



April 2023

R E G U L A T I O N S

FOR ADMISSION TO THE FELLOWSHIP OF THE

COLLEGE OF FAMILY PHYSICIANS OF SOUTH AFRICA

FCFP(SA)

1.0 OBJECTIVES

- 1.1 The candidate who passes these examinations must be able to fulfil the role of a specialist family physician in the medical and academic communities, and in society at large

Candidates who are awarded the FCFP(SA) and, in addition, fulfil the other requirements of the Medical, Dental and Supplementary Health Services Act may register and practise as a family physician in terms of the Act

The following paragraphs indicate briefly the range of competencies that can be expected of the family physician. The family physician should be able to:

- 1.1.1 fulfil the role of a family physician in the medical and academic communities, and in society at large;
- 1.1.2 manage him/herself and his/her practice (in public or private sector) effectively with visionary leadership;
- 1.1.3 evaluate and manage patients with both undifferentiated and more specific problems cost-effectively using a bio-psycho-social and evidence-based medicine approach;
- 1.1.4 facilitate the health and quality of life of the community;
- 1.1.5 recognise, evaluate and reflect on personal and professional strengths and weaknesses to appropriately change professional practice and behaviour;
- 1.1.6 educate, consult and advise health care professionals, health care workers and institutions on the discipline of family medicine and on health related issues;
- 1.1.7 conduct all aspects of health care in an ethical, compassionate and responsible manner;
- 1.1.8 act as the patient's advocate, advisor and guide within the discipline of Family Medicine.

2.0 STRUCTURE

- 2.1 The Fellowship consists of a minimum of 4 years training. Assessment will be by Examination and Research Component (RC), that is, assessed MMed (Family Medicine) research dissertation/report or accepted original article in a family medicine peer-reviewed journal as first author.

3.0 ADMISSION TO THE EXAMINATION AND RESEARCH COMPONENT

3.1 Examination: FCFP(SA) Final Part A

A candidate may be admitted to the examination having:

- 3.1.1 a post-internship registration to practice medicine which is registered or registrable with the Health Professions Council of South Africa (HPCSA), and
- 3.1.2 successfully completed three years fulltime post-internship training in Family Medicine in a training programme approved by the College of Family Physicians of South Africa – CFP(SA).
- 3.1.3 Such training must also be certified by the relevant Head of Department of Family Medicine and submitted a successfully completed learning portfolio. It is recommended that all candidates entering into their registrar training from 1 January 2023 use an electronic portfolio. Please consult with your head of department or postgraduate coordinator in the regard. The relevant Head of Department of Family Medicine must complete the certificate of completion of training when the candidate applies to write the examination (See Appendix F)
- 3.1.4 Once a candidate has exited the registrar programme after four years of registrar training, they may take the FCFP(SA) Final Part A examination without any additional documentation for the next six semesters or three years. Should they require examination after the three-year period, they will be required to submit a remedial FCFP portfolio of learning to the satisfaction of an academic Head of Department in South Africa.

3.2 Research Component (RC): FCFP(SA) Final Part B

A candidate may be admitted for the RC having:

- 3.2.1 completed the three years fulltime training in Family Medicine and
- 3.2.2 completed the Research Component as follows:
 - 3.2.2.1 assessed MMed (Family Medicine) research dissertation/report, provided that such dissertation/report was completed within the preceding 4 years, or
 - 3.2.2.2 accepted/published original article in an accredited peer-reviewed journal as "first author", provided that such article was completed within the preceding 4 years and in accordance with the requirements of the peer-reviewed journal.
 - 3.2.2.3 conforms to the suggested structure for dissertation/report/accepted original research article (see Appendix A)
 - 3.2.2.4 a declaration has been received that the research component is original work. (See Appendix B and Appendix C)
 - 3.2.2.5 The relevant Head of Department of Family Medicine must complete the certificate of completion of research component when the candidate applies for the Final Part B (see Appendix G)
 - 3.2.2.6 The FCFP(SA) Final Part B may be submitted any time after the 36 months of registrar training and is not linked to the completion of the FCFP(SA) Final Part A. The Research Component of the MMED degree is equivalent to the FCFP(SA) Final Part B.

3.3 The CMSA Senate, through its Examinations and Credentials Committee, will review every application for admission to the examination, and RC, and may also consider the professional and ethical standing of the candidate.

3.4 Once a candidate has satisfied the FCFP Final Part A and FCFP Final Part B requirements, they will graduate with the qualification: Fellowship of the College of Family Physicians of South Africa FCFP (SA).

4.0 CONTENT OF THE EXAMINATION

The curriculum for the Fellowship Final Part A examination is reflected in Appendix D. The exit outcomes of training are itemised in Appendix E.

The examination will test the diagnostic and patient management ability of the candidate with special reference to, but not limited to the following:

- 4.1 diagnostic ability against the background of family practice. Stress will be placed on early diagnosis, screening tests and special diagnostic methods such as laboratory and radiological investigations
- 4.2 management, with special reference to medications in common usage, side effects and interactions. Preliminary management of emergencies of various types
- 4.3 psychosocial aspects concerning emotional and personality disturbances. Special emphasis in this regard is given to child behavioural problems, marriage guidance and problems of adolescence

- 4.4 preventive medicine, eg immunisation, genetic counselling, nutrition, mental health and environmental hygiene
- 4.5 knowledge of community services or organisations which might be complementary to the family physician's field of endeavour, eg government (including the district health system) and welfare services such as the South African National Council for Alcoholism, South African National Epilepsy League, etc
- 4.6 ability in practice management, including consulting room planning, programme for the routine day, clinical notes, accounting, health economics, human resource management, and requirements for ethical and legal practice

5.0 FORMAT OF THE EXAMINATION

The examination shall consist of

5.1 Three Online Written papers as follows

- 5.1.1 multiple choice paper (single best type A and extended matching questions) without negative marking (Paper I): forms 50% of the total (3 hours)
- 5.1.2 short answer questions¹ (Paper II): forms 40% of the total (3 hours)²
- 5.1.3 critical reading of a journal article (Paper III): forms 10% of the total (2 hours)
- 5.1.4 A candidate will be invited to the clinical examination if he/she achieves the passing score based on the standard set for the overall written component.

5.2 Clinical examination, which will consist of Objective Structured Clinical Examinations (OSCEs):

- 5.2.1 Objective Structured Clinical Examinations (OSCEs) will assess the candidate's clinical and consultation skills
- 5.2.2 Candidates must achieve a passing score in the OSCE according to the standard set for the examination.

6.0 RESEARCH COMPONENT ASSESSMENT (RCA)

A copy of the research dissertation/report or accepted original article shall be submitted to the CFP Assessment Committee for assessment at least 60 days prior to the date of the next Admissions Ceremony of the CMSA.

If a candidate has failed to pass the clinical examination after three years of education and training, it is possible to present for the examination and the RC in the same CMSA examination session in subsequent years

¹ Short answer questions, effective SS2019

² 3 hours for paper 2, effective SS2018

7.0 ADMISSION AS A FELLOW

7.1 Only candidates who have completed training in a CMSA recognised registrar post may be awarded a fellowship if successful in the examination.

7.2 Candidates who have written the examination as a prerequisite from the HPCSA for inclusion on the specialist register are not eligible to be awarded a Fellowship but will be sent a letter confirming their success in the examinations

All other candidates will be asked to sign a declaration as below:

I, the undersigned,do solemnly and sincerely declare

that while a member of the CMSA I will at all times do all within my power to promote the objectives of the CMSA and uphold the dignity of the CMSA and its members

that I will observe the provisions of the Memorandum and Articles of Association, By-laws, Regulations and Code of Ethics of the CMSA as in force from time to time

that I will obey every lawful summons issued by order of the Senate of the said CMSA, having no reasonable excuse to the contrary

and I make this solemn declaration faithfully promising to adhere to its terms

Signed at this day of

..... 20

Signature

Witness

(who must be a Founder, Associate Founder, Fellow, Member, Diplomate or Commissioner of Oaths)

7.3 A two-thirds majority of members of the CMSA Senate present at the relevant meeting shall be necessary for the award to any candidate of a Fellowship

7.4 A Fellow shall be entitled to the appropriate form of certificate under the seal of the CMSA

7.5 In the event of a candidate not being awarded the Fellowship (after having passed the examination) the examination fee shall be refunded in full excluding HPCSA candidates who are not entitled to a Fellowship.

7.6 The first annual subscription is due one year after registration (statements are rendered annually)

APPENDIX A

- 1.0 Structure of research component – minimum requirements:**
- 1.1 Summary/abstract
- 1.2 Introduction and motivation
- 1.3 Literature review
- 1.4 Methodology: Aim and objectives of study, study design, sample/ sampling frame, data collection and analysis, reliability and validity of study, bias, study limitations and ethical considerations
- 1.5 Results
- 1.6 Discussion
- 1.7 Conclusions/recommendations
- 1.8 References (Harvard or Vancouver style of referencing may be used)

APPENDIX B

COLLEGE OF FAMILY PHYSICIANSRESEARCH COMPONENT: DECLARATION OF ORIGINAL WORK

Last name:	
First names:	
Examination number:	
Title of Dissertation/Report/accepted article:	
I declare that this dissertation/report/accepted article is entirely my own work. It has never been submitted before for any degree, examination or any purposes whatsoever. I am also aware of and cognisant of the issues related to plagiarism.	<u>(Signature)</u>
Date:	

APPENDIX C

PLAGIARISM



From:

http://owl.english.purdue.edu/handouts/print/research/r_plagiar.html

Avoiding Plagiarism

Brought to you by the Purdue University Online Writing Lab at <http://owl.english.purdue.edu>

Academic writing is filled with rules that writers often don't know how to follow. A working knowledge of these rules, however, is critically important; inadvertent mistakes can lead to charges of *plagiarism* or the unacknowledged use of somebody else's words or ideas. While other cultures may not insist so heavily on documenting sources, American institutions do. A charge of plagiarism can have severe consequences, including expulsion from a university. This handout, which does not reflect any official university policy, is designed to help writers develop strategies for knowing how to avoid accidental plagiarism.

Another good resource for understanding plagiarism is the WPA Statement on Plagiarism (<http://www.ilstu.edu/~ddhesse/wpa/positions/WPAplagiarism.pdf>).

The Contradictions of American Academic Writing

Show you have done your research

---But---

Write something new and original

Appeal to experts and authorities

---But---

Improve upon, or disagree with experts and authorities

Improve your English by mimicking what you hear and read

---But---

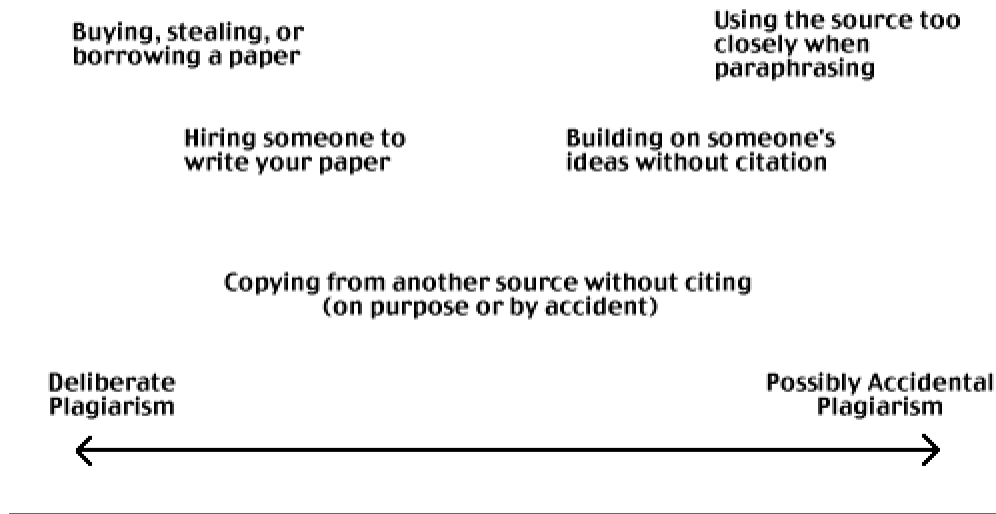
Use your own words, your own voice

Give credit where credit is due

---But---

Make your own significant contribution

Actions that might be seen as plagiarism



Since teachers and administrators may not distinguish between deliberate and accidental plagiarism, the heart of avoiding plagiarism is to make sure you give credit where it is due. This may be credit for something somebody said, wrote, emailed, drew, or implied.

Choosing When to Give Credit

Need to Document
No Need to Document

- When you are using or referring to somebody else's words or ideas from a magazine, book, newspaper, song, TV programme, movie, Web page, computer programme, letter, advertisement, or any other medium
- When you use information gained through interviewing another person
- When you copy the exact words or a "**unique phrase**" from somewhere
- When you reprint any diagrams, illustrations, charts, and pictures
- When you use ideas that others have given you in conversations or over email
- When you are writing your own experiences, your own observations, your own insights, your own thoughts, your own conclusions about a subject
- When you are using "**common knowledge**" — folklore, common sense observations, shared information within your field of study or cultural group
- When you are compiling generally accepted facts
- When you are writing up your own experimental results

Making Sure You Are Safe

Action during the writing process

Appearance on the finished product

When researching, note-taking, and interviewing

- Mark *everything* that is someone else's words with a big **Q** (for **quote**) or with big quotation marks
- Indicate in your notes which ideas are taken from sources (**S**) and which are your own insights (**ME**)
- Record all of the relevant documentation information in your notes

Proof read and check with your notes (or photocopies of sources) to make sure that *anything* taken from your notes is acknowledged in some combination of the ways listed below:

- In-text citation
- Footnotes
- Bibliography
- Quotation marks
- Indirect quotations

When paraphrasing and summarizing

- First, write your paraphrase and summary without looking at the original text, so you rely only on your memory.
- Next, check your version with the original for content, accuracy, and mistakenly borrowed phrases
- Begin your summary with a statement giving credit to the source: *According to Jonathan Kozol,*
- Put any **unique words or phrases** that you cannot change, or do not want to change, in quotation marks: ... *"savage inequalities" exist throughout our educational system (Kozol).*

When quoting directly

- Keep the person's name near the quote in your notes, and in your paper
- Select those direct quotes that make the most impact in your paper – too many direct quotes may lessen your credibility and interfere with your style
- Mention the person's name either at the beginning of the quote, in the middle, or at the end
- Put quotation marks around the text that you are quoting
- Indicate added phrases in brackets ([]) and omitted text with ellipses (. . .)

When quoting indirectly

- Keep the person's name near the text in your notes, and in your paper
- Rewrite the key ideas using different words and sentence structures than the original text
- Mention the person's name either at the beginning of the information, or in the middle, or at that end
- Double check to make sure that your words and sentence structures are different than the original text

Deciding if Something is "Common Knowledge"

Material is probably common knowledge if . . .

- You find the same information undocumented in at least five other sources
- You think it is information that your readers will already know
- You think a person could easily find the information with general reference sources

Exercises for Practice

Below are some situations in which writers need to decide whether or not they are running the risk of plagiarizing. In the **Y/N** column, indicate if you *would* need to document (**Yes**), or if it is *not necessary* to provide quotation marks or a citation (**No**). If you do need to give the source credit in some way, explain how you would handle it. If not, explain why.

Situation : Y/N
If yes, : what do you do?
If no, : why?

1. You are writing new insights about your own experiences.
2. You are using an editorial from your school's newspaper with which you disagree.
3. You use some information from a source without ever quoting it directly.
4. You have no other way of expressing the exact meaning of a text without using the original source verbatim.
5. You mention that many people in your discipline belong to a certain organisation.
6. You want to begin your paper with a story that one of your classmates told about her experiences in Bosnia.
7. The quote you want to use is too long, so you leave out a couple of phrases.
8. You really like the particular phrase somebody else made up, so you use it.

(Adapted from Aaron)

Sources used in creating this handout:

1. Aaron Jane E. *The Little Brown Essential Handbook for Writers*. New York: HarperCollins, 1994.
2. Gefvert Constance J. *The Confident Writer*. 2nd ed. New York: Norton, 1988.
3. Heffernan James A.W, John E Lincoln. *Writing: A College Handbook*. 3rd ed. New York: Norton, 1990.
4. Howell James F, Dean Memering. *Brief Handbook for Writers*. 3rd ed. Englewood Cliffs, NJ: Prentice Hall, 1993.
5. Leki Ilona. *Understanding ESL Writers: A Guide for Teachers*. Portsmouth, NH: Boynton/Cook, 1992.
6. Lester James D. *Writing Research Papers*. 6th ed. New York: HarperCollins, 1990.
7. Rodrigues Dawn, Tuman Myron C. *Writing Essentials*. New York: Norton, 1996.
8. Swales John, Feak Christine B. *Academic Writing for Graduate Students*. Ann Arbor, MI: University of Michigan Press, 1994.
9. Walker Melissa. *Writing Research Papers*. 3rd ed. New York: Norton, 1993.

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APPENDIX D

1.0 Syllabus for the FCFP(SA) Final Part A Examination

The syllabus is defined by the national learning outcomes for family medicine (2010 version), which has five unit standards. The second unit standard deals with “the ability to evaluate and manage patients with both undifferentiated and more specific problems cost-effectively according to the bio-psycho-social approach”. The following should be seen as an appendix to this second unit standard, which defines the undifferentiated problems, specific problems and consultation skills needed.

2.0 Undifferentiated clinical problem's

Candidates for the FCFP(SA) examination should have a clear approach to the assessment of the common symptoms and complaints in all age groups that present in primary care. The following list defines the commonest symptoms and complaints; and together makes up over 80% of all presentations in primary care.

- 2.1 Abdominal pain or cramp
- 2.2 Abnormal sputum
- 2.3 Arm pain or symptom
- 2.4 Back pain
- 2.5 Breathing problem
- 2.6 Chest pain
- 2.7 Constipation
- 2.8 Cough
- 2.9 Diarrhoea
- 2.10 Dysuria
- 2.11 Ear discharge
- 2.12 Ear pain
- 2.13 Ear symptom/complaint
- 2.14 Epigastric pain
- 2.15 Eye abnormal sensation/complaint
- 2.16 Eye discharge
- 2.17 Eye pain
- 2.18 Fever
- 2.19 Foot and toe pain or symptoms
- 2.20 Generalised aches or pains
- 2.21 Generalised rash
- 2.22 Genital/pelvic pain
- 2.23 Hand and finger pain or symptom
- 2.24 Headache
- 2.25 Heartburn
- 2.26 Insomnia
- 2.27 Knee pain or symptom
- 2.28 Leg or thigh pain or symptom
- 2.29 Localised rash
- 2.30 Localised lump(s) or swelling(s)
- 2.31 Loss of appetite
- 2.32 Menstrual abnormality
- 2.33 Mouth, tongue, lip complaints
- 2.34 Nausea
- 2.35 Neck pain
- 2.36 Penile symptom/complaint
- 2.37 Pregnancy
- 2.38 Pruritus
- 2.39 Red eye
- 2.40 Respiratory/pleuritic pain
- 2.41 Shortness of breath
- 2.42 Shoulder pain or symptom
- 2.43 Skin complaint

- 2.44 Shoulder pain or symptom
- 2.45 Skin complaint
- 2.46 Sneezing/nasal complaint
- 2.47 Sore throat
- 2.48 Swallowing problem
- 2.49 Sweating
- 2.50 Swollen ankles/oedema
- 2.51 Teeth or gum complaint
- 2.52 Trauma/injury
- 2.53 Urethral discharge
- 2.54 Vaginal discharge
- 2.55 Vaginal symptoms
- 2.56 Vertigo/dizziness
- 2.57 Visual disturbance
- 2.58 Vomiting
- 2.59 Vulval symptom/complaint
- 2.60 Weakness/general tiredness
- 2.61 Weight loss
- 2.62 Wheezing/tight chest

3.0 Specific clinical problems

Clinical family medicine can be divided up into ten clinical domains. Within each domain it is possible to define the relevant clinical conditions and required clinical skills. The focus will be on the commonest and most important conditions that contribute to the burden of disease. Clinical skills are listed in the tables. Candidates should be fully competent in the skills listed in the unshaded cells and for those in the shaded cells should have performed the skills during their training. The domains do overlap to some extent, for example child health issues are also found in mental health, infectious diseases, emergencies, ENT, eyes and skin.

3.1 The ten domains are:

- 3.1.1 General adult medicine
- 3.1.2 Child health
- 3.1.3 Women's health
- 3.1.4 Mental health
- 3.1.5 Infectious diseases (HIV/AIDS, TB, STIs malaria)
- 3.1.6 Anaesthetics
- 3.1.7 Surgery
- 3.1.8 Orthopaedics
- 3.1.9 Emergencies
- 3.1.10 ENT, eyes and skin

The syllabus for each of these domains will now be described:

3.2 General adult medicine:

On completion of this clinical domain you should be able to identify and manage patients with the following common conditions:

- Chest pain and ischaemic heart disease
- Hypertension and stroke
- Diabetes and hyperlipidaemia
- Cardiac failure
- Lower respiratory tract infection and community acquired pneumonia
- Asthma, COPD and occupational lung disease
- Dyspepsia
- Gastroenteritis and diarrhoea
- Lower urinary tract symptoms and urinary tract infections
- Musculoskeletal problems and arthritis
- Headache syndromes
- Epilepsy
- Common cancers
- Anaemia

A range of clinical skills have also been identified:

Clinical topic	Clinical skills
Adult health - general	Femoral vein puncture
	Lumbar puncture
	Arterial sampling radial artery
	Blood culture technique
	Injections - intra-dermal, subcutaneous, intra-muscular, deep intramuscular, sub-conjunctival,
Adults- Abdomen	Interpret the AXR in an adult
	Proctoscopy
Adults- Chest	ECG - set-up, record and interpret 12 lead ECG
	Interpret CXR
	Pleural tap
	Measure PEF
	Nebulise a patient
	Use inhalers and spacers
	Exercise stress test
	Perform and interpret office spirometry
	Pleural biopsy
Palliative care	Counselling of dying patient
	Hypodermoclysis (subcutaneous infusion)
	Set up a syringe driver

3.3 Child health:

Candidates should be able to identify and manage common conditions in children and adolescents such as:

- URTI, pharyngitis, tonsillitis, influenza
- Acute bronchitis/bronchiolitis/croup
- Pneumonia
- Asthma
- Gastroenteritis, worms
- Malnutrition
- Urinary tract infection
- Epilepsy
- Developmental and behavioural problems
- See also other clinical domains such as mental health, emergencies, infectious diseases, ENT, eyes and skin

Candidates should be able to institute key preventive and promotive activities such as:

- Growth monitoring
- Developmental assessment
- Immunisation
- Family planning

Key clinical skills are:

Clinical topic	Clinical skills
Child	Assess growth and classify malnutrition
	Assess child abuse (sexual/non-sexual)
	Capillary blood sampling - finger, heel
	CXR in a child
	Developmental assessment
	How to do and interpret Tine test and Mantoux tests
	Intra-osseous line
	IV access in a child
	Lumbar puncture
	Suprapubic bladder puncture
	Venepuncture - upper limb, external jugular vein

3.4 **Women's health:**

Candidates should be able to:

- Identify and manage common conditions in women such as breast problems, menstrual problems, infertility, sexual assault and cancers
- Prevent common conditions and promote women's health through for example family planning, cervical screening, or hormone replacement therapy
- Look after a woman during a normal pregnancy, delivery and puerperium
- Look after a woman during an abnormal or complicated pregnancy, delivery and puerperium
- Assist women with family and social issues such as intimate partner violence

A range of clinical skills have also been identified:

Clinical topic	Clinical skills
Antenatal care	Antenatal growth chart
	Assess foetal movement / wellbeing
	Clinical pelvimetry
	Obstetric ultrasound
	Amniocentesis
Intra-partum care	Examine progress during labour and use partogram
	Apply and interpret CTG
	Assess foetal wellbeing during labour
	Normal vaginal delivery
	Assisted vaginal delivery / vacuum extraction / forceps
	Caesarean section (including ability to do sub-total hysterectomy)
	Episiotomy and suturing
	Repair of 3rd degree tear
	Evacuation of uterus
	Manual removal of placenta
	External cephalic version
Newborn / Post-partum care	Resuscitate a newborn
	Umbilical vein catheterization
	Assess gestational age at birth
	Kangaroo mother care
	Phototherapy
Well newborn check	
Women's health	Microscopy of vaginal discharge (wet mount, KOH)
	Endometrial biopsy/sampling
	Dilatation and Curettage
	Drainage of Bartholin's abscess / cyst
	Tubal ligation
	FNAB of breast lump
	Insertion of IUCD
	Papanicolaou (cervical) smears
	Culdocentesis
	Hormone implants
	Laparotomy for ectopic pregnancy
TOP (if no religious/ethical objections)	
Clinical governance	MOU support, the perinatal audit meetings and PPIP programme, the training and audits of the basic antenatal care and perinatal education programmes and intrapartum audits

3.5 Mental health:

Candidates should be able to:

- Generate and test psychological hypotheses from relevant patient cues: eg
 - Unexplained somatic complaints
 - Chronic tiredness
 - Sleep problems
- Make a holistic assessment of the patient and specific psychiatric diagnoses
- Prescribe appropriately, use relevant psychological therapies and refer to other resources
- Be more self-aware of one's own values, beliefs and attitudes towards patients with mental problems
- Know about common mental health problems in both adults and children, including emergencies, diagnostic criteria, management options, medico-legal and ethical issues
 - Depression and anxiety disorders
 - Emergency psychiatry, schizophrenia and medico-legal issues
 - Substance abuse (alcohol and drugs)
 - Paediatric and adolescent mental health
 - Eating disorders
 - Mental handicap
 - Delirium and dementia

Specific clinical skills include:

Clinical topic	Clinical skill
Mental health	Holistic, patient-centred consultation that may include simple psychotherapeutic techniques Motivating behaviour change Mini mental examination Certification of patients under Mental Health Act

3.6 Infectious diseases (HIV/AIDS, TB, STIS, malaria):

This domain covers the HIV/AIDS epidemic and associated conditions such as TB and sexually transmitted infections (STI). It also includes other common infectious diseases in South Africa, specifically malaria.

3.6.1 In terms of HIV/AIDS candidates should be able to:

- Describe the HIV epidemic including the epidemiology, virology and immunology
- Diagnose and assess adults and children with HIV infection
- Develop and institute a comprehensive management plan for adults and children with HIV
- Diagnose and manage opportunistic infections
- Manage adults and children on antiretroviral drugs
- Manage HIV during pregnancy and the PMTCT programme

3.6.2 In terms of TB candidates should be able to:

- Describe the epidemiology of TB
- Describe the pathophysiology of TB
- Describe the DOTS strategy
- Diagnose TB in adults and children according to evidence-based medicine principles
- Consider alternative diagnoses to TB
- Prescribe the recommended treatment regime for each of the diagnostic TB categories and manage the side effects
- Promote adherence to TB treatment, and monitor progress on treatment
- Describe the MDR/XDR TB problem and have an approach to management of patients

3.6.3 In terms of STIs candidates should be able to:

- Describe the epidemiology of STIs
- Describe the rationale for syndromic management
- Identify STIs according to the syndromes
- Identify and deal with complications and treatment failures
- Screen for STI's (asymptomatic)
- Assess and manage a patient comprehensively
- Provide prophylaxis for STI's (post-exposure)

3.6.4 In terms of malaria candidates should be able to:

- Describe approaches to the prevention of and prophylaxis for malaria
- Describe approaches to the diagnosis and treatment of malaria in both adults and children

There are no clinical skills unique to this domain.

3.7 Anaesthetics:

Candidates should be able to manage the following scenarios in the district hospital setting:

- Acute airway problems, including the crash induction
- Cardio-respiratory arrest and compromise
- Pre-operative assessment and risk identification
- Intra-operative general anaesthetic management of ASA 1 and selected ASA 2 patients
- Spinal anaesthesia for certain indications in healthy and more compromised patients
- Post-operative management of patients, including post-operative complications
- Regional nerve blocks and local anaesthetic techniques
- Other clinical areas where the use of basic anaesthetic skills related to airways, ventilation and cardiovascular function are required
- Stabilization and transfer of patients, including ventilated patients

Clinical topic	Clinical skills
Anaesthetics	Ring block
	Administer oxygen
	Check Boyle's machine
	Control airway – mask and ambu bag
	General anaesthetic
	Inhalation induction
	Intravenous induction
	Intubate and ventilate patient
	Ketamine anaesthesia
	Monitor patient during anaesthetic
	Recover patient in recovery room
	Reverse muscle relaxation (mix drugs)
	Set airflows – Magill, Circle, T-piece
	Spinal anaesthetic
	Sterilise your equipment
	Bier's block
	Brachial block
Conscious sedation – basic	
Epidural	

3.8 Surgery:

Candidates should be able to:

- Identify and manage common surgical conditions
 - General surgical conditions eg abscess, ingrowing toe nails
 - ENT eg peritonsillar abscess
 - Vascular conditions eg varicose veins, peripheral vascular disease, aneurysms
 - Abdominal conditions eg acute abdomen, appendicitis, gallstones, pancreatitis, dysphagia, gastrointestinal bleeding, GI cancer, bowel obstruction, hernia, inflammatory bowel disease, diverticular disease, haemorrhoids, perianal haematoma
 - Urological conditions eg paraphimosis, hydrocoele, calculi, prostatic disease, testicular disease, haematuria, urinary tract and bladder cancer, incontinence
 - Head and neck eg lymphadenopathy and neck lumps, goitre
 - Plastics eg skin lesions, nodules, cancer

Management may involve diagnosis and referral, but the following specific surgical skills are required:

Clinical topic	Clinical skills
Adult health – general	Wound care and dressings
	Lymph node excision biopsy
Adults- Abdomen	I&D of perianal haematoma
	Proctoscopy
	Appendicectomy
	Interpret barium swallows
Adults-Urology	Penile block
	Reduce a paraphimosis
	Circumcision
	Drain hydrocoele
	Insert a urinary and suprapubic catheter
	Hydrocoelectomy
	Interpret IVP for renal colic
	Vasectomy
ENT	Drain a peritonsillar abscess
	Tonsillectomy / adenoidectomy
Skin	Excise sebaceous cyst (other lumps-bumps)
	Skin biopsy (punch and fusiform), skin scrapes
	Wide Needle Aspiration Biopsy lymph node in HIV
	Cryotherapy/cauterization
	Skin graft
	Phenol ablation of ingrown toenail
Emergency	Inject keloids
	Give a blood transfusion
	Gastric lavage
	Debride wounds or burns
	I&D abscesses
	Laparotomy for initial damage control in stabbed abdomen

3.9 Orthopaedics:

Candidates should be able to identify and manage the following conditions:

- Trauma / fractures
 - General principles
 - Shoulder fractures
 - Forearm fractures
 - Lower limb fractures
 - Spine
 - Paediatric fractures
- Non-traumatic
 - Shoulder problems
 - Knee problems
 - Hand and wrist problems
 - Foot and ankle problems
 - Osteoarthritis
 - Back pain
 - Nerve palsies
 - Paediatric problems
 - Metabolic bone disease
 - Bone tumours
 - Bone and joint infections

The domain includes the following clinical skills.../

The domain includes the following clinical skills:

Clinical topic	Clinical skills
Orthopaedics	Measure shortening of the legs
	Aspirate and inject the knee
	Inject tennis elbow / golfers elbow
	Inject the shoulder (ACJ, subacromial, GHJ)
	Inject trochanteric bursitis
	Interpret x-rays of joints
	Apply finger and hand splints
	Apply POP (upper and lower limbs)
	Closed reductions (hand, forearm,tib-fib)
	Set up traction (skeletal and skin)
	Reduce elbow dislocation
	Reduce hip dislocation
	Reduce shoulder dislocation
	Reduce radial head dislocation
	Excise a ganglion
	Inject carpal tunnel syndrome
	Inject de Quervains tenosynovitis
	Amputations-fingers/toes and lower limb
	Apply club foot POP
	Debridement of open fractures
Fasciotomy	

3.10 Emergencies:

Candidates should be able to:

- Respond in a logical and systematic way to common emergencies eg ABC approach
- Perform a primary survey and emergency resuscitation
- Perform a secondary survey
- Manage your own limitations and organise safe transfer of patients
- Take a leadership role in the emergency team
- Describe the equipment needed for out of hospital emergencies

The following specific clinical skills are required.../

The following specific clinical skills are required:

Clinical topic	Clinical skills
Emergency	CPR adult advanced support
	CPR child advanced support
	Choking
	Primary survey
	Intubate and manage airway
	Cricothyroidotomy
	Give oxygen
	Insert chest drain
	Relieve tension pneumothorax
	IV cutdown
	Secondary survey
	Measure the GCS
	Insert NGT
	Interpret x-rays in trauma
	Immobilise spine
	Transport critically ill
	Remove a splinter, fish-hook
	Suture lacerations
	Manage snake bite
	Administer rabies prophylaxis
	Selecting emergency equipment for doctors bag or emergency tray
	Calculate % burnt
	Certifying patient under mental health care act
Relieve cardiac tamponade	
Peritoneal lavage	
Suturing lip with tissue loss from human bite	
Tracheostomy	
Forensic	Completing J88
	Assess, manage and document sexual assault
	Assess, manage and document drunken driving
	Assess, manage and document interpersonal violence

3.11 ENT, eyes and skin:

3.11.1 In terms of ENT the candidate should identify and manage the following conditions:

- Ear wax
- Acute and chronic otitis media, cholesteatoma, mastoiditis
- Otitis externa
- Hearing loss and tinnitus, audiograms
- Dizziness and vertigo
- Sinusitis
- Rhinitis
- Epistaxis
- Sore throat, acute and chronic, URTI, tonsillitis
- Dysphagia
- Hoarse voice and laryngitis
- Common lesions of mouth and tongue ie ulcers, infections
- Burning mouth, dry mouth, bad breath
- Epiglottitis
- Trauma and injury
- Atopic and allergic conditions
- Foreign bodies
- Enlarged lymph nodes
- Common ENT tumours
- Problems with salivary glands

3.11.2 In terms of ophthalmology candidates should identify and manage the following conditions:

- Red, wet and sore eyes
- Visual loss, assessment of vision, refractive errors
- Squints
- Problems with the eyelids (eg blepharitis, chalazion, ectropion, entropion, ptosis)
- Problems with conjunctiva and sclera (eg conjunctivitis, pterygium)
- Corneal ulcers and erosions
- Cataracts
- Iritis / uveitis
- Glaucoma
- Retinal problems (eg detachments, diabetes, degeneration)
- Vascular thrombosis, occlusions and bleeds
- Neurological disorders (eg cranial nerves, optic neuritis)
- Trauma and foreign bodies

3.11.3 In terms of dermatology candidates should identify and manage common skin conditions such as:

- Acne
- Candidiasis
- Chronic skin ulcer
- Congenital abnormalities eg birthmark
- Dermatophytosis
- Eczema: atopic, seborrhoeic, infantile, contact
- Haemangioma / lymphangioma
- Herpes simplex
- Herpes zoster
- Impetigo
- Infections eg cellulitis, erysipelas,
- Ingrowing nail
- Lipoma
- Neoplasms eg melanoma, basal cell carcinoma, squamous cell carcinoma
- Molluscum contagiosum
- Naevus / mole
- Nappy rash
- Pediculosis / skin infestations
- Pityriasis rosea
- Psoriasis
- Scabies
- Sebaceous cyst
- Solar keratosis / sunburn
- Sweat gland disease
- Urticaria

Candidates should also demonstrate an ability to identify and describe primary (eg vesicles, macules, papules) and secondary skin lesions (eg ulcers, erosions, crust), the distribution of a rash and any specific arrangement of the rash (eg annular, linear) in order to come up with a reasonable differential diagnosis when the diagnosis is not immediately apparent.

Specific clinical skills include:

Clinical topic	Clinical skills – aim is D for unshaded skills and C for shaded skills
ENT	Remove a foreign body from the ear
	Remove a foreign body from the nose
	Syringe, dry swab an ear
	Take a throat swab
	Manage epistaxis (cautery, packing)
	Assess hearing loss
	Suture a pinna, lobe
	Reduce a fractured nose
Skin	Interpret audiogram
	Skin patch testing (see also surgery)
Eyes	Fundoscopy (diabetes, hypertension), visual fields, visual acuity
	Instill drops or apply ointment
	Remove a foreign body in the eye, eversion of eyelid
	I&D a chalazion
	Suture an eyelid
	Test for squint
	Washout of eye (chemical burns)
	Subconjunctival injections
	Use a Schiotz tonometer

3.12 Consultation skills

Candidates should be able to demonstrate proficiency in the following communication and consultation skills:

Consultation	Patient-centred consultation (all ages)
	Holistic (3-stage) assessment and management
	Motivate behaviour change
	Break bad news
	Counselling skills for HIV, TOP, after rape
	Assess and consult couples, families
	Conduct a family conference
	Mini mental examination
	Support / consult with PHC nurse
	Use genogram and ecomap
	Use problem-orientated medical record
	Develop and use flowcharts for chronic care
	Cope with language barriers

4.0 READING/REFERENCES:

4.1 FAMILY MEDICINE CORE TEXTBOOKS AND RESOURCES:

- 4.1.1 Handbook of Family Medicine (Latest Edition)
Authors: Bob Mash and Julia Blitz (Eds)
Publisher: Oxford University Press
- 4.1.2 South African Family Practice Manual (Latest Edition)
Authors: Bob Mash and Julia Blitz (Eds)
Publishers: van Shaik Publishers
- 4.1.3 General Practice (Latest edition)
Author: John Murtagh
Publisher: Mc Graw-Hill Companies
- 4.1.4 Textbook of Family Medicine: (Latest edition)
Editor: Robert E Rakel
Publisher: Saunders Elsevier, Philadelphia
- 4.1.5 South African Family Practice Journal www.safpj.co.za
- 4.1.6 African Journal of Primary Health Care and Family Medicine www.phcfm.org
- 4.1.7 CME Journal www.cmej.org.za

