| | |
|---|---|
| HPCSA Health Professions Council of South Africa<br><br>**CMS B** | **POLICY REGARDING THE CRITERIA FOR EVALUATION OF FACILITIES FOR INTERNSHIP TRAINING IN MEDICAL SCIENCE**<br><br>**MEDICAL AND DENTAL PROFESSIONS BOARD:**<br><br>**MEDICAL SCIENCE** |

The purpose of this document is to provide a comprehensive guideline on matters relating to the evaluation of medical science internship training facilities and must be read with the following documents:

- *Health Professions Act 56 of 1974 – HPA 56 of 1974*
- *Quality Management Systems: Education and training programmes and clinical training sites approval policy - QMS*
- *Education and Training Quality Assurance (ETQA) Committee of Council Rule 112 of 2018 - ETQA*
- *Application for evaluation as training facility for Intern Medical Biological Scientists – Self-Evaluation Questionnaire – CMS D1 MBS*
- *Application for evaluation as training facility for Intern Genetic Counsellors – Self-Evaluation Questionnaire – CMS D2 GC*
- *Application for evaluation as training facility for Intern Medical Physicists – Self-Evaluation Questionnaire – CMS D3 PH*
- *Application for evaluation as training facility for Intern Medical Biological Scientists – Evaluation Report - CMS E1 MBS*
- *Application for evaluation as training facility for Intern Genetic Counsellors –Evaluation Report - CMS E2 GC*
- *Application for evaluation as training facility for Intern Medical Physicists – Self Evaluation Report - CMS E3 PH*
- *Policy regarding training of interns in Medical Science – CMS A*
- *List of appointed Evaluation Panel Members - CMS B-01 (internal use only)*
- *Schedule of Evaluation visits of Intern Medical Scientist training facilities – CMS B-02 (internal use only)*
- *Guideline for virtual Evaluation visits – CMS B-03*
- *Abbreviated Curriculum Vitae CMS B-04*
- *National Curriculum – CMS 01*
- *Annual Report to the Committee for Medical Science – CMS C*
- *Evaluation of the experience of the intern candidate during training – CMS F*
- *Application for increase in the number of intern medical scientist posts – CMS G*
- *Guidelines on assessment and moderation of the Portfolio of Evidence: Intern Medical Scientists – CMS H*
- *Code of Conduct for Evaluators – CMS K*
- *Application to serve as member of the evaluation panel for medical science internship training – CMS 07*
- *Standard Operating Procedures and Timeframe for Evaluations of Higher Education Institutions and Clinical Training (SOP EHEICT).*

**Table on Contents**

# 1. INTRODUCTION

### 1.1 The Profession of Medical Science

The profession of medical science consists of three disciplines, Medical Biological Science (MBS), Genetic Counselling (GC) and Medical Physics (PH).

Medical scientists in the discipline of medical biological science, may in addition, be registered in various professional categories as determined by the Medical and Dental Professions Board hereafter referred to as "the Board". At present the board recognises several MBS categories, as defined in CMS A.

*Regulations relating to the qualifications for registration of Medical Scientists – Government Notice No. R.581 published in Government Gazette No. 32244 of 22 May 2009 prescribes:*

- *Regulation 4 – The registrar may register a person as a medical scientist in one of the following disciplines – (a) Medical Biological Science; (b) Genetic Counselling; or (c) Medical Physics.*
- *Regulation 5 – Medical scientists in the discipline of medical biological science may in addition, be registered in professional categories as determined by the board from time to time (refer to CMS A).*

Evaluation may only be considered in the specified disciplines and/or professional categories as prescribed above. The training program shall include the total scope of testing or content of the category and not only part of the academic discipline. In contrast to SANAS accreditation where only one test may be accredited as a diagnostic test, the intern-training program shall provide training on the entire academic discipline (category or discipline). If a training facility cannot provide the entire spectrum, it may use outsourced laboratories or satellite labs as described in item 10.

If a facility cannot provide the full scope of training, it cannot be considered as a training facility. The same condition applies to all HPCSA training programs including intern medical doctors, registrars and medical technologists.

The same principles apply to all training facilities whether private pathology or public sector, the full content of an academic discipline (discipline / professional category) shall be provided in order to be approved as a training facility by the HPCSA.

A sub-category or speciality can only be obtained after successful completion of the basic internship. This process is still under development and is presently not available.

