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Ethical Misconduct of HPCSA-Registered Occupational Therapists in South Africa (2014–2023): A Follow-Up Trend Analysis to the 2007-2013 Study

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ABSTRACT

Introduction: In light of recent changes to South Africa's healthcare regulatory landscape, including updates to HPCSA disciplinary processes, the introduction of minimum fines, and reforms to streamline case inquiries, this study examines cases of ethical misconduct among occupational therapists reported to the Health Professions Council of South Africa (HPCSA) between 2014 and 2023. Maintaining ethical integrity in occupational therapy is important to earning public trust, strengthening the profession's identity, and ensuring accountability in patient care. Building on the findings of Nortje and Hoffman in 2015, this study analyses the types of transgressions, and the penalties imposed to better understand evolving trends in professional ethics and regulation.

Methodology: A qualitative historical document review approach was used to analyze archival material from the HPCSA. Available data were sorted into one of nine general categories and one of 180 subcategories, using the classification framework adapted from HPCSA disciplinary codes and tan earlier study which reviewed the ethical misconduct of HPCSA registered occupational therapists from 2007 to 2013.

Results: A total of 66 cases were reported; of these, fraudulent conduct was the most common transgression (61 cases), followed by professional registration misconduct, improper professional role conduct, negligence, and performing procedures without patient consent. These 66 cases were committed by a total of nine offenders, five of whom were repeat offenders. Penalties ranged from fines (R10,000 to R210,000) to suspensions of up to 2 years and mandated ethics courses. Some of these fines fell below HPCSA minimums, raising concerns about consistency and enforcement.

Conclusion: Compared to 2007–2013, the 2014-2023 period had a larger number of violations, which reflects the changing professional demands and regulatory landscapes. The penalties for these violations remain largely punitive, which undermines rehabilitation and broader efforts to deter unethical behaviour. This study highlights the need for continuous ethics training, consistent enforcement of penalties, and regular updates to regulatory frameworks to promote long-term ethical compliance and protect patient trust in occupational therapy practices.

Implications for practice:

- Highlights the importance of integrating reflective practice and ethics education as part of continuous professional development.
- Emphasizes the need for consistent enforcement of HPCSA penalties to ensure accountability and deter repeat offenses.
- Supports the inclusion of rehabilitative measures, such as ethics and practice management courses, alongside financial penalties.
- Importance of being and acting ethical to maintain patient trust and upholding the integrity of occupational therapists

INTRODUCTION

The Health Professions Council of South Africa (HPCSA) is a regulatory body that oversees health professionals such as medical doctors, occupational therapists, and physiotherapists to ensure they consistently adhere to ethical guidelines as set out by each professional board of the HPCSA. It sets professional standards, investigates misconduct complaints, and enforces penalties to maintain accountability and transparency[1]. In South Africa, occupational therapists face significant ethical challenges, such as adapting interventions to individual needs and ensuring the use of evidence-based practices, as they work to address the diverse and changing needs of their patients. They aim to help people live fuller, more independent lives by improving their ability to perform daily activities, adapt to changes, and maintain both physical function and mental well-being, all while upholding strong ethical principles[2]. These aspects of their responsibilities address human rights concerns, adding an additional layer of ethical and political responsibilities to their work[3]. These ethical responsibilities demand that the approximately 5,180 occupational therapists in South Africa make decisions that support patient functionality and independence, which underlines the importance of compliance with ethical standards.[4] Beyond the profession itself, ethical compliance sustains public trust in healthcare systems[5]. It gives occupational therapists a stronger sense of professional identity. At the same time, it connects to broader global priorities, including the United Nations Sustainable Development Goals, especially SDG 3 on good health and well-being and SDG 10 on reducing inequalities[6]. The HPCSA guides these ethical standards by placing great importance on ethical conduct toward patients and expects registered professionals to act according to these expectations[7].

Ethical complaints against health professionals are handled through a multi-step process. Most complaints are first reviewed by a Preliminary Committee of Inquiry, which decides whether the issue can be resolved with a caution, minor fine, or if it is serious enough to go to a full Professional Conduct Inquiry. Only the more severe or unresolved cases go to a formal hearing, which may result in a guilty verdict and published penalty. Therefore, many of the ethical issues are handled at the preliminary stage and may not appear in public disciplinary records[8].

