Dear Doctor

APPLICATION FOR REGISTRATION AS A MEDICAL/DENTAL PRACTITIONER

Your enquiry regarding registration with the Board refers.

Foreign qualified health care practitioners with qualifications that enable them to practice medicine or dentistry abroad/in their country of origin may apply for registration with the Health Professions Council of South Africa in the category Public Service, provided the applicant complies with the minimum requirements set by the Medical and Dental Professions Board (the Board). In special circumstances, based solely on the discretion of the Board, applicants with identified qualifications, which were assessed by the Board, may be exempted from having to sit and pass the Board examination.

Persons who secure relevant registration shall be restricted in terms of the conditions of his or her practice to the Public Service, whilst the duration of registration and scope of his or her practice shall be as specified by the Board. Applicants should submit the required information, meet the minimum requirements for registration as specified by the Board and successfully complete the Board Examination for foreign qualified practitioners(where applicable) before registration.

Applicants who are non-South Africans are required to first obtain a letter of endorsement issued by the National Department of Health in Pretoria prior to applying to the HPCSA for registration. The National Department of Health does not encourage the recruitment of individual foreign health professionals who are citizens of developing countries.

Kindly further note the following important issues:-

a. Applications for registration in the category Public Service (General Practitioner) will only be considered for persons who have successfully completed a recognised intern training programme.

b. Internship in South Africa is dependant on employment as an intern by the Department of Health. The Department has indicated that foreign graduates will be considered for internship in South Africa only in exceptional cases, with the exception of persons from those SADC countries which do not have accredited facilities for intern training. Applications for exemption from this policy should be directed to The Programme Manager, Department of Health, Room 1004 (South Tower), Civitas Building, National Department of Health, Corner Andries & Struben Street, Pretoria CBD, RSA. Brenda Machebele (e-mail: MachaB@health.gov.za), Ina Human (HumanI@health.gov.za) Contact numbers 012 395 8687/8680

Note: If, therefore, you have not completed an accredited intern training programme, you will not qualify for registration with the HPCSA unless you apply for internship placement and secure a written job offer to that effect from the Department of Health.

c. In order to obtain registration in the category Independent Practice persons registered in the Public Service category are required to :-

• serve in public service for a minimum period (probation) of one year (12 months) with two reports submitted after every six(6) months signed by the clinical manager at the hospital.
apply to the Board to sit the final university examination conducted by a recognized South African university;
if the application is agreed to by the Board, pass the final university examination.

Guidelines for applications, Board Examinations and information regarding registration of medical practitioners and dentists in other categories are contained in the attachment.

In order to avoid delays in the processing of your application all the documents, correctly certified as per the requirements of the Board should be submitted preferably in one batch. Applications submitted by facsimile (fax) will not be entertained. All documentation required by the Board should be submitted in English. Only original translations of the required documents done by a sworn translator and duly sealed and notarised will be accepted. In addition to such English translations, legible copies of the original documents, certified and duly sealed by a Notary Public should also be submitted.

It should further be noted that Verification of credentials by the Education Commission for Foreign Medical Graduates: International Credentials Services (to be obtained by the applicant at own cost) should be submitted together with the applicant. The Board recently resolved that all new applicants will be required to submit their Verification of credentials issued by the Education Commission for Foreign Medical Graduates prior the application be considered / allowed to sit the board examination and registration with HPCSA. A separate application should be prepared and submitted to ECFMG (EICS).

ECFMG International Credentials services (EICS)  
4th Floor  
3624 Market Street  
Philadelphia, PA 19104  
USA

Should you require any further information, please feel free to write to the Board for further information.

Yours sincerely

pp______________________________
REGISTRAR
HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA
MEDICAL AND DENTAL PROFESSIONS BOARD

GUIDELINES FOR REGISTRATION OF FOREIGN QUALIFIED
MEDICAL and DENTAL PRACTITIONERS

These guidelines are intended to assist an applicant who wishes to apply for registration with the Medical and Dental Professions Board.

1. MEDICAL PRACTITIONERS

The following procedure should be followed by foreign qualified Medical practitioners:

Step 1: Apply to the Board for registration by submitting the relevant documentation, including an initial letter for sitting the examination issued by the Department of Health and ,

Step 2: Submission of the Verification of credentials by the Education Commission for Foreign Medical Graduates: International Credentials Services prior approval by the Committee to sit the exams and registration/forms to be obtained by the applicant at own cost

Step 2: If approved, to sit for the Board examination, obtain information on the date and venue of the examination pay the examination fee of R 3498-00 and complete form 79A. Proof of payment and the form should be Telefax to +27 (0)12 338 9459.

Step 3: Sit for the examination and allow two weeks for the results to be made available.

Step 4: If successful and on receipt of written confirmation of your success from the Board, obtain a letter of endorsement towards employment and allocation from the National Department of Health.

Step 5: Pay the prescribed fee for the issuance of the relevant registration certificate.

A STAGE 1 APPLICATION

1.1 Any foreign qualified applicant must hold a qualification entitling such applicant to practise Medicine or Dentistry in another country.

