



RADIOGRAPHY & CLINICAL TECHNOLOGY NEWS



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The Role of the Education, Training and Registration Committee of the Professional Board for Radiography and Clinical Technology



The Education, Training and Registration Committee (ETRC) is a sub-committee of the Professional Board for Radiography and Clinical Technology (RCT) of the Health Professions Council of South Africa (HPCSA) tasked to address all education, training, and registration-related issues of the Board.

BACKGROUND

The HPCSA is a statutory body established in terms of the Health Professions Act, 56 of 1974 (the Act) and is committed to protecting the public and guiding the professions. The HPCSA consists of 12 Professional Boards and the RCT Board is one of them.

In performing its duties, the ETRC adheres to the requirements of the HPCSA as stipulated in section 16 of the Act, and to the Vision and Mission Statements, and strategic goal number four (4) of the RCT Board which deals with improving Board and committee processes.

THE VISION OF THE RCT BOARD

Regulator of ethical, equitable, efficient, and innovative radiography and clinical technology professions.

MISSION STATEMENT OF THE RCT BOARD

The Radiography and Clinical Technology Board strives to be efficient, within its mandate:

- Prioritise protection of the public;
- Ensure continuous professional development;
- Set and monitor compliance to quality norms, standards, and guidelines for protection of all;
- Promote ethical practice and protection of the public;
- Proactively engage and collaborate with all stakeholders (internal and external);
- Timeously respond to the needs of stakeholders; and
- Function in an effective and efficient manner.



MANDATE OF THE ETRC

The Education, Training and Registration Committee is mandated to:

1. Deal with and finalise all matters relating to education, training, registration, restoration and Continuing Professional Development (CPD) of practitioners within the ambit of the Professional Board and to report to the Board thereon.
2. Ensure that the minimum standards of education and training at education institutions, as may be determined by the Board from time-to-time are maintained, i.e. to undertake initial assessments and conduct re-evaluations and site-visits on a regular basis.
3. Authorised to deal with, finalise and report on the following matters to the Board:
 1. Non-compliant applications for registration,
 2. Applications for Board examinations including foreign qualified;
 3. Evaluations of education and training programmes submitted to the Board for accreditation purposes;
 4. All matters relating to persons undergoing training whilst unregistered and to refer such matters to the Committee of Preliminary Inquiry for consideration;
 5. Setting, review and overseeing the maintaining of the education and training standards for professions under the ambit of the Professional Board;
 6. To consider application from any educational institution wishing to offer training that falls within the ambit of the Board.
 7. To consider applications submitted for restoration purposes.
 8. Formulating recommendations for policy review and guidelines relating with regard to (1-7) above;
 9. Advising the Board relating to international trends best practices relating to education and training and to conduct research on matters aimed at advancing and developing the education and training of the professions falling under the ambit of the Professional Board; and
 10. To explore opportunities for communication with stakeholders, establishment of partnerships with other Professional Bodies Internationally relating to education and training matters and to advise the Board thereon.
 11. Perform other oversight functions as requested by the Board;
 12. The Committee is authorised by the Board to seek and obtain any information or documents it requires from any employee of Council, education and training institutions accredited by the Board, stakeholders and other Professional Boards in order to perform its duties.

EDUCATION COMPONENT OF THE ETRC

For a radiographer or clinical technologist to be registered with the HPCSA under the RCT Board, the student needs to be trained adequately in theory, practical, evaluations, ethical and medical law and other applicable requirements for example, the Council on Higher Education (CHE) and South African Quality Authority (SAQA) outcomes of the qualification.

TRAINING COMPONENT OF THE ETRC

When the radiographer or clinical technologist has satisfactorily completed all the qualification requirements, the practitioner can register with the HPCSA. After registration with the HPCSA, the Board ensures that practitioners uphold their CPD requirements as stipulated by the HPCSA.

The ETRC ensures that the Higher Education Institutions (HEIs) adhere to all the requirements in the training of radiographers or clinical technologists. The ETRC also conducts evaluations of clinical training sites to ensure that they also adhere to the requirements as required by the HPCSA.

