



# National Emergency Care Education and Training Policy



**health**

Department:  
Health  
REPUBLIC OF SOUTH AFRICA





## Preamble



In keeping with the provisions of the National Development Plan (NDP) 2030, the National Health Insurance (NHI) addresses key areas for improvement within emergency medical services (EMS). One such intervention involved a critical assessment of emergency care education and training and subsequent alignment with the provisions of the Higher Education Act, 1997 (Act 101 of 1997).

The resultant *National Emergency Care Education and Training (NECET) Policy* aims to facilitate the normalisation and alignment of emergency care education and training with current education legislation, national training needs and imperatives in order to render quality healthcare to the population of South Africa. The objective of this policy is the establishment of a national framework for emergency care education and training that will facilitate access to, mobility and progression within emergency care education and training; allow for career pathing; enhance and maintain quality of emergency care education and training; and redress the unfair discrimination of the past. The policy is applicable to all emergency care personnel and emergency care education and training providers.

The national Department of Health in conjunction with the Health Professions Council of South Africa (HPCSA): Professional Board for Emergency Care has proposed a three tier Emergency Care Qualification Framework (ECQF) which is aligned to the Higher Education Qualifications Sub-Framework (HEQSF) and complies with the requirements of the revised National Qualifications Framework Act, 2008 (Act 67 of 2008 as amended in 2012).

Similar to other health professions, the three tiers of the ECQF consist of an entry- level qualification, a mid-level qualification and a professional degree allowing access to further postgraduate qualifications. All qualifications and emergency care education and training providers are required to be registered and accredited with the necessary regulatory bodies.

The policy performance will be monitored and evaluated by the national Department of Health in a systematic and objective manner to determine efficiency, effectiveness, impact and sustainability towards the achievement of the NDP.

A large, stylized handwritten signature in black ink, written over a faint, light-colored signature line. The signature is fluid and cursive, with a long horizontal stroke extending to the right.

**DR PA MOTSOLEDI, MP**  
**MINISTER OF HEALTH**  
**DATE: 9/4/2017**

**Acknowledgement**



Emergency medical services (EMS) is a major component in health that is more often the first point of contact for the critically ill or injured patient in their most vulnerable, misfortunate situation. Under the National Health Insurance system, emergency care provision throughout South Africa will need to be transformed from a service focusing primarily on basic emergency care, to a central role within the healthcare system – delivering appropriate healthcare when and where patients need it. To this end, the attending emergency care personnel must have the requisite clinical knowledge, be highly skilled and have a caring, respectful disposition to the patients, yet be able to function under challenging circumstances.

It is my belief this can be achieved through proper education and training of emergency care personnel who are supported by the appropriate EMS infrastructure in order to make significant contributions in the delivery of effective, efficient health care within South Africa.

This policy makes provision for access into the EMS profession for all successful matriculants and creates the opportunity for recognition of prior learning, especially for existing operational EMS personnel. Successful graduates of the qualifications of this policy will have increased opportunity for employment within South African emergency medical services with further opportunities for vertical articulation towards a doctorate degree in emergency medical care.

I would like to thank the Directorates Emergency Medical Services and Disaster Medicine and Human Resource Policy and Planning; HPCSA: Professional Board for Emergency Care; all EMS education and training providers; and all other stakeholders who participated in the development of this policy and to recognise the hard work of the emergency care personnel whose untiring efforts contribute towards effective service delivery.

A handwritten signature in black ink, appearing to read 'Matsoso'.

