

Guideline on the Minimum Conditions of Service, Education and Training of Registrars and Subspecialist Trainees in South Africa

Preamble:

The regulation and provision of specialist training is a partnership between the Health Professions Council of South Africa (HPCSA), the National and Provincial Departments of Health and the Universities with Faculties of Health Sciences or Medical Schools. The Department of Higher Education and Training also exerts influence in terms of providing for clinical training and subsidies for academic outputs of the training programmes.

The HPCSA has the responsibility of establishing minimum standards, to accredit training programmes and qualifications, and to define the requirements for registration as a specialist and subspecialist. This statutory function is carried out in consultation with government agencies, Universities, The Colleges of Medicine of South Africa, and the various Specialist Societies.

The Department of Health is responsible for providing the facilities in which to conduct specialist and subspecialist training.

The Universities are responsible for implementing and supervising education and training programmes and to ensure adequate exposure to the field of study. They are also responsible for monitoring progress in training and assessing the capabilities of the specialist and subspecialist trainees in service. Trainees are required to provide a clinical service while in training and to abide by the rules governing their employment and to complete their training within the scheduled time.

The majority of registrars are employed by and paid by the Provincial Authority (or National Health Laboratory Service [NHLS] for pathology registrars) and in effect are

subject to the rules and regulations laid down by that authority in terms of the Public Service Act.

It is essential that their study time be protected and that a balance is created between service and study needs. There is evidence that in the majority of cases registrars work unacceptably long hours in order to provide a service and certainly have virtually no protected study time.

It is also important to make education and training in recognized specialties and subspecialties attractive in order to facilitate recruitment, which is a major problem for some training centres and to avoid negative competition between education and training centres.

The implementation of such a guideline would require an agreement between all interested parties mainly the HPCSA, National and Provincial Departments of Health, NHLS and Universities with The Colleges of Medicine of South Africa holding a watching brief.

Principles of the Guideline:

1. It is advisable that the registrar body should be removed from the general pool of medical employees and be funded from a central ring fenced source. Each trainee should have their own **registrar training number** on a national register of the HPCSA. They work under the aegis of a University department which would be responsible for their education and training. They apply to and are accepted onto a recognised programme. They should remain on that programme for their entire education and training, rotations are at the discretion of the Head of that programme in order to ensure adequate exposure to the various specialities. It is the prerogative of the trainee to change disciplines and/or programmes but this must follow a procedure of consultation and negotiation. Ground rules must be established in terms of notice of termination in order to avoid the creation of staffing crisis situations within programmes. It is also essential that continuity be maintained and that registrar posts should not be frozen when vacancies arise. The long term vision is to create well organized and appropriate education and

training programmes filled by appropriately motivated trainees with the prospect of comprehensive and relevant education and training.

2. **Rotations** and exposure to the necessary areas in their specialities or subspecialities should be planned over the required education and training period as determined by the responsible Head of Department, in order to comply with statutory requirements. Trainees are expected to abide by their rotations and to attend the offered education and training programme and to justify absences. In turn the Department must provide an **organised education and training programme** in order to ensure successful completion of the examinations.
3. Registrars would be **employed for a finite period of time** which complies with the statutory requirements. This time period must be realistic in order to meet the academic requirements, including research. Consideration must be given to allowing a one or two year extension period to those who have made *bona fide* attempts to comply with education and training requirements. This would be a joint decision made by the Programme Head and the Chief Executive of the training hospital or NHLS laboratory.

After qualification there is no guarantee of ongoing employment, and appointment to specialist posts will be on merit as per the requirements for the job and recommendations would be made by a selection committee.

4. **Examinations** – Trainees must be given a time frame for various stages in their education and training by which time they must have completed various components of the examinations. For example, Part I, Part II, and Part III. Failure to comply with these requirements or show *bona fide* attempts to comply with these requirements would warrant reconsideration of retention within the programme.
5. **Integrated continuous assessment.** A professional Portfolio of Evidence should be kept which includes all academic and clinical activities and this should also include a Logbook of procedures performed. Formal assessment must be made on a regular basis (i.e., at least every six (6) months) and recorded on a

proforma which would preferably be used country wide. Different facets would be used in the different specialities and would address technical ability, clinical ability, interpersonal relations, administrative ability and academic progress.

