



CMSA

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JOHANNESBURG
ACADEMIC OFFICE

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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**

CERTIFICATE IN THE SUB-SPECIALITY

IN

GERIATRICS

Cert Geriatric Medicine(SA)

1.0 EXIT LEVEL OUTCOMES

- 1.1 The candidate who passes these examinations must be able to fulfil the role of a specialist geriatrician in the medical and academic communities, and in society at large.
- 1.2 Central to these examinations is their licensing function: persons awarded the Cert Geriatric Medicine(SA) who, in addition, fulfil the other requirements of the Medical, Dental and Supplementary Health Services Act may register and practise as specialist geriatricians in terms of the Act.
- 1.3 The following paragraphs briefly outline the range of competencies that can be expected of the specialist geriatrician. In the care of the older patient the specialist geriatrician. should be competent to:
 - 1.3.1 Demonstrate empathy and respect for the patient and his/her right to autonomy
 - 1.3.2 Understand the physiological changes of ageing and be able differentiate these changes from disease
 - 1.3.3 Understand the effect of impaired homeostasis and stress in the elderly
 - 1.3.4 Adopt a holistic patient centred approach to the physiological, psychological and social needs of the patient
 - 1.3.5 Perform the Comprehensive Geriatric Assessment to identify preventable causes of disease and implement strategies to promote individual health
 - 1.3.6 Diagnose and manage acute and chronic medical, social and functional problems in the elderly.
 - 1.3.7 Apply the principles of Evidence Based Medicine in clinical practice.
 - 1.3.8 Initiate preventative and restorative rehabilitation as part of the management to maintain quality of life
 - 1.3.9 Develop and evaluate an appropriate strategy for discharge planning
 - 1.3.10 Function in a multidisciplinary team and be able to communicate with other allied health care professionals, the patient and carers in verbal and written form.
 - 1.3.11 Educate and counsel patients and their carers regarding their clinical problems
 - 1.3.12 Understand the role of long term care and the requirements for the provision thereof
 - 1.3.13 Understand core geriatric services in district, regional and tertiary hospitals.
 - 1.3.14 Engage in continuing professional development activities and demonstrate competence as a trainer at all levels.
 - 1.3.15 Understand the special needs of the elderly in the acute care setting and have the ability to formulate a management plan to avoid hospital-associated deconditioning.

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 with the Health Professions Council of South Africa.
- 2.2 The duration of full-time training is 24 months. Certification of having completed at least eighteen months as a subspecialty trainee in accredited specialist department(s)/division(s)/unit(s) of geriatrics, registered and approved by the Health Professions Council of South Africa is a prerequisite for admission to the examination.
- 2.3 Training is valid for a period of three (3) 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.
- 2.4 Submission of the completed prescribed portfolio, which has been certified by the head(s) of the department(s)/division(s)/unit(s) in which the candidate trained.
- 2.5 A written report/written reports from the head/s of the institution/s in which he or she trained.
- 2.6 The CMSA may accept part-time training from specialists who have completed 3 years in a teaching hospital including 1 year full-time training in a registered training centre, provided the candidate submits evidence of prior approval by the Health Professions Council of South Africa of a part-time training programme acceptable for sub-specialist registration
- 2.7 The CMSA Senate, through its Examinations and Credentials Committee, will review every application for admission to the examination, and may also consider the professional and ethical standing of the candidate

3.0 GUIDELINES FOR PREPARATION FOR THE EXAMINATION**3.1 Training objectives**

Candidates preparing for the examination are advised to pay particular attention to the following aspects of training and professional development.

3.1.1 Knowledge:

- 3.1.1.1 Demography of elderly persons (national and international) as well as the factors that affect it.
- 3.1.1.2 The theories and biology of ageing.
- 3.1.1.3 The physiology and pathology of ageing and their impact on the clinical presentation and management of diseases, including pharmacotherapy.
- 3.1.1.4 The psychological response of the older persons to the ageing process.
- 3.1.1.5 The functional assessment of the elderly including:
 - (a) The concepts of frailty, impairment disability and handicap
 - (b) Functional evaluation of the elderly person and the handling of diminished ability.
 - (c) The use of aids and appliances
 - (d) Environmental adaptations, including housing
 - (e) Preventative and restorative rehabilitation.
- 3.1.1.6 The legislation and regulations in the Republic of South Africa that govern care of the elderly including testamentary capacity, court of protection, guardianship, section 47 of the National Assembly Act, the Mental Health Act and the Older Person's Act (Act 13 of 2006).
- 3.1.1.7 Ethical principles of care including
 - (a) Cardio-pulmonary resuscitation
 - (b) Advanced directives
 - (c) Society and ageism
 - (d) Principles of palliative care
 - (e) Elder abuse
- 3.1.1.8 Epidemiology, statistical analyses and research methodology.
- 3.1.1.9 An Evidence Based Approach to clinical practice

