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AIDS HELPLINE: 0800-0123-22 Prevention is the cure



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GOVERNMENT NOTICES GOEWERMENTSKENNISGEWINGS

DEPARTMENT OF AGRICULTURE DEPARTEMENT VAN LANDBOU

No. R. 1139

2 December 2005

FERTILIZERS, FARM FEEDS, AGRICULTURAL REMEDIES AND STOCK REMEDIES ACT, 1947
(ACT No. 36 OF 1947)

**REGULATIONS RELATING TO THE REGISTRATION OF FERTILIZERS, FARM FEEDS,
AGRICULTURAL REMEDIES, STOCK REMEDIES, STERILIZING PLANTS AND
PEST CONTROL OPERATORS, APPEALS AND IMPORTS: PROPOSED AMENDMENT**

I, Angela Thokozile Didiza, Minister of Agriculture, acting under section 23(4) of the Fertilizers, Farm Feeds, Agricultural Remedies and Stock Remedies Act, 1947 (Act No. 36 of 1947), has made the regulation set out in the Schedule as from 1 April 2005.

SCHEDULE

Definitions

1. In this Schedule "the Regulations" means the regulations published by Government Notice No. R. 1449 of 1 July 1983, as amended by Government Notices Nos. R. 96 of 20 January 1984, R. 2055 of 14 September 1984, R. 1053 of 3 June 1988, R. 1242 of 9 June 1990, R. 1409 of 8 August 1993, R. 1592 of 30 September 1996, R. 1017 of 14 August 1998, R. 216 of 10 March 2000, R. 964 of 5 October 2001, R. 1096 of 30 August 2002, R. 1475 of 17 October 2003 and R.348 of 15 April 2005.

Substitution of Table 1 of the Regulations

2. The Regulations are hereby amended by the substitution for Table 1 of the following table:

TABLE 1
FEES PAYABLE

PURPOSE	AMOUNT PAYABLE PER APPLICATION
A. Application for the registration of- (a) a fertilizer, farm feed or sterilizing plant (b) an agricultural remedy or a stock remedy (c) a pest control operator	R1 050 R2 145 R460
B. Application for the renewal of the registration of- (a) a fertilizer, farm feed or sterilizing plant (b) an agricultural remedy or a stock remedy (c) a pest control operator	R575 R1 050 R315
C. Payment in addition to that specified in paragraph B, in the case of a late application for the renewal of the registration of- (a) a fertilizer, farm feed or sterilizing plant (b) an agricultural remedy or a stock remedy (c) a pest control operator	R430 R770 R140
D. An appeal in terms of section 6 of the Act	R3 500
E. Payment for information and documentation: (a) Application form and instructions (b) Certificate of free sale (c) Import permit (d) Documents from own product files as requested by registration holders	R45,00 per package R15,00 per certificate R10,00 per permit R45,00 per request plus 50c per page

No. R. 1139

2 Desember 2005

**WET OP MISSTOWWE, VEEVOEDSEL, LANDBOUMIDDELS EN VEEMIDDELS, 1947
(WET No. 36 VAN 1947)**

**REGULASIES BETREFFENDE DIE REGISTRASIE VAN MISSTOWWE, VEEVOEDSEL,
LANDBOUMIDDELS, VEEMIDDELS, STERILISERINGSINSTALLASIES EN
PLAAGBEHEEROPERATEURS, APPËLLE EN INVOER: VOORGESTELDE WYSIGING**

Ek, Angela Thokozile Didiza, Minister van Landbou, handelende kragtens artikel 23(4) van die Wet op Misstowwe, Veevoedsel, Landboumiddels en Veemiddels, 1947 (Wet No. 36 van 1947), het die regulasies in die Bylae uiteengesit, uitgevaardig met ingang van 1 April 2005.

BYLAE

Woordomskrywings

1. In hierdie Bylae "die Regulasies" die regulasies gepubliseer by Goewermentskennisgewing No. R. 1449 van 1 Julie 1983, soos gewysig deur Goewermentskennisgewings Nos. R. 96 van 20 Januarie 1984, R. 2055 van 14 September 1984, R. 1053 van 3 Junie 1988, R. 1242 van 9 Junie 1990, R. 1409 van 6 Augustus 1993, R. 1592 van 30 September 1996, R. 1017 van 14 Augustus 1998, R. 216 van 10 Maart 2000, R. 964 van 5 Oktober 2001, R. 1096 van 30 Augustus 2002, R. 1475 van 17 Oktober 2003 en R. 348 van 15 April 2005.

