TRANSACTIONS



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In support of contemporary Zulu telephone wire baskets Artist: Alice Gcaba, Siyanda, Kwazulu-Natal

Y, Photographer: Andrew Cerino
Alice is an independent woman who provides for herself and also supports her extended family in the Eastern Cape. Her artwork is available from the BAT Shop, Durban, Tel: (031) 332 9951, E-mail: batcraft@mweb.co.za

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Proceeds from the book will benefit the Wilson Education Foundation and educational development projects

in South Africa

Prof Gboyega A Ogunbanjo

Letters to the Editor

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FEES AND CHARGES

(Applicable 1 June 2006 to 31 May 2007)

PAYABLE BY MEMBERS OF THE CMSA:

Annual Subscriptions

Local:

Associate Founders, Associates, Fellows, Members and Certificants: R550 Diplomates: R325 Overseas (all categories of members): R550 Retired members: R62

Assessment Fee: Fellowship by Peer Review: R800
Registration Fee: Associates: R520
Fellows, Members, Certificants and Diplomates: R350
(The registration fee for Fellows, Members, Certificants and Diplomates forms part of the examination fee)

Voluntary Constituent College Levy: R60

Purchase or Hire of Gowns and Hoods

(The charge for the hire of gowns by new Fellows, Members, Certificants and Diplomates is included in their registration fees)

For occasional hire:

Gown and hood:	R110
Gown only:	R80
Hood only:	R40
Purchase of hoods:	R200

PAYABLE BY THE CMSA:

Subsistence Allowance (in addition to accommodation only) per day or part thereof, actually spent on CMSA business

Senators, examiners and staff (local): R196/day CMSA delegates (overseas): \$190/day

Honorarium (local subsistence)

Local examiners: R180 per day less PAYE of R45: R135/day

Remuneration for Setting FCS(SA) Part 1 Papers: R280

Remuneration for Assessment of Case Books and Commentaries: R200

Remuneration Invigilating:

(not applicable to salaried personnel of the CMSA)	
Full day:	R330
Half day:	R175

Remuneration for Secretarial Assistance:

(not applicable to salaried personnel of the CMSA) The following sliding scale applies:

H	ours worked	Remuneration		
U	p to 8 hours	R30 per hour	08 – 10 hours	R300
11	1 – 15 hours	R425	16 – 20 hours	R570
2	1 – 25 hours	R650	26 – 30 hours	R740
3	1 – 35 hours	R830	36 – 40 hours	R950
4	1 – 45 hours	R1 045	46 – 50 hours	R1 100

There is a ceiling of R1 100 as persons providing secretarial assistance to the CMSA receive a salary from their employers.

Claims in respect of secretarial assistance rendered at the time of the examinations have to be supported by a special recommendation for payment signed by the examination Convener.

RATE OF REMUNERATION FOR LABORATORY TECHNOLOGISTS/TECHNICIANS

The current rate of remuneration is R70 per hour.

Claims for reimbursement of laboratory technologists/technicians who assist during CMSA examinations also have to be supported by a special recommendation for payment signed by the examination Convener.

COST OF PAST EXAMINATION QUESTION PAPERS Per set of 6 papers (covering a period of 3 years): R50

Reimbursement for Travelling on CMSA business: R2,46/km

ADDITIONAL FUNDING FOR EXAMINER'S MEETINGS

Additional funds have been made available to allow for examination meetings and examination preparation so as to increase the efficacy of the process. These funds have been allocated from budget surplus and does not influence the examination expenses or fee structure. No examination fee increase is proposed.

- Prof Tuviah Zabow; HONORARY TREASURER

CMSA MEMBERSHIP PRIVILEGES

LIFE MEMBERSHIP

Members who have remained in good standing with the CMSA for thirty years since registration and who have reached the age of sixtyfive years qualify for life membership, but must apply to the CMSA office in Rondebosch.

They can also become life members by paying a sum equal to twenty annual subscriptions at the rate applicable at the date of such payment, less an amount equal to five annual subscriptions if they have already paid for five years or longer.

RETIREMENT OPTIONS

The names of members who have retired from active practice will, upon receipt of notification by the CMSA office in Rondebosch, be transferred to the list of "retired members".

The CMSA offers two options in this category:

First Option

The payment of a small subscription which will entitle the member to all privileges, including voting rights at Senate or constituent College elections. If they continue to pay this small subscription they will, most importantly, qualify for life membership when this is due.

Second Option

No further financial obligations to the CMSA, no voting rights and unfortunately no life membership in years to come.

Members in either of the "retired membership" categories continue to receive the Transactions of the CMSA and other important Collegiate matter.

WAIVING OF ANNUAL SUBSCRIPTIONS

Payment of annual subscriptions is waived in respect of those who have attained the age of seventy years and members in this category retain their voting rights.

Those who have reached the age of seventy years must advise the CMSA Office in Rondebosch accordingly as subscriptions are not waived automatically.



Building Academic Linkages in Africa - What are the challenges?

Dear Colleagues,

This issue of the Transactions was challenging as the original plan was to report on linkages between the Colleges of Medicine of South Africa (CMSA) and sister colleges in Africa. This proved to be an interesting and challenging mission. The prominent and functional sister colleges identified were the West African College of Physicians, West African College of Surgeons and the newly formed College of South, East and Central Africa (COSECA). In general, the collaboration and linkages between the CMSA and these sister African colleges are driven by initiatives from individual constituent colleges within the CMSA. To mention a few, the College of Obstetricians and Gynaecologists assists Malawi with the training of registrars, Ethiopia through academic meetings and exams, and recently awarded an honorary fellowship to Professor Osato Giwa-Osagie - President of the West African College of Surgeons. The College of Dermatolgists has linkages through the African Association of Dermatologists, while the College of Oncolgists have in the past arranged sponsorships for oncologists from Zimbabwe, Kenya, Nigeria and Tanzania to attend conferences in South Africa. I am sure that there are other on-going initiatives by constituent colleges that we need to highlight in our journal from time to time. I can only report on them if they inform me of such initiatives. By the time this issue is published, I would have just returned from Nigeria following an invitation by the acting registrar of the West African College of Physicians to 'observe' their examinations at the University of Ibadan. It is hoped that this visit will create the opportunity to foster closer academic relationships between the College of Family Practitioners of South Africa and its sister faculty of Family/ General Practitioners, within the West African College of Physicians.

As you must have observed, the front cover of this issue has undergone another branding, adding more flavour to the diversity within the CMSA and our rainbow nation of South Africa, while maintaining the corporate identity of the CMSA. In addition, a few adverts have been inserted to offset part of the production cost and I hope that this initiative will be maintained in future issues. The article by Prof. Karen Silwa: How academic medicine should look in the 21st century? The ICRAM perspective was presented at the CMSA Golden Jubilee celebrations and highlights the drivers of change in Academic Medicine and future scenarios for consideration. The article presents important issues that need continuous debates amongst medical academia. The Margaret Orford Memorial Lecture - "Margaret Orford and the Lions of Etosha" which was presented by her nephew, Dr. HJL Orford, a gynaecologist based in Windhoek, Namibia is a well researched article worth reading. It makes the linkages of the intimate connection between humans, the lions of Etosha and life on earth. It reports on an experiment done on ten lionesses over a three-year period in Etosha, where contraceptive implants were inserted and used to monitor the population trend of the lions. The experiment did not lead to any significant decline in lion numbers. What caused a decline

was described as a "mating inefficiency", which you can only understand when you read through the whole article.

As most of us proceed on well deserved end-of-year holidays, I request that we spend some time reflecting on Africa and how our constituent colleges can build new, and strengthen existing linkages with sister African colleges to realise some of NEPAD's primary objectives, which are:1

- a. To eradicate poverty;
- b. To place African countries, both individually and collectively, on a path of sustained growth and development;
- To halt the marginalisation of Africa in the globalisation process and enhance its full integration into the global economy;
- d. To accelerate the empowerment of women.

Have a wonderful Christmas and a prosperous New Year (2007).

Prof. Gboyega A Ogunbanjo

Editor: Transactions

Reference:

1. NEPAD in brief. What are the NEPAD primary objectives? http: www.nepad.org/2005/files/inbrief.php [accessed 5 Oct, 2006]

8 June 2006

Dear Prof Ogunbanjo,

I read the contributions of the various authors to the Golden Jubilee Edition of Transactions with interest. I agree that we have a great deal to be proud of, in that our centres of excellence, and standards in the private sector, are the equal of anywhere in the world, and our graduates are eagerly snapped up wherever they choose to emigrate. However, I think that we need to reflect on what the primary mission of medical training and health care delivery should be. I would suggest that it should be to ensure that an acceptable and affordable standard of health care is delivered to all the citizens of our country rather than to employ student selection and training methods that do little to ensure that a reasonable percentage of graduates will want to practise in rural or poorer areas and result in many will be so dissatisfied with the scope of practice offered that they will want to emigrate.

When President Mbeki said a few years ago that we have a dual society, he was referring to the divide between rich and poor, but it is equally true of medicine in our country. Thus, in South Africa in 2002 there was an expenditure of R911 p.a. per uninsured person on health care, against an average annual contribution of R5900 per beneficiary in private medical aid schemes¹. In contrast, in Sweden, the "Stockholm County Council serves a population of 1.7 million with a health care budget of £1.6bn."² This translates into roughly R12,000 per person p.a. in the population. Although these are different populations with different disease profiles, the crucial point is that, at this stage of our development, we cannot get anywhere near northern hemisphere levels of health care expenditure.

If one accepts that the Department of Health, like any ordinary family, should remain within its budget, what then is the moral obligation of academic medicine? Space does not permit the full argument ³, but briefly, because bringing the best affordable standard of health care to the most people leads one to a constrained utilitarianism conclusion, academic medicine and the State need to collaborate closely to determine which interventions lead to maximization of Quality Adjusted Life Years within the limits of what we can afford, and then to ensure that we have the personnel with appropriate training and attitudes to deliver these interventions to the best possible standards. In short, to show the rest of the developing world how to bring high quality basic health care to a poor (Giliomee⁴ states that in 2002 in SA, 49% of the population lived in "acute poverty") population at an affordable cost.

The assertion has been made, both here and in the U.K., that if waste was eliminated, there would be no need for rationing, but, as Ubel puts it, "even after .. waste has been eliminated, most industrialised countries would still be spending large portions of their GDP on health care and the rate of increase in that spending would still outpace inflation...Waste elimination itself costs money."⁵

Many argue that there should be a re-appraisal of budget priorities, with health receiving a bigger slice of the cake. Again, space precludes a full argument, but it is the State's obligation to ensure that all sectors are fairly financed and that fiscal discipline is maintained. Even Daniels, possibly one of the most respected and widely quoted thinkers on health care problems, states, "The point is that social obligations to provide just health care must be met within the conditions of moderate [even in the U.S.A.] scarcity that we face." We must also heed Daniels' warning of "ingenious lobbying by the medical profession, strategic exercises of economic strength, and the effective use of cultural authority."

In conclusion, therefore, I think we need to temper our self-congratulation by critically examining what our profession has really achieved in terms of the mission that I suggested above.

Yours sincerely,

O.J. RANSOME

MBBCh (Wits), DCH (SA), FCP (Paed) (SA) MA (Applied Ethics) (Wits) Emeritus Professor of Paediatrics, University of Pretoria E-mail:oransome@eject.co.za

Endnotes:

- Intergovernmental Fiscal Review, 2003. Republic of South Africa, National Treasury. ISBN 0-621-33611-4.
- 2. Diderichsen F, Varde E, Whitehead M. Resource allocation to health authorities: the quest for an equitable formula in Britain and Sweden. BMJ 1997; 315: 875 8.
- Ransome OJ. The Health Care Dilemma Reconciling "Best" Medical Practice with Scarce Resources. Research Report for MA – Applied Ethics. Main Library, University of the Witwatersrand.
- Giliomee H. The Afrikaners A Biography of a People. Cape Town: Tafelberg Publishers, 2003; p 657
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- Daniels N. The Ideal Advocate and Limited Resources. Theoretical Medicine, 1987; 8: 69 –80.
- Daniels N. The Ideal Advocate and Limited Resources. Theoretical Medicine, 1987; 8: 69 –80.

2 August 2006

Dear Prof Ogunbanjo,

I am writing to congratulate you on the excellent 'TRANSACTIONS' of the Colleges of Medicine of South Africa Golden Jubilee edition which I have just received and read.

The articles on academic medicine were particularly good and I especially liked the articles 'How to increase the impact of academic medicine on health and healthcare? by Professor Richard Lilford and Professor Daniel J Ncayiyana.

The whole journal was first class.

Again congratulations.

Yours sincerely

Geoffrey Dean MD, FRCP(I) FFPHM(I) E-mail: jrb@hrb.ie



LIZO MAZWAI

President 2004 - 2007

It is often quoted that the only certain thing about life is that things will change. So it is with the life of organisations and the CMSA is no exception. The critical thing is to how to manage the change. Yet, in the middle of that change there are certain things that will not and should not change.

For our organisation, the CMSA, it should be our core function (examining body), our standards and values. However, we should always strive to improve on these and that involves managed change.

The conditions and circumstances of our immediate environment, often socio-economic, geopolitical and to some extend global, have an impact and influence on these core values and standards. In order to maintain them, we often have to interface with the "environment and circumstances". This interface cannot be on an ad hoc "knee jerk reflex", but should form part of a coordinated and strategic approach. This challenge therefore precedes an opportunity to change.

Looking back at our Golden Jubilee Celebrations in October 2005 when we put the future of academic medicine in Africa on centre stage, we created an opportunity for that interface for change. How have we performed? Such an appraisal in one year, even by scientific standards, may be "too early" and even by way of a letter, may be biased. Nevertheless, we need self-appraisal.

Suffice to say that we have tackled these challenges head on:

- The symposium on HIV/AIDS in May 2006 went very well.
 In the light of the pandemic and the increasing interest in the Diploma in HIV Management offered by the CMSA, it could not have been more appropriate to update the body of knowledge on this subject.
- Considerable progress has been made over the past year on the membership benefits programme. A full report is expected soon. This includes the spin-off benefit of registrars becoming affiliates of the CMSA upon application.
- 3. A major opportunity has been created with the launch by the Discovery Foundation of Awards to support specialist training in South Africa, with specific reference to marginalised groups. The CMSA has not failed to seize this opportunity, which we hope will bear fruit with our MELISA proposal and application for Fellowship Awards.
- 4. The initiative for the formation of a Federation of African Colleges has, after a bout of hiccups, suddenly taken and upsurge through a collaborative proposal with the NEPAD Office and WHO at a recent meeting that the President had with Professor Eric Buch in Pretoria. Further reports

- on this proposal will be submitted formally.
- 5. Last but not least, as our core function is examinations, we await with anticipation the outcome of the HPCSA deliberations on a NEE (national equivalence examination) for the future. Obviously our own self evaluation and audit of examinations should give us the much needed information on reforms such as development of logbooks and portfolios. We should be mindful of the decreasing and aging critical mass of senior specialists and examiners. We should as part of our transformation, bring aboard all the specialists in the country as examiners irrespective of their original College or university qualifications. We all form a body of expertise, which is a national resource for our country.

In conclusion, it is clear that we as a College are finding a clear niche of relevance, not only internationally but also nationally, as we are beginning to interact on formal basis with the National Department of Health on the implementation of the HRH Plan framework.

The value of strategic planning for the future cannot be over emphasised in these areas. I would like to thank members of the Executive, Senate, Standing Committees and the various Task Teams for their support and participation in these new challenges.

The Office of the CEO and staff in Cape Town, Gauteng and Durban always remain a pillar of strength for the CMSA. I hope after the session in Bloemfontein, we will all get a much deserved rest during the December Holidays.

Professor Lizo Mazwai PRESIDENT

MEETING OF THE INTERNATIONAL ASSOCIATION OF COLLEGE AND ACADEMY PRESIDENTS (IACAP) HELD AT THE TIME OF THE GOLDEN JUBILEE CELEBRATIONS OF THE CMSA

CAPE TOWN: 21 OCTOBER 2005



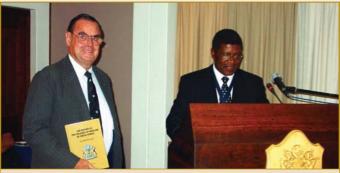
Front row from the left: Prof Osato F Giwa-Osagie (IPP WACS), Prof Lai-Meng Looi (President CAPS), Drulli Sewell (President RACP), Mr John Smith (President RCS Edin,) Dr Stewart Hamilton (President RCPSC), Dr Vincent Caruso (President RC Path Austr)
Back row from left: Prof Tuwiah Zabow (Treasurer CMSA), Prof J Azubuike (President NPMC Nigeria), Dr Bandula Wijesiriwardena (President CCP), Prof Ken Huddle (President CP CMSA), Prof J Azubuike (President NPMC Nigeria), Dr Bandula Wijesiriwardena (President CCP), Prof Ken Huddle (President CP CMSA), Prof J Azubuike (President NPMC Nigeria), Dr Bandula Wijesiriwardena (President CCP), Prof Ken Huddle (President CP CMSA), Prof J Azubuike (President NPMC Nigeria), Dr Bandula Wijesiriwardena (President CCP), Prof Ken Huddle (President CP CMSA), Prof J Azubuike (President NPMC Nigeria), Dr Bandula Wijesiriwardena (President CP CMSA), Prof J Azubuike (President NPMC Nigeria), Dr Bandula Wijesiriwardena (President CP CMSA), Prof J Azubuike (President NPMC Nigeria), Dr Bandula Wijesiriwardena (President CP CMSA), Prof J Azubuike (President NPMC Nigeria), Dr Bandula Wijesiriwardena (President CP CMSA), Prof J Azubuike (President NPMC Nigeria), Dr Bandula Wijesiriwardena (President CP CMSA), Prof J Azubuike (President NPMC Nigeria), Dr Bandula Wijesiriwardena (President CP CMSA), Prof J Azubuike (President NPMC Nigeria), Dr Bandula Wijesiriwardena (President CP CMSA), Prof J Azubuike (President NPMC Nigeria), Dr Bandula Wijesiriwardena (President NPMC Nigeria), Dr Bandula Wijesiriwardena (President NPMC Nigeria), Prof Mandula Wijesiriwardena (President NPMC Nigeria), President NPMC Nigeria, President NPMC Nigeri RCP Lond), Mrs Bernice Bothma (CEO CMSA), Prof Andreis Stulting (Vice President CMSA), Mr Craig Duncan (President Advisor RCS Eng), Prof Bongani Mayosi (Registrar CMSA), Prof Nall O'Higgins (President RCSI)

CMSA Golden Jubilee Presidential Dinner and Graduation Ceremony





Mr Stewart Hamilton, President RCPSC receiving a golden jubilee tie from the President.



Dr Ian Huskisson receiving the first official copy of the CMSA History of which he is the author.



CMSA staff who also celebrated the silver jubilee of the CMSA 25 years ago, receiving a copy of the CMSA History. (From left to right appear: Jane Savage, Gillian Cress, Olga Matiyase, Patricia Bredenkamp, Bernise Bothma, Cathy Jordan).



Dr Vince Caruso, President RC Path (Australasia) presenting the President with a gift from his College.



Prof Neil Douglas, President RCP Edin and Mrs Sue Douglas receiving golden jubilee insignia from the President.



receiving a gift from the President



Prof Osato Giwa-Osagie, Professor of Obstetrics and Gynaecology, University of Lagos and Mrs Giwa-Osagie, at the dinner with President Lizo Mazwai and the President COG(CMSA), Prof Zephne van der Spuy.



Prof Dan Ncayiyana, Dr Mamphela Ramphele and Prof Mike Sathekge at the golden jubilee graduation ceremony in the City Hall, Cape Town. Dr Ramphele received an Honorary Fellowship of the CMSA.



Profs Vivian Fritz, Chris Lundgren and Justin van Selm sharing a moment. Prof Van Selm received admission to Fellowship ad eundem of the College of Ophthalmologists.

Golden Jubilee Congress and Special Awards Ceremony at the Protea Hotel, Stellenbosch



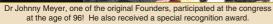


Prof Bongani Mayosi (Honorary Registrar) presents a gift to Premier Ebrahim Rasool after the official opening of the Congress. On the right appears CMSA President, Prof Lizo Mazwai.





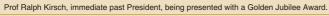






Dr Peter Gordon-Smith, past President and Honorary Fellow of the CMSA, receiving a Golden Jubilee Award from President Lizo Mazwai. Dr Gordon-Smith died on 27 March 2006.







Prof Yackoob Seedat, Honorary Fellow of the CMSA receiving a Golden Jubilee Award.



8

IACAP CELEBRATION

More recipients of Golden Jubilee Awards (some posthumously) and Presentation of Recognition Awards to Founders



Dr Ian Huskisson, CMSA Historian and Honorary Fellows, receiving a Golden Jubilee Award from President Lizo Mazwai.



Mr Gavin Tucker and Mrs Claire Louw, receiving a Golden Jubilee Award on behalf of their father, Dr Ron Tucker, past President and Honorary Fellow of the CMSA.



A Golden Jubilee Award was bestowed posthumously on Prof John Brock, past President. His daughter, Mrs Bridget Lubbe, received the award.



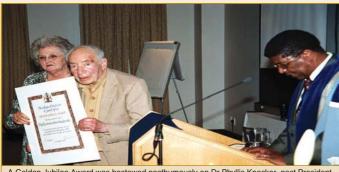
A Golden Jubilee Award was bestowed posthumously on Prof François Daubenton, past President. His widow, Mrs Joan Daubenton, received the award



A Golden Jubilee Award was bestowed posthumously on Prof John Douglas, past President. His son, Mr Harvey Douglas, received the award



A Golden Jubilee Award was bestowed posthumously on Prof Frans Geldenhuys, past President. His widow, Mrs Aletta Geldenhuys, received the award.



A Golden Jubilee Award was bestowed posthumously on Dr Phyllis Knocker, past President. Her brother, Mr Kenneth Knocker, received the award.



His son, David Landau, received the award.



A Golden Jubilee Award was bestowed posthumously on Prof Jannie Louw, past President. His son, Mr Rob Louw, received the award.



Three of the recipients of Golden Jubilee Awards and Special Awards were (from left to right): Prof Justin van Selm, Prof Michael Gordon-Grant and Dr Julian Coller.

ADMISSION CEREMONY

18 MAY 2006

The admission ceremony was held in the University of the Witwatersrand Great Hall, Johannesburg.

At the opening of the ceremony the President, Professor Lizo Mazwai asked the audience to observe a moment's silence for prayer and meditation.

The President announced that he would proceed with the admission to the CMSA of the new diplomats, certificants, members and fellows.

The new **Diplomates**, **Certificants and Members** individually, were announced and congratulated.

The Honorary Registrar - Examinations and Credentials, Dr Jeanine Vellema announced the candidates, in order to be congratulated by the President. The Honorary Registrar - Education, Professor Anil Madaree individually hooded the new Fellows. The Honorary Registrar - Finance and General Purposes, Professor Bongani Mayosi handed each graduate a scroll containing the Credo of the CMSA.

Twenty medallists were congratulated by the President for their outstanding performance in CMSA examinations.

One Fellow ad eundem was admitted. Professor Neville Welsh to the College of Ophthalmologists – citation written and read by Professor Anne Peters.

Six Honorary Fellows were admitted. Mr Warren Clewlow – citation written and read by Professor Vivian Fritz and Professor Johan Lemmer – citation written and read by Professor John Lownie, to the Colleges of Medicine of South Africa. Professor Joy Schulz to the College of Dermatologists – citation written by Professor Deepak Modi and read by Professor Jamila Aboobaker. Professor Bruce Sparks to the College of Family Practitioners – citation written and read by Professor Gboyega Ogunbanjo. Professor Ephraim Mokgokong to the College of Obstetricians and Gynaecologists – citation written by Professor Jack Moodley and read by Professor Zephne van der Spuy and Professor Jose Boix-Ochoa – citation written by Professor Heinz Rode and read by Professor Del Kahn to the College of Surgeons.

All in all the President admitted 155 Fellows, 5 Members, 196 Diplomates and 19 Certificants.

Professor Loyiso Nongxa, Vice Chancellor and Principal of the University of the Witwatersrand delivered the oration.

The National Anthem was sung, where after the President led the recent graduates out of the hall. Refreshments were served to the graduates and their families.



Megan Frances

Janssen Research Medal

FCA(SA) Part I Pharmacology

Abbott Medal

Raveen Behari

Section))

Deane Brendon Murfin

Surgery Medal

FCMFOS(SA) Final

Craig Dudley Pearl

Leslie Rabinowitz

FC Paed(SA) Part I

Angela Dramowski

Leslie Rabinowitz

FC Paed(SA) Part I

Coulter Medal

FC Path(SA) Part II Micro

Nelesh Premapragasan Govender

Judy Nicola Rothberg

Physics and Clinical Measurement Section FCA(SA) Part I AND ABBOTT MEDAL FCA(SA) Part I Pharmacology Megan Frances Coltman

Crest Healthcare Technology Medal FCS(SA) Part II) AND JACK ABELSOHN MEDAL

AND BOOK PRIZE (FCS(SA) Part II Clinical

SA Society of Maxillo-facial and Oral



Raveen Behari



Deane Brendon Murfin



Craig Dudley Pearl



Angela Dramowski



Judy Nicola Rothberg



Nelesh Premapragasan



Suzman Medal FCP(SA) Part II Yunus Sayed Nanabhay

Adnaan Variova

Keshika Singh



Colin Richard Turner



Marc Michael Bernon



Rudi Renison



-2

Stephanus Hatting



Andre van der Westhuizen

Asher Dubb Medal

FCP(SA) Part II (Clinical Section) Adnaan Variava

Lynn Gillis Medal FC Psych(SA) Part I Keshika Singh

Rhône-Poulenc Rorer Medal FC Rad(SA) Part I Colin Richard Turner

Brebner Award FCS(SA) Intermediate

Marc Michael Bernon

Y K Seedat Medal H Dip Int Med(SA) Rudi Renison

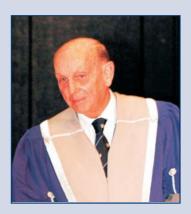
Sasa John Couper Medal DA(SA) Kerry Jane Timmerman

Walter Kloeck Medal Dip PEC(SA) Stephanus Hattingh

Bill Winship Sashg Medal Cert Medical Genetics Andre van der Westhuizen

CITATION

FELLOWSHIP AD EUNDEM PROFESSOR NEVILLE HEPBURN WELSH COLLEGE OF OPTHALMOLOGISTS



Professor Neville Welsh was born in Pretoria, schooled at St John's College in Johannesburg and graduated from the University of the Witwatersrand with the MB BCh in 1953. After serving as a registrar in the Ophthalmology Departments of the Portsmouth Eye and Ear Hospital and the General Hospital, University of Pretoria, he obtained the Diploma in Ophthalmology (RCP&RCS) (London) and the FRCS (Edinburgh) in 1958. He subsequently obtained the FRCS (England) in 1970 and was awarded the FRC Ophth (UK) in 1993.

After working as an ophthalmologist at the Elim Hospital in the then Northern Transvaal for over a year Professor Welsh opened a private practice in Durban in February 1963. In 1969 he became part-time Head of the Department of Ophthalmology at the then University of Natal, subsequently becoming the full-time Professor and Head from 1976 to 1984. During this time he built the department from small beginnings into one providing a comprehensive service to the patients. Clinical work came first so that the registrars would emerge as good ophthalmologists with a broad experience in both medical and surgical ophthalmology. He established the MMed examination in Ophthalmology in 1971. Research was also not forgotten.

In 1984 he became Professor and Head of the Department of Ophthalmology at the University of the Witwatersrand (the Sam and Dora Cohen Chair of Ophthalmology) until his retirement in August 1995. Here too he continued the focus on good clinical practice and re-established the MMed degree in Ophthalmology. He presented an Inaugural lecture at each of these Universities becoming the first person in South Africa to have presented two inaugural lectures!

After his retirement he was appointed Professor Emeritus by the University of the Witwatersrand and presently holds a part-time Senior Consultancy in the Department while still running a small private practice in Lydenburg, Mpumalanga.

