

**REPORT OF THE MINISTERIAL TASK TEAM (MTT) TO INVESTIGATE
ALLEGATIONS OF ADMINISTRATIVE IRREGULARITIES,
MISMANAGEMENT AND POOR GOVERNANCE AT THE HEALTH
PROFESSIONS COUNCIL OF SOUTH AFRICA (HPCSA):
A CASE OF MULTI-SYSTEM FAILURE**

CHAIRPERSON: PROFESSOR BONGANI M MAYOSI

MEMBERS: Dr. MOHAMED ADAM, Dr. MOTODI MASERUMULE, Dr. NKAKI
MATLALA, Dr. RALPH MGIJIMA, Dr. LUYANDA MTUKUSHE

TECHNICAL SUPPORT: Dr. MOLAPANE CHEUE-SHABANGU, PROFESSOR
MAILA JOHN MATJILA

18 October 2015

ABBREVIATIONS AND ACRONYMS

ASSA	Association of Surgeons of South Africa
CEO	Chief Executive Officer
CIO	Chief Information Officer
CPD	Continuing Professional Development
COO	Chief Operations Officer
COSMO	Community Service Medical Officer
COUNCIL	Health Professions Council of South Africa
CEU	Continuing Education Units
DOH	Department of Health
ECFMG	Educational Certification for Foreign Medical Graduates
ECM	Examination Committee (of the Medical and Dental Professions Board)
ERS	Enterprise Resource System
ETQA	Education and Training Quality Assurance
EXCO	Executive Committee of the Health Professions Council of South Africa
FMW	Foreign Medical Workforce
FOSAS	Federation of South African Surgeons
FSHPC	Forum of Statutory Health Professions Councils
FWMP	Foreign Workforce Management Programme (of the Department of Health)
ICT	Information Communication Technology
IT	Information Technology
HEQF	Higher Education Qualifications Framework
HPCSA	Health Professions Council of South Africa
HR	Human Resources
MOH	Minister of Health
MDPB	Medical and Dental Professions Board
MSF	Medecins Sans Frontieres
MTT	Ministerial Task Team to investigate the HPCSA
NEHAWU	National Education Health and Allied Workers Union
NHRIS	National Human Resource Information System
NQF	National Qualifications Framework
PACASA	Professional Association of Clinical Associates of South Africa
PETM	Postgraduate Education and Training (Medical) Committee (of the MDPB)
PFMA	Public Finance Management Act
PPPFA	Preferential Procurement Policy Framework Act 5 of 2000
PsySSA	Psychological Association of South Africa
RSSA	Radiological Society of South Africa

SADA	South African Dental Association
SAIEH	South African Institute of Environmental Health
SAMA	South African Medical Association
SAMDC	South African Medical and Dental Council
SAOPA	South African Orthotic and Prosthetic Association
SAPA	South African Paediatric Association
SAPC	South African Pharmacy Council
SAPPF	South African Private Practitioners Forum
SASA	South African Society of Anaesthetists
SASP	South African Society of Physiotherapists
SAQA	South African Qualifications Authority
SOP	Standard Operating Procedure
SORSA	Society for Radiographers of South Africa
UKZN	University of KwaZulu Natal
WHO	World Health Organization
YWCA	Young Women's Christian Association

TABLE OF CONTENTS

Contents

ABBREVIATIONS AND ACRONYMS	2
TABLE OF CONTENTS	4
SECTION 1: SUMMARY	7
Overview of the Health Professions Council of South Africa	7
Reasons for the appointment of the Ministerial Task Team.....	7
Terms of reference of the MTT	7
Methods used by the MTT	8
Findings.....	8
Recommendations.....	11
SECTION 2: INTRODUCTION	12
SECTION 3: OBJECTIVE AND SPECIFIC AIMS (TERMS OF REFERENCE)	14
SECTION 4: METHODS.....	16
SECTION 5: FINDINGS	18
5.1 Is there evidence of administrative irregularities, mismanagement and poor governance at the HPCSA (including the procurement procedures followed in the acquisition of the ORACLE information system)?.....	18
5.2 What is the veracity of the allegations that were purportedly made by more than 30 members of staff of the HPCSA (with specific reference to the effectiveness and efficiency of the organisation)?	25
5.3 Are the CEO and COO fit to run the organisation?.....	49
5.4 Are there other insights that have been gained from the investigation?....	53
SECTION 6: CONCLUSIONS	57
6.1 Views of stake holders regarding the state of affairs of the HPCSA	57
6.2 Governance responsibilities of the HPCSA	58
6.3 The procurement procedures followed in the acquisition of the Waymark- ORACLE information system.....	59
6.4 Allegations of maladministration made by the staff members who have since resigned	60
6.5 The 30 written submissions allegedly made by staff members that were delivered at the office of the President of the HPCSA	61

6.6 The fitness of the Chief Executive Officer and the Chief Operations Officer to run the organization	61
6.7 The state of affairs has affected the effectiveness and efficiency of the HPCSA	62
6.8 There has been an impact on the training of health professionals.....	62
6.9 The registration of Foreign Workforce has been negatively affected	63
6.10 Forensic Audit.....	64
SECTION 7: RECOMMENDATIONS	65
7.1 Appoint an interim management team in the place of the current Registrar/CEO, COO and General Manager, Legal Services	65
7.2 Institute misconduct and incapacity proceedings against the Registrar/CEO, COO and General Manager of Legal Services.....	65
7.3 The incoming and future Councils of the HPCSA.....	66
7.4 Implement the recommendations of the KPMG Forensic Report.....	67
7.5 Institute a full organisational review and a proposal for a new governance and administrative structures for the future	68
SECTION 8: ACKNOWLEDGEMENTS	70
SECTION 9: TABLES	71
Table 1: Objects and Functions of the Health Professions Council of South Africa (i.e., Council) and its Professional Boards (i.e., Boards) in terms of the Health Professions Act 56 of 1974.....	71
Table 2. Categories and numbers of health professionals registered with the Health Professions Council of South Africa from 2004 to 2014	74
Table 3. Individuals who were interviewed by the Ministerial Task Team	75
Table 4: Mapping of the stakeholders' experiences and views against the CEO's Job Functions.....	77
Table 5: Mapping of the stakeholders' experiences and views against the COO's Key Performance Areas.....	83
SECTION 10: FIGURES	88
Figure 1. The structure of the Health Professions Council of South Africa: Council, Committees of Council, and Professional Boards	88
Figure 2. The Administrative structure of the Health Professions Council of South Africa	89

Figure 3. Total number of active registration with the Health Professions Council of South Africa – 2004 to 2014.....90

SECTION 11: APPENDICES91

SECTION 12: REFERENCES.....93

SECTION 13 INDEX94

SECTION 1: SUMMARY

Overview of the Health Professions Council of South Africa

The Health Professions Council of South Africa (HPCSA) is a statutory health council established in terms of the Health Professions Act, Act 56 of 1974. The Act was amended in 2007 to give rise to an expanded Health Professions Council with 32 Council members (half of whom are appointed persons not registered as health professionals in terms of this Act) to serve twelve (12) Professional Boards. The Act provides for the HPCSA's control over the education, training, registration, and practice of health professions registered under the Act and for matters incidental thereto. The Act also provides for the constitution, objects, functions and powers of the Council and of the Professional Boards, functions and powers of the Registrar as an accounting officer of the HPCSA, and for the appointment of members of the Council and Professional Boards of the HPCSA by the Minister of Health.

Reasons for the appointment of the Ministerial Task Team

There has been an increase in the number of complaints made by practitioners, professional associations and academic training institutions against the HPCSA. The complainants have accused the HPCSA of poor communication, prolonged delays in processing applications for registrations, unfair processes followed in carrying out professional conduct enquiries and failure of the HPCSA to provide guidance in resolving challenges affecting the health professions. The complaints against the HPCSA culminated in more than 30 anonymous letters of complaints (apparently by staff) to the office of President of the HPCSA in November 2014, which alleged maladministration, irregularities, mismanagement and poor governance at the HPCSA. The Minister of Health, acting in accordance with the provision of Section 6(g)(5) of the Health Professions Amendment Act, 29 of 2007, took a decision to appoint a Ministerial Task Team (MTT) on the 25th February 2015 to investigate allegations of administrative irregularities, mismanagement and poor governance at the HPCSA.

Terms of reference of the MTT

The terms of reference of the MTT were:

1. To undertake an investigation and interview relevant stakeholders about the state of affairs of the HPCSA in relation to the adverse reports received by the Minister;
2. To investigate and make findings with regards to the governance responsibilities of the HPCSA;

3. To investigate and make findings with regards to the procurement procedures followed with the acquisition of the ORACLE information system;
4. To investigate and make findings with regards to the allegations of maladministration made by staff members staff who have since resigned;
5. To investigate and make findings with regards to the allegations made in the 30 submissions by staff members that were delivered at the office of the President of the HPCSA;
6. To investigate and make findings with regards to the fitness of the Chief Executive Officer (CEO) and the Chief Operations Officer (COO) to run the organisation;
7. To investigate and make findings with regards to whether or not the state of affairs has affected the effectiveness and efficiency of HPCSA;
8. To investigate and make findings with regards to whether or not there has been any impact on the training of health professionals;
9. To investigate and make findings with regards to whether or not the registration of the foreign workforce has been negatively affected;
10. To investigate and make findings with regards to whether or not a forensic audit needs to be conducted.

Methods used by the MTT

The MTT conducted voluntary interviews of people with intimate knowledge of the HPCSA and invited written submissions from stakeholders through the HPCSA website. In addition information was collected from the available documents such as a previous forensic audit report and minutes of the various HPCSA committees.

Findings

There were four major findings of the MTT. First, there was evidence of administrative irregularities, mismanagement and poor governance at the HPCSA which was documented in the Forensic Audit on the procurement procedures followed in the acquisition of the ORACLE information system. The Forensic Audit found that a former CEO/Registrar and EXCO of the HPCSA approved a contract which eventually cost over R30 million without following tender procedures, and thus appointed the company Waymark in an irregular manner. The appointment of consultants by a former Acting CEO/Registrar and the current COO was also not done according to the HPCSA's procurement policies and procedures. These activities amounted to unauthorised, irregular, fruitless and wasteful expenditure. The Forensic Investigators made a number of recommendations, including possible disciplinary action

against the officials involved, but no definitive response was demonstrated by the Council of the HPCSA to the recommendations of this report.

Second, the MTT treated the numerous anonymous written allegations that were submitted to the President of the HPCSA as the possible work of a whistle-blower or whistle-blowers, and investigated the allegations through the interviews and submissions from stakeholders of the HPCSA. The veracity of the allegations that had specific reference to the inefficiency and the ineffectiveness of the HPCSA were supported in general by the oral interviews and written submissions of the stakeholders. The key themes that emerged from the interviews and written submissions reflect the failure of the HPCSA to carry out its statutory mandate in the five functions of (1) registration of health professionals, (2) examination and recognition of qualifications of practitioners, (3) professional conduct enquiries, (4) approval of training schools, and (5) continued professionals development. In addition, there was a failure of management systems including (6) information communication technology, (7) data management, (8) space management, (9) human resource management and (10) overall risk management.

Third, the internal and external stakeholders, as well as the documents reviewed identify the failure of the CEO/Registrar to perform to the required standard in the majority of the key functions. There is evidence that the CEO/Registrar has failed to recruit and manage staff to ensure effective and sufficient administration of HPCSA policies, strategies and processes; to maintain sound public relations with stakeholders; and to direct and oversee service delivery processes in line with Batho Pele principles. These findings are not compatible with the CEO/Registrar who is fit to run the HPCSA.

The refusal by the CEO/Registrar to appear before a team set up by the Minister and to provide information relevant to the investigation fly in the face of her ability to lead the organisation and justifies the drawing of an adverse inference against her. In addition, her conduct possibly also amounts to an act of misconduct (insubordination), given that she is appointed by the Minister who also appointed the MTT.

Similarly, the internal and external stakeholders identify the failure of the COO to perform to the required standard in the six key functions of the post, including operational management of registration and records, infrastructure and resources, human resources, and stakeholder relations. In addition, the COO was implicated in acts of unauthorised, irregular and/or fruitless and wasteful expenditure in a matter relating to the ERS IT system which remain unresolved. Furthermore, the COO has taken the HPCSA to court and lost the case with costs awarded against him. We have not been placed in possession of any documents which prove that he

has paid the costs due to the HPCSA. To the best of our knowledge, he has not paid the legal costs of the organisation.

These factors do not reflect a COO who has the best interests of the HPCSA. Failure of the COO to effectively and efficiently manage the operations of the HPCSA, and his involvement in activities that are against the best interest of the HPCSA all make the COO, in our opinion, to be unfit for office. Persistent refusal by the COO to appear and assist the MTT in its work regarding the operations at the HPCSA should only be viewed in a negative light, and possibly also constitutes an act of misconduct (insubordination).

Practitioners complained of mismanagement, maladministration, and irregularities in the professional conduct assessment system which is presided over by Advocate Phelelani Khumalo. He showed complete disregard for the gravity of the status of the HPCSA during the work of the MTT and refused to assist its work. This conduct, combined with numerous complaints from individual and organisational stakeholder regarding the severely dysfunctional legal services at the HPCSA, in our opinion, renders the incumbent to be unfit to serve in a senior leadership role in the organisation.

There were several additional insights that were gained from this investigation. First, it was clear that the HPCSA lacked the capacity to guide the professions in its current form. For example, the Psychological Society of South Africa raises a number of critical areas that are not met by the HPCSA such as competing regulatory frameworks in higher education in terms of accreditation, registration, and quality assurance (e.g., NQF, SAQA, and HEQC) as compared to the regulations prescribed by the HPCSA, delays in finalisation of scope of practice, the status of research psychology, masters programmes at universities and registration of their international students for internships. The HPCSA is failing to lead the professions in all these critical areas.

Second, the HPCSA has a severe structural deficit that is based on the model of the South African Medical and Dental Board that had one registrar. This structure has failed to cater for a growing multi-professional organisation. It makes it a challenge for a CEO/Registrar to manage 12 Professional Boards that represent at least 27 professions and the Council (i.e., equivalent to running 13 Companies according to one informant). There are at least 52 meetings per year which require the attendance of the Registrar/CEO with one Board meeting every week. Every Board has various committees that have broad agendas – and they need to meet at least 4 times per year. Furthermore, the organisation registers a diverse range of health professionals from ambulance drivers who qualify after several weeks of training to medical sub-specialists with 15 years of university education. Furthermore, decision-making is

difficult because of conflicts of interest among different professional groups. It may be appropriate for each profession to manage its affairs, and its values – and interact with society.

Third, there is major institutional problem in relation to the skills mix. The HPCSA employs more lawyers than health professionals. Therefore, it adopts an adversarial legal approach rather than a health professional approach that is required by its mandate. There apparently is not a single medical practitioner in the legal department, or one with a medical background. Therefore, there are insufficient health professionals employed by the HPCSA to guide the health professions.

Finally, the oversight and advisory role of the Forum of Statutory Health Professional Councils (FSHPC) should be strengthened. Likewise, there should be a structured reporting process by representatives of the Department appointed to the various professional boards of the HPCSA.

Recommendations

The HPCSA is in a state of multi-system organisational dysfunction which is resulting in the failure of the organisation to deliver effectively and efficiently on its primary objects and functions in terms of the Health Professions Act 56 of 1974 (Table 1). The Ministerial Task Team recommends that the Minister of Health takes the following measures to address this serious deficit in the health system:

1. The Minister of Health and the Council of the HPCSA should appoint an interim management team to address 10 critical areas of organisational dysfunction;
2. Disciplinary and incapacity hearings should be initiated against the CEO/Registrar, the COO and the General Manager of Legal Services;
3. The incoming and future Councils of the HPCSA should go through a structured induction process to ensure an understanding and appreciation by all its members of their legal and governance obligations;
4. The recommendations of the KPMG Forensic Report of November 2011 need to be addressed and implemented in a comprehensive and definitive manner;
5. A new Task Team should be established to institute a full organizational review and submit proposals to the Minister for the reform of the administrative and governance structures of the health professions.

SECTION 2: INTRODUCTION

The Health Professions Act 56 of 1974 was promulgated to establish the Health Professions Council of South Africa (HPCSA) and professional boards (including the former the South African Medical and Dental Council or SAMDC) which control the education, training, registration, and ethical practice of health professions registered under the Act.¹ The objects and functions of the HPCSA and the professional boards in terms of the Act are listed in Table 1; the organogram and administrative structure of the HPCSA are shown in Figs. 1 and 2. The HPCSA guides and regulates the health professions on matters of professional conduct and continued professional education. The professional boards have powers to finalise all matters related to registration, examination and recognition of qualifications of practitioners, and approval of training schools. The professional boards also consider any matter affecting any profession falling within the ambit of the professional board and make representations or take such action in connection therewith as the professional board deems advisable.²

The origins of the regulation of medical and pharmacy practice in South Africa began in the Cape Province and Natal in the 1890s.³ The Colonial Medical Council of the Cape Province was founded in 1891, with the Natal Medical Council following suit in 1896. Subsequently, the Medical and Pharmacy Council of the Orange River Colony and the Transvaal Medical Council were established in 1904 and 1905, respectively. These provincial councils were consolidated into the SAMDC and the South African Pharmacists' Commission (SAPC) in 1928. Act 56 of 1974 replaced Act 13 of 1928, in terms of which the SAMDC existed as a separate legal entity.

In 1995, the Interim National Medical and Dental Council of South Africa was formed as a consequence of the merger of the SAMDC with the Transkei and Ciskei Medical Councils. After a 5-year transitional period, the HPCSA was launched in 2000.⁴ The amendment of the Health Professions Act in 2007 led to the expansion of the membership of the Council of the HPCSA to 32, with 50% being non-registered community representatives and others, and the introduction of a requirement for the exercise of the powers of Council to be in line with the National Health Policy as determined by the Minister of Health.

According to an article by Dhai and Mkhize, the first five years of the HPCSA (2001-2005) were characterised by an increase in awareness among patients, of the grievance procedures of the Council and of their ability to exercise their rights.⁴ In addition, it was evident that patients and other members of the public had also become more aware of their civil rights.⁴

Subsequently complaints began to emerge against the HPCSA itself.⁵ The HPCSA was accused of poor communication with health professionals, excessive delays in processing applications, registration rules that discriminate against foreign-qualified practitioners from developing countries, and failure to respond meaningfully to questions from the public.⁶⁻⁸ There were also reports of irregularities in the registration of foreign-qualified practitioners, apparent persecution of doctors, and delays in acting against complaints lodged by members of the public.⁹⁻¹¹ The delays and inefficiency in the registration process of the HPCSA has led to the establishment of organisations specialising in facilitating registration of foreign-qualified practitioners with the Council such as Africa Health Placements.¹²

The numbers of health professionals who were registered with the HPCSA grew by 72% from 2004 to 2014 (i.e., from 128,287 to 220,970 registrants) (Table 2 and Fig. 3). The growth in active registrants of the 12 Professional Boards has ranged from 34% for Environmental Health Practitioners (4,276 to 5738 registrants) to 307% for Dental Therapists and Oral Hygienists (1,694 to 6,892 registrants) (Table 2). The largest professional board of the HPCSA is the Emergency Care Board (69,111 registrants in 2014; 137% growth from 2004 to 2014) followed closely by the Medical and Dental Professions Board (65,155 registrants in 2014; growth 41% growth from 2004 to 2014), and the smallest was that of Speech, Language, and Hearing Professions (4,148 in 2014).

Problems with the poor performance of the HPCSA have been documented since 2009.^{5, 13, 14} Indeed, some foreign-qualified practitioners have complained since 2003 that they have not experienced a timely, appropriate or well-informed service from the HPCSA.¹⁵ However, the rising cacophony of complaints and a flurry of over 30 anonymous allegations of administrative irregularities, mismanagement and poor governance purportedly from staff members of the HPCSA led the Minister of Health, Dr. Aaron Motsoaledi, MP, to appoint a Ministerial Task Team to investigate these allegations in February 2015.^{16, 17}

SECTION 3: OBJECTIVE AND SPECIFIC AIMS (TERMS OF REFERENCE)

The overall objective (mandate) of the Ministerial Task Team (MTT) was to investigate allegations of administrative irregularities, mismanagement and poor governance at the HPCSA. The definitions that were used in this report are as follows:

- Irregularity: an activity or potential activity that deliberately disregards policies or procedures of the organization.
- Mismanagement: the process or practice of managing ineptly, incompetently, or dishonestly.
- Governance: the way the rules, norms and actions are produced, sustained, regulated and held accountable.