**MP MATSOSO**  
**DIRECTOR-GENERAL: HEALTH**  
**DATE: 3/4/2017**



## Table of contents

1. Definitions .....	1
2. Background.....	1
3. Current situation .....	2
4. Discussion .....	3
5. Rationale for this policy.....	4
5.1 The need for an NQF aligned framework for EMS education and training.....	4
5.2 Non-compliance of existing training with the National Qualifications Framework (NQF) Act .....	4
5.3 Mal-alignment of EMS education and training to the other health professionals.....	4
5.4 Lack of appropriately qualified emergency care personnel .....	4
5.5 Limited access for EMS personnel to higher education and training.....	4
5.6 Failure to address the changing requirements .....	5
5.7 Alternative to basic ambulance training for non-professionals .....	5
6. Policy aims.....	5
7. Policy objectives .....	6
8. Policy scope.....	6
9. Legislative imperatives .....	6
9.1 Alignment to legislation directly related to emergency care .....	6
9.2 Alignment to relevant national legislation and policy .....	7
10. Framework for emergency care education and training .....	7
11. Entrance requirements .....	7
12. Entry and migration into the profession.....	8
13. Postgraduate qualification progression.....	8
14. Recognition of prior learning (RPL) .....	8
15. Registration and accreditation .....	8
16. Role players.....	9
16.1 Training providers.....	9
16.2 National Department of Health and the Statutory Council.....	9
16.3 Provincial Departments of Health and private sector .....	9
17. Monitoring and evaluation.....	9
18. Review .....	10



## 1. Definitions

**“Emergency care”** means the evaluation, treatment and care of an ill or injured person in a situation in which such emergency evaluation, treatment and care is required, and the continuation of treatment and care during the transportation of such person to or between health establishments.

**“Emergency care personnel”** means personnel who are registered with the Health Professions Council of South Africa (HPCSA) under the auspices of the Professional Board for Emergency Care.

**“Emergency Care Qualification Framework”** means a framework for education and training of emergency care personnel in South Africa.

**“Emergency medical service”** means an organisation or body that is dedicated, staffed and equipped to operate an ambulance, medical rescue vehicle or medical response vehicle in order to offer emergency care.

**Acronyms**

AEA	Ambulance Emergency Assistant
ALS	Advanced life support
BAA	Basic Ambulance Assistant
BLS	Basic life support
CCA	Critical Care Assistant
CHE	Council for Higher Education
CPD	Continuous professional development
DHET	Department of Higher Education and Training
ECA	Emergency Care Assistant
ECT	Emergency Care Technician
ECP	Emergency Care Practitioner
ECQF	Emergency Care Qualifications Framework
EMS	Emergency medical services
ETQA	Education and Training Quality Assurer
HEQSF	Higher Education Qualifications Sub-Framework
HPCSA	Health Professions Council of South Africa
ILS	Intermediate life support
NHI	National Health Insurance
PBEC	Professional Board of Emergency Care
RPL	Recognition of prior learning
SAPS	South African Police Service
SAQA	South African Qualifications Authority
SGB	Standard Generating Body
NDP	National Development Plan
NECET	National Emergency Care Education and Training
NQF	National Qualifications Framework
NSC	National Senior Certificate



## 2. Background

Prior to 1970, local authorities in South Africa were in the main responsible for the provision of ambulance services. Even today, ambulance services remain a surrogate to fire and rescue departments in many municipalities. The municipal boundaries and the apartheid homelands deprived those living outside of the boundaries of towns and cities of access to adequate emergency care treatment and transportation. Prior to 1994, ambulance services were racially segregated and resources were unequally distributed in favour of the white population. Organisations such as St John, Red Cross and The South African First Aid League played a critical role in filling voids in many parts of the country with ambulances staffed predominately by volunteers. The training and level of care rendered was by and large mostly basic first aid with only a few larger cities having access to doctors and nurses to treat and care for the critically ill and injured.

This fragmentation of ambulance services stems back to the South Africa Act, 1909 with the splitting of ambulance services and hospital services between the three tiers of government. The subsequent State Health Plan and promulgation of Section 16(b) of the Health Act, 1977 (Act 63 of 1977) placed the responsibility for ambulance services with the then four provinces; whilst the former black homelands were excluded.

The mid to late 1970s heralded the introduction of a one week basic ambulance course and a rescue medic course for staff working in ambulances. Following this, the then Pre-hospital Emergency Care Committee under the auspices of the South African College of Medicine introduced an Emergency Medical Assistant Course 1 for non-ambulance personnel. Ambulance departments started a similar Ambulance Medical Assistant Course 1. Later an Ambulance Medical Assistant Course 2 was introduced, which was to form the basis for the current Critical Care Assistant (CCA) Course. These short courses provided skills-based ambulance personnel that would function under the direction of a medical doctor.

