



# TRANSACTIONS

Journal of The Colleges of Medicine of South Africa (CMSA)

Volume 61 (2) July - December 2017

Admission Ceremony May 2017











## EDITOR

Prof Gboyega A Ogunbanjo

## DEPUTY EDITOR

Prof Leanne Sykes

## LETTERS TO THE EDITOR

Prof Gboyega A Ogunbanjo

E-mail: profbanjo@gmail.com

The Colleges of Medicine of South Africa  
(CMSA)

Correspondence to CEO | Mrs Lize Hayes

Website: <http://www.cmsa.co.za>

## CAPE TOWN REGIONAL OFFICE FINANCE AND GENERAL PURPOSES

17 Milner Road, Rondebosch, 7700

Tel: +27 21 689 9533 | Fax: +27 21 685 3766

### Chief Executive Officer

Mrs Lize Hayes

E-mail: [lize.hayes@cmsa.co.za](mailto:lize.hayes@cmsa.co.za)

## GAUTENG REGIONAL OFFICE EXAMINATIONS AND CREDENTIALS

27 Rhodes Avenue, Parktown West, 2193

Tel: +27 11 726 7091 | Fax: +27 11 726 4036

### Academic Registrar

Mrs Ann Vorster

E-mail: [Ann.Vorster@cmsa.co.za](mailto:Ann.Vorster@cmsa.co.za)

## KWA ZULU NATAL REGIONAL OFFICE EDUCATION

5 Claribel Road, Windermere, Durban, 4001

Tel: +27 31 261 8213 | Fax: +27 86 502 0879

### Manager

Mrs Sharleen Stone

E-mail: [sharleen.stone@cmsa.co.za](mailto:sharleen.stone@cmsa.co.za)

## Advertising Enquiries:

Prestige Signage Projects (PTY) Ltd

Office: +27 31 262 6341

Email: [projects@prestigesignage.co.za](mailto:projects@prestigesignage.co.za)

Publisher: Belinda Lotter

Production: Belinda Lotter

Prestige Signage Projects (PTY) Ltd

PO Box 801, Westville 3630

Tel: +27 31 262 6341 | Fax: +27 86 522 5581

Email: [sales@prestigesignage.co.za](mailto:sales@prestigesignage.co.za)

## Designer

Prestige Signage Projects, Belinda Lotter

Printers: Albany Print

## Contents

Editorial Prof GA Ogunbanjo .....	5
Presidential Message Professor MM Sathekge .....	6
Admission Ceremony: 18 May 2017 .....	7
• Oration: Professor Glenda Gray .....	8
• Citation: Professor Johannes Fagan .....	10
• Medallists .....	11
• List of Successful Candidates: March 2017 .....	12
Annual Report of the Senate of The Colleges of Medicine of South Africa .....	22
Annual Reports of the Constituent Colleges .....	32
• The JC Coetzee Memorial Lecture .....	49
• Trauma Imaging Referrals and Findings .....	52
• Report Back Eponymous 2017 .....	60
<b>CMSA Announcements and Important Notices:</b>	
• Instructions to Authors .....	4
• CMSA Lost Members .....	4
• Active Honorary Fellows .....	61
• CMSA Active Life Members .....	63
• CMSA Active Fellows ad Eundem .....	69
• CMSA Membership Privileges .....	70
• CMSA CPD Fee Structure .....	71
• CMSA CPD Check list .....	72
• Criteria for CPD Activity Endorsement under the auspices of the CMSA .....	73
• SOP for CPD Accreditation .....	74
CMSA Database Information Update .....	75
• Insignia for Sale: CMSA Members .....	78

© 2017 All rights reserved

No part of this publication may be reproduced or transmitted in any form, by any means, electronic or mechanical, including photocopying, recording or any information storage or retrieval system, without written permission from the editor.

Opinions and statements of whatever nature are published under the authority of the submitting author, and the inclusion or exclusion of information or procedures, do not necessarily reflect the views of the editor, the editorial board, The Colleges of Medicine SA or Prestige Signage Projects (PTY) Ltd. While every effort is made to ensure accurate reproduction, the authors, advisors, publishers and their employees or agents shall not be responsible, or in any way liable for errors, omissions or inaccuracies in the publication, whether arising from negligence or otherwise or for any consequences arising there from. The publication of advertisements in this journal does not imply an endorsement by the publishers or its editorial board and does not guarantee any claims made for products or services by their manufacturers.



### By etnika

Bohemian violet beads necklace in bronze bowl. Handmade jewelry boho from polymer clay. Indian oriental style.

Shutterstock  
Stock photo ID:  
542048662



### By etnika

Bohemian violet beads necklace on gray background. Handmade jewelry boho from polymer clay. Indian oriental style.

Shutterstock  
Stock photo ID:  
541407643

# Instructions to Authors

## 1. MANUSCRIPTS

- 1.1 All copies should be typewritten with double spacing and 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 (ie 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, ie telephone, mobile, 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 Figure numbers should be clearly marked with a sticker on the back and the top of the illustration should be indicated.

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

## 3. REFERENCES

- 3.1 References should be inserted in the text as superior numbers and should be listed at the end of the article in numerical order.
- 3.2 References should be set out in the Vancouver style and the abbreviations of journals should conform to those used in Index Medicus.

Names and initials of all authors should be given unless there are more than six, in which case the first three names should be given followed by "et al". First and last page numbers should be given.

- 3.3 "Unpublished observations" and "personal communications" may be cited in the text, but not as references.

### Article References:

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

### Book references:

- Jeffcoate N. *Principles of Gynaecology*. 4th ed. London: Butterworths, 1975: 96
- Weinstein L, Swartz MN. *Pathogenic properties of invading Micro-organisms*. In: Sodeman WA jun, Sodeman WA, eds.
- *Pathologic Physiology: Mechanisms of Disease*. Philadelphia: WB Saunders, 1974: 457-472.

## Lost Members

The CMSA office in Rondebosch is keen to establish the whereabouts of the following "lost members", some of whom may be deceased. Any information that can be of assistance must please be e-mailed to Bianca van der Westhuizen at bianca.vdwesthuizen@cmsa.co.za or Tel: +27 21 689 9533.

