The new Board for Radiography and Clinical Technology (RCT) was inaugurated in June 2015. During this time we bid farewell to the previous board members who have served our professions with outmost dedication and fervor. It is imperative for the new Board members to build on the foundation laid by the previous Board and ensure that all important issues are addressed as a matter of urgency and hopefully finalised during the remainder of this term.

The Board has set some clear strategic objectives that must be achieved within this term. The following strategic objectives were set as priorities:

- Update the scope of both professions in particular for the professionals that will graduate with the new four year degrees.
- Ensure that role development is enacted for example limited reporting.
- Setting minimum standards for contrast media administration by radiographers.
- Review all regulations relative to the Radiography and Clinical Technology to ensure that they are current and not prohibitive to growth of both professions.
- Ensure that governance documents related to ethics are clear and are communicated to practitioners.
- Assist in the regulation of medical devices (equipment) related to both professions.
- Educate the public on their ethical rights.
- Promotion of a whistle blower policy.
- Maintain and uphold high quality of education and training standards.
- Improve the current stakeholder’s engagement plan.
- Advocate the creation of adequate career pathing.
- Review current systems, processes and internal Board policies to improve efficiency.

These strategic objectives are well aligned with those of the HPCSA and will provide direction and set priorities for the Board. It is anticipated that these strategic objectives will bring about an improved service delivery to practitioners, the public and take both professions to greater heights. I am eager to put shoulder to the wheel so these objectives can be achieved promptly.

Both professions are undergoing interesting transformation at the moment. At the end of 2017 we will see the first cohort of radiography graduates completing the four year professional degree programmes. The Board is currently finalising the regulations so that these four year degree qualifications can be promulgated in order to allow registration of these professionals with the HPCSA. The Board also hopes that the phasing in of these four year degree graduates will ensure greater translation of candidates into Masters and Doctoral Degree programmes. It is envisaged that the latter will facilitate growth in the number of scientific research publication produced by radiographers which will inform practice and professional standards. The phasing out of the National Diploma in Radiography will at the same time see a concurrent reduction of radiographers and ultra-sonographers available for community service in 2017. Radiographic managers are well prepared to tackle the demands of the Board.

I am honoured to lead a group of extremely experienced and knowledgeable professionals. The new members come from a diverse background and are well prepared to tackle the demands of the Board. The table on the next page provides a brief overview of the members appointed and the categories they represent.

The Board currently has four vacancies, one Radiographer, one Clinical Technologist and two community representatives of which we are awaiting the Minister to appoint suitable candidates to these two positions.

Practitioners are reminded that the RCT Board operates within a heavily regulated framework and all decisions made by the Board must be in line with the Health Professions Act 56 of 74. The Board can therefore not address any labour related matters as those should be addressed by unions and professional associations. The three main broad functions of the Board is to protect the public, guide professions and setting minimum standards for the education and training of professionals under the ambit of this Board. The Board therefore has a strong regulatory and compliance function to ensure that professionals and higher education institutions adhere to minimum standards set by the Board and the HPCSA.
RCT GUIDELINES FOR MOBILE PRACTICES

Mobile practice (including Mammography) has previously been addressed by the Board for Radiography and Technology (RCT) in the HPCSA bulletin and the RCT Newsletters. Since then, progress has been made with the development of guidelines for Mobile Radiography practice.

A Mobile practice is one that a practitioner conducts from a vehicle that moves from one place to another in order to make services available to those who are under-served or not able to access healthcare services. There is a difference between owning an x-ray unit and operating it: a hospital or non-governmental organisation (NGO) may purchase and own an x-ray unit. However, the licence will only be issued by the Radiation Control Directorate (Department of Health) when evidence is provided that a licensed operator will be operating the equipment.

