



Medical Technology Professionals **NEWS**

Newsletter for Medical Technology Professional Board





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CHAIRPERSON'S NOTE

It has been a very hectic and busy period in the Professional Board Medical Technology (PBMT) since our last Newsletter in 2016.

The Board, as we all know, is a creature of statutes, and therefore we have been busy with amendments and updates of our regulations relating to our professions, under the auspices of Medical Technology.

Among the many regulations that we have been busy with, some relate to the profession of Forensic Pathology. The current register of Forensic Pathology requires us to update it and make it suitable for the upcoming changes to the Regulations regarding the registration of Forensic Pathology Officers (FPO's). There is a Task Team appointed to deal with this mammoth task. This team almost concluded their work around the FPO's. We will be tabling their proposed structure and syllabus to Council and other Boards before we submit to the Minister of Health for promulgation.

We have also been doing evaluations of Universities of Technology (UoT's) that have applied to the HPCSA's PBMT to offer the new degree course in Medical Technology called the BHSc: MLS. There is a lot of progress made in this regard.

Overall, the PBMT is performing very well and we are improving in consultations with our stakeholders. We just had a very successful stakeholders meeting in Cape Town on the 29 August 2017, and we have discussed very crucial and important matters pertaining to our profession,



including informative presentations by some of our colleagues, including a colleague from another Board, who is also a Chairperson of Continuing Professional Development Committee of Council, Dr A. Muslim. Thanks to all the presenters and all those who attended and made the event a success.

We are looking forward to hosting another successful stakeholders meeting next year around the same time, hopefully in Limpopo. Check the HPCSA website for updates.

The HPCSA is undergoing a process of improving its services through what we call the Business Re-engineering Process (BRP). Improvements are already visible and practitioners are encouraged to make use of the new electronic platforms in order to simplify processes and make the system more efficient and effective. Please attend Practitioner Roadshows in order to be informed and updated on this information.

Remember the HPCSA motto: Guiding the professions and protecting the Public. Until next time...

Chairperson: Professional Board Medical Technology

Mr M Louw

HPCSA Moving Towards Maintenance of Licensure



In 2007 Continuing Professional Development (CPD) became compulsory for all professions registered with the Health Professionals Council of South Africa (HPCSA). From the outset, the goal was to encourage practitioners to update their knowledge and skills to enable ethical and competent practise. The focus of the HPCSA's current system of CPD has been largely on continuing education and to update knowledge. Literature, however suggests a need for a comprehensive system of CPD – beyond knowledge gain – as a method of addressing performance inadequacies of the professional as well as at the overall healthcare systems level. This comprehensive system of CPD is referred to as Maintenance of Licensure in this article to avoid confusion with CPD as it has always been referred to at HPCSA. While on one hand continuing education is acknowledged to be a core component of continuous professional development, Maintenance of Licensure as envisaged is more comprehensive and addresses a wider range of skills, including education, training, audit, management, team building and communication.

provide a model that guides genuine learning and enables improvement of professional competence and performance, rather than a system of CPD which has equated the number of hours/CEUs accumulated with competence. Currently, many practitioners meet mandatory CPD CEUs opportunistically, erratically or casually. In contrast, the Maintenance of Licensure model places greater responsibility on practitioners to set out their CPD requirements and demonstrate how their CPD activities improve their professional performance and patient health. Such a model more explicitly recognises that different professionals will have different development needs and require individual practitioners to take greater ownership of their professional development.

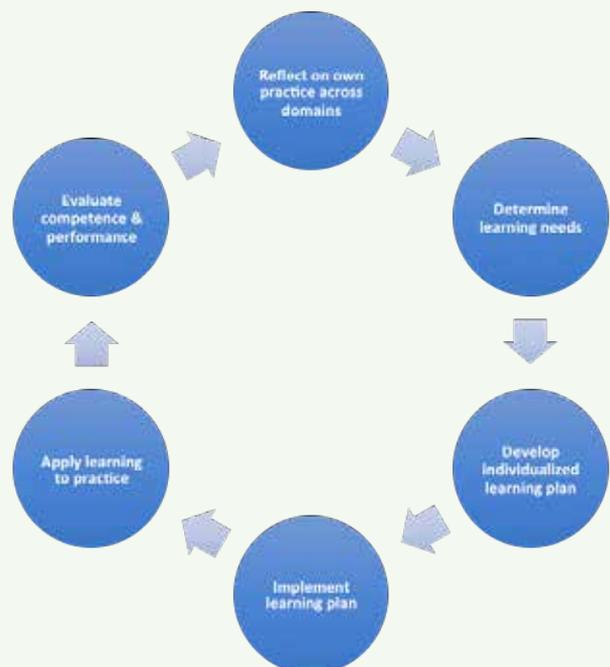
The model is depicted in the figure below:

HPCSA CPD proposed MODEL (for MOL)

In 2013 the HPCSA decided that all practitioners will be required to have a license to practise their professions. The primary purpose of such a decision was to ensure that all practitioners, under the jurisdiction of the HPCSA, maintain and improve their professional knowledge, skills and performance for improved patient outcomes and health systems.

In keeping with the HPCSA's mandate of protecting the public and guiding the professions, the CPD Committee of the HPCSA has critically reflected on the current programme in light of research and international trends in CPD. The rationale is to

HPCSA MODEL FOR MAINTENANCE OF LICENCE TO PRACTISE



Reflection on own practice entails critically looking at oneself across four domains; viz

DOMAIN 1: PROFESSIONALISM – encompassing good practice, integrity, intercultural competence.

DOMAIN 2: SAFETY AND QUALITY – relates to systems one has in place to protect patients/clients, how one responds to risks to safety, and how they protect patients/clients from risks posed by colleagues.

