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# GOVERNMENT NOTICES GOEWERMENSKENNISGEWINGS

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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.

#### SCHEDULE

#### ARRANGEMENT OF REGULATIONS

##### Regulation

1. Definitions

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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**

**RAAD VIR GESONDHEIDSBEROEPE VAN SUID-AFRIKA****REGULASIES BETREFFENDE DIE REGISTRASIE VAN STUDENTE, VOORGRAADSE  
LEERPLANNE EN PROFESSIONELE EKSAMENS IN GENEESKUNDE**

Die Minister van Gesondheid het kragtens artikel 61(1) van die Wet op Gesondheidsberoepe, 1974 (Wet No. 56 van 1974), en in oorleg met die Raad vir Gesondheidsberoepe van Suid-Afrika, die regulasies in die Bylae uitgevaardig.

**BYLAE****INDELING VAN REGULASIES****Regulasie**

1. Woordomskrywing

**HOOFSTUK 1****REGISTRASIE VAN STUDENTE IN GENEESKUNDE**

2. Registrasie as 'n student in geneeskunde
3. Inligting wat aan die beroepsraad voorgelê moet word

**HOOFSTUK 2****LEERPLAN IN GENEESKUNDE EN PROFESSIONELE EKSAMENS VIR STUDENTE IN  
GENEESKUNDE**

4. Profiel van 'n gegradueerde
5. Vereistes rakende leerplanne en leerbenadering
6. Vereistes rakende kliniese opleiding
7. Vereistes rakende die assessering van studente se prestasie
8. Vereistes rakende die assessering van leerplanne en programme
9. Algemene vereistes van goedgekeurde inrigtings
10. Herroeping

## Woordomskrywing

1. In hierdie regulasies beteken "die Wet" die Wet op Gesondheidsberoep, 1974 (Wet No. 56 van 1974), en het enige uitdrukking waaraan 'n betekenis in die Wet geheg is, daardie betekenis, en tensy uit die samehang anders blyk, beteken –

**"akkreditasie"** die proses om erkenning en goedkeuring te verleen aan die akademiese en opleidingstandaarde en die professionele programme van studies van opvoedkundige inrigtings of opleidingsfasiliteite deur 'n eksterne en onpartydige liggaam wat deur die beroepsraad goedgekeur is;

**"beroepsraad"** die Mediese en Tandheelkundige Beroepsraad, ingestel ingevolge artikel 15 van die Wet;

**"gegraduateerde"** 'n student in geneeskunde wat die leerplanne suksesvol voltooi het en 'n kwalifikasie aan 'n goedgekeurde opvoedkundige inrigting verwerf het;

**"geneesheer"** 'n persoon wat as sodanig ingevolge die Wet by die raad geregistreer is;

**"goedgekeur"**, met betrekking tot 'n opvoedkundige inrigting of kwalifikasie, erkenning en goedkeuring deur die beroepsraad aan 'n inrigting, fasiliteit of kwalifikasie verleen na 'n evalueringsproses soos deur die beroepsraad voorgeskryf;

**"graad"** 'n universiteitsgraad in geneeskunde wat ingevolge artikel 24 van die Wet deur die beroepsraad erken word vir registrasie as 'n geneesheer of kliniese assosiaat;

**"leerplanne"** die akademiese programme wat die akademiese leer, kliniese opleiding en ontwikkeling van vaardighede uiteensit, asook die integrasie van die studente se professionele houding en gedrag;

**"student"** 'n persoon wat as sodanig ingevolge die Wet by die raad geregistreer is.

## HOOFSTUK 1

### REGISTRASIE VAN STUDENTE IN GENEESKUNDE

2. **Registrasie as 'n student in geneeskunde**



- (1) 'n Student aan 'n goedgekeurde opvoedkundige inrigting moet 'n aansoek om registrasie as 'n student in geneeskunde op 'n vorm deur die beroepsraad voorsien ooreenkomstig die bepalings van subregulasie (2) aan die registrateur voorlê, en –
  - (a) in die geval van 'n student wat in sy of haar eerste studiejaar by 'n goedgekeurde opvoedkundige inrigting inskryf, binne vier maande na sodanige inskrywing; of
  - (b) in die geval van 'n student wat van die eerste of tweede studiejaar vrygestel is, binne vier maande na sodanige inskrywing in onderskeidelik die tweede of derde studiejaar.
  
- (2) 'n Aansoek deur 'n student om registrasie as 'n student in geneeskunde moet vergesel gaan van –
  - (a) sodanige student se identiteitsdokument of geboortesertifikaat of, indien die student geen van dié dokumente kan voorlê nie, die ander bewys van sy of haar ouderdom en korrekte name wat vir die registrateur aanvaarbaar is;
  - (b) 'n sertifikaat om te bewys dat sodanige student begin het met studie in 'n vak of vakke aan 'n goedgekeurde opvoedkundige inrigting, welke sertifikaat die jaar van studie en die datum waarop die student ingeskryf het, moet vermeld; en
  - (c) die voorgeskrewe registrasiegeld.
  
- (3) 'n Aansoek om registrasie as 'n student in geneeskunde deur 'n besoekende student van 'n ander land as Suid-Afrika wat tot 'n goedgekeurde opvoedkundige inrigting toegelaat is vir niegraaddoeleindes vir 'n tydperk van hoogstens een akademiese jaar, moet vergesel gaan van –
  - (a) 'n sertifikaat om te bewys dat sodanige student met sodanige studie begin het;
  - (b) bewys van registrasie as 'n student in geneeskunde deur 'n erkende registrasie-owerheid in 'n ander land of staat as Suid-Afrika; en
  - (c) die voorgeskrewe registrasiegeld.
  
- (4) 'n Student in tandheelkunde wat as 'n student in geneeskunde wil registreer, moet 'n aansoek om registrasie as sodanig voorlê binne vier maande na die begin van studie in geneeskunde aan 'n goedgekeurde opvoedkundige inrigting.
  
- (5) 'n Aansoek in subregulasie (4) bedoel, moet vergesel gaan van –

- (a) 'n sertifikaat om te bewys dat sodanige student met sodanige studie begin het;
  - (b) die eerste oorspronklike registrasiesertifikaat as 'n student in tandheelkunde deur die registrateur uitgereik; en
  - (c) die voorgeskrewe registrasiegeld.
- (6) 'n Student in geneeskunde wat sy of haar studies hervat nadat dit vir minstens een jaar onderbreek is, moet 'n aansoek om herregistrasie voorlê binne vier maande na die hervatting van sodanige studie.
- (7) 'n Aansoek in subregulasie (6) bedoel, moet vergesel gaan van –
- (a) 'n sertifikaat om te bewys dat sodanige student sodanige studie hervat het;
  - (b) die eerste oorspronklike registrasiesertifikaat deur die registrateur uitgereik; en
  - (c) die voorgeskrewe registrasiegeld.
- (8) Behoudens die bepalings van regulasie 3(3) word die naam van 'n student in geneeskunde wat sy of haar studies vir meer as een jaar onderbreek het maar wat jaarliks skriftelik aandui dat hy of sy voornemens is om sy of haar studies voort te sit, nie uit die register verwyder nie.
- (9) 'n Student wat by die raad geregistreer is as 'n student in tandheelkunde wat sy of haar studies gestaak het en wie se naam gevolglik uit die register van studente in tandheelkunde verwyder is en wat aansoek doen om registrasie as 'n student in geneeskunde, moet 'n aansoek om as sodanig geregistreer te word, indien binne vier maande na die begin van sy of haar studie in geneeskunde.
- (10) 'n Aansoek in subregulasie (9) bedoel, moet vergesel gaan van –
- (a) 'n sertifikaat om te bewys dat sodanige student met sodanige studie begin het;
  - (b) die eerste oorspronklike registrasiesertifikaat as 'n student in tandheelkunde deur die registrateur uitgereik; en
  - (c) die voorgeskrewe registrasiegeld.
- (11) 'n Student wat aansoek doen om registrasie ingevolge subregulasie (4), (6) of (9) en wat nie die eerste oorspronklike registrasiesertifikaat kan voorlê nie, moet aansoek doen om 'n gewaarmerkte uittreksel uit die register, waarvoor die voorgeskrewe gelde betaalbaar is.

