



# CMSA

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**November 2017**

## THE COLLEGE OF PSYCHIATRISTS OF SOUTH AFRICA

# REGULATIONS

## FOR ADMISSION TO THE EXAMINATION FOR THE POST-SPECIALISATION

## SUB-SPECIALTY CERTIFICATE

IN

## GERIATRIC PSYCHIATRY

### Cert Geriatric Psychiatry(SA)

### 1.0 COMPONENTS

There is a single exit examination.

### 2.0 PURPOSE OF ASSESSMENT

To provide South Africa with a sufficient number of well-trained, competent and accredited geriatric psychiatrists to meet the needs of the elderly requiring psychiatric care. The interdisciplinary approach is holistic, and takes into account the psychological, social, financial and environmental circumstances of the person. While encompassing all fields of gerontology, it is envisaged that some of these psychiatrists will contribute to the academic needs and training demands of health and related professionals, as well as conduct research. The Health Professions Council of South Africa (HPCSA) stipulates training requirements, including a minimum period of experiential learning. The aim of these regulations is to meet the needs for formal examination certification, as well as to set standards, nationally, for such a qualification. The Fellowship will primarily serve to confer accreditation and credibility on those who practice geriatric psychiatry, and facilitate registration as a sub-specialist with the Health Professions Council of South Africa (HPCSA).

### 3.0 ADMISSION TO THE EXAMINATION

(to be read in conjunction with the Instructions for Admission to CMSA Examinations) *Website link*

#### 3.1 For admission to the examination the candidate must:

- 3.1.1 Be registered or be able to register as a specialist psychiatrist with the HPCSA.
- 3.1.2 Have not less than 18 months satisfactory full-time experience as the holder of a clinical appointment as subspecialist trainee acceptable to the CMSA Senate or its Examinations and Credentials Committee at the time of sitting the examination. Training must occur under the direction of a qualified geriatric psychiatrist within an accredited geriatric psychiatry training unit that is associated with an academic department of psychiatry, and must be supervised throughout. The total minimum duration of full-time training is 24 months.
- 3.1.3 Part-time training of up to 50% of the time will be recognised, and up to a maximum of 4 years of training. (See 3.3 below)
- 3.1.4 Have submitted to the CMSA a letter from the Head of Department or geriatric psychiatry unit confirming acceptance of the FSGP(SA) Portfolio of Learning (see Appendix D). The portfolio must be retained in the respective department for 3 years for the purposes of possible audit.

- 3.1.5 Receive satisfactory supervised experience and training, as defined in the curriculum, in the field of geriatric psychiatry. If facilities are not available, alternative arrangements which provide equivalent experience may be submitted in advance for approval by the CMSA Senate or its Examinations and Credentials Committee.
- 3.1.6 Submit proof of satisfactory progress in exit-level outcomes as certified by the Head of Department or accredited geriatric psychiatry unit (see Appendices A and D).
- 3.2 On application to the CMSA Senate, exemption may be granted from part of the examination or certain requirements for those who present evidence of acceptable training and/or examination in one of the Colleges with which there is an arrangement or reciprocity.
- 3.3 The CMSA may accept from trainees part-time training of up to 50% of the training required for admission to the examination, provided the candidate submits evidence of prior approval by the HPCSA of a part-time training programme acceptable for sub-specialist registration.
- 3.4 Examinations must be passed within 2 years after completion of the training period. Re-certification will be required if the examination is not passed within this time. For part-time trainees (see 3.1.1.3 above: Examinations must be passed within the 4-year training period. Re-certification will be required if the examination is not passed within this time.
- 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 Psychiatry for a once off extension.
- 2.7 **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.

**4.0 FORMAT OF THE EXAMINATION**

The examination comprises two components, a written and a clinical section. The written examination must be passed in order to be eligible for the clinical examination. In general, the examination will stress clinical competence, but will be sufficiently searching to ensure that the successful candidate has the necessary scientific background upon which to base rational assessments and management strategies.

**4.1 WRITTEN EXAMINATION (30% of final examination mark)**

- 4.1.1 ONE written paper of 3 hours, comprising a minimum of four questions, the format of which may vary. Questions may be in the form of long essays, modified essay questions (MEQS) or MCQS
- 4.1.2 Candidates must write the paper at one single sitting of the examination of the Colleges of Medicine of South Africa
- 4.1.3 In order to *pass the written paper and be eligible for the clinical component* of the examination, a candidate must:
- achieve an average of 50% or more for the paper AND
  - achieve a minimum of 50% for THREE of the FOUR questions

**4.2 CLINICAL EXAMINATION (70% of final examination mark)**

- 4.2.1 Either: one long case and one short case OR up to four short cases or practical stations PLUS an oral examination; OR an OSCE which includes practical and oral stations
- 4.2.2 The practical component will be weighted 70% and the oral 30%
- 4.2.3 An average combined mark of 50% is required in the Clinical Examination in order to pass.
- |                          |                                   |
|--------------------------|-----------------------------------|
| (i) Clinical – Long case | 30% (sub-minimum of 50% required) |
| (ii) OSCE                | 40% (sub minimum of 50% required) |

A failure in the clinical long case with a mark of 45% - 49% may be compensated for by a mark of 60% or more in the OSCE.