DOMAIN 3: COMMUNICATION is about communicating effectively, working constructively with colleagues and where necessary delegating effectively.

DOMAIN 4: KNOWLEDGE, SKILLS AND PERFORMANCE entails developing and maintaining professional performance, applying knowledge and experience to own practice and maintaining clear, accurate and legible records.

Determining Learning Needs can be achieved by using the following methods:

Self assessment of competence & performance;

Audit of practice or work ethic;

Peer feedback, in same profession.

3600 feedback from patients or clients, from families one interacts with, from other colleagues one works with who are not necessarily in the profession

Developing Individualised Learning: Plan is achievable through:

1. Setting own CPD programme as follows:

Embarking on Continuing Education - 20 hours per year - Learning related to performance improvement.

Involvement in Accredited activities e.g. attending conferences, workshops, courses, producing publications, engaging in research programmes.

Involvement in Non-accredited activities e.g. Self-directed learning programmes and Journals reading.

2. Ensuring own practice is audited at least once a year – systematic critical analysis of own practice, or having a senior managing own performance.

3. Participation in peer review for at least 10 hours per year – Examples include joint review of cases, review of charts, inter-professional review of cases,

mortality and morbidity meetings.

4. Ethics- related learning or practice - 5 hours per year.

Implementation of Learning Programme: CPD, which is already an HPCSA requirement, is a key component of the maintenance of licensure programme and is a major in the implementation process. There are additional requirements to demonstrate competence and performance, including peer review and engagement, audit, multisource feedback, and evaluation of competence and performance.

Application of learning to practice - Practitioners are required to determine their own learning needs, then devise an individualised CPD programme that meets these learning needs, with the ultimate aim being to improve their own practice.

Evaluating competence and performance is comprehensively done every five years; It is proposed that this should constitute a Competence Assessment(summative) which may be done online or through a training institution and performance assessments which include 3600 /multisource feedback and assessment of practice.

In Conclusion

The CPD Committee has and will continue to consult iteratively with a wide range of stakeholders in refining and implementing the guidelines and standards for the comprehensive CPD programme which will be linked to maintenance of licensure. The CPD Committee welcomes and values all perspectives and commits itself to thoroughly reviewing and considering all submissions arising out of the consultation process. The feedback received will influence the final proposal.

(This article is adapted from the concept document put together by the CPD Committee starting in 2014, as well as the presentation from Prof Sanjila Singh to the Interboard Forum that was held on 31st July 2017. Prof Singh is a member of the task team of the CPD Committee that is spearheading the Maintenance of Licensure programme)

TRAINING LABORATORY APPROVAL: HOW TO GAIN AND MAINTAIN

The training laboratory standards, the Health Professions Council of South Africa (HPCSA) form 108B can be used as a self-assessment checklist to determine if the laboratory meets the standards. Once a laboratory is deemed to be meeting the requirements of the standard application to the HPCSA can be made via the Education Committee co-ordinator by submitting a completed HPCSA Form 108B with supporting documents which include the following:

- Total staff complement with appropriate qualifications and HPCSA registration numbers
- A list of the categories in which training is offered

SCOPE OF TESTING

The individual current syllabi of the different disciplines are used in conjunction with this checklist to see if the laboratory has the necessary resources to train students in the specific discipline.

- The laboratory is required to cover a minimum of 80% of the relevant syllabus.
- Training in the remaining sections of the syllabus may be provided at an alternative facility; however, a written agreement indicating the details of such an arrangement must be available.
- It is therefore recommended that you cross-check the list of test procedures performed at your laboratory against the relevant syllabus prior to a scheduled HPCSA evaluation visit. This will facilitate the checking done by individual evaluators on the day.

SUPERVISION IN A TRAINING LABORATORY

The Laboratory must have sufficient senior qualified and registered personnel available to provide the necessary training of the interns and students as per 1:5 Ratio :

One (1) Registered Medical Technologist/MLS 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:

- Qualified Board Registered Technicians
- Registered Intern Medical Technologists
- Registered Student Medical Laboratory Scientists / Student Medical Technologist
- Student Technicians
- Registered Laboratory Assistants
- Laboratory Assistant Students

STANDARDS OF TRAINING

Five broad areas of delivery underpin the checklist, reflecting the needs of the practitioner undergoing training. These areas are:

- Personnel and organisation
- Accommodation and environmental conditions
- Health and safety
- Procedures
- Quality Assurance

Within each of these areas, individual standards that require specific compliance by individual training laboratories have been set. In addition, the standards include the changes in training delivery required for university students undergoing a placement in the laboratory as part of a degree programme.

PERSONNEL AND ORGANISATION

To enable training to be delivered in an effective way, staffing levels must not only reflect the laboratory's diagnostic portfolio but also the requirement to deliver training programme. Where an individual laboratory does not meet this standard, a plan must be in place detailing the workforce development designed to address this shortfall.

The management of the laboratory must formulate the quality goals with respect to the education and skills of the laboratory. The laboratory must have a policy and procedures for identifying training needs and providing training of personnel. The training program

must be oriented on present and future tasks of the laboratory. Personnel performing specific tasks must be qualified on the basis of appropriate education, training, experience and/or skills, as required.

ACCOMMODATION AND ENVIRONMENTAL CONDITIONS

The environment in which training is delivered can have a major effect on outcomes and therefore it was felt that certain provisions should be made available as a basic duty of care. One of the key elements of this is the provision of a quiet study area with access to IT and the internet – a resource that is now essential in the modern era.

Adequate space to deliver training is also vital. For too long, training space has been shoe-horned in many laboratories and only given secondary consideration. While being aware that the primary function of a laboratory is the diagnostic work it undertakes, training a competent workforce is vital and requires space.

