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JOHANNESBURG OFFICE
EXAMINATIONS & CREDENTIALS

DipHIVMan Blueprint & Curriculum SS2026

Updated April 2026

Introduction

The Diploma of HIV Management is offered as an outcome assessment by the College of Family Medicine under the CMSA. It is written twice a year (February and July) and is not affiliated with any specific university or training course. Its focus is the knowledge and understanding of managing patients with HIV in primary, CHC, GP, and district hospital settings. Candidates are expected to facilitate their own learning, both while seeing patients and through reading and studying.

To ensure the exam is valid and reliable, it assessment consists of two high-quality MCQ papers.
Paper 1: Case-based MCQs
Paper 2: Data Interpretation MCQs: These include media such as X-rays, photographs, charts, results, etc.

To assist candidates in preparing for their exam, the Diploma of HIV Management working group has created a curriculum based on 27 Professional Activities (PAs). All MCQs have been set in accordance with the learning objectives outlined in these PAs. The exam MCQs are selected to cover the breadth of the curriculum; it is therefore important to prepare for all sections.

This blueprint will help candidates identify their learning gaps and structure their exam preparation.

Exam	**Paper 1: MCQ**	**Paper 2: Clinical Data Interpretation MCQ**
Mark Allocation	Single best answer MCQ and Extended Matching MCQ 100 marks	Single best answer MCQ and Extended Matching MCQ 60 marks
Standard setting	Modified COHEN65 at the 90th centile with 1x SEM added	
Weighting	62,5%	37,5%

Please note that standard setting is applied after the papers have been marked. This adjusts for the ease or difficulty of the paper and ensures that marks are consistent over exams. Candidates will therefore not be unfairly advantaged or disadvantaged by exam variance.

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1.1 PA: Providing HIV Negative patients with HIV Prevention options.

1 PA Title	1.1 Providing HIV Negative patients with HIV Prevention options.
2 Specifications and limitations	**Specifications: List of Observable Professional Activities** 1.1.1 PEP occupational 1.1.2 PEP after sexual assault 1.1.3 PrEP for HIV Negative persons 1.1.4 Counselling on HIV prevention 1.1.5 Ethical considerations around HIV counselling, confidentiality and disclosure **Limitations: What is not included in this EPA** • The mother to child prevention strategies is covered in PA 4.1 • A doctor does not have to be able to do a MMC for the DIPHIVMAN, but must know appropriate referral and counselling. • HIV vaccines
3 Learning Objectives	**1.1.1 PEP Occupational health** • Able to do an initial management and approach to a person with a needlestick injury, including for those with renal dysfunction. • Able to do appropriate baseline investigations on exposed person and source • Confident in all aspects of counselling the exposed patient • Follow up, Monitoring and management of adverse events on PEP **1.1.2 PEP Sexual assault** • Initial management and approach to a person (adults and children) after sexual assault • Doing appropriate baseline investigations on an exposed person and source • Appropriate medical prevention for HIV, pregnancy and STI's • All aspects of counselling the exposed patient • Follow up, Monitoring and management of adverse events on PEP • Able to collect forensic evidence, fill in appropriate paperwork and cooperate with relevant services (such as police) **1.1.3 PrEP for HIV negative persons** • Able to identify persons for whom this intervention would be appropriate & can identify situations where PrEP would not be suitable or contra-indicated • Knows what baseline evaluation is required before using PrEP • Is able to do the required follow up in a patient using PrEP • Knows what medication to use for oral PrEP and different dosing schedules based on the patient's profile, needs and choices • Knows how to prescribe on-demand PrEP and for which populations • Understand the recently introduced PrEP options: Lenacapavir long acting injectable, Cabotegravir long acting injectable and Dapivirine vaginal ring • Able to manage incidental positive results for HIV, Hepatitis B virus in a patient presenting for PrEP • Can demonstrate how to inform and counsel a person who may benefit from PrEP about the availability, benefits, limitations and use of PrEP. • Can demonstrate how to counsel a patient on how to use PrEP safely and effectively, emphasising adherence, follow up and possible need for support.

	• Able to counsel a patient about the need to use other interventions to prevent HIV infection **1.1.4 Comprehensive HIV prevention counselling** • Is able to give information to a HIV negative person about his/her risk of HIV infection • Is able to inform an HIV negative person about specific HIV prevention interventions that are appropriate and practical to him/her taking into account sexual orientation and gender diversity • Is able to explain the benefits, risks, efficacy and limitations of specific interventions, such as U=U, medical male circumcision, condom use (both internal and external) • Is able to explain the options for safer conception in sero-discordant couples **1.15 Ethical considering in HIV counselling, confidentiality and disclosure**. • Know the requirements for informed consent • Is able to assess capacity of the individual to give informed consent and who may give consent in the event of incapacity • Knows requirements regarding disclosure in the individual who is unable to give informed consent • Has understanding of the pre-test counselling protocol, to include need for the test, understanding of HIV/AIDS, information about the test , advantages and disadvantages of HIV test, how the test is done, implications of positive result, consent, time to reflect and time for questions . • Knowledge of post-test counselling to include disclosure of positive and negative results. This includes the implications of positive result and risk reduction counselling for HIV negative client. • Able to counsel an individual who refuses to be tested for HIV
4 Resources	**Updated Guidelines for the provision of PrEP @ substantial risk of HIV infection, NDOH Jan 2021** https://knowledgehub.health.gov.za/elibrary/updated-guidelines-provision-oral-pre-exposure-prophylaxis-prep-persons-substantial-risk **SAHCS Guidelines on PrEP to prevent HIV 2025** **https://sahivsoc.org/Files/SAHCS%20PrEP%20guideline%202025.pdf** **National Guidelines on PEP 2020** https://knowledgehub.health.gov.za/elibrary/national-clinical-guidelines-post-exposure-prophylaxis-pep-occupational-and-non **PrEP Lenacapavir Implementation Guidelines:** https://www.prepwatch.org/resources/south-africa-lenacapavir-implementation-guidelines-2025/ **Primary healthcare (PHC) Standard Treatment Guidelines and Essential Medicine list March 2026 update** https://www.health.gov.za/wp-content/uploads/2026/04/Primary-Healthcare-Standard-Treatment-Guidelines-and-Essential-Medicines-List-8th-Edition-Updated-March-2026-v2.0.pdf Davies NECG, Ashford G, Bekker L-G, et al. **Guidelines to support HIV-affected individuals and couples to achieve pregnancy safely:** Update 2018. S Afr J HIV Med. 2018;19(1), a915. https://doi.org/10.4102/sajhivmed.v19i1.915

	Emergency management of a rape case https://safpj.co.za/index.php/safpj/article/view/4788/5694 **Medicine Information Centre Posters** **PEP:** **https://mic.uct.ac.za/sites/default/files/media/documents/mic_uct_ac_za/2157/pep.pdf** **PrEP:** **https://mic.uct.ac.za/sites/default/files/media/documents/mic_uct_ac_za/2157/prep-faq-2023-v4.pdf**

2.1 PA: Testing and Initiating HIV positive patients onto ARVs

1 EPA Title	2.1 Testing and Initiating HIV Positive Adults onto ARVs.
2 Specifications and limitations	**Specifications: List of Observable Professional Activities** 2.1.1 Understanding, Interpreting and managing patients HIV test results 2.1.2 Recognising and managing seroconversion illness in newly infected patients with HIV 2.1.3 Assessment of newly diagnosed HIV positive patient /patient who defaulted who is clinically ill 2.1.4 Initiation and monitoring of ARVs in patients with uncomplicated HIV 2.1.5 Re-initiating treatment in a patient that defaulted ARVs **Limitations: What is not included in this EPA** • This does not include initiation of ARVs in patients with TB, CM or other OIs covered under the Opportunistic infection section.
3 Learning Objectives	**2.1.1 HIV testing** • Understanding of and sensitivity to the impact of basic biostatistical concepts (pre-test probability, positive and negative predictive value) in the context of HIV testing • Knowledge of and sensitivity to the limitations of available tests and of the latest testing protocols • Interpersonal competence and counselling skills regarding 'breaking bad news', self-protection/ treatment/ adherence counselling, 'no replication – no transmission' (treatment as prevention) etc • Knowledge of the relevant and recommended screening tests for HIV-related co-morbid conditions and relevant organ dysfunctions • Knowledge of current testing protocols (positive and negative screening test and divergent results) including the new 3-test recommendation as recommended by the WHO. • Critical interpretation of test results against the clinical presentation and further clinical development. • Understand the advantages and challenges of self-testing and program implementation **2.1.2 Seroconversion illness** • Reasonable level of alertness for the differential diagnosis of seroconversion illness • Knowledge of and application of current best-practice recommendations regarding the condition • Counselling skills regarding the individual's current and future care as well as the contextual matters, e.g. risk of transmission to others, 'treatment as prevention'/ 'test and treat' • Ability to recognise seroconversion illness as a differential diagnosis in patients with typical presentation • Management in line with the universal 'test and treat' approach **2.1.3 Clinically ill HIV patient assessment** • Able to take a thorough history and do an in depth examination to assess all clinical domains. • Reasonable use of resources.

	• Ability to recognise the complex clinical pictures in patients with advanced HIV disease • Understand and follow a step by step assessment and work-up including relevant investigations • Knowledge of different possible conditions related to the immunosuppression stage of the patient • WHO staging • Identifying which patients need admission • Prioritising management – able to determine what to treat first and in what order to manage different clinical conditions (e.g. TB, HIV and cryptococcal meningitis.) • Appropriate follow up and referral as indicated **2.1.4 Initiation and monitoring of ARVs** • Knowledge of the current recommended first-line regimen(s) and timing to starting, including co-medications for preventative treatment and the contraindications for specific drugs and the recommended substitutions • Knowledge of common side effects of the drugs used in the first-line regimen(s) • Ability to counsel the patient about the required treatment (ARV medication and co-medications) and additional tests • Selection and prescription of appropriate medication (ARVs and co-medications) • Follow-up of patient as per treatment guidelines **2.1.5 Retreatment after default .** • Knowledge of and sensitivity for the complexities of ARV treatment in patients with adherence challenges • Ability to identify available resources for support and to access such resources • Knowledge and application of the latest South African guidelines regarding reinitiating ART after default • Assessment of patient for treatment readiness and initiation of possible required additional diagnostics or interventions • In-depth counselling of patient and treatment supporter (if available) • Selection and prescription of appropriate medication (ARVs and co-medications) • Follow-up of patient as per treatment guidelines
4 Re-sources	**National HIV testing service and policy 2025** https://www.spotlightnsp.co.za/wp-content/uploads/2025/11/national-hiv-testing-services-policy-2025.pdf **National HIV self-screening guidelines** https://www.aids.org.za/wp-content/uploads/2018/06/Final-HIVSS-guidelines-May-2018.pdf **National Consolidated Guidelines for the Prevention and Management of HIV in Adults, Adolescents, Children, Infants and Pregnant and Breastfeeding women 2026** https://sahivsoc.org/Files/National%20Consolidated%20Guidelines%2004-03-2026.pdf

