TRANSACTIONS

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Admission Ceremony May 2008

Photograph: William Raats, © 2005 David Arment and Mariska Fick-Jordaan

TRANSACTIONS

50 Years of Excellence 1955-2005

Contents

Front Cover

In support of contemporary Zulu telephone wire baskets
Artist: Bheki Dlamini, Esikhawini, Kwazulu-Natal
Photographer: William Raats

Bheki was a proud traditionalist, committed to the new South Africa, and a fierce sports fanatic, with a particular love for soccer and big sporting events. His works Umthakathi, Amathwasa, Bafana Bafana, and Rugby World Cup, among others, spell this out quite loudly. With such zest for life, Bheki was consistently inventing imagery and he never repeated designs. Each of his works is unique. His artwork is available from the BAT Shop, Durban, Tel: (031) 332 9951, E-mail: batcraft@mweb.co.za

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FEES AND CHARGES

(Applicable 1 June 2008 to 31 May 2009)

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:	R865
Registration Fee: Associates:	R560
Fellows, Members, Certificants and Diplomates:	R375

(The registration fee for Fellows, Members, Certificants and Diplomates forms part of the examination fee)

Voluntary Constituent College Levy: R65

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:	R120
Gown only:	R85
Hood only:	R45
Purchase of hoods:	R220

Cost of Past Examination Papers (per set of 6 papers) R50

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):	R240/day
CMSA delegates (overseas):	$215/day

Honorarium (local subsistence)
Local examiners: R240 per day less PAYE of R60: R180/day

Remuneration for Setting FCS(SA) Part 1 Papers: R300

Remuneration Invigilating:
(not applicable to salaried personnel of the CMSA)

Full day:	R350
Half day:	R190

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

Hours worked	Remuneration		
Up to 8 hours	R35 per hour	08 – 10 hours	R350
11 – 15 hours	R495	16 – 20 hours	R660
21 – 25 hours	R760	26 – 30 hours	R860
31 – 35 hours	R965	36 – 40 hours	R1 070
41 – 45 hours	R1 150	46 – 50 hours	R1 200

There is a ceiling of R1 200 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 R75 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: R2,92/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 sixty-five 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 have electronic access to the Journal *Transactions* and other important Collegiate matter.

WAIVING OF ANNUAL SUBSCRIPTIONS

Payment of annual subscriptions are 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.

EDITORIAL

Prof Gboyega A. Ogunbanjo

Dear colleagues,

As we approach the next triennium (2008-11), one of the tasks for the Colleges of Medicine of South Africa (CMSA) will be to step-up its strategic role on issues regarding academic medicine and specialist training in South Africa. With the changing political landscape in South Africa, the strengthening of our partnerships with the Health Professions Council of South Africa (HPCSA), national departments of health and education are of paramount importance. As the HPCSA in conjunction with the national department of education decide on the introduction of the National Equivalence Examination for specialization, the CMSA occupies the pole position due to its impeccable tract record with organizing national examinations in various medical and dental specialties in the country.

This issue of Transactions covers the President's report of the 42nd Singapore Malaysia Congress of Medicine, which took place in Kuala Lumpur, Malaysia from 30 July to 3 August, 2008. It covers the various activities she took part in and of note was the opening address delivered by Professor Daniel Tarantola from Australia on 'Health, human rights and democracy'. One of her observations was the provision of CME programmes by other Colleges with some having the powers to remove specialists from their registers for failure to comply. The latter is food for thought.

The oration at the May 2008 admission ceremony in Cape Town by the CMSA Past President – Prof Lizo Mazwai focused on the issue of *migration of health professionals from South Africa*. He elaborates on the universal "push and pull" factors, which have to do with modernization of the health profession, both technologically and the post modern ethics of individualism based on autonomy. He attributes the migration of health professionals from South Africa to *general discontent with social and economic conditions in the country*. He writes that in the "scenario of 'Push and Pull', it is easy to apportion blame and most of the time at the global divide between the first world and third world countries". He offers some recommendations on how to stem the tide of migration of health professionals from South Africa namely:

- South Africa should train more doctors and saturate the need
- The government to establish another medical school to cope with the population increase (non has been established in the last 20 years)
- The country should not rely on foreign doctors to run its district health system
- The UK and North America to institute more stringent laws to control foreign doctors' work force
- The South African government should improve the conditions of service in the Public Sector

He concludes that "if we are able to change and improve the circumstances, the context and environment in which people work, we will be able to influence their choices, directly or indirectly which will be an advantage for South Africa".

The KM Seedat Memorial lecture was delivered at the 14th National Family Practitioners' Conference (August 8th, 2008) by Dr. Eamon Armstrong. The lecture titled **"Turning Evidence into Practice: One patient at a time"** revisited the important role of Evidence Based Medicine (EBM) in the 21st century. He discusses that EBM is necessary for a number of reasons which include being essential to the process of lifelong learning and keeping up-to-date, and that it frees us to do the things that really make a difference to patient outcomes. He alludes to a study that reported that on average, there is a 17-year delay between evidence and adoption in the United States of America. The lecture addressed ways to overcome the barriers to translating what is known to what we do with a focus on strategies for the individual practitioner. I recommend this article to the reader who wants to learn more about EBM strategies made easy.

The JC Coetzee lecture titled **"Integrating PMTCT into Primary Health Care: What works?"** was also delivered at the 14th National Family Practitioners' Conference by Prof Robert Pattinson. In his introduction, he paints the grim picture that worldwide, 68 countries are responsible for 97% of all maternal, neonatal and child deaths under the age of 5 years and South Africa is one of them. Even in sub-Saharan Africa among the 12 countries experiencing an increase in under-5 mortality rates, South Africa is also one of the twelve. He argues that with the high prevalence of HIV/AIDS in sub-Saharan Africa, the prevention of mother to child transmission (PMTCT) of HIV is one of the most important interventions to prevent deaths of children. He summarizes the various stages in the PMTCT process, and barriers to effective PMTCT in the health system and by the mothers. Towards the end of the lecture, he offers practical solutions to overcome the barriers which include provision of provider initiated testing (opt-in method of counseling and testing), integrated training packages and incorporation of checklists into the antenatal, intrapartum and postnatal care of women.

The obituary of the late Prof John Forsythe Lownie of the College of Maxillo-Facial and Oral Surgery can be read on page 63. My interactions with him were in his capacity as the chairman of the Examination and Credentials Committee. His style of chairing meetings was phenomenal as he facilitated robust discussions and allowed most decisions to emerge from the members. He will be sorely missed by all who knew him.

I take this opportunity to thank all those who supplied materials for this issue of Transactions and wish everyone including the CMSA staff - a peaceful and restful Christmas in advance. See you all in 2009!

Prof Gboyega A Ogunbanjo
Editor: Transactions of the CMSA

ZEPHNE M VAN DER SPUY
President 2007 - 2010

THE 42ND SINGAPORE MALAYSIA CONGRESS OF MEDICINE

30 JULY – 3 AUGUST 2008

Theme: Personalizing Medicine - the A la Carte approach

Every year the Academies of Medicine of Singapore and Malaysia hold a joint Congress of Medicine. This year the 42nd Malaysian–Singapore Congress of Medicine was held in Kuala Lumpur at the Shangri-La Hotel. The theme for the meeting was 'Personalizing Medicine – the A la Carte approach'.

The opening ceremony took place on Thursday, 31 July and was attended by all the visiting Presidents from Colleges around the world. There was wide representation from the UK, Australia, New Zealand and ASEAN countries. There was, on this occasion, no input from North America. The ceremony was divided into two parts. Initially this took place with the platform party not wearing ceremonial dress in the presence of HRH Raja Nazrin Shah, the Crown Prince of the Sultan of Berak, who gave the 17th Tun Dr Ismail Oration. This was an extremely impressive address and reflected the wide interests and considerable experience of the Crown Prince. He has a distinguished academic record which includes qualifications from the Universities of Oxford and Harvard. He followed his degree at Oxford in PPE with an MBA and then a PhD in Economics. He has considerable interest in economic affairs and in his address also dealt extensively with methods of leadership. Following this oration, the platform party left the hall, robed and then returned for the formal Admissions Ceremony. I was very privileged to be awarded an honorary Fellowship of the Academy of Medicine of Malaysia on this occasion. After the opening ceremony there was an informal reception which offered the opportunity of meeting with colleagues both from Malaysia and Singapore and from around the world.

Invited guests were entertained by colleagues from their respective Colleges on Friday, 1 August. I was taken to a traditional Malaysian restaurant by members of the College of Obstetricians and Gynaecologists and the Society for Obstetrics and Gynaecology. It was a very pleasant evening and the small group offered the opportunity for exchange of ideas. It appears that medical graduates may qualify in many different countries eg. Malaysia, Singapore or elsewhere, (the six colleagues hosting us had qualified in four different universities), but most of them received their specialist training initially in Malaysia and had then moved further afield to gain additional experience. The traditional exchange has been with the UK but, because of increasing difficulties in appointments there, many graduates now spend time in Australia or Singapore. The colleagues I met were all in private practice, but they all had a connection with teaching hospitals.

Many of them were also very involved in developing policy and, for example, Datuk Dr Johan Thambu Malek who is the President of the College of Obstetricians and Gynaecologists has been responsible, together with a small sub-committee, in reviewing the organization of the International Planned Parenthood Foundation some years ago. He had been central to the development of family planning service protocols in a number of countries within the ASEAN region.

The congress dinner on the Saturday evening took the form of a fundraising function. The Academy of Medicine in Malaysia was given land by the government some 25 years ago and, finally, in the last few years had managed to raise sufficient funding to be able to build purpose-built accommodation to house the Academy. It was planned that this would include accommodation for all the constituent Colleges. By the time the building was completed, in the middle of 2008, it was already obvious that it needed to be expanded as there was insufficient accommodation for all the Colleges. The project now moves into phase 2 of development for which the Academy is raising funds.

The dinner was attended by the Minister of Health and the Director General of Health both of whom participated in the proceedings. Six large prizes, including three motorcars, were raffled or allocated according to ticket number. Because the majority of the tickets had been purchased by the Academy, all six prizes were won by the Academy - three of these were auctioned at the dinner - but the three motorcars will be disposed of in due course. This was a source of considerable amusement for everyone present at this very well attended dinner.

The scientific programme over the three days of the meeting covered all disciplines. The Opening Address was the 6th Tun Hussein Onn Lecture which was given by Professor Daniel Tarantola, who is presently Professor of Health and Human Rights at the University of New South Wales in Australia. He is French by birth and was one of the people instrumental in forming the body which eventually became Medecins Sans Frontieres.

His talk was entitled 'Health, human rights and democracy' and offered many interesting insights. He started by discussing why he was talking about these three aspects together. He pointed out that human rights are State obligations and there are many forms of democracy today and no clear definitions. There is a bridge between democracy and human rights. Among human rights is the right to health. Everyone is entitled to the highest attainable standard of physical and mental health, not merely absence from disease.

He reviewed some of the human rights which impact on health. He also discussed the difficult issue of restriction of human rights and under which circumstances these can take place. He gave, as an example, restriction on freedom of movement because of an epidemic with the need for quarantine. Although he used the SARS epidemic as an example, it resonated with our South African situation with XDR tuberculosis. He talked about the need for optimizing both human rights and public health and about areas which one does perhaps not always think of as human rights. For example, he mentioned the lack of sex education for young people and the promotion of unhealthy foods as depriving them of human rights. He also emphasized the fact that every person is entitled to be valued equally and only then will there be equity in healthcare. Finally he said the State's obligation is to respect, protect and fulfil human rights. Democracy was central to this participation. Regular impact assessments are essential to assess progress.

I attended parts of scientific programme including the young investigators' workshop where young clinicians presented research.

A special meeting was organized on 2 August to discuss the National Specialist Registers and the role of Colleges and Academies in this process. There were three presentations. One from Australia by Professor Ian Gough, President of the Australian College of Surgeons, the second by Professor Grace Tang, President of the Hong Kong Academy of Medicine and the third by Dr KM Fock, Master of the Academy of Medicine of Singapore. Each of them outlined the different circumstances in their country.

In Australia there are State Boards, a medical board which is not a statutory body but an accredited training institution and a national specialist register. There has now been a decision to move to a national registration and accreditation system. There is the possibility of a doctor being registered under special circumstances if skills in areas of need are provided. A major problem in Australia is the fact that the posts are determined by the State and therefore theoretically the State may support posts without adequate training being provided.

The Hong Kong Academy of Medicine was established only 15 years ago and is the only statutory body in Hong Kong to train, assess and accredit specialists. The Academy therefore has considerable power and influence as it is central to accrediting training, determining the length of training, and determining the examination requirements. The Academy has autonomy in assessment and registration and the Colleges which are associated with the Academy conform and implement the Academy's policies. In addition CME is regulated by the Academy and specialists, not complying with CME requirements, are de-registered.

In Singapore healthcare is regarded as the second or third most important issue politically. There is an interrelation between the Minister of Health, with the Singapore Medical Council, the Specialist Accreditation Board and the Joint Committee on Specialist Training. The Academy of Medicine feeds into the latter two bodies. While the Academy may develop criteria for specialist accreditation, the actual power is in the Department of Health.

There was rather limited discussion after the presentations but the main tension seems to be between what the government bodies may require and what the Academies or Colleges felt was good practice.

In conclusion, this was a very worthwhile meeting. Our hosts were extremely gracious and very welcoming. They certainly extended a very warm welcome. It was interesting meeting colleagues from different countries and to share their experiences with regard to training, assessment and CME. It seems that many Colleges are responsible for CME programmes. In some these have enormous force and failure to comply with CME results in removal from the specialist register.

I wish to extend my thanks to Professor Data' Khalid Abdul Kadir, Master of the Academy of Medicine of Malaysia, for the invitation to our College to be represented and for the hospitality I enjoyed during this meeting.

Zephne M van der Spuy
CMSA PRESIDENT

LOST MEMBERS

The office of the CMSA is keen to establish the whereabouts of the following "lost members". Any information that could be of assistance should please be submitted to:

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Ajao, Olukayode Alabi *(College of Family Physicians)*
Baletseng, Joseph Onthatile *(College of Obstetricians and Gynaecologists)*
Barnard, Abraham Hendrik *(College of Surgeons)*
Basson, Beverly-Ann *(College of Anaesthetists)*
Bennett, Margaret Betty *(College of Radiologists)*
Block, Sidney *(College of Family Physicians)*
Breen, James Langhorne *(College of Obstetricians and Gynaecologists)*
Bresler, Pieter Benjamin *(College of Public Health Medicine)*
Christians, Neil John *(College of Psychiatrists)*
Dansey, Heather Robyn *(College of Anaesthetists)*
Darani, Alexandre Nicolas *(College of Surgeons)*
Da Silva E Sa, Manuel Messias Alves *(College of Anaesthetists)*
Dippenaar, Adéle *(College of Paediatricians)*
Dollman, Gregory John *(College of Psychiatrists)*
Dry, Marissa *(College of Obstetricians and Gynaecologists)*
Foster, Elroy Mark *(College of Anaesthetists)*
Gareeb, Kantha Devi *(College of Anaesthetists)*
Geffen, Heime *(College of Family Physicians)*
Gersh, Bernard John *(College of Physicians)*
Gibson, John Hartley *(College of Obstetricians and Gynaecologists)*
Han, Thin Maung *(College of Physicians)*
Hill, John William *(College of Physicians)*
Hunter, Alan Gordon *(College of Anaesthetists)*
Jamu, Annamore *(College of Family Physicians)*
John, Jolene *(College of Psychiatrists)*
Keaikitse, Nonofo Lawrence *(College of Anaesthetists)*
Leigh, Werner Eberhard Julius *(College of Family Physicians)*
Macharia, Benson Ndegua *(College of Forensic Pathologists)*
Malago, Kahubangwa Tulinabitu *(College of Obstetricians and Gynaecologists)*
Ndimande, Benjamin Gregory Paschalis *(College of Anaesthetists)*
Owange-Iraka, John Wilson *(College of Paediatricians)*
Pearlman, Theodore *(College of Psychiatrists)*
Phillips, Kenneth David *(College of Family Physicians)*
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Sartorius, Kurt Honbaum *(College of Public Health Medicine)*
Schutte, Roxanne *(College of Anaesthetists)*
Scorer, James Adam *(College of Paediatricians)*
Shaw, Keith Meares *(College of Surgeons)*
Smith, Robin Errol *(College of Paediatricians)*
Smith, Melanie *(College of Obstetricians and Gynaecologists)*
Strydom, Willem Snyman *(College of Orthopaedic Surgeons)*
Terblanche, Morné *(College of Anaesthetists)*
Van den Aardweg, Machteld Sonja *(College of Surgeons)*
Van Jaarsveld, Iris Mercia *(College of Anaesthetists)*
Van Straaten, Barend Johannes *(College of Forensic Pathologists)*
Verhaart, Maria Johanna Soraya *(College of Pathologists)*
Walker, Nigel Patrick *(College of Paediatricians)*
Warren, George St Leger *(College of Psychiatrists)*
Wessels, Dirk Hermanus *(College of Family Physicians)*

Information as at 22 July 2008

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.
1.5 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.

ADMISSION CEREMONY
15 May 2008

The admission ceremony was held in the Jameson Hall, on the main campus of the University of Cape Town.

At the opening of the ceremony the President, Professor Zephne van der Spuy asked the audience to observe a moment's silence for prayer and meditation.

The President announced that she 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 Bilkish Cassim individually hooded the new Fellows. The Honorary Registrar – Finance and General Purposes, Professor Usuf Chikte handed each graduate a scroll containing the Credo of the CMSA.

Nineteen medallists were congratulated by the President on their outstanding performance in the CMSA examinations.

Two Honorary Fellows were admitted. Professor Anthony Walter Segal to the College of Physicians – citation written and read by Professor Kenneth Huddle. Professor Lionel Henry Opie also to the College of Physicians – citation written by Professor Bongani Mayosi and read by Professor Kenneth Huddle.

Three fellows ad eundem were admitted. Prof Dennis Albert Davey to the College of Obstetricians and Gynaecologists – citation written by Professor Zephne van der Spuy and read by Professor Jay Bagratee. Professor Hugh Robert Philpott also to the College of Obstetricians and Gynaecologists – citation written by Professors Eddie Mhlanga and Jay Bagratee and read by Professor Jay Bagratee. Dr Thomas James Sutcliffe to the College of Psychiatrists – citation written and read by Professor Tuviah Zabow.

All in all the President admitted 192 Fellows, 4 Members, 197 Diplomates and 22 Certificants.

Professor Lizo Mazwai, Immediate Past President of the CMSA, 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.

MAURICE WEINBREN AWARD IN RADIOLOGY - 2008

The award, which consists of a Medal and Certificate, is offered annually (in respect of a calendar year) by the Senate of The Colleges of Medicine of South Africa for a paper of sufficient merit dealing either with radiodiagnosis, radiotherapy, nuclear medicine or diagnostic ultrasound.

The closing date is **15 January 2009**. The Guidelines pertaining to the award can be requested from the CEO, Mrs Bernise Bothma, at 17 Milner Road, Rondebosch, 7700. Tel: (021) 689-9533, Fax: (021) 685-3766 and E-mail: bernise.ceo@colmedsa.co.za

R W S CHEETHAM AWARD IN PSYCHIATRY - 2008

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 qualify for the award which consists of a Medal and Certificate.**

The closing date is **15 January 2009**. The Guidelines pertaining to the award can be requested from the CEO, Mrs Bernise Bothma, at 17 Milner Road, Rondebosch, 7700. Tel: (021) 689-9533, Fax: (021) 685-3766 and E-mail: bernise.ceo@colmedsa.co.za

MEDALISTS 2008


Fabian Leong Nam

Janssen Research Medal
FCA(SA) Part I
Fabian Leong Nam

Glaxosmithkline Medal
FCA(SA) Part I
Fabian Leong Nam


Alastair Wayne Moodley

Hymie Samson Medal
FCA(SA) Part I
Alastair Wayne Moodley


Rosemary Dianne Mulder


Mohinee Gulab Kalan

Jack Abelsohn Medal and Book Prize
FCA(SA) Part I
Rosemary Dianne Mulder and Mohinee Gulab Kalan


Izak Daniel Petrus Burger

Novartis Medal
FC NEUROL(SA) Part II
Izak Daniel Petrus Burger


Gabrielle Dominique Toweel

Daubenton Medal
FCOG(SA) Part II
Gabrielle Dominique Toweel


Marié Wessels

Leslie Rabinowitz Medal
FC PAED(SA) Part I
Marié Wessels


Fiona Elize Kritzinger

Robert McDonald Medal
FC Paed(SA) Part II
Fiona Elize Kritzinger


George Frederick Van Der Watt

Novartis Medal
FC Path(SA)
George Frederick Van Der Watt


Elizabeth Legg

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


Shahieda Adams

Sasom Medal
FCPHM(SA) Occupational
Shahieda Adams


Himal Hasmukhlal Gajjar

Rhône-Poulenc Rorer Medal
FC RAD Diag(SA) Part I
Himal Hasmukhlal Gajjar


Francis William Quayson

Trubshaw Medal
FCS(SA) Primary
Francis William Quayson


Shazia Peer

Brebner Award
FCS(SA) Intermediate
Shazia Peer

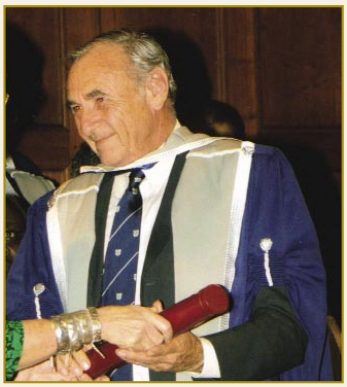

Cornelis Marius Hoogerboord

DOUGLAS AWARD
FCS(SA) Final
Cornelis Marius Hoogerboord


Koenraad Edwin Greyling

Hiv Clinicians Society Medal
Dip HIV Man(SA)
Koenraad Edwin Greyling

CITATION
FELLOWSHIP AD EUNDEM
PROF THOMAS JAMES SUTCLIFFE
COLLEGE OF PSYCHIATRISTS



Tom Sutcliffe has been an active leader in the South African health system in a number of high profile roles and continues to make important and highly valued contributions.

He completed his medical undergraduate training at Stellenbosch University and returned to Natal where he completed his internship. In 1983 he joined the Natal Provincial Administration as a hospital planner with responsibility for planning of the Albert Luthuli Academic hospital. This began a career which would influence the health system with a series of appointments in health planning in the Durban region.

In 1993 he was appointed Head of the Department of Health in the Western Cape. Tom Sutcliffe made a substantial contribution to the health and welfare of the wider population and the profession during his years of tenure as Head of Health and Social Services in the Western Cape from 1994 to 2001. During 1994 and 1995 he was central to the process of compiling the new health plan for the Western Cape which was widely acclaimed and has formed the foundation for the transformation of health services and the implementation of the district health model. This has resulted in far wider access to primary health care for all communities in the province including rural communities. He was responsible for establishing a collaborative environment between the health science faculties of the Western Cape to optimise teaching, training and the delivery of tertiary health services.

With the choice of early retirement, Tom was to continue to influence and develop services significantly. In December 2004 the mental health services throughout the country were caught off guard and thrown into disarray with the premature promulgation of the new Mental Health Care Act of 2002. Dr Tom Sutcliffe was selected as chairperson of the newly constituted Mental Health Review Board (MHRB) by the MEC for Health, Western Cape. Due to his energetic and committed leadership to the challenging task of implementing new and complex legislation, the MHRB has successfully fulfilled the imperatives of the new Act and its attendant Regulations and has become the standard bearer for Review Boards across the country. Tom Sutcliffe's major contribution to the domain of mental health through his leadership role is the implementation and application of the rights and standards of care for the mentally ill. He has ensured that patients are informed of their rights and that their dignity and human rights are protected and upheld during their admission to hospital and thereafter within the community.

As if this has not been a large enough task, Dr Tom Sutcliffe since his retirement has been chairman of the audit committee on health which ensures that proper financial processes are in place. He was also appointed by the Eastern Provincial government to develop the health service delivery plan for the various complexes in the Eastern Cape.

In the background to all this, Tom was involved in yet another area to improve the lot of the smallest of patients. In April 2005 he initiated what was to become a huge contribution to the Red Cross Children's Hospital. He offered to assist the hospital in developing a strategic plan. The end result is a comprehensive strategic plan with 100% buy in from Provincial Government down to all the workers. This has been of immeasurable value in charting a cause for the hospital in its adaptation to a changing environment. During this time he worked closely with the Children's Hospital Trust where his personal skills and knowledge of the health sector proved invaluable in dealing with the Province. In 2006 he accepted an invitation to become a Trustee of the Children's Hospital Trust and threw himself wholeheartedly into the fundraising scenario and the Trust business. At the request of the other Trustees he drafted and facilitated a Governance charter for the Trust which aligned all the activities of the Trust with good business governance practice. He is at present chair of the Liaison Committee of the Children's Hospital Trust and is responsible for liaison with Hospital Management, the Health Department and the Works Department.

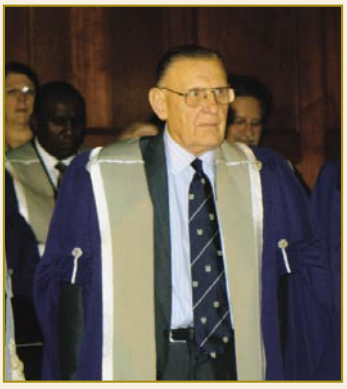
Dr Sutcliffe has an empathetic and consultative leadership style and shows genuine concern for the difficulties experienced by doctors at grass roots level. He willingly continues to educate, support and offer wise counsel to colleagues.

His extramural activities are as extensive and unique as his professional duties. Tom is well known as author of four books on fly-fishing. Fly-fishing is a subject that Tom is extremely knowledgeable, passionate and informative about.

The strong support for his nomination to Fellowship *ad eundem* of the College of Psychiatrists for his role in the promotion of Child Health and Mental Health comes from his colleagues in both specialties.

Author: Prof Tuviah Zabow

CITATION
FELLOWSHIP AD EUNDEM
DENNIS ROBERT DAVEY
COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS



Prof Dennis Davey was born in London and was educated in Essex and South Wales. He graduated in Medicine (London) in 1949, obtained the Diploma of the Royal College of Obstetricians and Gynaecologists in 1950 and was awarded a PhD

(London) in 1960. He trained as a specialist in Obstetrics and Gynaecology at the Institute of Obstetrics and Gynaecology of the Royal Postgraduate Medical School, Hammersmith and was awarded the MRCOG in 1961 and subsequently was elevated to the Fellowship in 1968.

During his training he spent six months as a registrar in the Department of Obstetrics and Gynaecology at Groote Schuur Hospital and in 1962 he was appointed as a senior lecturer in the newly formed Department of Obstetrics and Gynaecology at St Mary's Hospital, London headed by Prof Ian MacGillivray. The award of the Edgar Travelling Fellowship of the Royal College of Obstetricians and Gynaecologists in 1963 allowed him to visit the University of Cape Town and the University of Ibadan in Nigeria. It was during this sabbatical that he was approached by the University of Cape Town to apply for the Chair of Obstetrics and Gynaecology which had become vacant following the untimely death of Prof James Louw. Prof Davey made the decision to return to South Africa and was appointed as Prof and Head of Department of Obstetrics and Gynaecology with effect from the beginning of 1965. He held this post with considerable distinction until his retirement in 1990.

During his tenure at the University of Cape Town, he transformed the Department from one which was service-based to one which recognised academic achievement and encouraged research. His career was particularly distinguished by a number of innovations he introduced. These included the establishment of the Mature Woman's Clinic at Groote Schuur Hospital together with Dr Wulf Utian in 1965 which was the first "Menopause" Clinic in the world. In addition he and Prof MacGillivray developed the definition and classification of hypertension in pregnancy which for many years has been central to our discipline.

Prof Davey remains a member of the British and North American Menopause Societies, he is an honorary life member of the South African Menopause Society and he is Emeritus Prof of Obstetrics and Gynaecology at the University of Cape Town. He was a member of the Council of the National Osteoporosis Foundation from its inception until 2004. After his retirement he maintained a private practice in post-reproductive medicine for ten years. He still holds the post of part-time senior specialist at Groote Schuur Hospital and continues to be active in the teaching of both under- and post-graduate students.

His main research was on the action of sex steroid hormones on vascular smooth muscle, the hypertensive disorders of pregnancy and hormone replacement therapy in post-menopausal women. He remains an important member of the Department of Obstetrics and Gynaecology at the University of Cape Town, the registrars regularly access his input for tuition and undoubtedly he provides an authorative opinion on menopause management. He has been the author of a large number of scientific articles and has also contributed to definitive texts in our discipline. These include Dewhurst's Textbook of Obstetrics and Gynaecology to which he contributed from 1972 until 1995.

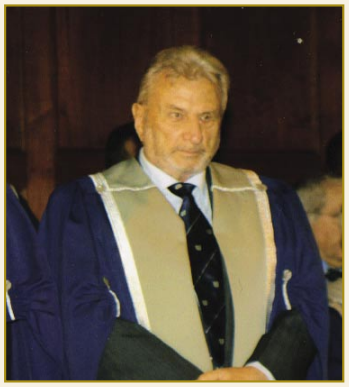
Prof Davey was Head of Department at the University of Cape Town in the dark days of high apartheid. He opposed many of the restrictions and it is interesting to note that it was in his wards that staff were first integrated and without any official sanction he integrated the gynaecology ward shortly thereafter. This was definitely risky behaviour in the late 1970s and it is an aspect of his career which is completely under-appreciated. He opposed all the restrictions of the apartheid regime firmly, quietly and with great dignity. He resigned from numerous professional bodies because of his conscientious objections and this undoubtedly impacted on his career progression. Having said that, he became a role model for many young clinicians and he is greatly respected for the impact he has had on our profession.

He is married to Thelma, who is a graduate in Physiology at the University of Cape Town and they have a son in Cape Town and a daughter who is an actress in England and four granddaughters. His extra-mural activities include music, opera, theatre and environmental conservation. Undoubtedly Prof Davey has had a distinguished professional career. He elected to dedicate his life to South African Obstetrics and Gynaecology and he has contributed enormously. He continues to do so and his regular scientific publications bear testimony to his ongoing academic contribution. He was a brave man at a time when many feared the consequences of opposing political dictates. He has been a role model in clinical service provision and academic medicine. The College of Obstetricians and Gynaecologists would wish to honour him.

Author: Prof Zephne van der Spuy

CITATION
HONORARY FELLOWSHIP
PROF HUGH PHILPOTT

COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS



Prof Hugh R Philpott is known and respected throughout the world for his commitment to the health of women, especially pregnant women. He graduated with MB ChB from the University of Cape Town in 1952 and served his internship in Port Elizabeth and then as Senior House Officer at the King Edward VIII Hospital in Durban. He then decided together with his wife, to heed the call to serve the poor in Africa and worked as a Medical Missionary in Nigeria from 1954 to 1961. He commenced postgraduate training in Obstetrics and Gynaecology at King Edward VIII Hospital under Prof Crichton in 1962 and obtained the MRCOG in 1965. The following year he was appointed to the Chair and Head of Department of Obstetrics and Gynaecology at the new Medical School in Salisbury (now Harare). He introduced the concept of an early warning of abnormal labour by developing the Partograph which carries his name and protocols of management of labour to assist midwives and doctors. The visual depiction of the progress of labour enabled midwives to recognise delay, determine the cause thereof and institute timeous referral to the Central Hospital. This decentralised but integrated model proved to be successful and has been replicated in

many other low-resource areas in Africa. Dr John Studd, now Prof, from England who worked under Philpott at that time modified the partograph as a labour stencil for use in labour wards in the United Kingdom. The University of Cape Town awarded Prof Philpott the MD in 1975 based on his thesis "Use of the partograph in the management of Labour".

In 1974 he returned to the University of Natal, Durban as the Head of Department of Obstetrics and Gynaecology. He introduced a Community Obstetrics Unit, which made decentralised obstetric care a reality, reducing deliveries at King Edward VIII Hospital from a high of 23000 a year to 12 000 a year. He established the training programme for Advanced Midwives and commenced a Flying Doctor Service sending consultants over weekends to rural hospitals in KwaZulu-Natal. He has been Visiting Prof to medical schools in Australia, New Zealand and in the United Kingdom. He attended a Masters in Health Personnel Education programme at the University of New South Wales during his sabbatical in 1982.

In 1985, Prof Philpott was appointed Dean of Student Services to help in developing educational programmes that would increase access to University for students from disadvantaged schools. He worked with educational specialists in the University to develop entrance assessments that would measure potential rather than achievement for disadvantaged applicants.

