



# Radiography and Clinical Technology **NEWS**



Newsletter - Professional Board for Radiography & Clinical Technology



# CHAIRPERSON'S NOTE



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The new Board for Radiography and Clinical Technology (RCT) was inaugurated in June 2015. During this time we bid farewell to the previous board members who have served our professions with outmost dedication and fervor. It is imperative for the new Board members to build on the foundation laid by the previous Board and ensure that all important issues are addressed as a matter of urgency and hopefully finalised during the remainder of this term.

The Board has set some clear strategic objectives that must be achieved within this term. The following strategic objectives were set as priorities:

- Update the scope of both professions in particular for the professionals that will graduate with the new four year degrees.
- Ensure that role development is enacted for example limited reporting.
- Setting minimum standards for contrast media administration by radiographers.
- Review all regulations relative to the Radiography and Clinical Technology to ensure that they are current and not prohibitive to growth of both professions.
- Ensure that governance documents related to ethics are clear and are communicated to practitioners.
- Assist in the regulation of medical devices (equipment) related to both professions.
- Educate the public on their ethical rights.
- Promotion of a whistle blower policy.
- Maintain and uphold high quality of education

- and training standards.
- Improve the current stakeholder's engagement plan.
- Advocate the creation of adequate career pathing.
- Review current systems, processes and internal Board policies to improve efficiency.

These strategic objectives are well aligned with those of the HPCSA and will provide direction and set priorities for the Board. It is anticipated that these strategic objectives will bring about an improved service delivery to practitioners, the public and take both professions to greater heights. I am eager to put shoulder to the wheel so these objectives can be achieved promptly .

Both professions are undergoing interesting transformation at the moment. At the end of 2017 we will see the first cohort of radiography graduates completing the four year professional degree programmes. The Board is currently finalising the regulations so that these four year degree qualifications can be promulgated in order to allow registration of these professionals with the HPCSA. The Board also hopes that the phasing in of these four year degree graduates will ensure greater translation of candidates into Masters and Doctoral Degree programmes. It is envisaged that the latter will facilitate growth in the number of scientific research publication produced by radiographers which will inform practice and professional standards. The phasing out of the National Diploma in Radiography will at the same time see a concurrent reduction of radiographers and ultra-sonographers available for community service in 2017. Radiographic managers should therefore take note of this and ensure that contingency measures are put in place to mitigate this shortfall.

I am honoured to lead a group of extremely experienced and knowledgeable professionals. The new members come from a diverse background and are well prepared to tackle the demands of the Board. The table on the next page provides a brief overview of the members appointed and the categories they represent.

## HIGHLIGHTS IN THIS ISSUE

RCT guidelines for mobile practices

New professional degrees being offered in Radiography and Clinical Technology

Board examinations for foreign qualified radiographers

Report on RCT Day 2015

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Member:	Category
Mr Aladdin Speelman (Chairperson)	Radiographer
Mr Sibusiso Mdletshe (Vice Chairperson)	Radiographer (Universities of SA).
Dr Yakeen Harilall (Chairperson: Education and Registration Committee)	Graduate Clinical Technology
Ms Rifke Engelbrecht (Chairperson: Committee for Preliminary Enquiry)	Graduate Clinical Technology
Dr Chandra Makanjee	Radiographer
Dr Rene Botha	Radiographer
Ms Luyanda Ntshengulana	Radiographer
Mrs Gladys Bogoshi (Ministerial appointment)	Community Representative
Dr Bheki Shongwe (Ministerial appointment)	Community Representative
Ms Lynda Swindon	Radiographer (Co-opted)

The Board currently has four vacancies, one Radiographer, one Clinical Technologist and two community representatives of which we are awaiting the Minister to appoint suitable candidates to these two positions.

Practitioners are reminded that the RCT Board operates within a heavily regulated framework and all decisions made by the Board must be in line with the Health Professions Act 56 of 74. The Board can therefore not address any labour related matters as

those should be addressed by unions and professional associations. The three main broad functions of the Board is to protect the public, guide professions and setting minimum standards for the education and training of professionals under the ambit of this Board. The Board therefore has a strong regulatory and compliance function to ensure that professionals and higher education institutions adhere to minimum standards set by the Board and the HPCSA.



Front row from left : Ms L Ntshengulana, Dr C Makanjee, Interim GM Professional Board Mr S Mabuza, Dr R Botha, Board Manager Mr E Chanza, Board Secretary Ms M Mokoka, Ms G Bogoshi.

Back row from left: Dr B Shongwe, Administrator Ms P Chipa, Ms R Engelbrecht, Vice Chair Mr S Mdletshe, Mr J Thobakgale, Committee Coordinator Ms L Ntsimane, Dr Y Harilall, Chairperson Mr A Speelman, Committee Coordinator Ms N Mthembu

## RCT GUIDELINES FOR MOBILE PRACTICES

**M**obile practice (including Mammography) has previously been addressed by the Board for Radiography and Technology (RCT) in the HPCSA bulletin and the RCT Newsletters. Since then, progress has been made with the development of guidelines for Mobile Radiography practice.

A Mobile practice is one that a practitioner conducts from a vehicle that moves from one place to another in order to make services available to those who are under serviced or not able to access healthcare services. There is a difference between owning an x-ray unit and operating it - a hospital or non-governmental organisation (NGO) may purchase and own an x-ray unit. However, the licence will only be issued by the Radiation Control Directorate (Department of Health) when evidence is provided that a licensed operator will be operating the equipment.

