



24 April 2014

The Director-General  
Department of Health  
Republic of South Africa  
Private Bag X828  
Pretoria  
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**Attention:** Director: Human Resource Stakeholder Relations and Management

Dear Sir/Madam

**COMMENT ON PROPOSED AMENDMENTS: REGULATIONS 57-61**

The request for substantiated comments on proposed amendments contained in regulations 57-61 contained in the Government Gazette of 28 January 2013 refers. The Board of Directors of the Emergency Care Society of South Africa has considered the proposed amendments and has published its position on this, as contained in pages 2-6 below. The Board wishes to submit this position statement as its comment on the proposed amendments, for your consideration.

If you have any queries, please do not hesitate to contact me.

Yours sincerely,

Christopher Stein  
**ECSSA President**



## REVISED POSITION STATEMENT ON THE HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA'S DECISION TO CLOSE THE EMERGENCY CARE SHORT COURSE-RELATED PROFESSIONAL REGISTERS

*Responsible Author: Christopher Stein*

*Approved: 23 April 2014*

### 1. Background

On 27 August 2012 the Emergency Care Society of South Africa (ECSSA) released a position statement on the decision of the Professional Board for Emergency Care (PBEC) at the Health Professions Council of South Africa (HPCSA) to close the short-course related emergency care professional registers.<sup>1</sup> This position statement set out ECSSA's position on both the reasons for the PBEC's decision and opposition to the decision, followed by a set of three recommendations for the way forward.

Since August 2012 a number of developments in relation to the PBEC's decision have occurred, the most important of which is the signing of regulations 57-61 by the Minister of Health and subsequent request for comment.<sup>2-6</sup> The aim of the current revision is to re-assess the recommendations put forward by ECSSA 19 months ago within the context of these developments, and to thus revise ECSSA's position in this regard.

### 2. Original Recommendations and Developments

#### 2.1. Recommendation: Make the Decision

*"Whatever the outcome, a final decision must be made about the fate of the short course-related professional registers as soon as possible. Continued indecision leaves educational and training institutions, employers and indeed the entire profession in a state of instability, not knowing which direction to take with regard to future investments of time and money in emergency care education. This is of critical importance."<sup>1</sup>*

The decision to close the short course-related professional registers on 31 December 2014 has been made by the Minister of Health, as communicated in regulations 57-61 of January 2014.<sup>2-6</sup>



## 2.2. Recommendation: Provide a Viable and Realistic Integration Framework

*“A framework for integration of paramedics currently holding short course qualifications is urgently needed from the PBEC. This should recognise prior training and experience, should be focused on facilitating access rather than impeding it and should address not only academic considerations but also those of funding and employment. Considering this, it is unlikely that the PBEC will be able to devise such a framework alone. Consideration should be given to flexibility in determining access, and to the possibility of a finite period for this (a ‘sunset clause’).”<sup>1</sup>*

### 2.2.1. The Planned Integration Framework

The most significant development in this regard since August 2012 has been creation of the Higher Certificate in Emergency Care (HCEC) qualification, leading to registration as an Emergency Care Assistant (ECA). This one-year qualification is South African Qualifications Authority compliant, however the scope of practice for the ECA has not yet been finally determined. The exit level of the HCEC qualification has been designed to articulate directly with the second year entry requirements of the two-year Emergency Care Technician (ECT) programme. The HCEC programme is apparently intended to augment a migration framework (discussed below) suggested by the National Department of Health (NDoH) in its draft National Emergency Care Education and Training (NECET) policy, in order to address the migration of emergency care personnel with short course qualifications into the new qualification framework. (Naicker D. NECET Policy. [online] Email to Diane Naicker 15 April 2014 [cited 16 April 2014])

The NECET policy puts forward a migration framework for emergency care personnel holding both short course and newer National Qualifications Framework-aligned qualifications. This framework sees short course-qualified personnel being able to apply for credits or Recognition of Prior Learning (RPL) for the ECA or ECT qualification depending on their short course qualifications and experience. Ultimately, this could lead to entry into a bridging programme that may enable suitable candidates to enter the final two years of an Emergency Medical Care Degree programme.

### 2.2.2. Viability of Integration: Cost and Opportunity

A criticism of the new qualification framework, from the perspective of short course-qualified emergency care personnel, is that all education takes place at Higher Education Institutions (HEIs), Provincial Colleges of Emergency Care or private Colleges (some of which are or intend to become HEIs). This is quite different to the current situation where short courses are offered by PBEC accredited Colleges, many of which are privately owned. Consequently, there exists a perception that access to the new qualification structure will be difficult and costly because there are fewer and more centralised institutions offering these qualifications than the current number of training



colleges offering short courses, necessitating those wishing to study towards one of the new qualification to incur additional access costs.

Given the current costs of short course qualifications, it is doubtful that emergency care personnel with short course qualifications who articulate with the HEI qualifications will end up paying significantly more for this than if they had obtained a more advanced short course qualification, in terms of direct tuition costs. Associated costs related to the more centralised location of HEIs may change this and result in overall costs of an HEI qualification being greater. For many emergency care personnel with short courses not residing in large urban areas and wishing to follow the migration pathways relevant to them, the more centralised location of HEIs will make access to education more complicated and difficult than it would have been if a larger number of private Colleges offered short courses, as the position was several years ago. This must be weighed against advantages of the new education and training framework put forward in the NECET policy.

