



CMSA

The Colleges of Medicine of South Africa NPC

Nonprofit Company (Reg. No. 1955/00003/08)

Nonprofit Organisation (Reg No 009-874 NPO)

VAT Number: 4210273191

27 Rhodes Ave, PARKTOWN WEST 2193

Private Bag X23, BRAAMFONTEIN 2017

Tel: +27 11 726-7037/8/9

Fax: +27 11 726-4036

General: admin@cmsa.co.za

Academic Registrar: academic.registrar@cmsa.co.za

Website: www.cmsa.co.za

**JOHANNESBURG
ACADEMIC OFFICE**

November 2017

THE COLLEGE OF PHYSICIANS OF SOUTH AFRICA

R E G U L A T I O N S

**FOR ADMISSION TO THE 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 physician
- 1.3 The candidate to register as a Gastroenterologist he/she must have a research presented at a gastro meeting or published in a recognized journal

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 physician
- 2.2 Certification of having completed at least eighteen months as a trainee in accredited subspecialist department/division/unit(s) of gastroenterology, registered and approved by the Health Professions Council of South Africa.
- 2.3 Submission of the prescribed logbook, filled in and up to date, and certified by the head(s) of the department/division/unit(s) in which the candidate trained.
- 2.4 A written report/written reports from the head/s of the institution/s in which he or she trained.
- 2.5 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 Physicians for a once off extension.

3.0 SYLLABUS AND TRAINING

See Appendix A

4.0 LOGBOOK and FORMAT AND CONDUCT OF THE EXAMINATION

See Appendix B

**JOHANNESBURG
November 2017**

APPENDIX A

1.0 SYLLABUS AND TRAINING

Definition of “gastroenterologist” (Adapted from *WGO Nov 2007*)

Gastroenterology is a wide and complex specialty, including a wide variety of digestive diseases that require competence in clinical as well as in procedural skills. The training programme therefore seeks to provide an adequate intellectual environment for acquiring the knowledge, clinical judgment, skills, attitudes, and professional values that are essential for practicing gastroenterology. This syllabus covers only medical gastroenterology.

Registration as a gastroenterologist – i.e. as a specialist in gastroenterology – means registration as a medical gastroenterologist.

1.1 CURRICULUM

Training in gastroenterology comprises two major elements:

- 1.1.1 A core curriculum (12 months)
- 1.1.2 Advanced training (12 months)

1.2 Core Curriculum

Every gastroenterology training programme must include a core curriculum of 12 months to be completed by all trainees. This period will consist of clinical training in the inpatient and outpatient diagnosis and management of gastrointestinal and hepatic diseases. Approximately 30% of the time devoted to clinical training should be dedicated to training in hepatology to ensure competence in the management of a broad spectrum of hepatic problems encountered in gastroenterology practice.

Core knowledge objectives to include: (adapted from *WGO 2007*)

- Understand the anatomy, histology, molecular biology, embryology, and development of the gastrointestinal tract and the liver
- Be familiar with the physiology and pathophysiology of the gastrointestinal system (digestion, absorption, secretion, motility, metabolism and immunology)
- Be able to diagnose and evaluate patients with digestive diseases, taking into consideration all biological and psychosocial aspects
- Understand the pharmacology, adverse reactions, efficacy, and appropriate use of the drugs in the management and treatment of the above illnesses
- Be able to decide on timely surgery or other therapeutic options
- Be aware of cost-effective management and treatment for patients suffering from digestive diseases
- Know the incidence and prevalence of common digestive disorders on the basis of locally available data
- Be able to recommend appropriate measures for the prevention of common digestive diseases and have basic knowledge about common communicable diseases, especially in the field of gastroenterology and hepatology, both for self protection and to foster public awareness
- Know the indications for, contraindications against and complications of major endoscopic procedures
- Know the basic principles of disinfection of endoscopic instruments and ancillary devices
- Act as an educator of patients, especially in cases of chronic disease
- Be able to assess nutritional status, including specific nutrient deficiencies, protein-energy malnutrition, maldigestion, vitamin and mineral deficiency and obesity and know the indications for nutritional support and basic management of modified diets, enteral tube feeding, and parenteral nutrition
- Appreciate the impact of metabolism and endocrinology
- Support patients with terminal illness and their families to maintain dignity (palliative and continued care), promoting awareness and understanding of the need for the highest quality and standards in palliative care, which is defined by the World Health Organization as “impeccable assessment and treatment of physical symptoms and of (psychosocial, social and spiritual problems)”
- Know basic bioethics in the management of patients as well as in research
- Be able to conduct, write, and publish research in gastroenterology, as a way of fostering the inquisitive mind required of a skilled gastroenterologist.

