# TRANSACTIONS

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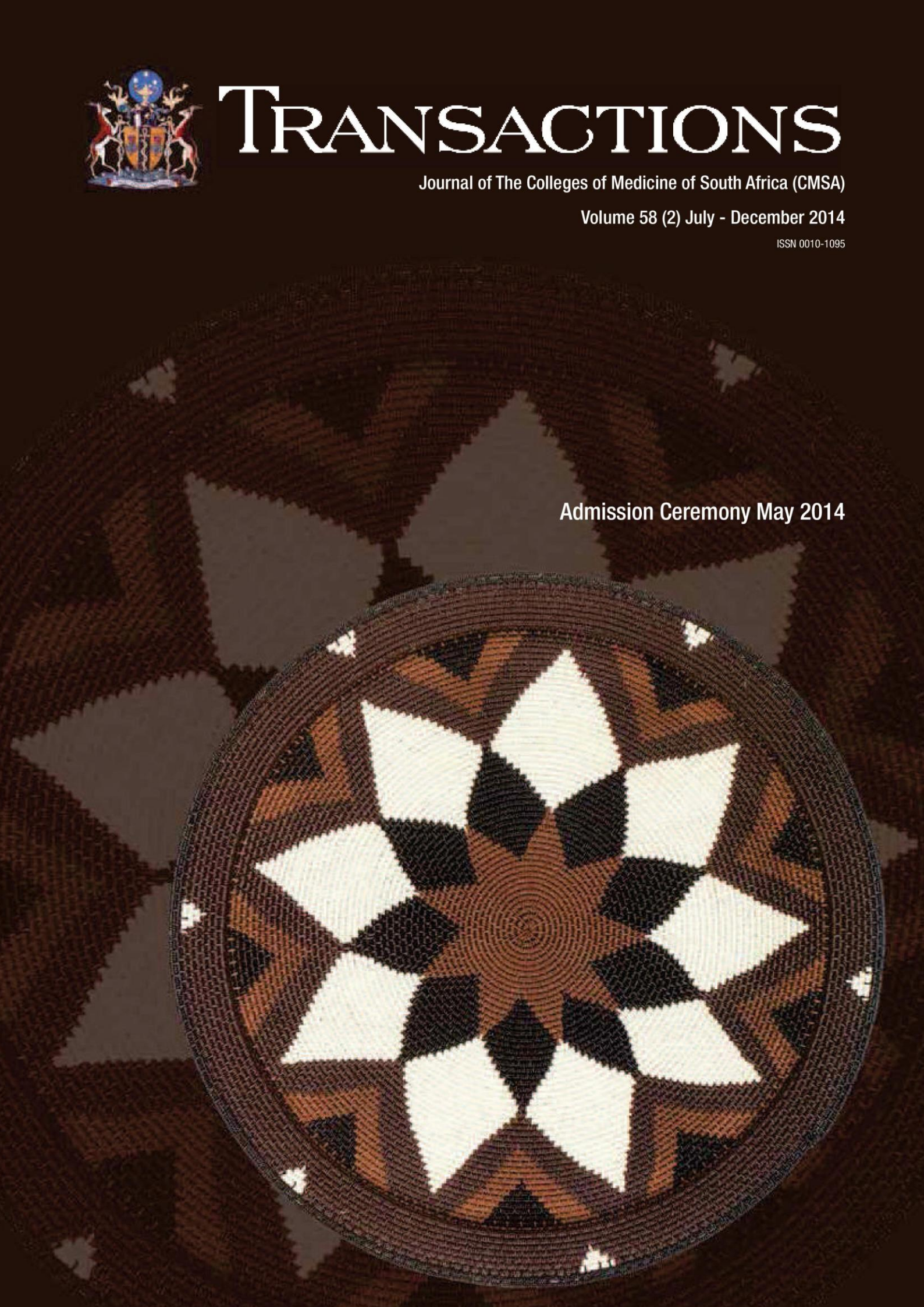

Admission Ceremony May 2014

# TRANSACTIONS

Volume 58 (2) July - December 2014





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## Contents



In support of contemporary Zulu telephone wire baskets

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# 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 spelt out when first used in the text. Scientific measurements should be expressed in SI units throughout, with two exceptions; blood pressure should be given in mmHg and haemoglobin as g/dl.

1.4 All numerals should be written as such (i.e. not spelt out) except at the beginning of a sentence.

1.5 Tables, references and legends for illustrations should be typed on separate sheets and should be clearly identified. Tables should carry Roman numerals, thus: I, II, III, etc. and illustrations should have Arabic numerals, thus 1,2,3, etc.

1.6 The author's contact details should be given on the title page, i.e. telephone, cellphone, fax numbers and e-mail address.

## 2. Figures

2.1 Figures consist of all material which cannot be set in type, such as photographs, line drawings, etc.
(Tables are not included in this classification and should not be submitted as photographs).
Photographs should be glossy prints, not mounted, untrimmed and unmarked. Where possible, all illustrations should be of the same size, using the same scale.

2.2 Figures' numbers should be clearly marked with a sticker on the back and the top of the illustration should be indicated.

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

## 3. References

3.1 References should be inserted in the text as superior numbers and should be listed at the end of the article in numerical order.

3.2 References should be set out in the Vancouver style and the abbreviations of journals should conform to those used in Index Medicus. Names and initials of all authors should be given unless there are more than six, in which case the first three names should be given followed by 'et al'. First and last page num¬bers should be given.

3.3 'Unpublished observations' and 'personal communica¬tions' 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 inva-ding micro-organisms. In: Sodeman WA jun, Sodeman WA, eds. Pathologic Physiology: Mechanisms of Disease. Philadelphia: WB Saunders, 1974: 457-472.

# Lost Members

The CMSA office in Rondebosch is eager to establish the whereabouts of the following "lost members", some of whom may be deceased. Please e-mail any information that could be of assistance to Naomi Adams at members@colmedsa.co.za

**Azam,** Muhammed (College of Paediatricians)

**Bennett,** Margaret Betty (College of Radiologists)

**Chatora,** Tsitsi Vimbayi (College of Family Physicians)

**Ifeorah**, Osita (College of Obstetricians and Gynaecologists)

**Kok,** Hendrik Willem Lindley (College of Neurologists)

**Kuther**, Annamarie (College of Emergency Medicine)

**Mahachi**, Nyikadzino (College of Family Physicians)

**Meyer,** Julius (College of Psychiatrists)

**Nakhjavani**, Naseem (College of Paediatricians)

**Ndimande,** Benjamin Gregory Paschalis (College of Anaesthetists)

**Phillips,** Kenneth David (College of Family Physicians)

**Raubenheimer,** Arthur Arnold (College of Obstetricians and Gynaecologists)

**Richmond,** George (College of Physicians)

**Segal,** Dennis Selwyn (College of Family Physicians)

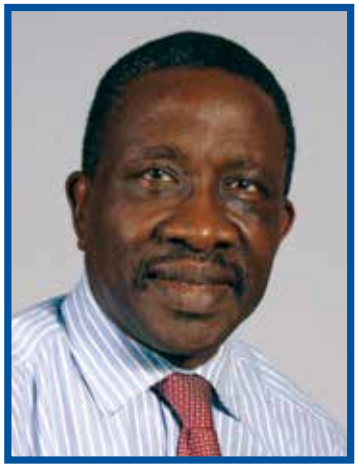
**Van Coller,** Beulah Mariè (College of Paediatricians)

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

**Wagner**, Leigh (College of Paediatricians)

*Information as at 29 September 2014*

# Ebola virus disease epidemic in West Africa: is there light at the end of the tunnel?



Dear Colleagues,

By definition, a disease "outbreak" is "the occurrence of cases of disease in a community or region where it would not normally be expected, or at a much greater level than expected", while an "epidemic" is "the occurrence of disease at a level greater than would normally be expected".[1] In other words, an outbreak is synonymous with an epidemic, i.e. "the sudden rise in the incidence of a disease" *vis-à-vis* the "occurrence of more cases of disease than expected in a given area over a particular period of time".

Ebola virus disease (EVD), formerly known as Ebola haemorrhagic fever, is a severe, often fatal illness in humans. In 1976, the disease first appeared in two simultaneous outbreaks, in Nzara in Sudan, and in Yambuku in the Democratic Republic of Congo. The latter was in a village situated near the Ebola River, from which the disease takes its name. EVD is introduced into the human population through close contact with the blood, secretions, organs or the bodily fluid of infected animals. In Africa, infection has been documented through the handling of infected chimpanzees, gorillas, fruit bats, monkeys, forest antelope and porcupines found ill or dead in the rainforest.[2]

The current EVD epidemic in West Africa started in Guinea as an outbreak in February 2014, rapidly spreading to Liberia and Sierra Leone, which are neighbouring countries. As time went on, a few cases were reported in Nigeria through an index case who travelled from Liberia despite being ill, and in spite of having buried his sister who died of the disease. No new EVD cases have been diagnosed in Nigeria since 31August 2014, suggesting that the outbreak may have been contained in that country, according to a report from the Centers for Disease Control and Prevention (CDC).[3] The only confirmed case in Senegal was reported on 28 August 2014 in a man who survived.[3] The total number of probable, confirmed and suspected cases in the current outbreak of EVD in West Africa reported up to 28 September 2014 is 7 178, with 3 338 deaths (a cases fatality rate of 46.5%).[4] Guinea, Liberia, Sierra Leone, Nigeria and Senegal remain affected. The report further indicated that the transmission of EVD remains persistent and widespread in Guinea, Liberia and Sierra Leone, with strong evidence of increasing case incidence in several districts.

Various organisations, including the CDC, the European Commission and the Economic Community of West African States, have donated funds and mobilised personnel to help to counter the epidemic, and Médecins Sans Frontières is working in the three countries. It is heartening to note that, through the National Institute for Communicable Diseases (NICD), the Department of Health, South Africa, established a mobile diagnostic laboratory in Freetown, Sierra Leone, in the second half of August 2014. The role of the laboratory is the provision of rapid diagnostic capacity at the scene of the EVD outbreak, the alleviation of the problem of logistics (as this may lead to delayed testing during outbreaks in remote areas when specimens have to be shipped to regional or international reference laboratories for testing), as well as the provision of aid with respect to patient management.[5] This EVD outbreak has been reported as being the most severe, both in terms of the number of cases and the number dead. The question to ask is: "Why did the neighbouring affected countries wait for approximately six months to react to the EVD outbreak in the Republic of Guinea?" The answer is simple: "Owing to a failure of the public health systems in these countries to have an active public health surveillance system in place to respond to infectious disease outbreaks".

Any time at which there is an infectious disease outbreak in Africa, the knee-jerk reaction is to hide our heads in the sand like the proverbial ostrich, with the hope that it will pass. When the latter does not occur, we then quickly organise a high-powered meeting of health experts, with a request for international agencies to assist us in curtailing the outbreak. Is it a situation of waiting for things to go wrong, and then expecting others to fix the problem for us? The current EDV outbreak is a call for action to African states to seriously fund functional public health surveillance systems. This would entail training healthcare professionals on the basics of disease epidemiology and rapid case findings. In addition, there

must be active district surveillance systems, diagnostic laboratories and rapid response units to deal with any outbreaks with efficiency and skill.

There is no specific treatment for the disease. ZMapp® is not a vaccine, but an experimental biopharmaceutical drug comprising three humanised monoclonal antibodies, and under development to fight the disease. During outbreaks, healthcare professionals are at high risk and should always wear special protective clothing (a gown, gloves, a full face mask and eye goggles) when attending to suspected EVD patients. Carers of the sick (usually family members) are the other important group who should wear the special protective clothing when attending to their sick relatives. However, this is not the case, hence the continued spread of the disease.

Is South Africa ready to handle an EVD outbreak? Presumably "yes", as the public health surveillance system has been activated and prepared. However, we must still remain vigilant as this particular epidemic is far from over. I appeal to African governments to truly support public health medicine, functional infectious disease surveillance systems and outbreak responses. There is light at the end of the tunnel for the EVD epidemic in West Africa as the world rallies around to end it, and the pharmaceutical companies invest to develop vaccines to combat the disease.

**Prof Gboyega Ogunbanjo**
Editor: *Transactions*
E-mail: gao@intekom.co.za

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# Presidential Message

Prof Gerhard Lindeque

Dear Colleagues,

As always, it is a huge honour and privilege to greet you on behalf of the Board of Directors and the Senate of our Colleges of Medicine of South Africa (CMSA).

Several matters received considerable attention in the past semester. Firstly, following the signing of the Memorandum of Understanding between the CMSA and the Health Professions Council of South Africa (HPCSA), finishing registrars will take the next CMSA examinations as exit professional proficiency examinations. This is a massive milestone for the CMSA. The road towards this milestone was uphill and rocky, and that has not changed. We need to provide a service level agreement to the HPCSA, a document that has reached preliminary completion. The South African Committee of Medical Deans has requested meetings so that the roles of all of the parties involved in training can be discussed and clarified. This meeting will take place this month.

This is a reminder that we strive for excellence and fairness in our assessment process. The CMSA has taken many steps to ensure this, and is committed to persisting with its actions. I want to thank the whole organisation and all our trainers and examiners in the university faculties for working together with a single purpose, namely that of being the best examinations body possible.

Secondly, several questions exist on the VAT status of the CMSA. The CMSA is a public benefit organisation, and until recently, was exempt from tax as it was registered in terms of Section 30 of the Act. In 2013, the registration was changed to fall under Section 30B of the Act. This may result in the CMSA having to pay VAT, according to several sections of the Act. There is uncertainty as to why this change took place, and it is being actively investigated by the CMSA, in conjunction with the Treasury and the South African Revenue Service. Achieving the best possible solution is the intended outcome from the initial meetings. The process is expected to continue for several months. I want to thank the chief executive officer and management for driving this process unanimously.

This is a reminder of our commitment to clean and accurate administration. It is also an illustration of the recognition of the values of the CMSA by outside bodies and organisations, once informed of them!

Thirdly, the term of the current Senate ends with this meeting this month, and the newly elected Senate will take its place and responsibilities. May I express my sincere thanks and appreciation to my colleagues who are stepping down for all their support, enthusiasm, participation and hard work, as well as for their time, given freely, for the benefit of the CMSA.

I also welcome the members of the new Senate, returning or newly elected. It is indeed a wonderful opportunity for specialised community service, and an honour to represent your discipline. Senate acts as one of the "consciences" of the CMSA, and is involved in serious decisions. Thank you for being willing to assume this task. I look forward very much to working with you.

This departing of the "old" and entering of the "new" is a reminder of the whole phenomenon of change and of our reactions to it. We realise that change is inevitable. Indeed, the very nature of life and our business demands adaptations, the exploration of new avenues, taking on novel challenges and working towards new successes. In our context, this is undoubtedly best achieved by working together as a team. Let us, as the entire CMSA, achieve this. Let's be a strong team and continue to grow and excel.

**Prof Gerhard Lindeque**
President

# Admission Ceremony
# 15 May 2014

The admission ceremony was held in the Great Hall, University of the Witwatersrand, Jorisson Street, Braamfontein.

At the opening of the ceremony, the Vice President, Prof Gboyega Ogunbanjo, asked the audience to observe a moment's silence for prayer and meditation.

Prof Adam Habib, Vice Chancellor and Principal of the University of the Witwatersrand delivered the oration.

Honorary Fellowship was presented to Prof Jay Grosfeld by the College of Paediatric Surgeons. The citation was written and read by Prof Alastair Miller.

Fellowships *Ad Eundem* were presented to Prof Richard Hewlett by the College of Radiologists, and to Profs Stephen Munjanja and Ernst Sonnendecker by the College of Obstetricians and Gynaecologists. Prof Hewlett's citation was written and read by Prof Savva Andronikou. Prof Munjanja's citation was written by Prof GB Theron, and Prof Sonnendecker's citation was written by Prof Franco Guidozzi. Both citations from the College of Obstetricians and Gynaecologists were read by Prof Franco Guidozzi.

Twenty medallists were congratulated by the President on their outstanding performance in the CMSA examinations. Medals were awarded in the following Fellowship disciplines: Anaesthetics, Dermatology, Emergency Medicine, Obstetrics and Gynaecology, Orthopaedic Surgery, Internal Medicine, and Radiology and General Surgery. Medals were also awarded in the following diploma disciplines: HIV Management and Emergency Medicine.

The Vice 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, Prof Mike Sathekge, announced the candidates, in order, to be congratulated by the President. The Honorary Registrar - Education, Prof Jay Bagratee, individually hooded the new Fellows. The Honorary Registrar – Finance and General Purposes, Prof Johan Fagan, handed each graduate a scroll containing the Credo of the CMSA.

The new Diplomates were announced and congratulated.

In total, the Vice President admitted 47 Certificants, 231 Fellows and 206 Diplomates.

At the end of the ceremony, the National Anthem was sung, after which the Vice President led the recent graduates out of the hall. Refreshments were served to the graduates and their families.

# Prof Adam Habib's Address at the Colleges of Medicine of South Africa Graduation Ceremony

## Thursday, 15 May 2014, at 18h00, Great Hall, University of the Witwatersrand

Prof Adam Habib, Vice Chancellor and Principal, University Of Witwatersrand

Programme Director, President of the Colleges of Medicine of South Africa, Professor Gerhard Lindeque, members of the CMSA Executive, Academic and Support Staff, Distinguished Guests, Ladies and Gentlemen, and most importantly, Fellows and Recipients of Diplomas and Certificates.

Allow me to express my sincere appreciation to Professor Lindeque and the CMSA Executive for inviting me to address you today.

My task today is twofold. Firstly, it is to congratulate the Fellows and recipients of Diplomas and Certificates on a job well done and to celebrate this achievement. Then, I would like engage with you on an area that affects all of us, namely the context of higher education, and in particular, the admission policies with regard to access to academic programmes at universities.

Our beloved former President Nelson Mandela said: "Education is the most powerful weapon which you can use to change the world".

Through your success and achievement today, you have been empowered to act as change agents. So use this opportunity productively and wisely. Some of you may have faced major challenges in your academic pursuits and to have done so under very trying conditions, but still managed to achieve the desired outcomes. This speaks to the courage of the human spirit and its ability to overcome and conquer.

To those of you who faced huge mountains and wandered through deep valleys to reach this point and emerge victorious in the end, I salute you. To your professors, members of the support staff, and no doubt your loved ones, I would like to say very well done on this achievement. Like me, I hope you will remain an optimist who believes in possibility; not with regard to what we are, but what we will become. Here, I am reminded of the 19th century Danish philosopher, Søren Kierkegaard, who said: "If I were to wish for anything, I should not wish for wealth and power, but for the passionate sense of what can be, for the eye which ever young and ardent, sees the possible. Pleasure disappoints; possibility never. And what wine is so sparkling, what so fragrant, what so intoxicating, as possibility?"

As you stand on the threshold of opportunity, I encourage you to find what's possible and make it doable. So once again, congratulations on your achievements.

Allow me to address you now on the other area that I mentioned earlier.

Building and managing any university is a challenging task in the 21st century, but undertaking this responsibility in South Africa is an even more onerous one. This is because the managerial challenges tend to be all the more acute. Structural poverty and inequality seep across institutional boundaries and force university executives to confront challenges, such as starving students and residential overcrowding. Systemic disparities in education mean that limited state budgets are directed at primary and secondary education, with the result that higher education tends to be perpetually underfunded. We have seen the disruptive impact of this recently at various universities where students voiced their discontent with inadequate funding for bursaries. Although government has pledged an additional R1 billion from the National Student Financial Aid Scheme, the demand for financial support is huge, and is one of the major contributors to the high dropout rates at universities.

It would be worthwhile to note that higher education receives only 12% of the education budget, and the Department of Higher Education and Training task team on the funding of higher education reports that if it were to be funded at the world average, it should receive R37 billion, and not the R22 billion currently received. In effect, this represents an underfunding of approximately 40%, in a context where demands on universities are increasing all of the time. In a world where science and higher education have no national boundaries, addressing these developmental challenges, while still pursuing globally competitive university education and research, requires hard trade-offs that are not simply managerial and strategic, but also ethical and moral.

Nowadays, two compatible sets of principles govern the executive and strategic operations of South African universities.

The first, found in the preamble of our constitution, demands that we simultaneously address the historical disparities bequeathed by apartheid, and build a collective national identity. The second, written in the manifesto and architecture of any great university, is the imperative to be both nationally responsive and cosmopolitan. Managing the balance between these competing imperatives is a real challenge that confronts executives in South Africa's universities. This complex agenda must also inform our ideas on how to approach student enrolment in our institutions.

Managing these competing imperatives has spawned two distinct approaches to student enrolment at universities: multiculturalism and non-racialism. The former is a practice whereby some institutions view racial and cultural groups as homogenous, and plan the enrolment of these groups as distinct entities. At the most basic level, this entails enforced implicit or explicit quotas, often with the intention to retain historical racial or cultural character. At its most notorious level, this approach is reflected in the university adopting a principle of racial federalism in which specific campuses represent distinct racial and cultural interests.

The non-racial approach, by contrast, rejects cultural homogeneity and aims to construct an organisational space in which new national identities are built. Students from a variety of racial, religious and cultural backgrounds are enrolled as individuals, and the university is organised to enable constant intermingling and the reciprocal engagement of these individuals. This approach holds that through these processes, students come to interact with one another as individuals, and not as representatives of racial or cultural entities.

The University of Witwatersrand (Wits) is firmly ensconced in this non-racial tradition as it speaks to the spirit of our constitution. It is one of the more racially integrated research institutions in the country. Just over 70% of our students are black and just under 30%, white. Of the black students, approximately 55% are African.

This non-racial setting not only reflects an appropriate balance between the competing imperatives of historical redress and cosmopolitanism, but also creates a foundation that prepares our graduates to thrive in the non-racial work environment of the 21st century. This non-racialism is also reflected in our sought-after programmes, like Medicine and Actuarial Sciences, with no adverse impact on efficiencies. For instance, Actuarial Sciences at Wits produces roughly 46% of the country's graduates, even though it has only 20% of the country's student enrolment.

Yet despite our successes in both Actuarial Sciences and Medicine, our enrolment strategies in both have been different. In Medicine, there is an admission point score for grades, based on matric results, the national benchmark test and a measure of social engagement and disadvantage, determined from answers to a biographical questionnaire. Students from different racial backgrounds are required to achieve different score thresholds to qualify for admittance into the programme. Therefore, race is used as one of many other variables. In Actuarial Sciences, no such arrangement exists. Students compete on an equal basis, on the basis of their academic results. The only facilitative measure for black students is a scholarship programme offered by the Actuarial Society.

So which approach is more appropriate for our circumstances?

Many insist on the necessity of race to determine disadvantage. But the danger with differential requirements for distinct groups is that while they enable historical redress, they simultaneously run the risk of undermining the constitutional goal of building a new national identity. This is because young white students feel that they are being asked to "pay for the sins" of their parents. Moreover, it also has the perverse consequence that privileged black students, the children of the black economic empowerment barons and the politically connected, are placed on an equal footing with the most disadvantaged within the community.

An alternative approach to addressing historical racial disparities, without compromising the building of a national identity, is to use criteria other than race in enrolment strategies. According to this scenario, in its admissions process, the Wit's medical programme would be required to elevate the importance of variables that are currently prioritised by its biographical questionnaire. This then begs the question whether or not academic results should simply be used as a basis for entry into medicine.

Should we, for instance, advantage those who speak multiple languages because of the necessity of doctors having to communicate with their patients? Given the need for medical practitioners in the rural areas, should we prioritise applications from rural areas in the selection process? Or, as has been often argued, should we use material criteria as a basis for advantage? Students from materially deprived environments, whatever their racial background, would be offered priority access.

Given the overlap between race and class in South Africa, the vast majority of beneficiaries using this approach would be black. Most of the other indicators would also serve as proxies to address racial disparities. But the advantage of this approach is that it would not compromise our attempts to simultaneously rebuild a non-racial identity.

That said, I believe it is time for universities to start rethinking their admissions policies so that they can simultaneously achieve both historical redress and the building of a national identity. Some parts of Wits are already doing this. Yet others may not be doing so sufficiently. Because of this, we have established a task team at Wits to work on an admissions policy that simultaneously addresses the essential but competing priorities enshrined within the preamble of our constitution. This is an important step for Wits, as it will undoubtedly lead to reconceptualisation and implementation of admissions criteria in future, which is relevant and responsive to the political, economic and social needs of our nation, especially those in the health sector.

In closing, Fellows and Graduands, as you embark on this next leg of your journey in life, I am confident that with the support of your family, friends and colleagues, you will not only achieve great things, but more importantly, will become a powerful agent of change who contributes to building our city, province and country as the economic hub and powerhouse of Africa. Standing on the threshold of success and opportunity, I implore you to cast your gaze on the challenging, but exciting horizon, and take note of this quite apt advice, as encapsulated in an African Proverb: "Wealth, if you use it, comes to an end. Learning, if you use it, increases".

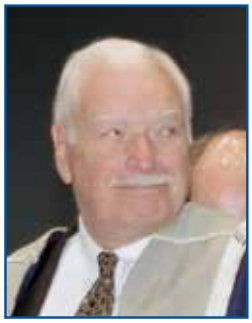
Best wishes for the road ahead.

I thank you.

**Adam Habib, Vice Chancellor and Principal of the University of Witwatersrand**

Adam Habib is also the author of *South Africa's Suspended Revolution: Hopes and Prospects*

# CITATION: Prof Jay Lazar Grosfeld Honorary Fellowship of The Colleges of Medicine of South Africa



**COLLEGE OF PAEDIATRIC SURGEONS:** Prof Jay Lazar Grosfeld

Born in New York City on 30 May 1935, Prof Jay Lazar Grosfeld attended undergraduate school at Washington Square College at New York University (NYU), where he received a Bachelor of Arts in Biology and History. He attended medical school at the NYU School of Medicine from 1957-1961. He then trained in General Surgery at NYU and Bellevue Hospitals from 1961-1966 under Dr Frank Spencer.

After serving two years as a Captain in the USA Army Medical Corps (1966-1968), he trained in Pediatric Surgery at the Columbus (Nationwide) Children's Hospital, Ohio State University, under Dr H William Clatworthy Jr from 1968-1970. He returned to NYU as Assistant Professor of Surgery in 1970. In 1972, Prof Grosfeld was appointed Professor and Director of Pediatric Surgery at Indiana University, and was the first Surgeon-in-Chief of the Riley Children's Hospital in Indianapolis, Indiana, USA. He pioneered the development of paediatric surgery in the state and set the standard for the surgical care of infants and children.

In 1985, he was appointed Chairman of the Department of Surgery at the Indiana University School of Medicine, the first paediatric surgeon in the USA so honoured. He served as the Residency Training Program Director in both General Surgery and Pediatric Surgery at Indiana University. He developed excellent training programmes and was a role model for his trainees. He has served Indiana University and the children of Indiana well for the past 42 years.

In 2003, Prof Grosfeld stepped down from the Chair of Surgery at Indiana University, after serving for 19 years in that capacity. His tenure was marked by the development of new clinical and research facilities and clinical programmes, including a liver transplant programme, and the centre for surgical technology; integration of the Methodist Hospital training program with Indiana University; the provision of high-quality clinical care and significant growth of the Department of Surgery from 22 to 70 faculty members.

Prof Grosfeld has been recognised as an outstanding clinician, master surgeon, inspiring teacher, talented administrator, innovative scientific investigator, surgical leader and a staunch advocate for children. He won numerous teaching awards at Indiana University, including the prestigious President's Award. He is extremely productive, and has published 491 scientific articles in peer-reviewed journals, 139 book chapters and 10 textbooks. Prof Grosfeld is best known for his expertise in neonatal surgery, paediatric surgical oncology and surgical education.

He is a member of the Society of Surgical Oncology, the Association for Academic Surgery, the Society of Surgical Chairmen, the Society of University Surgeons, the Southern Surgical Association and the Society of Clinical Surgery, and has served as Secretary and Chairman of the Surgical Section, American Academy of Pediatrics (AAP); President of the American Pediatric Surgical Association (APSA); President of the Halsted Society; Chairman of the American Board of Surgery (the only paediatric surgeon to serve as Chair); Vice Chairman of the Accreditation Council for Graduate Medical Education Residency Review Committee for Surgery; Secretary and President of the Central Surgical Association; President of the Western Surgical Association; President of the World Federation of Associations of Pediatric Surgeons (WOFAPS), President of the American Surgical Association. He has also served as a governor and member of the advisory councils for both General Surgery and Pediatric Surgery and other committees of the American College of Surgeons, and as a Council Member of the British Association of Paediatric Surgeons (BAPS). He was selected for the Who's Who in America in five separate categories and for America's Best Doctors.

He was awarded the Denis Browne Gold Medal by the BAPS in 1998, and was named Pediatric Surgeon of the Year at the University of Graz, Austria, in 2000. In 2002, he received the William E Ladd Medal from the AAP, the highest honour bestowed on a paediatric surgeon in America. In 2002, he also received the Sagamore of the Wabash Award from the late Governor of Indiana, Frank O' Bannon, for his outstanding service to the state.

Prof Grosfeld was awarded the Fritz Rehbein Medal from the European Paediatric Surgical Association in 2011. In 2012, he was awarded the Arnold Salzberg Mentorship Award from the Section on Surgery, AAP; and in 2013, he received the Distinguished Service Award from APSA and was elected as a Distinguished Honorary member of the *Société Internationale de Chirurgie.* Prof Grosfeld was elected as first Vice President Elect of the American College of Surgeons, and received a Lifetime Achievement Award from the WOFAPS in 2013.

He has lectured extensively, both nationally and internationally, and was elected as an honorary member of 15 overseas surgical societies, including Honorary Fellowship of the Royal College of Surgeons of England, Royal College of Surgeons of Ireland, the Royal College of Physicians and Surgeons (Glasgow) and the British, European, Japanese, Israeli, Pacific, Hungarian, Colombian, Canadian, Mexican, South African, Malaysian and Brazilian societies of paediatric surgeons. He was awarded the prestigious Solomon A Berson Medical Alumni Achievement Award in Clinical Science from NYU.

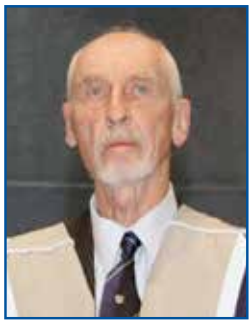
He served as Director of Pediatric Surgery and Surgeon-in-Chief of Riley Children's Hospital in Indianapolis for 33 years, and developed

one of the top paediatric surgery training programmes in the country. He is Editor-in-Chief of the *Journal of Pediatric Surgery, Seminars in Pediatric Surgery* and the sixth edition of the renowned two-volume textbook, *Pediatric Surgery.* He is co-editor of *Surgery of Childhood Tumors.* He is currently Chairman of the Board of Directors of the APSA Foundation, Secretary Treasurer of the International Society of Surgery Foundation, and Chairman of the Board of Trustees of the American Surgical Association Foundation. He was influential in the development of the WOFAPS Foundation and served as its first president.

Prof Grosfeld has been happily married to his devoted wife, Margie, for the past 52 years. The Grosfelds have five children and 17 grandchildren, and have set a standard for a successful and close family life.

**Prof A J W Millar**

# CITATION: Prof Richard Hewlett Honorary Fellowship of The Colleges of Medicine of South Africa



**COLLEGE OF RADIOLOGY:**
Prof Richard Hewlett

Prof Richard Hewlett was born in Tanzania, schooled in Kenya, and trained as a doctor and pathologist in Cape Town, where he has settled to this day. He is a true African child who is probably most at home in nature, rather than in the dark rooms of radiology. His training as a pathologist was undertaken at both major institutions in the Western Cape, as well as the famous Frenchay Hospital in Bristol, UK. He attained membership and fellowship of the Royal College of Pathologists, as well as a PhD from the University of Cape Town.

His academic contributions at both the University of Cape Town and Stellenbosch University are now legendary, both in the pathology and radiology departments. He spent 15 years in anatomy and anatomical pathology, and three years as a consultant neuroradiologist in the Department of Radiology at Stellenbosch University and Tygerberg Hospital. Seven more years were spent reading brain magnetic resonance imaging scans in private practice at the Christian Barnard Memorial Hospital. After the demise of his long-time colleague and friend, Stuart Rutherford, Prof Hewlett stepped in to steer the ship, working concurrently for the departments of Neuropathology, Forensic Pathology and Radiology at Stellenbosch University, as well as at the National Health Laboratory Service. Currently, he finds himself at the University of Cape Town, closer to his home, for personal reasons. His willingness to serve the Western Cape area, when in need, is laudable.

Because of Prof Hewlett's modesty about his academic achievements, it was difficult to extract information from him. He has authored over 30 international, peer-reviewed research papers, and presented at numerous conferences, but it is his reference book, *Correlative Surgical Neuropathology and Imaging,* published in 1996 and co-authored with Stuart Rutherford, for which he is the most famous. Here, neuroimaging correlation was used to expand the grading of brain tumours to include neuroimaging findings, promoting closer cooperation between the two disciplines internationally.

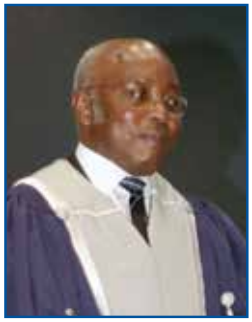
A vast radiopathology image library archive, contained within a digitally accessible platform, is another of Prof Hewlett's great contributions to academic medicine in South Africa. This library is freely available to those who register to use it, and represents massive clinical experience in South Africa. Pathological material for this was painstakingly collected and correlated with imaging to provide an exceptional teaching and reference platform which is utilised by international experts, as well as local medical personnel and researchers. His insight into the creation of such a digital platform that is both suitable to pathology and imaging is unique to Africa, and demonstrates his visionary capability of adapting modern tools for clinical and academic benefit. International imaging websites making use of the stored data have earned their creators massive accolades, while Prof Hewlett has claimed no credit other than the pleasure of offering the material for use.

Both his archive and his involvement in academic work have created an incredible cross-collaboration with the most prominent neuroradiologists from the USA, and paved the way for international visits, congresses and exchanges between South Africa and the USA. In particular, this has involved an exceptionally active neuroimaging group in Utah, and Prof Hewlett's material has provided the basis of significant components of the digital platforms which are available at over 80% of American radiology institutions.

Prof Hewlett continuously attends neuroimaging meetings in the region, and is consistently the voice of reason. He is the logical bard from whom wisdom is sought. His soft and characteristic voice causes a hush, as much as his humour invariably causes rounds of laughter that keep the profession vibrant and alive. We respect Richard and seek to honour him for his knowledge, his contribution, and because he is a champion of a true interdisciplinary life.

**Prof Savvas Andronikou**

# CITATION: Prof Stephen Peter Munjanja Honorary Fellowship of The Colleges of Medicine of South Africa



**COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS:**
Prof Stephen Peter Munjanja

Prof Munjanja was born in Nyanga, Zimbabwe, in 1949. He excelled as both an under- and postgraduate student. He studied medicine at the University of Rhodesia and obtained his MBChB from Birmingham University in 1974. He subsequently obtained the following professional and academic qualifications:

- Membership, Royal College of Obstetricians and Gynaecologists, UK, 1980.
- Doctor of Medicine, Birmingham University, UK, 1988.
- Fellowship, Royal College of Obstetricians and Gynaecologists, UK, 1994.

Prof Munjanja gained professional experience as Junior Resident Medical Officer in Medicine and Surgery, and as Senior Resident Medical Officer in Anaesthetics and Pathology at the Mpilo Hospital in Bulawayo in 1975 and 1976. He became a Registrar in the Department of Obstetrics and Gynaecology in 1977, and carried out two years of registrar training. He spent January 1979 as a General Medical Officer in the Rusape Hospital, before completing his registrar training in the Department of Obstetrics and Gynaecology, Queen Mother's Hospital in Glasgow, UK, from 1979-1982. During his time as Registrar, he spent one year as a Research Assistant in the Department of Obstetrics and Gynaecology at the University of Glasgow, and worked under Prof Charles Whitfield. He also worked closely with Prof Jim Neilson and co-authored two ultrasound studies that were published in the *British Journal of Obstetrics and Gynaecology*, the *British Medical Journal of Obstetrics and Gynaecology* and the *British Medical Journal.*

In February 1982, Prof Munjanja returned to Zimbabwe and joined the Department of Obstetrics and Gynaecology at the University of Zimbabwe as a Lecturer. In 1986, he became a Research Fellow, and a Senior Research Fellow in the same department in 1987. The focus of his research was improving obstetric care provided within the public healthcare system of Zimbabwe. He obtained his MD degree from Birmingham University in 1988. The research for his thesis was the establishment of standards for ultrasound biparietal diameters, symphysis fundal height measurement and birth weight. The results were published in peer-review journals and have been in use in Zimbabwe until today.

From 1988-2004, Prof Munjanja conducted a busy private practice in Harare. However, he maintained his links with the academic department as Honorary Lecturer. He continued his research and competed successfully for international research funding. A landmark study on the frequency of antenatal visits was conducted and published in *The Lancet.* The outcomes of the study had a global influence on the schedule of antenatal visits. Primary health care in South Africa benefited hugely from solid scientific evidence that the frequency of antenatal visits could safely be reduced for low-risk pregnant woman. This research, together with that of the World Health Organization, formed the basis of a focused antenatal care package that is used in many developing countries.

Prof Munjanja conducted the first population-based maternal mortality study in Zimbabwe, which showed that its maternal mortality ratio (MMR) was very high, at 725 per 100 000 live births. This study highlighted the seriousness and significant contribution of human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) to maternal deaths. Previously, the MMR was thought to be much lower and the contribution of HIV/AIDS was underestimated.

He chaired the International Federation of Gynecology and Obstetrics (FIGO) working group on sexual assault and abuse, and this group produced the first clinical guidelines from FIGO on the subject. He was a founder member of the East Central and Southern African Obstetrics and Gynaecology Societies (ECSAOGS), the regional organisation of obstetricians and gynaecologists in eastern, central and southern Africa.