Equipment needs to be modern and well maintained, and individual staff members must be able to demonstrate competence in using the equipment, which is why sight of training logs for individual pieces of equipment may now be requested by evaluators when visiting the laboratory.

HEALTH AND SAFETY

Health and safety is a key element in any diagnostic clinical laboratory, but it is especially important where training is concerned. Laboratories will now be required to demonstrate compliance not only with national legislation but also with key standards for accreditation. A training laboratory will be expected to demonstrate this compliance during the laboratory tour. Evaluators will look for evidence of well-maintained and accessible personal protective equipment, and easy access to relevant H&S policies, risk assessments.

PROCEDURES

The laboratory shall have documented instructions on the use and operation of all relevant equipment, on the handling and preparation of items and for calibration and/or testing, where the lack of such instructions could jeopardise the calibrations or tests. All instructions, standards, manuals and reference data relevant to the work of the laboratory shall be maintained up-to-date and be readily available to the staff.



QUALITY ASSURANCE

Quality is at the core of all that is undertaken in a modern clinical diagnostic laboratory, and cannot be compromised, especially where training is concerned.

All laboratories applying for HPCSA training status must adhere to the quality principles enshrined in the SANAS Standards for the Medical Laboratory, the HPCSA Code of Professional Conduct.

The laboratory must establish, implement and maintain a quality management system appropriate to the scope of its activities including the type, range and volume of testing and/or calibration activities it undertakes. The laboratory must document all of its policies, systems, programmes, procedures, instructions and findings, to the extent necessary to enable the laboratory to assure the quality of the test and/or calibration results it generates. Documentation used in this quality management system must be communicated to, understood by, available to and implemented by the appropriate personnel.

CERTIFICATION OF ACCREDITATION

Once the Professional Board approves the report submitted by the evaluators, the laboratory is then issued a certification of accreditation that is valid for a period of four years.

SUBMISSION OF ANNUAL REPORT TO THE HPCSA

In terms of HPCSA Form 108b, Appendix C, each laboratory must submit an annual report during the four year cycle of the accreditation period. Details regarding changes to staff complement with registration categories, changes to test procedures, changes to training programme, and successes with respect to meeting goals as well as challenges must be communicated to the Professional Board on the relevant document.

FIRST APPLICATION FOR THE RESTORATION OF NAME TO THE REGISTER

The procedure relating to the restoration of name to the register should be read in conjunction with the restoration guidelines reflected on the website of the Professional Board for Medical Technology.

Restoration following:

- voluntary erasure or
- erasure due to non-payment of annual fees or
- applicant who was found guilty of unprofessional conduct and on whom the penalty of removal of his name was imposed until the period of suspension has expired.

Removal of the name from, and restoration to register is in terms of Health and Professional Act 56 of 1974.

Form 18 and Form 18 A MT, together with the requirements listed should be duly completed and submitted to the HPCSA as the first step in applying for the restoration of name to the register.

FURTHER DOCUMENTATION TO BE SUBMITTED IN ADDITION TO THE REQUIREMENTS REFLECTED IN FORM 18:

- A summary of activities and employment within and outside the profession during the period of erasure (Template attached hereto).
- Original documentary evidence of work experience issued by the relevant employers. Evidence regarding experience and appointments held must specify the exact nature and extent of work performed and the periods during which the appointments were held
- A summary of CPD activities completed during the period of erasure as per the Continuing Professional Development policy of Council (Template attached hereto).
- Original documentary evidence regarding undergraduate and / or postgraduate studies since erasure from the register (if applicable, Template attached hereto).
- If the applicant was registered outside South Africa since erasure of his/her name from the register, a recent original Certificate of Status (Certificate of Good Standing), issued by the foreign registration authority within the preceding three months.

GUIDELINES RELATING TO SUPERVISED PRACTICE

These guidelines are for practitioners who were erased from the registers for two years or more and have practised their profession as well as for practitioners who were erased from the registers for two years or more and have not practised their profession.

A practitioner whose name has been erased from the register and had been practising for a period of more than two years will be required to provide:

1. Duly completed application for restoration form (Form 18) and applicable Restoration Fees
2. Proof of practising their profession – CV or letter from the previous employer confirming employment with dates specified.
3. COS (Recent certificate of good status from the country where he/she has practised) not older than three months.
4. Proof of CPD attended to during preceding 24 months.

A practitioner whose name has been erased from the register and had not been practising for a period of more than two years will be required to work under supervision in an HPCSA accredited laboratory for a period equivalent to six months (1000 hours).

1. Complete Application for Restoration of Name, Form 18.
2. Payment of restoration fees and any other fees outstanding.
3. The applicant be restored in terms of supervised practice immediately on submission of the application form and payment of penalty fees;
4. They have to work under supervision of a registered Medical Technologist at an accredited laboratory, for a period of at least six (6) months;
5. The supervisor should on completion of the period of 6 months, submit a progress report with a recommendation as to the lifting of restrictions or a further period of supervised practice; and
6. The progress report will be considered by the Chairperson of the Professional Board or education Committee

During the period of supervised practice the applicant will not be allowed to be self-employed or practising in his or her own private practice.

SUMMARY OF PROCESS

The supervisee will be required to identify and request a suitable supervisor to oversee him or her during the period of supervised practice. For this purpose a signed undertaking would have to be obtained from the supervisor agreeing to undertake the supervision. On completion of six months' supervised practice, the supervisor will be required to complete and submit the Supervisor Evaluation Report. The findings presented in this report will be reviewed by the Education Committee. If the Committee is satisfied by the recommendation of the supervisor, the practitioner will be registered in the category in which the applicant was previously registered.