He has been a loyal and hard working servant of both the Colleges of Medicine of South Africa (CMSA) and the Ophthalmological Society of South Africa (OSSA). He was an Associate Founder of the College of Medicine of South Africa and served the Faculty of Ophthalmology, initially as Secretary and later as Chairman, for over sixteen years. During this time he also served as Convener and

Examiner on numerous occasions and is the donor of the Neville Welsh prize for the best candidate in the FC Ophth(SA) Part I.

He served the Ophthalmological Society as Secretary and then President for the local branch organizing, almost single-handedly, five national congresses. As a member of the national Executive Committee between 1972 and 1992 he was, at various times, Vice-president, President and Past President. He was honoured by OSSA with the D J Wood Memorial Lectureship and Medal in1978.

Professor Welsh has shown his ongoing commitment to the education of the ophthalmological community by organizing several Continuing Medical Education meetings and by being on the Editorial Board of the South African Archives Journal from 1973 to 1987, becoming Editor from 1988 to 1995. He also edited the South African Ophthalmic News from 1986 to 1999.

Despite these activities Professor Welsh has also found time to serve on the Committee of the South African National Council for the Blind/ Bureau for the Prevention of Blindness and has personally undertaken several Sight Saver Tours, performing cataract surgery on indigent rural patients. He received the Lions International Award for services rendered to Sight Restoration Programmes in connection with corneal grafting and an award from the Retinitis Pigmentosa Foundation in 1997.

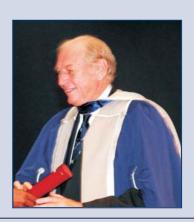
Professor Welsh has presented a considerable number of papers at congress and has published sixty scientific articles which reflect the diversity of his interests in Ophthalmology.

He is married to Antoinette Lise Rosset. They have two children, Alan, who is a Professor of Statistics and Mathematics at the Australian National University in Canberra and Nicole, who is a Senior Consultant in the Department of Ophthalmology in Johannesburg.

Mr President, I have the honour and pleasure to ask you to confer the Fellowship *ad eundum* of the College of Ophthalmologists of South Africa on Professor Neville Hepburn Welsh.

Author: Anne Peters

CITATION HONORARY FELLOWSHIP MR WARREN CLEWLOW COLLEGES OF MEDICINE



Mr Clewlow is a chartered accountant and a South African business executive who has been an esteemed trustee of the Board of the Colleges of Medicine Foundation for some years.

He was born in Durban on 13 July 1936. He was educated at Glenwood High School and became a chartered accountant through the University of KwaZulu Natal.

In 1963 he joined the Barlow group as company secretary of Barlow's (OFS) Limited. The following year, in 1964, he married Margaret Brokensha. They have two sons and three daughters and are now the proud grandparents of 10 grandchildren.

Mr Clewlow has been with the Barlow group for the past 43 years. As a director in 1975, as a member of the Executive Committee between 1978 and 1983, and as Chief Executive Officer of Barlow Rand Limited (now Barloworld Limited) in 1983. From 1991 to the present he has been Chairman of Barloworld.

He has served on numerous Boards, Foundations, Councils, Advisory Councils and has been honoured throughout the country. His alma mater, the University of KwaZulu Natal, appointed him onto their Foundation Trust in 1994. In 1997 he joined the National Defence Liaison Council. He is past chairman of the Economic Advisory Council of the State President, past chairman of Iscor Limited (now Mittal Steel), past chairman of Pretoria Portland Cement and currently chairman of Nedbank. He is also deputy chairman of Old Mutual Life Assurance Company, South Africa, and a director of Old Mutual pic, Rustenburg Wines (Pty) Ltd and Sasol Limited. He is also presently chairman of the Carl and Emily Fuchs Foundation, Honorary Treasurer of the African Children's Feeding Scheme and a trustee of Project Southern African Trust.

Among his most prestigious positions is his membership of the Nelson Mandela Children's Fund and his appointment as a director of the Colleges of Medicine Foundation. It is for this latter contribution that we wish to nominate him for honorary Fellowship of the Colleges of Medicine of South Africa today.

His most important contributions to South Africa have been in the business world and for this he has achieved numerous awards and honours. He was appointed as a Fellow of the Duke of Edinburgh's Award World Fellowship and he is also chairman of the President's Award for Youth Employment Trust and chairman of the Duke of Edinburgh's South African Foundation. He has had numerous honorary professorships and doctorates conferred on him.

In 1986 he was made honorary Professor of Business Management and Administration at the University of Stellenbosch and in 1988 he received a Doctorate in Economics from the University of KwaZulu Natal. In 1986, also from The University of KwaZulu Natal, he was the recipient of the Dr EG Malherbe Award.

He was voted Businessman of the Year by The Sunday Times in 1984 and, also in 1984, Marketing Man of the Year by the South African Institute of Marketing.

His achievements were crowned in 1988 by an Order for Meritorious Service Class 1 (Gold) for his service and contribution to South Africa.

He has always been a great leader and has a natural ability to choose the right people, enthuse them and bring the very best out in them. His complete integrity and his wholehearted contribution to any job he undertakes has always attracted complete support from all who have worked with and for him.

He has a wry sense of humour and is never shy to express his honest opinion on matters in which he is involved.

Warren Clewlow is a "man for all seasons" and has a wide circle of friends from all walks of life. His interest in all people and his caring nature is evident in how he regularly keeps in touch with his extended family which stretches globally.

Sugar farming and horticulture and all related disciplines are inherent in Warren. "His heart is in KwaZulu Natal and he views Johannesburg as his second home". A newspaper reporter once asked him what the best decision he had ever made in his life was and his reply was "marrying Margie" – this encapsulates the humbleness and sensitivity of this great man.

Besides being a true family man in every sense, he enjoys tennis and all spectator sports and is an avid reader, particularly of historical literature, and he has built up most impressive libraries both in Johannesburg and on his farms in KwaZulu Natal where he is a well known and popular farmer.

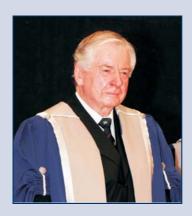
Mr President, I have the honour and pleasure to present Warren Clewlow to you for admission to Honorary Fellowship of The Colleges of Medicine of South Africa.

Author: Vivian Fritz

CITATION

HONORARY FELLOWSHIP

PROFESSOR JOHAN LEMMER COLLEGES OF MEDICINE



After matriculating at Christian Brothers College, Boksburg and Pretoria, John Lemmer was admitted to the Faculty of Dentistry, University of the Witwatersrand, Johannesburg in 1953 and graduated with the degree of Bachelor of Dental Surgery with Honours in 1957. He was designated by the Senate of the University as 'Scholar of the University' for 1953 and was the recipient of all the under-graduate academic awards (seven) when he graduated in 1957.

ADMISSION OF FELLOWS

In 1958 John joined the honorary visiting staff of the Faculty of Dentistry of the University of the Witwatersrand and was appointed full time Junior Lecturer and Assistant Dental Surgeon in the Department of Dentistry and Oral and Dental Hospital in 1959. In a period spanning forty-one years of academia he rose through the ranks of Lecturer and Dental Surgeon, Senior Lecturer and Senior Dental Surgeon to Professor of Oral Medicine and Periodontology, Chief Specialist and Head of the Department of Oral Medicine and Periodontology (1971 – 1999). During his career as Head of the Department of Oral Medicine and Periodontology, he also served the University as Acting Dean of the Faculty of Dentistry and Acting Director of the Oral and Dental Teaching Hospital of the Witwatersrand, and acted as the Deputy Dean.

Throughout his academic life, John Lemmer was regarded as an outstanding undergraduate and postgraduate teacher. He examined widely at various universities throughout the country as well as at The Colleges of Medicine of South Africa (CMSA).

During his career he was an active researcher and published widely both nationally and internationally on a variety of subjects related to his discipline, including a number of invited chapters in recognised textbooks. His most recent publications were "Tooth mobility after periodontal surgery", SADJ (2004) and "Necrotizing gingivitis as it relates to HIV infection: A review of the literature, Perio" (2005). Three papers on "the rôle of herpes-viruses in periodontal diseases" have been submitted for publication.

John Lemmer was a member of the International Editorial Board, "Oral Health" (Canada) (1965 – 1976), a member of the International Editorial Board "Odotoiatria Oggi" (Milano, Italy) (1983 – 1995) and since 2005 has been a member of the Editorial Board, "Dentistry South Africa".

He has been lecturing to professional or learned societies since 1963 and at the majority of national and international scientific congresses John has been a regular draw card on the programme. His command of the English language has, and always will be, regarded as the highlight of any scientific programme.

As far as his professional career is concerned, John Lemmer was an active member of the Odontological Society of South Africa where he served as National President for two years (1963 – 1965). He served as a member of the Executive Committee of the South African Division of International Association for Dental Research (1967 – 1969) and after he became a member of the Dental Association of South Africa in 1958, served on various committees and on Federal Council (1984 – 1990). He chaired with distinction the Dental Education Committee (1984 – 1990).

John was the National President of the South African Society for Periodontology (1979 – 1980) (1983 – 1985), the President of the Paedodontic Society of South Africa (2003) and Vice-President of the African Academy of Dental Implantology (1991-1992).

During his career, John Lemmer was the recipient of many awards, including the Ernest Oppenheimer Memorial Trust Fellowship for overseas study in 1973, Honorary Life membership of the South

African Society of Periodontology in 1981 and Fellowship of the Academy of Dentistry International in 1998.

He joined The Colleges of Medicine of South Africa as an Associate Founder in 1973. During his busy career, John still managed to play an extremely important role in the affairs of the CMSA, his views always being regarded with high respect. He was a member of the Council (now Senate) (1985 – 1995) (1998 – 2004), Honorary Registrar (1985 -1995) and Chairman of the Examinations and Credentials Committee (1998 – 2004).

John Lemmer served the College of Dentistry (CMSA) in the office of President (1986 - 1992) (1998 - 2004) and received the FCD(SA) OMP by peer review in 2000. In recognition of his participation in College affairs over many years, he was admitted to Fellowship ad eundem of the CMSA in May 2003. He became a life member of The Colleges of Medicine of South Africa in 2004.

In addition to the above, John Lemmer has conducted a successful full-time practice as specialist in Oral Medicine and Periodontics in Sandton, Johannesburg and finds time to pursue his hobbies which include music, photography, archery and collecting knives. He has been ably supported during his active career by his wife Joan who is extremely proud of his achievements.

Mr President, it gives me great pleasure to request you to admit Johan Lemmer to Honorary Fellowship of The Colleges of Medicine of South Africa.

Author: John Lownie

CITATION

HONORARY FELLOWSHIP PROFESSOR ELEONORA JOY SCHULZ COLLEGE OF DERMATOLOGISTS



The College of Dermatologists (CMSA) wishes to honour Professor Eleonora Joy Schulz in recognition of her contribution to our specialty by awarding her the status of Honorary Fellowship of the College of Dermatologists of South Africa.

Joy Schulz was born in Pretoria and educated at the Pretoria High School for girls. She qualified MB ChB at the University of Pretoria in 1950 where she later obtained the Diploma in Public Health in 1958 and the MMed Dermatology in 1961. She has been ac-

tively practicing Dermatology since then, a period of 45 years!

Initially she was a part-time consultant and lecturer at the HF Verwoerd Hospital and Westford Leprosy Hospital, University of Pretoria. In addition, she was a part time consultant at Ga Rankuwa Hospital and was later appointed an associate Professor in the Department of Dermatology at MEDUNSA.

In August 1986 Prof Schulz became Head of the Division of Dermatology and Associate Professor in the Dept of Medicine, University of the Witwatersrand. She officially retired in October 1993, but continued as Head in an acting capacity until 1998. She is now an active part time consultant in the department at Wits.

Her academic strength and contribution to Dermatology both nationally and inter-nationally makes her an icon in the field and a deserving person for this award. Her forte has been in the field of leprosy, an interest she has pursued for over 40 years where she has taken a leading role in the management of this disease worldwide. She has given many scientific lectures on the subject as an invited guest at national and international congresses. She has also been invited to lecture at universities in the US, UK and has spent three months as a visiting lecturer at the University of Hong Kong.

Joy Schulz has shown extreme versatility and knowledge in the discipline of Dermatology by being the author or co-author of over fifty peer reviewed scientific journal articles on different aspects of Dermatology. She has also been the author of several book chapters in prestigious text books of Dermatology. She is still actively involved in publishing papers with registrars training at both Wits and MEDUNSA. Her continued support of academic research and a high standard of clinical discipline and histopathology in dermatology are remarkable.

She has supervised many MSc, MMed and PH D's. A remarkable commitment she has unselfishly shown is tutoring postgraduate students on a Saturday which she still continues to do.

Joy Schulz' has in addition served on various committees over the years. She was a member of the Executive Committee of the Dermatological Society of South Africa from 1978 to 1981 and subsequently the Vice Chairman in 1982 and Secretary in 1983. She also served as an Executive Member and Vice Chairman of the S A Society of Medical Women, Pretoria Group during the period 1979 – 1985. She was the Vice President of the Psoriasis Association of South Africa from 1988 to 1990 and has been given the status of Honorary President from 1990 to date. Joy is to date an active member of the South African Bureau of Standards committee on sunscreen products as well as of the Department of National Health and Population Development (COSLAG).

Her amazing energy has fortunately for us extended to The Colleges of Medicine of South Africa where she has been an Associate of the College of Dermatologists since 1986. She served on the Council of the College from 1995 – 2002 and has been involved in both the primary and final examinations of the Fellowship of the College of Dermatologists since 1981 at various centres nationally as both convener and external examiner. Despite being retired

from these duties she is often invited these days as a moderator and adviser at the examinations where her insightful experience and fairness is welcomed by both examiners and candidates. She has also examined for the MMed at Universities countrywide and of note has been an external examiner for MDent, MSc Pharmacy and PHD Botany thesis.

In 1998 the University of the Witwatersrand, in recognition of her overall teaching and contributions to Medicine and Dermatology in South Africa, awarded her the Gold Medal.

Mr President, members of the College of Dermatologists (CMSA) wish to add their thanks and recognition to the wonderful and unparalleled contribution that Eleonora Joy Schulz has made to education in this country and to the discipline of dermatology worldwide, by requesting that she receives admission to Honorary Fellowship of the College of Dermatologists of South Africa.

Author: Deepak Modi

CITATION

HONORARY FELLOWSHIP PROFESSOR BRUCE LOUIS WALSH SPARKS COLLEGE OF FAMILY PRACTITIONERS



Bruce was born in Durban towards the end of the Se-cond World War, and grew up on a farm in the rural village of Swinburne in the Free State. He attended the local farm school and completed his schooling at Durban High School. His medical school training was at Wits University where he qualified in 1968. After his internship at Coronation Hospital in Johannesburg, he was required to complete a year of military training and 12 years of regular 'camps'. During this period, he encouraged the military authorities to establish community clinics for the rural populations in the Limpopo valley. This together with his exposure to rural health needs as a student sowed the seeds in his mind of a possible career in primary health care.

He entered general practice in 1973 after doing self-directed rotations in paediatrics, ENT, O&G, emergency and ambulatory care. He later joined a 4-man partnership which was an amalgamation of the practices started in 1898 by Dr Daddy Brook and Dr Toby Arnold (later an anatomist at Wits), and that of Dr Fleetwood Berry

which had been established in 1910. Bruce's years in private general practice included numerous appointments in occupational health, as a part-time district surgeon which permitted his caring for Pioneer House for the Aged, and in school health at St John's College, with sessions for the practice at Kingsmead College and St Mary's Girls School. His interest in international health was triggered by his appointment as medical consultant to an international consortium developing water projects in Peru. His plastic surgery activities continued throughout his practice years, working with Denis Hansen and other surgeons.

In 1987, he was appointed Professor and Head of Family Health, in the Department of Internal Medicine, University of the Witwatersrand under Prof Tom Bothwell, a position he still holds as the Kenneth S Birch Chair of Family Health. He established the independent Department of Family Medicine one year later. The Department has now grown and responsible for primary health care in most parts of Gauteng and North West Provinces. He obtained the MFGP(SA) in 1975 and soon became involved in the affairs of the Faculty of General Practice of the CMSA. He was elected Chairman of the Southern Transvaal Region in 1979, and ultimately the Convenor of the Faculty in 1989, which transformed into the President of the College of Family Practitioners. He held this position for 14 years until 2003. He was a member of the Council and Senate of CMSA, for 17 years, representing the interests of family practice.

In 1980 the SA Academy of Family Practice was formed. He was the inaugural Chairman of the Southern Transvaal Region and ultimately became National Chairman of the organisation, a position he held for 8 years until 1997. In 1986, he established and chaired the Family Health Foundation in the Academy, whose main task was to develop training sites for family medicine, and in 1996 set up the Rural Health Initiative, a project of the Foundation, for support of rural sites and programmes in underserved areas of Southern Africa. In 1983, he represented SA at the General Assembly and World Council of Wonca, the World Organisation of Family Doctors which represents some 300,000 practitioners in 106 countries. He was elected as the African President in 1992, and ultimately the World President of the organisation in 2004, a position he still holds.

He has achieved numerous awards including MRCGP(Hon), FRCGP(Hon), Honorary Membership of the SA Academy of Family Practice, Commander and then Knight of the Most Venerable Order of the Hospital of St John

of Jerusalem, Hans Snykers Award for the Most Outstanding South African, Honorary Vice-President of SA Society of Physiotherapists, Boz Fehler Fellowship, Levitt Fellowship and Lectureship to the USA, and the Francois Daubenton Prize for Best Lecturer. He has published papers and chapters locally and abroad on many aspects of family medicine and health care and is on the Board of many international publications.

Bruce and his wife Louise, whom he has known for 54 years, have two children, Richard, who is an anaesthesiologist in Johannesburg, and Alexandra, a marketing consultant in Oxford. They have one grandchild whom they adore. He is addicted to Sudoku!

Mr President, it is with pleasure that I present Bruce Sparks to you for admission to Honorary Fellowship of the College of Family Practitioners of South Africa.

Author: Gboyega Ogunbanjo

CITATION

HONORARY FELLOWSHIP

PROFESSOR EPHRAIM THIBEDI MOKGOKONG COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS



The youngest of seven children, Ephraim Thibedi Mokgokong was born on 11 February, 1934, in the rural area of Makotopong. He grew up in the farming community where his father was a teacher, priest, farmer and also the first Principal of the Kreutzenberg Primary School. This remarkable youngster was able, when at the tender age of twelve his father developed debilitating rheumatism in his hands, to take on his father's responsibilities. His two older brothers were already studying in Johannesburg and he later followed and matriculated, top of the class, at the Madibane High School.

Like most of his contemporaries he went to the University of Fort Hare where he completed his initial science degree in 1956. He furthered his studies at the University of Natal and graduated MB-ChB in 1962. This was just the beginning of an illustrious career in the field of medicine and teaching. True to his genuine desire to be of service to his fellow-men and his community he did not leave South Africa to study elsewhere but remained in South Africa to be of service to the disadvantaged and to further his studies.

Professor Mokgokong (affectionately known as Bro Eph) obtained the Dip Mid COG (SA) in 1965 and in 1967 was admitted as a Fellow of the College of Obstetricians and Gynaecologists of the College of Medicine of South Africa. He was appointed Principal Lecturer and Principal Gynaecologist and Deputy Head of the Department of Obstetrics and Gynaecology, University of Natal and of the King Edward VIII Hospital, Durban. He graduated MD at the University of Natal in April 1980.

The people's gynaecologist joined Medunsa with the commencement of its academic activities in 1978, as Professor and Head of

the Department of Obstetrics and Gynaecology. The Boss helped Medunsa become South Africa's first fully integrated Medical School and was later appointed Vice-Principal, and then Principal and Vice-Chancellor from February 1992. In May 1999 he was appointed Chancellor of the Medical University of Southern Africa.

Professor Mokgokong has held many important positions, amongst others, member of the Natal Rhodes Scholarship Selection Committee, member of the Natal Coastal Branch Council and later the Northern Transvaal Branch Council of the Medical Association of South Africa, Chairman of the Natal Coastal Branch of the Society of Obstetricians and Gynaecologists of South Africa, member of the Education Committee of the Natal Cancer Association of South Africa and the Council for Education and Training. In addition he served for 10 years on the Council of the CMSA, was a member of the Advisory Committee to the Minister of Health and Welfare of Lebowa and served on the Advisory Committee of Standard Bank SA and has recently retired as Director of the same bank. He was appointed as Chairman of the Committee of University Principals in 1995 and 1996, and is also Chairman of the Universities' Inter-Library Committee. He is presently on the Board of Sabinet, Adcock Ingram, the South African Blood Transfusion Service and the Africa Institute. The then Chairman of the ANC, Dr Walter Sisulu, appointed him to the South African Research and Development Trust (SARDET). He was also elected as Vice-President of the South African Medical and Dental Council (SAMDC) and served as President of the Medical Association of South Africa.

His research on, and understanding of diabetes in pregnancy and on family refashioning distinguish him among scholars and professionals. Professor Mokgokong has published extensively and has presented more than 300 papers on a wide range of subjects. He is very involved in the upliftment of the black community and has presented talks and papers on education, leadership and black businesses at schools and conferences. Professor Mokgokong was a major role player and initiator of outreach by Medunsa to Gazankulu, Lebowa and other districts in the old Northern Transvaal, when other universities hardly considered such possibilities. He encouraged members of other clinical departments to accompany him and his students to clinics in these areas which otherwise would have been deprived of necessary medical services and expertise. Professor Mokgokong remains involved in rural development and fund-raising projects of the Medunsa Institute for Community Service.

The Mokgokong family is well known in education and medical circles. Professor Mokgokong's late brother was Principal of the University of the North, one of his four sons is a neurosurgeon and Head of the Neurosurgery Department at Medunsa. Two more of his children are also following medical careers. His wife was a nursing administrator and is now an executive officer of Project Literacy. In days of darkness he did not give up. Despite seemingly insurmountable odds, the strength of fierce dedication kept him focused and inspired. He managed to rise above his circumstances to make a phenomenal contribution to the upliftment of the disadvantaged communities of Southern Africa.

Mr President, it is with pleasure that I present Ephraim Mokgokong

to you for admission to Honorary Fellowship of the College of Obstetricians and Gynaecologists of South Africa.

Author: Jack Moodley

CITATION

HONORARY FELLOWSHIP

PROFESSOR JOSE BOIX-OCHOA
COLLEGE OF OBSTETRICIANS AND
GYNAECOLOGISTS



Emeritus Professor Jose Boix Ochoa is one of the most influential and distinguished paediatric surgeons and is regarded as one of the foremost authorities in the field of Paediatric Gastroenterology and foetal surgery. He has a most difficult surname to pronounce and for this reason and for his "livewire" personality he is known as Pepe throughout the world.

He was born in Valencia, Spain and graduated in 1960. He was promoted at the tender age of 30 to Prof. of Paediatric Surgery at the autonomous University of Barcelona in 1972 and received the degree of Dr. of Science in Medicine, Honoris Causa and Summa Cum Laude 1971.

From an early age in his professional career he dedicated all his abundant energy and enthusiasm in improving surgical care for children, not only in Spain but also through his international efforts to the children of this world. He was responsible for the planning and establishment of basic and advanced paediatric surgical services including solid organ transplantation in Spain and created the first paediatric surgical department in Europe with all paediatric surgical specialities at the University Mother and Child – Vall-Dhebron Hospital, Barcelona.

Prof. Boix Ochoa has an enormous intellectual gift and through his clarity of vision, vibrant personality, inquisitiveness, dynamic and energetic challenging approach to his work, has through basic research and clinical application, resolved many of the complex problems of childhood diseases especially gastroesophageal reflux. In many ways he has introduced a new era of understanding of diseases and their solutions. Many of these have changed clinical practice through better understanding of basic pathophysiology and improved and logical approaches to the surgical cor

ADMISSION OF FELLOWS

rection of diseased processes. The physiological operation that he designed for curing gastroesophageal reflux was used as the preferred procedure in children by many South African Paediatric Surgeons. He is an excellent teacher with an ability to explain the most complex of problems in an easily understood manner for even the most inexperienced. This has made him a most visible individual amongst his peers during any national or international gathering.

Pepe is well respected worldwide for his contributions to the surgical health of the world's children. He has played a most constructive role in promoting and establishing the Pan African Paediatric Surgical Association. In addition he is actively involved in assisting organizations in providing surgical aid to developing countries. He has the plight of the underprivileged at heart. His international standing is reflected by the multitude of honorary memberships/ fellowships from national and international societies and organizations. He has been invited to visit and lecture throughout the world. He has published widely and has 410 publications and 72 chapters to his credit in paediatric surgical, gastroenterology and paediatric journals and books. He has delivered many eponymous lectures.

He is a member of 16 editorial boards of national and international journals of paediatric surgery and was omni professor at International Universities on 22 occasions. Furthermore he is an honor-

ary member or fellow of 42 national and international societies of paediatric surgery and surgical and related surgical specialities. A highlight of his career has been his appointment of paediatric surgical advisor to the World Health Organisation and his appointment as general secretary of the World Federation of Associations of Paediatric Surgeons, a position which he has held since 1983.

Further honours bestowed upon him in recognition of the position that he holds in international paediatric surgery has been the Santulli Medal from the Cornel University and Order of Meritorius Service from the Polish Republic for outstanding contributions to paediatric surgery to name but a few.

He has been an outstanding friend of South African Paediatric Surgery over many years and with his enthusiasm and dynamic mannerisms has held us spellbound during his orations, lectures and bedside teaching which are clear, precise, dynamic, flavoured and laced with expressiveness and reinforcing mannerisms so characteristic of the Latin speaker.

Mr President it is an honour to ask you to confer on José Boix Ochoa, in recognition of his contributions to improve the lives of children, the Honorary Fellowship of the College of Surgeons of South Africa.

