**PUBLIC HEALTH MEDICINE SPECIALIST PHYSICIAN TRAINING AT THE
UNIVERSITY OF CAPE TOWN
Last updated May 2024**

General Programme Description

The Division of Public Health within the School of Public Health offers a four-year training programme leading to specialist registration with the Health Professions Council of South Africa (HPCSA). In the programme, candidates will be trained in public health management, service and research skills though a combination of formal coursework, attachments for experiential learning and self-directed learning.

The Convener is Professor Leslie London (leslie.london@uct.ac.za) and the Administrator for the programme is Sharon Ferguson (Sharon.Ferguson@uct.ac.za).

Training objectives at UCT encompass and, in some areas, exceed the minimum basic syllabus requirements of the College of Medicine of South Africa. The current regulations are on the College Website at (https://www.cmsa.co.za/view_exam.aspx?QualificationID=31) and cover the curriculum, learning areas, competencies and requirements. The document will also be posted on Vula for all registrars.

Trainees participate in modular training as part of the Masters Programme in Public Health (the Epidemiology and Biostatistics track) and the Postgraduate Diploma in Health Management. Additionally, registrars will take components of the Diploma in Occupational Health and modules on the Postgraduate Diploma in Health Economics, (but are not examined) and receive additional structured supplementary teaching and seminars in areas not covered by the existing coursework.

Attachments to the Head Office of the Health Department of the Provincial Government of the Western Cape (WCG Health Department) and related departments/facilities/institutions are aimed at exposing candidates to the full scope of public health practice. Registrars are on the establishment of the Health Impact Assessment (HIA) Directorate within the Chief Directorate Strategy and Health Support. Placements are either within the HIA Directorate and its sub-directorates, or with other components of the health department depending on need, experience and training opportunities. These may include placements in the Districts or Sub-districts, in the hospitals (Central, Regional, Specialised or District hospitals) or in other Health Department sections. Experience with service and public health surveillance functions, and management and administrative structures is provided by the allocation of tasks and projects to registrars by health service managers. Public Health Medicine registrars in non-provincial posts will acquire the range of experiential learning in their organizations as will have been planned with the organization prior to starting the rotation and contained in the registrar training MOU. They will carry a similar workload as provincial registrars and should be exposed to a full range of experiences, similar to what is available to all registrars. There will also be attachments to research, teaching and service functions carried out by Departmental staff where appropriate.

Bear in mind that during the current COVID-19 epidemic, many of the attachments will be virtual or involve some component of working at a distance, with the need for flexibility in working arrangements imposed by the epidemic.

Additionally, in order to allow senior registrars to pursue areas of special interest or skill, a degree of flexibility in the allocation of service attachments may be possible. Such arrangements are subject to the staffing and service demands placed on the Department by WCG Health Department or by the non-provincial employer; have to meet the training objectives of the course; and require approval by the PHM MMed (registrar) programme convener and Head of Division.

By the end of the course candidates will be expected to demonstrate defined competencies in the various components of public health listed in the CMSA regulations. See the skills list on Vula which should be used to ensure that the rotations provide the necessary experience to meet these competencies (College Requirements for Registrar Skills portfolio.doc). The College of Public Health Medicine assesses competency through one set of exams (no first part exam), the results of your M Med thesis as well as a portfolio of learning activities submitted at the time of examination.

Requirements for Specialist Registration in Public Health with the Health Professions Council of South Africa

To undertake training as a registrar in Public Health Medicine, candidates must:

- Have the appropriate registration with the HPCSA which allows them to be trained as specialists. This means they must be registered in the category: independent practitioner (general practitioner) and **NOT** in the categories of Postgraduate Studies (supernumerary) or Public Services (general practitioner). Only supernumerary registrars (from other African countries) are permitted to do the programme registered in the category Postgraduate Studies (supernumerary) and this is only permitted via the Postgraduate Office at UCT which will arrange their training registration with the HPCSA. Candidates qualifying through supernumerary training cannot register in South Africa as specialists with the HPCSA and are expected to return to their home countries to practice. Candidates who have the registration category Public Services (general practitioner) are not eligible for the registrar programme.
- Be registered (for the full period of specialisation) for the MMed degree in Public Health Medicine with the University.

To write one's College exams in Public Health Medicine, candidates must:

a. Have completed three years of time in an approved training post, with appropriate exposure to public health practice, as judged from the candidate's portfolio and confirmed by the Head of Department. All registrars will be required to develop a portfolio of work for formative assessment, which is submitted when applying to write your College exam. The portfolio is signed off with your academic mentor **every 6 months of your rotation**.
b. Have, to the satisfaction of the Head of Department mastered at least 75% of the "skills" listed in Appendix A, Section 3, of the Regulations for Admission to the Fellowship of the College of Public Health Medicine
c. **Have passed the M Med thesis at the time of applying to write the exam**. The thesis marks do not count towards your overall College assessment but a pass mark required for entry to be exam. It is very important to realise you will not be admitted to the

examination without already having your MMed result, so please plan ahead to leave yourself sufficient time to secure your passing the MMed.

d. Submit required documentation outlined in section 16.2 of the Regulations, including certification by the Head of Department confirming bullets (a) to (c) above, 6 copies of a short report on a public health topic, a letter from the registrar of the candidate's University (or an academic transcript) stating the mark awarded for the MMed dissertation and a proposed field/topic for discussion during the oral discourse examination.

