HPCSA Health Professions Council of South Africa **CMS 02 RB**	**GUIDELINE FOR SUBMISSION AND ASSESSMENT OF PORTFOLIO OF EVIDENCE: MEDICAL BIOLOGICAL SCIENTISTS (REPRODUCTIVE BIOLOGY)** **MEDICAL AND DENTAL PROFESSIONS BOARD: MEDICAL SCIENCE**

Checklist for submission and assessment of Portfolio of Evidence: Medical Biological Scientists (Reproductive Biology)

This guideline is a summary of The National Curriculum for Medical Biological Scientists: Reproductive Biology

ALL requirements have to be met before assessment of Portfolio of Evidence will be considered.

a) ***Submission of documents for the assessment of the Portfolio of Evidence by the intern candidate***

- *A structured Portfolio of Evidence as prescribed in* The Policy Regarding the Training of Intern Medical Scientists (Form CMS A)
- *A completed checklist shall accompany the request for submission of assessment (applicable to the intern candidate).*
- *A completed Duty Certificate with official stamp.*
- *Please indicate proof of evidence by "Y" for yes (available) and "N" for no (not available).*
- *Indicate the specific page(s) of evidence in the Portfolio of Evidence on the Checklist.*

b) ***Assessment of Portfolio of Evidence by assessors and moderator***

- *Please use the checklist (completed by the intern candidate) in the assessment process to ensure a standardized national quality of performance.*
- *Please indicate proof of evidence by "Y" for yes (available) and "N" for no (not available).*

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1. DETAILS OF INTERN MEDICAL SCIENTIST	
Name and Surname of Intern Candidate	**HPCSA Intern Registration No** **Registration date**
Professional Category	
Name of HPCSA Accredited Training Facility **Name of Head of Training Facility**	
Name of HPCSA Accredited Training Program **Name of Head of Training Program / Department**	
Supervisor **Professional Category**	**HPCSA Registration No** **Registration date**

2. FORM MSC C – INTERN DUTY CERTIFICATE: MEDICAL BIOLOGICAL SCIENCE (REPRODUCTIVE BIOLOGY)

COMPLETION OF 2-YEAR INTERNSHIP TRAINING AT AN HPCSA ACCREDITED TRAINING FACILITY

1. COURSE OBJECTIVES *At the end of the training program the candidate should have gained knowledge, expertise, skill and a certain degree of experience in the following areas:*	**PERIOD**		Signature of **Head of Training Department** or official deputy confirming that the internship period had been completed **satisfactorily** and in an **approved diagnostic/clinical setting**		
	FROM	**TO**	**PRINTED NAME**	**SIGNATURE**	**DATE**
1.1 Application of basic scientific principles and academic knowledge					
1.2 Performance of laboratory methods and interpretation of patients results in a diagnostic environment (clinical practice - not in a research environment)					
1.3 Administration and management of laboratory in terms of staff, workflow and quality management in a diagnostic environment					
1.4 Application of ethical principles and good laboratory practice (GLP) in the practice of clinical diagnostics					
1.5 Bioinformatics and databases' (if applicable)					
1.6 Research principles and scientific reporting					
2. LEAVE TAKEN: 2.1 Vacation leave			Total number of weeks		
2.2 Maternity leave			Total number of weeks		
2.3 Sick leave			Total number of weeks		

This signature is compulsory and validates internship training

_____

Name and signature of Head of Training Facility

Official stamp

Date_____

No alterations to this document will be accepted

3. ADMINISTRATIVE REQUIREMENTS (FOR OFFICIAL USE)		
Application received on		
Application received by		
MSIN date of registration		
Non-compliant	Return	
COMPLIANT:		
Identity document		
Qualifications		
HPCSA intern certificate		
Fees for assessment		
Form 36 MS		
Form 24 MS		

4. MINIMUM REQUIREMENTS: PORTFOLIO OF EVIDENCE

The Portfolio of Evidence is an evidence-based program and shall contain original evidence properly signed off by trainer and intern candidate.
The Portfolio of Evidence shall be structured in a formal, manner as described in this document:

- All pages shall be numbered and reflected in the Contents page
- The portfolio shall contain all the components (as heading) and sub-components (as sub-headings)
- Assessment method shall be indicated and provided for each component.
- Each component shall be indicated by:
  (i) a front page with the specific heading,
  (ii) each sub-component shall be indicated by a page with the specific sub-heading, (iii) completed relevant table (as summary) and properly signed off by both candidate and trainer, (iv) evidence of assessment, (v) original signed off evidence.
- All components shall be listed in the proposed Tables listed below

	To be completed by intern ***Yes*** *(include page no.)* ***or*** ***No*** *(provide reasons)*	**Compliance (assessor/moderator)** ***Yes or No*** *(if no please provide reasons)*
Cover page:		
Full names		
Affiliation		
Period of internship		
Contact details		
Date of submission		
Contents page (numbered)		
Letter from head/s of training program/s *(including the following):* *(if more than one training facility involved in training, letters must be submitted from both facilities)		
Period of internship (dates)		
List of responsibilities of intern		
Copy of HPCSA-approved training program		
CV of candidate		
Rotation roster *(including dates, duties, location and supervisor for entire internship period)* – ***Table 1***		

5. DISCIPLINE-SPECIFIC OUTCOMES

5.1 Professional Conduct and Ethical Rules

	To be completed by intern ***Yes*** *(include page no.)* ***or*** ***No*** *(provide reasons)*	**Compliance (assessor/moderator)** ***Yes or No*** *(if no please provide reasons)*
Knowledge and understanding of:		
Professional conduct and Ethical Rules – **Table 2**		
Guidelines and Acts (incl. legalities surrounding surrogacy, donors etc.) – **Table 3**		
Proof of assessment (including signature and date from training supervisor)		
Comments by assessor/reasons for non-compliance		

5.2 Good Laboratory Practice and Assisted Reproductive Technologies (ART) Laboratory Safety

	To be completed by intern ***Yes*** *(include page no.)* ***or*** ***No*** *(provide reasons)*	**Compliance (assessor/moderator)** ***Yes or No*** *(if no please provide reasons)*
MUST be performed in a diagnostic/clinical setting. Knowledge and understanding of:		
Laboratory safety (e.g. Personal Protective Equipment)		
Identification of patients and traceability of reproductive cells		
Safe handling, storage and disposal of biological samples and chemicals (incl. spills)		
Knowledge and management of consumables		

Emergency contingencies (plans for natural/man-made disasters e.g. power failures, floods, strikes etc.)		
Risk Management (incl. equipment, liquids, gases)		
Troubleshooting in ART		
Proof of assessment (including signature and date from training supervisor)		
Comments by assessor/reasons for non-compliance		
5.3 Management		
5.3.1 Quality Control		
MUST be performed in a diagnostic/clinical setting. Knowledge and understanding of:		
	To be completed by intern ***Yes*** *(include page no.)* ***or*** ***No*** *(provide reasons)*	**Compliance (assessor/moderator)** ***Yes or No*** *(if no please provide reasons)*
Laboratory accreditation and audits - **Table 4**		
Internal and External Quality Assurance programs - **Table 5**		
Operator proficiency: diagnostic findings and clinical application (therapeutic procedures) – **Table 6**		
SOP's and guidelines – **Table 7**		
Operation and maintenance of lab equipment		
Non-conformances – identification and resolution		
Compilation, trouble-shooting and interpretation of data and clinical reports		
Proof of assessment (including signature and date from training supervisor)		

5.3.2 Laboratory and Administrative Duties		
Personnel requirements, staffing & students/interns (incl. CPD, audits and performance indicators)		
Premises and laboratory environment		
Equipment and materials (incl. reagents, media & disposables)		
Ergonomics, design and laboratory set-up		
Information systems, databases, manuals and guidelines		
Laboratory accreditation – National and international programs - **Table 4**		
Internal and external quality assessment programs - **Table 5**		
ART laboratory performance indicators		
5.4 Scientific and Discipline-specific knowledge		
	To be completed by intern ***Yes*** *(include page no.)* ***or*** ***No*** *(provide reasons)*	**Compliance (assessor/moderator)** ***Yes or No*** *(if no please provide reasons)*
List of appropriate text books and reading list – **Table 8**		
List of journal clubs attended / presented – **Table 9**		
List of lectures / seminars / workshops / conferences / courses - **Table 10**		
List of assessments, assignments / case studies – **Table 11**		
[1]*Proof of assessment (including signature and date from training supervisor)*		
Comments by assessor/reasons for non-compliance		

