



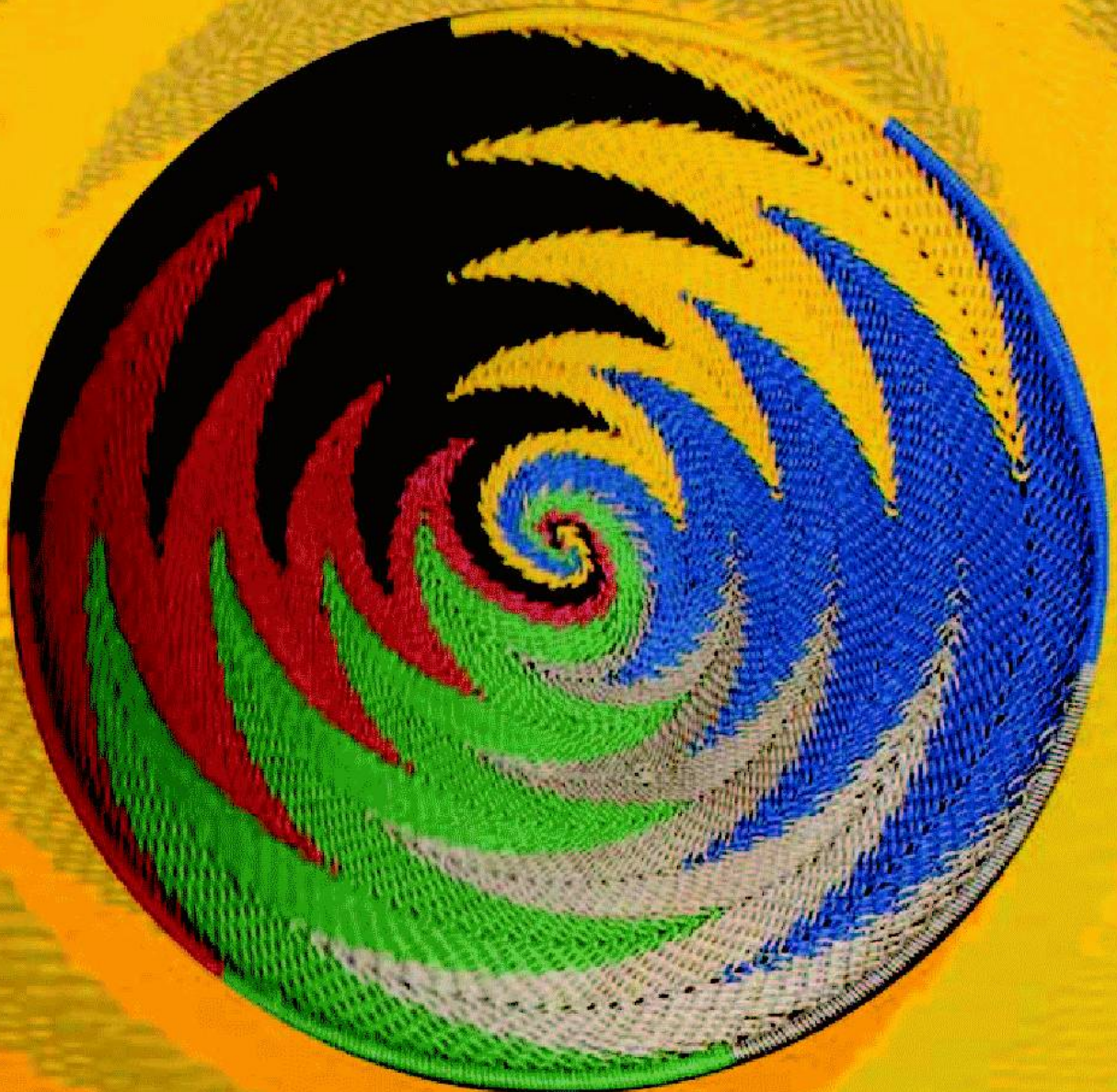
TRANSACTIONS

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Admission Ceremony October 2011





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In support of contemporary Zulu telephone wire baskets

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Fees and Charges

(Applicable 1 June 2011 to 31 May 2012)

PAYABLE BY MEMBERS OF THE CMSA:

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Associate Founders, Associates, Fellows, Members and Certificants	R 670.00
Diplomates (local)	R 390.00
Overseas (all categories of members)	R 670.00
Retired members	R 75.00
Joining Fee : Fellowship by Peer Review	R 1 000.00
Registration Fee : Associates	R 650.00
Fellows, Members, Certificants and Diplomates	R 450.00

(The registration fee for F, M C and D forms part of the examination fee)

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Remuneration for Setting FCS(SA) Part I Papers	R 340.00
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16 – 20 hours	R 860	41 – 45 hours	R 1 500.00
21 – 25 hours	R 1 000	46 – 50 hours	R 1 580.00

There is a ceiling of R1 580 as persons providing secretarial assistance to the CMSA at examination time already receive a full-time salary. Claims in respect of secretarial assistance rendered have to be supported by a special recommendation for payment signed by the examination Convener.

Remuneration (hourly) to Laboratory Technologists/Technicians/ nurses and interpreters Enrolled Nurses (off duty)

Laboratory technologists/technicians	R 115.00
Enrolled nurses (off duty)	R 115.00
Nurses (on duty)	R 90.00
Interpreters	R 90.00

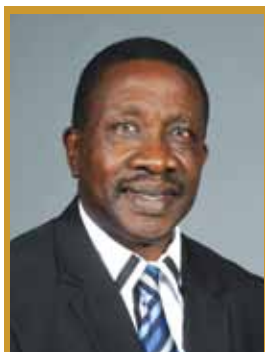
Claims for reimbursement of laboratory technologists/technicians who assist during CMSA examinations also have to be supported by a special recommendation for payment signed by the examination Convener.

Travel Reimbursement Rondebosch

(prescribed by the Minister of Finance)

R 3.05/km

Nanotechnology and health care in South Africa: opportunities and risks



Dear readers,

You may be wondering at the choice of this editorial topic. The interest stems from a recent visit to the National Centre for Nano-Structured Materials (NCNSM) located at the Council for Scientific and Industrial Research (CSIR), Pretoria. The NCNSM focuses on the development of new materials

using nanotechnology, and on the applications of nanotechnology in the manufacturing, energy and health sectors. I would like to focus here on the opportunities and possible risks of nanotechnology.

By definition, nanotechnology entails the manipulation of matter on an atomic and molecular scale. Generally, nanotechnology deals with developing materials, devices or other structures possessing at least one dimension sized from 1 to 100 nm.¹ Some of the nanotechnology applications include cars manufactured with nanomaterials, and cheaper and faster video game consoles and personal computers. Nanotechnology may also make existing medical applications cheaper and easier to use in the doctor's consulting office.² Bandages are now infused with silver nanoparticles, for example, to accelerate wound healing.³

One of the important areas of research in nanotechnology is "nanomedicine" which, according to the National Institute of Health (NIH) Nanomedicine Roadmap Initiative, refers to highly specific medical interventions, aimed at the molecular scale, for diagnosis, prevention and treatment of diseases.⁴ Current drug delivery systems include microchips, microneedle-based transdermal therapeutic systems, layer-by-layer assembled systems and various microparticles produced by ink-jet technology. The main problems with the current methods are the low drug-loading capacity, low loading efficiency and poor ability to control size distribution. Utilising nanotechnologies, such as nanopatterning, could allow manufacturing of nano- or microparticles with high loading efficiency and highly homogeneous particle sizes.⁵

For example, in the field of tuberculosis control, the NCNSM has developed a nanotechnology drug delivery system that can be administered in a single dose, and that maintains an active drug level for at least a week. Polymeric poly (lactic-co-glycolic acid) nanoparticles of 200–300 nm were synthesised, with a drug encapsulation efficiency of 50–65% for isoniazid and rifampicin.⁶ Also, DNA compacted with cationic polymers to produce nanoparticles has exhibited a significant increase in the transfection efficiencies. With nanoparticulate drug and gene delivery systems, specific cells can be targeted by functionalising the polymeric nanoparticles with ligands that allow the particles to dock at a specific site of the cell. The latter has applications in the treatment of respiratory diseases and infections.⁷

But, as with any technology, there are potential health risks, most of which have only been demonstrated in laboratory animal models. For example, a two-year study at the UCLA School of Public Health found that mice consuming nano-titanium dioxide showed DNA and chromosome damage to a degree that could be linked to cancer, heart disease, neurological disease and ageing.⁸ There is a need to document similar, if any, health risks in humans. In the interim, medical and dental specialists should become more knowledgeable about what nanotechnology can offer for our patients, especially in the area of reducing the pill burden for patients with chronic diseases and infections. I await readers' comments on this editorial.

Prof Gboyega A Ogunbanjo

Editor: *Transactions*

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8. Schneider, Andrew, "Amid Nanotech's Dazzling Promise, Health Risks Grow", March 24, 2010.

Instructions to 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 spelled 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 spelled 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.
- 3.3 'Unpublished observations' and 'personal communications' may be cited in the text, but not as references.

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.

Lost Members

The CMSA office in Rondebosch is eager to establish the whereabouts of the following "lost members", some of whom may be deceased. Any information that can be of assistance must please be e-mailed to Mrs Naomi Adams at members@colmedsa.co.za

Azam, Muhammed (College of Paediatricians)

Bennett, Margaret Betty (College of Radiologists)

Block, Sidney (College of Family Physicians)

Boima, Vincent Worlali (College of Physicians)

Breen, James Langhorne (College of Obstetricians and Gynaecologists)

Chatora, Tsitsi Vimbayi (College of Family Physicians)

De Klerk, Abraham Jakobus (College of Paediatricians)

De Villiers, Jean Pierre (College of Radiologists)

Geddes, Eric William (College of Public Health Medicine)

Gibson, John Hartley (College of Obstetricians and Gynaecologists)

Hamilton, Simon (College of Anaesthetists)

Harrichund, Pretissha (College of Physicians)

Hirschowitz, Jack Sydney (College of Obstetricians and Gynaecologists)

Kok, Hendrik Willem Lindley (College of Neurologists)

Meyer, Julius (College of Psychiatrists)

Ndimande, Benjamin Gregory Paschalis (College of Anaesthetists)

Phillips, Kenneth David (College of Family Physicians)

Raheem, Abdur (College of Forensic Pathologists)

Raubenheimer, Arthur Arnold (College of Obstetricians and Gynaecologists)

Richmond, George (College of Physicians)

Singh, Jaswanth Sunil (College of Anaesthetists)

Van Coller, Beulah Mariè (College of Paediatricians)

Van Greunen, Johannes Petrus (College of Obstetricians and Gynaecologists)

Information as at 14 February 2012

Presidential Newsletter



Dear Colleagues,

I'd like to extend warm greetings to all members of The Colleges of Medicine of South Africa. In this Presidential message, there are a few things that I would like to highlight, and some matters on which I would like to reflect.

A recent highlight has been the hosting of a meeting of international Colleges and Academies by the CMSA. This was a very successful and informative meeting, with open debate and sharing of ideas. The College and Academy representatives came from a wide geographical distribution, including West Africa, East and Central Africa, the United Kingdom, the United States, Canada, Sri Lanka, Australia, New Zealand, Malaysia, Singapore, Pakistan, Ireland and Hong Kong.

The topics for discussion were broad based. The areas that were covered were recertification, examinations, litigation, medical education, research, medical migration and support for developing countries.

There were presentations from different parts of the world, and a lengthy period for discussion. All those who attended benefited from the symposium and discussion. Generally, there were overwhelmingly approbatory nods for the symposium. It is hoped that this will positively influence the vision and functioning of all the Colleges and Academies. There was general agreement that this symposium would help foster closer interaction between the institutions, and it would probably be progressive if similar symposia were convened every few years. It was suggested that we identify initiatives that are common to the Colleges and Academies, to set up something that is more structured, and which can be adopted by all Colleges and Academies. It was even

suggested that we form an overarching body of international Colleges and Academies. It is imperative that we build on this if we are to make meaningful advances in this cohesive endeavour.

I would like to touch on the subject of communication and information technology. The human race has been bombarded with various devices and gizmos in this regard. There are iPads, various phones, tablets, phablets, and notebooks. The growth and expansion of this industry has been nothing short of phenomenal and exceptional. Every week, something new is developed which makes communication easier, faster and more user friendly. In addition, it is becoming more affordable. The competition between the big players in communicative technology is very keen. There is a quest to always be ahead of the competitor.

Every industry has adapted their functioning using this technology to ensure that they are at the leading edge. If not, your business is doomed to the doldrums. It is really startling to realise that even a mere idea that is patented can be valued in mega dimensions in monetary value. A classic example is that of facebook. When one draws a parallel between information technology and medicine, it is abundantly apparent that the growth is vertiginously steep in information technology, but quite mediocre in medicine.

The practice and art of medicine has been with us for thousands of years, and yet we are still alarmingly inadequate when seeking cures for a myriad of disease processes. Why is advancement in medicine so slow, compared to that of communication and information technology? This is a difficult question to dissect with precision and exactitude. One obvious reason is that it is difficult to experiment in the extreme in medicine. In information technology, one can readily do this, and sometimes this outlier situation results in a vertical growth phase. In medicine, things are often not clearly defined, and the various interactions confound and discombobulate the ability to chart a clear and logical path. In addition, one is often faced with bizarre and unfathomable phenomena in medicine.

Another factor may be intellectual property rights. These are relatively strong in information technology and relatively weak in the medical field. These weak intellectual property rights diminish innovative incentives, and therefore inhibit progress. Even in poor countries, governments would rather have access to cheap generics, than encourage creative and innovative research into new frontiers. One must also be aware that major business enterprises also have planned obsolescence. Major strides in

technology and turnover are designed to fail and be replaced by newer products. This encourages consumerism. These perceived strides may then be a misconception. Companies in the information technology area revel in taking this hard-nosed stance. In medicine, one cannot afford to do this from a moral, ethical or legal point of view. Perhaps this can be equated to the gestational periods of tadpoles and elephants. Medicine is like that of the elephant, which takes a longer time, but the final product is readily tangible for a long time.

One must also be aware that this steep growth in information technology may be just a snapshot, as it is only decades old, while medicine is thousands.

Having suggested these reasons, I question whether these are indeed justified. Are we perhaps conditioned into accepting the norm, which at best is comparatively mediocre? It behoves us, in medicine, to aim to simulate a similar growth to that in information technology. This could be a portent of dire dimensions. It requires a drastic resetting of our present mindset, if we are going to move in this direction. We could not commence this pioneering and bold step any sooner. I hope that this aspect of the article stimulates some cogitative thoughts.

Finally, I would like to thank all the Senators, Exco members, my Vice Presidents, and the various officers for their dedication and sterling efforts in contributing to the smooth running of the CMSA.

I wish to thank the following people for their support, hard work and advice in ensuring that the CMSA continues to function in an

impeccable manner, and also grows in all dimensions:

- Bernise Bothma (CEO), and the Cape Town office staff
- Ann Vorster (Academic Registrar), and the Johannesburg office staff
- Anita Walker, and the Durban office staff
- Prof Del Kahn (Chairman), Prof Dhiren Govender (Registrar), and members of the Finance and General Purposes Committee
- Prof Arthur Rantloane (Chairman), Prof Mike Sathekghe (Registrar), and members of the Examinations and Credentials Committee
- Prof Anu Reddi (Chairman), Prof Jay Bagratee (Registrar), and members of the Education Committee
- Prof Tuviah Zabow (Treasurer)
- Prof Zephne van der Spuy (Immediate Past President)
- Members of the Executive Committee
- My Vice Presidents, Prof Gboyega Ogunbanjo and Prof Jeanine Vellema
- Dr Warren Clewlow (Chairman), and the Board of Trustees of the CMSA.

I would like to thank the retired Presidents, Secretaries, and Council Members of the various Colleges and welcome the new ones.

Prof Anil Madaree



President

International Conference of College and Academy Presidents and Masters : Cape Town

2 April 2012



Front row from the left: Prof O Ogedengbe (*President WACS*); Prof J L A Rantloane (*Chair ECC CMSA*); Dr Chang KW (*Master AMM*); Prof A Reddi (*Chair EC & President CCS CMSA*); Dr L D Britt (*IPP ACS*); Dr A D Falconer (*President RCOG*); Prof G A Ogunbanjo (*VP CMSA*); Dr L H Francescutti (*President RCPSC*); Prof A Madaree (*President CMSA*); Prof J P Crowe (*President RCPJ*); Prof J Vellema (*VP CMSA*); Dr R Sherwood (*President RANZCOG*); Prof Z U Chaudhry (*President CPSP*); Prof B G Lindeque (*President COG CMSA*); Dr A Prentice (*President RCPATH*); Prof T Zabow (*Hon Treasurer CMSA*); Prof S Bailey (*President RC PSYCH*)

Second row from the left: Mrs B Bothma (*CEO CMSA*); Prof A M Segone (*Exco CMSA*); Dr A Padmos (*CEO RCPSC*); Prof K McAdam (*Ass Dir RCP*); Dr D Li (*VP HKAM*); Prof C Samkange (*President COSECSA*); Prof E Kaaya (*President COPECSA*); Prof Tan K C (*Master AMS*); Prof E L Mazwai (*PP CMSA*); Prof J Terblanche (*PP CMSA*); Prof Z M van der Spuy (*IPP CMSA*); Mr F Mutyaba (*IPP COSECSA*); Sir George Brobby (*President GCPS*); Prof S Lekamwasam (*President CPP*); Prof Yip C-H (*President CSM*); Prof V Wakwe (*President NPMCN*); Prof S Mokgokong (*Chair HPCSA*); Mrs A L Vorster (*Acad Reg CMSA*)

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Back row from the left: Prof J S Bagratee (*Hon Reg EC CMSA*); Dr L Visser (*Secretary C OPHTH CMSA*); Prof R D Barnes (*President CU CMSA*); Prof R W Eastman (*President C NEUROL CMSA*); Dr M Urban (*Secretary CMG CMSA*); Dr V Mudenda (*Board Member COPECSA*); Prof M G Veller (*President CS CMSA*); Prof C Lazarus (*Secretary CPS CMSA*); Prof D Govender (*President C PATH CMSA*)

Admission Ceremony: International Conference of College and Academy Presidents and Masters, Cape Town Oration: Prof John Terblanche

Address by Prof John Terblanche at the ICCAPM Admission Ceremony, 2 April 2012

Mr President of the Colleges of Medicine of South Africa, Presidents and Masters of National Colleges and Academies, and Honorary Fellows elect, distinguished guests, ladies and gentlemen.

I wish to commence by congratulating the Colleges of Medicine of South Africa for organising this joint meeting in Cape Town. The importance of such a gathering has clearly been proved by the excellent and valuable discussions today.

I have entitled my address tonight: *National medical colleges and academies: separate or combined?* I ask you to consider whether your own College or Academy should remain a separate discipline body if it is presently so, or whether medicine in your region could be better served by merging to form combined national or multinational bodies?

Firstly, to provide some background, I will include a brief word about the early development of our College. The original College of Physicians and Surgeons of South Africa was founded in 1956 by a small group of far-sighted colleagues, and held its first examinations in October 1957. Pressure from gynaecologists soon led to the first name change to The College of Physicians, Surgeons and Gynaecologists of South Africa. Each speciality group in the College was called a Faculty, run by an elected Faculty Committee, although decision making and power remained firmly with the College Council, and to a lesser extent with the two standing committees based in Cape Town and Johannesburg. From the outset our College was, and has remained, mainly an examining body with teaching, and until recently, some examining remaining with the universities, and accreditation with our Health Professions Council.

Next, I will provide some background on my personal links with our College, and with other Colleges abroad. When I sat our College final surgical exam in 1964, I became a Fellow of the College of Surgeons of South Africa within this combined body, and a member of the Faculty of Surgery of the College. After a spell in the UK on the staff of the University of Bristol, I was recruited back to the University of Cape Town in 1967. Two years later, in 1969, I was appointed Honorary Registrar of our College, and continued in this post until 1972. From 1973, I remained an elected member of our College Council until 1995, with the exception of one term.

While I was the Registrar, the general practitioners joined the College, but only after the College name had been changed for the third time. It became The College of Medicine of South Africa. From the inception, our College was governed by an elected Council, which was reappointed every three years, and which elected the President. The traditional rivalry between the north and the south of South Africa was also present in Council meetings, and became intense at times. Also, the presence of several past presidents sitting on our multidisciplinary Council could, and did at times, make it difficult for the incumbent president. Slowly the north/south rivalry subsided, and, after an acrimonious debate, the role of the past president was revised. From then on, the President served for only one three-year term, and remained on Council as Immediate Past President for a further three years. This may be one of the reasons for our College's success. He or she was then "put out to pasture", and could not subsequently hold any official College position. So I have been "out to pasture" for 17 years!

One of my early tasks as Registrar was to organise the first meeting of the Joint Conference of Surgical Colleges, to be held in South Africa. This was only the second time that the body had met outside Great Britain. The meeting was held in this Cape Town building in May 1972. I was a full delegate. It was a fascinating experience for a young surgeon. The Joint Conference was attended by the Presidents of all eight constituent member surgical colleges, namely the England, Edinburgh, Glasgow, Ireland, American, Canadian, Australasian, and South African Colleges. As is to occur tonight, the seven visiting Joint Conference College Presidents were awarded Honorary Fellowships of the College of Surgeons of South Africa.

In later years, I represented our College at the Joint Conference of Surgical Colleges meetings on a number of occasions, particularly during the 1980s, and attended all their meetings during my term as College President from 1989-1992. This included the third meeting of the Joint Conference of Surgical Colleges to be held in South Africa in 1992, which I chaired. The meeting was also held in this College building in Cape Town. The personal links we developed during Joint Conference meetings proved to be invaluable in determining, planning, and sharing thoughts about the future of surgery, surgical training, examining and accreditation.

Next, an anecdote. Some Presidents of the Joint Conference Colleges hold office for only one year. I had noted that some new Presidents appeared to be at a disadvantage in not personally knowing some of the other Presidents and representatives. Thus, immediately prior to the 1992 meeting, I arranged for the participants and their spouses to meet at one of the private game parks adjacent to our Kruger National Park. We booked all 52 beds at Mala Mala for two nights and three days. This informal pre-gathering was a great success. We all got to know one another in a different environment, and established firm friendships. This made my chairing of the 1992 meeting in Cape Town easy and a pleasure.

A further anecdote. Among the wonderful memories we all shared of the game park, one episode remains indelibly etched in my wife's and my memory. We were out in the *veldt*, in an open jeep with a game ranger and his "spotter". In our jeep, in addition to two of the eminent Presidents of Colleges, was the remarkable 85-year-old American surgical giant, Jonathan Rhoads, and his beloved second wife, Kitty. Jonathan had attended the Cape Town Joint Conference meeting in 1972 as the President of the American College of Surgeons. Our ranger inadvisably parked the jeep against a tree, and we got caught between two bull elephants with ears flapping: a dangerous sign! While still approaching us, one pulled out a tree with its trunk and threw it aside, but still continued advancing on us. It was terrifying, but fortunately, it all worked out well in the end, and we got away safely. Jonathan Rhoads told us afterwards that he had said to his wife, while holding her hand while we were trapped: "I have had a wonderful life!"

The Joint Conference of Surgical Colleges could be considered, and on reflection probably was, somewhat elitist. Nevertheless, it played an important role in surgical training, reciprocity between Colleges, and in forging links between surgeons worldwide.

Through my close links with the Joint Conference, I was able to link with other bodies, and specifically the more widely representative International Federation of Surgical Colleges, which I became involved in through the good offices of Jonathan Rhoads. I served as President of that organisation from 1997- 2000.

In 1995, via the International Federation of Surgical Colleges links, the Pan African Association of Surgeons (PAAS) evolved, with the co-operation of Jide Ajayi of Nigeria, and Rosemary Hepworth of Zimbabwe, among others. I was Secretary General from 1996-1999, and president from 1999-2002. PAAS remains a viable and useful body.

I also represented our College at the foundation meeting of the formation of the equivalent physician body to the Joint Conference. I believe this meeting was held in Canada. For me, it was fascinating to have two ex-South Africans representing the English and Australasian Colleges of Physicians as Presidents, viz. Sir Raymond (Bill) Hoffenberg and Pricilla Kinkaid-Smith. Sadly, I am told that this body may no longer exist.

Another personal anecdote. I am both a Fellow by examination, and an Honorary Fellow of the Royal College of Surgeons (RCS England).

They previously had two Faculties, Dental Surgery and Anaesthetics. When the anaesthetists were planning to break away to form their own Royal College, I, presumably as a known proponent of the strength and value of combined disciplines in a College, was invited by the organisers of the Faculty's annual dinner to deliver the after-dinner speech. I spoke about the advantages and strengths of them remaining a part of the RCS England. That this was clearly a mistake became obvious as I observed the reactions of my audience, and it subsequently proved to be so when shortly afterwards, the anaesthetists broke away from the English Surgical College to form their own national independent college! On reflection, this has certainly proved to be a good move for them. Nevertheless, I still believe that for the Dental Faculty, remaining within the RCS England was to their advantage.