In cases where the Education Committee remains unconvinced that the practitioner is ready for independent practice, the supervisor will be expected to extend the period for a further six months stating reasons.

APPOINTING OF SUPERVISOR

The supervisee identifies a supervisor in an HPCSA accredited laboratory and provides these guidelines to him or her with a view to obtain a written undertaking relating to the period of supervision.

The process is as follows:

- Undertaking by Supervisor Regarding Supervision (Form 18C MT undertaking by supervisor regarding supervision) submitted to the Board Administration.
- Period of supervision commences once the Board Administration had confirmed that the supervisor had been approved by the Committee
- Supervised practice is completed for a period of 6 months (or equivalent of 1000 hours).
- Supervisor Evaluation Report (Form 18D MT Report by supervisor) is completed by the supervisor and submitted to the Board Administration on completion of supervised practice

SELECTION OF SUPERVISOR

The supervisor should be appointed in consultation with other role players at the practice or institution with due cognizance of the work load and responsibilities of the supervisor.

The supervisor should be registered with the HPCSA in the same profession and category or discipline (where applicable) as the supervisee. The supervisor should further have been registered for a period of more than three years and have appropriate and relevant experience as a supervisor.

NATURE OF SUPERVISION

The supervisor should be readily available to allow for regular interaction with the candidate and face-to-face contact at least once every week (every month in the case of exceptional circumstances).

As part of the monthly contact between supervisor and supervisee, the supervisor should at least monitor and evaluate progress using signed training and competency records.

CONTACT DETAILS / ENQUIRIES

Duly compiled undertakings may be sent or delivered to:

The Registrar
 HPCSA
 P O Box 205
 PRETORIA
 SOUTH AFRICA OR
 553 Vermeulen Street
 Arcadia
 PRETORIA

This form should be read in conjunction with Form 18 C MT and Form 18D MT



Forensic Pathology as a career with focus placed for the Forensic Pathology Officers and Prosectors

Corrie Pieters and Julian Mthombeni

Pre April 2006 the services of what now is known as Forensic Pathology Service duties were performed by a handful dedicated Police officials whose role were to attend, collect and store the bodies of all unnatural and few natural cases. The officials were tasked to assist the then district surgeons (Pathologists) to perform autopsies (post-mortems) in order to compile the report for the jurisdictional process. A decision was taken by the cabinet of the then parliament in 1998 to relocate the service from South African Police Service (SAPS) to the Department of Health under the section of the hospital services.

Most provinces relocated the post-mortem services in April 2006. The grandfather's clause was used to have a smooth transition between the two departments and some newly appointments were done in order not to disrupt the services as a whole and to fill the shortfall.

Doctors were not interrupted as they were already employees of the department of health, although this field still remains critical short of forensic pathologists.

This brings us to the Forensic Pathology Officers (FPOs) who work with human remains siting Forensic Pathologists and Prosectors who also work with human tissue, assisting anatomical pathologists; this employees were never registered with any professional body importantly, with the HPCSA. There has not been any recognition of these employees hence, no mandated qualification. A recognised Diploma is in its final stages which will give these employees / students who may be interested to study as FPOs at the accredited universities and opportunity to register with the Health Profession Council of South Africa (HPCSA) under the Professional Board of Medical Technology (PBMT).

The current PBMT is in full force to develop a register for the Forensic Pathology Officers and Prosectors in South Africa.

The various levels proposed for the register are as follows:

Forensic Pathology:

- Student Forensic Pathology Officer
- Forensic Pathology Officer (Supervised)
- Forensic Pathology Officer (Supplementary)

Prosectors:

- Student Prosectors
- Prosectors (Supervised)
- Prosectors (Supplementary)

All currently practising FPOs will be registered under Forensic Pathology Officer (Supplementary) . FPOs who wish to do a diploma at a university will then be registered by universities as student FPOs.

The career path is bounded to the availability of vacant funded posts within each province and determined by the Head of Department of Health of each province. Therefore, students who wish to register for this career will have to be employees of the Department of Health.

The career path for the Forensic Pathology officer is as follows:

- » Register as Student Forensic Pathology Officer (FPOS)

On completion of a FPO diploma at a university,

- » Register as FPO (Supervised practice)

Career Path for Prosectors:

- » Register as Student Prospector

On completion of a 2-year in-house training in an accredited training facility and successfully passed the board examination:

- » Register as Prosector (Supervised Practice)

All currently practising Prosectors will be registered under Medical Technician - Prosector category (Supplementary) register. This cadre of employees will NOT need to write the board examination in order to be registered.

The process is on-going and the launch of the registers will be announced accordingly.

References

<http://ewn.co.za/2011/01/14/SAs-shortage-of-forensic-pathologists>

Assessed: 11 August 2017

<https://barefootmeds.wordpress.com/2014/04/02/elective-extravaganza-forensic-pathology-in-south-africa/>

Assessed: 11 August 2017

Restoration of name to the Register

Suspension based on a formal request to be suspended from the register or due to non-payment of annual fees:

- Voluntary Erasure is in terms of Health Professions Act, 1974 (Act No. 56 of 1974) Section 19 (1)(c)
- Suspension due to non-payment of annual fee is in terms Health Professions Act, 1974 (Act No. 56 of 1974 Section 19 (1)(d)

A. Restoration after Removal or Suspension of name from the register for a period of two years

If a practitioner's name was removed from the register or his or her registration suspended for a period of two years or less – irrespective of whether he or she practiced or not - the restoration application will be dealt with administratively subject to submission of the following:

- Completion of required restoration Form 18
- Payment of the applicable fees and any other outstanding fees

The Board reserves the right to institute disciplinary action against practitioners who had practiced their profession in South Africa without being registered.

