

# PRESIDENTIAL ADDRESS

President's address to the Fifteenth Meeting of the National Council of the South African Society of Physiotherapy held in Bloemfontein on 1 July 1983

It is my privilege to address you as your President at this Fifteenth Meeting of the National Council. These Meetings are the milestones in the History of our Society and Profession and the decisions that you will take to-day may have far reaching effects in the future.

As registered physiotherapists you will all be aware that the Third Professional Board for Physiotherapy was elected at the end of March of this year. The members took office on 1 May and will remain in office until 30 April 1988.

The Professional Boards are statutory bodies which are an integral part of the South African Medical and Dental Council. The Medical Council in its present form was established under Act 13 of 1928 in May of that year when it took over the functions of the four Provincial Medical Councils. The present Council consists of 34 members elected for a period of five years. These include:

1. The Director of Health and Welfare.
2. Ten persons appointed by the Minister of Health and Welfare, one of whom must be a Chairman of a Professional Board.
3. A Director of Hospital Services.
4. Four medical practitioners and one dentist from the Universities with Medical and Dental Faculties.
5. A medical or dental practitioner appointed by the College of Medicine of South Africa.
6. A nurse and a pharmacist appointed by their respective Council or Board.

The Full Council usually meets twice a year and in the interim its work is carried out by the various Standing Committees with the assistance of the Registrar and his Staff who are responsible for the Administration.

One of these Standing Committees is the Supplementary Health Services Committee which was first convened in 1945 and dealt with all matters pertaining to the paramedical disciplines under the jurisdiction of the Council. During the nineteen sixties, however, it became increasingly more obvious that the Professional Groups involved in this Committee should have more control over their own professions. The concept of Professional Boards was formulated by the then Chairman of the above Committee, Professor Bromilow-Downing and Mr. Willem Barnard who was the Registrar of the Medical Council at the time. It was at their instigation that in 1971 the Medical and Dental

Amendment Act made provision for the Professional Boards. The profession of Physiotherapy pays tribute to these 2 stalwarts and will always be grateful to them. As you are aware, Professor Bromilow-Downing was President of our Society for ten years and was a member of our Professional Board until his untimely death in 1980. His wise counsel and influence is still being missed.

The first Professional Board, that of Physiotherapy, was established in 1973 and provided a pattern for the other Boards which followed suit. This Board consists of nine members, six of whom are registered physiotherapists elected by the registered members of our profession and three members appointed by the Medical Council, two of whom are members of Council and one a member who has particular knowledge of physiotherapy. All the members are appointed for five years and the Chairman is chosen by the members at the Inaugural Meeting.

There are now fourteen Professional Boards and the activities of these Boards are reported by the Chairman to the meetings of the Medical Council. During the presentation of each Report, the Chairman becomes a full member of Council. He may address the Council concerning any matter dealt with in the Report and exercise his voting rights. In this way, many important issues have been brought to the attention of the Council and frank discussions have resulted in satisfactory solutions being found for otherwise apparently insurmountable problems.

One of the main functions of the Professional Board is to promote high standards of professional education and all trainings offered by centres in this country and abroad are studied before any recommendations regarding registration are considered. May I stress here that the assistance of the Society through its Registration Committee is constantly sought before any recommendation is made by the Board to the Medical Council. The present lists of registrable qualifications were carefully checked by the Society before being submitted by the Board to the Medical Council and the Minister of Health for promulgation in the Government Gazette.

Another important function is to promote high standards of professional conduct and inquiries may be made into any complaint, charge or allegation against a physiotherapist. If considered necessary a disciplinary inquiry may be held in

## Contents - Inhoud

Presidential address .....	55	Report: 15th General Meeting .....	65
Exercise and Motivation .....	56	Book Reviews .....	73, 76
Relationship between the Mother's characteristics, etc. ....	59	Classified .....	74, 75

terms of the Act. In this way, not only are the Public protected from unscrupulous practitioners but our own practitioners are protected against exploitation by members of the Public.

Among the first tasks undertaken by the Professional Board was to press for compulsory registration which was successfully achieved.

The Scope of Physiotherapy was then defined and was subsequently gazetted. Legally, no person shall perform these acts unless registered to do so in their professional capacity, that is, where there are grey areas of overlap of the functions of the various professions and where these scopes have been drawn up and gazetted. This has proved and is proving to be one of the most difficult tasks of the Board to successfully counter.

Rules and Regulations pertaining to the Ethics of all the Supplementary Health Service Professions were drafted by the Medical Council and submitted to the Boards for approval. No new rule, amendment or withdrawal of an existing rule is ever recommended by the Medical Council without first consulting the relevant Supplementary Profession and we as a profession may make suggestions regarding any rule. You will recall the discussions at previous Council Meetings on the amendment to the Ethical Rule on Medical Referral. The re-wording of this Rule was finally accepted by Council after a considerable delay caused by the opposition of the Medical Association.

This is but the beginning and let us not allow this to be the end. It is up to us — the Physiotherapy Profession — to make sure that we move forward with a determined step *but* we must know what we want and make sure that we get it.

It is not possible in a Report of this nature to list or elaborate on all the functions and powers of the Professional

Board. Such matters as the establishment of a Tariffs Committee for Physiotherapy by the Medical Council, the protection of the name "physiotherapist" or "physical therapist" and the inspection of the Final Year examinations to assess the maintenance of the standard are but a few successfully accomplished.

There have also been discussions on the annual fees payable by all registered members of the Medical Council including physiotherapists. It must be appreciated that in order to function effectively these fees are necessary to cover the expenses incurred in the administration of a large organisation. The Medical Council has recently moved into its own building of which it is justifiably proud. However, the considerable increase in the costs on the original quotation has unfortunately affected the fees payable to the Professional Board. It is earnestly hoped that these vastly improved working conditions for the administrative staff will result in the more efficient functioning of Council and improve the status of the Medical Profession through its Council which you will surely agree will reflect on the status of our profession through its Professional Board.

The power of the Board should not be underestimated. Its strength lies in its ability to act in an advisory capacity to the Medical Council and the Minister of Health. During the past decade this power has increased considerably. No longer do we have queries and quibbles but dialogue and discussion on any decisions taken by the Board.

May I suggest that the theory of rationalism which regards reason, rather than sense, be the foundation of any contemplated changes in the status of physiotherapy because who can know that when the yeast of change starts to work, what spirit will be distilled?

K. M. LEVY