



# 33C M S A

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**EXAMINATIONS & CREDENTIALS**

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**June 2020**

**THE COLLEGE OF PAEDIATRICIANS OF SOUTH AFRICA**

**SPECIAL REGULATIONS**

**FOR THE FS 2020 MODIFIED CLINICAL/PRACTICAL/ORAL EXAMINATION FOR THE  
POST-SPECIALISATION**

**SUB-SPECIALTY CERTIFICATE**

IN

**GASTROENTEROLOGY**

**Cert Gastroenterology(SA)**

**1.0 ELIGIBILITY TO TAKE THE EXAMINATION**

In order to be eligible to enter for this examination, the candidate:-

- 1.1 must comply with the requirements for registration as a medical practitioner, as prescribed by the Medical, Dental and Supplementary Health Services Act.
- 1.2 must be registered as a specialist Paediatrician

**2.0 ADMISSION TO THE EXAMINATION**

(to be read in conjunction with the Instructions)

The following are the requirements for admission to the examination:

- 2.1 registration as a specialist Paediatrician
- 2.2 certification of having completed at least 18 months as a subspecialty trainee in an accredited subspecialty unit in a teaching hospital, registered and approved by the Health Professions Council of South Africa
- 2.3 submission of a written report from the head of programme and Head of the Department in which he or she trained indicating satisfactory completion of all training requirements
- 2.4 submission of a satisfactorily completed logbook (Appendix C)
- 2.5 presentation or acceptance for presentation of an original first author research poster or paper at a local or international congress OR submission or acceptance for publication of an original first or co-authored manuscript in a peer reviewed journal.
- 2.6 Training is valid for a period of three years from the date of completion in a numbered subspecialty training post. Candidates who do not successfully complete the subspecialty examination within the period must motivate with support from their HOD to the College of Paediatricians for a once off extension.

**3.0 SYLLABUS AND TRAINING**

See Appendix A

**4.0 FORMAT AND CONDUCT OF THE EXAMINATION**

See Appendix B

**5.0 LOGBOOK**

See Appendix C

## **A P P E N D I X A**

### **1.0 Introduction**

Diseases of the gastrointestinal tract and liver, and disorders of nutrition are important causes of morbidity and mortality in infancy and childhood, particularly in developing countries like South Africa. Optimal management of these conditions requires specialised knowledge of the specific disease processes and treatment options available, as well as diagnostic and interventional skills. Paediatricians trained in the discipline of gastroenterology, hepatology and nutrition can make an important contribution to specialised care of these children.

Due to the growing knowledge in the field and specialised management options, it is important to define the sub-specialty in a way that will be appropriate to our setting whilst remaining equivalent in status to other established subspecialty programmes. The discipline encompasses all aspects of congenital and acquired diseases of the intestine, liver and pancreas, incorporating an emphasis on nutritional requirements, diseases and nutritional support of infants and children.

The care of children with gastrointestinal and liver disease differs from that of adults. From birth through infancy and adolescence into adulthood, dramatic physiological and anatomical changes occur. These involve every aspect of intestinal, liver and pancreatic function as well as changing nutritional requirements to ensure adequate growth and development. As a result, children not only present with a different spectrum of disease but respond differently to illness and treatment.

Training in South Africa also needs to take into account the specific disease profile seen here as well as the limitations of the health service in a developing economy. The spectrum of diseases is that of both economically developed and developing countries. Diseases common to developed countries like inflammatory bowel disease, coeliac disease, cystic fibrosis, and biliary atresia are frequently encountered. In addition there is an enormous burden of disease related to infectious diseases, including HIV and TB, and malnutrition related to poverty. There is an obligation not only to manage these challenges optimally but also to provide leadership in the research of these diseases.

### **2.0 Aims of the Curriculum**

The aim of this curriculum is to train registered paediatricians in paediatric gastroenterology including hepatology and nutrition. After completion of training the trainee should be able to competently manage the conditions encountered in the discipline. In addition, skills required for continuing education and research will have been developed.

The programme will provide a broad clinical experience in the field, specific training in the performance of diagnostic procedures and their interpretation, and experience in research methodology. Emphasis will be on gaining experience and skill in managing and treating relevant diseases as well as gaining detailed knowledge of the pathology and pathophysiology of these diseases.

Experience in the administrative and organisational aspects of care for chronic diseases and the functioning of a multidisciplinary team are important. This includes leading nutritional care teams, cooperation with paediatric surgery and adult gastrointestinal services, and the provision of transitional care to adolescents.

