HPCSA Health Professions Council of South Africa **CMS I**	**POLICY REGARDING SUPERVISION OF MEDICAL SCIENTISTS** **MEDICAL AND DENTAL PROFESSIONS BOARD: MEDICAL SCIENCE**

The purpose of this document is to provide a comprehensive guideline on matters relating to the restoration and revocation of a medical scientist to the register and must be read with the following document:

- *Policy on the Restoration and Revocation of name to the register after removal or suspension for medical and dental practitioners/specialists, medical scientists and clinical associates including those who did not register after having obtained registrable qualification (CMS 05).*

This document consists of:

CMS I – 01 Supervised practice approval and consent forms

- *CMS I – 01A Supervised practitioner*
- *CMS I – 01B Acceptance of liability by the supervisor*
- *CMS I – 01C Approval of supervisor and facility by the Board*
- *CMS I – 01D Supervision report structure*

CMS I – 02 Supervision report

- *CMS I – 02A Details of the supervised practitioner*
- *CMS I – 02B Period of supervision covered by this report*
- *CMS I – 02C Details of supervising practitioner*
- *CMS I – 02D Name and contact details of the head of the institution*
- *CMS I – 02E Supervision report for medical biological science*
- *CMS I – 02F Supervision report for genetic counselling*
- *CMS I – 02G Supervision report for medical physics*

CMS I - 01	**MEDICAL AND DENTAL PROFESSIONS BOARD: MEDICAL SCIENCE** **SUPERVISED PRACTICE APPROVAL AND CONSENT FORM**

A. SUPERVISED PRACTITIONER

HPCSA Registration number and date of first registration:

_____

I, (Dr, Mr, Mrs, Miss) (Name in full):

_____

"The supervised practitioner", ID Number:

_____

Discipline: Medical Biological Science ☐ Professional category _____

Genetic Counselling ☐ Medical Physics ☐

hereby accept to be registered/restored in the category of supervised practice. I undertake to work under supervision at: _____ which is an approved facility and that my period of supervised practice will be reviewed by the Medical and Dental Professions Board (MDPB) upon receipt and consideration of the supervisor's reports. I also accept that the MDPB can withdraw my supervision at any time if the reports from the Supervisor are not received and/or operate outside the scope of supervision.

I further declare that I will not attempt to open a private practice or work as a locum in any other health care facility.

_____ _____

SIGNATURE SUPERVISED PRACTITIONER **DATE**:

B. ACCEPTANCE OF LIABILITY BY THE SUPERVISOR

HPCSA Registration number:

_____

I, (Dr, Mr, Mrs, Miss) (Name in full):

_____

"The supervising practitioner" ID Number:

_____

Discipline: Medical Biological Science ☐ Professional category _____

Genetic Counselling ☐ Medical Physics ☐

Contact Details:

Email: _____
Tel: _____
Cell: _____

hereby accept the responsibility to oversee professional acts to be undertaken by the supervised practitioner and understand that I will take responsibility for all diagnostic/therapeutic/clinical tasks (delete if not applicable) performed by him/her during the supervised practice period. I certify that the current technology/environment of patients at this facility will allow the supervised practitioner to meet the requirements for all the components of supervised practice. I further undertake to submit quarterly supervisory reports for consideration by the Medical and Dental Professions Board (MDPB). I also accept to allow members of the MDPB and/or its inspectorate to inspect and assess my facilities for supervision.

_____ _____

SIGNATURE OF SUPERVISOR **DATE**

_____ _____

SIGNATURE OF HEAD OF TRAINING FACILITY **DATE**

_____

OFFICIAL STAMP OF TRAINING FACILITY

C. APPROVAL OF SUPERVISOR AND FACILITY BY THE BOARD

The Medical and Dental Professions Board (MDPB) approves the appointment of:

_____

as the supervisor of

_____

for the period of supervision from_____to_____.

The Board has certified itself that the supervisor and the facility meet the requirements for supervised practice.