There were 10 specific aims of the work of the MTT which were captured in the Terms of Reference (Appendix 1) as follows –

- 3.1 To undertake an investigation and to interview the relevant stakeholders about the state of affairs of the HPCSA in relation to the adverse reports received by the Minister;
- 3.2 To investigate and make findings with regards to the governance responsibilities of the HPCSA;
- 3.3 To investigate and make findings with regards to the procurement procedures followed in the acquisition of the Waymark-ORACLE information system;
- 3.4 To investigate and make findings with regards to allegations of maladministration made by the staff members who have since resigned;
- 3.5 To investigate and make findings with regards to the 30 written submissions allegedly made by staff members that were delivered at the office of the President of the HPCSA;
- 3.6 To investigate and make findings with regards to the fitness of the Chief Executive Officer and the Chief Operations Officer to run the organization;
- 3.7 To investigate and make findings with regards to whether or not the state of affairs has affected the effectiveness and efficiency of the HPCSA;

- 3.8 To investigate and make findings with regards to whether or not there has been an impact on the training of healthcare professionals;
- 3.9 To investigate and make findings with regards to whether or not the registration of foreign workforce has been negatively affected;
- 3.10 To investigate and make findings with regards to whether or not a forensic audit needs to be conducted.

SECTION 4: METHODOLOGY

The following six members of the MTT were appointed by the Minister of Health in February 2015: Professor Bongani Mayosi (Chair), Drs Mohamed Adam, Motodi Maserumule, Nkaki Matlala, Ralph Mgijima, and Luyanda Mtukushe. The MTT convened the first planning meeting on 12 March 2015 to study the terms of reference, and the second planning meeting with the Minister of Health and the President of the HPCSA, Professor M Sam Mokgokong on 02 April 2015 to form a common understanding of the brief of the MTT, and to indicate to the Minister that more time would be required to address the mandate and terms of reference than the 60 days that was given in the letters of appointment. The third planning meeting was held on 24 April 2015 by a sub-committee of the MTT to develop the framework for the interview of senior officials of the HPCSA.

The MTT gathered information to address the main objective and specific aims in two ways. First, the MTT invited individuals who have intimate knowledge of the work and functioning of the HPCSA to attend interviews at a venue outside the HPCSA in Pretoria. The questionnaire that was administered to the interviewees is shown in Appendix 2. The last two questions were intended for the Chief Executive Officer (CEO) / Registrar (question 9) and the Chief Operations Officer (COO) (question 10), respectively.

Second, the MTT invited staff, Professional Board members, Councillors and other stakeholders of the HPCSA to make written submissions on the terms of reference of the MTT. On 16 April 2015, the President of the HPCSA convened a meeting with all staff members of the HPCSA to introduce the MTT and to invite them to volunteer for interviews or to make written submissions to the terms of reference of this report. In addition, a letter of invitation was sent to professional societies and members of the public were informed through the HPCSA website. The first deadline for making written submissions was 28 April 2015 (Appendices 3 and 4). The deadline was subsequently extended, such that all submissions that had been received by 31 July 2015 were considered by the MTT.

The MTT conducted voluntary interviews over three meetings that ran into five full days (i.e., 16-17 April 2015; 7-8 May 2015; and 25 June 2015). The meeting of 28 May 2015 was devoted to the consideration of public submissions and the discussion of the key findings and recommendations of the report. The individuals who were interviewed are listed in Table 2. The CEO/Registrar (Dr Buyiswa Mjamba-Matshoba), COO (Advocate Tshepo Boikanyo), and

General Manager Legal Services (Advocate Phelelani Khumalo) all declined invitations to be interviewed by the MTT.

The CEO/Registrar initially requested for additional information in correspondence with the MTT, which was provided to her. However, she declined to be interviewed despite having the information that she had requested for at her disposal (see Appendices 5-10). The COO and Head of Legal Services declined to be interviewed by the MTT, citing the right to remain silent as the basis for their decision (see Appendices 13-16 for COO and Appendix 17 for Head of Legal Services).

The call for written submissions elicited an excellent response from over 150 stakeholders of the HPCSA including individuals, professional societies and non-governmental organisations (Appendix 18). There were several specific complaints that were referred to the CEO/Registrar of the HPCSA to address. All oral and written submissions were analysed and information was extracted to address the objective and specific aims (or Terms of Reference) of the MTT.

We also reviewed reports on previous investigations of the HPCSA, such as the KPMG HPCSA Forensic investigation into the procurement and implementation of the Enterprise Resource Solution (Appendix 19).¹⁸ We also reviewed relevant minutes of the HPCSA Council, HPCSA Council Executive (EXCO) and of the HPCSA Council's Property Committee (see Appendices 19-25).

We followed the methods outlined in this section in order to fulfil the first term of reference of the MTT: 'To undertake an investigation and interview the relevant stake holders about the state of affairs of the Health Professions Council of South Africa in relation to the adverse reports received by the Minister.'

SECTION 5: FINDINGS

We present our findings as a series of four questions that serve to address the objective and specific aims of the investigation, as follows –

- Is there evidence of administrative irregularities, mismanagement and poor governance at the HPCSA (including the procurement procedures followed in the acquisition of the ORACLE information system)?
- What is the veracity of the allegations that were purportedly made by more than 30 members of staff of the HPCSA (with specific reference to the effectiveness and efficiency of the organisation)?
- Are the CEO, COO and General Manager, Legal Services fit to run the organisation?
- Are there any other insights that have been gained from the investigation?

5.1 Is there evidence of administrative irregularities, mismanagement and poor governance at the HPCSA (including the procurement procedures followed in the acquisition of the ORACLE information system)?

The question of the existence of administrative irregularities, mismanagement and poor governance at the HPCSA was addressed by the KPMG forensic investigation into the procurement and implementation of the Enterprise Resource Solution (ERS) by the HPCSA.¹⁸ The HPCSA appointed KPMG Services (Pty) Ltd on 25 June 2011 to conduct a forensic investigation into the process followed by the HPCSA in the appointment of Waymark Infotech (Pty) Ltd (Waymark) for the implementation of the ERS as well as the appointment, at a high-level, of other consultants utilised during the implementation stage. Extracts from the KPMG report are reproduced verbatim (with permission from the President of the HPCSA) below in order to demonstrate that a previous forensic investigation has already identified evidence of administrative irregularities, mismanagement and poor governance at the HPCSA.

In this case study, KPMG was required to:

- Determine whether the procurement of the ERS complied with the required prescripts including, but not limited to, the Preferential Procurement Policy Framework Act 5 of 2000 (PPPFA) and the Supply Chain Management policy of the HPCSA. If the prescripts were not adhered to, determine whether the deviation was appropriately approved;

- Investigate the entire procurement process followed relating to the appointment of the service provider, in order to determine:
 - The original scope and specification of the ERS project and who was responsible for determining the scope and specification;
 - The roles played by all individuals in the process and whether these roles were clearly defined and agreed to by all parties involved;
 - Whether the contract or Service Level Agreement concluded with the service provider, Waymark, was properly formulated in terms of contractual legislation and prescripts in order to protect the interests of the HPCSA.

The specific issues to be determined were:

- Performance measurement and monitoring;
- The absence of penalty clauses; and
- The delivery milestones and payment scheduling
 - The comparison of the ERS project costs, namely estimated, budgeted and actual costs, and determine the reasons for variances and whether these variances were negotiated and appropriately approved by the HPCSA;
 - Whether any project expenditure can be classified as unauthorised, irregular and/or fruitless and wasteful expenditure and who can be held accountable for such expenditure; and
 - What quality assurance process was followed by officials responsible for the management of the project to ensure that the HPCSA received value from the project?
- Provide a factual findings report (including conclusions and recommendations) supported by annexures and exhibits.

The Final Report of the KPMG investigation was made available to the HPCSA on 15 November 2011 (Appendix 19). **The key conclusions of Forensic Audit that are relevant to the terms of reference of the MTT, with a focus on the role of the CEOs and other senior staff members:**

- ***Compliance with the HPCSA's procurement policies and procedures and the prescripts of the relevant legislation and regulations.***
 - **Appointment of Waymark:**

The appointment of Waymark was not done in compliance with the HPCSA's Finance Policy and the relevant legislation and regulations. In terms of the HPCSA's Finance Policy, any procurement over R1.5 million had to follow a tender process. Waymark was apparently selected as the service provider because they were performing the system implementation at the Department of Health. The recommendation to appoint Waymark was made by Advocate Boyce Mkhize (former CEO/Registrar) and approved by the Executive Committee of the Council of the HPCSA (EXCO). The Tender Committee is required to evaluate tenders and make a recommendation for the selection of a service provider. As no tender process was followed, the Tender Committee was not afforded the opportunity to evaluate tenders in order to select the most appropriate service provider in terms of credentials and price. The KPMG report was of the view that Advocate Mkhize transgressed the HPCSA's policy by not ensuring that the appropriate tender process was followed. Furthermore, the HPCSA should have confirmed whether the Department of Health followed due process in appointing the service providers for the National Human Resource Information System (NHRIS) implementation before placing reliance thereon. EXCO's approval of the project without due procurement process having been followed could be viewed as a condonation of non-compliance with the HPCSA's policies and procedures. Furthermore, the Delegation of Authority does not provide specific limits with regards to the levels of expenditure that EXCO can approve.

- **Appointment of consultants:**

The Forensic Investigators considered the procedures followed by the HPCSA in the appointment of various consultants. They were of the view that certain of the services provided by these consultants did not specifically form part of the ERS implementation based on their high-level understanding of the services rendered. In their view, the appointments of the following consultants by Ms O'Reilly (former acting CEO/Registrar) were not done in accordance with the HPCSA's procurement policies and procedures: ANCO in respect of the human resource (HR) module implementation, BPLC in respect of the system health check, and BPLC in respect of the bank reconciliation. Furthermore, in the view of the Forensic Investigators, the appointments of the following consultants by Advocate Tshepo Boikanyo (then Senior Manager Legal Services, now COO) were not done in accordance with the HPCSA's procurement policies and procedures: Kakanyo in respect of the calculation of the back-pay, and Kakanyo in respect of the payroll tax.

- ***Formulation of the service level agreement between Waymark and the HPCSA:***

- Advocate Boikanyo confirmed that the contract was not presented to the legal department for review. According to Advocate Mkhize, he reviewed the contract and was satisfied that there were sufficient safeguards included to protect the interests of the HPCSA. He further indicated that Waymark would be responsible to rectify the challenges experienced during the implementation at no cost to the HPCSA.
- The Forensic Auditors were of the view that the contract between Waymark and the HPCSA did not provide much recourse to the HPCSA for non-performance by Waymark because:
 - i. No delivery due date was specified in the contract or the annexures thereto, as it simply referred to an eight-month period for the implementation,
 - ii. There was no stipulation in the contract that Waymark would be liable for costs as a result of delays or scope changes by Waymark, and
 - iii. No provision in the contract provided for the HPCSA to recover damages or institute a penalty for faulty work rendered by Waymark.
- Furthermore, the stipulation that Waymark would remedy faulty work at their own cost, was dependent on the HPCSA informing Waymark of the faulty work to be remedied. However, the Forensic Investigators were not placed in possession of any information that the HPCSA expected Waymark to remedy the problems at their own expense. This would have been the responsibility of Advocate Mkhize and Ms O'Reilly in their respective roles as Registrar and Project Sponsor. Furthermore, Ms O'Reilly decided to appoint consultants at the cost of the HPCSA to remedy a number of ERS implementation problems. This was contrary to the agreement entered into by the parties and failed to address the requirement that HPCSA notifies Waymark of the problems in order that they could be addressed at Waymark's cost.
- ***Unauthorised, irregular and/or fruitless and wasteful expenditure:***
 - **Unauthorised expenditure:** The Forensic Auditors made the finding to the effect that Advocate Mkhize transgressed the policy of the HPCSA by not ensuring that the appropriate tender process was followed in the appointment of Waymark. Furthermore, EXCO's approval of the project without due procurement process having been followed could be viewed as a condonation of non-compliance with the policies and procedures of the HPCSA. EXCO approved the initial R15 million and a further R7 million for licences and back scanning. The auditors were therefore of the view that the remaining R11 million (including VAT), i.e. total payments of R33 million less the R22 million approved by EXCO, could therefore be regarded as unauthorised expenditure,

as this expenditure was not in accordance with the budget of the HPCSA as approved by its Council.

- The appointments of consultants, ANCO and BPLC by Ms O'Reilly were not done in accordance with the procurement policies and procedures of the HPCSA and could therefore be regarded as unauthorized expenditure: ANCO in respect of the HR module implementation (amount unknown), BPLC in respect of the system health check in the amount of R35 932.80 (including VAT), and BPLC in respect of the bank reconciliation in the amount of R732 055.65 (including VAT).
- The appointments of consultants, Kakanyo by Advocate Boikanyo were not done in accordance with the procurement policies and procedures of the HPCSA and could therefore be regarded as unauthorized expenditure: Kakanyo in respect of the calculation of the back-pay in the amount of R148 884 (including VAT); and Kakanyo in respect of the payroll tax in the amount of R101 916 (including VAT). The approval of payments, aggregating R470 592.00 (including VAT), to Kakanyo without the proposals having been appropriately approved in terms of the HPCSA's procurement policies and procedures could also be regarded as unauthorized expenditure. These payments were approved by Ms O'Reilly and Advocate Boikanyo.
- **Fruitless and wasteful expenditure:** Based on their understanding of the services rendered by the respective service providers, the Forensic Auditors found that the expenditure mentioned above could be regarded as fruitless and wasteful as those costs could have been avoided if Waymark was held to the terms of the agreement and asked to rectify the problem at their own cost:
 - i. R721 392 (including VAT) paid to Kakanyo in respect of Payroll/HR issues. Some of the appointments of Kakanyo were approved by Advocate Boikanyo. The payments to Kakanyo were approved by Mr Mphahlele, Ms O'Reilly and Advocate Boikanyo; and
 - ii. R672 055.65 (including VAT) paid to BPLC in respect of the bank reconciliation process. The appointment of BPLC was approved by Ms O'Reilly. The payments to BPLC were approved by Ms O'Reilly and Advocate Boikanyo.

The recommendations of the Forensic Auditors regarding the ERS implementation project that are relevant to the brief of the MTT were as follows:

- **Oracle-Waymark contract:** Although the Waymark contract provided for the rectification of errors by Waymark at their own cost, provided that the HPCSA informed

Waymark of such faulty execution to be remedied, it does not appear that this course of action was ever taken by the HPCSA.

- The Forensic Auditors strongly recommended that the HPCSA obtain an independent legal opinion with regards to possible recourse in respect of the Waymark contract to remedy the ERS implementation issues.
- **Delegation of Authority**: Although the Delegation of Authority provides for various levels of authority for Senior Managers, the COO and the CEO, it places no limit on the amounts that EXCO could approve. Good governance requires that the mandate, responsibilities and levels of authority of the EXCO be well-defined.
 - The Forensic Auditors recommended that the HPCSA review and revise its Delegation of Authority to provide more specific levels of authority to EXCO and indicate instances that may require referral to Council for consideration and approval.
- **Possible disciplinary action**: The appointment of at least two consulting firms, namely BPLC and Kakanyo, were not done in accordance with the HPCSA's procurement policies and procedures. Furthermore, certain expenses paid to service providers could potentially have been avoided, had the Registrar acted in the best interest of the HPCSA by demanding that Waymark rectify the implementation problems at their own cost as provided for in the contract. In addition, a number of payments to Kakanyo were approved without the proposals having been appropriately approved in terms of the procurement policies and procedures of the HPCSA.
 - The Forensic Auditors recommended that the HPCSA considers whether there are sufficient grounds to institute disciplinary action against several officials for non-compliance with the procurement policies and procedures of the HPCSA and possible failure to act in its best interest including among others (i) Ms O'Reilly; and (ii) Advocate Boikanyo.
- **Public Finance Management Act (PFMA) compliance**: Although Advocate Boikanyo stated that the HPCSA is exempt from the PFMA, the initial enquiries of the Forensic Auditors with Public Sector experts suggested that this matter be investigated further to determine if the HPCSA should be listed as a Schedule 3A National Public Entity and whether it should comply with the PFMA and Treasury Regulations. The PFMA requires the accounting authority of a public entity that is not listed, to inform the National Treasury that it should be listed.
 - The Forensic Investigators recommended that further enquiries be made and/or an opinion be obtained to determine whether the HPCSA is included in the

definition of a National Public Entity and hence should be listed and comply with the PFMA.

- **Registrar and EXCO's role and responsibilities:** The role of Advocate Mkhize and EXCO in the ERS implementation should be considered with reference to the following:
 - i. EXCO requested management to follow up and provide feedback on certain matters but continued to approve the appointment of a service provider without insisting that management responds adequately to its enquiries,
 - ii. EXCO approved the appointment of Waymark without the proper procurement process having been followed,
 - iii. It was also evident that EXCO had limited knowledge and/or involvement with the management activities of the HPCSA, resulting in the Registrar (Advocate Mkhize and Ms O'Reilly respectively) having an open mandate in the running of the HPCSA, and
 - iv. The appointment of Waymark by Advocate Mkhize and the EXCO at the time was not done in accordance with the procurement policies and procedures of the HPCSA.
- The Forensic Auditors recommended that: (i) the HPCSA obtain legal advice in respect of the appropriate action to be taken against Advocate Mkhize and the EXCO members at the time of Waymark's appointment; and (ii) that an induction workshop be held for new EXCO members and a possible refresher course for existing EXCO members to clarify the principles of accountability and to assist EXCO in understanding its role and responsibilities as a governance structure of a public entity.

What has been the response of the HPCSA to the findings and recommendations of the KPMG Forensic Report?

This question was put to the President of the HPCSA. He explained that the report was discussed extensively in several Council meetings of the HPCSA. However no concrete evidence of a detailed response to each of the recommendations was presented to the MTT.

The ERS designed by Waymark remains in force. Legal advice was sought from various law firms (with regards to possible recourse in respect of the Waymark contract to remedy the ERS implementation issues) which had instructed advocates to assist with the opinion but was apparently never acted upon by the HPCSA.

No document was produced to show that the recommendation on Delegation of Authority was acted upon by the Council.

No disciplinary steps have been taken against the officials who were fingered or mentioned as having committed of administrative irregularities, mismanagement and poor governance.

Rather, one of the officials involved (Advocate Boikanyo) has been promoted to the position of COO of the organisation.

There is no evidence that the recommendation on the PFMA has been seriously addressed, and it appears that no discussions have been held with National Treasury on the question as recommended.

Finally, no clear decision was made by the HPCSA on the culpability of the former CEO/Registrar (Advocate Mkhize) and EXCO in the administrative irregularities, mismanagement and poor governance related to the ERS project. There was a legal opinion on this which was solicited from one senior counsel at the insistence of Geldenhuys Malatji Inc. who stated that since Advocate Mkhize was no longer with the organisation, disciplinary processes would not be possible. However, at the time the legal opinion indicated that there had been too much of a delay and that it would be difficult to bring a civil claim against him (prescription was an issue). The opinion however fell short of recommending criminal charges. The other opinion was from Counsel instructed by Bowman Gilfillan Inc. They had requested further information from the HPCSA to no avail.

5.2 What is the veracity of the allegations that were purportedly made by more than 30 members of staff of the HPCSA (with specific reference to the effectiveness and efficiency of the organisation)?

The President of the HPCSA, Professor M Sam Mokgokong, received more than 30 unsigned letters of complaint purportedly from staff members of the HPCSA that were delivered anonymously to his office at the University of Pretoria/Steve Biko Academic Hospital between 11 December 2014 and 05 January 2015 following the establishment of an Internal Investigation Committee of the functioning of the HPCSA (Appendix 12). Whilst the authenticity and source of these documents are unknown, there were eight key allegations that were made:

- Appointment of acting managers to the professional boards department who did not have appropriate qualifications and did not follow the Remuneration Policy of the organisation. The example of the appointment Mr Charles Lamola as an acting General Manager of Professional Boards was cited.
- ‘A dead IT system’ that had been a problem for nearly 10 years: registers were not created or migrated to the ERS when the system was created, resulting in an inability to send correct reminders, allocate payments, and deal with practice cards efficiently. The telephone system was linked to the IT system, resulting in disruption of telephones if the IT system was down. There was no apparent interest from CEO and COO to resolve the problem.
- The late arrival of minutes and documents to Committee members (as an example, see Minutes of the 3rd meeting of the ETQA Standing Committee, 22 October 2012).
- The CEO and COO did not respond to emails from staff who were complaining about the IT system.
- Staff felt unsafe and feared the risk of victimisation or being spied upon.
- There were negative finance audit findings in 2013/2014.
- There was a high rate of staff turn-over and high rate of staff in acting capacities.

