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JOHANNESBURG OFFICE
EXAMINATIONS & CREDENTIALS

ACADEMIC OFFICE

April 2021

SPECIAL REGULATIONS

FOR THE FS2021 / SS2021 MODIFIED CLINICAL/PRACTICAL/ORAL EXAMINATIONS

OF THE

THE COLLEGE OF FAMILY PHYSICIANS OF SOUTH AFRICA

H Dip Fam Med(SA)

1.0 OBJECTIVES

The aim of the Higher Diploma in Family Medicine is to enable medical practitioners working in primary care to undertake advanced reflection and development with respect to their current thinking and clinical practice. It is intended for medical practitioners in both private and public sectors. The Higher Diploma aims to develop competency in the following roles for the primary care medical practitioner.

1.1 Competent clinician
1.2 Change agent
1.3 Capability builder
1.4 Critical thinker
1.5 Community advocate
1.6 Collaborator

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 (HPCSA), after having completed internship.

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 successfully complete a minimum of 15-months of education and training under the supervision of a Higher Education Institution recognised by the CMSA for such purpose

2.2.2 Evidence of education and training will be provided in the form of a successfully completed portfolio of learning.

2.2.3 The examination is only offered once a year, during the Second Semester, as from SS 2019. [1]

3.0 SYLLABUS OF THE EXAMINATION

3.1 The syllabus provides the candidate with an overview of the exit level learning outcomes and approach to education and training (Appendix A).

[1] Timing of the examination effective SS 2019.

4.0.../

4.0 CONDUCT OF THE EXAMINATION

The candidate may apply to sit the H Dip Fam Med(SA) examination on successful completion of the prescribed period of education and training and their learning portfolio.

4.1 **Written examination:**
One MCQ paper of 3 hours duration will assess the candidate's application of knowledge in primary care.

4.2 **Clinical examinations: (OSCE)**

4.2.1 Online Zoom-based Structured Oral Examination (SOE):

- Number of stations: 10 spread over 2 days
  - 4 Stations on day 1
  - 6 Stations on day 2
- Duration of stations: 4 x 20 minutes each and 6 x 10 minutes each
- Examination material may include case histories with test results, images, photos, diagrams, short clinical video clips, role players/patients.
- Examination will be conducted electronically using the Zoom platform
- Venue as per timetable

4.3 **Evaluation of the examination:**

4.3.1 Candidates must achieve an aggregate mark of 50% or more in the written papers in order to be invited to the clinical component of the examination

4.3.2 In order to pass the overall examination, candidates must obtain:

- Written Examination – 50%
- Structured Oral Examination (SOE) – 50%

5.0 ADMISSION AS A DIPLOMATE

5.1 The candidate having passed the examination and having been admitted as a Diplomate in Family 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).

APPENDIX A

GUIDELINES TO CANDIDATES FOR THE HIGHER DIPLOMA IN FAMILY MEDICINE(SA)

1.0 ROLES, COMPETENCIES AND EXIT LEVEL LEARNING OUTCOMES

Roles and competencies	Learning outcomes
Competent clinician ▪ The primary care doctor should be able to practice competently across the whole quadruple burden of disease ▪ They should have the clinical and procedural skills to fulfil this role in primary care. ▪ They should be a role model for holistic patient-centred care with the accompanying communication and counselling skills. ▪ They should be able to offer care to the more complicated patients that primary care nurses refer to them. ▪ They should support continuity of care, integration of care and a family-orientated approach. ▪ They should be able to offer or support appropriate health promotion and disease prevention activities in primary care.	• The primary care doctor should be able to practice competently across the whole quadruple burden of disease (HIV/AIDS, TB, maternal and child care, non-communicable diseases, trauma and violence) and in terms of the morbidity profile of primary care in South Africa. This includes acute (emergency) care, chronic care and in some cases care provided in the midwife obstetric unit. In this respect they should be aware of the key national guidelines and be able to assist with their implementation in primary care. • They should have the clinical and procedural skills to fulfil this role in primary care. • They should be a role model for holistic patient-centred care with the accompanying communication and counselling skills. • They should be able to offer care to the more complicated patients that primary care nurses refer to them. • They should support continuity of care, integration of care and a family-orientated approach. • They should be able to offer or support appropriate health promotion and disease prevention activities in primary care.
Capability builder ▪ The primary care doctor should be able to engage in learning conversations with other primary care providers to mentor them and build their capability. ▪ They should be able to offer or support continuing professional development activities. ▪ They should help to foster a culture of inter-professional learning in the work-place. ▪ As part of a culture of learning they should attend to their own learning and development.	• The primary care doctor should be able to engage in learning conversations with other primary care providers to mentor them and build their capability. • They should be able to offer or support continuing professional development activities. • They should help to foster a culture of inter-professional learning in the work-place. • As part of a culture of learning they should attend to their own learning and development.

