

The purpose of this document is to report to the HPCSA on any changes or amendments relating to the training of intern medical scientists, which includes:

- *The organizational structure*
- *Training staff profile*
- *Supervisors profile*
- *Profile of intern medical scientists*
- *Progress of intern medical scientists*
- *Transfer of intern medical scientists*
- *Rotation and satellite facilities*
- *Amendments of approved facility-based intern training program*
- *Resources and infrastructure*
- *HPCSA accreditation of training department*
  - *Shortcomings during the visit*
  - *Progress on shortcomings*
  - *Period of accreditation*

This document has to be read with the following documents:

- *Policy regarding the training of intern medical scientists – CMS A*
- *Policy regarding the criteria for accreditation of facilities for internship training in medical science – CMS B*
- *Application for increase of number of intern posts – CMS G*
- *Registration checklists for compliance of supervisors in intern medical science training – CMS I*
- *The National Curriculum – CMS 01*
- *Template for the development of a facility-based intern training program – CMS 03*

*Please refer to CMS A and CMS B for definitions.*

**DETAILS OF THE MEDICAL SCIENCE INTERNSHIP TRAINING FACILITY AND DEPARTMENT**

<b>TRAINING FACILITY</b>	
Head of training facility	
Physical address of head of training facility	
Contact details of head of training facility Email Telephone number	
<b>TRAINING DEPARTMENT</b>	
Head of training department	
Physical address of head of training department	
Contact details of head of training department Email Telephone number	
<b>DISCIPLINE</b>	
<b>PROFESSIONAL CATEGORY (IF MEDICAL BIOLOGICAL SCIENCE)</b>	
<b>ANNUAL REPORT PREPARED BY</b>	
<b>CONTACT DETAILS</b> Email Telephone number	

**PLEASE NOTE THAT THE ANNUAL REPORT OF A TRAINING FACILITY MUST BE PROVIDED AS A SINGLE DOCUMENT CONTAINING ALL THE TRAINING DEPARTMENTS. *Single reports will not be considered.***

**A. ORGANIZATIONAL STRUCTURE**

	Name	Designation	HPCSA Registration Number	Email address	Contact number
Head of Training Facility					
Head of Training Department					
Supervisor(s)					

**B. STAFF PROFILE**

**B.1 Current Training Staff Profile. Please complete the following tables for those directly involved in the training of intern candidates.**

Name of Staff Member	HPCSA Registration Number	Professional Category	Highest Academic Qualification and Academic Discipline	Number of Years' Experience Post Registration

**B.2 Supervisors of Intern Candidates**

Name of Supervisor	Names of Current Intern Candidates	Number of Cycles Involved in Internship Training (1 cycle = 2 years)	Involvement in Accreditation Visits (Yes or No)	Involvement in Portfolio of Evidence	
				Assessment Yes or No	Moderation Yes or No

**C. INTERN CANDIDATE PROFILE**

**C.1 Intern candidate profile during accreditation period (20\_\_\_\_ to 20\_\_\_\_):**

HPCSA Post Number	Name	HPCSA Registration Number	Highest Qualification and Discipline	Internship Period	
				Commencement Date	Completion Date

### C.2 Progress of intern candidates presently in training

Please complete the following table:

HPCSA Post Number	Name	HPCSA Registration Number	Progress of Intern Candidate		
			Are you satisfied with the progress of the intern? If not, provide reasons	Will the intern complete training in 24 months? If not, provide reasons (e.g. maternity leave etc.)	If unsatisfactory progress, state the remedial action taken by the training department?

Comments:

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### C.3 Transfer of Intern Candidate (if applicable)

HPCSA Post Number	Name of Intern Candidate	Transferring Training Institution and Supervisor	Period at Transferring institution	Receiving Training Institution and Supervisor	Period at Receiving Institution	Date of MDB approval

Comments:

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**C.4 Satellite or rotation of intern candidates**

- a) Does your training program include the rotation of intern candidates to other training facilities? Please note all training facilities must be HPCSA accredited training facilities. Please provide a brief description of the rotation.

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- b) Does your training program include another satellite facility under your HPCSA accreditation status? Please provide a brief description of satellite facility.

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**D. TRAINING PROGRAM**

**D.1 Changes to the training program**

Specify any changes in the Training Program	Update: Year 1 after accreditation	Update: Year 2 after accreditation	Update: Year 3 after accreditation	Update: Year 4 after accreditation

*Note: Please provide the previous program with track changes and a revised program.*

**D.2 Changes in Resources**

Resource	Update: Year 1 after accreditation	Update: Year 2 after accreditation	Update: Year 3 after accreditation	Update: Year 4 after accreditation
<b>Infrastructure:</b>				
<b>Technology:</b>				

**D.3 Any other information that the institution would wish to bring to the attention of the Committee:**

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**E. PROGRESS ON RECOMMENDATIONS OF LAST ACCREDITATION**

**E.1 Recommendations**

Recommendation/s during 20..... accreditation:

1. Recommendation given:

2. Amended/applied/progress:

Approval for accreditation for: \_\_\_\_\_  
Stipulate period