

July 2011

R E G U L A T I O N S

FOR ADMISSION TO THE HIGHER DIPLOMA IN INTERNAL MEDICINE OF

THE COLLEGE OF PHYSICIANS OF SOUTH AFRICA

H Dip Int Med(SA)

1.0 OBJECTIVES

The purpose of the Higher 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 2 years 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)
- 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 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 H Dip Int Med(SA) examination during the last quarter of the prescribed period of 2 years of training

4.1 Written examination:

Two papers of 3 hours each. Both papers will be clinically orientated and pure basic science will not be examined. Emphasis will be on short answers

4.2 Clinical examinations:

These will emphasise history taking, examination and clinical assessment, and may include an OSCE. There will be at least one long case and two or more short cases, studied at the bedside for one hour and 20 to 30 minutes respectively, or three cases studied at the bedside for 35 to 40 minutes

4.3 Oral examination:

The oral examination should be replaced by an OSCE lasting 35 to 40 minutes with 4 to 10 stations, which may include interpretation of laboratory data, electrocardiograms, radiographs, slides/photograph recognition

4.4 Evaluation of the examination:

- 4.4.1 Candidates must achieve 50% or more for the two written papers in order to be invited to the clinical component of the examination
- 4.4.2 At least two pairs of examiners will participate in the clinical and OSCE examination of each candidate
- 4.4.3 Examiners will submit their individual assessments in percentages
- 4.4.4 In order to pass the examination, candidates must obtain:
- 50% or more in the written papers; and
 - 50% or more for at least two of three clinical cases, and
 - 50% or more, overall, for the three clinical cases, and
 - 50% or more for the OSCE examination
- 4.4.5 The three components of the examination will be weighted as follows:
- Two written papers will contribute 20% to the final mark (10% for each paper)
 - Clinical cases will contribute 60% of the final mark
 - Long cases 30%
 - Short case 15% **OR** three intermediate cases 20% each
 - Short case 15%
 - OSCE will contribute 20% to the final mark
- 4.4.6 Marking guide for examiners for clinical cases is attached as Appendix B

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 HIGHER 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**

- 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 Acute intestinal obstruction
- 4.12 Epilepsy and seizures
- 4.13 Syncope, impaired consciousness
- 4.14 Cerebrovascular accident

- 4.15 Acute meningitis
- 4.16 Acute spinal cord compression
- 4.17 CNS infections - encephalitis, tetanus, rabies, botulism
- 4.18 Diabetic ketoacidosis; hyperosmolar coma
- 4.19 Hypoglycaemia
- 4.20 Acute renal failure
- 4.21 Anaphylaxis; transfusion reactions; venoms, bites
- 4.22 Poisoning
- 4.23 Bleeding disorders
- 4.24 Acute adrenal insufficiency, thyroid storm, myxoedema coma
- 4.25 Hypo- and hypercalcaemia

5.0 THE ORGAN SYSTEMS

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
- 5.1.7 Others eg interstitial lung diseases, ARDS

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
- 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, pancreas carcinoma
- 5.3.6 Irritable bowel syndrome
- 5.3.7 Chronic inflammatory bowel disease
- 5.3.8 Colon carcinoma
- 5.3.9 Gastrointestinal bleeding
- 5.3.10 Diarrhoea; infectious and non-infectious
- 5.3.11 **Others:** malabsorption, 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 Dementias
 - 5.4.7 Tremors, Parkinson's, cerebellar and movement disorders
 - 5.4.8 Weakness - neuropathies, myopathies, myasthenia gravis, motor neuron disease and chronic fatigue syndrome
 - 5.4.9 Spinal cord lesions
 - 5.4.10 Cranial nerve palsies
 - 5.4.11 Vertigo
 - 5.4.12 **Others:** entrapment neuropathy, blindness, deafness, brain death

- 5.5 **Renal disease:**
 - 5.5.1 Renal failure - acute/chronic
 - 5.5.2 Dialysis
 - 5.5.3 Glomerulonephritis - nephritic/nephrotic syndromes
 - 5.5.4 Infections - bacterial, tuberculosis, schistosomiasis
 - 5.5.5 Recurrent renal stone; obstructive uropathy
 - 5.5.6 Prostatic carcinoma
 - 5.5.7 **Others:** interstitial nephritis, renal tumours, renovascular disease, RTA

- 5.6 **Haematology and Oncology:**
 - 5.6.1 Anaemias
 - 5.6.2 Transfusion medicine; iron overload
 - 5.6.3 Bleeding
 - 5.6.4 Myeloproliferative disorders
 - 5.6.5 Leukaemias
 - 5.6.6 Thrombosis
 - 5.6.7 Lymphoma, multiple myeloma
 - 5.6.8 Common solid tumours, eg breast, cervix, ovary, lung, gastrointestinal

- 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 Amenorrhoea - galactorrhoea syndrome
 - 5.7.5 Porphyrrias
 - 5.7.6 Electrolyte disorders - Na, K, Mg, Ca
 - 5.7.7 Disorders of lipid metabolism
 - 5.7.8 Cushing's syndrome and complications of chronic glucocorticoid therapy
 - 5.7.9 **Others:** acromegaly, Addisons, Conn's syndrome, hypopituitarism, metabolic syndrome, short stature

5.8 Rheumatology

5.8.1 Rheumatoid arthritis

5.8.2 Osteoarthritis

5.8.3 Gout/pseudo-gout

5.8.4 Bacterial arthritis - purulent, tuberculosis

5.8.5 Lower backache

5.8.6 **Others:** sero-negative arthritides; sero-positive arthritis, eg SLE; congenital bleeding disorders**6.0 INFECTIOUS DISEASES AND INFESTATIONS**

