Preface

During the past five years, it has come to the attention of the Education Committee of the Professional Board for Psychology, that Intern Psychologists, Supervisors, Internship Training Organisations, as well as Supervising Institutions often require guidelines for internship training.

It is with pleasure that I, on behalf of the Education Committee of the Professional Board for Psychology, make this Handbook available to all Intern Psychologists and those involved in their training. Given that Internship training is where the professional and ethical practitioner is shaped, in order to prepare Psychologists for practicing in the South African context, it is hoped that this document will enhance the nature and quality of internship training.

The Education Committee of the Professional Board for Psychology is committed to continued improvement of Internship training, and we look forward to ongoing dialogues and discussions with all our stakeholders as part of our role and mission of “Protecting the Public and Guiding the Profession”.

Your input in this document will be appreciated. You can address any comments to Ms Emma Maraba, Committee Coordinator: Education Committee at PO Box 205, Pretoria 0001

Prof H.G. Pretorius
Chairperson: Education Committee
November 2009
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1. INTRODUCTION

In order to become a professional psychologist in South Africa, i.e. registered with the Professional Board for Psychology in any of the professional categories, the formal academic requirements stipulated for professional education in psychology must have been completed as well as the relevant internship. FULL CERTIFIED DOCUMENTATION IS ESSENTIAL FOR REGISTRATION.

1.1 Universities are obliged to provide candidates entering a professional degree in psychology with the following details concerning registration at the time students enter academic course(s) which lead to registration. Universities must also remind candidates of the registration requirements towards the end of the first year of the directed Masters degree course because intern psychologists are legally required to register with the Professional Board for Psychology PRIOR to commencing the internship.

1.2 The intern psychologist, the supervising psychologist and the intern training institution as well as the supervising university are jointly responsible for ensuring the registration of an intern psychologist with the Professional Board for Psychology PRIOR to the commencement of the internship.

1.3 Registration as a professional psychologist is possible only after both –

a) the academic requirements for the Master’s degree have been COMPLETED (including the award of the relevant Master’s degree or written confirmation by the Registrar of the University that this degree is to be awarded). Supervising psychologists are obliged to submit quarterly progress reports on the intern to the supervising department of psychology of the university timeously;
b) the internship has been **Satisfactorily Completed**, and the appropriate documentation has been submitted to the Professional Board to confirm these facts. (F27 Intern duty certificate),

c) **As from 1 January 2003 all persons will be required to pass the National Examination of the Professional Board for Psychology prior to their registration as psychologists.**

However, those students who were busy with their Masters programmes in 2001 and who comply with the timeframes for registration as psychologists, as specified in these guidelines, will not be required to pass the National Examination.

The examination for psychologists is a three hour *written* examination. The examination will be conducted on the 1st Wednesday of February, June and October of each year.

The closing dates for application to sit for the examination are as follows:

31 December for the February, 30 April for the June examination and 31 August for the October examination.

Candidates who wish to sit for the National Examination have to apply in writing at least 2 months prior to the date of the examination for their names to be included on the examination list. The examination fee is R726.

d) The Minister of Health has implemented and regulated community service for clinical psychologists as from 1 January 2003. Those persons, who will be required to do community service, will be permitted to either write the National Examination prior to commencement with community service, or after successful completion of the 12 month’s community service, but *prior* to their registration for independent practice.

1.4 Professional registration may only follow registration as an intern psychologist. A person without **Valid Registration** as an intern psychologist may not be registered as a professional psychologist. Intern psychologists therefore have to retain their registration by paying the annual fees until they qualify for registration as psychologists. If an internship was followed without valid registration as an intern, the internship will not be recognised by the Board and the individual can be legally prosecuted. The psychologist that has supervised the unregistered intern will be liable to disciplinary action.
Kindly note that on successful completion of the 12 month's internship, the internship duty certificate (Form 27) has to be duly completed and signed by the following persons:

i. Head of the Department/Section concerned of the institution or his official deputy/supervising psychologist;

ii. Administrative Head of the Institution or his/her official deputy;

iii. Head of the Department of Psychology of the supervising University or hi/her official deputy;

If an internship has been completed, but the intern has not complied with all the requirements for registration as a psychologist, e.g. the academic requirements for the degree, (i.e the dissertation have not been satisfied) and the National Examination has not been successfully completed, the performance of ANY act of a psychological nature or professional registration as a psychologist WILL NOT BE PERMITTED.

Those in this situation MAY NOT practice as either an intern psychologist or as a psychologist NOR may they be employed as such by an institution or a psychologist in private practice."

The intern duty certificate has to be submitted to Council together with the application form for registration as a psychologist (form 24-PS).

In order to act as the supervising university for an accredited internship programme or an approved individual internship programme, the university must offer a recognised directed Master's training programme in the relevant professional category.

Foreign applicants applying for registration must also submit official documentary evidence of having completed a full-time internship in the category of psychology in which registration is required. Recognition of a completed internship will only be considered if the internship commenced after completion of at least five academic years in psychology. Foreign applicants are normally required to complete an internship or a part thereof in order to familiarise themselves with local circumstances. The successful completion of a National Examination is a further requirement for registration.

2. ACADEMIC PREREQUISITES FOR INTERNSHIPS IN PSYCHOLOGY

The minimum academic requirements are five years full-time formal education in psychology, i.e a three year Bachelor's degree majoring in psychology or equivalent thereof, a post-graduate year in psychology i.e honours degree, and a
directed Master's degree programme or equivalent to a fifth year study in psychology.

2.2 An applicant who completed a full-time period of five years study may then seek internship training in the relevant category of professional psychology (i.e in the category completed in year one of an accredited directed Master’s course), by means of an internship.

2.3 In circumstances where academic studies are not as outlined as 2.1 above but are believed to be equivalent to the above formal requirements outlined, applicants may submit details to the Professional Board for Psychology for consideration.

2.3.1 In such cases Form 91 must be completed in full. Certified documentation is always required and should be submitted with the application.

2.3.2 It is required to apply for acceptance of individual applications of alternatives to the formal academic studies stipulated at least 3 MONTHS before the date on which it is hoped to commence the internship since the process through which the application must go, involves several steps.

2.3.3 If such an application is accepted by the Professional Board for Psychology, it is the responsibility of the applicant to find a place in an internship training programme.

2.3.4 A moratorium has been placed on second internships following an integrated master's degree.

3. **INTERNSHIPS**

3.1 **REGISTRATION AND ANNUAL FEES**

3.1.1 Before commencing the internship the candidate is OBLIGED TO REGISTER with the Professional Board for Psychology as an intern psychologist. Where already accredited internship placements are involved and the academic prerequisites are not in doubt, a grace period of ONE month is allowed for completing the registration. The onus rests on the candidate to ensure that he/she is registered and receive a registration number.

3.1.2 In addition to a registration fee an ANNUAL FEE is payable and due on the first of April every year. When the registration fee is rendered, the exact date of commencing the internship must be clearly stated. It is the applicant’s responsibility to ensure that the Professional Board for Psychology receives the payments. Late registration and non-payment of annual fees will incur penalties and will result in the removal of the name of the intern from the register for intern psychologists.
3.1.3 All applications for internships must be accompanied by the following documents:

a. A written undertaking from the supervising psychologist, registered with the Council in the relevant category, stating that he/she is willing to act as supervisor for the intern and stating the period of internship involved;

A requirement to act as supervising psychologist is a minimum of three years appropriate practical experience;

b. A written undertaking from the Head of the training organisation or institution indicating that the named intern will be accommodated for the period of internship arranged, giving these dates;

c. A written undertaking from the Head of Department of Psychology, stating that the university concerned will act as collaborating university in association with the internship setting, and the dates of the internship. In order to act as collaborating university the university must offer recognised Master's degree education in the applicable category. It is the joint responsibility of the supervising psychologist and the Head of Department of Psychology to ensure that supervising reports on the intern are received timeously.

3.1.4 In cases where the internship is completed at more than one training institution, the duration of each placement should be clearly stated.

3.2 TIMING OF INTERNSHIP

3.2.1 The internship may only commence AFTER completing the prerequisite formal academic requirements, e.g. experience which predates the formal academic requirements WILL NOT BE recognised as part of the internship.

3.2.2 An internship MUST commence within two years of completing the first year of a directed Master's degree. In exceptional circumstances the Professional Board for Psychology may permit a longer lapse of time, provided the university concerned supports the application in writing, and the Professional Board for Psychology finds a fully motivated application acceptable.

3.2.3 A maximum period of one year after completion of an internship will be allowed for completion of the dissertation of the Master's degree.

An extension of 4 months will be granted from date of expiry of the two year timeframe, subject to receipt of a letter from the university, confirming that the dissertation has been handed in for final examination.

Interns who-
a. are not in a position to register within 2 years and 4 months from date of registration as an intern have to complete a further approved and uninterrupted internship of 3 month’s duration;

b. exceed the timeframe for registration by 3 to 4 years, have to complete a further approved and uninterrupted internship of 6 month’s duration;

c. exceed the timeframe for registration with 5 years have to complete a further approved internship of 12 month’s duration.

3.3 INTERNSHIP TRAINING ARRANGEMENTS

3.3.1 The term internship refers to the prescribed minimum period of 12 months of full time training (within which no more than 4 weeks may be taken as leave or as sick leave). Training can only be recognised if it takes place in an approved institution on a full-time basis (40 hours per week) over a minimum period of 12 months.

3.3.2 The internship training must be within the specified registration category for which the candidate has prepared in the first year of a directed Master’s degree.

3.3.3 The internship may comprise either full time employment as an intern psychologist at an institution(s) accredited by the Professional Board for Psychology following a stipulated programme of training; or

3.3.4 Undertaking of a specially tailored internship programme, which has been approved by the Professional Board for Psychology BEFORE COMMENCING; part or all of this internship may not be undertaken at an accredited institution unless this forms part of the approved specially tailored internship programme. Specially tailored internship programmes must be submitted to the Board for approval at least 3 MONTHS before date of commencement of the internship.

3.3.5 During the first term of internship, only a full time period of not less than 6 months will be recognised and thereafter only full time periods of not less than 3 months.

3.3.6 If an internship is interrupted (e.g. because of illness) during the first term of internship, ONLY a full time period of not less than 6 months will be recognised by the Professional Board for Psychology and thereafter only full time periods of not less than 3 months. This must be done with the permission of the Board.

3.3.7 All requirements for registration as a professional psychologist must be completed within 2-years of date of registration as an intern psychologist.
NOTE:

Any training, which is not based at an accredited training institution, must be approved by the Professional Board for Psychology before the said training commences, and detailed training programmes must be provided for each such intern placement at least 3 months before commencement of the internship (see below).

If a part or all of this internship is not undertaken at an accredited training institution, subject to certain conditions (see below), and the administration of the training requirements regarding adequate exposure as well as the total stipulated 12 month period, is the responsibility of the supervising university department, who will be required both to undertake to ensure these factors and to certify that they have been fulfilled at the end of the training, in writing.

3.3.8 Should an intern require sick leave or leave for any other reason, in excess of the 4 weeks permitted, the administration of the training requirements is the responsibility of the supervising psychologist of the training institution, i.e. the period of internship must be extended in order to comply with the above requirements. Applications for such an extension must be submitted to the Board for Psychology for approval.

3.3.9 Registration as an intern psychologist is permitted for a maximum period of two years. The second year of registration as an intern is permitted to enable the intern to complete outstanding academic requirements, i.e. dissertation. The performance of any act of a psychological nature or professional registration as a psychologist will not be permitted. Those in this situation may not practice as either an intern psychologist or as a psychologist nor may they be employed as such by an institution or a psychologist in private practice.

3.4 SPECIALLY TAILORED INTERNSHIP PROGRAMMES

3.4.1 The application must be submitted by the candidate together with written undertakings from the supervising university and each of the psychologists who will be providing in situ supervision, each of whom will stipulate approval of the proposed programme of training and confirm the dates of commencement and completion of training, such supervising psychologist shall meet the requirements for supervision as contained in this document.

3.4.2 The following information must be submitted with the application to the Professional Board for Psychology for approval of the tailored internship: complete details of the programme in the form of a week by week schedule which stipulates the total number of hours and percentage of time allocated to each activity including details of the type of training activity, the client spectrum involved, the specific psychological tests used and/or skills which will be developed, techniques...
in which training is to be provided, and full time based details of individual and
group supervision arrangements which is to be provided, details of experience of
team work with other professionals or colleagues is also important. The internship
programme had to reflect 52 weeks including leave days.

The supervising psychologist(s) must provide their professional registration
number. The specially tailored internship programme must be submitted to the
Board for approval at least 3 months PRIOR to commencement of the internship.

3.4.3 Supervising psychologists MUST be registered in the same professional category
as the intern psychologist. (Also see 5.1)

3.4.4 The frequency of supervision of interns psychologists is at least one hour face-to-
face meetings weekly or 2 hours every second week.

3.5 INTERNS IN PRIVATE PRACTICES

A maximum period of only three months of any specially tailored internship
programme may be served in a private practice in which case the private
practitioner must comply with the requirements in 3.1.3 (a) above to act as a
supervising psychologist. In no circumstances may an intern work in or be
employed in a private practice, as an intern or as a psychologist, unless this
arrangement forms part of an internship training programme which has been
formally approved by the Professional Board for Psychology.

3.6 REMUNERATION OF INTERNS

The employment and remuneration of intern psychologists is to be mutually
agreed between the training institution (or alternative site of training) and the
intern. The Professional Board for Psychology supports the principle of paid
employment of interns, since services are provided which are valuable to the
institution or practice in which they work.

3.7 COMPLETION OF INTERNSHIP

3.7.1 Separate intern duty certificates (F27) must be submitted to the Professional
Board for Psychology by the relevant supervising psychologist for each training
placement. These certificates should be handed to the intern by the supervising
psychologist, for submission to the Professional Board for Psychology by the
intern psychologist together with the application for professional registration as a
psychologist.

3.7.2 Training institutions (and supervising psychologists) are obliged to ensure that
intern psychologists are evaluated regularly, at least every four months,
according to the criteria for intern training in the relevant category. The intern
must be kept informed of his/her progress on the basis of this evaluation and 
copies of the progress reports must be sent to the supervising university 
and retained for the use of the Professional Board for Psychology if required.

3.7.3 Extension of internships: Internship training **MAY NOT** be extended beyond the 
12 month training period without **PRIOR APPROVAL** of the Professional Board for 
Psychology, and a **maximum** of **2 years** of registration as an intern is permitted. It is generally the case that 
internship extensions are only granted for training purposes e.g. where an intern 
needs further experience and instruction in a specific aspect, and there will be a 
limitation of 6 months on the extension of an internship.

4. **UNSATISFACTORY PERFORMANCE OF THE INTERN**

4.1 In the event of unsatisfactory performance of an intern, a written report should be 
produced by the training institution together with the supervising university, and 
should be submitted to the Education Committee of the Professional Board for 
Psychology with recommendations for either –

a. the termination of the internship at a given date; or

b. the extension of the internship with clearly specified objectives; such an 
application for an extension to be submitted not later than following the 
second progress report or the eighth month of the internship, preferably 
earlier if possible.

4.2 Should an intern become mentally or physically incompetent to perform 
psychological acts as is required professionally, the matter should be reported to 
the relevant Committee of the Board. The Committee will investigate the 
circumstances and will provide guidance on the treatment and rehabilitation of the 
intern psychologist or deal with the matter as circumstances dictate.

5. **TRAINING AND SUPERVISION OF INTERNS**

5.1 The supervising psychologist must be registered with the HPCSA for at least 3 
years and have demonstrable competencies in the field.

5.2 Supervision of interns requires that the supervising psychologist is accessible and 
available for personal contact, **for at least one hour on a weekly basis or 2 hours every 2nd week**. Telephonic access is acceptable in **EXCEPTIONAL** 
circumstances but the actions of the intern psychologist remain the responsibility 
of the supervising psychologist in these circumstances.
5.3 A ratio of **10 interns to each supervising psychologist** may not be exceeded; where the ratio requirement cannot be adhered to, the Professional Board for Psychology must be approached for approval of such arrangements.

5.4 **The collaborating function of the supervising university implies a half yearly meeting** between university psychologists in the relevant category of registration, and the interns. It also implies monitoring the interns’ progress reports as the **training institution/training supervising psychologist submits them**. If an intern fails to comply with the requirements set by the university, or the training institution/training supervising psychologist fails to deliver the training programme as endorsed by the Professional Board for Psychology, the university is required to take **immediate** action to ensure that the training is satisfactorily conducted.

5.5 The frequency of supervision of interns psychologists: At least one hour face-to-face meetings weekly or 2 hours every second week.

5.6 Psychologists who are involved in **MORE THAN 30%** of the academic training towards the **relevant** degree of a student **MAY NOT** act as supervising psychologist (supervising psychologists should not be confused with dissertation supervisor), for the same candidate during his/her training as an intern psychologist. If there is a need to deviate from this stipulation, prior approval must be sought from the Professional Board for Psychology, giving a clearly detailed justification for doing so.

5.7 A psychologist supervising the internship of an intern psychologist **NOT REGISTERED** as such and not registered in the same category or not fulfilling his/her supervisory obligations **WILL BE LIABLE** to disciplinary action.

5.8 An internship setting must provide **SUITABLE** and adequate exposure in the relevant category.

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1. **MAIN PRINCIPLES**

   In the training of intern-psychologists the following main principles must be adhered to:

   A. **The Training Institution**

   Training can only be recognised if it takes place in an approved institution on a full-time basis (40 hours per week) over a minimum period of one year.

   B. **Duties of the Training Institution**

   Proper supervision of the intern’s work is essential and must take place in the context of a multi-professional team in which the interns are fully integrated. The supervision of interns must take place under the direct control of at least one full-time, registered psychologist who has been registered for at least three years. This psychologist accepts the primary responsibility for the professional moulding of the interns. Under his /her guidance, the interns must gradually be allowed to assume progressively greater responsibility. The supervising psychologist must ensure that the candidate is **registered** as an intern psychologist with the HPCSA.

   C. **The Training Programme**

   The training of interns must cover all the facets outlined below, although training institutions are free to determine the emphasis to be placed on the training within the indicated limits.

   The programme must include ethics and the number of leave days.
The psychological tests listed in the internship programme have to comply with the Board's-

i. Policy on the classification of psychometric measuring devices, instruments, methods and techniques (from 208);

ii. List of tests classified as being psychological tests (form 207).

D. Maintenance of Standards

The maintenance of the standard of training is delegated to the psychology departments of South-African universities, in collaboration with institutions accredited by the Professional Board for internship purposes, on the understanding that the final authority in this matter remains that of the Professional Board.

2. GENERAL CRITERIA

In the training of intern psychologists the following principles must be adhered to:

A. The Training Institution

(1) Training will only be recognised if it takes place on a full-time basis in an institution approved for this purpose by the Council. During the prescribed minimum internship period of twelve months full-time practical training (at least 40 hours per week) a maximum period of one month may be used for leave or sick leave as the case may be.

(2) Proper supervision of the intern's work is essential and must be exercised by at least one full-time, senior psychologist registered in the same category as the intern. The supervising psychologist must ensure that the candidate is registered as an intern psychologist with the HPCSA.

(3) The training institution must have sufficient senior personnel available to provide the necessary training of the interns. Under no circumstances shall the ratio between the interns and senior psychologists exceed 10:1. Further, the training must be done in a multi-professional context. The intern must be involved as a full member of the team and be led progressively to assume more responsibility.

(4) The training institution must be able to provide the intern with wide experience in the field and must be equipped with sufficient facilities to ensure this. Training institutions will be required to provide proof of being able to meet the training criteria for the interns concerned. If a training
institution could only meet part of the training criteria the Professional Board may accredit the training institution for the proportional part or parts of the training at the training institutions which may be considered satisfactory.

B. Duties of the Training Institution

(1) As indicated in section 2.A. it is the duty of the training institution to maintain proper supervision of the work of interns.

(2) Interns must also be fully integrated as members of a multi-professional team at the training institution.

(3) Interns must be allowed sufficient time for study and discussion, as well as for lectures and programmes which may be arranged by the collaborating university.

(4) In terms of section 60 of Act 56 of 1974, accredited institutions declare themselves willing to allow the Professional Board both before and after accreditation, to inspect or have the training facilities inspected. Private institutions must notify the Professional Board should they wish to change their proposed training programme.

(5) It is further required of accredited institutions to compile quarterly progress reports and to submit such reports to the supervising university department. Training institutions must inform the Professional Board of any changes at the place of training which may affect its accreditation.

(6) Further, interns must have access to a spectrum of cases which is sufficient to ensure the variety of exposure required by the programme.