### 1.2 Scope of the Profession of a Medical Scientist

*Regulation 2 of Regulations relating to the regulations defining the scope of the profession of Medical Scientists – Government Notice No. R.579 published in the Government Gazette No. 32244 of 22 May 2009:*

*The following acts are hereby specified as acts which, for purposes of section 33 of the Act, shall be deemed to be acts pertaining to the profession of medical science, which acts shall be performed as an auxiliary and supporting service to medicine and in line with the scope of practice for medical scientists as prescribed under the medical and dental professions board Annexure 6 to the Ethical Rules published as Government Notice no.R.717 of 4 Augusts 2007:*

*The development, the evaluation; and the practice of scientific procedures which involve humans, human biological material, or medical equipment subjects thereto that <u>such acts will lead to or impact on treatment, diagnosis and genetic counselling of humans</u> and, where appropriate, interpretation, quality management, patient genetic counselling and consultation with other registered and appropriately qualified health practitioners.*

### 1.3 The definition of an approved intern training facility

*The Government Gazette Notice No R.578 (22 May 2009) under the Health Professions Act, 1974 (Act no. 56 of 1974) – Regulations relating to the registration of interns in medical science defines* the term **"approved training facility"** as a hospital, clinic, laboratory, health care centre, or any other institution which is approved by the board for the purpose of internship training".

Intern genetic counsellors must be trained in an environment with direct patient exposure and appropriate supervision when counselling patients in prenatal, pediatric, and adult contexts. Facilities offering genetic counselling internship must specify the manner in which the intern candidates will have direct consultations with patients; either through their own services or through an agreement with an academic center.

Internship must be performed in a functional diagnostic laboratory (Medical Biological Scientists) or a hospital-based clinic (Reproductive Biology and Genetic Counselling) or a hospital (Medical Physics) with a valid medical practice number.

Any facility providing a health-related service as described under the Health Professions Act and regulations may apply for evaluation, whether in the public or private sector. The facility must be able to provide an environment for the intern to comply with all the aspects as prescribed under the Scope of Profession of a Medical Scientist (Council Rule 112 of 2018, ETQA, HPCSA 2024; Section 16 of the HPA no 56 of 1974).

Training facilities may apply for the evaluation of new training programs at any time. New training programs will be subjected to review by the Committee for Medical Science to determine compliance before standard operating procedures commence for evaluation of the program (Refer to SOP EHEICT). Research facilities are not regarded as diagnostic/therapeutic/clinical-based facilities, but may be included in training programs as satellite training facilities for rotation purposes with a memorandum of understanding. Refer to CMS A, Section 10.

## 2. BACKGROUND

### 2.1 LEGISLATIVE FRAMEWORK FOR EVALUATIONS

***Refer to Sections 15A, 15B, 24, and 31 of the Health Professions Act 56 of 1974 for the legislative framework on the evaluation of training facilities***

In the South African context, the term "accreditation", strictly speaking, applies to the decision taken by the Council for Higher Education (CHE) to accredit a degree for inclusion in the National Qualifications Framework by the South African Qualifications Authority. The CHE will accredit programmes only after the regulatory authority (in this case the HPCSA) has *approved* the programmes after a process of *evaluation*. Hence, in this policy, the term 'evaluation' is used.

### 2.2 DEFINITIONS

**The definitions in this document are applied in the context as defined in the EDUCATION AND TRAINING PROGRAMMES AND CLINICAL TRAINING SITES APPROVAL POLICY, HPCSA December 2020.**

*"Accreditation is the approval of a professional programme of studies, or of the study programmes of an entire educational institution, by a recognised accrediting body"* (Hawes *et al.* 1982).

*"Accreditation is the recognition and approval of the academic standards of an educational institution by some external, impartial body of high public esteem"* (Rowntree 1981).

*"Evaluation - Verification of the elements of the Higher Education Institutions or clinical/therapeutic training facility/unit to determine if it meets the requirements for the learning programme in respect of*

*learning outcomes, purpose, assessment as well as evaluation guidelines to uphold the education and training standards of the profession".*

Evaluation refers to the setting of standards by which the curriculum of medical science internship programmes, in diagnostic and/or clinical and/or therapeutic environments are evaluated. Certification or registration, on the other hand, is the process of assessing the educational experiences and measuring the knowledge and skills of individuals who wish to practise medical science.

The goal of an evaluation is to exercise control over the quality of education and training, and the relevance of the training, to ensure maintenance of academic and practical skill standards and to bring about comparability of standards. Evaluation provides assurance to current and potential intern candidates of an institution/facility that the standards are appropriate, as well as guaranteeing to the state and the public at large that the successful candidates of these programmes have achieved the relevant levels of competence. Over time, the process of evaluation also serves to improve the quality of education and training programmes in medical and dental schools.