He rejoined the division of Obstetrics and Gynaecology at Harare Hospital in 2004. He was appointed as Professor at the Department of Obstetrics and Gynaecology, College of Health Sciences, University of Zimbabwe, in 2007. He has published 37 papers in peer-reviewed, scientific journals and written nine chapters for text books.

Prof Munjanja is specially honoured as a person who made an immense contribution to maternal health in southern Africa. He returned to his country during the liberation struggle and experienced the exhilaration of its first democracy. He stayed on when his country slumped in a spiral of unrest and the worst economic decline in modern history. His zest for scientific endeavour and improving maternal health was never extinguished. Stephen, our College salutes you as a worthy recipient of the Fellowship *Ad Eundem.*

**Prof G B Theron**

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1. Neilson JP, Munjanja SP, Mooney R, Whitfield CR. Product of fetal crown-rump-length and trunk area: ultrasound measurement in high risk pregnancies. Br J Obstet Gynaecol. 1984;91(8):756-761.
2. Neilson JP, Munjanja SP, Whitfield CR. Screening for small-for-dates fetuses: a controlled trail. Br Med J (Clin Res Ed). 1984:289:1179-1182.
3. Munjanja SP, Lindmark G, Nystrom L. Randomised controlled trial of a reduced visits programme of antenatal care in Harare, Zimbabwe. Lancet. 1996;348(9024):364-369.
4. Munjanja SP. Challenges faced in Zimbabwe. In: Kchoe S, Neilson JP, Norman J, editors. Maternal and infant death: chasing Millennium Development Goals 4 and 5. London: 58th Royal College of Obstetricians and Gynaecologists Study Group, 2010; pp. 273-285.

# CITATION: Prof Ernst Sonnendecker Honorary Fellowship of The Colleges of Medicine of South Africa

**COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS:**
Prof Ernst Sonnendecker

Prof Ernst Sonnendecker was born in Piet Retief on 4 June 1934. At the age of 16, he commenced his studies at the University of the Witwatersrand, and was awarded the MBBCh degree in 1956. He conducted his housemanship at the then Pretoria General Hospital, where he also carried out his postgraduate training.

Prior to registrarship in Obstetrics and Gynaecology, he attained the DipMidCOG(SA) from The Colleges of Medicine of South Africa (CMSA) in 1960.

In 1965, the University of Pretoria awarded him the MMed(OetG) degree with honours. He was the first candidate in the discipline of Obstetrics and Gynaecology to attain the degree *Cum Laude.* In the same year, he achieved the MRCOG from the Royal College of Obstetricians and Gynaecologists in London, and was awarded a gold medal for being the candidate with the highest marks, irrespective of country of origin.

Following further training, including radical surgery for malignancy, by Sir John Stallworthy at the Churchill Hospital in Oxford, England, a bursary from the South African Atomic Energy Board afforded him the opportunity of attending the Argonne Cancer Research Hospital, University of Chicago, USA, to study the use of radioisotopes.

Upon his return, he was appointed as a Senior Lecturer/Senior Specialist in the Department of Obstetrics and Gynaecology, University of Pretoria, and the then HF Verwoerd Hospital. At the end of 1968, he entered private practice in partnership with Dr Frans Neser, but both retained part-time appointments at the previously mentioned academic institutions.

On 1 July 1978, Prof Sonnendecker returned to Medical School of the University of Witwatersrand as a Senior Lecturer and Principal Specialist. On 6 June 1979, he was admitted to the Fellowship (FRCOG) of the Royal College of Obstetricians and Gynaecologists, and on 2 November 1987, by election, to the International College of Surgeons (FICS), Chicago, USA.

He was promoted to Associate Professor on 1 January 1983, and from 1 May 1984, until statutory retirement on 30 June 1999, he held the position of Professor and Academic Head, Department of Obstetrics and Gynaecology, University of the Witwatersrand, and Chief Specialist, Johannesburg Hospital.

He was an excellent teacher, superb clinician and outstanding surgeon. His particular interest was the management of women with ovarian cancer, and he contributed significantly to their treatment, both nationally and internationally.

Subsequent to retirement, the University of the Witwatersrand conferred the title of Professor Emeritus upon him. Following retirement, he continued to teach, assisting the menopause clinic and attending to $CO_2$ laser treatments, until his wife, Cynthia, because of her love of the sea and his of mountains, spurred them on to translocate to Hermanus in December 2001.

Because teaching and learning are very close to his heart, it is unsurprising that these aspects have continued since he moved to Hermanus. From January 2002, the University of Stellenbosch appointed him for two three-year periods as Extraordinary Professor in Obstetrics and Gynaecology. Following successful examinations, he became a North American Menopause Society Certified Menopause Practitioner in February 2004. The International Society for Clinical Densitometry conferred the designation of Certified Clinical Densitometrist upon him on 2 November 2008.

Currently, Prof Sonnendecker still carries out a limited practice at the Vincent Pallotti Hospital in Cape Town, attending to women with problematic menopausal and/or osteoporotic issues.

Apart from the DipMidCOG(SA) alluded to previously, he has had retained contact with the CMSA. On 12 June 1987, it elected him as an Associate. In 1989, he became the CMSA's Margaret Orford Memorial Lecturer. He served on the Committee of the Faculty of Obstetrics and Gynaecology of the CMSA from 1987-1996, and has been an examiner for the DipMidCOG(SA) and FCOG(SA) Part I and II.

Prof Sonnendecker has 74 journal publications to his credit, and has contributed numerous chapters to 15 textbooks. Although ovarian cancer and menopause aspects are his major topics, the widely varying subject matter extends to technetium-99m-labelled serum albumin, cardiotocography, active birth, ultrasonography, vulvodynia and osteoporosis.

Given his passion for menopausal issues, it is unsurprising that he established a South African Menopause Society (SAMS) steering committee at a scientific meeting held at the Lord Charles Hotel in March 1998. SAMS held its first congress at Sun City from 18-20 February 2000, at which he was elected Founding President. He delivered two lectures entitled, *The cardioprotective role of hormone replacement therapy (HRT),* and *The endometrial effects of HRT.* At the SAMS Congress held in Johannesburg in 2010, in recognition of his contributions to SAMS' success, he was admitted as an Honorary Life Member.

The Department of Obstetrics and Gynaecology at the University of Witwatersrand is very proud to have had Prof Sonnendecker at the helm from 1984-1999, and we are honoured to nominate him for Fellowship *Ad Eundem* of the CMSA.

**Prof Franco Guidozzi**

# MEDALLISTS

**JANSSEN RESEARCH FOUNDATION MEDAL**

**ABBOTT MEDAL HYMIE SAMSON MEDAL**

**JACK ABELSOHN MEDAL AND BOOK PRIZE**

MUHOMMED RIDWAAN SYED
FCA (SA) Part I

**GLAXOSMITHKLINE MEDAL:**
WILLEM THEODORUS VAN TONDER
FCA (SA) Part I

**JANSSEN RESEARCH FOUNDATION MEDAL:**
KAREN KOCH FC Derm (SA) Part I

**CAMPBELL MACFARLANE MEMORIAL MEDAL:** VANESSA GAIL GEORGOULAS
FCEM(SA) Part I

**GP CHARLEWOOD MEDAL:**
RIZWANA AYOB FCOG(SA) Part I

**JM EDELSTEIN MEDAL:**
DUNCAN THOMAS MCGUIRE
FC Orth(SA) Final

**AM MEYERS MEDAL:**
SARA TRACY SAFFER FCP(SA) Part I

**AM MEYERS MEDAL:**
FAHEEM SEEDAT FCP(SA) Part I

**ASHER DUBB MEDAL:**
MOHAMED ALTEER FCP(SA) Part II

**ASHER DUBB MEDAL:**
ANNELI KORB FCP(SA) Part II

**RHÔNE-POULENC RORER MEDAL:**
TAMIYA NAIR FC Rad Diag(SA) Part I

**FREDERICH LUVUNO MEDAL:**
FREDERICK FIGUEIREDO FCS(SA) Primary

**EUGENE WEINBERG MEDAL:**
WENDY CLAIRE LEWIS Dip Allerg(SA)

**HIV CLINICIANS SOCIETY MEDAL:**
LUZANNE HELEEN GRUNDLING
Dip HIV Man(SA)

**HIV CLINICIANS SOCIETY MEDAL:**
ANNETTE HOUSTON Dip HIV Man(SA)

JANINE CLAIRE VALLY Dip Pec(SA)

**WALTER G KLOECK MEDAL**

**CAMPBELL MACFARLANE MEDAL**

# List of Successful Candidates: March 2014

## Fellowships

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

| | |
|---|---|
| BAWA Bhavini | WITS |
| BHOLA Vikash | UKZN |
| BORRILL Kim | WITS |
| COMBRINK Barend Abraham | UCT |
| DINGEZWENI Sithandiwe | |
| DU PLESSIS Natasja | UP |
| GANAW Adel | |
| GEERTSHUIS Jared Keith | WITS |
| GRIFFITHS Andrew James Howel | |
| GUNNING Matthew David Godfrey | UKZN |
| HOOKAMCHAND Yashana | UKZN |
| KALLENBACH Tracy Frida | |
| KELLY Eugene Hamerton | WITS |
| MAAKAMEDI Hendrick Maisela | UP |
| MOODLIYAR Shaleni | UP |
| OSMAN Aysha | UP |
| PIETERSEN Justine Mari | US |
| RAMNARAIN Mitha | |
| SETHUSA Monyelele Elias | WITS |
| THERON Thomas | US |
| VAN NIEKERK Debbie | WITS |
| VARIAWA Muhammed Luqmaan | WITS |
| VEEREN Suresh | |

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

| | |
|---|---|
| KOSHY Jithan Jacob | UCT |

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

| | |
|---|---|
| AGABA Elisah | WITS |
| ESSOP Ahmed | UP |
| MOKHESENG Mohlominyane Jeffrey | UP |
| MOODLEY Prenavin | WITS |
| NAIDOO Levashni | UKZN |
| NDUMO Mamello Leah | UKZN |
| OMAR Ayesha | WITS |

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

| | |
|---|---|
| GALAL Meenal | UCT |
| MEYER Clinton | UP |
| PARAG Nivisha | UKZN |

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

| | |
|---|---|
| ADEBOLU Folafolu | UKZN |
| LERATO-NKOANE Meisie Adeline | UL |
| MAPHOPHE Themba | UKZN |
| NKABINDE Thandanza Cyril | UKZN |
| RAMOCHELE-NGWENYA Margaret | UL |

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

| | |
|---|---|
| HERBST Celeste Ingrid | US |
| SHAMASE Nonhlanhla Benedicta | UKZN |

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

| | |
|---|---|
| FAKIR Ebrahim | |
| MOHAMED Allie | |
| MUNSAMY Clinton | WITS |
| VAFAEI Nika | WITS |

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

| | |
|---|---|
| HUTH Michael Brian | WITS |
| KUMIRE Percy Tinei | US |

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

| | |
|---|---|
| ENSLIN Johannes Marthinus Nicolaas | UCT |
| LACHMAN Samesh Samraj | US |
| MALAN Barend Johan | UCT |
| MBILI Sizwe Malusi | UP |
| NKUNA Lazarus Kalane | UL |
| ROYTOWSKI David | UCT |

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

| | |
|---|---|
| MODISELLE Moses Ramoleke | UP |
| ORUNMUYI Akintunde | UP |
| RAHMANI Abdul Basit | WITS |

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

| | |
|---|---|
| AMAECHINA Okezie Ubaka | UP |
| ASSAN Edwin | UP |
| AUGUSTINE Lynette Michelle | UKZN |
| BOTHMA Marlene | UFS |
| DINGAYO Paddie Songezo | WITS |
| GADAMA Luis Aaron | UCT |
| GOODING Matthew Simon | US |
| HOLDER Douw Wynand Gysbert | UP |
| ISRAEL Priya | UKZN |
| KHOELE Lerato Chenelo | UP |
| MABUZA Kwenzekile Makungu | UP |
| MAKULANA Takalani | UP |
| MALENDE Brenden | UKZN |
| MASUKU Bandile | WITS |
| MDONDOLO Mziwohlanga | UKZN |
| MEMBE Gladys | UCT |
| MPUMLWANA Vulikhaya | WSU |
| NGAYO Zukile | UKZN |
| NOEL Carolyn Joyce | WITS |
| PARTRIDGE Paul Geoffrey Llewelyn | WITS |
| PILLAY Rochelle Charmaine | UKZN |
| RAMOBA Mashika Abel | WITS |
| SIKAKANE Nonhlanhla | WITS |
| UNTERSLAK Yosef Yitchok | WITS |
| VATHARAJH Rochelle | UKZN |

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

| | |
|---|---|
| DAVEY Nicholas | UKZN |
| DULLABH Viresh | UKZN |
| FERNANDES Gareth | WITS |
| GREENE Rana Agatha | UP |
| LAM Pauline | UCT |
| SANDRI Lara | WITS |

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

| | |
|---|---|
| DEHAL Vivesh | |
| ESHRAGHI Hooman | WITS |
| GOVENDER Russell Dennis | UCT |
| HOOSEN Ebrahim | |
| KHOZA Maria Ramaesela | WITS |
| MOOLMAN Willem Jacobus | UCT |
| MSITHINI Thobile | WITS |
| NGWAZI Muziwamandla Macleod | UKZN |
| ODUAH George Onuwa | WITS |
| PAPAGAPIOU Charalambos Ouraniou | WITS |
| PILLAY Jaytesh | WITS |

| | |
|---|---|
| SALKINDER Rael | US |
| SIKHAULI Nkhodiseni | WITS |
| VAN ROOYEN Petrus CJ | UP |

### Fellowship of the College of Otorhinolaryngologists of South Africa: FCORL(SA)

| | |
|---|---|
| HERBST Gerrida | UCT |
| MERVEN Marc | US |
| QUAIL Gavin Sean | UCT |
| STOFBERG Niel Sascha | US |

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

| | |
|---|---|
| AGABA Faustine | WITS |
| BERETTA Marisa Renata | WITS |
| BOSMAN Marelize | |
| CHAYA Shaakira | WITS |
| COETZEE Melantha | UP |
| COMLEY Vanessa | UKZN |
| COYLES Lize Boshoff | UCT |
| GIBANGO Nsungu Ntemo | UP |
| HENDRICKS Candice Laverne | UKZN |
| HENDRICKS Lesley Jill | UCT |
| MABENA Fikile Cynthia | WITS |
| MOREMI Dietsa Makoma | UL |
| MUKUDDEM-SABLAY Zakira | UCT |
| NAIDOO Harishia | UP |
| NDOU Tanyah Ginah | WITS |
| NETSHITUNI Vhutshilo | |
| NGABIRE Phocas | WITS |
| NUPEN Tracey Lee | UCT |
| REID Amy Elizabeth | UCT |
| SHIDHIKA Fenny | UCT |

### Fellowship of the College of Paediatric Surgeons of South Africa: FC Paed Surg(SA)

| | |
|---|---|
| VAN RENSBURG Carla | WSU |

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

| | |
|---|---|
| OTTO Michael Johannes | UCT |
| THOBEJANE Maphopholetse Baatseba | WITS |

### Fellowship of the College of Pathologists of South Africa – Chemical: FC Path(SA) Chem

| | |
|---|---|
| DLAMINI Sipho Present | UP |
| MASIKA Likhona Siphe | UP |

### Fellowship of the College of Pathologists of South Africa - Clinical Pathology: FC Path(SA) Clin

| | |
|---|---|
| MAVUSO Grisselda | WITS |

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

| | |
|---|---|
| PHILLIPS Lee-Ann | UCT |

### Fellowship of the College of Pathologists of South Africa – Virology: FC Path(SA) Viro

| | |
|---|---|
| MBENENGE Nonhlanhla Glory | WITS |
| MUTHAMBI Vongani Marion | WITS |

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

| | |
|---|---|
| ANTEL Katherine Rae | UCT |
| ASHMORE Philippa | WITS |
| AUALA Tangeni Hilma Nangula Gwaandete | |
| BADENHORST Petrus Jacobus | US |
| BADENHORST Pieter Hendrikus | UFS |
| BEZUIDENHOUT Karla | US |
| DAYA Reyna | WITS |
| DELA Sapna Shivani | UKZN |
| DEOSARAN Sarika | |
| DO Vale Claudia | WITS |
| EBRAHIM Kaleemuddeen Dawood | UCT |
| GANGULOO Amanda Leigh | |
| GOLDSWAIN Jacqueline Anne | WITS |
| HARMSE Mariette | UFS |
| KABANE Pumla Petronella | UFS |
| KHAN Fatima | WITS |
| KRIEL Janie | WITS |
| LUTCHMAN Rohan Laljee | UKZN |
| MADUA Matamela Chasney | WITS |
| MATHONSI Rudzani Debrah | UL |
| MAUGHAN Deborah Frances | |
| MAYET Yusuf | WITS |
| MITHA Mohammed | UKZN |
| MKANDAWIRE Mercy Juliette | WITS |
| MOOLLA Yusuf | UKZN |
| MOTHILAL Shikar | UCT |
| MURAMIRA M Nobert | WITS |
| NKURUNZIZA James | WITS |
| NKWANYANA Sicelo Emmanuel | UKZN |
| PARKER Faheema | UCT |
| PRETORIUS Jan St Elmo | US |
| RADINGOANA Lemoga Delicia Mmahlabine | |
| RAMDASS Dustin Andrew | WITS |
| REDDY Marilyn | WITS |
| SULEMAN Laila | WITS |
| SWART Margaretha Evangelena | US |
| VAN HEERDEN Tersia | UFS |
| VENTER Michelle | WITS |
| VON ZEUNER Werner August | |
| VORSTER Morne Johan | US |
| WADEE Bilaal | |
| WOSU Ifeanyichukwu | UL |
| ZACHARIAH Don | WITS |

### Fellowship of the College of Plastic Surgeons of South Africa: FC Plast Surg(SA)

| | |
|---|---|
| GHOOR Saajida | UL |
| PRICE Christopher Edward | UCT |

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

| | |
|---|---|
| DANNATT Lisa Gwen | US |
| DOMINGO Abdul Kader | US |
| ELIASOV Danella | WITS |
| LUMU Lavinia Deborah | WITS |
| MAHARAJ Varsha | UKZN |
| MANGREY Keshika | |
| MELAPI Tando Abner Sivile | WITS |
| MIRIC Antoinette Louise | WITS |
| MOSTERT Lolita Maria | WITS |
| OOSTHUIZEN Phillipus Cornelius | UCT |
| ORI Rasmita | UCT |
| PARASRAM Leanne Cindy | |
| PATHER Sarvani | WITS |
| ROOS Johan Louis | UP |
| SCHUMANN Cornelia Dorotha | US |
| SHELLY James Bradly | UCT |
| TSHIKI Onke | UCT |
| VAN DER WALT Lydia Alexandra | US |
| VAN SCHOOR Robyn Anne | UP |

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

| | |
|---|---|
| GOVENDER Moreshnee | |
| KHAN Taskeen | WITS |
| KHOABANE Thalitha Mmama | UL |
| MABUNDA Sindile | UP |
| SHABANGU Molapane Kgotuwe | UP |
| VOLMINK Heinrich Cyril | WITS |

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

| | |
|---|---|
| CHACKO Anith | UP |
| HO-TUN Kerri Ann | WITS |
| KHUMALO Zonah Sylvia | UCT |
| KOLLAPEN Kumeshnie | UL |
| PEEDIKAYIL Tushar Stephen | UCT |
| STEARS Lezindie | UP |
| TALLAPANENI Vijaya Sekhar | |

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

| | |
|---|---|
| CHIRANJAN Nirasha | WITS |
| ELAREFI Sara Abdalla | UKZN |
| ENGELBRECHT Maria Johanna | UCT |
| LANGENHOVEN Lizanne | US |
| MCGOWAN Oliver Joseph Louis | |
| MOYABA Tumelo | UKZN |
| MUYA Sikudhani | WITS |
| REDDY Bhiskar | UCT |
| ZWANE Nkanyiso J | UKZN |

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

| | |
|---|---|
| DEDEKIND Britta | UCT |
| DONKIN Ian Edward | UKZN |
| FAURIE Michael Pierre | UKZN |

GOOL Ferhana UCT
KEYSER Zamira US
MAHARAJ Kapil
MAMATHUNTSHA Tshilidzi Godfrey UL
PHAKULA Martin Lahliwa UL
RAYAMAJHI Shreya UCT
SINGH Nertisha
SMITS Carlo US
TSAI Ming-Chih WITS

### Fellowship of the College of Urologists of South Africa: FC Urol(SA)

AIRE Odion UKZN
DOOKHI Vishal Neeahroo
KOLIA Mohammed Ehmed UCT
MAKAMBA Khanyisa UL
PARBHOO Menesh UP

## Certificates

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

GREYLING Adele WSU

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

BOTHA Francois
GOVENDER Kavashree UKZN
RAMJEE Rohan Amratlal WITS

### Certificate in Child and Adolescent Psychiatry of the College of Psychiatrists of South Africa: Cert Child and Adolescent Psychiatry(SA)

MAGAGULA Thulisile Gladys UP
MPINDA Bulelwa Benedicta US
YOUNG Merryn UCT

### Certificate in Clinical Haematology of the College of Physicians of South Africa: Cert Clin Haematology(SA) Phys

ARBEE Mohamed
DE WITT Pieter US
KOTZE Dirk Daniel Joubert US

### Certificate in Critical Care of the College of Anaesthetists of South Africa: Cert Critical Care(SA) Anaes

BOLON Stefan Nicholas
ROLFE Deborah Anne UCT
SMITH Oliver WITS
TSHITANGANO Rendani Joshua

### Certificate in Critical Care of the College of Emergency Medicine of South Africa: Cert Critical Care(SA) Emer Med

LAHER Abdullah Ebrahim WITS
MOOLLA Muhammed

### Certificate in Critical Care of the College of Paediatricians of South Africa: Cert Critical Care(SA) Paed

APPIAH John Adabie
MORAR Deksha Faye WITS

### Certificate in Endocrinology and Metabolism of the College of Paediatricians of South Africa: Cert Endocrinology and Metabolism(SA) Paed

RAMCHARAN Amith
THANDRAYEN Kebashni WITS

### Certificate in Endocrinology and Metabolism of the College of Physicians of South Africa: Cert Endocrinology and Metabolism(SA) Phys

MAKAN Gita WITS
NICOLAOU Veronique WITS
RUDER Sundeep WITS

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

ADJEI Nicholas Kwabena
DE MAAYER Tim WITS
KOCK Celeste UP
MEYER Anell UP

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

SIMMONDS Wayne Micheal UFS

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

BANDERKER Mohammed Asif UCT
JESKE Christian UP
MJOLI Monde UKZN
WARDEN Claire UCT

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

NXUMALO Fitzgerald Zwide WITS

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

FRIGATI Lisa Jane UCT

### Certificate in Maternal and Fetal Medicine of the College of Obstetricians and Gynaecologists of South Africa: Cert Maternal and Fetal Medicine(SA)

ADAM Sumaiya UP

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

OGUDE Omondi

### Certificate in Neonatology of the College of Paediatricians of South Africa: Cert Neonatology(SA)

DU PREEZ Jacomina Cornelia Frederika UP
O'RYAN Samantha US
VAN DER BYL Arina UFS

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

BHAVISHA Parag UKZN
DLAMINI Thandiwe Angela Lerato UCT
RAMBALI Ishan UKZN
REDDY Verushka UKZN
SHWENI John Khayalamadoda

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

GOVENDER Natalie UCT
HAUPTFLEISCH Marc WITS
LAMB Greg
PEARCE Deborah WITS

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

MALIGAVHADA Ntshengedzeni Jeanette UL
PENTZ Adele UP
WIJNANT Wim

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

NAIDOO Leon

### Certificate in Reproductive Medicine of the College of Obstetricians and Gynaecologists of South Africa: Cert Reproductive Medicine(SA)

GUMATA Nomonde Dorah US

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

WEBB Kate UCT

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

CLEMINSON Louise Samantha WITS
DELAHUNT Nicole WITS

### Certificate in Vascular Surgery of the College of Surgeons of South Africa: Cert Vascular Surgery(SA)

| | |
|---|---|
| CASSIMJEE Ismail | WITS |
| GILL Hardeep Singh | UCT |
| TSOTETSI Sabatta Christopher | UFS |

## Part I, Primary and Intermediate Examinations

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

| | |
|---|---|
| BOOYSEN Karin | |
| COETZEE Ettienne | UCT |
| COHEN Anthony Joel | WITS |
| CUTHBERT Saweda | WITS |
| DE CASTRO Alexa | UKZN |
| DU PREEZ Marlize | UCT |
| ERWEE Stephanus Petrus | UP |
| FISHER Katherine Tamah Ruth | WITS |
| FOURTOUNAS Maria | WITS |
| GIBBS Matthew Winton | UCT |
| GOLDING Tarryn | UCT |
| GOSAI Kamal Arunkumar | WITS |
| GOVENDER Guventhiran | UKZN |
| HASSIM Sakeena | WITS |
| LAWRIE Ruchi | UCT |
| MAKIN Lara Ruthe | UFS |
| NAICKER Luansha | UKZN |
| NAMANYANE Thapelo | UL |
| NCUBE Tshepo Phillip | |
| NIEMANDT Marthinet | |
| NURSE Christian Robert | |
| OLIVIER Frederick George | WSU |
| PADAYACHEE Navarasan Shanmugam | |
| Yagambaram | UKZN |
| PILLAY Diran | UKZN |
| PRETORIUS Tania | UCT |
| RAKGETSI Mathibela Norman | UL |
| RAMKISSON Avintha | UKZN |
| SPIES Anri | UCT |
| VERWEY Stefne | UKZN |
| VON STEIGER Ilonka | US |
| YOGESWARAN Janani Ayshwaryah | WITS |

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

| | |
|---|---|
| CHUGHLAY Mohamed Farouk | UCT |

### Part I of the Fellowship of the College of Dentistry of the South Africa: FCD(SA) Part I

| | |
|---|---|
| DASOO Saad | |
| NAIDOO Tyron | |

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

| | |
|---|---|
| HAITEMBU Beata Niita Nalitye | UCT |
| KAKANDE Betty | UCT |

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

| | |
|---|---|
| BERINGER Craig | |
| KABONGO Diulu | |
| KLEYNHANS Andriet Christine | US |
| LOUW Candice | UCT |
| MAWELA Thendo | |
| SANDLER Paul | |
| WIESE Jacobus Gideon Gous | |
| WILLEMSE Marlon | US |

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

| | |
|---|---|
| ABDULSALAM Abdulrauf | WITS |
| ALLEN Michelle Louise | US |
| APELEHIN Adeolu Olarinde | UKZN |
| CHETTY Rolan Michael | UKZN |
| DIBETSO Mothetho Stephens | UL |
| FORGUS Sheron Tanya | US |
| IRUEDO Joshua Oise | WSU |
| JIMOH Saheed Oluwatosin | UKZN |
| KROUKAMP Roland | US |
| LIEBENBERG Andrew Richard | US |
| MABELANE Tshegofatso | UL |
| MBAH Chukwuemeka Collins | WITS |
| MNTONINTSHI Mbulelo Jennett | WSU |
| NTSHOE Kabelo Shadrack Abram | UL |
| OYEWUMI Akinkunmi Ayobami | US |
| PASIO Kevin Stuart | |
| SAIDIYA Nasibu Sisa Christian | UL |
| SWANEPOEL Johan George Meyer | US |
| UBABUKOH Samuel Ozioma | WITS |
| UGOAGWU Abimbola Abiola | US |
| UZODIKE Nnaemeka Chikeluba | UKZN |

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

| | |
|---|---|
| HANSMEYER Candice Geraldine | WITS |
| PILLAY Thamogran | UKZN |

### Primary of the Fellowship of the College of Maxillofacial and Oral Surgeons of South Africa: FCMFOS(SA) Primary

| | |
|---|---|
| ANAND Himal Dinish | |
| BITHREY Susara Johanna Susanna | |
| DU PREEZ Malcolm Ian | |
| JONSSON Philip Godfried | |
| KARJIKER Yunus Ismail | US |

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

| | |
|---|---|
| DU PLESSIS Michelle | |
| SASIKUMAR Sunayana | UP |
| VAN NIEKERK Linette | UP |
| VELIOTES Demetri George Alexander | WITS |

### Part I of the Fellowship of the College of Obstetricians and Gynaecologists of South Africa: FCOG(SA) Part IA

| | |
|---|---|
| AUGUSTINE Leon | UKZN |
| BIRDSEY Graeme John | |
| BOSHOMANE John Malose | UKZN |
| CHAMBERS Kate | |
| EKE Henry Obiajulu | |
| GAVI Owen | |
| GUNDA Tinashe | |
| HLABANGWANE Accessible | |
| HLONGWANE Tsakane Musa AG | UP |
| JAGIELLOWICZ Maciej Jakub | |
| KGOMO Koena Allen | |
| KISUULE Castro Robertson | UCT |
| LALOO Hatel | |
| LUKOMBO Wasantu Robert | |
| MAHLANGU Simon Jabulani | WITS |
| MAISTRY Charlene | UKZN |
| MAKHEDA Nkhangweleni Colbert | |
| MAOTO Kalantsho Thato | |
| MAPHANGA Cyprian Mfanafuthi | |
| MASIMBA Maphy Munyaradzi | |
| MATSA Tawanda Takawira | |
| MAWERE Proud | |
| MAYEZA Sibusiso | UKZN |
| MBEWU Unathi | |
| MKHOMBE Welile | UCT |
| MOKAYA Momanyi | WITS |
| MOTHIBA Marabe Simon | UL |
| MOYANA Vimbai Moreblessing | |
| MUAVHA Dakalo Arnold | UCT |
| MUDENHA Enesia | |
| MUTANDA-MUSOKE Mirriam Gwolitha Kulabako | UP |
| NAICKER Kiresha | UKZN |
| NDABA Sanele | |
| NYAJENA Robert | |
| PHETO Peloentle | UCT |
| POTGIETER Petrus Dirk | UFS |
| POTTOW Joanne | WITS |
| RAJOO Neesha | UKZN |
| RAMSUNDAR Valsura | UKZN |
| RETIEF Pieter Francois | |
| SEIPEI Christian Kagiso | UKZN |
| SWARTS Elfriede | UCT |
| TANGAYI Linda | UKZN |
| TIGERE Patricia Rufaro | |
| VAN AS Rene | |

VENTER Eben Kruger
WILLIAMS Melissa Denielle
XONGWANA Nangamso WSU
ZAKAZAKA Nellia
ZIKHALI Sindisiwe Sylvia

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

ISLAM Ferdousi Ashrafi
MCCLUNAN Daemon Bruce
MITHA Fathima
MNCUBE Phelele Desiree
NARAINSWAMI Neeran
NCETANI Ntando
SEBOGODI Kabelo
STEYN Anna

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

ALHADAD Abdulrauf Ibrheem Alhadad UCT
BURGER Hendrik Frederik
CLOETE Nicole-Lynn
DE BRUYN Gerard Herman Matthys
KHAN Muddaseer UKZN
MANSOOR Mohammed Hassen
MATIMBA Abongile
MUNGUL Sheetal
MUSASIKE Kudzayi Joan WITS
RAMATABANA Mahlatse Nel
SETOABA Lungile Precious
THOKAN Nishat WITS
TSELAPEDI Boipelo
TSHITE Mmankomi Felicia Lebogang UL
VAN AARDT Michael Gustaf WITS

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

ALISIO Michelle Rina
CHIUME Msandeni Esther UP
DADOO Zahedah WITS
DLAMINI Sindiswa
GAIKITSE Mothusi Manale
GHOOR Azra
GRANGA Daouya Douna UP
HARRIS Kim Yvette WITS
HAYWARD Lioba Marie Michaela Regina
HLABISA Bongeka Lungile UKZN
KOEKEMOER Heinrich Pieter
MAHARAJ Marshe UP
MAROANE Basetsana Violet WITS
MASHETO Bojosi
MATHEW Grace Thangam
MATHIVHA Elelwani Maemu UP
MATHWIN Adele
MKHIZE Anele Nolwazi Lynette UKZN
MOORE Ryan
MSIMANGO Simphiwe Hazel UKZN
NEWTON Charity UL
NGCANA Thandeka Vuyiswa Zamansundu WITS
NGOBESE Makhosazane Judith UP
NSELE Noxolo Maria UKZN
PILLAY Terishia UKZN
PLATTEN Michael UCT
RAJAH Wayne Sheldon UKZN
SAGGERS Robin Terence
SONG Xiaojun
SOOBRAMONEY Mogeshverie
STEVENSON Alexander
TLAKA Zanele Annastacia UP
TLHAODI Balebanye
VANDENBROUCKE Natalie Joelle
ZULU Vusumuzi Valentine UL

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

LINDEN Jessica Charlotte WITS
MANDA Yambanso Sharon UKZN
MHEMEDI Bongani UKZN

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

MATLHAKO Tebogo Ntjie UP

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

ABOKIL Sadaldin UKZN
ANTWI-ANYIMADU Emmanuel WSU
BOOSI Reece
DEWA Honest
DREYER Reinhardt US
DU TOIT Adelien UFS
ELARBI Reda Saleh Omran US
EPULE Minyokosa
FERNANDES Kathrine May Wyatt
GOVENDER Denishan
GOVENDER Preesha UKZN
GUIDOZZI Deanna Francesca WITS
KABANE Pumla Petronella UFS
KABURA Clement UL
KAJEE Nabeela
KANYIK Jean-Paul Muzemb UCT
KNOLL Susanna Catharina
KOOVERJEE Sharita
LEROTHOLI Botlenyana Augustina UKZN
MAHLASELA Siyanda Afrika
MAKAMBWA Edson
MASHOESHOE Kgataki Sam UP
MASOET Azizah
MBENA Bulelwa Priscilla WSU
MBIJEKANA Siyabonga WSU
MDLULI Bonginkosi Lindelihle Norman UKZN
MENSAH Juliet Mame WITS
MGIDLANA Msimelelo Mzwamadoda
MMUSI Lebogang
MNGOMEZULU William Thulani
MOLOISANE Obed Opatje
MOSRATI Sarah Abd A UKZN
MOTALA Naeem
MULLER Warren
MURAD AMEER Saranna Amina
MURUGAN Ashley
NCOKAZI Vuyolwethu Aubrey UKZN
NG Cecil Yuk Fai UL
NJIYELA Bavumile
NZAMA Nhlakanipho
PARBHOO Dinen
PHIRI Tamara Joy
PREMSAGAR Preesha
RAHMAN Farah WITS
SAKATI Mayande Abednigo Blessing
SCHOEMAN Stephan
SIGAMONEY Dhayanee
SINGH Nevadna
SINGH Prasun UKZN
SOOKDEV Nishan
STILWANEY Warren Graham US
SUBRAMONEY Evette Lucille
SULEMAN Somayya UKZN
VAN DER MADE Tanya US
VUNDLA Nokubonga Perceverance
ZIBI Nomzi Nande UKZN

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

REID Kirsten Andrea Hazel UCT

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

ADRIGWE Jacinta WITS
ARBEE Suraya Osman WITS
BAKER Gregory Daniel WITS
BEVISS-CHALLINOR Kenneth Brodrick
BHANA DEEPA Prakash Manilal
BHOLA Karundat Krishandat UKZN
DIAS Dos Santos Monica Sheila
DOCRAT Zaheer Yousuf
ENSSLE Cornell
GUMEDE Nompumelelo Precious UKZN
HANEKOM Heleen Catharien WITS
JANUSZKIEWICZ Jery Ludwig Andrzej Tomasz
KALOIANOVA Maria Simeonova WITS
KRISHNA Shilpa WITS
MABOREKE Tashinga US
MADEDE Bolan Takuraneyi

| | |
|---|---|
| MAGANO Gopolang | UL |
| MEHTAR Aadila Bibi | WITS |
| MESSIAHS Bradley Clinton | UFS |
| MOHABIR Sheryl | UKZN |
| MUDAU Adziambei | UL |
| MUTSHUTSHU Ntebogang | WITS |
| MUZENDA Vengesai | |
| NKHOBO Paul Corlet Mohanoe | |
| RALL Jacolien Martie | UP |
| RAMLAKHAN Raksha | UCT |
| RAUBENHEIMER Lauren Ashley | |
| SHIVAMBA Desmond Dee | UL |
| SPANGENBERG Benjamin | |
| VENTER Mauritz | WITS |
| VORSTER Isak Dawid | WITS |

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

| | |
|---|---|
| BEGG Waleed | US |
| BONTHUYS Anita | US |
| DALMEYER Lisa | UCT |
| FAKIE Nazia | UCT |
| JEMU Mtabeni George | UCT |
| LOMBE Dorothy Chilambe | US |
| MOTILALL Karen | WITS |
| STOLTZ Benita | UP |

