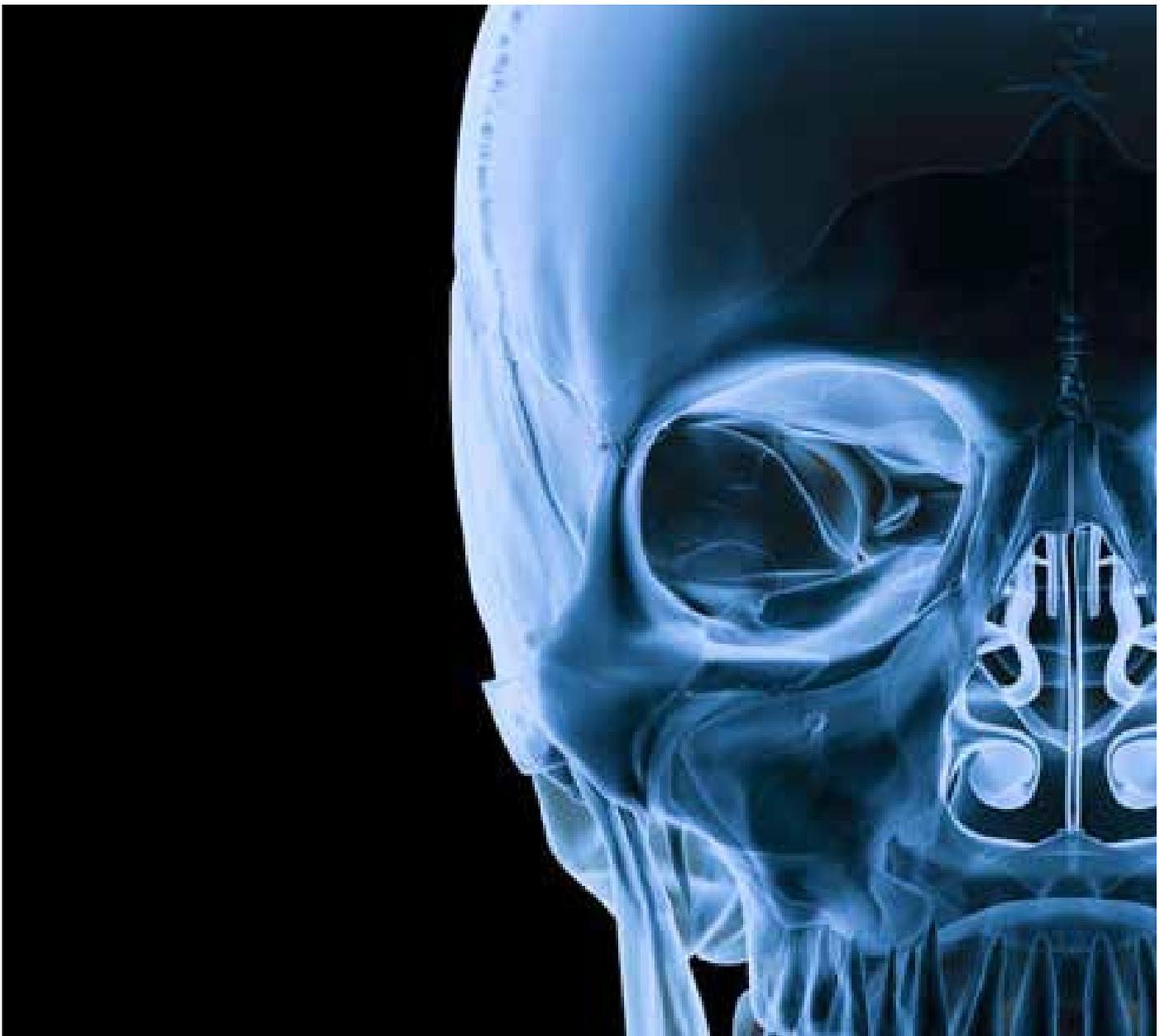




Radiography and **NEWS** Clinical Technology

Newsletter - Professional Board for Radiography & Clinical Technology





Contents

Chairperson's Note.....	3.	Get a Glimpse of what happened at the Celebrations in 2016.....	8.
Drive to help poor Learner's Results in Major Donation	4.	Radiography and Clinical Technology Open Day 2016.....	9.
Unregistered persons involved in Polysomnography	5.	HPCSA moving towards Maintenance of Licensure	10.
Know your RCT Board Members.....	6.	Renewal and Payment of Fees Portal.....	10.
Phasing in of new Four Year Degrees.....	7.		
Let's Take Charge.....	7.		

CHAIRPERSON'S NOTE

The Health Professions Council of South Africa (HPCSA) is in the midst of undergoing a Business Process Re-engineering (BPR). This BPR was undertaken in response to the recommendations of the Ministerial Task Team report released in October 2015. This BPR is comprehensively aimed at reviewing all business processes within the HPCSA with a view of improving services, streamlining internal activities and implementing changes where required. Some of the high-level processes undergoing review include aspects such as the Information Technology and Communication activities, Organisational design, Governance, Communications and Employee relations. Some of the immediate benefits of the BPR has, inter alia, seen the introduction of the online renewal of annual registration.

Practitioners will soon experience further changes which will make interaction with the HPCSA a much smoother and pleasant experience. These changes have also been introduced at Board level. For example, the demand for paper based meetings which require printing of huge agendas at high costs, will soon be something of the past. All meetings documentation will from now on be prepared in an electronic format, which will not only improve our carbon foot print, but also the efficiency of distributing agendas in preparation for meetings and other forms of facilitating communication. This is an exciting phase for all Board members and we are confident that practitioners will benefit from these changes.



This edition covers a range of articles such as role extension, online registration, maintenance of licensure as well as the role of the Inspectorate Office.

The Board is currently drafting changes to the scope of both the Radiography and Clinical Technology professions. Practitioners are encouraged to comment on these important documents, once published by the Minister of Health. The Board is also currently drafting minimum standards for role extension for radiographers and clinical technologists. The Minister of Health has recently published a call for nominations of Board members to fill the current vacancies across all Professional Boards within the HPCSA. The Board for Radiography and Clinical Technology has four vacancies and we are eagerly awaiting these ministerial appointments in order to improve the capacity and functioning of the Board.

Lastly, I wish you well in your professional practice. The Board also wishes to thank all Radiographers and Clinical Technologist for their high level and excellent healthcare service for all in our beloved country.