One of the main functions of the Medical and Dental Professions Board is to continually adapt and implement a system of approval of internship training programmes in Medical Science.

## 3. OBJECTIVES OF THE EVALUATION

The training policy CMS A provides criteria and guidelines and sets minimum requirements for curricula and programmes. A national evaluation processes every five years, will establish a common, formal basis for the recognition of medical science education and training as described in the training policy CMS A. The evaluation of training facilities will determine and certify the achievement and maintenance of minimum standards of education and training.

By means of such a process, the Professional Board will attest to
- a) the educational quality of approved facilities,
- b) ensure that those institutions train medical science candidates, post-graduates and dental graduates, who are following training, competent to practise independently,
- c) facilities who have an adequate basis to undertake vocational training.

The evaluation process is not inherently punitive in nature but is intended to support and facilitate training facilities to ensure that the prescribed outcomes of internship training can be achieved.
The objective of the evaluation of medical diagnostic/clinical/therapeutic facilities in South Africa is:

a) To develop criteria and guidelines for the evaluation of the educational effectiveness of the relevant programmes to ensure appropriate standards in the education and training of students.

b) To improve the quality of education and internship training programmes in medical science facilities.

c) To guarantee the quality of education and training to all users concerned bodies and individuals in that evaluation is linked to standards.

d) To promote comparability and equality of standards in medical science internship training facilities in South Africa.

In order to achieve these objectives and in the best interest of intern candidates' various role players, the Board, and the training facilities all have an important role to play (Refer to CMS A – section 9.6). The board, in terms of its statutory function, must protect the interests of the public by establishing and maintaining standards of education, training, practice, conduct and behaviour. Stakeholder engagement will be scheduled annually (or when needed) to consult, discuss, disseminate and gather information. The decisions taken during the engagement are not final but are viewed as recommendations.

## 4. STRUCTURES FOR EVALUATION

Currently, the Health Professions Council of South Africa is an Education and Training Quality Assurance body (ETQA) accountable to the South African Qualifications Authority on all matters relating to quality assurance, standards generation and keeping/maintaining an information database for the registration status of health professionals. Ordinarily, the Board reports to the HPCSA through its internal structures on its functioning on education and training standards.

The relevant Committees of the Board will take responsibility for evaluation. The evaluation visit to each training facility will be undertaken by an Evaluation Panel appointed by the appropriate Committee and shall take place under its guidance.

### 4.1 MEDICAL AND DENTAL PROFESSIONS BOARD

The Medical and Dental Professions Board is the body responsible for the process and for creating structures for the planning, designing, implementation and execution of evaluation.

The Board appoint the Committee for Medical Science, which has the responsibility of preparing for and implementing a system of evaluation of intern medical science programmes. A primary responsibility will be to attest to the quality of accredited facilities/programmes.

### 4.2. RESPONSIBILITIES AND FUNCTIONS OF THE COMMITTEE OF MEDICAL SCIENCE

a) Prepare and maintain an evaluation format.

b) Set the minimum standards of intern medical science education and training.

c) Review these standards every five years (Refer to QMS, Sections 11 and 12).

d) Determine the criteria for evaluation at the internship level, entailing aspects such as:

- the minimum curriculum
- the educational and training processes employed
- the educational methods and techniques used
- the training platform
- the criteria with which the intern candidates should comply
- the methods by which the intern candidates are assessed
- the methods by which the components of the training program are evaluated

e) Review the criteria for when changes are made to the policies.

f) Determine the criteria for a list of experts who are considered capable to undertake the evaluation of medical and dental programmes for evaluation purposes and review the criteria every five years.

g) Maintain a database of available experts.

h) Appoint teams of experts from the list referred to in (g) to undertake the assessment of facilities for the purpose of internship training in medical science evaluation. Such an assessment will include an on-site or virtual visit to the facility concerned. International experts may be incorporated into the panel at the discretion of the Committee depending on the availability of funds and affordable experts.

i) Receive and review the evaluation reports from the appropriate Committee and take such steps as may be required such as:

- obtaining additional information

- obtaining and considering the comments from the institutions
- modifying the evaluation report if required in light of any comments received

j) Receive requests from the institutions and take whatever steps may be necessary to support the evaluation system. Such requests may relate to any aspect of under- and post-graduate as well as internship education and training programmes which may affect their present or future position with regard to approval, or which may have resulted from any resolutions of the Board or its Committees that have a bearing on such approval.