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

| | |
|---|---|
| AGBOR Cyril Agbor | WITS |
| AIKMAN Johan George | |
| ALMAHROUG Abdulwhab M Abulgasem Almahroug | |
| AMER Akrem Omar | |
| BAROUNI Elyas | UCT |
| BOTHA Alexandra Ruth | |
| BRIMER Stephen | |
| CEZULA Sibulele | |
| DAO Omar Rohouma O | |
| DAVIS Graeme Anthony | |
| DEVEDUTHRAS Nikesh | |
| DU PLESSIS Danelo Estienne | |
| ELMUSBAHI Mohamed | UCT |
| FOURIE Natasha | |
| GOUWS Juan | |
| GOVENDER Reshlan | UKZN |
| GXOBOLE Asanda Zandile | |
| HARRINGTON Bradley Mcconville | |
| HOOSAIN Fatima | |
| JADA Prince Masibulele | |
| KARIEM Nazmie | |
| KHAMAJEET Arvin | |
| KIM Jinyong | |
| LAHOUD Nicola | WITS |
| LENGTON Anel | |
| LUTAKWA Augustin Kasereka | UKZN |
| MAGWAI Matlhatse Phuti | |
| MAKHOBA Sizwe | US |
| MAKITINI Goodman Mduduzi | UKZN |
| MAKOFANE Robert Moketi Philly | |
| MALABA Mbonisi Felix | |
| MASEMOLA Mmakomane Godfrey | |
| MASHAVA Rirhandzu Brighton | |
| MAZUI Ramoshweu Mackson | |
| MBAMBO Thandanani | |
| MINNIS Akin Ayorinde | WITS |
| MOFOKENG Jabulani Ephraim | |
| MOGAMI Kefilwe Boineelo | |
| MOGANE Michael Tumelo | |
| MOKAILA Mahumaneng Esther | UL |
| MOLEPO Matome Albert | |
| MOLOKOMME Masiwana Mathews | |
| MOLOTO Kgabo Simon | |
| MONARENG Moabi Ofentse Valentine | UP |
| MOODIE Benjamin | |
| MOODLEY Kirusha | UKZN |
| MOTHA Sifiso | UL |
| MOUTON Dawid Johannes Jacobus | |
| MUKAMA Innocent | |
| MUKENDI Alain Mwamba | WITS |
| NAIDOO Ravi | UKZN |
| NEL Daniel Benjamin | |
| NG'ANG'A Mukuhi | UCT |
| NKALA Hlezikuhle Pethezinhle | |
| OKEKE Ikenna Cletus | UL |
| OOSTHUIZEN Jan Jonathan | |
| PALMER Henry Arthur Winston | UKZN |
| PILLAY Keith Selwyn | UKZN |
| POHL Linda | |
| POWELL Allison | |
| RAMSAMY Kevin | |
| RAUBENHEIMER Stephanus Petrus | |
| SALEM Mohammed | UKZN |
| SCHMIDT Ludwig Wilhelm | UP |
| SHABANGU Bongani Mefika Tensine | |
| SHERPA Ang Tshering | |
| SIBARTIE Kunal | UCT |
| SIHLANGU Gcina | |
| SINGH Avikar | |
| SNYMAN Matthew Dylan | |
| SPANGENEBRG Hendrik Christoffel | |
| STEENKAMP Andries | |
| STEENKAMP Christina Johanna | UKZN |
| TAU Tshepang Moremotsho | UL |
| THANGO Nqobile Sindiswa | |
| THWALA Edmund Nkhensani | |
| TSHAZI Nonkutalo | UL |
| TSHIMANGA Kadima | WITS |
| UMAR Zubair | UKZN |
| VAN ZYL Rainhard Daniel | |
| VHANDA Jabez | |
| WAGENER Mark | |
| XASO Sibulele | WITS |

## Primary incl Neuroanatomy of the Fellowship of the College of Surgeons of South Africa: FCS(SA) Primary Incl Neuroanatomy

TAU Tshepang Moremotsho

## Primary of the Fellowship of the College of Urologists of South Africa: FC Urol(SA) Primary

OPONDO Dedan Oluoch US

## Intermediate of the Fellowship of the College of Maxillofacial and Oral Surgeons of South Africa: FCMFOS(SA) Intermediate

NUSRAT Aymen Arabi WITS

## Part I of the Fellowship of the College of Obstetricians and Gynaecologisist of South Africa: FCOG(SA) Part IB

| | |
|---|---|
| BIRDSEY Graeme John | |
| BRAAM Natalie Alexandra Louise | WITS |
| CHAMBERS Kate | |
| EKE HENRY Obiajulu | |
| GUNDA Tinashe | |
| GXOWA Yanga | |
| HLABANGWANE Accessible | |
| KAROLIA Sameera Haroon | WITS |
| KISUULE Castro Robertson | UCT |
| LALOO Hatel | |
| MAOTO Kalantsho Thato | |
| MAPELA Molefi Hans | |
| MASINA Thembelihle Princess | |
| MATSA Tawanda Takawira | |
| MAWERE Proud | |
| MKHOMBE Welile | UCT |
| MOKAYA Momanyi | WITS |
| MOTHIBA Marabe Simon | UL |
| MUAVHA Dakalo Arnold | UCT |
| MUDENHA Enesia | |
| MUTANDA-MUSOKE Mirriam Gwolitha Kulabako | UP |
| MZOBE Everson Tholithemba | |
| NAICKER Kiresha | UKZN |
| NDABA Sanele | |
| POTGIETER Petrus Dirk | UFS |
| POTTOW Joanne | WITS |
| RAJOO Neesha | UKZN |
| RAMSUNDAR Valsura | UKZN |
| RETIEF Pieter Francois | |
| SEIPEI Christian Kagiso | UKZN |
| SWARTS Elfriede | UCT |
| TIGERE Patricia Rufaro | |
| TSHIKANDA Khathutshelo Ashley | |
| ZAKAZAKA Nellia | |

### Intermediate of the Fellowship of the College of Ophthalmologist of South Africa: FC Ophth(SA) Intermediate IB

| | |
|---|---|
| DESETA Juan | |
| ENGELBRECHT Johan Frederick | US |
| MAJOLA Nonhlanhla | UKZN |
| NGCAKANI Teboho | WITS |
| NTHANGENI Tshilidzi Hulisani | UL |
| OPAWOLE Anthonia Olaomoju | UL |
| PAULSEN Angelette | |
| PUTTER Magdel | |
| VERWEY Vincent Francois | |

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

| | |
|---|---|
| DLAMINI Nkanyiso Freedom | UKZN |
| GATHIRAM Chaiteshwar Vinodh | UKZN |
| HEYMANS Jan Daniel Cilliers | UP |
| HIDDEMA Willem Bouke | UFS |
| KGAGUDI Paul Marule | WITS |
| KNIPE Este | WITS |
| LWAMBA Kayuba | |
| MABASA Gezani Freeman | UL |
| MAHOMED Nabeel | UP |
| MARAIS Eben Slabbert | |
| MOHAMMEDALI Shamshudin | UKZN |
| MOONDA Zaheer | |
| NHLAPO Lerato Ashford | WITS |
| O'FARRELL Peter | UKZN |
| PATERSON Andrew Johnstone | UP |
| SIYO Zuko | UKZN |
| SWANEPOEL Stefan | UFS |

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

| | |
|---|---|
| ASAFO-ADJEI Peter | WITS |
| BAITCHU Yadhir | US |
| BLAKE Johann Eckhard Louwrens | UP |
| DE WET Christiaan Ernst | |
| DZONGODZA Titus | |
| EBRAHIM Mohammed Zahier | US |
| EDE Chikwendu Jeffrey | WITS |
| ELSHIERE Alladden Idres M | UKZN |
| GEYSER Amelia | WITS |
| JOUBERT Isabella Margaretha | UP |
| LEASK Tyrone James | WITS |
| MAHARAJ Prashanth | |
| MAHOMED Yaseer | |
| MANICKCHUND Yashoda | UKZN |
| MATHEBULA Pamela Bongeka | UP |
| MATINHIRA Naboth Nevson | |
| MBATHA Andile Lungani | UKZN |
| MDLETSHE Fanelesibonge Brightness | |
| MNGUNI Mthandeni Nkosinathi | UKZN |
| MOHAMMAD Ahmad Talal Mohammad | |
| Mohammad | WITS |
| MOLLER Ernst Lodewicus | UCT |
| MOODLEY Allen | UKZN |
| MORRISON Sherwyn Elroy | UP |
| MOSITO Sylvia Motlalepule | UP |
| MOTHA Sifiso | UL |
| MOTSUMI Mpapho Joseph | UCT |
| MUKENDI Ilunga Valerien | UKZN |
| OKEKE Ikenna Cletus | UL |
| RAMLOUTAN Vishan Mohanlal | UKZN |
| RIDGARD Trevino Lynn | |
| SANDER Anthony Nicholas | UCT |
| SEEDAT Ismail | UKZN |
| SEKGOLOLO Joseph Motshedi | UL |
| SISHUBA Nosisa Thabile | WITS |
| SMITH Michelle Terry Dolores | UKZN |
| SOBNACH Sanju | UCT |
| SOOKA Himal Navin | WITS |
| TSHISOLA Serge Kapenda | |
| TWIER Khaled | UCT |
| UZONWA Godson Obiora | WITS |
| VAN RENSBURG Rudi | |
| WAGENAAR Riegardt | US |
| WALSH Michelle | WSU |
| WEGOYE Emmanuel | UCT |
| WESSELS Serge | US |
| WINEBERG Devorah Leah | WITS |
| YAKOBI Akhona | UKZN |

## Higher Diplomas

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

| | |
|---|---|
| AMWAAMA Martha Jakula | UCT |
| ELFLEET Riad | UCT |
| MPIA Willy Ikoko | |
| NYIRENDA Saulos Kondwani Greenwell | UCT |
| SINGBO Joseph | UCT |

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

| | |
|---|---|
| BAKKAI Ali Mubarak | UKZN |
| KHAN Humza | |
| NAIDOO Sharmlin Narainsamy | UKZN |
| ZANATI Abdelhakim | |

## Diplomas

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

| | |
|---|---|
| GOVENDER Lubendran | UP |
| LEWIS Samuel Ellis | |
| RAMDHAR Natasha Praveenlall | |

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

| | |
|---|---|
| ADAMS Tamsin Pinto | |
| ADELEKE Durotolu Motunrayo | |
| ALEXANDER Nicole Anne | UKZN |
| ALLIE Leana | UKZN |
| ALTURKI Ibrahim Ali | UKZN |
| APLENI Harrilene | UP |
| ARMSTRONG Deborah-Ann | |
| BALGOBIND Sapna | |
| BOTES Marisa Jurina | |
| CASSIM Nazeera | |
| CHIVERS Christine Gayle | |
| CLOETE Nadia Danielle | |
| CROWTHER Marcelle | |
| DE MEYER Jenine Naomi | UKZN |
| DELPORT Kathleen Georgia | |
| DUIGAN Andrea Lynne | |
| ESTERHUIZEN Jovan Lytton | |
| FLETCHER-NKILE Leilanie | |
| FREWEN Lynn-Hay | |
| GARRIDO LOPEZ Acela | UKZN |
| GROBBELAAR Laurence Edward | |
| GRUNEWALD Kevin Kuno | UCT |
| HUSEIN Rima AB Mahmud | WITS |
| ISMAIL Sarah | |
| JOCUM Jonathan | |
| KAVUALA Ntambua | |
| KEMPE Laura Jessica | UKZN |
| KNOETZE Reynard | UCT |
| LEBALLO Gontse | |
| LEOPOLD-GEORGE Ngozi Tonye Natasha | WITS |
| LIONNET Claudette | |
| LOCKHAT Razeena | |
| LOTZ Pieter | |
| MAHULE Dalton Thabang | |
| MALAN Jacobus Johannes | |
| MALEKA Kerileng Eva | |
| MANONG Kgaugelo Evelyn | WITS |
| MARSICANO Daniela | |
| MBAMBO Nelisiwe | |
| MHLANZI Thulani Vivian | |
| MINNAAR Paul Retief | |
| MOGALE Ramonkung | |
| MOGOTSI Kenalemodisa Lindiwe | |
| MOTSOANE Dikeledi Emily Hadio | |
| MTONGA Mandihlume | |
| MUKUCHA Gabriel Shawn | |
| NADAR Kresen | UKZN |
| NAUDE Johanna Marie Catharina Barry | |
| ORR Frances | |
| OVERMEYER Reinhard Carl | |
| PEGU Kylesh Devnarain | |
| PHUKUBYE Phyllis Mabotse | |
| PILLAY Renilda Catherine | |
| PRETORIUS Susarah Christina | UKZN |
| RALFE Kate | |
| RAMATLOTLO Lerato | |

RAMDHAREE Pireshin
SELEPE Tebogo
SIRRALS Wayne
STRYDOM Catharina Maria UL
SWART Andries Petrus
THIRSK Joanna Frances
TWALA Simphiwe Jane
VAN BILJON Wilbur
VAN DER WESTHUIZEN Justine Lesley
VAN DER WESTHUIZEN Willem Andre
VAN NIEKERK Jacobus Johannes Stephanus
VAN ROOY Elizabeth
VAN SCHALKWYK Lize
VIRANNA Rishigen
VON WATZDORF Ilse US
WALKER Louise Stephanie
WILLE Susan Magdaleen
YALALA Mbakaniaki
YAMBA Yemweni Leonard

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

AYOB Raheesa
CRICHTON Helen US
DE WIT Thandi Maya Gondwana
HICKMAN Rhodine
KANENDRAN Premaluxmy
KHUMALO Lindiwe
MAISTRY Sarena
MAKATE Sindiswa
MAKGATHO Euphrasia
MAPHOSA Nozizwe
MOODLEY Vedanthi
MOTIMELE Petunia Tintswalo
MULLER Hesti-Mari UCT
PHILI Charity
PHILIP Roshney Thankam
VAN NIEKERK Morné

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

ABRAHAMS Bronwyn Afton US
ALELE Alele David
HOGGAN Marilyn Anne
KITAYIMBWA Kitayimbwa Peter
NDIWALANA Ndiwalana Bernard Sekabira WSU
NTSOANE Hoarihle Nelson
SWIGELAAR Bjorn Andrew US

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

ALAKAYE Odunayo Johnson
ALING Anne Lauren UCT
BALOYI Morgan
BERKOWITZ Natacha
BIPATH Presha
CARIM Zayyan
CROSSLEY Rosanna UKZN
DIPHOKO Keitumetse Cleopatra UFS
ENOCH Annabel
GALLOW Ruvé
GIBSON Dylan Brett
GOVENDER Aveshen UKZN
HENDRICKS Lauren Hendricks
HERBST Barend Mattheus US
HILL Melanie Helen
HUGO Susan Stefanie
JOHNSON Nokuthula
KOPPELAAR Dingena
LEBOTO Masekolo
LOUW Jacobus
MANDUDZO Paidamoyo
MARSH Diane Lee
MATIMBA Maxwell Evaristo
MINNAAR Jennifer
MOODLEY Nishila WITS
MOTHOAGAE Ofentse Daniel
MPHAHLELE Reratilwe UKZN
NABEEMEEAH Firdaus
NAICKER Kumeshnee
NAIDOO Gengiah WSU
NKOLISWA Nombulelo Maggie
NTOI Lerato Ntombizethu
OLABOREDE Olukayode Wole
PAPAVARNAVAS Nectarios Sophocles
PINILLOS SAER Francoise Chantelle
PROFITT Luke Brian
RAMAFALO Mankwana Pheida
REDDY Ashandree
SERFONTEIN Jireh
SHMENDI Akram Elmokhtar M UKZN
STOFFELS Lincoln Gerald Arthur
TAIT Carol Louise
TSHABALALA Khanyisile Maureen
UEBEL Kerry Elizabeth UFS
YATES Thomas Alexander

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

LETHOLE Julia Sduduzile
PARUK Mahomed Esmail UKZN
PIETERSE Lizanne
PLANTING Talia Kate
STARKE Jonathan Alan UCT
SUDER Ebrahim
VAVA Yanga

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

BALOYI Thembi Confidentia
BOTO Tabita WSU
DYASI Yakheka
GILES Daniel UCT
INTUMU Lolobo Freddy
JACKSON Christi
LABUSCHAGNE Wouter
MCONGWANE Sandra Nompumelelo WSU
MOOKANENG Keabetswe Avodia
NKOSI Gugulethu Muriel UP
OLUJOBI Victor Olurotimi Adi
REDDY Kessendri US
SINXOTO Nangamso
VAN WIJK Rozanne

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

DE JAGER Petrus Johannes Schabort
LOCHNER Jasper Van Schalkwyk Schreuder UKZN
RAUTENBACH Enid Alwina

### Diploma in Oral Surgery of the College of Maxillofacial and Oral Surgeons of South Africa: Dip Oral Surg(SA)

DU TOIT Jonathan WITS

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

ALVES Nelson Jose Fernandes
AREND Marc-Eric UP
BAKER Lara Louise
BASSON Stefan
BROWN Alice Clare
BROWNE Gary Edward
BURGER Christiaan Frans
CLAASSENS Caren
COETZER Herlo
COOPER Bianca
COWLING Victoria
DURAO Henrique UP
FILIANTRIS Panayiota
HARE Edward
JELBERT William
LATEGAN Raylene Shanell
LETLHABE Raboeane Andries
MUTSHEKWANE Lindelani
ODUNTAN Opeoluwa Olumuyiwa UP
PALLIAM Sashriqua Luscenda
UHUEBOR David Itua
VAN DER BERG Esmeralda
VAN STADEN Willem Petrus
VOERMAN Jessica Jane
WOOD Eleni

## Fellows by Peer Review

BALDWIN-RAGAVEN Laurel E
College of Family Physicians
NAIDOO Kantharuben
College of Family Physicians
O'MAHONY DJ College of Family Physicians

# 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 125

1.1.2 Rows of shields separated by silver-grey stripes ..... R 135

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 360

1.3 Golden Jubilee Fellows Tie in navy only, in design 1.1.2 ..... R 135

1.4 Golden Jubilee Wildlife Tie in navy ..... R 160

**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 .....

4.2 Baked enamel with crest in colour on cream, gold or navy background ..... R 40

**5. Lapel badges/brooches**

Crest in colour, baked enamel on cream, gold or navy background ..... R 20

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

Crest in colour, baked enamel on cream, gold or navy background ..... R 40

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

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

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

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

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

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

**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*

# Annual Report of the Senate of The Colleges of Medicine of South Africa for the period 1st June 2013 to 31st May 2014

The last Annual Report of the Nineteenth Senate gives an account of the activities of Senate during the financial year 1 June 2013 to 31 May 2014.

The report will be presented in three sections:

- The financial statements and matters related to the appreciation of the state of affairs of the CMSA, its business and profit and loss appear on the web page. Hard copies are provided upon request.
- The annual reports of constituent Colleges, covering activities during the period under review, form part of this report, but appear as a section on its own as an extension of the report.
- A general account of the activities of Senate during the past year, which are recorded below.

## IN MEMORIAM

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

### Associate Founders

BERK, Morris Eli
BLOCK, Sidney
DU TOIT, Johan Jakob
GAYLIS, Hyman
OLIVIER, Johannes Andries
PATZ, Israel Marcus
PHEIFFER, Jacobus Daniël
STEENKAMP, Edward Clarkson
STEYN, Gerbrandt
UTIAN, Hessel Lionel

### Fellows

BASSIN, Julian
BEUKES, Catherine Anne
BLAYLOCK, Roger Selwyn Moffat
BUYS, Anna Catherina
EDELSTEIN, Harold
JACOBS, Peter
LAHER, Mohamed Abdulhay
LEVENSTEIN, Stanley
LODEMANN, Heide Katharina
LOUW, Leonard Stephanus
NAIR, Krishna Mannadier
NASH, Eleanor Scarborough
NURICK, Ivan James
PUDIFIN, Dennis James
VAN DER SPUY, Gideon

### Diplomates

HEYNS, Louis
RAYMAN, Ashley
SITHOLE, Maureen
SOMAROO, Harshana

### Honorary Fellows

MANDELA, Nelson Rolihlahla
SIKER, Ephraim S
SWEETNAM, Sir Rodney
TUCKER, Ronald Basil Kidger

## MEMORANDUM OF INCORPORATION AND RULES OF THE CMSA

The new Memorandum of Incorporation (MoI) and Rules of the CMSA were adopted at an Extraordinary General Meeting held in Johannesburg on 18 April 2013 and subsequently lodged for registration with the Companies and Intellectual Property Commission (CIPC) by the due date of 31 May 2013.

Confirmation was received from CIPC acknowledging their receipt and acceptance of the amended MoI and Rules on 6 November 2013. The new MoI and Rules are on the website for easy reference and perusal.

The new structure of the company comprised of the members, Senate who made the decisions on behalf of its members, and finally the Board who formed the Executive Committee of Senate and who functioned as the Directors of the Company.

The Board of Directors (as stipulated in the newly adopted MoI) were appointed and ratified at the Annual General Meeting held on 25 October 2013. They were:

| | |
|---|---|
| President: | Prof B G Lindeque |
| Senior Vice- President: | Prof G A Ogunbanjo |
| Immediate Past President: | Prof A Madaree |
| Past Vice-President: | Prof J Vellema |
| Chairman FGPC: | Prof D Kahn |
| Chairman ECC: | Prof J L A Rantloane |
| Chairman EC: | Prof S S Naidoo |
| Hon Registar FGPC: | Prof J J Fagan |
| Hon Registar ECC: | Prof M M Sathekge |
| Hon Registrar EC: | Prof J S Bagratee |
| Co-opted by Senate: | Prof R Y Seedat |

| | |
|---|---|
| Co-opted by Senate: | Prof A M Segone |
| Deputy CEO: | Mrs Lize Trollip |
| Academic Registrar: | Mrs A Vorster |

## ELECTIONS FOR THE TRIENNIUM 2014 TO 2017

The first phase of the triennial elections for constituent College Councils commenced in February 2014 when nomination papers were posted to all active members in the 28 Colleges. Nomination papers had to be returned by 25 April 2014, but the date was extended in view of the occurring of public holidays at that time.

Ballot papers were posted by 27 May 2014, with the deadline for return being 25 July 2014. The votes will be counted by scrutineers on 26 July 2014, after which the results will be announced.

The following statistics are recorded:

### COLLEGES WHERE THERE WILL BE AN ELECTION:

COLLEGE OF CARDIOTHORACIC SURGEONS
COLLEGE OF CLINICAL PHARMACOLOGISTS
COLLEGE OF EMERGENCY MEDICINE
COLLEGE OF FAMILY PHYSICIANS
COLLEGE OF FORENSIC PATHOLOGISTS
COLLEGE OF MAXILLO-FACIAL AND ORAL SURGEONS
COLLEGE OF NEUROSURGEONS
COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS
COLLEGE OF PAEDIATRICIANS
COLLEGE OF PAEDIATRIC SURGEONS
COLLEGE OF PHYSICIANS
COLLEGE OF PSYCHIATRISTS
COLLEGE OF SURGEONS
COLLEGE OF UROLOGISTS

### COLLEGES WHERE THE REQUIRED NUMBER WAS NOMINATED. THE CANDIDATES WILL BE DECLARED ELECTED:

COLLEGE OF NUCLEAR PHYSICIANS
COLLEGE OF RADIATION ONCOLOGISTS
COLLEGE OF RADIOLOGISTS
COLLEGE OF PUBLIC HEALTH MEDICINE

*(No election in Division of Occupational Medicine)*

### COLLEGES WHERE AN INSUFFICIENT NUMBER WAS NOMINATED, WHERE THERE WILL NOT BE AN ELECTION AND THE REQUIRED NUMBER WILL BE CO-OPTED:

COLLEGE OF ANAESTHETISTS
COLLEGE OF DENTISTRY
COLLEGE OF DERMATOLOGISTS
COLLEGE OF MEDICAL GENETICISTS
COLLEGE OF NEUROLOGISTS
COLLEGE OF OPHTHALMOLOGISTS
COLLEGE OF ORTHOPAEDIC SURGEONS
COLLEGE OF OTORHINOLARYNGOLOGISTS
COLLEGE OF PATHOLOGISTS
COLLEGE OF PLASTIC SURGEONS

### DIPLOMATE REPRESENTATIVES ON COUNCILS:

Regarding the Diplomate representatives on constituent College Councils, it is recorded that there will be an election only in the College of Emergency Medicine, where 5 candidates were nominated and 2 need to be elected, as well as the College of Obstetricians and Gynaecologists where 2 were nominated and 1 needs to be elected.

There will be no election for Diplomate representatives in the following Colleges as either an insufficient number of candidates was nominated or no nominations were received at all. The candidates nominated will be declared elected and where there is a void, candidates will be co-opted to have the necessary diplomate representation on their respective councils. The details are as follows:

| | |
|---|---|
| COLLEGE OF ANAESTHETISTS | : 1 |
| COLLEGE OF DENTISTRY | : 0 |
| COLLEGE OF FAMILY PHYSICIANS | : 0 |
| COLLEGE OF FORENSIC PATHOLOGISTS | : 1 |
| COLLEGE OF OPHTHALMOLOGISTS | : 0 |
| COLLEGE OF ORTHOPAEDIC SURGEONS | : 0 |
| COLLEGE OF PAEDIATRICIANS | : 0 |
| COLLEGE OF PHYSICIANS | : 1 |
| COLLEGE OF PSYCHIATRISTS | : 0 |
| COLLEGE OF SURGEONS | : 0 |

There will, therefore, be an election for Diplomate representatives in the Colleges of *Obstetricians and Gynaecologists* and *Emergency Medicine*.

The following step will be the election of constituent College presidents, secretaries and representatives on the CMSA Senate. This will take place by confidential ballot.

## EXAMINATIONS AND RELATED MATTERS

### The National Professional Examination

The CMSA is the official examining body for specialists in South Africa, with the Memorandum of Understanding between the CMSA and the HPCSA having been duly signed.

The Service Level Agreement (SLA), which will form the working document and will supplement the MoI, is in the process of being finalised.

### Accreditation of Hospital Posts

The following hospital posts were accredited during the year under review:

*DA(SA):*
Mamelodi Hospital and Mitchells Plain Hospital
*DCH(SA):*
Tintswalo Hospital

### Successful candidates, by examination

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

### Fellowships awarded by Peer Review

The candidates listed below, were successfully considered for Fellowship by peer review during the period under review:

#### College of Family Physicians

Dr Mohabry Nadesan CHETTY
Dr Kantharuben NAIDOO

Dr Laurel E BALDWIN-RAGAVEN
Dr DJ O'MAHONY

### College of Physicians

Dr Jan Hendrik VAN ZYL

### College of Psychiatrists

Dr Liezl KOEN
Dr Manfred Wilhelm BÖHMER

### HPCSA Approval

***The following qualifications have been approved by the HPCSA:***

### College of Physicians

Diploma in Geriatric Medicine(SA) – DGM(SA)
Dip in Internal Medicine(SA) – Dip Int Med(SA)

### College of Public Health Medicine

Higher Diploma in Medical Management(SA) – H Dip Med Man(SA)

### College of Family Physicians

Higher Diploma in Family Medicine(SA) – H Dip Fam Med(SA)

***The following qualifications has been approved by the HPCSA, but not yet promulgated:***

Cert Hepatology(SA)
Cert Urogynaecology(SA)
FCSEM(SA) - Sports and Exercise Medicine

### H Dip Pulm(SA)

The HPCSA had noted that the CMSA would no longer be offering the H Dip Pulm(SA) by the College of Physicians.

### Cert Geriatrics(SA) changed to Cert Geriatric Medicine(SA)

The qualification title Cert Geriatrics(SA) has been changed to reflect as Cert Geriatric Medicine(SA)

### Change in name for Cert Child Psychiatry(SA)

The HPCSA approved the change in name from Cert Child Psychiatry(SA) to Cert Child and Adolescent Psychiatry(SA).

### Approval of subspecialty name changes

The HPCSA approved the CMSA nomenclature changes from Subspecialty Certificates to Subspecialty Fellowships, and the regulations process of changing all the current regulations had been started.

### Fellowship Examination Regulations

All Fellowship examination regulations have been updated to include the following statements:

5.1 Only candidates who have completed training in a CMSA recognised registrar post may be awarded a fellowship if successful in the examination.

5.2 Candidates who have written the examination as a prerequisite from the HPCSA for inclusion on the specialist register are not eligible to be awarded a Fellowship, but will be sent a letter confirming their success in the examinations.

### Regulations Update

Ongoing updating of syllabi, bibliography and referencing was constantly being undertaken by the Education Office. A full review was currently being undertaken with correspondence being sent to the President and Secretary of every constituent College with a request that they review all regulations for qualifications listed under their College.

Once they had replied with comments or acceptance of the current regulations, full information would be sent to the Examinations office for further action. If major changes were requested, these would be taken to Senate by the Academic Registrar.

## AWARDS AND MEDALS

### Medals and Book Prize

The recipients of medals during the year under review, were:

### October 2013:

**J M Edelstein Medal** GOLDSTEIN Neal Hillel
FC Orth(SA) Final

**Robert McDonald Medal** REDDY Yavini
FC Paed(SA) Part II

**A M Meyers Medal** KARA Reena
FCP(SA) Part I

**Walter G Kloeck Medal** ROETS Victoria Lucy
Dip PEC(SA)

**Campbell MacFarlane Medal** ROETS Victoria Lucy
Dip PEC(SA)

### May 2014:

**Janssen Research Foundation Medal** Muhommed Ridwaan SYED
FCA(SA) Part I

**Abbott Medal** Muhommed Ridwaan SYED
FCA(SA) Part I

**Hymie Samson Medal** Muhommed Ridwaan SYED
FCA(SA) Part I

**Glaxosmithkline Medal** Willem Theodorus V TONDER
FCA(SA) Part I

**Jack Abelsohn Medal and Book Prize** Muhommed Ridwaan SYED
FCA(SA) Part II

**Janssen Research Foundation Medal** Karen KOCH
FC Derm(SA) Part 1

**Campbell MacFarlane Memorial Medal** Vanessa Gail GEORGOULAS
FCEM(SA) Part 1

**GP Charlewood Medal** Rizwana AYOB
FCOG(SA) Part I

**JM Edelstein Medal** Duncan Thomas MCGUIRE
FC Orth(SA) Final

| | |
|---|---|
| **AM Meyers Medal**<br>FCP(SA) Part I | Sara Tracy SAFFER<br>Faheem SEEDAT |
| **Asher Dubb Medal**<br>FCP(SA) Part II | Mohamed A ALTEER<br>Anneli KORB |
| **Rhône-Poulenc Rorer Medal**<br>FC Rad Diag(SA) Part I | Tamiya NAIR |
| **Frederich Luvuno Medal**<br>FCS(SA) Primary | Fredrick FIGUEIREDO |
| **Eugene Weinberg Medal**<br>Dip Allerg(SA) | Wendy Claire LEWIS |
| **HIV Clinicians Society Medal**<br>Dip HIV Man(SA) | Luzanne Heleen GRUNDLING<br>Annette HOUSTON |
| **Walter G Kloek Medal**<br>Dip PEC(SA) | Janine Claire VALLY |
| **Campbell MacFarlane Medal**<br>Dip PEC(SA) | Janine Claire VALLY |

## SCHOLARSHIPS

### YK Seedat Research Scholarship 2013/2014

## EDUCATIONAL DEVELOPMENT PROGRAMME

### Visits to Mthatha

#### 31 May – 1 June 2013

An update on Trauma and Emergency Medicine was given over this period. Professor Elias Degiannis, Head of Trauma, Chris Hani Baragwanath Hospital presented on Trauma Medicine and he was joined by two experts in the field of Emergency Medicine from the Cape, Drs S Lahri and K I Vallabh.

#### 6 to 8 March 2014

Updates in Obstetrics and Gynaecology were presented by Prof Guidozzi.

#### 8 to 10 May 2014

Updates in Radiology, Ultrasound, CAT scan and MRI were presented by Dr Darius Tsatsi.

## LECTURESHIPS

### Francois P Fouché Lecture for 2013

Professor TLB Le Roux, from Pretoria East Hospital presented his talk "When Tumour meets bone" at the 59th Annual Congress of the SA Orthopaedic Association held in Sun City during the period 2 – 5 September 2013.

### JN and WLS Jacobson Lectureship

The webinar lecture was still outstanding.

### Arthur Landau Lecturer for 2014

Prof Eric D Bateman gave his lecture titled, "Spreading the net for chronic diseases: Options for poorly resourced countries", on 20th February 2014 at the General Physicians Congress held in Cape Town.

### Margaret Orford Memorial Lectureship for 2014

Prof Anton van Niekerk presented his lecture titled, "Designer babies and Superhuman: Ethics, Genetics and future reproductive health" at the SA Society of Obstetricians and Gynaecologists' Congress in Stellenbosch from 19th to 21st May 2014.

## EDUCATIONAL FUNDS

### Robert McDonald Rural Paediatric Programme

The application received from Prof Milind Chitnis, the Head of Department of Surgery at the East London Paediatric Hospital was approved.

### YK Seedat Research Scholarship 2013/2014

This scholarship would be advertised for 2014/2015.

### KM Browse Research Scholarships 2013/2014

This scholarship would be advertised for 2014/2015.

### South African Sims Fellowship: Sub-Saharan Africa

Professor Carr visited Namibia during 2013.

### Life Healthcare Scholarships

Prof Zephne van der Spuy, continues to manage the scholarships and reported that the date of the next round of applications has not been decided and that, when there is clarity, this will be posted on the CMSA website.

## NON-EXAMINATION RELATED AWARDS

### South African Society of Psychiatrists: M S Bell Award winners for 2013

Dr A K Domingo
Dr L Dannatt

### Maurice Weinbren Award

Dr B S Van der Merwe was unanimously chosen to receive the reward.

### R W S Cheetham Award (Psychiatry)

No applications were received.

## PROPERTIES

### Durban

A Post-Funding Feedback Report was sent to Bulelani Ntuli, the Regional Portfolio Manager of the Nedbank Foundation, on 13 March 2014 by the CEO.

Celeste Stretch, the Town Planner, reported that there had been problems getting approval from the Ethekwini Traffic Authority. However, given the inordinate delay, town planning agreed that the CMSA could advertise despite the 'non-approval' by the ETA.

The town planner finally received the advertisement wording from the ETA, and the advertised shortly thereafter on the notice board for any objections.

The CMSA needs a commencement date for the donors, but the ETA (Ethekwini Traffic Authority) seems to be having some indefinite delays which makes it difficult to project a commencement date for construction.

### Johannesburg

The examinations centre at 25 Rhodes Avenue, is fully functional after the renovations of the preceding year.

## 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.

Any amendments can be sent via e-mail to members@colmedsa.co.za, or faxed to 021 685 3766.

### Honorary Fellowship

Two Honorary Fellowships were awarded during the year under review.

*Dr Ronald M Zuker* was admitted to Honorary Fellowship of the College of Plastic Surgeons at the graduation ceremony in October 2013.

At the ceremony in May 2014, *Prof J L Grosfeld* was admitted to Honorary Fellowship of the College of Paediatric Surgeons.

### Fellowship *ad eundem*

Three admissions to Fellowship *ad* eundem were awarded during the year under review.

*Prof R Hewlett* was admitted at the May 2014 graduation ceremony in the College of Radiologists, together with *Prof S P Munjanja* and *Prof E Sonnendecker* from the College of Obstetricians and Gynaecologists.

### Presentation of Past President's Badge and Ladies Brooch

Prof A Madaree and Mrs S Madaree were given the Past President's Badge and Ladies Brooch at the graduation ceremony in October 2013.

### Associates

The following registered as Associates during 2013/2014:

### College of Clinical Pharmacologists

MARAIS, André

### College of Dentistry

BISESWAR, Nadhir
BOTHA, Pieter
CARA, Sharadchandra
CHOONARA, Sahide Ahmed
FELLER, Liviu
GHARBRIAL, Emad
GLUCKMAN, Howard Lewis
GREEFF, Christiaan Lodewikus
JACKSON, Mark Andrew
JADWAT, Yusuf
KHAMMISSA, Razia Abdool
KHAN, Mohamed Imran
LAHER, Ashraf
LOCHNER, Johann Georg
MENTZ, Nicol
MOHANGI, Govindrau Udaibhan
NKHUMELENI, Fulufhelo Solomon
ORMEROD, Robert Alvin William
PATEL, Narandrahkumar Mohanlal
RITZ, Wilhelm Ludwig
SCHERMAN, Birgit
SEEDAT, Abdul Kader
SHAIKH, Amenah
SIEBOLD, Andreas
SWART, Rudolf Cornelus
THEUNISSEN, Evan Trevor
VALLY, Ismail Mahomed
VAN HEERDEN, Johannes Diederik
WILSON, Vivienne Julia

### College of Emergency Medicine

MOTARA, Feroza

### College of Ophthalmologists

POLLOCK, Travis James

### College of Paediatric Surgeons

GONZALEZ, Ricardo

### College of Physicians

LOUW, Vernon Johan
TINTINGER, Gregory Ronald

### College of Radiation Oncologists

BOTHA, Michiel Christoffel
ZAINAB, Mohamed

## MATTERS ALLUDED TO RESPECTIVELY BY THE RISK AND SOCIAL AND ETHICS COMMITTEES

### Review of Risk Registers

The Risk Registers of the three Standing Committees were reviewed and it was agreed that an additional column would be added to the Registers which read "Progress Made". This would enable the Risk Committee to give feedback to the Board of Directors and Senate as to the current progress made on each item.

An additional risk Register will also be created for the Board of Directors and Senate to report on broader institutional issues that are not addressed in the Risk Reports of the Standing Committees, as well as risk registers for the constituent College Councils to incorporate into their meetings.

The Risk Committee was concerned that a times legislation changed without the CMSA being aware of this. A mechanism should be implemented whereby any change in legislation, which might have an impact on the organization, was recognized and dealt with.

Since the Memorandum of Incorporation of the CMSA was now accepted and registered with CIPC, there should be a high level of compliance in terms of the Business Guidelines of King IIII. This include that, where, if relevant, Directors of a company were required to declare any potential conflict of interest on an annual basis.

Future endeavour to develop risk reducing strategies will now be considered in all College structures.

### Health and Safety Requirements

The Health and Safety requirements were successfully implemented in the Cape Town office in and was in the process of being finalised in the Johannesburg office.

### POPI Act (Protection of Personal Information Act)

The CMSA adopted a POPI Policy to comply with the legislation that changed at the end of 2013 to ensure the protection of personal information. Information officers were appointed in all three offices.

## REPORTS ON INTERACTION BETWEEN THE CMSA AND OTHER OUTSIDE BODIES

### National Department of Health

Information session by Dr Terence Carter regarding the Planning and Financing of Health Professional Development and Academic Health Complexes

Dr Carter gave a presentation to the Senate members on 16 May 2014 and his presentation was also distributed between senate members.

The conclusion was that public health services had very few specialists spread very thinly. The NDoH and the DoHET would be sitting together to look at training. The database of specialists was not comprehensive enough. A system had been proposed to monitor the training of professionals.

They were looking at giving hospitals semi-autonomy: management would handle funds and would account to the hospital Board on how funds were being spent, as long as government policies were followed. They were looking at Heads of Departments as custodians of the budgets.

