Health Professions Council of South Africa Spec 3		Council of South Africa	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 MEDICINE/HEALTH SCIENCES AT A SOUTH AFRICAN UNIVERSITY 11/6/1			
1.		following croved Regist	riteria shall apply when considering approval of an increase in the number of rar posts:			
	a.		posts are posts for education and training in a speciality recognised in terms of the as Relating to the Specialities and Subspecialities in Medicine and Dentistry.			
	b.	needs, bu	of Registrar posts shall not be based on a Hospital/Department/Facility's service t on the availability of facilities and opportunities for education and training, and experience at a high level in the relevant speciality.			
	C.	basis of the ratio is not	er of registrar posts which the Board will approve, shall be determined on the e availability of personnel to conduct education and training. For this purpose the t to exceed 1:4 (one specialist for every four registrars). In smaller specialities, s to this general rule would be considered by the Board on merit.			
	d.	regard to	ermining the number of registrar posts to be approved, the Board shall have the availability of opportunities for a high measure of self study, original on and research which should be clearly specified in the application.			
	e.	Apart from shall be av	the above, sufficient material and facilities for specialist education and training vailable.			
2.			ove criteria, the ratio of 1:4 (Consultative disciplines) and1:3 (Surgical disciplines) n the following:			
	a.	The numb available.	er of specialists actually employed and NOT on the number of specialist posts			
	b.		specialist post become vacant, such post is to be filled within six (6) months in o affect the above ratio.			
3.		application s opaedics):	should reflect the following per academic Department (e.g. Surgery, Medicine, or			
	a.		number of approved registrar posts per academic Department as a whole, eaching satellite departments/facilities.			
	b.		oution of approved registrar posts amongst <u>teaching</u> Departments/Facilities, and ospitals/Departments/Facilities.			
	C.		ct ratio of specialists employed, registrar posts and registrars employed at each of ospitals/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.	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)
3.	Name of the hospital/ institution to which the Department/Facility is attached:	
4.	Provide full details of the Department/Facility's personnel structure:	 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</u> <u>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</u> <u>specialists employed</u> in the speciality on day of application:	Number employed Total number of sessions per week (Provide details on the attached Schedule)

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 1:4, i.e. one specialist per four registrars in both the teaching and satellite departments)
5.	Full name and registered qualification(s) of the Head of the academic Department:	
6.	Full name and registered qualification(s) of the Head of the teaching Department/ Facility	

7.	Full name and registered qualification(s) of the Head of the satellite department/ facility				
8.	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				
9.	Attach a copy of the detailed e	ducation and training programme to be followed.			
10.	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 wh	nich 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				
11.	Has approval been obtained from the Health Authority and the University concerned for the proposed new or increased number of Registrar posts	Yes No			

We, the undersigned, certify that this University's Faculty of Medicine/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.

SIGNATURES						
DESIGNATION	NAME AND SURNAME	SIGNATURE	DATE			
Academic Head of Speciality						
Dean: Faculty of Medicine/Health Sciences						
Medical Superintendent/Head of Institution						
Head of Satellite Department/Facility						
Institution stamp						
Place						

MEDICAL AND DENTAL PROFESSIONS BOARD

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

1.	Name of University:
2.	Name of Hospital:
3.	Name of Speciality:

4. FULL-TIME specialists employed by the Department/Facility on day of application:

	Name	Reg No in terms of the Act	Rank/Speciality	Post No	Date Employed
4.1		MP			
4.2		MP			
4.3		MP			
4.4		MP			
4.5		MP			
4.6		MP			
4.7		MP			
4.8		MP			
4.9		MP			
4.10		MP			
4.11		MP			
4.12		MP			
4.13		MP			
4.14		MP			
4.15		MP			
4.16		MP			

Name	Reg No in terms of the Act	Rank/ Speciality	Post No	Date Employed	No of Sessions per week
5.1	MP				
5.2	MP				
5.3	MP				
5.4	MP				
5.5	MP				
5.6	MP				
5.7	MP				
5.8	MP				
5.9	MP				
5.10	MP				
5.11	MP				
5.12	MP				
5.13	MP				
5.14	MP				
5.15	MP				
5.16	MP				
5.17	MP				
5.18	MP				
5.19	MP				
5.20	MP				

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