He was asked to stay in Alan Taylor Residence in order to try and bring peace and stability. This was almost impossible as the residence was situated far from the medical school, and the environment was not conducive to human existence. His commitment to improving the lives of the disadvantaged students eventually led to the building of a new residence next to the Medical School, and while this was being done extra accommodation was provided at the old residence, transport was provided free to the university and, food and sporting facilities were improved.

Prof Philpott became disenchanted with the weak stand taken by the Medical Association of South Africa against racial discrimination in the medical profession and also with their unwillingness to challenge the disgraceful handling of Steve Biko by some medical practitioners. He joined with some colleagues of like mind and resigned from MASA. They formed the National Medical and Dental Association (NAMDA). As a result he was excluded from his own professional body, the South African Society of Obstetricians and Gynaecologists and was not permitted to chair any session of the SASOG Congress held in Durban the following year. His family was excluded from the church where they worshiped because of their support for the anti-apartheid movement.

At the dawn of the new South Africa he was involved in policy formulation, especially the Reproductive Health policy guidelines of South Africa. He continues to be active in the poverty stricken provinces of South Africa. He is currently a consultant in Maternal Health for one week a month in the Oliver Tambo District in the Eastern Cape Department of Health, and for one week a month in the Uthungulu District in KwaZulu-Natal, providing support for maternal health services. He spends his remaining time each month coordinating an outreach programme on behalf of his church to tackle poverty in the Lower Molweni and Umgababa districts of the Valley of a Thousand Hills. They have established programmes in HIV/AIDS, Education Development and Income Generation, working through the local committees that they have trained. His ability to pass on his knowledge and skills and his commitment to Womens' Health still remains incredible.

It is a great honour for us to present Prof Hugh Philpott for admission to Fellowship *ad eundem* of the College of Obstetricians and Gynaecologists of South Africa.

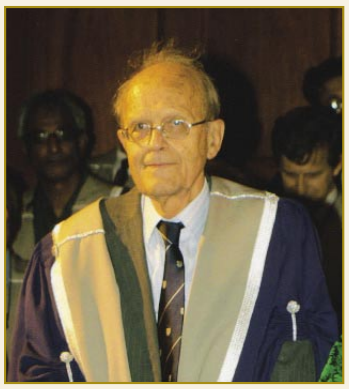
Authors: Profs Eddie Mhlanga and Jay Bagratee

CITATION

HONORARY FELLOWSHIP

PROF LIONEL OPIE

COLLEGE OF PHYSICIANS



Professor Lionel Opie is one of South Africa's leading scholars in clinical medicine. He qualified in medicine at the University of Cape Town in 1955, and studied at University of Oxford as a Rhodes Scholar in 1957 where he earned a PhD. This was followed by a postdoctoral fellowship at Harvard University in the USA. He obtained his second doctorate (MD) from the University of Cape Town in 1961. In 1976 he established the MRC-UCT Ischaemic Heart Disease Research Unit within the Department of Medicine at the University of Cape Town.

Professor Opie's academic contributions have been in the area of cardiac metabolism in ischaemic heart disease and in cardiac pharmacology. His work has led to improved understanding of the causes of heart attack and better use of medication for heart disease. He has been recognised as the foremost international leader in his field, as exemplified by the A-rating by the National Research Foundation that he has held for the past 10 years, becoming one of only two medical doctors to be recognised with this prestigious accolade in South Africa. He has published 481 scientific articles, 141 chapters in books and 31 books on heart disease.

Professor Opie is a Fellow of the Royal College of Physicians, Fellow of the American College of Cardiology, Fellow of the University of Cape Town, and Fellow of the Royal Society of South Africa. He was awarded the DSc degree by the University of Cape Town in 1994. In 1999, he was awarded an honorary doctorate by the University of Copenhagen.

It is remarkable that Professor Opie continues to be a prolific researcher well into his 70s. Indeed, he is the quintessential scholar, Africa's greatest living heart doctor, and has brought great credit and honour to South Africa through his work. It is for this reason that we honour Professor Opie with an Honorary Fellowship of the College of Physicians of South Africa.

Author: Prof Bongani Mayosi

CITATION

HONORARY FELLOWSHIP

PROF ANTHONY WALTER SEGAL

COLLEGE OF PHYSICIANS

Anthony Walter Segal was born in South Africa, schooled in Southern Rhodesia (Zimbabwe), and then graduated as Bachelor of Medicine and Surgery at the University of Cape Town in 1967. After an internship and short registrarship at Groote Schuur Hospital, he moved to the Hammersmith Hospital in the United Kingdom, completing his Membership of the Royal College of Physicians in 1971. He holds an MD from the University of Cape Town (1974), a PhD (1979) and DSc (1984) from the University of London. He became a Fellow of the Royal College of Physicians in 1987 and was the recipient of the ultimate accolade, Fellow of the Royal Society, in 1998. He has been the Charles Dent Professor of Medicine at the University College London since 1986.

Professor Segal belongs to that rare breed of clinician-scientists. His distinguished scientific contributions have centred around neutrophil function and dysfunction with particular reference to the inherited group of disorders called Chronic Granulamatous Diseases. His peer reviewed publications number in excess of 130 and appear in prestigious journals such as Nature, Lancet, Blood, and Journal of Clinical Investigation. He has contributed to chapters in at least 17 books and has written numerous review articles and editorials.

Professor Segal has played an important role in the Wellcome Foundation, which has played and continues to play an important role in fostering research throughout the world. He has remained interested in South Africa and has been a regular visitor to the Department of Medicine at UCT, offering honest and critical advice on research matters.

It is my honour and privilege to present Professor Anthony Walter Segal for Honorary Fellowship of the College of Physicians of South Africa.

Author: Prof Ken Huddle

Oration: Prof EL Mazwai, CMSA Past President

Admission Ceremony, Cape Town 15 May 2008

Madam President, Senators, Fellows, Colleagues, Esteemed Guests. Ladies and Gentlemen,

Introduction

I feel particularly honoured and privileged to have been invited to address this Admission Ceremony. It is often said that *there is nothing new under the sun* and yet we hear in Lord Tennyson's poem: Morte D' Arthur, *"Sir Bedivere crying, upon the death of King Arthur "Ah! my Lord Arthur whither shall I go?"* To which Arthur replies *"The old order changeth yielding place to new and God fulfills Himself in many ways".* This suggests that there is an order in the events of mankind beyond our comprehension. As Shakespeare also observed - *"There is a tide in the affairs of men".*

Migration of Health Professionals from South Africa

This evening I thought I might bring into focus the much debated topic of migration of Health Professionals from South Africa. This phenomenon which has accelerated in the new world is bedeviled by the name of "Brain Drain". In this modern 21st century, there are universal factors that play a role in this phenomenon. These push and pull factors are invoked as specific causes in each country. However there are also generic factors in the background from which it is possible to draw out these specifics for each country.

The Universal Factors

These have to do with modernization of the profession both technologically and the post modern ethics of individualism based on Autonomy:

- Commoditization of the profession where doctors are trained in a specific mode as a commodity for consumption by a world of consumerism, i.e. putting skills to the highest bidder.
- Government policies that are not in keeping with development trends in the profession.
- Commercialization of Health as an Industry with a polarization of the private and public sectors as separate entities.
- Globalization with rapid transportation and communication, shrinking the world into a global village with a free market economy.

The *push and pull* factors also have to do specifically with the notion of values in terms of quality as follows:

i. Quality of Life

- Remuneration for work load which is not matched by the expectation of reward and compensation
- Unfavourable work place environment and long working hours compromising on quality time with family and recreation
- Uncertainty of social and family security for the future due to the disparities in salary, pensions, cost of living and tax issues
- National security, crime, and violence affecting daily life

ii. Quality of Care

- Patients' care in public institutions is often compromised by lack of adequate facilities and staff
- Health Professionals in terms of not being valued themselves and appreciated in relation to conditions of services mentioned above, leading to low morale and demotivation
- Inefficient beaurocracy - delay in advertsiments, appointments and salaries implementation
- Nurturing recognition of outstanding talent and expertise

Hence one reads in the Medical Chronicle of March 2008 - "Half of S.A Health Professionals packing for greener pastures".

I will quote liberally from this study conducted by Dr. Dean Gouws of Global Medics Group which shows interesting figures in a survey of 450 SA Doctors. Ninety-eight percent of the doctors surveyed were in private practice; 53% considered emigration (up from 20% in1999); 37% were thinking about changing career from medicine; 30% only were optimistic about future of private health care; and 81% would discourage their children from studying medicine in SA. You can imagine what the position would be in the public sector. Another study shows that 65% of health care students are considering emigration within 5 yrs of completion of studies.

In summary, the major reasons are **general discontent with social and economic conditions in SA.** Political leadership in the Department of Health was considered the 3rd biggest health care challenge following upgrading of the public health service and managing the impact of HIV / AIDS. This view is supported independently by Dr Mamphela Ramphele in her comment in Sunday Times of April 2000 titled *"Regulation Threatens Healthcare"* she says. *"This is why we need to draw together around our table the best brains from the Public and the Private Sector and the professionals to develop a shared understanding of the problem and reach agreement on solutions and suggested an Indaba to look at the nature of the problem in all its manifestations."* This would apply to other areas of our social fabric e.g. crime, energy crisis and rising cost of living. As mitigation, reviewing some of the government policies on immigration is necessary.

The issue of not recruiting from Africa needs review in the light of the fact that if they don't come to South Africa, they will go elsewhere and are lost to the people who need them most in Africa. Bilateral agreements can be reached especially for training and short term academic collaboration. Dr Gouws' Report concludes with a suggested - *Twin Pronged Strategy* namely:

a. Address conditions at home that are prompting people to leave South Africa
b. Adopt a more open immigration policy towards those who would like to come.

A graphical representation of the factors leading to migration shows political factors accounting for only 40%. However, they are the most obvious & damaging internationally, these are:

a. Rate of crime, cost of living, policy on HIV&AIDS
b. The other factors appear to be a matter of individual choice and people exercising their right of autonomy for freedom of movement & self fulfillment professionally.
c. Open recruitment, often aggressively by individual countries from Developing Countries also needs to be addressed urgently.

In this Scenario of Push and Pull, it is easy to apportion blame and most of the time at the global divide between first world and third world countries. The first world having all the infrastructure and economy to attract and retain foreign professionals, while the third world lacks all these facilities to retain their own professionals. Of note is that these professionals are trained at a "greater cost" to the country as they are in the low income group. Consequently, the ethics of this practice by the first world have been questioned. The major question is what are we doing about this? Here are some recommendations:

1. Some have said we should train more doctors and saturate the need, then many will stay behind but there is no guarantee that the extra doctors will stay behind. Besides this type of investment is too high and many developing countries cannot afford it. Against this has been the argument that one is in this case then training *doctors for export* which is counter productive.

2. In spite of the high training costs in South Africa we should seriously give consideration to the fact that in twenty years we have not had a new Medical School, we have not been able to increase the output of doctors appreciably and we have probably reached saturation. Is it not time to consider the advisability / feasibility of another Medical School? When there is an increase of 10million in population over the same period of time (10 years), I do not subscribe to the notion that we would be training for export if we train more doctors. Surely we should simultaneously fix the things that need to be fixed in order to retain doctors in South Africa.

3. External recruitment is only a small contribution i.e. 2-5%. The country cannot for ever rely on foreign qualified doctors to run its district health services, although some North American and Australasian countries seem to have success with South African doctors.

4. Reference has been made to immigration and emigration policies. The UK and possibly North America might follow suit in putting more stringent laws for their own reasons about registering foreign doctors' work force. This will be to our advantage but again a small contribution in the resolution of the problem.

5. Improvement in the social and economic environment coupled with improved conditions of service in the Public Sector seem to be the most obvious and urgent Twin Pronged Approach in my opinion, yet these efforts seem to come too late and too little inadequately in a *reactive* rather than a *proactive* fashion. The strategy is to fix the conditions of service, education and training at home. Some demonstrable steps have been taken with respect of the above, e.g. salary packages. However, these have directed more at attracting doctors to public Service and Rural Areas, which in itself is admirable in addressing the internal disparities.

Conclusion

The migration of doctors is a global phenomenon as indicated. There are international – including our continent, efforts to contain this tide, but the international levels is not the focus of my talk tonight suffice to say.

If we are able to change and improve the circumstances, the context and environment in which people work, we will be able to influence their choices, directly or indirectly which will be an advantage for South Africa.

So, although the migration of doctors abroad in the final analysis is a matter of personal choice, the circumstances that influence that decision are a matter of national concern, so is the impact of that emigration.

I believe the time has come for individuals and organizations to tackle this matter from all angles – *"There is a tide in the affairs of men".*

The CMSA of which you and I are part of has always been concerned about the issues of deteriorating conditions which indirectly affect the standards of training of specialists. The College is taking positive steps through its Executive Committee and Senate to address this issue by arranging a symposium on "Strengthening Academic Medicine and Training of Specialists". This project also involves three major national Departments namely, Education, Health and the Treasury in addition to other stakeholders. No doubt other bodies in South Africa such as SAMA and the HPCSA would also make efforts to address this problem of emigration of South African doctors within the context of their competencies. We would like to see South Africa not only as the best country to train professionals in but also the best country for those professionals to work in. We need the full support of government at all levels of power to tackle this problem as a matter of national crisis. Almost 10 years ago, Dr Ayanda Ntsaluba, then DG of National Health in addressing the CMSA at one of these ceremonies challenged the CMSA of the day to transform and be relevant to the new SA Democracy. I say to Government "Here we are!".

The CMSA has aggressively pursued transformation and in so doing, are now taking a lead in many issues that affect the Education and Training of Specialists in South Africa. I hope most of you will stay and if you go, come back and be a part of the "tide" to bring about change to resolve the problems that beset our beloved Country.

References

1. Gouws D. Half of S.A Health Professionals packing for greener pastures. Medical Chronicle March 2008.
2. Ramphele M. Regulation Threatens Healthcare. Sunday Times April 2000.

LIST OF SUCCESSFUL CANDIDATES

March/May 2008

Fellowship of the College of Anaesthetists of South Africa

FCA(SA)

BODEMER Ludwig	UCT
BOOYSEN Corné Francois	US
BORTOLAN Lisa Natalie	WITS
DANNHAUSER Elizabeth	UP
DRALLE Justen Len	UCT
DRUMMOND Leanne Wendy	UKZN
FULLER Nicole Gail	UCT
HOMAN Leon	UP
IBRAHIM Yasmin	WITS
JOLLY Clem Lonnigen	UKZN
KILPATRICK Bruce Taylor	UCT
KLEYENSTÜBER Thomas	WITS
KUHN Maria Magdalena	WITS
MAZIBUKO Kenneth Manqoba	UKZN
MWESHIXWA Theresia Tangeni	UCT
MWINYOGLEE Kony Marlis	WITS
NAIDOO Teshufin	UKZN
NGUBANE Thubelihle	WITS
NIENABER Jan Hendrik	WITS
PADIACHY Dineshree Natasha	WITS
REID Guy Edward Anthony	UCT
ROLFE Deborah Anne	UCT
SCHOEMAN Suretha	UFS
SEMARK Andrew John	UKZN
SINGH Ritesh Manilal	UKZN
STEINMANN Hildegard Sigrid	WITS
STOCKTON Brett	UP
TURTON Edwin Wilberforce	UFS
VAHED Ebrahim Ahmed	UKZN
VAN ANTWERPEN Annelise	UP
VAN HEERDEN Maréze	WITS
VAN RENSBURG Ilse	UP
VAN WEST Cornel Peter	UCT
VILJOEN Lize Helene	US

Fellowship of the College of Cardiothoracic Surgeons of South Africa

FC Cardio(SA)

CONNELLAN Mark Bret	US
DU PREEZ Leonard Johannes	US

Fellowship of the College of Dermatologists of South Africa

FC Derm(SA)

DOMAN Chantelle	UL
LEHLOENYA Rannakoe Joseph	UCT
MVULANE Nombuyiselo	WITS
POPARA Mirjana	WITS

Fellowship of the College of Emergency Medicine of South Africa

FCEM(SA)

GARACH Sharadh Ramjee	UCT
GEDULD Heike Ingemar	UCT
MÜLLER Monique	US

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

FCMFOS(SA)

ANAGNOSTOPOULOS Christos	UL
MYBURGH Hanre Pieter	UP

Fellowship of the College of Neurologists of South Africa

FC Neurol(SA)

BATEMAN Kathleen Jane	UCT
PARUK Hoosain Faruk	UKZN
PILLAY Vinesh	WITS
YACOOB Yaseen	UKZN
ZATJIRUA Vaja	US

Fellowship of the College of Neurosurgeons of South Africa

FC Neurosurg(SA)

MPOTOANE Thapelo Samuel	UKZN
PADAYACHY Llewellyn Cavill	UCT
VLOK Adriaan Johannes	US

Fellowship of the College of Nuclear Physicians of South Africa

FCNP(SA)

JANSEN VAN VUUREN Willem Jacobus Adriaan	UP
MKHIZE Ntombifikile Nomasonto	WITS

Fellowship of the College of Obstetricians & Gynaecologists of South Africa

FCOG(SA)

ALLIE Saadiqa	UCT
DIEDERICKS Christa-Louise	WITS
GWAZA George Rodrick	WITS
JEKETERA Clara Muchapiwei	WITS
JENTEL Bedwill	US
KHANYILE Cynthia Margaret Nozipho	UKZN
LAKER Suretha Corné	UP
MOHLABA Garish Masungi	UCT
MTSWENI Michael Themba	UP
NAICKER Manogaran	UKZN
NXUMALO Fitzgerald Zwide	WITS
PUPUMA Xanti Bongo Siseko	UKZN
RAMHITSHANA Pule Webster	WITS
RASHID Nosheen	WITS
SHAHID Fauzia	WITS

Fellowship of the College of Ophthalmologists of South Africa

FC Ophth(SA)

KUNZMANN Ulrich	UP
LADNER Grant Christian	UKZN
MCKENZIE Sylwia	US
ROODT Herman	WITS
VAN VELDEN Johannes Stephanus	UCT

Fellowship of the College of Orthopaedic Surgeons of South Africa

FC Orth(SA)

DU TOIT Albert Brink	US
KILIAN Claud André	UP

LOURENS Dirk Johannes	UP
MAQUNGO Sithombo	UCT
MARTIN Nickolas Veit	UCT
MCALLISTER Stuart James	UKZN
NAIDOO Navendran Dhanapalan	UKZN
SATHYAPAL Sunil	UKZN
SEEDAT Zaid	UKZN
SURTEES Grant Michael	UKZN

Fellowship of the College of Otorhinolaryngologists of South Africa

FCORL(SA)

LONG Michele Karen	US

Fellowship of the College of Paediatricians of South Africa

FC Paed(SA)

ABRAHAM Deepthi Raju	US
BEZUIDENHOUT Jacqueline Kim	WITS
BLACK David Edgar	UCT
DE MAAYER Tim	WITS
DU BUISSON Christel Jacomien	UCT
DU PLESSIS Nicolette Marie	UP
DUZE Bonisiwe Zamazulu	UKZN
ELS Carla	UP
KAMWANA Dumisani George	UCT
MACKAY Cheryl Anne	WITS
MARRAN Kerry Joan	WITS
NAIDOO Sanushka	WITS
NAIDOO Meshandree	WITS
NAKHJAVANI Naseem	UCT
OMAR Ridwan Ismail	UKZN
RETIEF-ZARRABI Celeste Wanda	US
SONO Lino Lydia	WITS
VAN DYK Jessie Grace	UCT
VAN EMMENES Barry	UCT
VANKER Aneesa	US
VENTER Hester Elizabeth	UP
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WELGEMOED Ophir Sylvia	UP
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Fellowship of the College of Pathologists of South Africa – Anatomical

FC Path(SA) Anat

BLAIR Kim Tracey	WITS
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Fellowship of the College of Pathologists of South Africa – Haematology

FC Path(SA) Haem

CHITSIKE Rufaro Saeed	WITS
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Fellowship of the College of Pathologists of South Africa - Virology

FC Path(SA) Viro

GLASS Allison Joy	UP
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Fellowship of the College of Physicians of South Africa

FCP(SA)

ALLWOOD Brian William	UCT
ARENDSE Regan Emile	US
BRÖNN Karen	US
BURTON Rosemary Carol	UCT
CHAN Sze Wai	WITS
CUPIDO Clint Shane	UCT
DAWOOD Riaz Suleman	WITS
DEETLEFS Eduan	UCT
DUBULA Thozama	UKZN
FRIEDERICKSEN David Vaughan	US
LATIEF Josef	US
LOMBARD Bianca	WITS
LOUW Rikus	US
MAHALA Bonginkosi	UCT
MARAIS Monique	US
MOWLANA Abdurasiet	US
NIAZ Majid	
NICOLAOU Veronique	WITS
NTSHWANA Kgaogelo Rachel	WITS
NYO Myat Tun Lin	UCT
PIORKOWSKI Adam	US
RAJABALLY Muhammad Naayil	UCT
RASMUSSEN Keith Christian	WITS
RAY Roanne	WITS
ROELOFSE Pieter Gideon Retief	US
SYMONS Gregory John	UCT
VILJOEN Abraham Johannes	US
WEARNE Nicola	UCT
WEINREICH Carsten Joachim Bernd	UCT
WILDERVANCK Pieter Johannes	US
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Fellowship of the College of Plastic Surgeons of South Africa

FC Plast Surg(SA)

ADAMS Saleigh	UCT
BOTHA Jeanne Anica	UL
DOUCAS Gabriel	WITS
MURDOCH Marshall John	WITS
PERKS Timothy James	US
SERRURIER Louis Charles Jan	WITS
WITTSTOCK Craig Peter	WITS

Fellowship of the College of Psychiatrists of South Africa

FC Psych(SA)

ASMAL Laila	UCT
FLEGAR Srnka Jelka	UCT
HOARE Jacqueline	UCT
LILLA Mogamad Nizaar	UCT
LUPHUWANA Nandipha Joyce	UL
MOHANLAL Manesh	WITS
MOUTON Constant	WITS
MYERS Lisa	WITS
NAIDOO Mayaven	WITS
RAMAN Natali	WITS
RAMASAR Thriyabhavan	WITS
SEEDAT Fatima	UP
SINGH Keshika	UKZN
STOLOFF Kevin Miles	UCT
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Fellowship of the College of Public Health Medicine of South Africa

FCPHM(SA)

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Fellowship of the College of Diagnostic Radiologists of South Africa

FC Rad Diag(SA)

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HLABANGANA Linda Tebogo	WITS
LAMEEN Hassan Mohmmed	US
MEIRING Isabella Karen	UCT

SAID-HARTLEY Mariam Qonita	UCT
STEYN Frederik Johannes Stephanus	UP
TURNER Colin Richard	UKZN
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Fellowship of the College of Radiation Oncologists of South Africa

FC Rad Onc(SA)

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HINSON Lily	WITS
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Fellowship of the College of Surgeons of South Africa

FCS(SA)

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GYEBI Samuel Asi	WITS
MARUMO Thomas Kekgatleope	WITS
MOODLEY Sean Thirumalay	UCT
RAMBARRAN Sharan Oogarchand	UKZN
SIMPSON Edward James Kwaku	WSU
SINGH Amal Bhishum	UKZN
THOMAS Oloruntoyin Kabir	WSU
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Fellowship of the College of Urologists of South Africa

FC Urol(SA)

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Membership of the College of Family Physicians of South Africa

MCFP(SA)

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Certicicate in Cardiology of the College of Paediatricians of South Africa

Cert Cardiology(SA) Paediatricians

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Certificate in Cardiology of the College of Physicians of South Africa

Cert Cardiology(SA) Physicians

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Certificate in Child Psychiatry of the College of Psychiatrists of South Africa

Cert Child Psychiatry(SA)

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Certificate in Clinical Haematology of the College of Pathologists of South Africa

Cert Clinical Haematology(SA) Pathologists

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Certificate in Clinical Haematology of the College of Physicians of South Africa

Cert Clinical Haematology(SA) - Physicians

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Certificate in Critical Care of the College of Paediatricians of South Africa

Cert Critical Care(SA) Paediatricians

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Certificate in Endocrinology & Metabolism of the College of Physicians of South Africa

Cert Endocrinology & Metabolism(SA) Physicians

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Certificate in Infectious Diseases of the College of Paediatricians of South Africa

Cert ID(SA) Paediatricians

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Cert ID(SA) Physicians

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Certificate in Gastroenterology of the College of Physicians of South Africa

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Certificate in Maternal & Fetal Medicine of the College of Obstetricians and Gynaecologists of South Africa

Cert Maternal & Fetal Medicine(SA)

SOMA-PILLAY Priya	UP

Certificate in Medical Oncology of the College of Paediatricians of South Africa

Cert Medical Oncology(SA) Paediatricians

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Certificate in Medical Oncology of the College of Physicians of South Africa

Cert Medical Oncology(SA) Physicians

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Certificate in Neonatology of the College of Paediatricians of South Africa

Cert Neonatology(SA)

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Certificate in Nephrology of the College of Physicians of South Africa

FLOOKS Riaan Charles	
MAHARAJ Suman	UKZN

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

Cert Vascular Surgery(SA)

ARAIN Athar Jameel	WITS

Higher Diploma in Orthopaedics of the College of Orthopaedic Surgeons of South Africa

H Dip Orth(SA)

HUMAN Andre Wynand	UKZN
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Diploma in Allergology of the College of Family Physicians of South Africa

Dip Allerg(SA)

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KARABUS Sarah Jane	UCT

Diploma in Anaesthetics of the College of Anaesthetists of South Africa

DA(SA)

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APPALRAJU Kugan	WITS
ASHRAF Nadia	
BARRETT Wendy Joan	
BLACKBEARD Rosalind Kathleen	
BOLEKE Teboho David	UFS
BOLLIGELLO Zenobia	
BREMM Christian	UCT
DE LANGE Mandy	
DU PREEZ Maria Catharina Magrieta	
FICK Louis Jean	
FRASER-GOUWS Leslie-Anne	UCT
GIWU Thandiswa Thetys	UKZN
GREATOREX Benjamin James	
HEPBURN Dylan Alexander	
JAPP Justin	
LAWSON Richard Barry	WITS
LE ROUX Lindi	UFS
LEMMER-MALHERBE Janine	
LISTON Lindie Susan	
LUBBE Hendrika Susanna	UP
MAGNI Bridget Jean	
MAIFADI Anthony	
MARILLIER Justin René	
MASHANDA Blessing	
MITCHELL Taryn	
MOCHAOA Mampho Junia	UKZN
MOGAFE Mmatholo	
MOKOENA Qwaba Hengriveas	
MOODLEY Dhesan	WITS
MOSTERT Lelané	
NAIR Tamiya	
NEVIN Daniel Gavin	WITS
NTULI Maria Linky	
NYOKA-MOKGALONG Simangele Cecilia	UL
ODENDAAL Marleen	UP
POEWE Jean-Claude	US
SCHEEPERS Pamela Anne	
SEANEGO Lydia Mamogare	
SITHOLE Maureen	
SMITH Oliver Ivan	WITS
SOMO Marcia Manthulane	
STROVER Bruce	
TIE Belinda Sui-York	
TOICH Stephen Frank	
TSAI Ming-Chih	WITS
VAN ROOIJEN Tersia	
VAN SCHOOR Sarah Bernadene	
VAN TONDER Jolandi	
VELINOVA-THERON Svetlana Georgieva	UP
WIESE Lize	UL
WILLCOCK Taryn-Lee Colleen	
WILLEMS Bart	

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

DCH(SA)

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BOSHOFF Lize	UCT
DE VRIES Margo Cecilia	
DIMITRIADES Konstantinos	
GIBANGO Nsungu Ntemo	UL
ISAACS Jodi	UCT
JACOBS Donovan George	
KRIEL Magdalena	
LORENC HENNING Kristin Mary	US
MAGIDIMISA Ntodeni Thelma	
MARAIS Quintus Lorenzo	
MATHEWS Moushumi Ann	WITS
NETSHITUNI Vhutshilo Brenda	
SAYED Tasneem	UCT
SMIT Louise Hechel	
STREHLAU Renate	
SUKDEV Natasha	UKZN
THIRSK Joanna Frances	
THOMAS Karla Mari	UCT
TUNG Scarlette Sze-Nga	
UGOAGWU Abimbola Abiola	WITS
WEBB Nicholas Guy	

Diploma in Forensic Medicine of the College of Forensic Pathologists of South Africa – Path

Dip For Med(SA) Path

DATE CHONG Mandy	US
JANSE VAN RENSBURG Michéle	US
MGIDLANA Sipho	UCT
OMOTOBORA Olufemi Adegboyega	
TIEMENSMA Marianne	US

Diploma in HIV Management of the College of Family Physicians of South Africa

Dip HIV Man(SA)

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AHMADU-ALI Umaru Atebije	
ANIZOBA Ogochukwu Obed	US
BENGU Nomonde	
CHIBWANA Zvikomborero	
CHIN Graham	WITS
CHUKWU Obinna Peter	
COETZEE Liezel	
DE KLERK Celeste Elenice	
ELZUBEIR Khalid Farah Hamed	WITS
FLORES-GONZALEZ Julia	
GAMA Cynthia Nkosingiphile	
GANGAT Fathima	
GOVENDER Natalie	UCT
HAFFEJEE Najma Mehmoon	
HAGEMEISTER Dirk Thomas	
HARIPARSHAD Sudesh Premchund	UKZN
HLABANO Nkosiyazi	
HOLELE Pearl Sekobaneng	UCT
IRUNGU-CHOMBA Rispah Nyambura	WITS
JEY Dikeledi Mavis	WITS
KACHABE Sergius Jim	
KGOPONG Ntsetse Makotloa	
KISYERI Nicholas Marwa	
KUBAYI Norman Masingita	WITS
MABE Duduetsang Florence	
MABITSI Moyahabo Lucy	
MABUSELA Mfundo	
MADABANE Themba Kennedy Zulu	
MAKHANYA Sibusisiwe Bongiwe	WITS
MAOTOE Thapelo Ofentse Thekwane Absalom	WITS
MDALA-GAUSI Masiku Agatha	
MOCHAKI Sewela Annah Jennifer	
MONARENG Valentia Lekgala	
MOTHIBI Lesego Moetsana	WITS
MOUTON Johannes	
MTHIMUNYE Josephine Queen	
MUKUVISI Duvai	
MURRAY Almeri	
MUTHAMBI Vongani Marion	
NAIDOO Loganathan	WSU

NAIDOO Shanil	WITS
NAIDU Thameshree	
NDUBUKA Nnamdi Obioma	
NDUNGANE Vuyelwa Orlenda Nomakhosi	
NETSHIMBONI Rendani	
NGETU Thandeka Judith	UKZN
NGWENYA Thulisile Ritah	
NSEKO Mugabi Samuel	
NTEZILYIMANA Froduald	
ODUFUWA Oluwatoyin Aliu	
ONGOLE Joven Jebio	UP
ONYENSOH Onyinyechi Obinna Chijioke	UL
OWOLABI Sunday Olusola	
QINA Nolitha Qondisa	
RAMETSI Lesego Bertha	
RATSHEFOLA Mamothe Machaka Helen	
RODRIGUES Jacques	UCT
ROESTOFF Tumelo Kingsley	
SALEH Munira Fakir	WITS
SCHULZ Sigrid Antonie	
SEFANYETSO Monkgoe Elias	
SHABANGU Molapane Kgotuwe	
SHODE Oluyinka	UP
SKENJANA Irene Nosiba Brenda	
SUKRAJH Verona	
VAN DEN HEUVEL Adele	
WRIGHT Ann Kathleen	WITS
ZARANYIKA Trust	

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

DMH(SA)

FOUCH Lisa Gwen	US
GRGIN Angela	
KAJEE Afsana	WITS
LUGONGOLO Bongiwe Teresa Tantaswa	UKZN
NAIDOO Marshinee	
OOSTHUIZEN Phillipus Cornelius	UCT
PARASRAM Leanne Cindy	
PARKER Michele Tracy	
PARUK Laila	WITS
PATHER Sarvani	

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

Dip Obst(SA)

BOPAPE Lesetje Venny	
COETZEE Dirése	
EJEGI Anthony	
JUNGE Marina	
MABUZA Makungu Kwenzekile	
MAKINGA Polycarpe N'djugumu	
MAPHALU Mpfariseni Sampson	
MESO Masete Lucas	
NIEUWOUDT Marina	
NWOKEDI Collins Nwannebuike	
OJO Oluwatosin Ademola	
POTGIETER Janine	
PRITHIPAL Sudhir	
RABOTHATA Tshepo Rasodi Joel	UL
RAHAMON Rasaq Olushola	
ROSSOUW Jana Nicolene	
SAAL Caro-lee	
SARUMI Akeem Abiola	
SMITH Cornel	
VAN DER SPUY Marcelle	
VAN HOREN Eva	WITS
VAN NIEKERK Elizabeth Christine	UKZN
VAN RAMESDONK Carl	
YINGWANI Hlayiseka Christopher	

