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The Society of Apothecaries of London

Guide to the Diploma in Tropical Medicine & Hygiene (DTM&H) Incorporating the Syllabus and Regulations

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Amendments to the Regulations and Syllabus

The content of our DTM&H continues to evolve in order to reflect developments in tropical medicine & hygiene and global health & humanitarian medicine. We also continue to optimise the assessment methods used. Although every attempt has been made to ensure that this version of the DTM&H syllabus and regulations is current, further 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](#).

The most important recent changes are to the regulations for passing the examination overall [Paragraph 12] and the requirement to answer all 5 questions in the Short Essay Question Paper [Paragraph 21].

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Introduction

The UK (Independent) Diploma in Tropical Medicine & Hygiene (DTM&H) examination has existed since at least 1921. It is used by approved DTM&H and other relevant courses that do not provide their own examination or else wish to use an examination that is more internationally-recognised. This DTM&H examination involves examiners who moved from a previous provider (the Royal College of Physician of London) in 2023 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, diagnostic parasitology, medical 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.

Associated 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:

[American Society of Tropical Medicine & Hygiene Approved Courses](#) satisfying the CTropMed requirements

[Liverpool School of Tropical Medicine DTM&H Course](#) including their in-person microscopy training

[London School of Hygiene & Tropical Medicine DTM&H Course](#) including their in-person microscopy training

[Médecins Sans Frontières \(South Asia\) GHHM Course](#) & their international microscopy training hubs

[Médecins Sans Frontières \(UK\) GHHM Course](#) & their international microscopy training hubs

[Nagasaki University DTM&H Course](#) including their in-person microscopy training

[University of Glasgow DTM&H Course](#) & their international microscopy training hubs

[University of Sheffield DTM&H Course](#) & their international microscopy training hubs

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, diagnostic parasitology, medical 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 topics (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, poliomyelitis, 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	Acanthamoebiasis, gastro-intestinal protozoal infections, leishmaniasis, 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 trematodiasis, 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 helminthiasis, 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, humanitarian medicine, 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 (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 [Associated Courses](#).
 3. Entry to the examination must be made within 5 years of completing an approved course.
 4. Re-sits to the examination must also be made within 5 years of completing an approved course.
 5. 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”
 6. Applications and the fee must have been received by the closing date published in the **[Administrative Guidance for Candidates](#)** (available online at www.apothecaries.org).
 7. If applicable, Form Q (Application for Special 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 on the day of the examination.
11. The examination has three components. There are two “Best-of-Five” (BoF) multiple choice question (MCQ) papers mostly on clinical infectious diseases & tropical medicine, a short essay question (SEQ) paper on preventative medicine & international public health and a short answer question (SAQ) paper on diagnostic parasitology & medical entomology.
12. All candidates must reach the combined pass mark for the examination as a whole in order to pass the examination overall. Candidates who fail any component of the examination with less than 40% of the individual pass mark for that component will fail the examination overall. Also, candidates who fail more than 1 component of the examination will fail the examination overall.
13. All papers should be taken at the same sitting. If a candidate fails the examination then **all** papers will need to be taken again. The whole examination must be completed within 5 years of the first attempt.
14. 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.
15. This diploma is not re-certifiable. Evidence of updating is necessary within the clinician’s regular appraisal or professional revalidation processes.
16. 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.
17. It is strictly forbidden for candidates to attempt to communicate with anybody else in any way whilst an examination paper is in progress.
18. Candidates must bring photographic evidence of their identity to the examination, which will be shown using the webcam on the computer that they are using for the examination.
19. 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

20. The two BoF MCQ papers (mostly on clinical infectious diseases & tropical medicine) each last for 1.5 hours. These papers each consist of 50 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.

21. The SEQ paper (on preventative medicine & international public health) lasts for 1 hour. This paper consists of 5 questions & candidates must answer all 5 of these. Each question is worth 20 marks and so 100 marks are available from this paper.
22. The SAQ paper (on diagnostic parasitology & medical entomology) lasts for 1.5 hours. This paper consists of 50 images of parasites or arthropods with associated questions. Each question is worth 3 marks and so 150 marks are available from this paper.
23. 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

24. All examination questions are written by the examiners and undergo standard-setting according to the Angoff method, 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. All borderline examination scripts (at risk of failing) will be double-marked.

Examination Performance Feedback

25. Candidates will be informed by email as to whether they passed or failed the examination 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 and the next 10% of candidates will receive a merit. Certificates will be issued to all successful candidates.

Feedback, Review & Appeal Procedures

26. 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.
27. 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.
28. **Feedback.** The feedback process operates through the Head of the Academic Department. Feedback on examination performance will be provided automatically to all candidates.
29. 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.
30. 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 be 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.
31. There is no charge to the candidate for this service.

32. **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.
33. **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.
34. 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.