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Welcome to another edition of Psychology News. The past year was extremely busy, requiring much dedication and resolve to deal with the challenges usually expected by a regulatory body providing service to a society undergoing change and to a profession needing to transform. The current Board has much to accomplish during its term and it becomes increasingly clear that we, as a profession, have to work together to achieve this end. Regulatory bodies serve a very specific function/role and as expected receives feedback and complaints by its members. Many of the complaints received or expressed are paramount and underscores the outdated principles and views that impact our profession that requires thorough review and change in order to meet current and future needs. Our Board takes seriously the views of our practitioners, training institutions and members of the public to ensure that appropriate transformation takes place. These values and concerns are centrally located in the Board’s strategic plan and is presented in this issue of the newsletter.

There had been several critical matters under review by previous Boards for some time which the current Board is committed to concluding in its term. Some of these matters are of high priority for our practitioners and training institutions and require careful, well considered decisions because the outcomes will impact indelibly on the future of the profession as well as the health care services of our country. Much of the core documents have been completed and are available to the profession and public.

New legislation and/or changes in legislation have significantly impacted on the practice and training of our practitioners, as well as, the role of the profession. Getting to speed with these changes does take time and effort. We encourage our practitioners to familiarise themselves with these changes. The lack of awareness, failure to keep up with the changes in the regulations and reliance on misinformation continues in our profession and contributes to much misunderstanding including that of the roles and functioning of the Board, other regulators and professional societies. We have included some articles on such matters in the current newsletter and will continue to provide more information in future newsletters and on our website. We also encourage our practitioners to attend the HPCSA Roadshows, attend stakeholder meetings and visit the HPCSA website regularly.

A bugbear for the Board and for our practitioners has been the scope of practice. We welcomed the court decision which provided a unique opportunity and mechanism for a speedy resolution of the problem. An update on this matter is provided in this issue of the newsletter.

Our administrative staff and Board members (all volunteers) are a committed, skilful and enthusiastic team who are very capable to meet the challenges that present and will provide the guidance and wisdom that is required. A section in the newsletter is devoted to introducing our administrative staff and Board members to you. I encourage our stakeholders to engage with us in a constructive way in order to achieve our mutually desired goals. We are also committed to building on the existing relationship with our stakeholders and would like to further promote and strengthen stakeholder engagement. Much more is achieved through respectful and courteous engagement.

Let’s continue to work together.

Chairperson of the Board
Prof. Basil J Pillay, Clinical Psychologist
Psychology Practitioners erased from the register due to non-payment of annual fees

Practitioners who have failed to pay annual fees within three months after the due date would be suspended from the register as per the provisions in the Health Professions Act 56 of 1974 (Health Professions Act). Practitioners who did not pay the 2018 annual fees would be suspended in 2018 after the Health Professions Council of South Africa (HPCSA), the 12 Professional Boards and its supporting structures had taken it upon themselves to remind practitioners of the outstanding fees through; sending of payment reminders via email, SMS and courtesy calls to curb the high possible erasure volumes.

To check if your name was suspended please use the i-register available on the following link: http://www.hpcsa.co.za/Public/FindPractitioner

The Restoration Process

A person whose name was erased from the register has to apply to restore his/her name to the register by duly completing the Application for Restoration form, Form 18 which has to be submitted together with proof of payment of the restoration fee, which is calculated as follows:

1. Restoration within a period of six months after the erasure date is equivalent to two (2) times the current annual fee, plus the outstanding annual fee(s).

2. Restoration after a period of more than six months since the erasure date but within a year is equivalent to four (4) times the current annual fee, plus the outstanding fee(s);

3. Restoration after a period of 12 months since the erasure date is equivalent to five (5) times the current annual fee, plus the outstanding fee(s).

(www.hpcsa.co.za/Registrations/Restoration)

For assistance with the restoration process you may contact the Client Care Centre on 012 338 9300 or info@hpcsa.co.za.
Continuous Professional Development

Healthcare practitioners have a responsibility to continually update their professional knowledge and skills for the end benefit of the patient or client. To this end the HPCSA has implemented a Continuing Professional Development programme. Every practitioner is required to accumulate 30 Continuing Education Units (CEUs) per twelve-month period and five of the units must be on ethics, human rights and medical law. Each CEU will be valid for 24 months from the date on which the activity took place (or ended, in the event of post-graduate studies) after which it would lapse. This means that practitioners should aim to accumulate a balance of 60 CEUs by the end of their second year of practice, and thereafter top-up the balance through additional CPD as each 24-month validity period expires.

Mandatory random audits are conducted to ensure compliancy. Once a practitioner’s name has been selected, they are required to submit a CPD portfolio to Council within 21 days. Non-compliant practitioners will be given six months in order to comply. After the period of 6 months a practitioner will again be audited and if there is still non-compliance, the Professional Board will consider . Practitioners are only required to submit their CPD portfolios when their names are drawn from a random sample audit and when requested to submit their completed form CPD 1 IAR with accompanying proof of CPD activities undertaken.

