



Formatted: Left: 2 cm, Right: 2 cm,  
Top: 1 cm, Bottom: 1.5 cm, Header  
distance from edge: 1.25 cm, Footer  
distance from edge: 1.25 cm

## **PROFESSIONAL BOARD FOR PSYCHOLOGY**

### **CRITERIA AND GUIDELINES FOR SERVICE PROVIDERS**

## CRITERIA AND GUIDELINES FOR SERVICE PROVIDERS

Continuing professional development (CPD) serves to maintain and enhance the knowledge, skills and ethical attitudes of practitioners in order to ensure quality health care for the public of South Africa. CPD should meet an educational and developmental need and provide an effective learning experience for the participants.

The following persons registered in the psychology profession, i.e. psychologists, registered counsellors, psychometrists and psychotechnicians have to comply with CPD requirements as from 1 January 2007.

A Service Provider may offer CPD activities at any one of the 3 levels that are described in the HPCSA CPD Document. Service Providers will be accredited by the Professional. Service Provider status will be valid for one year only; applications should be re-submitted annually for re-accreditation.

**Providers should at all times ensure that their CPD programmes do not violate the scope of practice, since the purpose of CPD is not to assist or to facilitate practitioners to work out of their scopes of practice.**

Accredited Service Provider status may be granted to:

- \* Tertiary training institutions
- \* Professional associations/societies
- \* Formally constituted professional interest groups
- \* Individuals who provide accredited activities.
- \* Private organisations, non-profit groups/commercial enterprises or companies

Recognising that there may be particular instances or circumstances in the SA context, and with the intention of facilitating CPD, Boards agrees to allow the presentation of once-off activities in Level 1 by non-accredited organisations and individuals.

These organisations and individuals will be expected to meet the criteria for accreditation of the activity in order to provide any CPD activity at Level 1. The activity will be approved by the Professional Board.

### A. CRITERIA FOR ACCREDITED SERVICE PROVIDER STATUS WHICH INCLUDES:

Service providers have to comply with the following criteria:

- \* demonstrate capacity to deliver CPD through members who have proven knowledge and skills in the relevant field and are in good standing in the group;
- \* A formally appointed Chairperson/Manager of the group;
- \* CPD co-ordinator, contactable by telephone, fax, email;
- \* Administrative support;
- \* Facilities for presentation of CPD (office or alternative meeting venue; computer, internet and/or e-mail facilities; overhead and/or data projector/s, etc);
- \* Paper or electronic attendance records;
- \* Certificates of attendance and completion of the programme;
- \* Formal evaluation procedure for the series of CPD activities.

**B. CRITERIA FOR NON-ACCREDITED ORGANISATIONS OR INDIVIDUALS OFFERING ONCE-OFF CPD ACTIVITIES IN LEVEL 1**

**Organisations and individuals**

- \* In organisations, access to psychologists and other professionals who have proven knowledge and skills to provide activities in the relevant area of CPD;
- \* In organisations, a CPD co-ordinator, contactable by telephone, fax, email;
- \* Individuals, proven expertise in the relevant professional field;
- \* Individuals, contactable by telephone, fax, email;
- \* Dedicated, contactable administrative support;
- \* Facilities for presentation of CPD (conference venues, lecture rooms, seminar rooms, breakaway rooms; internet access, e-mail; computers and data projectors, overhead projectors; copier);
- \* Paper or electronic attendance records;
- \* Certificates of attendance;
- \* Formal evaluation procedure for all CPD activities.

**C. GUIDELINES FOR APPLYING FOR SERVICE PROVIDER STATUS**

An application for accreditation as a Service Provider must be sent to the Professional Board for approval and ratification of its status. The following information should accompany the application (Form CPD 2 Psych);

- \* The name of the training institution/organisation/professional society or association/groups/individual;
- \* The name of the Manager, Chairperson or CPD Co-ordinator;
- \* The contact telephone number or email address of that person;
- \* A preliminary broad outline of the programme for the forthcoming CPD cycle. Applications of accreditation have to be submitted **at least three months** prior to service provision. Applications for accreditation will be considered by the Board on the following dates:

Meeting dates	Submission dates for applications for accreditation/s
End of March	End of January
End of June	End of April
End of September	End of July
End of November	End of September

- \* The facilities available for the presentation of CPD activities (lecture rooms, seminar rooms, breakaway rooms; internet access, e-mail; computers and data projectors, overhead projectors, copier; dedicated administrative support, name and contact details of this person);
- \* The scale of fees that will be levied for CPD activities;
- \* A copy of the attendance register form/s that will be used to record attendance;
- \* A copy of the certificate that will be provided on completion of the activity (Form CPD 3 Psych); and
- \* An indication of the method for obtaining feedback or evaluation of the event (not the aesthetics, comfort, convenience or ambience of the venue).

