

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA
PROFESSIONAL BOARD FOR DIETETICS AND NUTRITION

FORM 46C-TN: Therapeutic Nutrition

FORM 46C-TN	CRITERIA FOR ACCREDITATION OF **TRAINING SITES FOR EXPERIENTIAL LEARNING IN DIETETICS AND NUTRITION							
PREAMBLE:	<p>The Professional Board will consider any site of practice or satellite site of practice attached to a Faculty of Medicine/Health Sciences at a higher education institution (e.g. University), provided such site is recognised for education and training in a recognised *training area (see Table 1). Such site(s) would also have to comply with the requirements of the Professional Board</p> <p>Table 1:</p> <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">Name of Training Institution (University)</td> </tr> <tr> <td> </td> </tr> <tr> <td style="text-align: center;">*Training area</td> </tr> <tr> <td style="text-align: center;">Therapeutic Nutrition</td> </tr> </table>				Name of Training Institution (University)		*Training area	Therapeutic Nutrition
Name of Training Institution (University)								
*Training area								
Therapeutic Nutrition								
Period for which recognition of the training site is requested:	From: [date]		To: [date]					
CRITERIA:	<ul style="list-style-type: none"> The Faculty of Medicine/Health Sciences of the University must submit a duly completed application form [FORM 46C Therapeutic Nutrition] to the Professional Board. Incomplete forms may lead to a delay in the site accreditation process. Accreditation for experiential learning in a recognised satellite **training site will be valid for a period of 5 years, where after the site will be subject to re-evaluation by the Professional Board. Continued recognition as a training or satellite **training site shall be subject to submission of satisfactory evaluation reports to be carried out by the Professional Board <i>[at any time during the 5 year accreditation period]</i>. A dietitian working in the relevant training area will be responsible for the execution of the training programme. 							

Instructions:

- Section **1, 2** and **3** to be completed by all applicants.

Footnote (definitions):

Education: the act or process of imparting or acquiring general knowledge, developing the powers of reasoning and judgment, and generally of preparing oneself or others intellectually for mature life.

Learning: knowledge acquired by systematic study in any field of scholarly application OR the act or process of acquiring knowledge or skill.

(Date of update: 21 Feb 2019)

****Training site:** It is a clearly identifiable part of an institution, such as a hospital/clinic in a hospital/patient wards in a hospital working on a specific common theme.



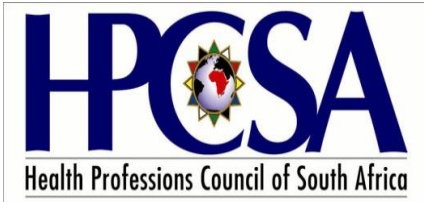
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FORM 46C-TN:

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Application for accreditation of a training site or satellite **training site in Dietetics or Nutrition attached to a Faculty of Medicine/Health Sciences at a higher education institution (e.g. University).			
PLEASE PRINT: Incomplete applications will not be considered			
SECTION 1		SOUTH AFRICAN UNIVERSITY DETAILS	
Name of University:			
Details of Head of Dietetic or Nutrition Programme (HOD) at the University			
Title		Full Name & Surname	
Postal Address at University		Physical Address at University	
Contact Number			
Email Address			

SECTION 2		**TRAINING SITE: GENERAL DETAILS		
<i>[If any of the following answers is NO, please give a short comment/reason]</i>				
	Yes	No	Comments	
Is there an "Orientation & Induction Program" for students for the *training area?				
Is there a dedicated work area for students? <i>[with desk & chair]</i>				
Is there access to a library or reference material?				
Is there access to a computer?				
Is there access to internet?				
Is accommodation offered at the training site? <i>[if YES, please complete Section 3(a)]</i>				
Is electricity available on continuous basis at the accommodation and on site?				
Is there access to hot running water at the accommodation?				
Is there access to clean sanitation facilities at accommodation and on site?				
Are meals available on site?				



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SECTION 3	THERAPEUTIC NUTRITION		
Details of Dietitian at University responsible for training <i>[dietitian who will take responsibility for the training program on behalf of the University (Attach a concise curriculum vitae)]</i>			
Title		Full Name & Surname	
Qualification <i>[Include highest relevant qualification and year obtained]</i>			
HPCSA Registration Number		DT:	
Contact Number			
Email Address			
THERAPEUTIC NUTRITION TRAINING SITE DETAILS <i>[Training site information]</i>			
Name of Training Site <i>[If more than one site is to be accredited, separate applications forms must be submitted for each site]</i>			
Address of Training Site			
Details of Dietitian at training site <i>[dietitian who will take responsibility for training program on behalf of the training site(Attach a concise curriculum vitae)]</i>			
Title		Full Name & Surname	
Qualification <i>[Include highest relevant qualification and year obtained]</i>			
HPCSA Registration Number		DT:	
Contact Number			
Email Address			
Full names & DT numbers of ALL dietitians who will be involved in training <i>[on date of application] Attach a concise curriculum vitae]]</i>			
Full Name & Surname			DT:
Full Name & Surname			DT:
Full Name & Surname			DT:
Full Name & Surname			DT:
Full Name & Surname			DT:
Full Name & Surname			DT:
Full Name & Surname			DT:
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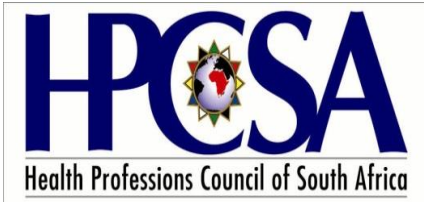