Since 2014, there have been changes in the healthcare regulatory landscape in South Africa, including updates to the HPCSA's penalty regulations. The recent changes to the HPCSA's professional conduct inquiry process have improved efficiency and practitioner well-being[8]. These reforms were designed to streamline the inquiry process, to potentially lead to quicker resolutions. The HPCSA has also set minimum and maximum fine ranges that vary depending on the transgression. Previously, there was no established minimum; fines did not exceed R10,000* and often were lower[9]. These earlier regulations lacked clearly defined fine structures, which may have led to variability in how penalties were determined based on the different kinds of transgressions. There have also been changes to the disciplinary process to improve transparency, efficiency, and fairness. In 2023, the HPCSA formally introduced amendments to speed up disciplinary procedures and reduce case backlogs. One of the key changes was the appeals process for complainants who are not satisfied with the outcome of preliminary inquiries.

A study by Nortje and Hoffmann[10] highlighted key issues in the landscape of occupational therapy ethics in South Africa, particularly identifying areas where ethics violations were most prevalent. Their research identified instances of misconduct involving submitting reports without proper patient assessments and submitting fraudulent statements to a healthcare insurance provider for the period 2007-2013. These unethical practices not only breached professional trust but also compromised the integrity of patient care. To address these concerns, the authors recommended improving communication with clients to ensure transparency and understanding, as well as fostering peer mentoring groups to support occupational therapists in navigating ethical dilemmas.

A decade after the study by Nortje and Hoffmann[10], the current study revisits guilty verdicts involving occupational therapists in South Africa. The objectives of our study were to:

- Analyze guilty verdicts from 2014 to 2023 to identify the specific transgressions, penalties imposed, and trends over time.
- Reflect on the impact of recent HPCSA regulatory changes and identify any limitations or potential areas for improvement in the implementation of penalties.
- Examine how the transgressions among occupational therapists have evolved since the recommendations of the 2007-2013 study and explore any changes in trends related to ethical compliance and penalties.

METHODS

Sample

This study analyzed all the ethical conduct transgression cases involving registered occupational therapists reported between 2014 and 2023 in South Africa. The annual formal transgression and judgment records are publicly available on the HPCSA's website [https://www.hpcsa.co.za/?contentId=338&actionName=Publications].

Data Collection

The HPCSA annually publishes a formal list of all sanctioned professional misconduct cases across healthcare professions. These published cases are listed chronologically by the month in which the sanction was determined. Each case contains the following information:

- Practitioner name
- The practitioner's registration number with the HPCSA
- Nature of the complaint
- The issued penalty
- Location / Town

The frequency of penalties and the types of transgressions for each year in the study period were analysed by a team of researchers. A mixed-methods approach was followed. The quantitative component began with a review of annual frequency data from the publicly available HPCSA disciplinary records across all regulated health professions to provide context for overall patterns of professional misconduct. Occupational therapy–specific data were then extracted for detailed analysis, including the number of guilty verdicts ("cases"), the number of specific sanctions, and sanction categories. The qualitative research component used a historical research approach; archival material from the HPCSA was the primary data source. We sorted the available data into one of nine general categories and one of 180 identified specific subcategories based on the type of transgression. This allowed us to review trends amongst specific forms of transgressions, as well as macro-level "transgression clusters."

* At the time of reporting (01-Jan-2025), the exchange rate was approximately 1 ZAR = 0.065 USD and 1 ZAR = 0.061 EUR. For comparison, this means the fines ranged from about 1,300 USD (1,220 EUR) to 13,650 USD (12,810 EUR).

Ethics Considerations

Formal Ethics Clearance was sought from The University of Texas MD Anderson Cancer Center (2025-0303-MDACC) and exemption was received as this did not include human subject research. All the data sourced and analyzed in this project were obtained from the publicly available records on the official HPCSA website. Although the published lists include identifying information for practitioners, such as names and registration numbers, these are not reported in this article.

Ethics approval for this study was obtained from a U.S.A. institution, reflecting the primary investigator's institutional affiliation. Serving as a continuation of Nortjé and Hoffmann's 2015 investigation, *"Ethical misconduct of HPCSA registered occupational therapists in South Africa"* [10], this research was conducted under the direction of a principal investigator who holds a full-time position at The University of Texas MD Anderson Cancer Center. All research activities and manuscript preparation were carried out at this institution.

Data Analysis

All HPCSA case data were downloaded from the publicly available HPCSA website and organised into Microsoft Excel spreadsheets, which were stored locally on a password-protected computer. Data cleaning and preparation were conducted collaboratively by the research team to ensure completeness and accuracy. Practitioner registration numbers were standardized, duplicates removed, and transgression categories reviewed for consistency. The occupational therapy data were then analysed in detail, and all authors independently verified the categorized data and coding outcomes. Any discrepancies identified during this verification process were discussed and resolved through consensus, thereby enhancing the internal consistency and validity of the findings.