Mobile practices (including Mammography) are increasing in numbers in South Africa and thus need to be monitored to ensure that any person owning and operating them is suitably trained and qualified, appropriately registered with the Health Professions Council of South Africa (HPCSA) and holds a licence, as well as a practice number if they own the practice. Mobile practices are at high risk of being operated illegally and unethically. Cases have been brought to the attention of the HPCSA where owners of Mobile practices are employing unqualified personnel to perform radiographic examinations because qualified radiographers cannot be found, or the owner of the practice does not want to employ a fully qualified registered radiographer. Others recruit radiographers with a promise to make them directors of the company. A media statement was previously released by the RCT Board to warn practitioners of the dangers of lending or giving their HPCSA registration numbers to third parties (non-radiographers). It must be noted that only appropriately qualified and registered practitioners can operate x-ray equipment.

These illegal practices have been of great concern because while the Board is trying to protect the scope of the profession, there are registered practitioners who are subjecting the members of the public to unprofessional acts. This has led the RCT Board to develop guidelines for the ownership and operation of Mobile radiography practices (including Mammography) in South Africa. This will ensure that the HPCSA’s mandate of protecting the public and guiding the professions will be upheld. The relevant legal and ethical guidelines provide the framework within which the operator of a Mobile practice should practice.

Registered practitioners may not form partnerships with any unregistered practitioners. By doing this practitioners will be contravening the HPCSA’s ethical rules. The Board has now developed guidelines for mobile radiology practices to prevent illegal practices. These will soon be posted on the RCT website.

A summary of some of the guidelines is as follows:

LEGAL AND ETHICAL RULES, REGULATIONS and GUIDELINES:

Scope of Practice: Radiography is only practiced by those who have undergone recognised, accredited training and who have registered with the HPCSA to practice in the field. They must only operate within the scope of the profession and their scope of practice and training.

Ownership and use of x-ray machines: This is controlled by the Directorate: Radiation Control of the South African Department of Health. Only qualified persons may own and operate x-ray machines.

Private practice: Radiographers must apply for this through the RCT Board and then obtain a practice number from the Board of Health Funders (BHF). Practice numbers may not be sold or lent to any other person.

Employment and partnership: Rules and guidelines pertaining to employment and partnerships need to be adhered to. Conflict of Interest, Self-Referral and Over-Servicing must be avoided.

Equipment and premises: Mobile practices are subject to all the requirements of the Department of Health: Directorate Radiation Control. Installation and licencing regulations as well as radiation control and protection requirements must be adhered to.

Requesting x-rays: Patients must be referred by a suitably qualified health professional who has received appropriate training to request x-rays on a form containing all required information.

Reporting on x-rays: Radiographers may not interpret or diagnose the images produced in the mobile practice as this is currently not within their scope of practice. Reports must be obtained from radiologists if these are required. Teleradiology may be used.

Keeping of records and confidentiality: Medical records should be maintained according to the legal requirements pertaining to the security and confidentiality of patient information.

Application for mobile practice: Mobile practices may not be operated without approval by the HPCSA. An application should be made to RCT Board after which the relevant equipment and premises licence should be obtained from the DoH, Directorate: Radiation Control. Re-accreditation of Mobile practices must be applied for every 5 years through the Board. Existing Mobile practices must apply to the Board for accreditation.

Practitioners should note that it is their responsibility to ensure that they are familiar with all the Acts, Regulations, Rules and Guidelines of the DoH and the HPCSA, related to ownership and/or operation of a radiography practice (in this instance it is a Mobile practice). All practices must be operated ethically and within the law in order to protect the public and the profession.

NEW PROFESSIONAL DEGREES BEING OFFERED IN RADIOGRAPHY AND CLINICAL TECHNOLOGY

Background

The process of transforming the higher education system in South Africa has been ongoing since the post-apartheid era in 1994. The aim of the transformation was to ensure that the previous geopolitical education system which had a notion of ‘separate but equal development’ was brought to an end. As early as 1995, a single National Qualification Framework (NQF) was published and it had several objectives. The objectives of the NQF, as outlined in the South African Qualifications Authority (SQA) Act, 58 of 1995 (“the Act”) were as follows (South African Qualifications Authority, n.d.):

- Create a single integrated national framework for learning achievements;
- Facilitate access to, and mobility and progression within, education, training and career paths;
- Enhance the quality of education and training;
- Accelerate the redress of past unfair discrimination in education, training and employment opportunities;
- Contribute to the full personal development of each learner and the social and economic development of the nation at large.

