C M S A
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

December 2021

R E G U L A T I O N S

FOR ADMISSION TO THE DIPLOMA IN HIV MANAGEMENT OF

THE COLLEGES OF MEDICINE OF SOUTH AFRICA

Dip HIV Man(SA)

1.0 SCOPE AND OBJECTIVES / ADMISSION TO THE EXAMINATION

1.1 The purpose of the Diploma in HIV management is to encourage postgraduate training in the field of HIV management and to improve the standards of medical practise and patient care in rural and urban communities outside the larger training centres. It is aimed primarily at doctors who wish to improve their basic clinical skills and competence in the diagnosis and management of HIV/AIDS

1.2 The Diploma is intended for people from all disciplines within medicine

2.0 QUALIFICATION

2.1 In order to qualify to write the examination the applicant must be registered or registrable with the Health Professions Council of South Africa

2.2 Foreign graduates whose qualifications are recognised by the Health Professions Council of South Africa are encouraged to write the examination.

2.3 If recently qualified, the applicant may write during their community service year if they have completed the required training.

2.4 **Education and Training**

Currently the candidates will be required to manage their own training, however, a number of training initiatives are in development and these should be updated on a routine basis. These training initiatives are independent of the CMSA and therefore the CMSA cannot be held responsible for the quality of these training programs

3.0 ADMISSION TO THE EXAMINATION

(to be read in conjunction with the Instructions)

3.1 **Qualification**

3.1.1 The candidate must for two years have held a qualification to practise medicine which is registered or registrable 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…/

3.2 **Education and Training**

Within the seven years preceding the examination, the candidate will have to accumulate 1000 credit points in the following 3 categories:

3.2.1 ***Supervised Experience in HIV Medicine***

3.2.1.1 **Supervised experience** is classified as any work experience providing daily health service delivery in a patient population with a high HIV prevalence, where an appropriate supervisor is available on site. A supervisor can be either a Physician, an Infectious Disease Specialist, a Family Physician or an experienced medical officer with a Diploma in HIV Management.

3.2.1.2 To full-fill the full number of credits the candidate must demonstrate supervised experience post-internship for:

- Six months full time (worth 1000 credits)
- Or sessional supervised training at 1 credit point per hour, to a maximum of 170 points per month.

3.2.1.2 To demonstrate compliance the candidate must submit a letter from the supervisor that shows that candidates work with patients who are HIV infected and that appropriate exposure has been achieved, with a minimum of 6 months full time (1000 hours). Trainer /supervisor to provide proof of experience (a copy of qualification will suffice e.g. DipHIVMan or specialist qualification).

3.2.2 ***Unsupervised experience in HIV Medicine***

3.2.2.1 **Unsupervised experience** is classified as any work experience providing daily health service delivery in a patient population with a high HIV prevalence, where no appropriate supervisor is available on site. An example would be a general practice, primary health care clinic or district hospital where there are no specialists and no-one with a DipHIVMan diploma.

3.2.2.2 To fulfill the full number of credits the candidate must demonstrate appropriate post-internship experience in a unit where they see patients with HIV on a daily basis for:

- One year full-time (worth 800 credits)
- Or sessional/ part-time supervised training at 1 credit point per 3-hour session, to a maximum of 60 points per month.

3.2.2.3 Unsupervised experience will attract a maximum of 800 credit points, which must be claimed by a letter from the candidates HOD.

3.2.2.4 Credit points claimed in terms of 3.2.2 (Unsupervised experience) will be awarded only if claimed in conjunction with a minimum of 200 credit points awarded under 3.2.3 (Theoretical education/training)

3.2.3 ***Theoretical education/training***

3.2.3.1 Credit points in sections 3.2.3.1.1 to 3.2.3.1.4 will be awarded at the rate of 5 points per hour, certified by either the presenter or the organiser of the ward round, course, conference, congress, lecture, or symposium, and declared as correct by the candidate.

3.2.3.1.1 Teaching ward rounds, mortality/morbidity meetings, patient presentations in HIV care at a recognised hospital

3.2.3.1.2 Formal courses, congresses or conferences in HIV care. One CPD point = 5 credits. CPD accredited online trainings in HIV and advanced HIV clinical care will be accepted.

3.2.3.1.3 Formal lectures or symposia in HIV care

3.2.3.1.4 Formal consultations in HIV care with a registered specialist

3.2.3.1.5 Relevant research publications in reputable journals

3.2.3.2 In section 3.2.3.1.5 credit may be awarded to a maximum of 100 points at 50 points per acceptable publication. The decision of the CMSA with regard to acceptability of publications offered will be final

4.0 LABORATORY CRITERIA FOR ELIGIBILITY TO ENTER ABOVE DIPLOMA EXAMINATION

4.1 Registered pathologists in any branch of pathology who deal with specimens, reports or consultations in respect of HIV-infected patients or HIV contacts

4.2 Registrars in pathology who have completed 4 years of post-registration practise or a minimum of 2 years of pathology training

4.3 Medical practitioners in other categories with laboratory experience will be evaluated on an individual basis

5.0…/

5.0 SYLLABUS OF THE EXAMINATION

5.1 The syllabus provides the candidate with the learning objectives what will be assessed in the diagnoses and management of patients living with HIV/AIDS (Appendix A).

6.0 CONDUCT OF THE EXAMINATION[1]

6.1 Examinations will be held twice a year in centres approved by the CMSA. While applicants of all disciplines are permitted to write the examination, questions will be multi-disciplinary.

6.2 **Written Examination**

The examination will consist of two papers, two hours each.
Paper 1 will be a standard application of knowledge exam with multiple choice questions.
Paper 2 will be a clinical data interpretation exam with multiple choice questions, including media, laboratory results, special investigations etc.

6.3 **Weighting**

Paper 1: 100 marks
Paper 2: 60 marks
Marks of Paper 1 and Paper 2 will be added together for a total mark of 160.

6.4 **Criteria for passing the examination**:

Marks for the written examination will be aggregated from all the different papers used, then analysed together and the pass mark will then be determined by the Modified Cohen method of standard setting.
To ensure a higher probability of a true pass, the Standard Error of Measurement (SEM), a marker reflecting the reliability of the whole written examination, will then be added to the Cohen pass mark to determine the final pass mark (standard). Candidates must achieve a mark on or above this final pass mark to pass the written examination.[2]

JOHANNESBURG
December 2021

[1] Conduct of the examination effective SS 2020
[2] Rule change effective SS 2021

7.0 ADMISSION AS A DIPLOMATE

7.1 The candidate having passed the examination and having been admitted as a Diplomate of the CMSA, 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)

7.2 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

7.3 A Diplomate shall be entitled to the appropriate form of certificate under the seal of the CMSA

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

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

APPENDIX A

Category		EPA (27)		OPA (87)
Prevention	**1.1**	**Providing HIV negative patients with HIV prevention options.**	**1.1.1**	Post exposure prophylaxis (PEP) of a patient with a needle stick injury
			1.1.2	Post exposure prophylaxis (PEP) of a patient that has been sexually assaulted
			1.1.3	Pre-exposure prophylaxis (PrEP) for HIV negative patients
			1.1.4	Providing comprehensive counselling to an HIV negative patient on all available options for prevention HIV infection.
			1.1.5	Navigating ethical considerations regarding HIV counselling, confidentiality and disclosure.
			1.1.6	Knowledgeable on latest HIV vaccine developments.
Adult ARVs	**2.1**	**Testing and initiating HIV positive adults onto ARVs**	**2.1.1**	Understanding, interpreting and managing patients' HIV test results
			2.1.2	Recognising and managing sero-conversion illness in newly infected patients with HIV
			2.1.3	Assessment and management of the newly diagnosed HIV positive patient who is clinically ill / complicated and not yet on ART
			2.1.4	Initiation and monitoring of ARVs in-patients with uncomplicated HIV
			2.1.5	Reinitiating treatment in a patient that defaulted their ARVs.
	2.2	**Managing adult patients on ARVs with treatment failure**	2.2.1	Diagnosing and counselling of patients with virological failure
			2.2.2	Choosing ARV regimens in patients who are failing on first or second line ARVs
			2.2.3	Primary and secondary OI prophylaxis in patients with HIV including TPT
Children	**3.1**	**Testing and treating HIV positive neonates and children**	3.1.1	Identifying children with HIV infection.
			3.1.2	Interpreting and managing HIV test results in neonates, infants and children.
			3.1.3	Preparing the newly diagnosed child or neonate with HIV for ART initiation
			3.1.4	Initiation and monitoring of ARVs in neonates
			3.1.5	Initiation, management and monitoring of ARVs in children
			3.1.6	Initiation and completion of cotrimoxazole prophylaxis in HIV positive children
	3.2	**Managing children with HIV treatment failure**	3.2.1	Diagnosing virological failure in children on first or second line ARVs
			3.2.2	Switching ARVs in children failing their first- or second-line regimen.
			3.2.3	Counselling a caregiver looking after a child with virological failure
	3.3	**Managing complications and co-morbid disease specific to children with HIV**	3.3.1	Understanding implications of BCG vaccination in HIV positive children and management of child with BCG disease.
			3.3.2	Managing acute lung infection and in children with HIV
			3.3.3	Diagnosing and managing chronic lung disease in children,
			3.3.4	Managing ENT infections in children with HIV
			3.3.5	Diagnosing and managing developmental delay and mental sequelae for children and adolescents with HIV
	3.4	**Diagnosing and managing TB in children with HIV**	3.4.1	Diagnoses and treatment of TB in the HIV positive child
			3.4.2	Prevention of TB in the HIV positive child / neonate that has been exposed to a person with TB
			3.4.3	Managing ARVs in the child with HIV and TB co-infection
	3.5	**Managing Adolescents with HIV**	3.5.1	Managing vulnerable and key adolescent populations with HIV
			3.5.2	Improving adherence in adolescents
			3.5.3	Transitioning the child / adolescent to adult regimens and services
			3.5.4	Creating a Youth friendly clinic service at your facility
			3.5.5.	Disclosing to a child / adolescent their HIV status

4 Women and Sexual health	**4.1**	**Providing care to both mother and child to reduce MTCT of HIV**	4.1.1	Managing HIV in pregnant women, including initiation and monitoring of ARVs
			4.1.2	Managing HIV positive women in labour
			4.1.3	Managing neonatal prophylaxis and testing of the HIV exposed neonate
			4.1.4	Managing of breast feeding in mothers with HIV
			4.1.5	Screening and Prevention of TB in pregnant women with HIV
	4.2	**Sexual health and Family Planning**	4.2.1	Family planning for women with HIV
			4.2.2	Cervical screening and HPV management in women with HIV
			4.2.3	Management of Sexually Transmitted Infections in persons with HIV.
5 Oppor-tunistic Infections	**5.1**	**Managing adults with TB and HIV co-infection**	5.1.1	Diagnosing and managing PTB and EPTB in the HIV positive patient
			5.1.2	Managing HIV treatment in adults with drug sensitive TB
			5.1.3	Managing HIV treatment in adults and children with DRTB
			5.1.4	Identifying and Managing TB IRIS
	5.2	**Assessment and Management of patients with HIV with neurological symptoms**	5.2.1	HIV positive patient with focal neurological signs
			5.2.2	Patient with HIV and seizures
			5.2.3	Patient with HIV with confusion / delirium
			5.2.4	Patient with HIV with meningitis
			5.2.5	Diagnosing and managing HIV encephalopathy / dementia
	5.3	**Managing HIV patient with gastro-intestinal / abdominal symptoms**	5.3.1	Managing patients with HIV with diarrhoea (acute and chronic)
			5.3.2	Patient with HIV with abdominal symptoms and severe weight-loss.
	5.4	**Management of patient with HIV with respiratory symptoms**	5.4.1	Patient with HIV with acute lung infections
			5.4.2	Patient with HIV with chronic lung disease
	5.5	**Management of oral lesions in patients with HIV**	5.5.1	Oral lesions prevalent in patients with HIV
			5.5.2	Management of oral and oesophageal candidiasis
			5.5.3	Management of severe gum disease in patients with HIV
			5.5.4	Management of mouth ulcers in patients with HIV
	5.6	**Managing skin presentations in patients with HIV**	5.6.1	Management of HIV specific skin conditions
			5.6.2	Management of common skin conditions diagnosed in patients with HIV
	5.7	**Management of HIV patients with a disturbed mental state**	5.7.1	Managing depression, anxiety I & bipolar disorder n the patient with HIV
			5.7.2	Managing psychosis in the patient with HIV
	5.8	**Identification and management of HIV related malignancy**	5.8.1	Identification and management of Kaposi Sarcoma
			5.8.2	Diagnosis and management of Lymphoma in patients with HIV
	5.9	**Management of patients with HIV with vision loss or eye symptoms**	5.9.1	New onset vision loss in patients with HIV
			5.9.2	Eye lesions in patients with HIV

6 Adverse events	**6.1**	**Managing the patient with HIV with jaundice or abnormal liver function tests.**	6.1.1	Managing the patient with new onset jaundice on TB or HIV treatment
			6.1.2	Managing the patient with HIV and Hep B co-infection
	6.2	**Managing the abnormal FBC in a patient with HIV**	6.2.1	Managing the abnormal FBC in patients with HIV
	6.3	**Management of metabolic complications and changes in habitus in patients on ARVs**	6.3.1	Managing gynaecomastia in patients on ARVs
			6.3.2	Management of patients on ARVs with hyperlipidaemia and / or weight gain
	6.4	**Managing patients on ARVs with neurological adverse events.**	6.4.1	Managing neurological adverse events in patients on ARVs
	6.5	**Managing patients with HIV with impaired renal function**	6.5.1	The ART naïve patient with increased creatinine
			6.5.2	Deteriorating renal function in the patient on ARVS
			6.5.3	The patient with HIV with Chronic kidney disease
	6.6	**Approach to dermatological adverse events in patients with HIV**	6.6.1	Managing a drug-related rash in a patient on ARVs
7 Co-morbid disease	**7.1**	**Managing adults with HIV and Chronic disease**	7.1.1	Patients with HIV with cardiovascular disease / diabetes / metabolic syndrome
			7.1.2	Patients with HIV and epilepsy
			7.1.3	Managing patient with HIV and acid reflux / peptic ulcer disease
			7.1.4	Managing patient with HIV and DVT / Pulmonary embolism
8 Adherence & Support	**8.1**	**Supporting patients on ARVs including special and key populations**	8.1.1	Counselling a patient on ARVs with poor adherence
			8.1.2	Creating accessible health care programs for key populations
			8.1.3	Creating assessable health care services for patients with HIV in rural and underserviced areas.
			8.1.4	Palliative and rehabilitative care for patients with HIV

8.0 RECOMMENDED READING/RESOURCES

1. **All HIV related National and HIV clinician society guidelines (latest publications) including both prevention and treatment guidelines**

2. **Hospital Standard Treatment Guidelines adult and paediatric versions (latest publications)**

3. **Relevant South African articles on HIV & TB Care e.g. articles published in the last 3 years in** HIV Clinician Society journal, South African Journal of Family Practice and the South African medical journal

4. **Any textbook of your choice e.g.:**
   A Medical Management of HIV infection, recent addition
   Authors: JG Bartlett and JE Gallant
   Publisher: Johns Hopkins University School of Medicine
   (* this book is updated on a yearly basis)
   B Handbook of HIV Medicine
   Authors: D Wilson, S Naidoo, IG Bekker, M Cotton, G Maartens
   Publishers: OUP Southern Africa
   C The clinical practice of HIV medicine
   Author: David Spencer
   Publisher: Goldstream books

5. The **NDOH Knowledge hub** has excellent CPD accredited training courses on Advanced HIV clinical care.

9.0 RECOMMENDED WEBSITES

http://www.unaids.org/en/
http://www.sahivcliniciansociety.org
http://www.iapac.org
http://www.hopkins-aids.edu

NB: These are just a few of the possible resources available and are by no means comprehensive