OCCUPATIONAL MEDICINE SPECIALIST TRAINING PROGRAMME AT THE UNIVERSITY OF CAPE TOWN

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OCCUPATIONAL MEDICINE DIVISION,
DEPARTMENT OF PUBLIC HEALTH AND FAMILY MEDICINE

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OVERVIEW OF THE TRAINING PROGRAMME

The School / Department of Public Health and Family Medicine in partnership with the Department of Medicine offers a four year training programme leading to specialist registration with the Health Professions Council of South Africa. There are currently eight approved training posts in the Department of Public Health and Family Medicine, two of which are funded by the Western Cape Government – Health and the remaining posts funded by other external sources as and when they are occupied. Candidates will be trained in clinical occupational medicine, occupational health risk evaluation and management, and research.

Training objectives in the School of Public Health and Family Medicine exceed the minimum basic syllabus requirements of the College of Medicine of South Africa (Division of Occupational Medicine). New College regulations are now in force and these are attached in South African Qualifications Authority (SAQA) format as Appendix 1.

Trainees participate in modular classroom training by participating in formal postgraduate courses offered by the Department/School of Public Health and Family Medicine in Occupational Health, Public Health (which includes Epidemiology and Biostatistics) and Health Management. Additional structured teaching and seminars are provided.

Experience in clinical service as well as occupational health service management (including surveillance functions) is provided by various attachments during the programme which aim to expose candidates to the full scope of specialist occupational medicine practice. Exposure to academic skills development in teaching and research is included throughout the programme. By the end of the course candidates will be expected to demonstrate defined competencies in the various components of Occupational Medicine listed in Appendix 1A.
Candidates must:

- Be registered with the HPCSA for the full 4 year period of specialisation for the MMed degree in Occupational Medicine through enrolment with the University. The following course codes are applicable:

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Course Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPH7056W</td>
<td>MMed in Occupational Medicine Part 1</td>
<td>Theory of basic public and occupational health sciences including epidemiology, biostatistics and health economics; social and behavioural sciences including industrial relations and psychology; occupational medicine and toxicology (basic, intermediate and advanced); occupational hygiene; occupational safety; occupational health management systems; environmental health. See detailed curriculum in regulations of College Of Public Health Medicine: <a href="http://www.collegemedsa.ac.za">www.collegemedsa.ac.za</a></td>
</tr>
<tr>
<td>PPH7057W</td>
<td>MMed in Occupational Medicine Part 2</td>
<td>Clinical occupational medicine and technical / case reports. See detailed curriculum in regulations of College Of Public Health Medicine: <a href="http://www.collegemedsa.ac.za">www.collegemedsa.ac.za</a></td>
</tr>
<tr>
<td>PPH7058W</td>
<td>MMed in Occupational Medicine Part 3</td>
<td>All MMed students are required to produce a minor dissertation under supervision (60/180 course credits at HEQF level 9), examined by the University, which is a prerequisite for writing the College exam</td>
</tr>
</tbody>
</table>

The most recent version of the rules of study is available on the UCT website: http://www.uct.ac.za/students/postgraduates/handbooks/

- Have completed four years of training formally approved by the Head of the Occupational Medicine Division in a recognised (registrar's) training post in the Department. Continuous monitoring and evaluation of the quality and quantity of the work output of candidates will be performed by the Programme convenor, consultant staff in the Occupational Medicine Division and the Department of Medicine. It is incumbent upon the candidates to demonstrate adequate attendance and performance in terms of the list of expectations below.

- Successfully complete the College examinations timeously in order to obtain a Fellowship of the College of Public Health Medicine (Division of Occupational Medicine) of the Colleges of Medicine of South Africa.

- Complete a dissertation on an aspect of their work prior to writing the College examination. A pass on a long paper (mini-dissertation equivalent) examined through the university is an entry requirement for the College examination under College rules. Successful completion will result in an MMed degree being awarded to the candidate in addition to obtaining the College Fellowship.
1. ACADEMIC INSTRUCTION: POSTGRADUATE DIPLOMA IN OCCUPATIONAL HEALTH (DOH), MASTER OF PUBLIC HEALTH (MPH), AND DIPLOMA IN HEALTH MANAGEMENT (DHM), MASTER IN MEDICINE (MMED)

Registrars should attend the DOH, MPH and DHM (optional), and participate fully. This includes lectures and other coursework, homework, tests and examinations. Registrars are not required to complete research projects for the MPH and DHM. They may however choose project work arising from their courses as a vehicle to complete their short report for the College examination. The College Fellowship examination includes the submission of one short research report such as a clinical case report with research commentary.

*In addition*, registrars are required to do an MMed dissertation. This will allow them to obtain the MMed degree, which is an academic qualification. The MMed dissertation thus requires the submission of a second research report, separate and independent from the College Fellowship submission (short report).

1.1 Coursework of the Diploma in Occupational Health (DOH)

Attendance of the Diploma in Occupational Health is compulsory, unless the candidate has already completed the course at UCT or any other university in South Africa, or an equivalent in another country.

The programme includes occupational health risk assessment and management; occupational medicine and work ability; and occupational health services management. Relevant legislation, ethics and standards pertaining to these three focus areas are covered. The practical activities include work-place visits, audiometry and spirometry, and clinical case studies. Candidates are required to complete all text quizzes and submit 3 portfolio assignments over the duration of the course.

1.2 Coursework of the Masters in Public Health (MPH)

It is a requirement of the MMed programme that all registrars undertake the *epidemiology and biostatistics* track of the MPH. These are core competencies for occupational medicine specialists and the Department is one of the few in the country that offers formal training to advanced level in these disciplines that covers the CMSA CPHM (Occ Med) syllabus thoroughly as well as being the secret to success in the report and dissertation. Registrars thus enrol in all 10 required modules and take optional modules should they be interested in a particular subject area beyond what is required:
Core modules:

1. Public Health and Society (PPH7016F)
2. Introduction to Epidemiology (PPH7018F)
3. Biostatistics I (PPH7021F)
4. Quantitative Research Methods (PPH7070S)

Epidemiology track modules:

1. Biostatistics II (PPH7092S/STA5055F)
2. Biostatistics III (STA5056F)
3. Advanced Epidemiology (PPH7029F)
4. Epidemiology of Non-Communicable Diseases (PPH7065S)
5. Evidence-Based Health Care (PPH7022S)
6. Health Policy and Planning (PPH 7041S)

1.3 Coursework of the Diploma in Health Management (DHM)*

Attendance of the Diploma in Health Management is optional. Should registrars opt to do the DHM, they will be required to complete all 3 modules and related assignments except for the research module and project report. Registrars enrolling for the DHM course modules will not be required to do the “Health Policy and Planning” and “Introduction to Health System Research and Evaluation” modules of the MPH. (*This Programme is undergoing recirculation and is currently not being offered until 2016)

Registrars will not be able to obtain the diplomas (DOH, DHM) or masters (MPH) degree even though they participate fully in the coursework as University policy prohibits dual course registration and qualification. The content of these courses is however part of the MMed programme for Occupational Medicine specialization. University requirement of successful registrar participation in these and other courses results in the MMed degree. Registrars will be provided with a certificate of attendance on request, which they may use for Curriculum Vitae purposes as evidence of having completed the coursework requirements of these coursework programmes.

Academic teaching for the MPH programme takes place on Tuesday, Thursday and occasionally other afternoons and week long block teaching occurs for DOH and DHM programmes.

Registrars must ensure that they are released from their service attachments to attend the above courses.
Recommended texts for Occupational Medicine

Aside from the prescribed textbooks recommended by the course convenors of the abovementioned academic programmes, the following texts are recommended specifically for occupational medicine registrars:

- OHS and Labour Law standards: Jutas, Sabinet, Acts Online (http://www.acts.co.za/)
- Electronic web resources: e.g., International Labour Organisation (ILO) Encyclopaedia of OHS, National Institute for Occupational Safety and Health (NIOSH), American Conference of Government Industrial Hygienists (ACGIH), Wireless Information System for Emergency Responders (WISER), Wikipedia and Toxipedia

2. CLINICAL/OCCUPATIONAL HEALTH SERVICE ATTACHMENTS AND ROTATIONS

During their training registrars will be required to work in a range of clinical/health services. The Department may also enlist agreements with specific services for registrar placement under appropriate supervision. All clinical/health service attachments will be arranged by the occupational medicine programme convenor, in consultation with individual registrars. The rotation cycles are: February to July and August to January.
2.1 Clinical attachments

All registrars will be required to do the following clinical attachments (6 months minimum) as will be mutually agreed upon with the supervisory consultant in each clinical programme:

- Respiratory Clinic programme in the Division of Pulmonology, Department of Medicine (Prof Gill Ainslie) - See Appendix 2
- Occupational Medicine Clinic in the Division of Occupational Medicine, School of Public Health and Family Medicine/Department of Medicine (Prof Rodney Ehrlich) - See Appendix 3
- Dermatology Clinic programme in the Division of Dermatology, Department of Medicine (Dr. Amy Burdzik) - See Appendix 4

The training record of experience for these attachments will comprise at least one clinical case report of a patient managed per the 3 main clinical attachment subjects mentioned above. This will be attached to the Appendix 5 (Portfolio of Learning) duly signed by the clinical supervisor and maintained electronically for final submission to the CMSA upon registration for the final examination.

Short attachments may also be arranged in other clinical units, such as ENT, Audiology, Hand Clinic, in other parts of the provincial or local authority health service, or with insurance companies dealing with disability assessment.

2.2.1 Public sector occupational health services attachment for Western Cape Government (WCG) Department of Health employed registrar at Groote Schuur Hospital

The junior WCG registrar will be attached to the Manager of Medical Services at Groote Schuur Hospital and working closely with the Quality Assurance Manager and the Occupational Health and Safety team. Thus, in addition to fulfilling all the occupational medicine clinical service requirements, the registrar will also:

- Provide technical support in relation to occupational health risk assessment and management; and medical surveillance of staff in public sector hospitals and facilities;
- Conduct applicable research and policy development in occupational health;
- Identify “hot spots” through the clinical occupational health service that may require further attention

2.2.2 Public sector occupational health services attachment for Western Cape Government (WCG) Department of Health employed registrar based in the Directorate: Health Impact Assessment

The senior WCG registrar will be attached to the Deputy-Director: Quality Assurance at the provincial head office in the Directorate: Health Impact Assessment. Thus, in addition to fulfilling all the occupational medicine clinical service requirements, the registrar will also:
• Provide technical support in relation to occupational health risk assessment and management of public sector hospitals and facilities;
• Conduct applicable research and policy development in occupational health

2.3 Specific industry attachments for registrars employed in accredited sites

For registrars not employed by the Western Cape Government Health Department, specific industry attachments will be arranged only after each training platform has been accredited by the occupational medicine programme convenor so as to ensure that there is adequate supervision of the registrar’s activities. The requirement is that there be an on-site supervisor and a signed memorandum of understanding undertaking that the registrar be released for all academic activities and clinical attachments during the training period.

2.4 Procedure governing rotations

Registrar accountability will be to the responsible consultant/specialist of the Clinical/Workplace/Health Department “service unit” and the Convenor of the Occupational Medicine Training Programme.

Each registrar will be assigned an academic mentor in the Department who will be available to the registrar and ensure that progress is being made towards qualification. The registrar will meet the mentor at regular intervals with meetings being more frequent at the beginning of the attachment to plan the details of the attachment.

The attachment will be governed by a written set of learning objectives and a personalised job description (see 2.6 and Appendix 5) drawn up by the supervisory team. The academic mentor and clinical / health service supervisor should discuss the appropriateness of all work envisaged, particularly applied research projects, in advance to ensure that registrars use their time optimally. As part of the job description, arrangements for vacation leave should be discussed with both clinical / health service supervisor and academic mentor.

The team will also meet periodically to monitor progress against the initial plan. This process of discussion should continue during the course of the attachment and applies particularly to ad hoc work that was not envisaged when the job description was drawn up.

There should be frequent workday contact between clinical / health service supervisor and the registrar.

Clinical attachment and health service supervisors should be familiar with the MMed (Occ Med) curriculum and learning objectives and be willing to participate in the registrar training process. They should be accessible to the registrar, prepared to delegate appropriate tasks and responsibilities to the trainee while maintaining adequate supervision, provide honest feedback to the registrar, have an active commitment in occupational medicine education, and provide timely feedback to the academic mentor about the progress of the registrar.