The establishment of the NQF basically brought about a shift from how the students were evaluated. Prior to the NQF, the focus was on where the student studied rather then what the student was capable of doing. The NQF introduced the concept of the learning outcomes and the assessment criteria that the student will have to achieve irrespective of the institution where the qualification was obtained.

Restructuring of the Higher Education Landscape

In 2002, the Ministry of Education under the Leadership of the then Minister of Higher Education, Prof Kader Asmal, promulgated the restructured institutional landscape which was a culmination of a wide-ranging consultative process (DHET, 2002). It was therefore imperative that the strategic plans with regards to the Higher Education system be significantly revised to align with the restructured landscape. The National Plan for Higher Education (NHPE) released in 2001 by the Department of Education, identified five policy goals and strategic objectives that were critical for the transformation and reconstruction of the Higher Education System. These goals and objectives were as follows (DHET, 2002):

i. To increase access and to produce graduates with the skills and competencies necessary to meet the human resource needs of the country.
ii. To promote equity of access and outcomes and to redress past inequalities through ensuring that student and staff profiles reflect the demographic composition of South African society.
iii. To ensure diversity in the institutional landscape of the higher education system through mission and programme differentiation to meet national and regional skills and knowledge needs.
iv. To build high-level research capacity, including sustaining current research strength, as well as to promote research linked to national development needs.
v. To build new institutional identities and...
organisational forms through restructuring of the institutional landscape of the higher education system, thus transcending the fragmentation, inequalities and inefficiencies of the apartheid past and to enable the establishment of South African institutions consistent with the vision and values of a non-racial, non-sexist and democratic society.

The above policy goals prompted the two major changes in the higher education landscape i.e. the merger of the higher education institutions that existed then and the formation of a three tier university system. The new landscape was therefore formed by the following types of universities:

1. University of Technology e.g. Central University of Technology.
2. Comprehensive University e.g. University of Johannesburg.
3. Traditional University e.g. University of Pretoria.

Prior to the change of the higher education landscape, most Radiography and Clinical Technology qualifications were offered at the Technicons as three-year National Diplomas. There were only two Universities that offered the Radiography qualifications as three-year degrees. The new landscape resulted into these qualifications being offered either at a Universities of Technology or Comprehensive Universities, with the exception of two traditional universities that offered such qualifications. The changes meant that there needed to be a change in the nature of the qualifications to align to the university requirements. The universities worked together to register new qualification with the SAQA and this was achieved in 2008.

The HEQF

There was another process of review of the NQF which prompted its replacement with a revised structure. The South African Qualifications Authority (SAQA) Act No 58 of 1995 was therefore replaced by the National Qualifications Framework (NQF) Act No 67 of 2008, and came into effect on 1 June 2009. The NQF Act changed the NQF from an eight (8) level framework to a ten (10) level framework and was now called the Higher Education Qualifications Framework (HEQF). The latter has the lowest higher education qualifications available as the Higher Certificate (at level 5) and the highest as the Doctorate or PhD (at level 10). In the old framework, the three-year qualifications that were being offered in Radiography and Clinical Technology were pitched at level 6 and the honours degrees or bachelor of technology degrees were pitched at level 7 with the master’s and doctoral degrees being pitched at level 8.

The HEQF brought about the inception of the process of the migration of more than 10 000 qualifications, Radiography and Clinical Technology qualifications included, to the appropriate level. The migration of qualifications had three categories that were used to classify the work that needed to be done:

- Category A: Programmes that need no or only a minor technical adjustment to align with the HEQF.
- Category B: Programmes that require some curriculum development (amounting to a less than 50% change) to align with the HEQF.
- Category C: Programmes that cannot be aligned with the HEQF and which will need to be phased out or replaced.

