HPCSA Health Professions Council of South Africa **CMS D1 MBS**	**APPLICATION FOR ACCREDITATION AS TRAINING FACILITY FOR INTERN MEDICAL BIOLOGICAL SCIENTISTS** **SELF-EVALUATION QUESTIONNAIRE** **MEDICAL AND DENTAL PROFESSIONS BOARD:** **MEDICAL SCIENCE**

This document has to be completed with consideration to the following four guidelines:

- *National Curriculum for Medical Biological Science (CMS 01 MBS),*
- *Guideline on Submission and Assessment of Portfolio: Medical Biological Scientists (CMS 02 MBS),*
- *Policy regarding the Training of Intern Medical Scientists (CMS A), and*
- *Policy regarding the Criteria for the Accreditation of a Training facility for Intern Medical Biological Scientists (CMS B).*

ALL requirements have to be met before an accreditation visit will be scheduled.
Note that internship training should be provided in a relevant diagnostic or clinical / therapeutically environment.

a) *Submission of a formal, structured and detailed intern training program containing all elements or components as prescribed by the National Curriculum (CMS 01 MBS) and Guideline on Submission and Assessment of Portfolio: Medical Biological Scientists (CMS 02 MBS).*
b) *Submission of shortened CVs of key staff members involved in training, demonstrating their qualifications and experience to perform training (no longer than two pages per person).*
c) *Submission of a description of the training facilities / resources.*
d) *Submission of a list of relevant platforms / equipment to perform the training.*
e) *Submission of a detailed list of the diagnostic tests provided to the health care platform.*

f) Submission of a completed Self-Evaluation Questionnaire (CMS D1 MBS).

g) Is this training program linked to another program at a satellite facility? Tick Yes or No ☐ *Yes / ☐ No*

If yes, please provide detail of satellite facility and nature of their involvement.

_____

_____

_____

_____

h) Does this training program involve rotation of intern candidates to other HPCSA accredited facilities/laboratories/units? Tick Yes or No (If yes, please provide details of rotation unit/facility, duration and nature of their involvement). ☐ *Yes / ☐ No*

If yes, please provide details:

_____

_____

_____

_____

i) Please indicate whether applying for:

First-time accreditation ☐

Renewal of accreditation ☐

1. PARTICULARS OF TRAINING FACILITY
NHLS / Private Pathology / University (School of Health Sciences/Medicine):
Head of Training Facility:
Address:
E-mail:
Telephone:

2. PARTICULARS OF TRAINING DEPARTMENT
Training Department:
Head of Training Department:
Training Laboratory:
Address:
E-mail:
Telephone:

3. PARTICULARS OF SATELLITE FACILITY (IF APPLICABLE)
Satellite Facility:
Head of Satellite Facility:
Training Division:
Head of Training Division:
Program Coordinator:
Address:
E-mail:
Telephone:

3. PROFESSIONAL CATEGORY FOR WHICH APPLICATION IS MADE

Anatomical Pathology	
Cell Biology[a]	
Clinical Anatomy[a]	
Clinical Biochemistry	
Genetics	
Hematology	
Immunology	
Microbiology	
Molecular Biology	
Pharmacology	
Radiation Biology[b]	
Reproductive Biology	
Virology	

[a]No active program and no register

[b]Register with no active program

4. INTERN TRAINING

4.1 CRITERIA FOR ACCEPTING INTERNS FOR TRAINING

Regulation 4 (b) of the regulations relating to the registration of interns in medical science –
Government Notice No. R.578 published in the Government Gazette No. 32244 of 22 May 2009 requires B.Sc. Hons or equivalent degree, which includes a research component and principles of scientific methodology, from an accredited education institution for the registration of interns.

4.1.1 Indicate additional *selection criteria* over and above the prescribed regulations, this is at the discretion of the training department/laboratory (if relevant).