	Southern African HIV Clinicians Society guidelines for harm reduction: https://sahivsoc.org/Files/Southern%20African%20HIV%20Clinicians%20Society%20guidelines%20for%20harm%20reduction.pdf **SAHCS Guidelines on PrEP to prevent HIV 2025 – on the three test algorithm** **https://sahivsoc.org/Files/SAHCS%20PrEP%20guideline%202025.pdf** **Differentiated models of care Standard Operating Procedures 2023** https://knowledgehub.health.gov.za/elibrary/differentiated-models-care-standard-operating-procedures **Standard Treatment Guidelines and Essential Medicines List for South Africa Hospital Level, 2024 edition Updated March 2026** https://www.health.gov.za/wp-content/uploads/2026/04/Hospital-Level-Adults-Standard-Treatment-Guidelines-and-Essential-Medicines-List-6th-Edition-2024_Updated-March-2026.pdf **SOUTHERN AFRICAN HIV CLINICIANS SOCIETY CLINICAL GUIDELINES FOR HOSPITALISED ADULTS WITH ADVANCED HIV DISEASE 2022** **https://sahivsoc.org/Files/SAHCS%202022%20Adult%20AHD%20Guidelines_20220506.pdf** **Oxford Handbook of HIV Medicine third edition**

1 EPA Title	2.2 Managing Adults on ARVs with Treatment Failure
2 Specifications and limitations	**Specifications: List of Observable Professional Activities** 2.2.1 Diagnosing and counselling of adults 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 **Limitations: What is not included in this EPA** • Does not include VL failure in children or pregnant women.
3 Learning Objectives	**2.2.1 Identifying VL failure and changing regimens** • Assessment of the patient with a Viral load >50 copies /ml (ABCDE as per National guideline) and knowledge of when to repeat viral load • Understanding the difference between TLD1 and TLD2 and when it is appropriate to switch a regimen to TLD2. • To know how to identify virological failure in patients on TDF/3TC/DTG and how to manage such patient • Indications for genotype • When and how to refer a patient to the third line committee • Can describe how the morphology of the HIV virus, how it replicates and how the different classes of HIV drugs interrupt the replication cycle. • Understanding HIV virology as it pertains to resistance against different drugs and regimens, including concepts such as genetic barrier, zone of replication, viral fitness and knowing how key mutations affect viral fitness. • Advanced consultation room skills to determine and support adherence. • Management of low level viremia over time (VL persistently between 50 and 999) • To know when and under which criteria to switch patients to TDF/3TC/DTG as a second line regimen, including those on NNRTI and PI regimens • Monitoring of patients on 2nd line regimens. • Knowledge of third line drugs available in South Africa – adverse events, monitoring and major drug interactions • Be aware of the Stanford database and how third line regimens are designed. • Counselling the patient who is undergoing a regimen change **2.2.2 OI prophylaxis** • The indications for use of CTX and when to discontinue CTX • The indications and management for use of TPT in adults, including pregnant women • When to restart OI prophylaxis in patients already on ART and who had prophylaxis in the past. • How to monitor patients on CTX • How to monitor patients on TPT • Adverse events and complications on CTX and TPT
4 Resources	**National Consolidated Guidelines for the Prevention and Management of HIV in Adults, Adolescents, Children, Infants and Pregnant and Breastfeeding women 2026** https://sahivsoc.org/Files/National%20Consolidated%20Guidelines%2004-03-2026.pdf

	Southern African HIV Clinicians Society (SAHCS) Guidelines for Antiretroviral therapy. Update 2023 https://sahivsoc.org/Files/SAHCS%20Adult%20ART%202023%20Guidelines%20(1107).pdf **Differentiated models of care Standard Operating Procedures 2023** https://knowledgehub.health.gov.za/elibrary/differentiated-models-care-standard-operating-procedures **Standard Treatment Guidelines and Essential Medicines List for South Africa Hospital Level, 2024 edition Updated March 2026** https://www.health.gov.za/wp-content/uploads/2026/04/Hospital-Level-Adults-Standard-Treatment-Guidelines-and-Essential-Medicines-List-6th-Edition-2024_Updated-March-2026.pdf Any HIV textbook for overview on HIV virology and resistance.

3.1 PA Testing and Initiating HIV positive children onto ARVs

1 EPA Title	3.1 Testing and Initiating HIV Positive Children onto ARVs.
2 Specifications and limitations	**Specifications: List of Observable Professional Activities** 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 for ART initiation 3.1.4 Initiating and monitoring of ARVs in neonates 3.1.5 Initiation, management and monitoring of ARVs in children 3.1.6 Initiation and completion of CTX prophylaxis in HIV positive children **Limitations: What is not included in this EPA** • This does not include neonatal prophylaxis – covered under PMTCT.
3 Learning Objectives	**3.1.1 Identifying children with HIV infection** • Be able to identify children at high risk of being infected with HIV (E.g. HIV infected mother, sexual abuse, caregivers with tuberculosis or HIV, etc). • Able to prepare and correctly diagnose neonates, infants and children with HIV. • Be able to correctly clinically stage the patients after making the diagnosis. • Be able to screen patients for opportunistic infections. • Be able to conduct relevant baseline investigations prior to starting the patients on ARV's. • Able to demonstrate how to improve cooperation in caregivers of a neonates, infants and children who need to be tested for HIV. • Able to demonstrate sensitivity when informing caregivers and patients of a positive HIV test. **3.1.2 Interpreting and managing HIV test results in children** • Choose the appropriate HIV tests relevant for a particular patient and the specific confirmation test for each. • Correctly interpret HIV test results of neonates, infants and children. • Manage the results of the PCR test, in terms of deciding on the next plan of action. (negative, indeterminate or positive) • Able to demonstrate sensitivity when informing caregivers and patients of a positive HIV test. • Be able to communicate with caregivers regarding further tests or future tests, as informed by the HIV Test results. **3.1.3 Preparation of child to be initiated on ARVs** • Baseline investigations and work up of children and neonates prior to starting the patients on ARV's. • Identify which patients need to be referred to higher level of care • Nutritional assessment and interpretation of z-scores • WHO staging **3.1.4 Initiating the neonate on ARVs** • How to choose the appropriate regimen for the neonate • Appropriate dosing charts • How and when to progress the neonate to a children regimen and dosing chart

	• Monitoring and follow up. **3.1.5 Initiation and monitoring of ARVs** • Appropriate regimen for different age groups and weight groups as well as the different preparations available and their use. • All aspects of the normal review visit, including monitoring of the child on ARVs • How to prescribe, use and counsel mothers on ARV preparations including DTG fixed dose combinations, the DTG dispersible tablet, LPV/r based preparations including use of lpv/r pellets • Familiar with the different paediatric friendly preparations. **3.1.6 CTX prophylaxis** • Applying knowledge of the guidelines on the initiation of CTX in different age groups and appropriate discontinuation. • CD4 monitoring • Effectively communicating with caregivers regarding the reasons for discontinuation of Cotrimoxazole prophylaxis in HIV positive children
References	**National HIV testing service and policy 2025** https://www.spotlightnsp.co.za/wp-content/uploads/2025/11/national-hiv-testing-services-policy-2025.pdf **National Consolidated Guidelines for the Prevention and Management of HIV in Adults, Adolescents, Children, Infants and Pregnant and Breastfeeding women 2026** https://sahivsoc.org/Files/National%20Consolidated%20Guidelines%2004-03-2026.pdf **Differentiated models of care Standard Operating Procedures 2023** https://knowledgehub.health.gov.za/elibrary/differentiated-models-care-standard-operating-procedures **Paediatric Hospital Level Standard Treatment Guidelines and Essential Medicine Updated March 2026** https://www.health.gov.za/wp-content/uploads/2026/03/Paediatric-STGs-and-EML-2025-2029-Review-Cycle_Updated-March-2026.pdf **NDOH: Paediatric Dolutegravir 10mg Dispersible, Scored Tablets: Information for healthcare workers** https://knowledgehub.health.gov.za/content/paediatric-dolutegravir-10mg-dispersible-scored-tablets-information-healthcare-workers

3.2 PA Managing children on ARVs with Treatment failure

1 EPA Title	3.2 Managing CHILDREN on ARVs with Treatment Failure

2 Specifications and limitations	**Specifications: List of Observable Professional Activities** 3.2.1 Diagnosing virological failure in children on first or second line ARVs 3.2.2 Choosing ARV regimens in patients who are failing on first or second line ARVs 3.2.3 Counselling a caregiver looking after a child with virological failure **Limitations: What is not included in this EPA** • Does not include VL failure in adults or pregnant women • Does not include disclosure of status to children (section 3.5.5)
3 Learning Objectives	**3.2.1 Identifying VL failure and choosing a 2nd line regimen** • Assessment of the child with a Viral load >50 copies /ml (ABCDE as per National guideline) and when to repeat viral load • Understanding the difference between ALD1 and ALD2 and when it is appropriate to switch a regimen to ALD1 • To know how to identify virological failure in patients on ABC/3TC/DTG and how to manage such patient • Indications for genotype • How to determine whether a child has failed second line – interpreting the genotype. • Indications for genotype in children • When and how to refer a child to the third line committee • Management of low level viremia over time (VL persistently between 50 and 999) in children • Understanding when and how single drug switches may be made. • To know when and under which criteria to switch patients to ABC/3TC/DTG as a second line regimen. • Monitoring of patients on 2nd line regimens. **3.2.2 Counselling a caregiver of a child failing treatment** • Understanding the factors that lead to a child failing on treatment including • How to counsel a care-giver when child is spitting out LPV/rit solutions – and being able to explain how to use different ARV paediatric preparations. • Be familiar with challenges/barriers to long-term adherence to treatment in the patient's journey from infancy to adulthood, and how to best mitigate these to ensure a positive outcome. • Motivational interviewing and brief behavioural intervention to provide support for caregiver • Working in a MDT to provide comprehensive support.
4 Resources	**National Consolidated Guidelines for the Prevention and Management of HIV in Adults, Adolescents, Children, Infants and Pregnant and Breastfeeding women 2026** https://sahivsoc.org/Files/National%20Consolidated%20Guidelines%2004-03-2026.pdf **Differentiated models of care Standard Operating Procedures 2023** https://knowledgehub.health.gov.za/elibrary/differentiated-models-care-standard-operating-procedures **Paediatric Hospital Level Standard Treatment Guidelines and Essential Medicine Updated March 2026**

	https://www.health.gov.za/wp-content/uploads/2026/03/Paediatric-STGs-and-EML-2025-2029-Review-Cycle_Updated-March-2026.pdf