C. Maintenance of Standards

(1) Institutions concerned

The maintenance of the standard of training is delegated to the psychology departments of South African universities in co-operation with the accredited institutions on condition that the final authority in this matter remains with the Professional Board.

(2) Training programme

Before candidates start their intern training a programme must be drawn up by the head of the department concerned in the training institution, or
supervising psychologist, in collaboration with the head or appointed lecturer of the psychology department of the supervising university.

(3) **Procedure in the event of unsatisfactory intern progress**

In the event that doubt arises regarding the competence or progress of an intern the head or deputy-head of the department of the training institution concerned must liaise with the supervising university department. Together with the head of the accredited training institution they should decide on appropriate action such as reprimand, more intensive training, warning, extension of internship or even termination of internship. The Council must be informed immediately of any such steps taken against an intern.

In the case of termination of an internship the supervising university department shall advise the Council regarding any extent to which the candidate should receive recognition for the internship training received and whether the candidate should be allowed the opportunity to complete the internship elsewhere.

(4) **Certification**

After completion of the period of service at the training institution an intern duty certificate must be signed by the head of the department of the training institution, the head of the supervising university department as well as the administrative head of the training institution or their official deputies.

D.1 **Applications for Accreditation**

Institutions wishing to apply for accreditation by the Professional Board to train intern psychologists, must do so in writing, submitting the following information:

*Psychologists employed.* Full information concerning the full-time and part-time post structure and the number of psychologists on the staff of the institution must be supplied. Details must also be submitted regarding the categories in which the psychologists are registered, dates of registration, and their experience since registration.

*Other professional personnel employed.* Similar information must be furnished concerning other professional personnel involved in the training of interns.
**Other personnel employed.** The institution must have at its disposal sufficient senior personnel to provide for the necessary professional enrichment of interns. They should be multi-professional. Apart from the full-time senior registered psychologist, they must include at least two other members of staff who are either psychologists registered in any category, or are persons with professional post-graduate qualifications in a relevant field (e.g. economists, accountants, engineers, sociologists, social workers, medical practitioners, lawyers, MBA graduates, dieticians).

**Spectrum of work.** A clear indication must be given of the variety and nature of psychological work which the intern will be able to engage in, as well as a description of typical projects handled over at least one year.

**Facilities.** Detailed information must be supplied concerning testing facilities, available tests, library facilities, audio-visual aids, venues for group work and other facilities relevant to the training of interns.

**Training programme.** A complete exposition of the proposed training programme for intern psychologists must be submitted. The main activities and an indication of the staff who will be involved in the training, must be provided. The duration of each activity in the programme must be clearly indicated.

**Collaborating university department.** An indication must be given, with documents in support thereof, of the university department which will be acting as the supervising and collaborating university department.

### D.2  Accreditation Obligations

Institutions must declare themselves prepared to allow the Professional Board to inspect the institution's facilities for training in loco or to have these inspected in terms of section 60 of the Act, both before and after accreditation. The institution must also declare itself prepared to collaborate with the psychology departments of supervising universities, to draw up a programme of work for prospective interns, and to ensure that the programme is adhered to. The institution must also be prepared to draw up progress reports on interns on a three-monthly basis and to submit such reports to the supervising university department. The Professional Board is entitled to access to such reports.

The programmes of work for interns, and the progress reports on interns, together with the requirements to be met by an accredited institution, will form the basis of any inspection of facilities, which may be held before or after accreditation.
Private institution wishing to be considered for accreditation must enter into a signed agreement with the Professional Board that they will adhere to the proposed intern training programme, that they will provide the necessary training, and that they will maintain proper supervision of interns.

The application for accreditation must be submitted to the Manager, Professional Board for Psychology, P O Box 205, Pretoria, 0001 for consideration by the Board at least 3 months prior to commencement of the internship.
THE PROFESSIONAL BOARD FOR PSYCHOLOGY

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

INFORMATION FOR INSTITUTIONS WHICH WISH TO APPLY
FOR RECOGNITION FOR TRAINING OF INTERN
COUNSELLING PSYCHOLOGISTS

A. RECOGNITION

Training can only be recognised if it takes place in an approved institution on a full-time basis (40 hours per week) over a minimum period of 12 months. Institutions, which wish to apply for recognition for purposes of training intern counselling psychologists, must do so in writing.

1. Staff

1.1 Psychologists

Full information concerning the full-time and part-time post structure and the number of psychologists on the staff establishment of the institution must be furnished. Details must also be furnished regarding the categories in which the psychologists are registered, where they were trained and their experience since registration.

1.2 Other Professional Personnel

Information must be furnished regarding the full-time and part-time post structure and the number of other professional personnel who are employed by the institution.

2. Spectrum of Cases
A clear indication must be given of the nature of the counselling cases that are available on a continuous basis, with special reference to age and cultural groups.

An exposition of a full year’s consultations will be much appreciated. If possible, the duration of contact with the cases should be indicated.

3. **Facilities**

Information must be furnished regarding the available testing facilities, group-discussion room, available tests, interviewing rooms, test-library, audio-visual aids, etc.

4. **Training Programme**

A complete exposition of the proposed training programme for intern counselling psychologists must be given. The main fields of emphasis and an indication of the staff who will be involved in the training, must be clearly indicated. The duration of each aspect of the programme must be stipulated.

The psychological tests listed in the internship programme have to comply with the Board’s-

i. Policy on the classification of psychometric measuring devices, instruments, methods and techniques (from 208);

ii. List of tests classified as being psychological tests (form 207).

Ethics and the number of leave days must be included in the programme.

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>DESCRIPTION</th>
<th>% OF DURATION OF INTERNSHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychometry and Psychological Assessment of children, adolescents and adults</td>
<td>The mastering of Psychological and Psychometric assessment procedures according to Form 207 and 208, including intake interviews, assessment, scoring, interpretation of data, integration of results, report writing on the case and feedback to clients (This should be done in accordance with the relevant legislation and HPCSA)</td>
<td>20%</td>
</tr>
<tr>
<td>Category</td>
<td>Description</td>
<td>Percentage</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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<tr>
<td>Counselling and/or Psychotherapy of children and adolescents</td>
<td>Application of counselling or therapeutic models of a preventive, developmental and curative nature, of children and adolescents, within the scope of practice of Counselling Psychology</td>
<td>15%</td>
</tr>
<tr>
<td>Counselling and/or Psychotherapy of adults, couples and families</td>
<td>Application of counselling and/or therapeutic models of a preventive, developmental and curative nature of adults, couples and families within the scope of practice of Counselling Psychology</td>
<td>20%</td>
</tr>
<tr>
<td>Trauma, HIV, Psycho-Legal and Community matters</td>
<td>Exposure to the management of trauma, HIV and relevant legislative matters relating to children, adolescents and adults, as well as appropriate community engagement</td>
<td>10%</td>
</tr>
<tr>
<td>Internship training programme and supervision</td>
<td>Personal moulding, mentoring and training should be included in the programme and ensure a sound theoretical and ethical underpinning of all assessments, counselling and therapeutic interventions. The programme should demonstrate a variety of psychological theories, methods and techniques and include quarterly feedback to the Intern Counselling Psychologist and Training Institution. An Intern Counselling Psychologist should exit the programme as a competent professional who can practice ethically in the South African context</td>
<td>15%</td>
</tr>
<tr>
<td>Ethical and professional matters</td>
<td>Relevant legislation, Ethics and Professionalism should be an integral part of the entire programme</td>
<td>15%</td>
</tr>
<tr>
<td>Practice management and entrepreneurial matters</td>
<td>Intern Counselling Psychologists should be engaged to master the skills of practice management as well as development of entrepreneurial skills and job creation</td>
<td>5%</td>
</tr>
</tbody>
</table>
5. **Collaborating University Departments**

An indication must be given (of possible with documents in support thereof), of which university department(s) might be prepared to develop a programme for the training of intern counselling psychologists in collaboration with the institution concerned.

**B. OBLIGATIONS**

Institutions which wish to be considered for recognition must declare themselves prepared to allow the Council or Professional Board, if so desired, to inspect the institution’s facilities for the training *in loco* or to have these inspected in terms of section 60 of Act 56 of 1974, both before and after recognition. The institution must also declare itself prepared to collaborate with the psychology departments of appointed universities and to draw up a work programme for prospective interns and to see to it that the programme is carried out. The institution must furthermore be prepared to draw up progress reports on interns on a three-monthly basis and, if required by the Council or Professional Board, to make these reports available to the Council or Professional Board.

The abovementioned work programmes for interns and the progress reports on interns, together with the requirements to be met by a recognised institution, will form the basis of any inspection of facilities which may be held before or after recognition of the institution for intern training.

Private institutions which wish to be considered for recognition must enter into a signed agreement with the Council that they will keep the proposed training programme and that they will provide the necessary training and will maintain proper supervision of the interns. The supervising psychologist must ensure that the candidate is registered as an intern with the HPCSA.

The application for accreditation must be submitted to the Manager, Professional Board for Psychology, P O Box 205, Pretoria, 0001 for consideration by the Board *at least 3 months prior* to commencement of the internship.
A. RECOGNITION

Training can only be recognised if it takes place in an approved institution on a full-time basis (40 hours per week) over a minimum period of one year.

1. Staff

1.1 Psychologists

Full information concerning the full-time and part-time post structure and the number of psychologists on the staff establishment of the institution, must be furnished. Details must also be furnished regarding the categories in which the psychologists are registered, where they were trained and their experience since registration.

1.2 Other Professional Staff

Information must be furnished regarding the full-time and part-time post structure and the number of other professional personnel who are employed by the institution.

2. Research Activities

The extent of research work undertaken at the institution must be described in detail, with an indication of the background and experience of the persons who head specific projects. An indication must also be given of how and where approval for the planning
of new research projects is obtained and in what manner periodic reports concerning such research are furnished.

3. **Facilities**

Information must be furnished regarding the available laboratory facilities, research apparatus, library facilities, the training-aids, and other relevant facilities.

4. **Training Programme**

A complete exposition of the proposed training programme for intern research psychologists must be given. The main fields of emphasis and an indication of the staff who will be involved in the training, must be clearly indicated.

**Programme of Activities**

Provide details of the research programme in the form of a week by week schedule which stipulates the total number of hours and percentage of time allocated to each activity. (See example below)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
<th>% of Total Duration of Internship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research and Project Management</td>
<td>Planning, management and coordination of small research programmes, including learning about project management</td>
<td>5%</td>
</tr>
<tr>
<td>Understanding Project Terms of</td>
<td>Liaison with clients, understanding deliverables of project</td>
<td>2%</td>
</tr>
<tr>
<td>Reference (ToR)</td>
<td>Description</td>
<td>Percentage</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Develop Research Proposal</td>
<td>Compiling research proposal that meets the technical specifications required of the ToR</td>
<td>10%</td>
</tr>
<tr>
<td>Develop a Research Budget and Establish a Project time line</td>
<td>Compile a budget with time lines and deliverables</td>
<td>3%</td>
</tr>
<tr>
<td>Undertake Literature Review</td>
<td>Desktop review of relevant literature</td>
<td>10%</td>
</tr>
<tr>
<td>Design Study</td>
<td>Methods used to undertake study, including sampling strategy</td>
<td>5%</td>
</tr>
<tr>
<td>Adapt and develop data gathering instruments</td>
<td>Adapt and design survey questions, develop interview protocols, focus group questions, etc.</td>
<td>10%</td>
</tr>
<tr>
<td>Undertake pilot study</td>
<td>Test instruments and data collection strategy</td>
<td>5%</td>
</tr>
<tr>
<td>Field Work</td>
<td>Conduct interviews, focus groups, surveys</td>
<td>10%</td>
</tr>
<tr>
<td>Data Preparation &amp; Coding</td>
<td>Use of software to capture data (qualitative and quantitative)</td>
<td>5%</td>
</tr>
<tr>
<td>Data Capture</td>
<td>Data capture</td>
<td>5%</td>
</tr>
<tr>
<td>Data Analysis</td>
<td>Qualitative and Quantitative Data Analysis</td>
<td>10%</td>
</tr>
<tr>
<td>Report Writing</td>
<td>Compile Report</td>
<td>10%</td>
</tr>
<tr>
<td>Oral Presentation</td>
<td>Presentation of Results</td>
<td>2%</td>
</tr>
<tr>
<td>Publications/Conference Presentations</td>
<td>Submission of paper for publication/presentation of paper at a conference</td>
<td>8%</td>
</tr>
</tbody>
</table>

List of Research Projects and Scope of Involvement
Provide details of the specific project that the person will undertake. If these are not as yet known, then provide a description of potential projects. NOTE: The Board needs to have an updated record of the internship training during the course of training. It is the responsibility of the training organisation/ institution to provide these details.

Example 1
- **Research Project:** This is an evaluation project that seeks to examine the impact of a skills-based intervention programme among youth
- **Scope of Involvement:** The intern will be involved in conducting an extensive literature review; will undertake a series of focus groups and interviews; be involved in questionnaire design

Example 2
- **Research Project:** Understanding patterns of health care access among workers
- **Scope of Involvement:** The intern will be involved in assisting in developing the sampling strategy, interview schedules and a brief survey questionnaire. S/he will translate and transcribe the qualitative data, including undertaking a preliminary analysis of findings.

5. **Collaborating University Department(s)**
An indication must be given (if possible with documents in support thereof) of which university department(s) might be prepared to develop a programme for the training of intern research psychologists in collaboration with the institution concerned.

B **OBLIGATIONS**

Institutions which wish to be considered for recognition must declare themselves prepared to allow the Council or Professional Board, if so desired, to inspect the institution’s facilities for the training *in loco* or to have these inspected in terms of section 60 of Act 56 of 1974, both before and after recognition. The institution must also declare itself prepared to collaborate with the psychology departments of
appointed universities and to draw up a work programme for prospective interns and to see to it that the programme is carried out.

The institution must furthermore, be prepared to draw up progress reports on interns on a three-monthly basis and, if required by the Council or Professional board, to make these reports available to the Council or Professional Board.

The abovementioned work programmes for interns and the progress reports on interns, together with the requirements to be met by a recognised institution, will form the basis of any inspection of facilities which may be held before or after recognition of the institution for intern training.

Private institutions, which wish to be considered for recognition, must enter into a signed agreement with the Council that they keep to the proposed training programme and that they will provide the necessary training and will maintain proper supervision of the interns. The supervising psychologist must ensure that the candidate is registered as an intern psychologist with the HPCSA.

The application for accreditation must be submitted to the Manager, Professional Board for Psychology, P O Box 205, Pretoria, 0001 for consideration by the Board at least 3 months prior to commencement of the internship.
I. **MAIN PRINCIPLES**

In the training of intern clinical psychologists, the following main principles must be adhere to:

**The Training Authority**

Training can only be recognised if it takes place in an approved institution on a full-time basis (40 hours per week) over a minimum period of one year. A period of at least 6 months has to be within a psychiatric setting.

**Duties of the Training Authority**

Proper supervision of the interns’ work is essential and must take place in the context of a multi-professional team in which the interns are fully integrated. The supervision of interns must take place under the direct control of at least one full-time, registered clinical psychologist who has been registered for at least three years. Such supervising clinical psychologist should accept the primary responsibility for the professional moulding of the interns. Under such guidance the interns must gradually be allowed to assume progressively greater responsibility. The supervising clinical psychologist must ensure that the candidate is registered as an intern clinical psychologist with the HPCSA.

**The Training Programme**

The training of interns must cover all the facets outlined here below, although training authorities are free to determine the emphasis to be placed on the training
falling within the indicated limits. Ethics and the number of leave days must be included in the programme.

**Maintenance of Standards**

The maintenance of the standard of training, as indicated, is delegated to the psychology departments of South African universities, in collaboration with institutions approved by the Council for internship purposes, on the understanding that the final authority in this matter remains that of the Council.

II. **GENERAL CRITERIA**

In the training of intern clinical psychologists the following principles must be adhered to:

**A. The Training Authority**

1. Training will only be recognised if it takes place on a full-time basis in a place approved in advance for this purpose by the Council. Any leave privilege is included in the year of such service.

2. Proper supervision of the intern's work is essential and must be exercised by at least one full-time, senior clinical psychologist.

3. The training authority must have sufficient senior personnel available to provide the necessary training of the interns. Under no circumstances shall the ratio between interns and a supervising clinical psychologist exceed 4:1. Further, the training must be done in a multi-professional context. The intern must be involved as a full member of the team and should be professionally guided to progressively assume more responsibility.

4. The training authority must be able to provide the intern with wide experience in the field and must be equipped with sufficient facilities to ensure this. Training authorities will be required to provide proof of being able to meet the training criteria for the interns concerned. If a training authority should be able to meet only a portion of the training criteria the Council may, upon recommendation of the Professional Board and its discretion, accredit the training body concerned for the proportional part or parts of the training at the training authority which may be considered satisfactory.

**B. Duties of the Training Authority**
1. As indicated in Part II.A, it is the duty of the training authority to maintain proper supervision of the work of interns. Regular consultation (need to be very specific here) between the training institution and the department of psychology of the collaborating university must ensure a healthy balance with regard to the rendering of services, training and participation in the training programme by the collaborating department of psychology.

2. Interns must also be fully integrated members of a multi-professional team at the place there they receive their training.

3. Interns must be allowed sufficient time for study and discussion, as well as for lectures and programmes which may be arranged by the collaborating department of psychology.

4. In the light of Article 60 of the Health Professions Act 56 of 1974, accredited bodies must declare themselves willing to allow the Council, both before and after accreditation, to inspect or have the training facilities inspected. All institutions which qualify for accreditation must sign an agreement with the Council whereby they undertake to keep to their proposed training programme, to provide the requisite training and to maintain adequate supervision over the interns.

It is further required that quarterly progress reports on the interns must be compiled and signed by the training authority in conjunction with the department of psychology of the collaborating university. These reports must be made available on request to the Council.

It is expected of accredited authorities to inform the Council of any changes at the place of training which may possibly affect the accreditation status of such training authorities.

C. The Training Programme

The training programme must maintain a healthy balance with regard to the professional training of the interns.

The following can serve as guidelines:

1. Evaluation techniques and control of psychological instruments – 20% of the programme;

2. Application of psychological techniques such as assistance with the correction of problems and development – 40% of the programme;
3. Personal moulding and tuition by a mentor, participation in discussions, visits, etc. – 10% to 20% of the programme;

4. Other profession-orientated activities – 10% to 20% of the programme;

5. At least 10% of the programme shall be devoted to aspects as contained in paragraph II B3.

6. Forensic and Community Psychology 10% each of the programme;

7. Ethics and conduct of practise must form part of the training component (this needs to be specified in terms of percentage).

Further, interns must have access to a wide spectrum of cases which will ensure sufficient exposure as required by the programme.

The psychological tests listed in the internship programme have to comply with the Board’s-

i. Policy on the classification of psychometric measuring devices, instruments, methods and techniques (Form 208);

ii. List of tests classified as being psychological tests (form 207).

The programme must reflect the number of leave days.

D. Maintenance of Standards

1. Bodies concerned

The maintenance of the standards of training as detailed is delegated to the psychology departments of South African universities in co-operation with the institutions which the Council approves for internship purposes, on the understanding that the final authority in this matter remains that of the Council.

2. Programme of Work

Before candidates start their internship training, a programme of work must be drawn up by the head of the department concerned in the training authority, or supervising lecturer psychologist (need more clarity here), in collaboration with the collaborating university psychology department, in which sufficient detail is given regarding the way in which interns will spend their time during their internship period. If practical circumstances necessitate a deviation from the planned programme of work, suitable changes and adjustment of the programme should be arranged by the supervising psychologists in collaboration with and with the approval of the collaborating university psychology department concerned.
3. **Procedure in the event of unsatisfactory progress during internship training**

In the event of unsatisfactory progress by the intern, the head or deputy-head of the department of the training authority concerned must liaise with the university department concerned.

The head or deputy-head of the department of the training authority and the head or deputy-head of the collaborating university psychology department must collectively decide on appropriate action such as reprimand, more intensive training, warning, extension of the training or even termination of the internship. The Council must be informed immediately of any such steps taken against an intern.

In the case of termination of internship the university department concerned shall advise the Council regarding any extent to which the candidate should receive recognition for the internship training received and whether the candidate should be allowed the opportunity to complete the internship at another accredited institution.

Notwithstanding the above guidelines, the final authority for the training of interns rests with the Council. The final decision in any dispute which may arise with regard to the recognition of training or the termination of the services of an intern likewise remains with the Council.