A three-week Basic Ambulance Assistant (BAA), 12-week Ambulance Emergency Assistant (AEA) and four-month CCA short course were introduced in 1985 and remained relatively unchanged apart from the CCA course, which was extended to include an additional five months of clinical roadwork.

It became recognised that in order to professionalise the industry and align the emergency care profession to the other health professions in the country, professional qualifications would be required, which would be recognised, regulated and registered by the HPCSA. The first such qualification was introduced in 1987 in the form of a three-year national diploma offered at the then technikons (now universities of technology). It was envisaged that the three-year qualification would replace short course training and equip the graduates with additional rescue capabilities, medical skills and knowledge to function as independent pre-hospital emergency care personnel.

With the election of the democratic government in 1994; nine new provinces were established, incorporating the former black homelands. This resulted in an inequitable distribution of resources within the provinces. The need to increase the geographical reach meant emergency care personnel were required to operate independently and provide an increased level of clinical care. This necessitated a higher level of training. This came in the form of a Bachelor of Technology Degree in Emergency Medical Care (B. Tech EMC), introduced in 2001. The B Tech EMC could be obtained by completing an additional two years of part-time study after obtaining the undergraduate three-year national diploma qualification.

Between 2004 and 2006, the HPCSA as the Education and Training Quality Assurer (ETQA) and Standard Generating Body (SGB) undertook a revision of the learning outcomes of the existing short courses and higher education qualifications. One of the outcomes of this review and restructuring was the introduction of a two-year 240 credit NQF 5 Emergency Care Technician (ECT) formal qualification. The national Department of Health views this ECT programme as the “mid-level health worker” equivalent for the emergency care profession. At the respective higher education institutions, the three year national diploma and one year B Tech programmes in emergency care were reviewed. This review resulted in the creation of a four-year 480 credit NQF 8 professional Bachelor’s degree in Emergency Medical Care (B EMC). In 2005, a masters and a doctorate programme were also introduced.



### 3. Current situation

**Table 1: Details of the current emergency care education and training offerings and the number of registrations per category**

Current emergency care education and training					
Registration category	Name of course	Type of course	Alignment with NQF level and credits	*Total number per category	Total students per category
Basic Ambulance Assistant	Basic Ambulance Assistant (BAA)	Four-week short course	Not aligned to NQF	52 531	
Ambulance Emergency Assistant	Ambulance Emergency Assistant (AEA)	Three-month short course	Not aligned to NQF	9 575	
Paramedic	Critical Care Assistant (CCA)	Nine-month short course	Not aligned to NQF	1 581	545
	National Diploma: Emergency Medical Care	Three-year qualification	NQF 7; 360 credits		
Emergency Care Technician	Diploma: Emergency Care	Two-year qualification	NQF 6; 240 credits	1 108	584
Emergency Care Practitioner	B Tech: Emergency Medical Care	One-year qualification	NQF 7; 120 credits	520	725
	Bachelors Degree: Emergency Medical Care	Four-year qualification	NQF 8; 480 credits		

\*The numbers are as per HPCSA registration statistics as at 1 March 2017

### 4. Discussion

**Table 1** clearly shows that the majority of providers only have four weeks of training. The short courses are not NQF aligned. Despite this, there remain a number of training providers who continue to offer short course training.