Approved Accreditors approves CPD Service Providers who offers CPD activities to registered Health practitioners.

<table>
<thead>
<tr>
<th>CPD No</th>
<th>Name and Address of Institution</th>
<th>Contact Person</th>
<th>Contact Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSB002</td>
<td>CPD Division Faculty of Health Sciences University of the Free State P O Box 339 (G16) BLOEMFONTEIN 9300</td>
<td>Mrs Madga Fourie</td>
<td>051-401 3425 (T) 051-401 2939 (F) <a href="mailto:fouriejm@ufs.ac.za">fouriejm@ufs.ac.za</a></td>
</tr>
<tr>
<td>PSB003</td>
<td>Department of Psychology University of Pretoria Private Bag X20 Hatfield 0028</td>
<td>Dr Linda Blokland</td>
<td>012 420 2329 012 420 3479 <a href="mailto:Linda.blokland@up.ac.za">Linda.blokland@up.ac.za</a> or <a href="mailto:cpd@up.ac.za">cpd@up.ac.za</a></td>
</tr>
<tr>
<td>PSB004</td>
<td>The President PsySSA P O Box 989 Houghton 2041</td>
<td>Ms Fatima Seedat</td>
<td>011 486 3322 (T) 011 486 3266 /77 (F) <a href="mailto:psyssa@psyssa.com">psyssa@psyssa.com</a></td>
</tr>
<tr>
<td>PSB005</td>
<td>Nelson Mandela Metropolitan University PO Box 770000 Port Elizabeth 6031</td>
<td>Ms Jennalee Donian Mrs Lisa Currin</td>
<td>041 504 4056 083 571 1792 <a href="mailto:Jennalee.Donian2@nmmu.ac.za">Jennalee.Donian2@nmmu.ac.za</a> <a href="mailto:Lisa.currin@nmmu.ac.za">Lisa.currin@nmmu.ac.za</a></td>
</tr>
<tr>
<td>PSB006</td>
<td>Society for Industrial and Organisational Psychology of SA (SIOPSA) PO Box 577 Fontainbleau 2032</td>
<td>Ms Crystal Hoole</td>
<td>E-mail: <a href="mailto:crystal.hoole@gmail.com">crystal.hoole@gmail.com</a> Mobile: 082729984 Email: <a href="mailto:info@siopsa.org.za">info@siopsa.org.za</a></td>
</tr>
</tbody>
</table>
Continuing Professional Development (CPD) plays a crucial role in helping healthcare practitioners acquire new and updated levels of knowledge, skills and ethical attitudes that will not only add measurable benefits to the professional practice, but also enhance and promote professional integrity to the ultimate benefit of the patient/client. It is with this in mind that all health care professionals registered in South Africa are compelled to complete a series of accredited CPD activities each year. In terms of Section 26 of the Act, all practitioners registered with Council have to attend to continuous development and training.

The following categories should accrue the number of CEUs as detailed in the table below:

<table>
<thead>
<tr>
<th>Abbr.</th>
<th>Register</th>
<th>CEUs per year</th>
<th>Ethics, Human Rights and Health Law per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>PM</td>
<td>Psychotechnician</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>PMT</td>
<td>Psychometrist</td>
<td>30</td>
<td>5</td>
</tr>
<tr>
<td>PRC</td>
<td>Registered Counsellor</td>
<td>30</td>
<td>5</td>
</tr>
<tr>
<td>PS</td>
<td>Psychologist</td>
<td>30</td>
<td>5</td>
</tr>
</tbody>
</table>

If practitioners are found to be non-compliant or non-responders, they will be given 6 months to comply with the requirements. Should they then still be found to be non-compliant, the names of such practitioners will be submitted to the relevant Professional Board, in this case, to the Psychology Board, who may decide to change the registration status to indicate that those practitioners may only work under supervision until such time that proof of compliance with CPD was submitted. The Boards may also decide that the practitioner must either do a Board examination or to suspend the name of the practitioner from the register and from practising the profession until such time that the practitioner is able to submit proof of compliance with the CPD requirements.

Practitioners are also requested to update their address and contact details with Council as per the requirement in Section 18(3) of the Act that practitioners must update their address and contact details with Council within 30 days of such change in address.

Please further note that the Guidelines for Continuing Professional Development has been amended and approved by Council in June 2017. Please refer to our website for the latest guidelines (www.hpcsa.co.za).
Introduction of the Current Board Members

The regulations relating to the Constitution of the Professional Board for Psychology were constructed in terms of section 15 of the Health Professions Act No. 56 of 1974, as amended by Act No. 29 of 2007, and on the recommendation of the Health Professions Council of South Africa.

As stipulated in the Constitution the Professional Board should consist of 20 members who permanently reside in South Africa:

a. Twelve Psychologists, of whom ten shall be from designated groups, who shall be appointed by the Minister on the basis of nominations by persons with registered postal addresses in the Republic and whose names appear in the register of psychologists;

b. One registered counselor, who shall be appointed by the Minister on the basis of nominations by persons with registered postal addresses in the Republic and whose names appear in the register of registered counselors;

c. One Psychometrist, who shall be appointed by the Minister on the basis of nominations by persons with registered postal addresses in the Republic and whose names appear in the register of psychometrists;

d. One person registered with the Board, who shall be appointed by the Higher Education South Africa (HESA) to represent educational institutions accredited by the Board;

e. One person representing the Department of Health, who shall be appointed by the Minister; and

f. Four community representatives, who shall be appointed by the Minister.