Mr Aladdin Speelman

Chairperson: Board for Radiography and Clinical Technology

Drive to help poor learner's results in major donation

By Pontsho Pilane

Ten years ago, Nontokozi Buthelezi started buying sanitary pads for her learners. Although she earns very little as a teacher, she says she had no choice. “My learners come from very poor families. They have to worry about what they will eat at night as pads are the last concern for them and their families,” she explains. Buthelezi teaches at Enhlube Combined School in Nomponjwana, a village about 50km away from Empangeni in KwaZulu-Natal. The pads she buys each month helps keep some of her learners in class when they are menstruating. “I usually just have two packets in my cupboard. It’s all I can afford. But they run out quickly,” she told Mail & Guardian’s health journalism centre, Bhekisisa.

“So many of them need the pads.” No research has been done to determine how many learners in South Africa miss school because of menstruation, but a study published in 2014 in the United States based Journal of International Development found that 95% of learners from rural villages in Ghana reported that they had been forced to skip classes during their period. The same was true for about 20% of pupils in peri-urban communities. These harrowing statistics encouraged Nhlanhla Mthembu to make a difference. Mthembu co-ordinates one of the professional committees at the Health Professions Council of South Africa (HPCSA). “I was looking for a company that sells reusable pads. I searched the internet and found a Bhekisisa article,” explains Mthembu, who was fundraising at the time to provide sanitary pads for poor learners in the Eastern Cape. But reading Buthelezi’s story through Bhekisisa made her realise she just couldn’t stop there.

“My mother is a teacher and I know teachers don’t earn much. So, what she was doing could not have been easy for her,” said Mthembu. She and the HPCSA recently donated sanitary pads worth almost R9 000 to Buthelezi’s school. This amount sponsors enough pads for every menstruating learner for most of the year. Mthembu hopes this donation is the first of many of its kind. “The HPCSA prides itself on having the public’s best interests at heart, and we should show this by improving the lives of those we claim to look out for,” she says. She makes the point that journalism plays a vital role in bringing issues to light — and connecting communities: “Journalism creates awareness, it connects people. It is through newspapers that we get to know about women like Nontokozi.” Buthelezi has also received donations from other Mail & Guardian readers following the story. “These pads will give my learners a better life,” she says. “That is all that matters.”

“It is our hope that this newly introduced initiative will instill a culture of giving in both the HPCSA and registered practitioners. We also hope to build strong long-lasting relationships with our communities and that beyond ‘Protecting the public and guiding professions’ we understand that we have a social responsibility to give back to our communities through community service,” Mr Aladdin Speelman, Chairperson of the Professional Board for Radiography and Clinical Technology stated.



UNREGISTERED PERSONS INVOLVED IN POLYSOMNOGRAPHY

It has come to the attention of the Board that unregistered persons, often with no qualification at all, are involved in performing and running diagnostic and therapeutic sleep testing services (Polysomnography). These services are often provided by private companies, owned by unregistered persons. Such practices are unlawful in terms of section 33 of the Health Professions Act.

Registration is a prerequisite for practising a profession falling under the ambit of the HPCSA. In terms of the ethical rules applicable to the Radiography and Clinical Technology professions a practitioner should only practise in his/her own name, as an incorporated company, or in partnership or association with another registered practitioner who is registered in the same category.

The Board is concerned that services provided by unregistered persons may result in incorrect diagnoses and treatments which might result in the patient's health being compromised and or loss of life. The Board would like to stress that any registered practitioner associated with or referring services to an unregistered and unqualified person, will be held liable for contravening the ethical rules of the HPCSA and may face charges and have fines imposed. Any unregistered person who performs professional acts falling within the scope of a registrable profession will be prosecuted.

Registered practitioners are reminded that collusion with medical device companies and or receiving any financial gain from such practises must be reported to the HPCSA in terms of the ethical rules. No practitioner should share fees or receive payment for procedures not involved with directly, except in the case of locums. Practitioners are also reminded to practise within their scope of practice and may not perform procedures or investigations that fall outside their scope of practice.

Radiography Role Extension: re-writing the future through specialisation.

RW Botha

Member of the ERT committee and RCT Board: Role extension Task team

Panta Rhei- all things change (literal meaning)

Heraclitus of Ephesus (500 BC)

As a radiographer, I was fortunate to have experience wet processing, darkrooms, daylight systems, interventional radiography, computed tomography, magnetic resonance imaging and computed and digital radiography. As a consequence of these and other advances radiography qualifications evolved from Certificate to Diploma to Degree and this year two SA institutions will deliver the first Professional degree graduates. The result of this evolution and an increase in the healthcare needs of South Africa (SA) is that radiographers are taking on additional responsibilities sometimes working outside their scope of the profession. Additional training and qualifications in the form of Role Extension is also warranted by the availability of specialised services in South Africa and more importantly the desire of a new generation of radiographers to venture into areas formerly not part of their scope. Gqweta (2012) defines role extension as a practice whereby radiographers adopt duties that were previously only within the scope of practice of radiologists. Continuing the work of previous Radiography and Clinical Technology (RCT) Boards, the current Board will as part of its 5-year strategic plan amongst others:

- Advance the issue of role extension for Radiography.
- Develop a career pathway for individuals with higher qualifications in Radiography.

The Education, Training and Registration (ETR) Committee of the RCT Board appointed two task teams to set and finalise minimum standards for role extension in Contrast Media Administration and Image Interpretation (RCT ETR minutes, March 2016). These two areas were identified from the research results of data collected from radiographers and radiologists and should be seen as the pioneers for additional extensions and specialisation. The process followed by the task teams included creating draft documents aligned with the HPCSA

ethical rules, research done by previous Boards and incorporating international trends as a benchmark for best practices. After consulting the legal department of the HPCSA regarding content and adhering to HPCSA regulations, the task teams submitted their second drafts in February 2017. Some of the issues covered in the minimum standards documents relate to education and training, clinical competencies and qualification accreditation and requirements to register with the RCT Board. The third draft will be discussed at the next RCT ERT meeting scheduled for 13 September 2017.