k) Monitor approved programmes annually to determine whether they are able to uphold their conditions, and to ensure the maintenance of standards and arrange for renewal of evaluation where necessary.

l) Provide reasonable and appropriate information on approved programmes to the educational and state authorities, and other educational institutions that may have an interest.

m) Prepare and disseminate documentation and publications, and arrange meetings, in connection with the evaluation process and the maintenance and/or improvement of academic standards.

n) Promote the self-regulation of facilities by promoting internal self-evaluation and the maintenance of quality in education and training.

o) Evaluate, when requested, medical science internship training programmes in other countries from which medical scientists are to be recruited.

## 5. RESPONSIBILITIES OF TRAINING FACILITIES TO BE EVALUATED

The evaluation leading to approval for internship training shall be comprehensive. It will include an ongoing self-analysis by the applying facility, information gathering and the assessment of professional, personal and human attributes, essential physical structures, equipment and resources. Organisational and administrative processes and functioning, in combination with the above, create the environment and atmosphere, or lack thereof, in which the particular facility's culture of training and learning shall be assessed and monitored.

### 5.1. Governance and Resources

a) The management of the approved training facility is responsible for the overall governance and management of the intern training programs and must ensure effective planning, organization, leadership and control of internship training.

b) An annual report must be submitted even if the training program is inactive (CMS C).
The primary purpose of the annual report is to monitor the progress of intern candidates, changes in resources (human resources, training resources and physical resources) and required amendments or upgrading of training programs to keep in line with new technology and innovations. The secondary purpose is to monitor progress on recommendations (if applicable) during the accreditation visit.

c) The test repertoire/methodology/therapeutic/clinical interventions must stay relevant to the health demand on the national level. This should be representative of the entire scope of the academic discipline (or professional category in medical biological science).

d) The recruitment of intern candidates must be fair and selection criteria shall be appropriately indicated and implemented.
e) A process must be in place for the induction of intern candidates.

f) Career advice and/or progression strategy/information should be offered to interns

g) A process shall be in place to support impaired interns. The Health Professions Act section 51(1) defines “impaired” as a mental or physical condition, or the abuse of or dependence on chemical substances, which affects the competence attitude, judgement or performance of a student or another person registered in terms of this Act.

For more information, refer to “*Management of Impaired Practitioners and Students: Frequently Asked Questions for Practitioners Impairment (Health Professions Council of South Africa, July 2022)”, and “A National Strategy for Managing Impairment in Students, and Practitioners registered with Council*, Health Professions Council of South Africa, (15 October 1996)”.

### 5.2 Training as a Team Approach

a) Internship training for medical science is a professional matter and training, therefore, is the responsibility of adequately qualified, experienced and competent health professionals.

b) The training institution should inform the HPCSA immediately if the Head of the Training Program or Supervisor for a specific training programme has resigned or in the case of a change in training staff.

c) All members of the training team should be appointed by the relevant Health Authority. Appointed supervisors are registered with the intern candidate during the application for internship registration (Form 26 MSIN). The responsibility of the employees in terms of training, supervision and assistance to intern candidates is defined in CMS A: Policy regarding the training of intern Medical Scientist.

d) Supervisors and/or Heads of Training Programs must be involved in the assessments and moderation of Portfolio of Evidence on national level.

e) Supervisors and/or Heads of Training Programs shall be part of evaluation panels for accreditation of internship training facilities for medical science.

f) Training and supervision by medical scientists (registered in the same professional category as the intern candidate and more than three years after registration) shall be available daily on a full-time basis and such availability shall be appropriate for the level of health care provided.

g) In addition to their normal line-management and medico-legal responsibilities, the training team will be co-responsible for the delivery of a pathology/clinical and/or therapeutic service of the intern candidate to patients.

h) The facility-based program shall be comprehensive and contain all the prescribed components, the instruction method and method and frequency of assessment.

i) Supervision of interns must comply with provisions of CMS A section 9.4.1, in instances where a medical specialist is the designated supervisor, they may supervise an intern medical scientist on the following conditions: (i) should be in good standing with the HPCSA, (ii) should comply with the CPD requirements, (iii) should be actively registered with the HPCSA (iv) should be in the same category/discipline as the intern candidate. In instances where the specialist is not registered in the same category as the intern, the specialist must provide; their academic training program approved by the universities/colleges and an abbreviated CV with relevant working experience

j) A medical specialist can only be considered as a supervisor of an intern medical scientist if the curriculum of the relevant post-graduate qualification obtained, contained sufficient academic teaching and practical training in the relevant medical science category and supervising may *only be* in the specific specialization. Medical specialists may only be appointed as a supervisor after approval has been obtained from the HPCSA and the special circumstances extensively reviewed.

