



C M S A

The Colleges of Medicine of South Africa NPC

Nonprofit Company (Reg No. 1955/000003/08)
Nonprofit Organisation (Reg. No. 009-874 NPO)
Vat No. 4210273191

27 Rhodes Avenue, PARKTOWN WEST, 2193

Tel: +27 11 726 7037; Fax: +27 11 726 4036

Website:

www.cmsa.co.za

General:

Academic.Registrar@cmsa.co.za

JOHANNESBURG OFFICE

EXAMINATIONS & CREDENTIALS

ACADEMIC OFFICE

March 2023

R E G U L A T I O N S

FOR ADMISSION TO THE FELLOWSHIP OF THE

COLLEGE OF ANAESTHETISTS OF SOUTH AFRICA

DA (SA)

1.0 SCOPE AND OBJECTIVES

- 1.1 The purpose of the Diploma in Anaesthesia is to encourage postgraduate training and raise the standards of practise of anaesthesia in general practice
- 1.2 The Diploma is not designed for the specialist anaesthetist. Importance is attached to the hospital training in anaesthesia and evidence of knowledge of modern developments in the field of anaesthesia will be sought by the examiners; but the candidates will be examined primarily with a view to deciding whether they are good, practical general practitioner anaesthetists

2.0 ADMISSION TO THE EXAMINATION

(to be read in conjunction with the Instructions)

2.1 Qualification

- 2.1.1 The candidate must for six months have held a post-internship qualification to practise medicine which is registered or registrable with the Health Professions Council of South Africa. Community service doctors are eligible to write this examination during their year of community service
- 2.1.2 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
- 2.1.3 Except in the case of certified supervised training at a teaching or CMSA-approved hospital, a completed logbook is required to substantiate training and/or credit points claimed, to the full value of 1000 points
- 2.1.4 From SS 2023 all candidates will need to successfully complete an assessment of competency (AOC) (see 2.3) as a part of the application process to enter the examination. The AOC will replace the online written OSCE from SS 2023.

2.2 Education and Training

Within the three years preceding the examination, the candidate will have to accumulate 1000 credit points, in the following three categories:

2.2.1 *Supervised training*

- 2.2.1.1 Certified post-internship fulltime, or sessional supervised training in anaesthetics at a teaching or CMSA-approved hospital, at a rate of one credit point per hour to a maximum of 170 credit points per continuous month (six months fulltime is sufficient)
- 2.2.1.2 A minimum of 500 credit points must be gained by supervised training

2.2.13.../

- 2.2.1.3 If the candidate works at a non-CMSA approved hospital which is located more than 125km from a CMSA-approved or teaching hospital, and is thus unable to comply with 2.2.1.2 (providing all reasonable efforts have been made on the part of the candidate) the following provision may be applied for:
- The candidate must acquire 500 points in unsupervised training, claimed by affidavit in a logbook.
 - The candidate must be prepared to submit him/herself for a standardised practical evaluation at the nearest teaching or CMSA-approved hospital by a minimum of 2 Diploma in Anaesthetics examiners for a period of 5 working days. There should be two evaluators, both registered specialist Anaesthesiologists, one of whom should be a member of the Diploma in Anaesthetics examiners panel or an official Tutor (once tutors have been appointed). This will provide 250 points.
 - A further 250 points will have to be obtained from 2.2.3.
 - Should the candidate not qualify for 250 points from the practical assessment a recommendation will be made on an individual basis for further training.
 - The Diploma in Anaesthetics committee reserves the right to adjudicate on all applications in this category.
 - The evaluators should be resident practitioners at the institution. The practitioners being evaluated would be treated as supernumerary. All institutional rules and regulations (including liability) applying to supernumeraries would apply to these doctors. This would obviously be subject to the approval of the medical superintendent and the Head of Department of Anaesthesia at the institution.

2.2.3 Theoretical education/training

- 2.2.3.1 Credit points in sections 2.2.3.1 to 2.2.3.5 of this category will be awarded at the rate of five points per hour, only if recorded, and certified by either the presenter or the organiser of the ward round, course, conference, lecture, congress, symposium or other meeting or by the specialist consulted, and declared as correct by the candidate.
- 2.2.3.2 Teaching ward rounds, mortality/morbidity meetings, patient presentations and the like, in the relevant discipline at a teaching or CMSA-approved hospital.
- 2.2.3.3 Formal courses, congresses or conferences in the relevant discipline.
- 2.2.3.4 Formal lectures or symposia in the relevant discipline.
- 2.2.3.5 Formal consultations with a registered specialist in the relevant discipline.
- 2.2.3.6 Any other theoretical education offered will be evaluated for acceptability by the CMSA. Private study is not acceptable.
- 2.2.3.7 In section 2.2.3.8 credit may be awarded to the value of 10 points per case study to a maximum of 50 points; and in 2.2.3.9 credit may be awarded to the value of 50 points per acceptable publication; provided that a maximum of 100 points may be awarded for patient studies and publications together. The decision of the CMSA with regard to the acceptability of publications or case studies offered will be final.
- 2.2.3.8 Written patient case studies in the relevant discipline which have been subjected to scrutiny as part of a formal continuing education or training programme.
- 2.2.3.9 Relevant research publication in reputable journals.
- 2.2.3.10 A maximum of 100 credit Points may be claimed in the logbook for theoretical educational/training.

