

INSPECTION OF FACILITIES FOR TRAINING INTERN MEDICAL PHYSICISTS

EVALUATION REPORT

MEDICAL AND DENTAL PROFESSIONS BOARD:

MEDICAL SCIENCE

This document has to be completed with consideration to the following documents:

- *National Curriculum: Medical Physics (CMS 01 PH),*
- *Guideline on Submission and Assessment of Portfolio: Medical Physics (CMS 02 PH),*
- *Policy regarding the Training of Intern Medical Scientists (CMS A), and*
- *Policy regarding the Criteria for the Accreditation of facilities for internship training in Medical Science (CMS B)*
- *A fully completed Self- Evaluation Questionnaire (CMS D3 PH).*

This document comprises of two sections, both sections A and B have to be completed by the evaluator.

- Section A should be completed during the actual visit.*
- Section B completed before the visit, after careful consideration of the Self-Evaluation Questionnaire (CMS D3 PH) and shortcomings have to be identified and listed in detail.*

- c) *During the actual visit the following has to be addressed:*
- *Inspect the entire training department relating to resources, equipment and physical space.*
 - *Verify supportive evidence as indicated in the Self-Evaluation Questionnaire (CMS D3 PH).*
 - *Conduct interviews with intern candidates.*
 - *Address shortcomings and discuss possible solutions.*

SECTION A

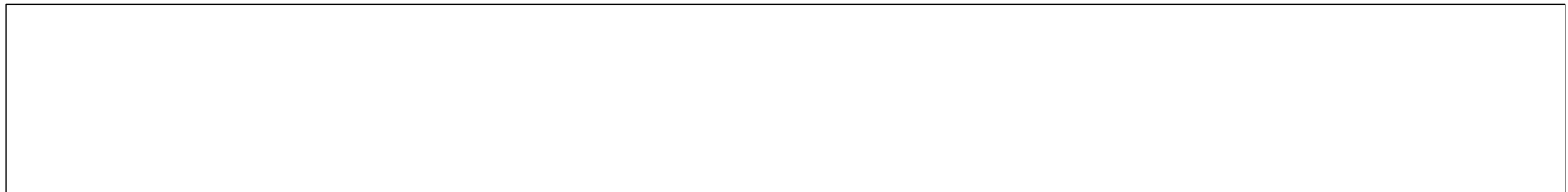
SECTION A SHOULD BE COMPLETED ON THE DAY OF THE VISIT.

1. PARTICULARS OF TRAINING FACILITY

| | |
|---------------------------|------------------------|
| Training Facility | |
| Head of Training Facility | |
| Date of inspection | |
| Discipline | Medical Physics |
| Head of Department | |
| Report by | |
| Interview conducted with | |

2. GOVERNANCE

- a) Provide an organogram of the management and reporting structures responsible for the overall governance and management of the Training Facility to ensure effective planning, organisation, leadership and control of internship training. Briefly describe membership and main functions of these structures



- b) Who is responsible to sign off the exit assessment? (It is supposed to be the Head of the Training Department).

- c) Who is responsible for completing the Intern Duty Certificate? (It should be the Head of Training Program).

- d) Who is responsible for final approval of the Intern Duty Certificate? (It should be the CEO of the hospital).

e) Who is responsible for compiling and updating of the Intern Medical Physicist HPCSA Annual Report?

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| 3. RESOURCES |
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a) To what extent does the provision or lack of provision of facilities and equipment influence teaching of interns?

b) To what extent does the staff complement, experience and skill set of staff influence intern training and career progression of interns in future positions?

4. INTERN DEVELOPMENT, SUPPORT AND GUIDANCE

a) Please provide details of the induction / orientation programme for new interns.

b) Describe the management and support of impaired students or students suspected of being impaired (physical/mental).

c) Describe the grievance procedure an intern may follow in case of a dispute.

