The term of the Board is definitely coming to an end. The Health Professions Council of South Africa (HPCSA) has issued a call for nominations of the new members to serve on the Board. The inauguration of the new Board will take place around June /July 2015. It has been an interesting and challenging experience for me. I can only give thanks, honour and glory to God Almighty for sustaining me as the Chairperson of the Board. I give thanks to the Almighty for bringing together a team that has respect for one another, devoted to working together and being geared on providing the best of what was humanly possible for the South African public. I hope the fruits of hard work that each and every member of this Board put into its activities are acknowledged by all registered professionals.

My life as a member of the RCT Board started far back in 2001, when I was appointed by the then Minister of Health, Dr Manto Tshabalala-Msimang. I joined the Board in mid-term. I was then groomed into all activities and functions of the Board. Little did I know that I will be the chairperson of this Board for two terms. It was God’s unmerited favour that I was elected twice. Special thanks to the members of the Board for trusting me with this responsibility.

The major activities carried out during term one related to the development of the professional degrees, with the Board taking the role of the standards generating body (SGB). The other steep battle related to gaining private practice for all four Radiography categories. The second term was mainly focused on developing documents and guidelines for accreditation of the higher education institutions. In both terms, the Board continued the tradition of having one open meeting to celebrate Radiography and Clinical Technology Day. This was planned to coincide with the World Radiography Day celebrations on 8th November of each year.

The highlights of 2014 include; a) ensuring quality education and training for Radiography and Clinical Technology students; b) development of guidelines to ensure that practitioners deliver quality service at all times; c) educating both the practitioners and members of the public about services provided by the Radiographers and Clinical Technologists as well as d) conducting research to inform the possible extension of the scope of radiographers.

Starting with ensuring the quality education and training, Diagnostic Radiography in Gauteng was greatly challenged. The challenge came from three areas, namely; there is a need to increase production of diagnostic radiographers to provide the much needed service in all levels of healthcare service delivery. This is the requirement from the National Department of Health. To be able to produce more Diagnostic Radiographers, there must be an increase in the number of clinical training facilities. This was a challenge because in Gauteng alone, there are four educational institutions offering Diagnostic Radiography education and training. It was realised that the
Local clinical training facilities were not enough. The possibility of taking students outside Gauteng to gain clinical training in other provinces like Limpopo and Northwest were challenged by the way the contact sessions were structured in the education institutions. It was also not possible to bring the students together in one clinical training facility because the facilities are accredited for specific educational institutions. The second reason was that each clinical training facility was accredited for a specific number of students. What I found to be a great challenge was the institutional autonomy which proved to be a threat to the growth and development of radiography as a profession.

A meeting of the representatives of the four educational institutions was called and facilitated by the Board. The focus of the meeting was to identify the strategies that can be adopted to improve the situation without having to compromise the profession of radiography. It was decided that each institution must try by all means to approach other clinical facilities in their vicinity to provide clinical training platforms for the students. The other point related to open communication among the institutions to avoid overcrowding students in one clinical facility.

With regards to the second activity, the Board has managed to develop guidelines for Fluoroscopy procedures as well as Computerised Tomography. Mammography guidelines have been updated. The policy document from the Department of Health’s Radiation Control Directorate was revised and linked to the HPCSA guidelines. Referring clinicians are being sensitised on the dangers of radiation. Referring clinicians are further encouraged to ensure that the examination they are requesting is justified. Radiographers on the other hand must optimise and apply radiation limitation principles, guidelines and accessories to reduce the amount of radiation dose that the patient is exposed to.

In educating the members of the public and the professionals at the same time, the board released two media statements. One statement was on mobile radiology practices with a warning for practitioners not to give their HPCSA numbers to any third parties. The other media statement was on sleep studies.

The fourth major activity of the Board was the feasibility study on role extension for Diagnostic Radiographers. It is important to note that the Board was not side-lining other categories of Radiography or Clinical Technology by focusing the study on Diagnostic Radiography. The decision to conduct this study with the focus on image interpretation and injection of contrast media was informed by the needs of both the professionals and service to the South African public. It was also a learning curve for the Board.

Conducting this study was a tedious but, fruitful and fulfilling exercise when one looks at the results. It was the opportunity for the board to prove that Radiography is a profession and as a profession, it is capable of providing justification for the decisions they arrive at. The Board has arrived at a point where it can say; let courses be developed for Diagnostic Radiographers to be educated on injecting iodinated contrast media as well as reporting on the radiographs they have performed.

