



CMSA

The Colleges of Medicine of South Africa NPC

Nonprofit Company (Reg. No. 1955/000003/08)

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**JOHANNESBURG
ACADEMIC OFFICE**

December 2018

REGULATIONS

FOR ADMISSION TO THE HIGHER DIPLOMA IN SURGERY OF

THE COLLEGE OF SURGEONS OF SOUTH AFRICA

H Dip Surg(SA)

The examination is only offered once a year, during the Second Semester, from SS 2019.¹

1.0 SCOPE AND OBJECTIVES

- 1.1 The purpose of the Higher Diploma in Surgery is to raise and maintain the standard of surgery in regional hospitals and in rural general practise.
- 1.2 The level of knowledge and competence will be such as to provide a sound basis for the practise of surgery, without requiring the advanced knowledge commensurate with the specialist degree in surgery FCS(SA).

2.0 ELIGIBILITY OF CANDIDATES

- 2.1 Applicants for the higher diploma must be registered or registrable with the Health Professions Council of South Africa
- 2.2 The candidate should hold a medical officer's post in surgery in an academic teaching hospital, or in a satellited department of such a teaching hospital, or in a CMSA accredited department of surgery in a non-teaching hospital– *see Appendix D*

3.0 EDUCATION AND TRAINING

- 3.1 Such candidates will be required to undertake **two years** of fulltime in-service training
- 3.2 The training will encompass
 - 3.2.1 Six months trauma: general and ideally speciality with exposure to intensive care
 - 3.2.2 Eighteen months surgery: (*elective and non-trauma emergencies*) of which at least 12 months **must be in** general surgery, and ideally a further rotation through any of Urology; Otorhinolaryngology; Plastic and Reconstructive Surgery; Paediatric Surgery; Neurosurgery or Orthopaedics
- 3.3 A surgical logbook (available from the CMSA website) will be required for documenting training experience and academic activities. This must be signed off by the supervising registered General Surgeon.
- 3.4 Completion of the Advanced Trauma Life Support Course (ATLS)
– *See Appendix C*
- 3.5 Completion of the Basic Surgical Skills Course for entry to the examination from August 2013.

4.0.../

¹ Timing of the examination effective SS 2019

4.0 TRAINING PROGRAMME

(Integrated basic science and clinical knowledge)

- 4.1 **Purpose:** to advance competence in:
- 4.1.1 Clinical Assessment
 - 4.1.2 Selection and interpretation of appropriate investigations
 - 4.1.3 Determining and implementing a management plan with the emphasis on treatment strategies according to the severity of the disease, available facilities and surgical expertise with the need for and method of referral
 - 4.1.4 Acquisition of operative skills in
 - 4.1.4.1 Common “appropriate to the level of competency” elective operative procedures
 - 4.1.4.2 Emergency surgery
 - 4.1.4.3 The management of minor trauma to completion as seen in general surgery and specialities
 - 4.1.4.4 Resuscitation and life saving operative procedures in major trauma “appropriate to the level of competency”
- 4.2 **Implementation:** in practical terms the programme
- 4.2.1 Will encompass teaching ward rounds, patient presentations, formal exposure to surgical specialities, morbidity and mortality meetings, surgical conferences, lectures, surgical symposia and other appropriate surgical meetings
 - 4.2.2 should, where necessary, be adapted to accommodate the curriculum for this Higher Diploma
- 4.3 **Evaluation:**
- 4.3.1 A six-monthly progress report from the Head of Department who will act as supervisor
 - 4.3.2 Six-monthly feedback from candidates

5.0 CORE CURRICULUM

- 5.1 **General principles of patient care:** pre, intra, post-operative - *See Appendix A for syllabus*
- 5.2 **Principles of Surgical Practise:** *See Appendix B for syllabus*
- 5.3 **Advanced Trauma Life Support Course (ATLS):** *See Appendix on page 10 from paragraph 4.0 for details*

6.0 ADMISSION TO THE EXAMINATION

The candidate must attach to his examination application forms

- 6.1 a certificate from the head(s) of his/her department that he/she has completed in a satisfactory manner the training programme specified in clause 3.0
- 6.2 a report from the head(s) of department, based on the review of the candidate’s surgical logbook and his/her six-monthly in-course assessment, that his/her performance was satisfactory
- 6.3 A copy of Certificates indicating completion of the ATLS and BSS courses
- 6.4 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

7.0 FORMAT FOR THE EXAMINATION

The College of Surgeons is constantly reviewing assessment methods to ensure the validity and reliability for their examinations.²

- 7.1 Two 3-hour written papers
- 7.2 A clinical examination which may include an OSCE
- 7.3 An oral examination
- 7.4 Each component of the examination has a subminimum of 50% ie Written, OSCE and / or Oral

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² Statement of assessment systems used.

