Update from the Medical and Dental Professions Board of the HPCSA

The Board has considered a number of matters relating to education and training in its bid to ensure quality health standards. The standard generation function in terms of the South African Qualifications Authority requirements has resulted in the production of documents for undergraduate training in medicine and dentistry. These will be finalised through the Board’s structure and general consultations and submitted to SAQA before the 2009 deadline.

A milestone in the establishment of a register of mid-level health workers in medicine has been achieved through the introduction of Clinical Associates. The first group of students have been enrolled at Walter Sisulu University. The evaluation guidelines have been developed to evaluate other training institutions that may be interested in the training of Clinical Associates.

Owing to the increased legal costs associated with professional conduct matters, the Board decided to introduce a once-off levy for the 2008/09 financial year to be paid by practitioners within its jurisdiction. It is hoped that there will be no such levy in the 2009/10 financial year.

The Board has also commissioned a SANPAD research project, the objectives of which are:

- to measure the human resources dedicated to the clinical training of medical undergraduates in five of the eight health sciences faculties in South Africa
- to understand how the variations in the distribution of these human resources by faculty, discipline, course year and faculty may be explained by contextual factors
- to estimate the human resources required to meet the country’s future teaching commitments.

It is hoped that the findings of the study will contribute to the achievement of the production targets of some of the health professionals set by the Department of Health in its National Health Human Resources Plan.

On ethical matters, the Board has also finalised its recommendations to the Health Professions Council of South Africa on the proposed principles for the management of pathology practices. The Board has established a policy position on the treatment by a practitioner of his/her dependants and the rendering of account thereof. A Board ruling has been made on the issue of double doping (anaesthetics) in theatre.

There are ongoing discussions with the relevant stakeholders on the consolidation of the oral health professions, e.g. dentists, dental technicians and dental assistants and oral hygienists. It is envisaged that a single structure be established to regulate the education and training of the professionals in these professions as they are currently regulated in different statutory councils and professional boards.

Developments in the training of medical scientists are also receiving attention. Regulations are in process to require persons wishing to register as medical scientists to complete a structured internship programme in an approved training facility/laboratory. A process for evaluation of training laboratories is being undertaken by the Committee for Medical Science.

The regularisation of specialist training is underway. Through the Postgraduate Education and Training Committee the Board is revising the Registrar contract to ensure the balance between the academic development and professional competency of medical practitioners in specialist training. Family medicine has attained specialist status through the promulgation of the regulations.

We trust that some of the achievements alluded to above will bear testimony to the progress achieved by the current Board, as it is nearing its term of office in the near future.

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