Below are members of the current Board which is constituted in accordance with the regulations relating to the Constitution of the Board. These Board members are in office for a five-year term (2015 – 2020). Two Board members have resigned; therefore, two Educational Psychologists were co-opted to assist in the interim while the Board is in the process of filling the vacant positions.

Prof. BJ Pillay, Clinical Psychologist
Chairperson of the Board

Dr TP Moloi, Clinical Psychologist
Vice Chairperson
We are proud to announce the success stories of the Accreditation and Quality Assurance Committee in meeting its strategic goals for the 2015-2020 term. One of the mandates of the Committee is to support and advise the education and training institutions and conduct site visits providing supportive and developmental guidance to ensure that standards are maintained. The Committee should also from time to time train evaluators to conduct the site visits. Below are the achievements made so far in realising these goals.

**Institutions Evaluated In 2017**

1. **Internship Sites**

<table>
<thead>
<tr>
<th>Category</th>
<th>Number Of Sites Accredited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical</td>
<td>2</td>
</tr>
<tr>
<td>Counselling</td>
<td>2</td>
</tr>
<tr>
<td>Educational</td>
<td>0</td>
</tr>
<tr>
<td>Industrial</td>
<td>2</td>
</tr>
<tr>
<td>Research</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>

2. **Tertiary Institution Programmes**

<table>
<thead>
<tr>
<th>Category</th>
<th>Number Of Programmes Accredited</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLINICAL</td>
<td>4</td>
</tr>
<tr>
<td>COUNSELLING</td>
<td>3</td>
</tr>
<tr>
<td>EDUCATIONAL</td>
<td>1</td>
</tr>
<tr>
<td>INDUSTRIAL</td>
<td>3</td>
</tr>
<tr>
<td>RESEARCH</td>
<td>2</td>
</tr>
<tr>
<td>BPSYCH PROGRAMMES</td>
<td>8</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>21</strong></td>
</tr>
</tbody>
</table>
Invitation to Practitioners to serve on Professional Conduct Committees and to provide expert opinions

The Health Professions Council of South Africa (HPCSA) is a statutory body that protects the interests of the public and guides the professions through the establishment and maintenance of standards of education, training and professional conduct of relevant health care professionals.

The driving vision of the HPCSA is “Quality Healthcare Standards for All” members of the population of South Africa.

The mission of HPCSA which is “To enhance the quality of health by developing strategic policy frameworks for effective co-ordination and guidance of the Professional Boards in:

- Setting healthcare standards for training and discipline in the professions registered with the Council;
- Ensuring ongoing professional competence; and
- Fostering compliance with those standards.

Practising as a healthcare professional is based on a relationship of mutual trust between patients and healthcare practitioners. The term “profession” means “a dedication, promise or commitment publicly made”. To be a good healthcare practitioner, requires a life-long commitment to sound professional and ethical practices and an overriding dedication to the interests of one’s fellow human beings and society.

In the course of their professional work, healthcare practitioners are required to subscribe to the rules of conduct. To this end, the HPCSA has formulated a set of rules regarding professional conduct against which complaints of professional misconduct will be evaluated.

Failure by a practitioner to comply with any conduct determined in these rules or an annexure to these rules shall not be deemed to constitute a complete list of conduct and the Board may therefore inquire into and deal with any complaint of unprofessional conduct which may be brought before the Board. An inquiry referred to the Board shall be guided by these rules, annexures to these rules, ethical rulings or guidelines and policy statements which the Board makes from time to time.

The Professional Board for Psychology is inviting persons to assist and serve on the Professional Conduct Committees which is followed after a process of considering complaints by the Committee of Preliminary Inquiry in order to determine any prima facie evidence of negligence or misconduct which would then be dealt with by a formal inquiry process.

Experienced professionals registered with the Council in any of the categories of psychology and who are experienced healthcare practitioners and specialists in their particular area of practice are invited to assist the Committees of Preliminary Inquiry and Pro forma Complainants with expert opinions.

All interested parties should forward their curriculum vitae to:
Fax : (012) 338-9356 or E-mail: PatriciaR@hpcsa.co.za
Compliance ensured through the Inspectorate Office

The Council’s duty of protecting the Public and Guiding the Professions is achieved through the setting of healthcare standards of training and discipline in the professionals registered with the Health Professions Council of South Africa (HPCSA). To ensure compliance to the healthcare standards the HPCSA established the Inspectorate Office to enforce compliance with legislative framework of the HPCSA as mandated by the Health Professions Act 56 of 1974. This office was put in place to eradicate bogus practitioners and to ensure that practitioners are compliant in terms of HPCSA registration standards, ethical rules and regulations.

