



Medical Technology Professionals NEWS

Newsletter for Medical Technology Professional Board



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CHAIRPERSON'S MESSAGE



It is an honour to share with you the developments that have taken place as the Board reaches its mid-term. The Board has managed to complete and make great progress on its strategic goals for its 2020-2025 term. This is partly due to the great leadership of the committees and task teams chairpersons. And to complete the circle, also partly due to the continued contributions and efforts of the Board members and task team members who are non-Board members.

In a concerted effort with its stakeholders, the Board has managed to witness great progress in reviewing the current Scope of Profession and developing the Scope of Practice. These are very significant legislative documents in our profession as they play a role in ensuring that the Board does protect the public and guide the professionals. Furthermore, the Board has seen the completion and approval of Board-specific Supervision guidelines, post the withdrawal of the Health Professions Council of South Africa's general Supervision guidelines.

To ensure that the Board provides an all-inclusive regulation, the Board is currently reviewing and revising the current regulations relating to the registration of Medical Laboratory Scientists. The objective of this revision process is to incorporate the additional aspects that relate to the registration of MLS practitioners. This includes, but is not limited to, the MLS student registration, the inclusion of Molecular Pathology discipline, the recognition of prior learning requirements of Medical Technologists into the profession registration as MLS.

The Board wishes to acknowledge the struggles practitioners and students have been facing when it comes to registrations and annual renewals. The Board and the HPCSA administration have been tirelessly working on solutions to mitigate and prevent any known possible hindrances to practitioners being registered. The Board wishes to further urge practitioners with access to utilise the online customer

service portal as far as possible as it has added benefits. Herewith, the link to access customer service www.hpcsaonline.custhelp.com.

As at the end of the 2022/23 financial year, only 30% of practitioners registered with the PBMT are compliant with the Continuous Professional Development (CPD) requirements. The Board wishes to take this opportunity to further remind practitioners that compliance with CPD is a legal requirement in terms of Section 26 of HPCSA Act 56, of 1974 and is mandatory for all. Non-compliance to CPD requirements will, in the near future, lead to practitioners not being able to renew their annual professional registrations.

The Board has managed to conduct more evaluations of clinical training facilities than initially planned. Physical, virtual and hybrid evaluations were conducted throughout the country based on the conditions provided. Subsequently, training gaps have been identified which were mainly due to the training facilities operations. In order to solve this training challenge, the Board has introduced a Clinical Training Facility Cluster Model Evaluation. Continued progress is being made to refine this model via stakeholder engagements. The implementation of this evaluation model will result in more clinical training platforms being available for practitioners, especially the National Diploma graduates who still have not accessed training platforms to do their internship.

As some of the Higher Education Institutions (HEIs) are finalising their phasing out processes for the remaining National Diploma students. The Board, HEIs, SMLTSA Scientific Advisory Committees and Clinical Training facilities are now engaged in a new project of an MLS Generalist. A lot of engagements, contributions and feasibility studies are in progress regarding this project.

Finally, the Board wishes to acknowledge the first student in the profession, Ayakha Rammuda from Cape Peninsula University of Technology, to have completed all the academic and HPCSA requirements to graduate with the BHSc: Medical Laboratory Science specialising in Molecular Pathology at the end of 2022. The Board hopes that the practitioner will not be alone for long in the Molecular Pathology register as Molecular Pathology is hastily making itself the centre of diagnostic pathology in this technologically advancing Fourth Industrial Revolution era we are in.

Chairperson of the Professional Board for Medical Technology

Ms Akhona Vuma

WHAT IS THE INTER-BOARD HEALTH COMMITTEE?



The Inter-Board Health Committee of the Health Professions Council of South Africa is the governance structure mandated to regulate and advise registered practitioners who may be suffering from mental and/or physical conditions or the abuse of/ or dependence on chemical substances, which affects and impacts the competence, attitude, judgment or performance of professional practice.

The committee is a non-punitive structure established to ensure that impaired practitioners are managed to ensure safety of practice in order to protect the public.