_____ _____

MEDICAL AND DENTAL PROFESSIONS BOARD **DATE**

D. SUPERVISION REPORT STRUCTURE

(a) A comprehensive report signed by the supervisor and head of department, where applicable with the documented strengths and weaknesses of the practitioner to be restored must be submitted for M D B consideration.

(b) A portfolio of evidence including the prescribed components of the National Curriculum should be completed and the supervisor form, which evaluates the components, must be completed based on the evidence in the portfolio of evidence.

(c) Guideline to complete the supervision form:

All disciplines, Medical Biological Science, Genetic Counselling and Medical Physics have to complete **CMS-02A, CMS-02B, CMS-02C and CMS-02D:**

- **CMS – 02A -** *Details of the supervised practitioner*
- **CMS – 02B -** *Period of supervision covered by this report*
- **CMS – 02C -** *Details of the supervising practitioner*
- **CMS – 02D -** *Name and contact details of the head of the training facility*

The following documents must only be completed by the specific discipline, **CMS-02E, CMS-02F, CMS-02G:**

- **CMS – 02E -** *Supervision report for medical biological science*
- **CMS – 02F -** *Supervision report for genetic counsellors*
- **CMS – 02G -** *Supervision report for medical physicists*

CMS I - 02	**MEDICAL AND DENTAL PROFESSIONS BOARD:** **MEDICAL SCIENCE** **SUPERVISION REPORT**

A. DETAILS OF THE SUPERVISED PRACTITIONER

NAME	
POSTAL ADDRESS	
CONTACT DETAILS	H: W: Mobile: E-mail:
REGISTRATION NO	
QUALIFICATION	
NAME OF TRAINING FACILITY	

B. PERIOD OF SUPERVISION COVERED BY THIS REPORT

DATE FROM:	DATE TO:	TOTAL PERIOD SUPERVISED

C. DETAILS OF SUPERVISING PRACTITIONER

NAME	
POSTAL ADDRESS	
CONTACT DETAILS	Home: Work: Mobile: E-mail:
REGISTRATION NO	
QUALIFICATION	
NAME OF TRAINING FACILITY	

D. NAME AND CONTACT DETAILS OF THE HEAD OF THE INSTITUTION (where relevant)

NAME:	
POSTAL ADDRESS	
TELEPHONE NO	Home: Work: Mobile: E-mail:

E. SUPERVISION REPORT FOR MEDICAL BIOLOGICAL SCIENCE

CRITERIA *Tick the appropriate box under each category with* ***X***		N/A Not observed	Below the level expected	Borderline	At the expected level	Above the expected level
Component	**Specific outcomes**					
Professional conduct and Ethical rules	HPCSA Guidelines on Ethical Rules					
	Occupational Health and Safety Act					
	Compensation for occupational Injuries and Diseases Act					
	National Health Act including the regulations of the HPCSA, Labour Relations Act, Tissue Act					
	General guidelines for health researchers and biotechnology research in SA					
Good Laboratory Practice (GLP) and Laboratory Safety	Personal Protective Equipment (PPE)					
	Safe handling, storage and disposal of biological specimens					
	Safe handling, storage and disposal of chemicals (including radioactive materials if applicable)					
	Manage chemical and biological spills					
	Fire hazards and safety drill					
	Physical and ergonomic hazards					
	Safe handling, service and maintenance of equipment					
	Exposure to laboratory management and administration in a diagnostic environment					
Quality management	Laboratory accreditation and audits					
	Internal and external quality assurance programs					
	Validation of diagnostic test methods/platforms/kits					

Component	Specific outcomes					
	SOP's and guidelines					
	Operation of and maintenance of laboratory equipment					
	Identification and resolution of non-conformances					
Scientific and Discipline-specific knowledge	List of text books					
	Journal clubs attended / presented					
	Lectures / seminars / workshops / conferences / courses					
	Assignments / case studies					
Competency training	List of all practical competencies					
	Principles of test methods and most appropriate test method to apply					
	Trouble-shooting of test methods					
	Limitations of test methods					
	Interpret a finding in clinical practice and result reporting					
Principles of research	Development of a protocol					
	Ethical application					
	Plagiarism					
	Funding applications and budgeting					
	Biostatistics / databases					
	Scientific report					
	Presentation of study					