Returning to our, I believe, highly successful and fully representative combined College, I have often asked myself why it has remained so successful. I have to admit that I am not really sure, but there is undoubtedly strength in unity, particularly when one is negotiating with various levels of government. Could it also have been the character of the leaders, who were perhaps seen as non-threatening, as well as supportive, to the aspirations of the various specialities, and other groups within our combined College? Over the years, the anaesthetists and orthopaedic surgeons, among others in our College, have considered splitting away, and forming their own Colleges. Fortunately, this did not occur. I remain convinced that our combined College has been the correct, and most valuable, path, to follow in the interests of medicine and health care in South Africa.

Perhaps the most important reason for our success was the evolution to the present structure, which was introduced after October 1995, associated with a subsequent necessary name change (the fourth), and significant organisational changes. The Colleges of Medicine of South Africa, as our College is now named, is governed by a Senate, a body elected by the constituent discipline Colleges, each electing two representatives. Senate is supported by an Executive Committee, and an Audit and Risk Committee, and the College now has three standing committees based in Cape Town, Johannesburg and Durban. The overall new College structure was devised to acknowledge the importance of, and give sufficient independence to, the 28 constituent Colleges. Each has a Council, a President and a Secretary. These Colleges have replaced the former disciplinary Faculties, which were headed by a Chairman, and had much less independence.

It is notable that at least 10 of the 19 international colleges and academies attending this Joint Conference represent single disciplines. Which is better? My bias was, and has remained, the need for retaining a single body in South Africa. It may well be different in other countries and various regions. Although I am now in my twelfth year of retirement from active surgery, I remain convinced, that for South Africa, our combined College has been a great strength. I hope my few personal reminiscences will stimulate further discussion on this topic, both tomorrow and in the future.

Thank you.

CITATIONS: Honorary Fellowships awarded at the International Conference of College and Academy Presidents and Masters in Cape Town in April 2012

CITATION: Dr Archie Prentice

Dr Archie Prentice obtained his MBChB degree at the University of Glasgow in 1970, and then served his internship at the Glasgow Teaching Hospitals. Between 197-1974, he served as a Senior House Officer and Registrar in Medicine at the University Hospital, Western Infirmary, Glasgow. He then transferred to Haematology at the same institution in Glasgow. His postgraduate training culminated in him receiving dual qualifications in Internal Medicine and Haematology. He obtained membership of the Royal College of Physicians in 1974, and membership of the Royal College of Pathologists of the United Kingdom in 1980.

In 1981, after spending a short period in Lyon, France, as a Research Fellow, he returned to the United Kingdom as a Consultant Haematologist in Plymouth, where he pioneered the integration of Chemical Pathology, Haematology and Immunology, into a combined department. He remained in Plymouth until the early 2000s, during which period he held several administrative and academic positions. These included Chairman of the Division of Pathology, Clinical Director of Medical Specialties Directorate, Head of the Amalgamated Haematology and Chemistry Departments, Clinical Director of Pathology and Medicine, College Tutor for the Royal College of Pathologists, and an appointment as Senior Lecturer at the University of Plymouth.

He was founder and first Director of the Southwest Regional Cancer Organisation. He also contributed to the greater influence of pathologists through multidisciplinary teams (MDT). He continues to work as a co-investigator in a study on the effectiveness of MDT meetings and decision making. In 2005, he moved to the Royal Free Hospital in London as Consultant Haematologist and Honorary Senior Lecturer at University College London, positions which he currently still holds. He was also Clinical Director of Cancer and Haematology at the Royal Free Hospital from 2006-2010.

Some of his national and international affiliations and contributions include terms as Vice-President and President of the British Society for Haematology, Member of Council and Executive of the Royal College of Pathologists, Chairman of the British Committee of Standards in Haematology, and Chairman of the Intercollegiate Committee on Haematology. His research interests focus on the advancement of treatment of adult leukaemia and lymphoma, cellular and molecular mechanisms of survival, and proliferation of B cell chronic lymphocytic leukaemia and invasive fungal infections.

He has published extensively in these areas.

In 2008, he commenced his term as Vice President of the Royal College of Pathologists (RCPATH). During his term, he also chaired the international committee which was created to expand and formalise the international activities of the RCPATH. His work in this area resulted in the appointment of an International Manager and an International Director. Both of these are firsts for the RCPATH. Dr Prentice continues to promote international links and activities on behalf of the RCPATH. His work also focused on developing a closer relationship with the General Medical Council and Medical Schools Council, in order to establish more reliable and consistent ways to teach and examine undergraduate students in Pathology.

In November 2011, he commenced his term as the President of the Royal College of Pathologists.

Prof D Govender

President, College of Pathologists

CITATION: Dr Chang Keng Wee

Dr Chang Keng Wee, the current Master of the Academy of Medicine of Malaysia, is a graduate of the University of Malaya. He subsequently obtained a Fellowship from the Royal College of Surgeons of Glasgow in 1983.

Dr Chang is a Consultant General Surgeon at the Gleneagles Intan Medical Centre in Kuala Lumpur. He also is an Honorary Consultant Surgeon at the University of Malaya Medical Centre, and is an Adjunct Professor of Surgery in the Faculty of Medicine and the Health Sciences of the USCI University in Kuala Lumpur. In the past, he has been an Associate Professor of Surgery at the University of Malaya, and a Part-Time Lecturer of the International Medical University in Malaysia.

At the Academy of Medicine of Malaysia, Dr Chang was awarded their Fellowship in 1997. He was the President of the College of Surgeons of Malaysia from 1999-2000, was the Academy's scribe from 2008-2011, and was appointed as Master of the Academy in September last year. Currently, he is also the Honorary Secretary of the Federation of Private Medical Practitioners' Associations of Malaysia, a member of the Medical Advertisements Board of the Ministry of Health of Malaysia, a Director of Medical Defence Malaysia Berhad, an Examiner for Malaysian Conjoint Masters of Surgery, a member of the National Credentialing Committee of the

Ministry of Health of Malaysia, and a reviewer for the *Malaysian Medical Journal*.

Previously, Dr Chang was a member of the editorial board of the *Mediterranean Journal of Surgery and Medicine*, the *Medical Journal of Malaysia*, and the *Asia Connection Wound Care* journal, a Council member, and subsequently President of the Asian Surgical Association from 2003-2005, an occasional Examiner to the Royal College of Surgeons in Ireland, and also President of the Private Medical Practitioners' Association of Selangor and Kuala Lumpur from 2001-2002.

Prof MG Veller

President, College of Surgeons

CITATION: Dr LD Britt

Dr LD Britt is a distinguished academic clinician and scholar, and is undoubtedly among the most respected surgeons in the United States of America, having been the President of the American College of Surgeons from 2010-2011, and is soon to become the President of the prestigious American Surgical Association.

Dr Britt's roots are firmly entrenched in Virginia. He was born and schooled in Suffolk, where he graduated from the Booker T Washington High School in 1968. Subsequently, he obtained a Baccalaureate of Arts from the University of Virginia in Charlottesville, before leaving Virginia to attend the Harvard Medical School and the Harvard School of Public Health, where he obtained a Doctorate of Medicine, and Masters in Public Health in 1977. His years of study were clearly distinguished, with his achievements including the valedictorian at high school, the Baccalaureate with Honours, and belonging to the Aesculapian Society at Harvard!

Early post-graduate training in St Louis, which included three years of laboratory-based research, was followed by a surgical residency at the University and Cook County Hospitals in Chicago. Returning to the East Coast, post-specialist training in trauma and surgical critical care was completed in 1986 at the famous Maryland Institute for Emergency Medical Services in Baltimore.

Back in Virginia, he took on a faculty position with the Department of Surgery at the Eastern Virginia Medical School in Norfolk. He climbed the ladder of academic medicine rapidly. In 1987, he was appointed Chief of Trauma and Critical Care; in 1989, Associate Professor of Surgery; and since 1994, he has been Professor and Chairman of the Department of Surgery at the Eastern Virginia Medical School, and became the first African American to hold an endowed Chair of Surgery.

His clinical work and his research on the cellular mediators in septic shock resulted in him becoming an international leader in trauma and surgical critical care. The changing profile of trauma, and the need to ensure that all populations are within reach of acute surgical care at all times, has made Dr Britt one of the leading proponents for the development of acute care surgery as a specialty. He has authored many book chapters and publications, and is on the

editorial staff of eight peer-reviewed surgical journals. His research interests have led to over US\$2.8 million in grant money. He has been an invited guest lecturer across the globe, including visits to South Africa, where he has been a Michael and Janie Miller visiting Professor at the University of the Witwatersrand, and has delivered a keynote lecture to the Association of Surgeons of South Africa. He has received numerous awards and honorary doctorates, both in the United States and abroad. He is recognised as a distinguished educator, and has received numerous teaching awards from deans, medical students and his surgical residents, including the Alpha Omega Alpha Robert J Glaser Award from the American Association of Medical Colleges, the highest education award in medicine in the United States.

He sits on the American Board of Surgery, the Executive Board of the National Board of Medical Examiners and has the Chairmanship of the Accreditation Council of Graduate Medical Education Residency Review Committee for Surgery. He has held leadership roles in 37 different regional, national, and international professional societies, including the American Surgical Association. He is past President of the Southeastern Surgical Congress, the Halsted Society, the National Medical Association Surgical Section, Society of Black Academic Surgeons, the Society of Surgical Chairmen, the Southern Surgical Association, and is currently the President of the American Association for the Surgery of Trauma. President George W Bush appointed him to the Uniformed Services University of Health Sciences Board of Regents, which was confirmed by the US Senate in 2002. The American College of Surgeons has called on Dr Britt to fulfil numerous responsibilities and leadership positions in its quest for scientific development, education and patient safety, while he is also the immediate past President of that organisation.

Community service has also earned him many awards, including the B'nai B'rith Great American Traditions Award, the NAACP Man of the Year Award, and an Emmy from the National Academy of Television Arts and Sciences for his work on *Youth violence: a call to disarm*. Dr Britt has also been a long-standing Executive Board Member of the Boy Scouts of America, and sits on numerous scholarship committees and college boards.

Apart from being a remarkable leader in surgery and academic medicine, those who know Dr Britt recognise him to be an outstanding gentleman and a wonderful friend. He is married to Charlene, who is also a medical doctor, and he is devoted to their daughter, Avery Marie.

Prof MG Veller

President, College of Surgeons

CITATION: Dr Louis Hugo Francescutti

Dr Louis Hugo Francescutti is a Full Professor at the University of Alberta in Canada, and President of the Royal College of Physicians and Surgeons of Canada. He was born in Montreal in the early 1950s, and is a Canadian and Italian citizen. He speaks English, French and Italian fluently. He has many interests, including creating full-sized waterfalls, building sheds, growing trees of all kinds, stone masonry, and building outdoor wood-fired ovens.

Dr Francescutti has been a lifelong student and practitioner of medical science, photography, immunology, surgery, public health and family medicine. He started his career in health care in 1974 when he qualified as an Emergency Medical Technician from the Royal Victoria Hospital in Montreal. This was followed by a detour to take a Certificate of Commercial and Illustrative Photography from the Dawson Institute of Photography in the same town in 1977. He improved his health science knowledge by qualifying as a Registered Technologist in Immunohematology in 1979, and Immunology in 1981 from the Canadian Society of Laboratory Technologists in Hamilton, Ontario, Canada. At the same time, he studied and passed a Bachelor of Science in Biology Honors degree, with distinction, from Concordia University in Montreal in 1980. He was set on an immunology path, leading him to the award of PhD from the University of Alberta in 1984. He did this concurrently with an MD degree, which he completed in 1987. This was followed by four years of training as a General Surgeon in the same university. In 1994, he was awarded a Masters in Public Health degree, specialising in Health Policy and Management from the Johns Hopkins School of Public Health. He subsequently gained formal specialist training in Preventive Medicine from the same university, which he completed in 1995, and has been a Diplomate of Public Health and General Preventive Medicine of the American Board of Preventive Medicine since 2001. In May 2002, he became a Specialist and Fellow in Community Medicine of the Royal College of Physicians and Surgeons of Canada, and in 2005, was elected Fellow of the American College of Preventive Medicine. In March 2011, he became a Certificant of the College of Family Physicians of Canada, and in May of the same year, he passed the Certificate of the Institute of Corporate Directors.

For many people in Alberta, Canada, Dr Francescutti is synonymous with public health and safety. He became fascinated with the subject of trauma while training as a General Surgery Resident at the University of Alberta. He went on to complete further studies in injury while doing a Masters of Public Health and a preventive medicine residency at Johns Hopkins University School of Public Health in Baltimore. In 1995, he returned to Edmonton, Alberta, to become an Emergency and Preventive Medicine Physician at the Royal Alexandra Hospital. In that role, he continued to witness the devastating impact of preventable injuries first hand, and made it his mission to continue to promote injury prevention.

Over the past two-and-a-half decades, Dr Francescutti has spearheaded a number of public safety awareness initiatives and campaigns, including the development of an award-winning multimedia injury prevention programme for teens, called HEROES. He also developed an innovative emergency medical response computer programme that enables emergency responders to better treat and track injuries at the scene. Dr Francescutti is the Founder of the Coalition for Cellphone-Free Driving, and former Director of the Alberta Centre for Injury Control and Research. He has chaired numerous committees and task forces that deal with public health and injury prevention. He is a frequent national health columnist for television and radio. He has given over 1 000 presentations worldwide on the topic of injuries.

In 2005, Dr Francescutti was selected as one of Alberta's Hundred Physicians of the Century. In 2007, he was awarded a Champion for Children Award, and a Paul Harris Fellowship from the North East Edmonton Rotary Club. In 2010, he became the 41st President of the Royal College of Physicians and Surgeons of Canada. In 2011, he was appointed as Honorary Colonel of 1 Field Ambulance Edmonton.

Prof BM Mayosi

President, College of Physicians

CITATION: Dr Rupert Sherwood

Mr President, I hereby present to you Dr Rupert Sherwood, the current President of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists.

Dr Sherwood was born in the United Kingdom, and as a child, emigrated with his family to Australia.

He studied medicine at the University of Tasmania, before completing his internship at the North West General Hospital, Burnie, Tasmania. With initial interests in general and emergency medicine, Dr Sherwood trained and worked as a General Practitioner in rural Western Australia for a number of years.

Almost 10 years after attaining the Diploma of the Royal Australian College of Obstetricians and Gynaecologists, Dr Sherwood commenced specialist training in obstetrics and gynaecology in Western Australia, before moving to Tasmania, where he completed his senior registrar training.

After qualifying as a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists in 1998, he commenced a career in both public and private practice, and as a Clinical Lecturer at the University of Tasmania, School of Health Sciences.

His interest included reaccreditation of training sites, the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) Integrate Training Programme selection process, and the development of a new suite of Diploma qualifications for general practitioners. In the field of obstetrics and gynaecology, he maintained special interest in high-risk obstetrics, medical conditions in pregnancy, ultrasound, as well as office gynaecology.

Dr Sherwood's involvement in the RANZCOG dates back to 1995, as Trainee Representative on the Tasmanian Regional Committee. He moved up through the ranks, and became Chairman of that committee in 2000, Chairman of the RANZCOG Organising Committee ASM, Hobart in 2005, and Councillor for Tasmania from 2005-2010. During that period, he served as Honorary Secretary, Chairman of the Training Accreditation Committee and Vice President. In November 2010, Dr Sherwood became President of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, and he will serve in that capacity until November 2012.

It is a pleasure and honour to request that Honorary Fellowship of our College be bestowed on Dr Rupert Sherwood.

Prof BG Lindeque

President, College of Obstetricians and Gynaecologists

CITATION: Dr Anthony Dale Falconer

Mr President, I hereby present to you Dr Anthony Dale Falconer, the current President of the Royal College of Obstetricians and Gynaecologists (RCOG).

He graduated as undergraduate from the University of Bristol in 1972, and subsequently worked in Obstetrics and Gynaecology at the Simpson Memorial Maternity Pavillion, in Edinburgh.

After working as a general medical officer in Kalalushi, Zambia, for two years, he returned to the United Kingdom to become a registrar in Obstetrics and Gynaecology in Nottingham in 1977, which culminated in his final year of training at Groote Schuur Hospital in Cape Town.

During his training time he lectured in Physiology, and also submitted a MD thesis on the sympatho-adrenal responses in the foetus. He was appointed as consultant to the Plymouth Hospitals in 1986, and has made a major contribution, within the region, to the development of Cancer Services and Hysteroscopy, being a co-author in the first paper supporting the use of this technique in an outpatient setting. Dr Falconer was Clinical Director and Divisional Director in this hospital. Throughout his tenure, he maintained a major interest in training young doctors.

He has been active in the Royal College of Obstetricians and Gynaecologists for 20 years, and has been serving on Council since 2001.

From 2007-2010, he was the Senior Vice President and International Officer. During this time, the RCOG raised its profile in international advocacy, and several strong cooperative ties were formed, including ties with the Department for International Development.

Dr Falconer has always been a teacher and author, and is a preferred lecturer, widely recognised on the international scene.

He was elected to the highest office of the Royal College of Obstetricians and Gynaecologists in 2010.

It is with pride and pleasure that we present Dr Falconer for admission to Honorary Fellowship of the College of Obstetricians and Gynaecologists of South Africa.

Prof BG Lindeque

President, College of Obstetricians and Gynaecologists

CITATION: Prof Yip Cheng-Har

Prof Yip, the President of the College of Surgeons of Malaysia, is a Professor in the Department of Surgery at the University Malaya, and is Head of the Breast Surgery Unit at the University of Malaya Medical Centre in Kuala Lumpur, Malaysia. She also has an appointment as visiting Professor at the University of the West of England in Bristol.

Prof Yip obtained her undergraduate medical degree from the University of Malaya in 1981. After undergoing surgical training, again at the University of Malaya, she subsequently obtained a Fellowship from the Royal College of Surgeons of Glasgow in 1985.

She has been a member of the academic staff of the Department of Surgery at the University of Malaya since 1986.

Between 1989-1990, she was a senior registrar in the Breast Unit at the Royal Liverpool Hospital, and also was an Honorary Lecturer at the University of Liverpool at the time. After returning to Kuala Lumpur, she developed the Breast Surgery Unit at the University Malaya Medical Centre in 1993, and has been the Head of this unit since then. She was promoted to an Associate Professorship in the Department of Surgery at the University of Malaya in 1993, and to full Professorship in 2000. Between 2002-2006, she was Head of that department.

From a clinical perspective, Prof Yip is involved in the management of over 300 new cases of breast cancer currently seen, annually, at the breast unit at the University Malaya Medical Centre. Her research interests are in the epidemiology and psychosocial impact of breast cancer, and she works closely with breast cancer support groups and non-government organisations to promote health awareness and early detection of breast cancer. She has published over 100 articles and abstracts in peer-reviewed journals, and continues to be involved in several research projects.

Prof Yip is the Chairman of the Development Committee of National Clinical Practice Guidelines for the management of breast cancer in Malaysia, which issued its first guideline in December 2002. She was the President of the Association of University Surgeons of Asia from 2003-2005, as well as an executive committee member of the Asian Breast Cancer Society, and an associate council member of Breast Surgery International. In addition to being the current President of the College of Surgeons of Malaysia, she also is the President of the Asia Pacific Organization for Cancer Prevention. She also serves on the scientific advisory committee of the Breast Health Global Initiatives, a foundation that strives to improve breast health in low- and middle-income countries, is the Vice-Chairperson of the Malaysian Breast Cancer Council, an advocacy group for breast cancer in Malaysia, is a Technical Advisor to the Malaysian Breast Cancer Welfare Association, the main breast cancer support group in the country. She has been a member of the Board of Directors of the World Society of Breast Health since 2010.

She was awarded the Fellowship of the Royal College of Surgeons of Edinburgh, without examination, in 2001, the Union for International Cancer Control 2009 Reach to Recovery International Health Professional Award for her work on breast cancer, and the Malaysian Greatest Women of Our Times Award in 2009.

Prof MG Veller

President College of Surgeons

CITATION: Mr Frederick Mutyaba

Frederick Mutyaba was born and educated in Uganda. He entered his MBChB degree at the Makerere Medical School in 1973, graduating in 1978. He performed his internship at the Mulago Hospital, working in both the departments of Medicine and Surgery. He then worked as a medical officer at the Masaka Hospital, Entebbe Hospital in

Medicine, Surgery, Obstetrics and Gynaecology, Paediatrics and Public Health.

He returned to Mulago Hospital in 1981 for his post-graduate studies, and was awarded his MMed(Surgery) in 1984. His dissertation was on "the morbidity and mortality of explosive missile injuries".

From 1984-1995, he worked as a Senior Orthopaedic Registrar Training Medical Officer. From 1995 to date, he has worked as a Consultant Orthopaedic Surgeon at Mulago.

Since his MMed, he has also maintained a presence at missionary hospitals in Rubaga and Kiwoko.

His publications are diverse in nature, and include *Management of open fractures using Ilizarov external fixation*, *Tyrosinase: a possible factor in the symptomatology of AIDS* and *Tyre burst possible causes*.

He is a Founder Fellow of the College of Surgeons of East, Central and Southern Africa, which was formed in 2000.

Mr Mutyaba is currently the Vice Chairman of the Ugandan Medical and Dental Practitioners Council, Chairman of the Kiwoko Missionary Hospital Board of Directors, immediate past President of the College of Surgeons of East, Central and Southern Africa (COSECSA), and President of the Association of Surgeons of East Africa.

He has previously acted as the Chairman National Medical Arbitration Board, a Trustee for Entebbe Kindergarten Association, Founder Member of the Ndejje Christian University, and Team Leader for Orthopaedic Outreach Programmes.

It is with great pleasure that we present him for admission to Honorary Fellowship of the College of Orthopaedic Surgeons of South Africa.

Prof RN Dunn

President College of Orthopaedic Surgeons

CITATION: Prof Olasurubomi Ogedengbe

Prof Olasurubomi Ogedengbe, President of the West African College of Surgeons, was born in Lagos. However, her school and undergraduate university training was based in London and Oxford, where she obtained a BA in Physiology, and a BMBCh from Oxford, with the clinical training having been undertaken at the University College Hospital in London.

After completing her internship and some initial training in obstetrics and gynaecology at the Lagos University Teaching Hospital, she returned to the United Kingdom in 1974. After training posts at Guy's, Westminster, Kingston and St Stephen's Hospitals, she obtained a membership of the Royal College of Obstetricians and Gynaecologists in 1977. She then returned to the Lagos University Teaching hospital to take on a post as Senior Registrar.

In 1980, she was appointed as a Lecturer and Consultant Obstetrician Gynaecologist at the College of Medicine of the University of Lagos, and the Lagos University Teaching Hospital. Progressive promotions, including an associate professorship in 1991, resulted

in Prof Ogedengbe becoming the first black female Professor in Obstetrics and Gynaecology in West Africa in 2001. In 2005 and 2006, she was the Acting Director of the Institute of Child Health and Primary Care, and was then appointed Head of the department of Obstetrics and Gynaecology from 2006-2009. She currently runs the Unit for Reproductive Endocrinology and Fertility Regulation in the Department of Obstetrics and Gynaecology in the College of Medicine of the University of Lagos.

Other academic highlights include her obtaining a MA from Oxford in 1981, becoming a Fellow of the West African College of Surgeons, also in 1981, being awarded the Fellowship of the Royal College of Obstetricians and Gynaecologists in 1989, a Fellowship of the International College of Surgeons in 1991, and a Fellowship of the Postgraduate Medical College of Nigeria in 1993.

In the West African College of Surgeons, which among others, includes a Faculty of Obstetrics and Gynaecology, Prof Ogedengbe served as Honorary Treasurer and second 2nd President, before she was elected 1st Vice President and President Elect in 2009. In 2011, she became the second female President of the College.

Prof Ogedengbe has extensive experience in teaching of Obstetrics and Gynaecology, at both the undergraduate and post-graduate levels. Her main interests are in the area of reproductive endocrinology and fertility regulation, and the reduction of maternal mortality and morbidity from induced abortion in Nigeria. She has published over 45 scientific papers and a number of chapters in textbooks, has served on several university committees in various capacities, is an external examiner to multiple universities at the undergraduate level, and regularly examines in the various West African Postgraduate Colleges. She is also a member of multiple Nigerian and international professional associations, and was awarded the Society of Obstetricians and Gynaecologists of Nigeria's Distinguished Service Award for Clinical Services towards the promotion of maternal health in Nigeria in 2003, and a Long and Distinguished Service Award to the University of Lagos in 2007.

It is with immense pleasure that we present Bomi Ogedengbe for admission to Honorary Fellowship of our College.

Prof Gerhard Lindeque

President, College of Obstetricians and Gynaecologists

CITATION: Prof Christopher Samkange

Director of the Institute of Continuing Health Education

President, COSECSA

Prof Samkange completed his medical degree at Cambridge University, United Kingdom, in 1980. He carried out his general surgery training in Sussex, United Kingdom, obtaining the FRCSed in 1984. He then completed his urology training at the Luton and Dunstable Hospitals, United Kingdom.

He returned to Zimbabwe in 1987, joining the University of Zimbabwe Department of Surgery as a Lecturer in Urology. He subsequently became Chairman of the Department of Surgery in 1990. At an

early stage, he showed a keen interest in medical education, conducting training in medical education at the Wellcome Tropical Institute in London, and attending a training course on writing and editing training materials with the German DSE. At this time, he performed a sabbatical at the Royal Postgraduate Medical School at the Hammersmith Hospital, focusing on Renal Transplantation and Andrology.

