

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

PROFESSIONAL BOARD FOR DIETETICS AND NUTRITION

**PROCEDURE FOR EVALUATION AND ACCREDITATION OF
*DIETETIC TRAINING PROGRAMMES**

**This form is ONLY for the use of evaluating and accreditation of Dietetic training institutions*

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IMPORTANT NOTICE TO ALL USERS OF THIS DOCUMENT:

Please do not change the numbering system of the document. If there is no information for a specific point, please indicate with **Not Applicable** (NA).

DEFINITION OF TERMS

1	<i>Accreditation</i>	<i>The approval and recognition of professional programmes of study by the accrediting body. It is the recognition of academic and clinical quality by an impartial body, in this instance, the HPCSA. Graduates of accredited programmes are eligible for registration with the HPCSA, a legal requirement to practice the profession in South Africa. Accreditation status for an institution is valid for 5 years.</i>
	<i>Criteria for Programme Accreditation</i>	<i>Acts, Regulations, standards, specified by the Professional Board with which an Institution's professional education and training programme must comply in order to be accredited.</i>
2	<i>Evaluation Panel</i>	<i>A team of experts appointed by the Board to evaluate an institution's professional education and training programme and facilities to determine whether it meets the Criteria for Programme Accreditation. The panel members are external to the educational Institution.</i>
3	<i>Institution</i>	<i>An organization of Higher Education, offering a professional programme of education and training that leads to registration with the HPCSA.</i>
4	<i>Minister</i>	<i>The Minister of Health of South Africa</i>
5	<i>Programme accreditation</i>	<i>Determination by the Professional Board of whether an Institution's professional programme of education and training meets the Criteria for Programme Accreditation for registration of its graduates with the HPCSA.</i>
6	<i>Programme evaluation</i>	<i>Processes undertaken by the Board (once every 5 years or as indicated) to assess whether an Institution's professional programme of education and training meets the Criteria for Programme Accreditation for education and training in the profession.</i>
7	<i>Professional Board</i>	<i>A Professional Board as defined in the Health Professions Act number 56 of 1974.</i>
8	<i>Self-evaluation/ review</i>	<i>A process undertaken by an Institution's professional programme of education and training to assess whether it meets the Criteria for Programme Accreditation.</i>
9	<i>Site visit</i>	<i>A visit to an Institution's professional programme of education and training undertaken by the Evaluation panel for the purpose of programme evaluation. It typically involves: interviews with students, staff and the leadership; observation of student academic and clinical learning opportunities/ activities; visits to clinical training facilities; review of programme resources and documentation.</i>
10	<i>Site visit plan</i>	<i>A schedule of activities which the Evaluation panel will undertake during the site visit to an Institution.</i>
11	<i>Training facility</i>	<i>An organisation that offers professional practice / clinical training to students during formal periods of study.</i>

1 EVALUATION AND ACCREDITATION OF PROFESSIONAL PROGRAMMES IN DIETETICS FOR REGISTRATION AT HPCSA

The general goal of evaluation and accreditation is to exercise control over the quality of education and training in dietetics, and to serve as proof of the standard of performance of graduates from an accredited programme. According to “HPCSA guidelines for evaluation and accreditation of education and training institutions” (7 April 2011), the purpose of accreditation is as follows:

To promote excellence in educational preparation while assuring the public that graduates of accredited programmes are educated in a core set of knowledge and skills required for competent, safe, ethical, effective, and independent professional practice. Accreditation requires Professional Boards to ensure the quality of education and training programmes as a facet of public protection. The Health Professions Act, and Boards’ regulations, criteria and standards identify basic elements that must exist in all accredited education programmes.

1.1 APPROACH

A revised system for evaluation has been implemented from 2013 that describes the process of accreditation of the provider (University/Institution) of the training programme in dietetics (refer to Annexure A for a more extensive rationale and justification of this approach).

1.2 EVALUATION AND ACCREDITATION PROCESS AND PROCEDURES

1.2.1 The evaluation and accreditation process consists firstly of the completion of two documents by the provider/head (or co-ordinator) of Department of Dietetics/Human Nutrition/Nutrition) (Annexure B & C)

These Annexures (B & C) should be completed according to the timeline provided in Annexure E.

After submission of Annexure B and C to the Secretariat of the Professional Board for Dietetics and Nutrition (DNB) the distribution of duplicates to the evaluation panel will commence.

1.2.2 The external assessment will be done by a panel of experts (evaluation panel), consisting of 3-4 persons of which at least one (1) will be a member from a Higher Education Institution, to be appointed by the DNB

- The evaluation panel will review the completed Annexures B and C and will establish if any additional information and/or documentation is required **prior** to the site visit (University and training facilities included).
- The site visit will take place over a period of three (3) days which will be allocated to the assessment of the program and day four (4) will be allocated to report writing by the panel and follow up of additional questions and aspects which needs clarity (see 2.3 for more details). Access to the venue and documentation on day four (4) is required. The Chairperson of the Education, Training and Registration (ETR) Committee and the Head of Department (HOD) of the university will finalise the date of the evaluation and accreditation visit as soon as possible after or at the first ETR meeting of the Board for the year, and a soon as an evaluation panel has been appointed.
- Extra ordinary criteria for changing of evaluation dates:
 - Student unrest
 - Emergency situations

- Change of Board members/evaluation panel

- 1.2.3 After the evaluation and accreditation visit, the evaluation panel compiles a report to be submitted to the ETR Committee of the DNB according to the timeline in Annexure E, where after the report will be returned to the evaluated institution for further comments and clarification of additional questions by the panel (*via* the DNB secretariat). The report and comments will then be re-submitted by the evaluated institution to the secretariat of the DNB for attention of the evaluation panel for a recommendation to the ETR Committee of the DNB, and subsequently to the Professional Board for confirmation of the accreditation (and period of accreditation) of the training programme.

The evaluation panel should include the following sections in its report (i.e. Evaluation and Accreditation Assessment Report: electronic format): Refer to Annexure D

- (i) An executive summary of the self–assessment report (SAR) (Annexure B & C) submitted by the evaluated institution in electronic format.
- (ii) A report on the progress of the evaluation visit, highlighting findings of special importance (according to Annexure D)
- (iii) An overall assessment of the evaluated institution with a recommendation and motivation for:
 - Accreditation
 - re-accreditation
 - provisional accreditation
 - no accreditation, and
 - recommendations for improved performance if necessary, highlighting special features and recommending/congratulating the department (Annexure F).

2 GUIDELINES FOR PROGRAMME COMPILATION FOR SITE VISIT AT THE INSTITUTION

2.1 PRINCIPLE GUIDELINES

- 2.1.1 The Institution concerned must appoint a co-ordinator to facilitate the evaluation panel's visit.
- 2.1.2 The co-ordinator must communicate with the institutional Quality Control Department informing them of the pending dates for the evaluation and accreditation visit by the DNB.
- 2.1.3 The institutional Quality Control Department may appoint a member to attend the evaluation visit.

2.2 RESPONSIBILITIES OF THE CONVENOR (DNB panel)

2.2.1. The Convenor (of the evaluation panel), prior to the institution visit, supplies the co-ordinator with a proposed programme (see 2.3), where the co-ordinator can also make recommendations. The programme should be finalised in time for the co-ordinator (Institution) to arrange meetings with the institution staff ahead of time.

2.2.2 The Convenor, **prior to the visit**, develops a Draft Report (according to Annexure D) from the information supplied by the evaluated Institution (University).

-The Draft Report is send (e-mailed) to all appointed evaluation panel members (DNB), prior to the visit by the appointed convenor of the specific panel (see Annexure E for timelines).

-Evaluation panel members comment on and make additions to the Draft Report and submit it to the Convenor **before the site visit takes place**. The Draft Report should be populated through this process prior to the site visit.

-This Draft Report acts as a basis for the identification of further relevant information to be gathered during the visit. The Draft Report also acts as a matrix or template to develop the Final Report.

(For this action [2.2.2] no input from the institution is needed. Any questions arising when compiling the Draft Report will be noted by the Convenor and panel members and clarified during the site visit).

2.3 *PROPOSED PROGRAMME FOR THE EVALUATION AND ACCREDITATION VISIT

**Tea breaks and lunches also need to be included in the final programme as well as time, usually a whole day, for site visits (see 2.4), studying and discussion of the exhibitions.*

**** Do not add the names of the evaluation panel on the program, as it may change on short notice.**

	Task	*Agenda / **Name of interviewee	Allocation of time (approximate)
2.3.1	Evaluation Panel meeting on arrival at Institution		
i	Finalising the programme (Institutional co-ordinator to attend where possible). Co-ordinator to have class lists available for convenor to choose students for 2.3.10 (indicate class representative on the class list).		
ii	Identify individual members of the Department/Faculty that the Evaluation Panel wish to interview personally.		
iii	Agreement on responsibilities and divide panel members for training and teaching		2 hours

