HPCSA Health Professions Council of South Africa **CMS 02 MBS**	**GUIDELINE FOR SUBMISSION AND ASSESSMENT OF PORTFOLIO OF EVIDENCE: MEDICAL BIOLOGICAL SCIENCE** **MEDICAL AND DENTAL PROFESSIONS BOARD: MEDICAL SCIENCE**

CHECKLIST FOR SUBMISSION AND ASSESSMENT OF PORTFOLIO OF EVIDENCE: MEDICAL BIOLOGICAL SCIENTISTS

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

a) *Submission: A completed checklist MUST accompany the request for submission of assessment (applicable to the intern candidate).*
b) *Assessment: Please use the checklist in the assessment process to ensure a standardized national quality of performance (applicable to assessors and moderators).*
c) *A completed Duty Certificate MUST accompany the assessment.*
d) *Please indicate proof of evidence by "Y" for yes (available) and "N" for no (not available)*
e) *Indicate level of competency for practical competencies e.g. has theoretical knowledge, is competent under supervision, is competent independently.*
f) *Indicate the specific page(s) in the Portfolio of Evidence.*
g) *This guideline is a summary of the National Curriculum for Medical Biological Scientists.*

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1. DETAILS OF INTERN MEDICAL SCIENTIST	
Name and surname of intern:	**HPCSA Intern Registration No**:
Professional category:	
Name of HPCSA accredited training facility:	
Supervisor: **Professional category:**	**HPCSA Registration No:** **Registration date:**

2. FORM MSC C – INTERN DUTY CERTIFICATE: MEDICAL BIOLOGICAL SCIENCE

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

1. OVERALL OUTCOMES *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 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 discipline-specific academic knowledge					
1.2 Performance of laboratory methods and interpretation of patients results in an accredited 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, good clinical practice (GCP) and good laboratory practice (GLP) in the practice of clinical diagnostics					
1.5 Bioinformatics and databases' 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		
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		
	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 Medico-legal and Ethics

	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:		
Medico-legal and ethics in dealing with patients and samples – **Table 2**		
Guidelines and Acts – **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 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)*
Knowledge and understanding of:		
Personal Protective Equipment (PPE)		

Safe handling, storage and disposal of chemicals		
Safe handling, storage and disposal of biological samples		
Management of 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		
Proof of assessment (including signature and date from training supervisor)		
Comments by assessor/reasons for non-compliance		
5.3 Quality management		
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**		
Validation of diagnostic test methods/platforms/kits – **Table 6**		
SOP's and guidelines – **Table 7**		

Operation and maintenance of lab equipment		
Non-conformances – identification and resolution		
Proof of assessment (including signature and date from training supervisor)		
Comments by assessor/reasons for non-compliance		
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 – **Table 8**		
List of journal clubs attended / presented – **Table 9**		
List of lectures / seminars / workshops / conferences / courses - **Table 10**		
List of 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)*
List of all practical competencies – **Table 12** (include competency level - refers to Table 12 as example)		
Understanding the principles and application of a test method in a clinical/diagnostic setting		
Troubleshooting of a test method		
Understanding the limitations of a test method		
Ability to interpret a finding in clinical practice and report result		
Proof of assessment (including signature and date from training supervisor)		
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 and appropriate use of published literature (literature review)		
Research ethics		
Plagiarism		
Funding and budgeting		
Biostatistics and / or databases (if applicable)		
Scientific report to be prepared in the following format: Abstract (250-300 words), Introduction, Methods, Results, Discussion, Conclusion, References		
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 exit assessment by training facility (Head of Training Program)		
7. Final outcomes by HPCSA	Approved / Failed / Revised	
8. 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. 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 audits

Table 5. IQC / EQA programs

Table 6. Validation of diagnostic test methods / platforms / kits

Table 7. Laboratory SOPs

Table 8. List of textbooks

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. List of all practical / technical competencies and level of competency i.e. theoretical versus supervised practice versus able to perform independently

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

Table1. 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

Method / technique / instrument	Competency levels (signed and dated by supervisor)				Comment/Note
	*1	*2	*3	*4	

*1. Observe a demonstration

*2. Perform under supervision

*3. Perform independently

*4. Extensive experience