3.3 PA: Managing complications and co-morbid disease specific to children with HIV

1 EPA Title	3.3. Managing complications and co-morbid disease in children with HIV
2 Specifications and limitations	**Specifications: List of Observable Professional Activities** 3.3.1 Understanding BCG vaccination in HIV positive children and management of complications 3.3.2 Managing acute lung infections in children with HIV 3.3.3 Diagnosing and managing chronic lung infections in children with HIV 3.3.4 Managing ENT infections in children with HIV 3.3.5 Diagnosing & managing developmental delay mental sequelae for children / adolescents with HIV **Limitations: What is not included in this EPA** • Do not include TB or opportunistic infections also commonly found in adults e.g. cryptococcal meningitis, dermatological & oral manifestations. (included in a separate EPA)
3 Learning Objectives	**3.3.1 BCG vaccination** • Understanding the benefits, risks and optimal use of BCG vaccination in infants, with particular reference to HIV exposed infants • Knowledge of guidelines regarding use of BCG vaccination in HIV unexposed, HIV exposed or HIV infected infants. Know which HIV exposed infants should receive BCG vaccination and when. • Able to counsel on the benefits and risks of BCG vaccination in infants with particular reference to HIV exposed infants • Recognising the clinical presentation of BCG disease and having a basic approach to the investigation and management. Know when to refer / consult. • Know the indications to defer BCG vaccination in neonates **3.3.2 Acute lung infections** • Knowledge of the aetiology, clinical presentation and treatment guidelines of acute lung infections in HIV positive and HIV exposed infants and children. • Using the clinical history, physical findings and special investigations to make an appropriate diagnosis or differential diagnosis in the HIV positive child presenting with acute respiratory symptoms. • Assessing the severity and risk in the HIV positive child with pneumonia. • Managing an HIV positive/exposed infant or child with pneumonia according to South African standard treatment guidelines. **3.3.3 Chronic lung infections** • The following conditions are included: Chronic lung infections such as post-tuberculosis chronic lung disease, lung abscess & disseminated fungal disease, bronchiectasis, lymphocytic interstitial pneumonia, malignancies involving the lung and gastro-oesophageal reflux disease. • Knowledge of the clinical picture, aetiology, diagnostic work-up and management of chronic lung disease in children with HIV infection. • The focus is on diagnosis or differential diagnosis, role of special investigations and approach to management and referral to specialist care.

	3.3.4 ENT infections in children with HIV
	• Requires knowledge of clinical presentation, management and complications of ENT infections, such as tonsillitis, peritonsillar abscess & cellulitis, acute bacterial sinusitis, retropharyngeal abscess, epiglottitis, acute bacterial tracheitis, otitis externa and acute and chronic otitis media.
	  ○ Knowledge of the symptoms and signs and role of special investigations in ENT infections in children with HIV.
	  ○ Using the clinical presentation and special investigations to make a diagnosis in the child with HIV presenting with an ENT infection
	  ○ Being aware of the important clinical complications of these infections.
	  ○ Knowing how to manage these infections at primary health care and district hospital level and when to refer to specialist care.
	3.3.5 Developmental delay / mental sequalae
	• Knowledge of the clinical symptoms and signs of common mental health disorders and HIV encephalopathy in HIV positive children and adolescents, how to assess these cases and an approach to the management of these conditions.
	• Having an approach to assessment and management of the HIV positive child or adolescent with a potential mental health disorder or neurocognitive dysfunction. Doing a basic mental state examination in the child or adolescent and be able to initiate anti-depressants appropriately.
	• Be able to identify neurodevelopmental delay in the HIV positive child (be able to do a neurodevelopmental assessment)
	• Making a differential diagnosis in the HIV positive child or adolescent with behavioural symptoms or cognitive impairment
	• Having an approach to the management of the child with cognitive impairment, including referral to specialist care and multidisciplinary team (MDT)
	• Assessing risk in the child or adolescent with behavioural symptoms
	• Managing each of the commonly occurring mental health disorders in HIV positive children or adolescents, including referral to specialist care and/or multidisciplinary team
	• Having an approach to the investigation and management of an HIV positive child or adolescent presenting with psychosis
	• Understanding important aspects of psychotropic medication use in HIV positive children and adolescents, such as drug side effects and interactions with ARV's

4 Resources	**Safety of BCG vaccine in HIV infected individuals** **World Health Organisation** https://www.who.int/groups/global-advisory-committee-on-vaccine-safety/topics/bcg-vaccines **National Consolidated Guidelines for the Prevention and Management of HIV in Adults, Adolescents, Children, Infants and Pregnant and Breastfeeding women 2026** https://sahivsoc.org/Files/National%20Consolidated%20Guidelines%2004-03-2026.pdf

	Oxford Handbook of HIV Medicine. Chapter 32 Pulmonology. Maartens G, Cotton M, Wilson D, Venter F, Meyers T, Bekker **Paediatric Hospital Level Standard Treatment Guidelines and Essential Medicine Updated March 2026** https://www.health.gov.za/wp-content/uploads/2026/03/Paediatric-STGs-and-EML-2025-2029-Review-Cycle_Updated-March-2026.pdf **Integrated management of childhood illness 2022; Department of Health Republic of South Africa** https://knowledgehub.health.gov.za/elibrary/integrated-management-childhood-illness-2022 **Management of mental health disorders and central nervous system sequelae in HIV-positive children and adolescents** **By the Southern African HIV Clinicians Society** **A Afr J HIV Med 2014;15(3):81-96** https://sajhivmed.org.za/index.php/hivmed/article/view/7/6

3.4 PA: Diagnosing and managing TB in children with HIV

1 EPA Title	3.4. Managing and Managing TB in children with HIV
2 Specifications and limitations	**Specifications: List of Observable Professional Activities** 3.4.1 Diagnosing and managing TB in the HIV positive child 3.4.2 Prevention of TB in the HIV positive child / exposed neonate 3.4.3 Managing ARVs in the HIV positive child with TB **Limitations: What is not included in this EPA** • DILI is included under section on drug interactions – management similar to DILI in adults. • DRTB management of children 6 and over covered in adult section on HIV and DRTB • TB IRIS not discussed – covered under adult TB • WHO guidelines on TB in children not yet included in this exam
3 Learning Objectives	**3.4.1 Diagnosing and treating TB in the HIV positive child** • Deep understanding of the difference between DSTB and MDRTB versus Pulmonary TB and Extra pulmonary TB. . • Ability to take a proper history to identify risk factors predisposing an HIV infected child to TB infection. This should include necessary contact history, dietary history and immunization history. Ability to link the family, social and contextual history to risk of acquiring TB in an HIV infected child. • Competence in the full examination of a child to identify a child with possible TB. Ability to perform a complete examination of a child to identify lymphadenopathy, otorrhoea, hepatomegaly and malnutrition • Able to identify the appropriate TB regimen and length of treatment for a child with TB • Competence in the use of road to health (RTH) booklet as a tool of identifying a child at risk of TB (including interpretation of growth charts). • Competence in ordering and requesting the necessary investigation to identify an HIV infected child suffering from TB. Trainee must be able to read and interpret the following investigation leading to the diagnosis of TB (Chest Xray, Genxpert, TB LAM, TB culture and microscopy, TST, ultrasound and CT scan). • Know indications of FNA, gastric aspiration, nasopharyngeal aspiration (sputum induction), tuberculin skin test and know pros and cons of each • Full understanding of how to approach a situation in which all investigations are non-conclusive. • Deep understanding of the indications and contraindications of the conventional TB medications (Rifampicin, INH, Pyrazinamide and ethambutol), appropriate regimens according to age and dosing • Know how to monitor TB throughout treatment duration using AFBs and the response to the child with a positive AFB during treatment. **3.4.2 Prevention of TB in HIV positive child / exposed neonate**

	• Neonatal history taking • Paediatric history taking, examination and focused investigation. • Competence in identifying and managing the side effects of isoniazid(INH) • The trainee is expected to be conversant and exhibit sound knowledge about the eligibility criteria for isoniazid Preventive therapy (IPT) in children and neonates. • Trainee is expected to know how the score sheet is used as a tool to exclude or diagnose TB in children • Trainee is expected to be able to categorise the level of risk in HIV exposed neonate and manage with appropriate ARV according to the NDOH guideline. • Trainee is expected to have good knowledge of the relative and total contraindications to IPT in children and neonates. • Trainee should be able to manage the situation in which the TB source contact is MDR • Ability to administer, read and act on the result of tuberculin skin test. **3.4.3 Managing ARVs in the HIV positive child with TB** • Competence in the knowledge and understanding of the ARV used in Children and appropriate choice of ARVs in children with HIV and TB. • Understanding of the drug interaction between the ARV and TB drugs in children. • Competence in the management of the side effects of the ARV & TB drug interactions. • Knowledge of the dosages of the above ARV and available children friendly formulations and drug interactions with TB drugs • Knowledge of the appropriate boosting of the LPV/r for children on Rifampicin based regimen.
4 Resources	**National Consolidated Guidelines for the Prevention and Management of HIV in Adults, Adolescents, Children, Infants and Pregnant and Breastfeeding women 2026** https://sahivsoc.org/Files/National%20Consolidated%20Guidelines%2004-03-2026.pdf **Management of Tuberculosis in children and Adolescents 2024** https://knowledgehub.health.gov.za/elibrary/management-tuberculosis-children-and-adolescents **Paediatric Hospital Level Standard Treatment Guidelines and Essential Medicine Updated March 2026** https://www.health.gov.za/wp-content/uploads/2026/03/Paediatric-STGs-and-EML-2025-2029-Review-Cycle_Updated-March-2026.pdf **Integrated management of childhood illness 2022; Department of Health Republic of South Africa** https://knowledgehub.health.gov.za/elibrary/integrated-management-childhood-illness-2022

1 EPA Title	3.5 Managing adolescents with HIV
2 Specifications and limitations	**Specifications: List of Observable Professional Activities** 3.5.1 Managing vulnerable and key 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 service 3.5.5 Disclosing to a child / adolescent their status **Limitations: What is not included in this EPA** • PrEP for the 16-25 year old • Management of Viral load failure in children
3 Learning Objectives	**3.5.1 Managing vulnerable and key populations with HIV** • Managing adolescents with increased vulnerabilities: those who are homeless, child-headed households, sexually abused or exploited, or in correctional institutions or care homes. This also includes adolescents with disabilities or mental health care and cognitive disorders. • Recognizing the vulnerable adolescent with HIV and understanding the possible impact on the management of their disease • How to communicate and build rapport with an adolescent. • How to explore issues around sexuality with adolescents in a non-judgemental manner • Knowledge of mental health disorders in adolescents and the possible impact on health outcomes in adolescents with HIV • Knowledge and understanding of the impact of social circumstances and lack of care-giver support on adolescents • Perform a mental health screen on the adolescent and assess for depression, suicidal ideation, non-consensual sexual violence and substance abuse • Asses social circumstances including living and household situation and economic resources • Asses caregiver support and caregiver stability • Appropriately manage and/or refer adolescents with mental health disorders • Develop an individualised approach to support the vulnerable adolescent and mitigate the effect on their HIV management **3.5.2 Improving adherence in adolescents** • Having knowledge of factors influencing adherence in adolescents and be able to identify the contributing factors in an adolescent with HIV. Managing the identified influences in order to improve adherence in an adolescent with HIV. • Knowledge of a developmental stage during which normal striving for identity and independence from authority figures – may lead to difficulties aligning decisions and behaviour with adherence guidance.

Understand family, community and cultural factors: caregiver availability; level of trust and openness for disclosure; and general support available.

