



CMSA

The Colleges of Medicine of South Africa NPC

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JOHANNESBURG OFFICE EXAMINATIONS & CREDENTIALS

GUIDELINE FOR THE FELLOWSHIP OF THE COLLEGE OF PUBLIC HEALTH MEDICINE

This is the operational guideline for candidates who wish to sit the **first semester 2023** examinations. This document should always be read in consultation with the latest FCPHM(SA) regulations currently dated July 2022. These are available from the CMSA offices in Johannesburg, Cape Town and Durban and on the CMSA website. The reasons for writing and circulating this document are as follows:

- 1) To provide the latest interpretation of our assessment system.
- 2) To enhance the validity of our assessment methods.
- 3) To improve the reliability of our assessment methods.
- 4) To promote transparency concerning the assessment process.

A similar document has been sent to examiners for this examination session.

ELIGIBILITY CRITERIA TO BE SATISFIED BEFORE ADMISSION TO THE EXAMINATION AS A CANDIDATE

1.0 Submission to the CMSA, by the candidate, at the time of applying for admission to the examinations, of the following:

1.1 Submission to the CMSA, by the candidate, at the time of applying, of the following:

- a) Electronic copies of the following clearly listed with the surname and initial of candidate and the name of document identifying what the document is:
 - 1.1.1 The certification by the Head of Department referred to in Section 16.1 (The electronic copy should be titled "Certification by HOD")
 - The Certification should include (a) the proposed field/topic for discussion during the two objective structured practical examination (OSPE) stations on candidate's chosen topic; (b) the title of the short report; (c) the title of the M Med dissertation. The topic for the two OSPE stations on the candidate's chosen topic must be acceptable to the convenor of the examination after consultation with the core examiners. The examiners may require the candidate to change, refine or amend the topic. The candidate must be informed of any change, 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
 - 1.1.2 One copy of a short report (3000 – 5000 words) on an appropriate public health topic (see later in the Guidelines) (The electronic copy should be titled "Short report").
 - 1.1.3 A 350 word abstract of the MMed dissertation submitted to the University for assessment (The electronic copy should be titled "Abstract of MMed dissertation").
 - 1.1.4 An official transcript or equivalent letter from the training institution's postgraduate office confirming the candidate has passed their M Med dissertation. The only exception to this rule is if the candidate is in the process of making final edits to their thesis but has been told that they have passed their thesis examination at the time of applying to write the examination.
 - 1.1.5 One copy of the Portfolio of Learning including six monthly institutional formative assessment reports (see Appendix C) (The electronic copy should be titled "Portfolio of Learning"). The Portfolio must satisfy the Competence Assessment Panel of the College of Public Health Medicine that the candidate has covered the broad spectrum of skills required in the curriculum.
- 1.2 The candidate's eligibility to write the examination lapses after four years following leaving a training programme (i.e. after leaving a post accredited by the HPCSA for training in Public Health Medicine).

THE GRADING SYSTEM .../

THE GRADING SYSTEM CURRENTLY IN USE

The candidate passes or fails on the basis of the overall average mark achieved. Each paper is equally weighted in calculating the overall average mark to assess eligibility for entry to the oral examinations.

A pass standard is the standard that is expected of a specialist and we call this standard 50%. A distinction is called 75% or above. Candidates will be considered for the award of the Henry Gluckman medal only if they achieve an aggregate mark of 70% or above. The Gluckman medal is awarded to the PHM Graduate who achieves the highest overall mark in a particular year.

A generic grading system is presented below and is used for OSPE. Examiners will award a qualitative assessment for the station (eg “excellent, clear distinction”, or “does not meet the expected standard” and will then allocate a percentage mark in multiples of 5) at the request of the Examinations and Credentials Committee of the CMSA. The possible marks awarded are (marks typed in bold will be allocated more readily, if appropriate, whereas those in italics will be allocated only rarely):

Excellent, outstanding, clear distinction:	75; 80; 85; <i>90; 95; 100</i>
Very good but not exceptionally so:	65; 70
Adequate, comfortable pass:	60
Barely adequate:	50; 55
Sub-standard	40; 45
Poor/unacceptable:	0; 5; 10; 15; 20; 25; 30; 35

The marking rubric for the Short Report is contained in Appendix 2. Note that the Universities will mark the MMed dissertation and use their own grading systems. Examiners may also use this generic grading system for the short answers paper and the essay paper in preference to the rubrics that are shown later on.