1.2 The education and training the applicant has received must meet the requirements of the Board for the education and training required from candidates qualifying in South Africa. The Board will establish whether an applicant meets the prescribed minimum core curriculum for medicine/dentistry in South Africa.

1.3 Please note that separate applications should be prepared and submitted to –

- the Health Professions Council of South Africa;
- the Department of Health in South Africa – See Form 176 DOH
- the Education Commission for Foreign Medical Graduates: International Credentials Services (ECFMG), Philadelphia, United States of America – See Form 176 ECFMG.
1.4 The following documents must be submitted to the Board at the address provided below:

- The attached application form, duly completed.

- Copy of degree certificate or other basic qualification in medicine/dentistry and a sworn translation in English (Copies will only be accepted if certified by an attorney in his/her capacity as a notary public and bearing the official stamp. Copies certified only by a Commissioner of Oaths will not be accepted. Only original translations of the required documents done by a sworn translator and duly sealed and notarised will be accepted. In addition to such English translations, legible copies of the original documents, certified and duly sealed by a Notary Public should be submitted.

- Documentary proof of internship training or equivalent training/experience, issued by the relevant institution(s). See attached document.

- Verification of credentials by the Education Commission for Foreign Medical Graduates: International Credentials Services (to be obtained by the applicant at own cost) (see separate application form – applicable to medicine only). The Board recently resolved that all new applicants will be required to submit their Verification of credentials issued by the Education Commission for Foreign Medical Graduates prior the application be considered / allowed to sit the board examination and registration with HPCSA. Applicants who fail to meet this requirement will not be considered to sit the board examination or to register with HPCSA.

- Foreign Qualified Health Practitioners who obtained their medical qualifications in any other language except in English to submit their certificate from International English Language Testing System (IELTS) demonstrating their English Proficiency at overall Band score 6 before their application can be considered to do the examination. The IELTS band 6 indicates that they can use and understand fairly complex language particularly in familiar situations

- A recent original Certificate of Status (Certificate of Good Standing), indicating that the applicant is in good standing, issued by the foreign registration authority where the applicant is currently registered issued within the preceding three months.

- A copy of a valid Passport or Identity Document as proof of current citizenship, duly certified by a notary public as indicated above.

- A letter of endorsement in support of the application for registration issued by the Department of Health. Applications should be directed to The Program Manager, Department of Health, National Department of Health, Private Bag X828, Pretoria, 0001, RSA. Applicants who fail to secure the support of the Department of Health towards an application for registration or employment will not be eligible for registration.

In addition to the above minimum requirements, applicants may further be required to submit the following documentation (in English) to the Board:

- An original academic record or transcript of record issued by the university or educational institution reflecting course content in respect of each year of study (copies of original documents will only be accepted if duly certified by an attorney in his/her capacity as a NOTARY PUBLIC and bearing the official stamp).

- A detailed curriculum of the applicant's course of study, specifying courses, content of education (theory) and training (practical/clinical), duration and mode of examination/evaluation.

- Documentary proof of postgraduate/work experience in medicine or dentistry issued by the relevant employers. In the case of supporting evidence regarding experience and appointments held, such documents must specify the exact nature and extent of work performed and the periods during which the appointments were held.
Proficiency in English is mandatory to communicate with patients and to be enabled to partake meaningfully in the Board’s Examination. Candidates from English speaking countries and candidates with English as a first or second language qualification on secondary school level qualify in terms of this standard. Candidates who do not qualify are requested to obtain the Graded academic competence in terms of the International English Language Test System (IELTS) Band 6 (Annexure A). The candidate’s academic written and verbal skills relating to academic language are informally assessed during the Board’s examination when applicable.

B STAGE 2 EXAMINATION

Upon receipt of written confirmation by the Examinations Committee of the Medical and Dental Professions Board that the applicant is eligible to sit for the Board Examination, he/she must submit the following to the Board:

The examination of the Board consists of the following:

i. A written examination which shall provide for –
   a. a medico-legal, ethical and language assessment; and
   b. an assessment of knowledge of basic and clinical sciences and public health applicable to clinical practice.

ii. The written and clinical examination which may include an Objective Structured Professional Examination (OSPE). An applicant will only be permitted to proceed to the written and clinical examination if he/she was successful in the written examination.

NUMBER OF OPPORTUNITIES AFFORDED TO ALL CANDIDATES TO WRITE THE BOARD EXAMINATION

The number of times that a candidate can sit for the Board examination are as follow.

i. candidates to be allowed not more than three (3) attempts within two (2) years to complete writing the Board examination;

ii. after three (3) attempts within two (2) years and they have still not passed, candidates will not be allowed to sit for more examinations.

The closing dates for applications will be on 15 August 2014 for the Board examinations in medicine/dentistry to be held on March/April 2015.

C STAGE 3 REGISTRATION

The Board will issue a Certificate of Competence to applicants who have been successful in the examinations. Such applicants will qualify for registration in the category Public Service (General Practitioner) by submitting a copy of the letter issued by the Board, a formal offer of employment issued by the Department of Health, the prescribed registration fee (e.g. R 1351-00 for medical practitioners and R 928-00 for registration Interns) as well as the documentation listed in the letter.

Applicants are further required to pay a pro-rata annual fee in addition to the registration fee.