B. Restoration after Removal or Suspension of name from the register for a period of more than two years – (Practising)

A practitioner whose name has been erased from the register and had been practising for a period of more than two years will be required to:

- Duly completed application for restoration form (Form 18) and applicable Restoration Fees
- Payment of the applicable fees and any other outstanding fees
- Proof of practising their profession – CV or letter from the previous employer confirming employment with dates specified.
- COS (Recent certificate of good status from the country where he/she has practised) not older than 3 months.
- Proof of CPD attended to during preceding 24 months.



C. Restoration after Removal or Suspension of name from the register for a period of more than two years – (Non-practising)

A practitioner whose name has been erased from the register and had not been practising for a period of more than two years will be required to work under supervision in an HPCSA accredited laboratory for a period equivalent to six months (1000 hours) the following procedure would apply:

- Complete Restoration Form 18.
- Payment of restoration fees and any other fees outstanding.
- The applicant be restored in terms of supervised practice immediately on submission of the application form (Form 18, Form 18A, Form 18C, Form 18D) and payment of penalty fees;
- They have to work under supervision of a registered Medical Technologist at an accredited laboratory, for a period of at least six (6) months;
- The supervisor should on completion of the period of 6 months, submit a progress report with a recommendation as to the lifting of restrictions or a further period of supervised practice;
- and The progress report will be considered by the Professional Board or Education Committee

During the period of supervised practice the applicant will not be allowed to be self-employed or practising in his or her own private practice.

Upon receipt of a positive supervisory report or portfolio by the supervisor to the satisfaction of the Education Subcommittee, his or her name will be restored to the category of registration that applied prior to the erasure of his or her name from the register.

SUMMARY OF PROCESS

The supervisee will be required to identify and request a suitable supervisor to oversee him or her during the period of supervised practice. For this purpose, a signed undertaking would have to be obtained from the supervisor agreeing to undertake the supervision. On completion of six months' supervised practice, the supervisor will be required to complete and submit the Supervisor Evaluation Report. The findings presented in this report will be reviewed by the Education Committee. If the Committee is satisfied by the recommendation of the supervisor, the practitioner will be registered in the category in which the applicant was previously registered.

In cases where the Education committee remains unconvinced that the practitioner is ready for independent practice, the supervisor will be expected to extend the period for a further six months stating reasons.



RENEWAL AND PAYMENT OF FEES PORTAL

A heartfelt thank you to more than 60 000 practitioners who interacted with the HPCSA's new Renewal and Fee Payment Portal which went live on 1 March 2017.

Bringing the portal into operation presented us with the opportunity to update our database, but we must acknowledge that the exercise was not without its frustrations and challenges, some of which included the following:

a) LOGGING IN BEFORE CREATING AN ACCOUNT

In a few instances, practitioners attempted to LOG IN instead of CREATING AN ACCOUNT. This resulted in an error message stating that the Username and Password were invalid. The portal could not identify the practitioner as an account had not been created.

b) ID NOT RECOGNISED BY THE PORTAL

This was a source of frustration for many practitioners who have been interacting with the HPCSA for many years, for which we sincerely apologise. We still had the old ID numbers for a sizeable proportion of our practitioners, and the problem was easily overcome by HPCSA officials promptly updating the ID numbers and alerting practitioners that this had been done.

We would like to encourage those practitioners who have not yet created their accounts on the portal to do so. If the same problem is encountered, please email a copy of your ID to records@hpcsa.co.za or registrationgroup@hpcsa.co.za so that we can update your ID details.

c) EXISTENCE OF MULTIPLE ACCOUNTS

The portal uses the ID number to access a practitioner's account on the main HPCSA database. Each ID may be linked to only one account, albeit, in some cases,

practitioners had multiple registrations. In such cases where the ID was linked to more than one account, the practitioner could not create a uniquely identifiable account on the portal. The practitioners who contacted the HPCSA after getting the multiple accounts error message had the multiple accounts merged and could then create an account and renew their registration.

d) THE AMOUNT THE PRACTITIONER IS PROMPTED TO PAY DIFFERED FROM THE PUBLISHED OR INVOICED AMOUNT.

The portal allows for the offsetting of funds received from, and funds owed by the practitioner. If there is an outstanding amount on the account, this will be added to the renewal fee, resulting in 2017/18 amount payable being higher than expected. By the same token, if the account is in credit, due to overpayment in the past, the amount payable will be less than the current renewal fee.

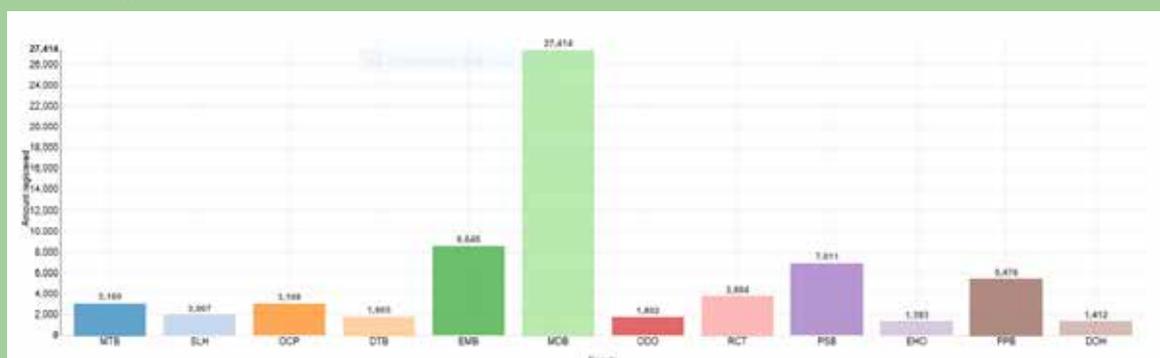
PRACTISING STATUS NOT DISPLAYED BECAUSE RENEWAL IS "PENDING"

1. The following conditions need to be satisfied prior to a practitioner accessing their practising card online. The practitioner must be ACTIVE, in other words, not 'suspended' or 'erased'. Practitioners who are not ACTIVE and wish to register, should please contact the HPCSA and request to be 'restored'.
2. The practitioner's account balance must be zero, or in credit, and
3. All fields on the RENEWAL tab need to be completed.