THE STRUCTURE OF THE EXAMINATION

I. THE PORTFOLIO OF LEARNING

Candidates are required to produce a portfolio of learning with SIX formative assessment reports (one for each of the six months rotations) for the examinations. For candidates who have applied for and been given a reduction in the time required (for a prior, completed, MPH, MBA or appropriate MSc), the required number of formative assessment reports will be reduced accordingly.

The Portfolio of Learning including the formative assessments should be in the required format (as is electronically available on the CMSA website) linked to a subject area mentioned in section IV (page 4 of this Guideline), (Appendix 1 indicates the important areas that must be completed with each submission). Presently, the portfolios retained in hard copy and submitted to the CMSA examinations office on application to write the examination and the examinations office staff will send the completed formative assessments to the convenor as soon as entries close. The CPHM is moving to an online submission process and candidates are advised to keep abreast of how the portfolios should be submitted by monitoring the College Website and/or asking the Exam office.

Each of the six formative assessments should be signed off by the Head of Department or the designated registrar coordinator. The six formative assessments should be accompanied by a certificate from the Head of Department indicating that the equivalent of 36 months of registrar training has been completed.

On submission, the Competency Assessment Panel must consider whether the Portfolio reflects an adequate breadth of experience appropriate to the training requirements for Public Health Medicine. If needed, the Convener should consult with the relevant Head of Department and, if needed, with the College President. Only once the convener is satisfied in consultation with the Competency Assessment Panel that the Portfolio reflects an appropriate breadth of experience will the convener inform the CMSA examinations office of the decision to invite the candidate for the written examinations. The Convener has the prerogative, in consultation with the Competency Assessment Panel, moderator and College President, to refer back a Portfolio for further clarification and/or decline the candidate admission to the examination should the Portfolio be felt to reflect a lack of in-service learning appropriate to the curriculum.

A portfolio judged inadequate is one in which it is clear that the experiential learning has not included adequate scope or where the candidate has had little relevant formal training. This decision will be made within 4 weeks of the extended closing date for entry for the examination.

Cases in which the decision is made to reject must be ratified by the President of the College after due consultation. These should be exceptional cases and it would be *highly unusual to reject* the formative assessments in the normal registrar training programme.

The formative assessments are also taken to the examiners' meeting after the examination where they may be used to offer advice to candidates who fail and who require some guidance from the examiners as to how they might best structure their learning experiences before attempting to write again.

Note that portfolios are not scored for marks but must be adequately completed to be given admission to the written examinations. In addition, a station linked to the portfolio forms part of the OSPE examination.

II. THE SHORT REPORT

Note that following section adds further guidance on the short report as described in Section 1.2 and 1.3 of Appendix B of the FCPHM(SA) regulations dated July 2022.

The objective of the short report is for the candidate to demonstrate that he or she can write a well-structured, useful report on a public health subject, and communicate its findings. Whatever the form or subject, the report must include a justification or genesis, a structured method, the collection of information or evidence which may be qualitative or quantitative, and interpretation and/or recommendations.

A range of report types is acceptable including situation analyses, rapid assessments, audits, problem solving reports, policy analyses, indicator development and testing, and formal studies, whether qualitative or quantitative, including primary or secondary data analysis.

The following would not be acceptable; a protocol or description of method only (without any information being collected); description, without any attempt at evaluation, of a task, indicator, health system element, project or programme; a summary of policy or legislation or a non-systematic literature review unless part of a report answering a specific question posed by managers or policy makers.

