

1. GUIDELINE FOR THE CHAIRPERSON OF AN EVALUATION PANEL

- a) Although the conduct and conclusions of the accreditation visit are matters for the Evaluation Panel to decide on collectively and all members are equal partners, the Chairperson is responsible for the way in which the evaluation visit is conducted.
- b) This responsibility includes ensuring that the evaluation visit is planned and carried out effectively and efficiently and without unnecessary inconvenience to the Training Facility involved.
- c) The Chairperson should seek to ensure that all members of the Evaluation Panel contribute to planning and conducting the process and that all members understand the process and the confidentiality requirements.
- d) As with the other members of the Evaluation Panel, the Chairperson must also contribute towards the evaluation process.
- e) The Chairperson is responsible for conducting the opening and closing meetings, taking the Training Facilities comments into account. On completion of the site visit, the Chairperson collates all the reports into one final report, either for updates/comments or to be sent to the Board for final approval.
- f) This document is to be read together with the document “Guidelines for the Evaluation Panel”, which outlines the goals, tasks, working method and documentation to be provided by the institution.

2. GUIDELINE FOR THE EVALUATION PANEL

2.1 CRITERIA FOR APPOINTMENT

The assessment of a training facility is carried out by a panel of independent experts, known as an Evaluation panel and is appointed by the Committee for Medical Science on behalf of the Medical and Dental Board.

The task on the Evaluation panel is to determine whether accepted standards are maintained, and conditions met in any or all of the departments in terms of the conditions and criteria for medical science internship training as determined by the Board.

A person wishing to become an Evaluator of Internship Training should also actively take part in the assessment and moderation of the Board competency examination, which is in the form of a Portfolio of Evidence.

2.1.1 Invitation

The Registrar must invite applications from all stakeholders of internship training. The Registrar must state, in the invitation, that evaluators of internship training should also be assessors and / or moderators of the competency Board examination (Portfolio of Evidence), the period within which applications must be made, the relevant qualifications and criteria, the discipline of the evaluators, the professional category (in the case of Medical Biological Scientists) and the duties of the evaluator.

2.1.2 Application and Appointments

- a) A person wishing to become an Evaluator of Internship Training should indicate his or her commitment to act as an Evaluator of Internship Training as well as to the business of the Committee for Medical Science.
- b) A person wishing to become an Evaluator of Internship Training should apply to the Medical and Dental Board (Committee for Medical Science) for appointment.
- c) An evaluator shall be appointed as BOTH Evaluator of Internship Training and as Assessor and/or Moderator of the competency-based Board examination (currently Portfolio of Evidence) on intern medical scientists.

- d) Applications should be accompanied by a curriculum vita as well as proof of registration.

2.1.3 Criteria for appointment of Evaluators

The Medical and Dental Board (Committee for Medical Science) should consider applications received from Medical Scientists (or medical specialists) based on the following criteria:

An Evaluator should be:

- a) in good standing with the HPCSA, and meet CPD requirements,
- b) actively registered with the HPCSA in the required *discipline* (Medical Biological Scientist, Medical Physicists and / or Genetic Counsellor) and appropriate *professional category* (if applicable for Medical Biological Science),
- c) registered with HPCSA at least six (6) years after registration,
- d) experienced and mature candidates with a minimum of six (6) years relevant experience as a medical scientist (medical specialist) in medical science internship,
- e) a supervisor of intern medical science candidates for at least three (3) cycles (6 years).

2.1.4 Appointments

The Medical and Dental Board (Committee for Medical Science) may appoint an applicant who meets the above requirements.

Term of Office

- a) The term of office of evaluators for internship training would be three (3) years'
- b) An Evaluator of Internship Training should not serve on the evaluation panel for more than two (2) consecutive terms,
- c) The term of office might be revised from time to time.

