



CMSA

The Colleges of Medicine of South Africa NPC

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JOHANNESBURG OFFICE
EXAMINATIONS & CREDENTIALS

JULY 2023

R E G U L A T I O N S

FOR ADMISSION TO THE FELLOWSHIP OF THE COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS OF SOUTH AFRICA

FCOG(SA)

The examination comprises Primary, Intermediate and Final

PRIMARY EXAMINATION

1.0 ADMISSION TO THE PRIMARY EXAMINATION

(to be read in conjunction with the Instructions)

- 1.1 For admission to the Primary examination, the candidate must hold a post-internship qualification to practise medicine which is registered or registrable with the Health Professions Council
- 1.2 The Senate of the CMSA, through its Examinations and Credentials Committee, will review all applications for admission to the examination and may also review the professional and ethical standing of candidates

2.0 SYLLABUS FOR THE PRIMARY EXAMINATION

The subjects covered by the Primary examination will include the basic sciences of anatomy, embryology, physiology, endocrinology, cell biology and genetics, immunology, microbiology, virology, pharmacology, basic pathology, technical gynaecology, ethics, statistics, public health and imaging physics.

3.0 CONDUCT OF THE PRIMARY EXAMINATION

- 1 Online paper which may consist of single- best -answer questions (3 hours)

INTERMEDIATE EXAMINATION

4.0 Admission to the Intermediate Examination

- 4.1 For admission to the Intermediate Examination the candidate must have evidence of:
 - 4.1.1 having passed Primary or the Part I Fellowship examination of one of the Colleges with which there is an agreement of reciprocity for the primary examinations
 - 4.1.2 having completed a minimum of 12-months in a registrar training post in an accredited department approved for the purposes by the CMSA

5.0 CONDUCT OF THE INTERMEDIATE EXAMINATION

- 5.1 1 online paper which may consist of a combination of short answer, single best answer and/or OSCE-type questions (3 hours)
- 5.2 The examination will cover aspects of clinical obstetrics and gynaecology and basic medical sciences as are relevant to the practice of obstetrics and gynaecology

FINAL.../

FINAL EXAMINATION**6.0 ADMISSION TO THE FINAL EXAMINATION**

(to be read in conjunction with the Instructions)

- 6.1 For admission to Final the candidate must present evidence of
- 6.1.1 having passed Primary or the Part I Fellowship examination of one of the Colleges with which there is an agreement of reciprocity for the primary examinations
 - 6.1.2 having passed the Intermediate examination
 - 6.1.3 having completed the training set out in 7.0 of the regulations
 - 6.1.4 having fulfilled the requirements set out in 8.0 of the regulations.

7.0 TRAINING FOR THE FINAL EXAMINATION

The candidate must submit evidence that he/she has completed the following training in posts approved for the purposes by the CMSA before admission to the Final examination

- 7.1 **Obstetrics:**
A completed 18-month appointment in a full-time post as registrar, or a full-time post providing equivalent experience in a maternity hospital or in the maternity department of a general hospital, such posts having been recognised for the purpose of the Fellowship examination.
- 7.2 **Gynaecology:**
- 7.2.1 An eighteen-month appointment in a full-time post as registrar or clinical assistant, or a full-time post providing equivalent experience in a gynaecological hospital or in the gynaecological department of a general hospital, such posts being recognised for the purpose of the Fellowship examination
 - 7.2.2 In carrying out the three-year completed post-registration training in Obstetrics and Gynaecology, a minimum of six consecutive months in any post is required. Training in Obstetrics and Gynaecology may be carried out simultaneously in a combined post recognised for the Fellowship. A minimum of one year in a combined post is required and a year in the combined post can be accepted as equivalent to six months of obstetrics and six months of gynaecology

8.0 PORTFOLIO OF LEARNING (*Appendix D*)

- 8.1 Before being allowed to enter for the examination, a candidate shall submit a completed Portfolio,
- 8.2 Candidates may enter the examination up to five years from the date of final sign-off by the HOD on the basis of their original Portfolio.
- i. After five years, the candidate should submit a motivation letter and supporting documents including an updated portfolio of learning to Council via the President of the COG.
 - ii. If additional training is needed, that should be at the discretion of the Council of the COG. The details of this should be individualised for each candidate.
- 8.3 The Portfolio must reach the Academic Registrar in Johannesburg as detailed in Appendix C

9.0 SYLLABUS FOR THE FINAL EXAMINATION

A syllabus forming a general (but not exhaustive) guide to Final of the examination is attached (Appendix B)

10.0 CONDUCT OF THE FINAL EXAMINATION

- 10.1 Two Online Written examinations: Any combination of short answer and/or single best answers (3 hours)
- Gynaecology EXAMINATION with aspects of medicine, surgery and basic medical sciences as are relevant to the practice of Gynaecology
 - Obstetrics EXAMINATION with aspects of medicine, surgery, neonatal paediatrics and basic medical sciences as are relevant to the practice of Obstetrics

- 10.2 **Online Typed - Objective Structured Clinical Examination (OSCE):**
This will include questions on ultrasound, cardiotocography, colposcopy, radiology, cytology and any other topics relevant to the clinical practice of Obstetrics and Gynaecology
- 10.3 **Online Oral - Objective Structured Practical Examination (OSPE):**
Four gynaecology clinical scenarios and four obstetric clinical scenarios will be given to the candidate. The candidate will be required to discuss the management with the examiner after a period of preparation

11.0 ADMISSION AS A FELLOW

11.1 Only candidates who have completed at least 36 months of training in a CMSA recognised registrar post may be awarded a fellowship if successful in the examination. Candidates are eligible to be registered as a specialist Obstetrician Gynaecologist with the HPCSA only after completion of at least 48 months in an approved training post.

11.2 **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 sign 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, Diplomat or Commissioner of Oaths)

11.2 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

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

11.4 In the event of a candidate not being awarded the Fellowship (after having passed the examination), the examination fee shall be refunded in full excluding HPCSA candidates who are not entitled to a Fellowship.

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

APPENDIX A**SYLLABUS FOR PRIMARY OF THE FCOG(SA) EXAMINATION****THE STUDENT SHOULD BE ABLE TO:**

Correlate specific structural features of human cells, tissues, organs and systems of the human body with their normal functions, and identify the changes that occur during human development, ageing and disease.

