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JOHANNESBURG OFFICE
EXAMINATIONS & CREDENTIALS

April 2022

THE COLLEGE OF PHYSICIANS 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 Physician

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 Physician

2.2 certification of having completed at least eighteen months as a subspecialty trainee in accredited specialist department(s) / division(s) / unit(s) of rheumatology, registered and approved by the Health Professions Council of South Africa.

2.3 submission of the prescribed logbook, filled in up to date, and certified by the head(s) of the department(s)/division(s)/unit(s) in which the candidate trained.

2.4 submission of the prescribed portfolio of learning, filled in up to date, and certified by the head(s) of the department(s)/division(s)/unit(s) in which the candidate trained.

2.4 Certificate of clinical competence as part of the training requirement to be signed off by HOD and external examiner panel

2.5 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 Physicians for a once off extension.

3.0 SYLLABUS AND TRAINING
See Appendix A

4.0 LOGBOOK and FORMAT AND CONDUCT OF THE EXAMINATION
See Appendix B

5.0 PORTFOLIO OF LEARNING

See Appendix C

6.0 Format of the Examination

6.1 **Online written papers:**

Paper 1: Short Answer Questions – 3 Hours
120 Marks

Paper 2: Objective Test / Data Interpretation – 3 Hours
150 Marks

A Subminimum of 50% for each online written examination is required.

6.2 If candidate passes written examination, he/she will be invited to a structured oral portfolio assessment (Appendix C):

Assessed on 6 of his/her portfolio cases by an external panel of at least 2 members from 2 different centres.
The candidate must achieve a 50% overall mark, and have passed (≥50%) at least of 4 of the 6 cases
If the portfolio exam is failed, remedial action is taken with a repeat assessment in 3 months

6.3 Weighting

The weighting of the components will be as follow:

- Written Paper 1 - SAQ (33.3%)
- Written Paper 2 - DI (33.3%)
- Structured Oral Portfolio Examination (33.3%)

A P P E N D I X A

Items underlined are common and locally relevant diseases and are "core knowledge". These conditions carry extra emphasis in the written and clinical examination.

Clinical competence in the following:

1 History taking, physical examination, management and continuing care of patients
2 Effective communication with patients, their families and with professional collaborators
3 Evidence-based and cost-effective care
4 Multi-disciplinary team work
5 Rehabilitation in rheumatic diseases
6 Pain management
7 Psychosocial aspects of rheumatic diseases
8 Perioperative management of rheumatic diseases
9 Treatment adherence
10 Professionalism and ethical behaviour
11 Research principles in basic and clinical investigation
   a) Design of protocols, clinical trials, and outcomes research
   b) Outcome assessment tools
   c) Data analysis, biostatistics, meta-analysis, and medical informatics
12 Appropriate use and interpretation of clinical investigations
   a) Synovial fluid analysis
   b) Serologic, chemical, biochemical, and microbiologic laboratory tests
   c) Diagnostic imaging techniques including plain radiographs, computed tomography, magnetic resonance imaging, radionuclide scanning, bone densitometry, and arteriography, ultrasonography
   d) Electromyograms and nerve conduction studies
   e) Biopsy and pathology
13 Pharmacology
   a) Nonsteroidal anti-inflammatory drugs
   b) Glucocorticoids: topical, intra-articular, and systemic
   c) Disease-modifying antirheumatic drugs (DMARDs)
   d) immunosuppressive, cytotoxic, and immunomodulatory drugs
   e) Biologics
   f) Antimalarials
   g) Urate-lowering therapy
   h) Antiresorptive bone agents
   i) Anabolic bone agents
   j) Antibiotic therapy for septic joints
   k) Opioid and nonopioid analgesics
   l) Colchicine
   m) Plasma exchange
   n) Intravenous immunoglobulin (IVIG)
   o) Vasodilator medications
   p) Anti-fibrotic agents

Technical skills:

1 Aspiration of joints and bursa
2 Injection of joints and soft tissue
3 Synovial fluid analysis under polarized light
4 Capillaroscopy

Knowledge of the epidemiology, aetiology, pathogenesis, pathology, clinical features and management of the following diseases:

1. Rheumatoid Arthritis
2. Spondyloarthropathies
3. Infections and Rheumatic diseases
   a) Infections of peripheral joints, spine, bone, prosthetic joints and soft tissues
   b) Rheumatic Diseases and HIV infection
   c) Acute rheumatic fever and poststreptococcal arthritis
   d) Arthritis associated with bacterial endocarditis
   e) Vaccinations
4. Systemic Lupus Erythematosus
5. Sjögren's syndrome
6. Inflammatory myopathies
7. Fibrosing rheumatic diseases
   a) Systemic sclerosis
   b) Raynaud's phenomenon
   c) Scleroderma mimics
8. Crystal-induced Arthropathies
   a) Gout
   b) Calcium pyrophosphate dihydrate deposition
   c) Basic calcium pyrophosphate dihydrate deposition
9. Vasculitides
   a) Small, medium and large vessel vasculitis
   b) Behcets disease
   c) Vasculitis mimics
10. Metabolic Bone Disease
    a) Osteoporosis
    b) Osteomalacia
    c) Paget's disease of bone
11. Bone disease related to renal diseaseOsteoarthritis and Related Disorders
    a) Osteoarthritis
    b) Diffuse idiopathic skeletal hyperostosis
    c) Hypertrophic osteoarthropathy
    d) Malignant and nonmalignant tumors of bones, tendons, and joints
    e) Osteonecrosis
12. Other Connective Tissue Diseases
    a) Primary antiphospholipid antibody syndrome
    b) Erythema nodosum
    c) Multicentric reticulohistiocytosis
    d) Autoinflammatory disorders
    e) Adult-onset Still's disease
    f) Hemophagocytic lymphohistiocytosis and macrophage activation syndrome
    g) Polymyalgia rheumatica
    h) Remitting seronegative symmetric synovitis with pitting oedema
    i) Palindromic rheumatism
    j) IgG4-related disease
    k) Relapsing polychondritis
    l) Overlap syndromes
    m) Undifferentiated connective tissue disease
    n) Mixed connective tissue disease
    o) Fibromyalgia Syndrome
    p) Complex regional pain syndrome

13 Regional musculoskeletal disorders (Joint and soft tissue)
- a) Axial syndromes
- b) Back
- c) Thoracic outlet
- d) Jaw
- e) Shoulder
- f) Elbow
- g) Wrist and hand
- h) Hip
- i) Knee
- j) Ankle and foot

14 Paediatric disorders
- a) Juvenile idiopathic arthritis
- b) Kawasaki disease
- c) Juvenile dermatomyositis

15 Immunodeficiencies

16 Rheumatic manifestations of metabolic diseases
- a) Marfan syndrome
- b) Diabetes mellitus
- c) Acromegaly
- d) Thyroid disease
- e) Cushing's disease
- f) Parathyroid disease
- g) Renal failure and dialysis
- h) Osteogenesis imperfecta
- i) Ehlers-Danlos syndromes
- j) Pseudoxanthoma elasticum
- k) Hypermobility syndrome
- l) Mucopolysaccharidoses
- m) Osteochondrodysplasias
- n) Multiple epiphyseal dysplasia
- o) Spondyloepiphyseal dysplasia
- p) Homocystinuria
- q) Ochronosis
- r) Storage disorders
- s) Amyloidosis
- t) Hemoglobinopathies
- u) Sickle cell
- v) Hemophilias
- w) Hemochromatosis
- x) Wilson disease
- y) Myositis ossificans progressiva
- z) Sarcoidosis
- aa) Scurvy
- bb) Pancreatic disease
- cc) Primary biliary cholangitis
- dd) Cystic fibrosis
- ee) Graft-versus-host disease
- ff) Celiac disease
- gg) Entrapment neuropathies
- hh) Mononeuritis multiplex
- ii) Polyneuropathy
- jj) Small fiber neuropathy

17) Pregnancy and the rheumatic diseases

Basic Sciences

a) Applied anatomy, biology, and structure of musculoskeletal tissues
b) Immunology
   i. Immune and inflammatory mechanisms
   ii. Cellular interactions, immune regulation, and immunomodulation
   iii. Immune responses
   iv. Tissue destruction and repair
d) Uric acid metabolism
e) Laboratory techniques
   i. Serologic autoantibody tests
   ii. Histochemistry and immunofluorescence of biopsied tissues
   iii. Molecular techniques,
   iv. Gene sequencing, and gene expression analysis
   v. Monoclonal antibody production
   vi. Principles of genetic and proteomic analysis

A P P E N D I X B

1.0 LOGBOOK and FORMAT AND CONDUCT OF THE EXAMINATION

1.1 Training Record (logbook)

A blank logbook must be obtained from the CMSA, and in this a written record of training will be maintained by the trainee in a form reflecting the required training as outlined in Appendix A, to be countersigned by the Educational Supervisor and trainee annually. It will remain the property of the trainee and must be produced at the annual assessment. It will contain details of training requirements and competencies to be achieved within the context of the broad curriculum outlined in Appendix A.

This logbook must be submitted to the CMSA, at the time of certification of two years of completed training.

1.2 Evaluation of Clinical Competence

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

a) an appraisal by the Educational Supervisor
b) submission of the Training Record (logbook)
c) passing two clinical competency examinations
- Clinical competency – assessment by training unit after 9 to 12 months
- Clinical competency – assessment external examiner after 12 to 15 months
- If declared not competent to be repeated in 3 months

1.3 Written examination

A written examination under the auspices of the CMSA, which will be held twice a year and an oral external portfolio examination which may be taken after a minimum training period of 18 months.

The examination will comprise of:

- A theory Paper
- A Data Interpretation Paper

1.4 A Structured External Oral Portfolio Examination:

There will be at least 3 examiners for each examination, all of whom are registered rheumatologists and at least 2 are from centres other than that of the candidate.

Upon award of the Certificate, the trainee may apply to the Health Professions Council of South Africa for subspecialty registration.

Accreditation and Registration of Training Centre

Approval and registration of rheumatology training units/centres/divisions will be considered jointly by the Health Professions Council of South Africa and South African Rheumatology and Arthritis Association.

The following aspects will be considered in the evaluation of a training centre:

a) qualifications of the Educational Supervisor, who should be a registered rheumatologist;
b) the case load and spectrum of rheumatology cases seen;
c) access to rehabilitation services, ie physiotherapy and occupational therapy, and
d) access to orthopaedic surgery services.

JOHANNESBURG
April 2022

A P P E N D I X C

PORTFOLIO EXAM

- 60 portfolio cases required (roughly 15 per 6 month block) to be kept in a file or folder with an index system. These portfolios may be written or electronic.
- The Fellow will prepare detailed reports on each of the cases including the clinical problem (with history and clinical examination details), diagnostic workup and management approach. A literature review is not required. Each portfolio case is roughly 2 hand-written pages. Discharge summaries prepared by the candidate, or case clerking notes accompanied by investigation results and management plans are acceptable.
- Portfolio cases will include inpatients, new outpatients and follow-up patients (roughly a third of each).
- Portfolio cases should include the spectrum of disease listed in Appendix 2, and an attempt should be made to include at least one portfolio study on diseases considered core knowledge.
- At 9 and 12 months: The training unit will formally evaluate the fellow
- At 18 months, the fellow will be assessed on 6 of his/her portfolio cases by an external panel of at least 2 members from 2 different centres. The examiners will select the cases to be discussed from the candidates portfolios. These may be face-face encounters or virtual.
- At each assessment, the fellow will be assessed on 6 of his/her portfolio cases. The examiners will select the cases to be discussed from the candidates' portfolios, and cases must be different from those tested at previous examinations.
- The portfolio assessment exams will be 10 minutes per case. The marking rubric is attached

Effective for all candidates enrolling into the programme as of Jan 2022

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April 2022