C M S A
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JOHANNESBURG OFFICE
EXAMINATIONS & CREDENTIALS

June 2020

R E G U L A T I O N S

FOR ADMISSION TO THE DIPLOMA IN PRIMARY EMERGENCY CARE

OF THE COLLEGE OF EMERGENCY MEDICINE OF SOUTH AFRICA

Dip PEC(SA)

1.0 BACKGROUND AND MOTIVATION

Emergency Medicine in South Africa has generally been poorly taught at undergraduate level. Many medical practitioners have to manage medical emergencies on a regular basis, and are interested in gaining additional knowledge in this subject. In many areas patients have no access to doctors with expertise in emergency management. There is thus an urgent need to train practitioners and to raise the standard of practice of emergency care

2.0 EDUCATIONAL AND PROFESSIONAL AIMS

2.1 **Increase capacity / competence of practitioners:**

2.1.1 The knowledge and application of basic sciences appropriate to the practice of emergency care in South Africa;

2.1.2 The acquisition of problem solving skills in the practice of emergency care;

2.1.3 The ability to request and interpret special investigations relevant to the practice of emergency care;

2.1.4 The ability to recognise emergency conditions requiring specialist attention

2.2 **Improving patient and community care:**

2.2.1 Increasing the availability of medical practitioners interested in emergency care

2.2.2 On completion of the diploma, the practitioner will have the ability to manage common emergencies encountered in district Hospitals or equivalent

3.0 TARGET GROUPS FOR THE DIPLOMA

3.1 Emergency care affects all systems and all disciplines, so that no single speciality can offer adequate comprehensive care.

3.2 The diploma is aimed at non-specialists, and the standard should be the level of competence equivalent to that required of a generalist working at a district Hospital.

3.3 The diploma will be of special value to general practitioners, especially those practising their profession:

3.3.1 in emergency centres/departments of Hospitals and clinics

3.3.2 In rural areas and community service

3.3.3 in the South African Military Health Services

3.3.4 …/

3.3.4 in the medical services of mines and industries
3.3.5 with pre-Hospital Emergency Medical Services
3.3.6 under any other conditions where primary emergency care forms an important part of their practice.

4.0 ADMISSION TO THE EXAMINATION

(To be read in conjunction with the Instructions)

4.1 Registration Requirements:

4.1.1 The candidate must be registered or registerable with the Health Professions Council of South Africa as a medical practitioner

4.1.2 Applicants with foreign medical registration may apply for consideration for entry into the examination, provided that their application is supported by appropriate motivational documentation (including a comprehensive Portfolio of Learning – see 4.3).

4.2 Basic Qualification required:[1] (Effective SS 2019)

Before taking the examination for the diploma, the candidate must have:

4.2.1 Completed his or her internship and at least six months full-time, or equivalent part-time, supervised additional clinical experience in a CMSA accredited emergency centre/department at the time of writing the examination.

OR

4.2.2 Demonstrated evidence of an active interest in Emergency Medicine by submitting a comprehensive portfolio of learning.

4.3 Portfolio of Learning

Except in the case of full–time supervised training (refer 4.2.1); a comprehensive Portfolio of Learning must accompany the application to enter for the examination. All instruction, experience and training gained in emergency medicine must be entered into the Portfolio of Learning. The Portfolio of Learning must be certified by the persons providing the training/education as well as by the candidate.

4.4 Basic Life Support Certificate:

Candidates must be in possession of a valid Basic Life Support Certificate A copy of the certificate is to be attached to the diploma application form.

4.5 Professional and Ethical Standing:

The CMSA, 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.

5.0 SYLLABUS FOR THE EXAMINATION

See Appendix C

6.0 PREPARATION FOR THE EXAMINATION

See Appendix D

7.0 EXAMINATION[2]

7.1 Overall standard expected:

Level of competence equivalent to that required of a generalist working at a district Hospital Emergency Centre.

7.2 Written Examination:

7.2.1 This examination is capped at 80 candidates per sitting. A waiting list will be opened but there is NO guarantee that you will get a place once capacity has been reached.

7.2.2 **Structure:**

The written part of the examination will comprise 2 written papers:

7.2.2.1 A Multiple Choice Paper will consist of 100 MCQ "single best answer" questions to be completed in 3 hours.

7.2.2.2. A Visually Aided Question Paper consisting of short answer questions as related to interpretation of clinical data that are encountered while working in an Emergency Care Environment. It will consist of 100 marks to be completed in 2 hours.