**Table 2: Current operational public and private sector ambulances and employment statistics (as at 31 March 2017).**

Province	Ambulances	BAA	AEA	ECT	Paramedic	ECP	Total human resources
Eastern Cape	266	1 775	637	23	23	5	2 463
Free State	148	1 428	136	62	7	0	1 633
Gauteng	679	1 041	213	120	41	12	1 427
KwaZulu-Natal	501	1 639	899	24	79	11	2 652
Limpopo	125	1 295	386	7	22	1	1 711
Mpumalanga	98	653	174	0	4	0	831
Northern Cape	116	484	163	8	2	0	657
North West	90	312	184	115	0	0	611
Western Cape	246	619	665	109	125	8	1 526
Private sector	928	2 045	1 976	48	249	65	4 383
<b>Total</b>	<b>3 197</b>	<b>11 291</b>	<b>5 433</b>	<b>516</b>	<b>552</b>	<b>102</b>	<b>17 894</b>
<b>Percentage</b>		<b>63.1</b>	<b>30.36</b>	<b>2.89</b>	<b>3.08</b>	<b>0.57</b>	<b>100</b>

Analysis of the figures in **Table 2** shows that:

- 63.1 per cent of EMS operational staff are BAA qualified and only 3.08 per cent of the operational staff are qualified as paramedics
- both public and private sector employ a total of 11 291 BAAs, yet there are 52 531 registered BAAs, which is 21.49 per cent of the total registered BAAs. Despite this massive over-supply of BAAs, training providers continue to increase in number with current education and training providers producing approximately 10 000 BAAs annually
- BAAs have only four weeks of training, yet they continue to form the backbone of the total workforce as indicated in **Table 2** (63.1 per cent)



## 5. Rationale for this policy

### 5.1 The need for an NQF aligned framework for EMS education and training

The focus of the short course system of EMS training was and remains mainly on clinical skills training and not education. The short courses were never properly re-curriculated and as such continue to operate on more or less the same curriculum since 1998. The academic architecture of the short courses is not SAQA, UMALUSI or Higher Education Qualifications Council compliant.

### 5.2 Non-compliance of existing training with the National Qualifications Framework (NQF) Act

The existing BAA, AEA and CCA short courses are not compliant with the qualification regulations of the NQF Act. The majority of learning outcomes fall within the higher education and training band.

### 5.3 Mal-alignment of EMS education and training to the other health professionals

Professional registration and status continues to be conferred to persons with university diplomas and degrees within the emergency care profession and to those with no formal qualifications (some without Grade 12), the majority of which only have a few weeks of training. This is in stark contrast to other health professions in the country and abroad where professional registration is only possible through the completion of recognised NQF-aligned qualifications.

### 5.4 Lack of appropriately qualified emergency care personnel

There is a lack of appropriately qualified emergency care personnel to treat and transport critically ill or injured patients over long distances, resulting in sub-optimum levels of patient care.

The negotiated service delivery agreement of the Minister of Health focuses on prioritising efforts to decrease child and maternal mortality and overall improvement of the effectiveness of the health system. Patients have a right to quality healthcare. Currently the majority of patients are receiving emergency care and transportation (which may involve travelling over long distances) from BAAs with only a few weeks of training. This is clearly not in the best interests of the public and may be negatively affecting mortality rates, which invariably impacts on the effectiveness of the entire health system.

### 5.5 Limited access for EMS personnel to higher education and training

As mentioned above, the majority of emergency care personnel registered with the HPCSA have no formal qualifications and only a few weeks of training. This creates a barrier towards accessing higher education for many of the EMS staff. Furthermore, the articulation between the short courses and the higher education offerings has become increasingly difficult as the knowledge gap between the non-credit bearing short courses and the higher education qualifications grows ever wider. This has led to a situation where emergency care personnel remain disadvantaged compared to all other healthcare professionals, who historically had access to higher education and training opportunities. Career-pathing, personal growth and development and lifelong learning opportunities are poorly supported by a short course system of skills-based training, which is not aligned to the NQF. Access to NQF-aligned formal qualifications is therefore a requirement to support the further development of EMS members within the health sector.

