



CMS D3 PH

APPLICATION FOR ACCREDITATION AS TRAINING FACILITY FOR TRAIN INTERN MEDICAL PHYSICISTS

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: Medical Physicists (CMS 01 PH)*
- *Guideline on Submission and Assessment of Portfolio of Evidence: Medical Physicists (CMS 02 PH)*
- *Policy regarding the Training of Intern Medical Scientists (CMS A)*
- *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 and clinical / therapeutic environment.

- Submission of a formal, structured and detailed intern training program containing all elements or components as prescribed by the National Curriculum (CMS 01 PH) and Guideline on Submission and Assessment of Portfolio: Medical Physics (CMS 02 PH)*
- 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 list of relevant platforms / equipment to perform the training.*
- Submission of a detailed list of the clinical service provided to the health care platform.*
- Submission of a Completed Self-Evaluation Questionnaire (CMS D3 PH).*
- 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.

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/AFFILIATION
Hospital/University:
Head of training facility (CEO):
Address:
E-mail:
Telephone:

2. PARTICULARS OF TRAINING DEPARTMENT
Training Department:
Head of Training Department:
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. DISCIPLINE FOR WHICH APPLICATION IS MADE

Medical Physics

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 has reference.

The Medical Physics intern must be in possession of either of the following:

- a) B.Sc. Honours degree (Medical Physics), or an equivalent degree from an accredited education institution or,
- b) B.Sc. Honours degree (Physics) or an equivalent degree plus the additional Medical Physics modules from accredited education institutions.

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

4.1.2 How are interns recruited?

4.2 INTERN TRAINING PROGRAMME

Ensure that all prescribed components or elements are included and presented in the format of the National Curriculum (CMS 01 PH)

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 the basic discipline-specific competencies and include the duration of training for each element (e.g. 3 months, 6 months, 12 months) for the entire internship period. Indicate level of competency expected from the intern medical physicists for each discipline viz theoretical understanding vs able to perform clinical duties independently. *(refer to Guideline on Assessment and Submission of Portfolio of Evidence CMS 02 PH for definition of competency levels)*

Discipline-Specific Competency	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 physics training facilities.

Satellite Facility	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 physics training facilities. Indicate both the part of training provided in-house and that provided by the other 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 equipment to be utilised in training*.

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 describe exposure and access to ethics training and CPD activities

4.2.10 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 discipline (RT, MMED, DR)	Year of first HPCSA registration	Capacity (supervisor or trainer)

CV to include: Academic qualifications, teaching experience, research and publications, membership of 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.

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

Comments

6. EXIT ASSESSMENT BY TRAINING LABORATORY

6.1 Describe the type of exit assessment conducted by the training department before the Head of the Training Program has to 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 physicists for the past two cycles of internship (1 cycle equals 2 years).

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

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

7.3 Any other comments