4. **Certification**

After completion of the period of service at the training place concerned the necessary certificate must be signed by the head of the department or the training authority involved as well as the head of the psychology department concerned and the administrative head of the training authority or their official deputies.

The application for accreditation must be submitted to the Manager, Professional Board for Psychology, P O Box 205, Pretoria, 0001 for consideration by the Board at least 3 months prior to commencement of the internship.
RECOGNITION

Training can only be recognised if it takes place in an approved institution on a full-time basis (40 hours per week) over a minimum period of 12 months. Institutions, which wish to apply for recognition for purposes of training intern counselling psychologists, must do so in writing.

1. Apart from the educational requirements, an applicant has to complete an approved internship. An internship in educational psychology can be undertaken at an accredited institution (see form 77) or by following an individual internship programme at any other suitable institution (see general guidelines form 160).

2. In the latter instance, a department of educational psychology of a university in collaboration must compile an internship programme with the supervising educational psychologist according to the guidelines and requirements of the Professional Board for Psychology.

3. Contents of programme:

3.1 Fields of study prescribed by the Professional Board:

* Psychometrics pertaining to children and adolescents, and feedback thereof to children, parents and teachers (10%)
The psychometric tests listed in the internship programme have to comply with -

i. Policy on the classification of psychometric measuring devices, instruments, methods and techniques (from 208)
ii. List of tests classified as being psychological tests (form 207)

Interventions relating to school and learning difficulties (15%)
Child psychopathology (5%)
Preventive, developmental and remedial interventions with children in their context (including career guidance) (20%)
Parent guidance in context and within the scope of practice of an educational psychologist (form 224) (20%)
Report writing (10%)
Assistance to teachers and other professionals in a multidisciplinary team regarding children (10%)
Children's rights and other relevant legislation (5%)
The Ethical Code of Conduct for Psychology (form 223) (5%)

3.2 A detailed description of activities within each field should be provided.

In respect of psychometrics, detailed information is required in respect of validity, reliability, bias, the Employment Equity Act and relevance within the South African context.

3.3 The following information should be supplied with regard to each activity:

* days allocated to each activity; (total number of days in 260 days including 20 days leave)
* percentage of time allotted in total number of internship days.

3.4 Take note that an internship is a fulltime activity (40 hours per week)

The application for accreditation must be submitted to the Manager, Professional Board for Psychology, P O Box 205, Pretoria, 0001 for consideration by the Board at least 3 months prior to commencement of the internship.
HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

PROFESSIONAL BOARD FOR PSYCHOLOGY

REQUIREMENTS IN RESPECT OF INTERNSHIP PROGRAMMES
IN INDUSTRIAL PSYCHOLOGY

1. Apart from the academic requirements, an applicant has to complete an approved internship. An internship in industrial psychology can be undertaken at an accredited institution or by following an individual internship programme at any other suitable institution.

   Training can only be recognised if it takes place in an approved institution on a full-time basis (40 hours per week) over a minimum period of 12 months.

2. In the latter instance, a department of industrial psychology of a university in collaboration must compile an internship programme with the supervising industrial psychologist according to the guidelines and requirements of the Professional Board for Psychology (see form 160).

CONTENTS OF PROGRAMME:

3.1 Fields of study prescribed by the Professional Board:

   Career Psychology (Approximately 19%)
   Organisational Behaviour (Approximately 17%)
   Personnel Management (Approximately 17%)
   Psychometrics (Approximately 17%)
   Elective (Approximately 17%)
   Ethics (5%)
   Leave (8%)

NOTE:

The elective may be from any Industrial and Organisational Psychology field such as Ergonomics, Consumer Behaviour.
Whereas ethics can be treated as a stand along (e.g. attending a course, it must be reflected in various areas of the internship (e.g. psychometrics)

HIV/AIDS must be covered

3.2 Variation of 1% in any of the areas above is permissible as long as the total percentage is 100%.

3.3 A detailed description of activities within each field should be supplied.

In respect of psychometrics, detailed information is required in respect of validity, reliability, bias, the Employment Equity Act and relevance within the South African context. The psychometric tests have to be listed in the internship programme and it has to comply with the Board's List of Tests classified as being Psychological tests" (form 207) and the "Policy on the Classification of psychometric measuring devices, instruments, methods and techniques (form 208).

3.4 The following information should be supplied with regard to each activity:

* days allocated to each activity; and
* percentage of time allotted in relation to the total number of internship days.
* the programme has to reflect 52 weeks including leave days

TEST ADMINISTRATION AND ASSESSMENT

i. Administering of the broad spectrum of psychological tests within an individual and group context;

ii. scoring and writing of reports;

iii. participation in behavioural assessments such as in-baskets activities and role plays;

iv. exposure and possible research on the issues of bias, fairness, validity and reliability within the South African context.

v. the psychological tests have to be listed in the internship programme and it has to comply with the Board's List of Tests classified as being Psychological tests" (form 207) and the "Policy on the Classification of psychometric measuring devices, instruments, methods and techniques (form 208).

JOB ANALYSIS AND COMPETENCY DESIGN
The Employment Equity Act requires organisations to defend their selection decisions by showing the relevance of the assessment techniques to a specific job.

i. Exposure to competency based systems of assessments;

ii. involvement in job analysis, which is key outlining success criteria within particular jobs and ensuring job-person fit at every level of the organisation.

**RELIABILITY AND VALIDITY**

i. Working with a range of instruments and methodologies, which are objective, reliable, have predictive value and direct relevance to the SA world of work;

ii. all tools to be accompanied with operational research involving statistics (descriptive, inferential and multivariate);

iii. conducting of validation studies based on national samples on all the tests, tools and techniques;

iv. involvement with the adaptation of instruments to suit indigenous circumstances.

**GENERAL**

Involvement in research, meetings, workshops, etc. with regard to employment equity, tests validation in industry, e.g. cross cultural validation and predictive validation, etc.

The application for accreditation must be submitted to the Manager, Professional Board for Psychology, P O Box 205, Pretoria, 0001 for consideration by the Board at least 3 months prior to commencement of the internship

...oOo...
THE PROFESSIONAL BOARD FOR PSYCHOLOGY

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

LIST OF TESTS CLASSIFIED AS BEING PSYCHOLOGICAL TESTS

Compiled by the Psychometrics Committee of the Professional Board for Psychology

WHY DO WE CLASSIFY TESTS

The use of a psychometric measuring device, test, questionnaire, technique or instrument that assesses intellectual/cognitive ability/functioning, aptitude, interest, personality make-up or personality functioning and which may, in terms of its content or responses required, result in either embarrassment or anxiety to the test-taker, is constituted as being a psychological act. According to the Health Professions Act, Act 56 of 1974, only registered psychologists are permitted to perform psychological acts which, in relation to evaluation, testing and assessment, are defined in Section 37 (2) (a), (b), (c), (d), and (e) as being:

"(a) the evaluation of behaviour or mental processes or personality adjustments or adjustments of individuals or groups of persons, through the interpretation of tests for the determination of intellectual abilities, aptitude, interests, personality make-up or personality functioning, and the diagnosis of personality and emotional functions and mental functioning deficiencies according to a recognised scientific system for the classification of mental deficiencies;

(b) the use of any method or practice aimed at aiding persons or groups of persons in the adjustment of personality, emotional or behavioural problems or at the promotion of positive personality change, growth and development, and the identification and evaluation of personality dynamics and personality functioning according to psychological scientific methods;

(c) the evaluation of emotional, behavioural and cognitive processes or adjustment of personality of individuals or groups of persons by the usage and interpretation of questionnaires, tests, projections or other techniques or any apparatus, whether of South African origin or imported, for the determination of intellectual abilities aptitude, personality make-up, personality functioning, psychophysiological functioning or psychopathology;

(d) the exercising of control over prescribed questionnaires or tests or prescribed techniques, apparatus or instruments for the determination of intellectual abilities,
aptitude, personality make-up, personality functioning, psychophysiological functioning or psychopathology;

(e) the development of and control over the development of questionnaires, tests, techniques, apparatus or instruments for the determination of intellectual abilities, aptitude, personality make-up, personality functioning, psychophysiological functioning or psychopathology”

Thus, according to the Health Professions Act, Act 56 of 1974, tests, measures, questionnaires, instruments, etc. that tap psychological constructs must be used, interpreted, and controlled by psychologists. Certain psychological tests can, however, be used by psychometrists, psychotechnicians, and other professionals (e.g., speech and occupational therapists) provided that:

1. the use of the test has been certified for that category of tester by the Psychometrics Committee of the Professional Board for Psychology;

2. the tester complies with whatever restrictions may be placed on the test's use relevant to the category of test user that he/she is registered as. For example, a psychometrist may administer, score and preliminary interpret all psychological tests except [projective personality techniques;]

   A psychometrist will not be permitted to use:

   * certain personality measures (e.g., TAT, CAT, Rorschach);
   * specialist neuropsychological measures; [and]
   * measures that are used for the diagnosis of psychopathology (e.g., MMPI-2).

3. the tester seeks mentoring from a psychologist where specialist input would enhance the testing process and the understanding of the test results; and

4. the tester has been appropriately trained and has achieved the minimum competencies required to use the test.

In view of the specific conditions under which psychological tests may be used by people other than registered psychologists, it is necessary to classify tests to facilitate the determination of the category of tester who may use them. The Psychometrics Committee of the Professional Board for Psychology has been mandated by the Board to, among other things:

"classify and advise on regular revision of any device, instrument, method, technique or test aimed at aiding persons or groups of persons in the adjustment of personality, emotional or behavioural problems or at the promotion of positive personality change, growth and development or for the
determination of intellectual abilities, personality make-up, personality functioning, aptitude or interests.”

Classification of a test by the Psychometrics Committee of the Professional Board for Psychology does not impose any new restrictions on a psychological test (the Health Professions Act, Act 56 of 1974, imposes such restrictions). Instead, classification allows for the relaxing of conditions under which a test can be used, which makes the test more freely available.

BACKGROUND TO THE LIST OF PSYCHOLOGICAL TESTS

The tests indicated below represent a summative list of tests that:

* have been classified by the Psychometrics Committee (from 1996 onwards) as psychological tests (tests with reference numbers listed) or
* were classified as such by the Test Commission of the Republic of South Africa (up until 1996) or the Human Sciences Research Council, with these classifications being condoned by the Psychometrics Committee in 1998 (tests with no listed reference number).

Some important issues need to be pointed out to the users of psychological tests, measures, and instruments:

1. test users may find that many tests that are currently in use are not on the list. In such an instance it means that they have either currently be under classification consideration or they might not have been submitted for classification purposes to the Psychometrics Committee. The onus rests on test users to refer such tests to the Psychometrics Committee, even if they were developed overseas; and

2. it needs to be noted that even although a test may be classified as a psychological test, the onus rests on the test user to ensure that:

* the test is valid for the purposes for which it is being used;
* appropriate norms are consulted; and
* where tests that have been developed in other countries are concerned, appropriate research studies need to be undertaken to investigate whether the test is culturally biased and special care should be taken when interpreting the results of such tests.
# ALPHABETICAL LIST OF TESTS CLASSIFIED AS BEING PSYCHOLOGICAL TESTS

<table>
<thead>
<tr>
<th>Name of Test</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Aptitude Test (AAT)(Standard 10)</td>
<td>*</td>
</tr>
<tr>
<td>Academic Aptitude Test (AAT)(University)</td>
<td></td>
</tr>
<tr>
<td>Academic-Technical Aptitude Tests (ATA)</td>
<td></td>
</tr>
<tr>
<td>Adjective Checklist (EWL) - Part of Vienna Test System</td>
<td></td>
</tr>
<tr>
<td>Adjective Checklist (EWL) - Part of Vienna Test System</td>
<td></td>
</tr>
<tr>
<td>Adolescent Self Concept Scale</td>
<td></td>
</tr>
<tr>
<td>Anxiety Questionnaire for Pupils (AFS) - Vienna Test System</td>
<td></td>
</tr>
<tr>
<td>APIL</td>
<td>18/11/1</td>
</tr>
<tr>
<td>Aptitude Test Battery for Pupils in Standards 6 and 7 (ATB Standards 6/7)</td>
<td></td>
</tr>
<tr>
<td>Aptitude Tests for School Beginners (ASB)</td>
<td>18/11/16</td>
</tr>
<tr>
<td>Aptitude Dimension Test</td>
<td></td>
</tr>
<tr>
<td>Aptitude Profile Test</td>
<td></td>
</tr>
<tr>
<td>Aptitude Test Battery for Adults (AA)</td>
<td></td>
</tr>
<tr>
<td>BarOn Emotional Quotient Inventory (BarON EQ-I™)</td>
<td>18/11/45</td>
</tr>
<tr>
<td>Bayley Scales II</td>
<td></td>
</tr>
<tr>
<td>Beck Tensor (TENSOR) - Vienna Test Catalogue</td>
<td></td>
</tr>
<tr>
<td>Bender Visual Motor Gestalt Test</td>
<td></td>
</tr>
<tr>
<td>Benton Visual Retention Test</td>
<td></td>
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<tr>
<td>Blox Test (A/80)</td>
<td></td>
</tr>
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<td>Business Comprehension Test</td>
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* Tests with a reference number were submitted for evaluation, tests without a number were condoned without being evaluated – see Background To The List Of Tests p. 2.
Preamble

The history of development and use of psychometric measuring devices, instruments, methods and techniques in South Africa have been tainted by the legacy of segregation which influenced certain stereotypical attitudes and culturally insensitive and inappropriate interventions. As a result very few tests are available that have been developed and applied with the necessary appreciation of cultural and other diversity concerns with a view to standardizing same for all South Africans.

The Employment Equity Act, 1998 states that:

Psychometric testing and other similar assessments of an employee are prohibited unless the test or assessment being used:

(a) has been scientifically shown to be valid and reliable;
(b) can be applied fairly to all employees; and
(c) is not biased against any employee or group.

The onus is thus on testers to not only be familiar with the broad domain of psychometric theory and research regarding the use of tests and test results, but to also be familiar with and contribute to specific empirical studies related to the psychometric properties of the tests they use.

In the view of this, it would be unwise for psychologists not to address the development and adaptation of culturally appropriate measures as a matter of great urgency. With the expected upsurge in test development and adaptation initiatives, it is important that test developers and users familiarise themselves with policies regarding the use and classification of psychological tests, as outlined in this document (see note 1 at the end of the document).

A. WHY DO WE CLASSIFY TESTS?

The use of a psychometric measuring device, test, questionnaire, technique or instrument that assesses intellectual or cognitive ability or functioning, aptitude, interest, personality

FORM 208

THE PROFESSIONAL BOARD FOR PSYCHOLOGY

THE HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

POLICY ON THE CLASSIFICATION OF PSYCHOMETRIC MEASURING DEVICES, INSTRUMENTS, METHODS AND TECHNIQUES
make-up or personality functioning, is constituted as being a psychological act. This in view of possible harm and management implications of persons who may be adversely affected by test outcomes, requires appropriate professional qualifications, skills and experience. According to the Health Professions Act, Act 56 of 1974, only registered psychologists are permitted to perform psychological acts which, in relation to evaluation, testing and assessment:

"(a) the evaluation of behaviour or mental processes or personality adjustments or adjustments of individuals or groups of persons, through the interpretation of tests for the determination of intellectual abilities, aptitude, interests, personality make-up or personality functioning, and the diagnosis of personality and emotional functions and mental functioning deficiencies according to a recognised scientific system for the classification of mental deficiencies;

(b) the use of any method or practice aimed at aiding persons or groups of persons in the adjustment of personality, emotional or behavioural problems or at the promotion of positive personality change, growth and development, and the identification and evaluation of personality dynamics and personality functioning according to psychological scientific methods;

(c) the evaluation of emotional, behavioural and cognitive processes or adjustment of personality of individuals or groups of persons by the usage and interpretation of questionnaires, tests, projections or other techniques or any apparatus, whether of South African origin or imported, for the determination of intellectual abilities aptitude, personality make-up, personality functioning, psychophysiological functioning or psychopathology;

(d) the exercising of control over prescribed questionnaires or tests or prescribed techniques, apparatus or instruments for the determination of intellectual abilities, aptitude, personality make-up, personality functioning, psychophysiological functioning or psychopathology;

(e) the development of and control over the development of questionnaires, tests, techniques, apparatus or instruments for the determination of intellectual abilities, aptitude, personality make-up, personality functioning, psychophysiological functioning or psychopathology".

Thus, according to the Health Professions Act, Act 56 of 1974, tests, measures, questionnaires, instruments, etc. that tap psychological constructs must be used, interpreted, and controlled by psychologists. Certain psychological tests (see note ii at the end of the document) can, however, be used by psychometrists, psychotechnicians, registered counsellor, and other professionals (e.g., speech and occupational therapists) provided that:

(a) the use of the test has been certified for that category of tester by the Psychometrics Committee of the Professional Board for Psychology;
(b).  the tester complies with whatever restrictions may be placed on the test’s use relevant to the category of test user that he/she is registered as.  For example, a psychometrist may administer, score and preliminary interpret certain psychological tests but not report on the results of such tests;

(c).  the tester seeks mentoring from a psychologist where specialist input would enhance the testing process and the understanding of the test results; and

(d).  the tester has been appropriately trained and has achieved the minimum competencies required to use the test.

In view of the specific conditions under which psychological tests may be used by people other than registered psychologists, it is necessary to classify tests to facilitate the determination of the category of tester who may use them.  The Psychometrics Committee of the Professional Board for Psychology has been mandated by the Board to, among other things:

“classify and advise on regular revision of any device, instrument, method, technique or test aimed at aiding persons or groups of persons in the adjustment of personality, emotional or behavioural problems or at the promotion of positive personality change, growth and development or for the determination of intellectual abilities, personality make-up, personality functioning, aptitude or interests.”

Classification of a test by the Psychometrics Committee of the Professional Board for Psychology does not impose any new restrictions on a psychological test (the Health Professions Act, Act 56 of 1974, imposes such restrictions).  Instead, classification allows for the relaxing of conditions under which a test can be used, which makes the test more freely available.

There are two general psychological test classification categories, namely:

1.  **Psychological Tests** - which, although they can be used to varying extents by psychometrists and psychotechnicians (see notes ii, iii and iv at the end of the document), need to be under the control of psychologists as regards:

   a.  selecting the test
   b.  administering and scoring it
   c.  interpreting it
   d.  reporting on it.

2.  **Prescribed Tests used by other Professionals.**  The Professional Board for Speech, Language and Hearing Professions, and Occupational Therapy and Medical Orthotics/Prosthetics, are in the process of furnishing the Psychometrics Committee with lists of tests that may tap psychological constructs which they use.  The relevant Boards and the Psychometrics Committee will discuss these lists and
reach agreement on the prescribed list of tests for the various professionals as well as the nature of the psychometrics and assessment training which trainees receive.

B. TEST CLASSIFICATION PROCESS

1. Procedure to be followed when developing a new measure or adapting an existing measure

It is recognised that while tests are being developed, or adapted for use in South Africa, a wide range of standardisation and psychometric data need to be collected. In such instances, testers will find themselves in the position of using a test that has not yet been classified. Consequently, the onus is on the test developer to:

a. notify the Psychometrics Committee regarding:
   i. the proposed name and purpose of the test,
   ii. the time period during which it is envisaged that the standardisation and psychometric data will be collected,
   iii. when the test will probably be submitted for classification purposes; and

b. notify testers who will use the test for the purposes of collecting standardisation and psychometric data regarding:
   i. the fact that the test should be viewed as being in its development phase and that the reliability and validity of the data obtained from it cannot yet be guaranteed,
   ii. the time period during which it is envisaged that the standardisation and psychometric data will be collected, and
   iii. when the test will probably be submitted for classification purposes to the Psychometrics Committee.

On receiving such notification, the Psychometrics Committee will:

   i. record the name of the test in the Committee's annual publication, *List of Tests Classified as being Psychological Tests*, under a separate heading: "Tests Currently being Developed/Adapted"; and
   ii. take note of the time period during which the test should remain listed as being in the "Development Phase" and when it is anticipated that it will be submitted for classification purposes.

Should the test not be submitted for classification purposes within a reasonable period of time, the Psychometrics Committee reserves the right to remove it from the *List of Tests Classified as being Psychological Tests*, pending the test developer not being able to
convince the Committee that the test is still either in the development phase or will shortly be submitted for classification purposes.

