



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

### **FOR ADMISSION TO THE DIPLOMA IN MENTAL HEALTH OF**

### **THE COLLEGE OF PSYCHIATRISTS OF SOUTH AFRICA**

### **DMH(SA)**

#### **1.0 COMPONENTS**

The examination comprises a written and a clinical component. With effect from 2020, the examination is only offered once a year, during the Second Semester.

#### **PURPOSE OF ASSESSMENT**

(to be read in conjunction with the Instructions)

#### **2.0 Background and Motivation for this Diploma:**

There are relatively few Psychiatrists in South Africa. The South African Medical Degrees provide a good basic training in Psychiatry which needs consolidation with experience at a postgraduate level. Much mental illness can be treated in primary care. The DMH(SA) gives medical practitioners greater interest, competence and confidence in mental health care

#### **2.1 Educational Aim / Purpose / Goal of this diploma:**

To widen the scope and competence of medical practitioners in the recognition and treatment of common psychiatric disorders in primary care as well as in the psychological aspects of medical care

2.1.1 The capacity/competence of practitioners is increased by improving interest, knowledge and competence in treating mental illness

2.1.2 The diploma can improve patient/community care as the practitioner learns to manage the mentally ill in the context of the family and wider society

#### **2.2 Target group for this diploma:**

General practitioners and medical officers in clinics or hospital practice

#### **3.0 ADMISSION TO THE EXAMINATION**

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

#### **3.1 Qualification:**

3.1.1 The candidate must for six months have held a post-internship qualification to practise medicine which is registered or registerable with the Health Professions Council of South Africa

3.1.2 The CMSA Senate, through its Examinations and Credentials Committee, will review all applications for admission to the examination, and may also review the professional and ethical standing of candidates

#### **3.2 Credits to enter examinations:**

3.2.1 Formal mentoring by a registered psychiatrist on at least 10 cases, and completion of a logbook. The psychiatrist may be from public or private practice

3.2.2 All candidates are to have the DMH(SA) Training form completed. All 3 pages must be completed and attached to the application

**3.3 Logbook:**

All candidates must submit a logbook of cases supervised, and attendance at academic ward rounds/lectures/journal clubs to support the application. These should give date, place, activity, presenter signature of each event. Refer to the relevant page on the DMH(SA) Training Form.

**3.4 Education and training:**

3.4.1 Preparations for examinations should include:

- formal presentation of cases to the supervising psychiatrist
- attending interviews being conducted by a psychiatrist

3.4.2 Supervised training:

The mentoring psychiatrist should be able to certify that the candidate has managed a broad spectrum of psychiatric problems (at least 10 cases (3.2.1)) which must include at least six (6) cases of the following disorders: anxiety disorders, schizophrenia, bipolar mood disorder, depressive disorders, neurocognitive disorders, and substance use disorder AND at least one (1) common childhood disorder.

3.4.3 Unsupervised training: None

3.4.4 Theoretical education/training:

Reading: Texts recommended – (*see Appendix B*)

Should attend lectures offered, postgraduate discussions/journal discussions.

3.4.4.1 Course work: None.

3.4.4.2 Formal ward rounds: Attend teaching ward rounds, meetings/presentations wherever possible.

3.4.4.3 Lectures, symposia, congresses etc:

Attend formal lectures and update courses in Psychiatry where possible.

**3.5 Research:**

None

**3.6 University postgraduate qualification:**

None

**3.7 Publications:**

None

**3.8 Specific qualification (CPR, other diplomata, modules):**

None

**3.9 Transition from the DSM-IV-TR to the DSM-5**

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 of March /May 2015, candidates sitting the DMH(SA) examinations will be required to be fully versed in the DSM-5 classification system for both the written and clinical/oral examinations. The long case presentation and diagnostic formulation should conform to the DSM 5.