- 3.1.2 **Skills**
- 3.1.2.1 Clinical
- 3.1.2.1.1 Comprehensive Geriatric Assessment
- 3.1.2.1.2 Interpretation of laboratory and other investigatory data in the elderly
- 3.1.2.2 Communication:
- 3.1.2.2.1 oral: appropriate to patients, public, health care workers, academic audiences
- 3.1.2.2.2 written: record keeping, referral letters, medical reports, academic writing
- 3.1.2.3 Research: initiate and perform clinical and basic research with reference to the elderly
- 3.1.2.4 Teaching and training:
- 3.1.2.4.1 Formulate and implement training programs to educate patients, carers and communities
- 3.1.2.4.2 Teaching and training of undergraduate and postgraduate medical students and other health professionals
- 3.1.3 **Professional behaviour and personal attributes:**
- 3.1.3.1 Respect for the rights and values of older persons; treat everyone with dignity
- 3.1.3.2 Discipline and insight to continue learning to maintain clinical competence
- 3.1.3.3 Dedication to serving the interests of patients at all times
- 3.1.3.4 Be an advocate for the rights of the elderly
- 3.1.3.5 Promotion of justice and equity in the health care system
- 3.1.3.6 Maintenance of integrity and honesty in professional practise

3.2. **Core Curriculum:** (Appendix A)

In order to assist candidates preparing for the examination, a core curriculum has been outlined. While this is not intended to serve as an exhaustive list of all medical conditions likely to be encountered by the specialist geriatrician in practise in South Africa, the listed conditions have been grouped according to systems and prioritised to emphasise those conditions where comprehensive care is the expected norm

3.2.1 **Geriatric Syndromes and cardinal manifestations of disease:**

The lists of common Geriatric Syndromes and cardinal manifestations of disease are not restricted to disease of one organ system, since a broad differential diagnosis usually needs to be considered. Candidates presenting for the examination are expected to have developed a clinical approach to all these fundamental manifestations of illness and to:

- 3.2.1.1 Define the clinical problems and formulate a differential diagnosis
- 3.2.1.2 Select appropriate investigations in order to make a final diagnosis
- 3.2.1.3 Interpret the results of the investigations
- 3.2.1.4 Institute appropriate management

3.2.2 **Specific Diseases:**

These are common medical conditions encountered in the elderly in South African medical practise. Candidates should be able to recognise, diagnose and provide comprehensive care for these conditions. Candidates are expected to:

- 3.2.2.1 Recognise the clinical presentation
- 3.2.2.2 Demonstrate a good understanding of aetiological risk factors
- 3.2.2.3 Demonstrate a good understanding of pathophysiological mechanisms
- 3.2.2.4 Select, perform as needed, and interpret appropriate investigations
- 3.2.2.5 Formulate a comprehensive treatment plan, including emergency, acute and long term care and preventative and restorative rehabilitation
- 3.2.2.6 Demonstrate a good understanding of the natural history and long term complications of the condition
- 3.2.2.7 Recognise indications for referral for further specialised care
- 3.2.2.8 Demonstrate a good understanding of therapeutic interventions appropriate to the condition and the limitations and complications in the elderly

3.3 **Recommended reading:** (See Appendix B)

4.0 FORMAT OF THE EXAMINATION

4.1 EDUCATIONAL SUPERVISOR

The Supervisor of the training-programme/trainee must be registered with the Health Professions Council of South Africa in the sub-speciality of Geriatrics, be based at a registered training unit/department and will be responsible for the structuring of the training program. This program will have to fulfil the requirements set by the South African Geriatric Society for sub-speciality training in Geriatrics.

4.2 TRAINING RECORD (PORTFOLIO)

A portfolio must be kept, and in this a written record of training will be maintained by the trainee in a form reflecting the required training as outlined in Appendix A, to be countersigned by the Educational Supervisor and trainee at each evaluation. It will remain the property of the trainee and must be produced at each assessment. It will contain details of training requirements and competencies to be achieved within the context of the broad curriculum outlined in Appendix A.

This portfolio must be submitted to the CMSA, at the time of applying for admission to the examination.

4.3 FINAL EVALUATION/EXAMINATION

Formal evaluation/examination of trainees will be an examination under the auspices of the CMSA, which will be held twice a year and which may be taken after a minimum training period of 18 months. There will be at least four examiners, of which at least two will be registered Geriatricians and the others General Internal Medicine Specialists or subspecialists with an interest in Geriatric Medicine. At least two of the examiners will be from centres other than that of the candidate.