No registration certificate will be issued without all requested documentation being submitted.

2. DENTAL PRACTITIONERS

The following documents must be submitted to the Board at the address provided below:

- The application form 12, duly completed.
- Copy of degree certificate or other basic qualification in medicine/dentistry and a sworn translation in English (Copies will only be accepted if certified by an attorney in his/her capacity as a notary public and bearing the official stamp. Copies certified only by a Commissioner of Oaths will not be accepted. Only original translations of the required documents done by a sworn
translator and duly sealed and notarised will be accepted. In addition to such English translations, legible copies of the original documents, certified and duly sealed by a Notary Public should be submitted. Alternatively original documents together with copies could be submitted for verification by the relevant Council staff. In view of possible damage or loss of such documents it is not advisable to send such documents by mail.

- Proof of internship training or equivalent training/experience, issued by the relevant institution.
- A letter of endorsement in support of the application issued by Department of Health.
- Proof registration as a Dental Practitioner by the regulatory body in the country origin
- A recent original certification of status (certificate of good standing) issued by the foreign authority where the applicant is currently registered with the preceding three months.
- A copy of a valid Passport or Identity Document as proof of current citizenship, duly certified by a notary public.
- Dental Practitioners are currently required to have all the academic qualifications evaluated in order to determine their status in relation to recognised qualifications. A request for an evaluation should be submitted to the South African Qualifications Authority at the following address:

  SAQA (Evaluation of Qualifications)
  Postnet Suite 248
  Private Bag X 06
  Waterkloof
  0145
  Republic of South Africa
  Tel: (012) 431 5000
  E-mail address: saqainfo@saqa.co.za

Such a request must be sent directly to the **South African Qualifications Authority** and be accompanied by:

(a) Certified copies of all degree/diploma certificates or similar academic qualifications;
(b) Official transcripts of records in respect of each qualification referred to in (a) above;
(c) The prescribed evaluation fee payable to the **South African Qualifications Authority**.

**Address/Enquiries**

Duly compiled applications or written enquiries may be sent to:

The Registrar
HPCSA
P O Box 205
PRETORIA
0001

### 3. ALL FOREIGN QUALIFIED DENTISTS ARE REQUIRED TO MEET THE FOLLOWING REQUIREMENTS:-

3.1 Proficiency in English is mandatory to communicate with patients and to be enabled to partake meaningfully in the Board’s Examination. Candidates from English speaking countries and candidates with English as a first or second language qualification on secondary school level qualify in terms of this standard. Candidates who do not qualify are requested to obtain the Graded academic competence in terms of the International English Language Test System (IELTS) Band 6 (Annexure A). The candidate’s academic written and verbal skills relating to academic language are informally assessed during the Board’s examination when applicable.

3.2 Successful completion of an Ethical and Jurisprudence examination, managed by the Board in collaboration with the Schools of Dentistry/Oral Health.

3.3 Candidates who do not qualify for fast tracking and need to register for Public Service are required to enrol for and pass the Board’s Examination for registration with the
HPCSA in the category of Public Service. This exam is managed by the Board in collaboration with the Universities according to the prescription of the Board’s Rules and Regulations.

3.4 Candidates holding a qualification from an “Accredited” institute may fast track for registration in the Public service on the recommendation by the Examination Committee (Dental).

4. Board Examination for foreign qualified dental practitioner in the Board’s Examination track (Dental) for Public Service

The Board’s Dental Examinations are organized into three parts.

Part I

a. Written paper: Applied Medicine and the management of medical emergencies that might occur in the dental practice. The objective is to Diagnose/recognise and prevent and manage any medical emergencies that might occur during dental treatment.

b. An objective structured practical/clinical examination (OSPE/OSCE) relating to the management of medical emergencies, to be assessed in a medical skills laboratory.

Part II

a. Written case-based assessment: inclusive of the following disciplines of dentistry namely Oral Surgery; Orthodontics; Restorative Dentistry; Endodontics; Pedodontics, Periodontology; Oral Medicine, Oral Pathology Prosthodontics (fixed and removable) and Comprehensive Patient Management. Radiological diagnosis and Preventive Dentistry will be integrated in the assessment of the relevant disciplines. The objective is to measure diagnostic-, clinical reasoning- and treatment planning skills according to best practice protocols. A minimum of two 3 hour papers for this assessment are required.

b. Extended Matching short answer written paper: This assessment is a compilation of short answer question inclusive of all disciplines listed above utilising visual material assessing diagnostic and treatment planning skills.

c. Comprehensive Patient Management written case-based assessment: The objective is to assess the candidate’s diagnostic-, clinical reasoning- and treatment planning skills pertaining to the holistic management of the patient’s oral health and general health. This assessment also allows the assessment of the candidate’s ability to integrate his/her fundamental bio medical and clinical knowledge vertically and horizontally. A minimum of two paper/electronic simulated clinical cases should be utilised to assess the candidate’s competency.

Part III

a. A practical examination testing an array of clinical skills in a skills laboratory on a simulated model (e.g. a manikin). At least three procedures will have to be performed within the time limit.

b. A minimum of 50% for each of the above assessment opportunities is required in order for the candidate to pass.