Last but not least, the consultation with the Medical and Dental Professions Board on issues around ownership, licencing and operation of the X-ray emitting equipment as well as ultrasound equipment. It became clear during discussions that only practitioners who have been trained and deemed competent by an accredited educational institution will be licenced to operate the x-ray emitting equipment. The challenge that still remains relates to the Ultrasound equipment. Debates are continuing in this regard.

Lastly I would like to thank all staff members at the HPCSA who have contributed to the realisation of the strategic objectives of the Board. It has not been a smooth sailing, but we all pushed forward and we can now count some successes according to the goals met. Thanks to all practitioners, those who always sent some words of encouragement, highlighted if things are not right on the website or even brought to the attention of the Board some unethical practices that they noticed in the work places.

I salute you all.

Mable Kekana
The primary responsibility of appointed staff within clinical training sites is to ensure, together with the relevant University, that students are given the opportunities to qualify with the necessary clinical competencies.

It is appreciated that each student is different and may achieve the required competencies at different stages; however, it is the responsibility of the mentor(s)/supervisors in the clinical sites to offer a formal programme that accommodates all students.

When a clinical training site requests accreditation to train students, through their respective University, annexure B of form 184 and 197 for radiography and clinical technology respectively, are completed and signed by both parties. In this form the “clinical facility” agrees to supply and comply with, among other biographical data, the following information:

- A list of all professional staff with their respective HPCSA registration number.
- Statistics of examinations and patient numbers done per month.
- Arrangements made for the supervision and training of students within the clinical site(s).
- The formal arrangements for supervision of students by the University.
- The formal programme in place or envisaged for demonstration and clinical instruction within the clinical site(s).
- The method of assessing students for clinical competency.
- Persons responsible for clinical instruction, both from the clinical site and University.
- The formal programme in place or envisaged for demonstration and clinical instruction within the clinical site(s).
- The method of assessing students for clinical competency.
- Persons responsible for clinical instruction, both from the clinical site and University.
- A list of equipment in the various sites including those sites through which the students may rotate. Rotation through other accredited clinical sites may be necessary for students to meet the expected clinical competencies.
- A contract that outlines an agreement between the student and the clinical facility/facilities affiliated to the university in which student is placed to do his/her clinical training.

As can be seen it is a partnership between the staff of clinical facilities and the University. The student is placed in the clinical training facilities affiliated to the respective university to learn skills and gain competencies and not as a “work force”. The responsibilities of those who supervise, mentor, instruct students in the clinical training facilities are numerous and essential if competent practitioners are to take on their responsibilities as a community radiographer or a clinical technologist.

Clinical technologists may only work independently (alone) on obtaining a Bachelor of Technology qualification.

The motto of the HPCSA is “To protect the public and guide the profession”.

The clinical training facilities play a vital role in ensuring their students, once qualified, can uphold this motto and are ambassadors for their respective clinical training centres.

Report by
Jenny Motto
Chairperson: Education
The Radiography and Clinical Technology Board has been registered as a Standards Generating Body (SGB). The HPCSA on the other hand has been registered as an Education and Quality Assurer (ETQA). The mandate of the RCT Training Board, under the ambit of the HPCSA is to regulate education and training of the professions under its ambit. One way of regulating the education and training of the Radiography and Clinical Technology professions entails the accreditation of the education and training institutions.

The changing political climate in South Africa has for the past 20 years seen the merger of the higher education institutions. It has now come to the attention of the Board that some accredited clinical training facilities are engaged in similar actions. There has been a change in a number of practice names like Drs Labuschagne & Partners to Capital Radiology, Dr Krige & partners is now Diagnostic Radiological Services Incorporated, the latest change involved the radiation therapy practices where a new practice name came up, EQURA Health.

The RCT Board welcomes all the changes and records are being updated to reflect the new names. It is however important to note that where a number of accredited clinical facilities come together under one name, this should not impact the education and training of students negatively. The number of students accredited to one clinical facilities must be adhered to. The movement of the students from one facility to the other must not be done in a way that will impact negatively on the students; learning programs.

It has also come to the attention of the RCT Board that some amalgamation of clinical training facility involves facilities which were accredited to the different educational institutions. Close collaboration and communication between the educational institutions and the clinical training facilities should be maintained to ensure that students are not compromised.