**Individuals** shall apply for accreditation of once off activities in level 1 on Form CPD 2A (Psych) and supply the relevant documentation.

- \* A certified copy of their HPCSA registration certificate;
- \* A certified copy of their qualifications;
- \* An indication that they are currently in practice related to the health services (clinical, teaching, research or management) and have been active in these contexts for at least three consecutive years;
- \* ~~I thought we had agreed to drop this requirement -~~ An indication of attendance at a minimum of three national or local professional activities or events of direct relevance to the field of interest during the previous two years;
- \* The facilities available for the presentation of CPD activities (lecture rooms, seminar rooms, breakaway rooms; internet access, e-mail; computers and data projectors, overhead projectors, copier; dedicated administrative support, name and contact details of this person)
- \* The scale of fees that will be levied for CPD activities;
- \* A copy of the attendance register form/s that will be used to record attendance;
- \* A copy of the certificate that will be provided on completion of the activity (Form CPD 3 Psych);
- \* An indication of the method for obtaining feedback or evaluation of the event (not the aesthetics, comfort, convenience or ambience of the venue).
- \* Provide motivation of competence to conduct the service

Formatted: Underline

#### **D. SUPERVISION**

Supervision for the purpose of professional and/or personal development, but excluding psychological treatment, will be accredited for CPD as either an individual or small-group activity. The frequency of supervision has to be indicated in the application for accreditation by the supervisor.

The supervisor has to apply for accreditation as a provider of the CPD activity and will be required to submit the names of the supervisees in order for them to obtain the necessary CPD points.

Supervisors of professional practice, research and other appropriate activities of registered persons (outside of their normal job description) may qualify for CPD points through such supervision, provided that they obtain 6 CEUs in ethics per CPD cycle. Supervisors must be appropriately qualified at doctoral or equivalent level, have demonstrable expertise in supervision for professional practice or research or other activity, or have been registered as psychologists for at least three years.

## ADDENDUM

### A. INFORMATION FOR SERVICE PROVIDERS RE RECORD KEEPING AND CEU ALLOCATION

1. An accredited Service Provider shall keep a record of the following information regarding each activity that will be presented for Continuing Professional Development purposes before the Activity Number and accompanying CEUs are publicised:
  - \* Name and number of the accredited Service Provider that presented the activity;
  - \* The topic of the activity;
  - \* The level of the activity;
  - \* The number of CEUs that have been allocated for the activity;
  - \* The dates (commencement and completion) of the activity;
  - \* An attendance record that reflects the names and HPCSA registration numbers of all of the attendees (from commencement to completion of the activity);
  - \* Where relevant, the programme of the activity/application for mentoring and supervision (for quality control purposes by a Professional Board).
  - \* A template of the certificate issued to attendees on completion of the activity.
2. Accredited Service Providers shall develop and maintain a record keeping system such that all of the records described in (1) will be held for a period of 3 years after the activity has been presented/completed.

### B. GUIDELINES FOR ALLOCATION OF CEUS

#### LEVEL 1

These are activities that do not have a clearly measurable outcome and are presented on a once-off non-continuous basis. CEUs are allocated according to time, 1 CEU per hour to a maximum of 8 CEUs per day.

When an event is presented by a non-accredited organisation or individual, the application for accreditation of the single event/activity is submitted to the Board for approval and allocation of an activity number.

Presenters of such activities can be allocated double CEUs, eg. if attendee receives 1 CEUs, presenters can get 2 CEUs.