k) The training program shall be regularly updated to include new innovative technology. The updated program shall be approved by the board before implementation.

l) It remains the responsibility of the Head of the Training Program to ensure that the relevant facility-based training program includes all the prescribed components and that the National Curriculum in its entirety is followed. The Guideline for the submission and assessment of the Portfolio of Evidence serves as a comprehensive checklist to ensure that all prescribed criteria have been included in the training program.

m) In the case where a facility-based training program lacks a prescribed component of the national curriculum and has been overseen by the evaluation panel during the evaluation visit, it is within the authority of the board to request remedial action. The board will immediately on confirmation, request the training department to remedy the situation within an appropriate timeframe and with proper assistance from the Committee for Medical Science.

n) Trends of unsatisfied performance of intern candidates in the board approved competency-based assessment in the form of a Portfolio of Evidence, will be discussed with the Head of the Training Program and recommendations for improvement will be provided. In the case where the improvements are not met to the satisfaction of the board the accreditation status of the training facility may be withdrawn. CMS A provide guidance on the responsibility of the training team, which highlights the responsibility of the Head of the Training Program and Supervisors to ensure that the training program of intern candidates adhere to the prescribed guidelines.

## 6. GUIDELINE FOR THE CHAIRPERSON OF AN EVALUATION PANEL

The conduct and conclusions of the evaluation visit are matters for the Evaluation Panel to decide on collectively and all members are equal partners, however, the Chairperson is responsible for the way in which the evaluation visit is conducted.

This responsibility includes ensuring that the evaluation visit is planned and carried out effectively and efficiently and without unnecessary inconvenience to the Training Facility involved. The chair of the evaluation panel should preferably be a member of the Committee for Medical Science, unless in special circumstances the Committee may appoint a suitable chair.

The Chairperson should seek to ensure that all members of the Evaluation Panel contribute to planning and conducting the process and that all members understand the process and the confidentiality requirements.

As with the other members of the Evaluation Panel, the Chairperson must also contribute towards the evaluation process.

The Chairperson is responsible for conducting the opening and closing meetings, taking the Training Facilities comments into account. On completion of the site visit, the Chairperson collates all the reports into one final report, either for updates/comments or to be sent to the Board for final approval. The standard operating procedures and comprehensive timeline for the evaluation of training facilities are provided in CMS B – 02.

## 7. GUIDELINE FOR THE EVALUATION PANEL

### 7.1. Schedule of Evaluations

A schedule of evaluations of internship training facilities should be drafted on a five (5) year basis, this is a living document for internal use only (CMS B-02).

### 7.2. Invitation

Applications are invited from Health Professionals to become Evaluators for Medical Science Internship training (Refer to CMS 07).

The assessment of the Board-approved competency-based examination (in the form of a Portfolio of Evidence) and the assessment of internship training facilities for medical science will be carried out by a panel of independent (impartial) experts, known as the Evaluation Panel, which will be appointed by the Committee for Medical Science on behalf of the Medical and Dental Board.

The duty of the Evaluation Panel is to determine maintenance of accepted standards and assessing compliance with prescribed criteria and conditions for medical science internship training as determined by the Board.

The application and appointment of evaluators, the criteria for the appointment of evaluators, and the term of office are described in CMS 07. The composition of evaluators will be determined based on the number and category of programs requested to be evaluated. Evaluators will be selected from the list of approved evaluators; this is a living document updated annually and available for internal use only (CMS B-01).

### 7.3. Removal from the List of Evaluators

The Committee for Medical Science may remove members from the Evaluation Panel, in writing if:

a) An evaluator who failed to submit an evaluation report within seven working (7) days of the evaluation visit without good reason. Current guideline recommends that the evaluation report should be drafted as part of the visit and scheduled for the day after the visit. (CMS B-02)

b) The Committee is entitled to appoint a new evaluator in the place of the evaluator who no longer complies with the set of requirements.

c) The panel of evaluators is applicable to both the evaluation visits and the evaluation of the portfolio of evidence.