Mobile practices (including Mammography) are increasing in numbers in South Africa and thus need to be monitored to ensure that any person owning and operating them is suitably trained and qualified, appropriately registered with the Health Professions Council of South Africa (HPCSA) and holds a licence, as well as a practice number if they own the practice. Mobile practices are at high risk of being operated illegally and unethically. Cases have been brought to the attention of the HPCSA where owners of Mobile practices are employing unqualified personnel to perform radiographic examinations because qualified radiographers cannot be found, or the owner of the practice does not want to employ a fully qualified registered radiographer. Others recruit radiographers with a promise to make them directors of the company. A media statement was previously released by the RCT Board to warn practitioners of the dangers of lending or giving their HPCSA registration numbers to third parties (non-radiographers). It must be noted that only appropriately qualified and registered practitioners can operate x-ray equipment.

These illegal practices have been of great concern because while the Board is trying to protect the scope of the profession, there are registered practitioners who are subjecting the members of the public to unprofessional acts. This has led the RCT Board to develop guidelines for the ownership and operation of Mobile radiography practices (including Mammography) in South Africa. This will ensure that the HPCSA's mandate of protecting the public and guiding the professions will be upheld. The relevant

legal and ethical guidelines provide the framework within which the operator of a Mobile practice should practice.

Registered practitioners may not form partnerships with any unregistered practitioners. By doing this practitioners will be contravening the HPCSA's ethical rules. The Board has now developed guidelines for mobile radiology practices to prevent illegal practices. These will soon be posted on the RCT website.

**A summary of some of the guidelines is as follows:**

### LEGAL AND ETHICAL RULES, REGULATIONS and GUIDELINES:

**Scope of Practice:** Radiography is only practiced by those who have undergone recognised, accredited training and who have registered with the HPCSA to practice in the field. They must only operate within the scope of the profession and their scope of practice and training.

**Ownership and use of x-ray machines:** This is controlled by the Directorate: Radiation Control of the South African Department of Health. Only qualified persons may own and operate x-ray machines.

**Private practice:** Radiographers must apply for this through the RCT Board and then obtain a practice number from the Board of Health Funders (BHF). Practice numbers may not be sold or lent to any other person.

**Employment and partnership:** Rules and guidelines pertaining to employment and partnerships need to be adhered to. Conflict of Interest, Self-Referral and Over Servicing must be avoided.

**Equipment and premises:** Mobile practices are subject to all the requirements of the Department of Health: Directorate Radiation Control. Installation and licencing regulations as well as radiation control and protection requirements must be adhered to.

**Requesting x-rays:** Patients must be referred by a suitably qualified health professional who has received appropriate training to request x-rays on a form containing all required information.

**Reporting on x-rays:** Radiographers may not interpret or diagnose the images produced in the mobile

practice as this is currently not within their scope of practice. Reports must be obtained from radiologists if these are required. Teleradiology may be used.

**Keeping of records and confidentiality:** Medical records should be maintained according to the legal requirements pertaining to the security and confidentiality of patient information.

**Application for mobile practice:** Mobile practices may not be operated without approval by the HPCSA. An application should be made to RCT Board after which the relevant equipment and premises licence should be obtained from the DoH, Directorate: Radiation

Control. Re-accreditation of Mobile practices must be applied for every 5 years through the Board. Existing Mobile practices must apply to the Board for accreditation.

Practitioners should note that it is their responsibility to ensure that they are familiar with all the Acts, Regulations, Rules and Guidelines of the DoH and the HPCSA, related to ownership and/or operation of a radiography practice (in this instance it is a Mobile practice). All practices must be operated ethically and within the Law in order to protect the public and the profession.

## NEW PROFESSIONAL DEGREES BEING OFFERED IN RADIOGRAPHY AND CLINICAL TECHNOLOGY

### Background

The process of transforming the higher education system in South Africa has been ongoing since the post-apartheid era in 1994. The aim of the transformation was to ensure that the previous geopolitical education system which had a notion of 'separate but equal development' was brought to an end. As early as 1995, a single National Qualification Framework (NQF) was published and it had several objectives. The objectives of the NQF, as outlined in the South African Qualifications Authority (SAQA) Act, 58 of 1995 ("the Act") were as follows (South African Qualifications Authority, n.d.):

- Create a single 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 redress of past unfair discrimination in education, training and employment opportunities.
- Contribute to the full personal development of each learner and the social and economic development of the nation at large.

The establishment of the NQF basically brought about a shift from how the students were evaluated. Prior to the NQF, the focus was on where the student studied rather than what the student was capable of doing. The NQF introduced the concept of the learning outcomes and the assessment criteria that the student will have to achieve irrespective of the institution where the qualification was obtained.

