

**DEPARTMENT OF HEALTH
DEPARTEMENT VAN GESONDHEID**

No. R. 1149

2 December 2005

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

**REGULATIONS RELATING TO THE REGISTRATION OF STUDENTS, UNDERGRADUATE
CURRICULA AND PROFESSIONAL EXAMINATIONS IN MEDICINE**

The Minister of Health intends, in *terms of* section 61(1), of the Health Professions Act, 1974 (Act No. 56 of 1974), in consultation with the Health Professions Council of South Africa, to **make** the regulations in the Schedule.

Interested persons are invited to submit any substantiated comments or representations on the proposed regulations to the Director-General: Health, Private Bag X828, Pretoria, 0001 (for the attention of the Director: Human Resource Development), within one month of the date of publication of this notice.

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CHAPTER 1

Definitions

1. In these regulations "the Act" means the Health Professions Act, 1974 (Act No. 56 of 1974), and any expression to which a meaning has been assigned in the Act, shall bear that meaning and, unless inconsistent with the context -

"**approved**" in relation to an educational institution or qualification, means an institution, facility or qualification which has been granted recognition and approval by the board following an evaluation process as prescribed by the board;

"board" means the Medical and Dental Professions Board established in terms of section 15 of the Act;

"**critical outcomes**" means minimum requirements in terms of theoretical knowledge and practical skills required for a practitioner to practice his/ her profession;

"**curricula**" means the academic programmes outlining the academic learning, clinical training and development of skills as well as the integration of the students professional attitude and conduct;

"degree" means a university degree in medicine recognised by the board in terms of section 24 of the Act for registration as a medical practitioner;

"**evaluation**" means the process conducted by an external and impartial body approved by the board to grant recognition and approval to the academic and training standards and professional programme of studies of educational institutions or training facilities;

"**graduate**" means a student in medicine who has successfully completed the curricula and obtained a qualification at an approved educational institution;

"**student in medicine**" means a student registered as such in terms of the **Act**;

"**medical practitioner**" means a person who is registered as such with the council in terms of the **Act**;

"**qualification**" means a degree, diploma or certificate awarded by an approved educational institution to a student in medicine after the successful completion of study for such degree, diploma or certificate;

"**structure**" means mechanisms used for the assessment of programmes for quality assurance; and

"**study**" means a course of study for a degree, diploma or certificate in medicine.

CHAPTER I

REGISTRATION OF STUDENTS IN MEDICINE

2 Registration as a student in medicine

(1) A student at an approved educational institution, shall submit to the registrar an application for registration as a student in medicine on a form provided for by the board in accordance with the provisions of subregulation (2)-

(a) in the case of students enrolling at an approved educational institution in his or her first year of study, within two months of such enrolment; or

(b) in the case of students who have been exempted from the first or second year of study, within two months of such enrolment in the second or third year of study, respectively.

- (2) An application by a student for registration as a student in medicine shall be accompanied by-
- (a) such student's identity document or birth certificate or, if the student is unable to furnish either of these documents, such other proof of his or her age and ~~correct~~ names as may be acceptable to the registrar;
 - (b) a certificate to prove that such student has commenced study in a subject or subjects in an approved educational institution, which certificate shall specify the year of study and the date on which the student enrolled;
 - (c) the prescribed registration fee.
- (3) An application for registration as a student in medicine by a visiting student from a country other than South Africa who has been admitted to an approved educational institution for non-degree purposes for a period not exceeding one academic year, shall be accompanied by -
- (a) a certificate to prove that such student has commenced such study;
 - (b) proof of registration as a student in medicine by a recognised registering authority in a country or state other than South Africa; and
 - (c) the ~~prescribed~~ registration fee.
- (4) A dental student who wishes to be registered as a student in medicine, shall submit an application for registration as such within ~~two~~ months of commencing study in an approved educational institution.
- (5) An application referred to in subregulation (4) shall be accompanied by -
- (a) a certificate to prove that such student has commenced such study;
 - (b) the original registration certificate as a student in dentistry issued by the registrar; and
 - (c) the prescribed registration fee.
- (6) A student in medicine who resumes his or her studies after interrupting them for at least one year, shall submit an application for re-registration within ~~two~~ months of resuming of such study.