### 7.4. Selection of Evaluation Panel for a scheduled evaluation visit

a) The Committee will select a Panel for each evaluation visit based on the list of current evaluation members. The evaluation panel member diversity should preferably be inclusive enough to the extent that conflict of interest, and members evaluating their own institutions is avoided. A list of evaluation panel members and their appointed period is maintained by the CMS secretariat.

b) The nominations of members of the Panel will be discussed, prior to the visit, with the Head of the Training Facility who may object to particular nominees. It is crucial to the success of the evaluation process that the Training Facility should have confidence in the Panel. However, the Committee will have the final discretion on the members of the Panel.

c) As soon as the Committee has reached agreement with the composition of the Panel, the members are informed of their selection and the list is submitted to the Training Facility.

d) Representation on the Panel must provide for a balance of experience between disciplines (Medical Biological Science, Genetics Counselling and Medical Physics) and/or categories as prescribed in Medical Biological Science.

e) A member of a specific discipline (Medical Biological Science, Genetic Counselling and Medical Physics) should be actively involved in the evaluation in that specific discipline, and preferably in the same category unless under exceptional circumstances.

f) The Panel members should not have a conflict of interest with the training institution to be evaluated. Management of conflict of interest will be dealt with according to HPCSA policy (Refer to the HPCSA Policy on the Management of Conflict of Interest).

g) The Panel shall consist of at least two members which could include the chairperson.

h) Evaluators are expected to conduct themselves in accordance with the highest standards of ethical, moral and professional behaviour during all phases of the evaluation process. Each evaluator must review, sign and submit this Code of Conduct to the Board Secretariat together with a letter relating to acceptance of the appointment to an Evaluation Panel prior to receiving any documentation from the Institution (Refer to CMS K)

## 8. DUTIES OF THE EVALUATION PANEL

Prior to the visit, the Evaluation Panel will receive various documents; including a Self-Evaluation Questionnaire (refer to **CMS D1 MBS, D2 GC or D3 PH**). The Panel members should assess the Self-Evaluation Questionnaire and documents provided thoroughly and identify any shortcomings and/or recommendations. Evaluators must complete Section A of the Evaluation Report (refer to **CMS E1 MBS, E2 GC or E3 PH**) based on the Self-Evaluation Questionnaire prior to the evaluation visit.

The main task of the Evaluation Panel is to make recommendations concerning the accreditation of the internship program:

a) Analyse the Training program, Self-Assessment Questionnaire (SEQ) and supporting documentation prior to the site visit.

b) Gather evidence during the site visit or virtual/online evaluations

c) Write an evaluation report.

d) Recommend approval / provisional approval / non-approval.

## 9. PREPARATION BEFORE VISIT - DOCUMENTATION

### 9.1. Pre-evaluation visits

*The following documentation should be provided by the training facility at least three (3) months before the scheduled date of the evaluation visit.*

a) A detailed and structured intern training program with a content list and page numbers, *including all elements prescribed by the National Curriculum* (refer to **CMS 01 MBS / GC / PH / RB** for details),

b) Abbreviated CVs of key staff members involved in training, demonstrating their qualifications and *experience to perform training* (no longer than 2 pages per person) (Refer to CMS B-04),

c) A description of the training facilities/resources together with a list of relevant platforms/equipment to perform the training,

d) The most recent annual report (refer to CMS C),

e) Completed Self-Evaluation Questionnaire (refer to **CMS D1 MBS / D2 GC / D3 PH**), and relevant recorded (audio or video) information where applicable.

### 9.2. Evaluation of new programs or categories

*The above-mentioned documentation should be provided by training facilities who wish to apply for the evaluation of a new training program or category at least six (6) months prior to the application for the CMS consideration. This additional time will enable collaboration between the facility and CMS to prepare documentation before a formal application is submitted and an evaluation visit date scheduled (Refer to Guidelines to establish a new medical science discipline or a new medical biological science category.*

A CMS committee member registered in the same or relevant category as the application, in co-operation with the HPCSA Education and Training Department, will review the documentation and request amendments if required before being submitted to the CMS for approval during the next Committee meeting. The additional review process ensures that CMS does not review and reject incomplete documents or documents that do not align with the CMS policies that may result in the exclusion of the new training program during the next evaluation visit.

The minimum number of intern training positions will be approved for new training programs or categories. After the first round of interns have completed their training successfully, the training facility may apply to increase the number of internship training posts.

## 10. PROPOSED DURATION OF AN EVALUATION VISIT

### 10.1. Onsite evaluation of training facilities

The duration of the evaluation visit will be dependent on the number of programs and satellite centers.