### Restructuring of the Higher Education Landscape

In 2002, the Ministry of Education under the Leadership of the then Minister of Higher Education, Prof Kader Asmal, promulgated the restructured institutional landscape which was a culmination of a wide-ranging consultative process (DHET, 2002). It was therefore imperative that the strategic plans with regards to the Higher Education system be significantly revised to align to the restructured landscape. The National Plan for Higher Education (NPHE) released in 2001 by the Department of Education, identified five policy goals and strategic objectives that were critical for the transformation and reconstruction of the Higher Education System. These goals and objectives were as follows (DHET, 2002):

- i. To increase access and to produce graduates with the skills and competencies necessary to meet the human resource needs of the country.
- ii. To promote equity of access and outcomes and to redress past inequalities through ensuring that student and staff profiles reflect the demographic composition of South African society.
- iii. To ensure diversity in the institutional landscape of the higher education system through mission and programme differentiation to meet national and regional skills and knowledge needs.
- iv. To build high-level research capacity, including sustaining current research strength, as well as to promote research linked to national development needs.
- v. To build new institutional identities and

organisational forms through restructuring of the institutional landscape of the higher education system, thus transcending the fragmentation, inequalities and inefficiencies of the apartheid past and to enable the establishment of South African institutions consistent with the vision and values of a non-racial, non-sexist and democratic society.

The above policy goals prompted the two major changes in the higher education landscape i.e. the merger of the higher education institutions that existed then and the formation of a three tier university system. The new landscape was therefore formed with the following types of universities:

1. University of Technology e.g. Central University of Technology.
2. Comprehensive University e.g. University of Johannesburg.
3. Traditional University e.g. University of Pretoria.

Prior to the change of the higher education landscape, most Radiography and Clinical Technology qualifications were offered at the Technikons as three-year National Diplomas. There were only two Universities that offered the Radiography qualifications as three-year degrees. The new landscape resulted into these qualifications being offered either at a Universities of Technology or Comprehensive Universities, with the exception of two traditional universities that offered such qualifications. The changes meant that there needed to be a change to the nature of the qualifications to align to the university requirements. The universities worked together to register new qualification with the SAQA and this was achieved in 2008.

### The HEQF

There was another process of review of the NQF which prompted its replacement with a revised structure. The South African Qualifications Authority (SAQA) Act No 58 of 1995 was therefore replaced by the National Qualifications Framework (NQF) Act No 67 of 2008, and came into effect on 1 June 2009. The NQF Act changed the NQF from an eight (8) level framework to a ten (10) level framework and was now called the Higher Education Qualifications Framework (HEQF). The latter has the lowest higher education qualifications available as the Higher Certificate (at level 5) and the highest as the Doctorate or PhD (at level 10). In the old NQF structure, the three-year qualifications that were being offered in Radiography and Clinical Technology were pitched at level 6 and the honours degrees or bachelor of technology degrees were pitched at level 7 with the master's and

doctoral degrees being pitched at level 8.

The HEQF brought about the inception of the process of the migration of more than 10 000 qualifications, Radiography and Clinical Technology qualifications included, to the appropriate level. The migration of qualifications had three categories that were used to classify the work that needed to be done:

- Category A: Programmes that need no or only a minor technical adjustment to align with the HEQF
- Category B: Programmes that require some curriculum development (amounting to a less than 50% change) to align with the HEQF.
- Category C: Programmes that cannot be aligned with the HEQF and which will need to be phased out or replaced

All Clinical Technology programmes were classified as Category B and very minor changes were effected in order to align with the HEQF. All Radiography qualifications were classified as category C and therefore extensive work needed to be done by each institution to ensure that migration happened. The main areas that were critical in the design of the programmes were the following:

- Admission requirements.
- Naming conventions for qualifications.
- Purpose descriptions.
- Exit levels.
- Minimum credit values.
- Minimum and maximum credit values at different levels within a programme.

### The Revised HEQF – the HEQSF

The HEQF was revised in 2014 and a new structure was approved, now called the Higher Education Qualifications Sub-Framework (HEQSF) (DHET, 2014). The HEQSF cogitates the following as highlighted by Council for Higher Education (CHE) (CHE, 2009):

- Recognises three broad qualification progression routes with permeable boundaries, namely, vocational, professional and general routes and provides greater clarity on the articulation possibilities between these qualification routes.
- Introduces two additional qualification types to the existing nine, and includes additional variants of particular qualification types.
- Clarifies the interpretation of some existing qualification types, namely, the Bachelor's Degree, as having two potential orientations - professional and general academic.
- Provides for greater flexibility and options

with respect to professionally-oriented qualifications.

- Facilitates the potential convergence of diploma and degree study routes at the Honours level instead of at the Master's level as was previously the case.
- Simplifies some of the parameters of qualification types such as credit specification within a qualification.

The revised HEQSF, in line with the previous framework, provides the basis for integrating all higher education qualifications into the NQF. It provides a basis for standards development and quality assurance. It provides a mechanism for improving the coherence of the higher education system and indicates the articulation routes between qualifications, thereby enhancing the flexibility of the system and enabling students to move more efficiently over time from one programme to another as they pursue their academic or professional careers. Public confidence in academic standards requires public understanding of the achievements represented by higher education qualifications. The HEQSF is thus designed to ensure a consistent use of qualification titles and their designators and qualifiers.

The HEQSF establishes common parameters and criteria for qualifications design and facilitates the comparability of qualifications across the system. Within such common parameters programme diversity and innovation are encouraged. Higher education institutions have a broad scope within which to design educational offerings to realise their different visions, missions and plans and to meet the varying needs of the stakeholders and communities they serve.