The MTT treated the anonymous allegations as the possible work of a whistle-blower or whistle-blowers, and investigated the allegations through the interviews and submissions from stakeholders of the HPCSA. **The interviews and written submission painted a picture of multi-system organisational dysfunction of the HPCSA.** The comprehensive systemic weaknesses of the HPCSA were described in a number of written submissions, the most eloquent of which was the description by the Psychological Association of South Africa (see Appendix 18).

The key themes that emerged from the interviews and written submissions reflect the failure of the HPCSA to carry out its statutory mandate in the five functions of (1) registration of health professionals, (2) examination and recognition of qualifications of practitioners, (3) professional conduct enquiries, (4) approval of training schools, and (5) continued professionals development. In addition, there was a failure of management systems including (6) information communication technology, (7) data management, (8) space management, (9) human resource management and (10) overall risk management.

We use cases submitted during the course of our investigation to illustrate failures in the 10 vital areas of functioning of the HPCSA –

5.2.1 Failures in the system of registration of health professionals

5.2.1.1 Submission on 31 March 2015: Dr. Michael Held (MP 0644765) – Complaint against HPCSA

- Foreign-qualified doctor who trained as an Orthopaedic Surgeon in the postgraduate category.
- Followed advice of the Postgraduate Education and Training (Medical) (PETM) Committee of the Medical and Dental Professions Board (MDPB) on requirements for registration in terms of existing policy, but has been denied registration apparently due to a decision of Management at the HPCSA.
- Appears to be a case of contradictory advice by two organs of the HPCSA (i.e., Professional Board vs Management of the HPCSA).
- This has resulted in the delay in the registration of this applicant as a specialist in the public service despite compliance with the requirement of a Committee of a Professional Board which was signed by the Registrar of the HPCSA.
- The CEO/Registrar appears to be unable to implement decisions that she has signed.
- The CEO/Registrar has not responded in writing to the enquiries of this complainant which occurred during the course of this investigation.

5.2.1.2 Submission on 07 April 2015: Ms Ina Badenhorst, Foreign Workforce Management Programme, National Department of Health (carteT@health.gov.za)

- A Tunisian doctor recruited in 2008 through a government-to-government agreement was de-registered because of a new HPCSA requirement to produce notarised documents, US-based Educational Commission for Foreign Medical Graduates (ECFMG) clearance and a certificate of good standing – which were waived under the original government-to-government agreement.
- All Iranian doctors who were recruited under a government-to-government agreement were issued with the new requirements by the HPCSA.

- This reflects a failure of the HPCSA to honour government-to-government agreements on the requirements for the registration of foreign-qualified doctors from Tunisia and Iran, through unilateral decision making.

5.2.1.3 Submission on 11 April 2015: Professor John Lazarus, Walter Sisulu University

- The HPCSA failed to provide a certificate of good standing on an urgent basis to several members of a South African Visiting Surgical Team to Zimbabwe (March 2014).
- The HPCSA showed lack of a caring disposition to the needs of the public by failing to respond to the request for certificates of good standing on an urgent basis, leading to the inability of the Surgical Team to treat patients during the Zimbabwe visit.
- The HPCSA took 18 months to register an uncomplicated applicant from Mauritius. The HPCSA requires a certificate of good standing from foreign-qualified practitioners that is ≤ 6 months old, but this often expires due to administrative delays within the HPCSA itself.

5.2.1.4 Submission on 12 April 2015: Dr. Mark Stevens – ‘Mark Stevens vs The Registrar of the HPCSA Case No: 39719/2013 heard in the Gauteng High Court on the 9th and 10th March 2015’

- It took a year from sending an email enquiry to getting complete advice on how to apply for registration as a South African with a specialist qualification from the United Kingdom.
- Then Dr Stevens received wrong advice on requirement for Foreign Workforce Management Programme (FWMP) clearance for him as a South African citizen, a requirement which was only dropped when the complainant went to court after three years of pleading with the Council.
- The matter is still in the courts 5 years later – unresolved.
- This reflects a failure of the communication system of the HPCSA with the public and practitioners.
- This reflects a common complaint that the HPCSA regularly provides wrong information to practitioners (e.g., requiring Foreign Workforce Management Programme clearance to citizens of South Africa who train abroad).

- The failure of the CEO/Registrar to take a stand in court as a first respondent in this case may be construed as failure of leadership at the highest level of the organisation.

5.2.1.5 Submission on 30 April 2015: Professor Del Kahn, University of Cape Town

- Requirement for a notary public to sign certificates of foreign-qualified practitioners makes it almost impossible for supernumeraries from some African countries and the Middle East to register in South Africa.
- The 5-year rule of registration for supernumerary registrars makes it impossible to train sub-specialists for the African region. General specialist training requires four to five years of training time, whereas subspecialist training requires an additional two to three years of training in South Africa.
- The policies of the HPCSA are a barrier to the training of high-level human resources in health for the African region.

5.2.1.6 Submission on 30 April 2015: Dr. Denis Allard – (MP0481947) – Complaint against the HPCSA

- Application for registration in independent practice category which was made in December 2011, and approved – has not been effected because another organ of the HPCSA is reviewing the legality of the decision.
- Ombudsperson referred the matter to the Chair of the Professional Board, who has not responded.
- This case illustrates a numbers of failings of the registration system at the HPCSA. First, there is a five year delay in the registration to independent practice of a foreign-qualified practitioner due to contradictory decisions from two organs of the HPCSA – the decision of the PETM which was signed by the CEO/Registrar, versus the Legal Department. Second, it illustrates the inability of the CEO/Registrar to implement decisions that she has endorsed. Finally, the pervasive lack of communication with the applicant also applies to this case.

5.2.1.7 Submission on 22 May 2015: Dr. Tamara Kerbelker – Complaint against HPCSA

- The problem started with the failure of the practitioner to register the completion of community service prior to commencement of registrar training.

- However, the practitioner initiated the process of fixing this problem in 2009 at least 1 year prior to completing registrar training at the end of 2010.
- The practitioner experienced multiple episodes of mismanagement and maladministration of her registration process including denial by the HPCSA of receipt of documents despite prior confirmation of receipt (i.e., loss of documents), and failure of the HPCSA to communicate with the practitioner, and failure of the administrative staff to place the matter on the agenda of the relevant committee for two years.
- She was eventually registered as a specialist paediatrician after two years of commencement of her application in February 2012.
- She has suffered serious professional and financial disadvantage as a result of the mismanagement and maladministration of her application for registration with the HPCSA.

5.2.1.8 Submission on 25 May 2015: Dr. Apollo K Mwesigwa (MP0426148) – Complaint against the HPCSA

- The practitioner complains that his name was erroneously erased from the register of medical practitioners.
- He requested the HPCSA to rectify the error, instead the HPCSA charged him a restoration fee for its own administrative error.
- The matter was to be presented to the MDPB in the first week of March 2012, but this has apparently not done.
- He reported the matter to the Public Protector, but HPCSA officials failed to attend the hearing in the Office of the Public Protector in January 2013 (REF 7/2-050794/12).
- The matter has still not been resolved.

5.2.1.9 Submission on 27 May 2015: Professor Mark Solms (marksolms@mweb.co.za) to the Psychology Board of the HPCSA

- Professor Solms wrote to the Psychology Board of the HPCSA as follows – “I must remind you of the existence of Section 33(2) of the Health Professions Act 56 of 1974, which sets out the basis upon which the Council is obliged to register individuals who (1) had practiced as neuropsychologists for 5 years by the time that Government Notice 34582 was published (September 2011), (2) are dependent solely or mainly upon such practice for their livelihood, and (3)

are of good character. I should also remind you that a large number of practitioners who met these criteria submitted their applications to the Council for registration in September 2012. Receipt of these applications was acknowledged by the HPCSA – the CEO of which also subsequently acknowledged that he is bound to act within this specific legal framework -- but the individuals concerned have still not been registered, in clear breach of the law.’

- This case illustrates the failure of administration of the registration system at the HPCSA if after nearly four years these applicants are still waiting for the finalisation of the matter without being given reasons for the delay.

5.2.1.10 Submission on 28 May 2015: Dr. Ann van Eyssen (MP0526185)

- Paediatrician who trained as a medical oncologist at Red Cross War Memorial Children’s Hospital and overseas, and passed the Certificate in Medical Oncology of the Colleges of Medicine of South Africa in 2010.
- She has been denied registration as a subspecialist in medical oncology for nearly 5 years since qualification, apparently based on the fact that she was not trained against a Medical Oncology training number.
- She says “Ms Gaylene Stevens has been most unhelpful. Mostly she does not answer phone calls and has never replied to an email I have sent. I have also not had response from Ms Veli Lukhozi or Ms Joyce Seale (her secretary) listed as the contact people on the HPCSA website for Speciality registration. I have submitted a letter of complaint to the HPCSA through their online complaints channel and heard no response.”
- No solution for the problem, which is referred to the PETM for a decision, had been offered to her at the time of writing this report.
- This case reflects the failure of the HPCSA to guide practitioners on the mechanisms for registration, and a failure of the response of the complaints system.

5.2.1.11 Submission on 28 April 2015: Dr Abish Bisseru

- Foreign-qualified practitioner who has been deregistered by the HPCSA.
- He is complaining that there has been no communication to explain the reasons for the de-registration.
- This is a case of poor communication of the HPCSA with practitioners.

5.2.1.12 Submission on 28 April 2015: Dr Mayurie Moodley – a foreign-qualified medical practitioner

- Obtained medical degree from India and was accepted to write the Board Examinations in May 2011, after the necessary documents were sent to HPCSA and verification of qualifications was sent directly from ECFMG to HPCSA.
- Passed the Entrance Board Examinations and was accepted to serve internship over 2 years in South Africa.
- Completed internship and was offered a position as a community service medical officer (COSMO) at the same hospital.
- Submitted an application for approval of COSMO status to HPCSA in August 2013, for which the HPCSA confirmed receipt on 02/09/2013 and sent to the relevant section for the process to be completed.
- Constantly contacted HPCSA by phone and mail requesting updates on registration status and was advised that the documents were being processed.
- Advised in late May 2014 after several calls to HPCSA that the application was rejected as the certified copy of degree certificate was not included. However, the application form (Form 11A) did not state this as a requirement in the schedule of requirements. Furthermore, the verification of the foreign qualification had been done at the time of registration as an intern with the HPCSA.
- Obtained the degree certificate in November 2014 when registration in the category of COSMO occurred – 15 months after the original application.
- However, the practitioner completed 12 months of community service in August, 2014 without pay because of the excessive administrative delays at the HPCSA.
- This case illustrates the failure of the registration system to deal with applications timeously, the redundant requirement for information that had been provided previously, and the economic hardship to individuals who are at the mercy of this dysfunctional registration system.

5.2.1.13 Submission on 28 April 2015: Dr Prasheen Rambaran – foreign qualified medical practitioner

- “I am writing to you regarding the injustice that is our HPCSA governance and registration process. Having completed my degree and qualified as a medical doctor abroad I returned to South Africa, my home since birth, only to be subjected to a board (entrance) exam. I do understand the need for such an exam given the issues that the health department has faced over the years. The frustration however lay in the process of registration for the exam and the waiting period, not forgetting the lack of sufficient guidance and assistance by HPCSA registrations department which left me delayed with my application and hence writing the board exam 10 months after my application.”
- “The board exam is important I feel, and should be thorough. The theory and practical components were intense and most foreigners (not South African) likened the process to university examinations. What I fail to understand is, why after going through that whole process of proving myself to start practice in my home country, completing my 2 year internship and then 1 year community service which I also agree with, why then do I have to prove myself yet again to obtain full registration when I have done so initially? How is it that I am allowed to function independently as a medical officer who is currently managing a medical ward myself due to registrar shortages, but then to obtain an independent practice licence I need to be subjected to another exam? I find this highly redundant, my progression, my willingness to study further is only obstructed by this process as I need to have an independent licence for a specialist program.”
- This case illustrates the inefficiency of the registration system and the need to review the role of the Board versus the University examinations for foreign-qualified practitioners.

5.2.1.14 Submission on 28 April 2015: Dr Sohan Pinto – foreign-qualified practitioner.

He wrote as follows:

- “Thank you for giving me this opportunity to highlight the problems faced by me and other South African born foreign qualified medical graduates.
- “My biggest concern is the unfair exit exam. It baffles me as to how after passing multiple exams abroad, then passing a board exam and further doing two years internship and community service, we are still treated as incompetent. Why do we have to rewrite university again?”
- “During our internship, community service and even later on as an MO in the public sector, we do calls alone. We do invasive life and limb saving procedures

alone just like our South African counterparts. Why then are we not allowed to specialize with them? Why is it that I have to stress about rewriting multiple university level exams while my South African trained colleagues who just are as competent as me focus on specialization? It is discriminatory.”

- “What’s worse is that foreign trained doctors who did not get financial assistance from the South African government to study medicine are the ones being tied to the government sector while South African doctors go on to specialize and migrate to the private sector / migrate abroad.”
- “Foreign trained doctors are freely gained assets to South Africa. In a country where the doctor shortage has created a vicious cycle of overwhelmed government hospitals and over-priced private hospitals, foreign doctors should be seen as vital to break that vicious cycle. The common misconception that foreign qualified doctors are a negligible minority must be shattered. Foreign qualified doctors number in the hundreds if not thousands, with more and more paying for their own education abroad every year.”
- This case illustrates the anomalies that arise from the existence of Board and Exit examinations which create a two tier system for registration in the Public and Independent Practice categories, which has the effect of denying Public Service registrants the right to train as specialists in all specialities except Family Medicine.

5.2.1.15 Submission on 28 April 2015: Dr Shahistha Bodasing – foreign-qualified practitioner

- “My email concerns the experience I have had dealing with the HPCSA. I am a foreign medical graduate and currently practicing in South Africa since 2010 (including internship and community service).”
- “On application for my community service in 2012, it took approximately 4 months for me to receive my certificate of registration. I actually had to make a trip to the offices in Pretoria after failing to receive any help resolving the issue telephonically. Upon arriving at the offices for foreign graduates, I was told that all my documentation had been lost and my records were not logged into their system despite me submitting everything that was required. The explanation I received for this was that the person logging the documents had only logged my cover page and not all the notarized copies that were requested. This means that there was no record of any documents regarding my application to

write the board exam, completion of internship and application for community service. HPCSA requests notarize documentation not certified copies. It can cost up to R125 per document for notarization. I thankfully carried copies of all my documents as I heard from other foreign graduates that HPCSA is notorious for losing paperwork. I then spent 5 hours waiting for my documents to be logged onto their system again. It was both costly and incredibly inconvenient.”

- “The next problem I faced was upon my application to write the University Exam. HPCSA has now updated their website to include the required documentation for the application and closing dates. This was not the case upon my initial application in January 2014. My application was rejected because the correct documents were not submitted. I did not receive formal notification of this, I was only informed about this when I called the offices after I failed to hear from them for a few months. I was then notified of the correct procedure and submitted my documentation again. One of the requirements is an ECFMG verification of credentials. I had submitted this to HPCSA in order to write the board exam in 2010. I was told that this copy was lost and I had to resubmit the verification. This meant contacting the ECFMG office in Philadelphia, USA to resubmit the certificate of verification. This caused a further delay in my application.”
- “I received my confirmation letter allowing me to write the exit exam from HPCSA in July 2014. Upon application to UKZN Medical School, I was informed that the board only has one meeting per year in February to decide who can write the exam in June and what subjects they can write. Having missed the deadline I had to wait till February 2015 only to find that I can write 2 of the 6 subjects required for full registration. I would be required to complete the rest next year. Please note that HPCSA has a rule that all subjects must be completed in a 2 year period and only 2 attempts are allowed per subject. With this current rule, if I am successful, I will still only have my full registration in the second half of 2016! The process from my initial application to me receiving full registration would then have taken about 2 and a half years. HPCSA does not show any care or concern as to how their loss of documentation or asserting their restrictions costs doctors years of their lives and leaves their careers stagnant for long periods.”

- This case illustrates the dysfunctional registration system at the HPCSA, and failure of adherence to the Batho Pele principle of the public service in South Africa.

5.2.2 Failures of the system of examination and recognition of qualifications of health professionals

5.2.2.1 Submission on 21 April 2015: Dr Janet Giddy, Member of the MDPB – Constraints experienced by foreign qualified doctors when trying to register with the HPCSA (janetgiddy@gmail.com) - A case of an Ethiopian doctor (Dr “EE”) married to a South African doctor who works as a medical manager in a district hospital in Uthungulu district of KwaZulu-Natal province:

- Dr EE qualified in Ethiopia in 1999, post internship worked for Medecins Sans Frontieres (MSF) for 8 years – 2 years of which were in South Africa and Swaziland; she also worked also for the World Health Organization (WHO). She also got a postgraduate qualification in Public Health in Belgium.
- She applied for the first time to sit for the HPCSA Board examination in August 2009. She was told to first apply to ECFMG for verification of her qualifications. ECFMG verification process took two years, with the full verification report issued in November 2011.
- January 2012 – organized an endorsement letter from the FWMP as the previous one had expired. Informed by HPCSA that Form 10 relating to her internship, though verified by ECFMG (as part of her academic transcript), was not signed and thus her application to sit for Board examination would not be processed. EE had to send Form 10 to her Ethiopian University to get a signature and submit the same to HPCSA by the 15th February 2012, the date for the next scheduled Examination Committee meeting.
- Dr EE applied to sit for the June 2012 Board Examination – three years after her initial effort to write the Board exam towards getting HPCSA registration.
- This case reflects failure of the HPCSA’s examination system to ensure a timeous and efficient process for the recognition of qualifications in respect of foreign-qualified practitioners.

5.2.2.2 Submission on 28 April 2015: Dr SS Bodasing, A Foreign Qualified South African medical practitioner (shahistha.bodasing@gmail.com):

- Served internship and community service since 2010, had to come to HPCSA offices in Pretoria in 2012 after 4 months of not getting certificate for registration of community service.
- Was told that all the documents including the notarised copies were lost and were not logged into the system, only the cover page was captured. Had to resubmit the copies of the documents
- Application to write Board Examination rejected due to demand for additional requirements that were not specified by the HPCSA at the initial application in January 2014.
- Resubmitted the forms and had to get ECFMG in Philadelphia (USA) to resend copies of certificate for the verification of credentials (earlier submitted to HPCSA in 2010 and were reported by HPCSA also to have been lost).
- Received HPCSA confirmation letter in July 2014 to write the examination and had to wait for the once a year Examination Committee meeting which was to take place in February (2015) for the June 2015 Examination.
- February 2015 Examination Committee meeting allowed Dr Bodasing to write only two (2) of the six (6) subjects in June 2015, the remaining subjects to be written in 2016.
- In terms of HPCSA rule, foreign qualified practitioners have to write and pass (with a maximum of two attempts per subject) all examination subjects within two (2) years of initial approval of application to write. By June 2016, it will be two years since approval was granted to Dr Bodasing to write. The four remaining subjects must therefore be passed at the first sitting in June 2016.
- This case (which was also presented in Section 5.2.1) reflects failure of the administration system to cater for the needs foreign-qualified practitioners.

5.2.2.3 Submission on 22 April 2015: Dr Timothy Hardcastle, Head of Trauma Unit, University of KwaZulu Natal/Inkosi Albert Luthuli Central Hospital.

- Applications are received annually by South African academic institutions from experienced surgeons and senior registrars from prestigious institutions wishing to spend 3 months to 2 years in trauma services known internationally

to have extensive trauma load and training opportunities. Many are self-funded or funded by their institutions.

- The problem is getting them registered with the HPCSA to practice temporarily in South Africa – arduous paperwork, demand for notarisation for certification of documents as opposed to certification by Commissioner of Oaths (some countries like Japan and Scandinavian countries do not have lawyers who hold Notarius Publicus title), loss of documents and poor communication.
- No regard is taken by the HPCSA of the fact that applicants are extensively vetted by the receiving academic institution (through CV, copies of their degrees, letter of recommendation from their institution and proof of adequate funding), will be working in a supervised academic training environment and will register as visiting students at the local academic institution.
- This case reflects a dysfunctional system for the recognition of qualifications of foreign-qualified practitioners in South Africa.

5.2.2.4 Submission on 06 May 2015: Associate Professor Ikechi Okpechi (MP0601292) – Complaint to CEO of HPCSA

- He wrote and passed the Board examination to enter the Specialist/Sub-specialist in Public Service category in March 2014;
- He had not been registered by 06 May 2015 despite submitting all the required forms, and frequent communication with a named staff member and no reply.
- This case illustrates excessive delay in the registration of a foreign-qualified practitioner following the completion of the Board examination, and a lack of communication with the practitioner on the reason for the delay.