5. Requirements for registration in Independent Practice (Dental):

Candidates with a minimum of one (1) year Public Service experience applying for registration in the category independent practice must supply the Board with the following documentation:

5.1 A portfolio displaying the comprehensive management of a broad spectrum of patients inclusive of all dental disciplines signed by his/her supervisor.

5.2 A log book of dental procedures performed and signed by his/her supervisor,
5.3 A three (3) monthly performance report by the supervisor.

5.4 Conformance to the CPD Requirements of the HPCSA

5.5 Proof of Compliance with the Immigration Act

The Examination Committee (Dental) then scrutinises the above documentation, can request further information and may then recommend fast tracking to registration for independent practice or that the candidate enrol for the University Examination as specified in the Boards Regulation.

1. Title (Prof, Dr): …………….. Surname:……………………………………………………………………………………………………………….

2. Maiden Name (if applicable): …………………………………………………………………………………………………………………………….

3. First name(s): ………………………………………………………………………………………………………………………………………….

4. Date of birth: ……………………………… Birth Place: ……………………………………………………………………………………………….

5. Postal address: …………………………………………………………………………………………………………………………………………

Tel. (Work): ……………………………………… (Home): ……………………………………………………………………………………………….

Cell: ………………………………………………………………… Fax: ……………………………………………………………………………………..

E-mail Address: ……………………………………………………………………….

*Marital Status: Divorced Married Single *Gender: Male Female

*Race African Asian Coloured White *Country of origin: …………………………………………………………………………………….

* For statistical purposes only – Information required by the National Department of Health.

6. Qualifications:

<table>
<thead>
<tr>
<th>Name of Degree</th>
<th>University or Institution where degree/qualification was obtained</th>
<th>From</th>
<th>To</th>
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<td>Month</td>
<td>Year</td>
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7. Internship (Full details to be provided and documentary evidence attached)

<table>
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<tr>
<th>Clinical Domains</th>
<th>Name of Institution</th>
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<tr>
<td>General Medicine</td>
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<td>Family Medicine</td>
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<td>Mental Health</td>
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<tr>
<td>Orthopaedics</td>
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<tr>
<td>Orthopaedic Trauma</td>
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<tr>
<td>Primary Health Care</td>
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<tr>
<td>Anaesthetics</td>
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</tbody>
</table>

Number of general anaesthetics personally administered

Other:

### 8. Professional Experience (in chronological order)

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<thead>
<tr>
<th>Name of Institution</th>
<th>Nature of appointment held</th>
<th>From</th>
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9. **DECLARATION BY APPLICANT APPLYING FOR REGISTRATION IN TERMS OF THE HEALTH PROFESSIONS ACT, 1974**

I, ………………………………………………………………………………………………….. hereby declare under oath as follows:

a. I am the person referred to in the accompanying certificate(s) of qualification(s) which I submit in support of my application to be registered as a Medical Practitioner/Dentist in the Republic of South Africa.

b. The said qualification(s) was/were granted to me after examination and is/are my own lawful property, and entitle me as far as professional qualifications are concerned, to practise as a Medical Practitioner/Dentist in the country of its/their origin, namely -

...................................................................................................................................................

c. The course of study in professional subjects which I underwent, covered a period of ……………….. academic years. The last …………… academic years of professional study for admission to the examination for the qualification(s) in respect of which I apply for registration, were taken at ………………………………………………………………………………………………………... (insert name of University or Medical/Dental School).

d. I have never been convicted in any country of any offence against the law or been debarred from practice by reason of misconduct and, to the best of my knowledge and belief, no proceedings involving or likely to involve a charge of any such nature are pending against me in any country at present*.

e. I further accept that my application may be delayed should I fail to submit all the required documentation.

Signature ............................................................................................................................... 

SWORN before me at ................................................................. this ........................................... day of ................................................................. 2013............................................................... 

Signature: ............................................................................................................................. 

Justice of the Peace or Commissioner of Oaths

I, the undersigned** ……………………………………………………………………………………… graduated hereby declare under oath:

I personally know ……………………………………………………………………………………… who signed the declaration above. To the best of my knowledge and belief the statements in his/her declaration are true. I consider him/her to be a fit and proper person to be registered as a Medical Practitioner/Dentist.

Signature .............................................................................................................................

SWORN before me at .................................................................this ........................................... day of ................................................................. 2013...........

Signature ............................................................................................................................. 

Justice of the Peace or Commissioner of Oaths

District of ............................................................................................................................

I, the undersigned** ……………………………………………………………………………………… graduated hereby declare under oath:

I personally know ……………………………………………………………………………………… who signed the declaration above. To the best of my knowledge and belief the statements in his/her declaration are true. I consider him/her to be a fit and proper person to be registered as a Medical Practitioner/Dentist.

Signature .............................................................................................................................
Profession or calling

SWORN before me at this day of 2013.

Signature:Justice of the Peace or Commissioner of Oaths
District of

* If the applicant is unable to make the declaration above, the Council, in order to consider the application, will require full particulars of the reasons for his or her inability.