Vervanging van Tabel 1 van die Regulasies

2. Die Regulasies word hierby gewysig deur Tabel 1 met die volgende tabel te vervang:

TABEL 1
GELDE BETAALBAAR

DOEL	BEDRAG BETAALBAAR PER AANSOEK
A. Aansoek om die registrasie van- (a) 'n misstof, veevoedsel of steriliseringsinstallasie (b) 'n landboumiddel of veemiddel (c) 'n plaagbeheeroperator	R1 050 R2 145 R460
B. Aansoek om hernuwing van die registrasie van- (a) 'n misstof, veevoedsel of steriliseringsinstallasie (b) 'n landboumiddel of veemiddel (c) 'n plaagbeheeroperator	R575 R1 050 R315
C. Betaling bykomend tot die in paragraaf B vermeld, in die geval van 'n laat aansoek om die hernuwing van die registrasie van- (a) 'n misstof, veevoedsel of steriliseringsinstallasie (b) 'n landboumiddel of veemiddel (c) 'n plaagbeheeroperator	R430 R770 R140
D. 'n Appél ingevolge artikel 6 van die Wet	R3 500
E. Betaling vir inligting en dokumentasie: (a) Aansoekvorm en opdragte (b) Sertifikaat van vrylike verkope (c) Invoerpermit (d) Dokumente van eie produkteurs soos aangevra deur registrasiehouers	R45,00 per pakket R15,00 per sertifikaat R10,00 per permit R45,00 per versoek plus 50c per bladsy

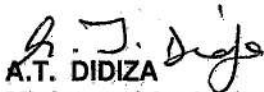
No. R. 1148

2 December 2005

MARKETING OF AGRICULTURAL PRODUCTS ACT, 1996
(ACT No. 47 OF 1996)

DECLARATION OF AGRICULTURAL PRODUCTS: AMENDMENT

I, Angela Thokozile Didiza, Minister of Agriculture and Land Affairs, acting under section 1 (2) of the Marketing of Agricultural Products Act, 1996 (Act No. 47 of 1996), hereby amend the Schedule to Government Notice No. R.1189 of 4 September 1997, to declare the products set out in this Schedule as agricultural products for the purposes of the said Act.


A.T. DIDIZA

Minister of Agriculture and Land Affairs

GENERAL EXPLANATORY NOTE:

[] Words in bold type in square brackets indicate omissions from existing enactments.

_____ Words underlined with a solid line indicate insertions in existing enactments.

SCHEDULE

**AGRICULTURAL PRODUCTS FOR THE PURPOSES OF THE MARKETING OF THE
AGRICULTURAL PRODUCTS ACT, 1996 (ACT No. 47 OF 1996) AS AMENDED**

Cattle, goats, sheep, pigs and game **[Game and Livestock]** as well as their products.

Deciduous fruit (being apples, pears, apricots, peaches, nectarines, plums and table grapes), including dried fruit.

Grains, including wheat, barley, oats, durum wheat, rye, maize and sorghum.

Milk and the following dairy products:

<u>Customs Tariff Classification</u>	<u>Product Description</u>
<u>04.01</u>	<u>Milk and cream, not concentrated nor containing added sugar or other sweetening matter.</u>
<u>04.02</u>	<u>Milk and cream, concentrated or containing added sugar or other sweetening matter.</u>
<u>04.03</u>	<u>Buttermilk, curdled milk and cream, yogurt, kephir and other fermented or acidified milk and cream, whether or not concentrated or containing added sugar or other sweetening matter or flavoured or containing added fruits, nuts or cocoa.</u>
<u>04.04</u>	<u>Whey, whether or not concentrated or containing added sugar or other sweetening matter; Products consisting of natural milk constitutions, whether or not containing added sugar or other sweetening matter not elsewhere specified or included.</u>
<u>04.05</u>	<u>Butter and other fats and oils derived from milk, dairy spreads.</u>
<u>04.06</u>	<u>Cheese and curd.</u>

Oilseeds, including canola

Olives and olive oil

Potatoes, including table potatoes, seed potatoes, processed potatoes or any other form of potatoes.

No. R. 1148

2 Desember 2005

WET OP DIE BEMARKING VAN LANDBOUPRODUKTE 1996
(WET No. 47 VAN 1996)

VERKLARING VAN LANDBOUPRODUKTE

Ek, Angela Thokozile Didiza, Minister van Landbou, handelende kragtens artikels 1 (2) van die Wet op die Bemaking van Landbouprodukte, 1996 (Wet No. 47 van 1996), wysig hiermee Goewermentskennisgewing No. R.1189 van 4 September 1997, en verklaar hiermee die produkte in die Bylae uiteengesit as landbouprodukte vir die doeleindes van voormelde Wet.



A.T. DIDIZA

Minister van Landbou en Grondsake

ALGEMENE VERDUIDELIKENDE NOTA:

[] Woorde in vet druk tussen vierkantige hake dui skappings uit bestaande verorderings aan.

_____ Woorde met 'n volstreep daaronder, dui invoegings in bestaande verorderings aan.

BYLAE

**LANDBOUPRODUKTE VIR DOELEINDES VAN DIE WET OP DIE BEMARKING VAN
LANDBOUPRODUKTE, 1996 (WET No. 47 VAN 1996) SOOS GEWYSIG**

Aartappels, insluitende tafel aartappels, aartappelmoere, verwerkte aartappels of enige ander vorm van aartappels.

Beeste, Bokke, Skape, Varke en Wild [en lewendehawe] asook die produkte verkry van hierdie diere.

Grane, insluitende koring, hawer, gars, durum koring, rog, mielies en sorghum.