2. **Information Required when submitting a Measure for Classification**

Before a test can be classified, information needs to be obtained regarding:

a. the name of the test, name(s) of the test developer(s) and distributors, date when the test was published;

b. the content domain(s) tapped by the test. This provides information on whether or not the test measures a psychological construct;

c. its psychometric properties and the nature of the norm group(s), where appropriate;

d. the context in which the test is used (e.g., assessment/screening of normal/dysfunctional behaviour);

e. whether it is administered in a group context or individually;

f. the nature of administration - standardised, dynamic or interactive, computerised;

g. the nature of the scoring - objective, non-objective, computerised;

h. the nature of the test interpretation - straightforward (cut-points), computer-generated, minor decision-making required, high level decision-making and psychological expertise required;

i. the complexity of feedback and reporting - structured, semi-structured, requires high-level integrative skills and expertise.

Using the above information, a classification can be made regarding whether or not it is a psychological test.

3. **Process followed when Classifying a Measure**

a. The **process** followed by the Psychometrics Committee when classifying and evaluating a test is as follows:

i. Test developers/distributors submit 2 copies of all the test materials and manuals to the Psychometrics Committee together with their proposed classification and an **evaluation fee of R2 500,00 per test**.

ii. Independent reviewers review the test and submit a report to the Psychometrics Committee regarding their evaluation and classification of the test. It is not the policy of the Psychometrics Committee to appoint test developers as reviewers. In fact, should any of the expert reviewers at any time feel that for whatever reason they are unable to objectively and impartially review a test, it is their duty to inform the Psychometrics Committee of this and to recuse themselves from the matter if needs be.
The test developers are informed of the findings of the independent reviewers and are given the opportunity to respond to this information and to attend to some of the psychometric deficiencies pointed out if they so desire.

The test developers are requested to send their test material for language editing and a certificate from the language editors be sent together with the test.

The Psychometrics Committee reaches an informed decision regarding the classification of the test.

During the review process, tests are not only classified by the Psychometrics Committee, but are also evaluated by them. To this end, psychological tests need to adhere to the following minimum standards:

1. The construct(s) tapped by the test should be clearly delineated and evidence should be provided to indicate that the test meets its intended purpose.
2. There should be a test manual which details how to administer, score and interpret it, as well as providing the necessary technical information (see points iii to viii).
3. Its psychometric properties should be acceptable. In this regard it should be noted that the validity and reliability of a test are inter-linked. Despite empirical evidence in support of its validity, a test cannot be considered to be valid unless it is also reliable. Furthermore, the reliability and certain aspects of a test's validity need to be established for each group and purpose for which it is intended to be used.
4. The process of developing the test should be documented.
5. If parallel language versions exist, their equivalence needs to be established and the linguistic proficiency required by the test-takers should be stated.
6. An indication as to whether the item content is culturally-reduced or culture specific in nature should be provided.
7. Empirical evidence should be provided concerning the appropriateness of the tests for groups of different cultural, ethnic, socio-economic or linguistic backgrounds who are likely to be tested.
8. The population(s) represented by any normative or comparison group(s), the dates the data were gathered, and the process used to select the normative sample, should be indicated in the manual.

Having classified and evaluated a test, the Psychometrics Committee issues a certificate which contains the following information:

i. Name of test
ii. Classification
iii. Date on which classification decision was made
iv Points to be noted

It is mandatory for test developers to include the certificate on the first page of the test manual. By insisting that the certificate be included in the manual, it is hoped that test developers and testers will take personal responsibility for not developing or using tests that are not psychometrically sound.

D Notes:

i. The information in this document reflects the working position of the Psychometrics Committee of the Professional Board for Psychology as regards test classification. Regular consultation with stakeholders has informed and continues to inform the working position of the Committee.

ii. To enhance the ease of reading this document, the term "test" has been used in a generic sense. Consequently, throughout the document where "test" is used, the reader should assume that terms such as "psychometric measuring devices", "questionnaires", "instruments", "techniques", "projections", "apparatus" are also meant to apply.

iii. Fair testing practices entail administering tests in the language in which the test-taker is sufficiently competent. This is difficult to achieve at present as there are not sufficient psychologists, psychometrists, and psychotechnicians in South Africa who are fluent in African languages. With this in mind, a psychologist may wish to use an assistant who is fluent in an African language. The onus is on the psychologist concerned to ensure that the assistant is suitably trained to be able to assist with giving the test instructions, recording and subsequently translating verbal test responses, and generally assisting during the test administration process.

iv. Only persons registered with the Professional Board for Psychology under the auspices of the HPCSA may administer, score, interpret and give feedback on psychological tests. However, interpretation and feedback are limited to registered psychologists, and psychometrists registered in the category Independent/Private practice.

Psychometrists, irrespective of registration category, will not be permitted to use:

- Projective techniques (for example TAT, CAT, Rorschach);
- Specialist neuropsychological measures; and
- Measures that are used for the diagnosis of psychopathology (for example MMPI-II).
v. it is not permissible to use the tests that are currently being developed or in the process of classification for clinical or selection purposes for financial enrichment.
Registration a prerequisite for practising

17(1) No person shall be entitled to practise within the Republic -

(a) the profession of a medical practitioner, dentist, psychologist or as an intern or an intern psychologist or any profession registrable in terms of this Act; or

(b) except in so far as it is authorised by the provisions of the Nursing Act, 1978 (Act No. 50 of 1978), the Chiropractors, Homeopaths and Allied Health Service Professions Act, 1982 (Act No. 63 of 1982), the Pharmacy Act, 1974 (Act No. 53 of 1974), and sections 33, 34 and 39 of this Act, for gain any other profession the practice of which mainly consists of -

(i) the physical or mental examination of persons;

(ii) the diagnosis, treatment or prevention of physical or mental defects, illnesses or deficiencies in man;

(iii) the giving of advice in regard to such defects, illnesses or deficiencies; or

(iv) the prescribing or providing of medicine in connection with such defects, illnesses or deficiencies,

unless he is registered in terms of this Act.

(2) Every person desiring to be registered in terms of this Act shall apply to the registrar and shall submit the qualification which, in his or her submission, entitles him or her to registration, together with such proof of identity and good character and of the authenticity and validity of the qualifications submitted as may be required by the professional board concerned.
(3) If the registrar is satisfied that the qualification and the other documents submitted in support of the application satisfy the requirements of this Act, he shall, upon payment by the applicant of the prescribed registration fee, issue a registration certificate authorizing the applicant, subject to the provisions of this Act or of any other law, to practise the profession in respect whereof he has applied for registration, within the Republic.

(4) If the registrar is not satisfied that the qualification or other documents submitted in support of the application satisfy the requirements of this Act, he or she shall refuse to issue a registration certificate to the applicant, but shall, if so required by the applicant, submit the application to the professional board concerned for decision.

**Removal of name from, and restoration to, register**

19(1) The professional board concerned may direct the registrar to remove from the register the name of any person -

(a) who has been absent from the Republic during the three years immediately preceding such removal;

(b) who has failed to notify the registrar, within a period of three months as from the date of an enquiry sent by the registrar by certified mail to the address appearing in the register in respect of such person, of his or her present address;

(c) who has requested that his name be removed from the register, in which case such person may be required to lodge with the registrar an affidavit to the effect that no disciplinary or criminal proceedings are being or are likely to be taken against him;

(d) who has failed to pay to the professional board, within three months as from the date on which it became due for payment, any annual fee prescribed by the professional board in terms of section 62;

(e) whose name has been removed from the register, record or roll of any university, hospital, college, society or other body from which that person received the qualification by virtue of the holding whereof he was registered;

(f) who has been registered in error or through fraud.

(2) Notice of the removal, in terms of subsection (1), of his or her name form the register, or of the removal, in terms of section 18(5), of an entry from the register, shall be given by the registrar to the person concerned by way of certified mail addressed to such person at the address appearing in respect of him or her in the register.
(3) As from the date on which notice has been given in terms of subsection (2) -

(a) any registration certificate issued in terms of this Act to the person concerned shall be deemed to be cancelled; and

(b) such person shall cease to practise the profession in respect of which he was registered or to perform any act which he, in his capacity as a registered person, was entitled to perform,

until such time as his name or the entry removed from the register in terms of section 18(5), as the case may be, is restored to the register.

(4) If from the documents submitted to him in terms of section 18(3) of the Mental Health Act, 1973 (Act No. 18 of 1973), it appears to the judge concerned, or it is brought to his notice in any other manner, that the person to whom the documents relate is a person registered under this Act, he shall, if the said person is declared a mentally ill person as contemplated in section 19(1)(b) of the said Mental Health Act, direct that a copy of the order declaring such person a mentally ill person be transmitted to the registrar and the registrar shall, on receipt of the said copy, remove the name of the person concerned from the register.

(5) The name of a person whose name has in terms of this section been removed from the register or an entry removed from the register in terms of section 18(5), shall be restored to the register by the registrar upon the person concerned -

(a) applying on the prescribed form for such restoration;

(b) paying the fee prescribed in respect of such restoration (if any);

(c) in the case where his name has been removed from the register in terms of subsection (4), submitting proof to the satisfaction of the council of his discharge in terms of the provisions of the Mental Health Act, 1973, from the institution at which he had been detained;

(cA) paying any annual fee which was not paid and payment of an additional fee as may be decided upon; and

(d) complying with such other requirements as the council may determine.
Penalties for practising as a medical practitioner or as an intern, or for performing certain other acts, while unregistered

36(1) Subject to the provisions of subsections (2) and (3) and section 37 any person, not registered as a medical practitioner or as an intern, who -

(a) for gain practises as a medical practitioner (whether or not purporting to be registered);

(b) for gain -

(i) physically examines any person;

(ii) performs any act of diagnosing, treating or preventing any physical defect, illness or deficiency in respect of any person;

(iii) advises any person on his physical state;

(iv) on the ground of information provided by any person or obtained from him in any manner whatsoever -

(aa) diagnoses such person's physical state;

(bb) advises such person on his physical state;

(cc) supplies or sells to or prescribes for such person any medicine or treatment;

(v) prescribes or provides any medicine, substance or thing; or

(vi) performs any other act specially pertaining to the profession of a medical practitioner;

(c) except in accordance with the provisions of the Medicines and Related Substances Act, 1965 (Act No. 101 of 1965), the Pharmacy Act, 1974 (Act No. 53 of 1974), the Health Act, 1977 (Act No. 63 of 1977), the Nursing Act, 1978 (Act No. 50 of 1978), the Chiropractors, Homeopaths and Allied Health Service Professions Act, 1982 (Act No. 63 of 1982), and sections 33, 34 and 39 of this Act, performs any act whatsoever having as its object -

(i) the diagnosing, treating or preventing of any physical defect, illness or deficiency in any person; and

(ii) by virtue of the performance of such act, the obtaining, either for himself or for any other person, of any benefit by way of any profit from
the sale or disposal of any medicine, foodstuff or substance or by way of any donation or gift or by way of the provision of accommodation, or the obtaining of, either for himself or for any other person, any other gain whatsoever;

(d) pretends, or by any means whatsoever holds himself out, to be a medical practitioner or intern (whether or not purporting to be registered) or a healer of whatever description, of physical defects, illness or deficiencies in man;

(e) uses the name of medical practitioner, intern, healer or doctor or any name, title, description or symbol indicating, or calculated to lead persons to infer, that he is the holder of any qualification as a medical practitioner, physician or surgeon, or as an obstetrician or intern or of any other qualification enabling him to diagnose, treat or prevent physical defects, illnesses or deficiencies in man in any manner whatsoever, or that he is registered under this Act as a medical practitioner or an intern;

(f) except in accordance with the provisions of the Medicines and Related Substances Act, 1965, the Pharmacy Act, 1974, the Health Act, 1977, the Nursing Act, 1978, the Chiropractors, Homeopaths and Allied Health Service Professions Act, 1982, and sections 33, 34 and 39 of this Act, by words, conduct or demeanour holds himself or herself out to be able, qualified or competent to diagnose, treat or prevent physical defects, illnesses or deficiencies in man or to prescribe or supply any medicine, substance or thing in respect of such defects, illnesses or deficiencies; or

(g) (i) diagnoses, treats or offers to treat, or prescribes treatment or any cure for cancer;

(ii) holds himself out to be able to treat or cure cancer or to prescribe treatment therefore; or

(iii) holds out that any article, compound, medicine or apparatus is or may be of value for the alleviation, curing or treatment of cancer,

shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding twelve months or to both such fine and such imprisonment.

(2) The provisions of subsection (1) shall not prohibit -

(a) an intern working at an institution recognised by the council from -

(i) performing any function or issuing any certificate or other document which in terms of any law, other than this Act, may be or is required to be performed or issued by a medical practitioner, whether
described in such law as a medical practitioner or by any other name or designation; or

(ii) describing himself as a medical practitioner in connection with the performance of any such function or the issuing of any such certificate or other document,

and any reference in any such law to such a medical practitioner shall be deemed to include a reference to an intern;

(aA) a student intern in the course of his training from -

(i) performing under the supervision of a medical practitioner any act mentioned in paragraph (b) of subsection (1) which has been prescribed;

(ii) issuing in connection with such performance of that act in the institution where he is undergoing his training, any document required in respect of the performance of that act;

(b) a pharmacist registered under the Pharmacy Act, 1974 (Act No. 53 of 1974), from performing any act falling within the scope of his profession as contemplated in that Act; or

(c) a dentist from performing any act falling within the scope of his profession as contemplated in this Act or from using any name, title, description or symbol normally associated with his profession.

(3) The provisions of subsection (1)(g) shall not -

(a) apply in respect of any act performed by any person in the course of bona fide research at any institution approved for that purpose by the Minister;

(b) be construed as prohibiting a dentist from -

(i) diagnosing cancer while performing in respect of any person any act pertaining to the practice of dentistry; or

(ii) treating cancer so diagnosed;

(c) apply in respect of -

(i) any act performed by a pharmacist registered under the Pharmacy Act, 1974, or by an employee of such pharmacist acting within the scope of his employment, for the purposes of selling or promoting the
sale of any medicine to another pharmacist or to any medical practitioner; or

(ii) the sale of any medicine by any pharmacist to any person in pursuance of a written prescription of a medical practitioner.

(4) For the purposes of subsection (1) “cancer” shall include all neoplasms, irrespective of their origin, including lymphoma and leukaemia.
GOVERNMENT NOTICE
DEPARTMENT OF HEALTH

No. R.717 04 AUGUST 2006

HEALTH PROFESSIONS ACT, 1974 (ACT NO. 56 OF 1974)

ETHICAL RULES OF CONDUCT FOR PRACTITIONERS REGISTERED UNDER THE HEALTH PROFESSIONS ACT, 1974

The Health Professions Council of South Africa has, in consultation with the professional boards and with the approval of the Minister of Health, under section 49 read with section 61(2) and 61A (2) of the Health Professions Act, 1974 (Act No. 56 of 1974), made the rules in the Schedule.

0 SCHEDULE

1. DEFINITIONS

1. In these rules, any word or expression to which a meaning has been assigned in the Act shall bear such meaning and, unless the context indicates otherwise -

“Act” means the Health Professions Act, 1974(Act No. 56 of 1974);

“annexure” means an annexure to these rules;

“association” means a form of practising where two or more practitioners practise for their own account, but share communal assets or facilities;

“board” means a professional board established in terms of section 15 of the Act;
“canvassing” means conduct which draws attention, either verbally or by means of printed or electronic media, to one’s personal qualities, superior knowledge, quality of service, professional guarantees or best practice;

“close collaboration” means consultation by a practitioner at one stage or another in the treatment of a patient with another practitioner and the furnishing by the latter practitioner, at the end of such treatment, of a report on the treatment to the practitioner whom he or she consulted;

“dental specialist” means a dentist who has been registered as a specialist in a speciality or subspeciality in dentistry in terms of the Regulations relating to the Specialities and Subspecialities in Medicine and Dentistry, published under Government Notice No. R. 590 of 29 June 2001 as amended;

“dispensing optician” means a person registered as such in terms of the Act and the Rules for the registration of Dispensing Opticians, published under Government Notice No. R. 2339 of 3 December 1976;

“impairment” means a mental or physical condition which affects the competence, attitude, judgement or performance of professional acts by a registered practitioner;

“independent practice” means a practice where a registered health profession is conducted by a health practitioner without the supervision of another health practitioner;

“itinerant practice” means a practice which a practitioner conducts on a regular basis at a location other than at his or her resident practice address;

“medical scientist” means a person registered under the Act as a biomedical engineer, clinical biochemist, genetic counsellor, medical biological scientist or medical physicist;

“medical specialist” means a medical practitioner who has been registered as a specialist in a speciality or subspeciality in medicine in terms of the Regulations relating to the Specialities and Subspecialities in Medicine and Dentistry, published under Government Notice No. R. 590 of 29 June 2001 as amended;

“optometrist” means a person registered as such under the Act;

“pharmaceutical concern” means a company registered as such under the Pharmacy Act, 1974 (Act No. 53 of 1974);

“practitioner” means a person registered as such under the Act and, in the application of rules 5, 6 and 9 of these rules, also a juristic person exempted from registration in terms of section 54A of the Act;
“private practice” means the practice of a health practitioner who practises for his or her own account, either in solus practice, or as a partner in a partnership, or as an associate in an association with other practitioners, or as a director of a company established in terms of section 54A of the Act;

“public company” means a company registered as such under the Companies Act, 1973 (Act No. 61 of 1973);

“public service” means a service rendered by the state at the national, provincial or local level of government and includes organizations which function under its auspices or are largely subsidized by the state or recognized by a board for the purposes of these rules;

“resident practice” means a place where a registered health practitioner conducts his or her practice on a daily basis;

“section” means a section of the Act;

“specialist” means a practitioner who is registered as a specialist in a speciality or subspeciality (if any) in terms of the Regulations relating to the Specialities and Subspecialities in Medicine and Dentistry, published under Government Notice No. R. 590 of 29 June 2001 as amended, and who confines his or her practice to such speciality or subspeciality;

“supervision” means the acceptance of liability by a supervising practitioner for the acts of another practitioner; and

“touting” means conduct which draws attention, either verbally or by means of printed or electronic media, to one’s offers, guarantees or material benefits.

**Interpretation and application**

2. (1) Failure by a practitioner to comply with any conduct determined in these rules or an annexure to these rules shall constitute an act or omission in respect of which the board concerned may take disciplinary steps in terms of Chapter IV of the Act.

(2) 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 concerned may
therefore inquire into and deal with any complaint of unprofessional conduct which may be brought before such board.

(3) At an inquiry referred to in subrule (2) the board concerned shall be guided by these rules, annexures to these rules, ethical rulings or guidelines and policy statements which the board concerned or council makes from time to time.

**Advertising and canvassing or touting**

3. (1) A practitioner shall be allowed to advertise his or her services or permit, sanction or acquiesce to such advertisement: Provided that the advertisement is not unprofessional, untruthful, deceptive or misleading or causes consumers unwarranted anxiety that they may be suffering from any health condition.

(2) A practitioner shall not canvass or tout or allow canvassing or touting to be done for patients on his or her behalf.

**Information on professional stationery**

4. (1) A practitioner shall print or have printed on letterheads, account forms and electronic stationery information pertaining only to such practitioner’s –
   (a) name;
   (b) profession;
   (c) registered category;
   (d) speciality or subspeciality or field of professional practice (if any);
   (e) registered qualifications or other academic qualifications or honorary degrees in abbreviated form;
   (f) registration number;
   (g) addresses (including email address);
   (h) telephone and fax numbers;
   (i) practice or consultation hours;
   (j) practice code number; and
   (k) dispensing licence number (if any).
(2) A group of practitioners practising as a juristic person which is exempted from registration in terms of section 54A of the Act or a group of practitioners practising in partnership, shall print or have printed on letterheads, account forms and electronic stationery information pertaining only to such juristic person or partnership practitioners’:

(a) name;
(b) profession;
(c) registered category;
(d) speciality or subspeciality or field of professional practice (if any);
(e) registered qualifications or other academic qualifications or honorary degrees in abbreviated form;
(f) registration number;
(g) addresses (including email address);
(h) telephone and fax numbers;
(i) business hours;
(j) practice code number;
(k) exemption from registration in terms of section 54A of the Act; and
(l) dispensing licence number (if any).

(3) A practitioner shall not use prescription forms or envelopes on which the name or address of a pharmacist is printed.

**Naming of a practice**

5. (1) A practitioner shall use his or her own name or the name of a registered practitioner or practitioners with whom he or she is in partnership or with whom he or she practises as a juristic person, as a name for his or her private practice.

(2) A practitioner referred to in subrule (1) may retain the name of such private practice even if another practitioner, partner of such partnership or member of such juristic person is no longer part of such private practice: Provided that the express consent of the past practitioner or, in the case of a deceased
practitioner the consent of the executor of his or her estate or his or her next-of-kin, has been obtained.

