C M S A

The Colleges of Medicine of South Africa NPC

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JOHANNESBURG OFFICE

EXAMINATIONS & CREDENTIALS

November 2022

R E G U L A T I O N S

FOR ADMISSION TO THE DIPLOMA IN INTERNAL MEDICINE OF

THE COLLEGE OF PHYSICIANS OF SOUTH AFRICA

Dip Int Med(SA)

1.0 OBJECTIVES

The purpose of the Diploma in Internal Medicine is to encourage postgraduate training in Internal Medicine.

1.1 Intended for medical officers in both teaching and non-teaching hospitals.

1.2 Improve ability to evaluate and manage common medical disorders, leading to improved medical care in rural and urban communities outside the larger training centres.

1.3 The following paragraphs indicate briefly the range of competencies that can be expected of a diplomate

- 1.3.1 Should be able to evaluate and manage common conditions in Internal Medicine
- 1.3.2 Should be competent in the performance and interpretation of certain procedures including bone marrow aspiration and trephine, biopsy of lymph nodes, pleura, liver, etc
- 1.3.3 Must be able to judge when to seek help from a specialist
- 1.3.4 Referral to regional or to tertiary training centres for specialist or subspecialist consultation

1.4 Empower medical officers to supervise and train interns and community service doctors.

2.0 ADMISSION TO THE EXAMINATION

2.1 **Qualification**

- 2.1.1 In order to be accepted for the training detailed in paragraph 2.2 the applicant must be registered or registrable with the Health Professions Council of South Africa
- 2.1.2 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

2.2 **Education and training**

- 2.2.1 Candidates will be required to undertake 12 months of fulltime in-service training in general medicine in hospitals accredited by the CMSA and/or the Health Professions Council of South Africa (Appendix C). Candidates may apply for the examination once they have completed 6 months of training
- 2.2.2 Education and training will be supervised, and will be structured according to Appendix A to emphasise the use of basic clinical skills while having sufficient scientific content to provide academic relevance
- 2.2.3 Recommended that candidates spend time in recognised teaching hospitals or attend academic meetings and clinical rounds in these hospitals.

3.0…/

3.0 SYLLABUS OF THE EXAMINATION

3.1 The syllabus provides the candidate with the knowledge necessary to adequately diagnose and manage common medical disorders (Appendix A)

4.0 CONDUCT OF THE EXAMINATION

The candidate may apply to sit the Dip Int Med(SA) examination once he/she has completed 6 months of training.

4.1 **Written examination:**
There will be three papers. Papers 1 and 2 will be of 3 hours each and will be clinically orientated and based on clinical scenarios. There will be 10 equally weighted questions per paper. Emphasis will be on short answers. Paper 3 will be an OSCE of 3 hours which may include interpretation of laboratory data, electrocardiograms, radiographs, slides/photograph recognition. There will be 15 questions which will be equally weighted.

4.2 **Clinical examinations:**
These will emphasise history taking, examination and clinical assessment. There will be one long case and two short cases, studied at the bedside for one hour and 30 minutes respectively

4.3 **Evaluation of the examination:**

4.3.1 Candidates must achieve an average of 50% or more for Papers 1 and 2 **and** 50% for the OSCE to be invited to the clinical component of the examination

4.3.2 Each candidate will be examined by a different pair of examiners for each clinical case

4.3.3 Examiners will submit their individual assessments in percentages

4.3.4 In order to pass the examination, candidates must obtain:

- 50% or more as an average in the written papers 1 and 2; and
- 50% or more for the OSCE examination (Paper 3)
- 50% or more for at least two of three clinical cases, and
- 50% or more, overall, for the three clinical cases, and

4.3.5 The three components of the examination will be weighted as follows:

- Papers 1 and 2 will contribute 20% to the final mark (10% for each paper)
- OSCE will contribute 20% to the final mark
- Clinical cases will contribute 60% of the final mark (20% for each of the clinical cases)

4.3.6 The following was agreed at the CMSA Senate meeting of 30 October2019: THAT 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.[1]

4.3.7 Marking guide for examiners for clinical cases is attached as Appendix B

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[1] Effective SS2019

5.0 ADMISSION AS A DIPLOMATE

5.1 The candidate having passed the examination and having been admitted as a Diplomate in Internal Medicine 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)

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 Diplomate 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)

A P P E N D I X A

GUIDELINES TO CANDIDATES FOR THE DIPLOMA IN INTERNAL MEDICINE(SA)

