A FRAMEWORK TO POSITION THE SOMATOLOGY PROFESSION IN SOUTH AFRICA

By

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DECLARATION OF INDEPENDENT WORK

I, MARLé VOSLOO, do hereby declare that this research project submitted for the degree MAGISTER TECHNOLOGEA: SOMATOLOGY in the SCHOOL OF HEALTH TECHNOLOGY at the CENTRAL UNIVERSITY OF TECHNOLOGY, FREE STATE, is my own independent work that has not been submitted before, to any institution by me or anyone else as part of any qualification.

__________________________ ________________________

Signature of student Date

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ABSTRACT

Somatology, as a profession, has developed significantly over the past years. Somatologists in South Africa no longer only practice beauty technology. They receive highly skilled training in the well being of the whole body, thus a more holistic approach is emphasized. Currently, stakeholders in the field of somatology are facing a number of challenges, which could impact greatly on the profession. The question of recurriculation, in order to align the training provided for somatologists with the new Higher Education Qualification Framework (HEQF) and the possible registration of the profession with a statutory body, are some of the challenges posed to the profession. In order to position the somatology profession favourably in South Africa, it was thus necessary to explore the current status of the profession through input from all stakeholders in the industry and to develop a possible framework. The objective of the study was firstly to obtain quantitative information from stakeholders in the field of somatology on matters related to their professional training, employment, recurriculation, referral trends to and from medical professionals and registration of the profession. Secondly, to obtain quantitative information from other medical professionals regarding referrals to somatologists and thirdly, to develop a possible framework that could facilitate the positioning of somatology more favourably as a profession in South Africa. Data were collected by means of two separate questionnaires, one sent to stakeholders in the somatology field and the other to medical professionals specializing in the fields of dermatology, plastic surgery and oncology. The results indicated that the stakeholders in the somatology field were satisfied with the current training provided by registered

private providers and Universities of Technology. Job satisfaction was experienced by most, however, the hours and days worked could be improved. The need for short courses, as a means of staying in touch with the latest developments in the somatology industry, was identified. Currently, there exists a referral trend between somatologists and medical professionals, however, the frequency of referrals could be improved. The need for the somatology profession to register with a statutory body was identified by both somatologists and medical professionals. Two possible frameworks, with regards to the training provided for somatologists and the registration of the profession, were compiled based on the feedback obtained in the study, in order to position the profession somatology more favourably in South Africa.

ABSTRAK

Oor die afgelope paar jaar het somatologie, as ‘n professie, baie ontwikkel. Somatoloë in Suid-Afrika beoefen nie meer slegs skoonheidstegnologie nie. Hulle word opgelei om hoogs bekwaam te wees in die hele liggaam se welstand, dus word ‘n meer holistiese benadering beklemtoon. Belanghebbendes in Somatologie staar tans baie uitdagings in die gesig, wat die professie kan beïnvloed. Sommige van hierdie uitdagings behels die vraag oor herkurrikulering, met die doel om opleiding in somatologie in lyn met die die Hoër Opvoedkundige Kwalifikasie Raamwerk te bring en die moontlike registrasie van die professie by ‘n toepaslike statutêre liggaam. Dit was dus noodsaaklik om die huidige stand van die professie te ondersoek deur middel van die bydrae van alle belanghebbendes in die industrie, en ook om ‘n moontlike raamwerk in plek te stel om die professie meer gunstig in Suid-Afrika te positioneer. Die doel van die studie was eerstens om kwantitatiewe data vanaf somatologie belanghebbendes te versamel met betrekking tot professionele opleiding, indiensneming, herkurrikulasie, verwysings tendense na en van mediese professies, en registrasie van die professie. Tweedens, om kwantitatiewe data vanaf ander mediese professies te bekom oor verwysings na somatoloë en derdens, om ‘n moontlike raamwerk te ontwikkel wat somatologie as ‘n professie in Suid-Afrika meer gunstig sal posisioneer. Data is bekom deur middel van die ontwikkeling van twee verskillende vraelyste wat uitgestuur is aan somatologie belanghebbendes en mediese spesialiste in die veld van dermatologie, plastiese chirurgie en onkologie. Die resultate het bewys dat somatologie belanghebbendes tevrede is met

die opleiding wat tans deur geregistreerde privaat instansies en universiteite van tegnologie aangebied word. Meeste somatoloë ervaar werk bevrediging, alhoewel die werksure en dae verbeter kan word. Kort kursusse, met die doel om in voeling te bly met die nuutste ontwikkkeling, is as behoefte geïdentifiseer. Daar bestaan wel tans verwysings tendense tussen somatoloë en die mediese professie, alhoewel die frekwensie van verwysing verhoog kan word. Beide somatoloë en die mediese professies het die noodsaaklikheid vir registrasie van somatoloë by ' n toepaslike statutê re liggaam geïdentifiseer. Twee moontlike raamwerke met betrekking tot die opleiding van somatoloë en die registrasie van die professie is saamgestel, gebaseer op die terugvoer ontvang gedurende die studie, met die doel om die somatologie professie meer gunstig in Suid-Afrika te posisioneer.

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ABBREVIATIONS

AABTh	Advanced Association of Beauty Therapists
AHPCSA	Allied Health Professions Council of South Africa
APAA	The Association of Professional Aestheticians of Australia
BABTAC	The British Association of Beauty Therapy and Cosmetology
BHFSA	Board of Healthcare Funders South Africa
CEU	Continuing education unites
CHE	Council on Higher Education
CHED	Council for Higher Education Development
CIBTAC	Confederation of International Beauty Therapy and Cosmetology
CIDESCO	Comite International D' Estheique Et De Cosmetology
CPD	Continuing Professional Development
CPUT	Cape Peninsula University of Technology
CUT	Central University of Technology, Free State

DIT	Durban Institute of Technology
DoE	Department of Education
Edexcel BTECH and SQA	both offer National and Higher National awards
ETQA	Education and Training Quality Assurance Body
HABIA	Hairdressing And Beauty Industry Authority – UK
HEI	Higher Education Institution
HEQC	Higher Education Quality Committee
HEQF	Higher Education Qualifications Framework
HESIG	Higher Education Somatology Interest Group – founded on 21 May at TUT – consists of members of UoT' s offering the Somatology programme
HPCSA	Health Professions Council of South Africa
IHBC	International Health & Beauty Council
ITEC	International Therapy Examination Council

ABBREVIATIONS

MLD	Manual Lymph Drainage
MOU	Memorandum of Understanding
NACCAS	The National Accrediting Commission for Cosmetology Arts and Science
NCA	National Cosmetology Association
NQF	National Qualifications Framework
NVQ	National Vocational Qualifications
PAB	Professional Accreditation Body for the Health & Skincare Industry
SAAHSP	South African Association of Health and Skin Care Professionals
SAQA	South Africans Qualifications Authority
SETA	Sector Education and Training Authorities
SVQ	Scottish Vocational Qualification

TUT	Tshwane University of Technology
UJ	University of Johannesburg
UoT	Universities of Technology
VTCT	Vocational Training Charitable Trust

CHAPTER 1

INTRODUCTION

The current status of somatology as a profession in South Africa is facing a number of challenges that needs to be explored. Recurriculation of the profession to fit into the new Higher Education Qualification Framework (HEQF) as well as registration with a professional body and statutory body are some of the major challenges facing the stakeholders in the somatology field.

In Chapter one, background information on the somatology profession, the different training levels that currently exists and a description of each level of practice is provided. Chapter one focuses on the new paradigms in South African higher education and health councils. The motivation for the study and research objectives for the present study is furthermore described.

1.1 BACKGROUND OF THE PROFESSION

1.1.1 The profession: Somatology

The international term for a beauty therapist is Aesthetician or Aesthetic Therapist, the term originating from the Greek word "Aesthetikos" which means "appealing to the senses" (Association of Professional Aestheticians of Australia, 2007). The term cosmetologist is also used to describe a person who engages in treatments designed to enhance an individual's physical appearance (Human Resources and Skills Development Canada, 2006).

Somatology is the "career name" currently used in South Africa to describe the field and/or person involved in the beauty and wellness industry (Cosmetic Web 2004-5, 2005). Previously in South Africa, a somatologist was also known as a beauty therapist.

The word “somatology” originates from the Greek word “soma” or “somatos” which refers to “the human body as distinct from the soul and the productive cells.” Somatology, according to Webster Dictionary (2006), is “The science which treats anatomy and physiology, apart from psychology”.

During the last decade, it has become clear that the name “beauty technology” does not reflect the true character of the education and training provided by Higher Education Institutions (HEIs) of the formally so called beauty therapist. Professionals in somatology in South Africa practice more than only beauty technology and/or cosmetology. They receive training that enables them to be highly skilled in treating the body as a whole in order to strive towards total well being of a client, which includes improving the body from the inside as well as the outside. The training includes aspects of exercise, nutrition, therapeutic techniques, aromatherapy and reflexology, as well as all the other more traditional skincare techniques, thus bringing a more holistic approach to the profession (Department of Education, South Africa, 1996).

It is necessary to differentiate between a cosmetologist, aesthetician/beauty therapist and somatologist, in order to understand the scope of practice and different levels of training that exists for each in practice.

A cosmetologist is a beauty specialist who is educated in treating the hair, skin and nails. A cosmetologist may provide cosmetic treatments for a client, but may also consult with clients and offer suggestions regarding flattering hairstyles, skincare options, and the best colours and proper application of cosmetics. The specialist cosmetologist with advanced skills may also offer therapeutic treatments and massages, and advise a client in hygienic practices as well as hair, skin or nail care between visits to the salon (Holetzky, 2006).

An aesthetician is a person who engages in and performs services for others in the improvement and beautification of the body’s skin for cosmetic purposes by means of one or a combination of the following practices, but is not limited to:

- massaging, cleansing, exfoliating, stimulating, manipulating, exercising, beautifying or applying make-up, oils, lotions, or other preparations, to a persons body, with hands or by chemical, mechanical or electrical apparatus or appliances
- removal of superfluous hair by means other than electrolyses
- arching eyebrows or tinting eyelashes or eyebrows
- perform extractions on the face with hands or by mechanical or electrical apparatus or appliances
- procedures which do not penetrate below the outer most layer of the skin called the epidermis into the dermis layer that contain the connective tissue of the skin (Wyoming Secretary of State, 2005).

Beauty therapists are trained to carry out a wide range of beauty treatments. Treatments are available for the face and body and include:

- facials
- makeovers
- manicures
- pedicures and
- hair removal

(Learndirect, 2005).

A beauty therapist is also qualified to perform a number of other treatments, including body treatments, to relax and eliminate stress and fluid retention (Association of Professional Aestheticians of Australia, 2007). Many beauty therapists may take additional courses in aromatherapy or related areas such as reflexology and massage (Learndirect, 2005).

Whether an aesthetician/beauty therapist uses grooming practices such as make-up, waxing, cosmetic tattoo or the more therapeutic modalities such as electrolysis, massage therapy, lymphatic drainage or non-surgical face lifting, the ultimate objective is to improve the outward appearance of the client (Association of Professional Aestheticians of Australia, 2007).

A somatologist (terminology specifically used in South Africa) is concerned with the treatment and prevention of disorders involving the skin and body, and is interested in the overall health and well-being of people.

The somatologist's scope of practice includes:

- assessing and treating skin and figure problems
- recommending and carrying out slimming treatments and exercises in conjunction with a diet recommended by the client's doctor
- cosmetic sales
- specialized make-up techniques
- manicures and pedicures
- eyelash tinting
- permanent and temporary removal of unwanted facial and body hair (Cosmetic Web 2004-5, 2005).

The somatologist uses a variety of electrical equipment and specialized massage techniques, which include reflexology, aromatherapy, manual lymph drainage and Swedish massage. Somatologists do not currently practice therapeutic aromatherapy and reflexology. Rather, the aromatherapy and reflexology provided are purely preventative and for relaxation purposes (HESIG).

A somatologist's scope of practice thus encompasses all of the above mentioned professions (cosmetologist, esthetician/beauty therapist), as well as the holistic care of an individual (Small Enterprise Development Agency, 2006) . The need to not only beautify a person on the outside, but to posses the knowledge to educate and treat a client holistically, has lead to the development of the profession of somatology in South Africa.

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The term "holistic" comes from the Greek word "holos" meaning "whole". Holistic medicine recognizes that a person is not just a physical entity or merely a "living machine", nor can she/he be neatly divided into separate social, cultural, physical, mental

and emotional aspects, which can be studied and manipulated in isolation. Holistic treatment means taking into account a variety of factors such as emotion, mental attitude, lifestyle, diet, physical predisposition, past experience, and relationships to understand a person's health or disease (Pitman & MacKenzie, 2002). A somatologist therefore is a multi-skilled professional that is able to provide preventative, curative and palliative treatments and strives towards holistic health and wellness.

In South Africa, training in the profession somatology is provided by Universities of Technology as well as private providers. Therefore, it is important to understand how the training provided is governed, by whom, and what impact the new paradigms in higher education may have on the profession.

1.1.2 New paradigms in Higher Education

Education and training in South Africa is governed by legislature. This legislation comprises of numerous acts such as the Skills Development Act (Act No. 97 of 1998), the South African Qualifications Authority (SAQA) Act (Act No, 58 of 1995) and other acts such as the Higher Education Act (Act No. 101 of 1997) and Further Education and Training Act (Act No. 98 of 1998) (Professional Accreditation Body for the Health and Beauty Industry, 2007).

Organizations known as Sector Education and Training Authorities (SETAs) were established to ensure that the skill needs for every sector of the South African economy are identified and that training is available to provide for these skill needs (Small Enterprise Development Agency, 2006). There is a SETA for each economic sector. A program may be registered with a particular SETA and these SETAs may quality assure education and training initiatives themselves, if the education and training is registered as part of their primary focus, or enter into a Memorandum Of Understanding (MOU) with another Education and Training Quality Assurance Body (ETQA),

such as The Professional Accreditation Body for the Health & Skincare Industry (PAB) (Professional Accreditation Body for the Health and Beauty Industry, 2007).

One of the primary functions of the ETQA is to ensure that education and training is delivered against set standards (Professional Accreditation Body for the Health and Beauty Industry, 2007). An ETQA is a body that accredit providers, thus ensuring the maintenance and improvement of quality of learning provision and learning achievements (Professional Accreditation Body, 2007). According to the SAQA-ETQA Criteria and Guidelines for Providers, a provider is defined as : "A body which delivers learning programmes which culminate in specified National Qualifications Framework (NQF) standards or qualifications and manages the assessment thereof" (Professional Accreditation Body, 2005).

The PAB, established in 2000, is the ETQA for all health and skincare therapy and therapeutic modality training such as therapeutic aromatherapy, therapeutic reflexology and therapeutic massage related training. The PAB ETQA is mandated through their accreditation by The South African Qualifications Authority (SAQA) to quality assure the delivery of education and training within these qualifications, National Qualifications Framework (NQF) level 5 band. Therefore, providers offering training in any field within the PAB ETQA scope of practice, must be accredited by the PAB ETQA (Professional Accreditation Body for the Health and Beauty Industry, 2007).

The SAQA is responsible for overseeing the development and implementation of the National Qualifications Framework (NQF) (Professional Accreditation Body for the Health and Beauty Industry, 2007). Education and training institutions, for example HEIs, not coupled to a specific economic sector may acquire accreditation from the quality assurance bodies registered and accredited under the auspices of the Department of Education (DoE). These are the ETQA bodies known as Council on Higher Education (CHE) or Higher Education Quality Committee (HEQC) and Umalusi who quality assures higher education and training and further education and training respectively (Professional Accreditation Body for the Health and Beauty Industry, 2007).

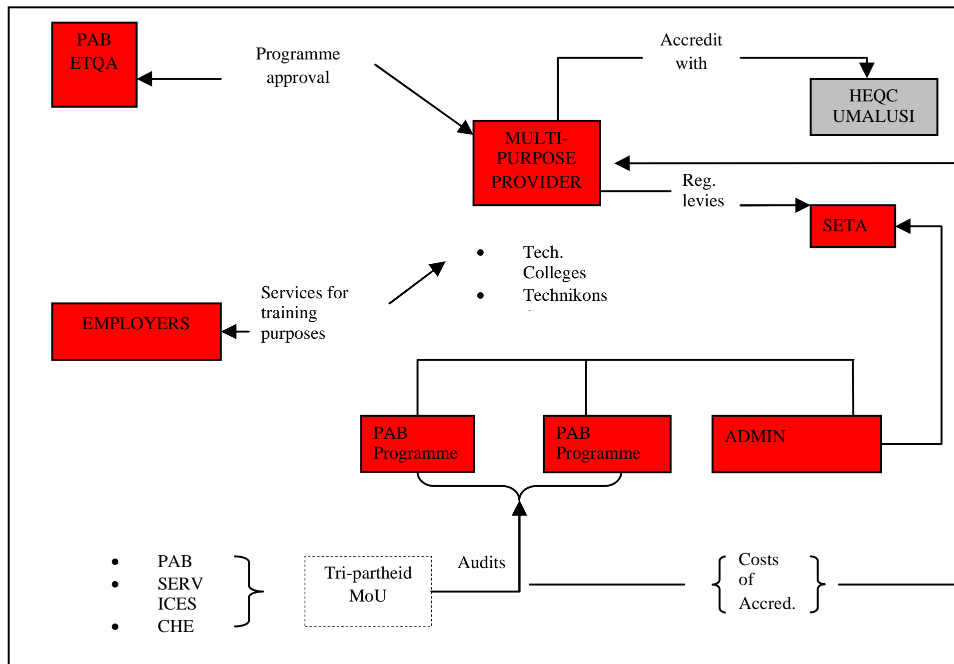

Figure 1.1: PAB – Guidelines for accreditation of providers offering education, training & assessment (Professional Accreditation Body, 2007)

Training at Higher Education Institutions and relative position in relation to SETA/PAB

The SAQA was established by an Act of Parliament in terms of the South African Qualifications Authority Act no. 58 of 1995. The functions of the Authority are essentially twofold:

- To oversee the development of the National Qualifications Framework (NQF), by formulating and publishing policies and criteria for the registration bodies responsible for establishing education and training standards or qualifications and for the accreditation of bodies responsible for monitoring and auditing achievements in terms of such standards and qualifications;
- To oversee the implementation of the NQF by ensuring the registration, accreditation and assignment of functions to the bodies referred to above, as well as the registration of national standards and qualifications on the framework. It must also take steps to ensure that provisions for accreditation are complied with

- and where appropriate, that registered standards and qualifications are internationally comparable (South African Qualifications Authority, 2007b).

The NQF is a framework that sets the boundaries – a set of principles and guidelines which provide a vision, a philosophical base and organizational structure – for construction of a qualification system. Detailed development and implementation is carried out within these boundaries. It is a national framework, because it is a national resource, representing a national effort at integrating education and training into a unified structure of recognized qualifications. Lastly, it is a framework of qualifications i.e. records of learner achievement. In short, the NQF could be described as a set of principles and guidelines by which records of learner achievement are registered to enable national recognition of acquired skills and knowledge, thereby ensuring an integrated system that encourages life-long learning (South African Qualifications Authority, 2007b).

The objectives of the NQF are to:

“ • Create an integrated national framework for learning achievements
- Facilitate access to, and mobility and progression within, education, training and career paths
- Enhance the quality of education and training
- Accelerate the redresses of past unfair discrimination in education, training and employment opportunities, and thereby
- Contribute to the full personal development of each learner and the social and economic development of the nation at large” (South African Qualifications Authority, 2007b).

Each NQF level has a descriptor. Level descriptors provide guidelines for differentiating the varying levels of complexity of qualifications on the framework.

At each level the descriptors describe the generic nature of learning achievements and their complexity. Level descriptors are thus broad qualitative statements against which

more specific learning outcomes can be developed, compared and located (Ministry of Education, 2006).

Prior to August 2006, the NQF consisted of three bands, namely General Education, Further Education and Training and Higher Education, and had 8 levels (South African Qualifications Authority, 2007b).

<table>
<tr><th>NQF LEVEL</th><th>BAND</th><th colspan="2">QUALIFICATION TYPE</th></tr>
<tr><td>8</td><td rowspan="4">HIGHER EDUCATION AND TRAINING</td><td colspan="2">• Post-doctoral research degrees
• Doctorates
• Masters degrees</td></tr>
<tr><td>7</td><td colspan="2">• Professional qualifications
• Honours degrees</td></tr>
<tr><td>6</td><td colspan="2">• National first degrees
• Higher diplomas</td></tr>
<tr><td>5</td><td colspan="2">• National diplomas
• National certificates</td></tr>
<tr><td colspan="4">FURTHER EDUCATION AND TRAINING CERTIFICATE</td></tr>
<tr><td>4</td><td rowspan="3">FURTHER EDUCATION AND TRAINING</td><td colspan="2" rowspan="3">• National certificates</td></tr>
<tr><td>3</td></tr>
<tr><td>2</td></tr>
<tr><td colspan="4">GENERAL EDUCATION AND TRAINING CERTIFICATES</td></tr>
<tr><td rowspan="2">1</td><td rowspan="2">GENERAL EDUCATION AND TRAINING</td><td>Grade 9</td><td>ABET Level 4</td></tr>
<tr><td colspan="2">• National certificates</td></tr>
</table>

Figure 1.2: SAQA Level descriptors prior to August 2006 (South African Qualifications Authority, 2007b).

The new qualifications framework has been designed to meet demanding challenges facing the higher education system in the 21st century. It guides higher education institutions in the development of programmes and qualifications that provide graduates with intellectual capabilities and skills that can both enrich society and empower themselves, and enhance economic and social development (Ministry of Education, 2006).

The new qualifications framework for higher institutions establishes common parameters and criteria for qualifications design and facilitates the comparability of qualifications across the system. The policy applies to all higher education programmes and qualifications offered in South Africa by public and private institutions. The implementation date for this policy is 1 January 2009 (Ministry of Education, 2006).

The new National Qualifications Framework (NQF) has ten levels (October 2007). Higher education qualifications occupy six levels of the NQF, levels 5 to 10. Levels 5-7 are undergraduate and levels 8-10 are postgraduate (Ministry of Education, 2006).

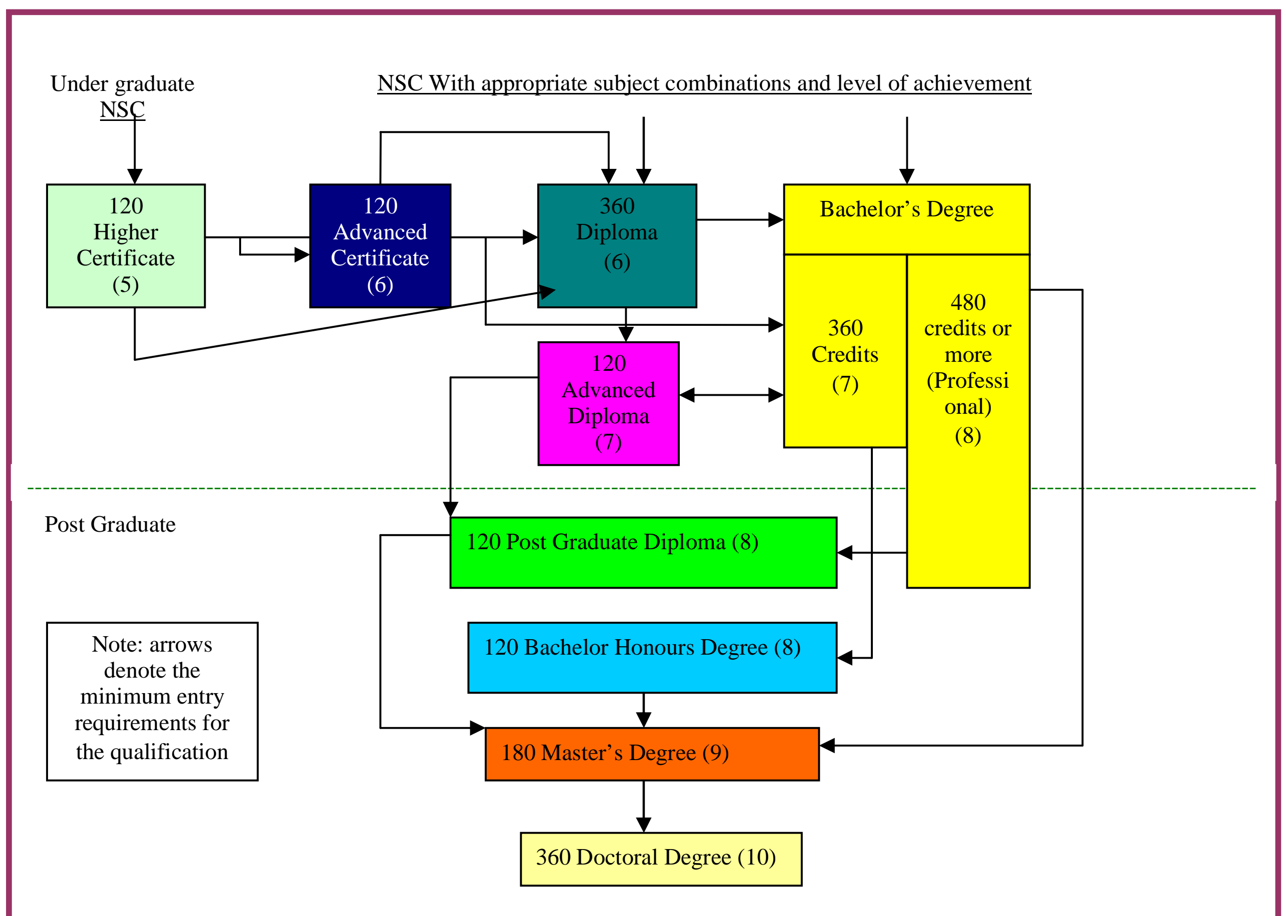

Figure 1.3: Higher Education Qualifications Framework, as compiled by J Snyman, Tshwane University of Technology, South Africa.

1.1.3 Associations related to somatology

In general, an association, sometimes also referred to as a professional body or organization, is a group of persons banded together for a specific purpose (Internal Revenue Service, 2008). An association is usually a non-profitable organization that exists to further a particular profession. An association exists to protect the public by maintaining and enforcing standards of training and ethics in the profession, but also protect the interests of the professional members of the association (Wikipedia, The Free Encyclopedia, 2008). Many associations perform professional certification to indicate that a person possesses the correct qualifications in the subject area.

Sometimes membership in an association is required for one to be legally able to practice the profession, however, currently this is not the case for somatology in South Africa (Wikipedia, The Free Encyclopedia, 2008).

In countries like the United States of America, Australia and the United Kingdom (UK), associations for cosmetologists, aestheticians and beauty therapists exist where qualified professionals in the field may register and benefit from being a member of one of these associations.

In the United States of America, the National Cosmetology Association (NCA) was founded in 1921. One of the aims of the NCA is "to fight for legislation and regulation that protects the safety of the clients and the integrity and professionalism of the salon industry". Members consist of hairdressers, aestheticians, nail technicians, salon owners, school owners and educators. The NCA supports its members nationwide through their involvement in career-related legislative concerns such as taxation for salon owners, licensing of salon professionals etc (National Cosmetology Association, 2007).

