



Spec 3-D

MEDICAL AND DENTAL PROFESSIONS BOARD

APPLICATION FOR APPROVAL OF OR AN INCREASE IN THE NUMBER OF REGISTRAR POSTS ALLOCATED TO AN ACADEMIC TEACHING DEPARTMENT/FACILITY OR TO A SATELLITE HOSPITAL/ DEPARTMENT/FACILITY OF A FACULTY/SCHOOL OF DENTISTRY/HEALTH SCIENCES AT A SOUTH AFRICAN UNIVERSITY

11/6/1

1. The following criteria shall apply when considering approval of an increase in the number of approved Registrar posts:
 - a. Registrar posts are posts for education and training in a speciality recognised in terms of the Regulations Relating to the Specialities and Subspecialities in Dentistry.
 - b. Approval of Registrar posts shall not be based on a Hospital/Department/Facility's service needs, but on the availability of facilities and opportunities for education and training, research and experience at a high level in the relevant speciality.
 - c. The number of registrar posts which the Board will approve, shall be determined on the basis of the availability of personnel to conduct education and training. For this purpose the ratio is not to exceed 1:3 (one specialist for every three registrars). In smaller specialities, exceptions to this general rule would be considered by the Board on merit.
 - d. When determining the number of registrar posts to be approved, the Board shall have regard to the availability of opportunities for a high measure of self study, original investigation and research which should be clearly specified in the application.
 - e. Apart from the above, sufficient material and facilities for specialist education and training shall be available.
2. In view of the above criteria, the ratio of 1:3 in dentistry is to be based on the following:
 - a. The number of specialists actually employed and NOT on the number of specialist posts available.
 - b. Should a specialist post become vacant, such post is to be filled within six (6) months in order not to affect the above ratio.
3. The application should reflect the following per academic Department (e.g. Maxillo-Facial and Oral Surgery, Orthodontics):
 - a. The total number of approved registrar posts per academic Department as a whole, including teaching satellite departments/facilities.
 - b. The distribution of approved registrar posts amongst teaching Departments/Facilities, and satellite Hospitals/Departments/Facilities.
 - c. The correct ratio of specialists employed, registrar posts and registrars employed at each of the said Hospitals/Departments/Facilities.

MEDICAL AND DENTAL PROFESSIONS BOARD

**Application for Approval of or an Increase in the Number of Approved Registrar Posts
allocated to an Academic Teaching Department/Facility or to a Satellite
Hospital/Department/Facility**

Please print in details for submission to the Board

Incomplete applications will be returned prior to submission to the Board

1.	Name of University submitting the application:	.....
2.	Name of Faculty submitting the application	.....
3.	Department/Facility specified according to recognised speciality:	..... (Separate application forms must be used for each Hospital/Department/Facility, if posts at more than one are to be approved)
4.	Name of the hospital/institution to which the Department/Facility is attached:	.....
5.	Provide full details of the Department/Facility's personnel structure (this document to be resubmitted in the event of change):	Please note: i. Fill in details of the full- and part-time persons registered in the speciality and employed in the Department/Facility on the attached schedule. ii. Provide details also of the number and nature of other professional/administrative resources specifically allocated to the Department/Facility.
a.	Total number of full-time specialist posts in the speciality on day of application:	.....
b.	Total number of <u>full-time specialist employed</u> in the speciality on day of application:	..... (Provide details on the attached Schedule)
c.	Total number of part-time specialist posts in the speciality on day of application:	.....

d.	Total number of <u>part-time specialists employed</u> in the speciality on day of application:	..... Number employed (Provide details on the attached Schedule)	..... Total number of sessions per week
e.	Existing series of Board approved registrar post numbers for the academic Department	..... (Please see annual submission by the Board to the Faculty)	
f.	Specify the distribution of existing posts or proposed registrar posts and registrars employed or to be employed in the academic Department		

Teaching Hospital(s)/Facility(ies)	No. of Registrar Posts	No. of Registrars employed

Satellite Hospital(s)/Department(s)/ Facility(ies)	No. of Registrar Posts	No. of Registrars employed

g.	Number of new or additional registrar posts applied for	
h.	Total number of registrars proposed to be educated and trained in the academic Department (including teaching and satellite Departments/Facilities)	Full-time: Part-time: (Please note: The ratio is to be 1:3, i.e. one specialist per three registrars in both the teaching and satellite departments)
6.	Full name and registered qualification(s) of the Head of the academic Department (this document to be resubmitted in the event of change):	..... ..... .....

