



HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

**SUPERVISION GUIDELINES FOR THE HEALTH PRACTITIONERS
REGISTERED UNDER THE MEDICAL TECHNOLOGY BOARD**

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DEFINITIONS

Health practitioner means a person registered with Council in in terms of the Health Professions Act, 1974 (Act No. 56 of 1974)

Independent practice means the practising of a health profession by a registered health practitioner for his or her own account in solus practice, as a partner in a partnership with another health practitioner or other health practitioners, as an associate in an incorporated association with other health practitioners, or as a director of a company exempted from the provisions of the Act in terms of section 54A of the Act.

Supervised practice means the practising of professional acts under the supervision of an appropriately qualified health practitioner at an approved facility as determined by the board.

Supervised practitioner means the professional acts of a person that is registered in the category of supervised practice and is overseen by a supervising practitioner who has accepted the liability of such professional acts.

Supervision means the overseeing of the professional acts of a Health practitioner registered in the category of supervised practice by a supervising practitioner wherein an appropriately qualified practitioner accepts professional liability to supervise another practitioner.

Supervisee A person practising a health profession under the supervision of an appropriately qualified health practitioner at an approved facility as determined by the board.

Supervisor means an independent practitioner approved by the Professional Board for Medical Technology who expressly accepts liability for the professional acts of another practitioner. The supervisor undertakes to guide the supervisee practice to enhance their knowledge, skills and professionalism while they are practicing the profession within the confine of their scope.

Direct supervision means the type of supervised practice where the supervisee performs professional acts within their scope of practice under constant visual supervision at the time of the clinical encounter. The supervising practitioner must be present during the clinical encounter to provide immediate support when necessary and sign off the act.

Indirect supervision means the type of supervised practice where the supervisee performs professional acts within their scope of practice; after having been deemed competent, not



necessarily under direct visual supervision at the time of the clinical encounter. When necessary, this means that the supervised practitioner may perform an act within his/her scope of practice without the supervising practitioner being physically present during the clinical encounter.

Approved facility means the pathology laboratories approved by the Professional Board.

1. PREAMBLE

The Health Professions Council of South Africa (Council) views supervision as a holistic process that occurs in relation to all professional practice and related activities. Good supervision should enable a health practitioners involved to develop and enhance their knowledge, skills, professionalism and ultimately competency. The process of supervision forms part of day-to-day professional activities in variety of forms, and it may include but not limited to activities related to education and training, debriefing, reflection and where necessary. These guidelines provide guidance on the type and expected level of supervision for the professions registrable in terms of the Health Professions Act, 1974 (Act No. 56 of 1974) ((The Act) as approved by the Medical Technology Board.

2. PURPOSE

Supervision is vital to the professional practice of Medical Technology and, is not only a requirement for those who are registered as supervised practice but is a valuable way for experienced health practitioner provide support for the development of knowledge, both theoretically and practically, as well as provision safe, ethical and competent practice. These guidelines also provide the framework for supervisee practitioners, supervisors to monitor and assess performance.

3. SCOPE OF THE DOCUMENT

These guidelines are for practitioners who:

- i. were suspended from the register for 2 years or more and have practised their profession. (for example, a Medical Technologist that has not paid annual fees, and their registration was suspend without their knowledge and continued to practice their profession).
- ii. were suspended from the register for 2 years or more and have practised their profession abroad.
- iii. were suspended from the register for 2 years or more and have not practised their profession.
- iv. have not been practicing in the profession for 2 years or more after graduating.

These guidelines are applicable only to qualified practitioners and not students.

The restoration guidelines are available in HPCSA website.

4. SUPERVISED PRACTITIONER

4.1 A supervised practitioner shall be: -

- a. a qualified practitioner registered with Council;
- b. registered in same discipline e.g. Clinical Pathology, Chemical Pathology, Microbiology, Cytology and Histology etc. with the supervisor, unless otherwise stated by the Professional Board;
- c. compliant to the CPD requirements or any other requirements as determined by the Professional Board.

4.2 The facility where supervised practice is conducted must be approved by the Professional Board.

4.3 Registration as independent practitioner may only be done after completion of supervision process or as determined by the Professional Board after demonstration of sufficient professional competency.

4.4 All medical technicians and laboratory assistants, including supplementary laboratory assistants and supplementary medical technicians, are registered in the category of supervised practice and shall always work under supervision.

5. SUPERVISOR

5.1 The supervisor shall: -

- a. be a registered health practitioner in good standing with the HPCSA for a period of at least two years, or for a period as determined by the Professional Board.
- b. be registered in independent practice for a period of at least three (3) years which should be the same discipline of the supervised practitioner.
- c. accept professional responsibility and liability for supervising the health practitioner by completing form 18C MT (undertaking by supervisor), prior to commencement of the supervision process.
- d. declare that the facility meets the requirements for all domains of supervised practice.
- e. monitor and facilitate the supervision process e.g. communicating with the HPCSA, submission of reports and any other necessary documentation.
- f. inform the Professional Board, in writing, of any material change to the institutional arrangements, such as change of principal supervisor.

- g. Provide overall assessment and confirm competency to practice independently by completing form 18 D MT (report by supervisor).