5.2.2.5 Submission on 29 May 2015: Africa Health Placements (Saul Kornick, CEO: saulk@ahp.org.za)

- Africa Health Placement is assisting medical schools from the United Kingdom to place Family Medicine registrars at South African rural hospitals for a year as part of their training in a Global Health Scholars and Fellows Programme.
- The HPCSA require graduates of some medical schools to write examinations before registration in South Africa (i.e., examination track) whilst graduates of other UK medical schools are not required to write examinations prior to registration by the HPCSA (i.e., non-examination track).

- There is a lack of clarity on why the non-examination track for registration of foreign-qualified practitioners only applies to some but on all UK medical schools.
- This is impeding the recruitment of Global Health Scholars and Fellows to South African rural hospitals as part of the UK training programme in General Practice.
- There is a failure by the CEO/Registrar of the HPCSA to provide the much needed guidance on the assessment and recognition of medical qualifications from the UK.

5.2.3 Failures of the system of professional conduct assessment

The following cases illustrate the failures of the system of professional conduct assessment at the HPCSA –

5.2.3.1 Submitted on 13 April 2015: Reverend Thomas Scarborough (email: scarboro@iafrica.com):

- He submitted several complaints about the conduct of a Dr Nicholas for falsifying his clinical notes (January 2014), prescribing without diagnosis (March 2014), defamation (June 2014), and intimidation (February 2015).
- The MTT has been informed that the HPCSA dismissed his first complaint without hearing evidence from the complainant, and failed to acknowledge and reply to two additional complaints from Reverend Scarborough.
- This complaint reflects a failure of the complaints system of the HPCSA to respond to legitimate complaints of a member of the public.

5.2.3.2 Submitted on 21 April 2015: Dr. R. Pather

- He believes he was treated unfairly in a finding by the HPCSA without giving him an opportunity to present his side of the story, and to use expert witnesses. The details are scanty in the submission.
- There is a failure on the part of the HPCSA to address the complaint of procedural unfairness by Dr Pather.

5.2.3.3 Submitted on 04 May 2015: Professor Sydney Biddulph – Complaint against the HPCSA, biddulph@webafrica.org.za

- This case is an epitome of the mismanagement, maladministration, and irregularities that are experienced by practitioners at the HPCSA:
 - Excessive delays in dealing with complaints against practitioners (e.g., No response to Professor Sydney Biddulph for a year after he had responded to the complaint);
 - Denial of receipt of documents that had in fact been submitted and acknowledged (e.g., in the Biddulph case, the same official who acknowledged receipt of the response denied doing so a year later);
 - Finding practitioners guilty of an offence without expert opinion and in their absence (as illustrated in the Biddulph case);
 - Multiple postponements of legal cases;
 - Wrongful conviction of practitioners which is subsequently rescinded by the Council;
 - Inordinate delay in resolving matters of up to 5 years;
 - Damage to the reputation of practitioners, leading to unnecessary and often protracted civil litigation.

5.2.3.4 Submission on 28 April 2015: Medical Protection Society

- The submission of the Medical Protection Society provides case studies that illustrate inefficiency, breaches of confidentiality, excessive delays, failure to adhere to relevant regulations, and ineligibility of complaints.
- The mismanagement, maladministration and irregularities have been noted for longer than 5 years.

5.2.4 Failure of the system of approval of training schools

5.2.4.1 Submission on 28 April 2015: Dr Penelope Flack - Speech and Language Pathology UKZN:

- The Speech and Language Pathology and Audiology Programmes at the University of KwaZulu Natal (UKZN) underwent review by the HPCSA in September 2011. The final recommendation by the review panel to accredit both programmes was received in October 2011.
- In June 2012, the HPCSA informed UKZN that the Education Committee of the HPCSA was not obliged to accept the reviewers' recommendation and asked for an improvement plan. HPCSA decided not to accredit both programmes.

- On 25 October 2012, the HPCSA retracted its non-accreditation decision. On 22 November 2012, the Dean asked for the final report.
- On 29 October 2014, the HPCSA wrote to say the Speech and Language Pathology programme was still not accredited, but that students completing in 2014 would have their registration with HPCSA condoned – even though the 2011 programme review was for the preceding 5 year period.
- The case reflects failure of the proper management of the system of approval of training programmes by the HPCSA.

5.2.4.2 Submission on 21 April 2015: Dr Janet Giddy. Letter by Prof Marian Jacobs, Dean, Faculty of Health Sciences, UCT, dated 4 July 2012:

- Delays of up to 18 months in getting a response to requests for accreditation of new specialist and subspecialist training sites and/or new training numbers or an increase in training numbers.
- Applications for accreditation of units and for training numbers sent to HPCSA by courier have on several occasions been lost by the HPCSA, with no feedback from HPCSA, resulting in duplicates having to be sent on repeated enquiries.
- HPCSA accreditation visit took place in February 2010, yet by the 4th July 2012 an official revised schedule of updated training numbers had still not been received. The Head of Medicine rather than the Dean had just received a list of numbers (rather than a schedule) with some anomalies that needed to be clarified.
- HPCSA hereby demonstrates its failure to implement effectively its responsibility of assuring the quality of training through the process of accrediting training institutions and training programmes.

5.2.5 Failure of the system of continued professional development and definition of scope of practice

5.2.5.1 Submission on 14 April 2015 by Ms Nanette Tredoux: Member of Professional Board for Psychology:

- Approval of Continuing Education Units (CEUs) for Professional Board for Psychology has been outsourced to agencies which include the University of Pretoria, University of the Free State and Psychological Society of South Africa. Courses like the Neethling Brain Profile conducted by Dr Kobus

Neethling of the University of Pretoria (who is not a registered psychologist) are approved for CPD purposes.

- Though the Board of Psychology requires that psychologists use classified tests, yet practitioners can currently claim CEUs on training in the unclassified tests like BarOn EQi2, an emotional intelligence course marketed by Top Talent.
- CPD portfolios submitted electronically disappear without a trace. Practitioners are instructed to submit their records electronically, but the e-mail system at the HPCSA can't handle large attachments, so the documents get lost, and the practitioner is removed from the register for non-compliance with CPD.
- The case exhibits multiple levels of dysfunction of the CPD system, ranging from appropriateness of providers, to appropriateness of content, to administrative dysfunction, and erroneous deregistration and removal of practitioners from a system as a result of a failing IT system.

5.2.5.2 Submission on 28 April 2015: by Selva Mudaly and Francois Nel (President and General Secretary respectively, of the South African Institute of Environmental Health, (e-mail: fnel70@icloud.com) :

- HPCSA's excessive delays (up to 6 months) in approving the accreditation of service providers for CPDs.
- HPCSA changes the CPD rules frequently and without notifying practitioners timeously. In the past, applications for accreditation of service providers were referred to the appointed provincial CPD Accreditor. Without sufficient notice HPCSA has changed the rule and applications are now referred to the Committee of Professional Board of Environmental Health. Members in the Western Cape have been dealing with CPD issues related to this change since 2012 and to-date no solution has been arrived at.
- A municipality in the Eastern Cape was advised by the HPCSA to apply for accreditation status for CEU. The municipality went through the application process, at the end the HPCSA gave a response that HPCSA no longer gives Municipalities accreditation status for CEU.
- There is failure of the HPCSA to manage effectively the system of assuring Continuing Professional Education.

5.2.5.3 Submission on 28 April 2015: Ms Amanda-Cross Rose, Physiotherapist

- There has been no progress in determining the eligibility and scope of physiotherapists to prescribe medicines despite the establishment of a Task Force.
- Biokineticists are accused of usurping the scope of practice of physiotherapists. This perceived unethical practice beyond the scope of practice has been reported to the HPCSA, but no action has been taken.
- Specialisation within the field of physiotherapy is not allowed for reasons that have not been provided.
- This case illustrates the failure of the HPCSA to guide the professions in matters of professional practice.

5.2.5.4 Undated submission of the Professional Association of Clinical Associates in South Africa (PACASA):

- PACASA complained about the unsatisfactory way in which the process of the definition of the scope of practice of Clinical Associates was handled. The process of finalising the scope of practice of Clinical Associates Scope was apparently long overdue. The mishandling of the process did not provide good impression that indicated that Clinical Associate Profession is a needed profession that would play an important role in the healthcare system of South Africa. Furthermore, the scope of practice did not show ways in which clinical associates career would be developed in the future.
- This case illustrates the failure of the HPCSA to guide the professions in delineating an appropriate scope of practice.

5.2.6 Failure of the system of information communication technology

5.2.6.1 Submission on 21 April 2015: Dr Janet Giddy. Letter by Prof Marian Jacobs, Dean FHS UCT, dated 4 July 2012:

- A new system has been introduced requiring ECFMG verification of international qualifications to be sent as hard copies to HPCSA before a foreign graduate can be registered.
- The IT system introduced to track the ECFMG verification could apparently not handle the data and was reported by HPCSA administrators to be a “crash” but it seems administrators were unable to access the data base due to its

size. The effect was extensive delays that in some instances led to loss of sponsorship for applicants and an impact on patient care.

5.2.6.2 Transcription of interview of 08th May 2015; pages 935-985: Former and first Chief Information Officer for the period 2013-June 2014:

- “The Oracle ERS system failed in part due to the system going live before it could be signed off.
- The system failure affected operations of all sections of the HPCSA.
- The IT system was in a crisis mode with the human resource module, the registration module and the finance module not working properly.
- The system was being operated by technicians instead of system managers.
- There was a lack of network security system, thus exposing the information on practitioners to great risk.”
- The dysfunctional IT system and poor data management system affected almost all the five core functions of the HPCSA.

5.2.6.3 Transcription of interview of 08th May 2015; pages 763-801: Former and second Chief Information Officers for a 2 week period in October 2014.

- “On scanning the environment I discovered that the network was very old - more than ten years.
- The system had reached full storage capacity and was about to crash.
- Staff in the section consisted of six technicians with no secretary.
- A large amount of money kept in the suspense account that could not be linked to the contributing practitioners.”
- This rapid assessment of the IT system confirms the findings of the previous Chief Information Officer.

5.2.6.4 Minutes of the November 2014 meeting of the HPCSA Executive Committee: (Appendix 20)

- Status Report on ERS: Critical challenges highlighted in the IT report as follows -
 - Current infrastructure is at a critically low level as the devices have reached end-of-life;

- There are challenges in providing support to user departments due to unavailability of Development Environment;
- The deterioration of the ORACLE ERS systems.
- Chief Information Officer's resignation was based on the current IT situation as it may have led to her reputation failure and as a result she opted to resign.
- The failure in the management of information system in the HPCSA has been noted for nearly 10 years.

5.2.7 Failure of the data management system

5.2.7.1 Transcription of interview of 08th May 2015; pages 935-985: Former and first Chief Information Officers for the period 2013-June 2014:

- The IT system had reached full capacity (99%), resulting in some records having had to be destroyed without being scanned for storage, other records left in boxes, the system being slow, emails not going out when they should and generally poor internal and external communication with clients.

5.2.7.2 Submission on 27 April 2015: Dr J Nokuthula; (nokuthula07.nj@gmail.com)

- Foreign qualified and registered with the HPCSA since 2010.
- Applied twice to sit for the independent registration exam with no response.
- She was told that her details were lost or her ECFMG details could not be traced.
- She has sent emails to the relevant personnel to trace the verification but still got no response.
- There is failure in the management of data at the HPCSA.

5.2.8 Failure of the management and planning of space

5.2.8.1 Reports of the Property Committee of Council: September 2012- April 2015 and Council Secretariat's Internal Memorandum of 17 April 2015 to Manager of Facility Management and Support Services:

- The Property Committee of Council was established in September 2012 to address spatial needs for additional office accommodation and infrastructure accommodation, crime statistics in the area, disruptions associated with

frequent marches to the Union Buildings and the high maintenance costs of the current buildings (Appendix 21).

- After consideration of the three options, Council's Property Committee recommended early in 2013, the purchase of the adjacent YWCA building as an investment option – demonstrating its lack of focus on and pursuit to conclusion of its priorities objectives (Appendix 22).
- Council's EXCO at its meeting of 3rd July 2013 set aside any further attempts to secure the YWCA building (Appendix 23).
- A consultant Architect contracted by the HPCSA reported on 24th June 2013, approval by the Pretoria City Council, of the rezoning and consolidation of the adjacent previously purchased site for the expansion of HPCSA accommodation (Appendix 24).
- An unsigned HPCSA Property Report to Council dated 25 November 2014 recommended that Council opt to purchase land with intention of building according to specifications best suited for the HPCSA. (Appendix 25).
- Council Secretariat's Internal Memorandum to the Manager Facilities Management and Support Services of 17 April 2015 resolved that: i) Management be tasked to conduct further research on various property appraisals in terms of convenience for stakeholders, location and costing; ii) Property Committee as previously set up by Council be re-established to handle this matter; iii) The matter should be tabled to Council in order for a Committee of Workgroup to be constituted (Appendix 26).
- Three years since the establishment of the Property Committee of Council, no decision regarding a solution for a critical resource - accommodation for the organization - has been made.
- This reflects the failure of Council and Management to address a fundamental problem that has been affecting the functioning of the HPCSA for several years.

5.2.8.2 Transcription of interview of 17 April 2015; pages 368-369: Mr Khanyiso Dube:

- Though the recommendation made by Leadership SA was for appointment of 30 additional staff, decision was made to create posts for only eight (8) committee co-ordinators who support the board managers because of lack of accommodation space in both buildings.

- Though the spatial problem has been known to the HPCSA and notwithstanding Management's awareness of the rapid growth in the size and complexity of the organization, Management has failed to plan and implement measures to secure spatial accommodation for the HPCSA.

5.2.9 Failure of human resource management

5.2.9.1 Submission by the National Education Health and Allied Workers Union (NEHAWU): 19 May 2015

- MTT has been informed that NEHAWU based its conclusions on its experience in the HPCSA, its previous engagements with HPCSA's Executive management, interviews conducted with its members, focus group discussions and its understanding of the best practices for human capital management.
- NEHAWU reports leadership deficiencies relating to human resource management: Lack of management skills, poor communication, poor people skills, lack of conflict resolution skills, lack of transparency in decision making and lack of understanding of labour legislative framework.
- NEHAWU reports inconsistency in Executive management's application of the work ethics policies and procedures.
- MTT was informed of a lack of trust and confidence among employees, in HPCSA Executive leadership.

5.2.9.2 Resignation of Managers in the 18 months' period: March 2014 - May 2015

- The MTT was informed that seven (7) managers: (2 Chief Information Officers, 1 Chief Financial Officers, 3 Board Managers and 1 Council Secretariat) had resigned over a period of 18 months.
- The resignation of a senior member of staff every 3 months on average represents a high turnover of senior staff at the HPCSA.

5.2.9.3 HPCSA Organizational Design Report - 6 May 2013: Leadership SA (Appendix 27)

- On Structure:
 - High number of people reporting to the COO was not sustainable;

- Silos were seen to create barriers to effective flow of information and innovation;
- There were some gaps in the structure where support is required for the core business of the organization;
- There were examples of uneven role loading;
- There were examples of lack of role clarity and of role duplication.
- On people management:
 - Selection profiles and assessments were not evidence-based which might result in wrong appointments;
 - Training and competence assessments at lower levels were too generic;
 - There were a number of highly skilled and experienced people but they were often overloaded;
 - There was a number of high potential people in the organization who were trying to implement required changes and they needed to be nurtured;
 - Extensive use of temporary workers resulted in skills gaps as there was insufficient training and skills retention;
 - The lead time for recruitment was too long;
 - Performance measures were not clear and ratings were subjective.
- Significant recommendations made but never implemented to date are:
 - Structure was only partly responsible for lack of organizational performance;
 - The organization required a holistic turnaround strategy (3 years) that addressed all the elements of the organizational architecture. This will create a medium term focus and offer opportunity for holistic interventions involving all of the following elements of the organizational architecture:
 - i. Service delivery model needed to be redesigned to be client-oriented;
 - ii. Structural changes were necessary – these included among others reducing the span of control of the COO and increasing the staff;
 - iii. HPCSA must start addressing all factors that impact on performance such as processes, technology, skills, etc.
- HPCSA management has failed to effectively and efficiently manage the organization’s human resources according to the recommendations of the Leadership SA Report of 2013.

5.2.10 Failure of the overall management of risk.

HPCSA has failed in the overall management of risks in three critical areas:

5.2.10.1 Information System (ERS) failure as described in 5.2.6 above giving rise to failures in:

- Customer-relations management (e.g., document management for registrations, applications for Board examinations, or for CPD points, call centre management, etc.).
- Management of Finances.
- Productivity of Professional Boards.

5.2.10.2 Failure to manage the spatial requirements risks described in 5.2.8 above for a growing organization resulting in spatial entrapment of the organization and its inability to accommodate staff and equipment.

5.2.10.3. Human resource risk management as described in 5.2.9 above giving rise to overall failure of organizational performance.

Management has for years been aware of these risks but has failed to manage them.

5.3 Are the CEO and COO fit to run the organisation?

5.3.1 Fitness of CEO/Registrar for office.

The current CEO/Registrar of the HPCSA, who was appointed on 01 May 2012, enters into a performance agreement with the President of the HPCSA on an annual basis. Given the refusal of the CEO/Registrar to be interviewed by the MTT, we mapped the responses of external and internal stakeholders against the following 5 key functions of the CEO/Registrar (Table 4):

5.3.1.1 Development of regulatory and legislative framework for standards, professional practice and ethical norms as well as professional conduct compliance procedures.

5.3.1.2 Recruitment and management of component staff to ensure effective and sufficient administration of HPCSA policies, strategies and processes.

5.3.1.3 Maintaining sound public relations with stakeholders including, but not limited to the health service authority, the media and general public and ensure the promotion of a positive image of HPCSA, Professional Boards

and Administration. Maintaining high level of liaison with Parliamentary Portfolio Committee on Health.

5.3.1.4 Directing and overseeing service delivery processes in line with Batho Pele principles with overall responsibility for the performance management of senior managers and entire staff Providing strategic direction and vision to eight (8) divisions (Human Resources Management, IT, Finance/Cooperate, Professional Boards, Registration, Continuing Professional Development & Records, Legal Services, Support Services and Public Relations).

5.3.1.5 Management of Council finances and the overall budget.

The internal and external stakeholders, as well as the documents reviewed identify the failure of the CEO/Registrar to perform to the required standard in the majority of the key functions (Table 4). There is evidence that the CEO/Registrar has failed to recruit and manage staff to ensure effective and sufficient administration of HPCSA policies, strategies and processes, to maintain sound public relations with stakeholders, and to direct and oversee service delivery processes in line with Batho Pele principles. These findings are not compatible with the CEO/Registrar who is fit to run the HPCSA.

Refusal by the CEO/Registrar of an embattled organisation such as the HPCSA to appear before a team set up by the Minister to investigate allegations which fly in the face of her ability to lead the organisation can and should only draw a negative inference, when regard is had to her ability to effectively lead the organisation.

5.3.2 Fitness of COO to hold office.

Similarly, the current COO who was appointed on 01 February 2013, entered into a performance agreement with the CEO/Registrar of the HPCSA. Given the refusal of the COO to be interviewed by the MTT, we mapped the responses of external and internal stakeholders, and the findings of the Leadership SA report on the effectiveness and efficiency of HPCSA Management and Administration against the following 6 key functions of the COO (Table 5):

5.3.2.1 Operational Management and proactive implementation of Council programmes through effective and efficient means of rendering seamless service delivery by all departments.

5.3.2.2 Human resource management.

5.3.2.3 Management of CPD, Registration and Records.

5.3.2.4 Management of infrastructure and resources.

5.3.2.5 Management of stakeholder relations.

5.3.2.6 Financial management.

- The internal and external stakeholders identify the failure of the COO to perform to the required standard in these six key functions (Table 5).
- There are two additional factors that militate against the fitness of the incumbent COO to hold office at the HPCSA.
 - First, he was implicated in acts of unauthorised, irregular and/or fruitless and wasteful expenditure in a matter relating to the ERS IT system which remain unresolved.¹⁸
 - Second, the COO has taken the HPCSA to court and lost the case with costs awarded against him. We have not been placed in possession of any documents which prove that he has paid the costs due to the HPCSA. To the best of our knowledge, he has not paid the legal costs of the HPCSA.

These factors do not reflect a COO who has the best interests of the HPCSA at heart.

Failure of the COO to manage effectively and efficiently the operations of the HPCSA, and his involvement in activities that are against the best interest of the HPCA all make the COO to be unfit for office. Persistent refusal by the COO to appear and assist the MTT in its work regarding the operations at the HPCSA should be viewed in negative light. The COO is well placed to provide MTT an appropriate response to the allegations of operational incompetence levelled against the organisation.

