



CMSA

The Colleges of Medicine of South Africa NPC

Nonprofit Company (Reg No.1955/000003/08)
Nonprofit Organisation (Reg. No. 009-874 NPO)
Vat No. 4210273191

27 Rhodes Avenue, PARKTOWN WEST, 2193

Tel: +27 11 726 7037; Fax: +27 11 726 4036

Website: www.cmsa.co.za

General: Academic.Registrar@cmsa.co.za

JOHANNESBURG OFFICE

EXAMINATIONS & CREDENTIALS

October 2023

REGULATIONS

FOR ADMISSION TO THE FELLOWSHIP OF

THE COLLEGE OF PAEDIATRICIANS OF SOUTH AFRICA

FC Paed(SA)

1.0 COMPONENTS

The examination comprises Part I and Part II: Part II must be passed within six years of passing Part I, failing which Part I will have to be repeated.

2.0 PURPOSE OF ASSESSMENT

This qualification forms part of a process to accredit medical practitioners as specialists in Paediatrics and Child Health. The Health Professions Council of South Africa (HPCSA) stipulates training requirements, including a minimum period of experiential learning. It is usual for the examination to be taken and passed prior to the completion of the required period of supervised learning specified by the HPCSA. The aim of this qualification is to meet the needs for formal examination certification, as well as to set standards, nationally, for such a qualification.

3.0 ADMISSION TO THE EXAMINATION

(Read in conjunction with the Instructions for Admission to CMSA Examinations)

https://www.cmsa.co.za/force_download.aspx?documentid=41566B45323039313441566B45&name=Instructions%20for%20Admission%20to%20CMSA%20Examinations

Part I

3.1 A candidate may be admitted to Part I/Primary of the examination having a qualification to practice medicine which is registered or registrable as a Medical Practitioner with the HPCSA.

3.1.1 The CMSA Senate, through its Examinations and Credentials Committee, will review the eligibility of candidates (this may include their professional and ethical standing) before admission to the examination is accepted.

Part II

3.2 A candidate may be admitted to the Part II examination if he/she has:

3.2.1 passed Part I or intends taking Parts I and II concurrently

3.2.2 been qualified to practice medicine for a period of not less than five years, including the two years of internship

3.2.3 completed a minimum of **30 months** of full-time training in an approved paediatric registrar post with an HPCSA registrar number at the time of **writing** the examination **OR** has satisfactorily completed 48 months of training even if they no longer have an HPCSA training number

3.2.4 successfully completed a recognised paediatric life support course (e.g. APLS or PALS) within the last 5 years. (Applicable from Second Semester 2024)

- 3.3 Portfolios for the FC Paed(SA) Part II examination do not have to be submitted to the CMSA for evaluation. Your letter from your head of department must confirm that your portfolio has been submitted and has been accepted. It is recommended that all candidates entering into their registrar training from 1 January 2019 use the LogBox online portfolio. This is a free service and the app is available in both Apple and Android format. Please register at www.logbox.co.za.¹

The Council of the College of Paediatricians will call for a sample of portfolios from each University for audit purposes. If your portfolio is selected, your head of department will be contacted and the CMSA will arrange for its collection and return.

Please note that if your Portfolio is found to be unacceptable you may be required to delay writing the exam until the next semester. Fees will not be forfeited.²

3.4 CONCURRENT ADMISSION TO PARTS I AND II

- 3.5 Part I and Part II may be taken concurrently if all training requirements for entry into Part I and Part II have been completed.
- 3.6 If the candidate at one and the same examination session passes Part I but fails Part II, s/he will receive credit for Part I and may proceed to Part II at a subsequent examination.
- 3.7 If the candidate at one and the same examination session fails Part I but passes Part II, no credit will be given for passing Part II.

4.0 FORMAT OF THE EXAMINATION

Part I - FORMAT OF EXAMINATION AS FROM FIRST SEMESTER 2018.³

- 4.1 A written examination comprising **TWO** digital papers each containing multiple choice questions (MCQs)
- 4.1.1 Each MCQ paper will have 75 questions.
- 4.1.2 Each MCQ paper will be of 3 hours duration.
- 4.1.3 A single mark will be awarded for the 150 MCQs combined.
- 4.1.4 All questions will be single best response (A-type) MCQs.
- 4.1.5 The MCQ papers will be published in English only
- 4.1.6 The papers will cover applied basic clinical sciences, including anatomy, embryology, physiology, biochemistry, pathology, microbiology, genetics, epidemiology, biostatistics, evidence-based medicine, pathophysiology, pharmacology, and the diagnosis and principles of management of common paediatric conditions
- 4.1.7 The pass mark for the examination will be determined using a Cohen multiplier plus 1 standard error of measurement applied to the mark obtained by the student at the 90th centile. Negative marking will not apply to the MCQ examination and there will be no 'correction for guessing' formula applied. Candidates are therefore encouraged to answer all items in the test.

Part II - FORMAT OF EXAMINATION AS FROM FIRST SEMESTER 2018.⁴

- 4.2 The examination will consist of a digital written examination and a Comprehensive Clinical Assessment
- 4.2.1 **Written examination:**
- 4.2.1.1 The written examination shall consist of two papers each containing multiple choice questions (MCQs).
- 4.2.1.2 Each MCQ paper will have 75 questions.
- 4.2.1.3 Each MCQ paper will be of 3 hours duration
- 4.2.1.4 A single mark will be awarded for the 150 MCQs
- 4.2.1.5 All questions will be single best response (A-type) MCQs.
- 4.2.1.6 The MCQ papers will be published in English only
- 4.2.1.7 The papers will cover clinical, community, social and ambulatory paediatrics, ethics, health policy and programmes, and common paediatric problems from other disciplines, including paediatric surgery, dermatology and psychiatry.

4.2.1.8.../

¹ LogBox recommendation effective for new Registrars – 1 January 2019

² Effective as of FS 2021 examinations

³ Format change effective FS 2018

⁴ Format change effective FS 2018

- 4.2.1.8 Candidates who fail the written component of the examination will not be invited to the clinical examination.
- 4.2.1.9 The pass mark for the examination will be determined using a Cohen multiplier plus 1 standard error of measurement applied to the mark obtained by the student at the 90th centile. Negative marking will not apply to the MCQ examination and there will be no 'correction for guessing' formula applied. Candidates are therefore encouraged to answer all items in the test.
- 4.2.2 Candidates who achieve the required marks in the written component of the examination but who fail the clinical examinations will be exempt from the written component of the next examination session. Such exemption applies to one sitting only and must be exercised in the following semester.

4.3 **Comprehensive Clinical Assessment.**

The clinical examination is in the format of the Comprehensive Clinical Assessment (CCA).

SEE SEPARATE DOCUMENTS:

- CCA guidelines: November 2015
- CCA ANCHOR STATEMENTS
- CCA MARKSHEETS

A pass in the Comprehensive Clinical Assessment requires achieving 50 or more judgement points in the examination.

4.4 **The requirements for passing the examination are:**

A pass mark in the written examination **AND**

A pass in the Comprehensive Clinical Assessment (i.e. 50 or more **judgement points** in the assessment).

5.0 ADMISSION AS A FELLOW

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

5.2 **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)

5.3 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

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

5.5 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.

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

APPENDIX A

SYLLABUS FOR PART I EXAMINATION

NOTE WELL: THESE GUIDELINES SHOULD NOT BE REGARDED AS THE SYLLABUS, WHILE IT IS THE INTENTION OF THE COLLEGE OF PAEDIATRICIANS TO ASSIST CANDIDATES BY COVERING AS MUCH OF THE SYLLABUS AS POSSIBLE, EXAMINERS ARE NOT BOUND BY THESE GUIDELINES, AND ARE FREE TO INCLUDE RELEVANT ASPECTS OF PAEDIATRICS NOT INCLUDED IN THE FOLLOWING LISTS.

It is the consensus of the College of Paediatricians that preparation for the Basic Sciences examination should include the following:

1.0 Neonatology

1.1 Normal and common pathological states related to:-

- Initiation of respiration
- Circulatory adaptations to extra-uterine life
- Bilirubin metabolism
- Thermoregulation
- Surfactant production
- Oxygen transport
- Neonatal immune function
- Neonatal metabolism (particularly carbohydrate and protein)
- Neonatal renal function
- Primitive reflexes
- Assessment of intra-uterine growth and foetal well-being
- Placental transfer of hormones, nutrients and drugs
- Lactation

1.2 Embryology, anatomy, growth and development, normal physiology, and common pathological states of the following systems:

1.2.1 Respiratory System, including

- Surfactant physiology and biochemistry
- Pulmonary ventilation and perfusion
- Oxygen transport
- The role of the lung in acid-base balance
- Control of respiration
- Lung volumes
- Lung compliance and resistance
- Tests used in the assessment of lung function, and the interpretation thereof

1.2.2 Cardiovascular System, including

- Cardiac cycle
- Circulatory and blood-pressure control
- Cardiac failure (preload, afterload, contractility)
- Shock
- Basic electrocardiology and the ECG
- Tests used in the assessment of cardiac function, and the interpretation thereof

1.2.3 Gastro-intestinal tract, including

Digestion and absorption of carbohydrates, fats and proteins

- Vitamins and trace elements
- Secretory functions of the gastro-intestinal tract
- Enterohormones
- Functions of the liver and pancreas
- Tests used in the assessment of gastro-intestinal tract function and the interpretation thereof

- 1.2.4 Genito-urinary System, including
 - Role of the kidney in maintenance of circulatory volume
 - Erythropoiesis
 - Acid-base and sodium and potassium homeostasis
 - Osmolality
 - Vitamin D metabolism
 - The renin-angiotensin system
 - Basic tubular and glomerular failure
 - Acute and chronic renal failure
 - Control of micturition
 - Tests used in the assessment of renal function and the interpretation thereof
- 1.2.5 Endocrine System, including
 - General principles of hormones
 - Receptors
 - Specific organs
 - Hypothalamus
 - Hypophysis
 - Thyroid and parathyroids
 - Kidney and Adrenal glands
 - Gonads
 - Sexual differentiation
 - Changes occurring at puberty
 - Pancreas
 - Tests used in the assessment of endocrine function and the interpretation thereof
- 1.2.6 Neurological System, including
 - The brain and cranial nerves
 - Blood supply of the brain and spinal cord
 - Brachial and sacral plexus
 - Motor function, tone and reflexes
 - Sensory functions
 - CSF composition, secretion and circulation
 - The blood-brain barrier
 - Neurotransmitters
 - The neuromuscular interaction and muscle contraction
 - Tests used in the assessment of brain (eg EEG, evoked potentials), nerve and muscle function and the interpretation thereof
- 1.2.7 Immune System, including
 - Congenital and acquired immunodeficiency
 - The reticulo-endothelial system
 - Cellular and humoral immunity
 - Allergic reactions
 - The complement system
 - Interferon
 - Leukotrienes
 - Tests used in the assessment of immune function and the interpretation thereof
- 1.2.8 Haematological System, including
 - Composition and properties of blood
 - Red and white blood cells
 - Haemopoiesis
 - Haemoglobin synthesis and degradation
 - Platelet function
 - Coagulation
 - Haemostasis and fibrinolysis
 - Haematinics
 - Blood groups
 - Tests used in the assessment of haematological function and the interpretation thereof

1.3 The following basic areas should be covered**1.3.1 Body fluids, including**

- Fluid compartments
- Osmolality
- Acid-base balance
- Ascites
- Oedema
- Effusions
- Exudates and transudates

1.3.2 Nutrition and Metabolism, including

- Vitamin D and calcium metabolism
- Other vitamins
- Iron metabolism
- Trace elements
- Neonatal and infant feeding

1.3.3 Principles of genetics, including

- Modes of inheritance
- Antenatal diagnosis

1.3.4 Miscellaneous aspects of cellular structure and function, including

- Cell membrane and organelles
- Transport mechanisms
- DNA and RNA synthesis
- Protein synthesis
- Nucleic acids and nucleotides
- Protein, fat and carbohydrate metabolism
- Glycolysis and gluconeogenesis
- The citric acid cycle and oxidative phosphorylation
- Enzymes
- Cholesterol metabolism
- Lipoproteins
- Prostaglandins
- Endorphins
- Leukotrienes

1.4 Candidates should be familiar with aspects of microbiology and virology, including

- A working knowledge of the pathophysiology of diseases caused by bacteria, including Streptococci, Pneumococci, Staphylococci, Neisseria, Haemophilus influenzae, Bordetella, E coli, Salmonella and Shigella species, Cholera, Pseudomonas, Yersinia, Brucella, Diphtheria, Listeria, Tetanus, Mycobacteria, Spirochaetes, Chlamydia, Campylobacter. Where relevant, candidates should be aware of bacterial structure, classification and serotyping.
- A working knowledge of the morphology and classification of viruses and the pathophysiology of diseases caused by viruses commonly encountered in paediatric practice, including HIV.
- A working knowledge of the pathophysiology of diseases caused by parasites.
- A working knowledge of the diseases caused by fungi and rickettsiae.

1.5 Candidates should have an understanding of pharmacodynamic principles and be aware of the mode of action of drugs used in paediatric practise**1.5.1 Pharmacodynamics, including**

- Drug absorption
- Importance of ionic status
- Transfer across membranes, blood-brain barrier and the placenta
- Binding
- Biotransformation
- Excretion
- Dosage schedules and blood levels
- Drug receptor sites

1.5.2 Drugs used, including

- Antibiotics, antivirals, antiretrovirals and antihelminthics
- Antihypertensives
- Bronchodilators
- Cardiac – anti-arrhythmics, inotropes
- Diuretics
- Chemotherapeutic agents
- Antipyretics and anti-inflammatory agents
- Antihistamines
- Sedatives and tranquillisers
- Anticonvulsants

Candidates should also have a working knowledge of the manifestations of overdose with therapeutic agents, and of poisoning with other agents, and should be aware of the principles of management of poisoning.

1.6 **Candidates should have a working knowledge of terms, values and tests used in scientific studies, including**

- Normal distribution
- Mean, median, mode
- Standard deviation
- Null hypothesis
- Sensitivity and specificity
- P values and confidence intervals
- Tests used to test differences between means of normally and abnormally distributed data (t-test, Mann-Whitney)
- Tests for frequencies (Chi square, Fisher's exact)

APPENDIX B**SYLLABUS FOR PART II EXAMINATION**

1.0 In broad terms the examination will cover the principles and practice of paediatrics and child health

2.0 COURSE OBJECTIVES:

2.1 The knowledge and application of appropriate basic sciences relevant to the practise of paediatrics and child health in South Africa.

2.2 The acquisition of problem solving skills and development of attitudes which would enable specialists to respond to the needs of children in the society.

2.3 Instilling in candidates the highest ethical principles.

2.4 The acquisition of knowledge and competence to

- promote health
- prevent disease
- deal effectively with common and life-threatening paediatric problems
- recognise uncommon diseases and refer these together with the serious problems of common diseases, where necessary, for sub-speciality care.

A Fellow of the College of Paediatricians should remain a student and a teacher, should be able to become a member of a health team and to acquire basic administrative and management techniques necessary for the practice of paediatrics and child health.

In the attainment of the above, attention must be given to the following:

2.5 Problem solving skills should be acquired through experience in handling of problems of infants and children at all levels of health care (primary, secondary and tertiary).

2.6 The development of proper attitudes should derive from humane and responsible interactions with all individuals and institutions involved in child care but especially with children, their parents and families.

2.7 Ethical principles should be learned from role models and texts and journals devoted to this subject and from the application of these principles in the approach to all individuals and institutions involved in child care but especially to children, their parents and families.

2.8 Basic scientific methods should be mastered and applied regularly to the solution of problems in paediatrics and child health.

2.9 During the course of the FC Paed(SA) training, experience should be obtained in working as an integral part of a health team.

2.10 Administrative and management duties should be assigned to FC Paed(SA) candidates during their training in the various Departments of Paediatrics and Child Health.

In addition to topics which are covered during the in-service training programme, trainees are expected to have knowledge of advances in physiology and biochemistry applicable to paediatrics, and coverage of review articles and editorial comment in appropriate medical journals is recommended as part of the trainee's preparation, particularly for Part II of the examination.

Recommended reading for FC Paed(SA) Part I MCQ examination

Whilst there are no standard or prescribed textbooks nor any single definitive resource to use to prepare for the MCQ examinations, regular use of the following resources will allow for adequate examination preparation.

A. Textbooks			
	Resource	Advantages	Disadvantages
1	<p>The Science of Paediatrics: MRCPCH Mastercourse Editor Tom Lissauer Deputy editor Will Carroll Elsevier 2017 ISBN: 978-0-7020-6313-8</p> <p>You should be able to obtain a copy for about R3450.00 or via Clinical Key through your university.</p>	<p>This book will cover about 75% of the material that you need know for the Part I examination. Even though you will need to read widely, and read from different sources to ensure that your information is updated, we recommend that this book should be the first book that you read for your examination preparation.</p> <p>The book is well written and illustrated, and will give you adequate foundational knowledge that will make subsequent reading (from other sources) easier to understand.</p>	<p>The book is focused on paediatric practise in the United Kingdom. Thus, references to legal and community-based parameters and their impact on aspects of paediatric practice will need to be read in conjunction with local publications such as Child Health for All (6th edition, 2021.)</p>

Recommended reading for FC Paed(SA) Part II MCQ examination

Whilst there are no standard or prescribed textbooks nor any single definitive resource to use to prepare for the MCQ examinations, regular use of the following resources will allow for adequate examination preparation.

A. Textbooks			
	Resource	Advantages	Disadvantages
1	Nelson Textbook of Pediatrics (International Edition) 20 th Edition; 2016. Should be able to obtain a copy for about R1650.00.	A thorough and comprehensive overview of general paediatrics. Even though the book is comprehensive, it assumes that you have a very good background in undergraduate paediatrics. Provides excellent diagnostic and management approaches and algorithms to a range of common paediatric conditions.	Focused on paediatric practise in the United States. For example, immunisation schedules and management options are not necessarily applicable to South Africa. Newer drugs and specialised investigations may not be available in South Africa, and the book should always be read in conjunction with the Standard Treatment Guidelines and Essential Medicines List for South Africa: Hospital Level Paediatrics; Smartphone App as this is regularly updated. Even though this is a comprehensive text, the chapters on individual diseases/conditions are concise – these individual chapters cannot match the scope and “up-to-dateness” of information found in journal articles.
2	Rudolph's Pediatrics, 23rd Edition; 2018 Prices from R2800.00 to R3500.00.	See comments above. This edition of Rudolph differs substantially in style and presentation to previous versions, but is nonetheless an excellent general paediatric textbook.	See comments above. Should use ONE of the major textbooks (i.e. either “big Nelson” or “big Rudolph” regularly).
3	Nelson Essentials of Pediatrics (International Edition), 8th Edition; 2019 [“Baby Nelson’s”] About R1400.00 [“Baby Rudolph’s or Rudolph’s Fundamentals of Pediatrics 3 rd edition was last published in 2002 and outdated to be recommended currently].	This is an entry-level general paediatric textbook with an emphasis on common paediatric problems and emergencies. It assumes that you are reasonably familiar with undergraduate medical terminology and concepts, and provides a very good reading platform for acquiring basic knowledge in general paediatrics. If you are struggling to understand basic concepts or struggle to comprehend the text in the larger Nelson or Rudolph textbooks, this is a good starting book.	Focused on paediatric practise in the United States. For example, immunisation schedules and management options are not necessarily applicable to South Africa. Newer drugs and specialised investigations may not be available in South Africa, and the book should always be read in conjunction with the Standard Treatment Guidelines and Essential Medicines List for South Africa: Hospital Level Paediatrics; Smartphone App. Does not always contain the breadth or depth of knowledge required for the Part II FCPaed examinations.

4	<p>Coovadia's Paediatrics and Child Health 7th edition; 2014</p> <p>About R800.00</p>	<p>Written mainly by South African experts and very useful for understanding common paediatric problems in low-to-middle-income settings.</p> <p>Although aimed at undergraduate students, it is a textbook that you should be very familiar with (for the obvious reason stated above)</p>	<p>Limited in breadth and does not always contain the depth of knowledge required for the Part II FCPaed examinations.</p> <p>Individual chapters cannot match the scope and "up-to-dateness" of information found in journal articles.</p>
5	<p>Child health for all (Paperback, 5th Revised edition); 2013</p> <p>About R550.00</p>	<p>Written mainly by South African experts and very useful for providing a broad social context to common paediatric problems in Southern Africa. Useful for understanding "social, ambulatory and community" paediatrics.</p> <p>Although a new edition is needed, this is also a textbook that you should be very familiar with</p>	<p>Needs updating. Need to cross-reference on-line resources to keep up to date with latest information on relevant SA child health policies, child health programmes, legislation, etc.</p>
6	<p>Standard Treatment Guidelines and Essential Medicines List for South Africa: Hospital Level Paediatrics; Smartphone App.</p> <p>Free (Although only available as an electronic resource, do not regard as a textbook as provides limited information on each condition and focuses on management)</p>	<p>Written by local experts, and should be the first "go-to" book to obtain advice on management (diagnostic and therapeutic).</p>	<p>Limited in breadth and depth (as the focus is appropriate management in SA state hospital settings), so more in-depth and extensive knowledge required for the Part II FCPaed examinations.</p>
7	<p>Zitelli and Davis' Atlas of Pediatric Physical Diagnosis, 7th Edition; 2017/8</p> <p>Cost unknown (6th Edition is about R2300.00)</p>	<p>An excellent paediatric atlas – broad and extensive. This is an extremely good book to use as an adjunct when reading – the pictures in this atlas are superb.</p> <p>Use an older edition if you cannot a recent one – the photographs and illustrations remain relevant!</p>	<p>Read in conjunction with one of the major textbooks. Focused on paediatric practise in the United States.</p>

B. Electronic resources			
	Resource	Advantages	Disadvantages
8	UpToDate	Written by international experts. Knowledge is continuously updated and current.	Expensive! Not available at all South African Medical Schools. Use in conjunction with the Standard Treatment Guidelines and Essential Medicines List for South Africa: Hospital Level Paediatrics; Smartphone App – some investigations and therapies may not be available in South Africa.
9	MedScape (including eMedicine)	Free (but need to register) Written by experts. Quizzes are a very useful learning tool. Fairly extensive paediatric database.	Advertisements shown. Use in conjunction with the Standard Treatment Guidelines and Essential Medicines List for South Africa: Hospital Level Paediatrics; Smartphone App – some investigations and therapies may not be available in South Africa.
10	Other: Scan for WHO (World Health Organization) and South African guidelines/updates for topics such as severe acute malnutrition, tuberculosis, HIV, and malaria (amongst others).	Updated information. Management is usually relevant to low-to-middle-income settings.	
11	SCAP (Social, community and ambulatory paediatric resources): a. South African Child Gauge; b. WHO South Africa country profile (https://www.who.int/countries/zaf/en/) c. Use the blueprint topics in internet search engines to identify relevant South African resources.		

C. Journals			
	Resource	Advantages	Disadvantages
12	<ul style="list-style-type: none"> a. New England Journal of Medicine b. The Lancet c. Pediatrics d. Journal of Pediatrics e. Archives of Diseases in Children (including ADC F&N edition and ADC E&P edition) f. JAMA Pediatrics g. Journal of Paediatrics and Child Health h. Paediatrics & Child Health 	<p>Major international research studies that impact on child health/report new disease(s) are likely to be published as original studies and/or commentaries or editorials in these journals. In addition, scan these journals for review-type articles</p> <p>At a minimum, try to scan journals published in the last 5 years because some of the findings may not be captured in the textbooks and electronic resources described above.</p> <p>Suggested approach to scanning Journal articles:</p> <ol style="list-style-type: none"> 1. Review articles in Lancet 2. Review articles in NEJM 3. ADC E&P 4. PCH 5. ADC F&N 6. ADC 7. JPCH 8. Pediatrics 9. JAMA Pediatr 10. J Pediatr 	<p>Most papers are focused on paediatric health problems common in high-income settings. All journals may not be accessible at all SA Medical Schools.</p>
13	<ul style="list-style-type: none"> a. South African Medical Journal b. South African Journal of Child Health 	<p>Local paediatric studies/ Local guidelines/ MMed research findings that have local relevance will be published here.</p>	

APPENDIX C

BLUEPRINT FC Paed(SA) Part I

For both FC Paed(SA) Part I and Part II the examiners selected by the College are asked to provide the convenor with a range of multiple choice questions (MCQs) (single best answer). The examination is set using a blueprint outlining the desired number of MCQs in each component. The papers are reviewed by an Examination Review Committee. This committee considers the relevance, validity, style and comprehensibility and level of difficulty of each question.

Here is a blank blueprint for the FC Paed(SA) Part I written examination.

Systems	Anatomy	Embryology	Physiology	Biochemistry	Immunology	Genetics	Pathology	Microbiology	Pharmacology	Aetiology	Pathophysiology	Statistics & EBM	Behavioural	Clinical diagnosis	Investigations	Management	Other	Total
Accidents and Emergencies																		
Adolescent																		
Bone and joint																		
Cardiovascular																		
Development																		
Language, hearing and vision																		
Endocrine and metabolic																		
Ear, nose and throat																		
Fluid and electrolytes																		
Gastrointestinal																		
Growth																		
Haematology and oncology																		
HIV																		
Infections																		
Liver																		
Neonatology																		
Neurology																		
Nutrition and infant feeding																		
Renal and genito-urinary tract																		
Respiratory																		
Skin and soft tissue																		
Surgical																		
Ethical principles																		
Multi-system																		
Non-specific																		
Other																		
Total																		150