- (12) 'n Aansoek, tesame met die toepaslike dokumente en gelde in subregulasie (2), (3), (5), (7) of (9) bedoel, wat ingedien word na die tydperk van vier maande bedoel in subregulasie (1), (4), (6) of (9), na gelang van die geval, is onderhewig aan die voorgeskrewe boetegelde vir laat registrasie ten opsigte van elke maand of gedeelte van 'n maand waarvoor dit na die keurdatum ingedien word.
- (13) Geen student word as 'n student in geneeskunde geregistreer of herregistreer nie tensy hy of sy in alle opsigte voldoen het aan die vereistes van subregulasie (2), (3), (4), (5), (6), (7), (8), (9) of (10), na gelang van die geval, en dié van subregulasie (12), waar van toepassing.
- (14) Die registrateur moet, by registrasie, 'n student wat as 'n student in geneeskunde geregistreer is, van 'n registrasiesertifikaat voorsien.
- (15) Indien 'n student in geneeskunde in die loop van sy of haar studie van een opvoedkundige inrigting na 'n ander verskuif, moet die beroepsraad binne vier maande na sodanige verskuiwing daarvan verwittig word.

### **3. Inligting wat aan die beroepsraad voorgelê moet word**

- (1) 'n Goedgekeurde opvoedkundige inrigting in Suid-Afrika moet binne vier maande na registrasie elke jaar aan die beroepsraad –
  - (a) 'n lys voorlê van alle studente in geneeskunde wat vir daardie jaar ingeskryf is; en
  - (b) 'n lys voorlê van alle studente in geneeskunde wat hulle studies gedurende die voorafgaande jaar gestaak het.
- (2) Die lys in subregulasie (1) bedoel, moet studente in geneeskunde se volle name, jaar van studie en, waar van toepassing, die datum van staking van studie insluit.
- (3) Saam met die lys in subregulasie (1) bedoel, moet 'n goedgekeurde opvoedkundige inrigting –
  - (a) 'n lys voorlê van studente in geneeskunde wat gedurende die voorafgaande twaalf maande hulle studies tydelik gestaak het, met vermelding van die redes vir sodanige staking en die datum waarop die betrokke studente hulle studies na verwagting sal hervat; en

- (b) 'n lys voorlê van studente in geneeskunde wat hulle studies gedurende die voorafgaande twaalf maande hervat het na die tydelike staking van sodanige studies.
- (4) Die naam van 'n student in geneeskunde word uit die register verwyder sodra hy of sy as 'n intern geregistreer is of sodra die registrateur bewys ontvang dat sodanige student sy of haar studies in Suid-Afrika gestaak het.

## HOOFSTUK 2

### VOORGRAADSE LEERPLAN IN GENEESKUNDE EN PROFESSIONELE EKSAMENS VIR STUDENTE IN GENEESKUNDE

#### 4. Profiel van 'n gegradueerde

- (1) Die leerplan van 'n student in geneeskunde moet voorsiening maak vir –
  - (a) akademiese leer;
  - (b) opleiding en die ontwikkeling van vaardighede; en
  - (c) die ontwikkeling van 'n student se professionele houding en gedrag.
- (2) By die suksesvolle voltooiing van die leerplan in subregulasie (1) bedoel, moet sodanige student onder toesig in 'n goedgekeurde internskapprogram ontwikkel het tot 'n basiese geneesheer, wat die grondslag vir verdere spesialisonderrig en -opleiding het.
- (3) 'n Goedgekeurde opvoedkundige inrigting moet 'n leerplan skep wat die volgende moet bereik:
  - (a) Die oordrag van kennis, vaardighede, houdings en die gepaste maniere van professionele gedrag aan 'n student in geneeskunde;
  - (b) die voorbereiding van 'n student vir gesondheidsbevordering, die voorkoming of behandeling van siekte en die rehabilitasie van gestremdheid;
  - (c) die ontwikkeling van navorsings- en bestuursvermoëns en die stimulering van 'n bereidheid tot deurlopende professionele ontwikkeling;
  - (d) die versekering van relevansie vir plaaslike gesondheidsbehoefte en voldoening aan internasionale standarde van uitnemendheid.
- (4) **Kennisuitkomst:** As 'n gegradueerde 'n grondige kennis en begrip van gesondheidsorg en die bevordering daarvan en van die voorkoming en bestuur van siekte moet hê, moet sodanige gegradueerde beskik oor –

- (a) kennis van die normale struktuur, funksies en ontwikkeling van 'n persoon as geheel en van 'n persoon binne die konteks van die gesin en die gemeenskap;
  - (b) 'n grondige kennis van siekte en patologiese prosesse as die basis van kliniese geneeskunde;
  - (c) 'n begrip van wetenskaplike beginsels in geneeskunde en die vermoë om geneeskundige probleme op te los en besluite te neem;
  - (d) die vermoë om geneeskundige en wetenskaplike terminologie met vertroue te gebruik;
  - (e) kennis van die beginsels van terapie en siektebestuur.
- (5) **Vaardigheidsuitkomst:** 'n Gegradueerde moet noodsaaklike vaardighede vir geneeskundige praktyk verwerf het en sy of haar bedrewenheid daarin kan toon, insluitende die volgende:
- (a) Die basiese kliniese vaardighede –
    - (i) om 'n geskiedenis te neem;
    - (ii) om 'n fisiese ondersoek te doen en die geestestoestand van 'n pasiënt te assesseer;
    - (iii) om bevindings te vertolk en 'n diagnose te maak;
    - (iv) om 'n plan vir behandeling en bestuur te formuleer, gebaseer op deeglike professionele beredenering en probleemoplosvermoëns; en
    - (v) om diagnostiese hulpmiddels te benut, asook die dienste van professionele persone verwant aan geneeskunde en om as 'n lid van 'n span te werk tot voordeel van die pasiënt by die lewering van gesondheidsdienste;
  - (b) vaardigheid in basiese kliniese prosedures;
  - (c) basiese rekenaar- en bestuursvaardighede;
  - (d) kommunikasievaardighede;
  - (e) gesondheidsbevorderingsvaardighede;
  - (f) leierskapvaardighede en die vermoë om as 'n lid van 'n multidissiplinêre span te funksioneer; en
  - (g) vaardighede wat nodig is om pasiënte akkuraat na gepaste hulpbronne te verwys.
- (6) **Waardes- en houdingsuitkomst:** 'n Gegradueerde moet gepaste houdings en gedragspatrone hê om gesondheidsorg van gehalte te verseker, wat moet insluit –