**Breeds, Allan Dersley**  
(College of Obstetricians and Gynaecologists)

**Jivkov, Boris Ivanov**  
(College of Obstetricians and Gynaecologists)

**Ospovat, Norman Theodore**  
(College of Physicians)

**Frank, Joachim Roelof**  
(College of Obstetricians and Gynaecologists)

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

**Theron, Jakobus Lodewikus Luttig**  
(College of Surgeons)

**Furstenburg, Phillip Pieter**  
(College of Emergency Medicine)

**Ngakane, Herbert**  
(College of Surgeons)

Information as at 20 July 2017



## Editorial

### Global obesity: Are we fighting a lost battle?



Prof Gboyega A Ogunbanjo

I have written three editorials on obesity in the last few years in a scientific journal, where I am the editor-in-chief.<sup>1,2,3</sup> This was in response to my serious concerns that there was very little action by adults, children, health care workers, politicians and the general population to address this serious problem in our public and private health care systems with its disastrous health management challenges. In 2013, South African national data estimated that a third

of all South African women were obese. Coloured, White, and Indian women followed closely, with around a quarter being obese. In the same publication, South African men were significantly less likely to be obese than women, with less than one tenth obese. By racial groups, approximately 18% of all white men are obese, followed by 9% of Indians, 8% of coloureds, and 6% of African men.<sup>3</sup>

The recently adopted United Nations' Sustainable Development Goal 3 refers to "ensuring healthy lives and promote well-being for all at all ages" and one of its targets is to "reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being by 2030".<sup>4</sup> Interestingly, none of the thirteen targets under Goal 3 specifically addresses the global problem of obesity. In the quest to provide answers, it is imperative to review current available global and local data on obesity. The 2013 Global Burden of Disease study, reported that 37% of men and 38% of women had a body mass index of 25kg/m<sup>2</sup> or greater, a rise of 28% in adults and 47% in children since 1980.<sup>5</sup> The World Health Organization (WHO) estimated that in 2014, 39% of adults aged 18 years and over (38% of men and 40% of women) were overweight.<sup>6</sup> The trend of global obesity is definitely on the increase and it appears there is very little effort to control the pandemic. Currently, South Africa has the highest overweight and obesity rate in sub-Saharan Africa, and seven out of 10 women and four out of 10 men have significantly more body fat than what is deemed healthy.<sup>5</sup>

The WHO alludes to the fact that the fundamental cause of obesity and overweight is an energy imbalance between calories consumed and calories expended. Globally, there has been:<sup>6</sup>

- an increased intake of energy-dense foods that are high in fat
- and an increase in physical inactivity due to the increasingly sedentary nature of many forms of work, changing modes of transportation, and increasing urbanization.

The common health consequences of obesity and overweight include heart diseases and stroke, diabetes, musculoskeletal disorders such as osteoarthritis, and some cancers namely endometrial, breast and colonic cancers. Other consequences of obesity on life expectancy are hypertension, gall bladder disease and gallstones, gout and breathing problems such as sleep apnoea.<sup>7</sup> Mental illness such as clinical depression, anxiety and other mental disorders have a higher prevalence in obese patients.<sup>8,9</sup>

Therefore, we know the solutions to the global obesity pandemic, that is, reduction of the intake of energy-dense foods (high in fat) and decrease in physical inactivity through exercise. So what is responsible for the collective global inaction to reduce global obesity? Many lifestyle habits begin during childhood. This means that parents have to encourage their children to make healthy choices, such as following a healthy diet and being physically active. The rapid expansion of cheap fast food options and sugared cold drinks should be vigorously discouraged through aggressive government policies if we are to make a dent in the obesity and overweight problem. South Africa's imposition of a tax on sugary beverages is in the right direction. The collective strategies of making healthy food choices by eating a balanced, calorie-controlled diet, focusing on smaller food portions, active exercises; reducing screen time on the use of televisions, computers, DVDs, and videogames should be the objective to be implemented as a matter of urgency.

In the UK, the National Health System currently spends £47billion a year dealing with the healthcare and social costs of an increasingly overweight population, with its cost said to be a greater burden on the UK's economy than armed violence, war and terrorism.<sup>10</sup> South Africa does not have the financial fiscus to support such spending on obesity that includes bariatric surgery, equipment, bigger/wider beds and wider access doors in hospitals for obese patients to mention a few. The global economic impact of obesity is increasing. The evidence suggests that the economic and societal impact of obesity is deep and lasting.

**Prof Gboyega A Ogunbanjo**

Editor: Transactions

#### References:

1. Ogunbanjo GA. The obesity epidemic: are we losing the battle? *S Afr Fam Pract* 2013; 55(1): 3
2. Ogunbanjo GA. The obesity epidemic revisited: Where is the starting point? *S Afr Fam Pract* 2013; 55(2): 106
3. Ogunbanjo GA. Global obesity: Have we lost the global obesity battle? *S Afr Fam Pract* 2015; 57(5): 3
4. United Nations. Sustainable Development Goals: 17 Goals To Transform Our World. Available at <http://www.un.org/sustainabledevelopment/health/>
5. South African Institute of Race Relations. Press release: African women and white men weigh in heaviest - 4th February 2013.
6. Ng M, Fleming T, Robinson M et al. Global, regional, and national prevalence of overweight and obesity in children and adults during 1980-2013: a systematic analysis for the Global Burden Study 2. *Lancet* 2014; 384: 766-81.
7. World Health Organization. Obesity and overweight. Fact sheet N°311. Updated January 2015. Available at <http://www.who.int/mediacentre/factsheets/fs311/en/> [accessed on 23 October 2015]
8. Centers for Disease Controls and Prevention. The Health Effects of Overweight and Obesity. Available at <http://www.cdc.gov/healthyweight/effects/> [accessed on 23 October 2015]
9. Luppino FS, de Wit LM, Bouvy PF, Stijnen T, Cuijpers P, Penninx BWJH, Zitman FG. "Overweight, obesity, and depression: a systematic review and meta-analysis of longitudinal studies. *Archives of general psychiatry* 2010; 67(3): 220-229.
10. The Guardian. Obesity bigger cost for Britain than war and terror. Available at <http://www.theguardian.com/society/2014/nov/20/obesity-bigger-cost-than-war-and-terror> [accessed on 23 October 2015]



## Presidential Message Mentorship



Prof MM Sathekge

CMSA President: Mike Sathekge

I am excited by the interest and feedback based on the previous message on Work Based Assessment (WBA). Thus among several matters that have to be discussed in considering the way forward with WBA, I would like to remind us of the value of Mentorship. As mentors we are expected to be wise and trusted

counselors or teachers. This essentially means we should allow our registrars to learn from our experiences and especially from our mistakes. Hence our hindsight becomes our insight and can be passed on to become someone's foresight.

The value of mentorship is more critical now than before especially with the current financial and legal influences on the healthcare system that clearly decrease registrar's experiential learning, responsibility, and clinical preparedness. This resonates well with the Souba philosophy that mentoring young doctors is our most precious asset. To this effect most colleagues agree with Souba when he argues that a **mentor** should:

- M**otivate;
- E**mpower and Encourage;
- N**urture self confidence;
- T**each by example;
- O**ffer wise counsel and;
- R**aise the performance bar.

Adhering to the above will fulfil the purpose of mentoring which is to transfer the best experience of the mentor to the registrars. More-so that mentoring has proven to be one of the best and flexible methods for training specialists in all professional spheres. This further emboldens the fact that mentoring which is conducted in the context of a supportive, non-judgemental and confidential relationship will support the formative assessment of the WBA. Supervisors/mentors will have personal satisfaction, self-renewal and increased commitment to the field and profession. While the registrars will have increased confidence, competence and successes with the assessments.

As stated by Sir Cyril Chantler that "Medicine used to be simple, ineffective and relatively safe. It is now complex, effective and potentially dangerous". This makes sharing of mentors' experience of particular importance as supplemental learning needs to complement registrar's clinical experience.

So for mentorship to be successful, support at the CMSA leadership level is particularly important so mentoring must be embraced not only by the individual mentors and mentees but also by the departments and university hospitals. Mentorship must become integrated into the frameworks of our systems, including WBA.

Therefore as the CMSA, we should embrace the **CMSA** which means: **C**linical **M**entoring, **S**tandards and **A**ssessment.

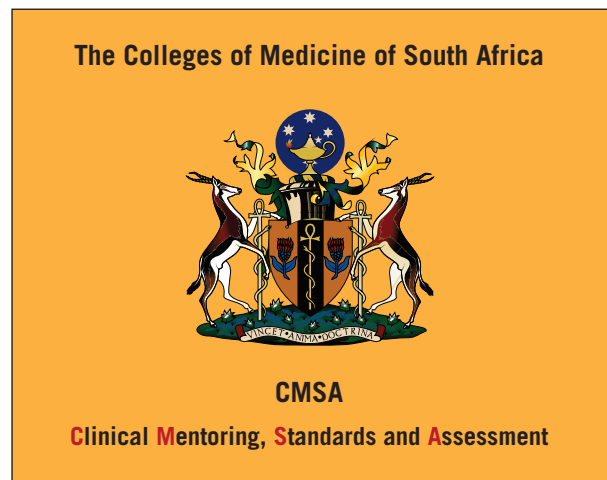


Fig 1: CMSA which means Clinical Mentoring, Standards and Assessment.

### Selected References

- Platz J, Hyman N. Mentorship. Clin Colon Rectal Surg 2013; 26: 218-23.
- Taherian K, Shekarchian M. Mentoring for doctors. Do its benefits outweigh its disadvantages? Med Teach 2008; 30: e95-9.
- Souba WW. Mentoring young academic surgeons, our most precious asset. J Surg Res 1999; 82:113-20.
- C. Chantler. The role and education of doctors in the delivery of health care. Lancet 1999; 353:1178- 81



## Admission Ceremony 18 May 2017

The Admission Ceremony was held in the Glenridge Church, 65 Masabalala Yengwa Ave, Durban.

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

Prof Glenda Gray, President and CEO of the South African Medical Research Council of South Africa was the guest speaker for the evening.

Fifteen medallists were congratulated by the President on their outstanding performance in the CMSA examinations. Medals were awarded in the following fellowship disciplines, Anaesthetics, Dermatology, Internal Medicine, Maxillo-Facial and Oral Surgery, Neurology, Paediatrics, Pathology, Public Health Medicine, Surgery and Urology.

The Diplomate Admission ceremony is now held at the time of the diploma oral examinations and does not form part of the formal CMSA Admission Ceremony.

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

The new Certificants and Fellows were announced and congratulated.

The Honorary Registrar - Examinations and Credentials, Professor Gboyega Ogunbanjo announced the candidates, in order, to be congratulated by the President. The Honorary Registrar – Education, Professor Jay Bagratee individually hooded the new Fellows. The Chairman – Finance and General Purposes, Professor Gilmie Kariem was assisted by Dr Heike Geduld and she handed each graduate a scroll containing the Credo of the CMSA.

In total the President of the CMSA admitted 56 Certificants and 349 Fellows.

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

### VISIT BY WEST AFRICAN COLLEGE OF PHYSICIANS (WACP) 15 - 19 MAY 2017

The Colleges of Medicine South Africa (CMSA) hosted the esteemed leadership of the West African College of Physicians (WACP) from the 15 - 19 May 2017. This visit is part of the CMSA president's initiative, Prof M Sathekge, of forging closer ties with sister colleges on the African continent.

The WACP was represented by Dr Ifeoma Egbuonu who is the current president of WACP and the first female president of WACP. She was accompanied by the WACP secretary general, Dr Clement Ezechukwu. The delegation had an opportunity to observe some of the CMSA exams and also hold talks with constituent college presidents of the CMSA on the types of collaborations that were envisaged.

During the Presidential dinner the WACP leadership presented the CMSA leadership with gifts from West Africa including a plaque bearing the emblem of WACP. The CMSA leadership in turn presented the WACP with gifts including a book on the history of the CMSA. In his dinner address Prof Sathekge said that it was indeed an honour to host the colleagues from WACP and he looked forward to working more closely with the WACP. Dr Egbuonu in her address said that: 'we today find ourselves at a new dispensation and being able to collaborate with each other for the common good of the Africa people. It is my hope that this partnership grows from strength to strength to benefit both our colleges.'

The WACP delegation also attended the Senate Meeting and the CMSA Admission Ceremony of the 18 May 2017 as special guests. In her address to the graduates Dr Egbuonu said: 'it is such a great honour and privilege for me to share a few words with you graduates. Never forget that ours is not just about accolades, it is about service. Always serve, and wherever you may find yourself always contribute to Africa's well-being.'

The visit concluded with the two presidents of WACP and CMSA signing a historic MOU that will ensure collaboration and a closer working relationship between the two colleges.