### **3.0 Training programme in paediatric gastroenterology**

#### **3.1 Core objectives**

The following are core objectives for training:

- 3.1.1 The development of skills in taking a history, performing a physical examination, formulating a differential diagnosis and an appropriate diagnostic and management plan
- 3.1.2 Knowledge of the epidemiology of the principal diseases in paediatric gastroenterology and hepatology with emphasis on the differences between developed and developing countries and the specific circumstances pertaining to South Africa
- 3.1.3 An understanding and knowledge of the physiology, pathophysiology, pathology, diagnosis, and treatment of important nutritional, intestinal, and liver diseases in infancy, childhood and adolescence

3.1.4.../

- 3.1.4 Diagnostic and therapeutic procedures,
  - Upper GI endoscopy (performance of at least 100)
  - Colonoscopy (performance of at least 50)
  - Endoscopic procedures (polypectomy, removal of foreign bodies, sclerotherapy)
  - Oesophageal, gastric and small intestinal biopsy
  - Rectal biopsy
  - Liver biopsy (performance of at least 20)
  - Performing and interpretation of oesophageal pH-metry and manometry
  - Performing and interpretation of anorectal manometry.
- 3.1.5 Knowledge and interpretation of:
  - Endoscopic retrograde cholangiopancreatography
  - Transit studies
  - Pancreatic function testing (screening tests, faecal elastase, intubation tests)
  - Radio-nucleotide scans
  - Barium studies.
- 3.1.6 Knowledge and skills in:
  - Assessment of nutritional status
  - Dietary requirements of children
  - Pathophysiology of malnutrition
  - Theory, techniques and practical application of enteral and parenteral nutrition support
  - Working in nutritional support teams
- 3.1.7 Skills in cooperation with other specialists and health care professionals in multidisciplinary teams(eg psychologists, dieticians, speech therapists, surgeons, pathologists, and laboratory scientists)
- 3.1.8 Experience in clinical audit
- 3.1.9 Skills in teaching of undergraduates and post graduates
- 3.1.10 Research in paediatric gastroenterology, hepatology and nutrition
- 3.1.11 Knowledge of the health priorities of South Africa
- 3.1.12 Additional skills and attitudes:
  - Understanding the need for a multidisciplinary approach
  - Effective communication and counselling skills with children and parents
  - Understanding the need to deliver compassionate care.

#### **4.0 Duration of training**

4.1 Two years.

#### **5.0 Assessment**

5.1 The following methods of assessment will be utilised:

- 5.1.1 The trainee will keep a log book providing details of procedures performed, patients managed, and clinical/pathology meetings attended.
- 5.1.2 There will be a continuous evaluation of problem solving and management skills and cooperation within a multidisciplinary team.
- 5.1.3 Evaluation of interpretation of diagnostic tests.
- 5.1.4 Research output.
- 5.1.5 A formal evaluation after completion of the training. This will entail a written, oral and clinical examination.

5.2 A syllabus of specific diseases is attached as Appendix B

**APPENDIX B****1.0 FORMAT AND CONDUCT OF THE EXAMINATION****1.1 Evaluation of Competence**

1.1.1 Evaluation of overall competence of the trainee will be based on:

- a) an appraisal by the Head of Unit/Division/Department of the institution where training was undertaken
- b) an examination under the auspices of the Colleges of Medicine of South Africa (CMSA).

**2.0 PORTFOLIO**

2.1 A portfolio/logbook is a mandatory requirement for entry to the examination.

2.2 The portfolio for the sub-specialty is attached (Appendix C).

2.3 The portfolio includes six-monthly formative assessments (as a minimum) made by the supervisor/divisional head, which is to be signed by both candidate and trainer. These assessments should, however, be kept confidential and should not be submitted to the CMSA.

2.4 Each candidate will be expected to submit their portfolio/logbook to the CMSA by 15 January or 15 June of each year (for the relevant March or August examination).

2.5 Portfolios are viewed by the HOD and satisfactory performance must be indicated in their letter to the CMSA

**3.0 EXAMINATION CONVENORS**

3.1 A list of potential convenors will be requested from appropriate individuals, group or society at the College of Paediatricians' (hereafter referred to as the "College") discretion.

3.2 The College will select convenors for each examination.

3.3 In the case of a convenor from each examining centre not being represented on the convenors' list submitted by a group or society, the College Council may at its discretion appoint a convenor from another centre for a particular examination.

**4.0 CONVENOR RESPONSIBILITIES****The Convenor will:**

4.1 Recommend an examiner's panel from the approved list of examiners supplied by the College.

4.2 Be sensitive to the following issues in selecting examiners:

4.2.1 Rotation of examiners (representation from different centres)

4.2.2 Exposure of junior sub-specialists (new examiners)

4.2.3 Representation from different centres in South Africa (must have representation from three different centres, except in exceptional circumstances)

4.2.4 The CMSA's transformation goals.

4.3 Forward the recommended examiners' panel to the College for approval

4.4 Recommend a moderator for the examination to the College.

4.5 Forward a copy of the draft written paper to the College for review by the moderator.

4.6 Submit a written report to the College Council after each examination outlining the conduct of the examination, marks achieved, success rates, problems identified and recommendations for future examinations. This report will also be sent to the Head of each training centre and the CMSA Examinations office.

**5.0 EXAMINER SELECTION**

5.1 Examiners will be appointed by the College following recommendation by the convenor.

5.2 A Certificate examiner must be registered with the Health Professional Council of South Africa (HPCSA) as a sub-specialist, and should be at least two years post his or her certification examination or registration as a sub-specialist.