Anatomy

1. Cell biology
 - a. Explain the molecular structure of a cell membrane.
 - b. Describe the structure and function of cellular organelles.
 - c. Explain the significance and process of protein synthesis
 - d. Understand the relationship between a cell's structure and its function
2. Describe and annotate the surface anatomy of the female abdomen and pelvis, with relevance to the clinical O&G patient
3. Describe and annotate the anatomy of the pelvis (bony and viscera), its support structures, innervation, and blood and lymph supply, with relevance to the clinical O&G patient
4. Describe and annotate the anatomy of the urinary tract, and its nerve, blood and lymph supply, with relevance to the clinical O&G patient
5. Describe and annotate the anatomy of the lower GIT and anal canal and sphincter, and its nerve, blood and lymph supply, with relevance to the clinical patient
6. Describe and annotate the anatomy and histology of the female genital tract (vulva, vagina, cervix, uterus, Fallopian tubes, ovaries), its innervation, and blood and lymph supply, with relevance to the clinical O&G patient, including surgical anatomy
7. Describe and annotate the anatomy of female perineum, and its nerve, blood and lymph supply, with relevance to the clinical patient
8. Describe and annotate the anatomy of the female sexually important organs, its innervation, and blood and lymph supply, with relevance to the clinical O&G patient
9. Describe and annotate the anatomy and histology of the pregnant uterus, including blood vessels, nerves and relations in each trimester of pregnancy
10. Describe, annotate and compare (to the adult) the anatomy of the female child's genital tract, including the embryology and structural development.
11. Describe and annotate the anatomy and histology of the female breast, in both the pregnant and non-pregnant woman
12. Describe the anatomy of the endocrine organs (hypothalamic-pituitary axis, thyroid, ovary, adrenal, pancreas, parathyroid), nervous system (spinal innervation)

Embryology

1. Cell biology
 - a. Know the basic structure of the DNA molecule, including the nitrogen base pairs and how they pair up in the DNA molecule.
 - b. Define the stages of the cell cycle.
 - c. Explain the significance of mitosis in the survival of the cell and growth in the human body.
 - d. Understand the significance of meiosis as a reduction of the genetic material and for the formation of the sex cells.
2. Describe the key events in early and systematic embryological development
 - a. Fertilization
 - b. Early development of twin pregnancy
 - c. Development, structure and function of the placenta, fetal membranes, including homeostasis and functions of the amniotic fluid

- d. The general pattern and timing of organogenesis in the embryo, with focus on neural tube, cardiovascular system, lungs and diaphragm, GIT and urogenital tract
- e. The factors concerned in the determination of sexual differentiation and gender, embryology and development of the male and female genital tract
3. Describe the development, structure, and function of the fetal membranes, amniotic fluid, placenta, and umbilical cord.
4. Describe the anatomy of the fetus
5. Apply developmental theory to abnormalities of development (including teratogenesis) and clinical presentations in O&G, with focus on Mullerian tube anomalies and gonadal anomalies
6. Describe fetal physiological processes with special reference to fetal growth and maturation, fetal immunology, fetal acid-base balance, fetal response to hypoxia, fetal circulation, fetal respiratory system
7. Describe the fetal adaptation to extra-uterine life, with focus on changes in the circulation, pulmonary system, thermoregulation, GIT

Physiology, biochemistry, immunology

1. General:
 - a. Understand the basis of pH and its effect on cells
 - b. Describe the mechanism of enzyme activity
 - c. Describe the basics of protein synthesis
 - d. Describe how the body maintains temperature (thermoregulation)
 - e. Understand fluid and electrolyte homeostasis
 - f. Describe the immune response
2. Endocrine:
 - a. Define hormone and describe various classes of hormone
 - b. List the principal endocrine glands (hypothalamus/pituitary, thyroid, parathyroid, adrenal, pancreas, ovary), with their secretion and regulation
 - c. Describe steroid synthesis
3. Bone
 - a. Describe the processes of bone formation, and the processes of bone replacement and repair
 - b. Explain the homeostasis of body calcium
4. Reproductive tract
 - a. Describe the process of spermatogenesis.
 - b. Define semen and what glands contribute to its composition.
 - c. Describe the development of a follicle, before and after ovulation.
 - d. Describe the process of oogenesis.
 - e. Describe the phases and hormonal control of the menstrual cycle.
 - f. Describe lactation and the function of the mammary glands.
 - g. Discuss the physiology of puberty, and aging
 - h. Describe the physiology of the female sexual response
 - i. Describe the physiology of normal vaginal discharge
5. Pregnancy:
 - a. Describe the production and effects of hormones (oestrogen, progesterone, oxytocin) and prostaglandins
 - b. Explain BhCG physiology and pathophysiology
 - c. Know the theories of onset of parturition, physiology of uterine contractions, the normal course of labour including the descent and rotations of the fetus, mechanism of uterine contraction to prevent PPH
 - d. Discuss the role of the cervix in pregnancy and labour
 - e. Describe the patterns of labour pain
 - f. Describe the changes of the normal puerperium

- g. Describe the physiological adaptations of pregnancy (acid-base, fluid/elect, CVS, CNS, respiratory, endocrine, haematological/clotting, renal, GIT)
 - h. Discuss the role of nutrition in pregnancy, including minerals, micronutrients and vitamins
6. Blood:
- a. Describe the composition and functions of blood
 - b. Describe haem metabolism
 - c. Explain the process of erythropoiesis and enlist various factors that regulate erythropoiesis.
 - d. Explain the principles of haemostasis, including the pathways that initiate blood clotting.
 - e. Explain different types of blood groups and
 - i. its importance during blood transfusion
 - ii. relevance in pregnancy
 - f. Classify types of blood cells and explain their function
7. Urinary Tract and GIT:
- a. Explain how urine flows down the ureters.
 - b. Describe micturition and the role of stretch receptors in the bladder.
 - c. Describe in detail the process of urine formation and name the normal constituents of urine
 - d. Describe the process of defaecation

Microbiology and Virology

1. Describe the normal flora and common pathogens found in the vagina and skin and ways that the normal microbiota (or probiotics) are beneficial to a human host.
2. Understand the process of ascending infection
3. Discuss the pathogens and diagnostic tests for organisms causing common STIs (discharge and ulcers), including HPV, syphilis, TORCH
4. Describe the microbiology of yeast infections
5. Explain microbiology of HIV and TB, with special reference to their effect on the genital tract and pregnancy
6. Describe the significant micro-organisms causing diseases in pregnancy (incl. Group-B streptococcus) and puerperium
7. Discuss micro-organisms that are more likely to affect the genital tract of a child.
8. Explain how public health policies (e.g., quarantine and vaccination) can alter epidemic/pandemic progression.
9. Define the following: antibacterial spectrum, bacteriostatic, bactericidal, antibiotic synergism, and antibiotic antagonism.
10. Compare sterilization with pasteurization in terms of outcomes.
11. Compare ionizing radiation with UV radiation in terms of how they kill cells.
12. Explain how a vaccine can be used to elicit a long-term protective immune response
13. Compare and contrast commensal, symbiotic, and pathogenic relationships.
14. Describe how the human microbiome influences the host human organism
15. Consider developments and concerns on vaccine use, with special consideration for pregnancy
16. Identify emerging infections that affect pregnancy
17. Apply principles of aseptic technique, sterilisation, infection control etc