[1] Eligibility requirements changed June 2018

[2] Examination format updated June 2018

7.2.3 .../

7.2.2 **Objectives of the Written Examination:**

To examine the candidate with regard to the theoretical knowledge, data interpretation and skills necessary to effectively handle clinical and pre-Hospital emergencies. Knowledge of modern developments in the field of emergency care, including basic sciences and pre-hospital care, will be expected.

7.3 **Practical Examination:**

The practical examination will consist of 12 stations of 5 minutes' duration.

- 4 Practical skills assessment stations
- 2 Resuscitation skills assessment stations
- 6 Oral examination stations.

7.3.1 **Practical skills Assessment**

7.3.1.1 **Structure:**

There will be 4 skills stations, of 5 minutes duration, each with one examiner in each station

7.3.1.2 **Objectives:**

To assess the candidate's ability to perform skills necessary to work in an Emergency Care Environment.

7.3.2 **Resuscitation Skills Assessment**

7.3.2.1 **Structure:**

Resuscitation skills form an integral part of the Diploma in Primary Emergency Care. Two of the following skills will be assessed with one examiner in each station:

- Cardiopulmonary resuscitation
- Defibrillation (preparation and usage of manual and automated defibrillators)
- Choking
- Use of the bag-valve-mask device

Failure of BOTH of the Resuscitation Skills Assessment Stations will result in failure of the practical examination

7.3.2.2 **Objectives:**

To assess the candidate's ability to resuscitate unstable patients.

7.3.3 **Oral Examination:**

7.3.3.1 **Structure:**

There will be 6 oral examinations, of 5 minutes duration each, with one examiner in each station.

7.3.3.2 **Objectives of the Oral Examination:**

To assess the candidate's knowledge of material not covered in other parts of the examination, to examine in greater depth topics dealt with in other parts of the examination, and to determine the candidate's ability to provide a clear, logical, concise and reasoned exposition on aspects of emergency care.

7.4 **Marking System:**[3]

7.4.1 In order to be invited to the Practical examination, the candidate must have achieve an overall average above the determined cut score of the written examination as determined by the accepted standard setting process.

7.4.2 In order to pass the Examination, the candidate must achieve an overall average of 50% or more across the examination, with a subminimum of 45% or more for each component and pass at least one of the resuscitation skills stations.

7.4.3 Total for the examination:

1. Written Papers = 200 marks
   Multiple choice question paper = 100 marks plus
   Visually aided question paper = 100 marks
2. Practical examination = 200 marks

7.4.4 …/

[3] Effective SS 2020

7.4.4 The following was agreed at the CMSA Senate meeting of 30 October2019: THAT if a candidate passes the written component of a Diploma examination, but fails the oral/clinical/OSCE/OSPE/practical component, they will be permitted to redo the oral/clinical/OSCE/OSPE/practical component only at the next set of examinations without having to rewrite the written component. This carry over of the written component results will only be permitted once, and only for the oral/clinical/OSCE/OSPE/practical examination directly following the failed examination.[4]

8.0 APPENDICES

8.1	Appendix A & B	-	Hospitals accepted for Dip PEC(SA) training
8.2	Appendix C	-	Syllabus for the examination
8.3	Appendix D	-	Preparation for the examination
8.4	Appendix E	-	Guidelines for examiners and convenors

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[4] Effective SS2019

9.0 ADMISSION AS A DIPLOMATE

9.1 The candidate having passed the examination and having been admitted as a Diplomate in Primary Emergency Care of the College of Emergency Medicine 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 objectives 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)

9.2 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

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

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

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

A P P E N D I X A

HOSPITALS ACCEPTED FOR DIP PEC(SA) TRAINING

1.0 Teaching Hospitals and teaching Hospital equivalents qualify automatically.

2.0 Non-teaching Hospitals seeking recognition must meet the prescribed requirements and will need to reapply every 5 years.[5]

The Hospital must:

2.1 Offer a 24-hour per day emergency centre, 7 days per week

2.2 Have a full-time senior medical officer or part-time specialist in charge of the emergency centre

2.3 Have specialists **on call** for its emergency centre/department at all times

2.4 In addition to normal weekday sessions, allocate night-time and weekend duties **in the emergency centre/department** for all its medical officers in the emergency centre/department

2.5 Have educational guidance on site for medical staff

3.0 Pre-hospital emergency medical services and/or emergency-medicine related organisations may apply subject to approval from the CMSA

4.0 Enquiries concerning acceptability of posts should be addressed to:

academic.registrar@cmsa.co.za

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[5] Effective S S2020

A P P E N D I X B

HOSPITALS ACCEPTED FOR DIP PEC(SA) TRAINING

The following private and provincial Hospitals have been accredited for providing acceptable training for candidates preparing for the examination in Primary Emergency Care:

Hospital Name	Group	Town	Province
Bedford Gardens Hospital	Lifehealthcare	Johannesburg	Gauteng
Entabeni Hospital	Lifehealthcare	Durban	KwaZulu-Natal
Eugene Marais Hospital	Lifehealthcare	Pretoria	Gauteng
Flora Clinic Hospital	Lifehealthcare	Johannesburg	Gauteng
Fourways Hospital	Lifehealthcare	Johannesburg	Gauteng
Life Beacon Bay Hospital	Lifehealthcare	East London	Eastern Cape
Life Carstenhof Hospital	Lifehealthcare	Midrand	Gauteng
Life Chatsmed Garden Hospital	Lifehealthcare	Chatsworth	KwaZulu-Natal
Life Glynnwood Hospital	Lifehealthcare	Johannesburg	Gauteng
Life Kingsbury Hospital	Lifehealthcare	Cape Town	Western Cape
Life Roseacres Clinic	Lifehealthcare	Johannesburg	Gauteng
Life St Georges Hospital	Lifehealthcare	Port Elizabeth	Eastern Cape
Life West Coast Private Hospital	Lifehealthcare	Vredenburg	Western Cape
Life Wilgeheuwel Hospital	Lifehealthcare	Johannesburg	Gauteng
St. Dominic's Hospital	Lifehealthcare	East London	Eastern Cape
St. George's Hospital	Lifehealthcare	Port Elizabeth	Eastern Cape
Vincent Palloti Hospital	Lifehealthcare	Cape Town	Western Cape
Wilgers Hospital	Lifehealthcare	Pretoria	Gauteng
Bloemfontein Medi-Clinic	Medi-Clinic	Bloemfontein	Free State
Cape Town Medi-Clinic	Medi-Clinic	Cape Town	Western Cape
Constantiaberg Medi-Clinic	Medi-Clinic	Cape Town	Western Cape
Durbanville Medi-Clinic	Medi-Clinic	Durbanville	Western Cape
Highveld Medi-Clinic	Medi-Clinic	Trichardt	Mpumalanga
Hoogland Medi-Clinic	Medi-Clinic	Bethlehem	Free State
Kimberley Medi-Clinic	Medi-Clinic	Kimberley	Northern Cape
Medforum Medi-Clinic	Medi-Clinic	Pretoria	Gauteng
Mediclinic Cape Gate	Medi-Clinic	Cape Town	Western Cape
Mediclinic Kloof	Medi-Clinic	Pretoria	Gauteng
Mediclinic Medstream	Medi-Clinic	Olifantsfontein	Gauteng
Mediclinic Welkom	Medi-Clinic	Welkom	Free State
Milnerton Medi-Clinic	Medi-Clinic	Cape Town	Western Cape
Muelmed Medi-Clinic	Medi-Clinic	Pretoria	Gauteng
Nelspruit Medi-Clinic	Medi-Clinic	Nelspruit	Mpumalanga
Paarl Medi-Clinic	Medi-Clinic	Paarl	Western cape
Panorama Medi-Clinic	Medi-Clinic	Cape Town	Western Cape
Pietermaritzburg Medi-Clinic	Medi-Clinic	Pietermaritzburg	KwaZulu-Natal
Sandton Medi-Clinic	Medi-Clinic	Johannesburg	Gauteng
Trichardt Medi-Clinic	Medi-Clinic	Trichardt	Mpumalanga
Vergelegen Medi-Clinic	Medi-Clinic	Somerset West	Western Cape
Windhoek Medi-Clinic	Medi-Clinic	Windhoek	Namibia
Worcester Medi-Clinic	Medi-Clinic	Worcester	Western Cape
Melomed Gatesville Hospital	Melomed	Athlone	Western Cape
Akasia Hospital	Netcare	Pretoria	Gauteng
Alberlito Hospital	Netcare	Ballito	KwaZulu-Natal
Blaauwberg Hospital	Netcare	Cape Town	Western Cape

Hospital Name	Group	Town	Province
Christian Barnard Memorial Hospital	Netcare	Cape Town	Western Cape
Cuyler Hospital	Netcare	Uitenhage	Eastern Cape
Ferncrest Hospital	Netcare	Rustenburg	North West
Garden City Hospital	Netcare	Johannesburg	Gauteng
Greenacres Hospital	Netcare	Port Elizabeth	Eastern Cape
Kingsway Hospital	Netcare	Amanzimtoti	KwaZulu-Natal
Krugersdorp Hospital	Netcare	Krugersdorp	Gauteng
Kuils River Hospital	Netcare	Cape Town	Western Cape
Linksfield Clinic Hospital	Netcare	Johannesburg	Gauteng
Linmed Hospital	Netcare	Benoni	Gauteng
Milpark Hospital	Netcare	Johannesburg	Gauteng
Mulbarton Hospital	Netcare	Johannesburg	Gauteng
Netcare Montana Hospital	Netcare	Pretoria	Gauteng
Netcare Pholoso Hospital	Netcare	Polokwane	Limpopo
Netcare Unitas Hospital	Netcare	Pretoria	Gauteng
N1 City Hospital	Netcare	Cape Town	Western Cape
N17 Hospital	Netcare	Springs	Gauteng
Olivedale Hospital	Netcare	Johannesburg	Gauteng
Pretoria East Hospital	Netcare	Pretoria	Gauteng
St. Anne's Hospital	Netcare	Pietermaritzburg	KwaZulu-Natal
St. Augustine’s Hospital	Netcare	Durban	KwaZulu-Natal
Sunninghill Hospital	Netcare	Johannesburg	Gauteng
Umhlanga Hospital	Netcare	Umhlanga	KwaZulu-Natal
Lenmed Royal Hospital and Heart Centre	Private	Kimberley	Northern Cape
Addington Hospital	Provincial	Durban	KwaZulu-Natal
AGA Khan University Hospital	Provincial	Nairobi	Kenya
Beaufort West Hospital	Provincial	Beaufort West	Western Cape
Bheki Mlangeni District Hospital	Provincial	Johannesburg	Gauteng
Chris Hani Baragwanath Hospital	Provincial	Johannesburg	Gauteng
Dihlabeng Regional Hospital	Provincial	Bethlehem	Free State
Dora Nginza Hospital	Provincial	Port Elizabeth	Eastern Cape
Dr. George Mukhari Hospital	Provincial	Pretoria	Gauteng
Dr. Yusuf Dadoo Hospital	Provincial	Krugersdorp	Gauteng
Edendale Hospital	Provincial	Pietermaritzburg	KwaZulu-Natal
Edenvale Regional Hospital	Provincial	Edenvale	Gauteng
Eerste Rivier Hospital	Provincial	Cape Town	Western Cape
Elim Hospital	Provincial	Elim	Limpopo
Elizabeth Ross Hospital	Provincial	Qwaqwa	Free State
Far East Rand Hospital	Provincial	Springs	Gauteng
Free State National Hospital	Provincial	Bloemfontein	Free State
Frere Hospital	Provincial	East London	Eastern Cape
George Regional Hospital	Provincial	George	Western Cape
Germiston Hospital	Provincial	Germiston	Gauteng
Grey's Hospital	Provincial	Pietermaritzburg	KwaZulu-Natal
Groote Schuur Hospital	Provincial	Cape Town	Western Cape
Helen Joseph Hospital	Provincial	Johannesburg	Gauteng
Helderberg Hospital	Provincial	Somerset West	Western Cape
Job Shimankana Provincial Hospital	Provincial	Rustenburg	North West

Hospital Name	Group	Town	Province
Kalafong Hospital	Provincial	Pretoria	Gauteng
Karl Bremer Hospital	Provincial	Stellenbosch	Western Cape
Katutura Hospital	Provincial	Windhoek	Namibia
Khayelitsha Hospital	Provincial	Khayelitsha	Western Cape
King Edward VIII Hospital	Provincial	Durban	KwaZulu-Natal
King George V Hospital	Provincial	Durban	KwaZulu-Natal
Klerksdorp Hospital	Provincial	Klerksdorp	North West
Knysna Provincial Hospital	Provincial	Knysna	Western Cape
Kopanong Hospital	Provincial	Vereeniging	Gauteng
Kraaifontein Hospital	Provincial	Cape Town	Western Cape
Ladysmith Hospital	Provincial	Ladysmith	KwaZulu-Natal
Lavis Hospital	Provincial	Stellenbosch	Western Cape
Lebowa Kgomo Hospital	Provincial	Chuenespoort	Limpopo
Lentegeur Hospital	Provincial	Cape Town	Western Cape
Leratong Hospital	Provincial	Krugersdorp	Gauteng
Letaba Hospital	Provincial	Letaba	Limpopo
Life Midmed Hospital	Provincial	Middleburg	Mpumalanga
Livingstone Hospital	Provincial	Port Elizabeth	Eastern Cape
Madadeni Hospital	Provincial	Newcastle	KwaZulu-Natal
Mafikeng Provincial Hospital	Provincial	Mafikeng	North West
Mahatma Gandhi Memorial Hospital	Provincial	Durban	KwaZulu-Natal
Mamelodi Hospital	Provincial	Pretoria	Gauteng
Mankweng Hospital	Provincial	Polokwane	Limpopo
Mapulaneng Hospital	Provincial	Bushbuckridge	Mpumalanga
Mitchells Plein Hospital	Provincial	Cape Town	Western Cape
Mofumadi Manapo Mopeli Hospital	Provincial	Witsieshoek	Free State
Mokopane Hospital	Provincial	Mokopane	Limpopo
Mossel Bay Provincial Hospital	Provincial	Mossel Bay	Western Cape
Mowbray Hospital	Provincial	Cape Town	Western Cape
Murchison Hospital	Provincial	Port Shepstone	KwaZulu-Natal
Natalspruit Hospital	Provincial	Alberton	Gauteng
Nelson Mandela Academic Hospital	Provincial	Umtata	Eastern Cape
Newcastle Hospital	Provincial	Newcastle	KwaZulu-Natal
Ngwelezana Hospital	Provincial	Empangeni	KwaZulu-Natal
Northdale Hospital	Provincial	Pietermaritzburg	KwaZulu-Natal
Oudtshoorn Hospital	Provincial	Oudtshoorn	Western Cape
Oshakati Intermediate Hospital	Provincial	Oshakati	Namibia
Paarl Provincial Hospital	Provincial	Paarl	Western Cape
Parirenyatwa Group of Hospitals	Provincial	Harare	Zimbabwe
Pelenomi Hospital	Provincial	Bloemfontein	Free State
Phekolong District Hospital	Provincial	Bethlehem	Free State
Pholosong Hosptial	Provincial	Springs	Gauteng
Polokwane Hospital	Provincial	Polokwane	Limpopo
Port Elizabeth Provincial Hospital	Provincial	Port Elizabeth	Eastern Cape
Port Shepstone Hospital	Provincial	Port Shepstone	KwaZulu-Natal
Potchefstroom Hospital	Provincial	Potchefstroom	North West
Prince Mshiyeni Hospital	Provincial	Durban	KwaZulu-Natal
Rahima Moosa Mother & Child Hospital	Provincial	Johannesburg	Gauteng
Red Cross Children's Hospital	Provincial	Cape Town	Western Cape

