence and Travel) | Total |
|-----------------------|------------------|--|----------------------------|--|------------------|
| Prof MS Nemutandani | 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 |
| Adv MJ Ralefatane | 216,939 | - | - | 15,050 | 231,989 |
| Mr R Mphephu | 165,751 | - | - | 12,600 | 178,351 |
| Mr TJ Nambo* | 117,000 | - | - | 14,924 | 131,924 |
| Mr N Raheman | 171,976 | - | - | 12,600 | 184,576 |
| Dr SR Legoabe | 109,688 | - | - | 14,700 | 124,388 |
| Mrs MMM Mothapo | 104,813 | - | - | 11,550 | 116,363 |
| Mr BI Dladla | 126,750 | - | - | - | 126,750 |
| Mr J Shikwambane | 213,337 | - | 113,763 | 29,000 | 356,100 |
| Prof NJ Ngoloyi-Mekwa | 97,500 | - | - | 7,350 | 104,850 |
| Dr AM Thulare | - | - | - | 13,740 | 13,740 |
| Ms Y Naidoo | 228,621 | - | 113,763 | 38,128 | 380,512 |
| Mrs D Naidoo | 109,396 | - | 113,763 | 26,100 | 249,259 |
| Prof L Ramma | 197,222 | - | 113,763 | 31,900 | 342,885 |
| Mr ST Dywili | 24,375 | - | - | 11,310 | 35,685 |
| Prof SM Rataemane | 252,715 | - | 113,763 | 69,281 | 435,759 |
| Dr TA Muslim | 238,859 | - | 113,763 | 44,889 | 397,511 |
| | 5,338,040 | 310,730 | 1,264,052 | 697,195 | 7,610,017 |

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2023

Notes to the Annual Financial Statements

| Figures in Rand | 2023 | 2022 |
|---|-------------------|-------------------|
| 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 | 17,755,148 | 16,738,522 |
| Employee costs | 8,655,673 | 8,534,750 |
| RAF legal, tribunal expenditure, sheriff and disbursements | 8,877,614 | 8,002,662 |
| HPCSA overheads (Stationery, telephone and training) | 221,861 | 201,110 |
| Amounts received from RAF | 20,547,611 | 19,287,549 |
| Amounts received from RAF | 17,755,148 | 16,664,329 |
| Management accounts | 2,536,107 | 2,399,344 |
| Rental income | 256,356 | 223,876 |
| Other Operating income (see note 14) | 2,792,463 | 2,549,027 |

23. Fruitless / Wasteful Expenditure

During the financial year, the Council suffered an unrecoverable loss of R 406, 138 due the late payment of PAYE, SDL and UIF to SARS. There was a technical errors experienced by the employee responsible for this process and as a result the organisation incurred this penalty and interest

| | | |
|--|----------------|---------------|
| Opening balance at the beginning of the year | 45,425 | - |
| Penalty and Interest | 406,138 | - |
| Printing and Stationery | - | 45,425 |
| Condonement | (45,425) | - |
| Balance | 406,138 | 45,425 |

24. Contingent Asset

During the financial year the Minister of Health has indicated to Council that members who are government employees and who claimed from Council must pay back the monies to Council as the appointment letter from the Minister of Health to these government employees indicated that they should not claim members fees from HPCSA.

The Council resolved in March 2023 to rescind their previous resolutions that government employees can claim, but Council still must decide if government employees who have claimed during the current Council term must repay the monies they received from Council. Council also indicated in their resolution that they would want to meet with the Minister of Health to discuss this matter before deciding if government employees must repay Council the fees they claimed and received from Council.

The estimated contingent asset is R2,7 million.

25. Contingent liabilities

Matter regarding Practitioner: Ms CJ Grobller

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 this financial year.

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.

Notes to the Annual Financial Statements

Figures in Rand

2023

2022

26. Financial instruments and risk management (continued)**Financial risk management**

The Council's Audit and Risk Management Committee monitors and manages the financial risks relating to the operations of the Council through internal risk reports that analyses and exposure by degree and magnitude of risk.

These risks include market risk, credit risk and liquidity risk.