All Clinical Technology programmes were classified as Category B and very minor changes were effected in order to align with the HEQF. All Radiography qualifications were classified as category C and therefore extensive work needs to be done by each institution to ensure that migration happened. The main areas that were critical in the design of the programmes were the following:

- Admission requirements.
- Naming conventions for qualifications.
- Purpose descriptions.
- Exit levels.
- Minimum credit values.
- Minimum and maximum credit values at different levels within a programme.

The Revised HEQF – the HEQSF

The HEQF was revised in 2014 and a new structure was approved, now called the Higher Education Qualifications Sub-Framework (HEQSF) (DHET, 2014). The HEQSF cogitates the following as highlighted by Council for Higher Education (CHE) (CHE, 2009):

- Recognises three broad qualification progression routes with permeable boundaries, namely, vocational, professional and general routes and provides greater clarity on the articulation possibilities between these qualification routes.
- Introduces two additional qualification types to the existing nine, and includes additional variants of particular qualification types.
- Clarifies the interpretation of some existing qualification types, namely, the Bachelor’s Degree, as having two potential orientations - professional and general academic.
- Provides for greater flexibility and options with respect to professionally-oriented qualifications.

- Facilitates the potential convergence of diploma and degree study routes at the Honours level instead of at the Master’s level as was previously the case.
- Simplifies some of the parameters of qualification typology such as credit specification within a qualification.

The revised HEQSF, in line with the previous framework, provides the basis for integrating all higher education qualifications into the NQF. It provides a basis for standards development and quality assurance. It provides a mechanism for improving the coherence of the higher education system and indicates the articulation routes between qualifications, thereby enhancing the flexibility of the system and enabling students to move more efficiently over time from one programme to another as they pursue their academic or professional careers. Public confidence in academic standards requires public understanding of the achievements represented by higher education qualifications. The HEQSF is thus designed to ensure a consistent use of qualification titles and their designators and qualifiers.

The HEQSF establishes common parameters and criteria for qualifications design and facilitates the comparability of qualifications across the system. Within such common parameters programme diversity and innovation are encouraged. Higher education institutions have a broad scope within which to design educational offerings to realise their different visions, missions and plans and to meet the varying needs of the stakeholders and communities they serve.

The HEQSF thus operates within the context of a single but diverse and differentiated higher education system. It applies to all higher education programmes and qualifications offered in South Africa by public and private institutions (See Fig. 1) and private institutions (See Fig. 1). With the change in the higher education landscape, rather than having a single national curriculum, each University devised its own plan for the design, approval and implementation of the new qualifications. The new qualifications are designed with an exit at level 8 and the qualification have a vertical articulation into the master’s degree and then to the doctoral degree.

This is different from the previous structure where the basic qualification was a three-year qualification which had articulation with either the bachelor of technology or honors degrees. The universities are therefore at different stages within this process and can be summarised as follows for Radiography:

- Two universities started offering the new qualifications in January 2014. One of them is only offering the Diagnostic Radiography Qualification while the other is offering all the Radiography disciplines.
- One university started offering the Diagnostic Radiography Qualification in 2015.
- Two universities started offering the new qualifications in 2016 and both are offering all the disciplines of Radiography.
- Three university are still in the process of the design and approval of their new qualifications.

Two of these will offer the Diagnostic Radiography qualification while one institution plans to offer all the disciplines in Radiography.

It is also important to also note that, unlike previously where there was a national curriculum that each University had to align to, each University now designs its own curriculum. The curriculum that each University designs has to get internal (institutional) approval, SAQA registration, Radiography and Clinical Technology (RCT) Board of the HPCSA approval, DHET approval (for inclusion in the institutional Programme Qualification Mix) and CHE approval.

The naming of the qualifications also differ for each University depending on the programme design approach used. Some of the naming used by the Universities are Bachelor of Health Sciences, Bachelor of Science and Bachelor followed by the qualifier. Below are the examples of the naming of
The purpose of this article is to provide clarity and understanding of the requirements and processes related to the Professional Board for Radiography and Clinical Technology (RCT) examinations for foreign qualified radiographers. Further information can be found on F177 DR form and form 301 – available from the HPCSA administration office or website.

