
DISCUSSION DOCUMENT ADDRESSING ISSUES AND CONCERNS OF MEDICAL SCIENCE INTERNSHIP DURING COVID-19 PANDEMIC

In 2020 the South African public health system is hosting medical science interns at various training facilities.

The curriculums were designed in such a way that the majority of interns complete training within two years of commencement.

The COVID -19 pandemic has posed specific challenges to the training programmes that will result in compromised training to individuals or groups of medical science interns across our accredited facilities.

This may be due to scaling down of laboratory services in many hospitals in an effort to create designated beds and specific services for COVID care. Training activities may also be scaled down due to reduced contact time with trainers and supervisors.

In addition, medical science interns may lose valuable training time because of quarantine/isolation, should they come into contact with patients/staff/samples diagnosed with COVID-19 without the appropriate PPE or because some of the interns may unfortunately become infected with COVID-19.

It is also difficult to predict the course of this pandemic and its full impact on the health system.

The Medical and Dental Professions Board thus proposes the following in this context:

1. Training of medical science interns in different domains must continue as planned.
2. The HPCSA expects that appropriate PPE will be provided to medical science interns by the training facility and interns must adhere to PPE and other Health & Safety requirements to protect themselves and others.
3. The HPCSA expects that quarantine and isolation protocols should be in place in facilities for medical science interns as for any other health care professional.
4. Internship is primarily a competency-based apprenticeship programme and prescribed competencies may not be attained in the prescribed period of time which may result in sub-optimal case number and variety of samples, patient cycles or patients.
5. Every effort must be made by supervisors and facilities to ensure that competency requirements in the domains are achieved under these trying circumstances. Therefore, alternate patient/case exposure methods should be considered. These may include telephonic and video-based patient consultations, simulated cases through 'paper-based' patients/cases and role plays in the case of Genetic Counselling or re-prioritising the competency-level of the required skills in the case of Medical Biological Scientists and Reproductive Biology (Refer to

Guideline for submission and assessment of Portfolio of Evidence: CMS 02 MBS and CMS 02 MBS RB – Table 12).

6. Rotation of interns to other accredited facilities, to achieve competency is recommended. Rotations are currently restricted under Policy regarding the training of intern medical scientists (refer to CMS A, section 10.1 Rotation of intern candidates) to:
 - (a) satellite units which is part of the main training department and has shared or umbrella HPCSA accreditation status for internship training and,
 - (b) rotation to “other units outside the training facility” if a Memorandum of Agreement is in place between the two training facilities and approved by the HPCSA.Request for rotations outside this policy will be considered upon request for approval from the HPCSA.
7. Exemption of the component Principles of Research may be approved based on prior learning (refer to CMS A section 9.3.2.1).
8. In case of prolonged absence from duty and if the required competencies cannot be achieved within the 24 months, extension of internship is allowed for up to 48 months (refer to section 5(a) of the *Government Notice No. R.578 published in Government Gazette No. 32244 of 22 May 2009*).

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