** The signatories should preferably be Medical Practitioners or Dentists.

9. Any other relevant facts which the applicant wishes to bring to the attention of the Board:

FOR OFFICIAL USE ONLY

Documents received | Yes | Date Received
---|---|---
Form 12 | | |
Copy of degree certificate - Notarised | Yes | |
Notarised Sworn Translated degree copy in English | Yes | |
Personal Curriculum Vitae | Yes | |
Proof of Intern Training in Medicine Form 10A (Practical/Clinical Training) | Yes | |
Verification of credentials Report by the ECFMG | Yes | |
Certificate of Status | Yes | |
Proof of citizenship, Passport or Identity Document | Yes | |
Letter issued by the Department of Health Re-Employment | Yes | |
IELTS Certificate | Yes | |
Application Fee (R500.00) | Yes | |
Registration Fee | | |
Examination Fee | | |
COMMENT:

Documents received

Form 12

Copy of degree certificate - Notarised

Notarised Sworn Translated degree copy in English

Personal Curriculum Vitae

Proof of Intern Training in Medicine Form 10A (Practical/Clinical Training)

Verification of credentials Report by the ECFMG

Certificate of Status

Proof of citizenship, Passport or Identity Document

Letter issued by the Department of Health Re-Employment

IELTS Certificate

Application Fee (R500.00)

Registration Fee

Examination Fee

COMMENT:
# INTERN DUTY CERTIFICATE – FOREIGN QUALIFIED PRACTITIONERS

As proof of completion of internship training, this form must be completed and returned to: The Registrar, Medical and Dental Professions Board, P O Box 205, Pretoria, 0001

**NAME OF APPLICANT (Full names):**

**NAME OF ACCREDITED FACILITY:**

**POSTAL ADDRESS:**

**TITLE, INITIALS AND SURNAME OF CONTACT PERSON:**

I, the undersigned, CEO/Chief Medical Superintendent of the above facility, hereby certify that the said intern completed internship training in the specified departments/domains of this facility for the periods specified, that he or she fulfilled the prescribed requirements, and that all information furnished herein is correct.

<table>
<thead>
<tr>
<th>DOMAIN</th>
<th>PERIOD</th>
<th>Number of general anaesthetics personally administered (at least 40 general anaesthetics)</th>
<th>Signature of Head of Department or official deputy that the internship training had been completed satisfactorily</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. MAIN CLINICAL DOMAINS</td>
<td>From</td>
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<td>No of weeks: Number of general anaesthetics personally administered</td>
</tr>
<tr>
<td>1.1 Medicine</td>
<td>To</td>
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<td>SIGNATURE: HEAD OF DEPARTMENT OF ANAESTHETICS</td>
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<tr>
<td>1.2 Surgery</td>
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<td>1.3 Obstetrics and Gynaecology</td>
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<td>1.4 Paediatrics</td>
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<td>2. ADDITIONAL CLINICAL DOMAINS (Please specify)</td>
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<td>3. ANAESTHESIOLOGY (Exact period)</td>
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<tr>
<td>Number of general anaesthetics personally administered (at least 40 general anaesthetics)</td>
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<tr>
<td>4. LEAVE TAKEN</td>
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<tr>
<td>4.1 Vacation leave</td>
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<td>4.2 Maternity leave</td>
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<tr>
<td>4.3 Sick-leave</td>
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</table>

**SIGNATURE OF CEO/CHIEF MEDICAL SUPERINTENDENT OR OFFICIAL DEPUTY**

**OFFICIAL STAMP OF HOSPITAL**

**DATE**

**NB:** Please ensure that the number of general anaesthetics is correctly indicated. Omission of the number of anaesthetics and the official stamp of hospital could delay your application.
NEW POLICY ON REGISTRATION FOR ALL FOREIGN QUALIFIED MEDICAL AND DENTAL PRACTITIONERS

The Medical and Dental Board of HPCSA at its recent meeting held in September 2013, RESOLVED that the following policy directive be implemented with effect from 1 October 2013.

1. **APPLICATION FEE REGARDING THE REGISTRATION OF ALL FOREIGN QUALIFIED MEDICAL AND DENTAL PRACTITIONERS**
   
i. a non-refundable charge (application fee) of R500.00 for all foreign qualified medical and dental applications to cover the administration costs.
   
ii. all Foreign Qualified Medical and Dental Practitioners applications for registration in different categories should be accompanied with an application fee amount of R500.00.
   
iii. applications submitted to HPCSA for registration without application fee will be considered as Non-Compliant and they will not be processed further.

2. **THE VERIFICATION OF CREDENTIALS FOR MEDICAL AND DENTAL PRACTITIONERS IN THE CATEGORY VOLUNTEER SERVICES**
   
i. the Volunteer services practice category has been divided in the categories –
   
   Short term (up to 6 Months)  
   Long term (up to 12 Months)
   
ii. the Medical and Dental Board decided that all volunteer services applications for long term registration will be required to provide the Verification of credentials issued by the Education Commission for Foreign Medical Graduates prior the application can be considered. A separate application should be prepared and submitted to ECFMG (EICS).
   
iii. Volunteers services applications for long term submitted to HPCSA for registration without the verification report will be considered as Non-Compliant and they will not be processed further.
A practitioner who obtained his/her basic qualification outside South Africa will initially have to apply for registration in the category Public Service (General Practitioner). After registration in the category Public Service (General Practitioner) for a minimum period of five years such practitioner may apply to the Board to sit the final university examination in order to comply with the requirements for registration in the category Independent Practice.