Melk en die volgende melk produkte

<u>Tariefkode</u>	<u>Beskrywing</u>
<u>04.01</u>	<u>Melk & room, nie gekonsentreer nie en ook nie met bygevoegde suiker of enige ander versoetende stof nie.</u>
<u>04.02</u>	<u>Melk & room, gekonsentreer of bevattende bygevoegde suiker of ander versoetende stof.</u>
<u>04.03</u>	<u>Karringmelk, dikmelk, room, joghurt, kephir en ander gesuurde melk of room, ongeag of dit gekonsentreerd of bygevoegde suiker, versoeter, vrugte, neute of kokao, bevat of nie.</u>
<u>04.04</u>	<u>Wei, ongeag of dit gekonsentreerd of addisionele suiker of versoeter bevat of nie. Produkte wat natuurlike melk bevat, ongeag of dit gekonsentreerd of addisionele suiker of versoeter bevat of nie en wat nie elders ingesluit of gespesifiseer is nie.</u>
<u>04.05</u>	<u>Botter en ander vette en olies verkry van melk, suiwel smere.</u>
<u>04.06</u>	<u>Kaas en wrongel.</u>

Olisade, insluitende kanola

Olywe en olyfolie

Sagtevrugte (synde appels, pere, appelkose, perskes, nektariens, pruime en tafeldruiwe), insluitende droë vrugte.

**DEPARTMENT OF HEALTH
DEPARTEMENT VAN GESONDHEID**

No. R. 1149

2 December 2005

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

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

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

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

SCHEDULE

ARRANGEMENT OF SECTIONS

Section

1. Definitions

CHAPTER 1

REGISTRATION OF STUDENTS IN MEDICINE

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

CHAPTER 2

**CURRICULUM IN MEDICINE AND PROFESSIONAL EXAMINATIONS FOR
STUDENTS IN MEDICINE**

4. Profile of a graduate
5. General goals of education and training in medicine
6. Knowledge objectives of curricula
7. Skills objectives of curricula
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9. Requirements relating to overall premises
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11. Requirements relating to teaching and learning
12. Requirements relating to clinical training
13. Requirements relating to attitudes and conduct
14. Requirements relating to general skills
15. Requirements relating to the assessment of student performance
16. Requirements relating to the evaluation of curricula and programmes
17. Requirements relating to ethical values and norms
18. Requirements relating to management and leadership
19. General requirements
20. Implementation and duration of programmes
21. Professional examinations for students in medicine
22. 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 -

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

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

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

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

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

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

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

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

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

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

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

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

CHAPTER I

REGISTRATION OF STUDENTS IN MEDICINE

2. Registration as a student in medicine

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

- (a) in the case of students enrolling at an approved educational institution in his or her first year of study, within two months of such enrolment; or
- (b) in the case of students who have been exempted from the first or second year of study, within two months of such enrolment in the second or third year of study, respectively.

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

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

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

3. Information to be submitted to the board

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

CHAPTER 2**UNDERGRADUATE CURRICULUM IN MEDICINE AND PROFESSIONAL EXAMINATIONS
FOR STUDENTS IN MEDICINE****4. Profile of a graduate**

- (1) The curricula of a student in medicine shall provide for -
 - (a) academic learning;
 - (b) training and development of skills; and
 - (c) moulding of a student in medicine's professional attitudes and conduct.
- (2) On the successful completion of the curriculum referred to in subregulation (1), such student in medicine should have developed into a basic medical practitioner who is fit to practice the profession over the broad spectrum of medicine or to undergo specialist education and training.
- (3) An approved educational institution shall create a profile of a graduate which must achieve the following:
 - (a) conveying knowledge, skills, attitudes and appropriate modes of professional conduct to a student in medicine;
 - (b) preparing a student in medicine for health promotion, the prevention or treatment of illness and rehabilitation of impairment; and
 - (c) developing research and management abilities and stimulate a preparedness for continuous professional development.
- (4) An approved educational institution shall sustain and transfer attitudes, skills and knowledge which are prerequisites for promotion of health and preventive, curative or rehabilitative activities to the next generation by appropriate management, professional development and research activities.
- (5) In order for a graduate to have a sound knowledge and understanding of health care, the promotion thereof and of the prevention and management of disease, such graduate shall have-
 - (a) knowledge of the normal structure, functions and development of a person as whole and as an individual within the context of the family and community;
 - (b) a well founded knowledge of disease and pathological processes as the basis of clinical medicine;
 - (c) an understanding of scientific principles in medicine and be capable of

- medical problem-solving and decision-making; and
- (d) the ability to use medical and scientific terminology with confidence.

(6) A graduate shall -

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

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

5. General goals of education and training in medicine.

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

The following general goals shall be pursued during both phases:-

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

6. Knowledge objectives of curricula

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

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

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

7. Skills objectives of curricula

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

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

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

8. Attitudinal objectives of curricula

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

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

9. Requirements relating to overall premises

- (1) The purpose of any approved educational institution at the undergraduate level shall be to provide education and training which must –
 - (a) enable a graduate to render a service across a wide front in medicine and healthcare; and
 - (b) prepare a graduate to specialize in any recognized speciality of medicine.