(3) A practitioner shall not use, in the name of his or her private practice, the expression “hospital”, “clinic” or “institute” or any other expression which may give the impression that such private practice forms part of, or is in association with, a hospital, clinic or institute.

**Itinerant practice**

6. A practitioner may conduct a regularly recurring itinerant practice at a place where another practitioner is established if, in such itinerant practice, such practitioner renders the same level of service to patients, at the same fee as the service which he or she would render in the area in which he or she is conducting a resident practice.

7. **Fees and commission**

7. (1) A practitioner shall not accept commission or any material consideration, (monetary or otherwise) from a person or from another practitioner or institution in return for the purchase, sale or supply of any goods, substances or materials used by him or her in the conduct of his or her professional practice.

(2) A practitioner shall not pay commission or offer any material consideration, (monetary or otherwise) to any person for recommending patients.

(3) A practitioner shall not offer or accept any payment, benefit or material consideration (monetary or otherwise) which is calculated to induce him or her to act or not to act in a particular way not scientifically, professionally or medically indicated or to under-service, over-service or over-charge patients.

(4) A practitioner shall not share fees with any person or with another practitioner who has not taken a commensurate part in the services for which such fees are charged.

(5) A practitioner shall not charge or receive fees for services not personally rendered, except for services rendered by another practitioner in his or her
employment or with whom he or she is associated as a partner, shareholder or locum tenens.

**Partnership and juristic persons**

8. (1) A practitioner shall practise only in partnership or association with or employ a practitioner who is registered under the Act, and only in respect of the profession for which such practitioner is registered under the Act.

(2) A practitioner shall practise in or as a juristic person who is exempted from registration in terms of section 54A of the Act only if such juristic person complies with the conditions of such exemption.

(3) A practitioner shall practise in a partnership, association or as a juristic person only within the scope of the profession in respect of which he or she is registered under the Act.

(4) A practitioner shall not practise in any other form of practice which has inherent requirements or conditions that violate or potentially may violate one or more of these rules or an annexure to these rules.

**Covering**

9. (1) A practitioner shall employ as a professional assistant or locum tenens or in any other contractual professional capacity for a period not exceeding six months, only a person -

(a) who is registered under the Act;

(b) whose name currently appears on a register kept by the registrar under section 18 of the Act; and

(c) who is not suspended from practising his or her profession.

(2) A practitioner shall help or support only a person registered under the Act, the Pharmacy Act, 1974 (Act No. 53 of 1974), the Nursing Act, 1978 (Act No. 50 of 1978), the Social Service Professions Act, 1978 (Act No. 110 of 1978), the Dental Technicians Act, 1979 (Act No. 19 of 1979), or the Allied Health
Professions Act, 1982 (Act No. 63 of 1982), if the professional practice or conduct of such person is legal and within the scope of his or her profession.

Supersession

10. A practitioner shall not supersede or take over a patient from another practitioner if he or she is aware that such patient is in active treatment of another practitioner, unless he or she –
   (a) takes reasonable steps to inform the other practitioner that he or she has taken over the patient at such patient’s request; and
   (b) establishes from the other practitioner what treatment such patient previously received, especially what medication, if any, was prescribed to such patient and in such case the other practitioner shall be obliged to provide such required information.

Impeding a patient

11. A practitioner shall not impede a patient, or in the case of a minor, the parent or guardian of such minor, from obtaining the opinion of another practitioner or from being treated by another practitioner.

Professional reputation of colleagues

12. A practitioner shall not cast reflections on the probity, professional reputation or skill of another person registered under the Act or any other Health Act.

Professional confidentiality

13. (1) A practitioner shall divulge verbally or in writing information regarding a patient which he or she ought to divulge only -
   (a) in terms of a statutory provision;
(b) at the instruction of a court of law; or
(c) where justified in the public interest.

(2) Any information other than the information referred to in subrule (1) shall be divulged by a practitioner only -
(a) with the express consent of the patient;
(b) in the case of a minor under the age of 14 years, with the written consent of his or her parent or guardian; or
(c) in the case of a deceased patient, with the written consent of his or her next-of-kin or the executor of such deceased patient’s estate.

Retention of human organs

14. (1) A practitioner shall only for research, educational, training or prescribed purposes retain the organs of a deceased person during an autopsy.

(2) The retention of organs referred to in subrule (1) shall be subject -
(a) to the express written consent given by the patient concerned during his or her lifetime;
(b) in the case of a minor under the age of 14 years, to the written consent of such minor’s parent or guardian; or
(c) in the case of a deceased patient who had not previously given such written consent, to the written consent of his or her next-of-kin or the executor of his or her estate.

Signing of official documents

15. A student, intern or practitioner who, in the execution of his or her professional duties, signs official documents relating to patient care, such as prescriptions, certificates (excluding death certificates), patient records, hospital or other reports, shall do so by signing such document next to his or her initials and surname printed in block letters.
Certificates and reports

16. (1) A practitioner shall grant a certificate of illness only if such certificate contains the following information -
   (a) the name, address and qualification of such practitioner;
   (b) the name of the patient;
   (c) the employment number of the patient (if applicable);
   (d) the date and time of the examination;
   (e) whether the certificate is being issued as a result of personal observations by such practitioner during an examination, or as a result of information which has been received from the patient and which is based on acceptable medical grounds;
   (f) a description of the illness, disorder or malady in layman’s terminology with the informed consent of the patient: Provided that if such patient is not prepared to give such consent, the practitioner shall merely specify that, in his or her opinion based on an examination of such patient, such patient is unfit to work;
   (g) whether the patient is totally indisposed for duty or whether such patient is able to perform less strenuous duties in the work situation;
   (h) the exact period of recommended sick leave;
   (i) the date of issue of the certificate of illness; and
   (j) the initial and surname in block letters and the registration number of the practitioner who issued the certificate.

(2) A certificate of illness referred to in subrule (1) shall be signed by a practitioner next to his or her initials and surname printed in block letters.

(3) If preprinted stationery is used, a practitioner shall delete words which are not applicable.

(4) A practitioner shall issue a brief factual report to a patient where such patient requires information concerning himself or herself.
Issuing of prescriptions

17. (1) A practitioner authorized in terms of the Medicines and Related Substances Act, 1965 (Act No. 101 of 1965), to prescribe medicines shall issue typewritten, handwritten, computer-generated, pre-typed, pre-printed or standardized prescriptions for medicine scheduled in Schedules I, 2, 3 and 4 of the Medicines and Related Substances Act, 1965 (Act No. 101 of 1965), subject thereto that such prescriptions may be issued only under his or her personal and original signature.

(2) A practitioner authorized in terms of the Medicines and Related Substances Act, 1965 (Act No. 101 of 1965), to prescribe medicines shall issue handwritten prescriptions for medicine scheduled in Schedules 5, 6, 7 and 8 of the Medicines and Related Substances Act, 1965 (Act No. 101 of 1965), under his or her personal and original signature.

Professional appointments

18. (1) A practitioner shall accept a professional appointment or employment from employers approved by the council only in accordance with a written contract of appointment or employment which is drawn up on a basis which is in the interest of the public and the profession.

(2) A written contract of appointment or employment referred to in subrule (1) shall be made available to the council at its request.

Secret remedies

19. A practitioner shall in the conduct and scope of his or her practice, use only –

(a) a form of treatment, apparatus or health technology which is not secret and which is not claimed to be secret; and
(b) an apparatus or health technology which proves upon investigation to be capable of fulfilling the claims made in regard to it.

Defeating or obstructing the council or board in the performance of its duties

20. A practitioner shall at all times cooperate and comply with any lawful instruction, directive or process of the council, a board, a committee of such board or an official of council and in particular, shall be required, where so directed to -

(a) respond to correspondence and instructions from the council, such board, a committee of such board or an official of council within the stipulated time frames; and

(b) attend consultation at the time and place stipulated by the council, such board, a committee of such board or an official of council.

Performance of professional acts

21. A practitioner shall perform, except in an emergency, only a professional act -

(a) for which he or she is adequately educated, trained and sufficiently experienced; and

(b) under proper conditions and in appropriate surroundings.

Exploitation

22. A practitioner shall not permit himself or herself to be exploited in any manner.

Medicine

23. (1) A practitioner shall not participate in the manufacture for commercial purposes, or in the sale, advertising or promotion of any medicine or in any other activity which amounts to trading in medicine.
(2) A practitioner shall not engage in or advocate the preferential use or prescription of any medicine, if any valuable consideration is derived from such preferential use or prescription.

(3) The provisions of subrules (1) and (2) shall not prohibit a practitioner from -
   (a) owning shares in a listed company;
   (b) manufacturing or marketing medicines whilst employed by a pharmaceutical concern;
   (c) whilst employed by a pharmaceutical concern in any particular capacity, performing such duties as are normally in accordance with such employment; or
   (d) dispensing in terms of a licence issued in terms of the Medicines and Related Substances Act, 1965.

(4) A practitioner referred to in subrule (3) shall display a conspicuous notice in his or her waiting room and also, if appropriate, verbally inform his or her patient about the fact that he or she -
   (a) owns shares in a listed public company which manufactures or markets the medicine prescribed to such patient; or
   (b) is in the employ of the pharmaceutical concern which manufactures such medication.

(5) A practitioner may prescribe or supply medication: Provided that such practitioner has ascertained the diagnosis of the patient concerned through a personal examination of such patient or by virtue of a report by another practitioner under whose treatment such patient is or has been.

(6) In the case of a patient with a chronic disease the provision of subrule (5) shall not apply.
Financial interest in hospitals

24. (1) A practitioner who has a financial interest in a private clinic or hospital shall refer a patient to such clinic or hospital only if a conspicuous notice is displayed in his or her waiting room indicating that he or she has a financial interest in such clinic or hospital and if such patient is verbally informed about the fact that the said practitioner has an interest in such clinic or hospital to which such patient is being referred.

(2) A practitioner referred to in subrule (1) shall not participate in the advertising or promotion of any private clinic or hospital, or in any other activity which amounts to such advertising or promotion for personal gain.

(3) A practitioner referred to in subrule (1) shall not engage in or advocate the preferential use of any private clinic or hospital, if any valuable consideration is derived by such practitioner from such preferential use.

(4) The provisions of subrule (3) shall not prohibit such practitioner from owning shares in a listed public company.

(5) A practitioner referred to in subrule (4) shall display a conspicuous notice in his or her waiting room and also verbally inform his or her patient about the fact that he or she -

(a) owns shares in a listed public company which manages such private clinic or hospital to which he or she is referring such patient;
(b) is the owner or part owner of such private clinic or hospital; or
(c) is in the employ of such private clinic or hospital or the listed public company that owns such private clinic or hospital.

(6) A practitioner may admit a patient to such private clinic or hospital: Provided that such practitioner -

(a) has ascertained the diagnosis of the patient concerned through a personal examination of such patient or by virtue of a report by another practitioner under whose treatment such patient is or has been;
(b) has informed such patient that such admission in such private clinic or hospital was necessary for his or her treatment; and
(c) has obtained such patient’s consent for admission to such private clinic or hospital.

2. REPORTING OF IMPAIRMENT OR OF UNPROFESSIONAL, ILLEGAL OR UNETHICAL CONDUCT

25. (1) A student, intern or practitioner shall -
   (a) report impairment in another student, intern or practitioner to the board if he or she is convinced that such student, intern or practitioner is impaired;

   (b) report his or her own impairment or suspected impairment to the board concerned if he or she is aware of his or her own impairment or has been publicly informed, or has been seriously advised by a colleague to act appropriately to obtain help in view of an alleged or established impairment, and

   (c) report any unprofessional, illegal or unethical conduct on the part of another student, intern or practitioner.

Research, development and use of chemical, biological and nuclear capabilities

26. (1) A practitioner who is or becomes involved in research, development or use of defensive chemical, biological or nuclear capabilities shall obtain prior written approval from the board concerned to conduct such research, development or use.

   (2) In applying for written approval referred to in subrule (1), such practitioner shall provide the following information to the board concerned:

   (a) Full particulars of the nature and scope of such research, development or use;

   (b) whether the clinical trials pertaining to such research have been passed by a professionally recognized research ethics committee;
(c) that such research, development or use is permitted in terms of the provisions of the World Medical Association’s Declaration on Chemical and Biological Weapons; and

(d) that such research, development or use is permitted in terms of the provisions of the applicable international treaties or conventions to which South Africa is a signatory.

**Dual registration**

27. A health practitioner who holds registration with more than one statutory council or professional board shall at all times ensure that -

   (a) no conflict of interest arises from such dual registration in the rendering of health services to patients;
   
   (b) patients are clearly informed at the start of the consultation of the profession in which the practitioner is acting;
   
   (c) informed consent regarding the profession referred to in paragraph (b) is obtained from the said patient;
   
   (d) patients are not consulted in a dual capacity or charged fees based on such dual consultation; and
   
   (e) the ethical rules applicable at a given moment to the profession in which the practitioner is acting, are strictly adhered to.

**Repeal**


**ME TSHABALALA-MSIMANG**

**MINISTER OF HEALTH**
ANNEXURE C

PROFESSIONAL BOARD FOR PSYCHOLOGY

RULES OF CONDUCT PERTAINING SPECIFICALLY TO THE PROFESSION OF PSYCHOLOGY

A psychologist shall adhere to the following rules of conduct in addition to the rules of conduct referred to in rules 2 to 27. Failure by such psychologist to comply with the rules of conduct listed herein shall constitute an act or omission in respect of which the board may take disciplinary steps in terms of Chapter IV of the Act.

Definitions

1. In these rules, any word or expression to which a meaning has been assigned in the Act shall bear such meaning and, unless the context otherwise indicates –

“Act” means the Health Professions Act, 1974 (Act No.56 of 1974);

“barter” means the acceptance of goods, services or other non-monetary remuneration from clients in return for psychological services;

“board” means the Professional Board for Psychology established in terms of section 15 of the Act;

“children” means persons 14 years and younger and the word “child” has a similar meaning;

“client” means a user of psychological services, irrespective of whether the recipient of such services is an individual, a family, a group, an organisation or a community;
“competency” means the ability to conduct the psychological acts in which a psychologist was trained and in which he obtained a qualification as prescribed in terms of the Act;

“confidential information” means any information conveyed in confidence to a psychologist by a client, colleague, collateral source or another professional;

“health committee” means a committee established by the council in terms of section 10(1) and the regulations made under section 51 of the Act;

“intern” means a person registered as an intern in psychology under the Act;

“psychological services” means the acts of psychological assessment, diagnosis and intervention rendered to a client;

"psychologist" includes a person registered under the Act as a psychologist, registered counsellor, psychometrist, psycho-technician, intern in psychology or student in professional psychology;

“psychometrist” means a person registered as a psychometrist in terms of the Act;

“psycho-technician” means a person registered as a psycho-technician in terms of the Act;

“registered counsellor” means a person registered as a registered counsellor in terms of the Act;

“section” means a section of the Act;
“sexual harassment” means any act of sexual solicitation, physical advances, or verbal or non-verbal conduct that is sexual in nature that is committed by a psychologist in the course of his or her professional activities and that is unwelcome or offensive or creates an untenable situation in the workplace or educational environment;

“student” means a person registered under the Act as a student in professional psychology;

“test data” means the test protocols, record forms, scores and notes regarding an individual’s responses to test items in any medium;

“the code” means these rules.

CHAPTER 1
PROFESSIONAL COMPETENCE

General

2. (1) A psychologist shall develop, maintain and encourage high standards of professional competence to ensure that clients are protected from professional practices that fall short of international and national best practice standards.

(2) A psychologist shall be accountable for professional actions in all domains of his or her professional life.

Competency limits

3. (1) A psychologist shall limit his or her practice to areas within the boundaries of his or her competency based on his or her formal education, training, supervised experience and/or appropriate professional experience.
(2) A psychologist shall ensure that his or her work is based on established scientific and professional knowledge of the discipline of psychology.

Maintaining competency

4. A psychologist shall maintain up-to-date competency in his or her areas of practice through continued professional development, consultation and/or other procedures in conformity with current standards of scientific or professional knowledge.

Adding new competencies

5. (1) When a psychologist is developing competency in a psychological service or technique that is either new to him or her or new to the profession, he or she shall engage in ongoing consultation with other psychologists or relevant professions and shall seek and obtain appropriate education and training in the new area.

(2) A psychologist shall inform a client of the innovative nature of and the known risks associated with such new psychological services or techniques, so that the client may have freedom of choice concerning such services or the application of such techniques.

Extraordinary circumstances

6. A psychologist may, when, in an emergency, he or she is asked to provide psychological services for which he or she has not obtained the necessary competency, provide such services to ensure that the client is not denied services.

Personal impairment

7. A psychologist who, in the opinion of the health committee, appears to be impaired as defined in the Act–

(a) shall refrain from undertaking professional activities when there is the
likelihood that his or her personal circumstances (including mental, emotional or physiological conditions, or pharmacological or substance abuse considerations) may prevent him or her from performing such professional activities in a competent manner;

(b) shall be alert to signs of, and obtain appropriate professional assistance for, his or her personal problems at an early stage in order to prevent impaired performance; and

(c) shall, if he or she becomes aware of personal circumstances that may interfere with his or her performing his or her professional duties adequately, take appropriate measures, such as consulting and obtaining the assistance of a professional as determined by the health committee, to determine whether he or she should limit, suspend or terminate his or her professional duties.

Delegation of work

8. A psychologist who delegates work to an employee, supervisee, psychometrist, registered counsellor or research or teaching assistant shall take all reasonable steps –

(a) to avoid delegating such work to a person who has a multiple relationship with the client that is likely to lead to exploitation or loss of objectivity;

(b) to authorise only those responsibilities that such a person can be expected to perform competently on the basis of his or her education, training and experience; and

(c) to ensure that such a person performs those services competently.

Use of interpreters

9. (1) When it is clear that a client is not fluent in the psychologist’s language, the psychologist shall propose the use of an interpreter to that client.

(2) An interpreter engaged by a psychologist as contemplated in subrule (1) shall be fluent in at least the two languages concerned and shall, in
particular, be proficient in the client’s language of preference.

(3) A psychologist who engages an interpreter as contemplated in subrule (1) shall take all reasonable steps to ensure that –

(a) the interpreter does not have a multiple relationship with the client concerned that is likely to lead to exploitation or loss of objectivity; and

(b) the interpreter performs the interpretation tasks competently.

CHAPTER 2
PROFESSIONAL RELATIONS

Respect for human rights and others

10. (1) A psychologist shall, in all his or her professional activities, respect the dignity and human worth of a client and shall strive to preserve and protect the client’s fundamental human rights.

(2) A psychologist shall respect the right of a client to hold values, attitudes, beliefs and opinions that differ from his or her own.

(3) A psychologist shall recognise a client’s inalienable human right to bodily and psychological integrity, including security in and control over his or her body and person, and a client’s right not to be subjected to any procedure or experiment without his or her informed consent as referred to in rule 11 and such consent shall be sought and given in a language that is easily understood by the client.

(4) A psychologist shall not coerce a client into agreeing that a psychological service be rendered to him or her nor compel a client to give self-incriminating evidence through the use of psychological techniques or otherwise.

Informed consent to professional procedures

11. (1) When a psychologist conducts research or provides assessment, psychotherapy, counselling or consulting services in person or via electronic transmission or other forms of communication, he or she shall obtain the
written informed consent of the client concerned, using a language that is
reasonably understandable to such client.

(2) While the content of the written informed consent referred to in subrule (1)
will vary depending on the circumstances, informed consent ordinarily
requires that a client –

(a) has the capacity to consent;
(b) has been provided with information concerning participation in the
activity that might reasonably be expected to affect his or her
willingness to participate, including exceptions to the requirement of
confidentiality and monetary or other costs or remuneration;
(c) is aware of the voluntary nature of participation and has freely and
without undue influence given his or her consent; and
(d) has had the opportunity to ask questions and be given answers
regarding the activities concerned:

Provided that, in the case of a client who is legally incapable of giving
informed consent, a psychologist shall nevertheless –

(i) provide an appropriate explanation;
(ii) seek the client’s assent;
(iii) consider such client’s preferences and best interests; and
(iv) obtain appropriate permission from a person legally authorised to give
consent if such substitute consent is permitted or required by law, but
if consent by a legally authorised person is not permitted or required
by law, a psychologist shall take all reasonable steps to protect the
client’s rights and welfare.

(3) When psychological services are ordered by a court or required
administratively or ordered through mediation or arbitration, a psychologist
shall –

(a) before proceeding, inform the individual concerned of the nature of the
anticipated services, including whether the services were ordered and
whether there are any exceptions to the requirement of confidentiality;
and
(b) appropriately document written or oral consent, permission or assent.