1. REGISTRATION IN THE CATEGORY PUBLIC SERVICE (GENERAL PRACTITIONER)

a. Individual applicants who wish to apply for registration as a medical practitioner/dentist in the Category Public Service (General Practitioner) should submit the following for consideration by the Examinations Committee of the Board:

i. The original basic qualification in medicine/dentistry, or a copy thereof certified by a Notary Public and a sworn translation into English.

ii. Verification of credentials referred to in subparagraph i. by the Educational Commission for Foreign Medical Graduates: International Credentials Services (to be obtained by the applicant at own cost) (see separate application form - applicable to medicine only).

iii. A recent original Certificate of Status (Certificate of Good Standing) issued by the foreign Registration Authority.

iv. Form 12, duly completed.

v. Form 79A, duly completed, together with the examination fee of R 3 498.00

b. The closing dates for applications will be 15 December 2013 for the Board examinations in medicine/dentistry to be held in March/ April 2013.

The Board examination consists of the following:

i. A written examination which shall provide for –

   aa. a medico-legal, ethical and language assessment; and

   bb. an assessment of knowledge of basic clinical sciences and public health applicable to clinical practice.

ii. An oral and clinical examination which may include an Objective Structured Professional Examination (OSPE).

d. Only applicants who are successful in the written examination will be permitted to proceed to the oral and clinical examination.

e. Should the applicant PASS the examination, a Certificate of Competence will be issued. The applicant will then be permitted to apply for registration in the Category Public Service (General Practitioner).

f. Should an applicant FAIL such examination, he or she may –

   i. be afforded the opportunity to have his/her competence re-assessed at a future examination;

   ii. be afforded such opportunity to be re-assessed only once; but

   iii. if an applicant fails the examination twice, the Examination Committee of the Board may at its discretion and in cases of special merit only decide to advise the applicant
to contact a University of choice to be accommodated for the required additional
education and training. The period of remedial study must be equivalent to one of the
university “blocks” which usually refers to three months at the final year level;

**g.** Practitioners registered in the Category Public Service (General Practitioner) shall practise
under the auspices of an employing Health Authority.

**h.** Continuation of registration in this Category is subject to the prescribed requirements of
Continuing Professional Development and professional conduct.

**i.** Practitioners holding registration in the category Public Service (General Practitioner) may NOT
be appointed as registrars for purposes of training as specialists.

**j.** A medical practitioner or dentist holding registration in the category Public Service (General
Practitioner) may at any stage exit the system via –

i. leaving the Republic of South Africa;

ii. lodging an application to register in the category Independent Practice (General
Practitioner) as specified under item 2 of these guidelines (only after completion of a
minimum period of five years in public service);

iii. applying for registration in the category Public Service (Specialist).

### 2. REGISTRATION IN THE CATEGORY INDEPENDENT PRACTICE (GENERAL PRACTITIONER)

**a.** Only applicants who hold registration in the category Public Service (General Practitioner) and has
served a probation period of one year by submitting two six monthly reports signed by the
Supervisor will be considered for registration in the category Independent Practice (General
Practitioner). Such applicants are required to apply to the Board for approval to sit the examination
for independent practice. Upon successful completion of the university examination, an applicant
will have to submit an application to register in the category independent practice. Such application
should further be supported by the Foreign Workforce Management Programme of the National
Department of Health confirming that the applicant had met the requirements pertaining to
permanent resident status in South Africa and that there would not be any objection to his
or her registration in independent practice or to submit a certified copy of the South African
Identity document.

**b.** Examinations at the EXIT level of the final South African University examination in
medicine/dentistry and a medico-legal and ethical assessment will take place in October/November
annually as determined by the University in South Africa.

**c.** The applicant should apply to the University of his/her choice. Applicants have to apply on their
own behalf by –

i. submitting the letter of approval issued by the Board; and

ii. paying the examination fee as determined by the University.

**d.** The number of applicants to be accommodated for an examination will be decided upon by each
Faculty and applicants must meet the requirements set by the Faculty.

**e.** Applicants are required to pass examinations in all relevant subjects. The results of the
examination in all subjects will thereafter be submitted to the Examinations Committee of the Board
for a final ruling on the registration of each applicant.

**f.** Should the applicant PASS the examination, a Certificate of Competence will be issued to him/her
and he/she may proceed to apply for registration as a medical practitioner or dentist in
Independent Practice;

**g.** Should an applicant fail the examination, he or she may –

i. be afforded an opportunity to have his competency re-assessed in a future examination;
ii be afforded an opportunity to be re-assessed only once.

h. If an applicant fails the examination twice, the Examinations Committee of the Board may in its discretion and in cases of special merit only decide to advise the applicant to contact a University of choice to be accommodated for the required additional education and training.