From the Left: Dr I Egbuonu - President WACP, Prof M Sathekge - President CMSA, Dr C Ezechukwu - Secretary WACP



## Oration delivered by Professor Glenda Gray at the Admission Ceremony of the Colleges of Medicine of South Africa (CMSA) Glenridge Church, Durban, 18 May 2017

“The power of science, the responsibility of being a specialist, of having to talk truth to power, working as a team to elevate your practice, and giving back to society”



Professor Glenda Gray

President Mike Sathekge, members of the academic procession, medallists, certificants and fellows, distinguished guests, families and friends. Good evening.

I thank the Colleges for inviting me to give this address:

Becoming a Paediatrician was the defining moment of my life.

I became a Fellow of the Colleges of Medicine of SA in 1993, after the gruelling process that transpires over years as a Registrar. So I salute you and your families, for the hard work, dedication and sacrifice that got you here. I also salute the many mentors, supervisors and consultants that guided you through this process.

### THE RESPONSIBILITY OF BEING A SPECIALIST

I became a Specialist in 1993, on the eve of democracy in South Africa: I experienced health care, in some ways so different to the way medicine is practiced today, but so similar in many other ways: the socio-economic and political milieu of health remains unchanged: there remains great inequality and inequity as regards health access, and the struggles of the poor, the stigmatisation of mentally ill patients, and those with HIV, remain.

I became a Paediatrician at the time when HIV exploded. Literally overnight, we saw HIV infection change from an exotic disease of childhood to every third child in our wards at the Chris Hani Baragwanath Hospital being HIV infected.

We were confronted with the death of young children at a rate that is hard to even contemplate today. In those days, we did not have antiretroviral's to prevent Mother to Child transmission of HIV, or to keep parents alive. Being a Paediatrician in the public sector seemed like all we did was choreograph death. We knew what needed to be done. Gathering evidence to support the role of antiretroviral's to prevent mother to child transmission, we used medical science in the Treatment Action Campaign's constitutional court case against the

NDOH, when the department refused to roll out Nevirapine for Mother to Child transmission of HIV. As Paediatricians we were activists, vocal and persistent that ...not only was it a humane and a moral imperative to stop HIV infection in children: it was also cost-effective and would save the government money.

**We understood our responsibilities as medical specialists.**

### THE POWER OF MEDICAL SCIENCE AND ITS ROLL IN SPEAKING TRUTH TO POWER

A quote from Nehru:

*“It is science alone that can solve the problems of hunger and poverty, of insanitation and illiteracy, of superstition and deadening custom and tradition, of vast resources running to waste, of a rich country inhabited by starving people... Who indeed could afford to ignore science today? At every turn we have to seek its aid ... the future belongs to science and those who make friends with science”.*

- Jawaharlal (Pandit) Nehru

South Africa, in those early years of the HIV epidemic faced many challenges: As HIV exploded, our government retreated, and touted AIDS denialism. The President established a panel to enquire whether HIV caused AIDS, and pitted AIDS denialists against medical scientists.

This is where the power of science became important: the first black President of the South African Medical Research Council, Professor Malegapuru Makgoba used medical evidence obtained from death certificates to demonstrate that the pattern of death had changed in South Africa: young men and women in their reproductive age were dying at rate that had never been seen in South Africa. He also used data that I supplied to him from Soweto, showing that HIV infected infants were dying more rapidly than their uninfected counterparts.

This was the evidence that was used to refute AIDS denialism in our country, and the evidence that galvanised the initiation of the largest antiretroviral programme in the world.

Since the inception of this programme life expectancy in South Africa has increased by 9 years. This programme literally breathed life into South Africans.



As a clinical scientist, I have witnessed the power of medical science as we found solutions to prevent mother to child transmission and be part of a group that have contributed to eliminating paediatric HIV worldwide.

#### **WORKING AS A TEAM TO ELEVATE YOUR PRACTICE**

As medical scientists we are not individuals, and are part of a team that make discoveries. In the 2000's I became intrigued with finding an HIV vaccine and have turned my focus over the years to this. With my team, we are tackling a scientific endeavor as hard as getting to Mars, or solving world peace: the attempt to find an HIV vaccine. HIV replicates all the time and changes its form, and hides from our immune system and has frustrated scientists since it was discovered in the 1980's.

This team consists of local doctors and medical scientists, nurses and counsellors. It consists of a collaborations with big pharma. And it consists of funders such as the NIH, the BMGF and the SAMRC. This team also consists of our volunteers, or participants, who enroll into our studies, and contribute to science in a significant way.

So imagine if our team in South Africa is part of the discovery of an effective HIV vaccine: we are on the path and in the next 5 years, I believe we will make amazing discoveries in our efforts to find an effective vaccine.

#### **GIVING BACK TO SOCIETY**

Makgoba, after a life of science continues to make impact, and was instrumental in ensuring that people with mental illness don't die needlessly or are maltreated by society. As the first health ombudsman in South Africa, he investigated the Esidimeni Tragedy. Dubbed "No Guns: 94+ Silent Deaths and Still Counting," his report revealed that 94 mentally ill patients died after being removed from Life Healthcare Esidimeni to 27 NGOs. The report found that all the 27 NGOs to which the patients were transferred operated under invalid licenses and all patients who died there, died under unlawful circumstances. Reading from the report, Makgoba said: "... The project was done in a hurry, with chaotic execution in an environment with no developed, no tradition, no culture of primary mental health care community-based services framework and infrastructure. "Mentally ill patients were transferred 'rapidly and in large numbers with a short timeframe' from the 'structured and non-stop caring environment' of Life Esidimeni into an 'unstructured, unpredictable, sub-standard caring environment' of the NGOs". "This decision was not only negligent and a violation of the rights of the mentally ill patients, but also goes totally against the principle of health..."

As the health ombudsman he is critical to ensuring that our health care maintains its integrity and values the lives of people who use it. Makgoba believes with the right people in place, sluggish institutions can change for the better. He says: "I believe in the power of individuals, putting the right people in place." As a student at Natal University's Medical School, Makgoba witnessed the birth of the black consciousness movement and was greatly influenced by the leadership of Steve Biko. His early thinking was informed by Biko's message: "Learn to think for yourself" – underpinned by intellectual reasoning. As the President of the SAMRC, I have the honour to serve medical science. As the custodian of medical research in South Africa, it is the SAMRC's duty to ensure that the science we fund and

conduct impacts positively on the lives of South Africans. In this roll, I have taken some time out of science to give back to society, and contribute to growing a new generation of African scientists that will carry the baton of medical science forward. So what is my message to you today? I have fallen in love with science and what science can do for society. A lot of time we define our destiny by the decisions we make. And your choice of specialising is maybe the beginning of a career that will service the needs of South Africa, and of society. May I congratulate all of you? Seeing you all here tells me that we are reaching families across the nation with higher education, and that these qualifications will make an enduring difference in your life, in the lives of your family and your community. This is something to celebrate.

