



**MEDICAL AND DENTAL PROFESSIONS BOARD**

**ANNUAL REPORT TO THE COMMITTEE FOR MEDICAL SCIENCE – CMS C**

**TRAINING FACILITY:** \_\_\_\_\_

**DISCIPLINE:** \_\_\_\_\_

**PROFESSIONAL CATEGORY (IF APPLICABLE):** \_\_\_\_\_

**ANNUAL REPORT PREPARED BY:** \_\_\_\_\_

**A. PURPOSE**

The Purpose of the Annual Report is to update the HPCSA regarding changes in the arrangement for the training of Intern Medical Scientists and to respond to, and report progress on the recommendations of the accreditation panel, as well as any other aspects that affect the education and training of the Interns.

**B. ORGANIZATIONAL STRUCTURE**

	<b>Name</b>	<b>Designation</b>	<b>HPCSA Registration Number</b>	<b>Email address</b>	<b>Contact number</b>
<b>Head of Training Facility</b>					
<b>Head of Training Department</b>					
<b>Supervisor(s)</b>					

**C. STAFF PROFILE**

**C.1 Current Training Staff Profile. Please complete the following tables for those directly involved in the training of intern candidates.**

<b>Name of Staff Member</b>	<b>HPCSA Registration Number</b>	<b>Professional Category</b>	<b>Highest Academic Qualification and Academic Discipline</b>	<b>Number of Years' Experience Post Registration</b>

Name of Staff Member	HPCSA Registration Number	Professional Category	Highest Academic Qualification and Academic Discipline	Number of Years' Experience Post Registration

## C.2 Supervisors of Intern Candidates

Name of Supervisor	Names of Current Intern Candidates	Number of Cycles Involved in Internship Training (1 cycle = 2 years)	Involvement in Accreditation Visits (Yes or No)	Involvement in Portfolio of Evidence	
				Assessment Yes or No	Moderation Yes or No

## D. INTERN CANDIDATE PROFILE

### D.1 Intern candidate profile during accreditation period (20\_\_\_\_ to 20\_\_\_\_):

HPCSA Post Number	Name	HPCSA Registration Number	Highest Qualification and Discipline	Internship Period	
				Commencement Date	Completion Date

**D.2 PROGRESS OF INTERN CANDIDATES PRESENTLY IN TRAINING**

Please complete the following table:

HPCSA Post Number	Name	HPCSA Registration Number	Progress of Intern Candidate		
			Are you satisfied with the progress of the intern? If not, provide reasons	Will the intern complete training in 24 months? If not, provide reasons	If yes, state the remedial action taken by the training department?

Comments:

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**D.3 TRANSFER OF INTERN CANDIDATE (IF APPLICABLE)**

HPCSA Post Number	Name of Intern Candidate	Transferring Training Institution and Supervisor	Period at Transferring institution	Receiving Training Institution and Supervisor	Period at Receiving Institution	Date of MDB approval

HPCSA Post Number	Name of Intern Candidate	Transferring Training Institution and Supervisor	Period at Transferring institution	Receiving Training Institution and Supervisor	Period at Receiving Institution	Date of MDB approval

Comments:

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**D.4 Satellite or rotation of intern candidates**

- a) Does your training program include the rotation of intern candidates to other training facilities? Please note all training facilities must be HPCSA accredited training facilities. Please provide a brief description of the rotation.

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b) Does your training program include another satellite facility under your HPCSA accreditation status? Please provide a brief description of satellite facility.

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**E. TRAINING PROGRAM**

**E.1 Changes to the training program**

Specify any Changes in the Training Program	Update: Year 1 after accreditation	Update: Year 2 after accreditation	Update: Year 3 after accreditation	Update: Year 4 after accreditation

**Note:** Please provide a previous program with track changes and a revised program.

**E.2 Changes in Resources**

Resource	Update: Year 1 after accreditation	Update: Year 2 after accreditation	Update: Year 3 after accreditation	Update: Year 4 after accreditation
Infrastructure:				
Technology:				

**E.3 Any other information that the institution would wish to bring to the attention of the Committee:**

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**F. PROGRESS ON RECOMMENDATIONS OF LAST ACCREDITATION**

**F.1 Recommendations**

<b>Recommendation/s during 20..... accreditation:</b>
<b>1. Recommendation given:</b>
<b>2. Amended/applied:</b>

<b>Approval for accreditation for: _____</b> <b>Stipulate period</b>
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