	Task	*Agenda / **Name of interviewee	Allocation of time (approximate)
	facility visits, which usually takes place simultaneously.		
iv	Discussion: Draft Report (Refer to <i>Guidelines for programme compilation for site visit</i> in 2.1 and 2.2). Identify strengths and weaknesses, problem areas and specific activities to be encouraged. Define areas for special attention during the visit and share notes on questions to be asked.		
2.3.2	Initial meeting with the Head of the School (HOD)/Dean of the Faculty/Senior Management of the School/Faculty	School/Faculty management and structures	1 hour
2.3.3	Individual meeting with the Head of Department	Departmental management and structures	45 min
2.3.4	Meeting with Chairperson Research and members of the Research Committee	Research focus areas and outputs, students' role in research	30 min
2.3.5	Meeting with the Chairperson of the Education/Curriculum Development Committee	The curriculum, teaching and learning and assessment that relates to the curriculum	2 hours
2.3.6	Meeting with programme manager (or HOD if it is the same person) on subjects/modules offered by " service/support " departments (e.g. chemistry or microbiology). Individual meetings with relevant staff should be arranged	The curriculum, teaching and learning and assessment of "service/support" modules that relate to the curriculum	1 hour
2.3.7	Meeting with programme manager (or HOD if it is the same person) on subjects/modules offered by the Dietetic department. Individual meetings with relevant academic and support staff should be arranged.	The curriculum, teaching and learning and assessment that relate to the curriculum as well as support given to each module.	2 hours
2.3.8	Meeting with the Chairperson and members of Human Resources Development Committee or Unit/Centre responsible for Academic Development.	Human resource development/academic development that relate to education and training	30 min
2.3.9	Formal meeting with recent graduates (3-6 graduates).	Feedback on experience with the curriculum (strong and weak points)	1 hour working lunch
2.3.10	Individual meeting with student class representatives and two other class members from each year of the programme (at least three students per year group; 1 st to 4 th years) (4 groups)	Open agenda	2-3 hours
2.3.11	Meeting with representatives of all managerial levels of therapeutic, foodservice and community based training facilities.	Open agenda	1 hour
2.3.12	Training facilities of all the departments (Hospitals; Clinics and Community Hospitals/Clinics; Foodservice Management) giving opportunity to see practical work by students in progress and to meet informally with members of the hospital /community /foodservices /private sector staff.	Evaluation panel will divide into 3 groups and visit the training facilities simultaneously, with a relevant staff member as guide.	3-5 hours

	Task	*Agenda / **Name of interviewee	Allocation of time (approximate)
2.3.13	Courtesy feedback session with School Director, program leader/manager and Dean of the Faculty	Preliminary highlights and possible recommendations (first impressions)	30 min – 1 hour (end of day 3 or on day 4)
2.3.14	Report writing (day 4 of visit)	Access to all documents and a venue where the panel can work for the day will be appreciated.	6-8 hours (day 4 of visit)

2.4 EXHIBITIONS/TRAINING AND TEACHING FACILITY VISITS TO BE ARRANGED

- 2.4.1 Exhibition of study guides, assessments and *examination papers etc. to support self-assessment documentation (***Annexure J, page 55 for Blooms revised taxonomy***).
- 2.4.2 Exhibition of students' work such as portfolios, assignments etc.
- 2.4.3 Teaching facilities, lecture and seminar rooms.
- 2.4.4 Computer laboratory facility
- 2.4.5 Skills laboratory facility
- 2.4.6 Library facilities

**Universities must complete the Bloom's taxonomy document (or equivalent) that should be available as part of the examination papers (2.4.1) during the assessment visit. (added 08-10-2018)*

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3. RATIONALE AND JUSTIFICATION OF APPROACH

Outcomes-based education and training (OBET) means focussing on and organizing a teaching-learning system around that which is essential for all students to be able to succeed at the end of their learning experience. This means starting with a clear picture of what is important for students to be able to do, organizing a curriculum, facilitating learning and finally assessment to make sure that learning is ultimately taking place.

- 3.1.** Outcomes are clear learning results that the educators or trainers (including the Professional Board for Dietetics and Nutrition acting as the ETQA) want students to demonstrate at the end of significant learning experiences. Standards ought to be written in an outcomes-based way and clearly state what is expected from students in order to prove their competence [Refer to Document: *Recommended outcomes for professional training and registration of dietitians in South Africa (2001)*].
- 3.2.** Outcomes are the end products of a learning process. The word outcomes is used broadly as an inclusive term, referring to everything that is learnt, including social and personal skills, the activities of learning how to learn, understanding concepts, acquiring knowledge, understanding methodologies, values, attitudes, and so on, also including intended and unintended outcomes. In outcomes-based education and training, curriculum developers work backwards from agreed desired outcomes in a particular context. These outcomes state clearly that the student should be able to demonstrate an understanding of and an ability to apply. Programmes of learning are then designed to help the students to achieve these outcomes [*The design, implementation, continuous monitoring and assessment of any Dietetics programme are the responsibilities of the provider (academic department) that is offering the programme*].
- 3.3.** The design of assessment for any qualification should take the following into consideration:
 - The applied competence that the student will be assessed on.
 - Specific and critical cross-field outcomes to be assessed.
 - The assessment made should indicate skills the student has; the status, recognition, credentials and licensing of the qualifying student; the student's marketability and employability, and the further learning that the student may access.
 - The assessment should also indicate whether the qualifying student has the same or similar skills, status and recognition as students elsewhere who have acquired the same or similar qualification.
 - The assessment of the student should be both formative and summative and should be administered using a range of assessment methods and instruments.
 - The assessment should assess whether the student can integrate the roles, actions, skills and behaviours specified in the learning outcomes, and whether the integration of these is evidence of understanding of the purpose of the qualification and the achievement of applied competence required.

- Where applicable, recognition of learning already in place should be given or credited, and such recognition indicated, including the method(s) of ascertaining that such learning is in place, i.e. recognition of prior learning (RPL).
 - *Refer to Annexure B: Self-assessment of teaching and learning aimed at attaining the specified outcomes according to minimum skills, competencies and attributes [Refer to Document: Recommended outcomes for professional training and registration of dietitians in South Africa (2001)].*

3.4. On-going moderation of assessment

This is required to ensure that there is consistency of assessment to the required standard. Assessment is not a once-off affair, but needs to be done at regular intervals to ensure that the quality of the teaching-learning remains acceptable. Control (moderation) of assessment practices as such is an on-going process (*This refers to the Professional Board for Dietetics and Nutrition's responsibility regarding the monitoring of standards through its evaluation and accreditation activities*).

3.5. The provider's responsibilities

3.5.1 Through the accreditation process the Professional Board for Dietetics and Nutrition (acting as the ETQA) will want to be assured that -

- the provider's (academic department offering the training programme) quality aspirations address each of the quality indicators and are both ambitious and yet realistic;
- the provider has, or will put in place, a system to collect sufficient, authentic, current and valid evidence pertaining to the quality achieved; and
- the provider has or will ensure that all of the resources necessary to meet the quality expectation (including staff competent in teaching-learning, facilitation and assessment) are or will be available.

3.5.2. SAQA states that the current quality indicators are based on the objectives of the NQSF, framework for both qualifications and programmes, that providers -

- use the standards to integrate theory and practice;
- utilize suitable learning and assessment processes for the prescribed learning outcomes;
- better enable individual students to contribute to the reconstruction and development of the country and the individual's socio-psycho-political-economic development;
- facilitate and enhance access, mobility and progression;
- redress previous inequities, particularly making available opportunities for those who could not previously access them; and
- periodically collect, store and report information describing achievements for each of the other indicators.

(The self-assessment documents [see Annexure B & C] to be completed by the providers/academic departments offering a training programme in dietetics ought to reflect on these indicators).

3.6. Activities associated with the quality management roles of ETQAs and therefore the Professional Board for Dietetics and Nutrition include:

- 3.6.1 To create and sustain a quality culture.
- 3.6.2 To contribute to ensuring the relevance, comprehensiveness and clarity of the standards.
- 3.6.3 To confirm that providers/academic departments regularly monitor and report on the effectiveness of learning and assessment activities.
- 3.6.4 To confirm that the providers ensure that the practices are enhanced in the light of what is learnt from monitoring activities.
- 3.6.5 To confirm that suitable resources are available and are used to good effect.
- 3.6.6 To regularly seek, receive and act on feedback from their 'internal customers': SAQA, providers, NSB, SGB and stakeholders.
- 3.6.7 To monitor providers' outcomes and their internal audit process and report back to providers, SAQA and NSBs.

Literature consulted:

Coetzee M. Getting and keeping your accreditation. Van Schaik: Pretoria. 2002

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4. SELF-ASSESSMENT FOR EVALUATION AND ACCREDITATION OF UNDERGRADUATE PROGRAMME IN DIETETICS

Table 4.1: Programme information

Name of University/Institution	
Name of Faculty	
Name of School (if applicable)	
Name of Department (if applicable)	
Name of undergraduate programme (as registered with SAQA)	
SAQA registration number	
Qualification delivered	
Questionnaire (Annexure B) completed by:	
Questionnaire (Annexure C) completed by:	
Date of completion of the report:	
Date submitted to the DNB	

Table 4.2: SELF-ASSESSMENT OF TEACHING AND LEARNING AIMED AT ATTAINING THE SPECIFIC OUTCOMES ACCORDING TO MINIMUM SKILLS AND COMPETENCIES AND GRADUATE ATTRIBUTES

A. SCREENING / NEEDS ASSESSMENT / SITUATION ANALYSIS		Module code(s) reference as proof of attaining of outcomes <i>(indicate all the module codes where a specific attribute is being addressed: e.g. A1: ABCD111, ADCD221, DCBA114, etc.)</i>
A1	Assess socio-demographic status	
A2	Compile a community profile	
A3	Demonstrate the various anthropometric measurements	
A4	Critically evaluate anthropometric measurements	
A5	Measure or estimate body composition	
A6	Critically evaluate body composition analysis techniques	
A7	Describe concept of quality assurance for dietary intake instruments	
A8	Describe the most important sources of error in assessment of dietary intake	
A9	Select the most appropriate instrument for assessing dietary intake	
A10	Design instruments for assessment of dietary intake	
A11	Demonstrate appropriate application of techniques in assessing dietary intake	
A12	Critically assess various standard techniques used in assessment of dietary intake	
A13	Identify and describe the symptoms and signs of nutritional deficiencies	
A14	Describe and apply basic concepts - clinical assessment of nutritional status	
A15	Holistic approach to the clinical evaluation of nutritional status	
A16	Critically evaluate biochemical measurements	
A17	Interpret biochemical data	
A18	Reflect nutritional status of patients - by analysis, integration, interpretation of data	