8.0 ADMISSION AS A DIPLOMATE

8.1 The candidate having passed the examination and having been admitted as a recipient of the Higher Diploma in Surgery of the College of Surgeons 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)

8.2 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

8.3 A Diplomate shall be entitled to the appropriate form of certificate under the seal of the CMSA

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

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

APPENDIX A

GENERAL PRINCIPLES OF PATIENT CARE

GUIDELINES TO CANDIDATES FOR THE HIGHER DIPLOMA IN SURGERY(SA)

1.0 PRE-OPERATIVE CARE

- 1.1 **Clinical competence:** To recognise and elicit the important symptoms and signs of patients with surgical disorders and the appropriate selection and interpretation of investigations
- 1.2 **Risk factors and assessment of fitness for anaesthesia and surgery:** To determine the severity and extent of a patient's surgical and concomitant medical disorders and medication associated with the treatment of these disorders
- 1.3 **Resuscitation:** Knowledge of the resuscitation of the critically ill or injured including common medical emergencies (*diabetic coma, stroke, coronary thrombosis*)
- 1.4 **Antibiotic therapy:** Prophylaxis and Therapeutic
- 1.5 **Transportation** of the critically ill
- 1.6 **Informed Consent:** Communication with patients, relatives and parents or legal guardians
- 1.7 **Premedication:** sedation, analgesia, anti-coagulants and other drug therapy

2.0 INTRA-OPERATIVE CARE

- 2.1 **Principles of asepsis and antisepsis:** Skin preparation and protection. Sterilisation of instruments, fluids, drapes and implantable materials. Cross infection
- 2.2 **Operating theatre safety precautions:** Diathermy, principles and hazards. Temperature control and sterility. Surgery in hepatitis and HIV patients (universal precautions). Protection of the unconscious patient
- 2.3 **Principles of general, regional and local anaesthesia:** Principles of pre-anaesthetic assessment including impact of concomitant diseases on anaesthesia and surgery. Various techniques of regional and local anaesthesia which can be used in surgical practise
- 2.4 **Techniques of vascular access**
- 2.5 **Surgical access and closure:** Site and choice of incisions; methods of wound closure and tissue defects; wound healing
- 2.6 **Adjuncts to surgery:** The use of ligatures, drains, catheters and tourniquets
- 2.7 **Intra-operative resuscitation and stabilisation:** Patient monitoring, correction of intra-operative blood and fluid losses, hypothermia, bacterial contamination, and bleeding disorders
- 2.8 **Life saving procedures:** Such as cardiac massage, relief of cardiac tamponade, tracheostomy, chest drains, ventilation, control of haemorrhage and amputation

3.0 POST-OPERATIVE CARE

- 3.1 **The management of pain:** Methods of post-operative analgesia both enteral and parenteral
- 3.2 **Management of post-operative complications:** Respiratory distress syndrome, infections and atelectasis. Deep vein thrombosis and pulmonary embolism. Haemorrhage, fluid imbalance, shock, myocardial infarction and cardiac arrest. Urinary retention and renal failure. Paralytic ileus. Jaundice. Infections of all varieties and septicaemia. Wound dehiscence and sepsis

- 3.3 **The management of concomitant disease:** Myocardial ischaemia, Respiratory insufficiency, Renal failure, Alcoholism, Diabetes, Confusional states and other organ failures
- 3.4 **The principle of fluid and electrolyte balance, nutrition and both intravenous and enteral feeding**
- 3.5 **The principles of intensive care:** Respiratory, circulatory, renal and alimentary support (*eg ventilators, blood gases, defibrillation, inotropic drugs, haemodialysis, peritonealdialysis, monitoring of arterial and central venous pressure and cardiac output*)
- 3.6 **Rehabilitation, physiotherapy:** Principles
- 3.7 **The management of the chronic and terminally ill:** Pain relief. Nutrition. Psychological support. Counselling. Bereavement. Communications.
- 3.8 **Surgical audit:** Principles and practise
- 3.9 **Medico-legal and ethics:** With emphasis on the terminally ill, informed consent, medico-legal problems and HIV infections

APPENDIX B

PRINCIPLES OF SURGICAL PRACTISE

GUIDELINES TO CANDIDATES FOR THE HIGHER DIPLOMA IN SURGERY(SA)

A knowledge of the following conditions is required based on the principles as set out under paragraph 4.1 of the regulations.