(2) In order to achieve the purpose referred to in subregulation (1), the following premises shall apply:

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

10. Requirements relating to curriculum and learning content

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

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

11. Requirements relating to teaching and learning

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

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

- (9) An approved educational institution shall emphasize community based education and training and introduce a student in medicine to work in the community.
- (10) Learning systems of an approved educational institution shall be grounded in modern educational theory and a variety of available technological teaching aids shall be used optimally, while applicable teaching and learning strategies are to be employed by such educational institution.

12. Requirements relating to clinical training

- (1) Early clinical training contact with patients, even during the basic study years shall be the norm in order to contribute to enthusiasm and the development of communication skills.
- (2) Clinical training of a student in medicine shall include-
 - (a) comprehensive patient care which shall be adapted to changing patterns in medical health care needs;
 - (b) experience in primary health care;
 - (c) community-based education and training;
 - (d) management of health care in hospitals, private practices, rural practices/ clinics with special emphasis on care in peripheral areas; and
 - (e) hospital-based education and training.
- (3) A student in medicine shall develop his or her clinical skills by using skills laboratories, simulated patients, models for practical procedures and ultimately patients while proficiency in skills shall be rigorously assessed.
- (4) An approved educational institution using discipline-based clinical training shall make provision for a student in medicine to treat patients holistically.

13. Requirements relating to attitudes and conduct

- (1) Specific attitudes shall be emphasized including desire to serve humanity, respect for human rights, recognition of ethical values, community orientation and willingness to adapt to local and changing circumstances including the service motive.
- (2) The correct and desired professional attitudes and conduct shall be established during the

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

- (3) A student in medicine's behaviour and conduct shall be exemplary and of such a nature that he or she will be regarded as a professional role model in his or her community.
- (4) A student in medicine shall display commitment to his or her studies in order to ensure that he or she will also be committed as a medical practitioner.

14. Requirements relating to general skills

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

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

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

16. Requirements relating to the assessment of 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.
- (2) An approved educational institution shall establish structures for the internal assessment of programmes with a view to quality assurance and in preparation for external assessment.
- (3) An approved educational institution shall, from time to time as determined by the board, submit progress reports to the board to ensure implementation of guidelines referred to in sub regulation (1) and structures referred to in sub regulation (2).
- (4) All educational programmes offered by an approved educational institutions relating to medicine shall be approved by the board to achieve professional recognition.
- (5) Criteria and standards shall be specified by the board for the assessment of curricula and programmes, teaching, training and learning processes and approaches in approved educational institutions not yet approved by the board in order to facilitate continuing evaluation by the board with a view to improvement.

17. Requirements relating to ethical values and norms

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

18. Requirements relating to management and leadership

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

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

19. General requirements

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

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

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

(3) An approved educational institution shall encourage -

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

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

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


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

21. Professional examinations for students in medicine

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

22. Repeal

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


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

No. R. 1150

2 December 2005

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA**REGULATIONS RELATING TO THE REGISTRATION OF STUDENTS, UNDERGRADUATE CURRICULA AND PROFESSIONAL EXAMINATIONS IN DENTISTRY**

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

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

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. General goals of education and training in dentistry
6. Knowledge objectives of curricula
7. Skills objectives of curricula

8. Attitudinal objectives of curricula
9. Requirements relating to overall premises
10. Requirements relating curriculum and learning content
11. Requirements relating to teaching and learning
12. Requirements relating to clinical training
13. Requirements relating to attitudes and conduct
14. Requirements relating to general skills
15. Requirements relating to the assessment of student performance
16. Requirements relating to the evaluation of curricula and programmes
17. Requirements relating to ethical values and norms
18. Requirements relating to management and leadership
19. General requirements
20. Implementation and duration of programmes
21. Professional examinations for students in dentistry
22. Repeal

1. Definitions

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

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

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

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

"curricula" means the academic programmes outlining the academic learning, clinical training and development of skills as well as the integration of the student's professional attitudes 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 dentist;

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

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

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

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

"manage" in relation to the oral health needs of a patient, means that a dentist may not provide any treatment beyond the scope of dentistry provided that such patient is referred by such dentist to another health professional for treatment;

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

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

"study" means a course of study for a degree, diploma or certificate in dentistry degree as determined in Chapter 2 hereof;

CHAPTER I

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 by the board in accordance with the provisions of subregulation (2) –

- (a) In the case of a student enrolling at an approved educational institution in his or her first year of study, within two months of such enrolment; or
 - (b) in the case of a student who has been exempted from the first or second year of study, within two months of such enrolment in the second or third year of study, respectively.
- (2) An application by a student for registration as a student in 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;
 - (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 in South Africa 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 recognised registering authority in a country or state other than South Africa;
 - (c) the prescribed registration fee.
- (4) A medical student who wishes to be registered as a student in dentistry shall submit an application for registration as such within two months of commencing study in an approved educational institution.
- (5) An application referred to in sub-regulation (4) shall be accompanied by-
 - (a) a certificate to prove that such student has commenced such study;
 - (b) the original registration certificate as a student in medicine issued by the registrar; and
 - (c) the prescribed registration fee

- (6) A student in dentistry who resumes his or her studies after interrupting such studies for at least one year, shall submit an application for re-registration within two months of resuming of such studies.
- (7) An application referred to in sub-regulation (6) shall be accompanied by-
 - (a) a certificate to prove that such student has resumed such study;
 - (b) the original registration certificate 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 dentistry who interrupted his or her study for more than one year, but who indicates annually in writing his or her intention to continue with his or her study, shall not be removed from the register.
- (9) A student registered with the council as a student in medicine who discontinued his or her study and whose name was subsequently 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 two months of commencing his 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 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 furnish the original certificate, must apply for a certified extract from the register, for which the prescribed fee shall be payable.
- (12) An application, together with the applicable documents and fees referred to in sub-regulations (2), (3), (5), (7) or (9), submitted after the period of two months stated in sub-regulations (1), (4), (6) and (9), as the case may be, shall be subject to the prescribed penalty fee for late registration in respect of each month or portion of a month for which it is submitted after the due date.

