



**CMS J**

**POLICY REGARDING THE CRITERIA FOR  
ACCREDITATION OF FACILITIES FOR  
INTERNSHIP TRAINING IN MEDICAL SCIENCE**

**MEDICAL AND DENTAL PROFESSIONS BOARD:  
MEDICAL SCIENCE**

The purpose of this document is to provide a comprehensive guideline on matters relating to the accreditation of medical science internship training facilities

**1. INTRODUCTION**

**LEGISLATIVE FRAMEWORK FOR ACCREDITATIONS EVALUATIONS**

**Section 15A of the Act**

*The objects of a professional board are –*

*(c) subject to legislation regulating health care providers and consistency with national policy determined by the Minister, to control and to exercise authority in respect of all matters affecting the education and training of persons in, and the manner of the exercise of the practices pursued in connection with, any health profession falling within the ambit of the professional board;*

**Section 15B of Act**

*(1) A professional board may -*

*(c) subject to prescribed conditions, approve training schools;*

*(g) perform such other functions as may be prescribed, and generally, do all such things as the professional board deems necessary or expedient to achieve the objects of the Act in relation to a profession falling within the ambit of the professional board.*

### **Section 24 of the Act**

*The Minister may, on the recommendation of the council, prescribe the qualifications obtained by virtue of examinations conducted by an accredited university, or other educational institution or examining authority in the Republic, which, when held singly or conjointly with any other qualification, shall entitle any holder thereof to registration in a registration category in terms of this Act if he or she has, before or in connection with or after the acquisition of the qualification in question, complied with such conditions or requirements as may be prescribed*

### **Section 31 of the Act**

*Universities, technikons and other training institutions to furnish council with certain particulars*

(1) *Every university, technikon or educational institution at which a qualification can be obtained which entitles any holder thereof to registration under this Act, shall furnish the council on its request with full particulars as to -*

- (a) *the minimum age and standard of general education required of students;*
- (b) *the course of study, training and examinations required of a student before such qualification is granted;*
- (c) *the results of any examinations conducted by it,*

*and such other particulars relating to any of the matters specified in paragraph (a), (b) or (c) as the council may from time to time require.*

(2) *If any university, technikon or educational institution referred to in subsection (1) fails or refuses to furnish any particulars requested by the council under that subsection, or if it appears to the council that any provision of this Act is not being properly complied with by any such university, technikon or educational institution and that such improper compliance is having or may have an adverse effect on the standards of education maintained at that university, technikon or educational institution, the Minister may, on the recommendation of the council, by notice in the Gazette declare that any specified qualification granted by such university, technikon or educational institution after a date specified in the notice shall not entitle any holder thereof to registration under this Act.*

- (3) *The Minister may, when it has been made to appear to him or her upon representations made by the council that satisfactory provision has been made for complying with the requirements of this Act by any university, technikon or educational institution in respect of any qualification which is the subject of a notice issued under subsection (2), repeal the said notice.*
- (4) *A qualification specified in a notice issued under subsection (2) which has been granted by the university or educational institution to which such notice relates between the date specified in that notice and the date of the repeal of that notice, shall not entitle the holder thereof to registration under this Act.*
- (5) *The council may appoint a person to be present whenever tests are being conducted by any university, technikon or educational institution in respect of the academic progress made by students at such university, technikon or educational institution and to report to the council upon such tests.*

The term “accreditation” in the South African context strictly speaking applies to the decision taken by the Council for Higher Education (CHE) to accredit a degree for inclusion on the National Qualifications Framework by the South African Qualifications Authority. The CHE will accredit programmes only after the regulatory authority (in this case the HPCSA) has *approved* the programmes after a process of *evaluation*. Hence in this policy, the term ‘evaluation’ is used. In the definitions and explanations below the term ‘accreditation’ is synonymous with ‘evaluation’.

1. *“Accreditation is the approval of a professional programme of studies, or of the study programmes of an entire educational institution, by a recognised accrediting body” (Hawes et al. 1982).*
2. *“Accreditation is the recognition and approval of the academic standards of an educational institution by some external, impartial body of high public esteem” (Rowntree 1981).*
3. Accreditation refers to setting of standards by which the curriculum of medical science internship programmes, in diagnostic and/or clinical and/or therapeutic and/or are evaluated. Certification or registration, on the other hand, is the process of assessing the educational experiences and measuring the knowledge and skills of individuals who wish to practise medicine or dentistry.