Introduction

The Health Professions Act no 56 of 1974 states that all individuals who practice any of the healthcare professions under the ambit of the HPCSA must be registered with the HPCSA. Failure to do so constitutes a criminal offense.

According to the Act, anyone who wants to practice Radiography within South Africa must be registered with the HPCSA. Any person wishing to register must apply to the HPCSA and submit their qualification, together with all relevant supporting documents as stipulated on the registration form. Qualifications must be those that are accredited and approved by the relevant Professional Board. Foreign qualified professionals will follow a different process.

According to the policy of the Professional Board for Radiography and Clinical Technology (RCT), all foreign qualified candidates must write an entry examination in order to evaluate their eligibility to register with the HPCSA. It must be noted that registration with the HPCSA does not guarantee employment. The candidate is responsible for finding his or her own employment at a suitable state (public) institution as stipulated by the Foreign Workforce.

How To Apply: Foreign Qualified Radiographers

Candidates must first apply to the RCT Board for registration by completing the F177 DR Form (available from HPCSA office and website). Below is a summary of the requirements for such application.

Professional Qualifications: The minimum period of education and training for a foreign radiography qualification must be equivalent to that required from candidates qualifying in South Africa. Currently this is three years for radiography.

Applications: The following documents (in English or officially translated into English) must be submitted together with the correctly completed F177 DR Form.

- Copies of all degree/diploma certificates and school leaving certificates certified by an attorney in this/her capacity as notary public and bearing the official stamp.
- Original transcripts of record issued by the training institution indicating course content of each qualification.
- A copy of the curriculum/syllabus of each subject.
- With regard to experience and appointments held, documents must specify the exact nature and extent of work performed and periods during which the appointments were held. All documents must be originals – if this is not possible, certified copies of documents may be submitted.
- A work permit and an offer of employment in South Africa in the Public Sector is very important.
- A recent certificate of status (certificate of good standing), is indicating that the candidate is in good standing in the country of origin – this must be issued by the foreign registration authority where the applicant is currently registered.
- Two references indicating professional conduct and ability.
- Copy of marriage certificate (if applicable).
- Test of English as a Foreign Language (TOEFL) or International English Language Testing System (IELTS) English proficiency certificates for practitioners from non-English speaking countries.

References


Practical Training/Professional Experience: The applicant must submit official documentary evidence of having completed full-time clinical/practical training and/or professional experience.
October - 2016

POLICY ON RESTORATION OF PRACTITIONERS WHO HAVE NOT BEEN PRACTICING THEIR PROFESSION FOR MORE THAN TWO YEARS

1. Background

This policy guideline is intended as a recommended protocol for the Radiography and Clinical Technology professions to follow. The Board uses policy guidelines as an internal management tool in formulating decisions that relate to issues in the practice of Radiography and Clinical Technology Section 10A of the Health Professions Act, 1974 (Act 58 of 1974 as amended stipulates):

(1) A relevant professional board or a committee of a professional board to whom the function has been delegated may authorise the registrar to suspend the registration of any person—

(a) who has failed to notify the registrar of his or her present address, within a period of three months from the date of an inquiry sent by the registrar by certified mail, which is returned unclaimed, to the address appearing in the register in respect of such person;

(b) who has failed to pay his or her prescribed annual fee on a date when it became due in terms of section 61 A;

(c) who has been found guilty of unprofessional conduct and on whom a penalty referred to in section 42(1)(b) of the Act is imposed;

(d) who has failed to comply with the requirements in respect of continuing professional development as prescribed under section 26; or

(e) who on the basis of a complaint lodged with the council or information available at the disposal of the registrar, is considered to be in breach of duties to the public in terms of his or her professional practice.

(2) The registrar must issue the notice of suspension and forward it to the person contemplated in subsection (1) by way of certified mail, fax or electronic transmission to the address appearing in respect of him or her in the register.

