



**THE ALLIED HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA (AHPCSA)**  
ensuring quality complementary healthcare of choice

**Homeopathy Internship Portfolio Assessment Rubric**

|                                       |  |
|---------------------------------------|--|
| <i>Name of intern/student intern:</i> |  |
| <i>Full name of RIC assessor</i>      |  |
| <i>Date of review</i>                 |  |

| <b>Academic component (AC) – 75 Hrs</b>       |  |  |  |
|---|--|--|--|
| <b>Section</b>                                | <b>Item check</b>  | <b>Supporting evidence</b>   |  |
| <b>Sec. 1 A<br/>Literacy</b>                  | AC Lit template with <b>5 case studies</b>   | 5 supporting case studies provided   |  |
|   | AC Lit template with <b>3 referrals</b>  | 3 supporting referral letters provided   |  |
| <b>Sec. 1 B<br/>Numeracy</b>                  | AC – General template total <b>6 hrs practice management</b> completed                         | Supporting signatures OR completion certificates provided                                  |  |
| <b>Sec. 1 C<br/>Comp &amp; disp</b>           | AC – General template total <b>4 hrs compounding &amp; dispensing</b> completed                | Supporting signatures OR completion certificates provided                                  |  |
| <b>Sec. 1 D<br/>Jurisprudence</b>             | AC – General template total <b>3 hrs jurisprudence</b> completed                               | Supporting signatures OR completion certificates provided                                  |  |
| <b>Sec. 1 E<br/>Patient care</b>              | AC – General template total <b>3 hrs patient care</b> completed                                | Supporting signatures OR completion certificates provided                                  |  |
| <b>Sec. 2 A Refining<br/>diag skill</b>       | AC – General template total <b>15 Hrs lectures</b> completed                                   | Supporting signatures OR completion certificates provided                                  |  |
| <b>Sec. 2 B Patient<br/>management</b>        | AC – General template total of <b>12 Hrs lectures</b> completed                                | Supporting signatures OR completion certificates provided                                  |  |
| <b>Sec. 3 A Personal<br/>growth</b>           | AC – General template total of <b>5 Hrs lectures</b> completed                                 | Supporting signatures OR completion certificates provided                                  |  |
| <b>Sec. 3 B<br/>Gen comm service</b>          | AC – General template Total of <b>3 hours service</b> completed                                | Supporting signatures OR completion certificates provided & <u>consent forms</u> submitted |  |
| <b>Sec. 4 A<br/>Basic sciences</b>            | AC – General template, min <b>3 topics, total of 3 Hrs</b> completed                           | Supporting signatures OR completion certificates provided                                  |  |
| <b>Sec. 4 B<br/>Diagnostic</b>                | AC – General template, <b>1 lecture in clin path and 1 lecture in diag imaging total 3 Hrs</b> | Supporting signatures OR completion certificates provided                                  |  |
| <b>Sec. 4 C<br/>homeopathic</b>               | AC – General template, <b>3 Hrs</b> completed  | Supporting signatures OR completion certificates provided                                  |  |
| <b>Sec. 5 A<br/>care of<br/>disadvantaged</b> | AC – General template, total of total <b>3 Hrs</b> completed<br>- <b>paediatric care</b>       | Supporting signatures OR completion certificates provided                                  |  |

|   |   |  |  |
|---|---|--|--|
|   | <ul style="list-style-type: none"> <li>- <i>geriatric care</i></li> <li>- <i>disability, immunocomp or stroke care</i></li> </ul> |  |  |
| <p><b>Note to assessor:</b><br/>Please ensure all categories are completed quantitatively i.e. minimum number of hours or sub-categories with supporting evidence and qualitatively i.e. suitability of the activity and provider. Logsheets must be legible, completed in full, without ambiguity and suitably descriptive for audit purposes.</p> |   |  |  |

| <b>Work experience (WE) – 120 Hrs</b>  |   |  |  |
|--|---|--|--|
| <b>Section</b>   | <b>Item check</b>   |  | <b>Supporting evidence</b>   |
| <b>Sec. A - Clinic work</b>  | WE – Clinic Work Logsheets – <b>20 new patients</b> entered               |  | Corresponding 20 case histories supplied in anonymised format                          |
|  | WE – Clinic Work Logshets – <b>50 follow up patients</b> entered          |  | Corresponding 50 case histories supplied in an anonymised format                       |
| <b>Sec. B - Prof. Interaction</b>  | WE – Prof. Interaction Logsheets – <b>5 hrs x 5 practitioners</b> entered |  | 5X Supporting/corresponding internship host consent forms attached                     |
|  |   |  | 3 or more hosts >10yrs in homeopathic practice, all must be in practice for min 5 yrs. |
| <b>Sec. C – Community service</b>  | WE – Community Service Logsheets – <b>minimum of 15 hrs logged</b>        |  | Supporting/corresponding internship host consent forms attached                        |
| <p><b>Note to assessor:</b><br/>Please ensure all categories are completed quantitatively i.e. minimum number of hours or sub-categories with supporting evidence and qualitatively i.e. suitability of the activity and provider. Logsheets must be legible, completed in full, without ambiguity and suitably descriptive for audit purposes. All case reports and clinical records to be in an anonymised format.</p> |   |  |  |

| <b>Presentation of portfolio</b>                  |  |   |  |
|---|--|---|--|
| <b>Professionally presented</b>                   |  | <b>Logically and orderly arranged</b>                   |  |
| <b>Sections correctly numbered</b>                |  | <b>Supporting documents easily linked to log sheets</b> |  |
| <b>Narrative &amp; reflective report included</b> |  | <b>Report is of an acceptable standard</b>              |  |

| <b>Overall impressions and comments on the portfolio</b> |
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|--|-----------------------------------|---------------------------------------|
| Is the portfolio of a suitable standard quantitatively and qualitatively? If no please state any concerns and deficiencies | Yes                               | No                                    |
|  |                                   |                                       |
|  |                                   |                                       |
| <b>Recommendation</b>  | <b>Portfolio requirements met</b> | <b>Portfolio requirements not met</b> |
|  |                                   |                                       |

|                                |  |
|--------------------------------|--|
| <b>Signature of RIC member</b> |  |
|--------------------------------|--|

|   |  |
|---|--|
| <b>Comments from National Internship Co-ordinator</b> |  |
|   |  |
| <b>Signature</b>                                      |  |
| <b>Date</b>   |  |