



**JOHANNESBURG
ACADEMIC OFFICE**

CMSA

The Colleges of Medicine of South Africa NPC

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R E G U L A T I O N S

FOR ADMISSION TO THE DIPLOMA IN GERIATRIC MEDICINE OF

THE COLLEGE OF PHYSICIANS OF SOUTH AFRICA

DGM(SA)

1.0 SCOPE AND OBJECTIVES/ADMISSION TO THE EXAMINATION

- 1.1 The purpose of the DGM(SA) is to encourage postgraduate training in the field of Geriatric Medicine and to improve the standards of care of older patients in rural and urban communities. It is aimed primarily at doctors who wish to improve their basic clinical skills and competence in the evaluation and management of older persons.
- 1.2 The Diploma is intended for general practitioners, and medical officers working with older persons from all disciplines within medicine.

2.0 QUALIFICATION

- 2.1 In order to qualify to write the examination the applicant must be registered with the Health Professions Council of South Africa as a medical practitioner.
- 2.2 Foreign graduates whose qualifications are recognised by the Health Professions Council of South Africa are eligible to write the examination.

2.3 Education and Training

Currently the candidates will be required to manage their own training; however, a number of training initiatives are in development. Some academic centres in South Africa convene a course of lectures and clinical demonstrations on aspects of the curriculum on a part-time basis. These training initiatives are independent of the CMSA and therefore the CMSA cannot be held responsible for the quality of these training programs.

3.0 ADMISSION TO THE EXAMINATION (to be read in conjunction with the Instructions)

3.1 Qualification

- 3.1.1 The candidate must for two years have held a qualification to practice medicine which is registered with the Health Professions Council of South Africa.
- 3.1.2 The CMSA Senate, 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
- 3.1.3 A completed portfolio and logbook (obtainable from the CMSA) is required to substantiate credit points claimed, to the full value of 1000 points

3.2 Education and Training

Within the three years preceding the examination, the candidate will have to satisfactorily complete the following training components:

- Completion of a course covering the basic Geriatric Diploma curriculum (appendix A).
- Portfolio or case studies
- Practical course in comprehensive Geriatric Assessment with certified competency (appendix E)
- Accumulated 1000 credit points in the log book comprising the following 3 categories:

3.2.1 Supervised training (Earns full 1000 points)

3.2.1.1 Certified post-internship fulltime, or sessional supervised training in a geriatric medicine unit at a teaching or CMSA-approved hospital at a rate of 1 credit point per hour, to a maximum of 170 points per continuous month (6 months fulltime is sufficient)

3.2.1.2 A logbook of training experience must be kept including record of theoretical training under 3.2.3

3.2.2 Unsupervised experience (Earns a maximum of 600 points)

3.2.2.1 Fulltime general/primary care/non-specialist practice or experience in non-CMSA-approved hospitals/including old age residential facilities which embrace aspects of geriatric medicine care at the rate of 250 points per annum, or 20 points per continuous month

3.2.2.2 Part-time general/primary care/non-specialist practice or experience in non-CMSA-approved hospitals which embrace aspects of geriatric medicine care at a rate of 0.125 point per hour, provided that no credit will be granted for part-time practice of less than 45 hours per continuous month

3.2.2.3 Unsupervised experience will attract a maximum of 600 credit points, which must be claimed by affidavit in the logbook

3.2.2.4 Credit points claimed in terms of 3.2.2 (Unsupervised experience) will be awarded only if claimed in conjunction with a minimum of 400 credit points awarded under 3.2.3 (Theoretical education/training)

3.2.3 Theoretical education/training (Earns 400 points to complement 3.2.2 of unsupervised experience)

3.2.3.1 Credit points in sections 3.2.3.1.1 to 3.2.3.1.4 will be awarded at the rate of 5 points per hour, only if recorded in the logbook available for this purpose from the CMSA, certified by either the presenter or the organiser of the ward round, course, conference, congress, lecture, or symposium, and declared as correct by the candidate

3.2.3.1.1 Teaching ward rounds, mortality/morbidity meetings, patient presentations in Geriatric Medicine at a recognised hospital