	A. SCREENING / NEEDS ASSESSMENT / SITUATION ANALYSIS	Module code(s) reference as proof of attaining of outcomes (indicate all the module codes where a specific attribute is being addressed: e.g. A1: ABCD111, ADCD221, DCBA114, etc.)
A19	Predict type and severity of health issues for nutrition intervention, based on the application of standard screening tools	
A20	Compile nutritional diagnosis based on integration of nutritional assessment data	
A21	Describe effect of disease on nutritional status - explaining underlying mechanisms	
A22	Identify the potential cause(s) of health issues based on nutrition assessment data	
A23	Social and cultural factors which affect food preferences and eating behaviour	
A24	Assess food preferences using appropriate skills/tools	
A25	Conduct food wastage studies - appropriate techniques - client satisfaction	
A26	Identify causes of plate-waste by investigating contributory factors	
A27	Assess and classify the nutrition knowledge using appropriate techniques	
A28	Nutrition education & health promotion - integrating knowledge & cause analysis data	
A29	Identify food service needs and need for nutritional support in institutions	
A30	Identify individuals for referral to support services/programmes	
A31	Assess needs for training; development of people involved in nutrition service delivery.	
B	B. PLANNING, IMPLEMENTATION, EVALUATION AND DOCUMENTATION OF NUTRITION SERVICE DELIVERY	
B1	Intervention strategies to address health issues of groups	
B2	Collaborate with relevant stakeholders to address problems	
B3	Facilitate and monitor community or public participation	
B4	Appropriate nutrition care and education for specific needs/ diseases	

	A. SCREENING / NEEDS ASSESSMENT / SITUATION ANALYSIS	Module code(s) reference as proof of attaining of outcomes <i>(indicate all the module codes where a specific attribute is being addressed: e.g. A1: ABCD111, ADCD221, DCBA114, etc.)</i>
B5	Collaborate with members of health care team - re specific needs	
B6	Promote and monitor patient/client compliance with the nutrition care plan	
B7	Compile menus to comply with patient/client and/or group needs	
B8	Food procurement, storage, production, distribution & consumption of final product	
B9	Develop and standardise recipes for specific needs	
B10	Conduct a sensory evaluation of food products	
B11	Establish food quality standards & procedures to monitor these standards	
B12	Interpret and apply specifications	
B13	Compile food and nutritional product specifications	
B14	Integrate the food service system in nutrition service delivery	
B15	Integrate management principles, quality assurance, and the system	
B16	Monitor satisfaction with nutrition service delivery	
B17	Adapt strategy based on feedback - monitoring of quality of nutrition service delivery	
C	C. COMMUNICATION	
C1	Effectively communicate with individuals and groups	
C2	Communicate effectively orally	
C3	Communicate effectively in writing	
C4	Communicate effectively using electronic media	

A. SCREENING / NEEDS ASSESSMENT / SITUATION ANALYSIS		Module code(s) reference as proof of attaining of outcomes <i>(indicate all the module codes where a specific attribute is being addressed: e.g. A1: ABCD111, ADCD221, DCBA114, etc.)</i>
C5	Word	
C6	Excel	
C7	PowerPoint	
C8	Food intake analysis using electronic aids (e.g. FoodFinder® or. Dietary Manager® analysis programme)	
C9	Advocate for nutrition-related issues.	
D	D. MANAGEMENT	
D1	Describe, interpret and apply human resource management principles	
D2	Role of the dietitian in preparation of the budget	
D3	Calculate operational budget - policies and budgetary constraints; recommendations and discuss factors that influence cost control.	
D4	Effectively manage aspects of a nutrition delivery service	
D5	Compile, implement, monitor and evaluate a business plan/project	
D6	Interpret, implement & integrate internal/ external policy and legislation	
D7	Discuss and interpret quality assurance principles and systems	
D8	Apply and manage quality assurance systems	
E	E. RESEARCH	
E1	Plan, write composite literature review, critically evaluating different viewpoints	
E2	Develop a research proposal and undertake the research	
E3	Evaluate a problem; identify research question/s and aims and objectives	

	A. SCREENING / NEEDS ASSESSMENT / SITUATION ANALYSIS	Module code(s) reference as proof of attaining of outcomes <i>(indicate all the module codes where a specific attribute is being addressed: e.g. A1: ABCD111, ADCD221, DCBA114, etc.)</i>
E4	Select the appropriate survey design when developing a research project	
E5	Different ways of obtaining data in order to select and use the appropriate methods	
E6	Put measures in place in order to ensure quality of data collected	
E7	Enter data into software programme – spread sheets and basic statistical software	
E8	Basic statistical procedures, selection of tests according to normality of the data	
E9	Critically discuss the findings of the study; compare them with similar studies	
E10	Plan and demonstrate a scientific presentation	
E11	Develop a research report, article and abstract	
E12	Critically evaluate results; appropriate and feasible recommendations	
F	F. INTRA-PROFESSIONAL CRITICAL CROSS-FIELD SKILLS, COMPETENCIES AND ATTRIBUTES	
F1	Comprehend and apply prescribed standards of practice and ethics	
F2	Perform tasks in a professional manner	
F3	Perform professional tasks without prejudice	
F4	Promote nutrition and - care as a basic human right	
F5	Participate and work effectively in health care team	
F6	Work effectively with peer group - complex tasks	
F7	Manage and organise activities responsibly and effectively	

A. SCREENING / NEEDS ASSESSMENT / SITUATION ANALYSIS		Module code(s) reference as proof of attaining of outcomes <i>(indicate all the module codes where a specific attribute is being addressed: e.g. A1: ABCD111, ADCD221, DCBA114, etc.)</i>
F8	Apply the nutritional care process- assessment, planning, intervention and evaluation.	
F9	Perform electronic data search and critical reviews of the literature	
F10	Present talks to diverse groups	
F11	Present information using audio visual and electronic media	
F12	Show sensitivity for diversity in dealing with clients.	
F13	Function in diverse groups and contexts	
F14	Solve problems in unspecified health and nutrition related contexts	
F15	Behave in a manner fitting to the profession and professional board	
F16	Perform self-study tasks	
F17	Take responsibility for own learning	
G. ETHICS*		Module code(s) reference as proof of attaining of outcomes <i>(indicate all the module codes where a specific attribute is being addressed: e.g. A1: ABCD111, ADCD221, DCBA114, etc.)</i>
G1	Display thorough understanding of ethical guidelines and standards for good clinical practice as pronounced by HPCSA	
G2	Show respect for patients and colleagues without prejudice, with an understanding and an appreciation of diverse of background and opportunity, language and culture	
G3	Strive to improve patient care, reduce inequalities in health care delivery, by optimizing the use of health care resources in societies	
G4	Use of professional capabilities to contribute to community and individual patient welfare	
G5	Demonstrate awareness, through action or in writing, of the legal and ethical responsibilities involved in individual patient care and the provision of care to populations	
G6	Consider the impact of healthcare on the environment and the impact of the environment on health	

A. SCREENING / NEEDS ASSESSMENT / SITUATION ANALYSIS		Module code(s) reference as proof of attaining of outcomes <i>(indicate all the module codes where a specific attribute is being addressed: e.g. A1: ABCD111, ADCD221, DCBA114, etc.)</i>
G7	Demonstrate knowledge, skills and attitudes consistent with professional ethical practice, human rights and medical law	
G8	Understand the need to refer to or consult with a variety of stakeholders, including practitioners with more professional ethics and human rights experience, or institutional ethics committees in making tough ethical decisions	
G9	Demonstrates an ability to engage in ethical reasoning and decision making	

* Source: Proposed Core Curriculum on Human Rights, Ethics and Medical Law for Health Care Practitioners – Compiled by: The Committee on Human Rights, Ethics and Professional Practice

- 4.3 Add any skills, competencies and attributes not covered in the table, in a paragraph (if needed)
- 4.4 Reflect on the content of the table above in short to indicate strong points and shortcomings identified, which should be addressed.
- 4.5 Also include a complete list of accredited training sites used by your institution including the period of accreditation.

List of HPCSA Accredited Training Sites			
Discipline	Name of Site	Date of Accreditation	Accreditation Period
Community			
Food Service			
Therapeutic			

5. QUESTIONNAIRE/GUIDELINES FOR SELF-ASSESSMENT FOR ACCREDITATION OF UNDERGRADUATE PROGRAMME IN DIETETICS

5.1 MANAGEMENT/ GOVERNANCE/ SUPERVISORY STRUCTURES WITHIN THE INSTITUTION

5.1.1 Management structures

Please complete the following table:

Which body/bodies is/are responsible for the overall management of the learning programmes of the Faculty/School/Department?	What are the main functions of this body/these bodies?	What group(s) report to this body (these bodies), and what are their functions?	How is the membership of the various groups made up?	How are junior staff and students involved in the processes of these groups and bodies?

5.1.2 Supervisory structures

Diagrammatic representation of the supervisory structure(s) responsible for managing the Faculty, School and /or Department (Organogram)
Diagrammatic representation of the supervisory structure(s) responsible for academic planning and support as well as managing the teaching and learning in the programmes of the Faculty, School and/or Department (Organogram)

5.1.3 Explain the role of students in the management structures.

5.2. STUDENT AND STAFF PROFILE

5.2.1 Entrance requirements and selection procedures (entry qualification and description of selection procedures) (Complete set of supporting documents to be available at the institution)

5.2.2 Number of students i.e. actual numbers enrolled over the past five full academic years (from previous evaluation until current) according to gender and ethnic distribution per study year; undergraduate and post-graduate.