2.1.5 Composition of the pool of evaluators

- a) A pool of evaluators of internship training with a minimum of fifty (50) members should be appointed.
- b) The pool of evaluators would comprise of twenty-eight (28) evaluators per category in Medical Biological Science and eight (8) evaluators in Genetic Counselling, eight (8) in Medical Physics and six (6) in Reproductive Biology, respectively. This will allow for at least four (4) evaluation panels.
- c) The number of evaluators per training facility will depend on:
 - the number of training programs applying for accreditation,
 - the number of (i) new and (ii) re-accreditation of training programs.
- d) The Committee for Medical Science should appoint a new pool of evaluators after three (3) consecutive years of which fifty (50) percent should be retained from the previous pool.
- e) Suitable candidates should represent all training facilities, where possible.
- f) Suitable candidates should represent all categories of training, where possible. Presently ten (10) active categories exist (Anatomical Pathology, Clinical Biochemistry, Hematology, Genetics, Immunology, Molecular Biology, Microbiology, Pharmacology, Reproductive Biology and Virology).
- g) The list for Evaluators for Internship should make provision for institutional memory as well as for capacity building.
- h) The chair of the evaluation panel should be a member of the Committee for Medical Science.
- i) Training will be provided before each accreditation visit (if not yet completed).
- j) A list of nominees should be updated every three years.

2.1.6 SCHEDULE OF EVALUATIONS

A schedule of evaluations of internship training should be kept and a roster be drafted with the allocation of evaluators in accordance with such a roster.

2.1.7 REMOVAL FROM LIST OF EVALUATORS

The Committee for Medical Science may remove from the list of evaluators, in writing:

- a) An evaluator who declined three (3) consecutive allocations of evaluators.

- b) An evaluator who failed to submit an evaluation report within two (2) days of the evaluation visit without good reason. Current guideline recommends that the evaluation report should be drafted as part of the visit and is scheduled for the day after the visit.

- c) The Committee is entitled to appoint a new evaluator in the place of the evaluator, which no longer comply with the set of requirements.

2.1.8 SELECTION OF EVALUATION PANEL FOR A SCHEDULED ACCREDITATION VISIT

- a) The Committee is to select a panel for each accreditation visit based on the nominee list.

- b) The members of the panel so nominated are firstly, discussed with the Head of the Training Facility who may object to particular nominees. It is crucial to the success of the accreditation process that the Training Facility should have confidence in the Panel. However, the Committee will have the final discretion on the members of the Panel.

- c) As soon as the Committee has reached agreement with the composition of the Panel, the members are informed of their selection and the list is submitted to the Training Facility.

- d) Representation on the Panel must provide for a balance of experience between disciplines (Medical Biological Science, Genetics Counselling and Medical Physics) and / or categories (as prescribed in Medical Biological Science).

- e) Only members within a specific discipline (Medical Biological Science, Genetics Counselling and Medical Physics) may be actively involved in the evaluation in that specific discipline.

- f) The panel members should not have conflict of interest with the training institution to be evaluated.
- g) The panel shall consist of at least two members and a chairperson.
- h) The chairperson of the Panel must be a member of the Committee for Medical Science.

3. DUTIES OF THE EVALUATION PANEL

The main task of the Evaluation Panel is to make recommendations concerning the accreditation of the internship program:

- Analyse the Self-Assessment Questionnaire (SEQ) prior to the site visit.
- Gather evidence during the site visit.
- Write an evaluation report.
- Recommend accreditation/re-accreditation/provisional accreditation/or no accreditation.

Prior to the visit, the Evaluation panel will receive various documents, including a Self-Assessment Questionnaire (Forms CMS D1, D2 or D3).

They should assess the Self-Evaluation Questionnaire and documents provided thoroughly and identify any shortcomings and / or recommendations.

Start to complete Section B of the Evaluation Report (Forms CMS E1, E2 or E3) based on the Self Evaluation Questionnaire.