REGISTRATION COMPONENT OF THE ETRC

When the radiographer or clinical technologist has satisfactorily completed all the qualification requirements, the graduate registers with the HPCSA. This is in terms of section 17 of the Act (Registration a prerequisite for practising). After registering with the HPCSA, the ETRC also ensures that the practitioners uphold their CPD requirements of the HPCSA as stipulated in section 26 of the Act (prerequisite for continued professional development).



STAKEHOLDER ENGAGEMENT

To ensure practitioners adhere to the requirements of the HPCSA, the ETRC conducts quarterly meetings to evaluate the standards requirements and address new agenda items brought to the RCT Board by stakeholders. The Board conducts regular stakeholder engagement meetings with different stakeholders to discuss issues as they emerge. Topics and requests from the stakeholder engagement meetings are forwarded to the RCT Board and if they fall with the ETRC, they will then be discussed at the quarterly ETRC meetings.

ETRC MEMBERS

The current ETRC members are:

- Dr R Nell (Chairperson)
- Ms E Naidoo
- Dr P Nkosi
- Dr DR Prakaschandra
- Dr B Shongwe
- Dr E Vermaak
- Dr M Ravhengani



AGENDA ITEMS DISCUSSED AT ETRC MEETINGS

Matters related to Education, Training and Registration applicable to practitioners registered under the RCT Board are discussed at the ETRC and structured around the following topics:

- Guidelines for the accreditation of training facilities;
- Matters from stakeholders' engagement meetings;
- Matters pertaining to the evaluation and accreditation of Higher Education Institutions (HEIs);
- Evaluation of clinical facilities – Radiography and Clinical Technology;
- Evaluation Reports of clinical training facilities – Radiography;
- Evaluation Reports of clinical training facilities – Clinical Technology;
- Application for reaccreditation of clinical training facilities – Radiography;
- Application for reaccreditation of clinical training facilities - Clinical Technology;
- Board examinations; and
- Other items

RCT BOARD AND THE ETRC

The resolutions taken by the ETRC pertaining to policy and guideline review, statutory and regulatory matters, and any other matters where the mandate indicates that recommendations should be made to the Board are forwarded to the RCT Board for final approval.

CONCLUSION

The ETRC is entrusted to uphold the mandated values of the HPCSA.

In delivering its duties, the ETRC adheres to the Vision and Mission statements of the RCT Board.





COMPLYING WITH CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

DR DR PRAKASCHANDRA

In terms of the Health Professions Act, 56 of 1974 healthcare practitioners who are registered with the Health Professions Council of South Africa (HPCSA) are required to comply with Continuing Professional Development (CPD) programme. The Professional Board for Radiography and Clinical Technology (PBRCT) resolved that all healthcare practitioners registered under its ambit should demonstrate compliance to the CPD requirements as of 01 April 2024, in order to renew their registration. To view or update the CPD status, click [here](#). The CPD programme is used to describe learning activities which healthcare practitioners undertake to further their development and enhance their practices. This includes activities such as courses, workshops, journal clubs and reviewing of articles (please see below for a full list of activities recognised for CPD). The CPD programmes ensure that healthcare practitioners upskill themselves throughout their career, adapt to an evolving workplace and keeps professional practice exciting as healthcare practitioners continually learn and remain abreast of new developments and best practice.

The PBRCT undertake to support its registered healthcare practitioner's ongoing journey and commit to keeping healthcare practitioners up to date on the requirements for CPD, which will be available through the HPCSA website under the PBRCT. We further encourage you to log onto the HPCSA's online portal and continue to track your progress to ensure you attain and remain CPD compliant, especially ahead of the deadline set for 1 April 2024. Note that the CPD Service Providers submits evidence of your attendance for all locally approved and recognised CPD activities, therefore you do not have to upload such evidence; only evidence of CPD that is not approved by a local Service Provider may be uploaded on the HPCSA's portal for validation.

The number of Continuing Education Units (CEUs) to be accumulated per year for healthcare practitioners who are active on the register are stipulated per profession in Table 1 below. Note that the HPCSA currently determines CPD compliance over a two years period; as such annual CEU points requirements are doubled to meet the compliance requirement.