---

CHALLENGES WITH MOBILE RADIOLOGY PRACTICES

by Ms Mable Kekana
Chairperson

The Radiography and Clinical Technology Board receives a number of applications and enquiries relating to Mobile Radiology and/or Mammography practices. Mobile Radiology and/or Mammography Practices are the fastest growing business in medical imaging. These are some of the challenges that the Board had to deal with in the past year related to the following:

1. Private companies that own radiology services
2. Radiographers who own mobile radiology practices
3. Radiographers who want to form partnerships with private companies in order to provide a mobile radiology/mammography service.

I will start off by explaining the difference between ownership and operation of an x-ray emitting machine. An entity like a hospital or Non-governmental Organisation can purchase and own an x-ray emitting equipment. For the equipment to be licensed by the Radiation Control Directorate, the entity must provide evidence that there is a licensed operator of the equipment. This is where the challenge starts. When the entity cannot find the qualified radiographer to employ, or in some instances, do not want to employ a fully qualified and licensed radiographer, they resort to...
On 11 June 2014, Dr Fozy Peer was elected the 14th President of the International Society of Radiographers and Radiological Technologists (ISRRT) at its meeting held in Helsinki Finland. She is the 4th female President.

Prior to being elected as President of ISRRT, Dr Peer served 2 consecutive terms (June 2006 to June 2014) on the ISRRT Board of Management as Director of Public Relations.

Dr Peer manages the Department of Nuclear Medicine Department at a tertiary level hospital in Durban, South Africa. She holds qualifications in Diagnostic and Nuclear Medicine both achieved cum laude, with masters and doctoral degrees in Radiography. She has supervised post-graduate research projects and examined many post-graduate dissertations.

She was elected to the Board of Radiography and Clinical Technology on the Health Professions Council of South Africa (HPCSA), a statutory body, where she served two terms of office (1995 to 1998 and 2004 to 2010) on the executive committee representing Radiography.

Nationally, she has served two terms of office as the President of the Society of Radiographers of South Africa (SORSA) and has held the portfolios of national treasurer, Nuclear Medicine category representative, public liaisons officer and the council member representing South Africa on the ISRRT for 8 years. She has convened the last 4 national SORSA congresses. She was congress convener and was instrumental in being awarded the bid to host the 15th ISRRT World Congress held in Durban, South Africa in April 2008 – the 1st ISRRT World congress in Africa. Currently she serves on the SORSA national council as member of the executive, the Nuclear Medicine representative and the public liaison officer.

She serves on the Board of Editors of the SA Radiographer and the Journal of Medical Imaging and Radiation Sciences. She has publications in peer-reviewed/accredited journals and has presented papers/posters at many local, national and international conferences.
CONTINUING PROFESSIONAL DEVELOPMENT

The purpose of CPD is to assist health professionals to maintain and acquire new and updated levels of knowledge, skills and ethical attitudes that will be of measurable benefit in professional practice and to enhance and promote professional integrity. The beneficiary will ultimately be the patient. Health professionals may select activities at any level of learning that meet their particular needs and the demands of their practice environments. Random audits are done by the CPD department for compliance with CPD points.

In terms of section 26 of the Health Professions Act (Act No.56 of 1974 as amended) CPD is a prerequisite for continued registration with Council, failure of which will result in the suspension of the names of the health professionals who are not compliant in terms of section 19A(1)(d). Suspended health professionals will then have to apply for restoration of their names to the register and comply with the restoration requirements.

After several audits it is evident that practitioners are non-compliant for the following reasons:

a. practitioners do not submit portfolios when randomly selected.
b. non-compliant with the ethical component
c. non-compliant with both the clinical and ethical component (in a lesser extend).
d. practitioners not working or working in a rural area
e. failure to notify Council in writing within thirty (30) days of changes in their postal addresses (section 18(3) of the Act)

A CPD Reminder

Continuous Professional Development is mandatory for all practitioners registered with the HPCSA.

All Radiographers and Clinical Technologists who have been audited and are not compliant despite numerous reminders in the form of letters, registered letters, sms and emails will be suspended.

As of July 2012 there were 140 practitioners registered with this Board who are likely to be suspended unless they have subsequently submitted their portfolios identifying their compliance.

Please check with our customer services that you are not one of those that have been suspended. Once suspended you are required to work under supervision and comply with the required 60 CEU’s before you can be restored on the register. Please also check that the HPCSA has your correct details— it’s your responsibility to do this.

To all those who are compliant, well done and carry on accumulating your CEU’s and keep them topped up to 60 CUE’s.