There should be at least monthly contact with the academic mentor for monitoring purposes.
Personal appraisal will consist, as appropriate, of regular (monthly) meetings with the academic mentor, end-of-attachment reports, published and unpublished written reports on project or other work, oral presentations, reports from staff for whom the registrar is responsible, and the service supervisor (see 2.6 and Appendix 5).

2.5 Appointment of "non-provincial" registrars at Groote Schuur Hospital

Before commencing their clinical rotations, registrars not on Provincial Health Department conditions of service must apply to the Groote Schuur Hospital Human Resources Management department for a letter of appointment to the hospital as an "unpaid registrar working under supervision of a specialist on joint university-provincial staff". The period of appointment must be specified, and should cover the whole period of the registrarship. The Provincial Department of Health will assume medico-legal liability in the usual way provided that the registrar is working under the supervision of a joint university-provincial staff or provincial staff member. The registrar will also be entitled to a hospital ID card. However, it is recommended that registrars have their own liability cover for any non-provincial related clinical work.

2.6 Appraisal and recording of attachment experience - Formative assessment report in the Portfolio of Learning

Registrars are required to provide the occupational medicine programme convenor with copies of the written biannual portfolio report (midyear and end of year) of all their work during their service attachments (Appendix 5). At the end of each attachment, the registrar must ensure that the clinical supervisor signs off the relevant section after it has been signed by the academic mentor and sent to the programme convenor for filing. For WCG registrars the relevant SPMS form, together with the Appendix 5 also needs to be handed in. The Portfolio of Learning and any supporting documents must also be kept in electronic format and submitted for evaluation prior to the College examination.

3. DEPARTMENTAL MEETINGS

a) School noon meeting

Registrars must attend noon meetings (Thursdays at 12h00 - 13h00). Journal club for registrars (public health medicine and occupational medicine) is held at alternate noon meetings. Registrars must present at a journal club at least once annually. In addition, the Division of Occupational Medicine presents at these noon meetings once or twice per year – which is used for research findings or outcomes of projects.

b) Occupational medicine clinical case presentation and journal club

On a monthly basis (Thursdays at 10h30 - 12h00) registrars are required to attend an occupational medicine clinical case and journal club that focuses on clinical reviews, diagnostic and
management issues in occupational medicine. Registrars each get a turn to present on a topic assigned by the consultant or a clinical case. Sessions cover a wide range of topics and are aimed at preparing for the College Fellowship examinations, clinicals and oral exams.

c) **Occupational Health Seminars**

Registrars must attend all ad hoc seminars organised on occupational or environmental health topics in the School organized by the relevant teaching divisions and the Centre for Occupational and Environmental Health Research. Registrars are strongly encouraged to attend monthly evening SASOM meetings and for senior registrars to present at these meetings.

d) **Programme Committee for Occupational Medicine**

Registrars must attend these meetings that form part of the registrars’ feedback meeting, held every three months. The programme committee comprises the following members:

- **Convenor, MMed (Occ Med) Programme:** Prof Mohamed Jeebhay
- **Head, Division of Occupational Medicine:** Prof. Rodney Ehrlich
- **Consultants for clinical attachments:**
  - Occupational Medicine: Prof Rodney Ehrlich
  - Respiratory Medicine: Prof Gill Ainslie
  - Dermatology: Dr. Amy Burdzik
- **Occupational medicine registrars**

e) **General registrar’s meeting**

Registrars may also need to attend general registrar meetings in the School should such be arranged. Registrars need to know who their registrar representative is – this is important for input into meetings of the Council meetings of College of Public Health Medicine in the CMSA.

f) **Monthly SOPHFM staff meetings and departmental tea – if attachment allows**


4. **RESEARCH AND COMPUTER COMPETENCY**

Registrars should participate fully in research activities of the Centre for Occupational and Environmental Health Research (COEHR). Their academic mentor will serve as research supervisor in the first instance, but their dissertation supervisor could be different. It is recommended that registrars approach their academic mentors early on in the programme to find an appropriate dissertation topic, which could be based on analysis of data already collected but not previously reported.

Before embarking on the Masters dissertation research, the full proposal with all appendices (data collection tools, informed consent forms etc.), the synopsis, a completed ethics form and a completed D1 form needs to be submitted to the chair of the departmental research committee for approval. Further details, including relevant forms to be completed are obtainable on the Department website. Registrars must familiarize themselves with the processes for science and
ethics approval and for access to public sector health facilities. A memorandum of understanding and progress report are completed by the student and the supervisor once the research proposal has been approved.

Registrars must have computer access either on a PC at home or in the department (Registrar room). Registrars must ensure they have computer competency in all the components of Microsoft Office, VULA web teaching platform, Stata statistical package as well as email and internet usage (if necessary, by attending courses at Information Technology Services, UCT).

5. PROJECTS, PUBLICATIONS AND REPORTS

The registrar should aim at completing a number of projects for their portfolio. All projects, clinical attachments and health service related work should result in reports that must be submitted to the occupational medicine programme convenor. Whenever possible registrars are encouraged to present their work at local conferences, which the School of Public Health and Family Medicine will subsidise, and publish their research findings in academic journals. Close contact with the academic mentor or other relevant departmental staff is essential to ensure quality of output.

6. MEDICAL STUDENT UNDERGRADUATE PROGRAM & POSTGRADUATE DIPLOMA IN OCCUPATIONAL HEALTH (DOH)

Registrars should participate in undergraduate occupational medicine training including:

- teaching
- supervision of research projects
- where assigned, taking responsibility for course coordination of occupational medicine input into these training programmes e.g. factory visits (DOH programme)

7. LEAVE

Registrars should take their leave preferably in December and January by agreement with the Head of the employing authority / service to which they have been allocated and in consultation for final approval with the Head of Department (HOD). For WCG employed registrar, leave forms are to be submitted to the HOD for onward transmission to the Human Resource Management office at Groote Schuur Hospital. Leave must not be allowed to accumulate, as this has previously resulted in serious disruption of service delivery. Sick leave practice must conform with the rules of the employing authority. Medical certificates must be supplied if absent for three or more consecutive days (weekends and public holidays contribute to consecutive days). The service unit supervisor should be informed as early as possible on the first day of any sickness absence, and the HOD if the sickness absence continues for 3 or more days.
8. CONTACT DETAILS AND COMMUNICATION

Registrars must keep the School of Public Health and Family Medicine informed at all times of changes in addresses, telephone numbers, cell numbers, email addresses so that they may be contacted when required. When rotating through Health Department or clinical services, registrars are to notify the MMed Programme Administrator in the Department (currently, Faranaaz Bennett) of their telephone number and the extensions where they can be contacted. Registrars should also monitor their mailboxes and e-mail, and Departmental notice boards for messages and circulars. Registrars are expected to maintain continuous email access during working hours.

9. SENIOR REGISTRAR

The senior registrar, being the registrar closest to completion, will serve as registrar representative and be responsible for Occupational Medicine Clinic scheduling and other matters that may arise. Should there be more than one registrar with the same service period, one will be requested to take on this role by the MMed programme convenor,

10. REGISTRAR’S OFFICE (4th floor Falmouth Building) AND PC FACILITIES

The registrar office and computers are for use by registrars when they are on campus.
REGULATIONS
FOR ADMISSION TO THE EXAMINATION FOR THE FELLOWSHIP OF
THE COLLEGE OF PUBLIC HEALTH MEDICINE - OCCUPATIONAL MEDICINE
OF SOUTH AFRICA

FCPHM(SA) Occ Med

1.0 INSTITUTION
The Colleges of Medicine of South Africa

2.0 DIVISION
The Division of Occupational Medicine of the College of Public Health Medicine of South Africa

3.0 QUALIFICATION TITLE
Fellow of the College of Public Health Medicine - Occupational Medicine of South Africa

4.0 OFFICIAL DESIGNATION
FCPHM(SA) Occ Med

5.0 FIELD
09 (Health Sciences and Social Services)

6.0 SUB-FIELD
Preventive, promotive, curative and rehabilitative

7.0 NUMBER OF FIELD
8

8.0 PURPOSE OF QUALIFICATION
This qualification forms part of the credentialing process, for medical practitioners, as specialists in occupational medicine. The Health Professions Council of South Africa (HPCSAs) stipulates training requirements, including a minimum period of experiential learning. It is usual for the examination to be taken and passed prior to the completion of the required period of supervised learning specified by the HPCSAs. The aim of this qualification is to meet the needs for formal examination certification, as well as to set standards, nationally, for such a qualification.

9.0 PRIOR LEARNING FOR ADMISSION TO THE PROGRAMME LEADING TO THE QUALIFICATION

9.1 MB ChB, MB BCh, or equivalent qualification acceptable to the Health Professions Council of South Africa for registration as a medical practitioner in South Africa

9.2 Two years of supervised medical practice which may include the internship year, and the year of compulsory community service

10.0 OTHER ENTRY REQUIREMENTS

10.1 Current registration with the Health Professions Council of South Africa as a medical practitioner
11.0 EXIT LEVEL OUTCOMES

11.1 Overall learning outcomes:
Be able to diagnose and manage all aspects of work-related disease or disability or threats to health and well-being of individual employees

11.1.1 Assessment criteria:
- Be able to interpret chest radiology, lung function testing, bronchial challenge testing, audiometry, toxicological testing, vision screening, haematological and biochemical testing, testing for infection and immune function, allergy testing, and patch testing
- Be able to conduct fitness, impairment and disability assessment and implement workplace accommodation, disability management and workers’ compensation claims administration
- Be able to counsel and/or refer employees with occupational health problems affecting work capacity

11.2 Overall learning outcomes:
Be able to investigate occupational health risks in a workplace and develop an efficient and effective hazard control and management programme through workplace interventions and appropriate occupational health services

11.2.1 Assessment criteria:
- Be able to have a holistic approach to occupational health problems
- Be able to conduct a workplace health risk assessment in a wide range of workplaces and integrate relevant data from a variety of sources
- Be able to extract and use toxicological information including interpretation of material safety data sheets
- Be able to interpret and apply data and recommendations from occupational hygiene reports
- Be able to design a medical surveillance and biological monitoring programme including the application and interpretation of specific tests
- Be able to design and set up an occupational health service with an appropriate referral system
- Be able to appreciate the ethical issues, workers’ constitutional and legal rights within a workplace setting and in the conduct of a workplace based occupational health service
- Be able to write and revise strategic and operational plans, including budgets and procedures, for occupational health services or operating units
- Be able to develop health promotion programmes for specific conditions, including HIV, TB, STDs, tobacco and alcohol related conditions
- Be able to prepare training materials for a variety of audiences to communicate risk information
- Be able to design clinic, workplace, company or regional record/health information systems covering injuries and illnesses
- Be able to audit an occupational health and safety system

11.3 Overall learning outcomes:
Be able to describe, explain and quantify occupational health risks, occupational health service needs and interventions through conducting appropriate epidemiological research and developing appropriate policy options based on study findings

11.3.1 Assessment criteria:
- Be able to conduct a comprehensive medical assessment of workers, including how to conduct an occupational interview, conduct a physical assessment and know the relevant biological investigation necessary in the assessment
- Be able to write an epidemiological research protocol
- Be able to appraise critically occupational health and medical literature
- Be able to understand the ethics and human subjects issues related to the conduct of research projects
- Be able to use the computer systems to access the internet and electronic and paper databases for information retrieval

- Be able to manage…/
- Be able to manage, capture, analyse and interpret data obtained from an epidemiological study
- Be able to write clear and concise documents: proposals, policies, reports
- Be able to organise a consultative process with major stakeholders in occupational health for public policy making
- Be familiar with the legislative aspects of the field