6. MEDICAL TECHNOLOGY

6.1 The table below indicates the type of supervision approved for the health practitioner registered under the Professional Board for Medical Technology.

Table 1: Supervision for Medical Technology Board

Registered health practitioner	Approved supervisor	Type of supervision
Laboratory Assistant	Medical practitioner, Medical Technologist or Medical Laboratory Scientist	Direct
Medical Technician	Medical practitioner, Medical Technologist or Medical Laboratory Scientist	Indirect
Medical Technician restored under supervised practice	Medical practitioner, Medical Technologist or Medical Laboratory Scientist	Indirect
Medical Technologist or Medical Laboratory Scientist restored under supervised practice	Medical Practitioner, Medical Technologist or Medical Laboratory Scientist	Indirect

7. RATIO OF SUPERVISOR TO SUPERVISED PRACTITIONERS

7.1 It is recommended that the supervisor must not have more than five supervised practitioners at any given time.

8. RELATIONSHIP BETWEEN SUPERVISOR AND SUPERVISED PRACTITIONER

8.1 A professional relationship between the supervisor and supervised practitioner is pivotal for the success of supervision process. Both parties shall uphold standards of ethical conduct expected for their profession as registered in terms of the Act.

9. GUIDELINES TO MAINTAIN CORDIAL RELATIONSHIP

Health practitioners should work -

- 9.1 with and respect other in pursuit of the best health care possible for all patients.

- 9.2 Not discriminate against colleagues due to individual's views, race, culture, ethnicity, social status, lifestyle, perceived economic worth, age, gender, disability, communicable disease status, sexual orientation, religious or spiritual beliefs, or any condition of vulnerability.
- 9.3 Refrain from speaking ill or casting reflections on the probity, professional reputation or skill of another person registered under the Act.
- 9.4 Report any unprofessional, illegal or unethical conduct committed by health practitioner.

10. DISPUTES BETWEEN SUPERVISOR AND SUPERVISED PRACTITIONER

- 10.1 Conflict is a common occurrence when people work together, it is essential to resolve conflicts before they result in discord that severely impacts patient care. If a conflict that cannot be resolved occurs within the supervisory relationship, either party may seek mediation to avert any interruption to the supervision process and the Professional Board must be requested to intervene.

11. INTERRUPTION AND/OR CHANGE OF SUPERVISOR (DUE TO ANY REASON, WHICH INCLUDES BUT NOT LIMITED TO DISPUTES, DEATH, TRANSFERS)

- 11.1 Change in a supervisory relationship due to inevitable reasons should be managed with minimal disruptions, and reasonable efforts where possible such as handover reports should be made to ensure a comprehensive supervision report.

12. RECORD KEEPING

- 12.1 Both the supervisor and the supervised practitioner have a duty to ensure that patient medical records are managed in accordance professional ethical standards.

13. ETHICAL CONSIDERATIONS

- 13.1 This document must be read in conjunction with other Ethical Rules of Conduct for practitioners registered under the Act.

ANNEXURE 1:

Form 18 C MT (undertaking by supervisor regarding supervision template for the Medical Technologist and Medical Laboratory Scientists restored under supervised practice)

This form must be completed and signed by the supervisor as an undertaking to monitor the professional acts of the supervisee during the prescribed period of six (6) months or one thousand (1000) hours. The 1000 hours must be conducted within a period of 12 months.

The form must be submitted to the Professional Board before commencement of supervision.

ANNEXURE 2:

Form 18 D Supervisor report template is a comprehensive report signed by the supervisor where applicable with the documented strengths and weaknesses of the practitioner to be restored must be submitted for Board consideration.

A portfolio of all HPCSA prescribed laboratory tests (as per relevant syllabus) conducted by the supervised practitioner per prescribed discipline, including but not limited to rotations, professionalism, safety and quality should be completed in the supervisor form, which evaluates the domains of practice listed under 14 on which report must focus on.

14. Domains of Practice

The report must focus on four domains of practice:

14.1 Professionalism

Indicate the ability and extent of the supervisee to manage clinical cases: history taking, examination, investigation management, care planning, and decision making.

- Good practice
- Integrity
- Intercultural competence

14.2 Safety and Quality

Indicate how the supervisee implements Infection control principles and adherence; and handles adverse event recognition and reporting.

- Systems to protect colleagues/patients/clients.
- Respond to risks to safety
- Protect patients/clients from risks posed by colleagues

14.3 **Communication**

Indicate the extent and ability for the supervisee to communicate with patients, patient's families/relatives with cultural and privacy considerations, clinical team, and with other practitioners, including specialists (for example handover reports)

1.1 Communicate effectively

1.2 Work constructively with colleagues

1.3 Develop and maintain professional performance

1.4 Apply knowledge and experience to practice

1.5 Maintain clear, accurate and legible records

14.4 **Knowledge, skills and performance**

The supervisee must satisfy the supervisor that he/she acquired sufficient knowledge, skills and experience to adequately perform professional tasks.

- Good practice
- Integrity
- Intercultural competence
- Systems to protect colleagues/patients/clients
- Respond to risks to safety
- Protect patients/clients from risks posed by colleagues
- Communicate effectively
- Work constructively with colleagues
- Develop and maintain professional performance
- Apply knowledge and experience to practice
- Maintain clear, accurate and legible records