5.5 Competency Training			
MUST be performed in a diagnostic/clinical setting			
		To be completed by intern ***Yes*** *(include page no.)* ***or*** ***No*** *(provide reasons)*	**Compliance (assessor/moderator)** ***Yes or No*** *(if no please provide reasons)*
Training program: minimum procedural numbers required at the end of the training period - **Table 12.1**; and number of procedures observed, practiced, and independently performed at the end of the training period – **Table 12.2** (refers to Table 12 as example)			
General	Patient interaction/consultation		
	Procedures, media and disposables preparation		
Spermatology procedures	Semen analysis		
	Sperm processing		
	Sperm function assays		
	Other (specify)		
Embryology procedures	Gamete handling		
	Insemination (IVF/ICSI/etc.) and culture		
	Embryo evaluation		
	Cryopreservation and storage		
	Other (specify)		
Ability to interpret a finding in clinical practice and report result			
Proof of assessment (including signature and date from training supervisor) Assessment of all practical competencies – **Table 13**			
Comments by assessor/reasons for non-compliance			

5.6 Principles of Research

Knowledge and understanding of:

	To be completed by intern ***Yes*** *(include page no.)* ***or*** ***No*** *(provide reasons)*	**Compliance (assessor/moderator)** ***Yes or No*** *(if no please provide reasons)*
Protocol development/approval and appropriate use of published literature (literature review)		
Applied research methodology (institution course or similar)		
Ethics application/Institutional approval		
Plagiarism		
Funding and budgeting		
Biostatistics		
Research report		
Presentation (Power Point)		
Peer-reviewed assessment		
Proof of assessment (including signature and date from training supervisor)		
Comments by assessor/reasons for non-compliance (to include on each item)		

6. Final approval by the supervisor of the Portfolio of Evidence and permission to take the facility-based exit-assessment		
7. Final exit exam by training facility (Head of Training Program)		
8. Final outcome by HPCSA	Approved / Failed / Revised	
9. Registration		

Documentation for all forms of assessment done during the training period needs to be included. It is important to note that proof of skills or competency should be in the form of tests/assignments/case reports or similar. Proof of on-the-bench training only i.e. technical competency is not sufficient.

List all components of the training program in tables. These have to be signed and dated by the candidate and verified by internal assessor or supervisor.

9. LIST OF TABLES TO BE SUBMITTED

Table 1. Laboratory/duty rotation roster during two-year internship

Table 2. Medico-legal and ethics in dealing with patients and samples

Table 3. Guidelines and Acts

Table 4. Laboratory accreditation and audits

Table 5. IQC / EQA programs

Table 6. Operator proficiency: diagnostic findings and clinical application (therapeutic procedures)

Table 7. Laboratory SOPs and guidelines

Table 8. List of textbooks and reading list

Table 9. List of journal clubs attended and presented

Table 10. List of lectures / seminars / workshops / conferences / courses (indicate attendance / presentation)

Table 11. List of assessments / assignments / case studies

Table 12.1 Training program: minimum procedural numbers required at the end of the training period

Table 12.2 Training program: number of observed, practiced, performed and independently performed at the end of the training period

Table 13. Assessment of all practical / technical competencies and level of competency

Evidence MUST be provided under the appropriate heading indicated below – please summarize activities and provide evidence to support listed activities.

9.1 Possible examples of tables

Table 1. Example of a Rotations Roster

Name of Laboratory	From	To	Total Period	Supervisor signature
Short description of activities				
Name of Laboratory	**From**	**To**	**Total Period**	**Supervisor signature**
Short description of activities				
Name of Laboratory	**From**	**To**	**Total Period**	**Supervisor signature**
Short description of activities				

Table 12. Example of all practical / technical competencies and level of competency (can be adapted to suit the requirements of lab)

		Observation of an embryologist	**Practice under supervision**	**Perform under supervision**
General	Patient interaction/consultation			
	Procedures, media and disposables preparation			
Spermatology procedures	Semen analysis			
	Sperm processing			
	Sperm function assays			
	Other (specify)			
Embryology procedures	Gamete handling			
	Insemination (IVF/ICSI/etc.) and culture			
	Embryo evaluation			
	Cryopreservation and storage			
	Other (specify)			