- Health services: accessibility; level of youth-friendliness; confidentiality; stock-outs; and service delivery models (including counselling and support group availability
- Medication: formulations; adverse side-effects; timing of doses

3.5.3 Transitioning the child / adolescent to adult regimens and services

- Be able to transition children on paediatric ART regimens to adult regimens according to current guidelines. Knowing when to transition from paediatric to adult ART regimes. Understand and apply the criteria that need consideration before and during the transition.
- Ability to conduct a consultation with a child and a caregiver including patient education and counselling
- Knowledge of paediatric and adult Anti-retroviral drugs and regimes
- Knowledge of current ARV guidelines for children and adolescents/adults
- Identify when a child on a paediatric ART regime should transition to an adult ART regime based on age and weight and current guidelines – including identifying children that would benefit from TDF/3TC/DTG as a second line regimen.
- Identify biological , psychological and social factors that might impact the timing of transitioning and choice of adult ART regimen
- Review and interpret blood results prior to, and after, transitioning to asses complications and effectiveness of ART regimes
- Follow up a child/adolescent after transitioning to asses for complications and effectiveness of ART regimes

3.5.4 Creating a Youth Friendly service

- Know and understand the barriers to adolescents using healthcare services
- Know, understand and implement the key components of adolescent and youth friendly services
- Supporting and encouraging adolescent participation. Identify barriers that prevent adolescents accessing health care at your facility
    - Know, understand and implement the key components of adolescent and youth friendly services:
    - Confidentiality,
    - Privacy,
    - Respectful treatment ,
    - Integrated care services
    - Easy access to health services,
    - Promoting equity to health services,
    - Sexual and Reproductive Health services,
    - Supportive management
    - Supporting and encouraging adolescent participation
    - Awareness of the right of adolescents to participate in decision-making

	○ Implement practical measures to encourage adolescent participation in the consultation **3.5.4 Disclosing to a child / adolescent their status** • Knowledge of the legal and ethical framework for disclosure in adolescents and children • Knowledge and skill to follow a holistic approach to disclose HIV status to adolescents and children • Knowledge of the definitions and guiding principles of disclosure in adolescents and children: ○ Definition of disclosure, levels, types and complexity of disclosure ○ Age appropriate disclosure ○ Elements of optimal disclosure ○ Disclosure aspects in vertical and horizontal transmission of HIV ○ Disclosure to family and friends • Knowledge of the international, national and regional laws and agreements to be adhered to in disclosure of a child or adolescent's HIV status • Knowledge of the rights of the child in the context of disclosure • Knowledge of the guiding ethical principles for health care workers • Demonstrate a systematic approach to ethical decision making • Follow a framework for the process of disclosure with the following steps: ○ Preparation and planning ○ Assessment and disclosure plan ○ Disclosure and health promoting tasks • Support and follow up
4 Resources	**National Consolidated Guidelines for the Prevention and Management of HIV in Adults, Adolescents, Children, Infants and Pregnant and Breastfeeding women 2026** https://sahivsoc.org/Files/National%20Consolidated%20Guidelines%2004-03-2026.pdf **Southern African HIV Clinicians Society. Guidelines for adherence to antiretroviral therapy in adolescents and young adults. Johannesburg, South Africa: Southern African HIV Clinicians Society, 2017** https://sahivsoc.org/Files/Adolescent%20(SHORT)_WEB2.pdf **National Department of Health (NDoH). Disclosure Guidelines for Children and Adolescents in the Context of HIV, TB and Non Communicable Diseases. Pretoria, South Africa: NDoH, 2016:** https://sahivsoc.org/Files/NDoH_hiv-disclosure-guideline.pdf **Standard Treatment Guidelines and Essential Medicines List for South Africa Hospital Level, 2024 edition Updated March 2026** https://www.health.gov.za/wp-content/uploads/2026/04/Hospital-Level-Adults-Standard-Treatment-Guidelines-and-Essential-Medicines-List-6th-Edition-2024_Updated-March-2026.pdf

1 EPA Title	4.1 Providing care to both mother and child to reduce MTCT of HIV.
2 Specifications and limitations	**Specifications: List of Observable Professional Activities** 4.1.1 HIV in Pregnant women 4.1.2 HIV positive woman in labour 4.1.3 Managing neonatal prophylaxis of HIV exposed infant 4.1.4 Managing breast feeding in mothers with HIV 4.1.5 Screening and prevention of TB in pregnant women with HIV **Limitations: What is not included in this EPA** • This does not include neonatal treatment • Does not include contraception or STI management of pregnant women.
3 Learning Objectives	**4.1.1 HIV in pregnant women** • Able to prepare and correctly initiate a pregnant patient with newly diagnosed HIV on the most appropriate ARV regimen • Able to initiate, reinitiate and switch to appropriate ARV regimen in a newly diagnosed pregnant woman. • Able to advice the patient on the timing of taking ARV's and nutritional supplements in pregnancy to prevent drug interactions. • Able to monitor the viral load of a pregnant patient according to the guidelines and manage an unsuppressed viral load appropriately, including patient who book late for antenatal care. • Able to screen for Cryptococcal disease in an HIV positive pregnant patient. • Able to demonstrate how to improve cooperation in a pregnant patient who defaulted ARV's and present in pregnancy • Able to demonstrate how to do adherence counselling for a pregnant patient with an unsuppressed viral load • Demonstrate the principles of respectful maternity care in managing a pregnant woman with HIV **4.1.2 HIV positive women in labour** • Able to provide HIV counselling and testing to a woman presenting in labour ward who are not known to be HIV-positive (including born-before-arrivals [BBAs]) • Be able to appropriately manage a woman in labour who are newly diagnosed or known HIV not on ART including stat treatment and initiation on lifelong ART • Be able to do appropriate VL monitoring and management of an HIV positive woman in labour. • Be able to do appropriate screening for TB and opportunistic infections for an HIV positive woman in labour. • Able to demonstrate how to improve cooperation in a pregnant patient who defaulted ARV's and present in labour • Able to demonstrate how to do adherence counselling for a patient with an unsuppressed viral load at delivery • Able to provide routine labour and delivery management, including safe delivery techniques for the HIV positive mother.

- Demonstrate the principles of respectful maternity care in managing a woman with HIV in labour.

4.1.3 Neonatal prophylaxis

- Able to provide care of the HIV-exposed infant at delivery including performing a birth HIV-PCR, determining the risk category of the infant, and prescribing appropriate post-exposure prophylaxis for the infant.
- Management of the infant with a positive birth HIV-PCR, including referral to a higher level of care if indicated.
- Comprehensive follow-up and testing of the HIV-exposed infant.
- Confirmatory HIV testing for any child with a positive HIV test, including a viral load.
- Management of the indeterminate HIV PCR results.
- Providing infant prophylaxis including cotrimoxazole.
- Able to provide routine neonatal care including polio vaccine and BCG
- Prevention of transmission of syphilis, HBV and other infections
- Able to demonstrate how to engage cooperation in the mother of an HIV exposed infant including counselling on PMTCT adherence.
- Able to demonstrate routine neonatal care including growth monitoring and immunizations.

4.1.4 Breast feeding

- Able to give infant feeding advice and support to a woman with HIV specifically on breastfeeding the HIV exposed infant.
- Able to manage the ARV's of a breastfeeding mother.
- Management of unsuppressed viral loads in the breastfeeding mother.
- Management of infant prophylaxis and infant testing of a breastfed infant of an HIV positive mother.
- Management of HIV risk reduction of a HIV-exposed breastfed infant
- Management of the cessation of breastfeeding of an HIV-exposed infant.
- Knowledge of the indications for formula feeding in an HIV-exposed infant.
- Able to provide counselling on the benefits of breastfeeding during the antenatal period.
- Able to demonstrate ongoing breastfeeding support and counselling.
- Able to support implementation of *Ten Steps to successful Breastfeeding* in the facility they work in.

4.1.5 TB prevention in pregnant women.

- Able to correctly screen for TB in a pregnant woman
- Able to initiate a pregnant patient on TB treatment if results are positive
- Know the latest recommendations on TPT in pregnant women
- Able to adjust the ARV regime in a pregnant patient to the most appropriate regime in the presence of concomitant TB
- Able to demonstrate how to engage cooperation in a pregnant patient in ARVs needing TPT or TB treatment.
- Able to demonstrate how to do adherence counselling for a pregnant patient with HIV.
- Demonstrate the principles of respectful maternity care in managing a pregnant woman with HIV

References	**National Consolidated Guidelines for the Prevention and Management of HIV in Adults, Adolescents, Children, Infants and Pregnant and Breastfeeding women 2026** https://sahivsoc.org/Files/National%20Consolidated%20Guidelines%2004-03-2026.pdf **National Integrated Maternal And Perinatal Care Guidelines for South Africa 2024** **https://knowledgehub.health.gov.za/elibrary/national-integrated-maternal-and-perinatal-care-guidelines-south-africa** **Standard Treatment Guidelines and Essential Medicines List for South Africa Hospital Level, 2024 edition Updated March 2026** https://www.health.gov.za/wp-content/uploads/2026/04/Hospital-Level-Adults-Standard-Treatment-Guidelines-and-Essential-Medicines-List-6th-Edition-2024_Updated-March-2026.pdf

1 EPA Title	4.2 Sexual health and Family Planning
2 Specifications and limitations	**Specifications: List of Observable Professional Activities** 4.2.1 Family Planning for couples with HIV. 4.2.2 Cervical screening and HPV management in women with HIV 4.2.3 Managing STIs in persons with HIV

3 Learning Objectives	**4.2.1 Family Planning in couples with HIV**
	• The candidate should have knowledge to address the different clinical, individual and contextual issues relating to contraception. This includes:
	  ○ Client assessment and screening for HIV, TB, BP measurement, breast and cervical cancer screening
	  ○ Initiation of a contraceptive method using a rights-based approach
	  ○ Managing side effects and switching contraceptives
	  ○ Awareness of drug-drug interactions and drug-disease interactions
	  ○ Method failure rates and efficacy
	  ○ Missed pills
	  ○ Emergency contraception
	  ○ Late injections
	  ○ Postpartum contraception
	  ○ Post miscarriage contraception
	  ○ Hormonal contraception and HIV Risk
	  ○ Adolescents and contraception
	  ○ Contraception and premenopausal women
	  ○ Intellectual disability and contraception
	  ○ Stopping contraception
	  ○ Sterilisation – male and female
	  ○ Chronic medical disorders and contraception
	• Advising the discordant couple on conception
	• Able to demonstrate how counsel a patient using a client-centred rights-based approach
	• Able to consider all methods of contraception (barrier, short– and long–acting reversible and permanent methods) in the context of the client's life and needs.
	