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- (7) An application referred to in subregulation (6) shall be accompanied by a certificate to prove that such student has resumed such study; the original certificate of registration issued by the registrar; and the prescribed registration fee.
- (8) Subject to the provisions of regulation 3(3), the name of a student in medicine who interrupted his or her studies for more than one year, but who indicates annually in writing his or her intention to continue with his or her studies, shall not be removed from the register.
- (9) A student registered with the council as a dental student who discontinued his or her studies and whose name was consequently removed from the register of dental students and who applies for registration as a student in medicine, shall submit an application to be registered as such within two months of commencing his or her study in medicine.
- (10) An application referred to in subregulation (9) shall be accompanied by –
- (a) a certificate to prove that such student has commenced such study;
 - (b) the original registration certificate as a student in dentistry issued by the registrar, and
 - (c) the prescribed registration fee.
- (11) A student who applies for registration in terms of sub-regulations (4), (6), or (9) and who is unable to submit the original registration certificate, shall apply for a certified extract from the register, for which the prescribed fee shall be payable.
- (12) An application, together with the applicable documents and fees referred to in sub-regulations (2), (3), (5), (7) or (9), submitted after the period of two months stated in sub-regulations (1), (4), (6) and (9), as the case may be, shall be subject to the prescribed penalty fee for late registration in respect of each month or portion of a month for which it is submitted after the due date .
- (13) No student shall be registered or re-registered as a student in medicine unless he or she has complied in all respects with the requirements of sub-regulations (2), (3), (4), (5), (6), (7), (8), (9) or (10) as the case may be, and those of subregulation (12), where applicable.
- (14) The registrar shall furnish a student registered as a student in medicine with a registration certificate.

- (15) Should a student in medicine change from one educational institution to another during the course of his or her study, the board shall be advised within two months of ~~such~~ change.

3. Information to be submitted to the board

- (1) An approved educational institution in **South** Africa, shall submit to the board on or before 31 May of each year –
- (a) a list of all students in medicine enrolled for that year; and
 - (b) a list of all students in medicine who have discontinued their studies ~~during~~ the preceding year.
- (2) The lists referred to in subregulation (1) shall include students in medicine's full names, the year of study and, where applicable, the date of discontinuation of study.
- (3) Together with the lists referred to in subregulation (1), an approved educational institution shall submit –
- (a) a list of students in medicine who discontinued their studies temporarily during the preceding twelve months, specifying the reasons for such discontinuation and the date on which the students concerned are expected to resume their studies; and
 - (b) a list of students in medicine who resumed their studies during the preceding twelve months after temporarily **discontinuing** such studies.
- (4) The name of a student in medicine shall be removed from the register as soon as he or she ~~has~~ been registered ~~as an intern or as~~ soon as the registrar receives proof that such student has discontinued his or her studies in South Africa.
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CHAPTER 2**UNDERGRADUATE CURRICULUM IN MEDICINE AND PROFESSIONAL EXAMINATIONS
FOR STUDENTS IN MEDICINE****4. Profile of a graduate**

- (1) The curricula of a student in medicine shall provide for -
 - (a) academic learning;
 - (b) training and development of **skills**; and
 - (c) moulding of a student in medicine's professional attitudes and **conduct**.

- (2) On the successful completion of the curriculum referred to in subregulation (1) such student in medicine should have developed into a basic medical **practitioner** who is fit to practice the profession over the broad spectrum of medicine or to undergo specialist education and training.

- (3) An approved educational institution shall create a profile of a graduate which must achieve the following:
 - (a) conveying knowledge, **skills**, attitudes and appropriate modes of professional conduct to a student in medicine;
 - (b) preparing a student in medicine for health promotion, the prevention or treatment of illness and rehabilitation of impairment; and
 - (c) developing research and management abilities and stimulate a preparedness for continuous professional development.

- (4) An approved educational institution shall sustain and transfer attitudes, skills and knowledge which are prerequisites for promotion of health and preventive, curative or rehabilitative activities to the next generation **by** appropriate management, professional development and research activities.