Author: Heinz Rode

LIST OF SUCCESSFUL CANDIDATES

MAY 2006

FELLOWSHIPS

Fellowship by Peer Review

GEYSER Maria Magdalena

College of
Emergency Medicine

WALLIS Lee Alan

College of

FAINMAN David College of Psychiatrists

JEENAH Fatima Yasmien College of Psychiatrists
RANDEREE Farouk Ahmed College of Psychiatrists

Fellowship of the College of Anaesthetists of South Africa:

FCA(SA)

ADENDORFF Bruce Mark **UFS BOSCH Johannes Coenraad** UP **BURROW** Diane Leslie WITS **CHETTY Sean** WITS **DHOOMA Shabnum** UKZN **ERASMUS Barend Johannes Hendrikus** UP **GENIS-LUCAS Sanette** UP **HEWSON Christopher Mark** WITS KHALPEY Mehboub WITS KISTEN Theroshnie UKZN KOTZE Johan Herman UP MDLADLA Aurence Nkosinathi WITS MEDAK Anton Stanko WITS **MULDER Rosemary Dianne** UCT PATEL Sonal Chimanlal WITS PIENAAR Johann Bastiaan Hendrikus UCT ROBERTS Mia Luelle WITS SCHULENBURG Eschtiké **STELL** SENEKAL Carl Stephan STFLL VAN DER SPUY Lee-Anne WITS **WILLEMSE Josias Johannes** UCT

Fellowship of the College of Cardiothoracic Surgeons of South Africa:

FC Cardio(SA)

NAIDOO Krubin WITS

Fellowship of the College of Dermatologists of South Africa:

FC Derm(SA)

MOCHE Mohlabe John WITS WARRIES Denise Bernadette WITS

Fellowship of the College of Forensic Pathologists of South Africa:

FC For Path(SA)

BURGER Elsie Helena STELL JANSE VAN VUUREN Rianie STELL

Fellowship of the College of Maxillofacial & Oral Surgeons of South Africa:

FCMFOS(SA)

DESAI Jameel WITS

Fellowship of the College of Neurologists of South Africa:

FC Neurol(SA)

ANDERSON David Graham WITS
BRINK Justinus Anton STELL
CHEYIP Boniface Kapseh WITS

Fellowship of the College of Neurosurgeons of

South Africa:

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Certificate in Gastroenterology of the College of Physicians of South Africa:

Cert Gastroenterology(SA) Physicians

BARROW Peter Hugh WITS **LEVIN Dion Avron** UCT

Certificate in Gastroenterology of the College of Surgeons of

Cert Gastroenterology(SA) Surgeons

WITS **IKRAM Faisel**

Certificate in Medical Genetics of the College of Paediatricians of South Africa:

Cert Medical Genetics(SA) Paediatricians

URBAN Michael Francis WITS

Certificate in Medical Oncology of the College of Paediatricians

Cert Medical Oncology(SA) Paediatricians **REYNDERS David Theunis**

Certificate in Paediatric Surgery of the College of Surgeons of South Africa:

Cert Paediatric Surgery(SA)

UCT **ALEXANDER Angus** KARPELOWSKY Jonathan Saul LICT

Certificate in Pulmonology of the College of Physicians of South

Cert Pulmonology(SA) Physicians

WITS COX Patrick Joseph Alexander

Certificate in Vascular Surgery of the College of Surgeons of South Africa:

Cert Vascular Surgery(SA)

PARUK Nishen UKZN REDDY Esphiran UKZN

PART I, PRIMARY AND INTERMEDIATE EXAMS

Part I of the Fellowship of the College of Anaesthetists of South Africa:

FCA(SA) Part I

BORTOLAN Lisa Natalie WITS **BOSENBERG Melissa Thandi GANGAT Naeem** LIK7N **HOLLAND Charnte** WITS JOLLY Clem Lonnigen WITS KALAN Mohinee Gulab WITS **MAYET Ativah** UCT MAZIBUKO Kenneth Manqoba UKZN

MURRAY Mark Angus Grame

NAIDOO Teshufin **UKZN** SEMARK Andrew John UKZN

SOTIROPOULOS Lazaros

SUNJICH Jolene Iva Annie

TAYOB Imraan WITS **VAN WEST Cornel Peter** UCT **VICTOR Jonell** UCT

Part I of the Fellowship of the College of Dentistry of South Africa:

FCD(SA) Part I KAKA Muhammed

Part I of the Fellowship of the College of Emergency Medicine of South Africa:

FCEM(SA) Part I

VAN HOVING Daniel Jacobus **STELL**

Part I of the Fellowship of the College of Dermatologists of South Africa:

FC Derm(SA) Part I CHRISTIANS Sean Jerome LALLOO Yashmita

Part I of the Fellowship of the College of Forensic Pathologists of South Africa:

FC For Path(SA) Part I

KRYSZTOFIAK Bozena **UKZN**

Primary Examination of the Fellowship of the College of Maxillofacial & Oral Surgeons of South Africa:

FCMFOS(SA) Primary

HOEK Kobus

Part I of the Fellowship of the College of Neurologists of South Africa:

FC Neurol(SA) Part I

PILLAY Vinesh WITS SHIPANGA Hilma WITS YACOOB Yaseen UK7N

Part I of the Fellowship of the College of Nuclear Physicians of South Africa:

FCNP(SA) Part I

MKHIZE Ntombifikile Nomasonto WITS

Part I of the Fellowship of the College of Obstetricians & **Gynaecologists of South Africa:**

FCOG(SA) Part I ANIJI Chukwudi Daniel CLARK Zeljka

DALLA Sangita WITS DWARKA Nirvashni **GRIEVE Clayton Lance STELL HASTINGS Clive Alan** UCT JENTEL Bedwill STELL

KALUMBA Vital Moma Shungu

KLEYN Michael Inus UCT

KOMANE Nthathane Salome

MALEKA Francis

MOHLABA Garish Masungi MURUYA Samuel Ogutu

PUPUMA Xanti Bongo Siseko

UKZN VAN DER MERWE Johannes Lodewicus **STELL** WISE Amy Juliet WITS

Part I of the Fellowship of the College of Ophthalmologists of South Africa:

FC Ophth(SA) Part I ABRAHAMSE Helga Inéz **BIDDULPH Shelley Jane KRAUKAMP Philip NEU-NER Dor**

Part I of the Fellowship of the College of Paediatricians of South Africa:

FC Paed(SA) Part I

STEFFEN Jonel

STELL ABRAHAM Deepthi Raju

ACKERMANN Sally

BEZUIDENHOUT Jacqueline Kim

DE MAAYER Tim WITS **DEMOPOULOS** Despina WITS DUZF Bonisiwe Zamazulu UK7N

HASSAN Haseena

JOOLAY Yaseen STFIL

MADUEMEZIA Ufuoma

MODIPANE Vezamafa Rivonia NAIDOO Meshandree WITS NAIDOO Sanushka WITS **PERKINS Deborah**

RAMOUTHAR Lovelene

RANCHOD Harshad Bhagwandas WITS

HK7N

RETIEF-ZARRABI Celeste Wanda SAMPAIO Hugo Alexandre Ferreira SINGATA Vuyelwa Sinovuyo

SONO Lino Lydia WITS TITUS Vuyani Mawethu Shylock UL VAN DYK Jessie Grace UCT **VERWEY Charl** WITS

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WALABH Priva UCT **BURGER Johannes Dawid** WALTERS Elisabetta **STELL** CASSIMJEE Ismail **ZECHNER** Natasha WITS CHEN Chih-Yuan **CHETTY Rinesh** Part I of the Fellowship of the College of Pathologists of South **CHOHAN Zubair Ebrahim** Africa: COETZEE Emile du Toit Anatomical-**COOLEN Dewald** FC Path(SA) Anat Part I **DEVAR John Wesley Samuel** MOTALA Ahmed Ismail UCT **DOS PASSOS Gary NOKOANE** Lerato WITS **DUBE Butini Andries** RIGBY Jonathan Mark WITS EBRAHIM Abdul Kader **GANCHI Saadia** Part I of the Fellowship of the College of Physicians of South **GERBER Stefan Bradley** FCP(SA) Part I GREEFF Eugene de Villiers ABDOOL GAFOOR Shiraz **UKZN GRIEVE Andrew Duncan BAYAT Zaheer** WITS HASSAN Muhammad Yusuf **BURGER Trevlyn Felicity** WITS **HAYNES William Robert Pether ELZUBEIR Khalid Farah Hamed** WITS **HOOSEN Mahomed Reechard Essop GOVIND Nimmisha Harilall** WITS JEHLE Hansjörg Steyn KHAN Yunus WITS JENKIN Aimee Thelma LEBOHO Moloko Victor UCT KAIKAI Shaaban Mohammed WITS MARAIS Monique STELL KARERA Mwalimu MASHABANE Mduduzi John WITS KARRO Ryan Searle MIA Haroon **UKZN** KASIPERSAD Viren Sukhraj MOOSA Muhammed Shiraz STFLL KHUZWAYO Zamokuhle Brian NAIDOO Asokan UK7N **LANDMAN Nicolette** NIAZ Majid LATCHMANAN Neshalan Perumal **NOZIC Mili** WITS LOUWRENS Helene **RASMUSSEN Keith Christian** UKZN MAFEELANE Kenneth Seleka **ROELOFSE Pieter Gideon Retief STELL** MAINE Moses Motsapi SHADDOCK Erica Jeanie WITS MAKUPE Alex SPOOLDER Lee-Ann WITS MANGRAY Hansraj STACEY Sarah Lynn WITS MASILO Seleke Desmond WADEE Ashraf Suliman WITS MATHIR Ahmed WILSON Richard John MATUKANE Lunghile Donald MCGUIRE Duncan Thomas Part I of the Fellowship of the College of Psychiatrists of South MCGUIRE Colin Iain MKHIZE Dumisani Sihle Magnificent FC Psych(SA) Part I MOOLMAN Morné Richard **BENSON-MARTIN Janine Juanita** UCT **MOUTON John Pierre CLAASSEN Jacques** MTHETHWA Musa Rodnev **FEAST Dorothy Anne** WSU **MUTEWEYE** Wilfred **GASELA** Papani LEGG Elizabeth NANDE Elkana Mweikange Halleluja UCT **NESER Clare** NDALA Monicah UL NGHAAMWA Johannes Metumo Kaudife VAN DEN BERG Marietta UCT NHOVA Maxwell **WILLIAMS Mohamed Faadiel** UCT **NICHOLLS Michael Cecil** Part I of the Fellowship of the College of Diagnostic Radiologists NONGOGO Lwazi Knowledge of South Africa: NTEO Sechaba Raphoto Sibong FC Rad Diag(SA) Part I **NXIWENI** Lonwabo Lingsby **CANTRELL John Anthony** WITS PILLAY Neelanrajah **DU TOIT Jacqueline** UL **REDDY Jenendhiran** JAJBHAY Nadia WITS **ROCHER Antoine Gideon Louw KRUGER Mark** SEEVSAGATH Ashwin MKHIZE Siyanda Basil SEKOAILA Edwill Michael Molatelo NDLOVU Neo Brenda WITS SIMMONS Dina Yaeli SCHULENBURG Deon Herbert SMIT Ania SULEMAN Farhana Ebrahim UL SMIT Rian Wilfred SURTEE Ahmed Aboobaker WITS SMITH Oliver Ivan STRAUSS Carel Petrus

Part I of the Fellowship of the College of Radiation Oncologists of

South Africa:

FC Rad Onc(SA) Part I

HINSON Lily WITS LE GRANGE Franel **UCT** TSIKAI Nomsa

Primary Examination of the Fellowship of the College of **Surgeons of South Africa:**

FCS(SA) Primary **ACCONE** Quinton

AMEER Yusuf BANDERKER Mohammed Asif BARNARD John Edward

Primary Examination incl Neuroanatomy of the Fellowship of the

College of Surgeons of South Africa: FCS(SA) Primary incl Neuroanatomy

TALEB Fazleh Hassan WOPULA Zwelabantu

TAUNYANE Itumeleng Clifford

THOMSON David Alexander

VAN NIEKERK Gertruida

VICTOR Anna Elizabeth WOPULA Zwelabantu

ZULU Nozipho Gina

TAYLOR Liezel Phyllis

Intermediate Examination of the Fellowship of the College of **Surgeons of South Africa:**

UKZN

FCS(SA) Intermediate

BAM Tsepo Qonda

BEKKER Wanda

CHETTY Vanishri

CHOONARA Salim

DE WET Jacob Daniel

GANGAT Dawood Sulaiman

GOWAN Shamil Manilal HUMAN Andre Wynand ISAKOV Rachelle Jody JOHNSON Susan Frances KASCHULA Andrew Russell

MAKAKOLE Manti Martin-Luther

MALINGA Sbusiso Vusumuzi Mpumelelo

MCALLISTER Stuart James MCCOLLUM Graham Anthony MOODLEY Sean Thirumalay MPOTOANE Thapelo Samuel

NAIDOO Noel **NOOR Fazlin**

NUNN Lesley Marcia Maude

OOST Ebo Harm PATEL Neetesh Nagin **PRETORIUS Riaan** RAMGUTHY Yammesh

ROSIC Todor

SEFEANE Tatolo Ishmael

SIKHOSANA Mbokeleng Happiness

SOMA Samir

STANDER Johannes Hendrikus STELL

STROEBEL Johannes Andries Thomas **TORRES-HOLMES Marco Nicolas**

VALLA Dharmendra Narsee

VENTER Marisse WITS

RANDEREE Farouk Ahmed

HIGHER DIPLOMAS

Higher Diploma in Internal Medicine of the College of Physicians of South Africa:

H Dip Int Med(SA)

IDRIS Mohammed Awar

OKUTHE Jacktone Odhiambo

SHOAIB Muhammad

Higher Diploma in Orthopaedics of the College of Orthopaedic

Surgeons of South Africa:

H Dip Orth(SA)

WITS MUNIR Muhammad Khan

RAMNARAIN Avesh

RASHEED Muhammad Tahir WITS

Diploma in Allergology of the College of Family Practitioners of South Africa:

Dip Allerg(SA)

ENGELBRECHT Marleen UP MASEKELA Refiloe UP UP **URQUHART** Tamatha Jane

DIPLOMAS

Diploma in Anaesthetics of the College of Anaesthetists of **South Africa:**

DA(SA)

AFSHÁNI Nura **ASH Simon Alistair BAGUS** Rashida **BASSON Beverly-Ann BELLEW Neil**

BICK Lindsay Sarah BIERMAN Zuretha BOTHA Marius

BRANNIGAN Lliam Barrett BRENNAN Brigid Emma

BUDHOO Amritha

CAIRNS Carel Jacobus Johannes

COETZEE Celeste

DE BEER Petrus Johannes **DERKSEN Conrad Cornelis**

DU PLESSIS Lienki **ENOCH Annabel**

FERREIRA Martha Magrietha FITCHAT Tracey Leanne

FOWLER Gareth David **GEORGE Preety**

HEIBERG Abraham Johannes

JACOBS Christopher Richard

JONKER Wilna KANJEE Jayd

KASSIRAM Priyesh Mohan

LABUSCHAGNE Jacobus Johannes

LEE Howard Chi-Hung MARITZ Mark Frans

MARSDEN Paul William James

MARWICK Peter Clive

MCDONALD Johannes van Wyk MOGANE Palesa Nomusa MOOSA Muhammed-Ameen

MURFIN Tarryn-Lee

MZONELI Youley Laetetia Thembeka

NAIR Nadia **NEL Philip**

NICOLAOU Veronique

ODENDAAL Willem Johannes

OOSTHUIZEN Alexis PILLAY Lutchmi POTGIETER Samantha PURBHOO Kashmira Kanoo **RAUBENHEIMER Jean Louis**

REDDY Nelini

ROSE Andrew Gordon Fraser

SADLER Shirley

SCHLEMMER Kurt Denton

SIMONS Caroline SMITH Paul Jozua SMITH Vicci Clark **SMITH Murray James SNOEK Aarjan Peter** STEENKAMP Hester Maria

STEIN Ilan Ronen **TERBLANCHE Lynette** TRUTER Odette

VAN DER HORST Amanda Ada VAN JAARSVELD Anshia VAN ROOYEN Calin Lydia

VAN ZYL Wilmien

VAN ZYL Cornelis Johannes Petrus Gerhardus

VENTER Magdeleen WHITTLE Susan Lee ZEIJLSTRA Anne Elisabeth

Diploma in Child Health of the College of Paediatricians of South Africa:

DCH(SA)

ANNÀMÁLAI Medeshni APPEL IIse Nadine BECKER Deborah Hilda **BUDREE Shrish CARIM Humza**

CLOETE Hester Eliza CODRON Rael Paul EGBERS Claire KLEINVELDT Natasha KLOTNICK Talya Gila MABUSELA Malebo Rebecca

SUCCESSFUL CANDIDATES

MAHLANGU Busisiwe Carol

MAREDI Phaswe John

NAIDOO Doshendran

NDZAMELA Nozibongo

NKUNA Lazarus Kalane

NQEKETO Bukiwe

PANGWA Nombulelo Laetitia

QINA Babalwa Zandile

ROSE Penelope Cathryn

SHAER Nicole Irene

SIHELE Nikiwe Sweetness

VAN DER MERWE Belinda

WESSELS Marié

Diploma in Forensic Medicine of the College of Forensic Pathologists of South Africa:

Dip For Med(SA) - Clin/Path

MOLOTO Kodi Godfrey

Diploma in Forensic Medicine of the College of Forensic Pathologists of South Africa:

Dip For Med(SA) - Path

NJUE Moses Gachoki

RAMASHIA Zwitwabu Sharon

Diploma in HIV Management of the College of Family Practitioners of South Africa:

Dip HIV Man(SA)

ABDALLAH Aziz Ochieng

ALAM Mohammad Samiul

ASHFORD Gail Lindsay

BADAT Nafeesa Suleman

BEYLIS Cleo Natalie

BOA-AMPONSEM Anthony

CHIGU Hilary

CHIVONIVONI Tamuka

CLEMENTS Helen Jean

CONNELL Lucy Shirley

COOVADIA Ashraf Hassen

CORNWALL Janet Elizabeth

DAVIES Natasha Elaine Claire Garai

DUBE Farai

DYAKOPU Nontobeko

ERASMUS Marcelle

FARRANT Lindsay Georgina

FEUCHT Ute Dagmar

GANGAZHE Nyengetera Rasivhetshele

GLASS Allison Joy

JAIYESIMI Olufemi Bamikole

JAMU Annamore

KABUZI Emmanuel Mukasa

KAWADZA Jane

KHOOSAL Reshma

KULARATNE Ranmini Sumudita

LINTSO Zacharia Morena

LUKE Binu

MALAN Eloise

MALULEKE Moses Musa

MARAIS Belinda Sue

MARAISANE Mpho

MATHAI Mary

MENEZES Colin Nigel

MILLER Anna

MKABAYI Nozuko Precious MOSHABELA Matlagolo Mosa MPHATSWE Thabile Wendy Pearl

MUKHITHI Tshimangadzo

MULAUDZI Mphelekedzeni Caroline

MVENG Martin Biyo'o

MWANGI Michael Njoroge

NAIDOO Mergan

NAIDU Kevindra Krishna

NALUMANGO Johanna Jedida

NARASIMOOLOO Cindy

NDJEKA Norbert Odimboleko NDJ ELENI Yolisa Theresa

NHLAPO Nomfundo Desirée

OCEL CENTERE Brown

OSEI-SEKYERE Beauty

PINHEIRO Paulo Alexandre Rodrigues

RAMDHIAL Mayuri

RICHTER Karin Louise

SEEDAT Zohrana

SHAIKH Fathima

SOLWA Mahomed Cassim

TITYIWF I ancelot

UMURUNGI Yvonne Serubibi

ZERGOUG Nadia

Diploma in Mental Health of the College of Psychiatrists of South Africa:

DMH(SA)

DOLLMAN Gregory John

MALAN Jacques

MARSAY Carina Yolanda

MOODLEY Viashini

MOUYIS Maria

NORDEN Aletta Louise

ODUFU Alexander Abiodun

SINGH Leesha

Diploma in Obstetrics of the College of Obstetricians and Gynaecologists of South Africa:

Dip Obst(SA)

BEKKER Michiel Daniel Corneluis

CEBEKHULU Sylvia Nnaniki

DEHINBO Tunde Bank Titus

DJORDJEVICH Tamara

GWALA Bhekuyise Richman Antony

MASEMOLA George Shawashawane

MITCHELL Claire Eileen

MULONGO Alain Senga

NGENE Nnabuike Chibuoke

NGORIMA Phillip

TOWEEL Gabrielle Dominique

WESSELS Su-Ritha

Diploma in Ophthalmology of the College of Ophthalmologists of South Africa:

Dip Ophth(SA)

CRONJE Pieter Roelof

DU BRUYN Magritha KETTLEDAS Hiron

MSUTHWANA Simanga Elias Geoffrey

STEENKAMP Margot

Diploma in Primary Emergency Care of the College of Emergency Medicine of South Africa:

Dip PEC(SA)

FRITH Caryn Suanne

KLOECK David Andrew

LANDMANN Alexander Marius NIEUWENHUIS Theodora Catharina

POTGIETER Liezel

POTGIETER Estel

VAN DER COLFF Lindie VARKEL Leon

VENTER Pieter Johannes Lodewikus

VERMAAK Jacobus Stephanus

Annual Report of the Senate of The Colleges of Medicine of South Africa for the Period 1st June 2005 to 31st May 2006

The first Annual Report of the Seventeenth Senate gives an overview of the business of Senate during the financial year 1 June 2005 to 31 May 2006. The report will customarily be presented in separate sections:

Annual Financial Statements

The financial statements and matters pertaining to the appreciation of the state of affairs of the CMSA, its business and profit and loss, will be published on the web page. Hard copies will be available upon application.

Annual Reports of Constituent Colleges

The annual reports of the constituent Colleges appear independently in this issue of Transactions. Unfortunately there were once again a number of Colleges that did not submit a report and apologies are extended to the members of those Colleges for the lack of information pertaining specifically to the activities in their speciality.

General Activities of Senate

A general overview of the activities of Senate during the past year are given below.

IN MEMORIAM

Notification of the death of DR PETER GORDON-SMITH on 27 March 2006 was received with great sadness. Peter received a special Golden Jubilee Award in October 2005 in recognition of the important role that he played in the history of The Colleges of Medicine of South Africa from 1974 to 2005, but particularly in the office of President from 1995 to 1998. The Award was also given to him in recognition of his major contribution to the activities of the Colleges of Medicine Foundation where he served as Secretary/Treasurer from 1978 to 1995 and as Chairman of Fundraising for two periods: 1988 to 1995 and 2001 to 2005.

Senate also mourned the death of the retired Academic Registrar of the CMSA, Mrs MAGDA HANEKOM, on 13 October 2005. She served The Colleges of Medicine of South Africa as Typist at the Cape Town office from 1973 to 1978, Typist in the Examinations Office in Johannesburg from 1978 to 1982, Examinations Secretary from 1982 to 1988, Academic Secretary from 1988 to 1998 and Academic Registrar for a short while until she retired in 1998. Magda was admitted to the Court of Honour of the CMSA in April 1998 in recognition of the exceptional manner in which she served the College over many years.

The President and Senate also, with regret, received notification of the death of the following:

Founders

ALEXANDER Louis Leonard KATZ Hymie KRAMER Michael Sherman SANER Robert Godfrey TROPE Robert Allan VICTOR Arthur

Associate Founders and Associates

ADLER David Ivan
BOK Louis Botha
DUBB Seymour
ENSLIN Theo Benedict
EYRE Jane
FULLER Denis Norden
GLEN Alan Murray
RABKIN Jerome
TE GROEN Lutherus Hector Treub
VOGELPOEL Louis

Honorary Fellows

DACIE John Vivian ORGAN Claude RUPERT Anthony Edward

Fellows

BERRY Peter Harrington
BIERMANN Louis Daniël
BRUWER Johan Wilhelm
DANDO Raymond Victor
DUCKWORTH William Calvert
MARITZ Frans Jacobus
MARTIN Michael William
ROETS Paul
SHAPIRO Norman
VILLET Wynne Trevor

Diplomates

DAVIS Elizabeth Anna Clara

50 YEARS OF EXCELLENCE! GOLDEN JUBILEE OF THE COLLEGES OF MEDICINE OF SOUTH AFRICA

The Golden Jubilee Celebrations brought a renewed sense of pride and inspiration for the future of The Colleges of Medicine of South Africa. Photographs that were taken at the time of this historical event appear on the centre page of these Transactions.

An editorial by the Honorary Registrar, Prof Bongani Mayosi, appeared on page 28 of the Golden Jubilee issue of Transactions (Volume 50 number 1 Jan-Jun 2006) and summarised all the major events.

Financial Contribution by Constituent Colleges

Senate gratefully acknowledges the undertaking by most of the constituent Colleges to contribute 10% of their levy contributions in the 2005/2006 financial year towards the Golden Jubilee expenses. The Colleges of Dermatologists and Ophthalmologists contributed 100% each whilst the College of Psychiatrists donated R5 000, equating to 50% of its levy contributions.

Special Awards

The following Founders, who were able to attend the golden jubilee celebrations, received special awards:

ANDERTON Edward Townend BENSUSAN Arthur David (Kim) COHEN Morris Michael COLLER Julian Somerset MEYER Jan Abraham (Johnny) RITCHKEN Harry David VAN SELM Justin Leander

In addition to a certificate, they were also presented with the History of the CMSA written by Dr Ian Huskisson and a special golden jubilee tie.

Dr JOHNNY SAMSON, one of the original Associate Founders who attended, was also presented with a copy of the History and a golden jubilee tie.

Golden Jubilee Recogniton Awards

Awarded Posthumously to Past Presidents:

Senate agreed that special Golden Jubilee Awards would be made posthumously in recognition of the important role that the following played in the history of the CMSA, but particularly also in the office of President. Illuminated scrolls were presented to their next of kin, as indicated in brackets.

BROCK John Fleming (received by Mrs Bridget Lubbe – daughter)
DAUBENTON François (received by Mrs Joan Daubenton – widow)
DOUGLAS John Alexander (received by Mr Harvey Douglas – son)
GELDENHUYS Frans Gert (received by Mrs Aletta Geldenhuys – widow)

KNOCKER Phyllis Amelia Hendrika (received by Mr Kenneth Knocker – brother)

LANDAU Arthur (received by Mr David Landau – son) LOUW Jan Hendrik (received by Mr Rob Louw – son)

The whereabouts of relatives or friends of Prof GUY ABERCROMBIE ELLIOTT, first President of the College, could unfortunately not be traced.

Awarded Posthumously to Others:

FRANCES AMES, for her compassionate work as a neurologist, her services to psychiatry but particularly also as the recipient of the Star of Africa Award from Mr Nelson Mandela in 1999 for standing up for human rights under apartheid. The award was received by Mr Adrian Castle, her son.

CHRISTIAAN NEETHLING BARNARD, in recognition of his seminal and outstanding contribution in pioneering heart transplant surgery. *His son, Armin Barnard, received the award.*

SOROMINI KALLICHURUM, in acknowledgement of her outstanding service to the field of anatomical pathology, to academic medicine as the first woman and black Dean of Medicine in a South African medical school, and particularly for the leading role that she played as President of the transformed Health Professions Council of South Africa. The recipient of the award was her daughter, Karuna Rughuba.

Illuminated Scrolls received in Person:

Golden Jubilee Recognition Awards were presented to the following, nominated by either the Senate or by the Councils of the respective constituent Colleges:

SOLOMON ROBERT BENATAR, for his service to medical education and the right of patients, and more particularly his contribution to the development of the field of bioethics in South Africa and Internationally.

THOMAS HAMILTON BOTHWELL, in recognition of his exceptional and seminal contributions to medicine in South Africa over a lifetime.

DENNIS ALBERT DAVEY, in acknowledgement of his enormous contribution to the discipline of obstetrics and gynaecology as academician and researcher, particularly his research into hypertension in pregnancy and the management of post-menopausal women, but also in recognition of his contribution to equity in the care of gynaecological patients.

MICHAEL CAMERON GORDON GRANT, for his pioneering work in the manage-ment and care of patients with gynaecological cancer in South Africa, and also for his executive participation in the discipline of obstetrics and gynaecology in many professional societies.

DEREK PETER GORDON-SMITH, in recognition of the important role that he played in the history of the CMSA in various offices, but particularly in the office of President. The award was also made to him in recognition of his major contribution to the activities of the Colleges of Medicine Foundation, and most recently in the capacity of Chairman of Fundraising.

IAN DOUGLAS HUSKISSON, in acknowledgement of his exceptional service to the CMSA over a period of forty-six years in various offices, but particularly also for his seminal contribution as CMSA Historian.

RALPH EMMANUEL KIRSCH, for the important role that he played in the history of the CMSA in various offices, but particularly as President and for his major contribution to medicine in South Africa as physician, scientist and educationist.

JOHANNES FREDERICK KLOPPER, in recognition of his major contribution to nuclear medicine as a researcher, teacher and author of international repute, particularly also his outstanding research on cyclotron produced isotopes and for his executive participation in many professional associations including The Colleges of Medicine of South Africa.

MALEGAPURU WILLIAM MAKGOBA, for his contribution in the field of immunology and research, and particularly also in transforming research in South Africa while President of the MRC and for his role in transformation of higher education in South Africa.

EPHRAIM THIBEDI MOKGOKONG, in acknowledgement of his innovations in surgical approaches to management of gynaecology, and particularly also the important role that he played nationally in the transformation of Healthcare.

KUBEDI PATRICK MOKHOBO, for his contributions in the development of medical services in Southern Africa, and particularly also the major role that he played in the development of drug policy in South Africa.

HEINZ RODE, in recognition of his outreach efforts into Africa and his significant contribution to paediatric surgery in South Africa and Internationally, but particularly his humanity in the treatment of burns patients which was illustrated by his assistance in the Tsunami disaster.

YACKOOB KASSIM SEEDAT, for his outstanding contributions to the science and practice of medicine in South Africa and also for sterling service rendered to numerous academic institutions and professional bodies both locally and abroad, including The Colleges of Medicine of South Africa

JOHN TERBLANCHE, in recognition of the important role that he played in the history of the CMSA in various offices, but particularly also in the office of President and for his exceptional contribution on the international surgical scene and in medical administration in South Africa.

RONALD BASIL KIDGER TUCKER, for the important role that he played in the history of the CMSA, but particularly also in the office of President. The award was received on his behalf by his son Gavin, and daughter Claire.

Awarded in Absentia:

NELSON ROHLIHLALA MANDELA, for his humane and inspirational work in HIV/AIDS and the welfare of children in South Africa and abroad through the Mandela Foundation.