The role and functions of the Inter-Board Health Committee is to: -

- i. Undertake informal assessments on all alleged impairment of students and practitioners, to make resolutions with regard to impairment and, if required, to impose conditions of registration or practice, propose treatment and rehabilitation programmes for the impaired practitioners.
- ii. Undertake formal investigations on allegations of impairment in the absence of voluntary cooperation of students or practitioners, to make findings with regard to impairment and, if required, to impose conditions of registration or practice aimed at protection of patients and propose treatment and

rehabilitation of impaired students or practitioners.

- iii. Oversee the implementation of treatment programmes for impaired students or practitioners and to review the progress on an on-going basis.

Impaired practitioner

Impaired practitioner is defined as a condition which renders a practitioner incapable of practising a profession with reasonable skills and safety. Stemming from conditions such as mental or physical condition which affects the competence, attitude, judgement or performance of professional acts by a registered practitioner.

The role of a registered practitioner in the impairment process

To protect the interests of patients by ensuring that self or fellow registered practitioners with alleged impairment are reported to the committee in order for them to receive appropriate assistance. All practitioners have an obligation to:-

- i. Report impaired registered practitioner/s keeping with the ethical guidelines;
- ii. Assist colleagues requiring supervision, where such is necessary;
- iii. Assist fellow practitioners to provide safe and effective care;



- iv. Support colleagues in identifying practitioners requiring help from the committee;
- v. Supporting the committee in its endeavours to rehabilitate and restore health and wellness of practitioners.

Reporting allegations of impairment

Anyone, a student, intern or member of public shall report impairment of student, intern or practitioner to the committee for investigation if he or she is convinced that such student, intern or practitioner is impaired. The practitioner may report his or her own impairment or suspected impairment if he/she is aware of his or her own impairment or has been publicly informed or has been seriously advised by a colleague to act appropriately to obtain help in view of an alleged or established impairment.

Confidentiality always matters

The committee processes maintains strict confidentiality. Registered practitioners (including students) who are

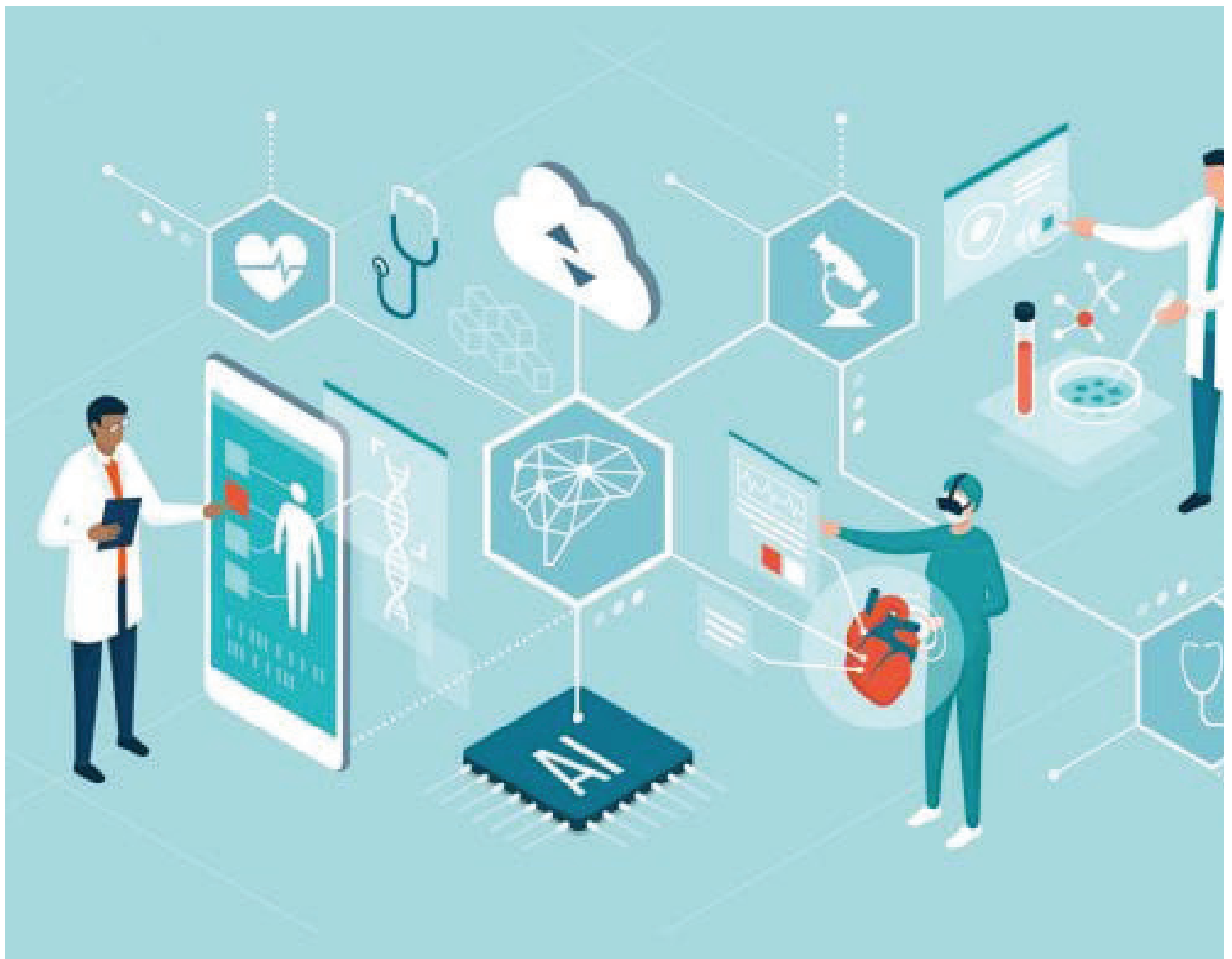
dependent on substance, who have psychological, physical and cognitive disorders are encouraged to come forward. Colleagues and family members may also refer practitioners to the Health Committee for support.

