



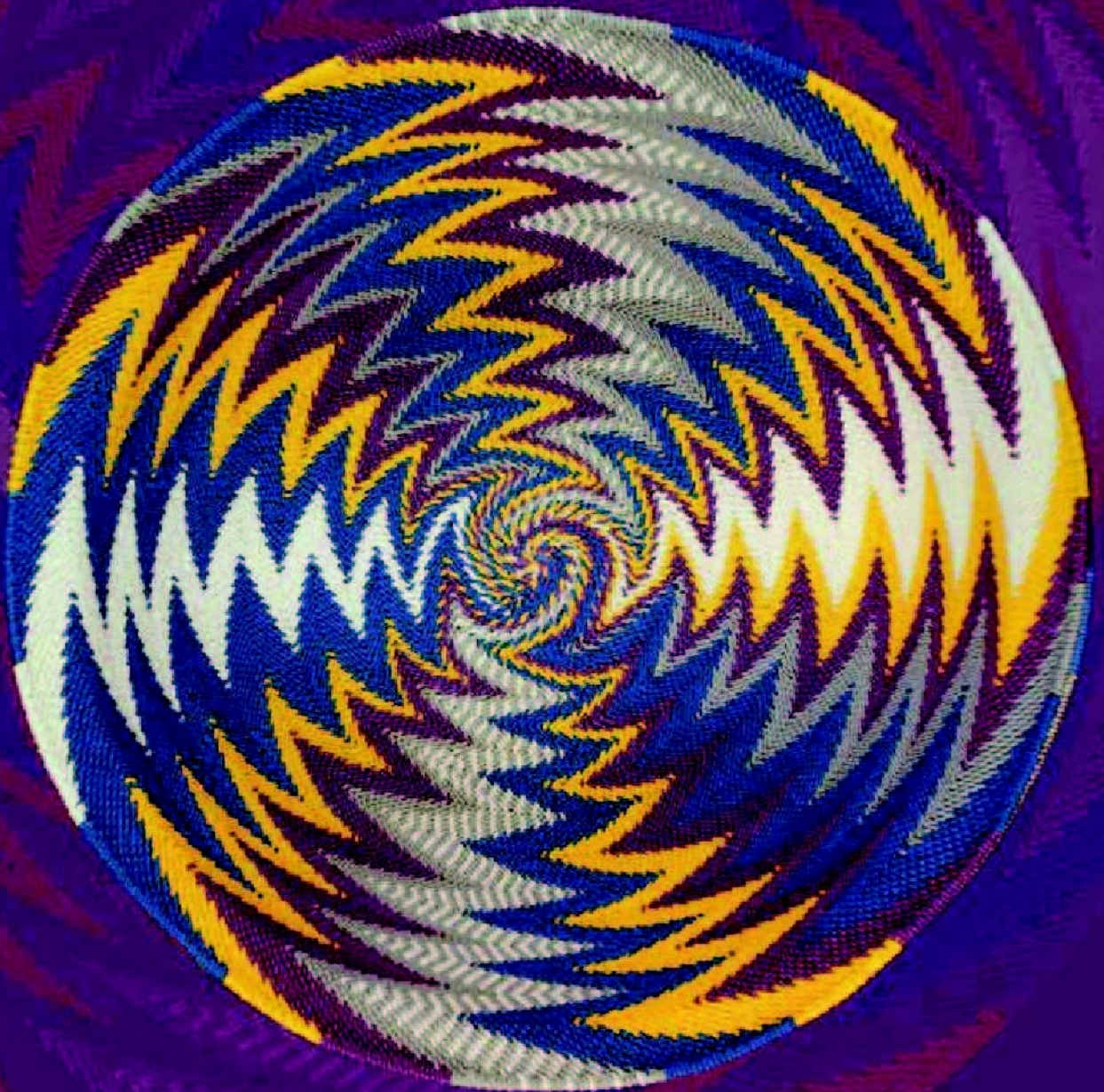
# TRANSACTIONS

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Admission Ceremony May 2012



## CMSA Senate

21 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:

#### Annual Subscriptions

##### Local:

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
<b>Joining Fee</b> : Fellowship by Peer Review	R 1 000.00
<b>Registration Fee</b> : 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)*

#### Purchase or Hire of Gowns and Hoods

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

<b>Occasional hire:</b> Gown and hood	R 180.00
Gown only	R 120.00
Hood only	R 80.00
<b>Purchase of hoods</b>	R 280.00
<b>Cost of Past Examination Papers</b> (per set of 6 papers)	R 50.00

### PAYABLE BY THE CMSA:

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

Senators, examiners and staff <i>(local)</i>	R 286/day
CMSA delegates <i>(overseas)</i>	\$ 215/day

#### Honorarium *(local subsistence)*

Local examiners : R276 per day less PAYE of R71.50	R 214.50
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<b>Remuneration for Setting FCS(SA) Part I Papers</b>	R 340.00
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#### Remuneration for Invigilating

*(not applicable to salaried personnel of the CMSA)*

Per session	R 225.00
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#### Remuneration for Secretarial Assistance

*(not applicable to CMSA staff)*

The following sliding scale applies:

Hours worked	Remuneration	Hours worked	Remuneration
Up to 8 hours	R 50 per hour	26 – 30 hours	R 1 130.00
08 – 10 hours	R 460	31 – 35 hours	R 1 260.00
11 – 15 hours	R 660	36 – 40 hours	R 1 400.00
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

## The economic recession and illness



In May 1934, an editorial comment titled, *Sickness and the economic depression*, was published. This was based on a survey that recorded illnesses for a three-month period in 1933 and an income and employment record for four years for 12 000 families in 10 USA cities following the Great Depression. The investigators concluded that “the highest illness rate was reported

by a group which was in reasonably comfortable circumstances in 1929, but which had dropped to comparative poverty by 1932”.<sup>1</sup>

You may be wondering about my editorial choice at this moment in time in the history of the world. The reason is not far-fetched. We seem to be heading for a second round of recession, following the 2008-2010 global recession which affected the developed world primarily, with varying degrees of contagion in the developing countries, including South Africa. Up to a million jobs were lost in South Africa, and more are still being lost, particularly in the Euro zone. Some of the heavily indebted nations such as Greece, Spain, Italy and Portugal are still instituting various austerity measures like massive budget cuts, workforce rightsizing and increased taxes. With all these unpopular, economic measures taking place, the question needs to be asked: “Is the recession bad for our health?”

Based on the 1934 editorial comment, it was definitely bad in terms of health outcomes for American families whose living conditions worsened following the Great Depression. After the most recent global recession, an article published in the *New England Journal of Medicine* asked the following questions: “Does a contracting economy actually affect the health of a population? And if so, how?” It reported that considerable research has found a strong correlation between job loss and clinical and subclinical depression, anxiety, substance abuse and anti-social behaviour.<sup>2</sup> Findings of other studies on the effects of a contracting economy on persons other than those who lost their jobs remain controversial. However, literature also includes studies that show that a contracting economy affects health by distracting or impeding people from adherence to preventive measures.

Usually, the “medical aid” contribution is one of the earliest casualties following retrenchments for the unemployed and

their families. Health-seeking behaviour patterns change from “affordability” in the private health sector to “availability” in the relatively free public health sector. The unemployed defer health care because of health costs and only seek help when acutely or very ill.

A very recent commentary published in January 2012 provides a detailed analysis of the effect of the current recession on our health and predicts as follows:<sup>3</sup>

- *High-income countries:* It appears unlikely that the recession will have major negative effects on overall population health indicators, such as all-cause mortality or life expectancy. But the health of population groups that are particularly hard hit through retrenchment is likely to suffer, especially with mental health effects such as increased depression and suicide rates.
- *Middle-income countries:* There may be no effect in any direction.
- *Low-income countries:* The global economic crisis poses a severe threat to overall population health as people will barely be able to cushion themselves with their accumulated wealth.

From the preliminary review of evidence at our disposal, answering the question of whether or not the recession is bad for our health, the response is: “It depends on where you are living in the world”. The South African government should assess the effect of the current global downturn on the health indicators of its people, especially with the illegal strikes taking place in the mining industry after the Marikana mine tragedy. There is urgent need for innovative ways to create more jobs, and at the same time, proactively provide affordable health care for all. The efforts of the national health department on “re-engineering primary health care” and the “introduction of National Health Insurance” may provide part of the solution. In addition, we urgently need South African studies that will inform us of the effect of the recession on people’s health, rather than rely on studies from the developed world that do not address the “African” or “developing world” context.

**Prof Gboyega A Ogunbanjo**

Editor: *Transactions*

E-mail: gao@intekom.co.za

### References

1. Miller H. Sickness and the economic depression. Preliminary report on illness in families of wage earners in Birmingham, Detroit, and Pittsburgh. *Public Health Reports*. 1933;4:1251.
2. Catalano R. Health, medical care and economic crisis. *N Eng J Med*. 2009;360(8):749-751.
3. Suhrcke M, Stuckler D. Will the recession be bad for our health? It depends. *Soc Sci Med*. 2012;74(5):647-653.

# 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.



## CMSA Membership Privileges

### Life Membership

Members who have remained in good standing with the CMSA for **30 years since registration and who have reached the age of 65 years** qualify for life membership, but must apply to the CMSA office in Rondebosch.

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

### Retirement Options

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

The CMSA offers two options in this category:

#### First Option

The payment of a small subscription which will entitle the member to all privileges, including voting rights at Senate or constituent College elections.

If they continue to pay this small subscription they will, *most importantly*, qualify for life membership when this is due.

#### Second Option

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

Members in either of the "retired membership" categories continue to have electronic access to the journal, *Transactions*, and other important Collegiate matter.

### Waiving of Annual Subscriptions

Payment of annual subscriptions are waived in respect of those who have attained the age of **70 years**. Members in this category retain their voting rights.

Those who have reached the age of 70 years must advise the CMSA Office in Rondebosch accordingly as subscriptions are not waived automatically.

## Presidential Message



As the President of The Colleges of Medicine of South Africa, I extend my sincere greetings to you. In this address, I would like to concentrate on and highlight the achievements and events of 2012 which I believe will influence the future.

The first event is in the field of quantum and particle physics and relates to the

Higgs boson theory. The boson particle is named after an Indian physicist, Satyendra Bose. This particle has been sought after, but is elusive. It has been postulated that this particle exists between the protons, electrons and neutrons. It has also been suggested that this particle has a mass, and rapidly decays. It transforms very quickly, making it almost impossible to define and measure. This is the so-called "God particle". The smallest of these are referred to as qbits. Very sophisticated research has been carried out at the Large Hadron Collider. This is housed at the CERN Institute near Geneva. The finding and confirmation of this particle would contribute greatly to the understanding of the universe. It is also thought that it might throw light on the Big Bang Theory and provide a better understanding of the origins of the universe. In July 2012, two independent experimental teams announced confirmation of a formal discovery of a previously unknown boson with a specific mass. Now that this new boson has been discovered, it is likely that the field of particle physics will begin to take a new direction.

The second major event in 2012 was the landing of the Curiosity rover on Mars. Whether not there is life in other parts of the universe has always been questioned. The first planet to be targeted has been Mars. While we may have various pictures of Mars, the landing of the Curiosity may make it possible to study rocks and soil, and indeed, to take samples of them. It has always been said that wherever there is water, there is life. If the presence of water is found on Mars, it would open up a whole new frontier in this field. One can only imagine the excitement that would result if water was discovered there. A search would be started immediately to try and find types of life that may have been present on Mars. It is possible that it would be so awe-inspiring that it would be a life-changing discovery.

In keeping with this theme, I would like to pay tribute to a giant pioneer who passed away this year: Neil Armstrong. At present, it may seem that landing on the moon was not such a great achievement. After all, Richard Branson's Virgin group is already selling tickets for space travel. However, cast your mind back to 1969 when the Eagle landed. Reflect upon the level of science at that time. Computers as we know them now did not exist. You can imagine the helpless feeling that would arise from being tasked with a project to land on the moon without the use of computers and information technology. It would seem to be impossible. This places into perspective the enormity of the task that faced NASA when they embarked on this venture. Landing on the moon laid the foundation for space travel. At present, it is predicted that a manned mission to Mars via an asteroid will be possible in the year 2030. Neil Armstrong was a trailblazer who opened up new frontiers that have paved the way for further space travel.

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 Johann Fagan (Registrar) and members of the Finance and General Purposes Committee
- Prof Arthur Rantloane (Chairman), Prof Mike Sathekge (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)
- 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 Presidents, Secretaries and Council Members of the constituent Colleges.

**Prof Anil Madaree**

President



## Admission Ceremony 24 May 2012

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The admission ceremony was held in the Glenridge Church Hall, Durban. This large spacious venue was a wonderful choice for candidates and their families.

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

Dr Zweli Mkhize, Premier of the Province of KwaZulu-Natal, delivered the oration.

Eleven medallists were congratulated by the President on their outstanding performance in the CMSA examinations. Medals were awarded in the following fellowship disciplines: Medicine, Neurosurgery, Ophthalmology, Otorhinolaryngology, Radiology, Surgery and Urology. Medals were also awarded in the following diploma disciplines: HIV Management and Emergency Medicine.

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 Jay Bagratee, individually hooded the new Fellows. The Honorary Registrar – Finance and General Purposes, Professor Johan Fagan, handed each graduate a scroll that contained the Credo of the CMSA.

The new Diplomates were announced and congratulated.

In total, the President admitted 41 Certificants, 247 Fellows and 199 Diplomates.

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



## MEDALLISTS



**GUEST SPEAKER:** Dr Zweli Mkhize, Premier, Province of KwaZulu-Natal



**ROWLAND A KRYNAUW MEDAL:** JACOBUS MALAN STEYN



**NEVILLE WELSH MEDAL:** LODEWICUS FRANCOIS MALHERBE FCOphth(SA) Part I



**SA SOCIETY OF OTORHINOLARYNGOLOGY MEDAL:** KURT DENTON SCHLEMMER FCO RL(SA) Part II



**AM MEYERS MEDAL:** ARTHUR KAGGWE MUTYABA FCP(SA) Part I



**AM MEYERS MEDAL:** VISHAL LUTCHMAN JAIRAM



**RHONE-PULENC RORER MEDAL:** SAMUEL ANDREW MANIKKAM FCRadDiag(SA) Part I



**FREDERICH LUVUNO MEDAL:** ANDREW JOHN VILJOEN FCS(SA) Primary



**LIONEL B GOLDSCHMIDT MEDAL:** SUHANI MAHARAJH FCUrol(SA) Final



**HIV CLINICIANS SOCIETY MEDAL:** ELIZABETH MARGUERITE GATLEY DipHIVMan



**WALTER G KLOECK MEDAL:** ALEXA DE CASTRO Dip PEC(SA)

## List of Successful Candidates: March 2012

### Fellowships

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

BEN-ZEEV Shachar	WITS
BOLON Stefan Nicholas	WITS
BOOYSEN Sean Carl	UKZN
BRENNAN Brigid	UCT
CHETTY Aneshree	WITS
CRAVEN Hanlie Petra	UCT
DE BEER Karen Elena	US
DE JAGER Abraham Johannes	UCT
DE VAAL Alma	UCT
DE WET Glenmarie	WITS
FOURIE Petrus Daniel Roux	US
GROBBELAAR Mariette	UKZN
JAWORSKA Magdalena Anna	WITS
JONES Ingrid Elizabeth	UCT
KHUMALO Ayanda Penelope	UKZN
KRUGER Jan Diederik	WITS
MAHARAJ Sanvir	UKZN
MORGAN Gwen	WITS
MORKEL Hendrik Wade	US
MOSTERT Lelane	US
RADEMEYER Karel Marcus	UCT
ROBERTS Stephen Michael	UKZN
ROUX Neill Sidney	UP
SCHEEPERS Pamela Anne	US
SERDYN Tandl	WSU
SHELDON Jonathan	WITS
SMIT Marli	US
THERON Annette	UKZN
VAN IMMERZEEL Pieter	UFS
VAN ROOYEN Cecile Anthonet	UP
VORSTER Adri	UCT

#### Fellowship of the College of Dentistry of South Africa – Orthodontics: FCD(SA) Orthod

GREEN-THOMPSON Nadia Farrah	WITS
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#### Fellowship of the College of Dermatologists of South Africa: FC Derm(SA)

GOVENDER Kiasha	WITS
HARIRAM Preetha	UKZN
KRUGER Barend Rudolf	UCT
MALAHLELA Petunia	UP
NKGAPELE Mabu Julia	WITS

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

GOTTSCHALK Sean Braeme	
KALEBKA Robert	UCT
LE ROUX Susan Catherine	
PILLAY Seelan	UCT

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

WENZEL-SMITH Gisela	UCT
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#### Fellowship of the College of Forensic Pathologists of South Africa: FC For Path(SA)

BRIJMOHUN Yasheen	UKZN
-------------------	------

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

BERA Mumtaz	WITS
DEVCHAND Dinita	UKZN
GORA Shaheed	WITS
MOMBAUR Busisiwe	WITS
RENISON Rudi	UCT

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

ANSARI Sajid	UP
COVENTRY Jason Andrew	UKZN
ENGLBRECHT Gert Hendrik Johan	UFS
FRANCIS Jibin Joseph	UP

#### Fellowship of the College of Obstetricians & Gynaecologists of South Africa: FCOG(SA)

FAYERS Samantha Bernice	UKZN
GAMEDZE Audrey Gugu	WITS
GOVENDER Kamendran	UKZN
HALL Warren John	US
KHOZA Clive Tinyiko	WITS
KUNENE Sifiso Justice	UKZN
LOURENS Renardo Janse	US
MAASDORP Donald	WITS
MOODLEY Jayeshnee	UKZN
MUGHOGHO Jessie Mbuko	UCT
MURUYA Samuel Ogotu	UKZN
PIELICHOWSKA Joanna	WITS
RAHIM Shareefa	UKZN
SIEBRITZ Mark	US
VAN AARDT Matthys Cornelis	UP
WOLDU Belete	UCT

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

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AGHDASI Shabnam	UKZN
DOLLAND Riana Sarita	WITS
GOODING Caroline	US
GOVENDER Veloshni	UKZN
HEYDENRYCH Leonard Goussard	UCT
MBAMBISA Bayanda Nothemba	WITS
MOHAMED Nabiel	US
NAIDOO Lavindren	WSU
ROGERS Graeme John	UCT
SHABALALA Jabulani Welcome	
VAN ZYL Cornelis Johannes Petrus Gerhardus UP	

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DE LANGE Phillip	UP
DUBE Butini Andries	WITS
GREY Barend Christiaan	UKZN
HARIPARSAD Rikesh Dhuneshwar	UKZN
HOUSEN Mahomed Reechard Essop	UKZN
KHETSI Seipati Puseletso Beverley	UKZN
KISTNASAMI Prenolin	UKZN
KOLLER Ian Michael	UCT
MABASO Nkosinathi Lucas	UKZN
MACINTYRE Kevin John	US
MAGAN Avesh Jugadish	UKZN
MKHIZE Dumisani Sihle Magnificent	UKZN
MVELASE Sicelo Nkululeko	UKZN
NAIDOO Keegan	UKZN
NXIWENI Lonwabo	WITS
PETERS Franciscus Martinus	WITS
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#### Fellowship of the College of Otorhinolaryngologists of South Africa: FCORL(SA)

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NEPAUL Kemraj	UKZN
PELSER Andrew	US
SIGONYA Blossom Lungelwa	UKZN

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

BADENHORST Zacharias Johannes UP  
 CAJEE Zaheer Mahmood UKZN  
 CHETTY Strinivasen Komalan UKZN  
 DE BRUIN Gerhard Petrus US  
 HEYNS Liesl Venesia US  
 KHAN Fharnisa  
 KRUGER Irma US  
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 MACLOU Simone Nicole US  
 MASEMOLA Mogomane Khomotso Yvonne UP  
 MASHIANE Morongwa UKZN  
 MNISI Klaas Putilele WITS  
 MOODLEY Prinetha UKZN  
 MORKEL Gerhardus US  
 MORRISON Julie US  
 MOSESE Tholang Seipei WITS  
 MOUTON Melissa Danielle US  
 MURRAY John Recardie US  
 NAIDOO Thanusha UKZN  
 NANA Shetil UCT  
 ODYSSEUS Dimitrios WITS  
 PALMER Megan WITS  
 PILLAY Ashendri UKZN  
 RAMSUNDHAR Nerica UKZN  
 REDDY Yavini UKZN  
 SIBIYA Nandi Sihle WITS  
 SWITALA Juli Renate UCT  
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**Fellowship of the College of Paediatric Surgeons of South Africa: FC Paed Surg(SA)**

CARAPINHA Charles Philip Do Nascimento Fernandes WITS  
 GOVENDER Saveshree UKZN  
 GRIEVE Andrew WITS  
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**Fellowship of the College of Pathologists of South Africa – Anatomical: FC Path(SA) Anat**

BLACKBURN Lauren Yvette WITS  
 GOVENDER Prashni UKZN  
 MADAREE Ashmini UKZN

**Fellowship of the College of Pathologists of South Africa – Haematology: FC Path(SA) Haem**

MARSHALL Robyn Cara WITS  
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**Fellowship of the College of Pathologists of South Africa – Microbiology: FC Path(SA) Micro**

NAICKER Preneshni Rochelle US

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

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 BRUWER Johannes Willem US  
 DE VILLIERS Maryke UP  
 GABRIEL Mogamad Shiraaz UCT  
 HURI Nirupa WITS  
 IYER Kuban WITS  
 JAIRAM Vishal Lutchman UKZN  
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 LAHER Ziyaad WITS  
 MAGOMERO Kingsley Ross WITS  
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 MBHELE Brian Sibusiso Blaikie WSU  
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 MOODLEY Venesh UKZN  
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 NORTJE Andre Jacques US  
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**Fellowship of the College of Psychiatrists of South Africa: FC Psych(SA)**

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**Fellowship of the College of Public Health Medicine of South Africa: FCPHM(SA)**

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

DAIRE Arthur UCT  
 DE GRAAF Karien UL  
 DLANGAMANDLA Salome WITS  
 FAYKER Shiam UCT  
 GOODIER Matthew David Meriton WITS  
 HOBSON Charl UCT  
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MOSEME Tsepo Modupe WITS  
 NOBIN Sasha Maria UKZN  
 OMAR Nadir US  
 PRINSLOO Hendrik Petrus WITS  
 SCHEEPERS Shaun US  
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 SITHOLE Nhlanhla Vincent WITS  
 STEYN Werner WITS  
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**Fellowship of the College of Radiation Oncologists of South Africa: FC Rad Onc(SA)**

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 MULLER Charleen WSU

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

ALMUZAKKI Zaki UCT  
 BHAGWAN Yateen Bhupandra Natvarlal UKZN  
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 CHEDDIE Shalen UKZN  
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 FALAIYE Michael UCT  
 GANCHI Feroz Abubaker UKZN  
 ISAKOV Rachele Jody WITS  
 JACOBSONH Fred UCT  
 JOSE Mark David UP  
 MADELA Fusi Godwin UKZN  
 MAGAGULA Nhlanhla Christopher UP  
 MAKATA Philip Kalipa  
 MOGABE Phinias UKZN  
 MOOLLA Zaheer UKZN  
 NCAPAI Phumzile WSU  
 NEL Philippus Jacobus UP  
 NOAH Patrick Mavuto UCT  
 NOORBHAI Mohamed Aslam UKZN  
 NTSOANE Monchu UL  
 PADILHA Joao Filipe Somenson WITS  
 PILLAY Llewellyn Clive UKZN  
 SINGH Urishka UKZN  
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**Fellowship of the College of Urologists of South Africa: FC Urol(SA)**

IJANE Kabo Kenneth UP  
 KALPEE Amit Roxy UKZN  
 KUSCHE Reinholdt Heinrich UP  
 PADAYACHEE Eneshra UKZN  
 VAN GREUNEN Nico UFS

**Certificates**

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

ANDRAG Liesel Luise UCT

DUMANI Gcina	WITS	<b>Certificate in Nephrology of the College of Paediatricians of South Africa: Cert Nephrology(SA) Paed</b>	BURGER Natalie	WITS
JOSHI Jayneel Aswin	UP		GOTTLICH Errol	
<b>Certificate in Cardiology of the College of Physicians of South Africa: Cert Cardiology(SA) Phys</b>			DIESEL Frances Lee	WITS
ABDOOL GAFOOR Shiraz	UKZN	RUSSION Deon Franklin	FUNG Trevor Wayne	WITS
LOUW Ruan	WITS	SIGWADI Patience	GOKUL Nischal Haridas	UKZN
THERON Jean-Paul	UFS		GORDON Katherine Georgina	UKZN
<b>Certificate in Child Psychiatry of the College of Psychiatrists of South Africa: FC Child Psychiatry(SA)</b>			GOVENDER Komalan	UKZN
GASELA Papani	UCT	<b>Certificate in Nephrology of the College of Physicians of South Africa: Cert Nephrology(SA) Phys</b>	GRIFFITHS Andrew James Howel	WITS
SELLER Cathlene	US		GUNNING Matthew David Godfrey	UKZN
<b>Certificate in Clinical Haematology of the College of Pathologists of South Africa: Cert Clin Haematology(SA) Path</b>			HAUSER Neil David	UCT
NAIDOO Yagalen Loganathan	UKZN	AMEYO Jonathan Wala	HUSSEIN Jaffer	WITS
<b>Certificate in Clinical Haematology of the College of Physicians of South Africa: Cert Clin Haematology(SA) Phys</b>		DAVIES Malcolm	JACKSON Catherine Mary	WSU
JANSE VAN RENSBURG Jacques Johannes	UFS	GURUVADU Leann Soobramoney	JUJUJU Phindile Rejoice	
<b>Certificate in Critical Care of the College of Anaesthetists of South Africa: Cert Critical Care(SA) Anaes</b>		KACHOVSKA Rumiana Hristova	KALLENBACH Tracy Frida	WITS
ALLI Ahmad	WITS	KALUNGA Glendah Mubanga	KHAN Humairah	WITS
MORFORD Michael Bruce	WITS	MAHARAJ Kamal	MAAKAMEDI Hendrick Maisela	UP
<b>Certificate in Critical Care of the College of Emergency Medicine of South Africa: Cert Critical Care(SA) Emer Med</b>		SCOP Myron	MAYEZA Slindile	UCT
GOLDSTEIN Lara Nicole	WITS	VERMEULEN Alda	MOTSWAGOLE Onkabetse Felix	
<b>Certificate in Critical Care of the College of Paediatricians of South Africa: Cert Critical Care(SA) Paed</b>			MOYCE Zanine Nazerene	UKZN
COETZEE Saskia	UCT	<b>Certificate in Pulmonology of the College of Paediatricians of South Africa: Cert Pulmonology(SA) Paed</b>	PAGE Pieter Marne	WSU
<b>Certificate in Gastroenterology of the College of Physicians of South Africa: Cert Gastroenterology(SA) Phys</b>		KAPPOS Alexia Eugenia	PILLAY Thivian Kandasamy	UKZN
KABAMBE Henderson Henderson	UP		SAUNDERS Amanda Carol	UKZN
<b>Certificate in Gynaecological Oncology of the College of Obstetricians and Gynaecologists of South Africa: Cert Gynaecological Oncology(SA)</b>		<b>Certificate in Pulmonology of the College of Physicians of South Africa: Cert Pulmonology(SA) Phys</b>	SOLOMON Leigh	UKZN
ADAMS Tracey Sheridan	UCT		THOTHARAM Arasha	UKZN
<b>Certificate in Infectious Diseases of the College of Physicians of South Africa: Cert ID(SA) Phys</b>		ABDOOL GAFOOR Bilal	VAN DER NEST Iwan	WITS
BOYLES Tom	UCT	CALLIGARO Gregory Louis	VAN DER WALT Jessica Gwendoline	UCT
DLAMINI Siphon	UCT	MAASDRP Shaun Donnovin	VAN NIEKERK Debbie	WITS
<b>Certificate in Neonatology of the College of Paediatricians of South Africa: Cert Neonatology(SA)</b>			VARIAWA Muhammed Luqmaan	WITS
MACKAY Cheryl	WITS	<b>Certificate in Reproductive Medicine of the College of Obstetricians and Gynaecologists of South Africa: Cert Reproductive Medicine(SA)</b>		
		PATEL Malika	<b>Part I of the Fellowship of the College of Dermatologists of South Africa: FC Derm(SA) Part I</b>	
			ESSOP Ahmed	UP
		<b>Certificate in Trauma Surgery of the College of Surgeons of South Africa: Cert Trauma Surgery(SA)</b>	MBHELE Thamsanqa Kenneth	UKZN
		CASSIMJEE Hussein Mohammed	MOKHESENG Mohlominyane Jeffrey	UP
		PRETORIUS Riaan	MOODLEY Prenavin	WITS
			MORALE Knowledge Matsidiso	UKZN
		<b>Certificate in Vascular Surgery of the College of Surgeons of South Africa: Cert Vascular Surgery(SA)</b>	NGCOBO Nomthandazo Patience	UKZN
		HONIBALL Eduard	OMAR Ayesha	WITS
		REDMAN Laura Anne	SHEBE Khadija Ahmed	UCT
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			<b>Part I of the Fellowship of the College of Emergency Medicine of South Africa: FCEM(SA) Part I</b>	
		<b>Part I, Primary and Intermediate Examinations</b>		
		<b>Part I of the Fellowship of the College of Anaesthetists of South Africa: FCA(SA) Part I</b>	CHILUBA Mwiche	WITS
		ALLOPI Kashvir	DHLAMINI Masikhanyise Elizabeth	UP
		ARAIE Farzana	HENDRIKSE Clint Angelo	US
		BORRILL Kim	HOMAN Roucille	US
			PARAG Nivisha	UKZN
			PARRIS Panayotes	WITS
			VAN DER COLFF Lindie	
			XAFIS Paul	US
			<b>Part I of the Fellowship of the College of Family Physicians of South Africa: FCFP(SA) Part I</b>	
			ADEBOLU Folafolu	UKZN
			MARIMUTHU Sarojini	UCT
			ONI Ezekiel Eranmosele	UKZN
			VAN COPPENHAGEN Brett	UP

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

KHAN Akmal UCT  
MAHULUHULU Thandi WITS

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

DANGOR Zain

**Part I of the Fellowship of the College of Neurologists of South Africa: FC Neuro(SA) Part I**

BHAGWAN Smita  
DANGOR Zaynah UKZN  
DAVID Jasna Joy  
FREDERICKS Pearl Melani US  
KUMIRE Percy Tinei US  
MOOLA Ismail  
SANED Khulod Masaud K