3.2.3.1.2 Formal courses, congresses or conferences in Geriatric Medicine care

3.2.3.1.3 Formal lectures or symposia in Geriatric Medicine care

3.2.3.1.4 Formal consultations in Geriatric Medicine with a registered specialist

3.2.3.1.5 Relevant research publications in reputable journals

3.2.3.2 In section 3.2.3.1.5 credit may be awarded to a maximum of 100 points at 50 points per acceptable publication. The decision of the CMSA with regard to acceptability of publications offered will be final

3.2.3.3 A maximum of 400 credit points may be claimed in the logbook for theoretical education/training

3.3 Portfolio (pertains to all candidates)- this requires completion of 5 case studies in each of the major syndromes in geriatric medicine, namely: dementia, delirium urinary/fecal incontinence, iatrogenesis, and falls/immobility. Case studies must demonstrate a comprehensive geriatric assessment and management approach and include a discussion supporting management choices made. The candidates affiliated training unit head will certify that the portfolio is satisfactorily completed.

3.4 The course covering the basic curriculum will be via distance learning or run by an academically accredited Geriatric Training units. The practical course in Comprehensive Geriatric Assessment with will also be under the auspices of an accredited Geriatric Training unit (Appendix C).

4.0 SYLLABUS OF THE EXAMINATION

- 4.1 The syllabus provides the candidate with the knowledge necessary to adequately diagnose and manage older persons (Appendix A). Please note that this syllabus is a guideline and other items may be included in the examination

5.0 CONDUCT OF THE EXAMINATION

- 5.1 Examinations will be held once a year in centres approved by the CMSA. While applicants of all disciplines are permitted to write the examination, questions will be multi-disciplinary

5.2 Written Examination

The examination will consist of two papers, three hours each, one with multiple choice questions/OSCE and one with short essay-type questions and clinical vignettes

5.2.1 Candidates must obtain a subminimum of 45% for each paper

5.2.2 Candidates must obtain an overall average of 50% to pass the examination

6.0 ADMISSION AS A DIPLOMATE

6.1 The candidate having passed the examination and having been admitted as a Diplomate in Geriatric Medicine of the College of Physicians of South Africa, will be asked to sign a declaration, as under:

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, Diplomate or Commissioner of Oaths)

6.2 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 Diploma

6.3 A Diplomate shall be entitled to the appropriate form of certificate under the seal of the CMSA

6.4 In the event of a candidate not being awarded the Diploma (after having passed the examination) the examination fee shall be refunded in full

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

APPENDIX A

1.0 CURRICULUM FOR THE DGM(SA) SA)

1.1 Basic concepts: Gerontology and Geriatrics

- 1.1.1 Basic Concepts in population demographics
 - Population trends in Africa and South Africa specifically
 - Demographic Determinants and Consequences
- 1.1.2 Basic concepts of Social Gerontology
 - Socio-cultural changes and their impact
 - Social security systems including social pensions and care grants
 - Sexuality in the elderly
 - Older persons rights
 - Team approach to management of older persons
- 1.1.3 Theories and biology of ageing
- 1.1.4 Introduction to Geriatrics
 - Concept of healthy ageing and disease prevention
 - Ageing and disease
 - Principles of rehabilitation
 - Principles of assessment
 - Care settings/requirements including: acute, sub acute/rehabilitation, long term, institutional, and respite.
 - Support service for older persons