Impairment versus suspension

Practitioners who are declared impaired may still be allowed to practise the profession, although the committee review each case based on its merit. Some impaired practitioners may be practising with scope or registration limitations. The committee's main concern is to ensure that the public receive healthcare services from registered practitioner who is able to provide safe and competent care. Impairment does not necessarily mean suspension from practising the professions.

More information

For more information on impairment, please liaise with: BasaniM@hpcs.co.za



THE FUTURE OF THE MONO DISCIPLINES IN MEDICAL TECHNOLOGY IN SA UNDER THREAT

MS BOIPELO K GAIL MAKABE

In South Africa, Medical Technologists and Medical Laboratory Scientists are only registered in the Professional Board for Medical Technology of the Health Professions Council of South Africa after having studied either a National Diploma in Biomedical Technology or a Bachelor of Health Science in Medical Laboratory Science, and meeting registration requirements. This is accompanied by completion of both the necessary workplace integrated learning and Board or university examination.

The following is a list of approved Educational and Training Institutions that offer the National Diploma in Biomedical Technology and/or a Bachelor of Health Science in Medical Laboratory Science:

- Cape Peninsula University of Technology
- Central University of Technology
- Durban University of Technology
- Mangosuthu University of Technology
- Nelson Mandela University of Technology
- Tshwane University of Technology
- University of Johannesburg
- Vaal University of Technology

In order to pursue a career in academics as a lecturer the registered professional is often required by employers and the educational institutions, to hold a postgraduate degree (i.e., Master's degree and above) in addition to being qualified in their respective discipline.