The raw data would be made available to the CMSA. CMSA members were encouraged to consult as widely as they could. The NDoH and DoHET were working together to increase staff, infrastructure and equipment for training.

### Department of Higher Education and Training

Links have been established with the DoHET, also with a view to having a representative attend CMSA Senate meetings in the future.

## TRANSACTIONS: JOURNAL OF THE COLLEGES OF MEDICINE OF SOUTH AFRICA

Prof Ogunbanjo reported on this. In 2015, Transactions would focus on the Diamond Jubilee and incorporate the history of the College from 2005 to 2015. Android and Apple applications would be available soon for members to download for free. Prof Ogunbanjo was trying to reduce costs to a minimum amount. Some members insisted that they would still like to receive hard copies.

### The Journal in PDF Format

450 hard copies would be distributed, together with a link placed on the website for easy access.

## CMSA ATTENDANCE AT MEETINGS OF SISTER COLLEGES AND ACADEMIES

**Academy of Medicine, Singapore: 2nd Tripartite Congress & 47th Singapore-Malaysia Congress of Medicine 2013: Grand Copthorne Waterfront Hotel, Singapore: 23 – 24 August 2013**

Prof G Ogunbanjo represented the CMSA at this congress.

**Ceylon College of Physicians 2013 – 46th Annual Academic Sessions, September 12 -14, Columbo Sri Lanka**

A mail-shot was sent to the College of Physicians.

**American College of Surgeons: 99th Annual Clinical Congress in Washington DC: 6 – 10 October 2013**

CMSA representative was Prof Martin Veller

**Royal Australasian College of Physicians (RACP) 2014 Congress on Future Directions in Health: 18 – 21 May 2014 at Auckland, New Zealand**

Prof Rafique Moosa from the College of Physicians represented the CMSA.

### Local Meetings

**Joint Conference of the College of Physicians (CMSA) and the Royal College of Physicians of London**

This meeting was held from 20 to 23 February 2014 at the Cape Town International Conference Centre

## ACKNOWLEDGEMENTS

As this is the final report of the Nineteenth Senate, it is fitting that the key roles played by honorary officers, examiners, trustees, Councillors of constituent Colleges and committee and sub-committee members be acknowledged.

Participants in the various educational projects of the CMSA during this tenure of office of Senate are also thanked for devoting of their valuable time to this important aspect of College activities.

Finally, it is always a great pleasure for Senate to acknowledge the essential role that the full-time staff play in the day-to-day running of the College. This is recorded with much appreciation.

## APPOINTMENT AS CEO

As this is my first annual report since my appointment as CEO on 1 January 2014, I anticipate great things to come for the future. Thanks to my colleagues and especially all the senators who supported me during the past year.

**Lize Trollip**
CEO

# Annual Reports of Constituent Colleges

## COLLEGE OF ANAESTHETISTS

**Councillors:**

Professor BJS Diedericks **, President
Professor JLA Rantloane**, IPP Councillor
Professor AC Lundgren, Councillor
Dr. U Singh, Secretary
Dr. PD Gopalan,Councillor
Dr. I Joubert, Councillor
Dr R Dyer, Councillor
Dr Milton Raff, Councillor, Treasurer
Dr. Prakash Govind, Councillor
Professor W. van der Merwe, co-opted member
Prof. Bob Bhagwandass, Co-opted Member
Dr. B Mrara, Co-opted Member

**Members of the Senate of The Colleges of Medicine of South Africa 2011-2014

**Examinations:**

The College had its normal activities of examinations in the second part of 2013 and again in the first half of 2014 i.e. Diploma in Anaesthetics DA(SA) and Fellowship of the College of Anaesthetists Part 1 & 2 FCA(SA).

Examination dates and pass rates:

| Examination | Written examination | Oral/Clinical examination | Pass rate |
|---|---|---|---|
| DA 2012 | 26 & 27August 2013 | 3 & 4 September 2012 | 72/88 |
| DA 2013 | 24 & 25 March 2014 | 1 & 2 April 2014 | 75/90 |
| FCA Part 1 | 26-30 August 2013 | None | 38/56 |
| FCA Part 1 | 24-28 March 2014 | None | 28/73 |
| FCA Part 2 | 19-23August 2013 | 8-11 October 2013 | 24/42 |
| FCA Part 2 | 10-13 March 2014 | 20-23 May 2014 | 23/48 |

**Meetings:**

- CASA Council meetings were held on 23 October 2013 and 21 May 2014.
- The Heads of Academic Departments Subcommittee Met on 25 July 2014.
- The blueprinting and curriculum meeting of early 2013 was followed by electronic consultation with all academic departments and CASA Council members. A final curriculum was ratified at the October 2013 Council Meeting.

**Decisions, Training and other Processes:**

- Council decided to institute an annual Pieter le Roux Lecture to commemorate CASA's deceased treasurer.
- Concern was noted on the threat of the training platform at Charlotte Maxeke and Steve Biko Hospitals. The CMSA process on this issue would be followed and action taken if necessary.
- A DA(SA) tutor programme was continuing.
- A process was being investigated to hold an electronic AGM, as AGM's were poorly attended.
- A FCA(SA) Part 2 examiners workshop was held on 14 September 2013. The format of the examination and proposed changes (coming from the HOD Subcommittee) were discussed, and training in examination technique was given to 23 examiners from all over the country. The meeting was funded by CASA, with a R20 000 donation coming from the South African Society of Anaesthesiologists.
- An examiner from Ireland, Prof Peter Hawthorne, attended the October 2013 FCA(SA) examination and a senior examiner from Australia, Dr Mark Buckland, attended the May 2014 examination. CASA Council decided to invite an overseas observer once per year to attend the FCA(SA) Part 2 examination.
- DA(SA) examiner training took place during the DA(SA) examination.
- FCA(SA)Part 1 examiner training occurred during observation. In future, an exam setting day would be used to do this.
- A risk register was being compiled.

Prof BJS Diedericks
**President**

## COLLEGE OF CARDIOTHORACIC SURGEONS

The high annual failure rate of candidates remains a concern in our College, and is recorded as being between 30% and 50% since 2006.

The answer, however, does not lie in dropping standards to increase the pass rate. It is our opinion that candidates fail the written examinations due to poor theoretical knowledge, especially in the general thoracic surgery section.

The College will be implementing a "minimum case number' in the Portfolio of learning ("Logbook") from 2015 onwards. Minimum number of cases will need to be logged before a candidate can be admitted to the FC Cardio final examination.

Two College Council meetings were held in the last 12 months, attended by >90% of our College Council members. The level of training, the experience of candidates and the standards of Cardiothoracic Surgery were discussed at length. There was agreement that the minimum period of training in Cardiothoracic Surgery will be 4 years and as much as 6, to allow registrars sufficient clinical and operative exposure to obtain competency prior to being allowed to enter the final examination.

This is in line with some of the other Surgical Colleges' approaches as well.

Changes to the regulations of our College examinations will be published on the CMSA website in the latter 6 months of 2014 and these regulations will be implemented in the examinations from 2015 onwards.

The election of the 5 members of our College Council for the next triennium has taken place, and as in previous years the Heads of all the Academic Departments will also be co-opted onto the College Council.

Prof Johan Brink
**INTERIM PRESIDENT**

Prof Anthony Linegar
**SECRETARY**

## COLLEGE OF CLINICAL PHARMACOLOGISTS

Many members of the College of Clinical Pharmacologists are currently involved with the hosting of the World Congress of Pharmacologists in Cape Town in July 2014, the first time this congress is being held in the global south.

We are pleased to note the expansion of the training of specialist Clinical Pharmacologists, with the launch of the MMed Clinical Pharmacologists programme by the University of Stellenbosch.

Our College of Clinical Pharmacologists was sad to hear of the death of Prof E Kwizera, who made substantial contributions to the growth of this discipline in South Africa.

Efforts are ongoing between the College of Clinical Pharmacologists and the Health Professions Council of South Africa to reach consensus on the scope of work of specialist Clinical Pharmacologists in South Africa.

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

Prof K Barnes
**SECRETARY**

## COLLEGE OF DENTISTRY

The College of Dentistry (CD) has been working towards gaining full support from all four Dental schools regarding the HPCSA's proposed unitary examination process. Councillors met with different Heads of Departments at the four schools, as well as the chairperson of the PETD to explain the envisaged process. They also wrote to the HPCSA requesting representation on the PETD to help strengthen College ties with decision makers in postgraduate education and training. The PETD held a consultative workshop in February 2013 with all stakeholders to discuss the logistics of the examination, to ensure that that the process was inclusive, and to gather information on the requirements and administrative procedures governing CMSA examination, including costs, guidelines for conducting examination, and constitution of the examination panels. Following this workshop it was resolved that the four training institutions for dental specialists agreed in principle with the introduction of the unitary examination. However, they believed that each specialty should be covered by their own Colleges, and requested the HPCSA to assist the Deans in communicating this desire to the CMSA. They also discussed the feasibility of forming separate small Colleges.

These options and concerns were presented by the president of the CD to the CMSA at the Strategic Planning Meeting in July 2013. It was resolved the CMSA would fully supported the PETD and the CD financially, administratively and strategically with the split. Many of the newer smaller Colleges, such as Emergency Medicine and Medical Genetics, offered to assist the Dental Colleges to draw up their own "speciality specific" guidelines and constitutions.

Feedback and possible solutions were re-discussed at a follow-up forum in 2014, where it was decided that the Deans should actively recruit more Associates to populate the various Colleges before the split could be feasibly considered.

To aid this process, the CD furthered their campaign to increase their membership, and sought out specialists from all the different disciplines, and areas in the country. Twenty-nine new Associates were accepted into the College at the Senate meeting in May 2014. At the same time, work is still in progress to refine the separate speciality constitutions. As soon as all four have been completed, it will be possible to proceed with establishing new separate Colleges of Prosthodontics, Periodontics, Orthodontics and Community Dentistry.

Prof L Sykes
**PRESIDENT**

Prof A Harris
**COUNCIL MEMBER/SENATOR**

## COLLEGE OF DERMATOLOGISTS

**Examination Matters:**

The Council of the College of Dermatologists ensured continued production of good quality Dermatologists for the country. Achieving this objective was made possible by the close relationship the Council had with the HOD forum, having co-opted the HOD forum as part of the Council in 2013.

The Council made some progress in the past year, having produced seven (7) Fellow Dermatologists in March/May 2014 exams, which were hosted by the University of Pretoria. Eight (8) candidates enrolled for the examinations, one (1) failed the written papers & the seven (7) that were invited to the clinicals/orals all passed, making the pass rate of 87.5%.

FC Derm(SA)Part 1 exams were more challenging, with a 50% pass rate(2/4).

The second leg of examinations for the year would be written in August/ October 2014 & the clinicals/orals would be hosted in Bloemfontein.

**Administration and Finance:**

The balance in the levy account as at ***1 June 2013*** **R78 883.32**

The balance as at ***May 2014*** **R93 010.18**

**Election for the next triennium for constituent Colleges:**

CMSA elections for the new triennium were underway, so there would be a new Council leadership in the near future.

Dr Kgokolo
**SECRETARY**

## COLLEGE OF EMERGENCY MEDICINE

At the start of the final year through the current council triennium, it is a great privilege to present the Tenth 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 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 Darryl Wood – University of KwaZulu-Natal

The University of Botswana is represented on Council by Dr Megan Cox in an observer capacity.

Our College actively pursues a policy of close co-operation 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.

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

The regulations for the Dip PEC(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, with less emphasis on basic sciences and greater emphasis on 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.

The Syllabus has been blueprinted and is available to all candidates.

The examination processes have also been blueprinted and the Council has recently completed a written guideline to candidates, examiners, convenors and moderators which should be published on the CMSA website soon.

Many thanks are extended to our Diplomate Representatives, Dr Caryn Frith and

Dr Jalaluddin Soni, for revising and updating this exciting Diploma. Sincerest thanks again to Dr Caryn Frith for her continued assessment of hospitals applying for Dip PEC(SA) training accreditation.

Congratulations are extended to the Medal recipients for the Dip PEC(SA) examination in 2013:

Dr J Vally - Campbell MacFarlane Medal for the best candidate in the practical component of the Dip PEC(SA) examination

Dr J Vally -Walter Kloeck Medal for the best overall candidate in the Dip PEC(SA) examination

### Higher Diploma in Emergency Medicine

The College of Emergency Medicine has introduced a Higher Diploma in Emergency Medicine. The Higher Diploma is open to candidates who have held the Diploma in Primary Emergency Care or for at least 2 years, and is intended to empower medical practitioners 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 the Health Professions Council of South Africa.

The first candidate is expected to sit for the examination in August 2014.

## FELLOWSHIP OF THE COLLEGE OF EMERGENCY MEDICINE (FCEM(SA))

Congratulations are extended to the Medal recipients for the FCEM(SA) examination in 2012:

*FCEM(SA) Part 1*

Dr V Georgoulas - The Campbell MacFarlane Memorial Medal

Training in Emergency Ultrasonography has become a compulsory entry requirement for candidates attempting the FCEM(SA) Part 2 examination as from July 2010, in line with international trends advocating the importance of this valuable diagnostic

tool in emergency care. Prof Mike Wells, Dr Hein Lamprecht and Dr Stevan Bruijns are thanked for the extensive preparatory documentation provided in this regard, and for agreeing to co-ordinate training programmes and certification in emergency ultrasonography countrywide.

### Blueprints and Guidelines

The Council has embarked on exciting programmes to help candidates prepare for the examinations overseen by the College of Emergency Medicine of South Africa.

The syllabi have been blueprinted and are available to all candidates.

The examination processes have also been blueprinted and the Council has recently completed a written guideline to candidates, examiners, convenors and moderators which is available on the CMSA website.

### Subspecialty 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 creating a Subspecialty in Paediatric Emergency Medicine, in line with international trends in this regard. The subspecialty proposal has been approved by the Senate of the Colleges of Medicine of South Africa and the Post-graduate Education and Training Medical Committee of the Health Professionals Council of South Africa and is now awaiting promulgation in the Government Gazette.

### New Associates of the College of Emergency Medicine of South Africa

Congratulations to Dr Feroza Motara (KZN) and Dr Stevan Bruijns (WC) on their recent election to Associates of the College of Emergency Medicine of South Africa. We have no doubt that these individuals will continue to contribute significantly to the development of Academic Emergency Medicine in South and Southern 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 post-graduate doctors practising in South Africa.

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

### Emergency Medicine Society of South Africa

It is very pleasing to note that many recipients of the Dip PEC(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. It is pleasing to note that three members of the current Council have been re-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. This interest in developing Emergency Care has promoted the establishment of the African Federation for 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 beyond, and is pleased to be able to honour and reward colleagues who achieve excellence in this vast discipline.

### Sincerest Thanks

As this is the final annual report of this triennium, we would like to extend our sincerest appreciation to the council members, moderators, convenors and examiners of the College of Emergency Medicine for their selfless dedication to the betterment of Academic Emergency Medicine in South Africa over the past 3 years, and to the staff of the Johannesburg, Durban and Cape Town CMSA offices for their hard work and support.

| | |
|---|---|
| Prof R Dickerson | Dr H Geduld |
| **PRESIDENT** | **SECRETARY** |

## COLLEGE OF FAMILY PHYSICIANS

The 2011-2014 triennium council of the College of Family Physicians of South Africa CFP(SA) spent the latter part of its term (between June 2013 and May 2014) consolidating the various processes it began in 2011 as follows:

a. The Higher diploma in Family Medicine regulations were ratified at the October 2013 CMSA senate meeting, and the decision to run the first exam was taken at the CFP's May 2014 meeting. The first exam takes place at the 2014 second semester exams in August/ October 2014, with Dr. Nathaniel Mofolo as convener and Prof Papoo Cassimjee as moderator.

b. The FCFP(SA) regulations for the Final part A and Final part B were reviewed and updated by the CFP council and later ratified at the October 2013 CMSA Senate meeting.

c. The FCFP(SA) portfolio was revised in terms of the outcomes, procedural skills lists and inclusion of yearly assessment tool. In addition, the blue-printing of the exam components were completed and is now available on the College's webpage. All registrars who enrolled from Jan 2013 are expected to use the revised portfolio to record their learning experiences, while those who enrolled before Jan 2013 will submit the previous version of the portfolio.

d. Fellowship by peer review of deserving colleagues were completed, and we are happy to report that the majority of applications were well motivated in line with the criteria. Outcomes of the applications will be reflected in the next annual report.

The 2013 second semester clinical exam took place at University of KwaZulu Natal, Durban, with Dr Mergan Naidoo as the convener. It was a well organised exam in which 29 wrote, 17 invited for clinical and ultimately 10 passed. The pass rate was 34.5%, which was considered low. The 2014 first semester clinical exam took place at the University of Limpopo (Medunsa Campus) and the convener was Prof Gboyega Ogunbanjo. Thirty-two candidates wrote, 24 invited for clinical and 21 passed, with a pass rate of approximately 66%. The improvement in the pass rates could be attributed to a number of factors, which include better candidate preparation, availability of exam blueprint and review of the assessment tools. We hope to continue this improvement in pass rates without compromising on future exam standards. The 2014 second semester clinical exam takes place in Bloemfontein with Prof WJ Steinberg as convener, and Prof Selma Smith (University of Pretoria) appointed as the FCFP(SA) Final Part A exam convener for the 2014-2017 triennium.

At the May 2014 FCFP(SA) clinical exam at Medunsa, Dr Vincent Selthare (Acting HoD): Family Medicine, University of Botswana, participated as an exam observer. The Department of Family Medicine, University of Botswana, will enter their first cohort of registrars to attempt the FCFP(SA) Final Part A exam, in lieu of their M Med (Fam Med) exam. The CMSA senate approved University of Botswana registrars to write our exams, as other Colleges have already commenced the practice.

Prof GA Ogunbanjo represented CFP(SA) at the joint Training of Trainers (TOT) workshop with the Faculty of Family Medicine, West African College of Physicians in Ibadan, Nigeria from 3 to 6 October, 2013. He also participated as an observer of their fellowship clinical examinations. It was resolved from the TOT workshop to adopt the CMSA portfolio of learning to expand on their logbooks and to introduce critical review of the journal paper in the written component of their fellowship final exams from May 2015. Follow-up workshops and research collaborations are expected in the future. Another collaboration with a sister college is in progress as the College of Primary Care Physicians of Zimbabwe requested to benchmark our fellowship curriculum with their planned M Med (Fam Med) curriculum, which they plan to finalise in 2015. In addition, the Royal College of General Practitioners of the United Kingdom RCGP(UK) signed a Memorandum of Understanding (MoU) with the South African Academy of Family Physicians in November 2012. The CFP(SA), along with the various South African departments of Family Medicine, are linked through the MoU. One of the initiatives of the MoU is the EuropeAid project, which focuses on family medicine trainers capacity building, improvement in FCFP(SA) exam assessment processes and collaboration to have one unified national higher diploma curriculum in family medicine for the country. The CFP(SA) supports all these collaborations and will forge ahead towards their full realisation.

Finally as the current CFP council winds up its triennium, elections of the new council is already on track and members will be informed of its outcome in due course. We express our gratitude to the outgoing council for their support, common vision of purpose and co-operation.

Prof SS Naidoo
**PRESIDENT**

Prof GA Ogunbanjo
**SECRETARY**

## COLLEGE OF FORENSIC PATHOLOGISTS

The College of Forensic Pathologists is currently in the process of electing its new Council for the 2014 - 2017 triennium.

During the past year, we have successfully hosted two sets of incident free examinations.

On behalf of our examiners, conveners and moderators, I would like to express my sincere thanks to Mrs Ann Vorster, Mrs Bernise Bothma (former CEO) and Mrs Lize Trollip (CEO), as well as their Administrative Staff for their ongoing support, advice and assistance.

Finally, I would also like to thank our examiners, conveners, moderators and the outgoing College Council for their support and assistance.

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 2013 to 31 May 2014.

The Council met twice, on 24 September 2011 and 23 May 2012. The Council discussed issues relating to regulations and examinations. The regulations for the Diploma in Oral Surgery and for the Fellowship are regularly checked to comply with any rule changes within the CMSA or PETD.

The Council is continuing with the task of blueprinting all subjects for implementation of the EMQ/SBA format for the examinations. A workshop was held for the blueprinting of EMQ/SBA for Principles of Pathology (FCMFOS(SA) Part 1A) in April 2014.

In the March/May 2014 examination session, the EMQ/SBA format was implemented for Anatomy (FCMFOS(SA) Part IA and Dip Oral Surg(SA)), Paper I of the FCMFOS(SA) Part II), and the final of the Diploma in Oral Surgery. This was very successful. There were four successful candidates in the FCMFOS(SA) Final in May 2014. This was the first examination of the Diploma in Oral Surgery and there was one successful candidate.

The links between the College of Maxillo-Facial and Oral Surgeons and other African Colleges continues to strengthen. Two meetings were held with our African colleagues, in October 2013 in Barcelona, Spain and in March 2014 in Nairobi, Kenya.

The College of Maxillo-Facial and Oral Surgeons supported the establishment of the Eponymous Lecture in honour of Professor M Lownie and the late Professor J Lownie.

On behalf of the Council of the College of Maxillo-Facial and Oral Surgeons, I express appreciation to all staff of the Cape Town, Durban, and Johannesburg offices of the CMSA for their ongoing help and support.

Dr S Singh
**SECRETARY**

Prof K-W Bütow
**PRESIDENT**

## COLLEGE OF MEDICAL GENETICISTS

The College of Medical Geneticists was constituted in 2008. The College remains very small with very few active medical geneticists in the country.

No examinations were conducted in the reporting period. Of the four recently qualified medical geneticists, two have two-year job contracts. A third has left the country. A fourth is not employed at present. Four registrars are in training nationally.

The serious shortage of consultant Medical Geneticists and the difficulties in obtaining posts for medical geneticists and training posts for registrars are severely limiting our ability to train, and threaten the survival of the specialty. There is a desperate need for a national plan with creation of a structure, including consultant posts and training posts. Appeals to NHLS, the universities and the DoH have not met with success to date.

Prof Amanda Krause
**PRESIDENT**

## COLLEGE OF NEUROLOGISTS

The annual meeting of the College Council took place on 2 April 2014. The syllabus, registrar portfolios, and examination regulations were re-visited, but no changes were recommended. However, it was again agreed that a single-best-answer format of examination should be introduced into parts of both the part one and part two examinations. This process, previously agreed upon, has not occurred, and every effort must now be made to create this examination.

No medals were awarded at either the October 2013 or the March 2014 examinations, and the part two examination in May 2014 had an unusually low pass rate of 30%. This will need careful monitoring and discussion with both the candidates and the teaching hospital staff, so that problems are identified early.

The annual registrar teaching weekend continues to be a success. A new initiative, headed by Dr Lawrence Tucker of UCT, is the development of an on-line EEG teaching course for which he has received generous funding from mainly the World Federation of Neurology. This is expected to be nationally available from mid-2015, and we look forward to the launch and to the creation of further online teaching aids in Neurology.

The Diploma in Sleep Medicine has only attracted one candidate since its inception 10 years ago. This is largely due to the lack of approved training centres. However, there is renewed interest in taking this Diploma and we are presently re-investigating the training and training requirements in order to make the examination more accessible.

The financial health of our College is good, with an accumulated fund of R91,000 which will enable us to proceed with national workshops to create the new examination formats indicated above.

The 3 year term of office of this Council will shortly end, and I wish to thank all the members for their contributions during this time.

R Eastman
**PRESIDENT**

## COLLEGE OF NEUROSURGEONS

The number of candidates entering the FC Neurosurg(SA) Final examination increased during this period compared to previous examinations with 11 writing in the 2nd Semester 2013 and 13 writing in the 1st Semester 2014. This was an increase from the previous examination where the average number of candidates was between 6 to 8. The increase was thought to be due mainly to an increased number of training units no longer doing MMed examinations. The pass rate for the 2nd Semester 2013 was 18%, but this improved to 46% in the 1st Semester 2014. Of note is that the 80% of candidates who passed the written papers also passed the oral / clinical examination (this increases to 85% if the 1st Semester 2013 examination are included). The inference is that the written examinations are a very good guide to the candidates' ability to pass the clinical examination. The FCS(SA) Primary including Neuroanatomy had an 80% pass rate in the 2nd Semester 2013 but a poor pass rate of 14% in the 1st Semester 2014.

Dr A Makanjee withdrew from the College Council (co-opted member) as he had ceased training registrars in Frere Hospital.

The College Council meeting was held at the Cape Town offices of the CMSA on 7 February 2014 and was attended by all councilors. The main topic of discussion was the creation of a new Intermediate examination more specifically tailored to Neurosurgery. The Intermediate examination will now consist of two parts: Part 1 Principles of Surgery that is administered by the General Surgeons and consists of a 3 hour MCQ Paper and oral examination, and Part 2 Principles of Neurosurgery. The Part 2 or Principles of Neurosurgery is the new component of the examination and replaces the previous Principles of Surgical Specialties. The examination will consist of a written paper consisting of short questions (3 hours) and an oral examination. The short questions will be replaced by MCQ's in the long term. There will be two Neurosurgeon examiners who will set and mark the written component, and then conduct the Oral examinations at the same venue and time as the General Surgeons. (This has been confirmed and accepted by the College of Surgeons of South Africa). Dr M du Trevou developed a syllabus and Prof P Semple did a draft rewrite of the College of Neurosurgeons of South Africa regulations to accommodate the changes to the examination. This has been submitted to the Examinations and Credentials Committee of the CMSA for approval in July 2014. The new examination will be introduced in the 1st Semester of 2015.

Professor P L Semple
**PRESIDENT**

## COLLEGE OF NUCLEAR PHYSICIANS

The College of Nuclear Physicians Council would like to use this opportunity to draw the attention of the Registrars and Nuclear Medicine Departments to the most recent moderator's report as it will help to improve our examination process. We would also like to thank Prof Annare Ellmann for agreeing to be the moderator.

### Moderator's Report

The written examinations took place on 19 and 20 March 2014, and the oral and OSCE's in Pretoria on 12 May 2014. Seven candidates wrote the written papers, but only three were invited for the oral and OSCE.

**General remarks**

- The staff of the Nuclear Medicine Department at Steve Biko Academic Hospital must be commended for all their assistance during the oral and OSCE examinations. Although there were several last minute requests during the set-up for the OSCE stations, they were always willing to assist.
- The overall convener had serious problems getting questions from the examiners timeously. This made it very difficult for the convener to compile the papers and for the moderation process before the due date set by the examination office. As this is a recurring problem, urgent measures should be considered to address this problem. If it is not solved, we may experience problems recruiting conveners, as it is very unpleasant to perform these tasks under such circumstances.
- It seems as if this problem is frequently experienced with specific examiners. The CMSA should consider actions to address this problem.
- One examiner was not available for the oral and OSCE examinations, informing the convener at a very late stage. This should be prevented at all cost, as it puts unnecessary pressure on the convener and other examiners.
- Examiners arrived late for the OSCE examination. This is unacceptable, as it complicates an already stressful situation, and is unfair towards the candidates.
- Measures must be in place to ensure that candidates have no contact with each other during the rotations between OSCE stations.

**Specific remarks about the OSCE**

- Matter for the OSCE stations should be submitted to the convener well in advance, to ensure that the material can be prepared timeously.
- There should be liaison between the different examiners setting the OSCE stations, to prevent duplication. It would be ideal if the examiners could meet to discuss the various aspects that should be covered during a specific OSCE. This will prevent duplication.
- People used as role models should be selected to fit the role. It is very unnatural to use a man as role model for a pregnant patient.
- It is crucial to ensure that the list of items necessary for each OSCE station is comprehensive. This allows efficient and timeous preparation of the OSCE stations.
- It is suggested that the College of Nuclear Physicians consider using real patients as role models, and not staff members or even fellow students.
- The Council of the College of Nuclear Physicians should consider compiling a list of essential topics to be covered in OSCE stations. This will ensure that the OSCE is used for what it is intended to test. OSCE should never be used to duplicate what can be tested in either the written or oral examinations.

**Specific remarks about the oral examination**

- Eight cases were used for the oral examinations. These cases covered a substantial portion of the syllabus.
- Even though examiners were requested to provide the cases in electronic format, not all examiners adhered to this. It must be stressed that the images for the cases only in paper format are unacceptable.

**Recommendations**

- All material for all the aspects of the examination, including clinical cases and material for OSCE stations should be submitted to the convener(s) in good time in order to properly moderate questions.
- My previous recommendation about the inclusion of the students' names on the final roster for the orals and OSCE examinations, and not only their student numbers, has not been implemented. Although candidates need to have their student cards as way of identifying them, it creates a bad impression if the examiner / convenor / moderator needs to ask the students what their names are.
- As previously suggested, the College of Nuclear Physicians should consider compiling a list of essential items that need to be available during each OSCE and oral examination. This will make the arrangements for the convenors, especially if they are convening for the first time, much easier. This list may include e.g. paper for candidates to write on, copies of the rosters for the candidates and examiners, especially for the OSCE stations.
- The College of Nuclear Physicians is again requested to consider drafting official guidelines on the circumstances which will lead to a candidate definitely failing. This may include e.g. failing more than 2 cases, not identifying life-threatening conditions, etc. This is likely to assist the discussion of borderline candidates after the oral examination.
- Candidates have made remarks that they were not exposed to certain aspects tested in the oral or OSCE. The College of Nuclear Physicians should advise heads of the Nuclear Medicine Departments to consider sending their students to other institutions for exposure to aspects of the curriculum not offered in their departments.

I appreciate the honour to act as moderator for this examination. I confirm that in my view the examination was fair towards all candidates.

Prof Annare Ellmann
Moderator: FCNP(SA) March / May 2014

## INITIATION OF CME LECTURES

Following a decision of the Council, the College of Nuclear Physicians will annually organise a series of continuing medical education (CME) lectures. The first lectures will be given during the meeting of the South African Society of Nuclear Medicine in Durban in September 2014. These lectures will be aimed at providing guidance to prospective FCNP(SA) candidates preparing for their final examinations.

We would like to congratulate and welcome the following successful candidates:

**SEPTEMBER 2013**
Bennie G

**MAY 2014**
Modiselle M R
Orunmuyi A
Rahmani A B

Again the College of Nuclear Physicians Council would like encourage the Nuclear Medicine community to engage the relevant stakeholders to expand Nuclear Medicine services to secondary hospitals.

Prof M M Sathekge
**PRESIDENT**

Prof J M Warwick
**SECRETARY**

## COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

Our College has spent the last year very much taken up by the blueprinting of our examinations.

By the end of June 2014, we will have completed this task, a task that certainly has required a significant amount of hard work, constant negotiation and complete dedication.

The College is deeply grateful not only to the council members, but also to the many senior members of our discipline who so willingly gave of their time and expertise, to complete this exercise.

Our College has formally blueprinted its FCOG(SA) Part 1, now consisting of Part 1A and Part 1B components, our FCOG(SA) Part 2, Diploma and Certificate examinations.

Of note, our College has increased the validity time period for its FCOG(SA) Part 1 examinations, which henceforth will be 8 years from the time the candidate successfully passes the Part 1A. This is in contrast to the erstwhile ruling which allowed the Part 1 to be valid for only 6 years from the time of passing the examinations. Candidates can now write the FCOG(SA) Part 1 components at the same examination or alternatively six months apart.

In May this year, Professor A P van Niekerk from the University of Stellenbosch was the designated Margaret Orford Lecturer at the South African Society of Obstetricians and Gynaecologists Congress, where he addressed the Ethics of Artificial Reproductive Technology in an erudite and thought provoking presentation. His presentation was well supported and well received by the audience.

We have nominated Dr Charmaine Blanchard from the Palliative Care Centre at Chris Hani Baragwanath Hospital to be our next JC Coetzee Lecturer, which has been accepted. As a result, she will deliver the JC Coetzee Lecture on behalf of our College at next year's annual Family Medicine Congress. Our JC Coetzee Travelling Lectureship fund continues to sponsor members from a number of universities who so willingly run workshops or actively participate in CPD programmes in rural areas as part of outreach initiatives.

An important problem that our College is beginning to face is the ever increasing number of candidates who wish to write the FCOG(SA) Part 1 and Part 2 examinations. Not only have we had to significantly increase the number of examiners, but we are finding it more and more difficult to find the necessary space to accommodate these large numbers of candidates. We will spend the next six months addressing this issue, and of necessity will have to come up with appropriate measures to suitably cope with the issue.

I wish to take this opportunity to thank the very many members who gave so much of their time to act as examiners and to the council members for their advice and support at our meetings twice a year. Our College maintains its strength through their continued support and commitment.

Prof Franco Guidozzi
**PRESIDENT**

## COLLEGE OF OPHTHALMOLOGISTS

A very productive Examiners' Workshop for Ophthalmologists was held at the CMSA offices in Rondebosch in August 2013, hosted by our President, Prof David Meyer.

Discussions included:

- The balance of long questions, short questions and MCQs in future papers;
- College examination language policy;
- Sub minima for written and clinical examinations;
- Numbers and types of cases for clinical examinations, including the single long case in the final examination to two shorter cases and standardising the OSCE- examination;
- Weighting of written, clinical and oral components;
- Standardising examinations across all examining sites;
- Blueprinting which has been completed for all curricula;
- Portfolio assessment; and
- Updating of Examiners' lists for all examinations.

Agreement was reached on most aspects and these were ratified at our College Council meeting in March 2014. The workshop was concluded with a presentation by Prof Vanessa Burch on the principles of creating validated MCQs.

In February 2014, further examination workshops on setting and assessment of OSCE's and portfolio assessment were held in Durban, Johannesburg and Cape Town. These were also well-attended by examiners of our College. Further workshops on these issues will take place later in the year.

All Fellowship (Parts IA, IB and II) and Diploma examination regulations and curricula have now been revised and are available on our website.

The issue of subspecialty training was raised and discussed at a few forums and a mandate has been given to the incoming council to take the discussions forward, together with individuals from within these subspecialties.

Finally we are grateful to report that the finances of the College of Ophthalmologists, as reflected in our levy account, still remain healthy and this allows Council to conduct its business without material restraints.

Dr L Visser
**SECRETARY**

## COLLEGE OF ORTHOPAEDIC SURGEONS

The Council of the College of Orthopaedics met twice in this period and held their AGM at the annual South African Orthopaedic Association congress in Sun City in September 2013.

The examinations were well run by the Stellenbosch and Durban conveners. Progress has been made with standardisation of questions in the orals. Increasing moderator activity has been implemented.

A consolidated logbook continues to be required which allows assessment of training experience and potential deficits in our state training platform.

We continue to move towards single best answer format and will run this for the first time in the next Intermediate examination after successful development of the blueprint matrix.

The Edelstein medal for the best candidate in 2013 was awarded to Dr Maritz Laubscher from University of Cape Town.

The Francois P Fouché lecture for 2013 was delivered at the SAOA meeting in Sun City by Prof Theo le Roux of 1 Military Hospital / University of Pretoria.

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

Prof Robert Dunn
**PRESIDENT**

## COLLEGE OF OTORHINOLARYNGOLOGISTS

The College of Otorhinolaryngologists introduced its own primary examination a few years ago which included more detailed ENT related anatomy, physiology and pathology. From a slow start there has been significant growth in the number of candidates writing the primary examination, with 27 candidates registered to write in September 2014. The pass rate has also improved, as candidates become more accustomed to the format and the standards required to pass the examination.

The College continues to rigidly apply the logbook requirements for operations seen/done to ensure that new ENT Surgeons have been exposed to the required range of surgical procedures. More surgical procedures have been added to the logbook requirements to counter concerns that candidates are not getting the required clinical exposure at some struggling teaching institutions. The format of the FCORL(SA) Final clinical examination has been standardised. This information was communicated to the Registrars at the annual training day organised by the ENT Registrars Association.

Prof J J Fagan
**PRESIDENT**

Prof R Seedat
**SECRETARY**

## COLLEGE OF PAEDIATRIC SURGEONS

While the main focus of the Council's activities for the past year has been in the implementation of the restructured FC Paed Surg(SA) Final examination, considerable attention has been given to determining a mechanism whereby self-funded trainees from abroad would be able to write an examination before returning home.

The Council remains concerned about the unevenness of training across our teaching platforms and is investigating mechanisms for correcting this.

During the year, Professor Prem Puri from Ireland and Professor Jay Grosfeld from the USA, colleagues with outstanding contributions in the field of Paediatric Surgery, received Honorary Fellowships of the College of Paediatric Surgeons of South Africa.

Dr Carla van Rensburg was the only successful candidate in the FC Paed Surg(SA) Final examination during the 2013/14 year.

Prof C Lazarus
**SECRETARY**

Prof A Millar
**PRESIDENT**

## COLLEGE OF PAEDIATRICIANS

The College of Paediatricians commenced its annual activities in the height of spring 2013 and now in the heart of winter 2014 the current College Council is slowly closing its affairs for the birth of a possibly new Council of the College of Paediatricians which will take over during the latter part of spring 2014. We keenly look forward to the new triennium and to the input from new members.

Much of our time in the current triennium was spent on examination issues particularly improving the standard of our examinations (both written and clinical) for all three examinations, i.e. FC Paed(SA) Part I, II and DCH(SA). The examination process is now significantly moderated, blueprinted and improved.

This College Council was also responsible for a number of major advances. At a 'Colloquium' in 2012 the idea of a new Registrar rotation structure for the country was proposed. It was implemented in Pretoria in 2014 with success.

An MCQ workshop for writing of MCQ's was hosted in Durban. Discussion on the Registrar dissertation is ongoing. The College of Paediatricians Newsletter is a new feature.

In a previous issue of the Newsletter we had hinted at a new format for the FC Paed(SA) Part II examination and more specifically the change of the Clinical Examination Format which will take effect from March / May 2015. The document has been published on the CMSA website and we are confident that this examination structure will turn out more rounded Paediatricians.