4. The general goal of accreditation is to exercise control over the quality of education and training, and the relevance of the training, to assure maintenance of academic and practical skill standards and to bring about comparability of standards. Accreditation provides assurance to current and potential intern candidates of an institution / facility that the standards are appropriate, as well as guaranteeing to the state and the public at large that the successful candidates of these programmes have achieved the relevant levels of competence. Over time, the process of accreditation also serves to improve the quality of education and training programmes in medical and dental schools.
5. The Medical and Dental Professions Board has, as one of its main functions, the task to continually adapt and implement a system of approval of internship training programmes in Medical Science.

## **2. RATIONALE**

A national evaluation process will establish a common, formal basis for the recognition of medical and dental\* education and training and will determine and certify the achievement and the maintenance of minimum standards of education and training. By means of such a process, the Professional Board will attest to the educational quality of accredited faculties and will ensure that those institutions produce medical and clinical associate graduates who are competent to practise under supervision and who have an adequate basis to undertake vocational training, and post-graduates and dental graduates who are competent to practise without supervision.

## **3. GOALS OF EVALUATION**

The general goal of evaluation is to exercise control over the quality of education and training and to serve as proof of the standard of performance and competency of individuals who graduate from an accredited institution for higher education.

#### **4. OBJECTIVES OF MEDICAL AND DENTAL EDUCATION AND TRAINING**

The objectives of these education and training programmes should be to meet the required standards for approval so that its graduates will be prepared to enter and complete their education, to qualify for registration, to provide competent care and to have the educational background which is required for continuing education and learning. Each Facility should define its own objectives to supplement this statement and make those objectives known to staff and students.

#### **5. OBJECTIVES OF EVALUATION**

For the purpose of the evaluation of medical diagnostic/clinical/therapeutic facilities in South Africa, the following objectives apply:

- 5.1. To develop criteria and guidelines for the evaluation of the educational effectiveness of the relevant programmes with a view to ensuring appropriate standards in the education and training of students.
- 5.2. To improve the quality of education and internship training programmes in medical science facilities.
- 5.3. To guarantee the quality of education and training to all users, concerned bodies and individuals in that evaluation is linked to standards.
- 5.4. To provide criteria and guidelines and set minimum requirements for curricula and programmes and to review every five years.
- 5.5. To promote comparability and equality of standards in medical science internship training facilities in South Africa.

<b>6. PRINCIPLES AND VALUES</b>
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- 6.1. Criteria used for evaluation should be explicit and made known to all parties involved in the process.
- 6.2. There should be periodic re-evaluation and re-accreditation of programmes to ensure maintenance of quality and, where necessary, quality improvement/enhancement.
- 6.3. Cognisance must always be taken of the autonomy of institutions/ facilities requiring a spirit of cooperation and a fine balance with regard to the respective responsibilities and powers of the Board and academic institutions.
- 6.4. Information regarding the purpose, underlying principles, functions and procedures is to be made available to all parties concerned on a continuing basis.
- 6.5. There should be no attempt to restrict diversity in instructional methods and curriculum content – the minimum or core curriculum as prescribed by the Board (where applicable) must of course be adhered to, but within that broad framework, and beyond the core, Faculties should still be allowed academic freedom with regard to strategies, medium of instruction, approaches and the way in which the curriculum is organised over the various study years.
- 6.6. The curriculum should be reviewed and revised periodically to ensure that national and international developments and newer technologies and tools that support teaching, learning and assessment, are taken into account.
- 6.7. It should be clear to all concerned, that the evaluation process is not inherently punitive in nature, but rather supportive, encouraging and developmental, fair and objective.

## **7. STRUCTURES FOR EVALUATION**

Currently, the Health Professions Council of South Africa is an Education and Training Quality Assurance body (ETQA) accountable to the South African Qualifications Authority on all matters relating to quality assurance, standards generation and keeping/maintaining an information database for the registration status of health professionals. Ordinarily, the Board reports to the HPCSA through its internal structures on its functioning on education and training standards.

The relevant Committees of the Board will take responsibility for evaluation. The evaluation visit to each Faculty will be undertaken by a visiting panel appointed by the appropriate Committee and shall take place under its guidance.

### **7.1 MEDICAL AND DENTAL PROFESSIONS BOARD**

The Medical and Dental Professions Board is the body responsible for the process and for creating structures for the planning, designing, implementation and execution of evaluation.

The Board appoint the Committee for Medical Science the “evaluation body”, which has the responsibility of preparing for and implementing a system of evaluation of intern medical science programmes. A primary responsibility will be to attest to the quality of accredited facilities/programmes.