12.0 CRITICAL CROSS-FIELD AND PERSONAL OUTCOMES

OUTCOMES (“BE ABLE TO …..”) ASSESSMENT

12.1 critically appraise the state of current knowledge with respect to important occupational health issues
12.2 work as a team member, wherever this is important for the achievement of occupational health goals
12.3 demonstrate good leadership skills where these may be required for the candidate’s future professional work situation
12.4 demonstrate good analytical skills
12.5 demonstrate an appropriate level of professional knowledge
12.6 make occupational health-related decisions in a rational way
12.7 solve occupational health-related problems effectively
12.8 communicate effectively using written and oral methods
12.9 use science and technology responsibly and ethically
12.10 demonstrate good interpretative skills as well as sensitivity for community values and the workplace environment
12.11 plan and execute occupational health interventions effectively
12.12 assess one’s own personal strengths and weaknesses
12.13 commit to a life of continual professional development
12.14 act consistently within levels of competence and professional norms
12.15 conflict management and resolution

13.0 CURRICULUM AND SYLLABUS

These are attached as Appendix A

14.0 CREDITS REQUIRED*

<table>
<thead>
<tr>
<th>Credits (Weeks)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>14.1 Credits for core learning (course work):</td>
<td>68 (17)</td>
</tr>
<tr>
<td>14.2 Credits for advanced learning (1) (short report):</td>
<td>16 (4)</td>
</tr>
<tr>
<td>14.3 Credits for supervised training attachments:</td>
<td>144 (36)</td>
</tr>
<tr>
<td>14.4 Credits for elective learning:</td>
<td>148 (37)</td>
</tr>
<tr>
<td>14.5 Credits for advanced learning (2) (dissertation):</td>
<td>64 (16)</td>
</tr>
<tr>
<td>14.6 Total credits required:</td>
<td>440 (110)</td>
</tr>
</tbody>
</table>

* 1 credit point equals 10 hours of notional learning. A 40 hour week of notional learning would equal 4 credit points

15.0 MINIMUM CREDITS REQUIRED AT SPECIFIC LEVELS

<table>
<thead>
<tr>
<th>Credits (Weeks)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>15.1 Level 8:</td>
<td>440 (110)</td>
</tr>
</tbody>
</table>
16.0 ASSESSMENT TO ENSURE THE PURPOSE OF THE QUALIFICATION IS ACHIEVED
(criteria to be satisfied in the order shown below, successful completion of each step being a pre-requisite for the next step)

16.1 Certification, by head of the candidate’s training department, that:
- The candidate will have completed at least 3 calendar years as a registered student for the MMed (Occupational Medicine) or an equivalent degree at his/her University on the date of the first written paper, and has held a post recognised by the Health Professions Council of South Africa for the training of a specialist in Occupational Medicine for at least three calendar years
- The candidate has mastered at least 75% of the "skills" listed in Appendix A, Section 3, of the Regulations for Admission to the Fellowship of the College of Public Health Medicine of South Africa - Occupational Medicine, as amended up to 6 months prior to the date of the first written paper. Candidates should keep a portfolio of their practical work products (eg reports, policies, analyses, studies, articles) which will be required to be presented for inspection at the oral discourse

16.2 Submission to the CMSA, by the candidate, at the time of applying, of the following:
- The certification by the Head of Department referred to in 16.1
- An electronic copy of a short report (maximum 4000 words) on an occupational health topic (see Appendix B of these Regulations for details)
- Evidence of having passed the equivalent of an MMed dissertation in occupational health which has been marked by at least two external examiners
- Completed formative assessment forms (Appendix C): 1 at the start of training and 1 for every 6 months completed thereafter (ie 7 in total)
- The proposed field/topic for discussion during the oral discourse examination (this topic must be acceptable to the convenor of the examination after consultation with the examiners: the examiners may require the candidate to change, refine or amend the topic. The candidate must be informed, as must the examiners, of the final topic or field for the oral discourse, in writing, at least 1 month prior to the oral examination)

16.3 Writing of three written papers covering basic public health sciences and occupational health sciences (occupational medicine, occupational hygiene and occupational health management) by the candidate, namely:
- A three hour multiple choice paper consisting of 50 questions
- A three hour paper of short answer questions. The candidate will be required to answer 10 out of 15 questions
- A three hour paper of essay questions designed specifically to test the candidate’s integrative and written communication skill

16.4 Attending, by the candidate, at an oral examination in three parts, each lasting up to 30 minutes. One of these three parts will be defence of the short report before a panel of at least 4 examiners from at least two academic institutions. The second part will be an oral discourse on the topic/field of the candidate’s choice before a panel of at least 4 examiners from at least two academic institutions. In the third part the candidate will be examined on clinical case material to assess occupational medicine skills. The order of these oral components is at the discretion of the convenor of the examination

16.5 Achievement, by the candidate, of a pass grade for the aggregate mark for the examination. The final mark for the examination will be made up of a weighted average of the marks for each component. The weightings will be as follows:
- Short report and defence 1/6
- Multiple choice paper 1/6
- Short answers paper 1/6
- Essay paper 1/6
- Oral discourse 1/6
- Occupational medical skills examination 1/6
- The pass mark will be 50% and for the purposes of the Universities, where this mark might be part of the degree of MMed, a mark of 75% or more is regarded as a distinction
16.6 Where a candidate fails to achieve an overall mark of 50% for the examination the examiners may recommend that the candidate be exempted from repeating one or more of the following sections in future attempts, provided that they have passed such section(s) at the current attempt and that the candidate wishes this; and that the candidate attempts the examination at the next available opportunity:

- The 3 written papers
- The short report and oral defence of the short report
- The oral discourse and clinical oral taken together

In such cases the marks for the exempted sections must be carried forward to the next attempt, and a distinction may not be awarded at that attempt. If the candidate is still unsuccessful (ie aggregate mark is still <50%) then the entire examination must be re-taken at the following attempt.

17.0 ARTICULATION POSSIBILITIES WITH RELATED QUALIFICATIONS

TITLE OF RELATED QUALIFICATION NATURE OF RELATIONSHIP

17.1 FCPHM(SA), FFCH(SA), MMed (Community Health), MMed (Public Health Medicine): persons with any of these qualifications may be exempted from the requirements for the long report and for the written essay paper. They may also enter for the examination after an additional 2 years of occupational medicine experience subsequent to their having passed any one of these qualifications.

18.0 CRITERIA FOR REGISTRATION OF ASSESSORS

There will be at least 6 assessors for each examination. The assessors must be drawn from at least two academic institutions.

There will be 1 overall convener. The convener and assessors will be appointed by the President of the Council of the CPHM(SA) and must be drawn from a list of approved examiners that is ratified by the Council.

18.1 All examiners must hold 1 or more of the following degrees or qualifications (or their equivalent) for at least 2 years prior to the date of the first written paper:

- FCPHM(SA)
- FCPHM(SA) Occ Med
- MMed (Public Health Medicine)
- MMed(Occupational Medicine)
- MMed (Community Health)
- MBChB plus an appropriate PhD in a public health or occupational health field

18.2 Examiners should hold an appropriate appointment in occupational medicine

18.3 Examiners must be drawn from a list of approved examiners that is updated and approved by the Council at least once every three years.

JOHANNESBURG

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19.0 ADMISSION AS A FELLOWSHIP

19.1 Only candidates who have completed training in a CMSA recognised registrar post may be awarded a fellowship if successful in the examination.

19.2 Candidates who have written the examination as a prerequisite from the HPCSA for inclusion on the specialist register are not eligible to be awarded a Fellowship but will be sent a letter confirming their success in the examinations.

All other candidates will be asked to sing a declaration as below:

I, the undersigned, …………………………………………………………… do solemnly and sincerely declare

that while a member of the CMSA I will at all times do all within my power to promote the objects of the CMSA and uphold the dignity of the CMSA and its members

that I will observe the provisions of the Memorandum and Articles of Association, By-laws, Regulations and Code of Ethics of the CMSA as in force from time to time

that I will obey every lawful summons issued by order of the Senate of the said CMSA, having no reasonable excuse to the contrary

and I make this solemn declaration faithfully promising to adhere to its terms

Signed at ………………………………… this …………………………..day of

………………………………………………………….. 20 ………..

Signature …………………………………………

Witness ………………………………………………….
(who must be a Founder, Associate Founder, Fellow, Member, Diplomate or Commissioner of Oaths)

19.3 A two-thirds majority of members of the CMSA Senate present at the relevant meeting shall be necessary for the award to any candidate of a Fellowship

19.4 A Fellow shall be entitled to the appropriate form of certificate under the seal of the CMSA

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

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

THE CURRICULUM AND SYLLABUS FOR THE FCPHM(SA) Occ Med

1.0 THE CURRICULUM

A week of notional learning is taken to be 40 hours for the purposes of these guidelines. 10 notional hours equals 1 SAQA credit. Notional learning includes all types of learning, both formal and informal, from private study through group work activities, seminars, conference attendance and formal lectures. Supervised training attachment time accumulates credit at half the rate for formal learning.

1.1 Credits for core learning (52 notional weeks, 52 actual weeks)

1.2 Credits for short (8 notional weeks; 8 actual weeks) and long/MMed dissertation (12 notional weeks; 12 actual weeks) reports

1.3 Credits for supervised training attachments (60 notional weeks; 120 actual weeks):
   - Notional weeks sum to 132
   - Actual weeks sum to 192 weeks (4 years)

2.0 THE SYLLABUS

2.1 Introduction:
   - Guidelines pertaining to the syllabus for the FCPHM(SA) Occ Med are presented below. These must serve as a guide only, and are supplied to assist candidates with determining the scope of their expected learning in preparation for the practical, written and oral examinations.
   - Candidates should, in other words, view this syllabus as a guide rather than as a rigid and exclusive list of what needs to be learned. Candidates should also ensure that they are well abreast of current topics and debates which may not be specifically mentioned in the syllabus.

2.2 Arrangement of material:
   The syllabus has been divided into the following categories for convenience:
   - Basic public and occupational health sciences including epidemiology, biostatistics and health economics
   - Social and behavioural sciences including industrial relations and psychology
   - Occupational Medicine and Toxicology I
   - Occupational Medicine II
   - Occupational Medicine III
   - Occupational hygiene including physical hazards, safety and injury
   - Occupational health management systems
   - Environmental health

2.2.1 Many different categories might have been used to classify the details of the syllabus guidelines, and some of the content of one category may well fit neatly into one or more alternative categories. These categories have been used in order to assist those who would like to use formal master’s coursework programme learning opportunities for their examination preparation.

2.2.2 The topics in the lists will mainly be examined directly in the first two written examination papers. However, the third, integrative, essay paper will also be best answered if the candidate has a thorough understanding of the concepts and topics listed.

2.2.3 In working towards the short report and the dissertation, candidates will also experience deep learning of many of the concepts and topics presented on the next pages.

2.2.4 First of all, lists of content are presented as a guide to the scope of the syllabus. Thereafter a list of expected skills is presented.
2.3 The scope of knowledge expected from candidates:

2.3.1 Public and occupational health measurement sciences:

2.3.1.1 Occupational Epidemiology and Biostatistics and Informatics:
Basic and advanced principles including study design, measures of occurrence, measures of effect, bias and validity issues, confounding, effect measure modification, mediation, causal thinking and critical appraisal. These are applied to exposure assessment, health assessment and occupational health services issues as a facility to critically appraise the literature as well as design studies. Descriptive statistics: Type I and II errors: Confidence intervals, including those for rates and proportions: Hypothesis testing (common parametric and non-parametric methods, when to use which test, conditions for these tests, manual performance of tests not required): Estimation of sample size for point estimates of means and proportions, as well as for differences between 2 means and differences between 2 proportions: Correlation and regression methods: Multivariate analysis including linear and logistic regression and survival analysis. Measurement of the burden of disease

2.3.1.2 Occupational Demography:
The occupational health impacts of general demographic trends. The national census: Population pyramids: The demographic equation: The demographic transition: Fertility and its determinants: Migration (voluntary and forced, internal and cross-border, social/economic/class): The social, cultural, political and medical consequences of demographic change: Indicators and their interpretation. The impact of major epidemics eg HIV/AIDS

2.3.1.3 Occupational Health informatics:
Notification and reporting systems at national and enterprise levels and their design and rationale: The principles of the design and use of electronic reporting and recording systems: The principles of integrated comprehensive systems involving relational databases and geographic information systems: Security aspects: Organisational issues relating to the use of electronic information systems. Paper-based systems and minimum data sets. Appropriate indicators

2.3.1.4 Computers – hardware, software and skills:
Familiarity with information and communication technologies including the equivalent of all the components of Microsoft Office, sophisticated statistical software as in the equivalent of Stata, Self-directed learning via the internet including web-based learning, project management software, mail and webpage design. Reasonable typing speed

2.3.1.5 Health economics finance and budgeting:

2.3.2 Social and Behavioral aspects of Occupational Health:
Occupational health, as opposed to most other disciplines in clinical medicine or in public health generally, is located within the arena of contesting parties, all with different needs. These often divergent approaches to the provision (or lack thereof) of services, the allocation of resources or the setting up of policy and legal frameworks, have direct impact on the health and safety of workers. The ability to manage these divergent views in order to promote the healthy and safe working environments requires an understanding of why these different views exist, the conditions that maintain divergence and conditions that encourage a convergence. This includes understanding of the sociological influences on occupational health and safety and its regulation and the role of workers and their organisations, the impact of globalisation and international trends in occupational health. Important aspects of these sociological phenomena in occupational health include the differential and discriminatory practices meted out to women, and problems with child labor. Psychological issues such as workplace stress, post-traumatic stress, the social organisation of work, hours of work, shiftwork and problems experienced by workers form an important component. Includes the determinants of success or failure of preventive and curative care, as well as relevant behavior issues. The role of statutory bodies in occupational health
2.3.3 **Occupational Toxicology and Occupational Medicine I:**
A systematic approach to environmental and occupational toxicological issues. How to conduct a clinical assessment, including the taking of detailed work histories, job descriptions and ascertain the presence or otherwise of work relatedness of illnesses. Special emphasis is placed on pesticides, lead and other heavy metals, organic solvents and toxic gases. Includes occupational cancer, renal disease and neurological conditions. Clinical problem solving and case management. Approaches to biological monitoring, hazard communication and supporting legislation with special emphasis on the hazardous chemical substances regulations

2.3.4 **Occupational Medicine II:**
The respiratory system in occupational health including important pneumoconioses, occupational asthma and other lung and skin disorders. Understanding pulmonary function testing and the relevant national and international standards used for such testing, knowing the issues related to the use of prediction equations in spirometry and interpretation of the ILO classification of radiographs of pneumoconioses, diagnostic testing for allergy, distinction between irritant and allergic dermatitis, how common work-related conditions are diagnosed, the evaluation of health hazards and medical services, and the clinical recognition of important work-related adverse health outcomes including compensation aspects

2.3.5 **Occupational Medicine III:**
This includes ENT/hearing conservation, work-related musculoskeletal, reproductive, haematopoietic and liver disorders, drug dependence, building related illness, multiple chemical sensitivity, fitness, disability and work assessment, HIV/AIDS at work, health effects of radiation, hazardous biological agents and travel medicine issues and psychiatric (post-traumatic stress disorder) conditions. Compensation related aspects of the above are addressed

2.3.6 **Occupational Hygiene – hazards, measurement and exposure standards:**
The ascertainment, identification, measurement and control of workplace hazards including physical, chemical, biological and work organisational factors. The conduct of risk assessments the importance of accurate measurement in the generation of exposure data and its implication for sound risk assessment and management. Includes industrial hygiene survey sampling strategy (and the accepted standards for such sampling, eg OESSM), typical distributions of exposures, sources of variation, and the definition of exposure zones in modelling current and cumulative exposure over time. The relative merits of personal versus environmental monitoring. Typical sample collection and analytic devices. Occupational exposure limits (OELs) in relation to health-based limits, thresholds values, scientific standards and political and administrative controversies. Hazardous dusts, gases: Organic solvents, metals, pesticides: Plastics: Biological hazards: Ergonomic hazards. A structured approach to hazard control methods. Specific legislation relating to the control of chemical, physical and biological agents

2.3.7 **Occupational Health Services Management:**
General aspects of management theory and systems dealing with the industrial organisation as well as with the individual (time management). The aims, objectives, functions and structures of occupational health services from the perspective of different parties in industry (labour, management, government departments concerned with occupational health, health professionals in the workplace). Different structural models of health care financing and provision, as well as planning and logistics management for running health services at work. Health promotion and disease prevention at work and the practical organisation of these activities at work. Basic legislation relating to promotion of health and prevention of disease in factories and mines along with legislation covering the provision and delegation of medical care at the workplace. Compensation law for both mines and the rest of industry. Medical surveillance and biological monitoring; fitness, impairment and disability assessment including workplace accommodation and disability management; health promotion; primary health care management; benefit management. Health information systems as they apply to medical surveillance, good communication skills and adult education and training. Medical ethics as they relate to industrial relations are covered, as well as discussion about comparative occupational health systems in other parts of the world. Audit procedures for evaluating workplace health services. Special programmes linked to human resources management such as Employee Assistance Programmes and other special programmes (eg HIV/AIDS programmes). Ethical issues that pertain to the role and functioning of the health service provider.

Worker participation…/

2.3.8 Environmental health:

2.3.8.1 The physical environment: An introduction to broader environmental health considerations that are linked to the work environment. Air, water and soil pollution. Waste, especially toxic waste disposal. There will be a special focus on atmospheric pollution which will be contextualised to the legal setup current in South Africa. The legal context will be outlined and the process of environmental impact assessment discussed including the impacts of large engineering and/or development initiatives. Managing the impacts on communities living near industrial point sources of pollution.

Epidemiologic methods for investigating health impacts (eg clusters, excess adverse health events). Surveillance for environmental risks: Road, rail, sea and air transport. Environmental noise. New technology impacts (eg GMOs). The primary legislation in environmental health (eg NEMA, the proposed air quality legislation)

2.3.8.2 The legal and political environment: The core occupational health legislation including OHSA. MHSA. COIDA. ODMWA. BCOE. LRA. EEA. The regulatory system for prevention of occupational health risk – the Departments of Labour and Minerals and Energy and their structures. The Compensation system. Tripartism and its structures (eg NEDLAC) and practices in South Africa and abroad

2.3.8.3 International occupational health: International occupational health organisations including the WHO, ILO, ICOH and related international agreements and conventions

3.0 THE SCOPE OF SKILLS EXPECTED FROM CANDIDATES

The items listed below are grouped in the same way as the lists pertaining to knowledge. As with the lists of knowledge, the skills list below is merely offered as a guideline, to indicate the scope that is required. The list decomposes the Overall Learning Objectives and Assessment Criteria further, to give more specific guidance, especially for learning experiences during the attachments. Candidates are expected to able to:

3.1 The mission of the occupational medicine specialist is to contribute to the maintenance of the quality of working life at the highest possible level

3.2 The occupational medicine specialist will typically:

- Provide a high quality ethical service, both clinical and advisory, to large organisations in the private and public sectors
- Play a leading role in training, education and the development of the discipline of occupational health
- If clinically based, occupy a position at a referral level in the health service
- If managerially based, be involved in the development of policies and procedures to assist organisations to function more effectively in attaining healthy and safe working conditions

3.3 The occupational medicine specialist should possess the following skills, each based on a number of abilities or competencies:

- Demonstrates in practice an interdisciplinary or holistic perspective, and is able to:
  - Integrate perspectives and skills from a variety of disciplines in medicine, public health, management, law and social sciences, in problem solving at individual, group or organisational level
  - Work effectively with a range of professionals and practitioners engaged in occupational health
  - Reflect in problem solving an in depth understanding of the institutional, legal, and ethical context of occupational medical and occupational health problems
3.4 Is a sound clinician, and is able to:
- Exercise competence in all aspects, including examination, diagnosis, management and/or appropriate referral, of work related disease or disability or threats to health and well-being:
  - These should cover work-related respiratory, dermatology, musculoskeletal, ENT, ophthalmology, neurology, reproductive, cardiology, haematology, and psychiatric and infectious conditions
  - Interpret chest radiology, lung function testing, bronchial challenge testing, audiometry, toxicological testing, vision screening, haematological and biochemical testing, testing of infection and immune function, allergy testing, and patch testing
  - Refer appropriately those conditions requiring further investigation and management
  - Assess, manage and/or refer occupational trauma and workplace emergencies
  - Counsel and/or refer employees with substance abuse and other psychosocial problems affecting work capacity
  - Advise on immunisation and prophylaxis against infectious disease arising from or affecting work, including employee travel and migrant labour
  - Assess, manage and/or refer common adult primary care problems

3.5 Has special competence in medical surveillance and biological monitoring, and is able to:
- Design medical surveillance programmes
- Set up surveillance and biological monitoring protocols, including liaison with laboratories
- Apply and interpret specific tests
- Evaluate cost-effectiveness of medical surveillance and biological monitoring protocols

3.6 Has special competence in health risk assessment, and is able to:
- Understand definitions of “risk assessment” as used in different contexts, viz workplace, epidemiological, toxicological, accident/disaster and environmental contexts
- Conduct a workplace health risk assessment in a wide range of workplaces, and integrate relevant data from a variety of sources
- Able to assess workplace conditions against relevant standards and regulations

3.7 Has special competence in occupational health service design and audit, and is able to:
- Understand the array of potential functions of a workplace based health service and to design and organise optimal mix for different contexts, including first aid, primary care, and occupational health components
- Link the occupational health service to existing safety, environment, human resources and other management subsystems in the organisation
- Apply quality assurance methods to occupational health services
- Apply common audit procedures to occupational health and safety systems, and assist in preparation for such audits

3.8 Has special competence in developing provincial, regional or district occupational medicine services, wherever appropriate, and is able to:
- Work within current policies in public sector health care delivery
- Promote and manage a primary contact and referral system for occupational injury and disease at district, regional or provincial level
- Work with other components of the public sector and with the private sector to contribute to an integrated system of occupational health service delivery for a province, region or district

3.9 Has special competence in occupational health and safety law, and is able to:
- Advise others on and apply the main laws in occupational health and safety, and other laws of relevance to occupational health
- Work with lawyers on matters of civil law pertaining to occupational health

3.10…/
3.10 **Has special competence in fitness, impairment and disability assessment and workplace accommodation and disability management, and is able to:**
- Assess the fitness of workers for particular jobs
- Assess fitness requirements for high risk jobs, viz miners, drivers, seafarers, pilots and divers
- Assess or arrange assessment of workers with impairment and/or disability, including problems related to drug and alcohol dependency, psychotropic medication use, psychiatric problems and post-traumatic stress disorder
- Counsel, and assist accommodation if necessary, of pregnant workers
- Initiate and manage processes for rehabilitation of disabled workers
- Apply understanding of the impact of any chronic or recurrent condition on work ability, and advise on any accommodation required
- Follow procedures for compensating occupational disease and injury, and advise on medical aspects of claims procedures
- Follow procedures required for disability retirement processes, and contribute medical advice and expertise to assist resolution of claims

3.11 **Has special competence in public policy in occupational health, and is able to:**
- Contribute to occupational health and safety policy, through familiarity with evolving public policy in the health, labour and environmental arenas, and with governance, administration and enforcement structures and personnel
- Contribute to regulation appropriate to South Africa, through familiarity with the theory and philosophy of standard setting
- Write a public policy document
- Organise a consultative process for public policy making

3.12 **Has special competence in ethics in occupational health, and is able to:**
- Assert the importance of ethical approaches in occupational medicine in the face of conflicts of interest
- Advise others on ethical principles and practice with regard to subjects such as confidentiality, sickness certification, HIV screening, drug and alcohol screening and consent for surveillance
- Contribute practically to the resolution of potential or actual conflicts with medical ethical and medico-legal dimensions

3.13 **Has a sound knowledge of health promotion and management of common community and lifestyle diseases in the workplace, and is able to:**
- Apply the principles of health promotion
- Develop health promotion programmes for specific conditions, including HIV, TB, STDs, tobacco and alcohol related conditions
- Manage, in collaboration with other services, conditions requiring an interdisciplinary approach such as substance abuse, stress ailments, mental illness, cardiovascular disease

3.14 **Has a sound knowledge of epidemiology and research method and is able to:**
- Apply the principles of epidemiological measurement, study design and causal inference
- Write a research protocol
- Appraise critically occupational health and medical literature
- Participate in workplace based epidemiological studies, including sentinel and cluster investigations, aetologic and intervention studies and formal health services evaluation
- Handle, analyse and interpret data, with support from appropriate specialists