Prof R Green
**PRESIDENT**

## COLLEGE OF PATHOLOGISTS

The College of Pathologists conducts Fellowship examinations in seven specialties and one subspecialty of Pathology. These examinations are in Anatomical Pathology, Chemical Pathology, Clinical Pathology, Haematology, Oral Pathology, Microbiology and Virology. The subspecialty examination is in Clinical Haematology with base specialties in Pathology Internal Medicine and Paediatrics. In the last 12 months there were candidates in all these discipline examinations. The standards per discipline remained high and the pass rate was comparable to that in the previous years in most disciplines. The Council would like to congratulate all successful candidates and welcome them to the pathology fraternity as they embark on their career journey in this field.

The Council of the College of Pathologists held two meetings in the past 12 months, one face-to-face and the second a teleconference.

In these meetings, the outstanding syllabi, discipline blueprints and discipline rules were reviewed, ratified and approved. The Council membership remained stable and unchanged throughout this triennium and we would like to thank the Councilors for their hard work, guidance and commitment during this Council's term of office.

Local collaboration with a number of entities including the National Health Laboratory Service's discipline specific Expert Committees, the Federation of South African Societies of Pathology and members of the National Pathology Group continued in order to optimise the training and assessment of competency in the various disciplines of Pathology. In this regard, the workshops organised by the CMSA on examination conduct were particularly helpful in shaping the thinking of how Pathology Fellowship and Subspecialty examinations should be conducted in future.

The College of Pathologists continued its international collaboration with the International Liaison of Pathology Presidents (ILPP) and the Royal College of Pathologists in the UK. Establishing links with our counterparts in Africa remains a priority which we are pursuing at individual and institutional level.

Council representatives were invited to represent the CMSA to accredit the newly established Anatomical Pathology Training Programme at the University of Botswana. Similar visits will be undertaken to other countries in Africa in the future.

As we wind up this triennium, we would like to thank all the examiners in the

College of Pathologists for making the mammoth task of conducting eight examinations in one College feasible. We are particularly grateful to the CMSA Academic Registrar's office and all the CMSA officers and employees for the help and support we received in the last three years in the conduct of the College of Pathologists Council business. Last but not least, we would to thank all the trainees we teach in the various disciplines of Pathology for making the service we offer in the Council of the College of Pathologists worthwhile and meaningful.

Professor Dhiren Govender
**PRESIDENT**

Professor Johnny Mahlangu
**SECRETARY**

## COLLEGE OF PHYSICIANS

The major events in the period under review were:

- The appointment of Dr. Dirk Blom as the new Secretary of the College of Physicians of South Africa (CoPSA) on 1st June 2013 who has brought new energy to this post,
- The appointment of Professor Thakor Parbhoo as Treasurer who has with budgeting which has brought the levy account of the College from a deficit (R22,217.87) to a surplus (R4,387.97),
- The introduction of an MCQ paper to the Part II examination, and
- The successful hosting of the Joint Conference of the CoPSA and the Royal College of Physicians of London (RCP London) on 20-23 February 2014 at the Cape Town International Convention Centre.

The planning for the Joint Conference began in May 2009, when the CoPSA initially awarded the right to host the meeting to the Department of Medicine at the University of the Free State in Bloemfontein. A new bidding process for the meeting was re-opened in 2011, and the Department of Medicine at the University of Cape Town was given the mandate to host the meeting on behalf of the two Colleges.

The speakers were drawn from three Departments of Medicine in South Africa, the RCP London (four speakers including the President, Sir Richard Thompson, who delivered the Frank Forman Lecture), and Professor Eric Bateman who was the 2014 Arthur Landau Lecturer. Generous sponsorship from AstraZeneca allowed us to sponsor 247 registrars from eight African countries (including South Africa) to attend. The feedback from the 500 delegates from 16 countries was generally positive, and the preliminary financial report indicates that the meeting was a financial success. A financial report will be submitted to the October meeting once all the expenses have been settled.

It has been a pleasure and privilege for me to serve two 3-year terms as President of the CoPSA from October 2008. I believe that we can be proud of the 10 new initiatives and reforms that have been implemented over the past 6 years, including:

1. **Arthur Landau Lectureship**

   We have expanded the nominators of a lecturer from Councilors to include all Diplomates and Fellows of the CoPSA. We have also agreed to select a lecturer on a 2 yearly basis rather than annually for financial reasons. The process of selecting the Arthur Landau Lecturer for 2016 will commence in January 2015, provided there are adequate funds to support the travel and accommodation expenses and honorarium.

2. **Accreditation of Training Programmes**

   We have conducted two accreditation visits to Botswana and Malawi based on an Assessment Framework that has been developed by the CoPSA.

   Professors Ken Huddle (Chair), Bilkish Cassim, Phindile Mntla and Rafique Moosa inspected the Department of Medicine at Princess Marina Hospital and the University of Botswana on 9-10 October 2011. Professors Rafique Moosa and Phindile Mntla visited the Department of Medicine of the College of Medicine at Queen Elizabeth II and the University of Malawi in Blantyre on 18 to 20th September 2012. These visits have produced reports that have led to the improvement of training conditions at these hospitals, and recognition of 18 to 24 months of training time towards entering the FCP Part II examinations.

3. **Blueprinting**

   The regulations for the FCP(SA) examinations have been amended to include a plan that specifies the proportion of questions from the different disciplines of medicine in order to ensure that candidates are examined in all aspects of medicine in an explicit manner. This work has been extended to all the sub-specialty examinations, and will also be implemented for the Diploma in Internal Medicine.

4. **MCQ format and Cohen standard setting of pass mark**

   The increasing number of candidates and need for improved validity of the examination process has led to the replacement of short essay questions (SAQ) for the Part I examination with

a multiple choice question (MCQ) format from August 2010. In March 2014, the second SAQ paper of the Part II examination was replaced with an MCQ test. The pass mark for all the written examinations of the College of Physicians is determined using Cohen's method of standard setting. Using this method the pass mark is determined as a percentage (e.g. 65%) of the 95th percentile of the scores achieved by candidates sitting the examination.

5. **Separate dates for FCP(SA) Part I and FCP(SA) Part II examinations**

   The holding of all the written examinations of the FCP(SA) during the same week led to a large number of registrars needing to take leave at the same time, and making it difficult to run clinical departments during examination week. The College agreed to hold the written examinations of the FCP(SA) Part I and Part II at different times in order to address this problem. Part I examinations are held in January and June and Part II, in March and August/September.

6. **Higher Diploma in Internal Medicine (H Dip Int Med(SA))**

   The uptake of the H Dip Int Med(SA) has historically been very low, with less than five candidates per examination. The training time for entry into the H Dip Int Med(SA) has been reduced from 24 months to 1 year in an accredited hospital, including the year of community service. The use of this diploma by some centres for their supernumerary trainees has increased the number of candidates to 5 -10 per examination over the past two years. A Task Team will be formed to examine the relevance of the diploma, and make proposals to the new Council that will be inaugurated in October 2014.

7. **National examination hubs**

   Three national panels have been formed to set examinations for the MCQs of the Part I and II, and the Objective Test. These hubs are based in the Western Cape (Part I), Free State/Gauteng (Part II) and Kwa-Zulu Natal (Objective Tests). The hubs are made up of examiners from all the academic centres, and are responsible for setting examination papers for ratification at the Council meeting.

8. **National representatives for subspecialty examinations**

   We have instituted a system of national representatives of subspecialist examinations who have four tasks:

   - The representation of the subspecialty at the 6-monthly Council meetings of the College of Physicians,
   - Taking responsibility for keeping the regulations and 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 Training Units and members of the subspecialty in general, and
   - Serving as a moderator of the subspecialty examination.

   This system has led to the great improvement in the communication between the Council and the subspecialties of medicine.

9. **Certificate in Advanced Internal Medicine**

   A General Medicine Review Task Team was formed in 2010 to determine how general physicians may be equipped to play a leading role in the health system, especially in the delivery of care at regional and district levels. The Task Team has recommended the establishment of a new subspecialty of General Internal Medicine to equip general physicians with the procedural, educational, management, and leadership skills. This proposal was accepted by the Council, and has been submitted to the Examinations and Credentials Committee for endorsement. This will give the College a mandate to submit the proposal to the Department of Health and the Health Professions Council of South Africa for promulgation and implementation.

10. **Greater cost implications of the reforms**

    The national hubs need to organise one to two national workshops per year to set the examination papers and create a bank of questions for future use. Furthermore, the General Medicine Task Team was supported by the College account for its meetings. These additional costs have resulted into a situation in which the levy account of the College was reduced from a surplus of R240,000 in May 2009 to a deficit of R22,000 by May 2013. The College needs to budget prospectively for its work, and apply to the Treasurer of the Colleges of Medicine for additional funds to carry out these essential functions.

The mission of the CMSA is 'to sustain and improve postgraduate medical education and training in Southern Africa as an independent examining body, recognised both nationally and internationally.' I believe that we have lived up to the ambitions of the founding fathers and mothers of CMSA, and I have no doubt that the next Council will build on this tradition of 'kaizen' or continual improvement, based on the principles of feedback, efficiency, and evolution.

Prof B M Mayosi
**PRESIDENT**

## COLLEGE OF PLASTIC SURGEONS

Last year was a good one for our College. Dr Roger Nicholson unfortunately resigned as the President due to personal reasons. We appointed a new President, Prof Elias Ndobe, with Dr Wayne Kleintjes as our new Secretary.

Academically, our registrars did well, with 7 out of 9 candidates achieving the

FC Plast(SA) degree. Morale amongst the registrars is high and we have 12 candidates sitting for the examination in August. Attendance at the annual Johnson & Johnson sponsored Registrar Symposium was very high with a good standard of presentation.

The two highlights for the past year were the APRSSA and ISAPS congresses, held in October and March respectively.

The APRSSA congress held in October in the Drakensberg was a success. Our keynote speakers were Dr's Ronald Zucker and Frederick Menick. Dr Zucker is a Canadian Paediatric Plastic Surgeon and one of the pioneers of facial re-animation surgery for children born with Facial Nerve paralysis. He was also instrumental in teaching some

of our senior surgeons this technique when the Smile Foundation started their outreach programme in South Africa. We were happy to welcome him back, and his presentations were of the highest standard, reminding our younger colleagues to always dream big and work hard.

Dr Menick is the world leader in nasal reconstruction and cosmetic surgery. He presented his work in various aspects of this topic to our congress and kept us engrossed with his anecdotes about working in the American South. It was pleasing to see that we use many of the same techniques as he does, and indeed that South African plastic surgery is right up there with the best.

The ISAPS congress in Cape Town was special. This year we hosted the International Instructional Course, with leading international faculty presenting.

Prof Saldanho, President of the Brazilian Plastic Surgery Society, was amongst the speakers and actually brought his entire family with him, including his grandchildren! The event was in the Cape Town city bowl, attendance was high and the weather behaved. It was refreshing to hear from our international visitors how much they loved our country and its beauty, and we look forward to many more of these ISAPS congresses. Congratulations must go out to Dr Peter Scott and the local organising committee for hosting this event.

We are grateful to the entire community involved in Plastic Surgery in South Africa, and especially to the sponsors of our academic meetings and various Smile weeks held around the country. We look forward to further success, and overcoming challenges.

Prof E Ndobe
**PRESIDENT**

## COLLEGE OF PSYCHIATRISTS

This has been a busy period with the College of Psychiatrists actively involved in curriculum review and the blueprinting process. This is almost complete for the

FC Psych(SA), the DMH(SA) and the Cert Child Psych(SA), with that for Neuropsychiatry well underway. Forensic and Old Age Psychiatry are finalising regulations, with blueprinting to follow. This will most likely commence in the next triennium.

There have been a number of activities for the period July 2013 - June 2014. These have included:

### Examinations

The hosting of clinical/oral examinations (FC Psych(SA) Part II, Cert Child Psych(SA) and DMH(SA)) in Kwa-Zulu Natal, (University of Kwa-Zulu Natal October 2013), and written examinations (FC Psych(SA) Part I & Part II, Cert Child Psych(SA) and DMH(SA)) in March 2014 with hosting of clinical/oral examinations during May 2014 (FC Psych(SA) Part II, Cert Child Psych(SA) and DMH(SA)) in Gauteng (Universities of the Witwatersrand and Pretoria).

The most recent examinations yielded overall pass rates as follows:

August/October 2013

- FC Psych (SA) Part I 14%
- FC Psych(SA) Part II 44%
- DMH(SA) 60%
- Cert Child Psych(SA) 100%

March/May 2014

- FC Psych(SA) Part I 25%
- FC Psych(SA) Part II 66%
- DMH(SA) 58%
- Cert Child Psych(SA) 75%

The overall pass rate for the FC Psych(SA) Part I remains low, but most Registrars are undertaking the MMed Part I at their respective Universities in order to meet one of the requirements for entry to the FC Psych(SA) Part II. The shift in curriculum of the FC Psych(SA) Part I as a consequence of the blueprinting process may see more candidates attempting this examination or alternatively an improved pass rate as the content is now more discipline orientated with a greater emphasis on clinical relevance of basic sciences. The FC Psych(SA) Part II has seen an increase in pass rate with a higher number of entrants. The suggestion is that candidates have adapted to the more rigorous requirement for progression from the written to the clinical exam. Pass rates for the DMH(SA) and Cert Child Psych(SA) have remained fairly constant.

### Meetings

Academic – Registrar workshop (February 2014): well attended by Registrars from around the country, eligible to write the FC Psych(SA) Part II with generally positive feedback. The event was sponsored by Servier, who have committed sponsorship for 2015's workshop. The current Council will hand over 2015's programme to the Council elected for the next Triennium (2014-2017).

Council meetings (and teleconferences): (August 2013/ February 2014/

March 2014/ June 2014), where a number of key items are noted:

- Creation of algorithm for setting of papers and moderation.
- Challenges regarding moderation of papers within tight time-lines.
- Ongoing review of regulations.
- Recipients of Fellowship by Peer Review.
- Statement on phasing in and incorporation of the new classification system
  - DSM-5, including content related to revised proposal for case presentations.
- Examiner database-ongoing recruitment and subsequent inclusion of observers.

Prof C P Szabo
**PRESIDENT**

## COLLEGE OF PUBLIC HEALTH MEDICINE

The Council has been involved in a number of activities over the last year. The Higher Diploma in Medical Management was approved by Senate and members of the Division are now working on having sites and supervisors accredited for the experiential training, and also on identifying examiners for ratification. It is hoped that the Division

will be able to offer the first Diploma examination in 2015 and an important step now will be to market the Diploma. The Fellowship in Medical Management is the next stepping stone for the Division, but this is still under review.

Revisions to the Regulations for Public Health Medicine and Occupational Medicine are continuing and it is hoped that this will be completed by October 2014 before being submitted to Senate for approval. In the 2013 and 2014 examinations eight candidates passed in Public Health Medicine and four candidates in Occupational Medicine. Dr. Heinrich Volmink passed the Public Health Medicine examination with distinction in the first examinations of 2014.

The CMSA has begun to solely accept electronic applications for examination and has facilitated the commencement of a cloud-based learning platform. The College is investigating the viability of using the platform for preparing, setting and marking certain components of the exams. It is hoped that the platform will also assist with the logistical and administrative tasks for the examinations.

Risk assessment and monitoring is vital in any organisation and the CMSA has established a risk register that the College will also begin to implement.

Collaboration with counterparts internationally is continuing. Registrars from the United Kingdom are being hosted by the University of Cape Town and we are still working closely with the West African College, especially the Faculty of Public Health of the National Postgraduate Medical College of Nigeria. Input is also being provided on the East African College which is being established. In addition, a representative from Botswana attended the 2014 oral exams in May as an observer.

Defining our role in the national public health arena is still important. Members of the Council are working with the National Department of Health to consider our placements in Public Health Units, as defined by the Human Resources for Health Strategy and in the National Public Health Institutes of South Africa. Additional work is being undertaken for Occupational Medicine with the proposed commencement of demonstration units across the country.

A concern of the Council and the CMSA in general, is the involvement of members in Council activities. In future years, the Council plans to work closely with the CMSA on active communication with members to enhance engagement and benefits for them. It is sad to note that the triennium of the current Council will be ending soon. Most of the members have contributed tremendously to the Council and a number of interesting developments have occurred during this period.

Dr Roxy Jina — **SECRETARY**

Prof Shan Naidoo — **PRESIDENT**

## COLLEGE OF RADIATION ONCOLOGISTS

A meeting of College examiners was held in Johannesburg on 12 May 2014, prior to the oral examinations. The examination papers were systematically reviewed and all questions which were poorly answered reviewed as to whether they were within the blueprints and whether they were fair. There was consensus that the questions were fair and fell within the blueprint.

In the May, FC Rad Onc(SA) Exam Part I, there were 11 candidates who entered and 8 who passed. The pass rate was 72%. For the Part II, 13 entered and 9 passed. All those who got orals passed. The overall pass rate was 69%. The examiners of the College of Radiation Oncologists have agreed on the changes to our eligibility criteria so that candidates need to pass at least 9 of the 12 questions in the written examinations to be invited to the orals.

The candidates who were invited to the oral examinations had thus shown a relatively broad knowledge base in terms of the blueprint for the examinations. There were still gaps in candidates' knowledge which was revealed during the orals. However, their overall platform appears solid and the Learning Portfolio, which focuses on their proven experience and their reflections on that experience, enables them to be on a track of continuous learning.

The oral examinations took place over 2 days. The OSCE took place on day 1 followed by a general oral examination. The OSCE focused on examining the skill of candidates as part of their competency testing. Candidates performed well in the OSCE skills examinations.

An oral based on the Learning Portfolio took place on day 2. The portfolios were reviewed overnight by the examiners. This was a very successful way to deal with the logistics review of the Learning Portfolio.

A one-and-a-half-day question setting workshop for examiners was being for the end of July 2014 in Cape Town.

The examiners worked well together and were mutually supportive.

Prof R Abratt
**PRESIDENT**

## COLLEGE OF RADIOLOGISTS

**Council Members:**

| | |
|---|---|
| *President*: | Prof Savvas Andronikou (Wits) |
| *Secretary*: | Prof Richard Pitcher (SU) |
| *Senate Representative*: | Prof Victor Mngomezulu (Wits) |

**Elected Councillors:**

Prof Stephen Beningfield (UCT)
Prof Coert de Vries (UFS)
Dr Mayuri Govind (UKZN)
Prof Elaine Joseph (Wits)
Prof Margaret Kisansa (Limpopo)
Prof Zarina Lockhat (UP)
Dr Priya Parag (UKZN)

**Co-opted Councillors:**

Dr Christelle Ackermann (SU)
Dr Vicci du Plessis (UKZN)
Dr Fekade Gebremarium (UFS)
Dr Linda Tebogo Hlabangana (Wits)
Dr Farzana Ismail (UP)
Dr Dibuseng Ramaema (UKZN)
Dr Darius Tsatsi (SANDF)

**Examination platform:**

The FC Rad Diag(SA) Part II examination has been successfully co-ordinated on the Philips iSite picture archiving and communication (PACS) platform in the period under review. This digital format has proved stable and received generally favourable feedback from candidates.

The Examination Committee has proposed far-reaching changes to the FC Rad Diag(SA) Part II examination. These include a single national examination venue, incorporation of the rapid-reporting spot-film test into the written component of the examination and participation in the oral examination being subject to achieving 50% (as opposed to 45%) in the written papers.

The College is also committed to the incorporation of single-best-answers (SBAs) into the written component of the Part II examination and to this end has engaged the assistance of educationalists from around the country and abroad to assist with this transition. Most notably, following a visit to the University of Kansas and Missouri by the President, Prof Savvas Andronikou, collaboration has been initiated with -

Prof Lisa Lowe, a US Board Examiner, who will be visiting South Africa in August 2014, to conduct College workshops in Johannesburg and Cape Town.

**Outreach activities:**

The College of Radiologists co-ordinated a multi-centre trauma radiology research project involving the Charlotte Maxeke Johannesburg Academic Hospital (University of the Witwatersrand) Johannesburg, Groote Schuur Hospital (University of Cape Town) and the Karolinska Institute in Sweden. This is the first such international research initiative of the College of Radiologists.

**Fellowship Ad Eundem:**

In recognition of his outstanding contribution to teaching and clinical services in medical imaging over many dedicated years as a neuropathologist, the College of Radiologists awarded a Fellowship Ad Eundem to Professor Richard Hewlett, in particular recognition of his contribution to the incorporation of imaging features into the classification of brain tumours.

**JN and WLS Jacobson Lecturer 2014:**

Dr Nasreen Mohammed of the University of the Witwatersrand was nominated as the 2014 JN and WLS Jacobson Lecturer.

**Maurice Weinbren Award 2013:**

Dr Braham van der Merwe of Stellenbosch University was the recipient of the Maurice Weinbren Award for 2013, awarded by the College of Radiologists for the best peer-reviewed publication by a young radiologist, for his work "CT enteroclysis in the developing world: how we do it and the pathology we see", published in the journal European Radiology in August 2013.

**Acknowledgements:**

The executive acknowledges with sincere appreciation, the hard work of all councillors in contributing to a very fruitful year. Furthermore, the dedication of all moderators, convenors, examiners and observers to the successful national examinations is gratefully acknowledged.

Prof S Andronikou
**PRESIDENT**

Prof R Pitcher
**SECRETARY**

## COLLEGE OF SURGEONS

The current College of Surgeons Council has recently reflected on the changes that were introduced to the examination processes at the start of this triennium. Amongst many, these included the introduction of an examination board for each examination, the appointment of the same moderators for the duration of the triennium and a centralised review of the portfolios. In the review, it was agreed that these changes had resulted in a greater consistency in all examinations. In addition, particularly the introduction of MCQs in the intermediate examination and the ability to analyse the results of all MCQ based examination in great detail, has resulted in improved accuracy of the examination process as a whole.

The number of candidates sitting the College of Surgeons examinations has increased over the course of the triennium, with more than 30 candidates entering for the final FCS(SA) examination for most of the current sittings. The pass rates have also improved to some extent over the period in question.

During this triennium, the need for candidates entering the final FCS(SA) examination to produce evidence of having performed research during their registrar training period was introduced. This requirement was initially discussed in 2007. At the time it was noted that there was extensive evidence that clinicians who had been exposed and had performed their own research demonstrated better clinical decision making, and were better able to interpret the evidence available to make such decisions. The regulations of the College were subsequently changed and the first set of registrars who were affected by this new regulation was those sitting for the second semester examination in 2012. With the introduction of the Health Professions Council of South Africa's regulation that such a research report will be required from January 2015 to register as a specialist with the Council, the College of Surgeons will again need to review its current regulation.

A study performed by Dr D Kruger, the individual who has been reviewing the portfolios for the College for the past 4 years, was recently presented to the College Council. Of the more than 100 logbooks examined, 82 were analysed based on these containing a full summary of the procedures performed. A total of 118,000 operations were logged, of which approximately 40% were performed as assistants or under supervision. The mean number of procedures logged per candidate was 1,444. Major operations made up 40% of the procedures, and operations to the integumentary system, small bowel, appendix, colon and peritoneal cavity made up more than 35% of the procedures performed. Most candidates had been exposed to some minimal access surgery, but exposure to vascular surgery appeared to be limited. Inter-university variations were small. Most importantly, the data could not be used to judge a surgical registrars' surgical skills and the competence with which they performed an operation. This observation has highlighted the need to re-evaluate the use of the portfolio in surgical training and new requirements will be introduced in the near future.

The College of Surgeons has continued to work closely with the general surgical societies in South Africa and with Sister Colleges abroad. Through the efforts of the Federation of South African Surgeons and the Association of Surgeons of South Africa, the College has been able to host a symposium at the last two ASSA congresses. This collaboration will again result in a College of Surgeons symposium being held at the next congress to be held in Durban in August 2015. It is hoped that the Presidents of some of the Sister Colleges will be able to attend this meeting.

In the last year the College has had interactions with the American College of Surgeons, the German Surgical Society, the Royal Colleges of England and Ireland.

This being the last report of this triennium, I would like to take the opportunity of thanking all College Council members, the examiners, moderators, convenors and all others involved in the examinations and the other activities of the College. The ongoing support from all in the three College offices and the administrators of the Federation of South African Surgeons is also greatly appreciated. Finally, we wish the next College Council great success.

Prof M Veller
**PRESIDENT**

## COLLEGE OF UROLOGISTS

A general meeting of the Fellows of the College of Urologists was held on 20 October 2013 in Durban (during the College Exams).

Registrar training in KZN was discussed and Professors Segone, Heyns and Barnes subsequently had a fruitful meeting with Professor Richard Hift (Dean of KZN Medical School) and Dr Abdel Goad (Acting Head of Urology in KZN).

The role of the Moderator was stressed, i.e. that he/she should be involved in all three parts of the FC Urology exam.

There is increasing pressure from the CMSA to introduce multiple choice questions (MCQs) into the written papers. A "bank" of questions would need to be developed, and it was suggested that the younger members of the College would need to spearhead this project. It was suggested that MCQs should initially be introduced into the Primary and Intermediate papers.

The selection of exam panels was discussed. Currently, the Secretary sends an email to the members asking them for nominations and then puts the panels together according to the replies. After discussion, it was decided to leave the selection process as it is.

The Lionel B Goldschmidt medal was not awarded during the year under review. The successful candidates in the two final examinations in the year under review were:

- Dr CK Adofo
- Dr O Aire
- Dr B Bosomtwi
- Dr AM Coetzee
- Dr VN Dookhi
- Dr K du Toit
- Dr FJ Jacobs
- Dr ME Kolia
- Dr K Makamba
- Dr D Naidoo
- Dr M Parbhoo

The College of Urologists is once again indebted to our members in fulltime and private practice who faithfully make themselves available as examiners. Their contribution is much appreciated.

Prof R D Barnes
**PRESIDENT**

# CMSA Minutes

**The fifty eighth annual general meeting of the Colleges of Medicine of South Africa (CMSA) held at 11:00 am on Friday 25 October 2013 in the boardroom, Nelson Mandela School of Medicine, Umbilo Road, UKZN**

## PRESENT:

Prof B G Lindeque (President)
Prof G A Ogunbanjo (Vice President)
Prof A Rantloane (Chairman: ECC)
Prof T Zabow (Honorary Treasurer)
Prof J J Fagan (Honorary Registrar: FGPC)
Prof M M Sathekge (Honorary Registrar: ECC)
Prof J S Bagratee (Acting Chairman and Hon Registrar: EC)
Prof S M Aiyer Prof B M Mayosi
Prof R D Barnes Prof A J W Millar
Prof J G Brink Prof V Mngomezulu
Prof R Dickerson Prof S B A Mutambirwa
Prof B J S Diedericks Prof S Naidoo
Prof R N Dunn Prof S S Naidoo
Prof R W Eastman Prof M V Ngcelwane
Dr H I Geduld Prof S Seedat
Prof D Govender Prof A M Segone
Prof F Guidozzi Prof F Senkubuge
Prof A M P Harris Prof L M Sykes
Prof D A Hellenberg Prof J Vellema
Prof T E Luvhengo Prof M G Veller
Prof L J Martin Prof A Walubo
Prof D S Magazi Prof J M Warwick

## APOLOGIES:

The apologies were noted.

## SECRETARY:

Mrs Bernise Bothma (Chief Executive Officer)

## MEMBERS AND OTHERS ATTENDING BY INVITATION

Dr L Govender (Logie)
Mrs A J Walker
Mrs S Stone

## IN ATTENDANCE:

Mrs Lize Trollip (Deputy CEO)
Mrs Ann Vorster (Academic Registrar)
Mrs Anita Walker (Office Manager)
Mrs Sharleen Stone (Deputy Office Manager)
Mrs Jane Savage (Minute Secretary)
Mrs Jill Johnson (Minute Clerk)

## WELCOME

The Chairman welcomed all to the 58th Annual General Meeting.

### 1. REGISTRATION OF PROXIES

Mrs B Bothma reported that she had received 16 proxies and that there were sufficient members for a quorum.

### 2. MINUTES OF THE FIFTY SEVENTH ANNUAL GENERAL MEETING HELD ON 19 OCTOBER 2012

The minutes were adopted and signed and was now part of public record.

### 3. APPOINTMENT AND RESIGNATION OF DIRECTORS IN TERMS OF THE NEW MEMORANDUM OF INCORPORATION

Prof Lindeque explained that the new structure of the company comprised the members, Senate who made the decisions on behalf of its members, and finally the Board who formed the Executive Committee of Senate and who functioned as the Directors of the Company. At the Senate meeting yesterday members of Senate who were not members of the Board resigned as Directors (which they used to be called before the new Memorandum of Incorporation was finalised).

The Deputy CEO read out the names of Directors of the CMSA as follows:

Prof B G Lindeque
Prof G A Ogunbanjo
Prof D Kahn
Prof J L A Rantloane
Prof S S Naidoo
Prof J F Fagan
Prof M M Sathekge
Prof J S Bagratee
Prof A M Segone
Prof R Y Seedat
Prof J Vellema
Mrs L Trollip
Mrs A Vorster

This information would now be lodged with CIPC (Companies and Intellectual Property Commission) together with a signed resolution by the CEO making this effective from 25 October 2013.

Mrs A Vorster wished her name to be removed as one of the Directors.

Prof Lindeque remarked that at this stage the position was recognised as eligible for Directorship and not necessarily the person. This would be resolved at the next Board meeting.

**4. MATTERS ARISING FROM THE MINUTES OF THE LAST ANNUAL GENERAL MEETING**

None

**5. ANNUAL REPORT OF CEO ON BEHALF OF SENATE FOR THE PERIOD JUNE 2012 TO MAY 2013**

The CEO reported that the Annual Report of Senate appeared on pages 19-25 and covered the administrative and well as the financial issues of the CMSA which Prof Zabow would be presenting.

The Report basically dealt with the appointments of officers, the MOI, examinations and related matters, awarding of medals during the past year, scholarships awarded, non-examination related awards, educational matters, CMSA properties, College membership issues and matters alluded to by the Risk and Social & Ethics Committees and a number of other issues.

This was followed by the Annual Reports of the various constituent Colleges and she was pleased to notify members that all the constituent Colleges had submitted their reports in time for publication in Transactions.

**6. FINANCIAL REPORT OF HONORARY TREASURER**

Prof Zabow reported as follows:

"It is a statutory requirement that we present the Annual Financial Statements to the AGM which, in actual fact, gives us a very good overview of the operations of this organisation, both financially and otherwise. This is my 9th annual financial statement presentation to you and I, to make it easier, a copy of the audited AFS which has very interesting information and these are accompanied by graphs which makes easier it to compare the figures for the previous year.

These statements are audited to the end of May 2013 and just to underline the state of affairs, the Directors are responsible for recording transactions of our activities. The Auditors' responsibility is really just to express an opinion after having evaluated these and offering suggestions where problems were encountered. They identify areas to sample to access whether there are any particular risks from their point of view and whether we have effective internal controls and also whether mechanisms are in place to counteract risk or fraud. I am therefore pleased to announce two things, one, there are no fraudulent risks that have been detected and that The College of Medicine of South Africa is a going concern for the next year.

The process and procedures as far as the finances are concerned is quite interesting to understand in that each year a draft budget is prepared in order to present line items of what we are going to spend and this is contributed to by each of our offices. The budget is then discussed by the Finance and General Purposes Committee and every third month a full variance on how we are spending our money is presented before that Committee. This is very important because although expenditure is watched on a month to month basis, the quarterly income and expenditure report shows clearly where we are overspending (and also where figures are under budget).

When the Auditors arrive, they examine our state of operations, address a management letter in which they may or may not query areas which management can reply to. The Annual Financial Statements are then presented to the Finance and General Purposes Committee where they are discussed and approved. They then statutorily have to be in the public domain which is done by publishing these on the Web and finally it gets presented to the AGM and recorded.

The financial statements are long and I don't intend taking you through these page by page except just to indicate how I feel we should look at it bearing in mind that the financial statements really indicate our general operations; the financials set out in the beginning and then the examination results in the latter part.

Our assets are important because this is who we are. We have Property and Equipment in the area of R47 million (details on page 16). Our Investments total R16 million and another R10 million are Trust Funds (money which is committed). There is cash which we always have to keep available for example the levy funds for the various constituent Colleges.

When we look at income and expenditure, the charts will assist you to see where we stand, but we always have to budget for a surplus and hope that we get there – it does not mean that it's a profit. Our surplus was less for this financial year than in previous years having had a 16% decrease before donations.

Our subscriptions receivable, even with the concern about the number of defaulters annually, increased by 7.2% compared to year on year, but we did adjust the fees by 4.5% -5% depending on the categories. Our earning interest increased by 14%. As far as the overall expenses are concerned, there was an increase of 6% compared to previous year and you can look at administrative expenses set out on page 24 where the graphics are shown.

There is one factor that I have to draw your attention to and that is Note 22 of the annual statements that relates to value added tax. We had to include a paragraph disclosing a possible contingent liability. This liability is the potential of having to pay arrears in VAT, although we believe we have good grounds to investigate this and present a case to SARS. We have not put a value to this in our annual statements, but if we incur that additional liability, it will be significant as far as our general reserves are concerned.

Prof Dhiren Govender queried the resignation date of members of Senate indicated in the annual financial statements as 29 April 2013. This was contrary to the audited statements because as at 31 May 2013 the resigned Senators were still operating as Directors.

The CEO reported that due to the long delays in registering the new MOI's, companies acted on the date the returns were submitted for registration with CIPC. Agreed that this would be noted.

Prof Rantloane raised a number of queries. Firstly, he queried the bad debts and how it was constituted. Secondly he wondered whether the generosity of members could be shown somewhere in terms of unclaimed travel allowance, subsistence, and donations, etc. He also believed that other financial assets in the form of scholarships (such as Life Health Care) should be reflected to enhance the status of the CMSA.

Prof Zabow explained that the money donated to the CMSA was invested in the Building Fund and he would investigate how this could be reflected. As far as sponsorships were concerned, this was money paid to the CMSA in Trust or towards the various lectureships, scholarships, etc. – these figures were reflected in the Annual Financial Statements. However, the scholarships by Life Health Care were paid to the Universities.

Prof Shan Naidoo raised the issue once again of the high bank charges that the CMSA was having to paying and asked whether there was any possibility of having these reduced.

Prof Zabow advised that the banks had been approached after which the CMSA was transferred to corporate banking which slightly reduced the banking charges. However, this was an item that was carefully monitored.

Prof Ogunbanjo referred to the CPD activities that always generated little money even though the CMSA was an accreditor and service provider and asked whether this could be improved.

Prof Zabow asked Mrs Anita from the Durban Office to comment and she stated that it was generally very low. The fees remained the same (R100) for many years, but were increased to R450 last year. However people who used to have their accreditation done through the University of KZN were now using the CMSA. She suggested that the constituent Colleges should be encouraged to utilise the CMSA for all their CPD activities.

The Deputy CEO explained that the CMSA was a non-profit organisation linked to income tax exemption and increasing the CMSA's profits, might jeopardise its NPO status.

Prof Zabow thanked all 3 offices for their hard work and for helping to keep everyone up to date on the finances of the CMSA. He paid tribute to the Accountant Mrs Pollock who always lightened his load.

The President added his appreciation to all involved.

**THE ANNUAL FINANCIAL STATEMENTS WERE APPROVED.**

Honorary Treasurer's Report was adopted.

## 7. REPORT OF THE PRESIDENT

The President reported as follows:

"My report will be brief because the whole purpose of this exercise is that the different Committees give their reports and everyone understands it. In the first place, I would like to recognise the work done on behalf of all of us by the outgoing President, Anil Madaree.

Secondly, the new organisation that we are working for is kicking in which we have explained a couple of times to Senate and at the level of the AGM, this being the members meeting of the whole organisation and so each of us here carries a grave responsibility to act on behalf of the members.

The Senate meeting is the decision-making meeting of all the representatives of the members of the CMSA, namely the Senators and the Board which consists of the previous Executive Committee members of Senate. The Board of Directors has to do all the work and planning and be subjected to review by the Senate.

With that in mind, this is how we are functioning and our success depends on the effective functioning of the three Committees who manage College matters, namely the Finance and General Purposes Committee in Cape Town, the Examinations and Credentials Committee in Johannesburg and the Education Committee in Durban. So that is where the big machines turn and each of these Committees have administrative support and a responsibility to report what is happening at the AGM.

This is the last meeting of this kind that the outgoing CEO, Mrs Bernise Bothma, is going to attend and also Mrs Anita Walker from our Durban office. I would like to use this opportunity to say that the work done by the senior people in the offices and by Mrs Bothma for over 37 years, and by you Mrs Walker for over 12 years is really appreciated. One thing we do know is that we cannot pay people sufficient money to do the things they do, but realise that what they contribute is a labour of love and respect for the organisation. I would like to thank you Mrs Bothma for looking after the business of the College and we wish you well for the remaining lots of years that you have left.

ACCLAMATION

Likewise to Mrs Walker for the long time that you have been here. You were part of the creation of the Education Committee 12 years the time it takes for a normal human being to go through a schooling process, so thank you very much for your loyalty and support.

ACCLAMATION

As far as the core businesses of the College are concerned, you will hear about these from the Committee reports. We have several projects running, one of which is the partnership projects running with the different departments which we feel comfortable to interact with. These predominantly will be the Departments of Health and Higher Education and Training. We feel we are in partnership with funding bodies, but also with other bodies in order to get us to be a serious role-player looking after our own business.

One of our other projects is the Durban Building Project. We had pictures on the wall during most of the Senate meeting and we eagerly await the commencement of the building in June 2014, with an anticipated completion date of November 2014.

2014 is Election Year for a new Senate and constituent College representatives to be elected and I want to ask Senators to almost market this event in the constituent Colleges so that we can have participation on all levels, i.e. nomination, availability and voting. It is very important to ensure that we vote for the voice that will represent all of us.

We are not static and during this past Senate meeting the number of constituent Colleges have increased from 28 to 32 with the formation of 4 Colleges in Dentistry and we are very happy to say that all the specialties in Dentistry have their own Colleges.

The future looks great because we have enthusiastic people running the organization. Remember the first law of future science is if you want to like what you get in the future, you have to work on it today and this is what we are trying to do. We have an outgoing CEO, we have an incoming CEO in the person of Mrs L Trollip who pledged hand on heart to love, serve and defend the College against all attacks from any sources.

