

**SOUTH AFRICAN  
MEDICAL PHYSICS  
SOCIETY**



**SUID-AFRIKAANSE  
MEDIËSE FISIKA  
VERENIGING**

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**MEDICAL AND DENTAL PROFESSIONAL BOARD  
COMMITTEE FOR MEDICAL SCIENCE  
HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA**

**INSPECTION OF TRAINING FACILITIES FOR MEDICAL PHYSICS  
EVALUATION REPORT**

**MEDICAL AND DENTAL PROFESSIONAL BOARD  
COMMITTEE FOR MEDICAL SCIENCE  
HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA**

**INSPECTION OF TRAINING FACILITIES FOR MEDICAL PHYSICS  
EVALUATION REPORT**

**1. PARTICULARS OF UNIVERSITY**

University:

Head of Department:

Address:

E-mail:

Telephone:

Fax:

**2. PARTICULARS OF HOSPITAL:**

Hospital

Head of Department

Address

E-mail:

Telephone:

Fax:

### 3. ACADEMICAL TRAINING

#### 3.1 NUMBER AND NATURE OF MODULES:

##### 3.1.1 State the number of modules of the complete Honours Course and of the medical physics component respectively:

Complete honours course

Number	
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Medical physics component

Number	
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Does the course composition satisfy the one third requirement

Yes	No
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##### 3.1.2 Does the honours course include the following prescribed medical physics modules:

Radiation protection

Yes	No
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Physics of Radiology

Yes	No
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Physics of Radiotherapy

Yes	No
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Physics of Nuclear medicine

Yes	No
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#### 3.2 STAFF

##### 3.2.1 Staff responsible for presenting the medical physics modules of the honours course:

Name	Highest academic qualification	HPCSA Registration	Full-time	Part-time

##### 3.2.2 Give your opinion concerning the following staff matters:

	Excellent	Good	Acceptable	Poor
Academical qualifications				
Lecturing experience				
Development opportunities				
Research and publications				
Membership of societies				
Contact with students				
Moral				
Create a professional/academical climate				

**3.2.3 General**

Is the honours course presented by a balanced lecturer corps  
Is the supporting services for the lecturing staff sufficient

Yes	No
Yes	No

**3.3 EXAMINING**

**HONOURS EXAMINATION**

State the number of papers of the honours examination as well as the number of papers for the medical physics component

Total number of papers and average duration of honours examination

Number:	Duration(h):
Number:	Duration (h):

Number of papers and average duration of medical physics component

Does the paper satisfy the one third requirement ?

Yes	No
Yes	No

Are you satisfied with the standard of the papers concerning the medical physics component ?

**3.3.2 PROJECTS FOR HONOURS TRAINING:**

Are projects required on medical physics subjects  
Are the projects presented  
Are the projects on standard

Yes	No
Yes	No
Yes	No

**3.4 COMMENTS ON ACADEMICAL TRAINING:**

**3.4.1 Modules:**

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**3.4.2 Staff:**

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**3.4.3 Examining:**

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## 4. EXPERIENTIAL TRAINING:

### 4.1 PROGRAMME:

Are the following prescribed practices offered in full:

Practice of radiology	Yes	No	Period (months)
Practice of radiotherapy	Yes	No	Period (months)
Practice of nuclear medicine	Yes	Nee	Period (months)
Practice of radiation protection	Yes	Nee	Period (months)

### 4.2 STAFF

#### 4.2.1 Staff responsible for experiential training:

Name	Highest Academical Qualification	HPCSA Registration	Full-time	Part-time

#### 4.2.2 Give your opinion concerning the following staff matters:

	Excellent	Good	Acceptable	Poor
Academical qualifications				
Lecturing experience				
Development opportunities				
Research and publications				
Membership of societies				
Contact with students				
Moral				
Create a professional/academical climate				

### 4.3 PROJECT FOR EXPERIENTIAL TRAINING:

Do students perform suitable projects	Yes	No
Are the projects presented	Yes	No

Are the standard sufficient

Yes

No

#### 4.4 FACILITIES FOR EXPERIENTIAL TRAINING:

Are the following facilities available in the hospital:

##### GENERAL

- Library
- Lecturing hall
- Appropriate computer facilities
- Laboratories for physicists

Yes	No
Yes	No
Yes	No
Yes	No

##### RADIOLOGY

- Computerised tomography
- Ultrasound system
- Doppler ultrasound techniques
- Quality assurance and Exposure measuring equipment
- X-ray unit
  - ◆ General
  - ◆ Mobile
  - ◆ Fluoroscopy
  - ◆ Mammography

Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No

##### RADIOTHERAPY

###### **Teletherapy unit**

- Linear accelerator (photon and electron beams)
- Cobalt units
- X-ray unit (<300 kV)

Yes	No
Yes	No
Yes	No

###### **Brachytherapy**

- Sealed sources
- Remotely control afterloading
- Unsealed radionuclides

Yes	No
Yes	No
Yes	No

###### **Dosimetry**

- Calibrated measuring devices for external beams and brachytherapy
- Thermoluminescence dosimetry system
- Radiation survey monitor

Yes	No
Yes	No
Yes	No

###### **Treatment planning**

- Computerised planning system

Yes	No
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##### NUCLEAR MEDICINE

- Licensed laboratory
- Scintillation camera with digital imaging en data processing
- Scintillation counter system with multi channel analyser for *in vivo* en *in vitro* radioactivity assessment
- Calibrated measuring devices for the determination of radioactivity administered to patients for diagnoses and therapy

Yes	No
Yes	No
Yes	No
Yes	No



**4.7 COMMENT UPON EXPERIENTIAL TRAINING:**

**4.7.1 Programme:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4.7.2 Staff:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4.7.3 Facilities:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4.7.4 Radiation Protection Programme:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4.7.5 Students:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. RECOMMENDATION**

**5.1 THE FOLLOWING ARE RECOMMENDED:**

	Honours B.Sc course		Experiential training	
	Number of years	Expiring date	Number of years	Expiring date
Maximum term				
Limited term				
Are not being acknowledge				

**5.2 MOST IMPORTANT REASONS FOR RECOMMENDATION:**

**5.2.1 Hons B.Sc course:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5.2.2 Experiential training programme:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSPECTORS:**

**1.** \_\_\_\_\_  
*Name* *Signature* *Date*

2.

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*Name*

*Signature*

*Date*