The HEQSF thus operates within the context of a single but diverse and differentiated higher education system. It applies to all higher education programmes and qualifications offered in South Africa by public and private institutions (See Fig. 1)

Radiography and Clinical Technology Qualifications Immediately after the revision of the HEQF to the HEQSF in 2014, all three (3) UoTs offering the Clinical Technology programme began the process of designing the four (4) year Professional Bachelor's Degree (exit level 8) jointly together with external stakeholders, which included professionals from the seven specialist categories. The 4 year Professional Bachelor's Degree has vertical articulation to the Master's Degree in Clinical Technology and the Doctoral Degree in Clinical Technology at exit levels

9 and 10, respectively.

One of the UoTs will start offering the new 4 year Professional Bachelor's Degree in Clinical Technology in January 2017. The other two UoTs are still in the process of the design and approval of the new qualifications with the CHE.

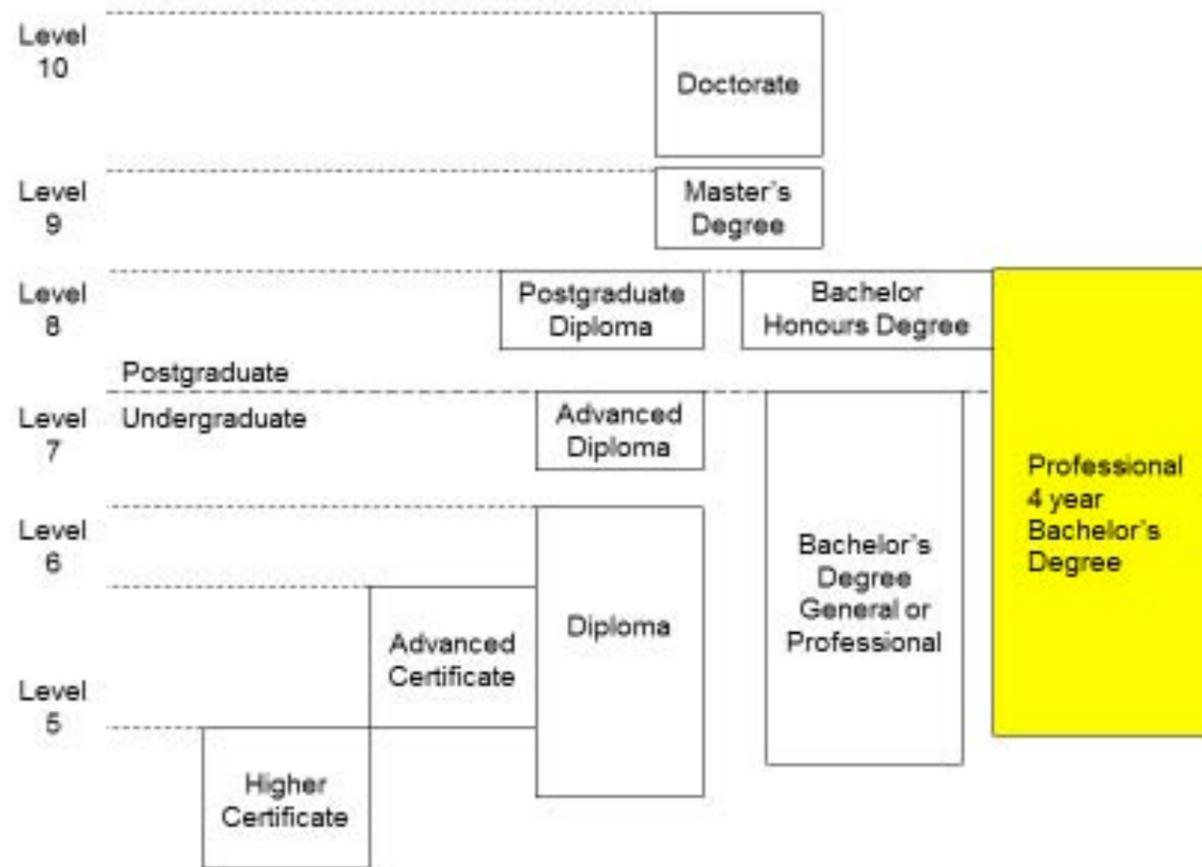
In Radiography, each university started its own process to design the new four-year professional degrees. Since the design of the new qualifications was not going to be a single national curriculum, each university devised its own plan for the design, approval and implementation of the new qualifications. The new qualifications are designed with an exit at level 8 and the qualification have a vertical articulation into the master's degree and then to the doctoral degree. This is different from the previous structure where the basic qualification was a three-year qualification which had articulation with either the bachelor of technology or honors degrees. The universities are therefore at different stages within this process and these can be summed as follows for Radiography:

- Two universities started offering the new qualifications in January 2014. One of them is only offering the Diagnostic Radiography Qualification while the other is offering all the Radiography disciplines.
- One university started offering the Diagnostic Radiography Qualification in 2015.
- Two universities started offering the new qualifications in 2016 and both are offering all the disciplines of Radiography.
- Three university are still in the process of the design and approval of their new qualifications.

Two of these will offer the Diagnostic Radiography qualification while one institution plans to offer all the disciplines in Radiography.

It is also important to also note that, unlike previously where there was a national curriculum that each University had to align to, each University now design its own curriculum. The curriculum that each University designs has to get internal (institutional) approval, SAQA registration, Radiography and Clinical Technology (RCT) Board of the HPCSA approval, DHET approval (for inclusion in the institutional Programme Qualification Mix) and CHE approval. The naming of the qualifications also differ for each University depending on the programme design approach used. Some of the naming used by the Universities are Bachelor of Health Sciences, Bachelor of Science and Bachelor followed by the qualifier. Below are the examples of the naming of

Fig. 1 The HEQSF



# RCT BOARD EXAMINATIONS FOR FOREIGN QUALIFIED RADIOGRAPHERS



The purpose of this article is to provide clarity and understanding of the requirements and processes related to the Professional Board for Radiography and Clinical Technology (RCT) examinations for foreign qualified radiographers. Further information can be found on F177 DR form and form 301 – available from the HPCSA administration office or website.