	4.2.2 Cervical Screening
	• Able to differentiate between primary, secondary and tertiary prevention in the context of cervical cancer screening
	• Knows the pathophysiology of HPV as a prerequisite for the development of pre-invasive and invasive cervical cancer
	• Knows the different types of screening methods and the the new HPV screening algorithms in South Africa
	• Has knowledge on the types of HPV vaccines and the age groups for administration
	• Has knowledge on target groups for screening and frequency of screening for cervical cancer
	• Able to follow an algorithmic approach to abnormal and normal screening results using all screening methods

	• Able to differentiate when diagnostic procedures are necessary versus screening methods for cervical cancer. • Able to demonstrate how to improve screening in an institution with poor uptake of cervical cancer screening services • Able to demonstrate how to inform a patient of an abnormal pap smear result **4.2.3 Managing STIs** • Able to differentiate between clinical, aetiological and syndromic approach to STI management • Management of failed syndromic treatment • Diagnosis and treatment based on syndromes • Health education • Counselling on risk reduction and prevention • HIV testing and counselling • Condom promotion and provision • Partner notification and treatment • Male circumcision for eligible men • STI screening in pregnancy • Causative organisms and targeted antimicrobial therapy • Mixed STI Syndromes • Treatment of STI Partner • Management of STI's in special populations • Asymptomatic STI screening and management • Able to demonstrate how to take a history including sexual history, examine and counsel a patient who present with STI's • Able to demonstrate how to manage the partner of the patient
References	**National Contraception Clinical Guidelines 2019** https://knowledgehub.health.gov.za/elibrary/national-contraception-clinical-guidelines-2019 **Family Planning: a global handbook for providers:** https://www.who.int/publications/i/item/9780999203705 **National Consolidated Guidelines for the Prevention and Management of HIV in Adults, Adolescents, Children, Infants and Pregnant and Breastfeeding women 2026** https://sahivsoc.org/Files/National%20Consolidated%20Guidelines%2004-03-2026.pdf **Standard Treatment Guidelines and Essential Medicines List for South Africa Hospital Level, 2024 edition Updated March 2026** https://www.health.gov.za/wp-content/uploads/2026/04/Hospital-Level-Adults-Standard-Treatment-Guidelines-and-Essential-Medicines-List-6th-Edition-2024_Updated-March-2026.pdf **Adult primary Care guide 2023** **https://knowledgehub.health.gov.za/elibrary/adult-primary-care-apc-clinical-tool-2023**

	Cervical Cancer Screening Guidelines for South Africa SASOG 2024 https://sasog.co.za/wp-content/uploads/2024/07/BetterGyn-Clinical-Guideline-for-cervical-cancer-screening-2024.pdf **STI guidelines 2018** https://www.health.gov.za/wp-content/uploads/2020/11/sti-guidelines-27-08-19.pdf **Southern African HIV Clinicians Society 2022 guideline for the management of sexually transmitted infections: Moving towards best practice** https://sahivsoc.org/Files/SAHCS%202022%20STI%20guidelines.pdf **SAHCS Clinical Management of Syphilis Guideline:** **https://sajhivmed.org.za/index.php/hivmed/article/view/1577** **Guideline on management of discordant couple & update** https://sajhivmed.org.za/index.php/hivmed/article/view/196/332 https://sajhivmed.org.za/index.php/hivmed/article/view/915/1280

5.1 PA Managing adults with TB and HIV coinfection

1 EPA Title	5.1 Managing adults with TB and HIV co-infection
2 Specifications and limitations	**Specifications: List of Observable Professional Activities** 5.1.1 Diagnosing and managing TB and EPTB in the HIV positive patient 5.1.2 Managing HIV treatment in patients with drug sensitive TB 5.1.3 Managing HIV treatment in adults and children >6 years of age with DRTB 5.1.4 Identifying and Managing TB IRIS **EXCLUSIONS:** DILI – under adverse events. IPT is covered under Adult ARV section (prevention)
3 Learning Objectives	**5.1.1 Diagnosing and Managing TB and EPTB in HIV positive patient** • In depth understanding of difference between latent TB (infection) and TB disease • Know how to diagnose latent TB using Mantoux testing in HIV positive patients and the use and limitations of the test. • Understand all the different methodologies of detecting TB – including the appropriate use of GeneXpert, LPA (first and second line), AFB, TB culture and pDST. • Indications for use of TB LF-LAM and its appropriate interpretation in patients with HIV. • How to investigate and diagnose TB in a HIV positive patient with TB symptoms that is GeneXpert negative. • How to diagnose extra-pulmonary TB including TBM, spinal TB and abdominal TB. • Understand TB transmission, the definition of a TB contact and infection control measures in health care facilities and at the home of the patient with TB. • Pharmacological treatment of PTB and EPTB including TBM and spinal TB and their major drug interactions. • Able to investigate and manage a patient who is AFB positive at 7 & 11 weeks • Able to investigate and manage a patient who is AFB positive at 23 / 27 weeks • Understand and able to give a patient a TB outcome – including definition of cured, completed & success. **5.1.2 HIV treatment in patients with DSTB** • Able to prepare and correctly initiate ta patient with DSTB and newly diagnosed HIV positive on the most appropriate ARV regimen • Able to choose / modify the correct ARV regimen with a patient on ARVs or who have previously been on ARVs and defaulted. • Able to adjust the ARV dosing that may be adversely affected by Rifampicin, for the correct period of time. • Able to manage the viral load appropriately in a patient severely ill with DSTB, who is not virologically supressed on ARVs at time of diagnosis • Able to judge the correct timing of initiating HIV treatment in patients with complicated DSTB

	• Know how to prevent PJP in patients with DSTB and HIV, including those with CTX allergies • Able to demonstrate how to improve cooperation in a patient who has defaulted ARVs / and or TB treatment, and now present with DSTB • Able to demonstrate how to inform a patient already sick with TB that they also have HIV **5.1.3 HIV treatment in adults and children with RRTB** • Be able to diagnose and classify RR TB (interpreting GeneXpert and LPA results) • Know the different components of the RRTB reflex test done on sputum and the purpose of each component in the assessment of RRTB. • Know the indications for the different RRTB regimens • Know the drugs of RRTB regimens as well as treatment for INH mono-resistant TB for children / adults age 6 years and up. • Able to adjust ARVs to reduce / prevent major drug interactions with the RRTB regimens – especially with Bedaquiline and Linezolid. • Initiating the new patient with RRTB on ARVs • Restarting the patient who had ARVs previously onto RRTB treatment • Know when to change / revise ARV regimens for patients on RRTB treatment. **5.1.4 Identifying and managing TB IRIS** • Understand the pathophysiology of IRIS • Know how to assess the patient on ARVs who is deteriorating • To know and able to identify the different types of TB IRIS • Know how to manage TB IRIS and when to use steroid treatment (including dosing) to reduce the inflammatory response • Be aware of research in using steroid to potentially reduce TB IRIS and the settings in which it was studied. • Be able to differentiate Abdominal TB IRIS from DILI on LFT.
References	**National Consolidated Guidelines for the Prevention and Management of HIV in Adults, Adolescents, Children, Infants and Pregnant and Breastfeeding women 2026** https://sahivsoc.org/Files/National%20Consolidated%20Guidelines%2004-03-2026.pdf **National Tuberculosis management guidelines 2013** https://knowledgehub.health.gov.za/elibrary/national-tuberculosis-management-guidelines **National Guidelines on treatment of Tuberculosis infection 2023** https://knowledgehub.health.gov.za/elibrary/national-guidelines-treatment-tuberculosis-infection **Guidelines on the use of TB-LAM 2021** https://knowledgehub.health.gov.za/elibrary/guidance-use-lateral-flow-urine-lipoarabinomannan-assay-lf-lam-diagnosis-and-management **SOUTHERN AFRICAN HIV CLINICIANS SOCIETY CLINICAL GUIDELINES FOR HOSPITALISED ADULTS WITH ADVANCED HIV DISEASE 2022**

	https://sahivsoc.org/Files/SAHCS%202022%20Adult%20AHD%20Guidelines_20220506.pdf **National Consolidated Guidelines for the Prevention and Management of HIV in Adults, Adolescents, Children, Infants and Pregnant and Breastfeeding women 2026** https://sahivsoc.org/Files/National%20Consolidated%20Guidelines%2004-03-2026.pdf **Clinical Management of Rifampicin Resistant TB 2023** **https://mic.uct.ac.za/sites/default/files/media/documents/mic_uct_ac_za/2157/2023_NDoH_RR-TB%20Clinical%20Guidelines%20September%202023_BPalM.pdf**

5.2 PA: HIV and Neurological symptoms

1 EPA Title	5.2 HIV and Neurological symptoms
2 Specifications and limitations	**Specifications: List of Observable Professional Activities** 5.2.1 HIV positive patient with focal neurological signs 5.2.2 HIV positive patient with seizures 5.2.3 HIV positive patient with confusion / delirium 5.2.4 HIV positive patient with signs of meningitis 5.2.5 HIV positive patient with encephalopathy / dementia **Limitations: What is not included in this EPA**

3 Learning Objectives	**5.2.1 Focal neurological signs**
	• Diagnosing and management of the patient with focal neurological signs / possible mass lesions in the brain
	• Diagnosis and treatment of different forms of neuropathy in TB and HIV including drug induced and other causes of neuropathy (Guillain Barre, B12 and folate deficiency, ETOH, DM)
	• Diagnosis and management of Tuberculoma, Toxoplasmosis, neurocysticercosis and other HIV specific space occupying lesions.
	
	5.2.2 Seizures
	• Acute management of HIV patient presenting with seizures**.**
	• Assessment and work up with HIV positive patient with first seizure
	• Decision on the use of anti-epileptics in a HIV positive person that had a fit.
	
	5.2.3 Confusion / delirium
	• Assessing and managing patient with HIV that presents with acute confusion / delirium including the full work up of the HIV patient that presents with confusion.
	