Table 1: Prescribed CEUs for the RCT Professional Board

Register	Register Abbreviation	Minimum total CEUs per year
Clinical Technology		
Clinical Technologist	KT	30 including 5 CEUs for Ethics, Human Rights or Health Law
Assistant Clinical Technologist	KTA	15 including 2 CEUs for Ethics, Human Rights or Health Law
Graduate Clinical Technologist	KTG	30 including 5 CEUs for Ethics, Human Rights or Health Law
Electro-Encephalographic Technician	EE	15 including 2 CEUs for Ethics, Human Rights or Health Law
Radiography		
Radiographer	DR	30 including 5 CEUs for Ethics, Human Rights or Health Law
Radiation Laboratory Technician	RLT	15 including 2 CEUs for Ethics, Human Rights or Health Law
Restricted Supplementary Diagnostic Radiographer	RSDR	15 including 2 CEUs for Ethics, Human Rights or Health Law
Supplementary Electro-Encephalographic Technician	SEE	15 including 2 CEUs for Ethics, Human Rights or Health Law
Supplementary Diagnostic Radiographer	SDR	15 including 2 CEUs for Ethics, Human Rights or Health Law
Supplementary Clinical Technologist	SKT	15 including 2 CEUs for Ethics, Human Rights or Health Law
Supplementary Radiation Laboratory Technician	SRLT	15 including 2 CEUs for Ethics, Human Rights or Health Law

Currently, the HPCSA accepts the principle of cross recognition of CEUs and CPD activity, which is appropriate to healthcare and general patient management. Therefore, healthcare practitioners may obtain their CEUs within their own discipline, speciality or sub-speciality or within another relevant discipline, which is relevant to their scope of professional practice. This includes level one activities, with

non-measurable outcomes, and level two activities, with measurable outcomes that may constitute up to a full year of earned CEUs. Level 2 activities are usually associated with formally structured learning programmes that is recognised by the PBRCT as an additional qualification. A healthcare practitioner may obtain CEUs at any level depending on personal circumstances and individual learning needs.

Table 2: Level 1 activities to accrue CPD points

Level 1	Once-off activities	CEUs
a.	breakfast meetings or presentations;	One (1) CEU per hour to a maximum of eight (8) CEUs per day. Presenters of such activities can be allocated double CEUs. Presenters / co-presenters can only claim once for CEUs if the same activity is presented more than once.
b.	formally arranged hospital or inter-departmental meetings or updates;	
c.	case study discussions;	
d.	formally organised special purpose teaching/ learning ward rounds (not including routine service ward rounds);	
e.	formally organised special purpose lectures that are not part of a business meeting;	
f.	mentoring/supervision, peer supervision and activities that are specific to certain professions;	
g.	conferences, symposia, refresher courses, short courses without a measurable outcome, international conferences;	
h.	interest groups meeting regularly with a minimum of six meetings per year;	
i.	morbidity and mortality meetings (one CEU per hour for both presenter and attendee);	
j.	Workshops, lectures, seminars on ethics (one CEU per hour)	
	Activities that are managed within rules of an accredited structure (HEI and/or Professional Organisations)	CEUs
k.	Principal author of a peer reviewed publication or chapter in a book	15
l.	Co-author/ editor of a peer reviewed publication or chapter in a book	5
m.	Review of an article/ chapter in a book/ journal	3
n.	Evaluation and classification of Psychological Tests	5
o.(i)	Principal presenter/ author of a paper/ poster at a congress/ symposium/ refresher course	10
o.(ii)	Co-presenters/ co-authors of a paper/ poster at a congress/ symposium/ course/ refresher course	5
o.(iii)	Presenters of accredited short courses	10
o.(iv)	Co-presenters of accredited short courses	5
p.	Interactive skills workshop with an evaluation of the outcome	5
q.	All learning material (which could include DVD, CD, internet or email activities) with MCQs for evaluation with a pass rate of 70%	Refer to Annexure A
r.	Guest/ occasional lecturer at an accredited institution	3 per lecture
s.	External examiner of a Master's dissertation or Doctoral thesis	5 per thesis
t.	External (independent) examiners or moderators of all assessments	2 per appointment
u.	Reviewers of practice audit or CPD learning portfolios	5
v.	Health personnel who supervise undergraduates, interns, postgraduates in clinical or technical training in collaboration with an accredited training institution on a regular basis during the academic year (if not in job description)	(2 per student) (max 16 CEUs per calendar year).
w.	Single modules of Master's degrees with part-time enrolment for study for non-degree purposes	5 CEUs are given only if the module was completed and passed.
x.	Professional Interest Groups (this could include Journal Clubs if compliant with the criteria) that are formally constituted and present a regularly recurring programme that extends for one year with a minimum of six meetings per year.	Up to 3 per meeting

LEVEL 2 ACTIVITIES

This level comprises structured learning, i.e., a formal programme that is planned and offered by an accredited training institution, evaluated by an accredited assessor and has a measurable outcome.

