



**JOHANNESBURG
ACADEMIC OFFICE**

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February 2016

THE COLLEGE OF PAEDIATRICIANS 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

RHEUMATOLOGY

Cert Rheumatology(SA)

1.0 ELIGIBILITY TO TAKE THE EXAMINATION

In order to be eligible to enter for this examination, the candidate:-

- 1.1 must comply with the requirements for registration as a medical practitioner, as prescribed by the Medical, Dental and Supplementary Health Services Act.
- 1.2 must be registered as a specialist Paediatrician

2.0 ADMISSION TO THE EXAMINATION

(to be read in conjunction with the Instructions)

The following are the requirements for admission to the examination:

- 2.1 registration as a specialist Paediatrician
- 2.2 certification of having completed at least 18 months as a subspecialty trainee in an accredited subspecialty unit in a teaching hospital, registered and approved by the Health Professions Council of South Africa
- 2.3 submission of a written report from the head of the institution/programme in which he or she trained indicating satisfactory completion of all training requirements
- 2.4 submission of a satisfactorily completed logbook
- 2.5 presentation or acceptance for presentation of an original first author research poster or paper at a local or international congress OR submission or acceptance for publication of an original first or co-authored manuscript in a peer reviewed journal.
- 2.6 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 the period must motivate with support from their HOD to the College of Paediatricians for a once off extension.

3.0 SYLLABUS AND TRAINING

See Appendix A

4.0 FORMAT AND CONDUCT OF THE EXAMINATION

See Appendix B

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APPENDIX A**1.0 SYLLABUS AND TRAINING****1.1 Spectrum of Rheumatic Diseases****1.1.1 Regional pain problems and soft-tissue rheumatism**

- neck pain
- low back pain
- pain in the shoulder, elbow, hand, knee, ankle
- chest wall pain
- bursitis and tenosynovitis
- fibromyalgia
- myofascial pain syndromes
- hypermobility
- sports injuries

1.1.2 Osteoarthritis and related conditions

- osteoarthritis of large joints
- generalised osteoarthritis
- diffuse idiopathic skeletal hyperostosis
- neuropathic arthritis

1.1.3 Crystal arthropathies

- gout
- calcium pyrophosphate arthropathies
- hydroxyapatite arthropathies

1.1.4 Inflammatory joint disorders

- rheumatoid arthritis
- spondyloarthropathies –
 - ankylosing spondylitis
 - psoriatic arthritis
 - inflammatory bowel disease-associated arthritis
 - reactive arthritis / Reiter's syndrome
 - Whipple's disease
- juvenile chronic arthritis
- adult Still's disease

1.1.5 Autoimmune rheumatic diseases

- systemic lupus erythematosus
- systemic sclerosis
- Sjogren's syndrome
- overlap syndromes
- inflammatory muscle diseases

1.1.6 Vasculitides

- polyarteritis nodosa
- polymyalgia rheumatica and giant cell arteritis
- Wegener's granulomatosis
- Churg-Strauss syndrome
- Takayasu's arteritis
- panniculitis
- leucocytoclastic vasculitis
- Behçet's disease
- vasculitis in children (eg Henoch-Schönlein purpura, Kawasaki's disease)

- 1.1.7 **Metabolic bone disorders**
- osteoporosis
 - rickets and osteomalacia
 - renal bone disease
- 1.1.8 **Regional bone disorders**
- algoneurodystrophy
 - Paget's disease of bone
 - hypertrophic osteoarthropathy
 - osteonecrosis
 - tumours of bone
 - heritable collagen disorders
 - bone and joint dysplasias
- 1.1.9 **Infections and arthritis**
- septic bone and joint lesions
 - mycobacterial, fungal and parasitic arthropathies
 - viral arthritis, including HIV-associated arthropathies
- 1.1.10 **Miscellaneous disorders**
- rheumatic syndromes associated with endocrine and haematological disorders
 - cancer-associated rheumatic diseases
 - amyloidosis
 - primary immune deficiency disorders
 - familial Mediterranean fever
 - sarcoidosis
 - eosinophilic fasciitis and eosinophilic myalgia syndrome
 - relapsing polychondritis
 - non-inflammatory myopathies

1.2 Curriculum

1.2.1 Knowledge and practise of rheumatology

It is expected that completion of the curriculum will result in demonstrable competence at consultant level in the following areas:

1.2.1.1 Clinical contact with the patient

This will require the trainee to be able to take a history and perform a clinical examination of a patient with a musculoskeletal disorder.