Following the initial analysis of the transgressions and penalties for all healthcare professional categories from the HPCSA's records[1], a subset of data specific to occupational therapists was extracted for further analysis. Any empty values were marked as N/A. All the transgressions were then cross-checked against the list of general transgression types to ensure consistency between general and specific categories. To maintain consistency and identify repeat offenders, all the offending practitioners' registration numbers were standardized, and Rstudio was used to identify repeated numbers. If specific practitioners had reoffended, we determined whether they had engaged in the same or different transgressions in the same or different years. The transgression data were then analysed in Excel to determine the number of transgressions per professional category and identify the most common transgressions among occupational therapists.

For the penalties data, frequency tables were created in Excel to determine whether the penalties aligned with the penalty rules set by the HPCSA. Finally, the year in which each transgressor was registered to practice was subtracted from the current year (2024) to calculate the number of years of practice for each transgressor, and the mean was determined for all transgressors. This allowed for the exploration of any potential correspondence between the number of years in practice and the likelihood of recommitting an ethical transgression. The dataset includes only finalised cases in which occupational therapists were found guilty of unprofessional or unethical conduct and a sanction was issued. Situations where cases were dismissed during preliminary review, resolved through mediation, or still under investigation were not accessible and therefore excluded from analysis. The quantitative component of the study involved counting the number of guilty verdicts, categorising transgressions, and analysing penalty types. The qualitative component involved reviewing the narrative descriptions of misconduct to better understand and categorize underlying ethical concerns.

RESULTS

The analysis identified nine occupational therapists who committed a total of 66 transgressions between 2014 and 2023. Among these nine professionals, five were repeat offenders whose transgressions were of either the same or different types. All repeat offenders had at least one transgression in common, namely fraudulent conduct. Fraudulent conduct was found to be the most prevalent type of transgression overall, accounting for 61 out of the 66 total transgressions (92%; Table I, below). Because one practitioner alone accounted for 47 counts of fraud, we conducted a sensitivity check excluding this outlier. Even after removal, fraudulent conduct remained the most prevalent transgression (14 out of 19 cases, 74%), indicating that the overall findings were not driven solely by this outlier. The remaining five transgression categories were: professional registration misconduct; improper professional role conduct; negligence or incompetence in evaluating, treating, and caring for patients; and performing procedures without patient consent.

TABLE I: Ethical misconduct cases by transgression category (2014–2023)

Transgression Category	Number of transgressions (% of total number of transgressions, N=66)
Fraudulent conduct	61 (92%)
Professional Registration Misconduct	2 (3%)
Improper professional role conduct	1 (2%)
Negligence or Incompetence	1 (2%)
Performing procedures without patient consent	1 (2%)

It is worth noting that one outlier significantly influenced the data. This practitioner was found guilty of 47 counts of fraudulent conduct, which may have skewed the overall analysis. However, even

excluding this outlier, fraudulent conduct remained the most prevalent transgression recorded. Looking at the pattern of years of practice and ethical transgressions, the average length of practice at the time of the transgression was 18.89 years, with a standard deviation of 7.32 and a minimum practice period of 9 years.

The penalties reported for the transgressions ranged from R10,000 to R210,000, with a total of 10 monetary penalties imposed (Table II, below). In addition to these fines, suspensions ranging from 3 months to 2 years were recorded in five cases. Other penalties included participation in a course on ethics (2 cases) and attendance in a practice management course (1 case). Notably, there were no recorded cases in which caution and reprimand were applied, and only a few cases required ethics courses or additional training. This indicates that the penalties were primarily focused on financial penalties and temporary suspensions.

TABLE II: Penalties imposed for transgressions (2014–2023)

Penalty	2014	2015	2018	2021	2022	Total
Fine: R10,000	1	2	-	-	-	3
Fine: R30,000	-	-	1	1	2	4
Fine: R50,000	-	-	-	-	1	1
Fine: R150,000	-	-	-	1	-	1
Fine: R210,000	-	-	-	1	-	1
Suspension: 2 years	-	-	1	2	1	4
Attendance of ethics management course	-	-	-	1	1	2
Attendance of practice management course	-	-	-	1	-	1

Note: No misconduct cases involving occupational therapists were reported for the years 2016, 2017, 2020, and 2023.