Activities include those stipulated in the following broad categories:

No prior approval by an accreditor is necessary in the following:

1. Postgraduate degrees, diplomas and certificates that are recognised as additional qualifications by the relevant Professional Board – at the end of each year of study (not exceeding the normal duration of the degree); thirty CEUs may be claimed upon submitting an academic report on progress, and additional thirty CEUs may be claimed on successful completion of the qualification.

Prior approval by an accreditor is necessary in the following:

1. Short courses with a minimum of 25 hours with additional clinical hands-on training, plus a formal assessment of the outcome – successful completion of an activity at this level will earn thirty CEUs; and
2. Short courses less than 25 hours, with a measurable outcome (1 CEU per hour).

OTHER ACTIVITIES:

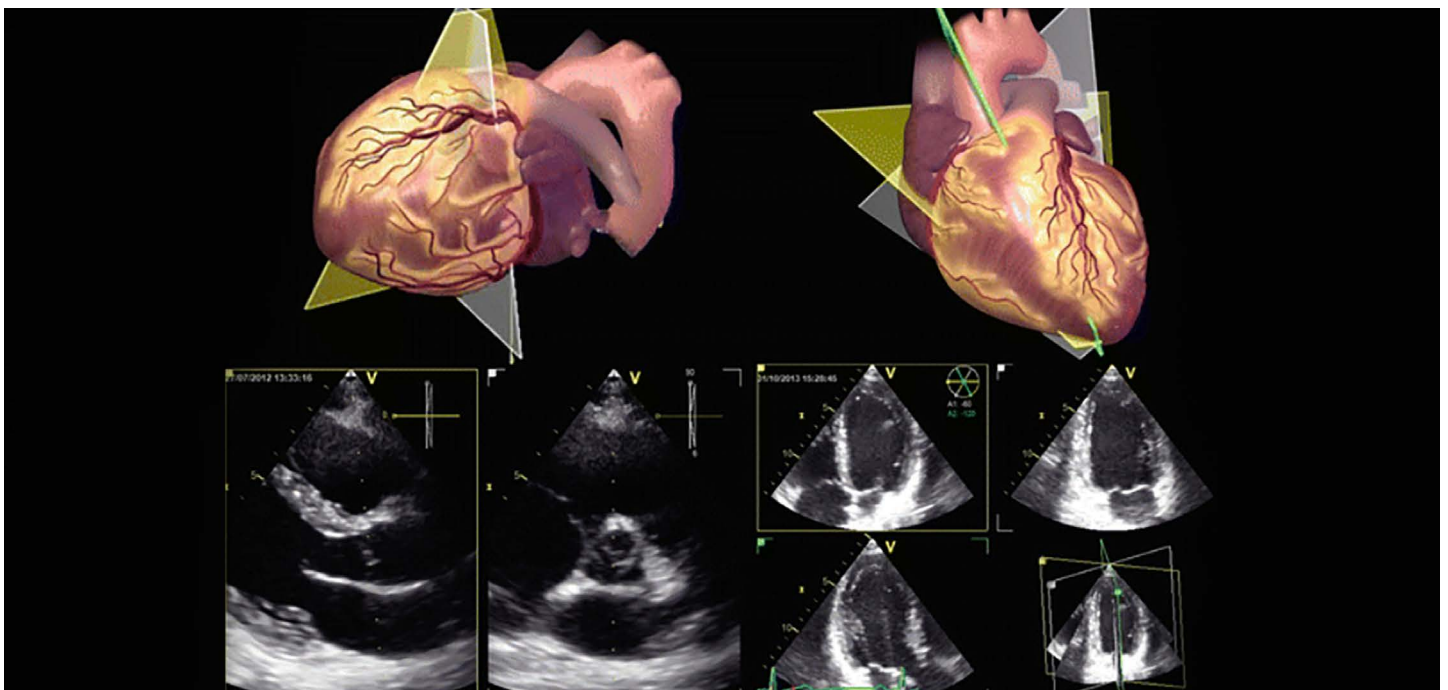
Guidelines for the latter two activities are available on the HPCSA website here. Health practitioners will need to submit documentation or portfolios to an accreditor to obtain the thirty CEUs for the following activities.

