

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA
PROFESSIONAL BOARD FOR MEDICAL TECHNOLOGY

Document Name	Guidelines for the Approval of Cluster Training Laboratories
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CHANGE HISTORY			
Version	Date	Change request	Change Comment
1	26 October 2023	To provide for cluster training model	First approval of the guidelines

INTRODUCTION

The objective of the guidelines for the approval of cluster training laboratories is to provide an alternative training model for the laboratories that do not meet the minimum required 80% of the prescribed tests that can be augmented by 20 % of external facility training to provide 100 %.

Should a training institution meet only a proportion of the minimum training criteria required (less than 80 % of scope of testing within the syllabus), the Board may approve the institution as part of a cluster with one or more training laboratories to meet the required 100 % scope of tests included in the syllabus.

Each training unit should be represented in the cluster application that will be submitted for the approval of the cluster.

No trainee should be disadvantaged by the financial and or logistic implication of the cluster model.

A cluster may include an approved laboratory that meets the required 100 % (or minimum 80 % with MoU for 20 % training capacity, as part of it.

Applicants should note that the evaluations of the cluster units will be required to pay cost recovery of evaluation fees as determined by PBMT and Council.

DEFINITIONS

Cluster: A grouping of laboratory departments / independent laboratories with the aim of providing training to students and/or interns in the Medical Technology profession that covers 100% of the approved syllabus.

Training unit: Any department and / or independent laboratory that forms part of a training cluster model.

Co-ordinating unit: The department and/or independent laboratory that holds the highest training capacity in the cluster and thus acts as the main unit for the cluster with regards to training. Example, the unit that holds 75% training capacity while others in the cluster hold 66%, 50% or 40% of the training syllabus.

Cluster identification name: The title/name that the applicant will use to identify the specific cluster they are applying for.

GENERAL GUIDELINES

1. Approved cluster of laboratories must be able to provide the apparatus and working environment considered necessary for Good Laboratory Practice, to the standard determined by the Professional Board and make necessary resources available to all students.
2. Approved cluster of laboratories must provide practical training in basic routine tests under conditions whereby each employee is given adequate instruction in, and every opportunity to carry out, all the tests and procedures considered by the Professional Board to be consistent with adequate training in the category in which the employee is being trained.
3. Approved cluster laboratories must have in its employ a qualified Medical Technologist or Medical Laboratory Scientist (MLS) who must be registered in the category in which the student Medical Laboratory Scientist / intern Medical Technologist / student Medical Technician and student Laboratory Assistant are to be trained. If a unit of the cluster laboratories functioned without a registered person for longer than six (6) months, it will be requested to provide an explanation and the Professional Board will then reconsider the continued approval of the cluster laboratory for training of Medical Technology Professionals.
4. Approved cluster training laboratories must maintain the ratio between registered medical technologists and technicians, laboratory assistants and students in all categories as the Professional Board may determine from time to time.

One (1) Registered Medical Technologist/Medical Laboratory Scientist may only be responsible for the supervision of a combination of five practitioners, constituted according to the following six practitioner categories, all of whom must always work under supervision:

- Registered Intern Medical Technologists
 - Registered Student Medical Laboratory Scientists / Student Medical Technologist
 - Registered Medical Technicians
 - Registered Laboratory Assistants
 - Student Medical Technicians
 - Student Laboratory Assistants
5. The Professional Board reserves the right to inspect the laboratories in the cluster at any time.
 6. The cluster of laboratories is required to cover a minimum of 100% of the practical component of the relevant syllabus.

7. The following cluster model requirements may be considered when applying for cluster approval:

MODEL 1	MODEL 2	MODEL 3	MODEL 4
<p>Multi-discipline cluster within 1 building.</p> <ul style="list-style-type: none"> • Monodiscipline / Clinpath + specialized laboratories. • Rotation between disciplines / sections to cover all required outcomes. 	<p>Multiple laboratories Cluster</p> <ul style="list-style-type: none"> • Within 50 km radius • Monodiscipline / Clinpath + specialized laboratories. • Rotation between disciplines/ sections/labs to cover all required outcomes. 	<p>Multiple laboratories Cluster</p> <ul style="list-style-type: none"> • Within 51 km – 100km radius • Monodiscipline / Clinpath + specialized laboratories • Rotation between disciplines/ sections/labs to cover all required outcomes. 	<p>Multiple laboratories Cluster</p> <ul style="list-style-type: none"> • >100km radius Monodiscipline / Clinpath + specialized laboratories • Rotation between disciplines/ sections/labs to cover all required outcomes.
<p>Requirements:</p> <ul style="list-style-type: none"> • Cluster to be approved for training status. (NB: If laboratories are already approved, a paper application will be evaluated). • The HR placement arrangements and detailed rotational plans to be provided. • MOU/SLA between Units to meet 100% of the practical component in the syllabus within the cluster. 	<p>Requirements:</p> <ul style="list-style-type: none"> • Cluster to be approved for training status. (NB: If laboratories are already approved, a paper application will be evaluated). • The HR placement arrangements and detailed rotational plans to be provided. • MOU/SLA between Units to meet 100% of the practical component in the syllabus within the cluster. • No travelling cost to be considered 	<p>Requirements:</p> <ul style="list-style-type: none"> • Cluster to be approved for training status. (NB: If laboratories are already approved, a paper application will be evaluated). • The HR placement arrangements and detailed rotational plans to be provided. • MOU/SLA between Units to meet 100% of the practical component in the syllabus within the cluster. • Indication on how travelling cost will be covered*. 	<p>Requirements:</p> <p>Cluster to be approved for training status. (NB: If laboratories are already approved, a paper application will be evaluated).</p> <ul style="list-style-type: none"> • The HR placement arrangements and detailed rotational plans to be provided. • MOU/SLA between Units to meet 100% of the practical component in the syllabus within the cluster. • Indication on how accommodation and travelling cost will be covered*.