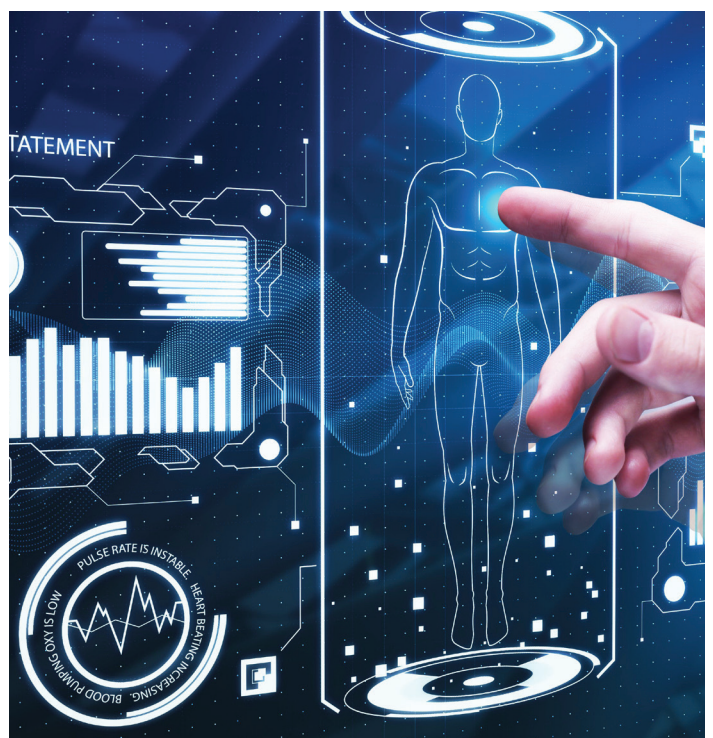
Balancing the requirements of professional regulators and those of higher education institutions for employers has proven to be quite challenging in recent times. Professionals who are meeting both these criteria are often in short supply especially those qualified in the mono disciplines. Mono disciplines that are under threat include, but are not limited to Cytogenetics, Immunohaematology, Histology and Microbiology. This shortage in registered qualified lecturers will result in fewer graduates qualifying for registration in these mono disciplines.

In order to address this, great effort needs to be made to encourage professionals qualified in mono disciplines to attain postgraduate qualifications in order for them to be employable as lecturers.

The following solutions are proposed:

- The educational institutions need to consider redesigning/reshaping their postgraduate programmes to meet the needs of working professionals. This can include extended programmes or part-time offerings.
- Full bursaries for undergraduate and postgraduate students studying towards mono disciplines.
- Bursaries for employees in mono disciplines registering for postgraduate qualifications (i.e., Master's)
- Active and well-coordinated efforts by both employers and educational institutions to accommodate the working professionals.
- Collaborations between both employers and educational institutions to encourage employees.

If efforts are not made to encourage the working professional qualified in these mono disciplines to attain relevant postgraduate qualifications, this could further increase their scarcity and threaten the existence of mono disciplines within South Africa. It is in the best interest all stakeholders to invest in time and resources to dismantle this threat.



THE IMPACT OF THE COVID-19 PANDEMIC ON THE MEDICAL TECHNOLOGY PROFESSION IN SA

DR MKHIZE BRENDA¹ AND MS MVUMVU KHOLEKA

INTRODUCTION

Coronavirus disease 2019 (COVID-19) is caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Sharma *et al.* 2020). This highly transmissible virus has caused a global pandemic (Dhar and Oommen 2020). It is one of seven types of coronaviruses, including those that cause severe diseases such as Middle East respiratory syndrome (MERS) and sudden acute respiratory syndrome (SARS) (Lone and Ahmad 2020). The SARS and MERS outbreaks were reported in November 2002 and June 2012 respectively, largely in the Asian countries, namely, China and Saudi Arabia respectively (Hu *et al.* 2021). The SARS epidemic has been reported to have caused deaths among approximately 8 000 patients in 29 countries, with MERS causing about 800 deaths in 27 countries (Song *et al.* 2019). COVID-19 was the third coronavirus outbreak in two decades within the 21st century, however it was the first pandemic that affected the South African population at the magnitude that COVID-19 posed in recent times (Karthik *et al.* 2020).

The COVID-19 outbreak was first reported in Wuhan in China on 8 December 2019 and it spread rapidly all over the world (Hu *et al.* 2021). This highly transmissible disease was first reported in South Africa on 05 March 2020. The fast spreading nature of the disease caused global panic. The South African government, in an effort to mitigate COVID-19 transmission, in line with other governments worldwide, imposed lockdown regulations, mask-wearing and social distancing protocols, among other safety regulations including isolation and quarantine protocols (Suliman and Mtsweni 2022). These non-pharmaceutical safety interventions were implemented from 27 March 2020 (The South African Presidency 2020). These precautions aided in delaying the transmission of SARS-CoV-2 (Suliman and Mtsweni 2022) and may have reduced the number of respiratory infections, thus reducing the burden on healthcare workers (Dadras *et al.* 2021). Despite these efforts, COVID-19 is still upon us. As of 04 September 2022, approximately 8 million cases of COVID-19 in the WHO African region have been confirmed since the start of the pandemic (WHO 2022). Furthermore, as of 05 February 2023, South Africa has reported a cumulative total of close to 4,1

million laboratory confirmed COVID-19 cases (WHO 2023).