Hospital Name	Group	Town	Province
R K Khan Hospital	Provincial	Chatsworth	KwaZulu-Natal
Rob Ferreira Hospital	Provincial	Nelspruit	Mpumalanga
Robert Mangaliso Sobukwe Hospital	Provincial	Kimberley	Northern Cape
SAMHS No 1 Military Hospital	Provincial	Pretoria	Gauteng
SAMHS Western Cape Medical Command	Provincial	Cape Town	Western Cape
SAHMS No 3 Military Hospital	Provincial	Bloemfontein	Free State
Sebokeng Hospital	Provincial	Vereeniging	Gauteng
Somerset Hospital	Provincial	Cape Town	Western Cape
Stanger Hospital	Provincial	Stanger	KwaZulu-Natal
Steve Biko Pretoria Academic Hospital	Provincial	Pretoria	Gauteng
Stellenbosch Hospital	Provincial	Stellenbosch	Western Cape
St Ritas Hospital	Provincial	Pretoria	Limpopo
Stikland Hospital	Provincial	Stellenbosch	Western Cape
Tambo Memorial Hospital	Provincial	Boksburg	Gauteng
Taung Hospital	Provincial	Taung	North West
Tembisa Hospital	Provincial	Olifantsfontein	Gauteng
Themba Hospital	Provincial	Kabokweni	Mpumalanga
Tripoli Central Hospital	Provincial	Tripoli	Lybia
Tshepong Hospital	Provincial	Klerksdorp	North West
Tshilidzini Hospital	Provincial	Shayandima	Limpopo
Tshwane District Hospital	Provincial	Pretoria	Gauteng
Tygerberg Academic Hospital	Provincial	Stellenbosch	Western Cape
Uitenhage Provincial Hospital	Provincial	Uitenhage	Eastern Cape
Umtata General Hospital	Provincial	Umtata	Eastern Cape
Universitas Academic Hospital	Provincial	Bloemfontein	Free State
Victoria Hospital	Provincial	Cape Town	Western Cape
Vryburg Hospital	Provincial	Vryburg	North West
Warmbaths Hospital	Provincial	Bela-Bela	Limpopo
Wentworth Hospital	Provincial	Durban	KwaZulu-Natal
Wesfleur Hospital	Provincial	Cape Town	Western Cape
Windhoek State Hospital	Provincial	Windhoek	Namibia
Witbank Hospital	Provincial	Witbank	Mpumalanga
Worcester Provincial Hospital	Provincial	Worcester	Western Cape
Busamed Gateway Private Hospital	Private	Umhlanga	KwaZulu-Natal
Lady Pohamba Private Hospital	Private	Windhoek	Namibia
Lenmed Royal Hospital and Heart Centre Kimberley	Private	Kimberley	Northern Cape

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A P P E N D I X C

1.0 SYLLABUS FOR THE EXAMINATION

Preparation for the Dip PEC(SA) should include (but not be limited to) the following:

- Emergency medical services, trauma, environmental emergencies, surgical and related specialties emergencies, ethics of emergency medicine.
- Medical, paediatric, obstetric and gynaecological, and toxicological emergencies

Whilst the syllabus lists most of the topics which will commonly be addressed, topics relevant to Emergency Medicine but not specifically listed may also be examined.

Basic Sciences

Basic Sciences will not be examined in a separate paper, but may form part of the questions in anatomy, physiology, pathology and pharmacology relevant to the Emergency Medicine setting.

1.1 EMERGENCY MEDICAL SERVICES (EMS)

- Pre-Hospital care
- Model systems/local systems
- EMS training and scope of practice
- Regionalisation/categorisation of care/trauma centres
- Disaster planning
- Outbreak response
- Triage
- Patient transfer
  - Road transfer
  - Air ambulance (including helicopter and fixed wing)

1.2 TRAUMA - RECOGNITION AND INITIAL MANAGEMENT

- Initial approach to the trauma patient
- General principles of paediatric trauma
- Priorities in multiple trauma
- Head and facial trauma
- Spinal trauma
- Chest trauma
  - Blunt/penetrating
  - Pneumothorax
  - Pericardial tamponade
  - Massive haemothorax
  - Open chest wound
  - Ruptured aorta
- Abdominal trauma
  - Blunt/penetrating
  - Indications for diagnostic peritoneal lavage
- Urogenital trauma
- Extremity trauma
- Early management of fractures and dislocations
- Explosive injuries
- Crush syndrome
- Burns

1.3 ENVIRONMENTAL EMERGENCIES – DIAGNOSIS AND INITIAL MANAGEMENT

- Frost-bite and other localised cold-related injuries
- Hypothermia
- Heat emergencies
- Insect and arachnid bites

- Snake bites …/

- Snake bites and scorpion stings
- High altitude emergencies
- Diving emergencies
- Drowning
- Lightning

1.4 SURGICAL AND RELATED SPECIALTY EMERGENCIES

1.4.1 Neurosurgery

- Intracranial haemorrhage (extra-dural, sub-dural, subarachnoid, intra-cerebral)

1.4.2 Cardiothoracic Surgery

- Indications for thoracotomy in Emergency Units/Casualty departments

1.4.3 Abdominal Surgery

- Approach to the acute abdomen
- Gastro-intestinal haemorrhage
- Foreign body ingestion
- Ruptured aortic aneurysm

