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JOHANNESBURG
ACADEMIC OFFICE

February 2016

THE COLLEGE OF PAEDIATRICIANS 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

NEPHROLOGY

Cert Nephrology(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 the institution/programme in which he or she trained indicating satisfactory completion of all training requirements

2.4 submission of a satisfactorily completed Portfolio

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

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A P P E N D I X A

1.0 SYLLABUS AND TRAINING (all specifically related to Paediatric Nephrology)

1.1 Objectives:

Training of Paediatric Nephrologists to deal specifically with paediatric renal conditions in a South African setting both for inpatient and outpatient situations, BUT also with a sound knowledge of the following:

1.1.1 Genetics related to the kidneys urinary tract
1.1.2 Embryology of the kidneys and urinary tract
1.1.3 Anatomy and histology, and
1.1.4 Molecular biology and physiology of the kidneys and urinary tract in the neonate and older child.
1.1.5 Immaturity and maturation of renal function of the neonate
1.1.6 Long-term consequences of intrauterine growth restriction on kidney function, cardiovascular and endocrine systems.

1.2 Comprehensive approach to Specific Paediatric Renal Problems:

1.2.1 Issues related to paediatric urinary tract infections including diagnosis, investigation and management, including evidenced based knowledge on role of imaging investigations and of urinary prophylaxis.
1.2.2 Investigation and management of nephrotic syndrome, including minimal change disease, focal segmental glomerulosclerosis, membranous nephropathy and mesangio-capillary glomerulonephritis, congenital nephrotic syndrome HIV nephropathy and related nephrological problems and its management.
1.2.3 Approach to other forms of glomerulonephritis, particularly with a dominant nephritic presentation and including post-infectious nephritis, Henoch Schonlein and IgA nephropathy, and hereditary nephropathy. Also an approach to intermittent and persistent haematuria.
1.2.4 Principles of management of acute kidney injury including AKI due to shock, sepsis, multi-organ failure (delete including), post-operative cardiac surgery, tumour lysis syndrome and drug related causes.
1.2.5 Causes, investigation, complications and management of chronic kidney disease
1.2.6 Antenatal renal problems – diagnosis, acute and long term management thereof
1.2.7 Approach to congenital renal problems including paediatric urologic problems – eg vesico-ureteric reflux, posterior urethral valves, pelvi-ureteric junction obstruction, urogenital problems associated with anorectal malformations.
1.2.8 Principles of imaging of renal tract including ultrasound, cystourethrograms, CT scans and nuclear medicine studies
1.2.9 Diagnosis and management of kidney disease associated with microangiopathies (Typical haemolytic uraemic syndrome, atypical HUS and thrombotic thrombocytopaenic purpura)
1.2.10 Molecular genetics of hypophosphataemic rickets and metabolic bone disease associated with chronic kidney disease
1.2.11 Paediatric hypertension – etiology, investigation and management of hypertension in children including management of essential hypertension in older children and adolescents.
1.2.12 Approach to small and large vessel vasculitis (eg Henoch Schőnlein Pupura, polyarteritis nodosa, Takayasu's disease)
1.2.13 Diagnosis, investigation and management of wetting disorders / disorders of micturition in children.
1.2.14 Understanding of genetics, pathophysiology and treatment of autoimmune diseases involving kidney such as systemic lupus erythematosis
1.2.15 Renal tubular diseases including nephrogenic diabetes insipidus, renal tubular acidosis, cystic diseases of the kidney/s and causes of phosphoglucoaminoaciduria
1.2.16 Renal support to other specialties eg paediatric cardiology, endocrinology and oncology.
1.2.17 Kidney disorders of adolescents, including life style related diseases eg obesity, essential hypertension and metabolic syndrome
1.2.18 Principles of paediatric dialysis including peritoneal, haemodialysis and haemofiltration.
1.2.19 Basic knowledge of renal transplantation including interpretation of histocompatibility investigations, management of immunosuppression and are of post kidney transplant recipient

1.2.20 Pharmacokinetic, and pharmacodynamic principles in children with respect to normal and impaired renal function.
1.2.21 Ethical issues and resource allocation
1.2.22 Fluid and electrolytes in children, with sound understanding of disorders of water, sodium, potassium, calcium, phosphate, magnesium and acid-base balance
1.2.23 Knowledge of investigation and management of voiding dysfunction including neurogenic bladder associated with spina bifida or spinal lesions and non- neurogenic bladder disorders.
1.2.24 Approach to management and investigations of renal calculi and nephrocalcinosis, incl Hyperoxaluria
1.2.25 Approach to inherited renal diseases and appropiate use of genetic counselling, inc polycystic kidney disease, nephronophthisis, cystinosis
1.2.26 Investigationand management of renal cystic disease

1.3 **Specific Skills:**

1.3.1 Urinalysis
1.3.2 Interpretation of renal function tests,
1.3.3 Interpretation of radiologic, ultrasound, radio-isotopic and urodynamic studies of urinary tract
1.3.4 Renal biopsies – indications, performance and understanding of complications
1.3.5 Interpretation of basic renal histopathology
1.3.6 Commencement of dialysis – choosing most appropriate form and commencing paediatric peritoneal, haemodialysis and/or haemodiafiltration including appropriate access, fluid prescriptions and complications
1.3.7 Specific knowledge of monitoring growth and nutrition in children with renal disease
1.3.8 Understanding of importance of a multidisciplinary team and effect of chronic disease on the rest of the family
1.3.9 Ability to identify specific paediatric renal issues in a developing country together with effective use of resources

A P P E N D I X 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 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 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 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 provided by the College of Paediatricians (hereafter referred to as the "College").

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, 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…/

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 Whenever possible the same examiner should not be involved in a Certificate examination and a FC Paed (SA) Part II examination simultaneously.

5.11 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) A written component
b) 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 CLINICAL / ORAL / OSCE EXAMINATIONS

10.1 This examination will last NO LONGER THAN 3 hours (the recommended duration is 1–3 hours).

10.2 If the examination is longer than 1½ hours the candidate must be given a 15-minute break with refreshments.

10.3 This examination will consist of 5 'stations' and/or 3–5 'clinical scenarios. (Ideally, this examination should contain at least 5 'stations' and/or 3–5 'clinical scenarios).

10.4 The examination will be structured, balanced and similar for each candidate.

10.5 The language of the oral/OSCE/clinical examinations will follow College recommendations.

11.0…/

11.0 TIMING OF ORAL/OSCE/CLINICAL EXAMINATIONS

11.1 The examination will be held in the same week as the FC Paed(SA) Part II clinical examination.
11.2 Exceptions will be by written motivation to the College.

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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