Critical thinker ▪ The primary care doctor is one of the most highly educated/trained members of the primary care team and as such should be able to offer a level of critical thinking to the team that also sees the bigger picture. ▪ They should be able to help the team analyse and interpret data or evidence that has been collected from the community, facility or derived from research projects. ▪ They should be able to help the team with rational planning and action. ▪ They should have IT and data management skills and the ability to make use of basic statistics.	• The primary care doctor is one of the most highly educated/trained members of the primary care team and as such should be able to offer a level of critical thinking to the team that also sees the bigger picture. • They should be able to help the team analyse and interpret data or evidence that has been collected from the community, facility or derived from research projects. • They should be able to help the team with rational planning and action. • They should have IT and data management skills and the ability to make use of basic statistics.
Community advocate ▪ The primary care doctor should exhibit a community-orientated mind-set that supports the ward-based outreach teams, understands the community's health needs and social determinants of health in the community and thinks about equity and the population at risk. ▪ They should be able to perform home visits in the community when necessary.	• The primary care doctor should exhibit a community-orientated mind-set that supports the ward-based outreach teams, understands the community's health needs and social determinants of health in the community and thinks about equity and the population at risk. • They should be able to perform home visits in the community when necessary.
Change agent ▪ The primary care doctor should be a champion for improving quality of care and performance of the local health system in line with policy and guidelines. ▪ They should be a role model for change – people need to see change in action. ▪ They should know how to conduct a quality improvement cycle and partake in other clinical governance activities. ▪ They should provide vision, leadership, innovation and critical thinking. ▪ They may need to support some aspects of corporate governance. ▪ They may need to assist with clinically related administration e.g. occupational health issues, medical record keeping, medico-legal forms.	• The primary care doctor should be a champion for improving quality of care and performance of the local health system in line with policy and guidelines. • They should be a role model for change – people need to see change in action. • They should know how to conduct a quality improvement cycle and partake in other clinical governance activities. • They should provide vision, leadership, innovation and critical thinking. • They may need to support some aspects of corporate governance. • They may need to assist with clinically related administration e.g. occupational health issues, medical record keeping, medico-legal forms.
Collaborator ▪ The primary care doctor should champion collaborative practice and teamwork. ▪ The primary care doctor should use their credibility and authority to assist the team with solving problems across levels of care (referrals up and down) or within the community network of resources and organisations. ▪ They should help develop a network of stakeholders and resources within the community.	• The primary care doctor should champion collaborative practice and teamwork. • The primary care doctor should use their credibility and authority to assist the team with solving problems across levels of care (referrals up and down) or within the community network of resources and organisations. • They should help develop a network of stakeholders and resources within the community.

2.0 EDUCATION AND TRAINING

Candidates will have completed a minimum of 15-months of education and training under the supervision of a Higher Education Institution. During this period they should have successfully completed the academic programme (modules) and provided sufficient evidence of learning in the workplace in the form of a learning portfolio. Candidates therefore will follow the structured academic programme and requirements for workplace-based learning and assessment at their Higher Education Institution. Resources for learning will be provided or accessed via the Higher Education Institution. All of the programmes recognised by the CMSA will be aligned with the roles, competencies and exit learning outcomes detailed above. Higher Education Institutions will require their students to work in a context that allows them to consult ambulatory patients, provide first contact medical care and work as a medical generalist. In general terms this implies working in a clinic, general practice, health centre or district hospital.

2.1 Appropriate history taking, physical examination and use of bedside tests and laboratory tests

2.2 Office procedures relevant to primary care /family medicine

2.3 Formulation of a holistic assessment, and evidence of using the S.O.A.P. Clinical Method.

2.4 Appropriate step-up or step-down referrals

2.5 Evidence of clinical reasoning and a good working knowledge of the indications, interpretation, complications and cost-benefits of 1.2 and 1.3 will be required

3.0 DOCTOR-PATIENT INTERACTION

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

4.0 APPROACHES TO COMMON SYMPTOMS/CLINICAL PRESENTATIONS (Differentiated and Undifferentiated) – using the problem-orientated approach)

The candidate must be able to manage these common presenting complaints in children and adults appropriately in primary care:

- Abdominal pain
- Alcohol problems
- Anxiety
- Arthralgia / joint pain
- Chest pain
- Child abuse
- Children's behavioural problems
- Confusion
- Convulsions
- Cough
- Developmental delay
- Diarrhoea
- Disability
- Dizziness
- Dyspepsia
- Dyspnoea
- Dysuria
- Earache
- Failure to thrive
- Family planning
- Fatigue
- Fever
- GIT bleeding
- Genital ulcers
- General body pain
- Haematuria

Haemoptysis …/

- Haemoptysis
- Headache
- Heartburn
- Infertility
- Intimate partner violence
- Jaundice
- Loss of appetite
- Low back pain
- Lower extremity pain and swelling
- Lumps / growths
- Malnutrition
- Memory loss
- Menopause
- Menstrual problems
- Numbness / pins and needles
- Overweight / obesity
- Polyuria
- Poisoning / ingestion of harmful substances
- Pregnancy-related problems
- Pruritus
- Psychosocial stress
- Rashes
- Red eye
- Respiratory distress
- Sleep problems
- Sore throat
- Substance abuse
- Syncope
- Swelling
- Underweight
- Unexplained somatic complaints
- Urethral discharge
- Vaginal bleeding
- Vaginal discharge
- Visual disturbances
- Vomiting
- Weight loss
- Wheeze
- Worms