E.1 COMMENTS ON OVERALL PERFORMANCE BY SUPERVISED PRACTITIONER

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E.2 COMMENTS ON OVERALL PERFORMANCE BY SUPERVISING PRACTITIONER

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- **I further undertake to submit three (3) monthly supervisor's reports for consideration by the Medical and Dental Professions Board.**

- **I also accept to allow members of the MDPB and/or its inspectorate to inspect my facilities to assess and approve their appropriateness for supervision.**

Signature (Supervised Practitioner): …….. Date: ……..

SIGNATURE (Supervisor): …….. Date: …….

SIGNATURE OF CEO/Head of Training Facility: …….. Date: …….

Official stamp of CEO/Head of Training Facility:

F. SUPERVISION REPORT FOR GENETIC COUNSELLING

CRITERIA *Tick the appropriate box under each category with X*	**N/A Not observed**	**Below the level expected**	**Borderline**	**At the expected level**	**Above the expected level**
Setting					
Paediatric genetics					
Prenatal/Preconception genetics					
Cancer genetics					
Adult genetics					

F.1 COMMENTS ON OVERALL PERFORMANCE BY SUPERVISED PRACTITIONER

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F.2 COMMENTS ON OVERALL PERFORMANCE BY SUPERVISING PRACTITIONER

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- **I further undertake to submit 3 (three) monthly supervisor's reports for consideration by the Medical and Dental Professions Board.**
- **I also accept to allow members of the MDPB and/or its inspectorate to inspect my facilities to assess and approve their appropriateness for supervision.**

Signature (Supervised Practitioner): …….. Date: ……..

SIGNATURE (Supervisor): …….. Date: ……..

SIGNATURE OF CEO/Head of Training Facility: …….. Date: ……..

Official stamp of CEO/Head of Training Facility:

G. SUPERVISION REPORT FOR MEDICAL PHYSICS

CRITERIA *Tick the appropriate box under each category with* ***X***		N/A Not observed	Below the level expected	Borderline	At the expected level	Above the expected level
Component	**Specific outcomes**					
RADIATION THERAPY	Dosimetry and Quality Control					
	Treatment Planning					
	Brachytherapy					
	Quality Assurance and Safety					
DIAGNOSTIC RADIOLOGY	Equipment Performance Assessment					
	Patient Dosimetry					
NUCLEAR MEDICINE	Use of Equipment and Clinical Applications					
	Quality Assurance and Safety					
RADIATION PROTECTION	Use of Equipment					
	Radiation Control and Legislation					
	Quality Assurance and Safety					
MAGNETIC RESONANCE IMAGING	Use of Equipment					
	Clinical Applications					
	Quality Assurance and Safety					
ULTRASOUND	Use of Equipment and Clinical Applications					
	Quality Control and Safety					
MEDICAL IMAGING	Use of Equipment and Clinical Applications					
	Quality Control and Safety					

G.1 COMMENTS ON OVERALL PERFORMANCE BY SUPERVISED PRACTITIONER

G.2 COMMENTS ON OVERALL PERFORMANCE BY SUPERVISING PRACTITIONER

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- **I further undertake to submit 3 (three) monthly supervisor's reports for consideration by the Medical and Dental Professions Board.**
- **I also accept to allow members of the MDPB and/or its inspectorate to inspect my facilities to assess and approve their appropriateness for supervision.**

Signature (Supervised Practitioner): ……. Date: …….

SIGNATURE (Supervisor): ……. Date: ……..

SIGNATURE OF CEO/Head of Training Facility: ……. Date: ……..

Official stamp of CEO/Head of Training Facility: