

March 2006

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

## CARDIOLOGY

Cert Cardiology(SA)

1. **INSTITUTION**            The Colleges of Medicine of South Africa
2. **DIVISION**                The College of Physicians of South Africa
3. **QUALIFICATION TITLE**    Certificate in Cardiology of the College of Physicians of South Africa
4. **OFFICIAL DESIGNATION**    Cert Cardiology(SA)
5. **FIELD**                      09 (Health Sciences and Social Services)
6. **SUB-FIELD**                Preventive, promotive, curative and rehabilitative
7. **NQF FIELD**                9
8. **PURPOSE OF QUALIFICATION**

This qualification forms part of the credentialling process, for specialist physicians, as sub-specialist cardiologists. The Health Professions Council of South Africa (HPCSA) stipulates training requirements, including a minimum period of experiential learning. The aim of this qualification is to meet the needs for formal examination certification, as well as to set standards, nationally, for such a qualification

**9. PRIOR LEARNING FOR ADMISSION TO THE PROGRAMME LEADING TO THE QUALIFICATION**

- 9.1 MB ChB or equivalent qualification acceptable to the Health Professions Council of South Africa for registration as a medical practitioner in South Africa
- 9.2 FCP(SA), or equivalent qualification

**10. OTHER ENTRY REQUIREMENTS**

- 10.1 Current registration with the Health Professions Council of South Africa as a specialist physician

**11. EXIT LEVEL OUTCOMES****11.1 Overall learning outcomes**

Be able to fulfil the role of a specialist cardiologist in the medical and academic communities, and in society at large

**11.2 Assessment criteria for overall learning outcomes**

- a) Be able to recognise, diagnose and treat cardiovascular disorders.  
Be able to prioritise problems, plan cost-effective and safe investigation and rational management of patients with cardiovascular disorders  
Be able to demonstrate insight into preventive strategies and prognosis  
Be able to interpret and integrate the results of relevant special investigations into a differential diagnosis and management plan  
Be able to discuss aspects of management, pathophysiology, pharmacology, genetics or other relevant areas in which a competent specialist cardiologist would be expected to be knowledgeable
- b) Be able to manage all conditions commonly occurring in Cardiology
- c) Must be able to judge when to seek the help of a colleague with special expertise
- d) Must be able to act as the patient's advocate, advisor and guide within the discipline of Cardiology

**12. CRITICAL CROSS-FIELD AND PERSONAL OUTCOMES**

<i>OUTCOMES (“BE ABLE TO .....”)</i>	<i>ASSESSMENT</i>
12.1 critically appraise the state of current knowledge with respect to important public health issues;	14.2.4
12.2 work as a team member, wherever this is important for the achievement of health goals;	14.1
12.3 demonstrate good leadership skills where these may be required for the candidate’s future professional work situation;	14.1
12.4 demonstrate good analytical skills;	14.2, 4
12.5 demonstrate an appropriate level of professional knowledge;	14.2, 4
12.6 make health-related decisions in a rational way;	14.1, 4
12.7 solve health-related problems effectively;	14.1, 2, 4
12.8 communicate effectively using written and oral methods	14. (all)
12.9 use science and technology responsibly and ethically;	14.1, 4
12.10 demonstrate good interpretative skills as well as sensitivity for community values	14. (all)
12.11 assess one’s own personal strengths and weaknesses;	14.1
12.12 commit to a life of continual professional development;	14. (all)
12.13 act consistently within levels of competence and professional norms.	14.1
12.14 Demonstrate experience and competence in cardiological procedures, invasive and non-invasive	14.3

**13. CURRICULUM AND SYLLABUS**

These are attached as an Appendix.

**14. ASSESSMENT TO ENSURE THE PURPOSE OF THE QUALIFICATION IS ACHIEVED**  
*(criteria to be satisfied in the order shown below, successful completion of each step being a pre-requisite for the next step)*

14.1 **Certification**, by head of the candidate’s training department, that at least 100 weeks of learning will have taken place (excluding leave, maternity leave and sick leave), in an approved training post, prior to the date of any written examination

- 14.2 **Two written, 3-hour closed book examination papers**, one potentially covering the entire basic sciences syllabus, and one clinical Cardiology. Overall pass mark: 50% with a sub-minimum of 45% mean mark for any individual paper. The format of questions will include the following:
- i) Essay questions, answer all 4 questions to demonstrate integrative skills