Basic Pathology

1. Demonstrate an understanding of essential basic pathological processes including cell death and injury, inflammation, infection, sepsis, wound healing, thrombosis, cyst formation and neoplasia
 - a. Acquire the ability to relate these essential basic pathological processes to the pathogenesis of common and important diseases.
2. Demonstrate an understanding of the predisposing factors, causes (including iatrogenic), pathogenesis, morphology and potential complications of such diseases.
3. Correlate clinical features with the causes and mechanisms of disease.
4. Demonstrate an understanding of how knowledge of pathological processes can be utilised in the investigation, management and prevention of disease in O&G.

5. Describe the pathology of various types of shock and correlate with clinical features
6. Describe the pathology of transfusion reactions and correlate with clinical presentations.
7. Express the pathological effects of massive blood transfusion

Pharmacology

1. Recognize the fundamental principles of pharmacodynamics (i.e. drug-receptor interactions) and pharmacokinetics (i.e. absorption, distribution, metabolism, and elimination of drugs).
2. Identify how drugs alter cellular function through the study of pharmacodynamics.
3. Determine how the body handles drugs through pharmacokinetic processes such as absorption, distribution, metabolism, elimination, dose-response relationships, half-life, steady-state concentrations and volume of distribution
4. Summarise the effects on and of pregnancy and breastfeeding on the pharmacodynamics and pharmacokinetic processes
5. Describe the clinical applications, side effects and toxicities of drugs used in O&G.
 - a. Analgesics/anaesthetic agents
 - b. Anti-emetics
 - c. Basic chemotherapeutic agents
 - d. Topical dermatologicals
 - e. Steroids
 - f. HRT (including merits and demerits)
 - g. Contraceptive (including merits and demerits)
 - h. Progestogens
 - i. Antimicrobials (Imiquamod, antivirals, antifungals, anti-helminths, HAART, Antibiotics)
 - j. Misoprostol
 - k. Mifepristone
 - l. Tocolytic agents
 - m. Oxytocin
6. Identify human practices (in medicine and agriculture) that have led to the increase of antibiotic resistance
7. Apply principles of antibiotic stewardship
8. Explain the mechanisms of action and pathology of ethanol, smoking and drugs of abuse, including effects of pregnancy
9. Translate pharmacological principles into clinical decision-making
10. Demonstrate knowledge of special requirements when prescribing for patients with special requirements:
 - a. Elderly patients
 - b. Impaired liver function
 - c. Impaired renal function
 - d. Pregnant women and women of childbearing potential, incl. WHO classification of medication used in pregnancy
 - e. Lactation
 - f. Children
11. Demonstrate knowledge of indigenous medicines and their relevance to O&G

Technical gynae

1. Describe the physics of ultrasound and Doppler
2. Demonstrate knowledge of basic pre-op care, post-op care

Statistics

1. Demonstrate an understanding of the classical “scientific method”
2. Demonstrate an understanding of appropriate study design
3. Describe principles and methods of sampling in clinical research
4. Demonstrate an understanding of frequency distributions and measures of central tendency and dispersion

5. Demonstrate an understanding of the basic principles of hypothesis testing, statistical errors and principles of sample size calculation
6. Demonstrate an understanding of statistical methods commonly employed in biomedical sciences (e.g., ANOVA, multiple regression, survival analysis)
7. Appraise (with reference to statistical testing) basic screening tests used in O&G (evaluation of diagnostic tests: sensitivity, specificity, positive and negative predictive values, likelihood ratios, and receiver operator characteristic curves)
8. Interpret commonly used statistical tests, parametric and nonparametric, and interpretation of p values
9. Describe the principles and techniques used in evidence-based medicine, with special reference to randomised controlled trials, meta-analyses and systematic reviews

Ethics and Medico-legal

1. Apply the basic principles of ethics as described by Beauchamp and Childress

Public Health

1. Demonstrate knowledge and understanding of the wider determinants of Women's health and ill-health
2. Demonstrate knowledge and understanding of the roles of people and agencies who undertake work in the promotion of Women's health
3. Demonstrate an awareness of the debates and dilemmas that may arise from the promotion of Women's health, e.g. Gender-based violence, Vulnerable populations, sexual and reproductive rights, Adolescent perspective on risk behaviour

APPENDIX B

SYLLABUS FOR THE INTERMEDIATE FCOG EXAMINATION

THE STUDENT SHOULD BE ABLE TO:

1 General gynaecology

- Compare and contrast the normal vs. abnormal female genital anatomy
- Discuss the pathophysiology of conditions of the genital tract associated with acute pelvic pain
- Assess, diagnose, manage, and refer where applicable a woman presenting with acute pelvic pain
- Assess, diagnose, manage, and refer where applicable a woman presenting with acute pelvic infection
- Appraise a patient presenting with chronic pelvic pain
- Classify the staging of endometriosis/adenomyosis
- Describe the pathology and pathophysiology of endometriosis/adenomyosis
- Appraise a pregnant patient (in each trimester) presenting with a symptomatic adnexal mass
- Discuss the clinical presentations and causes of vestibulitis
- Assess, diagnose, manage, and refer where applicable a woman presenting with spontaneous miscarriage.
- Appraise the various methods available for termination of pregnancy
- Describe the aetiology, pathophysiology of ectopic pregnancies
- Assess, diagnose, manage, and refer where applicable a woman presenting with ectopic pregnancy
- Counsel a patient on the risks, prevention and management of HIV
- Discuss the impact of HIV on gynaecological health
- Investigate a patient presenting with vaginal discharge and ulcers
- Correlate the pathological features of tubal infections to clinical presentation
- Correlate the pathological features of STIs (vaginal discharge and ulcers) to clinical presentation
- Describe the pathological features of defects in pigmentation such as vitiligo, albinism, intertrigo
- Describe the pathological features of lichen sclerosus
- Describe the pathological features of candidiasis
- Describe the pathological features of contact dermatitis
- Assess, diagnose, manage, and refer where applicable a woman presenting with heavy menstrual bleeding
- Discuss the pathological features associated with causes of heavy menstrual bleeding
- Correlate the pathological features of fibroids, and other muscular events to clinical presentation