The Association of Professional Aestheticians of Australia (APAA), founded in October 1957 by qualified beauty therapists, is committed to education and raising the standards within its membership in order for the public to be in the hands of competent professionals. The APAA's mission statement states " To establish and promote the integrity of the professional Beauty Therapist, by initiating programs to maintain and progressively raise standards of our industry to world class through the active participation of its members" (Association of Professional Aestheticians of Australia, 2007). In 1974, the Advanced Association of Beauty Therapists (AABTh) was established in Australia and is dedicated to the promotion of high standards amongst professionals in beauty therapy and training (Advanced Association of Beauty Therapists, 2004). The British Association of Beauty Therapy & Cosmetology (BABTAC) has been the professional face of beauty and holistic therapy in the UK for the last 30 years. The association was formed in 1977 and is a non-profit and democratic organization (The British Association of Beauty, Therapy & Cosmetology, 2006).

In South Africa, there are two associations, namely the South African Association of Health and Skincare Professionals (SAAHSP) and the Beauty Health and Skincare Employers Association (BHSEA), with which professionals in the industry may register.

The SAAHSP was established in 1979 (South African Association of Health & Skincare Professionals, 2006). Up until 2006, SAAHSP was the only association for health and skincare professionals. However, due to the rules and regulations in the new Skills Development Act (Act No. 97 of 1998) and Labour Relations Act (Act No. 66 of 1995), as amended, SAAHSP was forced to re-structure and thus led to the establishment of the BHSEA (South African Association of Health & Skincare Professionals, 2006).

The SAAHSP represents training institutions, offers the National SAAHSP examination, and is also the South African section of Comite International D'Estheique Et De Cosmetology (CIDESCO) (Assheton-Smith, 2007). According to the SAAHSP constitution of 1 June 2005 (currently under amendment) the objectives of the association shall be:

- “To maintain a dynamic organization that aims to foster professionalism and unity in the industry.
- To enhance educational and practicing standards at all levels in the industry in accordance with national and international trends, needs and developments.
- To co-operate and liaise with all participants in the beauty, health and skincare industry ensuring the maintenance of the highest standards of ethical conduct” (South African Association of Health & Skincare Professionals (SAAHSP)-CIDESCO Section SA, 2005).

The BHSEA is a self-governing body that looks after the interests of the employer. An employer is a sole proprietor, partner in a partnership, member of a closed corporation or an employee holding a managerial position wherein he/she manages employees.

The BHSEA aims to ensure that employers have access to as much business, legal, labour and other advice as will be deemed necessary to run a successful and professional business, to be able to offer group benefits for insurance for short or long-term needs, and credibility and ability to attract more clients to their business (Assheton-Smith, 2007).

Currently, professional somatologists in South Africa are not required by law to register with a professional board in order for them to practice in their field. In America, however, it is required by law that all cosmetologists and aestheticians have to be registered with a board in order for them to practice (U.S. Bureau of Labor Statistics, 2006). Somatologists have the option to register with SAAHSP, but registration is not compulsory and therefore does not prohibit unregistered somatologists from practising (Botma, 2007: Personal communication).

1.1.4 The Health Councils of South Africa

A statutory body is a government-appointed body set up to give advice and be consulted for comment upon development plans and planning applications affecting matters of public interest (Planning Portal, 2008).

Registration with either the HPCSA or the AHPCSA could provide a number of advantages for somatologists, for example:

* The status of the profession will be considerably elevated;
* Qualified somatologists will receive recognition for the respective training levels;
* The statutory body will not allow poorly qualified and untrained individuals to practice in the profession;
* Somatologists will have a clearly defined scope of practice;
* Registration will provide a definite distinction between registered and non-registered somatologists;
* The statutory body will provide structure and guidelines to the profession which protects the client and the therapist;

* Registration will provide the benefit that professional somatologists will be able to provide therapeutic treatments like aromatherapy and reflexology (Discussion regarding registration, 2006, HESIG).

The HPCSA

The key purpose of a statutory health council is the protection and promotion of public interests, which includes ensuring that all services provided by medical practitioners meet the responsibility of delivering quality affordable health care to the citizens of the country (Allied Health Professions Council of South Africa, 2008). The HPCSA's main responsibilities are to promote the health of South Africa's population, determine standards of professional education and training, and setting and maintaining fair standards of professional practice (Health Professions Council of South Africa, 2007).

Practitioners falling under HPCSA jurisdiction include:

Audiologists	Biokineticists
Clinical technologists	Dental Therapists
Dentists	Dieticians
Dispensing Opticians	Emergency Care Personnel
Environmental Health Officers	Hearing Aid Acousticians
Medical Orthotists	Medical Prosthetists

Medical Practitioners	Medical Scientists
Medical Technologists	Occupational Therapists
Optometrists	Oral Hygienists
Physiotherapists	Podiatrists
Psychologists	Psychometrists
Psycho-technicians	Radiographers
Speech-language Therapists	

(Health Professions Council of South Africa, 2007)

The AHPCSA

The key purpose of a statutory council for allied health professions is to provide for the control, governance and practice of all allied health professions (Allied Health Professions Council, 2008). The primary responsibility of the AHPCSA is to ensure that the standard of the qualifications that leads to registration is met and maintained.

Practitioners falling under AHPCSA jurisdiction include:

Chiropractors	Osteopaths
Homeopaths	Phytotherapists
Naturopaths	Acupuncturist
Ayurveda Practitioners	Therapeutic Aromatherapists
Therapeutic Massage Therapists	Therapeutic Reflexologists
Unani-Tibb	

(Allied Health Professions Council, 2008)

Currently, therapeutic aromatherapy, therapeutic reflexology and therapeutic massage therapy are registered with professional bodies under the AHPCSA. These modalities are offered as stand alone diplomas and therefore a person wishing to register must have completed their diploma at an educational institution (Drake-Hoffmann, 2006: Personal communication). Legislation prohibits unregistered persons from practicing any AHPCSA registered professions. The fact that only private institutions offer stand alone

diplomas has led to the need for a professional body for somatologists where qualified somatologists will receive recognition for the training received and to enable them to practice aromatherapy and reflexology (Drake-Hoffmann, 2006: Personal communication).

The main advantages of registration with the AHPCSA are:

- Status for practitioners
- Control of the profession
- Standarised educational and ethical standards for all practitioners and most important,
- Protection of the public
- The possibility also exists that the Board of Healthcare Funders South Africa (BHFSA) will allocate practice numbers to practitioners who are registered with the Council. This means access by the patients of these practitioners to medical schemes that are affiliated to the BHFSA.

The main disadvantages of registration with the AHPCSA are:

- All practitioners will by law, be obliged to register with the Council and
- Will be liable for payment of an annual registration fee to the Council (R682-00 in 2005)
- Any practitioner who thereafter practices the profession without being registered will be practicing in contravention of the Allied Health Professions Act as well as the Health Professions Act and could be prosecuted in a court of law (The Allied Health Professions Council of South Africa, n.d).

1.2 MOTIVATION FOR THE STUDY

Currently, the stakeholders in the field of somatology are facing a number of challenges, decisions and possibly some major changes. The question of recurriculation of the Somatology qualification in order to align the training of professionals in the field with the new HEQF are foremost on the minds of somatologists. Furthermore, the need to recurriculate to align training with the expectations of a professional board and possible registration with a statutory body, is imperative.

A national somatology meeting of the HEIs, was held in July 2005 in Durban. Representatives of Durban University of Technology (DIT), Central University of Technology Free State (CUT), University of Johannesburg (UJ) and Tshwane University of Technology (TUT) were present. At this meeting, a need was identified to enquire where the industry and all stakeholders stand with regard to registration under the AHPCSA or HPCSA as well as with the implementation and content of a new curriculum to accommodate the new 10 level NQF.

One of the concerns of the HEIs is that qualified somatologists who received their full three year training, are prohibited by the Allied Health Professions Act, (South Africa. Government Gazette, 1982) to register with either the Therapeutic Aromatherapy, or Therapeutic Reflexology Professional Boards. In a letter received from the Allied Health Board, it was clearly stated that "Students and graduates are not eligible for registration until evidence supports stand-alone Therapeutic qualification" (Drake-Hoffman, 2006: Personal communication). Due to the fact that HEI graduates do not have a stand-alone diploma and are therefore prohibited by the Act to register, leads to certain employment difficulty. Thus, the need for a separate professional body for somatologists, which will recognize all three categories, namely beauty therapy, aromatherapy and reflexology, was identified.

1.3 THE AIM OF THE STUDY

The aim of the study was to explore the current status of somatology as a profession in South Africa and to develop a possible framework to position the profession more favourably.

1.4 RESEARCH OBJECTIVES

Firstly, to obtain information on the profession of somatology by means of a questionnaire sent to somatologists on the following aspects:

a) Geographic information
b) Demographic information
c) Current employment
d) Professional training
e) Referrals of other medical professionals
f) Somatologists view on possible registration with statutory bodies

Secondly, to obtain information from other medical professionals regarding referrals to somatologists, and

Thirdly, to develop a possible framework that could facilitate positioning somatology more favourably as a profession in South Africa.

1.5 STRUCTURE OF THE THESIS

Each chapter is presented as an independent section and the layout of the thesis is as follows:

- Chapter 1 provides background information on the profession somatology, the motivation for the study and the research objectives for the study.
- Chapter 2 is a literature survey that covers the current concepts of somatology in South Africa, possible statutory bodies for registration and possible treatments by somatologists through referral by medical practitioners.
- Chapter 3 explains the methodology used to obtain the information by means of a mailed questionnaire.
- Chapter 4 presents the results obtained from the mailed questionnaire to somatology stakeholders and includes a discussion of the results obtained.
- Chapter 5 presents the results obtained from the mailed questionnaire to medical professionals and includes a discussion of the results obtained.

- Chapter 6 describes concept frameworks to facilitate the way forward in the profession for the qualification and registration with a professional body and/or association.

CHAPTER 2

LITERATURE REVIEW

The beauty industry and related professions are constantly evolving, due to research and scientific breakthroughs within the field. Advances in science and technology exceeded the curriculum offered to pure beauty therapists, thus leading to the development of a new, all encompassing profession, namely somatology. It is therefore important to compare the training of somatologists in South Africa to that of other beauty related professions internationally, in order to position the profession somatology.

In Chapter two, the history of cosmetics as well as the history of beauty therapy in South Africa is provided. Current training in the beauty industry in South Africa is compared to international training, and with the existing international committees providing international recognition. Chapter two also focuses on the link between the somatology profession and the medical profession in South Africa.

2.1 THE HISTORY OF COSMETICS

Modern skincare is rooted in ancient civilisation, as our ancestors, as far back as biblical times used skin preparations as a means of maintaining health and beauty (McGuinness, 2007). From its ancient beginnings, the advancement of cosmetics throughout history has included both its changing technology, through the advancement of research in the field, as well as the development of new products and practices (Karmol, 2006). The practice of self-grooming and beautification has its origins in ancient cultures, where it was often allied with the practice of medicine (Gerson *et a., 2004l*). Dating back to the time of the ancient Egyptians, where make-up was used in early cosmetic practices both for beauty enhancement as well as a means for protecting people's eyes and skin from bugs and infection, care for personal appearance has included the use of cosmetics for centuries (Burke, 1997).

Over a million years ago, Paleolithic men and women practised the first purely "cosmetic" skin adornment, namely tattooing (Burke, 1997). Pigments were made from berries, tree bark, minerals, insects, nuts, herbs, leaves, and other materials. Many of

these colours are still being used today (Gerson *et al*., 2004). The practice of tattooing has survived to this day and can be practised by qualified somatologists, however, an additional course in tattooing has to be completed after obtainment of the somatology qualification.

The earliest use of cosmetics and skincare can be traced to the ancient Egyptians, dating back to as early as 4000 BC (Burke, 1997). The Egyptians were the first to develop methods for extracting herbal and flower essences through distillation (Gerson *et al*., 2004). This is still the preferred method of extracting essential oils today that can be used in treatments such as aromatherapy. Egyptian recipes for animal- or vegetable-based protective ointments, scented with flower petals or spices, have survived to the present day. As documented in the *Ebero Papyrus* – the oldest known medical document, c. 1 500 BC, the Egyptians invented a soap-like material used for treating skin diseases (Burke, 1997). Skin exfoliants, depilatories and anti-wrinkle cream were all created by the Egyptians (McGuinness, 2007).

The Egyptians built elaborate systems for bathing and these systems were later adopted by the Greeks and Romans. After bathing, the Egyptians would apply fragranced oils, lotions or ointments to their skins (Gerson *et al*., 2004). The practice of bathing and anointing the body with aromatic oils and perfumes was also adopted by the early Greeks. The ancient Romans incorporated Greek culture and practice, including hygiene, skincare, and cosmetics (Burke, 1997). They are perhaps most famous for their bathhouses, where steam therapy, body scrubs, massage, and other physical therapies were available (Gerson *et al*., 2004). The Romans selected special ointments for each part of the body (Burke, 1997). Rich oils and other preparations were fragranced with flowers, saffron, almonds, and other ingredients and were applied to the skin to keep it healthy and attractive (Gerson *et al*., 2004). Roman men and women used to tweeze their eyebrows and cared for their skins by applying overnight facial packs (Burke, 1997).

Facial preparations were made of milk, bread, and sometimes fine wine. Other facial mixtures were made of corn, flour and milk, and flour mixed with fresh butter (Gerson *et al*., 2004). Nero's wife, Pippaea, used alpha hydroxyl acids to eliminate her wrinkles (Burke, 1997).

During the Middle Ages, bathing was not a daily ritual, but fragrant oils were still being used (Gerson *et al*., 2004). Eyebrows were plucked and face masks were made by mixing ground asparagus roots and goat's milk (McGuinness, 2007). The Renaissance revived an appreciation of cosmetic care, beginning in Italy and reaching England in the sixteenth century (Burke, 1997). Fragrances and cosmetics were used and during the reign of Elizabeth I (1558-1603), and facial masks were highly popular (Gerson *et al*., 2004). During this time, facial cleansers were made from red wine, ass's milk, rainwater and urine (McGuinness, 2007).

In the Age of Extravagance, Marie Antoinette was queen of France from 1755-1793. Women of status used to bath in strawberries and milk, and used a number of extravagant cosmetic preparations, such as scented face powder made from pulverized starch (Gerson *et al*., 2004). In Europe, during the 1800's, the 6,000-year-old cosmetic staples namely perfume, oils, rouge, facial powder and lipstick, almost disappeared. With this tendency came a new approach to skincare and thus people tried to improve the natural condition of the skin rather than camouflaging its faults. Cleanliness and sun protection were paramount and products to treat the skin were homemade, following recipes published in France in 1825 (Burke, 1997).

Face whitening began in the 1400s and was popular until the 1800s. This was used to delineate different social classes, the dark, tanned skin colour of lower class society often persuaded members of society's upper echelons to seek lighter skin tones. Avoiding the sun became an obsession for many within the upper-class elite (Karmol, 2006). The first sunscreens were developed in the sixteenth century (Burke, 1997) from thin glazes of egg-white (McGuinness, 2007).

White powder was used to reduce the appearance of any skin pigmentation. A mixture of carbonate, hydroxide and lead oxide was commonly used. Lead poisoning, muscle paralysis or death, were all possible side-effects of this early cosmetic practice. The above mentioned mixture was replaced with a safe and simple zinc oxide combination (Karmol, 2006).

During the 19th Century the use of cosmetics was generally frowned upon in society. However, women still secretly used cosmetics. Since most cosmetic products were not sold openly, many women began using household items (Karmol, 2006). Facial masks and face packs were made from many ingredients that are still being used today, such as honey, eggs, oatmeal, milk, fruit and vegetables. Baths, were a mixture of hot water, milk and herbs such as flax seeds, to soften the skin (McGuinness, 2007). In 1886, Harriet Hubbard Ayer introduced face creams and anti-aging products, which were among the first skincare items launched into the beauty market (Karmol, 2006).

The quest for pale skin ended in 1920s and the quest for a tanned skin became the rage in beauty. Products were soon developed to enhance darker skin pigments. A wide variety of creams, oils and lotions were manufactured for skin, hair and body care (Gerson *et al.*, 2004).

While early cosmetic practices have drastically changed since their ancient counterparts, the purpose of cosmetics has essentially remained the same throughout history. As early cosmetic practices grew in popularity, technological advancements have varied greatly to reflect fashion and beauty trends of the 19th and 20th centuries (Karmol, 2006).

The beauty industry was not firmly established until the 20th Century. The early 20th century gave birth to the modern cosmetics industry (Gerson *et al.*, 2004). Brand name products became available to everyone. First the French, then the Americans took the lead (Burke, 1997). In 1908, Elizabeth Arden originated the concept of a "beauty cream" and developed natural-based skincare products (McGuinness, 2007). By 1909 cosmetics were sold openly in beauty salons and stores instead of being hidden underneath counters

(Karmol, 2006). After World War I, the demand for cosmetics grew rapidly and the chemical factories of France, Germany and the United States converted to peacetime pursuits, including the production of skincare products. The beauty salon grew into a skincare sanctuary and cosmetics became a necessity (Burke, 1997). During the 1960s, facial contouring with cosmetics became popular (Gerson *et al*., 2004) and women began to use facial moisturisers and cold creams such as Ponds, Nivea or Astral for cleansing (McGuinness, 2007).

The 1970s and 1980s brought exciting changes as manufacturers introduced a wider range of new products for skin and hair care (McGuinness, 2007). There was a new surge of interest on the part of both men and women in scientific skincare (Gerson *et al*., 2004). By the 1970's, the image of beauty became health, natural vitality, and fitness (Burke, 1997). During the 1980's, major developments in skincare technology created a focus on anti-aging and cleansing products (Karmol, 2006).

The last two decades of the twentieth century was characterized by an expanded awareness of the importance of physical fitness and nutrition in overall health (Gerson *et al*., 2004). This awareness extended to skincare as well, and skincare in turn was linked to well-being (McGuinness, 2007). Consumers started to demand products and services that produce visible results (Gerson *et al*., 2004). Manufacturers and practitioners responded by creating products based on botanicals, antioxidants, aromatic extracts, essential oils (McGuinness, 2007) and vitamins (Gerson *et al*., 2004). Science started to address the public's demand for safe, natural and effective skincare and cosmetics.

Through cosmetic chemistry research, pure natural ingredients are isolated and new ones are synthesized (Burke, 1997). Skincare products have grown in popularity alongside the rapid expanding spa industry. The public concern of medical professional regarding skin cancer has initiated an increasing demand for artificial tanning products for the body (Karmol, 2006). With everyone's realization of the dangers of sun exposure, sunscreens became much more popular (Burke, 1997).

Spas proliferated in the United States and other counties, offering services that integrated the principles of both beauty and wellness (Gerson *et al*., 2004). In the last decade the popularity of aesthetic and spa services has soared, changing the way people think about health, beauty and wellness, thus increasing the incorporation of medical and holistic health practices. This new way of thinking has lead to creative alliances amongst aesthetic and medical professionals. Technology produced a wide array of powerful delivery systems and advanced aesthetic procedures such as phonophoresis, microdermabrasion, microcurrent and photomodulation. More aggressive age management procedures have supported a cooperative relationship between medical professionals, such as cosmetic surgeons and dermatologists, and the spa therapist (D'Angelo, 2006).

During the 1990's there was an increase in products known as cosmeceuticals – cosmetics with therapeutic properties. Whereas in the past, skincare philosophy had focused largely on treating the surface and covering flaws with make-up, scientific and technological advances now made it possible to formulate topical products with demonstrable beneficial effects on the skin (Gerson *et al*., 2004).

At the end of the decade, consumers could choose from an expanding range of anti-aging treatments, internal supplements that promoted skin health from the inside out and high-tech, non-invasive procedures. Combating the effects of age, stress, and the environment was the focus of the skincare industry as it entered the twenty-first century (Gerson *et al*., 2004). Manufacturers are now producing a number of more efficient, results-orientated products, using high-powered pharmaceutical, cosmeceutical and botanical ingredients (D'Angelo, 2006). There is a wide choice of professional skincare products today, including men's skincare, available in salons and spas around the world (McGuinness, 2007). Just as the "cosmetics" of primitive man and ancient civilizations were focused on protection of the skin, so it is again the primary motivation today. Skincare has come the full circle (Burke, 1997).

2.2 THE HISTORY OF BEAUTY THERAPY IN SOUTH AFRICA

Historically, somatology has its origins in the beauty industry. As technology developed through research of electrical equipment, products, and anatomical and physiological body processes, aesthetic treatments in turn developed and advanced to incorporate the treatment of the holistic body. This became a means of promoting health and wellness through preventative, palliative and rehabilitative therapies (Tshwane University of Technology, 2006).

Up until the last decade, the traditional beauty therapist, in South Africa, was known as someone who only provides "beauty treatments". The training of such therapists were thus aimed at purely providing the necessary skills in order to perform beauty treatments as seen in the training still being offered in other countries. The ultimate objective of a beauty therapist was to improve the outward appearance of the client (Association of Professional Aestheticians of Australia, 2007). Beauty therapists received training at private institutions, such as private schools, and at Higher Education Institutions (HEIs), previously also known as Technikons.

However, it became clear that the name "beauty technology" no longer reflected the true character of the education and training provided by HEIs, of the beauty therapist. Professionals in somatology in South Africa no longer only practice beauty technology and/or cosmetology. They receive training that enables them to be highly skilled in treating the body as a whole. The training includes aspects of exercise, nutrition, therapeutic techniques, aromatherapy and reflexology, as well as all the other more traditional skincare techniques, thus bringing a more holistic approach to the profession (Department of Education, South Africa, 1996).

The need to not only beautify a person on the outside, but to possess the knowledge to educate and treat a client holistically, has lead to the development of the somatology profession in South Africa. Therefore, it was decided in 1998, by a somatology workgroup, consisting of members from all HEIs, to change the name "beauty therapy"

to "somatology". The word "somatology" refers to "The science which treats anatomy and physiology, apart from psychology" (Webster Dictionary, 2006). Thus, the term somatology reflects the training of the current somatologists much more accurately. Changing in the name from beauty therapist to somatologist brought with it a number of challenges, one of which was to educate the public in the training and services of the newly founded somatology programme and profession.

As a profession, somatology is being offered nationally in South Africa by five Universities of Technology namely Tshwane University of Technology, Cape Peninsula University of Technology, Central University of Technology Free State, University of Johannesburg and Durban University of Technology.

Today, learners in South Africa have the choice between training as purely a beauty therapist, offered mainly at private institutions, or as a multi-skilled somatologist offered at HEIs. Training in somatology at HEIs includes aromatherapy and reflexology, although it can only be practiced for relaxation purposes as training forms part of the three year programme and stand–alone diplomas in aromatherapy or reflexology can not be issued by HEIs.

2.3 BEAUTY INDUSTRY TRAINING IN SOUTH AFRICA

It is necessary to distinguish between the training levels provided for beauty therapists and somatologists in South Africa, and those provided for cosmetologists, aestheticians and beauty therapists abroad, in order to position the training of somatologists in South Africa in context.

The following qualifications and unit standards for beauty therapy and somatology are currently registered on the South African Qualification Authority (SAQA) framework and respectively governed by the Professional Accreditation Body for the Health & Skincare Industry – Education and Training Quality Assurance Body (PAB-ETQA) and the Council for Higher Education Development (CHED):

Table 2.1: Current qualifications and unit standards for beauty therapy and somatology

OLD NQF* LEVEL	QUALIFICATION NAME AND TYPE
8 and above	Masters of Technology: Somatology Doctor of Technology: Somatology
7	Bachelor of Technology: Somatology
6	Advanced Higher Diploma: Somatology Advanced Diploma: Somatology National Diploma: Somatology Diploma: Somatology
5	Diploma: Somatology National Higher Certificate: Somatology National Certificate: Somatology Diploma: Skincare and Body Therapy Diploma: Skincare and Body Health Therapy Diploma: Health and Skincare Therapy Diploma: Health and Skincare Certificate: Skincare and Body Therapy
4	Certificate: Beauty Care and Health Certificate: Beauty Care and Modelling

	Certificate: Beauty Salon Manager
2	Certificate: Beauty Therapy

*NQF: National Qualifications Framework

Training for somatologists in South Africa is thus aimed at the National Qualification Framework (NQF) levels 5 and above. Private institutions provide training for somatologists at NQF level 5 and 6, ranging between 2 or 3 years full time studies and all HEIs, thus Universities of Technology, provide training for somatologists at NQF level 7 and above. These qualifications comprise a three year full-time National Diploma, a two year part-time B-Tech and a full research based M-Tech and D-Tech.

International diplomas offered at selected Universities of Technology and private institutions are:
CIDESCO Diploma: Health and Skincare Therapy, NQF Level 5
SAAHSP Diploma: Health and Skincare Therapy , NQF Level 5 (South African Qualifications Authority, 2007a)

2.4 BEAUTY INDUSTRY INTERNATIONAL TRAINING

United States of America (USA)

There are no national standards. The National Accrediting Commission for Cosmetology Arts and Science (NACCAS) accredits providers (Tshwane University of Technology, 2006).

The American Heritage Dictionary defines cosmetology as "the study or art in cosmetics and their use" and cosmetics as "serving to beautify the body and improve the appearance of a physical feature" (Zuma, 2007).

In the USA, cosmetology is a broad term that is used to encompass a wide range of beauty mediums, including hair, skin, nails, and makeup. When a person is in a cosmetology school, chances are that the person will concentrate his/her studies in a particular area, such as nail health, manicures and pedicures, or hair styling (Zuma, 2007). Public and private vocational schools offer daytime or evening classes in cosmetology. *Full-time programmes usually last nine to 24 months*. An apprenticeship programme can last from one to three years. Formal training programmes include classroom study, demonstrations, and practical work (U.S. Bureau of Labor Statistics, 2006). Training at the Wellington Institute of Technology entails a two year full time study, where after the learner will obtain a Diploma in Beauty Therapy at level 5 (Wellington Institute of Technology, 2007).

For many cosmetologists, formal training and a license are only the first step in a career that requires years of continuing education (U.S. Bureau of Labor Statistics, 2006). The average number of hours of school training required by all 50 states, is 1,607, with Massachusetts and New York requiring the least training (1,000 hours) (Zuma, 2007) and Oregon requiring the most (2,300 hours) (Adams *et al.*, 2002).

The Arkansas State Board of Cosmetology (Wittum, 2006), requires fifteen-hundred (1 500) hours of theoretical and practical instruction as a prerequisite to qualify for the State Board examination in cosmetology. Actual experience time is defined as classroom instruction, or clinical work, or experience under supervision of a bona fide instructor (Wittum, 2006). All states have some sort of requirement on the number of professional training hours required to become a cosmetologist (Adams *et al.*, 2002).

United Kingdom

A National Vocational Qualification (NVQ) Level 3 Beauty Technology is registered in England, and City & Guilds as well as other private association examinations that are offered (Tshwane University of Technology, 2006).

The United Kingdom (UK) has a variety of courses at all levels. Courses in beauty therapy and related areas are offered at all levels, including NVQ, Scottish Vocational Qualifications (SVQ), BTECH/Edexcel First Diploma, BTECH/Edexcel National Diploma/Certificate and BTECH/Edexcel Higher National Diploma (HND) (British Council, 2004).

A NVQ means that a broader based training is offered in educational establishments and the workplace. Students with NVQs have received educational training to the level being studied and work related practical experience to demonstrate competence in the skills demanded by the level (Rigazzi-Tarling, 1995). The BTEC National Certificate in Beauty Therapy provides underpinning knowledge, understanding and skills for beauty therapists. It also provides a progression route to higher education vocational qualifications such as BTECH Higher National Certificates in Beauty Therapy (Gerson, 1999).