Their role includes conducting inspections which encompasses investigating allegations of non-compliance with the Health Professions Act, rules and regulations, ensure compliance with penalties imposed by the Professional Conduct Committees, collection of outstanding fines and attend to criminal matters in respect of unregistered persons. The Inspectorate Office has four offices across the country located in Durban, Cape Town, East London and Gauteng. This office does not handle legal complaints for registered practitioners but deals with matters relating to bogus practitioners and those who have been found guilty, but do not comply with the stipulated penalties / suspensions. For the HPCSA to successfully carry out its mission of fostering compliance with the set healthcare standards, practitioners and the public are encouraged to report suspicious and/or bogus practitioners operating in and around the Gauteng region to the Inspectorate Office.

To report any irregular practices please contact Inspectorate Office - Mr. Vincent Skhosana:

e-mail: VincentS@hpcsa.co.za
Tel: 012 338 3984

Invitation for experienced Examiners, Markers and Moderators to Submit Curriculum Vitaes

The professional board has the powers to appoint Examiners, Markers and Moderators, as provisioned for in section 15b of the Health Professions Act 56 of 1974.

To ensure continuity in the examinations process, the Psychology Boards invites Practitioners to submit their CV’s to assist with the National Board Examinations.

The criteria to be met:

- 5 years’ experience in academia
- 5 years’ Experience in teaching and training of professional psychology programmes at Institutes of higher education
- Be registered with HPCSA for three (3) years or more
- Be in good standing

For submission and more information please contact Ms Thembisile Nkosi at ThembisileN@hpcsa.co.za / 012 338 9350
In September 2016, the Professional Board for Psychology undertook to compile a survey that explored the domains of the psychology professionals and practice environments, including their own demographics, qualifications, professional activities, client demographics, work settings etc. About 2645 practitioners responded to an invitation but 2081 completed the survey. The latter would be an estimate of 20% of the registered psychology practitioners.

The survey was reviewed by and received ethical approval from the Rhodes University Ethical Standards Committee (RU-HSD-16-05-0004).

The results of the survey indicated that most practitioners in the various categories are white women between the ages of 31 and 40 years of age, with a few notable exceptions. Counselling and educational psychologists have an older age profile than the other categories, with a sizeable proportion that are over the age of 50 years, while psychometrists and registered counsellors have the youngest age profile. About three quarters of all practitioners are white, with registered counsellors being the youngest and most representative of black African practitioners. When comparing the demographics of the client groups of the various categories, a stark picture emerges: Black African practitioners are much more likely to see black African clients than are white practitioners. Similarly, most consultations take place in English (60%), with Afrikaans the second most commonly used language (20%). Clearly, much remains to be done to ensure that the profession can claim to be representative of the people of South Africa, and to ensure that psychological services are accessible to all.

Also interesting is that even though only a small minority of South Africans have medical aid insurance, approximately half of the total work time of clinical, counselling and educational psychologists is conducted in private practice settings. Private practice is also the most popular setting for registered counsellors, accounting for 28% of their time, while psychometrists are torn between private organizations and private practice, each accounting for 26% of their work time. In contrast, the most popular work settings for industrial psychologists are private organisations, which accounts for 35% of their time, while 32% of the work time for research psychologists takes place at universities.

The data shows that while there is overlap between categories, these are still quite distinct and relevant. For example, while clinical and counselling psychologists spend 24% and 28% of their time, respectively, working with children and adolescents, this proportion of time for educational psychologists is 62%. Assessment, diagnosis and intervention are the main activities of clinical, counselling and educational psychologists, while prevention and development is an activity that features prominently for counselling and educational psychologists. Grief, trauma and crisis counselling are amongst the most prominent activities of counselling psychologists, while psychoeducational intervention and parental guidance feature prominently for educational psychologists. Short-term rather than longer-term psychotherapies feature most prominently for clinical, counselling and educational psychologists.

The HPCSA and the Psychology Board plans to administer the survey every five years in order to track the changes and growth in the profession as it continues to serve the needs of the country.

With the recent upgrade to the Council’s IT systems that allows practitioners to renew their registrations and update their contact details online, the HPCSA and the Board hopes to reflect accurate databases to ensure higher response rates.

The Psychology Professional Boards’ 1st National Survey of Psychology Practitioners is available on the HPCSA’s website link: http://www.hpcsa.co.za/PBPPsychology/ProFees.
Test Classification Process

The Professional Board exercises control over all classified psychological tests, questionnaires, devices or similar methods that assess:

- intellectual abilities,
- aptitude,
- interests,
- personality make up or personality functioning, and
- the diagnosis or measurement of personality and emotional functioning, neurological disorders and mental functioning deficiencies according to a recognised scientific system for the classification of mental deficiencies or personnel career selection.