Diploma in Ophthalmology of the College of Ophthalmologists of South Africa

Dip Ophth(SA)

BRUWER Marise	
CHAFEKAR Khursheeda	
KOK Andries Gerhardus	

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

Dip PEC(SA)

BEZUIDENHOUT Emily Mathilda	
FULLER Gordon	
GENTZ Carsten Robert	
HILTON Thomas Laurence	UKZN
JURGENS Francois Xavierius	
NIELSON Tracy Lyn	
POSTMA Ignatius LeRoux	UKZN

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

FCA(SA) Part I

ABASS Kashif	UCT
ALLI Ahmad	WITS
ALLOPI Githesh	UKZN
BARNES Briggitte Beverley	UCT
BHORAT Ferhana	UCT
CRAVEN Hanlie Petra	
DE BACELAR GOUVEIA Nuno Pedro	
DOUBELL Petrus Johannes	UKZN
EMMANUEL Anne Alexandra	UCT
GOGA Saaliha	
JACHES Gavin	WITS
JITHOO Suven	UKZN
KEERATH Kiran	UKZN
KHAN Noshina	UCT
KHAN Ruwaida	UKZN
MAHARAJ Shivani	WITS
NAIDOO Ashan	UKZN
NAIDOO Rubeshan	UKZN
NURBADH Vishal Ramesh	UKZN
OKAISABOR Olusegun Aideloje	UCT
RAMKLASS Ramona	
REDDY Justin	UKZN
REDDY Syndrini	UKZN
REDHI Linesh	WITS
ROBERTSON William Luke	WITS
SPIES Rozali	
STOLTENKAMP Heidi Lynn	UKZN
TORBORG Alexandra Meryl	UKZN
TRUTER Odette	WITS
VAN WYK Christopher Frik	
WELS David Peter	WITS

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

FC Derm(SA) Part I

ESMAIL Fatema	
LAPINER Vanessa	US
MOODLEY Mahendran Perianathan	UKZN
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Part I of the Fellowship of the College of Emergency Medicine of South Africa

FCEM(SA) Part I

DHARSEY Mohamed Riaz	WITS
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MAHARAJ Roshen Chathram	WITS
MARITZ David Frans	UCT
MOODLEY Kitesh	US
MOOLLA Muhammed	

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

FC For Path(SA) Part I

NJOVANE Xolani Wiseman	UCT

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

FC Neurol(SA) Part I

KHAN Mohammed	UKZN
LANDMANN Alexander Marius	WITS
SIDDI GANIE Irshad Faizal	UKZN

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

FCOG(SA) Part I

ADAM Ameera	
ADAM Sumaiya	UP
AKAPAN Usen James	UKZN
BILANKULU Sharon Basani	WITS
BONONGWE Phylos Peter	UCT
DIRE Sankubele Godfrey	WITS
ESSEL Kwabena Antwi	
FAYERS Samantha Bernice	UKZN
GHANI Ayesha	UKZN
GONYA Sifundo	UKZN
GOVENDER Kasandri	UKZN
GOVENDER Keshree	UKZN
HARIPARSAD Shilendra	UKZN
ILOANUSI Nicholas Emeka	WITS
KABIR Ferdousi Akhter	WITS
KENNEDY Deon	UCT
MAGAN Nitasha	UKZN
MANYAME Sarah	ZIM
MATLHAGA Gaowtebale Onthatile	WITS
MCHUNU Makaya	WSU
MNISI Edwin France	UP
MOHLALA Mpho Stella	
MOLAMU Boitumelo Edward	WITS
MOLOKOANE Felicia Moitlamo	
MOMBERG Zoe Louisa	
MUGHOGHO Jessie Mbuko	
PETSE Uviwe	UP
PHIRI Henry Brian Kunthembwe	WITS
PRINSLOO Franelise	
QUPE Sibongile Zukiswa	
RADEBE Gijimane Isaac	UL
RAMPARSAD Eugene Bradley	UCT
RAMSAMY Indra	WITS
RICHARDS Dominic Giles Dudley	UCT
SAAYMAN Francois	WITS
SKOSANA Jonas	UL
SULIMAN Sultana	UP

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

FC Ophth(SA) Part I

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KEMP Maria Johanna	
LEVESLEY Caroline	
MACALA Akhona Xola	UCT
MANN Tristian Gater	WITS
MBAMBISA Bayanda Nothemba	WITS
NAIDOO Lavindren	UKZN
STOLER Darren Craig	

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

FC Paed(SA) Part I

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COX Lianne	UCT
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FRIGATI Lisa Jane	UCT
GOLDSTONE Erica Delene	UKZN
HAUPTFLEISCH Marc Peter Kedzlie	WITS
HEYNS Liesl Venesia	US
KHAN Nadia	UKZN
KITOKO Tolela Marc	WITS
KLEINHANS Marile Faith	WITS
KLOECK David Andrew	WITS
KRUGER Irma	
LALA Nilesh	WITS
LAWLER Melissa Ann Veronica	UKZN
LOCHAN Harsha	
MACLOU Simoné Nicolé	US
MATHIVHA Khakhu Tshilidzi	WITS
MOKGALE Moffat Mmusi	WITS
MOODLEY Rashinta	UKZN
MOUTON Melissa Danielle	US
MURRAY John Recardie	US
MUSASA Mudibo	
NAIDU Sharmanie	UKZN
NJOBENI Sithandiwe Noluyolo	UKZN
OGUGUA Alexander Ofodile	
O'RYAN Samantha	
PALMER Megan	WITS
PATEL Faeezah	WITS
PEARCE Deborah Frances Anna	
SALLOO Asma	WITS
SINGH Nevan Bijai	UKZN
TAKOORDEEN Raksha	UKZN
THELETSANE Joseph Daniel Thapelo	UCT
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WEAKLEY Kate Ryann	WITS
WESSELS Thandi Wendy	US

Part I of the Fellowship of the College of Pathologists of South Africa – Anatomical

FC Path(SA) Anat Part I

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DEONARAIN Julian	UKZN
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Part I of the Fellowship of the College of Pathologists of South Africa – Haematology

FC Path(SA) Haem Part I

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Part I of the Fellowship of the College of Pathologists of South Africa - Oral Pathology

FC Path(SA) Oral Part I

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

FCP(SA) Part I

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BUTAU Martin Tawanda	WSU
CLEMINSON Louise Samantha	WITS

DAVIES Malcolm	WITS
DHANSAY Aadil	WITS
DU PLESSIS Liezl	WITS
GOGELA Neliswa Antonia	
GORDON Debra Maxine	WITS
GOVENDER Seshen	
JOUBERT Zirkia Jacoba	US
KALIDEEN Letasha	UKZN
KALK Thomas	WITS
KHAN Nazier Ahmed	UCT
KYRIAKAKIS Charles George	US
LUBBE William Wayne	US
MAHARAJ Kasthurba	UKZN
MAHARAJH Shambu	UKZN
MAHOMEDY Tasneem	WITS
MOABI Rose-Mary Maud	WITS
MOGOGANE Michael Thamaga	WITS
NAIDOO Indhren	UKZN
NAIDOO Thevaloshni	UKZN
NAIDU Kuven	UKZN
PARAG Prashant	WITS
PARSOO Nashtar	UKZN
REDDY Verushka	UKZN
ROMAIN Marc	WITS
SARELI Lior Yeremiyahu	US
SHEIK Shabeer	WITS
SOOSIWALA Ismail Usman	UKZN
STANLEY Alan Michael	UCT
VACHIAT Ahmed Ismail	WITS
VERMEULEN Alda	WITS
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Part I of the Fellowship of the College of Psychiatrists of South Africa

FC Psych(SA) Part I

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Part I of the Fellowship of the College of Diagnostic Radiologists of South Africa

FC Rad Diag (SA) Part I

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GOVENDER Keshnee	WITS
HARMSE Werner Schalk	UFS
ISMAIL Yasmeen	WITS
KHAN-PATEL Mohseen	UL
KHOTA Ahmed	
MAPFUMO Blessing	WITS
PETKAR Faiz	WITS
PILLAY Kesanderan	UKZN
SCHEEPERS Shaun	UKZN
SUDWARTS Gary	WITS
TAYLER Rory Patrick	UKZN
TWETWA Thina	WITS
VILJOEN Hofmeyr	US

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

FCMFOS(SA) Primary

ENGELBRECHT Hanle	WITS
GELDENHUYS Barry	

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

FCS(SA) Primary

ATIYA Ahmed	WITS
BAYES Graham Henry	WITS
BERTIE Julia Diana	UKZN
BHAT Sunil Kumar	WITS
BHATTA Aabash Dev	
BREDENKAMP Thomas Louw	
CHIBA Nishal	
DASRATH Ashish	
DEDEKIND Britta	
DEHAL Vivesh	UKZN
DINDAR Ismail Ahmed	WITS
GANDHI Rajeev	UCT
GOODING Matthew Simon	WITS
GOWAR Ronel Marlize	
HAMPTON Mark Ian	
KHAN Muhammed Uzayr	UKZN
KLOPPERS Jacobus Christoffel	
KNOWLES Gaye Ashaini Lauren	UCT
LATAKGOMO Matsobane Nelson	UL
MARÉ Pieter Herman	UKZN
MITCHELL Claire Eileen	WITS
MOGABE Phinias	
MOOLMAN Willem Jacobus	
MUGHAL Mohamed Assad	UCT
MWALE Garikai	
NAIDOO Shanisa	UKZN
NDLOVU Emil Vusi	UL
NEVHULORWA Mukatshelwa Freddy	UL
NOAH Patrick Mavuto	UCT
O'BRIEN Michael George	WITS
PADAYACHY Vaisali Venkata	UCT
PILLAY Trishan	
REBEIRO Michael George	UCT
SALEY Mueen	UKZN
SAMSON Evelynn Joy	
SCHULENBURG Peter Martin	UL
SEEDAT Ibrahim Abdool Kader	
SIKHAULI Nkhodiseni Eucklid	WITS
SLABBERT Pieter Hendrik	
SWARTZ Steve Gerhard	WITS
TAUTE Jakobus DeKlerk	
THIART Mari	

Primary Examination incl Neuroanatomy of the Fellowship of the College of Surgeons of South Africa

FCS(SA) Primary incl Neuroanatomy

COVENTRY Jason Andrew	UKZN
MOYENI Nondabula	UKZN
SHEZI Emmanuel Happyboy	UL

Primary Examination of the Fellowship of the College of Urologists of South Africa

FC Urol(SA) Primary

PETSE Lorna Nonkululeko	WSU
PURDY Mark Richard	WITS
QUBU Daniel	

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

FCS(SA) Intermediate

ACCONE Quinton	WITS
AHMED Nadiya	US
ALLORTO Nikki leigh	UKZN
BEREJENA Edmond	
BHAGALOO Delon	UKZN
BOONZAIER Glen Frank	UKZN
CASSIMJEE Ismail	WITS
CHETTY Rinesh	UKZN

DAVID Bradley Andrew	UCT
DE WET Jacques Bertram	UKZN
DOS PASSOS Gary	WITS
DUZE James	UL
EBRAHIM Abdul Kader	
EBRAHIM Sumayyah	UKZN
GEORGIOU Ellie	US
GOVENDER Magenthran	UKZN
HOFMEYR Stefan	US
KELLY Adrian Graham	UKZN
KOLLER Ian Michael	UCT
MABUSHA Sepelong Johannes	UKZN
MAGAN Avesh Jugadish	UKZN
MASILO Seleke Desmond	WITS
MATUKANE Lunghile Donald	WITS
MOUTON John Pierré	US
MTHETHWA Musa Rodney	UKZN
NANDE Elkana Mweikange Halleluja	UCT
NATHA Bhavesh	UCT
NCUBE Sonwabo Sbusiso	
NDOFOR Brown Chwifeh	WITS
NIAZI Javed Iqbal Khan	WSU
NONGOGO Lwazi Knowledge	UCT
NXIWENI Lonwabo Lingsby	WITS
OCTOBER Nathan Alistair	WITS
PIETRZAK Jurek Rafal Tomasz	WITS
PILLAY Desigan	UKZN
PILLAY Tharuneshan Ganas	UKZN
PRICE Christopher Edward	UCT
REDDY Thirusha	WITS
ROGERS Alan David	UCT
SEEVSAGATH Ashwin	UKZN
SEPENG Stephens Kotu	UP
SHAM Shailendra	UKZN
STECK Heidi	WITS
STRAUSS Carel Petrus	UKZN
TALEB Fazleh	US
TAUNYANE Itumeleng Clifford	UCT
THOMPSON Crispin Maeder	UCT
UKUNDA Uhala Ngongo	WITS
VAN DER HORST Alexander	
VEERASAMY Calvin Sivan	UKZN
VUKASINOVIC Stevan	WITS
WARDEN Claire	UCT
WEYERS Deon William	WITS
WINKLER Cordula Louise	UFS

FELLOWSHIPS BY PEER REVIEW

Werner Maritz GÜLDENPFENNIG - College of Neurologists
Johan KEYTER - College of Neurologists
Frans LUBBE - College of Neurologists
Dion Craig OPPERMAN - College of Neurologists
Petrus Jacobus Johannes SWARTZ - College of Neurologists

CMSA EXAMINATIONS/KGSA-EKSAMENS
MARCH/APRIL/MAY 2008 - MAART/APRIL/MEI 2008

LIST OF EXAMINERS/LYS VAN EKSAMINATORE

FCA(SA) Part I/GKN(SA) Deel I –
Overall Convenor: Dr IA Joubert

Pharmacology/Farmakologie
Dr GS Wilson (Convenor)
Dr S Bechan
Dr A Rowse
Dr JM Dippenaar

Physics & the Principles of Clinical Measurement/
Fisika en die Beginsels van Kliniese Meting
Dr L Lasersohn (Convenor)
Dr RE Hodgson
Prof MFM James
Dr DJ van der Vyfer

Physiology & Chemical Pathology/
Fisiologie & Chemiese Patologie
Dr JC de Bruin (Convenor)
Dr HM Radford
Dr MG Senekal
Dr B Biccard

FCA(SA) Part II/GKN(SA) Deel II
Prof TG Ruttmann (Convenor)
Dr A Reed
Dr PD Gopalan
Prof G Lamacraft
Dr P le Roux
Prof EE Oosthuizen
Dr S Robertson
Dr DR Bhagwandass
Prof GM Ainslie (Phys)

FC Cardio(SA) Final/GK Kardio(SA) Finaal
Prof GJ Rossouw (Convenor)
Prof JG Brink
Mr A Reddi

FCD(SA) Part I/GKT(SA) Deel I
(same as FCMFOS(SA) Primary)

Anatomy, Histology, Embryology & Oral Biology/
Anatomie, Histologie, Embriologie en Mondbiologie
Prof MA Lownie (Convenor)
Prof JH Meiring

Physiology/Fisiologie
Prof M de Kock (Convenor)
Dr CP Jooste

Principles of Pathology including Microbiology/
Beginsels van Patologie insluitend Mikrobiologie
Prof M Altini (Convenor)
Prof JJ Hille

FC Derm(SA) Part I/GK Derm(SA) Deel I –
Overall Convenor: Dr RM Ngwanya

Anatomy & Histochemistry/Anatomie en Histochemie
Dr A Mosam (Convenor) — **Observer:**
Prof S Kidson — Dr L Davids

Physiology & Biochemistry/Fisiologie en Biochemie
Prof W Sinclair (Convenor) — **Observer:**
Dr E Ojuka — Dr K Bugarith

Principles of Pathology/Beginsels van Patologie
Dr RM Ngwanya (Convenor)
Dr CPOvR Mostert

FC Derm(SA) Part II/GK Derm(SA) Deel II
Prof G Todd (Convenor)
Dr MH Motswaledi
Prof HF Jordaan
Prof GR Keeton
Prof W Sinclair
Dr N Raboobee

FCEM(SA) Part I/GKNM(SA) Deel I
NO ORAL/CLINICAL/PRACTICAL
Dr WGJ Kloeck (Convenor)
Prof EB Kramer
Prof LE Wallis
Dr CJ van Loggerenberg

FCEM(SA) Part II/GKNM(SA) Deel II
Dr WGJ Kloeck (Convenor) — **Observer:**
Prof EB Kramer — Dr A Kropman
Prof LE Wallis
Dr GE Dalbock

FC For Path(SA) Part I/GK Gereg Pat(SA) Deel I
Dr IG Brouwer (Convenor) — **Observer:**
Dr RG Ngude — Dr EH Burger
Dr RM Bowen (Anat Path)
Dr D Lourens
Dr KK Hlaise

FC For Path(SA) Part II/GK Gereg Pat(SA) Deel II
Dr IG Brouwer (Convenor) — **Observer:**
Prof LJ Martin — Dr EH Burger
Prof SA Wadee
Prof G Saayman
Dr KK Hlaise
Dr SM Aiyer

FCMFOS(SA) Primary/GKKGM(SA) Primêr
(same as FCD(SA) Part I)
Overall Convenor: Prof M Altini

Anatomy, Histology, Embryology & Oral Biology/
Anatomie, Histologie, Embriologie en Mondbiologie
Prof MA Lownie (Convenor)
Prof JH Meiring

Physiology/Fisiologie
Prof M de Kock (Convenor)
Dr CP Jooste

Principles of Pathology including Microbiology/
Beginsels van Patologie insluitend Mikrobiologie
Prof M Altini (Convenor)
Prof JJ Hille

FCMFOS(SA) Intermediate/GKKGM(SA) Intermediêr
Overall Convenor: Prof JF Lownie

General Principles of Surgery/
Algemene Beginsels van Chirurgie
Prof JF Lownie (Convenor)
Prof KD Boffard

Oral Pathology/Mondelinge Patologie
Prof M Altini (Convenor)
Prof JJ Hille

FCMFOS(SA) Final/GKKGM(SA) Finaal
Prof JA Morkel (Convenor)
Prof JF Lownie
Prof MA Lownie
Prof G Kariem
Dr PJ Struthers
Dr S Singh

FC Neurol(SA) Part I/GK Neurol(SA) Deel I
NO ORAL/CLINICAL/PRACTICAL
Prof A Bryer (Convenor)
Dr JM Heckmann
Dr AA Moodley

FC Neurol(SA) Part II/GK Neurol(SA) Deel II
Prof R Eastman (Convenor for written)
Additional examiners:
Prof BM Kies (Convenor for Oral)
Prof PLA Bill
Dr LM Tucker
Observer:
Dr M Combrink

FC Neurosurg(SA) Final/GK Neurochir(SA) Finaal
Prof AG Fieggen (Convenor)
Dr ND Fisher-Jeffes
Dr MD du Trevou
Prof R Gopal

FCNP(SA) Part I/GKKG(SA) Deel I: Overall Convenor:
NO CANDIDATES ENTERED

FCNP(SA) Part II/GKKG(SA) Deel II
Prof A Ellmann (Convenor)
Prof MD Mann
Prof MM Sathekge
Prof JD Esser
Dr T Kotze

FCOG(SA) Part I/GKOG(SA) Deel I
NO ORAL/CLINICAL/PRACTICAL
Prof EJ Buchmann (Convenor)
Dr SR Ramphal
Dr NH Mbatani
Prof G Dreyer
Dr JM Carter
Dr L Smith
Dr Siva Moodley (Natal)
Dr DR Hall

FCOG(SA) Part II/GKOG(SA) Deel II
Prof J Anthony (Convenor)
Prof ZM van der Spuy
Prof TF Kruger
Prof S Levin
Prof BG Lindeque
Dr HC Maise
Prof TS Monokoane
Prof HS Cronje
Observer:
Dr L Owen

FC Ophth(SA) Part I/GK Oft(SA) Deel I
Dr JC Rice (Convenor)
Dr A Ziskind
Dr N du Toit
Dr R Maske
Prof GJ Louw

FC Ophth(SA) Part II/GK Oft(SA) Deel II
Prof CD Cook (Convenor)
Prof AA Stulting
Prof D Meyer
Dr PSC Steven

FC Orth(SA) Final/GK Ort(SA) Finaal
Prof J Walters (Convenor)
Prof S Govender
Prof GJ Vlok
Prof M Lukhele
Prof JA Shipley
Dr EVD Neluheni
Prof R Golele
Dr MV Ngcelwane
Dr R Dunn
Observers:
Dr HR de Jongh
Dr J du Toit
Additional examiner:
Dr MW Solomons

FCORL(SA) Final/GKORL(SA) Finaal
Prof JJ Fagan (Convenor)
Prof JW Loock
Prof AJ Claassen
Dr LJ Ramages
Prof MI Tshifularo

FC Paed(SA) Part I/GK Ped(SA) Deel I
NO ORAL/CLINICAL/PRACTICAL
Dr S Kling (Convenor)
Prof BB Hoek
Dr MK Chhagan
Prof RJ Green
Dr LL Linley
Prof DE Ballot

FC Paed(SA) Part II/GK Ped(SA) Deel II
Prof RP Gie (Convenor)
Prof SC Brown
Dr R Thejpal
Dr N Shipalana
Dr FF Takawira
Dr R van Toorn
Prof C Motala
Prof PA Cooper
Observers:
Dr S Kling

FC Path(SA) Anat Part I/GK Pat(SA) Anat Deel I
NO ORAL/CLINICAL/PRACTICAL
Prof D Govender (Convenor)
Prof JW Schneider
Prof PK Ramdial
Dr RM Bowen

FC Path(SA) Anat Part II/GK Pat(SA) Anat Deel II
Prof D Govender (Convenor)
Prof JW Schneider
Observer:
Prof J Bezuidenhout

Prof PK Ramdial
Dr RM Bowen

FC Path(SA) Chem/GK Pat(SA) Chem
NO CANDIDATES ENTERED

FC Path(SA) Clin/GK Pat(SA) Klin
NO CANDIDATES ENTERED

FC Path(SA) Haem Part I/GK Pat(SA) Hem Deel I
NO ORAL/CLINICAL/PRACTICAL
Prof EPG Mansveldt (Convenor)
Prof PN Badenhorst

FC Path(SA) Haem Part II/GK Pat(SA) Hem Deel II
Prof EPG Mansveldt (Convenor)
Prof PN Badenhorst
Additional examiners:
Prof A Bird

FC Path(SA) Micro/GK Pat(SA) Mikro
Prof AG Duse (Convenor)
Prof E Wassermann

FC Path(SA) Oral Path - Part I /GK Pat(SA) Mondpatologie – Deel I
Prof M Altini (Convenor)
Prof J Hille

FC Path(SA) Viro/GK Pat(SA) Viro
Prof W Preiser (Convenor)
Dr DR Hardie
Observer:
Dr P Moodley

FCP(SA) Part I Basic Sciences/ GKI(SA) Deel I Basiese Wetenskappe
NO ORAL/CLINICAL/PRACTICAL
Prof PJ Commerford (Convenor)
Prof FJ Raal
Prof BW Jansen van Rensburg
Dr K Nyamande
Prof MR Davids
Dr FJ Pirie
Dr P Raubenheimer
Prof B Cassim

FCP(SA) Part II/GKI(SA) Deel II
Prof VC Burch (Convenor)
Prof RJ Hift
Prof MS Mntla
Prof KRL Huddle
Prof WF Mollentze
Prof MR Moosa
Prof JA Ker
Prof Y Veriava
Dr AFR Tooke (Objective test)
Dr L de Villiers (Objective test)
Additional examiners:
Prof AA Motala
Prof B Mayosi
Prof T Parbhoo
Prof JL Seggie

FCPHM(SA)/GKPG(SA)
Core examiners (set and mark questions, mark any long reports, do oral exams)
Dr NA Cameron (Convenor)
Dr D Coetzee
Prof F Maluleke
Dr LD Dudley
Observer:
Dr A Boulle

Addition examiners (set & mark questions, mark short reports)
Dr A Boulle
Dr VEM Mubaiwa
Dr C Oliphant
Dr D Basu

FCPHM(SA) OCC MED
NO CANDIDATES ENTERED

FC Plast Surg(SA) Final/GK Plast Chir(SA) Finaal
Prof DA Hudson (Convenor)
Prof P Coetzee
Prof G Psaras
Prof JF Jooste
Observer:
Prof F Grawe

FC Psych(SA) Part I/GK Psig(SA) Deel I –
Overall Convenor: Dr GP Jordaan
LETTER TO EXAMINERS
NO ORAL/CLINICAL/PRACTICAL

Neuroanatomy & Neurophysiology/ Neuroanatomie en Neurofisiologie
Dr GP Jordaan (Convenor)
Dr PD Milligan
Dr O Oyedele
Prof ML Channa
Dr R Schoeman
Additional examiner:
Dr P Carey

Psychology & related subjects/Sielkunde en verwante vakke
Dr FA Korb (Convenor)
Prof AJ Flisher
Ms ML Hendricks
Additional examiner:
Dr I Lewis

FC Psych(SA) Part II/GK Psig(SA) Deel II –
Overall Convenor: Prof WP Pienaar
LETTER TO EXAMINERS

Psychiatry/Psigiatrie
Prof WP Pienaar (Convenor)
Prof DJH Niehaus
Prof FY Jeenah
Prof PJ Pretorius
Prof ST Rataemane
Dr S Saloojee
Prof JL Roos
Prof O Alonso-Betancourt
Dr GP Jordaan
Observers:
Dr V Hitzeroth
Dr B Chiliza

Neuropsychiatry/Neuropsigiatrie
Prof DAC White (Convenor)
Prof G Modi
Prof PP Oosthuizen
Dr RGM Thom
Dr J Joska (Neuropsychiatry)
Prof R Eastman
Additional examiners:
Dr F Daubenton
Prof JA Carr (Neurology)
Prof S Seedat
Prof T Zabow
Dr F Daubenton
Prof SZ Kaliski

FC Rad Diag(SA) Part I/GK Rad Diag(SA) Deel I –
Overall Convenor: Prof S Andronikou

Radiological anatomy & radiological techniques/ Radiologiese anatomie en radiologiese tegnieke
Prof JW Lotz (Convenor)
Dr M Modi

Radiation physics & imaging/Straalfisika & beelding
Prof SJ Beningfield (Convenor)
Dr WA Groenewald

FC Rad Diag(SA) Part II/GK Rad Diag(SA) Deel II
Prof S Andronikou (Convenor)
Prof SJ Beningfield
Observer:
Dr S Theron

Dr M Modi
Prof E Joseph
Prof JW Lotz

Dr C Ackermann
Administrative Assistant:
Mrs A Rich

FC Rad Onc(SA) Part I/GK Rad Onk(SA) Deel I –
Overall Convenor: Prof FJAI Vernimmen
NO ORAL/CLINICAL/PRACTICAL

Physics, apparatus construction & statistics/
Fisika, apparaatkonstruksie en statistiek
Prof FJAI Vernimmen (Convenor)
Dr ER Hering

Anatomy & Physiology/Anatomie en Fisiologie
Dr E Murray (Convenor)
Dr JK Harris

Pathology & Radiation Biology/
Patologie en Straalbiologie
Dr AL van Wijk (Convenor)
Dr AL Hunter

FC Rad Onc(SA) Part II/GK Rad Onk(SA) Deel II –
Overall Convenor: Prof RP Abratt

Paper I - Medicine, Surgery & Gynaecology/
Geneeskunde, Chirurgie en Ginekologie
Prof B Donde (Convenor)
Prof JP Jordaan

Paper II - Radiotherapy & Cancer Chemotherapy/
Vraestel II Radioterapie en Kankerchemoterapie
Prof L Goedhals (Convenor)
Prof FJAI Vernimmen

Paper III-Radiotherapy & Cancer Chemotherapy/
Vraestel III-Radioterapie en kankerchemoterapie
Dr AL van Wijk (Convenor)
Prof RP Abratt

FCS(SA) Primary/GKC(SA) Primêr
Prof DB Bizos(Convenor)

FCS(SA) Primary/GKC(SA) Primêr including Neuroanatomy
GKC(SA) Primêr insluitend Neuroanatomie
NO ORAL/CLINICAL/PRACTICAL
Dr ND Fisher-Jeffes (Convenor)
Prof JC Peter
Prof H Shapiro

FCS(SA) Intermediate – Principles of Surgery in General/
GKC(SA) Intermediêr - Beginsels van Chirurgie in die Algemeen
Overall Convenor: Prof WL Michell
Prof WL Michell (Convenor)
Prof JP Pretorius
Prof KD Boffard
Dr SJA Smit

FCS(SA) Intermediate – Principles of Surgical Speciality Disciplines/GKC(SA) Intermediêr – Beginsels van Chirurgiese Spesialiteitsdissiplines
Overall Convenor: Prof WL Michell
Prof AJ Nicol (Convenor)
Prof DF du Toit
Prof B Singh
Mr SS Pillay

FCS(SA) Final/GKC(SA) Finaal
Prof D Kahn (Convenor)
Prof JV Robbs
Prof M Veller
Prof JHR Becker
Prof MCM Modiba
Prof BL Warren
Prof RS du Toit
Prof PC Bornman

Observer:
Prof A Nicol
Dr A Ebrahim

FC Urol(SA) Primary/GK Urol(SA) Primêr
Prof CF Heyns (Convenor)
Prof BJ Page
Dr JG Strijdom
Prof JW Schneider

FC Urol(SA) Final/GK Urol(SA) Finaal
Dr AR Pontin (Convenor)
Dr S Mutambirwa
Dr AM Grizic
Dr AM Naude

Observer:
Dr N van der Merwe
Moderator:
Dr B Haffejee

MCFP(SA)/LKH(SA)
Prof DA Hellenberg (Convenor)
Prof AW Barday
Prof JJ Blitz (Written examination)
Prof GA Ogunbanjo
Prof SS Naidoo
Dr SN Mazaza
Dr J Tumbo (Oral only)

H Dip Int Med(SA)/H Dip Int Gen(SA)
NO CANDIDATES ENTERED

H Dip Orth(SA)/H Dip Ort(SA)
Prof J Walters (Convenor)
Prof S Govender
Prof GJ Vlok
Prof M Lukhele
Prof JA Shipley
Dr EVD Neluheni
Prof R Golele
Dr MV Ngcelwane
Dr R Dunn

Observers:
Dr HR de Jongh
Dr J du Toit

Additional exainer:
Dr MW Solomons

H Dip Sexual Health(SA)/H Dip Seksuele Gesondheid(SA)
NO CANDIDATES ENTERED

H Dip Surg(SA)/H Dip Chir(SA)
NO CANDIDATES ENTERED

Dip Allerg(SA)/Dip Allerg(SA)
Prof RJ Green (Convenor)
Dr S Kling
Dr AI Manjra
Dr R Masekela

DA(SA)
NB: ALL SCRIPTS TO BE DELIVERED TO CMSA, JOHANNESBURG
Dr RW Nieuwveld (Convenor)
Dr LR Horak
Dr CH Daniel
Dr J Erskine
Dr BM Gardner
Dr PJ Kenny
Dr LR Smith

Observers:
Dr S Strydom

Dr M de Kock
Dr U Singh

DCH(SA)/DKG(SA)
LETTER TO EXAMINERS
Dr H Buys (Convenor)
Dr NH McKerrow
Dr MC Mulaudzi
Dr ML Cooke
Dr K Harper
Prof H Saloojee
Dr JP Jooste

Observer:
Dr S Kling

Dip Dent(SA)/Dip Tand(SA)
NO CANDIDATES ENTERED

Dip For Med(SA) – Clin/Dip Gereg Gen(SA) – Klin
NO CANDIDATES ENTERED

Dip For Med(SA) –Clin/Path/Dip Gereg Gen(SA) – Klin/Pat
Dr IG Brouwer (Convenor)
Dr JF Els
Dr D Lourens
Dr S Potelwa
Dr T Naidoo
Dr R Blumenthal
Dr GM Kirk

Observer:
Dr EH Burger

Dip For Med(SA) – Path/Dip Gereg Gen(SA) – Pat
Dr IG Brouwer (Convenor)
Dr JF Els
Dr D Lourens
Dr S Potelwa
Dr T Naidoo
Dr R Blumenthal
Dr GM Kirk

Observer:
Dr EH Burger

Dip HIV Management(SA)/Dip MIV Hantering(SA)
NO ORAL/CLINICAL/PRACTICAL
Prof G Maartens (Convenor)
Dr D Wilson (Pmb)
Dr DC Spencer
Dr F Venter
Dr SM Andrews
Prof M Cotton
Dr K Cohen

DMH(SA)/DGG(SA)
Dr D Wilson (Convenor)
Dr S Baumann
Prof CW Allwood
Dr MS Salduker
Dr CM Maud
Dr MM Herrera
Dr B Chiliza
Dr A Pillay

Dip Obst(SA)/Dip Obst(SA)
Prof DW Steyn (Convenor)
Dr S Nosarka
Dr NE Pirani
Dr TJ Mashamba
Prof SR Fawcus
Dr PM Shweni

Dip Ophth(SA)/Dip Oft(SA)
Dr KA Lecuona (Convenor)
Dr RC Amod

Dip PEC(SA)/Dip PNS(SA)
Dr GE Dalbock (Convenor)
Dr WGJ Kloeck
Prof L Wallis
Dr A Engelbrecht

Observer:
Dr A Kropman
Dr C Frith

Cert Cardiology(SA) – Paediatricians/
Sert Kardiologie(SA) - Pediaters
Dr J Lawrenson (Convenor)
Dr AM Cilliers
Dr E Hoosen
Prof SC Brown

Cert Cardiology(SA) - Physicians/
Sert Kardiologie(SA) - Interniste
Prof A Okreglicki (Convenor)
Prof AF Doubell
Dr AR Horak
Prof DP Naidoo

Cert Child Psychiatry(SA)/
Sert Kinderpsigiatrie(SA)
Dr S Hawkridge (Convenor)
Dr BJ Steyn
Prof B Robertson

Cert Clinical Haematology(SA)/
Sert Kliniese Hematologie(SA)
Prof N Novitsky (Convenor)
Prof BF Jacobson

Additional examiner:
Dr VL Naicker

Cert Critical Care(SA)/Sert Kritiese Sorg(SA)
Prof AC Argent (Convenor)
Prof M Mer
Dr PD Gopalan
Prof WL Michell

Cert Endocrinology & Metabolism(SA) - Phys/
Sert Endokrinologie & Metabolisme(SA) - Int
Prof NS Levitt (Convenor)
Prof R Shires
Prof AA Motala

Cert Gastroenterology(SA) - Physicians/
Sert Gastroënterologie(SA) - Interniste
Dr G Watermeyer (Convenor)
Dr CJ van Rensburg
Prof KA Newton
Prof R Ally

Cert ID(SA)/Sert ID(SA)
WRITTEN AND ORAL/SKRIFTELIK EN MONDELING;
Prof G Maartens (Convenor)
Prof AG Duse
Prof M Grobush
Prof M Cotton

WRITTEN ONLY/SKRIFTELIK ALLEENLIK:
Dr M Mendelson
Prof Y Moosa

Cert Maternal and Fetal Medicine(SA)
Prof J Anthony (Convenor)
Prof H Odendaal
Dr L Govender

Cert Medical Oncology(SA) –
Paed/Sert Mediese Onkologie(SA) – Ped
Prof DK Stones (Convenor)

Dr JE Poole
Prof M Kruger

Cert Medical Oncology(SA) –
Phys/Sert Mediese Onkologie(SA) - Interniste
Prof P Ruff (Convenor)
Dr B Rapoport
Dr DA Vorobiof
Prof LM Dreosti

Cert Neonatology(SA)/Sert Neonaatologie(SA)
Prof G Kirsten (Convenor)
Prof PA Cooper
Prof M Adhikari
Dr A Horn

Cert Nephrology – Physicians/Sert Nefrologie – Interniste
Prof C Swanepoel (Convenor)
Prof MR Moosa
Prof B van Rensburg
Dr T Gerntholtz

Cert Rheumatology(SA)/Sert Rumatologie(SA)
NO CANDIDATES ENTERED

Cert Vascular Surgery(SA)/Sert Vaskulêre Chirurgie(SA)
Prof JV Robbs (Convenor)
Prof M Veller
Prof DF du Toit
Dr T Ayoub Carriem

Observer:
Dr N Naidoo

National clinical guideline for stroke
Third edition

CLINICAL STANDARDS
Royal College of Physicians
Setting higher medical standards

Prepared by the Royal College of Physicians Intercollegiate Stroke Working Party co-chaired by Professor Derick Wade and Dr Tony Rudd

The third edition of these world-renowned stroke guidelines provides the reader with the most comprehensive coverage of stroke are to date, encompassing the whole of the stroke pathway from acute care through to longer-term rehabilitation and secondary prevention. It informs health professionals about what should be delivered to stroke patients and how this should be organised, with the aim of improving the quality of care for everyone who has a stroke, regardless of age, gender, type of stroke, or location. The recommendations have been completely revised to include the most up-to-date evidence published since the last edition in 2004.