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

MATENTJI Katleho WITS

**Part I of the Fellowship of the College of Obstetricians & Gynaecologists of South Africa: FCOG(SA) Part I**

AYOB Rizwana WITS  
BENTO Farai  
BILLSON Jana US  
BRYANT Emma Pauline WITS  
BYIRINGIRO Jean Paul WITS  
CHINOKWETU-MARERE Tarisai Ellen  
DAEF Ghadah  
DIALE Qinisile Patricia UP  
DLAMINI Zandile Barbara WITS  
ELIYA-MASAMBA Martha  
FAKIER Ahminah UCT  
FANYANA Prince Douglas  
GABRIEL Aa-iesha UCT  
JAFTA Pelisa Roberta Glodean WSU  
KADWA Khatija UCT  
KAYAMBO Doris Namulindi  
KOEN Sandy  
LUPEPE Abigail Nobuhle  
MAKHATHINI Bongumusa Steven UKZN  
MANYIKA Bostone  
MHLANGA Tinovimba M  
MONJI BUILU Pierre  
MUKEWA-KUNAKA Joyce  
NKURUNZIZA Jean Marie WITS  
NYAKANDA Munyaradzi Innocent  
PATERSON Frances Sya WITS  
PRINCE Deborah Lynne  
ROCKSON Esther WITS  
SEDITI Lesego Charity WITS  
SPENCE Trevi Alison Olga UCT  
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VINOOS Latiefa UCT  
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**Primary Examination of the Fellowship of the College of Ophthalmologists of South Africa: FC Ophth(SA) Primary 1A**

BOTHA Theunis Christoffel UFS  
DE LANGE Johannes Tobias UP  
FREED Irene Marthina  
GAEBOLAE Kesliwe Sampson  
GNANAPRAGASAM Uthayachandhiran WITS  
KHANTSI Boitumelo WITS  
MAJOLA Nonhlanhla WITS  
MOFOKENG Salamina Mathabo WITS  
MOODLEY Sanushka WSU  
MTHETHWA Sibongile Constance UL  
NAIDU Natasha WITS  
NAUDÉ Malcolm  
NKOMBYANI Lucky UL  
SELELE Thekiso Mzwandile UP  
SEOBI Teboho  
SMITH Suzanne Mari WITS  
VAN DER MERWE Pieter Jacobus Stephanus WITS  
VAN TONDER Riaan  
VERWEY Vincent Francois WITS  
WANG Louise UKZN

**Primary Examination of the Fellowship of the College of Otorhinolaryngologists of South Africa: FCORL(SA) Primary**

DICKINSON Gwyneth-Ashley WITS  
GERSUN Dean WITS  
MAKAULULE Prince Ratsihili WITS  
MCINTOSH Cameron  
MORGADO Natasha Alexander Gaspar WITS  
SHOGOLE Thakathololo Matthews UL  
STEENKAMP Gerhard Jacobus UFS

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

ABOSETTA Nesrin  
AHN Seung-Hye WITS  
BASSINGTHWAIGHTE Mairi Kate WITS  
BERETTA Marisa Renata WITS  
BLAAUW Magdalena UFS  
BRUCKMANN Eduard WITS  
CHAYA Shaakira WITS  
CHIPPENDALE Sa-eeda UCT  
DE CAMPOS Roselys Katya UP  
DREYER Owen UKZN  
GERIN Aurelie WITS  
GIBBS Lyndal UCT  
GOKHUL Ashmika UKZN  
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GREEN Lindy-Lee US  
HOUGH Wayne US  
JACOBS Carmen Michelle US  
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LEBEA Mamaila Martha WITS

LEEUW Tumelo WITS  
LIEBENBERG Hendrik Schalk  
MAKIWANE Nonqaba Cecilia UCT  
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MALAHLEHA Moelo UKZN  
MAMMEN Vijay George WITS  
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MANSOOR Sajeda WITS  
MBALE Emmie Wakupa  
MBATHA Bongive Patricia UKZN  
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MIGAMBI Ismail WITS  
MONOKWANE-THUPISO Baphaleng Balekanye  
MUKUDEM-SABLAY Zakira UCT  
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NAIDOO Uvistra UKZN  
NGABIRE Phocas  
NGCOBO Busisiwe Patricia WITS  
PADAYACHI Thanishiya UKZN  
PATEL Mohamed Zaakir  
PILLAY Shakti UCT  
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RADEBE Lindokuhle Thobile UKZN  
RAKGOLE Maphotse Phillemon  
SCHICKERLING Tanya Marie WITS  
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**Part I of the Fellowship of the College of Pathologists of South Africa – Anatomical: FC Path(SA) Anat Part I**

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**Part I of the Fellowship of the College of Pathologists of South Africa – Haematology: FC Path(SA) Haem Part I**

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

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ASHMORE Philippa WITS  
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BAKAE Odirile  
BIKITA Solomon  
BRITS Bradley Ryan UP  
CASS Michael Peter US  
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DAW Kamal			DE KOCK Marcel	UFS	
DIRE Kefilwe Victoria	UL	<b>Part I</b>	DU PLESSIS Charl Phillipus		
DU TOIT Hendrik Rudolf	US	JEME Jabulani Johannes	WSU	GEZENGANA Sylvester Lucas Vuyo	UKZN
GANGULOO Amanda Leigh	UKZN	MAFONA Manoko Elizabeth	UL	GONYA Sonwabile	UKZN
GATHARA Linda Wanjiru		MZIMBA Vivian	UL	GUJADHUR Bhaskar Fulena	UKZN
GILL Robert Scott		NKOANA Thongoana Joseas	UL	HARICHUNDER Saveer	UL
GOVEN SHIBA Preyesh Thakorbbhai	WITS	NKUSHUBANA Onke Thandisizwe		HILL Keith	UKZN
GOVIND Ahshish	WITS	PILLAY Narushni	UKZN	HIRJEE Adarsh	UKZN
HAMMOND Juan	WSU	POTO Madumetja Amos		JAGER Ingebor	UFS
HECHTER Nicholas	WSU	PUZI Ntandazo	WSU	JAY-DU PREEZ Tonetha	WSU
IMMINK René	UFS	<b>Part I of the Fellowship of the College of Diagnostic Radiologists of South Africa: FC Rad Diag(SA) Part I</b>	JORDAN Lizalisingalakho		
JOOSTE Ynisha Laurentia	US		AKOOB Sakina Ahmed	UKZN	KAHN Miriam
KAMKUEMAH Maria Ndinomagano		CELLIERS Arno Erhardt	UFS	KALALA Kutuaya Benjamin	
KARA Reena	WITS	DU TOIT Gerhardus Johannes	UFS	KARRIM Nadine	UKZN
KENAOPE Lebogang Jacktor	WITS	HLEZA Bongani	WITS	KGATLE Albert Maile	
KISTENSAMY Sivaissen Ricardo	UKZN	IHUHUA Puleinge		KHALFALLAH Adel	WITS
KRIEL Janie	WITS	JEETOO Surjit Damon		KIRPICHNIKOV Andriy	
LAHER Zaheer	WITS	MAHANGO Kate Mahlako	WITS	KNIFE Este	WITS
LAI Anita Pui Ching	WITS	MBOONANE Sithembile	WITS	KOWLESSUR Bhavishh Brahim	UKZN
MACHERI Farai Peter		MUNSAMY Nigel	UKZN	KRUGER Andries	US
MACHIRIDZA Tendai Rodney		OTTO Jacobus Hendrik	UFS	LE ROUX Johannes Abraham	WSU
MAPHALALA Lokuthula Angella		PEEDIKAYIL Tushar Stephen	UCT	LEASK Tyrone James	
MASHILO Mogobe David	WITS	RABIE Pierre Jacques	UP	LEBELO Rethabile Lebohlang	UKZN
MASIE Ronwyn Irene	WITS	SOMHLAHLA Nontuthuzelo Zanele		MABASA Gezani Freeman	UL
MBAO Melvin	WITS	VAN DEN BERG Hendrik Reyneke	UFS	MADITSI Leretletje	WITS
MEEL Swati	WITS	VLOK Susanna Catherina	UKZN	MADSEN Andre Steiner	UKZN
MEEL Piyush	WITS	WOJNO Maja Julia	UCT	MATHEBULA Pamela Bongeka	UP
MERWITZ Brad Jarred	WITS	<b>Part I of the Fellowship of the College of Radiation Oncologists of South Africa: FC Rad Onc(SA) Part I</b>	MOODLEY Allen	UKZN	
MKOKO Philasande	WSU		ELAREFI Sara Abdalla	UKZN	MOTLOUNG Elliot
MOGWERA Mmuso Kgosi	WITS	ETSEBETH Maryke	UP	MTHETHWA Phakamani Goodman	
MOKGWATHI Matshidiso		LESSING Lesinda		MWENDA Kashasha	UKZN
MOTSE Kagiso	WITS	MANAVALAN Tijo Jospaul Davis	UFS	NAIDOO Sachindrin Ramurthi	US
MURAMIRA M Norbert	WITS	MOYABA Tumelo	UKZN	NAILONGA Ruben Nangolo	
NAICKER Ashandren	UKZN	NAIDOO Sudeshan Manickum	WITS	NAKALE Ngenomeulu Tufikifa	
NAIDU Jayseelan	WITS	OPAKAS Jesse Elungat	US	NASHIDENGO Pueya Mekondjo	UCT
NGWATA Portia	UP	REDDY Bhiskar	UFS	NATHIRE Mohammad El Hassed	UKZN
NKOSI Absalom Derek	WITS	ROSSOUW Maritha	UP	NDLELA Sibusisiwe	WITS
NWANKWO Chikezie	US	SERVENTI Furaha Massimo Justin	UKZN	NETSHIONGOLWE Thendo	
NYAGURA Tatenda Memory		<b>Primary Examination of the Fellowship of the College of Surgeons of South Africa: FCS(SA) Primary</b>	ABUSHIHA Mohammed Omar	UKZN	
NYIRENDA Werani	WITS		ATEER Osama Ahmed	UKZN	NGCAKANI Anati
OKUTHE Jacktone Odhiambo	UP	BAKKAI Ali Mubarak	UKZN	NHLAPO Bafana Nicholas	WITS
OLIVIER Janine	UP	BENAMRO Abobaker	UKZN	NKUNJANA Monde	WSU
PATEL Sadia	WITS	BERTELS Laurie	WITS	O' FARRELL Peter	UKZN
PELLIZZON Adriano Silvio	US	BHATTARAI Pushpa Raj	WSU	PHIRI Tshepang Edison	
PHIRI Chimota Wa Chimota		BOGGENPOEL Ashton	US	PILLAI Shaun	UKZN
REDDY Denasha Lavanya		BREYTENBACH Jonel May	UL	PILLAY Kamlen	UCT
ROETS Anneline	UFS	BUCHHEL Otto Carl	UFS	PILLAY Vasanthan	UKZN
SAMWA Breunor Ismael	UP	CHAGI Nonkoliseko	WSU	POTGIETER Magnus Daniel	UFS
SEBOKA Mpoti		CHINYEPI Nkhabe		POTGIETER Maarten	WSU
SEGULA Dalitso		DALWAI Mohammed		RAINSFORD Magdalena Petronella	US
SEGULA Dalitso				RAMPAI Thabo Johnson	WITS
SELOISA Mapula Octavia	WITS			RIDGARD Trevino Lynn	WITS
SINGH Tricia Louise	UKZN			ROODT Liana	UCT
SINGH Amith	UKZN			SCOUT Earl	
SINYIZA Frank Watson Chikomang Ómbe	WITS			SELWANE Neo Hellen	UL
SNYMAN Hendrik-Willem	US			SINGH Kiran	UKZN
SOLOMON Cleo	WITS			SIYO Zuko	
SOOBARAMONEY Anneline				SOBNACH Sanju	UKZN
VAN BLYDENSTEIN Sarah Alexandra	WITS				
WILKEN Elisma	US				

SOFIANOS Chrysis	WITS
SPENCER Kalli	WITS
SULIMAN Imraan	
SUMBANA Thendo	UKZN
TAWILA Alwalid Sulaiman Abdulrahmn	UKZN
TSYMBAL Ellina	WITS
VAN RENSBURG Rudi	US
WALL Shelley	UKZN
WHITEHEAD Alexis Sian	WITS
YENDE Thabiso Wilson	UKZN
ZANATI Abdelhakim	UKZN
ZEJLEMAKER Cathelijin	WITS

**Primary Examination incl Neuroanatomy of the Fellowship of the College of Surgeons of South Africa: FCS(SA) Primary - Neuroanatomy**

BAITCHU Yadhir	UFS
CHULA Nakedi Duncan	UP
GONYA Sonwabile	UKZN
KALALA Kutuaya Benjamin	
NDAYISHYIGIKIYE Marcel Didier	WITS
THOMAS Antony	WITS
TIMAKIA Kritish	UKZN

**Intermediate Examination of the Fellowship of the College of Ophthalmologists of South Africa: FC Ophth(SA) Intermediate IB**

FERNANDES Gareth	WITS
GERBER Willem-Martin	WSU

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

ANTWI-ANYIMADU Ernest	
CHAUKE Nyiko Zakaria	WITS
DEACON Mark	UKZN
DENG Apai	UP
HLONGWANE David Thulani Bonginkosi	UKZN
JACOBS Leslie	WITS
KHADEMI Mohammadali	WITS
MOHAMED Shiraz	UKZN
NORTJE Johan Gerhardus	UP
OJWANG Peter Douglas	WITS
PIETERSE Ben	WITS
PILLAY Yogesh	UKZN
ROUSSOT Mark Anthony	UCT
SIGODI Duduzile	UKZN
SNYDERS Robert Francis	UKZN
STRYDOM Andrew	WITS
THIART Gerhard	UCT

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

ACKERMANN Hilgard Michiel	UCT
BEN HUSEIN Mohamed	
BEZUIDENHOUT Abri	UP
BHANA Renee Louise	UKZN
BIPATH Rishan	UKZN
BOTHA Janie	UCT
DOOKIE Sudhir	UKZN

ELSAKET Ali Elshibani Ali	UKZN
GOVENDER Theshni	WITS
GREEN Garyth	UKZN
HANEEF Surayah	UKZN
HOFFMANN Kelly Storm	UP
LE ROUX Hugo Alexander	UKZN
LOOTS Yolandi	US
LOWTON Vimal Ranjith	WITS
MADUMO Hendrick Motlhabane	WITS
MADZIBA Sanele Stanley	UKZN
MAKEPEACE Alison	WITS
MAMATHUNTSHA Tshilidzi Godfrey	UKZN
MAMO Dereje Gebrehiwot	WITS
MANGANYI Masenyani Rodgers	UCT
MCCAUSLAND Adam David	
MCINTOSH Cameron	
MFUNDISI Coceka	UP
MILFORD Karen Leslie	UCT
MODIKENG Cleopatra Lebohlang	WITS
MOKGALAKA Thako Heris	UL
MOUMIN Omar	UKZN
NIKOLOV Svetozar Denkov	UKZN
NSHUTI Richard	
PEIXOTO Dinez Hoy	WITS
PHAKATHI Boitumelo Precious	UP
PILLAY Kamlan	UCT
RUS Marielle	US
SHEIKH Rizwan Usman	WITS
SINGH Nertisha	UKZN
SPRUYT Gerhard Max Frederik	UFS
UANIVI Gerson	US
VAN DEN BERG Bianca	UKZN
VAN DER MERWE Elmarie	US
VILJOEN Andrew John	UKZN
WELSH John	WITS
YAWATHE Mangaliso Thomas	WSU

**Intermediate Examination of the Fellowship of the College of Urologists of South Africa: FC Urol(SA) Intermediate**

BASSON Jacques	US
DU TOIT Kenneth	US

**Higher Diplomas**

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

ARRUJ Mohamed Rajab	UCT
KALONDA Mwabila Roger	UKZN

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

ASHOUR Rami Abdulla	UKZN
BHATTA Aabash Dev	UKZN
FRANK Ruvyn	UKZN
SERFONTEIN Charles Jacobus	UKZN

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

ODUNTAN Opeoluwa Olumuyiwa	UP
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**Diplomas**

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

GITHINJI Leah Nyawira	
KERBELKER Tamara Charmian	UCT
NAIDOO Visva	UKZN
WIJNANT Wim	UP

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

ABRAHAM Siju Joseph	
ANAMOURLIS Prodromos Christopher	WITS
ANNES Abigail Ruth	UKZN
BOTHMA Cara	UCT
BUYS Mathilde	
CANU Lara	WSU
CIBANDA Enock Yokobo	WSU
COCHRANE Joanne Juanita	WITS
COETZEE Werner Carel	US
CUTHBERT Saweda	WITS
DLAMINI Khetsani Marigold	UL
DLAMINI Makhosazana	WITS
DREYER Ignatius Cornelius Christoffel	
DU PREEZ Therese	
DU TOIT Leon	
FOURTOUNAS Maria	WITS
GANGAT Ebrahim	WITS
GROENEWALD Michael Burger	
HASSIM Sakeena	
HERBST Julie-Ann	WITS
HINZE Silke Erika	UP
INVERNIZZI Jonathan	UKZN
JACOBS Elizabeth Johanna	WSU
JANSE VAN VUUREN Roelof Jakobus	WSU
KOHNE Karl	UKZN
KOTZÉ George Petrus Johannes	WITS
LEDWABA Mahlodi Oscar	UL
LETSELE Ambrose Molatodi	
LU Kuo-Ching	WITS
MACHAI Seta Liteboho	
MAKINITA Sewela Grace	UL
MAMPANA Mogolongwane Norah	UL
MANICUM Brent Nolan	UKZN
MANYATHI Zanele Sibongile	UP
MASHISHI Tebogo Peter	
MATSANE Lebogang Martin	
MBHELE Muzorewa Boardman Langalokuthula	
UKZN	
MGANDELA Nolusiba	WSU
MHATU Sibulele Loyola	WSU
MINNIES Renay Elizabeth	
MOLLER Carien	WITS
MOODLEY Visvanathan Vedachallam	UKZN
MPOFU Asanda	UKZN
MULLER Nicole	
MULLER Franklin David	US
MURONGA Munyadziwa Pandora	UL
MUTHAMBI Masindi Timothy	UL
NAICKER Kimola	UKZN

NEHRO Prashin Dharamrajh	UKZN	<b>Diploma in Forensic Medicine of the College of Forensic Pathologists of South Africa – Path: Dip For Med(SA) Path</b>	CHACKO Saji	WSU	
NELL Tamarin Chantal			GHODHBANI Mohamed Essalah		
NIEMANDT Marthinet			HLONGWANE Tsakane Musa	WITS	
PHASWANA Yhonani Yvonne	UL		IDOLOR Felix Okeroghene		
PHILIP Piyush Kadavil	WITS		KABALE Ilunga		
PRETORIUS Vicki	US		LOFEMBE Ekofo	WITS	
PROCTER Nicholas James			LUND Natalie Menesia	UKZN	
RAMDENEE Urmila Devi	UKZN		MASUKUME Gwinyai		
RAMKISSON Avintha			MATOLENGWE Lula	WSU	
RITACCO Marina	UKZN		MEYER Jeanine	WITS	
SAULS Ronald Edwyn	UCT	MKHIZE Sisalindele Zamakhize	WSU		
SCHMUCK Clive		MKRUQLLWA Asanda Lunga	WSU		
SIRSAWY Usama	UFS	MOELLER Ulrike	UKZN		
SOONARANE Arvind Guiness	UKZN	MUAVHA Dakalo Arnold	UL		
STEYNBERG Jeanette Myfanwy	UCT	NDABA Sanele	WSU		
SWANEPOEL Michelle	UFS	ONWUGHARA Chidebere Edwin			
THERON Andre	UFS	PHUKUTA Nyunda	WITS		
THOBEJANE Sebotse Thandi Charmaine	UP	SITHOLE Shane King			
THOMAS Dale Garith		<b>Diploma in Ophthalmology of the College of Ophthalmologists of South Africa: Dip Ophth(SA)</b>	BOTHA Ruan Theo	UFS	
TSHABALALA Pride Mologadi			DEBEILA Khutsiso Mamorake Sekgololo	UL	
VALLY Janine Claire	WITS		LE ROUX Etienne Philip	WITS	
VAN STRATEN Adele	WSU		MALHERBE Lodewicus Francois		
VERWEY Stefne			MAPHAM William Eric		
WALLIS Julia	WITS		MUSTAK Sayeed Hamzah	UCT	
WESSON Clive Leonard			YORK Nicholas John	UFS	
WOOD Hayley Joanne	UKZN		<b>Diploma in Primary Emergency Care of the College of Emergency Medicine of South Africa: Dip PEC(SA)</b>	ALEXANDER Nicole Anne	UCT
YOGESWARAN Janani				APELEHIN Adeolu	UKZN
YUDELOWITZ Bradley Joshua	WITS			AWOLOLA Adeleye Makanjuola	UKZN
ZITHA Zakhele		JENKINS Peter		UKZN	
<b>Diploma in Child Health of the College of Paediatricians of South Africa: DCH(SA)</b>		LAPORTA James Clive Hurwitz			
	ABRAHAM Nisha Pulickan			LAWRIE Ruchi	
	ALISIO Michelle Rina			OLIVIER Michelle Jacqui	UP
	AMBLER Julia Firth			ROETS Victoria Lucy	UP
	COOPASAMY Kamalina	UKZN		SARUMI Akeem Abiola	UKZN
	DAS Madhabi Rani	UKZN		STADLER Jacob Adriaan Maritz	
	DLAMINI Zamaswazi Princess	UKZN	<b>By Peer Review</b>	Prof Theunis Johannes AVENANT	College of Paediatricians
	DUDHRAJH Upnisad	UKZN		Prof Mariana KRUGER	College of Paediatricians
	EAGLESTONE Crystal	UKZN		Prof Izelle SMUTS	College of Paediatricians
	GOVENDER Aveshen	US		Prof Heather Joy ZAR	College of Paediatricians
HAUGHTON Anna-Marie					
HLABISA Bongeka Lungile	UKZN				
HOUSEN Safia	UKZN				
KANAGARATNAM Lochini Lakshmi	UKZN				
KASIPARSAD Bruce Wayne	UFS				
LAZARUS Erica Maxine	WITS				
MABUSA Ramadimetja Tebatjo					
MASHEGO Maganong Pamela Agness	UL				
MNGOMA Dumisani Samuel	UKZN				
MPHAPHULI Aripfani Veronica	UL				
NAIDOO Dhamiran					
NKGUDI Boitumelo	UCT				
PADAYACHEE Sandhia	UCT				
SHER Rebecca Yael Nthabiseng	US				
SHERIFF Sameera	UKZN				
SULEMAN Meroonisha Ebrahim	UKZN				
VACHIAT Safiya Ismail	WITS				
VAN DER WESTHUIZEN Frans Petrus					
VAN WYK Liana	UCT				
		<b>Diploma in Mental Health of the College of Psychiatrists of South Africa: DMH(SA)</b>			
			BADENHORST Monique	UP	
			BARNARD Michelle	US	
			DE WITT Caro		
			NEL Michelle		
			NHLABATHI Sihle		
			NKOHLA Siphokazi	US	
			NXUMALO Vuyani Wiseman	UKZN	
			ODUFUWA Oluwatoyin Aliu		
			SHEIKH Zeenit		
		TINDIMWEBWA Linda	WSU		
		VLOTMAN Carmen Ilse	UCT		
		<b>Diploma in Obstetrics of the College of Obstetricians and Gynaecologists of South Africa: Dip Obst(SA)</b>			
			ABRAHAM Kevin Thomas	WITS	
			AJUDUA Emmanuel Enuagwuna	US	
			ANELE Augustine Chidi	WSU	
			AREMU Olorunisola Taoheed	WSU	





## Annual Report of the Senate of The Colleges of Medicine of South Africa for the period 2011-2012

The first Annual Report of the Nineteenth Senate routinely appears in three sections.

The financial statements and matters that relate to the appreciation of the state of affairs of the CMSA, its business and profit and loss appear on the web page. Hard copies will be provided upon request.

The annual reports of constituent Colleges covering activities during the period under review form part of this report, but appear in a separate section as an extension of the report.

A general overview of the activities of the Senate during the period 1 June 2011 to 31 May 2012 are recorded as follows:

### IN MEMORIAM

During the past year the President and Senate, with regret, received notification of the death of the following members:

#### Honorary Fellows

ASMAL, Kader  
CALNAN, Charles Dermot  
DUDLEY, Hugh Arnold Freeman  
HANLON, C Rollins  
IDEZUKI, Yasuo

#### Fellows

HANSEN, John Derek Lindsay  
HEESE, Hans de Villiers

#### Founder

LACHMAN, Sydney Joshua

#### Associate Founders and Associates

ADAM, Anvir  
GERMISHUYS, Petrus Johannes  
HUMAN, Theodorus Hendrik Cornelius  
KHAN, Nazier Ahmed  
LISSOOS, Irving  
MOCHE, Mohlabe John  
SLABBERT, Izak Johannes  
WINSHIP, William Sinclair

#### Fellows

BRECKON, Vivienne Marie  
GILDENHUYS, Hein Jacobus  
KIES, Bryan Michael  
MARR, John Donald Fraser  
PENZHORN, Herbert Otto

PEARCE, Adrian  
PERDIKIS, Phoebus

#### Diplomates

KLOPPER, Jurie  
McPHEE, Michael Henry

Senate records its most sincere condolences to their next of kin and other relatives and friends.

### TRIENNIAL ELECTIONS

The triennial Senate and constituent College Councils for the triennium 2011 to 2014 were held during the past year and it is very pleasing to note that the CMSA is making very good progress towards achieving most of its transformation goals.

Participation in the elections remains a matter of some concern, with a number of constituent Colleges showing little or no interest, particularly in the nomination phase. The active participation of members, specifically also our young members, must be encouraged in future elections if we wish to maintain their interest in College activities in years to come as potential Senators and examiners.

### SENATE

The newly elected representatives of constituent Colleges and Diplomate representatives on Senate are the following:

Prof R P Abratt	(College of Radiation Oncologists)
Dr S M Aiyer	(College of Forensic Pathologists)
Dr R C Amod	(College of Ophthalmologists)
Prof S Andronikou	(College of Radiologists)
Prof J S Bagratee	(College of Obstetricians and Gynaecologists)
Prof R D Barnes	(College of Urologists)
Dr E M Beckh-Arnold	(College of Medical Geneticists)
Prof J G Brink	(College of Cardiothoracic Surgeons)
Prof V C Burch	(College of Physicians)
Dr B T Buthelezi	(Representative of the Diplomates)
Prof K-W Bütow	(College of Maxillo-Facial and Oral Surgeons)
Dr R Dickerson	(College of Emergency Medicine)
Prof B J S Diedericks	(College of Anaesthetists)
Prof R N Dunn	(College of Orthopaedic Surgeons)
Prof R W Eastman	(College of Neurologists)
Prof J J Fagan	(College of Otorhinolaryngologists)
Dr C S Frith	(Representative of the Diplomates)
Dr H I Geduld	(College of Emergency Medicine)
Prof R Gopal	(College of Neurosurgeons)
Prof D Govender	(College of Pathologists)
Prof R J Green	(College of Paediatricians)

Prof A M P Harris	(College of Dentistry)
Prof D A Hellenberg	(College of Family Physicians)
Dr M Heunis	(College of Radiation Oncologists)
Prof G Kariem	(College of Maxillo-Facial and Oral Surgeons)
Dr S Kling	(College of Paediatricians)
Prof A Krause	(College of Medical Geneticists)
Dr S M le Grange	(College of Paediatric Surgeons)
Dr R J Lehloeny	(College of Dermatologists)
Prof B G Lindeque	(College of Obstetricians and Gynaecologists)
Dr T E Luvhengo	(College of Surgeons)
Prof G Maartens	(College of Clinical Pharmacologists)
Dr D S Magazi	(College of Neurologists)
Dr J N Mahlangu	(College of Pathologists)
Prof L J Martin	(College of Forensic Pathologists)
Prof B M Mayosi	(College of Physicians)
Prof D Meyer	(College of Ophthalmologists)
Prof A J W Millar	(College of Paediatric Surgeons)
Dr V Mngomezulu	(College of Radiologists)
Prof D Modi	(College of Dermatologists)
Dr S B A Mutambirwa	(College of Urologists)
Prof S Naidoo	(College of Public Health Medicine)
Prof S S Naidoo	(College of Family Physicians)
Dr E Ndobe	(College of Plastic Surgeons)
Prof M V Ngcelwane	(College of Orthopaedic Surgeons)
Dr R D Nicholson	(College of Plastic Surgeons)
Prof J L A Rantloane	(College of Anaesthetists)
Prof A Reddi	(College of Cardiothoracic Surgeons)
Prof M M Sathekge	(College of Nuclear Physicians)
Prof R Y Seedat	(College of Otorhinolaryngologists)
Prof S Seedat	(College of Psychiatrists)
Prof P L Semple	(College of Neurosurgeons)
Dr F Senkubuge	(College of Public Health Medicine)
Prof L M Sykes	(College of Dentistry)
Prof C P Szabo	(College of Psychiatrists)
Prof M G Veller	(College of Surgeons)
Prof A Walubo	(College of Clinical Pharmacologists)
Prof J M Warwick	(College of Nuclear Physicians)

The following were elected from this group, to serve in the respective offices as indicated:

Prof A Rantloane	(Chairman Examinations and Credentials Committee)
Prof A Reddi	(Chairman Education Committee)
Prof J J Fagan	(Hon Registrar Finance and General Purposes Committee)
Prof M M Sathekge	(Hon Registrar Examinations and Credentials Committee)
Prof J S Bagratee	(Hon Registrar Education Committee)

Co-opted for their expertise, were:

Prof D Kahn	(Chairman Finance and General Purposes Committee)
Prof T Zabow	(Honorary Treasurer)
Prof A M Segone	(For his expertise)

The President (Prof A Madaree), Vice Presidents (Profs G A Ogunbanjo and J Vellema) and IPP (Prof Z M van der Spuy) will continue to serve in their respective offices until May 2013, with new incumbents due to be elected at the October 2012 Senate meeting.