5. LEARNING RESOURCES

a) Describe how the HPCSA Ethical Guidelines and other relevant ethical documents are implemented to provide for integrated professional integrity and ethical behaviour.

6. FACILITIES/LABORATORIES

a) Describe the major equipment used in training. Please provide a list.

b) Internship training must be comprehensive and include all the basic elements of the discipline. These include basic methodology and specialised technology. If the training department cannot provide all these aspects, it must cooperate with other HPCSA accredited facilities.

- Is your training program comprehensive and does it cover all the required components? Briefly explain:

- Does your training program lack a specific required aspect of the discipline? If yes, please describe briefly:

- Does your training program include another satellite training facility to provide for the lack in the program at the main facility? Please explain briefly the interaction (Memorandum of Agreement), duration at the satellite facility and indicate whether this satellite facility is part of the internship accreditation status of the main training facility.

- Do your intern candidates rotate to another independent HPCSA accredited internship training facility for part of their prescribed training? Indicate the specific element, interaction (Memorandum of Agreement) and duration at the rotation facility.

- c) Describe the entire process surrounding the research component of the training program.

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| 7. INTERN CANDIDATE RECRUITMENT |
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- a) How are intern candidates recruited? Are you satisfied with the recruitment and shortlisting process? Provide reasons.

- b) Describe the criteria for accepting interns into the training program.

c) Are there interns in the program with entrance level qualification other than *B.Sc. Hons*? Specify how they were selected.

d) Will your interns be permanently employed after successful training and registration?

e) Is there a career progression strategy in place for successful intern candidates? If yes, describe.

8. CURRICULUM

a) Describe the curriculum review and reform processes.

b) How frequently is the curriculum reviewed and how frequently actually reformed?

c) How are changes, advances and innovation in diagnostic/therapeutic/clinical technology being addressed and implemented as practical competencies in the training program?

d) How does the disease burden or public health priorities influence both the academic and practical competencies of the training program and equipment?

e) Are the Portfolio of Evidence of the interns appropriately completed and up to date? Provide evidence

9. ASSESSMENT OF INTERN CANDIDATE PERFORMANCE

a) Describe how assessments are integrated across the different components and when?

b) Are all the components in the training program being assessed? (Method and frequency of assessments). In your opinion, is the Guideline on Submission and Assessment of the Portfolio of Evidence (*CMS 02 PH*) fit for purpose?

10. TEACHING STAFF

a) How is staff involved in the internship training program being trained or educated in the principles / components of the program?

b) How are supervisors of interns being identified and assessed?

c) How are trainers involved in the training program trained or educated on the outcomes of the training program?

d) Please complete the following table:

| | Number of Medical Physicists | Number of other trainers |
|----------------------|------------------------------|--------------------------|
| Department | | |
| Satellite department | | |
| Total | | |

e) Are the supervisors adequately involved in the training program and the outcomes?

f) Are supervisors involved in assessment and moderation of Portfolio of Evidence? Please give you opinion on supervisor involvement in assessment and moderation?

g) Are supervisors involved in accreditation visits of other training facilities? Please give your opinion on the benefits and / or limitation of involvement.

h) Please complete the following table:

| Supervisors and Intern Candidates | | |
|--|--------------------------|-------|
| Name of supervisor | Name of Intern candidate | Ratio |
| 1. | | |
| 2. | | |
| 3. | | |

| | | |
|---------------|---------------|-----------------------|
| 4. | | |
| | | |
| Total: | Total: | Overall ratio: |

SECTION B

SECTION B SHOULD BE COMPLETED AFTER CAREFUL CONSIDERATION OF THE SELF-EVALUATION QUESTIONNAIRE, BEFORE THE VISIT AND SHORTCOMINGS HAVE TO BE IDENTIFIED AND LISTED.

