The Society of Apothecaries of London
Guide to the Diploma in Tropical Medicine & Hygiene (DTM&H) Incorporating the Syllabus and Regulations

Future Amendments to the Regulations and Syllabus

The DTM&H will continue to change to reflect developments in tropical medicine & hygiene and global health & humanitarian medicine. Although every attempt has been made to ensure that this version of the DTM&H syllabus and regulations is current, changes to the examination and closing dates may need to be implemented. Candidates should refer to the Administrative Guidance for Candidates for the DTM&H Examination in order to see the most up-to-date information. By applying for admission to the DTM&H examination, candidates are confirming that they have read, understood and will abide by these regulations and the Society of Apothecaries’ Academic Policies.
Contents

Introduction 2

Approved Courses 2

Syllabus 2/3

Date & Place of Examinations 4

Admission to the Examination 4

Principles of the Examination 5

The Examination Papers 5

Quality Assurance & Marking of Questions 6

Examination Performance Feedback 6

Review & Appeal Procedure 6/7
Introduction

The UK (Independent) Diploma in Tropical Medicine & Hygiene (DTM&H) examination has existed for many years. It is used by approved DTM&H and other relevant courses that are not able to provide their own examination. This DTM&H examination was previously provided by the RCP (the Royal College of Physicians of London) and is now delivered by the Worshipful Society of Apothecaries, with minimal changes to its format and regulations.

The aim of the DTM&H examination is to assess the knowledge and reasoning skills of candidates across a full range of topics in clinical infectious diseases, tropical medicine, parasitology, entomology, preventative medicine and international public health. Preparation for the examination requires candidates to complete an approved course that is designed to cover these topics as they occur in the tropics and sub-tropics including resource-limited settings.

Approved Courses

This DTM&H examination is designed for qualified medical practitioners who have completed an approved course in tropical medicine & hygiene or global health & humanitarian medicine (GHHM) including the following:

- Médecins Sans Frontières (South Asia) Global Health & Humanitarian Medicine Course & their international microscopy training hubs
- Médecins Sans Frontières (UK) Global Health & Humanitarian Medicine Course & their international microscopy training hubs
- University of Glasgow DTM&H Course & their international microscopy training hubs
- University of Sheffield DTM&H Course & their international microscopy training hubs
- American Society of Tropical Medicine & Hygiene Approved Courses
  (satisfying the requirements for CTropMed®)
- Liverpool School of Tropical Medicine DTM&H Course
- London School of Hygiene & Tropical Medicine DTM&H Course

Other courses may be approved if a detailed syllabus & the number of learning hours are provided. Approved courses are expected to deliver ~250 hours of teaching and self-directed learning.

Syllabus

This DTM&H examination is not based on a single detailed syllabus, but the syllabus of each approved course has been assessed to ensure that it covers a full range of topics in clinical infectious diseases, tropical medicine, parasitology, entomology, preventative medicine and international public health (and also that is a good match for this examination). Although microscopy technique is not examined directly, it is expected that each candidate will have achieved a level of proficiency through teaching on the approved courses. There may be examination questions on the following (but this is not an exhaustive list):
Clinical Infectious Diseases & Tropical Medicine (~60% of the examination)

The aetiology, epidemiology (including vectors), clinical features, investigations, diagnosis, treatment, prognosis and prevention of:

| Viral infections | Arboviruses, HIV/AIDS, measles, mumps, polio, rabies, respiratory virus infections (including SARS, MERS, COVID-19), rubella, viral encephalitis, viral gastroenteritis, viral haemorrhagic fever (including Lassa, Ebola & CCHF), emerging viral infections (including mpox, nipah), other viral infections. |
| Bacterial infections | Anthrax, brucellosis, leptospirosis, leprosy, melioidosis, plague, Q fever, relapsing fever, rickettsial infections, tetanus, tuberculosis, typhoid & paratyphoid, other bacterial infections. |
| Protozoal infections | Acanthamoebae, gastro-intestinal protozoal infection, leishmania, malaria, trypanosomiasis, toxoplasmosis, other protozoal infections. |
| Helminthic infections | Nematodes (including soil-transmitted helminths, filarial infections), trematodes (including schistosomiasis, other flukes), cestodes (including tapeworms, cysticercosis, echinococcosis), other helminthic infections. |
| Fungal infections | Cryptococcal infections, deep mycoses, histoplasmosis, other fungal infections. |
| Ectoparasites & vectors | Ectoparasites (including myiasis, scabies, tungiasis), arthropod vectors, other intermediate hosts (including snails & copepods) including lifecycles & control measures. |
| Infection syndromes | Central nervous system infections, gastroenteritis, hepatitis, respiratory infections, sepsis, sexually-transmitted infections, undifferentiated febrile illnesses (including pyrexia of unknown origin). |
| Neglected Tropical Diseases (as defined by WHO) | Buruli ulcer, Chagas disease, dengue & chikungunya, dracunculiasis (Guinea-worm disease), echinococcosis, foodborne trematodiases, human African trypanosomiasis (sleeping sickness), leishmaniasis, leprosy (Hansen’s disease), lymphatic filariasis, mycetoma, chromoblastomycosis & other deep mycoses, onchocerciasis (river blindness), rabies, scabies & other ectoparasitoses, schistosomiasis, soil-transmitted helminthiases, snakebite envenoming, taeniasis & cysticercosis, trachoma and yaws & other endemic treponematoses. |