In addition to clinical.../

In addition to clinical training the core curriculum should provide sufficient time for adequate numbers of routine endoscopic procedures to be performed. Training in performing procedures such as gastroscopy, oesophageal dilatation, colonoscopy and oesophageal manometry/pH should be instituted and a logbook kept.

A portfolio of 20 ERCP's, observed from start to finish, should be compiled with indications/outcomes/recommendations and any complications and each entry to be signed by the attending trainer.

Minimum numbers of procedures to be done are shown in Table I, Column I.

1.3 Advanced Training

The second 12 months of training should be utilised, in addition to continuing activities of the core curriculum, to acquire expertise in more advanced areas of gastroenterology.

Endoscopic training may now include more advanced procedures including therapeutic colonoscopy and gastroscopy (eg stents), therapeutic ERCP (where pancreatico-biliary work is identified as being a preferred expert area) and/or endosonar – depending on the career path, interest and expertise of the trainee.

Advanced hepatology training may also be undertaken during this period.

1.4 The number of procedures which are required to be performed during the period of advanced training is shown in Table I, Column II. Column III shows the total number of procedures that have to be completed at exit in order to qualify for registration as a gastroenterologist.

**1.5 TABLE I:
MINIMAL REQUIREMENTS FOR ENDOSCOPIC TRAINING IN GASTROENTEROLOGY**

PROCEDURE COLUMN	COLUMN I (FIRST 12 MONTHS)	COLUMN II (SECOND 12 MONTHS)	EXIT
Oesophagogastro- duodenoscopy (OGD)	250	250	500
Upper GI haemorrhage (including at least 10 therapeutic)	20	30	50
Oesophageal dilatation	15	15	30
Colonoscopy (including at least 10 with polypectomy)	40	60	100
Percutaneous Endoscopic gastrostomy	5	5	10
ERCP – (portfolio)	20		20
Oesophageal manometry:			
Interpretation	-	50	50
Performing	-	10	10
24-Hour ambulatory pH studies:			
Interpretation	-	50	50
Performing	-	10	10
Anorectal manometry:			
Interpretation	-	10	10

1.6 Research

All trainees should participate in basic or clinical research during their training. Knowledge of clinical research methods, biostatistics, epidemiology and ethics is essential in patient-based research projects. Participation in research during the training period should lead to at least:

- (i) Submission of one manuscript to a reputable journal during the two year training period or
- (ii) One presentation at a national or international gastroenterology meeting.

APPENDIX B

LOGBOOK and FORMAT AND CONDUCT OF THE EXAMINATION

1.0 Logbook

- 1.1 A logbook recording all procedures is mandatory and should be verified by the head/s of the training unit/s. The level of competency in performing the procedures must be verified by the training supervisor or head of the unit at the end of the training period.

2.0 Examination:

The examination will consist of:

- 2.1 One 3 hour written examination covering upper GI, lower GI, liver and pancreas consisting of 4 questions with each question divided into 3 to cover the above system.
- 2.2 2 clinical cases where the candidate spends 30 minutes with the patient and another 30 with the examiners.
- 2.3 An oral viva of 30 minutes where each examiner asks questions for 7 ½ minutes. This may include applied anatomy, physiology, pathology and radiology and will be conducted by 2 pairs of examiners.
- 2.4 Marks allocation:

Written paper	- 50%
Clinical	- 50%
• Case 1	= 1/3
• Case 2	= 1/3
• Oral	= 1/3

The candidate has to get a minimum of 50% in the written examination to be invited to the clinical examination.

- 2.5 incorporating both clinical and basic science elements
- 2.6 At least 2 (3 if deemed necessary) clinical cases. "Paper cases" may be utilised at the discretion of the examiners.
- 2.7 A 1 hour oral examination which may include applied anatomy, physiology, pathology and radiology

3.0 Conduct of the examination

The examination panel will comprise at least 3 registered gastroenterologists (usually 4), appointed by the CMSA. Steps will be taken in the clinical examination to ensure each candidate is exposed to at least 2 examiners from a site other than his or her own.

4.0 Outcome of the examination

Candidates must obtain at least 50% in both the written and oral components of the examination in order to pass. A candidate who achieves less than 50% aggregate in the written component of the examination will not be invited to the oral component.

5.0 Carry over of written examination

A candidate who has been invited to the clinical examination and fails the oral aspect of the examination, shall be allowed to re-do ONLY THE ORAL ASPECT AT THE NEXT EXAMINATION (without re-writing the written aspect of the examination)

The carry-over of the written examination is allowed only once ie for the next examination only. Should the candidate fail the oral examination again, then the candidate must re-write the full examination at their next attempt.

Written examination carry-over applies with immediate effect according to the Colleges of Medicine of South Africa Senate meeting held on the 26 October 2017.