There is no single beauty therapy examining body in the UK (Champneys International College of Health & Beauty, 2007). The most usual form of training is through a one or two year course at a college combined with placement. Training could also be at a private beauty school, where the programmes may be shorter and more intense (Learn Direct, 2005). Training in technical skills forms the basis of a beauty therapy course in the UK (Rigazzi-Tarling, 1995).

In the UK the profession has grown to involve many additional working areas in health, leisure and fitness. This means that in addition to the trained beauty therapist in the UK, he or she will often need to develop a wider range of skills in order to meet the requirements of the chosen workplace (Rigazzi-Tarling, 1995). Many beauty therapists in the UK enrol for extra courses in aromatherapy or other related areas such as reflexology and massage (Learn Direct, 2005).

Formal qualifications include:

Beauty therapy – training in the provision of a wide range of treatments for the face and body. The courses are of different levels, ranging from 500 learning hours to two academic years. A beauty therapist qualified at level 3 will have the ability to carry out a comprehensive range of treatments including: facial work, make-up, manicure/pedicure, waxing body treatments, figure analysis, diet and exercise, body electrical treatments and body massage (British Council, 2004).

Qualified beautician – specialising in skincare. Courses range from 100 to 350 hours and cover practical subjects and theory such as business organisations, ethics and cosmetic science. Training usually includes manicures and pedicures (British Council, 2004).

Table 2.2: Formal qualifications and NQF levels in the United Kingdom

NQF	QUALIFICATION NAME AND TYPE
5	BTECH Higher National Diploma: Beauty Therapy Sciences
4	BTECH Higher National Certificate: Beauty Therapy Sciences Expert Management
3	BTECH National Award/Certificate/Diploma: Beauty Therapy Sciences: Beautician Beauty Technology ITEC Beauty ITEC Aesthetician Diploma Beauty Therapist Spa Therapist Nail Technician

2	Beauty Therapy & Make-up ITEC Beautician ITEC Beauty Junior Therapist
1	Assistant Therapist

African Countries

There are no national standards in any countries other than South Africa. Some smaller private schools in Zimbabwe and Botswana offer examinations set by UK and European association bodies e.g. City & Guild and CIDESCO. Most learners from SADEC countries complete their somatology or beauty technology training at South African institutions (Tshwane University of Technology, 2006).

Asia

There are no known national standard in any Asian countries (Tshwane University of Technology, 2006).

Australia

No unit standards have been registered with the Australian NQF. Private training schools are registered with the qualification authority. Beauty technology is offered at private schools who also offer their learners opportunity to complete the City & Guild examination (UK) and CIDESCO (Switzerland) (Tshwane University of Technology, 2006).

In order to work as a qualified beauty therapist the six basic units of the Certificate III in Beauty Services or the Certificate IV in Beauty Therapy and/or a Diploma in Beauty Therapy needs to be completed.

Switzerland

Switzerland has no national standards but offer CIDESCO and other UK based examinations (Tshwane University of Technology, 2006).

Thus, the training for somatologists in South Africa is unparalleled when compared to other countries worldwide. The Universities of Technology in particular can be seen in this instance to be the flagship in this profession (Tshwane University of Technology, 2006).

In countries like America, one can qualify as an aesthetician or a medical aesthetician. Aestheticians are licensed skincare specialists. They treat facial skin to maintain and improve its appearance. Medical aestheticians work with patients whose skin or appearance is affected by trauma or a medical procedure, such as surgery (Green, 2004).

Training, licensing, certification and continuing-education requirements for aestheticians differ by State in America. Aestheticians complete a programme in skincare at an approved school, usually one that is regulated by the State's board of Cosmetology. Programme quality varies, but most aesthetician training is general.
Specialities may require additional education or on-the-job training (Green, 2004). Medical aesthetics training is generally available to individuals who have already obtained their aesthetician certification (Aesthetic Jobs, 2007). Thus, the medical

aesthetician course is a post-graduate course for a person that has already qualified in the field of aesthetics. Medical aestheticians are typically cosmetology professionals with advanced training in the use of lasers and other energy based devices (Begley, 2007). Only educational institutions that offer State Approved Rehabilitation and Vocational Training can provide training (Rayner, 2006).

Susanne S. Warfield, author of the book "The Aesthetician's guide to working with Physicians", believes that under current regulations the aestheticians in America do not receive enough training, especially in the areas of anatomy, physiology, and chemistry, to fully understand the types of aesthetic treatments that are beneficial in the medical practice (Warfield, 1997). Within the holistic framework, a higher level of knowledge in both nutrition and physical fitness are factors which relate to both wellness and longevity. Skincare professionals require more technological and social skills to produce the best results for their clients (Lam School of Advanced Esthetics, 2007).

In South Africa, the somatology qualification encompasses all of the above training and more, therefore providing the qualified somatologists with enough in depth training and knowledge in the field of nutrition, physical fitness, anatomy and chemistry, in order to equip him/her to function as a medical aesthetician, without having to further their studies. Therefore, a qualified somatologist will be able to do the same work as a medical aesthetician.

2.5 INTERNATIONAL COMMITTEES

In South Africa, after obtaining a somatology qualification, somatologists may participate in international examinations in order to obtain an international qualification. Depending at which institution a qualification is obtained one or more of the following international examinations are offered to learners.

2.5.1 Comite International D'Esthetique Et De Cosmetologie (CIDESCO)

On 27 December 1946, an International Association of Beauty Therapists was founded. "The aims of the Comite were three-fold: Firstly, to bring members of the profession together, to exchange ideas and pool knowledge. Secondly, to make contact with doctors, surgeons, dermatologists, cosmetic chemists and all other professional people whose word had influence and bearing on the profession of aesthetics and cosmetology and to persuade such professional bodies that our work was serious and of great value to the community. Thirdly, to establish a sound framework of education in beauty training, to establish examinations and to endeavour to form special schools" (Comite International D' Esthetique et de Cosmetologie, 2007).

CIDESCO has its head office in Zurich, Switzerland and is represented globally in more than 33 countries. The CIDESCO diploma is the world's most prestigious qualification in the field of aesthetics and beauty therapy. Since 1957, the CIDESCO qualification has set standards that have been initiated over the five continents of the globe. There are over 200 CIDESCO schools around the world, teaching to the internationally acclaimed CIDESCO standards, leading to the CIDESCO diploma (Comite International D' Esthetique et de Cosmetologie, 2007).

CIDESCO membership was brought to South Africa in 1976. Isa Caarstens founded the first CIDESCO school in South Africa. Since then, 34 schools in South Africa, have registered with CIDESCO, making South Africa the country with the most CIDESCO schools in the world (Kleine, 2007). In South Africa, the Central University of Technology (CUT), Tshwane University of Technology (TUT) and Cape Peninsula University of Technology (CPUT) all offer the CIDESCO examination. According to the CIDESCO newsletter of 2007, it was said that "On the whole it can be agreed that although there are a number of health and skincare organisations, most therapists still acknowledge CIDESCO as the benchmark of all international qualifications in the world" (Kleine, 2007).

2.5.2 International Therapy Examination Council (ITEC)

The ITEC was founded in 1947 in the UK by Dr Arnould Taylor to train and qualify people who wanted to become beauty therapists. In 1972 it became an Awarding Body – ITEC – and has built up a large range of qualifications in beauty, complementary therapies and sports therapies (ITEC, 2006).

The organization's popularity grew outside the UK and now has significant representation in Ireland, South Africa, Hong Kong, Australia and New Zealand, as well as in many smaller areas. In 1999 ITEC became accredited by the Qualifications and Curriculum Authority (QCA) as an awarding body and its qualifications were accepted by the National Qualifications framework (NQF) in the United Kingdom. In 2005 ITEC started to develop a new range of qualifications in a variety of career based sectors. Presently ITEC provides 25 qualifications that are UK government accredited by the QCA (on behalf of the Department for Education and Skills), and are registered on the NQF. These ITEC qualifications attract funding from the Learning and Skills Council (ITEC, 2006).

ITEC qualifications are supported by industry and are easily transferred nationally and internationally. The ITEC system is expressed in units allowing students to study at their own pace. ITEC has ensured that the best practice in the work place has been reflected in the syllabus for each qualification and each has been linked to the relevant job role. ITEC furthermore ensures that the syllabus reflects the required level of knowledge and skill needed for a practicing therapist (ITEC, 2006).

2.5.3 Confederation of International Beauty Therapy & Cosmetology (CIBTAC)

CIBTAC is the international educational arm and awarding body for the British Association of Beauty Therapy & Cosmetology (BABTAC). It offers over 30 diplomas in beauty and complementary therapies to accredited colleges in Britain and students, and

its diplomas are recognised worldwide (The British Association of Beauty, Therapy & Cosmetology, 2006).

In the UK CIBTAC is acknowledged by the QCA as a government approved awarding body, and also works closely with other international government departments. It has built up a professional portfolio of modular diplomas that can be offered as short or part-time courses or combined to become full-time modes of study. There are approximately 165 active colleges in 17 countries. Examinations are offered in at least 18 languages, plus over 30 diplomas and post graduate Teacher Training Diplomas for tutors (The British Association of Beauty, Therapy & Cosmetology, 2006).

High levels of training and strict quality control is expected of CIBTAC examiners, colleges and students. There are minimum training requirements that colleges have to adhere to and colleges are continuously monitored by external CIBTAC examiners and inspectors from the UK to ensure newly trained therapists are competent and professional, and an asset to their business and the industry (The British Association of Beauty, Therapy & Cosmetology, 2006).

2.5.4 City & Guilds

City & Guilds is the UK's leading vocational awarding body – with a reputation for quality with employers, educational bodies and learners worldwide. City & Guilds have approximately 1 000 employees worldwide – skilled in areas from product development and quality assurance, to marketing, sales and customer care, and in key support areas such as human resources and catering (City & Guilds, 2007).

The examinations named above i.e. City & Guild and CIDESCO can best be equated to a Level 5, 120 credit qualification (Teixeira, 2006: Personal communication).

2.6 THE LINK BETWEEN THE SOMATOLOGY PROFESSION AND THE MEDICAL PROFESSION IN SOUTH AFRICA

The somatology profession has undergone significant changes within the past few years and the somatologist has gained more respect by both the public and the medical profession (Lam School of Advanced Esthetics, 2007). The medical profession has begun to recognize the importance of delivering preventative skincare programmes that are cost effective, patient orientated, and able to meet the needs of patients seeking medically sound advice, direction, and emotional support. While a number of medical specialities can use the services of a somatologist, the most common are dermatology and plastic surgery, as these are the two areas that deal most directly with skin appearance and aesthetics (Warfield, 1997).

Somatologists/medical aestheticians often work for licensed health care providers, including plastic surgeons and dermatologists. According to the Bureau of Labor Statistics in America, there were approximately 25 000 skincare specialists, which included aestheticians and medical aestheticians, in 2002 (Green, 2004). The somatologist brings to the medical practice expertise in skincare that can play a vital role in the physician's practice, especially in specialities such as dermatology and plastic and reconstructive surgery (Warfield, 1997).

Somatologists have been utilized in medical practice for more than a decade. There are many beneficial services that a somatologist can offer dermatologic patients. The professional somatologist can be an integral member of the health care team and can reinforce the proper usage of medications and home care instructions (Warfield, 2001).

With a somatologist on staff, regular advice can be provided to patients, offering optimal coordination of cosmetic services and medical procedures. The somatologist can also help schedule specialized treatments and may assist the patient in integration of medical treatment and regular skincare.

Dermatology is the branch of science that deals with the skin and its disorders. Some conditions benefit from both aesthetic and medical treatment; it is therefore not surprising

that, aestheticians and dermatologists are now working in close liaison with one another (McGuinness, 2007).

In a **dermatology practice**, a somatologist deals with diseases of the skin such as acne, atopic dermatitis and psoriasis, however, in a plastic surgery practice, the somatologist will deal with the pre- and postoperative care of patients, perhaps performing lymphatic drainage, wound care, and advising the physician on the psychological status of the patient relating to the outcome of the surgery (Warfield, 1997).

In a dermatologists' office, a somatologist may prepare clients for deep peels, provide facials, light peels, extractions, microdermabrasion, and retail products (Gerson *et al.*, 2004). The somatologist may also focus on helping patients develop good skin hygiene practices and to avoid make-up and cosmetic practices that may compromise the good health of the skin (Hill & Pickart, 2009). Those who work in burn units might teach burn-recovery patients how to apply make-up to conceal their injuries (Green, 2004).

In a dermatologist's practice, the aesthetician focuses on helping patients develop good skin hygiene practices and avoiding make-up and cosmetic practices that compromise the skin.

The somatologist's role in **plastic surgery** is two-fold, thus the somatologist may refer patients to the plastic surgeon when the patient's needs exceed cosmetic and skincare needs, or the somatologist may work with patients during the pre- and postoperative phases of elective and reconstructive procedures (Warfield, 1997).

In a surgical practice, the somatologist can provide services to help prevent the outward signs of aging, sun damage, reduce skin reactions to certain ingredients in products, use of ineffective or harmful skin-care regimens, and also prevent and reduce the fear,

anxiety, and depression often experienced when considering the options of elective cosmetic procedures (Warfield, 1997).

The somatologist can play an important part in a reconstructive surgery practice. Preoperative skincare, helping the skin heal postoperatively, and using camouflage to minimize the cosmetic effect of the surgery play a vital role in restoring the patients' confidence and well-being. The skilled use of make-up can frequently extend the effects of the surgical procedure, by restoring the appearance to what it was before an accident (Warfield, 1997).

2.7 SPECIALIZED TREATMENTS PROVIDED BY SOMATOLOGISTS

In the current market, there is a tremendous demand for cosmetic procedures. These procedures include administering Botox, microdermabrasion, micropigmentation, facials, hair removal and skincare for post-surgery patients (Shore, 2001). The professional somatologist is qualified to provide a number of specialized treatments that are beneficial to a medical practice.

2.7.1 Preparing the skin for medical procedures

Somatologists are experts in cleansing and other techniques that create the best possible conditions for the skin (Warfield, 1997). Thus, the somatologist could play a vital role in the preoperative stage of surgery.

For facial cosmetic surgery, the regime frequently begins three to six weeks prior to surgery with a thorough, deep cleansing of the face or neck, including exfoliation if the treatment is performed far enough in advance of the surgery. Treatments may be repeated at set intervals until about two weeks prior to surgery. During this time, the somatologist will also advise the patient on the make-up that can be worn during the weeks just before surgery. The object is to keep the skin as healthy as possible (Warfield, 1997).

After surgery, the aesthetician may perform various procedures designed to hasten healing, such as hydration and possibly lymphatic drainage, but actual manipulation of the skin is usually avoided until the skin and underlying tissue has had time to "set". When healing has progressed to the point where gentle manipulation can be performed, the patient could be given new make up, with instructions on how to keep the skin clean and healthy (Warfield, 1997).

2.7.2 Chemical exfoliation

Cosmetic chemical exfoliation procedures are not intended to elicit viable epidermal and/or dermal wounding, or destruction, and therefore differ from chemical peeling procedures administered by physicians. Cosmetic chemical exfoliation procedures utilizing alpha-hydroxy acids (AHA) facilitate stratum corneum desquamation, improving the aesthetic appearance and quality of the skin (Warfield, 1997).

The mildest and most common type of chemical peel includes glycolic, lactic and fruit acid peels (Karmol, 2006). Glycolic peels can be performed to precondition the skin before laser resurfacing or surgery. These peels can enhance the strength and barrier function of the epidermis (Gerson, *et al*., 2004). Somatologists perform chemical peeling treatments that involve the removal of dead layers of the skin (McGuinness, 2007).

2.7.3 Comedone extraction

The extraction of comedones and milia have long been a part of the "facial" treatment process. The somatologist prepares the skin for extraction by using exfoliants, preparation masks, galvanic desincrustation, or steaming. The application of steam softens the skin and facilitates removal of the keratinous plug blocking the follicular opening. The most common technique used is with the hands. The fingertips are wrapped in cotton or tissue and then the action of extraction is carried out. The premise of this method is to "stretch" the skin surrounding the comedone and "lift and release the comedone from its follicle to remove the core (Warfield, 2001).

Through the removal of comedones, leaves the skin cleaner with open follicles, thus any preparation applied afterwards, will have a greater effect.

2.7.4 Cosmetic camouflage make-up

The use of cosmetics for camouflaging erythema and ecchymosis has become a necessary part of the dermatologist's cosmetic practice. The patient of today requires a "quick fix" in order to return timeously to their daily chores and routines. Thousands of other people also use camouflage make up on a daily basis to cover burn scars or other injuries. Within the medical setting, this type of service is essential, especially with the post-laser resurfacing patient who may have prolonged erythema (Warfield, 2001).

2.7.5 Microdermabrasion

Microdermabrasion, microabrasion, or micropeeling is one of the latest procedures for skin exfoliation (Warfield, 2001). Microdermabrasion is a non-chemical procedure, which involves a combination of gentle abrasion and suction to remove the outermost layer of skin, which consists of dry, dead skin cells (Karmol, 2006), thus a mechanical exfoliation of the stratum corneum (McGuinness, 2007). The removal of these skin cells promotes the growth of new skin cells containing higher levels of collagen and elastin (Karmol, 2006).

There are two types of microdermabrasion machines and they are marketed in an aesthetician's model and a physician's model (Warfield, 2001). Generally, the more powerful machines are made available to dermatologists and other medical practitioners, whilst the less powerful machines are used by beauty therapists (McGuinness, 2007).

The benefits of microdermabrasion to the epidermis are similar to those provided by peels, except the effects are only on the uppermost layer of the epidermis (Gerson *et al.*, 2004).

2.7.6 Endermologie

Endermologie is a treatment for cellulite. This treatment is used to stimulate the reduction of adipose tissue and can be given before and after liposuction (Gerson *et al.*, 2004). The endermologie machine is used by the somatologist to achieve optimum tissue mechanization, notably in the hypodermal fat cells. This cutaneous gymnastics help to harmonise the connective tissue and increase both lymph and blood circulation, thus promoting the elimination of metabolic waste. By increasing local microcirculation, the endermologie treatment restores the trophicity of the connective tissue and thus improves skin appearance and tone (Dalton, 2007).

2.7.7 Lymphatic drainage

Two methods of lymphatic drainage are commonly used namely manual and mechanical lymphatic drainage. The premise of removing excess fluid to reduce oedema is the focal point of both manual and mechanical lymphatic drainage (Warfield, 2001).

Manual lymphatic drainage (MLD) massage is a hands-on technique that enhances the movement and promotes the normal, healthy functioning of the lymphatic system. Manual lymphatic drainage has been widely employed in Europe, where the technique is practiced in hospitals and clinics. It is also recognised by the Austrian and German government health insurance plans and is the third most prescribed physical therapy technique in Germany (Pugliese & Garofallow, 1995). Mechanical methods of lymphatic drainage work on a similar premise as manual methods, although they are performed using a machine with either a pulsating suction or constant flow (Warfield, 2001).

There are numerous indications for lymphatic drainage and it is very effective when used in conjunction with aesthetic facial treatments in helping to maintain clean, toned, and healthy skin. The indications for dermatologic conditions include acne, telantiacstasis, rosacea, and non-inflammatory atopic dermatitis. Manual lymphatic drainage is

beneficial for traumatic injuries that result in swelling and bruising, making it particularly effective for post-surgical oedema and haematoma (Warfield, 1997).

The lymphobiology® system is used for the improvement of skins conditions, wrinkles, elasticity of the skin and reduction in sensitivity. The benefits of the Lymphobiology® system is that preoperatively it will improve the texture and elasticity of the skin and eliminate lymph stasis, which causes swelling, and postoperatively it will result in reduced oedema and eccymosis, acceleration of cyclid healing, reduction of rhytids, and a lowering of the sympatic nervous system (Warfield, 1997).

Scientific research has demonstrated the effectiveness of the movement of the lymphatic drainage technique (Mc Master, 1976). Thus, the intimate relationship between the lymph system and the health of the skin, through the lymph's renewal of connective tissue fluid, activation of circulation, stimulation of cell activity, and the regeneration of facial tissue, make lymphatic drainage massage an essential tool in every medical aesthetic practice (Warfield, 1997).

2.7.8 Aromatherapy

Massage with aromatherapy oils has become extremely popular and aromatherapy is generally associated with relaxation and the removal of the effects of stress. As part of the movement towards natural, non-drug-based forms of medicine, aromatherapy has become very popular (Geddes & Grosset, 1997).

Aromatherapy is a type of holistic therapy, which uses essential oils and aims not only to achieve relaxation and healing, but also to maintain physical and mental equilibrium (Geddes & Grosset, 1997). Aromatherapy is a type of beauty care in which aromatic essential oils from flowers, herbs, fruit and plants of all kinds are used as active, functional ingredients in various beauty preparations and treatment procedures (Gerson, 1999).

Modern day aromatherapy can have positive psychological benefits. It is mainly used in a salon to induce relaxation (Gerson, 1999). Essential oils can be used as ingredients in creams, lotions, sprays, massage and bath oils, or as vapours. Herbal masks and aromatic essences facilitate cellular nutrition and reproduction of cells (Gerson, 1999).

Aromatherapy has the ability to bring about feelings of wellbeing. In today's fast-paced society, stress is a major contributing factor in many diseases and disorders. The somatologist plays a major role by using aromatherapy massage to help reduce the symptoms of modern-day living (Nordmann, 2007).

Aromatherapists can be found working in a variety of environments, including doctor's surgeries, hospitals, beauty salons and alternative therapy clinics (Nordmann, 2007). Aromatherapy is a very popular complementary therapy, which is becoming an integral part of primary health care (Battaglia, 2003).

Aromatherapy treatments can be beneficial to patients after receiving chemotherapy. Gravett, a haematologist, investigated the use of essential oils for the treatment of chemotherapy-induced side-effects in a group of patients undergoing high dose chemotherapy, with stem cell rescue for breast cancer. He found that essential oils were just as effective as conventional symptomatic treatment and that essential oils were significantly less expensive (Battaglia, 2003).

2.8 CONCLUSION

The use of cosmetics, as well as the application of make-up, has its origins in ancient times. The beauty and cosmetic industry was established in the 20th century and has kept evolving to the modern beauty and skincare practices of today. Technology and science have played an integral part in the development of these practices.

Due to the continuous evolvement in the beauty industry, the need for professionals with the knowledge and skills, not only to beautify a person, but rather to be able to

holistically treat a person, has grown and thus the somatology profession was established in South Africa. Training for somatologists in South Africa are offered by Universities of Technology, as well as registered Private Institutions and are aimed respectively at NQF level 5, 6 , 7 and above.

Placed in an international context, training for somatologists in South Africa is the most encompassing course available in the beauty industry. A number of international committees exists offering qualifications in somatology. Of these, CIDESCO and ITEC are the two qualifications most somatologists in South Africa obtain.

Thanks to the significant changes that have occurred in the somatology profession in South Africa, both the public as well as the medical professions, have begun to recognise the significant role that somatologists can play in preventative and palliative skincare. Dermatologists and plastic surgeons benefit most from the services provided by somatologists and thus, the importance of a good referral relationship between the two professions, are evident.

CHAPTER 3

METHODOLOGY

The objective of the study was two fold. Firstly, to obtain quantitative information from stakeholders in the field of somatology on matters related to their professional training, employment, recurriculation, referral trends to and from medical professionals and registration of the profession. Secondly, to obtain quantitative information from other medical professionals regarding referrals to somatologists. It was therefore necessary to obtain information from a wide spectrum of participants, from the somatology industry and medical professions and thus two separate questionnaires were compiled. The first questionnaire was compiled and aimed specifically at professionals working or providing training in the field of somatology and the second questionnaire was compiled and aimed at medical professionals specializing in the field of dermatology, plastic surgery and oncology.

A descriptive research study was conducted. According to literature, the purpose of such a study is to gain insight into a situation, phenomenon, community or person (Lues, 2007). The need for a descriptive study could arise out of a lack of basic information on a new area of interest.

3.1 SOMATOLOGY INDUSTRY QUESTIONNAIRE

3.1.1 Somatology industry questionnaire design

A questionnaire for the Somatology industry was compiled by the researcher in conjunction with a statistician. The questionnaire was based on possible questions and information needed to formulate a framework regarding the current position of the profession in South Africa. A literature search formed the design of the questionnaire. At a National Somatology meeting, held on 28 February 2005 at Durban University of Technology, where representatives of all Higher Education Institutions that offer the program Somatology were present (HESIG), further relative questions were identified that were included in the questionnaire. The content of the questionnaire was aimed at

seeking mainly quantitative information from participants regarding the current status of the profession, recurriculation matters, referral trends as well as the participant's current attitude towards registration with a statutory body.

A cover letter (Addendum one), containing a brief explanation for the study, important definitions, acronyms, as well as perceived advantages and disadvantages of registration with a statutory body (researcher's own perception), was included with the questionnaire. In the questionnaire the following categories were addressed, mainly through closed-ended questions.

* Geographic information
* Demographic information
* Current employment
* Professional training in the somatology profession
* Referral trends between somatologists and medical professionals
* Registration with a statutory body

Participants could furthermore elaborate through specific open-ended questions whereby qualitative information was gathered.

3.1.2 Somatology industry pilot questionnaire

The questionnaire was tested by means of two separate pilot studies. A first draft questionnaire was compiled and piloted on 31 August 2005 at Tshwane University of Technology at a National Higher Education Institutions meeting (HESIG). The questionnaire was subsequently rephrased and modified according to inputs received from respondents. A second draft questionnaire was piloted in January 2006. The draft questionnaire was sent, via courier services, to all Higher Education Institutions offering the programme Somatology, where the third year students were requested to complete the questionnaire. The completed questionnaires were sent back to the researcher via courier

services at the end of February 2006. Final modification to the second draft questionnaire was done based on the pilot run.

3.1.3 Subject selection for the somatology industry questionnaire

The subject selection criteria involved all South African Association of Health and Skin Care Professionals (SAAHSP) accredited Private Training Institutions, all Higher Education Institutions and randomly selected SAAHSP and Higher Education Institution accredited Beauty Clinics. According to the Professional Beauty Magazine of June –July 2006, a total of 187 accredited clinics and training centres were registered with SAAHSP.

A total of 46 questionnaires were sent to the SAAHSP accredited training institutions, 31 questionnaires to Higher Education Institutions and 301 questionnaires to randomly selected SAAHSP and Higher Education Institution accredited beauty clinics. Thus, a total of 381 questionnaires were sent to stakeholders in the somatology industry.

3.1.4 Distribution method of somatology industry questionnaire

The questionnaire packet that was sent contained a cover letter (Addendum 1), the questionnaire (Addendum 2) and a self-addressed postage paid, return envelope. The subjects were assured by means of the cover letter that all information obtained would be strictly confidential and made available as aggregated information only. It took ± 15 minutes to complete the questionnaire. The questionnaire packets were posted by mid-June 2006 and respondents were requested to return the completed questionnaires not later than 22 July 2006. No reminders were sent, as respondents could remain anonymous. A total of 74 questionnaires, thus 19.4% were received and 20 of these questionnaires were spoiled.