To be registered as a specialist in Public Health Medicine, candidates must

- Have completed at least four years of time approved as registrar training time by the Head of Department at UCT in an approved training post.
- Have successfully passed the dissertation component of the MMed degree at UCT.
- Have obtained a Fellowship in the College of Public Health Medicine by successfully completing the College examinations. This examination process is described in the College regulations at https://www.cmsa.co.za/view_exam.aspx?QualificationID=31. College exams should be completed within the duration of the programme but, if circumstances dictate, candidates may write their exams within one year of finishing their rotations.

Continuous monitoring and evaluation of the quality and quantity of the work output of candidates will be performed by services (WCG Health Department and non-provincial, where relevant) and UCT Departmental staff, and it is incumbent upon the candidates to demonstrate adequate attendance and performance in terms of the list of expectations that follow below. It is advisable that you synchronise your portfolios for the College with your provincial performance assessment to reduce duplication.

Annual re-registration

Registrars MUST ensure that they re-register with the Faculty each year in February. Failure to register in time will attract a hefty penalty, best avoided. Moreover, registrars should be aware of HPCSA forms that need completion. HPCSA Form 9 needs completion every year and form 57 and 19 must be completed at the end of your training. It is advisable to liaise with Sharon Ferguson to make sure you have the latest version of these forms to avoid HPCSA delays.

Academic Expectations of Registrars

1. Teaching in the Medical Student Undergraduate Program

Registrars are expected to participate in undergraduate teaching including supervision of students' research protocols and teaching selected sessions in epidemiology, research methods and other aspects of public health. The Department will organize a workshop to orient registrars to good supervision practice. Registrars will first shadow an experienced teacher / supervisor before being asked to teach or supervise on their own. The quantum of teaching and supervision will usually be modest and compatible with registrars' service commitments. A registrar allocated to supervise a student research project will need to meet with the students for 4 to 6 meetings in the course of a 6-week block to provide supervision. Meeting times can vary from 20 to 60 minutes, depending on what requires discussion. Supervisors provide feedback on the student

protocols as part of formative assessment. More details on supervisor responsibilities with regard to supervision will be provided by Dr Nisha Jacob who convenes the undergraduate programme. Registrars may periodically be asked to set an exam question in a block, in which case the registrar will need to provide a model answer/marking schedule and to participate in marking the scripts (usually about 35 to 40 students per block) along with other course teaching staff. In general, we aim that registrars do not supervise more than 3 or 4 projects per year, give more than one or two lecturers per block or set more than three or four exam questions per year. Dr Jacob (nisha.jacob@uct.ac.za) is the convener for 4th year and will liaise with you about teaching commitments. The undergraduate administrator is Dominique Adams (Dominique.adams@uct.ac.za). Bear in mind that the COVID-19 epidemic may necessitate last minute changes to the programme and flexibility in accommodating such changes may be needed.

Where service commitments make it unable for registrars to be present for student supervision at the scheduled time, registrars can reschedule group meetings to suit their and the students' availability. It is the responsibility of the registrar to make sure an alternative arrangement is made with the students if he or she cannot make the allotted group appointment. It is the responsibility of the registrar to make an alternative arrangement for any undergraduate teaching or marking activities that they are unable to attend, and to inform the course administrator accordingly.

2. <u>Formal teaching: Postgraduate Diploma in Health Economics; the Masters in Public Health (MPH); Diploma In Health Management (DHM) and the Diploma in Occupational Health (DOH),</u>

Registrars are expected to participate fully in the MPH and DHM courses as the content of these courses is part and parcel of the MMed programme for Public Health Medicine specialization and provides the formal teaching to cover the bulk of the College syllabus. This includes attending all lectures and other coursework, and completing all homework, test, assignments and examinations. Registrars are **not, however, required to complete the research/project components** for the MPH and DHM. They may, if they wish, and administrative arrangements permit, choose courses within the MPH programme as a vehicle to complete their short report or their MMed dissertation, which are part of the College examinations. It is the registrars' obligation to inform Ms Bennett of their marks for courses taken, since this is required to verify annual academic progress in terms of the registrar's performance assessment with the province and review of their academic performance within the University.

Registrars will audit four courses from the Diploma in Health Economics but not be assessed for the courses which include the Diploma's first year courses:
• Introduction to Health Economics PPH4018F;
• The Economics of Health Systems PPH4019F;
• Priority Settings and Health-Care Decision-Making PPH4020S;
• Key Features of Economic Evaluation PPH4021S
Where a registrar wished to pursue any of the second year DHE courses, this can be done if negotiated with your line manager in your rotation and with the agreement of academic and service mentors.

For the DOH, registrars will not sit the exams and not be expected to attend all blocks. However, registrars will be expected to cover the relevant curriculum from the DOH and will have access to all DOH materials on Vula as Occupational Health comprises 8% of the exit exam for specializing in PH Medicine under the College. It is recommended that registrars join the block dealing with Occupational Health Services and any sessions in which Occupational Health legislation is discussed. It is not expected that registrars attend the other blocks but it is expected that registrars go through the material in those blocks for what is relevant for their practice and learning.

Even though you will join the MPH, DHM, DHE and DOH classes and sit exams for the MPH and DHM, **registrars will not be awarded any of these degrees** even where you write end of block exams. Registrars will obtain the UCT MMed degree. University policy prohibits simultaneous multiple course registration and qualification. Registrars will be provided with a certificate of attendance of the relevant courses and their grades which they may use for Curriculum Vitae purposes as evidence of having completed the coursework requirements of these three courses.

Note that the MMed is an academic qualification and registrars will also obtain, after successful completion of the specialist training programme and passing the College exams, a Fellowship in the College of Public Health Medicine, which is a professional qualification enabling registration as a specialist. Note that the HPCSA mandates a research component in order to register as a specialist, which we have built into the College exams through mandating the MMed as a requirement to enter the exam for the College of Public Health Medicine. This means you should have no difficulties registering as a specialist after successfully completing the programme.

Note: it is a requirement of our MMed Training programme that all registrars undertake the epidemiology and biostatistics track of the MPH. This track includes 8 mandatory modules with a limited choice for the other two modules.

Mandatory modules are:

> Introduction to epidemiology
> Advanced Epidemiology
> Biostats 1
> Biostats 2
> Biostats 3
> Public Health & Society
> Quantitative Research Methods

For the other three modules, registrars can choose other modules as follows:
> At least one module from the Health Systems track such as Introduction to Health Systems; Health Policy and Planning; or the Economics of Health Systems;
> At least one module from Evidence-Based Health Care, Epidemiology of Communicable Diseases (CD Epi) or Epidemiology of Non-Communicable Diseases (NCD Epi).
> Where registrars wish to take a module outside of this list, they must first seek permission from the course convener.

The reason why registrars are required to enrol in the Epidemiology Specialisation Track (see the MPH booklet on the Departmental website) is because these modules teach core competencies for public health medicine specialists. Our Department is one of the few in the country that offers formal training to advanced level in these disciplines that covers the CMSA CPHM syllabus so thoroughly as well as being the secret to success for the MMed Part III Dissertation which is required by the CPHM examination process. Note that progression in the Epi track requires grades achieved in earlier courses:

- NCD Epi, CD Epi and Evid Based Health Care all require >55% in Intro to Epi
- Advanced Epi requires >65% in Intro to Epi
- Bios II requires >65% in Bios I
- Bios III requires >65% in Bios II

Registrars are released from their service attachments with WCG Health Department, to attend the above courses. These courses are taught during week long intensive teaching blocks (MPH, DHM & DOH), and for the MPH course on selected weekdays (usually a Thursday but sometimes a Monday, Tuesday or Wednesday) afternoons. Registrars who wish to take additional MPH courses that are not within the Epidemiology Specialisation Track are welcome to pursue this interest, provided this does not interfere with their service obligations and bearing in mind that registrars may not want to load themselves academically within a busy programme.

The DHE is taught as a distance module but has an in-block teaching week in the second semester of the year. It is not compulsory to attend this week in full, but where registrars can negotiate time to attend this week, it would be helpful to your learning. It is suggested you discuss with the course convener what sessions would be particularly helpful to attend.

In general, Thursday, (the entire day) is regarded as Academic Departmental days for registrars, which are given over to teaching, academic meetings, self-study and research activities. Provincial and other employers will know that you have academic commitments on the Thursday. Consequently, all academic meetings (e.g. MMed programme meetings) should be arranged for Thursdays, whenever possible. Also, service activities that impact on Thursday academic time are to be avoided as far as possible. Registrars should take responsibility for ensuring that this is the case, failing which the MMed convenor should be notified timeously of registrars' inability to attend academic activities and the reason – this includes Journal clubs and Noon Meetings.

The progress expected of registrars and appropriate timelines will be formalised in a Memorandum of Understanding with you, your academic mentor and the Head of Division so you are clear about what is expected of you and what the timelines expected of you will be. The MOU is finalised at the start of your registrarship and only one is needed for the duration of the programme. However, you may need to revise the MOU in conjunction with your mentor if circumstances change.