He transferred to the Institute of Continuing Health Education in 1992. The institute is responsible for continuing medical education within the Faculty, and in the health sector as a whole. It also places a strong emphasis on research. During his time in the Institute, Prof Samkange established the Annual Medical Research Day, instituted a Masters in Public Health programme, and commenced a degree programme in Health Promotion.

In 1992, he was elected as Deputy Dean in the Faculty of Medicine at the University of Zimbabwe. During his tenure, he spear-headed the Curriculum Review of the MBChB programme, and chaired the committee that was responsible for the Faculty becoming part of the College of Health Sciences. In addition, he was a member of a committee which produced a *10-year strategic plan* for the Ministry of Health.

He also served the University as a Senate representative, and served two terms on the Medical and Dental Practitioners Council of Zimbabwe, during which time he helped introduce a two-year internship.

In the urological domain, Prof Samkange is the Chief Trainer in the Zimbabwe Male Circumcision Programme, is on the World Health Organization (WHO) TAG Committee on Male Circumcision, is a supervisor in the Systematic Monitoring of the Male Circumcision Scale-up study, and an investigator in the PrePex Male Circumcision Device Study. He was the President of the Association of Urological Surgeons of Zimbabwe from 1996-2004.

Prof Samkange has served on a large number of committees, including MMed Advisory Committee, was a Member of the Faculty Planning and Regulations Committee, represented the Faculty of Medicine on the Medical Area Planning Committee, and at the University Teaching and Learning Centre, and chaired the Faculty Donor Aid Committee, Faculty Computing Committee, and College Status Committees. He also represented the Faculty in the Joint Health Planning Committee of the Ministry of Health, and was part of the Health Professions Council Education Committee.

He has been a consultant on the upgrading of the Chinhoyi Provincial Hospital into a Teaching Hospital, and a reviewer of medical school training programmes (with the WHO).

He has supervised two MMed dissertations in Urology. He has been an external examiner to Makerere University, has examined at the Royal College of Surgeons in Ireland, and in the School of Business Studies, University of Zimbabwe.

He is a Founding Fellow of COSECSA, being the Secretary General from 2005-2007, and was elected President in 2012.

Prof Samkange was elected as the President of the Pan African Association of Surgeons in 2011.

Prof RD Barnes

President, College of Urologists

CITATION: Prof Ephata Elikana Kaaya

Prof Ephata Elikana Kaaya obtained his MD degree from the University of Dar es Salaam in 1981. On completion of his undergraduate medical training, he was awarded a Foreign Fellowship in Anatomical and General Pathology at the University of Alabama, Birmingham. In 1986, he then proceeded to the Institute of Pathology Residency Programme in Autopsy and Surgical Pathology. In 1987, he returned to the Department of Pathology at University of Dar es Salaam, where he completed his pathology training. He was awarded an MSc degree in Anatomical Pathology in 1991 at the University of Dar es Salaam.

In the same year, he was appointed Lecturer and Consultant Pathologist at the Muhimbili University College of Health Sciences, University of Dar es Salaam, and Muhimbili National Hospital. In the early 1990s, he enrolled for a PhD in Immunopathology at the Karolinska Institute, Stockholm, Sweden. He graduated in 1995, and was promoted to Senior Lecturer in the same year. In 1998, he served a term as Acting Head of the Department of Histopathology and Morbid Anatomy, and thereafter as the Head of the Department of Pathology, School of Medicine, Muhimbili University College of Health Sciences. In 1999, he was promoted to Associate Professor. He also served a term as Associate Dean of the School of Medicine, Muhimbili College of Health Sciences. In 2006, he was appointed Deputy Director of Postgraduate Studies at the renamed Muhimbili University of Health and Allied Sciences (MUHAS). Thereafter, he served as Acting Director of Continuing Education and Professional Development, and was appointed Director in 2007, a position that he currently holds. In 2009, Prof Kaaya was promoted to Professor of Pathology.

He has published extensively in the field of AIDS and AIDS-related pathology, and has attended and presented at several International Conferences. He has supervised a number of Masters' and Doctoral research projects. He has served as External Examiner in Pathology to the MOI University, Kenya; University of Nairobi, Kenya; University of Makerere, Uganda; and Tumaini University, Tanzania.

He also has an interest in medical education, and has been recognised for his work in spearheading the health profession's curriculum revision at MUHAS, including a change to competency-based education, and in introducing formal faculty development courses.

Prof Kaaya has held several leadership positions in professional organisations. These include membership of the International Brain Research Organisation, Society of Neuroscientists of Africa, and Tanzania AIDS Society. He was Founder Member and President of the Association of Pathologists of Tanzania in 2000, Vice President of the Association of Pathologists of East, Central and Southern Africa

from 2000-2002, President of the Association of Pathologists of East Central and Southern Africa from 2002-2004, and President of the East African Division of the International Academy of Pathology from 2005-2010.

In 2010, Prof Kaaya was elected as Founding President of the newly formed College of Pathologists of East, Central and Southern Africa (COPECSA).

Prof D Govender

President, College of Pathologists

CITATION: Prof John Patrick Crowe

John Patrick Crowe was born on 1 June 1946 in Ireland. He is the Consultant Gastroenterologist and Hepatologist at Mater Private University Hospital, Dublin, and Emeritus Newman Professor at University College Dublin, Ireland. Prof Crowe graduated in medicine (MBBCh) from University College, Dublin, in June 1970, when he achieved the first place in the final examination of the Irish Medical Schools.

He earned a PhD from Trinity College Dublin in 1974, and the Membership of the Royal College of Physicians of Ireland in the same year. He continued his training as a Senior Registrar and Lecturer in the Liver Unit of King's College Hospital in London, and was returned to the Mater Hospital 1978. He served as the Consultant Gastroenterologist and Hepatologist at Mater Misericordiae University Hospital in Dublin from 1979-2010.

Prof Crowe has been involved in the activities of the Royal College of Physicians of Ireland for over 30 years. He became a Fellow in 1980, was elected to the Council in 2001, was made Vice-President in 2004, and Treasurer in 2006. He is now the 140th President of the Royal College of Physicians of Ireland, having been elected to office on 18 October 2011.

Prior to this appointment, he served in a number of administrative roles at the Mater Misericordiae University Hospital, and the Irish Society of Gastroenterology, of which he was President from 2004-2007. At the Mater Misericordiae University Hospital, he was Secretary of the Medical Council from 1981-1984, Director of the Board of Management from 1989-1995, Chairman of the Ethics Committee from 1985-1994, and Chairman of the Division of Medicine from 1994-1997. He is a member of the Irish Society of Gastroenterology, British Society of Gastroenterology, American Gastroenterological Association, and the European Association for the Study of the Liver. He was elected to Fellowship of the American Gastroenterology Association in 2008.

Prof Crowe was the Director of the Centre for Liver Disease at the Mater Misericordiae University Hospital from 1994-2010. He has published extensively on primary biliary cirrhosis, interventional endoscopy, the molecular biology and clinical course of hereditary haemochromatosis, the clinical course, genetic, proteomic and virological responses in chronic hepatitis C, and neurocognitive function in chronic hepatitis C virus infection. He has published over

167 papers on various aspects of gastroenterology and hepatology. One of his best known articles in this field concerns the international trial on the beneficial effect of azathioprine and prediction of prognosis in primary biliary cirrhosis, which has been cited over 300 times since it was published in 1985. He has received major research grants worth over €700 000 from various agencies over the past 30 years. His international leadership in hepatology has earned him the status of being a grant reviewer for the Health Research Board of Ireland, the Wellcome Foundation, and the Australian National Health and Medical Research Centre. He also reviews for leading international journals, such as *Gastroenterology*, *Hepatology*, *Gut*, *Journal of Hepatology*, *American Journal of Gastroenterology*, *European Journal of Gastroenterology and Hepatology*, *Irish Journal of Medical Science*, and *Journal of Medical Virology*.

Prof Crowe has excelled in mentoring and training the next generation of clinical scientists, and in his domestic responsibilities to “go forth and multiply”, as evidenced by the successful supervision of two PhDs, five MDs, and seven Msc students, and his marriage to Dr Margaret Coll, with a progeny of five children aged 20-34.

Prof BM Mayosi

President, College of Physicians

CITATION: Prof Sarath Lekamwasam

It is a pleasure and honour for me to present Prof Lekamwasam Kathaluwa Liyanage Sarath Lekamwasam, President of the Ceylon College of Physicians, for admission to Honorary Fellowship of the College of Physicians of South Africa.

Prof Lekamwasam was born in the Galle district, Southern province of Sri Lanka, on 16 June 1959. He qualified in medicine with honours from the Peradeniya Medical School in 1983, and earned the Doctor of Medicine degree in General Medicine from the Colombo University in 1989. He was admitted to Membership of the Royal College of Physicians of the United Kingdom in 1993, and was elected a fellow of the same college in 2000.

He joined the Department of Medicine, Faculty of Medicine, Galle, Sri Lanka, in 1991, as a Lecturer, and was promoted to the rank of Senior Lecturer Grade 1 in 1993. In 2003, he was promoted to the rank of Professor, a position he still holds. In 2006, he was elected as a Fellow of the College of Chest Physicians of the United States of America.

His area of research is osteoporosis and other metabolic bone diseases. He also has a special interest in diseases of the elderly, evidence-based medicine, and critical appraisal of the medical literature. Prof Lekamwasam has published 30 papers on various aspects of osteoporosis, geriatrics, and other medical topics. He established the first dual-energy X-ray absorptiometry machine for assessment of osteoporosis in Sri Lanka in 1998, and set up the Centre for Metabolic Bone Diseases in the Department of Medicine at Galle.

In addition to being the President of the Ceylon College of Physicians, Prof Lekamwasam is a member of a number of scientific bodies, including the Scientific Advisory Committee of the International Osteoporosis Foundation (IOF), the Asia Pacific Regional Advisory Council of IOF, the expert panel appointed by the IOF to develop European guidelines on glucocorticoid-induced osteoporosis, the International Society of Clinical Densitometrists, the American Society of Bone and Mineral Research, and the Non-Communicable Diseases Advisory Board of the National Science Foundation of Sri Lanka.

Prof Lekamwasam is also President of Osteoporosis Sri Lanka, Director of the Galle Research Network, Chief Editor of the *Galle Medical Journal*, Assistant Editor of the *Journal of the College of Physicians*, Trainer in Endocrinology in Postgraduate Institute of Medicine of Colombo University, and Life Member of the Indian Society of Bone and Mineral Research.

Prof BM Mayosi

President, College of Physicians

CITATION: Prof Sir George Wireko Brobby

Prof Sir George Wireko Brobby is the President of the Ghana College of Physicians and Surgeons. Sir George is a native Ghanaian, and has made a giant contribution to medical education and administration in West Africa.

He attended St Augustine's College, before enrolling on a Ghana Government Scholarship at the University of Marburg in West Germany, where he was granted special permission to study Medicine and Dentistry simultaneously. He graduated with MBChB in June 1971, and BDS in 1972, and followed this up with a double doctoral dissertation in 1972 and 1973, awarded *magna cum laude* in both Medicine and Dentistry. He obtained his Fellowship in Ear, Nose and Throat, Head and Neck Surgery in 1977 at the University of Dusseldorf, West Germany, and was elected Fellow of the West African College of Surgeons in 1985.

Prof Sir George has filled many leadership positions. He became a Foundation Fellow of the Ghana College of Physicians and Surgeons, and was elected Vice Rector for two consecutive terms by his peers. He was Dean of the School of Medical Sciences, Kwame Nkrumah University of Science and Technology, Kumasi, Ghana, from 1992-2002. He served as President of the Ghana Medical Association from 1995-1997, and the Ghana Surgical Research Society from 1996-1998. In June 2000, he was appointed by the Ministry of Health as the Chairman of the Task Force responsible for the establishment of the Ghana National Postgraduate Medical College.

From an otolaryngology perspective, he served as Foundation Chairman and Chief Examiner of Otorhinolaryngology of the West African College of Surgeons from 1997-2001, was President of the Pan African Federation of Otorhinolaryngological Societies from 2000-2004, and is the serving President of the Ghana Society of ENT Surgeons.

Prof Sir George has published extensively in international journals, and has written a number of chapters in textbooks. He was honoured with the Fellowship of the New York Academy of Sciences in 1992.

Hearing loss has devastating educational, social and economic consequences. The developing world accounts for 80% of the world's people with conductive hearing loss. Prof Sir George has had a special interest in hearing loss in the developing world. His many contributions in this field include serving as President of the Initiative for Deaf Education in Third World Countries, and as a WHO consultant on the Prevention of Deafness and Hearing Impairment. Among his greatest achievements are the establishment of the Kumasi Hearing Assessment Centre at Komfo Anokye Teaching Hospital, through the magnificent generosity of the Commonwealth Society for the Deaf, which is the only centre recognised by WHO as a collaborative centre in the whole of the sub-region; and The Kumasi Collaborative Centre for Research into Tropical Medicine, which is affiliated with the Tropical Institute of Hamburg, Germany.

For his contributions to medical education and the care of the deaf, Prof Sir George has received numerous awards including two honorary doctorates. He was knighted by Pope John Paul II with the Knighthood of St. Gregory the Great Pope in 2000 and was honoured with the Order of the Volta – Companion Division by the President of the Republic of Ghana at the National Awards celebration of 2007.

It is a great honour for the College of Otorhinolaryngologists of The Colleges of Medicine of South Africa to confer an Honorary Fellowship on Prof Sir George Brobby.

Prof Johan Fagan

President, College of Otorhinolaryngologists

CITATION: Prof Susan Mary Bailey

Prof Bailey completed her undergraduate medical training in 1973 at the University of Manchester, and her specialist training in Psychiatry in 1978. She subsequently completed further training in both Child and Adolescent Psychiatry, as well as Forensic Psychiatry, with full accreditations for both. Combining this training has seen her work clinically in the field of Child and Adolescent Forensic Psychiatry, in essence as a subspecialist. She is a rather unique clinician. Currently, she carries out clinical work in Manchester, and has at various times in her career been appointed as a Consultant Psychiatrist in this field at various sites in the United Kingdom.

Aside from her clinical work, she has also had academic appointments at the University of Manchester, the University of Surrey, as well as at the Institute of Psychiatry in London. More recently, she was a Professor in Child and Adolescent Forensic Mental Health at the University of Central Lancashire, before her current appointment as a Professor of Mental Health Policy at the same university.

Her current Presidency of the Royal College of Psychiatrists is the culmination of over a decade of involvement as an Office Bearer for the Royal College of Psychiatrists, commencing in 1997 in the position of Deputy Registrar. Over the years, she has also served

in senior positions of various organisations, including as the Vice President of the European Society of Child and Adolescent Psychiatry from 2005-2011, and her current position as the Secretary of the European Society of Child and Adolescent Forensic Psychiatrists, Psychologists and Allied Professionals.

Prof Bailey's contribution to Psychiatry has been substantial. Her work, integrating clinical experience and research, no doubt contributed to her appointment as Professor of Adolescent Forensic Mental Health at the University of Central Lancashire from 2004-2010, the first such Chair to be held, either nationally (in the UK) or internationally. She is a pioneer in the field, with an impressive contribution in terms of published work (both papers and book chapters), and ultimately and crucially, in both education and policy development.

It is fitting to conclude the citation with the words of Prof Bailey, who while clearly focused in terms of her clinical, research, education and policy work, also has a broader sense of her role as a psychiatrist: "During my term as President of the Royal College of Psychiatrists, I will endeavour to secure that doctors who are psychiatrists take the role as leaders within clinical teams; that mental health services are not denuded or diminished, and that integrated working is increased with all branches of medicine, where there can be 'no health without mental health' and 'no public health without public mental health'".

Prof Susan Mary Bailey, as the current President of the Royal College of Psychiatrists, and recipient of an OBE in 2002 for the Development of Mental Health Services for Juvenile Offenders, is a most welcome and distinguished admission as an Honorary Fellow to the College of Psychiatrists of The Colleges of Medicine of South Africa.

Prof C Szabo

President, College of Psychiatrists

CITATION: Prof Tan Kok Chai

Prof Tan is a Senior Consultant Plastic Surgeon and Past Chairman, in the Division of Surgery Department, at Singapore General Hospital. He graduated from Monash University in Australia in 1976. He performed his Basic Surgical Training at Alfred Hospital Melbourne and Royal Hobart Hospital, before moving to London in 1980, and acquired a Fellowship of the Royal College of Surgeons of England in 1981. He then started his Plastic and Reconstructive Surgery training in Glasgow at Canniesburn Hospital under Prof IA McGregor, before returning to Singapore in 1983, to complete his registrar training in the Department of Plastic Surgery at Singapore General Hospital in 1989. Prof Tan has been a Consultant Plastic Surgeon in the Department of Plastic Surgery at Singapore General Hospital since 1990. He served as the Head of Department from 1999-2004, and was the Chairman of the Division of Surgery Departments at Singapore General Hospital from 2002-2004.

Prof Tan was a founding Member of the Singapore Society of Head and Neck Cancer Surgery, and the Association of Burns Injuries of Singapore. He has served as President of the Singapore Association of Plastic Surgery, the Cosmetic Society of Singapore, the Singapore

Society of Hand Surgery, and the Association of Burn Injuries.

Over the past 20 years, Prof Tan has conducted medical missions to Uzbekistan, Myanmar, Indonesia, Cambodia and China, and for the last four years, has lead medical missions for cleft lip and palate surgery in Yunnan China. As a result of his voluntary work, he was awarded the Humanity Award In 2008.

He has been a regular examiner for the STC FAMS Plastic Surgery exams. He has been a member of the Editorial Board of the *Journal of Reconstructive Microsurgery* since 2001, and has published over 40 articles in peer-reviewed journals, and has also contributed chapters to two textbook publications.

In this illustrious career, Prof Tan has been awarded an Honorary Fellowship of the American College of Physicians, and is now a Master of the Academy of Medicine of Singapore. He has two children, one of whom is a General Surgeon.

It is with pride and pleasure that we offer him admission to Honorary Fellowship in our College.

Dr RD Nicholson

President, College of Plastic and Reconstructive Surgeons

CITATION: Prof Victor Wakwe

Prof Victor Chukwuma Wakwe graduated with a MBBS from the College of Medicine, University of Lagos, Nigeria in 1980. Three years earlier, in 1977, he obtained an intercalated BSc(Hons) degree in Biochemistry. After completion of his medical training, he was House Officer and later Senior House Officer at the Lagos University Teaching Hospital. He also served in the National Youth Service Corps at General Hospital Saminaka, in Kaduna State, Nigeria.

He commenced his residency training in Pathology at the same institution in 1982. He obtained a Postgraduate Diploma in Applied Nutrition and Dietetics from the Gandhigram Institute of Rural Health and Family Welfare Trust in 1986. Two years later, he obtained the Fellowship of the National Postgraduate Medical College of Nigeria in Pathology. In 1989, he completed an MPhil degree in Clinical Pathology at the University of Lagos. He later obtained Fellowship of the West African College of Physicians in the Faculty of Laboratory Medicine.

Prof Wakwe has held several clinical and academic appointments since his first appointment as Lecturer in the Department of Chemical Pathology, University of Port Harcourt, and was a Consultant Pathologist to the University of Port Harcourt Teaching Hospital in 1988. In 1994, he was promoted to Senior Lecturer, and in 2003, to Professor, at the same institution. During his appointment at the University of Port Harcourt, he also held visiting Senior Lecturer positions at the University of Maiduguri and Nnamdi Azikiwe University in Nigeria. He later served as visiting Associate Professor and Consultant Pathologist at the Mbarara University of Science and Technology in Uganda.

He was Dean in the Faculty of Basic Medical Sciences at the Niger Delta University in 2006. He served several terms as Acting Head of

the Departments of Anatomical Pathology and Chemical Pathology, from 1992-1995; he was Head of the Department of Chemical Pathology at the University of Port Harcourt Teaching Hospital, and Professor and Head from 2003-2005. During the latter period, he was also the Head of the Department of Chemical Pathology at the University of Port Harcourt.

Prof Wakwe has published articles on a broad range of topics, which include his areas of interest on, trace metals and bioethics. He has edited a book entitled *Fundamentals of bioethics and medical practice*, and also co-authored chapters in this book, including one on Ethics in Laboratory Medicine.

He has been external examiner to the Universities of Nigeria, Lagos, Calabar and Jos, and has served as a member of the Medical and Dental Council of Nigeria from 2004-2007.

He is also a member of the Nigerian Medical Association, Association of Clinical Chemists of Nigeria, and Association of Pathologists of Nigeria, and has had a long association with the National Postgraduate Medical College of Nigeria, serving on the Senate and Governing Board since 2002. Prof Wakwe also served as Chairman from 2002-2005, as Treasurer from 2006-2009, and Vice President from 2010-2011. He commenced his term as President of the Nigerian Postgraduate Medical College in January 2012.

Prof D Govender

President College of Pathologists

CITATION: Prof Zafar Ullah Chaudhry

Prof Zafar Ullah Chaudhry, who has been President of the College of Physicians and Surgeons of Pakistan since 2007, and is who is currently serving his second term in this office, graduated from Nishtar Medical College, located in Multan, Pakistan in 1960. He then went on to undergo postgraduate training in the United Kingdom, where he worked in various hospitals. During this time, he obtained diplomas in Obstetrics and Gynaecology and Anaesthesia from the Royal Colleges in London, before acquiring fellowships from the Royal Colleges of Surgeons of England and Edinburgh.

Prof Chaudhry returned to Pakistan in 1967, and after a short stint as Senior Registrar and Specialist, he was rapidly promoted to Assistant Professor, and eventually full Professorship. Between 1977 and 1997, he served as Chairman of the Surgical Divisions of the Rawalpindi Medical College, the Nishtar Medical College in Multan, the Post Graduate Medical Institute in Lahore, and the King Edward Medical University, also in Lahore. For a time, he was also Dean

of the Postgraduate Medical Institute in Lahore, Chairman of the Academic Council of the King Edward Medical University, and Dean of the Faculty of Surgery of the College of Physicians and Surgeons of Pakistan. Subsequently, he went on to be the Regional Director for Lahore in the College of Physicians and Surgeons of Pakistan, before becoming the Vice President, and subsequently the President in 2007.

Currently, he is the President of the Pakistan chapter of the World Hepato-Pancreatico-Biliary Association, a member of the Board of Management of the Allama Iqbal Medical College, and Jinnah Hospital in Lahore, a member of the Board of Management of the Post Graduate Medical Institute and Shiekh Zayyed Hospital in Lahore, the Chief Editor of the *College of Physicians and Surgeons of Pakistan* journal, the Country Director for the Advanced Trauma Life Support programme in Pakistan, a Director of the Board of Governors of the National Hospital and Medical Centre, the Governor At Large representing the American College of Surgeons Fellows in Pakistan. He is currently Chief of Surgery of the Hepato-Pancreatico-Biliary Unit at the National Hospital and Medical Centre in Lahore.

He has been a regular tutor and examiner for the Fellowship examinations of the College of Physicians and Surgeons of Pakistan; the Bangladesh College of Physicians and Surgeons; the Royal College of Surgeons, Edinburgh; the Royal College of Surgeons, Ireland; the Royal Australasian College of Surgeons, the Royal College of Surgeons, Canada; and the Saudi Board in Surgery. Apart from his current position as the Chief Editor of the *College of Physicians and Surgeons of Pakistan* journal, he has served on the editorial boards of reputable medical journals, and has published multiple articles and chapters. He is recognised as a pioneer in the fields of implantation and laparoscopic surgery in Pakistan.

In his illustrious career, he has been awarded a Fellowship of the College of Physicians and Surgeons, Pakistan, in 1990, and subsequently also Honorary Fellowships from the Bangladesh College of Physicians and Surgeons, the American College of Surgeons, the Australian and New Zealand College of Physicians, the Royal College of Surgeons Glasgow, the Academy of Medicine of Singapore, and the Academy of Medicine of Malaysia.

The South Asian Association for Regional Co-operation Surgical Society awarded him the Icon of Surgery Pakistan Award. He received the Life Time Achievement Award in the field of Surgery from the Surgical Society of Pakistan.

Prof MG Veller

President, College of Surgeons



Admission Ceremony 20 October 2011

The admission ceremony was held in the Jameson Hall, Main Campus, University of Cape Town.

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

Professor Russel Botman, Rector and Vice-Chancellor of the University of Stellenbosch, delivered the oration.

An Illuminated Scroll from The Colleges of Medicine of South Africa was presented to Dr Ian Huskisson. This was for his devoted service to the CMSA over the past 50 years. The citation was written by Professor Solly Benatar, and read by Professor Tuviah Zabow.

Seventeen medallists were congratulated by the President on their outstanding performance in the CMSA examinations. Medals were awarded in the Fellowship disciplines of Anaesthetics, Neurology, Obstetrics and Gynaecology, Orthopaedic Surgery, Paediatrics, Pathology, Internal Medicine, Radiology and General Surgery. Medals were also awarded in HIV Management.

The President announced that he would proceed with the admission to the CMSA of the new Certificants, Fellows and Diplomates.

The new Certificants were announced and congratulated.

The Honorary Registrar - Examinations and Credentials, Professor Mike Sathekge, announced the candidates, in order, to be congratulated by the President. The Honorary Registrar – Education, Professor Jamila Aboobaker, individually hooded the new Fellows. The Honorary Registrar – Finance and General Purposes, Professor Dhiren Govender, handed each graduate a scroll containing the Credo of the CMSA.