### 5.6 Failure to address the changing requirements

The short course training model cannot adequately address the changing requirements of the profession and the now expected evidence based levels and standards of care. In South Africa the emergency care profession has progressed towards members becoming registered as independent clinicians and providers of emergency care. The insight and knowledge required to practice independently is now expected from all registered professionals. This is clearly evidenced by the number of BAAs who, although registered in the category of supervised practice, are illegally being used as independent providers resulting in them practicing beyond their scope of practice, with limited skills and knowledge. By virtue of their limited training, the majority of short course graduates are not sufficiently empowered to function independently, provide clinical governance and education, undertake further study within the NQF or participate in research and development. This is clearly evidenced by the fact that the HPCSA have noted poor compliance with the requirements of mandatory continuous professional development (CPD) amongst BAAs and AEAs. Therefore the current status where there are persons attending to seriously ill and injured patients with only a few weeks or months of training as the first point of contact with the primary healthcare system, is clearly not in the interest of the patient or the profession.

### 5.7 Alternative to Basic Ambulance Assistant training for non-professionals

The general South African public and relevant stakeholders may continue to access first aid level 1, 2 or 3 courses approved by the Department of Labour. However the national Department of Health has embarked on the development of a "first responder course", which would adequately serve as a first responder qualification for the South African Police Services (SAPS), fire services, traffic police, surf life saving etc. in carrying out their duties. It is envisaged that this course would be registered with SAQA at an appropriate NQF level.

## 6. Policy aims

The aim of this policy is to ensure the alignment of emergency care education and training with current education legislation, national education and training needs and imperatives of the national Department of Health in order to ensure the rendering of quality healthcare services to the population of South Africa.

## 7. Policy objectives

The objectives of this policy are to:

- develop an NQF-aligned framework for emergency care education and training
- facilitate access to, and mobility and progression within emergency care education, training and career paths
- rationalise, enhance and maintain the quality of emergency care education and training programmes
- redress past inequalities of the educational system thereby contributing to the full personal development of emergency care personnel and the provision of emergency care to the nation at large
- produce emergency care workers who are able to render quality effective and efficient services

## 8. Policy scope

This policy applies to all current and prospective public and private emergency care personnel and EMS education and training providers.

## 9. Legislative imperatives

Emergency care education and training must at all times be guided by the provisions of applicable legislation and policies that direct healthcare delivery. Legislation and policy documents that inform this policy include, but are not limited to, the following:

- The Constitution of the Republic of South Africa, 1996 (Act 108 of 1996)
- National Health Act, 2003 (Act 61 of 2003)
- White Paper on the Transformation of Health
- Batho Pele Principles
- Medicines and Related Substances Act, 1965 (Act 101 of 1965)
- Mental Health Care Act, 2002 (Act 17 of 2002)
- Health Professions Act, 1974 (Act 56 of 1974)
- National Qualifications Framework Act, 2008 (Act 68 of 2008)
- National Education Policy Act, 1996 (Act 27 of 1996)
- Higher Education Act, 1997 (Act 101 of 1997)
- General and Further Education and Training Quality Assurance Act, 2001 (Act 58 of 2001)
- National Health Insurance (green paper)

### 9.1 Alignment to legislation directly related to emergency care

The current emergency care legislative framework applicable to the profession of emergency care is the Health Professions Act, 1974 (Act 56 of 1974) and the regulations that pertain to this Act. The Health Professions Act makes provision for the establishment of the Professional Board for Emergency Care (PBEC) furthermore, Section 16 of the Health Professions Act regulates the education, training and practice of members practicing emergency care in the Republic of South Africa. The PBEC is accorded the powers to regulate all emergency care education and training; keep a register of all emergency care personnel practicing in the Republic of South Africa; institute an inquiry and take disciplinary steps for professional misconduct.

### 9.2 Alignment to relevant national legislation and policy

The Constitution of the Republic of South Africa lays the foundation for ensuring that all people are treated equally and that each person is afforded access to basic healthcare rights. These rights are enshrined in Section 27 of the Constitution of the Republic of South Africa and must be adhered to all times.

## 10. Framework for emergency care education and training

The framework is based on the need to comply with legislative requirements already mentioned and the need to develop a NQF-aligned framework for emergency care education and training. Central to the design of the ECQF are principles of continuous professional development, lifelong learning, academic progression, career-pathing and placement, as well as further professional advancement.