The Psychometrics Committee is authorised to deal with, classify and regularly revise the status of any device, instrument, questionnaire, apparatus, method, technique or test aimed at the evaluation of emotional, behavioural and cognitive processes or adjustment of personality of individuals or groups of persons or for the determination of intellectual abilities, personality make-up, personality functioning, aptitude or interest by the usage and interpretation of questionnaires, tests projections or other techniques or any apparatus, whether of South African origin on imported, for the determination of intellectual abilities, aptitude, personality make-up, personality functioning, psycho-psychological functions or psycho-pathology; and report to the Professional Board thereon.

Any assessment which, in the view of the Board, measures a psychological construct has to be classified by the Professional Board. There are processes that need to be followed for a test to be recorded in the list of classified tests. For a test that is being development or adapted for South African norms, Form A will have to duly completed and submitted to the Professional Board. Form B is a progress report that needs to be submitted regarding the development/adaptation of the psychological test. Other than reporting on the progress being made in developing and researching the psychological test, any changes to the research design and to the research team and/or the responsible psychology practitioner should be reported to the professional board. An application for the evaluation and classification of a test that measures a psychological construct must be made by completing and submitting Form C as well as submitting the technical manual and the test or a link to the test if the test is administered electronically. These documents should be accompanied by a proof of payment for tests classification.

Two independent reviewers from the pool of approved expert reviewers are appointed by the Professional Board. The psychological test is independently evaluated by each of the reviewers, who also propose a classification category. In a case of contradictory outcomes, a third reviewer will be appointed. The reviewers’ reports will then serve in the Classification Task Team consisting of members of the Psychometrics Committee; their recommendations will be forwarded to the Psychometrics Committee. The Psychometrics Committee reaches an informed decision regarding the evaluation and classification of the test and makes a recommendation to the Professional Board.

Re-evaluation of classified psychological tests is required every 10 years, immediately after changing ownership, or at any stage when requested to do so by the Professional Board.

For more details see:

http://www.hpcsa.co.za/PBPshychology/RegulatingTestSA
**BENEFITS OF REGISTERING WITH HPCSA**

Practitioners practising any of the health professions falling within the ambit of the HPCSA are obliged to register with Council as a Statutory body.

The role of the HPCSA, apart from guiding the professions, is to:

<table>
<thead>
<tr>
<th>Confer professional status</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The right to practise your profession</td>
</tr>
<tr>
<td>• Ensuring no unqualified person practises your profession</td>
</tr>
<tr>
<td>• Recognising you as a competent practitioner who may command a reward for service rendered</td>
</tr>
</tbody>
</table>

Set standards of professional behaviour

| • Guiding professionals on best practices in healthcare delivery |
| • Contributing to quality standards that promote the health of all South Africans |
| • Acting against unethical practitioners |

Ensure your Continuing Professional Development through:

| • Setting and promoting the principles of good practice to be followed throughout the career |

Practitioners who are not practising their profession may in terms of section 19(1)(c) of the Health Professions Act 1974 (Act 56 of 1974) request that their name be removed from the relevant Register on a voluntary basis. A written request should reach Council before 31 March of the year in which the practitioner wishes his or her name to be removed from the Register.

http://www.hpcsa.co.za/Registrations/VoluntaryRemoval

http://www.hpcsa.co.za/
A high court application was launched in July 2013 in which Recognition of Lifelong Learning in Psychology Action Group and Justice Alliance of South Africa sought to review and set aside the Minister’s decision to amend the scope regulations. Amongst others, the applicants argued that the Minister did not consult the Health Professions Council of South Africa (“HPCSA”) in making such amendment regulations as required by section 61(1) of the Act. The Minister could not demonstrate that, in fact, he consulted with the HPCSA in making such amendment regulations. The applicants, therefore, sought to challenge the process that was followed in making these amendment regulations.

The parties, the Minister and the HPCSA entered into a settlement agreement in terms of which the high court application was settled out of court. This settlement agreement was made an order of the court on 25 November 2016.

By agreement between the applicants and the respondents, the court ordered, inter alia, that:

(a) The amendment regulations as published under GNR. 704 in GG. 34581 of 02 September 2011 be declared invalid;

(b) The Minister’s decision to promulgate the amendment regulations be remitted for reconsideration; and

(c) the order of invalidity of the amendment regulations was suspended for a period of 24 (twenty-four) months.

This process of review was undertaken by the Board in response to the Court Order of the Western Cape High Court and the Professional Board for Psychology embarked on a process to develop a revised scope of practice.

A Working Group on the promulgation of the Regulations (WGOPR) was established early in 2017 and the work of the Working Group was a continuation of the work done by the Scope Task Team which was established in January 2012. The Scope Task Team had to deal with the amendment of both the Scope of the Profession and the Scope of Practice Regulations and the Scope Task Team had concluded its work and submitted reports to the Board after which it was dissolved in February 2017.

Prior to the establishment of the Working Group, the Scope Task Team did extensive work that contributed to the revised regulations, which included:

- Best Practice Benchmarking;
- Analysis of input received from stakeholders on the revised Scope of Practice and Scope of Profession of Psychology;
- A National Survey of all Registered Psychology Practitioners was undertaken in February 2017.