1.2.1.2 Assessment of multi-system disease

This will require knowledge of the particular clinical features and functions of target organs: kidneys, lungs, CNS, heart, blood vessels, eyes, skin, muscle and bone.

1.2.1.3 Selection of appropriate laboratory tests

This will require knowledge of the haematological changes, acute phase reactants and biochemical changes that accompany the rheumatic diseases. It will also require knowledge of the immunological basis and methodology of investigations of the auto-immune diseases.

1.2.1.4 Knowledge of the place of imaging techniques in the investigation of the rheumatic diseases

This will require knowledge of the place of imaging techniques including ultrasonography and magnetic resonance imaging in the diagnosis and assessment of progression of disease and extent of damage to individual joints or other structures in the locomotor system.

1.2.1.5 Understand the role of neurophysiology in the investigation of the rheumatic disease

This will require knowledge of the place of nerve conduction studies and electromyography in the investigation of neuropathies and myopathies.

- 1.2.1.6 **Knowledge of the rheumatic diseases**
This will require a thorough knowledge of all aspects, including the epidemiology, aetiology, pathogenesis, pathology, immunology, clinical features and management, of the rheumatic diseases listed in 1.1 (Appendix A).
- 1.2.1.7 **Demonstrate experience of the rheumatic diseases through the age spectrum**
It is envisaged that this experience could be obtained over the two years by contact with appropriate patient or by attendance at Paediatric Rheumatology clinics or specific courses.
- 1.2.1.8 **Rheumatological emergencies**
Gain experience in the assessment and management of rheumatological emergencies.
- 1.2.1.9 **Understand the pharmacology of drugs used in the rheumatic diseases**
This will require knowledge of non-steroidal anti-inflammatory drugs, disease-modifying antirheumatic drugs, cytotoxic immunosuppressive drugs and steroids, analgesics, psychotropic agents, gastroprotective drugs and drugs used in the treatment of osteoporosis and gout.
- 1.2.1.10 **Understand the role of the professions allied to medicine in the management of the rheumatic diseases**
This will require an understanding of the methods used by occupational and physical therapists in rehabilitation of patients with rheumatic disease. It will include knowledge of the community and social consequence of these diseases and the managements of mobility (driving, wheelchairs, orthotics and special seating).
- 1.2.1.11 **Understand the role of allied specialties (Orthopaedic Surgery, Hand Surgery, Anaesthetics)**
Understand the role of allied specialties by attending combined interdisciplinary clinics, for example, Rheumatology/Orthopaedics clinics, and observing surgical procedures in theatre.
- 1.2.1.12 **Understand the role of manipulative and mobilisation techniques as practised by physicians**
It is envisaged that this knowledge may be gained by attending specific courses or clinics devoted to the subject.
- 1.2.1.13 **Appreciate the role of patient education and staff management in the rheumatic diseases**
This will require knowledge of the wide field of patient education required in the rheumatic diseases and the concept of the team approach to patient management.
- 1.2.1.14 **Understand the social and legal and ethical aspects of the rheumatic diseases**
This will require direct contact with the medical social worker and other groups involved in working with disabled people.

1.3 Special Skills

- 1.3.1 **Aspirate and inject synovial joints and analyse synovial fluids**
The trainee will be required to be competent at aspirating and injecting peripheral joints such as the MCP, PIP, elbow, wrist, shoulder, knee, subtalar, ankle and acromioclavicular joints. The trainee will also be expected to recognise the macroscopic appearance of non-inflammatory, inflammatory, haemorrhagic and septic synovial fluid and be able to detect crystals under polarised light microscopy.
- 1.3.2 **Perform soft tissue injections**
The trainee will be required to be competent at injecting soft tissue lesions such as tennis/golfers elbow, carpal tunnel, tenosynovitis/flexor tendon nodules, bursitis, tendinitis and plantar fasciitis.
- 1.3.3 **Appreciate and develop counselling and communication skills**
It is expected that this will be an ongoing acquisition throughout higher medical training, perhaps involving video demonstration courses. It should culminate in the ability to counsel patients, relatives and staff in the many varied situations in clinical rheumatology.
- 1.3.4 **Appreciate medical management skills**
It is envisaged that knowledge of medical management will be obtained through attendance at specific courses for which the trainee should be given sufficient time and financial support.

