



# 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](http://www.cmsa.co.za)

General: [Academic.Registrar@cmsa.co.za](mailto:Academic.Registrar@cmsa.co.za)

JOHANNESBURG OFFICE

**EXAMINATIONS & CREDENTIALS**

February 2022

**THE COLLEGE OF PSYCHIATRISTS OF SOUTH AFRICA**

**R E G U L A T I O N S**

**FOR ADMISSION TO THE EXAMINATION FOR THE**

**POST-SPECIALISATION**

**SUB-SPECIALTY CERTIFICATE**

IN

**NEUROPSYCHIATRY**

**Cert Neuropsychiatry(SA)**

**1.0 COMPONENTS**

The examination comprises a single exit examination.

**2.0 PURPOSE OF ASSESSMENT**

This qualification forms part of a process to accredit well-trained, competent neuropsychiatrists to attend to the requirements of providing services to individuals with behavioural and psychiatric consequences of brain disease.

Some of these neuropsychiatrists will contribute to academic needs such as training health and related professionals and conducting research. Regarding the latter, Fellows should display involvement in clinical research as supported by a short description in the Portfolio of Learning. Such involvement may take the form of a co-investigator role on a larger project in the training unit; write up of a case series (published or unpublished); presentation of a poster or oral at a conference; or conduct of a systematic literature review on a relevant topic.

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 attempted prior to the completion of the required period of supervised learning specified by the HPCSA. The aim of these regulations 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) Website link

**3.1 For admission to the examination the candidate must:**

3.1.1 be registered or be able to register as a specialist psychiatrist with the Health Professions Council of South Africa.

3.1.2. have not less than 18 months satisfactory fulltime experience as the holder of a clinical appointment as sub-specialist trainee acceptable to the CMSA Senate or its Examinations and Credentials Committee at the time of sitting the examination. Training must occur under the direction of a registered neuropsychiatrist within an accredited neuropsychiatry unit.

The total minimum duration.../

The total minimum duration of full-time training is 24 months. Part-time training at no less than 50% weekly effort, and up to a maximum of 4 years training is acceptable, based on the needs and resources of individual training centres.

- NB Training is valid for a period of three years from the date of completion in a numbered subspecialty training post. Candidates who do not successfully complete the subspecialty examination within this period must motivate with support from their HOD to the College of Psychiatrists for a once-off extension.
- 3.1.3. have submitted to the CMSA a letter from the head of department or neuropsychiatry unit confirming acceptance of the neuropsychiatry portfolio of learning. The portfolio must be retained in the respective department for 3 years for the purposes of possible audit.
- 3.1.4. receive satisfactory supervised experience and training, as defined in the curriculum, in the fields of clinical neuropsychiatry, applied neurology, applied neuropsychology, applied neuroimaging, psycho-pharmacology and relevant psycho-legal aspects. If facilities are not available, alternative arrangements which provide equivalent experience can be submitted in advance for approval by the CMSA Senate or its Examinations and Credentials Committee.
- 3.1.5. On application to the CMSA Senate, exemption may be granted from part of the examination or certain requirements for those who present evidence of acceptable training and/or examination in one of the Colleges with **which there is an arrangement or reciprocity**.

#### **4.0 FORMAT OF THE EXAMINATION**

The examination comprises two components, an online written and a clinical section; the written examination must be passed in order to be eligible for the clinical examination.

##### **4.1 Transition from the DSM-IV-TR to the DSM-5: Fellowship in Neuropsychiatry**

With the publication of the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5), the College of Psychiatrists (Colleges of Medicine of South Africa) has taken a decision, going forward, to adapt the content and format of the examinations to conform to the DSM-5.

As the Fellowship in Neuropsychiatry will only take place from March 2016, candidates will be required to be fully versed in the DSM-5 classification system for both the written and clinical/oral examinations. They will be required to familiarise themselves with DSM-5 criteria and both the long case presentation and diagnostic formulation should conform to the DSM-5.

#### **CONDUCT OF THE EXAMINATION**

##### **4.1 Written**

- 4.1.1. ONE online written paper of 3 hours comprising a minimum of four questions, the format of which may vary.
- 4.1.2. Candidates must write the paper at one single sitting of the examination of the Colleges of Medicine of South Africa
- 4.1.3. In order to pass the written paper and be eligible for the clinical component of the examination, a candidate must:
- ❖ Pass the written examination with a minimum mark of 50% in at least three or four questions  
AND
  - ❖ and an overall mark of 50% (weighted 40% of the final mark)

##### **4.2 Clinical/Practical/Oral examinations comprising:**

###### **4.2.1 In-person clinical examination**

The candidate will be expected to examine and assess one long case and one short case.

Long case: the candidate will be given ONE hour to assess the patient and 15 minutes to complete the case preparation. Case presentation will be 25 minutes, with 35 minutes for questions from examiners. This may include review of the patient and/or special investigations.

Short case: the candidate will be given 30 minutes to assess the patient, and 10 minutes to prepare the presentation. The presentation will be 15 minutes, with 25 minutes for questions.

Venue as per timetable

###### **4.2.2 Weighting of examination:**

- Written Examination – 50%
- Clinical Examination – 50%

**Criteria for passing the examination:**

BOTH the written AND the combined Oral/Clinical/Practical examination must be separately passed as defined above, each with 50% or more. There is no sub-minimum within the written or the clinical examinations.

**Note:**

A candidate must attempt the examination no longer than 3 years after completion of sub-specialist training. Re-certification will be required if the examination is not passed within 2 years of completion of training.

**5.0 ADMISSION AS A SUBSPECIALIST CERTIFICANT**

5.1 The candidate having passed the examination and having been admitted as a Certificant in the Subspecialty in Neuropsychiatry of the College of Psychiatrists of South Africa, will be asked to sign a declaration, as under:

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 objects 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)

5.2 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 Subspecialty Fellowship

5.3 A Subspecialty Certificant shall be entitled to the appropriate form of Subspecialty Certificate under the seal of the CMSA

5.4 In the event of a candidate not being awarded the Subspecialty Certificate (after having passed the examination) the examination fee shall be refunded in full

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

## APPENDIX A

### GUIDELINES TO THE SYLLABUS FOR THE SUB-SPECIALIST CERTIFICANT IN NEUROPSYCHIATRY(SA)

This document is meant as a guide to important topics, which candidates can expect to meet in the examinations. It does not, however, exclude a basic knowledge of other aspects of these subjects that may be relevant to psychiatry or recent advances that may follow the publishing of these guidelines.

#### 1.0 Overall training objectives:

Note: these objectives apply primarily to the practice of neuropsychiatric disorders in adults, but a basic knowledge of the developmental trajectory of disorders across the life-span is required.

1. To develop a sound knowledge base of the principles underlying neuropsychiatric practice, in relation to neuroanatomy, neurophysiology, neurochemistry and neuropharmacology.
2. To gain first hand experience of common neuropsychiatric disorders and become competent in their diagnosis and management.
3. To develop an expertise in the use and interpretation of specialized neuropsychiatric investigations, in particular neurophysiology (eg electroencephalography), neuroimaging and neuropsychology.
4. To be competent in the recognition and management of common psychiatric and neurologic disorders, including in- and out-patients.
5. To develop specialized skills in the physical treatments in neuropsychiatry, but without ignoring the principles of psychotherapeutic and rehabilitative approaches.
6. To develop skills in the critical evaluation of research evidence in the pathophysiology, phenomenology and treatment of neuropsychiatric disorders.
7. To conduct research to improve the empirical basis of neuropsychiatric knowledge and practice.
8. To act as advocates for sufferers of neuropsychiatric illnesses, and to contribute to the development of the profession.
9. To be able to provide insights into medico-legal aspects of neuropsychiatric disorders.

#### 2.0 Curriculum:

##### 2.1 Applied neuro-anatomy:

- Brain structure at the macroscopic and microscopic levels, in particular the knowledge of neuronal networks, the limbic system, the neuroanatomical substrates of memory and the frontal executive system.
- CNS structure-function correlations.
- Neurochemistry, especially neurotransmitter and receptor function.

##### 2.2 Clinical neuroscience:

- The molecular biology of psychiatric disorders
- Neuropsychopharmacology
- Applied neurophysiology, and their application to diagnosis and treatment of neuropsychiatric disorders.
- The basic principles of genetics and immunology as they apply to the CNS.
- The basic principles of neuroimaging and their application to diagnosis and assessment of neuropsychiatric disorders.

##### 2.3 Neuropsychiatric disorders

By the completion of training, neuropsychiatry trainees should be knowledgeable about the epidemiology, aetiology, psychopathology, clinical features, and course of neuropsychiatric disorders, including concepts of impairment, disability and handicap.

- The incidence and prevalence of neuropsychiatric illnesses in various populations.
- The phenomenology of organic brain syndromes, including non-specific and atypical presentations of illness such as 'pseudodementia', 'masked' depression, 'conversion' disorders and behavioural disorders.
- Diagnostic classification of neuropsychiatric diagnoses, including DSM-based, as well as international systems- for example the NINDS criteria for Alzheimer's disease.

- The natural history.../

- The natural history of the disease process in neuropsychiatric disorders, which enables identification of:
  - a) the severity of the disease;
  - b) the urgency of the need for treatment
  - c) the stage of the illness;
  - and
  - d) the prognosis.
- The assessment of common neuropsychiatric disorders, including the following:
  - Cognitive disorders: including Dementias and Pre-dementia syndromes
  - Neurologic infections including HIV
  - Seizure disorders
  - Movement disorders
  - Traumatic brain injury
  - Secondary psychiatric disorders, ie psychosis, depression, mania and anxiety disorders secondary to 'organic' brain disease
  - Substance-induced psychiatric disorders – alcohol, drugs of abuse, etc.
  - Attentional disorders (adult ADHD and related syndromes)
  - Developmental disorders
  - Sleep disorders
- Appropriate management plans for neuropsychiatric disorders including:
  - interpretation of medical, neuro-psychological, psychological and neurodiagnostic investigations and assessments, including CSF, EEG, neuro-radiology;
  - the use of psychopharmacology, ECT and other physical treatments including the frequency and management of side effects;
  - application of psychotherapies, including supportive, behavioural, cognitive-behavioural, group and family therapies;
  - strategies that meet the needs of carers including the role of self-help groups;
- Contextual factors including:
  - principles underlying the choice and integration of services and interventions in neuropsychiatry, including the evidence base and relative cost effectiveness;
  - The principles of medico-legal aspects to the practice of neuropsychiatry, with particular emphasis on mental health and guardianship legislation, including its local application, testamentary capacity, enduring power of attorney, informed consent, assessment of older offenders and fitness to plead.
  - Prevention and health promotion in Neuropsychiatry:

#### 2.4 **Research method**

By the completion of training, neuropsychiatry trainees should be knowledgeable about the principles of scientific method in their practice and the use of this knowledge to evaluate developments in neuropsychiatric research. In general, candidates should be able to critically evaluate commonly used experimental designs such as appear in the (neuro) psychiatric literature. Candidates are also expected to be able to plan simple research projects in a scientific manner. This involves a basic knowledge of data-gathering systems. An approach to descriptive and inferential statistics is expected.

#### 2.5 **Professionalism**

By the completion of training, neuropsychiatry trainees should be knowledgeable about the principles of medical ethics, the development of professional attitudes and mechanisms for the development and maintenance of clinical competence, acknowledging the need for professional and public accountability.