Tackling Africa's Health Challenges offers us the opportunity not only to improve the well-being of citizens but also to initiate a virtuous cycle in which health investments boost economic productivity, providing resources for a further investment in health systems

#### **I WOULD LIKE TO CONCLUDE BY SAYING:**

For science to prosper in society, a whole new outlook needs to be cultivated, nourished and sustained. As she enters the new millennium, Africa needs to create and purposefully consolidate a culture of science especially in medicine. Follow your dreams and never give up. No matter the obstacles or the barriers, you can still overcome them and make a difference for your life. Be the difference you want to see in the world - because there is a job for you to do and conquer.

Permit me to say the following to you:

- If people become the centre of your work, then you start to define a selfless destiny and you start serving with a purpose;
- Your academic potential is limitless – push the boundaries, test new theories, introduce new academic thinking;
- Understand that your thinking can shape the health of countries, drive change and progress nations.
- Take a leap of faith and trust in your own abilities – after all said and done, your ability to believe in yourself has brought you this far!

Science and technology have freed humanity from many burdens and has given us this new perspective and great power. This power can be used for the good of all: If wisdom governs our actions; but if the world is mad or foolish, it can destroy itself just when great advances and triumphs are almost within its grasp.



## Citation

# Admission to Court of Honour - The Colleges of Medicine of South Africa (CMSA) Dr Warren Clewlow



Prof JJ Fagan

Mr. President

I am pleased to present Dr Warren Clewlow for Admission to the Court of Honour of The Colleges of Medicine of South Africa (CMSA).

Dr Clewlow is a retired and much respected South African Business Executive, a past South African Businessman of the year, an Academic in the field of

Economics, and recipient of an Honorary Doctorate of Economics from the University of KwaZulu-Natal.

Dr Clewlow has been active in numerous philanthropic organisations inter alia the Carl & Emily Fuchs Foundation, the African Children's Feeding Scheme; the Nelson Mandela Children's Fund; and the Duke

of Edinburgh's South African Foundation to name but a few.

However he is being honoured tonight for his contributions to the CMSA. He has been a member of the Board of Trustees since 2001 which he currently chairs; and has been Chairman of the Risk Committee since 2014. He has also been an important fundraiser for the CMSA, and it was largely through his efforts that it was possible to establish the new Durban offices of the CMSA.

For his outstanding support to the CMSA, Dr Clewlow was awarded an Honorary Fellowship in 2006.

Mr. President, tonight it is my pleasure to present Dr Warren Clewlow for Admission to the Court of Honour of The Colleges of Medicine of South Africa, which is the highest honour that the CMSA can bestow.

*Author: Prof JJ Fagan*



Dr Warren Clewlow receiving his certificate from Prof MM Sathekge - President CMSA



## Medallists



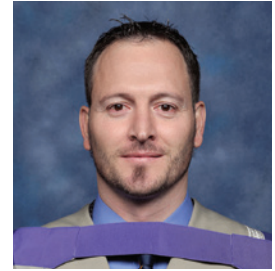
MARLIZE DU PREEZ  
**Crest Healthcare  
 Technology Medal**  
 FCA(SA) Part II  
**Jack Abelsohn Medal and  
 Book Prize**  
 FCA(SA) Part II



JOHANN DE WET  
**Janssen Research  
 Foundation Medal**  
 FC Derm(SA) Part I



ALTAAF PARKER  
**Peter Gordon-Smith Award**  
 FC Derm(SA) Part II



ANDREW BOTHA  
**SA Society of Maxillo-Facial  
 and Oral Surgeons Medal**  
 FCMFOS(SA) Final



SMITA BHAGWAN  
**Novartis Medal**  
 FC Neuro(SA) Part II



STEPHANE MONTGOMERY  
**Robert McDonald Medal**  
 FC Paed(SA) Part II



LERISKA HAUPT  
**Coulter Medal**  
 FC Path(SA)



SUMANTH KARAMCHAND  
**AM Meyers Medal**  
 FCP(SA) Part I



DOROTHY NGAJILO  
**SASOM Medal**  
 FCPHM(SA) Occ Med



JACO KOTZE  
**Brebner Award**  
 FCS(SA) Intermediate



ISABELLA MARGARETHA  
 JOUBERT  
**Douglas Award**  
 FCS(SA) Final



NATASHA SINGH  
**Douglas Award**  
 FCA(SA) Final



FRANSCISCA VAN DER  
 SCHYFF  
**Douglas Award**  
 FCS(SA) Final



DAOU ABULKASEM GDEH  
**Lionel B Goldschmidt Medal**  
 FC Urol(SA) Final



## CMSA Admission Ceremony List of Successful Candidates March 2017

### FELLOWSHIPS

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

ALTURKI IBRAHIM ALI	UKZN
BAYINGANA BLAISE	Wits
BOSHOF MARIANNE	UP
CALLEEMALAY DAREN	Wits
CHOONOO JANINE OLIVIA	UCT
DANIELS ABIGAIL	UCT
DE JAGER MARIKE	Wits
DE VILLIERS WILLEM LAMBERTUS	US
DEDEKIND SHANI	UP
DU PLESSIS NAOMI	US
DU TOIT LEON	UCT
FRANK JOSLYN BENJAMIN BRIAN	UCT
GANGAT EBRAHIM	Wits
HERBST JULIE-ANN	Wits
JOHNS TONY	UP
MARSHALL EDWIN ARTHUR	UP
MOLOKO PHENYO MAMOSALA	UL/SMU
MOODLEY SARUSHA	UKZN
NEL STEVEN ROBERT	Wits
NOBENI TSAKANI.NTOMBIZANELE	Wits
NONTSHE MNCEDISI	UKZN
PADAYACHEE NAVARASAN SHANMUGAM	
YAGAMBARAM	UKZN
PILLAY LERESSE UKZN	
PRETORIUS PETRUS ROHAN	UCT
PROCTER NICHOLAS JAMES	UFS
RAMKISSON AVINTHA	UKZN
RANDOLPH RAMIRO	UKZN
ROBERTSON CAROLINE HELEN	UCT
SADER ARSHAD AHMED SALIM	UKZN
SANDERS MEGAN	Wits
STEADMAN CARL JOHN	US
SWART EUODIA DOROTHEA	UKZN
TSHABALALA PRIDE MOLOGADI	Wits
VAN DEN BERGH HENKO	Wits
VERKHOVSKY ANNA	US
VISSER RUBAIX	UCT
WASSERMANN CARLIEN	US