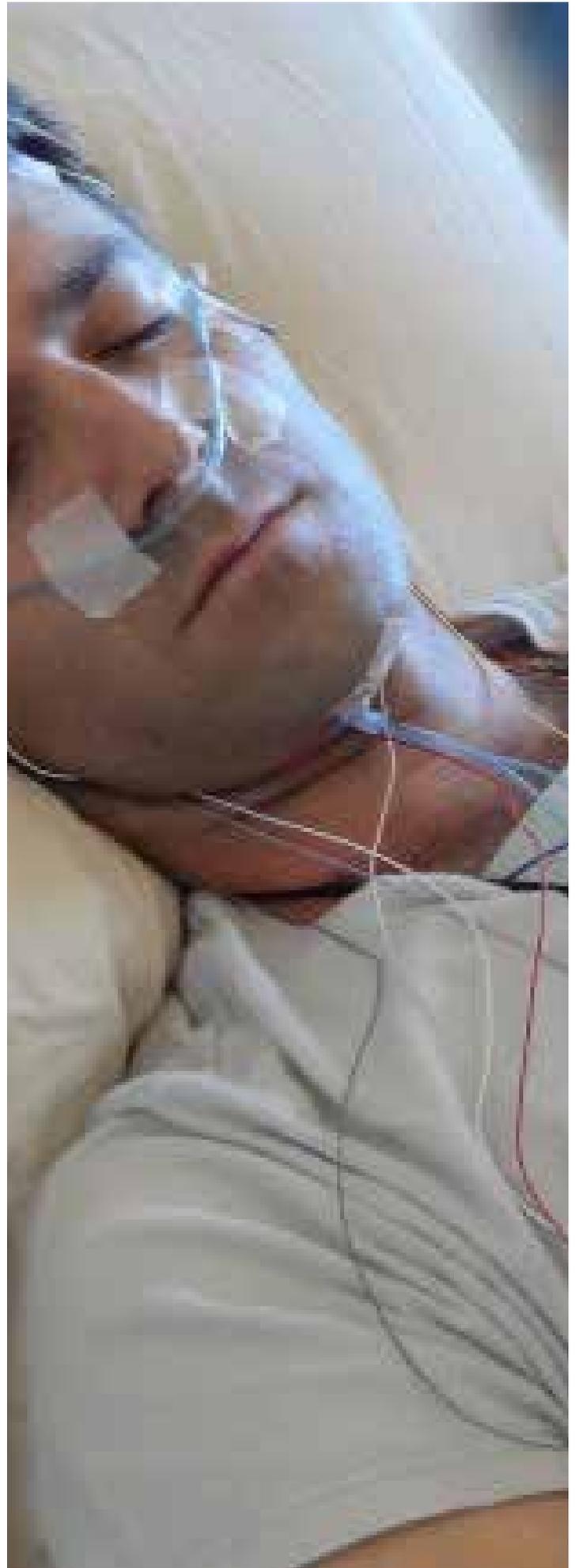
It was clear from the start that role extension would require a concurrent revision of the scopes of profession for Diagnostic, Therapy, Nuclear medicine and Ultrasound. The Board is finalising its response to the public comments received on the gazetted draft regulations defining the scope of profession of Radiography to incorporate role extension.

Procedurally after the creation and consultation of the final minimum standards for role extension documents with all stakeholders, it also has to be distributed to all the other Boards of the HPCSA for comment.

Training institutions interested in presenting these courses will use the approved minimum standards documents to create qualifications that have to be approved by the Council for Higher Education (CHE), Department of Higher Education and Training and accredited by the RCT Board registerable as an additional qualification. For the RCT Board it is essential that additional qualifications translate into advancing the profession and the individual. To this end the Board is engaging the Department of Health to motivate and start the process of creating a career pathway for radiographers with additional qualifications.

As can be seen from the above, the RCT Board is engaged in a variety of interconnected concurrent processes all of which are necessary to achieve the aforementioned strategic goals. That being said it is also critical that throughout these processes the Board keeps its mandate of protecting the public in its sight, but also eradicate the perception that radiography is a “button pusher” discipline by allowing for opportunities to advance and diversify the profession through specialisation.

Change is the only constant.



KNOW YOUR RCT BOARD MEMBERS

The Professional Board for Radiography and Clinical Technology (RCT) was inaugurated on 13 September 2015. The Professional Board for Radiography and Clinical Technology is constituted of 13 members appointed by the Minister of Health in terms of section 15 of the Health Professions Act 1974, (Act 56 of 1974).

Due to a few resignations, the Board had vacancies that will be filled through a nomination for two Radiographers, two Clinical Technologists and one (1) vacancy for a Community Representative. Currently the vacancies are filled by co-opted members.

Herewith the profile of the current members of the Professional Board for Radiography and Clinical Technology.

Mr A Speelman (Chairperson)

Mr Speelman is Head of the Department of Medical Imaging and Therapeutic Sciences within the Faculty of Health and Wellness Sciences at the Cape Peninsula University of Technology. He served on the HPCSA SGB Task Team and was a past Council member of the Society of Radiographers of South Africa. His area of focus on the Board would be role extension and he would contribute to maintaining high standards of education and professional practice in Radiography.



Mr Sibusiso Mdletshe (Board Vice-Chairperson and ETR committee Chairperson)

Mr Mdletshe is serving the Board as a representative for Universities South Africa (USA) (formerly known as Higher Education South Africa). He is a senior lecturer and Head of Department of Medical Imaging and Radiation Sciences, Faculty of Health Sciences at the University of Johannesburg. He qualified in Diagnostic Radiography and Therapy. His vast experience in education and as a Teaching Advancement at University (TAU) Fellow, combined with his leadership / management qualifications, will contribute to the effective functioning of the Board.



Ms R Engelbrecht

Ms Engelbrecht is serving on the Board as an appointed Clinical Technologist. She qualified in the category of Pulmonology and is employed at 1 Military Hospital. She is serving on the Board for the second term.



Miss Luyanda Nombuyiselo Ntshengulana

Miss Ntshengulana is an appointed radiographer with more than 20 years of experience in the diagnostic radiography field. She also has a vast experience in DR, CR, PACS and RIS - having worked in semi-filmless environments.

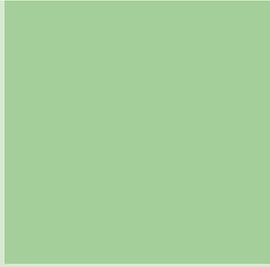
She is representing the interests of the professional radiographers in the clinical environment. This she does by consulting radiographers when decisions are taken regarding the scope of practice, the scope of the profession as well as role extension. As an Education and Training committee member she plays a role in looking out for interests of the student in the clinical environment (WIL) as well as equity during intake.