- (13) No student shall be registered or re-register as a student in dentistry unless he or she has complied in all respects with the requirements of sub-regulations (2), (3), (4), (5), (6), (7), (8), (9), or (10) as the case may be, and those of sub-regulation (12), where applicable.
- (14) The registrar shall furnish a student 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 two months from date of such change.

3. Information to be submitted to the board

- (1) An approved educational institution in South Africa shall submit to the board on or before 31 May of each year-
 - (a) a list of all students in 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 the student'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 discontinue their studies temporarily during the preceding twelve months, specifying the reasons for such discontinuation and the date on which such students 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 in the category public service (community service), or as soon as the registrar receives proof that such student has discontinued his or her studies.

CHAPTER 2**UNDERGRADUATE CURRICULUM IN DENTISTRY AND PROFESSIONAL EXAMINATIONS
FOR STUDENTS IN DENTISTRY****4. Profile of a graduate**

(1) The curricula of a student in dentistry shall provide for -

- (a) academic learning;
- (b) training and development of skills; and
- (c) moulding of a student in dentistry's professional attitudes and conduct.

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

(3) An approved educational institution shall create a profile of a graduate which must achieve the following:

- (a) conveying knowledge, skills, attitudes and appropriate modes of professional conduct to a student in dentistry;
- (b) preparing a student in dentistry for health promotion, the prevention or treatment of illness and rehabilitation of impairment; and
- (c) developing research and management abilities and stimulate a preparedness for continuous professional development.

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

(5) In order for a graduate to have a sound knowledge and understanding of health care, the promotion thereof and of the prevention and management of disease, such graduate shall have-

- (a) knowledge of the normal structure, functions and development of a

person as a whole and as an individual within the context of the family and community;

- (b) a well founded knowledge of disease and pathological processes as the basis of clinical medicine;
- (c) an understanding of scientific principles in dentistry and be capable of problem-solving and decision-making; and
- (d) the ability to use dental and scientific terminology with confidence.

(6) A graduate shall -

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

- (iii) rendering a service as a member of a health team;
 - (iv) acting as an advocate for his or her patients and communities;
 - (v) being able to communicate well, be a critical thinker and practitioner who obtains and applies knowledge of social and behavioural sciences; and
 - (vi) being well-motivated.
- (7) Professional reasoning and problem solving skills shall be an integral part of the basic clinical skills referred to in subregulation (6) (a).

5. General goals of education and training in dentistry.

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

The following general goals shall be pursued during both phases:-

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

6. Knowledge objectives of curricula

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

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

7. Skills objectives of curricula

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

- (a) the basic clinical skills –
 - (i) to take a history;
 - (ii) to perform an oral examination and assess the mental state of a patient;
 - (iii) to interpret findings and make a diagnosis; and
 - (iv) to formulate a plan for treatment and management based on sound professional reasoning and problem-solving abilities;
- (b) skill in basic clinical procedures;
- (c) basic computer and management skills;
- (d) communication skills;
- (e) leadership skills and ability to function as a member of a multi-disciplinary team; and
- (f) skills required to accurately refer patients to appropriate resources.

8. Attitudinal objectives of curricula

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

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

- (m) a positive attitude with regard to continuing professional development; and
- (n) an acceptance of responsibility to contribute to the advancement of medical
- (o) knowledge, i.e. a research approach in practice.

9. Requirements relating to overall premises

- (1) The purpose of any approved educational institution at the undergraduate level shall be to provide education and training which must –
 - (a) enable a graduate to render a service across a wide front in dentistry and oral health care; and
 - (b) prepare a graduate to specialize in any recognized speciality of dentistry.
- (2) In order to achieve the purpose referred to in subregulation (1), the following premises shall apply:
 - (a) undergraduate education and training curricula shall make provision for and be sensitive to academic demands and the unique needs of the South African society;
 - (b) education and training in dentistry at both undergraduate and specialist levels shall meet global dental standards of professional excellence in practice;
 - (c) approved educational institution shall be responsible for the development in a future graduate of a high standard of ethical principles and a healthy outlook on life; and
 - (d) a culture of lifelong learning shall be cultivated in a student in dentistry.

10. Requirements relating to curriculum and learning content

- (1) A core curriculum shall be developed with a decrease in the number of facts that need to be digested.
- (2) Specific themes shall be included in the core curriculum, while the remaining learning contents shall consist of special study modules which allow for in-depth study of a choice of themes.