## ANNUAL REPORTS OF THE CONSTITUENT COLLEGES: 2011-2014

The constituent College results for the 2011-2014 triennium were as follows:

### COLLEGE OF ANAESTHETISTS

*President:* Prof B J S Diedericks

*Secretary:* Dr U Singh

#### Representatives on Senate

Prof B J S Diedericks

Prof J L A Rantloane (*IPP*)

#### Other members of Council

Dyer, R A

Gopalan, P D

Govind, P V (D)

Joubert, I A

Le Roux, P J

Lundgren, A C

Raff, M

### COLLEGE OF CARDIOTHORACIC SURGEONS

*President:* Prof A Reddi

*Secretary:* Prof A G Linegar

#### Representatives on Senate

Prof A Reddi

Prof J G Brink

#### Other members of Council

Chauke, R F

Fulton, J O D

### COLLEGE OF CLINICAL PHARMACOLOGISTS

*President:* Prof G Maartens

*Secretary:* Prof K I Barnes

#### Representatives on Senate

Prof G Maartens

Prof A Walubo

#### Other members of Council

Greeff, O B W

Kwizera, E N

Rosenkranz, B

### COLLEGE OF DENTISTRY

*President:* Prof L M Sykes

*Secretary:* Dr R A Chamda

#### Representatives on Senate

Prof L M Sykes

Dr A M P Harris

### Other members of Council

Howes, D G  
Mistry, D  
Reinach, N

### COLLEGE OF DERMATOLOGISTS

*President:* Prof D Modi  
*Secretary:* Dr C M Kgokolo

#### Representatives on Senate

Prof D Modi  
Dr R J Lehloenyha

#### Other members of Council

Aboobaker, J  
Moche, M J  
Motswaledi, M H  
Singh, R  
Todd, G

### COLLEGE OF EMERGENCY MEDICINE

*President:* Dr R Dickerson  
*Secretary:* Dr H I Geduld

#### Representatives on Senate

Dr R Dickerson  
Dr H I Geduld

#### Other members of Council

Frith, C S (D)  
Kropman, A J  
Lahri, S  
Soni, J (D)  
Vallabh, K I

### COLLEGE OF FAMILY PHYSICIANS

*President:* Prof S S Naidoo  
*Secretary:* Prof G A Ogunbanjo

#### Representatives on Senate

Prof S S Naidoo  
Prof D A Hellenberg

#### Other members of Council

Cassimjee, M H  
Couper, I D  
Govender, I  
Govind, U  
Hugo, J F M  
Mabuza, L H  
Mash, R  
Smith, S  
Steinberg, W J

### COLLEGE OF FORENSIC PATHOLOGISTS

*President:* Dr S M Aiyer  
*Secretary:* Dr G M Kirk

#### Representatives on Senate

Dr S M Aiyer  
Prof L J Martin

#### Other members of Council

Els, J F (D)  
Fouché, L  
Hattingh, C  
Hlaise, K K  
Holland, S  
Lourens, D  
Naidoo, S (D)  
Naidoo, T  
Saayman, G  
Vellema, J  
Wadee, S A

### COLLEGE OF MAXILLO-FACIAL AND ORAL SURGEONS

*President:* Prof K Bütow  
*Secretary:* Dr S Singh

#### Representatives on Senate

Prof K Bütow  
Prof G Kariem

#### Other members of Council

Ferretti, C  
Lownie, M A  
Morkel, J A  
Rikhotso, R E  
Van der Westhuijzen, A J

### COLLEGE OF MEDICAL GENETICISTS

*President:* Prof A Krause  
*Secretary:* Dr M F Urban

#### Representatives on Senate

Prof A Krause  
Dr E M P Beckh-Arnold

#### Other members of Council

Bhengu, N L  
Fieggen, K J  
Henderson, B D  
Lambie, L A

### COLLEGE OF NEUROLOGISTS

*President:* Prof R Eastman

*Secretary:* Dr L M Tucker

#### Representatives on Senate

Prof R Eastman  
Dr D S Magazi

#### Other members of Council

Kruger, A  
Modi, G  
Moodley, A A

### COLLEGE OF NEUROSURGEONS

*President:* Prof P L Semple  
*Secretary:* Dr M D du Trevo

#### Representatives on Senate

Prof P L Semple  
Prof R Gopal

#### Other members of Council

Fieggen, A G  
Fisher-Jeffes, N  
Hartzenberg, H B  
Nadvi, S S

### COLLEGE OF NUCLEAR PHYSICIANS

*President:* Prof M M Sathekge  
*Secretary:* Dr J M Warwick

#### Representatives on Senate

Prof M M Sathekge  
Dr J M Warwick

#### Other members of Council

Brink, A  
Ellmann, A  
Mpikashe-Maseloa, P  
Otto, A C

### COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

*President:* Prof B G Lindeque  
*Secretary:* Prof D W Steyn

#### Representatives on Senate

Prof B G Lindeque  
Prof J S Bagratee

#### Other members of Council

Anthony, J  
Buchmann, E J  
Buthelezi, B T (D)  
Dreyer, G  
Govender, L  
Guidozzi, F

Kabaale, M H (D)  
 Monokoane, T S  
 Paruk, F  
 Snyman, L C  
 Stewart C J M  
 Theron, G B  
 Van der Spuy, Z M

### COLLEGE OF OPHTHALMOLOGISTS

*President:* Prof D Meyer  
*Secretary:* Dr L Visser

#### Representatives on Senate

Prof D Meyer  
 Dr R C Amod

#### Other members of Council

Cook, C  
 Legodi, K E M  
 Letlape, T K S  
 Naidu, K  
 Parbhoo, D  
 Surka, J A

### COLLEGE OF ORTHOPAEDIC SURGEONS

*President:* Prof R N Dunn  
*Secretary:* Dr P Makan

#### Representatives on Senate

Prof R N Dunn  
 Prof M V Ngcelwane

#### Other members of Council

Barrow, A D  
 Le Roux, T L B  
 Shipley, J A  
 Vlok, G J

### COLLEGE OF OTORHINOLARYNGOLOGISTS

*President:* Prof J J Fagan  
*Secretary:* Prof R Y Seedat

#### Representatives on Senate

Prof J J Fagan  
 Prof R Y Seedat

#### Other members of Council

Grobbelaar, J  
 Loock, J W  
 Lubbe, D E  
 Modi, P C

### COLLEGE OF PAEDIATRIC SURGEONS

*President:* Prof A J W Millar  
*Secretary:* Prof C Lazarus

#### Representatives on Senate

Prof A J W Millar  
 Dr S M le Grange

#### Other members of Council

Beale, P G  
 Hadley, G P  
 Moore, S W  
 Numanoglu, A

### COLLEGE OF PAEDIATRICIANS

*President:* Prof R J Green  
*Secretary:* Dr S Kling

#### Representatives on Senate

Prof R J Green  
 Dr S Kling

#### Other members of Council

Ballot, D E  
 Brown, S C  
 Davidson, A  
 Davies, V A  
 Heyns, L (D)  
 Saloojee, H  
 Singh, R  
 Thejpal, R

### COLLEGE OF PATHOLOGISTS

*President:* Prof D Govender  
*Secretary:* Dr J N Mahlangu

#### Representatives on Senate

Prof D Govender  
 Dr J N Mahlangu

#### Other members of Council

Duse, A G  
 Erasmus, R T  
 Ismail, N A  
 Moodley, P  
 Nayler, S J  
 Pillay, T  
 Van Heerden, W F P

### COLLEGE OF PHYSICIANS

*President:* Prof B M Mayosi  
*Secretary:* Prof V C Burch

#### Representatives on Senate

Prof B M Mayosi  
 Prof V C Burch

#### Other members of Council

Hift, R J  
 Huddle, K R L  
 Ker, J A  
 Lawal, A M A (D)  
 Mntla, P S  
 Mollentze, W F  
 Moosa, M R  
 Naicker, S  
 Parbhoo, T  
 Parrish, A G  
 Tsitsi, J M L

### COLLEGE OF PLASTIC SURGEONS

*President:* Dr R D Nicholson  
*Secretary:* Dr E Ndobe

#### Representatives on Senate

Dr R D Nicholson  
 Dr E Ndobe

#### Other members of Council

Coetzee, P F  
 Jandera, V V  
 Pillay, M  
 Siolo, E A

### COLLEGE OF PSYCHIATRISTS

*President:* Prof C P Szabo  
*Secretary:* Prof S Seedat

#### Representatives on Senate

Prof C P Szabo  
 Prof S Seedat

#### Other members of Council

Burns, J K  
 Joska, J A  
 Kaliski, S Z  
 Milligan, P D  
 Ramlall, S  
 Rataemane, S  
 Roos, J L

### COLLEGE OF PUBLIC HEALTH MEDICINE

*President:* Prof S Naidoo  
*Secretary:* Dr R Jina

#### Representatives on Senate

Prof S Naidoo  
 Dr F Senkubuge

**Other members of Council**

Adams, S  
Coetzee, D J  
Dudley, L  
Jeebhay, M F  
Kistnasamy, M B  
Knight, S  
Naidoo, N R  
Zungu, L M  
Zweigenthal, V E M

**COLLEGE OF RADIATION ONCOLOGISTS**

*President:* Prof R P Abratt  
*Secretary:* Prof L Goedhals

**Representatives on Senate**

Prof R P Abratt  
Dr M Heunis

**Other members of Council**

Du Toit, N  
Jordaan, J P  
Lakier, R H  
Sharma, V

**COLLEGE OF RADIOLOGISTS**

*President:* Prof S Andronikou  
*Secretary:* Prof R D Pitcher

**Representatives on Senate**

Prof S Andronikou  
Dr V Mngomezulu

**Other members of Council**

Beningfield, S J  
De Vries, C S  
Govind, M  
Joseph, E  
Lockhat, Z I  
Parag, P

**COLLEGE OF SURGEONS**

*President:* Prof M G Veller  
*Secretary:* Dr T E Luvhengo

**Representatives on Senate**

Prof M G Veller  
Dr T E Luvhengo

**Other members of Council**

Bizos, D B  
Boffard, K D  
Du Toit, R S  
Goldberg, P A  
Madiba, T  
Muller, E M  
Pillay, S S

**COLLEGE OF UROLOGISTS**

*President:* Prof R D Barnes  
*Secretary:* Prof S W Wentzel

**Representatives on Senate**

Prof R D Barnes  
Dr S B A Mutambirwa

**Other members of Council**

Heyns, C F  
Patel, H  
Porteous, P H  
Segone, A M  
Smart, D O  
Van der Merwe, A  
Van Wijk, F J

**CO-OPTIONS**

The constituent College Councils were empowered to co-opt additional persons if deemed necessary to improve representation on a geographic or demographic basis, or to ensure university representation.

**DIPLOMATES**

Dr B T Buthelezi and Dr C S Frith were duly elected to serve as Diplomate representatives during the new triennium of Senate.

**MEMORANDUM OF INCORPORATION AND RULES OF THE CMSA**

In compliance with the new Companies Act 2008, a new Memorandum of Incorporation (Mol) and Rules have been drawn up for the CMSA which will be presented to Senate for ratification in October 2012.

In terms of the optional provisions of the Act, it was agreed that the CMSA shall have a company secretary and shall continue to have its books audited annually.

**RISK CONSCIOUSNESS IN THE CMSA**

Risk awareness within all the CMSA structures has now become a top priority of Senate. This will consist of identifying, evaluating, addressing and reporting risk in order to "crisis proof" the CMSA and by doing so, to ensure that when issues arise, the CMSA will be able to manage these effectively.

The following need to be put in place in order to achieve this goal:

**Governance**

- Appropriate structures and individuals to manage risk and respond to crisis.
- The CMSA's strategy and risk management to be aligned.
- Regular review of risk management governance and assets.
- Alignment of the CMSA's risk management to current best practice standards.

**Risk consciousness**

- Effective risk management in all the structures.

- Culturally embedding risk consciousness in the CMSA.
- Management to subscribe to risk governance.

### Risk framework

- The Senate to receive a holistic picture of the CMSA's risk on a regular basis.
- Comprehensive and timeous reporting of risk.
- Decisions to be made regularly regarding the CMSA's tolerance of risk.
- Adequate management of external risk, which is being regarded as extremely important.

### Categories of risk

While risk categorisation, into silos, is being used to identify specific aspects requiring risk review, it is essential that an integrated approach to risk be used by the CMSA, where the effect of each category on the other categories, and their effect on all aspects of the CMSA's functions, are effectively evaluated.

The following categories have been identified:

#### Strategic

This will include the reliability and validity of the CMSA's governance structures, policies and goals.

#### Financial

This will cover all aspects of the CMSA's financial structures.

#### Operational

All aspects of the CMSA's operational units/categories will fall under this category which will include, but not be limited to:

- Education
- Examinations
- Projects (such as the current project)
- Human capital
- Stakeholder relationships (including universities, members, examinees).

#### Compliance

This would include all the regulations and laws that affect the CMSA.

#### Reputation

The CMSA's ability to perform its functions effectively will be based on the organisation's reputation.

- The value of reputation will be an accumulation of perceptions and opinions about the CMSA.
- The CMSA will enjoy a good reputation when its behaviour and performance consistently meet or exceed the expectations of its members. Reputation will diminish if words and actions are perceived as failing to meet expectations.
- Reputation will be an indicator of past performance and future prospects.
- Reputation will be based on the perception of whether an individual's experience of the CMSA matches expectations.

### Emergency intervention plan

An emergency intervention plan is being put in place to deal appropriately with any crises situations which require immediate intervention that affect, or may affect, the CMSA. This plan is not intended to usurp standard procedures, but will ensure that appropriate action is taken while procedures are being instituted.

### Appointment of Risk Committee

Senate formed a Risk Committee, which is constituted by:

Dr Warren Clewlow: Chairman  
 Prof Martin Veller: Vice-chairman, also representing the Examinations and Credentials Committee  
 Prof David Meyer: Representing the Finance and General Purposes Committee  
 Dr Sageren Aiyer: Representing the Education Committee  
 Prof Tuviah Zabow: Honorary Treasurer  
 Mrs Bernise Bothma: Company Secretary

Meetings of the committee have been taking place on a regular basis. The aim of the committee is to ensure that adequate risk management prevails in all the CMSA structures and to render assistance, where required, to achieve this goal.

It is with pleasure that we report that the Risk Committee has been very active in its deliberations, attending also to matters referred for input by the President and the Executive. Certain strategies have been put in place in order to achieve the above goals.

### SOCIAL AND ETHICS COMMITTEE

A Social and Ethics Committee has been established to monitor the activities of the CMSA, having regard to any relevant legislation, other legal requirements, or prevailing codes of best practice dealing with the broad principles of social and economic development, good corporate citizenship, the environment, health and public safety, consumer relationships and labour and employment.

Members elected to serve on this Committee are:

Prof David Meyer: Finance and General Purposes Committee  
 Prof Martin Veller: Examinations and Credentials Committee  
 Dr Sageren Aiyer: Education Committee  
 Mrs Bernise Bothma: Company Secretary

The Chairperson will be elected in due course.

### CMSA PROMOTION OF ACCESS TO INFORMATION ACT MANUAL

The purpose of the Promotion of Access to Information Act, 2 of 2000, (PAIA) is to give effect to the constitutional right of access to any information held by the State and any information that is held by another person and that is required for the exercise or protection of any rights.

The PAIA was enacted in order to foster a culture of transparency and accountability in public and private bodies by giving effect to the right of access to information, and in order to actively promote a society in which the people of South Africa have effective access to information to enable them to more fully exercise and protect all of their rights.

The CMSA compiled a PAIA manual in terms of Section 51 of the Act, which was duly lodged with the SA Human Rights Commission.

## B-BBEE CERTIFICATION FOR THE CMSA

The CMSA has been evaluated by Grant Thornton in terms of Section 9(1) of the Broad-Based Black Economic Empowerment Act 53 of 2003, using the Qualifying Small Enterprise Scorecard, as a Level Four Contributor at a B-BBEE Procurement Level of 100%.

## EXAMINATIONS AND RELATED MATTERS

### The National Professional Examination for Specialists and Subspecialists in South Africa

The Health Professions Council of South Africa (HPCSA) is mandated, in terms of the Health Professions Act, 1974 (Act No. 56 of 1974), to control, among others, the determination of appropriate education and training requirements in the health professions that require registration under the Act, the registration and thus licensing of students and health practitioners, and the determination of appropriate standards for professional practice of students and health practitioners.

As the CMSA, having been registered in 1955, offers qualifications (Fellowships) recognised by the HPCSA for specialist registration, certificates as additional qualifications and Diploma and Higher Diploma qualifications registered by the HPCSA as additional qualifications, the HPCSA agreed that the CMSA will conduct the National Professional Examination for Specialists and Subspecialists in South Africa.

A Memorandum of Understanding is due to be entered into between the CMSA and the HPCSA which will be supported by a service level agreement specifying the obligations, rights and liabilities of both parties.

### New qualifications

The following new qualifications have been approved, subject to acceptance of the regulations by the HPCSA:

- Specialty in Sports and Exercise Medicine
- Subspecialty Certificate in Advanced Clinical Radiology
- Certificate in Urogynaecology
- Diploma in Oral Surgery
- Higher Diploma in Family Medicine
- Diploma in Geriatric Medicine
- Subspecialty in Community Paediatrics

### Change of Nomenclature of Subspecialty Certificate in Child Psychiatry

The Subspecialty Certificate in Child Psychiatry of the College of Psychiatrists of South Africa is being changed to the Subspecialty Certificate in Child and Adolescent Psychiatry but this is also subject to approval by the HPCSA.

### Written examinations

From the August 2012 set of examinations the written examinations will be extended over 4-5 days to accommodate the increasing numbers of candidates.

### Protecting the privacy of examination candidates

To protect the privacy of candidates, in future, examination numbers only will appear on the provisional pass lists. The examination

timetables will not be posted on the website either, but will be e-mailed to candidates and examiners.

Each of the Deans of the respective universities will receive a list of candidates from their institution, giving the name and the candidate number, so that the university departments are aware of which of their candidates have been invited to the orals.

The ratified results will be with names and will be published in *Transactions*, the journal of the CMSA, six months later.

### Fellowships awarded by peer review

Fellowship without examination (by peer review) is offered by the CMSA in exceptional cases only, to carefully selected candidates. It is only awarded, by invitation by the Senate, to a person who:

- Holds a degree or diploma which entitles him or her to registration with the Health Professions Council of South Africa, and who is in fact so registered in the same discipline of medicine or dentistry as that in which he or she has been nominated for Fellowship by peer review.
- Has been active in the discipline for at least 10 years.
- Is resident in South Africa at the time of the award.
- Has been subjected to peer review by a formally appointed peer review subcommittee according to strict criteria determined by Senate.

The candidates listed below were successfully considered for Fellowship by peer review during the 2011/2012 financial year:

#### College of Dentistry

OWEN, Peter

#### College of Family Physicians

DE VRIES, Elma  
GOVENDER, Romona Devi  
ROSS, Andrew John

#### College of Paediatricians

AVENANT, Theunis Johannes  
KRUGER, Mariana  
SMUTS, Izelle  
ZAR, Heather Joy

#### College of Pathologists

JACOBSON, Barry Frank

#### College of Psychiatrists

MKIZE, Dan Lamla

### Successful examination candidates

The names of candidates who pass the biannual CMSA examinations appear under a separate section in these Transactions.

### Medals

Recipients of medals at the October 2011 and May 2012 admission ceremonies were:

#### ***Janssen Research Foundation Medal and Abbott Medal***

Leah REID

FCA(SA) Part I and  
FCA(SA) Part I Pharmacology

**Hymie Samson Medal and Glaxosmithkline Medal** Tracy Anne JACKSON

FCA(SA) Part 1 Physics/Clinical Measurement and  
FCA(SA) Part I Physiology

**Jack Abelsohn Medal and Book Prize** Gabriel Johannes LE ROUX  
FCA(SA) Clinical Section

**Sigo Nielsen Medal** Rudi RENISON  
FC Neurol(SA) Part I

**Daubenton Medal** Johanna Elizabeth SWANEPOEL  
FCOG(SA)

**JM Edelstein Medal** Benjamin Rupert GARRETT  
FC Orth(SA)

**Robert McDonald Medal** Tary Catherine GRAY  
FC Paed(SA)

**Coulter Medal** Hue-Tsi WU  
FC Path(SA)

**Asher Dubb Medal** Alfonso Jan Kemp PEACORARO  
FCP(SA)

**Josse Kaye Medal** Karel Frederik BUITENDAG  
FC Rad(SA)

**Frederich Luvuno Medal and Trubshaw Medal** David Martin  
NORTH FCS(SA) Part I Anatomy and  
FCS(SA) Part I

**Douglas Award** Stefan HOFMEYR  
FCS(SA)

**Lionel B Goldschmidt Medal** Amir David ZARRABI  
FC Urol(SA)

**HIV Clinicians Society Medal** Mishal PANDIE  
Dip HIV Man(SA)

**Suzman Medal** Robert FREERCKS  
FCP(SA) Phys

**Rowland A Krynauw Medal** Jacobus Malan STEYN  
FC Neurosurg(SA) Final

**Neville Welsh Medal** Lodewicus Francois MALHERBE  
FC Ophth(SA) Primary 1A

**SA Society of Otorhinolaryngology Medal** Kurt Denton SCHLEMMER  
FCORL(SA) Part 1

**AM Meyers Medal** Arthur Kaggwe MUTYABA  
Vishal Lutchman JAIRAM  
FCP(SA) Part 1

**Rhône-Poulenc Rorer Medal** Samuel Andrew MANIKKAM  
FC Rad Diag(SA) Part 1

**Frederich Luvuno Medal** Andrew John VILJOEN  
FCS(SA) Primary

**Lionel B Goldschmidt Medal** Suhani MAHARAJH  
FC Urol(SA) Final

**HIV Clinicians Society Medal** Elizabeth Marguerite GATLEY  
Dip HIV Man(SA)

**Walter G Kloeck Medal** Alexa DE CASTRO  
Dip PEC(SA)

**Campbell MacFarlane Medal** Bianca Marie VISSER  
Dip PEC(SA) Practical

### Accreditation of hospital posts

A list follows, of the hospital posts that were accredited during the year under review:

**DA(SA)**  
Mafikeng Provincial Hospital  
Paarl Hospital

**Dip PEC(SA)**  
Pholosong Hospital

**Dip HIV MAN(SA)**  
Mseleni Hospital

**DMH(SA)**  
Rob Ferreira Hospital

**Dip Ophth(SA)**  
Eerste Rivier Hospital

**H Dip Surg(SA)**  
Frontier Hospital

### RESEARCH IN THE CMSA

The importance of research in the CMSA has again been stressed and Prof Bongani Mayosi continues to play an important role in getting this message across. A request has been submitted to Dr Olive Shisana, in her capacity as Chairman of the Ministerial Advisory Committee on the National Health Insurance (NHI), to meet with a CMSA delegation to discuss the place of Academic Health Complexes in the NHI.

Research is now a standing item on all the CMSA agendas.

### Research Scholarships

#### K M Browse Scholarship 2011/2012

Not awarded.

#### YK Seedat Research Project 2011/2012

This is a new Scholarship that will be awarded for the first time in the 2012/2013 financial year.

### Life Healthcare Scholarships

Life Healthcare and the CMSA have been collaborating to boost the number of medical subspecialists in South Africa to address the national shortage.

An injection of R13 million per annum over six years from Life Healthcare will ensure that approximately 36 doctors undergo intensive two-year subspecialist training. This will create a group of highly trained professionals to help address the acute skills crisis in South Africa's medical industry.



This should result in South Africa gaining and retaining the expertise of highly trained clinicians in many different disciplines of medicine.

An important criterion for the Life Healthcare Scholarships is that the qualifying doctors must be committed to remain in the country after their training and work in public hospitals where vacancies exist.

Prof Zephne van der Spuy, immediate past President of the CMSA and Chairman of the Selection Committee, who has been instrumental in negotiating this Scholarship, points out that the scholarships will contribute towards alleviating the overall shortage of specialists and subspecialists. They will provide a major boost, particularly in new subspecialties where funded training opportunities are often not available, but where skills are needed that will contribute significantly to healthcare.

It is anticipated that the interviews will be finalised, and appointments made by August 2012. If all the posts are filled, further funding will only be available in 2014.

## AWARDS

### Phyllis Knocker/Bradlow Award

The 2011 award was made to Dr R N Rodseth, Fellow of the College of Anaesthetists, for his protocol, *Vision NT-pro-BNP sub study: a large multicentre international cohort study evaluating NT-pro-BNP in major vascular events in patients undergoing non-cardiac surgery.*

### Margaret S Bell Award

The award for 2011 was made to Dr Inge Smit for an annual registrar presentation at the National Congress of the South African Society of Psychiatrists.

### R W S Cheetham Award

Dr Laila Asmal received the award for 2011, for her published paper on *Family therapy for schizophrenia: cultural challenges and implementation barriers in the South African context.*

### Maurice Weinbren Award

The award for 2011 was made to Dr Nishantha Govender for her published paper entitled, *Adequacy of paediatric renal tract ultrasound requests and reports in a general radiology department.*

## EDUCATIONAL ACTIVITIES

Education has been identified as the one area in the CMSA where there will have to be considerable expansion, for example with the introduction of skills courses. This is being investigated by the education committee in Durban.

### J C Coetzee educational projects

Unfortunately, no reports have been forthcoming on this activity and future activities will consequently be included in the annual report of the College of Obstetricians and Gynaecologists.

### Educational Development Programme, Mthatha

#### 19-11 June 2011: Family Medicine and Rural Health Update

Professor Steve Reid, Head of Rural Health, UCT and Dr Andrew Ross, a Family Medicine Specialist from UKZN presented updates.

#### 15-17 September 2011: Updates on Haematology and Chemical

### Pathology

Presented by Dr R Grewal and Dr M Rensburg, both from Tygerberg Hospital, NHLS.

#### 31 May-2 June 2012: HIV Update

Dr Halima Dawood and Professor Sylvester Chima presented a programme on ethics.

### Robert McDonald Rural Paediatric Fund

No awards were made during the year under review.

## LECTURESHIPS

### Arthur Landau Lectureship

#### 2011

Professor Y Veriava was appointed as the Arthur Landau lecturer for 2011. He gave his lectures at the University of the Witwatersrand on 22 and 23 July 2011; Medunsa on 27 July 2011; University of the Free State on 12 August 2011; the University of Cape Town on 15 September 2011 and University of KwaZulu-Natal on 8 and 9 October 2011. The title of his lecture was *A pressurised journey: despair or hope?*

#### 2012

Professor W Mollentze was appointed as the Arthur Landau lecturer for 2012. He commenced his lectures in Cape Town on 23 February 2012. Later in the year, he will deliver his lecture in the other centres. The title of Professor Mollentze's lecture is: *Three decades of obesity research: implications for clinicians.*

### Francois P Fouché Lectureship

Professor JA Shipley from Bloemfontein lectured at the 57<sup>th</sup> Annual South African Orthopaedic Congress at Sun City on 5 September 2011. The topic of his lecture was: *The upright ape.*

### JC Coetzee Lectureship

Professor GP Theron was appointed as the JC Coetzee Lecturer for 2012 and he delivered his lecture, *Perinatal HIV*, at the 19<sup>th</sup> National Family Physicians Congress held in Cape Town on 11 and 12 May 2012.

### KM Seedat Memorial Lectureship

Dr John Gillies From Scotland, UK, was appointed as the KM Seedat Lecturer for 2012. He delivered his lecture also at the 19<sup>th</sup> National Family Physicians Congress in Cape Town in May 2012. The title of his lecture was *Primary care: ideas and lessons from the Royal College of General Practitioners.*

### Margaret Orford Memorial Lectureship

Professor L Denny was appointed as the Margaret Orford Lecturer for 2012. She delivered her lecture, *Is it possible to control cervical cancer in Africa?* at the SASOG Congress held from 6 to 10 May 2012.

### The JN and WLS Jacobson Lectureship

Professor RD Pitcher has been appointed as the JN and WLS Jacobson lecturer for 2012> He will deliver his lecture, *Clinical and*

*immunological correlates of chest X-ray abnormalities in HIV-infected South African children, in the next financial year.*

## PROPERTIES

### Johannesburg

In the previous report, we gave a detailed account of the activities relating to the sale and development of the two properties adjacent to the CMSA office in Parktown West. The latest development is that Bell Dewar has been instructed to proceed with a Notarial Tie between 25 and 27 Rhodes Avenue. The site development plan will only be submitted for approval by Senate once the Municipal Council have approved the plans.

### Durban

There has now been some development in relation to the proposed new office complex in Durban. It is envisaged that this will occur in two stages and that the first stage of this exciting development will commence shortly.

## CMSA MEMBERSHIP

It is the responsibility of members of the CMSA to ensure that their address details, e-mail addresses and personal particulars are updated with the CMSA at all times. The CMSA cannot be held responsible for the non-delivery of any legal or statutory documentation to any member whose information has not been updated.

A membership database update sheet appears elsewhere in *Transactions*. Please complete it and e-mail it to members@colmedsa.co.za or fax it to 021 685 3766. On this form, our members are also requested to provide certain information which will be used for statistical purposes. However, there is a block that can be ticked by members who elect not to disclose personal information.

### Honorary Fellowship

Election to Honorary Fellowship is the highest honour the CMSA can bestow and the award is made:

- To recognise achievement of the highest order in fields of endeavour within the ambit of, and contributory to the objectives of the CMSA.
- To honour through the person of a Senior Office Bearer, a foreign Sister College, or equivalent institution with which the CMSA has a mutually beneficial association.
- To acknowledge services to the CMSA of an exceptionally high order.
- To recognise achievement of the highest order in their fields of endeavour by persons in South Africa or globally.

No Honorary Fellowships were awarded during the review period, in addition to the special awards made at the time of the International Conference of College and Academy Presidents in February 2012.

### Fellowship *ad eundem*

Fellowship *ad eundem* is intended as a rare honour that is bestowed upon medically or dentally qualified persons who may or may not be Fellows of the CMSA, but who merit very special recognition for contributions different to those of an Honorary Fellow. The award is intended to recognise and acknowledge:

- Exceptional contributions to the CMSA and/or to one of the constituent Colleges.
- Exceptional attainments in the medical or dental professions especially in the discipline in which the Fellowship *ad eundem* is to be awarded.

No awards were made during the past year.

### Special recognition to esteemed member

At the ceremony in October 2011, Dr Ian Huskisson received an illuminated address from the Senate, plus a leather-bound volume of his own book entitled, *The history of The Colleges of Medicine of South Africa: the first 50 years*.