The new Diplomates were announced and congratulated.

All in all, the President admitted 41 Certificants, 248 Fellows and 267 Diplomates.

The University of Cape Town choir performed before the ceremony started, and then again at the end when the National Anthem was sung, whereafter the President led the recent graduates out of the hall. Refreshments were served to the graduates and their families.

Admission Ceremony: Oration: Prof H Russel Botman

Address by Prof H Russel Botman at the CMSA Admission Ceremony, 21 October 2011

Ladies and gentlemen, as you can imagine, I attend a lot of graduation ceremonies, but the excitement never wears off. I always find it energising to be surrounded by talented and hardworking people who are passionate about their particular field. It is also uplifting to be among people who value education, regardless of how many certificates already hang on their walls. So, congratulations to all of you.

There's another reason why I cherish this opportunity, and that is that health care is of vital importance to the welfare of society, as you well know. You have worked hard to obtain a specialist qualification in order to be of service to your patients. As you stand poised to enter this future, I want to take you back in time, more than 2 000 years, to Ancient Greece.

I want to refer to one of the towering figures of that time. No, not Hippocrates, even though a reference to a great physician would certainly have been appropriate at this event. Instead, I want to quote a great mathematician and engineer, Archimedes, the man who explained the workings of levers. He is famously said to have remarked, "Give me a place to stand on, and I will move the Earth".

With this statement, Archimedes demonstrated the power of science. He explained how it is that by using pulleys, we can lift objects that are far too heavy to move with brute force alone. But he also set an agenda for science that remains relevant to this day, namely to move the Earth, not literally, of course, but figuratively; in other words, to achieve the "impossible".

He challenges us to use our theoretical and practical knowledge, and to apply it in order to go beyond our limits. Is that what you are doing as medical and dental specialists of various kinds? I think so. A particular challenge that we face in South Africa is to extend the limited resources at our disposal to everyone, especially those on the margin of society. Many people, far too many, fall into this category. But let me focus on one group, namely people who live in rural areas, far from better resourced urban centres.

Reaching out to them is certainly something that needs to be done urgently. Nearly half of South Africa's population, about 46%, live in rural areas, and yet these areas are relatively underdeveloped, compared to urban areas.

Despite romantic notions of the "simple, country life", the harsh reality is that far too many people in rural areas suffer the burden of poverty, and everything that goes with it, such as limited access to crucial health care. This is recognised in the government's Medium-Term Strategic Framework, which makes rural development a strategic priority.

To my mind, a rural focus falls well within the ambit of The Colleges of Medicine of South Africa (CMSA), and by extension, its graduates. The CMSA states in its literature that it is "sensitive to changing health needs in the country", and also that it is "committed to improving the health of all the people of South Africa". I am certain most of you would agree with these sentiments.

At Stellenbosch University, we also support this approach. We have incorporated a rural focus into all facets of our key activities, be they research, teaching and learning, or community interaction. This is in line with how we see the role of universities, and of science, in society. Like the Academy of Science for South Africa, we believe in "science for society". That means that we have to go beyond excellence to also focus on relevance. We have to move from success to significance.

Let me give you a practical example. As you might know, we launched Stellenbosch University's HOPE Project (www.thehopeproject.co.za) in July 2010 year. Two of its five themes are the eradication of poverty, and the promotion of human health and dignity. These themes find expression in a range of initiatives across the university.

One of these is the establishment of the Ukwanda Rural Clinical School in Worcester by our Faculty of Health Sciences, in partnership with the Provincial Government of the Western Cape. Worcester is where the school's hub will be, but it will also have "spokes" in surrounding towns, such as Ceres, Robertson, Caledon, Hermanus and Swellendam.

The idea behind the Ukwanda Rural Clinical School is to train more healthcare professionals by focusing on under-served rural sites. This will benefit local communities, and will also enrich our academic teaching and research.

Professor HOFFIE CONRADIE, the Director of the Ukwanda Centre for Rural Health, of which our new rural clinical school forms a part,

conducted research into this matter. The rural clinical school concept stems from experiences in Australia and Canada, where it was used to address the rural staffing crisis in the health system.

It was found that health profession students recruited from rural areas were more likely to return to settle down and work in rural areas after qualifying. Those who were originally from urban areas were more willing to work in rural communities after prolonged exposure to such settings during their training.

Currently, our students, who are studying to become health professionals, do obtain rural exposure, but to a limited extent. They carry out part of their practical training in outlying areas for two to six weeks in five undergraduate categories, namely medical, physiotherapy, occupational therapy, human nutrition, as well as speech, language and hearing.

In the expanded model, from this year, some students spent a year out there, conducting their rotations in various specialist departments at the Worcester Regional Hospital. Others went to district hospitals situated in the “spoke” towns, where they carried out an integrated year with a family physician. At the same time, shorter clinical training rotations in various areas are being continued.

The benefit for the community is that through their experiential training, our students will assist local health practitioners to provide

health services in hospitals, clinics, mobile health centres, schools, old age homes, and private residences.

As far as we know, this is a first in South Africa, and possibly in the rest of the continent as well. Construction of the R60-million Ukwanda Rural Clinical School’s hub in Worcester is almost finished, and we hope this will inspire similar initiatives elsewhere.

Research by the Department of Labour has indicated that South Africa has a shortage of medical doctors, particularly in the public sector and rural areas. Compounding this problem is the fact that enrolments at the country’s medical schools are growing too slowly.

Dr Frans Krige, the project manager of the new Ukwanda Rural Clinical School, says the new facility will enable Stellenbosch University to increase its intake of medical students by 30 a year. This year, already, we took in an additional 20 medical students, plus 20 more for professions that are allied to medicine.

Ladies and gentlemen, I hope you find what we are doing to improve health care in South Africa as inspiring as I find your commitment to this cause. Congratulations, again. Let us now join hands to provide the people of our country, and continent, with the specialist health services that they need. Let us find solid ground, dig in our levers, and “move the Earth”.

CITATION: Dr Ian Huskisson The College of Public Health Medicine



It gives me great pleasure to sing the praises of a man who has never sung his own. Ian Huskisson is the epitome of a good physician, a caring doctor, hard working, humble and passionate about his work. Throughout a long professional life, he has devoted his talents to the practice of medicine and to his profession through The Colleges of Medicine of South Africa (CMSA).

His great dedication and integrity during the 50 years of his association with the Colleges of Medicine spanned many and varied positions. He was the Honorary Editor of the *College Transactions* from 1962-1980, Honorary Archivist/Librarian from 1971-1980, a member of Council from 1968-1971, and again from 1980-1995, and Honorary Treasurer from 1980-1995. He also served the College as Secretary of the Faculty of Medicine from 1968-1971, and was a regular examiner in College examinations. During this 50-year period in which the College

underwent three name changes, he attended over 85 Council/Senate meetings, and possibly as many admission ceremonies. In addition to all of the above, he took on the laborious task of writing the history of the first 50 years of the CMSA. In keeping with his modesty, he generally kept a low profile, and got on with his work, often taking on what others were disinclined to do. It is interesting to note that he served under 15 Presidents and received his FCP(SA) from the first President, Prof Guy Abercrombie Elliot.

In his private practice, Ian Huskisson was well known for being an astute physician who was devoted to the highest standards of patient care, often well beyond the call of duty. His sense of service to his patients and to the profession was matched by boundless energy. He was a keen sportsman and gamesman, and played competitive league tennis and bridge. His interests and activities beyond medicine and sport included working for Rotary International, and he became President of the Western Cape Branch.

Ian's life has been characterised by wide-ranging interests, in all of which he became intensely involved and committed. He was a constant and ever reliable colleague. I knew him as a fine physician and as a warm, modest, sensitive man who excelled at his work, and as a family man and friend. Since retiring from medical practice some years ago, Ian and his wife, Joan, have very successfully managed a bed and breakfast in Knysna.

For his record of exemplary commitment and numerous contributions to The Colleges of Medicine of South Africa, Dr Huskisson was admitted to Honorary Fellowship of the CMSA in 1997. Today, in recognition of his outstanding record of service, he is being honoured with a gift of a leather-bound copy of his own book, entitled *The history of The Colleges of Medicine of South Africa: the first 50 years*, together with an Illuminated Scroll. In congratulating him on his many achievements, the CMSA extends its best wishes for many more years of good health and active life.

Prof Solly Benatar
(Read by Prof Tuviah Zabow)

MEDALLISTS



**JANSSEN RESERACH
FOUNDATION MEDAL:**
LEAH REID FCA(SA) Part I

ABBOTT MEDAL:
LEAH REID
FCA(SA) Part I Pharmacology



HYMIE SAMSON MEDAL:
TRACY ANNE JACKSON
FCA(SA) Part I Physics and
Clinical Measurement

GLAXOSMITHKLINE MEDAL:
TRACY ANNE JACKSON
FCA(SA) Part I Physiology



JOSSE KAYE MEDAL:
KAREL FREDERIK BUITENDAG



SIGO NIELSEN MEDALL:
RUDI RENISON
FC Neurol(SA) Part I



DAUBENTON MEDAL:
JOHANNA ELIZABETH VILJOEN
FCOG(SA)



DAUBENTON MEDAL:
JUDITH KLUGE
FCOG(SA)



JM EDELSTEIN MEDAL:
BENJAMIN RUPERT GARRETT
FC Orth(SA)



ROBERT McDONALD MEDAL:
TARYN CATHERINE GRAY
FC Paed(SA)



COULTER MEDAL:
HUE-TSI WU FC Path(SA)



SUZMAN MEDAL:
ROBERT FREECKS



ASHER DUBB MEDAL:
ALFONSO JAN KEMP
PECORARO



**JACK ABELSOHN MEDAL
AND BOOK PRIZE:**
GABRIEL JOHANNES LE ROUX
FCA(SA) Part I Clinical Section



FREDERICH LUVUNO MEDAL:
DAVID MARTIN NORTH

TRUBSHAW MEDAL:
DAVID MARTIN NORTH
FCS(SA) Primary Anatomy



**HIV CLINICIANS SOCIETY
MEDAL:** MISHAL PANDIE
Dip HIV Man(SA)

List of Medallists: 2011

FCA(SA) Part I - Janssen Research Foundation Medal
Muhommed Ridwaan SYED – May 2011

FCA(SA) Part I - Abbott Medal
Muhommed Ridwaan SYED – May 2011

FCA(SA) Part I - Hymie Samson Medal
Muhommed Ridwaan SYED – May 2011

FCA(SA) Part I - Glaxosmithkline Medal
Scott James BANNAN – October 2011

FCEM(SA) Part I - Campbell MacFarlane Memorial Medal
Grace Wit BANDA – October 2011

FCEM(SA) Final - Resuscitation Council of Southern Africa Medal
Muhammed MOOLLA – May 2011

FCEM(SA) Final - The Kloeck Family Medal
Muhammed MOOLLA – May 2011

FC Neurol(SA) Part I - Sigo Nielsen Memorial Prize
Suzaan MARAIS – October 2011

FC Neurosurg(SA) Final - Rowland A Krynauw Medal
Jacobus Malan STEYN – May 2011

FCOG(SA) Part I - GP Charlewood Medal
Anneen Bianca VENTER – October 2011

FCOG(SA) Part II - Daubenton Medal
Catherine Anne CLUVER – May 2011

Dominic Giles Dudley RICHARDS – October 2011

FC Ophth(SA) Primary IA - Neville Welsh Medal
Lodewicus Francois MALHERBE – May 2011

FC Ophth(SA) Final - Justin van Selm Medal
Jonel STEFFEN – October 2011

FC Orth(SA) Final - JM Edelstein Medal
Duncan Thomas MCGUIRE – October 2011

FCORL(SA) Final - SA Society of Otorhinolaryngology Medal
Kurt Denton SCHLEMMER – May 2011

FC Paed(SA) Part I - Leslie Rabinowitz Medal
Hayley HUTTON – October 2011

FC Paed(SA) Part II - Robert McDonald Medal
Nicola Sian BRICE – October 2011

FC Path(SA) - Coulter Medal
Bryony Lynn WALKER – May 2011

FCP(SA) Part I - AM Meyers Medal
Arthur Kaggwe MUTYABA – October 2011

FCPHM(SA) Part II - Henry Gluckman Medal
Jacqueline Faria MENDES – May 2011

Nisha NADESAN-REDDY – May 2011

FC Rad Diag(SA) Part I - Rhône-Poulenc Rorer Medal
Samuel Andrew MANIKKAM – October 2011

FCS(SA) Primary - Anatomy - Frederich Luvuno Medal
Andrew John VILJOEN – May 2011

FCS(SA) Primary - Trubshaw Medal
Shaaheen BISMILLA – October 2011

FCS(SA) Final - Douglas Award
Helene LOUWRENS – October 2011

FC Urol(SA) Final - Lionel B Goldschmidt Medal
Suhani MAHARAJH – October 2011

H Dip Int Med(SA) - YK Seedat Medal
Farouk PATEL – May 2011

Dip Allerg(SA) - Eugene Weinberg Medal
Salome ABBOTT – October 2011

DA(SA) - SASA John Couper Medal
Michel LE GRANGE – May 2011

Dip HIV Man(SA) - The HIV Clinicians Society
Elizabeth Marguerite GATLEY – May 2011

Tricia Lyn PICKARD – October 2011

Dip PEC(SA) - Walter G Kloeck Medal
Alexa DE CASTRO – October 2011

Dip PEC(SA) - Campbell Macfarlane Medal
David John MCALPINE – October 2011

List of Successful Candidates: September 2011

Fellowships

Fellowship of the College of Anaesthetists of South Africa: FCA(SA)

ADAM Suwayba	UCT
AFSHANI Nura	UCT
ATIYA Ashiq	WITS
BARNES Brigitte Beverley	UCT
BASSON Coenraad Hendrik	
BOTHA Marius	US
DAYA Bhavika	UKZN
DOUBELL Petrus Johannes	UKZN
DU PREEZ Leonard Johannes	US
EDGE Mark Anthony	UP
GEORGE Eliza	WITS
GEORGE Thomas	WITS
GEORGIU HAJI NICHOLA Irene	UFS
GOBIND Rishant	UKZN
GOVENDER Sashen	UKZN
HADEBE Nkanyiso Emmanuel	UCT
HAUS Nikolas Jason	UCT
JOUBERT Regina Catharina	UP
KNIGHTS Catherine Joan	WITS
KUSEL Renee Maria	UP
MBEKI Motselisi	WITS
MEYERSFELD Nicholas David	WITS
NEL Dorothea Catharina	WITS
NURBADH Vishal Ramesh	UKZN
PEROLD Izak Abraham Francois	UCT
PIENAAR Gert Johannes	WITS
RAUBENHEIMER Jean Louis	US
REDFERN Geraldine Ann	UKZN
SEBASTIAN Melinda	UP
STARKOWITZ Jed Paul	WITS

Fellowship of the College of Cardiothoracic Surgeons of South Africa: FC Cardio(SA)

CHEN Chih-Yuan	UKZN
TAUNYANE Itumeleng Clifford	UCT

Fellowship of the College of Clinical Pharmacologists of South Africa: FC Clin Pharm(SA)

DECLOEDT Eric Hermann	UCT
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Fellowship of the College of Dermatologists of South Africa: FC Derm(SA)

NKEHLI Lindinkululeko Jabulile	WITS
TSHOKE Mmule Florah	

Fellowship of the College of Emergency Medicine of South Africa: FCEM(SA)

CLOETE Philip Gert	UCT
GOVENDER Chandrakes Soobramany	UKZN
OOSTHUIZEN Almero Hendrik	UCT
WACHIRA Benjamin Wambugu	UCT

Fellowship of the College of Family Physicians of South Africa: FCFP(SA)

KRÜGER Herman	UFS
VON PRESENTIN Klaus Botho	US

Fellowship of the College of Forensic Pathologists of South Africa: FC For Path(SA)

AFONSO Estevo	UCT
JANSE VAN RENSBURG Michèle	US
KGOETE Kgolane Yvonne	UL
MFOLOZI Siph	UCT
NTSELE Sibusiso Johannes	UKZN

Fellowship of the College of Maxillofacial & Oral Surgeons of South Africa: FCMFOS(SA)

ENGELBRECHT Hanlie	WITS
HOEK Kobus	UP

Fellowship of the College of Neurologists of South Africa: FC Neurol(SA)

DAUDE Amina Ismail	UCT
IQBAL Zafar	UL
NAIDOO Vanmala	WITS
TOWNSEND Taniel	UP

Fellowship of the College of Neurosurgeons of South Africa: FC Neurosurg(SA)

KOLLOORI Avinash	WITS
MBUYANE Tommy	WITS
RETIEF Kobus Naudé	WITS
TALEB Fazleh	US

Fellowship of the College of Nuclear Physicians of South Africa: FCNP(SA)

LOUW Lizette	WITS
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Fellowship of the College of Obstetricians & Gynaecologists of South Africa: FCOG(SA)

ALLIE Naseera	UKZN
ANJI Chukwudi Daniel	UL
APPIAH Francis	WITS
HARIPARSAD Shilendra	UKZN
KALUA Evelyn Khozga	WITS
KALUMBA Vital Moma Shungu	UKZN
KENNEDY Deon	UCT
KHUMALO Mzwethu Vusi	UP
LINDEQUE Leneque Xanthé	US
MATHONSI Ntharhi Wiseman	UP
MBABANE Victor Paulus Sonwabile	UKZN
MCCAUSLAND Katrin	WSU
MOAGI Tlhoriso David Monty	WITS
MOLAMU Boitumelo Edward	WITS
MONGWE Popikana Alta	UP
MOSEHLE Setheme Daniel	WITS
NAIDOO Dhesnhi	WITS
NENE Laura Nana Zozo	UP
NKOSI Bongani Spencer Strike	UP
OJO Oluwatosin Ademola	UKZN
RAMPARSAD Eugene Bradley	UCT
RICHARDS Dominic Giles Dudley	UCT
SAAYMAN Francois	WITS
UZABAKIRIHO Bernard	WITS
UZOHONATHAN Nathan Nnamdi	UKZN

Fellowship of the College of Ophthalmologists of South Africa: FC Ophth(SA)

CHETTY Kreasen Kano	UKZN
HORNBY Kenneth	UFS
JOSEPH Dylan Arthur	UFS
KOK Andries Gerhardus	UP
OBHOLZER Sven Andreas	US
REDDY Yavishe	UKZN
STEFFEN Jonel	UCT
VAN ZYL Lourens Marthinus	UCT
VILJOEN Rian David	UL

Fellowship of the College of Orthopaedic Surgeons of South Africa: FC Orth(SA)

ARNOLD John Phillip	UKZN
BICK Simon Millard	UCT
DU PREEZ Gian Jacques	US

EAST Shaun Craig	UP	WEAKLEY Kate Ryann	UCT	ROUX Daniel Jacobus	WITS
JORDAAN Jacobus Daniël	UKZN	WESSELS Marié	US	SAUKILA Nasinuku Titus Jones	WITS
KARIEL Firoz	UKZN	WESSELS Thandi Wendy	US	SEWGOOLAM Narisha	UKZN
MARÉ Pieter Herman	UKZN			SHWENI John Khayalamadoda	UKZN
MATTHEE Warren	WITS	Fellowship of the College of Paediatric Surgeons of South Africa: FC Paed Surg(SA)		STEAD David Francis	UCT
MCGUIRE Duncan Thomas	UCT	DE VILLIERS Mariza	UP	STEVENS Zane Douglas	US
PAULSEN Petrus Johannes	US	MANGRAY Hansraj	UKZN	VAN DER BIJL Pieter	US
PIKOR Timothy Daniel	WITS	TSHIFULARO Nyawelemi	US	VLOK Willem Jacobus	
PRETORIUS Carl Joe	WITS			Fellowship of the College of Psychiatrists of South Africa: FC Psych(SA)	
RIEMER Bryan Lawrence	UCT	Fellowship of the College of Pathologists of South Africa – Anatomical: FC Path(SA) Anat		BODENSTEIN Sunet	US
SPRONG Francois	UP	MOHANLAL Reena Dhansukh	WITS	GANASEN Keith Anand	UCT
VERMAAK Slade Solomon	UP	WADEE Reubina	WITS	GILFILLAN Katherine Verne	UCT
Fellowship of the College of Otorhinolaryngologists of South Africa: FCORL(SA)		Fellowship of the College of Pathologists of South Africa – Chemical: FC Path(SA) Chem		HENNING Maria Petronella	UP
DANILLER Tamaryn	UFS	BENJAMIN Ryan Lester	UCT	JOUBERT Marinda	UP
GERBER Stefan Bradley	WITS	KETI Vuyolethu	US	KHAN Tasneem	UKZN
KHUZWAYO Zamokuhle Brian	UKZN	STANFLIET John Christian	UCT	LOMBARD Melinda	UP
MARINGA Rhulani Knowledge	WITS	Fellowship of the College of Pathologists of South Africa – Haematology: FC Path(SA) Haem		MASHILE Mvogisheng Meldah	US
MASEKO Emmanuel Makhosonke	UP	MBERI Elson Tonderai	UFS	MOODLEY Aneshree	UCT
NAGA Manish Suresh	US	Fellowship of the College of Pathologists of South Africa – Microbiology: FC Path(SA) Micro		SIMON Carol-Ann	
SMIT Anton Johannes	UP	CHIBABHAI Vindana	WITS	Fellowship of the College of Public Health Medicine of South Africa: FCPHM(SA)	
Fellowship of the College of Paediatricians of South Africa: FC Paed(SA)		DA SILVA Manuel Pedro	WITS	DEARHAM Astrid Chrisilda	UCT
BENJAMIN Wilson Landuleni	WITS	DREYER Andries William	UP	GOVENDER Indira	UCT
BISSERU Tashmin	UKZN	NIEHAUS Abraham Johannes	UKZN	NAIDU Thameshree	UKZN
BRICE Nicola Sian	UCT	PRENTICE Elizabeth Grace	WITS	Fellowship of the College of Public Health Medicine of South Africa - Occupational Medicine: FCPHM(SA) Occ Med	
BÜCHNER Ané	UP	SILBERBAUER Eduard Johan	UP	SEEVNARAIN Kalesh	UKZN
BUCKLEY Jonathan	UCT	WOJNO Justyna Maria	UCT	Fellowship of the College of Diagnostic Radiologists of South Africa: FC Rad Diag(SA)	
BUNDUKI Kenga Dominique		Fellowship of the College of Physicians of South Africa: FCP(SA)		HARMSE Werner Schalk	UFS
BUTHELEZI Sithokozile Lindiwe	UKZN	BARNARD Kim	UCT	KAMAAR Nadia	UCT
COLQUHOUN Angela Natalie	UP	BOBAT Bilal	WITS	LAWSON Andrew James	UCT
DIMITRIADES Konstantinos	UKZN	CARR Mogamat Ighsaan	US	SHENXANE Odwa	WITS
DUKHI Adika	UKZN	CHAKA Lehlohonolo	UCT	VAN STRAATEN Werner	UKZN
GHEEVARGHESE Raj	WITS	DE WITT Pieter	US	WESTGARTH-TAYLOR Tracy	UCT
GHUMAN Muhammad Rafi	UKZN	EAGLES Valencia Estalita	UCT	Fellowship of the College of Radiation Oncologists of South Africa: FC Rad Onc(SA)	
GOVENDER Natalie	UCT	ESMAIL Aliasgar	UCT	ABRAHAM Smitha Rachel	UKZN
KAMANGA Noela Holo Bertha	WITS	GOVENDER Kubendran	UKZN	BASSA Leyiah	WITS
KGWADI Dikeledi Maureen	WITS	HAARHOFF Catherine Anne	WITS	DE FREITAS Adelaide	UCT
KHAN Ayesha Bibi	WITS	JONES Erika Sherad Wilshire	UCT	MARAIS Rouchelle	UP
LOCHAN Harsha	UCT	KAJEE Hassina	UCT	NAIDOO Thanushree	UCT
MAHARAJ Sharika	UKZN	KOORNHOF Johannes Jochemus Eucharistus	US	NAIKER Thurandrie	UCT
MAKUBALO Nomlindo Princess	UCT	MALULEKE Lesley Mesaba	WITS	Fellowship of the College of Surgeons of South Africa: FCS(SA)	
MALIGAVHADA Ntshengedzeni Jeanette	UKZN	MIA Zakia	WITS	CHINIEN Ganessen	UCT
MARAIS Quintus Lorenzo	UKZN	MOODLEY Riya	US	GANDHI Rajeev	UCT
MARTINS Anda	UKZN	NAIDOO Shialin	UKZN	GILL Hardeep Singh	UCT
MEYER Anell	UP	NTULI Pat Mahungwane	UL	JEHLE Hansjörg Steyn	US
MLOTHA Rachel	MALAWI	OGUDE Omondi	WITS	JESKE Christian	UP
MORKEL Marlene	US	PARAG Bhavisha	UKZN		
NAIDOO Krian	UKZN	PARKER Arifa	US		
NAIDOO Yugasheene	UKZN				
PEARCE Deborah Frances Anna	WITS				
PELO Matsela Patience	UKZN				
REDDY Jevani	US				
SAYED Tasneem	UCT				
WAJA Nabeela	WITS				