- (a) 'n verbintenis tot die gesondheidsorg van die gemeenskap betreffende hulle liggaamlike, geestelike en maatskaplike welsyn;
  - (b) 'n erkenning van die belangrikheid van primêre gesondheidsorg en van 'n gemeenskapsgeoriënteerde benadering tot gesondheidsorg;
  - (c) die vestiging van 'n verbintenis tot lewenslange leer;
  - (d) 'n gewilligheid om aan self- en portuurevaluering deel te neem;
  - (e) 'n bewustheid van persoonlike beperkings en 'n gewilligheid om hulp te soek wanneer nodig;
  - (f) erkenning van en respek vir menseregte en pasiënte se regte;
  - (g) 'n verbintenis tot professionele praktyk en die vermoë om onafhanklik geneeskundige besluite te neem met behoorlike inagneming van die etiek betrokke;
  - (h) optrede as 'n pleitbesorger vir sy of haar pasiënte en gemeenskappe;
  - (i) 'n sensitiwiteit vir die gesondheidsbehoefes van die land.
- (7) Om 'n gegradueerde te ontwikkel wat oor al bogenoemde eienskappe beskik, moet 'n tweefasebenadering gevolg word, bestaande uit voorgraadse onderrig en opleiding, gevolg deur 'n internskapopleidingsprogram.

#### **5. Algemene vereistes betreffende leerplan en leerbenadering**

- (1) Die voorgraadse leerplan in geneeskunde strek oor 'n minimum tydperk van vyf (5) jaar, waarvan die eerste jaar minstens 32 weke moet wees en daaropvolgende jare minstens 36 weke, uitgesonder evaluasietyd, as voorbereiding vir internskapopleiding.
- (2) 'n Kernleerplan moet deur elke goedgekeurde opvoedkundige inrigting ontwikkel word om te verseker dat gegradueerdes die minimum kernbekwaamhede verwerf soos van tyd tot tyd deur die Mediese en Tandheelkundige Beroepsraad omskryf.
- (3) Benewens die kernmodules moet die leerplan spesiale studiemodules aanbied wat voorsiening maak vir dieptestudie van 'n seleksie van temas.
- (4) Die inhoud van die leerplan moet nasionale gesondheidskwessies dek en ag slaan op beskikbare hulpbronne, en die relevansie van die leerplan is 'n sleutelkriterium. Sensitiwiteit vir kultuur-, ras-, taal-, geslags- en godsdiensverskille moet beklemtoon word.

- (5) Geneeskundige openbare gesondheid as 'n tema moet dwarsdeur die leerplan prominent wees.
- (6) Leerplaninhoud, onderrigmetodes en assessermetodes moet ontwerp word om studente se vermoë te verbeter om self inligting te kry, inligting krities te evalueer, inligting uit verskillende bronne te sintetiseer en probleme op te los.
- (7) Onderrig en kliniese opleiding moet op alle vlakke van gesondheidsorg plaasvind.
- (8) Die studieprogram moet vroeë kontak tussen 'n student en pasiënte verseker ten einde geesdrif en motivering te bevorder en te fasiliteer, kommunikasievaardighede te ontwikkel en kliniese konteks vir ander leer te bied.
- (9) Horisontale en vertikale integrasie van leerplaninhoud oor die spektrum van dissiplines moet aangemoedig word.
- (10) Probleemgerigte leer moet aangemoedig word ten einde onderrig meer prakties relevant en stimulerend te maak.
- (11) Die onderrigmetodologieë wat gebruik word, moet studentgesentreerde leer beklemtoon.
- (12) Kursusse moet leeruitkomste en die assesser kriteria uitdruklik beskryf.
- (13) 'n Goedgekeurde opvoedkundige inrigting moet akademiese steun aan 'n student bied wanneer nodig, insluitende steun met die ontwikkeling van lewens- en leervaardighede.

## 6. Vereistes betreffende kliniese opleiding

- (1) Kliniese opleiding van 'n student moet insluit --
  - (a) omvattende pasiëntesorg, wat aangepas moet word volgens veranderende patrone in gesondheidsorgbehoefte;
  - (b) ondervinding van primêre gesondheidsorg;
  - (c) hospitaalgebaseerde onderrig en opleiding;
  - (d) gemeenskapsgebaseerde onderrig en opleiding;
  - (e) bestuur van gesondheidsorg in hospitale, landelike praktyke en klinieke, met spesiale klem op sorg in randgebiede.

- (2) 'n Student moet sy of haar kliniese vaardighede ontwikkel deur gebruik te maak van vaardighedslaboratoriums, nagebootste pasiënte, modelle vir praktiese prosedures en uiteindelik pasiënte, en bedrewenheid in vaardighede moet streng geassesseer word.
- (3) Waar dissiplinegebaseerde kliniese opleiding oorheers, moet 'n goedgekeurde opvoedkundige inrigting voorsiening maak dat 'n student pasiënte holisties behandel en kennis en kliniese benaderings vanuit verskillende dissiplines integreer.

#### **7. Vereistes rakende die assessering van prestasie van studente in geneeskunde**

- (1) Deurlopende assessering van sowel die kennis as die vaardighede van 'n student moet beklemtoon word.
- (2) Die vaardighede waarvoor 'n student vir toelating tot internskapopleiding moet beskik, moet onder toesig verwerf word en moet geassesseer word.
- (3) Die fokus by die assessering van 'n student moet 'n klem op die herroeping van feite balanseer met 'n klem op probleemoplossing, kritiese denke, kliniese beredenering, kliniese vaardighede, professionele bekwaamheid en maatskaplike waardes.
- (4) Die assessering en eksaminering van voorgeskrewe modules kan geïntegreer of verdeel word (d.i. dissipline-gebaseer wees) na goeddunke van die betrokke goedgekeurde opvoedkundige inrigting: Met dien verstande dat daar 'n komponent van die finale assessering moet wees wat 'n student se vermoë assesser om 'n geïntegreerde benadering tot kliniese kennis en beredenering te volg.
- (5) Om deurlopende assessering te verseker, moet eksaminatore die gedokumenteerde portefeuljes van 'n student se werk dwarsdeur die studiekursus in aanmerking neem, insluitende opsionele modules.
- (6) 'n Student moet sowel die kliniese as die teoretiese komponent van die assessering slaag. Die slaagsyfer is soos voorgeskryf in die goedgekeurde opvoedkundige inrigting se reëls: Met dien verstande dat 'n student se punte vir



die kliniese komponente van die assessering nie tot 'n slaagpunt gekondoneer mag word op grond daarvan dat ander komponente bevredigend is nie.

- (7) Die finale studentassessering moet die goedgekeurde opvoedkundige inrigting in staat stel om te voldoen aan sy wetlike verpligting om te sertifiseer dat die kandidaat bevoeg is om op 'n veilige en doeltreffende manier te praktiseer met betrekking tot die noodsaaklike vaardighede/bekwaamhede soos deur die beroepsraad omskryf vir die eerste geneeskundige graad.