Dr René Walter Botha

Dr Botha is a senior lecturer, Coordinator for Community Based Education at the Faculty of Health Sciences, University of the Free State. He was a Radiography lecturer for 13 years and is a current part time lecturer at the Central University of Technology. His main area of focus is to assist the Board to create a career pathway for Radiographers with additional qualifications.

Dr Bheki Vincent Shongwe

Dr Shongwe is serving the Board as a Community representative.



Ms Gladys Bogoshi

Ms Gladys Bogoshi is currently the Chief Executive Officer of Charlotte Maxeke Johannesburg Academic Hospital. She is a nominated government representative from the Department of Health and serves in all Committees of the Board. She brings to the Board extensive knowledge and insight into government functioning and prescripts



Dr Ernest Vermaak (co-opted)

Dr Vermaak is Acting Head of Department Health Sciences at the Central University of Technology, Free State. He is a Clinical Technologist with special interest to enhance quality of training, ethical values and public protection.



Ms Tintswalo Brenda Mahlaola (co-opted)

Miss Mahlaola is a qualified sonographer and is employed by the University of Johannesburg. Her primary responsibility is to educate ultrasound students at the honours and undergraduate level of studies. In line with her Masters qualification, Ms Mahlaola is further involved in the supervision of research by Masters students with special interest in healthcare ethics. She intends to protect the public by benchmarking the scope of ultrasound practice with international standards based on the applicability of these standards to the South African setting, and compliance with the ethical framework of the HPCSA.



Ms Lynda Dawn Swindon: (co-opted)

Ms Swindon was a lecturer at the Radiography Department, Durban University of Technology and is now lecturing in a part time capacity. She served on the SGB Task Team and was appointed as a member of the previous Board. She is currently serving on the Board as a co-opted member. She is also co-opted on the Education, Training and Registration Committee. She is a qualified radiographer with over 30 years of experience.



PHASING IN OF NEW FOUR YEAR DEGREES

Aladdin Speelman

Chairperson: Board for Radiography and Clinical Technology

Five of the eight universities offering Radiography training in South Africa have started with the offering of the new four-year professional degrees. The three remaining universities are in the process of obtaining the required approval from the Board for Radiography and Clinical Technology as well as the Council for Higher Education (CHE). Obtaining approval from these two bodies is a statutory requirement before such qualifications can be offered.

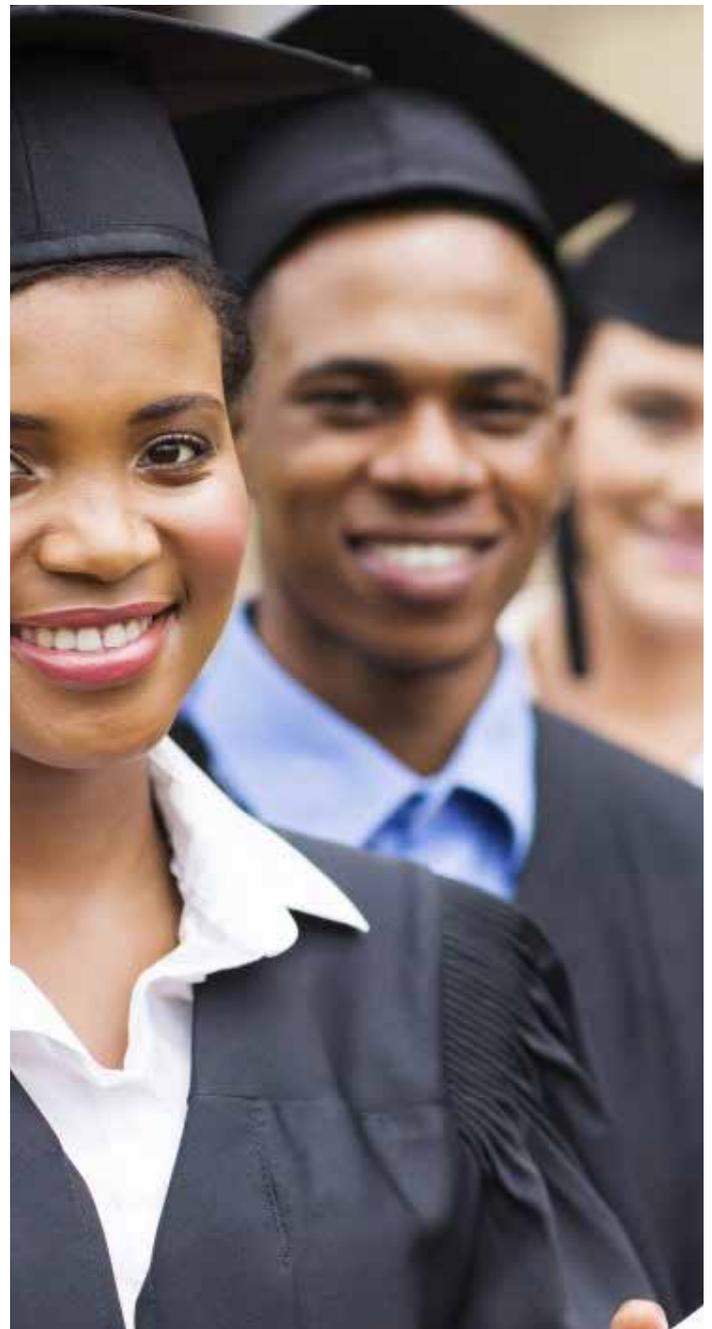
The introduction of these new four-year professional degrees was in response to the Minister of Higher Education and Training's recommendation that a single unified qualification structure be developed for all higher Education institutions. This unified qualification structure was introduced to improve students mobility between qualifications and institutions whether private or public¹. The B Tech degree for both Radiography and Clinical Technology did not fit the new Higher Education Qualification Sub Framework (HEQSF) and had to be phased out. According to the Department of Higher Education and Training policy, all B Tech degrees must be phased out by 2019 and are to be replaced by the new HEQSF aligned degree qualifications.

One important requirement of the HEQSF is that all persons must be allowed to progress and improve their qualifications². Radiographers and Clinical Technologist with a National Diploma must therefore, according to the HEQSF policy, be afforded an opportunity to articulate to a higher qualification. The articulation routes differ amongst universities, all these articulation routes allow radiographers or clinical technologist with a National Diploma to enroll for higher level qualifications and hence improving their qualifications. For more details regarding articulation routes practitioners are encouraged to contact their nearest universities for further information.

If at all possible, practitioners are encouraged to enroll for the B tech degrees before cessation of these programmes. There are a limited number of universities still offering the B Tech degree programme. Practitioners not able to enroll for the B tech degree at the moment, need to explore articulations options that best suit their personal circumstances in order to advance their careers.