THE EFFECT OF THE COVID-19 PANDEMIC AMONG THE MEDICAL TECHNOLOGY PROFESSIONALS

A cohort study (Wilson *et al.* 2022) that was done in South Africa among staff in a large national medical laboratory service who conducted laboratory tests or provided laboratory support services reported an approximately 25% infection rate that had occurred by March 2021. Although, the South African government had imposed lockdown regulations for the rest of the population, however healthcare workers continued to work, since they provide an essential service. Wilson *et al.* (2022) suggest that those laboratory workers who were infected may have been exposed to COVID-19 either through their interaction with patient samples or with their colleagues in the workplace. They may have contracted the infection outside of the workplace, in the community. Medical laboratory practitioners have been under extreme pressure of providing COVID-19 diagnoses for timely treatment, while ensuring that they protect themselves (Karthik *et al.* 2020). The professionals have been and continue to be crucial in the monitoring of the COVID-19 infections (Wilson *et al.* 2022), which predisposes them to acquiring infection. The World Health Organisation had recommended laboratory testing strategies which prioritised the testing of COVID-19 (WHO 2020). Hence, laboratories needed to be prepared for the significant increase in the number of specimens that needed to be tested for COVID-19, amid fears and panic of contracting the disease themselves (Karthik *et al.* 2020). The prioritization was required to assure the highest public health impact of reducing transmission using available resources. However, despite all the fears, the challenges both personal and societal including psychological distress and the overwhelming demand for laboratory services within a short turnaround time (De Kock *et al.* 2021), medical laboratory practitioners soldiered on, though there have been fatalities reported along the way among health care workers in general (Ratshikhopha *et al.* 2022). Ms Mvumvu, a member of the Professional Board of Medical Technology and a co-author in this newsletter stated that medical laboratory practitioners continued to take pride in the



work that they do. Practitioners rose to the challenge. This dedication and commitment to the well-being of a patient and the health of the public is recognised and applauded. The soldiers who fell along the way are honoured and we hold them in our memory.

Furthermore, although the training of students was affected during the period of the hard lockdown regulations and social distancing protocols, however the training resumed when the lockdown regulations were relaxed. Student clinical training assumed a hybrid model, which was online/ virtual and face-to face or more aptly mask-to-mask, both in the universities and in the workplace (Thembane 2022). Some laboratories where clinical training of students takes place have reported using innovative online training and providing students with devices and data for clinical teaching and learning purposes. Although Ross (2022) reported high levels of stress, anxiety and fear only among a cohort of medical university students, however similar feedback was received from medical laboratory students in clinical laboratory practice. Students were anxious with the changed learning environment, especially the 2020 cohort, who had started learning the traditional (classroom) way at the beginning of 2020 and they had to adapt to the new way of teaching and learning mid-year (Ross 2022). This needed support from trainers, who were otherwise overwhelmed with the impact of the pandemic in the workplace. As noted by Govender, Prakaschandra and Mohapi (2021), the involvement of laboratory professionals in all aspects of training of medical laboratory students, is crucial in the development of employable graduates in spite of any adversity or challenge. The response to the COVID-19 pandemic has highlighted this important role in student training.

As has been indicated already by the authors of this newsletter, the purpose of this commentary is to recognise and applaud the work and contribution of the medical laboratory professionals in taking us through the pandemic, with continued service. Thank you. Siyabonga. Nangamsi!