He served the CMSA over a period of 50 years in varied positions. He was the Honorary Editor of the *College Transactions* (1962-1980), Honorary Archivist/Librarian (1971-1980), a Member of Council (now Senate) from 1968-1971, and again from 1980-1995 and Honorary Treasurer (1980-1995). Dr Huskisson also served the College as Secretary of the Faculty of Medicine (now College of Physicians) (1968-1971) and was a regular examiner in College examinations.

A full citation appeared in the previous issue of *Transactions*.

### Associateship

Membership in this category is offered to medical or dental practitioners whose professional standing and interest and activities are considered to be of such nature that they would strengthen the CMSA and the constituent College concerned. The incumbents have to be registered with the HPCSA and hold a degree or diploma that is considered to be comparable to a Fellowship of the CMSA.

The following registered as Associates during the past year:

#### College of Pathologists

STOLP, D

#### College of Otorhinolaryngologists

GRAEWE, F R

#### College of Radiation Oncologists

SIMONDS, H M

## COLLABORATION AND CO-OPERATION WITH SISTER COLLEGES AND ACADEMIES

### International Conference of College and Academy Presidents and Masters hosted by the CMSA in Cape Town from 1-3 April 2012

It is with pleasure that we record that the ICCAPM, hosted by the President and Executive of the CMSA, was one of the highlights during the past year. Special guests included esteemed past Presidents and Honorary Fellows of the CMSA, Prof M S M Mokgokong, President of the HPCSA and Prof S Essack, Chairperson of the Committee of Medical Deans.

The 28 constituent Colleges of the CMSA were represented, almost in each instance, by their Presidents and visiting delegates (in alphabetical order) attended from the following Colleges, Academies and other institutions:

Brig M Ahmed	GM Operations, College of Physicians and Surgeons of Pakistan
Prof S Bailey	President, Royal College of Psychiatrists
Dr LD Britt	Immediate past President, American College of Surgeons
Prof Sir G Brobby	President, Ghana College of Physicians and Surgeons
Prof J Crowe	President, Royal College of Physicians of Ireland
Dr Chang Keng Wee	Master, Academy of Medicine of Malaysia
Prof Z U Chaudhry	President, College of Physicians and Surgeons of Pakistan
Dr Y D Ejnes	Chairman Board of Regents, American College of Physicians
Dr A D Falconer	President, Royal College of Obstetricians and Gynaecologists
Dr L H Francescutti	President, Royal College of Physicians and Surgeons of Canada
Dr G Howarth	Head of Medical Services (Africa), Medical Protection Society
Prof E Kaaya	President, College of Pathologists of East, Central and Southern Africa (COPECSA)
Prof K McAdam	Associate International Director, Royal College of Physicians, London
Dr V Mudenda	Executive Committee member, COPECSA
Prof LKLS Lekamwasam	President, Ceylon College of Physicians
Dr D Li	Vice President, Hong Kong Academy of Medicine
Mr F A Mutyaba	Immediate past President, College of Surgeons of East, Central and Southern Africa (COSECSA)
Prof O Ogedengbe	President, West African College of Surgeons
Dr A Padmos	CEO, Royal College of Physicians and Surgeons of Canada
Dr A Prentice	President, Royal College of Pathologists
Mr C Samkange	President, College of Surgeons of COSECSA
Dr R Sherwood	President, Royal Australian and New Zealand College of Obstetricians and Gynaecologists
Dr Tan Kok Chai	Master, Academy of Medicine Singapore
Prof V C Wakwe	President, Nigerian Postgraduate Medical College
Prof Yip Cheng-Har	President, College of Surgeons of Malaysia.

Most of the visiting delegates contributed to the scientific programme which started with a presentation on topics related to the structure of their institutions, their administration, registration and statutory standing (their accountability and autonomy), and examination reciprocity with other Colleges and Academies and challenges within their countries.

Important topics were covered in the sessions that followed, viz:

- **Recertification:** Whether there was need for recertification in resource-constrained countries;
- **Examinations:** Which included the examination process, harmonisation of examinations, reciprocities, pitfalls, and whether an exit examination was needed vs. a board examination.
- **Litigation:** Where the perspective of a number of Colleges and institutions were presented.
- **Medical education/research:** Dealing with what's new in medical education, the role of research in training in a well-resourced setting and research in postgraduate training.
- **Medical migration and collaborative support for the development of health care and education in the developing world:** Where the perspective of a number of Colleges were presented.

The scientific programme was concluded with a selected group of delegates presenting their vision for the next five years. Prof Jeanine Vellema, Vice President of the CMSA, summarised the outcome of the two-day deliberations.

#### Admission to Honorary Fellowship

At a special convocation ceremony where Prof John Terblanche, past President of the CMSA, presided as guest speaker, the following received admission to Honorary Fellowship in the respective constituent Colleges of the CMSA:

#### College of Pathologists

Prof E Kaaya  
Dr A Prentice  
Dr V Wakwe

#### College of Psychiatrists

Prof S Bailey

#### College of Plastic Surgeons

Prof Tan Kok Chai

#### College of Urologists

Mr C Samkange

#### College of Otorhinolaryngologists

Sir George Brobby

#### College of Orthopaedic Surgeons

Mr F Mutyaba

#### College of Obstetricians and Gynaecologists

Dr T Falconer  
Prof B Ogedengbe  
Dr R Sherwood

**College of Surgeons**

Dr LD Britt  
 Dr Chang Keng Wee  
 Prof Z Chaudhary  
 Dr Y Cheng-Har

**College of Physicians**

Prof J Crowe  
 Dr L H Francescutti  
 Prof S Lekamwasam

**CMSA Attendance at Meetings of Sister Colleges and Academies**

The following meetings were attended by representatives of the CMSA or its constituent Colleges:

*Royal College of Surgeons of Thailand:* 36<sup>th</sup> Annual Scientific Meeting jointly held with the American College of Surgeons in Pattaya, Thailand, from 14-17 July 2011.

Prof Del Kahn, President CS

*Academy of Medicine, Singapore:* 45<sup>th</sup> Singapore-Malaysia Congress of Medicine held at the Suntec Singapore International Convention and Exhibition Centre from 21-23 July 2011.

Prof Anil Madaree, President

*Royal College of Physicians and Surgeons of Canada:* 4<sup>th</sup> International Medical Education Leaders' Forum (IMELF 2011 held in Quebec City on 21 September 2011 and the International Conference on Residency

Education (ICRE 2011) held from 22 to 24 September 2011.

Prof Zephne van der Spuy, IPP

*West African College of Surgeons:* 52<sup>nd</sup> Annual Scientific Conference held in Monrovia, Liberia from 26 February-3 March 2012.

Prof Anil Madaree, President

*Royal Australasian College of Surgeons:* Annual Scientific Congress held in Kuala Lumpur from 6-10 May 2012.

Prof Anil Madaree, President

**ACKNOWLEDGEMENTS**

Senate wishes to place on record its sincere appreciation of the personal contributions of honorary officers, examiners, trustees, councillors of constituent Colleges and committee members who continue to serve The Colleges of Medicine of South Africa on an ongoing basis despite their numerous other commitments.

A word of thanks also to members of the CMSA and others who actively participated in the vast number of activities that took place during this past year, and particularly to those who contributed to the success of the projects referred to in this report.

Finally, it is always an immense pleasure for Senate to acknowledge the loyal and dedicated service of the full-time staff of our College who render a vital service far beyond the call of duty.

**Bernise Bothma**

CEO

## CMSA Announcements and Important Notices

### Fellowship *ad Eundem*

### As at 3 September 2012

<b>Bowie</b> Malcolm David (C PAED) (2007)	Knysna	<b>Moodley</b> Jagidesa (COG) (1975)	Durban
<b>Cleaton-Jones</b> Peter Eiddon (CD) (2005)	Johannesburg	<b>Ncayiyana</b> Daniel JM (CMSA) (2002)	Durban
<b>Corder</b> Robert Franklin (CEM) (2007)	Maryland, USA	<b>Odendaal</b> Hendrik Johannes (COG) (2009)	Cape Town
<b>Davey</b> Dennis Albert (C PAED) (2008)	Bergvliet, Cape Town	<b>Padayachee</b> Gopalan N (CPHM) (2004)	Cape Town
<b>Davies</b> John Carol Anthony (CPHM) (2007)	Johannesburg	<b>Philpott</b> Hugh Robert (COG) (2008)	Durban
<b>Gear</b> John Spencer Sutherland (CPHM) (2005)	Still Bay	<b>Price</b> Max Rodney (CPHM) (2004)	Cape Town
<b>Gevers</b> Wieland (CP) (2001)	Rosebank, Cape Town	<b>Saffer</b> Seelig David (C NEURO) (2004)	Johannesburg
<b>Keet</b> Marie Paulowna (C PAED) (2007)	Cape Town	<b>Sutcliffe</b> Thomas James (C PSYCH) (2008)	Cape Town
<b>Lemmer</b> Johan (CD) (2003)	Johannesburg	<b>Welsh</b> Neville Hepburn (C OPHTH) (2006)	Lydenburg
<b>Levin</b> Solomon Elias (C PAED) (2007)	Johannesburg		
<b>Makgoba</b> Malegapuru W (CP) (2003)	Durban		

(Deceased members not listed but on record).

## Annual Reports of Constituent Colleges

### COLLEGE OF ANAESTHETISTS

The College had its normal activities of examinations in the second part of 2011, and again the first half of 2012 (DA) and FCA(SA) I and 2.

Examination dates and pass rates:

Examination	Written examination	Oral/clinical examination	Pass rate
DA(SA) 2011	August 2011	11-12 September 2011	90/106
DA(SA) 2012	26 and 27 March 2012	3 and 4 April 2012	77/90
FCA(SA) 1	August 2011	None	19/41
FCA(SA) 1	27, 28 and 29 March 2012	None	30/53
FCA(SA) 2	August 2011	October 2011	30/45
FCA(SA) 2	19,20 and 22 March 2012	14-17 May 2012	31/67

#### Other activities

- CASA Council meetings were held on 18 January 2012 and 18 May 2012.
- A DA tutor programme is being planned.
- Examiner training sessions are planned for DA, FCA Part I and FCA Part II examiners.
- It was decided that new examiners to examine in FCA Part II should attend a clinical course. A potential examiner from Limpopo was sponsored to attend such a course. In future, one out-of-town potential examiner will be sponsored for the course every six months as necessary.
- If imperative, an out-of-town observer for the DA examination will also be funded on an ad hoc basis. This was not carried out during this period.
- A proposed Advisory Subcommittee consisting of heads of academic anaesthesiology departments is to be constituted in July 2012.
- Benchmarking of all examinations is in progress.

**Prof B J S Diedericks**  
**PRESIDENT**

### COLLEGE OF CARDIOTHORACIC SURGEONS

The extremely high failure rate of candidates in the recent Fellowship examinations is of grave concern to the College of Cardiothoracic Surgeons. The reasons for these poor results, have as of yet, not been elucidated. In general, the outcome in medical assessments is predicated on three components:

- The University training department

- The preparation and performance of the candidate
- The examination process

of which the College is responsible only for the last.

Current regulations are clear on matters of entrance and format, and include a comprehensive syllabus with the requisite bibliography. While the examination process has kept pace with modern methodologies, e.g. moderation, memos, multiple short questions and blueprinting, the performance of candidates has been uniformly poor.

The academic programme and preparation of the candidate is a function of the training unit, a subsidiary of the university, which has thus far played little or no role in postgraduate training, aside from interference and meddling in noneducational issues. Perhaps a statutory body, such as the HPCSA, should investigate, and advise the higher medical education authorities on auditing the performance of its training platforms.

**Prof A Reddi**  
**PRESIDENT**

### COLLEGE OF CLINICAL PHARMACOLOGISTS

The first graduate of FCCP(SA) was Dr Eric Decloedt from the University of Cape Town who passed Part II in September 2011.

The Academic Registrar has written to the HPCSA to establish why the long-awaited Government gazette approving Clinical Pharmacology as a speciality has not occurred.

Annual General Meeting: No meeting was held in this period.

**Prof K Barnes**  
**SECRETARY**

### COLLEGE OF DENTISTRY

During the past year, the College of Dentistry focused on increasing its membership in order to have wider representation from all the specialities, universities and regions. The aim was to have a larger pool of members whose expertise could be used to draft the blueprints for future examinations, and who could serve as examiners in the future. Nine new Associates were welcomed, all of whom are attached to universities. However, in the next year, we hope to also attract specialists from private practice. Communication between the Council members improved, and they are all actively campaigning to encourage students to enrol for Diploma courses with the College and to write the Fellowship examinations.

Task groups were set up to visit the four Universities, and address the various Deans and Heads of Departments in order to clarify issues

that relate to the national professional examination. However, there has been a certain amount of reluctance and concerns were raised in accepting these proposals, as well as from the PETD in having a College representative on their committee. Both issues are presently being addressed.

The proposed Diploma in Implantology is being revised to focus more on diagnostic and rehabilitative aspects of implantology, which will then compliment the surgical diploma that is offered by the College of Maxillo-Facial and Oral Surgery. The new proposal will be submitted to the College for approval.

One candidate successfully passed the FCD(SA) in Orthodontics in 2011. One member was recommended for Fellowship by peer review and is awaiting Senate approval. Three new Fellowships and five additional Associates were also proposed, and motivation will be submitted to Senate for approval.

**Prof LM Sykes**  
**PRESIDENT**

**Dr R Chamda**  
**SECRETARY**

## COLLEGE OF DERMATOLOGISTS

There are a few matters that we need to address.

### Examination results

**FC Derm(SA) Part I:** Seven out of the eight candidates passed the May 2012 examination.

Candidates may be admitted to Part I of the examination if they spent a minimum time of six months or were employed as a registrar or a medical officer in an academic division of Dermatology. Exceptional circumstances will be considered.

**FC Derm(SA) Part II:** A total of five of the seven candidates who sat for Part II, passed.

The blueprint for the FC Derm(SA) Part II has been submitted to the Examinations and Credentials Committee.

### CMSA Senate meeting May 2012

The CMSA has now officially been appointed by the HPCSA as the national professional examining body. Written notification was given on 24 May 2012.

Various aspects regarding the examinations were discussed. There is a move by the bigger disciplines to establish a bank of MCQs and to also use computerised examinations.

**Prof D Modi**  
**PRESIDENT**

## COLLEGE OF EMERGENCY MEDICINE

At the commencement of the new College triennium, it was a great privilege to present the 8<sup>th</sup> Annual Report of the College of Emergency Medicine of South Africa. The discipline of Emergency Medicine continues to grow from strength to strength, as reflected in the following activities and achievements.

### Elected Councillors

- Prof Roger Dickerson (President and Senate Representative)
- Dr Heike Geduld (Secretary and Senate Representative)
- Dr Annemarie Kropman

- Dr Sa'ad Lahri
- Dr Kamil Vallabh
- Dr Caryn Frith (Diplomate Representative and CMSA Senate Diplomate Representative)
- Dr Jalaluddin Soni (Diplomate Representative)

### Immediate Past President

Prof Walter Kloeck

### University Representation

Six South African Medical Universities offer postgraduate Registrar training in Emergency Medicine. Representatives of all six Universities have been elected or co-opted onto the Council of the College of Emergency Medicine:

- Prof Lee Wallis (Universities of Cape Town and Stellenbosch)
- Prof Efraim Kramer (University of the Witwatersrand)
- Prof Andreas Engelbrecht (University of Pretoria)
- Dr William Lubinga (University of Limpopo)
- Dr Pravindas Hargovan alternating with Dr Darryl Wood (University of KwaZulu-Natal).

The University of Botswana has recently established a postgraduate Emergency Medicine training programme. This programme has been evaluated by our College, with a view to assisting in the training and evaluation of their candidates. The University of Botswana is represented on Council by Dr Ngaire Caruso, alternating with Dr Megan Cox.

Our College actively pursues a policy of close cooperation and consensus between all major academic institutions involved in the training of specialist emergency physicians, a goal which is essential for the uniformity and development of our relatively new Specialty. Our College also enjoys close ties with the Emergency Medicine Society of South Africa (EMSSA), the Emergency Nurses Society of South Africa (ENSSA) and the Emergency Care Society of South Africa (ECSSA). This ensures continued input in the practice of Emergency Medicine in the pre-hospital and intra-hospital environments.

The incoming Council for the 2011 to 2014 triennium would like to express our sincerest appreciation to the outgoing Council for the 2008 to 2011 triennium for their hard work and dedication to the continued development of Academic Emergency medicine in South Africa.

### Outgoing Councillors (for the 2008-2011 Triennium)

- Dr Walter Kloeck (President and Senate Representative)
- Dr Roger Dickerson (Secretary)
- Dr William Lubinga (Senate Representative)
- Dr Michael Wells
- Dr George Dimopoulos
- Dr Caryn Frith (Diplomate Representative)
- Dr Nicola Rains (Diplomate Representative)

### Academic Promotion

The College would like to congratulate the following on their recent academic promotions:

- Prof Lee Wallis: Full Professor (University of Cape Town)

- Prof Walter Kloeck: Honorary Adjunct Professor (University of the Witwatersrand)
- Prof Roger Dickerson: Adjunct Professor (University of the Witwatersrand).

### Diploma in Primary Emergency Care (DipPEC(SA))

The Regulations for the DipPEC(SA) have been revised, allowing the Diploma Examination to be more accessible to all medical practitioners with an active interest and involvement in emergency care, and not only those based in selected Casualty and Emergency Departments. Doctors based at any hospital that is accredited by the HPCSA for intern training, as well as numerous private hospitals, are now able to submit a comprehensive "Portfolio of Learning" in support of their application to write the Examination.

The syllabus for the Diploma has also been revised. Less emphasis has been placed on basic sciences and greater emphasis on the clinical and environmental aspects of emergency care. A formal Resuscitation Skills Assessment has been added to the OSCE component of the Examination, further enhancing the practical competence of successful candidates.

Many thanks are extended to our Diplomate Representatives, Dr Caryn Frith and Dr Jalauddin Soni, for revising and updating this exciting Diploma. Sincerest thanks again to Dr Caryn Frith for her continued assessment of hospitals who apply for DipPEC(SA) training accreditation. The College would like to congratulate Dr Caryn Frith on her election to the Senate of the Colleges of Medicine of South Africa as the Diplomate Representative to Senate.

Congratulations are extended to the following two Medal recipients for the DipPE (SA) Examination in 2011:

- Dr DJ McAlpine: Campbell MacFarlane Medal for the best candidate in the practical component of the DipPEC(SA) Examination
- Dr A de Castro: Walter Kloeck Medal for the best overall candidate in the DipPEC(SA) Examination.

### Higher Diploma in Emergency Medicine

The College of Emergency Medicine will be introducing a Higher Diploma in Emergency Medicine. The Higher Diploma will be open to candidates who have held the Diploma in Primary Emergency Care, or equivalent, for at least two years, and is intended to empower medical practitioners who are actively involved in the practice of Emergency Medicine to supervise and train junior doctors in the skills and procedures required to practise safe and effective acute medical care. This Diploma has been approved by the CMSA Senate and is awaiting approval by the Health Professionals Council of South Africa.

### Fellowship of the College of Emergency Medicine

Congratulations are extended to the following two Medal recipients for the FCEM(SA) Examination in 2011:

**FCEM (SA) Part I:** Dr GW Banda, The Campbell MacFarlane Memorial Medal

**FCEM (SA) Part II:** Dr M Moola, The Resuscitation Council of Southern Africa Medal, The Kloeck Family Medal.

Training in Emergency Ultrasonography has become a compulsory entry requirement for candidates attempting the FCEM(SA) Part II Examination as from July 2010, in line with international trends advocating the importance of this valuable diagnostic tool in

emergency care. Dr Mike Wells, Dr Hein Lamprecht and and Dr Stevan Bruijns are thanked for the extensive preparatory documentation that they provided in this regard, and for agreeing to coordinate training programmes and certification in Emergency Ultrasonography countrywide.

### Sub-Specialty in Critical Care

The College is pleased to announce that Dr Lara Goldstein, Head of the Emergency Department at Helen Joseph Hospital, is the second Specialist Emergency Physician in South Africa to obtain the Subspecialty Certificate in Critical Care [CertCritical Care(SA)].

### New Associate

Congratulations to Dr Stefan Bruijns, Editor-in-Chief of the *African Journal of Emergency Medicine* (AFJEM) on his admission to the College of Emergency Medicine of South Africa as an Associate Member.

### Sub-Specialty in Paediatric Emergency Medicine

In order to raise the standard of emergency care for children presenting to Emergency Departments in South Africa, the College is in the process of proposing the creation of a Sub-Specialty in Paediatric Emergency Medicine, in line with international trends in this regard. This proposal is currently awaiting approval by the Examinations and Credentials Committee of the Colleges of Medicine of South Africa.

### Emergency-Related Short Courses

A comprehensive and updated list of emergency-related short courses offered in South Africa is available on the CMSA website to assist candidates in their preparation for College examinations, as well as providing a useful resource for all postgraduate doctors practising in South Africa.

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

### Emergency Medicine Society of South Africa

It is very pleasing to note that many recipients of the DipPEC(SA) and the FCEM(SA) have joined the Emergency Medicine Society of South Africa (EMSSA), adding strength to the growing voice of Emergency Medicine in South Africa. Medical practitioners with an interest in emergency medicine are encouraged to join EMSSA, and benefit from the wide range of activities, practice guidelines, congresses, courses and learning opportunities that EMSSA has to offer. Details are available from the EMSSA website: [www.emssa.org.za](http://www.emssa.org.za). It is pleasing to note that three members of the new Council have been elected to the EMSSA Executive.

### African Federation of Emergency Medicine

Several Universities in other parts of Africa, such as Botswana, Malawi and Ghana, are developing formal Emergency Medicine training programmes, and have established an African Federation of Emergency Medicine. Our College is fully supportive of this venture, and is actively involved in assisting in this regard.

The College of Emergency Medicine is proud of all medical practitioners who strive to raise the practice of emergency care in our country, and

is pleased to be able to honour and reward colleagues who achieve excellence in this vast discipline.

**Prof R Dickerson**  
**PRESIDENT**

**Dr H Geduld**  
**SECRETARY**

### COLLEGE OF FAMILY PHYSICIANS

The new 2011-2014 triennium council of the College of Family Physicians of South Africa began its work in May 2011 with Prof S S (Cyril) Naidoo, and Prof G A Ogunbanjo, elected as President and Secretary respectively. The previous Council approved the following decisions:

- Submission of the regulations for the higher diploma in Family Medicine to the Examinations and Credentials Committee (ECC) for ratification by the CMSA Senate.
- Submission of updated regulations for the FCFP(SA) Parts I and II to the ECC for ratification by the CMSA Senate.
- Revised portfolio for the FCFP(SA) to be available to all Family Medicine registrars from January 2012.
- Blueprinting of the FCFP(SA) Part I to be completed before the August/October 2011 examination.
- The process of fellowship by peer review of colleagues was incomplete and the relevant information had to be resubmitted for consideration with the necessary motivations and detailed CVs.

The August/October 2011 clinical examination was held in Cape Town, with Prof Derek Hellenberg as the convenor. It was a well-organised examination, with a pass rate of approximately 66%.

The most recent Council meeting took place in Durban on 22 May 2012 and the following important decisions were taken:

- The August/October 2012 FCFP(SA) clinical examination will take place in Pretoria, Gauteng. The appointed convenor is Prof Selma Smith.
- Following the recommendation of ECC, the nomenclature of the FCFP(SA) Parts I and II changed to FCFP(SA) final Part A (final exit examination) and Part B (research component) in line with other specialties. This takes effect from the August/October 2012 examination.
- In future FCFP(SA) Final Part A examinations, HoDs will complete a standardised template form which will confirm that each registrar has met the training requirements to sit for the examination. This will include a comprehensive review of the portfolio. For the FCFP(SA) Final Part B, the external examiners' reports for the research component must reach the CMSA Johannesburg office at least 60 days before the next examination, as stipulated in the FCFP(SA) regulations.
- The ECC's request to provide a more detailed FCFP(SA) detailed syllabus was agreed to by the CFP Council to include the list of core books and common encounters in clinical family practice.
- The Higher Diploma in Family Medicine has not yet been gazetted by the HPCSA, despite the prompt submission by the CMSA Academic Registrar in mid-2011. Prof J F M Hugo was tasked to check with the chairperson of the HPCSA-PETM subcommittee, and report at the October 2012 CFP Council meeting on progress. The Council would like to run the first Higher Diploma in Family Medicine examination in March/May 2013.

- *FCFP(SA) by peer review:* Four duly motivated applications were considered, supported and submitted to the ECC to follow the due CMSA processes.
- Prof G A Ogunbanjo presented his report of the 15<sup>th</sup> annual scientific conference of the West African College of Physicians, attended on behalf of the CFP(CMSA) in Banjul Gambia (November 2011). The Council approved the report and supported future collaborations contained in the approved MOU with the Faculty of Family Medicine, West African College of Physicians in the following areas: invite the President and Chief examiner (Family Medicine) to the October 2012 CFP clinical examinations in Pretoria; support the training of trainers' programmes of both Colleges; explore possibilities for Family Medicine registrars exchange programmes for short periods in South Africa; the CFP(CMSA) President or Secretary to attend the next WACP annual scientific conference in Accra, Ghana, in November 2012.
- *University of Botswana (MMed Fam Med) evaluation visit:* Profs S S Naidoo and G A Ogunbanjo were mandated to evaluate the MMed (FamMed) programme and training sites of the University of Botswana, as per the request of the ECC. This will take place from 20-22 July 2012 at two sites: Maun and Mahalapye. The report will be sent to the CFP Council for consideration, and later to the ECC.
- *Scheduling of future CFP Council meetings:* Future meetings will take place on the Sunday before the clinical examinations, utilising the whole day to cover examination matters and CFP Council meetings. The CFP is to run a workshop on blueprinting with funding from the CMSA, most probably after the October 2012 clinical examination.
- *BHF tariffs for specialist family physicians:* This matter was to be pursued via the SA Academy of Family Physicians, where the latter has representation on SAMA specialist committee. Feedback will be provided at the October 2012 CFP Council meeting.

**Prof S S Naidoo**  
**PRESIDENT**

**Prof G A Ogunbanjo**  
**SECRETARY**

### COLLEGE OF FORENSIC PATHOLOGISTS

The College of Forensic Pathologists have elected the following Councillors for the 2011/2014 triennium:

Dr S M Aiyer (President), Dr G M Kirk (Secretary), Dr E H Burger, Prof B L Bhootra, Dr L Du Toit-Prinsloo, Dr J F Els, Dr L Fouché, Dr C Hattingh, Dr K K Hlaise, Dr S Holland, Dr D Lourens, Prof L J Martin, Dr A L Mattheus, Dr F Monatisa, Dr S Naidoo, Dr S R Naidoo, Dr T Naidoo, Prof G Saayman, Prof J Vellema (Immediate Past President), and Prof SA Wadee. Dr Aiyer and Prof Martin were elected as the senate representatives.

The new Council is scheduled to have its first meeting in October 2012.

The following Specialists and Diplomates have graduated from our College during the past two CMSA examinations. We extend our congratulations and a warm welcome to these new members:

#### FC For Path(SA) II Graduates

Dr Esteveo Afonso, Dr Michele Janse van Rensburg, Dr Kgolane Yvonne Kgoete, Dr Simpho Mfolozi, Dr Sibusiso Johannes Ntsele and Dr Yasheen Brijmohun.



### **Dip For Med(SA) Path Graduates**

Dr Candice Geraldine Hansmeyer, Dr Celeste Ingrid Herbst, Dr Seduma Suzan Maboŧja, Dr Izelle M  ller, Dr Enefa Abra Apatu and Dr Thamogran Pillay.

### **Dip For Med(SA) Clin Graduate**

Dr Roy Chuunga.

On behalf of our Council, I would like to express my sincere thanks to Mrs Ann Vorster and Mrs Bernise Bothma, as well as their administrative staff for their ongoing support, advice and assistance.

Finally, I would like to thank Prof Jeanine Vellema for her guidance and advice, as well as all our Councillors for their contributions during the past year.

**Dr S Aiyer**  
**PRESIDENT**

### **COLLEGE OF MAXILLO-FACIAL AND ORAL SURGEONS**

It is a pleasure to present the annual report of the College of Maxillo Facial and Oral Surgeons for the period 1 June 2011 to 31 May 2012.

The Council met twice, on 24 September 2011 and 23 May 2012. The regulation and portfolio for the Fellowship of the College of Maxillo-Facial and Oral Surgeons, as well as the guidelines for examiners have been updated. Regulations for a Diploma in Oral Surgery have been drawn up, approved by the CMSA Senate and submitted to the Health Professions Council of South Africa for final approval.

A new Council was elected for the triennium 2011-2014, and took office in October 2011. Professor K-W B  tow is the new President of the CMFOS, Dr S Singh the new Secretary. Professor M R R Bouckaert and Dr T I Munzhelele were co-opted. All the Departments of Maxillo-Facial and Oral Surgery in South Africa now have representation on the Council.

The first meeting of the new council was held on 23 May 2012. The committee discussed several issues relating to examinations, including review of the results over the last five years and examination techniques (in support of the direction of the CMSA). The blueprint for the final examination for the FCMFOS(SA) has been submitted to the Academic Registrar of the CMSA.

Professor B  tow held a road show at each Department of Maxillo-Facial and Oral Surgery in South Africa on the role of the CMSA and CMFOS and the relationship between the specialist master degree and the Fellowship. This was attended by registrars and consultants who are connected to teaching hospitals and aspiring candidates, and was very well received.

Contact has been established with Colleges, conducting Fellowship examinations in Oral and Maxillofacial Surgery, in Australasia, Ghana, Nigeria and West Africa. At the International Congress on Oral and Maxillofacial Surgeons, held in Santiago, Chile, in November 2011, Councillors from CMFOS met representatives of the National Postgraduate Medical College of Nigeria and the West African College of Surgeons (Faculty of Dental Surgery). Discussions were very fruitful.

A Memorandum of Understanding between the CMFOS (CMSA) and the National Postgraduate Medical College of Nigeria has been drawn up and signed in April 2012 by representatives of both parties.

There were two successful candidates in the final examinations of the FCMFOS(SA) in October 2011. There were no candidates for the final examination in May 2012.

On behalf of the Council of the CMFOS, I express appreciation to all staff of the Cape Town, Durban and Johannesburg offices of the CMSA for their ongoing help and support.