	5.2.4 Meningitis
	• Diagnosis & Management of a positive cryptococcal test: CrAg in serum and CSF, Indian ink, cryptococcal culture.
	  ○ Managing adverse events of patient on amphotericin B and fluconazole
	  ○ Measurement and management of high intracranial pressure.
	  ○ Able to manage cryptococcal management according to the DOH guidelines and the latest HIV Clinician Society guidelines.
	• Management of patients with meningitis – bacterial, fungal, viral, TBM
	
	5.2.5 Encephalopathy / dementia
	• Ability to assess and diagnose encephalopathy/dementia (AIDS Dementia Complex) in a HIV positive patient.
	• Ability to correctly interpret laboratory data and diagnostic images from a patient HIV encephalopathy/dementia (AIDS Dementia Complex).
	• Ability to appropriately manage a patient with HIV with encephalopathy/dementia

References	Oxford Handbook of HIV Medicine. Maartens G, Cotton M, Wilson D, Venter F, Meyers T, Bekker

	Standard Treatment Guidelines and Essential Medicines List for South Africa Hospital Level, 2024 edition Updated March 2026 https://www.health.gov.za/wp-content/uploads/2026/04/Hospital-Level-Adults-Standard-Treatment-Guidelines-and-Essential-Medicines-List-6th-Edition-2024_Updated-March-2026.pdf **SOUTHERN AFRICAN HIV CLINICIANS SOCIETY CLINICAL GUIDELINES FOR HOSPITALISED ADULTS WITH ADVANCED HIV DISEASE 2022** **https://sahivsoc.org/Files/SAHCS%202022%20Adult%20AHD%20Guidelines_20220506.pdf** **Southern African HIV Clinicians Society guideline for the prevention, diagnosis and management of cryptococcal disease among HIV-infected persons: 2019 update:** https://sahivsoc.org/Files/crypto%20guidelines.pdf **SAHCS Guideline for the prevention, diagnosis and management of cryptococcal disease among persons living with HIV: Update to induction treatment for cryptococcal meningitis https://sajhivmed.org.za/index.php/hivmed/article/view/1789/3900** **Guideline for the prevention, diagnosis and management of cryptococcal meningitis among HIV-infected persons: 2013 update:** https://sajhivmed.org.za/index.php/hivmed/article/view/82/127 **Focal Neurological Disease in Patients with Acquired Immunodeficiency Syndrome**: D Skiest https://academic.oup.com/cid/article/34/1/103/309569 **HIV Encephalitis**. Stat Pearls: https://www.ncbi.nlm.nih.gov/books/NBK555894/

1 EPA Title	5.3 Managing HIV positive patients with gastro-intestinal / abdominal symptoms
2 Specifications and limitations	**Specifications: List of Observable Professional Activities** 5.3.1 Assessment and Management of patients with diarrhoea (acute and chronic) 5.3.2 Assessment and Management of patients with abdominal symptoms and weight loss **EXCLUSIONS:** Patients with liver disease / jaundice (see section on abnormal LFTs) Gastro-intestinal adverse events on treatment
3 Learning Objectives	**5.3.1 Assessment and Management of Patients with diarrhoea** • Differentiate between acute and chronic diarrhoea in patient with HIV • Work up, differential diagnosis & management of acute diarrhoea • Work up, differential diagnosis & management of chronic diarrhoea • Knowledge of presentation, diagnosis and management of common pathogens in immunocompromised HIV positive patient (including relevant antimicrobials and dosing) • Awareness of underlying individual and contextual factors contributing to gastro-intestinal disease • Appropriate use of resources for investigations. • Assessment and management of a patient presenting with diarrhoea on protease inhibitors. **5.3.3 Assessment and Management of patients with gastro-intestinal symptoms and weight loss.** • Approach to examination and management of a sick patient with non-specific symptoms and weight loss. • Recognising red flags and referral for special investigations earlier such as endoscopy / colonoscopy • Able to create a differential diagnosis according to the level of immunosuppression • Able to suspect, identify and manage serious underlying conditions such as mycobacterium avium complex (MAC)
References	Oxford Handbook of HIV Medicine. Chapter 32 Pulmonology. Maartens G, Cotton M, Wilson D, Venter F, Meyers T, Bekker Chapter 15 & 38 **Primary healthcare (PHC) Standard Treatment Guidelines and Essential Medicine list March 2026 update** https://www.health.gov.za/wp-content/uploads/2026/04/Primary-Healthcare-Standard-Treatment-Guidelines-and-Essential-Medicines-List-8th-Edition-Updated-March-2026-v2.0.pdf **SOUTHERN AFRICAN HIV CLINICIANS SOCIETY CLINICAL GUIDELINES FOR HOSPITALISED ADULTS WITH ADVANCED HIV DISEASE 2022** **https://sahivsoc.org/Files/SAHCS%202022%20Adult%20AHD%20Guidelines_20220506.pdf**

	Standard Treatment Guidelines and Essential Medicines List for South Africa Hospital Level, 2024 edition Updated March 2026 https://www.health.gov.za/wp-content/uploads/2026/04/Hospital-Level-Adults-Standard-Treatment-Guidelines-and-Essential-Medicines-List-6th-Edition-2024_Updated-March-2026.pdf **Adult primary Care guide 2023** **https://knowledgehub.health.gov.za/elibrary/adult-primary-care-apc-clinical-tool-2023**

1 EPA title	5.4 Management of patients with HIV and Respiratory symptoms
2 Specifications and limitations	**Specifications: List of Observable Professional Activities** 5.4.1 Patient with HIV and acute respiratory symptoms 5.4.2 Patients with HIV and chronic lung infections **EXCLUSIONS:** Tuberculosis is covered in its own section.
3 Learning Objectives	**5.4.1 Patients with HIV and acute respiratory symptoms** • How to work-up the patient with HIV that presents with acute shortness of breath. • Acute management of patient with HIV with poor saturation • Diagnosis and management of Pneumocystis pneumonia • Diagnosis and management of COVID pneumonia in patient with HIV • Diagnosis and management of Community-acquired pneumonia, including management of patients not responding to usually first line treatment • Work up of patients with lung infection and severely immunocompromised – awareness of possible uncommon viral and fungal OIs and when to refer to regional / tertiary care. **5.4.2 Patients with HIV and chronic lung infection.** • Work-up and diagnosis of patient with HIV and chronic lung infection – differentiating from TB • Understand the different causes / modalities of chronic lung disease in HIV positive patients • Diagnosis and management of TOPD (Tuberculosis Associated Obstructive pulmonary disease) • Antimicrobial management of exacerbations of chronic lung disease and bronchiectasis
References	**National Consolidated Guidelines for the Prevention and Management of HIV in Adults, Adolescents, Children, Infants and Pregnant and Breastfeeding women 2026** https://sahivsoc.org/Files/National%20Consolidated%20Guidelines%2004-03-2026.pdf **SOUTHERN AFRICAN HIV CLINICIANS SOCIETY CLINICAL GUIDELINES FOR HOSPITALISED ADULTS WITH ADVANCED HIV DISEASE 2022** **https://sahivsoc.org/Files/SAHCS%202022%20Adult%20AHD%20Guidelines_20220506.pdf** **South African guideline for the management of community-acquired pneumonia in adults.** *Thorac Dis* 2017;9(6):1469-1502 https://pulmonology.co.za/wp-content/uploads/2016/11/Guideline_10.pdf **Chronic lung disease in HIV patients**

	https://aidsreviews.com/wp-content/uploads/2025/09/p4240ab173-aids_20_3_p-150-159.pdf **Standard Treatment Guidelines and Essential Medicines List for South Africa Hospital Level, 2024 edition Updated March 2026** https://www.health.gov.za/wp-content/uploads/2026/04/Hospital-Level-Adults-Standard-Treatment-Guidelines-and-Essential-Medicines-List-6th-Edition-2024_Updated-March-2026.pdf Oxford Handbook of HIV Medicine. Maartens G, Cotton M, Wilson D, Venter F, Meyers T, Bekker

5.5 PA: Management of oral lesions in patient with HIV

1 EPA title	5.5 HIV and Oral lesions
2 Specifications and limitations	**Specifications: List of Observable Professional Activities** 5.5.1 Oral lesions prevalent in patient 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 **Limitations: What is not included in this EPA** Kaposi sarcoma is covered under malignancies
3 Learning Objectives	**5.5.1 Oral lesions in patient with HIV** • Able to stage HIV using the presence of oral hairy leucoplakia and linear gingival erythema. • Able to recognize and diagnose different oral manifestations of HIV especially oral hairy leucoplakia and linear gingival erythema • Able to manage oral hairy leucoplakia and linear gingival erythema **5.5.2 Candidiasis** • Able to recognize and diagnose various manifestations of oral candidiasis • Able to diagnose oesophageal candidiasis • Able to use different medications to manage oral and oesophageal candidiasis Able to manage relapse and failed treatment of oesophageal candidiasis **5.5.3 Gum disease** • Identify and manage gum disease specific to patients with HIV including necrotising ulcerative periodontitis **5.5.4 Mouth ulcers** • Identify, differentiate and manage mouth ulcers in a patient with HIV
References	Oxford Handbook of HIV Medicine. Maartens G, Cotton M, Wilson D, Venter F, Meyers T, Bekker **Standard Treatment Guidelines and Essential Medicines List for South Africa Hospital Level, 2024 edition Updated March 2026** https://www.health.gov.za/wp-content/uploads/2026/04/Hospital-Level-Adults-Standard-Treatment-Guidelines-and-Essential-Medicines-List-6th-Edition-2024_Updated-March-2026.pdf **Adult primary Care guide 2023** **https://knowledgehub.health.gov.za/elibrary/adult-primary-care-apc-clinical-tool-2023**

5.6 PA: Management Skin presentations in patient with HIV

1 EPA title	5.6 HIV and Skin manifestations

2 Specifications and limitations	**Specifications: List of Observable Professional Activities** 5.6.1 Management of HIV specific skin conditions 5.6.2 Common skin conditions diagnosed in patients with HIV **Limitations: What is not included in this EPA** Kaposi sarcoma and Adverse drug reactions on the skin
3 Learning Objectives	**5.6.1 HIV specific skin conditions** • Be able to identify skin lesion specific to HIV, be able to use it to stage a patient and management, including PPE (popular pruritic eruption) and Eosinophilic Folliculitis **5.6.2 Common skin conditions in HIV** • Diagnose and manage skin conditions often diagnosed in patients with HIV including: seborrhoeic dermatitis, tinea, psoriasis in HIV, staphylococcal skin infections, scrofulo-derma, secondary syphilis, scabies, molluscum contagiosum • Identify less common severe fungal skin infections and refer appropriately e.g. cryptococcus / histoplasmosis
References	Oxford Handbook of HIV Medicine. Maartens G, Cotton M, Wilson D, Venter F, Meyers T, Bekker **Standard Treatment Guidelines and Essential Medicines List for South Africa Hospital Level, 2024 edition Updated March 2026** https://www.health.gov.za/wp-content/uploads/2026/04/Hospital-Level-Adults-Standard-Treatment-Guidelines-and-Essential-Medicines-List-6th-Edition-2024_Updated-March-2026.pdf **Adult primary Care guide 2023** **https://knowledgehub.health.gov.za/elibrary/adult-primary-care-apc-clinical-tool-2023** **Dermatologic Manifestations in HIV Disease** https://www.aids.gov.hk/ice/ice200907.pdf

5.7 PA: HIV and Mental Health

1 EPA title	5.7 HIV and Mental Health
2 Specifications and limitations	**Specifications: List of Observable Professional Activities** 5.7.1 Depression and anxiety in patient with HIV 5.7.2 Psychosis in patient with HIV **Limitations: What is not included in this EPA** • The confused patient (see section on Neurology) • Excludes making the diagnosis of bipolar disorder. • Excludes neurocognitive disorders
3 Learning Objectives	**5.7.1 Depression and anxiety** • Able to screen for depression and anxiety disorders in HIV positive patients. • Able to diagnose and manage depression and anxiety in HIV positive patients on a primary health care and district hospital level. • Has knowledge of the potential drug interactions between ARV's and medication used in the management of mood disorders, including bipolar disorder. • Knowledge of commonly used screening tools for diagnosis of depression and/or anxiety in primary care. **5.7.2 Psychosis** • Able to make a differential diagnosis in an HIV positive patient who presents with psychosis. • Able to appropriately investigate the HIV positive patient who presents with psychosis. • Able to select appropriate antipsychotic and sedative medication in the HIV positive patient. Be aware of important drug interactions between ARV's and psychotropic medication.
References	Oxford Handbook of HIV Medicine. Chapter 32 Pulmonology. Maartens G, Cotton M, Wilson D, Venter F, Meyers T, Bekker Chapter 15 & 38 **Standard Treatment Guidelines and Essential Medicines List for South Africa Hospital Level, 2024 edition Updated March 2026** https://www.health.gov.za/wp-content/uploads/2026/04/Hospital-Level-Adults-Standard-Treatment-Guidelines-and-Essential-Medicines-List-6th-Edition-2024_Updated-March-2026.pdf **Management of mental health disorders in HIV-positive patients** **By the Southern African HIV Clinician Society** S Afr J HIV Med 2013;4(4):155-165: https://sajhivmed.org.za/index.php/hivmed/article/view/50/70 Reid E, Orrell C, Stoloff K, Joska J. **Psychotropic prescribing in HIV**. S Afr J HIV Med 2012;13(4):188-194: https://sajhivmed.org.za/index.php/hivmed/article/view/115/187