3. **REGISTRATION IN THE CATEGORY EDUCATION**

a. Applications for such registration must first be submitted by the Head of the relevant Department and the Dean of a University/research institution. Such application should further be supported by the Foreign Workforce Management Programme of the National Department of Health.

b. Applications must be accompanied by –

i. proof of the applicant holding an appropriate qualification in medicine/dentistry in the country of origin (attach a copy of degree certificate certified by a Notary Public and (if applicable) a sworn translation thereof in English);

ii. verification of credentials by the Educational Commission for Foreign Medical Graduates: International Credentials Services (to be obtained by the applicant at own cost) (see separate application form - applicable to medicine only);

iii. a recent original Certificate of Status (Certificate of Good Standing) issued by the foreign Registration Authority;

iv. a recommendation on the applicant's registrability submitted by the Head of the relevant Department and the Dean of a University/research institution based on –

   a. the institution's assessment of the applicant's curriculum vitae;

   b. an assessment of his/her abilities to practise successfully in South Africa as an educator/trainer/researcher;

   c. the applicant having complied with all the requirements of the institution for employment as an educator/trainer/researcher;

v. the application form for registration, duly completed;

vi. the prescribed registration fee of R1351.00

Please note that persons with registration in the category Education are only permitted to practice in accordance with their appointment at the relevant educational institution. Such registration does not provide for independent or private practice.

4. **REGISTRATION IN THE CATEGORY POSTGRADUATE STUDY/EXCHANGE REGISTRARS**

a. Applications for such registration should be submitted by the Dean of the School of Medicine/Dentistry/Health Sciences of a South African university. This category is intended to build capacity and on completion of their study programme, these students are required to return to their country of origin. Registration in this category is limited to unpaid positions only. Such application should further be supported by the Foreign Workforce Management Programme of the National Department of Health.

b. Applications must be accompanied by –

i. proof of the applicant holding at least a basic qualification in medicine/dentistry in the country of origin (attach a copy of degree certificate certified by a Notary Public and a sworn translation thereof in English);
ii. a letter submitted by the Dean of the School of Medicine/Dentistry/Health Sciences of a South African university confirming that the applicant would be appointed in a supernumerary post as well as a recommendation for registration in the said category by the university specifying -
   aa. the nature of the proposed study;
   bb. the level of such study;
   cc. the expected duration of the proposed study;
iii a letter issued by the Department of Health confirming that all requirements and contractual arrangements had been complied with to permit the applicant to undergo the proposed postgraduate study in South Africa and that the applicant had agreed in writing that he or she would not on completion of his or her education and training as a specialist, apply for registration as a specialist in South Africa;
iv a recent original Certificate of Status (Certificate of Good Standing) issued by the foreign Registration Authority;
v. verification of credentials by the Educational Commission for Foreign Medical Graduates (ECFMG) with the following being verified:
   i. Medical Diploma
   ii. Academic Transcript
   iii. Medical Registration with your Council
   iv. Post Graduate training certificates
   International Credentials Services (to be obtained by the applicant at own cost) (see separate application form - applicable to medicine only);
vi the attached application form for registration, duly completed;
vii. the prescribed registration fee of R1351.00;
c. This registration is limited to a specific university.
d. The scope of the postgraduate study is as specified, including clinical duties, while holding a supernumerary post for postgraduate study.
e. Registration in this category is possible for —
   i. specialist courses (University degrees and Fellowships) on the basis of a contract with the Department of Health;
   ii. courses in Family Medicine (supernumerary posts will not be provided in private practice situations);
   iii. registration of exchange registrars in terms of section 30 of the Act.
f. Education and training undertaken in a supernumerary post will not be recognised for registration of such practitioner in South Africa. In order to qualify for registration as a specialist in South Africa, an applicant has to obtain registration in independent practice followed by the prescribed specialist training in an approved Registrar post in South Africa.

5. REGISTRATION AS A MEDICAL PRACTITIONER/DENTIST IN THE CATEGORY PUBLIC SERVICE (SPECIALIST)

a. Registration in the Category Public Service (Specialist) is possible only for persons who hold foreign specialist education, training and qualifications.
b. An applicant may apply to the Board for registration by submitting the attached application form, duly completed together with —
i. proof of holding a foreign specialist qualification in a speciality recognised by the Board by attaching a copy of degree certificate certified by a Notary Public and a sworn translation thereof in English;

ii. a certificate issued by the foreign university or other educational institution to confirm that -
   aa the qualification was accredited or recognised in the country of origin;
   bb the standard of the qualification was acceptable to the Registration or other relevant Authority in the country of origin;
   cc the applicant’s education and training time complied with the minimum requirements in the country of origin.

iii. information on the nature and duration of such specialist education and training;

iv. proof of having held registration as a medical practitioner/dentist/specialist in the country of origin;

c. Upon submission of the required information the application will be submitted to the relevant Subcommittee of the Board and, if approved, permission may be granted to the applicant to sit for the examination referred to in section 35(1B) of the Act which examination shall be conducted by the Colleges of Medicine of South Africa.

d. Once proof of having passed the section 35(1B) examination conducted by the Colleges of Medicine of South Africa is received an application for registration as a medical practitioner/dentist in the Category Public Service (Specialist) (Form 21), duly completed, should be submitted together with the prescribed registration fee –
   i for registration as a specialist;
   ii for registration of the relevant foreign qualification as an additional qualification;

a. The scope of practice of such practitioner will be confined to the registered speciality ONLY. The locality of practice shall be unrestricted in the public service while the continuation of registration shall be subject to CPD requirements and professional conduct.