**Prof K-W B  tow**  
**PRESIDENT**

**Dr S Singh**  
**SECRETARY**

### **COLLEGE OF MEDICAL GENETICISTS**

The College of Medical Genetics was constituted in 2008. The College remains very small as the number of medical geneticists is very limited.

The Part I examination was written in August 2011 by one candidate who was successful. Currently, there are seven registrars in training: three at the University of the Witwatersrand, one at the University of the Free State, one at the University of Cape Town and two at Stellenbosch University. The College will offer Part II exams for the first time in August 2012.

A productive meeting was held at the CMSA in Johannesburg on 4 November 2011 to update the guidelines for FCMG(SA), particularly in terms of examination formats, numbers and appropriate content. The meeting was attended by eight medical geneticists, representing all the national centres. Professor Haroon Saloojee, with broad experience in Paediatric examinations, was invited to provide expert advice and share some of his experience. The structure of the examinations has been altered and new guidelines are in preparation. In addition, a Part I blueprint was produced as an outcome of the meeting.

The serious shortage of consultant medical geneticists and the difficulties in obtaining posts for medical geneticists, as well as training posts for registrars, are severely limiting our ability to train, and is threatening the survival of the speciality. There is a desperate need for a national plan with consultant post and training post creation.

**Prof A Krause**  
**PRESIDENT**

### **COLLEGE OF NEUROLOGISTS**

A new Council was elected for the triennium 2011-2014. There were insufficient nominations to constitute the Council, and so all the nominations were declared elected, and the few remaining vacancies were filled by co-option. My thanks to members who have made themselves available. It is hoped that greater numbers will come forward to assist in the future.

The annual meeting of the Council took place on 14 March 2012. The late Prof Bryan Kies was remembered for his many years of dedication and contribution to our college, and indeed to the wider neurological community and civil society.

Our College examinations have come under particular scrutiny in the past year. Greater clarity has been brought to the syllabus and an increase in the checks and balances to ensure fairness and consistency. In brief, it was agreed that, in future, the Part I examination would be confined to basic neuroscience, and that clinically-based questions and neuropathology would be excluded. It was also agreed that we would move towards the creation of a database of single-best-answer questions, so that this format could be adopted in the future.

In the Part II examinations, it was agreed that the present system of two written papers, an OSCE and a clinical examination, should be retained, but that a book of OSCE questions should be established to allow for consistency in the level of the questions. The role of the moderator in the examinations was further defined: the moderator would have sight of both Part I and II question papers to assist the convenor, and would also examine a selection of the answer papers to ensure fairness and consistency of marking.

Concern was expressed about the adequacy of training in clinical neurophysiology in some training centres. This will partly be addressed by emphasising these subjects at the annual registrar teaching weekend.

The 2012 Sigo Nielsen Award went to Dr S Marais.

**Prof R Eastman**  
**PRESIDENT**

### COLLEGE OF NEUROSURGEONS

The 2011 elections for the new College Council results were: Prof PL Semple (President), Dr M Du Trevou (Secretary), and Prof G Fieggen, Prof R Gopal, Dr S Nadvi, Prof B Hartzberg and Dr N Fisher-Jeffes (Councillors). Additional members who were co-opted onto the College Council were Prof S Mokgokong, Prof P Lekgwara, Dr D Hugo and Dr E Kiratu. Prof Semple and Prof Gopal will represent The College of Neurosurgeons on the CMSA Senate.

The annual meeting of the College of Neurosurgeons was held on 27 January 2012. Pertinent decisions taken were:

- The portfolio logbook will be submitted electronically by all registrars who are writing their final examinations and will be stored electronically by the CMSA, but will not be used as part of the examination. At this stage, it remains part of the HOD assessment of registrars prior to sitting the examination.
- A moderator will be appointed for the FCNeurosurg(SA) Final examinations, as well as for Neuroanatomy.
- The research component of the Final examination is no longer a CMSA issue and will be determined by the HPCSA and the universities.
- It was noted that an MCQ format has been adopted for the intermediate examination.
- It was decided that the College of Neurosurgeons would accept reciprocity with the MMed primary and intermediate examinations.
- As it was thought to be important to expand the number of examiners, each university undertook to submit the name of a new examiner for the next College meeting.

Four candidates were awarded the FCNeurosurg(SA) in October 2011 and four candidates were successful in the May 2012 examinations. This represents a 50% pass rate of candidates who entered. However, in both examinations, all the candidates who were invited to participate in the clinical/oral part of the examinations were successful. In the March/May 2012 examinations, a moderator was appointed for the first time, and was reported by the convenor of the examination as being very useful in ensuring that the written part of the examination was fair.

Prof Semple represented the College at the International Congress of College and Academy Presidents held in Cape Town in April 2012. Prof

Fieggen, Prof Semple and Dr Ouma attended a course on examinations held by the CMSA in March 2012.

The next College of Neurosurgeons Council meeting is planned for October 2012 during the South African Neurosurgery Congress.

**Prof P L Semple**  
**PRESIDENT**

### COLLEGE OF NUCLEAR PHYSICIANS

Due to the growth of interest in Nuclear Medicine, the College of Nuclear Physicians (CNP) will conduct its examination over two days for the first time during the October 2012 oral/practical examinations. CNP would also like to remind the nuclear medicine community that from Thursday, 21 March until Saturday, 23 March 2012, the Department of Nuclear Medicine at the University of Pretoria will organise the 16<sup>th</sup> scientific meeting of the International Society of Radiolabeled Blood Elements (ISORBE16) at the Medical School.

More than 10 renowned speakers will be invited to provide keynote lectures on state-of-the-art and the future of molecular imaging in inflammation and infection. This will be of relevance to practice and research in our country.

As mentioned previously, the Council of the CNP and the examiners are still concerned about knowledge of the Part II candidates, and would like draw the attention of the nuclear medicine community to the following:

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

We would like to thank our experienced moderator, Prof Jan Esser, for making the following recommendations:

- Examiners must reacquaint themselves with the syllabus for Part I and Part II of the examination.
- When review articles, guidelines, or sections from textbooks are used as model answers, a memorandum must highlight which aspects will be allocated marks.
- In setting the questions, the conveners should consider the terms "explain", "describe", "list", "short notes" and other terms, and relate these to the marks, to create a form of uniformity in the terms that are used and the marks that are allocated.
- The quality of images that are used for examination purposes must be of a high standard, either film or monitor-projected images, equalling the normal standard in daily image interpretations in departmental practices.

- Radiobiology and radiopharmacy must be adequately tested in Part II.
- Pathophysiology should be emphasized in Part I and Part II.
- Areas of training that are not routinely carried out in all academic departments. It is critically important that candidates rotate to other departments in order to gain clinical nuclear medicine knowledge at the same level expected nationally and internationally, particularly therapy, in vitro and PET/CT work.

We urge our colleagues to actively participate in the blueprinting process, as this should be a living document that intends to continuously improve knowledge, skills and attitudes.

**Prof M M Satheke**  
**PRESIDENT**

**Prof J M Warwick**  
**SECRETARY**

## COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

As a large participating and constituent College of CMSA, the College of Obstetricians and Gynaecologists (COG) aims to fulfil its function as the examining body for the specialist discipline of Obstetrics and Gynaecology and the related subspecialties. Council meetings take place twice a year.

The Part I committee and the Part II committee also meet every 6-12 months.

Constant renewal and revision of the examination methodology takes place. Standard setting is regarded as very important. The persistent high number of candidates for the DipObst(SA) and the Part I and Part II Fellowship examinations bear testimony to the important role that the COG has to play.

COG also oversees the J C Coetzee outreach programme, where visits, lectures and workshops are presented in rural and semirural areas. Any detail on any or all of the activities can be made available on request.

The COG Council, all Fellows and Members, subspecialist Fellows and Diplomates are thanked for long-term involvement, including participation in election processes.

**Prof B G Lindeque**  
**PRESIDENT**

## COLLEGE OF OPHTHALMOLOGISTS

The new triennium of service to the College of Ophthalmologists (2011-2014) will be managed by a dedicated, geographically well-represented and balanced Council, consisting of the following Councillors:

Prof D Meyer, President (University of Stellenbosch)  
Dr L Visser, Secretary (University of KwaZulu-Natal)

### Representatives on Senate

Prof D Meyer  
Dr R C Amod (Private Sector, Panorama, Cape Town)

### Other members of Council

Carmichael, T (University of Witwatersrand)  
Cook, C (University of Cape Town)  
Labuschagne, M (University of the Free State)

Legodi, K E M (University of Pretoria)  
Letlape, T K S (Private Sector – Johannesburg)  
Naidu, K (University of Kwa Zulu Natal)  
Parbhoo, D (University of Kwa Zulu Natal)  
Surka, J A (Walter Sisulu University)

The new regulations for the Fellowship examination took effect 1 January 2011 and the introduction of an Intermediate Examination [FCOphth Part I(b)] comprising two modules, one in Pathology and the other in Clinical Optics, saw the first candidates examined during the October 2011 examination. This year, the Examinations and Credentials Committee of the CMSA, has also ratified the endowed medal for the best student in this examination. The medal will be known as Ophthalmological Society of South Africa medal. The donor was the OSSA Western Cape Branch. The College is in a process of progressively expanding the quantity of multiple choice questions in all its examinations with the aim of conducting all written examinations in MCQ format by the end of this triennium.

The blueprinting process of all the curricula of the College started during this year. It has proven to be a difficult and tedious process, but with the professional assistance of Drs Mathys Labuschagne and Christopher Tinley, the progress has been excellent.

This College Council proposed the name of Prof Andries Andriessen Stulting, a past President of the College of Ophthalmologists and Senior Vice President of The Colleges of Medicine of South Africa, for the award of an Honorary Fellowship of the CMSA. This award was bestowed on him in 2011. Our College will always be grateful to him for his valuable leadership over the years pertaining to matters of our College.

Drs Meldrick J Booysen (Kimberley), and Mathys J Labuschagne and Wayne J Marais, both from the University of the Free State, have been nominated and subsequently accepted by Senate as Associates of the College of Ophthalmologists. Dr Booysen previously served on the Council as a Diplomate member and Dr Labuschagne now represents his University on our 2011-2014 Council.

During this term of reporting, Eerste River Hospital, in the Metropolitan area of Cape Town, has been accredited as a teaching unit for the Diploma in Ophthalmology training. We thank the consultants in that unit for their dedication to teaching and training.

Finally, we are grateful to report that the finances of the College of Ophthalmologists, as reflected in our Levy Account, are healthy. This will allow Council to conduct its business without material restraints.

**Prof D Meyer**  
**PRESIDENT**

## COLLEGE OF ORTHOPAEDIC SURGEONS

The College Council had its biannual meetings during the past year, as well as the AGM at the annual South African Orthopaedic Association Congress that was held at Sun City in September 2011.

The October final examinations resulted in a high written failure rate which required investigation. Historically, the examinations have been regionally weighted with rotating convenors. Although all HoDs examine, there tends to be a higher proportion of local examiners for logistical and financial reasons. In addition, severe trauma load pressure on many training circuits limited the registrars' exposure to the full spectrum of Orthopaedic Surgery. This left them unprepared for the examinations. This puts the College in a difficult position.

There is pressure to allow for training deficits in the examination, but this needs to be balanced against the risk of allowing successful candidates to proceed to independent practice, where they may well engage in activities for which they are not trained. This is under constant discussion.

Following the October failure rate, a moderation process was established to ensure that bias was excluded without dropping standards. This was implemented in the May 2012 examinations with success.

There is ongoing discussion about the log book. In our field, we believe that surgical cases only need to be logged, rather than the laborious log book that was previously provided. We are working on consolidation consistency to ensure the log book is useful in assessing individual training and institutional deficits.

The Edelstein medal for the best candidate in 2011 was awarded to Dr Duncan McGuire from UCT.

The Francois P Fouché lecture for 2012 will be delivered at the upcoming SAOA meeting in Durban by Dr Peter Robertson from Auckland, New Zealand.

The College Council wishes to thank Mrs Bernise Bothma, the CEO, and Mrs Ann Vorster, the Academic Registrar, and their team, for their efficient and hard work during the past year.

**Prof R Dunn**  
**PRESIDENT**

## COLLEGE OF OTORHINOLARYNGOLOGISTS

The otorhinolaryngology community wishes to thank Professor André Claassen and Dr Les Ramages for the tremendous contributions that they made to the CMSA and to the otorhinolaryngology profession during their tenure at the CMSA.

A new Council was elected in 2011. All Heads of ENT departments are again serving Councillors of the College of Otorhinolaryngologists. Two members, Johan Fagan and Riaz Seedat, serve on the CMSA Executive Committee. This means that our small College is punching well above its weight and has good representation at the centre of decision-making.

Our college is seeking to improve links with the rest of the African continent. Prof Sir George Brobby, the President of both the Ghana College of Otolaryngology and Surgery was awarded an Honorary Fellowship by the College of Otorhinolaryngologists at a joint meeting of International Colleges and Academies in Cape Town on 2 April 2012. I served as external examiner for the MMed examination at the University of Nairobi in Kenya in 2012 and 2011, and was impressed with the quality of the training, the candidates and the organisation behind the examination.

Like other Colleges, we are constantly attempting to improve the quality and accuracy of the examinations, and will engage in blueprinting the curriculum over the course of next year.

**Prof J J Fagan**  
**PRESIDENT**

## COLLEGE OF PAEDIATRIC SURGEONS

Elections for the Council of the College of Paediatric Surgeons took place in 2011. Professor AJW Millar (Chair), Professor C Lazarus

(Secretary), Professors P G Beale, G P Hadley, S W Moore, A Numanoglu and Dr S M le Grange were elected to the Council. Professor Millar and Dr le Grange elected to serve as members of Senate. Dr E W Muller was co-opted as an additional member to represent the University of Pretoria on the Council.

Currently, attention is being given by Council to restructuring of the FCPaedSurg(SA) final examinations and to the unevenness of training at our various teaching hospitals. This may necessitate the introduction of cross-platform training agreements.

Successful candidates in the final FCPaedSurg(SA) during the 2011/2012 year were:

De Villiers M

- Mangray H
- Tshifularo N
- Carapinha CPDN
- Govender S
- Grieve A
- Thiebaut W

**Prof C Lazarus**  
**SECRETARY**

## COLLEGE OF PAEDIATRICIANS

As mentioned in my newsletter, I would like my tenure as President to be a time in which we build bridges and forge links with every practicing Paediatrician in South Africa. I do believe that all of us have a stake in the future of Paediatrics, and being involved in determining the quality of doctors, our place in our communities is up to us all. The next three years should be a time in which all of us get involved in College activities. One of the ways you can do that is by getting involved as an examiner in postgraduate examinations. There will be more about that later.

### New Council

Prof Robin Green, President (UP)  
Dr Sharon Kling, Secretary (US)  
Prof Alan Davidson, Councillor (UCT)  
Dr Louis Heyns, Councillor (US)  
Dr Rajendra Thejpal, Councillor (UKZN)  
Dr Radhika Singh, Councillor (UKZN)  
Prof Stephen Brown, Councillor (UFS)  
Prof Vic Davies, Councillor (Wits)  
Prof Daynia Ballot, Councillor (Wits)  
Dr Gary Reubenson, Councillor (Wits)  
Prof Haroon Saloojee, Councillor (Wits).

2012 promises to be an exciting and challenging year for Paediatrics in South Africa. National Health Insurance is coming and Paediatricians will be at the forefront of that initiative. The Paediatricians and Diplomates who we train today will be called on to lead the new health system beyond this year.

I also want to pay tribute in this report to the past President of our College, Professor Haroon Saloojee. He has transformed our College in many ways but his most successful initiative was to improve the quality of our examinations. We now have fully standardised, blueprinting and moderated examinations. Both the FCPaed(SA) and the DCH(SA) have been extensively overhauled and upgraded. I do

believe that we have a product today that is world class and our graduates are now tested in a way that truly uncovers their knowledge and skills. In addition, we have a fully standardised and regulated set of Certificate/Subspeciality examinations.

### College Examinations

As a result of the processes to improve examination standards, there were consistent pass rates in 2011, and for the first time, an improvement in the pass rate of the FCPaed(SA) Part I examination. In September 2011, we achieved a pass rate of 66%. There is ongoing debate at College Council about what this means. And while I am not sure where our pass rate should be, I would like the majority of candidates to pass. I don't believe that we should accept that with adequate teaching and training, we can't consistently get our junior doctors to pass this examination. And yes, that may mean that we need to be offering training opportunities to doctors, even those outside of training institutions, to better prepare them for the examinations. I do think that the College of Paediatricians can take the lead in supporting our Universities and teaching hospitals to identify doctors who want to specialise in Paediatrics and support them, even before they start their registrar training. However, this is a lofty ideal that will need the help of all of us around the country. The challenge is to find mentors for junior colleagues in remote and rural areas. You can help!

### Prize Winners

Our prize winners for examinations in 2011 were:

**FC Paed(SA) Part I:** Hayley Hutton, Leslie Rabinowitz Medal, October 2011

**FC Paed(SA) Part II:** Nicola Sian Brice, Robert McDonald Medal, October 2011.

These two doctors performed extremely well. We offer them our heartiest congratulations.

### Examination Panels

As I mentioned earlier, our College is keen to have representation on our examination panels from all regions in South Africa. By that, I mean not only senior Academics from the Universities, but also our more junior colleagues and Paediatricians in private practice.

### Subspeciality Certificate Examinations

Our College has established regulations and guidelines for examinations in all of the registered specialisations of Paediatrics.

You can view those on our College website: [www.collegepaeds.ac.za](http://www.collegepaeds.ac.za).

The available Certificate examinations are:

- Allergology (new)
- Cardiology
- Critical Care
- Endocrine and Metabolism
- Gastroenterology
- Haematology
- Nephrology
- Neonatology
- Neurology
- Neuro-developmental
- Oncology
- Pulmonology
- Rheumatology.

All these disciplines now have standardised and clear examination protocols. Logbooks are also available for all of them.

### Website

I would also like to pay tribute to our website host, Prof Alan Rothberg. He has continued to be a valuable resource through difficult times. He has secured ongoing funding for our website from Nestlé. This site has many great features. I urge you to pay it a visit at [www.collegepaeds.ac.za](http://www.collegepaeds.ac.za), but even more importantly to contribute items. Alan is always looking for lecture and article materials.

I think that's enough for now. Please join me in making our College great, and helping us to develop a perfect product: the Paediatrician and Diplomate of the future.

**Prof R J Green**  
**PRESIDENT**

## COLLEGE OF PATHOLOGISTS

A newly elected Council for the 2011-2014 triennium took office in October 2011. The new CPath Councillors extend their immense gratitude to the previous Councillors for their invaluable contributions during their term of office.

### Councillors (2011-2014)

Professor Dhiren Govender (President and Senate representative)  
Professor Johnny Mahlangu (Secretary and Senate representative)  
Professor Adriano Duse  
Professor Rajiv Erasmus  
Professor Simon Nayler  
Professor Tahir Pillay  
Professor Willie van Heerden  
Dr Diana Hardie  
Dr Nazir Ismail  
Dr Pravi Moodley.

Blueprinting of our examinations is one of our major activities for 2012. In this regard, we have sought a close working relationship with the NHLS Discipline Specific Expert Committees to facilitate and assist with this process. We are also using this opportunity to review our current individual discipline regulations, with a view to ensuring that our examinations remain relevant to the practice of pathology. We have inbuilt quality checks to uphold standards.

Professor Johnny Mahlangu attended the meeting of the International Liaison of Pathology Presidents in San Francisco in October 2011. This meeting, which represents pathology colleges and associations globally, had a broad agenda and included discussions on strengthening the liaison between ILPP members, pathology service delivery, pathology training and administrative matters. Professor Govender will attend the next ILPP meeting, to be hosted by the Royal College of Pathologists in London in September 2012.

We finally signed a Memorandum of Understanding with the Royal College of Pathologists (United Kingdom) (RCPATH) in April 2012 during the Joint Conference of the International College and Academy Presidents and Masters. We look forward to collaborating with RCPATH in areas of mutual interest, including telepathology, sharing teaching and training platforms, as well as sharing resources to advance pathology practice whenever possible. In line with this spirit, and closer to home, Council is also considering a Memorandum of Understanding with the Faculty of Laboratory Medicine of the West African College of Physicians.

In the year under review, the College of Pathologists awarded Honorary Fellowships to a number of prominent and well-deserving pathologists in the international arena. These included Dr Archie Prentice (President, Royal College of Pathologists), Professor Ephata Kaaya (President, College of Pathologists of East, Southern and Central Africa), and Professor Victor Wakwe (President, Nigerian Postgraduate Medical College).

The College of Pathologists continued to conduct examinations in the six disciplines of pathology, as well as clinical haematology subspecialty. In the year under review, there were candidates for all disciplines and we were satisfied with the examination performance in these disciplines. We will look at ways of encouraging greater participation of Fellows and Certificants in the activities of the College of Pathologists.

In conclusion, we wish to acknowledge the various CMSA offices for their assistance, continued support and efficiency over the last year. Thank you.

**Prof D Govender**      **Prof J Mahlangu**  
**PRESIDENT**              **SECRETARY**

### COLLEGE OF PHYSICIANS

The College of Physicians remains in good financial health. The balance of the levy account as at 31 May 2012 was R75 677.70 (R98 741.20 in May 2011).

The major activities in the period under review were the establishment of a group of national representatives for the subspecialties to work with the Council of the College of Physicians, the planning for the joint conference with the Royal College of Physicians of London, the introduction of a working telephone conference in between the Council meetings, and the proposal to change the dates and timing of the FCP Part I and Part II examination.

At a Council meeting with representatives of the subspecialties in Cape Town, it was resolved that national representatives should be co-opted on to the College Council to represent a subspecialty for a three-year period. The duties of the national representative were elaborated at a later stage, and include the representation of the subspecialty at the six-monthly Council meetings of the College of Physicians, taking responsibility for keeping the curriculum of the subspecialty up to date, and for aligning assessment practices with those of The Colleges of Medicine of South Africa (CMSA), communicating important information from the Council to the relevant heads of the training unit and members of the subspecialty in general, and serving as a moderator of the subspecialty examination.

The initial proposal to co-opt the national representatives was not implemented because:

- Some national representatives were Fellows of other Colleges, e.g. Paediatrics for Allergology or Anaesthesiology for Critical Care.
- A lack of willingness on the part of some national representatives to pay dues as is the requirement for members of the CMSA. It was agreed with the Chief Executive Officer of the CMSA that the subspecialty representatives will attend the meetings of the Council of the College of Physicians by invitation.

The Joint Conference of the College of Physicians of South Africa and the Royal College of Physicians of London will be held from Thursday, 20 February to Sunday, 23 February 2014, at the Cape Town

International Convention Centre. The Department of Medicine at the University of Cape Town will host this conference. It is looking forward to working with the College of Physicians and other Departments of Medicine in South Africa to ensure a successful national, continental and international meeting of general physicians.

The introduction of the telephone conferences inbetween the Council meetings is an important mechanism to ensure that we act on the decisions of the College Council. We need to use these teleconferences to bring more Councillors into the work of the College.

Finally, the proposal to change the dates and sequence of the Part I and Part II examinations is under discussion by the Education and Credentials Committee of the CMSA. We expect to learn of their decision at the Senate meeting later this week.

**Prof B M Mayosi**  
**PRESIDENT**

### COLLEGE OF PLASTIC SURGEONS

We experienced a difficult year regarding the Plastic Surgery final examinations, with a 100% failure rate in October 2011 and May 2012 respectively. This has created considerable anxiety and frustration among our registrars, and in the entire plastic surgery society.

Prof F Jooste organised an examination workshop. All the candidates were supported financially by the Smile Foundation. Examination techniques, and an approach to the written and clinical examinations, were discussed. At the end of the session, most registrars were happy and full of confidence. The workshop will be repeated before each examination session to guide the registrars. We hope that the final examination results will improve significantly because of this intervention.

We would also like to thank the Smile Foundation for offering to sponsor the registrars for the coming APRSSA Congress, as part of their skills development.

We hope to see you all at the APRSSA Congress in October 2012 in the Drakensberg.

**Prof E Ndobe**  
**SECRETARY**

### COLLEGE OF PSYCHIATRISTS

The College of Psychiatrists has been involved in a number of activities during the period June 2011-May 2012. These have included:

- The hosting of clinical/oral examinations (FCPsych(SA) II, CertChildPsych(SA) and DMH(SA) in the Western Cape (October 2011); the written examinations (FC Psych(SA) I and II, CertChildPsych(SA) and DMH(SA) in March 2012; and hosting of clinical/oral examinations (FCPsych(SA) II, CertChildPsych(SA) and DMH(SA) in KwaZulu-Natal in May 2012.
- The election of Council for the 2011-2014 triennium. Prof CP Szabo was elected as President and Dr S Ramlall as Secretary. In addition to the nine elected members, three persons were co-opted for their expertise.
- Recommendation for the election of Prof D L Mkize to Fellowship by peer review.
- The admission to Honorary Fellowship of Prof Sue Bailey, President of the Royal College of Psychiatrists in the UK, in April 2012.

In addition, and through telephonic meetings of Council (November 2011, February 2012 and April 2012), a number of key decisions were taken, including:

- Structuring of Council into portfolios.
- Updating of the examiner database.
- Approach to the Examinations and Credentials Committee for a retrospective award of a medal for the FCPsych(SA) II.
- Review of the FCPsych(SA) II medal criteria.
- Finalisation of the registrar workshop to be held on 23 June 2012 in Johannesburg.
- Finalisation of the Council workshop (examination blueprinting and updating of the regulations) to be held on 22 June 2012 in Johannesburg.

**Prof C P Szabo**  
**PRESIDENT**

### COLLEGE OF PUBLIC HEALTH MEDICINE

The College of Public Health Medicine (CPHM) congratulates the new Councillors in the Divisions of Public Health Medicine (DPHM) and Occupational Medicine (DOM) who were elected in October 2011 for the next triennium.

These include Prof S Naidoo (Wits, DPHM, President and Representative on Senate), Dr R Jina (Wits, DPHM, Secretary), Dr F Senkubuge (UP, DPHM, Representative on Senate), Prof M F Jeebhay (UCT, DOM, Chair), Prof R Naidoo (UKZN, DOM, Secretary), Dr S Adams (UCT, DOM), Dr D J Coetzee (UCT, DPHM), Dr L D Dudley (US, DPHM), Dr M B Kistnasamy (Wits, DPHM), Dr S E Knight (UKZN, DPHM), Dr ML Zungu (NHLS, DPHM), Dr V E M Zweigenthal (UCT, DPHM).

The CPHM welcomed the proposed changes in the health system by the Minister of Health, Dr Aaron Motsoaledi, and in particular its policies on the re-engineering of Primary Health Care, the Policy on the Management of Hospitals and the Human Resources for Health Policy, of which the latter had substantial input from the two divisions. This input has been part of the CPHM's continued advocacy to establish a sustainable career pathway for its specialist graduates.

Following input from the CMSA and CPHM, the Human Resources for Health Policy has made projections on the need for both public health medicine and occupational medicine specialists in the future. It has also defined a critical role for public health medicine specialists in the proposed Public Health Units, which will be the main monitoring and evaluation units within the districts, as well as at provincial and national levels. The CPHM believes that both public health medicine and occupational medicine will have critical roles to play in the future dispensation of the country's health system, with its emphasis on the prevention of ill-health. The CPHM has also had national discussions with the NDOH in forging a way forward regarding how it views the roles of these specialists in this future dispensation.

The Division of Occupational Medicine provided input at the national meeting of representatives of the various occupational and environmental health professional societies, academic departments and provinces in November 2011 to discuss training of occupational health professionals. Recommendations were made to the National Department of Health in response to the Human Resources for Health Policy with regard to human resource needs for various categories of occupational and environmental health professionals, including occupational medicine specialists. It also values the support of the

CMSA in this regard. Other activities that are linked to this are the revision of the Regulations, the development of a Scope of Practice, the creation of blueprinting templates for the examinations in the constituent disciplines, and investigations into the potential establishment of a Division of Administrative Medicine.

The CPHM continues to establish links with international counterparts. This year, our focus has been on strengthening African relationships. Supernumerary registrar training in occupational medicine has commenced for Tanzanian nationals at UCT, as a means of capacity building for occupational medicine in the country with no occupational medicine specialists. We have nominated Professor Asuzu from Nigeria as an Honorary Fellow of the CPHM, and we are working with the University of Botswana to establish a curriculum and specialist public health medicine training programme in the country. This will continue over the next year.

In terms of graduations, the following were successful candidates in October 2011:

- Dr JF Mendes (Wits), FCPHM
- Dr N Moodley (Wits), FCPHM
- Dr K Moodley (UKZN), FCPHM
- Dr N Nadesan-Reddy (UKZN), FCPHM
- Dr K Seevnarain (UKZN), FCPHM (Occ Med)

In 2012, the successful candidates were:

- Dr GL Bernhardt (UCT), FCPHM
- Dr RG English (UCT), FCPHM
- Dr TY Mhlaba (UKZN), FCPHM
- Dr N Mthembu (Wits), FCPHM
- Dr JF Mendes and Dr N Nadesan Reddy won the Gluckman Medal for best candidates in public health medicine for 2011.

The future looks bright for both specialties of the CPHM. The vision of having an appropriate and substantive career pathing for its graduates can only be a reality with continued support of the CMSA and the Universities.

**Prof S Naidoo**  
**PRESIDENT**

### COLLEGE OF RADIATION ONCOLOGISTS

The College of Radiation Oncologists has successfully introduced its new syllabus and examination process. Candidates are required to demonstrate their practical abilities and have their performance assessed. The Training Institution will also submit an in-training assessment of candidates at the time when they register for their Part II examinations.

A meeting with representatives of all the Academic Departments was held in Cape Town in April 2012 to draw up blueprints for the FCRadOnc(SA) examinations. An analogous meeting took place with Med Physicists. Telephonic communication on blueprints took place among Radiobiologists. Blueprints have been produced for all papers in the Part I and II examinations. This serves as a guide for candidates to prepare for their written examinations and to align training and the assessment of candidates' knowledge.

Prior to writing the part II examination, candidates submit a commentary, 20 structured case reports, a statistical review of an article, and a summary of their learning portfolio and logbook. The full learning portfolio is submitted at the time of the oral examinations.

Written examinations for Part I and Part II are based on short questions with associated answer memoranda for all questions. The clinical and oral Part II examinations include extensive OSCE and practical evaluation of candidates.