#### **8. Vereistes rakende die assessering van leerplanne en programme**

- (1) 'n Goedgekeurde opvoedkundige inrigting moet programme saamstel wat –
  - (a) in ooreenstemming moet wees met die voorgeskrewe riglyne van die beroepsraad en met inagneming van die riglyne van die Departement van Onderwys; en
  - (b) moet voldoen aan die beginsels soos bepaal deur die Suid-Afrikaanse Kwalifikasie-owerheid om te kwalifiseer vir erkenning ingevolge die Wet op die Suid-Afrikaanse Kwalifikasie-owerheid, 1995 (Wet No. 58 van 1995).
- (2) 'n Goedgekeurde opvoedkundige inrigting moet strukture in plek stel vir die interne assessering van programme met die oog op gehalteversekering en ter voorbereiding vir eksterne assessering.
- (3) 'n Goedgekeurde opvoedkundige inrigting moet van tyd tot tyd soos deur die beroepsraad bepaal, vorderingsverslae aan die beroepsraad voorlê om die implementering te verseker van riglyne in subregulasie (1) bedoel en strukture in subregulasie (2) bedoel.
- (4) Alle opvoedkundige programme wat deur 'n goedgekeurde opvoedkundige inrigting aangebied word wat tot registrasie by die beroepsraad lei, moet deur die beroepsraad geakkrediteer word om professionele erkenning te kry.
- (5) Kriteria en standaarde vir die akkreditasie van leerplanne en programme, onderrig, opleiding en leerprosesse moet deur die beroepsraad bepaal word.

**9. Algemene vereistes vir goedgekeurde opvoedkundige inrigtings**

- (1) Die missie en doelwitte van 'n goedgekeurde opvoedkundige inrigting moet skriftelik beskikbaar wees.
- (2) 'n Goedgekeurde opvoedkundige inrigting moet –
  - (a) navorsing aanmoedig, insluitende navorsing in geneeskundige onderrig en gemeenskapsgebaseerde navorsing, ten einde intellektuele kreatiwiteit, die verskaffing van gesondheidsorg en ontwikkeling te bevorder, asook om 'n basis vir onderrig en leer in die voorgraadse leerplan te bied;
  - (b) interdisiplinêre samewerking aanmoedig in onderrig, opleiding, navorsing en praktyk tussen gesondheidsorg- en maatskaplikewelsynsberoepe.
- (3) 'n Goedgekeurde opvoedkundige inrigting moet stelsels en strukture hê om te verseker dat leerstelsels op die jongste opvoedkundige teorie gegrond is.
- (4) Uitnemendheid in onderrig en opvoedkundige kundigheid moet erken en aangemoedig word vir alle personeel.
- (5) Goedgekeurde opvoedkundige inrigtings moet toereikende leerinfrastruktuur en hulpbronne hê, soos klaskamers, lesingteaters, biblioteke, rekenaarfasiliteite, basiese wetenskaplaboratoriums, kliniesevaardigheidslaboratoriums, verblyffasiliteite by kliniekterreine, en vervoerdienste vir studente na afgeleë kliniekterreine, soos van tyd tot tyd deur die beroepsraad se subkomitee vir voorgraadse onderrig en opleiding bepaal.
- (6) Goedgekeurde opvoedkundige inrigtings moet formele ooreenkomste met gesondheidsdiensfasiliteite en -owerhede hê om toereikende toegang van studente tot die nodige verskeidenheid en hoeveelheid kliniese onderrigomgewings te verseker.

**10. Herroeping**

Die regulasies afgekondig by Goewermentskennisgewing No. R. 652 van 5 Mei 1995, in soverre dit op geneeskunde betrekking het, word hierby herroep.

**MINISTER VAN GESONDHEID**

**DATUM**

**No. R. 140****19 January 2009****HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA****REGULATIONS RELATING TO THE REGISTRATION OF STUDENTS, UNDERGRADUATE CURRICULA AND PROFESSIONAL EXAMINATIONS IN DENTISTRY**

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.

**SCHEDULE****ARRANGEMENT OF SECTIONS****Section**

1. Definitions

**CHAPTER 1****Registration of students in dentistry**

2. Registration as a student in dentistry
3. Information to be submitted to the board

**CHAPTER 2****CURRICULUM IN DENTISTRY AND PROFESSIONAL EXAMINATIONS FOR STUDENTS IN DENTISTRY**

4. Profile of a graduate
5. Requirements relating curriculum and learning approach
6. Requirements relating to clinical training
7. Requirements relating to the assessment of student performance
8. Requirements relating to the assessment of curricula and programmes
9. General requirements of approved institutions
10. Repeal

## 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-

**"accreditation"** 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:

**"approved"** in relation to an education 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;

**"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 dentistry recognized by the board in terms of section 24 of the Act for registration as a dental practitioner;

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

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

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

**"programme"** means the collective set of activities and assessments through which the curriculum is delivered.

## CHAPTER 1

## REGISTRATION OF STUDENTS IN DENTISTRY

**2. Registration as a student in dentistry**

- (1) A student at an approved educational institution, shall submit to the registrar an application for registration as a student in dentistry on a form provided for by the board in accordance with the provisions of sub-regulation (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 dentistry 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; and
  - (c) the prescribed registration fee.
  
- (3) An application for registration as a student in dentistry 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 dentistry by a recognized registering authority in a country or state other than South Africa; and
  - (c) the prescribed registration fee.

- (4) A student in medicine who wishes to be registered as a student in dentistry, shall submit an application for registration as such within four months of commencing study in dentistry at an approved educational institution.
- (5) An application referred to in sub-regulation (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 medicine issued by the registrar; and
  - (c) the prescribed registration fee.
- (6) A student in dentistry, 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 sub-regulation (6) shall be accompanied by a certificate to prove that such student has resumed such study; the initial 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 dentistry 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 medicine who discontinued his or her studies and whose name was consequently removed from the register of students in medicine and who applies for registration as a student in dentistry, shall submit an application to be registered as such within four months of commencing his or her study in dentistry.
- (10) An application referred to in sub-regulation (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 medicine 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 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 sub-regulations (2), (3), (5), (7) or (9), submitted after the period of four months stated in such 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 dentistry unless he or she has complied in all respects with the requirements of sub-regulation (2), (3), (4), (5), (6), (7), (8), (9) or (10) as the case may be, and those of sub-regulation (12), where applicable.
- (14) The registrar shall, upon registration, furnish a person registered as a student in dentistry with a registration certificate.
- (15) Should a student in dentistry change from one educational institution to another during the course of his or her 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 dentistry enrolled for that year; and
  - (b) a list of all students in dentistry who have discontinued their studies during the preceding year.
- (2) The lists referred to in sub-regulation (1) shall include students in dentistry's full names, the year of study and, where applicable, the date of discontinuation of study.
- (3) Together with the lists referred to in sub-regulation (1), an approved educational institution shall submit-

- (a) a list of students in dentistry 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 dentistry who resumed their studies during the preceding twelve months after temporarily discontinuing such studies.
- (4) The name of a student in dentistry shall be removed from the register as soon as he or she has been registered as a dentist 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 DENTISTRY AND PROFESSIONAL EXAMINATIONS FOR STUDENTS IN DENTISTRY

#### 4. Profile of a graduate

- (1) The curriculum of a student in dentistry shall provide for –
- (a) the 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 sub-regulation (1), such a student should have developed into a dental practitioner able to work independent, and having 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 dentistry;
  - (b) preparing a student for health promotion, the prevention or treatment of dental diseases and condition and the rehabilitation of dental impairment;