References:

1. South African Technology Network, Changes to Higher Education Qualifications in South Africa accessed at: http://www.satn.org.za/HEQSF/assets/satn_print.pdf [28/9/2017]
2. Council for Higher Education, Higher Education Qualifications Sub-Framework accessed at: http://www.che.ac.za/media_and_publications/frameworks-criteria/che-higher-education-qualifications-sub-framework [28/9/2017]



LET'S TAKE CHARGE

LN Ntshengulana
Freelance Radiographer

Observation

As I look around during my escapades I can't help but notice that chickens always come home to roost. When I look at the way the apartheid government separated us, moving black people far away from the cities to the townships they did not know that things would change and the next government would want to bring services to these people.

Now let's get to the present! As we strive to obtain the best medical care by using medical aid schemes, going to the private sector for services that we as a medical profession provide in the public hospitals - it is obvious that history is repeating itself. It is the same with the education system, teachers leave learners unattended in schools as they drive their kids to the former model C schools and private schools. As a result, learners in public schools end up with poor results and a high failure rate. Teachers have stopped being parents to these poor children. The same thing happens with the shops in our local residential areas, we don't buy from them instead we welcome with applause the multi-national corporations when they are brought to us in the form of malls. This leaves our neighbours who were trying to make a living starving and desperate.

It all begins with you

I will make a plea to the medical profession generally but more specifically to the radiography profession. You and I are to blame for everything that is happening around us. If we can take a moment to ask ourselves what we are doing to take charge of our profession? Are we going to work because we want to pay our debts or are we going there to serve, to provide a service and to make a difference? Do you go home smiling knowing that you have made a difference in a person's life?

We have the privilege of working with different healthcare professionals who come to our department: nurses, medical practitioners, consultants, etc. In working with these professionals do you act as an advocate for the patient by reminding them to act ethically for the sake of the patient and to make sure the patient gets the best advice about their health or are you only on

the lookout for your relatives and connections? Do you walk an extra mile to help your fellow citizens get the best service regardless of what the government has put in place in the form of resources or lack thereof? By the way do you know that you are the government? So, when you are waiting for the government to change things you are waiting for you to change! Just like when you pray to God and leave everything to Him, You are the Creator of your destiny.

If you change within and the one next to you, the whole community will change and ultimately the service, we provide in our clinical environment will improve.

Outsourcing

We should not allow the government to outsource services that we can provide. Because soon everything will be privatised and at whose expense! Remember we will all grow old one day. We will not always be able to afford private medical care.

Change is inevitable

You are the God within you, the Universe, the Creator, the Future. Make a difference in your home, neighbourhood and most of all in your workplace. And most of all let's all take charge of our profession and leave a legacy FOR US!



GET A GLIMPSE OF WHAT HAPPENED AT THE CELEBRATIONS IN 2016



Radiography and Clinical Technology Open Day 2016



The annual Radiography and Clinical Technology (RCT) Open Day 2016 was held on 11 November at the East London International Convention Centre. The theme for the day was ‘Social Determinants of Health: The Role of Health Professionals’.

The event is also in line with the Board’s strategic objectives for stakeholder engagement and assists in improving and maintaining communication with practitioners as well as creating an opportunity for dialogue.

The event was attended by 62 practitioners and by speakers from the Board, Council, Discovery, PPS and the Eastern Cape Department of Health. The practitioners were further awarded with five CEUs for attending the event. No Clinical Technologists attended the event.

Dr Kwindu ,Ombudsman and Acting Chief Operations Officer who was the programme director for the day opened the event and welcomed all attendees. He also spoke on Practitioner Impairment and Misconduct: The role of the Health Committee and Committee of Preliminary Inquiry which he presented in between the other speakers.

Advocate Phelelani Francis Khumalo the Acting CEO/Registrar of Council officially welcomed the practitioners and guest speakers to the event. He then highlighted the importance of Social Determinants of Health and its effect on the population.

Mr Speelman spoke briefly on the purpose of RCT Open Day and indicated that the event served a dual purpose:

To give recognition to the professions of Radiography and Clinical Technology since they were mostly underrated and did not get the recognition that they deserve within the health care service.

To provide an opportunity to engage with practitioners about matters of mutual concern which fell within the Board’s mandate.

He briefly highlighted the strategic objectives of the Board (2015-2020). He also gave a brief outline of Council’s turnaround strategy which came about due to the Ministerial Task team report. He explained that the strategy was based on three broad strategic objectives namely:

- Business process re-engineering
- Development of a business operating model and organisational design
- Development of an Information Communication Technology roadmap, governance and information Technology strategy.

Ms Joy Scholl who was the assigned speaker was unable to attend the meeting due to being sick and instead requested that Ms Barbara Roux a respected colleague of hers deliver the presentation on her behalf.

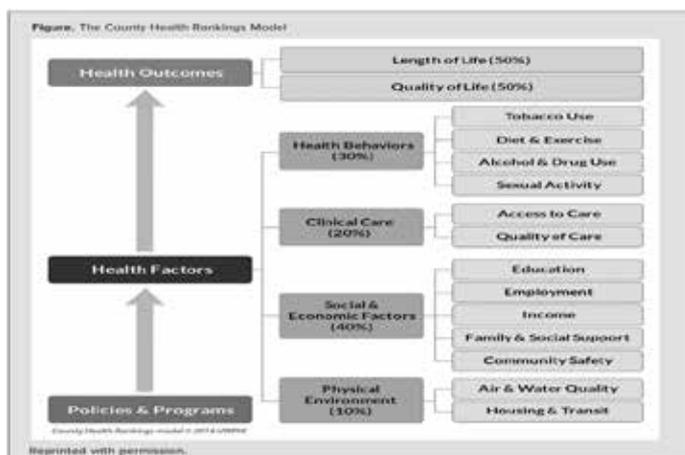
Ms Roux’s presentation highlighted that 88% of the Eastern Cape Province was serviced by the public health sector while the remainder was covered by the private health sector. The province was one of the poorest provinces in the country and due to this the province is burdened by disease. Lack of access to clean water and adequate sanitation in the rural parts of the province added to the province’s health challenges.

Ms Roux also spoke about the achievements of the province such as the development and sound capital investments that the province had made to allow practitioner to work with state of the art equipment.

In conclusion she gave a warm welcome to the Board and thanked the Board for coming to the province.