## Introduction

The Health Professions Act no 56 of 1974 states that all individuals who practice any of the healthcare professions under the ambit of the HPCSA must be registered with the HPCSA. Failure to do so constitutes a criminal offense.

According to the Act, anyone who wants to practice Radiography within South Africa must be registered with the HPCSA. Any person wishing to register must apply to the HPCSA and submit their qualification, together with all relevant supporting documents as stipulated on the registration form. Qualifications must be those that are accredited and approved by the relevant Professional Board. Foreign qualified professionals will follow a different process.

According to the policy of the Professional Board for Radiography and Clinical Technology (RCT), all foreign qualified candidates must write an entry examination in order to evaluate their eligibility to register with the HPCSA. It must be noted that registration with the HPCSA does not guarantee employment. The candidate is responsible for finding his or her own employment at a suitable state (public) institution as stipulated by the Foreign Workforce.

## How To Apply: Foreign Qualified Radiographers

Candidates must first apply to the RCT Board for registration by completing the F177 DR Form (available from HPCSA office and website). Below is a summary of the requirements for such application.

**Professional Qualifications:** The minimum period of education and training for a foreign radiography qualification must be equivalent to that required from candidates qualifying in South Africa. Currently this is three years for radiography.

**Practical Training/Professional Experience:** The applicant must submit official documentary evidence of having completed full-time clinical/practical training and/or professional experience.

**Applications:** The following documents (in English or officially translated into English) must be submitted together with the correctly completed F177 DR Form.

- Copies of all degree/diploma certificates and school leaving certificates certified by an attorney in his/her capacity as notary public and bearing the official stamp.
- Original transcripts of record issued by the training institution indicating course content of each qualification.
- A copy of the curriculum/syllabus of each subject.
- With regard to experience and appointments held, documents must specify the exact nature and extent of work performed and periods during which the appointments were held. All documents must be originals - if this is not possible, certified copies of documents may be submitted.
- A work permit and an offer of employment in South Africa in the Public Sector is very important.
- A recent certificate of status (certificate of good standing), is indicating that the candidate is in good standing in the country of origin – this must be issued by the foreign registration authority where the applicant is currently registered.
- Two references indicating professional conduct and ability.
- Copy of marriage certificate (if applicable);
- Test of English as a Foreign Language (TOEFL) or International English Language Testing System (IELTS) English proficiency certificates for practitioners from non-English speaking countries.

the qualifications:

- Bachelor of Health Sciences in Clinical Technology.
- Bachelor of Science in Diagnostic Radiography.
- Bachelor of Nuclear Medicine Technology.

The curriculum designed has to be internationally aligned and there must be a narrative which speaks to how the alignment was measured.

## Conclusion

The development of the new qualification in the Radiography and Clinical Technology is imperative and the Universities must be acknowledged for the sterling well thought design of the new qualifications. The new qualification will, without a doubt, augment the Radiography and Clinical Technology professions. The RCT Board plays a crucial role in the review and approval of the qualifications submitted by the Universities. This is to ensure that the graduates of such qualifications will be registrable with the RCT Board upon completion of their qualifications. The RCT Board is currently in the process of revising the Scope of the Profession to ensure that when the new graduates complete the qualification, the scope will be in place. In addition, the RCT Board will engage the necessary stakeholders for the creation of the suitable post structures.

## References

1. CHE, 2009. Higher Education Monitor No. 8: The State of Higher Education in South Africa. A report of the CHE Advice and Monitoring Directorate. Available from: [http://www.che.ac.za/sites/default/files/publications/Higher\\_Education\\_Monitor\\_8.pdf](http://www.che.ac.za/sites/default/files/publications/Higher_Education_Monitor_8.pdf)
2. DHET, 2002. Transformation and Restructuring: A New Institutional Landscape for Higher Education. Available from: <http://www.dhet.gov.za/Reports%20Doc%20Library/New%20Institutional%20landscape%20for%20Higher%20Education%20in%20South%20Africa.pdf>
3. DHET, 2014. Government Gazette. Vol. 592, No. 38116. Available from: <http://www.che.ac.za/sites/default/files/publications/Government%20Gazette%2038116%2017%20October%202014%20HEQSF.pdf>
4. South African Qualifications Authority, n.d. The National Qualifications Framework, 1-13. Also available from: <http://www.saqqa.org.za/list.php?e=NQF>

- A copy of a valid Passport or Identity Document as proof of current citizenship – this must be certified by a notary public as previously indicated above.
- Original letter of endorsement in support of the application for registration issued by the Foreign Workforce Management Program (FWMP) of the National Department of Health. (Details are provided on the F177 DR Form.
- The relevant non-refundable application fee. Please note that payment of application fee does not guarantee approval of the application.
- A South African Qualifications Authority (SAQA) certificate of evaluation for the candidate's qualifications.