The internal audit and risk function reports quarterly to the Council's Audit and Risk Committee, an independent body that monitors risks and policies implemented to mitigate risk exposures.

Credit risk

Credit risk refers to the risk that a counter-party will default on its contractual obligations resulting in financial loss to the Council.

The Council does not hold collateral in respect of trade and other receivables.

Potential concentrations of credit risk consist mainly of cash and cash equivalents, trade receivables and other receivables.

At 31 March 2023, 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.

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. Trade and other receivables consist of an outstanding fees due from students, interns, institutions and other individuals.

Ongoing credit evaluation is performed on the financial condition of trade and other receivables. Refer to note 9 on provision for credit loss allowances.

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 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.

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2023

Notes to the Annual Financial Statements

Figures in Rand 2023 2022

26. 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

2023

| | Note(s) | Fair value through other comprehensive income - equity instruments | Amortised cost | Total | Fair value |
|-----------------------------|---------|--|--------------------|--------------------|--------------------|
| Investments at fair value | 6 | 854,674 | - | 854,674 | 854,674 |
| Trade and other receivables | 9 | - | 28,907,668 | 28,907,668 | 28,907,668 |
| Cash and cash equivalents | 10 | - | 412,524,570 | 412,524,570 | 412,524,570 |
| | | 854,674 | 441,432,238 | 442,286,912 | 442,286,912 |

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 | - | 14,820,926 | 14,820,926 | 14,820,926 |
| Cash and cash equivalents | 10 | - | 323,405,279 | 323,405,279 | 323,405,279 |
| | | 1,084,300 | 338,226,205 | 339,310,505 | 339,310,505 |

2023

| | Note(s) | Amortised cost | Total |
|--------------------------|---------|-------------------|-------------------|
| Trade and other payables | 11 | 28,226,420 | 28,226,420 |
| Employee benefits | | 11,459,048 | 11,459,048 |
| | | 39,685,468 | 39,685,468 |

2022

| | Note(s) | Amortised cost | Leases | Total |
|---------------------------|---------|-------------------|----------------|-------------------|
| Trade and other payables | 11 | 18,377,629 | - | 18,377,629 |
| Finance lease obligations | 4 | - | 310,635 | 310,635 |
| Employee benefits | | 10,527,603 | - | 10,527,603 |
| | | 28,905,232 | 310,635 | 29,215,867 |

Notes to the Annual Financial Statements

Figures in Rand 2023 2022

26. Financial instruments and risk management (continued)

Liquidity risk

The Council is exposed to liquidity risk, which is the risk that the Council will encounter difficulties in meeting its obligations as they become due and payable.

The Council manages its liquidity risk by effectively managing its working capital, capital expenditure and cash flows. The financing requirements are met through cash generated from operations.

Interest rate risk

The Council's exposure to fair value interest rate risk mainly arises from its short term fixed deposits with banks. The Council interest rate risk exposure is reduced by the annual escalation of its short term fixed deposits with banks and changes to the repo rate as announced by the South African Reserve Bank.

27. Prior period errors

27.1 Trade payables and other payables (Accruals and recoverable charges) and expenses (credit card)

The Council has identified the prior period error when reviewing the bank charges (credit card bank charges for on-line payments) of the financial period 2022/23. These expenses for March 2022 were incurred in the prior year 2021/22 but were not accrued during that particular year. The error has been corrected through retrospectively restatement of the comparative figures in the current financial year's financial statements.

Statement of Financial Position

| | As previously reported or 1st restatement | Correction of error | Restated |
|---|---|---------------------|-------------|
| Retained income - Opening 01 April 2022 | 112,811,514 | (945,262) | 111,866,252 |
| Trade payables and other payables | 17,385,347 | 945,262 | 18,330,609 |

Statement of Profit or Loss and Other Comprehensive Income

| | As previously reported or 1st restatement | Correction of error | Restated |
|----------------------|---|---------------------|-----------|
| Credit card expenses | 4,868,941 | 945,262 | 5,814,203 |

Notes to the Annual Financial Statements

| Figures in Rand | 2023 | 2022 |
|-----------------|------|------|
|-----------------|------|------|