Members of staff of all the major teaching hospitals have engaged positively in the conduct of College activities and examinations.

**Prof R Abratt**  
**PRESIDENT**

### COLLEGE OF RADIOLOGISTS

The Council of the College of Radiologists for the 2011-2014 triennium is as follows:

- Professor Savvas Andronikou, President (University of the Witwatersrand)
- Professor Richard Pitcher, Secretary (Stellenbosch University)
- Professor Victor Mngomezulu, Senator (University of the Witwatersrand)
- Professor Stephen Beningfield, Elected Member (University of Cape Town)
- Professor Coert de Vries, Elected Member (University of the Free State)
- Dr Mayuri Govind, Elected Member (University of KwaZulu-Natal)
- Professor Elaine Joseph, Elected Member (University of the Witwatersrand)
- Dr Margaret Kisansa, Elected Member (Medunsa)
- Professor Zarina Lockhat, Elected Member (University of Pretoria)
- Dr Priya Parag, Elected Member (University of KwaZulu-Natal)
- Dr Aisne Stoker, Elected Member (University of KwaZulu-Natal)
- Dr Christelle Ackermann, Co-opted Member (Stellenbosch University)
- Dr Vicci du Plessis, Co-opted Member (University of KwaZulu-Natal)
- Dr Fekade Gebremariam, Co-opted Member (University of the Free State)
- Dr Linda Tebogo Hlabangana, Co-opted Member (University of the Witwatersrand)
- Dr Farzana Ismail, Co-opted Member (University of Pretoria).

The College's major challenge in the past year has been conversion of the oral examinations to a digital format. This has not been without problems. The College has had to address differences in information technology (IT) infrastructure at respective examination venues around the country, as well as accommodate disparities in digital imaging training capacity among South African Universities. Furthermore, a digital examination poses financial challenges as specialist IT consultants are required to facilitate the process. The College has still to decide on the single best digital examination platform in the South African context.

In preparation for the College Fellowship examination becoming the country's national professional examination from 2014, the Council has made several bold initiatives to ensure full representation of all training institutions in the examination process. College reciprocity for

all MMed (Radiological Diagnosis) Part I examinations offered at South African Universities is currently being addressed. In addition, Council has adopted a policy that will ensure that each training institution has at least one Examiner at each Part II examination, thus doubling the number of Part II examiners, when compared to previous years.

The President has adopted a policy of active co-option of young academics from respective training institutions. This strengthens College representation at institutional level, while ensuring that those who are directly involved in daily registrar training have a voice in Council. In addition, this will serve as a workforce within the College for collecting and storing digital exam case material to depressurise the current examination process.

The President attended the Radiological Society of North America's Annual Congress in Chicago in November 2011, at the official invitation of the Consul General of the United Kingdom, in the interests of fostering academic and health sector ties between international role players and the United Kingdom Ministry of Health. The President also attended a Board Meeting of the World Federation of Paediatric Imaging as a nonvoting member, and consequently led the outreach committee of this body.

**Prof S Andronikou**  
**PRESIDENT**

### COLLEGE OF SURGEONS

At the first meeting of the Council of the College of Surgeons appointed for the triennium 2011-2014, strategies and goals for the triennium were determined. These address two broad objectives.

In the first instance, the College of Surgeons, in preparation for the introduction of national unitary qualifying examinations, wishes to ensure that all the examinations under its auspice are fair, valid, consistent and reliable. In order to achieve this, the following will be addressed:

- *Ensuring that all the examinations are of a consistently high standard:* This will include the appointment of moderators and examinations boards for all examinations for which the College is responsible for the period of the triennium. The role of the moderators will be to ensure that there is fairness and consistency in the examination process and that standards are adhered to. The examinations boards' responsibilities are to set the prepared aspects of examinations in a standardised manner, ensuring greater objectivity according to the examination matrices which are developed in accordance with the curriculum. During the course of this triennium, standard setting of these components of the examinations will also be introduced. Steps will include increasing the importance of robust formative assessment and making greater use of the surgical portfolios (logbooks) during training.
- *Maintaining valid and accurate curricula:* It will be ensured that an integrated assessment process encompasses the primary, intermediate and final examinations.

Once the above has been achieved, oral examinations in the College will be reviewed with the aim of increasing their objectivity and using them primarily to evaluate a candidate's decision-making skills in contrast to using them as a way to access factual knowledge.

The second aim is to enhance the role of the College of Surgeons in the South African surgical community and beyond. Interaction with the Association of Surgeons of South Africa, the Federation of



South African Surgeons, the African Colleges of Surgery, including the Colleges of Surgeons of East, Central and Southern Africa (COSECSA), West African College of Surgeons (WACS), the Ghana College of Surgeons, and other national and regional Colleges of Surgeons, will be fostered. In this regard, the recent agreement with COSECSA to mutually exchange examiners is a first step in this direction. Finally, the College of Surgeons wishes to involve its 480 members in the College's activities and to keep them updated and informed of its activities.

In future, the College Council will need to find methods to improve on the value of the Higher Diploma in Surgery and to ensure that this qualification meets the needs for which it was introduced. The number of candidates writing this examination remains low.

During the March-May 2012 examinations, for the first time, the intermediate examination's written papers consisted only of MCQs. The transformation to this format appears to have been seamless.

**Prof M G Veller**  
**PRESIDENT**

## COLLEGE OF UROLOGISTS

### Subspecialty Certificate in Urogynaecology

A Subspecialty Certificate in Urogynaecology has been promoted by the College of Obstetricians and Gynaecologists. The College of Urologists has been involved in the discussions on the regulations. Over the years, a number of our suggestions have been accepted.

Recently, Professor Chris Heyns has made some further suggested amendments to the proposed regulations.

The most important of these are:

- That urologists and colorectal surgeons with an interest in Urogynaecology are also eligible to obtain this qualification.
- That urologists and colorectal surgeons must be represented on the panel of examiners for the examination.

The Examinations and Credentials Committee has suggested that this subspecialty should be based on three parent Colleges (Obstetricians and Gynaecologists, Urologists and Surgeons) and this recommendation has been forwarded to the HPCSA.

### Subspecialty Certificate in Paediatric Surgery

The regulations for the Subspecialty Certificate in Paediatric Surgery include exposure by the candidates to a considerable amount of

operative urology.

These regulations were formulated without any consultation with the College of Urologists.

In a number of centres, demands have been made by the paediatric surgeons that their registrars receive training in the Urology Department. This is unreasonable, as the Urology Departments' main priority is to train their own registrars in paediatric urology, where there is often a shortage of cases.

For some time, the Red Cross Children's Hospital (Red Cross) in Cape Town has had an arrangement where paediatric surgical registrars participate in a rotation through Paediatric Urology. However, Red Cross, as a national referral centre, is in a unique situation. It has a far larger number of paediatric urology cases.

This matter has not yet been resolved.

### Honorary Fellowship

At a special convocation ceremony held in Cape Town on 2 April 2012, Professor Christopher Samkange (President of COSECSA) was admitted to Honorary Fellowship of the College of Urologists.

### Fellowship of the College of Urologists of South Africa

The Lionel B Goldschmidt Medal for the best candidate in the final examination in the year under review was awarded to Dr Suhani Maharajh.

The successful candidates in the two final examinations in the year under review were:

- Karlheinz Jehle
- Mark Kent
- Suhani Maharajh
- Jacobus van der Merwe
- Kabo Ijane
- Amit Kalpee
- Reinholdt Kusche
- Eneshra Padayachee
- Nico van Greunen.

**Prof R D Barnes**  
**PRESIDENT**

## Fellowship by Peer review

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## KM Seedat Memorial Lecture 2012

### Improving quality in primary care: ideas and lessons from the Royal College of General Practitioners

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#### Introduction

I would like to sincerely thank the President and Senate of the Colleges of Medicine of South Africa and the College of Family Practitioners for asking me to deliver the K M Seedat Memorial lecture. It is an honour and a privilege to do so.

I would also like to thank Prof Bob Mash for dealing with my many queries about the South African health system over the past few weeks. I am much better informed as a result.

I bring warm collegiate greetings from the Royal College of General Practitioners (RCGP) in the UK, and in particular from Dr Iona Heath, our distinguished President, who has long been an advocate of RCGP forging closer links with sub-Saharan Africa.

Her message is: "At RCGP, we are delighted to make connections with the College and Academy of Family Physicians of South Africa at a time of exciting and major change in your health system. We would be happy to work together to move forward any of your initiatives on education, quality and leadership".

Dr Kassim Mohammed Seedat was a remarkable man who clearly led an energetic and incredibly useful life. He had a lifelong concern for his community, whatever their ethnic origin or colour. I note that one of his requests was for bursaries for South Africans of all races and creeds to assist with their medical studies. I am grateful that his generosity has given me the opportunity to come here and speak to you today.

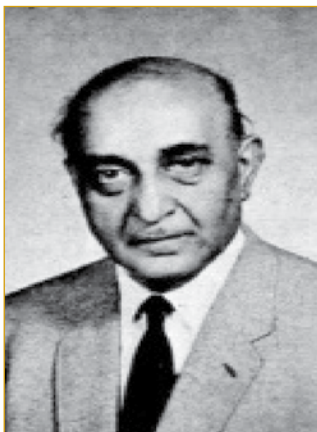


Figure 1: Dr Kassim Mohammed Seedat, 1897-1976

In September of 2011, I met the South African Minister of Health, Dr Aaron Motsoaledi, together with chairs of other medical royal colleges in the UK. It took place in London, during the visit that was organised between his Ministry and the UK Department for International Development. We discussed the development of the South African National Health Insurance (NHI) scheme, the establishment of district

teams, re-engineering primary care and the potential contribution of family physicians to the process. Following this, Professor Clare Gerada visited Cape Town in January and the Colleges of Medicine in South Africa kindly invited me to give this lecture.

Currently, I am a general practitioner (GP) in a rural area of Scotland. I am also involved with training GPs in our Edinburgh Deanery. In the 1980s, I spent several collegiate years in Malawi running a district hospital on the Mozambique border. Over the past few years, I have remained involved through the Scotland Malawi Partnership and through attending the last World Organisation of Family Doctors (WONCA) conference in Rustenberg in 2009, and the Primafamed network workshops<sup>1</sup> on Family Medicine in Africa. I have been impressed by the process that led to the consensus statement on Family Medicine in Africa, discussed at Rustenberg, and published in 2010.<sup>2</sup>

In summary, this article will cover:

- My understanding of current issues in primary health care in South Africa.
- The RCPG: what we have learned over the past 60 years about improving quality, as well as the promotion of generalism.
- Quality improvement science (QIS) and what it has to offer.
- The importance of leadership in the development of primary health care.

I will then summarise with some ideas from an external perspective on what may be of help in your process of "revitalising primary care", the title of this conference.

I am not going to discuss evidence for the centrality of primary care for the development of an effective, cost-effective health system. In this regard, the work of the late Barbara Starfield et al is accepted worldwide.<sup>3</sup> The difficulty does not relate to the evidence, but to the problem of translating this evidence into policy and practice: in other words, making it happen.

After lack of concerted action on Alma Ata in 1978, the World Health Assembly finally acknowledged the place of the family physician in primary care in 2009:

"The sixty-second World Health Assembly (WHA), urges member states... to train and retain adequate numbers of health workers with the appropriate skill mix, including primary healthcare nurses, midwives, allied health professionals and family physicians able to

work in a multidisciplinary context, in cooperation with nonprofessional community health workers, in order to respond effectively to people's health needs".<sup>4</sup>

This was a milestone moment for Family Medicine worldwide; one on which I am sure that you are capitalising in South Africa. In the wake of the WHA declaration, Prof Jan de Maeseneer summarised the enormous, and as yet, under-realised potential of primary care to global health.<sup>5</sup>

An important aspect of any north-south relationship, such as the one between our organisations, is that both parties should benefit from any arrangement. I believe that I gained considerably from working in Africa in my early career to acquire clinical skills and learn about community-oriented primary care and about the importance of leadership. Lord Nigel Crisp, an ex-chief executive of the National Health Service in the UK, stresses this in his book, *Turning the world upside down*: "We could stop talking about international development as something the rich world does to the poor, and start talking about co-development, our shared learning and shared future".<sup>6</sup>

### Issues in primary care in South Africa

The Millennium Development Goals (MDGs) remain important drivers for South Africa, as they are in many countries in Africa (Figure 2).

In particular, I am aware that reducing child mortality and improving maternal health are key priorities in South Africa. It is understood that primary care and family physicians also have an important role to play in combating human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) and other chronic diseases (MDG 6). I will discuss the crucial importance of the generalist approach to these.

- Currently, the issues in South Africa that seem to be important include:
- A limited infrastructure, supply chain difficulties and staffing levels.
- High clinical workloads, leading to problems with motivation, burnout and poor performance.
- Biomedical task orientation in clinical workers.
- Patients bypassing GPs and going directly to secondary care (in cities).



Figure 2: The Millennium Development Goals



Figure 3: Ways in which to improve quality in health care

- Dr Motsoaledi was particularly concerned about the last point, as it has the potential to lead to both over-medicalisation and increased costs for the system.

I'm grateful to Prof Martin Marshall<sup>7</sup> for Figure 3, which I've modified to summarise ways in which primary care can be revitalised, the theme of this meeting.

Figure 3 illustrates ways in which quality in health care can be improved. I'll focus on the areas that I've selected in bold: principally education and training, QIS, and perhaps most importantly, professional leadership. I've also highlighted NHI, a key South African government policy.

### Ideas from the Royal College of General Practitioners

From working in Africa and the UK, I'm conscious that culture, context, resources and history are very different in our primary care settings. However, we have much in common, particularly the generalist approach. An awareness of the importance of this is now growing worldwide. The tenth MDG is about promoting a global partnership for development. Our organisations are beginning this process. So here are some ideas.

#### Stressing the importance of generalism

Generalism was highlighted as a key role in general practice in our RCGP Scotland Essence paper<sup>8</sup> and subsequently defined by Reeve<sup>9</sup> as: "Practice which is person-, not disease-centred, continuous, not episodic, integrates biotechnical and biographical perspectives, and views health as a resource for living, not as an end in itself".

The importance of this is that generalism takes into account not just the biotechnical aspects of that patient's care, but also the biographical aspects: that person's unique story, his or her family, beliefs and culture. Health is not viewed as a set of perfect biochemical and physiological parameters, but rather as a resource for living, and some would say, dying well. I suggest that a focus on generalism is essential for a properly functioning primary care system, whatever the context.

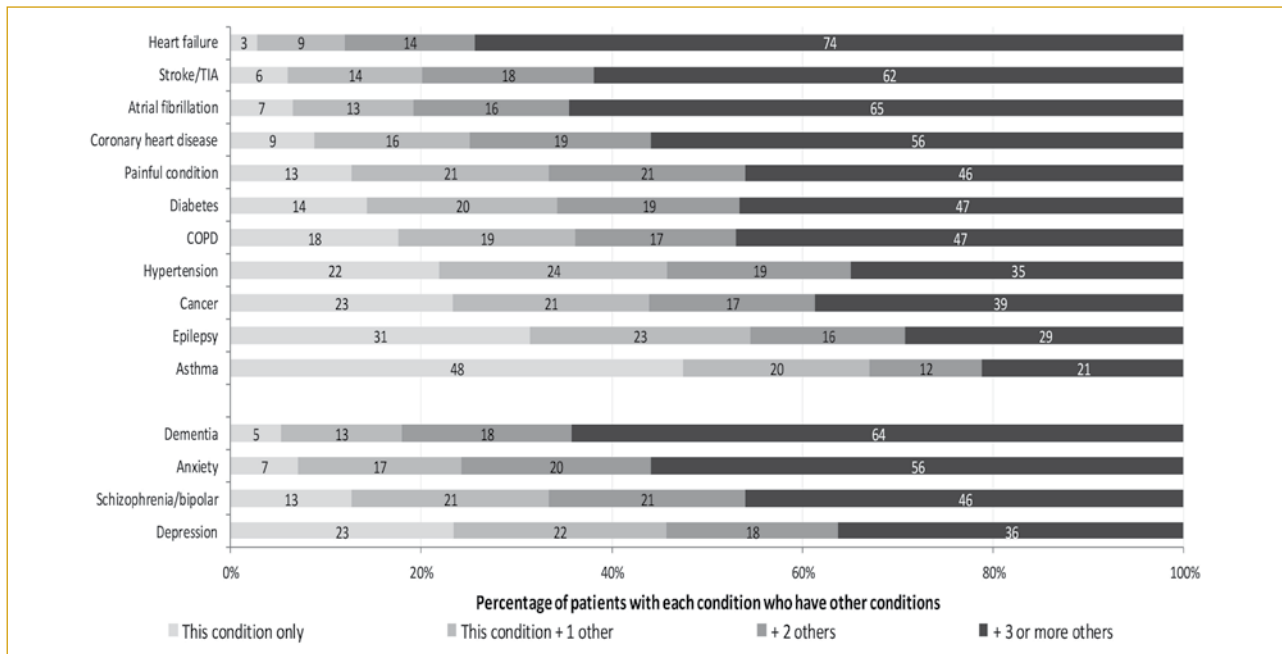


Figure 4: Data from a study that was carried out by the Scottish School of Primary Care on multimorbidity in Scottish patients, based on 1.8-million patient records

The data in Figure 4 are derived from a study that was carried out by the Scottish School of Primary Care on multimorbidity in Scottish patients, based on 1.8-million patient records.<sup>10</sup>

What it shows clearly is that patients with one chronic condition are now in a minority. Most patients have two or more conditions. Also, multimorbidity is associated with mental health problems, particularly anxiety and depression. In South Africa, the prevalence of such conditions is likely to be different, but if you include HIV/AIDS as a long-term condition, it is likely that a similar pattern will be portrayed. South Africa has a high prevalence of diabetes, hypertension and chronic pulmonary disease. Multimorbidity, par excellence, needs a generalist approach in order to avoid fragmentation and to minimise unnecessary and costly polypharmacy. A policy document, *Medical generalism: why expertise on whole person medicine matters*, details the benefits and challenges to this approach. It has just been published by RCGP.<sup>11</sup>

Family Medicine, wherever it is practised worldwide, also offers the potential for continuity, comprehensiveness and community orientation. Also, the advantages of the gatekeeper role, both for the patient and the health system, include a reduction in unnecessary medicalisation and an improvement in cost-effectiveness. The success of the NHI, in terms of both quality and cost-effectiveness in the UK, is dependent on the gatekeeper or navigator role of the family doctor. It is arguable that the success of NHI in South Africa is also dependent on these features.

#### Having a strong professional organisation for Family Medicine

Membership of RCGP has grown from 23 000 to 45 000 members over the past 10 years. We are now the largest medical royal college in the UK. There are two main reasons for this. Firstly, RCGP offers professional advantages to its members, including continuing professional development (CPD) packages as part of an online learning environment and an e-portfolio for use by members to record their CPD, as well

as local education delivered by geographic faculties. This is of great importance, as from 2013, our medical regulator, the General Medical Council, will demand accredited CPD, as well as multi-source feedback and regular patient satisfaction questionnaires. These will be essential when obtaining a license in order to practise medicine in the future.

Secondly, and perhaps of relevance here, in 2006, gaining MRCGP became compulsory for new entrants into general practice. It's important to note that this was a prospective move. It did not affect existing GPs who could continue to practise without the qualification. However, it brought us into line with specialists in the UK, all of whom required membership or fellowship of their respective specialty college in order to gain a consultant post.

Although a qualification of this sort may not be required in South Africa, a strong case could be made for asking GPs who wish to contract to provide services under NHI to have a Diploma in Family Medicine, with an appropriate quality-assured examination.

#### Royal College of General Practitioners International

RCGP International has a record of developing educational programmes that are built on collaborative partnerships and responding to the needs of our international partners. From this year, International will have a regional director for sub-Saharan Africa as we recognise the specific needs here.

Currently, I am aware that you have rigorous four-year training for Family Medicine, leading to an MMed qualification and Fellowship of the CFPSA. RCGP has been refining its training curriculum and examinations, including workplace-based assessment, continually for some years now. We can provide assistance in the continuing development of academically robust curricula, courses and assessment methods.

In the context of the development of NHI, the introduction of the Quality and Outcomes Framework for general practice in the UK may be of

**Figure 5: A comparison of the traditional clinical approach and the quality improvement approach**

	Traditional approach	A different approach
<b>Attitude</b>	We deliver the best care we can	We constantly strive to do better
<b>Scope</b>	Clinical effectiveness/safety	All dimensions of quality
<b>Orientation</b>	Inward to self or own organisation	Outward to service user
<b>Focus</b>	Individual patients	Responsibility for whole system
<b>Methods</b>	Professionally oriented approaches	System orientated approaches
<b>Evidence</b>	Hard science	Plus soft science

interest.<sup>12</sup> This was introduced in 2004 and represents a form of pay for performance.

General practice in the UK has been transformed by this change into a discipline that provides measureable improvements in the quality of the management of chronic, noncommunicable diseases such as diabetes, heart disease, asthma, chronic obstructive pulmonary disease (COPD) and hypertension. However, there have been unintended consequences arising from the management of less easily defined conditions and arguably a less patient-centred approach, which we highlighted in our essence paper in 2009.<sup>9</sup> If such a contractual framework were to be part of the NHI scheme for GPs in South Africa, rigorous academic input and monitoring would be essential to minimise these consequences.

### Quality improvement science

Currently, quality improvement science (QIS) is gaining momentum in the UK as an important approach to use when developing primary care and for health systems in general. It is based on the concepts that were pioneered by Don Berwick at the Institute for Health Improvement (IHI).<sup>13</sup> It is now of global importance. It forms the basis for health policy in Scotland,<sup>14</sup> specifically promoting care that is safe, clinically effective and person-centred. QIS can work synergistically with a medical approach, especially when as senior professionals, we assume leadership roles to introduce and develop measures designed from a quality improvement perspective.

Figure 5 illustrates the difference between the traditional clinical approach and the quality improvement approach.

The Institute for Healthcare Improvement website<sup>13</sup> contains many examples of how this new approach has been successful.

Often we have an effective intervention in health care: HIV drugs, diabetic care, inhalers for asthma and COPD, but the expected gains don't always materialise because of other factors, in particular, motivation and environmental factors that affect performance in all health systems. The quality improvement approach integrates intervention, motivation and the environment by addressing all three of these factors. I think that as NHI develops, it will be important that there is a focus, not just on the clinical intervention, but also on addressing the environment and motivation as well, and doing these things together and not in isolation.

I quote Prof Marin Marshall:<sup>15</sup> "Health services research has produced some incredibly important learning about how to improve, but reality is that it doesn't seem to be making a difference. This is a hard truth for us to swallow. As researchers, we blame policy makers or practitioners for failing to use the evidence. Policy makers and practitioners blame researchers for the inaccessibility of research. Everyone blames funders for not funding enough or the right kind of research. I want to get out of the blame game and look for a practical solution. It seems to me that if the problem lies somewhere between academia and practice, then so do solutions. And this is where I think improvement science comes in".

### The importance of leadership for primary care

"The main currency of leadership is the ability to influence and motivate people. Leaders cope with change, they set vision and direction, and stimulate team members to follow that vision...Leadership includes a constructive challenge: standing up and speaking out for what is right, showing the way, inspiring a shared vision, enabling others to deliver, promoting excellence and accountability, but also encouraging the heart."<sup>16</sup> Lewis Ritchie's punchy definition encapsulates what leadership is all about. In the UK, we have become aware of how important this is and how things do not go well if clinicians are not at the heart of change within our NHS.

Leadership is now being built into our postgraduate training programmes, our CPD courses for established doctors and at a national level by the UK Academy of Medical Royal Colleges.<sup>17</sup> In Scotland, as part of our vision for the future of general practice, RCGP is embarking on an ambitious programme to develop leadership in conjunction with NHS<sup>18</sup> Education Scotland. The Association for the Study of Medical Education offers courses in this area specifically for medical educators.<sup>19</sup>

The future of Family Medicine in South Africa is facing a period of growth and momentous change. To me, it seems to call out for increased emphasis on leadership at all levels, from local to national. Leadership will be needed for family physicians in district teams, in undergraduate and postgraduate education, and at local and national levels. Role modelling,<sup>20</sup> which occurs in all training environments, should be used more explicitly than is currently being done to help young doctors understand the importance, principles and practice of leadership. On reading the obituary of Kassim Mohammed Seedat, it struck me that he was a doctor with great leadership skills. He initiated and followed through on an enormous number of useful tasks, while working creatively with others at many levels.

### Conclusion

South Africa's NHI policy is bold and visionary. I read the policy documents and was very impressed by their scope and ambition. Given the major inequalities in health and healthcare provision that South Africa inherited from the apartheid era and with which it still struggles, it is a bold and logical step. As a health policy, to have a document that has justice and fairness at its heart is something which deserves comment and praise in a world in which health and income inequalities are widening.

This bold and visionary policy demands a bold and visionary response from the Family Medicine community. Your conference on revitalising

primary care is impressive in its depth and breadth of thinking.

In order for the profession to move forward, I suggest that:

- Wherever possible, generalism is promoted in the South African context. It is essential for patient care and for the health system.
- RCGP is happy to collaborate in the training, evaluation and development of assessments.
- Professional leadership training is built into the GP and Family Medicine training at all levels: local, regional and national. It will pay dividends for the profession and the nation in the short and medium term.

To re-engineer primary care within the NHI, my external perspective, which is offered with a degree of tentativeness, is that:

- There are lessons to be learned from QIS for the implementation of NHI systems thinking and systems working.
- A new pay-for-performance contract could be built into the piloting of the NHI. It will need rigorous academic input. Be aware that any quality and outcomes framework can have unintended consequences.
- A new compulsory diploma-level exam for GPs could be built into the implementation of NHI. It could raise standards of care.

Family Medicine is a young speciality. We are still establishing our place in the world of health care. This is true in UK, as well as in South Africa. As McWhinney pointed out,<sup>21</sup> we are different from all other specialities. We deal with the individual, as well as the disease, we work across the physical and mental divide, and have an organismic, not a mechanistic, view of human health and healing.

The importance of being different is that we can lead the way. That is your challenge here, as it is ours in the UK. I wish you every success.

## Acknowledgements

Many colleagues have assisted with aspects of this lecture. In particular, I would like to thank Dr Bill Taylor, Executive Officer (Quality) RCGP Scotland for discussion on the UK Quality and Outcomes Framework for general practice, and Prof Martin Marshall for a fruitful discussion on quality improvement science and for Figures 3 and 5. Prof Sir Lewis Ritchie has tirelessly stressed the importance of developing leadership. His efforts are now bearing fruit. I have learnt a great deal from Profs Khaya Mfenyana, Ian Couper and Bob Mash about Family Medicine in Africa. I would also like to thank Prof Jan de Maeseneer for his ceaseless energy in promoting Family Medicine in Africa, and for ideas and encouragement over the years.

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# JC Coetzee Memorial Lecture 2012

## Perinatal human immunodeficiency virus

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### Abstract

The 2010 National Human Immunodeficiency Virus (HIV) Prevalence Survey on antenatal patients in the public health sector of South Africa indicates a plateau in prevalence at approximately 30% since 2004. The HIV pandemic has impacted on the maternal mortality ratio, resulting in an increase in maternal deaths and more deaths as a result of indirect obstetric causes, rather than direct causes of maternal deaths. The present challenge is to provide highly active antiretroviral treatment (HAART) to women of childbearing age with CD4 counts equal to or less than 350 cells/mm<sup>3</sup>, or with World Health Organization stage 3 or 4 disease. Antiretroviral (ARV) drugs are most effective in reducing perinatal HIV mother-to-child transmission (PMTCT). However, there is controversy as to which are the most appropriate PMTCT methods to use.

These are briefly discussed, using the latest available scientific evidence under the following headings:

- HAART vs. dual therapy for women with a CD4 count > 350 cells/mm<sup>3</sup>.
- The best post-exposure prophylaxis for babies of mothers who are not on ARVs.
- Nevirapine (NVP) resistance and the use of Truvada®.
- Protease inhibitors and preterm labour.
- HIV-infected infants and exposure to maternal, single-dose NVP.
- Breastfeeding and ARV prophylaxis.

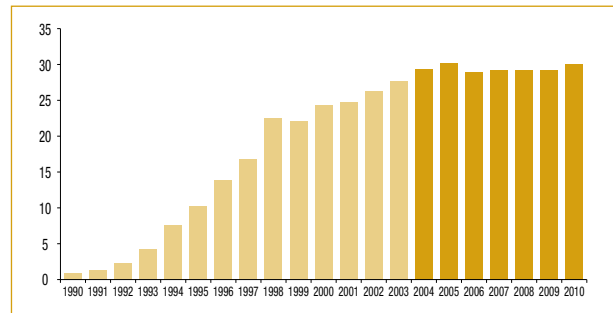
These controversies are contextualised within a large collaborative international PMTCT study that is currently being conducted. The paper concludes with the best currently available evidence on MTCT rates within the public health sector of South Africa.

### Introduction

The extent of the human immunodeficiency virus (HIV) pandemic is well known since the first acquired immune deficiency syndrome (AIDS) cases were described 31 years ago. In 2010, the World Health Organization (WHO) estimated that 90% of the global perinatal mother-to-child transmission (PMTCT) need was confined to 20 countries, of which 19 are in sub-Saharan Africa. India was the other country.<sup>1</sup> The provision of antiretroviral (ARV) drugs to pregnant women has improved during recent years (Table I).<sup>1</sup> The countries in eastern and southern Africa have a more rapid acceleration of ARV provision to HIV-positive

**Table I:** Human immunodeficiency virus and pregnant women: antiretroviral drug coverage

Countries	2004 (%)	2007 (%)	2008 (%)
Low to middle income	10	35	45
Eastern and southern Africa	9	46	58



**Figure 1:** Antenatal human immunodeficiency virus prevalence in South Africa (%)

pregnant women than other low-and middle-income countries across the globe.