- (3) Promotion of knowledge, which includes themes covering and integrating of relevant basic and clinical disciplines.
- (4) The curriculum and assessment system used by an approved educational institution shall be outcome based and aimed at achieving professional competence which shall facilitate lifelong learning.
- (5) The outcomes of the curriculum and assessment systems referred to in subregulation (4) shall determine the content of the curriculum.
- (6) Early contact between a student in dentistry and patients must be the norm to promote and facilitate enthusiasm and motivation and to develop communications skills.
- (7) Horizontal and vertical integration of curriculum content over the spectrum of disciplines must be encouraged, while education and clinical training shall take place at all levels of health care.
- (8) A system based core curriculum shall be developed with dividing lines between pre-clinical education and training to fade or to be eliminated.
- (9) A curriculum shall be structured by an approved educational institution so as to relate to dental diseases and conditions according to systems and/or anatomical structures.
- (10) Provision shall be made for mastering generic skills such as computer literacy, working in a team, critical thinking, problem solving and communication skills, the latter to be emphasized throughout the curriculum.
- (11) Problem based learning shall be introduced to make teaching more practical, relevant and stimulating.
- (12) Dental public health as a theme shall figure prominently throughout the curriculum and shall include-
 - (a) strategies for oral health promotion;
 - (b) methods of prevention of disease and injury to the stomatognathic system;
 - (c) skills to determine community needs and promoting community participation;
 - (d) defining environmental and social factors which contribute to poor oral health; and

- (e) evaluating the effectiveness of oral health interventions.
- (13) The contents of the curriculum shall address national oral health issues and take cognizance of available resources while the relevance of the curriculum shall be a key criterion.
- (14) Sensitivity to cultural, racial, language, gender and religious differences shall be emphasized.
- (15) Both the curriculum and the evaluation and evaluation system of an approved educational institution shall aim at achieving professional competence and cultivating specific social values, and not the mere retention and recall of factual knowledge. As it is impossible to address all the specialized and specific learning needs of students in dentistry, provision shall be made for electives.

11. Requirements relating to teaching and learning

- (1) Learning by an approved educational institution shall be curiosity-driven and geared at self- exploration and critical evaluation of contents, while the role of teachers is to change from transmitter of knowledge to that of a resource person and facilitator of learning.
- (2) An approved educational institution shall emphasize student-centred learning and students in dentistry need to accept responsibility for their own learning and for this purpose, students in dentistry shall be supplied with study guides that shall contain and explicitly describe the following:
 - (a) The assessment criteria (cognitive, psychomotor and affective learning objectives); and
 - (b) a complete reference list of the embedded knowledge which student in dentistry will have to master in order to achieve the specific outcomes for each of the prescribed exit level outcomes or competencies.
- (3) Self-activity, group work and co-operation shall be the norm while the focus shall shift from passive learning to active study. A student in dentistry shall be prepared to become a lifelong learner.
- (4) A student in dentistry shall develop a sound understanding of scientific research methods and participate in a research activity as an elective.

- (5) Excellence in teaching shall be rewarded and teachers must be experts in teaching and training and masters of their subjects.
- (6) An approved educational institution shall provide academic support to a student in dentistry including support in the development of life and learning skills.
- (7) An approved educational institution shall support teachers with regard to the development of innovative educational approaches, strategies and teaching methods and techniques.
- (8) The importance of dental education shall be fully recognized and appreciated by educational authorities or approved educational institutions and therefore units for the development of dental education are to be established by the board for such approved educational institutions where possible and mechanisms instituted for the advancement, co-ordination and evaluation of necessary educational reforms.
- (9) An approved educational institution shall emphasize community based education and training and introduce a student in dentistry to work in the community at an early stage.
- (10) Learning systems of an approved educational institution shall be grounded in modern educational theory and a variety of available technological teaching aids shall be used optimally, while applicable teaching and learning strategies are to be employed by such educational institution.

12. Requirements relating to clinical training

- (1) Early clinical training contact with patients, even during the basic study years shall be the norm in order to contribute to enthusiasm and the development of communication skills.
- (2) Clinical training of a student in dentistry shall include-
 - (a) comprehensive patient care which shall be adapted to changing patterns in oral health care needs;
 - (b) experience in primary health care;
 - (b) community-based education and training programmes;
 - (c) management of health care in hospitals, private practices, rural

- practices/clinics with special emphasis on care in peripheral areas; and
- (d) hospital-based education and training.

- (3) A student in dentistry shall develop his or her clinical skills by using skills laboratories, simulated patients, models for practical procedures and ultimately patients while proficiency in skills shall be rigorously assessed.
- (4) An approved educational institution using discipline-based clinical training shall make provision for a student in dentistry to treat patients holistically.

13. Requirements relating to attitudes and conduct

- (1) Specific attitudes shall be emphasized including desire to serve humanity, respect for human rights, recognition of ethical values, community orientation and willingness to adapt to local and changing circumstances including the service motive.
- (2) The correct and desired professional attitudes and conduct shall be established during the study years in order to equip a graduate to carry out his or her responsibility towards patients, colleagues, the public, as well as towards the dental, and oral health sciences.
- (3) A student in dentistry's behaviour and conduct shall be exemplary and of such a nature that he or she will be regarded as a professional role model in his or her community.
- (4) A student in dentistry shall display commitment to his or her studies in order to ensure that he or she will also be committed as a dental practitioner.