**4.3 CRITERIA FOR PASSING THE EXAMINATION**

BOTH the written AND the combined Clinical examination must be passed separately as defined above, each with a mark of 50% or more.

**Note:**

A candidate must complete the examination no longer than 2 years after completion of subspecialist training. Re-certification will be required if the examination is not passed within 2 years of completion of training. Part-time trainees must have passed the exam within their 4-year training period.

**4.4 CRITERIA FOR FAILING THE EXAMINATION**

Failing the written component as defined above OR a failure (<50%) in the clinical long case without the necessary OSCE mark to compensate (as above) AND/OR (<50%) in the OSCE.

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

**GUIDELINES TO THE SYLLABUS FOR THE CERTIFICATE IN THE SUBSPECIALTY OF GERIATRIC PSYCHIATRY (SA)**

This document is meant as a guide to important topics, which candidates can expect to meet in the examinations. It does not, however, exclude a basic knowledge of other aspects of these subjects that may be relevant to geriatric psychiatry or recent advances that may follow the publishing of these guidelines.

**A1: EXIT-LEVEL OUTCOMES AND ASSOCIATED ASSESSMENT CRITERIA**

The assessment criteria are the criteria against which the candidate’s performance demonstrating the attainment of learning outcomes can be judged.

<b>EXIT – LEVEL OUTCOMES (knowledge, skills, values)</b>	<b>ASSOCIATED ASSESSMENT CRITERIA</b>
1.Critical cross-field outcomes (generic to all teaching and learning)	<ul style="list-style-type: none"> <li>• Satisfactory knowledge of the fundamental principles pertaining to geriatric psychiatry</li> <li>• Ability to link geriatric mental health theory to clinical practice</li> </ul>
2. General outcomes (contextually demonstrated general knowledge, skills and values of the programme)	<ul style="list-style-type: none"> <li>• Ability to function satisfactorily in the following settings :                             <ul style="list-style-type: none"> <li>▪ Assessments in accordance with the requirements of the Mental Health Act</li> <li>▪ Variety of civil needs and requirements</li> <li>▪ Writing of psychogeriatric reports and affidavits</li> <li>▪ Providing expert testimony in Psychogeriatric matters</li> <li>▪ Risk assessment and management of those at risk for violent behaviour or self-harm</li> <li>▪ Treatment and rehabilitation of state patients</li> <li>▪ Monitoring of mentally disordered patients in the community</li> </ul> </li> </ul>
3. Specific outcomes, including professional outcomes, contextually demonstrated	<ul style="list-style-type: none"> <li>• Ability to assess, diagnose, investigate and manage geriatric mental health problems</li> <li>• Knowledge of the basic neurosciences that are important in the assessment and management of geriatric cases</li> <li>• Knowledge and use of investigative modalities relevant to the field, insight into cost-effectiveness, and appropriate interpretation of findings in the geriatric context</li> <li>• Ability to provide assessments and manage geriatric cases. This will include documentary evidence of satisfactory supervised experience in:                             <ul style="list-style-type: none"> <li>▪ working in a multidisciplinary team for at least 100 hours</li> <li>▪ managing a state outpatient service</li> <li>▪ managing a state patient acute and chronic ward</li> </ul> </li> <li>• Ability to maintain good patient records, to develop and use meaningful data gathering systems (including costing data), and to meet all standard administrative requirements</li> <li>• Knowledge of relevant ethical, legal and policy requirements in geriatric practice</li> <li>• Ability to make sound judgements, and to be able to communicate with various stakeholders in the geriatric mental health services</li> <li>• Ability to competently manage state patients in respect of administrative, clinical, rehabilitative and ethical issues</li> <li>• Knowledge and use of geriatric assessment scales (clinical and actuarial eg MMSE, MOCA, ADAS, NPI, DAD, TRAILMAKING A&amp;B etc)</li> <li>• Ability to manage and rehabilitate mentally disordered patients with empathy and due regard to principles of good practice</li> <li>• Ability to provide leadership within the multidisciplinary team, to trainees, and to other relevant lay and professional groups</li> <li>• Professional and empathic attitude and approach at all times towards patients, carers, colleagues and allied health professionals.</li> </ul>