These activities include:

#### Small groups

- \* Breakfast meetings or presentations;
- \* Formally arranged hospital or inter-departmental meetings or updates;
- \* Case study discussions;
- \* Formally organised special purpose teaching/learning ward rounds (not including the routine daily ward rounds and teaching ward rounds);
- \* Formally organised special purpose lectures that are not part of a business meeting;
- \* Mentoring and supervision activities that is specific to certain professions e.g. psychology;

Large groups

- \* Conferences, symposia, refresher courses, short courses without a measurable outcome, international conferences (must be approved by the Board)
- \* Attendance at any activities without a measurable outcome, at the rate of 1 CEU per hour, to a maximum of 8 per day.
- \* Attendance at local or international academic or professional conferences with demonstrable relevance to Psychology but which are not specifically accredited for psychologists: max 5 CEUs per day, maximum 10 per conference.
- \* Providing documents showing registration at conference are retained, CEUs may be claimed without explicit approval of the Board.
- \* To claim more than 6 CEUs, explicit approval must be obtained from the Board for attendance at the conference, or certificates of attendance at specific sessions must be issued.

**LEVEL 2**

Education, Training, Research and Publications.

This includes activities that have an outcome but do not constitute a full year of earned CEUs. (Teaching to undergraduate and postgraduate students, and examining, will not be accredited if these activities fall within a registered professional's job description). Presenters/Co-presenters can only claim once for CEU's if the same presentation is given more than once.

<b>PUBLICATIONS</b>	<b>CEUs</b>
First author of peer reviewed publication or book chapter	15
Co-author of peer reviewed article or book chapter	5
Review of article or book chapter	3
Paper in published conference proceeding: major author	8
Paper in published conference proceeding: other authors	5
Full length articles in non-reviewed professional journals	3
Published research reports	8
Unpublished full/final research reports publicly accessible (e.g. for funding agencies)	5

<b>EXAMINATIONS</b>	<b>CEUs</b>
External examiner of Masters theses	5
External examiner of Doctoral theses	10

<b>CONFERENCE/SEMINARS PRESENTATIONS</b>	<b>CEUs</b>
Keynote speaker or plenary session speaker	15
All conferences papers inc. poster papers	10
Seminar presentations at special CPD functions per paper	5
Presenters at short CPD courses per hour	5

<b>LECTURE PRESENTATION</b>	<b>CEUs</b>
Undergrad/post-grad lectures per hour/lecture (staff not employed at universities on full-time or regular part-time basis)	3
Guest/visiting lecturer at non-home institution per hour/lecturer	5

<b>ACADEMIC/RESEARCH SUPERVISION</b>	<b>CEUs</b>
Non-academics supervising post-grad research projects, per student, per year (Maximum 16 CEU per annum)	8
Non-academics supervising post-grad. professional psychological practice, per student, per year (Maximum 10 CEU per year)	5

<b>WRITTEN PAPERS</b>	<b>CEUs</b>
Papers written as part of occasional attendance at academic courses (not registered for whole module/course) - per paper	7

Single modules of Masters degrees with part-time enrolment for study (5 CEUs on completion of the module).

Professional Interest Groups (this could include Journal Clubs if compliant with the criteria) that are formally constituted and present a regularly recurring programme that extends for one year with a minimum of 6 meetings per year. (up to 3 CEUs per attendee per meeting). These activities have a measurable outcome that is assessed according to criteria determined by the group.

### **LEVEL 3**

This category will earn the required CEUs for a year i.e. 30. Units earned from degrees will be valid for 2 cycles of a 2 year period, thus valid for 48 months.

Activities include:

- (a) Post graduate degrees and diplomas that are recognised as additional qualifications by the relevant Professional Board. At the end of each year of study (not exceeding the normal duration of the degree), 30 CEUs could be claimed upon submitting an academic report on progress. An additional 30 CEUs may be claimed on successful completion of the qualification;
- (b) Short courses with a minimum of 25 hours of direct contact time with additional clinical hands-on training, plus a formal assessment of the outcome;
- (c) Learning portfolios;
- (d) Practice audit.

The latter are two new proposals from the HPCSA CPD Committee and it is recommended that individual Professional Boards determine the scope and content of these activities together with the necessary protocols and accompanying documentation.