3.2 QUESTIONNAIRE FOR MEDICAL PROFESSIONALS

3.2.1 Medical professional questionnaire design

A questionnaire for medical professionals was compiled by the researcher in conjunction with a statistician. At a National Somatology meeting, held on 28 February 2005 at Durban University of Technology, where representatives of all Higher Education Institutions that offer the programme Somatology were present (HESIG), further relative questions were identified that were included in the questionnaire. The content of the questionnaire was aimed at seeking mainly quantitative information from participants regarding the current referral status between medical professionals and the somatology industry. The following categories were addressed, mainly through closed-ended questions, although participants could elaborate through certain open-ended questions whereby qualitative information was gathered:

* Geographic information
* Demographic information
* Referral trends between medical professionals and somatologists

3.2.2 Medical professional pilot questionnaire

The questionnaire was tested by means of a pilot run. A draft questionnaire was compiled and piloted on 31 August 2005 at Tshwane University of Technology at a National Somatolgy meeting where representatives of all Higher Education Institutions that offer the programme Somatology, were present (HESIG). The questionnaire was subsequently rephrased and modified according to inputs received from respondents.

3.2.3 Subject selection for medical professional questionnaire

According to the Health Professions Council of South Africa, (Daffy, 2005: Personal communication) a total of 533 dermatologists, plastic surgeons and oncologists were

registered in 2005. The subject selection criteria involved the selection of 200 randomly selected registered dermatologists, plastic surgeons and oncologists.

3.2.4 Medical professional questionnaire distribution method

The questionnaire packet that was sent contained a cover letter (Addendum 1), the questionnaire (Addendum 3) and a self-addressed postage paid, return envelope. The subjects were assured by means of the cover letter that all information obtained would be strictly confidential and made available as aggregated information only. It took ± 5 minutes to complete the questionnaire. The questionnaire packets were posted by mid-June 2006 and respondents were requested to return the completed questionnaires not later than 22 July 2006. No reminders were sent, as respondents could remain anonymous. A total of 46 questionnaires, thus 23% were received.

3.3 DATA ANALYSIS AND INTERPRETATION

The information obtained from the returned questionnaires was captured. No personal identifying information from the respondents was included on the data base. Data analyses was carried out using Statistical Package for the Social Sciences version 12. Data were presented in frequency and cross tables. The data are presented in the form of graphs and tables.

3.4 SUMMARY AND CONCLUSIONS

The research was conducted through a descriptive study. Two separate questionnaires were compiled, one for stakeholders in the field of somatology and the other for medical professionals. The compilation of the questionnaires was formulated based on input from members of HESIG. Both questionnaires were piloted at HESIG meetings and through the completion of the questionnaires by third year students at Universities of Technology.

The subject selection for the questionnaire to somatology stakeholders included all SAAHSP accredited Private Training Institutions, all Higher Education Institutions and

randomly selected SAAHSP and Higher Education Institution accredited beauty clinics. A total of 381 questionnaires were sent to stakeholders in the somatology industry.

Concurrently, 200 randomly selected HPCSA registered dermatologists, plastic surgeons and oncologists were selected for the completion of the questionnaire for medical professionals. The percentage of questionnaires received were 19.4% from stakeholders in the somatology industry and 23% from medical professionals. The data obtained from the questionnaires are represented in Chapter 4 and 5 in the form of graphs and tables.

CHAPTER 4

RESULTS AND DISCUSSION OF QUESTIONNAIRE TO SOMATOLOGISTS

4.1 BACKGROUND

To obtain information regarding recurriculation of the somatology programme offered at Higher Education Institutions (HEI), as well as the input of all stakeholders regarding their viewpoint whether somatologists should in future register with a statutory body, a questionnaire was compiled (addendum 2) and distributed to all South African Association of Health and Skincare Professionals (SAAHSP) accredited clinics and training centres, all HEI's as well as all HEI accredited beauty clinics throughout South Africa.

According to the Allied Health Professions Council of South Africa (AHPCSA) (The Allied Health Professions Council of South Africa, n.d.), the input of all stakeholders in a profession needs to be obtained in order to enable the profession to register with a Statutory Body in South Africa. It was therefore necessary to obtain information from participants with a wide spectrum of work experience in the field of somatology to determine the inclination towards registration and recurriculation.

The content of the questionnaire was aimed at seeking mainly quantitative information from participants regarding the position, training and registration needs for the somatology profession. The following categories were addressed, mainly through closed-ended questions, although respondents could elaborate through open-ended questions in some categories whereby qualitative information was gathered:

* Geographic information
* Demographic information
* Employment
* Professional training
* Referral trends between somatologists and the medical profession
* Registration with a statutory body.

At the time that the questionnaire was sent out, 187 clinics and training centres were accredited with SAAHSP. A total of 121 (65%) clinics or training centres were selected and a total of 381 questionnaires were mailed to participants. Of the questionnaires received, 54 (13.5%) were eligible for analysis and 20 (5.2%) were spoiled. Results are presented in the same sequence as the questions in the questionnaire.

4.2 RESULTS AND DISCUSSION OF QUESTIONNAIRE

4.2.1. Geographic information of respondents

Figures 4.1 to 4.3 indicate the geographic information of the respondents. Few (4%) respondents were located in rural areas, 50% in sub-urban areas, while 46% were located in urban areas. Regarding the nine provinces in South Africa, the most respondents were from the Northern Cape (52%) and the least from the Eastern Cape (2%). Both North West and Limpopo provinces had no respondents. Eighteen cities and towns were represented, with the highest responses from Cape Town (35%), Bloemfontein (14%) and Pretoria (10%). The other 15 cities and towns had 6% or less respondents. The geographical distribution of the respondents thus indicated that the respondents were representative of a wide spectrum of clinics and training centres, mainly from urban and suburban areas. In a survey conducted by the Hairdressing and Beauty Industry Authority (HABIA) in the United Kingdom, indicated that 70% of the salons were located in urban areas (city/town) and 30% in rural areas (Habia, 2003).

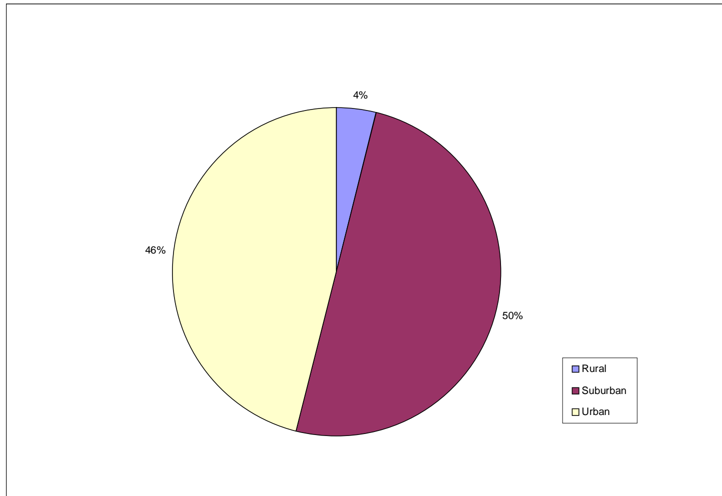

Figure 4.1: Salon location of respondents (n=54)

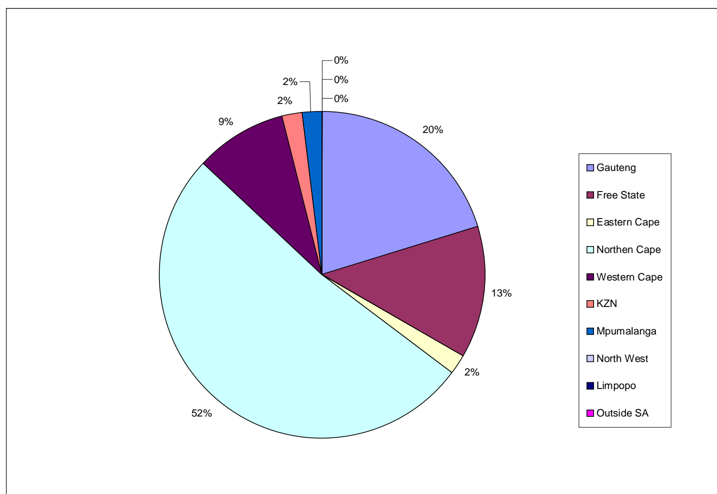

Figure 4.2: Distribution of respondents according to province (n=54)

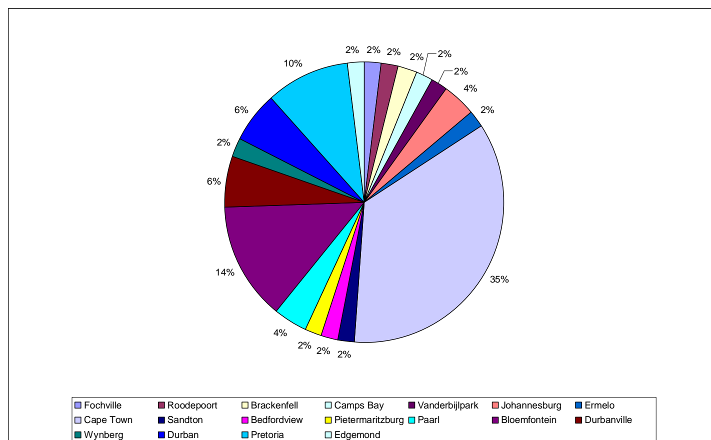

Figure 4.3: Distribution of respondents according to city or town (n=54)

4.2.2 Demographic information of respondents

Figures 4.4 and 4.5 reflect the gender and age group of the respondents. All respondents (98%) were female with the exception of one male (2%), which is a clear indicator of the gender preference of this profession. The fact that somatology in South Africa is currently predominantly a female profession could be attributed to the type of work/treatments that are provided. Somatologists specialize in the field of beauty therapy, which includes treatments such as manicures, facials, slimming, waxing, as well as a variety of massage therapies (Job Guide, 2006) with some invasive treatments that would not be acceptable to female clients if they were performed by a male therapist. In a survey done in Australia, it was found that there were over 1 100 beauty therapists working in Western Australia and almost all the therapists were female (Getacces now, 2007). In a survey conducted by HABIA in the United Kingdom in 2004, of the 384 Beauty Therapists that responded, 380 of the respondents were female and only 4 of the respondents were male (Habia, 2006). Based on the study results and the literature, the industry is thus female-dominated. The respondents' age groups ranged from between 20 to 50 years, with the exception of two respondents who were 56 years and older (Figure 4.5). Most respondents were between the ages of 20 and 25 years (38%). However, 26% of the respondents were between the ages of 26 to 35 years, thus 64% of all respondents were between the ages of 20 and 35 years. This could imply that the somatology

profession is a field which is preferred by young females between the ages of 26 and 35 years. The profession places a huge amount of strain on the physical aspect of a person's body (U.S. Bureau of Labor Statistics, 2006). Good health and stamina are important, as somatologists are on their feet for most treatments (U.S. Bureau of Labor Statistics, 2006). The physical aspect of the profession could partly account for the relatively young age of the respondents. Only 18% of the respondents were 41years and older. In a survey conducted by HABIA in 2004, 46% of the respondents were between the ages of 19-25 years, 29% between the ages of 26-45 years, 21% were 18 years and younger, and 4% were 46 years and older (Habia, 2006). The results suggest that the profession is practiced more by persons between the ages of 20-25 years, but is not limited to the younger age group.

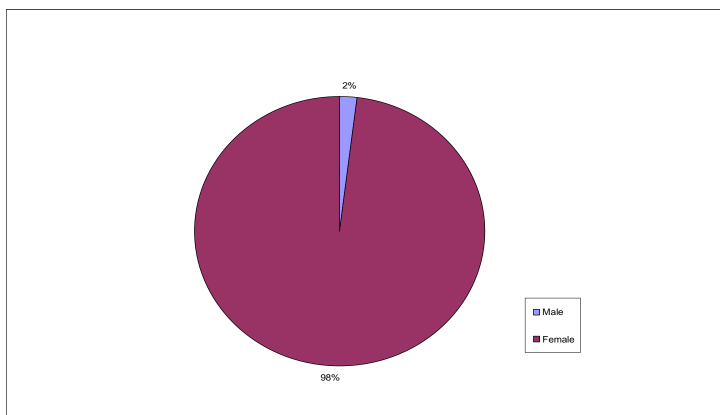

Figure 4.4: Gender of respondents (n=54)

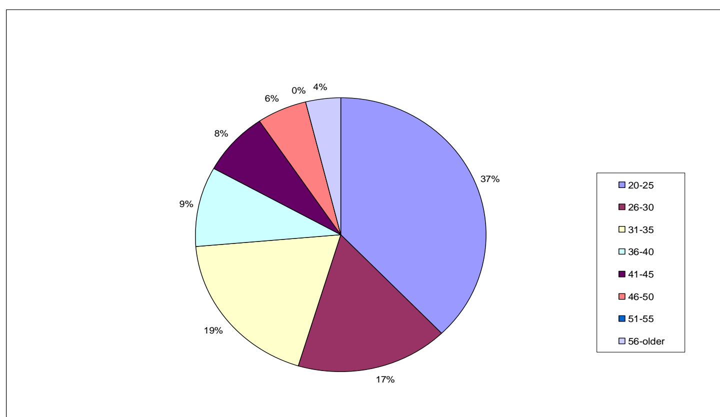

Figure 4.5: Age distribution of respondents (n=54)

A variety of ethnic groups exist in South Africa and there are 11 official languages. Figure 4.6 indicates that the Afrikaans (46%) and English (48%) population had qualified themselves to a larger extent in the somatology profession. Only three (3) other ethnic groups, namely Xhosa (2%), Sotho (2%) and Xitsonga (2%), were represented.

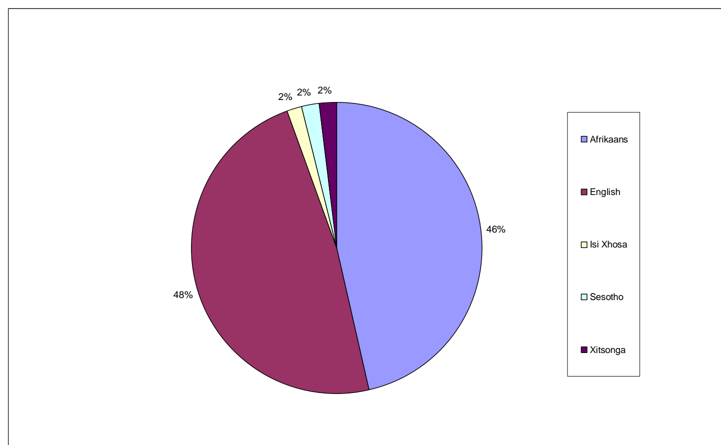

Figure 4.6: Respondents' ethnic distribution according to home language (n=54)

Figures 4.7 and 4.8 indicate respondents' qualifications, and the institution where the qualification was obtained. A total of 53 respondents were qualified in 167 specialized qualifications. From figure 4.7 it is evident that most respondents (26.9%) had a Comite International D'Esthetique Et De Cosmetology (CIDESCO) or International Therapy Examination Council (ITEC) qualification, and a National Diploma in Somatology (13.8%). The qualifications with the lowest representation amongst the respondents were the National Certificate Somatology (1.2%), National Higher Certificate Somatology (1.2%), and M-Tech Somatology (0.6%). No respondents had a D-Tech Somatology qualification. Universities of Technology were the major training providers with 59% of respondents qualifying at a University of Technology. Private institutions were the training providers for 39% of respondents and Technical Colleges accounted for 2%.

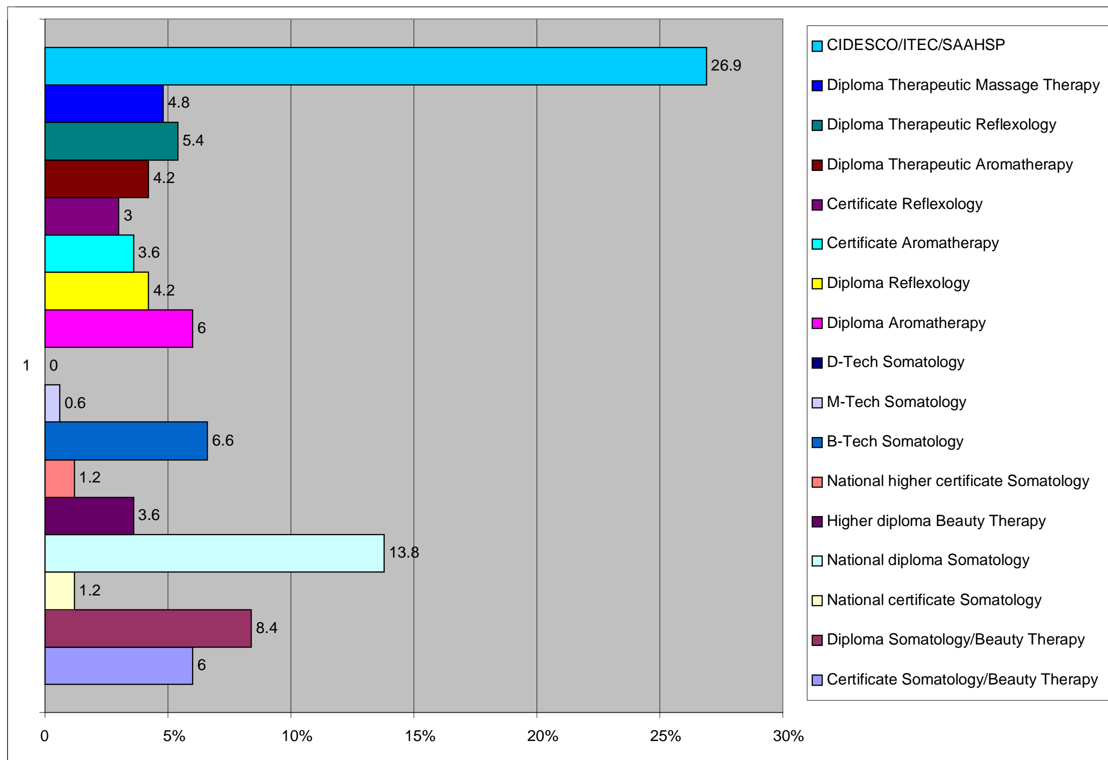

Figure 4.7: Percentage of qualifications obtained by respondents (n=54)

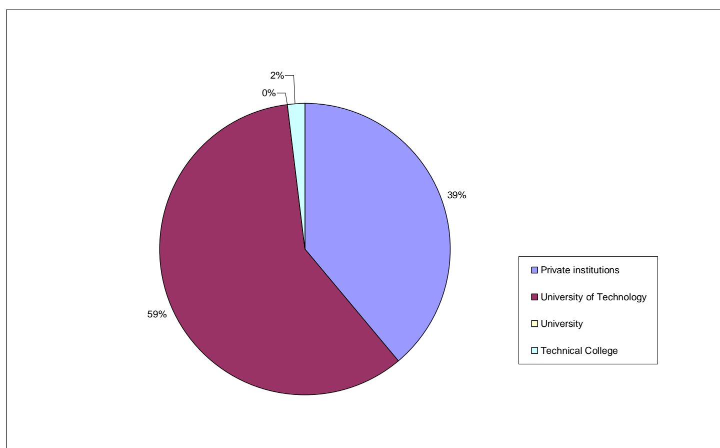

Figure 4.8: Institutions where respondents qualified (n=54)

Currently there are a number of qualifications in South Africa in the field of Beauty Technology. Not all qualifications are of the same length and syllabus. Private institutions offer a one, two or three year qualification, which enables the graduate to specialize in the field of beauty technology. However, this training excludes the field of

aromatherapy and reflexology. Higher education institutions such as Universities of Technology offer a three year course which enables a person to be multi-skilled in beauty technology, aromatherapy as well as reflexology. The possibility to obtain a separate diploma in aromatherapy, reflexology or beauty therapy exists. The international CIDESCO and ITEC diplomas are offered by a number of training institutions (private and higher education), which provides a type of benchmarking for the profession.

All Universities of Technology, with the exception of Durban University of Technology, offers the B-Tech Somatology qualification (South African Qualifications Authority, 2007a). Over the past few years, there has been an increase in students that completed the B-Tech Somatology qualification (Universities of Technology, 2007: Personal communication). Only one respondent indicated that she was registered for a M-Tech qualification and none for a D-Tech qualification (Figure 4.7). This reflects the need, and huge scope for further studies and research in the field of somatology. Research in the field of somatology, as it is known in South Africa, is rather new and unexplored, therefore there is a lack of literature and recent research in the field. The lack of research in the field of somatology could possibly be attributed to the fact that graduates in somatology have only recently started to register for post-graduate studies and Masters degrees in the field of somatology. Only Universities of Technology are currently registered to provide the M-Tech and D-Tech qualifications in somatology (South African Qualifications Authority, 2007a). The fact that only two Universities of Technology, namely Tshwane University of Technology and the Central University of Technology, Free State are the only HEI where post-graduates can register for a Masters degree, could also be problematic for some students who would like to further their studies, and thus hamper their decision to enrol and do research in the field of somatology (South African Qualifications Authority, 2007a).

Figures 4.9 and 4.10 provide the type and range of salary that respondents receive annually. Most respondents (42%) received a set monthly salary. A basic salary and commission accounted for 37% of the respondents. The average income per annum was between R49 000-00 – R72 000-00 (27%) (figure 4.10). Few (14%) respondents

received R24 000-00 per annum or less, and 14% received between R73 000-00 – R96 000-00 per annum. Only 2% of the respondents received R240 00-00 and above. In 2004, the median annual earnings amongst skincare specialists in America, including tips, were $30 390 (U.S. Bureau of Labor Statistics, 2006). In Australia, the salary range for beauty therapists range from $25 000 to $35 000 per annum (Getacces now, 2007). In the United Kingdom, the annual income may range from £9 500 for a newly qualified beauty therapist to £15 000 for an experienced therapist (Learn Direct, 2005). In America, skincare specialists are paid either straight commission (commissions based on the price of their service and retail products sold), base salary plus commission, or straight salary based on the number of hours worked (Michigan Department of Career Development, 2007). As retail sales become an increasingly important part of a salon's revenue, the ability to be an effective salesperson, alongside actual therapies given, is vital for somatologists working on a commission basis, as this could greatly increase their annual income (U.S. Bureau of Labor Statistics, 2006).

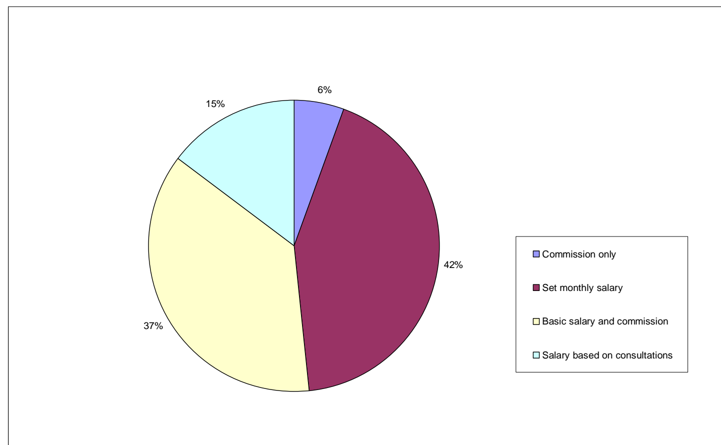

Figure 4.9: Salary type on which respondents were employed (n=54)

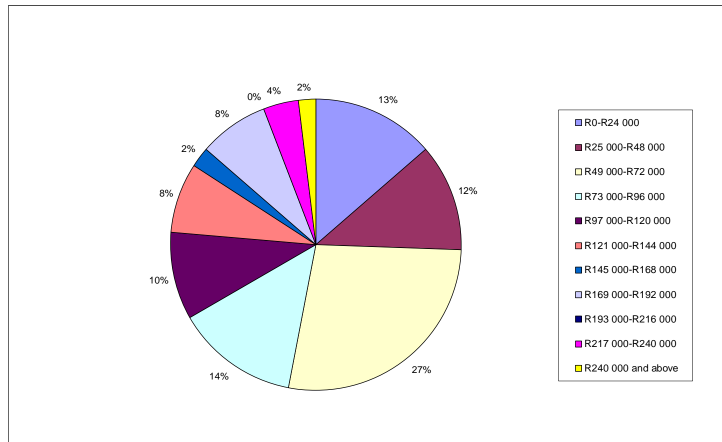

Figure 4.10: Salary range received by respondents per annum (n=54)

4.2.3 Employment of respondents

Figures 4.11 to 4.13 reflect the percentage of positions occupied by the respondents, type of business where they are employed and the location of the business. Of the 54 respondents, 61% were employees and 39% were self-employed (figure 4.11). According to the U.S. Department of Labor, approximately 48% of all cosmetologists were self employed and many owned their own salons (U.S. Bureau of Labor Statistics, 2006). The main employers of respondents were beauty clinic/spa (58%), while 25% of respondents indicated that they were either trainers or employed at an academy, thus providing training for the profession. None of the respondents were employed at a gym, game reserve, cruiser, pharmacy or retail store (figure 4.12).

42.3% of Beauty salons/Spa's and clinics were located in shopping malls, 34.6% in houses, 19.2% in clinics and 3.8% in hospitals (figure 4.13). Thus, it could be said that most respondents were employed in a Beauty Clinic/Spa that were situated in a shopping mall or house. In 1998, it was found that most cosmetologists in Michigan, America, worked in beauty salons in or near the metropolitan area (Michigan Department of Career Development, 2007). Somatologists deal with the holistic well-being of a person and therefore a tranquil, quiet setting might be preferred and for this reason, a business that is situated in a house, (35%) (figure 4.13) could provide the ideal setting. Most beauty

salons and spas take a more holistic approach and provide an uplifting or relaxing experience according to the client's needs and therefore a calmer, quieter setting is needed (Habia, 2006).