• Challenges and achievements in the province in relation to the Radiography and Clinical Technology professions- Mr E Qutywa

The presentation provided the definition of social determinants of health and explained in detail its effects on the health of the population. See figure below:



The following were identified as some of the key roles that health professionals would need to play to help reduce the negative effects of social determinants:

1. Collaborate, consult and engage with other professionals both within the health sector and outside the health sector as this would enhance their knowledge and understanding and inform

professionals of the appropriate referrals and increase service accessibility for clients.

2. Improve working environments as healthy workplaces cultivate healthy workers.
3. Be advocates for their communities.
4. Research on policies and issues that influence their work, communities and clients.
5. Further their education and training as this empowers the workforce to better understand the broader issues that affect people’s health and to act and deliver better outcomes for clients and communities.

Ms van Rooyen provided a brief history of the Discovery Health’s fraud Management activities, when and how it started. As of 2016 Discovery has 45 Forensic Investigators, 24 Field Investigators and through their forensics department they have recovered approximately R400 000 000.

The presentation highlighted the mandate, vision and mission and functions of the Office of Health Standards Compliance (OHSC).

In conclusion Ms. Phetlhe spoke about the OHSC and its future link to funding (Green Paper: National Health Insurance for universal healthcare coverage). She explained that certification of compliance with norms and standards would be a pre-requisite for funding.

Continuing Professional Development was introduced and made compulsory for all professionals registered with the HPCSA to encourage them to update their knowledge and skills to enable ethical and competent practice. The HPCSA holds that health professionals commit themselves to continuing education for the benefit of themselves and their patients.

The challenge faced by Council was assessing the impact of CPD on practitioners’ competence and performance. In 2011 Council resolved that practitioners be required to have a license to practice their professions. This would ensure that all practitioners under the jurisdiction of the HPCSA maintain competence and performance for the well-being and best interests of patients.

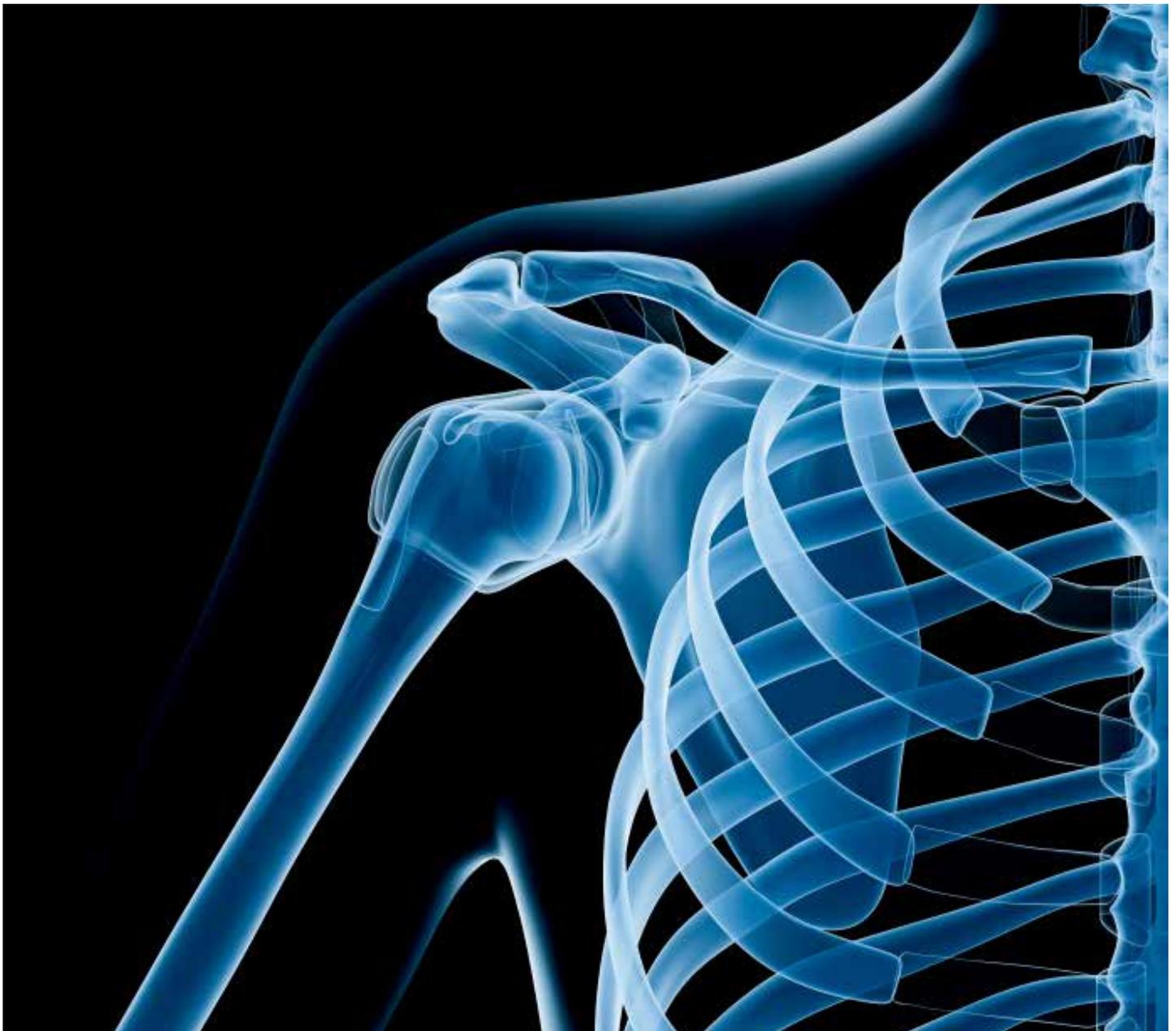
Assessment forms were issued to all attendees to rate the event and to provide feedback with a view to future stakeholder interactions.

From the assessment forms received back from the

practitioners, all were satisfied with the proceedings of the day. The consensus was that the theme was relevant and the speakers were brilliant and they wish that the Board would host meetings such as these more often in the rural provinces so that more practitioners can attend and gain from the meetings.

Some requested that the Department of Health be made aware of stakeholder meetings such as RCT Open Day so that they understand the importance of the events and would then be willing to release practitioners to attend the events.

