

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

**SUPERVISION GUIDELINES FOR RADIOGRAPHY AND
CLINICAL TECHNOLOGY PROFESSIONS**

Definitions

Health practitioner means a person registered with Council in a profession registrable in terms of the Health Professions Act 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 practising a health profession under the supervision of an appropriately qualified health practitioner at an approved facility as determined by the board.

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

Supervision means the acceptance of liability by a supervising practitioner for the acts of another practitioner.

Supervisor means the independent practitioner who expressly accept liability for the professional acts of another practitioner. The supervisor undertakes to guide the supervisee in order 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 supervisee perform 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 supervisee perform professional acts within their scope of practice 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 present during the clinical encounter.

Preamble:

The Health Professions Council of South Africa (HPCSA) view the matter of supervision as a holistic process that occurs in relation to all professional practice related activities in which the supervised practitioner is engaged in. Good supervision should enable a practitioner to develop and enhance their knowledge, skills, and professionalism. The process of supervision should form part of activities prior to actual clinical encounters in the form of education and training, during clinical encounters as well after clinical encounters in the form of debriefing, reflection and where necessary ongoing education and training. This document provides guidance on the type and expected level of supervision for the professions registrable in terms of the Health Professions Act 56 of 1974, as approved by the relevant professional board and should be used in conjunction with all other ethical guidelines, rules, rulings and regulations. These guidelines are not applicable to students for training purposes.

1. Purpose

The purpose of supervised practice is to guide the practitioner to adequately and competently practice the profession in accordance with the requirements as determined by the Professional Board. These guidelines also provide the framework for supervised practitioners, supervisors to monitor and assess performance.

2. Supervised Practitioner shall

- 2.1 be a qualified practitioner registered with the HPCSA.
- 2.2 be registered in same category with the supervisor, unless otherwise stated by the Professional Board.
- 2.3 may only receive written confirmation post exhibiting professional competency to the supervisor.
- 2.4 be compliant to the CPD or any other requirements as determined by the Professional Board.

2.5. inform the Professional Board in writing of any transfers from the initial facility and change of principal supervisor.

3. Supervisor shall

3.1 be a registered practitioner in good standing with the HPCSA for at least two years, or as determined by the Professional Board.

3.2 be registered in independent category similar to or related to that of the supervised practitioner as determined by the Professional Board.

3.3 accept professional responsibility and liability for supervising the practitioner.

3.4 certify that the facility meets the requirements for all domains of supervised practice.

3.7 monitor and facilitate the supervision process e.g., communicating with the HPCSA, submission of reports and any other necessary documentation.

3.8 inform the Professional Board in writing of any transfers from the initial institution and change of principal supervisor.

4. List of RCT Professions

4.1 General Supervision:

Registered Practitioner	Supervisor	Type of Supervision
Radiographer (restoration requirements)	Registered practitioner approved by the board or radiographer	Direct (refer to restoration guidelines)
Diagnostic Radiographer with limited Ultrasound practice	Registered practitioner approved by the board or radiologist	As per permission letter.
Supplementary Diagnostic Radiographer	Registered practitioner approved by the board or radiographer	Indirect
Restricted Supplementary Diagnostic Radiographer	Registered practitioner approved by the board or radiographer	Indirect
Radiation Laboratory Technologist	Registered practitioner approved by the board, radiographer, radiologist or radiation oncologist	Indirect (subject to their scope of practice)

Clinical Technologist restoration requirements	Registered practitioner approved by the board that is a graduate Clinical Technologist or a specialist registered in the same discipline	Direct
Clinical Technologist who qualified with National Diploma in clinical technology as such after 31 March 2000	Registered practitioner approved by the board that is a graduate Clinical Technologist or a specialist registered in the same discipline	Indirect
Electroencephalography Technician	Registered practitioner approved by the board that is a Graduate Clinical Technologist category Neurophysiology, Specialists or practitioners in a related field with skills and abilities to oversee the work of the technician and approved by the board.	Indirect

4.2 Activity based supervision for Clinical Technology:

Activity	Type of Supervision	Description
Diagnostic Procedures	Direct	Acceptance of liability by a supervising practitioner for the acts of another practitioner. The supervising practitioner will be physically in the medical facility and immediately available to supervise and provide timeous clinical intervention.
	Indirect	Acceptance of liability by a supervising practitioner for the acts of another practitioner once competency (as approved by the board) in the requisite procedure has been reached. The supervising practitioner may or may not be physically within the same medical facility, but immediately available by means of telephonic, and /or other electronic medical modality, and immediately available for direct supervision and/or timeous clinical intervention.

Therapeutic Procedures	Direct	Acceptance of liability by a supervising practitioner for the acts of another practitioner once competency (as approved by the board) in the requisite procedure has been reached. The supervising practitioner will be physically in the medical facility and/or in close proximity and immediately available for direct supervision and/or timeous clinical intervention.
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5. Ratio of supervisor to supervised practitioners

The ratio of supervisor to supervised practitioners will be as determined by the Board from time to time.

6. Relationship between supervisor and supervised practitioner

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

6.1 Health care practitioners should:

- 6.1.1. Work with and respect other health-care professionals in pursuit of the best health care possible for all patients.
- 6.1.2. Not discriminate against colleagues, including health care practitioners because of their views, their 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.
- 6.1.3. Refrain from speaking ill of colleagues or other health care practitioners. (Rule 12 of the ethical Rules of conduct).
- 6.1.4. Report any unprofessional, illegal, or unethical conduct on the part of another practitioner. (Rule 25 of the Ethical Rules of Conduct).

7. Disputes between supervisor and supervised practitioner

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 irresolvable

conflict occurs within the supervisory relationship either party may seek mediation to avert any interruption to the supervisory process.

8. Interruption and/or change of supervisor (due to any reason, e.g., disputes, death, transfers, etc)

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.

9. Record keeping

Both the supervisor and supervisee have a duty to ensure that patient medical records are managed in accordance professional ethical standards (see Booklet 9: Keeping of Patient Records).

10. Ethical considerations

This document must be read in conjunction with other Ethical Rules of Conduct for practitioners registered under the Health Professions Act 56, 1974.

Annexure 1: Supervisor report template

A comprehensive report signed by the supervisor and head of department where applicable with the documented strengths and weaknesses of the practitioner.

A portfolio of clinical cases indicating clinical management, professionalism, patient safety and clinical practice should be completed in the supervisor form, which evaluates the following domains of practice:

Domains of Practice

The report must focus on four domains of practice:

1. Professionalism

Indicate the ability and extent of the supervisee to manage clinical cases: history taking, examination, investigation management, care planning, decision making, referral/consultation, clinical judgement - emergencies, recognition and management, discharge planning (where relevant).

- Good practice
- Integrity
- Intercultural competence

2. Safety and Quality

Indicate how the supervisee prescribe drug, manage medication safety, Infection control principles adherence, and handles adverse event recognition and reporting (where relevant in line with scope of the profession).

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

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 regarding handover reports, discharge, and transfers as well as documentation of care).

- 3.1 Communicate effectively
- 3.2 Work constructively with colleagues
- 3.3 Develop and maintain professional performance
- 3.4 Apply knowledge and experience to practice
- 3.5 Maintain clear, accurate and legible records

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 with necessary requisite safety:

- Good practice
- Integrity
- Intercultural competence
- Systems to protect 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 record