DISCUSSION

This analysis of ethical misconduct among occupational therapists in South Africa from 2014 to 2023 highlights several noteworthy issues. The current findings consist of a wider range of ethical violations among occupational therapists, with both an increase in reported cases and variation in transgression types. We found that the most common transgression among these professionals was fraudulent conduct. This increase in fraudulent conduct, as compared to the prior study conducted by Nortjé and Hoffmann[10], was likely shaped by the effects of the COVID-19 pandemic.

The global crisis of the COVID-19 pandemic had a large impact on the field of occupational therapy. During lockdown, services such as out-patient appointments, ward rounds, group therapy sessions, developmental screenings, and early intervention clinics were suspended. Although some services resumed as restrictions lifted, this varied by institution with some hospital-based occupational therapy departments remaining closed for the duration of the pandemic. It's no surprise that occupational therapists reported a decrease in workload during the COVID-19 pandemic[11]. Healthcare systems were compelled to innovate, adopting telehealth solutions and operating at reduced capacity. However, the inherently hands-on and interpersonal nature of occupational therapy made it difficult to transition effectively to remote or modified formats. Compounding these challenges, widespread job losses and economic instability forced many families to rely on one another for financial support. Those who retained employment often felt compelled to help supplement the income of relatives who had lost theirs, adding strain to already difficult circumstances[11].

This increase in fraudulent conduct, likely influenced by the COVID-19 pandemic, suggests that current regulations may not effectively deter such behaviour, giving offenders the opportunity to reoffend. As highlighted by Evans and Porche[12], the rationalization that fraud does not directly harm patients is a significant neutralizing factor. Many professionals justify or "neutralize" ethical transgressions by denying responsibility, minimizing harm, or shifting blame. When healthcare practitioners distance themselves from the impact of their actions in this way, it becomes even more important to reinforce professional accountability duties. Accountability, as an essential component of professionalism, ensures that healthcare professionals take responsibility for their actions and uphold ethical standards in patient care[13]. By fostering accountability within professional practice, ethical training can be strengthened to not only deter misconduct but also promote responsibility.

Compared to learning or rehabilitation, penalties for the 2014-2023 violations were mostly punitive, focusing more on fines and suspensions. While these measures promote accountability, reflective practice, which promotes self-awareness, critical thinking, and adherence to ethical standards, should be implemented more widely[14]. Ethics education is introduced at undergraduate level and every practitioner registered with HPCSA has a requirement to earn no less than five (5) annual CPD points in ethics, human rights or medical law for continuing registration[15]. This requirement, implemented after 1 January 2007, made ongoing ethics education a formal condition for continued professional registration[16]. Despite these measures, there is still a gap between ethical compliance and consistent application of ethical principles in daily practice. There are structured systems that may support and enhance professional performance like audit and feedback[17]. Furthermore, documentation audits and peer review support may strengthen accountability among practice of occupational therapy[18]. These same set of practices could be applied in the context of ethical transgressions. Strategies such as providing frequent feedback on documentation, consents, and encouraging peer discussions of ethical dilemmas, can assist practitioners in identifying and addressing ethical issues at an early stage. When these reflective systems become embedded in practitioners' work, it assists practicing ethical awareness as a continuous process rather than a response to unethical misconduct.

Recommendations

Based on these findings, we propose four key recommendations to address the identified issues while also encouraging long-term ethical behaviour among occupational therapists.

Integrating comprehensive ethics training
While ethical principles are introduced early as part of Continuous Professional Development training, there is still room to strengthen their consistent application throughout a practitioner's career. Regular audits, feedback sessions, peer discussions, and documentation reviews that assess the accuracy and ethical quality of records should be integrated into routine practice. Supervisors or department heads could hold brief "ethics huddles," where staff examine real case scenarios involving consent, billing, or patient communication. This would help to embed ethics in practical, everyday use, and reinforce awareness.

Increasing penalty severity and consistency
Considering there has been inconsistency regarding penalty and fine minimums in the 2014-2023 transgressions. We need to strengthen oversight and ensure penalties meet the minimum amount set by the HPCSA. Additionally, reviewing and adjusting the monetary penalty thresholds may also be necessary to ensure they reflect the seriousness of ethical transgressions and maintain their deterrent value considering inflation and changing professional conditions. Finally, when practitioners are sanctioned, they should be required to complete follow-up ethics workshops or take part in short mentorship programs to help them understand what went wrong and how to prevent similar issues in the future. This would make penalties not only corrective but also educational and support long-term professional improvement.

