What’s in a name? Terminology in emergency care in South Africa

To the Editor: Recent discussions with members of the public and colleagues have made me concerned about what various health care practitioners of differing grades working in emergency centres (ECs) in both the private and public health care sectors are calling themselves (or being called by their employers). An EC is the current correct term for what is known variously as an emergency/accident and emergency/casualty unit or a trauma and emergency unit.

I have recently heard certain medical staff at a number of our private hospitals being referred to as ‘traumatologists’, a registration category that does not exist in the Health Professions Council of South Africa nomenclature. I therefore feel that we need to remind our colleagues what the correct terminology should be, as follows:

• A non-specialist medical practitioner working in an EC is most correctly called a medical officer, irrespective of whether or not he or she has completed non-specialist diplomas (such as Dip PEC).
• A specialist in Emergency Medicine is someone who has completed four years of recognised training or who was ‘grandfathered’ into the relatively new specialty of Emergency Medicine preceding the availability of specialist training, and is duly registered with the HPCSA.
• A specialist in any other field is someone who has, by virtue of training or peer review, been registered in their field with the HPCSA. This would include general surgeons not certified in any sub-specialty.
• A trauma surgeon is one who has trained in General Surgery, has completed post-Fellowship training in Trauma and Critical Care, and is registered with the HPCSA in the sub-specialty of Trauma Surgery. Certain surgeons who are registered in the sub-specialty of Critical Care may also perform trauma or emergency surgery. The sub-specialty of Trauma Surgery was only promulgated in November 2007, so very few surgeons are registered in that sub-specialty to date.

It is essential to use the correct terminology, so as to avoid potentially (or actually) misleading the South African public regarding the level of training or skills possessed by the health professional who is treating them. This would be of particular importance if a complaint were to be lodged with the HPCSA, as the practitioner’s level of experience would determine the expected quality of care and whether or not reasonable practice prevailed.

T C Hardcastle
Trauma Surgeon
Trauma Unit
Inkosi Albert Luthuli Central Hospital and
Department of Surgery
University of KwaZulu-Natal
Durban
dr.thardcastle@absamail.co.za

September 2008, Vol. 98, No. 9 SAMJ