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# GOVERNMENT NOTICES GOEWERMENTSKENNISGEWINGS

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## DEPARTMENT OF HEALTH DEPARTEMENT VAN GESONDHEID

No. R. 139

19 January 2009

### HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

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

The Minister of Health has, in terms of section 61(1) of the Health Professions Act, 1974 (Act No. 56 of 1974), and in consultation with the Health Professions Council of South Africa, made the regulations in the Schedule.

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## 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 –

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

**"approved"**, in relation to an educational institution or qualification, means recognition and approval granted to an institution, facility or qualification 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;

**"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 for registration as a medical practitioner or clinical associate in terms of section 24 of the Act;

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

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

**"student"** means a person registered as such with the council in terms of the Act.

## CHAPTER 1

### 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 by the board in accordance with the provisions of subregulation (2), and –
  - (a) in the case of a student enrolling at an approved educational institution in his or her first year of study, within four months of such enrolment; or
  - (b) in the case of a student who has been exempted from the first or second year of study, within four 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 at an approved educational institution, which certificate shall specify the year of study and the date on which the student enrolled; and
  - (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 student in dentistry who wishes to be registered as a student in medicine shall submit an application for registration as such within four months of commencing study in medicine at 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 initial 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 four months of resuming such study.
- (7) An application referred to in subregulation (6) shall be accompanied by –
  - (a) a certificate to prove that such student has resumed such study;
  - (b) the initial original certificate of registration issued by the registrar; and
  - (c) 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 student in dentistry 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 four 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 initial 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 subregulation (4), (6) or (9) and who is unable to submit the initial 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 subregulation (2), (3), (5), (7) or (9), submitted after the period of four months stated in subregulation (1), (4), (6) or (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 subregulation (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, upon registration, 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 his or her course of study, the board shall be advised within four 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 within four months after registration 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 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.

## CHAPTER 2

### UNDERGRADUATE CURRICULUM IN MEDICINE AND PROFESSIONAL EXAMINATIONS FOR STUDENTS IN MEDICINE

#### 4. Profile of a graduate

- (1) The curriculum of a student in medicine shall provide for –
  - (a) academic learning;
  - (b) training and development of skills; and
  - (c) development of a student's professional attitudes and conduct.
  
- (2) On the successful completion of the curriculum referred to in subregulation (1), such student should have developed into a basic medical practitioner under supervision in an approved internship programme, and should have the foundations for further specialist education and training.
  
- (3) An approved educational institution shall create a curriculum 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 for health promotion, the prevention or treatment of illness and rehabilitation of impairment;
  - (c) developing research and management abilities and stimulating a preparedness for continuous professional development;
  - (d) ensuring relevance to local health needs while satisfying international standards of excellence.
  
- (4) **Knowledge outcomes:** In order for a graduate to have a sound knowledge and understanding of health care and 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 a whole and of a person 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;
  - (d) the ability to use medical and scientific terminology with confidence;
  - (e) knowledge of the principles of therapy and disease management.

- (5) **Skills outcomes:** 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;
    - (iv) to formulate a plan for treatment and management based on sound professional reasoning and problem-solving abilities; and
    - (v) to be able to utilise 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;
  - (b) skill in basic clinical procedures;
  - (c) basic computer and management skills;
  - (d) communication skills;
  - (e) health promotion skills;
  - (f) leadership skills and the ability to function as a member of a multidisciplinary team; and
  - (g) skills required to accurately refer patients to appropriate resources.
- (6) **Values and attitudes outcomes:** A graduate shall have appropriate attitudes and behaviour patterns to ensure quality health care, which shall include –
- (a) a commitment to the health care of the community with regard to their physical, mental and social well-being;
  - (b) a recognition of the importance of primary health care and of a community oriented approach to health care;
  - (c) the establishment of a commitment to lifelong learning;
  - (d) a willingness to participate in self- and peer evaluations;
  - (e) an awareness of personal limitations and a willingness to seek help when necessary;
  - (f) recognition of and respect for human and patients' rights;
  - (g) a commitment to professional practice and the ability to take independent medical decisions with due consideration of the ethics involved;
  - (h) acting as an advocate for his or her patients and communities;
  - (i) being sensitive to health needs of the country.

- (7) In order to develop a graduate who has all the above characteristics, a two-phased approach shall be followed, consisting of undergraduate education and training, followed by an internship training programme.