**Unfair discrimination**

12. (1) A psychologist shall not impose on a client, an employee, a research participant, student, supervisee, trainee or any other person over whom he or she has or had authority any stereotypes of behaviour, values or roles relating to age, belief, birth, conscience, colour, culture, disability, disease, ethnic or social origin, gender, language, marital status, pregnancy, race, religion, sexual orientation, socio-economic status or any other factor prohibited by law.

(2) A psychologist shall not unfairly discriminate on the basis of age, belief, birth, colour, conscience, culture, disability, disease, ethnic or social origin, gender, language, marital status, pregnancy, race, religion, sexual orientation, socio-economic status or any other factor prohibited by law.

(3) A psychologist shall make every effort to ensure that language-appropriate and culture-appropriate services are made available to a client and that acceptable standards of language proficiency are met in rendering a service to a client whose primary language differs from that of the psychologist.

**Sexual harassment**

13. A psychologist shall not be guilty of sexual harassment.

**Other harassment**

14. A psychologist shall not behave in a manner that is harassing or demeaning to persons with whom he or she interacts in his or her work on the basis of factors such as those persons’ age, belief, birth, colour, conscience, culture, disability, disease, ethnic or social origin, gender, language, marital status, pregnancy, race,
religion, sexual orientation or socio-economic status.

Avoiding harm

15. A psychologist shall take all reasonable steps to avoid harming a client, an employee, a research participant, student, supervisee, trainee or other person with whom he or she works, including harm through victimisation, harassment or coercion.

Conflict of interest

16. A psychologist shall refrain from assuming a professional role when personal, professional, legal, scientific, financial or other interests or relationships could reasonably be expected to –
   (a) impair his or her objectivity, competence or effectiveness in performing his or her functions as a psychologist; or
   (b) expose the client concerned to harm or exploitation.

Third-party requests for service

17. (1) When a psychologist agrees to render a psychological service to a client at the request of a third party, the psychologist shall clarify at the outset of such service the nature of the relationship with each of the parties involved (whether individuals or organisations).
   (2) The clarification referred to in subrule (1) shall cover the role of the psychologist (such as therapist, consultant, diagnostician, expert witness), the probable uses of the psychological service provided or the information obtained, and the fact that there may be exceptions to the requirement of confidentiality.
   (3) If there is a foreseeable risk of the psychologist's being called upon to fulfil
conflicting roles because of the involvement of a third party, the psychologist shall clarify the nature of his or her responsibilities, keep all parties properly informed as matters develop, and resolve the situation in accordance with these rules.

Multiple relationships

18. (1) A multiple relationship occurs when a psychologist fulfils a professional role with respect to a person or organisation and at the same time –
(a) fulfils or fulfilled another role with respect to the same person or organisation;
(b) is in a relationship with a person or organisation closely associated with or related to the person or organisation with whom he or she has the professional relationship; or
(c) promises to enter into another relationship in the future with that person or organisation or a person or organisation closely associated with or related to that person or organisation.

(2) A psychologist shall refrain from entering into a multiple relationship if that multiple relationship could reasonably be expected to impair the psychologist’s objectivity, competence or effectiveness in performing his or her functions as psychologist or cause a risk of exploitation of or harm to the person or organisation with whom the professional relationship exists.

(3) If a psychologist finds that, owing to unforeseen factors, a potentially harmful multiple relationship has developed, he or she shall attempt to resolve the problem with due regard to the best interests of the client concerned and maximum compliance with these rules.

(4) In the circumstances referred to in subrule (3), the psychologist shall assist the client in obtaining the services of another professional, and shall not enter into any professional or other relationship with such client until at least twenty-four months have elapsed after termination of such multiple relationship: Provided that where a client is emotionally or cognitively
vulnerable to influencing by such psychologist, no such relationship shall be established between the psychologist and the client.

(5) When a psychologist is required by law, institutional policy or other circumstances to fulfil more than one role in judicial or administrative proceedings, he or she shall, at the outset, clarify the role expectations and any exceptions to the requirement of confidentiality.

**Exploitative relationships**

19. A psychologist shall not exploit a person over whom he or she has supervisory, evaluative, or other authority, such as a client, employee, research participant, student, supervisee or trainee.

**Cooperation with other professionals**

20. Where indicated and professionally appropriate, a psychologist shall –
(a) cooperate with such professionals as approved by the board in order to serve his or her clients effectively and appropriately; and
(b) arrange for appropriate consultations and referrals based on the best interests of his or her clients, subject to such consent and other relevant considerations as may be appropriate, including the applicable legal and contractual obligations.

**Interruption of psychological services**

21. A psychologist shall not abandon a client by terminating the professional relationship prematurely or abruptly, but shall –
(a) make appropriate arrangements for another psychologist to deal with the
needs of the client in the event of an emergency during periods of foreseeable absence when the psychologist will not be available; and

(b) make every reasonable effort to plan for continuity of service in the event that such service is interrupted by factors such as the psychologist's illness, death, unavailability or relocation or by the client's relocation or financial limitations.

**Psychological services rendered to or through organisations**

22. (1) A psychologist who renders psychological services to or through an organisation shall, in advance, provide a client with information about –

(a) the nature and objectives of the psychological services concerned;

(b) the relationship between the psychologist and every individual affected by the psychological services concerned;

(c) the uses to which the psychological information provided by a client will be put;

(d) the persons that will have access to the information referred to in paragraph (c); and

(e) exceptions to the requirement of confidentiality.

(1) As soon as is feasible, a psychologist shall provide the appropriate persons with information about the results and conclusions of the psychological service concerned and if the law or organisational rules prohibit the psychologist from providing particular individuals or groups with information, the psychologist shall so inform the individuals or groups concerned at the outset of the psychological service.

**Delegation and supervision of psychological services**

23. (1) A psychologist shall not delegate professional responsibilities to any person who is not qualified to assume such responsibilities.
(2) A psychologist may delegate to a supervisee, with the appropriate level of supervision, only such professional responsibilities as the supervisee can reasonably be expected to perform competently and ethically on the basis of that supervisee's education, training and experience.

(3) In order to perform the responsibilities contemplated in subrule (2), a supervisee shall have education and training that was accredited by the board, including training in ethical issues.

(4) A psychologist shall be responsible for determining the competency of a supervisee and shall not assign to such supervisee, or allow such supervisee to undertake, responsibilities beyond the scope of that supervisee's training and/or competency.

(5) A psychologist shall be responsible for providing a supervisee with specific instructions regarding the limits of his or her role as a supervisee.

(6) A supervisee shall fully inform a client receiving psychological services of his or her status as supervisee and of the right of the client to confer with the supervising psychologist with regard to any aspect of the psychological services being performed.

(7) When a clinical psychological service is rendered, a psychologist shall –
   (a) take part in the psychological intake process;
   (b) personally make a diagnosis when a diagnosis is required; and
   (c) personally approve a treatment plan for each client.

(8) A psychologist shall, on a continuous and regular basis, personally meet with a supervisee concerning each client and shall review the treatment record, including progress notes, on a regular basis as appropriate to the task to be performed.
CHAPTER 3
PRIVACY, CONFIDENTIALITY AND RECORDS

Rights to confidentiality

24. (1) A psychologist shall safeguard the confidential information obtained in the course of his or her practice, teaching, research or other professional duties, subject only to such exceptions to the requirement of confidentiality as may be determined by law or a court of law.

(2) A psychologist may disclose confidential information to other persons only with the written, informed consent of the client concerned.

Discussing exceptions to the requirement of confidentiality

25. (1) A psychologist is obliged to discuss with persons and organisations with whom he or she establishes a scientific or professional relationship (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) the exceptions to the requirement of confidentiality, including any such exceptions that may apply to group, marital or family therapy or to organisational consulting and the foreseeable uses of the information obtained.

(2) A psychologist shall, unless it is contraindicated, discuss confidentiality at the outset of the relationship and thereafter as new circumstances warrant its discussion.

(3) A psychologist shall, prior to doing so, obtain permission from the client concerned to record interviews electronically or to transmit information electronically and shall inform the client of the risk of breach of privacy or
confidentiality inherent in the electronic recording or transmission of information.

(4) A psychologist shall, when engaging in electronically transmitted services, ensure that confidentiality and privacy are maintained and shall inform a client of the measures taken to maintain confidentiality.

(5) A psychologist shall not withhold information from a client who is entitled to that information, provided it does not violate the right to confidentiality of any other person and provided the information requested is required for the exercise or protection of any rights.

Limits on invasion of privacy

26. A psychologist may, in any written report, oral report or consultations with a third party, disclose only such information as is relevant to the purpose for which that communication is made and may discuss confidential information obtained in his or her work only for appropriate scientific or professional purposes and then only with persons with a legitimate interest in such matters.

Disclosures

27. (1) A psychologist may disclose confidential information –

(a) only with the permission of the client concerned;
(b) when permitted by law to do so for a legitimate purpose, such as providing a client with the professional services required;
(c) to appropriate professionals and then for strictly professional purposes only;
(d) to protect a client or other persons from harm; or
(e) to obtain payment for a psychological service, in which instance disclosure is limited to the minimum necessary to achieve that purpose.
(2) When required to do so by law or a court of law, a psychologist shall disclose the confidential information so required.

Multiple clients

28. (1) When more than one client is provided with a psychological service during a joint session (for example with a family or couple, or a parent and child, labour disputants, or a group), a psychologist shall, at the beginning of the professional relationship, clarify to all parties the manner in which confidentiality will be handled.

(2) All clients referred to in subrule (1) shall be given the opportunity to discuss with the psychologist what information is to remain confidential and what information the psychologist is obliged to disclose.

Legally dependent clients

29. (1) A psychologist shall bear in mind that a child’s best interest is of paramount importance in the provision of psychological services that have bearing on the psychological well-being of such child.

(2) A psychologist shall take special care when dealing with children of the age of 14 years or younger.

(3) A psychologist shall, at the beginning of a professional relationship, inform a child or a client who has a legal guardian or who is otherwise legally dependent, of the limits the law imposes on that child's or client's right to confidentiality with respect to his or her communication with the psychologist.
Release of confidential information

30. A psychologist shall release confidential information when ordered to do so by a court of law or when required to do so by law or when authorised to do so in writing by the client concerned or the parent or legal guardian of a minor client.

Reporting abuse of children and vulnerable adults

31. A psychologist shall, in terms of any relevant law or by virtue of professional responsibility, report the abuse of any child or vulnerable adult.

Professional consultations

32. (1) When a psychologist renders professional psychological services as part of a team or when he or she interacts with other professionals concerning the welfare of a client, the psychologist may share confidential information about that client with such team members or other professionals: Provided that the psychologist take all reasonable steps to ensure that all persons who receive such information are informed of its confidential nature and are bound by the rule of professional confidentiality.

(2) When consulting with colleagues, a psychologist –
(a) shall not disclose confidential information that could reasonably be expected to lead to the identification of a client, research participant or other person or organisation with whom he or she has a confidential relationship unless –
(i) he or she has obtained the prior consent of the client, research participant, person or organisation concerned; or
(ii) the disclosure cannot be avoided; and
(b) may disclose information only to the extent necessary to achieve the purposes of the consultation.

Disguising confidential information used for didactic or other purposes

33. A psychologist shall not disclose in his or her writings or lectures or in any other public way confidential information or information that can be linked to an identifiable person which he or she obtained in the course of his or her work with a client, organisation, research participant, supervisee, student or other recipient of his or her psychological services, unless –

   (a) he or she has taken all reasonable steps to disguise the identity of such client, organisation, research participant, supervisee, student or other recipient;

   (b) such client, organisation, research participant, supervisee, student or other recipient has consented to such disclosure in writing; or

   (c) there is other ethical or legal authorisation to do so.

Maintenance, dissemination and keeping of records

34. (1) A psychologist shall create, maintain, store, disseminate and retain records and data relating to his or her scientific and professional work in order to –

   (a) facilitate the efficacious provision of services by him or her or another professional;

   (b) allow for replication of research design and analysis;

   (c) meet institutional requirements;

   (d) ensure accuracy of billing and payments;

   (e) facilitate subsequent professional intervention or inquiry; and

   (f) ensure compliance with all applicable legal provisions.

(2) A psychologist shall maintain confidentiality in creating, storing, accessing, transferring and disposing of records under his or her control, whether these are kept in written, automated or any other form.
(3) A psychologist shall, if confidential information concerning users of psychological services is entered into a database or system of records available to persons whose access has not been consented to by the user, use coding or other techniques to avoid the inclusion of personal identifiers.

(4) A psychologist shall plan in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of his or her unavailability through factors such as death, incapacity or withdrawal from practice.

CHAPTER 4
FEES AND FINANCIAL ARRANGEMENTS

Agreement about fees

35. Notwithstanding the provisions of rule 36, a psychologist and client or other user of the psychological services concerned may negotiate a fee as early as is feasible in a professional or scientific relationship.

Overcharging

36. A psychologist shall not exploit users of psychological services or payers with regard to fees.

Accuracy in billing

37. A psychologist shall not misrepresent his or her fees, nor bill for psychological services partially rendered or not rendered at all.
Limitations

38. If limitations on the provision of psychological services are anticipated because of financial limitations, a psychologist shall, as early as is feasible, discuss such limitations with the client or other user of the psychological services concerned.

Collection of outstanding fees

39. (1) If a client does not pay for psychological services as agreed with the psychologist concerned, and if the psychologist wishes to use a collection agency or take legal steps to collect any outstanding fees, he or she shall first inform the client that such measures will be taken and shall afford the client the opportunity to make prompt payment.

(2) A psychologist shall use only a collection agent who is reputable and registered in terms of the Debt Collectors Act, 1998 (Act No. 114 of 1998), and who will not bring the profession of psychology into disrepute.

Withholding information, reports or records owing to non-payment

40. A psychologist shall not, on the grounds of non-payment of fees, withhold information, reports or records under his or her control which are required for the treatment of the client concerned or for any court action.

Account itemisation

41. (1) A psychologist shall submit billing claims to third-party funders which clearly state the name of the person who provided the psychological services.

(2) When a psychologist supervises another professional, including the intern, registered counsellor, psychometrist, psycho-technician or student who primarily provided the psychological services, the itemised bill and/or
reimbursement form shall contain such psychologist's signature as supervisor and the other professional's signature as service provider. There may be no ambiguity as to who the direct service provider was.

**Barter with clients**

42. A psychologist may barter only if –
   (a) it is not professionally contraindicated;
   (b) the resulting arrangement is not exploitative; and
   (c) it is the client’s only mode of remuneration for the psychological service provided.

**Withholding of emergency services**

43. A psychologist shall not withhold emergency psychological services because the client is unable to guarantee remuneration for such services.

**CHAPTER 5**
**ASSESSMENT ACTIVITIES**

**Assessment in professional context**

44. (1) A psychologist shall perform evaluations and diagnostic services only in the context of a defined professional relationship.

   (2) Assessments, recommendations, reports and psychological diagnostic or evaluative statements by a psychologist shall be based on information and techniques sufficient to substantiate his or her findings.

   (3) A psychologist may provide an opinion of the psychological characteristics of a client only after he or she has conducted an examination of such client that is professionally adequate to support his or her findings.
(4) When, despite reasonable efforts, an examination referred to in subrule (3) is not practical, a psychologist shall document the efforts made, and shall state the probable impact of his or her limited information on the reliability and validity of his or her opinions, and limit the nature and extent of his or her findings accordingly.

(5) When a group assessment is conducted, the psychologist concerned shall declare the limits to his or her findings taking into account that “limits” implies that the score of a group has less reliability and validity than an individually-derived score.

(6) When a psychologist conducts a review of records and the examination of a client is not warranted or necessary to give an opinion, the psychologist shall declare the limits to his or her findings taking into account that “limits” implies that the score of a group has less reliability and validity than an individually-derived score.

(7) When any electronic, internet or other indirect means of assessment is used, the psychologist concerned shall declare this and appropriately limit the nature and extent of his or her findings.

Appropriate use of assessment methods

45. A psychologist who develops, administers, scores, interprets or otherwise uses psychological assessment techniques, interviews, tests, instruments or other measures referred to in the Act shall –

(a) do so in a manner and for purposes that are appropriate in light of the research or evidence of the usefulness and proper application of such assessment methods; and

(b) refrain from misusing assessment techniques, interventions, results and interpretations and take all reasonable steps to prevent others from misusing the information such methods provide, and such misuse includes releasing raw test results or raw data to persons, other than the clients concerned, who are not qualified to use that information.
Informed consent in assessments

46.  (1) A psychologist shall obtain the written, informed consent of a client for assessments, evaluations or diagnostic services.

(2) The written, informed consent referred to in subrule (1) shall contain at least the following:
   (a) Personal details of the client concerned;
   (b) the exact nature of the psychological service(s) to be provided; and
   (c) any limits inherent in providing psychological services to the client, for example –
      (i) a client’s right to refuse participation;
      (ii) exceptions to the requirement of confidentiality; or
      (iii) any potential harmful effects inherent in providing the psychological services concerned.

(3) Written, informed consent as contemplated in subrule (1) is not necessary when –
   (a) testing is a legal requirement;
   (b) informed consent is implied because testing is conducted as a routine educational, institutional or organisational activity (as in job-interview testing); or
   (c) the purpose of the testing by the psychologist is to evaluate decision-making and mental incapacity.

(4) A psychologist shall inform a client with questionable capacity to consent or for whom testing is required by law, of the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the client being assessed.

(5) (a) A psychologist shall, when using the services of an interpreter, obtain the informed consent of a client to use the interpreter, and shall take all reasonable steps to ensure that the confidentiality of test results
and test security are maintained, and shall discuss any limitations of the data obtained.

(b) A psychologist shall remain cognizant of the limits to data obtained via the use of an interpreter and frame his or her conclusions and recommendations accordingly.

(6) A psychologist shall, when conducting automated or internet-based testing, obtain the informed consent of the client and shall –

(a) ensure that the confidentiality of test results and test security are maintained; and

(b) discuss with the client any limitations of the data obtained.

Test development

47. A psychologist who develops and conducts research with tests and other assessment methods shall use scientific procedures and current professional knowledge for test design, standardisation, validation, reduction or elimination of bias, and recommendations for use.

Cultural diversity

48. A psychologist who performs interventions or administers, scores, interprets or uses assessment methods shall –

(a) be familiar with the reliability, validation and related standardisation or outcome studies and the proper applications and uses of the methods he or she uses;

(b) recognise limits to the certainty with which diagnoses, findings or predictions can be made about individuals, especially where there are linguistic, cultural and socio-economic variances; and

(c) make every effort to identify situations in which particular assessment methods or norms may not be applicable or may require adjustment in administration, scoring and interpretation because of factors such as age, belief, birth, colour, conscience, culture, disability, disease, ethnic or social origin, gender, language, marital status, pregnancy, race, religion, sexual
orientation or socio-economic status.

**Communication of results**

49. A psychologist shall ensure that the communication of results of assessment procedures to a client, parent, legal guardian or other person legally authorised to receive such results on behalf of the client is accompanied by such adequate interpretative aids or explanations as may be necessary.

**Information for professional users**

50. (1) A psychologist who offers an assessment procedure or automated interpretation service to another professional shall conduct such service in accordance with the best-practice guidelines for psychometry applicable at the time.

(2) A psychologist shall explicitly state the purpose and application for which the procedure is recommended and identify any special qualifications required to administer, score and interpret it properly, and shall ensure that any advertisements for the assessment procedure or interpretative service are factual and descriptive.

**Interpreting assessment results**
51. (1) When a psychologist interprets assessment results, including automated interpretations, he or she shall take into account the various test factors and characteristics of the client being assessed, such as situational, personal, linguistic and cultural differences that might affect the client’s judgements and reduce the validity of the psychologist’s interpretations.

(2) A psychologist shall indicate any significant reservations he or she may have about the accuracy of his or her interpretation.

**Explaining assessment results**

52. (1) Unless the nature of the relationship is clearly explained in advance to the client being assessed by the psychologist concerned and precludes providing an explanation of the results, for instance in some organisational consulting, pre-employment or security screening and forensic evaluations, the psychologist shall ensure that the explanation of the results is given in language that is reasonably understandable to the client concerned or to another person legally authorised to receive such explanation on behalf of the client.

(2) Regardless of whether the administration, scoring and interpretation of tests are done by a psychologist or by others working with or under such psychologist, or by automated or other outside services, the psychologist concerned shall take all reasonable steps to ensure that appropriate explanations of results are given.

