

#### MEDICAL AND DENTAL PROFESSIONS BOARD

Spec 1D

# **DEFINITION OF AND CRITERIA FOR THE RECOGNITION OF TEACHING** DEPARTMENTS/FACILITIES FOR THE PURPOSE OF SPECIALIST EDUCATION AND TRAINING IN DENTISTRY

11/6/1/1

DEFINITION The Board recognises as a teaching department/facility, any such single department or departments or all departments in the disciplines recognised for specialist education and training of a hospital or facility/facilities which a university with a Faculty of Dentistry/Health Sciences utilises as its principal teaching hospital(s), for the purpose of its fully accredited specialist education and training programme, subject to complying with the Board's requirements.

#### CRITERIA

- The name of the department(s)/facility(ies), normally defined in terms of the specialities recognised by the Board in terms of the Regulations Relating to the Specialities and Subspecialities in Medicine and Dentistry, must be submitted for approval to the Board by the university concerned, with the assurance that the university's Faculty of Dentistry has full access to the department(s)/facility(ies) and that it will undertake continued supervision of the department(s)/facility(ies).
- 2. Every approved department/facility must have a registered specialist to serve as academic head of that department/facility for the speciality concerned and he or she must be an accredited lecturer for the purpose of the Faculty's specialist education and training requirements.
- 3. The specialist-in-training (Registrar) must
  - a. be jointly appointed by the university and the health authority in an approved fulltime or part-time Registrar post;
  - b. be registered by the Board as a Registrar in terms of section 18 of the Act and the above Regulations (see regulation 13);
  - c. be educated and trained in a teaching department/facility for a period of not less than the period determined by the Faculty of Dentistry/Health Sciences and approved by the Board.
- The clinical duty load of Registrars must be confined to the field of the relevant specialist department/facility and must be arranged, according to the needs of the speciality by the academic head of the department/facility to ensure adequate clinical exposure and opportunities for study, subject discussions and investigations/research.
- 5. Basic facilities such as suitable equipment, laboratories, the necessary literature and other clinical and administrative resources for specialist education and training must be available.
- 6. Both the lecturer(s) and the specialist-in-training shall be fully integrated with the entire academic programme of the Faculty.
- 7. Continued recognition as a teaching department(s)/facility(ies) shall be subject to inspections to be carried out and submission of satisfactory reports as may be deemed necessary by the Board.

# MEDICAL AND DENTAL PROFESSIONS BOARD

Application for recognition of a Department/Facility as a Teaching Department/Facility of a Faculty of Dentistry/Health Sciences at a South African University

Plea	se print in details for submissio	n to the Board
Inco	mplete applications will be retur	ned prior to submission to the Board
1.	Name of University submitting the application:	
2.	Name of Faculty submitting the application:	
3.	Department/Facility applying for recognition, specified according to recognised speciality:	(Separate application forms must be used for each Department/Facility, if more than one Department/Facility is to be submitted for recognition)
4.	Name of the hospital/ institution to which the Department/Facility is attached:	
5.	Provide full details of the Department/Facility's personnel structure (this document to be resubmitted in the event of change)	i. Fill in details of the full- and part-time persons registered in the speciality and employed in the Department/Facility on the attached schedule.  ii. Provide details also of the number and nature of other professional/administrative resources specifically allocated to the Department/Facility.
a.	Total number of full-time specialist posts in the speciality on day of application:	
b.	Total number of full-time specialist employed in the speciality on day of application:	(Provide details on the attached Schedule)
C.	Total number of part-time specialist posts in the speciality on day of application:	
d.	Total number of <u>part-time</u> specialists employed in the speciality on day of application:	Number employed Total number of sessions per week (Provide details on the attached Schedule)