Please email the CPD Department to find out if you were audited. The email address is cpd@hpcsa.co.za.
POLICY ON THE REQUESTS FOR MEDICAL X-RAY EXAMINATIONS

Radiation Control Directorate Guidelines

Definitions
“Appropriately trained and registered Healthcare Professional” means any appropriately trained and registered health professional other than a Dentist or Medical Practitioner e.g. physiotherapist, primary health care nursing staff / occupational health and safety nursing staff. Professional must have undergone an education and training program at an institution that has been accredited by the HPCSA or any other professional council like SA Nursing Council (SANC).

“Good and sufficient grounds relates to the fact that the professional making the request shall have performed a clinical examination on the patient because he/she has been educated and trained in doing so”.

“Radiation Control Directorate” means a Directorate of the National Department of Health responsible for the licensing of all Ionizing Radiation equipment.

Procedure and Protocol

1. All requests must be in writing and signed by the person requesting the examination(s).
2. The clinical indication for the examination(s) must be indicated.
3. X-ray examinations may only be requested by:
   3.1 A Medical Practitioner
   3.2 A Dentist; or
   3.3 Any health care professional as defined in the National Health Act, 2003 (Act No. 61 of 2003) and as clarified above.
4. A radiographer in his/her professional capacity may refuse or accede to the request (par 3.3 above) provided that good and sufficient grounds exist for his/her decision.
5. Should the radiographer question the qualifications and competency of the professional making the request, or the possibility of an unsubstantiated request, for example, clinical history indicated does not justify or necessitate the performance of the x-ray examination, the radiographer may refuse to perform the examinations.
6. Any person who contravenes the provisions of this policy and the ethical rules in terms of requesting x-ray examinations must be reported to the Legal Department of the HPCSA or SANC (as the case may be) to be dealt with in terms of the professional conduct provisions.

This policy has been endorsed by the Professional Board for Radiography and Clinical Technology of the HPCSA. It is important that the policy be read with the guidelines as provided by the Board.

Optimising the use of Medical X-rays

The role of the Radiation Control Directorate is to licence all ionizing radiation equipment in South Africa. The Professional Board for Radiography and Clinical Technology has as its founding objective and mandate, to protect the public and guide the professionals. The two have jointly approved the following guidelines on request for Medical X-rays.

RCT BOARD GUIDELINES FOR MAKING REQUEST FOR MEDICAL X-RAYS

Definitions
“Act” means the Health Professions Act, 1974 (Act No. 56 of 1974)

“Board” means the Professional Board for Radiography and Clinical Technology established in terms of section 15 of the Act

“Dentist” means a person registered as such under the Act

“Medical Practitioner” means a person registered as such under the Act

Preamble

Medical imaging has led to improvements in the diagnosis and treatment of numerous medical conditions in children and adults. The use of medical X-ray equipment is restricted by regulation to professionals registered with the HPCSA and appropriately trained in those aspects of imaging and safety relevant to their clinical role in order to limit overexposures caused by human error.
It has come to the attention of the Board that some companies have purchased x-ray equipment for mobile radiology services. These companies are apparently struggling to obtain licenses from Radiation Control Directorate of the National Department of Health to use these machines as they are not adequately qualified and trained to operate such machines. They make lucrative offers to practitioners in order to use their HPCSA registration numbers, thereby securing licenses from Radiation Control.

“With a mandate of protecting the public and guiding the professions, the Council is concerned that practitioners, and as a result the public, might be exposed to suspect operators,” Ms Mable Kekana, Chairperson of the Professional Board for Radiography and Clinical Technology said.

“Although the Board is not opposed to practitioners bringing healthcare services closer to communities through various mobile practices, the Board is concerned about the possible unethical and unprofessional relationship that might emanate between the healthcare practitioner and the company providing the service,” she explained.

Practitioners are urged to be conversant with the type of private practice they want to engage in and to ensure that any type of practice adheres to the ethical rules and regulations of the Council.

Practitioners are furthermore advised to desist from giving or selling their HPCSA registration numbers or private practice numbers obtained from the Board of Healthcare Funders (BHF). Practitioners must be cognisant of the fact that they are liable for all professional acts performed or taking place in their presence or absence when their personal registration numbers are used.

The Board is also calling on practitioners who are aware of any unethical practices regarding mobile radiology practices to report these to the HPCSA for further investigation.

### Examination Optimisation

While the Healthcare Practitioner making the request has the primary responsibility for justification and the imaging practitioners have the primary responsibility for examination optimization, effective communication between the healthcare practitioners and imaging practitioners is essential to help ensure that the patient receives an appropriate examination at an optimal radiation dose.