In essence, the report should add new information or knowledge through data collection or review combined with interpretation and evaluation of the quality of the data or evidence. It may be intended for non-academic or academic audiences, but must be written in an appropriate technical style. It is not an expectation that a short report have Ethics Committee approval unless it involves health research with human subjects, in which case it must be approved by an accredited Health Research Ethics Committee. If there are reasons why no Ethics approval was required, these must be outlined by the Head of Department (see Appendix 6).

The report must also be presented by the candidate to an appropriate audience in a position to act on the findings. A description of a presentation must be appended and signed off by the Head of Department. This should include a brief description of the audience, a power point summary if applicable and a short summary of further outcomes if relevant.

The body of the report should be between 3000 and 5000 words (1.5 spacing, size 12 font, excluding title page, summary, acknowledgements, tables and appendices). In total, with appendices, title page, summary, acknowledgements, tables, references and appendices the report should be between 20 to 25 pages, and under exceptional circumstances up to 40 pages.

To ensure breadth of learning, the short report should **not be on the same subject as the MMed report nor on the same subject as the oral discourse.**

Where there is doubt, advice should be sought from the President of the CPHM, who may consult the College Council.

A marking sheet for the short report is attached in Appendix 2 of this Guideline.

III. THE WRITTEN PAPERS

The MCQ papers and the short questions papers together will cover the entire syllabus in a balanced way. As a result, if, say there are fewer policy questions in the MCQ papers, but more statistical questions, then the short questions papers will compensate by offering fewer statistics questions and more policy questions. A blueprint has been developed to assist in this regard.

The overall balance between the four papers is approximately as follows:

SUBJECT MATTER	CONTRIBUTION
1. Health measurement demography and informatics	26%
2. Behavioural and social sciences	6%
3. Occupational health	10%
4. Communicable diseases and their control	16%
5. Environmental health	7%
6. Non-communicable diseases and their control	16%
7. Health services management (Organisation, development and management of health care)	10%
8. Health economics, budgeting and finance	9%

a) The two MCQ papers

These papers have 75 questions each. Questions will generally be of the format illustrated in Appendix 3 of this Guideline.

b) The two short answers papers

These papers have 10 questions each, **all of which must be answered**. These are fairly specific questions each requiring an answer of about 1 page and taking about 15-20 minutes to answer. The marking is done according to an answer rubric along the lines presented in Appendix 4, or by using the “default” method already described rather than a “model answer”.

The marks obtained from each paper are weighted equally in calculating the overall average mark for the candidate from the written papers.

IV. THE OBJECTIVE STRUCTURED PRACTICAL EXAMINATION (OSPE)

Only candidates who pass their written examinations (aggregate mark for all three paper $\geq 50\%$; no sub-minimum per paper) will be invited to the oral examinations. The OSPE will consist of eight stations lasting 10 minutes each and each preceded by 10 minutes of preparation time. The eight stations will comprise one station on the candidate’s portfolio, two stations on the topic/field of the candidate’s choice, and five stations that will consist of general tasks/questions that may cover the entire syllabus. It is the policy of the CMSA that all Oral Examinations which do not include confidential patient data will be recorded. The recording is not used as part of the assessment process but is part of the quality assurance process of the examinations.

THE ORAL DISCOURSE .../

a) The portfolio station

The candidate will be expected to answer questions linked to one or more items in the candidate's portfolio. Questions may relate to content covered in the candidate's formative assessments, reports, and/or presentations.

b) The stations on the topic/field of the candidate's choice. (This station replaces what used to be called the "Oral Discourse"). The topic for the two stations on the topic/field of the candidate's choice should be linked to one of the subject areas mentioned in Section III (page 4). The topic chosen should permit the candidate to demonstrate self-motivated learning in a specialised area of public health. In-depth understanding of the topic will be assessed. Note that a candidate should choose a topic that is different to that of their short report or M Med thesis.

