



Medical and Dental Professions Board

Board Examination for Foreign Medical Practitioners wishing to practice in South Africa

Scope and Guidelines

OCTOBER 2020

DOCUMENT CONTROL

This document revises an earlier undated version

Draft Version	Author(s)/Reviewer(s)	Date
Version 1	Olivia Mabotja; Ramasela Ndlala	19 th May 2020
Version 2	Lerole David Mametja	20 th May 2020
Version 3	Olivia Mabotja; Ramasela Ndlala	4 th June 2020
Version 4	Olivia Mabotja; Ramasela Ndlala	13 th October 2020

TABLE OF CONTENTS

1. INTRODUCTION	4
2. EXAMINATION CONTENT	5
2.1 SCOPE OF THE EXAMINATION	5
2.2. ETHICAL RULES AND LEGAL ISSUES	
3. THEORY EXAMINATION	8
4. PRACTICAL EXAMINATIONS	8
4.1. MANNED STATIONS	8
4.2 UNMANNED STATIONS	9
5. FREQUENCY OF EXAMINATION	9
6. RELEASE OF EXAMINATION RESULTS	9
7. ADMINISTRATION OF EXAMINATIONS	10
7.1 PASS MARK	10
7.2 NUMBER OF ATTEMPTS	10
7.3 REVIEW AND REMARKING OF EXAMINATIONS	10
7.4 IRREGULARITIES	11

1. INTRODUCTION

The requirement for candidates holding qualifications not prescribed is indicated in the Health Professions Act 57 of 1974 which accordingly states that:

Registration of persons who hold qualifications not prescribed for registration

- (1) The Minister may, after consultation with the council by regulation provide that any person who holds a qualification which the council may accept by virtue of the fact that such qualification, in the opinion of the council, indicates a satisfactory standard of professional education and training, may be registered in terms of this section in the applicable prescribed registration category, and thereupon the relevant professional board may in its discretion, but subject to any regulations and national health policy and international protocols which the Minister may make or be subject to, register such person.
- (2) A professional board may require a person who holds a qualification referred to in subsection (1) and who applies for registration in terms of this section, to pass to the satisfaction of the professional board, on a date and at a place determined by the professional board, an evaluation contemplated in subsection (3) before persons appointed by the professional board, for the purpose of determining whether such person possesses adequate professional knowledge, skill and competence and whether he or she is proficient in any of the official languages of the Republic.
- (3) The council may from time to time determine –
 - (a) the nature of the evaluation which shall be conducted the purpose of subsection (2), the requirements for admission and any other matter relating to such evaluation, including the number of attempts; and
 - (b) the fees which shall be paid by persons who present themselves for such evaluation

Further clarity is provided for in various regulations that are promulgated by the National Department of Health (NDOH) from time to time. These Scope and Guidelines for Board Examinations seeks to succinctly synthesize these legislative requirements and provide additional details regarding the handling of board examinations for candidates seeking to be registered to practice medicine in South Africa.

Candidates will be required to take a theory examination, and on passing, proceed to a practical examination. Passing both the theory and practical examination shall entitle a candidate to registration. The theory and practical examinations cover common basic science, general signs, symptoms, management and skills related medical care in general, and their suitability to the South African health system as set in various legislation, including the National Health Act and other policies released by the NDOH

2. EXAMINATION CONTENT

2.1 SCOPE OF THE EXAMINATION

CLINICAL KNOWLEDGE AND SKILLS

Resources:

- i. A Dhai and D McQuoid-Mason. Bioethics, Human Rights and Health Law Principles and Practice, 2011;
- ii. B Mash, and J Blitz-Lindeque, SA Family Practice Manual, 2nd Revised Ed; (2010)
- iii. B Mash, Handbook of Family Medicine (Oxford Handbook), 2nd Ed; (2006)
- iv. Standard Treatment Guidelines and Essential Drugs List
- v. South African Department of Health guidelines
- vi. Merck Manual of Medical Library

The written and practical examinations cover the common basic science, general signs, symptoms, management and skills related to the following conditions as is appropriate in the South African District Health System: **(What follows serves only as a guideline and questions outside these topics are possible):**

Child health:

- Fever
- Diarrhoeal disease
- Respiratory illness: Lower and upper respiratory infections
- Resuscitation of the new-born
- Meningitis
- Convulsions
- Malnutrition
- HIV and AIDS
- Common childhood infections: measles, rubella etc.
- Child abuse
- Preventive care: GOBIFFF (Growth monitoring, oral re-hydration, breast-feeding, immunisation, female education, family planning, feeding)