2 Endocrine, Sexual and Reproductive health

- Describe the pathophysiology of osteoporosis
- Describe the pathophysiology of hyperandrogenism
- Discuss the clinical presentation and impact of climacteric and menopause
- Compare and contrast the different contraceptive modalities

3 Urogynaecology

- Appraise a gynaecological patient presenting with urinary retention
- Discuss the classification, definitions and pathophysiology of the various forms of urinary incontinence
- Discuss the aetiology, classification and causes of the various types of genital organ prolapse
- Describe the pathology and pathophysiology of gynaecological fistulas

4 Oncology

- Describe the pathological features of cysts of the genital tract
- Describe the diagnosis of gestational trophoblastic disease
- Discuss the pathological features of gestational trophoblastic disease
- Devise a management plan for patient presenting with cervical intraepithelial neoplasia
- Consider the cervical cancer screening tests and the SA policy on cervical cancer screening
- Describe the pathophysiology of benign cervical pathology, e.g. cervical ectropion, cervical polyps
- Describe the pathological features associated with HPV infection of the genital tract
- Describe the pathophysiology of CIN
- Discuss the process of cervical cancer carcinogenesis
- Describe the pathological features of endometrial carcinoma
- Discuss the pathological features of gynaecological sarcomas

- Describe the pathological features of benign and malignant vaginal tumours
- Discuss the histopathological types of vulval carcinoma
- Discuss the pathological features of vulvar epithelial hyperplasia
- Describe the effect of pregnancy on neoplasia
- Describe the pathological features of melanoma
- Describe the pathological features of lipoma
- Describe the pathological features of fibroma

5 Paediatric gynaecology

- Demonstrate the examination of a child presenting with a vaginal discharge
- Demonstrate the assessment of a patient presenting with ambiguous genitalia

6 Technical O&G

- Consider performance status in assessment of a patient for surgery
- Integrate principles of ERAS in the care of a post-operative patient
- Interpret an arterial blood gas
- Discuss issues related to electrical safety during surgery
- Consider the principles of fluid management in the management of peri-operative patients
- Demonstrate the safe use of surgical instruments open, vaginal and minimally invasive surgery
- Describe methods of preventing complications related to minimally invasive surgery
- Discuss the principles of pneumoperitoneum
- Illustrate the principles of operative hysteroscopy, as related to indications, procedure, complications and its prevention and management thereof
- Demonstrate the use of colposcopy
- Demonstrate concepts of knobology, and Doppler safety in performance of O&G US
- Describe and interpret ultrasound signs of possible malignancy
- Describe evidence-based safe caesarean section technique, including the various skin incisions
- Illustrate the use of obstetric US
 - First trimester
 - Second trimester
 - Third trimester and fetal growth
 - Assess the liquor and placenta
 - Doppler evaluation of fetal vessels
 - Evaluation of multiple pregnancies

7 Statistics

- Completion of basic biomedical statistics course (if offered or required uniformly for MMed)

8. Ethics and Medico-legal

- Consider the issues related to informed consent in O&G practice
- Demonstrate knowledge of SA law that is applicable to O&G practice, such as TOP Act, Child Act, Law regarding consent, gamete donation, etc.
- Appraise a woman who has been a victim of gender-based violence

9. General obstetrics

- Demonstrate knowledge of South African guidelines on maternity care
- Evaluate a woman presenting for antenatal care
- Discuss the principles of respectful care
- Understand the risks associated with high-risk pregnancies, such as advanced maternal age, teenagers/adolescents, grand multiparity, elderly primiparity, poor obstetric history
- Discuss nutrition, exercise, supplements, gestational weight gain
- Demonstrate the ability to assess gestational age
- Explain the effects of smoking, alcohol, medications, and drugs of abuse on pregnancy; and advise on cessation
- Advise a woman on long-distance travel in pregnancy
- Discuss the safety and use of vaccines in pregnancy
- Describe the minor complaints in pregnancy

- Apply screening protocols for disease or abnormalities (maternal and fetal) in pregnancy
- Discuss the management of HIV in pregnancy
- Describe the management of normal labour
- Demonstrate use of the partogram, and consider reasons/controversies for using a partogram
- Select the most appropriate analgesia for labour, i.e. consider options, indications, complications
- Compare the various methods of fetal monitoring in antenatal and intrapartum care
- Interpret the cardiotocograph
- Describe the normal course of the puerperium
- Discuss infant feeding options
- Discuss the evaluation a pregnant woman for gender based violence and mental health issues in pregnancy

10. Complicated obstetrics

- Describe the management of complicated labour
 - Poor progress
 - Cephalopelvic disproportion
 - Malpresentations
 - Shoulder dystocia
 - Cord prolapse
- Discuss vaginal birth after caesarean section (VBAC)
- Appraise a patient with complications in the puerperium(risk factors, presentation, diagnosis and management)
 - Puerperal sepsis
 - Breast complications
 - Postpartum psychiatric conditions
 - Venous thromboembolism
- Demonstrate neonatal resuscitation, assessment of Apgar score, interpretation of cord blood gas, assessment of fetal birth injuries
- Evaluate the postpartum contraceptive options
- Describe the antenatal and intrapartum management of a patient with a fetus in breech presentation
- Evaluate and manage a patient presenting with antepartum haemorrhage (APH)
- Discuss the use of instrumental delivery in modern obstetrics
 - Forceps
 - Vacuum/ventouse
 - Odon device
- Appraise means of protecting the perineum in labour, use of episiotomy, and perineal tears in the parturient
- Describe the management of obstetric anal sphincter injuries (OASIS), i.e. risk factors, mechanism, prevention, diagnosis, emergency management and definitive management
- Discuss uterine rupture in the pregnant patient
- Evaluate and manage a patient presenting with postpartum haemorrhage (PPH)
- Evaluate a woman with a history recurrent pregnancy loss
- Describe the use of progesterone in pregnancy
- Discuss the use, indications and complications of cervical cerclage
- Explain the pathophysiology, prevention, and management of Rh isoimmunisation in pregnancy
- Describe the management of common infections in pregnancy – syphilis, Group B Streptococcus, STIs
- Discuss the management of preterm birth and preterm rupture of membranes
- Explain the management of various forms of hypertension in pregnancy and their complications
- Compare the pathophysiology of early versus late onset pre-eclampsia and HELLP syndrome
- Contrast the pathophysiology and management of early versus late onset intra-uterine growth restriction (IUGR)
- Discuss the management of the macrosomic fetus
- Describe the management of multiple pregnancy – diagnosis, management of uncomplicated, incl. vaginal delivery
- Describe the management of common medical complications in pregnancy (UTI, anaemia, VTE, DM, asthma, pneumonia/TB, epilepsy, HELLP, obesity, depression, DKA, thyroid storm, proteinuria, hyperemesis gravidarum)