### 2.3. Recommendation: Communicate More Effectively

*“Events of the last few years related to the PBEC’s intentions and reactions to it have been unpleasant for many in the profession. Polarisation has occurred along educational lines which has resulted in resentment and ill-feeling, something that has generally only had an outlet in less formal spaces such as social media networks and internet discussion forums. Neither side has thus far seemed to be particularly willing to communicate, discuss or compromise.*

*The Society’s view is that this unfortunate state of affairs was largely avoidable. Poor communication and a lack of reliable information typically allows room for erroneousness, suspicion and anger. All parties, but particularly the PBEC who initiated this process, should commit to openness, dialogue and a willingness to compromise in the future. This is the only way that a successful transition can be made to a new era that is inclusive and that holds promise for the professional development of all emergency care personnel to the benefit of our patients.”<sup>1</sup>*

During the course of 2013, the PBEC and NDoH conducted a series of stakeholder meetings (commonly referred to as “road shows”) held in all Provinces. The aim of these meetings was to give those with an interest in the PBEC’s decision an opportunity to engage with PBEC and NDoH representatives, to both hear the rationale behind the PBEC’s decision and related implications, and to ask questions related to this and the proposed migration framework. These meetings represent an effort by the PBEC and NDoH to communicate more effectively with registered emergency care personnel, and to address some of the apparent misinformation or confusion around closure of the short course-related professional registers, and the consequences of this decision.



### 3. Revised Position Statement

As communicated in the original statement on its position regarding this matter, ECSSA supports the move to a HEI qualifications framework as contained in the NECET policy. The reasons for this are clearly explained in the original position statement.

Whether the migration framework put forward in the NECET policy is indeed viable remains to be seen, and the period following implementation of regulations 57-61 will be the most important phase in this process. It is of concern that the NECET policy is still in draft form, and that a final migration plan has not yet been approved by the NDoH. The final approval of both of these should be treated as a matter of urgency. There remains a great deal of room for improving communication, as evidenced by the fact that at the time of writing no documentary information on the NECET policy or migration framework is available in the public domain.

Criticism of the move to HEI qualifications on the basis of restricted access for emergency care personnel with short course qualifications has some grounds, however it is difficult to see how these can be avoided if the transition is to be implemented. There remains scope for HEIs, Provincial Colleges of Emergency Care and private Colleges to design and deliver learning programmes and to implement RPL policies in ways that enhance access for those emergency care personnel currently holding short courses who can migrate. Provincial Colleges of Emergency Care require support in order to align and capacitate themselves to offer both the ECT and ECA programmes. Likewise, employers will play a critical role in making access and migration possible. Monitoring and evaluation of the new framework is crucial to its success and the NECET policy should give a more detailed account of exactly how the monitoring and evaluation of education and training programmes will be carried out.

### Conflicts of Interest

This position statement was approved by ECSSA's Board of Directors. Two members of ECSSA's Board (Mr Martin Botha and Mr Nico Louw) are also members of the PBEC while another member (Mr Lloyd Christopher) is a past-Chairperson of the PBEC. The Immediate Past-President of ECSSA, who is a non-voting member of ECSSA's Board, is currently Chairperson of the PBEC.

### References

1. Emergency Care Society of South Africa. Position Statement on the Health Professions Council of South Africa's Intention to Close the Short Course-Related Professional Registers. Johannesburg: Emergency Care Society of South Africa; 2012. Available from: [http://www.ecssa.org.za/images/pdf/pos\\_statements/pos\\_statement\\_01-12.pdf](http://www.ecssa.org.za/images/pdf/pos_statements/pos_statement_01-12.pdf)



2. South Africa. Department of Health. 2014. Health Professions Act, 1974 (Act No.56 of 1974). Regulations Relating To The Qualifications For Registration Of Basic Ambulance Assistants, Ambulance Emergency Assistants, Operational Emergency Care Orderly And Paramedics. Government Gazette No. 37274. 28 January.
3. South Africa. Department of Health. 2014. Health Professions Act, 1974 (Act No.56 of 1974). Regulations Relating To The Qualifications For The Registration Of Emergency Care Practitioners. Government Gazette No. 37275. 28 January.
4. South Africa. Department of Health. 2014. Health Professions Act, 1974 (Act No.56 of 1974). Regulations Relating To The Registration Of Student Emergency Care Assistants, Student Emergency Care Technicians, Or Student Emergency Care Practitioners. Government Gazette No. 37276. 28 January.
5. South Africa. Department of Health. 2014. Health Professions Act, 1974 (Act No.56 of 1974). Regulations Relating To Names That May Not Be Used In Relation To The Profession Of Emergency Care. Government Gazette No. 37277. 28 January.
6. South Africa. Department of Health. 2014. Health Professions Act, 1974 (Act No.56 of 1974). Regulations Relating To The Registration Of Student Emergency Care Consultants And Student Emergency Care Specialists. Government Gazette No. 37278. 28 January.