TRAINING ASSESSMENT

Regular meetings should be held between the candidate and his/her medical supervisor to review clinical skills, theoretical education and general progress and to provide necessary feedback to the candidate. The supervisor will also be required to certify in writing that the candidate has completed the training period satisfactorily and is eligible to take the examination

LEARNING GUIDE

1.0 BASIC CLINICAL SKILLS

1.1 History, physical examination and bedside tests
1.2 Laboratory tests
1.3 Procedures including bone marrow aspiration and trephine; biopsy of lymph nodes, liver and pleura; intercostal tube and central line insertion; pericardiocentesis
1.4 Appropriate referral

A good working knowledge of the indications, interpretation, complications and cost-benefits of 1.2 and 1.3 will be required

2.0 DOCTOR-PATIENT INTERACTION

This will include an in-depth understanding of medical ethics, the responsibility for counselling, the importance of preventive medicine, informed consent, care of the dying, an understanding of the effect of religious beliefs on illness and death, medical costs and inappropriate medical care

3.0 APPROACHES TO COMMON SYMPTOMS/CLINICAL PRESENTATIONS

(The problem-orientated approach)

4.0 MEDICAL EMERGENCIES[2]

4.1 Cardiovascular collapse and arrest
4.2 Shock; septicaemic, anaphylactic, cardiogenic, hypovolaemic
4.3 Acute myocardial infarction, pulmonary oedema, cardiac arrhythmias
4.4 Acute asthma; cyanosis and hypoxia
4.5 Malignant hypertension
4.6 Pulmonary thromboembolism
4.7 Aortic dissection
4.8 Drowning, electrical injuries, hypothermia, hyperthermia
4.9 Acute abdominal pain
4.10 Gastrointestinal bleeding
4.11 Epilepsy and seizures
4.12 Syncope, impaired consciousness
4.13 Cerebrovascular accident
4.14 Acute meningitis
4.15 Acute spinal cord compression
4.16 CNS infections - encephalitis, tetanus, rabies, botulism
4.17 Diabetic ketoacidosis; hyperosmolar coma
4.18 Hypoglycaemia
4.19 Acute renal failure
4.20 Anaphylaxis; transfusion reactions; venoms, bites
4.21 Poisoning
4.22 Bleeding disorders
4.23 Hypo- and hypercalcaemia

5.0…/

[2] Minor changes to curriculum effective SS2017

5.0 THE ORGAN SYSTEMS[3]

5.1 **Respiratory diseases:**

5.1.1 Tuberculosis
5.1.2 Pneumonias, lung abscess, bronchiectasis
5.1.3 Pleural diseases
5.1.4 Asthma and COAD
5.1.5 Lung carcinoma
5.1.6 Occupational/Industrial lung diseases

5.2 **Cardiology:**

5.2.1 Cardiac failure
5.2.2 Cardio-pulmonary resuscitation
5.2.3 Hypertension
5.2.4 Ischaemic heart disease
5.2.5 Rheumatic fever and valvular heart disease
5.2.6 Infective endocarditis
5.2.7 Cardiomyopathies and pericardial diseases
5.2.8 Thromboembolic disease, pulmonary hypertension and cor pulmonale
5.2.9 Arrhythmias such as atrial fibrillation, ventricular tachycardia and complete heart block
5.2.10 Syncope
5.2.11 **Others:** ECG, chest X-ray, congenital heart disease, diseases of the aorta

5.3 **Gastroenterology:**

5.3.1 Gastro-oesophageal reflux
5.3.2 Dysphagia
5.3.3 Gastritis, peptic ulcer disease, stomach carcinoma
5.3.4 Jaundice, hepatomegaly, hepatitis, cirrhosis, gallstones, hepatocellular carcinoma, ascites
5.3.5 Pancreatitis
5.3.6 Irritable bowel syndrome
5.3.7 Gastrointestinal bleeding
5.3.8 Diarrhoea; infectious and non-infectious
5.3.9 **Others:** constipation and purgative abuse

5.4 **Neurology:**

5.4.1 Cerebrovascular disease and stroke management
5.4.2 Intracranial mass lesions - subdural, abscess, tumour
5.4.3 Meningitis, encephalitis, parasitic infestations
5.4.4 Epilepsy
5.4.5 Headache
5.4.6 Approach to confusion eg delirium, depression, dementia
5.4.7 Tremors, Parkinson’s, cerebellar and movement disorders
5.4.8 Weakness – approach to hemiplegia, paraplegia and quadriplegia
5.4.9 Spinal cord lesions
5.4.10 Cranial nerve palsies
5.4.11 Vertigo
5.4.12 Diagnosis of brain death