The Working Group was mandated to:

a. review the judgement of the court case;

b. review the Regulations defining the scope of the Profession and the Annexures relating to the Scope of Practice;

c. consult with stakeholders; and

d. develop a revised scope of the profession for professional psychology for promulgation.

The Working Group had its first meeting in April 2017 and outlined a detailed project plan for the process of review of the scope of the profession which included wide consultation over 2 days with registered practitioners, professional associations/ societies and relevant stakeholders. A special consultation opportunity was also facilitated for representatives of Higher Educational institutions and clinical internship sites. A summary of the key issues that emanated from the consultation process with the various stakeholders were:
a. evidence of a misunderstanding of the difference between the Scope of the Profession and the Scope of Practice;
b. some practitioners had been trained to practice across categories, but they could not do so because of the restricted regulations;
c. discontentment from Counselling Psychologists and Educational Psychologists against Clinical Psychologists who they felt were not limited by the regulations;
d. a call for transverse registration by some practitioners who had trained across categories;
e. most of the challenges articulated in the submissions were emanating from Medical Aids’ non-payment of some services or some of the psychology practitioners;
f. concerns with the model of training where a one-year Master’s programme was deemed to be inadequate to provide the basic competencies for a person to register as a psychologist;
g. issues around funding of posts and
h. concern about Community Service for Clinical Psychologists by the Department of Health and no other categories.

The Working Group completed the drafting of the new definitions for each professional category taking into account South Africa’s needs and aligning it with international definitions and trends as well as redrafted the Regulations on the scope and profession into one coercive document. The new revised Regulations served at the Board on 23 February 2018 and after careful consideration by the members, was approved. The revised Regulations served at the Council Meeting on 27 & 28 March 2018.

Council on 28 March 2018 approved the Regulations relating to the scope of the profession of Psychology and Council’s legal Department submitted the Regulations to the Department of Health on 18 April 2018 with a view to promulgation for purposes of public comment.

The draft regulations were submitted to the Office of the Minister of Health for promulgation for purposes of commenting for a period of three months. Once the Minister has promulgated the regulations, stakeholders will be afforded the opportunity to submit comments on the revised regulations within a period of three months before a final promulgation will be made.

A detailed report of the historical background and process of review of the Regulations relating to the scope of the profession of Psychology was approved by the Professional Board and is available on the Board’s website for perusal. (http://www.hpcsa.co.za/PBPsychology/ProFees)

The Working Group is constructively addressing the other concerns and issues of stakeholders resulting from the historical development of our profession in South Africa, these include training across categories in the past, inconsistencies in current training, the need for transverse registration, non-payment by medical aids, funding of posts and the lack of posts. The Working Group has met with the Council for Higher Education (CHE) and the South African Qualifications Authority (SAQA) and are scheduled to meet various other government ministries and stakeholders. Further updates on the progress will be reported in due course.

The Professional Board appreciates the support and values all the inputs made by our stakeholders on the review process of the Regulations relating to the scope of the profession.
Lessons learnt by the Committee for Preliminary Inquiry and Guidelines for Practitioners who Perform Psycho-Legal Activities

The Board’s Committee for Preliminary Inquiry (Prelim Committee/ Prelim) is responsible for investigating matters referred by the HPCSA’s legal department. The Prelim Committee meets five to six times per annum to consider complaints lodged against practitioners, approximately 150 new cases are considered annually, the majority of complaints are dismissed and the practitioners’ explanations accepted as most complaints lack sufficient evidence to enable further action. Most cases presented at Prelim are related to psycho-legal activities performed by practitioners, therefore purpose of this article is to share two worrisome trends in this regard as observed by the Committee and to share guidelines to assist practitioners.

Four types of decisions are made by the Prelim Committee:

1. Accepting the practitioner’s explanation and the practitioner is found not guilty,
2. reprimands,
3. imposes a fine on the practitioner
4. refers case to the HPCSA to institute a Professional Conduct Inquiry against the practitioner. The verdict in point four is only reached in the case of serious misdemeanours and approximately 12 to 15 of such cases occur annually.

Trends identified by the Prelim Committee

‘Forensic Psychologist’ is a misnomer

It was noted that practitioners use the term ‘forensic psychologist’ erroneously, as many practitioners refer to themselves as ‘Forensic Psychologists’ or communicate the phenomenon that they practice ‘forensic psychology’. This is usually reflected on practitioners’ letterheads and other documentation (e.g. clients, lawyers and the courts). Numerous letterheads describe practitioners as ‘Counselling & Forensic Psychologists’ or ‘Forensic & Clinical Psychologists’ and the ‘services provided’ listed by practitioners contain the word ‘forensic’ in some connotation. True forensic psychological acts are performed only by practitioners suitably qualified to conduct specialised evaluations and currently no practitioners are registered under the category. When practitioners are appointed to assess, for example, families and children in divorce and custody cases, or to make recommendations about a client’s post-trauma employment capacity and potential loss of future income, they are conducting psycho-legal work and do not do forensic work or medico-legal work.

Guideline: It is suggested that practitioners refrain from using the terms forensic psychology or services at all times. These words may not appear on any letterheads, reports or other documentation. Using terms that relate to ‘forensic’ when describing one’s specialisation or services equates to distortion.
Psycho-legal work.

Since psycho-legal work is perceived as being a lucrative activity many practitioners opportunistically engage in such activities. . .

Psycho-legal work is an extremely complex activity; to conduct proper, professional psycho-legal evaluations and assessment, and to make credible recommendations require intensive training and extensive first-hand exposure to the activity. Besides the challenging approaches and content related to the field, the ethics of psycho-legal practice are often more challenging than ethics in everyday psychology practice. Legally there are several regulations and Acts to take into consideration some of these regulations contradict ethical principles, or make it very difficult to apply. It should be emphasised that not everyone may perform psycho-legal work activities.

Psycho-legal work is fraught with risk; Psycho-legal work is a high-risk activity, particularly in divorce and custody cases, there is usually a party that feels aggrieved by the courts finding which results in anger which is often projected on the practitioner that is seen to have been ‘complicit’ to the ‘unfair’ in most cases the aggrieved party. In many cases practitioners are in the clear having applied proper investigations and followed correct procedures; however, the trauma of being at the brunt of anger and having to respond to a complaint lodged at Prelim is time-consuming, emotionally traumatic and cost-ineffective.

Guidelines: Practitioners should only accept psycho-legal work if the request had been preceded by a court order. They should therefore not yield to pressure by clients (often parents) to produce a psycho-legal report on demand. Psychologists who indulge in psycho-legal work should ensure that they are properly trained. It is also imperative that practitioners engage in peer supervision or oversight by fellow practitioners well-versed in the field of psycho-legal work.

More details: Chapter 4 IV of the Health Professions Act, 56 of 1974 (http://www.hpcsa.co.za/Legislation)
The National Board Examination Policy

In October 2015 during the National Board examination, the Board noted that there were candidates who intended to write the National Board examination without completing their dissertations, however those candidates were disqualified from writing the Board examination as they had not met the academic requirements for their degrees. In January 2016, the Board resolved to include these requirements on the rules for the National Board Exam, that the Board exam may be written once the academic requirements of the degree have been met and when registration is imminent.

Intern Psychologists and those who have completed their internships, but have not yet registered, may only apply to write the Board examination once their dissertations have been passed by their external examiners.

One may apply to write the Board exam even if their dissertation requires correction, provided that this is done to the satisfaction of the supervisor or head of department without the need for re-examination. Unless the above requirements are met head of departments should not sign application forms to write the national Board examinations and the Board will not approve such applications as they will be deemed as being noncompliant.

The Examinations Committee of the Psychology Board will release detailed and specific examination guidelines for each category. These guidelines will be based on the competencies that are expected of each category of practitioners. The Board noted that most candidates struggle with examination questions pertaining to profession related legislative acts and other rules, therefore we would like to advise those who intend to write the Board exam to familiarise themselves with the most recent reading lists for their respective categories (http://www.hpcsa.co.za/PBPsychology/Examinations), to ensure that they understand the legislative acts and other rules that are relevant to their categories.

The Board also noticed that there are a number of people or companies who advertise training to assist candidates to pass their Board exams. Please note that none of these private initiatives has been endorsed by the Professional Board for Psychology. While the Board provides sufficient reading material, it is up to candidates to ensure that they are suitably prepared to write their exam.

Best wishes to all candidates who will be writing the next Board examination in 2018!!
The Professional Board for Psychology Five Year Strategic Plan (2015 – 2020)


Mission: Provision of applicable relevant legislations, standards, processes, guidelines, policies and procedures.

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<thead>
<tr>
<th>STRATEGIC GOALS</th>
<th>OBJECTIVE STATEMENTS</th>
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<td>Regulate and guide the profession</td>
<td>Clearly defined scope of profession and scope of practice.</td>
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<td>Review and define career paths of different categories.</td>
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<td>Review and update relevant rules and regulations influencing the profession.</td>
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<td>Review and oversee accreditation of the training institutions and internship sites.</td>
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<td>Review and oversee Continuous Professional Development (CPD) programmes.</td>
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<td>Account for the development, control and use of psychological assessments.</td>
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<td>Foster efficient and effective dispute resolution mechanisms</td>
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<td>Advisory, advocacy and stakeholder engagement</td>
<td>Improve inter-sectoral relationships</td>
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<td>Incorporate international best practices</td>
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<td>Efficiency of board functioning</td>
<td>Continuously integrate 360 degree performance evaluations of the organs of the board</td>
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The current strategic plan is informed by the following key issues:

- Overlapping scope of profession, for instance with that of social workers, HR practitioners, etc.
- Overlapping scope of practice among different categories of psychologists,
- Absence of South African guidelines to incorporate major shifts in technological developments in the assessments environment,
- Integration of the profession with national initiatives.