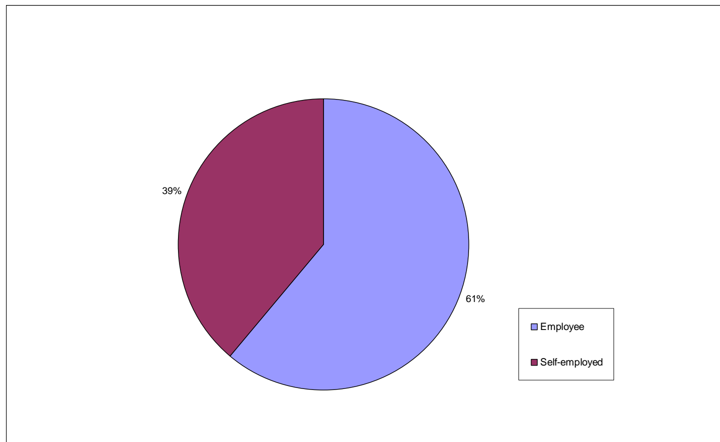

Figure 4.11: Positions occupied by the respondents (n=54)

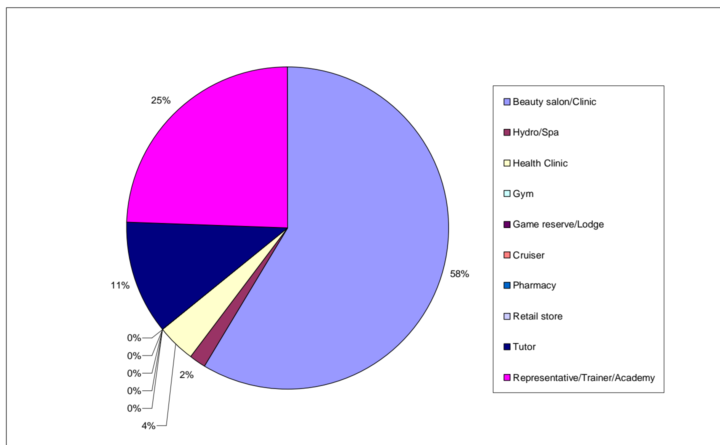

Figure 4.12: Employers of the repsondents (n=54)

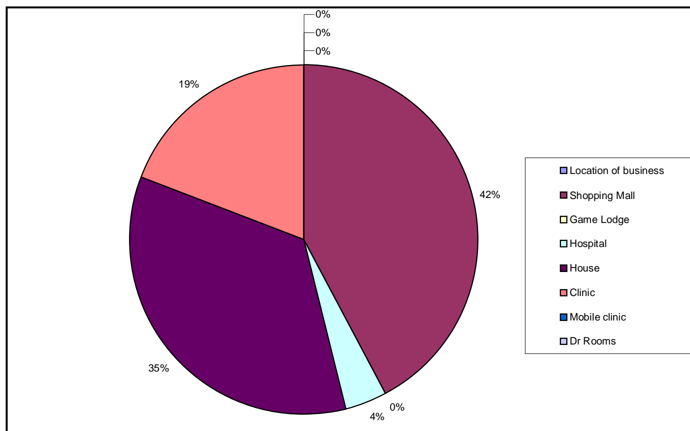

Figure 4.13: Location of business (n=54)

Figures 4.14 and 4.15 indicate the respondents' average years of employment in the field of somatology as well as other employment. The average years of employment were one to nine years, which accounts for 47% of the respondents. Few (15%) respondents worked for less than one year, 15% for 10 – 14 years, and 13% for 15 – 19 years. This shows a relatively good distribution of employability and active years in the industry. However, the question comes to mind of how updated all working somatologists are with new technology and advances in the field. According to the responses received, it suggests that there is a shortage and need for short courses (as discussed in 4.2.4, figure 4.25). This issue must receive serious attention and consideration.

Approximately half (52%) of the respondents were previously employed in other professions, with an average of one to four years (31%). However, most respondents (48%) had not been employed anywhere else other than in the somatology industry. This indicates a good employment rate in the somatology industry and that somatologists are happy/satisfied with their work and working environment.

The somatology industry is one of the fastest growing professions and thus the demand for highly skilled somatologists has risen dramatically in the past few years (Lam School of Advanced Esthetics, 2007). Females and males of all ages are seeking professional treatments for their skin and body, particularly the growing number of aging baby

boomers who are looking for services to look and feel good for as long as possible (Lam School of Advanced Esthetics, 2007). According to Margot Ward, an employment consultant in the beauty industry in America, good employment opportunities currently exist in this occupation. Ward attributes this to a growing awareness about the benefits of good skincare habits among women, men, and the younger age groups (Getacces now, 2007).

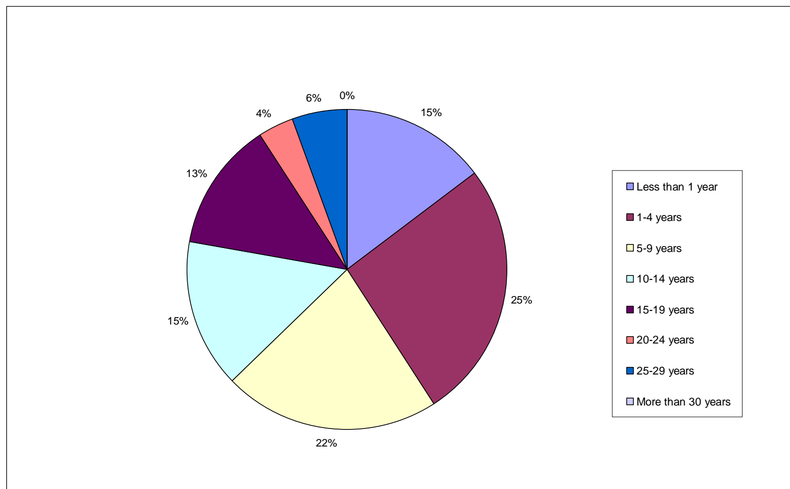

Figure 4.14: Years of employment as a somatologist (n=54)

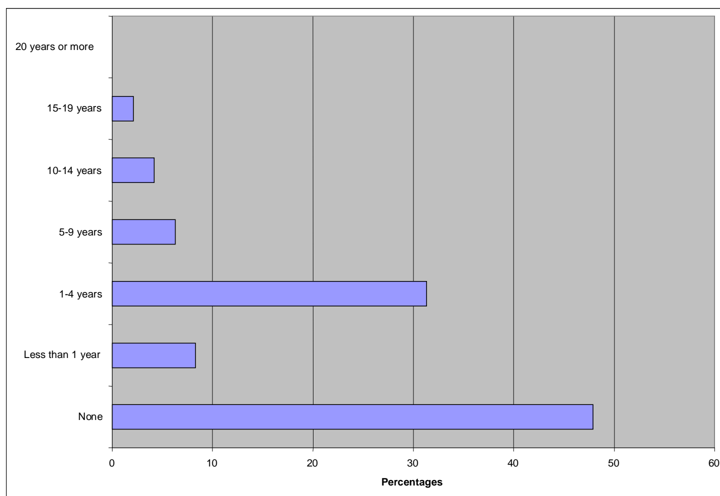

Figure 4.15: Years of other employment (n=54)

Figure 4.16 provides the respondents' field of specialisation. A fifth (21%) of the respondents specialized in the field of somatology, and 20% in the field of beauty therapy. This correlates well with the qualifications obtained by the respondents as seen in figure 4.7. Only 5% of the respondents respectively indicated that they specialize either in the field of therapeutic aromatherapy or therapeutic reflexology.

The percentage distribution of the type of treatments provided by respondents is given in figure 4.17. The treatments that were mostly provided were waxing, Swedish massage, facials, manicures and pedicures (all 8%). The treatments that were provided second most were slimming and make-up (both 7%), with hot stone therapy (6%), reflexology (6%) and aromatherapy (6%) the third most. Therapeutic aromatherapy and therapeutic reflexology were only provided by 2% of the respondents. This can be due to the fact that in order for somatologists to provide these treatments, they have to obtain an additional stand alone diploma in therapeutic aromatherapy and/or reflexology as provided by some private institutions. In a survey conducted by HABIA in the United Kingdom, the majority of salons offered manicure, pedicure, facials, wax treatments and body massage (Berry-Lound *et al.*, 2000). This correlates well with the findings in figure 4.17.

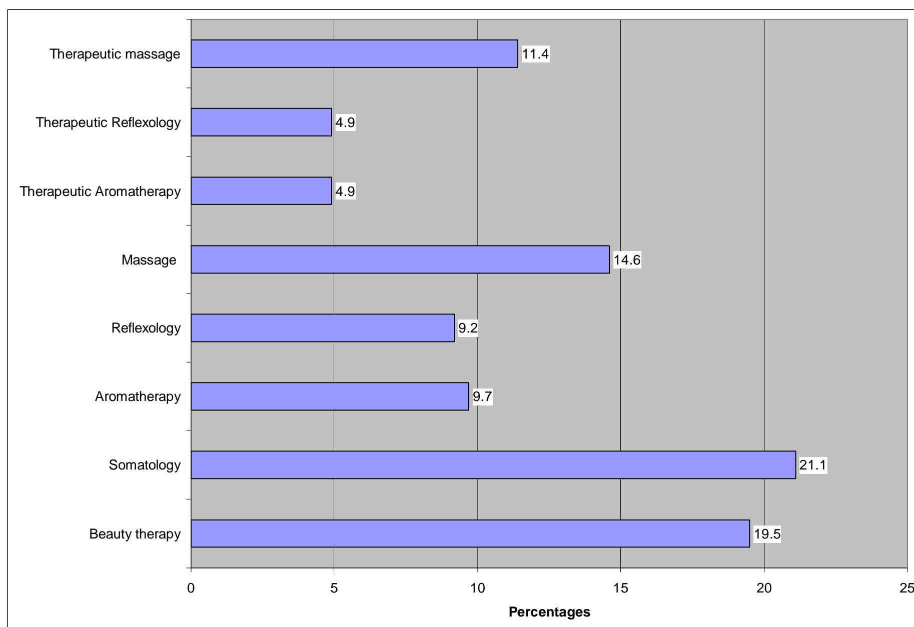

Figure 4.16: Respondents' field of specialization (n=54)

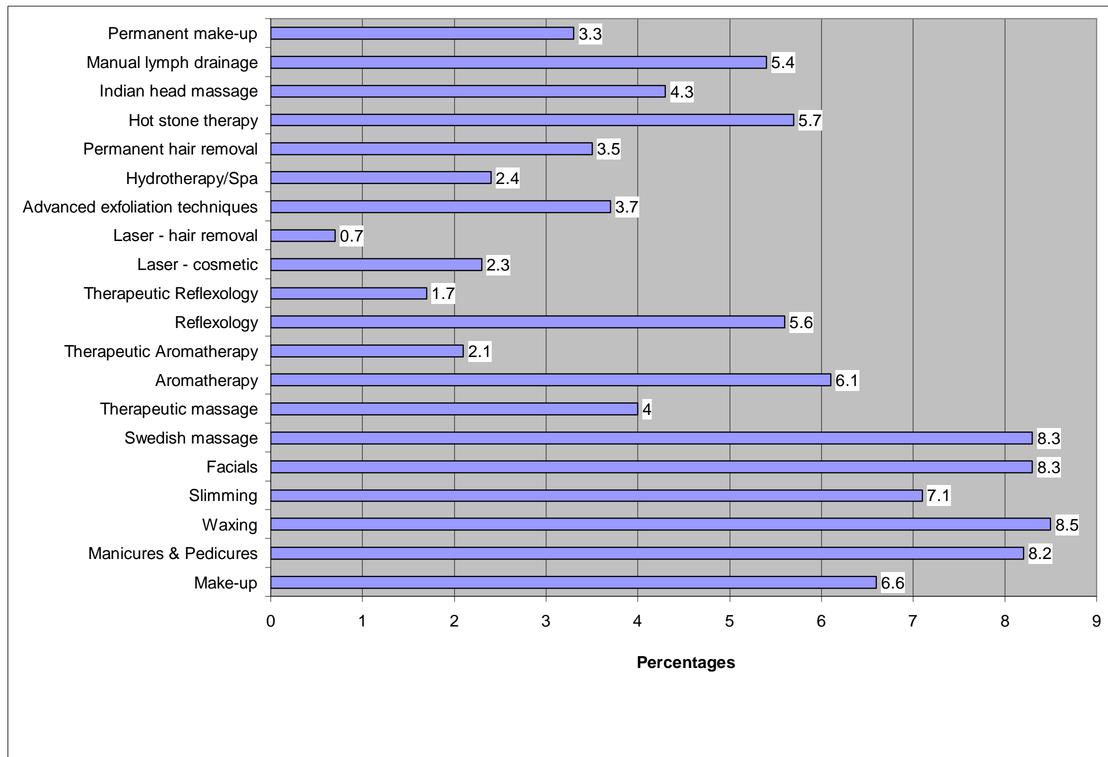

Figure 4.17: Type of treatments provided by respondents (n=54)

According to table 4.1, most of the respondents (90.7%) experienced job satisfaction, whilst 9.3% remained neutral. To the question of whether their salaries influenced their job satisfaction, 56.6% of the respondents provided positive responses. Most (79.2%) respondents saw a clear career path in their practice, and 26% of the respondents indicated that they run their own business. This correlates with the fact that 61% of all respondents were employees (figure 4.11). Most respondents were also influenced by their physical working environment, working hours, as well as irritation and stress levels at work.

Table 4.1: General perceptions of working environment (n=54)

Statement	**Positive response**	**Negative response**	**Neutral**
Experience job satisfaction	**90.7%**	**0**	**9.3%**
Salary influence on job satisfaction	**56.6%**	**43.4%**	**0**
Clear career path	**79.2%**	**20.8%**	**0**
Possible career paths: • Running own business • Become senior lecturer • Academic progress • Pursue B-Tech qualification • More sophisticated and hi-tech applications			
Attitude towards occupation influenced by:			
Physical work environment	71.2%	28.8%	0
Working hours	67.3%	32.7%	0
Irritations at work	68%	32%	0
Stress levels at work	60.8%	39.2%	0
Stress levels at home	46.9%	53.1%	0
Actions to improve job satisfaction: • Improved working hours and days • Short courses to further abilities • Knowledge will exclude frustration			

According to figures 4.18 and 4.19 most respondents advertised their services on a monthly basis (62%), using a wide variety of advertising mediums. Approximately a fifth (21%) of the respondents indicated that they used flyers as a medium of advertisement, 17% respectively used newspaper and e-mail, with radio the least

preferred medium of advertisement (7%). In a survey conducted by HABIA in the United Kingdom, 70% of the businesses indicated that they make use of e-mail (Habia, 2003).

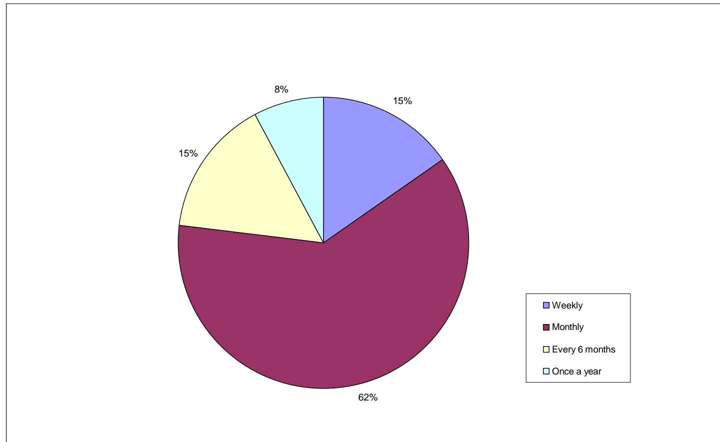

Figure 4.18: Frequency of advertisement (n=54)

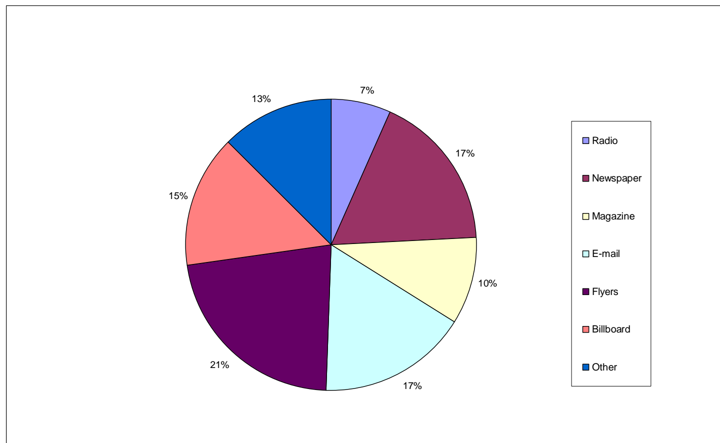

Figure 4.19: Advertising medium (n=54)

4.2.4 Professional training in the somatology profession

Figure 4.20 indicates the respondents' preferred training institutions for professional somatologists. Both Universities of Technology and private providers registered by the Professional Accreditation Body for the Health & Skincare Industry (PAB) were preferred by most respondents (67%). Approximately a quarter (26%) of the respondents

indicated that only Universities of Technology should provide the training and none (0%) of the respondents indicated that all private providers should provide training. Currently there are a number of private providers in South Africa that have registered their qualifications with the South African Qualification Authority (SAQA) to provide accredited training (South African Qualifications Authority, 2007a). However, there still exist a number of private institutions that are neither accredited or registered with PAB or the Higher Education Quality Committee (HEQC) (Professional Accreditation Body, 2007).

The fact that the respondents indicated that only Universities of Technology and registered private providers should provide training for somatologists, thus excluding all other private providers, could indicate that the respondents realize the value of accreditation and/or registration with SAQA and the HEQC. If an unregistered or unaccredited private provider is allowed to provide training in the profession, the problem of monitoring training standards and learning content exists. This could lead to training that is sub-standard; therefore treatments provided that are not up to standard could seriously damage the name of the profession. Training received at an institution that is not registered could lead to the specific qualification not being recognized and therefore all the time and expenditure could be in vain. It should be the aim and responsibility of all stakeholders in the somatology profession to strive to uphold the good name of the profession and therefore report any provider and/or institution that is not accredited in order to protect the profession as well as the public.

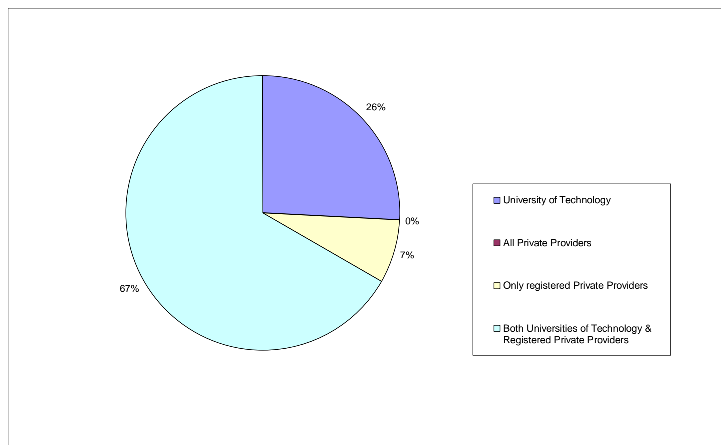

Figure 4.20: Proposed training institutions for the professional somatologist (n=54)

Figure 4.21 and 4.22 provide the respondents' view on the ideal duration and exit level of the somatology qualification. Most (44%) of the respondents indicated that the course should last three years with an exit level after three years (42%). A third (33%) of the respondents indicated that the course should be four years with an exit level after four years (30%). However, 20% of the respondents indicated that the course should be a two year course with an exit level after two years (28%). Even though there was a big difference between the responses on the duration of the course, the response on the desired exit levels were more similar.

According to the Definitions and Terminology: Higher Education Environment, an exit level is the point at which the learner leaves the programme leading to a qualification (School of Health Technology, 2006). The fact that the exit levels of the somatology course indicated by the respondents were more similar than the duration of the somatology course, might indicate that the respondents felt that there should be different exit levels for a learner, with the possibility to work his/her way up to the highest qualification (higher certificate, diploma, professional degree etc.).

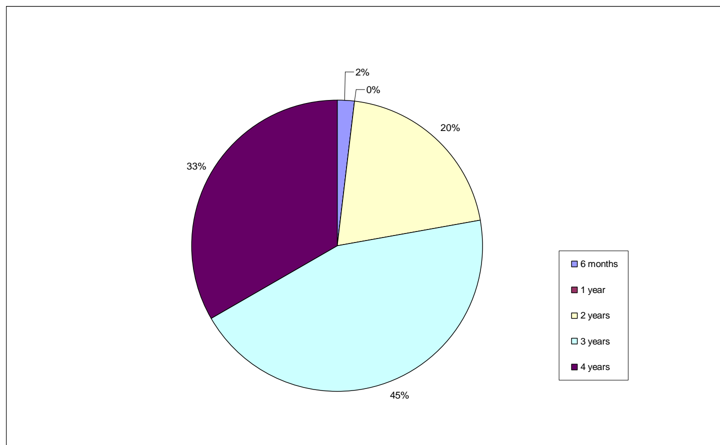

Figure 4.21: Duration of professional somatology degree (n=54)

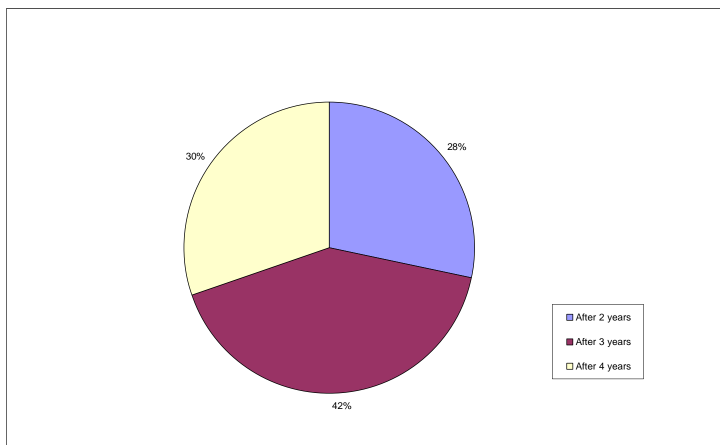

Figure 4.22: Proposed exit level of the somatology degree (n=54)

Figure 4.23 and 4.24 indicate the respondents' view on the practical treatments and theory content that should be included in a professional somatology degree. The practical treatments that are currently included in the somatology curriculum seem to satisfy the need of the respondents, as all the proposed treatments received between 6% – 8% positive responses. None of the respondents indicated that any of these treatments should be excluded from the training. One respondent indicated that permanent make-up should be included into the practical component and another respondent indicated that stress management should be incorporated into the practical component of the course.

As in the case of the practical component, the theory content of the current curriculum also seems to satisfy the respondents. All the proposed theory components received between 5% - 7% positive responses. The slight deviation in percentage between the different practical and theory components could indicate that they seem to be equally important to the respondents. This could mean that the current curriculum for somatology, offered in South Africa, satisfies and addresses the needs of the different stakeholders in the profession, as no specific extra needs were identified by the respondents.

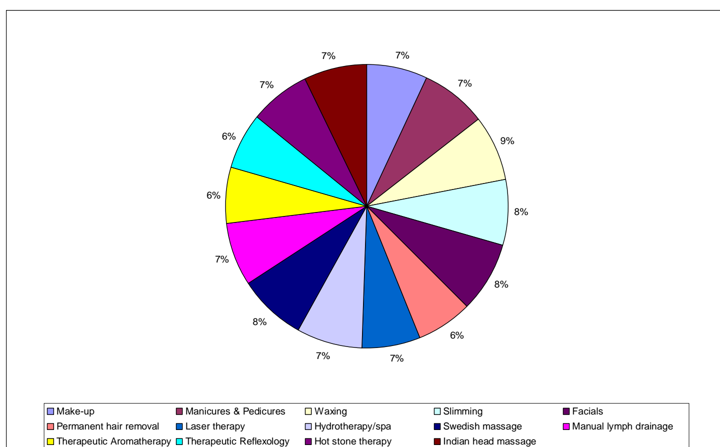

Figure 4.23: Proposed practical training to be included in the professional somatology degree (n=54)

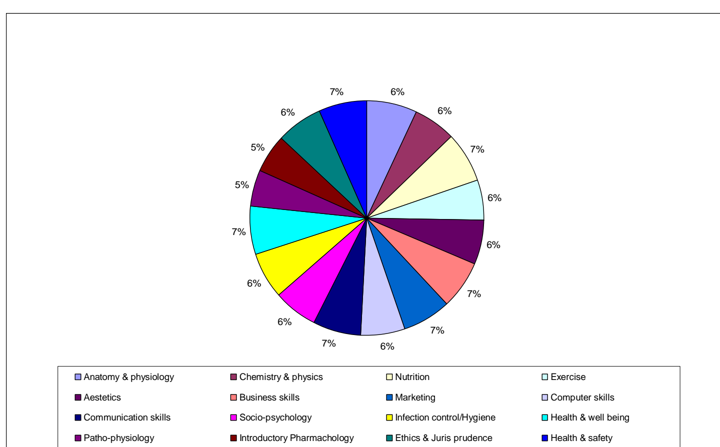

Figure 4.24: Theory to be included in the professional somatology degree (n=54)

According to table 4.2, 71.7% of the respondents indicated that therapeutic aromatherapy should be included in the somatology course, 70.6% indicated that therapeutic reflexology be included, and 82.4% indicated that therapeutic massage be included. Thus, to summarize, an average of 74.9% of all respondents to these three questions felt that the above mentioned components should be included in the somatology course.

Currently, graduates from the somatology course have to complete separate qualifications, in other words "Stand alone diplomas", in either therapeutic aromatherapy, therapeutic reflexology or therapeutic massage in order for them to receive recognition and be registered with the AHPCSA (Drake-Hoffmann, 2006: Personal communication). All five HEIs offer the same syllabus as the Stand alone Diplomas (Universities of Technology, 2007: Personal communication), however, due to the fact that these modalities are incorporated within the three year syllabus, these graduates do not receive recognition, and are only allowed by the AHPCSA to practice aromatherapy, reflexology and/or massage without the therapeutic benefits (only for relaxation purposes).

Table 4.2: The somatology degree (n=54)

Statement	**Positive responses**	**Negative responses**
Therapeutic Aromatherapy should be included in the somatology degree	71.7%	28.3%
Therapeutic Reflexology should be included in the somatology degree	70.6%	29.4%
Therapeutic Massage should be included in the somatology degree	82.4%	17.6%
Proposed names for the qualification: • Somatology 26% • Professional degree somatology 9% • Professional somatology 9% • Wellness Science 6%		

Figure 4.25 provides the percentage of respondents who felt that they had a need for short courses. With 85% of the respondents that replied positively to this question, it is clear that there exists a huge need for short courses. On the question of which type of short courses, 31% of the respondents indicated that they had a need for short courses in new equipment and new technologies. This could be due to the fact that technology and equipment evolve frequently and there are always development opportunities for therapists to extend their skills beyond the basics (McGuinness, 2007). In a survey conducted by HABIA in 2006 in the United Kingdom, all sectors indicated the need for further training in both technical and business skills. Improved selling skills were a priority to all sectors (Habia, 2006). The need for short courses in business skills was not identified by the South African respondents, probably because business skills are already covered in the current curriculum offered by training institutions.

Access to ideas and information is essential to keep up to date with new developments in knowledge, understanding, technical skills and procedures (Hull, 2000). It is important that everybody working in a profession should remain alert to new ideas, techniques and developments in the specific profession and thereby update knowledge and skills through reading and attending courses (Taylor, 1996). The professional somatologist needs to stay in touch with the latest developments in their field in order for them to offer their clients the optimum in treatments as well as products. Therefore, Continuing Professional Development (CPD) might be a future option. The somatology industry is driven by advances in technology, which constantly leads to the introduction of new techniques and equipment. This requires trainers and those already working in the field of somatology to continually update their skills in order to stay at the cutting edge of practice and client demand (Habia, 2006).

Continuing professional development is the continuing education and training of health and other professionals in order to upgrade knowledge and skills to promote the profession and enhance patient care. In South Africa, CPD is administered by Professional Boards registered with the Health Professions Council of South Africa (HPCSA). According to the CPD guideline, health professionals must accumulate at least

30 continuing education units (CEUs) per year or 60 CEUs over 24 months, which will be valid for a period of two years from date of accrual. Each health professional needs to keep a personal portfolio of all CPD activities attended. The HPCSA makes random audits to determine whether professionals have accumulated the required number of CEUs (School of Health Technology, 2006).

In America, it has been recognized that cosmetology is a career that requires years of continuing education. Professionals must keep abreast of the latest beauty techniques, newly developed products and expand their services in order to meet their clients' needs. Training is provided through workshops and demonstrations at salons, cosmetology schools or industry trade shows (U.S. Bureau of Labor Statistics, 2006). In a study carried out by HABIA in 2000, it was found that salon owners complained that young recruits were not familiar with equipment, products, or the wide demand for treatments. The sheer diversity of both equipment and products within the industry was highlighted and it was emphasized that college training was intended to provide an underpinning knowledge and broad skills. However, additional training either by induction or with product houses was highlighted (Berry-Lound *et al.*, 2000).