- (c) developing research and management abilities and stimulate a preparedness for continuous professional development as part of life-long learning;
  - (d) ensure relevance to local oral health needs while satisfying international standards of excellence.
- (4) **Cognitive outcomes:** In order for a graduate to have a sound knowledge and understanding of oral health care, the promotion thereof and of the prevention and management of disease, such graduate shall have:-
- (a) applied knowledge and understanding of the normal structure, functions and development of a person as whole and as an individual within the context of the family and community within the scope of dentistry;
  - (b) applied knowledge and understanding of disease and pathological processes as the basis of clinical dentistry;
  - (c) an understanding of scientific principles and concepts in dentistry and the ability to think critically, analytically and creatively in regard to clinical problem-solving and decision-making;
  - (d) the ability to use medical, dental and scientific terminology with confidence;
  - (e) applied knowledge and understanding 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 dental practice, including the following:
- (a) The basic clinical skills-
    - (i) to take a history;
    - (ii) to perform a physical head and neck examination and assess the bio/psycho/social/medical/dental status 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;
    - (v) be able to utilize diagnostic aids, as well as the services of professionals allied to dentistry and medicine;
  - (b) skill in basic clinical procedures;
  - (c) basic computer and management skills;

- (d) communication skills;
  - (e) health promotion skills;
  - (f) leadership skills and ability to function as a member of a multi-disciplinary 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 oral health care which shall include –
- (i) a commitment to the oral health care of the community with regard to their bio/psycho/social/medical/dental well-being;
  - (ii) a recognition of the importance of primary oral health care and of a community orientated approach to oral health care;
  - (iii) the establishment of a commitment to life-long learning;
  - (iv) a willingness to participate in self and peer evaluations;
  - (v) an awareness of personal limitations and a willingness to seek help when necessary;
  - (vi) recognition of and respect for human and patients rights;
  - (vii) a commitment to professional practice and the ability to take independent clinical decisions with due consideration of the ethics involved;
  - (viii) acting as an advocate for his or her patients and communities;
  - (ix) being sensitive to oral 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.

## 5. General requirements relating to curriculum and learning approach

- (1) The undergraduate curriculum in dentistry shall extend over a minimum period of five (5) years, of which the first year shall be at least 32 weeks, and subsequent years at least 36 weeks, excluding assessment time.
- (2) A core curriculum shall be developed by each approved institution to ensure that graduates achieve the minimum core competencies or exit level outcomes as defined by the Medical and Dental Professions Board, acting as a Standard Generation Body (SGB), as required by the South African Qualification Authority (SAQA), from time to time.

- (3) In addition to core, the curriculum shall offer elective modules which allow for in-depth study of a choice of themes.
- (4) The curriculum shall address national oral health issues and take cognizance of the available resources in South Africa. Sensitivity to cultural, racial, language, gender and religious differences shall be emphasized.
- (5) Dental 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 source information, critically evaluate information, synthesize information from different sources, and solve problems.
- (7) Education and clinical training shall take place at all levels of health care.
- (8) Horizontal and vertical integration of curriculum content over the spectrum of disciplines is encouraged.

#### **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 oral health care needs;
  - (b) experience in primary oral health care;
  - (c) hospital-based education and training
  - (d) community-based education and training;
  - (e) management of oral health care in hospitals, rural practices, 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 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 dentistry**

- (1) Continuous assessment of the affective, cognitive and clinical skills of a student shall be emphasized.
- (2) The skills required by a student for admission to independent practice shall be acquired under supervision and shall be assessed on a continuous basis.
- (3) The focus in the assessment of a student shall balance an emphasis on the application of knowledge with the assessment of problem-solving skills, 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. disciplined based) at the discretion of the educational institution concerned: Provided that there must 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 continuous assessment, examiners shall take into account the student's work throughout the course of study.
- (6) A student shall pass both the clinical and theory components of the assessment. The pass mark shall be as prescribed in the University rules: Provided that a student's mark for the clinical components of the assessment should not be condoned to a pass on the grounds that other components are satisfactory.
- (7) The final student assessment must enable the accredited institution to meet its legal obligation to certify that the candidate is competent to practice in a safe and effective manner in relation to the essential skills/competencies as defined by the Board for the undergraduate dental degree.

**8. Requirements relating to the evaluation 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) should comply with the principles as determined by the South African Qualifications Authority (SAQA) to qualify for recognition under SAQA Act, 1995 (Act No.58 of 1995).
- (2) An approved educational institution shall establish structures for the internal evaluation of programmes with a view to quality assurance and in preparation for external evaluation.
- (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) The educational programme offered by an approved educational institution that leads to registration with the Board shall be accredited by the Board to achieve professional recognition.
- (5) Criteria and standards shall be specified by the Board for the accreditation of curricula and programmes, teaching, training and learning processes.

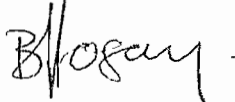
#### **9. General Requirements of Approved Institutions**

- (1) The mission and goals of an approved educational institution shall be available in writing.
- (2) An approved educational institution shall encourage research, including research in dental education and community based research, in order to advance intellectual creativity, oral health care provision and development, as well as to form a basis for teaching and learning in the undergraduate curriculum;
- (3) An approved educational institution shall have systems and structures to ensure that learning systems are grounded in contemporary educational theory.
- (4) Approved 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 clinical sites, transport services for students to access remote clinical sites, as determined by the Sub-committee of the board for Undergraduate Education and Training (UET), from time to time.

- (5) Approved institutions shall have in place formal agreements with oral health and 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 as Government Notice No.R.652 of 5 May 1995, in as far as they relate to dentistry, are hereby repealed.



**MINISTER OF HEALTH**

**DATE: 06/01/2009**

**No. R. 140****19 Januarie 2009****RAAD VIR GESONDHEIDSBEROEPE VAN SUID-AFRIKA****REGULASIES BETREFFENDE DIE REGISTRASIE VAN STUDENTE, VOORGRAADSE LEERPLANNE EN PROFESSIONELE EKSAMENS IN TANDHEELKUNDE**

Die Minister van Gesondheid het kragtens artikel 61(1) van die Wet op Gesondheidsberoepe, 1974 (Wet No. 56 van 1974), en in oorleg met die Raad vir Gesondheidsberoepe van Suid-Afrika, die regulasies in die Bylae uitgevaardig.

**BYLAE****INDELING VAN REGULASIES****Regulasie**

1. Woordomskrywing

**HOOFSTUK 1****REGISTRASIE VAN STUDENTE IN TANDHEELKUNDE**

2. Registrasie as 'n student in tandheelkunde
3. Inligting wat aan die beroepsraad voorgelê moet word

**HOOFSTUK 2****LEERPLAN IN TANDHEELKUNDE EN PROFESSIONELE EKSAMENS VIR STUDENTE IN TANDHEELKUNDE**

4. Profiel van 'n gegradueerde
5. Vereistes rakende leerplanne en leerbenadering
6. Vereistes rakende kliniese opleiding
7. Vereistes rakende die assessering van studente se prestasie
8. Vereistes rakende die assessering van leerplanne en programme
9. Algemene vereistes van goedgekeurde inrigtings
10. Herroeping

## Woordomskrywing

1. In hierdie regulasies beteken "die Wet" die Wet op Gesondheidsberoep, 1974 (Wet No. 56 van 1974), en het enige uitdrukking waaraan 'n betekenis in die Wet geheg is, daardie betekenis, en tensy dit uit die samehang anders blyk, beteken –

**"akkreditasie"** die proses om erkenning en goedkeuring te verleen aan die akademiese en opleidingstandaarde en professionele programme van studies van opvoedkundige inrigtings of opleidingsfasiliteite deur 'n eksterne en onpartydige liggaam wat deur die beroepsraad goedgekeur is;

**"beroepsraad"** die Mediese en Tandheelkundige Beroepsraad, ingestel ingevolge artikel 15 van die Wet;

**"gegraduateerde"** 'n student in tandheelkunde wat die leerplanne suksesvol voltooi en 'n kwalifikasie aan 'n goedgekeurde opvoedkundige inrigting verwerf het;