3.   Attending Departmental Meetings

Registrars are expected to attend departmental activities related to teaching and seminars. These include:

- Formal courses:
  - **MPH** – on Thursdays (sometimes other weekdays) afternoons and during block teaching at the start of the semesters
  - Block teaching for the **DHM** (3 blocks of 1 week each over 1 year)
  - Additionally, selected attendance for parts of the **DOH** and **DHE**.

- **Noon seminars** on Thursdays at 12h00 - 13h00: Registrars may present their research results, and other relevant topics as well as engage with other staff or visitors' presentations.

- **Journal club** on Thursdays at 10h00 - 12h00 more or less once every four weeks: Registrars are expected to present a journal club at allocated intervals (see the separate document on what is expected of those presenting journal club) and engage with colleagues' presentations. Please make sure that you (a) include the Journal club presentations (actually ppt files) in your portfolios; and (b) send the powerpoint and articles after the presentation to Carmen to post on the registrar Vula site. The Journal Club should also be used to present your M Med protocols so as to get approval to submit your proposals (as faculty expects peer approval by a committee).

- Meetings of the **MMed Programme Committee for Public Health Medicine** which functions as a quality control mechanism and provides for registrars' feedback on the programme. These meetings will generally be scheduled for a Thursday morning from 10.30 until the noon meeting but dates may need to be flexible. This meeting is important because it is where registrars are given the opportunity to evaluate their programme and to contribute to adjustment and further planning and implementation of the rotations.

- Other occasional meetings: Registrars will be expected to attend other ad-hoc meetings as needed. For example, the convener of the Undergraduate Programme may set up a training session for those who supervise or lecture undergraduates and registrars would be expected to attend.

Participation in the Noon Meetings, Journal Clubs and MMed Programme meetings is mandatory. Apologies must be motivated and emailed to the MMed convener (leslie.london@uct.ac.za) or administrator (Sharon.Ferguson@uct.ac.za).

Registrars will also have opportunities for other learning activities, which you are strongly encouraged to make use of:

- **Supplementary tutorials in preparation for examination**
  On an adhoc basis (Thursday mornings or other days and times), registrars may have tutorial sessions in preparation for examination to supplement formal course learning. Each registrar will have a turn to present a seminar on a particular topic, aimed at preparing for the College Fellowship examinations and oral exams. Different consultants will support the registrars presenting, depending on the topic, and provide feedback at the seminars to help registrars prepare for their exams.
- Registrars are also encouraged to attend and participate in the Public Health Seminars and the Dissertation seminars organized for Doctoral and Masters students to present their

dissertation proposals (usually on a Monday late afternoon). This will be helpful to registrars planning to develop their proposals for their MMed theses and to present at their Journal Clubs.
- From time to time, the Department will hold occasional seminars on important public health topics outside of the usual Noon meeting schedule (e.g. a visiting academic) and registrars are encouraged to attend where their service commitment permits.

4.   Academic supervision and support

Each registrar will be allocated an academic mentor, in most cases, for the duration of their rotation. The role of the academic mentor is to provide general academic guidance to the registrars in terms of their public health experience and learning and to ensure that the registrar has the exposure and learning opportunities to enable him or her to masters the competencies expected by the College of a public health medicine specialist. This means that the Academic Mentor will:
- Assist the registrar to draw up their learning objectives at the start of each rotation, along with the relevant service mentor;
- Provide feedback (and sign-off) to the registrar on their portfolio of learning as part of regular formative assessment
- Participate in the registrar's provincial performance management system (known in the Provincial System as the Staff Performance Management System or SPMS) with their service supervisor (see page 9 below)
- Generally, provide guidance to the registrar for any service and academic queries or identify other staff who have expertise and can be of assistance for a service task required of the registrar.
- Contribute to any additional seminars needed to supplement registrar learning or support mock orals in preparation for any registrar's exams.

In addition to an academic mentor role, the registrar may also have a consultant or other staff member who supervises their MMed thesis. The supervisor need not be the registrar's mentor if the registrar's thesis is in a particular area where a different consultant has particular expertise.

Lastly, registrars may be asked to undertake work which leads to research activities that will not be their MMed Thesis but which requires a staff member's support other than that of their mentor. In this case, the relevant consultant or staff member will also assist the registrar where needed. However, the primary academic relationship will be with the allocated mentor, even if a different consultant is your thesis supervisor or is giving you guidance for a particular project. This consultant will confirm your rotation's Job Description with the service supervisor, sign off your Portfolio and participate in your performance management (SPMS for provincial registrars).

5.   Participating in Departmental Research

Registrars are expected to participate fully in research activities. Depending on your research interests (for your MMed dissertation or your short paper) you may be allocated to particularly appropriate staff members who may not be the regular academic mentor. It is recommended that you aim at completing a number of substantive projects, two of which you would use towards your College research requirements, one as your MMed Dissertation and one as the Fellowship short report.