	20...					20...					20...					20..					20...				
	Male		Female			Male		Female			Male		Female			Male		Female			Male		Female		
	*B/ C	*W	B/C	W	*ST	B/C	W	B/C	W	*ST	B/C	W	B/C	W	*ST	B/C	W	B/C	W	*ST	B/C	W	B/C	W	*ST
1 st year																									
2 nd year																									
3 rd year																									
4 th year																									
Total																									
Hons (if any)																									
MSc																									
PhD																									
Total																									

Student profile should indicate evidence of how registration with HPCSA is managed
 Staff profile should indicate evidence of how registration with HPCSA is managed
 University should indicate how they deal with students who have moved out of the programme

*B/C = Black, Coloured, Indian (This information and breakdown is required by Department of Higher Education. They only have 2 categories, namely White and all the other, in this case B/C)

*W = White

*O = Other

*ST = Sub-total

5.2.3 State the number of students that graduated for the past five full academic years

	Number of graduates				Total number of graduates	**Graduation rate	***Success rate
	Male		Female				
	B/C	White	B/C	White			
20..							
20..							
20..							
20..							
20..							
Total							

*This information should be available from university databases

**Number of graduates/total number of students that year – table 2.2

***Success rate = completion within minimum time

5.2.4 Envisaged (planned) student enrolment numbers for the next five years (per year).

	Male		Female		Total
	*B/C	*W	B/C	W	
20..					
20..					
20..					
20..					
20..					
Total					

*B/C = Black, Coloured, Indian (This information and breakdown is required by Department of Higher Education. They only have 2 categories, namely White and all the other, in this case B/C)

*W = White

*O = Other

5.2.5 Indicate the transformation strategy used since the last formal DNB assessment visit to market the programme to diversify the student population (detailed documentation to be available during the evaluation and accreditation visit), as well as the challenges encountered during this process.

5.2.6 Academic/teaching staff profile of all staff members since last assessment

* Insert (or delete) extra rows in table where needed.

Insert data for a staff member in one line.

ALSO Indicate the role of **retired** or **resigned** staff members during the past 5 years.

Name of staff member (Professor)	Part time	Full time	Permanently appointed (yes or no)	Educational qualifications (only give the highest qualification: e.g. PhD Dietetics OR MSc Diet, etc)	HPCSA registration number	Modules lectured for the last full academic year	Number of students for each module you lectured
Example: A Kemp (retired)		x	Yes	PhD Dietetics	DT 0001234	ABCD111 ABCD112 ABCD123	25 56 38
Name of staff member (Associate-professor)							
Name of staff member (Senior lecturer)							

Name of staff member (Professor)	Part time	Full time	Permanently appointed (yes or no)	Educational qualifications (only give the highest qualification: e.g. PhD Dietetics OR MSc Diet, etc)	HPCSA registration number	Modules lectured for the last full academic year	Number of students for each module you lectured
Name of staff member (Lecturer)							
Name of staff member (Junior lecturer)							
Name of staff member (Support staff)							

Give a general interpretation of the staff profile for the past 5 years.

5.2.7 Calculate the overall student: FTE staff ratio.

Use the information given in point 2.2 to execute the calculation:

Total number of staff head count (a)	a =	Total number of full time enrolled student head count (b)	b =	Calculate: Student numbers ÷ staff numbers = staff ratio*
Total number of staff members involved in teaching-learning (<i>excluding temporary staff members at training facilities</i>)		All students enrolled for all the modules lectured by staff (a) from 1 st to 4 th year are calculated and used in the equation.		b ÷ a = student: staff ratio

* Higher ratio means more students per staff member. There is no recommended average ratio, but if the ratio is too high, it may be detrimental to training of students and overworked staff members.

Example:

Total number of staff members (a)	a = Staff FTE's - 10.29 a = staff headcount 10	Total number of full time enrolled students (FTS) (b)	b = Students FTE's - 99.838 b = student head count 115 in 2014	Calculate: Student numbers ÷ staff numbers = FTE staff ratio*
Total number of staff members involved in teaching-learning (<i>excluding temporary staff members at training facilities</i>)		All students enrolled for all the modules are calculated and used in the equation.		b ÷ a = FTE staff ratio: 99.838/10.29 = 9.70 b ÷ a = 115/10 = 11.5

According to CHE (Vital stats Public Higher Education, 2014, page vi; "the student: staff ratio refers to the average number of students per academic staff and gives an indication of the average teaching load carried by each academic staff member and it is calculated by dividing the number of FTE academic staff by the number of FTE students". According to CHE (2014, p57) the staff: student ratio using headcount for permanent staff was 1:55 and when using staff and student FTEs 1:26 in 2012 for all Higher Education Institutions, and for SET including Health Science at 1:20.

5.2.8 Research and publication profile

** Insert (or delete) extra rows in table where needed. Use only 1 line for each staff member. Also add information for retired or resigned staff for the past 5 years. A complete set of outputs to be made available at the evaluation and accreditation visit (include all peer reviewed articles, chapters in books, books, peer reviewed conference proceedings, etc).*

Name of staff member	Publication outputs for the past 5 years for each individual staff member (<i>only total number: n=...</i>) (<i>Add a publication list as an Annexure</i>)

5.2.9 Supervision of MSc and PhD students

Indicate in the table the participation in post-graduate supervision during the past 5 years:

Name of Lecturer	Masters supervision (*n)	PhD supervision (*n)	Supervisor / Promotor (*n)	Co-supervisor / Co-promotor (*n)
<i>Example</i>	<i>10</i>	<i>5</i>	<i>5/3</i>	<i>5/2</i>

*n= number

5.3 QUALIFICATION/PROGRAMME, CURRICULUM, CONTENT AND ORGANISATIONAL DESIGN

5.3.1 State the:

5.3.1.1 Educational and curriculum design philosophy, and

5.3.1.2 The teaching, learning and assessment policy of the Faculty, School or Department.

(Detailed information to be available during the evaluation and accreditation visit)

5.3.2 Programme details:

NQF level	Modules <i>(list the module name and code in relevant line)</i>		Number of credits/module	Number of *notional hours/module	Number of hours of lectures per week/module [e.g. 6h:ABCD123]	Number of hours of group work per week/module <i>(indicate size of groups)</i> [e.g. 12 hours: n=6]	Number of hours of directed/ self-directed learning/ structured self-study/week <i>(Per year group OR per block OR phase).</i>	Describe the support students receive for self-directed learning <i>(Elaborate in a paragraph if needed)</i>
	Name and module code	Indicate 1 st , 2 nd semester OR full year module						
5 (1 st year)								
6 (2 nd year)								
7 (3 rd year)								
8 (4 th year)								
Total:								

*10 notional hours = 1 credit

Note: When descriptions such as sufficient or adequate is used during report writing, it should be quantified

5.3.3 Briefly describe the content of the programme offered

5.3.4 Describe the special features, emphases and challenges of the programme.

- 5.3.5 Describe the structures in place to manage continuous curriculum design, development and review.
- 5.3.6 Describe, in detail, the role of students and alumni in the curriculum development and review processes.
- 5.3.7 Describe interdepartmental co-operation in curriculum development (e.g. Physiology, Biochemistry, Food Sciences, Chemistry, etc).
- 5.3.8 How is a community-based and primary health care approach reflected in your programme design (e.g. WIL)? Briefly reflect.

5.4 AIM, RATIONALE, PURPOSE AND OUTCOMES OF THE PROGRAMME

- 5.4.1 Aim/broad purpose of the programme (macro-level).
- 5.4.2 Briefly reflect on the exit-level outcomes of your programme (what capabilities constitute the overall competence?)
- 5.4.3 Reflect on the specific outcomes (in terms of knowledge, skills & attitudes; abilities and ethical behaviour) students must demonstrate to be considered capable in terms of exit-level outcomes (Refer to ANNEXURE B).
- 5.4.4 What materials/aids do students receive (e.g. study guides, student manuals, portfolios, training kits, etc.) to ensure that constructive learning is taking place for the duration of the programme?
- 5.4.5 Explain how the burden of factual overload is reduced without sacrificing quality, while referring to Table 2 in Annexure B.
- 5.4.6 Explain how your programme content is integrated and designed:
 - 5.4.6.1 Vertical and horizontal integration (by means of a ***diagram***)
 - 5.4.6.2 If your programme is still strictly discipline-based with no (*or almost no*) vertical and horizontal integration, please justify that approach while taking into consideration your university, faculty and programme aims, objectives and philosophy? If you should require any assistance while answering this question, please contact the evaluators of your programme.

5.5. KNOWLEDGE BASIS OF STANDARDS OF THIS PROGRAMME (TEACHING, LEARNING AND ASSESSMENT) AND HOW IT RELATES TO GRADUATE ATTRIBUTES (Annexure B)

5.5.1 Teaching, Learning and Assessment

- 5.5.1.1 The teaching, learning and assessment philosophy of the School/Department.