3.15 **Is familiar with the discipline of Occupational Hygiene, and is able to:**
- Apply the basic principles of occupational hygiene, including measurement, control and evaluation
- Interpret and apply data and recommendations from occupational hygiene reports
- Characterise the common hazards in a wide range of production processes found in South Africa
- Advise on practical control systems for air pollutants, skin irritants, noise, heat, etc
- Advise on personal protective equipment and its limitations
3.16  **Is familiar with the discipline of Toxicology, and is able to:**
- Apply the basic principles of occupational toxicology
- Extract and use toxicological information
- Interpret material safety data sheets
- Communicate relevant toxicological information to a lay audience

3.17  **Is familiar with the discipline of Ergonomics, and is able to:**
- Apply the basic principles of ergonomics
- Carry out a basic ergonomic risk assessment
- Advise on common control strategies to prevent ergonomically related injuries or ill health

3.18  **Has an understanding of Industrial Relations, and is able to:**
- Apply the basic principles of industrial relations within the relevant institutional and workplace framework
- Contribute constructively and ethically to resolution of industrial relations conflicts involving health matters

3.19  **Is a competent Manager of operations, and is able to:**
- Write and revise strategic and operational plans, including budgets and procedures, for occupational health services or operating units
- To plan, organise, staff, finance, monitor and control an occupational health service or other operating unit
- Chair, direct and contribute to committee work

3.20  **Has an understanding of health care delivery systems and benefits management, and is able to:**
- Understand the structure and dynamics of health care delivery and financing in South Africa
- Contribute to health care and benefits policies of organisations

3.21  **Has an understanding of information systems, and is able to:**
- Demonstrate a high degree of computer literacy
- Use the internet and electronic and paper databases for information retrieval
- Design clinic, workplace, company or regional record/health information system for management, covering injuries and illnesses
- Use an information system to evaluate health and safety performance or clinical service

3.22  **Is competent in adult education and training, and is able to:**
- Apply the principles of adult education and learning
- Prepare training materials for a variety of audiences
- Conduct training seminars for a variety of audiences
- Evaluate training sessions and materials
- Carry out a lifelong commitment to educating and examining succeeding generations of occupational medicine specialists

3.23  **Is a competent communicator, and is able to:**
- Communicate individually and in group situations with all participants in workplace organisations and occupational health: management, employees, union representatives and fellow professionals
- Write clear and concise documents: proposals, policies, reports
- Communicate risk information

3.24  **Has an understanding of Environmental Management, and is able to:**
- Contribute to environmental impact assessment
- Contribute to the environmental component of a safety, health and environment policy for workplaces (or regions or districts)
- Communicate with representatives of residents/third party groups affected by workplace operations

3.25  **Has an understanding of Disaster Management, and is able to:**
- Contribute to a disaster management plan tailored to the workplace, including provision for mass exposure and casualty scenarios

JOHANNESBURG
September 2012
GUIDELINES FOR THE RESEARCH REPORTS

Although the Universities may at their discretion and depending on their rules for their MMed degrees accept research reports that are either qualitative or quantitative in nature, reports that are submitted to the CMSA for assessment must be for quantitative epidemiological studies.

These numerical studies should be epidemiological, that is, concerned with measuring and comparing variables indicative of the distribution and determinants of health-related states. Examination of economic and social variables is acceptable provided that they are explicitly related to population health. The studies should be analytical, that is, they should statistically compare populations or population subgroups. These studies could, typically, examine the burden of illness in populations, the causes of illness, the distribution of services in relation to populations’ health needs, or the effectiveness of interventions. They can have cross-sectional, longitudinal or experimental designs. Systematic reviews of quantitative evidence are also acceptable – these would typically review evidence of the strength of association between an exposure and a health outcome, or of the effectiveness or efficiency of health care.

Examples:
- Relationships between exposure to substance X and health outcomes Y: cross-sectional study, cohort study, case-control study
- Relationships between exposure to substance X and health outcomes Y: systematic review of epidemiological evidence
- Effect of intervention X on health outcomes Y: controlled trial
- Effect of intervention X on health outcomes Y: systematic review of evidence from randomised trials
- Health needs assessment for condition X in district Y

ALL REPORTS MUST ADDRESS THE FOLLOWING:
- Aims, or questions, or hypotheses of the investigation
- The population to which the results apply and, if applicable, sampling methods
- Methods of gathering data
- Methods of analysing data
- Methodological strengths and weaknesses (validity and reliability) of the study
- Implications of the findings
FORMATIVE ASSESSMENT OF CANDIDATES WHO WISH TO WRITE THE FCPHM(SA) OCC MED EXAMINATION OF THE COLLEGE OF PUBLIC HEALTH MEDICINE OF SOUTH AFRICA

This formative assessment should be carried out every 6 months by the candidate and his/her Head of Department (HOD). The formative assessment provides an opportunity for the candidate and HOD to regularly review the learning that has taken place, and that is planned for the next 6 months. The dates for completion of these forms are May 31 and November 30 each year.

**CANDIDATE’S NAME:**

________________________________________________________________________

**NAME OF INSTITUTION:**

________________________________________________________________________

**NAME OF HOD:**

________________________________________________________________________

**PERIOD COVERED:**

<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
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**TABLE I: PLANNED LEARNING OBJECTIVES FOR THE PERIOD UNDER REVIEW**

Learning objectives that were planned for the period being reviewed should be listed in the table below. This section must be completed at the start of the assessment period, and in subsequent periods will simply be copied from the plan drawn up at the previous period of assessment.

<table>
<thead>
<tr>
<th>ACTIVITY PLANNED</th>
<th>MAJOR LEARNING OUTCOMES ENVISAGED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Two stats modules (1/12)</td>
<td>20% of the outcomes listed under biostatistics in the CMSA regulations Appendix A</td>
</tr>
<tr>
<td>2. Rotation at NIOH (3/12)</td>
<td>Writing a study protocol</td>
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<td></td>
<td>Reading and grading chest X-rays for silicosis</td>
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<tr>
<td>3. Attachment at hospital (2/12)</td>
<td>Occupational health clinic</td>
</tr>
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<td></td>
<td>Diagnostic tests and their interpretation</td>
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</tbody>
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**TABLE II: THE CANDIDATE’S SELF-ASSESSMENT OF THE LEARNING EXPERIENCE**

1. Two stats modules were attended, final mark was 83%. I feel I mastered all the topics covered but will need to consolidate my learning about logistic regression modelling through practical experience by collecting and analysing suitable data. I could achieve this by constructing a hypothetical data set for a hypothetical study and then asking Dr X to review the way in which I analysed the data. I also need more experience using Stata, and such an exercise will be helpful with this as well. I will incorporate this suggestion into my next learning plan

2. The rotation at NIOH (3/12) was useful. I developed a protocol for a hepatitis B staff immunisation survey that is now being implemented. In addition I completed Prof White’s ROLDS course by distance learning and now feel reasonably confident that I will be able to read and interpret chest X-rays of mine workers for silicosis

3. The attachment at the hospital (2/12) was only partially successful. I was able to learn quite a lot about occupational medicine history-taking but I feel I did not gain sufficient exposure to lung function testing: first the equipment was not working and then the technician was on leave

Table III…/
Table III should be completed by the HOD after having met with the candidate to discuss the contents of Table II

**TABLE III: THE HOD’S ASSESSMENT OF THE LEARNING EXPERIENCE**

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
<td>I would support that the candidate designs and carries out this statistical analysis exercise and will ask the biostatistician to give her help with assessment</td>
</tr>
<tr>
<td>2</td>
<td>Good learning appears to have taken place. Since the candidate is especially interested in occupational lung disease, I will try to arrange for a further attachment next year during which she should work on a project that will be suitable for the dissertation</td>
</tr>
<tr>
<td>3</td>
<td>I will make provision for the candidate to visit a large mine occupational health service for 3 days. This service performs several hundred of these investigations daily. I will also indicate appropriate pre-reading to be carried out prior to the visit</td>
</tr>
</tbody>
</table>

**TABLE IV: THE CANDIDATE’S LEARNING PLAN FOR THE NEXT 6 MONTHS**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MATTERS TO CARRY FORWARD:</strong></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>To design a hypothetical project, generate a dummy data set and analyse it using Stata</td>
</tr>
<tr>
<td>2.</td>
<td>To prepare a protocol for a dissertation that involves reading and interpreting chest X-rays for silicosis screening</td>
</tr>
<tr>
<td>3.</td>
<td>To do the LFT pre-readings and to spend 3 days at the mine occ health unit</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NEW ACTIVITIES PROPOSED</strong></td>
<td></td>
</tr>
<tr>
<td>4. 5/12 rotation at SAPPI</td>
<td>Planning, organising and managing an occupational health service</td>
</tr>
<tr>
<td>5. Module on toxicology (1/24)</td>
<td>100% of relevant learning objectives mastered</td>
</tr>
<tr>
<td>6. Module on environmental health (1/24)</td>
<td>40% of content of environmental health in the regulations</td>
</tr>
</tbody>
</table>
TABLE V: ADDITIONAL COMMENTS

a) FROM THE REGISTRAR:


b) FROM THE HOD:


SIGNED: ______________________  DATE __________________

(REGISTRAR)


SIGNED: ______________________  DATE __________________

(HOD)


JOHANNESBURG
September 2012
INTRODUCTION TO THE RESPIRATORY CLINIC FOR OCCUPATIONAL MEDICINE REGISTRARS

Welcome to RESPIRATORY CLINIC! We trust that you will enjoy your time with us.

The Respiratory Clinic in the Division of Pulmonology in the Department of Medicine comprises two services, the out-patient, in-patient and consultative "cold" service, which includes various aspects of investigation, and the Respiratory ICU or "hot" service (which does not involve you). Together with you on the “cold” service are a rotating medical registrar (who spends 3 months here), an MO (who spends 6 months here) and 2 senior registrars (who spend 2 years here). If you will be taking leave during your attachment, please let us know before starting or on arrival in the Clinic. Detailed three monthly assessments of MOs and registrars made by the consultant staff which are supplied to the Head of Department. These assessments should be discussed with Professor Ainslie before or shortly after leaving the clinic.

RESPIRATORY CLINIC (E16) AND ALLERGY CLINIC (E16) DUTIES

These take place as per attached timetable. The occupational medicine registrar will be required to attend the Tuesday New Patient Clinic plus the associated Thursday Follow Up Clinic of Prof Ainslie for a period of 6 months. Registrars and MOs must present promptly at the time appointed for the clinic. Each clinic is supervised by a consultant. The consultant should be informed if for any reason a member of staff is late, absent or called away for an urgent problem.

RESPIRATORY NEW PATIENT CLINICS

Please note who is referring the patient and what the specific request is (e.g. for assessment of CXR abnormality, control of asthma, disability grant assessment, etc). Once the patients have been fully assessed (including such details as past medical records, bacteriolog. results, all available X-rays, and lung function tests) the consultant should be contacted. Full, but brief, case notes must be made in duplicate (for clinic buff and hospital folder). Patients usually have a flow volume loop and single breath diffusing capacity done, if they are able. However, for patients with possible active PTB ask the laboratory staff for an "infectious blow" on the designated Vitalograph. Remember to share the interesting cases at the Thursday 8am X-ray Meeting and the Friday Clinical Meeting. Keep a record of cases for the monthly Pathology meeting and give the senior registrar concerned their details.

CASE NOTES

Case notes must be written in black ink on all new patients. This includes a summary on the Respiratory Clinic Summary Form (or the special Asthma Assessment Form in asthmatics) on the same day or within 48 hours. They must contain the name of the consultant and registrar who saw the case as well as the referring doctor, department and ward. In the case of referrals from outside, please ensure they have the physician or GP's name and address. The case notes should
comprise the following: history, examination, special investigations (including the lung function
test results - measured and predicted values - plus interpretation), and an "assessment" including
the differential diagnosis, investigations and treatment planned. The latter should preferably be the
comments either spoken by the consultant or written by him/her on the referral form. This is the
most important part of the case notes, requires careful thought and must be complete. These notes
are done through the Respiratory Clinic Secretary (E16). The summaries must be sent through her
to the consultant to check and sign. She will then organise copies to be made so one is sent to the
referring doctor (with, where indicated, a short letter or reply note), one placed in the buff and one
in the hospital folder.