KAIKAI Shaaban Mohammed	WITS
KHAN Zafar Ahmed	UKZN
KHAN Muhammed Uzayr	UKZN
KNOWLES Gaye Ashaini Lauren	UCT
LOUWRENS Helene	US
LUTCHMINARAIN Nithin Nundkissoor	UKZN
MAREE Frans Engelbertus	US
MASILO Seleke Desmond	WITS
MCGUIRE Colin Iain	UCT
MURUGAN Nivashini	UCT
NDOFOR Brown Chwifeh	WITS
NOOR Fazlin	UCT
NTLOKO Sindiswe Kholeka Shirley	UKZN
REDDY Kriban	UKZN
SALEY Mueen	UKZN
SEKOAILA Edwill Michael Molatelo	UP
SMIT Johannes Gysbertus Marthinus	UP
SMITH Arnold	US
STEYN Petre Francois	UP
TARKOWSKI Mariusz Piotr	UP
TAYLOR Liezel Phyllis	US

Fellowship of the College of Urologists of South Africa

JEHLE Karlheinz Steyn	UCT
KENT Mark	UKZN
MAHARAJH Suhani	UKZN
VAN DER MERWE Jacobus Johannes	US

Certificates

Certificate in Cardiology of the College of Physicians of South Africa: Cert Cardiology(SA) Phys

HOFMEYR Johannes Wynand Louw	US
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Certificate in Child Psychiatry of the College of Psychiatrists of South Africa: Cert Child Psychiatry(SA)

JAQUIRE Zanda	UCT
LACHMAN Anusha	US
TEMA Nkokone Shimane Zacharia	WITS

Certificate in Clinical Haematology of the College of Pathologists of South Africa: Cert Clinical Haematology(SA) Path

GERDENER Theodor Johannes Adolph	UCT
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Certificate in Clinical Haematology of the College of Physicians of South Africa: Cert Clinical Haematology(SA) Phys

MCDONALD Andrew Bruce	UCT
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Certificate in Critical Care of the College of Paediatricians of South Africa: Cert Critical Care(SA) Paed

MURPHY Susan Margaret	WITS
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Certificate in Critical Care of the College of Physicians of South Africa: Cert Critical Care(SA) Phys

DISSANAYAKE Arjuna	WITS
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Certificate in Endocrinology & Metabolism of the College of Paediatricians of South Africa: Cert Endo & Metabolism(SA) Paed

VAN DER MERWE Danelle Margo	UCT
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Certificate in Endocrinology & Metabolism of the College of Physicians of South Africa: Cert Endo & Metabolism(SA) Phys

CONRADIE Marli	US
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Certificate in Gastroenterology of the College of Physicians of South Africa: Cert Gastroenterology(SA) Phys

DEETLEFS Eduan	UCT
MOENG Kgaogelo Rachel	WITS
NOMVETE Mfanufikile	UKZN
SMITH Hilda Dorethy	

Certificate in Gastroenterology of the College of Surgeons of South Africa: Cert Gastroenterology(SA) Surg

BERNON Marc Michael	UCT
BOUTALL Adam Brunette Taunton	UCT
CHINNERY Galya Eileen	UCT
LOOTS Emil	UKZN
SINGH Amal Bhishum	WITS

Certificate in Geriatrics of the College of Physicians of South Africa: Cert Geriatrics(SA)

GREYLING Deon	UFS
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Certificate in Gynaecological Oncology of the College of Obstetricians and Gynaecologists of South Africa: Cert Gynaecological Oncology(SA)

DIARRA Abdoulaye	US
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Certificate in Infectious Diseases of the College of Paediatricians of South Africa: Cert ID(SA) Paed

NAIDOO Reen�	UCT
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Certificate in Maternal and Fetal Medicine of the College of Obstetricians and Gynaecologists of South Africa: Cert Maternal & Fetal Medicine(SA)

DU PLESSIS Jacomina Hendrina	UP
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Certificate in Medical Oncology of the College of Paediatricians of South Africa: Cert Medical Oncology(SA) Paed

BENNETT Kate Gwynneth	WITS
ROWE Bianca	WITS

Certificate in Medical Oncology of the College of Physicians of South Africa: Cert Medical Oncology(SA) Phys

KHANYILE Richard Mdumiseni	UP
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Certificate in Neonatology of the College of Paediatricians of South Africa: Cert Neonatology(SA)

CHIRWA Lea	WITS
FREDERICKS Joy Lorna	WITS
NAIDOO Lerusha	UKZN

Certificate in Nephrology of the College of Paediatricians of South Africa: Cert Nephrology(SA) Paed

DU BUISSON Christel Jacomien	UCT
HANNI Tabea Mathilde	WITS
MOONSAMY Glenda	WITS

Certificate in Nephrology of the College of Physicians of South Africa: Cert Nephrology(SA) Phys

FREERCKS Robert Jeremy	UCT
MODY Priyesh Girish	UKZN
THUSI Getrude Philisile Thusi	WITS
WEARNE Nicola	UCT

Certificate in Paediatric Neurology of the College of Paediatricians of South Africa: Cert Paediatric Neurology(SA)

ACKERMANN Sally	UCT
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Certificate in Pulmonology of the College of Paediatricians of South Africa: Cert Pulmonology(SA) Paed

GRAY Diane	UCT
KWOFFIE-MENSAH Marian	UP

Certificate in Pulmonology of the College of Physicians of South Africa: Cert Pulmonology(SA) Phys

CHOHAN Muhammad Yusuf	
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Certificate in Vascular Surgery of the College of Surgeons of South Africa: Cert Vascular Surgery(SA)

CLOETE Neil John	UCT
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Part I, Primary and Intermediate Examinations

Part I of the Fellowship of the College of Anaesthetists of South Africa: FCA(SA) Part I

AWATH BEHARI Amit	UKZN
BANNAN Scott James	WITS
FERREIRA Martha Magrietha	UCT
FRANK Joslyn Benjamin Brian	UCT
GEERTSHUIS Jared Keith	WITS
HOFMEYR Michael Ross	UCT

HOSKING Catherine Ann	WITS
LAMBRECHTS Lelanie	UCT
MAISTO Maria Jose	WITS
MAKOTSVANA Tinevimbo Tichapiwa	WITS
MASOUD Mustafa Mohamad S	
MOUTLANA Hlamatsi Jabob	UL
NQALA Onke Mampondonke	WSU
PURCHASE Karien	UKZN
RAMNARAIN Mitha	UKZN
SETHUSA Monyelele Elias	WITS
SITHOLE Maureen	UP
TOICH Stephen Frank	
VAN DER WALT Johannes Josias Nicolaas	UCT

Part I of the Fellowship of the College of Dermatologists of South Africa: FC Derm(SA) Part I

DUZE Anna Khumo	UKZN
MUKANSI-RIKHOTSO Meriam Muhanhisi	UKZN
SIBISI Cebisile Precious	UKZN
STEENKAMP Ilana	UCT

Part I of the Fellowship of the College of Emergency Medicine of South Africa: FCEM(SA) Part I

AL-MALKI Ismail	UCT
BANDA Grace Wit	WITS
GIHWALA Radha	WITS
JAFFAL Amer	WITS
LIVANOS Rona	WITS
MAKOE Moshimanehape Colbert	WITS
MATILO Bothoboile Charles	BOTSWANA
THOKWANE Karabo	BOTSWANA
VON WATZDORF Ilse	US

Part I of the Fellowship of the College of Family Physicians of South Africa: FCFP(SA) Part I

DUNBAR Graeme Leslie	UCT
LANGENHOVEN William Martin Frank	UCT
MFEKA Nompumelelo Gloria	UKZN
TE RIELE Julian Bernard	UCT
VON PRESENTIN Klaus Botho	US
WENZEL-SMITH Gisela	UCT

Part I of the Fellowship of the College of Medical Geneticists of South Africa: FCMG(SA) Part I

PRETORIUS Careni Elizabeth	UCT
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Part I of the Fellowship of the College of Neurologists of South Africa: FC Neuro(SA) Part I

ALBERTYN Christine Herculine	UCT
BREY Naeem	US
JEENA Harshadh Chandrakant	
MARAIS Suzaan	
SSUFYA Aadel	UKZN

Part I of the Fellowship of the College of Nuclear Physicians of South Africa: FCNP(SA) Part I

RAHMANI Abdul Basit	WITS
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Part I of the Fellowship of the College of Obstetricians & Gynaecologists of South Africa: FCOG(SA) Part I

AIGBE Ehisuan Aziengbe	
AMAECHINA Okezie Ubaka	UKZN
BALOYI Stephen	UL
BARNARD Annelize	UFS
CHIKWEMA Plaxcedes Sharai	
CHIRWA Nyatozi Leah	MALAWI
DEALL Tracey Caroline	UKZN
DUSABE Raymond	
ELS Hester Christine	US
HAFFEJEE Muhammad Saleem	
HENDRICKS Aneeqah	UCT
IFEOAH Osita Fidelis	
JANSEN VAN VUUREN Lize	
JOHNSON Ilana Olivia	US
KESENE Dennis Abanum	UKZN
KHALIL Yusuf Adam	UCT
KHOELE Lerato Chenelo	
KINUNU Luzolo Joseph	WITS
KISTAN Gaysheen	UKZN
LERM Marlize	US
MAFOLO William Mokoadiba	UKZN
MAJANGARA Rumbidzai	
MANDONDO Sibongile Desiree	WSU
MBODI Langanani	UL
MOJAKI Sebolelo Mpho	
MOKOAPE Motlatsi	WITS
MOLETSANE Mabereng Matsepo	
MOOKETSE Rammolo Titus	
MOSHAPO-SKOSANA Kgomotso Olga	UL
MPHATSWE Thabile Wendy Pearl	UKZN
MPOFU Fadzai	
MUFENDA Josef Kamunoko	
MUGABA Michael	WITS
NAUDE Nadia	UCT
NDOVIE Lughano	MALAWI
NEMUKULA Mafhungo Zwannda	UCT
NKOMO Bongiwé	WITS
NOBIN Railene Candice	UKZN
PHINZI Sibusiso Blessing	
PRITHIPAL Sudhir	UKZN
REDDY Kessendri	
SEWRAM Chantal	
SHIMANGE Lusandolwethu Nwabisa	WITS
SHIPALANA Oupa	
SIKAKANE Nonhlanhla	
SIMELANE Nompumelelo Juliet	WITS
TSHABALALA Salome Mokoghloe	
TYALA Nonceba	UKZN
VENTER Anneen Bianca	WITS
VERENGA Cladius	ZIM

Part I of the Fellowship of the College of Paediatricians of South Africa: FC Paed(SA) Part I

ALEXANDER Deepa Christina	UFS
ALHARM Ahmad Omar	UKZN
BOBOTYANA Luzuko	WSU
BRINK Janine Louise	WITS
BROWN Nicolette	UFS
BUCYIBARUTA Joy Blaise	WITS
BUGA Barbara Munduru	WSU
CARR Kathryn	UKZN
CHISE Mamiki	BOTSWANA
CHOOA Michelo Sharon	UP
CHUEU Irene Sedima	WITS
COETZEE Ashton Clyde	US
DAVID Thuso	BOTSWANA
GIE Andre George	US
HALLES Keith	WITS
HLOPHE Sbekezelo Thembelihle	UKZN
HUTTON Hayley	
JIYANA Samkelo	WSU
KAYIRA Dumbani Lyspin	WITS
KOCH Michelle	WITS
LUHANGA Vincent	WITS
MABENA Fikile Cynthia	WITS
MAKABA Ziyanda Tabile	WSU
MANZINI Dellina Dumela	
MASEKO Bhekizenzo Gail	UP
MAZHANI Tiny	BOTSWANA
MBATHA Sibongile	WITS
MEYER Mandy-Lyn	US
MNISI Klaas Putilele	WITS
MOGOTSI Thabiso Vivienne	
MONENE Khomotjo Angelina	UP
NAIDOO Harishia	UP
NDLOVU Busisiwe Nonhlanhla	UKZN
NEMAKONDE Mashudu Ruth	UL
NKUMANDA Nobuntu	UP
NTULI-NDZAWUSE Linda	WSU
NXUMALO-TOBA Buhle	WITS
PANGWA Nombulelo Laetitua	UP
REID Amy Elizabeth	UCT
RIEMER Linda Jane	
SATARDIEN Muneerah	
SHEIK Naeema Bibi	UKZN
SHIDHIKA Fenny Fiidje	UCT
VAN JAARSVELD André	UFS
VAN WYK Nicole Terese Celine	WITS
VISSER Yolandi Thelma	
WEGE Martha Helena	US

Part I of the Fellowship of the College of Pathologists of South Africa – Anatomical: FC Path(SA) Anat Part I

BOTHA Francois Cornelius Jacobus	UCT
OSMAN Naeem	UCT
RAZACK Rubina	US

Part I of the Fellowship of the College of Physicians of South Africa: FCP(SA) Part I

ABDULRAHEEM Toyin Raheem	UKZN
ADHAM Zaheer	UL
AHMAD Nadeem	UKZN
AMWAAMA Martha Jakula	
BADENHORST Pieter	UFS
BALDEO Leosha	UKZN
BANA Tasnim Mohammed	
BANGANI Sicelimp hilo	US
BISIWE Busiswa Feziwe	UFS
BORKUM Megan Sara	UCT
BOTHMA Salome	WITS
CHANDOO Fatema Aonali	WITS
CHUTTERPAUL Pariva Jairaj	UKZN
DAYA Reyna	
DELA Sapna Shivani	UKZN
DIKO Thembisile Terrence	UKZN
DO VALE Claudia Lewis	WITS
DU PLESSIS Annari	US
EBRAHIM Kaleemuddeen Dawood	
ELBUEISHI Abdurraouf Masaud F	
ENSOR Jason Lance	WSU
FODO Tobisa Zifikile	WSU
GARDINER Emma Cora	WSU
GOUNDEN Cathrine Libashni	UKZN
GOVENDER Ashnee	US
GULAMNABI Zaid	
HAASBROEK Debbie Elizabeth	WITS
HARMSE Mariette	UFS
HOOIJER Jonathan Mark	WITS
JAMA Zimasa Vuyo	WSU
KAJAWO Shepherd	
KHAN Fatima	
KOMAPE Kwena Bebsy	
LEIBBRANDT Robert Mark	
MADUA Matamela Chasney	UKZN
MAGASHULE Martha Mamoretsi	
MALULEKE Themba Harry	WITS
MANGABA Mamafoko Glory	WITS
MANICKCHUND Nithendra	
MASINA Sikhumbuzo Christian	
MAYET Yusuf	WITS
MNGUNI Ayanda Trevor	UCT
MOHAMED Farzahna	WITS
MOLEFE Onkabetse Julia	BOTSWANA
MOODLEY Venudhira	UKZN
MOOSAJEE Farzana	UCT
MORAR Rajin	WITS
MOTLEKAR Zaaheera	
MTWESI Viwe	WITS
MUKHITHI Tshimangadzo	
MULUMBA Mapoli John	UCT
MUTYABA Arthur Kaggwe	UCT
MWASHA Emmanuel Ebenezer	WITS
MYENI Nomcebo Nomthandazo	UKZN
NABEEMEEAH Firdaus	WITS
NAIDOO Naveshan	UKZN

NARSING Rajiv Manhar	
NKURUNZIZA James	WITS
NOKO Kemoni	
NQWATA Lamla	WITS
PADAYACHEE Avashini	WITS
PARKER Faheema	UCT
PETER Rapelang Ray	BOTSWANA
POOLE Colwyn Frank	WITS
RAMKILLAWAN Yeishna	UFS
SHALI Wanis Mohamad Wanis	
SIKHOSANA Sithembiso Ayanda Praise-God	UKZN
SILANDA Mandla	
SIMON Donald	US
SINGH Mitesh	UKZN
SINGH Alosha	WITS
SINGH Lucille Sarah	WITS
SONNEKUS Petronella Hendrina	UFS
STODDART Gregory John	
SULEMAN Laila	WITS
SZYMANSKI Patryk Zygmunt	US
TSHABALALA Dineo	WITS
VARIAVA Firdous	WITS
VARIAVA Mohammed	WITS
VENTER Michelle	WITS
VILJOEN Charle André	UCT
VON HORSTEN Friedrich Wilhelm	WSU
VON ZEUNER Werner August	UCT
ZACHARIAH Don	WITS

Part I of the Fellowship of the College of Psychiatrists of South Africa: FC Psych(SA) Part I

MATSHAYA Vuyisa	WSU
PARASRAM Leanne Cindy	UCT

Part I of the Fellowship of the College of Diagnostic Radiologists of South Africa: FC Rad Diag(SA) Part I

BARNARD Benjamin Wybrand	UFS
BHAYROO Schené	UKZN
CONRADIE Wilhelmus Jacobus	UFS
DLAMINI Nondumiso Nokwanda Matutu	UKZN
DU TOIT Maria Johanna	WITS
GUGUSHE Dumile Gwebilanga	UL
KATHAN David Louis	
LANGA Sithembiso Mbuyiseni	UKZN
LIEBENBERG Cuan	UP
LORENC HENNING Kristin Mary	UCT
MANIKKAM Samuel Andrew	UKZN
MATHA Bulelani	UKZN
MAVUSO Lapaneng	WITS
MBAKAZA Mbaliso Buntu	WITS
MOLOANTOA Wonga	UKZN
MURTHY Chandana	US
NGCOBO Paulos Nkathiyoxolo	UKZN
OWEN Jeannine Margaret	UCT
PRETORIUS Elias Johannes	UFS
RAMOORTHY Vishnu	UKZN

SEWNNARAIN Kavishka	UKZN
SIDDI GANIE Iqbal	UKZN
SMITH Mark Royden	UP

Part I of the Fellowship of the College of Radiation Oncologists of South Africa: FC Rad Onc(SA) Part I

ALLEYNE-MIKE Kellie Rozelle	UCT
CHIYAPO Sebatthu Phillip	UCT
ENGELBRECHT Maria Johanna	US
LANGENHOVEN Lizanne	US
MCGOWAN Oliver Joseph Louis	WSU
MUYA Sikudhani Shaban	WITS
WILSON Robert Alfred	UKZN
ZWANE Nkanyiso Johnson	UKZN

Primary Examination of the Fellowship of the College of Surgeons of South Africa: FCS(SA) Primary

ALLIE Dean Gerard	WSU
ASAFO-ADJEI Peter	
BAITCHU Yahir	
BALADAKIS John Demetrios	WITS
BISMILLA Shaaheen	UP
BLAKE Johann Eckhard Louwrens	UP
BUDGE Melissa	US
CHAUKE Nkhensani Yvonne	
CHOKOE Mmatlou Lioyd	UL
DE LANGE Louise Christelle	US
DE VILLIERS David Johannes	UCT
DIMITRIOU Dimitrios	WITS
DU TOIT Andries Louis Jacobus	UFS
DUMA Mlekeleli Thembinkosi Ntando	UKZN
DUNYWA Khandelani	UKZN
EBRAHIM Mohammed Zahier	UCT
EDE Chikwendu Jeffrey	UFS
ELEFTHERIADES Christina	WITS
FARANISI Zuva Chatepa	ZIM
FOURIE Elize	
FOURIE Rentia	
GIEL Tut Maluth Lual	UP
GOSAI Mithen Ravindra	UKZN
GWILIZA Luntu Lungile	WITS
JACOBS Hans Wessels	
JOLAYEMI Olamide Oluwafunsho	UKZN
JOUBERT Isabella Margaretha	
JURKOVIC Natasha	
KABONGO Kalangu	UKZN
KAFO KOUSOK Clovis	
KARJIKER Parveen	UCT
KASAKANGA Kasongo Marie-Jose	UL
KAYOMBO Emile Tshisola	WITS
KGAGUDI Paul Marule	
KOONIN Sheree Debbie	WITS
KRUGER Frans Jacob	WSU
LAUBSCHER Cornelius Laubias Visser	UFS
LIMBURGH Candice Melissa	UFS
LIVHEBE Mbavhalelo Cynthia	WITS

MABUNDA Nokwanda Sibusisiwe	UP	Primary Examination incl Neuroanatomy of the Fellowship of the College of Surgeons of South Africa: FCS(SA) Primary- Neuroanatomy	JORDAAN Pieter Willem	UCT		
MACHAEA Sello Stanley	UKZN		MAGAGULA Richard	UKZN		
MAGAMPA Ramanare Sibusiso			MATSEBULA Lindiwe Fortunate	WITS		
MAHARAJ Kameel			MAZIBUKO Tamsanqa	WITS		
MAHOMED Nabeel Ebrahim	UP		NAIDOO Arushka	UKZN		
MAKINTA Tshepo Neville			NORTH David Martin	UCT		
MALAN Asha Franciska			RANGONGO Refilwe Sarah	UP		
MALITH Victor Jal Wiel	WITS		REDDY Praven	UKZN		
MARAJ Amisha	WITS		SHITULENI Sibasthiaan	UCT		
MATHYE Eustacia Charles	WITS		SLUIS CREMER Timothy Richard	WSU		
MBATHA Andile Lungani	UFS		TSAMA Mluleki	WITS		
MKHIZE Ziphozonke Mandela	UKZN					
MKIZE Sandile Kenneth	UKZN		Primary Examination of the Fellowship of the College of Maxillofacial & Oral Surgeons of South Africa: FCMFOS(SA) Primary	Intermediate Examination of the Fellowship of the College of Surgeons of South Africa: FCS(SA) Intermediate		
MLAMBO Sbusiso Levin Radithuto	UKZN				AWANG Peter Thomas Ajack	UCT
MNCINA Tiga Jabob	UP				BHOOLA Zaheer	WITS
MOHAMMAD Ahmad Talal	WITS				CHOWDHURY AHM Sharfuddin Mahmud	UCT
MÖLLER Ernst Lodewicus	UFS				DEDEKIND Britta	UCT
MOODLEY Treven	UKZN				DONKIN Ian Edward	UKZN
MORRISON Sherwyn Elroy					EMEREOLE Obioma	WITS
MOTSUMI Mpapho					FAURIE Michael Pierre	UKZN
MYBURGH Josephus Johannes	UFS				KADER Shakeel	UKZN
MYBURGH Martin	WITS				KALENGA Nkomba Christophe	UKZN
NDZATHA Ayanda	WSU		MAHLOBO Teboho Themba	WITS		
NGWAZI Muziwamandla	UKZN		MAKHURE Stephen Mogamotsi	WITS		
OMOJOWO Foluso Olalekan	UP		MANS Daniel	UKZN		
OOSTHUYSEN Willem Tobias			MAZWI Akhona Brian	UP		
PATEL Soraya	WITS	MEDAPATI Vengal	UL			
PATERSON Andrew Johnstone	UP	MOHAMMED Feroza	WITS			
PRETORIUS Johannes Lodewicus	UKZN	MOLYNEAUX Michael Andrew				
PRETORIUS Coenraad		MOODIE Quintin Keith	UCT			
RALL Werner	WSU	MTIMBA Lungisani	WSU			
REDFORD Lindsey Elizabeth	WITS	MUNGAR Reshna	UKZN			
SAMUEL Sijo Nanthyattumalayil		MWALE Garikai				
SANDER Anthony		NDJOZE Ike Kairanderua	WITS			
SEHAWU Royneck Daniel		OKE Olalekan Ibukunolu	US			
SELLO Callisto Kgotso	WITS	PARBHOO Menesh	UP			
SHANDUKANI Rodney Mbudzeni	UP	PEENS-HOUGH Hyla	US			
SIBANYONI Joseph	UL	PHIRI Sibusiso Edgar	WITS			
SISHUBA Nosisa Thabile	WITS	POHL Edmund Heinrich	US			
SPENCE Richard Trafford	WSU	SAMSON Evelyn Joy	WSU			
SPIES Petrus Venter	UCT	SINGH Shalin Maria	WITS			
SWAN Adrian Kenneth		THOBEJANE Mabatane Eddie	WITS			
TAYLOR Peter	UFS	THOMAS Antony	WITS			
TIMAKIA Kritish	UKZN	THOMAS Kuruvilla	WITS			
TJASINK Gareth Neville	WITS	TINUBU Olubodun Wakeel	WITS			
TLADI Seakalale Mphele	UL	VAN NIEKERK Gertruida	UCT			
TLADI Makgabo John	UL	VYAMUNGU Christian	UL			
TROISI Katherine	UKZN					
UMAR Mohamed Taahir		Intermediate Examination of the Fellowship of the College of Ophthalmologists of South Africa: FC Ophth(SA) Intermediate 1B	Intermediate Examination of the Fellowship of the College of Urologists of South Africa: FC Urol(SA) Intermediate			
VAN DEN BERGH Barend Hendrik	WITS			AIRE Odion Oseghau	UKZN	
VAN DER BERG Neil Martin		JAYA Yevukai Aquillina	ZIM			
VAN DER SCHYFF Francisca	UP					
VAN HEERDEN Yentl Leigh	WSU	Intermediate Examination of the Fellowship of the College of Orthopaedic Surgeons of South Africa: FC Orth(SA) Intermediate	Intermediate Examination of the Fellowship of the College of Urologists of South Africa: FC Urol(SA) Intermediate			
VAN SCHALKWYK Lucienne	UFS			PEPU Bongiwé	UKZN	
WHEELER Natasha						
ZABIEGAJ-ZWICK Caroline Maria		HILTON Thomas Laurence	UCT			
ZULU Halalisani Goodman	UKZN					

Higher Diplomas
Higher Diploma in Internal Medicine of the College of Physicians of South Africa: H Dip Int Med(SA)