Maternal Health:

- Normal pregnancy and delivery
- Abnormal pregnancy and delivery
- Hypertension in pregnancy
- Ante-partum haemorrhage
- Obstructed labour
- Post-partum haemorrhage
- Contraception
- Abnormal menstruation
- Ectopic pregnancy

Infectious Diseases:

- Tuberculosis
- Malaria
- Meningitis
- Sexually transmitted illnesses
- HIV
- AIDS

Emergency and trauma:

- Basic CPR
- Endo-tracheal Intubation
- Assessment and early management of injuries and fractures
- Sexual abuse

Chronic Illnesses:

- Hypertension
- Diabetes
- Epilepsy
- Asthma
- Coronary Heart Disease
- AIDS

Mental Health:

- Assessment of mental health
- Substance abuse
- Acute psychosis
- Depression
- Other acute mental illnesses

Family Health:

- Dysfunctional families: prevention and management

Other acute illnesses:

- Appendicitis
- Acute abdomen
- Acute mental illness
- Pneumonia
- Coma

ENT:

- Upper Respiratory Tract Infection
- Otitis Media
- Tonsillitis
- Sinusitis
- Epistaxis

Eyes:

- Common infections and allergies
- Red eye
- Eye injuries
- Refraction problems
- Glaucoma

Dermatology

- Common skin conditions in primary health care

Other issues:

- Consultation and communication skills
- Basic counselling skills such as for rape or other serious trauma, bad news, domestic violence, pre and post HIV testing, etc
- Primary health care approach
- District health system
- Teamwork
- Functional Referrals
- Management of resources
- Promotion, Prevention, Curative, Rehabilitation and Palliative Care

2.2 ETHICAL RULES AND LEGAL ISSUES

The following are required to be known for the purposes of examination:

Booklets in the Series 'Guidelines for good and ethical practice in medicine, dentistry and the medical sciences. Medical and Dental Professions Board of the Health Professions Council of South Africa. Pretoria.

- Booklet 1: General ethical guidelines for doctors, dentists and medical scientists.
- Booklet 2: General ethical guidelines for health researchers.
- Booklet 3: Ethical and professional rules of the Medical and Dental Professions Board.
- Booklet 4: Professional self-development.
- Booklet 5: Guidelines for making professional services known.
- Booklet 6: Guidelines for the management of health care waste.
- Booklet 7: Policy statements on perverse incentives.
- Booklet 8: Guidelines for the management of patients with HIV infection or AIDS.
- Booklet 9: Guidelines on research and clinical trials involving human subjects.
- Booklet 10: Research, development and use of the chemical, biological and nuclear capabilities of the State.
- Booklet 11: Guidelines on keeping patient records.
- Booklet 12: Canvassing of patients abroad.
- Booklet 13: National Patients' Rights Charter.
- Booklet 14: Confidentiality: Protecting and providing information.
- Booklet 15: Seeking patients' consent: The ethical considerations.
- Booklet 16: Guidelines for the withholding and withdrawing of treatment

The World Medical Association Medical Ethics Manual ISBN 92-990028-1-9

Health Professions Act: No 56 of 1974

- Section 3: Objects of Council
- Section 4: General Powers of Council
- Section 36: Offences by unregistered persons
- Section 56: Death under anaesthetic

Ethical Rules for the Conduct of Practitioners Registered Under the Health Professions Act – No R.717 (Government Gazette – 4 August 2006)

Mental Health Care Act No 17 of 2002:

- Chapter 5: Voluntary, Assisted and Involuntary Mental Health Care

Choice of Termination of Pregnancy Act

- Preamble
- Section 5: Consent
- Section 10: Offences and penalties

Compensation for Occupational Injuries and Diseases Act: No 130 of 1993:

Purpose of Act (Bold typing in the middle of first page.)

Occupational Health and Safety Act: No 85 of 1993

Purpose of the act (Bold on first page.)

Children's Act 2005

National Health Act No 61 of 2003:

Bill of Rights of the Constitution of South Africa – Act No 108 of 1996.

3. THEORY EXAMINATION

LENGTH AND FORMAT

The written examination is a Multiple-Choice examination. (Single best answers) There is no negative marking. It has two components. The first component consists of 75 items assessing clinical knowledge, and the second component consists of 25 items testing ethical and legal knowledge. The test is set in English. Examination time is two hours.