The buff envelope contains clinical notes in a booklet form, results of PFTs and other laboratory
results. At each clinic visit, the attending doctor must punch and file results into the appropriate
cover, the latest results being on top (at the front). Duplicate copies of case notes, follow-up notes,
lung function results and other investigations must be filed into the Respiratory cover in the
hospital folder. **Care must be exercised to prevent buff envelopes or copy of their contents
from being returned with the hospital folder to the Medical Records Department, or the
folder notes being placed in the buff.**

Buff envelopes may not leave the E16 area. They must not be taken to the wards, as this interferes
with tracing of records and many are lost. All original respiratory notes are to remain in the buff
and, if necessary, photocopies can be made for hospital records.

**RESPIRATORY CLINIC COMPUTER RECORDS OF PATIENTS AND DIAGNOSES**
(CROP)

A system for collecting personal details, correct and continuously updated records of patient
diagnoses, and date of first and most recent visit is in use. These records are stored on a
Respiratory Clinic computer, and after each clinic the computer printout of patients attending that
clinic is updated, and the computer records adjusted accordingly. All that is required of the
attending doctor is to review and correct the patient diagnoses on the sheet pinned up on the
Procedures Room door, including the relevant ICD-10 codes (common codes are on short lists
available in each cubicle, with a more complete list on the door outside the Procedures Room).
The ICD-10 codes must also be written next to the diagnoses on the out-patient Kirsch forms
(the hospital patient data sheets used for details of bookings, diagnoses, investigation and
treatment) as these are required for the hospital computerised records.

**PULMONARY FUNCTION TESTS**

You should learn to report on pulmonary function tests (PFTs) on your reporting days. See Prof
Ainslie’s notes, and discuss your reports with the lung function lab staff or the senior staff.

**LAB RESULTS**

Please ensure you check your pigeon-hole/in-tray regularly to sign and act appropriately on any
results received.

**TEACHING PROGRAMME:**

**Clinical Meetings**

All **occupational medicine registrars are expected to attend the following:**
1. **Journal Club** held in the Seminar Room, Level 3, UCT Lung Institute, cnr Falmouth Rd & George St, Mowbray at 17h00 on Wednesdays

2. **X-ray Meeting** in C11 Seminar Room at 08h00 on Thursdays
   
a) All staff should make an effort to keep suitable x-rays for presentation. These include cases of interest and problems requiring discussion, especially with Radiologists or Thoracic Surgeons.

b) X-rays should be put up at 07h45 (i.e. *before* the meeting).

c) At the start of the meeting inform the chairperson whether your case requires review for a management decision or a surgical opinion, so that it will be seen early in the meeting.

d) When presenting, please be brief but ensure that you know the relevant details (including PFT and other tests) and state clearly the questions being asked/reasons for presenting.

e) Follow-up reports to the meeting should include a review of the X-rays.

3. **Respiratory Clinical Meeting** in the E16 Seminar Room at 13h00 (on the 4th Friday of each month, a Respiratory Pathology meeting is held at 13h00 in the Pathology Seminar Room, C32, LE block).

In order to benefit maximally from their time in the Clinic, registrars/MOs are required to present cases at the weekly meetings and attend the Journal Club. They should also try and undertake or participate in a research project. A library of respiratory books is available in the E16 Seminar Room (keys obtainable from secretary's office) and Prof Ainslie’s office, but books borrowed must be signed for when taken out, and returned. Full replacement is required for books lost.

**CONCLUSION**

Please discuss any problems you might have during your stay with us with the senior registrars or consultant staff. We hope that your time in this clinic is enjoyable and rewarding.
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Person(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08h00</td>
<td>Ward work</td>
<td>MO, Med Regs</td>
</tr>
<tr>
<td>08h30</td>
<td>Prof Dheda New Patient &amp; Follow-up Clinic</td>
<td>Dheda, MO, Med Reg A &amp; B, Sen Reg A, B &amp; C</td>
</tr>
<tr>
<td>14h00</td>
<td>Adolescent Allergy Clinic</td>
<td>Dr M Bateman</td>
</tr>
<tr>
<td>14h00</td>
<td>Combined Bronchus Clinic: LE 34</td>
<td>Symons, Sen Reg B, C &amp; D</td>
</tr>
<tr>
<td>15h00</td>
<td>4th Monday of month: MDR &amp; XDR Clinic</td>
<td>Symons/Linegar, MO, Med Reg A &amp; B, Sen Reg A, B &amp; C</td>
</tr>
<tr>
<td></td>
<td>Ward referrals</td>
<td>Dr Symons</td>
</tr>
<tr>
<td></td>
<td>PFT Reports</td>
<td>Med Reg</td>
</tr>
<tr>
<td></td>
<td>Bronchoscopy/E BUS</td>
<td>Dheda/Calligaro/Sen Reg B</td>
</tr>
<tr>
<td></td>
<td>Acute Service calls:</td>
<td>MO, Med Regs</td>
</tr>
</tbody>
</table>
| TUESDAY
<p>| 08h00 | Ward work                                                  | MO, Med Regs                   |</p>
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>08h30-14h00</td>
<td>Prof Ainslie New Patient Clinic</td>
<td>Ainslie, MO, Med Reg A &amp; B, Sen Reg A, B &amp; C, OH Reg (if here)</td>
</tr>
<tr>
<td>08h30</td>
<td>Occupational Lung Disease Clinic</td>
<td>Ehrlich, OH Reg</td>
</tr>
<tr>
<td>09h00-1400</td>
<td>Interstitial Lung Disease Clinic: Prof Ainslie</td>
<td>Ainslie, Med Reg A &amp; B, MO, Sen Reg A, B &amp; C, OH Reg (if here)</td>
</tr>
<tr>
<td></td>
<td>WARD REFERRALS</td>
<td>Dr Calligaro, MO, Med Regs</td>
</tr>
<tr>
<td></td>
<td>PFT Reports</td>
<td>MO</td>
</tr>
<tr>
<td></td>
<td>Bronchoscopy: am</td>
<td>By arrangement (SR/Research)</td>
</tr>
<tr>
<td></td>
<td>Acute Service calls:</td>
<td>Dr Calligaro, MO, Med Regs</td>
</tr>
<tr>
<td></td>
<td>WEDNESDAY</td>
<td></td>
</tr>
<tr>
<td>08h00</td>
<td>Ward work</td>
<td>MO, Med Regs</td>
</tr>
<tr>
<td>08h30</td>
<td>Dr Symons New Patient &amp; Follow-up Clinic</td>
<td>Symons, Med Reg A &amp; B, MO, Sen Reg A, B &amp; C</td>
</tr>
<tr>
<td>14h00</td>
<td>Dr Raine Follow-up Clinic</td>
<td>Raine, MO, Med Reg A &amp; B</td>
</tr>
<tr>
<td>14h00</td>
<td>Allergy Clinic</td>
<td>Sen Reg C</td>
</tr>
<tr>
<td>17h00</td>
<td>Resp Journal Club: Board Rm, UCTLI</td>
<td>ALL MEDICAL STAFF</td>
</tr>
<tr>
<td></td>
<td>Ward Work</td>
<td>MO, MedRegs</td>
</tr>
<tr>
<td>----------------------</td>
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</tr>
<tr>
<td>PFT Reports</td>
<td>Med Reg</td>
<td></td>
</tr>
<tr>
<td>Bronchoscopy: a.m.</td>
<td>Sen Reg A &amp; C (cover: Symons)</td>
<td></td>
</tr>
<tr>
<td>Acute Service calls</td>
<td>Prof Dheda</td>
<td>MO, MedRegs</td>
</tr>
</tbody>
</table>

**RESPIRATORY CLINIC PROGRAMME 2014**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Staff Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>07h30</td>
<td>Ward Work</td>
<td>MO, MedRegs</td>
</tr>
<tr>
<td>08h00</td>
<td>Respiratory X-ray Meeting: C11 Seminar Rm</td>
<td><strong>ALL MEDICAL STAFF</strong></td>
</tr>
<tr>
<td>09h00</td>
<td>Prof Ainslie Follow-up Clinic</td>
<td>Ainslie, MO, Med Reg A &amp; B, Sen Reg A &amp; B, OH reg</td>
</tr>
<tr>
<td>12h00-14h00</td>
<td>Dr van Zyl-Smit New &amp; Follow-up Clinic</td>
<td>MO, Med Reg A &amp; B, Sen Reg A</td>
</tr>
<tr>
<td>14h00</td>
<td>Cystic Fibrosis Clinic</td>
<td>Calligaro, Sen Reg A &amp; C</td>
</tr>
<tr>
<td>Time</td>
<td>Activity</td>
<td>Person</td>
</tr>
<tr>
<td>-------</td>
<td>----------------------------------------------</td>
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</tr>
<tr>
<td>14h00</td>
<td>Allergy Clinic</td>
<td>Dr M Bateman</td>
</tr>
<tr>
<td>16h00</td>
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</tr>
<tr>
<td>17h00</td>
<td>Dept of Medicine Clinical Meetings</td>
<td>ALL MEDICAL STAFF</td>
</tr>
<tr>
<td></td>
<td>WARD REFERRALS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prof Ainslie</td>
<td>Sen Reg B (Med Reg if away)</td>
</tr>
<tr>
<td></td>
<td>PFT Reports</td>
<td>Med Regs</td>
</tr>
<tr>
<td></td>
<td>Bronchoscopy: a.m.</td>
<td>(by special arrangement)</td>
</tr>
<tr>
<td></td>
<td>Acute Service calls</td>
<td>Prof Ainslie</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MO, Med Regs</td>
</tr>
<tr>
<td>F R I D A Y</td>
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</tr>
<tr>
<td>08h00</td>
<td>Ward Work</td>
<td>MO, Med Regs</td>
</tr>
<tr>
<td>08h30</td>
<td>Dr Calligaro New &amp; Follow-up Clinic</td>
<td>Dr Calligaro, MO, Med Regs, Sen Reg A,B &amp; C</td>
</tr>
<tr>
<td>08h30</td>
<td>Physiology duties</td>
<td>Sen Reg A</td>
</tr>
<tr>
<td>13h00</td>
<td>1st -3rd Fri of month: Resp Clinical Meeting</td>
<td>ALL MEDICAL STAFF</td>
</tr>
<tr>
<td></td>
<td><strong>Venue</strong>: E16 Seminar Room</td>
<td></td>
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<tr>
<td></td>
<td>4th Fri of month: Pathology Meeting</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Venue</strong>: Pathology Sem Room, C32 LE Block</td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Event</td>
<td>Person</td>
</tr>
<tr>
<td>-------</td>
<td>--------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>14h00</td>
<td>ICU Clinical Meeting</td>
<td>Sen Reg B</td>
</tr>
<tr>
<td></td>
<td><strong>Venue:</strong> D27 Sem Room Anaesthetic Dept</td>
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<tr>
<td></td>
<td><strong>WARD REFERRALS</strong></td>
<td>Dr Raine</td>
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<tr>
<td></td>
<td><strong>PFT Reports</strong></td>
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<tr>
<td></td>
<td><strong>Acute Service calls</strong></td>
<td>Dr Raine</td>
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c:\my doc\resp clinic\organisation\Occ Med Resp Clin Timetable 2014
INTRODUCTION TO THE OCCUPATIONAL MEDICINE CLINIC FOR OCCUPATIONAL MEDICINE REGISTRARS

Clinic function and background

The Occupational Medicine Clinic is a referral service for all occupational diseases run jointly by the Department of Public Health and Family Medicine and the Department of Medicine. It operates out of the Respiratory Clinic, E16, on Tuesdays, 8h30-16h00.

Its function is to provide a referral service for the assessment, diagnosis and management of occupational disease.

The catchment area is currently the Western Cape, although some patients travel from the Eastern Cape for follow up appointments. It is one of the few clinics in the country offering a comprehensive occupational disease referral service. Referrals are mostly from occupational health nurses and occupational medicine practitioners, other private medical practitioners, parts of the state health service including Groote Schuur Hospital, TB Clinics and Community Health Centres also refer patients.

The majority of referrals are for suspected or known pneumoconiosis (and more generally silica and asbestos related disease in all of their manifestations); irritant induced asthma, occupational asthma or work aggravated asthma; occupational upper respiratory conditions; work related chronic bronchitis/COPD; and work related upper limb disorders. Occupational neurological disease and various multisystem disorders due to solvents, pesticides and heavy metals are seen from time to time. Some patients are referred primarily for assessment of impairment and disability or fitness to work or return to work.