New features included in this guideline
- Recommendations from the new guideline by the National Institute for Health and Clinical Excellence on the initial management of acute stroke and transient ischaemic attack.
- A new guide for commissioners of stroke services to help ensure that a population receives an integrated high-quality service.
- An updated information booklet for stroke patients and their carers*.
- A section on mental capacity and how it influences stroke management.
- Updated sections, on acute care, rehabilitation, longer-term care, and secondary prevention.
- Profession-specific concise guides for nurses, dietitians and therapy professionals.
- A driving section (in relation to UK driving law).
- A laminated concise guide for convenience.

The guidelines are written in a clear and holistic way.
They are an essential resource for everyone involved in stroke care, prevention and rehabilitation, as well as commissioners of stroke services, patients and carers.

Contents: Commissioning, Systems underlying stroke, Acute-phase care, Secondary prevention, Recovery phase, rehabilitation, Late phase

ISBN 978-1-86016-334-0 Published July 2008

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Annual Report of the Senate of The Colleges of Medicine of South Africa for the period 1st June 2007 to 31st May 2008

The third Annual Report of the Seventeenth Senate gives an account of the business of Senate during the financial year 1 June 2007 to 31 May 2008. The report will be presented in two sections - 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 separately and the rest of the activities appear hereunder.

The annual reports of constituent Colleges are published independently. The omission of a few Colleges to submit their reports is recorded and we apologise to the members of those Colleges for the lack of information pertaining specifically to their speciality.

IN MEMORIAL

The President and Senate received notification of the death of the following members of the CMSA during the past year and extend condolences to their next of kin.

Honorary Fellows

KATHRADA, Ismail

Fellow *ad eundem*

VAN REENEN, Johannes Frederick

Life Founders

BENSUSAN, Arthur David (Kim)
HAMILTON, Clarence Gawn

Associate Founders and Associates

DU TOIT, Guillaume
EDGE, William Edwin Basil
HOFMEYR, Francis Edward
KLOPPER, Jacobus Marthinus Lourens
MAHOMEDY, Yunus Hassim
SMITH, John Alaister
WAYBURNE, Samuel

Fellows

BURCHARD, Anne Tamara
HALL, Pauline de la Motte
IRELAND, John Dale
JANSE VAN RENSBURG, Lucas Carl
LEMMER, Eric Richard
LOUW, John Xavier
SENIOR, Elizabeth Mary
VISSER, Mariana Charlotte

Member

ISMAIL, Mahomed Hoosen Hajee

Certificant

MBEZENI, Manene Johannes

Diplomate

KHARVA, Zaiboon Nisha

INCORPORATION OF THE COLLEGE OF MEDICINE FOUNDATION INTO THE STRUCTURE OF THE CMSA

Amendment of By-Laws

An additional By-law was added to the Articles of Association and By-laws of the CMSA to make provision for a Board of Trustees. The additional By-law reads as follows:

Constitution of the Board and Voting Rights

1. There shall be a board of trustees of the CMSA to manage matters related to fund-raising and the investment of funds raised by them.
2. The board of trustees shall be constituted every 3 years at the first meeting of each new Senate and shall consist of not less than 9 members or such greater or smaller number (at all times being an odd number) as the elected members of the Senate of the CMSA may from time to time decide; provided always that in case the elected members of the said Senate decide to reduce the number of trustees, such reduction shall not be to a number less than seven.
3. The trustees shall be:
   (a) the president of the CMSA for the time being, or his/her delegate;
   (b) such additional persons as may be appointed by the Senate of the CMSA, provided always that not less than one half of the trustees to be thus appointed shall be members of the CMSA, either a Founder, an Associate Founder and/or Fellow of the CMSA, one of whom shall be the immediate past president of the CMSA;
   (c) an honorary treasurer, who shall, unless otherwise directed by the Senate of the CMSA, be the honorary treasurer of the CMSA.
4. The newly constituted board of trustees shall take office at the first meeting after every new CMSA Senate is elected.
5. The activities of the board of trustees, its meetings and other deliberations will be determined from time to time by the board of trustees and any disputes shall be referred to the Senate or its Executive Committee which shall determine the resolution of such a dispute".

Termination of the Colleges of Medicine Foundation Trust

An official agreement was entered into by the CMSA Senate and the Trustees of the CMF whereby the date of dissolution of the CMF would coincide with the date of transfer of the Foundation property, 23 Rhodes Avenue, Parktown, to the CMSA. This process should be finalised in the coming year.

CMSA POLICY FORUM ON TERTIARY ACADEMIC MEDICINE AND SPECIALIST TRAINING

On 24 and 25 October 2007, 110 delegates, including Office Bearers of the CMSA, delegates from constituent Colleges, Deans of Health Science Faculties, including

Dental Faculties, leading individuals in health care and Government leaders in health, education and finance, met at the Cape Town office to discuss strategic issues pertaining to tertiary academic medicine and specialist training in South Africa. Funding was raised from the UK Department for International Development (DFID) for the event and the Project Co-ordinator was Dr Brigid Strachan.

Keynote addresses were presented by senior representatives of the National Department of Health (DoH), National Treasury, National Department of Education (DoE), the President of CMSA, the Chairman of the Postgraduate Committee for Education and Training (Medical) of the HPCSA, the South Africa Registrars' Association, a South African health care consultant and two visitors from the United Kingdom.

There was remarkable agreement that Tertiary Academic Medicine urgently required increased, ringfenced, funding. At the same time clear short- and long-term strategic goals for all aspects of both Tertiary Academic Medicine and Specialist Training should be developed by a high level group which should include representatives of the National Departments of Health, Education, Public Administration, the Treasury, the CMSA, Health Professions Council of South Africa (HPCSA) and the University Health Science Faculties, including the Dental Faculties. It was strongly felt that the CMSA could facilitate this process by convening task groups to develop proposals for various aspects of the "way forward" aimed at solving South Africa's needs for both Tertiary Academic Medicine and the training of specialists.

The CMSA, which is perceived to be a neutral body by stakeholders as it has expertise in every discipline of medicine and dentistry and can access considerable expertise in the requirements, standards, knowledge, attitudes and skills required by specialists, accepted the challenge and is arranging a follow-up Forum "Developing a Shared Vision for Academic Medicine and Specialist Training", which will take place in Cape Town on 1 and 2 December 2008. It is envisaged that this will form part of a five year project and will become a permanent part of the CMSA activities – possibly driven by a fourth Standing Committee.

A report on the proceedings of the first forum appeared in the January – June 2008 issue of Transactions.

TRIENNIAL ELECTIONS

Constituent College Councils

The nomination forms were posted to members of the CMSA in good standing by the end of February 2008. The deadline of 18 April 2008 for the receipt of nominations was initially extended to 2 May 2008, with a further extension of a week to 9 May 2008 to encourage participation.

The ballot papers were posted by 30 May 2008, to members in the following constituent Colleges where there will be an election:

College of Anaesthetists
College of Forensic Pathologists
College of Maxillo-Facial and Oral Surgeons
College of Nuclear Physicians
College of Obstetricians and Gynaecologists
College of Ophthalmologists
College of Otorhinolaryngologists
College of Psychiatrists
College of Public Health Medicine
College of Radiation Oncologists
College of Surgeons
College of Urologists

There will be no election in the Colleges listed below, as the exact number of nominations were received:

College of Cardiothoracic Surgeons
College of Dermatologists
College of Emergency Medicine
College of Family Physicians
College of Neurologists
College of Neurosurgeons
College of Paediatricians
College of Plastic Surgeons

An insufficient number of nominations were received in the following:
College of Dentistry
College of Orthopaedic Surgeons
College of Pathologists
College of Physicians
College of Radiologists

The persons nominated in the last two groups will be declared elected and they will have the power to co-opt additional persons.

The two newly established Colleges, viz. the College of Clinical Pharmacologists and College of Medical Geneticists are in the process of constituting a group of persons who will form their first Councils and their respective panels of examiners.

The election of a President, Secretary and two representatives on Senate by the newly elected Councillors of the respective Colleges will take place by confidential ballot early in the next financial year.

Diplomates

There will be no election for Diplomate representatives in any of the constituent Colleges as either the exact number of candidates, or insufficient nominations were received. The nominated candidates will be declared elected and they will be required to elect two Diplomates (across the disciplines) as representatives of the Diplomates on the CMSA Senate.

CONSTITUENT COLLEGE NEWS

Family Physicians

Name Change

The name of the College of Family Practitioners was changed to the College of Family Physicians in the past year.

Status of holders of the MFGP(SA)/MCFP(SA)

Regarding the status for holders of the MFGP(SA) and MCFP(SA) after the closing date of the conversion to FCFP(SA) on 31 January 2008, it was agreed that as the MCFP(SA) would still be offered up to the March/May 2009 examination, all those who pass the examination in March/May 2008, September/October 2008 and March/May 2009 would be eligible to have their MCFP(SA) certificates converted to FCFP(SA).

Establishment of New Colleges

Two new Colleges were established:

- The College of Medical Geneticists
- The College of Clinical Pharmacologists

Both these Colleges would have their own constitutions, based on a standard format and would in due course constitute their Councils and examination panels.

EXAMINATION RELATED MATTERS

Successful Candidates

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

Language Policy of the CMSA

The language policy of the CMSA was extensively debated by the CMSA Executive and Senate, together with the future of the National Equivalence Examination. Having examined the language policy of HPCSA, it was accepted that the CMSA could not change the language of tuition until the universities had a universal language policy in place. This was strongly supported by the SARA representative. It was agreed, therefore, that for the present, the status quo be maintained.

Closing date for Applications

It was agreed that from 2008, the closing date for the second set of examinations would be 15 June to facilitate the administration.

Guidelines on Appointing Examiners and Observers

The following guidelines were introduced:

1. The board of examiners for each college should have representatives from all training institutions in that discipline. The examiner from the host institution would generally be appointed as convenor for the examination. Supplementary examiners could be added to this list should it become necessary or desirable. Examiners should all have been observers for at least one examination before their inclusion in the full examining panel. Each training institution should use the observer system to ensure that there was a sufficient pool of experienced examiners from which to draw, to maintain the necessary composition of the panel.
2. The examination panels should, as far as possible, be selected by each college during the preceding clinical examination. The examiner from each centre should, therefore, come to the clinical examination with the name of an available, suitably qualified nominee for the following examination from his/her centre. They should be experienced, competent and with good academic reputation. This panel would then be submitted to the President of the College for approval and onward transmission to the Examinations and Credentials Committee of the CMSA.
3. Conveners would be required to submit a report about the quality of the questions set, the conduct of the examinations, the performance of the candidates and what improvements needed to be effected in the teaching, to the Chairman of the Examinations and Credentials Committee soon after the examinations were concluded.
4. One of the examiners should come from an examination centre other than the one that a candidate came from. In order to grow examiners from the rural areas, colleges could apply for funding for these examiners to observe.

Constituent Colleges would be allowed to submit their own variations of these guidelines which, once approved, would be published on the web.

Regulations for Examining

A subcommittee of the Examinations and Credentials Committee was appointed to look into the compilation of regulations which would include internal and external moderation of examination papers, appeal mechanisms for candidates who fail, feed-back for candidates and training institutions in order to focus on their future learning and guidelines for quality assurance in assessment.

Graduation Ceremonies

As from October 2008, the ceremonies would take place at 18:00. The format was changed slightly, with the oration being delivered at the beginning. The order of admission of graduands would also be reversed, with the fellows coming up first. In order to facilitate the smooth running of events, the graduation ceremony etiquette would in future be announced before commencement of the proceedings.

Endowment of Medals and Change of Criteria

Change of Criteria

The Novartis prize for the FC Psych(SA) was changed from an overseas trip to a cash prize of R10 000 and is awarded together with a medal to candidates who excel in the final examination.

Endowment

Three new medals were endowed during the past year:

- The South African Society of Occupational Medicine Medal, to be awarded to distiguished candidates in the FCPHM(SA) Occ Med.
- The Quan Medal, for excellent performance in the Fellowship examination of the College of Family Physicians (FCFP(SA)).
- The HIV Clinicians Society Medal, for award to the best candidate in the Diploma examination in HIV Medicine (Dip HIV Med(SA)).

Peter Gordon-Smith Award

Bearing in mind the capital investment associated with this endowment, various options were considered in liaison with the College of Dermatologists, which included the endowment of an eponymous lecture.

It was agreed that a medal would be endowed in memory of the late Dr Peter Gordon-Smith, which would be awarded to candidates who excel in the FC Derm(SA) Part II examination. The medal would be accompanied by a book prize of the recipient's choice.

The Janssen Research Foundatioin medal will in future be awarded for distinguished performance in the FC Derm(SA) Part I examination.

Medal Recipients

Recipients of medals during the period under review were:

Johannesburg : 18 October 2007

Mohlabe John Moche
Janssen Research Foundation Medal : FC Derm(SA) Part II

Franz Friedrich Birkholtz
J M Edelstein Medal : FC Orth(SA) Final

Anna Maria Klisiewicz
Suzman Medal : FCP(SA) Part II

Renata Schoeman
Novartis Medal : FC Psych(SA) Part II

Izak de Villiers Jonker
Brebner Award : FCS(SA) Intermediate

Jacobus Hendrik Henning
Lionel B Goldschmidt Medal : FC Urol(SA) Final

Tamatha Jane Urquhart
Eugene Weinberg Medal : Dip Allerg(SA)

Caryn Suanne Frith
Walter G Kloeck Medal : Dip PEC(SA)
Cape Town : 15 May 2008

Fabian Leong Nam
Janssen Research Foundation Medal : FCA(SA) Part I
Glaxosmithkline Medal : FCA(SA) Part I

Alastair Wayne Moodley
Hymie Samson Medal : FCA(SA) Part I

Rosemary Dianne Mulder
Mohinee Gulab Kalan
Jack Abelsohn Medal and Book Prize : FCA(SA) Part I

Izak Daniel Petrus Burger
Novartis Medal : FC Neurol(SA) Part II

Gabrielle Dominique Toweel
Daubenton Medal : FCOG(SA) Part II

Marié Wessels
Leslie Rabinowitz Medal : FC Paed(SA) Part I

Fiona Elize Kritzinger
Robert McDonald Medal : FC Paed(SA) Part II

George Frederick van der Watt
Coulter Medal : FC Path(SA)

Elizabeth Legg
Lynn Gillis Medal : FC Psych(SA) Part I

Shahieda Adams
SASOM Medal : FCPHM(SA) Occ Med Part II

Himal Hasmukhlal Gajjar
Rhône-Poulenc Rorer Medal : FC Rad Diag(SA) Part I

Francis William Quayson
Trubshaw Medal : FCS(SA) Primary

Shazia Peer
Brebner Award : FCS(SA) Intermediate

Cornelis Marius Hoogerboord
Douglas Award : FCS(SA) Final

Koenraad Edwin Greyling
HIV Clinicians Society Medal : Dip HIV Man(SA)

Fellowship by Peer Review
The candidates listed below, were successfully considered for Fellowship by peer review since the last report:

College of Emergency Medicine (FCEM(SA))
Dr Louise Engelbrecht
Dr Shahid Jalil

College of Neurologists (FC Neurol(SA))
Prof Ahmed Iqbal Bhigjee

College of Psychiatrists (FC Psych(SA))
Dr Christa Kruger
Dr Daniel Jan Hendrik Niehaus

College of Neurologists (FC Neurol(SA))
LUBBE, Frans
GULDENPFENNIG, Werner Maritz
OPPERMAN, Dion Craig
KEYTER, Johan
SWARTZ, Petrus Jacobus Johannes

Accreditation of Hospital Training Posts
The following hospitals were accredited:

Dip HIV Man(SA)
Leratong Hospital

Dip Obst(SA)
Ermelo Hospital
Port Shepstone Provincial Hospital

Dip Ophth(SA)
Rob Ferreira Hospital

Dip PEC(SA):
Gaborone Private Hospital

J Crooked Hospital
Life Fourways Hospital
Murchison Hospital
Ngwelezane Hospital
Tambo Memorial Hospital

H Dip Sexual Health and HIV Med(SA):
Lower Umfolozi District War Memorial Hospital

Dip Obst(SA):
Kouga Partnership Hospital

All hospitals accredited by the HPCSA for internship training in Obstetrics and Gynaecology will also be recognised for Dip Obst(SA) training.

Code of Conduct for Examination Candidates
A code of conduct for examination candidates was approved and published on the website.

Staggered written examinations
A staggered system was introduced for the written papers as from May 2008. Examinations with an oral component are written first, followed by the examinations with no oral component, the week thereafter – a mutually beneficial system for all concerned.

Workshops in 2007 on *"Training of Examiners"*
The workshop run by the Examinations and Credentials Committee on assessor training was a great success. A full report together with copies of the speakers' power point presentations will be sent to all delegates shortly. The following questions were answered by all groups and from these comprehensive reports a budget and three-yearly cycle of training activities will be formulated by the Examinations and Credentials committee.

The type of training (with prioritisation)
The places of training
The frequency of training
Assessment of training
Documentation of training

The guest speakers were:

Mr T Bhengu - CHE
Dr E Owen - UK
Prof D Prozesky – University of the Witwatersrand
Prof A Madaree - CMSA
Dr G Pickworth – University of Pretoria

The CMSA will probably continue to offer these workshops as they are beneficial to the examiners and ultimately will benefit the candidates.

REGISTRARS

Affiliation to the CMSA

The registrars will now be given the option of becoming affiliated to CMSA by paying an annual administration fee of R50. A link wil also be created from the SARA website to the web page of the CMSA and SARA will be allowed the use of the College facilities at a discounted rate.

SARA representatives will continue to attend and participate at Senate and constituent College Council meetings, but they do not have voting rights.

Conditions of Service for Registrars

Prof Robbs, in his capacity as representative of the CMSA on the Postgraduate Education and Training Committee of the MDPB of HPCSA, reported that the new conditions of service have been accepted by the Committee.

SCHOLARSHIPS AND AWARDS

Phyllis Knocker/Bradlow Award: 2006

Dr Jonathan Saul Karpelowsky was announced the winner of this prestigious award. He obtained the FCS(SA) in 2004 and Cert Paediatric Surgery(SA) in 2006.

K M Browse Research Scholarship: 2007/2008

Dr Marc Combrinck was the last recipient of the scholarship. No further awards will be made until sufficient funds have accumulated in the distribution account.

Maurice Weinbren Award in Radiology: 2007

Not awarded.

R W S Cheetham Award : 2007

Dr M Y H Moosa received this award for the best cross-cultural paper in psychiatry at the Philosophy in Psychiatry Congress at Sun City in August 2007. His paper gave a review of multi-spousal relationships – the psychosocial effects and therapy.

M S Bell Scholarship : 2007

This award will now be made biennially, which means that it will be due for consideration again in 2008.

EDUCATIONAL MATTERS

News Bulletins

CMSA Bulletin

The College news bulletin has been further enhanced, but because of fire in the Durban office, has not been published as frequently. Routine news items received from members will be gladly included in future issues.

Newsletters of the College of Psychiatrists and the College of Public Health Medicine

These Colleges continue to publish regular newsletters for the information, particularly of their members and can be viewed on the CMSA website.

Educational Development Programme : Transkei and East London

7 – 9 June 2007

Professor Julian Oettle, Head of the Colorectal Unit at Helen Joseph Hospital, together with Dr Steve Molaoa, a consultant from the Walter Sisulu University in Mthatha gave an update on breast cancer and colorectal cancer.

23 – 25 August 2007

Professor Franco Guidozzi (University of the Witwatersrand) and Dr Noluyolo Sigcu (Groote Schuur Hospital) presented an update in obstetrics and gynaecology.

11 – 13 October 2007

A programme on updates in hypertension, renal disease and diabetes was presented by Professor Y Veriava (University of the Witwatersrand) and Dr Joel Dave (University of Cape Town).

6 – 8 March 2008

Updates in Otorhinolaryngology and Ophthalmology. Originally, Dr S Biyana from the Department of Otorhinolaryngology, UKZN was presenting, but he unfortunately became indisposed during February. The Department of Otorhinolaryngology at Walter Sisulu University arranged for suitable presenters. Dr M Gwavu from the Department of Ophthalmology at the Nelson R Mandela School of Medicine presented the ophthalmology update.

29 – 31 May 2008

Unfortunately, Dr Brian Vezi (University of Cape Town) declined to participate at the last moment and Professor Benjamin Longo Mbenza from Medunsa kindly stepped in as a substitute to present the Cardiology Update. Dr Andrew Black (University of the Witwatersrand) presented Updates in Pulmonology.

Robert McDonald Rural Paediatric Fund

A programme outline submitted by Professor Adhikari, Department of Paediatrics, Nelson R Mandela School of Medicine, has been supported by the College of Paediatricians.

Lectureships

Arthur Landau Lectureship

Professor Umesh Lalloo delivered his lecture "Respiratory Science through the ages – A retrospectroscope" in Cape Town, Johannesburg, Bloemfontein and Durban during the second half of 2007.

Professor Ken Huddle has been nominated by the College of Physicians to be the Arthur Landau Lecturer for 2008. His lecture, "Phaeochromocytoma. Tumour Extraordinaire", will be given in Johannesburg, Cape Town, Bloemfontein and Durban in the next financial year.

Francois P Fouché Lecturship

Professor MF Macnicol, the 2007 Francois P Fouché lecturer, delivered his lecture "The dysplastic hip : from cradle to grave" at the SA Orthopaedic Congress held in Johannesburg from 3 – 7 September 2007.

J C Coetzee Lectureship in Family Medicine

Professor Bob Pattinson has been nominated as the JC Coetzee Lecturer for 2008 and he will give the lecture at the Family Physicians Congress being held in Rustenburg in August 2008. Further details will appear in the next report.

K M Seedat Memorial Lectureship

Dr Eamon Armstrong from Fronske Health Center, Northern Arizona University has been nominated as the KM Seedat Lecturer for 2008. He will also give the lecture at the Family Physicians Congress in Rustenburg. Details to follow in the next report.

The J N Jacobson and WLS Jacobson Annual Lectureship

Dr Ashwin Hurribunce delivered the 2007 lecture entitled" "A Systemic Approach to Clinical Imaging Services" in Cape Town, Port Elizabeth, Johannesburg, Polokwane and Bloemfontein in July.

Owing to the lack of funds in the distribution account, no lecturer was appointed for 2008.

Scholarships and Awards

KM Browse Research Scholarship

An award will only be advertised when there are sufficient funds in the distribution account to support a worthwhile research study.

Continuing Professional Development

Unfortunately, records were lost in the February fire in the Durban offices and during the subsequent clean-up by a professional firm specialising in fire and flood damage. A rough calculation of the number of applications processed and income generated is:

Processed

± 68 applications

Income

± R4 400

J C COETZEE PROJECTS (OBSTETRICS AND GYNAECOLOGY)

Medical Development Programme : University of Cape Town

East Cape Visits

The East Cape visits have been in place for decades. Essentially the programme involves arriving in Port Elizabeth on a Wednesday, spending the late afternoon with junior staff in formal presentations and then presenting at a CME evening for senior staff in Port Elizabeth.

On the Thursday morning a meeting at Dora Nginza Hospital is held to discuss all the admissions to labour ward during the previous day and this is followed by a formal labour ward round. Interaction with the registrars at Dora Nginza is arranged, followed by reviewing problem cases in gynaecology and case presentations by junior staff. The visitors fly on to East London in the late morning and spend the Thursday afternoon seeing patients and attending case presentations at Frere Hospital followed by a teaching session with junior staff from both Cecilia Makiwane Hospital and Frere Hospital. The evening is spent in a CME session with consultant staff from both hospitals and the private sector.

On the Friday morning the visitors visit Cecilia Makiwane Hospital and attend clinical presentations in outpatients or in the wards followed by a perinatal mortality meeting and then by ward rounds. In the early afternoon they move to Frere Hospital where tutorials are given to Part I and Part II registrars. The visiting lecturers return to Cape Town late Friday afternoon.

The visits undertaken during the first part of the year, including the topics of the lectures, were as follows:

22 – 24 August 2007

Prof E Coetzee	Sabbatical Meanderings Antenatal Counselling for Fetal Anomalies

19 – 21 September 2007

Dr M Moss	An Approach to Management of Contraception Problems Contraception: Questions and Answers
Dr N Mbatani	Current Management of Ovarian Cancer

24 – 26 October 2007

Dr T-T Matebese	Premature Ovarian Failure
Dr T Matinde	Preterm Labour

5 – 7 December 2007

Dr M Besser	HIV : The Changing Epidemic

20 – 22 February 2008

Prof Z M van der Spuy	Abnormal Uterine Bleeding HIV Statistics
Dr M Matjila	Obstetric Emergencies

12 – 14 March 2008

Prof S Dyer	Male Infertility Update
Dr N Sigcu	Multiple Pregnancies

16 – 18 April 2008

Dr L Schoeman	The Perinatal Risks of Chronic Hypertension
Dr S Jeffery	Vaginal Vault Prolapse: Tricks, Gadgets and the Evidence

21 – 23 May 2008

Dr C Stewart	A Guide to Basic Ultrasound

South Cape Visits

This is a new venture, with George Hospital becoming a satellite training centre for the University of Cape Town. The College of Obstetricians and Gynaecologists was approached by Dr Charles Nel, Head of the Department at George Hospital, with the request that outreach services and CME be offered in that area. In addition visiting lecturers participate in clinical ward rounds and clinical interaction.

The following visited George and presented the topics listed:

31 May – 1 June 2007

Prof S Fawcus	The Better Births Initiative
Dr G Petro	Postpartum Haemorrhage

12 – 13 July 2007

Prof L Denny	Abnormal Vaginal Bleeding
Dr C Stewart	Screening in Pregnancy – the Mother, the Fetus, the Cervix

University of Stellenbosch

The JC Coetzee funded the visit of Dr G Kamau from Kenyatta Hospital, Nairobi, to the Oncology Unit at Tygerberg Hospital. He spent the period 29 July 2007 to 25 August 2007 working with Dr H Botha, the resident gynaecology oncologist and was exposed to the multidisciplinary approach to cancer management. Dr Kamau attended surgical lists, pathology meetings and oncology and colposcopy clinics during his stay.

University of Pretoria: Refresher Courses

Gaborone, Botswana

The lecturers and the topics that they covered are listed hereunder:

Prof B G Lindeque	Ante Partum Haemorrhage
Prof G Dreyer	Breast Cancer Screening
Prof A P Macdonald	HIV : PMTC
Dr L C Snyman	Post Menopausal Bleeding
Prof B G Lindeque	Cervical Cancer Vaccine
Prof G Dreyer	Menopause, HRT and Blood Tests
Prof A P Macdonald	Trisomy 21 Screening
Dr L C Snyman	Management of Post Partum Bleeding

Middelburg
25 October 2007

The lecturers and topics presented, were:

Dr L C Snyman	Abnormal Bleeding in the Adolescent
Dr H A du T Lombaard	Prepature Labour
Dr R Joubert	PCOS
Dr L C Snyman	Unruptured Ectopic Pregnancy
Dr R Joubert	Infertility for the GP
Dr H A du T Lombaard	Gestational Diabetes
Dr L C Snyman	HPV Vaccines
Dr R Joubert	Endometrioses
Dr H A du T Lombaard	Abnormal Alpha Feto Protein

Polokwane
This programme has been running for more than ten years now. It was arranged in co-operation with Dr Mannie Kruger and was attended by 46 doctors. Topics covered were:

Dr L C Snyman	Diagnosis and Management of Osteoporosis
Dr A Mouton	Pelvic Floor Prolapse
Dr H A du T Lombaard	Ethics and Obstetric Ultrasound
Dr L C Snyman	Cervical Cancer Vaccine
Dr A Mouton	Stress Incontinence
Dr H A du T Lombaard	HIV : Prevention of Mother to Child Transmission
Dr A Mouton	HRT
Dr L C Snyman	Breast Cancer Screening
Dr H A du T Lombaard	Ante Partum Bleeding

Rustenburg
The following participated in the refresher course in Rustenburg on *16 September 2007* and covered a wide range of topics:

Prof A P Macdonald	Premature Labour
Dr N J Biko	Infertility for the General Practitioner
Prof G Dreyer	Menopause, HRT and Blood Tests
Prof A P Macdonald	Hypertension in Pregnancy – Drugs and Management
Prof G Dreyer	Combined Oral Contraceptives – when to Start, when to Stop
Dr N J Biko	Miscarriages – Management and Who to Investigate
Prof G Dreyer	HPV Test and Management of Abnormal Smears
Dr N J Biko	Endometriosis
Prof A P Macdonald	Depression in Pregnancy

University of KwaZulu-Natal Refresher Course

Port Shepstone
A refresher course was conducted on *27 July 2007*. The details of speakers and lecture topics are recorded as follows:

Prof J Moodley	Maternal Mortality Overview
Prof J Moodley	Hypertension
Dr B Hira	Postpartum Haemorrhage
Prof R E Mhlanga	Antenatal Care
Dr M Popis	Contraception
Prof R E Mhlanga	Septic Abortion

CMSA Outreach in Africa

Visit to Swaziland: 19-21 October 2007
This meeting was sponsored by the Ministry of Health of Swaziland in conjunction with the WHO to review the formation of a National Committee for the Enquiry into Maternal Deaths and was attended by midwives, obstetricians, the Ministry of Health, the Reproductive Health Technical Officer and Prof RE Mhlanga from UKZN.