**NOTE:** If the application is approved by the Board the candidate will be required to write the Board examination.

### The RCT Board Examination Process

The purpose of the examination is to establish that foreign qualified radiographers applying to work in South Africa are able to meet the exit level outcomes of the South African qualification required for registration as a radiographer.

Below is a summary of the process to be followed once a foreign candidate's application has been approved by the RCT Board. Please note that a non-refundable examination fee must be paid before admission to write the examination is granted.

### Minimum entrance requirements to sit for the examinations:

- Candidates must qualify to register in the country where they have obtained their radiography qualification.
- Must have attended at least 12 successful years of schooling before commencing with the training in radiography.
- The radiography training must have been at least 3 successful years. If it was less than 3 years, the candidate will need to apply at an accredited training institution to upgrade their training. The institution's requirements and rules will apply. The candidate is responsible for this.
- The training received in the foreign country must be at an academically acceptable standard and the candidate must have received adequate clinical training in line with the South African requirement.

### The Examination:

- Examinations are conducted at a venue approved by the RCT Board.
- Candidates are responsible for their own traveling, accommodation and meal costs.
- Examinations are conducted twice a year at the discretion of the RCT Education Committee.
- The examination consists of Theory and Image viewing + Clinical components.
- Final results will be calculated as:
  - o Part 1 – Theory
  - o Part 2 – Image viewing + Clinical Assessments
- Part 1 and Part 2 must both be passed in order to qualify to register with HPCSA.

If a candidate fails one or both of the two components, they will be considered as having failed the Board examination. They may be offered the opportunity for ONE re-assessment for that specific component, on a date set by the Education Committee of the Board. This means that a candidate may only sit for the entry examinations for a maximum of two (2) attempts.

### The Examination scope:

- The examinations cover the South African 3 year syllabus.
- The exit level outcomes for the South African 3-year qualification must be met.
- Candidates are provided with an overview of the syllabus outline and suggested reading list in Form 301.

The RCT Board has, over many years, conducted a number of examinations to enable foreign radiographers the opportunity to register with HPCSA and work in South Africa. A number of candidates who sat for the examinations were successful in their first attempt, but others needed a second attempt.

Radiography is listed as an Occupation in High Demand by the Department of Higher Education and Training (DHET) and is listed as a scarce skill in South Africa so successful foreign candidates are filling a need for qualified radiographers in the country. The RCT Board is committed to maintaining high standards of competence and examinations are set based on the South African exit level for radiography qualifications. These are high, but they will be maintained to ensure that quality services are provided to the patients in our hospitals and clinics. The Board continues to strive to protect the public through the proper monitoring of education and training.

# POLICY ON RESTORATION OF PRACTITIONERS WHO HAVE NOT BEEN PRACTICING THEIR PROFESSION FOR MORE THAN TWO YEARS

## 1. Background

This policy guideline is intended as a recommended protocol for the Radiography and Clinical Technology professions to follow. The Board uses policy guidelines as an internal management tool in formulating decisions that relate to issues in the practice of Radiography and Clinical Technology. Section 19A of the Health Professions Act, 1974 (Act 56 of 1974 as amended stipulates):

### (1) A relevant professional board or a committee of a professional board to whom the function has been delegated may authorise the registrar to suspend the registration of any person-

- who has failed to notify the registrar of his or her present address, within a period of three months from the date of an inquiry sent by the registrar by certified mail, which is returned unclaimed, to the address appearing in the register in respect of such person;
- who has failed to pay his or her prescribed annual fee on a date when it became due in terms of section 61 A;
- who has been found guilty of unprofessional conduct and on whom a penalty referred to in section 42(1)(b) of the Act is imposed;
- who has failed to comply with the requirements in respect of continuing professional development as prescribed under section 26; or
- who on the basis of a complaint lodged with the council or information available at the disposal of council is posing an imminent threat or danger to the public in terms of his or her professional practice.

### (2) The registrar must issue the notice of suspension and forward it to the person contemplated in subsection (1) by way of certified mail, fax or electronic transmission to the address appearing in respect of him or her in the register.

### (3) As from the date of issue of the notice referred to in subsection (2) and its receipt by the person concerned-

- any registration certificate issued in terms of this Act to the person concerned must be deemed to be suspended; and
- such person must immediately cease to practice the health profession in respect of which he or she is registered or to perform any act which he or she in his or her capacity as a registered person is entitled to perform, until such time as the suspension of his or her registration is lifted.

### (4) The suspension of any person in terms of subsection (1) must be revoked by the registrar upon-

- the payment of any annual fee which was not paid and payment of a restoration fee and other penalties as may be prescribed;
- the expiry of the suspension period;
- such person complying with requirements in respect of continuing professional development as prescribed under section 26; and
- such person complying with such other requirements as the relevant professional board may determine.