DAVID FRANCIS MORRELL, in recognition of the important role that he played in the history of the CMSA in various offices, but particularly his role as President at a time when it was facing the crucial challenges of a new South Africa. His leadership and diplomacy united widely divergent groups within the College focusing them on a single goal, namely that of securing a future role for The Colleges of Medicine of South Africa in a transformed and democratic South Africa.

JOHANNES ALBERTUS MYBURGH, in acknowledgement of the important role that he played in the history of the CMSA as President and particularly also for his exceptional contribution in the field of transplantation surgery.

HENDRIK JOHANNES ODENDAAL, for his outstanding contributions as academician and clinician of national and international repute, and

particularly also his research on hypertension, foetal monitoring, preterm labour and abruption placentae.

Special Admission Ceremony

The special graduation ceremony during the golden jubilee year was held at the Cape Town City Hall on 20 October 2005, when Honorary Fellowships were awarded in different categories. As the full citations and photographs of the recipients appeared in the Golden Jubilee issue of Transactions, January – June 2006, the names only appear, as follows:

The Colleges of Medicine of South Africa

RAMPHELE, Mamphela Aletta

Constituent Colleges of the CMSA

College of Pathologists
CARUSO, Vincent
LOOI, Lai-Meng

College of Paediatricians

AZUBUIKE, Jonathan Chukwuemeka

College of Psychiatrists

HOLLINS, Sheila

College of Obstetricians and Gynaecologists

GIWA-OSAGIE, Osato Ona Frank

College of Surgeons

HAMILTON, Stewart McLeod O'HIGGINS, Niall SMITH, John Allan Raymond SPITZ, Lewis

College of Physicians

MENSAH, George DOUGLAS, Neil James McKENNA, Terence Joseph SEWELL, Jill WIJESIRIWARDENA, Bandula Chandranath

Endowment of the Peter Gordon-Smith Outreach Lectureship

Senate agreed that the "Golden Jubilee Lectureship" to be endowed, be named the "Peter Gordon-Smith Lectureship" in recognition of the enormous role that he played in The Colleges of Medicine of South Africa and the Colleges of Medicine Foundation. If necessary, extra funds will be raised to strengthen the capital sum.

The purpose of this lectureship will be to uphold the theme of the golden jubilee year, viz. the enhancement and promotion of academic healthcare in Africa. The CMSA will be sending a representative to other Colleges in Africa, where the incumbent will be participating in their training programmes, etc.

History of the CMSA

The College History – The First 50 Years - written by Dr Ian Huskisson FCP(SA) FRCP FCMSA(HON), was officially presented at the golden jubilee celebrations in October 2005 when the first copy was appropriately presented to him as the author.

Acknowledgement to Staff in the Golden Jubilee Year

At the Golden Jubilee Presidential Dinner Prof Lizo Mazwai duly acknowledged the dedication and hard work of the CMSA personnel. He referred particularly to the following staff members present who had also celebrated the Silver Jubilee of the CMSA some 25 years ago and who had given almost a lifetime of service to the CMSA:

Mrs Bernise Bothma (CEO)

Mrs Jane Savage (PA to the CEO)
Mrs Gillian Cress (Librarian)

Mrs Cathy Jordan (Snr Data Controller/Telephonist)
Ms Patricia Bredenkamp (Snr Administrative Assistant/

Ceremonies Co-ordinator)
Mrs Olga Matiyase (Refreshments Provider)

He presented each of them with a complimentary, inscribed copy of the CMSA History.

A copy was also given to the family of Mrs Magda Hanekom at her funeral the following day and another was sent to Mr Lucas Maponyane at the Johannesburg office who also celebrated the 25th anniversary of the CMSA.

HONORARY FELLOWSHIPS

The following received admission to Honorary Fellowship at the ceremony in Johannesburg on 18 May 2006:

The Colleges of Medicine of South Africa

CLEWLOW Warren Alexander Morten LEMMER, Johan

Constituent Colleges

College of Surgeons

BOIX-OCHOA, José

College of Obstetricians and Gynaecologists

MOKGOKONG, Ephraim Thibedi

College of Family Practitioners

SPARKS, Bruce Louis Walsh

College of Dermatologists

SCHULZ, Eleonora Joy

Their full citations and photographs appear in this issue of Transactions.

FELLOWSHIP AD EUNDEM

Prof NEVILLE HEPBURN WELSH was admitted to Fellowship *ad eundem* at the May 2006 ceremony in Johannesburg. A full citation and a photograph of Prof Welsh also appear in these Transactions.

ASSOCIATES

Listed hereunder are the names of members who have registered with The Colleges of Medicine of South Africa as Associates in their respective constituent Colleges since the last report:

College of Emergency Medicine

ENGELBRECHT, Andreas

College of Otorhinolaryngologists

GAIRE, Bimala

College of Public Health Medicine

FOX, Frank Hooton (Division of Occupational Medicine)
JEEBHAY, Mohamed Fareed (Division of Occupational Medicine)
JEWKES, Rachel Katherine
KRUGER, Willem Hendrik

NAIDOO, Nithiseelan Rajen (Division of Occupational Medicine)

TRANSFORMATION

The President pointed out at the annual general meeting in October 2005 that the transformation process in the CMSA in terms of demographics has now gone a full circle. It was now more important for the CMSA to concentrate on transformation in the way it conducted its business. At the strategic planning meeting in February and the brainstorming meeting in August a few areas were identified:

- Following up on the examination format.
- Implementing the national equivalence examination.
- Recruiting and retaining membership through a viable benefits programme.
- Participating more actively in national health and educational matters through regular position papers and comments.
- Planning of a self-evaluation workshop.

THE MEMBERSHIP BENEFITS PROGRAMME

In order to continue to function as a College, with international links and reciprocal arrangements with Sister Colleges and Academies, it

is of the utmost importance that members of the CMSA remain within its fold throughout their professional life.

Prof Andries Stulting, in his capacity as Chairman of the Membership Benefits Subcommittee, sent out questionnaires to the Presidents and Secretaries of constituent Colleges of the CMSA, Presidents and Masters of Sister Colleges and Academies abroad and to the Registrars Association of South Africa to determine what the needs of their members are. This will hopefully assist the CMSA in putting together a programme that will enhance membership benefits.

Senate is also looking at the possibility of introducing internet access to journals for members in good standing and even some form of affiliation to students aspiring to write CMSA examinations.

NEW CMSA WEBSITE

The CMSA Website is under reconstruction in order to make it more user-friendly and it is envisaged that the new site will be up and running by August 2006.

RE-APPOINTMENT OF EDITOR

It is with pleasure that the re-appointment of Prof Gboyega Ogunbanjo as Editor of Transactions for the triennium 2005 to 2008 is announced.

LIONEL B GOLDSCHMIDT LIBRARY

Dr Marc Combrinck, Fellow of the College of Neurologists, has just taken over as Honorary Librarian from Prof Tuviah Zabow. details of his objectives for the library will appear in the next report.

EXAMINATION RELATED BUSINESS

Successful Candidates

The names of candidates who pass the biannual CMSA examinations appear in each issue of Transactions. The results are also published on the web page: http://www.collegemedsa.ac.za.

Admission Ceremony Procedure

Senate will be re-introducing the old system with effect from October 2006 whereby Honorary Fellowships will be conferred first, followed by the award of Fellowships by examination.

Promulgation of the FCFP(SA) in the Government Gazette

The qualification Fellowship of the College of Family Practitioners of South Africa (FCFP(SA)) was promulgated in the Government gazette No. 28779 (notice 34 of 2006) in May 2006. The following categories of members of the College of Family Practitioners would be eligible to apply for the FCFP(SA) with immediate effect:

- Holders of MFGP(SA) obtained through general practice experience up to January 1996;
- MFGP(SA) obtained after completion of two years vocational training recognised by HPCSA for registration as family physicians (independent practice - family medicine);
- MCFP(SA) obtained after completion of two years vocational training recognised by HPCSA for registration as family physicians (independent practice - family medicine); and

In addition to the above, the following conditions would need to be

- Application on an individual basis.
- Submission of the original copy of the MFGP(SA) or MCFP(SA) certificate
- Payment of all annual subscriptions.
- A non-refundable administrative fee of R100 to cover the registration fee and postage of the new FCFP(SA) certificate.

Medal Recipients

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The recipients of medals during the period under review were:

Cape Town: 20 October 2005

HymieSamson Medal Sarah van den Berg (Physics and Clinical Measurement Section FCA(SA) Part I) Jack Abelsohn Medal and Book Prize Johannes Louw Malherbe

(Clinical Section FCA(SA) Part II)

(FCOG(SA) Part I)

Rhône-Poulenc Rorer Medal (FC Rad Diag(SA) Part I)

Johannesburg: 18 May 2006

Janssen Research Foundation Medal

(FCA(SA) Part I)

Abbott Medal

(FCA(SA) Part I (Pharmacology)) Crest Healthcare Technology Medal

(FCA(SA) Part II)

Jack Abelsohn Medal and Book Prize (FCA(SA) Part II (Clinical Section)) S A Society of Maxillo-Facial and

Oral Surgery Medal (FCMFOS(SA) Final)

Leslie Rabinowitz Medal

(FC Paed(SA) Part I)

Coulter Medal

(FC Path(SA) Part II (Micro))

Suzman Medal (FCP(SA) Part II) Asher Dubb Medal

(FCP(SA) Part II (Clinical Section))

Lynn Gillis Medal (FC Psych(SA) Part I)

Rhône-Poulenc Rorer Medal

(FC Rad(SA) Part I)

Brebner Award

(FCS(SA) Intermediate) **Douglas Award**

(FCS(SA) Final)

Y K Seedat Medal (H Dip Int Med(SA))

SASA John Couper Medal

(DA(SA))

Walter Kloeck Medal

(Dip PEC(SA))

Bill Winship SASHG Medal

G P Charlewood Medal : Henriëtte van Zyl

: James Donal Stevens

: Megan Frances Coltman

: Raveen Behari

: Deane Brendon Murfin

: Deane Brendon Murfin

: Craig Bradley Pearl

: Angela Dramowski and July Nicola Rothberg

: Nelesh Premapragasan

Govender

: Yusus Sayed Nanabhay

: Fatima Bibi Fazel; Suman Maharaj and Adnaan Variava

: Keshika Singh

: Colin Richard Turner

: Marc Michael Bernon

: Craig Michael Joseph

: Rudi Renison

: Kerry Jane Timmerman

: Stephanus Hattingh

André van der Westhui-

(Cert Medical Genetics(SA))

Fellowship by Peer Review

The following were successfully considered for Fellowship by peer review since the last report:

College of Dentistry: FCD(SA)

HOWES Dale Geoffrey

College of Emergency Medicine : CEM(SA)

GEYSER Maria Magdalena KRAMER Efraim Benjamin WALLIS Lee Alan

College of Neurologists: C Neurol(SA)

KIES Bryan Michael

College of Orthopaedic Surgeons : C Orth(SA)

GOVENDER Shunmugam SHIPLEY John Alexander

College of Otorhinolaryngologists: C ORL(SA)

CLAASSEN André Jacobus

College of Pathologists: C Path(SA)

ERASMUS Rajiv Tiumothy LIGTHELM Attie Johannes STEVENS Wendy Susan

College of Physicians: CP(SA)

JANSEN VAN RENSBURG Barend Wilhelm Jansen RUFF Paul

College of Psychiatrists: C Psych(SA)

ALLERS Eugene
COLIN Peter Francois
FAINMAN David
JEENAH Fatima Yasmien
JOUBERT Pierre Mauritz
OOSTHUIZEN Petrus Paulus
RANDEREE Farouk Ahmed
VAN DER WESTHUIZEN Deborah
VAN STADEN Cornelius Werendly

College of Public Health Medicine (Division of Occupational Medicine): CPHM(SA)

BEKE Andy Kwaku
EHRLICH Rodney Ivan
KOCKS Daniel Jacobus
LA GRANGE Margritha Aletta Cathrina
LONDON Leslie
MYERS Jonathan Elliot
RAUTENBACH Petrus Gerhardus de Wet
ROBINSON Fiona
ROSS Mary Hazel
VAN ZYL Jacobus Petrus

New Examinations

New, or restructured examinations offered for the first time during the past year were:

Dip For Med(SA) Clin
Dip For Med(SA) Clin Path
Dip For Med(SA) Path
H Dip Sexual Health & HIV Med(SA)
Cert Developmental Paed(SA)
Cert Paediatric Neurology(SA)

Accreditation of Hospital Training Posts

The following hospitals were approved for training purposes:

Qualification Hospital

Dip Ophth(SA) Seboking Hospital, Vanderbijlpark

Dip PEC(SA) Medi-Clinic, Vergelegen Stanger Hospital

H Dip Surg(SA) Stanger Hospital

Hospitals will in future be re-accredited every two years.

SCHOLARSHIPS AND AWARDS

Phyllis Knocker/Bradlow Award Winner: 2005

Dr B Marais (FC Paed(SA) October 2000) was the recipient of the award for his thesis on "Risk factors for Tuberculosis in Children exposed to a sputum positive household source case".

K M Browse Research Scholarship: 2005

The award of the scholarship has been postponed by another year in order to allow for funds to accumulate. It will now be offered again during the 2006/2007 financial year.

Maurice Weinbren Award in Radiology: 2005

Not awarded.

R W S Cheetham Award: 2005

Not awarded.

M S Bell Scholarship

Due for award in the coming year.

EDUCATIONAL MATTERS

Monthly News Bulletin

A monthly News Bulletin has been developed by the Education Committee in Durban and appears on the web page. Members are invited

to visit this page for information about congresses, workshops, educational issues, etc. Any news items will be welcomed.

Registrars Contract

At a workshop held by the Postgraduate Education Committee, Health Professions Council of South Africa, Prof John Robbs in his capacity as Chairman of the CMSA Education Committee was asked to assist in drafting a contract for registrars (with their input), setting out ideal conditions of service.

On 30 September 2005 the HPCSA held a meeting in Johannesburg of the Working Group for Postgraduate Education and Training (Medical) Matters. The National Registrar Contract, including Supernumerary Registrars, was discussed at the meeting and it was resolved that the contract as amended and contained in document MDB PETM WG 1/SEPT 2005 be referred to the Subcommittee for Postgraduate Education and Training (Medical) for consideration.

Note was taken that:

- Part-time training was in principle acceptable in specific specialities:
- · The retention of registrars be given serious consideration;
- · Focus be given to career paths in the Public Service;
- A needs analysis be undertaken for the country;
- That one uniform qualification be issued for the Fellowships of the CMSA.

The definition of a *Supernumerary Registrar* was given as "Trainees paid by an outside agency and employed in addition to establishment. This was essentially designed to provide training for those who did not have this Facility in their own countries and such trainees should comply with all rules of registrar training." Three categories were defined.

Category 1:

Full training with the aim of achieving the Fellowship of the College of Surgeons. This would be a four to five year programme. However, all supernumeraries would have to sign a contract with the University and acknowledge that this training was not valid for specialist registration in South Africa and that they would be returning to their Country of origin.

Category 2:

Short term stay for example less than a year to learn a specific technique or to be exposed to a specific specialty programme for example ICU, Endoscopy, Neonatology etc.

Category 3:

Pure observer status.

Overseas trained doctors: Commencement of registrar training for this category of registration was also discussed. It was proposed that after registration in the category Public Service (general practitioner) for a minimum period of two years, registrar training could commence. However, after successful completion of such training, the doctors would only be registered in the category Public Service (specialist) for five years, after which time they would be allowed to apply for registration in the category Independent Practice (specialist) without having to sit the Legal and Ethics examination of the Board.

In Category 1, the same programme as that followed by the local registered trainees would be followed, including the same selection criteria, and their competence should be assessed on a regular basis.

Those undergoing training in accordance with Category 2 would require registration with the HPCSA and the same rules would apply as with Category 1. For Category 3 observers there would be a far more flexible arrangement with freedom of movement.

Educational Development Programme: Transkei and East London 25 – 27 August 2005

Drs D Engelbrecht and E Kramer, both from the Department of Family Medicine, University of Pretoria, presented an update on "Acute Medical Emergencies".

10 - 12 November 2005

An update on "Dermatology and Allergology" was presented by Dr J Mackay (Dermatologist from East London), Dr G Gottschalk (Paediatric Dermatologist from Red Cross War Memorial Hospital), Prof R Colven (Consultant Dermatologist and Physician at Groote Schuur Hospital) and Dr R Green (Allergist from the University of Pretoria).

18 - 20 November 2005

A combined SAMA and CMSA educational week-end was held in East London. The topic was "Infectious Diseases: From Familiar Foe to Unusual Opportunist" and speakers were Drs C Firnhaber and K Technau from Wits Health Consortium.

9 - 12 March 2006

Drs L Wallis and A Burger presented an "Emergency Medicine Update" in Mthatha.

18 - 21 May 2006

Dr S Andrews from Cape Town, an expert in HIV/AIDS and Dr J Gardner, Ethicist from the University of the Witwatersrand conducted a programme on HIV/AIDS.

Professorships and Lectureships Arthur Landau Lecturer for 2005

Professor G M Mody delivered his lecture entitled "*Progress in Rheumatology*" between 5 August and 7 October 2005 in Johannesburg, Durban, Cape Town and Bloemfontein.

François P Fouché Lecturer for 2005

Professor B F Morrey, consultant in Orthopaedic Surgery at the Mayo Clinic, delivered his lecture on "Ethical issues in Orthopaedic Surgery" at the SAOA congress in Port Elizabeth in September 2005.

J C Coetzee Lecturer for 2005

Prof F Guidossi lectured on "*HRT – Targets beyond the Obvious*" at the 13th National Family Practitioners Congress in Mthatha in August 2005.

K M Seedat Lecturer for 2005

Prof D Hellenberg, who was unable to deliver his talk on "The Future GP" at the National GP Congress in 2003, was invited to address this topic at the Mthatha Congress in 2005.

Margaret Orford Memorial Lecturer for 2005

Dr H J L Orford delivered his lecture entitled "Margaret Orford and the Lions of Etosha" at the Congress of the South African Society of Obstetricians and Gynaecologists held in the Drakensberg in September 2005.

The JN and WLS Jacobson Annual Lecture in Radiology

Two lecturers were appointed for 2006, Dr A C Hurribunce and Prof A Andronikou. They will deliver their lectures in four of the major academic centres during the coming year.

Sir Arthur Sims Commonwealth Professorship

Professor G Maddern, FRACS and Professor C Pusey, FRCP, were appointed as Sims Professors for 2006.

Robert McDonald Rural Paediatric Fund

The lack of interest in applying for sponsorship from this Fund will be addressed by the Council of the College of Paediatricians.

THE GEORGE ELKIN CHARITY TRUST

At the time of a fundraising appeal in 1983 one of the original Founders of the CMSA, DR ROBERT TROPE (who was a Director of The George Elkin Charity Trust) negotiated an annual donation to the CMSA in perpetuity "that would contribute specifically towards the continuation of the objectives and primary functions of the CMSA".

Donations ranging between R1 000 and R6 000 annually, have been received with sincere appreciation since 1983 and the money has been used specifically as determined by the Trust. Donations to be received from 2006 onwards will be used to strengthen the reserves of the new Peter Gordon-Smith Lectureship which also falls within the prescribed criteria.

J C COETZEE PROJECTS (OBSTETRICS AND GYNAECOLOGY)

University of Cape Town Outreach Programme to the Eastern Cape This programme has been developed in consultation with colleagues in the Eastern Cape and consists of tutorials or lectures for junior staff and presentations by them, ward rounds and case presentations. The visit commences on a Wednesday and starts in Port Elizabeth where it is based at Dora Nginza Hospital. The programme commences with a teaching session for junior staff, followed by case presentations. Two CME evenings are arranged for senior staff from the hospitals and specialists in private practice. When the subject is on broader interests, clinicians from other disciplines are also invited.

On the Thursday morning there are usually ward rounds and, if appropriate, a perinatal mortality meeting. In the afternoon the lecturers travel to East London and divide their time between Cecilia Makiwane and Frere Hospitals.

The Friday is spent at Cecilia Makiwane Hospital and comprises a perinatal mortality meeting, both a gynaecology and obstetric ward round and an opportunity to discuss difficult clinical problems with staff.

An opportunity to see selected patients is offered as this avoids the necessity of referring patients to the tertiary centre in Cape Town. Sometimes the lecturer supplies a specific service such as colposcopy or fetal anomaly scanning. The opinions of our colleagues are regularly audited and to date they have requested the meetings should continue and wherever possible at least two lecturers should participate in each meeting.

The following visits were undertaken:

22 to 24 June 2005

Prof John Anthony Topic : "Sepsis"

Dr Nomonde Mbatani Topic : "Genetics of gynaecological can-

cers"

3 – 5 August 2005

Prof Lynette DennyTopic : "Management of cervical disease

in HIV-positive women")

24 to 26 August 2005

Dr Silke Dyer Topic : "Reproductive ageing"
Dr Chantal Stewart Topic : "Multiple pregnancy"

28 to 30 September 2005

Dr Tham Matinde Topic : "The Bakri System"

Dr George Draper Topic : "A brief report back on the July 2005 International AIDS Society

Conference in Rio de Janeiro"

26 to 28 October 2005

Dr Leann Schoeman Topic : "Cervical incompetence"

Dr Mitch Besser Topic : "HIV in Gynaecology"

30 November to 2 December 2005

Prof Sue Fawcus Topics : "Vaginal birth after Caesarian Sec-

tion"

"Magnesium supplementation in

pregnancy"

22 to 24 February 2006

Prof Zephne v d Spuy Topics

"Common gynaecological endocrine problems in general prac-

ice"

"Reproductive disorders : psyche

or soma?"

22 to 24 March 2006 Professor Ed Coetzee

Topics : Pregnancy and Diabetics – everything the obstetrician should

know"

"Oral hypoglycaemic agents in pregnancy – the evolving story".

19 - 21 April 2006

Dr Leann Schoeman Topic : "Recurrent pregnancy loss"

Dr Nomonde Mbatani Topic : "Approach to a mass arising out of

the pelvis"

Educational Development Programme - sub-Saharan Africa

A visit to Swaziland by Professor RE Mhlanga and colleagues was undertaken in September 2005. The previous visit was very well received and follow-up visits were requested. The critical need for input and ongoing educational programmes was identified by the health-care workers. Programmes such as the one established by Professor Mhlanga are of enormous benefit.

Refresher Courses: University of Pretoria Outreach Programme The following visits were undertaken:

Nelspruit: 25 August 2005

A very successful evening course was held in Nelspruit which was attended by approximately 70 doctors, mainly general practitioners and 5 gynaecologists. The programme was presented by Dr Paul Swart, Dr Richard Joubert and Dr Leon Snyman. Dr Snyman spoke on "The Management of abnormal bleeding in the adolescent" and "Female sexual dysfunction", Dr Paul Swart lectured on "The big baby – to cut or to deliver?", "Urinary incontinence" and "Caesarean section in Africa". Dr Leon gave a talk on "Premature labour – what is new?" and Dr Richard Joubert, on "Infertility management in GP practice", "Diagnosis and management of endometriosis" and "PCOS diagnosis and management".

Rustenburg: 6 October 2005

This meeting was arranged with the co-operation of one of the local gynaecologists in Rustenburg, Dr Pieta Geyser. It was attended by approximately 50 general practitioners and medical officers and 6 gynaecologists. The visiting lecturers were Profs Gerhard Lindeque, Peter Macdonald and Greta Dreyer.

Prof Dreyer addressed the topics of "Mastodynia evaluation and management", "Breast cancer screening – current guidelines" and "Osteoporosis screening – current guidelines". Prof Macdonald spoke on "HIV in pregnancy", "Intra uterine growth restriction - evaluation and management" and "Hypertenstion in pregnancy – treatment". Prof Lindeque lectured on "Recurrent pregnancy loss", "Vaginal discharge and pruritis – evaluation and management" and "Abnormal bleeding and contraception".

Refresher Courses: University of Natal Outreach Programme The following programmes were organised:

Swaziland: 23 and 24 September 2005

Faculty: Prof R E Mhlanga

The weekend workshop was organised in collaboration with the Ministry of Health, Swaziland and involved doctors and midwives from three of the four regions of the Kingdom of Swaziland. There were doctors from the Democratic Republic of Congo (2), Zambia (1), Cameroon (1) and Zimbabwe (3). Most midwives came from Swaziland.

Topics discussed:

- · Management of normal and abnormal labour
- Use of the partograph
- · Management of Obstetric Emergencies
- Postpartum Haemorrhage
- Obstructed Labour
- · Shoulder Imparction
- Hypertensive disorders in pregnancy including severe Preclampsia and Eclampsia
- Antepartum haemorrhage
- Neonatal resuscitation
- Anaemia in pregnancy

Lower Umfolozi War Memorial Hospital, Empangeni: 24 February 2006

Faculty: Dr Bartlett and Ms Nyasulu-Provincial

Dr Matsaseng, Dr Popis, Dr Sebitloane, Prof Mhlanga and Prof Moodley

The purpose of this visit was to update health care practitioners (doctors and midwives) on reproductive health issues.

Topics addressed:

- · Management of labour (partograph)
- · Bleeding in pregnancy
- · Postpartum haemorrhage
- Management of hypertension and its complications in pregnancy
- Recent advances in contraception
- · HIV and prevention of vertical transmission
- Maternal Death Audit

The general manager of the health region opened the workshop attended by about 120 health workers and doctors from both the private and the public sector.

THE AFRICAN DEVELOPMENT INITIATIVE AND FORMATION OF A FEDERATION OF AFRICAN COLLEGES OF MEDICINE

The need has been identified for the CMSA to develop formal links with sister Colleges in other parts of Africa, i.e. West, Central and East Africa. There is a pressing need to identify and address some of the problems in academia that beset Africa. The Golden Jubilee Symposium of the CMSA on "The Future of Academic Medicine in Africa" put the challenge squarely at a continental and international level. The content of the presentations and the academic contacts will form the basis from which the CMSA will launch this initiative.

Several options are being considered, such as the compilation of information on all the Colleges on the CMSA website, the compilation of all postgraduate courses that are available in South Africa and elsewhere on the web to facilitate postgraduate education, facilitation of interactions through the NEPAD health desk, exchange of examiners between the constituent Colleges of the CMSA and the African Colleges and increasing access to examinations by practitioners resident in other parts of Africa.

It is envisaged that in the fullness of time, after mutual contacts have been established, the formation of a Federation of African Colleges of Medicine will be considered.

DISCOVERY FOUNDATION

Discovery Holdings Limited is in the process of launching the Discovery Foundation which will invest between R100 million and R200 million over the next 10 years in a number of projects aimed at activities to encourage black medical graduates to enter and complete specialist training, with specific emphasis on areas of greatest need such as increasing the number of specialists in rural areas and increasing the participation of women in specialist training. In addition, the Foundation will focus on activities to promote the retention of specialists within the public healthcare system and strengthening the hospitals and teaching institutions involved in training.

The CMSA was approached to make input into the initial research and the CMSA President, Prof Lizo Mazwai, has had several meetings with Mr Adrian Gore, Director and CEO of Discovery and Bridgit Evans, Social Investment Practitioner of Tshikululu Social Investments (who also manages the Anglo American Chairman's Fund, AngloGold Ashanti Fund, de Beers Fund, Discovery Fund, FirstRand Foundation and the Oppenheimer Memorial Trust).

Senate has appointed task teams to develop business plans for three projects that will be submitted to the Discovery Foundation for consideration for funding, viz. the electronic access to medical and dental journals by CMSA members in good standing, courses for candidates entering Parts I and II of the CMSA Fellowship examinations and the establishment of some form of non-academic scholarship for family practitioners which would enable them to leave their practises to attend update courses.

ASSOCIATION OF MEMBERS

KwaZulu-Natal

An "Ethics of Research" day was held on 20 July 2005 and a seminar

entitled "Supercession (patient pinching)", on 12 October 2005.

New ground was broken with the first medico-legal ethics talk held on 8 February 2006 as it was simultaneously broadcast to three KZN hospitals via video-link. The title of the talk was "Zealots in ethics have crucified the advancement of modern medicine". Further meetings will be held and links to four hospitals will be made at each meeting.

An ethics symposium was held on 12 April 2006 when the following topic received attention: "Do not resuscitate – definition, ethics and the law, where is the line to be drawn?"