In your rotation, you will need to gain full computer competency in all the components of Microsoft Office and Stata as well as email and internet usage. This can be done by attending courses at Information and Communication Technology Services (UCT) and training in Stata is incorporated in your MPH teaching. You must have computer access on a PC at home and at WCG Health Department and there will be computer access in the department in a dedicated registrar room on level 4. The web-based learning programme at UCT (VULA) will be used as a list server for communications to all involved in the registrar programme. Emailing to phmregistrars@vula.uct.ac will reach all those associated with the programme. The VULA site is also used to post important information about the programme, view learning materials, download materials for printing, participate in asynchronous bulletin board discussions, and to do exercises and tests from time to time. Additionally, although this will not be a formal part of the course, the class or groups of students may wish to use the chatroom facility for synchronous learning activities. Access to VULA is free to registered students using the computers on the UCT campus. You can use VULA from home by logging in on your UCT details but this will be an internet connection at your own expense. It is best for purposes of using VULA at home to have broadband connection of some sort - ADSL, wireless, 3G etc. You will not be reimbursed for these, nor for any costs incurred in printing of materials.

It is the registrars' responsibility to keep up to date with information about the programme that is posted on VULA. This can best be done by accessing the site frequently. If you wish to use an email address other than your student email address you must either update your own details on the Vula site or arrange to ensure that this address is included in the Vula distribution list by speaking to the course administrator Sharon Ferguson. It is your responsibility to make sure the Vula distribution list reaches an address which you read regularly.

WCG Health Department service department's expectations of registrars

1. Structure and location of the Health Department at WCG Health Department

The Public Health functions within the Health Department of the WCG Health Department have largely been concentrated in a dedicated Chief Directorate: Strategy and Health Support (CD: SHS) highlighted in yellow below. The registrars are on the establishment of the Health Impact Assessment Directorate (HIA). This CD and Directorate location in the entire Health Department Organogram is shown overleaf. Dr Melvin Moodley is Director for the HIA Directorate and Dr Krish Vallabhjee is Chief Director for Strategy and Health Support.

This HIA directorate is intended to provide systems support to the service divisions of the Department and is located alongside five other directorates, which include Strategic Planning and Co-ordination (including health legislation, economic evaluation, strategic planning,

compilation of the annual performance plan and interdepartmental liaison), Professional Support Services (including security services, medicolegal services, laboratory services, radiography and the health facilities inspectorate), Pharmaceutical Services, the Business Development Unit and Information Management (including knowledge management, ICT administration and statutory reporting). The Health Impact Assessment currently includes four sub-directorates Epidemiology & Disease Surveillance, Programme Impact Evaluation, Quality Assurance / Occupational