## 4.0 FORMAT OF THE EXAMINATION

### 4.1 Overall standard expected:

#### 4.1.1 Competence (see Appendix A):

- be able to take an appropriate psychiatric history
- be able to elicit and interpret mental state signs and symptoms (mental state examination)
- be able to collate the history, presentation, physical examination, mental state examination and arrive at a differential diagnosis
- be able to know what investigations are appropriate (biological, psychological, social investigations)
- be able to manage the psychiatric patient – emergencies, acute care and long term care

### 4.2 Conduct of the examination – Effective Second Semester 2022

#### A written examination

- comprising two written papers which will be in Single Best Answer (SBA) format with each paper consisting of 75-100 SBA's
- It is possible that multiple choice questions (MCQs), extended matching questions (EMQs) and very short answer questions will be included.
- Both papers will include content from the entire content blueprint.
- Each paper will be of three (3) hours duration
- An overall pass mark for both papers combined will be determined by standard setting using the Angoff Method.
- Negative marking will not be applied
- Both papers must be written in one sitting of the examination
- Both papers must be written in each sitting of the examination

#### Oral Component: an OSCE (see 4.4)

#### Weighting of the examination

- Written 40%
- OSCE 60%

#### In order to pass the examination, a candidate must:

- Achieve an overall pass, as determined by standard setting, for both the written papers combined and
- Achieve a mark of 50% or more for the OSCE examination

### 4.3 Criteria for failing the DMH(SA) examination

- failing the written component as defined above
- a mark of <50% for the OSCE examination
- an overall average mark of <50%.

#### 4.4 Objective Structured Clinical Examination (OSCE)

- Competencies examinable in an OSCE could include any of the following domains:
  - History taking
  - Physical or mental state examination
  - Interpretation of the aforementioned and/or investigations
  - Making a diagnosis or communicating a diagnosis, including counselling
  - Describing or communicating a management plan
  - Advocacy (e.g. talking to a newspaper reporter)
  - Education (e.g. of junior staff, students, patient, family, community)
  - Addressing an ethical dilemma
- Each OSCE will comprise ten (10) active stations; additional rest stations will be determined by the number of candidates for that examination. Each station will be 10 minutes in duration with a preceding 3 minute interval to allow candidates to rotate and prepare for the next station. An instruction sheet will be provided for each station.
- From a content perspective, each OSCE will have:
  - 6 general psychiatry and/or emergency psychiatry stations,
  - 1 Child and Adolescent station,
  - 3 stations from any of the following: Old age Psychiatry, Mental Health legislation, Community Psychiatry, Socio-cultural factors in illness and treatment.
- Stations may use actual patients or simulated participants. Other material such as video recordings, special investigation results, scans and photographs may also be used.
- Marking system:
  - No station will serve as a “trap-door station” and each station will contribute equally towards the final OSCE mark.
  - In order to pass the OSCE candidates must score  $\geq 50\%$  in total and achieve a mark of 50% or more for at least 7 out of 10 OSCE stations
- Criteria for entry to the OSCE examination:
 

Candidates must achieve an overall pass, as determined above, for both the written papers combined

4.5 The following was agreed at the CMSA Senate meeting of 30 October 2019: if a candidate passes the written component of a Diploma examination, but fails the oral/clinical/OSCE/OSPE/practical component, they will be permitted to redo the oral/clinical/OSCE/OSPE/practical component only at the next set of examinations without having to rewrite the written component. This carry over of the written component results will only be permitted once, and only for the oral/clinical/OSCE/OSPE/practical examination directly following the failed examination.<sup>1</sup>

#### 4.6 Guidelines for convenor – outcome summary:

- 4.6.1 The successful DMH(SA) candidate should:
- have good interpersonal skills
  - have sound knowledge of Psychiatry
  - know when and how to make use of specialists and other professional colleagues
  - have an empathy for the mentally ill
  - be able to diagnose and manage psychiatric patients well above the level of the average general medical practitioner
  - show that they will try to keep up Psychiatric knowledge and skills

#### 4.7 Syllabus For DMH(SA) examination

See the curriculum blueprint and guidelines to candidates – Appendices A and B

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<sup>1</sup> Effective SS2019

**5.0 ADMISSION AS A DIPLOMATE**

5.1 The candidate having passed the examination and having been admitted as a Diplomat in Mental Health 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, Diplomat 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 Diploma

5.3 A Diplomat shall be entitled to the appropriate form of certificate under the seal of the CMSA

5.4 In the event of a candidate not being awarded the Diploma (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

### PART A: Curriculum Content Blueprint

Module/Section	Components/sub-sections	Weighting of Module (%)
<b>1. General Psychiatry:</b>	Know the primary care acute and chronic assessment and management of common and major mental disorders using a bio-psycho-social approach: <ul style="list-style-type: none"> <li>• Anxiety Disorders</li> <li>• Depressive Disorders</li> <li>• Substance-Related and Addictive Disorders</li> <li>• Trauma and Stressor-Related Disorders</li> <li>• Assessment of Other Medical Conditions presenting with Psychiatric symptoms</li> <li>• Psychotic Disorders including an approach to first episode psychosis.</li> <li>• Bipolar disorders</li> <li>• Obsessive-Compulsive Disorders</li> <li>• Somatic Symptom and Related Disorders</li> <li>• Eating Disorders</li> <li>• Sleep-Wake Disorders</li> <li>• Sexual Dysfunctions</li> <li>• Neurocognitive Disorders</li> <li>• Personality Disorders</li> <li>• Rational prescribing of psychotropic medication and its adverse effects.</li> <li>• Know when to refer a patient for psychotherapy, occupational therapy or social work.</li> </ul>	<b>50%</b>
<b>2. Emergency Psychiatry:</b>	Acute assessment and management of the following: <ul style="list-style-type: none"> <li>• Acute psychological trauma</li> <li>• The suicidal patient</li> <li>• Substance withdrawal</li> <li>• The violent and aggressive patient</li> <li>• Post-partum psychosis</li> <li>• Delirium</li> <li>• Catatonia</li> <li>• Medication-related emergencies               <ul style="list-style-type: none"> <li>○ Acute dystonic reaction</li> <li>○ Neuroleptic Malignant Syndrome</li> <li>○ Lithium Toxicity</li> </ul> </li> </ul>	<b>10%</b>
<b>3. Child and Adolescent Psychiatry:</b>	Have a basic knowledge of physical and emotional development and be able to manage common problems which might present to Primary Care: <ul style="list-style-type: none"> <li>• Child with sleeping problems</li> <li>• Delayed milestones</li> <li>• Enuresis and encopresis</li> <li>• Depression</li> <li>• Anxiety disorders</li> <li>• Eating disorders</li> <li>• ADHD</li> <li>• School refusal</li> <li>• Assessment of a child abuse victim for mental health problems.</li> <li>• Indications for referral of a child to a Psychiatrist/ Child Psychiatrist</li> </ul>	<b>10%</b>

4. Old age Psychiatry:	Know the specific physical, physiological and psychological problems of ageing to be able to diagnose and manage the common disorders of old age especially delirium and dementia.	<b>10%</b>
5. Mental Health Legislation and Ethics:	<ul style="list-style-type: none"> <li>• Mental Health Care Act and its ethical application</li> <li>• Assessment of competence and testamentary capacity</li> <li>• Forensic Mental Health</li> <li>• Ethics principles</li> <li>• Confidentiality</li> <li>• Consent</li> <li>• Coercion and Human Rights</li> </ul>	<b>10%</b>
6. Community psychiatry and Socio-cultural factors in illness and treatment:	<ul style="list-style-type: none"> <li>• Know the basic principles of public mental health and the organization and development of mental health services in the community</li> <li>• Psychiatry in primary care.</li> <li>• social factors that can trigger psychological distress and resources that can be used to reduce this.</li> <li>• The cultural expression of emotional distress in the various communities,</li> <li>• The influence on the presentation of illness of traditional beliefs in different cultural groups and various alternative health care systems for physical and psychological problems in communities</li> <li>• Stigma</li> <li>• Treatment-adherence</li> </ul>	<b>10%</b>
<b>TOTAL</b>		<b>100%</b>

**PART B: Competencies**

<b>CORE COMPETENCIES</b>	<b>DESCRIPTION</b>
<b>GENERAL GUIDELINES</b>	<p>The candidate should be able to:</p> <ul style="list-style-type: none"> <li>• Manage cases which do not need specialist referral and can be managed in the non-specialist setting – including the involvement of primary care team members.</li> <li>• Recognise cases which require specialist referral.</li> <li>• Competently supervise follow up of patients referred by specialists for continuation of treatment.</li> <li>• Manage and support families</li> <li>• Competently and safely manage psychiatric emergencies</li> </ul>
<b>Medical Expert/Clinical Decision-Maker</b>	<p>To be able to:</p> <ul style="list-style-type: none"> <li>• Perform a comprehensive psychiatric assessment of culturally diverse people with mental health problems and mental illness of all ages.</li> <li>• Competently assess people with mental health problems and mental illness for the presence of medical illnesses.</li> </ul>
<b>Communicator</b>	<ul style="list-style-type: none"> <li>• To be able to communicate with people clearly, considerately and sensitively with mental health problems and mental illness, carers, other health professionals and members of the general public in a variety of settings.</li> <li>• This includes the ability to conduct interviews in a manner that facilitates information gathering and the formation of therapeutic alliances.</li> </ul>
<b>Collaborator</b>	<ul style="list-style-type: none"> <li>• Demonstrate an ability to collaborate with carers, other health professionals and members of the general public in a variety of settings.</li> </ul>
<b>Manager</b>	<ul style="list-style-type: none"> <li>• Demonstrate an ability to provide leadership in mental health service development in primary care.</li> </ul>
<b>Health Advocate</b>	<ul style="list-style-type: none"> <li>• Demonstrate an ability to advocate for the rights of mental health users and to promote awareness about mental health issues in the community.</li> </ul>
<b>Professional</b>	<ul style="list-style-type: none"> <li>• Be able to demonstrate a professional approach to patients, colleagues and families.</li> </ul>



COMPETENCIES PER MODULE	DESCRIPTION	
General Adult Psychiatry	<p>1. Assessment</p> <p>a. Diagnostic</p> <ul style="list-style-type: none"> <li>• Be able to take an appropriate history</li> <li>• Be able to elicit and interpret mental state signs and symptoms (mental state examination)</li> <li>• Be able to perform a physical and neurological examination with relevance to psychiatry and to exclude medical and neurological disorders that resemble or complicate psychiatric disorders</li> <li>• Be able to know what investigations are appropriate (biological, psychological, social assessments) eg. EEGs, neuroimaging, sleep studies, psychometric and neuro-psychological testing as well as relevant screening for medical causes</li> </ul> <p>b. Formulation</p> <ul style="list-style-type: none"> <li>• Be able to collate the history, presentation, physical examination, mental state-examination and arrive at a differential diagnosis</li> <li>• Be able to make a DSM formulation of the patient, to be aware of the importance of predisposing, precipitating, perpetuating, and protective factors for the patient</li> </ul> <p>2. Therapeutic</p> <ul style="list-style-type: none"> <li>• Be able to conduct a risk assessment.</li> <li>• Be able to institute management: acute and long terms (biological psychological, social interventions)</li> <li>• Be familiar with actions, use, side effects and potential abuse of psychotropic medications</li> <li>• Be familiar with the principles and indications for psychotherapy</li> <li>• Be able to perform supportive psychotherapy, crisis counselling, trauma counselling, sex counselling, family interventions</li> <li>• Know when a patient would need to be referred to a psychiatrist or other member of the multi- disciplinary team (OT, Psychologist, Social Worker)</li> </ul>	
Child and Adolescent Psychiatry		
Old age Psychiatry		
Mental Health Legislation	<ul style="list-style-type: none"> <li>• know the key aspects of the Mental Health Care Act and other relevant legislation.</li> <li>• know the common psychiatric disorders which impair testamentary and contractual capacity, and which influence criminal behaviours</li> <li>• be able to apply the Mental Health Care Act in the management of adults and children</li> <li>• understanding the ethical implications of applying the provisions of the Mental Health Care Act in the management of a patient</li> <li>• be able to complete the necessary procedures for voluntary, assisted, emergency or involuntary treatment referral to an institution for psychiatric treatment</li> </ul>	
<b>Emergency Psychiatry</b>	Demonstrate an ability to accurately assess and safely manage psychiatric emergencies	
<b>Community Psychiatry</b>	Demonstrate an understanding of basic principles of public mental health and the organization of mental health services in the community	
<b>Socio-cultural factors in illness and treatment</b>	Demonstrate an understanding and a skillful approach to cultural and traditional beliefs, stigma, and the promotion of treatment adherence	

**A P P E N D I X B****GUIDELINES TO CANDIDATES FOR THE DMH(SA)****1.0 RECOMMENDED BOOKS:**

- 1.1 Emsley, Pienaar & Seedat, Textbook of Psychiatry, 2017
- 1.2 Burns and Roos, Oxford Textbook of Psychiatry for Southern Africa, 2016
- 1.3 Bauman, SE, Primary Health Care Psychiatry. Juta, 2014
- 1.4 Diagnostic and Statical Manual, 5th edition (DSM-5)
- 1.5 The Mental Health Care 17 of 2002, and its regulations
- 1.6 All current national guidelines relevant to mental health (e.g. Standard Treatment Guidelines (Hospital and Primary Health Care Level), Essential Drug List, Adult Primary Care)

**2.0 TRAINING PROGRAMME:**

Various programmes offered by local hospitals.