5.8 PA: Identification and management of HIV related malignancy

1 EPA title	5.8 Identification and management of HIV related malignancy

2 Specifications and limitations	**Specifications: List of Observable Professional Activities** 5.8.1 Identification and management of Kaposi sarcoma 5.8.2 Diagnosis and management of lymphoma in patients with HIV **EXCLUSIONS:** Cervical cancer prevention is covered under STIs. Excludes detailed knowledge of different types of lymphoma, the workup and staging in a patient with confirmed lymphoma and detailed knowledge of chemotherapy, radiotherapy or biological interventions.
3 Learning Objectives	**5.8.1 Identification and management of Kaposi sarcoma** • Know the underlying factors contributing to the development of Kaposi sarcoma • Recognise the different clinical presentations of Kaposi sarcoma • Able to select appropriate treatment modalities for Kaposi sarcoma in HIV patient • Able to refer appropriate cases to specialist care • Able to give appropriate ART and chemoprophylaxis against opportunistic infections in a patient diagnosed with Kaposi sarcoma • Can demonstrate how to counsel a patient with Kaposi sarcoma regarding management options and the likely course of diseases. • Can demonstrate how to counsel a patient regarding the implications of Kaposi sarcoma diagnosis and importance of adherence to ART and use of prophylaxis against opportunistic infections. **5.8.2 Diagnosis and management of lymphoma in patients with HIV** • Recognises lymphoma as part of the differential diagnosis in a patient with HIV who presents with enlarged lymph nodes, or a swelling or constitutional symptoms. • Be able to do appropriate investigations at district hospital level in a patient with HIV presenting with enlarged lymph nodes, or a swelling or constitutional symptoms. • Able to refer appropriately to specialist care a patient with HIV and symptoms, signs or special investigation findings suggestive of lymphoma. • Be able to manage ART and chemoprophylaxis against opportunistic infections in a patient with HIV related lymphoma • Has a basic knowledge of what treatment modalities are used in HIV related lymphoma, both curative and palliative • Can demonstrate how to explain to a patient with a suspicious mass what are the possible diagnoses and the need for a biopsy • In a patient with a confirmed HIV related lymphoma, is able to counsel the patient about the importance of ART and opportunistic infection prophylaxis
References	Oxford Handbook of HIV Medicine. Maartens G, Cotton M, Wilson D, Venter F, Meyers T, Bekker **Yarchoan r, Uldrick TS. HIV associated cancers and related diseases. N Engl J Med 2018;378:1029-1041**

	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6890231/pdf/nihms-1534275.pdf **Standard Treatment Guidelines and Essential Medicines List for South Africa Hospital Level, 2024 edition Updated March 2026** https://www.health.gov.za/wp-content/uploads/2026/04/Hospital-Level-Adults-Standard-Treatment-Guidelines-and-Essential-Medicines-List-6th-Edition-2024_Updated-March-2026.pdf **British Association guidelines for HIV-associated malignancies 2014. HIV Med 2014;15(Suppl. 2):1-92** https://onlinelibrary.wiley.com/doi/epdf/10.1111/hiv.12136

5.9 PA: HIV and Vision loss or eye symptoms

1 EPA title	5.9 HIV with vision loss or eye symptoms
2 Specifications and limitations	**Specifications: List of Observable Professional Activities** 5.9.1 New onset vision loss in a patient with hIV 5.9.2 Eye lesions in patients with HIV **Limitations: What is not included in this EPA** Candidates are not expected to know treatment of advanced eye conditions in a tertiary / regional setting.
3 Learning Objectives	**5.9.1 New onset vision loss in patients with HIV** • Identification and understanding of treatment approach for CMV retinitis • Identification and early referral of retinal micro-vasculopathy due to HIV • Identification and management / referral of Toxoplasmic retinochoroiditis • Identification and management / referral of progressive outer retinal necrosis (PORN) • Identification and management of uveitis **5.9.2 Eye lesions in patients with HI** • Identification and management of Herpes Zoster opthalmicus • Identification and management of Varicella Zoster retinitis • Identification and management of Molluscum contagiosum
References	Oxford Handbook of HIV Medicine. Maartens G, Cotton M, Wilson D, Venter F, Meyers T, Bekker **Standard Treatment Guidelines and Essential Medicines List for South Africa Hospital Level, 2024 edition Updated March 2026** https://www.health.gov.za/wp-content/uploads/2026/04/Hospital-Level-Adults-Standard-Treatment-Guidelines-and-Essential-Medicines-List-6th-Edition-2024_Updated-March-2026.pdf **Adult primary Care guide 2023** **https://knowledgehub.health.gov.za/elibrary/adult-primary-care-apc-clinical-tool-2023**

6.1 PA: HIV and abnormal LFTs / DILI

1 EPA title	6.1 HIV and abnormal LFTs / DILI
2 Specifications and limitations	**Specifications: List of Observable Professional Activities** 6.1.1 Managing the patient with HIV with new onset jaundice (new or already on TB or HIV treatment) 6.1.2 Managing with the patient with HIV and HEP B co-infection **Limitations: What is not included in this EPA** Alcohol liver cirrhosis or liver cancer is not necessary for diploma level.
3 Learning Objectives	**6.1.1 New onset jaundice / abnormal LFTs in patient with HIV** • Assessment and work up of patient presenting with HIV (not on treatment) and an abnormal LFT • Assessment, work-up and management of a patient on HIV and/ or TB treatment that presents with jaundice – in depth knowledge of TB IRIS and Drug Induced liver injury. **6.1.2 HIV and Hep B co-infection** • How to investigate and diagnose chronic Hep B infection • Making sense of hep B antibody and antigen testing results • Managing the patient with HIV and Hep B co-infection, including appropriate choice of second line medication • Screening of patient with Hep B for hepatocellular cancer. • Management of Hepatitis B with ARVs in the patient who is HIV negative
4 References	Oxford Handbook of HIV Medicine. Maartens G, Cotton M, Wilson D, Venter F, Meyers T, Bekker **Standard Treatment Guidelines and Essential Medicines List for South Africa Hospital Level, 2024 edition Updated March 2026** https://www.health.gov.za/wp-content/uploads/2026/04/Hospital-Level-Adults-Standard-Treatment-Guidelines-and-Essential-Medicines-List-6th-Edition-2024_Updated-March-2026.pdf **Management of drug-induced liver injury in people with HIV treated for tuberculosis: 2024 update Boyles et al** https://sajhivmed.org.za/index.php/hivmed/article/view/1558/3231 **Management of suspected drug-induced rash, kidney injury and liver injury in adult patients on TB treatment** and/or antiretroviral treatment : Nov 2024 3rd edition Medicine Information Centre. https://mic.uct.ac.za/sites/default/files/media/documents/mic_uct_ac_za/2157/ADE%20Booklet_July2020_final171120.pdf **National Guidelines for the management of viral hepatitis. NDOH 2019:** https://sahivsoc.org/Files/SA%20NDOH_Viral%20Hepatitis%20guideilnes%20final_.pdf

6.2 PA Managing the abnormal FBC in a patient with HIV

1 EPA title	6.2 Managing the abnormal FBC in patients with HIV

2 Specifications and limitations	**Specifications: List of Observable Professional Activities** 6.2.1 Managing the abnormal FBC in patients with HIV **Limitations: What is not included in this EPA**.
3 Learning Objectives	**62.1 Managing the abnormal FBC in patients with HIV** 1. Knowledge of factors that contribute to the development of cytopenia (anaemia, thrombocytopaenia, neutropoenia) in HIV including: a) Decreased production • Deficiencies • Drugs • Infections • Neoplasms • Miscellaneous causes b) Increased loss/and or destruction 2. The knowledge and skill to interpret an FBC result 3. Understand the diagnostic algorithm for anaemia in HIV 4. Knowledge of the common causes of bone marrow infiltration in HIV 5. Knowledge and skill to treat the underlying causes of cytopenia in HIV 6. Use of blood products in patient with HIV
References	Oxford Handbook of HIV Medicine. Maartens G, Cotton M, Wilson D, Venter F, Meyers T, Bekker **Standard Treatment Guidelines and Essential Medicines List for South Africa Hospital Level, 2024 edition Updated March 2026** https://www.health.gov.za/wp-content/uploads/2026/04/Hospital-Level-Adults-Standard-Treatment-Guidelines-and-Essential-Medicines-List-6th-Edition-2024_Updated-March-2026.pdf **A review of the use of blood and blood products in HIV-infected patients. Van den Berg et all. HIV clinician Society** https://sajhivmed.org.za/index.php/hivmed/article/view/146 **REVIEW: Haematological complications of HIV infection Jessica Opie SAMJ 2012** https://journals.co.za/doi/abs/10.10520/EJC121297

6.3 PA Management of metabolic complications and changes in habitus in patients on ARVs

1 EPA title	6.3 Metabolic complications and changes in habitus on ARVs
2 Specifications and limitations	**Specifications: List of Observable Professional Activities** 6.3.1 Gynaecomastia in patients on ARVs 6.3.2 Hyperlipidaemia and / or weight gain / lipodystrophy Exclusions – existing metabolic syndrome and risk assessment is covered under co-morbid disease
3 Learning Objectives	**6.3.1 Gynaecomastia** • Knowledge of the causes of gynecomastia in an HIV positive patient – both HIV related and non-related • Knowledge of side-effects of ARV's, specifically related to changes in body habitus. • Knowledge of the management options for gynecomastia in a HIV positive patient • Examination of a patient with gynecomastia on ARV's • Counselling of a patient with gynecomastia on ARV's • Management and/or appropriate referral of a patient **6.3.2 Metabolic complications / dyslipidaemia** • Knowledge of the ARV guidelines for monitoring of lipids of protease inhibitors • Knowledge of side-effects and interactions of ARV specifically related to changes in lipid profiles and body habitus related to weight and adipose tissue • Identify changes in body habitus in patients on ARV's and do appropriate work-up • Counselling of a patient with weight gain on ARV's including diet and lifestyle changes • Use of DTG in obese / overweight patients and management thereof.
References	Oxford Handbook of HIV Medicine. Maartens G, Cotton M, Wilson D, Venter F, Meyers T, Bekker **Dolutegravir plus Two Different Prodrugs of Tenofovir to Treat HIV** N Engl J Med 2019; 381:803-815 DOI: 10.1056/NEJMoa1902824 https://www.nejm.org/doi/full/10.1056/NEJMoa1902824 **Standard Treatment Guidelines and Essential Medicines List for South Africa Hospital Level, 2024 edition Updated March 2026** https://www.health.gov.za/wp-content/uploads/2026/04/Hospital-Level-Adults-Standard-Treatment-Guidelines-and-Essential-Medicines-List-6th-Edition-2024_Updated-March-2026.pdf