4. PREPARATION BEFORE VISIT - DOCUMENTATION

The following documentation should be provided by the training facility at least three (3) months before the scheduled date of the accreditation visit.

- A detailed and structured intern training program with a content list and page numbers, *including all elements prescribed by the National Curriculum* (refer to **CMS 01 MBS, GC, PH or RB** for details)
- Abbreviated CVs of key staff members involved in training, demonstrating their qualifications and *experience to perform training* (no longer than 2-3 pages per person)
- A description of the training facilities/resources together with a list of relevant platforms/equipment to perform the training.
- Completed Self-Evaluation Questionnaire (Form CMS D1, D2 or D3).

5. PROPOSED DURATION OF AN ACCREDITATION VISIT

a) Large training facilities

- A total period of **3 to 4 days** is proposed for large training facilities (**5 - 10 training programs**, satellite facilities count as an additional program).
- *Day 1 (evening before the visit)* – Training of members and discussion on focus points (weaknesses) (1 to 3h).
- *Day 2* – Proceed with actual on-site visit.
- *Day 3* – Proceed with actual on-site visit and conclusion.
- *Day 4* – Preparation of individual reports (morning) and report of chairperson (afternoon).

b) Medium training facilities

- A period of **2 days** is proposed for medium training facilities (**3 to 4 training programs**, satellite facilities count as an additional program).
- *Day 1 (evening before visit)* – Training of members and discussion on focus points (weaknesses) (1 to 2h)
- *Day 2* - Start with actual on-site visit and conclusion.
- *Day 3* – Preparation of individual reports (morning) and report of chairperson (afternoon).

c) Small training facilities

- A period of **1,5 days** is proposed in smaller facilities (**1 or 2 training programs**, satellite facilities count as an additional program).
- *Day 1 (evening before visit)* – Training of members and discussion on focus points (weaknesses) (1 to 2h)
- *Day 2* - Start with actual on-site visit and conclusion (mid-day).
- *Day 2 (afternoon)* – Preparation of individual reports and report of chairperson.

6. PROCEDURE DURING AN ACCREDITATION VISIT

Day 1 – Training of Evaluation Panel

- a) The Evaluation Panel meets, and training is provided to evaluators, if needed. Each Evaluator should have a completed Evaluation Form with Section B fully completed with recommendations, comments and shortcomings.
- b) Discussion on focus points relating to the documents received and the Self-Assessment Questionnaire proceeds. Attention is given to trends (shortcomings, recommendations etc.) between the various training programs.
- c) These suggestions have to be followed up during the visit and special reference has to be given in the completion of the Evaluation Report.

Day 2 - The Actual Assessment

The accreditation visit begins with an opening meeting, where the Chairperson, Evaluation Panel and all senior staff members involved in the training of Intern Medical Scientists are present. After the introductions, the Chairperson of the Evaluation Panel provides a schedule of the visit.

- a) The individual Panel Members have meetings with senior representatives and other staff members. The meetings should address all aspects of training program, management, student development and support, and student learning.
- b) The Evaluation Panel gathers information and evidence by observing a range of learning activities, including lectures, seminars, small group teaching, practical, bench competencies, attending meetings; reviewing resources and facilities; and reading documentation provided.
- c) During the visit the Evaluation Panel should verify the information provided in the Self-Evaluation Questionnaire (SEQ), obtain clarity on matters not adequately covered in the SEQ and to obtain additional information as required (Complete Section A of Evaluation Form).
- d) Discussions and consultation with a variety of role players and stakeholders relevant to the program, heads of the training facility, heads of training programs, supervisors, coordinators and trainers should provide for triangulation of information.
- e) Sufficient time must be allowed for discussions with intern candidates.
- f) Evidence is shared continually and evaluated in terms of aims, objectives and stated outcomes. After the Evaluation Panel completed the site visit, the Evaluation Panel and the Chairperson meet to raise issues that need clarification, share information and inform the Chairperson (of the Evaluation Panel) of its progress.
- g) The Chairperson of the Evaluation Panel will address matters of further concern with the Training Facility members. Any further requests by the Evaluation Panel (e.g. for more information, persons they still wish to have discussions with, etc.) must be dealt with at that stage.