**5. General requirements relating to curricula and learning approach**

- (1) The undergraduate curriculum in medicine shall extend over a minimum period of five (5) years, the first year of which shall be at least 32 weeks and subsequent years at least 36 weeks, excluding evaluation time, as preparation for internship training.
- (2) A core curriculum shall be developed by each approved educational institution to ensure that graduates achieve the minimum core competencies as defined by the Medical and Dental Professions Board from time to time.
- (3) In addition to the core, the curriculum shall offer special study modules which allow for in-depth study of a choice of themes.
- (4) The contents of the curriculum shall address national health issues and take cognisance of available resources, while the relevance of the curriculum shall be a key criterion. Sensitivity to cultural, racial, language, gender and religious differences shall be emphasised.
- (5) Medical public health as a theme shall figure prominently throughout the curriculum.
- (6) Curriculum content, teaching methods and assessment methods shall be designed to promote students' ability to find information for themselves, critically evaluate information, synthesise information from different sources, and solve problems.
- (7) Education and clinical training shall take place at all levels of health care.
- (8) The study programme shall ensure early contact between a student and patients to promote and facilitate enthusiasm and motivation, to develop communication skills and to provide clinical context to other learning.



- (9) Horizontal and vertical integration of curriculum content over the spectrum of disciplines shall be encouraged.
- (10) Problem-oriented learning shall be encouraged in order to make teaching more practical, relevant and stimulating.
- (11) The teaching methodologies employed shall emphasise student-centred learning.
- (12) Courses shall explicitly describe learning outcomes and the assessment criteria.
- (13) An approved educational institution shall provide academic support to a student when needed, including support in the development of life and learning skills.

#### **6. Requirements relating to clinical training**

- (1) Clinical training of a student shall include –
  - (a) comprehensive patient care, which shall be adapted to changing patterns in health care needs;
  - (b) experience in primary health care;
  - (c) hospital-based education and training;
  - (d) community-based education and training;
  - (e) management of health care in hospitals, rural practices and clinics, with special emphasis on care in peripheral areas.
- (2) A student 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.
- (3) Where discipline-based clinical training predominates, an approved educational institution shall make provision for a student to treat patients holistically and to integrate knowledge and clinical approaches from different disciplines.

#### **7. Requirements relating to the assessment of performance of students in medicine**

- (1) Continuous assessment of both the knowledge and skills of a student shall be emphasised.
- (2) The skills required by a student for admission to internship training shall be acquired under supervision and shall be assessed.

- (3) The focus in the assessment of a student shall balance an emphasis on the recall of facts with an emphasis on problem solving, critical thinking, clinical reasoning, clinical skills, professional competence and social values.
- (4) The assessment and examination of prescribed modules may be integrated or divided (i.e. discipline-based) at the discretion of the educational institution concerned: Provided that there shall be some component of the final assessment that assesses a student's ability to adopt an integrated approach to clinical knowledge and reasoning.
- (5) In order to ensure continuing assessment, examiners shall take into account the documented portfolios of a student's work throughout the course of study, including optional modules.
- (6) A student shall pass both the clinical and the theoretical components of the assessment. The pass mark shall be as prescribed in the educational institution's rules: Provided that a student's mark for the clinical components of the assessment shall not be condoned to a pass on the grounds that other components are satisfactory.
- (7) The final student assessment must enable the accredited educational institution to meet its legal obligation to certify that the candidate is competent to practise in a safe and effective manner in relation to the essential skills/competencies as defined by the board for the undergraduate medical degree.

**8. Requirements relating to the assessment of curricula 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) must comply with the principles as determined by the South African Qualifications Authority to qualify for recognition under the South African Qualifications Authority Act, 1995 (Act No. 58 of 1995).
- (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 subregulation (1) and structures referred to in subregulation (2).
- (4) All educational programmes offered by an approved educational institution that lead to registration with the board shall be accredited by the board to achieve professional recognition.
- (5) Criteria and standards for the accreditation of curricula and programmes, teaching, training and learning processes shall be specified by the board.

#### **9. General Requirements of Approved Educational Institutions**

- (1) The mission and goals of an approved educational institution shall be available in writing.
- (2) 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; and
  - (b) interdisciplinary co-operation in teaching, training, research and practice between health care and social welfare professions.
- (3) An approved educational institution shall have systems and structures in place to ensure that learning systems are grounded in up-to-date educational theory.
- (4) Excellence in teaching and educational expertise shall be recognised and encouraged for all staff.
- (5) Approved educational institutions shall have adequate learning infrastructure and resources, such as classrooms, lecture theatres, libraries, computer facilities, basic science laboratories, clinical skills laboratories, residence facilities at clinic sites, and transport services for students to access remote clinic sites, as determined by the board's subcommittee for undergraduate education and training from time to time.

- (6) Approved educational institutions shall have in place formal agreements with health service facilities and authorities to ensure adequate access of students to the necessary range and quantity of clinical teaching environments.

**10. Repeal**

The regulations published under Government Notice No. R. 652 of 5 May 1995, in so far as they relate to medicine, are hereby repealed.

**MINISTER OF HEALTH**

**DATE**