5.3.3 Fitness of the Senior Manager of Legal Services to hold office:

The role of the incumbent Senior Manager of Legal Services, Advocate Phelelani Khumalo, needs to be considered along with that of the fellow executives. The following lines of evidence suggest failure of management and administration of the Legal Services in the organisation:

5.3.3.1 During his term at the helm of legal services in the HPCSA, the organisation has applied rules whose effect have brought difficulty and hardship to healthcare professionals registered with the HPCSA.

- 5.3.3.2 The interpretation by the Senior Manager Legal Services of the community service requirement, which insisted that all foreign qualified professionals irrespective of their level of qualification and experience should be appointed as community service medical officers and serve in such capacities for a period of a year without consultation with the national Department of Health was contrary to national policy and interest.
- 5.3.3.3 The Senior Manager Legal Services provided unsolicited advice to Council regarding the 30 anonymous letters of complaint delivered to the President of Council and insisted that the letters be considered as acts of espionage to be investigated by the National Intelligence Services (Appendix 29).
- 5.3.3.4 The inordinate delays in getting complaints against healthcare professionals being finalised within a reasonable time. This causes both professionals and members of the public to remain in limbo for a long periods of time.
- 5.3.3.5 Minutes of the HPCSA Education and Registration Committee meeting of the 25th November 2013 (Appendix 28): The General Manager Legal Services, CEO, COO and the Chairperson of the MDPB were absent at the meeting where:
- “Inefficiency of HPCSA towards the business of the Medical and Dental Professional Board” was a prominent item for discussion; and
 - The rate of response from the Department Legal Services was cited as one of the problems experienced.

He was offered an opportunity to provide the most needed explanation on the operations of legal services of the HPCSA as well as his advisory role as a head of legal services, but he declined our invitation. This conduct can only draw negative inference on his fitness to hold office.

5.4 Are there other insights that have been gained from the investigation?

5.4.1 Psychological Society of South Africa

The problems experienced by members of the Psychological Society of South Africa are related to continuity; limited consultation; delayed decision-making and feedback; poor communication; and general issues surrounding administrative logistics may in part be due to a lack of permanent personnel, both professional and administrative. They also feel that the support offered by Council administration to the Board is vastly inadequate (for instance, see incorrect versions of forms, such as Form24RC, still available on the website and delays in the execution of related requests for uploading correct versions). PsySSA is thus of the opinion that the structure of both the Council and the Board require considerable revision to enable greater efficiency and consistent commitment.

The Psychological Society of South Africa raises a number of critical problems that are not met by the HPCSA such as competing regulatory frameworks in higher education in terms of accreditation, registration, and quality assurance (e.g., NQF, SAQA, and HEQC) as compared to the regulations prescribed by the HPCSA, delays in finalisation of scope of practice, the status of research psychology, masters programmes at universities and registration of their international students for internships. The HPCSA is failing to lead the professions in all these critical areas.

5.4.2 Federation of South African Surgeons (FoSAS) and the Association of Surgeons of South Africa (ASSA)

“The composition of the Executive Council of the Health Professionals Board of South Africa is widely felt to have a disproportionately small representation from the medical profession. Of 32 possible members there are three that are dedicated as representatives of the medical and dental profession. The capacity to represent the large number of medical professionals is diluted by the representative members from smaller albeit equally important bodies.”

The FoSAS and ASSA have further itemised the dysfunctional systems of the HPCSA as follows –

- Failures of communication: phone calls and emails are not responded to. An acknowledgement of receipt may be forthcoming, but no further information or update is thereafter provided. Colleagues report multiple attempts to gather an answer, but nothing remains forthcoming.
- Requests for documentation, such as certificates of good-standing, are unreasonably slow, or not forthcoming at all.
- Patient complaint procedures drag on for years, despite the doctor obeying the timelines for report submission by the HPCSA. Doctors' legal representatives share these same frustrations.
- These complaints are sometimes not resolved at all. For example, a complaint against one of our members was made in 2008. The doctor and his legal representative submitted a timely detailed and expensive response. HPCSA declared the matter to be under review. Despite reminders, no further information regarding exoneration or an appearance was ever received. It remains in limbo to this day. This prevents the practitioner from achieving closure on what is usually a very threatening and potentially harmful scenario, both to his/her career and emotional well-being.
- The HPCSA needs to represent the interests of the health professional. While it must also fairly investigate patient complaints against the practitioners, there is a widespread perception of the "scales of justice" being tipped against the practitioners. An example of this is the long delay in resolution of these complaints, many of them spurious, ill-informed and unjustified. ASSA is fully cognisant of the need of the HPCSA to react to accusations of malpractice, but the process is often felt by practitioners to be structured unfairly towards them.
- Overseas colleagues seeking registration, temporary or permanent, report a woeful lack of communication and information. They will frequently report that they have completed all forms and fulfilled all that has been asked of them, but they then are left uninformed of the outcome of their application. Reminders to the HPCSA by phone or mail are ineffective. These delays can seriously threaten, even ruin, their career plans and progression.
- The application for registration and or modification of a registration is often hamstrung by the repeated loss or misplacement of valuable documents that have been submitted at the request of the HPCSA.

5.4.3 Former Acting Chief Executive Officer of the HPCSA

A former Acting CEO/Registrar of the HPCSA pointed out the following structural problems with the HPCSA:

- Structural problem: it is a huge challenge for a CEO/Registrar to manage 12 Professional Boards that represent at least 27 professions and the Council (i.e., equivalent of 13 Companies to run). There are at least 52 meetings per year with one Board meeting per week. Every Board has various committees that have broad agendas – and they need to meet at least 4 times per year. The HPCSA is doomed to failure because of this super-structure. The organisation registers a diverse range of health professionals from ambulance drivers who train for several weeks to medical sub-specialists with 15 years of university education. Furthermore, decision-making is difficult because of conflicts of interest among different professional groups. It may be appropriate for each profession to manage its affairs, and its values – and interact with society.
- Institutional problems: the HPCSA employs more lawyers than health professionals. Therefore, approach is a legal approach rather than a health professional approach. There is not a single medical practitioner in the legal department. The department contributed to this change by introducing more members of the public and lawyers in the professional conduct committee. Therefore, there are insufficient health professionals within the HPCSA to guide the health professions.

5.4.4 Interview with Dr Anban Pillay, Deputy Director General, Public Entities

The department interacts with the HPCSA through the Forum of Statutory Health Professional Councils (FSHPC) established in terms of section 50 of the National Health Act, on which the Department has two representatives. The HPCSA and other statutory councils are members of the forum and there are minutes indicating meetings of the forum. The Directorate of Public Entities interacts directly with the HPCSA regarding complaints against the latter and there is a record of such interaction. Further, departmental employees also sit on the HPCSA and its professional boards, representing the interests of the department.

5.4.5 South African Medical Association

The South African Medical Association made a 93-page submission to the MTT (Appendix 30). SAMA members and employees experience great difficulty in dealing with the HPCSA, and in particular the MDPB of the HPCSA. These difficulties include the refusal and failure of the HPCSA officials to respond to correspondence or to telephone

messages, the inordinate amount of time for the various Board committees to arrive at, and make known their decisions and the infrequency of meetings of the various functionaries and board committees resulting in matters being left unresolved for months and even years. They provide several case studies illustrating difficulties in registration from community service to independent practice, restoration to the register after being removed without notice, delays with specialist registration, inordinate delays with foreign qualified practitioners, serious administrative inefficiencies in disciplinary processes which prejudice the livelihood of doctors.

SECTION 6: CONCLUSIONS

The Ministerial Task Team has made conclusions on the following 10 points that are contained in the terms of reference -

6.1 Views of stakeholders regarding the state of affairs of the HPCSA

The stakeholders described chronic pervasive dysfunction of the HPCSA affecting its primary functions of registration, examination and recognition of qualifications, professional conduct enquiries, approval of training schools, continued professional development and definition of the scope of practice of its registrants. There is compelling evidence of multi-system dysfunction and failure to discharge its primary role which is based on the following factors:

6.1.1 First, we examined three sources of evidence for this work (i.e., interviews, written submissions, and investigative reports) all of which provided consistent information on the HPCSA as a dysfunctional organisation.

6.1.2 Second, there was a wide spectrum of information including individual practitioners, professional organisations, civil society groups, and a professional indemnity companies.

6.1.3 Finally, there was not a single submission that contradicted the overwhelming evidence of maladministration, mismanagement and irregularities that have been demonstrated by the case studies in the Findings section of this report. The top three executives declined a very important opportunity to rebut the allegations made against the organisation they are tasked to lead, opting to exercise their right to remain silent and not assist in the investigations. It is without doubt that the organisation is led by persons who put their personal interests above those of the organisation.

The key themes that run through the failings of the HPCSA as experienced by the stakeholders are:

- the difficulty to contact the HPCSA,
- frequent lack of acknowledgement of correspondence,
- frequent and repeated loss of valuable documents that are submitted and acknowledged,

- provision of incorrect information to practitioners,
- excessive delays in processing applications and complaints,
- failure to adhere to relevant procedures, policies and regulations,
- inefficiency of the complaints management system, and
- general lack of commitment to the Batho Pele principle (i.e., service orientation – putting the interests of people served first before considering your own).

6.2 Governance responsibilities of the HPCSA

The governance responsibilities of the Council and Boards of the HPCSA are defined in the Health Professions Act 56 of 1974 (Table 1). We use the term governance to refer to the way the rules, norms and actions are produced, sustained, regulated and held accountable within the HPCSA. The Council is responsible for the coordination of the work of the Boards, the regulation of inter-professional liaison, and the determination of strategic policy for the HPCSA. In addition, the Council has a duty to make decisions on matters of finance, education, ethics, professional conduct, disciplinary procedure, scope of practice, and professional competence. These governance responsibilities are discharged through the CEO/Registrar who is the head of the administration system of the HPCSA.

There are four themes that emerged during the investigation:

6.2.1 First, the Council has failed to exercise the responsibility of oversight and accountability to ensure that the HPCSA discharges its primary functions, and that the CEO/Registrar discharges the management role in an appropriate manner. As a result, the systems for registration, examination, professional conduct assessment, approval of training schools, continued professional development and determination of scope of practice are ineffective and dysfunctional. Furthermore, information communication technology, data management, space utilisation, human resource management, and risk management systems are in shambles.

6.2.2 Second, there is lack of clarity between the roles of the Council, the Boards, and the Administration. This leads to decisions made by the Boards (with the approval of the CEO/Registrar through her signature) being vetoed by the Administration – without intervention by Council. The lack of clarity of the roles of the Boards and Council may also be related to the substantial overlap in functions of the two structures under the prescripts of the Health Professions Act (see in Table 1, for example, that seven of the

eight objects and functions of the Boards overlap substantially with the objects and functions of the Council).

6.2.3 Third, it has been brought to the attention of MTT by several observers that the size and complexity of the HPCSA is such that it is a huge challenge for one CEO/Registrar to run the 12 Professional Boards and Council effectively. The structure and systems of the HPCSA are still based on the original SAMDC which had 20,000 members – and has not catered for the rapid growth to the present size of over 200,000 registrants. The time has come to consider the unbundling of the HPCSA and creation of new Professional Councils that will cater for the large professions in a single structure, as has been done for South African Nursing Council and the South African Pharmacy Council.

6.4.4 Finally, the role of the National Department of Health and the FSHPC in the governance of the HPCSA should be strengthened. Likewise, the mandate and reporting processes for the Department's representatives on the various professional boards of the HPCSA should be clarified and strengthened.

6.3 The procurement procedures followed in the acquisition of the Waymark-ORACLE information system

The KPMG Forensic Investigation into the procurement and implementation of the Enterprise Resource Solution (ERS) has found evidence of administrative irregularities, mismanagement and poor governance at the HPCSA.¹⁸ The KPMG Forensic Investigation found evidence of failure to comply with the HPCSA's procurement policies and procedures and the prescripts of the relevant legislation and regulations; unauthorised, irregular and/or fruitless and wasteful expenditure. The Forensic Investigators made several recommendations including obtaining an independent legal opinion with regards to possible recourse in respect of the Waymark contract to remedy the ERS implementation issues, review and revise its Delegation of Authority to provide more specific levels of authority to EXCO and indicate instances that may require referral to Council for consideration and approval, possible disciplinary action against several officials for non-compliance with the procurement policies and procedures of the HPCSA and possible failure to act in the best interest of the HPCSA including the current COO, Advocate Boikanyo; that further enquiries be made and/or an opinion obtained to determine whether the HPCSA is included in the definition of a National Public Entity and hence should be listed and comply with the PFMA; and obtain legal advice in respect of the appropriate action to be taken against Advocate Mkhize and the EXCO members at the time of Waymark's appointment.

The MTT has found that the Council of the HPCSA has not addressed that findings and recommendations of the KPMG Forensic Investigation in a thorough, comprehensive, and decisive manner and in the interests of the HPCSA, its stakeholders and the public.

6.4 Allegations of maladministration made by the staff members who have since resigned

Interviews with staff members who had recently left the organisation corroborated the reports of a dysfunctional ICT system, abysmal data management system, mismanagement of human resources, lack of space and resources for staff members, and poor risk management. The ICT system was described as in state of shambles by a number of observers. The Oracle ERS system was not customised for the needs of the HPCSA and there was insufficient technical expertise to support it. As a result, the staff members of the HPCSA were unable to provide accurate information about a number of critical functions such as the number of registrants who defaulted on paying their annual fees and financial statements for the Boards. The poor interface between the debit order system and the registration database led to large amounts of funds being unattributed to the paying practitioners, and being put in a 'suspense account'. Eventually, the HPCSA cancelled the debit order system for registrants in 2015, and now requires all practitioners to pay their annual dues manually at the bank or outreach points in their places of work. This retrogressive development reflects the failure of the ICT system in the organisation. The staff who have left the organisation also testified to the abysmal data management system at the HPCSA. It is said that forms are stored in boxes which are scattered throughout the buildings of the organisation. It is difficult to retrieve these forms. Indeed, the lack of a document management system leads to frequent loss of precious documents that are submitted by practitioners to the HPCSA. In addition, the ICT network was very old (>10 years) and the data storage capacity was over utilised (>99%), and at risk of crashing at any time. To make matters worse, there was no apparently back-up for this database of over 200,000 registrants if the computer system crashed due to overload. There was no system for Records Management where you can quickly search the document or the record of the doctor to check the status. Staff members have to go through piles of files and should a disaster happen for instance fire break out, then there would be a serious problem.

Furthermore, the human resource environment in the organisation was described as unsupportive to new staff members, understaffing in critical areas such as the MDPB, and a management style of the CEO/Registrar that was characterised by one informant as a 'reign of terror'. The CEO/Registrar apparently summons staff members to her office without telling them what the issue is about, does not listen to what staff members have to say, shouts at

staff member in a humiliating manner, and not infrequently reduces those called to her office to tears.

The MTT observed this atmosphere of fear and terror when they were introduced to the staff at the HPCSA on the first day of conducting interviews. Staff members expressed fear and anxiety about providing information to the MTT, and wanted guarantees of protection from victimisation as a precondition for participating in the investigation. These circumstances have been associated with a high turn-over of staff, with one manager estimating that 20 staff members had resigned from the HPCSA over a two year period. At a senior staff level, a new Chief Information Officer was promised a secretary by the CEO/Registrar, but this decision was vetoed by the COO who made it clear that the CEO/Registrar does not sign on any decision without the signature of the COO. This apparent powerlessness of the CEO/Registrar was corroborated by other interviewees.

In addition, managers who were interviewed informed the MTT that there was no office space for new additional staff at the HPCSA. New additional staff often have to share old computer equipment with others, and may not have a separate telephone line for months after they are recruited.

Finally, there were several processes that exposed the HPCSA to excessive risk. For example, the IT technicians had access to the financial systems of the HPCSA which increased the risk of fraud and theft.

6.5 The 30 written submissions allegedly made by staff members that were delivered at the office of the President of the HPCSA

The allegations made in these anonymous documents of mismanagement, maladministration and irregularities were supported by the evidence gathered from interviews, written submissions, and reports of previous investigations such as the KPMG Forensic report.

6.6 The fitness of the Chief Executive Officer and the Chief Operations Officer to run the organization

This report paints a picture of general incompetence of the CEO/Registrar of the HPCSA. She is presiding over a thoroughly dysfunctional organisation that is unable to deliver services efficiently and effectively to its registrants and the people of South Africa. She has been unable to address the failures of the registration, examinations, and professional conduct enquiry systems. Furthermore, there is abject and persistent failure of the ICT, data and records management systems of the HPCSA. In addition, her management style has fostered an environment of fear and mistrust among the staff which was observed by the MTT. She is

unable to provide leadership to the organisation through her failure to carry out decisions of the Boards and Committees (decisions which bear her signature), and has allowed the COO to usurp her role. For these reasons, the MTT is of the opinion that she is unfit to be the CEO/Registrar of the HPCSA.

The COO is similarly incompetent to execute the operations of the HPCSA. In addition to the multi-system failings of the organisation, he has been accused of inappropriate conduct in the KPMG report. Furthermore, he has failed to put the interests of the HPCSA above his personal interests. This has been demonstrated by the litigation that he has pursued against the organisation, and his failure and/or refusal to pay legal costs to the HPCSA when he lost the case in court. He is unfit to be the COO of the HPCSA.

6.7 The state of affairs has affected the effectiveness and efficiency of the HPCSA

There is overwhelming evidence that the current state of affairs has affected the effectiveness and efficiency of the HPCSA.

6.7.1 First, the HPCSA is unable to register practitioners using modern electronic means.

6.7.2 Second, the failure of the ICT has forced the institution to resort to manual registration of health professionals. The dysfunctional registration system has led to de-registration of practitioners who have paid their dues, and tied the organisation in unnecessary court cases that have been lodged by practitioners who have been wrongfully de-registered,

6.7.3 Thirdly as a result, the organisation is unable to carry out its basic functions of answering correspondence promptly, providing correct information to practitioners and the public, keeping records of documents that have been submitted, attending to complaints in a timeous and proper manner, and attending to its work in an efficient and effective manner.

6.8 There has been an impact on the training of health professionals

There are at least two ways in which the administrative dysfunctionality of the HPCSA has affected training in South Africa.

First, a new requirement for undergraduate students to register individually rather than as a group through the university has increased the administrative burden on individuals and

on the HPCSA itself. This is likely to result in a significant number of undergraduates not registering with the Council, and increase costs of policing the system of registration for all.

Second, there has been an instance of conflicting messages on the accreditation of the Psychology programme at the University of KwaZulu Natal. This problem has lingered for several years, putting trainees at risk of having their qualifications not to be recognised.

6.9 The registration of Foreign Workforce has been negatively affected

Foreign-qualified practitioners are severely disadvantaged by the systematic dysfunction of administrative processes at the HPCSA. The severe administrative gridlock that has occurred over the past 10 years is illustrated by the fact that the number of new registrations of foreign-qualified doctors increased from 239 in 2003 to a peak of 427 in 2006, but this was followed by a rapid decline to only 10 registrations in 2013.¹⁹ Foreign-qualified practitioners bear the brunt of the inefficiency of the HPCSA through the failure of the HPCSA to provide information on the requirements of their complex registration regime, the use of a paper-based system that is subject to the vagaries of the dysfunctional record keeping and data management processes, excessive delays in the processing of applications by the HPCSA leading to expiry of certificates of good standing, inordinate delays in committee decisions and setting up of examinations, limited capacity of the local universities in providing examination slots for foreign qualified practitioners, the existence of a two-tier system of public service and independent practice registers, and different registration pathways for foreign graduates who enter the country on government-to-government agreements.

6.10 Forensic Audit

A Forensic Audit of the HPCSA was conducted in 2011 in relation to the acquisition of the Oracle ERS system. The MTT is of the view that the findings and recommendations of the existing Forensic Audit have not been addressed adequately by the Council of the HPCSA. We believe therefore that the priority is to address the recommendations of the existing Forensic Audit. The need to conduct another Forensic Audit will be determined by a full organisational review that will determine the appropriate governance and organisational structure of the HPCSA that will ensure the effectiveness and efficiency of the organisation into the future.

SECTION 7: RECOMMENDATIONS

The HPCSA is in a state of multi-system organisational dysfunction which is resulting in the failure of the organisation to deliver effectively and efficiently on its primary objects and functions in terms of the Health Professions Act 56 of 1974 (Table 1).

The Ministerial Task Team recommends that the Minister of Health takes the following measures to address this serious deficit in the health system:

7.1 Appoint an interim management team

The primary task of the interim management team ("the team"), led by an Acting CEO/Registrar appointed by the Minister after consultation with the Council of the HPCSA, and two other persons appointed by the Council after consultation with the Minister, will be to address the 10 dysfunctional areas identified in section 2, including the establishment of a functional registration system, streamlining the process of examination and recognition of qualifications, restoring the integrity of the system for professional conduct enquiries, ensuring an efficient system for the approval of training schools, improving the function of the CPD system and defining the scope of practice. In addition, the team will be required to overhaul the ICT, data and records management systems, address the need for additional space, create a conducive human resource environment, and improve risk management of the organisation.