Prof. Rodney Ehrlich serves as head of the clinic and as Occupational Medicine consultant. Prof. Gill Ainslie serves as Respiratory Medicine consultant and Dr. Amy Burdzik as Dermatology consultant (See Appendices 2 and 4).

Learning and skill objectives

By the end of the rotation, the registrar should be able to comprehensively manage cases of occupational disease, with respect to diagnosis, medical treatment, workplace management or liaison, impairment and disability assessment and management of compensation. This will entail in depth understanding of the epidemiology and clinical and toxicological aspects of all the common occupational diseases. There is an emphasis on the respiratory and musculoskeletal systems as these make up the bulk of referrals. but the registrar should be able to clinically examine any system and access needed information on the presenting condition.

The registrar will acquire detailed familiarity with the Compensation for Occupational Injuries and Diseases Act (COIDA) and the Occupational Diseases in Mines and Works Act (ODMWA). Workplace liaison skills will be needed for both assessment of specific exposures (including
workplace inspection if required) and making recommendations for accommodation of affected employees. Ability to communicate professionally, verbally and in writing, with colleagues and other parties involved in case management is an important outcome.

**Registrar responsibilities**

During their rotation, Occupational Medicine registrars will be expected to:

1. Attend the clinic every Tuesday morning:
   - Clerk new cases and present these to the consultant;
   - Follow up all of their own cases;
   - Complete all documentation, particularly those for COIDA and ODMWA purposes, in the clinic or in own time.

2. Spend at least another half day a week at a time of their choosing working on their cases:
   - Reading up on the subject or doing literature searches;
   - Contacting employers or other relevant sources of information;
   - Typing letters to employers and referring agents;
   - Completing summary medical reports and other relevant documentation;
   - Maintaining clinic buffs in the proper format;
   - From time to time, undertaking visit workplaces of patients they have seen.
INTRODUCTION TO THE DERMATOLOGY CLINIC FOR OCCUPATIONAL MEDICINE REGISTRARS

The Dermatology Clinic comprises, the out-patient, in-patient and consultative service, which includes various aspects of investigation, including skin patch testing.

DERMATOLOGY CLINIC DUTIES

The occupational medicine registrar will be required to attend the following clinics during their two six monthly attachments, that may be done consecutively or in different periods:

- Dermatology occupational health clinic (Tuesday, 08h00-13h00) in G23 ward. This clinic has a specific focus on the patients with occupational dermatoses, their evaluation, ongoing clinical management, including workplace visits, case studies and specific project work. Attendance of this clinic is compulsory. Workplace visits will be conducted on every alternate Tuesday.

- General dermatology new patient and follow up clinic (Wednesdays, 09h00-13h00) in the general outpatients department. This clinic has a specific focus on evaluation and management of patients with general dermatological problems. Registrars must attend 80% of these clinics during the first six months of the dermatology attachment.

PATCH TEST RESULTS READINGS

The patch test results reading will take place either on a Saturday morning (for patients seen on a Wednesday clinic) and on a Friday (for patients seen on a Tuesday clinic) as per pre-arranged times.

TEACHING PROGRAMME

Clinical Meetings

All occupational medicine registrars are expected to attend and do a presentation at least once at the following:

- **Journal Club** held in the in the G23 Seminar Room (07h30-08h30) on Mondays

- **Dermatology interdepartmental academic Meeting** alternating between Groote Schuur (G23 Seminar Room) and Tygerberg Hospital between 08h00-11h30 on Saturdays (3rd/mth)
<table>
<thead>
<tr>
<th>DAY</th>
<th>TIME</th>
<th>EVENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>MON</td>
<td>07.30 – 08.30</td>
<td><strong>Journal club:</strong> Seminar Room G23</td>
</tr>
<tr>
<td></td>
<td>08.45 – 13.00</td>
<td>Working ward round: G23</td>
</tr>
<tr>
<td></td>
<td>10.30 - 13.00</td>
<td>Outpatients clinic: F floor - OPD (11.00-12.00 4\textsuperscript{th} year tutorial)</td>
</tr>
<tr>
<td></td>
<td>13.00 – 14.00</td>
<td>Registrar teaching (by arrangement)</td>
</tr>
<tr>
<td></td>
<td>14.00 - 16.00</td>
<td>Clerking new admissions and ward work</td>
</tr>
<tr>
<td></td>
<td>16.00 - 18.00</td>
<td>Ward consultations</td>
</tr>
<tr>
<td>TUES</td>
<td>08.00 – 13.00</td>
<td>Outpatients clinic: Red Cross Hospital</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Occupational Health:</strong> (Weekly - 1 registrar for six months)</td>
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<tr>
<td></td>
<td></td>
<td>Clinic G23</td>
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<tr>
<td></td>
<td></td>
<td><strong>Work place visits</strong></td>
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<tr>
<td></td>
<td></td>
<td>Lupus Clinic (Weekly – 1 registrar)</td>
</tr>
<tr>
<td></td>
<td>13.00 - 14.00</td>
<td>Pathology teaching: G23</td>
</tr>
<tr>
<td></td>
<td>14.00 - 15.15</td>
<td>Histology review of weekly biopsy specimens: G23</td>
</tr>
<tr>
<td></td>
<td>15.30 – 17.00</td>
<td>Once monthly CPC: 3\textsuperscript{rd} Tuesday of month alternating GSH/Tygerberg</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Optional: Once monthly infectious diseases clinic, 3\textsuperscript{rd} Tuesday of mth)</td>
</tr>
<tr>
<td></td>
<td>16.00 – 17.00</td>
<td>IVth year tutorial and case studies: G23</td>
</tr>
<tr>
<td></td>
<td>17.00 - 18.00</td>
<td>Ward consultations</td>
</tr>
<tr>
<td>WED</td>
<td>08.00 – 09.00</td>
<td>Registrar teaching (by arrangement)</td>
</tr>
<tr>
<td></td>
<td>09.00 – 13.00</td>
<td>Working ward round: G23 (ward registrar only)</td>
</tr>
<tr>
<td></td>
<td><strong>09.00 - 13.00</strong></td>
<td><strong>Outpatients clinic:</strong> F floor - OPD (11.30-12.30 5\textsuperscript{th} year tutorial)</td>
</tr>
<tr>
<td></td>
<td>13.00 – 14.00</td>
<td>Registrar teaching (by arrangement)</td>
</tr>
<tr>
<td></td>
<td>14.00 - 16.00</td>
<td>Clerking new admissions and ward work</td>
</tr>
<tr>
<td></td>
<td>16.00 - 18.00</td>
<td>Ward consultations</td>
</tr>
<tr>
<td>THURS</td>
<td>08.30 - 10.30</td>
<td>Outpatients clinic: LE32 - follow up cancer patient</td>
</tr>
<tr>
<td>Time</td>
<td>Event</td>
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</tr>
<tr>
<td>08.00 – 12.00</td>
<td>Hair &amp; Scalp clinic: G23 (1 registrar)</td>
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<tr>
<td></td>
<td>Outpatients clinic: Red Cross Hospital (1 registrar)</td>
<td></td>
</tr>
<tr>
<td>09.30 - 10.30</td>
<td>PUVA clinic alternate weeks (facilitator)</td>
<td></td>
</tr>
<tr>
<td>10.30 - 13.00</td>
<td>Outpatients clinic: LE32 - combined skin clinic (2 registrars)</td>
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<tr>
<td>12.30 – 14.30</td>
<td>Teledermatology clinic: G23</td>
<td></td>
</tr>
<tr>
<td>14.00 - 15.00</td>
<td>Medical registrar round</td>
<td></td>
</tr>
<tr>
<td>15.00 - 16.00</td>
<td>Ward consultations</td>
<td></td>
</tr>
<tr>
<td>16.00 - 17.00</td>
<td>Weekly medical forum meeting: LT2 NGSH</td>
<td></td>
</tr>
<tr>
<td>17.00 - 18.00</td>
<td>Weekly medical cases: LT2 NGSH</td>
<td></td>
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<td><strong>FRI:</strong></td>
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<tr>
<td>08.00 - 09.00</td>
<td>Departmental registrar teaching &amp; slide review: Seminar room G23</td>
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<tr>
<td><strong>09.00</strong></td>
<td><strong>Patch test reading from Tuesday clinic</strong></td>
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<tr>
<td>09.00 - 11.00</td>
<td>Grand ward round: G23</td>
<td></td>
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<tr>
<td>11.00 - 11.30</td>
<td>Ward work</td>
<td></td>
</tr>
<tr>
<td>11.30 – 12.30</td>
<td>VIth year tutorial: Room 65 G23</td>
<td></td>
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<tr>
<td>11.30 - 12.30</td>
<td>Research meeting: seminar room G23 1st Friday of month</td>
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<tr>
<td>12.30 – 13.30</td>
<td>Problem patient clinic: UCT Skin &amp; Hair Centre - Last Friday of month</td>
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<tr>
<td>14.00 – 15.00</td>
<td>Photographs/consult follow-up: seminar room G23 – All other Fridays</td>
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<tr>
<td>14.00 – 15.00</td>
<td>Registrar teaching (by arrangement)</td>
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<tr>
<td>14.00 – 16.00</td>
<td>Ward work and follow-up</td>
<td></td>
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<tr>
<td>14.00 - 16.00</td>
<td>5th year tutorials</td>
<td></td>
</tr>
<tr>
<td>16.00 – 18.00</td>
<td>Ward consultations</td>
<td></td>
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<tr>
<td><strong>SAT:</strong></td>
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<tr>
<td>08.00 – 11.30</td>
<td>Interdepartmental academic meeting with TBH</td>
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<td>3rd Saturday of each month alternating venues (see timetable)</td>
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<td></td>
<td>Patch test readings - registrars-on-call confirm reading time with</td>
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<td></td>
<td>nurses - please do not keep patients waiting</td>
<td></td>
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<tr>
<td><strong>SAT &amp; SUN:</strong></td>
<td>08.00 – 12.00 Working ward round (registrar-on-call)</td>
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</tr>
</tbody>
</table>
APPENDIX 5

CMSA

PORTFOLIO OF LEARNING

Fellowship of the
College of Public Health Medicine – Occ Med of South Africa

From January 2011 only electronic versions of this document will be accepted.

Date of compilation – Sept 2009
## CONTENTS

<table>
<thead>
<tr>
<th>SECTION</th>
<th>Title</th>
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</thead>
<tbody>
<tr>
<td>SECTION 1</td>
<td>Purpose of the PORTFOLIO OF LEARNING</td>
</tr>
<tr>
<td>SECTION 2</td>
<td>Syllabus for the FCPHM(SA) Occ Med Examination</td>
</tr>
<tr>
<td>SECTION 3</td>
<td>Learning objectives</td>
</tr>
<tr>
<td>SECTION 4</td>
<td>Candidate Details</td>
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<tr>
<td>SECTION 5</td>
<td>Discipline-specific certificates</td>
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<tr>
<td>SECTION 6</td>
<td>Post-graduate Lectures, Meetings, Workshops, Seminars, Symposia, Congresses and Modules</td>
</tr>
<tr>
<td>SECTION 7</td>
<td>Reading and Research (signature page to be printed, signed by head of department and submitted with electric portfolio)</td>
</tr>
<tr>
<td>SECTION 8</td>
<td>Rotations completed during the training period</td>
</tr>
<tr>
<td>SECTION 9</td>
<td>Declaration on Completion of Training (to be printed, signed by head of department and submitted with electronic portfolio)</td>
</tr>
</tbody>
</table>
SECTION 1

PURPOSE OF THE PORTFOLIO OF LEARNING

What is the Portfolio?

Your portfolio is based on the “CRITICAL” Portfolio (Certified Record of In-service Training Including Continuous Assessment and Learning). It is a professional resource document structured in a flexible format which allows trainees to plan and meet the objectives of the specialty training programme through a documented process of work experience, learning and reflection.