5.5 **Renal disease:**

5.5.1 Approach to acute and chronic renal failure
5.5.2 Principles and indications for dialysis
5.5.3 Glomerulonephritis - nephritic/nephrotic syndromes
5.5.4 Infections - bacterial, tuberculosis, schistosomiasis
5.5.5 Obstructive uropathy

5.6…/

[3] Minor changes to curriculum effective SS2017

5.6 **Haematology and Oncology:**
- 5.6.1 Approach to anaemias
- 5.6.2 Transfusion medicine; iron overload
- 5.6.3 Approach to bleeding disorders
- 5.6.4 Approach to leukaemias and lymphomas
- 5.6.5 Approach to clotting disorders
- 5.6.6 Lymphoma
- 5.6.7 Approach to lymphadenopathy and hepatosplenomegaly

5.7 **Endocrinology and Metabolism:**
- 5.7.1 Diabetes mellitus and the hypoglycaemias
- 5.7.2 Thyroid disorders
- 5.7.3 Osteoporosis
- 5.7.4 Electrolyte disorders - Na, K, Mg, Ca
- 5.7.5 Cushing's syndrome and complications of chronic glucocorticoid therapy
- 5.7.6 Metabolic syndrome

5.8 **Rheumatology**
- 5.8.1 Approach to mono-, oligo- and polyarthritis
- 5.8.2 Rheumatoid arthritis
- 5.8.3 Osteoarthritis
- 5.8.4 Gout
- 5.8.5 Bacterial arthritis - purulent, tuberculosis
- 5.8.6 Lower backache
- 5.8.7 **Others:** sero-negative arthritides; sero-positive arthritis, eg SLE

6.0 INFECTIOUS DISEASES AND INFESTATIONS[4]
- 6.1 Principles of diagnosing and treating infectious diseases, immunisation principles and vaccine use
- 6.2 Sepsis and septic shock; staphylococcal infections
- 6.3 Infections in the immunocompromised host
- 6.4 Tuberculosis
- 6.5 HIV/AIDS
- 6.6 Sexually transmitted diseases
- 6.7 Malaria, schistosomiasis, cysticercosis
- 6.8 Typhoid,
- 6.9 Candidiasis, cryptococcosis
- 6.10 **Other:** eg rabies, herpes, tetanus, cholera etc

7.0 NUTRITIONAL DISEASES[5]
- 7.1 Nutritional requirements
- 7.2 Protein energy malnutrition, specific vitamin/trace element deficiency syndromes
- 7.3 Obesity, Metabolic syndrome

8.0 GERIATRICS
An approach to and understanding of the special problems of the aged is required including their sensory and cognitive impairment, atypical response to systemic illness, pain; sensitivity to drugs; causes of confusion and depression; syncope in the elderly - falls and fractures

9.0 PSYCHIATRY
An understanding of the psychoses, conversion and "cultural" disorders as well as alcoholism and substance abuse is required

10.0 DERMATOLOGY
A knowledge of the involvement of the skin in systematic diseases is essential

11.0…/

[4] Minor changes to curriculum effective SS2017
[5] Minor changes to curriculum effective SS2017

11.0 PRINCIPLES OF PHARMACOLOGY

11.1 Principles of pharmacokinetics and pharmacodynamics
11.2 Drug interactions/monitoring/toxicity
11.3 Common poisoning/overdose eg alcohol, narcotics, paracetamol, anti-depressants, organophosphates, battery acid, paraffin
11.4 Pain relief - acute/chronic
11.5 Antimicrobials – rational use, mechanisms of action/resistance, side-effects, toxicity and precautions
11.6 Other drugs involving the respiratory, renal, cardiovascular, gastrointestinal and endocrine systems
11.7 Anticoagulants, coagulants, chemotherapy and immunosuppressive agents

12.0 LEARNING MATERIALS AND REFERENCE BOOKS[6]

To further define the scope of the course and depth of knowledge required, recommendations regarding learning materials have been limited to the following textbooks:

12.1 **RECOMMENDED TEXTBOOKS**

- Clinical Examination (Latest Edition): Nicolas Talley and Simon O'Connor (Blackwell Scientific Publication) or
- MacLeods Clinical Examination (Latest Edition) Munro (Harcourt Publishers)
- W.Kloeck. A Guide to the Management of Common Medical Emergencies in Adults
- Clinical Medicine; Kumar and Clark(latest edition)
- South African Medicines Formulary (Latest Edition)

