



CMSA

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R E G U L A T I O N S

FOR ADMISSION TO THE DIPLOMA IN OPHTHALMOLOGY OF THE COLLEGE OF OPHTHALMOLOGISTS OF SOUTH AFRICA

Dip Opth(SA)

1.0 SCOPE AND OBJECTIVES

- 1.1 The purpose of the Diploma in Ophthalmology is to encourage postgraduate training and raise the standards of practise of ophthalmology in general practice
- 1.2 In view of the fact that exposure to ophthalmology prior to graduation is limited, this Diploma will be of special value to medical practitioners, especially those practising their profession in areas where adequate ophthalmological services are not available
- 1.3 In essence, the Diploma in Ophthalmology is intended for general practitioners in order that they may be better equipped to handle ophthalmological cases
- 1.4 Candidates will be examined for their knowledge and skill to handle the common ophthalmological problems which occur in general practise. In geographical areas where specialists are not available, the well equipped general practitioner should take the responsibility for eye care.

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
- 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 the supervised training a completed logbook (obtainable from the CMSA) is required to substantiate credit points claimed to the full value of 1000 points

2.2 Education and training

Within the seven 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 ophthalmology at a teaching or CMSA-approved hospital, at a rate of 1 credit point per hour to a maximum of 170 credit points per continuous month (6 months fulltime is sufficient)
- 2.2.1.2 A minimum of 200 credit points must be gained by supervised training

2.2.2.../

2.2.2 Unsupervised experience

- 2.2.2.1 Fulltime general/primary care/non-specialist practise or experience in non CMSA-approved hospitals which embrace ophthalmology, at the rate of 250 points per annum, or 20 points per continuous month
- 2.2.2.2 Part-time general/primary care/non-specialist practise or experience in non CMSA-approved hospitals which embrace ophthalmology, at the rate of 0.125 point per hour, provided that no credit will be granted for part-time practise of less than 45 hours per continuous month
- 2.2.2.3 A maximum of 800 credit points may be awarded for unsupervised experience, and must be claimed by affidavit in the logbook

2.2.3 Theoretical education/training

- 2.2.3.1 Credit points in sections 2.2.3.1.1 to 2.2.3.1.5 of this category will be awarded at the rate of five 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, lecture, congress, symposium or other meeting, or by the specialist consulted, and declared as correct by the candidate
- 2.2.3.1.1 Teaching ward rounds, mortality/morbidity meetings, patient presentations and the like, in ophthalmology at a teaching or CMSA-approved hospital
- 2.2.3.1.2 Formal courses, congresses or conferences in ophthalmology
- 2.2.3.1.3 Formal lectures or symposia in ophthalmology
- 2.2.3.1.4 Formal consultations with a registered specialist in the field of ophthalmology
- 2.2.3.1.5 Any other theoretical education offered will be evaluated for acceptability by the CMSA. Private study is not acceptable
- 2.2.3.2 In section 2.2.3.2.1 credit may be awarded to the value of 10 points per case study to a maximum of 50 points; and in 2.2.3.2.2 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 and case studies offered will be final
- 2.2.3.2.1 Written patient case studies in ophthalmology which have been subjected to scrutiny as part of a formal continuing education or training programme
- 2.2.3.2.2 Relevant research/peer reviewed publications in reputable journals
- 2.2.3.2.3 A maximum of 250 credit points may be claimed in the logbook for theoretical education/training

3.0 SYLLABUS OF THE EXAMINATION

See guidelines to candidates - Appendix A

4.0 CONDUCT OF THE EXAMINATION

- 4.1 Two written papers of three hours each, comprising clinical ophthalmology/pathology
- 4.2 A clinical examination
- 4.3 An oral examination
- 4.4 A subminimum of 45% for each component will be required
- 4.5 The weighting of the components will be
- Written-Paper I (20%)
 - Written- Paper II (20%)
 - Clinical (30%)
 - Oral (30%)

5.0 ADMISSION AS A DIPLOMATE

5.1 The candidate having passed the examination and having been admitted as a Diplomate in Ophthalmology of the College of Ophthalmologists 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)

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 Diplomate 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