Practitioners were requested to each supply a pack of sanitary towels, these would then be donated to a school in which the majority of the school girls could not afford sanitary towels. The Professional Board worked in collaboration with Mr Enoch Qutwya, Deputy Director Radiological Service: Eastern Cape Department of Health, to identify an eligible school from the East London area. Through this initiative, the Board was able to raise funds to purchase reusable sanitary towels for a total of 233 girls in the Eastern Cape Province. St Thomas School for the Deaf was recognized as one of the schools with learners that would benefit from such a donation and was therefore chosen as the sole beneficiary. It is our greatest hope that this new initiative will inspire a continuous culture of giving back amongst the employees of both the HPCSA and practitioners whom we serve. We also hope to build strong long lasting relationships with our communities and that beyond 'Protecting the public and guiding professions' we understand that we have a social responsibility to give back to our communities through community service.



HPCSA Moving Towards Maintenance of Licensure



In 2007 Continuing Professional Development (CPD) became compulsory for all professions registered with the Health Professionals Council of South Africa (HPCSA). From the outset, the goal was to encourage practitioners to update their knowledge and skills to enable ethical and competent practice. The focus of the HPCSA's current system of CPD has been largely on continuing education and to update knowledge. Literature, however suggests a need for a comprehensive system of CPD – beyond knowledge gain – as a method of addressing performance inadequacies of the professional as well as at the overall healthcare systems level. This comprehensive system of CPD is referred to as Maintenance of Licensure in this article to avoid confusion with CPD as it has always been referred to at HPCSA. While on one hand continuing education is acknowledged to be a core component of continuous professional development, Maintenance of Licensure as envisaged is more comprehensive and addresses a wider range of skills, including education, training, audit, management, team building and communication.

HPCSA CPD proposed MODEL (for MOL)

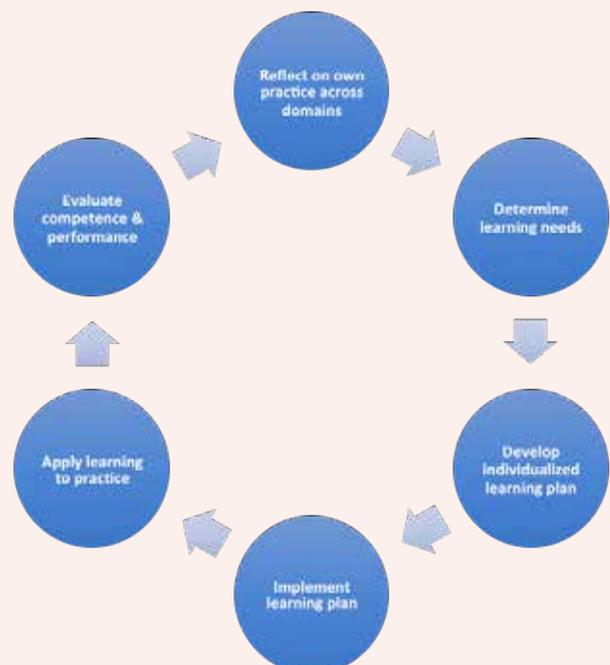
In 2013 the HPCSA decided that all practitioners will be required to have a license to practice their professions. The primary purpose of such a decision was to ensure that all practitioners, under the jurisdiction of the HPCSA, maintain and improve their professional knowledge, skills and performance for improved patient outcomes and health systems.

In keeping with the HPCSA's mandate of protecting the public and guiding the professions, the CPD committee of the HPCSA has critically reflected on the current programme in light of research and international trends in CPD. The rationale is to

provide a model that guides genuine learning and enables improvement of professional competence and performance, rather than a system of CPD which has equated the number of hours/CEUs accumulated with competence. Currently, many practitioners meet mandatory CPD CEUs opportunistically, erratically or casually. In contrast, the Maintenance of Licensure model places greater responsibility on practitioners to set out their CPD requirements and demonstrate how their CPD activities improve their professional performance and patient health. Such a model more explicitly recognizes that different professionals will have different development needs and require individual practitioners to take greater ownership of their professional development.

The model is depicted in the figure below:

HPCSA MODEL FOR MAINTENANCE OF LICENCE TO PRACTICE



Reflection on own practice entails critically looking at oneself across four domains; viz

DOMAIN 1: PROFESSIONALISM – encompassing good practice, integrity, intercultural competence.

DOMAIN 2: SAFETY AND QUALITY – relates to systems one has in place to protect patients/clients, how one responds to risks to safety, and how they protect patients/clients from risks posed by colleagues.

DOMAIN 3: COMMUNICATION is about communicating effectively, working constructively with colleagues and where necessary delegating effectively.

DOMAIN 4: KNOWLEDGE, SKILLS AND PERFORMANCE entails developing and maintaining professional performance, applying knowledge and experience to own practice and maintaining clear, accurate and legible records.

Determining Learning Needs can be achieved by using the following methods:

Self assessment of competence & performance;

Audit of practice or work ethic;

Peer feedback, in same profession.

360° feedback from patients or clients, from families one interacts with, from other colleagues one works with who are not necessarily in the profession

Developing Individualised Learning: Plan is achievable through:

1. Setting own CPD programme as follows:

Embarking on Continuing Education - 20 hours per year - Learning related to performance improvement.

Involvement in Accredited activities e.g. attending conferences, workshops, courses, producing publications, engaging in research programmes.

Involvement in Non-accredited activities e.g. Self-directed learning programmes and Journals reading.

2. Ensuring own practice is audited at least once a year – systematic critical analysis of own practice, or having a senior managing own performance.

3. Participation in peer review for at least 10 hours per year – Examples include joint review of cases, review of charts, inter-professional review of cases,

mortality and morbidity meetings.

4. Ethics- related learning or practice - 5 hours per year.

Implementation of Learning Programme: CPD, which is already an HPCSA requirement, is a key component of the maintenance of licensure programme and is a major in the implementation process. There are additional requirements to demonstrate competence and performance, including peer review and engagement, audit, multisource feedback, and evaluation of competence and performance.

Application of learning to practice - Practitioners are required to determine their own learning needs, then devise an individualised CPD programme that meets these learning needs, with the ultimate aim being to improve their own practice.

Evaluating competence and performance is comprehensively done every five years; It is proposed that this should constitute a Competence Assessment(summative) which may be done online or through a training institution and performance assessments which include 3600 /multisource feedback and assessment of practice.

In Conclusion

The CPD Committee has and will continue to consult iteratively with a wide range of stakeholders in refining and implementing the guidelines and standards for the comprehensive CPD programme which will be linked to maintenance of licensure. The CPD Committee welcomes and values all perspectives and commits itself to thoroughly reviewing and considering all submissions arising out of the consultation process. The feedback received will influence the final proposal.