1.4.4 Urogenital Emergencies

- Testicular torsion
- Urological stone disease

1.4.5 Emergencies related to the Musculoskeletal System

- Threatened limb
- Neurovascular extremity examination
- Strains/sprains/fractures
- Dislocations
- Soft tissue injury/infection
- Septic joint

1.4.6 ENT Emergencies

- Epistaxis/septal haematoma
- Foreign bodies
- Infections
- Upper airway obstruction
- Dental emergencies

1.4.7 Ophthalmological Emergencies

- Causes of the red eye
- Eye trauma
- Causes of visual Impairment

1.5 ETHICS IN EMERGENCY MEDICINE

- Ethics of resuscitation
- Patient autonomy and informed consent
- Organ donation
- Declaration of death
- Professional and vicarious liability

1.6 MEDICAL EMERGENCIES

1.6.1 Neurological Emergencies

- Coma
- Altered/deteriorating level of consciousness
- Headache
- Meningitis
- Seizures
- Cerebral vascular incident

1.6.2 Cardiovascular Emergencies

- Co-ordination and usage of cardiac and peri-arrest drugs
- Treatment of ventricular fibrillation/ventricular tachycardia
- Treatment of asystole/pulseless electrical activity/bradyarrhythmias

- Chest pain …/

- Chest pain evaluation
- Recognition and treatment of tachyarrhythmias
- Recognition and treatment of hypertensive emergencies
- Myocardial infarction

1.6.3 Pulmonary Emergencies

- Evaluation of dyspnoea
- Acute respiratory failure
- Acute asthma and exacerbation of chronic obstructive pulmonary disease
- Pulmonary oedema
- Pulmonary embolus
- Foreign body
- Pneumothorax
- Pneumonia
- Inhalation injury

1.6.4 Gastrointestinal Emergencies

- Diarrhoea and dehydration
- Peptic ulcer disease
- Pancreatitis
- Acute jaundice

1.6.5 Endocrine and Metabolic Emergencies

- Electrolyte abnormalities
- Acid base abnormalities
- Hypo- and hyperglycaemia
- Thyroid and adrenal disorders

1.6.6 Urogenital Emergencies

- Sexually transmitted diseases
- Epididymitis

1.6.7 Infective Emergencies

- Meningococcal septicaemia
- Malaria
- Tetanus
- HIV infection and AIDS
- Rabies
- Fever of unknown origin, including haemorrhagic fevers
- Influenza

1.1.8 Psychosocial Emergencies

- Recognition of acute psychosis
- Suicidal and homicidal evaluation
- Recognition of behavioural disorders caused by organic illness
- Performance of mental status examination

1.7 PAEDIATRIC EMERGENCIES

- Common neonatal problems
- The premature infant
- Sudden infant death syndrome
- Meningitis
- ENT emergencies in children (eg croup, epiglottitis)
- Bronchiolitis
- Asthma
- Paediatric abdominal emergencies
- Paediatric exanthems

1.8 …/

1.8 OBSTETRIC AND GYNAECOLOGICAL EMERGENCIES

1.8.1 Emergencies Related to Pregnancy

- Ectopic pregnancy
- Abortion
- Antepartum haemorrhage
- Normal delivery
- Abnormal delivery
- Postpartum haemorrhage

1.8.2 Gynaecological Emergencies

- Vulvovaginitis
- Sexually transmitted diseases
- Gynaecological causes of the acute abdomen
- Rape and sexual assault

1.9 TOXICOLOGICAL EMERGENCIES

- Recognition of clinical syndromes:
  - Coma
  - Anti-cholinergic
  - Cholinergic
  - Narcotic
  - Sympathetic
- Initial treatment and removal of poisons:
  - Agent-specific therapy
  - Role of poison centres
  - Decontamination

1.10 BASIC PRINCIPLES OF EMERGENCY CARE

- Recognition of threats to life and limb
- Evaluation of the Emergency Centre/Casualty Department patient
- Cardiopulmonary Resuscitation:
  - One- and two-rescuer CPR
  - Conscious and unconscious victim
  - Choking victim
  - Neonatal resuscitation