A multidisciplinary symposium took place on 13 May 2006, which was very well attended. Two topics were covered: "Reproductive Rights – Termination of Pregnancy" and "Blood Transfusions – The Doctor's Dilemma".

The KZN Members Committee held elections for the period 2005 to 2008 and the expanded Committee is as follows:

Professor JV Robbs Professor A Madaree Professor J Aboobaker Professor A Peters Professor B Singh Professor Z Bereczky Dr V Rughubar Professor SS Naidoo

Dr Xolisa Mgele (SARA representative)

New members:

Dr David Ngotho (College of Obstetricians & Gynaecologists)

Dr Indiran Govender (College of Family Practitioners)

Dr FJ Muller (College of Physicians)

Dr KT Naidoo (College of Physicians)

Dr AM Grizic (College of Urologists)

Dr HP Maise (College of Obstetricians & Gynaecologists)

Dr BL Thembela (College of Physicians)

Professor RE Mhlanga (College of Obstetricians & Gynaecologists)

Western Cape

The Association of Members in the Western Cape has been resuscitated with the assistance of Dr Marc Combrinck (Fellow) who is in the process of arranging a get-together for members on 13 November 2006 when Prof Solly Benatar will be the guest speaker. It is envisaged that the President will also welcome Associates, Fellows (also those who came in via the peer review process), Members, Certificants and Diplomates to the CMSA who joined during the year 2006.

CMSA PROPERTIES

Grant-in-Aid in Respect of Rates: 17 Milner Road, Rondebosch The Cape Town City Council has again approved the CMSA's application for a grant-in-aid in lieu of rates. R43 940 was granted for the 2005/2006 financial year.

LINKS WITH PROFESSIONAL BODIES

The Health Professions Council of South Africa

The Chairman of the Medical and Dental Professions Board, Prof Thanyani Mariba (a Fellow of the College of Physicians (CMSA)) was able to attend the Senate meeting in Johannesburg in May 2006. His presence was greatly valued as it provided a forum for Senators to obtain first-hand knowledge of important matters on the agenda that also affected the Medical and Dental Professions Board. We hope that Prof Mariba will be in a position to attend future Senate meetings.

The Department of National Health

Interactions between the CMSA and the Department of National Health, particularly through the good offices of Dr Percy Mahlati, Deputy Director General Human Resource Planning, Development and Management, have been continuing.

The CMSA was invited, as an important stakeholder, to participate at the National Conference in Kempton Park on 7 April 2006 when the National Human Resources Plan for Health was presented. Prof Bongani Mayosi, Honorary Registrar, presented a paper entitled "Working together for health – honouring and celebrating the health professions". He sketched the current state of academic healthcare in South Africa, giving reasons for the decline in standards and suggesting how academic healthcare could be developed and sustained. Prof Mayosi outlined the requirements for the successful implementation of the new HRH plan and concluded his talk with the words: "the quality of health sciences education and training must never be compromised".

Sister Colleges and Academies

These traditional links are active and vibrant. Issues such as international collaboration received attention at the meeting of the International Association of College and Academy Presidents hosted by the CMSA in Cape Town in October 2005.

CMSA REPRESENTATION ABROAD

The CMSA President routinely receives invitations to conferences and meetings hosted by sister Colleges and Academies and if unable to attend because these clash with meetings and examinations of the CMSA, refers the invitations to the Presidents of the relevant constituent Colleges.

Relationships and friendships were renewed at the following meetings where the CMSA was able to be represented:

The Royal College of Physicians of Ireland: Fellowship Conferring Ceremony on 10 June 2005 in Dublin

President Lizo Mazwai is to be congratulated on having received an Honorary Fellowship.

The Royal College of Surgeons of Edinburgh: International Congress to mark their Quincentenary Celebrations held at the Edinburgh International Conference Centre from 29 June to 1 July 2005

CMSA representatives: Prof Mazwai and Prof John Robbs (President College of Surgeons).

The Royal College of Pathologists of Australasia: Pathology Update 2006, Sydney, Australia from 10 – 12 March 2006

CMSA representative : Prof Simon Nayler (President College of Pathologists).

Recognition

Sponsorship of the overseas visits by the Colleges of Medicine Foundation is recorded with appreciation.

ACKNOWLEDGEMENTS

Senators and CMF trustees, honorary officers, examiners, lecturers and constituent College Councillors and their officers play an enormously important role in the continued well being of the CMSA and their selfless endeavours are duly acknowledged.

Appreciation is also recorded of the efforts of those who routinely participate in the important educational projects of the CMSA – particularly also those reflected upon in this report.

Finally, none of the above activities would have been possible or accomplished without the dedication and hard work of the CMSA staff.

Bernise Bothma, CEO

COLLEGE OF ANAESTHETISTS

A new council was elected at the end of the last triennium, and held its first meeting in October 2005.

Our college was mainly involved with continuing the process of refining our examination offerings across the board, with the objective of ensuring relevance, reliability and fairness of the exams. The most significant impact of the new system of examination has been on the FCA(SA) Part One, where the opportunity for training new examiners has been lost because this examination no longer lends itself to observers. This obviously impacts on the College's ability to expand the examiner pool, and potentially inhibits our plan to rotate examiners every so often. To overcome this problem, the College will hold examiners workshops where new entrants can learn the ropes and experienced examiners can refine their techniques. An all-encompassing examiners workshop is also on the cards and the purpose thereof is to foster greater coherence between the three levels of training, i.e. DA(SA) to FCA(SA) Part One, to FCA(SA) Part Two.

A new regulation introduced during the year under review entails the requirement for examiners to submit marking memoranda with their written questions. These memoranda will be available to candidates on request and should be especially useful to those candidates who were unsuccessful in the examination as it should help them identify their weaknesses. It is hoped to place these on the web in due course.

In keeping with the new examination marking system, our College has revisited the awards and prizes on offer to outstanding candidates across the three examinations. Eligibility for an award or prize will from now henceforth require that a candidate achieve a minimum mark of 75% in the subject or clinical area as defined in the current regulations. Prizes will not be awarded if this minimum performance requirement has not been met.

Our College has also continually evaluated its relevance to its constituency as well as our perceived value to members and associates. Our trademark "State of the Art" lecture series continues to deliver value to members and the profession and various other initiatives are being investigated.

Prof JLA Rantloane

President

COLLEGE OF DERMATOLOGISTS

New Council

The current Council was elected last year for the triennium 2005 - 2008. The Councillors are:

Prof J Aboobaker (President - UKZN).
Prof G Todd (Senator - UCT)
Prof D Modi (Secretary - Wits)
Dr H Motswaledi (UL)
Dr P du Plessis (Pretoria)

Dr S Jessop (UCT)

Dr D Ngwanya (UCT)

Dr N Raboobee (UKZN)

Successful Candidates- FC Derm (SA)

October 2005

Part I

Tessa-Mari Hoffman (Wits)

Part II

Lizmare Brönn (Stellenbosch) Nirvana Ramlachan (Univ of Limpopo)

April 2006

Part I

Yashmita Lalloo (UKZN) SJ Christians (UCT)

Part II

John M Moche (Wits) Denise B Warries (Wits)

Change of Rule for Part I FC Derm(SA) Examination

Only Registrars in HPCSA defined posts will be allowed to sit the FC Derm(SA) Part I examination.

The first Honorary Fellowship of the College of Dermatologists was awarded to Prof Joy Schulz at the Graduation Ceremony held on 18 May 2006. Prof Schulz was very touched by this honour and our College was delighted about this historical event. Her citation was written by Prof Deepak Modi and read by Prof Jamila Aboobaker.

The annual meeting of the College was held on the 24 May 2006 at the College buildings in Durban. All the councilors and Associate Fellows, Professors Sinclair (OFS) and Jordaan (Stellenbosch) attended the meeting.

The items on agenda were:-

- (1). National Equivalence Examinations.
- (2). Syllabi for Part I & II examinations
- (3). Log Books

<u>NEE:</u> In principle everyone agreed on a National Equivalent College examination which will be recognized internationally. We hope that the University subsidy and a uniform research component is settled by the Dept of Education, Committee of Deans and Health Professions Board in their forthcoming deliberations.

Syllabus

We also discussed Part I & II syllabi. We feel that there should be some Pharmacology and Microbiology added to the current Part I syllabus. We also discussed textbooks that would be recommended to our trainee Registrars. We felt that the Part I MMed and CMSA examinations should be similar with reciprocal accreditation. This will encourage more candidates for the final college examinations.

Log Books.

We felt that log books should be introduced, but more discussion was necessary on its format. Once this has been finalized log books will be required to qualify candidates for Part II examinations.

Prof J Aboobaker

President

COLLEGE OF EMERGENCY MEDICINE

It is with great sadness that the 2nd Annual Report of our new College of Emergency Medicine begins with reporting the sad loss of our fellow Councillor and Founder Member of the College of Emergency Medicine, Professor Campbell MacFarlane, who died suddenly at JFK Airport, New York, on his return to South Africa having just represented our country at the Annual Meeting of the International Federation for Emergency Medicine in Canada. Campbell was a leader and the undisputed pioneer in establishing the Specialty of Emergency Medicine in South Africa, and his wealth of knowledge, experience and dedication to our discipline will be sorely missed.

Election to Council

Congratulations are extended to the following members elected to the Council of the College of Emergency Medicine for the next 3 years:

Dr Walter Kloeck (President)

Dr Patricia Saffy (Secretary)

Dr Clive Balfour

Dr Stewart Boyd

Dr George Dimopoulos

Dr Andries Engelbrecht

We are pleased that all universities offering postgraduate emergency medicine training programmes, viz. University of Cape Town, University of Stellenbosch, University of the Witwatersrand and the University of Pretoria, are represented on the College Council. It is also encouraging to note that other Universities in South Africa are considering implementing formal emergency medicine training.

Fellowship by Peer Review

The Council has awarded a FCEM(SA) by Peer Review to the following 3 leaders in the field of emergency medicine for their ongoing dedication and commitment to the development of emergency medicine in South Africa:

Dr EB Kramer (University of Pretoria)

Dr MM Geyser (University of Pretoria)

Dr LA Wallis (University of Cape Town)

Associateship

In recognition of their active involvement in emergency care in this country, the following were nominated as Associates of the College of Emergency Medicine:

Dr HC Britz

Dr L Engelbrecht

Dr JJ Hugo

Dr S Jalil

Dr FJD Lamond

Emergency Medicine Journal (EMJ(SA))

Thanks to the South African Editor of the Emergency Medical Journal, Dr Charl van Loggerenberg, and the Emergency Medicine Society of South Africa (EMSSA), all Diplomates, Associates and Fellows of the College of Emergency Medicine have been invited to join EMSSA and receive the Emergency Medicine Journal (SA Edition) at no cost for 12 months.

Diploma in Primary Emergency Care (Dip PEC(SA))

To date, a total of 410 candidates have now successfully obtained the Diploma in Primary Emergency Care qualification

since the CMSA first introduced this examination in 1986.

The list of hospitals approved for training towards the Dip PEC(SA)) is currently being revised and updated. Several additional provincial and private hospitals are being considered for inclusion, thereby allowing even more candidates the opportunity to attempt the examination. The recommended reading list is being revised, providing additional useful information which can be used by candidates in preparation for this examination.

Fellowship of the College of Emergency Medicine (FCEM(SA)) Four FCEM(SA) primary examinations have been held so far, with a total of 11 candidates having successfully completed this component towards obtaining their Fellowship. To assist future candidates, the examination regulations are being revised to allow candidates to attempt the primary component in separate parts if they so wish.

Medal Awards

Dr S Hattingh is to be congratulated on being the recipient of the Walter G J Kloeck Medal for the most outstanding candidate in the Dip PEC(SA) examination in 2005.

Our College is pleased to announce that Netcare South Africa have very kindly sponsored the donation of an annual Campbell MacFarlane Memorial Medal for the best candidate in the FCEM(SA) Primary examination.

We are equally pleased to announce that Life Healthcare have very kindly sponsored the donation of an annual Campbell MacFarlane Memorial Medal for the best candidate in the Dip PEC(SA) practical examination.

The College of Emergency Medicine would like to express its sincere appreciation to Life Healthcare and Netcare South Africa for their generous contribution, and for allowing the memory of Professor Campbell MacFarlane to continue in the field of academic post-graduate emergency medicine.

Our new College is privileged to announce that we now offer a total of 5 annual medal awards for our two postgraduate emergency medicine examinations:

- Best candidate in the DipPEC(SA) Practical Examination (Campbell MacFarlane Memorial Medal – donated by Life Healthcare)
- Best overall candidate in the DipPEC(SA) Examination (Walter G.J. Kloeck Medal – donated by Dept of Family Medicine, University of the Witwatersrand)
- Best candidate in the FCEM(SA) Primary Examination (Campbell MacFarlane Memorial Medal – donated by Life Healthcare)
- Best candidate in the FCEM(SA) Final Practical Examination (Resuscitation Council Medal – donated by the Resuscitation Council of Southern Africa)
- Best overall candidate in the FCEM(SA) Final Examination (Kloeck Family Medal – donated by the Academy of Advanced Life Support)

The College of Emergency Medicine is proud of all medical practitioners who strive to raise the practice of emergency care in our country, and is pleased to be able to honour and reward colleagues who achieve excellence in this vast discipline.

Emergency-Related Short Courses

A survey of hospital Emergency Departments in South Africa indicated that many provincial and private hospitals do not have staff with postgraduate qualifications or even current emergency-related short course training. This was of concern, particularly in view of the recent dramatic changes in international resuscitation guidelines and recommendations.

A table listing current emergency-related short courses available in South Africa has been compiled by the College of Emergency Medicine and added to the CMSA website to assist candidates in their preparation for College examinations, as well as providing a useful resource for all post-graduate doctors wishing to raise the standard of emergency care in South Africa. As a membership benefit, a discount of R100-00 is being offered to all paid-up members of the CMSA on 16 of the 19 listed Courses. The College extends its appreciation to all these training organisations for their support, and encourages College members to take advantage of this offer.

Dr W G J Kloeck President Dr P M Saffy Secretary

COLLEGE OF MAXILLO-FACIAL AND ORAL SURGEONS

It gives me great pleasure to present the annual report of the College of Maxillo-Facial and Oral Surgeons for the period I June 2005 to May 2006.

One meeting of the Council was held on 25 July 2005.

In October 2005 a new Council of the College of Maxillo-Facial and Oral Surgeons was elected. The newly elected Councillors are:

Prof M A Lownie (President) Dr S Singh (Secretary)

Prof K-W Bütow Prof G Kariem Prof J F Lownie Prof J A Morkel Prof J P Reyneke Dr V Rughubar Prof W J van der Linden

Professor M M R Bouckaert was co-opted onto the Council to provide representation of all the universities.

The Council expressed satisfaction with the current format of the FCMFOS(SA) Final examination. This format has been phased in over the last few years. There was one successful candidate in the Final examinations in each of September 2005, and May 2006.

The logbook has been introduced as a component of the FCMFOS(SA) Final exami-nation. The candidates in the May 2006 examination represented a comprehensive logbook and series of case reports. This gave the examiners a good overview of his/her activities throughout his/her period of training.

On behalf of the Council of the College of Maxillo-Facial and Oral

Surgeons, I would like to thank the Council and the Cape Town, Johannesburg and Durban offices of the CMSA for their ongoing support.

Dr S Singh Secretary

COLLEGE OF NEUROLOGISTS

After the 2005 College Council elections, additional Councillors were co-opted to improve representation of the universities. For the next triennium, the council has been constituted as follows:

Prof P L A Bill (President)
Prof B M Kies (Secretary)
Dr B Bhagwan
Prof J A Carr
Prof R W Eastman
Prof V U Fritz
Prof A J Kruger
Prof N A Mafojane
Prof G Modi

Profs Bill and Fritz represent the College as Senators.

All Council members were present at our annual council meeting, which took place on 17 February 2006 in Johannesburg. At this meeting the syllabi was updated for Parts 1 and Parts 2 of the College of Neurologists examination and the list of examiners was reviewed. It was agreed that the conduct of the examinations should be formalised so that it was conducted uniformally in all centres in the country. It was also agreed that in future, candidates for the Neurology Part 2 examination should record procedures including EEGs, nerve conduction studies and EMGs that they have performed, in logbooks.

Council further agreed that all senior neurologists who did not hold the FC Neurol(SA) and who had been registered as specialist neurologists for more than 10 year, should be encouraged to apply for nomination for the award of FC Neurol(SA) by peer review.

We acknowledge that we should strive to ensure that College membership remains attractive to our colleagues. The College extended friendship to neurologists in all of Southern Africa and will attempt to resuscitate a Traveling Scholarship to Southern Africa which could be sponsored by a pharmaceutical company.

The most important academic activity attended by members of the College of Neurologists in the past year, was the annual congress in Durban in March 2006, hosted by the Neurological Association of South Africa. The guest speakers included: Prof Johan Aarli, Chairman of the Neurology Department in Bergen, Norway who currently is the President of the World Neurology Federation, Prof Bhatia who spoke on movement disorders and Prof Roy Freeman who presented talks on neuropathic pain and multiple sclerosis. The local speakers and platform presentations ensured that it was a most fruitful congress.

The Neurology Physicians Refresher Course took place over the weekend following the annual congress. Now in its 4th year, this annual event has been attracting an increasing number of registrars and consultants. This year the programme focused on HIV, neurogenetics and movement disorders. The enthusiasm of the presenters and interactive sessions ensured that the

participants benefited tremendously.

We invite all members of the College of Neurologists to let us know how we can enhance our activities.

Prof B M Kies

Secretary

COLLEGE OF NEUROSURGEONS

In accordance with the election results for the triennium 2005 – 2008, the elected members of the College of Neurosurgeons are: -

Prof J C Peter (Cape Town, President) Dr S S Nadvi (Durban, Secretary)

Dr M D du Trevou (Durban)
Dr N D Fisher—Jeffes (Cape Town)
Prof R Gopal (Johannesburg)
Dr N Govender (Durban)
Prof H B Hartzenberg (Cape Town)

The following members were co-opted:

Prof M S M Mokgokong (Pretoria) Prof H P Shapiro (Pretoria)

The incumbent acting Head of the Department at the University of KwaZulu-Natal was admitted as an observer.

Successful Part 1 (Neuro-anatomy) and Final examinations in Neurosurgery were held in October 2005 and May 2006. Robust discussions are ongoing regarding the format of the examinations. The panel of examiners has been broadened considerably. A minimum of four examiners from differing locations examines a particular candidate, ensuring capable graduates, as well as equity in examinations.

The date of the written September 2006 Final Neurosurgery examinations had to be adjusted by a few days due to the South African Society of Neurosurgeons 19th Biennial Congress, thus allowing registrars to both write the examinations and attend the Congress.

Prof Jonathan Peter, the President, has been attending meetings of the Finance and General Purposes Committee in Cape Town while Dr Sameer Nadvi, the Secretary, has been attending the Education Committee meetings in Durban.

The next full sitting of the College of Neurosurgery Council will be on Tuesday 5 September 2006 in Cape Town.

Dr S S Nadvi Secretary

COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

The past year has seen the CMSA celebrate its golden jubilee.

These celebrations culminated in a weekend workshop attended by IACAP representatives from around the world. IACAP has limited membership within our discipline and the only representative of Obstetrics and Gynaecology was the President of the West African College of Surgery, Professor Osata Giwa-Osagie. We were delighted to be able to host him, he spent time with colleagues in Cape Town and we hope this has resulted in an ongoing collaboration between his College and ours. In addition two of the invited speakers, Professor Wole Akande and Professor Richard Lilford, who both have a background in Obstetrics and Gynaecology, spent time in units in Cape Town.

The past year has been dominated by the educational challenges with which the College is faced. Our Part II examination for the FCOG(SA) changed its format several years ago and we continue to remain vigilant about the process of this examination and the maintenance of appropriate educational standards. The past year has seen the introduction of several changes. An electronic log book has been developed which will become compulsory over the next few years and may prove easier to administer than the present log book. The requirements for practical experience, prior to being allowed to attempt the Part II examinations, have been updated and adjusted to reflect changes in our discipline.

We have always required that candidates produce two commentaries before admission to the Part II examination. This requirement has been revisited and the decision has been taken that candidates may now produce a single commentary in either Obstetrics or Gynaecology, provided it is of a research nature and of a standard required for the Part III of the MMed examination of Faculties of Health Sciences in South Africa. This single dissertation becomes compulsory in 2008, although candidates may choose to present only a single commentary in a MMed format from 2006. Our College perceives this as a move towards making a unitary examination possible and acceptable. We also hope that this change would increase the quality of the commentary and encourage research in our discipline.

The new format for our Part II examination is constantly under review. At present all examiners have the opportunity to observe an examination before they participate as an examiner. The written papers have to comprise at least six questions each to ensure that multiple subjects are examined. In the next stage of the examination, candidates have to complete an OSCE and eight OSPE examinations. While there is considerable debate about utilising "paper cases" in the objective structured practical examinations, it does have merit in that all candidates are examined on the same clinical cases. In addition the difficulty of recruiting suitable patients to participate in the clinical examination is resolved by using this format. We are trying to increase our number of examiners and at each examination the local centres are asked to arrange that there are at least two and possibly four observers to ensure the development of expertise. We try to have a representative from every Faculty of Health Sciences at least once per year in a Part II examination, more often if possible. Unfortunately many of the proposed examiners find that their own work demands are such that they are unable to participate when invited and this representation is sometimes not possible.

The Part I Examination Committee has reviewed the requirements for this examination and has suggested that we should follow the example of the College of Anaesthetists and allow candidates to write this examination in stages. A sub-committee comprising Professor John Anthony, Professor Franco Guidozzi and Professor Gerhard Lindeque have been tasked with reviewing these suggestions and presenting a proposal to the Part I committee. We hope that by 2007 a new examination format will

be in place which will benefit candidates and result in better and more in-depth knowledge of the basic sciences applied to our disciplines.

The Diploma examination has changed considerably in the last few years and, like the Part II FCOG examinations, no longer has clinical cases but also utilises the OSCE/OSPE format. It has been decided that before candidates can participate in this examination they need to complete a log book which should be counter-signed by the clinicians who are supervising their training. The current Diploma Committee, chaired by Dr Chantal Stewart, will review the requirements for part-time training and also develop a logbook. Undoubtedly colleagues who avail themselves of the opportunity to gain expertise in Obstetrics and complete our Diploma examination will ultimately offer improved care in Women's Health to our communities.

As a College we are very appreciative of the assistance the various Faculties of Health Sciences give in organising the examination. We are very well aware of the fact that the examinations disrupt the normal routine in a Department, take considerable organisational input and also have a certain financial cost which is usually borne by the host institution. Where there are two or more Faculties in an area e.g. Gauteng and Cape Town we tend to split the examinations between different units and this has worked very well. Durban and Bloemfontein, however, have to bear the full impact of both the Diploma and the Part II examinations.

Examiners in 2005/2006:

September/October 2005

Part I Examination:

Professor JS Bagratee (Convenor)
Professor G Dreyer
University of Pretoria
University of Stellenbosch
University of Cape Town
University of Limpopo
University of Kwazulu Natal
University of Cape Town
University of Limpopo
University of Kwazulu Natal
University of Witwatersrand
University of Pretoria

Part II Examination:

Professor GB Theron (Convenor) University of Stellenbosch Professor J Anthony University of Cape Town Professor B Cooreman University of Free State Professor G Drever University of Pretoria Dr SR Fawcus University of Cape Town Professor DB Goolab University of Witwatersrand Professor DR Hall University of Stellenbosch University of Kwazulu Natal Professor RE Mhlanga

Dip Obst (SA)

Dr CMJ Stewart (Convenor)

Dr L Govender

Dr VA Hulme

Dr TJ Mashamba

DUNSA)

Dr C Oettle

University of Cape Town

University of Kwazulu Natal

University of Stellenbosch

University of Limpopo (ME-

Professor ZM van der Spuy

May 2006

Part I Examination
Professor DW Steyn (Convenor)
Dr GS Gebhardt
Dr L Govender
Dr NH Mbatani
Dr SR Ramphal

University of Stellenbosch University of Stellenbosch University of Kwazulu Natal University of Cape Town University of Kwazulu Natal

University of Cape Town

Dr R Schackis Dr LK Schoeman Dr LC Snyman University of Witwatersrand University of Cape Town University of Pretoria

Part II Examination

Professor BG Lindeque (Convenor) University of Pretoria
Professor J Bagratee
Professor HS Cronje
Professor L Denny
Dr L Govender
Professor F Guidozzi
Professor TF Kruger
Professor TS Monokoane
University of Witwatersrand
University of Stellenbosch
University of MEDUNSA

Dip Obst (SA)
Professor BS Jeffery (Convenor)
Dr EJ Buchman
Professor S Levin
Dr T Matinde
Dr H le Riche
Dr MJ Titus

University of Pretoria University of Witwatersrand University of Witwatersrand University of Cape Town University of Stellenbosch University of Kwazulu Natal

The contributions of the various examiners are valued and their generosity in participating in these examinations is much appreciated.

The new Council of the College held its first meeting in February this year and is committed to dealing with the educational challenges presented to our College. This includes ensuring that candidates receive adequate practical training which unfortunately has been severely compromised by cut backs in the service provision in all the provinces.

Our College is extremely fortunate to have the JC Coetzee Fund which was established by an endowment by Dr JC Coetzee. He was a rural GP who subsequently specialised in Obstetrics and Gynaecology. He always remained extremely sympathetic to rural practitioners and very conscious of the need for CME and ongoing educational update in rural communities which, in the days before internet and easy access to journals, was often limited. The fund, which our College accesses, has three specific purposes, - firstly to develop outreach programmes in South Africa, secondly to ensure interaction with colleagues in Sub-Saharan Africa and finally to provide a speaker for the biennial Conference of General Practitioners. In 2005 Professor Franco Guidozzi participated in the conference in Umtata and his input was much appreciated. Numerous educational programmes have been arranged through the various Faculties of Health Sciences and these include outreach to Swaziland by the University of Kwazulu Natal, educational programmes arranged by the University of Pretoria and East Cape visits by the University of Cape Town. In addition the University of Stellenbosch is developing rural Obstetric programmes. At present there is no Sub-Saharan African outreach programme other than the Swaziland programme but there are several possible developments in future.

The coming year will see continued reappraisal of our examination for the Part I and Part II FCOG and the Diploma Obstetrics. We recognise certain deficiencies in the examination process which we hope to address and we will continually review our logbooks. Three of our four sub-specialities have been recognised and several trainers have now been registered by the Health Professions Council of South Africa and units are being established. We therefore anticipate that the first certificate examinations will take place in 2007 or 2008 and this will obviously make more demands on our educational process.

I should like to take this opportunity to thank Mrs Bernise Bothma,

Mrs Ann Vorster and Mrs Anita Walker and their staff for all the assistance they give us in the various activities of our College. Undoubtedly without their administrative, academic and practical support, our programmes would suffer considerably.

Finally may I take this opportunity to thank our outgoing Councillors of the College and wish the new Council well in their future endeavours.

ZEPHNE M VAN DER SPUY

President

COLLEGE OF ORTHOPAEDIC SURGEONS

The annual congress of the South African Orthopaedic Association was held in September 2005 in Port Elizabeth. Two hundred and seventy delegates attended a very successful and academically stimulating meeting. Nineteen registrars presented excellent papers on research projects undertaken during their training. An instructional on elbow pathology was conducted by Professor Bernard Morrey from the Mayo clinic. He also delivered the François P Fouché lecture of the CMSA entitled "Ethical dilemmas in orthopaedic surgery".

The pass rate at examinations of the College of Orthopaedic Surgeons was satisfactory, but candidates repeating the examinations performed poorly. Prof J Mulimba from Nairobi represented the East African College of Surgeons as an observer at the examinations held in Cape Town. Members of the Council were external examiners for the College of East African Surgeons.

During the year two meetings of the elected Council of the college were held. These meetings were very constructive and well attended. The annual general meeting of the college was well attended in Port Elizabeth and the discussion focused on outreach programmes in Southern Africa.

The new Council of the College is well represented on the CMSA Education Committee, Examinations and Credentials Committee and the Finance and General Purpose Committee.