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, hydatid disease, schistosomiasis, cysticercosis

6.8 Typhoid, brucellosis

6.9 Candidiasis, cryptococcosis

6.10 **Other:** eg rickettsial diseases, leprosy, rabies, herpes, tetanus, cholera etc.**7.0 NUTRITIONAL DISEASES**

7.1 Nutritional requirements

7.2 Protein energy malnutrition, specific vitamin/trace element deficiency syndromes

7.3 Obesity, Metabolic syndrome

7.4 Eating disorders - anorexia nervosa and bulimia

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 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

LEARNING MATERIALS AND REFERENCE BOOKS

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

1. CLINICAL METHODS AND EXAMINATION**Clinical Examination (Latest Edition):**

Authors: Nicolas Talley and Simon O'Connor
Publisher: Blackwell Scientific Publication

Hutchinson's Clinical Methods (Latest Edition)

Author: Michael Swash
Publisher: Bailliere Tindall

MacLeods Clinical Examination (Latest Edition)

Author: Munro
Publisher; Harcourt Publishers Limited

2. STANDARD TEXTBOOKS:**Concise Oxford Textbook of Medicine: (Latest Edition)**

Edition: JGG Ledingham and DA Warrell
Publisher: Oxford University Press

In conjunction with but not essential

Harrison's Principles of Internal Medicine (Latest Edition)

Author: Kasper, Braunwold, Fanci, Hauser, Lango, Jameson
Publisher: McGraw-Hill

Clinical Medicine (Latest Edition)

Editors: Parveen Kumar and Michael Clark
Publisher: WB Saunders

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

Principles of Medicine in Africa (Latest Edition)

Editors: Parry, Godfrey, Maley, Gill
Publisher: Cambridge University Press

3. SET OF PREVIOUS EXAMINATION PAPERS:

Obtainable from CMSA offices

APPENDIX B

MARKING GUIDE FOR EXAMINERS FOR CLINICAL CASES

SYMBOL	MARK	DESCRIPTION
F	Less than 40% <i>Please specify mark within this range</i>	The candidate <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Reaches his/her conclusion by fraudulent or dishonest means, in the examiners' opinion OR <ul style="list-style-type: none"> • Displays serious disrespect towards the patient
S-	40 – 45% <i>Please specify mark within this range</i>	The candidate <ul style="list-style-type: none"> • Fails to elicit some important aspects of the history and/or physical examination, as would be expected of a competent medical officer OR <ul style="list-style-type: none"> • “Manufactures” or finds features on history or physical examination which are, in fact, not present. <i>Examiners must satisfy themselves by their own independent evaluation that this is the case</i> OR <ul style="list-style-type: none"> • Is unable to make a pathophysiologically plausible clinical assessment, with an appropriate differential diagnosis, and a rational plan of further investigation
S	52 – 69% <i>Please specify mark within this range</i>	The candidate <ul style="list-style-type: none"> • Successfully elicits most of the relevant aspects of the history and physical examination, as would be expected of a competent medical officer. <i>Examiners should be satisfied that no important aspects of the history or physical examination have been missed</i> AND <ul style="list-style-type: none"> • Makes a pathophysiologically plausible clinical assessment, with an appropriate differential diagnosis, and a rational plan of further investigations

SYMBOL	MARK	DESCRIPTION
S+	<p style="text-align: center;">70 – 74%</p> <p><i>Please specify mark within this range</i></p>	<p>The candidate</p> <ul style="list-style-type: none"> • Successfully elicits all the relevant aspects of the history and physical examination, as would be expected of a competent medical officer <p>AND</p> <ul style="list-style-type: none"> • Makes a pathophysiologically plausible clinical assessment, with an appropriate differential diagnosis, and a rational plan of further investigation <p>AND</p> <ul style="list-style-type: none"> • Demonstrates clinical maturity, insight and a breadth of experience and knowledge
X	<p style="text-align: center;">75 – 100%</p> <p><i>Please specify mark within this range</i></p>	<p>The candidate</p> <ul style="list-style-type: none"> • Successfully elicits all the relevant aspects of the history and physical examination, as would be expected of a competent medical officer <p>AND</p> <ul style="list-style-type: none"> • Makes a pathophysiologically plausible clinical assessment, with an appropriate differential diagnosis, and a rational plan of further investigation <p>AND</p> <ul style="list-style-type: none"> • Demonstrates clinical maturity, insight and an outstanding grasp of clinical medicine, including both a broad and deep experience and theoretical knowledge

A P P E N D I X C**HOSPITAL POSTS ACCEPTABLE FOR H DIP INT MED(SA) TRAINING**

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

- 1.0 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	Klerksdorp/Tshepong Hospital
Eben Donges Hospital, Worcester	Ladysmith Provincial Hospital
Eerste Rivier Hospital	Leratong Hospital
Far East Rand Hospital (inc. Pholophong)	Mpilo Hospital; Bulawayo
FH Odendaal Hospital, Nylstroom	Ngwelezane Hospital; Empangeni
George Provincial Hospital, George	Northdale Hospital, Pietermaritzburg
GF Jooste Hospital, Manenberg	Odendaal Hospital; Nylstroom
Goldfields Hospital, Welkom Provincial	Oliver Tambo Memorial
Goldfields West Hospital, Westonaria	Paarl Hospital
Groothoek Memorial Hospital, Lebowa	Tembisa Hospital
Harare Group of Hospitals	Warmbaths Hospital
Helderberg Hospital	West Vaal Hospital
Jane Furse Memorial Hospital	Western Deep Levels Hospital

Enquiries concerning acceptability of posts should be addressed to:

The Academic Registrar
CMSA
Private Bag X23
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