4.3.1 One written paper on the principles and practice of geriatrics, including applied basic sciences, diagnosis and treatment (3 hours). Emphasis will be on short answers.

4.3.2 Paper Objective test: (3 hours) The candidate will be presented with results or examples of completed cognitive tests, assessment tools, and investigations widely used in geriatric practice and asked to interpret these results in terms of diagnosis or management.

5.0 CONDUCT OF THE EXAMINATION

5.1 The examiners will submit their assessments in percentages for both the written and the objective examination.

5.2 In order to pass the examination, candidates must obtain:

- 50% or more in each of the written paper and objective test

5.3 There is no oral examination

6.0 ADMISSION AS A CERTIFICANT

6.1 The candidate having passed the examination and having been admitted as a Certificant in Geriatrics 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 objectives 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 Certificate

6.3 A Certificant 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 Certificate (after having passed the examination) examination fee shall be refunded in full

APPENDIX A

1.0 CORE CURRICULUM

1.1 MAJOR GERIATRIC SYNDROMES

- Dementia, Delirium, depression and acute psychosis
- Falls, instability and immobility
- Incontinence and pressure ulcers
- Failure to thrive and malnutrition
- Frailty
- Syncope and dizziness
- Iatrogenesis
- Pre and post-surgical assessment
- Pain management
- Functional assessment and maintenance
- Sensory impairment

1.2 SPECIFIC DISEASES

Although attention is devoted to the whole field of Internal Medicine in as far as it applies to elderly persons, specific emphasis must be laid on the following conditions:

1.3 CARDIOVASCULAR SYSTEM:

- Degenerative disease of cardiovascular system and their complications
- Ischaemic heart disease in an elderly patient
- Systolic and diastolic heart failure
- Arrhythmias
- Hypertension
- Valvular heart disease
- Postural hypotension
- Peripheral vascular disease
- Cor pulmonale and other causes of pulmonary hypertension

1.4 RESPIRATORY SYSTEM:

- Obstructive pulmonary disease
- Restrictive lung disease
- Respiratory failure
- Pulmonary thromboembolic disease
- Sleep apnoea
- Respiratory infections

1.5 MUSCULO-SKELETAL DISORDERS

- Inflammatory arthritides
- Osteoarthritis
- Osteoporosis and metabolic bone diseases
- Paget's disease
- Sarcopaenia
- Polymyalgia rheumatica and giant cell arteritis
- Septic arthritis and osteomyelitis
- Fractures: care and rehabilitation, including orthogeriatric care models

1.6 NEUROLOGICAL DISEASES

- Cerebro-vascular accidents including stroke unit care models
- Degenerative brain diseases
- Parkinson's disease and related diseases
- Dementia and delirium

1.7 ENDOCRINE DISORDERS

- Electrolyte abnormalities
- Diabetes Mellitus
- Disorders of the thyroid gland
- Disorders of the parathyroid gland
- Obesity
- Hormone Replacement Therapy

1.8 RENAL AND UROLOGICAL CONDITIONS

- Prostatism
- Urinary tract infections
- Nephrolithiasis
- Sexual dysfunction
- Haematuria
- Renal failure

1.9 GYNAECOLOGICAL ABNORMALITIES

- Prolapse
- Vaginal bleeding
- Atrophic vaginitis

1.10 OPHTHALMOLOGICAL ASPECTS.

- Glaucoma
- Retinal degenerative diseases
- Cataract

1.11 NUTRITIONAL-DEFICIENCIES

- Protein malnutrition
- General malnutrition
- Vitamin deficiencies

1.12 GASTROINTESTINAL DISORDERS.

- Gastro-Oesophageal Reflux Disease
- Peptic ulcers
- Diverticular disease
- Malignancy of the colon
- Motility disorders
- Faecal incontinence
- Liver diseases
- Cholelithiasis

1.13 SKIN CONDITIONS

- Pressure ulcers
- Herpes Zoster
- Scabies
- Skin cancer
- Fungal infections
- Disorders of the nails
- Age-associated skin changes

1.14 PSYCHIATRIC CONDITIONS.

- Delirium
- Depression
- Dementia
- Psychosis
- Sleep disturbances
- Anxiety
- Bereavement reaction
- Alcohol dependence and other substance abuse
- Elder abuse

1.15 HAEMATOLOGICAL ASPECTS

- Anaemia
- Bleeding and clotting disorders
- Anticoagulation
- Myelodysplastic syndromes