- h) Prior to the final consultation with the Head of the Training Facility, the Chairperson and the Evaluation Panel has to agree on the main points and conclusions of the Report. Strengths (commendations) and areas for improvement (recommendations) should be identified, as well as problem areas requiring attention and specific actions to be encouraged. The panel should also make a provisional recommendation on accreditation. These conclusions are then presented verbally to the Head of the Training Facility and senior personnel. It should be made clear that the recommendations, especially regarding accreditation, are provisional and may be changed by the Committee for Medical Science and or the Board

6. COMPILING OF THE REPORT

- a) Each member of the Evaluation Panel should prepare an Evaluation Report (Form MSC E1, E2 and E3), giving specific findings, comments, commendations and recommendations as to the accreditation/reaccreditation/conditional accreditation or no accreditation. Areas of excellence, those requiring attention and areas of special interest should be mentioned.
- b) Members of the Panel are given the opportunity to ratify the report and have the option of a minority opinion to be noted in the case of major disagreement.
- c) The panel's report should ideally be finalized during the accreditation visit and, if possible, one day at the end of the visit should be reserved for finalization of the reports.
- d) The Reports are submitted to the Chairperson of the Evaluation Panel, who collates all the individual reports from each training program into one report, preferably within the same or next two days.
- e) The panel's finalized report is then send to the Head of the Training Facility for comments on matters of fact and for detailed comments on the Panel's findings and recommendations. These comments are then returned to the Chairperson of the Panel for final modification, if necessary.

- f) The final report of the visiting panel, together with the comments of the Head of the Training facility and any further comments by the Chair of the Panel responding to the Head of the Training Facility's comments, are then submitted to the Committee for Medical Science.
- g) This should be placed as an agenda item of the next Committee meeting. The committee will discuss the report and approve the report and recommendations as it is or make any changes it deems fit.
- h) The report is submitted to the Board for consideration. The final decision on accreditation is the responsibility of the Board. Once ratified by the Board the head of the training facility is formally notified.

7. OPTIONS FOR DECISIONS ON ACCREDITATION

- a) It is recommended that accreditation be granted for a maximum period of five (5) years. This will be made subject to the submission of an annual report responding to the recommendations to be addressed.
- b) Conditional (provisional) accreditation may be granted pending certain issues of concern being addressed within a specified period. Reports will be required in terms of fulfilling the conditions. The right is reserved to revisit the relevant training program which received accreditation subjected to conditions.
- c) Approval may also be granted for shorter periods. If a significant level of deficiency is noted, or if planned developments have not yet been implemented and therefore not properly assessed, accreditation may be awarded for a period of between two to five years. Such a period may only be extended following a further assessment.
- d) Approval may also be denied or withdrawn. Under such circumstances intern candidates currently in the program need to be handled with great sensitivity and arrangements made so that they are not personally prejudiced by such a decision while still ensuring that they achieve training of required standard.
- e) A training facility should submit a report at any time between accreditation visits if the facility undertakes any significant change such as major curriculum changes, such as

method of training, instruction and assessment. In the case of major changes in intern training programs (e.g. in the duration or format of the program, significant changes in the outcomes), the Committee should be informed. Depending on the nature of the proposal, the changes may be approved within the current period of accreditation, provisional accreditation may be granted pending an accreditation visit, or approval of the changes may be refused.

- f) A training facility may appeal against the findings or recommendations of the report. Such an appeal shall be made in the first instance to the Chairperson of the Board for consideration by the Board. Representatives of the training facility shall be entitled to make written submissions to the Board and address the Board in person when the appeal is considered.
- g) The decision of the Board shall be final, and the training facility will be expected to comply with the decision.