PLEASE NOTE NUMBERING IS BASED ON THE SELF-EVALUATION QUESTIONNAIRE CMS D3 PH

4.2. INTERN TRAINING PROGRAM

Please note that internship training has to be performed in a full-time clinical environment. ***ENSURE THAT ALL COMPONENTS PRESCRIBED IN THE NATIONAL CURRICULUM GUIDELINES ARE INCLUDED AND CLEARLY DOCUMENTED.***

- 4.2.1 List the different elements of the program and the methods of training instruction (lectures, academic activities, self-study, tutorials, workshops, practical training) and frequency (weekly, monthly, once-off, continuous etc.):

Comments/Shortcomings:

4.2.2. List basic discipline-specific competencies and include the duration of training for each element (e.g. 1 week, 1 month, 3 months, throughout internship period etc.). Please indicate level of competency – theoretical understanding/interpretation vs able to perform test independently:

Comments/Shortcomings:

4.2.3 Please provide details if this training program is linked to a satellite facility. Satellite facilities should have HPCSA accreditation status as intern medical scientist training facilities.

Comments/Shortcomings:

4.2.4 Provide rotation roster for all elements including rotations through different departments or off-site rotations at other training facilities

Comments/Shortcomings:

4.2.5 Discuss the list of prescribed textbooks or other literature (electronic/hard copies)

Comments/Shortcomings:

4.2.6 List methods of assessment [e.g. case reports/studies, assay competency (practical), assignments (written or oral), tests/exams (written or oral), research report etc.], and frequency of each component (e.g. weekly, monthly, quarterly, annually, once-off etc.):

Comments/Shortcomings:

4.2.7 List of functional and relevant equipment:

Comments/Shortcomings:

4.2.8 Do interns have access to other resources e.g. desktop PC/laptop, email/internet access, library, access to journals, prescribed and other text books? Please list.

Comments/Shortcomings:

5. TEACHING STAFF

5.1 Ratio of supervisor(s): trainees:

_____ : _____

Current number of intern posts (for training institutions reapplying for accreditation):

Recommended number of interns following evaluation:

5.2 Give your opinion concerning key staff as specified in CMS D3 (5.1)

| | Excellent | Good | Acceptable | Poor |
|---|------------------|-------------|-------------------|------------------------|
| | | | | <i>Provide reasons</i> |
| Academic qualifications | | | | |
| Teaching experience | | | | |
| Development opportunities | | | | |
| Research and publications | | | | |
| Membership of societies | | | | |
| Contact/interaction with students | | | | |
| Morale | | | | |
| Fostering a professional/academic climate | | | | |

Comments:

6. INTERN EXPERIENCE (FOR TRAINING FACILITIES REQUESTING RENEWAL OF ACCREDITATION)

Refer to CMS F: Evaluation of intern experience

a) Number interns currently appointed:

b) Summary of problems/criticisms/concerns raised by interns (if any):

c) Summary of compliments (if any):

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| 7. OVERALL COMMENT ON INTERN TRAINING |
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Please give details where inadequacies were identified

7.1.1 Does the program comply with and contain all elements prescribed in the national curriculum guidelines?

7.1.2 Are training staff adequately qualified? Are supervisors registered in the appropriate/correct discipline? Are there sufficient numbers of supervisors and trainers to facilitate the training for the recommended numbers of interns?

7.1.3 Are facilities and resources adequate to support training activities?

7.1.4 For facilities reapplying for accreditation – are interns satisfied with their training experience?

8. RECOMMENDATIONS

Approved

Approved conditionally

Not approved

8.1 APPROVED - for five (5) years

a) Approved for how many interns (MAXIMUM number):

b) Accreditation time period:

8.2 APPROVED CONDITIONALLY

a) List conditions:

b) Accreditation time period:

8.3. NOT APPROVED

Please refer to the Policy on for the withdrawal of accreditation for an intern medical scientist training program.

a) List reasons:

8.4 RECOMMENDATIONS:

Kindly note that where a department has been granted conditional approval, a period of two (2) months from the date of receiving the report, will apply pending submission of outstanding/additional documents in order for the panel to finalise the accreditation outcome.