11. Genetics

- Describe the basic principles of inheritance
- Discuss the antenatal counselling, screening, and diagnosis of Down syndrome

12. The fetus

- Describe the effect of uterine contractions upon fetal oxygenation and blood supply
- List the factors involved in the initiation of respiration
- Discuss the physiological adaptation of the neonate to extra-uterine life in the first few days
- Describe the fetal response to chronic and acute placental insufficiency and hypoxia
- Explain the approach to a patient presenting with decreased fetal movements
- Describe the management of oligo- and polyhydramnios

13. Critical care O&G

- Describe the principles of resuscitation in pregnancy
- Discuss fluid and electrolyte management in the O&G patient
- Analyse FBC, U/E, arterial blood gas (ABG)
- Evaluate the use of fluids in the O&G patient
- Describe the management of shock
 - Haemorrhagic/hypovolaemic
 - Septic

APPENDIX C

SYLLABUS FOR FINAL OF THE FCOG(SA) EXAMINATION

This examination requires a wide specialist knowledge of Obstetrics and Gynaecology. Candidates are expected to have a good general knowledge of Obstetrics and Gynaecology including the latest developments in the speciality and a clear understanding of evidence-based principles of practice

The syllabus below forms a general guide to the knowledge which the candidates will be expected to have acquired. It is not exhaustive and questions may well be asked on topics which are not covered directly in this syllabus. The examination aims to test specialist rather than subspecialist knowledge

OBSTETRICS

1.0 NORMAL PREGNANCY

1.1 Obstetrical history-and examination:

1.1.1 Examination of the obstetric patient (antenatal):

- General examination including the thyroid gland and breasts
- Cardiorespiratory examination
- Symphysis-fundal height
- *The four manoeuvres of Leopold:*
 - Fundal palpation
 - Lateral palpation
 - Pawlik grip
 - Pelvic palpation
- Fetal heart sounds
- Pelvic examination at the first antenatal visit, and thereafter only when indicated

1.2 Prepregnancy counselling:

- Teratogenic and harmful drugs
- *Effects of:*
 - Smoking
 - Alcohol
 - Drug abuse
- Management of medical problems before pregnancy
- Prevention of neural tube defects
- Counselling about HIV/AIDS

1.3 Diagnosis of pregnancy:

- *Clinical methods:*
 - History of amenorrhoea, unprotected sexual intercourse, morning sickness, abdominal swelling, fetal movements, size of uterus
 - Physical examination: breasts, abdomen, uterus, pelvis
- Laboratory methods: immunological and radioimmunoassay of urine or serum beta-hCG
- Special methods: ultrasound examination

1.4 Physiological adaptations:

- The uterus and cervix
- The placenta and its functions; amniotic fluid
- Hormonal and metabolic changes
- Haematological changes
- Cardiovascular and haemodynamic changes
- Renal changes
- Pulmonary, GIT and other changes

1.5 Antenatal care:

- 1.5.1
 - Initiation of antenatal care
 - History and physical examination at the first visit
 - Routine antenatal investigations: VDRL; blood group & Rh; urinalysis; haemoglobin; counselling about HIV/AIDS
- 1.5.2
 - Maternal monitoring: history and examination; weight; BP; urinalysis
- 1.5.3
 - Fetal surveillance: fetal movements; symphysis-fundal height; fetal heart sounds; non-stress test
 - Screening tests for and diagnosis of congenital abnormalities
 - Prenatal diagnosis including early ultrasound
- 1.5.4 *Identification of high risk pregnancy:*
 - Maternal age, stature, marital status, socio-economic status
 - Parity
 - Poor obstetric history
 - Previous caesarean section
 - Antenatal complications
 - Hypertension
 - Abnormal presentation or lie
 - Multiple pregnancy
 - Preterm rupture of membranes
 - Risk of preterm labour
 - Risk of abruptio placentae
 - Medical conditions, eg cardiac disease, diabetes mellitus, anaemia, thyroid disease, tuberculosis, asthma
 - Sexually transmitted diseases

1.6 Normal labour:

- *Current theories of the onset of labour:*
 - Role of progesterone and oestrogens
 - Role of corticotropin releasing hormone
 - Role of oxytocin and prostaglandins
 - Initiation of labour
 - Physiology of labour
 - Definition, signs and symptoms of labour
 - Mechanism of normal labour
 - Obstetric examination in labour: SF height; lie; presentation; position; attitude; descent; fetal heart rate pattern
 - Evaluation of cervix: effacement; application to presenting part; dilatation
 - Membranes; liquor
 - Presenting part: station; moulding and caput succedaneum
 - Pelvic assessment in primigravidae, and patients with history of previous caesarean section or assisted delivery
 - *Stages of labour:*
 - first, second, third and fourth stages of labour
 - *Evaluation of normal progress of labour:*
 - use of the partogram
 - Assessment of fetal well-being: electronic and auscultatory fetal heart monitoring
 - Fetal scalp pH; fetal pulse oximetry
 - Emotional support and pain relief during labour

1.7 The newborn baby:

- Apgar score
- Examination of the newborn: sex; weight; gestational age; congenital abnormalities
- Physiological changes at birth

1.8 The puerperium:

- Involution of uterus and other organs
- Lochia
- Lactation
- Contraception
- The postnatal clinic

2.0 ABNORMAL PREGNANCY**2.1 Antepartum haemorrhage:**

- Placenta praevia: clinical features; complications; diagnosis; management
- Abruptio placentae: risk factors; clinical features; complications; diagnosis; management
- Vasa praevia
- Local causes of bleeding
- Unclassified

2.2 Multiple pregnancy:

- Monozygotic twins and chorionicity
- Dizygotic twins
- Presentations
- Antenatal complications
- Antenatal diagnosis and management
- Management of labour in twin pregnancy; delivery of the second twin

2.3 Abnormal presentations and abnormal lie:

- Breech presentation
- Transverse lie
- Oblique lie
- Unstable lie
- Diagnosis and antenatal management: external version

