

## CMSA

#### 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

**<u>Attention:</u>** The Superintendent / Hospital Clinical Manager

#### Application for / Review of Hospitals approved for Dip PEC(SA) Training

The College of Emergency Medicine of South Africa (CEM(SA)) reviews the list of all hospitals accredited for training towards the Diploma in Primary Emergency Care; Dip PEC (SA) examination of the Colleges of Medicine of South Africa regularly. The prescribed requirements for accreditation are noted on the "Regulations for admission to the Diploma in Primary Emergency Care" Appendix A, available on the CMSA website.

The inclusion on this list makes your hospital an attractive choice for emergency department doctors, as it allows them to further their interest in this discipline. Your hospital will reap the benefit of the academic expertise that these doctors will gain.

To add your facility to this list or ensure non-erasure, we ask you to kindly complete the enclosed Questionnaire regarding your emergency department and return the completed form by

E-mail: Academic.Registrar@cmsa.co.za

Your assistance in this regard is sincerely appreciated, and we value your support in providing a high level of expertise for candidates wishing to further their knowledge and experience in the field of emergency care.

Yours faithfully

College of Emergency Medicine of South Africa

### Review of CMSA Accreditation for Dip PEC(SA) Training

Ultrasound machine: .....

### A) NAME OF HOSPITAL: Physical address: ..... Postal address: ..... Tel No.(.....) Email: ..... Fax No.(....).................. Level of hospital (Tertiary/regional/district/primary): Approximate number of patients seen in emergency department per month: Number of beds in hospital: B) DETAILS OF THE EMERGENCY DEPARTMENT: Does the unit provide a 24-hour emergency service 7 days a week? 1. (If no, please elaborate) Does the unit allocate all Dip PEC candidate medical officers night-time and weekend 2. duties in the emergency department, in addition to normal weekday sessions? (If no, please elaborate): 3. Is the facility equipped to immediately assess and manage patients triaged "Red" or "P1" (See the South African Triage Score)? How many are P1/Code Red (or equivalent) patients managed by the emergency department doctors, on average, in a 24 hour period? Is the following available in the unit: ECG machine: ..... Fully stocked resuscitation trolley:.... Defibrillator:.... Ventilator: .....

4.	How many patients are seen through the Emergency department and managed by medical officers, on average, in 24 hours?								
	What percentage of these patients are:								
	Adult Medical:%								
	Adult Surgical:%								
	Trauma (Adult and Paediatric):%								
	Psychiatry:%								
	Paediatric:%								
	Obstetrics and gynaecology:%								
	Other:%								
5.	Does the unit have specialist physicians and surgeons on call (available telephonically and within 30-45 minutes of the hospital for call out) for its emergency department a all times?								
•	Name and Qualifications of Specialist Physician, Department of Internal Medicine:								
	Name and Qualifications of Specialist Surgeon, Department of Surgery:								
•	Name and qualification of other specialists and their disciplines								
6.	Does the Emergency Department have a full-time senior Medical Officer or Emergency Medicine Specialist in charge of the Emergency Department?								

o S	s there at least one doctor working in the unit qualified to supervise the performance of emergency department skills (i.e. Family Medicine Specialist, Emergency Medicine pecialist, or experience Medical Officer with at least Dip PEC or higher qualification in Emergency Medicine?
a d e M s fc	no to Question 7, is there at least one doctor qualified distant to the unit (but still ctively involved in unit operations) to supervise the performance of emergency epartment skills (i.e. Family Medicine Specialist, Emergency Medicine Specialist, or experience Medical Officer with at least Dip Pec or higher qualification in Emergency fledicine? Please motivate, including how regularly the supervisor visits the unit, how supervision of skills will be done, and any other information that may help to motivate or accreditation of this unit.
	there a structured Dip Dee togeting and training programme?
-	there a structured Dip Pec teaching and training programme?
	How many doctors in the Emergency department currently have a DipPEC(SA); PG Dip (Emergency Medicine) or MPhil (Emergency Medicine) qualification?
-	

C)	DETAIL	DETAILS OF Dip PEC SUPERVISOR IN THE EMERGENCY DEPARTMENT:								
	Full Nar	me:								
	HPCSA	Registr	ation No:							
	Post (Fu	ull time/f	Part time):							
	Post Gr	aduate (	Qualifications: Date obtain	ned:						
	Short C	Course E	Experience:							
	ACLS		(Advanced Cardiovascular Life Support) Date obtained:							
	ACLS-E	ĒΡ	(ACLS for Experienced Providers)	Date obtained:						
	PALS		Pediatric Advanced Life Support)							
	APLS		(Advanced Paediatric Life Support)		Date obtained:					
	ANLS		(Advanced Neonatal Life Support)		Date obtained:					
	AMLS		(Advanced Medical Life Support)		Date obtained:					
	ATLS		(Advanced Trauma Life Support)		Date obtained					
	BSSC		(Basic Surgical Skills Course)		Date obtained:					
	EMSB		(Emergency Management of Severe B	urns)	Date obtained:					
	ePOCU	IS	(Emergency Point of Care Ultrasound)		Date obtained:					
ОТ	HED.		Date	ohtaine	ad.					
01	· · · · · · · · · · · · · · · · · · ·		Date	Obtaine	,u					
D)	DETAIL	S OF T	HE HOSPITAL:							
	1.	Does the hospital have an Intensive Care Unit (ICU)?								
2.		If yes, how many beds are in the ICU?								
	3.	Does the hospital manage intubated and ventilated patients in the ICU? How many on average?								
4. If no, where are these patients referred to?										

E)	ANY ADDITIONAL APPLICATION?				RELEVA		

I hereby certify that the above information is correct.

E-mail:

Signature of Head of Emergency Department:
Signature of Medical Superintendent/Hospital Manager:
Name of Medical Superintendent/Hospital Manager:

Academic.Registrar@cmsa.co.za