4. Lifelong learning and teaching	<ul style="list-style-type: none"> <li>• Ability to access and assess both new and familiar information critically, process it into a useful form and share it with health care and other colleagues at all levels in ongoing teaching activities.</li> <li>• Ability to communicate effectively in lectures, seminars, workshops, tutorials, journal clubs, and/or conferences, as well as in written for geriatric reports and correspondence</li> <li>• Adequate attendance of learning, teaching and supervision activities during training period</li> <li>• Ability to initiate planning and promotion of programmes for mental health education within a community context</li> </ul>
5. Research	<ul style="list-style-type: none"> <li>• Ability to identify areas in the field of geriatric psychiatry that require further research in order to extend and strengthen the knowledge base with particular reference to the South African situation</li> <li>• Ability to plan and carry out geriatric psychiatric research projects</li> <li>• Ability to critically evaluate current geriatric psychiatric research findings in order to practice “evidence based psychiatry”</li> </ul>

## A2: SYLLABUS AND TRAINING

### Objectives

Specialists in Geriatric Psychiatry have to be able to care for elderly with empathy, be able to distinguish between the manifestations of physiological ageing and the clinical manifestations of disease and the interplay of both. They need to care for the older person in a holistic manner, taking into account the psychological, social, financial and environmental circumstances.

Attention has to be devoted to the management of acute conditions as well as the long-term care of chronic diseases and disability and the impact of these on both patient and carer. Environmental manipulation, non-pharmacological interventions and the specific effects of medications and their interactions in the treatment of patients in Geriatric Psychiatry should be thoroughly understood.

The specialist in Geriatric Psychiatry needs to be able to function effectively within the framework of the interdisciplinary team and understand and respect the individual contributions and competencies of each member/organization. Communication with the patient, carer(s), health services and support organizations is an integral part of the range of skills of such a specialist.

In order to achieve the above-mentioned objectives, candidates have to acquire knowledge in the fields of study listed below by means of independent self-study, tutor-based training and the attendance at lectures/symposia/congresses, as well as the integration of the theoretical knowledge with practical training:

- 1.1 **The candidate should be conversant with the fundamental principles pertaining to Geriatric Psychiatry:**
  - 1.1.1 Basic terminology
  - 1.1.2 Demography of elderly persons (national and international ) and the factors that influence it
  - 1.1.3 Principles and theories of ageing, with emphasis on neuro-ageing
  - 1.1.4 Physiological and psychological aspects of ageing and their contribution to the medical and psychiatric presentation of clinical syndromes and diseases
  - 1.1.5 (a) The applied management of acutely and chronically ill elderly (including placement).  
(b) The applied evaluation of the level of functioning of the older person  
(c) The concepts of frailty, disability, terminal care and bereavement, as applicable to the field of Geriatric Psychiatry.
  - 1.1.6 Ethical principles involved in the care of elderly individuals.
- 1.2 **The candidate should demonstrate competence in the assessment of the elderly patient including:**
  - 1.2.1 History taking
  - 1.2.2 Collating collateral information
  - 1.2.3 Mental State Examination
  - 1.2.4 Neuropsychological Assessment
  - 1.2.5 Physical Examination
  - 1.2.6 Recognition of neuropsychiatric syndromes (NPS) or other conditions
  - 1.2.7 Special Investigations – Medical
  - 1.2.8 Special Investigations – Psychiatric
  - 1.2.9 Formulation of presenting problem