### Keeping of accurate records

In line with protecting the patients, staff and members of the public from unnecessary exposure to x-ray radiation, Healthcare Professionals are required by law to keep and maintain accurate and complete medical records. These records include images produced from the use of medical x-rays.

Consult Ethical Booklet of Keeping Patients’ records.

A complete policy document can be accessed on the HPCSA website:


---

**DUBIOUS MOBILE RADIOLOGY SERVICES**

I. **Justification:** The imaging procedure should be judged to do more good (e.g., diagnostic efficacy of the images) than harm (e.g., detriment associated with radiation induced cancer or tissue effects) to the individual patient. Therefore, all examinations using ionizing radiation should be performed only when necessary to answer a medical question, treat a disease, or guide a procedure.

II. **Optimization:** X-ray examinations should use techniques that are adjusted to administer the lowest radiation dose that yields an image quality adequate for diagnosis or intervention (i.e., radiation doses should be “As Low as Reasonably Achievable” (ALARA)).

---

**Examination Optimisation**

**Keeping of accurate records**
**EXTRACT FROM THE ETHICAL RULES AND REGULATIONS:**

**Professional appointments**

(1) A practitioner shall accept a professional appointment or employment from employers approved by the council only in accordance with a written contract of appointment or employment which is drawn up on a basis which is in the interest of the public and the profession.

(2) A written contract of appointment or employment referred to in subrule (1) shall be made available to the council at its request.

**Partnership and juristic persons**

(1) A practitioner may practise in partnership or association with or employ only a practitioner who is registered under the Act and who is not prohibited under any of the annexures to these rules or any ethical rulings from entering into such partnership or association or being so employed: Provided that, in the case of employment, the practitioner so employed either provides a supportive health care service to complete or supplement the employing practitioner’s healthcare or treatment intervention or is in the same professional category as the employing practitioner.

(2) A practitioner shall practise in or as a juristic person who is exempted from registration in terms of section 54A of the Act only if such juristic person complies with the conditions of such exemption.

(3) A practitioner shall practise in a partnership, association or as a juristic person only within the scope of the profession in respect of which he or she is registered under the Act.

(4) A practitioner shall not practise in any other form of practice which has inherent requirements or conditions that violate or potentially may violate one or more of these rules or an annexure to these rules.

**Technological equipment**

(1) Health care practitioners shall only own and use technological equipment if it forms an integral part of their scope of the profession and practice and on condition that the health care practitioner concerned has received appropriate training in using and managing such equipment.

(2) Health care practitioners shall not over-use equipment for procedures, tests and other applications that are not indicated, scientific or based on evidence. This constitutes overservicing and is prohibited.

(3) Health care professionals shall not use technological equipment, health care products or devices for profiteering and must refrain from charging patients fees for the use of such products or devices that are not market related.

**Financial interest in hospitals**

A practitioner may have a direct or indirect financial interest or shares in a hospital or any other health care institution: Provided that -

(a) such interests or shares are purchased at market-related prices in arm’s length transactions;

(b) the purchase transaction or ownership of such interest or shares does not impose conditions or terms upon the practitioner that will detract from the good, ethical and safe practice of his or her profession;

(c) the returns on investment or payment of dividends is not based on patient admissions or meeting particular targets in terms of servicing patients;

(d) such practitioner does not over-service patients and to this end establishes appropriate peer review
and clinical governance procedures for the treatment and servicing of his or her patients at such hospital or health care institution;

(e) such practitioner does not participate in the advertising or promotion of the hospital or health care institution, or in any other activity that amounts to such advertising or promotion;

(f) such practitioner does not engage in or advocate the preferential use of such hospital or health care institution;

(g) the purchase agreement is approved by the council based on the criteria listed in paragraphs (a) to (f) above; and

(h) such practitioner annually submit a report to the council indicating the number of patients referred by him or her or his or her associates or partners to such hospital or health care institution and the number of patients referred to other hospitals in which he or she or his or her associates or partners hold no shares.

Commission

(1) Accepting commission

Health care practitioners shall not accept commission or any financial gain or other valuable consideration from any person or body or service in return for the purchase, sale or supply of any goods, substances or materials used by the health care professional in his or her practice.

(2) Paying commission

Health care practitioners shall not pay commission or render any financial gain or other valuable consideration to any person for recommending patients.

Sharing of fees

Health care practitioners shall not share fees with any person or health care professional who has not taken a commensurate part in the service for which the fees are charged.