ZARANYIKA Trust UCT

Higher Diploma in Orthopaedics of the College of Orthopaedic Surgeons of South Africa: H Dip Orth(SA)

MSHUDULU Lumkile Wilfred UKZN

MVELASE Sicelo Nkululeko UKZN

Higher Diploma in Sexual Health and HIV Medicine of the College of Family Physicians of South Africa: H Dip Sexual Health & HIV Med(SA)

GILBERT Louise Joy WITS

Higher Diploma in Surgery of the College of Surgeons of South Africa: H Dip Surg(SA)

DEOLINDA-TCHIK Jean Fernand

Diplomas
Diploma in Allergology of the College of Family Physicians of South Africa: Dip Allerg(SA)

ABBOTT Salome UP

Diploma in Anaesthetics of the College of Anaesthetists of South Africa: DA(SA)

ASMAL Haroon Ismail UKZN

BERNARD Nicholas Johannes WITS

BHAM Faizal WITS

BLAAUW Willem Schalk WITS

BREED Lodewicus Johannes WITS

BUITENWEG Adriaan Willem UFS

CEN Winnie Catherine US

CHADAMBURA Mandiudza Maria

CHARILAOU Helena

DADABHAY Zeenat WITS

DARBY Lydia Ruth WSU

DE JAGER Marike UFS

DE VILLIERS Willem Lambertus

FORBES-OLIVIER Nicole Catherine UKZN

FOURIE Adolf Johannes UL

FULLERTON Zahne WITS

GARDINER Caroline Moira

GIBBS Mark Robert UKZN

GOSAI Kamal Arunkumar WITS

GOVENDER Pooveshni UKZN

GQIBA Akhona Lolwethu WSU

GREEN Samantha Leticia UKZN

GREYLING Abraham Gerhardus Wilhelmus WSU

GUMBI Thuthuka UKZN

HILL Keith Taylor

HORSTEN Garth UKZN

HURRI Hemal WITS

JOHNSON Marianne US

JOSEPH Lauren Ann UKZN

KAPONGO Tshibangu Serge

KINGWILL Aidan Con WSU

KRIEL Inge UFS

LALBAHADUR Avanthi UKZN

LEGUTKO Dagmara Anna UKZN

LINTOTT Nicola Claire

LOCKHAT Hassina UKZN

LOMBARD Nicolene UFS

MAKWELA Dimakatso Sethepele Anson UL

MAPHUMULO Thembeihle Orapet

MCQUEEN Shaun Terence

MEGAFU Onyechi Sylvester WSU

MHLANGA Gugulethu Tsakani Jenny US

MOKWENE Lebogang Jacobeth

MOODLEY Sarusha UKZN

MTSHUNGWANA Zuzeka Monica

MUNNIK David Christiaan UKZN

NAICKER Luansha WITS

NAIDOO Antoinette Vanessa

NCUBE Tshepo Phillip UKZN

NEL Matthew James UKZN

NGWENYA Makhosazana Busisiwe WITS

NTSHANI Mmereka Patience Martha UL

PANNELL Christopher Patrick UP

PARKER Feroz UCT

PILLAY Diran UKZN

PUTTER Andries Petrus Johannes WSU

RADEMAN Lana UKZN

RATHINASAMY Kishan Neil WITS

RAZACK Raeesa UKZN

REDELINGHUYLS Cara WITS

REYNEKE Michelle UFS

ROBINSON Ludolph Cornelius

ROUX Josua Petrus WSU

SAMUEL Theresa US

SAUNDERSON Carissa Dee WSU

SCISLOWSKI Pawel UKZN

STEADMAN Carl John

STEYNBERG Joubert Casper

STRAUSS Karin WITS

TARLOFF Deborah WSU

THOMO Linda WITS

TORLUTTER Michéle WITS

VAN DEN BERG Carin US

VAN DEN BERGH Henko UP

VAN DEN BOSCH Chloe Mary UKZN

VAN DER MERWE Nicolaas Salomo Coetzee

VAN DER WALT Nicolaas WITS

VAN DER WESTHUIZEN Nico UFS

VAN RENSBURG Gerhardus Petrus WSU

VENTER Jan Adriaan Johannes

VERSTER Julinda WSU

VICKERY Nicola Justine UKZN

VISSER Rubaix WITS

ZUNGU Sizwe Clifford UKZN

Diploma in Child Health of the College of Paediatricians of South Africa: DCH(SA)

CARKEEK Katherine Janita UCT

CHAMBERS Kate Melanie UCT

DELPORT Kathleen Georgia UCT

DENNIS Tanya Jill

DHLOMO Nosipho Nompumelelo UKZN

DU TOIT Samantha Maria US

FORTUIN Lauren UCT

FREDERICKS Cordelia Susan Elizabeth US

GELDENHUYS Chandre Xenia US

GIBBS Lyndal UCT

GREEN Lindy-Lee US

HARVEY Blythe UCT

HOUSTON Annette Magaret UCT

KAHL Gisela

KUBEKA Joyce Bonakele

LAKHAN Aruna US

MAGADLA Yoliswa WSU

MANENZHE Phophi

MBIRO Nicholas

MERRINGTON Michelle Lesley WSU

MURRAY John Recardie US

NAUDÉ Jana

NEPFUMBADA Mulalo

NKABI Thandeka Unathi UCT

PILLAY Shakti UCT

PITSO Boitumelo UFS

PRINCE Kim Didi UCT

PRINSLOO Carika UFS

QATHATSI Lebhang Cynthia

RAMPERSAD Ayushya UFS

SAMSON Chantal UKZN

SAYED Abdul-Quyyum Abdur-Raof WSU

SCHEEPERS Lynn Olivia WSU

STEENKAMP Aletta Elisabeth

VAN DER MERWE Alva UFS

VAN STAADEN Hamida Beverley Christine UKZN

VILAKAZI Roselina Ntombifuthi WITS

WENTZEL Bradley Carl

WESSELS Heloise UFS

WILLOUGHBY Mark

Diploma in Forensic Medicine of the College of Forensic Pathologists of South Africa – Clin: Dip For Med(SA) Clin

CHUUNGA Roy

Diploma in Forensic Medicine of the College of Forensic Pathologists of South Africa – Path: Dip For Med(SA) Path

HANSMEYER Candice Geraldine WITS

HERBST Celeste Ingrid US

MABOTJA Seduma Suzan UP

MÖLLER Izelle

Diploma in HIV Management of the College of Family Physicians of South Africa: Dip HIV Man(SA)

ABRAM Sumaya	
APPALSAMY Pranesha	UKZN
BAL-MAYEL Edith Matani	
BASSON Anneen Lizette	WITS
BUTHELEZI Thandeka Nompumelelo	
CASSIM Aadila	
CEBEKULU Nonhlanhla Khanyisile Nosipho	
CLOETE David Allan	UKZN
DIAS DOS SANTOS Monica Sheila	UKZN
DUBE Nkululeko	
DURAO Henrique	
EBRAHIM Tasmeera	
FARIRAI John Tonderai	
FOURTOUNAS Maria	WITS
GILL Katherine	
GOLDSWAIN Cheree Ann	WSU
GREYLING Lize	US
HARRIS Candice	
JONG Eefje	WITS
KERBEL Cindy Heather	
LARSON Ilke	
LOOTS Corlia	UFS
MADEIRA Hermenegilda Lucia Caetano	WITS
MAFANYA Thamsanqa Jacob	
MAKGOKA Grace Ramasela Mahlodi	
MAQHUTXANA Sinazo Siphumze	
MARUMA Madimetja Frans	
MASILELA Duduzile Pamela	
MAZIBUKO Mthobisi Neliswa	
MBOVANE Christian Zolia	
MKWANAZI Phindile Prudence	
MOCHAOA Mampho Junia	
MOKOKA-NKHOBO Ledile Matshwene	UFS
MUPEPE Brian	
OLADEJO Olatayo Wasii	UL
PICKARD Tricia Lyn	
RAMUGONDO Elelwani Thikundwi Sharon	UCT
REDDY Priashni	UKZN
REDPATH Heila	
SAYED Gulafroz	
SHAMHUYASHE Godknows	
SHEIKH Abid Mubashir	
SINGAPHI Luvuyo Martin	WSU
SINGH Amita	
SUBBARAO Sathyavani	
TSHOKONEGO Margaret	
VAN HOUGENHOUCK-TULLEKEN Wesley George	
WERLE Birgit Maria	
WICHMANN Stefanie Veronica	UKZN
YUSUPH KHAN Feroza	UKZN
ZENHÄUSERN Janine	
ZONDO Leod	

Diploma in Mental Health of the College of Psychiatrists of South Africa: DMH(SA)

ALANT Janin	
CHUNDU Mwanja	UCT
CORDEIRO Natalie	
EBRAHIM Naasika	
ELOFF Ingrid Geeske	
FATOKI Olamide	
HATTINGH Rene	
JACOBSON Candice Ivanna	UCT
LUSU Bulumko Lonwabo	
MAKIWANE Nolubabalo Ncebakazi Ndazuza	WSU
MERE Sellwane Maria	
ODAYAR Kavendren	
RAMSUNDAR Valsura	UKZN
RAPHALALANI Shonisani	
REID Kirsten Andrea Hazel	
SOORJU Vineshchand	
UHOMOIBHI John Omo-Osagoe	UKZN
ZIKALALA Nonhlanhla Elizabeth	UKZN

Diploma in Obstetrics of the College of Obstetricians and Gynaecologists of South Africa: Dip Obst(SA)

AHMED Tasneem	UCT
AJEMBA Paul Ikechukwu	WSU
ALUKO Michael	
BADENHORST Nicolene	
BEUKES Brumilda	UFS
BEVISS-CHALLINOR Kenneth Brodrick	
BRYAN Michelle Cara	UKZN
CAMROODIEN Sedick Ahmed	UCT
CANU Lara	WSU
CIESIELSKI Adam Waldemar	UCT
COETZEE Werner Carel	
DALMACIO Riche Cabiliin	WSU
DE BRUYN Gerard Herman Matthys	US
FERREIRA-BASSON Jolene	
FOURIE Johannes Lodewickus	UFS
GXOWA Yanga	WSU
HLABANGWANE Accessible Simon	
JOOMA Zainub	UP
KABONGO Mangola Daniel	UKZN
KHAMAJEET Arvin	
LEMATLA Patrick	UKZN
MAGWEDE Tshivhidzo Yvonne	
MAKHETHA Dikeledi	WITS
MALAN Jacobus Johannes	
MARINGA Vusumuzi David	
MCCOSH Klara Maria	WSU
MINNIES Renay Elizabeth	UCT
MODIBA Tshepo Justin	
MOTSEMA Tladiso	
NDUBUISI Charles Chidiebere	US
OBIDIKE Fidelis Emeka	
OLIVIER Frederick George	
OLUWOLE Ebenezer Olufemi	WSU
SEOBI Teboho	

SMITH Johannes Stephanus	
STEVENS Justin Douglas	
TEW Catherine Louise	WSU
THOMAS Jeanine	
VAN DER MERWE Minerva	UFS
VAN DER WESTHUIZEN Nadia	
VENTER Eben Kruger	UFS
WALTON Erika Gwen	US
ZACHARIAH Nithin	UKZN
ZULU Siyanda Mlungisi Joshua	

Diploma in Ophthalmology of the College of Ophthalmologists of South Africa: Dip Ophth(SA)

DESETA Juan Manuel	
ENGELBRECHT Johan Frederick	
GERBER Willem-Martin	WSU
JORDAAN Thomas Johannes	UFS
KAWADZA Jane	US
VAN ECK Elizabeth Catharina	UFS
ZONDI Junaid	WITS

Diploma in Primary Emergency Care of the College of Emergency Medicine of South Africa: Dip PEC(SA)

CARTER Emmie	
CHIPPENDALE Sa-eeda	UCT
DE CASTRO Alexa	
DUBE Mmapula Rainy	
ENGELBRECHT Roland Alberts	
FRITTELLA Lucio Paolo	WITS
GROENEWALD Coenraad Christoffel	UFS
MCALPINE David John	UKZN
MORRIS David	
VAN DER LAAN Herman Johan	
VAN KONINGSBRUGGEN Candice Anne	UKZN



CMSA Minutes

ANNUAL GENERAL MEETING

FIFTY-SIXTH ANNUAL GENERAL MEETING OF THE COLLEGES OF MEDICINE OF SOUTH AFRICA (CMSA) HELD AT 08:30 ON FRIDAY 21 OCTOBER 2011 IN THE SMITH & NEPHEW FOUNDATION ROOM, CMSA BUILDING, 17 MILNER ROAD, RONDEBOSCH

PRESENT

Prof A Madaree	(President) in the Chair
Prof G Ogunbanjo	(Senior Vice President)
Prof J Vellema	(Vice President)
Prof D Kahn	(Chairperson: FGPC)
Prof JLA Rantloane	(Chairperson: ECC)
Prof A Reddi	(Chairperson: EC)
Prof T Zabow	(Honorary Treasurer)
Prof D Govender	(Honorary Registrar: FGPC)
Prof MM Satheke	(Honorary Registrar: ECC)
Prof J Aboobaker	(Hon Registrar: EC)
Dr SM Aiyer	Dr RJ Lehloeny
Prof S Andronikou	Prof BG Lindeque
Prof JS Bagratee	Dr TE Luvheng
Dr EM Beckh-Arnold	Dr DS Magazi
Prof JG Brink	Dr JN Mahlangu
Prof VC Burch	Prof LJ Martin
Dr BT Buthelezi	Prof BM Mayosi
Prof K-W Bütow	Prof AJW Millar
Dr RA Chamda	Prof DL Mkize
Prof AJ Claassen	Dr V Mngomezulu
Dr GA Davids	Prof D Modi
Dr R Dickerson	Dr SBA Mutambirwa
Prof BJS Diedericks	Prof S Naidoo
Prof RN Dunn	Dr E Ndobe
Prof A Ellmann	Prof MV Ngcelwane
Prof JJ Fagan	Prof JM Pettifor
Dr CS Frith	Dr LJ Ramages
Dr HI Geduld	Prof H Saloojee
Prof R Gopal	Prof S Seedat
Prof RJ Green	Prof PL Semple
Dr AMP Harris	Dr F Senkubuge
Prof HP Hartzenberg	Prof LM Sykes
Dr M Heunis	Prof ZM van der Spuy (IPP)
Prof G Kariem	Prof MG Veller
Dr MB Kistnasamy	Prof A Walubo
Dr WGJ Kloeck	Prof JM Warwick
Dr SM le Grange	

Members and others attending by invitation:

Dr ID Huskisson	Dr P Makan
Prof SL Sellars	Prof J Terblanche
Dr TB Welzel	

APOLOGIES

The apologies were noted.

SECRETARY

Mrs Bernise Bothma CEO

IN ATTENDANCE

Mrs Ann Vorster	(Academic Registrar)
Mrs Lize Trollip	(Deputy CEO)
Mrs Jane Savage	(Minute Secretary)

WELCOME

The Chairman thanked everyone for attending the 56th Annual General Meeting.

1. REGISTRATION OF PROXIES

The Secretary/CEO duly registered 84 proxies.

2. MINUTES OF THE FIFTY-FIFTH (56th) ANNUAL GENERAL MEETING, HELD ON 15 OCTOBER, 2010

The minutes were adopted and signed.

3. MATTERS OF URGENCY

None.

4. CMSA ELECTION RESULTS FOR THE TRIENNIUM 2011-2014

4.1 Constituent College Councils and Officers

RATIFIED

The election outcome for constituent College Councils and officers.

4.2 Senate

RATIFIED

The results of constituent College representatives and Diplomat representatives on Senate.

5. MATTERS ARISING FROM THE MINUTES OF THE LAST ANNUAL GENERAL MEETING

None.

6. ANNUAL REPORT OF THE CEO ON BEHALF OF SENATE FOR THE PERIOD JUNE 2010- MAY 2011

The CEO pointed out that the Annual Report of Senate appeared on pages 20-28 of the current issue of *Transactions*, reflecting the activities of the last financial year. The reports of the various constituent Colleges appeared on pages 29-41 of the same issue, and it was very pleasing to note that these were now being submitted by all the constituent Colleges.

ACCLAMATION

The annual report was adopted.

**7. FINANCIAL REPORT OF HONORARY TREASURER:
PROF T ZABOW**

Prof Zabow reported as follows:

“Mr President, ladies and gentlemen, it is my pleasure again to present our Annual Financial Statements. They always look the same, but the figures vary each year. Our operations in the CMSA are becoming more complicated due to size, multiplicity of tasks, and extension of our existing assignments.

These annual statements are on the web, and I have added some Powerpoint® slides that will assist you to cast your eyes over the figures. These statements not only include money matters, but also examination results, as reflected on page 27.

If you want to know what our financial position is, you also need to know what our assets are. Our assets in relation to our property and equipment (page 13) are over R36 000 000, and are evaluated every three years, with the next evaluation being in 2012. The other assets include money for daily expenses, i.e. medals, ties and the money received for the sale of No 23 Rhodes Avenue in Parktown. This money will be invested and utilised at the discretion of the Senate. Our general funds total R24 000 000, which means that we are pretty well off. Special grants in the funds are money in the Durban developmental fund, as well as money allocated to the various constituent College levy funds. Some funds are residual from the HIV project, and others are shown on note 10, page 18.

Let's look at income and expenses on the chart. Although our surplus has increased by 19%, I do not want to alarm you, but it is extremely difficult to evaluate the examination planning, simply because we calculate the figures almost two years in advance, with no knowledge of how many candidates will be writing. There have not been abnormal expenses besides what we have budgeted for, but an annoying trait has been the increasing dishonesty by candidates, leading to arbitration.

What is quite pleasing once the books have been audited, is the receipt of the auditors' management letter, which this year applauded the CMSA for their good housekeeping.”

As a previous incumbent of the post, Dr Huskisson congratulated Prof Zabow for keeping the finances in order, and paid tribute to the Trustees of yesteryear for purchasing the property in Johannesburg for R37 000, which was sold for R2.2 million!

Regarding administrative expenses, Prof Saloojee questioned the increase of +R67 000 in bank charges, and the possibility of reducing this expense. He also referred to postages, and to the discussion in Senate on electronic communications, particularly via e-mail.

Prof Zabow responded that he was very aware of these increases, and had spent money on updating the website, in order to alleviate costs generally. A continual effort was being made to decrease the costs of bank charges. Although *Transactions* was on the website, he supported the postage expenses, simply because this was money well spent, being the only personal contact that the CMSA has with its members.

Prof Veller congratulated the CMSA on its management of the finances, but said that while expenses were well covered by income, and while reserves were adequate for a number of years, the CMSA was changing its position, by becoming the unitary examination group. This necessitated the need to consider a number of issues pertaining to its appointment, viz. whether the additional expenses would be covered, and how this would be achieved. Secondly, he asked what the implications would be if the privilege that the CMSA had been given, of being the unitary examination body, was withdrawn. While these were clearly not threats on the horizon, they should be taken into account for future financial planning.

In response to a query from Prof Bagratee, the Hon Treasurer assured him that the cash flow received from investing activities (page 7) had yielded a very good return.

Prof Zabow thanked Margie Pollock, who has an in-depth knowledge of the finances of the CMSA, the staff in the Finance Department, and the other staff members in the Cape Town office, for their hard work in relation to the College finances.

ACCLAMATION

The President, in turn, thanked the Honorary Treasurer for keeping the College finances on a sound footing.

ACCLAMATION

8. REPORT OF PRESIDENT: PROF A MADAREE

Prof Madaree reported as follows:

“The last year has seen much activity in the College, and I will briefly report on the highlights.

The CMSA has been appointed as the official examining body for the HPCSA for all registrars commencing training from January 2011.

The second important issue was initiation, and setting up of the Audit and Risk Committee. Here, I would like to thank both Profs Rantloane and Veller for their input and expertise.

Thirdly, we have had much more collaboration with the Department of Health, and various members of the CMSA Executive, and other members of the CMSA, have been to meetings with the Ministries for NHR (Human Resource Strategy) and the Advisory Committee on Technology, which underscores the point that they are looking to the CMSA for advice and leadership. This is a great step forward, and predominantly stems from the CMSA Project.

I would like to thank Prof Anu Reddi for spearheading the very successful MPS Workshops held around the country, and for encouraging members to attend these workshops.

The next highlight was the CMSA Project, and I would like to thank Prof Zephne van der Spuy for keeping it going. I believe she has some exciting news in terms of how this is going to expand, but she is not at liberty to disclose details at this stage.

Finally, I extend my appreciation to the Senators and Office Bearers for their input and guidance during my term as President. I also want to thank them for their sage advice, and the principled manner in which they conduct their duties.

The CMSA cannot function without its salaried staff, and I wish to record my sincere appreciation to the CEO and staff in Cape Town, the Academic Registrar and staff in Johannesburg, and the Office Manager and staff in Durban.”

ACCLAMATION

9. REPORT OF CHAIRPERSON OF THE EXAMINATIONS AND CREDENTIALS COMMITTEE: PROF JLA RANTLOANE

Prof Rantloane reported as follows:

“I will take my cue from the President to basically just report on various highlights of our function as the Examinations and Credentials Committee. With our function being that of the examinations, I refer members to some of the policy and guideline documents that are in the public domain, and we urge everyone to familiarise themselves with these.

The first item on which I would like to comment is the examination results, because we measure what we do by the results we return. Of late, there have been a number of queries, challenges and complaints, both from teachers and candidates, about the poor examination results from some of the constituent Colleges. I wish to assure the AGM that we are aware of these problems, and are scrutinising them. In fact, since the last two examinations, it has been a requirement of ECC that when results are presented for ratification, and that problems are identified and discussed. This has led to the establishment of a subcommittee that will interrogate the poor results.

One of the key areas of interest in the period under review has been discussion and activity around the new regulations for specialist registration in this country. The President has already referred to this. Therefore, I hope that members are aware, that as of January 2011, all the intake of registrars who have entered specialist training, now train under a new registration regime. They are expected to undertake the national examination with the understanding always being that the exit examination will be a national one. This means that local examinations such as the MMed can still be taken, but the person will not be able to register with the HPCSA. An issue that has remained unresolved has been the question of the status of the MMed Primary and Intermediate. After much investigation, we have found some kind of resolution. ECC will circulate the resolution of Senate on that matter. Certainly, the implications of the new regulations are that we all have to be open-minded, flexible and adaptable. It can no longer be business as usual as we have to find some kind of accommodation for the dual system that is in existence currently.

Secondly, one of the requirements of the mandate from the HPCSA, when we were recommended as the preferred agent for administration of the National Professional Examination, was that, among other things, we must ensure that an appeals process is in place that is fair and accessible to candidates who have not done well in the examination. A policy document has been produced, but the reason I am raising this point here is because in terms of this new policy, all candidates will now be able to view their scripts, whereas in the past, they only had access to their examination marks. We probably need to change the way in which we evaluate the scripts, in terms of what is written on them.

The third aspect of the examination process pertains to quality control issues. ECC agreed more than a year ago that all components of the examinations must be moderated, and there are guidelines in the policy document as to the various elements of moderation differing from one examination to the other. This is already being undertaken by some of the constituent Colleges, and those who are experiencing difficulties in setting this up should please approach me. Complaints from candidates and the South African Registrar Association relate to lack of moderation and perceived biases and unfairness. We are unable to provide satisfactory answers to those queries because that examination has not been moderated. We are also expected to provide feedback to candidates and their teachers. After every examination, the results are circulated to all the Deans of the Health Science Faculties of the respective universities, who then pass these on to the HODs in order to assist candidates who fail their examinations.

The last aspect of quality control to which I want to refer is the policy on the election of examiners. The request is that every constituent College must have their process of selection and renewal of examiners on paper. The document is available to all the constituent Colleges via the examinations office in Johannesburg. There have also been a number of examiner workshops in various centres that have proved to be very successful.

A final matter has to do with changes to the examination calendar, with regard to the past examination. When ECC plans the dates for examinations, a number of issues have to be considered, i.e. religious holidays. Given the multiplicity of religions in the country, this can be an onerous task. Therefore, the examinations office depends on the information received from the various religious sects in order to avoid dates that may clash with important religious holidays. From time to time, it may happen that we cannot move the examinations completely out of the traditional examination period, and for this, the ECC extends apologies to those who might be affected by these changes.

I extend a very big thank you to Mrs Vorster for making sense of what I was trying to do, and to my colleagues at ECC for the wonderful support. ECC meets on Friday afternoons from 16:30, and many have to travel long distances. We have completed a great deal of work, and I am very proud of the team with whom I had to work. Many thanks to Mrs Bothma for the assistance that we receive from the Cape Town office.”

The President thanked Prof Rantloane for his able chairmanship of this important committee.

ACCLAMATION

10. REPORT OF CHAIRMAN EDUCATION COMMITTEE: PROF A REDDI

Prof Reddi reported as follows:

“For the benefit of new members, the function of the Education Committee is essentially developmental programmes to Mthatha and lectureships, CPD accreditation, and updating of syllabi.

We have had CME updates by Prof Steve Reid in Mthatha, plus a Haematology update and MPS workshops in Mthatha. Lectureships are the Francois P Fouche, Arthur Landau, KM Seedat and Margaret Orford.

Being the last AGM of the triennium, I would like to express my appreciation, acknowledgement and gratitude. Firstly, to the office bearers in Durban, and secondly to the staff, Anita Walker and Antoinette Conning. They are essentially the hub of the unit. They act as anchor and steer the ship.