Suitable topics would include, for example*

- Health measurement, demography and informatics: Qualitative research methods
- Health measurement, demography and informatics: Evidence Based Health care
- Behavioural and social sciences: The Sociology of health and illness or Gender and Health
- Behavioural and social sciences: Adolescent health
- Occupational health: Occupational health in mines
- Communicable diseases and their control: Epidemiology and control of infectious diseases
- Environmental health: Global warming or Air Pollution
- Non-communicable diseases and their control: Epidemiology and control of diseases of lifestyle
- Non-communicable diseases and their control: Sexual and reproductive health
- Non-communicable diseases and their control: Maternal and child health
- Non-communicable diseases and their control: Geriatric health
- Health services management: Quality assurance
- Health services management: District health systems
- Health services management: Hospital management and epidemiology
- Health economics, budgeting and finance: Health economics

** Note that this list is not exhaustive*

The above approach to choosing topics implies that the topic is "embedded in a broader subject area". Therefore examiners may ask questions relating to the subject area in addition to questions regarding the specific topic. For example, if the student chooses "Health measurement, demography and informatics: Evidence Based Health care", questions may be asked assessing epidemiological insight in general, in addition to questions about Evidence Based Health Care.

Candidates should not choose topics which are too narrow. Heads of Departments should give guidance to Candidates long before admission to the examination as to what would be considered a suitable topic. If there is doubt as to whether a topic is suitable the student should inform the President of the College at least one year before the OSPE.

The candidate is required to give notice of the topic chosen for discourse at the time of entering for the examination. The examinations office will forward this information to the examination convenor via the Colleges administration. If the topic is not considered suitable, the examination convenor should consult with the candidate in an attempt to identify a suitable topic. The examination convenor will then inform the individual "core" examiners of the topic at least 2 months prior to the oral examination so that they have time to prepare. The convenor chairs the oral discourse. Each examiner prepares a minimum of two critical enquiry questions relating to the discourse topic.

c)The 'general' stations

The purpose of the five 'general' stations is to provide evidence to the examiners that the candidate is well-rounded and has matured in the discipline through adequate practical exposure (scope and depth) during the registrar time.

During these five stations each candidate will be presented with questions linked to a scenario/task (i.e. different candidates will be asked the same questions). The questions will be prior-screened and approved by the convenor and moderator to ensure that they are not too esoteric, and that, together, they cover a reasonable scope of material. Examiners will also provide to the convenor, in advance of the oral, a broad outline of what answer is expected. Examiners will start with their questions and may probe for additional depth or breadth in the answers.

The 'general stations' will test the candidate's ability to approach a practical assignment as they would if they were a Public Health Medicine specialist.

V. THE M Med THESIS

In general, the scope and requirements of the M Med thesis are those of the institution awarding the degree. However, candidates for entry to the College examinations should note that if their M Med Thesis was based on secondary analysis of data, then they would be expected, in some other assessment methods (eg Short Report or Oral examination) to demonstrate competence in research methods which cannot be demonstrated when doing a thesis based on secondary analysis of data.

In general, the assessment methods should cover different aspects of competence in sufficient breadth to confirm the candidate has wide competence at adequate depth to qualify as a Public Health Medicine specialist.

WHAT HAPPENS IF A CANDIDATE FAILS THE EXAMINATION?

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 been passed at the current attempt and that the candidate wishes this; and that the candidate attempts the examination at the next available opportunity:

- The short report
- The 4 written papers
- OSPE

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 (i.e. aggregate mark is still <50%) then the entire examination must be re-taken at the following attempt.,

Candidates who pass the written component of the examination but fails the OSPE component will have one (1) opportunity to redo the OSPE component immediately at the next set of examinations without having to rewrite the written component

The carry-over of the written component results will only be permitted for the next examination directly following the failed examination. If the candidate does not enter for their OSPE immediately at the next set of examinations, the candidates will forfeit the carry-over and must rewrite the full examination thereafter.

FEEDBACK TO THE CANDIDATE

The conduct and the outcome of the examination are confidential in the sense that details may only be discussed with the candidate concerned. However, the candidate may give permission to the examiners to report back to the candidate's Head of Department or other academic supervisors. Candidates who require feedback should request this after the examiners' meeting, which follows immediately after the oral examinations.

