



1. Name: South African Gastroenterological Society Academy of Digestive Diseases.
(SAGES-ADD)

2. Vision

SAGES-ADD aspires to be the driving force in gastroenterology in Southern Africa and to contribute constructively to the scientific and practical development of the discipline in the sub-Saharan Africa. SAGES, through its academy of digestive diseases will strive to facilitate the training and development of gastroenterology as a discipline in the region and to provide opportunities for gastrointestinal focused training and education of primary health care workers, nurses and doctors in Africa.

3. Mission

3.1. To promote an interest in and facilitate the study of diseases and abnormalities of the gastrointestinal system including the liver, biliary system and pancreas.

3.2. To effectively disseminate knowledge of the science and practice of gastroenterology and closely related fields through different training courses suitable to the different levels of educational background.

3.3. To promote continuous professional development by means of follow-up courses, symposia and congresses.

4. Entry levels

4.1. Non professional health workers - Level 1

4.2. Registered nurses - Level 2

4.3. General specialists (physicians, surgeons and paediatricians) for short courses - Level 3

4.4. General specialists (physicians, surgeons and paediatricians) for training in gastroenterology as a sub-specialty - Level 4

5. Units to take part and what they have to offer

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| 5.1. | Chris Hani Baragwanath Hospital ("The &AUML;frican Institute") | Level 1, 2, 3, 4 |
| 5.2. | Johannesburg General Hospital. | Level 2, 3, 4 |
| 5.3. | Pretoria Academic Hopital | ? |

5.4.	Medunsa	?
5.5.	Groote Schuur Hospital	Level 2, 3, 4
5.6.	Tygerberg Hospital	Level 2, 3, 4
5.7.	Bloemfontein Academic complex	Level 2, 3, 4
5.8.	Durban Academic Hospitals	Level, 2, 3, 4
5.9.	Private Hospitals	Level 3, 4 (by arrangement)

6. Courses

6.1. Short course:- 0 - 3 months

6.1.1. Level 1 course

6.1.1.1. Health workers: This will be a flexible module. Specific courses based on needs can be structured. It is expected that Diarrhoea and AIDS which result in a high mortality would be the priority issues for primary health care workers to target with regard to the community. Courses in communication, use of diagrams to demonstrate oral rehydration therapy and hygiene would be essential. Where possible immunisation against hepatitis B would be recommended. Health workers would also play an important role in dietary recommendations including breast-feeding. They could also be trained to recognise dehydration and malnutrition and take necessary steps in treatment

6.1.1.2. Technicians Some centres have equipment which cannot be used because they are in a state of disrepair. This often results in the instruments being set aside. Technicians would be trained in basic repair techniques. This would result in maximum utilisations of instruments and a more cost-effective service.

6.1.2. Level 2 - Nursing staff will be educated in the principles of endoscopy, basic endoscopic hygiene and maintenance and the administration of an endoscopy service. SAGINS will be requested to assist.

6.2. Medium course:- 3 months to a year - Level 2, 3

It is proposed that individuals will select activities from the following menu. The mix can be negotiated individually, but the minimum number of procedures required can not be compromised. In addition, competence can only be certified by the responsible training coordinator.

Note that:

ERCP-courses will always be "stand alone", and will assume appropriate levels of basic endoscopic expertise. The diagnostic endoscopy course will have to be completed before progression to more advanced and interventional activities.

	Course	Observ	Personally under supervision
6.2.1	Gastroscopy	50	250
6.2.2	Advanced gastroscopy		
	6.3.2.1 Varices: Injections / banding	10	30
	6.3.2.2 Dilatations	10	30
	6.3.2.3 Hemorrhage management	10	30
6.2.3	Sigmoidoscopy (rigid/flexible)	10	30
6.2.4	Colonoscopy	10	50
6.2.5	Advanced Interventional ColonoscopyPolypectomies/laser/stenting	10	30 (10 each)
6.2.6	ERCP (diagnostic)	20	60
6.2.7	ERCP (Interventional)		
	Sphincterotomy	10	20
	Stone extraction	10	20
	Stent placement	10	20
6.2.8	Oesophageal Manometry		
	Perform	10	10
	Interpret	50	
6.2.9	Anorectal manometry		
	Perform	10	10
	Interpret	20	
6.2.10	24 hour pH - studies		
	Perform	10	
	Interpretation	50	
6.2.11	Liver biopsy	5	10

6.3. Long - 2 years training post graduate gastroenterology sub-specialty: Level 4
To comply with regulations of the College of Medicine of South Africa.

6.4. Specialist trainers to go out into African countries for training in their local hospitals.

6.5. Update conferences

6.5.1. SAGES annual congress

6.5.2. SAGES annual post graduate course

7. Assessments: Local assessment. Head of unit must review a logbook and certify that the candidate has completed a specific course.

8. Certifications: SAGES can supply certificate for completion of a course on recommendation by the unit head.

9. Problems expected with training: consent from local, provincial and central government, work-permits, certification to practice by HPCSA.

10. Funding: It should be understood that SAGES does not undertake to fund this initiative. SAGES does, however, undertake to obtain the goodwill of the various teaching institutions within South Africa to provide training at no or minimal cost (for training). Where costs are incurred, SAGES would attempt to assist individual candidates with clearly defined, and would expect that the bulk of funding be derived from the candidate's country of origin, or it's partner in this venture, WGO.

All funding for this initiative will be channelled through SAGES treasurer. He should keep a separate account for SAGES-ADD. He should give an annual report to SAGES AGM and to WGO of income and expenses. No single unit will be targeted for preferential funding.

For further information, please contact:

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