2.2.4 The Advanced Cardiac Life Support (ACLS) certificate is recommended but not obligatory for candidates entering for the DA(SA).

2.3 Assessment of competency (AOC) (Effective from SS 2023)

The AOC will take place soon after the CMSA written examination entry closing date, but prior to the written examinations, to allow all entry administration to take place prior to the written examination. All applications will be accepted, but marked as “Pending” until the outcome of the AOC is received by the CMSA. Once the competency evaluation has been successfully completed, the application will be approved and further processed for the written examination. If a candidate does not successfully complete a competency evaluation their application will be declined. Approval of examination applications will NOT take place until proof of competency has been produced to CMSA. (i.e. All applications from SS 2023 will require: Application form, Letter from Supervisor, Competency certification).

- 2.3.1 All candidates who apply for the examinations will be invited to the competency evaluation. The evaluation will comprise the following skills: Airway, Adult CPR, Paediatric CPR and Machine check.
- 2.3.2 Candidates may choose a venue at which to complete the competency evaluation on applying to enter the examination.
- 2.3.3 Candidates will be offered two opportunities to perform the competency evaluation per examination cycle.
- 2.3.4 If a candidate is not competent at the initial evaluation, they must return for a subsequent re-evaluation.
- 2.3.5 If a candidate is not competent at the second evaluation, their application to write the examination will be declined and they will need to reapply for a future examination cycle.
- 2.3.6 Following acceptance of the candidate's application for the written examination, the candidate will need to pass the entire written section to be awarded the DA(SA).
- 2.3.7 Candidates must be currently competent at the time of the written examination. Competence is not accepted to last indefinitely, and a competency certification cannot be carried over to a subsequent examination, either fully or partially.
- 2.3.8 Competency is a prerequisite to writing the examination. Therefore, candidates will not be admitted to the written examinations if they have not achieved the competency required to administer safe anaesthesia. Once admitted to the written examinations, candidates will have one chance to pass, failing which, they will repeat the entire examination cycle i.e. the competency check and the written examinations.

3.0 SYLLABUS OF THE EXAMINATION

See the guidelines to candidates - Appendix A

4.0 CONDUCT OF THE EXAMINATION – EFFECTIVE SECOND SEMESTER 2023¹

4.1 Three online written papers consisting of

4.1.1	Paper 1: short answer questions	3 hours	33%
4.1.2	Paper 2: short answer questions	3 hours	33%
4.1.3	Paper 3: 120 single best answers	3 hours	34%

The two short answer question papers include:

- Clinical vignette-based questions
- Clinical data interpretation questions
- Theory and applied physics, pharmacology, and physiology questions

The single best answer (SBA) paper will have:

- 4 options per question (1 correct and 3 distractors)
- No negative marking

4.2 One final online written OSCE will be run in the SS 2023 for the candidates from FS 2023 who passed the FS 2023 written examination but failed the FS 2023 online written OSCE.

4.2 Marking of the Examination:

- 4.2.1 A memorandum with mark allocation per question will be used for each component of the examination.
- 4.2.2 The marks for the stations of the written OSCE will be combined to obtain an average score.
- 4.2.3 All stations in the OSCE examination are equally weighted.

4.3 Criteria for passing the examination:

- 4.3.1 Marks for the written examination will be aggregated from all the different papers used, then analysed together and the pass mark will then be determined by the Cohen method of standard setting. To ensure a higher probability of a true pass, the Standard Error of Measurement (SEM), a marker reflecting the reliability of the whole written examination, will then be added to the Cohen pass mark to determine the final pass mark (standard). Candidates must achieve a mark on or above this final pass mark to pass the written examination.²

4.3.2 (For subset of candidates in 4.2)

4.3.2.1 Online Written Objectively Structured Clinical Examination. (OSCE).

- The pass mark will be determined by the Cohen method of standard setting.
- To ensure a higher probability of a true pass, the Standard Error of Measurement (a marker of reliability of the examination) will be added to the overall OSCE pass mark to determine the final pass mark (standard) which will be used. Candidates must obtain an average OSCE mark greater than or equal to the final passing score, as explained in this section, for the entire OSCE, to pass the OSCE component of the DA(SA) examination.

4.3.2.2 Candidates must pass BOTH of the components of the examination i.e. the written papers and the OSCE to be awarded the DA (SA) qualification.

4.3.2.3 The final mark

Written Papers	60%
Written OSCE	40%

4.3.3 No carryover of any passed components will be allowed for the next examination. If a candidate fails an examination, the entire examination must be re-done

4.4 Covid-19 pandemic venue provisions:

All papers will be completed by the candidates at a CMSA approved venue.

CMSA will provide all candidates with a computer, uninterrupted power supply and internet connection.

There will be immediately available invigilators as well as IT specialists to address any technical issues.

The online exam will be completed using the Speedwell interface.

