

## FORM 184 (Ultrasound: Supervised Practice)



**HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA  
PROFESSIONAL BOARD FOR RADIOGRAPHY AND CLINICAL TECHNOLOGY**

**APPLICATION FOR ONCE-OFF TEMPORARY ACCREDITATION OF AN  
ULTRASOUND CLINICAL TRAINING FACILITY IN RADIOGRAPHY**

This form is to be completed and signed by the current employer.

**Accreditation** in this context means the approval and recognition of the clinical quality of an Ultrasound clinical facility by the accrediting body (the HPCSA) for the clinical training of Diagnostic radiographers who will be preparing to undertake the Special Board Ultrasound Examination (Supervised Practice). The accreditation will be valid until the completion of the Special Board Ultrasound Examination (Supervised Practice).

**1. EXAMINING BODY DETAILS:**

<b>Examining Body</b>	Health Professions Council of South Africa.
<b>Name of Board</b>	Radiography and Clinical Technology
<b>Contact Person</b>	Ms Liliosa Manjoro
<b>Postal Address</b>	P.O. Box 205, Pretoria, 0001
<b>Physical Address</b>	553 Madiba Street (previously Vermeulen) Arcadia, 0083
<b>Telephone Number</b>	012 338 9458
<b>Fax Number</b>	
<b>E-mail address</b>	<a href="mailto:Velik@hpcsa.co.za">Velik@hpcsa.co.za</a>

Note: All information requested below is for the specific clinical facility being evaluated for temporary accreditation for ultrasound training, under supervision. Each clinical venue will require a separate application form. The facility being accredited must be the facility where the applicant is currently employed and will be practicing after the examination.

**2. Purpose of request for accreditation of clinical training facility where the applicant is currently employed:**

<b>Temporary accreditation for Ultrasound training</b>	Yes
--	-----

### 3. CLINICAL TRAINING FACILITY DETAILS: (i.e. details for this facility)

#### 3.1 This is a:

<b>Primary clinical training facility</b>		<b>Satellite clinical training facility. (If “Yes”, which is the Primary facility)</b>	
---	--	--	--

<b>Name of Facility/Practice</b> <i>(If Private - include name of the Practice <b>and</b> the name of the clinical facility being evaluated where applicant is currently employed)</i>	
---	--

<b>Name of Owner(s) of practice/ facility</b>	
<b>Contact Person</b>	
<b>Postal Address (Fill in all details of the clinical facility being evaluated)</b>	
<b>Physical Address (of the clinical facility being evaluated)</b>	
<b>Telephone Number</b>	
<b>Fax Number</b>	
<b>E-mail address</b>	

#### 3.2 Qualified sonographers and radiologists working at this clinical facility being evaluated:

	Qualified professionals	
	No. of posts available	No. of posts filled
<b>Qualified sonographers</b>		
<b>Community service sonographers</b>		
<b>Radiologists</b>		
<b>Nurses</b>		
<b>Other (relevant to ultrasound)</b>		

Please provide the following information in respect of all professional staff (as listed above) at this clinical facility (i.e., the current workplace of the applicant) being evaluated for temporary accreditation for the Special Board Examination ultrasound training (these details may be attached as an addendum)

Surname and initials	HPCSA Registration No	Designation, & Highest Qualification [e.g. Chief, Ultrasound, BTech: Rad (US)]

**3.3** Provide a list of the range of ultrasound examinations/ procedures/treatments performed at this clinical facility and, patient statistics per month (for the past 12 months), **and**;

a detailed list of the range of ultrasound equipment available in the clinical facility being evaluated. (Please **attach these lists to this application form**. Indicate whether students will observe operation of equipment/ assist with operation of equipment or operate equipment independently but under supervision)

**Note:** In this context the term “**student**” refers only to the Diagnostic radiographer who will be undertaking the Special Board Ultrasound Examination to practice under supervision.

**3.4** Will students rotate to other ultrasound clinical facilities/venues? If so, please specify name of facility, address, type of work done in these clinical facilities and reason why these other facilities are used.

- 3.5** Details of the student/s who are currently employed at, and will be training at this clinical facility: State the maximum number of students this clinical facility could accommodate at any one time as well as:

name of the student, qualifications of the student, number of years the student has been practicing US at this facility (provide dates), written confirmation of **current** employment (provide dates – these will be verified by the Board).

- 3.6** Indicate the proposed ratio of ultrasound students versus current qualified full-time sonographers and radiologists:

Student: Qualified =

#### **4. ULTRASOUND SUPERVISION AND CLINICAL TRAINING**

- 4.1** Provide the name, rank and qualification/s of the professional in this clinical facility who will be primarily responsible for student management, supervision and coordination. The supervisor must have a minimum of 2 years' clinical experience in ultrasound. See Guidelines (Form 301 A) for definitions of supervision. If supervisor is not on site, who will it be?