6.4 PA: Managing neurological adverse events in patients on ARVs

1 EPA title	6.4 Managing Neurological adverse events in patients with HIV

2 Specifications and limitations	**Specifications: List of Observable Professional Activities** 6.4.1 Managing Neurological adverse events due to ARVs **Limitations: What is not included in this EPA** • Neurological OIs • Neurocognitive disorder
3 Learning Objectives	Applying knowledge of side effects of commonly used ARVs • Dolutegravir CNS Side Effects: Insomnia, Headache, some neuropsychiatric side effects • Efavirenz CNS Side Effects: Insomnia, vivid dreams, dizziness, Dysphoria or Euphoria. Psychosis. Late-Onset Encephalopathy.
References	**Standard Treatment Guidelines and Essential Medicines List for South Africa Hospital Level, 2024 edition Updated March 2026** https://www.health.gov.za/wp-content/uploads/2026/04/Hospital-Level-Adults-Standard-Treatment-Guidelines-and-Essential-Medicines-List-6th-Edition-2024_Updated-March-2026.pdf **A Proposed algorithm for late-onset EFV toxicity. Cross et al SAMJ** https://journals.co.za/doi/pdf/10.7196/SAMJ.2018.v108i4.12914

6.5 PA Managing patients with HIV with impaired renal function

1 EPA title	6.5 Managing patients with HIV with impaired renal function
2 Specifications and limitations	**Specifications: List of Observable Professional Activities** 6.5.1 The patient not on ARVs with increased creatinine 6.5.2 Deteriorating renal function in a patient on ARVs 6.5.3 The patient with HIV and chronic kidney disease **Limitations: What is not included in this EPA** Uncommon renal conditions such as glomerulonephritis or congenital kidney abnormalities.
3 Learning Objectives	**6.5.1 ART naïve patient with increased creatinine** ○ Distinguishing Acute kidney injury from chronic kidney disease ○ Identification and management of HIVAN / HIVICK ○ The diagnostic work-up of a patient not on ARVs presenting with a high creatinine ○ How to assess renal function in adults, pregnant women, adolescents and children ○ Initiating ART in a patient with a reduced renal function **6.5.2 Deteriorating renal function in a patient on ARVs** ○ Identifying possible causes for an increase in creatinine in a patient on ARVs ○ Identifying, diagnosis and work up of a patient with suspected TDF nephrotoxicity ○ Management of ARVs in a patient with a reduction in eGFR due to AKI **6.5.3 The patient with HIV and chronic kidney disease** ○ Diagnostic criteria for chronic kidney disease in patient with HIV ○ Risk stratification of a patient with chronic kidney disease ○ Identifying the cause for CKD in a patient with HIV ○ ARV management of a patient with chronic kidney disease ○ Management of CKD and proteinuria. ○ Palliative care for end stage kidney disease
References	Oxford Handbook of HIV Medicine. Maartens G, Cotton M, Wilson D, Venter F, Meyers T, Bekker **Standard Treatment Guidelines and Essential Medicines List for South Africa Hospital Level, 2024 edition Updated March 2026** https://www.health.gov.za/wp-content/uploads/2026/04/Hospital-Level-Adults-Standard-Treatment-Guidelines-and-Essential-Medicines-List-6th-Edition-2024_Updated-March-2026.pdf **CKD evaluation and management 2024 KDIGO guideline:** **https://kdigo.org/guidelines/ckd-evaluation-and-management/** A general guideline on CKD but very relevant for patients with HIV and concomitant Diabetes or HT kidney disease

7.1 PA: HIV and Co-morbid disease

1 EPA title	7.1 HIV and Co-morbid disease
2 Specifications and limitations	**Specifications: List of Observable Professional Activities** 7.1.1. Patients with HIV with cardiovascular disease / diabetes / metabolic syndrome 7.1.2 Patients with HIV and epilepsy 7.1.3 Managing a patient with HIV and acid reflux / peptic ulcer disease 7.1.4 Managing a patient with HIV and DVT / pulmonary embolism **Limitations: What is not included in this EPA** • The diagnosis and work up of chronic diseases outside the context of HIV
3 Learning Objectives	**7.1.1. Patients with HIV with cardiovascular disease / diabetes / metabolic syndrome** • Able to initiate a patient with Cardiovascular disease/diabetes on appropriate antiretroviral regimen • Able to modify the cardiovascular/diabetic treatment as appropriate on a patient that is newly diagnosed with HIV • Able to anticipate possible drug-drug interaction between ARVs and cardiovascular/diabetic/metabolic syndrome drugs, including statins • Able to coordinate the monitoring (including investigations) of ARVs with that of cardiovascular disorders/diabetes mellitus • Provide advice on life-style modifications to patients with HIV and cardiovascular/Diabetes/metabolic syndrome co-morbidities. **7.1.2 Patients with HIV and epilepsy** • Able to initiate the appropriate ARV regimen on a patient with seizure disorder that has recently being diagnosed with HIV • Able to start an appropriate anticonvulsant in a patient with HIV and new onset epilepsy • Able to assess and manage poor viral suppression in a patient on anticonvulsant. • Able to make choose/change to an appropriate anticonvulsant in a female of child-bearing age (or early pregnancy) who is on ARV • Able to counsel a patient with HIV and seizure disorders on adherence • Counselling on non-drug management of epilepsy, in addition to use of ARVs in a patient with HIV ad seizure disorders. **7.1.3 Managing a patient with HIV and acid reflux / peptic ulcer disease** • Able to initiate appropriate ARVs in a patient on treatment for PUD/Dyspepsia • Able to advice a patient on ARVs on the correct time of use and food recommendations of Antacid or PPI in conjunction with ARVs • Able to manage a patient on ARVs with recent onset Peptic ulcer or Dyspepsia • Counsel patients on ARVs on the use of over-the-counter drugs for dyspeptic symptoms **7.1.4 Managing a patient with HIV and DVT / pulmonary embolism**

	• Able to initiate appropriate ARVs on a patient on anticoagulant for DVT • Able to manage a patient on ARVs and new onset DVT • Able to determine the correct timing of INR monitoring for a patient on ARVs and anticoagulation for DVT (how to determine warfarin dosing using the INR and the total weekly dose) • Able to counsel a patient with HIV and DVT on the need for closer monitoring, including frequent blood tests
	Oxford Handbook of HIV Medicine. Maartens G, Cotton M, Wilson D, Venter F, Meyers T, Bekker **National Consolidated Guidelines for the Prevention and Management of HIV in Adults, Adolescents, Children, Infants and Pregnant and Breastfeeding women 2026** https://sahivsoc.org/Files/National%20Consolidated%20Guidelines%2004-03-2026.pdf **Standard Treatment Guidelines and Essential Medicines List for South Africa Hospital Level, 2024 edition Updated March 2026** https://www.health.gov.za/wp-content/uploads/2026/04/Hospital-Level-Adults-Standard-Treatment-Guidelines-and-Essential-Medicines-List-6th-Edition-2024_Updated-March-2026.pdf **Safe treatment of seizures in the context of HIV** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3744057/pdf/nihms477609.pdf **Adult primary Care guide 2023** **https://knowledgehub.health.gov.za/elibrary/adult-primary-care-apc-clinical-tool-2023**

8.1 PA: Supporting patients on ARVs – including special and key populations .

1 EPA title	8.1 Supporting patients on ARVs
2 Specifications and limitations	**Specifications: List of Observable Professional Activities** 8.1.1 Counselling a patients on ARVs with poor adherence 8.1.2 Creating accessible health care programs for key populations 8.1.3 Creating accessible health care services for patients with HIV in rural and underserviced areas 8.1.4. Palliative and rehabilitative care for patients with HIV **Limitations: What is not included in this EPA**
3 Learning Objectives	**8.1.1 Counselling a patients on ARVs with poor adherence** • Able to provide patients with adherence counselling and support to ARV-naïve patients without delaying their initiation on ARV • Able to assist patients to develop their own adherence plan • Able to provide enhanced adherence monitoring for patients who are struggling with adherence • Able to provide enhanced adherence counselling to patient who has challenges with adhering to their treatment • Able to provide incremental and standardised HIV disclosure counselling in children and adolescents • Able to demonstrate an understanding of the repeat prescription collection strategy. • Able to demonstrate empathy with the patients • Able to conduct motivational interviewing with the patients **8.1.2 Creating accessible health care programs for key populations** • Able to identify patients belonging to key populations (including vulnerable and most-at-risk groups) • Able to identify and manage patients from key populations who have suffered a sexual-based violence • Able to screen for and appropriate address mental health disorders (including substance use disorders) in this group of patients. • Able to understand national, regional and international legislative framework and treaties • Able to tailor counselling skills to the specific need of the population (e.g. Condom negotiation with a sex worker) • Able to understand how services can be made more accessible to key populations including syringe exchange programs for drug users, on demand PrEP for MSM, and gender affirming services for transgender and gender diverse populations. **8.1.3 Creating accessible health care services for patients with HIV in rural and underserviced areas** • Able to demonstrate an understanding of social factors affecting care in rural/underserviced areas

	• Demonstrate an understanding of environmental factors adversely affecting care in these areas • Able to demonstrate an understanding of economic factors as they affect care in these areas • Able to demonstrate negotiating care with a patient from a rural/underserviced area on HIV management and continuing care despite the barriers **8.1.4. Palliative and rehabilitative care for patients with HIV** • Able to demonstrate an understanding of the three model of palliative care encountered in clinical practice in South Africa • Able to assess the eligibility for home care and hospice support • Able to management common symptoms in patients on palliative care • Able to demonstrate empathy and elicit cooperation from families of patient on palliative care • Able to obtain the cooperation of patient in their care and management
References	**Adherence Guidelines for HIV, TB and NCDS. SOP 2020 NDOH** https://knowledgehub.health.gov.za/system/files/elibdownloads/2023-04/Adherence%2520Guidelines%2520-%2520Slide%2520Deck%2520-Training%2520Course%2520for%2520Healthcare%2520Providers%2520%252026%2520April%25202021.pdf An introduction to gender affirming healthcare: What the family physician needs to know. Muller et al (2023) *South African Family Practice, 65*(1), 5 pages: **https://safpj.co.za/index.php/safpj/article/view/5770** **Additional Content to the National Sexually Transmitted Infections Care and Treatment Course for Health Care Workers . Key Populations. DOH**. https://sahivsoc.org/Files/HTA%20and%20Key%20Pops%20Slides.pdf **SAHCS Guidelines of HIV palliative care (2018).** https://sahivsoc.org/Files/HIV%20Palliative%20Care%20Guidelines%2022%20October%202018%20MR%20(003).pdf