- (5) In order for a graduate to have a sound knowledge and understanding of health **care**, the promotion thereof and of the prevention and management of disease, such graduate shall have-
 - (a) knowledge of the normal structure, functions and development of a person **as** whole and as an individual within the context of the family and **community**;
 - (b) a well founded knowledge of disease and pathological processes **as** the basis of clinical medicine;
 - (c) an understanding of scientific **principles** in medicine and **be capable** of

- medical problem-solving and decision-making; and
- (d) the ability to use medical and scientific terminology with confidence.
- (6) A graduate shall -
- (a) be proficient in basic clinical skills, including the ability to take a history, perform a physical examination and assess a patient's mental state, interpret the findings, diagnose and treat disease, prevent disease and promote health;
 - (b) be able to utilize diagnostic aids, as well as the services of professionals allied to medicine and to work as a member of a team to the advantage of the patient in rendering health services;
 - (c) have appropriate attitudes and behaviour patterns to ensure quality health care which shall include -
 - (i) a commitment to health care and responsibility with regard to the physical, mental and social well-being of the community;
 - (ii) a recognition of the importance of primary health care and of a community-orientated approach to health care;
 - (iii) the establishment of an attitude of lifelong learning;
 - (iv) the ability to take independent medical decisions with due consideration of the ethics involved;
 - (d) be sensitive to and acquire the necessary knowledge and understanding to be aware of the health needs of the country, while he or she must be equipped through relevant education and training to serve communities optimally, but his or her education and training as a student in medicine must equally satisfy international standards of excellence; and
 - (e) promote health, prevent and treat illness and injury, and provide appropriate care by -
 - (i) treating disease and palliate suffering with empathy and within ethical norms and guidelines;
 - (ii) being an effective manager of health;
 - (iii) rendering a service as a member of a health team;
 - (iv) acting as an advocate for his or her patients and communities;
 - (v) being able to communicate well, be a critical thinker and practitioner who obtains and applies knowledge of social and behavioural sciences; and
 - (vi) being well-motivated.

- (7) Professional reasoning and problem solving skills shall be an integral part of the basic clinical skills referred to in subregulation (6) (a).

5. General **goals of education** and training **in medicine**.

- (1) The overarching goal of an approved educational institution shall be to provide a student in medicine with opportunities to acquire **competencies** for rendering a professional service to the community as a medical practitioner.
- (2) Competencies referred to in subregulation (1) shall include knowledge, **skills**, professional thinking, attitudes and conduct in all the ramifications of medicine and health care to be able to pursue his or her profession as a medical practitioner and manager of health care,
- (3) In order to develop a graduate who has all the characteristics referred to in regulation 4, a two-phased approach shall be followed consisting of undergraduate education and training, followed by internship training programme referred to in subregulation (3).

The following general goals shall be pursued during both phases-

- (a) instructing a student in medicine in the fundamental principles and methods **of** medicine which facilitate understanding;
- (b) mastering and practicing by a student in medicine of clinical skills which entails instruction in the ability to make accurate observations at the bedside, in the laboratory and elsewhere in order to ensure that such student shall be able to reach fair conclusions with regard to essential aspects of diagnosis, prognosis and treatment;
- (c) promoting the health of an individual and **of** communities;
- (d) treating both physical and mental diseases; and
- (e) instructing of student in medicine in medical ethics.

6. Knowledge objectives of **curricula**

A graduate shall have a knowledge and understanding of the following:

- (a) the abilities basic to medicine which include –
- (i) Applicable and relevant knowledge;
 - (ii) an understanding of research methods; and
 - (iii) the skills which are essential to evaluate;

- (b) the range of problems with which such student might be confronted as a medical practitioner and the range of solutions that have been developed for his or her recognition, investigation, prevention or treatment;
- (c) disease in terms of processes, both mental and physical such as trauma, inflammation, immune responses, degeneration, neoplasms, metabolic disturbances and genetic disorders;
- (d) how a disease presents itself in patients of all ages, how patients react to illness and how illness behavior varies amongst social and cultural groups;
- (e) the environmental and social determinants of disease;
- (f) the principles of disease prevention and health promotion, with special emphasis on primary health care;
- (g) appropriate and cost-effective utilization of special investigations and new technologies;
- (h) the principles of therapy and rehabilitation which include-
 - (i) management of acute illness;
 - (ii) medication, its actions, prescriptions and administration;
 - (iii) medical care of the chronically ill and disabled;
 - (iv) rehabilitation, institutional and community care;
 - (v) the amelioration of suffering and relief of pain; and
 - (vi) care and counseling of the terminally ill.
- (i) human relations in the individual and community context;
- (j) ethical and legal issues relevant to the practice of medicine;
- (k) organizational and managerial aspects of the provision of health care at the national, community and individual practice levels; and
- (l) the promotion and delivery of cost-effective health care.