27. Prior period errors (continued)

27.2 Property, Plant and Equipment (Accumulated depreciation) and Depreciation expenses

The Council has identified the prior period error when reviewing the depreciation of the current financial period 2022/23. The depreciation was overstated due to calculation errors. The error has been corrected through retrospectively restatement of the comparative figures in the current financial year's financial statements.

| Statement of Financial Position | As previously reported or 1st restatement | Correction of error | Restated |
|--|---|---------------------|-------------|
| Retained income - Opening balance 1 April 2022 (See note 27.1) | 111,866,253 | 41,728 | 111,907,981 |
| Property, Plant and Equipment (Accumulated depreciation) | 28,042,524 | 41,728 | 28,084,252 |

| Statement of Profit or Loss and Other Comprehensive Income | As previously reported or 1st restatement | Correction of error | Restated |
|--|---|---------------------|-----------|
| Depreciation expenses | 3,901,758 | (41,728) | 3,860,030 |

27.3 Right-of-use assets

The Council has identified the prior period error when reviewing the classification of computer software for telephony system as a right-of-use asset in the financial period 2022/23.

The computer software for telephony system as a right-of-use asset lease was paid off during the financial year and should have been reclassified as intangible assets for the remaining useful live. The error has been corrected through retrospectively restatement of the comparative figures in the current financial year's financial statements.

| Statement of Financial Position | As previously reported or 1st restatement | Correction of error | Restated |
|--------------------------------------|---|---------------------|------------|
| Property, Plant and Equipment | | | |
| Right-of-use Assets | 1,965,581 | (1,686,308) | 279,273 |
| Intangible Assets | 12,719,931 | 1,686,308 | 14,406,239 |

26.4 Customer Refunds

The Council has identified the prior period error when reviewing the classification of customer refunds under trade and other receivables rather than Trade and other payables in the financial period 2022/23.

The error has been corrected through retrospectively restatement of the comparative figures in the current financial year's financial statements.

| Statement of Financial Position | As previously reported or 1st restatement | Correction of error | Restated |
|--|---|---------------------|------------|
| Trade and other payables (see note 27.1) | 18,330,609 | 47,020 | 18,377,629 |
| Trade and other receivables | 14,773,906 | 47,020 | 14,820,926 |

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2023

Detailed Income Statement

| Figures in Rand | Note(s) | 2023 | Restated 2022 |
|--|---------|----------------------|----------------------|
| Revenue | | | |
| Annual Fees Current year before suspensions | | 306,690,132 | 301,633,344 |
| Less: Suspension of membership | | (14,176,183) | (17,914,404) |
| Annual fees - Current year | | 292,513,949 | 283,718,940 |
| Annual fees - Prior year | | 5,129,042 | 3,976,448 |
| Fees from penalties imposed | | 3,269,202 | 4,053,682 |
| Restoration fees | | 13,848,946 | 10,338,566 |
| Registration fees | | 24,226,754 | 22,209,479 |
| Amcoa conference | | 5,231,784 | - |
| RAF management fees | | 2,536,107 | 2,399,344 |
| Examination fees | | 5,799,434 | 7,404,331 |
| Unidentified receipts - recognised | | 1,704,778 | 677,010 |
| Evaluation fees | | 6,953,101 | 2,398,031 |
| Other professional fees (COS, CEX, CPD, Medical reports) | | 2,399,205 | 1,905,258 |
| | 13 | 363,612,302 | 339,081,089 |
| Other operating income | | | |
| Other rental income | | 236,637 | 223,876 |
| Bad Debts - Decrease in credit loss allowance | | 1,249,745 | - |
| Sundry revenue | | 475,553 | 767,494 |
| Interest income | | 21,694,825 | 11,024,471 |
| Register sales | | 13,402 | 26,469 |
| Tender fees | | 40,128 | 36,043 |
| Compensation received for loss of PPE | | 245,975 | 274,250 |
| | 14 | 23,956,265 | 12,352,603 |
| Expenses (Refer to page 40) | | (333,945,478) | (310,992,534) |
| Operating profit | | 53,623,089 | 40,441,158 |
| Finance costs | | (13,127) | (52,771) |
| Other comprehensive losses | | | |
| Profit on revaluation - Works-of-art | | - | 59,559 |
| Fair value (losses) gains | | (229,628) | 190,278 |
| Surplus / (Deficit) for the year | | 53,380,334 | 40,638,224 |

