



**HEALTH PROFESSIONALS COUNCIL
(SEYCHELLES)**

**ACCESS TO INFORMATION ANNUAL
REPORT 2023**

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INTRODUCTION

Health Professionals Council, Seychelles (HPC) became operational in 2012, and is governed by the Health Professionals Act, 2006.

The aim of the Council is to regulate all allied health professionals across the Seychelles and to monitor their compliance as per the law and regulations. Allied Health Professionals are defined as any health professionals other than doctors, nurses, midwives and dentists.

The Council consists of thirteen (13) members; ten (10) of which are elected by the general assembly of registered allied health professionals and the other three (3) are nominated by the Minister for Health.

HPC regulates Allied Health Professionals falling under 20 different Health Cadres or fields, as follows:

1. Acupuncture
2. Audiology
3. Biomedical Engineering
4. Biomedical Laboratory
5. Dentistry
6. Dialysis
7. Emergency Care
8. Health Promotion
9. Health Statistics
10. Nutrition
11. Occupational Therapy
12. Optometry
13. Orthotic
14. Pharmacy
15. Physiotherapy
16. Psychology
17. Prosthetic
18. Public Health
19. Radiography
20. Speech Pathology

All allied health professionals working in the Seychelles are obligated to register with HPC as per the law. HPC maintains a register of all allied health professionals who are eligible to practice in the Seychelles. Registration is valid for a period of 2 years and is renewable every 2 years.

➤ *Name of the Information Officer and duration since in this post.*

Name of Information Officer	Duration in Post
Melina Amedee	1 year

MISSION AND VISION OR MANDATE OF THE ORGANISATION

Mission:

To ensure that all Allied Health Professionals are competent to practice and to protect the public by promoting the highest possible professional standards.

Vision:

To be the recognized, independent and supreme authority regulating and monitoring the practices of all Allied Health Professionals for ensuring public protection

Function and mandate:

HPC keep a register of all of its registered members;

- (a) to register and to monitor the competence and regulate the performance of Health Professionals in Seychelles for the purpose of promoting and upholding the highest possible standard of their practice;
- (b) to inquire into allegations of serious professional misconduct and malpractice by Health Professionals and to take appropriate action in respect thereof.

**Delete where applicable*

ANNUAL REPORT REQUIREMENTS

SR No	ATI ACT REQUIREMENTS	No
1)	The total number of ATI requests for access received;	0
2)	<u>TYPE OF INFORMATION</u>	
	The number of requests for personal information	0
	The number of request for public domain information	0
	The number of request for third party information	0
	The number of request for commercial and confidential Information	0
	The number of request for law enforcement information	0
	The number of request for privileged documents	0
	The number of request for protection of life and safety of an individual information	0
	The number of request for National Security and defence	0
	The number of request for International relations	0
	The number of request for Economic interest of the state	0
	The number of request for Academic or professional examination and recruitment process information	0
	The number of request for proposal submitted to Cabinet	0
3)	The number of requests for access granted in full;	0
4)	The number of requests for access refuse in full;	0
	The number of requests for access refuse in part;	0
5)	The number of times each provision of Part III (<i>EXEMPTIONS</i>) was relied on to refuse access in full;	0

	The number of times each provision of Part III (<i>EXEMPTIONS</i>) was relied on to refuse access in part;	0
6)	The number of request abandoned after request	0
7)	The number of request but no records exist	0
8)	The number of cases in which the periods stipulated in section 11 were extended in terms of section 12;	0
9)	The number of review applications lodged with the head of the information holder;	0
10)	The number of reviews lodged on the ground that a request for access was regarded as having been refused in terms of section 14;	0
11)	The number of cases in which, as a result of a review, access was given to information;	0
12)	The number of request transferred to another Public Body	0

**Where is not applicable insert "0" or "N/A"*

I.	<p>A description of the steps or efforts taken by the head of the body to encourage all officers of that body to comply with the provisions of this Act;</p> <p><i>An information session has been organised to familiar all HPC council members of what constitute this Act.</i></p>
II.	<p>Any facts which indicate an effort by the body to administer and implement the spirit and intention of the Act according to its submitted plan;</p> <p><i>To date no requests for information has been made to HPC as per the Act. However, HPC attempts its best to provide information related to its mandate via its website, Facebook page and through other forms of communications (e.g. emails).</i></p>
III.	<p>Particulars of any penalties imposed against any person under this Act; YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (If yes, list down)</p>
IV.	<p>Particulars of any disciplinary action taken against any person under this Act; YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (If yes, list down)</p>

CHALLENGES

- *Particulars of any difficulties encountered in the implementation of this Act in terms of the operation of the body, including issues of staffing and cost. This also should include the challenges you encounter as an Information Officer.*

None

RECOMMENDATIONS

- *Recommendations for reform, or amendment of this Act, other legislation, or practice relevant to the optimal realisation of the objectives of this Act.*

None

1) DECLARATION

I declare that in accordance with Section 54 of the Access to Information Act, 2018, the Annual Report is to the best of my knowledge, true, accurate and complete as per the requirements.

.....Melina Amedee..... Amedee 22/3/2024
Name of Information Officer **Signature** **Date**

I confirm that this Annual Report is verified and true, accurate and complete to my knowledge as the Head of Information Holder of **Health Professionals Council, Seychelles** on the date stated below.

.....Patricia Rene..... [Signature]
Name of Head of Information Holder **Signature**

Dated this 22nd of MARCH, 2024