Non-Communicable Diseases of Importance in the Tropics & Sub-Tropics (~15% of the examination)

Alcohol & drug abuse, anaesthesia, animal bites & stings, asthma, diabetes mellitus, cardiovascular disease, cerebrovascular disease, epilepsy, eye diseases, hypertension, malignancies, malnutrition, mental health, ophthalmology, rheumatic fever, skin diseases, malignancies, surgery, trauma, travel medicine, vitamin deficiencies.

Preventative Medicine & International Public Health (~25% of the examination)

Child health, clinical trials, disaster & refugee medicine, epidemiology, essential drugs, evidence-based medicine, health economics, health education, health policy, immunisations, maternal & women’s health, mental health, needs assessment, nutrition, primary healthcare, reproductive health, study design & statistics and water, sanitation & hygiene (WASH).

There will be an emphasis on the above topics in resource-limited settings and the use of international guidelines. This syllabus will remain under review and we plan to update it with intended learning outcomes (ILOs) that match those of the main approved courses in due course.
Date & Place of Examinations

Please refer to the Administrative Guidance for Candidates for the DTM&H Examination.

Admission to the Examination

1. Candidates must have possessed for at least one year either:
   a. A qualification to practise Medicine, Surgery and Obstetrics & Gynaecology and be registered with the General Medical Council (GMC) of the United Kingdom; or
   b. A medical qualification awarded by an internationally recognised institution. (Thus, a medical degree awarded outside the UK must be on the World Health Organisation’s World Directory of Medical Schools.)

Note: Medical graduates who have qualified outside the UK who are not registered with the GMC in the UK, but who are registered with an equivalent national medical council, may be admitted to the examination with the approval of the Academic and Quality Standards Committee (AQSC) if they have complied with all the other requirements of the Regulations. Candidates who are not registered with the GMC must submit the following with their application form:

   • Documentary evidence of their primary medical qualification (authenticated copy only); and
   • Evidence of current registration in their own jurisdiction

2. Candidates must have completed an approved course in tropical medicine & hygiene or global health & humanitarian medicine (GHHM) eg. one of those listed above under Approved Courses.

3. Entry to the examination must be made within 5 years of completing an approved course.

4. Evidence of proficiency in diagnostic microscopy (requiring a minimum of 12 hours of teaching) within the last 5 years must also be provided. From 2024 onwards, this teaching may be either in-person/face-to-face or virtual/online and successful candidates will have this recorded on their diploma certificates as either:

   Diploma in Tropical Medicine & Hygiene (with In-Person/ Face-to-Face Microscopy Training)
   or
   Diploma in Tropical Medicine & Hygiene (with Virtual/Online Microscopy Training)

5. An online application form and the fee must be received by the closing date published in the Administrative Guidance for Candidates for the DTM&H examination.

6. Re-sits to the examination must also be made within 5 years of completing an approved course. If a candidate fails the exam overall, all 4 elements must be re-sat.

7. If applicable, Form Q (Application for Reasonable adjustments to examination arrangements) must be received no later than 4 weeks before the application deadline for the examination, published in the Administrative Guidance for Candidates for the DTM&H Examination.

8. When applying for the examination, candidates will be informed that their anonymised examination results may be used for evaluation of the examination & courses.
Principles of the Examination

9. The examination is conducted in English. Candidates should have reading and writing skills equivalent to International English Language Testing System (IELTS) Level 7.5. However, they do not need to have taken IELTS or any other language examination to sit the DTM&H.

10. The examination is conducted entirely online. Candidates should ensure that they have a reliable Internet connection from 09:00 to 18:00 (British Summer Time) on the day of the examination. Live remote invigilation is in place for all examination papers.

11. The examination has four parts; two multiple choice question (MCQ) papers on clinical infectious diseases & tropical medicine, a short essay paper on preventative medicine & international public health and a short answer question (SAQ) paper on parasitology & entomology. All parts of the examination must be passed in order to pass the examination as a whole.