CMSA delegation attending the Annual General and Scientific Meeting of the College of Physicians and Surgeons of Ghana from 28-30 November 2007.

Professor J S Bagratee attended the above meeting in his capacity as President of the College of Obstetricians and Gynaecologists. The other attendees were the President of the CMSA, Prof Z van der Spuy, the Immediate Past President, Prof E L Mazwai, Prof D Kahn (President CS), Prof K Huddle (President CP) and Prof H Saloojee (President C Paed).

Saving Mothers Initiative
This initiative was jointly supported by the College of Obstetricians and Gynaecologists CMSA, the South African Representative Committee of the Royal College of Obstetricians and Gynaecologists and the South African Society of Obstetricians and Gynaecologists. Funding was provided for the first meeting regarding emergency obstetric training for newly qualified interns.

MEMBERSHIP
Archives Library
The CMSA would like to further develop the section in the library of books authored by members and would welcome any donations.

Membership Benefits
When MELISA (Medical Electronic Library of South Africa) was launched, a special benefit was offered to the CMSA for its members. Negotiations are continuing as a better subscription fee was offered to some of the professional societies. Once this has been resolved, there will be a linkup with the CMSA website where fully paid-up members will be able to login via their membership number in order to gain access.

This will particularly benefit College members who are not attached to Universities.

New Associates
The following registered with the CMSA as Associates during the year under review:

College of Emergency Medicine
WELLS, Michael David John

College of Nuclear Physicians
VANGU, Mboyo Di Tamba Heben Willy

College of Public Health Medicine
MANJRA, Shuaib Ismail
MOHAMED, Hassan
PROZESKY, Detief Richard

Lost Members
Despite special attempts being made to trace “lost members”, a long list with the names of members whose whereabouts are unknown to the College appear elsewhere in these Transactions. Information that can help the office to trace “lost members” will be welcomed.

ASSOCIATION OF MEMBERS
KwaZulu-Natal
The following Medico-Legal Ethics meetings were held during the year under review:

13 June 2007: Geriatrics – Issues and management of the aged
02 April 2008: The Right to Strike

On 2 November 2007 a final end of year combined function was held for all committee members and successful candidates from the August-October 2007 examinations. A June cocktail party had not been held due to the Admission Ceremony being held in Durban. Successful candidates from the May examinations that wrote Part I and Intermediate examination were also invited to the function. The evening was a great success with good support from the candidates.

Western Cape

The next function is scheduled for 18 November 2008. Full details will consequently appear in the next report.

CMSA PROPERTIES
Grant-in-Aid in Respect of Rates : 17 Milner Road, Rondebosch

The Cape Town City Council approved the CMSA's application for a grant-in-aid in lieu of rates. The amount of R170 88.21 was granted for the 2007/2008 financial year.

Development of Durban Property

Plans are progressing for the development of the CMSA property in Durban. A fundraising drive was initiated by the Chairman of the Board of Trustees, Mr Warren Clewlow and the Senior Vice President of the CMSA, Prof Anil Madaree and will be vigorously pursued in the coming year.

LINKS WITH OTHER PROFESSIONAL BODIES

Health Professions Council of South Africa

The CMSA has applied for representation on the Medical and Dental Professions Board of the newly constituted HPCSA, which dealt with postgraduate education and other matters of relevance to the CMSA.

The reciprocal arrangement whereby Prof Thanyani Mariba, Chairman of the Board attends CMSA Senate meetings and the Chairman of the CMSA Education Committee, Prof John Robbs, attends meetings of the Subcommittee for Postgraduate Training and Education (Medical) of the Board, works extremely well and fosters an excellent working relationship between the two bodies.

Department of National Health

Dr Percy Mahlathi, Deputy Director General of Human Resources and Management Development, Department of Health, hosted a workshop on "Strengthening the Medical Health Profession Workforce" on 3 August 2007. The meeting was attended by Prof Zephne van der Spuy (President), Prof Lizo Mazwai (IPP), Prof John Robbs (Chairman Education Committee) and Prof Alf Segone (member of the Executive Committee). Due to a prior commitment and date rescheduling, Prof Huddle was unable to attend. Dr Mahlathi presented his perceptions about problems in training whilst the President was asked to present challenges in specialist training.

Department of National Education

As it was extremely important for the CMSA that there should be broader understanding in South Africa about its role in education, the President wrote to Mr Duncan Hindle, Director General, DoE, extending an invitation to him or any other designated person, to attend the CMSA Senate meetings. She also suggested that a formal and structured relationship be developed between the CMSA and the DoE and pointed out that the CMSA would welcome the opportunity, as a stakeholder, to comment on legislation and policy matters and participate at National Department of Education fora.

Dr Molapo Qhobela, Chief Director : Higher Education – Policy Development and Support, met with her and the CEO in Cape Town in September 2007. He explained the structure of the DoE and its efforts in trying to assess clinical training in health sciences around the country and expressed an eagerness to work with the CMSA in trying to strengthen their investigations.

There has since been regular contacts with the DoE, particularly with Prof Ian Bunting, who has been attending important meetings of the CMSA and who also participated in the CMSA Policy Forum on Tertiary Academic Medicine and Specialist Training in October 2007.

RELATIONS WITH SISTER COLLEGES AND ACADEMIES
Contact with Sister Colleges and Academies continued with the CMSA attending the following meetings:

41st Singapore-Malaysia Congress of Medicine: Celebrating the Golden Jubilee of the Academy of Medicine from 19 – 22 July 2007 in Singapore

CMSA representative : Prof Zephne van der Spuy (President).

International Liaison Committee of College of Pathologists held at the Royal College of Physicians of Ireland on 14 and 15 September 2007

CMSA representative : Prof Simon Nayler, President College of Pathologists.

ACKNOWLEDGEMENTS

As this is the final report of the Seventeenth Senate, it is appropriate to acknowledge the major roles played by honorary officers, examiners, trustees and constituent College Council, committee and sub-committee members in securing the well being of the CMSA.

A word of thanks is also extended to those who participated in the projects of the CMSA during this tenure of office of Senate, particularly also those who contributed to the activities referred to in this report.

The full-time staff remain an immensely important component of the infrastructure of the CMSA and Senate records its grateful thanks, also to them, for their essential role in ensuring that the College goes from strength to strength.

Bernise Bothma
CEO

COLLEGE OF ANAESTHETISTS

I am pleased to report on the activities of the College of Anaesthetists for the year 2007/2008. In terms of operations, there were no changes to the structure or function of council in the year under review, and business meetings were held in May and October of the year, coinciding with the examination week.

The highlight of this period was the award, at the Durban Admission Ceremony, of an Honorary Fellowship of the College of Anaesthetists, to Prof Pierre Foëx, a luminary in anaesthesia from Oxford. Distinguished performance awards were also made in the DA(SA), FCA(SA) Part I and FCA(SA) Part II examinations.

Regarding examinations, a review of assessment practices constituted a significant part of the activities of the College leadership. To this extent, both the DA(SA) examiners' panel and the FCA(SA) Part I examiners' panel held very successful weekend workshops aimed at improving assessment methods, agreeing guidelines for selection of examiners, managing delinquent examiners, building capacity in the examiner pools, ensuring fairness of assessments and also providing for appeal mechanisms and remedial action for failed candidates. A major development in the DA(SA) examination was the lifting of the cap on the number of candidates who may be admitted to any single examination. This has entailed a major review of the examination format and content, and also required of examiners to commit more time away on College business. Our College is extremely grateful for this commitment.

Candidates for both the DA(SA) and FCA(SA) Part II examinations have continued to impress, with the pass rate for the former consistently above 80% and the latter above 65%. There is some concern that the clinical workload facing registrars is onerous and thus has a detrimental effect on their preparedness for the specialist examinations. The protection of training time is thus on the agenda of our College's interaction with all the relevant role players.

Following a lengthy review, a major change in the regulations was proposed for the FCA(SA) Part I examination and the new regulations are expected to take effect in October 2008. The implication of the change is that candidates will in future have to take all three primary examination subjects at their first sitting, and will no longer be allowed to sit the subjects piece-meal as is currently the case. The format of the examination has remained unchanged, thus there should be no cost implication on either the candidates or the CMSA because of these changes.

Lastly, Council has now finally approved examiners' handbooks for the FCA(SA) Parts I and II. These guidelines documents detail in one book the examination process, examiner selection, appointment of observers and guide the conduct and behaviour of examiners and observers at any examination. The DA(SA) examination process is being incorporated into the handbook and we should have a single handbook guiding all our examinations by the end of 2008.

Prof Arthur Rantloane
President

COLLEGE OF CARDIO-THORACIC SURGEONS

Our College is going through a difficult period in getting candidates to obtain the necessary practical experience and competence to pass the FC Cardio(SA) Final examination.

No candidates passed this examination in 2007 and 2 of 3 candidates passed in April/May 2008.

Problems that are increasingly confronting our candidates is the relative lack of operative and clinical experience due to the severely curtailed activities in tertiary medicine in most of the academic centres in the country. Because of this and because of many complaints received by candidates we have as yet to implement the logbook, or what is a better option a candidate portfolio, as candidates will struggle to fulfil international minimum criteria for the operative logbook part of their portfolio. This problem is not unique to our College and was addressed by a workshop in May 2007 regarding the whole question of logbooks and portfolios for all examination candidates in the CMSA. The Senators from our college who attended this meeting found it very worthwhile and our College Council will be meeting in October 2008 to discuss the implementation and the use of candidates' portfolios, not only as a gatekeeper function but also as an adjunct to the evaluation of candidates for the FC Cardio(SA).

Various members of our College Council also believe that our candidates' training and education would be better served by having discipline-specific Primary and Intermediate examinations, much like some of the other Surgical Colleges (Urology, Ophthalmology and Neurosurgery) and this will also be discussed at the meeting of the new members of our College Council now being elected for the next triennium.
It has also become evident to many members of the cardiothoracic surgical community in South Africa that we have too many registrars in training at present for the realistic (not the ideal) needs for cardiothoracic surgery in South Africa. As mentioned, candidates are receiving inadequate operative and clinical exposure. The exact way to deal with this problem is difficult because an academic unit requires the services of registrars for ongoing teaching, training and research. No department will voluntarily give up a registrar training post. This is a challenge which our College need to face in the future.

It has been an honour and pleasure to have served as President of the College of Cardiothoracic Surgeons over the last 3 years and I look forward to serving our College in the future.

Prof Johan Brink
President

COLLEGE OF DENTISTRY

During the past year activities and communication between members of the College of Dentistry were sparse, with what appears to have been a general apathy from all concerned. This lack of interest was very evident in the poor response received for nominees to stand for future election. The situation was so bad that in May this year we had to go out and actively canvass for members who would be willing to sit on the Council for 2008-2011. Many of the older members were reluctant to be nominated again as they quite rightly felt that they had served the Council well in the past and it was time for others to take over. It was however

heartening to see how many of them were still willing to offer assistance and advice.

In discussions that ensued, it seemed that members on the Council felt that they were just there "in name only", yet did not actually do anything to further our goals and duties. Some valuable input and recommendations were put forward by those who volunteered to be nominated for the next triennium and all agreed that the newly elected Council would be more dedicated and active in the CMSA.

We are looking forward to the new Council being announced and to a fruitful new term of office for all.

Prof Leanne Sykes
Secretary

COLLEGE OF DERMATOLOGISTS

Since the last report our College has welcomed 11 new graduates. They are:

Mohlabe John Moche
Denise Bernadette Warries
Irshad Mohammed Essack
Mohamed Hanif Omar
Petrus Johannes Francios Van Zyl
Avela Zukiswa Mayekiso
Laeeka Moosa
Ugeshnie Naidoo
Kesiree Naidoo
Chantelle Doman
Rannakoe Joseph Lehloenya

COLLEGE OF EMERGENCY MEDICINE

It is a great privilege to present the fourth Annual Report of the College of Emergency Medicine of South Africa. As the first full triennium of our Council term comes to a close, it is very pleasing to note that our new discipline of Emergency Medicine has continued to grow from strength to strength, as reflected in the following activities and achievements.

University Representation

Five South African Medical Universities offer post-graduate Registrar training in Emergency Medicine. Representatives of all these 5 Universities have been co-opted onto the Council of the College of Emergency Medicine during the current triennium:

- Professor Lee Wallis Universities of Cape Town and Stellenbosch
- Professor Efraim Kramer University of the Witwatersrand
- Dr Andreas Engelbrecht University of Pretoria
- Dr William Lubinga University of Limpopo

We are pleased to note that the University of KwaZulu Natal is considering establishing an Emergency Medicine Registrar programme, and we look forward to further developments in this regard shortly.

As our discipline is so new, our College has actively pursued a policy of close co-operation and achieving consensus decisions between all major academic institutions involved in the training and provision of emergency care, a goal which is essential for the ongoing development of our Specialty.

Fellowship by Peer Review

Fellowship of the College of Emergency Medicine (FCEM(SA)) by Peer Review has been awarded by the CMSA to the following two leaders in the field of Emergency Medicine for their ongoing dedication and commitment to the development of Emergency Medicine in South Africa:

- Dr L Engelbrecht
- Dr S Jalil

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 S Rose
- Dr M Wells

Diploma in Primary Emergency Care (DipPEC(SA))

To date, a total of 457 candidates have successfully obtained the Diploma in Primary Emergency Care (DipPEC(SA)) qualification since the College of Medicine first introduced this examination in 1986.

The list of hospitals approved for training towards the DipPEC(SA)) is being revised to include all hospitals that have been approved by the Health Professions Council of South Africa for 2-year intern training. Several private hospitals have also been added to the list, thereby allowing even more candidates the opportunity to attempt this Examination.

In addition, to encouraging post-graduate doctors to study Emergency Medicine, and to raise the standard of emergency care in South Africa, Community Service Medical Officers who have completed the new 2-year internship programme may attempt the DipPEC(SA) Examination after completing a further 2 months of full-time (or equivalent part-time) experience in a CMSA-accredited Emergency Department.

The recommended reading list for the DipPEC(SA) has been revised and provides useful information which can be used by candidates in preparation for this Examination.

Medal Awards

Dr GF Pienaar and Dr E Van Aswegen are to be congratulated on being the 2007 Medal Recipients for the DipPEC(SA) Examination.

Fellowship of the College of Emergency Medicine (FCEM(SA))

To date, 23 candidates have successfully completed the FCEM(SA) Part 1 Examination. To assist candidates, the Fellowship Regulations were revised to allow candidates to write the four Primary Examination subjects (Anatomy, Pathology, Physiology and Pharmacology) in divided attempts if they so wish. Sixteen additional candidates have obtained credits in some of the above subjects.

The College of Emergency Medicine now has 5 candidates who have successfully passed the FCEM(SA) Part 2 Examination, and are being registered as Specialists in Emergency Medicine.

International Recognition

We are proud to report that the UK College of Emergency Medicine has reviewed and officially recognised our FCEM(SA)

Part 1 Examination for entry into their MCEM(UK) Part B and C Examinations.

Professor Robert Corder of the University of Maryland, Baltimore, and recipient of our first Fellowship of the College of Emergency Medicine Ad Eundem, has been appointed by the American College of Emergency Physicians as their official International Ambassador to South Africa.

Subspecialty Recognition

A request has been submitted to the HPCSA for Emergency Medicine to be recognised as a base specialty for training towards Subspecialty Certification in Critical Care.

Emergency Medicine Society of South Africa

It is very pleasing to note that many recipients of the DipPEC(SA) have joined the Emergency Medicine Society of South Africa (EMSSA), adding strength to the growing voice of Emergency Medicine in South Africa. Members of EMSSA receive the journal "Critical Care & Emergency Medicine South Africa (An International Compendium)" free of charge. Special thanks are extended to Dr Charl van Loggerenberg and Dr Simon Robertson for providing this Journal to our emergency care practitioners.

Emergency-Related Short Courses

A table listing current emergency-related short courses available in South Africa has been added to the CMSA Website and News Bulletin to assist candidates in their preparation for College Examinations, as well as providing a useful resource for all post-graduate doctors practising in South Africa.

As a membership benefit, a discount of R100-00 is offered to all paid-up members of the CMSA on many of the listed Courses. The College extends its appreciation to all these training organisations for their continued support, and encourages College Members to take advantage of this offer.

Membership of the College of Emergency Medicine

Following the establishment of the College of Emergency Medicine of South Africa in May 2004, we are pleased to report significant growth in all our membership categories (Fellowships, Associates and Diplomates).

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.

Dr Walter Kloeck
President

COLLEGE OF FAMILY PHYSICIANS

The past year and a half witnessed tremendous strides in the status of Family Medicine in South Africa. The Fellowship of the College of Family Practitioners of South Africa - FCFP(SA) was promulgated in the Government gazette no. 28779 (notice 34 of 2006) on 5 May 2006. On 20 July 2007, Government gazette no. 30075 (notice R 637 of 2007) amended the Health Professions Council of South Africa's regulations relating to the registration of persons as general practitioners and family physicians in Medicine, published under Government Notice No. R. 1200 of November 2000. The amendment paved the way for the inclusion of the Fellowship of the College of Family Practitioners FCFP(SA) as a recognised qualification. Subsequently, on 17 August 2007, the Minister of Health, Dr Manto Tshabalala-Msimang signed Government gazette no. 30165 (notice R 712 of 2007) formalizing Family Medicine as a medical specialty.

The Council of the College of Family Practitioners, went into action after The Colleges of Medicine of South Africa (CMSA) Senate ratified the conversion of the MFGP(SA)/MCFP(SA) qualifications to the FCFP(SA). The conversion process ended on January 31, 2008. With the commencement of registrar training in Family Medicine, the first cohort of registrars will write the FCFP(SA) Part 1 examination in September/October 2009. This means that the last MCFP(SA) examination in its current format will be offered during the March/May 2009 examination. In line with the new specialty, the name of our College changed after ratification by the CMSA senate from the College of Family Practitioners of South Africa to the College of Family Physicians (CFP) of South Africa. During the year, the process of Fellowship by peer review in the College for those who met the criteria, commenced. It is hoped that in 2008, the CMSA Senate will ratify the list of the first cohort of Fellows by peer review and this will be followed by graduation in 2009.

Our relationships with sister African Colleges continue to wax stronger. The Faculty of Family Medicine of the Nigerian Postgraduate College of Medicine invited the current CFP President to attend its May 2009 Family Medicine examination in Lagos, Nigeria as an observer and the invitation was accepted. In addition, further developments in our relations with the Faculty of Family Medicine of the West African College of Physicians was boosted by the attendance of their chief examiner - Dr M M Ladipo as an observer at the CFP May 2008 clinical examination in Cape Town. Her report of the clinical examination indicated that the standards are high and comparable with their final Family Medicine examination. Some of the components of our examination are being considered for incorporation in their future examinations. A memorandum of understanding to enhance future collaborations between the two Colleges will be signed before the end of 2008/or early 2009. As the new CFP Council for the next triennium (2008-2011) takes over at the October 2008 AGM of the CMSA, we thank members of the old Council for their cooperation and input on various crucial issues that affected the specialty and the College.

Prof Gboyega A Ogunbanjo
President

Dr B Vallabh
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 1 June 2007 to 31 May 2008.

One meeting of the Council was held on 23 October 2007. All levels of the examination were discussed, and it was agreed that all aspects of research, competency and facets of training were equally important and should be included in the candidates logbook.

There was one successful candidate in the final examination in October 2007, and two successful candidates in May 2008.
During this period the College of Maxillo-Facial and Oral Surgeons donated R2000.00 from the levy account to the CMSA for administrative services provided.
On behalf of the Council of Maxillo-Facial and Oral Surgeons, I

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

Dr Suvir Singh
Secretary

COLLEGE OF NEUROLOGISTS

Prof Vivian Fritz
It was with regret that we noted the resignation of Prof Vivian Fritz from the Council of the College of Neurologists, from the Senate and from the Examinations and Credentials Committee. Prof Fritz has served the Colleges of Medicine of South Africa and the College of Neurologists for many years and has consistently contributed to the advancement and promotion of neurology at all levels. It was therefore a great pleasure for our College to nominate Prof Fritz for an Honorary Fellowship, which she has accepted and will be awarded in the October 2008 ceremony in Durban.

Fellows by Peer Review

In the last year, our College proposed that 6 neurologists be awarded the FC Neurol(sa) by peer review. This degree may be awarded to a neurologist who has been registered with the Health Professions Council as a neurologist for at least 10 years and has fulfilled the criteria as set out by the CMSA.

Meeting of the Council of the College of Neurologists

All the members of our Council attended our annual meeting in Johannesburg on 29 February 2008. Prof Girish Modi was nominated to replace Prof Fritz on Senate and on the Examinations and Credentials committee for the remainder of the triennium ending in October 2008.

We reviewed the syllabus and regulations for the FC Neurol(SA) Part 1, indicating that each question should consist of multiple parts. We reviewed the syllabus and regulations for FC Neurol(SA) Part 2, including the conduct of the examination and weighting of the clinical component, the papers and OSCE, indicating the subminimum percentages in each section. The list of examiners for the FC Neurol(SA) Parts 1 and 2 were updated. We agreed that from 2008, all registrars should keep a logbook, where they record their training and experience.

Regarding the CMSA language policy, we agreed that for logistic reasons, the current policy should remain unchanged, as only English and Afrikaans are currently used as mediums of learning at academic institutions.

The College of Neurologists was also requested to comment on a request by the HPCSA to consider an application for the introduction of a subspecialty of Neuropsychiatry. This was not supported.

We also noted with appreciation that Pfizer Pharmaceuticals continued to sponsor the annual College of Neurologists meetings.

CMSA Workshop on Assessors

Profs Pierre Bill and Bryan Kies attended the workshop in Cape Town ON 15 May 2008. Dr Elizabeth Owen described the benefits of training assessors in order to achieve consistent, reproducible results with elimination of bias and ensuring confidentiality while paying cognisance to ethics and accountability. The merits and weaknesses of different forms of assessment including clinical papers, clinical examination, OSCE type of examinations and multiple choice questions, were discussed. It was agreed that all our examiners should be trained to improve their examination skills to work towards a more fair, reliable and valid method of assessment in CMSA examinations.

Annual Congress of Neurology and Interface with the World Federation of Neurology

The annual congress of Neurology took place in March this year, hosted by Professor Jonathan Carr and the Department of Neurology of the University of Stellenbosch. This event was well attended by most neurologists in the country. Professor Johan Aarli, President of the World Federation of Neurology, addressed the conference to outline the aims of the Africa Initiative of the WFN, and to enlist the involvement of the South African neurological community in assisting the development of neurology and neurological services in Africa. The WFN regard SA as an important component in driving this initiative, and in assisting in the training of neurologists from elsewhere in Africa. Professor P Bill was invited by the Department of Neurology in Adis Ababa, Ethiopia, and by the WFN, to be one of 2 external examiners for the first postgraduate neurological examination held in Ethiopia.

We acknowledge the contributions made by our examination convenors, our examiners and council members during the current term of our College Council which ends in October 2008. We wish the new Council members well in their work to maintain and where possible, improve the status, work and influence of the College of Neurologists.

Prof Bryan Kies
Secretary

COLLEGE OF NEUROSURGEONS

A full sitting of the Council of the College of Neurosurgeons, including co-opted members, occurred on 18 January 2008. The primary reason was to finalise criteria for the final Neurosurgical examinations.

It was decided that the 3 written papers would be weighted equally and that basic science questions were to be included in any or all of the papers. The candidate must achieve a minimum of 50% in the written papers and must pass 7 out of 9 questions in order to be invited for the oral and clinical examination.

The oral & clinical examination is divided into the long case (40% weighting), short cases (30%), and viva voce (30%). Candidates must achieve an overall minimum of 50% in the entire oral and clinical examination and a subminimum of 40% in the long case.

The Head of Department of a candidate entering the FC Neurosurg(SA) Final examination will ensure that the candidate has an updated logbook and that the research component of the examination has been fulfilled.

Professor Jonathan Peter has retired as the Head of Department of Neurosurgery at Cape Town University and will step down as President of the College of Neurosurgeons at the end of his term of office in October 2008. The College Council thanks Professor Peter for his invaluable guidance and direction these past years and wishes him the very best in the future.

Dr Sameer Nadvi, the incumbent secretary, will also serve out his term but will not be available for re-election due to the pressure of

other work.

Dr Sameer Nadvi
Secretary

COLLEGE OF NUCLEAR PHYSICIANS

The exponential growth of interest in Nuclear Medicine is continuing to develop the College of Nuclear Physician (CNP) to an extent that we may start to conduct our examinations over two days in the near future. CNP will also like to welcome the provision of PET/CT in the university hospitals, as this will help eliminate the piecemeal training, encourage recruitment and retention, and enable us to participate in multinational research.

The Council of the CNP and the examiners are also concerned about knowledge of the part II candidates and would like to draw the attention of the nuclear medicine community to the following;

- Limited background information to the successful interpretation of nuclear medicine studies, e.g. topics covered in the Part 1 exams, e.g. about SPECT processing.
- Limited knowledge of radiobiology and radiopharmacy, including limited practical skills in the handling of radioactivity, reconstituting radioactive kits, drawing up patient doses and performing and interpreting quality control procedures.
- An impression that the students do not engage with the studies they are interpreting; e.g. describing and commenting on the images, numeric data and graphical data of the same study in isolation and not realizing that their descriptions of and comments on the 3sets of data are contradictory.
- Lack of background knowledge about the clinical conditions, including pathophysiology, with which the patients presented.
- Lack of basic knowledge of the place of different modalities in the investigation of the patient and condition

Prof Annare Ellmann
President

Prof Mike Sathekge
Secretary

COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

The College Council met on 9 October 2007 and 18 March 2008. This year, in addition to the Dip Obst(SA) and FCOG(SA) Parts I and II, the College of Obstetricians and Gynaecologists also offered its first subspeciality certificate examination in Fetomaternal Medicine. At the next examination sitting, the first subspeciality certificate examination in Gynaecological Oncology will also be offered. Subspeciality committees have been set up by our Council to help in the design and implemention of these examinations.

The subcommittees of the Part 1, Part 2 and Diploma in Obstetrics are continuously involved in the audit of their examinations and report twice a year to Council. Regarding eligibility for the FCOG(SA) Part 2, candidates have to submit a dissertation and logbook six months before they attempt the written paper. The logbook is available on the CMSA website and when completed it has to be submitted electronically to the CMSA. Only one dissertation is required which needs to conform to the standards of a University MMed dissertation. It may be original research or a comprehensive audit or a Cochrane Library-type systematic review. Case records are not accepted. There are two written papers and the subminimum for invitation to the Clinical examination is 45% for one paper provided that the candidate achieves >50% in the other paper and has a mean of >50% for both the papers. The format of the clinical examination includes an OSCE and an Obstetrics OSPE and a Gynaecolgy OSPE. The objective is that candidates are tested on the same clinical scenario, get the same initial questions and have exposure to a wider range of the syllabus. All candidates are examined by the same set of examiners. Successful candidates must pass (>50%) both OSPEs, the OSCE and at least 1 of the 2 written papers.

Our College would like to acknowledge the examiners involved in the 2007/2008 examinations:

September / October 2007
FCOG(SA) Part I
Dr TJ Mashamba (Convenor)
Dr GS Gebhardt
Dr LC Snyman
Dr L Geerts
Dr T Ebrahim
Dr M Moodley
Dr N Matabese
Dr B Moore

FCOG(SA) Part II
Prof F Guidozzi (Convenor)
Dr S Dyer
Dr SR Ramphal
Prof BF Cooreman
Dr MH Botha
Prof G Dreyer
Prof RE Mhlanga
Prof EJ Buchmann

Dip Obst(SA)
Dr T Smith (Convenor)
Dr LK Schoeman
Dr HA Rhemtula
Dr M Zweni
Dr A Muse
Prof P McDonald

March/May 2008
FCOG(SA) Part I
Prof EJ Buchmann (Convenor)
Dr SR Ramphal
Dr NH Mbatani
Prof G Dreyer
Dr JM Carter
Dr L Smith
Dr Siva Moodley (Natal)
Dr DR Hall

FCOG(SA) Part II
Prof J Anthony (Convenor)
Prof Z van der Spuy
Prof T Kruger
Prof S Levin
Prof BG Lindeque
Dr C Maise
Prof S Monokoane
Prof H Cronje
Dip Obst(SA)

Prof W Steyn (Convenor)
Dr S Norsarka
Dr T Matabese
Dr N Pirani
Dr TJ Mashamba
Our College administers the JC Coetzee Fund which funds three main areas. These include the JC Coetzee Refresher Course/ CME meetings which targets rural doctors; the JC Coetzee lectureship which is delivered at a Congress organised by the College of Family Physicians and the JC Coetzee Development Programme into sub-Saharan Africa. The Universities of Pretoria, Stellenbosch, Cape Town and KwaZulu-Natal have all received funding for their initiatives in CME for doctors outside the academic complexes. This Fund has also supported academics visiting Swaziland, Botswana and the President of the College attending the Annual General Meeting of the Ghana College of Physicians and Surgeons. Our College, through the JC Coetzee Fund has also supported the training of doctors and midwives in Emergency Obstetric care together with input from the South African Society of Obstetricians and Gynaecologists and the South African Chapter of the Royal College of Obstetricians and Gynaecologists

Our College nominated Professors Denis Davey and Hugh Philpott for the Fellowship ad eundem in recognition of their sterling work in women's health and human rights and they received their Fellowships at the admission ceremony on 15 May 2008.

As always, our work is made much easier by the helpful assistance of Mrs Bernise Bothma, Mrs Ann Vorster and Mrs Anita Walker and their staff in the offices around the country. My sincere thanks are extended to all staff in these offices.
Lastly, I would like to thank our outgoing Councillors for their support and involvement in College activities and to wish the new Council all the best in the next triennium.

Prof Jay Bagratee
President

COLLEGE OF OPHTHALMOLOGISTS

The Council of the College of Ophthalmologists consisted of the following members during the term of office ending in October 2008: Prof Andries Stulting (President), Dr Rizwana Amod (Secretary), Prof Trevor Carmichael, Prof Tony Murray, Prof Anne Peters, Dr Linda Visser, Prof Polla Roux, Dr Karin Lecuona, Prof Juzer Surka and Dr Kgosi Letlape.

This Group worked very hard to revise and update the curriculum in ophthalmology. It was sent to the CMSA earlier this year and a few alterations were proposed by the CMSA. It is a priority to finalise the curriculum as soon as possible so that implementation can occur once the candidates have received due notification of the changes. A logbook workshop was held in Durban in May 2007, which was attended by Prof Anne Peters. Our College is in agreement that the log book will form a definite part of the assessment when candidates enter for the FC Ophth(SA) Part II.
I have been tasked by the CMSA to look at the benefits for Fellows, Members and Diplomates of the CMSA. A questionnaire was sent to all the Presidents and Secretaries of overseas Colleges and a document was compiled and presented at Senate meetings during this last term. Prof Jeanine Vellema was very active in this regard and launched the MELISA program, which provides online journal access. MELISA will provide a free trial period and reduced annual subscription to CMSA members in good standing. This will hopefully be arranged by logging onto the CMSA website in the near future.

At the meeting of the Council of the College of Ophthalmologists held at the Champagne Sports Resort in the Drakensberg in March 2008, the issue of the language policy was addressed as the College of Paediatricians had requested Senate to use only English in the examinations.

I reminded the meeting of my maiden speech at the CMSA meeting in 1995. I addressed this very topic when some members wanted "English only" for candidates when writing the papers or presenting themselves in the orals. I was always of the opinion that a candidate should be given the choice to write or speak in Afrikaans or English as both languages were languages of tuition. If Zulu or Xhosa would develop into languages of tuition in the future, then this principle should apply to candidadtes who speak Zulu or Xhosa, or for that matter, any other of the South African languages. My Afrikaans speaking registrars told me that they will write the papers in Afrikaans but when they are presenting at the orals or practicals and the eyes of the examiners go "blank", they will quickly switch over to English!