This is all I would like to highlight because as I said at the beginning of the Senate meeting it is a huge privilege for me to be here and to interact with everyone. Thanks for having me and thanks for being here and for taking part in all our activities."

ACCLAMATION

The retiring CEO addressed the meeting:

"Mr Chairman I just want to say a few words which are mentioned in my report on behalf of Senate.

I wish to salute the truly wonderful personal friends that I have made during my sojourn at the College. I will always cherish the delightful memories, fun and laughter despite all the hard work and meeting many deadlines.

Particularly, I would also like to pay tribute to all members of staff, but particularly to the dedicated staff in the Cape Town office where I was based. Some of them were already at the College when I joined the staff in 1977. Their loyalty in particular, has been exceptional.

I would now like to officially hand over to the new CEO –

Lize, I know that you can do this job very efficiently and that you deserve to have this position and I really hope that you will enjoy your life with the College as much as I did"

The Vice President asked Mrs Walker whether she wished to say a few words.

"It's been a great 12 years and I am going to miss the College. Thank you all"

## 8. REPORT OF CHAIRMAN, EXAMINATIONS AND CREDENTIALS COMMITTEE

Prof Rantloane commenced his report by saying:

"There is a phrase in political speech that says "all protocol observed", which actually means that one is too lazy to mention people by name, etc. I thought about the same idea when giving this report because the overwhelming majority of people in this hall heard my report yesterday, but there are two new colleagues that walked in, so rather than say "all protocol observed" in terms of my report, I will highlight a couple of things that relate to the activities of the Examinations and Credentials Committee.

When I looked at the minutes from last year's AGM and read the summary of my report, I was pleased to see that I could say to you that what is contained in that report, still applies today, perhaps in part because of the repetitive nature of the things we do, but also because there are a number of positive aspects to it where we identified problems and are proposing in this report what we are going to do about them.

In the first instance I want to say something about the administration of the Examinations and Credentials Committee, specifically with the evolution of the strategy of The College of Medicine of South Africa, the Standing Committees, the ECC now has a Management Committee that administers the day to day issues that concern that Committee and I am very grateful to the Committee members because in fact the last ECC meeting took just over an hour which is a record. That reflects the fact that most of the work actually gets done and the Management Committee, therefore, has proved to be a very effective Committee. The only gripe that I have is that we have to meet every month which is a bit of a problem.

The second thing in terms of the administrative aspect of the work is that if you page through Transactions, you will find a very happy picture that shows a group of individuals who were at the dedication of the new building that is always referred to as 25 Rhodes Avenue. The building has now been transformed into tasteful accommodation for the staff – more secure and pleasant and I am very grateful to all who contributed to the development of the offices. There are plans to now develop the space that has been vacated to create a computer laboratory examination venue.

A third item I want to touch on is the links that we have with other organisations and in this regard specifically the Health Professions Council of South Africa. For the information of new members, the CMSA has been identified as the agency that will now administer the single exit examination/national professional examination for HPCSA (the registering authority for the Medical and Dental Professions in this Country). There are contractual arrangements which are documented one of which is the MOU (Memorandum of Understanding) which hopefully now will soon be concluded.

Flowing from that and referring to the report that I gave regarding the activities of the Postgraduate Education and Training Subcommittee (Medical) of which I, as Chairman of ECC, represent yourselves. This solidifies the relationship that we have with HPCSA and the key thing, I would think, emanating from that workshop was a common understanding that perhaps the minimum period of training had to be to be extended. I hope that all these issues will be in the public domain on our website in the not too distant future.

The Senate on two occasions had a discussion about the nomenclature for our different qualifications and in this regard I would like to

refer to the subspecialties and to advise that we now have a new nomenclature for our subspecialties which information will also soon be in the public domain. So the process that is going to unfold through the examinations office will be that holders of subspecialty Certificates will be asked to exchange these for the ones with the new nomenclature.

The President always speaks about a value based approach to things and one of those values which is also captured in the MOU that we have concluded with HPCSA is one of inclusivity which means that the constituent Colleges must make a concerted effort to reach out to colleagues who are not members of the College, but who they believe should be part of our assessment processes.

In this regard a significant number of colleagues within the profession have been identified by their colleagues and put forward for recognition for a Fellowship by Peer Review. This is an ongoing process and in terms of my comments yesterday, people feel very strongly about the value of this qualification and feel that it should not be handed out to all and sundry. If we are being accused of being tight-fisted about this award it is because we feel that it should be given to people who really deserve it. There are other routes that we can take to acknowledge and recognise colleagues whom we believe are of a level and standard that needs to be admired, viz., Fellowship *ad Eundem* and Honorary Fellowship.

The second last issue is about the examinations and specifically in line with the new regulations for specialist registration -technically from 2014 we should no longer be able to register people as specialists on the basis of successfully completing a Mmed examination. In view of that development, our numbers are going to increase fairly sharply – we are projecting at least a 20% increase. What is concerning and this was pointed out by Mrs Vorster, is that despite of the fact that we have an increase in the number of candidates, our pass rate has declined which should be a concern to many of us sitting here as it intimates that there is a problem that is evolving. This is therefore something that we as the Examinations and Credentials Committee will be looking at. However I can assure all members that we are continually working on improving our exams and keen attention is paid to identifying factors that would potentially put our examinations at risk.

Lastly, I would like to acknowledge Mrs Vorster and her team for making our lives easier because the overall bulk of the work is done by the office. I would also like to express my thanks to the members of the Management Committee who attend the meeting in addition to those of ECC. I would like to reiterate the comment I made in my report last year and that is that the attendance of members at ECC meetings has definitely improved. My appreciation finally goes to Senate members who are based in Gauteng in the various areas."

Prof Lindeque thanked the Chairman for his report and also extended thanks to the Johannesburg team.

## 9. REPORT ON ACTIVITIES OF THE EDUCATION COMMITTEE

Prof Bagratee reported saying:

"Firstly, I have been in this position as Acting Chairman now for five months. My job has been very straightforward and which I manage seamlessly, because of the staff in the Education office in Durban.

So I firstly would like to thank them for making my life easy. I know Anita Walker for the past 20 years and her standards have been exemplary and she always gives her best and I am sure that Sharleen had learnt much from her and will carry on and be a defender of the CMSA in Durban.

I would also like to acknowledge and show appreciation for the work done by our previous Chairman of the Education Committee, Prof Anu Reddi. He steered the ship over the past few years and some of us who are here have been privileged to work under his stewardship. And I would like to, on behalf of the College, record our appreciation for the work that Anu has done here in the Durban office.

Our job is basically the lectureships, CPD and regulations and you will see that in Transactions so I won't go into great detail. However, we have ensured that, with the changing of the guard with Sharleen Stone coming in, we are putting into place mechanisms that will maintain the seamless transition and running of the Education Committee in Durban. I need to thank Anita for that! So even now when Cyril takes over we have a plan in place to ensure that as Academics we know what is happening at an administrative level in the CMSA.

Regarding the CPD we have included Dr Sageren Aiyer who will shadow Clive Daniel to ensure continuity.

We would like the President of the constituent Colleges to please timeously inform us when their regulations go onto the website so that we are au fait. We also have to report to our consumers, the Registrars who are in training. It is heart-warming to note the very active Registrar participation in the Durban office which we encourage and to assure them that the CMSA is working for their benefit be it with training, examination processes, etc.

Lastly I would like to record my appreciation to Bernise Bothma. When I came into the organisation I had some background knowledge and I feared her but when I got to know her it was such a motherly experience for me and I received such a wonderful reception from her right up to this day. So maybe I'm a favourite? But whatever interaction I have had I have nothing but praise for Mrs B.

Anita Walker will be leaving us at the end of May and again if there is anything that one needs done, it is done and Anita, thank you very much for your sojourn with us over the past 12 years"

ACCLAMATION

The President thanked Prof Bagratee for staying on as Honorary Registrar of the Education Committee after the election of the Chairman, Prof Cyril Naidoo.

## 10. REPORT OF CHAIRMAN, FINANCE AND GENERAL PURPOSES COMMITTEE

Prof Fagan, on behalf of Prof Kahn who was on holiday stated:

"Firstly I would like to just spare a thought for Del Kahn is who lying on a cruise liner off the coast of Singapore right now!

The Finance and General Purposes Committee had discussions over the past year about cost containment and we have heard about the issues around the VAT that makes us very nervous. Some of the discussion is linked in with the presentation by the Vice President about the electronic version of Transaction which will be a big cost saver.

We also discussed the issue about whether the examiners who are in full time employment at the Universities should be paid an honorarium, but this issue has not been resolved and in keeping with our Finance Minister, we also discussed the issue about whether the President should fly business class which also remains unresolved?

. In terms of the Human Resource matters, we were able to resolve the issue around the Deputy CEO's post. Mrs Trollip had been very active in her position. She had been given the opportunity to relieve the organisation specifically in the Cape Town office and has done a wonderful job on that so we have great confidence in her leadership on this front.

We also decided to appoint a FGPC Management Committee to address issues that crop up between our major meetings. This was established in February and is constituted by the Chairman, Honorary Registrar, Prof Dunn representing UCT, Prof Kariem, representing the University of the Western Cape and Prof Kling from Stellenbosch.

Because of HR issues, we have also now finalised the job descriptions for all the staff only having to finalise the position of the CEO. On staff issues I would like to complement Mrs Margie Pollock who runs the finances which is a big job and all the other staff in Cape Town. What is going to keep us busy in the next few months is the VAT issue which has been alluded to and I am not going to discuss it any further other than to say that our immediate strategy is probably going to be to wait for Di Parker's response and on receipt of that we will pursue the matter. This will be done in close discussion with the President of the College because it is obviously a major issue.

Finally I would just like to once again thank Mrs Bothma on behalf of FGPC in Cape Town where she has been very helpful. We wish her everything of the best for the future."

ACCLAMATION

FGPC report adopted.

## 11. REPORT OF CHAIRMAN, SOCIAL AND ETHICS COMMITTEE

Prof Veller's reported as follows:

"If I may, I will also like to report very quickly on our risk since I think it is at the AGM that people are made aware of the management of risk and what the activities of the Risk Committee are.

Firstly, let's discuss the Social and Ethics Committee. This Committee was recently formed essentially to be in line with the Memorandum of Incorporation and the new King III guidelines relating to business in this Country. The Committee, because it is new, has to determine its scope of activities and we are in the process of getting to that and then we will also need to see how we are going to apply these activities into those of the CMSA.

The first thing that we did however, was to advise the CMSA (which was agreed to at the Senate meeting that has just been completed) that we would very much like the Board of Directors and Senate to apply the principles advised by King III. In the first instance, all Directors and Senators declare relevant positions and activities that are material to the CMSA business and that this should be done firstly on a regular (probably annual) basis. Also, when such situations come up under discussion, that individuals declare their position. We think that it is essential that when we make decisions as a collective, that we are aware of potential implications of the opinions that are expressed by certain members.

If I may then just go on to the Risk activities. I am the Deputy Chair of the Risk Committee, the Chairman being Dr Warren Clewlow a highly respected business man and also the Chair of the Board of Trustees and an individual who through his banking experience and additional business experience has been deeply involved in risk management. The Committee was formed two years ago and has in the first instance, set a target of ensuring that all structures of the CMSA are at least risk aware. The first method by which this was going to be done is that all of the major committees within the CMSA should be running Risk Registers. Our opinion is that this is being done well, that the goal of achieving at least in the core of CMSA business, risk awareness has been achieved. Our recommendations to the Senate were that we should now be expanding this and we felt that the expansion should be in two activities. Firstly that the risk awareness activities need to be expanded to all structures within the CMSA which includes Senate, the Board of Directors and probably, most importantly, into the constituent Colleges.

Secondly, we need to understand that the risk activities should now also include the development of error reporting and error reducing strategies and this we would like to see initially as being purely a situation where there is an openness about errors and that when errors do occur that they can be reported in a non-punitive manner. We will then be in a position to be able to close the loop on the basis of finding the problems that have arisen within the system and ensuring that these are remedied. Where they are not system errors, we need to ensure that additional systems are put into place to address these. A classic example (which was also discussed at Senate) is this whole issue in terms of VAT and the VAT registration component.

Finally, from both the Risk Committee and the Social and Ethics Committee we need to thank the various offices of the CMSA who make running those Committees very easy and particular Mrs Bothma and in recent times, Mrs Trollip."

ACCLAMATION

## 12. REPORT OF EDITOR OF TRANSACTIONS

Prof Ogunbanjo:

"Thank you very much Mr President and all protocols observed in line with my colleague!

Next May will be exactly ten years that I took over as the Editor of this Journal and it seems just like yesterday. Within that period of

time we have been able to go through a few transformations. Over that period of time too, we have seen our membership increase from around 8 000 to 11 000 members and with the new incumbents this will increase to 11 600.

This has resulted in an escalation in publication costs which the Hon Treasurer alluded to which is in the range of R580 000.

A decision was taken at the Senate meeting in 2012 to approve the proposal to go electronic. I am happy to say that after a survey of 11 000 members by email, we only had 200 that insisted that they still want to receive hard copies of which 80% were those above the age of 51. So this actually shows that the younger members of the CMSA prefer the electronic version. I would therefore encourage even those above 51 to embrace the electronic version of things.

From 2014, Transactions becomes an electronic journal which is a landmark move before the 60th anniversary of the organisation in 2015. PDF files will be sent as emails to members, as archives on the CMSA website and we will develop the applications for the Tablets and Smartphones, etc. A 1 000 copies will be printed for those who requested hard copies, for Senators (who attend the Senate meetings), the libraries will receive their usual hard copies and the remaining ones will be available for sale at a small cost. So from now on it will be open access as we agreed upon and we will link the Google analytics to it so as to be able to monitor the downloads and other useful information. In this particular field we will be assisted by Johan Fagan who has the “know how”.

There was one point that we raised at the last AGM and that was the DoHET accreditation for Transactions. I remember that we said we would pursue this based on the condition that we receive articles for peer review. I have also been reminded that the essence of Transactions is to provide information about the CMSA and we therefore should not lose that ethos. We will, however continue to pursue this as we already have an ISN number. We have an Honorary Deputy Editor, Prof Savvas Andronikou and I am going to pressurize him now to get those original articles from Fellows, Senators and Registrars as that will form the basis from which we can then apply to DoHET.

I would like to end my report thanking the Honorary Treasurer because without him providing the funds, there won’t be a Journal. In terms of the material provided, I wish to thank the CEO, Academic Registrar, the Senior Manager in the Durban office without whom, there would be no journal. Thank you also to Senate who still have the confidence in me in continuing as Editor.

ACCLAMATION

### 13. ANNUAL APPOINTMENT OF AUDITORS

Prof Zabow proposed that for ensuing year the existing auditors be appointed with a reconsideration of their appointment in a year’s time.

Prof Veller supported the proposal of Prof Zabow, but re reminded members that it was raised and agreed two years ago that there should be a rotation of auditors.

### 14. CORRESPONDENCE

None

The meeting concluded at 12:25
Rondebosch
3 December 2013 LT/js

# The JC Coetzee Memorial Lecture:
# Maternal health in primary care: are we providing safe maternity units?

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**Keywords:** maternity, deaths, emergency care services, districts, community health centres, obstetric care

## Abstract

The Service Level Agreement of the Minister of Health provides, as one of its aims, to reduce the number of deaths of pregnant women and their babies. Over 60% of the births in South Africa, one third of all maternal deaths, and 62% of the perinatal deaths, occur at the primary level of care. The numbers are far too high for a service which is supposed to cater to low-risk maternity cases.

The Lives Saved Tool is a programme which can model the potential number of lives that can be saved depending on the pattern of disease, interventions used and coverage of these interventions. This tool has been used to select which interventions would be most effective in reducing maternal and perinatal mortality. If the effects of human immunodeficiency virus are excluded, the intervention that would save the most lives would be that of improving maternal and neonatal emergency care.

A survey was conducted on the ability of healthcare facilities in 12 districts to provide essential emergency care services to pregnant women and their babies. It was found that the vast majority of the community healthcare facilities could not provide the seven lifesaving services needed for basic emergency obstetric care, and less than half of the district hospitals could provide the nine life-saving services required for comprehensive emergency obstetric care.

Lack of knowledgeable and skilled staff, inadequate equipment and human resources, as well as poor emergency transport services at the sites are the main reasons for these unsafe maternity units. Realignment of the services might improve the ability of the districts to provide a safe maternity service.

## Introduction

The Rapid Mortality Surveillance Report of 2012 concluded that: "There is an urgent need to review possible interventions to further reduce maternal and child mortality if the Millennium Development Goal targets are to be met by 2015".[1]

Complications of human immunodeficiency virus (HIV) infection, as reflected in maternal deaths due to non-pregnancy related infections, is the most common underlying cause of maternal deaths in South Africa.[2] There has been a massive effort by the Department of Health to screen and treat pregnant women who are HIV-infected, and this effort is beginning to show signs of success. The institutional maternal mortality rate (iMMR) decreased in 2011, and further in 2012, as reported in the ninth and tenth interim reports on confidential enquiries into maternal deaths in South Africa.[3,4] The infant mortality rate has dropped dramatically, as reported by Dorrington et al.[1] Screening and treating pregnant women for HIV infection remains the highest priority. However, although non-pregnancy related infections accounted for 40% of deaths from 2008-2010,[2] other causes still accounted for 60% of maternal deaths. The iMMR for direct causes of maternal death has remained the same for the last decade.[2-4] This is particularly disappointing given the efforts by the National Department of Health and the National Committee on Confidential Enquiries into Maternal Death in South Africa to provide information such as guidelines and protocols, and to inform healthcare providers involved in maternity care of this information.

Complications in pregnancy and labour can occur, even in the best of circumstances. Many women who develop complications have one or more detectable risk factors, and complications can be anticipated. However, the majority of women with risk factors do not develop a serious problem.[5] The risk factors are not very specific. Most importantly, a large proportion of serious complications occur in women with no recognisable risk factors at all.[6,7] For these reasons, attempts need to be redirected from the primary prevention of maternal deaths to the secondary prevention thereof, i.e. preventing death once the complication has occurred. This means that the sooner a complication is recognised and treated, the better the outcome. Most pregnant women in South Africa (approximately 60%) give birth at the primary level of care, namely in community health centres (CHCs) and district hospitals.

If an impact on the iMMR is to be made, then recognition, stabilisation and treatment or referral of the obstetric emergency must occur at

the site closest to where the complication occurred. Three factors that are essential to this, namely having:

- Healthcare providers with sufficient knowledge and skills to recognise, stabilise and treat, or refer the patient.
- Healthcare facilities with essential, available life-saving services, such as those that perform Caesarean sections.
- An efficient inter-facility transfer system.

Improving emergency obstetric care is a way of rapidly reducing these deaths. Kerber[8] used the Lives Saved Tool[9] and estimated that approximately 9 000 maternal and perinatal deaths in South Africa could be averted if comprehensive emergency obstetric care was fully implemented.

The Emergency Obstetric Care package is a list of life-saving services, or "signal functions" that define a health facility with regard to its capacity to treat obstetric and neonatal emergencies, and was developed by the World Health Organization. It was first developed and tested in 1992, and published as guidelines on the monitoring availability and use of obstetric services, issued by the United Nations Children's Fund, the World Health Organization (WHO) and the United Nations Population Fund,[10] and reviewed and modified in 2006.[11]

There are seven basic emergency obstetric care signal functions and nine comprehensive emergency obstetric care signal functions (basic emergency care and two others), as shown in Table I.[12]

**Table I:** Signal functions that are used to identify basic and comprehensive emergency obstetric care services[12]

| | |
|---|---|
| **Basic services*** | |
| 1 | Administer parenteral antibiotics |
| 2 | Administer uterotonic drugs, i.e. parenteral oxytocin |
| 3 | Administer parenteral anticonvulsant drugs for pre-eclampsia and eclampsia, i.e. magnesium sulphate |
| 4 | Manually remove the placenta |
| 5 | Remove retained products, e.g. manual vacuum extraction and dilation and curettage |
| 6 | Perform assisted vaginal delivery, e.g. vacuum extraction and forceps delivery |
| 7 | Perform basic neonatal resuscitation, e.g. with bag and mask |
| **Comprehensive services**** | |
| Perform signal functions 1–7, plus: | |
| 8 | Perform surgery, e.g. Caesarean section |
| 9 | Perform blood transfusion |

*: A basic emergency obstetric care facility is one in which all functions 1-7 are performed
**: A comprehensive emergency obstetric care facility is one in which all functions 1-9 are performed

A rapid drop in mortality can be achieved by ensuring that these life-saving services are available, correctly used and are accessible to the community.[11] Each life-saving service, as measured by the signal functions, is important in maternal and neonatal care at facility level. These signal functions, which are easily measured, are markers of these life-saving services, and assessing them provides an indication of the ability of that facility to provide emergency obstetric care. Assessing healthcare facilities with respect to these signal functions establishes the ability of that facility to deliver safe maternity care. This knowledge can then be used to effect the necessary changes to improve the service.

A safe maternity unit is one in which the healthcare provider has the knowledge and skills to perform all of the observations required on a woman in labour and to manage a complication, either by treatment or stabilisation and referral. The unit should also have sufficient staff to ensure that the woman is monitored appropriately and so that it can deal with the immediate management of complications. The maternity services are based on a primary healthcare system whereby the patient is managed at the lowest appropriate level of care. Thus, a mechanism of rapid transport must be available.

An accessible maternity unit is one at which the patient can present and receive appropriate care quickly. This usually implies that the maternity units must be capable of managing normal pregnancies, with a rapid referral mechanism to higher levels of care, where required. Ideally, maternity units for pregnant women with no risk factors should be situated close to their homes.

The national guidelines[13] state that to manage a pregnant woman with no risk factors in the active phase of labour, the foetal heart rate and the woman's contractions should be observed every half hour, blood pressure and pulse measured every hour, and urine measured and tested and a vaginal examination performed every two hours to assess cervical dilation and the progress of labour. The required observations indicate that a woman in labour must be treated the same as a high care patient in any given setting. This is entirely appropriate as a pregnancy can only be regarded as low risk after the first 72 hours after birth. Importantly, this implies that the professional nurse with midwifery who is looking after the patient should do nothing else other than monitor that patient, and perhaps another patient in labour in the same area.

A survey was undertaken at the start of the Essential Steps to Manage Obstetric Emergencies (ESMOE) and

Emergency Obstetric Simulation Training (EOST) programmes to establish the functionality of CHCs, and that of district, regional and tertiary hospitals in 12 health districts in South Africa with respect to emergency obstetric and neonatal care. This was performed by assessing the signal functions, the staffing of the maternity units in these facilities and the available referral system. The study concentrated on the 12 most in-need districts in South Africa, and hence the picture represented here is the worst-case scenario. The ESMOE and EOST programmes improve the knowledge and skills of healthcare providers with regard to managing obstetric and neonatal emergencies.[14] The programmes are being introduced at scale in all districts in South Africa.

## Method

A baseline survey pertaining to the ESMOE and EOST scale-up programmes was performed between July and October 2011. The 12 districts were selected using a scoring system developed for this purpose. The scoring system used the district's iMMR, stillbirth rate, number of maternal deaths in the district from 2008-2010 and ranking in the province.

A team varying between three and six members visited each of the sites. The team consisted of members of the data monitoring team of the Medical Research Council (MRC) unit and various members of the local or provincial maternal and child health units. Prior to the visit, a planning meeting was held with the district and provincial managers, and the purpose and the baseline survey form explained. The chief executive officer for each site, and the district manager for each district, gave permission for the survey. The parties at each site were requested to complete the form prior to the visit by the data monitoring team. An overall assessment was provided at the site to confirm that the data entered on the baseline survey form were in order, and to ensure that questions were answered and comments recorded. The 133 health institutions in the 12 core districts were visited, i.e. 53 CHCs, 63 district hospitals, 13 regional hospitals and four provincial tertiary hospitals between July and October.

The data was entered by two data enterers at the MRC unit. Some survey forms were completed twice for quality assurance purposes. The data were cleaned and site parties contacted to once again to verify the information on the survey form, especially that concerning staff allocation. Analysis of the staffing at the maternity units was based on the number of midwives (defined as professional nurses with midwifery and advanced midwives) that each unit reported to be working in the labour ward, only, or if not, applicable to how many were working in the maternity unit. If the staff was not exclusively allocated to the maternity unit, the number of nurses allocated to the unit per day was used as the figure.

The WHO norm of one district hospital and four CHCs serving a population of 500 000 people was used to assess the number of midwives per district.[10]

**Staffing norms**

Most CHCs were staffed by professional nurses with midwifery. Performing an assisted delivery (vacuum delivery) is not within the scope of practice of the professional nurses with midwifery; only that of the professional nurses who have taken an advanced midwifery course. Thus, an attendant skilled in vacuum delivery needed to be available in the maternity unit for every shift. This implies that the presence of an advanced midwife in the CHCs, and a doctor or advanced midwife at the district hospitals, was essential in each of these facilities.

Five advanced midwives need to be employed at the site to cover every shift at advanced midwifery level, after taking into account off-duty time, vacations and sick leave. If a pregnant woman needs to be referred to a district hospital, she needs to be supervised by a professional nurse with midwifery. Again, to ensure proper coverage for 24 hours a day, five such professional nurses are needed. Thus, to run a safe maternity service in a CHC, five advanced midwives and five professional nurses with midwifery should be employed. This is referred to as the ideal critical mass of professional nurses. However, at present, this is unattainable as there are far too few advanced midwives to cover the CHCs. For practical purposes, a professional nurse with an assistant nurse or staff nurse should always be in the maternity unit. This is called the minimum critical mass of staff.

If these 10 professionals nurses are employed, it would be cost-effective for them to have an adequate work load to justify the CHC providing a maternity service. Most CHCs and midwife obstetric units refer approximately 40% of women who present to them in labour, owing to the prescribed referral criteria. The WHO recommends that each midwife should conduct 175 deliveries per year[15] to ensure that she is cost-effective. In terms of the CHC, and given the intrapartum referral rate, it is cost-effective if a midwife at a CHC conducts 100 births per year. This implies that a CHC or a midwife obstetric unit at which births are conducted must perform approximately 1 200 births per year for safety reasons and in order to be cost-effective. According to the WHO, this is the ideal minimum number of births per year.

Greenfield[16] uses a formula of 16 midwives per 100 deliveries per month, i.e. 16 midwives per 12 000 births per year, or 75 deliveries per midwife per year. (These midwives will also manage the babies in the nursery and the antenatal and postnatal patients who are there). Given that approximately 40% of pregnant women are referred in labour, the minimum number of deliveries per CHC per year would be roughly 500 births per year. Greenfield terms this the ideal minimum number of births per year. If a realistic view is taken, then a professional nurse with an assistant nurse or staff nurse should manage 600 births per year (realistic minimum number of births, according to the WHO), or 250 births (realistic minimum number of births, according to Greenfield) per year.

A similar exercise can be conducted for the district hospitals. They means that again, 10 professional nurses are required, five of whom do not need to be advanced midwives, as doctors are available 24 hours a day in the district hospitals. However, as Caesarean sections are performed, there should be at least two professional nurses and a staff nurse per shift. Caesarean sections are performed at district hospitals, and referrals to regional hospitals or higher-level institutions is less frequent. Hence, in order to be safe and cost-effective, a district hospital would need to perform between 500 (according to Greenfield) and 1 200 (according to the WHO) births per year. Also, a minimum of two doctors should always be on call so that a Caesarean section can be performed 24 hours a day and seven days a week (one for anaesthesia and one for surgery). The first assistant would need to be a professional nurse or a clinical associate.

The Ethics Committee of the Faculty of Health Sciences, University of Pretoria, approved the survey.

## Results

The results of the survey are given in Tables II and III. Overall, none of the CHCs could provide all seven basic emergency obstetric care signal functions. Forty-nine per cent of the CHCs could perform just four signal functions, with 25.5% being able to perform just three. Most CHCs could not perform an assisted delivery or a manual vacuum aspiration for a spontaneous incomplete miscarriage, but all of them had magnesium sulphate and oxytocic drugs. Forty-eight per cent of the district hospitals could perform all nine of the comprehensive emergency obstetric care signal functions, and altogether, 81% could perform eight of the nine. Assisted delivery

(30%), Caesarean section (24%) and manual vacuum aspiration for spontaneous incomplete miscarriage (16%) were the most common signal functions that the district hospitals were unable to perform.

**Table II:** Distribution of number of signal functions performed

| Number of signal functions | Community health centres | | District hospitals | | Regional and tertiary hospitals | |
|---|---|---|---|---|---|---|
| | n = 53 | % | n = 63 | % | n = 17 | % |
| **Comprehensive emergency care** | | | | | | |
| Perform all nine functions | NA | | 30 | 47.6 | 15 | 88.2 |
| Perform eight functions | NA | | 21 | 33.3 | 2 | 11.8 |
| **Basic emergency care** | | | | | | |
| Perform all seven functions | 0 | 0 | 7 | 11.1 | 0 | 0 |
| Perform six functions | 3 | 5.7 | 3 | 4.8 | 0 | 0 |
| Perform five functions | 24 | 45.3 | 2 | 3.2 | 0 | 0 |
| Perform four functions | 12 | 22.6 | 0 | 0 | 0 | 0 |
| Perform three functions | 11 | 20.8 | 0 | 0 | 0 | 0 |
| Perform two functions | 3 | 5.7 | 0 | 0 | 0 | 0 |
| Perform one function | 0 | 0 | 0 | 0 | 0 | 0 |

NA: not applicable

**Table III:** Summary of the performance of the individual signal functions

| Perform signal function | | Community health centres | | District hospitals | | Regional and tertiary hospitals | |
|---|---|---|---|---|---|---|---|
| | | n = 53 | % | n = 63 | % | n = 17 | % |
| **Basic emergency obstetric care** | | | | | | | |
| 1 | Give a parenteral antibiotic | 17 | 32.1 | 63 | 100 | 17 | 100 |
| 2 | Give uterotonic drugs | 53 | 100 | 63 | 100 | 17 | 100 |
| 3 | Give anticonvulsant drugs | 53 | 100 | 63 | 100 | 17 | 100 |
| 4 | Manual removal of the placenta | 37 | 69.8 | 59 | 93.7 | 17 | 100 |
| 5 | Manual vacuum aspiration or dilation and curettage | 1 | 1.9 | 53 | 84.1 | 17 | 100 |
| 6 | Assisted delivery | 2 | 3.8 | 44 | 69.8 | 15 | 88.2 |
| 7 | Bag and mask ventilation of a neonate | 44 | 83 | 62 | 98.4 | 17 | 100 |
| **Comprehensive emergency obstetric care** | | | | | | | |
| 8 | Perform Caesarean section | NA | | 48 | 76.2 | 17 | 100 |
| 9 | Give blood transfusion | NA | | 63 | 100 | 17 | 100 |

NA: not applicable

The number of CHCs and hospitals in each district was counted, and estimation made of the theoretical population, based on the United Nations' formula[10] that could be served by that number of institutions. There was an excess of maternity units for the population served in all 12 districts (Table IV).

The total professional nurse personnel per district allocated to maternity care was also in excess of the WHO norm of 175 deliveries per midwife per year in all of the districts (Table V). However, when Greenfield's estimates were used, there was a shortage of midwives in all of the districts, except one.

The staffing structure for the various levels of care is shown in Table VI. The allocation of staff differed per level of care and within each level of care. All of the staff rotated in the CHCs. Some were allocated to maternity for a day only, and others for a longer period.

Tables VII and VIII provide the distribution of births in the CHCs and district hospitals. Only 9 (18.8%) of the CHCs performed more than the minimum number of births using the WHO ideal minimum number of births norm, and 21 (45.7%) performed more births than Greenfield's ideal minimum number of births norm. If a realistic approach is taken, using the criterion of one midwife and one auxiliary, then 18 (37.6%) of the CHCs met the WHO norm and 33 (68.7%) met the Greenfield norm. There were no data in the District Health Information System for five of the CHCs. Seventy-six per cent of the district hospitals met the ideal minimum number of births with regard to the WHO norm and 82.5% met Greenfield's norm.

Figure 1 is a scatter plot of the number of midwives (professional nurses with midwifery and advanced midwives) against the number of births per year. Four CHCs were removed from Figure 1 for illustration purposes as they performed more than 2 000 births per year, i.e. 2 050, 2 141, 2 198 and 3 544 births.

The ideal critical mass of staff is the number of midwives needed to run a unit safely. The minimum critical mass is the minimum number of midwives (professional nurses with midwifery and advanced midwives) needed to run a unit safely. It was assumed in the minimum-number-of-midwives group that the professional nurse would have a staff nurse or nursing assistant, working together with the professional nurse.

There were less than 10 midwives in the maternity unit (the ideal minimum critical mass) if 22 CHCs (45.8%), theoretically making these CHCs unsafe. If there was a realistic minimum critical mass of staff (i.e. five midwives and five auxilliary nurses), then five CHCs (10.4%) were below this critical mass. Overall, 20 (41.7%) and 16 (33.3%) CHCs had less than the ideal minimum births and ideal critical mass of midwives, using the WHO and Greenfield's norms, respectively. Interestingly, 13 (27.1%) of the CHCs had more than the ideal critical mass of staff, but fewer than the ideal minimum number of births, and 15 (31.3%) had more than the ideal critical mass of staff and the ideal minimum of births, using Greenfields norms. Eighteen (37.8%) of the CHCs had more than the ideal critical mass of staff, but fewer than the ideal minimum number of births, and 10 (20.1%) CHCs had more than the ideal critical mass of staff and the ideal minimum of births, using the WHO norms.

**Table IV:** Healthcare facilities, population and United Nations' recommendations for emergency obstetric care

| District | CHCs | DHs | RHs | PTs | Total | District population | Population that could be served* | "Excess capacity" |
|---|---|---|---|---|---|---|---|---|
| 1 | 9 | 12 | 1 | 1 | 23 | 1 806 831 | 6 000 000 | 4 193 169 |
| 2 | 0 | 4 | 1 | 0 | 5 | 499 875 | 2 000 000 | 1 500 125 |
| 3 | 0 | 5 | 1 | 0 | 6 | 694 198 | 2 500 000 | 1 805 802 |
| 4 | 1 | 10 | 1 | 0 | 12 | 767 678 | 5 000 000 | 4 232 322 |
| 5 | 7 | 1 | 4 | 1 | 13 | 2 965 602 | 3 000 000 | 34 398 |
| 6 | 3 | 3 | 1 | 0 | 7 | 760 648 | 2 000 000 | 1 239 352 |
| 7 | 4 | 2 | 1 | 1 | 8 | 1 058 086 | 2 000 000 | 941 914 |
| 8 | 3 | 6 | 1 | 0 | 10 | 965 950 | 3 500 000 | 2 534 050 |
| 9 | 2 | 8 | 0 | 0 | 10 | 666 664 | 4 000 000 | 3 333 336 |
| 10 | 6 | 8 | 1 | 0 | 15 | 943 137 | 4 500 000 | 3 556 863 |
| 11 | 4 | 2 | 0 | 1 | 7 | 375 167 | 1 500 000 | 1 124 833 |
| 12 | 16 | 3 | 1 | 0 | 20 | 1 400 000 | 2 000 000 | 600 000 |
| | 55 | 64 | 13 | 4 | 136 | | | |

CHC: community health centres, DHs: district hospitals, PTs: provincial tertiary hospitals, RHs: regional hospitals
*: There should be at least one comprehensive and four basic emergency obstetric care facilitators for every population of 500 000[10]

**Table V:** Allocation of midwives (professional nurses with midwifery and advanced midwives) to maternity units per district

| District | DHIS births (2011) | Midwives per district | WHO estimates per district | Greenfield estimates per district | Births per midwife per year |
|---|---|---|---|---|---|
| 1 | 25 931 | 300 | 148 | 346 | 86 |
| 2 | 7 114 | 59 | 41 | 95 | 121 |
| 3 | 9 522 | 72 | 54 | 127 | 132 |
| 4 | 13 159 | 118 | 75 | 175 | 112 |
| 5 | 42 480 | 263 | 243 | 566 | 162 |
| 6 | 12 895 | 125 | 74 | 172 | 103 |
| 7 | 16 811 | 128 | 96 | 224 | 131 |
| 8 | 18 209 | 170 | 104 | 243 | 107 |
| 9 | 12 383 | 141 | 71 | 165 | 88 |
| 10 | 16 493 | 173 | 94 | 220 | 95 |
| 11 | 7 658 | 61 | 44 | 102 | 126 |
| 12 | 18 569 | 275 | 106 | 248 | 68 |

DHIS: District Health Information System, WHO: World Health Organization

**Table VI:** The structure of maternity staffing at the 12 core district facilities (professional nurses with midwifery and advanced midwives only)

| Type of facility | Staffing structure | | | | Total |
|---|---|---|---|---|---|
| | Dedicated labour ward staff | Rotation of staff through maternity unit* | Staff working in all areas of the hospital** | Rotation of staff through maternity unit*** | |
| CHC | 0 | 14 (26.4%) | 27 (50.9%) | 12 (22.6%) | 53 (100%) |
| District | 4 (6.3%) | 39 (61.9%) | 9 (14.3%) | 11 (17.5%) | 63(100%) |
| Regional | 6 (46.2%) | 7 (53.8%) | 0 | 0 | 13 (100%) |
| Provincial tertiary | 4 (100%) | 0 | 0 | 0 | 4 |
| Total | 14 | 60 | 36 | 23 | 133 |

CHC: community health centre
*: But permanently in the unit for a while before rotating
** Staff allocated to the maternity unit on a daily basis
***: Some of whom were permanent, and others who worked in all areas of the facility

Figure 2 is a scatter plot of the number of midwives in the maternity unit against the number of births in the district hospitals.