The College wishes to thank the administrative staff of the CMSA for their support during the past year.

Prof S Govender

President

COLLEGE OF OTORHINO-LARYNGOLOGISTS

During the past year we as College Councillors and Heads of Departments, some wearing College caps, others University caps and some both, have increasingly moved closer to one another in matters relating to Otorhinolaryngology in South Africa. We have had increasing discussion and consensus especially in regard to the way ahead. Unity in Otorhinolaryngology and standardisation of training and examinations has become a priority to all concerned.

The May 2006 examinations at the University of the Witwa-

tersrand was well run and seven out of eight candidates that entered the examinations passed, which was some kind of record for ENT. I have been involved in all the recent examinations in an effort to monitor standards and to contribute in any way possible. We do believe that we should improve our expertise in the art of thorough and fair examinations. We shall in the near future present a recommendation to change the FC ORL(SA) Primary to a discipline orientated examination.

I would like to thank my co-senator, Les Ramages, for his contributions and continued support in matters that concern the College. We as Senators would also like to thank all members of the Council and members of the College of Otorhinolaryngologists for their continued support.

Prof A J Claassen

President

COLLEGE OF PAEDIATRICIANS

The *new Council* of the College of Paediatricians took office in October 2005. Its members are Prof Haroon Saloojee (President); Dr Sharon Kling (Secretary); Prof. John Pettifor (Senator); Prof André Venter (Free State); Dr Nancy Shipalana (Limpopo); Prof Dankwart Wittenberg (Pretoria); Dr Mignon McCulloch (UCT); Dr Mantoa Mokhachane (Wits); Prof Peter Cooper (Wits) and Prof Alan Rothberg (co-opted).

The Paediatric College is on an exciting course of transformation and professionalisation that I am delighted to be part of. I am well aware of the challenges that face the new Council and I have full confidence that it will perform its task with distinction.

The main efforts of the College over the past few years have focused on increasing the organisation and level of professionalism of the College examinations. Key developments in this area, over the past year, include:

- The DCH(SA) examination has been reviewed and significant changes to its structure, eligibility criteria and conduct have been finalised. More details are available on the College web site.
- The FC Paed(SA) 1 examination has also been reviewed and important changes to its structure can be anticipated. These will be introduced for the first time in the March/May 2007 examination.
- The College has run subspecialty examinations in neonatology, cardiology, genetics, neurology and neurodevelopmental paediatrics.
- The College website continues to expand and offers continuing medical education as well as examination related support material for Fellows, Diplomates and examination candidates.

Professionalisation of exams

The recent focus on improving assessment techniques in the various examinations, have increased candidate success rates. These activities include:

Routine review of all written papers by an Examinations Review Panel prior to their administration.

- 'Blueprinting' to ensure a good spread of questions (improved validity).
- Better defined marking schemes (improved reliability).
- Formal post-examination review of the examinations and candidate performance.

Success rates

Pass rates in the five most recent examinations are highlighted below. The number of entrants to each examination is bracketed.

Exam	Mar/May 2004	Sept/Oct 2004	Mar/May 2005	Sept/Oct 2005	Mar/May 2006
DCH	(24) 79%	(40) 88%	(27) 81%	(44) 93%	(30) 80%
FCPaed I	(28) 50%	(27) 44%	(31) 74%	(25) 64%	(40) 63%
FCPaed II	(32) 78%	(29) 79%	(16) 69%	(25) 84%	(20) 65%

Priorities for the new Council include:

- Further efforts at professionalising all the College-administered examinations.
- Providing pre-examination preparation support for candidates at various venues around the country and via the Paediatric College website.
- · Improving membership benefits for Fellows and Diplomates.
- Subspecialty training including offering recommendations on standard setting and the conduct of examinations.
- The "Training Paediatricians of the Future" initiative that will attempt to predict the country's paediatric and child health needs in 2015 and devise strategies to best meet these needs.

The Paediatric College thanks members of the previous Paediatric Council for their efforts, particularly Prof John Pettifor - the past president. As always, we are most grateful for the support offered to us by the CMSA staff.

Prof H Saloojee

President

COLLEGE OF PATHOLOGISTS

The College of Pathologists continues to convene examinations for six separate Fellowships, including Anatomical Pathology, Chemical Pathology Clinical Pathology, Haematology, Microbiology and Virology. In addition, with the inclusion of Oral Pathology as a specialty, although there have as yet been no candidates, it means that seven different Fellowships will be offered by the College of Pathologists per examination cycle. This brings about a considerable amount of organisation and the appointment of examiners from a very small pool. Despite this our senior Fellows have given very generously of their time and expertise to convene and examine, maintaining the high standards of our college.

At the golden jubilee graduation ceremony in Cape Town in October 2005 the College of Pathologists conferred Honorary

Fellowships on two distinguished colleagues: Prof Lai Meng-Looi, President of the Malaysian College of Pathologists and Dr Vince Caruso, the outgoing President of the Royal College of Pathologists of Australasia. This allowed for the establishment of contact with both these colleges, being part of the outreach program the College wishes to pursue with other colleges. The College will also bestow an Honorary Fellowship on Professor Sir James Underwood, past President of the Royal College of Pathologists at the October 2006 graduation ceremony to be held in Bloemfontein.

The President was honoured to be invited as a guest of the Royal College of Pathologists of Australasia to their fiftieth anniversary celebrations held in Sydney in March 2006, as part of their annual update conference. It was a useful experience and contact with the RCPA has reinforced that we conduct our business in a very similar fashion to them, particularly in regards to the standards and conduct of our examinations. Nonetheless there were valuable lessons learnt, some of which, if applied, could enhance our examinations - particularly with regards to an ethos of openness and transparency, and a sense of demystifying the examinations for candidates.

A further door into international contact will also open up with the invitation from the International Liaison Committee of Presidents of Colleges of Pathologists to attend as a member. The President will be attending this meeting in October 2006, in Washington. The invitation was brokered by the President of the RCPA. This liaison committee represents most Anglophone countries with Colleges of Pathologists. It is anticipated that more international contacts and particularly with African countries will ensue.

The May 2006 examinations held in Johannesburg and Pretoria were very well conducted and the results were acceptable. At the graduation ceremony in Johannesburg in addition to the new Fellows attaining their Fellowships the Coulter medal for 2005 was awarded to Dr Nelesh Govender (FC Path(SA) Micro). Professor Wendy Stevens from the University of the Witwatersrand was awarded the Fellowship in Haematology by peer review, but she unfortunately could not attend.

The sterling administrative work supporting the College of Pathologists by Mrs Bernise Bothma and her staff in Cape Town and Mrs Ann Vorster and her staff in Johannesburg must be acknowledged.

The upcoming triennium offers many challenges for this College. Key issues will be the national equivalence examination and accreditation and quality control of examinations and examiners.

Prof S J Nayler

President

COLLEGE OF PHYSICIANS

The College of Physicians presents its annual report for the year 1 June 2005 to 31 May 2006, having met on two occasions on 17 October 2005 in Cape Town and 15 May 2006 in Johannesburg.

The following matters were under discussion:

Examinations

The Part I Basic Science examination and Part II Clinical examination are working well. Marking has been in symbols and

percentages. The format of the Part II examination was reviewed and the Objective Test has been extended to three hours.

The Education Subcommittee of the College of Physicians has reviewed and developed the curriculum for our postgraduate evaluations.

The Logbook has been implemented from 1 January 2003 and has been undergoing revision. The new format will be implemented shortly.

The Higher Diploma in Medicine continues to attract a small number of candidates.

Subspeciality examinations have become compulsory from 1 January 2002 and are proceeding well.

Medal Winners

Outstanding candidates have been selected for the following medals: Suzman medal (best candidate FCP(SA) Part II); Asher Dubb medal (best candidate clinical examination FCP(SA) Part II) and Y K Seedat medal (best candidate Higher Diploma in Internal Medicine).

Fellowship by Peer Review

This is an ongoing process.

Arthur Landau Lecture

The lecturer for 2006 is Prof Stephen Hough who will be visiting Bloemfontein, Cape Town, Durban and Johannesburg.

Golden Jubilee Celebrations of the CMSA

The 50th anniversary of The Colleges of Medicine of South Africa was held on 21 and 22 October 2005 in Cape Town and was enthusiastically supported by the College of Physicians.

Combined Meeting of the Royal College of Physicians and College of Physicians (CMSA)

This meeting will be held in Cape Town on 22 to 24 February 2007.

Prof S Naicker

Secretary

COLLEGE OF PSYCHIATRISTS

It has been nine months since the new College Council commenced its term of office. The new Council consists of 9 elected and 3 co-opted members, and is well represented by the various departments of psychiatry across the country. We have continued to hold our business meetings via teleconference. This has proven to be a time- and cost- and effective way of handling College matters. The new Council also held its first face to face meeting at the CMSA premises in Johannesburg on 17 May 2006. We are grateful to CMSA for covering travel expenses to this meeting.

During the past year, the primary focus of our College has been the 'fine-tuning' of the curricula and format of our membership examinations. Of note, regulations for the Part I and Part II examinations were revised and introduced in January 2006. The new format of the Part II clinical now consists of 3 examiners per station with a different mix of examiners for the case and oral components of the examination. It is our opinion that this makes for a good spread of examiners, while providing a broad assessment of the competency levels of candidates. For the past four examinations, we have had an independent observer at the Part II clinical/oral examinations and this has been a useful way of ensuring fairness and upholding standards. The selection of the independent observer has been done at Council level. He/she is traditionally a senior member of the College with extensive examination experience and a good knowledge of examination procedure.

In respect of the Part II, we are in the process of phasing in a log-book for psychotherapy which constitutes a record of experience and training in the field. This will become a mandatory requirement for candidates sitting the examination as of January 2007. The College has also discussed the possibility of incorporating the existing university requirement of the MMed dissertation into its regulations for the Part II. More recently, the Council also proposed to add an OSCE to the neuropsychiatry component of the examination, which currently comprises a long case and an oral examination. We have strived to ensure that examiner panels are more representative across the diploma and specialist examinations, both in terms of demography and geography. Over the next year, we will continue to monitor the examination formats for the Fellowship, Diploma and Subspecialty examinations.

The Diploma in Mental Health continues to attract a steady number of candidates. However, we are very cognisant of the fact that there is a dire need throughout the country for general practitioners and medical officers to receive adequate levels of training to deal with mental health problems at primary and secondary care level. We are currently looking at innovative ways in which the number of candidates, especially doctors working in rural underserved areas, sitting the DMH could be substantially increased. We believe that this could greatly improve their focus and competence. Over the next few years, we are planning to develop a Diploma/Certificate in forensic psychiatry and to work towards getting this, and other, sub-specialties, recognised by the HPCSA.

We are very appreciative of the contributions and efforts of the various departments of psychiatry in respect of both training/ teaching and organisation/hosting of the examinations. It is also gratifying to know that, recently, nine colleagues were awarded Fellowships by Peer Review for their professional standing and contribution to our discipline.

Finally, the College of Psychiatrists will continue to strive, in this triennium, for excellence as an examining body.

Prof R A Emsley

President

COLLEGE OF PUBLIC HEALTH MEDICINE

During the last year our College has seen a number of new developments. The most significant of these developments is the enrollment of our first thirteen Fellows elected by Peer Review (CPHM) (Occupational Medicine). These are also the first ever Fellows elected by peer review in our College's history. All were previously members of our College and registered with the Health professions Council of South Africa as Occupational Health sub-specialists.

Our College Constitution has been amended to formally recognise the Division of Occupational Medicine (DOM) within its ranks and the CEO is in the process of convening elections for the DOM committee members (there will be three: one from the "North", one from the "South" and one from the "East": the Free State is included in the "East" for this purpose. Only members of the DOM will be eligible to take part in these elections which, in the future, will take place every three years, timed for one year after the triennial Council elections. Council will co-opt one of the committee members to join Council if one of them is not already a member of Council.

In addition we have welcomed five new Associates (CPHM) (Occupational Medicine). Three of these new Associates are new to our College, while the other two are existing Fellows (CPHM). We have also been joined by two new Associates (CPHM) and three new Fellows (CPHM) by examination. The number of new Fellows by examination is lower than has been the case in recent years (we have been averaging six per year) because candidates who are currently in their registrar training time in South Africa are now required to have passed their MMed dissertations before we will examine them for our Fellowship, and this has led to a temporary hold up as candidates adapt to the new system. We hope to be examining our first candidates for the Fellowship (CPHM) (Occupational Medicine) within the next eighteen months.

During the 50th anniversary celebrations of the CMSA that took place in the Cape in October 2005 we were extremely pleased to admit Professor John Gear as a Fellow *ad eundem* of our College. The 50th anniversary celebrations were the highlight of the year with an outstanding programme of international and local speakers at the one-day conference. In addition, our Colleges' Founders were honoured in a moving and beautiful ceremony that will not be forgotten. The organising committee, CMSA staff and the speakers are to be congratulated on a stimulating and memorable celebration.

Our College Council has just passed a proposed set of regulations and a curriculum for a new Diploma in Travel Medicine, adapted from similar such qualifications that are offered in Australia and the United Kingdom. Thanks are due to Prof Mary Ross and Dr Albie de Frey for preparing the regulations. The regulations still need to be accepted by the Examinations and Credentials Committee and by the Senate, as well as the Department of Education, before we can invite examination candidates. This process may take more than a year to complete.

We now have a registrar representative sitting in on (and contributing to the discussions in) all our Council meetings and this has turned out to be a valuable innovation. The annual meeting in May 2006 between the Heads of Departments and Council President and Secretary, that our College has hosted now for the third consecutive year, continues to be well-supported. This year the number of people attending the meeting has grown as the Heads of Departments of Occupational Medicine have been included for the first time. At the meeting it was confirmed that all Universities have now adapted their rules (where necessary) to dove-tail with the new College examination system in an attempt to ensure that registrars complete both their MMed degrees and their College Fellowships. In addition, two Universities are now offering the MMed (Occupational Medicine) and another two are in the process of having their degrees registered. These new MMed degrees will be integrated with the Fellowship (CPHM) (Occupational Medicine) in exactly the same way that the MMed degrees in Public Health Medicine and the FCPHM already are.

Finally our College has launched a drive to track down our inac-

tive members (there are about 80 of them, or 40% of the total) and to encourage them to rejoin the College.

Prof B V Girdler-Brown

President

COLLEGE OF RADIOLOGISTS

The past year has been active one for the College. Particular attention has been paid to the examinations. There are ongoing problems with the new marking system, despite weighting different components of the examination preferentially. It appears that a possible answer to the problems is to raise the percentage pass mark for the overall examination and this matter will be put forward to the Examinations and Credentials Committee.

The College continues to expand the number of examiners and we have been fortunate in adding to the panel not only more examiners, but also examiners with a broader representation, both demographically and also from private practice. The average age of the examiners has also markedly decreased! We continue to attempt to broaden the examining panel, and invite prospective examiners to act as observers at all our examinations.

The second pre-examination workshop was held in Johannesburg in Augustus 2005, and was most successful with a large number of registrars attending. Prof Savvas Andronikou continues to convene and organise these workshops. It was an observation at the recent examinations that there are some areas of radiology, particularly as regards black and white X-ray diagnosis, in which the candidates were not well prepared. Prof Andronikou will be asked to lay particular emphasis on these sections. There is the prospect of some funds being made available from the Discovery Health group to defray the expenses of organising these workshops, and make it more accessible to registrars from all around the country.

Loopholes in the examination regulations, whereby candidates from universities where the MMed is written have utilised the College examination in order to avoid completing their MMed Degrees, have been identified as a problem and these loopholes will be closed as from the next set of examinations. Dr Ashwin Hurribunce has played an important part in better organisation of the examination regulations and also as regards the marking systems, quality assurance and various other matters relating to the business of the College.

For 2006 the College has nominated two Traveling Lecturers. Prof Savvas Andronikou will present a lecture on "Imaging of Tuberculosis in Children" and Dr Ashwin Hurribunce will give a lecture on "A systemic Approach to Clinical Imaging Services". These lectures will be presented in the coming year.

Prof A T Scher President

COLLEGE OF UROLOGISTS

In the election of October 2005 the following Fellows were elected to the Council of the College of Urologists for the triennium 2006-2008:

RD (Dick) Barnes, TM (Trevor) Borchers and CF (Chris) Heyns from the Western Cape; LJ (Lance) Coetzee, M (Mohamed) Haffejee, S (Simon) Reif, AM (Alf) Segone and CA (Cindy) Zietsman from Gauteng; H (Haroun) Patel from KwaZuluNatal. To establish better representation with regard to University Departments of Urology and private practitioners actively involved in teaching, as well as geographical and demographic representation, the Council decided to co-opt the following members: MLS (Marthinus) de Kock (Western Cape), PH (Paul) Porteous and LT (Lybon) Rikhotso (Gauteng), ZB (Zoltan) Bereczky (KwaZuluNatal) and S (Schalk) Wentzel (Free State). The first meeting of the new Council was held at the Pretoria Academic Hospital on 15 May 2006, coinciding with the College Examinations (Primary and Final) at the PAH.

The members debated the issue of co-opting members to the Council, in view of the CMSA guideline that the number of coopted members should not be more than 2/5 of the total number of Council members. In terms of Clause 3 of the Constitution of the College of Urologists there are 8 elected and 5 ex officio members (President CMSA, 3 nominees of the CMSA standing committees, and the immediate past President of the College of Urologists). It was therefore decided to recommend that clause 3.1.4 be changed to ten elected members (instead of eight). Whereas the Proviso to clause 3.3 already makes provision for the co-option of members to ensure representation of all the University Departments of Urology, it was decided to add the following: "The Council may co-opt members from the private sector who are actively contributing to Registrar training, or to ensure representivity of the Council. The number of co-opted members shall be limited to five in total." This proposed change to the Constitution will be submitted to the Senate for ratification.

Potential problems and deficiencies in the current version of the Regulations (dated July 2005) were discussed. It was agreed that in Clause 3 the syllabus for Physiology and Pathology in the Primary Examination should be better defined and clarified to avoid any misunderstanding among candidates about the scope of the study topics.

There was extensive discussion about the issue of the Registrar's Log Book, and cognizance was taken of the fact that the CMSA had indicated that it plans to arrange a forum to discuss the whole issue. The Council debated questions such as whether the Log Book should be used to determine the candidate's eligibility to register for the Final examination (i.e. whether it can be

used to debar the candidate) and whether it should form part of the clinical examination (i.e. whether examiners should give marks for the Log Book, which would then form part of the final aggregate mark).

It was decided that the Log Book should be revised so that the Registrar will have to report only on certain "index procedures", each with a specified minimum number of procedures required. If the Registrar does not meet these requirements, he/she may be debarred from registering for the Final examination until such time as remedial steps have been taken to redress the deficits in surgical exposure and training. It was agreed that it should be made clear in the Log Book that the numbers required are the absolute minimum, and not the optimum or ideal numbers of procedures that are required, so that Registrars would be encouraged to obtain the maximum experience.

After consideration of data generated by an analysis of the numbers of procedures performed by Registrars over a 27 year period at Tygerberg Hospital, the Council decided on certain index procedures and minimum numbers. These proposed changes to the Log Book system will be submitted to the Education Committee for ratification.

There was extensive discussion about the marking system in percentages used as part of the new format of the Final examination, and the question whether candidates who should really fail, are managing to "scrape through" because of marks averaging out to 50%. It was pointed out that the previous marking system of 5 categories (X, S+, S, S- and F), when translated into percentages, where S = 50% and X = 75%-80%, means that S minus = 35% and F = 20%. This is made clear in the Instructions to Examiners, but the problem may lie with examiners who previously were willing to give an F, but are now reluctant to give 20% for a candidate who fails. Some members of the Council felt that there should be a return to marking in categories, which can then be afterwards translated into percentages.

The Council meeting was adjourned after a decision that a General Meeting of Fellows would be convened at the time of the SA Urological Association's biennial Congress, which will coincide with the Societé Internationale d'Urologie (SIU) Congress in Cape Town from 12 to 16 November 2006.

Prof C F Heyns
President

Dr L J E Coetzee Secretary

We are pleased to announce that we now have a monthly news bulletin posted to our web site. View at www.collegemedsa.ac.za:

click on crest then on News. The News Bulletin can then be accessed as a word document.

Contributions and comments would be welcomed.

HELP US CELEBRATE

DONATE A BOOK TO OUR LIBRARY

As the new Honorary Archivist and Librarian, I should like to remind members in this, the year following that of our Golden Jubilee, that the College Library houses a collection of archival material, memorabilia and a special collection of books written by members.

These have been generously donated over the years, and we would like to continue to add to our collection. We therefore welcome donations to the Library of books that you, a CMSA member, have authored, co-authored, edited or contributed to.

Kindly send your donation to:

The Librarian

CMSA, 17 Milner Road, RONDEBOSCH, 7700

We shall acknowledge all donations in our bi-annual journal, Transactions.

Yours sincerely Dr Marc Combrinck Honorary Archivist and Librarian College Librarian: Mrs Gillian Cress

How academic medicine should look in the 21st century? The ICRAM perspective.

The international campaign to revitalise academic medicine (ICRAM) considered current global instabilities and future drivers of change, and then created five scenarios of how academic medicine might look in 2025.

The talk and this summary is a shortened version of a report entitled "Five Futures of Academic Medicine' published by Awasthi S, Beardmore J, Clark J, Hadridge P, Medani H, Marisic A, Purcell G, Rhoads M, Sliwa-Hahnle K, Smith R, Tessa Tan-Torres Edejer, Tugwell P, Underwood T, Ward R. on behalf of the International Campaign to Revitalize Academic Medicine. Copyright: © 2005 Awasthi et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

The International Campaign to Revitalise Academic Medicine (ICRAM)

In 2003 the BMJ, Lancet, and 40 other partners launched the International Campaign to Revitalise Academic Medicine (ICRAM), a global initiative that is committed to fostering a debate about the future of academic medicine. (http://bmj.com/academicmedicine)

The campaign arose because of a persistent concern that academic medicine is in crisis around the world. At a time of increasing health burden, poverty, globalisation, and innovation, many have argued that academic medicine is nevertheless failing to realize its potential and global social responsibility.

ICRAM is comprised of:

- A core working party of 20 medical academics representing 14 countries (see appendix)
- Stakeholder groups representing the areas of Academia, Business and industry, Government and policy makers, Journal editors, Patients, Professional associations, and Students and trainees
- Regional groups covering the world
- A facilitating committee that helps plan and execute the ICRAM work

Through a series of stakeholder and regional consultations, systematic review of the available evidence, and future scenarios building, ICRAM intends to produce a series of recommendations for reform in global academic medicine, including:

- · Developing a vision and values for academic medicine
- Recommending strategies for building capacity in academic medicine, including better career paths
- Proposing how academic medicine improve its relationships with "customers," including patients, policy makers, practitioners, and others

As part of the progress, ICRAM decided to undertake some scenario planning, a technique of thinking about both the future and the present. The technique works by gathering together a team who consider the instabilities in the present and the drivers of the future and who then imagine plausible but different futures. The aim is not to predict the future, which is impossible, but to enable richer conversations through stretching thinking on what the future might bring. Once the scenarios have been created they can be used to think more deeply about the present and the near future.

Instabilities in academic medicine

The group began by considering current instabilities in academic medicine around the world (Box 1). None of these ideas are new, and most people would probably agree with most of them.

Box 1 Current Instabilities in Academic Medicine

- Widespread, even universal, agreement that things are not right but little agreement on the exact nature of the problem
- Lack of capacity in "translational research"—that which brings innovations directly to patients
- The substantial gap between best, evidence based practice and what actually happens
- The canyon between academics and practitioners
- It's becoming impossible for an individual to be competent in practice, research, and teaching
- Use of citation indices in research assessment overemphasises the value of basic research and underemphasises the importance of applied research that may bring more immediate benefit to patients
- A lack of mutual respect among different categories of researchers—basic, clinical, public health, primary care, applied, etc
- Problems with career progression for academics
- Shortages of doctors wanting to enter careers in research
- In many, probably most, countries those doctors who enter careers in research, who ideally would be the "best and the brightest," are likely to earn much less than those who can spend at least some time working in private practice
- Research is often not concerned with the biggest health problems. This is particularly true in a global context
- Systems of accreditation of doctors make life difficult for doc-tors who want to pursue an academic career
- Although no clinicians are openly against research, they are often unimpressed with doctors who concentrate on research
- Too much medical research is undertaken by doctors with limited training in research methods—making the research of poor quality
- Researchers often set little store by quality improvement projects, although such projects are one of the ways of ensuring that all patients receive the most up to date care
- Much of the teaching in medicine is done by people with very little training in medicine
- The ratio of teachers to students in many medical schools is so high that the quality of teaching is reduced
- In many countries academic medicine lacks a well-resourced institution to speak for it
- Academic medicine relates poorly to its stakeholders—patients, policy makers, practitioners, the public, and the media
- The great pressures on health services mean that academic medicine is often squeezed and forgotten

Drivers of the future

Much of what determines the future of academic medicine will lie outside the control of medical academics themselves. The world will change around them, and they will have to follow. But there will also be change that comes from within academic medicine. Box 2 shows some of the drivers of the future considered by the group.

Box 2 Drivers of Change in Academic Medicine

- New science and technology, particularly genetics and information technology
- The rise of sophisticated consumers
- Globalisation
- Emergent diseases
- · Increasing gap between rich and poor
- Five scenarios

The group took a time span of 20 years, but some of the scenarios are more futuristic than others. We decided to write up the scenarios as if they were in the past in order to give some idea of how they might arise:

The write up of the scenarios are published under:

- Death of distance
- "Big hungry buyers" demand more from health care
- Spread of the internet and digitalisation
- Managerialism
- Increasing anxieties about security
- Expanding gap between what could be done and what can be afforded in health care
- Lack of agreement on where "health" begins and ends
- Ageing of society
- Feminisation of medicine
- Increasing accountability of all institutions
- · Loss of respect for experts
- · Rise of self care
- Rise of ethical issues
- 24/7 society
- · The rise of India and China
- Five futures for academic medicine. PLoS Medicine 2005; 2(7): e207. www.plosmedicine.org
- The future of academic medicine: Five scenarios to 2025.
 Milbank Memorial Fund. www.milbank.org [long report]
- Five futures for academic medicine: the ICRAM scenarios + commentaries. BMJ 2005; 331(7508): 101-7. www.bmj.com
 The scenarios are summarised in Table 1.

Table 1 Summary of scenarios

	Academic Inc.	Reformation	In the public eye	GAP	Fully engaged
	Academic medicine flourishes in the private sector	All teach, learn, research, and improve	Success comes from delighting patients, the public, and media	Academic medicine for global health equity	Academic medicine engages energetically with all stakeholders
Main features	Medical research, training, and service are commercial business activities	Academic medicine disappears Research and education integrated with health care	Extreme consumerism Patients govern academic medicine Continual use of media	Global cooperative networks devoted to redressing health inequalities and 10: 90 gap	Strong connections among patients, policymakers, practitioners, and the public
Medical education	Private medical schools Major investment in ICT Some niche schools (care of the elderly, rural medicine etc.)	Team work Learning by doing Competency based assessment	Conducted by expert patients Responsiveness to patients was key value	Centred around improving global health Partnerships between north-south medical schools	Medical training was energised and community based Students helped drive the agenda
Research	Privatised, takes place in array of different companies Responsive to the needs of customers	Research and quality improvement simultaneous Translational research favoured	Patient determine priorities, through game shows or citizens' juries	Public health and basic science equally valued	Conducted by groups of diversely skilled individuals, including stakeholders
Decision making and governance	Corporate governance	Leadership provided by societies of practitioners and patients	Bottom up: patients in charge	Global governance made up of institutional networks, policy makers, politicians, and the public	Dynamic organisations of all stakeholders to guide academic medicine
Disadvantages	Efficiency and effectiveness trump equity Two tier system— brain drain and 10:90 gap preserved Innovation may suffer	Lacks stability because requires shared values Decision making could be slow Individuals sometimes could not shine	Advances in science and technology subject to fads and fashion. Job insecurity among practitioners Little regulation of health information.	Idealistic Requires enormous political will and global cooperation	May be perceived as "dumbed down" May lose elite status, originality, and independent thinking

Lessons from the scenarios

None of these scenarios will come to exist as we have described them, but the future is likely to contain some elements from each of them. We have tried to identify common features in the scenarios to learn lessons for now. These are shown in Box 3. Our main hope for these scenarios is that other groups may find them useful in thinking about both the present and the future of academic medicine. The scenarios will need to be adapted to the particular social, economic, and political conditions of different regional and national settings. As such, they are tools that can be used globally, modified as required. We seek not agreement but broader thinking.