1.0 AIMS AND OBJECTIVES

1.1 To assess the improved level of knowledge and skills of general practitioners

1.2 Provide certification for non-specialist ophthalmic medical officer and cataract surgeons

1.3 To assess basic level training of medical officers pre-registrarship

2.0 CURRICULUM:

2.1 CLINICAL PATHOLOGY

- A broad general knowledge of which conditions might affect the eye with an emphasis on how this generates symptoms and signs.
 - How these conditions would be appropriately managed or referred and the degree of urgency of referral.
- 2.1.1 Refractive errors – methods of correction
 - 2.1.2 Blepharitis, hordeolum, chalazion, preseptal cellulitis, peri-orbital skin tumours, ptosis
 - 2.1.3 Orbital cellulitis, cavernous sinus thrombosis, proptosis
 - 2.1.4 Dry eye, epiphora
 - 2.1.5 Conjunctivitis, dacrocystitis
 - 2.1.6 Keratitis, corneal ulcers (including dendritic)
 - 2.1.7 Uveitis
 - 2.1.8 Glaucoma – congenital, open angle, closed angle
 - 2.1.9 Lens – cataract, aphakia, pseudo-phakia, dislocation/subluxation
 - 2.1.10 Vitreous opacities (floaters) and haemorrhage
 - 2.1.11 Endophthalmitis
 - 2.1.12 Retinal detachment
 - 2.1.13 Retina – diabetic retinopathy, hypertensive retinopathy, age-related macular degeneration, vascular occlusions, retinitis pigmentosa
 - 2.1.14 Optic disc – papilloedema, optic neuritis, papillitis, optic atrophy
 - 2.1.15 Ophthalmic manifestations of AIDS
 - 2.1.16 Adult squints, diplopia, cranial nerve palsies
 - 2.1.17 Paediatric conditions– lacrimal duct obstruction, ophthalmia neonatorum, allergic/vernal conjunctivitis, retinoblastoma, rhabdomyosarcoma, strabismus, amblyopia, retinopathy of prematurity
 - 2.1.18 Trauma – Blunt – hyphaema, blowout fractures; Penetrating – corneal and scleral lacerations, intra-ocular foreign bodies, thermal & chemical burns
 - 2.1.19 Vitamin A deficiency
 - 2.1.20 Ocular manifestations of systemic diseases – Thyroid eye disease, hypertension, diabetes, collagen-vascular diseases
 - 2.1.21 Community Ophthalmology – Principles of Vision 2020 programme

2.2 CLINICAL SKILLS

2.2.1 History and Examination:

- 2.2.1.1 Appropriate history-taking
- 2.2.1.2 Visual acuity – adults, children, illiterates, with spectacles, without spectacles, with pinhole
- 2.2.1.3 Red reflex - examination and interpretation
- 2.2.1.4 Visual fields – confrontation
- 2.2.1.5 Eyelids including eversion of eyelids
- 2.2.1.6 Pupil reflex examination
- 2.2.1.7 Eye movement assessment
- 2.2.1.8 Examination of the anterior segment including slit-lamp proficiency
- 2.2.1.9 Fundus examination
- 2.2.1.10 Colour vision

- 2.3 **Assessment of symptoms and signs with emphasis on:**
- 2.3.1 The red eye
 - 2.3.2 Sudden visual loss
 - 2.3.3 Gradual visual loss
 - 2.3.4 Abnormal appearance – proptosis, lid retraction, head posture, leukocoria
 - 2.3.5 Dry/watery/itchy eye
 - 2.3.6 Flashes and floaters
- 2.4 **Use of instruments/charts:**
- 2.4.1 Visual acuity testing charts
 - 2.4.2 Direct and indirect ophthalmoscopy
 - 2.4.3 Slit-lamp examination and use of fundus and gonioscopic lenses
 - 2.4.4 Tonometry – applanation, Schiottz
 - 2.4.5 Amsler grid
 - 2.4.6 Hertel exophthalmometry
- 2.5 **Office Procedures:**
- 2.5.1 Use and interpretation of fluorescein dye
 - 2.5.2 Eye pads – appropriate use
 - 2.5.3 Lid anaesthesia
 - 2.5.4 Punctal dilatation and testing for tear duct patency
 - 2.5.5 Epilation of lashes, electrolysis
 - 2.5.6 Foreign body removal - lid, cornea
 - 2.5.7 Chalazion incision and curettage
 - 2.5.8 Suture eyelid including lid margin
 - 2.5.9 Removal of superficial lid tumours
 - 2.5.10 Pan retinal photocoagulation
 - 2.5.11 Intra-Ocular injections
- 2.6 **EXAMINATION**
- 2.6.1 Paper 1 (20%)
 - 3 hours
 - Short or essay type questions
 - Multiple choice questions may be employed
 - 2.6.2 Paper 2 (20%)
 - 3 hours
 - Short or essay type questions
 - Multiple choice questions may be employed
 - 2.6.3 Clinical (30%)
 - Short clinical cases
 - 2.6.4 Oral (30%)

A P P E N D I X B**HOSPITALS ACCEPTED FOR DIP OPHTH(SA) TRAINING**

- 1.0 The following hospitals apart from teaching hospitals and satellited departments of Ophthalmology in non-teaching hospitals, have been accredited for providing acceptable supervised training for candidates preparing for the examination in Ophthalmology**

Eerste River
Frontier Hospital, Queenstown
FH Odendaal Hospital
George Hospital
Kimberley Provincial Hospital, Kimberley
Leratong Hospital, Chamdoor
Madadeni Hospital, Newcastle
Rob Ferreira Hospital, Nelspruit
Sebokeng Hospital, Vanderbijlpark
Stanger Hospital, Stanger
Potchefstroom/Tshepong/ Klerksdorp Hospital
Umtata General Hospital, Transkei
Western Deep Levels Hospital, Western Levels

- 2.0 Postinternship Ophthalmology posts in the following hospitals in Zimbabwe:**

Harare Group of Hospitals
Mpilo Hospital, Bulawayo

- 3.0 Besides the South African accredited hospitals for training, the following are recommended accredited hospitals in neighbouring countries:**

Angola – Boa Vista SOLE Hospital
Madagascar – Ambohibo SALFA Hospital
Malawi – Nkoma Hospital
Namibia – Windhoek State Hospital
Swaziland - Good Shepherd Hospital
Zambia – Kitwe Hospital
Zimbabwe – Morgenster Hospital

Enquiries concerning acceptability of posts should be addressed to:

The Academic Registrar
CMSA
Private Bag X23
BRAAMFONTEIN
2017

A P P E N D I X C

1.0 RECOMMENDED READING

- Clinical Ophthalmology. Jack J Kanski - . Latest Edition