12.2. **REFERENCE TEXTBOOKS**

- Concise Oxford Textbook of Medicine: (Latest Edition)
- Harrison's Principles of Internal Medicine (Latest Edition)
- Principles of Medicine in Africa (Latest Edition)

12.3 **SET OF PREVIOUS EXAMINATION PAPERS:**
Obtainable from CMSA offices

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[6] Update to recommended textbooks from November 2016 regulation's

A P P E N D I X B

MARKING GUIDE FOR EXAMINERS FOR CLINICAL CASES

<table>
<tr><th>MARK</th><th>DESCRIPTION</th></tr>
<tr><td>Less than 40%

Please specify mark within this range</td><td>The candidate
• Fails to elicit most of the important aspects of the history and/or physical examination, as would be expected of a competent medical officer
OR
• Reaches his/her conclusion by fraudulent or dishonest means, in the examiners’ opinion
OR
• Displays serious disrespect towards the patient</td></tr>
<tr><td>40 – 45%

Please specify mark within this range</td><td>The candidate
• Fails to elicit some important aspects of the history and/or physical examination, as would be expected of a competent medical officer
OR
• “Manufactures” or finds features on history or physical examination which are, in fact, not present. Examiners must satisfy themselves by their own independent evaluation that this is the case
OR
• Is unable to make a pathophysiologically plausible clinical assessment, with an appropriate differential diagnosis, and a rational plan of further investigation</td></tr>
<tr><td>52 – 69%

Please specify mark within this range</td><td>The candidate
• Successfully elicits most of the relevant aspects of the history and physical examination, as would be expected of a competent medical officer. Examiners should be satisfied that no important aspects of the history or physical examination have been missed
AND
• Makes a pathophysiologically plausible clinical assessment, with an appropriate differential diagnosis, and a rational plan of further investigations</td></tr>
<tr><td>70 – 74%

Please specify mark within this range</td><td>The candidate
• Successfully elicits all the relevant aspects of the history and physical examination, as would be expected of a competent medical officer
AND
• Makes a pathophysiologically plausible clinical assessment, with an appropriate differential diagnosis, and a rational plan of further investigation
AND
• Demonstrates clinical maturity, insight and a breadth of experience and knowledge</td></tr>
<tr><td>75 – 100%

Please specify mark within this range</td><td>The candidate
• Successfully elicits all the relevant aspects of the history and physical examination, as would be expected of a competent medical officer
AND
• Makes a pathophysiologically plausible clinical assessment, with an appropriate differential diagnosis, and a rational plan of further investigation
AND
• Demonstrates clinical maturity, insight and an outstanding grasp of clinical medicine, including both a broad and deep experience and theoretical knowledge</td></tr>
</table>

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APPENDIX C

1.0 HOSPITAL POSTS ACCEPTABLE FOR DIP INT MED(SA) TRAINING

Candidates are informed that training in fulfilment of the Dip Int Med(SA) examination regulations may be undertaken in:

1.1 Training posts under the supervision of university departments in teaching hospital complexes, as well as in teaching hospital equivalents or in university satellite departments of non-teaching hospitals. (Information relating to these posts is available from the Heads of university departments of medicine)

AND

2.0 Postinternship internal medicine training posts at the following CMSA accredited hospitals:

Bethlehem Provincial Hospital
Eben Donges Hospital, Worcester
Edendale Hospital
Eerste Rivier Hospital
Far East Rand Hospital (inc. Pholophong)
FH Odendaal Hospital, Nylstroom
George Provincial Hospital, George
GF Jooste Hospital, Manenberg
Goldfields Hospital, Welkom Provincial
Goldfields West Hospital, Westonaria
Groothoek Memorial Hospital, Lebowa
Harare Group of Hospitals
Helderberg Hospital
Jane Furse Memorial Hospital
Kapanong Hospital
King DinuZulu Hospital
Klerksdorp/Tshepong Hospital
Ladysmith Provincial Hospital
Leratong Hospital
Mitchell's Plain Hospital
Mpilo Hospital; Bulawayo
Ngwelezane Hospital; Empangeni
Northdale Hospital, Pietermaritzburg
Odendaal Hospital; Nylstroom
Oliver Tambo Memorial
Paarl Hospital
Rob Ferreira Hospital
Sebokeng Hospital
Tembisa Hospital
Thelle Mogoerane Regional Hospital
Tshwane District Hospital
Warmbaths Hospital
West Vaal Hospital
Western Deep Levels Hospital
Windhoek Hospital

Enquiries concerning acceptability of posts should be addressed to:

academic.registrar@cmsa.co.za

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