1. Learning portfolios; and
2. Practice audit.

To assist you in meeting your CPD targets, the PBRCT has compiled a list of CPD providers (Table 3) who offer free or low-cost CPD activities, and we encourage practitioners to inform the Board of any activities or providers who are not listed, so that the list may be updated.

Table 3: Free and low-cost CPD providers.

Type of CPD	Website
Free online CPD, including ethics	https://www.mpconsulting.co.za/OnlineLearning/Course-Packages
Free online CPD, including ethics	https://cpdcentre.co.za/
Free CPD courses related to COVID	https://healthcare-ecpd.co.za/course/index.php?category=215
Free online CPD, including ethics	https://www.denovomedica.com/
Free online CPD, including ethics	https://www.foundation.co.za/free-courses
Free Dept. of Health webinars and clinical updates	https://www.knowledgehub.org.za/courses
Low cost CPD	https://foh-cpd.co.za/registration/





In addition to attending CPD events, practitioners are encouraged to engage in Level I (Table 2) and Level II (Table 3) activities, which would permit them to accrue CEU points. Upon inspection, many of these activities are

performed by practitioners already, and would just need formalisation or accreditation. The details of Accreditors and Accredited Service Providers are contained in the table below in Table 4a & 4b.

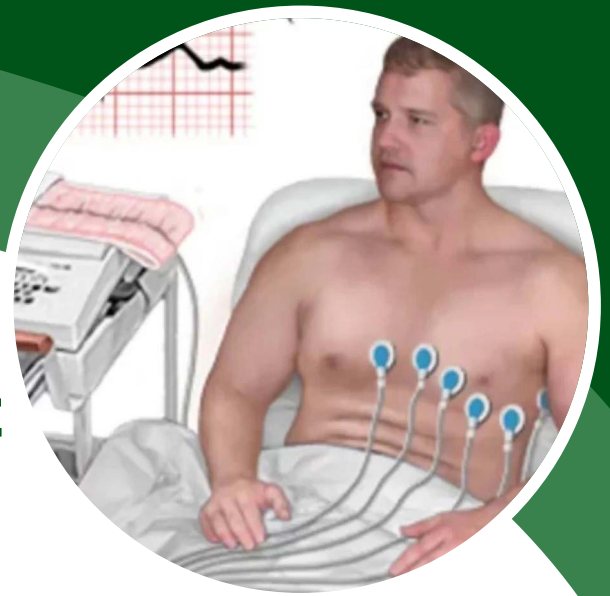
Table 4a: List of Accreditors for CPD activities

South African Clinical Technology Association	Clinical Technology
University of Pretoria (Department of Radiography)	Radiography
The Society of Radiographers of South Africa	Radiography
University of Johannesburg (Department of Medical Imaging and Radiation Sciences)	Radiography

Table 4b: List of Accredited service providers for CPD activities

Cape Peninsula University of Technology (Department of Medical Imaging and Therapeutic Sciences)	Radiography
Dr Jackpersad and Partners Incorporated	Radiography
Society of Radiographers of South Africa	Radiography
National Renal Care	Clinical Technology
University of Johannesburg (Medical imaging and Radiation Sciences)	Radiography

The PBRCT will continue to update its practitioners and engage them further on various platforms as we traverse this path together.



ENHANCING PATIENT CARE THROUGH PATIENT-CENTRED COMMUNICATION

DR DR PRAKASCHANDRA

The vision of the HPCSA is to be: “A progressive regulator of health professions aspiring to quality, equitable and accessible healthcare.” One of the ways in which healthcare practitioner can realise this vision is to facilitate meaningful interactions to promote patient engagement and thereby improve health outcomes and enhance the overall quality of care through patient-centred communication. This approach has received considerable attention across many disciplines and from policy makers nationally and internationally. It is aimed at prioritising the needs, preferences, values, and experiences of the patient, as well as for improving professional competence and wellbeing. Patient-centred communication encourages patients and their families to participate actively in the decision-making regarding their healthcare needs [1]. In fact, Booklet 2 of the HPCSA Ethical and professional rules recognises the values of patient-centred care and emphasises this as a core duty which healthcare practitioners must perform; this is comprehensively encapsulated in 27A (f) which states that ‘A practitioner shall at all times maintain proper and effective communication with his or her patients and other professionals’.