6. These reports must be discussed with the candidate and problem areas addressed. A **probation period of one year** should be established in which a decision can be taken as to whether the trainee is suitable for further education and training. If not the candidate would be expected to leave the programme. The assessments would be made by a committee consisting of the Head of Department and a committee from within the Department.
7. It is essential that trainees must provide **feedback** on the adequacy of the education and training programme on a proforma with regard to the facilities provided, supervision given, and other aspects of the education and training experience. Programmes may then be accredited by the HPCSA at regular intervals and due consideration should be given to this information. Deficiencies should be made good.
8. **Resignation:** In the interest of service provision as well as recruitment of suitable replacements, a reasonable period of notice must be given. Three months is suggested as workable.
9. **Leave:** Trainees should be encouraged to take allocated leave on an annual basis. A system of study leave which is workable in terms of service requirements must be evolved. It is suggested that 5 days be allowed before examinations. Sick leave and maternity leave would also be an entitlement as per regulations. In order to facilitate this arrangement, staffing structures should be able to accommodate it, in other words to have **leave relief posts** to avoid crippling the service.
10. **Sufficient time must be given for study purposes.** Protected academic time must be defined to allow for study and participation in the research activities required in order to comply with the research component of a Masters Degree as laid down by the Department of Education. It is suggested that 20% of their time

(or 8 hours per week) be dedicated to this end. A ceiling should be placed on the average number of working hours per week. A maximum number of 80 hours is recommended, which is also used as the upper ceiling of actual working time for interns by the HPCSA.

11. Careful consideration must be given to providing **sufficient staff** to accommodate leave and academic time requirements. It must be realized however that there is a critical patient volume and throughput required in order to ensure that there is adequate exposure to the speciality or subspeciality.

12. In terms of **general conduct**, trainees are expected to comply with Hospital and Faculty rules. Grounds for dismissal should be defined and would include professional misconduct, substance abuse, and poor performance. Failure to comply with Hospital/Faculty rules would require two written warnings prior to further action been taken.

13. **Grievances**. It is essential that every education and training programme has an elected Registrar Committee to look after the interests of their constituents. Grievances should be addressed to a Committee formed within the training body, such as the local branch of the South African Registrars' Association. These would be addressed to the Head of the Department. A separate Disciplinary/Grievance committee should consider submissions in order to ensure fair play. The Chairman of the Registrar Committee may be present at any procedural meeting.

14. Consideration must be given to the appointment of a **curator** to oversee progress of registrars, conditions of service, and the implementation of this guideline in each education and training facility, along the same lines as the system of intern curators. This individual would report back to the Head of the Department and to the Chair of the Subcommittee for Postgraduate Education and Training (Medical) of the HPCSA when necessary.

15. **Part time training**: Part-time education and training is permitted in all recognised specialities and subspecialities. Part-time trainees would be subject to

the same conditions of service and training. The duration and content of part-time training to be sanctioned by the HPCSA prior to commencement of training, and part-time trainees must be allocated their own training numbers (i.e., sharing of training numbers is not permitted).

APPENDIX: SUPERNUMERARY TRAINEES

Definition:

Trainees paid by an outside agency and employed in addition to the staff establishment of the education and training facility. This is essentially designed to provide training for those who do not have this Facility in their own countries or institutions.

Category 1:

Full training with the aim of achieving the Fellowship of The Colleges of Medicine of South Africa. This would be a four year (specialist training) or two year (subspecialist training) education and programme.

Category 2:

Short term stay, for example, less than a year to learn a specific technique or to be exposed to a specific speciality programme such as intensive care unit, endoscopy, or neonatology.

Category 3:

Pure observer status.

Category 1 supernumerary registrar

This is a full registrar who is exposed to the same programme as that followed by the local registered trainees.

Trainees must be registered with the HPCSA. They will be placed on HPCSA approved numbered posts.

All foreign supernumeraries must sign a contract and acknowledge that the education and training is not valid for specialist registration in South Africa and that they will be returning to their country of origin.

Candidates will be rostered for clinical duties and rotated in exactly the same way as local trainees and would be subject to the same supervision and assessment process.

They will enjoy the same academic privileges and facilities (e.g., library facilities and didactic training courses) as local registrars.

They will have the same contractual obligation in terms of leave according to specific departmental rules.

Integrated continuous assessment will be conducted as per local registrars and there would also be a one year probation period in which an assessment could be made as to whether it is desirable or advisable for an individual to continue with the training.

The trainees would be contractually bound to the Institution and should they want to move this would be by negotiation with Department Heads and the funding body and they will not be free to simply move.

There would be a ceiling on their working hours per week, which is recommended to be a maximum of 80 hours, in order to avoid exploitation, there would also be the same regime of protected study time as local registrars.

In terms of general conduct they will be subject to the same Hospital and Faculty rules and subject to the same disciplinary procedures as the local trainees.

Grounds for dismissal would include professional misconduct, substance abuse, and poor performance.

Grievances will be taken to the Departmental grievance committee and handled in the same way as the local trainees.

Category 2 supernumerary registrars:

Require registration with the HPCSA and all the above rules would apply to this category.

Category 3 supernumerary registrars: Observers

This would be a far more flexible arrangement with freedom of movement.

**SUBCOMMITTEE FOR POSTGRADUATE EDUCATION AND TRAINING
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