Purpose of the portfolio

1. To stimulate students to think consciously and objectively about their own training. (This is known as reflective learning). This is its primary purpose.
2. To document the scope and depth of the candidate’s training experiences.
3. To provide a record of the trainee’s progress and personal development as training proceeds. Each record will need to be verified by the relevant Head of Department, including all rotation reports.
4. To provide an objective basis for discussion with the candidate’s supervisors about work performance, objectives, and immediate and future educational needs.
5. To provide documented evidence for the CMSA of the quality and intensity of the training the trainee has undergone.

The portfolio is not just a logbook of signed procedures undertaken or witnessed. It should contain the candidate’s written reflections and systematic documentation of his/her learning experience. It includes opportunities for candidates to reflect, to explore, to form opinions, and to identify the strengths and weaknesses in their own abilities and knowledge. It provides the facility for trainees to follow their own progress, not only through the training programme, but also towards the learning goals they have set for themselves. In this way the portfolio provides an opportunity to record and document the subjective aspects of training.

Objectives

For the trainee, the objectives of the portfolio are to:

- develop a structured learning plan
- identify goals and actions required to achieve them
- record progress in achieving those goals
- document personal strengths
• identify areas needing improvement
• reflect on progressive professional development
• encourage quality two-way communication with supervisors
• provide documentation for the continuous evaluation, review and direction of one’s progress.

Who looks at the Portfolio of Learning?

1. **The candidates.** The primary audience are the trainees themselves.

2. **Supervisors.** It is expected that candidates formally meet with their supervisor several times each year. At this meeting, supervisors will review the candidate’s progress and should use entries in the portfolio as a basis for discussion. This allows a structuring of the supervision process. By referring to and discussing specific areas of learning and experiences, the supervisor is able to provide informed feedback and constructive advice with regard to problems and deficiencies. In this way the portfolio allows a structuring of the supervision process. Ideally, the portfolio should be made available to the supervisor before the meeting.

3. **The CMSA.** The CMSA requires evidence that learning has taken place as part of a structured programme. The portfolio is an important piece of evidence for this.

This portfolio is a guide and cumulative record of your personal learning, goals, needs, strategies and activities throughout your training programme. The sections in the portfolio are not exhaustive, but rather an indication of the minimum that you should be doing. You will learn a great deal more than what is written on these pages. We trust that this will provide you with a positive and valuable learning experience.

**Portfolio Completion Criteria**

- The Portfolio should always be used in conjunction with the **Regulations** and **Syllabus** for admission to the Fellowship of the College of Public Health Medicine – Occ Med of South Africa FCPHM(SA) Occ Med, as may be amended from time to time.

- Entries must at all times be **legible** and, where indicated, supported by the required **signatories** (Supervising Consultants and Heads of Departments and their contact details). Add pages to each Section as necessary. Ensure that your name appears on every page. It is **strongly advised** that you keep an electronic backup copy of all entries, as well as a printed copy, in case of computer failure or theft.

- Each Rotation will need to be verified by the relevant Head of Department, including the completed “**Record of Procedures Done**” and “**Clinical Practice Rating and Evaluation**” for each Rotation.

- The portfolio and supporting certificates and documents must reach the Academic Registrar of the CMSA (together with the relevant assessment fee, if applicable) **at least 3 (three) months** prior to the commencement of the FCPHM(SA) Occ Med Final Examination. Failure to
submit the portfolio before this time will result in the candidate not being invited to the examination.

- The **Declaration** (Section 9) must be signed before submitting the portfolio to the CMSA.
SECTION 2

ELECTRONIC LINK TO COLLEGE REGULATIONS

Regulations:

Guidelines:
SECTION 3

CANDIDATE DETAILS, PRIOR QUALIFICATIONS AND EXPERIENCE

SURNAME: .................................................................

FIRST NAMES: ................................................................

ID NUMBER: ................................................................

HPCSA NUMBER: ...........................................................

TRaineE POST NUMBER: ..................................................

WORK ADDRESS: ..........................................................

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RESIDENTIAL ADDRESS: ............................................

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PREFERRED POSTAL ADDRESS: ........................................................................................................

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EMAIL ADDRESS: ..................................................................................................................

TELEPHONE NUMBER: (Work):..............................(Home):..............................

CELLPHONE NUMBER: ........................................................................................................

FAX NUMBER:......................................................................................................................
UNDERGRADUATE MEDICAL QUALIFICATIONS

UNIVERSITY: .................................................................  ... YEAR: ................................

INTERNSHIP

HOSPITAL: .........................................................................  ... YEAR: ............................

TRAINING EXPERIENCE: ..............................................................

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COMMUNITY SERVICE

HOSPITAL: .........................................................................  ... YEAR: ............................

TRAINING EXPERIENCE: ..............................................................

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SUCCESSFUL COMPLETION OF RELEVANT QUALIFICATIONS

EXAMINATION DETAILS:

MONTH:……………………………… YEAR:…………………………

MONTH:………………………….. YEAR:…………………………

OTHER REGISTERABLE POST-GRADUATE QUALIFICATIONS

DIPLOMA/DEGREE: ………………………………………………….. ….. YEAR:…………………………

INSTITUTION:………………………………………………………………………………………………………………………………………………

DIPLOMA/DEGREE: ………………………………………………….. ….. YEAR:…………………………

INSTITUTION:………………………………………………………………………………………………………………………………………………
ADDITIONAL POST-GRADUATE TRAINING EXPERIENCE
(Prior to commencement of [discipline specific] Registrar Rotation)

<table>
<thead>
<tr>
<th>STATUS / POSITION</th>
<th>HOSPITAL / HEALTH FACILITY</th>
<th>DEPARTMENT</th>
<th>COUNTRY</th>
<th>DURATION &amp; DATES</th>
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RELEVANT DETAILS / EXPERIENCE RELATING TO (DISCIPLINE SPECIFIC)
(Prior to commencement of [discipline specific] Registrar Rotation)

                                                                                           
                                                                                           
                                                                                           
                                                                                           
                                                                                           
                                                                                           
                                                                                           
                                                                                           
                                                                                           

11
At the start of each rotation or attachment, the trainee should list the learning objectives they have set for themselves for the duration of that attachment. These should be updated as the rotation progresses.

On completion of the rotation, the trainee should reflect on the progress made in meeting those objectives, and identify areas in which learning weakness remains.

At a date after completion of the rotation this page should be reviewed with a supervisor, discussed and must then be signed off. This may be with the person in charge of that rotation, or with a mentor or supervisor at the next formal review session, according to local policy.

Note that this is not an assessment of the trainee’s work during the attachment. It is an exploration of his or her insight into the learning appropriate to that rotation and the extent to which it has been achieved.

Insert a new page for each attachment.

The structure and format used by the College of Public Health Medicine – Occ Med(SA) in their “Formative assessment of candidates who wish to write the FCPHM(SA) Occ Med examination of the College of Public Health Medicine – Occ Med” is preferred. They are more detailed and yet more concise than the one proposed by the Colleges of Medicine of South Africa.
RECORD OF ROTATIONS/ATTACHMENTS

This page reviewed by .....................................................on ..........(date)

.................................................................

.................................................................

Signature of reviewer: ..........................................

13
FORMATIVE ASSESSMENT OF CANDIDATES WHO WISH TO WRITE THE FCPHM(SA) OCC MED EXAMINATION OF THE COLLEGE OF PUBLIC HEALTH MEDICINE – OCC MED (SA)

Rotation Number:

| CANDIDATE’S NAMES: | 
| NAME OF INSTITUTION: |
| NAME OF HOD: |
| PERIOD COVERED: FROM: TO: |
| PLACE OF ROTATION |
| NAME OF SUPERVISOR(S) |

TABLE IA: THE CANDIDATE’S LEARNING PLAN FOR THE NEXT 6 MONTHS
(TO BE COMPLETED AT THE BEGINNING OF A ROTATION)

<table>
<thead>
<tr>
<th>NO</th>
<th>COLLEGE SKILL LIST REF</th>
<th>MAJOR LEARNING OUTCOMES</th>
<th>ACTIVITIES PROPOSED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>GROUP:</td>
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</tbody>
</table>

14
### TABLE IB: LEARNING OBJECTIVES FOR THE PERIOD UNDER REVIEW

*TO BE COMPLETED AT THE END OF A ROTATION*

<table>
<thead>
<tr>
<th>NO</th>
<th>COLLEGE SKILL LIST REF</th>
<th>MAJOR LEARNING OUTCOMES</th>
<th>ACTIVITIES PERFORMED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>GROUP:</td>
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<td>8</td>
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</tbody>
</table>

### TABLE II: THE CANDIDATE’S SELF-ASSESSMENT OF THE LEARNING EXPERIENCE

<table>
<thead>
<tr>
<th>COLLEGE SKILL LIST REF</th>
<th>REF (ANNEXURE)</th>
<th>LEARNING EXPERIENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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</tbody>
</table>
Tables IIIA and IIIB should be completed by the Supervisors after receiving completed Table I and II at the end of the rotation.

**TABLE IIIA: SUPERVISOR’S ASSESSMENT OF THE LEARNING EXPERIENCE**

**LOCAL SUPERVISOR**

<table>
<thead>
<tr>
<th>LOCAL SUPERVISOR</th>
<th>DATE</th>
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________________________  ______________
LOCAL SUPERVISOR DATE

________________________
DESIGNATION
TABLE IIIB: SUPERVISOR’S ASSESSMENT OF THE LEARNING EXPERIENCE

SPECIALIST SUPERVISOR

<p>| | | | | |</p>
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________________________________________  ________________
SPECIALIST SUPERVISOR                      DATE

________________________________________
DESIGNATION
Table IIIC should be completed by the Academic Coordinator/ HOD after having met with the candidate to discuss the contents of Table I, II and Tables IIIA and IIIB.

**TABLE IIIC: THE ACADEMIC COORDINATOR/ HOD’S ASSESSMENT OF THE LEARNING EXPERIENCE**

| 1. |   |
| 2. |   |
| 3. |   |

___________________________________  ____________________  
ACADEMIC CO-ORDINATOR  DATE

___________________________________
DESIGNATION
TABLE IV: FINAL COMMENTS

a) FROM THE REGISTRAR:

   

   

   

   

b) FROM THE HOD:

   

   

   

   

SIGNED:

____________________________  ____________________
(REGISTRAR)  DATE

____________________________  ____________________
(HOD)  DATE
SECTION 5

DISCIPLINE SPECIFIC CERTIFICATES

(Copies of Certificates *must* be attached)

<table>
<thead>
<tr>
<th>COURSE</th>
<th>INSTITUTION</th>
<th>DATE</th>
<th>COURSE DIRECTOR</th>
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SECTION 6

POST-GRADUATE LECTURES, MEETINGS, WORKSHOPS, SEMINARS, SYMPOSIA, CONGRESSES AND MODULES

Attendance at Post-graduate Meetings, Lectures, Workshops, Modules, Symposia or Congresses relevant to discipline specific

(Attach Certificates of Attendance if applicable)

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Presenter</th>
<th>Event</th>
<th>Venue</th>
<th>Outcome</th>
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21
SECTION 7

READING AND RESEARCH

LECTURES GIVEN BY CANDIDATE:

NB: Attach your best two as PowerPoint presentations

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# JOURNAL ARTICLE REVIEWS:

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Comment on key issues, take home messages, clinical relevance and aspects requiring further personal exploration:

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26
JOURNAL PUBLICATIONS BY CANDIDATE:

(Attach 1st page of Article)

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RESEARCH INVOLVEMENT BY CANDIDATE:

Type of Involvement / Details of Project(s):

………………………………………………………………………………………………………

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Verified by:  Signature:…………………..  Date:…………………..

Name:…………………………………………  Contact No:…………………..

27
## SECTION 8

CUMULATIVE / CONSOLIDATED RECORD OF DEPARTMENTAL ROTATIONS

Example:

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SECTION 9

DECLARATION ON COMPLETION OF TRAINING

I, .................................................................................................................. hereby do solemnly declare that all information contained in this PORTFOLIO OF LEARNING is a true and accurate record of my professional experience, education and training from ................... to ................... representing the period of training for the (discipline-specific) qualification.

Signature of Candidate: ..............................................................................................

Name of Candidate: ........................................................................................................

Trainee Number: ...........................................................................................................

Date: ............................................................................................................................

Signature of Academic Head of Department: ..................................................................

Original document compiled by Dr WGJ Kloeck, President of the College of Emergency Medicine.