Effective communication between patients and healthcare providers is defined as a two-way dialogue between patients and practitioners where both parties speak and are listened to without interrupting. This effectively translates into more accurate patient reporting and disclosure, more effective utilisation of health care options and facilities, and better adherence to treatment regimens [2]. In view of this, sensitising or changing the ways in which practitioners and patients communicate with each other, in particular, the practice of patient-centred communication, is one of the mechanisms through which these improved outcomes will be realised.

Since 1994, there have been a succession of charters,

policies, strategies and plans put in place in an effort to strengthen public health systems to enhance service delivery [3]. The majority of South Africans depend on the public health sector for their health care needs [4], and consequently, these public health facilities carry a large burden and responsibility for the provision of health care. Variations in the perception of quality of healthcare provision indicate that significantly more people are dissatisfied with the services rendered in both public (23.3%) and private (11.6%) hospitals [5]. These impediments are heightened in the South African public health service context, where many patients may lack formal education and are impoverished, most doctors may not speak the local dialect fluently, and marked differences in socioeconomic status and cultural background exist. However, irrespective of the infrastructural, leadership and resource challenges, practitioners are still required to deliver high-quality healthcare that adhere to the principles of human rights and equity to their patients.

Current research indicates that communication is one of the two overarching themes which patients, families, providers, and experts identify as essential to quality patient-centred care [2]. While common barriers like staff shortage, work overload, and insufficient time may impede interaction with patients [1], another factor which emerges consistently is that of miscommunication and poor communication skills [6]. These obstacles are further magnified by other differences like cultural competence, which is a significant barrier to communication and satisfaction in the South African setting [7].

In our professions, there are various types of

communication which are essential for effective interaction with our patients characterised by the combination of verbal and paraverbal forms. The transfer of messages through nonverbal communication (gestures, posture, movement, appearance) also has particular significance, and together with language, is intricately linked to the development of cultural competencies. This is an important attribute, as it facilitates the development of effective relationships, irrespective of cultural differences; in fact, the development of cultural competence has been shown to be a significant determinant, independent of language skill, of effective communication and patient satisfaction. Given the need for practitioners to be able to respond appropriately to the increasing diversity of our patients, and the fact that cultural competence is developed over time and through a process of inner reflection and awareness [8], its formal inclusion in health professions education curricula should be seriously considered. In the multilingual and multicultural society of South Africa, there remains a need for the development of core professional competencies for current and future practitioners, so that they possess the necessary reflexivity for them to practise successfully [9].

To this end, a number of variables central to the success of effective communication have been established. For verbal communication, a practitioner should communicate directly with the patient, and with respect. The language used should be clear, information should be relevant, and conveyed in a manner that is understandable to the patient.

Non-verbal communication involves careful listening

skills and allowing the patient to understand the message and for a dialogue to unfold. Practitioners should also develop and display empathy to become sensitive to the changing emotions in a patient for a full understanding of a patient's condition and feelings. The development of empathy itself involves development of other skills like observational and perceptual skills as well as emotional sensitivity. Developing trust is also essential in establishing effective partnerships in health care, as it helps to lessen feelings of depersonalisation, vulnerability or insecurity. This leads to patients becoming more open and honest about their feelings and attitudes, and more willing to take responsibility for their health outcomes.

Changes to the healthcare landscape highlight an increasingly important role for effective communication and given the complexity of healthcare in the multilingual and multicultural context of South Africa, the approach to developing effective patient-centred communication will be multifaceted. For qualified practitioners, upskilling of language skills, perhaps using language courses are recommended [10]. Interpreter use, where practitioners are not fluent in the language of the patient, should be encouraged. Development of cultural sensitivities should be prioritised in all South African medical curricula and made available for practitioners in both public and private health care facilities [11]. Perhaps now will also be the opportune time to incorporate our own distinct culture-focused perspective of ubuntu into health communication as we move away from wholly Westernised perspectives on health to more community-based and patient-centred approaches [12].