The national Department of Health has adopted a three-tiered ECQF to meet the emergency care service level needs of South Africa. The ECQF consists of entry level, mid-level and professional level qualifications as follows:

Emergency Care Qualification Framework			
Tier	Name of qualification	NQF level and credits	HPCSA register
1. Entry level qualification	Higher Certificate in Emergency Medical Care	NQF 5 120 credits	Emergency Care Assistant
2. Mid-level qualification	Diploma in Emergency Medical Care	NQF 6 240 credits	Emergency Care Technician
3. Professional qualification	Professional Bachelor Degree in Emergency Medical Care	NQF 8 480 credits	Emergency Care Practitioner

### 11. Entrance requirements

Minimum entry requirements are the appropriate subject combinations and levels of achievement as defined in the Department of Higher Education's *Policy on the Minimum Admission Requirements for Higher Certificate, Diploma and Bachelor's Degree Programmes Requiring a National Senior Certificate*, published in Government Gazette, No. 27961 of 26 August 2005.

### 12. Entry and migration into the profession

Based on their national senior certificate (NSC) results, school leavers entering the profession may apply for any of the three qualifications.

The higher certificate, national diploma and professional bachelor degree programmes have been designed as stand-alone qualifications and therefore do not feature multiple exit levels. However, vertical articulation and advance placement to the professional bachelor degree programme may be facilitated via recognition of prior learning (RPL) and bridging programmes.

Short course graduates may obtain credits toward the NQF aligned qualifications through RPL. Existing BAA, AEA and CCA short course graduates will continue to remain registered with the HPCSA and practice according to the relevant scopes of practice.

### 13. Postgraduate qualification progression

Vertical articulation into a cognate master's degree and subsequent doctoral degrees is possible upon completion of the professional bachelor's degree.

### 14. Recognition of prior learning (RPL)

Post 1994, RPL, in South Africa is regarded as a means of access and redress for our disparate past. The RPL enables potential students, including those who had suffered disadvantage in the past, to be admitted to higher education programmes depending on their assessed knowledge and skills. Education and training providers who are accredited to offer the ECA, ECT and/or ECP programmes, will be required to develop and implement RPL policies that may allow holders of short courses and other relevant qualifications to gain access to, and/or advanced placement within their NQF-aligned programmes.

### 15. Registration and accreditation

All qualifications and emergency care education and training providers, both public and private, are required to be registered and accredited by the Department of Higher Education and Training, HPCSA and the Council for Higher Education (CHE) in line with the applicable legislation prior to the offering of any of the qualifications featuring on the ECQF.

## **16. Role players**

### **16.1 Training providers**

All existing and future training providers who wish to provide emergency care education and training will be required to comply with the necessary registration and accreditation criteria required to receive approval from the CHE to render their learning programmes. Training providers that have not been recognised by the Department of Higher Education and Training, which clearly states that the training provider may offer the specific qualification, will no longer be recognised as an accredited provider for emergency care education and training.

Furthermore, education and training providers will be required to produce evidence of accreditation with the CHE and the HPCSA prior to the implementation of their emergency care learning programmes.

### **16.2 National Department of Health and the Statutory Council**

For the development of any new qualification, the HPCSA and the national Department of Health must be consulted and provide approval. New qualifications will only be considered on the basis of clear evidence of need within the South African context.

### **16.3 Provincial departments of health and private sector**

Emergency medical services are required to develop implementation strategies to ensure the alignment of their human resource plans and staff development strategies with the provisions of this policy based on the following:

- a. evidence of skills shortages and requirements
- b. cost containment
- c. quality improvement
- d. new technology or new health interventions
- e. emerging health programmes requiring certain types of skills

## **17. Monitoring and evaluation**

Monitoring and evaluation of education and training programmes will be conducted by the national Department of Health in a systematic and objective manner to determine efficiency and effectiveness.

## **18. Review**

This policy will be reviewed every five years from the effective date or sooner should the need arise.







**National Department of Health**

Switchboard: 012 395 8000

Physical address: Civitas Building  
Cnr Thabo Sehume and Struben Streets  
Pretoria

Postal Address: Private Bag X828  
Pretoria  
0001