One district hospital was excluded from the scatter plot in Figure 2 to facilitate the illustration. This district hospital experienced 5 827 births facilitated by 28 midwives. Thirty-one (49.2%) district hospitals had less than the minimum critical mass of midwives to run their maternity unit safely. Twenty-two (34.9%) and 10 (15.9%) district hospitals had less than the ideal minimum number of births using the WHO and Greenfield norms, respectively. Six (1.0%) district hospitals had the more than the minimum critical mass of midwives, but less than the ideal minimum number of births, and 18 district hospitals (28.6%) had more than the minimum critical mass of midwives and the ideal minimum number of births, using the WHO norm. If the Greenfield norms are applied, then none of the district hospitals had less than the ideal minimum number of births, and more than the critical mass of midwives, whereas 26 district hospitals (41.3%) had both more than the critical mass of midwives, as well as the ideal minimum number of births.

Table IX correlates the ability of the CHCs to provide basic emergency obstetric care with the distance from the referral hospital. Over half (53%) of the CHCs are more than 20 km from their referral hospitals, and of these, only one could provide only two signal functions, seven CHCs only three functions, and six only four functions, i.e. almost a third of CHCs provided four or less signal functions. Should complications occur in these units, even at the best of times, it would take more than an hour to transfer the patient. This means that these units are unable to provide a safe maternity service.

Similarly, seven district hospitals (Table X), provided seven or less signal functions, and were 50 km or more from a regional hospital. Fifteen district hospitals did not provide a Caesarean section service and 14 (93%) were more

**Table VII:** Distribution of births in the community health centres

| Births per year | Number | % |
|---|---|---|
| < 250 | 15 | 31.3 |
| 250-499 | 12 | 25.0 |
| 500-599 | 3 | 6.3 |
| 600-1200 | 9 | 18.8 |
| > 1 200 | 9 | 18.8 |
| Total | 48 | 100 |

**Table VIII:** Distribution of births in the district hospitals

| Births per year | Number | % |
|---|---|---|
| < 500 | 11 | 17.5 |
| 500-1199 | 4 | 6.3 |
| > 1 200 | 48 | 76.2 |
| Total | 63 | 100 |

than 20 km from a regional hospital. These hospitals are unable to provide a safe maternity service.

he relevant parties at the sites were asked to comment on their referral system. The most frequent comments related to delays with respect to the ambulance service (25, 40%).

## Discussion

This survey was undertaken to assess the ability of health facilities in 12 districts to provide emergency obstetric care. It is the first survey of its kind to be undertaken in South Africa, although similar surveys have been conducted in other countries. Overall, none of the CHCs could provide all seven basic emergency obstetric care signal functions. Forty-nine per cent of the CHCs could perform just four signal functions, and 25.5% were able to perform just three. Most CHCs could not perform an assisted delivery or a manual vacuum aspiration for a spontaneous incomplete miscarriage, but all of them had magnesium sulphate and oxytocic drugs. Forty-eight per cent of the district hospitals could perform all nine of the comprehensive emergency obstetric care signal functions, and altogether, 81% could perform eight of the nine signal functions. Assisted delivery (30%), Caesarean section (24%) and manual vacuum aspiration for a spontaneous incomplete miscarriage (16%) were the most common signal functions that the district hospitals were unable to perform.

Part of the explanation for the poor functionality with respect to emergency obstetric care in the CHCs and district hospitals relates to the number of facilities and staff at these facilities. Firstly, according to the United Nation norms, there are too many healthcare facilities for the population served, yet there is sufficient staff to manage the births in the district. Secondly, some maternity units are clearly unsafe, given the number of staff allocated to the unit (less than the ideal minimum critical mass or the realistic minimum critical mass of midwives in the case of the CHCs). Thirdly, a number of maternity units performed less than the minimum number of deliveries, making them both unsafe and cost-ineffective.

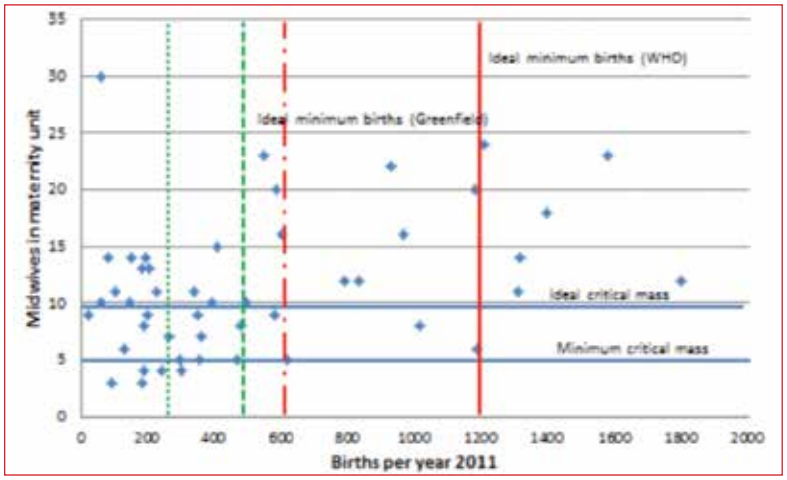
To maintain skills, a midwife needs to perform deliveries regularly. Performing one delivery per month is insufficient in this regard. The maternity guidelines clearly stipulate the observations required for a low-risk woman in labour, i.e. that during the active phase of labour, the woman must be observed at least once every half an hour. This

**Table IX:** The relationship of the ability of the community health centres to provide basic emergency obstetric care in relation to distance from the referral hospital

| Distance in kilometres | Number of signal functions | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2 | | 3 | | 4 | | 5 | | 6 | | Total |
| | n | % | n | % | n | % | n | % | n | % | n |
| < 21 | 2 | 8 | 4 | 16 | 7 | 28 | 11 | 44 | 1 | 4 | 25 |
| 21-50 | 1 | 5.6 | 4 | 22.2 | 4 | 22.2 | 9 | 50 | 0 | 0 | 18 |
| 51-75 | 0 | 0 | 2 | 22.2 | 1 | 11.1 | 4 | 44.4 | 2 | 22.2 | 9 |
| 76-100 | 0 | 0 | 1 | 100 | 0 | | 0 | | 0 | | 1 |
| Total | 3 | | 11 | | 12 | | 24 | | 3 | | 53 |

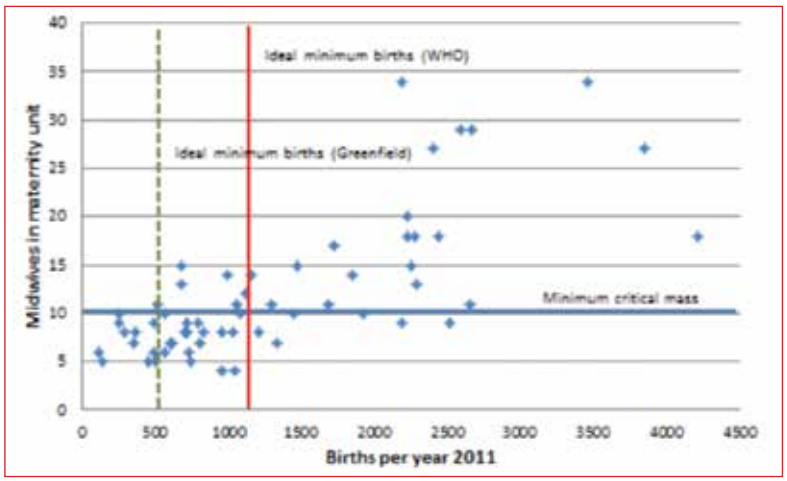
**Table X:** The relationship of the ability of the district hospitals to provide comprehensive emergency obstetric care in relation to distance from the referral hospital

| Distance in kilometres | Number of signal functions | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 5 | | 6 | | 7 | | 8 | | 9 | | |
| | n | % | n | % | n | % | n | % | n | % | Total |
| < 21 | 0 | 0 | 0 | 0 | 1 | 14.3 | 2 | 28.6 | 4 | 57.1 | 7 |
| 21-50 | 0 | 0 | 1 | 16.7 | 2 | 33.3 | 1 | 16.7 | 2 | 33.3 | 6 |
| 51-75 | 0 | 0 | 1 | 7.7 | 2 | 15.4 | 4 | 30.8 | 6 | 46.2 | 13 |
| 76-100 | 1 | 8.3 | 0 | 0 | 2 | 16.7 | 4 | 33.3 | 5 | 41.7 | 12 |
| 101-150 | 1 | 7.1 | 0 | 0 | 0 | 0 | 8 | 57.1 | 5 | 35.7 | 14 |
| 151-200 | 0 | 0 | 1 | 0 | 0 | 0 | 2 | 20 | 7 | 70 | 10 |
| > 250 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 100 | 1 |
| Total | 2 | | 3 | | 7 | | 21 | | 30 | | 63 |




WHO: World Health Organization
The solid line represents the ideal minimum number of births per year, and the dashed dotted line the realistic minimum number of births per year, using the World Health Organization norms. The dashed line represents the ideal minimum number of births per year, and the dotted line represents the realistic minimum number of births per year using Greenfield's norms.

**Figure 1:** Comparison of midwives in the maternity unit of the community health centres and births per year




WHO: World Health Organization
The solid vertical line represents the ideal minimum number of births per district hospital using the World Health Organization norm. The dashed line represents the ideal minimum number of births per district hospital using Greenfield's norm.

**Figure 2:** Comparison of midwives in the maternity unit in the district hospitals and the births per year

implies that the professional nurse cannot do anything else during that labour, other than perhaps monitor another woman in labour. In essence, a woman in labour requires monitoring at the same level as any other patient in a high care setting. This is appropriate as before labour begins, it is not possible to accurately predict whether or not a woman or foetus will develop complications in labour. However, given the human resources and tasks required of them in many CHCs and district hospitals, it is impossible for the professional nurses to fulfil these requirements. These maternity units can then be considered to be unsafe.

The two norms used, namely the WHO and Greenfield's norms, are two extremes. Happily, most of the maternity units fell somewhere inbetween. The WHO norm refers to the minimum number of professional nurses required to provide a maternity service. Greenfield's norms have been developed with South African circumstances in mind, and are viewed as the ideal, even if they are unattainable at present.

Realigning services is the solution to making maternity units safer and more cost-effective. This implies that there is a need for the reorganisation of services to enable properly functioning safe maternity units that are open 24 hours a day, seven days a week. However, this would make the maternity services less accessible unless there was a system for the efficient and rapid transfer of emergency cases. Making use of the maternity waiting area might be a valuable means of ensuring that a woman is at a safe maternity unit at the time of her labour.

Realigning services and improving emergency transport is not an impossible task, as demonstrated by the example of the Free State province, in which maternal mortality was halved following improvements to their inter-facility transport, through increasing the knowledge and skills of their staff and by consolidating their Caesarean section services.[17]

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# The KM Seedat Memorial Lecture: Behaviour change counselling in the South African context

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## Introduction

South Africa carries a huge burden of disease, characterised as having four major components:

- Human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) and tuberculosis.
- Maternal and child health.
- Injuries and violence.
- Noncommunicable chronic diseases (NCDs).[1]

In the face of such an onslaught of disease, the need for skilful behaviour change counselling may be overlooked. This article intends to outline the relevance of such counselling in the South African context, the current situation and emerging models of counselling which may be particularly suited to our context.

## The relevance of behaviour change counselling

The outlined quadruple burden of disease is mirrored in general primary care practice, where the top 25 causes of morbidity include many diseases with a strong behavioural component.[2] For example, these include, in rank order, hypertension, HIV/AIDS, type 2 diabetes, asthma and chronic obstructive pulmonary disease (COPD). Together, these make up almost a quarter of all consultations in primary care.

The risk factors underlying the causes of death in South Africa have been identified. Fifty-six per cent of all deaths in South Africa can be attributed to unsafe sex and sexually transmitted diseases, high blood pressure, tobacco smoking, harmful alcohol use, excess body weight, interpersonal violence, high cholesterol, diabetes, physical inactivity and low fruit and vegetable intake.[3]

Therefore, it is clear that human behaviour and lifestyle choices are key drivers of the burden of disease. The most significant behaviour can be summarised as unsafe sex, tobacco smoking, harmful alcohol use, unhealthy eating, physical inactivity and interpersonal violence. In this article, particular focus will be placed on behaviour associated with NCDs.

## An ecological approach to behaviour change

An ecological approach to understanding behaviour change is the opinion that life is made up of a series of nested and interconnected systems.[4] For example, the individual patient is a living system who is embedded in a family or household system, which is embedded in a community, which is further embedded in broader society. A whole system approach to change may be more successful if interventions are made at multiple levels.

### Societal level

At societal level, for example, government legislation could guide our current "obesogenic society" in a different direction. Recently, the government introduced legislation that makes it mandatory for the amount of salt in our food (particularly that in bread) to be reduced.[5] This legislation is likely to result in many lives being saved from ischaemic heart disease and strokes.[6] Governments are also examining regulation of the alcohol and food industries.

### Community level

At community level, many factors impact on the behaviour of people living in that community. For example, in Nigeria, it was found that obesity was linked to issues such as traffic safety, crime safety, the presence of garbage and strong odours, the presence of beauty and access to commercial centres.[7] In South Africa, campaigns to preserve green spaces and promote physical activity have been seen as positive community responses. Clearly many sectors, other than health, have an important impact on shaping health in communities.

### Family or household level

At family or household level, the emerging ward-based outreach teams, including community health workers, visit homes in a specific community, which allows members of the health system to interact directly with families.[8] It is not yet clear what to expect from community health workers in terms of NCDs, but possibilities include identifying families at high cardiovascular risk, identifying people with undiagnosed disease, providing education and behaviour change counselling and supporting the adherence of those on treatment.

### Individual level

At individual level, patients can be educated and counselled as they attend health facilities. The remainder of this article will examine activities that are appropriate to the South African context in more detail.

## The current situation with behaviour change counselling

A recent study on expertise in lifestyle modification with respect to health workers found that 20% of doctors, 15% of health promoters and 0% of professional nurses had excellent knowledge of the key issues.[9] At the same time, many of these groups had an inflated perception of their expertise. For example, 32% of health promoters and 20% of nurses thought they had excellent knowledge. Given that 80% of all primary care consultations are with nurses, this highlights a critical problem with respect to delivering effective behaviour change counselling.[2]

These same health workers identified a number of barriers to behaviour change counselling. The most important barrier was that health workers felt that behaviour change counselling was ineffective as patients do not generally do what they are told. Other barriers included lack of time, language, poor counselling skills and lack of knowledge.[9]

A recent situational analysis of training programmes for primary care nurses and doctors also revealed that there was little intention or capacity within most programmes to train health workers who were competent in behaviour change counselling. Most of the training was very brief or focused on theory, rather than practice. Skills in behaviour change counselling were not reinforced throughout the programme, particularly during clinical supervision, and were not routinely assessed. In fact, many of the clinical trainers themselves lacked confidence and skills in behaviour change counselling.[10]

Therefore, it is clear that considerable investment of time and effort is needed in terms of capacity building for health workers, both during formal training, as well as within continuing professional development.

## Motivational interviewing

Motivational interviewing is a skilful approach used to help people make difficult decisions about changing their behaviour.[11-13] A guiding style that is fundamentally different from the more directive and confrontational approaches used in everyday clinical practice is at the heart of the approach. This directing style may partly explain why health workers experience patients as being noncompliant and uninterested in taking responsibility for their health. A directing style is often met with resistance, which may be expressed as superficial agreement, but no genuine commitment to action, or as failure to return for follow-up appointments.

The guiding style is characterised by collaboration between the health worker and patient in a relationship in which power is shared. Both contribute to the discourse and both seek to combine their expertise to find a way forward.[12] The health worker should have expert knowledge of lifestyle modification, while the patient is an expert on his or her own values, preferences and context. Respect for the patient's choice and control is also a key feature, as patients should not be coerced, and health workers must not feel obligated to force patients to commit to change.

The guiding style is also empathic in that the health worker attempts to understand the patient's perspective through reflective listening and by making summaries. Evocation is a central feature in which thoughts about change and how to change are evoked from the patient. Therefore, the argument for change is provoked in the patient and is not made by the health worker.[12]

Although the guiding style is collaborative, respectful, empathic and evocative, it is not without direction and focus. Motivational interviews have been conceptualised as having four phases:[13]

- *Engaging:* During which the patient and health worker build trust, rapport and understanding.
- *Focusing:* During which they agree on a specific behaviour change topic to explore through a process of agenda mapping.
- *Evoking:* During which the health worker evokes change talk in the patient and assesses the person's readiness to make a commitment to change.
- *Planning:* During which the health worker assists the patient to make a clear and feasible plan for change, but only if he or she is ready to do so.

A number of strategies and communication skills underlie the style and flow of the interview. Key communication skills include OARS:[12]

- Open-ended questions that evoke change talk or encourage elaboration.
- Affirmations of the person's strengths or abilities.
- Reflective listening.
- Summaries.

An increasing amount of change talk expressed by the patient is at the heart of motivational interviewing. As he or she articulates the desire, ability, reasons or need to change, the likelihood of change increases and starts to become visible with an increasing amount of commitment talk. Being able to recognise, evoke and respond to change talk is one of the key skills that is needed.[13]

A recent meta-analysis of motivational interviewing used in general medical settings, and using the kind of behavioural topics addressed in this article, reported that it has an odds ratio of 1.55 (95% confidence interval: 1.40-1.71, p-value $< 0.001$), when compared to other common approaches to advice giving or behaviour change counselling used in these settings.[14] Therefore, this evidence suggests that it is an effective approach with a moderate effect size.

However, full motivational interviewing may be time consuming and more suited to conventional counselling situations than to busy primary care and other health facilities. The number of patients requiring assistance is also enormous within the primary care system, and often overwhelms the capacity of primary care providers to provide quality care. Primary care providers are a scarce resource in many settings and task shifting results in cadres with less training being asked to do more than they would be in well-resourced settings. The following sections of this article discuss adaptations of motivational interviewing that may be more feasible within this context.

**Figure 1:** A health promoter facilitates group diabetes education

## Group motivational interviewing

Chronic care teams in Cape Town, faced with the situation just described, recommended that patients with diabetes were educated in groups, and health promoters utilised as facilitators.[15] Health promoters are essentially community health workers drawn from the local community and trained, often over many years, to perform health promotion in the primary care facility.

A group education programme was developed that included four sessions of approximately 60 minutes each, to address the essential aspects of diabetes in a comprehensive and systematic way:

- What is diabetes?
- How should I change my lifestyle?
- How do I make sense of my medication?
- How do I avoid complications?

A variety of educational materials were developed to assist the health promoters during the group activities, for example, flip chart pictures, dietary food cards and true-false game cards. The health promoters were trained to deliver the content using a guiding style derived from motivational interviewing (Figure 1), as previously described.

A similar programme, developed in the Eden District of the Western Cape, demonstrated significant behaviour change immediately after the programme ended in relation to healthy eating, physical activity, foot care and perceived ability to share the information with others.[16] The educational programme, outlined previously, was tested in a pragmatic, clustered randomised controlled trial in the Cape Town Metropole. One year later, it was found to have had a significant persistent effect on systolic and diastolic blood pressure.[17-20] The decrease in blood pressure was clinically significant, and the group education programme was found to be a cost-effective intervention in our setting, with an incremental cost-effectiveness ratio of $1 862/quality-adjusted life years saved.[21]

Therefore, group education using a guiding style by mid-level health workers may be a feasible and effective approach to behaviour change counselling in South Africa. Similar materials have also been created for group education with asthma and COPD.[22] International evidence also suggests that such education can be even more effective when delivered more intensively and by more highly trained workers, such as nurses or doctors.[23]

## Brief behaviour change counselling

Although groups of patients can be educated in an efficient, comprehensive and structured way, the need for additional individual behaviour change counselling as part of primary care consultations cannot be avoided. Such individual counselling should be brief and skilful, and delivered by both nurses and doctors.

Internationally, the five "As" (assess, advise, agree, assist and arrange) have been recognised as best practice with regard to brief behaviour change counselling.[24] We have adapted the five "As" to be delivered in a guiding style as follows: ask, alert, assess, assist and arrange.[25]

### Step 1: Ask

Ask about, assess and document behavioural risk factors. The patient may be asked about what he or she already knows about the health risks of a particular behaviour, or what he or she is interested in knowing more about. Ask permission to discuss the issue further.

### Step 2: Alert

Provide clear personalised information on the risks or benefits of change, and if possible, link the topic to the reason for the consultation. Try to offer information in a neutral manner, without telling the patient what he or she must do about it.

### Step 3: Assess

Allow the individual to assess the personal relevance of the information and to determine his or her readiness to change. Readiness to change may be seen as having two important dimensions: acknowledging the importance of change and the person's confidence in his or her ability to do so.

### Step 4a: Assist those who are ready

Assist the patient in setting goals and brainstorm with him or her on ways of changing. Anticipate any difficulties and how he or she will handle them. Prompt the patient to seek social support. Provide supplementary education and motivational materials, or medical treatment, when appropriate.

### Step 4b: Assist those who are not ready

You may decide to do nothing more, but if time permits, you could explore the patient's concerns about change and what would need to happen for acknowledgement of the importance of change to occur, or for his or her confidence in being able to change to increase. Offer supplementary education material that can be taken home, and an open door should he or she decide to change his or her mind.

### Step 5: Arrange

Schedule follow-up contact to provide ongoing assistance and to adjust the plan as needed. Refer to more specialised services, if

**Figure 2:** The training of trainers on brief behaviour change counselling

necessary, or to community-based resources. Record the outcome of the counselling in the medical record.

This approach was tested in the South African context in a quasi-experimental study aimed at helping pregnant women to stop smoking.[26] The 5 "As" were delivered using a combination of midwives, who initiated the process; and lay counsellors, who completed it. This demonstrates that the approach can be divided between different members of the primary care team. The study reported a significant effect on both smoking cessation and reduction, in that almost 20% of the mothers benefited in some way from the intervention.

Training for primary care providers with regard to this approach has now been developed as a short eight-hour course. Trainers are available throughout the country as part of the ichange4Health programme (Figure 2).[27] A training manual that explains the approach in detail, a recipe book and patient education materials have also been made freely available through the website. Initial evaluation of the training course suggests that primary care providers can learn this new approach and implement it in their clinical practice, at least in the short term.

## A model of behaviour change counselling for South Africa

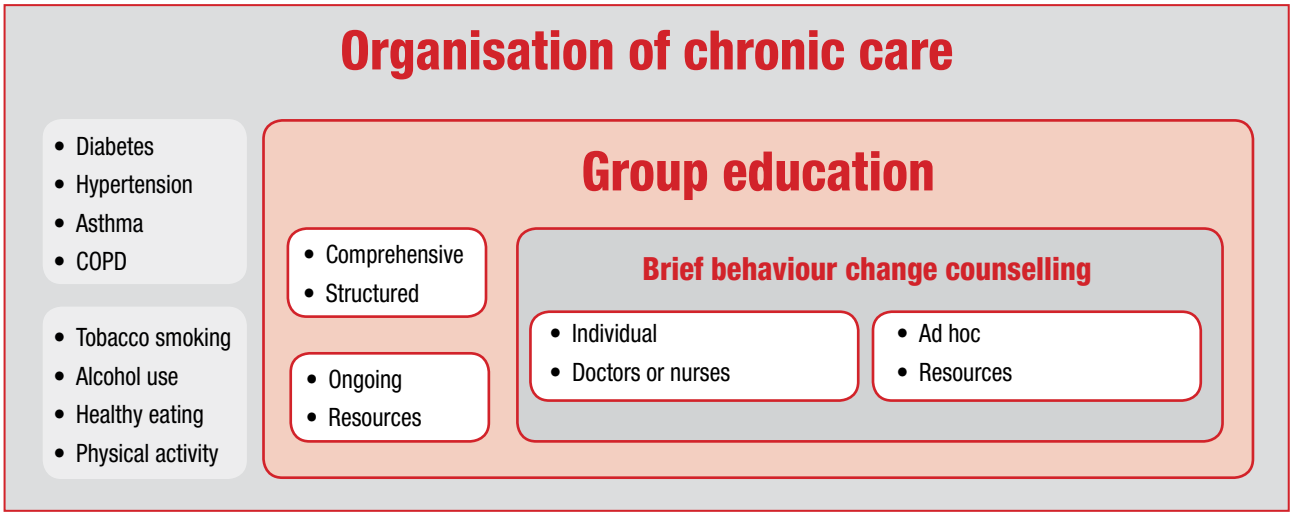
A combination of group education and individual brief behaviour change counselling, as depicted in Figure 3, is the model that is beginning to emerge from this body of work.

At organisational and policy level, commitment to a comprehensive approach that addresses at least the four main diseases of hypertension, diabetes, asthma and COPD, as well as the four main risk factors, unhealthy eating, physical inactivity, tobacco smoking and harmful alcohol use, is needed. Organisations should ensure that their health workers are capable of adopting a guiding style and to have expert knowledge of lifestyle modification. This requires attention to initial training, as well as continuing professional development. However, in addition to this, attention must be paid to ensuring that there is capacity for behaviour change counselling through the provision or planning of suitable space for group education, as well as through the provision of suitable patient education materials.

Education can be organised in a systematic and structured way within the health facility group to deliver comprehensive tutoring to patients on an ongoing basis. In some cases, such education has also been offered to the community or has targeted specific groups initially, such as newly diagnosed patients. Primary care providers can then offer ad hoc brief individual and personalised behaviour change counselling, as the need and opportunity arise within consultations, to supplement the more comprehensive group approach.

## Conclusion

Unhealthy behaviour is a key factor that underlies much of the South African burden of disease and primary care morbidity. This is particularly true of NCDs which are driven by unhealthy eating, physical inactivity, tobacco smoking and harmful alcohol




COPD: chronic obstructive pulmonary disease

**Figure 3:** A model of comprehensive behaviour change counselling for South Africa

use. An ecological approach to reducing unhealthy behaviour requires interventions at the levels of society, community, home and individuals. Behaviour change counselling mainly tackles the problem at the level of individuals and sometimes families. Currently, our primary care providers are poorly trained for behaviour change counselling within the health facilities, and there are many barriers to its successful delivery. Nevertheless, a number of successful approaches have been developed and tested in the South African context. Group motivational interviewing, even when delivered by mid-level health workers, can deliver comprehensive education and motivation for change to large groups of patients. Brief behaviour change counselling, based on a guiding style and the 5 "As", can supplement the group approach when offered by trained primary care providers as part of consultations. These approaches need to be integrated into policy and facility management so that patients are offered comprehensive education, in a suitable space and setting, with appropriate educational materials.

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# OBITUARY: Dr Elaine Beckh-Arnold

## 10 November 1967 - 22 June 2014

Sadly, Dr Elaine Beckh-Arnold, our friend and colleague, passed away on 22 June 2014, after being unwell for several months. In 2006, Dr Beckh-Arnold joined the Division of Human Genetics of the National Health Laboratory Service and the University of the Witwatersrand as a Fellow, training in the subspecialty of Medical Genetics. She obtained her Certificate in Medical Genetics, and was then appointed to a medical genetics consultant post in the division in 2008; a post which she occupied until her untimely passing.

Dr Elaine Beckh-Arnold was born on 10 November 1967 in Lusaka, Zambia, where for the most part, she grew up on the family farm. So was so fond of the farm that she passed her love of it on to her children. They would spend many holidays there. She completed her schooling in Zambia, and went on to study at The University of Zambia, fondly referred to as "UNZA", where she qualified as a doctor in 1992, having won the prize for best graduate in Paediatrics. At this time, Elaine and Francis became engaged, and she joined him at Shongwe Hospital in Mpumalanga, where she completed her internship. On 24 April 1993, they were married.

She joined the Department of Paediatrics, University of the Witwatersrand, in 1994, and qualified as a paediatrician in 1998. She worked in the Neonatology Unit at Chris Hani Baragwanath Hospital until 2005, during which time she qualified as a neonatologist. She then moved to the Division of Human Genetics, where she worked until she became unwell. She continued to retain strong links with her paediatric colleagues.

Dr Beckh-Arnold served as an examiner for a number of specialist examinations of the College of Medical Geneticists. She also served as a Senator for the College of Medical Geneticists from 2011-2014, and in this capacity also served on the Exams and Credentialing Subcommittee of the Colleges of Medicine of South Africa.

She is remembered by her work associates as determined, efficient and extremely diligent. She was quiet and dignified, and well respected by her peers. She shared her academic knowledge with her colleagues, and showed her leadership skills as a dedicated teacher and a supervisor at clinics, but never sought praise nor attention for her work. Her sense of humour was shared with everyone.

She was extremely dedicated to her patients, for whom she often went the "extra mile". They, in turn, always showed, and continue to show, their appreciation of her. Dr Beckh-Arnold's devotion to her family, especially to her husband, Francis, her children, Gabi and Graham, and her mother and sisters, was always evident.

Dr Elaine Beckh-Arnold will be remembered and sadly missed by all of her colleagues and family, and particularly those of us who worked closely with her in the clinical section of the Division of Human Genetics in Johannesburg. We have lost not only an exceptional colleague, but also a friend.

### MAURICE WEINBREN AWARD IN RADIOLOGY

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 dealing either with radiodiagnosis, radiotherapy, nuclear medicine or diagnostic ultrasound.

The closing date is **15 January 2015.** The guidelines pertaining to the award can be requested from Mrs Sharleen Stone, Tel: (031) 260 4437/8, Fax: (031) 260 4439 and E-mail: cmsa-edu@ukzn.ac.za

# CMSA DATABASE INFORMATION UPDATE

It is the sole 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.

**Fax or e-mail updated particulars, to:**
**Fax: (021) 685 3766 E-mail: members@colmedsa.co.za**

Name _____
(State whether Prof or Dr)

E-mail Address _____

Telephone (Work) _____

Facsimile _____

Telephone (Home) _____

Mobile _____

Identity Number _____

New Address (If Applicable) _____

_____

_____

_____ Postal Code _____

Information, required strictly for statistical and fundraising purposes:

**Gender**: ☐ Male ☐ Female

**Race**: ☐ Asian ☐ Black ☐ Coloured ☐ White

**Marital Status**: ☐ Single ☐ Divorced ☐ Married ☐ Widowed

**Abstained**: ☐

## ROBERT McDONALD RURAL PAEDIATRICS PROGRAMME

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

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

The closing dates for applications are **15 July and 15 January of each year.** The guidelines pertaining to the programme can be requested from Sharleen Stone, 12 Glastonbury Road, Umbilo 4001, Tel (031)260 4437/8, Fax: (031) 260 4439 and e-mail: cmsa-edu@ukzn.ac.za

# 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.

## R W S CHEETHAM AWARD IN PSYCHIATRY

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 registered and practising in South Africa qualify for the award which consists of a medal and certificate.

The closing date is **15 January 2015.** The guidelines pertaining to the award can be requested from Mrs Sharleen Stone, Tel: (031) 260 4437/8, Fax: (031) 260 4439 and E-mail: cmsa-edu@ukzn.ac.za

## SOUTH AFRICAN SIMS FELLOWSHIP SUB-SAHARAN AFRICA

Nominations are invited from Presidents of eligible Colleges for the above fellowship.

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

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

Further information regarding the fellowship can also be obtained from Sharleen Stone at: Telephone (031) 260 4437/8, Fax (031) 260 4439

Electronic submissions will also be accepted and should be sent to Sharleen Stone at cmsa-edu@ukzn.ac.za

# Active Honorary Fellows (as at 10 October 2014)

| | |
|---|---|
| **Acquaye** Joseph Kpakpo (CP) (2004) | Accra, Ghana |
| **Adamson Fryhofer** Sandra (CP) (2003) | Atlanta, USA |
| **Akande** Ebenezer Oluwole (COG) (2002) | Ibadan, Nigeria |
| **Alberti** Kurt George MM (CP) (1998) | London, UK |
| **Arulkumaran** Sabaratnam (COG) (2005) | London,UK |
| **Asuzu** Michael Chiemeli (CPHM) (2012) | Ibadan, Nigeria |
| **Azubuike** Jonathan C (C PAED) (2005) | Enugu, Nigeria |
| **Bailey** Susan Mary (C PSYCH) (2012) | Manchester, UK |
| **Baird** David (COG) (2009) | Edinburgh, UK |
| **Baltzan** Richard (CP) (2001) | Saskatoon, Canada |
| **Becklake** Margaret R (CP) (1994) | Montreal, Canada |
| **Benatar** Solomon Robert (CP) (2001) | Cape Town, SA |
| **Bird** Alan Charles (C OPHTH) (2006) | London, UK |
| **Boix-Ochoa** Josè (CS) (2006) | Barcelona, Spain |
| **Bothwell** Thomas Hamilton (CP) (1994) | Johannesburg, SA |
| **Britt** LD (CS) (2012) | Virginia, USA |
| **Brobby** George Wireko (C ORL) (2012) | Kumasi, Ghana |
| **Brown** Thomas C K (Kester) (CA) (2002) | Victoria, Australia |
| **Browse** Norman (CS) (1996) | London, UK |
| **Burger** Henry (CP) (1984) | Victoria, Australia |
| **Burgess** John H (CP) (1991) | Westmount, Canada |
| **Calder** Andrew (COG) (2005) | Edinburgh, UK |
| **Cameron** Donald Patrick (CP) (1998) | Queensland, Australia |
| **Caruso** Vincent (C PATH) (2005) | NSW, Australia |
| **Chalmers** Iain Geoffrey (COG) (2001) | Oxford, UK |
| **Chang** Keng Wee (CS) (2012) | Kuala Lumpur, Malaysia |
| **Chaudhry** Zafar Ullah (CS) (2012) | Karachi, Pakistan |
| **Clewlow** Warren (CMSA) (2006) | Sandton, SA |
| **Collin** John Richard Olaf (C OPHTH) (2007) | London, UK |
| **Conti** Charles Richard (CP) (1991) | Florida, USA |
| **Courtemanche** Albert Douglas (CS) (1992) | British Columbia, Canada |
| **Couture** Jean (CS) (1979) | Quebec, Canada |
| **Cox** John (C PSYCH) (2000) | London, UK |
| **Crowe** John Patrick (CP) (2012) | Dublin, Ireland |
| **Cunningham** Anthony Andrew (CA) (2004) | Dublin, Ireland |
| **Cywes** Sidney (CS) (1998) | Cape Town, SA |
| **De Klerk** Frederick Willem (CMSA) (1994) | Cape Town, SA |
| **De Laey** Jean-Jacques (C OPHTH) (2000) | Gent, Belgium |
| **De Swiet** Michael (COG) (2004) | London, UK |
| **Deschênes** Luc (CS) (1998) | Quebec, Canada |
| **Deutman** August (C OPHTH) (2000) | Nijmegen, Netherlands |
| **Dinsdale** Henry B (CP) (1996) | Ontario, Canada |
| **Douglas** Neil James (CP) (2005) | Edinburgh, UK |
| **Drife** James Owen (COG) (2002) | Leeds, UK |
| **Elkington** Andrew R (C OPHTH) (1997) | Hampshire, UK |
| **English** Terence Alexander H (CS) (1991) | London, UK |
| **Falconer** Anthony Dale (COG) (2012) | London, UK |
| **Farooqui** Muhammad S (CP) (2001) | Karachi, Pakistan |
| **Foëx** Pierre (CA) (2007) | Oxford, UK |
| **Foulds** Wallace Stewart (C OPHTH) (1992) | Glasgow, UK |
| **Francescutti** Louis Hugo (CP) (2012) | Alberta, Canada |
| **Fritz** Vivian Una (C NEUROL) (1972) | Johannesburg, SA |
| **Galasko** Charles S B (C ORTH) (2003) | Cheshire, UK |
| **Genest** Jacques (CP) (1970) | Montreal, Canada |
| **Gill** Geoffrey Victor (CP) (2007) | Wirral, UK |
| **Gilmore** Ian Thomas (CP) (2007) | London, UK |
| **Giwa-Osagie** Osato O F (COG) (2005) | Lagos, Nigeria |
| **Greenberger** Norton J (CP) (1991) | Massachusetts, USA |
| **Grosfeld** Jay Lazar (CPS) (2014) | Indiana, USA |
| **Hamilton** Andrew M P (C OPHTH) (2001) | Middlesex,UK |
| **Hamilton** Stewart (CS) (2005) | Alberta, Canada |
| **Hanrahan** John Chadwick (CS) (1992) | Peppermint Gr. WA |
| **Hederman** William Patrick (CS) (1992) | Dublin, Ireland |
| **Hennessy** Thomas Patrick J (CS) (1997) | Dublin, Ireland |
| **Hollins** Sheila (C PSYCH) (2005) | London, UK |
| **Hudson** Alan Roy (C NEUROSURG) (1992) | Ontario, Canada |
| **Hume** Robert (CS) (1992) | Glasgow, UK |
| **Huskisson** Ian Douglas (CMSA) (1997) | Cape Town, SA |
| **Hutton** Peter (CA) (2003) | Birmingham, UK |
| **Joubert** Peter Gowar (CMSA) (1999) | Johannesburg, SA |
| **Kaaya** Ephata Elikana (C PATH) (2012) | Dar-Es-Salaam, Tanzania |
| **Keogh** Joseph Anthony Brian (CP) (1998) | Dublin, Ireland |
| **Kerr** David Nicol Sharp (CP) (1992) | London, UK |
| **Keys** Derek Lyle (CMSA) (1993) | Johannesburg, SA |