**3.0 Skills:****3.1 Health promotion**

By the completion of training, the neuropsychiatry trainee should be able to apply specific knowledge of the principles and processes of health promotion and illness prevention:

- Recognise and address risk factors for common neuropsychiatric problems in the community, in hospitals and in long term care, such as falls, confusion and depression.
- Recognise and address the needs of carers of neuropsychiatric patients.

**3.2 Assessment of neuropsychiatric patients**

By the completion of training, trainees should possess the skills necessary for performing a comprehensive neuropsychiatric evaluation:

- Demonstrate interviewing skills adapted to the needs of neuropsychiatric patients.
- Demonstrate satisfactory knowledge of the principles and practice of general neurology as applicable to level the level of Neuropsychiatrist (in general terms, this implies to a level of a medical officer who has spent 4–6 months working under supervision in a neurology unit).
- Appropriately use and interpret cognitive tests and document these accurately. Demonstrate knowledge of brain function, as pertaining to cognitive function, localised functions of the brain and bedside neuropsychiatric assessment. Be able to appropriately refer people for neuropsychological assessment and effectively utilise the results.
- Conduct assessments in a range of hospital and community settings, including assessment of the environment.
- Perform a functional assessment including activities of daily living and apply it to the determination of the most appropriate form of living arrangements for the individual.
- Recognise and assess relevant features of the family context including the family's role as carers, carer stress and elder abuse.
- Perform medico-legal assessments with particular emphasis on testamentary capacity, guardianship, enduring power of attorney, competency and informed consent.

**4.0 RECOMMENDED READING****Neuropsychiatry:**

1. Yudofsky SC, Hales RE: Textbook of Neuropsychiatry and Clinical Neurosciences, 4<sup>th</sup> Edition. American Psychiatric Publishing, Washington DC, 2002
2. Lishman WA. Organic Psychiatry. 3<sup>rd</sup> Edition. Oxford: Blackwell Scientific.1998.
3. Cummings JL, Mega MS: Neuropsychiatry and Behavioral Neuroscience. Oxford University Press, Oxford, 2003
4. Schiffer RB, Rao SM, Fogel BS: Neuropsychiatry: A Comprehensive Textbook, 2<sup>nd</sup> Edition. Lippincott Williams & Wilkins, Baltimore, 2003
5. Arciniegas D, Beresford TP: Neuropsychiatry: An Introductory Approach. Cambridge University Press, Cambridge, 2001, pp. 3-12.
6. Hurwitz, T and Lee, W (eds): Casebook of Neuropsychiatry. American Psychiatric Publishing. 2013.

**Behavioural Neurology:**

1. Mesulam M-Marsel: Principles of Behavioral and Cognitive Neurology, 2<sup>nd</sup> Edition. Oxford University Press, Oxford, 2002.
2. Pincus JH and Tucker GJ. Behavioral Neurology, 4<sup>th</sup> Edition. Oxford University Press, Oxford, 2003
3. Feinberg TE, Farah MJ: Behavioral Neurology and Neuropsychology. McGraw-Hill, New York, 1997.
4. Kirshner HS: Behavioral Neurology: Practical Science of Mind and Brain. Butterworth-Heinemann, Boston, 2002
5. Leon-Carrion J, Giannini MJ: Behavioral neurology in the elderly. CRC Press, Boca Raton, 2001
6. Strub RL, Black FW: Neurobehavioral Disorders: A Clinical Approach. FA Davis Company, Philadelphia, 1988Cummings JL, Trimble MR: Concise guide to neuropsychiatry and behavioral neurology. Washington DC, American Psychiatric Publishing, 2002
7. Trimble MR, Cummings JL: Contemporary Behavioral Neurology. Butterworth-Heinemann, Boston, 1997
8. Cummings JL, Trimble MR: Concise Guide to Neuropsychiatry and Behavioral Neurology, 2<sup>nd</sup> Edition. American Psychiatric Publishing, Washington DC, 2002.