1.11 APPROACH TO SHOCK

- Definition and clinical findings
- Differential diagnosis:
  - Hypovolaemic
  - Distributive (septic, anaphylactic, neurogenic)
  - Cardiogenic
  - Obstructive
- Pharmacological principles of resuscitation in shock:
  - Kinds of fluids
  - Fluid replacement
  - Inotrope usage

1.12 CARDIOPULMONARY RESUSCITATION

- Adult
- Child and infant
- Neonatal

1.13 ECG MONITOR / DEFIBRILLATOR USAGE

- Defibrillator operation and usage (manual and automated)
- Pacing
- Synchronised cardioversion
- Arrhythmia recognition and management

- **Clinical …/**

Clinical and Practical Skills

1.14 AIRWAY CONTROL

- Bag-valve-mask ventilation
- Endotracheal intubation and rescue devices and techniques
- Cricothyroidotomy
- Confirmatory devices
- Ventilator principles

1.15 VASCULAR ACCESS TECHNIQUES AND CONTROL OF HAEMORRHAGE

- Arterial line insertion
- Central line insertion

1.16 LACERATION REPAIR

- Suture material, needles, instruments
- Types of wounds
- Wound preparation
- Tetanus prophylaxis
- Local anaesthesia and blocks

1.17 SPLINTING AND SPINAL IMMOBILISATION TECHNIQUES

1.18 RADIOLOGY INTERPRETATION

- X-ray review – including fracture identification
- CT scan review

1.19 GASTRIC LAVAGE

1.20 SUPERFICIAL ABSCESS – INCISION AND DRAINAGE

1.21 NASAL PACKING

1.22 PERICARDIOCENTESIS

1.23 NEEDLE THORACOSTOMY

1.24 THORACOSTOMY TUBE DRAINAGE

1.25 OBSTETRIC EMERGENCIES

- Normal delivery
- Abnormal delivery

A P P E N D I X D

PREPARATION FOR THE EXAMINATION

Suggested Reading (NB: Always use the most current edition available)[6]

International

Any standard textbook relating to emergency medicine and/or critical care, eg:

- Wallis and Reynolds et al. Oxford AFEM Handbook of Acute and Emergency Care (Oxford University Press)
- Wayett, Ellingworth et al. Oxford Handbook of Emergency Medicine (Oxford University Press)
- 2015 ILCOR Guidelines for Cardiopulmonary Resuscitation

On line platforms for example:

- Life in the fast lane
- EM Guidance
- Up to date
- REBEL EM

Local (South African)

- Nationally-standardised Algorithms of the Resuscitation Council of Southern Africa
- (Downloadable from www.resuscitationcouncil.co.za)
- Practice Guidelines of the Emergency Medicine Society of South Africa
- (Downloadable from www.emssa.org.za)
- Advanced Life Support Practitioner Protocols of the HPCSA Professional Board of Emergency Care (Downloadable from www.hpcsa.co.za)
- Emergency Guidelines from Western Cape (latest edition from Cape Town)
- Engelbrecht et al. Primary Emergency Care (latest edition from Pretoria university)

The candidate is advised to read recent relevant texts on emergency care, as the above serve merely as a sample of available literature.

Preparatory Training Programmes

Compulsory

- Basic Life Support for Healthcare Provider Course (*Resuscitation Council of Southern Africa or equivalent*)

Suggested (but not compulsory)

- Emergency Medicine-related short courses (*listed on the CMSA website*)

[6] Suggested Reading list updated March 2020

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A P P E N D I X E

GUIDELINES FOR EXAMINERS AND CONVENORS

GUIDELINES FOR EXAMINERS

- When setting the examination, examiners should guard against placing undue emphasis on aspects which are esoteric, uncommon or of minimal clinical significance.
- Examination questions should be appropriate to the average candidates' stage of training and experience.
- Examiners should be reasonable when setting written questions about new drugs or techniques, particularly if they are not significantly related to clinical practice.
- Ambiguity must be avoided, and the average candidate should have a clear understanding of what is required in the answer.
- After each examination, the examiners should meet and discuss the examination and any problems arising from any aspect of the examination.

GUIDELINES FOR CONVENORS:

The Overall Convenor should ensure that:

- There is no unnecessary duplication between different examiners or different parts of the examination.
- Questions are fair and not ambiguous, and that abbreviations are avoided.
- Questions cover an overall spread of the subject.
- The standard of the examination be maintained equally between the individual examiners.

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