(3) As from the date of issue of the notice referred to in subsection (2) and its receipt by the person concerned—

(a) any registration certificate issued in terms of this Act to the person concerned must be deemed to be suspended; and

(b) such person must immediately cease to practice the health profession in respect of which he or she is registered or to perform any act which he or she in his or her capacity as a registered person is entitled to perform, until such time as the suspension of his or her registration is lifted.

2. Application and scope of policy

Pursuant to the above provisions, this policy applies to the following professions:

DR Radiographer
EE Electro-Encephalographic Technician
KT Clinical Technologist
KGT Graduate Clinical Technologist
RLT Radiation Technologist
RSDR Restricted Supplementary Diagnostic Radiographer
SDR Supplementary Diagnostic Radiographer
SEE Supplementary Electro-Encephalographic
The restoration fee payable by a practitioner if he / she applies for the restoration of his / her name to the register from which it was removed under section 19 (1) (d) of the Act-.

a. within a period of six months after the erasure / suspension date, shall be equivalent to twice the applicable annual fee for the current year, plus all outstanding fees, if any;

b. after a period of six months, but within 12 months of the date of erasure / suspension, shall be equivalent to four times the applicable annual fee for the current year, plus all outstanding fees, if any;

c. after a period of more than 12 months of the erasure / suspension date, shall be equivalent to five times the applicable annual fee for the current year, plus all the outstanding fees if any.

PLEASE NOTE: Applications for restorations received from practitioners who have been erased from the register for a period exceeding two years and who were not practising their profession in another country, have to comply with the special restoration guidelines as approved by the relevant Professional Board.

4. Guidelines applicable to the Radiography and Clinical Technology professions

The Professional Board established the need to regulate the period of supervision which practitioners must be subjected to. The Board has developed a template to be used by the Supervising practitioners who are responsible for the supervision of those who applied for restoration of their names onto the register to record the nature of activities the practitioner was exposed to during the period of supervision. The Supervisor and the Supervisee have a joint responsibility to ensure that the hours of supervision are properly recorded. Such supervision shall be as follows:

a. Practitioners who have been out of practice for 0-5 years, practice under Supervision for 6 months (approximately 1000 hours).

b. Practitioners who have been out of practice for 6-10 years, practice under Supervision for 12 months (approximately 2000 hours).

c. Practitioners who have been out of practice for more than 10 years, practice under Supervision for 24 months (approximately 4000 hours).

5. Applications of received for restoration of names to the register of the Professional Board for Radiography and Clinical Technology should follow the following procedure:

a. In the event of practitioners' names having been erased in terms of Section 19 of the Act (Act 56 of 1974) for a period of less than two years: Such applications should be dealt with administratively and restored to the register on receipt of duly completed forms, penalties paid as well as a recent Certificate of Good Standing and evidence regarding experience and appointments held and must specify the exact nature and extent of work performed and the periods during which the appointments were held. The practitioner will be restored under the same category that they were registered under prior to their erasure.

c. In the event of practitioners' names having been erased in terms of Section 19 of the Act (Act 56 of 1974) whilst the practitioner was actively practising his/her profession abroad, taking into account that practitioners might have been studying abroad, but had not been engaging in any relevant clinical activities, such applications be dealt with administratively and restored to the register on receipt of duly completed forms, penalties paid as well as a recent Certificate of Good Standing and evidence regarding experience and appointments held and must specify the exact nature and extent of work performed and the periods during which the appointments were held. The practitioner will be restored under the same category that they were registered under prior to their erasure.

d. In cases where a practitioner's name was erased from the register, but had been practising his/her profession abroad, the following would be required for restoration of his/her name to the Register:

i. Completion of required restoration form and payment of applicable fees.

ii. Such practitioners' would be restored to the register in the category supervised practice for a period of six months (approximately to 1000 hours). The Supervisor needed to submit supervisory reports on a quarterly basis.

iii. Submission of duly completed weekly performance report log sheets (Annexure A).