These changes, and if taken together with other recommendations, will take time to be implemented. The MTT is of the view that the team should be given adequate time to implement these changes. The ideal appointment to this role will be include persons with medical training and experience in turning around failing organisations. The team will require resources and personnel to address the dysfunctional administrative systems of the HPCSA.

7.2 Institute disciplinary and incapacity proceedings against the Registrar/CEO, COO and General Manager of Legal Services.

7.2.1 The CEO/ Registrar has over the 3 years that she has been in the post, and, in the opinion of the MTT, has not performed satisfactorily in accordance with her signed employment contract. In the same period she has failed to demonstrate leadership and accountability, failed to implement the recommendations of reports of external

organizations commissioned by the HPCSA to assist it in its problems, deferred her responsibilities to the COO and failed to address the escalating negative experiences of stakeholders. Furthermore the interim management team will not be able to effect the necessary changes with the current Senior Management still retaining their positions. MTT recommends that the Minister should, after consultation with the Council of the HPCSA, institute appropriate disciplinary and incapacity proceedings against the CEO/ Registrar, and should consider her suspension pending the completion of these proceedings, during which period the affairs of the HPCSA should be managed by the interim management team referred to above.

7.2.2 The COO has been implicated in acts of unauthorised, irregular and/or fruitless and wasteful expenditure in a matter relating to the ERS IT system which remain unresolved. In addition, he pursued legal action against the HPCSA for not being appointed to the position of CEO/Registrar and has presided over the multi-systems failure in the operations of the HPCSA. MTT therefore recommends that the Council of the HPCSA should institute appropriate disciplinary and incapacity proceedings against the COO, and should consider his suspension pending the completion of these proceedings, during which period the affairs of the HPCSA should be managed by the interim management team referred to above.

7.2.3 The General Manager of Legal Services, who did not cooperate with this investigation, has presided over a dysfunctional system of professional conduct enquiries which has prejudiced practitioners and the public. The MTT believes that the work of the interim management team will be hampered by the continuing presence of the incumbent General Manager of Legal Services, and is of the view that he should be dealt with on the same basis as the CEO/Registrar and COO as recommended above.

7.3 The incoming and future Councils of the HPCSA should undergo a structured induction process to ensure an understanding and appreciation by all its members of their legal and governance obligations

The MTT has found evidence of mismanagement, maladministration and irregularities at the HPCSA which are best exemplified by the KPMG Forensic Investigation of 2011.¹⁸ The mismanagement, maladministration, and irregularities began under the Council of 2005 to 2010 (under the Chairmanship of Dr Nicky Padayachee). The subsequent Council of 2011-2015 (under the Chairmanship of Professor M Sam Mokgokong)

commissioned the KPMG investigation. However, the MTT has found that the recommendations of the KPMG Report were not addressed in a comprehensive and decisive manner, and in the interests of the HPCSA. In addition, the Council promoted an individual who was accused of serious irregularities by the KPMG report to a position of COO of the organisation, despite the said individual taking the Council to court and not paying and/or refusing to pay the legal costs after losing the case.

Furthermore, the two Councils of the HPCSA have presided over a chronically failing organisation without taking measures to address the administrative malaise. Indeed, the current CEO/Registrar has received bonuses for excellent performance despite the failures of basic administration and leadership that have been highlighted in section 5 of this report.

There is therefore a need the incoming and future Councils of the HPCSA to undergo a thorough and structured induction process to ensure an understanding and appreciation by all its members of their legal and governance obligations.

Finally, the national Department of Health has a Directorate of Public Entities under which the HPCSA falls. There is also the FSHPC and the departmental representatives on the various boards of the HPCSA. All of these should be strengthened to ensure proper oversight of the HPCSA.

7.4 Address the recommendations of the KPMG Forensic Report

The recommendations of the KPMG Forensic Report of November 2011 are as relevant to the HPCSA today as they were made about 5 years ago.

- i. First, the Waymark contract for the Oracle ERS system continues to be at the centre of the dysfunctional ICT system.
- ii. Second, there is no policy on delegation of authority by Council to the Executive Committee, and senior officials at the HPCSA.
- iii. Third, no disciplinary measures have been taken against officials who were involved in mismanagement, maladministration and irregularities in relation to the procurement of the ERS system.
- iv. Fourth, there is no evidence that the HPCSA communicates its policies and procedures to its staff on a regular basis, though, for example, annual

declarations in which the staff acknowledge that they are familiar with the contents of such policies and procedures.

- v. Fifth, there is no evidence that the HPCSA has completed the process of determining whether the HPCSA is included in the definition of a National Public Entity and hence should be listed and comply with the PFMA.
- vi. Sixth, there is no evidence that the HPCSA has obtained independent legal advice in respect of the appropriate action to be taken against Advocate Boyce Mkhize and the EXCO members at the time of Waymark's appointment.

Lastly, we recommend that the HPCSA should provide a report to the Minister of Health on how it has addressed the recommendations of the KPMG Forensic Investigation within 6 months of the appointment of the Independent Administrator.

7.5 Institute a full organisational review and a proposal for a new governance and administrative structures for the future

The time has come to review the value of the HPCSA after 15 years of its establishment. This report reveals deep systemic dysfunction of the organisation which was extended from a single professional board (as the Medical and Dental Council for medical and dental practitioners) to a mega-organisation of 12 professional boards. A single Registrar/CEO was expected to run the same organisation with the same administrative engagement with all the Boards, and the introduction of the additional governance layer of the Council. As presented in Table 1, the lack of clear lines of responsibility between the Professional Boards and the Council has hampered the functioning of the HPCSA. Furthermore, the lack of clarity on the role of Management (led by the CEO/Registrar) has led to a situation in which decisions of the Board that are communicated to the practitioners (with the signature of the CEO/Registrar) are not implemented by the registration and legal departments because of questions of legality of such decisions. There is a lack of coherence and cohesion in this large dysfunctional multi-professional organisation.

It is the view of the MTT that the best interests of the health system are not served by the current structure and organisation of the HPCSA. The MTT proposes that consideration be given to the unbundling of the HPCSA into at least two entities: the historic Medical and Dental Council (which constitutes a third of the current membership of the HPCSA) and a Health and Rehabilitation Council (for the rest of the professional membership of

the HPCSA). These new Councils would join the South African Pharmacy Council and the South African Nursing Council in the FSHPC.

The redesign of the HPCSA requires the establishment of a new Task Team that will be provided with a mandate to examine international best practice, interviews with stakeholders, and provide actionable recommendations within a period of three years.

SECTION 8: ACKNOWLEDGEMENTS

We thank Dr Terence Carter for his able assistance with the needs of the Ministerial Task Team. We also thank Mr Selai Sekgogoba, Ms Alice Ngwenya and Ms Sadicka Butt for logistical and other assistance with the work of the Ministerial Task Team. This report would not have been possible without the excellent technical support of Dr. Molapane Chueu-Shabangu and Professor Maila John Matjila. Dr. Chueu-Shabangu conducted the research and writing of the proceedings of interview meetings. Professor Matjila took over the research and writing, and drafted the early versions of this report.

SECTION 9: TABLES


Table 1: Objects and Functions of the Health Professions Council of South Africa (i.e., Council) and its Professional Boards (i.e., Boards) in terms of the Health Professions Act 56 of 1974

Council	Boards
(a) To co-ordinate the activities of the professional boards established in terms of this Act and to act as an advisory and communicatory body for such professional boards;	
(b) To promote and to regulate inter-professional liaison between health professions in the interest of the public;	
(c) To determine strategic policy in accordance with national health policy as determined by the Minister, and to make decisions in terms thereof, with regard to the professional boards and the health professions, for matters such as finance, education, training, registration, ethics and professional conduct, disciplinary procedure, scope of the professions, inter-professional matters and maintenance of professional competence;	
(d) To consult and liaise with relevant authorities on matters affecting the professional boards in general;	(a) To consult and liaise with other professional boards and relevant authorities on matters affecting the professional board;
(e) To assist in the promotion of the health of the population of the Republic;	(b) To assist in the promotion of the health of the population of the Republic on a national basis;
(f) Subject to legislation regulating health care providers and consistency with national policy determined by the Minister, to control and to exercise authority in respect of all matters affecting the education and training of persons in, and the manner of the exercise of the practices pursued in connection with, the diagnosis, treatment or prevention of physical or mental defects, illnesses or deficiencies in human kind;	(c) Subject to legislation regulating health care providers and consistency with national policy determined by the Minister, to control and to exercise authority in respect of all matters affecting the education and training of persons in, and the manner of the exercise of the practices pursued in connection with, any health profession falling within the ambit of the professional board;
(g) To promote liaison in the field of education and training referred to in paragraph (f), both in the Republic and	(d) To promote liaison in the field of the education and training contemplated in paragraph (c), both in the Republic and

elsewhere, and to promote the standards of such education and training in the Republic;	elsewhere, and to promote the standards of such education and training in the Republic;
(h) To advise the Minister on any matter falling within the scope of this Act in order to support the universal norms and values of health professions, with greater emphasis on professional practice, democracy, transparency, equity, accessibility and community involvement;	(e) To make recommendations to the council to advise the Minister on any matter falling within the scope of this Act as it relates to any health profession falling within the ambit of the professional board in order to support the universal norms and values of such profession or professions, with greater emphasis on professional practice, democracy, transparency, equity, accessibility and community involvement;
(i) To communicate to the Minister information of public importance acquired by the council in the course of the performance of its functions under this Act;	(f) To make recommendations to the council and the Minister on matters of public importance acquired by the professional board in the course of the performance of its functions under this Act;
	(g) To maintain and enhance the dignity of the relevant health profession and the integrity of the persons practising such profession; and;
(j) To serve and protect the public in matters involving the rendering of health services by persons practising a health profession;	(h) To guide the relevant health profession or professions and to protect the public.
(k) To exercise its powers and discharge its responsibilities in the best interest of the public and in accordance with national health policy determined by the Minister;	
(l) To be transparent and accountable to the public in achieving its objectives and when performing its functions and exercising its powers;	
(m) To uphold and maintain professional and ethical standards within the health professions;	
(n) To ensure the investigation of complaints concerning persons registered in terms of this Act and to ensure that appropriate disciplinary action is taken against such persons in accordance with this Act in order to protect the interest of the public;	
(o) to ensure that persons registered in terms of this Act behave towards users of health services in a manner that respects their constitutional rights to human dignity, bodily and psychological integrity and equality, and that disciplinary action is taken against persons who fail to act accordingly;	

<p>(p) To submit to the Minister-</p> <p>(i) a five-year strategic plan within six months of the council coming into office which includes details as to how the council plans to fulfil its objectives under this Act;</p> <p>(ii) every six months a report on the status of health professions and on matters of public importance that have come to the attention of the council in the course of the performance of its functions under this Act; and</p> <p>(iii) an annual report within six months of the end of the financial year; and</p>	
<p>(q) To ensure that an annual budget for the council and the professional boards is drawn up and that the council and the professional boards operate within the parameters of such budget.</p>	

Table 2. Categories and numbers of health professionals registered with the Health Professions Council of South Africa from 2004 to 2014

ACTIVE REGISTRATIONS PER BOARD 

Board	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
PSB	8,763	8,879	9,227	9,498	9,561	9,793	10,501	11,058	11,812	12,291	13,814
DNB	2,463	2,577	2,742	2,863	2,837	3,049	3,575	3,878	4,175	4,591	4,597
SLH	2,465	2,529	2,670	2,785	2,690	2,858	3,234	3,496	3,809	4,083	4,148
ODO	3,571	3,803	3,949	4,071	4,154	4,157	4,332	4,380	4,701	4,861	4,902
EHP	4,276	4,422	4,598	4,630	4,480	4,287	4,721	5,099	5,436	5,685	5,738
OCP	5,155	5,263	5,605	5,890	5,730	5,900	6,611	6,972	7,397	7,729	7,899
PPB	7,733	7,932	8,165	8,725	8,588	8,781	9,749	10,157	10,841	11,348	11,686
MTB	8,875	9,224	9,785	10,352	11,125	12,296	13,830	14,902	15,678	15,717	16,279
RCT	7,983	8,127	8,511	8,694	8,792	8,874	9,630	10,135	10,816	10,756	10,771
DOH	1,694	1,770	3,852	4,345	4,908	4,933	5,250	5,752	6,661	6,840	6,892
EMB	29,147	31,580	36,736	42,100	47,038	52,193	58,045	61,658	63,696	66,865	69,111
MDB	46,162	48,467	50,493	51,940	51,290	49,521	55,072	57,291	59,622	62,118	65,133
Total	128,287	134,573	146,333	155,893	161,193	166,642	184,550	194,778	204,644	212,884	220,970

PSB, Psychology; DNB, Dietetics and Nutrition; SLH, Speech, Language and Hearing Professions; ODO, Optometry and Dispensing Opticians; EHP, Environmental Health Practitioners; OCP, Occupational Therapy, Medical Orthotics, and Arts Therapy; PPB, Physiotherapy, Podiatry, and Biokinetics; MTB, Medical Technology; RCT, Radiography and Clinical Technology; DOH, Dental Therapy and Oral Hygiene.

Table 3. Individuals who were interviewed by the Ministerial Task Team

Date	Interviewee	Capacity
16-17 April 2015	Dr Buyiswa Mjamba-Matshoba	Chief Executive Officer / Registrar, HPCSA
	Mrs Marthina Venter	Acting Senior Manager: Records and CPD HPCSA
	Mrs Adelle Taljaard	Acting General Manager: Professional Boards, HPCSA
	Professor M Sam Mokgokong	President, HPCSA
	Mr Bheki Masondo	Former Manager Professional Board, HPCSA
	Mr Khanyiso Dube	Senior Manager: Human Resources and Labour Relations, HPCSA
7-8 May 2015	Dr Kgosi Letlape	Former Acting CEO, HPCSA (10/2011 to 03/2012), Current Councillor, HPCSA
	Dr Laetitia Moja	Chair, Medical and Dental Professions Board, HPCSA
	Dr Craig Lambert	Councillor, HPCSA
	Mr Danie Kotze	Former Manager, Professional Board, HPCSA
	Mr Sigcobile Mzantsana	Travel Officer, HPCSA and Chair, NEHAWU
	Advocate Sello Ramasala	Minister's representative, HPCSA
	Ms Nolungisa Ngcingwana	Former Chief Information Officer, HPCSA (resigned after 2 weeks in the post)
	Ms Busisiwe Shongwe	Chair, Audit and Risk Committee, HPCSA
	Mr Siphiwo Mthimkhulu	Call centre supervisor, public relations and service delivery, HPCSA
	Mr Neo Makgathi	Former Chief Information Officer, HPCSA (resigned after 1 year)
25 June 2015	Dr Anban Pillay	Deputy Director General responsible for HPCSA, Department of Health
	MrMpoyana Ledwaba	Attorney, Mapoyane-Ledwaba Attorneys for the HPCSA

Table 4: Mapping of the stakeholders' experiences and views against the CEO's Job Functions.

CEO's Job Function	Experiences and Views of the External Stakeholders on the Effectiveness and Efficiency of HPCSA Management and Administration				Experiences and Views of Internal Stakeholders on the Effectiveness and Efficiency of HPCSA Management and Administration			Document reviewed: On Effectiveness and Efficiency of Management and Administration
	Training & Academic Institutions	Professional Associations	Individual Practitioners	Foreign qualified practitioners & entities representing	HPCSA (Council) members	Current HPCSA Staff	Past HPCSA Staff	
Development of regulatory and legislative framework for standards, professional practice and ethical norms as well as professional conduct compliance procedures	<ul style="list-style-type: none"> • Ineffective registration which undermine compliance for HPCSA registration of practitioners • HPCSA fails to guide the professions on the scope of practice, and fails to avoid conflict generating overlaps in the scope of practice among professions 	<ul style="list-style-type: none"> • Failed to guide practitioners. Numerous e-mails by practitioners seeking guidance and telephone calls are not answered (e.g. practicing out of scope left unattended - Board of Podiatry, Biokinetics & Physiotherapy) • Ineffective in providing guidance to professions e.g. failure to provide guidance to SASA, 	<ul style="list-style-type: none"> • Failure to complete the process of developing tariff norms. • Ineffective registration which undermine compliance for HPCSA registration of practitioners • Poor record keeping system and frequent loss of documents 	<ul style="list-style-type: none"> • Changing requirements demanded by the HPCSA for foreign qualified applicants for registrations which is inconsistent with maintenance of standards. • Poor record keeping system and frequent loss of documents 	<ul style="list-style-type: none"> • Lack of consultation between professional Boards – e.g. MDP and DTOHB on scope of practice. HPCSA has failed to resolve this matter 	<ul style="list-style-type: none"> • Poor management of professional conduct enquiries with huge backlogs of cases • Staff shortages 	<ul style="list-style-type: none"> • Absence of document management policies and document management systems 	<ul style="list-style-type: none"> • Ineffective and inefficient document management processes
Recruitment and management of component staff to ensure effective and sufficient	<ul style="list-style-type: none"> • Ineffective and inefficient administration delays the processes 	<ul style="list-style-type: none"> • Ineffective and inefficient service which lacks client orientation • Meetings we are told will be held by various committees of the Board are not 	<ul style="list-style-type: none"> • Poor functional communication with practitioners who are registered with the HPCSA, • No or poor response to 	<ul style="list-style-type: none"> • Poor communication and poor response to queries • Inefficient service at the hands of staff • Infrequent and unpredictable scheduling by the 	<ul style="list-style-type: none"> • Staff shortages • Ineffective and inefficient administration of the Profession 	<ul style="list-style-type: none"> • Staff shortages, • Ineffective staffing with high workloads • Lack of adherence to 	<ul style="list-style-type: none"> • Staff shortages, • Ineffective staffing with high workloads for professional boards, • Lack of staff training for 	<ul style="list-style-type: none"> • Inefficient and inappropriate organogram with locus of control centred on the COO leading to ineffectual

administration of HPCSA policies, strategies and processes		held, and if they are held the issues presented are not discussed. "We have no experience of efficiency and/or effectiveness by the HPCSA". – SADA	queries made to staff <ul style="list-style-type: none"> • Inefficient service at the hands of staff • HPCSA administration a disaster 	HPCSA of Board examinations is inefficient. Academic institutions which schedule examinations regularly could be relied on to provide a more efficient service.	al Boards <ul style="list-style-type: none"> • High staff turnover resulting in lack of continuity 	fair staff Management policies <ul style="list-style-type: none"> • Multiple acting staff • Inequitable benchmarking 	effective service delivery <ul style="list-style-type: none"> • All managers including CFO and CIO reporting to COO • Delay in resolving disciplinary matters 	CEO <ul style="list-style-type: none"> • Insufficient staff • Lack of staff training for effective service delivery
--	--	--	---	---	--	---	--	--

CEO's Job Function	Experiences and Views of the External Stakeholders on the Effectiveness and Efficiency of HPCSA Management and Administration				Experiences and Views of Internal Stakeholders on the Effectiveness and Efficiency of HPCSA Management and Administration			Document reviewed: On Effectiveness and Efficiency of HPCSA Management and Administration
	Training & Academic Institutions	Professional Associations	Individual Practitioners	Foreign qualified practitioners & entities representing them	HPCSA (Council) members	Current HPCSA Staff	Past HPCSA Staff	
Maintaining sound public relations with stake holders including, but not limited to the health service authority, the media and general public and ensure the promotion of a positive image of HPCSA, Professional	<ul style="list-style-type: none"> • Negative impact on the training of health professionals • Failure to consult stakeholders on major decisions such as cessation of registration by institutions • The management of institutional accreditations is ineffective and, inefficient • Inaccuracies of several 	<ul style="list-style-type: none"> • The poorest image the HPCSA management has ever had in the eyes of the professions served • Lack of confidence in the administration of the HPCSA • Incorrect policies published by the HPCSA only to be withdrawn without an 	<ul style="list-style-type: none"> • Communication by the HPCSA is not client oriented instead it is aimed at frustrating professionals • The handling of registrations and CPDs is ineffective and inefficient • Documents not found or lost or misplaced - "A number of our practitioners audited for CPD points, submitted 	<ul style="list-style-type: none"> • Poor management of Board examinations (e.g. inordinate delays of up to two years between application and eventually sitting for examination) • Failure to register and inform candidates who have passed in a timeous manner. • Poor communication – no feedback and no 	<ul style="list-style-type: none"> • Acknowledge poor relations between the practitioners and the HPCSA • Failing internal communication system and record keeping 	<ul style="list-style-type: none"> • Stressful working environment • Staff feel unappreciated and treated shabbily by their superiors • Frustrating working environment and low morale among 	<ul style="list-style-type: none"> • Lack of failing internal postal and record keeping system leading to loss of important documents 	<ul style="list-style-type: none"> • Lack of effective and efficient co-ordination of the administrative processes of the different departments within the HPCSA resulting in poor service provision for the HPCSA clients - practitioners • Lack of effective co-ordination of activities of the