1.2 Geriatrics

- 1.2.1 Physiological changes and homeostasis
 - Includes changes in body composition, organ-based changes and reasons for atypical presentation of diseases.
- 1.2.2 Geriatric syndromes: including falls, immobility, syncope, incontinence, frailty, insomnia, self-neglect, cognitive impairment, and iatrogenesis.
- 1.2.3 Specific disease spectrum in older persons
 - Delirium/dementia/depression/psychosis
 - Neurological diseases: Parkinson's, essential tremor, stroke syndromes
 - Cardiovascular diseases: hypertension, ischaemic heart disease, cardiac arrhythmias, valvular heart disease.
 - Metabolic disease: diabetes mellitus; hypo-and hyper-thyroidism, calcium metabolism including parathyroid dysfunction
 - Respiratory diseases: COPD, asthma, respiratory tract infections, aspiration
 - Rheumatology/orthopaedics: Inflammatory arthritis; gout, osteoarthritis, polymyalgia rheumatica and giant cell arteritis, osteoporosis (including management of fragility fractures)
 - Hematological diseases: anaemia
 - Electrolyte disturbances: hyponatraemia
 - Genitourinary: urinary incontinence, prostatic hypertrophy and cancer, atrophic vaginitis
 - Gastroenterology: peptic ulcer disease, gastro-intestinal bleeding, constipation, swallowing problems, oral problems
 - Hepatobiliary diseases: gall stones, malignancy
 - Dermatological: pressure ulcers, leg ulcers, pruritis, dermatitis and skin neoplasms
 - Infections and immunosenescence: influenza, Herpes Zoster, tuberculosis, urinary tract infections, HIV IAIDS
 - Sensory (vision and hearing) and dental assessment.
 - Chronic pain
 - Nutrition and weight loss
 - Peri-operative assessment and post hospital discharge management

1.3 Assessment and Management of a Geriatric Patient

- Comprehensive geriatric assessment
- Functional assessment
- Cognitive assessment
- Mood assessment
- Interpretation of laboratory investigations
- Nutritional assessment
- Pharmacotherapy
- Restorative rehabilitation and assisted devices
- Palliative care and end of life issues
- Legal and ethical issues
- Screening and prophylaxis
- Carer assessment
- Elder abuse/neglect

APPENDIX B

1.0 RECOMMENDED READING/RESOURCES

- Essentials of Clinical Geriatrics, latest edition.- Kane RK, OuslanderCS, Abrass IB.
Publishers: The McGraw-Hill Companies
- Current Geriatric Diagnosis and Treatment- Landefeld CS, Palmer RM, Johnson MA.
Publishers: The McGraw-Hill Companies
- Geriatric Secrets, Forciea MA, Lavizzo-Mourey R, Schwab E. Publishers: Hanley and Belfus
- Lecture notes in Geriatrics. Coni, Webster, Nicholl. Blackwell publishers
- Oxford Handbook of Geriatric Medicine. Bowker, Price, Smith. Publishers: Oxford University Press
- Relevant review articles published in the South African Journal of Continuing Medical Education (CME)

A P P E N D I X C**1.0 RECOGNISED TRAINING CENTERS FOR GERIATRIC MEDICINE IN SOUTH AFRICA**

- University of Kwa-Zulu Natal-Inkosi Albert Luthuli and King Edward VII Hospitals
- University of Cape Town- Groote Schuur Hospital
- University of Stellenbosch- Tygerberg Hospital
- University of the Witwatersrand- Helen Joseph Hospital and Wits Donald Gordon Medical Centre
- University of the Free State - Universitas Hospital

A P P E N D I X D**1.0 GUIDELINES FOR PORTFOLIO COMPLETION**

Case studies must demonstrate a comprehensive geriatric assessment and management approach and include a discussion supporting management choices made. liaison with other professions should form part of the management where applicable.

APPENDIX E

1.0 Core competencies for practical course component for Diploma in Geriatric Medicine

These are the required competencies for institutional sign off of a candidate in the diploma.

- Functional status assessment – basic and instrumental activities of daily living
- Cognitive assessment – including: mini-mental state examination, mini-cog, clock drawing test, trail making test A and B, verbal fluency assessment, Maze testing, verbal word list learning. Optional Montreal cognitive assessment test (MOCA).
- Assessment of mood and behavioural problems – abbreviated neuropsychiatric index, geriatric depression scale (short form).
- Mobility assessment – including: balance, gait, fall risk, and osteoporosis /bone health. Includes use of Timed up and Go test.
- Clinical assessment of frailty.
- Nutritional assessment – mini-nutritional assessment.
- Home safety assessment/checklist
- Cardiovascular risk assessment and management – including BP, atrial fibrillation, cholesterol and diabetes.
- Driving safety assessment
- Pre-operative risk assessment and optimisation
- Formulation of a problem list
- Preventive strategy implementation – including: vaccination, cancer screening (mammography, DEXA, colonoscopy, PSA), alcohol, smoking and seat belt use.
- Medication review and rationalisation.
- Assessment of elder abuse
- Evaluation of carer stress and burnout.