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 2023

Detailed Income Statement

| Figures in Rand | Note(s) | 2023 | 2022 |
|--|---------|--------------------|--------------------|
| Other operating expenses | | | |
| Entertainment Allowances | | 39,674 | 16,497 |
| Amortisation | | 2,015,710 | 1,944,115 |
| Depreciation | | 3,537,300 | 3,860,030 |
| Auditor's remuneration - external audit | | 340,176 | 312,722 |
| Bad debts - Increase in credit loss allowance | | - | 6,506,946 |
| Bank charges | | 3,882,432 | 5,814,203 |
| Cleaning | | 526,614 | 754,905 |
| Inspectorate Expenses | | 2,201,383 | 1,229,314 |
| Airconditioning Expenses | | 256,737 | 295,600 |
| Internal Audit Fees | | 635,994 | 482,825 |
| Consulting and professional fees - legal fees | | 7,403,652 | 9,822,427 |
| Government Gazette Notices | | 47,369 | 25,001 |
| Consulting - Others | | 248,934 | 291,852 |
| RAF Expenses | | 143,892 | 327,118 |
| Travel Admin Charges | | 56,534 | 49,054 |
| Employee costs | | 210,097,981 | 192,707,854 |
| Ombudsman Costs | | 92,629 | 52,019 |
| Tender administrative costs | | 146,905 | 200,612 |
| Investigations: SIU | | 1,327,070 | 2,227,238 |
| Penalty and Interests | | 406,138 | - |
| Equipment and furniture less than R1000 | | 30,910 | 3,857 |
| Strategic projects - BPR, Teambuildings and Strategic Sessions | | 1,786,048 | 2,361,521 |
| Conferences (HPCSA and IAMRA) | | 11,153,470 | 13,181 |
| Settlement labour cases - Employees | | - | 2,511,101 |
| AMCOA Expenditure | | 777,786 | 186,523 |
| Council, professional board and committee meetings | | 55,327,250 | 49,760,619 |
| Property, plant and equipment - Loss on disposal of assets | | 15,071 | 160,153 |
| Insurance | | 684,048 | 723,238 |
| IT expenses | | 16,320,749 | 17,026,853 |
| Municipal expenses | | 2,764,241 | 2,444,801 |
| Postage | | 1,708,068 | 1,477,872 |
| Printing and stationery | | 795,934 | 924,480 |
| Public Relations / Publications | | 3,101,482 | 1,331,597 |
| Repairs and maintenance | | 1,844,004 | 2,090,008 |
| Security | | 2,139,882 | 2,053,183 |
| Subscriptions | | 164,914 | 70,527 |
| Telephone and fax | | 731,877 | 895,956 |
| International Conferences and Meetings | | 1,192,620 | 36,732 |
| | | 333,945,478 | 310,992,534 |

The supplementary information presented does not form part of the annual financial statements and is unaudited

Notes



Notes

A series of horizontal dotted lines for writing notes, overlaid on a decorative background of light blue and white wavy lines.

Notes



A photograph of a modern, multi-story building with a textured facade and large windows. A prominent white pillar stands in the foreground. The building is partially obscured by trees with yellow and green foliage. A dark blue semi-transparent banner is overlaid on the lower half of the image, containing white text.

The Registrar
Health Professions Council of South Africa
P O Box 205
PRETORIA, 0001

Protecting the public and guiding the professions

www.hpcsa.co.za • info@hpcsa.co.za • Tel: +27 12 338 9000

A white sign with the HPCSA logo and text. The logo features a colorful globe with a caduceus symbol. The text reads "HPCSA" in large blue letters and "Health Professions Council of South Africa" in smaller black letters below it. The sign is mounted on a black metal fence. In the background, there are palm trees and other greenery. A building with the number "572" is visible in the distance.

HPCSA
Health Professions Council of South Africa