<p>Boards and Administration. Maintaining high level of liaison with Parliamentary Portfolio</p>	<p>communications, discrepancies between the outcome and recommendations of the accreditation panel and the selective communication by the Board resulting in a protracted and unsatisfactory accreditation the decision of non-accreditation followed by the retraction.</p>	<p>apology, so confusing practitioners and the public</p> <ul style="list-style-type: none"> • Problems associated with failure to register and delayed registration of practitioners have a negative impact service delivery • Poor service by the HPCSA staff has resulted in inappropriate erasures excessive and costly delays to achieve reinstatement 	<p>the required documents, and few months later they received another request to resubmit, and when HPCSA is informed that documents were submitted, HPCSA denies having these"</p> <ul style="list-style-type: none"> • Retired practitioners seeking voluntary deregistration do not get assisted 	<p>response to e-mail enquiries made,</p> <ul style="list-style-type: none"> • Poor management of documents submitted resulting in delays in processing applications and demand by HPCSA for resubmission of documents often with additional requirements added • Applications for registration of foreign qualified practitioners are handled inefficiently. 	<p>system</p> <ul style="list-style-type: none"> • Delays in the implementation of decisions made by Council's 	<p>staff</p> <ul style="list-style-type: none"> • The ever-failing IT system 		<p>different professional Boards</p>
--	---	---	--	---	---	---	--	--------------------------------------

CEO's Job Function	Experiences and Views of the External Stakeholders on the Effectiveness and Efficiency of HPCSA Management & Administration				Experiences and Views of Internal Stakeholders on the Effectiveness & Efficiency of HPCSA Management & Administration			Document reviewed: On Effectiveness and Efficiency of HPCSA Management & Administration
	Training & Academic Institutions	Professional Associations	Individual Practitioners	Foreign qualified Practitioners and entities representing them	HPCSA (Council) members	Current HPCSA Staff	Past HPCSA Staff	
Directing & overseeing service delivery processes in line with Batho Pele principles with overall responsibility for the performance management of senior managers and entire staff Providing strategic direction & vision to eight (8) divisions (Human Resources Management, IT, Finance/Cooperate, Professional Boards,	<ul style="list-style-type: none"> • Not client oriented, • Delays in processing registrations • Absence of explanatory communication with clients • Inconsistent with BathoPele Principles • Ineffective inefficient • Lack of effective communication • Ineffective performance of the Professional Boards, • Poor record keeping resulting in loss of documents and delayed registration 	<ul style="list-style-type: none"> • Not client oriented, • Poor communication • Inconsistent with BathoPele Principles • Ineffective and inefficient service for practitioners, • Erroneous erasure due to administrative problems at the HPCSA, • Excessive delays in the issuing of practice cards • Incorrect advise to the professions and wrong information given about the 	<ul style="list-style-type: none"> • Not client oriented, • Poor communication and poor response to queries, • Inconsistent with BathoPele Principles • Ineffective and inefficient registration, • Ineffective performance of the Professional Boards, • Poor record keeping resulting in loss of documents and delayed registration, • Ineffective and 	<ul style="list-style-type: none"> • Not client-oriented at all, very poor communication, delays in processing applications & frequent loss of documents, • Excessive delays in the processing applications for registrations with frequent loss of records, with changed conditions for registration, • The ECFMG verification process takes 6 months, additional excessive delays by HPCSA aggravates the situation. 	<ul style="list-style-type: none"> • High staff turnover, • Poor staffing of the Professional Boards • Failing IT system • Failing registration system • Poor financial control system with large amounts in suspense account • Frequent non-attendance of the Board meetings by the Registrar and Senior Manager makes it 	<ul style="list-style-type: none"> • Not client oriented, • Inconsistent with BathoPele Principles • Poor Human Resource management • High staff turnover • Intimidated staff • Failing IT system • Failing registration system, • Absence of effective record keeping system, • Poor financial management system with large amounts of money in 	<ul style="list-style-type: none"> • Not client oriented, • Inconsistent with BathoPele Principles • Poor Human Resource management, • Poor Human Resource management, • High staff turnover • Intimidated staff, • Failing IT system • Failing registration system, • Absence of effective record keeping system, • Poor financial management system with large amounts of money in 	<ul style="list-style-type: none"> • Ineffective in client orientation (Leadership SA Report on Benchmarking), • Inefficient process and procedures • Inconsistent with BathoPele Principles • Poor Human Resource management • Poor Human Resource management • High staff turnover • Failing IT system • Failing registration system, • Absence of effective record keeping system • Excessive delays in making decision regarding office

<p>Registration, Continuing Professional Development & Records, Legal Services, Support services and Public Relations);</p>	<ul style="list-style-type: none"> • HPCSA administration has made exchange fellowships between RSA Academic Institutions and overseas institutions virtually impossible for training medical registrars in training. 	<p>status of practitioners (e.g. billing for no show, CPD compliance, payment of registration fees)</p>	<p>inefficient service for practitioners,</p> <ul style="list-style-type: none"> • Erroneous erasure due to administrative problems at the HPCSA, • Excessive delays in the issuing of practice cards • Inefficient handling of professional conduct enquiries 	<ul style="list-style-type: none"> • Council's insists that all foreign qualified practitioners have to do Community service irrespective of the individual's level of experience 	<p>difficult for matters discussed to be concluded, leading to a general idea of incompetence of the Board, from our stakeholders</p>	<p>space to accommodate a growing organization</p>	<p>suspense account</p> <ul style="list-style-type: none"> • HPCSA lacks record management strategy record management policy and practice. 	<p>accommodation and other spatial accommodate needs.</p>
---	--	---	---	--	---	--	---	---

CEO's Job Function	Experiences and Views of the External Stakeholders on the Effectiveness and Efficiency of HPCSA Management & Administration				Experiences and Views of Internal Stakeholders on the Effectiveness & Efficiency of HPCSA Management & Administration			Document reviewed: On Effectiveness and Efficiency of HPCSA Management and Administration
	Training Academic Institutions &	Professional Associations	Individual Practitioners	Foreign qualified practitioners & entities representing them	HPCSA (Council) members	Current HPCSA Staff	Past HPCSA Staff	
Management of Council finances and the overall budget;	<ul style="list-style-type: none"> Unilaterally changed without consultation of stake holders, an efficient registration system by which institutions (Academic institutions & Municipalities that are employers) collect the annual registration fees and deposit these in the HPCSA account with a list of practitioners who have paid for the registration. 	<ul style="list-style-type: none"> Cancelled the debit order method of payment resulting in difficulties for practitioners to register 	<ul style="list-style-type: none"> Cancelled the debit order method of payment resulting in difficulties for practitioners to register 	<ul style="list-style-type: none"> Council's method of payment is archaic and requires and not appropriate for people 	<ul style="list-style-type: none"> Unaccounted funds Refusal to follow principles of the PFMA framework 	<ul style="list-style-type: none"> Poor IT systems that make timeous production of financial reports impossible Large unaccounted funds 	<ul style="list-style-type: none"> Poor management of the finances with large amounts of money kept in suspense account(s) – with no link to the payee resulting in non-recognition of registration moneys paid by an individual practitioner Absence of reconciliations of accounts 	<ul style="list-style-type: none"> Large amounts in suspense account(s) Budget not accepted by the MDPB with no resolution to the problem Delays in the submission of annual financial reports associated with the failing IT system Non-adherence to HPCSA procurement procedures and processes

Table 5: Mapping of the stakeholders' experiences and views against the COO's Key Performance Areas

COO's Key Performance Areas	Experiences and Views of the External Stakeholders on the Effectiveness and Efficiency of HPCSA Management and Administration				Experiences and Views of Internal Stakeholders on the Effectiveness and Efficiency of HPCSA Management and Administration			Document reviewed: On Effectiveness and Efficiency of HPCSA Management and Administration
	Training & Academic Institutions	Professional Associations	Individual Practitioners	Foreign qualified practitioners & entities representing them	HPCSA (Council) members	Current HPCSA Staff	Past HPCSA Staff	
Operational Management and proactive implementation of Council programmes through effective and efficient means of rendering seamless service delivery by all departments	<ul style="list-style-type: none"> • Ineffective registration which undermine compliance for HPCSA registration of practitioners • Processes in HPCSA are poorly co-ordinated 	<ul style="list-style-type: none"> • No coordination of work to render effective and efficient service • Ineffective and inefficient service delivery for clients • Failure to consult stakeholders on major decisions such as cessation of registration by institutions 	<ul style="list-style-type: none"> • Failure to complete the process of developing tariff norms. • Ineffective registration which undermine compliance for HPCSA registration of practitioners • Poor record keeping system and frequent loss of documents 	<ul style="list-style-type: none"> • Changing requirements demanded by the HPCSA for foreign qualified applicants for registrations which is inconsistent with maintenance of standards. • Poor record keeping system and frequent loss of documents 	<ul style="list-style-type: none"> • Frequent non-attendance of the Board meetings by the Registrar and Senior Manager makes it difficult for matters discussed to be concluded, leading to a general idea of incompetence of the Board, from our stakeholders 	<ul style="list-style-type: none"> • Poor management of professional enquiries with huge backlogs of cases • Staff shortages 	<ul style="list-style-type: none"> • Absence of standard operation procedures (SOPs) for document management systems • Compartmentalized departments with no 	<ul style="list-style-type: none"> • Ineffective and inefficient document job allocations resulting in inefficiency, compartmentalized work and overloading of certain departments
Human resource management	<ul style="list-style-type: none"> • Ineffective and inefficient administration delays the processes • Not client oriented 	<ul style="list-style-type: none"> • Ineffective and inefficient service which lacks client orientation • Service orientation lacking or non-existent 	<ul style="list-style-type: none"> • Poor functional communication with practitioners • No or poor response to queries made to staff • Inefficient service at the hands of staff 	<ul style="list-style-type: none"> • Poor communication and poor response to queries • Inefficient service at the hands of staff • Staff turnover which leads to lack of continuity and excessive delays 	<ul style="list-style-type: none"> • Staff shortages • Ineffective and inefficient administration of the Professional Boards • High staff turnover resulting in lack of continuity 	<ul style="list-style-type: none"> • Staff shortages, • Ineffective staffing with high workloads • Lack of adherence to fair staff Management policies • Multiple acting 	<ul style="list-style-type: none"> • Staff shortages, • Poor staff allocations with high workloads for professional boards, • Lack of staff training • High staff turnover • Delay in resolving 	<ul style="list-style-type: none"> • Inefficient and inappropriate organogram • Insufficient staff • Lack of staff training for effective service delivery

				in processing applications for registration.		staff • Inequitable benchmarking	disciplinary matters	
--	--	--	--	--	--	-------------------------------------	----------------------	--

COO's Key Performance Areas	Experiences and Views of the External Stakeholders on the Effectiveness and Efficiency of HPCSA Management and Administration				Experiences and Views of Internal Stakeholders on the Effectiveness and Efficiency of HPCSA Management and Administration			Document reviewed: On Effectiveness and Efficiency of HPCSA Management and Administration
	Training & Academic Institutions	Professional Associations	Individual Practitioners	Foreign qualified practitioners & entities representing them	HPCSA (Council) members	Current HPCSA Staff	Past HPCSA Staff	
Management of CPD, Registration and Records	<ul style="list-style-type: none"> Negative impact on the training of health professionals Failure to consult stakeholders on major decisions such as cessation of registration by institutions The management of institutional accreditations is ineffective and, inefficient Inaccuracies of several communications, discrepancies between the outcome and recommendations of the accreditation panel. The decision of non-accreditation followed by the retraction. 	<ul style="list-style-type: none"> The poorest image the HPCSA management has ever had in the eyes of the professions served Lack of confidence in the administration of the HPCSA Incorrect policies published by the HPCSA only to be withdrawn without an apology, Problems associated with registration failures have a negative impact service delivery Inappropriate erasures and costly delays to achieve reinstatement 	<ul style="list-style-type: none"> Communication by the HPCSA is not client oriented instead it is aimed at frustrating professionals The handling of registrations and CPDs is ineffective and inefficient Documents not found or lost or misplaced - "Practitioners audited for CPD points, submitted the required documents, and few months later are asked to resubmit, and when HPCSA is informed that documents were submitted, HPCSA denies having these" Retired practitioners seeking voluntary deregistration do not get assisted 	<ul style="list-style-type: none"> Poor management of Board examinations (e.g. inordinate delays of up to two years between application and eventually sitting for examination) Failure to register and inform candidates who have passed in a timeous manner. Poor communication – no feedback and no response to e-mail enquiries made, Poor management of submitted documents causing delays in processing applications and demand by for resubmission of documents often with additional requirements added. Applications for registration of foreign qualified practitioners are handled very inefficiently. 	<ul style="list-style-type: none"> Acknowledge poor relations between the practitioners swerved and the HPCSA Failing internal communication system and record keeping system Delays in the implementation of decisions made by Council's 	<ul style="list-style-type: none"> Stressful working environment Staff feel unappreciated and treated shabbily by their superiors The ever-failing IT system Unfair and uneven work allocation to staff with preferential treatment for some. 	<ul style="list-style-type: none"> Lack of staff induction and training. Lack of support for staff. Failing internal postal & poor record keeping leading to loss of important documents Absence of standard operating procedures Poor infrastructure to accommodate IT equipment 	<ul style="list-style-type: none"> Lack of effective and efficient co-ordination of the administrative processes of the different departments within the HPCSA resulting in poor service provision for the HPCSA clients - practitioners Lack of effective co-ordination of activities of the different professional Boards

COO's Key Performance Areas	Experiences and Views of the External Stakeholders on the Effectiveness and Efficiency of HPCSA Management & Administration				Experiences and Views of Internal Stakeholders on the Effectiveness & Efficiency of HPCSA Management & Administration			Document reviewed: On Effectiveness and Efficiency of HPCSA Management & Administration
	Training & Academic Institutions	Professional Associations	Individual Practitioners	Foreign qualified Practitioners and entities representing them	HPCSA (Council) members	Current HPCSA Staff	Past HPCSA Staff	
Management of infrastructure and resources	<ul style="list-style-type: none"> Delays in processing registrations 	<ul style="list-style-type: none"> Poor communication - telephones and e-mails often not working and when in good working order, are not used to serve clients 	<ul style="list-style-type: none"> Poor communication - telephones and e-mails often not working and when in good working order, are not used to serve clients 	<ul style="list-style-type: none"> Poor communication 	<ul style="list-style-type: none"> Failing IT system Failing registration system 	<ul style="list-style-type: none"> Insufficient space to accommodate a growing organization Failing IT system 	<ul style="list-style-type: none"> Failing IT system Inadequate office accommodation Lack of space for computers and IT staff 	<ul style="list-style-type: none"> Failing IT system Failing registration system, Insufficient space to accommodate a growing organization
Management of stakeholder relations	<ul style="list-style-type: none"> Lack of effective communication Ineffective performance of the Professional Boards, Poor record keeping resulting in loss of documents and delayed registration 	<ul style="list-style-type: none"> Ineffective and inefficient service for practitioners, Erroneous erasure due to administrative problems at the HPCSA, Excessive delays in the issuing of practice cards Excessive delays in the issuing of practice cards Erroneous erasure due to administrative problems at the HPCSA, 	<ul style="list-style-type: none"> Ineffective and inefficient registration, Poor record keeping resulting in loss of documents and delayed registration, Not client oriented, cancellation of an efficient debit order system of payment is a retrogressive decision. Poor communication and poor response to queries, 	<ul style="list-style-type: none"> Excessive delays in the processing applications for registrations with frequent loss of records, with changed conditions for registration, Council's insists that all foreign qualified practitioners have to do Community service irrespective of the individual's level of experience 	<ul style="list-style-type: none"> Absence of effective record keeping system Not client-oriented 	<ul style="list-style-type: none"> Failing registration system, Absence of effective record keeping system 	<ul style="list-style-type: none"> Failing registration system, Absence of effective record keeping system, Poor financial management system with large amounts of money in suspense account 	<ul style="list-style-type: none"> Excessive delays in making decision regarding office accommodation and other spatial accommodate needs.

COO's Key Performance Areas	Experiences and Views of the External Stakeholders on the Effectiveness and Efficiency of HPCSA Management & Administration				Experiences and Views of Internal Stakeholders on the Effectiveness & Efficiency of HPCSA Management & Administration			Document reviewed: On Effectiveness and Efficiency of HPCSA Management and Administration
	Training & Academic Institutions	Professional Associations	Individual Practitioners	Foreign qualified practitioners & entities representing them	HPCSA (Council) members	Current HPCSA Staff	Past HPCSA Staff	
Financial management	<ul style="list-style-type: none"> Unilaterally changed without consultation of stake holders, an efficient registration system by which institutions (Academic institutions & Municipalities that are employers) collect the annual registration fees and deposit these in the HPCSA account with a list of practitioners who have paid for the registration. 	<ul style="list-style-type: none"> Cancelled the debit order method of payment resulting in difficulties for practitioners to register 	<ul style="list-style-type: none"> Cancelled the debit order method of payment resulting in difficulties for practitioners to register Inefficient handling of professional conduct enquiries 	<ul style="list-style-type: none"> Council's method of payment is archaic and requires that payment be made directly in South Africa. 	<ul style="list-style-type: none"> Unaccounted funds Refusal to follow principles of the PFMA framework COO's direct involvement in financial irregularities associated with procurement of Oracle IT system 	<ul style="list-style-type: none"> Poor IT systems that make timeous production of financial reports impossible Large unaccounted funds 	<ul style="list-style-type: none"> Poor management of the finances with large amounts of money kept in suspense account(s) – with no link to the payee resulting in non-recognition of registration moneys paid by an individual practitioner Absence of reconciliations of accounts Lack of effective financial control systems 	<ul style="list-style-type: none"> Large amounts in suspense account(s) Budget not accepted by the MDP with no resolution to the problem Delays in the submission of annual financial reports associated with the failing IT system COO's Direct involvement if Financial irregularities associated with procurement of the Oracle IT system COO Recommended to Council to deviate from Councils' procurement policies regarding the IT Roadmap and Plan.