### **RESPONSIBILITIES AND FUNCTIONS**

1. Prepare and maintain an evaluation format.
2. Set the minimum standards of intern medical science education and training.
3. Review these standards every five years
4. Determine the criteria for evaluation at internship level, entailing aspects such as:
  - a. the minimum curriculum
  - b. the educational and training processes employed
  - c. the educational methods and techniques used
  - d. the training platform

- e. the criteria with which the intern candidates should comply
  - f. the methods by which the intern candidates are assessed
  - g. the methods by which the courses are evaluated
5. Review the criteria for evaluation every three years
  6. Determine the criteria for a list of experts who are considered capable to undertake the evaluation of medical and dental programmes for evaluation purposes and review the criteria every five years.
  7. Maintain a database of available experts referred to in paragraph 6
  8. Appoint teams of experts from the list referred to in paragraph 6 to undertake the assessment of facilities for the purpose of internship in medical science evaluation. Such an assessment will include an on-site visit to the facility concerned. International experts may be incorporated into the panel at the discretion of the Committee depending on the availability of funds and affordable experts.
  9. Receive and review the evaluation reports from the appropriate Committee. and take such steps as may be required such as:
    - a. obtaining additional information
    - b. obtaining and considering the comments from the institutions
    - c. modifying the evaluation report if required in light of any comments received
  10. Receive requests from the institutions and take whatever steps may be necessary to support the evaluation system. Such requests may relate to any aspect of the under- and post-graduate education and training programmes which may affect their present or future position with regard to approval, or which may have resulted from any resolutions of the Board or its Committees which have a bearing on such approval.
  11. Monitor approved programmes annually to determine whether they are able to uphold their conditions, and to ensure the maintenance of standards and arrange for renewal of evaluation where necessary.

12. Provide reasonable and appropriate information on approved programmes to the educational and state authorities, and other educational institutions which may have an interest.
13. Prepare and disseminate documentation and publications, and arrange meetings, in connection with the evaluation process and the maintenance and/or improvement of academic standards.
14. Promote the self-regulation of Faculties by promoting internal self-evaluation and the maintenance of quality in education and training.
15. Evaluate, when requested, medical and dental under- and post-graduate programmes in other countries from which medical and dental practitioners are to be recruited.

## **7.2 THE VISITING PANEL (“THE PANEL”)**

1. The assessment of medical science internship facilities is carried out by a panel of independent experts, known as a Visiting Panel and is appointed by the relevant Committee on behalf of the Board.
2. The task of the Visiting Panel is to determine whether generally accepted standards are maintained and conditions met in all training programs of a facility in terms of the conditions and criteria for internship training in medical science as determined by the Board.
3. A panel shall normally comprise up to seven members including the Chairperson. Representation on the panel must provide for a balance of experience/expertise from the disciplines and also between educational and research expertise. The following procedure is recommended:

- a. The Committee is to request all Faculties to nominate persons who are eligible to serve on a Visiting Panel covering all disciplines and teaching experts (also see paragraph 6 under 7.1), including visiting or affiliated staff.
  - b. The database of nominees should be regularly updated and approved by the Board.
  - c. The Committee is to select a panel for each evaluation visit from the nominees, which preferably should not comprise members predominantly from one institution.
4. The composition of the panel will be determined by the appropriate Committee from time to time.

## **8. THE PROCESS OF ACCREDITATION**

- 8.1. The process of evaluation entails a self-evaluation of the educational and training programmes concerned, and a site visit by a relevant Visiting Panel as described in section 7.3. generally this process must be repeated at five to six-year intervals, but from time to time limited evaluation visits may have to be conducted.
- 8.2. The Committee must develop standard procedures for the evaluation of Faculties, for both the internal (self-) evaluation and the site visit (external evaluation).
- 8.3. The process of self-evaluation is by means of a questionnaire. The Committee will revise the self-evaluation questionnaire from time to time.

The self-evaluation questionnaire will enquire into matters such as objectives and outcomes of the curriculum; course content; patterns of staffing; infrastructural arrangements such as resources, including laboratories, hospitals, a library, computers etc.; educational methods, techniques and strategies; assessment/evaluation techniques; selection and promotion procedures (of staff and students); management; options within programmes; relationships with hospitals and clinical sites, community centres and individual practitioners; patient load and clinical exposure; opportunities for electives; academic support and remedial programmes for students and development of lecturers. Specific topics should be raised for discussion with the Visiting Panel. The completed questionnaire becomes the Self-Evaluation Report (SER) of the institution.