- A typical period of **3 to 4 days** is proposed for large training facilities **(5 - 10 training programs,** satellite facilities are considered as an additional program).
- A typical period of **2-3 days** is proposed for medium training facilities **(3 to 4 trainning programs)**.
- A typical period of **1 day** is proposed for small training facilities **(1 to 2 training programs)**.

This includes:

- *Pre-meeting by the evaluators to discuss focus points based on the submitted documentation*.
- On-site visits, including introductory meetings and the evaluations of individual programs.
- *On-site* Individual program report compilation.
- Conclusion meeting, verbal report, and feedback to the Head of the Training facility.
- Compilation of the chairperson’s report.

### 10.2. Virtual interviews/assessments

Refer to the HPCSA Virtual/online Evaluations Guidelines for remote assessments, which include methods of evaluations, roles and responsibilities and appeals procedures (CMS B-03)

## 11. PROCEDURE DURING AN EVALUATION VISIT

### Day 1 – Pre-evaluation meeting of the evaluation Panel Members

a) The Evaluation Panel meets and training is provided to evaluators if needed. Each Evaluator should have a completed Evaluation Form with Section A fully completed with recommendations, comments and shortcomings, based on the documents as per CMS D and the most recent annual report.

b) Discussion on focus points relating to the documents received and the Self-Assessment Questionnaire proceeds. Attention is given to trends (shortcomings, recommendations etc.) between the various training programs.

c) These suggestions have to be followed during the visit and special reference has to be given in the completion of the Evaluation Report.

### Day 2 - The Actual Assessment

The evaluation visit begins with an opening meeting, where the Chairperson, Evaluation Panel and all senior staff members involved in the training of Intern Medical Scientists are present. After the introductions, the Chairperson of the Evaluation Panel provides a schedule of the visit.

a) The individual Panel Members have meetings with senior representatives and other staff members. The meetings should address all aspects of the training program, management, student development and support, and student learning.

b) The Evaluation Panel may gather information and evidence by observing a range of learning activities, including lectures, seminars, small group teaching, practical, bench competencies, attending meetings; reviewing resources and facilities; and reading documentation providedt.

c) During the visit, the Evaluation Panel should verify the information provided in the Self-Evaluation Questionnaire (SEQ), obtain clarity on matters not adequately covered in the SEQ and obtain additional information as required (Complete Section B of Evaluation Form).

d) Formal, structured interviews through discussions and consultation with a variety of role players and stakeholders relevant to the program, Heads of the Training Facility, Heads of Training Programs, Supervisors, Coordinators and trainers, and intern candidates should provide for triangulation of information.

e) Sufficient time must be allowed for discussions with intern candidates.

f) The Portfolio of Evidence must be up to date at all times and intern training records will be assessed during the evaluation visit.

g) Evidence is shared continually and evaluated in terms of aims, objectives and stated outcomes. After the Evaluation Panel completes the site visit, the Evaluation Panel and the Chairperson meet to raise issues that need clarification, share information and inform the Chairperson (of the Evaluation Panel) of its progress.

h) The Chairperson of the Evaluation Panel will address matters of further concern with the Training Facility members. Any further requests by the Evaluation Panel (e.g. for more information, persons they still wish to have discussions with, etc.) must be dealt with at that stage.

i) Prior to the final consultation with the Head of the Training Facility, the Chairperson and the Evaluation Panel have to agree on the main points and conclusions of the Report. Strengths (commendations) and areas for improvement (recommendations) should be identified, as well as problem areas requiring attention and specific actions to be encouraged.

j) The panel should also make a provisional recommendation on evaluation. These conclusions are then presented verbally to the Head of the Training Facility and senior personnel. It should be made clear that the recommendations, especially regarding the outcome of the evaluation, are provisional and may be changed by the Committee for Medical Science and or the Board.

## 12. COMPILING OF THE REPORT

a) Each member of the Evaluation Panel should prepare an Evaluation Report (refer **to CMS E1 MBS, E2 GC or E3 PH**), giving specific findings, comments, commendations and recommendations as to the approval, provisional approval or non-approval of the training program. Areas of excellence, those requiring attention and areas of special interest should be mentioned.

b) Members of the Panel are given the opportunity to ratify the report and have the option of a minority opinion to be noted in the case of major disagreement.

c) The panel's report should ideally be finalized during the evaluation visit and, if possible, one afternoon/day at the end of the visit should be reserved for finalization of the reports.

d) The reports are submitted to the Chairperson of the Evaluation Panel, who collates all the individual reports from each training program into one report, preferably within the same or next two days.

e) The panel's finalized report is then sent to the Head of the Training Facility for comments on matters of fact and on the Panel's findings and recommendations. These comments are then returned to the Chairperson of the Panel for final modification, if necessary.

f) The final report of the visiting panel, together with the comments of the Head of the Training Facility and any further comments by the Chair of the Panel responding to the Head of the Training Facility's comments, are then submitted to the Committee for Medical Science.

g) This should be placed as an agenda item for the next Committee meeting. The Committee will discuss, approve and provide recommendations on the report, or amend the document upon reaching a consensus decision.

h) The report is submitted to the Board for consideration. The final decision on evaluation is the responsibility of the Board. Once ratified by the Board, the Head of the Training Facility is formally notified.

