



**CMS D2 GC**

**APPLICATION FOR ACCREDITATION AS TRAINING FACILITY FOR INTERN GENETIC COUNSELLORS**

**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 Genetic Counsellors (CMS 01 GC),*
- *Guideline on Submission and Assessment of Portfolio: Genetic Counsellors (CMS 02 GC),*
- *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 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/clinical environment.*

- Submission of a formal, structured and detailed intern training program containing all elements or components as prescribed by the National Curriculum (CMS 01 GC) and Guideline on Submission and Assessment of Portfolio: Genetic Counsellors (CMS 02 GC).*
- 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).*
- Submission of a description of the training facilities / resources.*
- Submission of a Completed Self-Evaluation Questionnaire (CMS D2 GC).*

e) Please indicate whether applying for:

a. First-time accreditation

b. Renewal of accreditation

c. Is this training program linked to another program at a satellite facility? Tick Yes or No.  Yes /  No

If yes, please provide details of satellite facility and nature of their involvement:

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

<b>2. PARTICULARS OF TRAINING DEPARTMENT AND DIVISION</b>
Training Department:
Head of Training Department:
Training Division:
Head of Training Division:
Address:
E-mail:
Telephone:

<b>3. PARTICULARS OF SATELLITE FACILITY (IF APPLICABLE)</b>
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**

Genetic Counsellor

**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/division (if relevant).

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4.1.2 How are interns recruited?

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

4.2.3. Please provide details of the facilities available for clinical training in terms of:

a) Number of patients (average per clinic): \_\_\_\_\_

b) Patient profile: \_\_\_\_\_

c) Number and range of clinics: \_\_\_\_\_

4.2.4. Please provide details on availability of exposure to various clinical settings:

<b>Setting</b>	<b>Area</b>	<b>Availability (Y/N)</b>
Paediatric genetics	Haematology	
	Neurology/neuromuscular	
	Cardiology	
	General	
Prenatal genetics	Risk counselling	
	Fetal anomalies	
Cancer genetics	Breast cancer	
	Colorectal cancer	
	General cancer	
Infertility genetics		
Adult genetics	General	
	Neurology	
	Late-onset predictive testing	
	Cardiology	
Multi-disciplinary meetings		
Debriefing sessions		



4.2.5 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 satellite facilities.

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

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

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

Element/Component	Method of Assessment	Frequency of Assessment

4.2.8 Please describe relationship and exposure to molecular laboratory facilities and training in variant interpretation and report analysis.

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

Resource	Location	Comment

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

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

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<b>5. STAFF</b>
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**5.1 Key staff responsible for intern training (please provide CVs):**

<b>Title and Name</b>	<b>Highest academic qualification</b>	<b>HPCSA registration number and category or specialty</b>	<b>Year of HPCSA registration</b>	<b>Capacity (supervisor or trainer)</b>


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

**5.2 Supervisors**

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

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

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**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

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<b>6. EXIT ASSESSMENT BY TRAINING LABORATORY</b>
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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).

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**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).

<b>Name</b>	<b>HPCSA post number</b>	<b>MSIN number</b>	<b>Period of training</b>	<b>Name of supervisor</b>

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, clinical exposure areas, physical space, new advances in the field).

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7.3 Any other comments

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