We have compiled a list of challenges that practitioners frequently encounter, and added these to the portal under the DOCUMENTS TAB.

FEW FACTS AND FIGURES ON THE PORTAL

The graph below illustrates the number of practitioners per Professional Board who interacted with the online portal up to 27 August 2017:





A total of 9584 MTB practitioners were invoiced for 2017/18, and 92% of these (8797 practitioners) have paid annual, with a third or 33% having done so through the online renewal and payment portal.

We are pleased to report that a significant proportion of the practitioners used either the integrated EFT embedded on the portal or a credit/debit card to make payments, compared to the proportion that made payments in a bank and emailed or faxed a proof of payment to us.

FUTURE RENEWALS

In the 2017/18 financial year, we operated two renewal processes – the online portal and the traditional face-to-face renewal – we intend to discontinue the face-to-face model where practitioners come to our offices or we go out to specific sites for practitioners to renew or make payment. For this renewal period, practitioners could choose to have the “purple” paper practicing card or the electronic version of the card on a phone or desktop, or have both the paper and the electronic formats.

We encourage every practitioner to go online and create an account, as interaction with the HPCSA will increasingly, be through electronic means. This offers practitioners the opportunity to log on to the portal at any time, and not only for renewal purposes, enabling them to update personal details as required by the Health Professional Council Act 56 of 1974, as amended.

How to Create an Account:

This can be done in three easy steps:

- From the home page on the HPCSA website www.hpcsa.co.za click on the Online Renewals tab. This will take you to the landing page on the portal

- Click on the ‘Create an Account’ button – you will need to create an account or register before attempting to log in
- Select South Africa or Outside SA Country of Practice
- Enter the ID/Passport number and click on the Continue button as shown in the Figure below. Your name and surname as they appear in our database will appear on the screen



- Follow the prompts and complete the CREATE AN ACCOUNT PROCESS.

For further enquires regarding the Renewal and Payment of Fees portal, please contact the Registrations team on registrationgroup@hpcsa.co.za, or contact the Call Centre on 012 338 9300.

We hope that this communication has cleared up any problems you may have been experiencing, and we encourage you to register on the portal.

GUIDELINES FOR ADOPTION AND USE OF TITLES IN THE PROFESSION OF MEDICAL TECHNOLOGY

There are various legislative and other statutory documents that give authority to the HPCSA to regulate the use of professional designations. Protected and exclusive use of a title provides a unique form of identifying individuals or groups of practitioners so that customers/clients may have reasonable confidence that the health professional has met the minimum standards of knowledge and expertise and is bound by a code of Ethics.

The South African Qualifications Authority (SAQA) published a draft document “Policy and criteria for recognising a professional body and registering a professional designation for the purposes of the National Qualifications Framework Act of 2008” in September 2010.

The draft SAQA policy for registering a professional designation on the NQF includes:

- A professional designation shall be conferred by a professional body to an individual in the form of a title, status and/or registration number.
- A professional designation indicates registration of the individual with a professional body, and where relevant, the right to practice in the particular field of expertise governed by the professional body. Retention of the status is dependent upon compliance with the stated requirements of the professional body concerned.
- A professional designation must be registered separately from a qualification.
- A professional designation can be revoked in terms of the rules, legislation and/or international conventions of the recognised professional body with which it is associated.
- The same professional designations cannot

be registered by more than one recognised professional body in South Africa.

- Professional designations awarded through international awarding bodies shall meet South African requirements as outlined in the policy and criteria for recognising a professional body and registering a professional designation for the purposes of the NQF Act of 2008.

In the interests of applying the principles contained within this document, the HPCSA Professional Board for Medical Technology has set out to describe a standardised system of designated titles for use by practitioners in the profession of Medical Technology.

International benchmarking

In the US, the Board of Certification of the American Society for Clinical Pathology (ASCP) holds a national certification exam for medical laboratory scientists. Students take this exam after meeting their academic and laboratory training requirements. Those who pass the exam in medical laboratory science are entitled to use the credential MLS (ASCP), after their name to show they are proficient in their field. Previously the titles “MT” for Medical Technologist and “CLS” for Clinical Laboratory Scientist were used. Those who pass the exam for Medical Laboratory Technician may use the initials, MLT(ASCP) and for specialized fields such as Histology and Cytology, the titles HT(ASCP) and CT(ASCP) respectively are used.

In the United Kingdom, the term “biomedical scientist” specifically refers to a healthcare professional that performs clinical pathology services. The designated title is abbreviated as “BMS” and is categorised in the workplace at various levels as (BMS1-4) by years of experience and qualifications obtained.