Contracts

(1) Health care practitioners shall not enter into a contract to work in a particular health establishment or service on the understanding that the health care professional generates a particular amount of revenue for such health establishment or service.

[Note: A health establishment or service that equips a theatre, ward or other facility for a specific health care practitioner according to his or her specifications may enter into a contractual agreement with such health care practitioner on condition that such health establishment or service may not stipulate any turnover targets for the health care practitioner concerned.

Rentals as perverse incentives

Health care practitioners shall not:

(1) Pay rentals in lease agreements between health care practitioners and health establishments that are not market related or are at preferential rates.

(2) Enter into lease agreements with health establishments or services that wish to rent their consulting rooms at rates conditional on the health care practitioner achieving a certain turnover or targets such as admission of a specific number of patients at a private health care facility.

(3) Rent consulting rooms from health establishments or services under financial arrangements that are not openly available to other similarly qualified health care practitioners.

Charging or receiving fees

(1) For referring patients

Health care practitioners shall not charge a fee or receive any financial gain or other valuable consideration for referring patients to the other health professional or for participation in drug trials or other research trials of a similar nature.

(2) For seeing representatives

Health care practitioners shall not charge a fee or receive any financial gain or other valuable consideration for seeing medical representatives.

(3) For services not personally rendered

Health care practitioners shall not charge or receive fees for services not personally rendered by either a health care professional himself or herself or by an unregistered person in his or her employ, except for services rendered by another health care practitioner or person registered in terms of the Health Professions Act (Act No. 56 of 1974), that regulates the particular profession, with whom the health care practitioner is associated as a partner, shareholder or locum tenens.
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 and in terms of section 33 of the Health Professions Act. Registration is a prerequisite for practicing 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 practice in his/her own name, as an incorporated company, or in partnership or association 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 practices 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 practice within their scope of practice and may not perform procedures or investigations that fall outside their scope of practice.
External Counterpulsation (ECP), a revolutionary treatment for heart disease, has received class 1a recommendation by the European Cardiology Association, American Heart and Stroke Foundation, and the Chinese Medical Association. ECP has been approved by the HPCSA in order for the South African population to benefit from this technological innovation. The Radiography and Clinical Technology board of the HPCSA has accredited ECP as part of the education and training of clinical technologists in the category of Cardiology and Cardiovascular Perfusion and has accredited the first satellite training centre in KZN.

The RCT Board of the HPCSA would like to congratulate Dr Rakesh Mohanlall, for being invited as an international guest speaker to the 25th Saudi Heart Association (SHA) conference held in Riyadh in February this year. Dr Mohanlall is the first to hold a doctorate in cardiovascular perfusion. His first presentation was on 3 Dimensional Vasculography (3DVG), an advanced non-invasive cardiovascular scan used for early detection of cardiovascular disease and evaluation of patients before and after surgery. His second presentation was on External Counterpulsation (ECP). Using these two independent technologies, Dr Mohanlall unravelled, quantified, treated, and presented the underlying causes of Cardiac Syndrome X (CSX).

PATIENTS UNDERGOING EXTERNAL COUNTERPULSATION

Picture of Dr Rakesh Mohanlall with one Pre and one Post bypass patient undergoing ECP treatment (Pictures published with consent)
REPORT ON THE ROLE EXTENSION SURVEY CONDUCTED BY THE RCT BOARD

The decision to conduct this study emanated from the number of challenges that the board had to deal with. The strongest challenges related to the injection of contrast media and the interpretation of images by the diagnostic radiographers. It is for this reason that the research focused on these two areas. Many such studies have been conducted in other countries. The RCT Board felt that instead of just taking the information from other countries, it was appropriate that a study be conducted so as to strengthen the board’s motivation to have the radiographer scope of practice extended.

Like Rome, which was “not built in a day”, the process of role extension has also not been achieved “in a day”. The board has been working very hard behind the scenes to move forward on this and after many communications with other stakeholders we are getting there. It may have seemed that nothing was happening, but great strides have been taken so far.

In summary, the results revealed the following:

Radiographers are generally in favour of role extension with 58% being in favour of injecting contrast and 63% in favour of image interpretation. Radiologists were generally not in favour of role extension for radiographers however 61% favoured radiographers being allowed to inject contrast media. Only 26% were in agreement regarding image interpretation however it must be noted that 35% did not respond to this question. Radiologists agreed that image interpretation could be performed by radiographers provided that further training is done.