iv. Submission of supervisory reports (Annexure B) on a quarterly basis regarding competency of health professional or whether a further period of supervision is needed. Upon submission of successful supervisory report, health professional may request to work Independently again.

b. In the event of practitioners' names having been erased in terms of Section 19 of the Act (Act 56 of 1974) for a period of more than two years and who had not been practising their profession, would be submitted to the Board for consideration of the following conditions:

i. Completion of required restoration forms and payment of fees.

ii. A detailed letter motivating the reasons for restoration.

iii. An updated curriculum vitae.

iv. Documentary evidence of all related activities engaged in since the date of erasure.

v. A period of supervised practice to be decided upon by the Board.

vi. Submission of duly completed weekly performance report log sheets (Annexure A).

vii. Frequency of supervisory reports (quarterly/ biannually/annually etc) (Annexure B).

viii. Compliance with Continued Professional Development.

ix. Practitioner's name to be included in the CPD Audit after a period of one year after restoration of his/her name to the register.

x. Once all requirements have been met, the practitioner may apply to have his name restored to the register for independent practice.

6. NOTES

“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.

“Supervision” 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.

Approved by the Board on: 24 June 2016
Role extension for radiographers in South Africa is driven by the need to improve service delivery challenges and the radiographers’ need for professional recognition. The two areas earmarked for role extension are injection of contrast media and reporting on radiographs. This study was conducted to determine the willingness of diagnostic radiographers to extend their roles and gather the opinions of radiologists regarding this role extension. A quantitative, descriptive, exploratory and cross-sectional study was conducted. A sample of 300 radiographers and 30 radiologists was taken from a population of 7771 radiographers and 885 radiologists as per the Health Professions Council of South Africa register (HPCSA). Survey Monkey was used for making questionnaires accessible to all participants. The level of significance was fixed at 5%. Sixty-eight percent of radiographers agreed in principle to injection of contrast media and only 25.5% agreed to provide a written report on the interpretation of radiographs. Eighty percent of radiologists agreed in principle to radiographers injecting contrast media and only 11.6% agreed to radiographers providing a written report on the interpretation of radiographs. The participants gave an average response of 74.4% on the need for radiologists to take responsibility for the adverse reactions that may result from injecting contrast media. Radiographers and radiologists supported the need for further education and training and role extension for injecting contrast media. There is concern over the ‘no one’ response as to who performs radiologists’ work and how this impacted on service delivery.

**Subject(s)**
- Role extension
- Radiography
- Injection of contrast media
- Image interpretation

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**Abstract**
Role extension for radiographers in South Africa is driven by the need to improve service delivery challenges and the radiographers’ need for professional recognition. The two areas earmarked for role extension are injection of contrast media and reporting on radiographs. This study was conducted to determine the willingness of diagnostic radiographers to extend their roles and gather the opinions of radiologists regarding this role extension. A quantitative, descriptive, exploratory and cross-sectional study was conducted. A sample of 300 radiographers and 30 radiologists was taken from a population of 7771 radiographers and 885 radiologists as per the Health Professions Council of South Africa register (HPCSA). Survey Monkey was used for making questionnaires accessible to all participants. The level of significance was fixed at 5%. Sixty-eight percent of radiographers agreed in principle to injection of contrast media and only 25.5% agreed to provide a written report on the interpretation of radiographs. Eighty percent of radiologists agreed in principle to radiographers injecting contrast media and only 11.6% agreed to radiographers providing a written report on the interpretation of radiographs. The participants gave an average response of 74.4% on the need for radiologists to take responsibility for the adverse reactions that may result from injecting contrast media. Radiographers and radiologists supported the need for further education and training and role extension for injecting contrast media. There is concern over the ‘no one’ response as to who performs radiologists’ work and how this impacted on service delivery.
The RCT News is a newsletter for practitioners registered with the RCT Board. It is produced by the Public Relations and Service Delivery department, HPCSA building, 2nd floor, Madiba Street, Arcadia, Pretoria. RCT practitioners are encouraged to forward their contributions to Fezile Sifunda at feziles@hpcsa.co.za.

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