All candidates that have an online component, will have an opportunity to test the speedwell software. The link will be sent to candidates as soon as it becomes available.

5.0 ADMISSION AS A DIPLOMATE

5.1 The candidate having passed the examination and having been admitted as a Diplomat in Anaesthetics of the College of Anaesthetists 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, Diplomat or Commissioner of Oaths)

5.2 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

5.3 A Diplomat shall be entitled to the appropriate form of certificate under the seal of the CMSA

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

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

APPENDIX A
GUIDELINES TO CANDIDATES FOR THE DA(SA)
SYLLABUS FOR THE EXAMINATION:

1.0 Human Anatomy and Physiology

- 1.1 Human anatomy considered in relation to anaesthetics with special reference to airway management, insertion of invasive lines, regional anaesthesia and pain management.
- 1.2 Human physiology considered in relation to anaesthesia including cardiovascular, respiratory, neuro, renal, hepatic, endocrine, paediatric, maternal and fetal physiology.

2.0 Clinical Pharmacology

- 2.1 Pharmacology of drugs for anaesthesia including inhalational agents, nonvolatile anaesthetic agents including opioids and other analgesics, muscle relaxants, cholinesterase inhibitors, anticholinergic drugs, and local anaesthetics and their interactions with commonly prescribed drugs.
- 2.2 Pharmacology of drugs used in association with anaesthesia including adrenergic agonists and antagonists, hypotensive agents, cardiac and anti-hypertensive agents and other adjuncts to anaesthesia including premedicants.
- 2.3 Pharmacology related to interactions between anaesthesia drugs and drugs used in the treatment of disease.

3.0 Elementary Physics

- 3.1 Application to anaesthetic practice.

4.0 Anaesthetic Equipment and Monitors

- 4.1 Understanding of the design and function of the anaesthetic machine, breathing systems, medical gas systems, and safety in the operating room.
- 4.2 The indications, contraindications, techniques and complications, and clinical considerations relevant to the most widely used anaesthetic monitors.

5.0 Practise of Anaesthesia

- 5.1 Preoperative evaluation, resuscitation, interpretation of investigations and premedication in preparation for anaesthesia.
- 5.2 The application of both general and regional anaesthesia to surgical procedures including obstetrics, trauma, orthopaedics, paediatrics, ophthalmology, otorhinolaryngologic, genitourinary, dental and outpatient anaesthesia.
- 5.3 Anaesthesia in its relationship to disease including cardiovascular, respiratory, renal, endocrine, and liver disease. Management of patients with fluid and electrolyte disturbances, acid-base disturbance, and immune compromise.
- 5.4 Complications of anaesthesia both intra and postoperative. Management of critically ill patients postoperatively with cardiovascular, respiratory and renal compromise.

6.0 Cardiopulmonary resuscitation according to the Resuscitation Council of South Africa guidelines

- 6.1 Basic cardiopulmonary resuscitation.
- 6.2 Differences in basic cardiopulmonary resuscitation for children and adults
- 6.3 Obstructed airway in adults, children and infants.
- 6.4 The universal Advanced Life Support algorithm.

APPENDIX B

CMSA-RECOGNISED HOSPITALS FOR DA(SA) TRAINING

Candidates are informed that anaesthetic training in fulfilment of the DA(SA) examination regulations may be undertaken in:

1.0 Anaesthetic training posts under the supervision of university departments in teaching hospital complexes, as well as in teaching hospital equivalents or in university satellite departments of non-teaching hospitals. (Information relating to these posts is available from the heads of university departments of anaesthesiology)

OR

2.0 Postinternship anaesthetic training posts at the following hospitals:

Bethlehem Hospital	New Somerset Hospital
Boitumelo Hospital	Oliver Tambo Memorial Hospital
Bongani Regional Hospital	Paarl Hospital
Cecilia Makiwane Hospital	Pholosong Hospital
Edendale Hospital	Port Shepstone Hospital
Ermelo Regional Hospital	Potchefstroom Hospital
Ernest Oppenheimer Hospital	Rob Ferreira Hospital
Far East Rand Hospital	Rustenburg Provincial Hospital
Frere Hospital	Sebokeng Hospital
George Hospital	Sheba Medical Centre
Harare Group of Hospitals	South Rand Hospital
Helderberg Hospital	Stanger Hospital
Karl Bremer Hospital	Temba Hospital
Khayelitsha District Hospital	Tembisa Hospital
Tshepong Hospital, Klerksdorp	Thelle-Mooerane (Formerly Natalspruit Hospital)
Ladysmith Provincial Hospital	Tshepong Hospital
Leratong Hospital	Umtata General Hospital
Mamelodi Hospital	Victoria Hospital
Mafikeng Provincial Hospital	Vryburg Hospital
Medivaal Hospital	Western Deep Levels Hospital
Mitchells Plain Hospital	Worcester Hospital
Mpilo Hospital, Bulawayo	

AND CURRENTLY

3.0 Post-internship anaesthetic posts in the following hospitals in Zimbabwe:

Harare Group of Hospitals
Mpilo Hospital; Bulawayo

Enquiries concerning acceptability of posts should be addressed to:

academic.registrar@cmsa.co.za