This was the first and most important step the board took in conducting the study. There are also other steps that need to be followed before the scope can be extended. It is important to clarify yet again to all practitioners that there is a difference between the scope of the profession and the scope of practice. Scope of the profession is defined by the national Minister of Health. This is in broad terms what the profession entails. In the case of Radiography, it refers to imaging of internal structures. With regards to the scope of practice, it refers to what the person has been taught and deemed to be competent in. As it can be seen from the clarification of these two terms, there must be accredited teaching and learning before one can practice certain professional acts.

The Board would like to thank all radiographers and radiologists who took the time to complete the questionnaires on Role Extension earlier this year. Your support is much appreciated and will greatly contribute to the exciting new role that radiographers will play in our profession. We are entering exciting times and you have all played a part in achieving this.

Please go to the RCT website where you will find a summary of the results for both questionnaires – this can be found at:

www.hpcsa.co.za/PBRadiography/Guidelines

Thank you for your input!

L. Swindon
Report on the RCT Day Celebrations

One of the strategic objectives of the Radiography and Clinical Technology (RCT) board (2010-2015) is to engage directly with practitioners. This has been achieved through annual regional meetings between the board members and the practitioners. For 2013, the meeting was held at the Pine Lodge in Port Elizabeth on 8 November, which was attended by radiographers and clinical technologists from the Eastern Cape, Western Cape, KZN and others from Gauteng and Freestate. The theme of the day was “Know your Scope of Practice”.

Presentations included the scope of practice for clinical technologists; issues on role extension and role expansion in radiography, and the legal framework for changing the scopes of practice were presented by Ms R Engelbrecht, Ms G Mathurine and Advocate Mathibeli respectively. There were also other presentations given by the board chairperson, Ms M Kekana and the HPCSA Registrar and CEO, Dr B Mjamba-Matshoba. The purpose of these presentations was to both inform and to stimulate discussion with the practitioners.

The questions posed by the practitioners and the responses made by the relevant members of the board were dutifully recorded by Ms L Swindon. The full list of questions asked could not be included in the newsletter. The questions and responses table has been posted on the HPCSA website, RCT board News. This is to provide an impression of the matters which are of concern to the practitioners. This structured engagement provides the RCT board an opportunity to gain a sense of the practitioners’ issues which are “close to the heart”. It is important for the practitioners to note that this is not the only opportunity that the practitioners can use to contact the board. The details of the RCT admin support staff are included in the newsletter and it is also on the HPCSA website. Constant engagement is encouraged.

Questions and concerns received via email or direct telephone call to the HPCSA are being addressed either by the chairperson, board manager or committee coordinators. Other questions which may relate to administration and registration are forwarded to the relevant departments of the HPCSA.

Report compiled by: 
Mrs G Lovric
HAVE YOU PAID
YOUR ANNUAL FEES?

With annual fees and registration deadline fast approaching, The HPCSA has recognised the need to clarify the difference between annual and registration fees, both payable by medical practitioners to the Council, in an attempt to eliminate further misconceptions.

Registration fee is a once off fee payable by all medical professionals to be registered by the Council, giving practitioners accreditation to practise as health professionals in their respective fields within the country. This fee is payable from 01 April 2015.

Annual fees, are payable annually by registered practitioners before 01 April 2015. The annual fees are administered by the various Boards, used to fund the administrative activities of the Board in terms of conducting meetings for the Board, Executive Committee, and Education Committee.

The HPCSA wishes to inform its members that annual fees for the year 2014/15 have been increased by 10%.

RADIOGRAPHY AND CLINICAL TECHNOLOGY FEES APPLICABLE FROM 01 APRIL 2015:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>DR</td>
<td>Radiographers</td>
<td>995.00</td>
</tr>
<tr>
<td>KTG</td>
<td>Graduate Clinical Technologists</td>
<td>995.00</td>
</tr>
<tr>
<td>KT</td>
<td>Clinical Technologists</td>
<td>995.00</td>
</tr>
<tr>
<td>SKT</td>
<td>Supplementary Clinical Technologists</td>
<td>995.00</td>
</tr>
<tr>
<td>KTA</td>
<td>Assistant Clinical Technologists</td>
<td>363.00</td>
</tr>
<tr>
<td>SDR</td>
<td>Supplementary Diagnostic Radiographers</td>
<td>363.00</td>
</tr>
<tr>
<td>RSDR</td>
<td>Restricted Supplementary Diagnostic Radiographers</td>
<td>363.00</td>
</tr>
<tr>
<td>EE</td>
<td>Electro-Encephalographic Technicians</td>
<td>363.00</td>
</tr>
<tr>
<td>SEE</td>
<td>Supplementary Electro-Encephalographic Technicians</td>
<td>363.00</td>
</tr>
<tr>
<td>RLT</td>
<td>Radiation Laboratory Technologists</td>
<td>624.00</td>
</tr>
<tr>
<td>SRLT</td>
<td>Supplementary Radiation Technologists</td>
<td>624.00</td>
</tr>
</tbody>
</table>

Please note that we do not accept cash on our premises. Retain receipts or evidence of payment and submit with relevant documentation.