## 2. Application and scope of policy

Pursuant to the above provisions, this policy applies to the following professions:

DR	Radiographer
EE	Electro-Encephalographic Technician
KT	Clinical Technologist
KTG	Graduate Clinical Technologist
RLT	Radiation Technologist
RSDR	Restricted Supplementary Diagnostic Radiographer
SDR	Supplementary Diagnostic Radiographer
SEE	Supplementary Electro-Encephalographic

Technician

SKT Supplementary Clinical Technologist

SRLT Supplementary Radiation Technologist

### 3. Rationale for policy review, adoption and implementation

The HPCSA restoration guidelines stipulate that in the event of a name of a person was erased from the register an application for restoration form (Form 18) must be duly completed and returned together with any requirement from the Professional Board and the restoration fee to Council which is as follows:

The restoration fee payable is calculated in terms of the regulations promulgated in the Government Gazette Notice No. R1560 of 31 October 2003 thereby amended on 11 November 2005 Notice No. R1089:

The restoration fee payable by a practitioner if he / she applies for the restoration of his her name to the register from which it was removed under section 19 (1) (d) of the Act-

- a. within a period of six months after the erasure / suspension date, shall be equivalent to twice the applicable annual fee for the current year, plus all outstanding fees, if any;
- b. after a period of six months, but within 12 months of the date of erasure / suspension, shall be equivalent to four times the applicable annual fee for the current year, plus all outstanding fees, if any ;
- c. after a period of more than 12 months of the erasure /suspension date, shall be equivalent to five times the applicable annual fee for the current year, plus all the outstanding fees if any.

PLEASE NOTE: Applications for restorations received from practitioners who have been erased from the register for a period exceeding two years and who were not practicing their profession in another country, have to comply with the special restoration guidelines as approved by the relevant Professional Board.

### 4. Guidelines applicable to the Radiography and Clinical Technology professions

The Professional Board established the need to regulate the period of supervision which practitioners must be subjected to. The Board has developed a

template to be used by the Supervising practitioners who are responsible for the supervision of those who applied for restoration of their names onto the register to record the nature of activities the practitioner was exposed to during the period of supervision. The Supervisor and the Supervisee have a joint responsibility to ensure that the hours of supervision are properly recorded. Such supervision shall be as follows:

- a. Practitioners who have been out of practice for 0-5 years, practice under Supervision for 6 months (approximately 1000 hours).
- b. Practitioners who have been out of practice for 6-10 years, practice under Supervision for 12 months (approximately 2000 hours).
- c. Practitioners who have been out of practice for more 10 years, practice under Supervision for 24 months (approximately 4000 hours).

This policy on restoration of practitioners ensures that the newly reinstated Radiographers and Clinical Technologists are fully engaged in the profession, including participation in the continuing education activities, as soon as their certificate of registration has been reinstated.

### 5. Applications of received for restoration of names to the register of the Professional Board for Radiography and Clinical Technology should follow the following procedure:

- a. In the event of practitioners' names having been erased in terms of Section 19 of the Act (Act 56 of 1974) for a period of less than two years: Such applications should be dealt with administratively and restored to the register on receipt of duly completed forms and penalties paid.
  - i. Completion of required restoration form and payment of applicable fees.
  - ii. Such practitioners' would be restored to the register in the category supervised practice for a period of six months (approximately 1000 hours). The supervisor needed to submit supervisory reports on a quarterly basis.
  - iii. Submission of duly completed weekly performance report log sheets (Annexure A).
  - iv. Submission of supervisory reports (Annexure B) on a quarterly basis regarding competency of health professional or whether a further period of supervision is needed. Upon submission of

successful supervisory report, health professional may request to work Independently again;

- v. A summary of CPD activities completed during the 6 months.
- b. In the event of practitioners' names having been erased in terms of Section 19 of the Act (Act 56 of 1974) whilst the practitioner was actively practising his/her profession abroad, taking into account that practitioners might have been studying abroad, but had not been engaged in any relevant clinical activities, such applications be dealt with administratively and restored to the register on receipt of duly completed forms, penalties paid as well as a recent Certificate of Good Standing and evidence regarding experience and appointments held and must specify the exact nature and extent of work performed and the periods during which the appointments were held. The practitioner will be restored under the same category that they were registered under prior to their erasure.
- c. In the event of practitioners' names having been erased in terms of Section 19 of the Act (Act 56 of 1974) for a period of more than two years, but have been actively practising their profession (within South Africa), would be restored administratively under the same category that they were registered under prior to their erasure but submitted to the Department: Legal Services for investigation.
  - d. In cases where a practitioner's name was erased from the register, but had been practising his/her profession abroad, the following would be required for restoration of his/her name to the Register:
    - i. Completion of the required restoration form.
    - ii. Payment of applicable fees.
    - iii. A certificate of good standing (not older than three months) issued by the country/institution/body or regulatory authority where he/she worked.
    - iv. A detailed Curriculum Vitae detailing the work experience with proof of registration/work experience in that country.
    - v. Proof of compliance with the CPD requirements of that country/institution/body/regulatory authority or a summary of CPD activities with

accompanying certificates completed during the period of erasure.

- e. In the event of practitioners' names having been erased in terms of Section 19 of the Act (Act 56 of 1974) for a period of more than two years and who had not been practising their profession, would be submitted to the Board for consideration of the following conditions:
  - i. Completion of required restoration forms and payment of fees.
  - ii. A detailed letter motivating the reasons for restoration.
  - iii. An updated curriculum vitae.
  - iv. Documentary evidence of all related activities engaged in since the date of erasure.
  - v. A period of supervised practise to be decided upon by the Board.
  - vi. Submission of duly completed weekly performance report log sheets (Annexure A)
  - vii. Frequency of supervisory reports (quarterly/ biannually/annually etc) (Annexure B)
  - viii. Compliance with Continued Professional Development.
  - ix. Practitioner's name to be included in the CPD Audit after a period of one year after restoration of his/her name to the register.
  - x. Once all requirements have been met, the practitioner may apply to have his name restored to the register for independent practice.