2.4 Polyhydramnios/oligohydramnios**2.5 Preterm and prelabour rupture of membranes and preterm labour:**

- Causes
- Diagnosis
- Complications
- Management

2.6 Abnormalities of growth:**2.6.1 *The large foetus; intrauterine growth restriction and intrauterine death:***

- Causes

2.6.2 *Diagnosis:*

- Management

2.7 Hypertensive disorders:

2.7.1 *Current theories of the aetiology and pathogenesis of preeclampsia and eclampsia:*

- Placentation and trophoblastic invasion of spiral arterioles
- The vascular endothelium: functions; products; nitric oxide; endothelin
- Platelet function: platelet activation
- Endothelial damage: oxygen free radicals; lipid peroxides; role of antioxidants

2.7.2 *Criteria for diagnosis of hypertension:*

- Risk factors for preeclampsia and eclampsia
- *Simplified classification of hypertensive disorders of pregnancy:*
 - Pregnancy-induced hypertension (PIH)
 - Preeclampsia (gestational proteinuric hypertension)
 - Eclampsia
 - Chronic hypertension:
 - Essential Hypertension
 - Renal Hypertension
 - Coarctation of aorta
 - Other secondary hypertension: pheochromocytoma etc
 - Superimposed preeclampsia/eclampsia
 - Unclassified hypertension

2.7.3 *Complications:*

- Maternal: eclampsia; HELLP; pulmonary oedema; renal abruption; DIC; death
- Fetal: prematurity; IUGR; IUFD

2.7.4 Management: antenatal; intrapartum; postpartum.

2.7.5 Prognosis

2.8 Prenatal diagnosis:

- Chorionic villus sampling
- Ultrasound screening: first trimester and second trimester anomaly scan, amniocentesis and second trimester (20-22 weeks)

2.8.1 *Other screening procedures:*

- Counselling for and diagnosis of congenital abnormalities
- Cordocentesis/amniocentesis

2.8.2 Knowledge about karyotyping including FISH and PCR

2.9 Blood grouping incompatibility, pathogenesis, diagnosis and management

2.9.1 **Intrauterine fetal therapy:**

- Fetal reduction
- Intrauterine transfusion
- *Drugs:*
 - Steroids
- Intrauterine fetal surgery

3.0 ABNORMAL LABOUR/DELIVERY

3.1 **Prolonged/obstructed labour:**

- Inefficient uterine action; cervical dystocia
- *Abnormal fetal presentation:*
 - Breech
 - Face presentation
 - Brow presentation
 - Shoulder presentation
- *Abnormal position:*
 - Occipito-posterior positions
 - Mento-posterior positions

3.2 **Abnormal lie:**

- Transverse lie
- Oblique lie

- 3.3 **Cephalopelvic disproportion:**
- Contracted pelvis
 - *Big baby:*
 - Macrosomia
 - Shoulder dystocia
 - *Congenital anomalies:*
 - Hydrocephalus
 - Other congenital tumours
 - *Pelvic tumours:*
 - Ovarian
 - Uterine fibroids
- 3.4 **Shoulder Dystocia:**
- Causes
 - Diagnosis
 - Complications
 - *Management:*
 - McRobert's manoeuvre
 - Delivery of the posterior shoulder
- 3.5 **Ruptured uterus:**
- 3.5.1 *Spontaneous rupture:*
- Obstructed labour
 - *Previous scar on uterus:*
 - Previous caesarean section scars
 - Lower segment scars
 - Classical scar
 - Previous gynaecological operations: eg myomectomy
 - Congenital anomalies
 - *Iatrogenic rupture:*
 - Oxytocics
 - Uterine manipulations
- 3.5.2 *Prevention and management of ruptured uterus*
- 3.6 **Cord Accidents:**
- Cord prolapse
 - Cord presentation
 - Management: role of filling the urinary bladder
- 3.7 **Fetal Distress:**
- Placental insufficiency as a result of various conditions, eg hypertension etc
 - Cord accidents and cord compression
 - Obstructed labour
 - Management of fetal distress
- 3.8 **Preterm labour:**
- Spontaneous: causes; prevention; management: antibiotics; tocolytics
 - Induced
 - Management of preterm labour and birth
- 3.9 **Induction of labour:**
- Bishop's score
 - Surgical methods
 - *Medical methods:*
 - Oxytocin
 - Prostaglandins (PGE₂; misoprostol)
- 3.10 **Augmentation – Methods, indication, complications**

4.0 OPERATIVE OBSTETRICS AND IMAGING

4.1 Caesarean section:

- *Elective:*
 - definition; indications; pre-requisites; complications
- *Emergency:*
 - definition; indications; preparation; complications
- Perimortal caesarean section

4.2 Instrument delivery, indications, method and complications

- *Assisted vaginal delivery:*
 - Vacuum extraction
 - Forceps delivery
 - Assisted breech delivery

4.3 Laparotomy for ruptured uterus

4.4 Repair of perineal tears

4.5 Manual removal of placenta

4.6 Routine follow-up ultrasonography

5.0 POSTPARTUM HAEMORRHAGE: DEFINITION; CAUSES; PREVENTION; MANAGEMENT

- 5.1
 - Uterine atony
 - Retained placenta
 - *Trauma:*
 - cervical and vaginal tears
 - uterine rupture
 - Management of pelvic haematomas
 - Coagulopathy
 - Uterine inversion
 - Infection (after 24 hours)
 - Surgical Management and aspects thereof
 - Postpartum Collapse
 - Insertion of balloons

5.2 Vaginal birth after caesarean section (VBAC)

6.0 ABNORMAL PUERPERIUM

6.1 Puerperal sepsis:

- Endometritis
- Endometritis with pelvic or generalised peritonitis/abscess
- Pelvic thrombophlebitis
- Management

6.2 Septic shock:

- Systemic Inflammatory Response Syndrome (SIRS)
- Management

6.3 Psychiatric disorders

6.4 Contraception, including IUCD insertion

7.0 MEDICAL AND SURGICAL DISORDERS

7.1 Cardiac disease:

- Difficulties in diagnosing heart disease in pregnancy (reasons)
- Symptomatology of heart disease in pregnancy
- NYHA classification of heart disease (limitations)
- *Rheumatic heart disease:*
 - mainly mitral valve disease (MS; MS + MI; AI)
 - natural history
- *Congenital heart disease:*
 - ASD, VSD, PDA
 - primary pulmonary HT
 - Eisenmenger syndrome
- *Other:*
 - cor pulmonale
 - valve prolapse
 - bacterial endocarditis
- Effects of heart disease on pregnancy; effects of pregnancy on heart disease
- Complications
- *Management of the cardiac patient:*
 - pre-conceptional
 - antenatal
 - intrapartum
 - postpartum
 - contraception
 - Emergency management