Box 3 Common Features Shared By All Five Scenarios

- It is likely to be important in all scenarios that academic medicine puts more effort into relating to its stakeholders: the public, patients, practitioners, politicians, and policy makers. This may demand the development of new institutions that involve all these groups.
- Academic institutions will need to be more globally minded
- Teaching, researching, improving, leading, and providing service will continue to be important, but expecting individuals to be competent in them all will be increasingly impractical.
- Team work will become ever more important, but it will also be necessary to allow individuals to shine and flourish.
- Competition among academic institutions is likely to increase, and the competition will increasingly be international.
- Academic institutions will need to become more "business like" in all the scenarios. They will also need to be more adept at using the media.
- Teaching and learning will be increasingly important—not least because dissatisfied students may go elsewhere.
 Learning will be lifelong and will depend heavily on information technology.
- It will be increasingly important to combine research, both basic and applied, with implementation and improvement.
 The gap between knowledge and practice will become increasingly intolerable.

- The range of types of academic institutions is likely to become increasingly diverse with medical schools or academic centres just one form.
- Academic medicine will need to be ever broader in its thinking and skill set, combining with and learning from other disciplines like economics, law, ecology, humanities, and the like.
- Thinking about the future will become increasingly important for academic institutions but also increasingly difficult.

Appendix 1 Authorship

The members of the working party of the International Campaign to Revitalise Academic Medicine are Tahmeed Ahmed (Scientist, Clinical Sciences Division, ICDDRB, Dhaka, Bangladesh), Shally Awasthi (Professor, Department of Paediatrics, King George's Medical University, Lucknow, India), A Mark Clarfield (Professor, Department of Geriatrics, Soroka Hospital, Ben-Gurion University of the Negev, Beersheva, Israel), Lalit Dandona (Director, Centre for Public Health Research, Administrative Staff College of India, Hyderabad, India), Amanda Howe (Professor of Primary Care, School of Medicine, University of East Anglia, Norfolk, UK), John P A Ioannidis (Chairman, Department of Hygiene & Epidemiology, University of Ioannina School of Medicine, Ioannina, Greece), Edwin C Jesudason (Academy of Medical Sciences National Clinician Scientist, Health Foundation Leadership Fellow and Lecturer in Paediatric Surgery, School of Reproductive and Developmental Health, University of Liverpool, Liverpool, UK), Youping Li (Director, Chinese Cochrane Centre, West China Hospital, Sichuan University, Chengdu, China), Juan Manuel Lozano (Professor, Department of Pediatrics and Clinical Epidemiology, Javeriana University School of Medicine, Bogota, Colombia), Ana Marusic (Professor, Department of Anatomyal, Zagreb University School of Medicine, and Editor, Croatian Medical Journal, Zagreb, Croatia), Idris Mohammed (Outgoing Provost, College of Medical Sciences, Department of Medicine and Clinical Immunology, University of Maiduguri, Maiduguri, Nigeria), Gretchen P Purcell (Paediatric Surgery Fellow, Pittsburgh Children's Hospital, Pittsburgh, USA), Karen Sliwa (Associate Professor, Department of Cardiology, CH Baragwanath Hospital, University of the Witwatersrand. Johannesburg, South Africa), Sharon E Straus (Associate Professor, Department of Medicine, Toronto General Hospital, University of Toronto, Toronto, Canada), Tessa Tan-Torres Edejer (Scientist, Department of Health Systems Financing, Expenditure and Resource Allocation, WHO, Geneva, Switzerland), Timothy J Underwood (Medical Research Council / Royal College of Surgeons Clinical Research Training Fellow, University of Southampton, Southampton, UK), Robyn Ward (Associate Professor, Department of Medical Oncology, St Vincent's Hospital, Darlinghurst, and School of Medicine, University of New South Wales, Australia), Michael S Wilkes (Vice Dean and Professor of Medicine, School of Medicine, University of California Davis, Davis, USA), and David Wilkinson (Deputy Head and Professor of Primary Care, School of Medicine, University of Queensland, Brisbane, Australia).

MARGARET ORFORD AND THE LIONS OF ETOSHA

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Background

Margaret Orford was born in Klerksdorp on the 12th of July 1912 and died in Johannesburg on the 2nd of January 1957. She was my aunt. It is not only a great honour to be asked to give her memorial lecture but it also gives me great pleasure.

Margaret's DNA was certainly the most cleverly arranged in our family. The oral history of the Orford family tells us that she used to read to my father.

who was 2 ¾ years older than she was. She was reputed to be able to read a random page in a novel, close the book and quote it verbatim. She had no formal education until the age of 14 years when she went to school for the first time. This was the start of a brilliant academic career. It is of interest that at a time when most people would have felt that gender discrimination was at its height; my grandparents decided that of their four children, two sons and two daughters, Margaret should be the one to be favoured with a university education.

She spent only three years at school, matriculating from Girls High School, Potchefstroom, where her grandmother had started the first English medium school in 1872. She enrolled for a BSc at the University of the Witwatersrand, majoring in Archaeology and was awarded the William Cullen Medal for the most distinguished graduate in science. She then enrolled for Medicine in 1935, obtaining first class passes in all but two subjects. Margaret graduated in 1938, winning the Abelheim Medal for Obstetrics, which I have in my possession, and was awarded her Medical Degree with first class honours, the first graduate from the Witwatersrand University to win such an award. She served for four years in the South African army during World War II, reaching the rank of captain. In 1945 she was awarded a Nuffield Scholarship and worked with Professor Chassar Moir in Oxford. On her return to South Africa she entered private practice in Johannesburg. However, her career was cut short at the age of 44 when she died of a cerebral haemorrhage in 1957.

Her colleagues, as a mark of respect for her medical skills and her ethical standards, contributed to a fund which finances the Margaret Orford Memorial Lecture.

A few years later I enrolled to study Medicine, so sadly, Margaret was denied the knowledge that her nephew would one day become a Gynaecologist and practise in Namibia, which I have done since 1972.

Introduction

The connection between Margaret Orford and the Lions of Etosha might seem to be somewhat tenuous, but in reality Margaret Orford, ourselves here today, the lions of Etosha and life on Earth are all intimately connected. I describe here a series of events which link us all and have made life on Earth possible for multicellular organisms. I will go back 3.5 billion years, to the first life on earth. The earliest forms of life consisted of unicellular organisms without a nucleus, prokaryotic cells, first discovered in the Gunflint Canyon in America. These bacteria extracted hydrogen from water, liberating oxygen. This process continues to this day. The deposits from these organisms are the oldest fossils known – stromatolytes. No other life existed for 1.5 billion years and during this time the oxygen levels on earth rose to present day levels making it possible for multicellular organisms to evolve1.

A dramatic event occurred 2 billion years ago. According to Lynne Margulis, an eminent American scientist, two prokaryotic cells fused, resulting in a eukaryotic cell – that is a cell with a nucleus. This fusion meant that the evolution of sexual reproduction was now possible.

About 1.4 billion years ago bacteria invaded the cytoplasm of eukaryotic cells, to become the mitochondria, where they have lived and reproduced ever since - a symbiotic relationship which provides a safe environment for the bacteria, which in turn produce the energy that enabled us to become multicellular organisms². The cytoplasm of a new individual comes only from the mother. As a result mitochondria are passed from mother to daughter endlessly from generation to generation. I would suggest to you that the lions of Etosha and Margaret Orford share a common source for their mitochondria. You just cannot have a gap in your family tree³.

The late Stephen Jay Gould, who held the Chair of Zoology and Geology simultaneously at Harvard University, describes what he calls the pre-Cambrian explosion. Some 570 million years ago in a very short period of time, possibly as little as 5 million years, some 47 phyla evolved (the fossils of which were found in the Burgess Shale in Canada), of which 15 have already become extinct. No phylum has evolved since that time. It was indeed a period of great diversity. One of the phyla, Pikaia, named after a nearby mountain peak, is thought to be the ancestor of the vertebrates, including Margaret Orford and the lions of Etosha⁴. The next 500 million years was a period during which a multitude of organisms evolved and went extinct, as the DNA passed from one species to the next. The numbers of species that have gone extinct remains unknown, but an estimate of one billion seems quite feasible.

Richard Dawkins, Professor of Public Understanding of Science at Oxford University, tells us that man and lion shared a common ancestor 85 million years ago, when their evolutionary paths separated⁵. Until this time everything that made life possible for Margaret Orford and the lions of Etosha was the same, resulting in a web of life. In due course *Homo sapiens* would evolve with dire consequence for life on Earth. Ancestors of today's lions spread into America, Africa and Asia, but not across the Wallace line into Australia, producing such wondrous creatures as the Sabre Tooth Lion with 20 centimeter long fangs, and the cave lion (*Felis spelaeus*), thought to have been one third bigger than the modern lion. The modern lion (*Panthera leo*) occurred originally

in Africa, Europe and Asia, the dominant carnivore throughout its range.

Charles Darwin predicted that the ancestors of modern man would be found in Africa. Perhaps the most significant fossil find in the family of hominids was at Taung, South Africa - the place of the lion. This hominid was a small, upright creature, with the brain volume of 520ml and a foramen magnum in the base of the skull, which means that it walked upright. The skull, found by a Mr. De Bruyn, was identified as a hominid by Professor R. Dart in Nature on 6-1-1925. He named his find Australopithecus africanus or 'southern ape man'. This spectacular discovery by the renowned Wits University professor almost certainly influenced Margaret Orford to study Archaeology. Subsequently, numerous hominid and Homo fossils have been discovered on the evolutionary path to Homo sapiens, the so called 'wise man'6. Our evolution was to prove disastrous for life on earth and its ecosystem: a total destruction of inter-species harmony and the extinction of a massive total of organisms.

Chris Stringer, Head of the Human Origins Group of the Natural History Museum in London, presents the widely accepted view that *Homo sapiens* evolved in Africa. The alternative theory, the so-called multi-focal theory, lacks general support. Stringer bases his conclusion on three main groups of evidence. One – the oldest human remains occur in Africa. Two – the mitochondrial DNA of *Homo sapiens* points to a common maternal ancestor of all mankind, who lived 200,000 years ago in Africa. Thirdly, art seems to have evolved in Africa⁷. A small piece of finely carved ochre was recently found in the Blombos Cave near Cape Town and is dated at 77,000 years old, which is 30,000 years before man's appearance in Europe⁸.

Think of our earliest ancestors – few in number, sexually dimorphic hunter gatherers, with large, innovative brains and, I think, a killer instinct. From these small beginnings, small groups of hunter-gatherers rapidly spread over and out of Africa, reaching the Middle East 90,000 years ago; Australia by sea 60,000 years ago; Europe 45,000 years ago and finally into America across the Beiring Straits 20,000 years ago. Part of Margaret Orford's clan migrated through Europe and Scotland to the Orkney Islands, north of Scotland, some 5,000 years ago. In 1861 Margaret Orford's grandfather, Thomas Leask, returned to South Africa, which his ancestors had left 90,000 years before. The town of Orkney was named after him. Tom Leask, a true *Homo sapiens*, made his living by hunting elephants.

The spread of man was and continues to be, a disaster for wildlife. Fossil evidence suggests that wherever they went, major extinctions of large animals have followed. Neanderthal man vanished soon after the arrival of our ancestors in Europe. In recent historic times man has caused the extinction of the passenger pigeon in America, the Dodo in Mauritius, the virtual extinction of the bison and very many other species. Tasmania was separated from Australia by rising sea levels 10,000 years ago and the people living there had no contact with any other people until, in 1803, a party of British invaders including settlers, militia and two dozen convicts, commanded by a 23 year old lieutenant landed on the island. The population of Tasmanian Aborigines was then some 5,000 then but by 1876 there were no survivors¹⁰.

Africa, particularly South Africa, has seen the decimation of its wild life. The African elephant declined from 2 million in 1960 to some 450,000 now. Cornwallis-Harris, a famous hunter, writer

and artist in the 19th Century, in one day, in 1836 saw 80 white rhino in the Magaliesberg but by 1903 the white rhino was thought to be extinct, when six survivors were found in northern Zululand. In one day Anderson, another famous hunter and explorer in that century, shot nine black rhino near Walvis Bay in 1861¹¹.

The lion, having established itself as the dominant carnivore in Africa Europe and Asia, was soon eliminated by the arrival of man. The last lion in Europe was killed in Greece in 100 AD. The Asian lion now exists only in a small group of 180 in the Gir Peninsula, India. In Africa the lion survives, but only in isolated groups. The realisation of man's devastation of wildlife and wild places lead to the proclamation of game reserves, particularly in Southern Africa - the Kruger National Park in 1898, and Etosha National park in 1907. The central Kruger area is thought to have had some 9 lions when the park was first established. The protection that national parks give to the lion (Panthera leo) and to various other large mammals has often resulted in marked increases in their numbers. The management dilemma, for those who believe in active management, has often resulted in large mammals being killed in considerable numbers in the very areas set aside for their protection¹². 'The problem of increasing lion populations has occurred in the Kruger National Park, the Umfolozi Game Reserve, and the Etosha National Park.'13

I believe that there are practical, ethical, and aesthetic objections to culling. It was my desire to find an alternative management tool to culling that prompted me to consider the use of contraception in the free-ranging lions of the Etosha National Park.









The age of a free living lion is difficult to establish with certainty, but the age of an immobilized lion can be estimated by examining the teeth for eruption, attrition, and discolouration¹⁴. Free-ranging female lions come into first oestrus at 3.5-4.25 years. Male lions are anatomically and physiologically mature by 26 months, but seldom mate before the age of five years¹⁵. A curious feature of lion reproduction is the very high incidence of unsuccessful mating. Schaller estimated that 80 % of matings did not result in pregnancy¹⁶. Bertram calculated that one litter of cubs occurred for every 1,500 lion copulations¹⁷. Unsuccessful matings may have various causes. Lionesses have been observed to mate while lactating, when pregnant, with contraceptive implants in place and when new males replace the pride males¹⁸. Lionesses were found to ovulate spontaneously every five weeks¹⁹.

The lion, when protected from natural enemies, notably man, is capable of prodigious population increase. In 1965 six lions (one lion, two lionesses and three cubs) were introduced to the Umfolozi Game Reserve and by 1974 they had increased to 204²⁰. In the Kruger National Park nine lions were thought to exist in the central part in 1903 and these had increased to about 700 by 1975, despite considerable culling²¹.

Attempts to control lion populations in national parks have not been particularly successful. In Etosha, Dr. Hugh Berry, at the time Chief Biologist in the Etosha National Park, closed certain artificially created water holes, and this resulted in the break up of certain prides²². Smuts, who was then the Senior Biologist in the Kruger National Park, was involved in culling lions in the

Kruger National Park in 1978. A total of 4,000 lions were shot in the Kruger National Park between 1902 and 1969. A further 335 were shot in a four year period ending in 1978, but their numbers rapidly returned to previous levels on ending the cull. The prides' cohesive structure, and the behaviour of individual lions was disrupted, and Smuts speculated on the risks of upsetting the delicate balance between predator and prey²³. The disruption of natural selection by culling can have serious genetic consequences. The so-called 'white lions' that occur from time to time in the Kruger Park are not albinos but result from an autosomal recessive gene. Prolonged culling could result in two carriers of these genes mating²⁴.

Umfolozi Game Reserve culled all sub-adult male lions and half the sub-adult females, which resulted in pride males remaining longer with the pride than usual, and may well have caused them to breed with their own offspring²⁵. As part of a programme to retain genetic diversity in large zoo animals, long acting melengestrol acetate contraceptive implants were used in lions, tigers, leopards and jaguars. In Europe and America 217 of these cats were treated. Only 2% became pregnant, and in each instance a reason for the pregnancy was present. No abnormal behaviour or serious complications were recorded, and on removal of the implant the contraceptive effect was reversed²⁶.

Study area

The Etosha National Park, referred to as Etosha, is protected in terms of the Nature Conservation Ordinance (1975). It was fenced in 1973, enclosing 22,270 square kilometres. Etosha lies in northern Namibia, and its co-ordinates centre at 19° South and 16° west. The park extends 295 km east-west and 110 km north-south. The major feature of the park is a vast, flat, saline depression known as the Etosha pan, with an area of 4590 km². The study was centred on five lion prides in the region of the Okaukuejo Rest Camp.

Material and Methods

Fifty six lions were immobilised between April 1981 and September 1984 using 8.0 mg/kg ketamine hydrochloride and 3.2 mg/kg xylazine hydrochloride. Following immobilisation, each lion was weighed and then placed on a plastic groundsheet, and a strict procedure was followed to monitor the lions' condition, to weigh and measure each animal and to obtain blood samples and vaginal smears. All lions were permanently marked with a hot brand that made them individually recognisable. All lions were aged by examining the eruption and wear of the teeth. Melengestrol acetate implants were inserted into the neck muscles of ten lionesses, 10cm anterior to the left shoulder tip on a line pointing diagonally to the right ear. A 4 cm incision was made in the skin, and the underlying faschia covering the neck muscle. The muscle itself was incised longitudinally to allow the insertion of the contraception implant. The sheath and skin were closed with interrupted vicryl sutures. Three lionesses were re-captured 22 months after treatment and their implants were removed from a 5 cm incision. Three lionesses were found to have natural markings which allowed individual recognition and they were not captured but were regarded as un-captured controls. The remaining lionesses and large female cubs were captured and treated in exactly the same way, except that no contraceptive was inserted27.

Results

Contraception

The use of melengestrol acetate implants was tested in ten li-

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onesses for a three year period and no cubs were born. Three implants were removed and these lionesses conceived 18, 21 and 36 days after the removal of the implants. Twenty adult lionesses and three previously treated lionesses were regarded as controls, producing 39 cubs; that is one cub per lioness every 15 months. I estimated that the treated lionesses would have produced 13 cubs in this period. The treated and the control lionesses were recaptured at intervals and no significant changes were found in weight, hormone levels or condition. The behaviour of the treated lionesses was compared to the behaviour of the controls and no differences were observed. We observed the lions for fixed periods, measuring their activity by day and by night, on 2,545 separate occasions²⁸. The melengestrol acetate implants prevent pregnancy and are reversible in free-ranging lions, and produce no complications. However, breast carcinoma in Beagle dogs²⁹ and pyometria in domestic cats has been recorded with progesterone contraceptives³⁰. This did not occur in the Etosha lionesses.

Population trend

The accurate estimation of lion numbers is very difficult and in most areas no long term counts have been made, which makes culling a hazardous exercise. In the Kruger Park, for instance, only one major census has been carried out³¹. The lions of Etosha, according to two estimates, had increased from 200 in 1926 to 500 in 1980. The lion population in Etosha then fell by 60% in the five years from 1982 to 1987. The evidence for this is that in that period, the number of prides in the study area of Okaukuejo decreased from five to three. The total population of the park was estimated by Berry to be 160 in 1987 (Berry pers.com.). A further indication of the decline is that 79 lions were shot on the boundary farms in 1982, but this number fell to 23 being shot in 1984, suggesting that fewer lions were present in the park, leading to less emigration.

The proclamation of game reserves or the re-introduction of lions to wildlife areas has usually resulted in dramatic long-term increases in lion populations³². An important consideration before embarking on any culling programme is the question of natural population cycles. The question remains - do lion numbers fluctuate spontaneously from year to year? Unfortunately, very little data are available. Peterson et al believe that herbivore numbers fluctuate cyclically, proportionally to their body mass, thus influencing dependant predator populations³³. The prey species in Etosha have declined in recent years, particularly the wildebeest, and this may have caused a natural reduction in lion numbers, which would have meant that culling in 1981 would have been a hazardous undertaking. The contraceptive experiment only reduced the Etosha lion population by an estimated total of two adult lions and has played no part in the decline of lion numbers.

Social Matings

It is likely that when our ancestors descended from the trees and adopted an upright posture on the plains of Africa they would, with the passage of time, have developed into sexually dimorphic group hunters. It has been suggested that it is more appropriate to compare our behaviour to the lion than to that of any other primates³⁴. The majority of matings in free ranging or caged lions do not result in pregnancy³⁵. The production of a litter of cubs requires 1,500 copulations and has been described as 'mating inefficiency'³⁶. Other species of cats come into oestrus, mate and conceive, unless they are sterile. Isolated captive lions have been shown to ovulate spontaneously every five weeks. Three li-

onesses in our study mated just prior to capture and their vaginal smears show the presence spermatozoa. A further four lionesses were not observed to copulate but sperms were observed in their vaginal smears. None of these lionesses had raised serum estrogens, nor did any of them become pregnant.

The similarity between man and lion is obvious when one considers that spontaneous ovulation and frequent copulation out of oestrus with different males commonly occurs in both species. Eighteen percent of captured lionesses were found to have spermatozoa in their vaginal smears. I compared this with a series of cervical smears from my practice and found that spermatozoa occurred in 12% of humans, suggesting that lions are even more sexually active than man.

One can but speculate that not only did we learn to hunt communally like the lions but also evolved, as they had, copulation out of oestrus. It is tempting to compare lion behaviour with the other sexually dimorphic hunter, man.

Summary and Conclusion

The lion's size, hunting skills and the evolution of the pride system would have created inherent advantages over its competitors, including early man. The latter may well have been a prey species for the lion, but when man stood erect with his hands freed to develop weapons, his dominance over the lion was assured. The explosive increase in man's population during the last 500 years has resulted in the unrelenting destruction of the lion and its habitat. The proclamation of national parks has created a haven for the last free-ranging lions. It was predicted that an increase in numbers of lions would put pressure on prey species and competition between the various carnivores. Park management officials perceived this as a problem, which resulted in lion culling in several parks. Contraception is aesthetically more attractive than culling, causes less disruption of the biological process, is reversible and prevents the loss of genetic diversity within a species. A dynamic equilibrium exists, which is poised between births, deaths and socio-spatial effects, and if fertility is reduced by means of a contraceptive it is likely that the number of lions in an area could be stabilized or even reduced. The main problem with culling is the difficulty of predicting a population trend. No data are yet available which allow conclusions to be drawn as to whether lion populations fluctuate spontaneously or not. If a culling programme had been introduced in Etosha in 1980, the results might well have been disastrous to the predatorprey systems and in particular to the lion population of Etosha. The unexpected decline in the Etosha lion population illustrates the value of a reversible mechanism for controlling numbers, and furthermore, emphasizes the inherent danger of making ecological decisions on inadequate data. The final and irrefutable argument in favour of the contraceptive implant is that the treated lionesses, which have had implants removed, all returned to the reproductive pool and produced cubs, which they would not have done if they had been culled. My experience with the lions of Etosha suggests that active management of an ecosystem is unwarranted and will usually have unwanted effects. But this is an old debate, and I will give you a quote from an ancient Chinese philosopher, Tao Te Ching, who, in 600 BC said:

"Do you think you can take over the universe and improve it? I do not believe it can be done.

The universe is sacred. You cannot improve it.

If you try to change it, you will ruin it.

If you try to hold it, you will lose it.

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Practice non-action; work without doing."

"Work without doing" – this concept certainly applies to park management. Hall-Martin, who was Head of Research in the Kruger National Park, in a review of management policy in 1996, stated that there was no scientific evidence to support management tools such as the provision of artificial water points, veld burning, or culling.³⁷

The interaction of climate change, evolution and the rise and fall of species' numbers is what "manages" the Kruger National Park and, of course, Etosha.

My aunt, Margaret Orford, who imparted to me a profound respect for the ancient and special way in which our species reproduces. She "worked without doing". In a series of 628 confinements in private practice, she performed only 55 Caesarian Sections, which is 9 per cent ³⁸. This is surely a percentage our profession should strive to emulate.

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- Noble Clive Allister
- Nolle Crive Arrister
 Noll Brian Julian
 Norman-Smith Jack
 Norwich Isadore
 Novis Bernard
- Nowich Isadore
 Novis Bernard
 Nurick Ivan James
 Obel Israel Woolf Promund
 Okreglicki Andrzej Michael
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 Peini Jack

- Pein Jack
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 Perk David
 Peters Ralph Leslie Peters Raph Lesile
 Philcox Derek Vincent
 Phillips Gerald Isaac
 Phillips Louisa Marilyn
 Piesold Gerald A Ferdinand
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- Piesold Gerald A Ferdinand
 Pieterse Holland Frederik
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 Pillay Rathinasabapathy Arumugam
 Pillay Thiagarajan Sundragasen
 Pillay Pathinasabapathy Arumugam
 Pillay Thiagarajan Sundragasen
 Pillay Vereisaamy K Govinda
 Pilaner Meyer
 Pillay Vereisaamy K Govinda
 Pilaner Meyer
 Pollak Ottilie
 Polley Neville Alfred
 Pompe van Meerdervoort Hjalmar Frans
 Porter Christopher Michael
 Porgel Max Michael
 Potgleter Louis
 Pretorius Davis H Schalk
 Pretorius Jack
 Protes Desmond S Collacott
 Prowse Clive Morley
 Quan Tim
 Authan Desmond Kluva
- Pudfin Dennis James
 Quan Tim
 Quinlan Desmond Kluge
 Quirke Peter Dathy Grace
 Rabinowitz Albert
 Rabinowitz Leslie
 Radford Geoffrey
 Raftopulos Paris
 Rankin Anthony Mottram
 Rayman Ashley
 Rebstein Stephen Fric
 Reichman Leslie
 Reichman Percy
 Reid Frederick Payne
- Reichman Percy Reid Frederick Payne Renton Maurice Ashley Retief Daniel Hugo Retief Degenes Jacobus Retief Francois J Petrus
- Hettet Degenes Jacobus
 Retief Francois J Petrus
 Retief Francois J Pietrus
 Retief Francois Pieter
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 Rice Gordon Clarke
 Richey Allan Frank Whitfield
 Richmond George
 Ritchken Harry David
 Roberts William Michael
 Robertson Thomas Chalmers
 Roberts William Michael
 Robertson Thomas Chalmers
 Robinson Brian Stanley
 Roman Horatius E Hereward
 Rome Paul
 Roso Nicolaas Jacobus
 Roose Patricia Garfield
 Rosenberg Basil
 Rosenberg Edwin Robert
 Rosenthal Elijah
 Rosenberg Cetwin Robert
 Rosenthal Elijah
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 Rosenbe

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 Sanders Eric John
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 Scott Queritin John
 Scott Watter Fleming

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 Seaward Percival Douglas
 Seedat Yackoob Kassim
 Sellars Sean Llam
 Sellars Sean Llam
 Senior Boris
 Sesel John Ruby
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 Shapiro Max Phillip
 Shapiro Noem Man
 Shapiro Homman
 Shapiro Man
 Shapiro Homman
 Sher Joseph Norman
 Sher Sher Joseph Norman
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 Silberman Reuben
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 Simons Corgop Arthur
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 Smith Petrus Nicolaas

- Smith Petrus Nicolaas

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Stein Lionel
Stein Mannie
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Steyn Gerbrandt
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Suliman Abdoorahaman Ebrahim
Sur Monalisa
Sur Ranjan Kumar
Sutin Gerald Joseph
Suzman Moses Myer
Svensson Lars Georg
Swanepoel André
Swart Barend Hermanus
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Tarboton Peter Vaughan
Taylor Robert Kay Nixon
Te Groen Lutherus H Treub
Teeger Arnold
Terblanche John
Terrespolsky Percy Samuel

Terespolsky Percy Samuel
* Thatcher Geoffrey Newton

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Thornington Roger Edgar
Thorbum Kentigem
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Trope Robert Allan
Trott Edmund Lorimer
Trubshaw William H Daines
Tucker Rohard B Kidger
Tucker Ronald B Kidger
Tucker Rohand B Kidger
Tucker Rohand B Kidger
Tucker Rohard B Groot Herman A
Van den Berg Andries D Petrus
Van Gewerden de Groot Herman A
Van der Riet Hyno le Seur
Van der Kiet Hyno le Seur
Van der Kelt Hyno le Seur
Van der Kelt Hyno le Seur
Van der Watl Johannes Joachim
Van Dongen Leon G Raymond