**"goedgekeur"**, met betrekking tot 'n opvoedkundige inrigting of kwalifikasie, erkenning en goedkeuring deur die beroepsraad aan 'n inrigting, fasiliteit of kwalifikasie verleen na 'n evalueringsproses soos deur die beroepsraad voorgeskryf;

**"graad"** 'n universiteitsgraad in tandheelkunde wat ingevolge artikel 24 van die Wet deur die beroepsraad erken word vir registrasie as 'n tandarts;

**"leerplanne"** die akademiese programme wat die akademiese leer, kliniese opleiding en ontwikkeling van vaardighede uiteensit, asook die integrasie van die studente se professionele houding en gedrag;

**"program"** die gesamentlike stel aktiwiteite en assesserings waardeur die leerplan gelewer word;

**"student"** 'n persoon wat as sodanig ingevolge die Wet by die raad geregistreer is;

**"tandarts"** 'n persoon wat as sodanig ingevolge die Wet by die raad geregistreer is.



## HOOFSTUK 1

## REGISTRASIE VAN STUDENTE IN TANDHEELKUNDE

## 2. Registrasie as 'n student in tandheelkunde

- (1) 'n Student aan 'n goedgekeurde opvoedkundige inrigting moet 'n aansoek om registrasie as 'n student in tandheelkunde op 'n vorm deur die beroepsraad voorsien ooreenkomstig die bepalings van subregulasie (2) aan die registrateur voorlê, en –
  - (a) in die geval van 'n student wat in sy of haar eerste studiejaar by 'n goedgekeurde opvoedkundige inrigting inskryf, binne vier maande na sodanige inskrywing; of
  - (b) in die geval van 'n student wat van die eerste of tweede studiejaar vrygestel is, binne vier maande na sodanige inskrywing in onderskeidelik die tweede of derde studiejaar.
  
- (2) 'n Aansoek deur 'n student om registrasie as 'n student in tandheelkunde moet vergesel gaan van –
  - (a) sodanige student se identiteitsdokument of geboortesertifikaat of, indien die student geen van dié dokumente kan voorlê nie, die ander bewys van sy of haar ouderdom en korrekte name wat vir die registrateur aanvaarbaar is;
  - (b) 'n sertifikaat om te bewys dat sodanige student begin het met studie in 'n vak of vakke aan 'n goedgekeurde opvoedkundige inrigting, welke sertifikaat die jaar van studie en die datum waarop die student ingeskryf het, moet vermeld; en
  - (c) die voorgeskrewe registrasiegeld.
  
- (3) 'n Aansoek om registrasie as 'n student in tandheelkunde deur 'n besoekende student van 'n ander land as Suid-Afrika wat tot 'n goedgekeurde opvoedkundige inrigting toegelaat is vir niegraaddoeleindes vir 'n tydperk van hoogstens een akademiese jaar, moet vergesel gaan van –
  - (a) 'n sertifikaat om te bewys dat sodanige student met sodanige studie begin het;
  - (b) bewys van registrasie as 'n student in tandheelkunde deur 'n erkende registrasie-owerheid in 'n ander land of staat as Suid-Afrika; en
  - (c) die voorgeskrewe registrasiegeld.

- (4) 'n Student in geneeskunde wat as 'n student in tandheelkunde wil registreer, moet 'n aansoek om registrasie as sodanig voorlê binne vier maande na die begin van die studie in tandheelkunde aan 'n goedgekeurde opvoedkundige inrigting.
- (5) 'n Aansoek in subregulasie (4) bedoel, moet vergesel gaan van –
- (a) 'n sertifikaat om te bewys dat sodanige student met sodanige studie begin het;
  - (b) die eerste oorspronklike registrasiesertifikaat as 'n student in geneeskunde deur die registrateur uitgereik; en
  - (c) die voorgeskrewe registrasiegeld.
- (6) 'n Student in tandheelkunde wat sy of haar studies hervat nadat dit vir minstens een jaar onderbreek is, moet 'n aansoek om herregistrasie voorlê binne vier maande na die hervatting van sodanige studie.
- (7) 'n Aansoek in subregulasie (6) bedoel, moet vergesel gaan van –
- (a) 'n sertifikaat om te bewys dat sodanige student sodanige studie hervat het;
  - (b) die eerste oorspronklike registrasiesertifikaat deur die registrateur uitgereik; en
  - (c) die voorgeskrewe registrasiegeld.
- (8) Behoudens die bepalings van regulasie 3(3) word die naam van 'n student in tandheelkunde, wat sy of haar studies vir meer as een jaar onderbreek het maar wat jaarliks skriftelik aandui dat hy of sy voornemens is om sy of haar studies voort te sit, nie uit die register verwyder nie.
- (9) 'n Student wat by die raad geregistreer is as 'n student in geneeskunde wat sy of haar studies gestaak het en wie se naam gevolglik uit die register van studente in geneeskunde verwyder is en wat aansoek doen om registrasie as 'n student in tandheelkunde, moet 'n aansoek om as sodanig geregistreer te word binne vier maande na die begin van sy of haar studie in geneeskunde indien.
- (10) 'n Aansoek in subregulasie (9) bedoel, moet vergesel gaan van –
- (a) 'n sertifikaat om te bewys dat sodanige student met sodanige studie begin het;
  - (b) die eerste oorspronklike registrasiesertifikaat as 'n student in geneeskunde deur die registrateur uitgereik; en

- (c) die voorgeskrewe registrasiegeld.
- (11) 'n Student wat aansoek doen om registrasie ingevolge subregulasie (4), (6) of (9) en wat nie die eerste oorspronklike registrasiesertifikaat kan voorlê nie, moet aansoek doen om 'n gewaarmerkte uittreksel uit die register, waarvoor die voorgeskrewe gelde betaalbaar is.
- (12) 'n Aansoek, tesame met die toepaslike dokumente en gelde in subregulasie (2), (3), (5), (7) of (9) bedoel, wat ingedien word na die tydperk van vier maande bedoel in subregulasie (1), (4), (6) of (9), na gelang van die geval, is onderhewig aan die voorgeskrewe boetegelde vir laat registrasie ten opsigte van elke maand of gedeelte van 'n maand waarvoor dit na die keerdatum ingedien word.
- (13) Geen student word as 'n student in tandheelkunde geregistreer of herregistreer nie tensy hy of sy in alle opsigte voldoen het aan die vereistes van subregulasie (2), (3), (4), (5), (6), (7), (8), (9) of (10), na gelang van die geval, en dié van subregulasie (12), waar van toepassing.
- (14) Die registrateur moet, by registrasie, 'n student wat as 'n student in tandheelkunde geregistreer is, van 'n registrasiesertifikaat voorsien.
- (15) Indien 'n student in tandheelkunde in die loop van sy of haar studie van een opvoedkundige inrigting na 'n ander verskuif, moet die beroepsraad binne vier maande na sodanige verskuiwing daarvan verwittig word.

### **3. Inligting wat aan die beroepsraad voorgelê moet word**

- (1) 'n Goedgekeurde opvoedkundige inrigting in Suid-Afrika moet binne vier maande na registrasie elke jaar aan die beroepsraad –
- (a) 'n lys voorlê van alle studente in tandheelkunde wat vir daardie jaar ingeskryf is: en
  - (b) 'n lys voorlê van alle studente in tandheelkunde wat hulle studies gedurende die voorafgaande jaar gestaak het.
- (2) Die lys in subregulasie (1) bedoel, moet studente in tandheelkunde se volle name, jaar van studie en, waar van toepassing, die datum van staking van studie insluit.