**C REVIEW ON QUALITY CONTROL BY ACCREDITORS/HPCSA CPD COMMITTEE/ PROFESSIONAL BOARD**

Review of Accredited Service Providers in respect of quality control may at any time be conducted by representatives from the HPCSA CPD Committee and or the relevant Professional Board and or the Accreditor authorised in delegation by the relevant Professional Board in respect of:

- | \* list of all activities provided for the year;
- | \* specific mention of all ethical activities;
- | \* if activities provided are relevant to the field of practice;
- | \* any problems experienced.

**D GENERAL**

**LEVEL 1**

- \* Accredited Service Providers shall hold complete records of the proposed activities prior to the activity taking place;
- \* Certificates of attendance shall be handed to attendees at closure of a once-off or one-day activity;
- \* Individual applications for mentoring and supervision shall be submitted to and processed by an Accreditor before an activity number may be allocated. The Service Provider shall file this application together with the completed record of the activity.
- \* Accredited Service Providers may be audited at any time by the accreditor, Board member or a member of the HPCSA CPD Committee.
- \* The accreditation status of an Accredited Service Provider may be reviewed and/or revoked in the light of the outcome of an audit or upon any critical incident being brought to the attention of the HPCSA CPD Committee or the relevant Board.

**LEVEL 2 AND 3**

The Service Provider shall provide or obtain evidence/proof on completion of level 2 and 3 activities and then shall allocate an accreditation number with the accompanying CEUs. The Service Provider shall retain the relevant record of the event/activity and accompanying CEUs for quality control and random sampling/audit purposes.

 <b>HPCSA</b> Health Professions Council of South Africa <b>Form CPD 2 (Psych)</b>	<b>APPLICATION FOR ACCREDITATION AS A SERVICE PROVIDER</b>
--	--

**Complete and submit online or in hard copy to the Professional Board for Psychology**

Formatted: No underline

Please tick the relevant block

Training Institution  Professional Society/ Association  Interest Group   
 Supervisor  Individual  Other  (Specify) .....

Providing organisation and/or Name of provider	
Name of responsible person	
Name of CPD co-ordinator or administrative person	
Postal Address	
Contact Telephone	
Contact Fax No	
E-mail address	

**The following information must be submitted in support of your application**

	A broad outline of the programme for the forthcoming year
	What facilities are available for the presentation of CPD activities (lecture rooms, etc)
	What method will be used to record attendance?
	What fees will be levied for CPD activities in Level 1
	A copy of the proposed attendance certificate
	A copy of the certificate that will be provided on completion of the activity
	What method will be used for obtaining feedback or evaluation of the event?
	What involvement or experience do you/your institution have in health care education?
	Who are your proposed target audience, e.g. , optometrists
	Document of motivation to demonstrate your competence (applicable to individuals only)
	Supervisors to submit the number and list of names of supervisees
	Details of steps being contemplated to ensure accessibility, e.g. fee reductions, scholarships, etc.

Has an application already been submitted to another Accreditor requesting approval?	<b>YES</b>
	<b>NO</b>