8. The individual current syllabi of the different disciplines are used in conjunction with this checklist to see if the cluster of training units have the necessary resources to train students in the specific discipline.
9. In terms of rule 4 of the ethical rules a practitioner must confine himself / herself in the use of a practice name to his / her name or where practitioners practise in partnership or as a juristic person, the names of such practitioners.
10. The approved cluster of training units must ensure that they have a structured training programme which will be used by appointed interns and students. A rotation schedule covering all aspects of the relevant syllabus must be provided to appointed interns and students.
11. Students that are currently in approved training units will be interviewed by HPCSA appointed evaluators as per guide on the application form for approval of clustered training laboratories.
12. It is the responsibility of the Laboratory Manager to ensure that interns and students perform professional acts only under the supervision of a practitioner who is registered in the relevant discipline; and limit the acts to acts directly related to his or her education and training in his or her discipline of study.
13. The Laboratory Manager must indicate the records of training periods completed by interns and students in relevant disciplines using Form 25 (*available on HPCSA website*).
14. The cluster of training units must submit an annual report to the PBMT during each year of the four-year accreditation cycle- see Appendix C below.
15. Approved cluster of training units must inform the Professional Board in writing of name changes to the names of such practices or composition of the cluster. The training laboratories may be re-evaluated for possible continued HPCSA approval.
16. The general information herewith of the practice in the laboratories is required to stimulate a self-evaluation of the procedures applied.
17. While you consider the answer to the various questions on this checklist you may realise that there are certain shortcomings in the organisation of your laboratory or the procedures that are used. As such shortcomings come to light, you will probably wish to take remedial steps. Such changes would be voluntary, of your own design and within the means at your disposal. Any changes instituted should result in improvement in the standard set in your laboratory and cause little or no anxiety to you or your staff. You are also invited to make comments on the contents of this document.

PROFESSIONAL BOARD FOR MEDICAL TECHNOLOGY

APPLICATION FORM FOR CLUSTER TRAINING LABORATORIES

GENERAL CLUSTER APPLICATION DETAILS				
<i>Must be completed for the cluster</i>				
Date of application				
New application	<input type="checkbox"/> <i>(Please mark relevant application with X)</i>	Re-application	<input type="checkbox"/> <i>(Please mark relevant application with X)</i>	
Indicate cluster application type. <i>(Please mark relevant model with X, see point 7)</i>	MODEL 1	MODEL 2	MODEL 3	MODEL 4
Cluster identification name				
Name of co-ordinating unit				
Name of cluster training co-ordinator			Contact details	
Indicate how travel expenses will be covered				
Indicate how accommodation expenses will be covered				
Laboratories included in the cluster	Name of department (discipline)	Training coordinator name and contact details	Distance between departments / laboratories in the cluster (distance to coordinating unit)	
Note: In cases where a Laboratory has a SANAS accreditation number then only sections 1, and 3.1 to 3.3 will be evaluated on HPCSA Form108				
A planned training schedule must be submitted with a cluster application				

Cluster Specific Application Details

*(Please Complete this Section for **Each Unit** in the Application – Print and Submit as Many as Needed)
** Phlebotomy Applications – Please Use Form 108C***

Name of Unit within the cluster application	Category <i>(Please Mark with X in the below options)</i>	Discipline e.g., Clinical pathology, Virology. <i>(Please submit a separate application for each different discipline)</i>	If already approved for training, please complete HPCSA training accreditation certificate number
	Medical Laboratory Scientist		
	Medical Technologist		
	Medical Technician		
	Laboratory Assistant		
Name of Organisation / Pathology Providers			
Owner of this laboratory			
Practice number of this laboratory			
Head of this Laboratory			
Phone Number			
Email Address			
Physical Address			
Postal Address			
Is this laboratory / department SANAS Accredited? <i>(Please tick as relevant)</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>		
If SANAS accredited, please complete SANAS accreditation number			
Name of Applicant			
Signature of Applicant			

<u>CLUSTER FORMS SUMMARY:</u>			HPCSA OFFICE USE ONLY: <i>Please confirm the submitted documents.</i>
HAVE YOU SUBMITTED THE GENERAL APPLICATION FORM FOR THE CLUSTER MODEL?	YES	NO	
HOW MANY LABS / DEPARTMENTS IN THIS CLUSTER APPLICATION?			
HAVE YOU SUBMITTED THE CLUSTER SPECIFIC APPLICATION DETAILS FOR EACH TRAINING UNIT IN THIS CLUSTER?	YES	NO	
PLEASE INDICATE THE NUMBER OF ATTACHMENTS SUBMITTED WITH THIS APPLICATION FOR EACH APPENDIX:			
ANNEXURE 1			
APPENDIX A			
APPENDIX B			
APPENDIX C			
CHECKED BY (Applicant)			RECEIVED / CHECKED BY