- 4.2** Briefly describe arrangements for the supervision of ultrasound students in all relevant workstations and venues (including mechanisms for verifying and confirming that work produced by students has been checked, verified, and signed by a sonographer or radiologist): If the supervisor is not on-site how will this be managed and monitored?

**4.3** Briefly describe any programme/s for practical demonstration and ultrasound clinical instruction? (Include examples of the programme – e.g. weekly tutorials, mock assessments etc.): Will these be conducted on-site or at another facility? Which one?

**4.4** Person(s) responsible for clinical ultrasound instruction. Supply details of these persons' name/s, qualifications, and number of years of clinical experience: Note: this person will accept liability for the student before and after writing the Special Examination. If not on-site, where is the supervisor employed?

## **5. MANAGEMENT OF ULTRASOUND CLINICAL TRAINING**

**5.1** Explain the responsibility chain in place for the general occupational health, safety and protection of the ultrasound students in the clinical situation (include details of procedures for any type of injuries on duty as well as Covid-19 precautionary measures):

**5.2** Explain the responsibility chain in place for disciplinary issues involving the ultrasound students in the clinical situation (include details of procedure to be followed):

**5.3** Explain the management of ultrasound student issues such as attendance, vacation leave, sick leave, study leave, pregnancy/maternity leave, job descriptions/contracts/memorandum of understanding (MOU). (please attach samples of any current job descriptions as qualified diagnostic radiographers, student contracts or MOUs to this application form):

## **6. SUBMISSION OF APPLICATION FORM AND SUPPORTING DOCUMENTS**

The application and all relevant supporting documentation should be submitted to the RCT Board administration at: [rctexams@hpcsa.co.za](mailto:rctexams@hpcsa.co.za)

Note: any forms that are not correctly completed, or do not contain all the required documentation, will not be considered. This may result in the rejection of the application and forfeiture of the application fee.

**DECLARATION:**

**We (the ultrasound clinical training facility) accept that this application will be dealt with by the RCT Professional Board and the Education, Training and Registration Division of the HPCSA, provided the application is submitted in accordance with the “*Guidelines for the special board examination of qualified diagnostic radiographers to obtain approval to continue performing limited ultrasound practice areas, under supervision without being registered in the category: ultrasound*”**

**We, the undersigned agree with the terms of the temporary accreditation and accept that:**

- application for accreditation allows the clinical training facility stated herein, temporary accreditation for the sole purpose of fulfilling the clinical requirements for the special Board ultrasound examination.
- the accreditation is strictly limited to the student(s) specified herein.
- the accreditation is not renewable and,
- the accreditation is only valid for the duration of the special Board ultrasound examination.

**We, the undersigned, hereby confirm compliance with application criteria for the special Board ultrasound examination and declare that:**

- the student(s) who will be training in this clinical facility are recognized by the employer to be performing ultrasound acts without having obtained the RCT Board approved formal US qualification,
- the student(s) specified in this accreditation form are currently employed in this facility
  - please attach confirmation letter by the Human Resource Department, clearly stating the occupation and work commencement date.
  - please attach a supporting employment contract or job description for the specified student(s) in this facility where they are employed.
- the student(s) have been practicing ultrasound since before 31 December 2019 and are currently still practicing ultrasound.
- all information provided in this document is correct and true;

**We, the undersigned hereby further confirm that we aware are that:**

- any evidence of false information will be deemed to be unprofessional conduct and that, the Board will take appropriate disciplinary action against practitioners involved in the falsification of such information.
- Student(s) who, according to the Special Examination Guidelines, fail the special Board ultrasound examination, should cease performing ultrasound acts with immediate effect.

1. \_\_\_\_\_

**SIGNED**

**(by supervising practitioner on behalf of the Ultrasound clinical training facility)**

\_\_\_\_\_  
**NAME (Please print)**

\_\_\_\_\_  
**DESIGNATION**

**DATE:** \_\_\_\_\_

2. \_\_\_\_\_

**SIGNED****(by Human Resources Manager or Practice Manager on behalf of the Employer)**\_\_\_\_\_  
**NAME (Please print)**\_\_\_\_\_  
**DESIGNATION****DATE:** \_\_\_\_\_

The duly compiled application is to be submitted to:

The administration of the Professional Board of Radiography and Clinical Technology at:  
[rctexams@hpcsa.co.za](mailto:rctexams@hpcsa.co.za)

Professional Board for Radiography and Clinical Technology  
HPCSA  
P O Box 205  
PRETORIA  
0001  
Tel. No: 012 338 9360/ 9458

*For office use only*

**SUPPORTING DOCUMENTATION**

- |  |   |
|--|---|
|  | 1. Confirmation letter of current employment at this facility.                              |
|  | 2. Current employment contract/ Job description document/ Memorandum of understanding.      |
|  | 3. List of Ultrasound equipment at this facility (including types of probes available).     |
|  | 4. List and statistics for Ultrasound procedures and examinations offered by this facility. |