Aside from the SER which will be circulated to the Visiting Panel well before the site visit, other documents (in hard copies and/or electronically) should be made available at the time of the visit. These will include:

- a. Detailed information regarding the curriculum.
- b. Copies of external examiner reports for all examinations for the preceding two or three years.
- c. The most recent prospectus/information booklet of the Faculty and departments.
- d. The most recent annual reports on research.
- e. Reports and development plans for teaching, learning and research activities.
- f. A selection of lecture notes, study guides, web-based learning resources and textbooks used.
- g. Examples of curricula and the missions, goals and objectives of the various departments/disciplines or modules or blocks, as appropriate.
- h. Examples of policies, procedures and planning documents.
- i. Any other materials requested by the Visiting Panel.

#### **8.4 THE VISIT**

- a. The timing of the visit must be arranged in consultation with the institution and Dean and the dates should be confirmed well in advance with all concerned. The visit should occur during the academic term.
- b. The aim of the Visiting Panel should be to verify the information provided by the Faculty in the SER, to obtain clarity on matters not adequately covered in the SER and to obtain additional information as required. Discussions and consultation with a variety of role-players and stakeholders relevant to the programme being evaluated should provide for triangulation of information.

Such discussions and consultations should include, but need not be restricted to University/Faculty management; the Heads of departments/disciplines in the Faculty; the teaching hospital staff; the curriculum committee; module/block chairs; interest groups or committees for health professions education and research; representative staff members; recent graduates and students' representatives. The panel should also consult with senior administrative and academic staff of the university and representatives of the provincial Department of Health. Furthermore, the panel should inspect resources, including research and teaching laboratories; computer facilities

and other relevant information technology resources, libraries, clinical skills training resources, etc. A comprehensive evaluation of the clinical training platform must also be performed. Additional information/data may be requested.

- c. Prior to the final consultation with the Dean/Head of programme and others concerned, the Panel should 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 immediate 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 Dean/Head of programme and senior personnel in the Faculty and University on the last day of the visit. It should be made clear that the recommendations, especially regarding accreditation, are provisional and may be changed by the Committee and/or the Board.

## **8.5 THE REPORT**

- a. A report is prepared by the Chair of the panel. The report should detail the findings, comments, commendations and recommendations of the visiting panel, and a recommendation regarding accreditation. Areas of excellence, those requiring attention and areas of special interest should be mentioned. 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.
- b. The Panel's finalised report is then sent to the Dean for verification of matters of fact in case the panel has misinterpreted factual evidence which may have influenced any of the recommendations. This response is then returned to the Chairperson of the panel for final modification of the report, if necessary.
- c. The final report of the visiting panel, together with the institution's comments and with any further comments by the Chair of the panel in response, are then submitted to the Committee. The Chairperson of the visiting panel, if not a member of the Committee is to be available for discussion of the report by the Committee. The Committee will approve the report and its recommendations as it is, or make any changes it deems fit.

- d. Once the Committee has reached a final decision concerning accreditation of the Programme within the Faculty concerned, the report is submitted to the Board for approval. Once the report has been approved by the Board, it is then sent to the Vice-Chancellor of the University and to the Dean of the Faculty.

## **9 OPTIONS FOR DECISIONS ON APPROVAL**

- 9.1. It is recommended that approval be granted for a maximum period of five to six years. This will be made subject to the submission of an annual report responding to the recommendations to be addressed.
- 9.2. Conditional (provisional) accreditation may be granted pending certain issues of concern being addressed within a specified period. Annual reports will be required in terms of fulfilling the conditions. The right is reserved to revisit the relevant Faculty whose programme has received approval subject to certain conditions.
- 9.3. Approval may also be granted for shorter periods of time. If a significant level of deficiency is noted, or if planned developments have not yet been implemented and so cannot be properly assessed, provisional approval may be awarded for a period of between two and five years. Such a period may then only be extended following a further assessment.
- 9.4. Approval may also be denied or withdrawn. Under such circumstances the students currently in the programme 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 an education and training of the required standard.
- 9.5. A Faculty should submit a report at any time between evaluation visits and their annual reports if the Faculty undertakes any significant change such as major curriculum changes, methods of teaching, instruction and assessment. In the case of major changes the Committee should be informed. Depending on the nature of the proposal, the changes may be approved within the current period of approval, provisional approval may be granted pending an evaluation visit, or approval of the changes may be refused.
- 9.6. An institution 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 Institution shall be entitled to make written submissions to the Board and to address the Board in person when the appeal is considered.

- 9.7. The decision of the Board shall be final, and the University will be expected to comply with the decision