7.	Full name and registered qualification(s) of the Head of the teaching Department/Facility (this document to be resubmitted in the event of change):	..... ..... .....
8.	Full name and registered qualification(s) of the Head of the satellite department/facility (this document to be resubmitted in the event of change):	..... ..... .....
9.	Will both the specialists and registrars in the speciality at satellite Departments/Facilities be linked to the University's Faculty and its academic Department, and in what way:	..... ..... .....
10.	Attach a copy of the detailed education and training programme to be followed.	
11.	Provide the following details of the Department/Facility in question (please specify or attach, where applicable)	
a.	Number of beds:	.....
b.	Number of inpatients:	..... per month
c.	Number of outpatients:	..... per month
d.	Details of the patient profile which the Department/Facility manages	
e.	Details of available physical facilities and equipment to execute patient care and the education and training programme in the specified Department/Facility	
f.	Details of available auxiliary facilities/services which are available to the Department/Facility	

g.	Details of past/present/future research activities in which the Department/Facility was/is involved to be specified as follows:	
i.	List of publications for previous five years.	
ii.	List of ongoing projects.	
iii.	List of future projects approved by the Department/Facility's research/ethical committee.	
12.	Has approval been obtained from the Health Authority and the University concerned for the proposed new or increased number of Registrar posts	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>We, the undersigned, certify that this University's Faculty of Dentistry/Health Sciences has the necessary capacity for education and training in the relevant speciality, and that the Faculty undertakes to ensure that the education and training of Registrars in the relevant academic teaching Department/Facility or satellite Hospital/Department/Facility shall fully meet the Board's requirements for specialist education and training.</p>		
..... Academic Head of Speciality		..... Dean: Faculty of Dentistry/ Health Sciences
..... Medical Superintendent/Head of Institution		..... Head of Satellite Department/Facility
Place:		Date:

MEDICAL AND DENTAL PROFESSIONS BOARD

PROFESSIONAL ESTABLISHMENT OF ACADEMIC TEACHING OR SATELLITE DEPARTMENT/FACILITY: SPECIALISTS: DETAILS

1. Name of University:
2. Name of Faculty:
3. Name of Hospital:
4. Name of Speciality:
5. FULL-TIME specialists employed by the Department/Facility on day of application (this document to be resubmitted in the event of change):

	Name	Reg No in terms of the Act	Rank/Speciality	Post No	Areas of specialty / expertise	Date Employed
4.1		DP				
4.2		DP				
4.3		DP				
4.4		DP				
4.5		DP				
4.6		DP				
4.7		DP				
4.8		DP				

Name		Reg No in terms of the Act	Rank/Speciality	Post No	Areas of specialty / expertise	Date Employed
4.9		DP				
4.10		DP				
4.11		DP				
4.12		DP				
4.13		DP				
4.14		DP				
4.15		DP				

6. PART-TIME specialists employed by the said Department/Facility on day of application (this document to be resubmitted in the event of change)

Name		Reg No in terms of the Act	Rank/ Speciality	Post No	Date Employed	No of hours per week
5.1		DP				
5.2		DP				
5.3		DP				
5.4		DP				

	Name	Reg No in terms of the Act	Rank/ Speciality	Post No	Date Employed	No of hours per week
5.5		DP				
5.6		DP				
5.7		DP				
5.8		DP				
5.9		DP				
5.10		DP				
5.11		DP				
5.12		DP				
5.13		DP				
5.14		DP				
5.15		DP				