If YES, to whom and what was the outcome

---

---

---

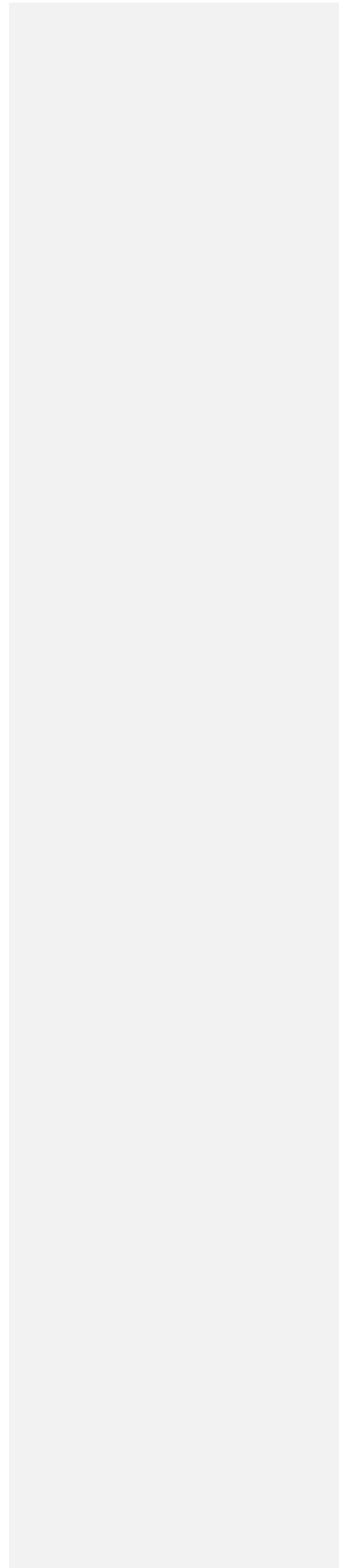
---

---

In order to be accredited as a service provider you have to agree to: Record attendance and CEUs awarded for each attendee, record the identity of every participant including the professional registration number, at the CPD activities and validate attendance for the **entire** event, validate completion of the CPD activity by the participant, provide the participant with evidence of completion, safe keep the records for at least 3 years, be subjected to quality assurance checks as may be deemed necessary by the HPCSA from time to time

\_\_\_\_\_  
**SIGNED**

\_\_\_\_\_  
**DATE**



 <p><b>HPCSA</b> Health Professions Council of South Africa Form CPD 2A (Psych)</p>	<p align="center"><b>APPLICATION FOR APPROVAL OF CONTINUING PROFESSIONAL DEVELOPMENT (CPD) ACTIVITIES</b></p> <p align="center"><b>NOTE: Activity Programme and Presenter CV's required to be submitted with this application</b></p>
--	---

**PLEASE COMPLETE AND SUBMIT FOR A RECOMMENDATION TO THE PROFESSIONAL BOARD FOR PSYCHOLOGY**

Name of Providing Organisation and/or Name Of Provider/Name of Individual (Including Registration Number)			
Postal Address of Providing Organisation and/or Provider and/or Individual			
Contact Person (Organisation/Provider/Individual)			
Telephone Number (Incl Area Code) (Organisation/Provider/Individual)			
Fax Number (Incl Area Code) (Organisation/Provider/Individual)			
e-Mail Address (Organisation/Provider/Individual)			
Activity Title			
Date(s) of Activity/Programme			
Venue (Full Address) of Activity (If Applicable)			
Level of Proposed CPD Activity			
Registration Fee involved for participants			
Number of hours Involved			
Suggested CEU's (General)	Level 1	Level 2	Level 3
Suggested CEU's in Ethics, Human Rights and Legal Issues pertaining to psychology	Level 1	Level 2	Level 3

<b>Suggested number of CEU's (Indicate Maximum Units In each Level</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>
<b>Specify intended method of evaluation (i.e. Questionnaire</b>			
<b>Specify the intended mechanism of monitoring attendance (per hour or per session for the duration of the activity)</b>			
<b>Have you applied to another accreditor to have this activity approved. If yes, to whom and what was the outcome</b>	Name of Accreditor: .....		

**Organisations/Providers only:**

With the submission of this application, I herewith undertake to monitor the attendance per session, evaluate the presentations as specified and to inform the Board accordingly. I recognize the authority of the Board to cancel the accreditation on non-compliance to the criteria

**Signature:  
PROVIDER**

**Designation:**

**Date:**

**FOR THE OFFICIAL USE OF THE BOARD**

This is to certify that the Professional Board for Psychology -  
has agreed to the proposed CPD points as follows:

Level 1	Level 2	Level 3	Ethics/Human Rights/Legal Matters

Specify ethical/human rights/legal matters relating to health sciences

TOTAL:

Reasons why the Board does not agree to accreditation:

.....  
.....

\_\_\_\_\_  
**SIGNATURE  
CHAIRPERSON: CPD COMMITTEE**

**DATE:**

**NAME AND DESIGNATION:**

--	--

NAME OF ACCREDITED SERVICE PROVIDER

ACCREDITATION NUMBER OF SERVICE PROVIDER  
OR  
ACCREDITATION NUMBER OF ACTIVITY

TOPIC AND LEVEL OF THE ACTIVITY

NAME OF PRACTITIONER  
REGISTRATION NUMBER

DATE OF ACTIVITY

NUMBER OF CEU'S IN LEVEL(S)

Level 1	Level 2	Level 3

\_\_\_\_\_  
**SIGNATURE PROVIDER**

\_\_\_\_\_  
**DATE SIGNED**