1.16 THERAPEUTICS

- Pharmacokinetics and pharmacodynamics
- Pain management
- Rational antibiotic use
- Polypharmacy
- Drug – drug interactions
- Pharmaco-economics

1.17 THE IMMUNE SYSTEM

- Vaccination

1.18 INFECTIOUS DISEASES

- Infections in the elderly
- Human Immunodeficiency Virus Infection
- Tuberculosis – pulmonary and extrapulmonary
- Clostridium difficile-associated disease
- Antibiotic stewardship and infection control in care facilities

APPENDIX B

1.0 RECOMMENDED READING

1.1 Books

- Bowker, Price and Smith. Oxford Handbook of Geriatric Medicine (Oxford Medical Handbooks) (2012)
- Fillit, Rockwood and Woodhouse. Brocklehurst's Textbook of Geriatric Medicine and Gerontology: Expert Consult - Online and Print, 7e. (2010)
or
- Hazzard's Geriatric Medicine and Gerontology. 6th Ed. Eds: Jeffrey B Halter, Joseph G Ouslander, Mary E Tinetti, Stephanie Studenski, Kevin P High and Sanjay Asthana (Latest edition 2009)
- Kane, Ouslander, Abrass and Resnick. Essentials of Clinical Geriatrics: Sixth Edition (2009)
- The American Psychiatric Press Textbook of Geriatric Neuropsychiatry by C Edward Coffey, Jeffrey L Cummings (latest edition 2011)
or
- Jacoby, Oppenheimer, Denning and Thomas. Oxford Textbook of Old Age Psychiatry (Oxford Textbooks in Psychiatry) (2008)
- Osterweil, Beck and Brummel-Smith. Comprehensive Geriatric Assessment (latest edition 2000)
- Hodges. Cognitive Assessment for Clinicians by John R Hodges (2007)
- UpToDate

1.2 Journals

A range of general medical and geriatric journals are essential reading. Suggested journals include:

- Clinics in Geriatric Medicine
- Age and Ageing
- Journal of the American Geriatrics Society
- Journal of Geriatric Psychiatry and Neurology
- Geriatrics
- International Geriatric Psychiatry
- BMC geriatrics (an open access journal)
- Relevant articles pertaining to geriatric medicine in: the British Medical Journal, Lancet, JAMA internal medicine, and the New England Journal of Medicine.

A P P E N D I X C**GUIDELINES FOR CANDIDATES AND EXAMINERS****1.0 Candidates:**

- 1.1 Recognised training centres should have a supervisor for registrars in training. The supervisor should be on the panel of examiners and be familiar with the examination and the CMSA regulations
- 1.2 The role of the supervisor should include discussion of the regulations for the Cert(Geriatrics)(SA) examination with prospective candidates; indication of the breadth and depth required for different aspects of the examination; discussion of the methods of assessments used in the examination, informing the candidate of the limitations of his or her hospital as a training institution
- 1.3 On written request written reports on their performance will be made available to unsuccessful candidates after the examinations from the CMSA convener. These must be such as to allow unsuccessful candidates to learn where they have made mistakes and correct their deficiencies in specific areas

2.0 Examiners:

- 2.1 Question papers will be carefully reviewed by the convenor and the moderator before the examinations, and all care will be taken to ensure that the questions are appropriate and free from ambiguities, grammatical errors, errors of vocabulary and spelling errors
- 2.2 Examiners should familiarise themselves with the basic theoretical considerations involved in assessment
- 2.3 All new examiners should undergo a period of familiarisation during which they act as observers of the examination

APPENDIX D

GUIDELINES FOR THE CONVENOR

The convenor will review candidate logbooks prior to admission to the examination to validate sufficient training exposure.

The examination will comprise two (2) written papers comprising a theory paper and an objective test.

1.0 Written paper (Theory)

- The convenor will be appointed from the approved examination panel and will be from the host medical school.
- The convenor has a central role in ensuring that the examination is conducted according to the Regulations of the College of Physicians and The Colleges of Medicine of South Africa (CMSA).
- A moderator will be appointed, preferably from a centre other than that of the candidate.
- The theory paper (3 hours) will be on the principles and practice of geriatrics, including applied basic sciences, diagnosis and treatment.
- The emphasis is on short and longer questions/answers.
- The syllabus for the Sub-Specialty Certificate in Geriatrics as posted on the CMSA website must be used as a guide for the questions.
- The convenor will select examiners from all Departments/Units of Geriatrics at medical schools and from training units in private practice in rotation, using the updated lists of examiners.
- It is recommended that a panel of 4 examiners be used. The convenor may be included as one of the 4 examiners.
- The examiners must be experienced clinicians who are active in the postgraduate teaching programmes in Geriatric Medicine.
- Panels of examiners must be chosen and approved by the Executive Committee of the South African Geriatrics Society at a meeting preceding the examination.
- Examiners must submit a selection of questions to allow the convenor to achieve a fair balance of topics that are covered in the syllabus.
- The certificate of Geriatrics is conducted in English only at present.
- Examiners are to be informed of the final selection of questions to enable them to draw up model answers for their questions – these are to be sent to the convenor, who will submit them to the moderator. They are used for marking purposes as well as for feedback to candidates who fail. Model answers are obligatory.
- The convenor is to collate the marks and send to CMSA.
- The convenor is to provide a short report on the conduct and outcome of the examination for the President of South African Geriatrics Society and the College of Physicians.
- The convenor (or representative) is to be present at the Senate ratification meeting.

