

To: Medical Scientists

MEDICAL AND DENTAL PROFESSIONS BOARD

Department: Executive Company
Secretariat

Designation: Deputy Company Secretary

Reference: Appointment of evaluation
panel

Date: 07 May 2021

Dear All

**INVITATION/NOMINATION TO SERVE ON THE EVALUATION PANEL FOR MEDICAL SCIENCE
INTERNSHIP TRAINING**

Applications are invited from Health Professionals wishing to become Evaluators for Medical Science Internship training. The Medical and Dental Professions Board has a responsibility to accredit or assess both the training programs and training facilities of Education and Training Institutions under the Health Professions Act.

The assessment of the Board-approved competency-based examination (in the form of a Portfolio of Evidence) and the assessment of internship training facilities will be carried out by a panel of independent experts, known as the Evaluation panel which will be appointed by the Committee for Medical Science on behalf of the Medical and Dental Board.

The duty of the Evaluation panel is to determine maintenance of accepted standards and assessing compliance with prescribed criteria and conditions for medical science internship training as determined by the Board.

The applications or nominations received from Medical Scientists will be considered based on the following criteria:

1.1 An Evaluator should be:

- a) in good professional standing, CPD compliant, actively registered with the HPCSA for at least four (4) years in the required *discipline of* Medical Biological Science (within relevant *professional category*) or Medical Physics or Genetic Counselling,
- b) sufficiently experienced in medical science internship training,
- c) the supervisor of a minimum of four (4) successful interns, with the exception of Immunology, where the minimum requirement is two (2) successful candidates, and Genetic Counselling which requires evidence of involvement in internship.

Capacity building is encouraged, whereby Medical Scientists in the beginning of their careers, are invited to apply. Minimum compliance criteria are:

- in good professional standing, CPD compliant, a minimum of two (2) years after registration with the HPCSA in the required discipline (and professional category, if applicable),
- proven active involvement in internship training,
- a letter of recommendation from the Head of the training Department, motivating a promising candidate with the potential for professional growth.

1.2 Term of Office

- a) The term of office of a member of the Evaluation panel will be three (3) years and might be revised from time to time.
- b) A member of the Evaluation Panel should not serve on the evaluation panel for more than two (2) consecutive terms.

The application should be accompanied by the completed form below, **CMS 07 - Application to serve as member of the Evaluation panel for medical science internship training.**

The applications should be emailed to ayandam@hpcsa.co.za by close of business on **22 May 2021**.

Yours sincerely

MR E CHANZA
DEPUTY COMPANY SECRETARY



CMS 07

**APPLICATION TO SERVE AS MEMBER OF THE
EVALUATION PANEL FOR MEDICAL SCIENCE
INTERNSHIP TRAINING**

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

The purpose of this document is to invite medical scientists to be part of the Evaluation Panel to assist in dual assessment on both intern medical science training facilities and the assessment of the Board-approved competency-based examination (Portfolio of Evidence).

Please complete this application and provide additional information if it may be relevant in the selection process.

Personal details	
Name and Surname	
Contact number	
Email address	
Academic qualification(s) and academic discipline	
Date of obtaining degree(s)	
University from which degrees obtained from	
Affiliation (NHLS / University / DoH / Hospital / Private pathology group)	
HPCSA registration number	
Discipline registered in	
Professional category (applicable in Medical Biological Science)	
Date of first registration as Medical Scientist in this discipline (and category if applicable)	
Other HPCSA registration? If yes please provide details.	
¹ Involvement in medical science internship: Total number of years as part of training team Number of years as supervisor	

² Period current training program has been accredited by HPCSA	
³ Number of successful candidates from current programme	
Involvement in any other academic program? If yes, please provide details	
Membership to professional Societies, if yes please provide details	
Previous involvement in a HPCSA accreditation visit? If yes, provide details.	
Previous involvement in the assessment of Portfolio of Evidence? If yes, provide details.	
Previous involvement in any HPCSA activity? If yes, provide details	
Did you complete medical science internship? If yes, please provide details.	

^{1,2,3} This may be the accumulative number of all experience / training programs in intern medical science.

Full name of applicant: _____

Signature of applicant: _____

Date: _____

Endorsement by Head of Departmental Training Program

Full name of Head of Program: _____

Signature of Head of Program: _____

Date: _____

In the case of a candidate in the *capacity building* category: Is the recommendation (max 1 page) officially signed and stamped attached? Yes / No (please select by encircling)

OFFICIAL STAMP



Protectin