1.3.5 Appreciate the value of audit methodology/specific outcome measures

The trainee will be expected to have some knowledge of audit methodology and specific outcome measures relevant to the rheumatic diseases.

1.3.6 Teaching experience

The trainee should be able to demonstrate the ability to teach medical and paramedical staff by experience and specific courses if necessary.

1.4 Research

1.4.1 Supervised research is considered a desirable part of subspecialty training in rheumatology.

1.4.2 Research could be conducted concurrently with the clinical training and preferably in the second year of training. It will include training in the analysis of data and an understanding of the principles and practise of clinical research.

APPENDIX B

1.0 FORMAT AND CONDUCT OF THE EXAMINATION

1.1 Evaluation of Competence

1.1.1 Evaluation of overall competence of the trainee will be based on:

- a) an appraisal by the Head of Unit/Division/Department of the institution where training was undertaken
- b) an examination under the auspices of the Colleges of Medicine of South Africa (CMSA).

2.0 LOGBOOK /PORTFOLIO

2.1 A portfolio/logbook is a mandatory requirement for entry to the examination.

2.2 The portfolio for the sub-specialty is attached (Appendix C).

2.3 The portfolio includes six-monthly formative assessments (as a minimum) made by the supervisor/divisional head, which is to be signed by both candidate and trainer. These assessments should, however, be kept confidential and should not be submitted to the CMSA.

2.4 Each candidate will be expected to submit their portfolio/logbook to the CMSA by 15 January or 15 June of each year (for the relevant March or August examination).

2.5 Portfolios are viewed by the HOD and satisfactory performance must be indicated in their letter to the CMSA

3.0 EXAMINATION CONVENORS

3.1 A list of potential convenors will be requested from appropriate individuals, group or society at the College of Paediatricians' (hereafter referred to as the "College") discretion.

3.2 The College will select convenors for each examination.

3.3 In the case of a convenor from each examining centre not being represented on the convenors' list submitted by a group or society, the College Council may at its discretion appoint a convenor from another centre for a particular examination.

4.0 CONVENOR RESPONSIBILITIES

The Convenor will:

4.1 Recommend an examiner's panel from the approved list of examiners supplied by the College.

4.2 Be sensitive to the following issues in selecting examiners:

4.2.1 Rotation of examiners (representation from different centres)

4.2.2 Exposure of junior sub-specialists (new examiners)

4.2.3 Representation from different centres in South Africa (must have representation from three different centres, except in exceptional circumstances)

4.2.4 The CMSA's transformation goals.

4.3 Forward the recommended examiners' panel to the College for approval

4.4 Recommend a moderator for the examination to the College.

4.5 Forward a copy of the draft written paper to the College for review by the moderator.

4.6 Submit a written report to the College Council after each examination outlining the conduct of the examination, marks achieved, success rates, problems identified and recommendations for future examinations. This report will also be sent to the Head of each training centre and the CMSA Examinations office.

5.0 EXAMINER SELECTION

5.1 Examiners will be appointed by the College following recommendation by the convenor.

5.2 A Certificate examiner must be registered with the Health Professional Council of South Africa (HPCSA) as a sub-specialist, and should be at least two years post his or her certification examination or registration as a sub-specialist.

5.3 Use of a non-specialist examiner or one from an allied subspecialty must be motivated for in writing to the College.

5.4 The examination panel will consist of three examiners, including the convenor. This number of examiners is considered fair to the needs of the candidate and the CMSA.

5.5 Any request to alter the examiner numbers for an individual examination must be motivated in writing to the College.

5.6 The written and oral/OSCE examinations will be conducted by the same set of examiners.

- 5.7 An examiner will not necessarily be excluded if he/she is the trainer/supervisor of the candidate.
- 5.8 Ideally, no more than one examiner will be chosen from any single centre in South Africa for each examination.
- 5.9 The selection of Certificate examiners will be independent of the FC Paed(SA) Part II examiner selection process.
- 5.10 Whenever possible the same examiner should not be involved in a Certificate examination and a FC Paed(SA) Part II examination simultaneously.
- 5.11 The CMSA Academic Office will be responsible for notifying examiners about their selection for an individual examination.

6.0 MODERATORS

- 6.1 In order to adhere to CMSA standards and for quality assurance, a process of 'moderation' of each examination is considered necessary.
- 6.2 A moderator shall be appointed by the College for the Certificate examination. This individual will ideally be a senior member of the sub-specialty.
- 6.3 Prior to the conduct of the written examination, the moderator will check that the examination questions and marking memorandum reflect a fair spread of the curriculum (reliability), match the curriculum (validity), and that the mark allocation of the questions is fair and appropriate.
- 6.4 The moderator will complete a report and return this to the College and the CMSA at the end of each examination. The College will formally review the report.

7.0 STRUCTURE OF THE EXAMINATION

- 7.1 The Certificate examination has two components:
- a) A written component
 - b) A oral/OSCE/OSPE/clinical component.
- 7.2 Each of the two components contributes 50% to the overall mark
- 7.3 The pass mark for the overall exam is 50%.
- 7.4 A sub-minimum pass mark of 50% is expected for each of the two (written and the oral/OSCE/clinical) components of the examination.
- 7.5 There is no sub-minima for individual papers, questions or sub-sections of the OSCE/oral/clinical examination

8.0 EXAMINATION CENTRE

- 8.1 Ideally the centre/region hosting the FC Paed(SA) Part II examination will be the host centre for each Certificate examination.
- 8.2 The Convenor of the examination will preferably, but not necessarily, originate from that centre/region.
- 8.3 Exceptions may be granted where there is no suitable Convenor based at that centre/region or the sole candidate in an examination is from the host centre.

9.0 WRITTEN EXAMINATION

- 9.1 Certificate examinations will comprise of two three-hour written papers.
Paper I will consist of 4 long questions or scenarios (may contain sub-parts), worth 25 marks each (each examiner shall submit 2 such questions to the Convenor).
Paper II will consist of 10-12 short questions, worth 10 marks each (each examiner to submit 5 such questions to the Convenor).
- 9.2 A marking memorandum – a basic outline to the expected answer - will be provided, by each examiner at the time of question acceptance, including an indication of the allocation of marks for each section/part answer.
- 9.3 The language of written papers will follow College recommendations.

10.0 CLINICAL / ORAL / OSCE EXAMINATIONS

- 10.1 This examination will last NO LONGER THAN 3 hours (the recommended duration is 1–3 hours).
- 10.2 If the examination is longer than 1½ hours the candidate must be given a 15-minute break with refreshments.
- 10.3 This examination will consist of 5 'stations' and/or 3–5 'clinical scenarios'. (Ideally, this examination should contain at least 5 'stations' and/or 3–5 'clinical scenarios').
- 10.4 The examination will be structured, balanced and similar for each candidate.
- 10.5 The language of the oral/OSCE/clinical examinations will follow College recommendations.

11.0 TIMING OF ORAL/OSCE/CLINICAL EXAMINATIONS

- 11.1 The examination will be held in the same week as the FC Paed(SA) Part II clinical examination.
- 11.2 Exceptions will be by written motivation to the College.

12.0 RESPONSIBILITY OF THE COLLEGE IN THE EXAMINATION PROCESS

- 12.1 Selection of Convenors, examiners, and moderators.
- 12.2 Monitoring of the conduct of each Certificate examination.
- 12.3 Reviewing all aspects of each examination on completion.
- 12.4 Tracking performance and success rates in individual examinations.

13.0 APPEALS PROCESS

- 13.1 The CMSA has an appeals process that will be followed.

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