4. PRACTICAL EXAMINATIONS

EXAMINATION CONTENT

Clinical knowledge, application, practice and skills are assessed using a practical examination, which consists of stations which follow the commonly used formats of an Objective Structured Clinical Examination (OSCE)/ Objective Structured Practical Examination (OSPE). It consists of a minimum of **13 stations of at least 7 minutes each**. The stations assess a sample of clinical skills needed to function as a medical practitioner in the public health service in South Africa. Some stations are done with the examiner present (“manned”), while others may be answered on paper (“unmanned”).

4.1. MANNED STATIONS

These include but are not limited to:

4.1.1.1 Conducting consultations, covering common acute complaints such as sore throat, earache, headache, and common chronic illnesses such as diabetes, asthma, hypertension, epilepsy, psychiatric illness etc

4.1.1.2 Conducting an ante-natal consultation

4.1.1.3 Counselling a patient regarding issues such as HIV/AIDS, assault, bad news

4.1.1.4 Performing certain examination and/or procedural skills such as examination of joints, examination of the eye, taking the blood pressure, instructing a patient in the use of a meter dose inhaler, assessing peak expiratory flow rate

4.1.1.5 Performing mental health status assessment

4.1.1.6 Performing cardio-pulmonary resuscitation, endo-tracheal intubation, or other emergency procedures, etc.

4.2. UNMANNED STATIONS

These include, but are not limited to:

4.2.1. writing prescriptions

4.2.2. discovering errors in a specimen prescription

4.2.3. reading an X-ray, ECG or other laboratory investigation

4.2.4. assessing Road-to-health charts

4.2.5. answering questions on immunisation

4.2.6. filling a partogram

4.2.7. identifying skin or genital lesions

4.2.8. examining a urine specimen with some related questions, etc.

5. FREQUENCY OF EXAMINATION

5.1. The frequency of examinations shall be determined by the MDB, but shall not be for less than 2 times in a calendar year

5.2. The practical examination shall always follow a theory examination before the next practical examination is held.

6. RELEASE OF EXAMINATION RESULTS

6.1. The institution running the examination shall release the results to the HPCSA Education and Training Head of Division in no more than 10 working days after the examination is written

6.2. The Head of Division: Education and Training shall, after receiving the examination results from the examining institution, generate an analysis of the results and submit to the Head of Department: Core Operations and Registrar for a review in no more than 3 working days

6.3. The Head of Division: Education and Training shall, after the review of results by

the Head of Department: Core Operations and the Registrar, submit the examination results to the MDB's structure responsible for Education and Training in no more than 5 working days for ratification for the results' release

- 6.4 The Head of Division: Education and Training shall release the results to candidates in no more than 2 working days after ratification by the MDB's structure responsible for Education and Training
- 6.5 The release of examination results shall be in no more than 20 working days after the examination is written.

7. ADMINISTRATION OF EXAMINATIONS

7.1 PASS MARK

The pass mark for both theory and practical examinations shall be a minimum of 50%, unless the nature of such an examination, as approved by the MDB warrants a different approach to setting such a pass mark, e.g. standard setting.

7.2 NUMBER OF ATTEMPTS

- 7.2.1 A candidate shall be offered three attempts to pass an examination
- 7.2.2 A further attempt may be considered at the discretion of the board.

7.3 VIEWING AND REMARKING OF SCRIPTS

7.3.1. VIEWING OF SUMMATIVE ASSESSMENT SCRIPTS

With the permission of the convening university, a student may view his or her summative assessment script together with the marking memorandum, under the supervision of a responsible person appointed by the convening university, provided that a request to do so is submitted to the HPCSA within three (3) days of publication of the final results.

7.3.2. REMARKING OF ASSESSMENT SCRIPTS:

An application from a student for the remarking of an assessment script should be submitted in writing on the prescribed form to the HPCSA within three (3) of the OSCE results having been published. The approval or rejection of the application, with reasons, is based on the relevant section/s of the published assessment procedures.

The convening university makes the necessary arrangements for the remarking of the script this concession is approved.

The prescribed fee must be paid in full by the applicant prior to the commencement of remarking.

Assessment scripts, with recordings of oral and clinical assessments, shall be kept, *in* the manner prescribed in the published assessment procedures, for five years only and then shredded or, in the case of recordings of oral assessments, disposed

7.4 IRREGULARITIES

Any irregularities or conduct construed as dishonest during an examination that is noticed by any invigilator, examiner, moderator or administrative assistant shall be dealt with according to the rules of the examining institution, which may include reporting the infringement to law enforcement authorities.