

Professional competence in South Africa

To the Editor: The Colleges of Medicine of South Africa (CMSA) wishes to respond to the editorial by Solly Benatar.^[1]

The CMSA shares Prof. Benatar's concern about the need to ensure that new surgeons and gynaecologists have had the necessary practical experience to enter solo clinical practice. Prof. Benatar appropriately raises questions about surgical competence, 'how many operations specific to the specialty in question newly qualified surgeons are required to have performed', and 'how many such operations they have indeed performed before they are allowed to go into practice'. He also refers to the impact of reductions in tertiary beds, freezing of posts in academic hospitals and reductions in operating time on the capacity to train new generations of specialised practitioners.

While he correctly states that 'the CMSA surgical fellowships have rules stating that a portfolio of surgical experience must be submitted at the time of applying for the final fellowship examination', we wish to correct the statement that 'no mention is made in the rules of the number of operations that should have been done or assisted with, or whether the examiners themselves evaluate the portfolios'.

The Colleges of Otorhinolaryngology, Obstetrics and Gynaecology, and Paediatric Surgery do specify on the CMSA website the numbers of procedures that candidates must have performed prior to being admitted to the final examinations. Surgical logbooks are signed off by the heads of departments and submitted to the relevant colleges for scrutiny. Candidates are refused permission to write the final examination if the logbook requirements have not been met.

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1. Benatar SR. Professional competence and professional misconduct in South Africa. *S Afr Med J* 2014;104(7):480-482. [<http://dx.doi.org/10.7196/SAMJ.8492>]

Prof. Benatar replies: I am grateful to Profs Fagan and Lindeque for the points of correction they have made regarding the portfolios for the above Colleges. I presume that it is the examiners for each examination session who approve the logbooks, although this is not stated. As no mention is made of all the other surgical colleges, I also presume that their portfolio requirements are not adequately spelt out.

I reiterate my recommendation that 'It would seem timely to instigate an open investigation of the patient loads, surgical facilities and staffing levels of all training institutions, as well as of the thoroughness and accountability of the evaluation of practical experience, including scrutiny of well-prepared, validated case portfolios, before qualifying surgeons to enter practice as specialists.'

All the CSMA surgical colleges should initiate this process by reviewing their portfolio requirements and ensuring that these relevantly match those of well-recognised colleges internationally.

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