1.0 HEAD AND NECK SURGERY

1.1 Non-trauma

- 1.1.1 Tumours and swellings of the scalp and skull, lymph node enlargement in the neck, salivary glands, thyroid, supra clavicular conditions, brain and meninges pathology

1.2 Trauma

- 1.2.1 Scalp and skull, intracranial haemorrhage (extradural, subdural and intracerebral injuries), peripheral nerve injuries, skull base fractures, cervical spine/cord injuries, multiple maxillary/mandibular fractures, and penetrating injuries of the neck

1.3 Ear, nose, throat conditions

- 1.3.1 Acute otitis media, epistaxis, quinsy, bleeding from the ear, foreign body removal, acute obstruction of larynx/airway, technique of cricothyroidotomy and tracheostomy

1.4 Ophthalmological conditions

- 1.4.1 Foreign body removal: acute glaucoma, cause of sudden loss of vision, arc eyes, acute prolapse of lens/vitreous

2.0 THORAX

2.1 Non-trauma

- 2.1.1 Foreign body obstruction of the larynx, pharynx/oesophagus, corrosive burns of pharynx/oesophagus, spontaneous pneumothorax, inhalation burns

2.2 Thoracic trauma

- 2.2.1 Blunt injury: multiple rib fractures and surgical emphysema, flail chest, pneumothorax, pneumohaemothorax, tension pneumothorax, continuous bleeding from intercostal drain, aortic arch rupture, bronchial rupture, rupture of oesophagus, and diaphragmatic rupture, blunt injuries to the heart

2.2.2 Penetrating injuries:

- 2.2.2.1 Pneumo-, haemothorax: tension pneumothorax, penetrating injuries involving diaphragm, blowing chest wounds, penetrating injuries of heart with cardiac tamponade, crushed chest

3.0 GASTRO-INTESTINAL TRACT (G.I.T)

3.1 Upper and Lower G.I. Haemorrhage

- 3.2 Gastro-intestinal perforation, acute appendicitis and peritonitis, bowel obstruction, inflammatory bowel and diverticular disease, abdominal trauma and penetrating abdominal injuries

4.0 ANORECTAL CONDITIONS

- 4.1 Haemorrhoids, fissura and fistula in ano, peri-anal abscesses, proctitis and rectal ulcers

5.0 UROLOGY

5.1 Non-trauma

- 5.1.1 Acute pyelonephritis, cystopyelitis, renal stones, haematuria, obstructive uropathy

5.2 Trauma

- 5.2.1 Kidneys and ureters, bladder, urethra and penis

6.0 MUSCULO SKELETAL

- 6.1 Trauma: soft tissue, skeletal, joints
- 6.2 Infections (including gas gangrene), soft tissue, bone and joints
- 6.3 Amputations, principles and techniques

7.0 VASCULAR

- 7.1 Non-trauma, atherosclerotic disease including critical ischaemia and the diabetic foot
- 7.2 Trauma
- 7.3 Venous: deep vein thrombosis, varicose veins, post phlebitic leg
- 7.4 Lymphatic conditions
- 7.5 Compartmental syndrome

8.0 BURNS - all aspects**9.0 PAEDIATRIC EMERGENCIES**

- 9.1 Airway compromise, needle cricothyroidotomy, tracheostomy, hypovolaemic shock and resuscitation, hypothermia, strangulated hernias, pyloric stenosis, bowel obstruction, peritonitis, appendicitis, gastrointestinal bleeding, torsion of testes, circumcision

10.0 SKIN

- 10.1 Infectious conditions of the skin and subcutaneous tissue, skin tumours, hand infections, snakebites

11.0 RECOMMENDED READING

- 11.1 Bailey & Love's: Short Practise of Surgery, 21st edition, revised by Mann & Russell. Publisher: Chapman & Hall Medical (1992)
- 11.2 Primary Surgery, Vol I and II. Editor: Maurice King
- 11.3 Oxford Textbook of Surgery

APPENDIX C

SURGICAL/DENTAL

APPENDIX
CMSA

ATLS CERTIFICATE

Private Bag X23, Braamfontein 2017
Tel: 011 726 7037/ Fax: 011 726 4036ADVANCED TRAUMA LIFE SUPPORT COURSE
(compulsory for FCS(SA) Intermediate*, FCMFOS(SA) Final,
H DIP SURG(SA) and H DIP ORTH(SA) candidates)**1.0 EXAMINATION ADMISSION REQUIREMENT**

With effect from 1 June 1997 all candidates for the first two of the above examinations including repeat candidates, by Senate resolution had to be in possession of a valid ATLS certificate. (Candidates who passed these CMSA examinations in 1996 or further back are not affected).

