

DEFINITION OF AND CRITERIA FOR THE RECOGNITION OF SATELLITE DEPARTMENTS/FACILITIES FOR THE PURPOSE OF SPECIALIST EDUCATION AND TRAINING IN MEDICINE

DEFINITION

The Board recognises as a satellite hospital/department/facility, any such single department or departments or all departments in disciplines recognised for specialist education and training in a hospital(s) or facility/(ies) which a university with a Faculty of Medicine/Health Sciences selected and recommended for utilisation, apart from its principal teaching hospital(s), in its fully recognised specialist education and training programme, subject to complying with the Board's requirements.

CRITERIA

1. The name of the department/facility, clearly defined in terms of the specialities recognised by the Board in terms of the Regulations relating to the Specialities and Subspecialities in Medicine and Dentistry, must be submitted for approval to the Board by the university concerned, with the assurance that the university's Faculty of Medicine/Health Sciences has the necessary access to the hospital(s)/department(s)/facility(ies) and that it will ensure education and training and ongoing supervision in that/those hospital(s)/department(s)/facility(ies).
2. Every approved hospital/department/facility must have at least one nominated and registered specialist (preferably the head of that department/facility) for the speciality concerned and he or she must have been selected and nominated as an accredited lecturer for the purpose of the Faculty of Medicine/Health Sciences' specialist education and training requirements and, in addition, he or she must function under the Academic Head of the speciality concerned.
3. The specialist-in-training (Registrar) must -
 - a. be jointly appointed by the university and the health authority in an approved full-time or part-time Registrar post;
 - b. be registered by the Board as a Registrar in terms of section 18 of the Act and the above Regulations (see regulation 13);
 - c. be educated and trained in the relevant department/facility for a period not exceeding 12 months, as determined by the Board and approved by the Faculty of Medicine/ Health Sciences.
4. The clinical duty load of Registrars must be confined to the field of the specialist department/facility and must be arranged, according to the needs of the speciality, by the head of department/facility in consultation with the Academic Head, to ensure adequate clinical exposure and opportunities for study, subject discussions and investigations/research.
5. Basic facilities such as suitable equipment, laboratories, the necessary literature and other clinical and administrative resources for specialist education and training must be available.
6. Both the lecturer(s) and the specialist-in-training shall be integrated as fully as possible with the entire academic programme of the principal teaching centre(s) at the Faculty.
7. Continued recognition as a satellite hospital(s)/department(s)/facility(ies) shall be subject to inspections and submission of satisfactory reports as may be deemed necessary by the Board.

MEDICAL AND DENTAL PROFESSIONS BOARD

Application for Recognition of a Department/Facility as a Satellite Department/Facility of a Faculty of Medicine/Health Sciences at a South African University

Please print in details for submission to the Board.

Incomplete applications will be returned prior to submission to the Board.

1.	Name of University submitting the application:
2.	Department/Facility applying for recognition, specified according to recognised speciality: (Separate application forms must be used for each Department/Facility, if more than one Department/Facility is to be submitted for recognised)
3.	Name of the hospital/institution to which the Department/Facility is attached:
4.	Provide full details of the Department/Facility's personnel structure:	Please note: i. Fill in details of the full- and part-time persons registered in the speciality and employed in the Department/Facility on the attached schedule. ii. Provide details also of the number and nature of other professional/administrative resources specifically allocated to the Department/Facility.
a.	Total number of full-time specialist posts in the speciality on day of application:
b.	Total number of <u>full-time specialists employed</u> in the speciality on day of application: (Provide details on the attached Schedule)
c.	Total number of part-time specialist posts in the speciality on day of application:

d.	Total number of <u>part-time specialists employed</u> in the speciality on day of application:	<p>.....</p> <p>Number employed</p> <p>(Provide details on the attached Schedule)</p>	<p>.....</p> <p>Total number of sessions per week</p>
e.	Total number of registrars to be educated and trained in the Department/Facility:	<p>.....</p> <p>(Please note: The ratio is to be 1:4 (one specialist per four registrars))</p>	
f.	Does the said number of Registrars imply a new application or an application for an increase in the total number of approved Registrar posts for the academic department:	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(Please note: If yes, a separate form for a new application or for an increase in the number of approved Registrar posts should accompany this application)</p>	
5.	Full name and registered qualification(s) of the accredited lecturer/Head of Department:	<p>.....</p> <p>.....</p> <p>.....</p>	
6.	Will both the lecturer(s) and specialist-in-training (Registrar(s)) be fully linked to the University's Faculty and in what way:	<p>.....</p> <p>.....</p> <p>.....</p>	
7.	Attach a copy of the education and training programme to be followed.		
8.	Provide the following details of the Department/ Facility in question (attach if required):	<p>(Please note: It should be kept in mind that the Department/Facility must be staffed and equipped to provide advanced education and training in the speciality and compliance with this requirement must be obvious from the application and details submitted)</p>	
a.	Number of beds:	<p>.....</p>	
b.	Number of inpatients:	<p>.....per month</p>	
c.	Number of outpatients:	<p>..... per month</p>	
d.	Details of patient profile which the Department/Facility manages		

e.	Details of available physical facilities and equipment to execute patient care and the education and training programme in the specified Department/Facility.	
f.	Details of available auxiliary facilities/services which are available to the Department/Facility.	
g.	Details of past/present/future research activities in which the Department/Facility was/is involved.	
9.	Has approval been obtained from the Health Authority and the University concerned for the proposed satellite status of the Department/Facility in question:	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>We, the undersigned, concur with this application for recognition as a Satellite Department/Facility, and certify that the University's Faculty of Medicine/Health Sciences has access to the Department/Facility in question and that the Faculty undertakes to ensure an adequate standard of education and training at specialist level in the discipline concerned and to provide continued supervision at that Department/Facility.</p> <p>Furthermore, we confirm that we are fully aware and agree that the Board, at its discretion, may undertake an inspection of the hospital/department/facility for the purpose of accrediting or re-accrediting such as a satellite hospital/department/facility.</p>		

SIGNATURES

DESIGNATION	NAME AND SURNAME	SIGNATURE	DATE
Head of Department/Facility			
Dean: Faculty of Medicine/Health Sciences			
Medical Superintendent/Head of Institution			

Institution stamp	
Place	

MEDICAL AND DENTAL PROFESSIONS BOARD

**PROFESSIONAL ESTABLISHMENT OF ACADEMIC TEACHING OR SATELLITE
DEPARTMENT/FACILITY: SPECIALISTS: DETAILS**

1. Name of University:
2. Name of Hospital:
3. Name of Speciality:
4. FULL-TIME specialists employed by the Department/Facility on day of application:

	Name	Reg No in terms of the Act	Rank/Speciality	Post No	Date Employed
4.1		MP			
4.2		MP			
4.3		MP			
4.4		MP			
4.5		MP			
4.6		MP			
4.7		MP			
4.8		MP			
4.9		MP			
4.10		MP			
4.11		MP			
4.12		MP			
4.13		MP			
4.14		MP			
4.15		MP			
4.16		MP			

5. PART-TIME specialists employed by the said Department/Facility on day of application

Name		Reg No in terms of the Act	Rank/ Speciality	Post No	Date Employed	No of Sessions per week
5.1		MP				
5.2		MP				
5.3		MP				
5.4		MP				
5.5		MP				
5.6		MP				
5.7		MP				
5.8		MP				
5.9		MP				
5.10		MP				
5.11		MP				
5.12		MP				
5.13		MP				
5.14		MP				
5.15		MP				
5.16		MP				
5.17		MP				
5.18		MP				
5.19		MP				
5.20		MP				