- 14.3 **Completion of at least 2/3 of the logbook requirements (in each category), to be submitted at the time of applying for the examination**

- 14.4 **An oral examination.**

The oral examination will take minimum 40, maximum 60 minutes

The pass mark for the oral examinations will be 50%

## **15. CRITERIA FOR REGISTRATION OF ASSESSORS**

There will be a panel of at least four examiners appointed for each biannual cycle of written examinations. One or more of these examiners should hold appointments at institutions other than the convening institution, and all should be involved in the setting and marking of the papers. Examiners will be selected by the President of the College of Physicians and the convenor

Any one examiner may examine the same candidate in different parts of the examination

An observer from the candidate's training institution should be present during the oral examination, wherever possible

- 15.1 Qualifications required: All examiners should hold one or more of the following degrees: FCP(SA), MMed (Internal Medicine), or the equivalent and be practising Cardiologists
- 15.2 Experience required: Normally, examiners should have been registered as Physician specialists, with the Health Professions Council of South Africa, or its predecessors, for at least 5 years
- 15.3 Other criteria: It is recommended that examiners should hold an academic appointment, either part-time or fulltime  
All examiners should be listed on a panel of approved examiners which has been approved by the Council of the College of Physicians, and which has to be revised at least once every three years

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

### **EXPANDED INFORMATION FOR CANDIDATES**

#### **1. ADMISSION TO THE EXAMINATION**

(To be read in conjunction with the Instructions)

A candidate may be admitted to the examination having

- 1.1 A postinternship qualification to practise medicine which is registered or registrable with the Health Professions Council of South Africa (HPCSA)
- 1.2 registration as a Specialist Physician
- 1.3 certification of having completed 24 months fulltime of the 36 month training period as a cardiology trainee in an accredited cardiology department(s)/division(s)/unit(s), registered and approved by the Health Professions Council of South Africa
- 1.4 submission of the pre-scribed logbook, at least 2/3 complete, filled in up to date, and certified by the head(s) of the department(s)/division(s)/unit(s) in which the candidate trained
- 1.5 Approval of the logbook
- 1.6 Written report(s) from the head(s) of the institution(s) in which he or she trained

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

### **A. SYLLABUS FOR CERT CARDIOLOGY(SA)**

#### **1. Basic Sciences for Cardiovascular Disease:**

Anatomy, physiology, pathophysiology and pathology of cardiovascular diseases

##### **1.1 Molecular biology:**

- Genetics relevant to cardiovascular disease
- *Cellular function:*
  - Ion channels
  - Excitation/contraction coupling
  - Receptor function
  - Endothelial function
- *Circulating factors:*
  - Cytokines
  - Renin-angiotensin system
  - **Other:**
    - Natriuretic peptides
    - Endothelin

##### **1.2 Autonomic nervous system:**

- Cardiovascular reflexes
- Circulating factors

##### **1.3 Cardiovascular haemodynamics:**

- Circulatory regulation
- Myocardial performance
- Pathophysiology of valvular, myocardial, ischaemic, pericardial and congenital heart disease
- Heart failure

##### **1.4 Electrophysiology:**

- **Conduction system:**
  - Anatomy
  - Function
- *Mechanisms of arrhythmias:*
  - Conduction disorders
  - Re-entry
  - Automaticity
  - Triggered automaticity

##### **1.5 Pathology/pathophysiology of specific conditions:**

- Arrhythmias
- Cardiomyopathies
- Congenital heart disease
- Ischaemia
- Pericardial disease
- Tumours of the heart and pericardium
- Valvular heart disease
- Vascular disease