The Councillors of the College of Ophthalmologists agreed that the status quo, regarding the language policy, should be upheld. This was also re-affirmed at the Senate meeting in May 2008.
I would like to thank Prof Tony Murray and Prof Anne Peters for their valuable contribution to the College of Ophthalmologists over many years. I would also like to thank my fellow Councillors for electing me to the position of President of the College of Ophthalmologists for 3 terms (10 years) and giving me the opportunity to serve our members to the best of my ability. Thank you all for your great support and loyalty.

Prof Andries Stulting
President

COLLEGE OF ORTHOPAEDIC SURGEONS

The F P Fouché Lecture entitled "Hip Dysplasia from the Cradle to the Grave" was delivered by Mr Malcolm McNicol at the annual congress of the South African Orthopaedic Association in Sandton. This informative and well received lecture from Edinburgh University covered aspects of the natural history of hip dysplasia, aetiology and treatment..

The inaugural congress of the East Central and Southern African Orthopaedic Association (CSOA) was held in Pemba (Mozambique) on 6-7 August 2007. This meeting was attended by orthopaedic surgeons and registrars from Kenya, Uganda, Tanzania, Zimbabwe, Zambia, Malawi and South Africa. A session included registrar presentations and workshops were conducted in hip, knee, joint and spinal pathology. The meeting provided an exciting opportunity for registrars and specialists from South Africa to meet with colleagues from the region. The East, Central and Southern African Orthopaedic Association and the South African Orthopaedic Association are involved in providing supernumerary trauma Fellowships in South Africa for graduates who have completed the FC Orth(SA) or MMed examinations from the region.

The FC Orth(SA) examinations were held in Pretoria and Cape Town. The pass rate was 70% when candidates appeared for the first time. The J M Edelstein Medal for the best candidate was awarded to Dr Karl Frielingsdorf from the University of Stellenbosch.

The intermediate examinations with an orthopaedic component will be held in October 2008.

On behalf of the College I wish to convey my sincere appreciation to Mrs Bernise Bothma, Mrs Ann Vorster, Mrs Anita Walker, convenors, examiners and orthopaedic secretaries for their invaluable support.

Prof Teddy Govender
President

COLLEGE OF OTORHINO-LARYNGOLOGISTS

Another term of office bearers will be coming to an end in October 2008. I think we can emphatically state that the incorporation of ORL College members into the Academic Sub-committee of the SA ENT Society has been successful. There is a new sense of unity between the College of ORL and the SA ENT Society. This is in the interest of our discipline especially as far as maintenance of standards is concerned. Academic medicine is going through a tough passage and it remains our duty and responsibility to react to adverse situations in teaching Departments be it our own or elsewhere.

Examination standards remain non-negotiable and we have tried to get an experienced panel established. We aim to phase in younger colleagues first as observers and later as full fledged examiners.

Our new curriculum for the FCORL(SA) Part I has been submitted to the CMSA for ratification.

On behalf of my co-senator, Les Ramages and myself we would like to thank our council members for all the hard work they have put into examining duties during the past year and also the last triennium.

Prof André Claassen
President

COLLEGE OF PAEDIATRICIANS

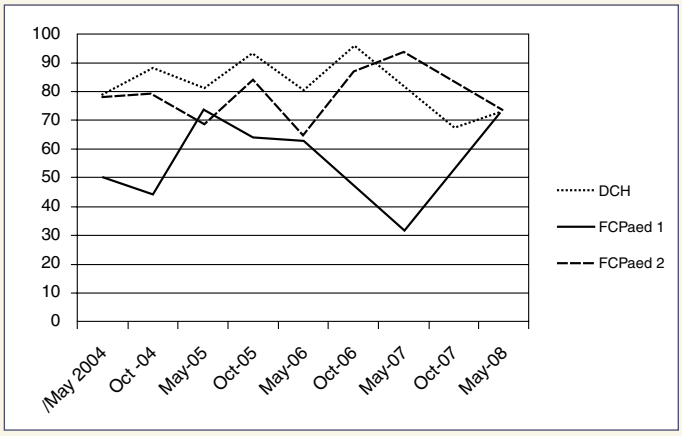
41 years and thriving!
This is the 41st year of the Paediatric College's existence within The Colleges of Medicine of South Africa. From its fledgling start, the specialty (and with it the College of Paediatricians) has matured into a self-assured, independent area of practice making its contribution to the fabric of excellence that characterises South African health practice.

Founders Dinner
The highlight of the College's 40th anniversary celebrations was the holding of a Founders' evening in October 2007. At this function, five of the College's distinguished Founders were admitted as Fellows ad eundem: Prof Malcolm Bowie, Prof John Hansen, Prof Boet Heese, Prof Lowna Keet and Prof Solly Levin. In addition, certificates of recognition were awarded for the development of sub-specialties to: Prof David Beatty, Prof Francois Bonicci, Prof Jerry Coovadia, Prof Peter Hesseling, Prof Maurice Kibel, Prof Max Klein, Prof Walter Loening, Prof Atties Malan, Prof Peter Thomson, Prof Lucy Wagstaff, Prof Jan Wiggelinkhuizen, and Prof Eugene Weinberg.
The ceremony itself was a grand event, combining the dignified and gracious awards ceremony with a celebratory dinner that offered culinary delights, a music ensemble and the opportunity for attendees to engage in conversation with old colleagues. A special thanks to Prof Alan Rothberg, the co-ordinator of the event, for his superb effort in ensuring a memorable event.

College Council
The current triennial term of the members of the Paediatric College Council ends in October 2008. I would like to express my thanks to all the Council members who guaranteed that this was one of the most productive and energetic Paediatric Council's ever, viz. Dr Sharon Kling (Secretary); Prof John Pettifor (Senator); Prof Andre Venter (Free State); Dr Nancy Shipalana (Limpopo); Prof Dankwart Wittenberg (Pretoria); Prof Mignon McCulloch (UCT); Dr.Mantoa Mokhachane (Wits); Prof Peter Cooper (Wits) and Prof Alan Rothberg (webmaster).

College examinations
Over the past six years, the main efforts of the College have focused on increasing the organisation and level of professionalism of the examinations. I believe that the College has made considerable progress in its objective to ensure that the examinations set by the College are valid and reliable, and test skills and knowledge which are relevant to paediatrics and child health in South Africa. This has been achieved through the convening of examination indabas (meetings) for each of the examinations, resulting in the establishment of clear guidelines and standards for the setting and marking of questions in the various examinations. I extend the College's gratitude to the various examiners and heads of departments who contributed to achieving this goal.
The process has involved innovation and experiment in both the written and clinical examinations. Thus, short-notes type of questions, multiple-choice questions (MCQs), scenario-based questions, and stations in the DCH examining history-taking, communication and procedural skills are now all routine. This change has resulted in some variance in the success rates for each of the examinations, but this has narrowed in more recent examinations (Figure 1). The mean pass rate for the past nine examinations are: DCH - 81%, FCPaed1 - 56%, FCPaed2 – 79%.

Figure 1. Success rates (as a %) in Paediatric College examinations, 2004-8.



It is pleasing to note the increasing number of paediatric subspecialties that have been holding certificate examinations. Examinations have recently been set in neonatology, cardiology, neurology, developmental paediatrics, nephrology, pulmonology, medical oncology, endocrinology and metabolism, critical care medicine, infectious diseases, and medical genetics, among others.

College website
Prof Alan Rothberg has continued to develop the Paediatric College's website (http://www.collegepaeds.ac.za/) and ensured that the site provides up to-date and relevant information. The website continues to expand and offers excellent continuing medical education, as well as examination related support material, for Fellows, Diplomates and examination candidates. Nestlé are thanked for their ongoing sponsorship of the website.

Other initiatives
Although the focus of the College continues to be on running high-quality paediatric examinations, it recognises that it has a wide area of influence and that it can contribute significantly to broader issues such as the quality of health care services offered to children in the country and to the types of professionals responsible for delivering this care. An important area of activity for the College in 2009 will be the issue of "Training the paediatrician and child health practitioner of 2015". This initiative will focus on determining the health professional needs of children in South Africa and how the training of individuals seeking to meet these needs can best be delivered.

The future
Much still needs to be done to develop and strengthen the role of the College in postgraduate education and training. On behalf of the outgoing Council I wish the new Council, a very productive and fruitful three years of hard work. I am confident that it will fulfil its mandate with zest, integrity and excellence.

Prof Haroon Saloojee
President

COLLEGE OF PATHOLOGISTS

The past year has been a busy one for the College of Pathologists with particular emphasis on the conduct of the examinations, revision of curricula of the various pathology disciplines and fostering relationships with our international colleagues in the pathology disciplines.

The College currently conducts Fellowship examinations in all seven CMSA pathology disciplines which include anatomical pathology, chemical pathology, clinical pathology, haematology, oral pathology, microbiology and virology. In addition, the College of Pathologists has conducted certificate examinations in the subspecialty of clinical haematology in both the September 2007 and May 2008 examinations. It is noteworthy that candidates for these examinations were from all three primary specialties, namely, pathology, paediatrics and internal medicine. The FCPath (Oral Path) Part I was examined for the first time and we look forward to having a part II candidate for the first time shortly.

The outcomes of Fellowship and Certificate examinations of the College have been satisfactory despite critical shortage of qualified examiners in some disciplines. The pass rate for Fellowships in September 2007 and May 2008 were as follows: Anatomical Pathology 100 and 50%; Chemical pathology 83%, Haematology 100 and 100%; Microbiology 25 and 0%; Virology 0 and 67%.

The College's strategic drive is to increase the number of examiners to meet the current increasing number of candidates sitting the College examinations. The disciplines of virology and microbiology in particular have a very small pool of examiners. All disciplines have been hit by a continual attrition of experienced examiners either out of the country or into the private sector.
The College continued to foster relationship with counterparts abroad and has been approached and subsequently agreed to act as the examining body for pathology disciplines in Qatar.

The President of the College attended the meeting of the International Liaison Committee of Presidents of the Colleges of Pathologists (ILCP) held in Dublin in September 2007. The next meeting is to be hosted by the College in South Africa in September 2008 and will be held at the Westcliff Hotel in Johannesburg and CMSA offices in Johannesburg. Presidents of the Colleges of Pathology will attend from the UK, Ireland, Australia, Hong Kong, and from the USA, with around twelve presidents having booked to attend.

The workshop on examiner accreditation and quality control held in Cape Town in May will bring new guidelines regarding peer review, accreditation of examiners and quality control which can only improve the quality of our examinations. This is a welcome and timely innovation with the prospect of the unitary examination looming closer.

We wish to thank the administrative staff of the CMSA, the councillors of the College of Pathologists and particularly all conveners and examiners for their hard work and support during the past year.

Prof Simon Nayler
President

Dr JN Mahlangu
Secretary

COLLEGE OF PHYSICIANS

The College of Physicians (CP) presents its annual report for the year 1 June 2007 to 31 May 2008, having met on 2 occasions on 15 October 2007 in Johannesburg and 12 May 2008 in Cape Town.

Workshop on FCP(SA) Part I examination

The Education sub-committee of the CP met on 9-10 April in Cape Town to develop a syllabus for the Part 1 (basic sciences) examination under the chairmanship of Prof. Vanessa Burch. Minor amendments were also made to the Regulations document.

Dissemination of Official Documents

The CP now has 2 official documents which have been revamped:

1. The first contains the regulations, the syllabuses for the Part I and Part II of the examination, and guidelines for both candidates and examiners; and
2. The registrar portfolio which is used for the ongoing formative assessment of the registrar.

These documents are being sent to all the Heads of Departments of Medicine and Satellite Training Units in South Africa with

instructions that all those involved in the CP training and examination must receive copies. In addition, all registrars in training are to receive both documents with instructions that the portfolio is to be filled in and signed up on a regular basis – the HOD must review the portfolio and sign it off prior to the registrar gaining entry to write Part II. The documents will also be available on the CMSA website.

Peer review of written papers

It was decided that, in the interest of quality control, written papers would be vetted by members of the Education subcommittee before being finalised.

Model Answers

It was decided that examiners would be expected to submit model answers for their questions which have been selected. This should comprise a short outline of what is required together with a marking guideline.

Medal Awards : FCP(SA) Part I

Jonathan Grant Peter- May 2007
Keir Robert Gregor McCutcheon- October 2007

Higher Diploma in Internal Medicine

There were no candidates for March/May 2008. The President undertook to write to Dr Percy Mahlathi, one of the major role players in the development of the Occupational Specific Dispensation (OSC) for doctors, to request that the H Dip Int Med(SA) be given recognition when determining the salary scales. Increased remuneration in recognition of further training would be a significant incentive.

Subspeciality Examination

All subspecialities will be urged to replace the viva with an objective test. The latter is written at the same time and place as the other written papers, thus obviating the need for examiners/candidates to travel. This will result in significant cost saving.

Fellowship by Peer Review

Profs M Tikly and A Motala have been recommended for 2008.

Workshop on Training Examiners

This was held in Cape Town on Thursday 15 May 2008

Arthur Landau Lectureship 2008

Professor Umesh Lalloo was the Arthur Landau lecturer for 2007 and Prof Kenneth Huddle is the Arthur Landau lecturer for 2008 and will visit Johannesburg, Cape Town, KwaZulu Natal, and the Free State.

Ghana Visit 26 – 30 November 2007

Prof Huddle, President CP, represented the College of Physicians in a delegation led by the President of the CMSA, Prof Z M van der Spuy, to Ghana. The full report of the visit is available from CMSA.

Royal College of Physicians Bursaries

Two bursaries have been awarded to Fellows in subspecialist training. This will allow these doctors to attend a conference in the UK as well spend - 1 month in a specialist unit of their choice.

Elections for the Triennium 2008 - 2011

Nominations for the new College of Physicians Council have been submitted. After the closing date for receipt of ballot papers, an election will be held on 26 July 2008. The newly-elected College Councillors will then elect office bearers and representatives on the CMSA Senate but all results will be ratified only at the AGM on 24 October 2008, when the new Councils will take office.

Audit of Specialists

The CMSA will be auditing the number of specialist currently in South Africa. Relevant organisations will be asked to provide information.

Prof S Naicker
Secretary

COLLEGE OF PLASTIC SURGEONS

The AGM of the College of Plastics Surgeons was held on 21 October 2007 at Spier Estate, Stellenbosch.

The new format of the written paper was implemented in the 2007 examinations. This was with Paper I consisting of 4 long questions and Paper II with 12 short questions. It was felt that this worked well with a significant broadening on the spectrum being examined. There has also been an attempt to standardise the cases and questions in the clinical and oral components of the examination.

Dr Ken Salyer, a craniofacial and cleft surgeon from Dallas, USA was admitted as an Honorary Fellow of the College of Plastic Surgeons at the October 2008 graduation ceremony in Johannesburg.

A meeting was convened by the Health Professional Council of South Africa in January 2008 regarding the issue of cosmetic surgery being performed by non-specialists. The College was represented at the meeting. After discussion it was recommended that any elective cosmetic surgery or permanent fillers would be performed only by specialists.

Prof Anil Madaree
President

COLLEGE OF PSYCHIATRISTS

The FC Psych(SA) Part II, FC Psych(SA) Part I, and DMH(SA) examinations continue to attract a growing number of candidates. In the last round of examinations (March/May 2008), the pass rate was 65% in the Part II, 50% in the Part I, and 91% in the DMH. The College of Psychiatrists is highly appreciative of the contributions and efforts of the various departments of psychiatry and neurology in the training/teaching and organisation/hosting of the examinations.

A recent development in our College has been the introduction of a research dissertation requirement in the training of registrars. The research dissertation for the Part II has become a compulsory requirement for entry to the examinations. It is applicable to all registrars who commenced training after 31 December 2006 and who will, at the earliest, sit the Part II examinations in September 2009. Another new development is the formalisation of the psychotherapy logbook. The logbook for psychotherapy constitutes a record of experience and training in the field of psychotherapy and is a mandatory requirement for candidates sitting the Part II examination. In addition, the College of Psychiatrists has revised and compiled more detailed marking guidelines for examiners for the DMH(SA), FC Psych(SA) Part I and FC Psych(SA) Part II.

The Council of the College of Psychiatrists held 6 teleconferences over the past year. These meetings have been held on a 2-monthly basis and provide a valuable opportunity for Council members to discuss and debate issues of competency and training in a time-effective manner. Prof Yasmien Jeenah (Department of Psychiatry, University of Witwatersrand) was co-opted onto the Council in April 2008. The Council has been working hard at establishing subspecialties in key areas, including forensic psychiatry, old age psychiatry, neuropsychiatry and addiction psychiatry, and several proposals have been submitted to CMSA for consideration.

In respect of achievements within the College, Dr Pralene Maharaj received the Novartis Medal (September 2007) for the FC Psych(SA) Part II examinations and Dr MYH Moosa received the RWS Cheetham Award for the best cross-cultural paper in psychiatry. The RWS Cheetham award, which consists of a certificate and medal, was presented to him at the Philosophy in Psychiatry Congress at Sun City in August 2007. It is gratifying to know that four colleagues (Profs Christa Kruger, Dana Niehaus, Orlando Alonso-Betancourt and Dr Gerhard Jordaan) were awarded Fellowships by Peer Review for their professional standing and service to the discipline of Psychiatry. Moreover, Dr Tom Sutcliffe was awarded a Fellowship ad euendem for his outstanding contribution to the development and promotion of mental health services in the Western Cape.

As a College we are hopeful that the new Council in the next triennium will continue to improve standards and strive for world-class excellence as an examining body.

Prof Robin Emsley
President

COLLEGE OF RADIATION ONCOLOGISTS

The present syllabus, which has been reviewed for the past few years, will hopefully be replaced by a new, more appropriate syllabus in the next few months when consensus is reached by the various University faculties.

This new syllabus will include input from various other areas such as Australia, New Zealand and a few European syllabi.

The examination process and assessment of candidates will also change when the new syllabus has been approved by all the relevant parties. The new syllabus will include a research component as well as a personal portfolio.

The FC Rad Onc(SA) examinations held in October 2007 and May 2008 were well run and organised but it is worrying that so many of the primary candidates are failing at the first and sometimes second attempts.

Over the past 2-3 years some of the training departments have received government funding necessary for upgrading of radiation equipment, thereby enabling training of postgraduates in state of art radiation therapy techniques.

There are presently 6 academic institutions accredited for radiation oncology training and, depending on accreditation from the HPCSA, we might include other centres such as those from the Eastern Cape and North West province for part of the training program.

A decision to include heads of departments to attend the examinations as observers when they have a candidate for the final examinations, if they are not part of the examination panel, has also improved the fairness and impartiality of the examinations. This “observer status” also allows HOD’s insight into the possible gaps in their candidates’ knowledge.

Prof Louis Goedhals
President

COLLEGE OF RADIOLOGISTS

The new executive team and Council set its agenda for the year focussing mainly on regularising the conduct of the examinations. A significant amount of stability and consistency has been achieved in both the FC Rad(SA) Part I and Part II. The written examinations now can boast fair variety both in scope and depth of knowledge that is tested. For both oral examinations, stability around the weighting that each section enjoys has been achieved. The use of sub-minima for any one or a combination of parts of the oral examination is yet to be confirmed. Reasonable regularity in applying the new evaluation framework has been achieved.

The executive committee has committed to formulate a strategy for the College. This event has been deferred to the new executive to be elected for the next triennium. The examinations committee has successfully formulated and submitted the new *Rules and Regulations* of this College. The arduous 3 years work culminated with the Examinations and Credentials Committee approving it in March 2008. In the pipeline for ratification are *The Performance Portfolio* and *Internal Guidelines for Examiners.* A common examiners roll is now also in operation. The education committee was seized with preparations for the *Radiology Refresher Course* which takes place on the 2nd to 3rd August 2008 in Cape Town.

One of the highlights of the year was engaging a process to evaluate application for equivalence that was submitted to this College by the Universities of Pretoria and Stellenbosch. After due deliberation by the Council, driven by both the examination and education committees, the University of Stellenbosch was granted equivalence for the Part I MMed Radiology (Diag). A few shortcomings in the Part I of the University of Pretoria’s Part I MMed Radiology precluded the granting of equivalence. However, to ensure further progress, a meeting was held between the President and Professor Lockhat to assist with the appropriate modification that needed to be made. Many significant lessons and insights were gleaned from the debates that ensued during the deliberations, which will bode well for applying a consistent approach to such applications in the future.
The education committee has planned a Paediatric Imaging workshop in conjunction with the Paediatric Imaging Society of South Africa (PISSA) and the Radiological Society of South Africa (RSSA). This is to be held in Johannesburg and Cape Town in September 2008 and features 3 international speakers and an advanced program. In addition, paediatric imaging training will be enhanced by a locally produced book which is almost complete and features contributions from all over South Africa. The book is sanctioned by the education committee of the College of radiologists and PISSA. As mentioned above, the annual refresher course (pre-exam course) for registrars in radiology is planned for early August in 2008 and has become an anticipated educational activity of the College of Radiologists. Furthermore, the education committee has played an active role in producing educational and

research material and reviewing for the South African Journal of Radiology which hosts numerous committee members on its editorial board. Future goals for the education committee include creation of a recommended reading list and review of the curriculum to be more explicit and representative of current practice. Enforcing the use of the new logbook is also a goal in progress and is already active in at least 3 universities based on the new College of Radiologists template. Associations with the Radiological Society of North America are in progress through Introduction to Research for International Young Academics (IRIYA) and via the RSSA's successful application. Prof S Andronikou who chairs the education committee is also the official contact person for the visiting lecturers who will attend 3 of our universities to infuse and support teaching and training.

The JN and WLS Jacobson lecturer in Radiology was Dr AC Hurribunce. In the period 16th July to 24th July 2007 he presented his lecture titled "A Systemic Approach to Clinical Imaging Services." The lecture was hosted in six venues around the country. This was the first time that this eponymous lecture was hosted in Polokwane and Port Elizabeth in addition to the usual venues of Cape Town, Bloemfontein, Durban and Johannesburg. The lecture was open to the attendance of radiologists, radiographers and clinicians. It was quite pleasing to host a healthy turnout of Clinician at most of the centres. Given the rising cost of travel and accommodation, consideration will be given to making this lecture a biennial event.

The College also notes with appreciation, the acceptance by the editorial board of the CMSA's journal Transactions of the two papers on quality assurance authored by Dr AC Hurribunce, which was published in its last two issues.

This triennium ends with this College achieving a healthy internal routine and collaboration with the relevant administration and support sections of the CMSA. We wish to extend our specific appreciation to Mrs Ann Vorster who supported this College tirelessly, particularly through finalising the *Rules and Regulations.*

Prof Savvas Andronikou
Secretary

COLLEGE OF SURGEONS

Several important changes in the functions of the College of Surgeons have taken place in recent years, especially with regard to the examination process.

Profs John Robbs and Sandi Thomson have been responsible for major curricula revision for the FCS(SA) Final and Intermediate examinations. These changes have been finalised and are available on the CMSA website. The curriculum for the FCS(SA) Primary examination has also been revised and Dr Damian Bizos, with representation from each of the Departments of Surgery, is establishing a bank of new questions which are more clinically relevant.

The submission of a logbook has now become mandatory for the FCS(SA) Final examination. However the assessment of the logbook remains a problem and the establishment of minimum requirements, especially with regard to the numbers of procedures, remains unresolved. The College would like to move towards more importance being placed on a formative assessment of registrars.

The College has agreed to include a research component as part of the assessment for the FCS(SA) Final. In the first instance, candidates will be required to provide evidence that the dissertation for the MMed degree has been submitted by the time they write the College examination. This will be implemented for the March 2009 examination.

The number of subspecialist examinations offered by the College has also increased. The College now offers Certificate examinations in Surgical Gastroenterology, Vascular Surgery, Paediatric Surgery and Trauma.

The relationship between the College of Surgeons and the Association of Surgeons of South Africa (ASSA) has also been under review. In view of the common representation on the Executive of both, it was decided to formally co-opt the Chairman of ASSA onto College Council. The President of the College is a member of the ASSA Exco.

The College of Surgeons has had preliminary discussions with members of the College of Physicians and Surgeons of Ghana. The areas of interest have included exchange of examiners and assistance with Subspecialist training.

A new Council is in the process of being elected. I would like to thank the outgoing Council for their service to the College during the past triennium.

Prof Del Kahn
President

COLLEGE OF UROLOGISTS

The College of Urologists remains deeply indebted to its Fellows and Associates who continue to support the College both financially, through remittance of their annual fees, and by sacrificing their time in contributing to the activities of the College. The teaching and training of postgraduate students in Urology by full-time consultants at the academic centres is complemented by the valuable contributions of their colleagues in private practice. The College is keenly aware that serving as an examiner involves a substantial financial sacrifice for our colleagues who are in private practice, and their continued willingness to assist the College in this regard is highly appreciated.
A meeting of the Council and the Panel of Examiners of the College of Urologists took place in Johannesburg on 14 July 2007. The members present were D RD Barnes, Dr P Chetty, Dr L Coetzee (secretary), Dr T Fourie, Prof M Haffejee, Prof C Heyns (Chair), Dr H Patel, Prof AR Pontin, Dr PH Porteous, Dr H Rabe, Prof S Reif, Prof A Segone, Dr C Steinmann, Dr F van Wijk and Prof S Wentzel.

The main items on the agenda were the format of the examinations and consistency in the marking of the examinations, the logbook/ portfolio issue, the possibility of introducing a research component as part of the examination, the issue of subspecialty training, and the problems in undergraduate teaching of Urology.

Concerns were again expressed about the new marking system in percentages, whereby a candidate could fail a critical part of the examination, but compensate elsewhere and eventually pass, despite question marks behind their competence to conduct independent practice. The other side of this spectrum was that candidates who were possibly distinction candidates could be denied a distinction by a simple arithmetic calculation or inconsistency of the examiners.

It was argued that marking in percentages removed the subjectivity found in the old system, where the symbols covered a reasonably wide range. It was pointed out that using percentages facilitated statistical analysis and that possible inconsistency in marking could be due to a lack of familiarity and experience with the new system. It was felt that the best of both the old and the new systems could be combined if the examiners were better prepared, with greater agreement on the marking technique. It was suggested that symbols could be used and then be converted to percentages for statistical purposes. However, in the end there was no clear consensus about the matter.

Some members felt strongly that there should be a return to the previous system where examiners sat in pairs during the clinical examination, with the idea that they could act as "controls" for each other. It was suggested that it was fairer to the candidates to face two examiners, as some examiners were not only unskilled in examining, but their factual knowledge was also sometimes outdated and there would be no-one to control the level of questioning.

However, research has consistently shown that the reliability of examinations is related to the number of contact sessions with the candidate and the range of the domain tested. Maintaining this at the current level with pairs instead of single examiners would double the number of examiners required, with obvious cost and logistical implications. If the 1:1 balance of private and pubic sector examiners is to be maintained, doubling the number of examiners recruited from the private sector

would present a formidable challenge, and may be unattainable. Nonetheless, a small majority of members present at this meeting felt that examiners should work in pairs during the clinical examinations.

Some examiners felt strongly that the essay type questions in the written papers should be marked strictly according to a memorandum or template. However, it was pointed out that it could be unrealistic to expect private consultants, who were giving up a great deal of their time, to write a full essay-type template for marking these questions.

There was considerable discussion about the value of the log book and whether it should have a "gatekeeper" function. Some members felt that ultimately the Head of each Department should evaluate the candidates' readiness for the examination, and that this should not be decided by a log book. However, it was pointed out that subjectivity or personality conflicts may preclude a final decision or "veto" from the Head of Department being perceived as fair or acceptable by the registrars.

The question was raised whether we were not just copying overseas Colleges with the log book issue and whether our College, as an examining body which does not provide teaching or training, could enforce the log book as a means of gaining access to the examination. Some members felt strongly that the log book should not be used as a tool to admit or turn away candidates from the examination.

There was general agreement that some form of continuous assessment would be preferable to a log book submitted at the end of the training period. This "professional portfolio" should include comprehensive assessment of knowledge, skills and attitudes, and should be an objective evaluation by a number of people, possibly including outside consultants.
It was reported that the University of KwaZulu-Natal had initiated a process by which the candidate's registration could be withdrawn if continuous assessment did not show progress. An assessment portfolio would have to be strictly objective, but could become essential in the situation currently developing in KwaZulu-Natal, where there were up to 20 registrars working at different hospitals, and adequate training and supervision may become problematic.

There was consensus that the concept of a log book/portfolio should not be discarded completely. It was decided that Prof Wentzel and Prof Haffejee would draw up a model portfolio for circulation within the academic committee for comment.

There was considerable discussion on the problem of limited exposure of registrars to certain procedures which are not often performed in public sector versus private hospitals, or not in certain training centres versus others. Whereas it is feasible to obtain formal HPCSA approval for registrars to attend certain key procedures at outside institutions as part of their training, such rotation to outside centres does present logistical problems with regard to the heavy work load in the public sector teaching hospitals, since most of this work has to be done by registrars.

Whereas the MMed was previously a purely clinical examination at some universities, there is now much more pressure that a formal dissertation, subjected to external examination, should be a requirement for awarding the MMed degree. Since Universities lose a substantial amount of subsidy funding when candidates pass the College examination and do not complete the MMed, there is increasing pressure that a research component should be introduced to the College system.
It was suggested that prior to the commencement of the registrar's training, a formal, written agreement should be signed with the registrar, making it clear that acceptance of a dissertation is a requirement for the MMed degree, so that there can be no misunderstanding or subsequent litigation. There was reasonable consensus, although with some reservations, that the requirement for a dissertation could be written into the College regulations, in order to prevent candidates bypassing the MMed system and causing the universities to lose their training subsidies.
There was extensive discussion of the issues related to subspecialty registration. The regulations for Pediatric Surgery were drawn up and approved without any prior consultation with the SA Urological Association (SAUA) or the College of Urologists, although the syllabus of this subspecialty contains a great deal of Urology. Subspecialty regulations for Gynaecological Oncology have recently been approved by the CMSA and HPCSA, also without prior consultation with the SAUA or the College of Urologists, although the syllabus contains a fair amount of Urology, including the requirement that candidates should rotate through Urology for a period of two weeks. Proposed regulations for subspecialty training in Urogynaecology have been widely circulated to the Academic Committee of the SAUA as well as the Council and the Panel of Examiners of the College of Urologists. Comments were submitted from various quarters, and the Urogynaecology regulations have not been approved by the HPCSA or the CMSA.

There was general agreement that the development of certain areas of expertise was not only acceptable and desirable, and that fellowship training programs should be started to better qualify Urologists in certain areas of expertise.

With regard to undergraduate medical student training in Urology, the Heads of Departments each gave details about teaching and training in Urology at their respective universities. It was clear considerable disparities exist between universities regarding the time allocated to lectures and clinical rotations in Urology.

Concerns were expressed that, due to decreasing budgets, tertiary hospitals may in future have fewer patients available for

clinical teaching of undergraduates. The point was raised that, although a recent survey had found that 11% of general practice consists of Urology, very little time was spent training general practitioners in Urology. With the changed curricula at some universities there has been a decline in the level of knowledge about Urology among undergraduate students, while feedback from some students indicated that they also feel that too little time was spent in Urology training.

On top of this, the HPCSA has recently decreed that, despite medical graduates now having to complete two years of internship training plus a community service year before registration, interns are no longer allowed to rotate through certain specialties, including Urology, ENT, Ophthalmology and Dermatology. This can only be seen as an immense retrogressive step, and will certainly not promote the objective of training and registering doctors capable of providing comprehensive medical services at primary care level.

As solutions to the increasing problem of limited exposure to Urology among undergraduate students as well as interns, it was proposed that, apart from lobbying to have the curricula changed to allocate more time to Urology, departments could create a special post for a senior registrar/junior lecturer specifically to train students, or that the registration fees of registrars could be reduced according to their levels of involvement in undergraduate student teaching.

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Turning Evidence into Practice: one patient at a time

KM Seedat Memorial Lecture – 14th National Family Practitioners' Conference, August 8th, 2008

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Introduction

Any discussion about turning evidence into practice needs to start with a definition of evidence-based medicine (EBM). David Sackett, in the seminal article "Evidence-based medicine: What it is and what it isn't" defined EBM as *"the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients".*[1] It's useful to represent this definition graphically as three overlapping circles representing *individual clinical expertise,* the *best external evidence* and *patient beliefs and expectations,* with EBM being the area of overlap between these three constructs – what I call the "EBM triad". A 4th circle might be the physicians' expectations, beliefs and past experience, depicting how what we bring to the encounter can often influence the decisions we make. EBM is essentially clinical epidemiology and an alternate more precise definition of EBM is "Evidence-based medicine is the use of mathematical estimates of the risk of benefit and harm, derived from high quality research on population samples, to inform clinical decision-making in the diagnosis, investigation or management of individual patients".[2] We now have a very explicit hierarchy of what constitutes the 'best available evidence' thanks to the Centre for Evidence-Based Medicine in Oxford.[3] It's worth noting that the lowest form of evidence (Level V) is *expert opinion without explicit critical appraisal, or based on physiology, bench research or 'first principles'.* This includes much of what we are taught, narrative review articles, most textbooks and many clinical practice guidelines. Qualitative research plays a vital role in health care research and should not be compared to this hierarchy for quantitative research.