**Neuropsychology**

1. Lezak MD. Neuropsychological Assessment. New York: Oxford University Press. 1983.
2. Walsh K. Neuropsychology: a Clinical Approach. 3<sup>rd</sup> Edition. Edinburgh: Churchill Livingstone. 1994.
3. Hodges JR. Cognitive assessment for clinicians. Oxford: OUP. 2007.

**Neuroscience**

1. Kendel ER et al. Principles of Neural Sciences. New York: Elsevier. 2000.
2. Bloom F et al. Fundamentals of Neuroscience. Academic Press. 1998.

**Additional reading:**

1. Sachdev P. Neuropsychiatry – a discipline for the future (Editorial). J Psychosom Res 2002;53(2):625-627.
2. Sachdev P. Whither Neuropsychiatry? J Neuropsychiatry Clin Neuroscience 2005;
3. Price BH, Adams RD, Coyle JT. Neurology and psychiatry: closing the great divide. Neurology 2000, 54:8-14.
4. ANPA Standards for Fellowship Training in Neuropsychiatry. I. Definition of Neuropsychiatry, 2001. <http://www.neuropsychiatry.com/ANPA>
5. Accreditation Council on Graduate Medical Education: Program Requirements for Training in Psychiatry, 2001. [http://www.acgme.org/RRC/Psy\\_Req2.asp](http://www.acgme.org/RRC/Psy_Req2.asp)
6. Accreditation Council on Graduate Medical Education: Program Requirements for Training in Neurology, 2002. [http://www.acgme.org/RRC/Psy\\_Req2.asp](http://www.acgme.org/RRC/Psy_Req2.asp)
7. American Board of Psychiatry and Neurology, Inc.: Information for Applicants for Certification in the Subspecialties of Addiction Psychiatry, Clinical Neurophysiology, Forensic Psychiatry, Geriatric Psychiatry, and Neurodevelopmental Disabilities, 2003. [http://www.abpn.com/Downloads/2003subspec\\_ifa.pdf](http://www.abpn.com/Downloads/2003subspec_ifa.pdf)
8. Academy of Psychosomatic Medicine: Standards for Fellowship Training in Consultation-Liaison Psychiatry, 1998. <http://www.apm.org/fellow.html>
9. David, P Moore, Basant, K Puri Textbook Of Clinical Neuropsychiatry And Behaviour Neuroscience.Third Edition, September 2013, Hodder Arnold Publisher



**A P P E N D I X B**

**CERTIFICATE OF TRAINING – Certificant in the Subspecialty of Neuropsychiatry(SA)**

The certificate of training must be submitted on application to write the Certificate in the Subspecialty of Neuropsychiatry(SA) examination. All sections must be signed off by the supervising Neuropsychiatrist and the Head of Department

**NAME:** .....

**INSTITUTION:** .....

**SUBSPECIALTY TRAINING TIME:** .....

**DATE OF COMMENCEMENT:**

**DATE OF COMPLETION:** .....

This candidate has had satisfactory experience and is competent to write the Certificate in the Subspecialty of Neuropsychiatry(SA) examination.

.....

**HOD OR DELEGATE**

.....

**DATE**

**A P P E N D I X C**

**PORTFOLIO OF LEARNING**

[https://www.cmsa.co.za/view\\_exam.aspx?QualificationID=96](https://www.cmsa.co.za/view_exam.aspx?QualificationID=96)

**A P P E N D I X D**

**GUIDELINES FOR CANDIDATES**

[https://www.cmsa.co.za/view\\_exam.aspx?QualificationID=96](https://www.cmsa.co.za/view_exam.aspx?QualificationID=96)

**A P P E N D I X E**

**CMSA EXAMINATIONS GUIDELINES**

**([https://www.cmsa.co.za/view\\_exam.aspx?QualificationID=96](https://www.cmsa.co.za/view_exam.aspx?QualificationID=96) )**