- 5.5.1.2 Innovation in teaching and learning and assessment (focus on independent learning, group work, multi-professional co-operation)
 5.5.1.3 Instructional methods and techniques mostly used for teaching and learning (complete the following table):

(Use the same information as in Table 3.2 to populate the 3 columns on the left hand side of this table)

Modules (list the module name and code in relevant line)			Instructional methods and techniques	Indicate any problems you may experience with the instructional method (e.g. classroom size, classroom layout, absence of multimedia, number of training sites, etc.) and suggest solutions for it.
NQF level	<i>Name and module code</i>	<i>Indicate 1st, 2nd semester OR full year module</i>		
5 (1 st year)				
6 (2 nd year)				
7 (3 rd year)				
8 (4 th year)				
Total:				

- 5.5.2 Describe the extent to which resource-based learning is utilised, including the internet.
- 5.5.3 Give a brief summary of special regulations to ensure quality of the end-product, in other words, the student graduate (e.g. re-evaluations, repeating modules/academic years; electives; class attendance; clinical residency, student facilitation/assistance, supplemental instruction, development of generic skills set, etc.).
- 5.5.4 What systems are used for the assessment of student learning (e.g. *diagnostic, formative, summative and evaluative assessment).
- *(Diagnostic assessment is a type of assessment which examines what a student knows and can do prior to a learning program being implemented. Assessment of students' skills and knowledge upon entry to the program provides a baseline against which to assess progress. It is particularly important in re-engagement programs due to the complex learning needs of students in these programs, which must be taken account of in design and delivery of the individual learning program).*
- 5.5.5 How are the achievements of students in terms of generic skills assessed?
- 5.5.6 Describe the assessment criteria employed in the academic and practice setting and the relevancy thereof (how will the assessor know the learner is competent in/capable of performing a certain task according to set standards?) (For this question cross-reference to ANNEXURE B is permissible).
- 5.5.7 Are the assessment criteria known to students as well as staff? How are they informed? Reflect on formative and summative assessment, and on self- and peer assessment.
- 5.5.8 Does the assessment system encourage appropriate learning skills and reduce emphasis on uncritical acquisition of facts (rote learning)? How do you know/ensure that? Please explain.
- 5.5.9 Does the assessment structure reflect the educational approach (e.g. subject specific, integrated assessment in an integrated programme; problem-based assessment in a problem-based approach)? Please explain (for example: *Provide appropriate examples where the linkages between theoretical knowledge in lower levels, i.e. 2nd year knowledge of maternal nutrition and exclusive breastfeeding is built onto when in following levels the development of evidence-based policy is taught. Then, when the implementation of all prior knowledge and understanding is assessed through using the Mother Baby Friendly Initiative [MBFI] assessment tool, student must be able to write a report with recommendations and furthermore reflect on this experience).*
- 5.5.10 Describe the external evaluation and examination or moderation systems (processes) for the programme (modules). Also reflect on the role of the external examiner in ensuring quality control (*Detailed documents of evaluations for all third and fourth year dietetic modules to be available during the evaluation and accreditation visit*)
- 5.5.11 Which academic staff development processes/programmes regarding teaching, learning and assessment practices are in place? Add details of formal or informal processes/programmes if possible. Also explain if these are not available at all.

5.6. STUDENT DEVELOPMENT, SUPPORT AND GUIDANCE AND HOW IT RELATES TO THE ETHICAL GUIDELINE PRINCIPLES (available on HPCSA website: www.hpcs.co.za)

- 5.6.1 Provide details of the yearly induction/orientation programme for enrolled students at university and programme level
- 5.6.2 Briefly describe:
 - 5.6.2.1 The systems which are in place to ensure that students have sufficient academic support during the early years (1st -2nd year at least)
 - 5.6.2.2 The mentoring/tutoring (or similar) system in place whereby senior students/lecturers act as mentors to students
- 5.6.3 Briefly describe what systems are in place to ensure that students have sufficient personal support from Faculty, School or Department in both the early years and the practice training (experiential learning in hospitals or communities)?
- 5.6.4 What mechanisms are in place to identify students with academic and/or personal problems, and how are these problems approached?
- 5.6.5 Briefly describe how you ensure the development of students' generic skills; also refer to the resources and modules that are used for the development of these skills? (You may refer to section F in Annexure B).
- 5.6.6 How does the programme/department/division ensure that students are properly exposed (intra and extra curricula) to practise dietetics in a diverse society?
- 5.6.7 How are the following generic skills set for students developed in the practice (WIL) setting:
 - 5.6.7.1 Professional conduct and role modelling.
 - 5.6.7.2 Working as a team (including multi-professional team work).
 - 5.6.7.3 Attention to bio-psycho-social (human rights) elements of patient/clients care.
 - 5.6.7.4 Promotion of the concept of integrated and holistic patient/client care.
 - 5.6.7.5 Equipment of students to deal with patients with highly infectious diseases (measures in place).

5.7. RESOURCES

- 5.7.1 Describe how the availability of resources (e.g. libraries, other information centres, information technology/computer centres, hospitals, clinics, community, simulation labs, food labs, IT software, i.e. *FoodFinder*®, etc..) facilitate student learning?
- 5.7.2 Indicate which of the following resources (equipment) are available for teaching/training for Therapeutic Nutrition, Community Service, and Foodservice Management.

AVAILABLE RESOURCES	Yes/No
Scale (adults)	
Scale (Baby)	
Scale [body composition]	
Scale (for small weight ingredients: FSM)	
Scale (for large scale ingredients: FSM)	
Stadiometer (fixed, wall mounted)	
Stadiometer (non-fixed, portable)	
Measuring mat (Height) for babies	
Calipers (Harpenden)	
Calipers (plastic)	

AVAILABLE RESOURCES	Yes/No
Measuring tapes (general haberdashery)	
Measuring tape Lufkin (non-stretchable)	
Clip boards for data capturing	
Calculators	
Blood glucose monitor	
Cholesterol monitor	
Haemoglobin monitor and cuvettes	
Blood pressure monitors	
Thermometers and probes	
Measuring cups (set = 250 ml)	
Measuring cups/jugs (250 - 1000 ml)	
Measuring jugs (> 1 l)	
Mixing bowls of different, appropriate sizes	
Electric hand mixer (table model)	
Electric large scale mixer (floor model)	
Knife sets for multi purposes	
Cutting boards: colour coded for different area usage	
Electric stove: household	
Electric stove: industrial	
Gas stove: household	
Gas stove: industrial	
Combination steamer	
Tilting frying pan	
Steam jacketed kettles/pots	
Oil jacketed kettles/pots	
Water jacketed kettles/pots	
Store room for chemicals	
Store room for groceries (Dry food)	
Store rooms/fridges for perishable goods	
Fridges for meat and meat products	
Fridges for milk and milk products	
Fridges for fresh vegetables	
Freezers	
Other: indicate and give relevant details	

- 5.7.3 Describe the **practice settings and all other physical facilities** in terms of appropriateness, efficiency, accessibility and effectiveness. d
- 5.7.4 Describe the **teaching venues/group rooms and related facilities/services** in terms of suitability and appropriateness, size and accessibility, fitness for the purpose etc.
- 5.7.5 To what extent does the provision or lack of provision of facilities and equipment influence teaching, learning, research and services in the School or Department? Briefly reflect (refer to 5.1).
- 5.7.6 Describe the student administration and support facilities (e.g. health clinic, academic assistance, registration, etc) (Detailed information should be available during the evaluation and accreditation visit)

5.8 FINANCES

- 5.8.1 Describe the operational financial situation in the School or Department with reference to dependence on state subsidies (e.g. Clinical Training Grant), provincial health department support, own funding, etc.
- 5.8.2 To what extent does the financial situation in your Faculty, School or Department influence the educational process delivery of the programme? Briefly reflect.

5.9. STAFF DEVELOPMENT

- 5.9.1 Describe **(for the staff)** the research support services, as well as the academic staff support and development resources and facilities in terms of applicability, appropriateness, sufficiency, efficiency and effectiveness, etc.
- 5.9.2 Describe the training given to staff in programme/curriculum design, instructional strategies and methods, assessment, student support, and other related matters. Indicate the frequency of training sessions, and whether these are optional or compulsory.
- 5.9.3 Describe the training of on-site supervisors (involved in the training of under-graduate students) in educational methods and techniques; assessment of students, student counselling and support.
- 5.9.4 Describe any initiatives undertaken to promote teaching-learning as a valuable activity, and state whether and how teaching-learning excellence is rewarded.
- 5.9.5 Describe any initiatives to promote educational (teaching-learning) research, and whether and how this is recognised and rewarded.
- 5.9.6 Describe any initiatives to promote community engagement and whether and how this is recognised and rewarded
- 5.9.7 Describe any other initiatives/interventions in the field of academic staff development and support in the Faculty, School or Department, and state who takes responsibility for these activities.

5.10. QUALITY ASSURANCE AND ENHANCEMENT

- 5.10.1 What mechanisms are in place for **assessing and enhancement** of the **quality** of -
- teaching and learning in the Faculty, School or Department;
 - teaching and learning in a clinical context (i.e. in hospitals, community, foodservice, etc.);
 - instructional materials;
 - student support and development;
 - staff development; and
 - assessment procedures.
- 5.10.2 What **remedial/developmental** actions are taken in each of these when quality is found to be lacking/improvement is required:
- teaching and learning in the Faculty, School or Department;
 - teaching and learning in a clinical context (i.e. in hospitals, community, foodservice etc);
 - instructional materials;

- student support and development;
- staff development; and
- assessment procedures.

5.10.3 Is these self-evaluation documents (Annexure B and C) with a view to accreditation, the only self-evaluation exercise of the programme? Describe any other self-evaluation processes in place in the Faculty, School or Department and how it is implemented in program renewal.

5.11 HUMAN RIGHTS, ETHICS AND MEDICAL LAW

5.11.1 Give evidence of the inclusion of the “Proposed core curriculum on Human Rights, Ethics and Medical Law for Health Care Practitioners” (**Human Rights Core Curriculum -Dhais FINALE EDITION 10.11.061**: 2 September 2011). You may refer to Annexure B - section G. Evidence should be made available during the evaluation and accreditation visit.

**HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA
PROFESSIONAL BOARD FOR DIETETICS AND NUTRITION**

**RECOMMENDED STRUCTURING OF AN EVALUATION AND ACCREDITATION
ASSESSMENT REPORT FOR DIETETICS**

Name of University	
Name of Faculty	
Name of School (if applicable)	
Name of Department	
Name of undergraduate programme (as registered with SAQA)	
SAQA registration number	
Qualification delivered	
Questionnaire (Annexure B) completed by:	
Questionnaire (Annexure C) completed by:	
Date of completion of the report:	
Date submitted to the PROFESSIONAL BOARD FOR DIETETICS AND NUTRITION	

VISITING PANEL MEMBERS

Names

THE MAIN TASKS OF THE VISITING PANEL

- To analyse the Self-Assessment Report (SAR) prior to the evaluation visit of the Institution.
- To gather evidence during the Institution evaluation and accreditation visit
- To write the Quality Assessment Report (Annexure D)
- To recommend accreditation/ re-accreditation/ provisional accreditation or no accreditation

PROGRAMME

A brief summary of the education and training programme and information on committees, groups and persons interviewed during the site visit to be given and/ or the programme of the site visit could be attached as an annexure to the document.