Differences between professional designations and academic credentials

There is a distinct difference between academic and professional credentials and the two must not be confused and may not be used interchangeably. Both academic and professional credentials are indicative of some form of achievement, and both entitle the bearer to use certain initials after their name. The essential differences between the two are compared below:

Professional designations	Academic credentials
Each individual practitioner must pay an annual fee to the regulatory body to continue to have the right to practise the profession and use the designation of title	Once the academic credential is conferred one does not need to pay anything to the academic institution to have continued use of the academic credential
Are 'certificates of competence' or 'guarantee of expertise'	Are not certificates of competence
The registration body guarantees that the professional has the essential knowledge and skills of a specified domain necessary for safe and appropriate practice of the profession	An academic credential means that an individual has successfully completed a course of study and not that he or she is competent to practise a profession.
Professional regulatory bodies hold ongoing responsibility for the behaviour of their members	Academic institutions do not assume responsibility for the actions of their graduates
Many professional designations require that certified individuals maintain the level of competence required for competent practice. With such professional designations, individuals who fail to maintain their knowledge and skills up to standards, or who fail to document their efforts at maintaining their knowledge and skills, will lose their registration. In some professions, members are subject to peer review or professional inspections or audits.	Academic credentials have no expiry date, even when the knowledge and skills are either long-forgotten or made entirely obsolete by the passage of time.
Should a certified individual exhibit misconduct or fail to live up to the standards of the profession, the regulatory body provides for a complaints and disciplinary process.	Academic institutions do not have such mechanisms.
Professional regulatory bodies are concerned about the ethics of their members since they are offering a guarantee of appropriate professional behaviour, which includes not only competence but professional ethics and behaviour as well.	Educational institutions have policies to govern academic misconduct and other forms of misbehaviour but only in relation to achieving the qualification; they do not set out rules of conduct that graduates must abide by after achieving the qualification.
Professional regulatory bodies will require candidates to have a minimum amount of experience; the experience requirements of professional designations are typically much more extensive than academic programmes.	Academic programmes will include experiential learning and specified periods of work-integrated practise.

As part of their registration/certification requirements, regulatory bodies require a specific level of academic credential, or completion of a specific course of study. HPCSA will specify an educational programme of study as an eligibility requirement but still conduct a summative assessment (Board examination).

Educational institutions are aware that an important reason students enrol in professional programs is to eventually achieve certification. Such programmes are designed to meet the educational requirements of the relevant certifying or registration body.

The HPCSA is the sole authority for issue of a specified professional credential for the profession of Medical technology.

Academic credentials, such as N.D. Biomedical technology, B.Tech., MTech., B.Sc., Ph.D., or D.Tech.may be granted by a number of different academic institutions that are accredited to issue such credentials.



Use of Professional Designations

The professional title consists of the parts “registration category” + (HPCSA) + “discipline registered”. Where one or more additional disciplines have been registered, the practitioner may use all of them in the title e.g. MT (HPCSA) CP, SM, SCH

Medical Technologists MT		
MT (HPCSA) CP	CP	Clinical Pathology
MT (HPCSA) SM	SM	Microbiology Specials
MT (HPCSA) SH	SH	Haematology Specials
MT (HPCSA) SCH	SCH	Chemical Pathology Specialist
MT (HPCSA) SI	SI	Immunology
MT (HPCSA) SCG	SCG	Cytogenetics
MT (HPCSA) SHG	SHG	Human Genetics
MT (HPCSA) SHP	SHP	Histopathology
MT (HPCSA) SCY	SCY	Cytology
MT (HPCSA) SV	SV	Virology
MT (HPCSA) SBT	SBT	Blood Transfusion
Medical Laboratory Scientist (MLS)		
MLS (HPCSA) CP	CP	Clinical Pathology
MLS (HPCSA) SM	SM	Microbiology Specials
MLS (HPCSA) SH	SH	Haematology Specials
MLS (HPCSA) SCH	SCH	Chemical Pathology Specialist
MLS (HPCSA) SI	SI	Immunology
MLS (HPCSA) SCG	SCG	Cytogenetics
MLS (HPCSA) SHG	SHG	Human Genetics
MLS (HPCSA) SHP	SHP	Histopathology
MLS (HPCSA) SCY	SCY	Cytology
MLS (HPCSA) SV	SV	Virology
MLS (HPCSA) SBT	SBT	Blood Transfusion
Medical Technicians GT		
GT (HPCSA) CP	CP	Clinical Pathology
GT (HPCSA) SM	SM	Microbiology Specials
GT (HPCSA) SH	SH	Haematology Specials
GT (HPCSA) SCH	SCH	Chemical Pathology Specialist
GT (HPCSA) SI	SI	Immunology
GT (HPCSA) SHP	SHP	Histopathology
CT (HPCSA) SCY *Registration is CT for Cytotechnician	SCY	Cytology
GT (HPCSA) SV	SV	Virology
GT (HPCSA) STB	STB	TB
GT (HPCSA) SPH *registration number is erroneously titled MTPHA –possible change to GTPH	SPH	Phlebotomy
GT (HPCSA) SBT	SBT	Blood Transfusion
Laboratory Assistants LA		
LA (HPCSA) CP	CP	Clinical Pathology/Media
LA (HPCSA) HPCY	AP/HPCY	Histocytes
LA (HPCSA) BT	BT	Blood Transfusion

Award of professional titles

Professional titles will automatically be conferred upon a practitioner once registration has been awarded by the Registrar at HPCSA. The certificate of registration will contain the title/s which may be used by the individual.

Once a certificate of registration has been received by the individual, s/he may begin using the title according to the recommendations prescribed in this document.

The use of a professional title is governed by adherence to and compliance with the following regulatory and statutory acts or rules:

- The National Health Act, 2003 (Act No.61 of 2003)
- Health Professions Act 56 of 1974
- Health Professions Amendment Act 29 of 2007
- HPCSA code of conduct, scope of practice, ethical rules of conduct

A professional **may** utilise his or her professional title for the following purposes:

- i. When authoring or co-authoring papers for publication
- ii. When preparing any professional reports or other documents in his or her capacity as a medical laboratory professional
- iii. To identify the specific registration category as part of a job description at his or her place of professional employment
- iv. When representing the profession of Medical technology at any national or international forum



A professional **may not** use his/her professional title in the following instances:

- i. When he or she has contravened any of the requirements or statutes as laid out in the above-mentioned regulatory and statutory acts or rules
- ii. When there is evidence of explicit correspondence to indicate that the registration of the individual practitioner has been revoked by the HPCSA
- iii. When the individual is no longer a practising professional and does not pay an annual registration fee to HPCSA.
- iv. When an individual wish to register a company (or partnership) name or use a business name which contains any reference to a protected title, unless the applicant has first obtained a 'letter of no-objection' from the HPCSA.