APPENDIX 1: THE FORMATIVE ASSESSMENT FORM

FORMATIVE ASSESSMENT OF CANDIDATES WHO WISH TO WRITE THE FCPHM(SA) EXAMINATION OF THE COLLEGE OF PUBLIC HEALTH MEDICINE OF SOUTH AFRICA

This formative assessment should be carried out approximately 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. “Dummy” entries have been typed in to the tables to give an idea of how to complete the form.

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)

NO	COLLEGE SKILL LIST REF	MAJOR LEARNING OUTCOMES	ACTIVITIES PROPOSED
	GROUP:		
1		20% of the outcomes listed under biostatistics in the CMSA regulations Appendix A	Two stats modules
2		Writing a study protocol Undertake a health risk assessment of a workplace	Rotation at NIOH (3/12)
3		Learning about the duties of the MS Learning about the HIS and its strengths/weaknesses and how to improve it Conducting meetings	Attachment at hospital (2/12)

TABLE IB: LEARNING OBJECTIVES FOR THE PERIOD UNDER REVIEW
(TO BE COMPLETED AT THE END OF A ROTATION)

NO	COLLEGE SKILL LIST REF	MAJOR LEARNING OUTCOMES	ACTIVITIES PERFORMED
GROUP:			
1		20% of the outcomes listed under biostatistics in the CMSA regulations Appendix A	Attended the modules. In addition attended a seminar on Structural Equation Modeling.
2		Writing a study protocol Undertake health risk assessments.	Completed the rotation. Developed the study protocol and obtained ethics approval before commencement. Undertook two health risk assessments: one at a foundry and the other at a cement factory.
3		Learning about the duties of the MS Learning about the HIS and its strengths/weaknesses and how to improve it Conducting meetings	Completed hospital rotation. Worked closely with the MS. Wrote up a description of the HIS system, identified weaknesses in the current HIS system and developed strategies for improvement. I was unable to chair any meetings.

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

	ACTIVITY	COLLEGE SKILL LIST REF	LEARNING EXPERIENCE
1.	Attended the modules. In addition attended a seminar on Structural Equation Modeling.		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 analyzing 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 analyzed 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.	Completed the rotation. Developed the study protocol and obtained ethics approval before commencement. Undertook two health risk assessments: one at a foundry and the other at a cement factory.		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 two risk assessments with the support of the Occupational Hygienist. I now feel reasonably confident that I will be able to conduct risk assessments independently.

<p>3.</p>	<p>Completed hospital rotation. Worked closely with the MS. Completed hospital rotation. Worked closely with hospital manager. Wrote up a description of the HIS system, identified weaknesses in the current HIS system and developed strategies for improvement.</p>		<p>The attachment at the hospital (2/12) was only partially successful. I was never permitted to actually convene and chair any meetings, so although I have observed the process I feel I need to actually do it to be more confident. I will ask the HOD if I might convene, chair and minute some departmental meetings over the next 3 months and ask the staff of the department to feedback and critique my performance.</p> <p>Regarding the HIS I wrote up a description of the system and made recommendations to the MS. We held a 1 day workshop with 40 participants at the end of the attachment in which participants identified those parts of the report that were worth taking forward. They also identified a work plan for the implementation of these proposals. I feel, however, that the workshop participants did not really accept some of the findings and recommendations that I thought were more important, while dwelling on "smaller" issues that I felt were less important. One of the problems was that my supervisor was not available to chair the workshop and so it was chaired by one of the MSs who is not involved with the HIS. Also, although my report was ready 2 weeks before the workshop I would have preferred to have discussed it with my supervisor before circulating it to the workshop attendees, but my supervisor was overseas at the time.</p>
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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/SERVICE SUPERVISOR

