

DEFINITION The Board recognises as a teaching unit or a satellite teaching unit, any such single unit or units in subspecialties recognised for subspeciality education and training which a university with a Faculty of Medicine/Health Sciences utilises for the purpose of its post-specialist education and training programme in a recognised subspeciality, subject to such unit(s) complying with Board's requirements.

- CRITERIA**
1. The name of the unit, clearly defined in terms of the subspecialities recognised by the Board in terms of the Regulations relating to Specialities and Subspecialities in Medicine and Dentistry must be submitted for approval to the Board by the university concerned, with submission by the university's Faculty of Medicine/Health Sciences of the necessary details pertaining to the human resources, physical facilities and equipment of that unit and its programme of education and training.
 2. Education and training in a recognised satellite teaching unit shall be for a period not exceeding twelve (12) months.
 3. Every teaching unit to be recognised, shall have a nominated person registered in the relevant subspeciality who shall head that unit.
 4. For each teaching unit, the Faculty of Medicine/Health Sciences shall specify the Academic Head of the subspeciality concerned and, should the Academic Head and he head of the teaching unit to be recognised not be the same person, provide details of their line function responsibilities in relation to each other and in the execution of the education and training programme.
 5. Every trainee (Senior Registrar) in a subspeciality shall be jointly appointed by the university and the health authority in an approved full-time or part-time post (for the Board's purposes identified as that of Senior Registrar) and shall be educated and trained in the relevant unit or units under the control of the Academic Head of the subspeciality.
 6. The clinical duty load of Senior Registrars shall be confined to the field of the subspeciality concerned and must be arranged, according to the needs of the subspeciality by the head of the teaching unit to ensure adequate clinical exposure, opportunities for study, subject discussions and the undertaking of investigations/research.
 7. The necessary facilities such as suitable equipment, laboratories, literature and other clinical and administrative support services must be available.
 8. Both trainer and Senior Registrars in a subspeciality must be integrated with the entire post-specialist academic programme of the Faculty.
 9. Continued recognition as a teaching unit or satellite teaching unit shall be subject to inspections to be carried out as may be deemed necessary by the Board and submission of satisfactory reports.

MEDICAL AND DENTAL PROFESSIONS BOARD

Application for Recognition of a Unit as a Teaching Unit or a Satellite Teaching Unit in a Subspecialty of a Faculty of Medicine/Health Sciences at a South African University

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.	Teaching unit specified according to the recognised subspecialty:	..... (Separate application forms must be used for each Unit, if more than one Unit is to be recognised)
3.	Name of the hospital/ institution to which the Teaching Unit is attached:	.....
4.	Provide full details of the Teaching Unit's personnel structure:	Please note: i. Fill in details of the full- and part-time persons registered in the subspecialty and related speciality(ies) and employed in the Unit on the attached schedule. ii. Provide details also of the number and nature of other professional/administrative resources specifically allocated to the Unit.
a.	Total number of full-time subspecialist posts in the subspecialty on day of application:	.....
b.	Total number of <u>full-time subspecialists employed</u> in the subspecialty on day of application:	..... (Provide details on the attached Schedule)
c.	Total number of part-time subspecialist posts in the subspecialty on day of application:	.....
d.	Total number of <u>part-time subspecialists employed</u> in the subspecialty on day of application:	..... Number employed Total number of sessions per week (Provide details on the attached Schedule)

e.	Total number of Senior Registrars to be educated and trained in the Unit:	Full-time: Part-time: (Please note: the Ratio is to be 1:2 (one subspecialist per two Senior Registrar))
5.	Full name and registered qualification(s) of the Academic/Head of the Subspeciality:	..... ..... .....
6.	Full name and registered qualification(s) of Head of Unit (Please attach curriculum vitae):	..... ..... .....
7.	Will both the trainers and trainees (Senior Registrars) in the subspeciality be linked to the University's Faculty and in what way:	..... ..... .....
8.	Attach a copy of the education and training programme to be followed.	
9.	Provide the following details of the Teaching Unit 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 which the Unit manages	
e.	Details of available physical facilities and equipment to execute patient care and the education and training programme in the specified Unit	
f.	Details of available auxiliary facilities/services which are available to the Unit	
g.	Details of past/present/future research activities in which the Unit was/is involved	
10.	Has approval been obtained from the Health Authority and the University concerned for the proposed teaching status of the Teaching Unit in question	Yes <input type="checkbox"/> No <input type="checkbox"/>

We, the undersigned, certify that this University's Faculty of Medicine/Health Sciences has the necessary capacity for education and training in the relevant subspecialty, enjoys full access to the Teaching Unit and that the Faculty undertakes to ensure that the Teaching Unit referred to herein shall fully meet the Board's requirements for education and training in the subspecialty.

SIGNATURES

DESIGNATION	NAME AND SURNAME	SIGNATURE	DATE
Academic Head of Subspecialty			
Dean: Faculty of Medicine/Health Sciences			
Medical Superintendent/Head of Institution			
Head of Teaching Unit/Satellite Teaching Unit			
Institution stamp			
Place			

MEDICAL AND DENTAL PROFESSIONS BOARD

**PROFESSIONAL ESTABLISHMENT OF TEACHING UNIT OR SATELLITE TEACHING UNIT:
SUBSPECIALISTS EMPLOYED IN SUBSPECIALITY: DETAILS**

1. Name of University:
2. Name of Hospital:
3. Name of Subspeciality:
4. FULL-TIME subspecialists employed by the Teaching Unit on day of application:

Name		Reg No in terms of the Act	Rank/ Subspeciality	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			

5. PART-TIME subspecialists employed by the said Teaching Unit on day of application

Name		Reg No in terms of the Act	Rank/Sub-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				