| | |
|---|---|
| **Kuku** Sonny F (CP) (2001) | Lagos, Nigeria |
| **Langer** Bernard (CS) (2001) | Ontario, Canada |
| **Leffall** LaSalle D (CS) (1996) | Washington, USA |
| **Lekamwasam** L K L S (CP) (2012) | Galle, Sri Lanka |
| **Lemmer** Johan (CMSA) (2006) | Sandton, SA |
| **Levett** Michael John (CMSA) (1999) | Cape Town, SA |
| **Levin** Lawrence Scott (C PLAST) (2006) | North Carolina, USA |
| **Looi** Lai Meng (C PATH) (2005) | Kuala Lumpur, Malaysia |
| **Lorimer** Andrew Ross (CP) (2004) | Glasgow, UK |
| **Luntz** Maurice Harold (C OPHTH) (1999) | New York, USA |
| **MacKay** Colin (CS) (1998) | Glasgow, UK |
| **MacLean** Lloyd Douglas (CS) (1996) | Quebec, Canada |
| **MacSween** Roderick N M (C PATH) (1998) | London, UK |
| **Maryon-Davis** Alan (CPHM) (2010) | London, UK |
| **Mazwai** Ebden Lizo (CMSA) (2011) | Mthatha, SA |
| **McDonald** John W David (CP) (2004) | Ontario, Canada |
| **McKenna** Terence Joseph (CP) (2005) | Dun Laoghaire, Dublin |
| **McLean** Peter (CS) (1998) | Dublin, Ireland |
| **Meakins** Jonathan Larmonth (CS) (2004) | Quebec, Canada |
| **Mensah** George A (CP) (2005) | Georgia, USA |
| **Meursing** Anneke Elina Elvira (CA) (2003) | Blantyre, Malawi |
| **Mieny** Carel Johannes (CMSA) (1996) | Pretoria, SA |
| **Mokgokong** Ephraim T (COG) (2006) | Medunsa, SA |
| **Molteno** Anthony C B (C OPHTH) (2001) | Otago, New Zealand |
| **Morrell** David Francis (CMSA) (2004) | Kenton on Sea, SA |
| **Mortimer** Robin Hampton (CP) (2004) | NSW, Australia |
| **Mutyaba** Frederick A (C ORTH) (2012) | Kampala, Uganda |
| **Myers** Eugene Nicholas (C ORL) (1989) | Pennsylvania, USA |
| **Ngu** Victor Anomah (CS) (2008) | Yacunde, Cameroon |
| **Norman** Geoffrey Ross (CMSA) (2003) | Ontario, Canada |
| **O'Donnell** Barry (CS) (2001) | Dublin, Ireland |
| **Ogedengbe** Olasurubomi K (COG) (2012) | Lagos, Nigeria |
| **Ogilvie Thompson** Julian (CMSA) (2009) | Johannesburg, SA |
| **Oh** Teik Ewe (CA) (2003) | Perth, West Australia |
| **O'Higgins** Niall (CS) (2005) | Dublin, Ireland |
| **Opie** Lionel Henry (CP) (2008) | Cape Town, SA |
| **Pasnau** Robert O (C PSYCH) (1988) | California, USA |
| **Pinker** George (COG) (1991) | London, UK |
| **Prentice** Archie G (C PATH) (2012) | London, UK |
| **Prys-Roberts** Cedric (CA) (1996) | Bristol, UK |
| **Puri** Prem (C PAED) (2013) | Dublin, Ireland |
| **Ramphele** Mamphela Aletta (CMSA) (2005) | Cape Town, SA |
| **Reeve** Thomas Smith (CS) (1991) | NSW, Australia |
| **Richmond** John (CP) (1991) | Edinburgh, UK |
| **Rosholt** Aanon Michael (CMSA) (1980) | Johanneburg, SA |
| **Salyer** K Everett (C PLAST) (2007) | Texas, USA |
| **Samkange** Christopher A (C UROL) (2012) | Harare, Zimbabwe |
| **Santucci** Richard Anthony (C UROL) (2013) | Michigan, USA |
| **Saunders** Stuart John (CMSA) (1989) | Cape Town, SA |
| **Schulz** Eleonora Joy (C DERM) (2006) | Pretoria, SA |
| **Seedat** Yackoob Kassim (CMSA) (1998) | Durban, SA |
| **Segal** Anthony Walter (CP) (2008) | London, UK |
| **Sewell** Jill (CP) (2005) | Victoria, Australia |
| **Shear** Mervyn (CD) (1999); (C PATH) (2004) | Cape Town, SA |
| **Sherwood** Rupert (COG) (2012) | Victoria, Australia |
| **Sims** Andrew C Peter (C PSYCH) (1997) | Leeds, UK |
| **Slaney** Geoffrey (CS) (1986) | London, UK |
| **Smith** Edward Durham (CS) (1990) | Victoria, Australia |
| **Smith** John Allan Raymond (CS) (2005) | Sheffield, UK |
| **Soothill** Peter William (COG) (2004) | Bristol, UK |
| **Sparks** Bruce Louis W (CFP) (2006) | Parktown, SA |
| **Spitz** Lewis (CS) (2005) | London, UK |
| **Steer** Phillip James (COG) (2004) | London, UK |
| **Strunin** Leo (CA) (2000) | London, UK |
| **Stulting,** Andries Andriessen (CMSA) (2011) | Bloemfontein, SA |
| **Sykes** Malcolm Keith (CA) (1989) | Oxford, UK |
| **Tan** Kok Chai (C PLAST) (2012) | Singapore |
| **Tan** Ser-Kiat (CS) (1998) | Singapore |
| **Tan** Walter Tiang Lee (CP) (2001) | Singapore |
| **Terblanche** John (CMSA) (1995) | Cape Town, SA |
| **Thomas** William Ernest Ghinn (CS) (2006) | Sheffield, UK |
| **Thomson** Gerald Edmund (CP) (1996) | New York, USA |
| **Trunkey** Donald Dean (CS) (1990) | Oregon, USA |
| **Turnberg** Leslie Arnold (CP) (1995) | Cheshire, UK |
| **Turner-Warwick** Margaret (CP) (1991) | London, UK |
| **Underwood** James C E (C PATH) (2006) | Sheffield, UK |
| **Van Heerden** Jonathan A (CS) (1989) | S Carolina, USA |
| **Vaughan** Ralph S (CA) (2003) | Cardiff, UK |
| **Visser** Gerard (COG) (1999) | Utrecht, Netherlands |
| **Wakwe** Victor C (C PATH) (2012) | Delta State, Nigeria |
| **Wijesiriwardena** Bandula C (CP) (2005) | Kalubowila, Sri Lanka |
| **Yeoh** Poh-Hong (CS) (1998) | Kuala Lumpur, Malaysia |
| **Yip** Cheng-Har (CS) (2012) | Kuala Lumpur, Malaysia |
| **Zuker** Ronald Melvin (C PLAST) (2013) | Ontario, Canada |

*(Deceased members not listed but on record)*

# CMSA Active Life Members (as at 10 October 2014)

**Abdulla** Mohamed Abdul Latif
**Abell** David Alan
**Aboobaker** Jamilabibi
**Abrahams** Cyril
**Abramowitz** Israel
**Abratt** Raymond Pierre
**Adams** Ganief
**Adhikari** Mariam
**Ahmed** Sheikh Nisar
**Ahmed** Yusuf
**Aitken** Robert James
**Alderton** Norman
**Alison** Andrew Roy
**Allen** Peter John
**Allerton** Kerry Edwin Glen
**Allie** Abduraghiem
**Allison** Hugo Frederick
**Allwood** Clifford William
**Allwright** George Tunley
**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** Lynne Wilford
**Baker** Peter Michael
**Bane** Roy Errol
**Barbezat** Gilbert Olivier
**Barday** Abdul Wahab
**Barnard** Philip Grant
**Barnes** Richard David
**Barnetson** Bruce James
**Barry** Michael Emmet
**Bax** Geoffrey Charles
**Bean** Eric
**Beaton** Sÿa
**Beatty** David William
**Becker** Herbert
**Becker** Jan Hendrik Reynor
**Bell** George Murray
**Bell** Peter Stewart Hastings
**Benatar** Solly Robert
**Benatar** Victor
**Benjamin** Ephraim Sheftel
**Benjamin** John David
**Bennett** Michael Julian
**Bérard** Raymond Michael Francis
**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
**Bird** Arthur Richard
**Birkett** Michael Ross
**Blair** Ronald Mc Allister
**Bleloch** John Andrew
**Bloch** Cecil Emanuel
**Bloch** Harold Michael
**Bloch** Hymen Joshua
**Bock** Ortwin A Alwin
**Bolton** Keith Duncan
**Booker** Henry Thomas
**Booth** William Richard Calvert
**Borchers** Trevor Michael
**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** Garth Kuys
**Brink** Stefanie
**Brits** Jacobus Johannes
**Brock-Utne** John Gerhard
**Broude** Abraham Mendel
**Brown** Basil Geoffrey
**Brown** Raymond Solomon
**Brueckner** Roberta Mildred
**Bruk** Morris Isaac
**Bruwer** André Daniel
**Bruwer** Ignatius Marthinus Stephanus
**Buchan** Terry
**Buchel** Elwin Herbert
**Burger** Marius Sydney
**Burger** Nicolaas Francois
**Burger** Thomas Francois
**Burgess** John Digby
**Burgin** Solomon
**Burns** Derrick Graham
**Butler** George Parker
**Butt** Anthony Dan
**Byrne** James Peter
**Caldwell** Michael William
**Caldwell** Robert Ian
**Cameron** Neil Andrew
**Campbell** Derek Gilliland
**Carim** Abdool Samad
**Carim** Suliman
**Carman** Hilary Alison
**Cassel** Graham Anthony
**Cassim** Reezwana
**Catterall** Robert Desmond
**Cavvadas** Aikaterine
**Chaimowitz** Meyer Alexander
**Charles** David Michael
**Charles** Lionel Robert
**Charlton** Robert William
**Chin** Wu Wai Nin
**Chothia** Khatija
**Cilliers** Pieter Hendrik Krynauw
**Cinman** Arnold Clive
**Claassens** Hermanus JH
**Clarke** Simon Domara
**Clausen** Lavinia
**Cleaton-Jones** Peter Eiddon
**Cloete** Bruce
**Cochrane** Raymond Ivan
**Coetzee** Daniël
**Coetzer** Hendrik Martin
**Cohen** Brian Michael
**Cohen** Colin Koppel
**Cohen** Eric
**Cohen** Leon Allan
**Cohen** Michael
**Cohen** Morris Michael
**Cohen** Philip Lester
**Coller** Julian Somerset
**Combrink** Johanna Elizabeth
**Combrink** Johanna Ida Lilly
**Comfort** Peter Thomas
**Commerford** Patrick Joseph
**Conway** Sean Stephen
**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
**Craig** Denham David
**Cretikos** Michael Dionisios Emmanuel Perandonikis
**Crewe-Brown** Heather Helen
**Crichton** Eric Derk
**Cronjè** Hendrik Stefanus
**Crosier** James Herbert
**Crosley** Anthony Ian
**Croucamp** Petrus C Hendrik
**Cullis** Sydney Neville Raynor
**Cumes** David Michael
**Cywes** Sidney
**Dalby** Anthony John
**Dalgleish** Christopher Ian Philip
**Dalmeyer** Johannes Paulus Franciscus
**Dalrymple** Rhidian Blake
**Danchin** Jack Errol
**Daneel** Alexander Bertin
**Daniel** Clive Herbert
**Daniels** Andrè Riad
**Dansky** Raymond
**Darlison** Michael Tatlow
**Daubenton** François
**Daubenton** John David
**Davey** Dennis Albert
**Davey** Helen Elizabeth
**Davidge-Pitts** Keith James
**Davidson** Aaron
**Davies** David
**Davies** Michael Ross Quail
**Davis** Charles Pierre
**Davis** Martin David
**Dawes** Marion Elizabeth
**Dawood** Aysha Amod
**De Beer** Hardie Alfred
**De Jager** Lourens Christiaan
**De Klerk** Daniel Johannes Janse
**De Swardt** Stephanus Raynier
**De Villiers** Jacques Charl
**De Villiers** Marthinus Johannes Pieter
**De Villiers** Pieter Ackerman
**De Villiers** Stefanus Johannes
**De Wet** Jacobus Johannes
**De Zeeuw** Paul
**Dean** Joseph G Kerfoot
**Dennehy** Patrick J Pearce
**Dent** David Marshall
**Derman** Henry Jack
**Desai** Farid Mahomed
**Desai** Farieda
**Deseta** Juan Carlos Horacio
**Dhansay** Jalaluddin
**Dhansay** Yumna
**Diers** Garth Ruben

**Digby** Rodney Mark
**Distiller** Lawrence Allen
**Docrat** Rookayia
**Donald** Peter Roderick
**Dornfest** Franklyn David
**Douglas-Henry** Dorothea
**Dove** Ephraim
**Dowdeswell** Robert Joseph
**Dower** Peter Rory
**Dreosti** Lydia Mary
**Dreyer** Wynand Pieter
**Du Plessis** Dionisius Johann
**Du Plessis** Hendrik Pienaar
**Du Plessis** Hennie Lodewia
**Du Toit** Donald Francois
**Du Toit** Johan Loots
**Du Toit** Pierre F Mulvihal
**Duncan** Gordon Alexander
**Duncan** Harold James
**Dunning** Richard Edwin Frank
**Duys** Pieter Jan
**Eathorne** Allan James
**Ebrahim** Allie
**Edge** Kenneth Roger
**Ehrlich** Hyman
**Elk** Errol Ivan
**Emby** Donald Jan
**Enslin** Ronald
**Epstein** Brian Martin
**Erasmus** Frederick Rudolph
**Erasmus** Philip Daniel Christoffel
**Essack** Maimona
**Esterhuysen** Stephen Philip
**Etellin** Pierre Anthony
**Evans** Herbert Campbell Barrow
**Evans** Warwick Llewellyn
**Fanarof** Gerald
**Farrant** Peter John
**Faul** Helena
**Fehler** Boris Michael
**Fergusson** David J Guillemard
**Fernandes** Carlos Manuel Coelho
**Ferreira** Anton Leopold
**Findlay** Cornelius Delfos
**Fine** Leon Arthur
**Fine** Stuart Hamilton
**Fisher-Jeffes** Donald Leonard
**Fletcher** John Somerville
**Flynn** Michael Anthony
**Forman** Allan
**Forman** Robert
**Förtsch** Hagen E Armin
**Foster** Nathaniel E George
**Franco** Mardochee Marc
**Frank** Joachim Roelof
**Frankel** Freddy Harold
**Freedman** Jeffrey
**Freiman** Ida
**Friedmann** Allan Isodore
**Fritz** Vivian Una
**Froese** Steven Philip
**Furman** Saville Nathan
**Gajjar** Pravinchandra Dhirajlal
**Galatis** Chrisostomos
**Galloway** Peter Allan
**Gani** Akbar
**Garb** Minnie
**Gardiner** Victor Burberow
**Gardner** Jacqueline Elizabeth
**Garisch** James Archibald MacKenzie
**Gaziel** Yoel
**Gentin** Benjamin
**Gerard** Clifford Leslie
**Germon** Lawrence
**Gersh** Bernard John
**Gilbertson** Ian Thomas
**Gildenhuys** Jacobus Johannes
**Gillis** Lynn Sinclair
**Glazer** Harry
**Glyn Thomas** Raymond
**Goeller** Errol Andrew
**Goldberg** Barbara Sheila
**Goldin** Martin
**Goldschmidt** Reith Bernard
**Goldstein** Bertie
**Golele** Robert
**Goodley** Robert Henry
**Goodman** Hillel Tuvia
**Goosen** Felicity
**Goosen** Jacques
**Gordon** Peter Crichton
**Gordon** Robert John
**Govender** Perisamy Neelapithambaran
**Govind** Suryakant Kasan
**Govind** Uttam
**Graham** Kathleen Mary
**Grave** Christopher John Hadley
**Greeff** Oppel Bernhardt Wilhelm
**Greyling** Jacobus Arnoldus
**Grimbeek** Johannes Fredericus
**Grobbelaar** Nicolaas Johannes
**Grobler** Gregory Martinus
**Grobler** Johannes Lodewikus
**Grobler** Marthinus
**Groenewald** Lukas Johannes
**Groenewald** Marcelle
**Grotepass** Frans Willem
**Haffejee** Ismail Ebrahim
**Hammer** Alan John
**Hangelbroek** Peter
**Hansen** Denys Arthur
**Harpur** Peter James
**Harris** Ian Michael
**Harrison** Anthony Carleton
**Harrison** Neville Alan
**Hartdegen** Richard Gerhardus
**Hartley** Patricia Staunton
**Hartman** Ella
**Hassan** Mohamed Saeed
**Hattingh** Pieter Wilhelm
**Haus** Matthias
**Hawthorne** Henry Francis
**Hayward** Frederick
**Head** Mark Stephen
**Hefer** Adam Gottlieb
**Helman** Isaac
**Henderson** Linda Grantham
**Henderson** Rex Scott
**Heyns** Anthon du Plessis
**Higgs** Stephen Charles
**Hill** John William
**Hill** Paul Villiers
**Hillock** Andrew John
**Hirschowitz** Jack Sydney
**Hirschson** Herman
**Hitchcock** Peter John
**Hockly** Jacqueline Douglas Lawton
**Hockman** Maurice Harold
**Hoffman** Eduard Bernard
**Hoffmann** Vivian Jack
**Hofmeyr** Nicholas Gall
**Holdsworth** Louis David
**Holland** Victor Bernard
**Holloway** Alison Mary
**Horak** Adrian Rousseau
**Horak** Lindley Rousseau
**Horrowitz** Stephen Dan
**Hougaard** Melodie
**Hough** Frans Stephanus
**Househam** Keith Craig
**Hovis** Arthur Jehiel
**Howell** Michael E Oram
**Howes** Neville Edward
**Hugo** André Paul
**Hundleby** Christopher J Bretherton
**Hurwitz** Charles Hillel
**Hurwitz** Mervyn Bernard
**Hurwitz** Solomon Simon
**Huskisson** Ian Douglas
**Huysamen** George Henry
**Ichim** Camelia Vasilica
**Ichim** Liviu
**Isaacson** Charles
**Ismail** Khalid Hajee
**Israelstam** Dennis Manfred
**Jackpersad** Ramesh
**Jacobs** Daniel Pieter Sydney
**Jacobs** Miguel Adrian
**Jacobson** Merwyn Jack
**Jammy** Joel Tobias
**Jan** Farida
**Janse van Rensburg** Johan Helgard
**Jansen van Rensburg** Martinus
**Jassat** Essop Essak
**Jedeikin** Leon Victor
**Jeena** Hansa
**Jeffery** Peter Colin
**Jersky** Jechiel
**Jessop** Susan Jane Dorothy
**Jhetam** Dilshad
**Jöckel** Wolfgang Heinrich
**Joffe** Leonard
**Joffe** Stephen Neal
**Johnson** Sylvia
**Johnston** John Irving
**Jonker** Edmund
**Jonker** Michael Angelo Theodore
**Jooste** Edmund
**Jordaan** James Charles
**Jordaan** Johann Petrus
**Jordaan** Robert
**Joubert** James Rattray
**Joynt** Gavin Matthew
**Kaiser** Gerhard Hans Robert
**Kaiser** Walter
**Kalla** Ismail Sikander
**Kalombo** Augustin Ngalamulume
**Kamdar** Mahomed Cassim
**Kane-Berman** Jocelyne Denise Lambie
**Kaplan** Neville Lewis
**Kapp** John
**Karlsson** Eric Lennart
**Karusseit** Victor Otho Ludwig
**Kassner** Grant William
**Katz** Ian Ariel
**Katzke** Dieter
**Katzeff** Stanley Norman
**Keet** Marie Paulowna
**Keet** Robert Arthur
**Keeton** Godfrey Roy
**Kemp** Donald Harold Maxwell
**Kenyon** Michael Robert
**Kessler** Edmund
**Kew** Michael Charles
**Key** Jillian Jane Aston
**Kieck** Charles Frederick
**Kimberg** Matti
**King** Jennifer Ann
**King** John Frederick
**Kinsley** Robin Howard
**Kirsten** Gerhardus Francois
**Klein** Hymie Ronald
**Klevansky** Hyman
**Kling** Kenneth George
**Klugman** Leon Hyam
**Knobel** John
**Knoetze** Gerald Casparus
**Koch** Johann Augustinus
**Koller** Anthony Bruce
**König** Harold Leith Edward
**Kotton** Bernard
**Koz** Gabriel
**Kramer** Brian David
**Kranold** Dorothea Helene
**Krengel** Biniomin
**Kriel** Jacques Ryno
**Krige** Louis Edmund
**Kruger** Theunis Frans
**Kussel** Jack Josiah
**Kussman** Barry David
**Kuyl** Johannes Marinus
**Labuschagne** Izak
**Lachman** Anthony Simon
**La Grange** Jacobus Johannes Christiaan
**Laing** John Gordon Dacomb
**Lake** Walter Thomas
**Lalloo** Maneklal
**Lamont** Alastair
**Lampert** Jack Arthur
**Landsberg** Pieter Guillaume
**Lantermans** Elizabeth Cornelia
**Large** Robert George
**Lasich** Angelo John
**Latif** Ahmed Suliman
**Laubscher** Willem M Lötter
**Laurence** John Egerton
**Lautenbach** Earle E Gerard
**Lawson** Hugh Hill
**Leader** Leo Robin
**Leary** Peter Michael
**Leary** William P Pepperrell
**Leaver** Roy

**Leeb** Julius
**Lejuste** Michel JL Remi
**Lemmer** Johan
**Lemmer** Lourens Badenhorst
**Lennox** Gordon Stuart
**Le Roex** René Denyssen
**Le Roux** Petrus A Jacobus
**Lessing** Abrahim J Petrus
**Levin** Jonathan
**Levin** Solomon Elias
**Levy** Ernest Ronald
**Levy** Walter Jack
**Lewin** Arthur
**Lewin** Jack Roy
**Lewis** Dorothy
**L'Heureux** Renton
**Liebetrau** Carl Roux
**Linde** Stuart Allen
**Lion-Cachet** Ethelwyn Antoinette
**Lipper** Maurice Harold
**Lipschitz** Shirley
**Lloyd** David Allden
**Lloyd** Elwyn Allden
**Lochner** Jan de Villiers
**Locketz** Maxwell Ivan
**Loening** Walter E Karl
**Loest** Hellmut Claudius
**Lombard** Hermanus Egbertus
**Long** John Walter
**Loot** Sayyed M Hosain
**Loots** Petrus Beaufort
**Losken** Hans Wolfgang
**Losman** Elma
**Lotz** Jan Willem
**Lotzof** Samuel
**Loubser** Johannes Samuel
**Lurie** Russel
**Macdonald** Angus Peter
**MacEwan** Ian Campbell
**MacKenzie** Basil Louis
**MacLeod** Ian Nevis
**MacPhail** Andrew Patrick
**Maharaj** Ishwarlall Chiranjilall
**Maharaj** Udeeth
**Maharajh** Jaynund
**Mahlangu** Amos
**Mahomed** Abdullah Eshaak
**Mahomed** Ebrahim
**Mair** Michael John Hayes
**Maitin** Charles Thabo
**Malan** Atties Fourie
**Malan** Christina
**Malan** Daniel Francois
**Maliza** Andile
**Mangera** Ismail
**Mankowitz** Emmanuel
**Mann** Solly
**Mansvelt** William Mauritz
**Marais** Ian Philip
**Marais** Johannes Stephanus
**Margolis** Frank
**Margolis** Kenneth
**Marivate** Martin
**Marivate** Russell
**Markman** Philip
**Marks** Charles
**Marks** Richard Kearns
**Marx** Johan Hendrik
**Matisonn** Rodney Earl
**Mauff** Alfred Carl
**Maxwell** William Graeme
**May** Abraham Bernard
**Mayet** Fatima Goolam Hoosen
**Mayet** Zubeida
**Maytham** Dermine
**McCosh** Christopher John
**McCutcheon** John Peter
**McDonald** Michael Charles Edward
**McDonald** Robert
**McIntosh** William Andrew
**McKenzie** Malcolm Bett
**McKibbin** Joseph Kerr
**Mears** Jasper W Walter
**Meer** Farooq Moosa
**Meeran** Mooideen Kader
**Meiring** Johannes Cornelius Engelbrecht
**Melvill** Roger Laidman
**Melville** Ronald George
**Mendelsohn** Huntley Jonathan
**Mennen** Ulrich
**Mervis** Benjamin
**Meyer** Anthonie Christoffel
**Meyer** Bernhardt Heinrich
**Meyer** David
**Meyer** De Bruto Laporta Cavalier
**Meyer** Roland Martin
**Meyers** Anthony Molyneux
**Meyersohn** Sidney Jacob
**Meyerson** Louis
**Michaels** Maureen Jeanne
**Michalowsky** Aubrey Michael
**Michell** William Lancelot
**Michelow** Maurice Cecil
**Midgley** Franklin John
**Mieny** Carel Johannes
**Miles** Anthony Ernest
**Millar** Robert Norman Scott
**Milne** Anthony Tracey
**Milne** Frank John
**Milner** Selwyn
**Misnuner** Zelik
**Mitchell** Peter John
**Mitchell** Ronald William
**Mitha** Abdul Sater
**Mitha** Ahmed
**Mogale** Saxon Cholohelo
**Mokhobo** Kubeni Patrick
**Molapo** Jonathan Lepoqa
**Molteno** Christopher David
**Moodley** Dhanapalan Patchay
**Moodley** Jagidesa
**Moodley** Thirugnanasumburanam
**Moodley** Visalatchee
**Moola** Ismail
**Moola** Yousoof Mahomed
**Moosa** Abdool-Sattar
**Moosa** Hanief
**Moosa** Laeeka
**Moosa** Muhammed-Ameen
**Morar** Champaklal
**Morley** Eric Clyde
**Morrell** David Francis
**Morris** Charles David Wilkie
**Morris** Edel
**Morris** Warwick Montague Molteno
**Morrison** Gavin
**Morton** Patrick Christopher George
**Moti** Abdool Razack
**Movsowitz** Leon
**Mullan** Bertram Strancham
**Muller** Edward Julius
**Muller** Frederick Eybers
**Mulligan** Terence P Simpson
**Mullineux** John David
**Murray** Jill
**Myers** Leonard
**Naidoo** Balagaru Narsimaloo
**Naidoo** Lutchman Perumal
**Naidoo** Neetheananthan
**Naidoo** Premilla Devi
**Naidu** Pithambram Nadamuni
**Nair** Gonasegrie Puckree
**Nanabhay** Sayed Suliman
**Naude** Johannes Hendrik
**Nauhaus** Carl Norman
**Neifeld** Hyman
**Nel** Elias Albertus
**Nel** Hendrik
**Nel** Jacques Bernadus Anton
**Nel** Jan Gideon
**Nel** Julien Robert
**Nel** Philippus Jacobus
**Nel** Wilhelm Stephanus
**Newbury** Claude Edward
**Nicholson** Melanie Eugene
**Noble** Clive Allister
**Noll** Brian Julian
**Norman-Smith** Jack
**Novis** Bernard
**Obel** Israel Woolf Promund
**Odendaal** Hendrik Johannes
**Odes** Harold Selwyn
**Olinsky** Anthony
**Olivier** Henri
**Omar** Goolam Mahomed
**Omar** Yunoos
**Omardien** Yusuf
**Omarjee** Suleiman
**Orelowitz** Manney Sidney
**Orford** Alastair Leask
**Ospovat** Norman Theodore
**Ossip** Mervyn Seymour
**Padayatchi** Perumal
**Palmer** Raymond Ivor
**Pantanowitz** Desmond
**Parag** Kantilal Bhagoo
**Parsons** Arthur Charles
**Parsoo** Ishwarlall
**Pascoe** Michael Danby
**Patel** Prabhakant Lalloo
**Pather** Runganayagum
**Pearlman** Theodore
**Peer** Dawood Goolam Hoosen
**Pelser** Frank Blignaut
**Peters** Ralph Leslie
**Pettifor** John Morley
**Philcox** Derek Vincent
**Phillips** Gerald Isaac
**Phillips** Keith Radburn
**Phillips** Louisa Marilyn
**Pillay** George Permall
**Pillay** Govindasamy Sokalingum
**Pillay** Rathinasabapathy Arumugam
**Pillay** Thiagarajan Sundragasen
**Pillay** Veerasamy K Govinda
**Planer** Meyer
**Plit** Michael
**Polakow** Everard Stanley
**Politzky** Nathan
**Pollak** Ottilie
**Polley** Neville Alfred
**Pompe van Meerdervoort** Hjalmar Frans
**Porteous** Paul Henry
**Porter** Christopher Michael
**Potgieter** Hermanus Jacobus
**Power** David John
**Power** Harold Michael
**Prentice** Bernard Ross
**Pretorius** David H Schalk
**Pretorius** Hendrik Petrus Jacobus
**Pretorius** Johannes Adam
**Pretorius** Johannes Jacobus
**Pretorius** Johannes Lodewikus
**Price** Stephen Kennedy
**Prins** Marius
**Prinsloo** Frances
**Prinsloo** Simon Frederik
**Prinsloo** Simon Lodewyk
**Prosser** Geoffrey Leslie
**Prowse** Clive Morley
**Przybojewski** Jerzy Zbigniew
**Quan** Tim
**Quantock** Owen Peter
**Quirke** Peter Dathy Grace
**Rabie** Johannes
**Radford** Geoffrey
**Raftopulos** Paris
**Raga** Jairaj
**Raghavjee** Indira Vaghjee
**Raine** Edgar Raymond
**Rajput** Mangoo Chhaggan
**Rankin** Anthony Mottram
**Ransome** Olliver James
**Rawlings** James
**Read** Geoffrey Oliver
**Reardon** Colin Michael
**Rebstein** Stephen Eric
**Redfern** Michael John
**Reichman** Leslie
**Reichman** Percy
**Reidy** Jeremy Charles
**Reif** Simon
**Reinach** Werner
**Renton** Maurice Ashley
**Retief** Daniel Hugo
**Retief** Francois Jacobus
**Retief** Francois Pieter
**Reyneke** Philippus Johannes
**Rice** Gordon Clarke
**Richards** Alan Trevor
**Ritchken** Harry David
**Roberts** Michael Andrew

**Roberts** William A Brooksbank
**Robins-Browne** Roy Michael
**Robinson** Brian Stanley
**Rode** Heinz
**Roediger** Wolf Ernst Wilhelm
**Roelofse** Hendrik Johannes
**Rogaly** Elgar
**Rogan** Ian MacKenzie
**Rogers** Raymond Alan
**Roman** Horatio E Hereward
**Roman** Trevor Errol
**Rome** Paul
**Roos** Charles Phillipus
**Roos** Nicolaas Jacobus
**Roose** Patricia Garfield
**Rosenberg** Basil
**Rosman** Mark Selwyn
**Rossouw** Dennis Pieter
**Rothberg** Alan Dan
**Rousseau** Theodore Emile
**Rozwadowski** Marek Antoni
**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
**Sanders** Hannah-Reeve
**Sapire** David Warren
**Saunders** Stuart John
**Saxe** Norma Phyllis
**Scallan** Michael John Herbert
**Schaetzing** Albrecht Eberhard
**Schepers** Anton
**Scher** Alan Theodore
**Schneider** Cecil Max
**Schneider** Herbert Rodney
**Schneier** Felix Theodore
**Schoeman** Adam Barnard
**Schoeman** Johannes Feuth
**Scholtz** Roelof
**Schultz** Claude Bernhard
**Schutte** Philippus Johannes
**Schwär** Theodor Gottfried
**Schwersenski** Jeffrey
**Scott** Bruce William Haigh
**Scott** Neil Petrie
**Scott** Quentin John
**Seaward** Percival Douglas
**Sedgwick** Jerome
**Seedat** Suleman Mahomed
**Seedat** Yackoob Kassim
**Seidel** Wilhelm Friedrich
**Sellars** Sean Liam
**Sender** Mervyn David
**Serfontein** Jacobus Hendrik
**Shapiro** Benjamin Leon
**Sharpe** Jean Mary
**Shear** Mervyn
**Sher** Gerald
**Sher** Geoffrey
**Sher** Mary Ann
**Sher** Rickard Charles
**Shété** Charudutt Dattatraya
**Shuttleworth** Richard Dalton
**Shweni** Phila Michael
**Siebert** Peter Robin de Vos
**Siew** Shirley
**Sifris** Dennis
**Silbert** Maurice Vivian
**Simons** George Arthur
**Simonsz** Charles Anthony
**Simson** Ian Wark
**Singer** Martin
**Skudowitz** Reuben Benjamin
**Sliom** Cyril Meyer
**Smit** John Nicholas
**Smit** Wilhelm Michiel
**Smith** Alan Nathaniel
**Smith** Lionel Ralph
**Smith** Michael Ewart
**Sneider** Paul
**Snyman** Adam Johannes
**Snyman** Hendrick G Abraham
**Solarsh** Stanley Monash
**Somera** Satiadev
**Sonnendecker** Ernest W Walter
**Sparks** Bruce Louis Walsh
**Spies** Sarel Jacob
**Spilg** Harold
**Stander** Dudley
**Stannard** Clare Elizabeth
**Steenkamp** Lucas Petrus
**Stein** Aaron (Archie)
**Stein** Abraham
**Steyn** Izak Stefanus
**Steynberg** Fans Hendrik
**Stride** Philip Jonathan Handley
**Stronkhorst** Johannes Hendrikus
**Styger** Viktor
**Suliman** Abdoorahaman Ebrahim
**Sur** Monalisa
**Sur** Ranjan Kumar
**Svensson** Lars Georg
**Swanepoel** André
**Swanepoel** Wilhelm Adolph
**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** Jakobus L Luttig
**Theron** Willem
**Thompson** Michael Wilson Balfour
**Thompson** Roderick Mark McGregor
**Thomson** Alan J George
**Thomson** Morley Peter
**Thomson** Peter Drummond
**Thorburn** Jonathan Rodney
**Thorburn** Kentigern
**Thornington** Roger Edgar
**Thorp** Marc Alexander
**Toker** Eugene
**Treisman** Oswald Selwyn
**Trichard** Louis C G Lennox
**Turner** Peter James
**Tyrrell** Joseph Clonard Harcourt
**Underwood** Ronald Arthur
**Ungerer** Matthys Johannes
**Vahed** Abdul Khalek Ahmed
**Valjee** Ashwin
**Van Bever Donker** Sophie Carla
**Van Coeverden de Groot** Herman A
**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** Jacobus Petrus
**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** Andrè
**Van der Walt** Pieter Johannes
**Van der Wat** Izak 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 Heerden** Schalk Petrus
**Van Helsdingen** Jacobus O Tertius
**Van Leenhoff** Johannes Willem
**Van Niekerk** Christopher
**Van Niekerk** Christoffel Hendrik
**Van Niekerk** Gilbert André
**Van Niekerk** Johannes Phiippus de Villiers
**Van Niekerk** William Stephen
**Van Rensburg** Nicholaas Albertus Jansen
**Van Rooyen** Gert Ignatius
**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
**Veldman** Michael Hendrik
**Velzeboer** Sallly Jane
**Venter** Jacobus Frederik
**Venter** Louis Andrè
**Venter** Pieter Ferdinand
**Vermaak** Etienne Johan
**Vermeulen** Jan Hendrik
**Viljoen** Denis Lowe
**Viljoen** Ignatius Michael
**Visser** Daniel
**Von Varendorff** Edeltraud Mathilde
**Von Wielligh** Gysbertus Johannes
**Vosloo** Johan Christian
**Wade** Harry
**Wagenfeld** Derrick John Henry
**Wahl** Jacobus Johannes
**Walele** Abdul Aziz
**Walker** David Anthony
**Walker** Kathleen Gwen
**Walls** Ronald Stewart
**Walton** Russell John
**Wannenburgh** Frederick John
**Warren** Peter George Robert
**Watt** Keith Alexander
**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
**White** Ronald Gilchrist
**Whiting** David Ashby
**Whiting** Kenneth Rowland
**Whittaker** David Ernest
**Wickens** Johannes Tromp
**Wienand** Adolf Johann
**Wiggelinkhuizen** Jan
**Wilkinson** Lynton Dallas
**Willemse** 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
**Wranz** Peter Anthony Bernhard
**Wright** Ian James Spencer
**Wright** Michael
**Wunsh** Louis
**Yakoob** Hamid Ismail
**Yeats** John Raymond
**Yudaken** Israel Reuwen
**Zaacks** Philip Louis
**Zaaijman** John du Toit
**Zabow** Tuviah
**Zent** Clive Steven
**Zent** Roy
**Zieff** Solly
**Ziervogel** Carel Frederick
**Zion** Monty Mordecai
**Zwonnikoff** George Alexander

*(Deceased members not listed but on record)*

# CMSA Active Fellows *ad Eundem*
# *(as at 10 October 2014)*

| | |
|---|---|
| **Bowie** Malcolm David (C PAED) (2007) | Knysna |
| **Cleaton-Jones** Peter Eiddon (CD) (2005) | Johannesburg |
| **Corder** Robert Franklin (CEM) (2007) | Maryland, USA |
| **Davey** Dennis Albert (COG) (2008) | Cape Town |
| **Davies** John Carol Anthony (CPHM) (2007) | Johannesburg |
| **Gear** John Spencer Sutherland (CPHM) (2005) | Still Bay |
| **Gevers** Wieland (CP) (2001) | Cape Town |
| **Hewlett** Richard Holway (CR) (2014) | Cape Town |
| **Keet** Marie Paulowna (C PAED) (2007) | Cape Town |
| **Kent** Athol Parks (COG) (2013) | Cape Town |
| **Lemmer** Johan (CMSA) (2003) | Johannesburg |
| **Levin** Solomon Elias (C PAED) (2007) | Johannesburg |
| **Makgoba** Malegapuru W (CP) (2003) | Durban |
| **Moodley** Jagidesa (COG) (2010) | Durban |
| **Munjanja** Stephen Peter (COG) (2014) | Harare, Zimbabwe |
| **Ncayiyana** Daniel JM (CMSA) (2002) | Durban |
| **Odendaal** Hendrik Johannnes (COG) (2009) | Cape Town |
| **Padayachee** Gopalan N (CPHM) (2004) | Cape Town |
| **Philpott** Hugh Robert (COG) (2008) | Durban |
| **Price** Max Rodney (CPHM) (2004) | Cape Town |
| **Saffer** Seelig David (C NEUROL) (2004) | Johannesburg |
| **Sonnendecker** Ernst W W (COG) (2014) | Hermanus |
| **Sutcliffe** Thomas James (C PSYCH) (2008) | Cape Town |
| **Welsh** Neville Hepburn (C OPHTH) (2006) | Johannesburg |

*(Deceased members not listed but on record)*