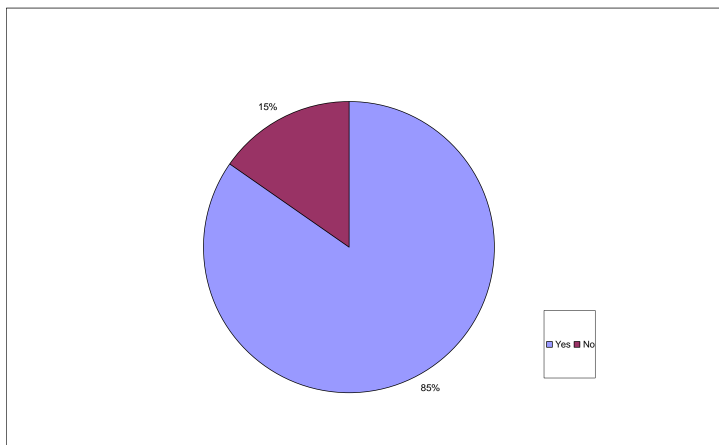

Figure 4.25: Need for short courses by respondents (n=54)

4.2.5 Referral trends between somatologists and the medical profession

Table 4.3 indicates the general referral trends that existed between the respondents and medical professionals and/or complementary health professionals. Most (71.2%) respondents indicated that they had clients referred by medical professionals, and 61.5% had clients referred by complementary health professionals. Of the 54 respondents, 66% had a professional referral relationship with medical and/or complementary health practitioners.

Table 4.3: General referral trends (n=54)

Statement	Positive responses	Negative responses
Clients referred by the medical profession	71.2%	28.8%
Clients referred by the complementary health profession	61.5%	38.5%
Professional referral relationship with medical/complementary health practitioners	66%	34%

4.2.6 Registration with a statutory body

Figures 4.26 to 4.29 reflect the knowledge and attitude of the respondents towards a statutory body. Approximately two thirds (65%) of the respondents indicated that they knew the function of a statutory body, 57% were registered with a statutory body, and 82% of these respondents indicated that they were registered with SAAHSP. However, SAAHSP is a professional body and not a statutory body. This clearly indicates that the respondents who indicated that they were affiliated with a statutory body but named SAAHSP were not well informed on what a statutory body entails. The difference between an association and a statutory body is that an association is usually a non-profitable organization that exists to further a particular profession. An association exists to protect the public by maintaining and enforcing standards of training and ethics in the profession, but also protect the interests of the professional members of the association

(Wikipedia, The Free Encyclopedia, 2008), whereas a statutory body is a government-appointed body set up to give advice and be consulted for comment upon development plans and planning applications affecting matters of public interest (Planning Portal, 2008).

Most of the respondents (65%) indicated that they were affiliated with a statutory body, whereas 35% were affiliated with a non-statutory body. Due to the fact that 82% of the respondents indicated that they were affiliated with SAAHSP contradicts the affiliation with a statutory body, thus the percentage could effectively be reduced.

Of the 22 respondents that were not registered with a statutory body, 41% indicated that the reason for not being affiliated was that being registered with a statutory body provided no benefits and 32% did not know what a statutory body was. This shows that there is a need to educate stakeholders in the somatology profession, as well as students currently busy with their studies, on the function and duties of a statutory body. Without sufficient knowledge, stakeholders can not make an educated decision on whether they want to be registered with a statutory body or not. The lack of knowledge could influence the results and outcome of the questionnaire with reference to registration, and therefore not reflect the true view of the respondents.

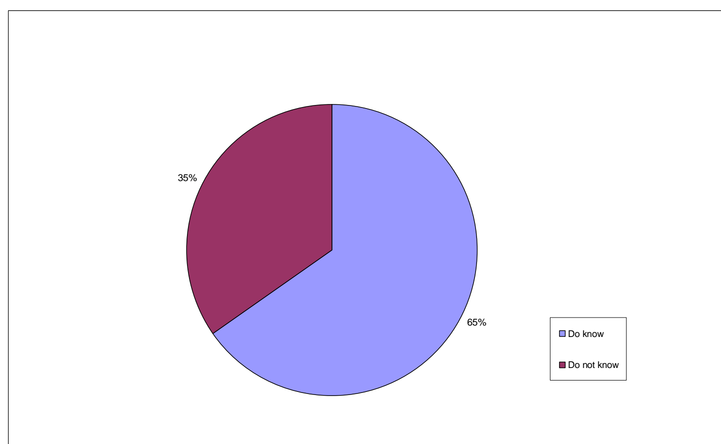

Figure 4.26: Level of knowledge by respondents of a statutory body

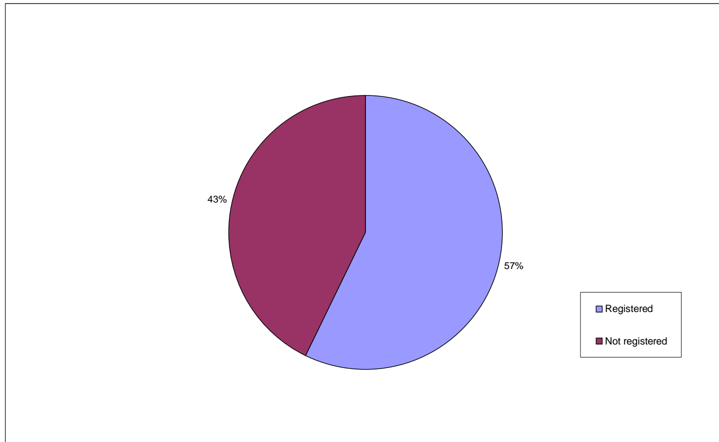

Figure 4.27: Respondents' current registration trends with a statutory body (n=54)

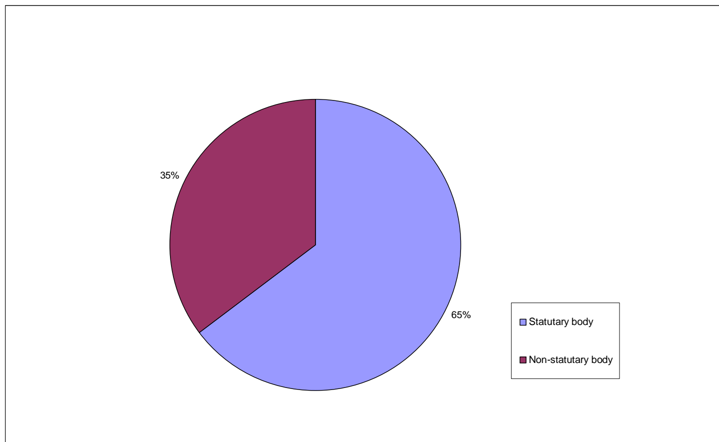

Figure 4.28: Respondents' current affiliation with a statutory body (n=54)

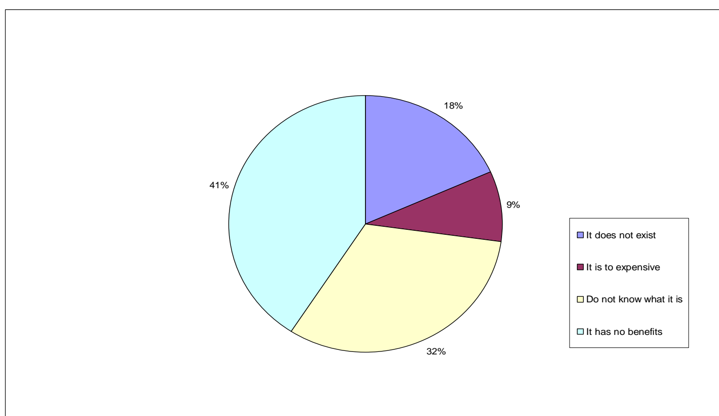

Figure 4.29: Respondents' reasons for not being affiliated with a statutory body (n=22)

Figure 4.30 reflects the respondents' perception of the importance for professional somatologists to register with a statutory body. Figure 4.31 indicates the choice of the respondents regarding the statutory body with which registration should occur. Three quarters (75%) of respondents felt the need that professional somatologists should register with a statutory body. Half (48%) of the respondents felt that registration with a statutory body will provide uniformity in the industry as well as keeping control of and safeguarding the expected high standards. The AHPCSA was the statutory body of choice of 54% of the respondents and 46% of the respondents indicated that somatologists should register with the HPCSA.

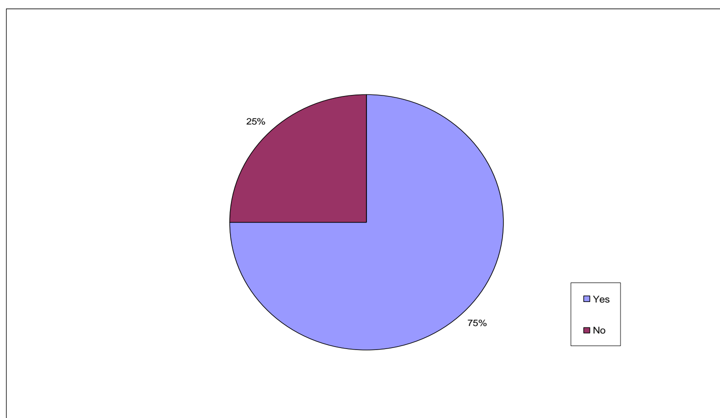

Figure 4.30: The importance for professional somatologists to register with a statutory body (n=54)

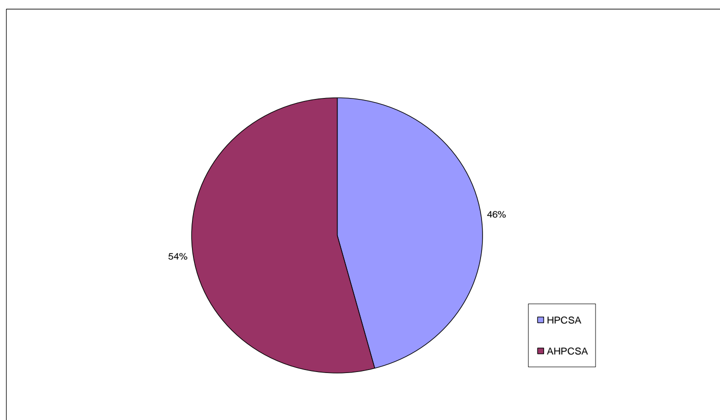

Figure 4.31: Respondents' statutory body of choice (n=54)

Figure 4.32 provides the percentage of respondents who indicated that somatologists should establish their own register with a statutory body. Most of the respondents (93%) indicated that somatologists should establish their own register with the statutory body of choice, namely the AHPCSA (figure 4.31). Currently, a separate register for somatologists with any statutory body does not exist and this clearly indicates the need for the establishment of somatologists' register.

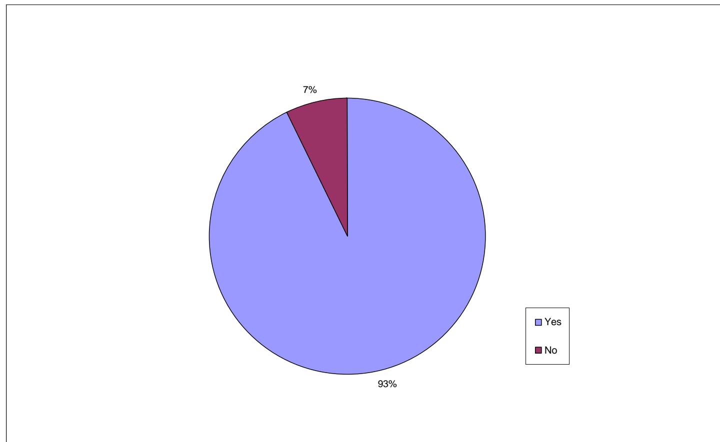

Figure 4.32: Need for the establishment of a somatology register (n=54)

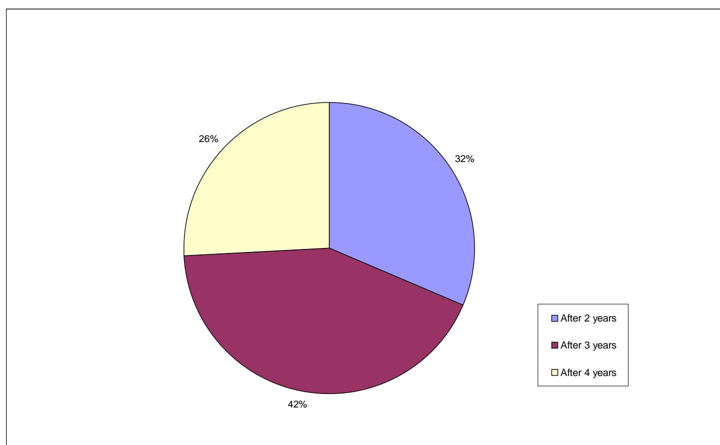

Figure 3.33: Level of registration with the somatology register (n=54)

Figure 4.33 indicates that 42% of the respondents felt that the level of registration should be after three years. This would imply that only somatologists that have completed a three year course can register and that will exclude candidates who qualified at some private institutions that only offer a two year qualification. However, 31% of the

respondents indicated that the level of registration should be after two years. In order to establish a register and to register with a statutory body, the profession will have to adhere to a number of criteria set apart by the statutory body of choice.

4.3 CONCLUSIONS

Based on the feedback received form the respondents the following conclusions were made:

- **Geographic information**
  Most respondents (52%) were from the Northern Cape province with Cape Town (35%) the city with the highest response to the questionnaire. Half (50%) of all salons are situated in sub-urban areas.
- **Demographic information**
  The profession somatology is dominantly practiced by females, speaking both Afrikaans and English, between the ages of 20-35 years.
- **Qualifications obtained**
  Most respondents have a National Diploma in Somatology and the major training providers are Universities of Technology (60%) with the CIDESCO international diploma (24.9%).
- **Salary**
  Professionals in the somatology industry mostly receive a set monthly salary that ranges between R49 000 – R72 000 average per annum.
- **Employment**
  Professional somatologists are mostly (59%) employed at Beauty Clinics or Spa's, located in shopping malls (42.3%). Treatments provided by these professionals cover the whole spectrum of beauty treatments with waxing, massage, facials and slimming the highest.
  Job satisfaction is experienced by most (90%) in the industry with a clear career path.
  It was indicated that job satisfaction could be improved by better working hours and improved knowledge on new technologies and products available in the field. The

lack of knowledge could be addressed by incorporating short courses or Continuing Professional Development.

- **Professional training in the somatology profession**

Training in the somatology profession should be provided by Universities of Technology and registered private providers. The duration of the training should be a three year full time course with and exit level only after three years. Respondents indicated that they are satisfied with the current theoretical and practical training provided, however, it was indicated that therapeutic aromatherapy, therapeutic reflexology and therapeutic massage, should also be incorporated in the professional training of somatologists.

- **Referral trends between somatologists and the medical profession**

Curently there exists a good referral relationship between somatologists and the medical profession (66%). Most (71.2%) of the respondents received clients referred by the complementary health profession.

- **Registration of the somatology profession**

Currently there is a lack of knowledge amongst qualified somatologists, regarding the function of a statutory body. Some respondents indicated that the association that they belong to, as a statutory body. There exists a need for registration with a statutory body within the profession and the statutory body of choice is AHPCSA.

The need for a separate register for somatology under a statutory body was clearly indicated, with the level of registration with the somatology register at exit level three on the Higher Education Qualifications Framework.

RESULTS AND DISCUSSION OF MEDICAL PROFESSIONAL QUESTIONNAIRE

5.1 BACKGROUND

The content of the medical professional questionnaire was aimed at seeking quantitative information from participants regarding their referral trends to somatologists and their view on registration of somatologists with a statutory body. The questionnaire explored the respondents' viewpoint through closed-ended questions. The following categories were included:

* Geographic information
* Demographic information
* Referral trends between medical professionals and somatologists

In one category, qualitative information was gathered from the respondents through open-ended questions.

At the time the questionnaire was distributed, 504 dermatologists, plastic surgeons and oncologists were registered with the Health Professions Council of South Africa (HPCSA) (Health Professions Council of South Africa, 2005). A total of 200 medical professionals were randomly selected and questionnaires were mailed to the selected participants. A total of 50 questionnaires were returned; 46 (23%) could be analysed and four (2%) were spoiled. The results are presented in the same sequence as the questions appear in the questionnaire.

5.2 RESULTS AND DISCUSSION OF QUESTIONNAIRE

5.2.1 Geographic information of respondents

Figures 5.1 to 5.3 indicate the geographic information of the medical respondents. Few (2%) of the respondents were located in rural areas, 9% in sub-urban areas, and 89% were located in urban areas. Seven out of the nine provinces in South Africa were represented. Limpopo and Northern Cape provinces had no respondents. Gauteng province had the most respondents (36%), followed by the Western Cape (29%), and the least respondents from the North West (2%). Thirteen cities and towns were represented with the highest response from Cape Town (18%), 16% from Pretoria, 16% from Johannesburg, and the third most from Bloemfontein (13%). The other cities and towns had 9% or less respondents. The geographical distribution of the respondents indicated that the respondents were representative of a wide spectrum of medical professionals practicing mainly in urban areas located in the bigger cities of South Africa (Cape Town, Pretoria, Johannesburg and Bloemfontein).

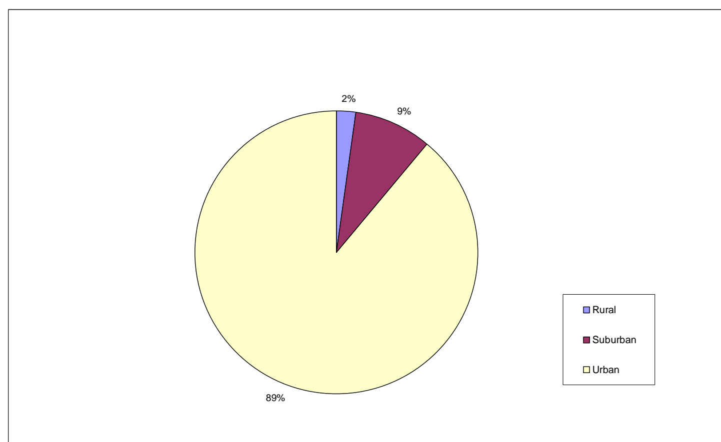

Figure 5.1: Medical respondents' locations of practice (n=46)

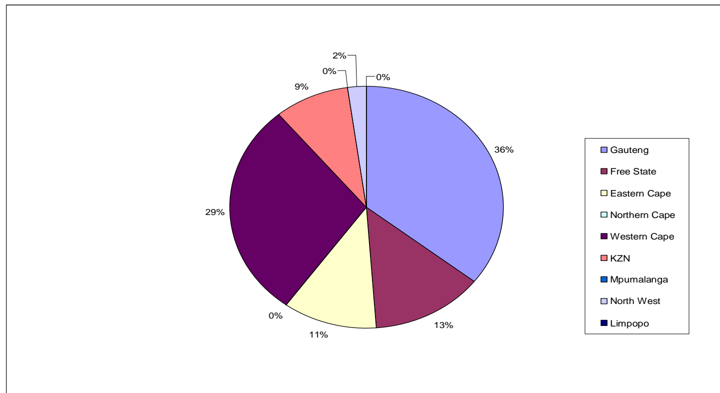

Figure 5.2: Provinces where medical respondents were situated (n=46)

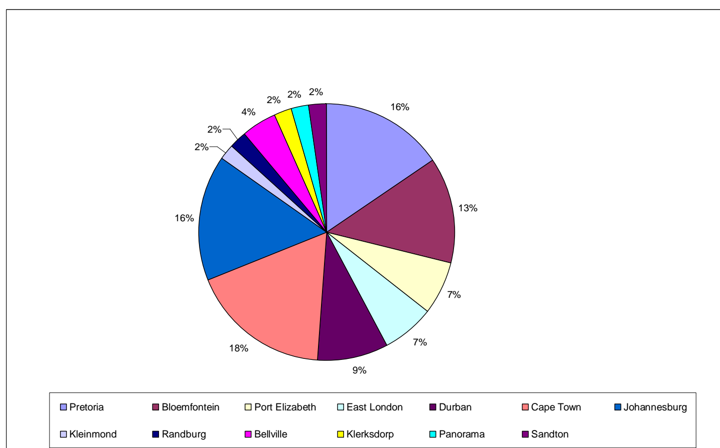

Figure 5.3: Cities and towns represented by medical respondents (n=46)

5.2.2 Demographic information of respondents

Figures 5.4 and 5.5 indicate the gender and age distribution of the medical respondents. Most (73%) respondents were male and 27% were female. Most respondents (44%) were aged between 46 and 55 years with the least respondents between 31-35 years (7%). Most (84%) respondents were aged 41 years and older. The results thus indicated that the respondents represented a large age group.

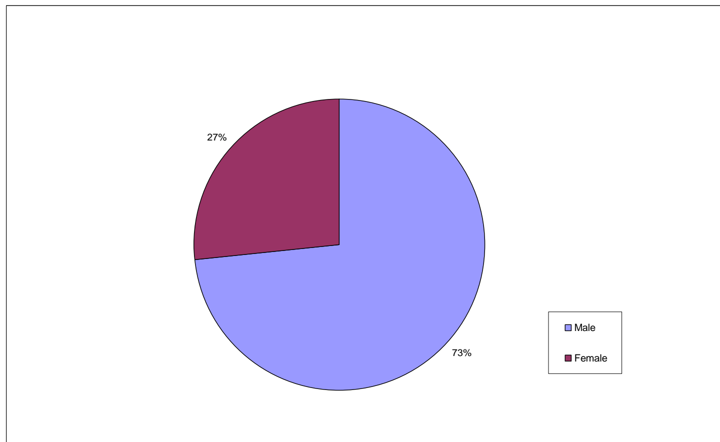

Figure 5.4: Gender of medical respondents (n=46)

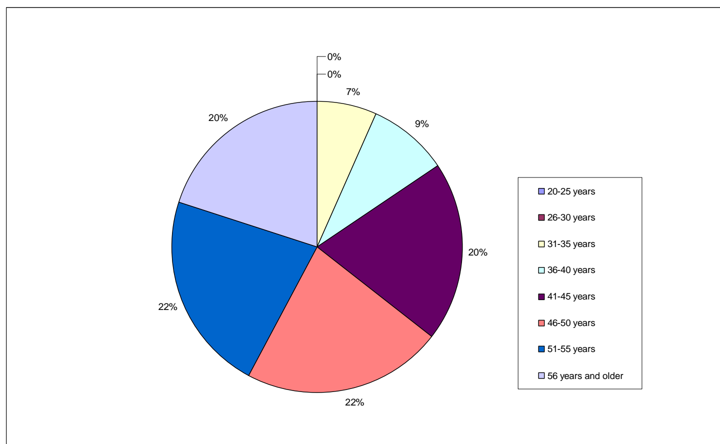

Figure 5.5: Age distribution of medical respondents (n=46)

As indicated in Chapter 4 (figure 4.6), a variety of ethnic groups exist in South Africa, with 11 official languages spoken in this country. It is interesting to note that 98% of the respondents indicated that their home language was either English (58%) or Afrikaans (40%). None of the respondents indicated that they spoke any of the indigenous languages. Only one respondent (2%) indicated his/her home language was not one of the 11 official South African languages.

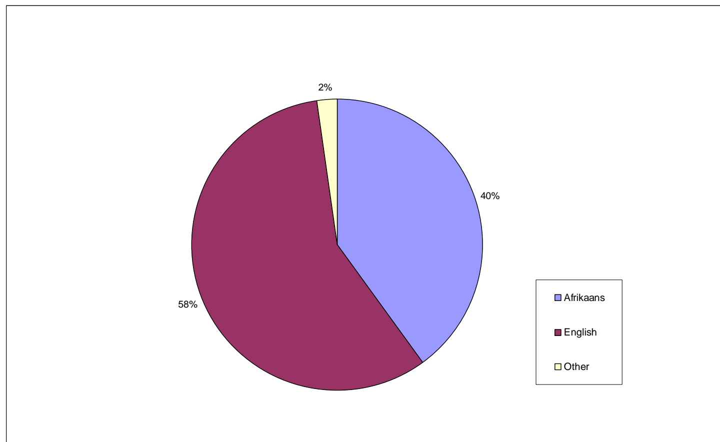

Figure 5.6: Home language (n=46)

The percentage distribution of the qualifications obtained is given in figure 5.7. The questionnaire was sent to medical professionals in the field of dermatology, plastic surgery and oncology. Most (41%) respondents were dermatologists, 30% plastic surgeons and 28% of the respondents indicated other qualifications. The other qualifications could account for oncologists, as there was no choice given for oncologists in question seven (Addendum 3). The qualification distribution of the respondents thus indicated that the respondents evenly represented the three chosen fields of specialization; those medical professionals who are more likely to utilize the services of somatologists (Warfield, 1997).

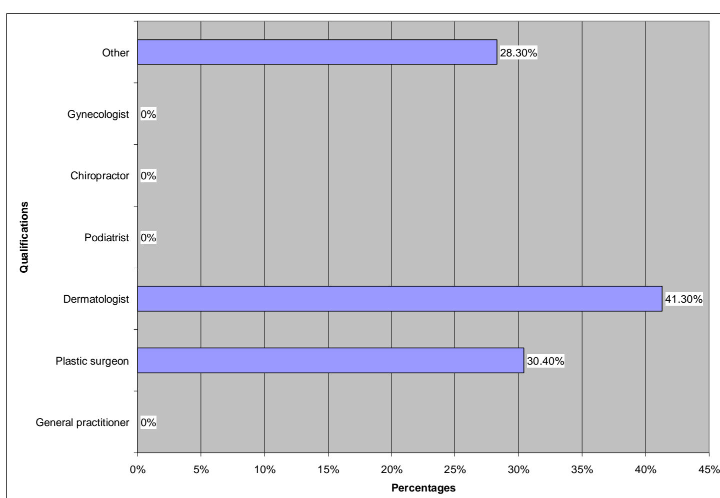

Figure 5.7: Qualifications of medical respondents (n=46)

5.2.3 General referral trends between medical professionals and somatologists

Figures 5.8 and 5.9 indicate the general referral trends, as well as the frequency of referral, that existed between medical professionals and somatologists at the time of the study. Most (61%) respondents indicated that they did not refer their patients to somatologists, and 39% referred patients to somatologists. Of the 46 respondents, 18 (39%) indicated a referral frequency to somatologists of more than once a month, 17% referred patients once a month, and 17% referred patients once in six months. It could thus be deducted that those medical professionals that do refer their patients, had a high regard for concomitant services and assistance that somatologists could provide to patients. Somatologists could provide a wide range of complementary treatments to referred patients. In the case of a referral by dermatologists, somatologists could, during the course of a skin treatment, educate the patient on dermatological conditions, treatment options, as well as what can exacerbate the patient's condition (Warfield, 2001). Plastic surgeons could expect a somatologist to fulfil a vital role in raising awareness of the various cosmetic procedures available (McGuinness, 2007), as well as assisting in the development of a plan for continued home care (Warfield, 1997). Therefore, it could be said that it is professionally worthwhile for medical professionals to refer patients to somatologists. However, this issue requires more attention and somatologists should start reaching beyond traditional marketing techniques, in order to expand their referral network. This referral base could include chiropractors, dermatologists, plastic surgeons and nutritionists, for it could be a mutually beneficial way to increase clientele (Gerson, D'Angelo & Lotz, 2004).