14. Requirements relating to general skills

- (1) Skills that a student in dentistry shall master include –
 - (a) the fields of health care, basic and clinical dentistry, as well as dental practice management;
 - (b) preventative, promotive, curative, therapeutic, surgical and rehabilitative dentistry;
 - (c) scientific practice, teaching and learning;
 - (d) interpersonal relations, group work and communications; and
 - (e) computer literacy, capacity building in the community and a multi-disciplinary approach.

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

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

16. Requirements relating to the assessment of curricula and programmes

- (1) An approved educational institution shall construct programmes which –
 - (a) must be in congruence with the prescribed board guidelines: Provided that when such programmes are constructed, the relevant guidelines of the Department of Education must be taken cognizance of; and
 - (b) should comply with the principles as determined by the South African Qualifications Authority (SAQA) to qualify for recognition under SAQA Act.
- (2) An approved educational institution shall establish structures for the internal assessment of programmes with a view to quality assurance and in preparation for external assessment.
- (3) An approved educational institution shall, from time to time as determined by the board, submit progress reports to the board to ensure implementation of guidelines referred to in sub-regulation (1) and structures referred to in subregulation (2).
- (4) All educational programmes offered by approved educational institution relating to dentistry shall be approved by the board to achieve professional recognition.
- (5) Criteria and standards shall be specified by the board for the assessment of curricula and programmes, teaching, training and learning processes and approaches in

approved educational institutions not yet approved by the board in order to facilitate continuing evaluation by the board with a view to improvement.

17. Requirements relating to ethical values and norms

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

18. Requirements relating to management and leadership

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

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

19. General requirements

- (1) Dental education and training by an approved educational institution shall –
 - (a) react to the needs of communities and satisfy global standards;
 - (b) have a strong emphasis on community-based education and training with a shift from curative to comprehensive oral health care; and
 - (c) provide for the rotations between hospitals, peripheral institutions and systems.
- (2) An approved educational institution, in consultation with the board and other professional bodies, shall decide on the contents of their programmes, methods and strategies which they employ.

(3) An approved educational institution shall encourage -

- (a) research, including research in medical and dental 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.

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

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

- (1) The curriculum of dental education and training shall extend over a minimum period of five (5) years (of which at least 32 weeks shall be in the first year and 36 weeks in the subsequent years, excluding evaluation time), to complete the education and training of a competent graduate.
- (2) A minimum of 600 credits over a period of five years shall be required (i.e 120 credits per annum, where one credit equals 10 hours of learning time needed to acquire proficiency).

21. Professional examinations for students in dentistry

- (1) While the following provisions pertaining to examinations shall be complied with, it is necessary to retain the integrated approach determined in these regulations.
- (2) The examinations determined in these regulations shall be regarded as essential, but shall not be permitted to interfere with the integration of pre-clinical and clinical subjects, and may be conducted partly by means of continuing assessment.
- (3) The examinations for a qualification in dentistry shall include an assessment of a student in dentistry's understanding and application of the different components determined in these regulations.
- (4) Examinations referred to in subregulation (3) may, therefore be conducted by an approved educational institution in an integrated manner according to the requirements of such educational institution and external examiners shall be provided for.

- (5) At least two examiners shall take part in the final evaluation of a student in dentistry, one of whom, the external examiner, shall not have been involved in the teaching of such student.
- (6) The external examiner referred to in subregulation (5) need not be present during the entire period of the examination and need not mark every examination paper
- (7) In order to ensure continuing assessment, examiners shall take into account the documented portfolios performed by a student in dentistry throughout the course of study, *inter alia* in optional modules.
- (8) The prescribed modules may be grouped or divided at the discretion of the approved educational institution concerned: Provided that the examinations held at the end of the academic course, i.e. the final academic examinations, must cover an integrated cross-section of the course.

22. Repeal

The regulations promulgated under Government Notice No. R. 652 of May 1995, as far as it relates to dentistry, are hereby repealed.



M.E. TSHABALALA-MSIMANG, MP

MINISTER OF HEALTH

DATE: 21-11-2005

**DEPARTMENT OF LABOUR
DEPARTEMENT VAN ARBEID**

No. R. 1142

2 December 2005

LABOUR RELATIONS ACT, 1995**CORRECTION NOTICE****NATONAL BARGAINING COUNCIL FOR THE ROAD FREIGHT INDUSTRY:
EXTENSION OF PROVIDENT FUND COLLECTIVE AGREEMENT TO NON-
PARTIES**

The following corrections to Government Notice No. R. 612 appearing in Government Gazette No. 27713 of 01 July 2005, are hereby published for general information:

In the text of the Schedule:

1. CLAUSE 1. SCOPE OF APPLICATION

Substitute the following for sub-clause (1):

"(1) With effect from the date upon which Government Notice No. R. 612 of 1 July 2005 becomes binding, the terms of this Agreement shall be observed in the Road Freight Industry –

(a) by all employers who are members of the employers' organisation and by all employees who are members of the trade unions, and who are engaged and employed in the said Industry, respectively,

(b) in the Republic of South Africa."