REFERENCE

1. Kwame, A. and P.M. Petrucka, *A literature-based study of patient-centered care and communication in nurse-patient interactions: barriers, facilitators, and the way forward*. *BMC Nursing*, 2021. 20(1): p. 158.
2. Ruben, B.D., *Communication Theory and Health Communication Practice: The More Things Change, the More They Stay the Same*. *Health Communication*, 2016. 31(1): p. 1-11.
3. Van Rensburg, H. and M. Engelbrecht, *Transformation of the South African health system—post-1994*. *Health and health care in South Africa*, 2012. 2: p. 121-188.
4. Viljoen, R., et al., *National Primary Health Care Facilities Survey 2000*. Durban: Health Systems Trust, 2000.
5. Peltzer, K., *Patient experiences and health system responsiveness in South Africa*. *BMC Health Services Research*, 2009. 9(1): p. 117.
6. Timmins, C.L., *The impact of language barriers on the health care of Latinos in the United States: a review of the literature and guidelines for practice*. *Journal of midwifery & women's health*, 2002. 47(2): p. 80-96.
7. Visagie, S., et al., *The impact of health service variables on healthcare access in a low resourced urban setting in the Western Cape, South Africa*. *African Journal of Primary Health Care and Family Medicine*, 2015. 7(1): p. 1-11.
8. Young, S. and K.L. Guo, *Cultural diversity training: the necessity of cultural competence for health care providers and in nursing practice*. *The health care manager*, 2020. 39(2): p. 100-108.
9. Matthews, M. and T. Naidu, *Teaching communication as a core competency in health professions education: An exploratory case study in a college of health sciences, South Africa*. *African Journal of Health Professions Education*, 2019. 11(4): p. 133-138.
10. Levin, M.E., *Effects on quality of care and health care worker satisfaction of language training for health care workers in South Africa*. *African Journal of Health Professions Education*, 2011. 3(1): p. 11-14.
11. Ganca, L., et al., *What are the communication skills and needs of doctors when communicating a poor prognosis to patients and their families? A qualitative study from South Africa*. *SAMJ: South African Medical Journal*, 2016. 106(9): p. 940-944.
12. Ngondo, P.S. and A. Klyueva, *Toward an ubuntu-centered approach to health communication theory and practice*. *Review of Communication*, 2022. 22(1): p. 25-41.



Call to all Electro-Cardiography (ECG), Electro-Encephalographic (EEG) and Spirometry Technicians

DR C CLARK

REGULATIONS RELATING TO THE REGISTRATION OF TECHNICIANS IN CLINICAL TECHNOLOGY

On the 26th of May 2023, the regulation relating to the registration of Technicians in Clinical Technology was promulgated into law, by the Honourable Minister of Health, Dr Mathume Joseph Phaahla under section 61 of the Health Professions Act, 1974 (Act No. 56 of 1974).

The Professional Board for Radiography and Clinical Technology (PBRCT) under the Health Professions Council of South Africa (HPCSA), has now commenced the process of registration of Technicians in Clinical Technology in the category Electro-Cardiography (ECG), Electro-Encephalographic (EEG) and Spirometry.

All Technicians in the category ECG, EEG and Spirometry with more than five years of clinical experience, as of the 26th of May 2023, are required to apply for registration under the PBRCT. Form 23 EE, ECGT, SPRT, along with a mandatory portfolio of evidence, should be submitted to registrations at HPCSA. The portfolio of evidence must include your curriculum vitae, proof of employment, evidence of greater than five years experience in the clinical environment and letter of support from employer / supervisor confirming you have the relevant experience. On application for registration, Technicians will be required to pay the once off registration fee of R916.00, along with the annual registration fee of R571.00.

For all Technicians with less than five years experience, you are required to register with HPCSA under the PBRCT in the student category (EES). All Technicians with less than five years experience will be required to write a board exam, consisting of a theoretical and practical component, examined and moderated by a board appointed examiner and moderator. To apply to write the board exam, a requirement for registration with the PBRCT, form 53 RCT, with a log book, proof of employment and a letter of support from employer / supervisor confirming that you have obtained the relevant experience is required.