e.	Total number of registrars to be educated and trained in the Department/Facility:	(Please note: The Ratio is 1:3 for dentistry)				
f.	Does the said number of Registrars imply a new application or an application for an increase in the total number of approved Registrar posts for the academic department:	Yes No  (Please note: If yes, a separate form for a new application or for an increase in the number of approved Registrar posts should accompany this application)				
6.	Full name and registered qualification(s) of the Lecturer/Head of Department (this document to be resubmitted in the event of change):					
7.	Will both the lecturer(s) and specialist-in-training (Registrar(s)) be linked to the University's Faculty and in what way:					
8.	Attach a copy of the education official yearbook)	n and training programme to be followed (as specified in the				
	of the Department/Facility in question (attach information, if required):  Department/Facility must be staffed and equipped to provide advanced education and training in the speciality are compliance with this requirement must be obvious from the					
9.	of the Department/Facility in question (attach information,	(Please note: It should be kept in mind that the Department/Facility must be staffed and equipped to provide advanced education and training in the speciality and compliance with this requirement must be obvious from the application and details submitted)				
9. a.	of the Department/Facility in question (attach information,	Department/Facility must be staffed and equipped to provide advanced education and training in the speciality and compliance with this requirement must be obvious from the				
	of the Department/Facility in question (attach information, if required):	Department/Facility must be staffed and equipped to provide advanced education and training in the speciality and compliance with this requirement must be obvious from the				
a.	of the Department/Facility in question (attach information, if required):  Number of beds:	Department/Facility must be staffed and equipped to provide advanced education and training in the speciality and compliance with this requirement must be obvious from the application and details submitted)				
a. b.	of the Department/Facility in question (attach information, if required):  Number of beds:  Number of inpatients:  Number of outpatients:	Department/Facility must be staffed and equipped to provide advanced education and training in the speciality and compliance with this requirement must be obvious from the application and details submitted)  per month				
a. b. c.	of the Department/Facility in question (attach information, if required):  Number of beds:  Number of inpatients:  Number of outpatients:  Details of the patient profile value of available physical	Department/Facility must be staffed and equipped to provide advanced education and training in the speciality and compliance with this requirement must be obvious from the application and details submitted)  per month				
a. b. c. d.	of the Department/Facility in question (attach information, if required):  Number of beds:  Number of inpatients:  Number of outpatients:  Details of the patient profile version of available physical education and training programmer.	Department/Facility must be staffed and equipped to provide advanced education and training in the speciality and compliance with this requirement must be obvious from the application and details submitted)  per month  which the Department/Facility manages  all facilities and equipment to execute patient care and the				
a. b. c. d.	of the Department/Facility in question (attach information, if required):  Number of beds:  Number of inpatients:  Number of outpatients:  Details of the patient profile version and training programmer.	Department/Facility must be staffed and equipped to provide advanced education and training in the speciality and compliance with this requirement must be obvious from the application and details submitted)  per month  which the Department/Facility manages  all facilities and equipment to execute patient care and the amme in the specified Department/Facility  acilities/services which are available to the Department/Facility  e research activities in which the Department/Facility was/is				
a. b. c. d. e.	of the Department/Facility in question (attach information, if required):  Number of beds:  Number of inpatients:  Number of outpatients:  Details of the patient profile version and training programmers of available auxiliary for the patient of past/present/future details	Department/Facility must be staffed and equipped to provide advanced education and training in the speciality and compliance with this requirement must be obvious from the application and details submitted)  per month  which the Department/Facility manages  all facilities and equipment to execute patient care and the amme in the specified Department/Facility  acilities/services which are available to the Department/Facility  e research activities in which the Department/Facility was/is llows:				
a. b. c. d. e.	of the Department/Facility in question (attach information, if required):  Number of beds:  Number of inpatients:  Number of outpatients:  Details of the patient profile version and training programmer of available auxiliary for the patient profile version and training programmer of available auxiliary for the patient profile version and training programmer of available auxiliary for the patient profile version and training programmer of available auxiliary for the patient profile version and training programmer of available auxiliary for the patient profile version and training programmer of available auxiliary for the patient profile version and training programmer of available auxiliary for the patient profile version and training programmer of available auxiliary for the patient profile version and training programmer of available auxiliary for the patient profile version and training programmer of available auxiliary for the patient profile version and training programmer of available auxiliary for the patient profile version and training programmer of available auxiliary for the patient profile version and training programmer of available auxiliary for the patient profile version and training programmer of available auxiliary for the patient profile version and training programmer of available auxiliary for the patient profile version and training programmer of available auxiliary for the patient profile version and training programmer of available auxiliary for the patient profile version and training programmer of available auxiliary for the patient profile version and training programmer of available auxiliary for the patient profile version and training programmer of available auxiliary for the patient profile version and training profile versio	Department/Facility must be staffed and equipped to provide advanced education and training in the speciality and compliance with this requirement must be obvious from the application and details submitted)  per month  which the Department/Facility manages  al facilities and equipment to execute patient care and the amme in the specified Department/Facility  acilities/services which are available to the Department/Facility  re research activities in which the Department/Facility was/is llows:				

10.	Has approval been obtained from the Health Authority and the University concerned for the proposed teaching status of the Department/Facility in question	Yes No				
acce adec	artment/Facility, and certify the ess to the Department/Facility	with this application for recognition as a Teach at this University's Faculty of Dentistry/Health Sciences in question and that the Faculty undertakes to ensure and training at specialist level in the discipline concerned and Department/Facility.	has an			
unde	Furthermore, we confirm that we are fully aware and agree that the Board, at its discretion, may undertake an inspection of the hospital/department/facility for the purpose of accrediting or reaccrediting such as a teaching hospital/department/facility.					
 Head	•	Dean: Faculty of Dentistry/ Superintendent/ Health Sciences Head of Institution				
Plac	e:	Date:				

### MEDICAL AND DENTAL PROFESSIONS BOARD

## PROFESSIONAL ESTABLISHMENT OF ACADEMIC TEACHING OR SATELLITE DEPARTMENT/FACILITY: SPECIALISTS: DETAILS

1.	Name of University:
2.	Name of Faculty:
3.	Name of Hospital:
4.	Name of Speciality:
5.	FULL-TIME specialists employed by the Department/Facility on day of application (this document to be resubmitted in the event of change):

	Name	Reg No in terms of the Act	Rank/Speciality	Post No	Areas of specialty / expertise	Date Employed
4.1		DP				
4.2		DP				
4.3		DP				
4.4		DP				
4.5		DP				
4.6		DP				
4.7		DP				
4.8		DP				
4.9		DP				

	Name	Reg No in terms of the Act	Rank/Speciality	Post No	Areas of specialty / expertise	Date Employed
4.10		DP				
4.11		DP				
4.12		DP				
4.13		DP				
4.14		DP				
4.15		DP				

6. PART-TIME specialists employed by the said Department/Facility on day of application (this document to be resubmitted in the event of change)

	Name	Reg No in terms of the Act	Rank/ Speciality	Post No	Date Employed	No of hours per week
5.1		DP				
5.2		DP				
5.3		DP				
5.4		DP				
5.5		DP				
5.6		DP				

5.7	DP		
5.8	DP		
5.9	DP		
5.10	DP		
5.11	DP		
5.12	DP		
5.13	DP		
5.14	DP		
5.15	DP		
5.16	DP		
5.17	DP		
5.18	DP		
5.19	DP		
5.20	DP		

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