2.0 EXTENSION OF TIME FOR FCS(SA) CANDIDATES

2.1 Section B candidates who are not able to fulfil this requirement will however be admitted to the examination, if eligible, without having to produce an ATLS Certificate. They may even start their Part II (Final) training without this certificate but must submit it before being allowed to write their Final.

2.2 In other words, the ATLS Certificate is a compulsory component of the final (Part II) entrance application for General Surgery, Cardiothoracic Surgery, Neurosurgery, Otorhinolaryngology, Plastic and Reconstructive Surgery, and Urology.

3.0 MAXILLOFACIAL AND ORAL SURGERY

This also applies to dentistry candidates applying for admission to the Part II (Final) examination in Maxillofacial and Oral Surgery, not the other dental Fellowship examinations.

4.0 HIGHER DIPLOMA IN SURGERY AND HIGHER DIPLOMA IN ORTHOPAEDICS

In terms of the regulations for these higher diplomas, candidates on applying for examination admission must attach (a valid copy of) their ATLS certificate.

5.0 RESPONSIBILITY OF CANDIDATE

5.1 Candidates are solely responsible for contacting the co-ordinator of the region of their choice, obtaining full information and enrolling and paying for the 2½ day ATLS course. They should not delay: many courses are fully booked months ahead.

6.0 NATIONAL REGIONS FOR ATTENDANCE AND THEIR COURSE CO-ORDINATORS

6.1 **Bloemfontein:** Sr Sonja van den Bergh, PO Box 29033, Danhof, Bloemfontein, 9301. Tel: 051 405 3506, Fax: 051 444 3814/2059, e-mail: Sonja13@absamail.co.za, Cell: 072 191 0130.

6.2 **Cape Town:** Sr Hetta Kolver, PO Box 15417, Panorama, Cape 7506. Tel: 021 842 3245, Fax: 021 842 3246, e-mail: atls@mjvn.co.za, Cell: 083 269 3451.

6.3 **Durban:** Shirley Odendaal, PO Box 16060, Bluff, 4036. Tel : 031 261 9658, Fax: 031 261 9658, e-mail: atls@saol.com, Cell: 083 654 4781.

6.4 **East London:** Lindy Richter, Frere Hospital Private Bag X9047, East London 5200. Tel: 043 709 2074, Fax: 043 709 2544, e-mail: lindy.richter@impilo.ecprov.gov.za, Cell: 082 829 3741.

6.5 **Port Elizabeth:** Rushda Hendricks, Tel: 041 405 9111, Fax: 041 452 2578, e-mail: maajidah@mweb.co.za, Cell: 083 774 9398.

6.6 **Pretoria:** Tania Haken, Department of Surgery, 1 Military Hospital, Private Bag X1026, Voortrekkerhoogte 0143. Tel: 012 314-0676, Fax: 012 314 0676, e-mail: atlsn@ananzi.co.za.

6.7 **Witwatersrand:** Mrs Sandy Marx, Postnet 235, Private Bag X2600, Houghton, 2041. Tel: 011 488 3373, Fax: 011 488 4322, e-mail: trauma@mweb.co.za, Cell: 082 553 6064.

(Courses at 6.1 and 6.6 may also be conducted also in Afrikaans. Enquire from coordinator).

For all surgical Fellowships except Orthopaedics and Ophthalmology.

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A P P E N D I X D**CMSA RECOGNISED HOSPITALS FOR H DIP SURG(SA) TRAINING**

Candidates are informed that training in fulfilment of the H DIP SURG(SA) examination regulations may be undertaken in:

1.0 Surgical 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

OR

2.0 In any hospital accredited for internship training by the HPCSA which has a functional department of surgery that is supervised by a specialist general surgeon

Enquiries concerning acceptability of posts should be addressed to:

The Academic Registrar
CMSA
Private Bag X23
BRAAMFONTEIN
2017