2. CLAUSE 3. DEFINITIONS

2.1 In the definitions substitute "Associate Fund" for "Associated Fund".

- 2.2 In the definition of “**employer**”, delete “,subject to section 3 of the Act,”
- 2.3 In the definition of “**Fund**” substitute “Associate” for “Associated”.
- 2.4 In the definition of “**relief employee**” substitute “144” for “114” before “shifts in” where the latter appears for the second time.

3. **CLAUSE 5. OBJECTS OF THE BARGAINING COUNCIL FUND AND ASSOCIATE FUNDS AND CONDITIONS WITH WHICH THEY MUST COMPLY**

In sub-clause (2)(iii)(d), in the second paragraph, substitute “(bb)” for “(aa)”.

4. **CLAUSE 6. MEMBERSHIP OF OCCUPATIONAL RETIREMENT FUNDS**

In sub-clause (1)(vii)(cc), substitute “to” for “a” before “cease to”

5. **CLAUSE 7. CONTRIBUTIONS**

Substitute the following for sub-clause (1)(d)(iii):

“(iii) the employer of a relief employee who is employed on more than 90 days in a 52 week period;

shall, in addition to the normal wage due to such employee in respect of ordinary hours worked, pay the employee an allowance equal to the percentage specified in column B of Annexure A to this Agreement, of the employee’s normal wage for every hour worked in a job category in lieu of contributions due by the employer in terms of sub-clause (1)(a)(i) and (ii).”.

6. **CLAUSE 12. RULES OF BARGAINING COUNCIL FUND**

Insert “not” before “be inconsistent”.

No. R. 1143**2 December 2005**

LABOUR RELATIONS ACT, 1995

**BARGAINING COUNCIL FOR THE FURNITURE MANUFACTURING INDUSTRY OF THE EASTERN CAPE:
EXTENSION PERIOD OF OPERATION OF MAIN COLLECTIVE AGREEMENT**

I, Thembinkosi Mkalipi, Executive Manager: Collective Bargaining, duly authorised thereto by the Minister of Labour, hereby, in terms of section 32 (6) (a) (ii) of the Labour Relations Act, 1995, extend the period fixed in *Government Notice* No. R. 872 of 9 September 2005, for further period ending 30 June 2010.

T. MKALIPI**Executive Manager: Collective Bargaining****No. R. 1143****2 Desember 2005**

WET OP ARBEIDSVERHOUDINGE, 1995

**BEDINGINGSRAAD VIR DIE MEUBELNYWERHEID VAN DIE OOSTELIKE KAAP:
VERLENGING VAN TYDPERK VAN HOOF KOLLEKTIEWE OOREENKOMS**

Ek, Thembinkosi Mkalipi, Uitvoerende Bestuurder: Kollektiewe Bedinging, behoorlik daartoe gemagtig deur die Minister van Arbeid, verklaar hierby, kragtens artikel 32 (6) (a) (ii) van die Wet op Arbeidsverhoudinge, 1995, die tydperk vasgestel in Goewermentkennisgewing No. R. 872 van 9 September 2005, met 'n verdere tydperk wat op 30 Junie 2010 eindig.

T. MKALIPI**Uitvoerende Bestuurder: Kollektiewe Bedinging****No. R. 1144****2 December 2005**

LABOUR RELATIONS ACT, 1995

**BARGAINING COUNCIL FOR THE FURNITURE MANUFACTURING INDUSTRY: EASTERN CAPE:
RENEWAL OF PROVIDENT FUND AGREEMENT**

I, Thembinkosi Mkalipi, Executive Manager: Collective Bargaining, duly authorised thereto by the Minister of Labour, hereby, in terms of section 32 (6) (a) (ii) of the Labour Relations Act, 1995, declare the provisions of Government Notices Nos. R. 850 of 25 April 1980 and R. 2466 of 16 November 1984, R. 1982 of 6 September 1985, R. 2021 of 18 September 1987, R. 22 of 7 January 1994 and R. 2068 of 13 December 1996, to be effective from the date of publication of this notice and for the period ending 30 June 2010.

T. MKALIPI**Executive Manager: Collective Bargaining****No. R. 1144****2 Desember 2005**

WET OP ARBEIDSVERHOUDINGE, 1995

MEUBELNYWERHEID, OOSTELIKE KAAP: HERNUWING VAN VOORSORGFONDSOOREENKOMS

Ek, Thembinkosi Mkalipi, Uitvoerende Bestuurder: Kollektiewe Bedinging, behoorlik daartoe gemagtig deur die Minister van Arbeid, verklaar hierby, kragtens artikel 32 (6) (a) (ii) van die Wet op Arbeidsverhoudinge, 1995, dat die bepalings van Goewermentskennisgewing Nos. R. 850 van 25 April 1980 en R. 2466 van 16 November 1984, R. 1982 van 6 September 1985, R. 2021 van 18 September 1987, R. 22 van 7 Januarie 1994 en R. 2068 van 13 Desember 1996 van krag is vanaf die datum van publikasie van hierdie kennisgewing en vir die tydperk wat op 30 Junie 2010 eindig.

T. MKALIPI**Uitvoerende Bestuurder: Kollektiewe Bedinging**

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