obligation). Promotion in the public hospital system will depend on recognition of the diploma by the Guyana Medical Council and the Ministry of Health. Because both organizations have been involved since the conception of the program, it is anticipated they will be fully supportive in recognizing the capacity of graduates to work independently as surgical consultants. Graduates expect to be able to also undertake private practice, as do their colleagues.

Is this program replicable in other larger developing countries or regions? This diploma course was a local solution to a national crisis and may not be applicable in other countries with differing needs and resources. Some have developed longer courses (4–5 yr) of training leading to a masters degree (e.g., Fiji School of Medicine[8]) or an accredited fellowship (e.g., College of Surgeons of East, Central and Southern Africa, www.cosecsa.org). However, there are basic principles demonstrated by this program that could be applied to all efforts to train surgeons in the developing world. Surgical training should reflect national needs and available faculty and focus on management of local diseases using available resources and could involve western surgeons as collaborators. Compared with sending doctors away for postgraduate training, a high-quality local qualification needs fewer resources and avoids the loss of doctors to the public service during their training. Surgeons trained in a North American highly specialized 5-year program are not appropriately prepared and may not be able to function as surgeons in the developing world.

External accreditation of the Guyana training program has not yet been sought, but there have been discussions with surgical leaders at the University of the West Indies. As graduates of the Diploma in Surgery program prove their mettle, it is anticipated that some will seek further training in the Caribbean or short electives in North America. The stature and further development of the training program will be in the hands of the keen and capable residents — now surgeons — who are the focus of this CAGS–Guyana project.

Acknowledgements: The authors acknowledge the critical support of all those involved in the development of the Diploma in Surgery program.

Competing interests: None declared.

Contributors: All authors helped design the study. Dr. Taylor acquired the data, which he and Dr. Cameron analyzed. Dr. Cameron wrote the article; Drs. Rambaran, Sharma and Taylor reviewed it. All authors approved final publication.

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CORRECTION

In the June issue of the *Canadian Journal of Surgery*, the title of the online Case Note by Gandhi et al. was incorrect. It should have read “Cemented bipolar hemiarthroplasty in osteopetrosis for failed femoral neck fixation.” The correct citation is as follows:

Gandhi R, Salehi M, Davey JR. Cemented bipolar hemiarthroplasty in osteopetrosis for failed femoral neck fixation. *Can J Surg* 2009;52(3):E44-6.