_____
_____
_____

4.1.2 How are interns recruited?

_____
_____

4.2 INTERN TRAINING PROGRAM

Ensure that all prescribed components or elements are included and presented in the format of the National Curriculum

4.2.1 List the *different elements of the program* and methods of training instruction (lectures, academic activities, self-study, tutorials, workshops, practical training) and frequency (weekly, monthly, once-off, continuous etc.)

Element/Component	Method of Instruction	Frequency

4.2.2. List *diagnostic tests/assays/therapeutic procedures and include the duration* of training for each element. Please indicate level of competency expected from the intern medical scientists – intern candidates should have theoretical understanding, ability to perform test independently and interpretation of the results *(refers to Guideline on Assessment and Submission of Portfolio of Evidence*).

Diagnostic Test/Assay	Duration	Competency Level

4.2.3 Please provide details if this training program is linked to a satellite facility**.** Satellite facilities should have HPCSA accreditation status as intern medical scientist training facilities.

Satellite Facility	**Laboratory/Department**	**Head of Satellite Facility** **HPCSA registration number**	**Contact Details** **(Telephone number and email address)**	**Physical Address**

4.2.4 Provide *rotation roster* for all elements, including rotations through other HPCSA accredited intern medical scientist training facilities. Indicate both the part of training provided in-house and other laboratories and satellite facilities.

Element/Component **(Please describe)**	**Where will training take place?**	**Duration**

4.2.5 List *prescribed textbooks* and / or other literature.

_____

_____

4.2.6 List *method and frequency of assessment* of each component or element of the training program.

Element/Component	Method of Assessment	Frequency of Assessment

4.2.7 List of major *laboratory equipment/testing platforms/analyzers*

_____

_____

_____

4.2.8 Do interns have access to *other resources* e.g. computer, email / internet, library access, access to journals, prescribed and other textbooks? Please list.

Resource	Location	Comment

4.2.9 Please indicate what *Iso-Standard* the facility comply to (e.g. SANAS, ISO 15189)

_____

4.2.10 Please describe exposure and access to ethics training and CPD activities

_____

_____

_____

4.2.11 Please describe your induction processes together with the implementation processes of the HPCSA required documentation.

_____

_____

_____

5. STAFF

5.1 Key staff responsible for intern training (please provide CVs)

Title and Name	Highest academic qualification	HPCSA registration number and category or specialty	Year of first HPCSA registration	Capacity (supervisor or trainer)

CV to include: Academic qualifications, teaching experience, research and publications, membership to societies, diagnostic/therapeutic/clinical experience

5.2 SUPERVISORS

Title and Name	First date of registration in this category	Experience in internship training (if yes, number of years)	Are you involved in the assessment/moderation of Portfolio of Evidence on national level? (if yes, how many years)	Are you involved in the accreditation of intern training facilities on national level? (if yes, how many programs)

5.3 Does the training facility have a mechanism for staff development in relation to education and learning? How is staff training assessed?

_____

_____

5.4 Proposed/requested number of intern posts.

The recommended number of interns is dependent on the number of appropriate supervisors. The supervisor to intern candidate ratio range from 1:2 to a maximum of 1:4. The total training staff complement will also be considered. At least one medical scientist has to be on the training staff.

Total number of training staff	Number of appropriate supervisors	Number of intern candidates requested

Comments

_____

_____

6. EXIT ASSESSMENT BY TRAINING DEPARTMENT

6.1 Describe the type of exit assessment conducted by the training department before the Head of the Training Department may complete the Intern Duty Certificate. The completed Intern Duty Certificate has to be approved by the Head of the Training Facility (signature and official stamp).

_____

_____

7. PREVIOUSLY ACCREDITED TRAINING DEPARTMENTS

7.1 Please provide a list of intern medical scientists for the past two cycles of internship (1 cycle equals 2 years).

Name	HPCSA post number	MSIN number	Period of training	Name of supervisor

7.2 Please provide details on any significant changes that may influence the training of intern medical scientists (e.g. changes in staff number and qualifications, laboratory equipment, diagnostic test repertoire, physical space, new technology).

7.3 Any other comments