#### **1.6 Scientific basis of treatment methods and investigations:**

- 1.6.1 **ECG – including signal-averaged ECG:**
- 1.6.2 **Imaging techniques:**
  - Echocardiogram – including stress echo and intracardiac ultrasound
  - MRI
  - Nuclear imaging
  - X-rays – including radiation biology and radiation protection
- 1.6.3 **Pharmacology/drugs:**
  - 1.6.3.1 *All drug classes affecting the cardiovascular system and/or used for treatment of cardiovascular disorders, including, but not limited to:*
    - ACE inhibitors and angiotensin receptor blockers
    - Antiarrhythmics
    - Antihypertensives
    - Antithrombotic agents (including antiplatelet agents)
    - Beta blockers
    - Calcium channel blockers
    - Cardiac glycosides
    - Catecholamines and inotropes
    - Diuretics
    - Lipid lowering agents
    - Nitrates
    - Vasodilators
- 1.6.4 **Resuscitation/defibrillation:**
- 1.6.5 **Electrical cardioversion:**
- 1.6.6 **Percutaneous coronary intervention:**
  - Balloon angioplasty
  - Stents
- 1.6.7 **Implantable electrical devices:**
  - Pacemakers
  - Implantable cardioverter/defibrillators
  - Cardio resynchronisation therapy
- 1.6.8 **Catheter ablation:**
  - Arrhythmias
  - Septal ablation
- 1.6.9 **Other interventions:**
  - Balloon valvotomy
  - Occluder devices
- 1.6.10 **Cardiac surgery/cardiopulmonary bypass**

2. ... /

- 2. **Clinical aspects of cardiovascular medicine, relevant investigations and management**
- 2.1 **Clinical skills:**

Since candidates have passed the FCP(SA), or equivalent, it is assumed that they are competent general physicians. Specific knowledge of the full spectrum of cardiovascular disease, at the level of competent general cardiologist, is expected. Awareness of, and ability to recognise certain rare, but important, conditions is also required

**2.2 Cardiovascular diseases/conditions:**

- Arrhythmias
- Cardiomyopathies
- Congenital heart disease (adult)
- Heart failure
- Ischaemia
- Pericardial disease
- Tumours of heart and pericardium
- Valvular heart disease
- Vascular disease

**2.3 Indications for investigations and interventions:**

- Balloon valvuloplasty
- Catheter ablation of arrhythmias
- Cardiac catheterisation/angiography
- Cardiac surgery
- Cardioversion
- *ECG:*
  - Holter
  - Stress
  - Signal-averaged
- *Echocardiography:*
  - Transthoracic
  - Transoesophageal
  - Stress echo
- Electrophysiological studies
- Implantable cardioverter defibrillator (ICD)
- Intra-aortic balloon pump
- MRI and CT
- Nuclear imaging
- *Pacemaker insertion:*
  - Temporary
  - Permanent
- *Percutaneous coronary intervention:*
  - PTCA
  - Stent insertion
- Pericardiocentesis
- Swan-Ganz catheterisation

**2.4 Interpretation of investigations:**

- Electrocardiograms
- Radiographs
- Angiograms
- Echocardiograms

**2.5 Procedural skills:**

- Resuscitation and advanced cardiac life support
- Electrical cardioversion



- Central and peripheral venous and arterial access for diagnostic and therapeutic procedures
- *Cardiac catheterisation – diagnostic:*
  - **Right heart:**
    - Pressures
    - Shunt measurement
    - **Angiograms:**
      - ❖ Right ventricle
      - ❖ Pulmonary arteries
  - **Left heart:**
    - Retrograde
    - Transseptal
    - **Angiograms:**
      - ❖ Left ventricle
      - ❖ Aortogram
      - ❖ Coronary arteries
- *Echocardiography:*
  - Transthoracic
  - Transoesophageal
- *Therapeutic procedures:*
  - Insertion of intra-aortic balloon pump
  - Temporary pacemaker insertion
  - **Permanent pacemaker implant:**
    - Pacemaker follow-up; programming; trouble-shooting
  - Pericardiocentesis
  - Mitral balloon valvuloplasty
  - **Percutaneous coronary interventions:**
    - PTCA
    - Stent insertion

## 2.5 **Cardiovascular epidemiology:**

- Assessment and management of risk factors

## 2.6 **General:**

- Analysis and interpretation of clinical trials and critical appraisal of evidence
- Use of resources
- Communication with patients and colleagues
- Relationship to cardiovascular surgeons
- Judgement as to when to refer to another specialist

**JOHANNESBURG**

**March 2006**

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

**1. Format of the examination:**

- 1.1 One written paper in the basic sciences, relevant to cardiovascular disease (3 hours)
- 1.2 One written paper on the principles and practise of Cardiology, including investigations, diagnosis and treatment (3 hours)
- 1.3 One oral examination (40 to 60 minutes)
  - 1.3.1 During the oral, use of ECG's, echocardiograms and angiograms is encouraged. For these, common and/or important conditions should be chosen
  - 1.3.2 The expected level is that of a competent general cardiologist. The oral should be used to test the candidate's judgement and strategy, rather than expecting detailed knowledge of complex percutaneous coronary intervention or electrophysiological procedures