5.0 EMERGENCIES: Emphasis on a practical approach to the most commonly occurring emergencies in primary care

- Cardiovascular collapse and arrest
- Shock: septicaemic, anaphylactic, cardiogenic, hypovolaemic
- Acute myocardial infarction, pulmonary oedema, cardiac arrhythmias
- Acute asthma
- Hypertensive Emergency and Urgency
- Pulmonary Embolism
- Acute Chest Pain
- Drowning
- Acute abdominal pain
- Gastrointestinal bleeding
- Acute intestinal obstruction
- Epilepsy and seizures
- Cerebro-vascular accident
- Acute meningitis

- Acute spinal cord compression …/

- Acute spinal cord compression
- CNS infections
- Diabetic Emergencies
- Acute renal failure
- Anaphylaxis; transfusion reactions; venoms, bites
- Poisoning
- Bleeding disorders
- Psychiatric and psychological emergencies
- Trauma and common related soft tissue and orthopaedic injuries

6.0 MANAGEMENT OF COMMON DIAGNOSES IN PRIMARY CARE:

Management should be appropriate to primary care and include the elderly, adults and children. The candidate should be competent to prescribe all relevant medications, perform all relevant procedures in primary care, interpret all relevant tests and perform or refer for all non-pharmaceutical management options**.**

7.0 PRINCIPLES OF FAMILY MEDICINE

The candidate should be able to describe and apply the principles of family medicine:

7.1 The family doctor is committed to the person rather than to a particular body of knowledge, group of diseases, or a special technique.

7.2 The family doctor attaches importance to the subjective aspects of medicine.

7.3 The family doctor seeks to understand the context of the illness.

7.4 The family doctor sees every contact with patients as an opportunity for prevention or health promotion.

7.5 The family doctor is able to perform most of the common clinical procedures and operations appropriate to the primary care setting.

7.6 The family doctor views her/his practice as a 'population at risk'.

7.7 The family doctor sees her/himself as part of a community-wide network of supportive and health care agencies.

7.8 The family doctor is an effective clinical manager.

7.9 The family doctor sees him/herself as a mentor or teacher for other practitioners in the district health system.

7.10 The family doctor is a life-long learner.

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

8.0 LEARNING MATERIALS AND REFERENCE BOOKS

8.1 **FAMILY MEDICINE TEXTBOOKS AND RESOURCES:**

8.1.1 Handbook of Family Medicine (Latest Edition)
Authors: Bob Mash and Julia Blitz (Eds)
Publisher: Oxford University Press

8.1.2 South African Family Practice Manual (Latest Edition)
Authors: Bob Mash and Julia Blitz (Eds)
Publishers: van Schaik Publishers

8.1.3 General Practice (Latest edition)
Author: John Murtagh
Publisher: Mc Graw-Hill Companies

8.1.4 Textbook of Family Medicine: (Latest edition)
Editor: Robert E Rakel
Publisher: Saunders Elsevier, Philadelphia

8.1.5 South African Family Practice Journal www.safpj.co.za

8.1.6 African Journal of Primary Health Care and Family Medicine www.phcfm.org

8.1.7 CME Journal www.cmej.org.za

8.2 …/

8.2 **OTHER TEXTBOOKS**:

8.2.1 Handbook of Dermatology (Latest edition)
Editors: Norma Saxe, Sue Jessop, Gail Todd
Publisher: Oxford University Press

8.2.2 South African Medicines Formulary (Latest edition)
Produced by: Department of Pharmacology, Medical School, University of Cape Town
Publisher: Publications Department of the South African Medical Association

8.2.3 Concise Oxford Textbook of Medicine: (Latest edition)
Editors: JGG Ledingham and DA Warrell
Publisher: Oxford University Press

8.2.4 Clinical Examination (Latest edition):
Authors: Nicolas Talley and Simon O'Connor
Publisher: Blackwell Scientific Publication

8.2.5 Hutchinson's Clinical Methods (Latest edition)
Author: Michael Swash
Publisher: Bailliere Tindall

8.2.6 MacLeods Clinical Examination (Latest Edition)
Author: Munro
Publisher:Harcourt Publishers Limited

A P P E N D I X B

HOSPITAL / NON-HOSPITAL POSTS ACCEPTABLE FOR H DIP FAM MED(SA) TRAINING

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

1.0 Postinternship family medicine training posts at the following CMSA accredited hospitals:

Ermelo Hospital

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

Enquiries concerning acceptability of posts should be addressed to:

The Academic Registrar
CMSA
Private Bag X23
BRAAMFONTEIN
2017

JOHANNESBURG
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