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

FOURIE RENTIA	UFS
MANYILIRAH WILLIAM	UFS
MAYET MOHAMED CASSIM	Wits

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

ABULFATHI AHMED ALIYU	US
EBRAHIM ISMAEEL	UCT
MAKIWANE MEMELA MACDONALD	US

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

DE SILVA ROXANNE CARON	UCT
------------------------	-----

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

CHAGANI MOHAMEDSUHEL	US
CHATSIKA GRACE MAYAMIKO	Wits
DE MAN MARTIN	UCT
ENGLBRECHT ANDRIET CHRISTINE	US
GEORGIOULAS VANESSA GAIL	Wits
GOVENDER JAYKUMARAN	UKZN
JOOSTE WILLEM JOHANNES LODEWYK	US
SINGH SWASTHI	US

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

AJEMBA PAUL IKECHUKWU	UP
APELEHIN ADEOLU OLARINDE	UKZN
CRAFFORD LIZE	US
EALLES OWEN OSCAR	UP
FRONEMAN SALOME	US
HISCOCK COLLEEN JEAN BRADFIELD	UCT
LEBOHO SPHIWE JOHANNAH	UL/SMU
MABENA JOB MAGWABO	UL/SMU
MNTONINTSHI MBULELO JENNETT	WSU

MOHALE JIMMY KOJELA	UL/SMU
MUKIAPINI SHAPI	UCT
OKEKE SUNDAY OKWUDILI	UL/SMU
OMEH JUDE IKECHUKWU	UL/SMU
OMOGBAI ESIEKHALA DONAT	UL/SMU
PABU BAKATUAMBA	Wits
POTGIETER FRANCOIS RETIEF	US
PRESENCE-VOLLENHOVEN MELLISA DELIA	US
RAZACK ADIL	UCT
SALAWU ISIAKA OLAFIKU SOOGUN	
SUNDAY OLUWAMBE	UKZN
UCHENNA CHARLES	UL/SMU
UMEH ANDREW EKENE	UP
WILLIAMS BEVERLEY RAY	US
ZUNGU CHRISTOPHER MENZI	UP

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

DULABH SHAILEN	Wits
PREMVIYASA VINAYAGIE	Wits
VAN NIEKERK CHARLES ANDRIES	SMU

#### Fellowship of the College of Medical Geneticists of South Africa FCMG(SA)

CONRADIE MAUREEN	UFS
NGONGANG TEKENDO CEDRIK	UCT

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

CROSS HELEN MARGOT	UCT
DANGOR ZAYNAH	UKZN
SIDDI GANIE NAAZIM	UFS
TSEKA KEDIBONE ANNAGLETTA	SMU
TSIKANE MUKHETHWA	UP
WELLS CAIT-LYNN DEANNE	UKZN

