PROGRESS TOWARD REGISTRATION OF CLINICAL ENGINEERING PRACTITIONERS

The status as at June 11th 2004

Despite the extensive efforts that have gone into realising the recognition of Clinical Engineering as a branch of engineering in it's own right, it has taken in excess of ten years to all but reach that objective.

I am not going to dwell on why it has taken so long. It took the engineering Technicians approximately the same period, and the Engineering Technologists even longer, to gain recognition and registration. Thus it would seem par for the course for Clinical Engineering Practitioners.

Be happy and satisfied that we are almost there.

The present situation is that the new Engineering Professions act made provision for the establishment and registration of engineering practitioners working in specific and specialised areas of engineering. In turn the Department of Health realised the long felt need for the registration of clinical Engineering practitioners. The DoH has placed enabling clause in their act for it to be so amended as to facilitate compulsory registration, of clinical engineering practitioners, in the interest of public health and safety.

This will take effect through regulations emanating from the Health Bill on Health Technology that has still to be adopted. To this end the DoH have made a written submission to the Engineering Council to develop and put in place the relevant registration standards, accreditation procedures and registration criteria for the various categories of Clinical Engineering Practitioners.

Meanwhile the regulations pertaining to the registration of Clinical Engineering Practitioners, the titles of the various categories, appointment of registration and education advisory committees and all the related operational procedures is at an advance stage of compilation.

The regulations will shortly be submitted to the ECSA legal dept for initial review of legal implications and acceptability in terms of the Engineering Professions Act and the Council for the Built Environment Act. A working group within the steering committee generated the regulations, using the regulations of a previously established specified scope group as a template. Subsequent to the legal review the regulations will be submitted to the Steering Committee for their comments.

To date generic profiles for all categories of CE practitioners at Technician and pre-technician levels have been completed. Provisional specific clinical engineering category profiles have also been developed. Both of the latter profiles still have to be addressed at the Technologists and Engineer level.

It should be noted that it is anticipated that most registrations are likely to be in the "Technician" category including "specified scope" proposed registration.

These provisional profiles are still under review by various working groups who have been asked make recommendations for amendments or additions thereto. Following this exercise the profiles will be submitted to the ECSA clinical engineering practitioners registration steering committee for their comments. On completion of that exercise the document will be circulated among the members of the clinical engineering registration consultative group for comment. Thereafter they will be submitted to the DoH for their input and finally tabled for consideration at a full meeting of the Engineering Council for consideration.

It should be noted that this latter action will only take place once the Regulations and any other relevant documents have been gazetted for public comment and are ready for simultaneous submission to the Council.

One of the most important tasks still at hand, and yet to be commenced, is the establishment of a standards generating body within ECSA to generate the qualification and training standards for the pre-technician clinical engineering practitioner. At present all academic and competency standards acceptable to ECSA are set at the tertiary level (SAQA level 5) and above.

The other document still outstanding is the "Code of Practise" for Clinical Engineering Practitioners. At the request of ECSA the first draft of this document is being prepared under the auspices of The Clinical Engineering Association of South Africa. CEASA will during the process refer to other bodies and individuals including knowledgeable overseas HTM experts. This is to ensure that we have good correlation with HTM and CE practises outside of South Africa.

The above draft document is due for completion by the end of June. Upon receipt ECSA will undertake a first review and then refer it to the ECSA CE Steering committee (which includes the DoH) for their input. This will be followed by release of the revised document to the CE consultative group for their input and thereafter to the ECSA legal department for consideration.

It should be noted that all persons registered with ECSA are subject to the ECSA Code of Conduct. This code relates to professional behaviour rather than process of service provision.

I trust that the above information will provide some perspective as to where we are on the road map to implementation of CEP registration. But, please note that registration can only commence after the DoH has activated the relevant regulations contained in the Health Bill for Health Technology.

Tom Cooper

(ECSA co-ordinator for registration of Clinical Engineering Practitioners)