2.0 Objective test

- The objective test will comprise 12 questions and will include the interpretation of laboratory data, radiology and other specialised investigations, and assessments specific to the geriatric syndromes eg cognitive assessments, tilt table results, urodynamic tests etc.
- The questions will be equally weighted.
- A candidate will need to achieve a total mark of 50% to pass.

GUIDELINES FOR MARKING**1.0 Written paper**

- The written paper will comprise 4 questions and will be of 3 hours duration. Each of the four questions will be further subdivided into 2-3 short answer questions
- Each of the 4 questions on the written paper will comprise 25% of the paper.
- Marks for each of the questions should be allocated in percentages.
- All marks will be submitted to the convenor for collation before submission to the CMSA
- A candidate will need to achieve a total mark of 50% to be invited to the oral examination.

2.0 Objective test

- The objective test paper will comprise 12 questions and will be of 3 hours duration
- The questions will be equally weighted
- All marks will be submitted to the convenor for collation before submission to the CMSA
- A candidate will need to achieve a total mark of 50% to pass.

3.0 Final mark

- An examiner's meeting will be held after the written examination and objective test to discuss the overall performance of the candidate/s.
- The final mark will be an average of the mark for the written paper and oral examination.
- To pass, the candidate will need to achieve a minimum of 50% in the written paper and the objective test

NB:

- The syllabus of the Certificate in Geriatrics of the College of Physicians as posted on the CMSA website must be used as a guide for the written and oral examinations.
- All documents containing questions or model answers must be password protected.
- The moderator will submit a report to the Secretary of the College of Physicians and the Academic Registrar of the CMSA.

A P P E N D I X E

A - Moderator’s Checklist for Written paper

		(Tick box)	
1.	Are questions based on prescribed curriculum?	Yes	No
	Comments:		
		(Tick box)	
2.	Does the selection of questions attempt to cover most or all of the domains outlined in the core curriculum?	Yes	No
	Comments:		
		(Tick box)	
3.	Are the questions succinct, unambiguous, grammatically correct, spelt correctly?	Yes	No
	Comments:		
		(Tick box)	
4.	Are questions worded such that short answers only are required?	Yes	No
	Comments:		
		(Tick box)	
5.	Are the reproductions of good quality?	Yes	No
	Comments:		
		(Tick box)	
6.	Is the length of the paper appropriate for the allotted time?	Yes	No
	Comments:		
		(Tick box)	
7.	Is the allocation of marks appropriate to each question?	Yes	No
	Comments:		
		(Tick box)	
9.	Is the marking of questions fair and correct?	Yes	No
	Comments:		
10.	Conclusion:		
	Name of Moderator (please print) _____		
	Signature of Moderator: _____		
	Date: _____		

B - Moderator's Checklist for the Objective test			
		(Tick box)	
1.	Are questions based on prescribed curriculum?	Yes	No
	Comments:		
		(Tick box)	
2.	Does the selection of questions attempt to cover most or all of the domains outlined in the core curriculum?	Yes	No
	Comments:		
		(Tick box)	
3.	Are the questions succinct, unambiguous, grammatically correct, spelt correctly?	Yes	No
	Comments:		
		(Tick box)	
4.	Are questions worded such that short answers only are required?	Yes	No
	Comments:		
		(Tick box)	
5.	Are the reproductions of good quality?	Yes	No
	Comments:		
		(Tick box)	
6.	Is the length of the paper appropriate for the allotted time?	Yes	No
	Comments:		
		(Tick box)	
7.	Is the allocation of marks appropriate to each question?	Yes	No
	Comments:		
		(Tick box)	
8.	Is the marking of questions fair and correct?	Yes	No
	Comments:		
9	Conclusion		
	Name of Moderator (please print)_____		
	Signature of Moderator: _____		
	Date: _____		