Van der Wat Jacobus JH Botha Van Dongen Leon G Raymond Van Drimmelen Pieter Van Graan Nico Jacobus Van Greunen François

Van Hasselt Carel Hugh Van Helsdingen Jacobus O Tertius

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Van Niekerk Willem Abraham
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Van Schalkwyk Herman Eben
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Victor Arthur
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Viljoen Theunis Gabriel
Visser Daniel
Vogelpoel Louis

Viljoen I neunis vaoriev
Visser Daniel
Vogelpoel Louis
Von Wielligh Gysbertus Johannes
Vooght Terence Edward
Vorster Carl Theodorus
Vossloo Amoldus Johannes
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Wahl Jacobus Johannes
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Walker John Douglas
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Webber Bruce Leonard
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Welsh Ian Bransby
Welsh Neville Hepbum
Welsh Neville Hepbum
Welsh Nober I Hepbum
Wessels Comeilius Johannes
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Whiffler Kurt
Withe Ian William Graig
Whither Leslie Edwin
William Brobert Edward
William Shoer Edward
Williams Rhoper Edward
Wilson Thomas Deprick
Wilson Feler James
Wilson Thomas Deprick
Winship William Sinclair
Wiss Roy Oliver
Wilson Feler Pet
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Wright Michael
Wunsh Louis
Wykord Hermanus Claassens
Wylde Ronald Burns
Youngleson John Henry
Yudaken Israel Reuwen
Zent Cive Steven
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Zieff Solly
Zion Monty Mordecai

Honorary Fellows

THE COLLEGES OF MEDICINE OF SOUTH AFRICA As at May 2006

* Abrahamse Leonard George (CMSA) (1991)
Acquaye Joseph Kpakpo (CP) (2004)
Adams Aliean Kirkpatric (CA) (1987)
Adams Aleien Kirkpatric (CA) (1987)
Adamson Fryhofer Sandra (CP) (2003)
Akande Oluwole (COG) (2002)
Alberti Kurt George MM (CP) (1998)
Anderson Edward William (C PSVCH) (1964)
Arulkumaran Sabaratnam (COG) (2005)
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Atkins Hedley John Barmard (CS) (1968)
Azubuke Johanthan C (C PAED) (2005)
Ballantyne John Chalmers (C OFLL (1989)
Baltzan Richard (CP) (2001)
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Bothwell Thomas Hamilton (CP) (1994)
Bouchier Ian Arthur Dennis (CP) (1994)
Bouchier Ian Arthur Dennis (CP) (1994)
Bouchier Ian Arthur Dennis (CP) (1992)
Boulter Patrick Stewart (CS) (1961)
Boix Cohoa José (CS) (2006)
Braid Walter Russell (C NEUROL) (1957)
Brebner Innes Wares (CS) (1961)
Breb Symen (CS) (1961)
Breon James Langhom (COG) (1984)
Brock John Fleming (CP) (1973)
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Browse Norman (CS) (1962)
Bruce John (CS) (1962)
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Bruce John (CS) (1982)
Burger Henry (CP) (1998)
Bruce John (CS) (1984)
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Cameron Donald Patrick (CP) (1998)
Carlan Charles Dermod (C DERM) (1975)
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Courtemanche Albert Douglas (CS) (1975)
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Craib William Hofmeyer (CP) (1974)
Courtemanche Albert Douglas (CS) (1991)
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Dard Laey Joan Jacques (C OPHTH) (2000)
Craib William Hofmeyer (CP) (1974)
Courtemanche Richard (CMSA) (1989)
Dard Laey Joan Jacques (C OPHTH) (2000)
De Willers Herriederick Williem (CMSA) (1989)
Dard Laey Joan Jacques (C OPHTH) (2000)
De Willers Herriederick Williem (CMSA) (1993)
Dae Leven Frederick (CP) (1998)
Dauben Derk Coro (1998)
Dauben Hor

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Acora, Ghana
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Leeds, UK Johannesburg, SA London, UK Dublin, Ireland Edinburgh, UK Johannesburg, SA Johannesburg, SA Hampshire, UK Cape Town, SA London, UK

Fabb Wesley Earl (CFP) (1975)
Farooqui Muhammad S (CP) (2001)
Fizpatrick John Michael (C UROL) (2002)
Forman Frank (CP) (1970)
Foulds Wallace Stewart (C OPHTH) (1992)
Galasko Charles S B (C ORTH) (2003)
Geldenhuys Frans Gert (COG) (1987)
Geldenhuys Frans Gert (COG) (1987)
Geldenhuys Frans Gert (COG) (1987)
Gillingham Francis J (C NEUROS) (1981)
Gordon Isidor (C FOR PATH) (1984)
Gordon-Smith Derek Peter (CMSA) (1993)
Gerdenberger Norton J (CP) (1991)
Guillebaud John (COG) (2004)
Hamilton Andrew M P (C OPHTH) (2001)
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Hushisson Ian Douglas (CMSA) (1997)
Hutton Peter (CA) (2003)
Huskisson Ian Douglas (CMSA) (1997)
Hutton Peter (CA) (2003)
Jansen Errest George (CP) (1959)
Janssen Paul Adriaan Jan (CMSA) (1989)
Harsers George (CP) (1959)
Janssen Paul Adriaan Jan (CMSA) (1989)
Harsers George (CP) (1959)
Kathada Ismail (CMSA) (1999)
Kathada Ismail (CMSA) (1998)
Kay Andrew Watt (CS) (1972)
Joubert Peter Gowar (CMSA) (1999)
Kay Andrew Watt (CS) (1972)
Joubert Peter Gowar (CMSA) (1999)
Kay Andrew Watt (CS) (1998)
Ker David Nicol Sharp (CP) (1991)
Leffoalte Thomas Norman A (COG) (1972)
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Kay Andrew Watt (CS) (1998)
Ker David Nicol Sharp (CP) (2004)
Lunz Maurice Harold (C OPHTH) (1999)
Mackay Coli n (CS) (1998)
Mac Lean Lloyd Douglas (CS) (1998)
Mackenzie Hendrik (CS) (1998)
Mackenzie John Heward (CRAD) (1975)
Ming Carel Johanna

Victoria, Australia Karachi, Pakistan Dublin, Ireland Tel Aviv, Israel Glasgow, UK Cheshire, UK Johannesburg, SA Pretoria, SA Montreal, Canada Edinburgh, UK Lagos

Montrear, Carlada Edinburgh, UK Lagos Johannesburg, SA Durban, SA Durban, SA Johannesburg, SA Massachusetts USA Oxford, UK Middlesex, UK Middlesex, UK Alberta, Canada Chicago, USA London, UK Toronto, Canada Dublin, Ireland Queensland, Austr. London, UK Ontario, Canada Glasgow, UK Cape Town, SA Birmingham, UK Saitlama, Japan

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Suffolk, UK Victoria, Australia Dublin, Ireland

Oh Teik Ewe (CA) (2003)
O'Higgins Niall (CS) (2005)
O'Higgins Niall (CS) (2005)
O'Higgins Niall (CS) (2005)
O'Higgins Niall (CS) (2005)
O'Higgins Niall (CS) (1976)
O'Higgins Niall (CS) (1976)
O'Higgins Niall (CS) (1986)
Organ Claude H (Jnr) (CS) (1986)
Pasnau Robert O (C PSYCH) (1988)
Patiel Naren (COG) (1997)
Peel John (COG) (1988)
Petrie James Colquhoun (CP) (1998)
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Platt Harry (CS) (1957)
Porritt Arthur (CS) (1957)
Porritt Arthur (CS) (1957)
Porritt Arthur (CS) (1962)
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Ramphele Mamphela Aletta (CMSA) (2005)
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Rhoads Jonathan Evans (CS) (1972)
Richamol Hugar (CP) (1975)
Richamol Hugar (CP) (1958)
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Rickham Peter Paul (CS) (1992)
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Rosenheim Max Leonard (CP) (1968)
Rosenheim Max Leonard (CP) (1972)
Rosholt Aanon Michael (CMSA) (1980)
Roth Martin (C PS) (1972)
Rosholt Aanon Michael (CMSA) (1980)
Rupert Antony Edward (CP) (1968)
Rutledge Felix Noah (COG) (1990)
Rupert Antony Edward (CP) (1968)
Rutledge Felix Noah (COG) (1990)
Salier Robert B (C ORTH) (1973)
Saunders Stuart John (CMSA) (1989)
Schulz Eleonora Joy (C DERMI) (2006)
Seedat Yackoob Kassim (CMSA) (1962)
Sellors Thomas Holmes (CS) (1979)
Shear Mervyn (CD) (1999); (C PATH) (2004)
Shieds Robert (CS) (1979)
Shear Mervyn (CD) (1999); (C PATH) (2004)
Shieds Robert (CS) (1980)
Smith John Allan Raymord (CS) (2005)
Smith Marlow Rodney (CS) (1976)
Smythe Patrick Montrose (C PAED) (1988)
Soothill Peter William (COG) (2004)
Straffon Raliph A (CS) (1992)
Strong John Anderson (CP) (1998)
Sweetnam Sir Rodney (CS) (1978)
Turnes Roberts (CS) (1979)
Turnes Possible Robert (CS) (1998)
Tan Ser-Kiat (CS) (1998)
Tan Ser-Kiat (CS) (1990)
Turner-Warwick Margaret (CP) (1991)
Turner-Warwick Margaret (CP) (1995)
Turner Gorge Edmund (CP) (1996)
Turner John Anderson (CP) (1997)
Turner Servinck (CS) (1998)
Wigesinwardena Bandula C (CP) (2001)
Turner-Warwick Margaret (CP) (1997)
Turner G

Perth, West Australia Dublin, Ireland North Carolina, USA Mid-Lev. Hong Kong

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Kuala Lump, Malaysia

Fellows Ad Eundem

The Colleges of Medicine of South Africa As at May 2006

Breytenbach Hermanus (CMFOS) (2001) Cleaton-Jones Peter Eiddon (CD) (2005) Gear John Spencer Sutherland (CPHM) (2005) Gevers Wieland (CP) (2001) Lemmer Johan (CD) (2003)

Stellenhosch Still Bay Rosebank, Cape Town Makgoba Malegapuru W (CP) (2003) Ncayiyana Daniel JM (CMSA) (2002) Padayachee Gopalan N (CPHM) (2004) Price Max Rodney (CPHM) (2004) Saffer Seelig David (C NEURO) (2004)

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George Plettenberg Bay Lydenburg

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(State whether Prof o	(State whether Prof or Dr)						
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Block, Joseph (College of Neurosurgeons)
Block, Sidney (College of Family Practitioners)

Bresler, Pieter Benjamin (College of Public Health Medicine) Chibiliti, Mulenga Stephen (College of Family Practitioners) Clark, Donald Charles (College of Ophthalmologists) Costa, Dario Adolfo (College of Anaesthetists)

Dewhurst, Christopher John (College of Obstetricians and Gynaecologists)

Drew, James du Preez (College of Anaesthetists)

Egbeyemi, Olanrewaju Yaqub (College of Obstetricians and Gynaecologists)

Friedmann, Allan Isadore (College of Ophthalmologists) Gibson, John Hartley (College of Obstetricians and Gynaecologists)

Hill, John William (College of Physicians)

Hugo, Daniël (College of Obstetricians and Gynaecologists)

Kenyon, Michael Robert (College of Physicians)

Kornell, Simon (College of Physicians)

Leigh, Werner Eberhard Julius (College of Family Practitioners) Lunt, David William Raymond (College of Family Practitioners) Lwin, Zarnie (College of Physicians)

Macovei, Liliana Simina (College of Psychiatrists)

Macovei, Liviu Christian (College of Orthopaedic Surgeons)

Malik, Muhammad Atif (College of Psychiatrists) Matus, Szlejma (College of Radiologists)

Mayet, Zubeida (College of Paediatricians)

Medaiyese, Ayorinde Adebayo (College of Family Practitioners)

Muir, Susan Maura (College of Psychiatrists) Musoke, Elijah Paul (College of Physicians)

Ndimande, Benjamin Gregory Paschalis (College of Anaesthetists)

Oduwole, Olusesan Odusami (College of Anaesthetists)

Pasha, Asma (College of Paediatricians)

Phillips, Kenneth David (College of Family Practitioners)

Raubenheimer, Arthur Arnold (College of Obstetricians and Gynaecologists)

Richmond, George (College of Physicians)

Rozwadowski, Marek Antoni (College of Anaesthetists)

Sartorius, Kurt (College of Public Health Medicine)

Seaward, Lizette Ann (College of Urologists)

Sesel, John Ruby (College of Radiologists)

Shaw, Keith Meares (College of Surgeons)

Siwinska, Dorota Sylvia (College of Psychiatrists)

Skinstad, Alvin Vaughn (College of Family Practitioners)

Smith, Robin Errol (College of Paediatricians)

Swart, Henry Charles (College of Obstetricians and

Gynaecologists)

Van den Aardweg, Machteld Sonja (College of Surgeons)

Vaithilingam, Karthikesan Asoka (College of Family Practitioners)

Van Wyk, Hester Catharina (College of Surgeons) Viswanathan, Sornalatha (College of Obstetricians and

Gynaecologists)

Information as at 3 July 2006



JOINT CONFERENCE of

ROYAL COLLEGE OF PHYSICIANS and THE COLLEGE OF PHYSICIANS OF SOUTH AFRICA

Friday 23 - Saturday 24 February 2007 Vineyard Hotel, Cape Town, South Africa

This joint conference will bring together a panel of expert speakers from Academic Institutions in Southern Africa and the UK. The topics covered in this conference will include:

- Alcohol and health
- Rational management of osteoporosis
- Modern management of diabetes Type 2
- Prevention of TB & opportunistic infections in HIV-infected individuals in African countries
- Tuberculosis what the future holds
- The continuing menace of HBV and HCV infection
- · Medical professionalism in a changing world
- Migration of physicians the South African perspective
- Development of Acute/Emergency Medicine as a specialty.

Submission for research contributions are invited and the deadline for abstracts is **Thursday 30 November 2006.** For further details please contact UCT Conference Management Centre below.

UCT Conference Management Centre

Barnard Fuller Building, UCT Faculty of Health Sciences, Anzio Road, Observatory, 7925 Cape Town, South Africa Tel: +27 21 406 6407 Fax: +27 21 448 6263

> Email: mcollin@curie.uct.ac.za Website: www.cmc.uct.ac.za



MAURICE WEINBREN AWARD IN RADIOLOGY: 2006

The award is offered annually (in respect of a calendar year) by the Senate of The Colleges of Medicine of South Africa for a published paper of sufficient merit dealing either with radio-diagnosis, radiotherapy, nuclear medicine or diagnostic ultrasound and consists of a medal and certificate.

The closing date for receipt of applications (supported by three copies of the published paper) is 15 January 2007. Guidelines pertaining to the award can be obtained from the CMSA, 17 Milner Road, Rondebosch, 7700. Tel (021) 689-3161, Fax (021) 685-3766 or E-mail: bernise.ceo@colmedsa.co.za

RWS CHEETHAM AWARD IN PSYCHIATRY: 2006

The award is offered annually (in respect of a calendar year) by the Senate of The Colleges of Medicine of South Africa for a published essay of sufficient merit on trans- or cross-cultural psychiatry, which may include a research or review article. All medical practitioners registered and practising in South Africa can apply for the award which consists of a medal and certificate.

The closing date for receipt of applications (supported by three copies of the published essay) is 15 January 2007. Guidelines pertaining to the award can be obtained from the CMSA, 17 Milner Road, Rondebosch, 7700. Tel (021) 689-3161, Fax (021) 685-3766 or E-mail: bernise.ceo@colmedsa.co.za.

DISCOVERY FOUNDATION AWARDS

The Discovery Foundation constitutes one arm of Discovery Holdings' black economic empowerment transaction. The Discovery Foundation is an autonomous shareholder of Discovery, with independently elected trustees. The principal aim of the Discovery Foundation is to invest in the education and training of medical specialists, with a special focus on specialists for rural areas and on the development of academic and research centres, and to assist increasing numbers of previously disadvantaged graduates to become specialists.

The Foundation is pleased to announce the launch of the:

- **Discovery Foundation Academic Fellowship Awards** awards of up to R750 000 each. These are intended to recognise and encourage outstanding medical graduates completing their specialist training and wishing to go on to pursue a career in Academic Medicine in South Africa. Closing date for applications 15 December 2006.
- Discovery Foundation Rural Fellowship Awards awards of up to R250 000 each. These are intended to recognise and encourage
 outstanding medical graduates wishing to specialise in Family Medicine and to pursue a career working in a rural community. Closing
 date for applications 15 December 2006.
- **Discovery Foundation Specialist Awards** awards of up to R250 000 each for the purpose of recognising and encouraging outstanding medical graduates wishing to undertake specialist training in discipines other than Family Medicine. Closing date for applications 15 October 2006.
- Discovery Foundation Excellence Award an award of up to R1 million. This will be awarded to an organisation or institution that demonstrates excellence in service delivery, training and innovation for the benefit of South African health care, particularly by way of strengthening human resources in the health sector. Such programmes or activities may include, but are not limited to recruitment, support for and retention of health professionals, education and training in health sciences, the upgrading of health services and piloting of models aimed at enhancing South African health care, improving the work environment of health professionals to improve morale, motivation, commitment and quality of care. Closing date for applications 15 December 2006.

These awards will be made annually. Over the next decade, the Foundation will, through these awards support the training approximately 300 new medical specialists. It is anticipated that the value of these awards will be in excess of R100 million over this period

Eligible candidates are invited to submit written applications by due date to:

The Discovery Foundation P O Box 61593 Marshalltown Johannesburg 2107

Incomplete submissions will not be considered.

Short-listed candidates should be available for interviews with the selection panel/s.

Website address: www.discovery.co.za/foundation



THE COLLEGE OF PAEDIATRICIANS (CMSA)

To all Fellows, Diplomates and Associates of the College of Paediatricians

Did you know that in 2007 we will be celebrating 40 years as an independent specialty within the Colleges of Medicine? We started out as one of several Faculties, then recently joined in the migration to status as a constituent College. Another achievement has been the creation in 2001 of a dedicated website, developed to assist doctors preparing for our DCH, FCPaed and sub-specialty examinations. If you have not yet seen or used the website we invite you to do so (and to 'meet' your Councillors) at www.collegemedsa.ac.za/Paeds.

Marking these achievements, but more importantly to ensure the success and sustainability of our unique website as an ever-evolving medium for information, instruction and education, we are appealing to you to demonstrate your support by making a modest contribution and also purchasing a distinctive commemorative tie or watch. Up to this point the website has been supported by Nestle SA, but there is no guarantee of continued sponsorship and we therefore need to look to our members for assistance,

So what's on offer as we celebrate our status and achievements?

- 1. A commemorative navy blue tie for men or standard College scarf for our female members
- 2. Custom-designed, commemorative Swiss watches (2-year quarantee; Italian leather strap)



Any contributions will be gratefully accepted and acknowledged by the College as tax-deductible donations (i.e. you will receive a tax certificate for submission to SARS), but as indicated, for contributions between R125 and R300 you will also enjoy our commemorative gifts. Please provide information about your donation, choice of gift, and preferred method of payment on the attached sheet

We look forward to hearing from you

The College of Paediatricians is a constituent of the Colleges of Medicine of South Africa Incorporated Association not for gain (Reg No.1955/000003/08) Nonprofit Organisation (Reg. No. 009-874 NPO)

THE COLLEGE OF PAEDIATRICIANS (CMSA)

Celebrating 40 Years of Independence

Choosing your gift with donations of R125 to ≥R300:

Please select the items you wish to purchase, tick the applicable box and state the quantity:						
Choice/s Quantity 1. Commemorative tie 2. Scarf (60cm x 60cm with CMSA crest) 3. Commemorative watch - ladies' 4. Commemorative watch - men's						
PAYMENT Please complete your details, then fax to us on 021 686 7982 or post to the address below:						
Title: Initials: Surname: Code Delivery Address: Code Tel No: Code Payment Options Enclosed please find my cheque/postal order for R made out to the "Colleges of Medicine of South Africa" OR Debit my Visa Mastercard Name of Cardholder:						
Card Number: CVV Number: Post/Fax to: Amount: R Post/Fax to: Ms Carol Price The Colleges of Medicine of SA 17 Milner Road Rondebosch Bank : FNB Branch : Rondebosch Branch Code: 201509 Account Number: 50 171 814 351 Reference: (Please use your surname as the reference)						

Discounted Post-Graduate Training available for Fellows and Diplomates

Special offer to all CMSA members!

Since 1992, thousands of South African doctors have attended various national and internationally recognized emergency-related short course training programmes. Advanced Trauma Life Support (ATLS), offered by the Trauma Society of South Africa under the auspices of the American College of Surgeons, followed by Ad-vanced Cardiovascular Life Support (ACLS), Pediatric Advanced Life Support (PALS) and Advanced Neonatal Life Support (ANLS), run by the Resuscitation Council of Southern Africa in conjunction with the American Heart Association and the American Academy of Pediatrics, have been held countrywide for a number of years. Many hospitals, both in South Africa and worldwide, have implemented compulsory certification in advanced life support as a minimum job requirement for their medical and nursing personnel. Certification in basic and/or advanced life support has also been introduced as an entry requirement into certain CMSA Diploma and Fellowship examinations.

The Council of the College of Emergency Medicine was tasked with compiling a list of the currently available emergency-related short courses offered in South Africa. Most course coordinators have kindly agreed to provide a R100-00 discount to all active CMSA members. The accompanying Table provides a list of contact details for each of the available short courses. Courses marked with an asterisk (*) will offer the discount to any holder of a CMSA Diploma or Fellowship.

The CMSA supports the concept of continuing professional development, and welcomes the maintenance of clinical and emergency skills by postgraduate medical practitioners. As an additional benefit of being an active member of the CMSA, it is hoped that Diplomates and Fellows will take advantage of this offer to enhance their knowledge and practical expertise.

Dr. Walter Kloeck President College of Emergency Medicine of South Africa

EMERGENCY-RELATED SHORT COURSES IN SOUTH AFRICA

TITLE	COURSE NAME	LENGTH	ORGANIZATION	CONTACT ADDRESS	VENUE	ACCREDITATION
BLS-HCP	*Basic Life Support for Healthcare Providers*	1 day	Resuscitation Council of SA	rescosa@iafrica.com	Countrywide	American Heart Association
ACLS	*Advanced Cardiovascular Life Support*	2 days	Resuscitation Council of SA	rescosa@iafrica.com	Countrywide	American Heart Association
ACLS- EP	*ACLS for Experienced Providers*	2 days	Resuscitation Council of SA	rescosa@iafrica.com	Countrywide	American Heart Association
PALS	*Pediatric Advanced Life Support*	2 days	Resuscitation Council of SA	rescosa@iafrica.com	Countrywide	American Heart Association
ANLS	*Advanced Neonatal Life Support*	1 day	Resuscitation Council of SA	rescosa@iafrica.com	Johannesburg & Cape Town	American Academy of Pediatrics
AMLS	*Advanced Medical Life Support*	2 days	Academy of Advanced Life Support	kloeck@resus.co.za	Johannesburg & Polokwane	United Kingdom
APLS	*Advanced Paediatric Life Support*	3 days	ALSG (UK)	blackwel@iafrica.com	Countrywide	United Kingdom
ATLS	Advanced Trauma Life Support	3 days	Trauma Society of SA	atls@saol.com	Countrywide	American College of Surgeons
EMSB	Emergency Management of Severe Burns	1 day	SA Burn Society	bbates@ich.uct.ac.za	Cape Town & Johannesburg	Australian & New Zealand Burn Association
BSSC	*Basic Surgical Skills Course*	3 days	College of Surgeons of SA	bfine@uctgsh1.uct.ac.za or parkesjs@medicine.wits.ac.za	Countrywide	College of Surgeons of England
FCCS	Fundamental Critical Care Support	2 days	Critical Care Society of SA	drhannes@specphysician.co.za	Johannesburg & Durban	US Society of Critical Care Medicine
EMAP	*Emergency Management of Acute Poisonings*	2 days	Academy of Accident & Emergency Medicine	academy.aem@telkomsa.net	Durban	Local
ATM	*Advanced Trauma Management*	3 days	Academy of Accident & Emergency Medicine	academy.aem@telkomsa.net	Durban	Local
	Emergency Regional Anaesthesia	1 day	University of Cape Town/ Stellenbosch	basil.bonner@mediclinic.co.za	Cape Town	Local
	Immobilization Techniques	1 day	University of Cape Town/ Stellenbosch	croberts@pgwc.gov.za	Cape Town	Local
	Wound Management	1 day	University of Cape Town/ Stellenbosch	tch@sun.ac.za	Cape Town	Local
	Disaster Medicine	5 days	University of Cape Town/ Stellenbosch	wpsmith@pgwc.gov.za	Cape Town	Local
	Aviation Medicine/ Health Care Provider	5 days	University of Cape Town/ Stellenbosch or University of the Witwatersrand	wpsmith@pgwc.gov.za or trauma@mweb.co.za	Cape Town & Johannesburg	Local
	Diving and Submarine Medicine	2 weeks	Institute of Maritime Medicine	inmarmed@cyberdale.co.za	Simonstown	Local

^{*}Active (paid-up) members of the CMSA qualify for a R100-00 discount on all Courses marked with an asterisk*

LETTERS TO THE EDITOR

You are cordially invited to submit letters to the Editor.

- 1. Letters should be addressed to: Prof. Gboyega Ogunbanjo
- 2. Kindly send letters as follows:
- A. To: gao@intekom.co.za and copy bernise@colmedsa.co.za
- B. Subject: Transactions Letters
- C. Attach: a virus free MS Word file or an html file

OR

- A. Letters by land mail: written/typed or on disk
- B. Mrs Bernise Bothma The Colleges of Medicine 17 Milner Road Rondebosch 7700
- 3. All letters must be proofread.
- 4. No letter should be longer than 250 words.

INSTRUCTIONS FOR AUTHORS

1. Manuscripts

- 1.1 All copies should be typewritten using double spacing with wide margins.
- 1.2 In addition to the hard copy, material should also, if possible, be sent on disk (in text only format) to facilitate and expedite the setting of the manuscript.
- 1.3 Abbreviations should be spelt out when first used in the text. Scientific measurements should be expressed in SI units throughout, with two exceptions; blood pressure should be given in mmHg and haemoglobin as g/dl.
- 1.4 All numerals should be written as such (i.e. not spelt out) except at the beginning of a sentence.
- Tables, references and legends for illustrations should be typed on separate sheets and should be clearly identified. Tables should carry Roman numerals, thus: I, II, III, etc. and illustrations should have Arabic numerals, thus 1,2,3, etc.
- 1.6 The author's contact details should be given on the title page, i.e. telephone, cellphone, fax numbers and e-mail address.

2. Figures

- 2.1 Figures consist of all material which cannot be set in type, such as photographs, line drawings, etc. (Tables are not included in this classification and should not be submitted as photographs). Photographs should be glossy prints, not mounted, untrimmed and unmarked. Where possible, all illustrations should be of the same size, using the same scale.
- 2.2 Figures' numbers should be clearly marked with a sticker on the back and the top of the illustration should be indicated.

2.3 Where identification of a patient is possible from a photograph the author must submit consent to publication signed by the patient, or the parent or guardian in the case of a minor.

3. References

- 3.1 References should be inserted in the text as superior numbers and should be listed at the end of the article in numerical order.
- 3.2 References should be set out in the Vancouver style and the abbreviations of journals should conform to those used in *Index Medicus*. Names and initials of all authors should be given unless there are more than six, in which case the first three names should be given followed by 'et al'. First and last page numbers should be given.

Article references:

 Price NC. Importance of asking about glaucoma. BMJ 1983; 286: 349-350.

Book references:

- Jeffcoate N. Principles of Gynaecology. 4th ed. London: Butterworths, 1975: 96.
- Weinstein L, Swartz MN. Pathogenic properties of invading micro-organisms. In: Sodeman WA jun, Sodeman WA, eds. Pathologic Physiology: Mechanisms of Disease. Philadelphia: WB Saunders, 1974: 457-472.
- 3.3 'Unpublished observations' and 'personal communications' may be cited in the text, but not as references.