EVALUATION OF THE SELF-ASSESSMENT REPORT OF THE SCHOOL OR DEPARTMENT

Comments on the comprehensiveness, quality, etc.

SPECIFIC COMMENTS

1.1 MANAGEMENT/ GOVERNANCE/ SUPERVISORY STRUCTURES WITHIN THE INSTITUTION

- 1.1.1 Management and organisational structures
- 1.1.2 Supervisory structures

1.2. STUDENT AND STAFF PROFILE

- 1.2.1 Entrance requirements and selection procedures (entry qualification and description of selection procedures)
- 1.2.2 Number of students i.e. actual numbers enrolled over the past five full academic years (from previous evaluation until current) according to gender and ethnic distribution per study year; undergraduate and post-graduate.
- 1.2.3 Number of students that graduated for the past five full academic years.
- 1.2.4 Envisaged (planned) student enrolment numbers for the next five years (per year).
- 1.2.5 Transformation strategy used to market the programme to diversify the student population.
- 1.2.6 Academic/teaching staff profile (according to rank and qualification)
- 1.2.7 The overall student: staff ratio.
- 1.2.8 Research and publication profile of staff for the past 5 years.

1.3 QUALIFICATION, PROGRAMME, CURRICULUM, CONTENT AND ORGANISATIONAL DESIGN

- 1.3.1 Curriculum design and philosophy
 - 1.3.1.1 Educational and curriculum design philosophy;
 - 1.3.1.2 The teaching, learning and assessment policy of the Faculty, School or Department.
- 1.3.2 Programme and details:
 - 1.3.2.1 Time allocated for reflection and self-study.
 - 1.3.2.2 Duration of the programme.
 - 1.3.2.3 Number of credits.
 - 1.3.2.4 National Qualifications Framework (NQF) Level of the programme.
- 1.3.3 Content of the programme offered (teacher-centred or student-centred; discipline-based or integrated; content-driven or outcomes-based, knowledge (facts) acquisition or problem-driven; community- or hospital based; etc.)
- 1.3.4 Special features/emphases of the programme.
- 1.3.5 Structures in place to manage curriculum design/development and review; innovation in curriculum development and review.
- 1.3.6 Role of students and alumni in the curriculum development and review processes.
- 1.3.7 Interdepartmental co-operation in curriculum development.
- 1.3.8 Is a community-based and primary health care approach reflected in the programme design?
- 1.3.9 Quality of curriculum documents available such as study guides with an organisational and study component containing learning outcomes and references of reading material.

1.4 AIM, RATIONAL, PURPOSE AND OUTCOMES OF THE PROGRAMME

- 1.4.1 Aim/broad purpose of the programme (macro-level).
- 1.4.2 The exit-level outcomes of the programme (what capabilities constitute the overall competence?)
- 1.4.3 Specific outcomes (in terms of knowledge, skills & attitudes; abilities and ethical behaviour) students must demonstrate to be considered capable in terms of exit-level outcomes.
- 1.4.4 What materials/aids do students receive (e.g. study guides, student manuals, portfolios, training kits, etc.) to ensure that constructive learning is taking place for the duration of the programme?
- 1.4.5 How was the burden of factual overload (curriculum load) reduced without sacrificing quality?
- 1.4.6 Programme content integration and design:
 - 1.4.6.1 Vertical and horizontal.
 - 1.4.6.2 If the programme is still strictly discipline-based with no (*or almost no*) vertical and horizontal integration, please justify that approach while taking into consideration the university, faculty and programme aims, objectives and philosophy?

1.5. KNOWLEDGE BASIS OF STANDARDS OF THIS PROGRAMME (TEACHING, LEARNING AND ASSESSMENT) AND HOW IT RELATES TO GRADUATE ATTRIBUTES (Annexure B)

- 1.5.1 Teaching, Learning and Assessment
 - 1.5.1.1 The teaching, learning and assessment philosophy of the School/Department.
 - 1.5.1.2 Innovation in teaching and learning and assessment (focus on independent learning, group work, multi-professional co-operation).
 - 1.5.1.3 Instructional methods and techniques mostly used for teaching and learning.
- 1.5.2 Extent to which resource-based learning is utilised (e.g. use of library, internet, etc.).
- 1.5.3 Special regulations to ensure quality of the end-product and development of students' generic skills (e.g. communication, writing, reading and information gathering skills, etc.).
- 1.5.4 Systems used for the assessment of student learning (e.g. *diagnostic, formative, summative and evaluative assessment).
- 1.5.5 Assessment of students' achievements in terms of generic skills? (e.g. students' level of computer literacy).
- 1.5.6 Assessment criteria employed in the academic and practice setting.
- 1.5.7 Were the assessment criteria known to students as well as staff? How were they informed? Relevancy of assessment modalities utilized.
- 1.5.8 Does the assessment system encourage appropriate learning skills and reduce emphasis on uncritical acquisition of facts (rote learning)? How do you know/ensure that?
- 1.5.9 Does the assessment structure reflect the educational approach (e.g. subject specific, integrated assessment in an integrated programme; problem-based assessment in a problem-based approach)?
- 1.5.10 Structures or moderation systems (processes) in place to ensure fair, valid and reliable external evaluation and examination for the programme (modules).
- 1.5.11 Academic staff development regarding teaching, learning and assessment practices.

1.6. STUDENT DEVELOPMENT, SUPPORT AND GUIDANCE

- 1.6.1 The relevancy and comprehensiveness of the yearly induction/orientation programme for enrolled students at university and programme level
- 1.6.2 Briefly describe:
 - 1.6.2.1 The systems which are in place to ensure that students have sufficient academic support during the early years
 - 1.6.2.2 The mentoring/tutoring (or similar) system in place whereby senior students/lecturers act as mentors to students

- 1.6.3 Systems in place to ensure that students have sufficient personal support from Faculty, School or Department in both the early years and the practice training (experiential learning in hospitals or communities).
- 1.6.4 Mechanisms in place to identify students with academic and/or personal problems, and how these problems are approached.
- 1.6.5 The development of students' generic skills; also refer to the resources and modules that are used for the development of these skills (Section F in Annexure B).
- 1.6.6 The programme/department/division ensure that students are properly exposed (intra and extra curricula) to practise dietetics in a diverse society.
- 1.6.7 Generic skills set for students developed in the practice (WIL) setting:
 - 1.6.7.1 Professional conduct and role modelling.
 - 1.6.7.2 Working as a team (including multi-professional team work).
 - 1.6.7.3 Attention to bio-psycho-social (human rights) elements of patient/clients care.
 - 1.6.7.4 Promotion of the concept of integrated and holistic patient/client care.
 - 1.6.7.5 Equipment of students to deal with patients with highly infectious diseases (measures in place).

1.7. RESOURCES

- 1.7.1 The availability of resources (e.g. libraries, information technology/computer centres, practice teaching and learning facilities such as hospitals, clinics, community, skills laboratory, food labs, food software IT, etc.) to facilitate student learning.
- 1.7.2 Resources (equipment) available for teaching/training for Therapeutic Nutrition, Community Service, and Foodservice Management.
- 1.7.3 **Practice settings and other physical facilities** in terms of appropriateness, efficiency, accessibility and effectiveness.
- 1.7.4 Teaching venues/group rooms and related facilities/services in terms of suitability and appropriateness, size and accessibility, fitness for the purpose etc.
- 1.7.5 To what extent does the provision or lack of provision of facilities and equipment influence teaching, learning, research and services in the School or Department? Briefly reflect (refer to 5.1).
- 1.7.6 Student administration and support facilities (e.g. health clinic, academic assistance, etc) (Detailed information should be available during the evaluation and accreditation visit)

1.8 FINANCES

- 1.8.1 Operational financial situation in the School or Department with reference to dependence on state subsidies (e.g. Clinical Training Grant), provincial health department support, own funding, etc.
- 1.8.2 The impact of the financial situation on the educational process delivery of the programme.

1.9. STAFF DEVELOPMENT

- 1.9.1 Research support services for staff, *as well as the* academic staff support and development resources and facilities in terms of applicability, appropriateness, sufficiency, efficiency and effectiveness, etc.
- 1.9.2 Training given to staff in programme/curriculum design, instructional strategies and methods, assessment, student support, and other related matters. Indicate the frequency of training sessions, and whether these are optional or compulsory.
- 1.9.3 Training of on-site supervisors (involved in the training of under-graduate students) in educational methods and techniques; assessment of students, student counselling and support.
- 1.9.4 Initiatives undertaken to promote teaching-learning as a valuable activity, and whether and how teaching-learning excellence is rewarded.
- 1.9.5 Initiatives to promote educational (teaching-learning) research, and whether and how this is recognised and rewarded.

- 1.9.6 Initiatives to promote community engagement and whether and how this is recognised and rewarded
- 1.9.7 Other initiatives/interventions in the field of academic staff development and support in the Faculty, School or Department, and who takes responsibility for these activities.

1.10. QUALITY ASSURANCE AND ENHANCEMENT

1.10.1 Mechanisms/structures in place for assessing and enhancement of the **quality** of -

- teaching and learning in the Faculty, School or Department;
- teaching and learning in a clinical context (i.e. in hospitals, community, foodservice, etc.);
- instructional materials;
- student support and development;
- staff development; and
- assessment procedures.

1.10.2 **Remedial/developmental** actions taken in each of these when quality is found to be lacking/improvement is required:

- teaching and learning in the Faculty, School or Department;
- teaching and learning in a clinical context (i.e. in hospitals, community, foodservice etc);
- instructional materials;
- student support and development;
- staff development; and
- assessment procedures.