5.3 Use of a non-specialist examiner or one from an allied subspecialty must be motivated for in writing to the College.

5.4 The examination panel will consist of three examiners, including the convenor. This number of examiners is considered fair to the needs of the candidate and the CMSA.

5.5 Any request to alter the examiner numbers for an individual examination must be motivated in writing to the College.

5.6 The written and oral/OSCE examinations will be conducted by the same set of examiners.

5.7 An examiner will not necessarily be excluded if he/she is the trainer/supervisor of the candidate.

5.8 Ideally, no more than one examiner will be chosen from any single centre in South Africa for each examination.

5.9 The selection of Certificate examiners will be independent of the FC Paed(SA) Part II examiner selection process.

- 5.10 The selection of Certificate examiners will be independent of the FC Paed(SA) Part II examiner selection process.
- 5.11 Whenever possible the same examiner should not be involved in a Certificate examination and a FC Paed(SA) Part II examination simultaneously.
- 5.12 The CMSA Academic Office will be responsible for notifying examiners about their selection for an individual examination.

## **6.0 MODERATORS**

- 6.1 In order to adhere to CMSA standards and for quality assurance, a process of ‘moderation’ of each examination is considered necessary.
- 6.2 A moderator shall be appointed by the College for the Certificate examination. This individual will ideally be a senior member of the sub-specialty.
- 6.3 Prior to the conduct of the written examination, the moderator will check that the examination questions and marking memorandum reflect a fair spread of the curriculum (reliability), match the curriculum (validity), and that the mark allocation of the questions is fair and appropriate.
- 6.4 The moderator will complete a report and return this to the College and the CMSA at the end of each examination. The College will formally review the report.

## **7.0 STRUCTURE OF THE EXAMINATION**

- 7.1 The Certificate examination has two components:
- A written component
  - A oral/OSCE/OSPE/clinical component.
- 7.2 Each of the two components contributes 50% to the overall mark
- 7.3 The pass mark for the overall exam is 50%.
- 7.4 A sub-minimum pass mark of 50% is expected for each of the two (written and the oral/OSCE/clinical) components of the examination.
- 7.5 There is no sub-minima for individual papers, questions or sub-sections of the OSCE/oral/clinical examination.

## **8.0 EXAMINATION CENTRE**

- 8.1 Ideally the centre/region hosting the FC Paed(SA) Part II examination will be the host centre for each Certificate examination.
- 8.2 The Convenor of the examination will preferably, but not necessarily, originate from that centre/region.
- 8.3 Exceptions may be granted where there is no suitable Convenor based at that centre/region or the sole candidate in an examination is from the host centre.

## **9.0 WRITTEN EXAMINATION**

- 9.1 Certificate examinations will comprise of two three-hour written papers.  
Paper I will consist of 4 long questions or scenarios (may contain sub-parts), worth 25 marks each (each examiner shall submit 2 such questions to the Convenor).  
Paper II will consist of 10-12 short questions, worth 10 marks each (each examiner to submit 5 such questions to the Convenor).
- 9.2 A marking memorandum – a basic outline to the expected answer - will be provided, by each examiner at the time of question acceptance, including an indication of the allocation of marks for each section/part answer.
- 9.3 The language of written papers will follow College recommendations.

## **10.0 FORMAT OF THE MODIFIED CLINICAL / ORAL / OSCE EXAMINATIONS**

- 10.1 There will be a Structured Oral Examination (SOE) comprising of 3 stations of 20 minutes each.
- 10.2 The SOE will be conducted using case histories and test results, photos and diagrams, histology imaging and radiology imaging in PowerPoint format.
- 10.3 The examination will be conducted remotely using Zoom-based IT link(s) with examiner(s).
- 10.4 The examination will be structured, balanced and similar for each candidate.

## **11.1 MARKING OF THE EXAMINATION:**

- 11.1 A Score of 50% or more will be deemed an overall pass score for each component of the examination.
- 11.2 A memorandum with mark allocation per question will be used for each component of the examination.
- 11.3 The marks for the Structured Oral Examination will be combined to obtain an average score
- 11.4 The final mark
- |                             |     |
|-----------------------------|-----|
| Written paper               | 50% |
| Structured Oral Examination | 50% |

**12.0 RESPONSIBILITY OF THE COLLEGE IN THE EXAMINATION PROCESS**

- 12.1 Selection of Convenors, examiners, and moderators.
- 12.2 Monitoring of the conduct of each Certificate examination.
- 12.3 Reviewing all aspects of each examination on completion.
- 12.4 Tracking performance and success rates in individual examinations.

**13.0 APPEALS PROCESS**

- 13.1 The CMSA has an appeals process that will be followed.

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## **A P P E N D I X C**

### **1.0 LOGBOOK**

- 1.1.1 A logbook recording endoscopic, operative and motility procedures, patients managed, and clinical/pathology meetings attended is mandatory and should be verified by the Head of the training unit. The number of each procedure is recorded in the Syllabus (Appendix A). The degree of supervision for each procedure must also be recorded. The level of competency in performing each procedure must be verified by the training supervisor or head of the unit at the end of the training period