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

JILATA NCUMISA LIHLE	UP
KALANE THABISO PATRICK	UKZN
LOUW ARNOLD HOWARD	UKZN



MBATHA ANDILE LUNGANI	UKZN	KRITZINGER ANINE	UKZN	<b>Fellowship of the College of Paediatricians of South Africa FC Paed(SA)</b>	KEELING KATHRYN HELEN	Wits
MNGUNI MTHANDENI NKOSINATHI	UKZN	TAYOB HAMZA	UP		LEFOANE SIMON MOIKOHLAI	SMU
MUNTHREE NASH	Wits				MAHLASE ROSELINA NTOMBIFUTHI	UKZN
OCHIENG DAN ODHIAMBO	UCT				MANENZHE PHOPHI	Wits
SAMUELS PETER JOHN	UP				MASHILOANE PHELADI CYNTHIA	KZN
<b>Fellowship of the College of Nuclear Physicians of South Africa FCNP(SA)</b>					MPHAPHULI ARIPFANI VERONICA	Wits
AYENI OLUSEGUN AKINWALE	Wits	ANTWI-ANYIMADU ERNEST	WSU		MSIZA DUDUZILE PRECIOUS	Wits
BURGER CELESTE	US	ATEER OSAMA AHMED	UKZN		MUNGONI KHAUKANANI NEO	Wits
EVBUOMWAN OSAYANDE	Wits	DLAMINI NKANYISO FREEDOM	UKZN		NGCOBO PRINCESS NONHLE	Wits
LAWAL ISMAHEEL OPEYEMI	UP	KAFO KOUSOK CLOVIS	UP		PITSO BOITUMELO	UP
LENGANA THABO	UP	KAUTA NTAMBUE	UCT		RIBEIRO ISAUARA DA PAIXAO	UP
MORE STUART	UCT	MAHOMED NABEEL	UP		SIRKAR SHARLENE TY-ANNE	UKZN
<b>Fellowship of the College of Obstetricians and Gynaecologists of South Africa FCOG(SA)</b>					SMIT CARINE	US
BOSHOMANE JOHN MALOSE	UKZN	MAINA ANNE WANJIRU	Wits		SOOBARAMONEY MOGESHVERIE	UKZN
BREIDENTHAL ANNE GURI	US	MAKINTA TSHEPO NEVILLE	UP		SPIES-HARRIS MIJAELENE STEPHANY	UP
BRYAN-MC INNES MICHELLE CARA	US	MSINGAPANTSIS MANDILAKHE	SMU	TAUKOOR VANESSA	UKZN	
DEALL TRACEY CAROLINE	US	NHLAPO BAFANA NICHOLAS	UP	THATHA THABANI PAULOS	UCT	
DIRE SANKUBELE GODFREY	Wits	NHLAPO LERATO ASHFORD	Wits	TLHAODI BALEBANYE	Wits	
HARTELL CLAUDINE SAMANTHA	US	PATERSON ANDREW JOHNSTONE	UP	VAN STAADEN HAMIDA BEVERLEY	UKZN	
KAROLIA SAMEERA HAROON	Wits	ROOPAN SHEKAR NARESH	UKZN	CHRISTINE	UKZN	
LUBELWANA SIBUYISELWE	UKZN	ROUSSOT MARK ANTHONY	UCT			
MAROKANE MASEKHOKHO M. PEARL	UFS	SIYO ZUKO	UKZN	<b>Fellowship of the College of Paediatric Surgeons of South Africa FC Paed Surg(SA)</b>		
MASIMILA DAVINIA ALPHARITA HELENE	Wits	THIART GERHARD	UCT	MILFORD KAREN LESLIE	UCT	
MKHOMBE WELILE	UCT	VAN DER BERG NEIL MARTIN	UKZN	SEWLALL JANICE	UKZN	
MOGAKANE RECTOR TEBOGO	UP	VAN DER WALT WILLEM DANIEL	UKZN	SINGH SHALIN	Wits	
MOKOAPE MOTLATSI TIRISO	Wits			<b>Fellowship of the College of Pathologists of South Africa - Anatomical FC Path(SA) Anat</b>		
MONYAMANE LINEO LORNA	UFS	<b>Fellowship of the College of Otorhinolaryngologists of South Africa FCORL(SA)</b>		PADAYACHEE RUSHEN SIVA	Wits	
MUAVHA DAKALO ARNOLD	UCT	DOUGLAS-JONES PAUL	UCT	<b>Fellowship of the College of Pathologists of South Africa - Chemical FC Path(SA) Chem</b>		
MUKHERJEE RAJIB	UKZN	ELS TIMOTHY	SMU	FUMA SIPHOKAZI	UP	
MUROVE BOBB TARIRO	Foreign	KHAN MUDDASEER	UKZN	PEMA AARTI KANTHI	UP	
MUTANGIRI WONDERFUL	Wits	MCGUIRE JESSICA	UCT	<b>Fellowship of the College of Pathologists of South Africa - Clinical Pathology FC Path(SA) Clin</b>		
OREN SHAI BEN-ZION	Wits	PENDUKA MOSES FARAI	UCT	CRONJE JACOBUS MARTHINUS		
QUPE SIBONGILE	Wits	SETOABA LUNGILE PRECIOUS	Wits	ANDRIES	UP	
RAJOO NEESHA	UP	<b>Fellowship of the College of Paediatricians of South Africa FC Paed(SA)</b>		SWANEPOEL HENDRE	UCT	
RAMBANAPASI HARRISON	Foreign	ABRAHAMS ILHAAM	US	<b>Fellowship of the College of Pathologists of South Africa - Haematology FC Path(SA) Haem</b>		
SEIPEI CHRISTIAN KAGISO	UKZN	AL.ZAITONI KHAWLA	UKZN	MAHARAJ YADHIA	US	
SITHALE TSHEPO CHARLES	SMU	BERKENFELD SARAH BERKENFELD	Wits	MAHROUG ESAM	US	
SITHOLE FIKILE	SMU	BRUWER DINA GERTRUIDA	UFS	NAIDOO SARISHA	Wits	
SURTEE FATIMA ZAHRA	Wits	BUGA BARBARA MUNDURU	UFS			
SWARTS ELFRIEDE	UCT	CAWOOD SHANNON KIM	Wits			
TANGAYI LINDA	UKZN	CHIPPENDALE SA-EEDA	UCT			
TSIBIYANE NOMANDLA	UKZN	DU PLOOY ELRI	US			
<b>Fellowship of the College of Ophthalmologists of South Africa FC Ophth(SA)</b>						
DESETA JUAN	WSU	FILLIS ROWENA BENITA	UKZN			
ENGELBRECHT JOHAN FREDERICK	US	GAIBEE ZEENAT	UCT			
GANI ABOOBAKER	SMU	GIBBS LYNDAL	UCT			
JORDAAN THOMAS JOHANNES	UKZN	GOLDSWAIN CHEREE ANN	WSU			
		GOWA NTOZANELE ARMSTRONG	UP			
		HAUGHTON ANNA-MARIE	WSU			
		JARDINE CARLA	Wits			
		KALAWAN VIDYAWATHEE	UKZN			
		KANNIGAN YASHODHARA	UKZN			



**Fellowship of the College of Pathologists  
of South Africa - Microbiology  
FC Path(SA) Micro**

JAGLAL PRENIKA	UKZN
KHUMALO AMANDA NONKULULEKO	
NOKUBONGA	UKZN
MOODLEY MAGENDHREE	Wits
MOTHIBI LESEGO MOETSANA	Wits
NAICKER MAGESHREE	UKZN
REDDY KESSENDRI	US
RIBA MOLEBOGENG CONRADINE	Wits

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

ABDULRAHEEM TOYIN RAHEEM	Wits
ALMRADI AHMED	UCT
ALSHMANDI MOHAMED ALMOKHTAR	
MOHAMED	Wits
AMIRALI MAZHAR	US
BOTSILE ELIZABETH	UCT
CARTER RICHARD MICHAEL NENO	UFS
COOVADIA KHALID MAHOMED	US
DABAH RAMADAN MUFTAH NASAR	Wits
DEWA HONEST	UL/SMU
DIRE ZODWA NWABISA	Wits
ELARBI REDA SALEH OMRAN	US
ELFLEET RIAD	UCT
GLOVER ELITIA	UFS
GULE MANQOBA VUSUMUZI	UCT
HASSAN KARIM MOHAMMED	US
JOSEPH DARREN	UP
KABURA CLEMENT	SMU
KAMKUJEMAH MARIA NDINOMAGANO	UCT
KERBELKER ZITA SHAYNE	UCT
KHAN SHAHISTA	UP
KHAN UZMA NASIR	Wits
KISTENSAMY SIVAISEN RICARDO	UKZN
LALA VIKASH GOOLAB	Wits
LITELU THABISO IGNATIUS	UFS
LUTAAYA EDGAR LEONARD	UCT
MAHARAJ SHAREN	UKZN
MARAIS CHARLES GERARD	US
MAROKA KAFOFORA GERALD	Wits
MASUKU DAVID SIFISO	UCT
MOGAMBERY TACE ADORA	UKZN
MULLER WARREN	WSU
MYBURGH MICHAEL STEPHEN	UP
NAUDE JONATHAN	UCT
PITSO LEOHANG	UFS
SEEDAT FAHEEM	Wits
SIDDIQUI MUHAMMAD ABID	Wits
TSHIOVHE NDIKUNDISANI ANANIUS	Wits