The titles reflected above are protected by law. An individual using any one of these titles must be registered with the Health Professions Council of South Africa, or they may be subject to prosecution and payment of a fine as may be determined by the Council's Committee of Enquiry. Professional registers are public documents and may be consulted to verify an individual's claim that they have a professional designation. The HPCSA does require any kind of authorization or release to verify a professional credential, and registered professionals may not prevent the publication of such information.

Conclusion

With the formal institution of the use of a professional title, the aim of the HPCSA is to uplift the profession of Medical technology to a greater level of recognition and to raise awareness of its importance in the national and international professional arena.

Resources

1. The Differences between Academic and Professional Credentials. Available at <http://www.hrpa.ca/OfficeOfTheRegistrar/Documents/The%20Differences%20Between%20Academic%20and%20Professional%20Credentials.pdf>
2. CDO policy and criteria for recognizing a professional body and registered use of titles, credentials and professional designation. Available at <http://www.denturists-cdo.com/Titles%20and%20Designations%20Policy.pdf>
3. Health Human Resources Toolkit. Available at http://www.healthforceontario.ca/upload/en/whatishfo/hhr%20toolkit_june%2029.pdf
4. Allied Health Profession- Medical laboratory technology. Available at http://www.healthpronet.org/ahp_month/03_02.html
5. Policy and criteria for recognising a professional body and registering a professional designation for the purposes of the National Qualifications Framework Act of 2008(Draft for public comment) 1 September 2010.Available at <http://www.saqa.org.za/docs/policy/draft/professionalbodies.pdf>



FIRST APPLICATION FOR THE RESTORATION OF NAME TO THE REGISTER

The procedure relating to the restoration of name to the register should be read in conjunction with the restoration guidelines reflected on the website of the Professional Board for Medical Technology.

Restoration following:

- voluntary erasure or
- erasure due to non-payment of annual fees or
- applicant who was found guilty of unprofessional conduct and on whom the penalty of removal of his name was imposed until the period of suspension has expired

Removal of the name from, and restoration to register is in terms of Health and Professional Act 56 of 1974.

Form 18 and Form 18 A MT, together with the requirements listed should be duly completed and submitted to the HPCSA as the first step in applying for the restoration of name to the register.

FURTHER DOCUMENTATION TO BE SUBMITTED IN ADDITION TO THE REQUIREMENTS REFLECTED IN FORM 18:

- **A summary of activities and employment within and outside the profession during the period of erasure (Template attached hereto).**
- **Original documentary evidence of work experience issued by the relevant employers. Evidence regarding experience and appointments held must specify the exact nature and extent of work performed and the periods during which the appointments were held**
- **A summary of CPD activities completed during the period of erasure as per the Continuing Professional Development policy of Council (Template attached hereto).**
- **Original documentary evidence regarding undergraduate and / or postgraduate studies since erasure from the register (if applicable, Template attached hereto).**
- **If the applicant was registered outside South Africa since erasure of his/her name from the register, a recent original Certificate of Status (Certificate of Good Standing), issued by the foreign registration authority within the preceding three months.FURTHER STUDIES UNDERTAKEN SINCE ERASURE OF NAME FROM THE REGISTER (IF APPLICABLE)**





GENERAL INFORMATION



For any information or assistance from the Council

direct your enquiries to the Call Centre

Tel: 012 338 9300/01

Fax: 012 328 5120

Email: info@hpcsa.co.za

Where to find us:

553 Madiba Street

Corner Hamilton and Madiba Streets

Arcadia, Pretoria

P.O. Box 205

Pretoria 0001

Working Hours :

Monday – Friday : 08:00 – 16:30

Weekends and public holidays – Closed

Certificate of Good Standing/ Status, certified

extracts verification of licensure

Email: hpcsaacs@hpcsa.co.za

Continuing Professional Development (CPD)

Helena da Silva

Tel: 012 338 9413

Email: cpd@hpcsa.co.za

Raylene Symons

Tel: 012 338 9443

Email: raylenes@hpcsa.co.za

Change of contact details

Email: records@hpcsa.co.za

Ethics and professional practice, undesirable business practice and human rights of Council:

Ntsikelelo Sipeka

Tel: 012 338 3946

Email: NtsikeleloS@hpcsa.co.za

Service Delivery

Email: servicedelivery@hpcsa.co.za

Tel: 012 3389301

Complaints against practitioners

Legal Services

Fax: 012 328 4895

Email: legalmed@hpcsa.co.za

Statistical Information and Registers:

Yvette Daffue

Tel: 012 338 9354

Email: yvetted@hpcsa.co.za

Professional Board Medical Technology

Ethical enquiries, Scope of practice and Policy matters

Ms Veli Lukhozi

Board Manager

Professional Boards for Medical Technology

Tel: 012 338 9458

Email: VeliK@hpcsa.co.za

Education issues, Examinations, Foreign Qualified Applications, Accreditations, Evaluations and SGB functions

Ms Lesego Ntsimane

Committee Co-ordinator

Tel: (+27) 12 338 3970

E-mail: LesegoN@hpcsa.co.za

General enquiries / Private practice applications

Ms Matshidiso Mokoka

Secretary

Tel: (+27) 12 338 9380

E-mail: matshidisom@hpcsa.co.za

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