7.2 Diabetes mellitus:

- Diagnosis of diabetes mellitus in pregnancy
- IDDM
- *NIDDM:*
 - GDM
 - Impaired glucose metabolism
- Effects of pregnancy on DM; effects of DM on pregnancy
- Complications
- Management of diabetes: preconceptional, antenatal, intrapartum and postpartum

7.3 Endocrine disorders:

7.3.1 *Pituitary:*

- Hypopituitarism
- Hyperprolactinaemia

7.3.2 *Thyroid disorders:*

- Hypothyroidism
- Hyperthyroidism
- Autoimmune thyroiditis
- Effect on fetus/neonate

7.3.3 *Adrenal disorders:*

- Congenital adrenal hyperplasia
- Cushing syndrome
- Addison's disease
- Management of patient on corticosteroids

7.3.4 *Endocrine emergencies*

7.4 Central nervous system disorders:

- *Epilepsy:*
 - Idiopathic
 - Neurocysticercosis
 - Other
 - Anticonvulsants during pregnancy
- Myasthenia gravis
- Other neurological conditions

7.5 Pulmonary disease:

- Pulmonary tuberculosis
- Asthma
- Pneumonia
- Management of respiratory disorders in pregnancy: importance of consulting a physician or referral

7.6 Anaemia in pregnancy**7.7 Urinary tract infections:**

- Cystitis
- Pyelonephritis
- Role of asymptomatic bacteriuria
- Complications
- Management

7.8 HIV infection and pregnancy:

- Diagnosis; counselling before HIV testing
- Vertical transmission
- AIDS
- Prevention of mother to child transfer
- Complications
- Management

7.9 Infections other than HIV:**7.9.1 Sexually transmitted diseases in pregnancy:**

- Gonorrhoea
- Chlamydiae
- Syphilis

7.9.2 Other infections in pregnancy:

- Group B streptococci
- Bacterial vaginosis

7.10 Venous thromboembolism (VTE):

- Diagnosis of VTE
- Pulmonary embolism
- Management: prevention; anticoagulant treatment

7.11 Other conditions:

- Collagen diseases/auto-immune disorders
- Thrombotic thrombocytopenic purpura (TTP)
- Idiopathic thrombocytopenic purpura (ITP)
- SLE etc

7.12 Obesity and pregnancy**7.13 Dermatological conditions**

- Diagnosis and treatment

7.14 Liver disease in pregnancy

- Diagnosis, investigations
- Treatment
- Complications

7.15 Critical care

- Principles of fluid replacement, intubation and care of the critically ill pregnant patient during or after delivery

8.0 MISCELLANEOUS CONDITIONS

8.1 Trauma including head injuries, chest trauma or trauma to the pregnant abdomen following blunt, sharp injuries or following gunshots

8.2 Domestic violence and physical abuse

8.3 Contraception

9.0 SURGICAL DISEASE IN PREGNANCY

- 9.1
- Appendicitis
 - Cholecystitis

10.0 PERINATAL AND MATERNAL STATISTICS**10.1 Perinatal statistics:**

- Stillbirth rate
- Neonatal mortality rate
- Perinatal mortality rate
- Main causes of perinatal deaths

10.2 Maternal statistics:

- Severe maternal morbidity
- Maternal mortality ratio
- Main causes of maternal deaths

10.3 Audit in obstetrics**10.4 Evidence based Medicine**

GYNAECOLOGY**13.0 COMPLICATIONS OF EARLY PREGNANCY****13.1 Gynaecological history:**

- General examination, including breast and thyroid gland
- Cardio respiratory examinations
- Abdominal examination
- Specific examinations, cervical smear, wet mount smear
- Bimanual pelvic examination
- Recto-vaginal examination

13.2 Spontaneous, miscarriage:

- Miscarriage
- *Spontaneous, types, diagnosis and management:*
 - Threatened
 - Inevitable
 - Incomplete
 - *Missed:*
 - Septic/septic shock/ systemic inflammatory response syndrome
- Recurrent

13.3 Recurrent miscarriage causes, diagnosis, management**13.4 Induced abortion:**

- Legal
- Unsafe
- Methods and complications

13.5 Molar pregnancy**13.6 Ectopic pregnancy**

- Acute ruptured
- Unruptured
- Leaking
- Abdominal pregnancy
- Medical treatment

14.0 MENSTRUATION AND MENSTRUAL DISORDERS

- 14.1
 - Mechanism of normal menstruation
 - Dysmenorrhoea
 - New classification, causes and management of abnormal uterine bleeding
 - Dysfunction uterine bleeding
 - Premenstrual tensions

15.0 UROGYNAECOLOGY, GENITAL PROLAPSE & PELVIC FLOOR DEFECTS

- 15.1
 - Anatomy of pelvic supports: the levator ani; the cardinal ligaments and other supports
 - Diagnosis, causes and management of:
 - Utero vaginal prolapse
 - Enterocele
 - Vault prolapse
 - Urinary dysfunction
 - Urinary incontinence, stool incontinence
 - Fistulae

16.0 GENITAL TRACT INFECTIONS**16.1 STD's:**

- Trichomonas vaginalis
- Candida albicans
- Bacterial vaginosis
- LGV/LGI
- Syphilis
- Gonorrhoea
- Chlamydia trachomatis
- HIV/AIDS
- Investigations and diagnosis, including side lab procedures

16.2 Vaginitis, vulvitis – other conditions**16.3 Pelvic Inflammatory Disease:**

- Causes
- Investigations and diagnosis
- Clinical staging: Gainsville staging; natural history and pathophysiology of PID
- Complications
- *Management:*
 - preventive
 - use of antibiotics
 - treatment of sexual partner
 - rehabilitation
 - safer sex counselling

16.4 Chronic pelvic pain**16.5 TB of genital track****16.6 HIV & AIDS****17.0 GYNAECOLOGICAL ENDOCRINOLOGY****17.1 Puberty and early development:****17.2 Abnormalities of genital differentiation:****17.3 Menstrual dysfunction:**

- Oligomenorrhoea, amenorrhoea, galactorrhoea
- Investigations and diagnosis
- Management