<p>1.</p>	<p>-</p>
<p>2.</p>	<p>Dr Z came into this rotation with prior experience in public health concepts which gave her a basis for understanding occupational health concepts. She really enjoyed working in the clinic and finalized her cases on time and professionally. She covered most of her objectives within this short space of time and coped well with pressure. She could have consolidated some of her knowledge through more factor visits but unfortunately there is only so much that can be done within 3 months.</p>
<p>3.</p>	<p>Unfortunately Dr Z rotated at the hospital during a period where I was away on leave for a period of time. This, with the length of the rotation, limited the amount of time I could dedicate to her. I would have also preferred to look at her HIS report before the workshop but this was not feasible. She also did not have an opportunity to chair a meeting due to time constraints. I made a strategic decision regarding the Workshop as I felt that it was important for staff buy-in to have a senior person in management chair the meeting.</p>

LOCAL/SERVICE SUPERVISOR

DATE

DESIGNATION

TABLE IIIB: SUPERVISOR'S ASSESSMENT OF THE LEARNING EXPERIENCE

SPECIALIST/ACADEMIC SUPERVISOR

1.	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.
2.	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 he should work on a project that will be suitable for the dissertation.
3.	<p>The candidate can chair the monthly education committee meeting for the next 4 months. We will all meet between each meeting to give feedback and advice.</p> <p>E-mail could have been used to keep in contact with the supervisor: He however did not have e-mail access while travelling. In future all staff who are travelling on business should arrange e-mail contact prior to departure if this is deemed necessary. A further rotation in hospital management might be required.</p> <p>The candidate would probably benefit from attending the negotiation skills module that is offered at the Business School in three months' time.</p>

SPECIALIST/ACADEMIC 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

Dr Z has learnt a lot in the last six months and has covered a number of skills. Substantial work was done in both rotations but it does appear that further time in both will still be required. Dr. Z's rotation plan for the remaining years will be reviewed and adjusted accordingly. The gaps in skills that have been identified by the specialist supervisor will be addressed in future rotations.

ACADEMIC CO-ORDINATOR

DATE

DESIGNATION

TABLE IV: FINAL COMMENTS

a) FROM THE REGISTRAR:

I appreciate the feedback from the local and specialist supervisors and will work at addressing
the gaps. I recognise the difficulties with having short rotations and will take into account the
suggestions that I may need to do additional time in similar rotations.

b) FROM THE HOD:

This had been a good learning opportunity for Dr. Z. A substantial number of skills and content
areas were covered.

SIGNED:

(REGISTRAR)

DATE

(HOD)

DATE

APPENDIX 2: MARKING SCORE SHEET FOR SHORT REPORT

THE COLLEGE OF PUBLIC HEALTH MEDICINE

The marks allocated per section are a rough guideline only and need not be followed exactly

NAME OF CANDIDATE:

Mark (/ 100)

TITLE OF REPORT:

<u>Section</u>	<u>Comment with sub-mark</u>
Executive summary (5) Informative and no longer than one page	
Justification, genesis and objectives (10)	
Review of relevant documentation or literature (10) These could include published or unpublished literature, policies or previous reports	
Methods (15) What information was sought and how it was collected. Ethics approval where required*	
Findings (30) Qualitative or quantitative, appropriately summarized or, if appropriate, analysed	
Discussion, conclusions and recommendations (25) Explicit discussion of report limitations and how these affect the findings. Do these follow logically from the information collected? Are they complete?	
Presentation to audience (5) Is there an adequate description of how the report was presented?	
General comments by examiner	
EXAMINER' NAME**:	

* The report should include a copy of the Ethics approval where required – either a formal letter or a communication from the chairperson of the Faculty Ethics Committee. In the event the candidate does not submit an Ethics certificate, a letter of motivation to explain why this was not deemed necessary should be attached (HOD motivation as required by Appendix 6 should support this).

**The examiner's name will not be divulged to the candidate.

** the marks allocated per section are merely to give the candidate a guide about how to balance the report

APPENDIX 3: THE FORMAT FOR MCQ QUESTIONS

Where questions are of the "select the single correct/best/incorrect/least correct" type, the 150 questions (75 in each paper) will each consist of a stem followed by 4 items. The candidate needs to select only 1 of the items to answer each question. An example of such a question is described below

Q1
With regard to the demographic composition of the South African population, which ONE of the following statements is the most correct?