In 2009, the office cracked the whip with regard to the updating of syllabi. I have to extend my thanks to the various Presidents of the constituent Colleges for responding to that call, with the result that now the syllabi are updated and contain bibliographies. This makes life much easier. My advice to incoming Presidents, and certainly to Heads of university departments, is that when your registrars start on 1 January, your task is very easy because the main function of these itinerants is the passing of examinations. For this, they are asked to refer to the regulations on the CMSA website.

The next highlight for the triennium was the portfolio issue, otherwise known as the logbook. For that, I have to thank Dr Walter Kloeck and the College of Emergency Medicine who provided the template that is now uniformly used by all constituent Colleges. Another piece of advice for incoming Office Bearers is that registration as a specialist in the next few years will require the examination, a dissertation, and formative assessment. The portfolio can be used with additional information as the formative assessment."

Dr Huskisson mentioned that the Trustees had been informed that a vital task of the Education Committee was investigation into development or sale of the properties in Durban.

Prof Reddi apologised for the omission, and reported that the "EC were looking at properties in various Durban suburbs with the hope of finding a suitable venue that would address the needs of the Education Committee".

Prof Madaree thanked Prof Reddi for his proactive Chairmanship.

ACCLAMATION

11. REPORT OF CHAIRPERSON OF THE FINANCE AND GENERAL PURPOSES COMMITTEE: PROF D KAHN

Prof Kahn reported as follows:

"I am going to be brief because the business of the Finance and General Purposes Committee is actually the business of Senate, so most of the matters discussed have also been discussed at Senate. However, I will mention one or two things.

There is now a requirement for the CMSA to be compliant with the new Companies Act, resulting in much deliberation at Senate. A document has been drawn up which will be forwarded to the lawyers to assist them in drafting a Memorandum of Incorporation, in terms of the requirements of the Act.

You heard about the outcomes of the election process, which have also been part of our function. The President has already alluded to the CMSA Project. One of the main aims of the project has been the strengthening of specialists in the country, and it is reassuring to know that the Minister of Health, in several presentations recently, has also alluded to the project.

Prof Zabow has already presented the financial report, and the President has also mentioned the various interactions with the Department of Health and the Health Professions Council.

There is one item on which I would like to elaborate, and that is the transformation policy which has been discussed broadly at FGPC and Senate. This relates to the election process. It has been believed by some that there were problems relating to the transformation issues, when it comes to the election of Council members in the various Colleges. A Committee was established to look into it, and reported back that we should maintain the current transformation policy. You should be aware that some of us might view the transformation policy as bordering on racism, and I will be happy to take questions on that."

On behalf of the Finance and General Purposes Committee and Senate, he thanked the CEO and her staff for their hard work and efficiency in running the College administration.

The President extended his appreciation of the efforts of Prof Kahn in chairing the FGPC Committee.

ACCLAMATION

12. REPORT OF EDITOR OF TRANSACTIONS: PROF GA OGUNBANJO

Prof Ogunbanjo reported:

"For those who are new in the Senate, the tabled copy of *Transactions* should be guarded jealously because it is the 110th edition. Part of the editorial touches on the NHI, and I feel very strongly that the CMSA should be a role player as we move forward in the implementation of this.

We have tried to keep the cost of production with minimum escalation, i.e. a copy of the journal, after adverts, cost R6.83. We are still running a bit high on postage (due to an increase). *Transactions* is now being circulated to 10 490 members, locally, in Africa and overseas. Finally, I always solicit for articles relating to medical and dental education, and those that cut across the various disciplines. Both review, original, and CPD articles are welcome, and should be submitted at least three months before the next issue.

My thanks to Prof Zabow for always ensuring that there are funds to run the journal."

The President thanked the Editor for all his efforts on behalf of the CMSA.

ACCLAMATION

13. ANNUAL APPOINTMENT OF AUDITORS

AGREED

That Deloitte & Touche be reappointed as Auditors for the next year.

Prof Veller believed that there should be a policy in place, empowering Senate to change the Auditors of the CMSA every five years.

AGREED

That this be debated by FGPC.

14. CORRESPONDENCE

None

The business of the meeting was concluded by 12:53.

Annual report of the College of Surgeons of East, Central and Southern Africa

Report of the 12th annual general meeting of the College of Surgeons of East, Central and Southern Africa (COSECSA) held on 7-9 December 2011 in Lusaka, Zambia

The College of East, Central and Southern Africa had its first meeting in 1999, and this was the twelfth one. This incorporated the 62nd conference of the Association of Surgeons of East Africa (ASEA), which was formed in 1949. South African attendees included Prof Del Kahn, Prof Paul Goldberg, Prof Martin Smith (General Surgery), and Prof Larry Hadley (Paediatric Surgery).

The first day was the official opening, and included the graduation ceremony of the recent graduates. The guest of honour was the Minister of Health, who officially opened the congress. There were between 10-15 graduates. Regarding graduation, the main specialities were General Surgery, Urology and Orthopaedics. A newer speciality was Neurosurgery (final examination). Each graduate had to sign a declaration to COSECSA. During this ceremony, lively entertainment was provided by the National Cultural Troupe, with a strong African dance and song theme. There were five

Honorary Fellowship awards given to individuals who have supported COSECSA, and furthered medical care in Africa. The Rahima Dawood Trust Foundation Lecture was then delivered.

The next two days consisted of scientific papers in Surgery, with parallel sessions in Urology and Orthopaedics. It was very interesting to listen to papers on surgical diseases in Africa. There were some fascinating innovations and adaptations to manage these conditions, using the little available resources.

It was heartening to see how there is a definite trend for surgeons and registrars from the COSECSA countries to go abroad to the United Kingdom, USA, and South Africa, to broaden their knowledge and skills. I would like to encourage the constituent Colleges of the CMSA to foster and facilitate such training.

The next meeting of COSECSA is scheduled to be held in Addis Ababa, Ethiopia.

Imaging children gently: a survey of South African radiologists regarding safe computed tomography practice in children

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Keywords: imaging, CT practice, radiologists, survey, children

Abstract

Background: Inappropriate computed tomography (CT) use may lead to unnecessary irradiation of children.

Aim: To determine training, practice, knowledge and perceptions of South African radiologists regarding paediatric imaging and reducing the radiation from CT.

Method: A survey of South African radiologists, attending two meetings, comprised questions on training, experience, radiation limitation, dose, responsibility, and knowledge regarding imaging in children.

Results: Of 49 respondents, 88% had been qualified for over two years, and 10% had no paediatric imaging training. Only 63% felt adequately trained to practice paediatric radiology, yet 92% image children “regularly”. Eighty per cent did not set the scanners personally. Ninety-eight per cent recorded that children were at higher risk than adults from radiation, but only 59% knew that the dose is higher. Ninety-four per cent recorded that reducing mAs would reduce the dose in a child; 55% believed that reducing kV would do this, and 45% said that increasing the pitch would achieve the same. Ninety per cent responded that the responsibility for diagnostic radiation rests with the radiologist. Thirty per cent knew that maxillary sinuses aerate after two years of age. Eighty-two per cent chose a trial of therapy without imaging for suspected sinusitis, while 20% also chose CT and 30%, an X-ray.

Conclusion: Even experienced general radiologists in South Africa demonstrated a limited knowledge of current paediatric imaging and methods to reduce the dose from CT.

Experience in radiology

Eighty-eight per cent of respondents had been qualified to practice radiology for more than two years. Only 10% had no training in paediatric radiology. The remainder had mainly registrar training in a paediatric radiology programme (61%), training from courses, workshops or congresses (33%), or experience in a dedicated paediatric radiology department (25%). Only one respondent had trained as a fellow in paediatric radiology.

Self-perception of adequacy to perform paediatric imaging interpretation

A total of 63% felt adequately trained to practice paediatric radiology, predominantly in a generalist practice. Thirty three per cent felt that they were inadequately trained, but had to perform such a task in their practice, while four per cent felt that they were inadequately trained, and declined procedures because of this.

Paediatric workload

Cumulative results demonstrate that 92% of respondents image children “regularly” or “often”.

Responsibility for computed tomography scanner settings

Only 20% of respondents had personal input in computed tomography (CT) scanner settings to image children in their practice. The rest (80%) did not participate personally in this, or considered it to be a function of another party in the practice, or that of the application specialist associated with the vendor of the equipment.

Radiation and dose reduction in paediatric computed tomography scanning

Most respondents (98%) recorded that children were at higher risk than adults from diagnostic imaging radiation doses, and 86% responded that children have a higher risk of radiation-induced cancer. However, only 59% thought that the actual dose given to the children was higher than that given to the adults.

Ninety-four per cent of respondents recorded that reducing milli-Ampere seconds (mAs) would reduce the dose given to a child. However, only 55% responded that reducing kiloVolts (kV) would reduce the dose given to a child. Twenty-five per cent suggested increasing the kV to decrease the dose, and 45% responded that increasing the pitch would reduce the dose. Thirty-five per cent chose to decrease the pitch.

Responsibility

Ninety per cent responded that responsibility for radiation to a child from diagnostic imaging rests with the radiologist performing the exam. Responsibility was also placed elsewhere. Sixteen per cent felt that responsibility lay with the referring clinicians, while 25% felt that responsibility lay with dedicated paediatric radiologists, 20% felt that the radiologist in charge of practice guidelines should be responsible, 8% felt the radiologist in charge of the practice should be responsible, 29% felt that the radiographer and technologists performing the imaging should be responsible, and 10% felt that the radiographer in charge of the equipment should be responsible.

With regard to setting guidelines, 18% held the local radiological society responsible, 18% attributed responsibility to the local paediatric society, 8% held the medical governing body (the Health Professionals Council of South Africa) responsible, 18% held the international and local paediatric imaging societies responsible, and 4% held the medical aids which set the tariffs responsible.

Paediatric knowledge relevant to imaging: paranasal sinuses

Fifty-seven per cent of respondents recorded that the maxillary sinuses were present, but not fully aerated at birth. Thirty per cent were aware that these only aerate later, suggesting after the age of two or four years. Only eight per cent acknowledged that they were not sure about the development of the maxillary sinuses.

With regard to the management of sinusitis in children, 82% responded that this should include a trial of therapy without a need for imaging, 20% chose CT as recommended imaging for suspected sinusitis, and 30% chose some form of X-ray of the sinuses.

With regard to when to image, 59% recorded that they would either image all children referred to them, or that they were not sure when to image. Only 39% would accept children of two years or older for imaging.

When requested to perform a procedure of little diagnostic value, 28% would accept carrying it out, even if they disagreed with the appropriateness, while only 22% would decline this outright. Over half (53%) would accept doing so, after discussion with the clinician, if they agreed with the appropriateness. Twenty per cent of respondents recorded that they feel pressure from clinicians to perform procedures, even when they were not appropriately equipped, while a further six per cent felt pressure from their practice partners to do so.

Discussion

The few existing paediatric radiologists in South Africa are concentrated in specialised centres, and as a result, most diagnostic imaging of children is performed by general radiologists. Therefore, even though it is desirable for experts to perform paediatric imaging, this is not the reality in practice, and is not unique to South Africa. This survey was designed to determine whether general South African radiologists believed they were adequately trained to report on paediatric imaging, determine

their perceptions with regard to radiation dose and risk to children from CT, and then determine who they believed was responsible for this. In addition, the survey tested knowledge of techniques to reduce radiation in CT practice (the highest source of diagnostic imaging radiation) and used a common clinical presentation, paranasal sinusitis, as a quiz of paediatric knowledge (because of the development of the sinuses through childhood, and because of the optimisation imaging that has occurred over the last 10 years, with clear international guidelines).

Our results are reflective of an experienced group of radiologists (only 12% had less than two years' experience), the majority of whom have had some training in paediatric imaging (90%), and considered themselves adequately trained to perform paediatric imaging as part of general practice (63%). Significantly, 92% of these radiologists see paediatric patients regularly in their practice. It is recognised that because these radiologists in aggregate, perform many paediatric CT examinations, they need to be targeted.¹³

Why are there subspecialists for imaging children?

A third of all paediatric imaging exams involve children in the first decade of life,¹⁴ and it is well described that the younger the child, the higher the risks from ionising radiation.³⁻⁵ It has been shown that radiologists who are less confident imaging small children require higher quality examination be performed for,⁵ which in turn is achieved by using higher radiation doses. In the past, the radiographic penalty for a high dose using traditional radiography, was a dark, non-diagnostic image.¹⁴ This is no longer true for digital imaging. In addition, the ALARA (as low as reasonably achievable) principle which should prevent unnecessarily high doses, leaves individual radiologists with freedom to choose¹⁵, which in turn results in higher doses.

Children are particularly susceptible to the harmful effects of radiation,³ and are up to 10 times more sensitive to these than adults.⁹ Because CT scans are often not planned with children in mind,³ CT parameters are not always adjusted to take into account the age and varying sizes of children.⁴ The dose from a single unadjusted abdominal CT, or a head CT, is nearly 250 times that of a plain chest radiograph, while a CT of the chest is equivalent to 150 chest radiographs.³ They will, as a result, receive a higher dose per unit of time compared to an adult for the same study.^{3-5,14,10} Carcinogenesis above baseline is a true risk for children receiving doses from unadjusted (adult) CT protocols.⁹ Limiting the radiation dose given to a child requires that radiologists are actively involved in designing CT protocols and limiting the examination to the appropriate body region,¹⁰ something which 80% of South African radiologists sampled in this survey failed to do.

Responsibility

Even though 90% of respondents in our study accepted that responsibility for the dose to children from diagnostic imaging lay with the radiologist performing the exam, a number of respondents additionally placed the onus of responsibility on radiographers, paediatric radiologists, practice leaders and governing and supervisory bodies. The medical literature places responsibility on the radiologist who must decide on

the appropriateness of an examination, and must take responsibility for reducing the dose,² and radiologists are urged to take charge of CT.⁷ Physically directing the medical exposure, however, is the responsibility of the radiographer/technician.² This is comparable to a nurse being responsible for administering a drug prescribed by a physician. Increasing radiographer/technologist awareness and understanding of CT doses in children is therefore also recommended.⁷

As radiologists, we have the same responsibility to prevent or minimise over- or under-dosing (of radiation) as other physicians who administer medication.^{5,8} The most effective way to reduce radiation dose associated with CT in paediatric patients is to reduce or eliminate unnecessary or inappropriate CT referral.⁹ This is one of the primary roles of the CT faculty.⁹ Mistakes in dose become medical errors, and should receive the same attention as other medical errors.⁵ Paediatric radiologists, as children's advocates, are therefore obliged to push the system to create an environment where the best test, with the least risk, is used for each child imaged.

CT manufacturers also have a responsibility to produce equipment that minimises the dose to the patient. Before 2001, no CT manufacturer had a programme for dose reduction, and currently all CT manufacturers have this on new equipment.⁹

Some responsibility must also be borne by parents, but to be able to take responsibility, parents require information to be made available to them. One study showed that information provided in a hand-out to parents of children undergoing routine CT, improved their understanding of the radiation-induced risk, but did not lead to parents refusing imaging requested by their physicians.⁴

Responsibility has been taken on by some official bodies. However, despite efforts at regulation, any individual radiologist at this time can use any CT technique on any individual patient.⁵ The American College of Radiologists (ACR) has put in place an accreditation process, but unlike the European Commission, regulation of CT practice for radiologists is not mandatory in the USA.⁵ Accreditation of CT programmes by the issuing of an accreditation logo is one method for a society to reward good practice.⁷ The ACR provides appropriateness criteria.¹¹

Why do radiologists continue to use CT for children?

The benefits of CT far outweigh the individual risks when it is indicated,³ accounting for the continued use in children. Its speed and precision affect clinical care by obviating the need for sedation, additional tests, observation, repeat visits and surgery.^{3,6,9} Seven million CT scans are performed annually on children in the USA.³ The number of CT scans performed has increased from four per cent in 1989, to 11.2% in 1999, representing a 600% increase in a decade.^{4,14}

Do radiologists know enough about dose from CT to children?

CT accounts for the largest component of medically administered radiation dose to the population (up to 75%),^{4,14} which after background radiation, is the greatest source of exposure.¹⁴ The absorbed dose to

tissue from CT can often approach, or exceed, the levels known to increase the possibility of cancer. Atom bomb survivors followed up for 60 years show a linear dose-response relationship (with no threshold) for developing a solid tumour (even at low doses < 150 mSv, comparable to a single CT).³ Radiation from diagnostic radiology can cause cell transformation without any specified minimum threshold, resulting in cancer or genetic problems in descendants.¹⁰ Children are two to 10 times more susceptible than adults, and the younger the child, the greater the risk.⁵ In addition, the higher the dose, the higher the risk, but the severity is independent of the dose.¹⁰ Paediatric radiology imaging has a risk of leukaemia that relates linearly to the number of examinations performed. In practical terms, the projected per cent increase in cancer mortality over natural background is low at 0.35%,³ but in human terms, out of 600 000 abdominal and head CT scans performed in children in the USA, 500 will die from cancer attributable to radiation from the CT.

There are many ways to reduce the dose to a child undergoing a CT examination.

Unrelated to the machine or scan:

- Increasing awareness of radiographers/technologists with regard to dose,⁷ and educating referring clinicians³ and parents.⁶
- Preventing unnecessary investigations³ by checking if they are justified^{3,5} using alternative non-radiological tests or imaging,^{3,5} or limiting the amount of imaging performed.⁷
- Advocacy via the Alliance for Radiation Safety⁸ to stimulate accreditation of programmes,⁷ and pass protective laws, such as those signed recently in California.¹⁸
- Hiring a medical physicist to oversee radiation dose to patients.⁷
- Creating a method of keeping a dose record, much like a growth chart or an immunisation card.⁸

Machine or scan related:

- Employ weight-based or child-sized protocols.^{3,5,7}
- In-plane shielding of eyes, thyroid and breast.^{5,9,10}
- Centre patients in the gantry.⁷
- Use a focused or limited view or limited scan range study.^{3,5,7}
- Perform the scout as PA and limit the scout dose.⁷
- Perform single-phase studies (no pre-contrast, no triple or dual phase)^{3,5,7,10}
- Change the detector configuration. Narrow collimation increases overbeaming, but more detector rows decrease this effect.¹⁰
- CT settings: Decrease the mAs^{7,10,14}, increase the pitch,^{7,10,14} and decrease the kV.^{5,7,10}
- Use current modulation with automatic exposure control in conjunction with a physicist.^{5,7}

Ninety-four per cent of our survey respondents were correct in recording that by reducing mAs, the dose to a child would be reduced. However, only 55% responded that reducing kV would reduce the dose to a child. kV has an exponential relationship with dose, where, for example,

decreasing from 140 to 120 kVp decreases the dose by 40%.^{10,14} In fact, 25% of respondents disappointingly chose to increase the kV, and 35% incorrectly chose to decrease the pitch.

Do general radiologists know that the dose from CT is higher in children?

Almost all respondents (98%) in our survey recorded that children are at higher risk than adults from diagnostic imaging radiation doses, and 86% responded that children have a higher risk of radiation-induced cancer. However, only 59% thought that the actual dose to children was higher than in adults. The risks are higher due to a combination of a higher radiation dose for a given CT exam,^{3,20} a longer lifetime risk per dose of radiation,^{3,5,14} a smaller cross-sectional area receiving a higher dose,⁵ a higher sensitivity of rapidly dividing cells,^{3,14} and a cumulative cancer risk from multiple exams over time (nearly 30% of patients receiving CT have a repeat CT).^{3,14} The risk of developing radiation-induced cancer has been estimated to be five per cent per Sv at all ages, but this figure is closer to 15% if exposed in the first decade.¹⁰ There is a 1 in 1 000 risk for an exposure of 10 mSv.^{3,10} The effective dose of a single paediatric CT ranges from 50-60 mSv.³ The lifetime cancer risk from an abdominal CT in a one-year old is 1 in 550, and for head CT in a one-year old is 1 in 1 500.

Do general radiologists know enough about paediatric imaging protocols to avoid imaging inappropriately?

There are many drivers of increased CT use in children. These include a high availability,³ refinements in technology, such as a multi-detector CT,^{3,5} a financial incentive in fee for service programmes,⁹ self-referral, use of outside radiology, media coverage and resultant public pressure to use high-end imaging techniques,⁹ overcautious ordering by clinicians acting defensively due to malpractice fears,⁹ the advantages of the speed of CT above, and most importantly because of, personal experience of radiologists and empiric use. Personal preferences and a variety of practice standards from institutions to national guidelines offer a range of acceptable practices.⁵ Patients have a poor understanding of what a radiological exam entails, and its potential risks,⁶ and they cannot evaluate what is offered for their children adequately. This gives the general radiologist freedom to act within the law and society guidelines, even when practicing contrary to evidence-based medicine and current practice.

We chose to ask questions on the imaging of sinusitis in children because published guidelines have been available for some time, and because current protocols recommend focused CT as the investigation of choice when imaging is indicated.¹¹ Furthermore, protocols do not indicate imaging for the initial diagnostic workup of acute sinusitis, especially in children under six years of age because of the dose,^{11,12} and because of the progressive development of the sinuses through childhood.¹² Our survey demonstrated that less than two thirds of radiologists knew sufficient detail regarding the development of the maxillary sinuses. ACR

appropriateness criteria recommend “no imaging” for acute sinusitis in children, and only coronal CT, when imaging is indicated.¹¹ However, 20% of our respondents incorrectly indicated that they would use a single-view sinus radiograph; of concern, 4% recorded that they would use a series of sinus radiographs, and only 20% correctly recorded that they would use a coronal non-contrast CT. Plain radiographs overdiagnose the soft tissue changes of sinusitis, and show a 75% discrepancy with the gold standard for sinusitis.¹¹

Thirty nine per cent of respondents recorded that they would image all children referred, cancelling the “trial of therapy without imaging” philosophy. They may believe clinicians have already tried medical therapy before referring for imaging. Only 20% recorded that they were not sure when to image. This indicates a 59% inappropriate use of imaging involving irradiation of the eyes and thyroid.

Are general radiologists justified in assuming that clinicians know what is best when accepting referrals?

It has been shown that radiation dose is not an important consideration for clinicians when they refer their patients for diagnostic imaging,^{2,4} and that 93% of doctors underestimate the dose of diagnostic imaging. It is thought that between 10-30% of investigations in children are unnecessary,³ and 20% unhelpful.² Up to one third of children’s CT scans are not pertinent to the diagnosis or management, and nor is CT the best test. More experienced clinicians (qualified for more than 10 years) have a worse understanding of new imaging modalities and their dose implications. Referring services also learn the terminology that will move their request through the system for a procedure to be performed,⁹ and in many instances, radiologists have made CT the easiest imaging test to get. A large proportion of South African radiologists, in our survey, would accept all referrals for imaging sinuses (39%). Including those who were not sure what should be done (20%), this represents almost two thirds who would image children inappropriately. In addition, there were respondents who would even perform imaging that they know is of little diagnostic value (28%), and those who feel pressure from clinicians or their partners, even though there may be dedicated paediatric imaging services available nearby (26%).

Why have some measures and advancements failed?

New measures, which have been employed by manufacturers to reduce radiation and record dose, have not been designed with children in mind. The CT dose index (CTDI) and the dose length product (DLP) which are current measures of radiation dose available on modern CT scanners, are calculated on adult phantoms and give the same value for a particular CT setting, regardless of age or size of the patient.¹⁰ Incredibly, the CTDI in a newborn, for example, underestimates dose to the head by 35%, the thorax by 275%, and the abdomen by 300%.⁹ The addition of automatic exposure control (ACE) to new scanners, intended to reduce dose to patients depends on thickness of the body,¹⁴ and may cause an increased dose to a child if not set up correctly by a physicist.^{5,7}

New multi-detector scanners result in over-ranging which contributes to dose, and is greater when there is a smaller range of coverage. Limiting the range covered by CT for decreasing the dose may also have the opposite effect of increasing the dose.⁵ Guidelines for weight-based scanning have only recently become available (2001-2003),¹⁴ but radiographers and radiologists are not universally trained on dose-saving features for CT.⁸ When trying to inform parents, this is compounded by the difficulty of conveying complicated information in an understandable manner.⁶

Is it reasonable to expect general radiologists to know about paediatric protocols and radiation?

The media frenzy in the USA after published data regarding the dose to children from paediatric CT in 2001 set into motion a concerted effort to raise awareness, improve practice, and influence manufacturers to produce low-dose CT products and radiation monitoring devices. The “image gently” campaign was subsequently launched by the Society of Paediatric Radiology with flurry of articles^{7,8,13} following on from the formation of the Alliance for Radiation Safety in Paediatric Imaging in 2007.¹³ The alliance includes 30 international organisations, and represents over 500 000 members who image children using ionising radiation.⁸ The activities are published in the *American Journal of Roentgenology*,^{7,8,13} making them widely available. In addition, imaging protocols are provided free of charge via the website, www.imagegently.org,¹³ and are independent of machine or manufacturer. It is therefore reasonable to expect contemporary radiologists to be adequately informed for using CT appropriately in children.