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Number of beds [if applicable]		Number of Dietitians involved in training	
Total Number Of Patients PER MONTH			
In-patients admitted [all inclusive]		Infants (0-36 months) admitted	
Out-patient consultations		Paediatrics (3-12 years) admitted	
Number Of Patients on Normal & Specialized Diets PER MONTH			
Normal diets		Soft diets	
Diabetic diets		Light diets	
Cardiac diets		Liquid diets	
Vegetarian diets		Pureed diets	
Renal		Paediatrics	
Other [specify]		Other:	
Number AND Type Of Speciality Conditions Consulted In Each Category PER MONTH			
ICU			
Paediatrics			
Surgical			
Medical			
Maternity/Gynaecological			
Renal			
Other [specify]			
Other [specify]			
Parenteral & Enteral Feeds			
	Yes	No	Description
Does the training site have access/budget to provide enteral feeds ? [List examples of these feeds]			
Does the training site have access/budget to provide TPN ? [List examples of these bags]			
Does the training site use " Ready-To-Use/Ready-To-Hang " feeds?			
Does the training site prepare powdered feeds? [List , of these feeds]			
Does the training site have a " Milk Kitchen "?			
Is the "Milk kitchen" certified by Environmental Health? [Provide certificate date & number, if applicable].			



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Does the training site have anthropometric equipment? [List all that are available as well as the number available. Use a separate page if more space is needed]			
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Indicate what on site *exposure will be provided to students during THERAPEUTIC NUTRITION training & give descriptions			
	YES	NO	Description
Nutritional assessment			
Interpretation & Analysis of in-patient case files			
Interpretation & Analysis of out-patient case files			
Implementation of nutritional care plan			
Monitoring and evaluation of in-patients (follow up)			
Growth monitoring			
Individual out-patient counselling			
Individual in-patient counselling			
Group counselling <i>[in- or out-patients]</i>			
Compiling and making of visual aids and educational material.			
Training of Nursing staff/lay workers			
Promotion of healthy eating and Food-based Dietary Guidelines			
Breast feeding practices			
Infant & young child feeding			

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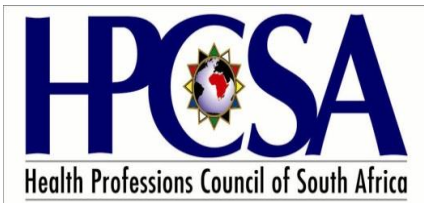


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Nutrition in pregnancy & lactation			
Critically ill Renal disease Surgical			
Non-communicable diseases <i>[diabetes, cardiac, hypertension, etc]</i>			
HIV/AIDS <i>[counselling, in- & out-patients, dietary management]</i>			
Other, not mentioned above			
Other:			

*(*Exposure in this document refers to participation and practice, knowledge and skills development)*



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Declaration & Relevant Signatories of **Training Site Management			
We, the undersigned, certify that the Training Site has the capacity for education and training in the relevant training areas indicated above, and that all information provided above is accurate. We undertake to provide sound quality training to the best of our ability to all students placed.			
Person responsible for training program at Training Site	Full name	Signature	Date
Medical Superintendent/ Head of Training Site	Full name	Signature	Date
Declaration & Relevant Signatories of University (Higher Education Institution)			
We, the undersigned, certify that the Faculty of Medicine/Health Sciences of this University has the capacity for education and training in the relevant training areas indicated above, enjoys full access to the Training Site and that the Faculty undertakes to ensure that the Training Site shall fully meet the requirements of the Professional Board for Dietetics and Nutrition for education and training in the training area indicated on page 1 of this document.			
Academic Head (HOD)/Program Manager	Full name	Signature	Date
Dean: Faculty of Medicine/Health Sciences	Full name	Signature	Date



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Application approved	YES	NO	Valid Period	
If NO, Reasons				
Year of next evaluation				
Ratified by	Full Name	Signature	Date	
Chairperson of Professional Board of Dietetics and Nutrition				
Chairperson of HPCSA Executive Council				

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