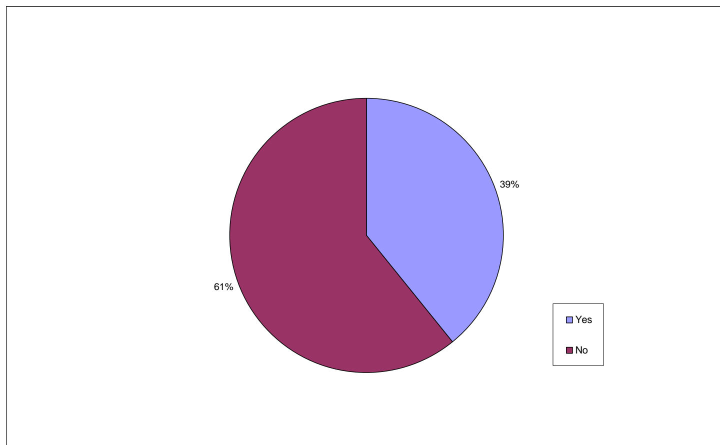

Figure 5.8: Medical respondents' referral to somatologists (n=46)

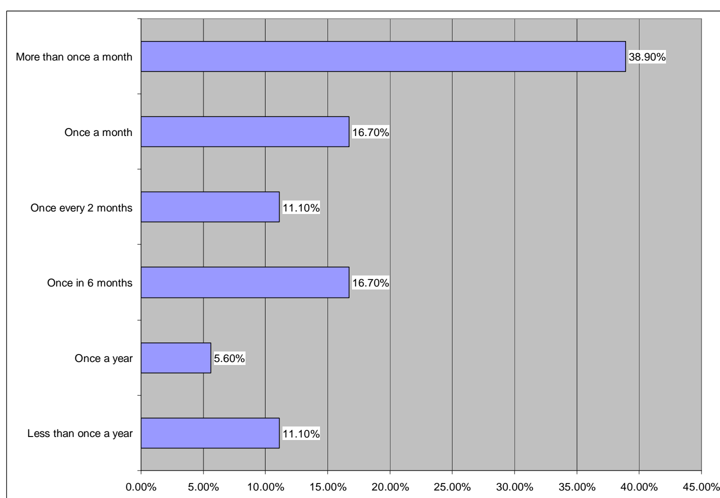

Figure 5.9: Frequency of referrals to somatologists (n=46)

The type of treatments for which medical professionals referred their patients to somatologists is summarized in table 5.1. A wide spectrum of treatments provided by somatologists was utilized by the respondents. Currently, a qualified somatologist is able to provide all treatments mentioned, with the exception of permanent make-up and IPL hair removal. For these two treatments, somatologists have to complete separate courses after the obtaining a somatology qualification. However, training in these treatments are provided in the current B-Tech degree at Tshwane University of Technology (TUT) (Teixeira, 2008: Personal communication). This lack of training identified through the

responses received should be kept in mind whilst re-curriculating the somatology course for the new Higher Education Qualification Framework (HEQF).

Table 5.1: Medical respondents' treatment of choice for referral to somatologists (n=46)

Treatment provided by somatologists	Referral %
Lymph drainage / aromatherapy / reflexology / stress management	24.2
Acne treatment / deep cleanse / removal of comedones	24.2
Permanent make-up / scar improvement / endermology	21.2
IPL hair removal / chemical peels / dermabrasion / anti-age treatments	18.2
Cosmetic products / make-up advice / post-operative analgesia	12.1

Figure 5.10 reflects the responding medical professionals' views on registration with a council/statutory body for somatologists. The majority (89%) of respondents indicated that somatologists should register with a council/statutory body, while 11% indicated that it was not necessary for somatologists to register.

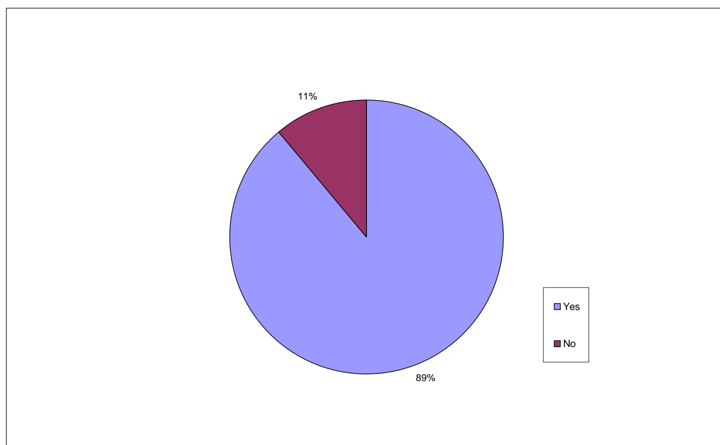

Figure 5.10: Medical respondents' view of somatologists registration with a council (n=46)

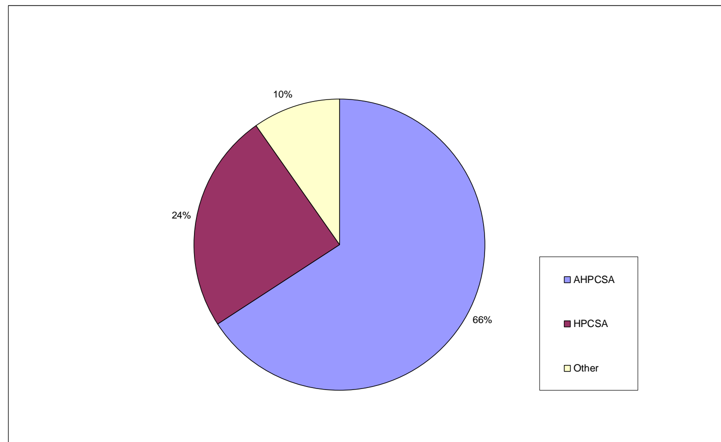

Figure 5.11: Medical respondents' choice of council for somatologists (n=46)

The statutory body of choice by medical professionals for somatologists is reflected in figure 5.11. Two thirds (66%) of the respondents indicated that somatologists should register with the Allied Health Professions Council of South Africa (AHPCSA) and 24% of the respondents indicated registration with the Health Professions Council of South Africa (HPCSA). Currently, most professionals (such as chiropractors, homeopaths, naturopaths, acupuncturists, therapeutic aromatherapists, therapeutic reflexologists, etc.) that provide complementary therapies practice under the jurisdiction of the AHPCSA (The Allied Health Professions Council of South Africa, n.d). The fact that 66% of the respondents indicated that somatologists should register with the AHPCSA, could thus imply that medical professionals place somatologists in the same category as professionals providing complementary therapies. The AHPCSA was also the statutory body of choice for registration from the feedback obtained by respondents in the somatology industry (see Chapter 4). Due to the fact that somatologists are currently not registered with any statutory body, the AHPCSA would thus be regarded as the preferred statutory body of choice by both medical professionals and somatologists. It could therefore be expected that, when the somatology profession opens a register with a statutory body, it would be with the AHPCSA.

5.3 CONCLUSIONS

Based on the feedback received by medical professionals, the following could be concluded:

- Only 39% of medical professionals, practicing in the fields of plastic surgery, dermatology and oncology, utilized the services of somatologists. Of these, most respondents (37%) referred patients to somatologists more than once a month.
- Medical professionals referred patients to somatologists for a wide range of treatments, with stress management, massage treatments and facial treatments as the main treatments (24.2%) of choice.
- Most medical professionals (89%) indicated that somatologists should register with a statutory body. The respondents (66%) indicated the AHPCSA as the statutory body of choice.

CHAPTER 6

A POSSIBLE FRAMEWORK TO POSITION THE SOMATOLOGY PROFESSION FAVOURABLY IN SOUTH AFRICA, CONCLUSIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

Somatology is a relatively new profession in South Africa. It has thus not been researched to a large extent. There exists a need for some investigation into the success of the profession in South Africa.

In South Africa, training for somatologists is provided by private providers, offering either a two or three year diploma qualification, as well as Universities of Technology (UoTs) offering a three year national diploma qualification. However, consistency between the qualifications offered by the different institutions, do not exist and this has lead to confusion regarding the qualification somatology. Clarity regarding training provided by these providers and the content of the different qualifications was thus necessary.

Under the current qualification framework for somatology there exists a number of training options (figure 6.1). With the new Higher Education Qualifications Framework (HEQF), the playing field will be more even, as all institutions, private providers and UoTs, will have to adhere to the level descriptors provided by the HEQF. This implies that all institutions, private providers and UoTs will have to ensure that the qualifications offered conform with the HEQF regarding the NQF level, credit values, outcomes and exit level.

Currently, private providers that are registered and accredited by the Professional Accreditation Body for Health & Skincare industry (PAB) offer three different options for those who would like to qualify in the field of somatology. Learners may enrol for a three year course, obtaining a diploma in somatology, with an exit level only after three years, which include both theoretical and practical components in somatechniques. A two year course, also resulting in the obtainment of a diploma in different sectors of the

beauty industry, with an exit level after two years, including theoretical and practical components in beauty therapy, is another option available to prospective learners. Furthermore, stand alone diplomas, with an exit level after one year, in therapeutic aromatherapy, therapeutic reflexology and therapeutic massage are offered by registered private providers (refer to Chapter 2 pages 8 and 9).

Universities of Technology accredited with the Council for Higher Education (CHE) all offer a three year course with an exit level after 3 years where after a National diploma in somatology is obtained. The training provided by UoTs includes theoretical and practical components of somatechniques, as well as training in aromatherapy, reflexology and massage for relaxation purposes. Thus, confusion regarding the training and qualifications offered might exist, especially with regard to the three year diploma offered by UoTs and registered private providers with regards to the aromatherapy and reflexology components already encompassed in the three year National diploma offered at UoTs.

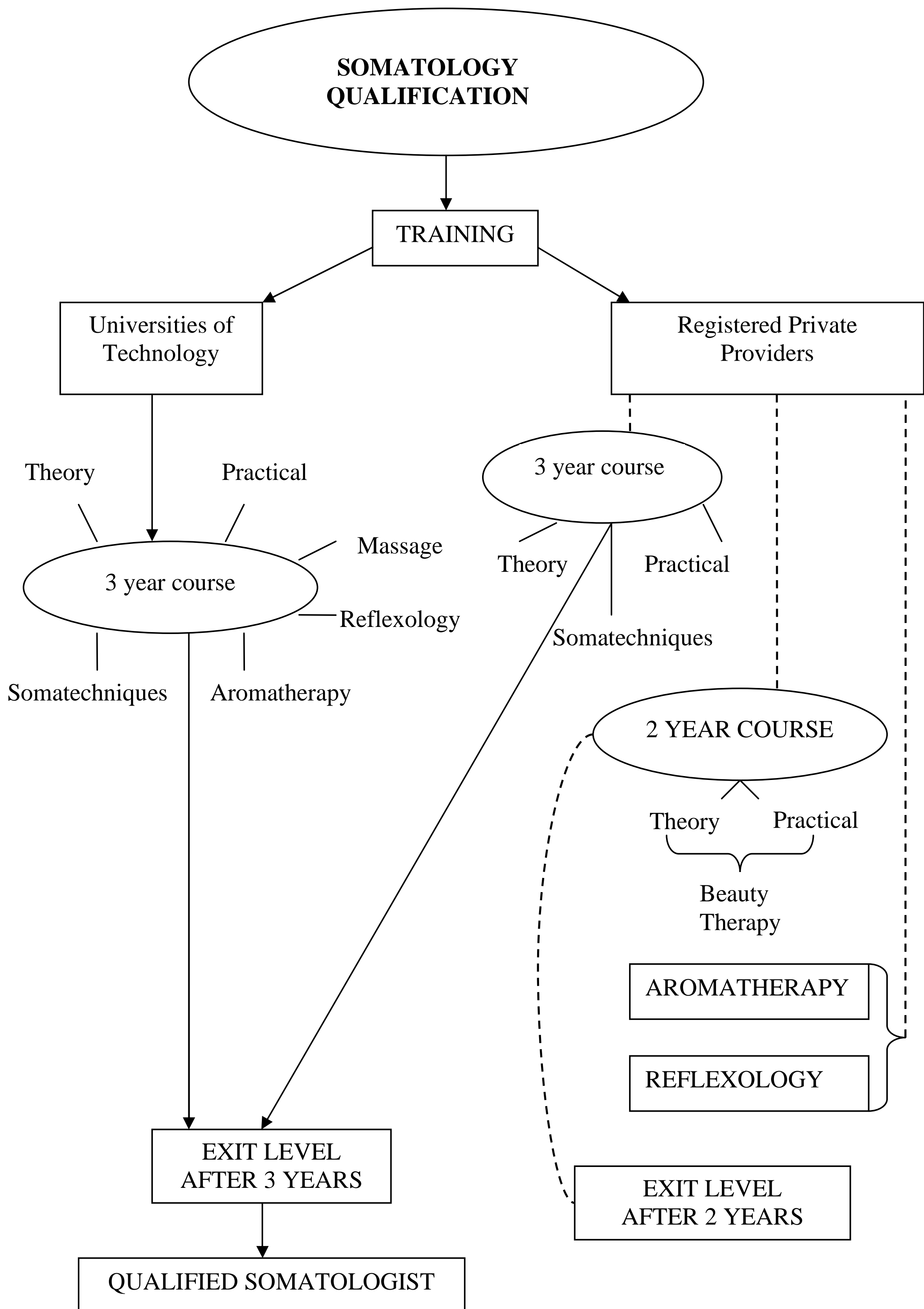

Figure 6.1 Current qualifications for somatologists in South Africa

From figure 6.1 it is evident that there exists a difference in the curricula offered for somatology in South Africa by different private providers and UoTs. The need to reposition and to propose aligned curricula is evident. In order to position the profession somatology favourably in South Africa, as well as obtaining the viewpoint from all stakeholders regarding the content of the qualification, as well as the question of whether somatologists should in future register with a statutory body, a questionnaire was compiled and distributed to all stakeholders in the profession. Based on the feedback obtained from the respondents, two concept frameworks (figures 6.2 and 6.3) were compiled by the researcher on the training provided for somatologists in South Africa and the registration of the profession somatology. These frameworks were benchmarked at a national somatology meeting held in Cape Town on 28 and 29 January 2008, where representatives off all the UoTs, offering the somatology qualification, were present.

6.2 CONCEPT FRAMEWORK FOR TRAINING SOMATOLOGISTS IN SOUTH AFRICA

From the feedback obtained through the questionnaires sent to all stakeholders in the somatology industry (addendum 2), the following concept framework, in line with the new Higher Education Qualification Framework (HEQF), on the future training provided for somatologists, was compiled (figure 6.2).

According to the feedback, most respondents indicated that the name of the qualification should be somatology. Two thirds (67%) of the respondents indicated that the preferred training institutions for the somatology qualification should be both UoTs as well as private providers registered with PAB.

The duration of the somatology course should be a three year full time course, as indicated by 44% of the respondents. The course should incorporate current theoretical and practical components. The respondents indicated that the somatology course should also include aromatherapy (72%), reflexology (71%) and massage (82%). With reference to figure 6.1, the training provided by UoTs should thus stay the same, however, the

training provided by registered private providers should change in order to incorporate the aromatherapy, reflexology and massage components, which are currently offered as stand alone diplomas by private providers. This would imply that the current curriculum offered by private providers, would have to be adjusted.

The proposed exit level for the somatology qualifications should be after three years. After completion of the three year somatology course offered at UoTs and registered private providers, the learner will exit and receive a diploma in somatology at NQF level 6. The learner will be able to practice somatology as a fully qualified somatologist. The proposed duration, exit level and qualification obtained, for future training of Somatologists in South Africa, will therefore be in accordance with the new HEQF.

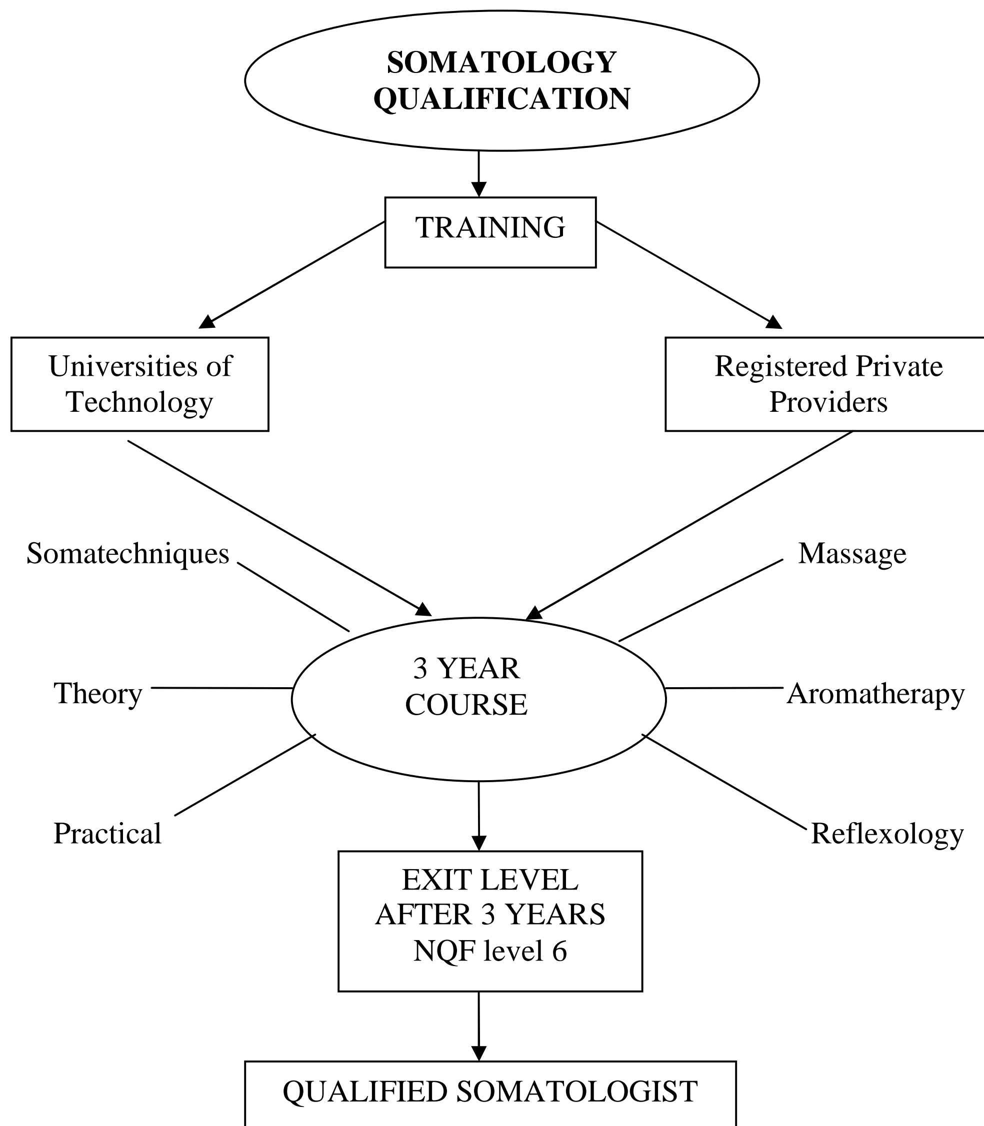

Figure 6.2 Concept framework for training somatologists in South Africa

6.3 CONCEPT FRAMEWORK FOR THE REGISTRATION OF THE PROFESSION SOMATOLOGY

Currently, a register for qualified somatologists does not exist with either the Health Professions Council of South Africa (HPCSA) or the Allied Health Professions Council of South Africa (AHPCSA). The absence of such a register has lead to the question of whether somatologists would like to be registered with a statutory body and if so, with which statutory body, who would be allowed to register and what would be the advantages and disadvantages of such a registration.

According to the feedback obtained from the stakeholders in the somatology industry, 75% of the respondents felt a need exists for somatologists to register with a statutory body. The statutory body of choice indicated by somatology respondents (54%) as well as medical professionals (66%) was the AHPCSA. Thus, a concept framework (figure 6.3) for the registration of the profession somatology, was developed.

Furthermore, the need for the establishment of an association for somatologists was identified through the responses received by the respondents. Therefore, it was proposed that a professional association for somatologists should be established. Qualified somatologists, thus those with a diploma in somatology (3 years), as well as somatology students, registered for a diploma in somatology (3 years), should be able to join and register with the association.

The establishment of an association should ideally be driven by stakeholders in the profession and should be representative of all the different provinces. The association should exist to manage the profession, control those practicing under the name somatology and accredit businesses offering the services of somatoligists, as indicated by the feedback received from the respondents. The need for short courses, as indicated by 85% of the respondents, could, in addition, be driven by the association, allowing the association to play an important role in providing and also possibly controlling Continued Professional Development (CPD) in the profession.

According to the Advanced Association of Beauty Therapists (AABTh) (Advanced Association of Beauty Therapists, 2004) in Australia, the benefits of belonging to an association, amongst others, are that if only qualified somatologists gain full professional membership, the public would be made aware of the knowledge and skills of such a member. Workshops and seminars could be provided by the association to keep abreast of current beauty procedures and information, including lectures from the medical profession, surgeons, cosmetic surgeons and dermatologists. Seminars could also provide the ideal platform for post-graduates to present papers on research done in the field (meeting held in Johannesburg HESIG 28, 29 Aug 2008).

According to the proposed framework, the association could serve as a link between the industry and AHPCSA. Somatologists registered with AHPCSA, attending short courses, provided by the somatology association, could receive CPD points or CEUs as provided by the HPCSA. Those with a 2 year qualification could be allowed to attend courses but they would not receive any CPD points, as they will not be required to register with the AHPCSA. Continuing professional development is the structured and regulated form of lifelong learning in professional education and is practiced among a variety of professionals (Brand, 2006). Everyone working in a profession should remain updated in new ideas (McGuinness, 2007), new technologies and developments, and this is also very important for the somatologists, as the field evolves and new technologies and techniques emerge continuously. Thus, CPD not only focus on new developments, but could also address shortcomings identified in the workplace. Programmes could be evaluated by means of a credit system, whereby a prescribed number of credits must be accumulated within a time period or prescribed hours spent on CPD activities such as reading up on a topic or a portfolio system for measuring CPD activities (Brand, 2006).

All qualified somatologists with a three year diploma should register with the AHPCSA, the statutory body of choice, as indicated by the respondents. Currently there are registers for therapeutic aromatherapy, therapeutic reflexology and therapeutic massage, however, no register exists under which qualified somatologists can register. According to the feedback obtained, 93% of the respondents indicated that somatologists should

establish their own register under the AHPCSA. Thus, due to the lack of a separate register for somatologists under the AHPSCA, the association should be the link between the industry and AHPCSA and therefore drive the registration of a separate somatology register under the AHPCSA. The association should provide stakeholders with feedback on the registration process etc. Clear guidelines for the establishment of a new register under the AHPCSA exist, and are available from the registrar of the AHPCSA.

At a National Somatology meeting on 28 and 29 August 2008 in Johannesburg, where members of the Higher Education Somatology Interest Group (HESIG) were present, it was decided that all UoTs should establish their own branch of the Somatology Association. Thus, branches should exist in Cape Town, Durban, Bloemfontein, Johannesburg and Gauteng. The different branches should pioneer the way for the first Somatology Association in South Africa. Each branch should aim to reach out to qualified somatologists in their region, educate them on the benefits of the association and thus gain members. Representatives of all the branches should communicate with each other, and once annually, a national seminar could be hosted for all members.

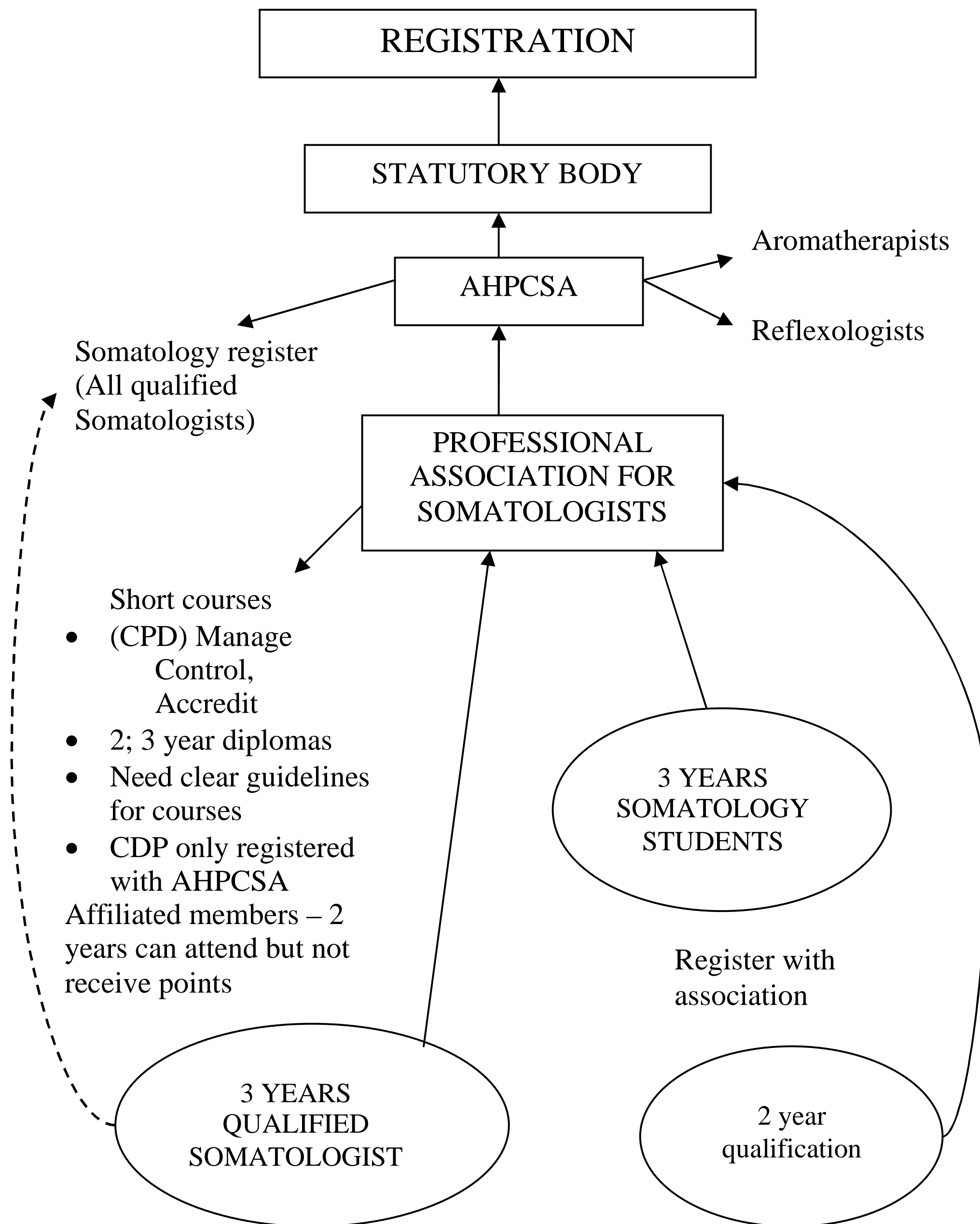

Figure 6.3 Concept framework for the registration of the profession somatology

6.4 CONCLUSIONS

In South Africa, the somatology profession is practiced by mainly Afrikaans and English speaking females, between the ages of 20 to 35 years. The qualification currently obtained by most somatologists are the National Diploma Somatology offered at Universities of Technology, with CIDESCO the international qualification of choice.