- (3) Saam met die lys in subregulasie (1) bedoel, moet 'n goedgekeurde opvoedkundige inrigting –
- (a) 'n lys voorlê van studente in tandheelkunde wat gedurende die voorafgaande twaalf maande hulle studies tydelik gestaak het, met vermelding van die redes vir sodanige staking en die datum waarop die betrokke studente hulle studies na verwagting sal hervat; en
  - (b) 'n lys voorlê van studente in tandheelkunde wat hulle studies gedurende die voorafgaande twaalf maande hervat het na die tydelike staking van sodanige studies.
- (4) Die naam van 'n student in tandheelkunde word uit die register verwyder sodra hy of sy as 'n tandarts geregistreer is of sodra die registrateur bewys ontvang dat sodanige student sy of haar studies in Suid-Afrika gestaak het.

## HOOFSTUK 2

### VOORGRAADSE LEERPLAN IN TANDHEELKUNDE EN PROFESSIONELE EKSAMENS VIR STUDENTE IN TANDHEELKUNDE

#### 4. Profiel van 'n gegradueerde

- (1) Die leerplan van 'n student in tandheelkunde moet voorsiening maak vir –
- (a) akademiese leer;
  - (b) opleiding en die ontwikkeling van vaardighede; en
  - (c) die ontwikkeling van 'n student se professionele houding en gedrag.
- (2) By die suksesvolle voltooiing van die leerplan in subregulasie (1) bedoel, moet sodanige student ontwikkel het tot 'n tandarts wat onafhanklik kan werk en wat die grondslag vir verdere spesialisonderrig en -opleiding het.
- (3) 'n Goedgekeurde opvoedkundige inrigting moet 'n leerplan skep wat die volgende moet bereik:
- (a) Die oordrag van kennis, vaardighede, houdings en die gepaste maniere van professionele gedrag aan 'n student in tandheelkunde;
  - (b) die voorbereiding van 'n student vir gesondheidsbevordering, die voorkoming of behandeling van tandheelkundige siektes en siektetoestande, en die rehabilitasie van tandheelkundige gestremdheid;

- (c) die ontwikkeling van navorsings- en bestuursvermoëns en die stimulering van 'n bereidheid tot deurlopende professionele ontwikkeling as deel van lewenslange leer;
  - (d) die versekering van relevansie vir plaaslike mondigesondheidsbehoefes en voldoening aan internasionale standarde van uitnemendheid.
- (4) **Kognitiewe uitkomst:** As 'n gegradueerde 'n grondige kennis en begrip van mondigesondheidsorg en die bevordering daarvan en van die voorkoming en bestuur van siekte moet hê, moet sodanige gegradueerde beskik oor –
- (a) toegepaste kennis en 'n begrip van die normale struktuur, funksies en ontwikkeling van 'n persoon as geheel en van 'n persoon binne die konteks van die gesin en die gemeenskap op die gebied van tandheelkunde;
  - (b) toegepaste kennis en 'n begrip van siekte en patologiese prosesse as die basis van kliniese tandheelkunde;
  - (c) 'n begrip van wetenskaplike beginsels en konsepte in tandheelkunde en die vermoë om krities, analities en skeppend te dink betreffende kliniese probleemoplossing en besluitneming;
  - (d) die vermoë om geneeskundige, tandheelkundige en wetenskaplike terminologie met vertroue te gebruik;
  - (e) toegepaste kennis en begrip van die beginsels van terapie en siektebestuur.
- (5) **Vaardigheidsuitkomst:** 'n Gegradueerde moet noodsaaklike vaardighede vir tandheelkundige praktyk verwerf het en sy of haar bedrewenheid daarin kan toon, insluitende die volgende:
- (a) Die basiese kliniese vaardighede –
    - (i) om 'n geskiedenis te neem;
    - (ii) om 'n fisiese ondersoek van die kop en nek te doen en die biologiese/sielkundige/maatskaplike/geneeskundige/tandheelkundige status van 'n pasiënt te assesser;
    - (iii) om bevindings te vertolk en 'n diagnose te maak;
    - (iv) om 'n plan vir behandeling en bestuur te formuleer, gebaseer op deeglike professionele beredenering en probleemoplosvermoëns; en
    - (v) om diagnostiese hulpmiddels te benut, asook die dienste van professionele persone verwant aan tandheelkunde en geneeskunde;
  - (b) vaardigheid in basiese kliniese prosedures;

- (c) basiese rekenaar- en bestuursvaardighede;
  - (d) kommunikasievaardighede;
  - (e) gesondheidsbevorderingsvaardighede;
  - (f) leierskapvaardighede en die vermoë om as 'n lid van 'n multidissiplinêre span te funksioneer; en
  - (g) vaardighede wat nodig is om pasiënte akkuraat na gepaste hulpbronne te verwys.
- (6) **Waardes- en houdingsuitkomst:** 'n Gegradueerde moet gepaste houdings en gedragspatrone hê om mondigesondheidsorg van gehalte te verseker, wat moet insluit –
- (a) 'n verbintenis tot die mondigesondheidsorg van die gemeenskap betreffende hulle biologiese/sielkundige/maatskaplike/geneeskundige/tandheelkundige welsyn;
  - (b) 'n erkenning van die belangrikheid van primêre mondigesondheidsorg en van 'n gemeenskapsgeoriënteerde benadering tot mondigesondheidsorg;
  - (c) die vestiging van 'n verbintenis tot lewenslange leer;
  - (d) 'n gewilligheid om aan self- en portuurevaluering deel te neem;
  - (e) 'n bewustheid van persoonlike beperkings en 'n gewilligheid om hulp te soek wanneer nodig;
  - (f) erkenning van en respek vir menseregte en pasiëntregte;
  - (g) 'n verbintenis tot professionele praktyk en die vermoë om onafhanklik kliniese besluite te neem met behoorlike inagneming van die etiek betrokke;
  - (h) optrede as 'n pleitbesorger vir sy of haar pasiënte en gemeenskappe;
  - (i) 'n sensitiwiteit vir die mondigesondheidsbehoefes van die land.
- (7) Om 'n gegradueerde te ontwikkel wat oor al bogenoemde eienskappe beskik, moet 'n tweefasebenadering, bestaande uit voorgraadse onderrig en opleiding gevolg deur 'n internskapopleidingsprogram, gevolg word.

## 5. Algemene vereistes betreffende leerplanne en leerbenadering

- (1) Die voorgraadse leerplan in tandheelkunde strek oor 'n minimum tydperk van vyf (5) jaar, waarvan die eerste jaar minstens 32 weke moet wees en daaropvolgende jare minstens 36 weke, uitgesonder assesseringstyd.