Health / Infection Prevention and Control and Health Research. However, with the MEAP restructuring[1], Quality is going to be moving to line function and Information Management will join HIA as a new sub-directorate. The organogram is therefore undergoing a bit of flux at present. In addition, HIA works closely with other programmes, including HIV/AIDS/STI's, "facility-based programs" (women's, child and mental health, nutrition, chronic diseases and communicable disease control) and "community based programs", and is currently located in the same building. Lastly, HIA works closely with public health specialists employed fulltime in other chief directorates in the department – specialised services support and district health services. The HIA Directorate holds monthly Unit meetings at which HIA staff, including registrars, present their work and update the Directorate on progress in their areas.
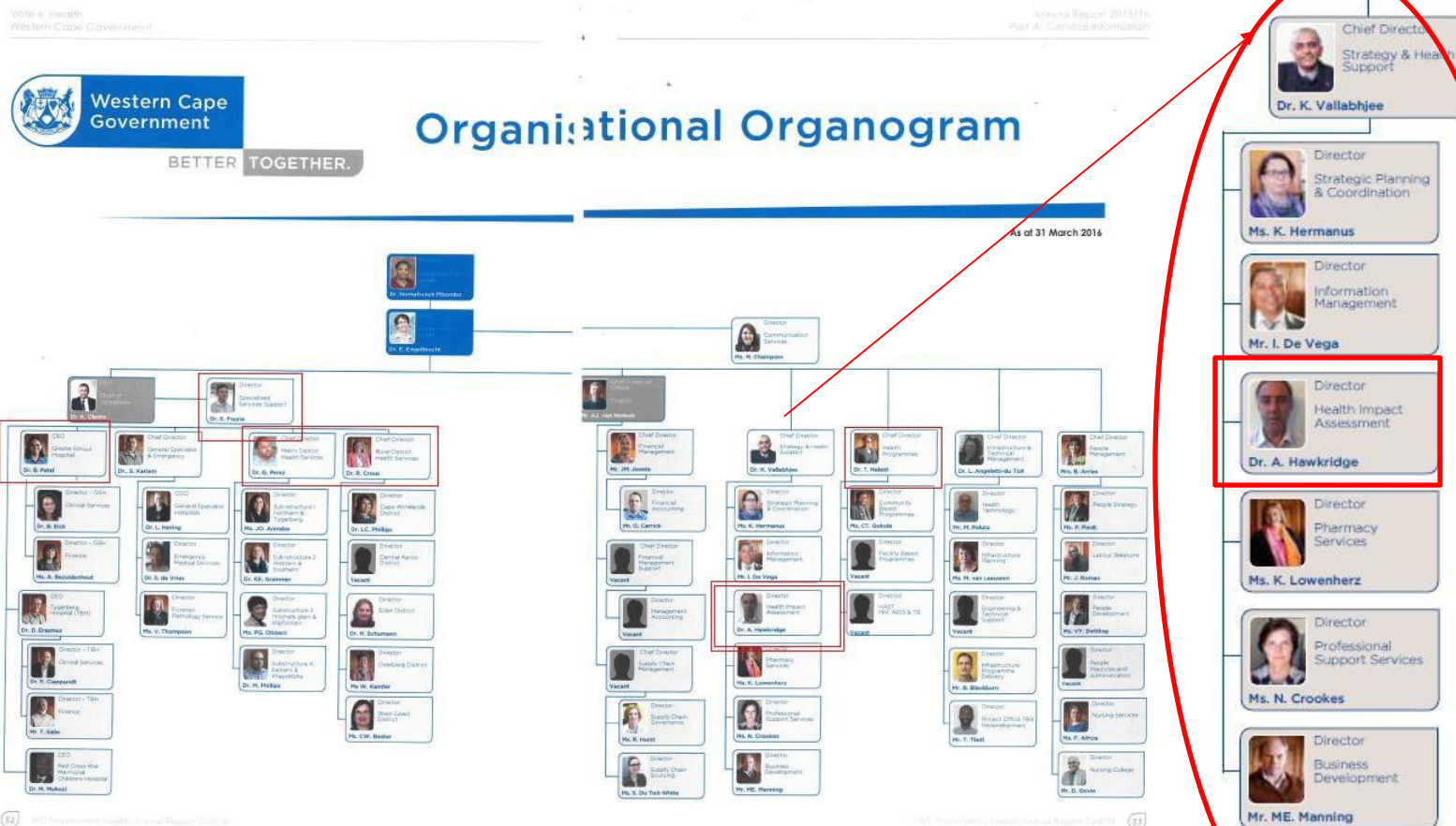
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2. Providing Service through Health Service Attachments and Rotations

Provincial registrars are on the establishment of HIA Directorate but may be placed in other components of the services outside the HIA. For example, registrars may be placed in the Chief Directorate for Health Programmes, in District or Sub-district management positions, with hospital management or in other sections of the Health Department where appropriate.

However, even when placed in these rotations, registrars will be managed from the provincial side by skilled managers, in most cases with public health training. The Director for HIA is Dr Melvin Moodley and a number of the participants in the HIA Public Health Unit meetings are Public Health Medicine specialists. Day-to-day liaison and accountability for project and service work, however, will depend on the nature of the attachment. For example, a registrar allocated to the Programme Evaluation will have his or her job description set up at the start of the rotation by the HIA Director in conjunction with the Deputy Director for Programme Evaluation and the academic mentor. Then, the HIA Director will be responsible for ensuring the registrar's SPMS is signed off at appropriate time intervals whilst on the rotation but may delegate this to another official if deemed appropriate. The sign-off of performance will be done with the participation of the relevant service supervisor and the academic mentor.

Provincial registrars sign 4-year contracts with the Provincial Department of Health and are joint staff of UCT and WCG Health Department under Provincial conditions of service. The provincial contribution to the overall management of the registrars will reside with the Director for Health Impact Assessment, Dr Moodley and the UCT counterpart is Professor Leslie London who is both Head of Division and Convener of the academic MMed specialist programme in PHM. Registrars qualify for notch progression on the OSD system for which a letter confirming progress is supplied by the Head of Division, based on the registrars' academic and service performance.

For non-provincial registrars, similar service and performance monitoring arrangement will be developed specific to the organization involved.

3. Governance of the registrar service attachment

The registrar programme is located in the context of a set of governance arrangements between UCT and the WCG Health Department.
- There is a **Memorandum of Understanding** in place governing the relationships between the WCG Health Department, the UCT Department and the registrars.
- At institutional level, a Joint Management Team (UCT senior leadership in the Faculty the HoD and relevant provincial managers) oversees the institutional relationships and strategic issues.
- The registrars, consultants and provincial managers all participate in monthly Health Impact Assessment Unit meetings which are used for information sharing and particularly

for presentation of work in progress. Registrars are encouraged to present their work here, to get critical feedback and improve their presentation skills.