For all Technicians commencing employment in the clinical environment as a Technician after the 26 May 2023, you are required to register under the HPCSA PBRCT in the Technician student category (EES). All student Technicians post 26 May 2023 are required to complete the twelve months training in an accredited training site and meet the requirements as defined within form 142 – Guidelines for the training of EEG Technicians / ECG Technicians / Spirometry Technicians.

For all Technicians applying to write the board exam for registration, will be required to pay an examination fee of R1316.00. Should you pass the board exam, you would then be required to the registration fee of R916.00 to register with HPCSA under the PBRCT as a Technician. Thereafter an annual fee of R571.00 is payable annually.

For any further enquiries regarding the registration of Technicians in Clinical Technology, please contact RCTBoard@hpcsa.co.za.

INFORMED CONSENT

DR C CLARK

As defined by Shah et al., (2023) “informed consent is the process in which a health care provider educates a patient about the risks, benefits and alternatives of a given procedure or intervention”[1].

The origins of consent back to the eighteenth-century English Law. In the Slater v. Baker and Stapleton case in 1767, as part of clinical practice surgeons obtain consent from their patients before beginning treatment and therefore the court held it was only reasonable to impose liability on a physician who failed to meet this standard of care. Further, the Salgo case in 1957 concluded that the doctor is responsible to disclose to the patient any facts which are necessary to form the basis of an intelligent consent by the patient to the proposed treatment [2, 3]. Later the term intelligent consent was replaced with: ‘In discussing the element of risk a certain amount of discretion must be employed consistent with full disclosure of facts necessary to an informed consent’[2].

Informed consent and the right to make choices about your medical treatment is a legal and an ethical right. Informed consent protects patients against poor care, involuntary healthcare and aims to improve outcomes of care. As per the Health Professions Council of South Africa (HPCSA; 2015), the right to informed consent extends from the Bill of Rights as enshrined in the South African Constitution, the National Health Act, the Health Professions Act and the HPCSA Ethical Rules and Guidelines. All Radiographers and Clinical Technologists are required to familiarise themselves with the requirements for informed consent and the legislative framework surrounding informed consent. The below, serves as a guideline to practitioners [4]:

1. Section 6(1)(b) & (c) of the National Health Act states “Every healthcare provider must inform a user of the range of diagnostic procedures and treatment options generally available to the user; the benefits, risks, costs and consequences associated with each option”.

2. Section 53(1) of the Health Professions Act states that “every person registered under this Act shall, unless circumstances render it impossible for him or her to do so, before rendering any professional services inform the person whom the services are to be rendered or any person responsible for the maintenance of such person, of the fee which he or she intends to charge for such services”.

3. Ethical Rule 27(A)(d) of the Ethical Rules of Conduct for Practitioners Registered Under the Health Professions Act, 1974 states that, “A practitioner shall at all times provide adequate information about the patient’s diagnosis, treatment options and alternatives, costs associated with each such alternative and any other pertinent information to enable the patient to exercise a choice in terms of treatment and informed decision-making pertaining to his or her health and that of others”.

4. According to the National Patients’ Rights Charter (2.8), “Everyone has a right to be given full information about the nature of one’s illness, diagnostic procedures, the proposed treatment and risks associated therewith and the costs involved”.

Informed consent is a collaborative process supporting shared decision making. It allows Radiographers / Clinical Technologists to make decisions together with patients, in the best interest of a patient, understanding what matters most to a patient, accounting for the patient uniqueness and being based on the best clinical evidence [1, 5].

REFERENCE

1. Shah P, et al., *Informed Consent*. . 2023, Treasure Island (FL):: StatPearls Publishing;.
2. Laurie, G., S. Harmon, and E. Dove, *Mason and McCall Smith’s Law and Medical Ethics*. 2017, Oxford University Press: Oxford.
3. Berg, J.W. and P.S. Appelbaum, *Informed consent legal theory and clinical practice / Jessica W. Berg ... [et al.]*. 2nd ed. Oxford scholarship online. 2001, Oxford ;: Oxford University Press.
4. HPCSA. *Informed consent*. 2015; 1].
5. James, G., *Report of the Independent Inquiry into the Issues raised by Paterson*. 2020, House of Commons: Open Government Licence. p. 1-238.

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:

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Continuing Professional Development (CPD)

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