- (2) 'n Kernleerplan moet deur elke goedgekeurde opvoedkundige inrigting ontwikkel word om te verseker dat gegraduatees die minimum kernbekwaamhede of uitreevlakuitkomst verwerf soos van tyd tot tyd omskryf deur die Mediese en Tandheelkundige Beroepsraad, handelend as 'n standardeontwikkelingsliggaam, soos vereis deur die Suid-Afrikaanse Kwalifikasie-owerheid (SAKO).
- (3) Benewens kernmodules moet die leerplan keusemodules aanbied wat voorsiening maak vir dieptestudie van 'n seleksie van temas.
- (4) Die leerplan moet nasionale mondgesondheidskwessies dek en ag slaan op die beskikbare hulpbronne in Suid-Afrika. Sensitieweit vir kultuur-, ras-, taal-, geslags- en godsdienverskille moet beklemtoon word.
- (5) Tandheelkundige openbare gesondheid as 'n tema moet dwarsdeur die leerplan prominent wees.
- (6) Leerplaninhoud, en onderrig- en assessermetodes, moet ontwerp word om studente se vermoë te verbeter om self inligting te kry, inligting krities te evalueer, inligting uit verskillende bronne te sintetiseer en probleme op te los.
- (7) Onderrig en kliniese opleiding moet op alle vlakke van gesondheidsorg plaasvind.
- (8) Horisontale en vertikale integrasie van leerplaninhoud oor die spektrum van dissiplines moet aangemoedig word.

## 6. Vereistes betreffende kliniese opleiding

- (1) Kliniese opleiding van 'n student moet insluit –
  - (a) omvattende pasiëntesorg, wat aangepas moet word volgens veranderende patrone in mondgesondheidsorgbehoefte;
  - (b) ondervinding van primêre mondgesondheidsorg;
  - (c) hospitaalgebaseerde onderrig en opleiding;
  - (d) gemeenskapsgebaseerde onderrig en opleiding;
  - (e) bestuur van mondgesondheidsorg in hospitale, landelike praktyke en klinieke, met spesiale klem op sorg in randgebiede.

- (2) 'n Student moet sy of haar kliniese vaardighede ontwikkel deur gebruik te maak van vaardighedslaboratoriums, nagebootste pasiënte, modelle vir praktiese prosedures en, uiteindelik, pasiënte, terwyl bedrewenheid in vaardighede streng geassesseer moet word.
- (3) Waar dissiplinegebaseerde kliniese opleiding oorheers, moet 'n goedgekeurde opvoedkundige inrigting voorsiening maak dat 'n student pasiënte hoiisties behandel en kennis en kliniese benaderings vanuit verskillende dissiplines integreer.

**7. Vereistes rakende die assessering van prestasie van studente in tandheelkunde**

- (1) Deurlopende assessering van die affektiewe, kognitiewe en kliniese vaardighede van 'n student moet beklemtoon word.
- (2) Die vaardighede waarvoor 'n student vir toelating tot onafhanklike praktyk moet beskik, moet onder toesig verwerf word en moet op 'n deurlopende basis geassesseer word.
- (3) Die assessering van 'n student moet daarop toegespits wees om 'n klem op die toepassing van kennis te balanseer met 'n klem op probleemoplosvaardighede, kritiese denke, kliniese beredenering, kliniese vaardighede, professionele bekwaamheid en maatskaplike waardes.
- (4) Die assessering en eksaminering van voorgeskrewe modules kan geïntegreer of verdeel word (d.i. dissipline-gebaseer wees) na goeddunke van die betrokke opvoedkundige inrigting: Met dien verstande dat daar 'n komponent van die finale assessering moet wees wat 'n student se vermoë assesseer om 'n geïntegreerde benadering tot kliniese kennis en beredenering te volg.
- (5) Om deurlopende assessering te verseker, moet eksaminatore die student se werk dwarsdeur die studiekursus in aanmerking neem.
- (6) 'n Student moet sowel die kliniese as die teoretiese komponent van die assessering slaag. Die slaagsyfer is soos voorgeskryf in die opvoedkundige inrigting se reëls: Met dien verstande dat 'n student se punte vir die kliniese komponente van die assessering nie tot 'n slaagpunt gekondoneer mag word op grond daarvan dat ander komponente bevredigend is nie.



- (7) Die finale studentassessering moet die geakkrediteerde opvoedkundige inrigting in staat stel om te voldoen aan sy wetlike verpligting om te sertifiseer dat die kandidaat bevoeg is om op 'n veilige en doeltreffende manier te praktiseer met betrekking tot die noodsaaklike vaardighede/bekwaamhede soos deur die beroepsraad omskryf vir die eerste tandheelkundige graad.

#### **8. Vereistes rakende die assessering van leerplanne en programme**

- (1) 'n Goedgekeurde opvoedkundige inrigting moet programme saamstel wat –
  - (a) in ooreenstemming moet wees met die voorgeskrewe riglyne van die beroepsraad en met inagneming van die riglyne van die Departement van Onderwys; en
  - (b) moet voldoen aan die beginsels soos bepaal deur SAKO om te kwalifiseer vir erkenning ingevolge die Wet op die Suid-Afrikaanse Kwalifikasie-owerheid, 1995 (Wet No. 58 van 1995).
- (2) 'n Goedgekeurde opvoedkundige inrigting moet strukture in plek hê vir die interne assessering van programme met die oog op gehalteversekering en ter voorbereiding vir eksterne assessering.
- (3) 'n Goedgekeurde opvoedkundige inrigting moet van tyd tot tyd soos deur die beroepsraad bepaal, vorderingsverslae aan die beroepsraad voorlê om die implementering te verseker van riglyne in subregulasie (1) bedoel en strukture in subregulasie (2) bedoel.
- (4) Die opvoedkundige program wat deur 'n goedgekeurde opvoedkundige inrigting aangebied word wat tot registrasie by die beroepsraad lei, moet deur die beroepsraad geakkrediteer word om professionele erkenning te kry.
- (5) Kriteria en standarde vir die akkreditasie van leerplanne en programme, onderrig, opleiding en leerprosesse moet deur die beroepsraad bepaal word.

#### **9. Algemene vereistes vir goedgekeurde opvoedkundige inrigtings**

- (1) Die missie en doelwitte van 'n goedgekeurde opvoedkundige inrigting moet skriftelik beskikbaar wees.
- (2) 'n Goedgekeurde opvoedkundige inrigting moet navorsing aanmoedig, insluitende navorsing in tandheelkundige onderrig en gemeenskapsgebaseerde

navorsing, ten einde intellektuele kreatiwiteit, die verskaffing van mondgesondheidsorg en ontwikkeling te bevorder, asook om 'n basis vir onderrig en leer in die voorgraadse leerplan te bied.

- (3) 'n Goedgekeurde opvoedkundige inrigting moet stelsels en strukture hê om te verseker dat leerstelsels op kontemporêre opvoedkundige teorie gegrond is.
- (4) Goedgekeurde opvoedkundige inrigtings moet toereikende leerinfrastruktuur en hulpbronne hê, soos klaskamers, lesingteaters, biblioteke, rekenaarfasieliteit, basiese wetenskaplaboratoriums, kliniesevaardigheidslaboratoriums, verblyffasieliteit by kliniekterreine, en vervoerdienste vir studente na afgeleë kliniekterreine, soos van tyd tot tyd deur die beroepsraad se subkomitee vir voorgraadse onderrig en opleiding bepaal.
- (5) Goedgekeurde opvoedkundige inrigtings moet formele ooreenkomste met mondgesondheids- en gesondheidsdiensfasieliteit en -owerhede hê om toereikende toegang van studente tot die nodige verskeidenheid en hoeveelheid kliniese onderrigomgewings te verseker.

#### **10. Herroeping**

Die regulasies afgekondig by Goewermentskennisgewing No. R. 652 van 5 Mei 1995, in soverre dit op tandheelkunde betrekking het, word hierby herroep.

**MINISTER VAN GESONDHEID**

**DATUM**

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