

MEDICAL AND DENTAL PROFESSIONS BOARD

APPLICATION FOR APPROVAL OF OR AN INCREASE IN THE NUMBER OF APPROVED SUBSPECIALITY TRAINEE POSTS ALLOCATED TO A TEACHING UNIT OR A SATELLITE TEACHING UNIT IN A SUBSPECIALITY OF A FACULTY/SCHOOL OF MEDICINE/HEALTH SCIENCES AT A SOUTH AFRICAN UNIVERSITY

11/6/1

1. The following criteria shall apply when considering approval of or an increase in the number of approved Senior Registrar posts:
 - a. Senior Registrar posts are posts for education and training in a subspeciality recognised in terms of the Regulations Relating to the Specialities and Subspecialities in Medicine and Dentistry.
 - b. Senior Registrar posts shall not be based on a Hospital's service needs, but on the availability of facilities and opportunities for education and training, research and experience at this advanced level in the relevant subspeciality.
 - c. The number of Senior Registrar posts which the Board will approve, shall be determined on the basis of the availability of personnel to conduct education and training. For this purpose the ratio shall be 1:2 (one subspecialist for every two Senior Registrars).
 - d. When determining the number of Senior Registrar posts, regard shall be had to the availability of opportunities for a high measure of self study, original investigations and research.
 - e. Apart from the above, sufficient material and facilities for education and training in the subspeciality must be available.
2. In view of the above criteria, the ratio of 1:2 is to be based on the following:
 - a. The number of subspecialists actually employed in the subspeciality and NOT on the number of subspecialist posts available.
 - b. Should a subspecialist post in the subspeciality become vacant, such post is to be filled within three (3) months in order not to affect the above ratio.
3. The application should reflect the following per academic Department (e.g. Cardiology, Nephrology or Vascular Surgery):
 - a. The total number of approved Senior Registrar posts at all teaching units for the subspeciality at that Faculty.
 - b. The distribution of approved Senior Registrar posts amongst teaching and satellite teaching units.
 - c. The correct ratio of subspecialists employed, senior registrar posts and senior registrars employed at each of the said teaching units.

MEDICAL AND DENTAL PROFESSIONS BOARD

Application for Approval of or an Increase in the Number of Approved Senior Registrar Posts allocated to a Teaching Unit or a Satellite Teaching Unit

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 recognised subspecialty:	..... (Separate application forms must be used for each Teaching Unit, if posts at more than one are to be approved)
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 employed in the Teaching Unit on the attached schedule. ii. Provide details also of the number and nature of other professional/administrative resources specifically allocated to the Teaching Unit.
a.	Total number of full-time subspecialist posts in the subspecialty on day of application:	.....
b.	Total number of <u>full-time subspecialist 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.	Existing series of Board approved senior registrar post numbers for the teaching unit (if any)	.....
f.	Distribution of existing posts and senior registrars employed in the Teaching Units	

Teaching Unit	No of Senior Registrar Posts	No of Senior Registrars employed

Satellite Teaching Units	No of Senior Registrar Posts	No of Senior Registrars employed

g.	Number of additional senior registrar posts applied for	
h.	Total number of registrars proposed to be educated and trained in the Teaching and Satellite Teaching Units	Full-time: Part-time: (Please note: The ratio is to be 1:2, i.e. one specialist per two senior registrars)
5.	Full name and registered qualification(s) of the Head of the Teaching Unit:	..... ..... .....

6.	Full name and registered qualification(s) of the Head of the satellite Teaching Unit	..... ..... .....
7.	Will both the subspecialists and senior registrars in the subspeciality at satellite Teaching Units be linked to the University's Faculty and in what way	..... ..... .....
8.	Attach a copy of the detailed 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 Teaching Unit manages	
e.	Details of available physical facilities and equipment to execute patient care and the education and training programme in the specified Teaching Unit	
f.	Details of available auxiliary facilities/services which are available to the Teaching Unit	
g.	Details of past/present/future research activities in which the Teaching Unit was/is involved	
10.	Has approval been obtained from the Health Authority and the University concerned for the proposed approval or increase in the number of Senior Registrar posts	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, and that the Faculty undertakes to ensure that the education and training of Senior Registrars in the relevant Teaching Unit or satellite Teaching Unit shall fully meet the Board's requirements for education and training in the said 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			

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**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				