1.10.3 Is this self-evaluation documents (Annexure B and C) with a view to accreditation, the only self-evaluation exercise of the programme? Describe any other self-evaluation processes in place in the Faculty, School or Department.

1.11 HUMAN RIGHTS, ETHICS AND MEDICAL LAW

1.11.1 Give evidence of the inclusion of the “Proposed core curriculum on Human Rights, Ethics and Medical Law for Health Care Practitioners” (**Human Rights Core Curriculum -Dhai FINALE EDITION 10.11.061: 2 September 2011**). You may refer to Annexure B- Section G. Evidence should be made available during the evaluation and accreditation visit.

1.12 **Descriptive notes about the interviews with all year groups** (*at least 3 students per group to ensure anonymity*). *Include the following information (not an exhaustive list):*

- Is proper study guides available?
- Handbooks and reference material?
- Access to computers while at the training site?
- Accommodation?
- How far do they travel each day?
- Is there proper supervision at the training facility?
- How regularly does the lecturer visit?
- Do they have regular meetings with the academic staff at the university?
- How regularly do they submit assignments? In what format?
- When do they receive their marked assignments back?
- Do they have the opportunity to evaluate the program?
- Time allocated to the specific topic, is it enough? Do they learn what they are supposed to learn?

- Etc.....

1.13 Descriptive notes about the interviews with all staff members and accredited training staff at training sites for the different training areas (*Therapeutic Nutrition, Foodservice Management, Community Nutrition, and Research*)

GENERAL AND SPECIFIC RECOMMENDATIONS

Comments on strengths and weaknesses: specific mention of commendable features of the programme; recommendation as to the enhancement of the quality of the programme.

Commendable features:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Recommendations:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

RECOMMENDATION REGARDING ACCREDITATION

Period of accreditation to be specified:

Option	Mark one applicable selection	Date of decision	Motivation
Recommend accreditation (new programmes)			
Recommended re-accreditation			
Provisional accreditation			
No accreditation			

Signatures:

Panel member 1: _____

Date: _____

Panel member 2: _____

Date: _____

Panel member 3: _____

Date: _____

Panel member 4: _____

Date: _____

THE ACCREDITATION PROCESS WITH TIMEFRAMES

All parties (university and Board) must abide by the timeframes specified in the programme:

PRE PROGRAMME EVALUATION: University Name:			ALLOCATED DATE OF EVALUATION:
Responsibility	Action	Time frames	Remarks/Date schedule
Professional Board	Schedule each institution's education and training programme for evaluation at least once during its 5 year term of office	First meeting post inauguration of the Board	
	Schedule the particular institution's programme evaluation and site visits to occur during the Institution's academic year	During July of each year for the next year, before the site visit	
	Select and constitute the pool of evaluators for the panel	Within the first year of its term of office	
	Appoint the members of the evaluation panel	At the last ETR meeting of the year before the site visit	
Board administration	Notify the Institution & provide guidelines. Notify the members of the evaluation panel of appointments & send Code of Conduct	Four months before the site visit	
Evaluators	Accept /Decline appointment Sign Code of Conduct	Within twenty working days (1 month) of receipt of notification	

Board administration	Send members of the panel documents reflecting the Criteria for Accreditation	Within a week of receipt of acceptance & Code of Conduct	
Education Institution	Submits to Board Secretariat: <ul style="list-style-type: none"> • Self-Review Report • Proposed (Draft) Site Visit Plan • Academic and Clinic Schedules 	Six weeks prior to site visit	
Board administration	Submits to the evaluation panel the institution's documents i.e. <ul style="list-style-type: none"> • Self-Review Report • Proposed Site Visit Plan • Academic and Clinic Schedules 	Within two days of receipt from the institution, but at least five weeks prior to the site visit	
Evaluation Panel	Reviews institutions documents, consult other members of the panel and make suggestions for amendments to the institution's Site Visit Plan	At least three weeks before the date of the site visit	
Board administration	Communicates evaluation panel's suggestions for amendments to the Site Visit Plan to the Institution	At least two weeks before the date of the site visit	
DURING PROGRAMME EVALUATION			
Board Secretariat	Facilitates communication between all parties	As soon as possible	
Evaluation Panel	Conducts site visit and programme evaluation	First three days of site visit	
POST EVALUATION			
Evaluation Panel	Drafts report	Fourth day of Site Visit	
	Submit to Board Secretariat the final report on the programme evaluation	Within two weeks of the site visit	

Board administration	Sends the institutions a copy of the final report on the programme evaluation	The institution should respond to the final draft withing three weeks of receipt thereof. Should the institution have a problem with this timeframe, they should inform the Board Management of the final date of submission attainable, in writing. No more that 2 weeks extention for final comments will be granted.	
Education Institution	Review and respond to DNB, in writing, to the factual correctness of the report, and add any additional information of importance.	Within two weeks of receipt	
Chairperson (Convenor of assessment panel)	Return comments to the Convenor of the panel for consideration and finalization of the report.	Within two weeks following receipt of the comments.	
Professional Board	Review reports and meet (teleconference or e-mail) to determine accreditation status	Within two weeks of receipt of the institution's report	
Board administration	Notify institution of the Board's decision also submit a pro-forma invoice to the institution	Within two weeks of the Education Committee meeting	
Education Institution	Submits a plan of action, indicating how matters arising will be addressed, specifying timeframes and resource allocation	Within <u>one month</u> of receipt of the Board's decision and letter of accreditation.	
Professional Board	Review and approve the Plan of Action	Within two weeks of receipt of the plan	
Education Institution	Implement Plan of Action	As soon as is possible	
Professional Board	Follow up on dated recommendations	As indicated in recommendations	

For official use only

RECOMMENDATIONS' TRACKING FORM for DNB

SECTION A

Name of University/Institution	
Name of Faculty	
Name of School (if applicable)	
Name of Department (if applicable)	
Name of undergraduate programme (as registered with SAQA)	
SAQA registration number	
Qualification delivered	
Questionnaire (Annexure B) completed by:	
Questionnaire (Annexure C) completed by:	
Date of completion of the final report for DNB	
Name of Convenor	
Names of Evaluation team	

SECTION B

(*Add lines as needed in the table)

PANEL'S RECOMMENDATIONS	DATE SUBMITTED TO ETR COMMITTEE	COMMENTS

	*Option (period of accreditation to be indicated)	Date of decision	Additional comments as needed
(previously accredited programmes)			

**Mark one applicable selection*

THE PROFESSIONAL BOARD FOR DIETETICS AND NUTRITION

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

CODE OF CONDUCT FOR THE EVALUATORS OF EDUCATION AND TRAINING INSTITUTIONS

A. PURPOSE

- A.1 In order to give practical effect to the expected behaviour while in the employ of the HPCSA during the evaluation period.
- A.2 The Code aims to act as a guideline to evaluators on conduct expected of them from an ethical point of view, both in their individual conduct and in their relationship with others. Compliance with the Code can be expected to enhance professionalism and help to ensure confidence in the service provided to Education and Training Institutions.
- A.3 The primary purpose of the Code is a positive one, viz. to promote exemplary conduct.

B. INTRODUCTION

- B.1 The need exists to provide direction to evaluators with regard to their relationship with other evaluators and the Education and Training Institutions and to indicate the spirit in which evaluators should perform their duties, what should be done to avoid conflicts of interest and what is expected of them in terms of their personal conduct at Education and Training Institutions.

C. APPOINTMENT AS EVALUATORS

- C.1 Evaluators are expected to conduct themselves in accordance with the highest standards of ethical, moral and professional behaviour during all phases of the evaluation. Each evaluator must review, sign this Code of Conduct and submit it to the Board manager together with the written acceptance of the appointment to an Evaluation Panel prior to receiving any documentation from the Institution.
- C.2 Evaluators need to accept or decline the appointment formally by responding to the Board Manager in writing within 20 working days of receiving the initial appointment.

D. DECLINING THE APPOINTMENT AND RESIGNATION AS EVALUATOR

- D.1 Should the invited evaluator wish to decline the appointment; this should be done timeously in writing to the Evaluation convener and Board Manager;
- D.2 Should the evaluator wish to resign from the Committee; this should be done in writing to the ETR chairperson and Board Manager as soon as possible.

E. APPLICATION FOR LEAVE NOT TO ATTEND A MEETING

- E.1 If an evaluator is not able to attend the evaluation, a leave form not to attend the meeting must be completed.

F. DOCUMENTS TO NOTE

- F.1 Evaluators are expected to study and attest to having read the following documents namely:
- i. guideline of the evaluation process document,
 - ii. documents to be provided by the Board as received from the training institution prior to the evaluation;
 - iii. template for compilation of the evaluation report; and
 - iv. expected evaluation report time frames;

G.1 CONFIDENTIALITY AND PROTOCOL OF COMMUNICATION

- G.1.1 The evaluators will not discuss the report directly with the Institution or any other outside party at any time before, during or after finalisation of the visit – all communications will be *via* the Board/ Board Secretariat.
- G.1.2 The evaluators are obliged to share all information influencing the accreditation outcome, either verbally or *via* the written report, with the DNB and/or ETR committee should they be required to do so.