**Test scoring and interpretation services**

53. A psychologist who offers assessment or scoring procedures to other professionals shall –
(a) accurately describe the purpose, norms, validity, reliability and applications of the procedures and any special qualifications applicable to their use:

Provided that the psychologist shall explicitly state the language, cultural and any other limitations of the norms;

(b) select scoring and interpretation services (including automated services) on the basis of evidence of the validity and reliability of the programme and procedures, as well as other appropriate considerations; and

(c) retain responsibility for the appropriate safety, administration, application, interpretation and use of assessment instruments, whether he or she administers, scores and interprets such tests himself or herself or uses automated or other services.

**Release of test data**

54. (1) A psychologist may release test data to another psychologist or another qualified professional by virtue of informed written consent by the client concerned.

(2) A psychologist shall not release test data to a person who is not qualified to use such information, except –

(a) as required by law or a court order;

(b) by virtue of informed written consent by the client concerned; and

(c) to the client concerned; and

(3) A psychologist may refrain from releasing test data referred to in subparagraph (2) to protect his or her client from harm.
Obsolete tests and outdated test results

55. A psychologist shall not base –
   (a) his or her assessment or intervention decision or recommendation on data
       or test results that are outdated for the current purpose; or
   (b) such a decision or recommendation on tests and measures that are obsolete
       and not useful for the current purpose, but shall ensure that tests used have
       been classified by the board and that the provisions of any applicable
       legislation, such as the Employment Equity Act, 1998 (Act No. 55 of 1998),
       have been complied with.

Maintaining test security

56. A psychologist shall take all reasonable steps to maintain the integrity and security
    of tests and other assessment techniques consistent with the law and the code.

CHAPTER 6
THERAPEUTIC ACTIVITIES

Informed consent to therapy

57. When obtaining informed consent to therapy as required in Standard Informed
    Consent Forms, a psychologist shall, as early as is feasible in the therapeutic
    relationship, provide the client concerned with appropriate information, including
    information about the nature and anticipated course of therapy, the fees, the
    involvement of third parties and confidentiality, and when –
(a) obtaining the informed consent of a client for treatment involving emerging areas in which generally recognised techniques and procedures have not been established, the psychologist shall inform the client of the developmental nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of the client’s participation; and

(b) the psychologist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client shall, as part of the informed consent procedure, be informed that the therapist is in training and is being supervised and the client shall be given the name of the supervisor.

Couples or family therapy

58. (1) When a psychologist agrees to render psychological services to two or more persons who have a relationship, such as spouses, parents or children, the psychologist –

   (a) shall clarify at the outset which of the individuals are clients and the relationship such psychologist will have with each person;

   (b) may be called on to perform potentially conflicting roles such as a family therapist and then as a witness in divorce proceedings; and

   (c) shall clarify and modify or withdraw from roles when appropriate.

(2) The clarification referred to in subrule (1)(a) includes the psychologist’s role and the probable use of the psychological services provided or the information obtained.

Group therapy

59. When a psychologist provides psychological services to several persons in a group setting, the psychologist shall, at the outset, describe the roles and responsibilities of all parties and any exceptions to the requirement of confidentiality.
Therapy for those served by others

60. (1) In deciding to render psychological services to those already receiving mental health services, a psychologist shall carefully consider the treatment issues and the potential client’s welfare.

(2) A psychologist shall discuss the issues contemplated in subrule (1) with the potential client or the legally authorised person of such client, for example parent, guardian, attorney or juristic person in a correctional services or juvenile justice setting such as a reformatory, in order to minimise the risk of confusion and conflict, consult with the other service providers when appropriate and proceed with caution and sensitivity to the therapeutic issues.

Sexual intimacies with current therapy clients

61. A psychologist shall not engage in sexual intimacies of any nature (whether verbal, physical or both) with a current client.

Sexual intimacies with relatives or significant others of current clients or patients

62. (1) A psychologist shall not engage in sexual intimacies with an individual he or she knows to be the parent, guardian, spouse, significant other, child or sibling of a current client.

(2) A psychologist shall not terminate therapy to circumvent the prohibition referred to in subrule (1).

Therapy for former sexual partners

63. A psychologist shall not accept as a client any person with whom he or she has engaged in sexual intimacies.
Sexual intimacies with former clients

64. A psychologist shall not engage in sexual intimacies with a former client for at least 24 months after termination of the professional relationship and the onus rests on a psychologist who enters into a sexual relationship with a former client after such a period to demonstrate that there has been no exploitation, bearing in mind all relevant factors, including –
   (a) the period of time that has elapsed since the professional relationship was terminated;
   (b) the nature, duration, and intensity of the professional relationship;
   (c) the circumstances of the termination of the professional relationship;
   (d) the client’s personal history;
   (e) the client’s current mental status;
   (f) the likelihood of an adverse effect on the client; and
   (g) any statements made or actions taken by the psychologist in the course of the professional relationship suggesting or inviting the possibility of a post-termination sexual or romantic relationship with the client.

Interruption of professional services

65. When entering into employment or contractual relationships, or where third-party payers are involved, a psychologist shall take all reasonable steps to provide for the orderly and appropriate resolution of his or her responsibility for client care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client.

Terminating professional services

66. (1) A psychologist shall terminate professional services inclusive of therapy for a client when it becomes reasonably clear that the client no longer needs the
psychological service concerned or is not likely to benefit or is being harmed by continuing that psychological service.

(2) A psychologist may terminate psychological services when threatened or endangered in any way by a client or another person with whom that client has a relationship, in which circumstances careful thought shall be given to an appropriate referral or disposition plan.

(3) Except where precluded by the actions of a client or third-party payer, a psychologist shall, prior to termination, provide pre-termination counselling and suggest alternative service providers, if appropriate.

CHAPTER 7
PSYCHO-LEGAL ACTIVITIES

Competence

67. (1) A psychologist who performs psycho-legal (including forensic) functions, such as assessments, interviews, consultations, reports or expert testimony, shall comply with all the provisions of these rules to the extent that they apply to such activities.

(2) A psychologist shall base his or her psycho-legal work on appropriate knowledge of and competence in the areas underlying such work, including specialised knowledge concerning specific populations.

Basis for psycho-legal opinion

68. A psychologist shall ensure that psycho-legal assessments, recommendations and reports are based on information and techniques sufficient to provide appropriate substantiation for the findings.
Qualified opinions

69. A psychologist may provide written or oral psycho-legal reports or testimony about the psychological characteristics of a client only after he or she has conducted an examination of the client which is adequate to support his or her findings: Provided that when, despite reasonable efforts, such an examination is not feasible, the psychologist shall clarify the effect of his or her limited information on the reliability and validity of his or her reports and testimony, and limit the nature and extent of his or her findings accordingly.

Truthfulness and candour

70. In psycho-legal testimony and reports, a psychologist shall –
   (a) testify truthfully, honestly and candidly and in a manner consistent with the applicable legal procedures; and
   (b) describe fairly the basis for his or her testimony and conclusions.

Conflicting roles

71. (1) A psychologist shall avoid performing multiple and potentially conflicting roles in psycho-legal matters.
   (2) When a psychologist may be called on to serve in more than one role in legal proceedings, for example as a consultant or expert for one party or for the court and as a witness on the facts, he or she shall, in advance and to the extent feasible, clarify his or her role expectations and any exceptions to the requirement of confidentiality in order to avoid compromising his or her professional judgement and objectivity.
Maintenance of expert-witness role

72. A psychologist shall be aware of the conflicting demands made on him or her by the code and the requirements of the court system, and shall attempt to resolve such conflict by making known his or her commitment to these rules and by taking steps to resolve such conflict in a responsible manner.

Prior relationships

73. (1) A prior professional relationship with a client shall not preclude a psychologist from testifying as a witness on the facts to the extent permitted by law.

(2) A psychologist shall take into account the ways in which a prior relationship might affect his or her professional objectivity or opinion and disclose the potential conflict to the attorney or presiding officer whether a client or not.

Role as witness on the facts

74. (1) When a psychologist is required by a court to appear as a witness on the facts, the psychologist is legally obliged to present evidence.

(2) A psychologist may declare his or her reluctance to appear as a witness on the facts by appearing as a witness under protest.

(3) Irrespective of whether a psychologist appears as a witness under protest or not, he or she shall be a truthful and fully disclosing witness.
Accuracy in professional representation

75. (1) A psychologist shall not misrepresent in any manner his or her professional qualifications with regard to education, experience or areas of competence.

(2) A psychologist shall not make false, deceptive or fraudulent statements concerning –

(a) his or her education and training, experience or competence;
(b) his or her academic or professional qualifications;
(c) his or her credentials;
(d) his or her institutional, association or professional society affiliations;
(e) the psychological services he or she provides;
(f) the clinical or scientific basis for or the results or degree of success of his or her psychological services;
(g) his or her fees; or
(h) his or her publications or research findings.

(3) A psychologist may claim a qualification as a credential for his or her psychological services only if such qualification –

(a) was obtained from a nationally accredited institution; or
(b) formed the basis for his or her registration with the board.

Statements by others

76. A psychologist who engages others to create or place a public statement that promotes his or her professional practice, products or activities shall retain professional responsibility for such statements and –

(a) shall not compensate employees of the press, radio, television or other communication medium in return for publicity in a news item;
(b) if a paid advertisement pertaining to the psychological services rendered by that psychologist is published, such services must be identified or be clearly recognisable unless such services are already apparent from the context of that advertisement;
(c) when a psychologist provides advice or comment by means of a public lecture, demonstration, radio or television programme, pre-recorded tape, printed article, mailed material, internet or other electronic transmission, or any other media, he or she shall take all reasonable precautions to ensure that –

(i) such advice or comment is based on appropriate psychological literature and practice and is consistent with these rules; and

(ii) the recipients of such advice or comment are not encouraged to infer that a personal relationship has been established between the psychologist concerned and them;

(d) shall not solicit testimonials from a current client or any other person who, because of his or her particular circumstances, is vulnerable to undue influence; and

(e) shall take immediate steps to correct any misrepresentation of himself or herself that may be made by others in any media.

In-person solicitation

77. (1) A psychologist shall not engage, directly or through an agent, in uninvited in-person solicitation of business from actual or potential clients or other persons who, because of their particular circumstances, are vulnerable to undue influence.

(2) The prohibition contained in subrule (1) does not preclude a psychologist from –

(a) attempting to establish appropriate collateral contacts for the purpose of benefiting a client; or

(b) providing emergency, disaster or community outreach psychological services.
Description of workshops and educational programmes

78. (1) A psychologist associated with an announcement, flyer, brochure or advertisement which describes a workshop, seminar or educational programme for non-degree purposes shall ensure that such announcement, flyer, brochure or advertisement accurately describes—
(a) the audience for which such workshop, seminar or programme is intended;
(b) the educational objectives;
(c) the presenters;
(d) the fees involved; and
(e) the restrictions on practice namely that such workshop, seminar or programme does not allow people to claim competencies beyond those provided by the workshop.
(2) A workshop, seminar or programme referred to in subrule (1) shall not create any impression with a person not registered with the council as a psychologist that such workshop, course or programme will lead to registration as a psychologist.

CHAPTER 9
TEACHING, TRAINING AND SUPERVISION

Design of education and training programmes

79. A psychologist responsible for an education and training programme shall seek to ensure that such programme is competently designed and provides for proper education and training and meets the requirements for competency which it claims to provide and meet.
Descriptions of education and training programmes

80. (1) A psychologist responsible for an education and training programme shall provide a current and accurate description of the programme content, training goals and objectives, and shall set objective requirements that must be met for entrance into and satisfactory completion of that programme.

(2) The psychologist concerned shall ensure that the description of the programme content, training goals and objectives, and the objective requirements referred to in subrule (1) are readily available to all interested parties.

Accuracy and objectivity in teaching

81. When engaged in teaching or training, a psychologist shall –

(a) present psychological information accurately and with a reasonable degree of objectivity; and

(b) recognise the power he or she holds over students, supervisees and trainees, and shall therefore make every reasonable effort to avoid engaging in conduct that is demeaning to such persons and shall ensure that the constitutional rights of such persons are upheld.

Student or trainee disclosures

82. A psychologist shall not require a student, supervisee or trainee to disclose, either orally or in writing, personal information regarding his or her sexual history, history of abuse or neglect, psychological treatment, or relationship with a parent, peer, or spouse, except if such information is necessary to evaluate or obtain assistance for such student, supervisee or trainee whose personal problems could reasonably be judged to be preventing him or her from performing his or her work-related activities in a competent manner or posing a threat to himself or herself or others.
Mandatory individual or group therapy or experiential activities

83. (1) A psychologist shall not impose individual or group therapy on any trainee student as a mandatory programme requirement.

(2) Where individual or group therapy is recommended in a programme, the psychologist associated with that programme shall allow a student, supervisee or trainee the option of –
   (a) withdrawing from such therapy; or
   (b) selecting similar therapy outside the programme.

Assessing performance

84. In an academic and supervisory relationship, a psychologist shall establish an appropriate process for providing feedback to a student, supervisee or trainee, and the psychologist shall evaluate such student, supervisee or trainee on the basis of his or her actual performance on relevant and established programme requirements determined objectively by the psychologist.

Sexual intimacies with student, supervisee or trainee

85. A psychologist shall not engage in a sexual relationship with a student, supervisee or trainee who is in his or her department, agency or training centre or over whom the psychologist has or is likely to have evaluative authority.
A psychologist shall plan and conduct research in a manner consistent with the law, and with internationally acceptable standards for the conduct of research, in particular those national and international standards for research with human participants and animal subjects.

Institutional approval

A psychologist shall –

(a) obtain written approval from the host institution or organisation concerned prior to conducting research;

(b) provide the host institution or organisation with accurate information about his or her research proposals; and

(c) conduct the research in accordance with the research protocol approved by the institution or organisation concerned.

Research responsibilities

Prior to conducting research (except research involving only anonymous surveys or naturalistic observations, or similar research), a psychologist shall enter, with every participant, into an agreement that sets out the nature of the research and the responsibilities of each party.
Informed consent to research

89. (1) A psychologist shall use language that is reasonably understandable to the research participant concerned in obtaining his or her informed consent.

(2) Informed consent referred to in subrule (1) shall be appropriately documented, and in obtaining such consent the psychologist shall –

(a) inform the participant of the nature of the research;
(b) inform the participant that he or she is free to participate or decline to participate in or to withdraw from the research;
(c) explain the foreseeable consequences of declining or withdrawing;
(d) inform the participant of significant factors that may be expected to influence his or her willingness to participate (such as risks, discomfort, adverse effects or exceptions to the requirement of confidentiality);
(e) explain any other matters about which the participant enquires;
(f) when conducting research with a research participant such as a student or subordinate, take special care to protect such participant from the adverse consequences of declining or withdrawing from participation;
(g) when research participation is a course requirement or opportunity for extra credit, give a participant the choice of equitable alternative activities; and

(h) in the case of a person who is legally incapable of giving informed consent, nevertheless—

(i) provide an appropriate explanation;
(ii) obtain the participant's assent; and
(iii) obtain appropriate permission from a person legally authorised to give such permission.
Dispensing with informed consent

90. Before deciding that planned research (such as research involving only anonymous questionnaires, naturalistic observations, or certain kinds of archival research) does not require the informed consent of a participant, a psychologist shall consider the applicable regulations and institutional review board requirements, and shall consult with colleagues as may be appropriate.

Informed consent in research filming or recording

91. A psychologist shall obtain the informed consent of the participant concerned prior to filming or recording him or her in any way, unless the research simply involves naturalistic observations in public places and it is not anticipated that the film or recording will be used in a manner that could cause the participant to be identified or harmed.

Offering inducements to research participants

92. In offering professional psychological services as an inducement to obtain the participation of a person in research, a psychologist shall –
   (a) explain the nature of such services, as well as the risks, obligations and limitations involved; and
   (b) not offer excessive or inappropriate financial or other inducements to obtain the person’s participation, particularly when such inducement might tend to exert undue influence on that person to participate.
Deception in research

93.  (1) A psychologist shall not conduct a study involving deception unless he or she has established that the use of deceptive techniques is justified by the study’s prospective scientific, educational or applied value and that equally effective alternative procedures that do not use deception are not feasible.

(2) A psychologist shall not deceive a research participant about significant matters that would affect such participant’s willingness to participate, such as physical risks, discomfort or unpleasant emotional experiences.

(3) Any other deception that is an integral feature of the design and conduct of an experiment shall be explained by a psychologist to a research participant as early as is feasible, preferably at the conclusion of that participant’s participation, but not later than at the conclusion of the research.

Debriefing of research participants

94. A psychologist shall, without delay, afford a participant the opportunity to obtain appropriate information about the nature, results and conclusions of the research, and the psychologist shall attempt to correct any misconceptions that that participant may have and –

(a) if scientific or humane values justify delaying or withholding such information, the psychologist shall take reasonable measures to reduce the risk of harm; or

(b) when the psychologist becomes aware that research procedures have harmed the participant, he or she shall take all reasonable steps to minimise the harm.

Care and use of animals in research

95. A psychologist who conducts research involving animals shall treat such animals humanely and according to international standards.
Reporting research results

96. A psychologist shall not fabricate data or falsify results in any publication of research findings such as a book, a journal article or an in-house professional report, and if he or she discovers significant errors in any published data, he or she shall take all reasonable steps to correct those errors in a correction, a retraction, an erratum or other appropriate means of publication.

Plagiarism

97. A psychologist shall not present substantial portions or elements of another person’s work or data as his or her own, even if the other work or data source is cited occasionally.

Publication credit

98. (1) A psychologist may take responsibility and credit, including authorship credit, only for –
   (a) work he or she has actually performed or to which he or she has contributed;
   (b) principal authorship or other publication credits if these accurately reflect his or her relative scientific or professional contribution to the publication concerned, regardless of his or her relative status; or
   (c) minor contributions to research or publications, which shall be appropriately acknowledged, such as in footnotes or in an introductory statement.
(2) The mere holding of an institutional position, such as chairperson of a department, shall not entitle a psychologist to any authorship credit.

(3) A student shall be listed as principal author of any multiple-authored article if that article is substantially based on such student's dissertation or thesis.

Publication of non-original data

99. (1) A psychologist shall not publish as original data, any data that have been published previously.

(2) Subrule (1) does not preclude the republication of data when such republication is accompanied by proper acknowledgement of the original author.

Sharing data

100. After research results have been published, a psychologist shall not withhold the data on which his or her conclusions are based from other competent professionals who seek to verify the substantive claims through re-analysis and who intend to use such data only for that purpose: Provided that confidentiality with respect to any research participant can be maintained and legal rights concerning proprietary data do not preclude the release thereof.

Professional reviewers

101. A psychologist who reviews submissions submitted for a publication or a grant or as a research proposal shall respect the confidentiality of and the proprietary rights in those submissions which are vested in those who submitted such submissions.
CHAPTER 11
RESOLVING ETHICAL ISSUES

Uncertainty about ethical issues

102. When a psychologist is uncertain whether a particular situation or course of action would violate these rules, he or she shall consult with another psychologist knowledgeable about ethical issues, with an appropriate national psychology ethics committee, or with another appropriate authority in order to make the proper decision.

Conflicts between ethics and law

103. (1) If a psychologist’s ethical responsibilities conflict with the law, such psychologist shall make known his or her commitment to these rules and take steps to resolve the conflict.

(2) If the conflict referred to in subrule (1) cannot be resolved, the psychologist concerned shall comply with the requirements of the law.

Conflicts between ethics and organisational demands

104. If the demands of an organisation with which a psychologist is affiliated, conflict with these rules, the psychologist shall clarify the nature of the conflict, shall make known
his or her commitment to these rules and shall, to the extent feasible, seek to resolve
the conflict in a way that permits the fullest compliance with these rules.

Informal resolution of ethical violations

105. When a psychologist believes that there may have been an ethical violation by
another psychologist, he or she shall attempt to resolve the issue by bringing it to the
attention of that other psychologist if an informal resolution appears appropriate and
the intervention does not violate any confidentiality rights that may be involved.

Reporting ethical violations

106. (1) If the informal resolution of an apparent ethical violation is not appropriate or if
such a violation cannot properly be resolved in that fashion, a psychologist shall
take such further action as is appropriate to the situation, unless that action
conflicts with confidentiality rights in a manner that cannot be resolved.

(2) Any action referred to in subrule (1) may include referral to an appropriate
professional ethics committee or colleague for arbitration, conciliation, or advice
on a further course of action.

Reporting colleague impairment

107. (1) If a psychologist has a reasonable basis for suspecting that a colleague is
professionally impaired owing to a psychological disturbance, a physical illness
or substance abuse, he or she shall timeously inform the health committee of
his or her concerns.
(2) Where a psychologist informs the health committee as contemplated in subrule (1), factual proof shall not be required: Provided the psychologist has bona fide concerns.