17.4 Hyperandrogenism:**17.5 Menopause and hormone therapy:**

- Mechanism of menopause
- *Hot flashes:*
 - mechanism
- Atrophy
- Osteoporosis
- Cardiovascular disease
- *Management of the menopausal woman:*
 - cancer screening
 - HRT
- Risk of cancer with HRT
- Hormone therapy in cancer survivors

17.6 Contraception and family planning:

- Contraceptive counselling
- *Barrier methods:*
 - Male and female condoms
 - Caps, sponges
- *Hormonal contraceptives:*
 - Oral pills
 - Combined pills
 - Progestin only pills
- *Injectables:*
 - Depot medroxyprogesterone acetate (DMPA)
 - Nuristerate
- Norplant and other implants
- Vaginal rings
- *Spermicides:*
 - Nonoxynol-9
 - Intrauterine contraceptive devices
 - Intrauterine contraceptive systems
- *Sterilisation:*
 - *Tubal ligation:*
 - postpartum;
 - interval
 - vasectomy
- *Natural family planning:*
 - underlying principles

17.7 Hirsutism**17.8 Osteoporosis****17.9 Thyroid disease****18.0 Infertility:****18.1 Mechanism of normal conception:**

- Gametogenesis (folliculogenesis; spermatogenesis)
- Coitus and gamete transport
- Fertilisation, ovum transport and implantation

18.2 Female factors in infertility:

- Tubal disease
- Anovulation
- Uterine and cervical factors

18.3 Male factors (Andrology):

- Impotence/ejaculatory problems
- Abnormal spermatogenesis
- Azoospermia

18.4 Evaluation and management:

- hormonal profiles; HSG; ovulation induction; tuboplasty
- ARTs
- Endoscopy

18.5 Sexual dysfunction

19.0 BENIGN TUMOURS AND OTHER CONDITIONS**19.1 Ovarian cysts and tumours**

Diagnosis management

19.2 Fibroids

Diagnosis, Management Strategies, including newer innovations, complications of management

19.3 Endometriosis, adenomyosis

Etiology, diagnosis, clinical presentation, medical and surgical management options, complications of treatment

20.0 GYNAECOLOGICAL ONCOLOGY**20.1 Gynaecological cancer screening:**

- Cervical screening for carcinoma of the cervix - role of primary, secondary and tertiary modalities in decreasing cervical cancer
- Ultrasound for ovarian and endometrial cancer: vaginal ultrasound; colour Doppler
- Tumour markers: CA-125; CEA; AFP; HCG
- Role of other imaging modalities

20.2 Vulva and vagina including premalignant conditions:

- Embryological rest tumours
- Genital warts
- White lesions of the vulva
- Vulvar intra-epithelial neoplasia (VIN)
- Vaginal intra-epithelial neoplasia (VAN)
- Vaginal cancer

20.3 Tumours of the cervix and premalignant conditions:

- Epidemiology of cervical cancer; risk factors; Role of HPV
- *CIN/SIL*:
 - definition; types; significance; natural history; diagnosis and management
- *Squamous cell carcinoma of cervix*:
 - risk factors; presentation; spread; lymph drainage; staging; management
- Adenocarcinoma of the cervix
- Colposcopy
- LLETZ
- Role of surgery
- Role of radiotherapy
- Role of chemotherapy
- Palliative therapy

20.4 Tumours of the uterus and premalignant conditions:

- Endometrial hyperplasia and PMB
- Role of ultrasonography
- Role of hysteroscopy
- Endometrial sampling
- Endometrial carcinoma
- Risk factors
- Clinical features
- *Investigations and diagnosis*:
 - Surgical staging
 - *Management*:
 - roles of surgery,
 - radiotherapy,
 - chemotherapy
- Mixed mesodermal tumours of uterus
- Sarcoma of the uterus

20.5 Tumours of the ovary and premalignant conditions:

- Embryology of ovarian development
- Functional cysts
- *Benign tumours:*
 - Epithelial tumours
- Mature teratomas
- Fibromas
- *Malignant tumours of the ovary:*
 - *Epithelial tumours:*
 - Serous cystadenocarcinoma
 - Mucinous cystadenocarcinoma
- *Germ-cell tumours:*
 - Malignant teratoma
 - Dysgerminoma
 - EST
 - Embryonal carcinoma
 - Mixed germ cell tumour
- *Sex-cord tumours:*
 - Granulosa-cell tumour
 - Sertoli-Leydig cell tumour
- *Secondary tumours:*
 - Krukenberg tumours
 - Clinical presentation
 - Investigations and diagnosis
 - Management of ovarian tumours
- *Border line tumours of the ovary*
 - Definition
 - Diagnosis
 - Treatment strategies

20.6 Tumours of the Fallopian tubes**20.7 Trophoblastic tumours:**

- Molar pregnancy: presentation; investigations and diagnosis; management and follow-up
- Persistent mole
- Choriocarcinoma: investigations and diagnosis; management

20.8 Oncogenes and tumours:

- Chemotherapy and radiotherapy in gynaecological cancer
- Chemoprevention in gynaecological cancer

21.0 PAEDIATRIC GYNAECOLOGY

- 21.1
 - Examination of child
 - Infections
 - Normal bleeding
 - Abuse
 - Tumours
 - Ambiguous genitalia. Disorders of puberty

22.0 SURGICAL PROCEDURES INCLUDING**22.1 Need to know indications, contraindication, technique and complications of:**

- Laparoscopy
- Hysteroscopy
- Endometrial ablation
- Vaginal procedures
- Laparotomy and pelvic surgery

23.0 OTHERS

- 23.1
- Micronutrients in obstetrics
 - Evidence-based obstetrics and gynaecology
 - Audit in obstetrics and gynaecology
 - Ethical issues in obstetrics and gynaecology
 - Litigation in obstetric and gynaecologic practise

APPENDIX D**1.0 REGULATIONS FOR THE PORTFOLIO OF LEARNING FOR THE FCOG(SA) FINAL**

- 1.1 The Portfolio template is available on the website, www.cmsa.co.za, with instructions for its completion and must be obtained at the commencement of training. It must be correctly filled in during the course of the candidate's training, and must be certified by the consultants under whose supervision the cases and clinics were conducted
- 1.2 i. Candidates may enter the examination up to five years from the date of final sign-off by the HOD on the basis of their original Portfolio
- 1.3 ii. After five years, the candidate should submit a motivation letter and supporting documents including an updated portfolio of learning to Council via the President of the COG.
- 1.4 iii. If additional training is needed, that should be at the discretion of the Council of the COG. The details of this should be individualised for each candidate.