In the next issue, we will share year to date performance against these set objectives.
INVITATION TO PROVIDE INPUT TOWARDS THE REVIEW OF ETHICAL RULES OF CONDUCT

The Professional Board for Psychology is currently in the process of finalising the review of the Scope of the Profession for Psychology. We are also actively working on revising the policies and Rules of Conduct for the profession through an Ethics Task Team which was mandated by the Professional Board for Psychology to:

1. Review and refine the ethical rules aligned to other national legislation;
2. Develop guidelines to support the Ethical Rules of Conduct;
3. Develop a Hippocratic Oath as an aspirational code of good conduct.

The aim is to complete the project by the end of 2018. Thereafter the Board will facilitate a process to assist Professional Associations/Societies to formulate more specific guidelines for their members. These guidelines should particularly account for areas of psychological practice that contain high ethics risks, such as assessment, psycho-legal activities and web-based interaction with clients.

To ensure a wide sample of data collection to eventually inform the contents of new ethical rules, the Board is conducting several concurrent data gathering initiatives. One of which is broad stakeholder engagement to ensure that ethics risks are optimally accounted for in the new regulations as envisaged.

To achieve this, the Board requests that you as registered practitioner identify areas of ethics risk that is impacting on you as a practitioner and that should be addressed in ethics regulations and subsequent ethical guidelines.

As an important stakeholder, you are hereby invited to provide the Board with a condensed written submission to this effect by not later than 20 July 2018. The Board, through the dedicated Ethics Task Team will then analyse and integrate the submissions in order to produce a revised set of ethical rules of conduct. The revised Ethical Rules of Conduct will be aimed at guiding practitioners and protecting the public.

We look forward to your contributions towards the review of the Ethical Rules of Conduct and in particular, towards Annexure 12 of the Ethical Rules which is available on the following link: http://www.hpcsa.co.za/Uploads/editor/UserFiles/downloads/conduct_ethics/rules/generic_ethical_rules/ethical_rules_annexure_12.pdf

All inputs may be directed to:

Ethics Task Team

Email: psychology@hpcsa.co.za
Psychology team news!

DEPARTMENTAL IDOL

Liliosa Manjoro and Ncumisa Maphasa were awarded the Departmental Idols. The Departmental Idol Awards aim is to recognise the achievement and contributions that a person makes to a particular Department. It is not a popularity award; but rather an acknowledgement by one’s peers and co-workers that the person inspires, motivates and supports the team effort of a Department. Departmental Idols are those that others in the department look up to and aspire to be like. The award is intrinsically linked to performance and the philosophy that we are who we are because of those around us.

The Psychology team congratulates Liliosa Manjoro and Ncumisa Maphasa for receiving the award. Well done Liliosa and Ncumisa!
## Professional Board for Psychology

### Allocation of responsibilities

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<tr>
<th>Responsibilities</th>
<th>BOARD MANAGER:</th>
<th>SECRETARY:</th>
<th>ADMINISTRATOR:</th>
<th>COMMITTEE COORDINATOR:</th>
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<tr>
<td>Policy, Ethical, Strategic Scope and Board matters</td>
<td>Ms Adelle Taljaard&lt;br&gt;Tel/fax 012 338 9349&lt;br&gt;E-mail: <a href="mailto:AdelleT@hpcsa.co.za">AdelleT@hpcsa.co.za</a></td>
<td>Ms Ncumisa Maphasa&lt;br&gt;Tel/fax: 012 338 9327&lt;br&gt;E-mail: <a href="mailto:ncumisam@hpcsa.co.za">ncumisam@hpcsa.co.za</a></td>
<td>Ms Zandile Bapela&lt;br&gt;Tel/fax: 012 338 9409&lt;br&gt;E-mail: <a href="mailto:zandileb@hpcsa.co.za">zandileb@hpcsa.co.za</a></td>
<td>Ms Portia Khati&lt;br&gt;Tel/fax 012 338 3925&lt;br&gt;E-mail: <a href="mailto:portiak@hpcsa.co.za">portiak@hpcsa.co.za</a></td>
<td>Ms Hilda Baloyi&lt;br&gt;Tel/ fax  012 338 9362&lt;br&gt;E-mail: <a href="mailto:hildab@hpcsa.co.za">hildab@hpcsa.co.za</a></td>
<td>Ms Liliosa Manjoro&lt;br&gt;Tel/ fax  012 338 3955&lt;br&gt;E-mail: <a href="mailto:liliosam@hpcsa.co.za">liliosam@hpcsa.co.za</a></td>
<td>Ms Caroline Dipholo&lt;br&gt;Tel/fax: 012 338 9318&lt;br&gt;E-mail: <a href="mailto:carolined@hpcsa.co.za">carolined@hpcsa.co.za</a></td>
<td>Ms Thembisile Nkosi&lt;br&gt;Tel/ fax  012 338 9350&lt;br&gt;E-mail: <a href="mailto:thembisilen@hpcsa.co.za">thembisilen@hpcsa.co.za</a></td>
<td>Ms Lesego Molefe&lt;br&gt;Tel/fax 012 338 9404&lt;br&gt;Email: <a href="mailto:lesegom@hpcsa.co.za">lesegom@hpcsa.co.za</a></td>
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GENERAL INFORMATION

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