## 13. OPTIONS FOR DECISIONS ON EVALUATION

**This section should be read in conjunction with Quality Management Systems: Education and training programmes and clinical training sites approval policy and the timeframe for accreditation evaluation (Refer to QMS and SOP EHEICT).**

a) Approval of the training program may be granted for a period of five (5) years. This is subject to the submission of an annual report responding to the recommendations to be addressed.

b) Provisional approval may be granted pending certain issues of concern being addressed within a specified period. Reports will be required in terms of fulfilling the conditions. The right is reserved to revisit the relevant training program which received accreditation subjected to conditions.

c) Approval may also be granted for shorter periods. If a significant level of deficiency is noted, or if planned developments have not yet been implemented and therefore not properly assessed, approval may be awarded for a period of between two to five years. Such a period may only be extended following a further assessment.

d) Approval may also be denied or withdrawn. Under such circumstances, intern candidates currently in the program need to be handled with great sensitivity and arrangements made so that they are not personally prejudiced by such a decision while still ensuring that they achieve training of the required standard.

e) A training facility should submit a report at any time between evaluation visits if the facility undertakes any significant change such as major curriculum changes, such as method of training, instruction and assessment. In the case of major changes in intern training programs (e.g. in the duration or format of the program, significant changes in the outcomes), the Committee should be informed. Depending on the nature of the proposal, the changes may be approved within the current period of approval, provisional approval may be granted pending an evaluation visit, or approval of the changes may be refused.

f) A training facility may appeal against the findings or recommendations of the report. Such an appeal shall be made in the first instance to the Chairperson of the Board for consideration by the Board. Representatives of the training facility shall be entitled to make written submissions to the Board and address the Board in person when the appeal is considered.

g) The decision of the Board shall be final, and the training facility will be expected to comply with the decision.

## 14. APPLICATION FOR EVALUATION AS A TRAINING FACILITY FOR INTERN MEDICAL SCIENTISTS

The following documents should be submitted with the application for evaluation to train intern medical scientists:

- Provide evidence that this facility is a diagnostic/clinical/therapeutic facility.
- The training facility shall provide a list of health professionals employed.
- The number of patients treated/diagnostic reports/clinical reports.
- The practice number of the training facility.

a) The CVs of key training staff, including their qualifications, HPCSA registration, involvement with training, and professional society membership.

b) The ratio of intern candidates to training staff should be clearly indicated. The ratio depends on the nature of the academic discipline (and/or professional category) and the nature and level of the involvement of the training staff. It may be appropriate in some cases to involve external lecturers/trainers. The ratio of the supervisor to the trainee is usually 1:2, but can be increased based on staff establishment and the number of appropriate supervisors.

c) Description of the facilities and equipment available for training.

*d)* If the application is for internship in medical biological science, please provide the Scope of Tests (Test Repertoire). Internship training must be comprehensive, and the intern candidate must be proficient in both the basic and specialized test methods, *as well as the molecular biology-related test methodology related to the professional category.*

## 15. REQUIRED FORMS

15.1 When applying for accreditation as a training facility for <u>INTERN MEDICAL BIOLOGICAL SCIENTISTS</u> applicants (training facilities) should complete the Self-Evaluation Questionnaire Form CMS D1 MBS.

15.2 When applying for accreditation as a training facility for <u>INTERN GENETIC COUNSELLING</u> applicants (training facilities) should complete the Self-Evaluation Questionnaire Form CMS D2 GC.

15.3 When applying for accreditation as a training facility for <u>INTERN MEDICAL PHYSICIST</u> applicants (training facilities) should complete the Self-Evaluation Questionnaire Form CMS D3 PH.

## 16. HPCSA WEBSITE

Relevant documentation is available on the HPCSA website (https://www.hpcsa.co.za). Go to Professions Boards, Medical and Dental (and Medical Science) and documents.