REFERENCES

Dadras, O., Alinaghi, S.A.S., Karimi, A., MohsseniPour, M., Barzegary, A., Vahedi, F., Pashaei, Z., Mirzapour,



- P., Fakhfour, A., Zargari, G., Saeidi, S., Mojdeganlou, H., Badri, H., Qaderi, K., Behnezhad, F and Mehraeen, E. 2021. Effects of COVID-19 prevention procedures on other common infections: a systematic review. *European Journal of Medical Research*; 26: 67.
- De Kock, J. H., Latham, H. A., Leslie, S. J., Grindle, M., Munoz, S., Ellis, L., Polson, R. and O'Malley, C. M. 2021. A rapid review of the impact of COVID-19 on the mental health of healthcare workers: implications for supporting psychological well-being. *BMC Public Health*; 21: 104.
- Dhar, C. S. and Oommen A. M. 2020. Epidemiology of COVID-19. *Journal of Digestive Endoscopy*; 11 (1): 3-7.
- Govender, D., Prakaschandra, D. R. and Mohapi, M. J. 2021. Student preparedness for work-integrated learning in biomedical technology: student perspective, *The Journal of Medical Laboratory Science & Technology South Africa*; 3 (2): 65 – 70.
- Hu, B., Guo, H., Zhou, P. and Shi Z. L. 2021. Characteristics of SARS-CoV-2 and COVID-19. *Nature Reviews Microbiology*; 19 (3): 141-154.
- Karthik, K. Babu, R. P. A., Dhama, K., Chitra, M. A., Kalaiselvi, G., Senthilkumar, T. M. A. and Raj, G. D. 2020. Biosafety concerns during the collection, transportation, and processing of COVID-19 samples for diagnosis. *Archives of Medical Research*; 51: 623-630.
- Lone, S. A and Ahmad, A. 2020. COVID-19 pandemic – an African perspective. *Emerging Microbes & Infections*; 9 (1): 1300 – 1308.
- Ratshikhopha, E., Muvhali, M., Naicker, N., Tlotleng, N., Jassat, W. and Singh, T. 2022. Disease severity and comorbidities among healthcare worker COVID-19 admissions in South Africa: A retrospective analysis. *International Journal of Environmental Research Public Health*; 19 (9): 5519.
- Ross, A. J. 2022. Impact of COVID-19 – Experiences of 5th year medical students at the University of KwaZulu-Natal. *South African Family Practice*; 64 (1): a5483.
- Sharma, A., Tiwari, S., Deb, M. K and Marty, J. L. 2020. Severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2): a global pandemic and treatment strategies. *International Journal of Antimicrobial Agents*; 56, <https://doi.org/10.1016/j.ijantimicag.2020.106054>
- Song, Z., Xu, Y., Bao, L., Zhang, L., Yu, P., Qu, Y., Zhu, H., Zhao, W., Han, Y., Qin, C. 2019. From SARS to MERS, thrusting coronaviruses into the spotlight. *Viruses*; 11: 59.
- Suliman, R and Mtsweni, J. 2022. Adding up the numbers: COVID-19 in South Africa. *South African Journal of Science*; 118 (5/6).
- Thembane, N. 2022. Work-integrated learning in medical laboratory science and medical technology during COVID-19. *Scholarship of Teaching and Learning in the South*; 6 (3): 162-174.
- The South African Presidency. 2020. Statement by President Cyril Ramaphosa on escalation of measures to combat the Covid-19 epidemic, Union Buildings, Tshwane. Available: <https://www.thepresidency.gov.za/speeches/statement-president-cyril-ramaphosa-escalation-measures-combat-covid-19-epidemic%2C-union>. [Accessed 14/02/2023]
- Wilson, K. S., Ntlebi, V., Made, F., Sanabria, N., Vetten, M., Joseph, J., Chin, G., Jones, D. and Tlotleng, N. 2022. COVID-19 cases among medical laboratory services staff in South Africa, 2020-2021: A cohort study. *PLoS One*; 17(6): e0268998.
- World Health Organisation 2020. Laboratory testing strategy recommendations for COVID-19. Available: https://apps.who.int/iris/bitstream/handle/10665/331509/WHO-COVID-19-lab_testing-2020.1-eng.pdf?sequence=1&isAllowed=y. [Accessed 14/02/2023]
- World Health Organisation 2022. Weekly bulletin on outbreaks and other emergencies. Available: <https://apps.who.int/iris/bitstream/handle/10665/362389/OEW36-290804092022.pdf>. [Accessed 11/09/2022].
- World Health Organisation 2023. Weekly bulletin on outbreaks and other emergencies. Available: <https://apps.who.int/iris/bitstream/handle/10665/365964/OEW06-300105022023.pdf> [Accessed 14/02/2023]

TAKING OWNERSHIP OF YOUR CAREER

MS ANDREA SHELTON

A career does not start when you qualify, it begins when you decide to go into a particular direction and invest time and effort into realising your chosen career.