- a. 90% of the total population is over the age of 15
- b. All adult women outnumber all adult men by a ratio of 3:2
- c. Foreign born adults make up 40% of the formal workforce
- d. Of the nine provinces, Gauteng has the highest population density

The answer to Q 1 is d.

APPENDIX 4: A RUBRIC FOR ANSWERS TO SHORT QUESTIONS

Short questions are each marked out of 100 in multiples of 5 and the average mark for the ten questions is the mark for each paper as a whole.

This is just a suggested rubric for marking the short question answers. Examiners are welcome to improve/adapt it as they see fit.

The answer is clear and correct in every detail: the logic is convincing. This candidate has completely mastered the concepts	100
The answer is fairly clear and correct in almost every detail: the logic is convincing. This candidate has mastered the concepts well	80
The candidate has given the right answer but there is some lack of order, factual detail, correctness, or of logical argument	60-70
The candidate has missed the point somewhat but has shown some relevant knowledge or insight	50
The candidate has missed the point entirely but has shown knowledge of some relevant detail	30-40
The candidate has not any idea of what was required, or left the question blank	0

NB. It is also a CMSA requirement that all questions have a memorandum to assist in marking and this must be made available to the convenor and examinations office.

APPENDIX 6: SAMPLE OF LETTERS REQUIRED FROM THE HEAD OF THE DEPARTMENT



THE COLLEGE OF PUBLIC HEALTH MEDICINE OF THE COLLEGES OF MEDICINE OF SOUTH AFRICA

CERTIFICATION FROM THE HEAD OF THE DEPARTMENT FOR CANDIDATURE OF THE EXAMINATION: FELLOWSHIP OF THE COLLEGE OF PUBLIC HEALTH MEDICINE OF SOUTH AFRICA

DATE: _____

UNIVERSITY: _____

NAME OF THE CANDIDATE: _____

HPCSA POST NUMBER: _____

This is to support the candidature of Candidate to appear in the examination for the Fellowship of the College of Public Health Medicine of South Africa.

	Yes/ No
a) Candidate has completed three calendar years by the end of _____, as a registered student for the MMed (Community Health) at the University of _____. S/he has held a post recognised by the Health Professions Council of South Africa for the training of a specialist in Public Health Medicine for at least three calendar years by _____.	
b) Candidate has in my opinion, mastered more than 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. One copy of each six monthly institutional formative assessment report is attached herewith.	
c) Candidate has completed and passed the dissertation for the MMed degree in terms of the current College Guideline. The title of the MMED dissertation is _____	
d) A copy of (a) the abstract of the report and (b) a transcript of the grade or an equivalent letter from the relevant university office confirming the student’s thesis has passed examination are enclosed herewith.	
e) Candidate has completed the Short report in terms of the current College Guideline and a copy of the report is enclosed. The title of the short report is _____	
f) Candidate has submitted a copy of Ethics certificate for the short report; OR HoD motivation letter attached to explain why Ethics approval for the short report was not necessary.	
g) Candidate has chosen a topic for the OSPE stations on the topic/field of the candidate’s choice in terms of the current Guideline which is as follows:	

Signature

Date

Name: _____

Position: _____



**THE COLLEGE OF PUBLIC HEALTH MEDICINE OF SOUTH AFRICA
OF THE COLLEGES OF MEDICINE OF SOUTH AFRICA**

**CERTIFICATION FROM THE HEAD OF THE DEPARTMENT FOR CANDIDATURE OF THE
EXAMINATION: FELLOWSHIP OF THE COLLEGE OF PUBLIC HEALTH MEDICINE OF
SOUTH AFRICA**

DATE: _____

UNIVERSITY: _____

NAME OF THE CANDIDATE: _____

This is to confirm that the candidate has passed/failed examination of their MMed.

Signature

Date

Name: _____

Position: _____

**JOHANNESBURG
June 2022**