For your convenience, you have two easy payment options:
1. Direct or Internet Banking
2. Credit card – Please consult our website for more information and the Credit card authorisation form
   - Please use your seven digit registration number and correct Register (e.g. DR 0000000) as the reference;
   - Please note that payments into the HPCSA account will take 2-3 working days to reflect, if done electronically and 24 working hours if done by direct transfer;
   - Please take note of the above, especially if you intend visiting our offices to register.

Debit orders stopped
The Council recently resolved that debit order payments will, with immediate effect not be accepted. Practitioners will have to make use of alternative payment methods such as direct or Internet banking, or credit card payments to pay fees.

The Finance Department of the HPCSA is urging practitioners to start making use of alternative methods of payment and to please cancel debit orders with their respective financial institutions as no debit order run will take place.

BANKING DETAILS FEES
Bank: ABSA
Branch: Arcadia
Branch Code: 33 49 45
Account number: 405 00 33 481
(Annual fees ONLY)
Include your HPCSA registration number as reference
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@hpcsa.co.za

Where to find us:

Physical address:
553 Madiba (Previously Vermeulen) Street
Corner Hamilton and Madiba Streets
Arcadia Pretoria

Postal address:
P O Box 205
Pretoria
0001
Working hours:
Mondays - Fridays: 08:00 - 16:30
Weekends and public holidays – closed

Communication with the Board should be directed to:
P.O. Box 205
Pretoria,
0001

Education and Training, Registration of Foreign qualified practitioners and Accreditation of Institutions
Sibusiso Nhlapo
Committee Co-ordinator
Tel: 338 9403
Email: Sibusison@hpcsa.co.za

Professional Board Secretary
General administrative support
Meeting arrangements
Matshidiso Mokoka
Professional Board Secretary
Tel: 012 338 9380
Email: Matshidisom@hpcsa.co.za

Registration and Restoration
Registration - Students SA Qualified
Voluntary Erasure
Restoration of name to the Register due to non-payment or Voluntary erasure
registrationgroup@hpcsa.co.za

Examinations
Sibusiso Nhlapo
Tel: 012 338 9403
Email: Sibusison@hpcsa.co.za

Ethical matters
Scope of profession
Policy development, review and implementation
Strategic initiatives
Budgeting
Communication
Emmanuel Chanza
Professional Board Manager
Tel: 012 338 9339
Email: EmmanuelC@hpcsa.co.za

Certificate of Good Standing/Status, certified extracts, verification of licensure
Stanton Prinsloo
Registration Official

Tel: 012 338 3940
Email: stantonp@hpcsa.co.za

Continuing Professional Development (CPD)
Helena da Silva
CPD Co-ordinator
Tel: 012 338 9413
Email: cpd@hpcsa.co.za

Raylene Symons
CPD Co-ordinator
Tel: 012 338 9443
Email: raylenes@hpcsa.co.za

Change of contact details
Email: records@hpcsa.co.za

Human rights, ethics and undesirable business practice:
Ntsikelelo Sipeka
Tel: 012 338 3946
Email: ntsikelelos@hpcsa.co.za

Service Delivery
Compliments and Complaints
Email: servicedelivery@hpcsa.co.za
Tel: 012 338 9301

Complaints against practitioners
Legal Services
Fax: 012 328 4895
Email: legalmed@hpcsa.co.za

Copyright and Disclaimer
The copyright in the compilation of this newsletter, its name and logo is owned by the Health Professions Council of South Africa. You may not reproduce this newsletter, or its name or the logo of the Health Professions Council of South Africa that appears in this newsletter, in any form, or for commercial purposes or for purposes of advertising, publicity, promotion, or in any other manner implying their endorsement, sponsorship of, or affiliation with any product or service, without the Health Professions Council of South Africa’s prior express written permission. All information in this newsletter is provided in good faith but is relied upon entirely at your own risk. By making use of this newsletter and its information you agree to indemnify the Health Professions Council of South Africa, Employees and Service Providers from all liability arising from its use.