- 1.3 **The candidate will demonstrate advanced knowledge of the psychiatric disorders specific to the elderly including:**
  - 1.3.1 Presenting signs and symptoms
  - 1.3.2 Disease entities and syndromes such as:
    - 1.3.2.1 Delirium
    - 1.3.2.2 Dementia/Frontal release phenomenon
    - 1.3.2.3 Other relevant neuropsychiatry disorders
    - 1.3.2.4 Paraphrenia
    - 1.3.2.5 Schizophrenia (“Graduates”) and Other psychotic disorders
    - 1.3.2.6 Affective, anxiety and other disorders (“Graduates” as well as *de novo*)
    - 1.3.2.7 Senile Squalor syndrome/hoarding
    - 1.3.2.8 Substance abuse and dependence in the older person
    - 1.3.2.9 HIV
  - 1.3.3 Interrelationship between medical conditions and psychiatric disorders
  - 1.3.4 Diagnosis and differential diagnoses
  - 1.3.5 International disease classification systems (DSM 5 or later edition; ICD 10 or later edition; other classification systems)
- 1.4 **The candidate will demonstrate advanced technical and procedural skills required for the independent practice of Geriatric Psychiatry**
  - 1.4.1 This includes knowledge of psychometric assessment, neuroimaging and liaison with colleagues.
- 1.5 **The candidate will have sound knowledge of, and application of this knowledge in the emergency treatment and management of the psychogeriatric patient, including:**
  - 1.5.1 Treatment principles
  - 1.5.2 Action of commonly utilized medications, their side-effects and interaction with other medications
  - 1.5.3 Long-term consequences of different treatment modalities
  - 1.5.4 Effects of non-pharmacological and environmental interventions
- 1.6 **The candidate will have sound knowledge of the Ethics, Laws and Regulations pertaining to the care of the elderly, including:**
  - 1.6.1 Mental Health Care Act
  - 1.6.2 The Older Person’s Act
  - 1.6.3 Medico-legal Issues (wills, curatorship and powers of attorney, driving and firearms, consent, capacity and competence)
  - 1.6.4 Elder Abuse and Neglect
  - 1.6.5 Ethics as applicable to the elderly, including research
- 1.7 **The candidate should have a sound knowledge of the key entities impacting on the elderly patient and should be able to formulate a care plan involving these, including:**
  - 1.7.1 Caregivers
  - 1.7.2 Other family members
  - 1.7.3 Health Services Liaison
  - 1.7.4 Public benefit organisations (PBO) and support services
- 1.8 **The candidate will demonstrate leadership and a deep understanding of the multidisciplinary team model**
- 1.9 **The candidate will be competent in those facets of outreach in which knowledge of Geriatric Psychiatry is disseminated:**
  - 1.9.1 Counselling to PBOs and Old Age Homes
  - 1.9.2 Tutorials and lectures to the public and allied medical professions
  - 1.9.3 Publishing of refereed and non-refereed national and international articles
  - 1.9.4 Media management
- 1.10 **The candidate will demonstrate familiarity with the research literature and state of research on the subject of Geriatric Psychiatry, and will have the ability to critically evaluate, interpret and apply the relevant literature**

- 1.11 **The candidate will develop the inclination and ability to be an independent learner and will have accepted the responsibility for lifelong continuous professional development**
- 1.12 **The candidate will demonstrate the ability to interact and engage in constructive debate with peers**
- 1.13 **Candidates will be able to demonstrate competency in the leadership, training and support of general clinical staff**

**A3: RECOMMENDED READING**

1. Denning T, Thomas A. Oxford Textbook of Old Age Psychiatry. (2<sup>nd</sup> Edition) Oxford: Oxford University Press.2013
2. Hodges JR. Cognitive Assessment for Clinicians. (2<sup>nd</sup> Edition) Oxford: Oxford University Press, 2007.
3. Coffey CE and Cummings JL (Eds). Textbook of Geriatric Neuropsychiatry. Washington: American Psychiatric Publishing, 2011.
4. Lewis R. Human Genetics – Concepts and Applications. McGraw-Hill International Edition, 2012.
5. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders (5<sup>th</sup> Edition). Washington DC: American Psychiatric Association, 2013.
6. Kaliski, S. (Ed.). *Psycholegal assessment in South Africa*. Oxford: Oxford University Press. 2006.
7. Gauthier S and Rosa-Neto P. (Eds.) Case Studies in Dementia – Common and Uncommon Presentations. Cambridge: Cambridge University Press. 2011.

**Additional Reading**

1. Beauchamp and Childress. Principles of Biomedical Ethics (7<sup>th</sup> Edition).Oxford: Oxford University Press. 2013
2. Lishman's Organic Psychiatry: A Textbook of Neuropsychiatry, Fourth Edition Anthony S. David, Simon Fleminger, Michael D. Kopelman, Simon Lovestone and John D.C. Mellers © 2009 Anthony David, Simon Fleminger, Michael Kopelman, Simon Lovestone, John Mellers and William A Lishman ISBN: 978-1-405-11860-6.

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

**CERTIFICATE OF TRAINING IN GERIATRIC PSYCHIATRY**

The certificate of training must be submitted on application to write the Certificate in Geriatric Psychiatry(SA) examination. All sections must be signed off by the supervising geriatric psychiatrist and the Head of Department

**NAME:** .....

**INSTITUTION:** .....

**SUBSPECIALTY TRAINING TIME:** .....

**DATE OF COMMENCEMENT:** .....

**DATE OF COMPLETION:** .....

This candidate has had satisfactory experience and is competent to write the Certificate in Geriatric Psychiatry(SA) examination.

.....  
**HOD OR DELEGATE**

.....  
**DATE**



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

**PORTFOLIO OF LEARNING**  
*(Website link)*

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

**GUIDELINES FOR CANDIDATES**

*(Website link to be inserted for the guidelines, appeals mechanism and CMSA booklet)*

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

**CMSA EXAMINATIONS GUIDELINES**

*(Website link)*

**JOHANNESBURG**  
**November 2017**