Somatologists in South Africa are mostly employed in beauty salons and spas, situated in shopping malls in sub-urban areas. Remuneration received by somatologists are mainly set monthly salaries, ranging from R49 000 to R72 000 per annum. Somatologists provide a wide range of beauty treatments, including aromatherapy and reflexology. Most somatologists experience job satisfaction, however, a reduction in the long working hours and days may increase current job satisfaction.

Currently in South Africa, a referral trend exists between somatologists and the medical profession, namely dermatologists, plastic surgeons and oncologists. However, most somatologists receive clients referred by complementary health practitioners. Thus, attention could be given to possible ways in order to enhance referrals received from medical professionals.

In order to position somatology as a profession more favourably in South Africa, the researcher developed two possible frameworks, based upon feedback received through the research study. In order to address the training provided for somatologists in South Africa, the following was suggested (figure 6.2):

Both registered private providers and UoTs should provide training for the qualification somatology. The qualification should consist of a three year full time course, aimed at NQF level 6, with an exit level after three years. Training should include practical and theoretical components of somatology, as well as aromatherapy, reflexology and massage. After completion of the course, a diploma in Somatology would be obtained, which would be in accordance with the new HEQF.

To facilitate the registration of the somatology profession, the following is suggested (figure 6.3):

A professional association for somatologists should be established, with whom all qualified somatologists, as well as enrolled somatology students, would be required to register. Possible activities and roles that the association could play, is indicated in the framework. Clear guidelines exist in order to establish a new register under a statutory body, which was indicated by respondents. In order to establish a somatology register under the AHPCSA, the statutory body of choice by respondents, the association would have to serve as the link and driving force between the stakeholders in the profession and the statutory body. By requiring qualified somatologists to register with the AHPCSA, under a somatology register, the profession somatology could be positioned more favourably in South Africa.

6.5 RECOMMENDATIONS

Based on the results of the research study and the feedback obtained from respondents, the following recommendations could be made:

From the feedback obtained by the respondents in the somatology industry, it was evident that there existed some confusion with regard to the role and function of associations and statutory bodies. Thus, the stakeholders in the somatology industry should be educated and informed on the differences of the afore mentioned.

Due to the fact that 75% of the respondents indicated that somatologists should register with a statutory body, with the establishment of a separate register for somatology under a statutory body (93%), attention should be given to the establishment of a somatology association, which could be the driving force behind the registration of the profession somatology with a statutory body.

Somatologists are multi-skilled professionals; therefore, they possess the skills and knowledge to treat a person holistically. Thus, somatologists could provide a variety of

treatments that could support treatments provided by medical professionals, especially dermatologists, plastic surgeons and oncologists. Unfortunately, based on the feedback obtained from medical professionals, only 39% indicated that they refer patients to somatologists. Therefore, if medical professionals were made aware of the treatments and specialized skills of a somatologist, together with the benefits that a somatologist could bring to the medical professional practice, more medical professionals would make use of the services of somatologists.

6.6 FUTURE STUDIES

At the time that the research was conducted, the new HEQF (October 2006) was not finalized or implemented. The researcher proposes that a follow-up study, after implementation of the new HEQF, be conducted to measure the impact thereof on the somatology profession.

The research project covered a wide range of aspects within the somatology profession. Further research could be conducted on specific aspects of the profession somatology (e.g. on the working conditions of somatologists, or an in depth study on job satisfaction in the profession).

6.7 SHORTCOMINGS

The response rate of the questionnaires mailed to somatologists was low. Only 13.5% of the mailed questionnaires were received and could be utilized for the study. Even though the response rate was low, sufficient information regarding the somatology profession was gathered.

From the feedback obtained by the respondents of the somatology questionnaire, it was evident that there was a lack of knowledge regarding who and what a statutory body was. This lack of knowledge could have influenced the feedback received.

6.8 REFLECTION

As a qualified somatologist with many years of experience in different specialized fields, the researcher experienced that the research project enriched her, not only as a person, but also increased her insight in the somatology profession. The researcher has gained tremendous insight and knowledge in the different legislative processes and matters regarding recurriculation in accordance with the new HEQC.

The research project and feedback received, reiterated the fact that the current training provided at UoTs are sufficient and what the stakeholders in the field of somatology regard as necessary and important. The feedback obtained, also provided valuable information regarding the way forward with the recurriculation of the qualification, in order to align it with the new HEQC and the implementation thereof. It was heart warming to notice that the majority of qualified professionals in the somatology industry experienced job satisfaction, however, the poor salaries and long working hours are a matter of concern.

It is expected that the outcomes of this research project will make a positive contribution to the somatology qualification, especially with regards to training received and the possible future registration of the qualification with a statutory body.

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ADDENDUM 1

QUESTIONNAIRE COVER LETTER

ADDENDUM 2

SOMATOLOGY INDUSTRY QUESIONNAIRE

Central University of Technology, Free State

CENTRAL UNIVERSITY OF TECHNOLOGY, FREE STATE
SENTRALE UNIVERSITEIT VIR TEGNOLOGIE, VRYSTAAT
YUNIVESITHI E BOHARENG YA THEKENOLOJI, FOREISTATA

FACULTY OF HEALTH AND ENVIRONMENTAL SCIENCES
School of Health Technology

QUESTIONNAIRE: PROFESSION SOMATOLOGY, CURRENT AND FUTURE TRENDS

Thank you for your participation by completing this questionnaire.
This questionnaire should take you approximately 15 minutes to complete.

The following sections are addressed:

SECTION A: GEOGRAPHIC INFORMATION
SECTION B: DEMOGRAPHIC INFORMATION
SECTION C: EMPLOYMENT
SECTION D: PROFESSIONAL TRAINING
SECTION E: REFERRALS
SECTION F: STATUTARY BODY

Please post the completed questionnaire as soon as possible, to reach us by **22 July 2006** at the latest.

Note:

- Mark your answer by making a cross in the appropriate block.
- Please print when commenting on an answer.
- Please be frank with your answers.

FOR OFFICE USE

1	2	3	4

SECTION A GEOGRAPHIC INFORMATION

1. LOCATION OF SALON

1.	RURAL	
2.	SUBURBAN	
3.	URBAN	

5

1 Park Road, BLOEMFONTEIN, 9301
Private Bag X20539, BLOEMFONTEIN, 9300
Tel No: +27(0)51 507 3126 Facsimile No: +27(0)51 507 3354
E-mail: mterblan@cut.ac.za

2. PROVINCE

1.	GAUTENG	
2.	FREE STATE	
3.	EASTERN CAPE	
4.	NORTHERN CAPE	
5.	WESTERN CAPE	
6.	KZN	
7.	MPUMALANGA	
8.	NORTH WEST	
9.	LIMPOPO	
10.	OUTSIDE SOUTH AFRICA	

6 7

3. SPECIFY TOWN

8 9

SECTION B DEMOGRAPHIC INFORMATION

4. GENDER

1.	MALE	
2.	FEMALE	

10

5. AGE GROUP

1.	20 – 25	
2.	26 – 30	
3.	31 – 35	
4.	36 – 40	
5.	41 – 45	
6.	46 – 50	
7.	51 – 55	
8.	56 and older	

11

6. YOUR HOME LANGUAGE

1.	AFRIKAANS		7.	NORTHERN SOTHO (Sepedi)	
2.	ENGLISH		8.	SETSWANA	
3.	ISI NDEBELE		9.	SISWATI	
4.	ISI XHOSA		10.	TSHIVENDA	
5.	ISI ZULU		11.	XITSONGA	
6.	SESOTHO		12.	OTHER	

12	13

7. QUALIFICATION (more than 1 could be marked)

1.	CERTIFICATE SOMATOLOGY / BEAUTY THERAPY	
2.	DIPLOMA SOMATOLOGY / BEAUTY THERAPY	
3.	NATIONAL CERTIFICATE SOMATOLOGY	
4.	NATIONAL DIPLOMA SOMATOLOGY / BEAUTY THERAPY	
5.	HIGHER DIPLOMA BEAUTY THERAPY	
6.	NATIONAL HIGHER CERTIFICATE SOMATOLOGY	
7.	B.TECH SOMATOLOGY	
8.	M.TECH SOMATOLOGY	
9.	D.TECH SOMATOLOGY	
10.	DIPLOMA AROMATHERAPY	
11.	DIPLOMA REFLEXOLOGY	
12.	CERTIFICATE AROMATHERAPY	
13.	CERTIFICATE REFLEXOLOGY	
14.	DIPLOMA THERAPEUTIC AROMATHERAPY	
15.	DIPLOMA THERAPEUTIC REFLEXOLOGY	
16.	DIPLOMA THERAPEUTIC MASSAGE THERAPY	
17.	CIDESCO / ITEC / SAAHSP	

14	15

16	17

8. WHERE OBTAINED

1.	PRIVATE INSTITUTIONS	
2.	UNIVERSITY OF TECHNOLOGY (previously known as Technikon)	
3.	UNIVERSITY	
4.	TECHNICAL COLLAGY	

18

OTHER - PLEASE SPECIFY ______________________________

____

19 20

9. SALARY

1.	COMMISSION ONLY	
2.	SET MONTHLY SALARY	
3.	BASIC SALARY AND COMMISSION	
4.	SALARY BASED ON CONSULTATIONS	

21

10. SALARY RANGE (PER ANNUM)

1.	R0 – R24 000	
2.	R25 000 – R48 000	
3.	R49 000 – R72 000	
4.	R73 000 – R96 000	
5.	R97 000 – R120 000	
6.	R121 000 – R144 000	
7.	R145 000 – R168 000	
8.	R169 000 – R192 000	
9.	R193 000 – R216 000	
10.	R217 000 – R240 000	
11	R240 000 and above	

22 23

SECTION C EMPLOYMENT

11.

1.	EMPLOYEE	
2.	SELF-EMPLOYED	

24

12. WHERE EMPLOYED

1.	BEAUTY SALON / CLINIC	
2.	HYDRO / SPA	
3.	HEALTH CLINIC	
4.	GYM	
5.	GAME RESERVE / LODGE	
6.	CRUISER	
7.	PHARMACY	
8.	RETAIL STORE	
9.	TUTOR	
10.	REPRESENTATIVE / TRAINER / ACADEMY	

25 26

OTHER – PLEASE SPECIFY ____________________

____

27 28

13. LOCATION OF BUSINESS

1.	SHOPPING MALL	
2.	GAME LODGE	
3.	HOSPITAL	
4.	HOUSE	
5.	DR. ROOMS	
6.	CLINIC	
7.	MOBILE CLINIC	

29

OTHER – PLEASE SPECIFY ____________________

____

30 31

14. YEARS EMPLOYED AS SOMATOLOGIST

1.	LESS THAN 1 YEAR	
2.	1 – 4 YEARS	
3.	5 – 9 YEARS	
4.	10 – 14 YEARS	
5.	15 – 19 YEARS	
6.	20 – 24 YEARS	
7.	25 – 29 YEARS	
8.	MORE THAN 30 YEARS	

32

15. YEARS OF OTHER EMPLOYMENT

1.	NONE	
2.	LESS THAN 1 YEAR	
3.	1 – 4 YEARS	
4.	5 – 9 YEARS	
5.	10 – 14 YEARS	
6.	15 – 19 YEARS	
7.	20 YEARS OR MORE	

33

16. FIELD OF SPECIALIZATION (more than 1 could be marked)

1.	BEAUTY THERAPY	
2.	SOMATOLOGY	
3.	AROMATHERAPY	
4.	REFLEXOLOGY	
5.	MASSAGE	
6.	THERAPEUTIC AROMATHERAPY	
7.	THERAPEUTIC REFLEXOLOGY	
8.	THERAPEUTIC MASSAGE (Hot Stone, Indian Head, etc)	

34 35

36 37

38 39

40 41

OTHER – PLEASE SPECIFY ______________________________

____

42 43

17. TYPE OF TREATMENTS YOU PROVIDE

1.	MAKE-UP			44	45
2.	MANICURES AND PEDICURES			46	47
3.	WAXING			48	49
4.	SLIMMING			50	51
5.	FACIALS			52	53
6.	SWEDISH MASSAGE			54	55
7.	THERAPEUTIC MASSAGE			56	57
8.	AROMATHERAPY			58	59
9.	THERAPEUTIC AROMATHERAPY			60	61
10.	REFLEXOLOGY			62	63
11.	THERAPEUTIC REFLEXOLOGY			64	65
12.	LASER (COSMETIC / SOFT LASER)			66	67
13.	LASER (HAIR REMOVAL)			68	69
14.	ADVANCED EXFOLIATION TECHNIQUES			70	71
15.	HYDROTHERAPY / SPA			72	73
16.	PERMANENT HAIR REMOVAL			74	75

17.	HOT STONE THERAPY	

76 77

18.	INDIAN HEAD MASSAGE	

78 79

19.	MANUAL LYMPH DRAINAGE	

80 81

20.	PERMANENT MAKE-UP	

82 83

OTHER – PLEASE SPECIFY ____________________

____

84 85

18. INCLINATION TOWARDS WORK

18.1 DO YOU EXPERIENCE JOB SATISFACTION?

1.	YES	
2.	NO	
3.	SOMETIMES	

86

18.2 DOES YOUR SALARY INFLUENCE YOUR JOB SATISFACTION?

1.	YES	
2.	NO	

87

18.3 IS THERE A CLEAR CAREER PATH IN YOUR PRACTICE?

1.	YES	
2.	NO	

88

IF YES, PLEASE STATE WHAT IT IS ____________________

____

89 90

18.4 IS THERE A SCOPE FOR OBTAINING A HIGHER QUALIFICATION IN YOUR FIELD?

1.	YES	
2.	NO	

91

18.5 DO ANY OF THE FOLLOWING INFLUENCE YOUR ATTITUDE TOWARD YOUR CAREER?

• WORKING HOURS	1.	YES		2.	NO		92
• PHYSICAL WORK ENVIRONMENT	1.	YES		2.	NO		93
• IRRITATIONS AT WORK	1.	YES		2.	NO		94
• STRESS LEVELS AT WORK	1.	YES		2.	NO		95
• STRESS LEVELS AT HOME	1.	YES		2.	NO		96

18.6 WOULD YOU CHOOSE THE SAME CAREER AGAIN?

1.	YES	
2.	NO	

97

18.7 IF YOU ARE NOT SATISFIED WITH YOUR JOB, WHAT COULD BE DONE TO IMPROVE YOUR JOB SATISFACTION?

____

____

____

98 99

19. DO YOU ADVERTISE YOUR PRACTICE'S SERVICES?

1.	YES	
2.	NO	

100

IF NO, PLEASE PROVIDE A REASON ______________________________

____

101 102

20. IF YES, HOW OFTEN DO YOU ADVERTISE?

1.	WEEKLY	
2.	MONTHLY	
3.	EVERY 6 MONTHS	
4.	ONCE A YEAR	

103

21. WHICH ADVERTISING MEDIUM DO YOU USE?

1.	RADIO	
2.	NEWSPAPER	
3.	MAGAZINE	
4.	E-MAIL	
5.	FLYERS	
6.	BILLBOARD	
7.	OTHER	

104

SECTION D PROFESSIONAL TRAINING

22. WHICH INSTITUTION DO YOU THINK SHOULD PROVIDE TRAINING FOR PROFESSIONAL SOMATOLOGISTS?

1.	UNIVERSITY OF TECHNOLOGY (Technikon)	
2.	ALL PRIVATE PROVIDERS	
3.	ONLY REGISTERED PRIVATE PROVIDERS	
4.	BOTH UNIVERSITIES OF TECHNOLOGY AND REGISTERED PRIVATE PROVIDERS	

105

23. HOW LONG SHOULD THE PROFESSIONAL SOMATOLOGY COURSE BE?

1.	6 MONTHS	
2.	1 YEAR	
3.	2 YEARS	
4.	3 YEARS	
5.	4 YEARS	

106

24. WHEN SHOULD THE EXIT LEVELS BE?

1.	AFTER 2 YEARS	
2.	AFTER 3 YEARS	
3.	AFTER 4 YEARS	

107

25. PLEASE INDICATE THE CONTENT THAT SHOULD BE INCLUDED IN A PROFESSIONAL SOMATOLOGY PROGRAM

PRACTICAL:

1.	MAKE-UP		108	109
2.	MANICURES AND PEDICURES		110	111
3.	WAXING		112	113
4.	SLIMMING		114	115
5.	FACIALS		116	117
6.	PERMANENT HAIR REMOVAL		118	119
7.	LASER THERAPY (SOFT, COSMETIC, HAIR)		120	121
8.	HYDROTHERAPY / SPA		122	123

9.	SWEDISH MASSAGE		124	125
10.	MANUAL LYMPH DRAINAGE		126	127
11.	THERAPEUTIC AROMATHERAPY		128	129
12.	THERAPEUTIC REFLEXOLOGY		130	131
13.	HOT STONE THERAPY		132	133
14.	INDIAN HEAD MASSAGE		134	135

OTHER – PLEASE SPECIFY

136 137

138 139

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150 151

152 153

154 155

26. THEORY:

1.	ANATOMY & PHYSIOLOGY			156	157
2.	CHEMISTRY / PHYSICS			158	159
3.	NUTRITION			160	161
4.	EXERCISE			162	163
5.	AESTETICS (Make-up)			164	165
6.	BUSINESS SKILLS			166	167
7.	MARKETING			168	169
8.	COMPUTER SKILLS			170	171
9.	COMMUNICATION SKILLS			172	173
10.	SOCIO-PSYCHOLOGY			174	175
11.	INFECTION CONTROL / HYGIENE			176	177
12.	HEALTH & WELL BEING			178	179
13.	PATHO-PHYSIOLOGY			180	181
14.	INTRODUCTORY PHARMACHOLOGY			182	183
15.	ETHICS & JURIS PRUDENCE			184	185
16.	HEALTH & SAFETY			186	187

OTHER - PLEASE SPECIFY ______________________________

188 189

190 191

192 193

194 195

196 197

27. SHOULD THERAPEUTIC AROMATHERAPY BE INCORPORATED IN THE SOMATOLOGY COURSE?

1.	YES	
2.	NO	

198

28. SHOULD THERAPEUTIC REFLEXOLOGY BE INCORPORATED IN THE SOMATOLOGY COURSE?

1.	YES	
2.	NO	

199

29. SHOULD THERAPEUTIC MASSAGE THERAPY BE INCORPORATED IN THE SOMATOLOGY COURSE?

1.	YES	
2.	NO	

200

30. IN YOUR OPINION, WHAT SHOULD THE NAME OF THE QUALIFICATION BE?

____

201 202

31. DO YOU HAVE A NEED FOR SHORT COURSES / FURTHER STUDIES?

1.	YES	
2.	NO	

203

IF YES, PLEASE SPECIFY ____________________

____

204 205

SECTION E REFERRALS

32. DO YOU HAVE CLIENTS WHO ARE REFERRED TO YOU BY THE MEDICAL PROFESSION?

1.	YES	
2.	NO	

206

33. DO YOU HAVE CLIENTS WHO ARE REFERRED TO YOU BY THE COMPLIMENTARY HEALTH PROFESSION?

1.	YES	
2.	NO	

207

34. DO YOU HAVE A PROFESSIONAL REFERRAL RELATIONSHIP WITH MEDICAL / COMPLIMENTARY HEALTH PRACTITIONERS?

1.	YES	
2.	NO	

208

SECTION F REGISTRATION WITH A STATUTARY BODY

35. DO YOU KNOW THE FUNCTION OF A STATUTARY BODY?

1.	YES	
2.	NO	

209

36. ARE YOU CURRENTLY REGISTERED WITH A STATUTARY BODY?

1.	YES	
2.	NO	

210

37. ARE YOU AFFILIATED WITH A

1.	STATUTARY BODY	
2.	NON-STATUTARY BODY	

211

38. IF YOU ANSWERED “YES” TO QUESTION 36, COULD YOU PLEASE SPECIFY WITH WHICH STATUTARY BODY

____

212 213

39. IF YOU ANSWERED “NO” TO QUESTION 36, PLEASE GIVE A REASON

1.	IT DOES NOT EXIST	
2.	IT IS TO EXPENSIVE	
3.	DO NOT KNOW WHAT IT IS	
4.	IT HAS NO BENEFITS	

214

OTHER – PLEASE SPECIFY ______________________________

____

215 216

40. DO YOU CONSIDER IT NECESSARY FOR PROFESSIONAL SOMATOLOGISTS TO REGISTER WITH A STATUTARY BODY?

1.	YES	
2.	NO	

217

41. IF YES, PLEASE GIVE A REASON

218 219

42. IF NO, PLEASE GIVE A REASON

220 221

43. IF YOU ANSWERED "YES" TO QUESTION 40, PLEASE INDICATE WITH WHICH STATUTARY BODY A PROFESSIONAL SOMATOLOGIST SHOULD REGISTER

1.	HPCSA	
2.	AHPCSA	

222

OTHER – PLEASE SPECIFY

223 224

44. IF YES, SHOULD SOMATOLOGISTS ESTABLISH THEIR OWN REGISTER WITH THE ABOVEMENTIONED?

1.	YES	
2.	NO	

225

____

____

7. QUALIFICATION (more than 1 could be marked)

1.	CERTIFICATE SOMATOLOGY / BEAUTY THERAPY	
2.	DIPLOMA SOMATOLOGY / BEAUTY THERAPY	
3.	NATIONAL CERTIFICATE SOMATOLOGY	
4.	NATIONAL DIPLOMA SOMATOLOGY / BEAUTY THERAPY	
5.	HIGHER DIPLOMA BEAUTY THERAPY	
6.	NATIONAL HIGHER CERTIFICATE SOMATOLOGY	
7.	B.TECH SOMATOLOGY	
8.	M.TECH SOMATOLOGY	
9.	D.TECH SOMATOLOGY	
10.	DIPLOMA AROMATHERAPY	
11.	DIPLOMA REFLEXOLOGY	
12.	CERTIFICATE AROMATHERAPY	
13.	CERTIFICATE REFLEXOLOGY	
14.	DIPLOMA THERAPEUTIC AROMATHERAPY	
15.	DIPLOMA THERAPEUTIC REFLEXOLOGY	
16.	DIPLOMA THERAPEUTIC MASSAGE THERAPY	
17.	CIDESCO / ITEC / SAAHSP	

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251	252
253	254
255	256
257	258
259	260

21. WHICH ADVERTISING MEDIUM DO YOU USE?

1.	RADIO	
2.	NEWSPAPER	
3.	MAGAZINE	
4.	E-MAIL	
5.	FLYERS	
6.	BILLBOARD	
7.	OTHER	

261

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267

Thank you very much for completing the questionnaire.

Any further suggestions would be appreciated.

Would you please return the questionnaire as soon as possible?

Marlé Vosloo

ADDENDUM 3

MEDICAL PROFESSIONAL QUESTIONNAIRE

CENTRAL UNIVERSITY OF TECHNOLOGY, FREE STATE
SENTRALE UNIVERSITEIT VIR TEGNOLOGIE, VRYSTAAT
YUNIVESITHI E BOHARENG YA THEKENOLOJI, FOREISTATA

FACULTY OF HEALTH AND ENVIRONMENTAL SCIENCES
School of Health Technology

QUESTIONNAIRE: PROFESSION SOMATOLOGY, CURRENT AND FUTURE TRENDS

Thank you for your participation by completing this questionnaire.
The questionnaire should take you approximately 5 minutes to complete.

The following sections are addressed:

SECTION A: GEOGRAPHIC INFORMATION
SECTION B: DEMOGRAPHIC INFORMATION
SECTION C: REFERRALS

Please post the completed questionnaire as soon as possible, to reach us by **22 July 2006** at the latest.

Note:

- Mark your answer by making a cross in the appropriate block.
- Please print when commenting on an answer.
- Please be frank with your answers.

FOR OFFICE USE

1	2	3	4

SECTION A GEOGRAPHIC INFORMATION

1. LOCATION OF PRACTICE

1.	RURAL	
2.	SUBURBAN	
3.	URBAN	

5

1 Park Road, BLOEMFONTEIN, 9301
Private Bag X20539, BLOEMFONTEIN, 9300
Tel No: +27(0)51 507 3126 Facsimile No: +27(0)51 507 3354
E-mail: mterblan@cut.ac.za

2. PROVINCE

1.	GAUTENG	
2.	FREE STATE	
3.	EASTERN CAPE	
4.	NORTHERN CAPE	
5.	WESTERN CAPE	
6.	KZN	
7.	MPUMALANGA	
8.	NORTH WEST	
9.	LIMPOPO	

6

3. SPECIFY TOWN

7 8

SECTION B DEMOGRAPHIC INFORMATION

4. GENDER

1.	MALE	
2.	FEMALE	

9

5. AGE GROUP

1.	20 – 25	
2.	26 – 30	
3.	31 – 35	
4.	36 – 40	
5.	41 – 45	
6.	46 – 50	
7.	51 – 55	
8.	56 and older	

10

6. HOME LANGUAGE

1.	AFRIKAANS		7.	NORTHERN SOTHO (Sepedi)	
2.	ENGLISH		8.	SETSWANA	
3.	ISI NDEBELE		9.	SISWATI	
4.	ISI XHOSA		10.	TSHIVENDA	
5.	ISI ZULU		11.	XITSONGA	
6.	SESOTHO		12.	OTHER	

11	12

7. QUALIFICATION

PLEASE SPECIFY YOUR QUALIFICATION/S:

1.	GENERAL PRACTITIONER	
2.	PLASTIC SURGEON	
3.	DERMATOLOGIST	
4.	PODIATRIST	
5.	CHIROPRACTOR	
6.	GEYNOCHOLOGIST	
7.	OTHER	

13

SECTION C REFERRALS

8. DO YOU REFER PATIENTS TO A SOMATOLOGIST?

1.	YES	
2.	NO	

14

9. IF YES, HOW OFTEN

1.	LESS THAN ONCE A YEAR	
2.	ONCE A YEAR	
3.	ONCE IN 6 MONTHS	
4.	ONCE EVERY 2 MONTHS	
5.	ONCE A MONTH	
6.	MORE THAN ONCE A MONTH	

15

10. IF YOU REFER PATIENTS TO A SOMATOLOGIST, FOR WHAT REASON

16 17

18 19

11. IF YOU REFER PATIENTS TO A SOMATOLOGIST, FOR WHAT TYPE OF TREATMENT (Example: Facial Treatment (Acne, Anti-age), Aromatherapy, Reflexology, Scar improvement)
PLEASE SPECIFY:

20 21

22 23

24 25

12. DO YOU THINK THAT SOMATOLOGISTS SHOULD REGISTER WITH A COUNCIL?

1.	YES	
2.	NO	

26

13. WITH WHICH STATUTARY HEALTH COUNCIL DO YOU THINK SOMATOLOGISTS SHOULD REGISTER?

1.	AHPCSA	
2.	HPCSA	
3.	OTHER	

27

Thank you very much for completing the questionnaire.

Any further suggestions would be appreciated.

Would you please return the questionnaire as soon as possible?

Marlé Vosloo