7. Skills objectives of curricula

A graduate shall have acquired and be able to demonstrate his or her proficiency in essential skills required for medical practice, including the following:

- (a) The basic clinical skills –
 - (i) to take a history;
 - (ii) to perform a physical examination and assess the mental state of a patient;
 - (iii) to interpret findings and make a diagnosis; and
 - (iv) to formulate a plan for treatment and management based on sound professional reasoning and problem-solving abilities;
- (b) skill in basic clinical procedures;
- (c) basic computer and management skills;

- (d) communication **skills**;
- (e) leadership skills and ability to function as a member of a multi-disciplinary team; and
- (9) skills required to accurately refer patients to appropriate resources.

8. **Attitudinal objectives of curricula**

A graduate shall demonstrate attitudes and conduct essential to the practice of medicine, such as the following:

- (a) respect for patients and colleagues, **without** prejudice regarding their background, race, culture, gender, lifestyle and the like;
- (b) recognition **of** human and patient's rights;
- (c) approaches to learning which shall be based on an inherent wish to acquire and explore knowledge that will be retained throughout his **or** her professional life, instead of the passive acquisition of knowledge;
- (d) a positive approach towards self-directed lifelong learning;
- (e) an awareness **of** the importance of community-based learning and service rendering;
- (f) a positive approach towards primary health care;
- (g) an awareness of moral and ethical responsibilities;
- (h) a desire to always ensure patient care of the highest quality;
- (i) a willingness to participate in self and peer evaluations;
- (j) an awareness of personal limitations and a **willingness** to seek help when necessary;
- (k) a willingness to work as a member of a multi-disciplinary team;
- (l) an ability to adapt to change and to function within the uncertainties of the times;
- (m) a positive attitude with regard to continuing professional development; and
- (n) an acceptance of responsibility to contribute to the advancement of medical knowledge, i.e. a research approach in practice.

9. **Requirements relating to overall premises**

(1) The purpose of any approved educational institution at the undergraduate level **shall be to** provide education and training which must –

- (a) enable a graduate to render a service across a wide front in medicine and **healthcare**;
- and
- (b) **prepare a graduate to specialize in any** recognized speciality of medicine.

- (2) In order to achieve the purpose referred to in subregulation (1), the following premises shall apply:
- (a) undergraduate education and training curricula shall make provision for and be sensitive to academic demands and the unique needs of the South African society;
 - (b) education and training in medicine at both undergraduate and **specialist** levels shall meet global medical standards of professional excellence in practice;
 - (c) approved educational institution shall be responsible for **the** development in a future graduate of a high standard of ethical principles and a healthy outlook **on** life; and
 - (d) a culture of lifelong learning shall be cultivated in a medical student.

10. Requirements relating to curriculum and learning content

- (1) A core curriculum shall be developed with a decrease in the number of facts that need to be digested.
- (2) Specific themes shall be included in the core curriculum, while the remaining learning contents shall consist of special study modules which allow for in-depth study of a choice of themes.
- (3) Promotion of knowledge, which includes themes covering and integrating of relevant basic and clinical disciplines.
- (4) The curriculum and assessment system used by an approved educational institution shall be outcome based and aimed at achieving professional competence, which **shall** facilitate lifelong learning.
- (5) The outcomes of the curriculum and assessment systems referred to in subregulation (4) shall determine the content of the curriculum.
- (6) Early contact between a student in medicine and patients must be the norm to promote and facilitate enthusiasm and motivation and to develop communications skills.
- (7) **Horizontal** and vertical integration of curriculum content over the spectrum of disciplines must be encouraged, while education and clinical training shall take

place at all levels of health care.

- (8) A system based core curriculum shall be developed with dividing lines between pre-clinical and clinical education and training to fade or to be eliminated.
- (9) The curriculum shall be structured by an approved educational institution so as to relate to medical diseases and conditions according to systems and / or anatomical structures.
- (10) Provisions shall be made for mastering generic skills such as computer literacy, working in a team, critical thinking, problem solving and communication skills, the latter to be emphasized throughout the curriculum.
- (11) Problem based learning shall be introduced to make teaching more practical, relevant and stimulating.
- (12) Medical public health as a theme shall figure prominently throughout the curriculum and shall include-
 - (a) strategies for health promotion;
 - (b) methods of prevention of disease and injury to the stomatognathic system;
 - (c) skills to determine community needs and promoting community participation;
 - (d) defining environmental and social factors which contribute to poor medical health;
and
 - (e) evaluating the effectiveness of medical health interventions.
- (13) The contents of the curriculum shall address national medical health issues and take cognizance of available resources while the relevance of the curriculum shall be a key criterion.
- (14) Sensitivity to cultural, racial, language, gender and religious differences shall be emphasized.
- (15) Both the curriculum and the evaluation and evaluation system of an approved educational institution shall aim at achieving professional competence and cultivating specific social values, and not the mere retention and recall of factual knowledge. As it is impossible to address all the specialized and specific learning needs of students in medicine, provision shall be made for electives.