Promoting reporting of unethical behaviour
Cases of unethical practices **could go underreported** due to fear of retaliation, lack of awareness of reporting procedures, or skepticism about whether action will be taken. Therefore, creating accessible and anonymous reporting channels can help people feel safer to report cases. Additionally, raising awareness about the importance of protection for those who report misconduct can foster a system where ethical concerns are addressed proactively. Strengthening reporting mechanisms will not only help identify and prevent unethical behavior but also reinforce a shared commitment to professionalism and integrity in patient care

Regular review and update of regulations
In the ever-changing world of healthcare, it is important to conduct regular reviews of the HPCSA regulations to adapt to the evolving nature of ethical challenges. We recommend that the HPCSA Professional Board for Occupational Therapy lead these reviews given its regulatory authority but partner with the Occupational Therapy Association of South Africa (OTASA) and academic institutions to ensure profession-specific and educational perspectives are captured. Any changes made should be adequately communicated to all professionals, students, and institutions. In the ever-changing world of healthcare, it is important to conduct regular reviews of the HPCSA regulations to adapt to the evolving nature of ethical challenges. We recommend that the HPCSA Professional Board for Occupational Therapy lead these reviews given its regulatory authority but partner with OTASA and academic institutions to ensure profession-specific and educational perspectives are captured. Any changes made should be adequately communicated to all professionals, students, and institutions.The penalties for transgressions consistently meet the minimums specified in the HPCSA regulations. It is important to emphasize the seriousness of these offenses. Stricter adherence to the established penalty ranges will increase their deterrent effect by indicating to all practitioners that unethical behavior will not be tolerated and will result in serious consequences. This consistency in penalty severity could help to reduce repeat offenses and maintain high ethical standards in the profession.

Limitations
A limitation of our analysis is that one transgressor committed 47 of the 66 incidents, which may have skewed our results. The data reported by the HPCSA is also an amalgamation of reports from each of its professional boards, which can lead to inconsistencies in terminology. We identified several inconsistencies in the HPCSA records, such as misidentifications of transgressors, double counting of certain transgressions, and unexplained omissions. Additionally, 2019 data were not available from the HPCSA, and cases resolved at the preliminary inquiry stage are not included in the published records, which may indicate potential underreporting. While these limitations affect the completeness of the dataset, we believe they do not compromise the overall validity of the findings or the usefulness of the HPCSA records in identifying major trends, since the authors meticulously identified salient terminology and addressed inconsistencies. Furthermore, nine years of data have been reported, and the one missing year may contribute on average two more transgressors.

CONCLUSION
This analysis of ethical misconduct among occupational therapists in South Africa from 2014 to 2023 highlights several critical issues. We found that the most common transgression among these professionals was fraudulent conduct. This persistent issue suggests that current regulations may not effectively deter such behaviour, allowing offenders to reoffend. As highlighted by Evans and Porche[12], the rationalization that fraud does not directly harm patients is a significant neutralizing factor. Further studies are required regarding how such unethical behaviour can erode patient and societal trust in the medical field, compromise patient care, and lead to broader systemic issues of unethical conduct. It would be valuable to investigate whether the incidence of fraudulent activity has reverted to pre-pandemic levels, as documented in the 2015 study. Additionally, conducting focus groups to examine the motivations behind fraudulent behavior could provide critical insights for shaping targeted educational initiatives and informing regulatory frameworks. The penalties imposed during the study period were predominantly punitive and temporary, focusing on fines and suspensions and less on rehabilitative and comprehensive training and education. The emphasis on punitive measures alone is insufficient to address the root causes of unethical behaviour. Reflective practice, which promotes self-awareness, critical thinking, and adherence to ethical standards, should be implemented more widely[18]. Our findings also reveal that many offenders had extensive years of practice, suggesting that earlier ethics training may not have been as integrated or focused as needed. Additionally, long-time practitioners may become desensitized to rules, making ethical violations easier to commit.

Author Contributions
All listed authors contributed to developing the research plan and experimental design, collecting and gathering the data, analysing the data and drawing conclusions, and drafting and revising the manuscript. Yanet Gezu created the figures, graphs and other visual representations of the data.

Conflicts of interest
The authors declare no conflict of interest.