Discussion

EBM is necessary for a number of reasons. It is essential to the process of lifelong learning and keeping up-to-date, it is true to the ethical principles that underpin medical practice – first do no harm, do the best you can, the concept of justice and patient autonomy or shared decision making. It often frees us up to do the things that really make a difference to patient outcomes and we have no better way of being sure that the care we provide is effective and that our finite health care resources are well spent.

Unfortunately the promise of EBM has not been mirrored in its level of adoption. On average there is up to a 17-year delay between evidence and adoption in the US.[4] Patients receive only 54.9 % of recommended preventive, acute care and care for chronic conditions[5] and many patients are the recipients of care that is unnecessary and potentially harmful.

What happens currently in terms of information needs during patient care? Needs (clinical questions) arise regularly - twice for every three outpatients and 5 times for every inpatient.[6] Most concern treatments (drugs) and are answerable.[6,7,8] Unfortunately two thirds of our questions go unanswered, some questions are not voiced and answers to at least 50% of the unanswered questions would have had a direct impact on patient care.[9] To find answers doctors usually ask other doctors or consult textbooks,[8] both of which are notoriously out of date. We typically spend no more than 2-3 minutes looking for answers to our questions.[10] This begs the question - What is relevant information? A number of family medicine academics in the US developed the following constructs and acronyms:[11]

Patient oriented evidence (POE) is information that matters to us and our patients, helping them live longer or better lives. Examples of important outcomes are mortality, morbidity, quality of life measures and clinical events such as number of hospitalizations. In contrast disease oriented evidence (DOE), which we have historically based much of what we do on, looks at surrogate outcomes as such blood sugar levels, blood pressure, lipid levels and coronary plaque thickness. Our journals have slim pickings – only 2% of articles in the mainstream literature meet the criteria of a "POEM" (patient oriented evidence that matters).[12] A POEM is defined as valid (methodologically sound) research that meets the following 3 criteria:[11]

- Will this information have a direct bearing on the health of my patients? i.e. is it something they would care about?
- Is the problem common to my practice?
- If valid, will this information require me to change my current practice?

POEMs in the form of succinct evidence summaries are now common features in a number of mainstream journals in the English speaking literature including South African Family Practice. Unfortunately DOE and its surrogate outcomes often don't translate into POEMs. There are innumerable historical and more recent examples of this. One such example is the use of lidocaine infusions post myocardial infarction (MI). When I was a new medical graduate, it was common practice to place such patients on a lidocaine drip as it decreased ventricular ectopy on the cardiac monitor and since most patients who died post MI did so from ventricular arrhythmias, it was assumed that lidocaine would decrease this bad outcome. When a randomized control trial was eventually done looking at lidocaine post MI, it actually increased mortality.

"Just-in-case" knowledge and learning has failed us. This is where we learn things in anticipation that we will use the learned information at some future date. Our knowledge of up-to-date practice and our performance deteriorates with time from graduation from medical school.[13,14,15] Sadly traditional instructional continuing professional development (CPD) does not stem this decline in our clinical competency or more importantly improve patient outcomes.[16] A study published in the Lancet demonstrated that over 50% of generalists and specialists in academic settings who volunteered for a quiz were unable to answer even one question correctly about articles they had read in the preceding fortnight.[17] Clearly there is too much to read and too little time. In 2007 PubMed (The US National Library of Medicine equivalent of Medline) had over 16.5 million citations and is growing by approximately 500 000 citations a year. Sackett estimated that a generalist physician would have to read 19 high quality articles a day, 365 days a year to keep up with their given area of expertise,[18] a feat that is clearly impossible and of little utility given the abovementioned Lancet study.

A physician's ability to recall, organize and apply relevant medical information remains constant over time. In contrast, there is an exponential expansion of medical knowledge which is not only growing but changing. The consequence is an ever-widening gap between the physician's ability to keep up-to-date and new knowledge that engenders a sense of growing relative ignorance and medical uncertainty. The net effect is that doctor and patient needs for high quality information at the point-of-care often go unmet. This has detrimental consequences on patient care and outcomes and valuable learning opportunities for the doctor are lost.

This paper will address ways to overcome barriers to translating what is known to what we do with a focus on strategies for the individual practitioner and the need for a fundamental shift to take place in the learning and educational culture of family medicine in South Africa to facilitate and sustain these changes. Larger systems change including the implementation of evidence-based clinical practice guidelines are beyond the scope of this paper.

Given the abovementioned challenges we face in terms of keeping up-to-date, how can we bridge the growing "knowledge chasm" and provide up-to-date and evidence-based care? Firstly we need to learn how to practice EBM ourselves. We should embrace the power of not knowing and let it fuel our desire to seek timely answers to our patients' questions and we need to shift the paradigm from "just-in-case" to "just-in-time" (information that is immediately applicable to the patient and clinical question at hand) information and learning. We need to prepare family physicians who are effective "evidence-based users",[19] who at the point-of-care using Personal Digital Assistants (PDAs), computers, and the internet, can efficiently track down and use high quality sources of pre-appraised evidence, which provide immediately applicable or "just-in-time" conclusions.

The skills required include:

(a) Framing a clear clinical question,
(b) Developing a search strategy: "Which database is most likely to efficiently yield the answer I'm looking for?",
(c) Efficiently searching for the "best available" evidence using the Internet or handheld resources, and where appropriate, making EBM search engines and evidence-based journals of secondary publication the first port of call as they catalogue POEMs,
(d) Critically appraising the evidence for its applicability (Is your patient sufficiently similar to the patients in the study that you can apply the findings to him or her?) and validity (Does it approximate the truth?),
(e) Understanding and appropriately using number concepts germane to EBM such as numbers needed to treat (NNT) and very importantly, comfort negotiating common ground with patients around medical decision making, including situations where there are differing interpretations of the evidence, when evidence is at odds with patient preference, cultural beliefs, or expectations, or the evidence goes against the prevailing "standard of care" and,
(f) Being aware of the ethical and medico-legal implications of evidence-based practice.

Having acquired this set of skills, these doctors can become up-to-date practitioners who deliver patient-focused, evidence-based care. Finding the appropriate "POEM" or high quality pre-digested evidence with which to answer a question is often relatively straightforward. The biggest challenge is remaining patient-centered and paying adequate attention to the patient values and expectations circle of the "EBM Triad".The technology needs for point-of-care EBM include computers, internet access (preferably high speed), a portal page with links to your most commonly used web resources, hand held devices (PDAs) and free and subscription web and PDA databases/tools. The initial outlay for these technologies in resource poor settings is no doubt costly. However a compelling argument can be made that in reality they have the potential to pay for themselves through the facilitation of more cost-effective, better and timely care. I also see enormous potential for clinicians in remote areas who armed with easily accessible high quality information will be able to independently make appropriate patient care decisions that might lessen their dependence on secondary and tertiary referral hospitals and specialist consultations. It will also obviate the need for costly journal subscriptions, textbook purchases and traditional didactic CPD efforts which we now know to be ineffectual.

Clearly we can't feasibly answer all the clinical questions that arise in daily practice and shouldn't strive to. A useful construct is the usefulness of medical information equation which states that the value of information is directly proportional to its applicability to the patient in front of you (Is my patient sufficiently like the patients in the study that I can reasonably apply this information to them?) and its validity (Does it approximate the truth?) and inversely proportional to the work involved in finding the information.[20] Work can be anything from time, energy, money or number of mouse clicks. One should constantly strive to improve the applicability and validity of the information you find and decrease the work factor. In the same vein the best use of your time is to seek answers to questions around problems that are common to your practice and where patient-oriented evidence exists.

The clinical examples I gave in the plenary talk on which this paper is based, illustrated the use of available technologies and the EBM process (Steps (a) - (f) above) to efficiently access answers to patient related questions and apply them to the patient in front of you, while utilizing the requisite skills needed to be an effective evidence-based user. The impetus for learning in these settings are real patients and clinical questions, not knowing, a healthy skepticism and questioning of expert and authority based practices, an appreciation of the rapid turnover of information and a realization that active and interactive learners learn.

EBM should always start and finish with the patient. It is my experience that practitioners acquiring these new skills often struggle to adapt to a paradigm where the primary focus is the patient, is question-driven, and where the emphasis is in large part on process and skill acquisition rather than finding "the right answer." This paradigm shift takes them out of their cultural comfort zone of didactic and content-focused education where not knowing is traditionally frowned upon. It requires that they become comfortable saying they don't know and embrace this as a positive phenomenon, which over time, will drive their desire to know and keep up-to-date in a world of medicine where the only constant is change.

As a discipline family medicine must remain true to the sacred domain of the doctor-patient relationship and our "high touch" traditions that set us apart from other specialties and are underpinned by the 'relationship-centered clinical method'[21] and 'biopsychosocial model'.[22] Mackenzie's astute observations highlight the disconnect between theory and reality for the newly trained family physician.[23] "We spend our first few years in primary care 'unlearning' the tidy theories and taxonomies of textbook biomedicine and becoming more or less comfortable with the 'grey zone' of practice we have found ourselves in. We learn to manage without the

things we expected to find and to cope with what we actually find." The problems patients bring to us are often complex and disorganized and not "solvable" or brought to early closure with the clean empiricism of EBM aided by the Internet or a PDA.

Switching gears, we need to address what needs to take place in the burgeoning specialty of family medicine in South Africa:

- We need to harness these new technologies while preserving our basic values.
- Create a critical mass of 'evidence-based users' across the educational spectrum (medical students, post-graduate trainees and faculty).
- Decide what the desired skills and behaviors are and how to best teach, role-model and measure them?

Family medicine is uniquely poised to succeed in these endeavors. You are a newly recognized specialty charged with developing de novo the country's primary health care system for the public sector. This will require the building of infrastructure and capacity, training of sufficient numbers of family physicians to meet service needs and the development of appropriate training programs and curricula for undergraduate and postgraduate trainees.

Changing the prevailing culture is always difficult. You need buy in from key stakeholders and should expect to meet resistance from all quarters. I would recommend training a cohort of "Super-Users", which in addition to faculty and administrators should include medical students and graduate trainees. The latter two groups are often enthusiastic early adopters who drive change from the bottom up. Faculty development (including community adjunct faculty) is imperative and one needs longitudinal curricula that focus on skill development for undergraduate and post-graduate training. An example of such a curriculum is "Morning POEMs"[24] which I highlighted in a separate workshop at the congress. You should apply evidence supporting best-educational practices and learn from others who've gone before you. Desired skills and behaviors should be role-modeled and practiced daily in the classroom, in the clinic and at the bedside. This fundamental cultural shift should never just be a phenomenon of the ivory towers of academia but should be reflected in your journals, all CPD efforts and your dealings with big Pharma. Lastly, family medicine should consider facilitating and leading similar changes across specialties and disciplines. One way of doing this is for the Colleges of Medicine, like the Accreditation Counsel for Graduate Medical Education (ACGME) in the US, to mandate that post-graduate training programs in all disciplines meet certain measurable competencies that include evidence-based practice.[25] Having pioneered these changes in family medicine, others will look to you for help and leadership.

A substantial portion of this teaching and training will take the form of CPD - the "third and final phase of medical education".[26] I would recommend differential rewards for CPD based on our current knowledge of what sorts of CPD are most likely to improve clinical practice and patient outcomes. We should focus our precious CPD resources and efforts on interventions that are known to work. This might entail rewarding point-of-care and small group interactive CPD which practice desired behaviors more heavily than traditional didactic CPD which we know to be ineffective and as far as is possible do away with CPD that is sponsored by drug companies and is in essence thinly veiled marketing and not educational.

Conclusions

Who should teach and role-model hands on and point-of-care EBM? Without a doubt it should be family physicians and not specialists or sub-specialists. We are the experts at what we do and operate comfortably within the grey zone of complexity and uncertainty outside of the tertiary care environment so aptly demonstrated in Green's 'The ecology of medical care revisited'.[27] Where possible we should also involve our behavioral faculty, clinical pharmacists, librarians and even patients. We should practice these new found point-of-care skills in front of and with our patients. They are impressed by it and in time many will come to expect it. They understand the 'knowledge chasm' and are often suspicious of the doctor who pretends to know it all.

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Integrating PMTCT into primary health care: What works?

JC Coetzee Lecture at the 14th National Family Practitioners' Conference, Rustenburg August 8, 2008

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Introduction

Sixty-eight countries are responsible for 97% of all maternal, neonatal and child deaths under the age of 5 years. South Africa is one of these countries. In sub-Saharan Africa, 12 countries are experiencing an increase rather than a decrease in under-5 mortality rates; South Africa is one of the 12.[1] The under-5 mortality rates are variously reported as 76 per 1000 live births (ASSA child estimate modelled by RE Dorrington), 69 per 1000 live births (UN Interagency group as presented in UNICEF, State of the World's Children 2008).[2]

The quality of in-patient child care is being assessed by paediatricians throughout the country using of the Child Healthcare Problem Identification Programme (Child PIP). The causes of in-patient child deaths and modifiable factors related to these deaths are collated and reported in the Saving Children reports. The 2005 report described that in 4 out of 5 child deaths (where the mother of the child or the child was tested for HIV) were associated with HIV infection.[3]

Prevention of mother to child transmission (PMTCT) of HIV is possible and highly effective with transmission rates of less than 1% being reported. Clearly the prevention of mother to child transmission (PMTCT) of HIV is one of the most important interventions to prevent deaths of children.

The PMTCT process

There are various stages in the process of preventing mother to child transmission of HIV as outlined in the National Guidelines on Prevention of Mother to Child Transmission of HIC and Care, Treatment and Support for Pregnant Women living with HIV and their Children.[4]

The *major steps* are summarised as

1. Counselling and testing
2. Staging
3. Treating with dual therapy or highly active antiretroviral drugs (HAART)
4. Provision of antenatal care and counselling on infant feeding
5. Management during labour
6. Postnatal follow-up of mother and neonate

At each of these steps there are barriers affecting the process. To be effective rates over 95% have to be achieved of the constant leakage at each step results in little effect of preventing deaths of children. This is illustrated below with using an eighty percent compliance at each step (Table I). After going through all the steps only approximately 13% of the infected population will get complete appropriate care. Assuming a 30% transmission rate in untreated women, the net effect would be that only 4 of 30 neonates would be treated appropriately and referred for ARVs. Thus even an eighty percent compliance with the protocol is not good enough.

Table I: Effect of eight percent coverage of each step for 100 HIV infected mothers

Step	Number covered	Remainder
Start:	100	
80% Counselling	80	20
80% Tested	64	16
80% Staged	51	13
80% Receive Dual therapy/HAART	41	10
80% Received NVP intrapartum	33	8
80% Neonates received NVP/AZT	26	7
80% Neonates get PCR testing	21	5
80% Neonates receive co-trimoxazole	17	4
80% neonates referred for ART	13	4
Net effect:	13% receive appropriate treatment	87% miss opportunity of effective care

Barriers to effective PMTCT

There are many barriers to achieving complete compliance with the protocols. For simplicity they can be divided into those that are mainly within the health system and those that are mainly within the community.

Barriers in health system

1. Counselling and testing:
   South Africa has an opt-in system of counselling and testing women for HIV. In 2006 only 47.9% of pregnant women received voluntary and counselling services[5].

2. Staging:
   Staging requires that the women is fully examined for AIDS defining conditions and some basic screening testes are performed such as a haemoglobin estimation and a CD4 count, sputum analysis and chest X ray for those of symptoms of tuberculosis. The HIV infected women is then classified as having AIDS and hence requiring HAART or only requiring dual therapy. Thus, all clinics must have access to a laboratory that does CD4 counts and an efficient mechanism of retrieving the results and informing the woman of the results. This requires an adequate infrastructure and adequate training of the staff. This is not available everywhere. However, even where it is

available there are still considerable delays. The national target to get newly diagnosed pregnant women with AIDS on HAART is 2 weeks. In an audit of 20 women requiring HAART in a well resourced urban area was on average 9 weeks, 5 weeks from diagnosis to attendance at an ART clinic and 4 more weeks until therapy was actually started (Personal communication P Sivaraman 2008).

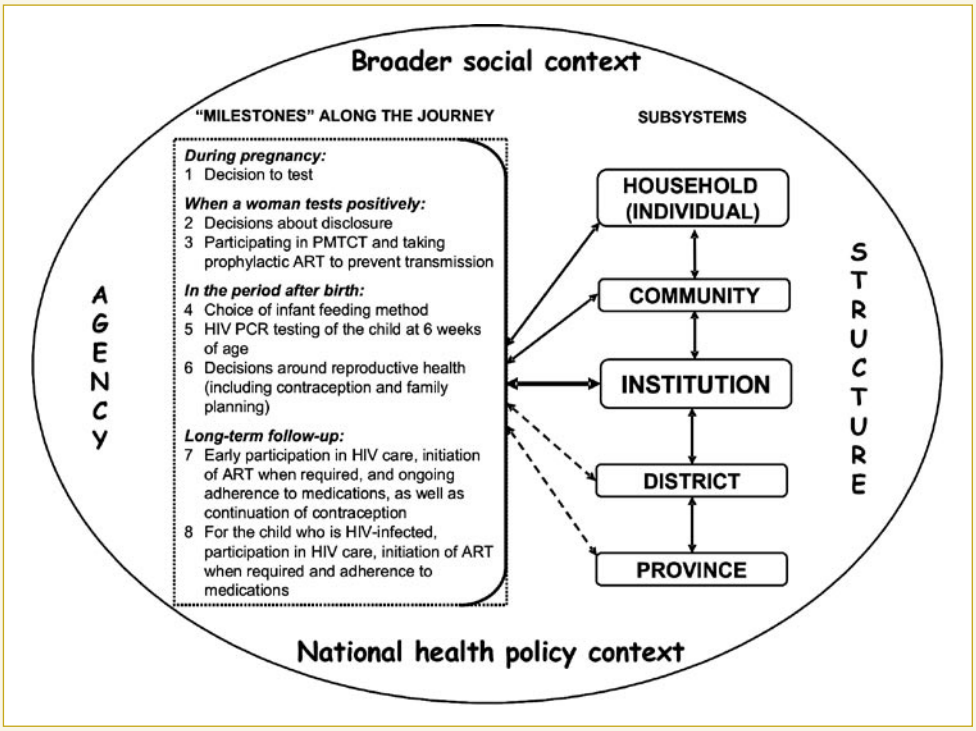
3. Treatment with dual therapy or HAART:
   This requires training and knowledge of the health care provider plus an adequate infrastructure of getting the required drugs to the appropriate sites. Problems are still being experienced this establishing this infrastructure, although the number of ART accredited sites is increasing steadily.

4. Counselling regarding infant feeding and appropriate antenatal care:
   a HIV infected mother regarding infant feeding choices is a complex affair. Evidence is mounting that infants' of HIV infected women who do not have adequate social circumstances are better off if they exclusively breast feeding rather than formula feeding. The trade-off is between transmission of the virus to the infant and the infant ding of diarrhoea and malnutrition. This is a counter intuitive strategy. Mothers are informed that they carry the virus in their blood and it is also present in their breast milk, so to improve the chance of the baby surviving they should give their babies' breast milk. Exclusive breast feeding is difficult and requires support. This is rarely available. The net effect is confusion and mixed-infant feeding.

5. Labour:
   The policy for PMTCT until recently has been the administration of nervirapine intrapartum and then to the exposed infants. This requires that the either the patient takes the tablets when she goes into labour or the labour ward staff supply the tablets and the hospital staff supply the nervirapine to the infant. Without adequate communication of the status of the women between the woman and the labour ward staff, omissions will occur. The complex coding system employed to indicate the status of the woman is most often blamed for the inadequate communication. In 2006 it was estimated that only 30% of eligible women were receiving nervirapine[5].

6. Postnatal follow-up:
   This is the area of biggest loss. Very few HIV exposed babies get PCR testing and co-trimoxazole prophylaxis. Only 26% of eligible babies received co-trimoxazole prophylaxis[2]. One of the major reasons for this is the mobile population and the lack of communication between the site of delivery and the clinics. The postnatal routes that a mother intended to take were described by Richardson et al.[6], in a survey of 100 women on discharge from a large urban regional hospital in Gauteng. One third intended to return to the provinces where their home was before the 6 weeks, one sixth were intending to return to their provinces after six weeks, 60% would attend their local clinics in Gauteng, and in 5% the baby would be with a grand parent in another province.

Figure 1: Conceptual framework of a mother's 'journey' through the health care system



Very few mothers were aware that their babies could be tested at 6 weeks and that they should be attending their clinics within 3 days after discharge and at 6 weeks.

Barriers experienced by the mothers

Figure 1 illustrates the mother's journey through the PMTCT road within the broader social context.

In a gaps survey of PMTCT Bergh and Cilliers[7] found that there was a general lack of patient participation in the health care processes. In general vertical programmes function in a hierarchical manner, with programme objectives and programme managers the main drivers. PMTCT in the rural areas is complex with high levels of stigma and mistrust in the community. Contact with the vertical programmes often leaves the patient to deal with complex personal, family and community issues, whilst the interaction with the health service is mostly technical and insensitive towards these issues. Interaction with patients is mostly about instructions and knowledge transfer rather than patient participation and patient empowerment. The general attitude of staff and managers is hierarchical with little emphasis on functional interpersonal relationships and no reference to participation. Patients therefore experience the interaction with the different facilities and different programmes as confusing and disempowering.

One of the biggest barriers to participation in the PMTCT programme is that of stigma. Stigma, both personal and community related prevents or makes very difficult the disclosure of the woman's status to her partner or close relatives or friends. This clearly impacts on use of dual therapy or HAART, infant feeding choice and follow-up for herself and her infant. Poverty also will influence the participation in the PMTCT programme.

Bergh and Cilliers[7] produced a matrix to list all the barriers, but also to view each of the barriers in relation to the various milestones of a

Table II: Overview of barriers as they relate to the various millstones of the journey of an HIV+ mother in the health system

BARRIERS / "MILESTONES"		1 VCT	2 Disclosure	3 AZT/Nev	4 Infant feeding	5 PCR	6 Family planning	7 Mother HIV care	8 Child HIV care
Lack of patient participation in decision making processes	HEALTH SYSTEM related issues								
	Staff shortages	X	X	X	X	X	X	X	X
	Poor quality of counselling	X	X	X	XX	X	X	X	X
	Health education/ promotion	X	X	X	X	X	X	X	X
	Staff attitudes	X	X	X	X	X	X	X	X
	Staff knowledge	X	X	X	XX	X	X	X	X
	Logistical issues – general	X		X	XX	X	X	X	X
	Poor postnatal follow-up				XX	XX	X	XX	XX
	Communication and team functioning			X	XX	X	X	X	X
	Monitoring	X	X	X	X	X	X	X	X
	COMMUNITY and social issues								
	Stigma	X	X		X		X	X	X
	Support	X	X	X	X	X	X	X	X
	Infant feeding practices		X		X		X		X
	Socio-economic difficulties	X	X	X	X	X	X	X	X
	Gender relations	X	X		X	X	X	X	X

Key: X = barrier exists
Light Gold highlight = crucial structural-functional barriers
XX = barrier particularly prominent
Dark Gold highlight = crucial barrier that spans across all points of health care

a mother's journey through the health care system (Table II).

The conclusion of this gaps survey[7] was that issues related to mother and child health care cannot merely be presented as simple gaps that can be addressed with single interventions, but that the gaps are interrelated and impact on each other. There appears to be disconnectedness between the different points of care for the mother and her child, in part due to vertical programmes that are functional at the provincial level, but create constraints at grass roots level. Furthermore, barriers not only relate to the health system, but there are also community and social barriers that need to be addressed. Any intervention that is devised should ensure that interrelated issues are addressed appropriately. Therefore, a complex, holistic, integrated approach would be needed, as piecemeal interventions may not make a difference in the end.

Solutions

From the above discussion any solution will have to address changes throughout the health system and preferably also within the community to be successful. If ninety-five percent compliance is to be achieved a holistic approach will need to be developed and implemented.

In general there are four areas where health system change can be elicited:

- Policy. Policy changes require political decisions for structural changes in the health system. This change is inspired by advocacy groups. The best example of eliciting policy change is that of the Treatment Action Campaign which forced the Minister of Health to provide nevirapine to pregnant women for PMTCT.
- Administration. Administrative change requires that local administrator are empowered to shift resources to be to the appropriate areas so that a policy can be effective. A comprehensive policy for PMTCT[4] is now available and hence there is the framework to within which the administrators can divert resources to ensure adequate provision for PMTCT.
- Clinical practice. Change in clinical practice requires the effective training and implementation of new guidelines and protocols. The field of developing effective methods of implementing new protocols and training of staff in their use is increasingly being better researched. Effective methods are described that work[8] and are listed below:

– Face-to-face training
– On-site training
– Use of an influential trainer/facilitator
– Buy-in of opinion leaders in the area
– Repeated training
– Interactive workshops better than lectures
– Audit and feedback
– Guidelines versus protocol. Protocols should be developed from guidelines by the health care providers that are involved in the care in that area. That is they must be locally developed and fall within the guidelines specified by the DOH

- Pre-service education and training. This implies change to the curricula of medical schools and nurses colleges and university departments.

Specific solutions

Specific solutions are available to improve the PMTCT programmes and some are being implemented nationally. These are listed below, but to be effective they will need to be integrated, and silos broken down.

Health system

1. Provider initiated testing:
   Botswana has a similar HIV infection rate of women attending antenatal clinics (37.4%) as South Africa[9]. They introduced a national PMTCT programme in 2001 and used an opt-in method of counselling and testing. In 2003 only 52% of women were testing for HIV, again similar to South Africa's experience. In 2004 Botswana began to implement routine, non-compulsory (opt-out) HIV screening in antenatal care and other health settings. The uptake of testing increased dramatically to 92%[10]. This obviously had an effect on the provision of ARV prophylaxis and this increased to a national coverage rate of eighty percent. Botswana now uses the dual therapy regime and recent reports indicate that vertical transmission rates are below 6.7%[11]. South Africa has recently adopted the provider initiated testing which is similar to the opt-out system.

2. Integrated training packages:
   Training packages must incorporate the relevant aspects of PMTCT and HIV care of mother and child within them as part of the package. HIV infected women should not be seen in isolation. These integrated training packages are available. An example is the Basic Antenatal Care Quality Improvement training package which is being scaled-up to all clinics in South Africa.
3. Checklists:
   Using checklists is an effective means of improving uptake of specified activities. Checklists are being incorporated into antenatal, intrapartum and postnatal care.

4. Patient as the mechanism of communication (Patient-carried cards):
   It is well established that patient-carried records are a more effective means of communication than relying on the hospital or clinic to retain the record or rely on the hospital communicating directly with the clinic or visa-versa. The use of antenatal cards and the road to health cards are well established. A postnatal card used as a mechanism of communicating between the site of delivery and clinics is currently being tested. The Western Cape has started an initiative of stapling the antenatal card to the road to health card to facilitate the transfer of information. This improved postnatal follow-up. A specifically designed postnatal card using checklist for the visit within one week and at 6 weeks has been developed and tested in the south west Tshwane sub-district. In this pilot[12] 100 postnatal women were given a postnatal card with explanation of postnatal care and another 100 postnatal women given explanation of postnatal care but without the card. Seventy-five percent of the women followed at clinic with cards, whereas none of the other women specifically were recorded by the clinic as coming for postnatal visits. However, 55% of the women were found to have attended either the contraceptive clinic or immunisation clinic for the child. The system of patient-carried records could be further expanded to a "Woman's health passport" which might include all aspects of the woman's health. Some examples are available and could be tested.

Community and social solutions

Lack of patient participation was one of the major findings of the gas survey of Bergh and Celliers[7]. This area is under-researched with respect to PMTCT. However, there is information available in care of people with chronic diseases that might be applicable to PMTCT. Patient participation and empowerment with positive outcomes have been described in PMTCT programmes[13], chronic illness programmes[14], and health care in general.[15] This involves, amongst others, that health workers develop qualities needed to set the scene for participation, for example humility, ability to relinquish the role of the expert, awareness of their position of power and ability to value even the poor.[16] For this the involvement of the whole health team, including community members, patient peers and community health workers, is important.[13,15]

The use of support groups for those pregnant women infected with HIV may also be an effective mechanism of improving compliance and patient participation. Mundel et al,[17] tested a structured support group system for HIV infected women with the aim of improving various psychological factors. The women who underwent the support group intervention were evaluated at 3, 6 and 12 months after the intervention. These women were found to have significantly better coping methods, higher disclosure rates, and a greater knowledge of HIV than a control group not receiving the support group intervention.

Figure 2. Summary of strategies to improve PMTCT

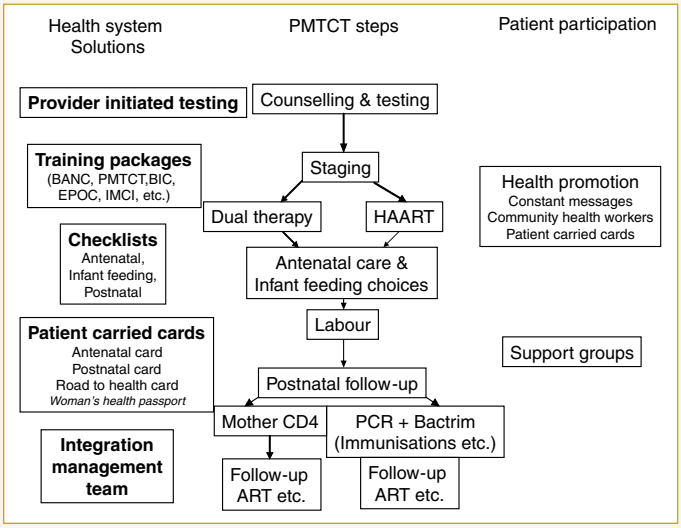


Figure 2 illustrates the PMTCT steps and the potential solutions for the health system and for patient participation.

Conclusions

There are many barriers to preventing transmission of HIV from the mother to her infant. These barriers occur at every stage of any PMTCT programme, and are interconnected. Further the barriers are not restricted to the health system but also involve the community and social and socioeconomic environment. To be effective in preventing mother to child transmission of HIV the solutions will have to integrated into the whole health system should be underpinned by a paradigm of non-hierarchical participation and empowerment, not only of patients and health care workers, but also of family, community and health service managers.