11. Requirements relating to teaching and learning

- (1) Learning by an approved educational institution shall be curiosity-driven and geared at self- exploration and critical evaluation of content, while the role of teachers is to change from transmitter of knowledge to that of a resource person and facilitator of learning.
- (2) An approved educational institution shall emphasize student-centred learning and students in medicine need to accept responsibility for their own learning and for this purpose, students in medicine **shall be supplied with study guides that shall** contain and explicitly describe the following :
 - (a) The assessment criteria (cognitive, psychomotor and affective learning objectives); and
 - (b) a complete reference list of the embedded knowledge which student in medicine will have to master in order to achieve the **specific** outcomes for each of the prescribed exit level outcomes or competencies.
- (3) Self-activity, group work and co-operation shall be the **norm** while the focus shall shift from passive learning to active study. A student in medicine shall be prepared to become a lifelong learner.
- (4) A student in medicine shall develop a sound understanding of scientific research methods and participate in a research activity as an elective.
- (5) Excellence in teaching shall be rewarded and teachers must be experts in teaching and training and masters of their subjects.
- (6) An approved educational institution shall provide academic support to a student **in** medicine including support in the development of life and learning skills.
- (7) An approved educational institution shall support teachers with regard to the development of innovative educational approaches, strategies and teaching methods and techniques.
- (8) The importance of medical education shall be fully recognized and appreciated by educational authorities or approved educational institutions and therefore units for the development of medical education are to be established by the board for such

approved educational institutions where possible and mechanisms, instituted for the advancement, co-ordination and evaluation of necessary educational reforms.

(9) An approved educational institution shall emphasize community based education and training and introduce a student in medicine to work in the community.

(10) **Learning** systems of an approved educational institution shall be grounded in modern educational theory and a variety of available technological teaching aids shall be used optimally, while applicable teaching and learning strategies are to be employed by such educational institution.

12. Requirements relating to clinical training

(1) Early clinical training contact with patients, even during the basic study years shall be the norm in order to contribute to enthusiasm and the development of communication **skills**.

(2) Clinical training of a student in medicine shall include-

- (a) comprehensive patient care which shall be adapted to changing patterns in medical health care needs;
- (b) experience in primary health care;
- (c) **community-based** education and training;
- (d) management of health care in hospitals, private practices, rural practices/ clinics with special emphasis on care in peripheral areas; and
- (e) hospital-based education and training.

(3) A student in medicine shall develop his or her clinical skills by using skills laboratories, simulated patients, models for practical procedures and ultimately patients while proficiency in **skills** shall be rigorously assessed.

(4) An approved educational institution using discipline-based clinical training shall make provision for a student in medicine to treat patients holistically.

13. Requirements relating to attitudes and conduct

(1) Specific attitudes shall be emphasized including desire to serve humanity, respect for human rights, recognition of ethical values, community orientation and willingness to adapt to local and changing **circumstances** including the service motive.

(2) **The correct and desired professional attitudes and conduct shall be established during the**

study years in order to equip a graduate to carry out his or her responsibility towards patients, colleagues, the public, as well as towards the medical, and other health sciences.

(3) A student in medicine's behaviour and conduct shall be exemplary and of such a nature that he or she will be regarded as a professional role model in his or her community.

(4) A student in medicine shall display commitment to his or her studies in order to ensure that he or she will also be committed as a medical practitioner.

14. Requirements relating to general skills

(S) Skills that a student in medicine shall master include –

- (a) the fields of health care, basic and clinical medicine as well as medical practice management;
- (b) preventive, promotive, curative, therapeutic, surgical and rehabilitative medicine;
- (c) scientific practice, teaching and learning;
- (d) interpersonal relations, group work and communication; and
- (e) in computer literacy, capacity building in the community and a multi-disciplinary approach.

15. Requirements relating to the assessment of performance of students in medicine

- (1) Continuous assessment of both the knowledge and skills of a student in medicine shall be emphasized.
- (2) The skills required by a student in medicine for admission to internship training shall be acquired under supervision and shall be assessed.
- (3) A student in medicine shall pass both the clinical and cognitive components of the assessment.
- (4) The focus in the assessment of a student in medicine shall shift from an emphasis on the recall of facts which promote learning, to problem-solving skills, critical thinking, professional competence and social values.