G.2 RELATIONSHIP WITH THE EDUCATION AND TRAINING INSTITUTIONS

An evaluator –

- G.2.1 will serve the Education and Training Institutions in a courteous, unbiased and impartial manner in order to create confidence in the Education and Training Institutions service;
- G.2.3 is helpful and reasonably accessible in her or his dealings with the Education and Training Institution at all times treating members of the Education and Training Institution as customers who are entitled to receive high standards of service and courtesy;
- G.2.4 has regard for the circumstances and concerns of the Education and Training Institutions in performing her or his official duties and in the making of decisions affecting them;
- G.2.5 is committed through timely service to the development and improvement of all Education and Training Institutions;
- G.2.6 does not unfairly discriminate against any member of the Education and Training Institutions on account of race, gender, ethnic or social origin, colour, sexual orientation, age, disability, religion, political persuasion, conscience, belief, culture or language;
- G.2.7 does not unfairly discriminate against the Education and Training Institution on account of how their programme was compiled and which modules were included to address the outcomes set by the DNB;
- G.2.8 will refrain from making any recommendations, comments or derogatory remarks (orally or in writing) to the Education and Training Institution regarding the shortcomings of the programme specifically during the evaluation period;

G.3 RELATIONSHIP AMONG EVALUATORS

An evaluator –

- G.3.1 should be courteous and co-operate fully with other evaluators to advance the Education and Training Institutions interests;

- G.3.2 refrains from abusing his or her authority and/or influence on another evaluator, nor is influenced to abuse her or his authority;
- G.3.3 uses the appropriate channels to air her or his grievances or to direct representations;
- G.3.4 deals fairly, professionally and equitably with other evaluators, irrespective of race, gender, ethnic or social origin, colour, sexual orientation, age, disability, religion, political persuasion, conscience, belief, culture or language.

H.1 PERFORMANCE OF EVALUATION DUTIES

An evaluator –

- H.1.1 strives to achieve the objectives of her or his duties cost-effectively and in the Education and Training Institutions' interest;
- H.1.2 is creative in thought and in the execution of her or his duties, seeks innovative ways to solve problems and enhances effectiveness and efficiency within the context of the law;
- H.1.3 is punctual in the execution of her or his duties;
- H.1.4 executes her or his duties in a professional and ethical manner at all times;
- H.1.5 does not engage in any transaction or action that is in conflict with or infringes on the execution of her or his official duties;
- H.1.6 will recuse herself or himself from any official action or decision-making process which may result in improper personal gain and this should be properly declared by the evaluator;
- H.1.7 accepts the responsibility to avail herself or himself for ongoing training and self-development throughout her or his elected period;
- H.1.8 is honest and accountable in the indirect spending of Education and Training Institutions' funds (e.g. transport hired for the occasion: do not drive more than necessary) and uses the Education and Training Institutions services property and other resources effectively, efficiently, and only for authorized official purposes;
- H.1.9 promotes sound, efficient, effective, transparent and accountable administration;
- H.1.10 in the course of her or his official duties, shall report to the appropriate authorities, fraud, corruption, nepotism, mal-administration and any other act which constitutes an offence, or which is prejudicial to the Education and Training Institutions;
- H.1.11 shall evaluate the programme on its merits (i.e. does it meet board requirements and set entry level outcomes as a whole, and not on account of the number of a specific set of modules included in the programme) and give honest and impartial recommendation, advice, based on all available relevant information, to the committee or Professional Board, (refer to SGB documents);
- H.1.12 shall take into account the recommendations drafted by the previous evaluators, as a starting point to evaluate if change and growth has taken place;
- H.1.13 shall refrain from comparing the Institution being evaluated with any other one presenting the same or similar programme, either verbally or in writing;
- H.1.14 shall respect differences (i.e. that methods of attaining and meeting outcome requirements are variable and the methods used to reach the outcomes are the right of the programme owner or the institution).

- H.1.15 engagement with students should be contextualised;
- H.1.16 needs to be sensitive to the confidentiality of information made available and insights gained during the evaluation process, and relay all such information to the ETR and/or DNB which functions within the boundaries of confidentiality;
- H.1.17 channel all communication (general, sensitive and confidential) regarding the evaluation report and process through the ETR Committee of the Board; and
- H.1.18 communicate the recommendations and findings of the evaluation process in the form of an evaluation report submitted and contributed to the Board Manager for deliberation and consideration by the ETR and/or the Board.

I.1 CONFLICT OF INTEREST - PERSONAL CONDUCT AND PRIVATE INTERESTS

An evaluator --

- I.1.2 shall be objective, fair and impartial to the evaluation. Recusal is expected if there is any conflict of interest;
- I.1.3 does not use her or his official position to obtain private gifts or benefits for herself or himself during the performance of her or his official duties nor does she or he accept any gifts or benefits when offered as these may be construed as bribes;
- I.1.4 does not use or disclose any official information for personal gain or the gain of others.
- I.1.5 formally accepts/acknowledges his/her appointment.

I, _____, accept my appointment as an evaluator of the Professional Board for Dietetics and Nutrition for the program offered by _____ (institution) and hereby attest that I read and understood the code of conduct and will adhere with the provisions of the document and that I am confident that I am competent to conduct an evaluation.

That I have been provided with the confidentiality statement which I have signed and submitted together with the code of conduct to the HPCSA Board Manager.

Signed in _____, on _____

Date _____ 20...

Evaluator (Full Name and Surname) _____

ASSESSMENT OF THE EVALUATION PANEL

The evaluation panel members are expected and agreed in writing to conduct themselves in accordance with the highest standards of ethical, moral and professional behaviour during all phases of the process and at all times.

With regards to the Programme Evaluation and Site Visit, please take some time to assess the Evaluation Panel to help the Professional Board for Dietetics and Nutrition (DNB) to improve on the quality of service delivery. The Institution (Dietetics/Nutrition staff members) can assess the Evaluation Panel members individually, or as a team. If you give a score of 1-3 please motivate your score. This information will be handled with the utmost confidentiality and will only be made available to the Education, Training and Registration Committee of the DNB, AFTER the final report outcome and letter of accreditation has been submitted to the University/Institution.

**See legend for answers at bottom of page*

Question	Did they?	*1	*2	*3	*4	*5
1	Treat peers, staff, students and the management of the university with courtesy and respect?					
Remarks:						
2	Exercise punctuality at all times?					
Remarks:						
3	Maintain strict confidentiality? The results and outcomes of the process may only be discussed with the Board manager, the Education, Training and Registration (ETR) Committee of the Board or the Board itself.					
Remarks:						
4	Conduct the evaluation in an objective, fair and impartial manner?					
Remarks:						
5	Evaluate the programme on its merit, <i>i.e.</i> does it meet the Board specified minimum outcomes criteria/ requirements as set in the assessment document and not according to the range of modules included in the programme?					
Remarks:						
6	Evaluate the programme (<i>i.e.</i> nature of learning opportunities provided by programme) and not individual students' performance?					
Remarks:						
7	Respect differences? (<i>i.e.</i> that the method of attaining and meeting outcome requirements are variable at different institutions and the methods used to reach the outcomes are the right of the programme owner or the institution, and not the DNB or ETR committee or evaluation panel).					
Remarks:						
8	Compared the evaluated institution with panel member's own training institution or other training programmes across the country?					

Remarks:						
9	Continuously offered own advice to the programme/ institution?					
Remarks:						
10	Recuse him/her in the event of a conflict of interest?					

*1 = Very poor performance; 2 = poor performance, 3 = adequate performance; 4 = good performance; 5 = outstanding performance

Please indicate any other information or details of events regarding the evaluation and assessment visit you would like to bring to the attention of the ETR committee and the DNB, which would need further investigation and action:

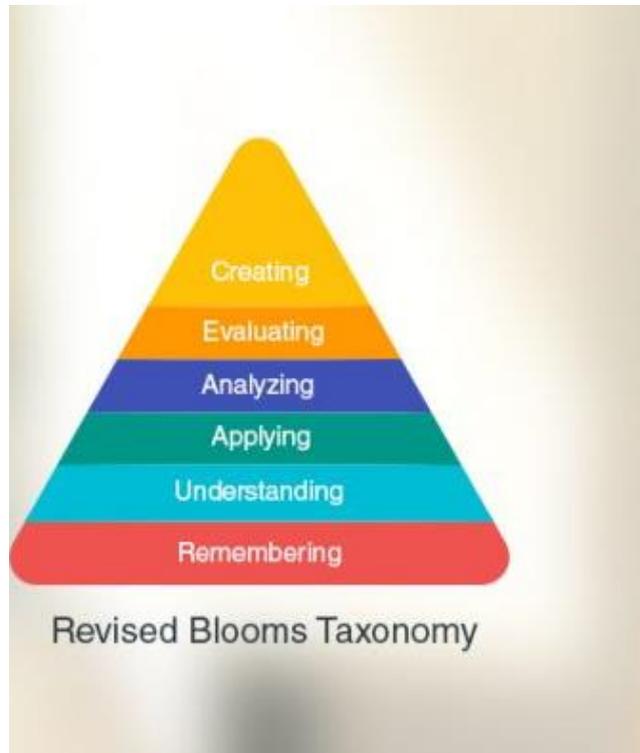
Institution/University

Date of evaluation

Signature (Voluntary)

Date

DNB BLOOMS TAXONOMY: PROPOSED PERCENTAGE ALLOCATION PER YEAR GROUP



We have included the new Blooms Taxonomy. Furthermore, we propose that combined Bloom's levels, which are a more user-friendly approach to use, is employed.

Please check and provide analysis for all tests as well as examinations to show that the desired level of assessment for each year level as per Bloom's Taxonomy has been achieved.

Table 1: Proposed guidelines per year of study.

	1 st year (NQF level 5)	2 nd year (NQF level 6)	3 rd year (NQF level 7)	4 th year (NQF level 8)
Level 1 Remembering and Understanding	75-85 % (NQF =80%)	55 - 65% (NQF =60%)	35-45% (NQF =40%)	15-25% (NQF =20%)
Level 2 Applying and analyzing	10 - 15% (NQF =10%)	15 – 25% (NQF =30%)	35 - 45% (NQF =40%)	45- 55% (NQF =50%)
Level 3 Evaluating and Creating	0-5% (NQF =10%)	5-15% (NQF =10%)	15- 25% (NQF =20%)	25 -35% (NQF =30%)