12. All papers should be taken at the same sitting. If a candidate fails the examination and wishes to re-sit, then all papers must be repeated and a re-sit fee must be paid. The whole examination must be completed within 5 years of the first attempt.

13. The examination fee will be determined from time to time by the AQSC and published in the Administrative Guidance for Candidates for the DTM&H Examination. Candidates who withdraw from the examination after the closing date will pay the forfeit fee specified in the Administrative Guidance for Candidates for the DTM&H Examination.

14. This diploma is not re-certifiable. Evidence of updating is necessary within the clinician’s regular appraisal or professional revalidation processes.

15. On the days of the examination, candidates are forbidden to bring books, papers, calculators, mobile telephones or any other electronic devices into the room where they will sit the examination.

16. It is strictly forbidden for candidates to attempt to communicate with anybody else in any way whilst an examination paper is in progress.

17. Candidates must bring photographic evidence of their identity to the examination, which will be shown to the remote invigilator.

18. The AQSC reserves the right to refuse to admit to the examination, or to proceed with the examination, of any candidate who infringes a regulation or who refuses to comply with a reasonable request of an officer of the Society.

The Examination Papers

19. The two MCQ papers (on clinical infectious diseases & tropical medicine) each last for 1.5 hours. These papers each consist of 50 “best of five” questions and no negative marking is applied for incorrect answers or unanswered questions. Each question is worth 2.5 marks and so 250 marks are available from these papers.

20. The short essay paper (on preventative medicine & international public health) lasts for 1 hour. This paper consists of 10 short answer questions & candidates must select exactly & only 5 of these to answer. There will also be an additional question to ask which 5 questions they are answering. However, if a candidate
answers more than 5 questions and fails to indicate the 5 questions they wish to be considered for marking, then the Academic Department will select 5 answers at random to be carried forward for marking. Any further answers beyond the 5 selected at random will be disregarded and will not be marked. Each question is worth 20 marks and so 100 marks are available from this paper.

21. The SAQ paper (on parasitology & entomology) lasts for 1.5 hours. This paper consists of 50 images of parasites or arthropods with short answer questions that are worth 3 marks for each question and so 150 marks are available from this paper.

22. Candidates’ completed examination scripts become the property of, and will be retained by, the Society. They will not be made available for study. Anonymised results data will be used for the purpose of quality assurance.

Quality Assurance & Marking of Questions

23. All examination questions are written by the examiners and undergo standard-setting according to the Angoff methods, which also generates the pass mark for each examination paper. As a result of the standard-setting, the pass mark and pass rate can vary from one examination to the next, although the standard will remain the same.

Examination Performance Feedback

24. Candidates will be informed by email as to whether they passed or failed the diploma and whether they passed or failed each examination paper. The top 10% of candidates (when ranked by total score) for each examination sitting will also receive a distinction. Certificates will be issued to all successful candidates.

Review & Appeal Procedure

25. The processes outlined below will be dealt with according to the Examination Review and Appeal Procedure. In no circumstances should a candidate make representations directly to an examiner.

26. The stages of the review and appeal procedures are as follows:

   a. Feedback – first, compulsory stage;
   b. Review – second, optional stage;
   c. Appeal – third, optional stage.

27. Feedback. The feedback process operates through the Head of the Academic Department. Feedback on examination performance will be provided automatically to all candidates.

28. Feedback should be read in conjunction with the explanation of the marking scheme and the standard that is required to achieve a pass in the examination contained in this Guide.

29. The Head of the Academic Department can also relay a transcript of additional general advice directly to the candidate, if such advice is available. This is advice generated by the examination committee and will been agreed at the time of the examination. The Head of the Academic Department’s role is to distribute the prepared information but not to interpret it.

30. There is no charge to the candidate for this service.
31. **Review (optional)**. A request by a candidate for a review of a paper must be received in writing within 28 days of the date of the notification informing the candidate of the result and feedback. There is a fee of £175 for a review.

32. **Appeal (optional)**. An appeal to the Society’s Academic Quality and Standards Committee is open to a candidate who is not satisfied with the decision of the Examination Panel, feedback or the Review Panel. In accordance with the Society’s Examination Review and Appeal Procedure, the detailed grounds on which the appeal is made must be stated. The appeal must be received in writing within 28 days of the date of the notification informing the candidate of the examination result or the review. It is not necessary to seek a review before appealing. There is a fee of £250 for an appeal.

33. If the appellant is dissatisfied with the report of the Academic Quality and Standards Committee and wishes to make an appeal to the Court of Assistants, this should be communicated to the Head of the Academic Department within 28 days of the date of the notification informing the candidate of the decision of the Academic Quality and Standards Committee.