16. Requirements relating to the assessment of cum-cula and programmes

- (1) An approved educational institution shall **construct** programmes which –
 - (a) must be in congruence with the prescribed board guidelines and taking into account the guidelines of the Department of Education; and
 - (b) should comply with the principles as determined by the South African Qualifications Authority (SAQA) to qualify for recognition under **SAQA** Act.
- (2) An approved educational institution shall establish structures for the internal assessment of programmes with a view to quality assurance and in preparation for external assessment.
- (3) An approved educational institution shall, from time to time as determined by the board, submit progress reports to the board to ensure implementation of guidelines referred to in sub regulation (1) and structures referred to in sub regulation (2).
- (4) All educational programmes offered by an approved educational institutions relating to medicine shall be approved by the board to achieve professional recognition.
- (5) Criteria and standards shall be specified by the board for the assessment of cumcula and programmes, teaching, training and learning processes and approaches in approved educational institutions not yet approved by the board in order to facilitate continuing evaluation by the board with a view to improvement.

17. Requirements relating to ethical values and norms

- (1) An approved educational institution shall continuously teach moral and ethical responsibilities to a student in medicine.
- (2) An approved educational institution shall teach a student in medicine to show empathy for patients, their families and the community.
- (3) A student in medicine shall learn and understand that an individual member of the community is more important than such member's disease.

18. Requirements relating to management and leadership

An approved educational institution shall teach a student in medicine the importance of -

- (a) effective time management;
- (b) management of human, physical and financial resources;
- (c) cost-effective health care;
- (d) management of a medical practice and of health care facilities such as hospitals, **clinics** and particularly, within the health care structures of government.

19. General requirements

(1) Medical education and training by an approved educational institution shall -

- (a) react to the needs of communities and satisfy global standards;
- (b) have a strong emphasis on community-based education and training with a shift from curative to comprehensive health care; and
- (c) provide for rotations between hospitals, peripheral institutions and systems.

(2) An approved educational institution, in **consultation** with the board and other **professional** bodies, shall decide on the contents of their programmes, methods and strategies which they employ.

(3) An approved educational institution shall encourage -

- (a) research, including research in medical education and community based research in order to advance intellectual creativity, health care provision and development, as well as to form a basis for teaching and learning in the undergraduate curriculum;
- (b) interdisciplinary co-operation in teaching, training, research and practice between health care and social welfare professions.

(4) The mission and goals of an approved educational institution shall be available in writing.

20. Implementation and duration of undergraduate curriculum for students in medicine


The undergraduate curriculum in medicine shall extend over a minimum period of five (5) years (of which at least 32 weeks shall be in the first year and 36 weeks in the subsequent years, excluding evaluation time), as preparation for internship training.

21. Professional examinations for students in medicine

- (1) While the following provisions pertaining to examinations shall be complied with, it is necessary to retain the integrated approach determined in these regulations.
- (2) The examinations determined in these regulations shall be regarded as essential, but shall not be permitted to interfere with the integration of pre-clinical and clinical subjects and may be conducted partly by means of continuing assessment.
- (3) The examinations for a qualification in medicine shall include an assessment of a student in medicine's understanding and application of the different components determined in these regulations.
- (4) Examinations referred to in subregulation (3) may, therefore be conducted by an approved educational institution in an integrated manner according to the requirements of such educational institution and external examiners shall be provided for.
- (5) At least two examiners shall take part in the final evaluation of a student in medicine, one of whom, the external examiner, shall not have been involved in the teaching of such student.
- (6) The external examiner referred to in subregulation (5) need not be present during the entire period of the examination and need not mark every examination paper.
- (7) In order to ensure continuing assessment, examiners shall take into account the documented portfolios performed by a student in medicine throughout the course of study, *in alia* in optional modules.
- (8) The prescribed modules may be grouped or divided at the discretion of the approved educational institution concerned: Provided that the examinations held at the end of the academic course, *i.e.* the final academic examinations, must cover an integrated cross-section of the course.

22. Repeal

The regulations published by Government Notice No. R. 652 of 5 May 1995, as far as it relates to medicine, are hereby repealed.


M.E. TSHABALALA – MSIMANG, MP
MINISTER OF HEALTH
DATE: 21-11-2005