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

### **GUIDELINES FOR CANDIDATES AND EXAMINERS**

#### **1.0 Candidates:**

- 1.1 Recognised training centres should have a supervisor for cardiologists 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 Cardiology(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 convenor. 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 other examiners 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 Standards used in the oral examination will be the same for each candidate
- 2.3 At least two examiners will examine each candidate in the oral parts of the examination. Examiners should play a minor role in the examination of candidates with whom they have worked closely in the recent past
- 2.4 In the oral part of the examination, each examiner should submit his or her own independent assessment of each candidate. Discrepancies between the assessments will be discussed at the examiners meeting. The consistency of the examination as a whole will be assessed
- 2.5 Examiners should familiarise themselves with the basic theoretical considerations involved in examinations, in medical examinations in particular
- 2.6 All new examiners should undergo a period of familiarisation during which they act as observers of the clinical and oral parts of the examination. During this period they will not submit assessments of candidates

**3.0 RECOMMENDED READING**

1. Braunwald E, Goldman L. *Primary cardiology*. 2<sup>nd</sup> ed. Philadelphia, Pa. (Great Britain). WB Saunders, 2003
  2. Yusuf S et al. *Evidence-based cardiology*. 2<sup>nd</sup> ed. London. BMJ Books, 2003
  3. Feigenbaum H. *Echocardiography*. 4<sup>th</sup> ed. Philadelphia, Lea & Febiger, 1986
  4. Prystowsky EN, Klein GJ. *Cardiac arrhythmias, an integrated approach for the clinician*. New York, London. McGraw-Hill Health Professions Division 1994
  5. Opie LH, Gersh BJ (eds). *Drugs for the heart*. 5<sup>th</sup> ed. Philadelphia, Pa, London. WB Saunders, 2001
  6. Journal reviews. Those in *Heart*.
- 3.2 Sets of 6 previous examination papers are available from the Johannesburg CMSA at R50,00 prepaid, or can be obtained free of charge from the CMSA website (<http://www.collegemedsa.ac.za>)

**APPENDIX E**

**1. LOGBOOK REQUIREMENTS FOR CERT CARDIOLOGY(SA)**

1.1 The logbook must contain a complete record of the cases attended to by the candidate. The data to be recorded for each case is listed below. At the time of applying for the written and oral examination, the candidate must have met two-thirds of the minimum requirements for each of the procedures listed in the logbook

1.1.1 The convenor of the examination must confirm that the logbook is satisfactory before the candidate is admitted to the examination

1.2 After successful completion of the written and oral examination, the Certificate in Cardiology will be awarded

1.3 The final logbook certification must be submitted to the HPCSA by the head of the relevant training unit after completion of at least 33 months of the required 36 months training period

1.3.1 The final logbook certification must indicate that all of the minimum requirements for the procedures listed in the logbook had been met:

- Diagnostic cardiac catheterisation
- Percutaneous coronary intervention
- Transthoracic echocardiography
- Transoesophageal echocardiography
- Installation of intra aortic balloon pump
- Pacemaker implantation
- Temporary pacing
- Pericardiocentesis
- Valvuloplasty
- Electrophysiological studies
- Other (specify)

1.4 For each of the procedures the following must be documented:

- Name and initial of patient. (This should only be on the copy for the Head of Department. The copy for the CMSA should identify patients by initials and/or number only)
- Hospital and hospital number
- Procedure
- Indication
- Complications
- Outcome
- Status of trainee (first operator, second operator, observational)
- Identity and signature of supervisor

1.5 The minimum requirements for the procedures listed are:

- Diagnostic cardiac catheterisation 200
  - Coronary angiography 175
  - Full study, including right heart 25

- Percutaneous ... /

• Percutaneous coronary intervention	50
• Transthoracic echocardiography	350
• Transoesophageal echocardiography	25
• Installation of intra aortic balloon pump	10
• Pacemaker implantation (including 5 dual chamber)	30
• Temporary pacing	15
• Pericardiocentesis	10
• Valvuloplasty (observation)	10
• Electrophysiological studies, including 15 ablations (observation)	15