SECTION 10: FIGURES

Figure 1. The structure of the Health Professions Council of South Africa: Council, Committees of Council, and Professional Boards

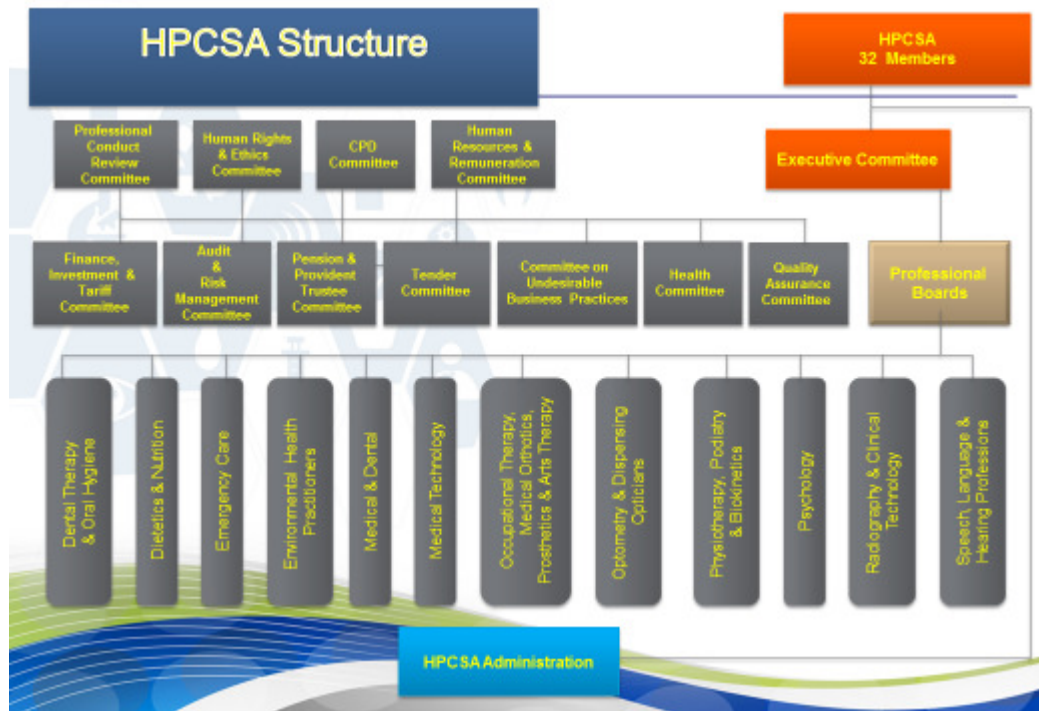


Figure 2. The Administrative structure of the Health Professions Council of South Africa

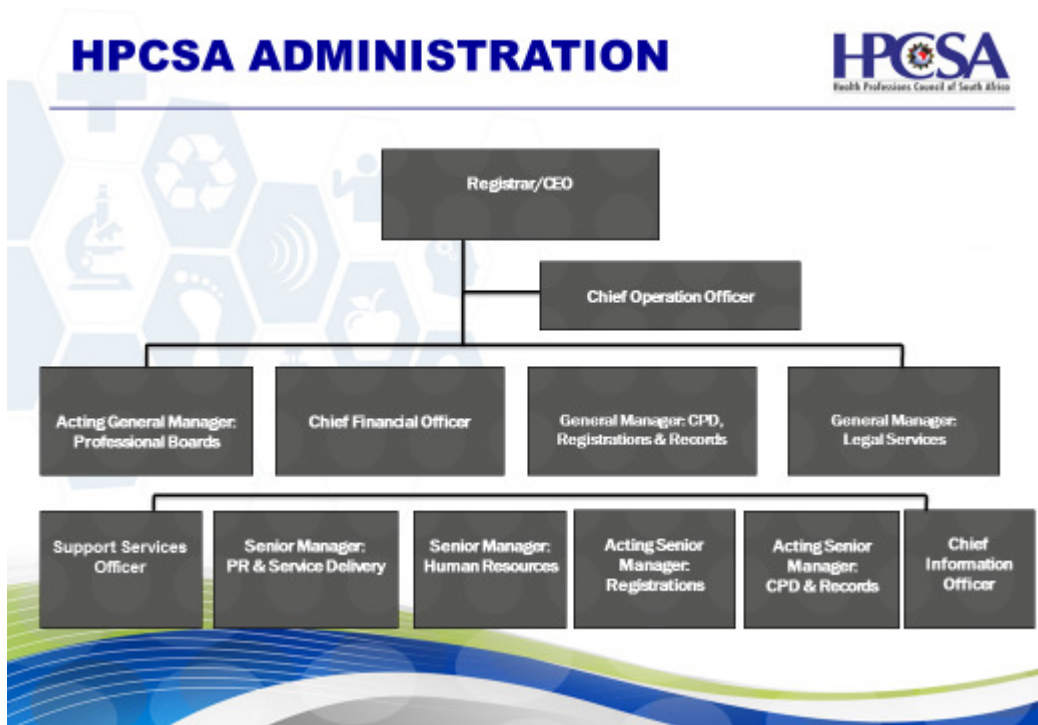


Figure 3. Total number of active registration with the Health Professions Council of South Africa – 2004 to 2014



SECTION 11: APPENDICES

1. Example of letter of appointment which contains the Terms of Reference of the Ministerial Task Team.
2. Questionnaire for the HPCSA investigation.
3. Letter to Dr Buyiswa Mjamba-Matshoba on disseminating the invitation to stakeholders.
4. Letter to stakeholders of the HPCSA.
5. First letter on invitation of the CEO/Registrar to attend an interview.
6. First reply of the CEO/Registrar to the invitation.
7. Second letter on invitation of the CEO/Registrar to attend an interview.
8. Second reply of the CEO/Registrar to the invitation.
9. Third letter on invitation of the CEO/Registrar to attend an interview.
10. Third reply of the CEO/Registrar to the invitation.
11. Whistle blower letter to the Minister of Health allegedly written by Mr Bheki Masondo.
12. Over 30 anonymous allegations allegedly written by staff members of the HPCSA which were submitted by the President of the HPCSA to the Minister of Health.
13. First letter of invitation to the COO.
14. First letter of reply from the COO.
15. Second letter of invitation to the COO.
16. Second letter of reply from the COO.
17. Correspondence with the General Manager of Legal Services.
18. List of written submissions that were received from stakeholders of the HPCSA.
19. Final Report of the KPMG HPCSA Forensic investigation into the procurement and implementation of the Enterprise Resource Solution.
20. Minutes of the HPCSA Executive Committee of Council (EXCO), (24th November 2014).
21. Appointment of Property Committee of Council
22. Minutes of the 3rd Ordinary Meeting of the HPCSA's Council Property Committee of 22nd February 2013.
23. Minutes of the 4th Ordinary Meeting of the HPCSA's Council Property Committee of 1st July 2013.
24. Report of Remmers Architects & Town Planner to the HPCSA Executive Officer on: ERF 3/587 & R/1/587 Arcadia: Approval of Rezoning and Consolidation. (24th June 2013).
25. HPCSA Property Report to Council of 25 November 2014.

26. HPCSA Internal Memorandum to Manager: Facilities Management and Support Services from Acting Council Secretariat. (17th April 2015)
27. Leadership SA. HPCSA Organizational Design Report (16th May 2013).
28. Minutes of the HPCSA Education and Registration Committee meeting of the 25th November 2013.
29. Letter of advice by the General Manager Legal Services, to the Executive of Council regarding Council's response to the 30 anonymous letters, signed 16th January 2015.
30. South African Medical Association: Submission on the HPCSA – Administrative Challenges and Inefficiencies

SECTION 12: REFERENCES

1. HEALTH PROFESSIONS ACT 56 OF 1974 (former title: Medical, Dental and Supplementary Health Service Professions Act). South Africa; 1974.
2. Health Professions Council of South Africa. 2015. <http://www.hpcsa.co.za/About> (accessed 01 August 2015).
3. The History of Health Professions Council of South Africa. 2015. <http://www.hpcsa.co.za/History/Current> (accessed 01 August 2015).
4. Dhali A, Mkhize B. Changes in the Health Professions Council of South Africa over the past decade. *S Afr J Cont Med Educ* 2006; **24**(1): 8-11.
5. Van Niekerk JP. HPCSA: A mess in the Health Department's pocket (From the Editor). *S Afr Med J* 2009; **99**: 203.
6. Pedebay D, GroundUp Staff. Slow, unresponsive and unconcerned: How the Health Professions Council hurts patients. 2013. <http://groundup.org.za/content/slow-unresponsive-and-unconcerned-how-health-professions-council-hurts-patients> (accessed 01 August 2015).
7. TONIGHT: Transgender & HPCSA. 2015. <https://www.facebook.com/carteblanchetv/videos/937594982950092/> (accessed 01 August 2015).
8. HPCSA's inertia sinks foreign medics. 2014. <http://mg.co.za/article/2014-02-21-00-hpcsa-inertia-sinks-foreign-medics> (accessed 01 August 2015).
9. Registration irregularities at HPCSA. 2012. <https://www.gems.gov.za/default.aspx?VHnTpfKxAAXYQNAosz4c5A==> (accessed 01 August 2015).
10. HPCSA & Doctors. 2014. <http://carteblanche.dstv.com/player/523584> (accessed 01 August 2015).
11. Schultz CB. Malignant persecution of doctors by the HPCSA. *S Afr Med J* 2012; **102**(1): 10.
12. Africa Health Placements. 2015. <http://www.ahp.org.za/> (accessed 01 August 2015).
13. Mkhize B. HPCSA: A mess in the Health Department's pocket (Correspondence). *S Afr Med J* 2009; **99**: 484-8.
14. Groenewald PWL. Protecting the public and guiding the profession? *S Afr Med J* 2009; **99**: 686.
15. Hagemester DT. A foreign doctor's experiences with the HPCSA. *S Afr Med J* 2009; **99**: 768.
16. HPCSA Undergoing Investigation. 2015. <http://ehealthnews.co.za/news/hpcsa-undergoing-investigation/> (accessed 01 August 2015).
17. South African Medical Foreign Graduates. <https://southafricanforeignmedicalgraduates.wordpress.com/> (accessed 17 August 2015).
18. KPMG. Health Professions Council of South Africa: Forensic investigation into the procurement and implementation of the Enterprise Resource Solution - Report on Factual Findings. Pretoria: Health Professions Council of South Africa, 2011.
19. Mayosi BM, Benatar SR. Health and Health Care in South Africa - 20 Years after Mandela. *N Engl J Med* 2014; **371**(14): 1344-53.

SECTION 13 INDEX

- abysmal data management system, 65
- accountability, 26, 63, 72
- accredited, 44
- administrative malaise, 73
- administrator, 71
- Advocate Boyce Mkhize, 20, 74
- Advocate Mkhize
- Mkhize, 20, 21, 22, 25, 26, 27, 64
- allegations, 13, 14, 18, 27, 28, 67, 101
- Allegations**, 15, 60, 65
- anomalies, 37, 45
- anonymous documents, 67
- appointment, 14, 15, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 51, 64, 71, 74, 101
- appropriate action, 26, 64, 74
- appropriate qualifications, 27
- ASSA, 59, 60, 81
- barrier, 31
- barriers, 52
- Batho Pele, 39, 55, 62, 94
- best interest of the HPCSA, 24, 64
- Boikanyo, 16, 21, 23, 25, 26, 64
- bonuses, 73
- boxes, 48, 49, 65
- breach, 33
- caring disposition, 30
- censure, 73
- CEO, 16, 17, 18, 20, 21, 24, 27, 28, 29, 31, 32, 33, 41, 42, 54, 55, 56, 62, 63, 66, 67, 71, 72, 73, 74, 80, 82, 89, 92, 93, 94, 95, 101
- Chief Executive Officer, 15, 16, 60, 67, 80, 87, 90, 91
- Chief Information Officer, 48, 49, 66, 80
- Chief Operations Officer, 15, 16, 67
- chronic, 61
- civil claim, 27
- common complaint, 31
- communication, 9, 13, 28, 30, 32, 34, 41, 42, 47, 48, 49, 52, 59, 60, 63, 92, 93, 94, 96, 97, 98
- complaining, 28, 34
- complaints, 13, 17, 34, 43, 44, 59, 60, 62, 68, 78, 89
- complaints system, 34, 43, 62
- Compliance, 20
- concern, 36, 39
- conclusions, 10, 19, 20, 52, 61
- condoned, 44
- contradictory, 29, 31
- COO, 16, 18, 21, 24, 26, 28, 52, 53, 54, 55, 56, 64, 66, 67, 71, 72, 73, 92, 96, 97, 98, 99, 101
- corruption, 60
- Council, 12, 13, 14, 15, 17, 20, 22, 24, 26, 30, 33, 44, 50, 51, 52, 55, 56, 59, 62, 63, 64, 68, 70, 72, 73, 74, 75, 77, 92, 93, 94, 95, 96, 97, 98, 99, 101, 102, 103
- Councillors, 16
- court, 30, 31, 56, 67, 68, 73
- CPD rules, 46
- crash, 48, 49
- criminal, 27
- criminal charges, 27
- crisis, 48
- Critical, 49
- culpability, 27
- Customer-relations management, 54
- delay, 27, 29, 31, 33, 38, 42, 44, 60
- delay in the registration, 29, 31, 42
- Delegation of Authority, 20, 24, 26, 64
- denial, 32
- denied registration, 29, 33
- Department of Health, 20, 29, 63, 72, 73, 80, 81
- deregistered, 34
- destroyed, 48, 49
- disadvantage, 32
- disadvantaged, 69
- disappear, 46
- disciplinary**, 24, 26, 27, 62, 64, 74, 77, 78, 92, 96
- disproportionately, 59
- disruption, 28
- dysfunction**, 28, 46, 61, 69, 71, 74
- dysfunctional, 35, 39, 41, 48, 59, 61, 63, 65, 67, 68, 69, 71, 72, 73, 75
- ECFMG, 29, 34, 38, 39, 40, 47, 48, 50, 94
- efficient process, 40
- erroneous removal, 46
- erroneously, 32
- ERS, 18, 19, 21, 22, 23, 24, 25, 26, 27, 48, 49, 54, 56, 64, 65, 69, 72, 73, 74, 90
- ethical norms, 55, 92
- excessive delays, 9, 13, 44, 46, 62, 69, 94, 96
- EXCO, 17, 20, 22, 24, 25, 26, 27, 50, 64, 74, 101
- Executive Committee, 20, 74, 101
- extensive delays, 48
- failed, 30, 33, 38, 43, 48, 51, 54, 63, 67, 72, 73, 92
- failings, 31, 62, 67
- failure, 13, 24, 28, 30, 31, 32, 33, 34, 35, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 54, 55, 56, 61, 62, 64, 65, 67, 68, 69, 71, 72, 92, 93
- failure of management, 28

failures, 28, 42, 54, 67, 73, 97
 fear and anxiety, 66
 fear and terror, 66
 findings, 10, 14, 15, 16, 17, 19, 26, 28, 49, 55, 56, 64, 69
 Foreign, 15, 29, 30, 31, 34, 37, 40, 50, 69, 81, 84, 89, 90, 92, 93, 94, 95, 96, 97, 98, 99, 103
 foreign-qualified doctors, 30, 69
 foreign-qualified practitioners, 13, 30, 31, 36, 40, 41, 42
 forensic, 18
 Forensic, 15, 17, 18, 20, 21, 22, 23, 24, 25, 26, 64, 67, 69, 72, 73, 74, 101, 103
 Forensic Audit, 15, 20, 69
 Forensic Auditors
 Forensic, 21, 22, 23, 24, 25, 26
 frequent loss of precious documents, 65
 frustration, 35
 functions, 10, 12, 28, 48, 54, 55, 56, 61, 63, 65, 68, 71, 78, 79
 good standing, 29, 30, 69
 governance, 14, 18, 24, 26, 35, 62, 63, 70, 73, 74
 Governance, 14, 62
 Head of Legal Services, 17
 health department, 35
 Health Professions Act, 12, 13, 33, 62, 63, 71, 77
 high turnover, 52
 HPCSA, 1, 9, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 71, 72, 73, 74, 75, 80, 81, 82, 83, 84, 85, 86, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 101, 102, 103
 HPCSA's procurement policies, 21, 23, 24, 64
 ICT system, 65, 73
 impact on performance, 53
 implementation, 17, 18, 20, 21, 22, 23, 24, 25, 26, 56, 64, 90, 93, 96, 97, 101, 103
 impossible, 31, 94, 95, 99
 inability, 27, 30, 32, 54
 incompetent, 36, 67
 inconsistency, 52
 inconvenient, 38
 independent administrator, 71
 ineffective, 60, 63, 93, 97
 ineffectual, 63, 92
 inefficiency, 13, 36, 44, 62, 69, 96
 information system, 14, 18, 49, 64
 injustice, 35
 interests of the HPCSA, 56, 64, 67, 73
 Internal Investigation, 27
 interviews, 16, 28, 52, 61, 66, 67, 75
 investigate, 14, 15, 60
 investigations, 17, 67
 investigative reports, 61
 irregular, 11, 19, 22, 56, 64, 72, 89
 irregularities, 13, 14, 18, 26, 27, 43, 44, 61, 64, 67, 72, 74, 99, 103
 IT situation, 49
 IT system, 27, 28, 46, 48, 49, 56, 72, 93, 94, 95, 97, 98, 99
 KPMG, 17, 18, 19, 20, 26, 64, 67, 72, 73, 74, 101, 103
 KPMG Forensic Investigation, 64, 72, 74
 KPMG Report, 19, 73
 lack of clarity, 42, 63, 75
 lack of space, 65
 lack of transparency, 52
 lack of trust, 52
 legal cases, 43
 legal opinion, 24, 27, 64
 limbo, 59
 losing paperwork, 38
 loss of documents, 32, 41, 92, 94, 96, 98
 loss of valuable documents, 62
 lost, 37, 38, 40, 45, 46, 50, 56, 67, 88, 93, 97
 maladministration, 15, 32, 43, 44, 61, 65, 67, 72, 74
 management of risks, 54
 management skills, 52
 mandate, 14, 24, 25, 28, 75
 measures, 51, 53, 71, 73, 74
 Minister, 13, 14, 15, 17, 71, 73, 74, 77, 78, 79, 80, 101
 Ministerial Task Team, 14, 15, 61, 66, 67, 71, 72, 73, 75, 76, 80, 101
 mismanagement, 13, 14, 18, 26, 27, 32, 43, 44, 61, 64, 65, 67, 72, 74
 Mismanagement, 14
 mistake, 32
 Ms O'Reilly, 21, 22, 23, 25
 MTT, 1, 9, 14, 15, 16, 17, 19, 20, 23, 26, 28, 43, 52, 54, 56, 64, 66, 69, 72
 negative, 28, 72, 93, 97
 NEHAWU, 52, 80
 network, 48, 65
 no avail, 27
 no feedback from HPCSA, 45
 no record, 38
 no response, 34, 50, 93, 97
 non-compliance, 20, 22, 24, 46, 64
 not addressed, 64, 73
 not registering, 68
 not responded, 29, 31, 59
 not sustainable, 52
 not working, 48, 98
 notarised, 29, 40

notary, 31
 notorious, 38
 objectives, 16, 50, 78, 79
 old, 30, 48, 65, 66
 Ombudsperson, 31
 ORACLE, 18, 49, 64
 overdue, 47
 oversight, 63, 73
 Patient complaint procedures, 59
 policies, strategies and processes, 55, 92
 poor, 13, 14, 18, 26, 27, 34, 41, 48, 49, 52, 64, 65, 73, 92, 93, 94, 96, 97, 98
 poor governance, 13, 14, 18, 26, 27, 64
 poor people skills, 52
 practitioners, 12, 13, 28, 30, 31, 33, 34, 40, 43, 44, 45, 46, 48, 49, 60, 61, 62, 65, 68, 69, 72, 74, 92, 93, 94, 95, 96, 97, 98, 99
 President, 15, 16, 26, 27, 46, 54, 66, 80, 82, 84, 86, 87, 89, 90, 101
 President of the HPCSA, 16, 54, 101
 priority, 70
 problem, 23, 27, 32, 34, 38, 41, 51, 69, 95, 99
 procedural unfairness, 43
procurement, 14, 17, 18, 19, 20, 21, 22, 24, 25, 64, 74, 95, 99, 101, 103
 procurement policies, 11, 20, 21, 22, 24, 25, 64, 99
 procurement procedures, 14, 18, 64, 95
 proper management, 45
 Public Protector, 33
 recommendations, 16, 19, 23, 26, 53, 54, 64, 70, 71, 72, 73, 74, 75, 78, 93, 97
recommended, 24, 25, 26, 50, 51
 records, 37, 46, 48, 49, 67, 68, 71, 94, 98
 Records Management, 65
 recourse, 21, 24, 26, 64
 rectify, 21, 23, 24, 32
 refusal of the COO, 56
 registration, 10, 12, 13, 15, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 42, 44, 48, 50, 60, 61, 63, 65, 67, 68, 69, 71, 75, 77, 86, 88, 92, 93, 94, 95, 96, 97, 98, 99
 reign of terror, 66
 rejected, 35, 38, 40
 remedied, 22, 24
 removed, 46
 resend, 40
 resigned, 15, 52, 65, 66, 80
 resubmit, 38, 40, 93, 97
 retrogressive development, 65
 risk, 28, 48, 54, 63, 65, 66, 69, 71
 risk management, 28, 54, 63, 65, 71
 risk of fraud and theft, 66
 seriously, 26, 60
 shambles, 63, 65
 sound public relations, 55, 93
 staff turn-over, 28
 stake holders, 14, 17, 55, 61, 93, 95, 99
 Submission, 29, 30, 31, 32, 33, 34, 35, 36, 37, 39, 40, 41, 42, 44, 45, 46, 47, 50, 52
 submissions, 15, 16, 17, 28, 61, 66, 67, 81
 Summary, 9
 suspense account, 49, 65, 94, 95, 98, 99
 temporary workers, 53
 Tender Committee, 20
 tender process, 20, 22
 tenders
 tender, 20
terms of reference, 10, 14, 15, 16, 20, 61
 Terms of Reference, 14, 17, 101
 timeously, 35
 turnaround strategy, 53
 unable to deliver services efficiently, 67
 unauthorised, 11, 19, 56, 64, 72
 unauthorized expenditure, 22
 unbundling of the HPCSA, 63, 75
 unfairly, 43, 60
 unfit for office, 57
 unfit to be the CEO, 67
 uninformed, 60
 unresolved, 30, 56, 72
veracity, 18, 27
 victimisation, 28, 66
 wait, 38, 40
 waiting period, 35
 wasteful expenditure, 11, 19, 22, 23, 56, 64, 72
 Waymark, 14, 18, 19, 20, 21, 22, 23, 24, 25, 26, 64, 73, 74
 Waymark-ORACLE, 14
 weaknesses, 28
 whistle-blower, 28
 written submissions, 16, 17, 28
 wrong advice, 30
 wrong information, 31, 94
 Wrongful conviction, 44
 wrongfully de-registered, 68