(3) The health committee shall consider the matter and may initiate an investigation by the appropriate organ of the board.

Co-operating with ethics committees

108. (1) A psychologist shall give his or her full cooperation with respect to an ethics investigation, any proceedings or any related requirements of the board and shall, for purposes of such investigation, proceedings or requirements, make a reasonable effort to resolve any issues relating to confidentiality.

(2) Failure by a psychologist to cooperate as contemplated in subrule (1) shall in itself be an ethics violation.

Improper complaints

109. A psychologist shall not file or encourage the filing of an ethics complaint that is frivolous and is intended to harm the psychologist against whom the complaint is brought rather than protect the public.
Discrimination against complainant or respondent

110. (1) A psychologist shall not deny any person treatment, employment, advancement, promotion or admission to a training programme on the grounds of that person’s having made or having been the subject of an ethics complaint.

(2) The prohibition contemplated in subrule (1) does not preclude a psychologist from taking action based on the outcome of an inquiry held in terms of Chapter IV of the Act.

Disciplinary sanctions

111. (1) Behaviour by a psychologist that is unprofessional, immoral, unethical, negligent or deceptive or that fails to meet the minimum reasonable standards of acceptable and prevailing psychology practice shall include, but not be limited to, any act or practice that violates these rules, or the Act, or any regulations that are made under the Act and that are applicable to a psychologist, or board notices or board resolutions.

(2) The provisions of subrule (1) are applicable to a psychologist and to anyone under his or her supervision.

(3) The board shall have the power to impose any sanction that is provided for in the Act.
Eight Batho Pele principles were developed to serve as acceptable policy and legislative framework regarding service delivery in the public service. These principles are aligned with the Constitutional ideals of:

- Promoting and maintaining high standards of professional ethics;
- Providing service impartially, fairly, equitably and without bias;
- Utilising resources efficiently and effectively;
- Responding to people's needs; the citizens are encouraged to participate in policy-making; and
- Rendering an accountable, transparent, and development-oriented public administration

THE BATHO PELE PRINCIPLES ARE AS FOLLOWS:

1. **Consultation**

   There are many ways to consult users of services including conducting customer surveys, interviews with individual users, consultation with groups, and holding meetings with consumer representative bodies, NGOs, and CBOs. Often, more than one method of consultation will be necessary to ensure comprehensiveness and representativeness. Consultation is a powerful tool that enriches and shapes government policies such as the Integrated Development Plans (IDPs) and its implementation in Local Government sphere.

2. **Setting service standards**

   This principle reinforces the need for benchmarks to constantly measure the extent to which citizens are satisfied with the service or products they receive from departments. It also plays a critical role in the development of service delivery improvement plans to ensure a better life for all South Africans. Citizens should be involved in the development of service standards.

   Required are standards that are precise and measurable so that users can judge for themselves whether or not they are receiving what was promised. Some
standards will cover processes, such as the length of time taken to authorise a housing claim, to issue a passport or identity document, or even to respond to letters.

To achieve the goal of making South Africa globally competitive, standards should be benchmarked (where applicable) against those used internationally, taking into account South Africa’s current level of development.

3. **Increasing access**

One of the prime aims of Batho Pele is to provide a framework for making decisions about delivering public services to the many South Africans who do not have access to them. Batho Pele also aims to rectify the inequalities in the distribution of existing services. Examples of initiatives by government to improve access to services include such platforms as the Gateway, Multi-Purpose Community Centres and Call Centres.

Access to information and services empowers citizens and creates value for money, quality services. It reduces unnecessary expenditure for the citizens.

4. **Ensuring courtesy**

This goes beyond a polite smile, ‘please’ and ‘thank you’. It requires service providers to empathize with the citizens and treat them with as much consideration and respect, as they would like for themselves.

The public service is committed to continuous, honest and transparent communication with the citizens. This involves communication of services, products, information and problems, which may hamper or delay the efficient delivery of services to promised standards. If applied properly, the principle will help demystify the negative perceptions that the citizens in general have about the attitude of the public servants.

5. **Providing information**

As a requirement, available information about services should be at the point of delivery, but for users who are far from the point of delivery, other arrangements will be needed. In line with the definition of customer in this document, managers and employees should regularly seek to make information about the organisation, and all other service delivery related matters available to fellow staff members.

6. **Openness and transparency**

A key aspect of openness and transparency is that the public should know more about the way national, provincial and local government institutions operate, how
well they utilise the resources they consume, and who is in charge. It is anticipated that the public will take advantage of this principle and make suggestions for improvement of service delivery mechanisms, and to even make government employees accountable and responsible by raising queries with them.

7. Redress

This principle emphasises a need to identify quickly and accurately when services are falling below the promised standard and to have procedures in place to remedy the situation. This should be done at the individual transactional level with the public, as well as at the organisational level, in relation to the entire service delivery programme.

Public servants are encouraged to welcome complaints as an opportunity to improve service, and to deal with complaints so that weaknesses can be remedied quickly for the good of the citizen.

8. Value for money

Many improvements that the public would like to see often require no additional resources and can sometimes even reduce costs. Failure to give a member of the public a simple, satisfactory explanation to an enquiry may for example, result in an incorrectly completed application form, which will cost time to rectify.
HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

MISSION

The Health Professions Council of South Africa and the Professional Boards which function under its auspices, including the Professional Board for Psychology, protect the interests of the public through the establishment and maintenance of standards of education, training, practitioner competence and the professional conduct of relevant health professionals.

INFORMATION DOCUMENT

This document is made available to all members of the health professions upon their registration in terms of the Health Professions Act, 1974. The Health Professions Council of South Africa, therefore, takes this opportunity to congratulate each and every newly-qualified intern and practitioner on the successful completion of his or her studies and entry into the chosen profession.

Council trusts that the information presented in this document will be of assistance and will form the basis for good communication between professionals and the Council/Professional Boards.

1. Question: **Is it permissible to do the 12 month’s internship on a part time basis**

   **Response**

   The internship is a **full-time** internship of 12 months and at least 40 hours per week.

2. **Question:** May I do my internship at different institutions?

   **Response**
You may do your internship at different institutions. However, you will be required to furnish the Board with the following documents:

i. internship programme from each institution indicating the period of internship;

ii. letters from the supervising psychologist/s, registered in the same category wherein it is confirmed that he/she would be willing to act as supervisor for the duration of the internship;

iii. letters from the different training institution/s consenting to accommodate you as intern for the duration of the internship;

iv. a letter from the collaborating department of psychology at the university agreeing to act as such for the duration of the internship.

3. **Question:** May I do my internship with a private psychologist?

**Response**

A **MAXIMUM** period of **ONLY** three months of any specially tailored internship programme may be served in a private practice in which case the private practitioner must comply with the requirements to act as a supervising psychologist. In no circumstances may an intern work in or be employed in a private practice, as an intern or as a psychologist, unless this arrangement forms part of an internship training programme which has been formally approved by the Professional Board for Psychology.

(See Form 160)(Guidelines for Universities, Training Placements and Intern Psychologists)

4. **Question:** Do you have a list of institutions where I can do my internship?

**Response**

The Board has a list of our accredited institutions for the training of intern psychologists (form 77), please visit our website: www.hpcsa.co.za

(See form 77)

5. **Question:** May I interrupt my internship and then continue at a later stage?

**Response**
During the first term of internship, only a **full time** period of **not less than 6 months** will be recognised and thereafter **only full time periods of not less than 3 months**.

If an internship is interrupted (e.g. because of illness) during the first term of internship, **ONLY** a full time period of **not less than 6 months** will be recognised by the Professional Board for Psychology and thereafter only full time periods of **not less than 3 months**. This must be done with the permission of the Board.

(See form 160 (Guidelines for Universities, Training Placements and Intern Psychologists)

6. **Question:** If I experience problems with my internship, what should I do?

**Response**

If you and/or your supervising psychologist realised that you will not be in a position to complete your internship within the 12 months provided therefore since you have a problem with e.g. a module in the internship, you or your psychologist could request the Education Committee in writing for extension of the internship and the reasons for the extension must be clearly indicated. The time needed to complete the internship must also be indicated in the letter.

7. **Question:** After the M1 year, how long do I have to register as an intern?

**Response**

An internship **MUST** commence **within two years** of completing the first year of a directed Master’s degree. In exceptional circumstances the Professional Board for Psychology may permit a longer lapse of time, provided the university concerned supports the application in writing, and the Professional Board for Psychology finds a fully motivated application acceptable.

A **maximum** period of **one year** after completion of an internship will be allowed for completion of the dissertation of the Master’s degree.

(See form 160: Guidelines for Universities, Training Placements and Intern Psychologists)

8. **Question:** Are there specific timeframes for registration?

A **maximum** period of **one year** after completion of an internship will be allowed for completion of the dissertation of the Master’s degree.
An extension of 4 months will be granted from date of expiry of the two year timeframe, subject to receipt of a letter from the university, confirming that the dissertation has been handed in for final examination.

Interns who-

a. are not in a position to register within 2 years and 4 months from date of registration as an intern have to complete a further approved and uninterrupted internship of 3 month’s duration;

b. exceed the timeframe for registration by 3 to 4 years, have to complete a further approved and uninterrupted internship of 6 month’s duration;

c. exceed the timeframe for registration with 5 years have to complete a further approved internship of 12 month’s duration.

PSYCHOLOGIST

1. **Question:** If I complete my Master’s degree, what are the requirements for registration as a Psychologist?

**Response**

In order to register as psychologist your dissertation and the internship have to be completed and thereafter you have to sit for the National Board’s Examination.

If your dissertation is completed and you are in the last 3 months of your internship, you could apply to sit for the examination.

If your internship is completed and you are still in the process to complete the dissertation, you could sit for the examination once you handed in the final dissertation.

2. **Question:** What is the procedure to apply for the examination of the Board?

**Response**

Form 260 (application to sit for the Board Examination) has to be duly completed and submitted to the Board on or before the deadline as specified in the examination guidelines (form 255).

3. **Question:** After completion of the examination, which forms must be completed to register as Psychologist?

**Response**
Form 24-PS must be duly completed and send to the Registration Department of the HPCSA together with all the relevant documents mentioned in the form.

4. **Question**: I have my Master’s degree results, but the actual graduation will take place later, what should I do to register?

**Response**

The university may complete form 23, section C, confirming that you have comply with all the academic requirements of the Master's degree.

5. **Question**: What is a Notary Public?

**Response**

A Notary Public is an attorney who specialised in the certification of documents.

6. **Question**: Are Psychologists required to community service?

**Response**

Currently only clinical psychologists are required to do community service.

Clinical psychologists are required to register with the HPCSA **prior** to commencement of community service. Form 24-PS has to be duly completed.

On completion of the 12 month’s community serve they are required to submit the following documents:

Forms **23 (independent practice)** and **27 (community service)**.

### National board examination for psychologists, registered counsellors and psychometrists

1. **Question**: Who are required to sit for examination?

**Response**

All persons who wish to register in any of the psychology registration categories have to sit for the examination prior to registration, e.g psychologist, registered counsellor or psychometrist.
2. **Question:** I am required to do community service when may I write the examination?

**Response**

You may either write the National Examination prior to commencement with community service, during your community service year or after successful completion of the 12 month's community service, but prior to registration for independent practice/private practice.

3. **Question:** What are the examination dates and the closing dates for applications?

**Response**

The examinations are conducted on the first Wednesday of February, June and October of each year in all the major centres, i.e. Cape Town, Port Elizabeth, Bloemfontein, Durban, Johannesburg, Pretoria and Polokwane.

The closing dates for applications to write the examination are as follows:

- **31 December for the February examination**
- **30 April for the June examination** *(Due to the fact that there is Soccer World Cup in June/July 2010, the 2nd session exams will be held on first Wednesday of May 2010).*
- **31 August for the October examination**

(See form 255: Generic Examination Guidelines for Psychologists, Registered Counsellors and Psychometrists)

4. **Question:** Is the examination base on the theory that formed part of the university degree?

**Response**

The National Examination does not assess theoretical knowledge, as this is examined by the universities. The National Examination focuses on issues within the South African context, e.g. multi-cultural issues, HIV/AIDS, ethics, the ability to assess, diagnose and plan the necessary intervention, etc.

The Examinations of the Board are **not** open book examinations. Each examination is a three hour written paper of 100 marks. The examination papers for psychologists contain only paragraph questions and the examination papers for
registered counsellors and psychometrists multiple choice questions, as well as paragraph questions.

The examination paper for registered counsellors is a **generic** examination paper and is not category specific. The same principle applies to the examination paper for clinical, counselling and educational psychology. There are examination papers for:

i. Clinical, counselling and educational psychology
ii. Industrial psychology;
iii. Research psychology;
iv. Registered counsellors (generic paper)
v. Psychometrists (independent practice)

(See form 255: Generic Examination Guidelines for Psychologists, Registered Counsellors and Psychometrists)

5. **Question:** What are the examination fees and when is the deadline for payment of the fees?

<table>
<thead>
<tr>
<th>Psychologists:</th>
<th>R726, 00</th>
</tr>
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<tbody>
<tr>
<td>Psychometrists:</td>
<td>R363, 00</td>
</tr>
<tr>
<td>Registered counsellors:</td>
<td>R363, 00</td>
</tr>
</tbody>
</table>

**Proof of payment of the examination fees, (eg. a deposit slip) must be submitted together with the application form for the examination.**

**No candidate will be permitted to sit for the examination unless the examination fee has been paid and proof sends to the Board**

**PLEASE NOTE THAT THE EXAMINATION FEE WILL INCREASE EACH YEAR**

6. **Question:** When is the annual fee payable?

**Response**

Any person having to register with Council for the first time after completing his or her period of education and training and qualifying for registration in any year, will be liable to pay the said registration fee on registration plus the applicable annual fee for the “registration year” which starts on 1 April subsequent to his or her date of registration. On payment of the annual fee, a practising card will be issued which shall be valid until 31 March of the following year as proof of holding registration in the registration and professional category specified on that practicing card.
7. **Question:** If my name is placed on the examination list and I am unable to sit for the examination, may I request to postpone until the next examination?

**Response**

Candidates who will not be in a position to write the examination have to advise the Board at least **48 hours prior** to the examination date, **failing which the candidates will be liable for payment of the examination fee.**

8. **Question:** What is the pass mark for the examination?

**Response**

The pass mark for the examinations is 70% and candidates are required to obtain a **sub-minimum of 70%** for the question on ethics, in order to pass the examination.

9. **Question:** How long after the examination will the results be available?

**Response**

The results of the examinations will be available **± 3 weeks after the date of the examination** and will be communicated to you in writing.

10. **Question:** If I am unsuccessful in the examination, may I sit for another examination?

**Response**

If you are unsuccessful in the examination you may repeat the examination as many times as you wish within a two year time frame. You are required to advise the Board in writing on or before the closing date of the specific examination of which you intention to re-write the examination.

11. **Question:** May I ask for a remark of my script?

**Response**

You may apply for a remark of your examination script **once only.** The written application has to be submitted to the Board within **one week** of date of receipt of the examination results.

The fees payable for a remark is 50% of the examination fee.
Erasure of name from the register

1. **Question:** I will be working abroad for the next 2-3 years. What should I do about my registration with HPCSA?

**Response**

You have two options, namely to pay your annual fee every year or alternatively to request in writing that your name be removed from the relevant register in terms of section 19(1)(c) of the Health Professions Act, 1974 (Act 56 of 1974), i.e. at your own request.

Restoration of the name

1. **Question:** My name is removed from the register due to non-payment of annual fees. What is the procedure to restore my name to the register?

**Response**

A **Restoration of name to the register after voluntary erasure in terms of Section 19(1)(c) of the Act:**

1. Application from a practitioner who has NOT been practising his/her profession:

   1.1 If a practitioner’s name is voluntarily removed from the register and the practitioner was not practicing his/her profession, the following will apply:

   - If a person requests reinstatement following a period exceeding two (2) years from the date of erasure, the professional board concerned may impose one or more of the following conditions before reinstating such a practitioner onto the register:

     (a) a period of supervised practice as may be determined by the Professional Board will be required; or

     (b) any form of assessment as determined by the relevant Professional Board, including a written or oral and/or clinical examination in relevant areas of practice.

   - Upon successful completion of these requirements, the practitioner may then be restored to the register subject to the payment of the necessary fees.
1.2 The following have to be submitted with the application for restoration:

(a) A duly completed application form, Form 18 signed in front of a Commissioner of Oaths;

(b) The applicable annual fee for that year; and

(c) Any proof of CPD activities attended to during the time of erasure.

2. Application from a practitioner who HAS BEEN practising his/her profession outside SA:

If a practitioner has been registered with an acceptable other Professional Board or an equivalent licensing institution/body/regulating authority outside South Africa the following will apply:

- A duly completed application form, Form 18, signed in front of a Commissioner of Oaths;

- The applicable restoration fee for that year;

- A Certificate of Good Status, which is not older than three months, issued by the country/institution/body/regulating authority;

- A detailed CV detailing the work experience with proof of registration/work experience in that country; and

- Proof of compliance with the CPD requirements of that country/institution/body/regulating authority or a summary of CPD activities with accompanying certificates completed during the period of erasure.

B Restoration of name to the register after erasure in terms of Section 19(1)(d) of the Act, failure to pay the annual fee:

1. If a practitioner's name is removed from the register in terms of Section 19 (1) (d) for a period exceeding two (2) years, the professional board concerned may impose one or more of the following conditions before reinstating such a practitioner onto the register:-

   (a) a period of supervised practice as may be determined by the Professional Board; or
(b) any form of assessment as determined by the relevant Professional Board, including a written or oral and/or clinical examination in relevant areas of practice.

2. If a practitioner’s name is removed from the register for a period less than two (2) years, such a practitioner may be restored onto the register without having to comply with the requirements stipulated in 1 above.

3. Practitioners wishing to restore their names in the categories 1 and 2 above shall pay the necessary restoration fees as stipulated in the regulations.

4. In addition to the payment of restoration fees, a practitioner should provide proof of CEUs that may have been collected during this period.

Further to the payment of restoration fees, the Regulations also stipulate that an application for restoration form, Form 18 has to be completed and signed in front of Commissioner of Oaths and should accompany any application for restoration. The restoration application can only be processed upon receipt of the duly completed form and the proof of payment of the applicable restoration fee.

5. Upon successful completion of these requirements, the practitioner may then be restored to the register subject to the payment of the necessary fees.

C Restoration of name to the register following disciplinary action:

1. These applications should be submitted to the relevant professional board for their specific resolution and should include the following:

   - Evidence that the practitioner is a fit and a proper person to be so restored and that he or she is sufficiently rehabilitated.

   - Documentation stipulated in the application form for restoration of a name to the register indicating that the applicant has reformed or rehabilitated him/herself to such an extent that he/she is a fit and proper person to be enrolled on the register as outlined in Form 115;

2. If a practitioner's name is removed from the register for disciplinary reasons the following will apply:

   - If a person requests reinstatement following a period exceeding two (2) years, the professional board concerned may impose one or more of the following conditions before reinstating such a practitioner onto the register:

     (a) a period of supervised practice as may be determined by the Professional Board; or
(b) any form of assessment as determined by the relevant Professional Board, including a written or oral and/or clinical examination in relevant areas of practice.

- Upon successful completion of these requirements, the practitioner may then be restored to the registered subject to the payment of the necessary fees.

D Reinstatement of name following ill health or impairment:

1. When a practitioner who had been exempted from payment of the annual fee due to ill health or who had been suspended due to impairment in terms of Section 51 of the Act, applies for reinstatement of his/her name to the register s/he has to submit a certificate of fitness or documentary evidence in support of the reinstatement issued by an appropriately qualified registered practitioner.

2. The application for reinstatement for impaired practitioners should be submitted to the Health Committee.

3. All other health related applications should be submitted to the Registrar.

- If a practitioner’s name is removed from the register for ill health or impairment reasons, the professional board concerned may impose one or more of the following conditions before reinstating such a practitioner onto the register:

  (a) a period of supervised practice as may be determined by the Professional Board; or

  (b) any form of assessment, including a written or oral and/or clinical examination in relevant areas of practice.

4. Council must be satisfied on the basis of objectively ascertainable evidence that the applicant is competent and a fit and proper person to continue practice of the profession.

E Generic Considerations For Restoration

1. Council reserves the right not to restore a practitioner if it is not satisfied that the applicant practitioner is a fit and proper person to be so restored based on objectively ascertainable criteria and evidence as listed in the categories herein above.

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