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REFERENCES

1. Health Professions Council of South Africa. *Official website* [Internet]. Pretoria: HPCSA; [cited 2025 Oct 7]. Available from: https://www.hpcsa.co.za/
2. Hammond A. *Occupational therapy in rheumatology.* Rheumatology (Oxford). 2004;43(5):498–505. https://doi.org/10.1016/j.berh.2004.04.001
3. Galheigo SM. *What needs to be done? Occupational therapy responsibilities and challenges regarding human rights*Aust Occup Ther J. 2011;58(2):60–66. https://doi.org/10.1111/j.1440-1630.2011.00922.x

4. Ned L, Tiwari R, Buchanan H, van Niekerk L, Sherry K, Chikte U. *Changing demographic trends among South African occupational therapists: 2002 to 2018.* Hum Resour Health. 2020;18(1):22. https://doi.org/10.1186/s12960-020-0464-3
5. Gille F, Smith S, Mays N. *Evidence-based guiding principles to build public trust in personal data use in health systems.* Digit Health. 2022;8:20552076221111947. https://doi.org/10.1177/20552076221111947
6. United Nations Development Programme. *Sustainable development goals* [Internet]. [cited 2025 Aug 7]. Available from: https://www.undp.org/sustainable-development-goals
7. De Jongh JC, Hess-April L, Vermeulen N. *Reflecting on ethics in occupational therapy within community development practice in South Africa.* In: Nortjé N, De Jongh JC, Hoffmann W, editors. *African perspectives on ethics for healthcare professionals.* Advancing global bioethics. Cham: Springer; 2018. p. 69–82. https://doi.org/10.1007/978-3-319-93230-9_5
8. Naidoo Y. *Changes to the HPCSA's professional conduct inquiry process may improve efficiency and practitioner well-being* [Internet]. 2023 [cited 2025 Sep 25]. Available from: https://www.derebus.org.za/changes-to-the-hpcsas-professional-conduct-inquiry-process-may-improve-efficiency-and-practitioner-well-being
9. Macrobert Attorneys. *New regulations pertaining to HPCSA fines* [Internet]. [cited 2025 Sep 25]. Available from: https://www.macrobert.co.za/insights/posts/new-regulations-pertaining-to-hpcsa-fines
10. Nortjé N, Hoffmann WA. *Ethical misconduct of HPCSA registered occupational therapists in South Africa.* S Afr J Occup Ther. 2015;45(3):55–7. https://doi.org/10.17159/2310-3833/2015/v45n3a10
11. Nathoo H, Gurayah T, Naidoo D. *Life during Covid-19: An Explorative Qualitative Study of Occupational Therapists in South Africa.* Occupational Therapy in Mental Health 2022; 39(2), 211–239. https://doi.org/10.1080/0164212X.2022.2100558
12. Evans RD, Porche DA. *The nature and frequency of Medicare/Medicaid fraud and neutralization techniques among speech, occupational, and physical therapists.* Deviant Behav. 2005;26(3):253–70. https://doi.org/10.1080/01639620590915167
13. Vivanco L, Delgado-Bolton R. *Professionalism.* In: ten Have H, editor. *Encyclopedia of global bioethics.* Cham: Springer; 2015. p. 1–9. https://doi.org/10.1007/978-3-319-05544-2_353-1
14. Sapp K. *Offender rehabilitation as a contemporary issue.* In: *Understanding offending populations and the power of correctional psychotherapy.* Springer Briefs in Offending Populations & Correctional Psychotherapy. Cham: Springer; 2023. p. 57–75. https://doi.org/10.1007/978-3-031-45886-6_6
15. Moodley K. *Teaching medical ethics to undergraduate students in post-apartheid South Africa, 2003–2006: Table 1.* J Med Ethics. 2007;33(11):673–7. https://doi.org/10.1136/jme.2006.018432
16. Health Professions Council of South Africa. *HPCSA CPD point requirements arranged by professional board* [Internet]. 2025 [cited 2025 Sep 25]. Available from: https://www.hpcsa-blogs.co.za/hpcsa-cpd-point-requirements-arranged-by-professional-board/
17. Ivers N, Jamtvedt G, Flottorp S, Young JM, Odgaard-Jensen J, French SD, O'Brien MA, Johansen M, Grimshaw J, Oxman AD. *Audit and feedback: Effects on professional practice and healthcare outcomes.* Cochrane Database Syst Rev. 2012;6:CD000259. https://doi.org/10.1002/14651858.CD000259.pub3
18. Mann K, Gordon J, MacLeod A. *Reflection and reflective practice in health professions education: A systematic review.* Adv Health Sci Educ Theory Pract. 2009;14(4):595–621. https://doi.org/10.1007/s10459-007-9090-2