The prevalence of HIV in pregnant women using public health services in South Africa is well documented.<sup>2</sup> The prevalence rose steeply from 1990 through to 2003 (Figure 1). Subsequently, a plateau phase was observed. The national prevalence has subsequently remained between 29% and 30%. The prevalence across the different provinces ranges from 18.4% in the Northern Cape to 39.5% in KwaZulu-Natal (Table

**Table II:** Provincial antenatal prevalence in South Africa

Provinces	2006 (%)	2007 (%)	2008 (%)	2009 (%)	2010 (%)
Western Cape	15.1	15.3	16.1	16.9	18.5
Eastern Cape	28.6	28.8	27.6	28.1	29.9
Northern Cape	15.6	16.5	16.2	17.2	18.4
Free State	31.1	31.5	32.9	30.1	30.6
KwaZulu-Natal	39.1	38.7	38.7	39.5	39.5
Mpumalanga	32.1	34.6	35.5	34.7	31.1
Limpopo	20.6	20.4	20.7	21.4	21.9
Gauteng	30.8	30.5	29.9	29.8	30.4
North West	29.0	30.6	31.0	30.0	29.5

II). The prevalence by age group (Table III) shows that since 2005, the prevalence in those who are younger than 20 years of age and in the group aged 20-29 years has remained stable. There has been an increase in prevalence in those who are 30 years of age and older.

**Table III: Antenatal prevalence by age group**

Age group	2005 (%)	2006 (%)	2007 (%)	2008 (%)	2009 (%)	2010 (%)
< 20	15.9	13.7	13.1	14.0	13.7	14.0
20-24	30.6	28.0	28.0	26.9	26.6	26.7
25-29	39.5	38.7	37.5	37.9	37.1	37.3
30-34	36.4	37.0	39.4	40.4	41.5	42.6
35-39	28.0	29.3	33.0	32.4	35.4	38.4
40-44	19.8	21.3	22.2	23.3	25.6	30.9
45+		15.5	20.6	17.6	23.9	28.2

Three millennium development goals (MDG), to be reached by 2015, directly relate to the HIV pandemic:

- MDG 4: Reduce mortality in children who are less than five years old by two thirds.
- MDG 5: Reduce maternal mortality by three quarters.
- MDG 6: Combat HIV/AIDS, malaria and tuberculosis.

### Maternal mortality in South Africa

Maternal mortality in South Africa has increased by 200% over the last 20 years.<sup>3</sup> The 2005-2007 Saving Mothers Report showed that for the first time, the primary obstetric causes of maternal deaths as a result of indirect causes have increased to a greater proportion (49.7%) than that of direct causes (45.9%).<sup>4</sup> This reflects an increase in maternal deaths because of AIDS. The trend continues. The latest Saving Mothers Report shows an increase in institutional maternal death ratios from 151.8:100 000 live births in the period 2005-2007 to 176.2:100 000 live births in the 2008-2010 triennium.<sup>5</sup> The challenge is to propagate early antenatal care attendance by all pregnant women. Provider-initiated HIV testing at the first antenatal visit has become standard of care in South Africa. The WHO clinical staging and CD4 count determination must be carried out and highly active antiretroviral treatment (HAART) needs to be initiated in pregnant women who require ARV. HAART needs to be commenced in women with a CD4 count of equal to or less than 350 cells/mm<sup>3</sup>, or with WHO stage 3 or 4 disease.

### Prevention of mother-to-child transmission challenges

The evolving HIV pandemic requires a dynamic approach that continuously aligns new research findings to address present-day challenges. This paper addresses the latter.

### Highly active antiretroviral treatment vs. dual therapy for all pregnant women

A Cochrane review was conducted in 2010 that compared the transmission rates of women on HAART to those receiving dual prophylaxis.<sup>6</sup> The overall transmission rate of women on HAART was

1.2% [95% confidence interval (CI): 0-2.5] compared to 3.8 (95% CI: 1.1-6.5) when dual prophylaxis was given. The large overlap in the 95% CIs is apparent. No direct comparison between HAART and dual prophylaxis was possible. The dual prophylaxis group included a proportion of women who should have been on HAART.

Additional concerns are that moderate symptoms and laboratory abnormalities are experienced by approximately 5% of people who are on HAART.<sup>6</sup> Hepatotoxicity because of nevirapine (NVP) in pregnant women on HAART with a CD4 count of more than 250 cells/mm<sup>3</sup> has frequently been described. However, this concern could be addressed by replacing NVP with efavirenz. A protease inhibitor (PI)-based HAART regimen is diabetogenic. An estimated 4.6% of pregnant women will develop gestational diabetes when on a PI.<sup>6</sup> Preterm labour is more common in women on HAART.<sup>7</sup>

WHO produced a programmatic update in April 2012.<sup>8</sup> Option B+ is suggested as a programme with substantial clinical and programmatic advantages. All pregnant women will be commenced on a single-pill, fixed-dose HAART regimen that contains tenofovir, lamivudine and efavirenz. The cost is reasonable and will be roughly US\$180 annually.

Arguments in favour of this public health measure are:

- It contributes towards a global scale-up of PMTCT and eliminating pediatric HIV.
- It should result in a significant reduction in HIV infection in discordant couples.
- It should facilitate increased country experience, with operational and programme implementation of Option A and B.
- It should simplify and optimise the use of ARVs with a standardised first-line treatment regimen.

In addition, Erik Schouten motivates that in countries such as Malawi, minimal access to CD4 count analysis limits rapid expansion of antiretroviral therapy (ART).<sup>9</sup> Mortality among HIV-positive women with high CD4 counts in Zimbabwe within 24 months of delivery increased sixfold compared to HIV-negative women.<sup>10</sup> However, there is recent evidence that more safety information is required before resorting to a public health approach on PMTCT. Siberry et al reported that at one year of age, infants who were exposed to antenatal tenofovir that contained a HAART regimen had a smaller and significantly lower length for their age, and head circumference.<sup>11</sup>

### Optimal neonatal post-exposure prophylaxis

Women who do not attend antenatal clinics, or who default often, do not receive ARV for MTCT during pregnancy and labour. The optimal post-exposure prophylaxis for neonates has to be determined. The NICHD HPTN/ paediatric AIDS clinical trial group (PACTG) 1043 study compared a standard-of-care, zidovudine (AZT) regimen with two expanded ARV regimens.<sup>12</sup> The second arm added three doses of NVP, commencing within 48 hours of delivery. The second and third doses were given at 48-hour intervals. The third arm added lamivudine and nelfinavir for the first 14 days postpartum. The prior hypothesis was that the intrapartum transmission would be 9.5% in the AZT arm, 6% in the dual ARV arm and 2% in the triple ARV arm. A total of 1 735 infant were enrolled over a six-year period, mainly in Brazil and South Africa. A total of 47 intrapartum transmissions occurred, of which 4.9% were in the AZT arm, 2.2% in the



dual ARV arm and 2.5% in the triple ARV arm. Transmission in the dual and triple therapy arms was significantly less (p-value = 0.045) than that in the AZT arm. The authors concluded that the ease of use, low cost and reduced toxicity profile of the dual therapy (AZT and NVP) arm was the most attractive option for prophylaxis in infants at high risk of perinatal HIV infection.

### Resistance following single-dose nevirapine

Should there be a concern about NVP resistance if women who receive single-dose NVP intrapartum later require HAART in the interests of their own health? Jourdain reported a good clinical and immunological response, but a significantly poorer virological response.<sup>13</sup> Women who had genotypic resistance to NVP 10 days postpartum were significantly less likely to suppress their viral load to less than 50 copies following six months of ART. Chi et al showed that following intrapartum single-dose NVP, the use of Truvada® (tenofovir 300 mg and emtricitabine 200 mg) significantly reduced NVP resistance when given within 48 hours of delivery (Table IV).<sup>14</sup> The effect was more pronounced in women who had high viral loads (> 10 000 copies/ml).

Table IV: Nevirapine resistance and Truvada®

6 weeks	Truvada® (%)	Control (%)	Odds ratio (95% CI)
All	20/173 (13)	31/166 (30)	0.47 (0.28-0.69)
Viral load > 10 000	8/52 (15)	16/34 (47)	0.33 (0.16-0.68)

CI: confidence interval

### Protease inhibitors and preterm labour

Tuomala included 2 173 women in seven PACTG studies in a meta-analysis.<sup>15</sup> A significant increase in low birthweight babies was found when a PI-based HAART regimen was used, but there was no difference in preterm delivery before 32 weeks (Table V). An analysis of more recent studies showed a 1.4- to 3.4-fold increased risk of preterm delivery in women taking HAART, with or without a PI.<sup>7</sup> The possible mechanism is the reversal of the T helper 1 (TH1) to TH2 cytokine switch that occurs during pregnancy. The immunosuppressive TH2 cytokines IL4 and IL10 play an important role in maintaining the foetal allograft.

Table V: Protease inhibitors and preterm labour

HAART	Without PI n = 396 (%)	With PI n = 137 (%)	p-value
Low birthweight < 2 500 g	41 (11)	27 (20)	0.0009
< 32 weeks	10 (3)	6 (4)	0.17
CD4 < 200	28%	43%	

HAART: highly active antiretroviral treatment, PI: protease inhibitor

### Infants exposed to maternal single-dose nevirapine

In October 2010, Lockman et al published results that showed a significantly poorer outcome in HIV-infected infants who were exposed to maternal single-dose NVP who were treated with NVP and Truvada®,

than in those treated with a PI and Truvada® (Table VI).<sup>16</sup> Virological failure or death at 24 weeks were the primary end-points in this study. This finding resulted in considerable concern about infected infants in South Africa because of the large proportion of HIV-infected pregnant women whose infants have been exposed to maternal single-dose NVP.

Table VI: Infants exposed to maternal single-dose nevirapine

n = 241	End-point (%)	HR (95% CI)
PI and Truvada®	10 (8)	3.6 (1.7-7.5) p-value 0.001
NVP and Truvada®	32 (26)	

CI: confidence interval, HR: , NVP: nevirapine, PI: protease inhibitor

However, the same authors published data one month later (in November 2010) on the National Institute of Allergy and Infectious Diseases' web bulletin that reported on the analysis of the outcome of infected infants of mothers with HIV who were not exposed to single-dose NVP.<sup>17</sup> The outcome also showed a significantly poorer outcome in HIV-infected infants who were not exposed to maternal single-dose NVP and who were treated with NVP and Truvada® than in those those treated with a PI and Truvada® (Table VII). The difference between the two groups was the better outcome in HIV-infected infants who were treated with a PI-based HAART regimen and who were not exposed to maternal single-dose NVP. The sequence of events illustrates that necessary caution is required when considering programme changes that are based on the recent results of a single trial.

Table VII: Nevirapine-naïve infants

n = 452	End-point (%)
PI and Truvada®	12.3
NVP and Truvada®	28.6

NVP: nevirapine, PI: protease inhibitor

### Infant feeding choices

Breastfeeding must be encouraged and promoted as the infant feeding method of choice. Infant mortality is significantly higher when HIV-positive mothers formula feed their babies.<sup>18</sup> Breastfeeding beyond the first six months of age should also be encouraged as the benefit of HIV-free survival is carried through to the second year of life. Less deaths result too that are caused by diarrhoeal disease and pneumonia. If no ARV prophylaxis is taken, 9% of infants who are born HIV-negative will become infected through breastfeeding if it continues to 18 months. The relevant question is which ARV prophylaxis regimen should be used? The Breastfeeding, Antiretroviral and Nutrition (BAN) study was conducted in Malawi.<sup>19,20</sup> Standard-of-care, twice-daily AZT and lamuvudine in the control arm were compared to two study arms that initiated women on HAART (second arm) and administered daily NVP to the infants (third arm). The transmission rate at 28 weeks in infants who were HIV-negative at two weeks was: 7.6% in the control arm, 4.7% in the maternal HAART arm, and 2.9% in the infant NVP arm. Compared to the control arm, the maternal HAART arm (p-value = 0.01) and the infant NVP arm (p-value = 0.001) had significantly less transmissions. A WHO cost analysis estimated that in southern Africa, the cost of treating 10 000 HIV-positive mothers with either dual therapy (CD4

count > 350 cells/mm<sup>3</sup>) or HAART (CD4 count ≤ 350 cells/mm<sup>3</sup>) would be US\$2 063 100 if formula milk was provided, compared to US\$522 542 if the mothers breastfed.<sup>21</sup>

The HPTN 046 study recently provided additional evidence as to the safety and efficacy of giving once-a-day NVP to the infant to prevent postnatal HIV transmission through breastfeeding.<sup>22</sup> Infants who are born to HIV-positive mothers who were HIV-negative at two weeks were followed until six months. The group with the highest transmission (4.8%) during this period was infants whose mothers were not on HAART with CD4 counts less than 350 cells/mm<sup>3</sup>. The group with the lowest transmission (0.7%) was the infants whose mothers were not on HAART with CD4 counts equal to or more than 350 cells/mm<sup>3</sup>.

Thea et al provide important insights into HIV viral loads during breastfeeding and at the time of weaning.<sup>23</sup> Pre-weaning the median viral load (353 copies/ml) was significantly less than post-weaning (15 822/ml). Breast engorgement results in breast duct epithelium damage and a consequent increase in the milk viral load. The important message is that at the time of weaning, the infant should not be put back on the breast if the breast becomes engorged. The mother must rather express the milk until the breast is comfortable and then discard the milk.

### The Promoting Maternal and Infant Survival Everywhere study

A large collaborative study is presently being conducted in a number of countries to investigate the global public health PMTCT questions, as well as maternal and infant health.<sup>24</sup> Funded by the American National Institutes of Health (NIH), through the International Maternal Pediatric Adolescent Clinical Trials group (IMPACT), the Promoting Maternal and Infant Survival Everywhere (PROMISE, IMPACT 1077) study comprises separate clinical research arms for women who intend to breastfeed and formula feed their infants. The antepartum component of the study will randomise women with CD4 counts of more than 350 cells/mm<sup>3</sup> to continue antenatal AZT, and during labour, AZT and NVP, or to receive HAART.

- The first arm will be conducted among breastfeeding women in three cities in South Africa. This arm of the study will also be conducted in India, Malawi, Tanzania, Uganda and Zimbabwe. A total of 3 400 mother-infant pairs will be included.
- The second arm will focus on women who are feeding their infants with formula. It will be conducted in two cities in South Africa, as well as in India. A total of 1 000 mother-infant pairs will be included in this arm of the study.

The postpartum component of the study will randomise the women who were on HAART during pregnancy to stop or continue HAART following cessation of breastfeeding or delivery (formula-feeding arm). The women will be followed-up for two years to assess the effects on their health of continuing or stopping HAART.

The study design will answer the following outstanding questions regarding pregnant, HIV-positive women with CD4 counts of more than 350 cells/mm<sup>3</sup>:

- Does HAART lower the MTCT of HIV compared to the present standard of care using AZT and NVP?

- Does HAART reduce the transmission of HIV through breastfeeding, compared to a daily dose of NVP that is administered to the infant?
- Could HAART safely be stopped if used for PMTCT purposes in women who do not require HAART in the interests of their own health?

There will be various nested substudies within the main study:

- An antiretroviral resistance substudy
- A cost-effective substudy
- A hepatitis B substudy
- A tenofovir safety substudy.

### Transmission rates in South Africa

An important cross-sectional and service-based survey was conducted by Goga et al in 2010.<sup>25</sup> A sample of 12 200 infants were recruited in the nine provinces. Sample size per province was determined by HIV prevalence and estimated MTCT rates per province to achieve valid national and provincial MTCT rates. Infants between 4-8 weeks of age attending primary or community health clinics for their six-week immunisations were included, irrespective of knowledge of maternal HIV status. A dried blood spot was prepared from a heel prick. HIV enzyme-linked immunosorbent assay tests were performed on the dried blood spot samples, and if positive, a HIV/DNA PCR test was carried out. The prevalence of HIV among the mothers and the transmission rates at six weeks could be determined. The researchers included 9 915 (81%) of the intended sample. The national transmission rate was 3.5% (95% CI 2.9-4.1). The transmission rates in the provinces ranged from 1.9% in the Northern Cape to 5.7% in the Free State (Table VIII).

Table VIII: Mother-to-child transmission rates at 4-8 weeks in South Africa

Province	Infant HIV exposure (%)	MTCT (%) 95% CI
Eastern Cape	30.0 (26.3-33.7)	3.5 (1.2-5.8)
Free State	31.1 (28.9-33.3)	5.7 (3.5-7.9)
Gauteng	30.2 (27.7-32.8)	2.3 (1.3-3.3)
KwaZulu-Natal	43.9 (39.7-48.0)	2.8 (1.7-4.0)
Limpopo	22.6 (20.4-24.8)	3.4 (1.0-5.8)
Mpumalanga	36.2 (33.6-38.9)	6.2 (4.5-7.9)
Northern Cape	15.6 (13.0-18.3)	1.9 (0.1-4.5)
North West	30.9 (28.6-33.1)	4.6 (3.0-6.1)
Western Cape	20.8 (16.8-24.9)	3.3 (1.3-5.2)
South Africa	31.4 (30.1-32.6)	3.5 (2.9-4.1)

CI: confidence interval, HIV: human immunodeficiency virus, MTCT: mother-to-child transmission

### Conclusion

Countries that are affected by the global HIV pandemic have moved from despair to hope over the past 20 years as knowledge and skills to combat the disease have rapidly increased. The gains in preventing MTCT have been remarkable, even in lesser-resourced countries. As in the past, sound scientific evidence must be employed to determine the way forward for PMTCT.

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## Maurice Weinbren Award in Radiology 2012

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

The closing date is **15 January 2013**. The guidelines that pertain to the award can be requested from the CEO at 17 Milner Road, Rondebosch, 7700, Cape Town. Tel: (021) 689 9533, Fax: (086) 510 4461 and e-mail: [bernise.ceo@colmedsa.co.za](mailto:bernise.ceo@colmedsa.co.za).

## R W S Cheetham Award in Psychiatry 2012

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

The closing date is **15 January 2013**. The guidelines that pertain to the award can be requested from the CEO at 17 Milner Road, Rondebosch, 7700, Cape Town. Tel: (021) 689 9533, Fax: (086) 531 4486 and e-mail: [bernise.ceo@colmedsa.co.za](mailto:bernise.ceo@colmedsa.co.za).

## Honorary Fellows

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<b>Meakins</b> Jonathan Larmonth (CS) (2004)	Oxford, UK	<b>Sweetnam</b> Sir Rodney (CS) (1998)	London, UK
<b>Mensah</b> George A (CP) (2005)	Georgia, USA	<b>Sykes</b> Malcolm Keith (CA) (1989)	Oxford, UK
<b>Meursing</b> Anneke Elina Elvira (CA) (2003)	Blantyre, Malawi	<b>Tan</b> Kok Chai (C PLAST) (2012)	Singapore
<b>Mieny</b> Carel Johannes (CMSA) (1996)	Pretoria, SA	<b>Tan</b> Ser-Kiat (CS) (1998)	Singapore
<b>Mokgokong</b> Ephraim T (COG) (2006)	Medunsa, SA	<b>Tan</b> Walter Tiang Lee (CP) (2001)	Singapore
<b>Molteno</b> Anthony C B (C OPHTH) (2001)	Otago, New Zealand	<b>Terblanche</b> John (CMSA) (1995)	Cape Town, SA
<b>Morrell</b> David Francis (CMSA) (2004)	Kenton on Sea, SA	<b>Thomas</b> William Ernest Ghinn (CS) (2006)	Sheffield, UK
<b>Mortimer</b> Robin Hampton (CP) (2004)	NSW, Australia	<b>Thomson</b> George Edmund (CP) (1996)	New York, USA
<b>Mutyaba</b> Frederick A (C ORTH) (2012)	Kampala, Uganda	<b>Todd</b> Ian P (CS) (1987)	London, UK
<b>Myers</b> Eugene Nicholas (C ORL) (1989)	Pennsylvania, USA	<b>Trunkey</b> Donald Dean (CS) (1990)	Oregon, USA
<b>Ngu</b> Victor Anomah (FCS) (2008)	Cameroon	<b>Tucker</b> Ronald BK (CMSA) (1997)	Cape Town, SA
<b>Norman</b> Geoffrey Ross (CMSA) (2003)	Ontario, Canada	<b>Turnberg</b> Leslie Arnold (CP) (1995)	Johannesburg, SA
<b>O'Donnell</b> Barry (CS) (2001)	Dublin, Ireland	<b>Turner-Warwick</b> Margaret (CP) (1991)	London, UK
<b>Ogedengbe</b> Olasurubomi K (COG) (2012)	Lagos, Nigeria	<b>Underwood</b> James C E (C PATH) (2006)	Sheffield, UK
<b>Ogilvie Thompson</b> Julian (CMSA) (2009)	Johannesburg, SA	<b>Van Heerden</b> Jonathan A (CS) (1989)	S Carolina, USA
<b>Oh</b> Teik Ewe (CA) (2003)	Perth, West Australia	<b>Vaughan</b> Ralph S (CA) (2003)	Cardiff, UK
<b>O'Higgins</b> Niall (CS) (2005)	Dublin, Ireland	<b>Visser</b> Gerard (COG) (1999)	Utrecht, Netherlands
<b>Opie</b> Lionel Henry (CP) (2008)	Cape Town, SA	<b>Wakwe</b> Victor C (C PATH) (2012)	Delta State, Nigeria
<b>Pasnau</b> Robert O (C PSYCH) (1988)	California, USA	<b>Wijesiriwardena</b> Bandula C (CP) (2005)	Kalubowila, Sri Lanka
<b>Patel</b> Naren (COG) (1997)	Dunkeld, Scotland	<b>Yeoh</b> Poh-Hong (CS) (1998)	Kuala Lumpur, Malaysia
<b>Pinker</b> George (COG) (1991)	London, UK	<b>Yip</b> Cheng-Har (CS) (2012)	Kuala Lumpur, Malaysia
<b>Prentice</b> Archie G (C PATH) (2012)	London, UK		
<b>Prys-Roberts</b> Cedric (CA) (1996)	Bristol, UK		
<b>Ramphele</b> Mamphela Aletta (CMSA) (2005)	Cape Town, SA		
<b>Reeve</b> Thomas Smith (CS) (1991)	NSW, Australia		
<b>Retief</b> Daniel Hugo (CD) (1995)	Alabama, USA		
<b>Richmond</b> John (CP) (1991)	Edinburgh, UK		
<b>Rosholt</b> Aanon Michael (CMSA) (1980)	Johanneburg, SA		
<b>Salter</b> Robert B (C ORTH) (1973)	Ontario, Canada		
<b>Salyer</b> K Everett (C PLAST) (2007)	Texas, USA		
<b>Samkange</b> Christopher A (C UROL) (2012)	Harare, Zimbabwe		

*(Deceased members not listed but on record).*

## CMSA Life Members As at 3 September 2012

**Abdulla** Mohamed Abdul Latif  
**Abell** David Alan  
**Abrahams** Cyril  
**Abramowitz** Israel  
**Ackermann** Daniel J Joubert  
**Adams** Ganief  
**Adhikari** Mariam  
**Adno** Jacob  
**Ahmed** Yusuf  
**Aitken** Robert James  
**Alderton** Norman  
**Alison** Andrew Roy  
**Allan** John Cameron  
**Allen** Peter John  
**Allie** Abduraghiem  
**Allison** Hugo Frederick  
**Allison** John Graham  
**Allwood** Clifford William  
**Allwright** George Tunley  
**Anderson** Mary Gwendoline  
**Anderton** Edward Townsend  
**Andre** Nellie Mary  
**Andrew** William Kelvin  
**Appleberg** Michael  
**Archer** Graham Geoffrey  
**Asmal** Aboobaker  
**Aucamp** Carel  
**Baillie** Peter  
**Baines** Richard E Mackinnon  
**Baise** Gershan  
**Baker** Graeme Cecil  
**Baker** Lynne Wilford  
**Baker** Peter Michael  
**Bane** Roy Errol  
**Barbezat** Gilbert Olivier  
**Barday** Abdul Wahab  
**Barnard** Philip Grant  
**Barnes** Donal Richard  
**Barnes** Richard David  
**Barnetson** Bruce James  
**Barry** Michael Emmet  
**Bax** Geoffrey Charles  
**Bean** Eric  
**Beatty** David William  
**Becker** Herbert  
**Becker** Ryk Massyn  
**Bell** George Murray  
**Benatar** Solly Robert  
**Benatar** Victor

**Benjamin** Ephraim Sheftel  
**Benjamin** John David  
**Bennett** Margaret Betty  
**Bennett** Michael Julian  
**Bérard** Raymond Michael Francis  
**Berk** Morris Eli  
**Berkowitz** Leslie  
**Berson** Solomon David  
**Bethlehem** Brian H James  
**Beukes** Hendrik Johannes Stefanus  
**Beyer** Elke Johanna Inge  
**Bezwoda** Werner Robert  
**Biddulph** Sydney Lionel  
**Biebuyck** Julien Francois  
**Binnewald** Bertram R Arnim  
**Birkett** Michael Ross  
**Blair** Ronald Mc Allister  
**Blaylock** Roger Selwyn Moffat  
**Bleloch** John Andrew  
**Bloch** Cecil Emanuel  
**Bloch** Hymen Joshua  
**Bloch** Sidney  
**Blum** Lionel  
**Bock** Ortwin A Alwin  
**Bolton** Keith Duncan  
**Booker** Henry Thomas  
**Borchers** Trevor Michael  
**Bosman** Christopher Kay  
**Botha** Jan Barend Christiaan  
**Botha** Jean René  
**Bothwell** Thomas Hamilton  
**Boulle** Trevor Paul  
**Bowen** Robert Mitford  
**Bowie** Malcolm David  
**Braude** Basil  
**Bremer** Paul MacKenzie  
**Bremner** Cedric Gordon  
**Briedé** Wilhelmus M Hendrik  
**Brink** Andries Jacob  
**Brink** Garth Kuys  
**Brink** Stefanie  
**Brits** Jacobus Johannes  
**Brock-Utne** John Gerhard  
**Brokensha** Brian David  
**Broude** Abraham Mendel  
**Brown** Basil Geoffrey  
**Brown** Raymond Solomon  
**Brueckner** Roberta Mildred  
**Bruinette** Hendrik van Rensburg

**Bruk** Morris Isaac  
**Bruwer** André Daniel  
**Bruwer** Ignatius Marthinus Stephanus  
**Buchel** Elwin Herbert  
**Buchan** Terry  
**Burger** Thomas Francois  
**Burgess** John Digby  
**Burgin** Solomon  
**Burns** Derrick Graham  
**Butler** George Parker  
**Butt** Anthony Dan  
**Buys** Anna Catherina  
**Byrne** James Peter  
**Caldwell** Michael William  
**Caldwell** Robert Ian  
**Cameron** Neil Andrew  
**Campbell** Derek Gilliland  
**Carim** Abdool Samad  
**Carim** Suliman  
**Cassel** Graham Anthony  
**Cassim** Reezwana  
**Catterall** Robert Desmond  
**Catzel** Pincus  
**Cavvadas** Aikaterine  
**Chaimowitz** Meyer Alexander  
**Charles** David Michael  
**Charles** Lionel Robert  
**Charlton** Robert William  
**Chothia** Khatija  
**Cilliers** Pieter Hendrik Krynauw  
**Cinman** Arnold Clive  
**Claassens** Hermanus JH  
**Clarke** Simon Domara  
**Clausen** Lavinia  
**Clyde** Jack Howard  
**Cochrane** Raymond Ivan  
**Coetzee** Daniël  
**Coetzer** Hendrik Martin  
**Cohen** Brian Michael  
**Cohen** Colin Koppel  
**Cohen** David  
**Cohen** Eric  
**Cohen** Harvey  
**Cohen** Leon Allan  
**Cohen** Michael  
**Cohen** Morris Michael  
**Cohen** Philip Lester  
**Coller** Julian Somerset  
**Combrink** Johanna Elizabeth

**Combrink** Johanna Ida Lilly  
**Comfort** Peter Thomas  
**Cooke** Paul Anthony  
**Cooke** Richard Dale  
**Cooper** Cedric Kenneth Norman  
**Coote** Nigel Penley  
**Coovadia** Hoosen Mahomed  
**Coovadia** Mohamed Abdool Hak  
**Cowie** Robert Lawrence  
**Coxon** John Duncan  
**Craig** Cecil John Tainton  
**Cretikos** Michael Dionisios Emmanuel Perandonikis  
**Crewe-Brown** Heather Helen  
**Crichton** Eric Derk  
**Cronjé** Hendrik Stefanus  
**Crosley** James Herbert  
**Crosley** Anthony Ian  
**Croucamp** Petrus C Hendrik  
**Cullis** Sydney Neville Raynor  
**Cumes** David Michael  
**Cywes** Sidney  
**Dalby** Anthony John  
**Dagleish** Christopher Ian Philip  
**Dalrymple** Desmond Ross  
**Dalrymple** Rhidian Blake  
**Danchin** Jack Errol  
**Daneel** Alexander Bertin  
**Daniel** Clive Herbert  
**Danilewitz** Daniel  
**Darlison** Michael Tatlow  
**Daubenton** François  
**Daubenton** John David  
**Davey** Dennis Albert  
**Davidson** Aaron  
**Davies** David  
**Davies** Michael Ross Quail  
**Davis** Charles Pierre  
**Dawes** Marion Elizabeth  
**De Beer** Hardie Alfred  
**De Jager** Lourens Christiaan  
**De Klerk** Daniel Johannes Janse  
**De Villiers** Jacquez Charl  
**De Villiers** Pieter Ackerman  
**De Wet** Jacobus Johannes  
**De Zeeuw** Paul  
**Dean** Joseph G Kerfoot  
**Dennehy** Patrick J Pearce  
**Dent** David Marshall