(This article is adapted from the concept document put together by the CPD Committee starting in 2014, as well as the presentation from Prof Sanjila Singh to the Interboard Forum that was held on 31st July 2017. Prof Singh is a member of the task team of the CPD Committee that is spearheading the Maintenance of Licensure programme)

RENEWAL AND PAYMENT OF FEES PORTAL

A heartfelt thank you to more than 60 000 practitioners who interacted with the HPCSA's new Renewal and Fee Payment Portal which went live on 1 March 2017.

Bringing the portal into operation presented us with the opportunity to update our database, but we must acknowledge that the exercise was not without its frustrations and challenges, some of which included the following:

a) LOGGING IN BEFORE CREATING AN ACCOUNT

In a few instances, practitioners attempted to LOG IN instead of CREATING AN ACCOUNT. This resulted in an error message stating that the Username and Password were invalid. The portal could not identify the practitioner as an account had not been created.

b) ID NOT RECOGNISED BY THE PORTAL

This was a source of frustration for many practitioners who have been interacting with the HPCSA for many years, for which we sincerely apologise. We still had the old ID numbers for a sizeable proportion of our practitioners, and the problem was easily overcome by HPCSA officials promptly updating the ID numbers and alerting practitioners that this had been done.

We would like to encourage those practitioners who have not yet created their accounts on the portal to do so. If the same problem is encountered, please email a copy of your ID to records@hpcsa.co.za or registrationgroup@hpcsa.co.za so that we can update your ID details.

c) EXISTENCE OF MULTIPLE ACCOUNTS

The portal uses the ID number to access a practitioner's account on the main HPCSA database. Each ID may be linked to only one account, albeit, in some cases,

FEW FACTS AND FIGURES ON THE PORTAL

The graph below illustrates the number of practitioners per Professional Board who interacted with the online portal up to 27 August 2017:



practitioners had multiple registrations. In such cases where the ID was linked to more than one account, the practitioner could not create a uniquely identifiable account on the portal. The practitioners who contacted the HPCSA after getting the multiple accounts error message had the multiple accounts merged and could then create an account and renew their registration.

d) THE AMOUNT THE PRACTITIONER IS PROMPTED TO PAY DIFFERED FROM THE PUBLISHED OR INVOICED AMOUNT.

The portal allows for the offsetting of funds received from, and funds owed by the practitioner. If there is an outstanding amount on the account, this will be added to the renewal fee, resulting in 2017/18 amount payable being higher than expected. By the same token, if the account is in credit, due to overpayment in the past, the amount payable will be less than the current renewal fee.

PRACTISING STATUS NOT DISPLAYED BECAUSE RENEWAL IS "PENDING"

1. The following conditions need to be satisfied prior to a practitioner accessing their practising card online. The practitioner must be ACTIVE, in other words, not 'suspended' or 'erased'. Practitioners who are not ACTIVE and wish to register, should please contact the HPCSA and request to be 'restored'.
2. The practitioner's account balance must be zero, or in credit, and
3. All fields on the RENEWAL tab need to be completed.

We have compiled a list of challenges that practitioners frequently encounter, and added these to the portal under the DOCUMENTS TAB.



A total of 9584 MTB practitioners were invoiced for 2017/18, and 92% of these (8797 practitioners) have paid annual, with a third or 33% having done so through the online renewal and payment portal.

We are pleased to report that a significant proportion of the practitioners used either the integrated EFT embedded on the portal or a credit/debit card to make payments, compared to the proportion that made payments in a bank and emailed or faxed a proof of payment to us.

FUTURE RENEWALS

In the 2017/18 financial year, we operated two renewal processes – the online portal and the traditional face-to-face renewal – we intend to discontinue the face-to-face model where practitioners come to our offices or we go out to specific sites for practitioners to renew or make payment. For this renewal period, practitioners could choose to have the “purple” paper practicing card or the electronic version of the card on a phone or desktop, or have both the paper and the electronic formats.

We encourage every practitioner to go online and create an account, as interaction with the HPCSA will increasingly, be through electronic means. This offers practitioners the opportunity to log on to the portal at any time, and not only for renewal purposes, enabling them to update personal details as required by the Health Professional Council Act 56 of 1974, as amended.

How to Create an Account:

This can be done in three easy steps:

- From the home page on the HPCSA website www.hpcsa.co.za click on the Online Renewals tab. This will take you to the landing page on the portal

- Click on the ‘Create an Account’ button – you will need to create an account or register before attempting to log in
- Select South Africa or Outside SA Country of Practice
- Enter the ID/Passport number and click on the Continue button as shown in the Figure below. Your name and surname as they appear in our database will appear on the screen



- Follow the prompts and complete the CREATE AN ACCOUNT PROCESS.

For further enquires regarding the Renewal and Payment of Fees portal, please contact the Registrations team on registrationsgroup@hpcsa.co.za, or contact the Call Centre on 012 338 9300.

We hope that this communication has cleared up any problems you may have been experiencing, and we encourage you to register on the portal.

GENERAL INFORMATION



For any information or assistance from the Council direct your enquiries to the Call Centre

Tel: 012 338 9300/01

Fax: 012 328 5120

Email: info@hpcsaco.za

Where to find us:

553 Madiba Street

Corner Hamilton and Madiba Streets

Arcadia, Pretoria

P.O Box 205

Pretoria 0001

Working Hours :

Monday – Friday : 08:00 – 16:30

Weekends and public holidays – Closed

Certificate of Good Standing/ Status, certified extracts verification of licensure, registrations, erasures

Email: hpcsacgs@hpcsaco.za

Continuing Professional Development (CPD)

Helena da Silva

Tel: 012 338 9413

Email: cpd@hpcsaco.za

Raylene Symons

Tel: 012 338 9443

Email: raylenes@hpcsaco.za

Change of contact details

Email: records@hpcsaco.za

Ethics and professional practice, undesirable business practice and human rights of Council:

Ntsikelelo Sipeka

Tel: 012 338 3946

Email: NtsikeleloS@hpcsaco.za

Service Delivery

Email: servicedelivery@hpcsaco.za

Tel: 012 3389301

Complaints against practitioners

Legal Services

Fax: 012 328 4895

Email: legalmed@hpcsaco.za

Statistical Information and Registers:

Yvette Daffue

Tel: 012 338 9354

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