### 6. NOTES

*"Supervised practice" means practising a health profession under the supervision of an appropriately qualified health practitioner at an approved facility as determined by the board;*

*"Supervision" means the overseeing of the professional acts of a person registered in the category of supervised practice by a supervising practitioner and the acceptance by that supervising practitioner of liability for such professional acts;*

*Approved by the Board on: 24 June 2016*

## REPORT ON RCT DAY 2015

1 SA  
ePublicationsA survey of South African radiographers' and radiologists' opinions on role extension for radiographers

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<b>Abstract</b>	<p>Role extension for radiographers in South Africa is driven by the need to improve service delivery challenges and the radiographers' need for professional recognition. The two areas earmarked for role extension are injection of contrast media and reporting on radiographs. This study was conducted to determine the willingness of diagnostic radiographers to extend their roles and gather the opinions of radiologists regarding this role extension. A quantitative, descriptive, exploratory and cross-sectional study was conducted. A sample of 300 radiographers and 30 radiologists was taken from a population of 7771 radiographers and 885 radiologists as per the Health Professions Council of South Africa register (HPCSA). Survey Monkey was used for making questionnaires accessible to all participants. The level of significance was fixed at 5%. Sixty-eight percent of radiographers agreed in principle to injection of contrast media and only 25,5% agreed to provide a written report on the interpretation of radiographs. Eighty percent of radiologists agreed in principle to radiographers injecting contrast media and only 11,6% agreed to radiographers providing a written report on the interpretation of radiographs. The participants gave an average response of 74,4% on the need for radiologists to take responsibility for the adverse reactions that may result from injecting contrast media. Radiographers and radiologists supported the need for further education and training and role extension for injecting contrast media. There is concern over the 'no one' response as to who performs radiologists' work and how this impacted on service delivery.</p>

The 2015 Radiography and Clinical Technology Day Celebration was held in Cape Town. The theme for 2015 RCT Day Celebration was "Ethics in the Profession". The annual celebration was to commemorate the discovery of X-radiation by William Roentgen in 1895 as well as the Clinical Technology Profession.

Registered professionals under the ambit of the Board were invited to attend the meeting. HPCSA website and social media.

The celebration was attended by 100 practitioners and the practitioners were addressed by speakers from the Board, Council and Western Cape Department of Health. The celebration is also in line with the Board's strategic objectives for stakeholder engagement as it assists in improving and maintaining communication with practitioners as well as promoting dialogue.

The practitioners were awarded with five (5) CPD points for attending the celebration.

**The line-up programme:**

Mr S Mabuza introduced Board members to practitioners, whilst Mr A. Speelman gave a brief overview of the reason why RCT day is celebrated.

Dr M A Kwindu HPCSA Ombudsman, spoke about Advancement in Technology: Medical Devices and Licensure. His presentation highlighted that Section 2 of the Medicines and Related Substances Amendment Act 59 of 2002 which is to regulate the use of medical devices in the interest of the public. Furthermore, he highlighted the risks associated with the use of medical devices, technology and equipment. The practitioners were encouraged to report adverse events and near misses by health professionals.

Ms V Moodley presented on Business Ethics in Healthcare. The presentation emphasised the acceptable business models, corporate ownership, perverse incentives and shareholding as per the HPCSA regulations. The presentation further highlighted franchising that is only permissible if not in breach of ethical rules for example advertising, canvassing, exploitation, fees and commissions to mention a few. The presentation also highlighted the Business Practices Committee which indicated that practitioners should not put clinical needs of patients before any other.

Adv Pillay-Naidoo gave an overview of the Competition Commission of HPCSA. The presentation highlighted the function and objective of the Competition Commission which entail horizontal practices, price fixing and division of markets. The HPCSA also has ethical rules with regard to competition which are namely acceptable business models, corporate ownership, corporate involvement, accepting commission to mention a few.

Mrs G Swart gave a talk on licensing of X-Ray Equipment for Education and Training Business Practice. The presentation highlighted that the licensing of X-ray units is governed by the Hazardous Substance Act (Act 15 of 1973) and the regulations that control the use of electronic products producing ionizing radiation. The practitioners were taken through the application process to licence an electronic product or equipment for a private practice and a training institution.

Ms N Crookes gave an overview of the challenges experienced in the Provision and Delivery of Radiography and Clinical Technology in the Western Cape. The presentation highlighted the four disciplines of radiography which are Nuclear Medicine, Radiotherapy, Diagnostic and Ultrasound. The challenges and achievements of each discipline were highlighted.

Adv Pillay-Naidoo gave a second presentation on Practitioner Misconduct and Committee of Preliminary Inquiry and emphasized that a practitioner has a duty to uphold and maintain professional and ethical standards. The presentation highlighted the process followed when Council receives a complaint from a patient or the practitioner's colleagues. It further highlighted that the appeal process should be the practitioner wish to appeal the decision of the Council.

Dr Mjamba-Matshoba presented on Patient Rights vs The role of the practitioner. The presentation highlighted the responsibilities and rights of practitioners and patients. The responsibilities and rights are governed by the following pieces of legislation: Constitution of the Republic of South Africa, National Health Act No. 61 of

committee manages the complaints lodged against the practitioners, rehabilitation and compliance of practitioners.

Practitioners as far as Limpopo and Gauteng attended the RCT day presentations.

*Report taken from RCT Board report on RCT day 2015*

## GENERAL INFORMATION



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