- The consultants and Head of Division participate in the HIA Management Meetings which oversees the operations of the directorate and can raise issues relevant for registrar training when needed in this structure.
- Professor London and Dr Moodley meet periodically on an ad-hoc basis for any particular joint operational decision making.
- Where non-provincial registrars are in the programme, the Programme Convener will set up equivalent meetings with the employing organization using a similar MOU to regularize the governance of the registrar service attachment.
- At the end of each year, provincial HR will request a letter confirming registrar progress to support notch progression. This letter will be given based on academic performance in the past year.

Directly relevant to the registrar programme are the following meetings:
- The registrars are part of a Public Health Unit meeting (involving all the Public Health staff, consultants and registrars with relevant WCG Health Department managers in the CD) every two months to plan and review the registrar rotations and attachments. Non-provincial registrars will be expected to participate in these meetings where feasible, given that their work will need to support the Provincial Public Health strategy.
- The University (School) holds a three-monthly M Med PHM programme meetings
- Additionally, the registrars have arranged educational sessions with provincial staff in the past and this has proved sufficiently useful to continue, (though logistically difficult to set up)

Registrar appraisal

Registrars are appraised in two ways.

The CMSA Portfolio is the registrar's record of learning for purposes of College academic assessment. All registrars must keep a CMSA PHM portfolio up to date throughout their training. This is a single document in which Section 4 needs to be added for each rotation undertaken by the registrar. Your mentor will assist you with completing it. Copies must be submitted electronically to Sharon Ferguson with every performance appraisal completed. The skills list of the CPHM (see separate document) must be checked off to ensure that all of the requisite competencies are required by the end of registrar training.   This is needed for College examination purposes. Whilst providing service to the health department or to their non-provincial employer, each registrar is required by the College of Public Health Medicine to keep as part of this portfolio a record of their practical work. Published and unpublished written reports on project or other work, oral presentations, reports from staff for whom the registrar is responsible will form part of this appraisal. Copies of all such reports should also be filed with the MMed Programme Convenor for the record and for use in formative assessments. This portfolio is required in order for the Head of the Department to certify that they are competent with respect to practical work in public health medicine before the final examination. Registrars will be required to bring their portfolios to the College examinations.

Please ensure that you **do your portfolio prospectively within three months of starting a new rotation**. There should be a new portfolio for each rotation. The College of Public Health Medicine is to introduce an electronic portfolio system in 2021 which will greatly reduce the burden of completing paper reports. Portfolios must be reviewed and signed off by your service mentor, your academic mentor and the head of division.

The SPMS (Staff Performance Management System) is the format for performance management of staff in the public sector. Similar to most performance management systems, it is intended to provide the employee with a clear job description (in the form of Key Performance Areas and tasks expected of a registrar. It includes a Job description, performance plan, and development plan. The SPMS plan is set up at the start of the rotation, reviewed through the rotation and used as the basis for assessing registrar performance at the end of the rotation. The 1% annual salary increment is dependent on submitting an SPMS review to the relevant provincial human resources department and on a letter confirming satisfactory academic progress from the Head of Division. In addition, a highly favourable annual review can earn a cash bonus of between 2% and 4%. The SPMS is signed off biannually by the registrar and their academic and service mentors, and by the Head of the academic Department and Director Health Impact Assessment. For registrars in non-provincial posts, analogous performance managements systems exist and the process of performance evaluation will be adapted to ensure consonance between the different systems.

Meetings between the registrar and his/her academic and service mentors must take place on a regular basis to ensure the integrity of the management system and to ensure registrars are able to receive appropriate rotations and support. A copy of the registrar's SPMS documentation should be retained by the registrar and a copy (both hard copy and electronic) provided to the Head of the Academic Department.

Learning as part of providing service

The core of benefiting from your rotation is based upon an effective triad – with supervision of registrars taking place jointly by the service supervisor and the academic mentor. Each attachment will be governed by a written set of learning objectives and a personalised job description, which must be drawn up at the start of the rotation, jointly involving the academic mentor and the service supervisor. The Learning Objectives must be such that they match the Health Department's Public Health Strategy (or, in the case of non-provincial registrars, the objectives of the employing agency or organisation) and that provide appropriate public health training opportunities for the registrar. These learning objectives will inform the KPAs incorporated into the registrar's SPMS plan. They must also match the CMSA skills and competencies requirements which can be found in a separate document. The mentor and supervisor should discuss the appropriateness of all work envisaged, particularly applied research projects, in advance to ensure that registrars do not waste their and the Health Authority's time. As part of the job description, arrangements for vacation leave and coursework attendance should be discussed with both service supervisor and academic mentor.

The academic mentor and service supervisor are expected to meet periodically to monitor progress as part of a formative assessment in terms of the initial plan. This process of discussion

should continue during the course of the attachment and applies particularly to ad hoc work that is not envisaged when the job description is initially drawn up. Regular meetings are important to provide support and feedback to registrars.