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Jacobs Miguel Adrian
Jacobs Peter
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Jaffe Basil
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Margolis Kenneth
Marivate Martin
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Marks Charles
* Masey George R Frederick
* Mason Eric Ivor Henry
Massey Patricia J Helen
Matisonn Rodney Earl
* Matus Szlejma
Mauff Alfred Carl
May Abraham Bernard
Maytham Dermine
McDonald Robert
* McIntosh Robert Roy
McKenzie Malcolm Bett
McPhee Michael Henry
Mears Jasper W Walter
Meer Farooq Moosa
Meeran Mooideen Kader
Melvill Roger Laidman
Melville Ronald George
* Mendel Sonnie Ivan
* Mendelow Harry
* Mendelsohn Leonard Meyer
Meyer Anthonie Christoffel
Meyer Bernhardt Heinrich
* Meyer Cornelius Martinus
Meyer David
* Meyer Eric Theodore
* Meyer Jan Abraham
Meyer Julius
Meyer Roland Martin
Meyers Anthony Molyneux
Meyersohn Sidney Jacob
Meyerson Louis
* Michael Aaron Michel
Michaelides Basil Andrew
Michaels Maureen Jeanne
Michalowsky Aubrey Michael
Michelow Maurice Cecil
Midgley Franklin John
Mieny Carel Johannes
Miles Anthony Ernest
Millar Robert Norman Scott
* Miller Samuel
Milne Anthony Tracey
Milne Frank John
Milner Selwyn
* Mirkin Wilfred Hyman
Misnuner Zelik
Mitchell Peter John
Mokhobo Kubeni Patrick
Molapo Jonathan Lepoqa
* Möller Carl Theodorus
Molteno Christopher David
Moodley Jagidesa
Moola Yousoof Mahomed
Moosa Abdool-Sattar
Morley Eric Clyde
Morris Charles David Wilkie
* Morris Derrick Ryder
Morris Edel
Morrison Gavin
Moti Abdool Razack
Movsowitz Leon
Mullan Bertram Strancham
* Muller Hendrik
Mulligan Terence P Simpson
* Mundy Raymond
* Murray Neil Laird
Myburgh Johannes Albertus
Myers Leonard
Naidoo Balagaru Narsimaloo
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Nel Wilhelm Stephanus
Neser Francois Nicholas
Nestadt Allan
Newbury Claude Edward
Nicholson John Campbell
Noble Clive Allister
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Norman-Smith Jack
Norwich Isadore
Novis Bernard
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Peters Ralph Leslie
* Philcox Derek Vincent
Phillips Gerald Isaac
Phillips Louisa Marilyn
Piesold Gerald A Ferdinand
Pieterse Holland Frederik
* Pillay George Permall
* Pillay Rathinasabapathy Arumugam
Pillay Thiagarajan Sundragasen
Pillay Veerasamy K Govinda
Planer Meyer
Plit Michael
Polakow Raphaely
Politzky Nathan
* Pollak Ottilie
Polley Neville Alfred
Pompe van Meerdervoort Hjalmar Frans
Porter Christopher Michael
Posel Max Michael
Potgieter Louis
* Pretorius Davis H Schalk
* Pretorius Jack
Pretorius Johannes Lodewikus
Price Samuel Nathaniel
Prinsloo Simon Lodewyk
Procter Desmond S Collacott
Prowse Clive Morley
Pudifin Dennis James
Quan Tim
Quantock Owen Peter
Quinlan Desmond Kluge
Quirke Peter Dathy Grace
* Rabinowitz Albert
* Rabinowitz Leslie
Radford Geoffrey
Raftopulos Paris
Rankin Anthony Mottram
Ransome Olliver James
Rayman Ashley
Rebstein Stephen Eric
Reichman Leslie
Reichman Percy
* Reid Frederick Payne
Reinach Werner
Renton Maurice Ashley
Retief Daniel Hugo
* Retief Degenes Jacobus
Retief Francois J Petrus
Retief Francois Pieter
Reynders Johannes Jurgens
Reyneke Philippus Johannes
Rice Gordon Clarke
* Richey Allan Frank Whitfield
Richmond George
Ritchken Harry David
Roberts William A Brooksbank
* Roberts William Michael
* Robertson Thomas Chalmers
Robinson Brian Stanley
Rode Heinz
Roman Horatius E Hereward
Rome Paul
Roos Charles Phillipus
Roos Nicolaas Jacobus
Roose Patricia Garfield
Rosenberg Basil
Rosenberg Edwin Robert
* Rosenthal Elijah
* Rosin Isodore Roland
Ross Bremner Lloyd
Rossouw Dennis Pieter
* Rossouw Johan Tertius
* Rothschild Emil E Aaron
* Roux Daniel Jacobus
Rudolph Isidore
* Russell John Tait
* Rutovitz Isaac Jacob
Ryan Raymond
* Sacks Selig
* Sacks Sidney
Sacks William
Safro Ivor Lawrence
* Salkinder Joe
Samson Ian David
Samson John Monteith
Sandeman John Charles
Sanders Eric John
Sanders Hannah-Reeve
Sandison Alexander Gorrie
* Saner Robert Godfrey
Sapire David Warren
* Sarkin Theodore Leonard
Sartorius Kurt Honbaum
Saunders Stuart John

Saxe Norma Phyllis
Schaetzing Albrecht Eberhard
* Schepers Nicolaas Jacobus
Scher Alan Theodore
* Schneider Tobias
Schneier Felix Theodore
Scholtz Roelof
Schutte Philippus Johannes
Schwär Theodor Gottfried
Schwarz Kurt
* Scott James Graham
Scott Quentin John
* Scott Walter Fleming
Scragg Joan Noelle
Seaward Percival Douglas
Sedgwick Jerome
Seedat Yackoob Kassim
Sellars Sean Liam
Senior Boris
Sesel John Ruby
Shapiro Benjamin Leon
Shapiro Max Phillip
* Shapiro Norman
Sharpe Jean Mary
Sher Gerald
Sher Joseph Norman
Sher Mary Ann
Shété Charudutt Dattatraya
Shulman Louis
Shweni Phila Michael
Siew Shirley
Silberman Reuben
Silbert Maurice Vivian
Simons George Arthur
* Simonsz Christiaan G Adolph
* Simpson Thomas Victor
Simson Ian Wark
Singer Martin
* Sischy Benjamin
* Skinner Donald Pape
Sliom Cyril Meyer
* Smalberger Johannes Marthinus (Snr)
Smit Wilhelm Michiel
Smith Alan Nathaniel
* Smith John Alaister
Smith Lionel Shelsley
Smith Michael Ewart
* Smith Petrus Nicolaas
* Smulian Hubert Godfrey
* Smythe Patrick Montrose
Sneider Paul
Snyman Hendrick G Abraham
* Solomon Herman Israel
Somera Satiadev
Sonnendecker Ernest W Walter
Spilg Harold
* Spitz Mendel
Stein Aaron (Archie)
Stein Abraham
* Stein Leo
Stein Lionel
Stein Mannie
Stern Ferdinand
Stewart-Wynne Edward George
* Steyn Dora Nell
Steyn Gerbrandt
Steyn Izak Stefanus
Stronkhorst Johannes Hendrikus
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Suliman Abdoorahaman Ebrahim
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Sur Ranjan Kumar
Sutin Gerald Joseph
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Svensson Lars Georg
Swanepoel André
* Swart Barend Hermanus
Swart Johannes Gerhardus
Swartz Jack
Tang Kenneth
Tarboton Peter Vaughan
Taylor Robert Kay Nixon
Te Groen Frans Wilhelmus
* Te Groen Lutherus H Treub
* Teeger Arnold
Terblanche John
Terespolsky Percy Samuel
Thaning Niels-Otto
* Thatcher Geoffrey Newton
Theron Eduard Stanley
Theron Francis
Theron Jakobus L Luttig
Thomson Alan J George
Thomson Peter Drummond
Thompson Roderick Mark McGregor
Thorburn Kentigern
Thornington Roger Edgar
Thorp Marc Alexander
* Tobias Ralph Lulu
Toker Eugene
* Tomlinson John R Dacomb
Treisman Oswald Selwyn
Trichard Louis C G Lennox
* Trope Robert Allan
* Trott Edmund Lorimer
* Trubshaw William H Daines
* Tucker Robert D St George
Tucker Ronald B Kidger
Turner Peter James
Ungerer Matthys Johannes
Utian Hessel Lionel
Van Coeverden de Groot Herman A
Van Coller Beulah Marie
Van den Berg Andries D Petrus
Van den Bergh Cornelius Jacob
Van den Ende Jan
Van der Merwe Jan Abraham
Van der Merwe Schalk W Petrus
* Van der Riet John Werendly
* Van der Riet Ryno le Seur
Van der Spuy Johan Wilhelm
* Van der Walt Johannes Joachim
Van der Wat Jacobus JH Botha
* Van Dongen Leon G Raymond
Van Drimmelen Pieter
Van Gelderen Cyril Jack
Van Graan Nico Jacobus
Van Greunen Francois
* Van Hasselt Carel Hugh
Van Helsdingen Jacobus O Tertius
Van Huyssteen Hendrik Roelof (Snr)
Van Leenhoff Johannes Willem
Van Niekerk Christopher
Van Niekerk Gilbert André
Van Niekerk Willem Abraham
* Van Rensburg L C Jansen
* Van Rooyen Adriaan J Louw
Van Schalkwyk Colin Henri
Van Schalkwyk Herman Eben
Van Selm Christopher Denys
Van Selm Justin Leander
Van Wyk Eugene Muller
Van Wyk Frederick A Kelly
* Van Zyl Jakobus J Wynand
Venter Pieter Ferdinand
* Victor Arthur
Viljoen Ignatius Michael
* Viljoen Theunis Gabriel
Visser Daniel
* Vogelpoel Louis
Von Wielligh Gysbertus Johannes
Vooght Terence Edward
Vorster Carl Theodorus
Vosloo Arnoldus Johannes
Wade Harry
Wahl Jacobus Johannes
Walker David Anthony
Walker Dennis Hamilton
Walker John Douglas
* Walker Lindsay Hamilton
Walls Ronald Stewart
* Walsh James Clifford
Warren George St Leger
* Watson Ian France
* Wayburne Samuel
Webber Bruce Leonard
Weich Dirk Jacobus Visser
Weinberg Eugene Godfrey
* Weingartz Felix Kruger
Welsh Ian Bransby
Welsh Neville Hepburn
* Welsh Robert I Hepburn
* Wessels Cornelius Johannes
Westaway Joan Lorraine
Whiffler Kurt
* White Ian William Craig
Whitfield Leslie Edwin
Whiting David Ashby
Wienand Adolf Johann
Wiggelinkhuizen Jan
Williams Margaret Ethel
Williams Robert Edward
Wilson Peter James
Wilson William
Wilton Thomas Derrick
Winship William Sinclair
Wise Roy Oliver
* Wium Peter Pet
Wolfsdorf Jack
* Wood Frank Henry
Wootton John Barry Leif
Wranz Peter Anthony Bernhard
Wright Ian James Spencer
Wright Michael
Wunsh Louis
* Wykerd Hermanus Claassens
* Wylde Ronald Burns
* Youngleson John Henry
Yudaken Israel Reuwen
Zaacks Philip Louis
Zent Clive Steven
Zent Roy
Zieff Solly
Zion Monty Mordecai
* Deceased

Honorary Fellows

The Colleges of Medicine of South Africa As at 21 July 2008

*	**Abrahamse** Leonard George (CMSA) (1991)	Cape Town, SA
	Acquaye Joseph Kpakpo (CP) (2004)	Accra, Ghana
	Adams Aileen Kirkpatrick (CA) (1987)	London, UK
	Adamson Fryhofer Sandra (CP) (2003)	Atlanta, USA
	Akande Oluwole (COG) (2002)	Ibadan, Nigeria
	Alberti Kurt George MM (CP) (1998)	London, UK
*	**Anderson** Edward William (C PSYCH) (1964)	Frant, UK
	Arulkumaran Sabaratnam (COG) (2005)	London,UK
	Asmal Kader (CMSA) (2003)	Cape Town, SA
*	**Atkins** Hedley John Barnard (CS) (1968)	London, UK
	Azubuike Jonathan C (C PAED) (2005)	Enugu, Nigeria
	Ballantyne John Chalmers (C ORL) (1989)	London,UK
	Baltzan Richard (CP) (2001)	Saskatoon, Canada
*	**Barlow** Charles Sydney (CS) (1970)	Johannesburg, SA
	Becklake Margaret R (CP) (1994)	Montreal, Canada
	Benatar Solomon Robert (CP) (2001)	Cape Town, SA
	Bird Alan Charles (C OPHTH) (2006)	London, UK
	Blaisdell F William (CS) (1986)	California, USA
*	**Bortz** Edward L (COG (1957)	Pennsylvania, USA
	Bothwell Thomas Hamilton (CP) (1994)	Johannesburg, SA
	Bouchier Ian Arthur Dennis (CP) (1992)	Edinburgh, UK
	Boulter Patrick Stewart (CS) (1961)	Cumbria, UK
	Boix-Ochoa José (CS) (2006)	Barcelona, Spain
*	**Bradlow** Emanuel Percy (CMSA) (1980)	Johannesburg, SA
*	**Brain** Walter Russell (C NEUROL) (1957)	London, UK
*	**Brebner** Innes Wares (CS) (1961)	Halfway House, SA
	Breen James Langhorn (COG) (1984)	New Jersey, USA
*	**Brock** John Fleming (CP) (1973)	Cape Town, SA
	Brown Thomas C K (Kester) (CA) (2002)	Victoria, Australia
	Browse Norman (CS) (1996)	London, UK
*	**Bruce** John (CS) (1962)	Edinburgh, UK
	Burger Henry (CP) (1984)	Victoria, Australia
	Burgess John H (CP) (1991)	Westmount, Canada
*	**Byrne** Patrick Sarsfield (CFP) (1975)	Manchester, UK
	Calder Andrew (COG) (2005)	Edinburgh, UK
	Calnan Charles Dermod (C DERM) (1970)	London, UK
	Cameron Donald Patrick (CP) (1998)	Queensland, Australia
	Caruso Vincent (C PATH) (2005)	NSW, Australia
	Chalmers Iain Geoffrey (COG) (2001)	Oxford, UK
*	**Chisholm** Geoffrey Duncan (C UROL) (1990)	Edinburgh, UK
*	**Clark** Douglas Henderson (CS) (1979)	Glasgow, UK
*	**Clayton** Stanley George (COG) (1975)	Surrey, UK
	Clewlow Warren (CMSA) (2006)	Sandton, SA
	Collin John Richard Olaf (C OPHTH) (2007)	London, UK
	Conti Charles Richard (CP) (1991)	Florida, USA
	Courtemanche Albert Douglas (CS) (1991)	Ottawa, Canada
	Couture Jean (CS) (1979)	Quebec, Canada
*	**Cowley** John Godfrey (CMSA) (1989)	Johannesburg, SA
	Cox John (C PSYCH) (2000)	London, UK
*	**Craib** William Hofmeyer (CP) (1974)	Somerset East, SA
*	**Crichton** Eric Cuthbert (COG) (1963)	Cape Town, SA
	Cunningham Anthony Andrew (CA) (2004)	Dublin, Ireland
	Cywes Sidney (CS) (1998)	Cape Town, SA
*	**Dacie** John Vivian (C PATH) (1973)	London, UK
*	**Dall** George (CMSA) (1989)	Cape Town, SA
*	**Dart** Raymond Arthur (CMSA) (1984)	Johannesburg, SA
*	**Daubenton** François (Snr) (COG) (1986)	Cape Town, SA
	De Beer Johannes (CMSA) (1978)	Pretoria, SA
	De Klerk Frederick Willem (CMSA) (1994)	Cape Town, SA
	De Laey Jean-Jacques (C OPHTH) (2000)	Gent, Belgium
*	**Denny-Brown** Derek Ernest (CP) (1971)	Boston, USA
	Deschênes Luc (CS) (1998)	Quebec, Canada
	De Swiet Michael (COG) (2004)	London, UK
	Deutman August (C OPHTH) (2000)	Nijmegen, Netherl.
	De Villiers Henri Paul (CMSA) (1993)	Johannesburg, SA
*	**Dewar** Frederick Plummer (C ORTH) (1982)	Ontario, Canada

	Dewhurst Christopher John (COG (1978)	London, UK
*	**Dickson Wright** Arthur (CS) (1960)	London, UK
*	**Diederichs** Nico (CMSA) (1977)	Pretoria, SA
	Dinsdale Henry B (CP) (1996)	Ontario, Canada
*	**Donald** Ian (COG) (1967)	Essex, UK
*	**Dott** Norman McOmish (CS) (1975)	Edinburgh, UK
*	**Douglas** Donald MacLeod (CS) (1972)	Dundee, UK
	Douglas Neil James (CP) (2005)	Edinburgh, UK
*	**Doyle** J Stephen (CP) (1994)	Dublin, Ireland
*	**Drake** Charles George (CS) (1972)	Ontario, Canada
	Drife James Owen (COG) (2002)	Leeds, UK
*	**Dubb** Asher (CP) (1998)	Johannesburg, SA
	Dudley Hugh Arnold Freeman (CS) (1987)	London, UK
*	**Duff** Francis Arthur Joseph M (CS) (1972)	Dublin, Ireland
*	**Dunlop** Derrick (CP) (1978)	Edinburgh, UK
*	**Du Plessis** Daniel Jakob (CS) (1982)	Johannesburg, SA
*	**Du Toit** Guillaume Tom (C ORTH) (1982)	Johannesburg, SA
	Elkington Andrew R (C OPHTH) (1997)	Hampshire, UK
*	**Elliot** Guy Abercrombie (CP) (1968)	Cape Town, SA
	English Terence Alexander H (CS) (1991)	London, UK
	Fabb Wesley Earl (CFP) (1975)	Victoria, Australia
	Farooqui Muhammad S (CP) (2001)	Karachi, Pakistan
	Fitzpatrick John Michael (C UROL) (2002)	Dublin, Ireland
	Foëx Pierre (CA) (2007)	Oxford, UK
*	**Forman** Frank (CP) (1970)	Tel Aviv, Israel
	Foulds Wallace Stewart (C OPHTH) (1992)	Glasgow, UK
	Galasko Charles S B (C ORTH) (2003)	Cheshire, UK
*	**Gear** James Henderson S (CMSA) (1990)	Johannesburg, SA
*	**Geldenhuys** Frans Gert (COG) (1987)	Pretoria, SA
	Genest Jacques (CP) (1970)	Montreal, Canada
	Gillingham Francis J (C NEUROS) (1981)	Edinburgh, UK
	Gill Geoffrey Victor (CP) (2007)	Wirral, UK
	Gilmore Ian Thomas (CP) (2007)	London, UK
	Giwa-Osagie Osato O F (COG) (2005)	Lagos
*	**Gluckman** Henry (CP) (1983)	Johannesburg, SA
*	**Gordon** Isidor (C FOR PATH) (1984)	Durban, SA
	Gordon-Smith Derek Peter (CMSA) (1993)	Johannesburg, SA
	Greenberger Norton J (CP) (1991)	Massachusetts USA
	Guillebaud John (COG) (2004)	Oxford, UK
	Hamilton Andrew M P (C OPHTH) (2001)	Middlesex,UK
	Hamilton Stewart (CS) (2005)	Alberta, Canada
	Hanlon C Rollins (CS) (1988)	Chicago, USA
	Hanrahan John Chadwick (CS) (1992)	Peppermint Gr. WA
*	**Harrison** Donald F N (C ORL) (1988)	London, UK
*	**Harwood-Nash** Derek C (C RAD) (1991)	Toronto, Canada
	Hederman William Patrick (CS) (1992)	Dublin, Ireland
	Hennessy Thomas Patrick J (CS) (1997)	Dublin, Ireland
	Hoffenberg Raymond (CP) (1956)	Queensland, Austr.
	Hollins Sheila (C PSYCH) (2005)	London, UK
	Hudson Alan Roy (C NEUROS) (1992)	Ontario, Canada
	Hume Robert (CS) (1992)	Glasgow, UK
	Huskisson Ian Douglas (CMSA) (1997)	Cape Town, SA
	Hutton Peter (CA) (2003)	Birmingham, UK
	Idezuki Yaso (CS) (1992)	Saitama, Japan
*	**Illingworth** Charles Frederic W (CS) (1965)	Glasgow, UK
	Jaffe Basil (CFP) (2007)	Cape Town, SA
*	**Jansen** Ernest George (CP) (1959)	Pretoria, SA
*	**Janssen** Paul Adriaan Jan (CMSA) (1989)	Beerse, Belgium
*	**Jeffcoate** Thomas Norman A (COG) (1972)	Liverpool, UK
	Joubert Peter Gowar (CMSA) (1999)	Johannesburg, SA
*	**Kathrada** Ismail (CMSA) (1998)	Durban, SA
	Kay Andrew Watt (CS) (1972)	Glasgow, UK
	Keogh Brian (CP) (1998)	Dublin, Ireland
	Kerr David Nicol Sharp (CP) (1992)	London, UK
	Keys Derek Lyle (CMSA) (1993)	Johannesburg, SA
*	**Knocker** Phyllis Amelia H (CMSA) (1988)	Johannesburg, SA
*	**Kok** Ordino Victor Steyn (CA) (1975)	Pretoria, SA
*	**Krige** Christiaan Frederik (COG) (1966)	Johannesburg, SA
	Kuku Sonny F (CP) (2001)	Lagos, Nigeria
*	**Landau** Arthur (CP) (1981)	Cape Town, SA
	Langer Bernard (CS) (2001)	Ontario, Canada
	Leffall LaSalle D (CS) (1996)	Washington, USA
	Lemmer Johan (CD) (2006)	Sandton, SA
*	**Leon** Alan Henry (CMSA) (1978)	Cape Town, SA
	Levett Michael John (CMSA) (1999)	Cape Town, SA
	Levin Lawrence Scott (C PLAST) (2006)	North Carolina, USA
*	**Loewenthal** John (CS) (1972)	NSW, Australia
	Looi Lai Meng (C PATH) (2005)	Kuala Lump. Malaysia
	Lorimer Andrew Ross (CP) (2004)	Glasgow, UK
*	**Louw** Jan Hendrik (CS) (1980)	Cape Town SA
	Luke Egerton M F (CP) (2001)	Merseyside, UK
	Luntz Maurice Harold (C OPHTH) (1999)	New York, USA
	MacKay Colin (CS) (1998)	Glasgow, UK
*	**MacKenzie** Walter Campbell (CS) (1975)	Alberta, Canada
	McDonald John W David (CP) (2004)	Ontario, Canada
	McLean Peter (CS) (1998)	Dublin, Ireland
	MacLean Lloyd Douglas (CS) (1996)	Quebec, Canada
	MacSween Roderick N M (C PATH) (1998)	London, UK
	Mandela Nelson Rohlihlala (CMSA) (1995)	Johannesburg, SA
	Maran Arnold George D (CS) (1998)	Edinburgh, UK
	McKenna Terence Joseph (CP) (2005)	Dun Laoghaire, Dublin
	Meakins Jonathan Larmonth (CS) (2004)	Oxford, UK
	Mensah George A (CP) (2005)	Georgia, USA
*	**Mercer** Walter (C ORTH) (1956)	Edinburgh, UK
	Meursing Anneke Elina Elvira (CA) (2003)	Blantyre, Malawi
*	**Middlemiss** John Howard (C RAD) (1975)	London, UK
	Mieny Carel Johannes (CMSA) (1996)	Pretoria, SA
	Mokgokong Ephraim T (COG) (2006)	Medunsa, SA
	Molteno Anthony C B (C OPHTH) (2001)	Otago, New Zealand
	Morrell David Francis (CMSA) (2004)	Kenton on Sea, SA
	Mortimer Robin Hampton (CP) (2004)	NSW, Australia
*	**Murley** Reginald Sydney (CS) (1979)	London, UK
*	**Mushin** William Woolf (CA) (1962)	Wales, UK
	Myburgh Johannes Albertus (CMSA) (1991)	Johanneburg, SA
	Myers Eugene Nicholas (C ORL) (1989)	Pennsylvania, USA
*	**Nel** Cornelius Johann C (CMSA) (1998)	Bloemfontein, SA
*	**Newman** Philip Harker (C ORTH) (1982)	Suffolk, UK
*	**O'Brien** Bernard McCarthy (C PLAST) (1992)	Victoria, Australia
	O'Donnell Barry (CS) (2001)	Dublin, Ireland
	Oh Teik Ewe (CA) (2003)	Perth, West Australia
	O'Higgins Niall (CS) (2005)	Dublin, Ireland
	Oliver Thomas Keyser (Jnr) (C PAED) (1980)	North Carolina, USA
*	**Ong** Guan-Bee (CS) (1976)	Mid-Lev. Hong Kong
	Opie Lionel Henry (CP) (2008)	Cape Town, SA
*	**Oppenheimer** Harry Frederick (CP) (1968)	Johanneburg, SA
*	**Organ** Claude H (Jnr) (CS) (1986)	California, USA
	Pasnau Robert O (C PSYCH) (1988)	California, USA
	Patel Naren (COG) (1997)	Dunkeld, Scotland
	Peel John (COG) (1968)	Salisbury, UK
*	**Petrie** James Colquhoun (CP) (1998)	Edinburgh, UK
	Pinker George (COG) (1991)	London, UK
*	**Platt** Harry (CS) (1957)	Manchester, UK
*	**Porritt** Arthur (CS) (1962)	Wellington, N Zealand
	Prys-Roberts Cedric (CA) (1996)	Bristol, UK
	Ramphele Mamphela Aletta (CMSA) (2005)	Cape Town, SA
	Reeve Thomas Smith (CS) (1991)	NSW, Australia
	Retief Daniel Hugo (CD) (1995)	Alabama, USA
*	**Rhoads** Jonathan Evans (CS) (1972)	Philadelphia, USA
	Rice Donald Ingram (CFP) (1975)	Ontario, Canada
	Richmond John (CP) (1991)	Edinburgh, UK
	Rickham Peter Paul (CS) (1992)	Altendorf, Switzerl.
*	**Robson** Kenneth (CP) (1969)	London, UK
*	**Rosenheim** Max Leonard (CP) (1972)	London, UK
	Rosholt Aanon Michael (CMSA) (1980)	Johanneburg, SA
	Roth Martin (C PSYCH) (1973)	Cambridge, UK
	Rudowski Witold (CS) (1990)	Warsaw, Poland
*	**Rupert** Antony Edward (CP) (1968)	Stellenbosch, CT
*	**Rutledge** Felix Noah (COG) (1990)	Texas, USA
*	**Saint** Charles Frederick Morris (CS) (1967)	Cape Town, SA
	Salter Robert B (C ORTH) (1973)	Ontario, Canada
	Salyer K Everett (C PLAST) (2007)	Texas, USA
	Saunders Stuart John (CMSA) (1989)	Cape Town, SA
	Schulz Eleonora Joy (C DERM) (2006)	Pretoria, SA
	Segal Anthony Walter (CP) (2008)	London, UK
	Seedat Yackoob Kassim (CMSA) (1962)	Durban, SA
*	**Sellors** Thomas Holmes (CS) (1972)	London, UK
	Sewell Jill (CP) (2005)	Victoria, Australia
	Shaw Keith Meares (CS) (1979)	Dublin, Ireland
	Shear Mervyn (CD) (1999); (C PATH) (2004)	Cape Town, SA
	Shields Robert (CS) (1991)	Liverpool, UK
	Shires George Thomas (CS) (1979)	Nevada, USA
	Siker Ephraim S (CA) (1983)	Pennsylvania, USA
	Sims Andrew C Peter (C PSYCH) (1997)	Leeds, UK
	Slaney Geoffrey (CS) (1986)	London, UK
	Smith Edward Durham (CS) (1990)	Victoria, Australia
	Smith John Allan Raymond (CS) (2005)	Sheffield, UK
*	**Smith** Marlow Rodney (CS) (1976)	London, UK
*	**Smythe** Patrick Montrose (C PAED) (1988)	Durban, SA
	Soothill Peter William (COG) (2004)	Bristol, UK
	Sparks Bruce Louis W (CFP) (2006)	Parktown, SA
	Spitz Lewis (CS) (2005)	London, UK
*	**Stallworthy** John Arthur (COG) (1964)	Oxford, UK
*	**Staz** Julius (CD) (1989)	Cape Town, SA
	Steer Phillip James (COG) (2004)	London, UK
*	**Straffon** Ralph A (CS) (1992)	Ohio, USA
	Strong John Anderson (CP) (1982)	Edinburgh, UK
	Strunin Leo (CA) (2000)	London, UK
*	**Swart** Charles Robberts (CP) (1963)	Brandfort, SA
	Sweetnam Sir Rodney (CS) (1998)	London, UK
	Sykes Malcolm Keith (CA) (1989)	Oxford, UK
	Tan Ser-Kiat (CS) (1998)	Singapore
	Tan Walter Tiang Lee (CP) (2001)	Singapore
*	**Taylor** Selwyn Francis (CS) (1978)	London, UK
*	**Te Groen** Lutherus Johannes (COG) (1963)	Pretoria, SA
	Terblanche John (CMSA) (1995)	Cape Town, SA
	Thomas William Ernest Ghinn (CS) (2006)	Sheffield, UK
	Thomson George Edmund (CP) (1996)	New York, USA
	Tobias Phillip (CMSA) (1998)	Johannesburg, SA
	Todd Ian P (CS) (1987)	London, UK
*	**Townsend** Sydney Lance (COG) (1972)	Victoria, Australia
	Tracy Graham Douglas (CS) (1979)	NSW, Australia
	Trunkey Donald Dean (CS) (1990)	Oregon, USA
	Tucker Ronald BK (CMSA) (1997)	Cape Town, SA
	Turnberg Leslie Arnold (CP) (1995)	Johannesburg, SA
	Turner-Warwick Margaret (CP) (1991)	London, UK
	Underwood James C E (C PATH) (2006)	Sheffield, UK
*	**Van der Horst** Johannes G (CP) (1974)	Cape Town, SA
	Van Heerden Jonathan A (CS) (1989)	S Carolina, USA
	Vaughan Ralph S (CA) (2003)	Cardiff, UK
	Viljoen Marais (CMSA) (1981)	Pretoria, SA
	Visser Gerard (COG) (1964)	Utrecht, Netherlands
*	**Walt** Alexander J (CS) (1989)	Michigan, USA
	Wijesiriwardena Bandula C (CP) (2005)	Kalubowila, Sri Lanka
*	**Wilkinson** Andrew Wood (CS) (1979)	Edinburgh, UK
*	**Wrigley** Arthur Joseph (COG) (1957)	Cheshire, UK
	Yeoh Poh-Hong (CS) (1998)	Kuala Lump, Malaysia

* Deceased

CMSA EXECUTIVE

16 May 2008

Front row from the left: Mrs A L Vorster (Academic Registrar); Prof J F Lownie (Chairman Examinations and Credentials Committee); Prof A Madaree (Senior Vice President); Prof Z M van der Spuy (President); Prof G A Ogunbanjo (Vice President); Prof J V Robbs (Chairman Education Committee); Mrs B Bothma (Chief Executive Officer)
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16 May 2008

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Prof John Forsythe Lownie

Professor John Lownie qualified as a Maxillo- Facial and Oral Surgeon in 1975 after completing a Registrarship at the University of the Witwatersrand. After registering as a Specialist he commenced private practice in Johannesburg. He held part-time Specialist appointments at the University as well as the Far East Rand Hospital, Springs. In 1982 he was appointed Professor and Head of the Division of Maxillo - Facial and Oral Surgery in the Department of Surgery at the University of the Witwatersrand, a position which he held for 26 years, until the end of January 2008. He retired at the end of that time. For a short term he also shouldered the duties of Dean of the Faculty of Dentistry of the University of the Witwatersrand. It was during the last two years of his career that he was stricken by ill-health. He bore his incapacity with fortitude and dignity.

In 1979 he offered his services as a volunteer in the Sandton Emergency Services and after completing basic and advanced courses was appointed Station Officer in charge of a volunteer shift. He held this position until 1996 when he terminated his services due to work commitments. In 1996 he completed the ATLS course subsequently becoming an instructor and going on to hold the position of National Chairman of ATLS in South Africa.

John became actively involved in The Colleges of Medicine of South Africa holding the position of President of the College of Maxillo-Facial and Oral Surgeons, where he was the driving force in regulating and formulating the essentials of a curriculum and examination protocol for the Specialty. He also held the position of Chairman of the Examination and Credentials Committee of this August body, serving as Senator for many years. He played a significant role in his representative Society, the South African Society of Maxillo-Facial and Oral Surgeons, at one time holding the position of President.

During his academic career he published in excess of 60 articles in refereed journals and three chapters in books many of which are related to trauma. He was a regular attendee at congresses having presented over 200 papers both nationally and internationally. He was the surgical pioneer of dental implantology in South Africa in the early 1980s. He was the first Maxillo-Facial and Oral Surgeon in South Africa to obtain a PhD degree from his alma mater.

Lownie was a dedicated academic and teacher always going that extra mile to ensure that his students both at post-graduate and under-graduate level received the best possible training in Maxillo-Facial and Oral Surgery. During his tenure as Head of the Division of Maxillo-Facial and Oral Surgery some forty seven students graduated as Maxillo-Facial and Oral Surgeons through his Division. He had a dominating personality, which exuded confidence and strength. He was a man unafraid to choose a path that he believed to be in the interest of his University, students and community. This trait allowed him to administer an excellent academic unit in his chosen field. He always demonstrated an unbiased approach to his students and peers acknowledging the contribution that his professional and non-professional staff gave him in the running of the Division of Maxillo-Facial and Oral Surgery. He carried the stamp of humility in never being embarrassed to seek council from his peers on matters academic. The writer can bear testimony to this, having been party to the many meetings, discussions and debates over a span of some 30-years of close association.

John loved life. His raucous laughter and booming voice certainly made his presence known. With the support of his wife Madeline and daughters Claire, Heather and Diane, he built a solid career based on morality, discipline and integrity. His greatest joy was to spend time with his family and friends, relaxing over a good wine and meal with some gentle background music. He loved nature, directing his energies to spending time in the bush, his favourite spot being “the Kruger” (Kruger National Park). He and Madeline became honorary rangers, serving the community that gave them so much pleasure.

His presence will be sorely missed by those who had an intimate knowledge and association with him. His passing marks the end of a constructive and enlightened era in the history of Maxillo-Facial and Oral Surgery in South Africa. His contributions were voluminous and his memory will be cherished by all who knew and were associated with this “giant of a man.”

In the words of one of his favourite songs sung by Sarah Brightman, “it is time to say good-bye”

Rest in peace dear John …….. friend, teacher, husband and father

Prof Russel Lurie
Honorary Professor
Division of Maxillo-Facial and Oral Surgery
University Witwatersrand, Faculty of Health Sciences,
Johannesburg

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