4.2 OTHER RECOMMENDED TEXTBOOKS:

- 4.2.1 Handbook of Dermatology (Latest edition)
Editors: Norma Saxe, Sue Jessop, Gail Todd
Publisher: Oxford University Press
- 4.2.2 South African Medicines Formulary (Latest edition)
Produced by: Department of Pharmacology, Medical School, University of Cape Town
Publisher: Publications Department of the South African Medical Association
- 4.2.3 Concise Oxford Textbook of Medicine: (Latest edition)
Editors: JGG Ledingham and DA Warrell
Publisher: Oxford University Press
- 4.2.4 Clinical Examination (Latest edition):
Authors: Nicolas Talley and Simon O'Connor
Publisher: Blackwell Scientific Publication
- 4.2.5 Hutchinson's Clinical Methods (Latest edition)
Author: Michael Swash
Publisher: Bailliere Tindall
- 4.2.6 MacLeods Clinical Examination (Latest Edition)
Author: Munro
Publisher: Harcourt Publishers Limited

APPENDIX E

Table 1: New learning outcomes for leadership, clinical and corporate governance

The following components of this capability should be demonstrated by the candidate.

- 1.1 **Develop him or herself optimally as a leader by:**
 - 1.1.1 Demonstrating self-awareness and reflection in terms of one's personality, personal values, preferred learning and leadership styles, and learning and development needs
 - 1.1.2 Demonstrating effective methods of self-management and self-care
 - 1.1.3 Demonstrating willingness to seek help when necessary
 - 1.1.4 Demonstrating an ability for self-growth and personal development
- 1.2 **Offer leadership within the healthcare team and district health system by:**
 - 1.2.1 Communicating and collaborating effectively
 - 1.2.2 Demonstrating an ability to build capability, mentor or coach members of the healthcare team
 - 1.2.3 Demonstrating an ability to engage and influence others through advocacy, group facilitation, presentations, critical thinking, or behaviour change counselling
 - 1.2.4 Working effectively as a member of the sub/district healthcare team
- 1.3 **Describe and contribute to the functioning of the district healthcare system by:**
 - 1.3.1 Demonstrating an understanding of the principles of the district health system in the context of existing and developing national legislation and policy
 - 1.3.2 Demonstrating an ability to contribute to the management of a facility, sub-district, or district
- 1.4 **Lead clinical governance activities by:**
 - 1.4.1 Demonstrating the ability to lead a quality improvement cycle in practice
 - 1.4.2 Demonstrating the ability to build capability through training, teaching and mentoring others in the healthcare team [see unit standard 4.1]
 - 1.4.3 Facilitating reflection on health information (eg monitoring and evaluation, national core standards) in order to improve quality of clinical care (eg rational prescribing and use of investigations) in the sub/district
 - 1.4.4 Facilitating risk management processes and improving patient safety (eg conduct morbidity and mortality meetings, assess competence of new clinical staff, perform root cause analysis) in the sub/district
 - 1.4.5 Facilitating the implementation of clinical guidelines in the sub/district
 - 1.4.6 Critically reviewing new evidence (e.g. research) and applying the evidence in practice
 - 1.4.7 Contributing to the development or revision of guidelines by generating new evidence (eg perform research) or representing the viewpoint of the district health services in the process
- 1.5 **Understand and influence corporate governance:**
 - 1.5.1 Understand the principles of human resource management (eg labour relations, recruitment, disciplinary procedures, and grievances)
 - 1.5.2 Understand the principles of financial management (eg budgets, health economics, financial planning)
 - 1.5.3 Understand the principles of procurement and infrastructure (eg supply chain, equipment, buildings)
 - 1.5.4 Understand the principles of health information and record-keeping systems
 - 1.5.5 Understand the principles of rational planning of health services
 - 1.5.6 Be able to communicate effectively with those responsible for corporate governance

APPENDIX F

Certificate of completion of family medicine training (To be completed only by the Head of Department)

Last Name:	
First Names:	
Registrar/Resident registration number with professional body eg HPCSA	
I hereby declare that above named registrar/resident has completed the requirements for the FCFP(SA) Final Part A exam as follows:	
<ul style="list-style-type: none"> a. Successfully completed three years fulltime post-internship training in Family Medicine in a training programme approved by the College of Family Physicians of South Africa – CFP(SA) b. Obtained a current BLS, ACLS or ATLS certificate of competence or its equivalent (attach a certified copy) c. Submitted a successfully completed learning portfolio (which has been evaluated by the Head of department) 	
Name of Head of Department:	Qualifications:
Date:	Signature

APPENDIX G

Certificate of completion of research component (To be completed only by the Head of Department)

Last Name:	
First Names:	
Registrar/Resident registration number with professional body eg HPCSA	
I hereby declare that the above named registrar/resident has completed the requirements for the FCFP(SA) Final Part B as follows:	
a) Successfully completed four years fulltime post-internship training in Family Medicine in a training programme approved by the College of Family Physicians of South Africa – CFP(SA) b) Submitted an assessed MMed (Family Medicine) research dissertation/report (completed within the preceding 4 years) OR Accepted/published original article in a Family Medicine peer-reviewed journal as “first author” (completed within the preceding 4 years)	
Name of Head of Department:	Qualifications:
Date:	Signature

NB: A copy of the dissertation with examiner(s) reports or letter from the recognised university body confirming that the dissertation has been passed or accepted/published original article must accompany Appendix G