Overtime Expectations

Public health medicine registrars are not eligible for commuted overtime. Note also that registrars may not participate in the system Remunerated Work Outside the Public Sector (RWOPS). Registrars are eligible to claim 'normal' overtime, as per public sector regulation, which caps the rate at which overtime is paid to a payclass far lower than a professional rate. Nonetheless, if registrars are working overtime and wishing to claim, such overtime, they need to have careful documentation to support such claims. Further information can be obtained from the Chief Director in this regard.

The PHM registrar programme does not encourage registrars taking on clinical work after hours for overtime because curative services are not regarded as part of an appropriate training platform for Public Health Medicine, and the time spent on clinical care will interfere with your capacity to meet the deliverables of your rotation. However, should you wish to do clinical work with a view to maintaining your clinical skills, then that should be negotiated with your academic mentor and supervisor to ensure you are able to deliver the needed outputs.

For non-provincial registrars, overtime arrangements are dependent on the employing organization.

Publications and Reports

All projects and health service-related work should result in departmental reports that must be submitted to the registrar programme convener. Whenever possible, registrars are encouraged to publish research findings in academic journals. Where this is the case, appropriate acknowledgment of provincial and university affiliation is required. Co-authorship will be governed by standard conventions. Close contact with the academic mentor or other relevant departmental staff is essential to ensure quality outputs. The Service Supervisor will be reminded about the importance of ensuring that registrars working on reports are acknowledged and named as authors.

Leave

Registrars should aim to take their leave (in December and January) by agreement with the Head of the employing authority to which they have been allocated and in consultation for final approval with the Head of Department at UCT. Leave forms for provincial staff are to be submitted to the Head of Department at UCT for onward transmission to WCG Health Department Head Office. Note that within the public service, leave is not allowed to accumulate

longer than 6 months after the end of the year in which it was earned, as this has previously resulted in serious disruption of service delivery.

For non-provincial registrars, procedures leave should be jointly confirmed between the employing authority and UCT.

Addresses, Telephone Numbers and Communication

Registrars must keep the Departmental postgraduate administrator, Sharon Ferguson Sharon.ferguson@uct.ac.za and Prof L London leslie.london@uct.ac.za informed at all times of changes in addresses, telephone numbers, especially cellphone numbers and their email addresses -- so that they may be located when required. When rotating through Health Authorities, registrars are to notify the Department of Public Health of their telephone number, including cell phone numbers, and the extensions where they can be contacted.

It is particularly important that registrars are at all times contactable via cellphone and email. UCT provides each registrar with an email address based on the student number. The Health Department will also provide you with an email address in the form of Name@westerncape.gov.za email address. You are also most likely to have private email address. **This has the potential to cause confusion.** The onus is on all registrars to access all of their email addresses (especially their UCT email address) on a daily basis. The most convenient solution is for you to autoforward all email from your UCT email address to the email address that is your preferred address that you access regularly. For example, if you have an MWEB address like jsoap@mweb.co.za, you should arrange for your email accounts at UCT and WCG Health Department to autoforward account that address. That way you will never miss any important communications from your mentor or supervisor, and these latter can be assured at all times that their message get to you. Registrars are also responsible for editing their VULA profiles or arranging for Sharon Ferguson Flandorp to do so, in order that the email address that appears there is the one at which they prefer to receive their emails. Registrars are also responsible for monitoring the VULA PHM registrars' site on a regular basis for important communications and notices.

Logistics: Registrar Office and Computers, parking

There is a Registrars' office in the School of Public Health on level 4 with PCs, printer and telephone available for use by registrars only. The registrars should elect one representative who will take responsibility for ensuring that the office and computer equipment is kept in good order. As computer equipment has been stolen from this office it is imperative that you do not lend your private key to the office to anyone else at any time and that you lock up when you leave the empty office at all times – even to go to the tearoom or toilet. Any matters relating to maintenance or a need to upgrade the office furniture or equipment should be brought to the attention of the course administrator or convener.

The Provincial Health Department will also set up provincial registrars with a desk and PC station. Any concerns about the equipment should be brought to the attention of the relevant

admin staff in the HIA directorate. Ms Christaline Rhoode
Christaline.Rhoode@westerncape.gov.za is the Administrative Assistant to Dr Moodley and is very efficient in organizing or solving logistic problems.

Parking on the UCT campus is on the basis of purchasing and displaying a relevant (yellow or red) staff parking disc. Parking at the Provincial offices will depend on the rotation. You will need to check with your line manager if parking costs will be covered in your placement. Parking at Norton Rose is not covered by the HIA. Registrars based at the Dorp St building will not have access to WCG parking. Use can be made of the parking at the Rose Court or Hiddingh Hall campus of UCT based on an existing UCT parking disc (which should be programmed for access to these parking areas). It is a short walk from these UCT sites to the Provincial offices in Dorp St. The MyCiti bus is available for the longer route to Norton Rose House.