In 2003, Hollingsworth et al surveyed paediatric radiologists in the USA, and showed that only four per cent used appropriate kVp, 33-42% used a lower than recommended pitch, only 22-33% used appropriate mAs, and that nearly 40% used excessive, or even extremely high, mAs, the biggest determinant of dose. Furthermore, up to 40% were not aware what technique was in use at their institution with regard to the parameters affecting radiation dose. This not only mirrors our results, but is more concerning, since these were paediatric radiologists, who with their training and interests, as well as dedicated practice environment, should have yielded better results.

Limitations

This study is limited by the amount of radiologists surveyed. The 49 radiologists who responded during two radiology meetings represent approximately 14% of private practice radiologists from a total of 340 paid-up members of the Radiological Society of South Africa. This is a better response rate than Hollingsworth et al (12.3%) who surveyed the Society of Paediatric Radiology membership via a web questionnaire. There is inherent bias using questionnaires, particularly with regard to sampling, where

only responsible radiologists may take the time to complete a questionnaire, and because of the fixed number of responses allowable. We structured our questionnaire to assess what we perceived as the most important knowledge of radiation dose, and used a common clinical scenario which has established, and well published international guidelines.

Recommendations and solutions

Education through training centres and using continuous professional development programmes, e.g. www.imagegently.org, is a primary recommendation, and has been shown to improve knowledge.⁴ Developing an accreditation procedure for using high-dose equipment, such as CT, or for imaging special patient groups such as children through the governing body or the local radiological society, is an effective mechanism, but may be opposed strongly by private practices functioning in a pay-for-service environment. Providing guidelines, and making them available through the local society, is probably the most acceptable way of initiating an awareness programme. Guidelines are already available internationally however, and are largely ignored by general radiologists in an “un-policed” environment. An obligation to have guidelines posted within radiology departments may be the first step. Lastly, simple measures such as a dose record, much like a growth chart or immunisation chart, or health “credit” card containing an imaging history, as well as providing CTDI/ DLP measurements from child-based phantoms, will assist in some way to improve practice.

The South African Society of Paediatric Imaging was formed in 2011 and has produced nationally acceptable guidelines to be disseminated by the Radiological Society of South Africa. In addition, a sticker version of the SASPI logo has been designed for visibly certifying departments as “child friendly”.

Conclusion

General radiologists in South Africa, even when experienced and confident in performing imaging on children in general practice, have poor knowledge of current trends in paediatric imaging practice, and relatively poor knowledge on methods to reduce the dose from CT. It is not acceptable to image all children referred from clinicians. Radiologists must make decisions on whether imaging is warranted, and what imaging is most suited. Knowing methods for reducing radiation, but not implementing them personally is irresponsible. It is time for local guidelines to be made available. We can expect antagonists of radiologists to attempt to institute laws that impact negatively on patient care by restricting the use of CT. We must therefore face our responsibility to image children safely, without concern for our profits, and thereby protect not only children that are in our care, but also our profession which serves the community.

There is no conflict of interest regarding the subject matter. The authors thank the Radiological Society of South Africa and its members for their co-operation in this survey.

Table I: Results of a survey of South African radiologists with regard to computed tomography practice in children, perceptions of radiation dose and methods to reduce computed tomography dose

Category	Question	Number (%)	Cumulative results
Experience	More than or equal to 2 years practice	43 (88%)	
	Less than 2 years of practice	6 (12%)	
Training	Fellowship	1 (2%)	44 (90%)
	Experience in a dedicated paediatric radiology department	12 (25%)	
	Courses/workshops/congresses	16 (33%)	
	Registrar in dedicated paediatric radiology department	30 (61%)	
	No training in paediatric radiology/refer elsewhere	5 (10%)	5 (10%)
Self perception - feeling...	..adequately trained to practice as a paediatric radiologist	2 (4%)	31 (63%)
	..adequately trained to practice paediatric radiology as part of a general practice	29 (59%)	feel adequately trained
	..inadequately trained to perform paediatric radiology but have to do it in their practice	16 (33%)	18 (37%)
	..inadequately trained to perform paediatric radiology and decline this work in their practice	2 (4%)	feel inadequately trained
Quantity of paediatric imaging work	Regularly (3-10 paediatric cases per week)	23 (47%)	45 (92%) image paediatric cases in significant numbers
	Often (a few paediatric cases per day or many cases a few times a week)	19 (39%)	
	Many paediatric cases every day	3 (6%)	
	Almost never / rare	3 (6%)	
	Abstained from responding	1 (2%)	
Involvement in CT scanner settings for children	Set with personal input	1 (2%)	10 (20%) had personal involvement in CT settings
	Set personally case by case	2 (4%)	
	Checked personally	7 (14%)	
	Played no part personally	4 (8%)	39 (80%) of responders relied on others for CT setting
	Set by application specialist	23 (47%)	
	Set by a colleague	12 (25%)	
	Set by a radiographer	11 (13%)	
Understanding radiation	Children are at higher risk from radiation: YES	48 (98%)	
	Children are at higher risk from radiation: NO	0	
	Children are at higher risk from radiation: Abstained	1 (2%)	
	The dose is higher to children: YES	29 (59%)	
	The dose is higher to children: NO	11 (23%)	
	The dose is higher to children: Abstained	9 (18%)	
	Children have a higher cancer risk from radiation: YES	42 (86%)	
	Children have a higher cancer risk from radiation: NO	3 (6%)	
	Children have a higher cancer risk from radiation: Abstained	4 (8%)	
How to reduce the dose in CT	Decreasing mAs: YES	46 (94%)	
	Decreasing mAs: NO	1 (2%)	
	Decreasing mAs: ABSTAINED	2 (4%)	
	Increasing mAs: YES	1 (2%)	
	Increasing mAs: NO	46 (94%)	
	Increasing mAs: ABSTAINED	2 (4%)	
	Increasing kV: YES	12 (25%)	
	Increasing kV: NO	27 (55%)	
	Increasing kV: ABSTAINED	10 (20%)	
	Decreasing kV: YES	27 (55%)	
	Decreasing kV: NO	12 (25%)	
	Decreasing kV: ABSTAINED	10 (20%)	
	Increasing pitch: YES	22 (45%)	
	Increasing pitch: NO	17 (35%)	
	Increasing pitch: ABSTAINED	10 (20%)	
	Decreasing pitch: YES	17 (35%)	
	Decreasing pitch: NO	22 (45%)	
	Decreasing pitch: ABSTAINED	10 (20%)	

Table II: Results of a survey of South African radiologists with regard to responsibility for imparting a radiation dose, knowledge regarding development, management and imaging of sinusitis and responses to performing imaging of limited value in children

Category	Question posed	Number of responses	Cumulative
Responsibility for imparting a medical radiation dose	Radiologist performing the examination	44 (90%)	
	Radiologist in charge of paediatric imaging	12 (25%)	
	Radiologist in charge of setting guidelines	10 (20%)	
	Radiologist in charge of the practice	4 (8%)	
	Radiographer doing the exam	14 (29%)	
	Radiographer in charge of equipment	5 (10%)	
	Referring clinician	8 (16%)	
	Radiological society - Local	9 (18%)	
	Paediatric radiology society - Local	9 (18%)	
	Health Professional Council of South Africa	4 (8%)	
	Radiological society –International	9 (18%)	
	Paediatric Radiology Society –International	9 (18%)	
	Medical Aids / Insurance companies	2 (4%)	
	Knowledge of sinus development	Sinuses are present but not aerated at birth	28 (57%)
I don't know		4 (8%)	
None of the choices are true		1 (2%)	
Maxillary sinuses aerate at 2 years of age		8 (16%)	30% had knowledge appropriate for imaging sinuses
Maxillary sinuses aerate at 4 years of age		7 (14%)	
Imaging of sinusitis	Trial of therapy	40 (80%)	
	Coronal CT non-contrast	10 (20%)	
	MRI no Gadolinium	3 (6%)	
	Plain sinus radiograph series	2 (4%)	
	Plain sinus radiograph single view	10 (20%)	30 % inappropriate
	Not sure	3 (6%)	
When to image sinusitis	I image all referrals	19 (39%)	59% inappropriate
	I am not sure	10 (20%)	
	Only children over 2 years of age	19 (39%)	
	Abstentions	1 (2%)	
Accepting a referral of little diagnostic value	Have no choice and perform study	5 (10%)	28% inappropriate
	Accept the referral even if disagree	9 (18%)	
	Decline procedure	8 (16%)	
	Make alternative imaging arrangements	3 (6%)	
	Accept only if agree	26 (53%)	
Response to a paediatric referral when there are paediatric services nearby	Justified to personally perform the procedure	17 (35%)	
	Refer the patient out	17 (35%)	
	Pressure from clinicians to perform study	10 (20%)	26% inappropriate
	Pressure from colleagues to perform study	3 (6%)	
	Abstentions	2 (4%)	

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Erratum

Dr Nina Diana, was the 2011 recipient of the Asher Dubb medal for the FCP Part II, and not the Campbell McFarlane Medal. The CMSA wish to apologise profusely for publishing the incorrect information with Dr Diana's photograph in the previous edition of Transactions on page 9 and for omitting her name on page 23 as part of the 2010/2011 medallists.

ASHER DUBB MEDAL: Nina Elisabeth Diana, FCP Part II

Announcements

South African Sims Fellowship Sub-Saharan Africa 2012

Nominations are invited from Presidents of eligible Colleges for the above fellowship. The objective of the Fellowship is to establish and maintain educational development programmes in sub-Saharan Africa. The disciplines of medicine that are eligible for the South African Sims Fellowship are the same as those that are eligible for the Sir Arthur Sims Commonwealth Professorship, i.e. Anaesthesia, Cardio-thoracic Surgery, Medicine, Neurology, Neurosurgery, Ophthalmology, Orthopaedics, Otorhinolaryngology, Paediatrics, Plastic Surgery, Surgery (General), and Urology.

The nomination must be submitted with the nominee's CV, a motivation from the President of the College (as above), and an outline of the proposed visit.

Nominations should reach the Chairman, Education Committee (CMSA), PO Box 59185, Umbilo 4075, by **31 May 2012**. Electronic submissions will also be accepted, and these should be sent to Anita Walker at walkera@ukzn.ac.za

Further information regarding the fellowship can be obtained from Anita Walker at telephone: (031) 260 4438; fax (031) 260 4439; or e-mail walkera@ukzn.ac.za

Robert McDonald Rural Paediatrics Programme

The late Prof Robert McDonald founded the above programme in 1974 for "the propagation of Paediatrics in the more remote and underprivileged parts of South Africa, by an occasional lecture or visit by someone in the field of the care of children".

Requests for funding are invited from teams of medical practitioners and senior nursing staff to travel to remote centres and areas to promote paediatrics, child health and the better care of children, and to disseminate knowledge in that field, especially in underprivileged communities. This can also include visits by medical practitioners or nurses working in remote areas, to larger centres or centres of excellence. Applications should include a programme and a budget.

The closing dates for applications are 15 July and 15 January of each year. Guidelines pertaining to the programme can be requested from Anita Walker, 12 Glastonbury Road, Umbilo 3001, telephone: (031) 260 4017; fax: (031) 260 4439; and e-mail: walkera@ukzn.ac.za

Towards Imperial unity

Reflections from the 2011 Sir Arthur Sims Commonwealth Travelling Professorship



Sir Arthur Sims, who became an Honorary Fellow of the CMSA in 1954



John Windsor (right) at the graduation of The Colleges of Medicine of South Africa, with Prof Del Kahn, President of the College of Surgeons CMSA

Arthur Sims was born in England and ultimately retired there, but it was in New Zealand that he was raised, from the age of three. Fame first came to him as an international cricketer, sharing the world record 8th wicket partnership for first class cricket, at 433, which still stands and outscoring WG Grace in their last innings together, with 127 not out. In the course of his cricketing career Sims captained teams in England, Australia and New Zealand.

His business success came later in the meat packing industry. Ultimately, his business interests spread to Australia and the UK, where he also became a financier. He was feted with three honorary fellowships, an honorary LLD and finally a knighthood in 1950.

Among the many philanthropic contributions of his later years was the establishment of the Commonwealth Travelling Professorship which bears his name. It is administered through the Royal College of Surgeons in England (RCSEng), while an Advisory Board comprised of the current Presidents from the major Royal Colleges (England, Canada, Australasia and South Africa) and chaired by Sir Peter Morris, past President (RCSEng), selects a nominee.

When the letter arrived to say that I had been selected as the Sir Arthur Sims Commonwealth Travelling Professor for 2011, there was little information about its history, standing or purpose. Google unearthed an incomplete list of previous notable recipients, a veritable parade of surgical knights of the realm. I read news articles and reports of prolonged voyages and exhausting itineraries, one including visits to 41 institutions.

While the early recipients were selected principally from the UK, more recently the list includes those from many other Commonwealth countries. For me, at least, it was pleasant to find that Sir Douglas Robb was awarded this professorship in 1960. He was my father's first Head of Department at the Cardiothoracic Surgical Unit at Greenlane Hospital and he was the founding father of the School of Medicine at the University of Auckland where I am now employed.

Objective and duties

My readings also uncovered the objectives and duties of the Professorship. One noted objective was to encourage 'Imperial unity'. I wondered how that would go down in India, where in the year after

the professorship was founded in 1946 the British were overthrown and the leaders replaced imperialism with the largest democracy in the world. The other objectives were more timeless, if a little daunting. It was to 'establish closer links between scientific workers in the Dominions and in the older seats of learning and centres of research'; and it was to 'benefit thereby the people of all nations'. The duties stated that the professor is required 'to travel from the country normally resident (UK, Australia or NZ) to any other Dominion of the British Commonwealth', for the purpose of 'assisting in the advancement of medical science by lecturing, teaching or engaging in research'. The duties are 'ambassadorial and academic'.

The duration, centres and itinerary were to be determined by the Professor's own 'interests, aptitude and individual commitments'. Annual and other important meetings are sometimes arranged to coincide with the visits.

His biographer records that Sir Arthur's 'only additional stipulation was that the professors should be accompanied by their wives, and that care should be taken to see that they had their week-ends left as free as possible so that they might not be over-worked, but have an opportunity of relaxing and enjoying their surroundings'. Alas, I went alone.

Itinerary

It was a challenge to put together an itinerary that met the requirements to visit Commonwealth countries, engage with surgical colleges, and contribute academically to conferences and institutions. In the end I circled the Indian Ocean, counter-clockwise, by visiting Australia, Singapore, India and South Africa.

I had official visits with the Colleges of Singapore and South Africa, and had considerable dialogue about the inauguration of the College of Surgeons in India. There were also plenary and invited lectures at the Congress of the Asia-Pacific HPB Association in Melbourne, the Asia-Pacific Digestive Week in Singapore and the National meeting of the Indian Association of Surgical Gastroenterology in Jaipur. These were interspersed with visits to hospitals and institutes that involved teaching rounds, multi-disciplinary meetings, case presentations, lectures and other activities.

My visit to the University of Cape Town was fortuitous as the Department of Surgery was running the final Fellowship examinations at the time. Impressions included the wide range of candidate performance, the relative absence of women and the broad range of ethnicities. It was a pleasure to join the official stage party for the graduation against the backdrop of the beautiful Table Mountain.

Themes

The principal theme for the professorship was 'developing academic surgery' since this is the main focus of my involvement in our own College. The other two themes of the professorship were in relation to the role of simulation in surgical training and aspects

of acute pancreatitis research. Our focus in this research relates to novel aspects of the pathophysiology of acute pancreatitis, a new classification of severity and the development of less invasive approaches to treating necrotizing pancreatitis.

General reflections

It would be fair to say that this trip exceeded my hopes and expectations. I gained so much, not least through meeting wonderful colleagues in four countries, all of whom I now count as friends. The high quality of surgical work, often under very demanding conditions, was notable wherever I went.

The challenges of surgery are similar around the world, including resource limitations, workforce shortages, clinical workload, but in India and Africa they are of an order of magnitude greater than any I have ever had to face. This was a salient reminder that much can be achieved with few resources. The keys to success, no matter what the setting, are motivation, attitude, perseverance and wisdom, according to one Buddhist colleague.

Ambassadorial reflections

It was of great interest to interact with three colleges in three different countries in three very different situations. Our College, by way of comparison with all three, has a very wide remit, provides strong programs and is a unifying force for surgery in Australia and New Zealand.

In Singapore the College is well constituted, but appears to have a limited role despite considerable potential. In India, there has never been a College of Surgeons, and the traditional functions are performed by a number of bodies, sometimes competing with each other. It was a surprise to discover that a College of Surgeons was to be inaugurated the day after I left the country. It was even more of a surprise to discover that many of the leading surgeons whom I met did not know of it. Time will tell whether the College of Surgeons of India will be truly representative, and become well constituted and influential.

In South Africa the impression was that the College of Surgeons, because it was one of more than 20 Colleges within the umbrella of the College of Medicine, was somewhat constrained. But there was strong leadership and a will to continue to develop surgery, taking it forward within a country committed to full transformation.

My interactions with the office bearers from each of these Colleges was very positive and constructive. The importance of invigorating training programs, developing better assessment processes, and how best to promote research were all grappled with.

I am aware of a debate within our own College about the extent to which the RACS should develop relations and contribute to sister Colleges, particularly those beyond the Asia/Pacific rim. The Professorship showed me that the RACS has much to learn from other Colleges. We are in a global workplace and we stand to learn

from each other, and when the stakes are high, innovative solutions to largely generic challenges are readily spawned in developing and transitional nations.

The Professorship also reminded me that the RACS has much to offer, especially through its mature policies and programs. From my formative years I hear someone saying that 'to whom much is given, much is required'. And so it is that our College will be enriched if we demonstrate our professionalism, collegiality and empathy, and seize opportunities to help, where ever possible and even when our means are tested.

Academic reflections

Opportunities to contribute academically were many and varied, and exhausting. It struck me that there are two great impediments to academic progress in India and Africa. First is the sheer weight of clinical work, which leaves little time to think and reflect, to audit and research.

The second impediment is that aspect of culture whereby leaders and those in authority are not traditionally questioned. The status quo is rarely challenged and opportunities for improvements in systems and outcomes languish. At times I felt that the evidence pyramid was upside down with the professor's 'expert opinion' (level 5) sometimes over-riding that healthy scepticism which needs to be encouraged. In cultures within which deference has been engrained,

where surgeons are revered as teachers and leaders, it is difficult for nursing staff and junior colleagues to question and to participate in flat team structures.

It was interesting to see how this has created difficulties for the full introduction of the surgical safety checklist, for instance. Surgeons need to take the lead in this instance, encouraging active participation. The abundance of clinical cases and the difficulty of finding time for research means that different employment models need to be considered, to ensure protected time for research and improvements in care. The heads of institutions need to endorse the long-term benefits of research by the way of modified contracts.

Conclusion

It has been an honour to travel and contribute as the Sir Arthur Sims Commonwealth Travelling Professor for 2011. The objectives and duties allowed great freedom in the design of a full and rewarding program. The hospitality and response from those I met has been humbling, and I came away feeling that I gained much more than I contributed. Although there is no way of measuring whether 'Imperial unity' was encouraged, I know that surgery as a whole can only benefit from such opportunities.

John A Windsor

University of Auckland

Sims Travelling Professors through time

Name	Year	FRACS	Country
Hugh William Bell Cairns (First Sims Travelling Professor)	1948		Australia/UK
Harold Robert Dew	1953	FRACS	Australia
Benjamin Rank	1958	FRACS	Australia
George Douglas Robb	1960	FRACS	New Zealand
Edward Stuart Reginald Hughes	1965	FRACS	Australia
John Loewenthal	1970	FRACS	Australia
Barrie Russell Jones	1972	FRACS	Australia
Tran Sri GB Ong	1977	Honorary FRACS	Hong Kong
Graham Douglas Tracy	1978	FRACS	Australia
David George Pennington	1981	FRACS	Australia
James May	1987	FRACS	Australia
John Philip Chalmers	1989	Honorary FRACS	Australia
Geoffrey Ian Taylor	1993	FRACS	Australia
Ian Jeffrey Constable	1994	FRACS	Australia
Andrew Henry Kaye	1997	FRACS	Australia
Wayne Allan Morrison	2000	FRACS	Australia
Guy John Maddern	2005	FRACS	Australia
John Albert Windsor	2011	FRACS	New Zealand

The Colleges of Medicine of South Africa proudly present
The Arthur Landau Lecturer for 2012
Professor Willie Mollentze

Professor/Chief Specialist, Internal Medicine, UFS

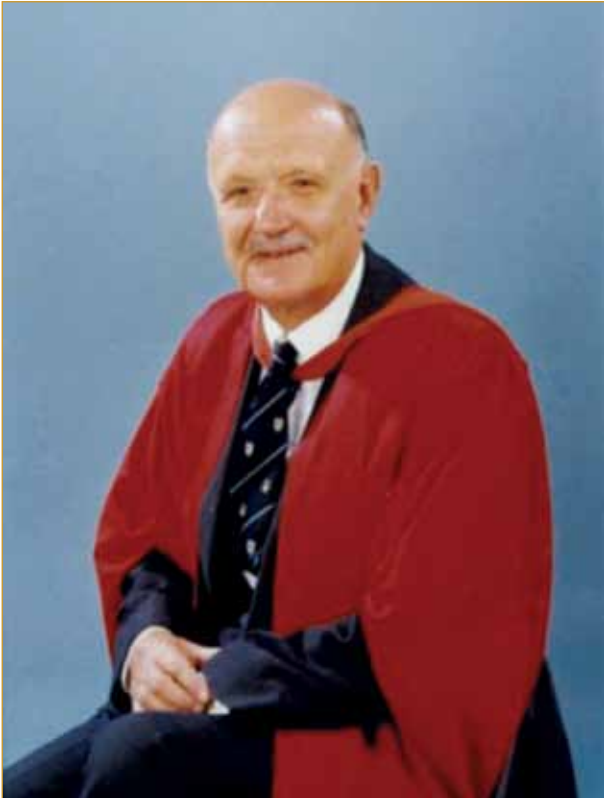
Professor Mollentze's lecture is entitled:

“THREE DECADES OF OBESITY RESEARCH: IMPLICATIONS FOR CLINICIANS”

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ALL WELCOME

Obituary: Prof Hans de Villiers Heese



Dear colleagues,

It is with sadness that I write to let you know that Prof H de V Heese, former head of Paediatrics at UCT, passed away on Friday, 27 January, two weeks after his wife, Margaret. They were married for more than 50 years. Please note that Prof Boet Heese passed away on 27 January. He was a member of College Council (now Senate) from 1974-1977, President of the College of Paediatricians, obtained life membership of the College in 1994, and was admitted as a Fellow *ad eundem* in 2007. Refer below to the message of condolence received from UCT. We also extend our sincere condolences to his children and grandchildren.

Boet Heese was the second Professor of Paediatrics and Child Health, UCT, and built on the foundations laid by Findlay Ford.

He served as Professor from 1970-1989. This was a time when Paediatrics was in its infancy. Prof Heese was a highly respected academic, having trained in pulmonology in Bristol. He obtained his MD in lung function testing. He was known for his outgoing personality, integrity, sincerity, extraordinary vision and superb ability to mentor and develop people. As a consultant at Groote Schuur Hospital, he started the first neonatal intensive care unit, raising funds for Fellows and equipment, and introducing the ventilation of neonates. In 1968, he was appointed as Professor of Paediatrics and Child Health at the University of Witwatersrand.

After his return to UCT, the Department grew in remarkable ways under his leadership, becoming a major academic centre and force for child health. The breadth of his contributions is staggering. They included the development of clinical services, training programmes and research in child health. He led the development of the Institute of Child Health, of the Child Health Unit, of an expanded platform for general paediatrics, of a number of new paediatric sub-specialties, of the first poisons centre, and of a training programme for nurse practitioners, among others. During his tenure, record numbers of MD and PhD students graduated in the Department of Paediatrics.

He was a great advocate for child health. He leaves a wonderful legacy of many structures that he created or grew, and many people whom he mentored, who became leaders in their fields. The standing of the Department today, and of the Red Cross War Memorial Children's Hospital, nationally and internationally, is a great tribute to his leadership, vision and many contributions. We offer our sincere condolences to his son Jake, his daughter Sue, and his grandchildren, Ashleigh and Abbey.

Best wishes
Heather (UCT)

Sir

Having recently returned from the USA, where I attended the conference of the American Academy of Ophthalmology in Orlando, Florida, I opened my copy of *Transactions* [55(2)] and read Prof Anil Madaree's President's Report.

The points articulated in it resonated with me to such an extent that I was galvanised to put pen to paper, or more accurately, fingers to keyboard, as I could personally vouch for their veracity.

It was my first trip to the USA, and I must admit that I was awestruck by the sheer magnitude and organisation of the conference. But I was also impressed by the relative youth (30-somethings) of a large number of the presenters who were either in Fellowship positions, or who had completed their Fellowships. There was also a larger percentage of female presenters there than I have seen at most other conferences

that I have attended. Many of these young ophthalmologists were pursuing their doctoral degrees, or were in post-doctoral posts.

There were a few resident (Registrar) presentations as well, but the difference in the quality between these and the Fellows' presentations was obvious.

Local annual conferences, e.g. The Ophthalmological Society of South Africa, should serve as forums for presentations of the research findings of these Fellows, in addition to having them published in peer-reviewed journals.

In the discipline of ophthalmology, I believe there is a definite need for Fellowship positions in the sub-specialties of oculoplastic surgery and vitreo-retinal surgery.

Sincerely

Dr Jhetam
Parktown, Johannesburg



CMSA

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