<b>Derman</b> Henry Jack	<b>Friedmann</b> Allan Isodore	<b>Hift</b> Walter	<b>Kalombo</b> Augustin Ngalamulume
<b>Dhansay</b> Jalaluddin	<b>Fritz</b> Vivian Una	<b>Higgs</b> Stephen Charles	<b>Kane-Berman</b> Jocelyne Denise Lambie
<b>Dhansay</b> Yumna	<b>Froese</b> Steven Philip	<b>Hill</b> John William	<b>Kaplan</b> Cyril Jacob
<b>Diers</b> Garth Ruben	<b>Gajjar</b> Pravinchandra Dhirajlal	<b>Hill</b> Paul Villiers	<b>Kaplan</b> Neville Lewis
<b>Digby</b> Rodney Mark	<b>Galatis</b> Chrisostomos	<b>Hillock</b> Andrew John	<b>Karlsson</b> Eric Lennart
<b>Distiller</b> Lawrence Allen	<b>Galloway</b> Peter Allan	<b>Hirschowitz</b> Jack Sydney	<b>Karusseit</b> Victor Otho Ludwig
<b>Docrat</b> Rookayia	<b>Gani</b> Akbar	<b>Hirschson</b> Herman	<b>Katz</b> Ian Ariel
<b>Donald</b> Peter Roderick	<b>Garb</b> Minnie	<b>Hitchcock</b> Peter John	<b>Katzeff</b> Stanley Norman
<b>Dornfest</b> Franklyn David	<b>Gardner</b> Jacqueline Elizabeth	<b>Hockly</b> Jacqueline Douglas Lawton	<b>Kaufman</b> Morris Louis
<b>Douglas-Henry</b> Dorothea	<b>Garisch</b> James Archibald MacKenzie	<b>Hoffmann</b> David Allen	<b>Keet</b> Marie Paulowna
<b>Dove</b> Ephraim	<b>Gaylis</b> Hyman	<b>Hoffmann</b> Vivian Jack	<b>Keet</b> Robert Arthur
<b>Dowdeswell</b> Robert Joseph	<b>Gentin</b> Benjamin	<b>Hofmeyr</b> Nicholas Gall	<b>Keeton</b> Godfrey Roy
<b>Dower</b> Peter Rory	<b>Germon</b> Lawrence	<b>Holdsworth</b> Louis David	<b>Kemp</b> Donald Harold Maxwell
<b>Dreyer</b> Wynand Pieter	<b>Gersh</b> Bernard John	<b>Holland</b> Victor Bernard	<b>Kenyon</b> Michael Robert
<b>Du Plessis</b> Dionisius Johann	<b>Gibson</b> John Hartley	<b>Holloway</b> Alison Mary	<b>Kernoff</b> Leslie Maurice
<b>Du Plessis</b> Hendrik Pienaar	<b>Gildenhuys</b> Jacobus Johannes	<b>Horak</b> Lindley Rousseau	<b>Kessler</b> Edmund
<b>Du Plessis</b> Hennie Lodewia	<b>Gillis</b> Lynn Sinclair	<b>Horowitz</b> Stephen Dan	<b>Kew</b> Michael Charles
<b>Du Toit</b> Donald Francois	<b>Glazer</b> Harry	<b>Hovis</b> Arthur Jehiel	<b>Key</b> Jillian Jane Aston
<b>Du Toit</b> Johan Jakob	<b>Glyn Thomas</b> Raymond	<b>Howell</b> Michael E Oram	<b>Kieck</b> Charles Frederick
<b>Du Toit</b> Johan Loots	<b>Goeller</b> Errol Andrew	<b>Howes</b> Neville Edward	<b>Kimberg</b> Matti
<b>Du Toit</b> Pierre F Mulvihah	<b>Goldin</b> Martin	<b>Hugo</b> André Paul	<b>King</b> Jennifer Ann
<b>Duncan</b> Gordon Alexander	<b>Goldschmidt</b> Reith Bernard	<b>Hundleby</b> Christopher J Bretherton	<b>King</b> John Frederick
<b>Duncan</b> Harold James	<b>Goldstein</b> Bertie	<b>Hurwitz</b> Charles Hillel	<b>Kinsley</b> Robin Howard
<b>Dunning</b> Richard Edwin Frank	<b>Golele</b> Robert	<b>Hurwitz</b> Mervyn Bernard	<b>Klein</b> Hymie Ronald
<b>Duursma</b> Rien Willem	<b>Goodley</b> Robert Henry	<b>Hurwitz</b> Solomon Simon	<b>Klevansky</b> Hyman
<b>Duys</b> Pieter Jan	<b>Goodman</b> Hillel Tuvia	<b>Huskisson</b> Ian Douglas	<b>Kling</b> Kenneth George
<b>Eathorne</b> Allan James	<b>Goosen</b> Felicity	<b>Hyslop</b> Robert James	<b>Klopper</b> Johannes Frederick
<b>Edelstein</b> Harold	<b>Gordon</b> Peter Crichton	<b>Ichim</b> Camelia Vasilica	<b>Klugman</b> Leon Hyam
<b>Edge</b> Kenneth Roger	<b>Gordon</b> Robert John	<b>Ichim</b> Liviu	<b>Knobel</b> John
<b>Ehrlich</b> Hyman	<b>Gorvy</b> Victor	<b>Immelman</b> Edward John	<b>Knoetze</b> Gerald Casparus
<b>Eksteen</b> Jurgen Kotze	<b>Govender</b> Perisamy Neelapithambaran	<b>Isaacson</b> Charles	<b>Kok</b> Hendrick Willem Lindley
<b>Elk</b> Errol Ivan	<b>Govind</b> Uttam	<b>Ismail</b> Khalid Hajee	<b>Koller</b> Anthony Bruce
<b>Enslin</b> Ronald	<b>Graham</b> Kathleen Mary	<b>Israelstam</b> Dennis Manfred	<b>Kotton</b> Bernard
<b>Erasmus</b> Frederick Rudolph	<b>Grave</b> Christopher John Hadley	<b>Jacobs</b> Daniel Pieter Sydney	<b>Koz</b> Gabriel
<b>Erasmus</b> Philip Daniel Christoffel	<b>Greyling</b> Jacobus Arnoldus	<b>Jacobs</b> Miguel Adrian	<b>Kramer</b> Brian David
<b>Essack</b> Maimona	<b>Griffiths</b> Joan McElwee	<b>Jacobs</b> Peter	<b>Kranold</b> Dorothea Helene
<b>Esterhuysen</b> Stephen Philip	<b>Grimbeek</b> Johannes Fredericus	<b>Jammy</b> Joel Tobias	<b>Krengel</b> Biniomin
<b>Etellin</b> Pierre Anthony	<b>Grobbelaar</b> Nicolaas Johannes	<b>Jan</b> Farida	<b>Kriegl</b> Jacques Ryno
<b>Evans</b> Warwick Llewellyn	<b>Grobler</b> Gregory Martinus	<b>Janse van Rensburg</b> Johan Helgard	<b>Krige</b> Louis Edmund
<b>Fanarof</b> Gerald	<b>Grobler</b> Johannes Lodewikus	<b>Jansen van Rensburg</b> Martinus	<b>Kussel</b> Jack Josiah
<b>Faul</b> Helena	<b>Grobler</b> Marthinus	<b>Jasön</b> Peter Michael Constantine	<b>Kussman</b> Barry David
<b>Fehler</b> Boris Michael	<b>Grotepass</b> Frans Willem	<b>Jassat</b> Essop Essak	<b>Kuyil</b> Johannes Marinus
<b>Fergusson</b> David J Guillemard	<b>Haffejee</b> Ismail Ebrahim	<b>Jedeikin</b> Leon Victor	<b>Labuschagne</b> Izak
<b>Fernandes</b> Carlos Manuel Coelho	<b>Hammer</b> Alan John	<b>Jeena</b> Hansa	<b>Lachman</b> Anthony Simon
<b>Ferreira</b> Anton Leopold	<b>Hangelbroek</b> Peter	<b>Jeffery</b> Peter Colin	<b>La Grange</b> Jacobus Johannes Christiaan
<b>Findlay</b> Cornelius Delfos	<b>Hansen</b> Denys Arthur	<b>Jersky</b> Jechiel	<b>Laing</b> John Gordon Dacomb
<b>Fine</b> Julius	<b>Harpur</b> Peter James	<b>Jessop</b> Susan Jane Dorothy	<b>Lake</b> Walter Thomas
<b>Fine</b> Leon Arthur	<b>Harris</b> Ian Michael	<b>Jöckel</b> Wolfgang Heinrich	<b>Laloo</b> Maneklal
<b>Fine</b> Stuart Hamilton	<b>Hartdegen</b> Richard Gerhardus	<b>Joffe</b> Leonard	<b>Lamont</b> Alastair
<b>Fisher-Jeffes</b> Donald Leonard	<b>Hartley</b> Patricia Staunton	<b>Joffe</b> Stephen Neal	<b>Lampert</b> Jack Arthur
<b>Fleishman</b> Solomon Joel	<b>Hartman</b> Ella	<b>Johnson</b> Sylvia	<b>Landsberg</b> Pieter Guillaume
<b>Flynn</b> Michael Anthony	<b>Hassan</b> Mohamed Saeed	<b>Jonker</b> Edmund	<b>Lantermans</b> Elizabeth Cornelia
<b>Fontein</b> Batholomeus T Petrus	<b>Hawthorne</b> Henry Francis	<b>Jooste</b> Edmund	<b>Large</b> Robert George
<b>Forman</b> Allan	<b>Hayward</b> Frederick	<b>Jooste</b> Jacobus Letterstedt	<b>Lasich</b> Angelo John
<b>Forman</b> Robert	<b>Head</b> Mark Stephen	<b>Jordaan</b> James Charles	<b>Latif</b> Ahmed Suliman
<b>Förtsch</b> Hagen E Armin	<b>Hefer</b> Adam Gottlieb	<b>Jordaan</b> Johann Petrus	<b>Laubscher</b> Willem M Lötter
<b>Foster</b> Nathaniel E George	<b>Heitner</b> Rene	<b>Jordaan</b> Robert	<b>Laurence</b> John Egerton
<b>Frank</b> Joachim Roelof	<b>Helman</b> Isaac	<b>Joubert</b> James Rattray	<b>Lautenbach</b> Earle E Gerard
<b>Frankel</b> Freddy Harold	<b>Henderson</b> Linda Grantham	<b>Joynt</b> Gavin Matthew	<b>Lawson</b> Hugh Hill
<b>Freedman</b> Jeffrey	<b>Henderson</b> Rex Scott	<b>Kaiser</b> Gerhard Hans Robert	<b>Leader</b> Leo Robin
<b>Freiman</b> Ida	<b>Heyns</b> Anthon du Plessis	<b>Kaiser</b> Walter	<b>Leary</b> Peter Michael

<b>Leary</b> William P Pepperrell	<b>Marx</b> Johan Hendrik	<b>Mullan</b> Bertram Strancham	<b>Planer</b> Meyer
<b>Leask</b> Anthony Raymond	<b>Matisonn</b> Rodney Earl	<b>Muller</b> Edward Julius	<b>Plit</b> Michael
<b>Leaver</b> Roy	<b>Mauff</b> Alfred Carl	<b>Mulligan</b> Terence P Simpson	<b>Polakow</b> Everard Stanley
<b>Leeb</b> Julius	<b>Maxwell</b> William Graeme	<b>Myers</b> Leonard	<b>Politzky</b> Nathan
<b>Lejuste</b> Michel JL Remi	<b>May</b> Abraham Bernard	<b>Naidoo</b> Balagaru Narsimaloo	<b>Pollak</b> Otilie
<b>Lemmer</b> Johan	<b>Mayet</b> Fatima Goolam Hoosen	<b>Naidoo</b> Lutchman Perumal	<b>Polley</b> Neville Alfred
<b>Lemmer</b> Lourens Badenhorst	<b>Mayet</b> Zubeida	<b>Naidoo</b> Neetheanathan	<b>Pompe van Meerderevoort</b> Hjalmar Frans
<b>Le Roex</b> René Denysen	<b>Maytham</b> Dermine	<b>Naidoo</b> Premilla Devi	<b>Porteous</b> Paul Henry
<b>Le Roux</b> Petrus A Jacobus	<b>McCosh</b> Christopher John	<b>Nair</b> Gonasegrie Puckree	<b>Porter</b> Christopher Michael
<b>Lessing</b> Abraham J Petrus	<b>McCutcheon</b> John Peter	<b>Nanabhay</b> Sayed Suliman	<b>Potgieter</b> Hermanus Jacobus
<b>Levenstein</b> Stanley	<b>McDonald</b> Robert	<b>Nash</b> Eleanor Scarborough	<b>Power</b> David John
<b>Levin</b> Joseph	<b>McIntosh</b> William Andrew	<b>Naude</b> Johannes Hendrik	<b>Prentice</b> Bernard Ross
<b>Levin</b> Solomon Elias	<b>McKenzie</b> Malcolm Bett	<b>Neifeld</b> Hyman	<b>Pretorius</b> David H Schalk
<b>Levy</b> Ernest Ronald	<b>Mears</b> Jasper W Walter	<b>Nel</b> Elias Albertus	<b>Pretorius</b> Hendrik Petrus Jacobus
<b>Levy</b> Wallace Michael	<b>Meer</b> Farooq Moosa	<b>Nel</b> Jan Gideon	<b>Pretorius</b> Jack
<b>Levy</b> Walter Jack	<b>Meeran</b> Mooideen Kader	<b>Nel</b> Jacques Bernadus Anton	<b>Pretorius</b> Johannes Adam
<b>Lewin</b> Arthur	<b>Meiring</b> Johannes Cornelius Engelbrecht	<b>Nel</b> Wilhelm Stephanus	<b>Pretorius</b> Johannes Jacobus
<b>Lewin</b> Dorothy	<b>Melville</b> Roger Laidman	<b>Neser</b> Francois Nicholas	<b>Pretorius</b> Johannes Lodewikus
<b>L'Heureux</b> Renton	<b>Melville</b> Ronald George	<b>Nestadt</b> Allan	<b>Prinsloo</b> Simon Frederik
<b>Linde</b> Stuart Allen	<b>Mennen</b> Ulrich	<b>Newbury</b> Claude Edward	<b>Prinsloo</b> Simon Lodewyk
<b>Lipper</b> Maurice Harold	<b>Mervis</b> Benjamin	<b>Nicholson</b> Melanie Eugene	<b>Prosser</b> Geoffrey Leslie
<b>Lloyd</b> David Allden	<b>Meyer</b> Anthonie Christoffel	<b>Noble</b> Clive Allister	<b>Prowse</b> Clive Morley
<b>Lloyd</b> Elwyn Allden	<b>Meyer</b> Bernhardt Heinrich	<b>Noll</b> Brian Julian	<b>Przybojewski</b> Jerzy Zbigniew
<b>Lochner</b> Jan de Villiers	<b>Meyer</b> David	<b>Norman-Smith</b> Jack	<b>Pudifin</b> Dennis James
<b>Lodemann</b> Heide Katharina	<b>Meyer</b> De Bruto Laporta Cavalier	<b>Novis</b> Bernard	<b>Quan</b> Tim
<b>Loening</b> Walter E Karl	<b>Meyer</b> Julius	<b>Nurick</b> Ivan James	<b>Quantock</b> Owen Peter
<b>Loest</b> Hellmut Claudius	<b>Meyer</b> Roland Martin	<b>Obel</b> Israel Woolf Promund	<b>Quinlan</b> Desmond Kluge
<b>Lombard</b> Hermanus Egbertus	<b>Meyers</b> Anthony Molyneux	<b>Odendaal</b> Hendrik Johannes	<b>Quirke</b> Peter Dathy Grace
<b>Long</b> John Walter	<b>Meyersohn</b> Sidney Jacob	<b>Odes</b> Harold Selwyn	<b>Radford</b> Geoffrey
<b>Loot</b> Sayyed M Hosain	<b>Meyerson</b> Louis	<b>Olinsky</b> Anthony	<b>Raftopoulos</b> Paris
<b>Loots</b> Petrus Beaufort	<b>Michaelides</b> Basil Andrew	<b>Oliver</b> Johannes Andries	<b>Raga</b> Jairaj
<b>Losken</b> Hans Wolfgang	<b>Michaels</b> Maureen Jeanne	<b>Omar dien</b> Yusuf	<b>Raghavjee</b> Indira Vaghjee
<b>Losman</b> Elma	<b>Michalowsky</b> Aubrey Michael	<b>Orelowitz</b> Manney Sidney	<b>Raine</b> Edgar Raymond
<b>Lotzof</b> Samuel	<b>Michelow</b> Maurice Cecil	<b>Osler</b> Henry Ingram	<b>Rankin</b> Anthony Mottram
<b>Loubser</b> Johannes Samuel	<b>Midgley</b> Franklin John	<b>Ospovat</b> Norman Theodore	<b>Ransome</b> Oliver James
<b>Lurie</b> Russel	<b>Miény</b> Carel Johannes	<b>OSSIP</b> Mervyn Seymour	<b>Rayman</b> Ashley
<b>Macdonald</b> Angus Peter	<b>Miles</b> Anthony Ernest	<b>Padayatchi</b> Perumal	<b>Read</b> Geoffrey Oliver
<b>MacEwan</b> Ian Campbell	<b>Millar</b> Robert Norman Scott	<b>Palmer</b> Philip Edward Stephen	<b>Reardon</b> Colin Michael
<b>MacKenzie</b> Basil Louis	<b>Milne</b> Anthony Tracey	<b>Palmer</b> Raymond Ivor	<b>Rebstein</b> Stephen Eric
<b>MacLeod</b> Ian Nevis	<b>Milne</b> Frank John	<b>Pantanowitz</b> Desmond	<b>Redfern</b> Michael John
<b>MacPhail</b> Andrew Patrick	<b>Milner</b> Selwyn	<b>Parkes</b> John Ryan	<b>Reichman</b> Leslie
<b>Maharaj</b> Ishwarlall Chiranjilall	<b>Misnuner</b> Zelik	<b>Parsons</b> Arthur Charles	<b>Reichman</b> Percy
<b>Mahomed</b> Abdullah Eshaak	<b>Mitchell</b> Peter John	<b>Parsoo</b> Ishwarlall	<b>Reidy</b> Jeremy Charles
<b>Mair</b> Michael John Hayes	<b>Mokhobo</b> Kubeni Patrick	<b>Pascoe</b> Michael Danby	<b>Reif</b> Simon
<b>Maitin</b> Charles Thabo	<b>Molapo</b> Jonathan Lepoqa	<b>Patel</b> Prabhakant Lalloo	<b>Reinach</b> Werner
<b>Malan</b> Atties Fourie	<b>Molteno</b> Christopher David	<b>Pather</b> Runganayagum	<b>Renton</b> Maurice Ashley
<b>Malan</b> Christina	<b>Moodley</b> Dhanapalan Patchay	<b>Pearlman</b> Theodore	<b>Retief</b> Daniel Hugo
<b>Malan</b> Daniel Francois	<b>Moodley</b> Jagidesa	<b>Peer</b> Dawood Goolam Hoosen	<b>Retief</b> Francois Jacobus
<b>Maliza</b> Andile	<b>Moodley</b> Thirugnanasumburanam	<b>Pelser</b> Frank Blignaut	<b>Retief</b> Francois Johannes Petrus
<b>Mangera</b> Ismail	<b>Moola</b> Yousoof Mahomed	<b>Peters</b> Ralph Leslie	<b>Retief</b> Francois Pieter
<b>Mankowitz</b> Emmanuel	<b>Moosa</b> Abdool-Sattar	<b>Pettifor</b> John Morley	<b>Reynders</b> Johannes Jurgens
<b>Mann</b> Solly	<b>Moosa</b> Muhammed-Ameen	<b>Pheiffer</b> Jacobus Daniël	<b>Reyneke</b> Philippus Johannes
<b>Marais</b> Ian Philip	<b>Morar</b> Champaklal	<b>Philcox</b> Derek Vincent	<b>Rice</b> Gordon Clarke
<b>Marais</b> Johannes Stephanus	<b>Morley</b> Eric Clyde	<b>Phillips</b> Gerald Isaac	<b>Richards</b> Alan Trevor
<b>Margolis</b> Frank	<b>Morrell</b> David Francis	<b>Phillips</b> Keith Radburn	<b>Richmond</b> George
<b>Margolis</b> Kenneth	<b>Morris</b> Charles David Wilkie	<b>Phillips</b> Louisa Marilyn	<b>Ritchken</b> Harry David
<b>Marivate</b> Martin	<b>Morris</b> Ediel	<b>Pillay</b> George Permall	<b>Roberts</b> William A Brooksbank
<b>Marivate</b> Russell	<b>Morrison</b> Gavin	<b>Pillay</b> Govindasamy Sokalingum	<b>Robins-Browne</b> Roy Michael
<b>Markman</b> Philip	<b>Moti</b> Abdool Razack	<b>Pillay</b> Rathinasabapathy Arumugam	<b>Robinson</b> Brian Stanley
<b>Marks</b> Charles	<b>Movsowitz</b> Leon	<b>Pillay</b> Thiagarajan Sundragasen	<b>Rode</b> Heinz
<b>Marks</b> Richard Kearns		<b>Pillay</b> Veerasamy K Govinda	



- Roediger** Wolf Ernst Wilhelm  
**Roelofse** Hendrik Johannes  
**Rogaly** Elgar  
**Rogan** Ian MacKenzie  
**Rogers** Raymond Alan  
**Roman** Horatius E Hereward  
**Roman** Trevor Errol  
**Rome** Paul  
**Roos** Charles Phillipus  
**Roos** Nicolaas Jacobus  
**Roose** Patricia Garfield  
**Rosenberg** Basil  
**Rosenberg** Edwin Robert  
**Rossouw** Dennis Pieter  
**Rothberg** Alan Dan  
**Rousseau** Theodore Emile  
**Rudolph** Isidore  
**Rush** Peter Sidney  
**Ryan** Raymond  
**Sacks** William  
**Saffer** Seelig David  
**Safro** Ivor Lawrence  
**Sagor** Jason Solomon  
**Salant** David John  
**Samson** Ian David  
**Samson** John Monteith  
**Sandeman** John Charles  
**Sanders** Hannah-Reeve  
**Sandison** Alexander Gorrie  
**Sapire** David Warren  
**Saunders** Stuart John  
**Saxe** Norma Phyllis  
**Scallan** Michael John Herbert  
**Schaetzling** Albrecht Eberhard  
**Schepers** Anton  
**Scher** Alan Theodore  
**Schneider** Cecil Max  
**Schneier** Felix Theodore  
**Scholtz** Roelof  
**Schutte** Philippus Johannes  
**Schwär** Theodor Gottfried  
**Schwarz** Kurt  
**Scott** Bruce William Haigh  
**Scott** Neil Petrie  
**Scott** Quentin John  
**Scragg** Joan Noelle  
**Seaward** Percival Douglas  
**Sedgwick** Jerome  
**Seedat** Yackoob Kassim  
**Seidel** Wilhelm Friedrich  
**Sellers** Sean Liam  
**Sender** Mervyn David  
**Senior** Boris  
**Serfontein** Jacobus Hendrik  
**Shapiro** Benjamin Leon  
**Sharpe** Jean Mary  
**Shear** Mervyn  
**Sher** Gerald  
**Sher** Geoffrey  
**Sher** Joseph Norman  
**Sher** Mary Ann  
**Sher** Rickard Charles  
**Sh  t  ** Charudutt Dattatraya  
**Shulman** Louis  
**Shuttleworth** Richard Dalton  
**Shweni** Phila Michael  
**Siebert** Peter Robin de Vos  
**Siew** Shirley  
**Silberman** Reuben  
**Silbert** Maurice Vivian  
**Simons** George Arthur  
**Simson** Ian Wark  
**Singer** Martin  
**Skudowitz** Reuben Benjamin  
**Sliom** Cyril Meyer  
**Smit** John Nicholas  
**Smit** Wilhelm Michiel  
**Smith** Alan Nathaniel  
**Smith** Michael Ewart  
**Sneider** Paul  
**Snyman** Adam Johannes  
**Snyman** Hendrick G Abraham  
**Somera** Satiadev  
**Sonnendecker** Ernest W Walter  
**Sparks** Bruce Louis Walsh  
**Spies** Sarel Jacob  
**Spilg** Harold  
**Stander** Dudley  
**Steenkamp** Edward Clarkson  
**Steenkamp** Lucas Petrus  
**Stein** Aaron (Archie)  
**Stein** Abraham  
**Stein** Lionel  
**Stein** Mannie  
**Stewart-Wynne** Edward George  
**Steyn** Gerbrandt  
**Steyn** Izak Stefanus  
**Stronkhorst** Johannes Hendrikus  
**Styger** Viktor  
**Suliman** Abdoorahaman Ebrahim  
**Sur** Monalisa  
**Sur** Ranjan Kumar  
**Svensson** Lars Georg  
**Swanepoel** Andr    
**Swart** Jacob Jacobus  
**Swart** Johannes Gerhardus  
**Swartz** Jack  
**Swiegers** Wotan Reynier Siegfried  
**Swift** Peter John  
**Tang** Kenneth  
**Tarboton** Peter Vaughan  
**Taylor** Robert Kay Nixon  
**Tayob** Ismail Suleman  
**Te Groen** Frans Wilhelmus  
**Terblanche** John  
**Terespolsky** Percy Samuel  
**Thaning** Niels-Otto  
**Theron** Eduard Stanley  
**Theron** Francis  
**Theron** Jakobus L Luttig  
**Thompson** Michael Wilson Balfour  
**Thompson** Roderick Mark McGregor  
**Thomson** Alan J George  
**Thomson** Morley Peter  
**Thomson** Peter Drummond  
**Tinker** John  
**Thorburn** Kentigern  
**Thornington** Roger Edgar  
**Thorp** Marc Alexander  
**Toker** Eugene  
**Treisman** Oswald Selwyn  
**Trichard** Louis C G Lennox  
**Tucker** Ronald B Kidger  
**Turner** Peter James  
**Tyrrell** Joseph Clonard Harcourt  
**Underwood** Ronald Arthur  
**Ungerer** Matthys Johannes  
**Utian** Hessel Lionel  
**Vahed** Abdul Khalek Ahmed  
**Valjee** Ashwin  
**Van Bever Donker** Sophie Carla  
**Van Coeverden de Groot** Herman A  
**Van Coller** Beulah Marie  
**Van den Bergh** Cornelius Jacob  
**Van den Ende** Jan  
**Van der Merwe** Christiaan  
**Van der Merwe** Gideon Daniel  
**Van der Merwe** Hendrik Johannes  
**Van der Merwe** Jan Abraham  
**Van der Merwe** Pieter-Luttig  
**Van der Merwe** Schalk W Petrus  
**Van der Meyden** Cornelis Hendrikus  
**Van der Spuy** Johan Wilhelm  
**Van der Walt** Andr    
**Van der Walt** Pieter Johannes  
**Van der Wat** Jacobus JH Botha  
**Van Drimmelen** Bertha  
**Van Drimmelen** Pieter  
**Van Gelderen** Cyril Jack  
**Van Graan** Nico Jacobus  
**Van Greunen** Francois  
**Van Helsdingen** Jacobus O Tertius  
**Van Leenhoff** Johannes Willem  
**Van Niekerk** Christopher  
**Van Niekerk** Christoffel Hendrik  
**Van Niekerk** Gilbert Andr    
**Van Niekerk** Johannes Philippus de Villiers  
**Van Schalkwyk** Derrick  
**Van Schalkwyk** Herman Eben  
**Van Schouwenburg** Johan Andries Michiel Heyns  
**Van Selm** Christopher Denys  
**Van Wyk** Chris  
**Van Wyk** Frederick A Kelly  
**Van Wyk** Johannes Adriaan Louw  
**Van Zyl-Smit** Roal  
**Velzeboer** Sally Jane  
**Venter** Jacobus Frederik  
**Venter** Louis Andr    
**Venter** Pieter Ferdinand  
**Vermeulen** Jan Hendrik  
**Vijjoen** Denis Lowe  
**Vijjoen** Ignatius Michael  
**Visser** Daniel  
**Von Varendorff** Edeltraud Mathilde  
**Von Wielligh** Gysbertus Johannes  
**Vorster** Carl Theodorus  
**Wade** Harry  
**Wagenfeld** Derrick John Henry  
**Wahl** Jacobus Johannes  
**Walker** David Anthony  
**Walker** John Douglas  
**Walls** Ronald Stewart  
**Walton** Russell John  
**Webber** Bruce Leonard  
**Weehuizen** John Peter Albert  
**Weich** Dirk Jacobus Visser  
**Weinberg** Eugene Godfrey  
**Weinbrenn** Clifford  
**Wellsted** Michael Dennis  
**Welsh** Ian Bransby  
**Welsh** Neville Hepburn  
**Westaway** Joan Lorraine  
**Westerman** David Elliot  
**Weston** Neville Anthony  
**Whiffler** Kurt  
**Whiting** David Ashby  
**Whittaker** David Ernest  
**Wickens** Johannes Tromp  
**Wienand** Adolf Johann  
**Wiggelinkhuizen** Jan  
**Wilkinson** Lynton Dallas  
**Willems** Pieter  
**Willers** Petrus Salmon  
**Williams** Margaret Ethel  
**Williams** Robert Edward  
**Wilson** Peter James  
**Wilson** Timothy Dover  
**Wilson** William  
**Wilton** Thomas Derrick  
**Wingreen** Basil  
**Wise** Roy Oliver  
**Wittenberg** Dankwart Friedrich  
**Wolfsdorf** Jack  
**Wootton** John Barry Leif  
**Wrang** Peter Anthony Bernhard  
**Wright** Ian James Spencer  
**Wright** Michael  
**Wunsh** Louis  
**Yakoob** Hamid Ismail  
**Yudaken** Israel Reuwen  
**Zacks** Philip Louis  
**Zaaijman** John du Toit  
**Zabow** Tuviah  
**Zent** Clive Steven  
**Zent** Roy  
**Zieff** Solly  
**Ziervogel** Carel Frederick  
**Zion** Monty Mordecai  
**Zwonnkoff** George Alexander

# Insignia for sale: CMSA Members

## 1. Ties:

1.1 *Polyester* material in navy, maroon or bottle green:

1.1.1 Crest in colour as single under-knot design..... R 100

1.1.2 Rows of shields separated by silver-grey stripes..... R 100

1.1.3 Wildlife (Two designs: enquire)..... R 100

1.2 *Silk* material Fellow's tie in navy only, in design 1.1.2 ..... R 180

## 2. Scarves (long):

The Big 5 (small animals) attractive design on soft navy fabric ..... R 230

3. **Blazer badges** in black or navy, with crest embroidered in colour ..... R 100

## 4. Cuff-links (enquire about prices):

4.1 Sterling silver crested ..... R 100

4.2 Baked enamel with crest in colour on cream, gold or navy background..... R 100

## 5. Lapel badges/brooches (enquire about prices) ..... R 100

Crest in colour, baked enamel on cream, gold or navy background ..... R 100

## 6. Key rings (black/brown leather) (enquire about prices):

Crest in colour, baked enamel on cream, gold or navy background..... R 100

## 7. Paper-weights (enquire about prices):

Nickel or gold plated, with gold-plated crest ..... R 100

## 8. Paper-knives (enquire about prices):

Silver plated, with gold-plated crest..... R 100

## 9. Wall plaque (enquire about prices):

Crest in colour, on imbuia or oak ..... R 100

10. **Purse:** leather, with wildlife material inlay..... R 300

11. **History of the CMSA** written by Dr Ian Huskisson ..... R 130

*R30 per item to be included with order to cover postage*