A career refers to the journey that one takes within their period of employment, whereas the term profession refers to a field of work; in other words, being a medical technician is a job within the field of medical technology, which encompasses testing biological samples for diagnostic and medical monitoring purposes. Therefore, a field of work is first decided on and one studies or works to become suitably qualified in it, holding various positions within that field. To enjoy a meaningful career, one needs to practise within the realms of that profession's expectations and requirements.

All along your career path, you would be exposed to opportunities for learning and upskilling yourself, for your own sake and ultimately for the sake of your patients. In the profession of Medical Technology there are rules and regulations that need to be adhered to and upheld.

These include, for example: Rules and regulations relating to:

- Registration as students,
- Private practice or
- Ethical conduct, to name but a few.

All the expected rules and regulations are made available to practitioners, and students, through the HPCSA website; and other sources like the Society of Medical Laboratory Technology of South Africa (SMLTSA).

The overarching laws for the profession of Medical Technology can be found in the Health Professions Act, No 56 of 1974. These regulations are brought to your attention to prevent professional injury.

When a practitioner is found guilty of contravening the rules and regulations, as per the Health Professions Act, Section 42, they may be issued with:

- A caution and/or reprimand
- A prescribed fine
- Or name suspended or removed from the Register etc.

One can only be found guilty if there is a rule or regulation that has to be upheld. The following examples of contraventions are avoidable. It is very important to understand that there are rules and regulations that apply to all stages of a career, therefore interns and students are also included in the expectation to uphold the relevant laws and regulations. Much dedication and sacrifice goes into developing a career, it would be fruitless to err due to a lack of knowledge, as the cost could be very great.



Laws, rules and regulations can be reviewed from the above examples.

IT IS IMPERATIVE THAT PRACTITIONERS ARE RESPONSIBLE AND TAKE OWNERSHIP OF THEIR CAREERS

EXAMPLES OF OFFENCES	UNDERSTANDING THE OFFENCE
Failure to maintain the required CEUs	When practitioners do not engage in CEUs generating activities their professional growth becomes lacking; thereby not keeping their knowledge and skills current.
Practising out of scope	This limitation ensures a practitioner practises safely, effectively and lawfully.
Practising without the correct registration status	Medical Technology practitioners must be registered with the Board. Registered practitioners enjoy the oversight of a Regulatory Body. Registration infers that a practitioner is allowed to practise in a particular capacity and discipline/field.
Failure to maintain practitioner licence	All practising medical laboratory professionals must be registered with the HPCSA in their respective Professional Board.
Unprofessional conduct	Any instance where a practitioner fails to display proper professional conduct, thereby placing the patient at risk e.g., Failure to inform a clinician of a critically abnormal laboratory result.
Unethical business practice	Any instance falling below the minimum standards for business codes of conduct e.g., Operating without a valid business licence or practice number.
Fraud	This could be any instance where there is willful or wrongful misrepresentation of information e.g., Falsifying temperature or reagent logs.
Bring the profession into disrepute	Any act where the profession can be tarnished or embarrassed by the acts of a practitioner e.g, Any act where the practitioner is found guilty of contravening the rules and regulations; like being found guilty of fraud.
Allowing a practitioner to be exploited	When a practitioner's professional acts are abused/misused by an employer, knowingly or not.

Practitioners are strongly encouraged to read through the relevant laws and regulations as this will empower them with information and promote a stronger sense of professionalism.

If practitioners find themselves in a position where a transgression might have taken place, they are duty bound, and therefore encouraged, to contact their relevant Board for advice and assistance to remedy the situation.



GENERAL INFORMATION



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

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Fax: 012 328 5120

Where to find us:

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Continuing Professional Development (CPD)

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Ethical and Scope of Practice matters:

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MTB examinations enquiries

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