6. REGISTRATION AS A MEDICAL PRACTITIONER/DENTIST IN THE CATEGORY INDEPENDENT PRACTICE (SPECIALIST)

a. Registration in the category Independent Practice (Specialist) is possible only for persons who hold foreign specialist education, training and qualifications subject thereto that the applicant complies with the requirements for registration in the category Independent Practice (General Practitioner) (regulation 2(5) of the Regulations published as Government Notice No. R. 1203 of 28 November 2000). The application should further be supported by the Foreign Workforce Management Programme of the National Department of Health.

b. An applicant may apply to the Board for registration by submitting –
   i. proof of holding a specialist qualification in a speciality recognised by the Board in terms of Act No. 56 of 1974 (attach a copy of degree certificate certified by a Notary Public and a sworn translation thereof in English);
   ii. a certificate issued by the foreign university or other educational institution to confirm that -
      aa the qualification was accredited or recognised in the country of origin;
      bb the standard of the qualification was acceptable to the Registration or other relevant Authority in the country of origin;
the applicant’s education and training time complied with the minimum requirements in the country of origin.

iii information on the nature and duration of such specialist education and training;

iv proof of having held registration as a medical practitioner/dentist/specialist in the country of origin;

v. proof of compliance with the requirements for registration in the Category Independent Practice in South Africa;

vi. an application for registration as a medical practitioner/dentist in the Category Independent Practice (Specialist) (Form 21), duly completed;

vii. the prescribed registration fee –

aa for registration as a specialist;

bb for registration of the relevant foreign qualification as an additional qualification.

c. Upon submission of the required information, the application will be submitted to the relevant Subcommittee of the Board. In the discretion of the Committee an applicant may be required to –

i. submit proof of having obtained a South African specialist qualification in a recognised speciality (usually a Fellowship in the relevant speciality awarded by the Colleges of Medicine of South Africa); OR

ii. submit proof of having completed a period of specialist education and training required by the Subcommittee as holder of an approved Registrar post and having held registration as a Registrar for such period.

d. The scope of practice of such practitioner will be confined to the registered speciality ONLY. The locality of practice shall be unrestricted, while the continuation of registration shall be subject to CPD requirements and the requirements of professional conduct.

7. REGISTRATION AS A MEDICAL PRACTITIONER/DENTIST IN THE CATEGORY MILITARY SERVICE

a. An application for such registration should be submitted by the Surgeon-General of the South African Defence Force. The application should further be supported by the Foreign Workforce Management Programme of the National Department of Health.

b. The application must be accompanied by –

i. proof of the relevant practitioner holding an appropriate qualification in medicine or dentistry in the country of origin (attach a copy of degree certificate certified by a Notary Public and a sworn translation thereof in English);

ii. a recent original Certificate of Status (Certificate of Good Standing) issued by foreign Registration Authority;

iii. a recommendation for registration issued by the Surgeon-General based on –

aa. the Surgeon-General’s assessment of the practitioner’s curriculum vitae;

bb. an assessment of the practitioner’s abilities to practise successfully in South Africa;

cc. the period for which the practitioner will require such registration;

iv. the attached application for registration, duly completed;
8. REGISTRATION AS A MEDICAL PRACTITIONER/DENTIST IN THE CATEGORY VOLUNTEER SERVICES

Applications for short-term registrations (one-year) for volunteer services does not require an endorsement letter from the Foreign Workforce Management Programme of the National Department of Health; **Should an applicant wish to extend his/her registration, an endorsement letter from the Foreign Workforce Management Programme will be required three months before the expiry date of the previous registration.**

a. An application for such registration must be submitted by the relevant South African Health Care Provider Agency, approved by the Board.

b. The application must be accompanied by –

i. proof of the relevant practitioner holding an appropriate qualification in medicine or dentistry in the country of origin (attach a copy of degree certificate certified by a Notary Public and a sworn translation thereof into English);

ii. a recent original Certificate of Status (Certificate of Good Standing) issued by foreign Registration Authority;

iii. a recommendation for registration by the South African Health Care Provider Agency based on –

   aa. the Agency’s assessment of the practitioner’s *curriculum vitae*;

   bb. an assessment of the practitioner’s abilities to practise successfully in South Africa;

   cc. the period for which the practitioner will require such registration;

   dd. an undertaking by the South African Health Care Provider Agency to supervise the practitioner during the said period of registration;

iv. an affidavit, issued by the South African Health Care Provider Agency confirming that the applicant would only be employed as a volunteer for the duration of such registration without being remunerated.

v. The attached application for registration in the Category Volunteer Services duly completed.

vi. Proof of internship training (Form 10 to be duly completed)

vii. The prescribed registration fee of R1351.00.

viii. The notarised copy of Passport.

c. Registration in the category Volunteer Services will be for an initial period of one year only. Such registration could, however, be extended by the Examinations Committee of the Board on a year-to-year basis for a further period of one year.

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