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

CHOKOE MMATLOU LLOYD	UFS
----------------------	-----

IRSIGLER NILS GERNOT	SMU
MONAISA LETLHOGONOLO BRIAN	
ANDREW	Wits
PHIRI SIBUSISO	Wits
ROOI ADELAIDE LILIAN	Wits
SHEIKH RIZWAN USMAN	Wits
XOAGUS ELIZABETH ALEXIA	UCT

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

AARTSMA DURK PIETER	US
AKHURST ROBYN	UCT
ARMSTRONG KERRYAN SIAN	UCT
BRUWER MARISE	UCT
DE WITT CARO	US
DU PLOOY JEAN-LOUIS	US
JACOBS SEAN	US
LEKALAKALA RAMAHWANA TSHEPO	
HOPE	SMU
LOWTON KARISHMA	Wits
MAISTO ALEXANDRA STEPHANIE	Wits
MAUSLING MATTHEW BRYAN	US
MBATHA NDUKUZAKHE DANIEL	UKZN
MNCUBE-GASA NOKUTHULA	
CECELIA	UKZN
NUSS LISKA	UFS
REID KIRSTEN ANDREA HAZEL	UCT
SAPINOSO RUDHIE	Wits
SEREBRO CAROLINE	Wits
THEKISO ETHEL MASOLO	SMU

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

MAPHOSA BRIANSKY NKOSANA	UP
--------------------------	----

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

ADRIGWE JACINTA	Wits
ARBEE SURAYA OSMAN	Wits
BAKER GREGORY DANIEL	Wits
BASSON FREDERIK CHRISTOFF	US
GOUNDEN SHARADINI KAREN	UKZN
GUMEDE NOMPUMELELO PRECIOUS	UKZN
HANEKOM HELEEN CATHARIEN	Wits
IHUHUA PULEINGE	US
KAJEE SHUAIB	Wits
KALOIANOVA MARIA SIMEONOVA	Wits
KORANTENG PROMISE NONCEBA	Wits
MEHTAR AADILA BIBI	Wits

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

MOHAMED KHAN SHEHZAADI ANEESAH	UP
--------------------------------	----

MPOFU ERINA	UP
MTHALANE NTOMBIZAKHONA ANGEL	UKZN
MURTHY CHANDANA	US
NEFALE TSHILILO TREVOR	Wits
O'HAGAN ANELMA SUZANNE	US
OMAR CARRIM YACOOB	UP
PIETERSE JACOBUS	UFS
POYIADJI THALIA LETO	Wits
RAJKUMAR LEISHA	Wits
RISCHBIETER PAUL GERARD	UP
SEWNARAIN KAVISHKA	UKZN
VAN DER LINDE EWOUTD	UKZN

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

JEMU MTABENI, GEORGE	UCT
MOTILALL KAREN	Wits
MUSAU HELENA LOKO	UCT
NAIDOO SHAHISTA	WSU
RALEFALA TLOTLO BATHETHI	UCT
SCHOEMAN ELIZABETH MARIA	UFS
TWYXCROSS SARAH HELEN	US

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

ASANTE EVRETT NANA KWAME	SMU
BAITCHU YADHIR	US
BALASUBRAMANIAN ASHOK	UKZN
BOOI ZUKO	Wits
BUCHEL OTTO CARL	UFS
DOCRAT FATHIMA	UP
DUBE GOODWILL QEDUSIZI	UKZN
EDE CHIKWENDU JEFFREY	Wits
KARJIKER PARVEEN	UCT
KHALUSHI RUDZANI ENSON	UP
MAKITINI GOODMAN MDUDUZI	UKZN
MCPHERSON DEIDRE ESTELLE	
KATHLEEN	UCT
MUFAMADI MASHUDU	SMU
NAIDOO SHANISA	UKZN
NTANZI NTUTHUKO COSMOS	UKZN
PILLAY VASANTHAN	UKZN
PRETORIUS HENDRIK JOHANNES	UP
RAMPERSHAD SHIKAR RAJENDHRA	UKZN
SARDIWALLA IMRAAN ISMAIL	SMU
SEEDAT ISMAIL	UKZN
SIBARTIE KUNAL	UCT
SIFUBA SIMPHIWE	SMU
SMITH MICHELLE TERRY DOLORES	UKZN
SOBNACH SANJU	UCT
VALLY MOINUDDIEN	SMU
ZIMBA MOTHEO THABANE	SMU

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

ACKERMANN HILGARD MICHIEL	US
DE JAGER ANTONIE JOHANNES	UFS







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

AFOLAYAN NOMSHADO STHEMBILE	Wits
AKPAKAN AKANIMO EFFIONG	
ALWAKWAK ASMA AHMED E.	
ATI EMMANUEL MAWUNYO CUDJOE	UKZN
BALIE GAYNOR MIRANDA	Wits
BLUMENTHAL ABIGAIL SHOSHANA	
CAMROODIEN SEDICK AHMED	
CHAMUNYONGA FELIX	
CHIKWIRI CHRISTOPHER	
GOLDMAN BERNARDUS GERHARDUS	
ZACHAREUS MOSHE	
HLONGWANE MABOY AMOS	
JIMOH ARILEFELA SIKIRU	
JOOMRATEE MOUBIIN	
KABALA KABONGO EPHREM	
KOTZE ADRI	
LIPHAPANG JOHN THABO	UKZN
MADIKIZELA LUVUYO	
MALAZA CHARMANE KHALI	
MANDAHA MOSES VHUTSHILO	
MASINA THEMBELIHE PRINCESS	UP
MAVA THANDEKILE GOODMAN	
MBONA VOMBO JOSEPH ABDULLAH	UFS
MEMO NDIWO BAISANA	UKZN
MFUTILA TSITUKENINA RUFFINE	UCT
MMALEKUTU GODFREY THABO	
NAKANYANE TSHIAMO	
NDLOVU SINEGUGU AVELILE	
NGUBANE NELISWA SIBONGILE	
NJIKIZANA KUDZANAI	
NYAPHULI PHEHELLO REGINALD	
RATTAN RAVINDRANATH LALJEETH	UKZN
RWAFU INNOCENT	
SELOKA THANDI MARTHA	
SEWMUNGAL PAYAL	
SIBISI SENZO NEVILLE	
SIGOBODO THOBEKILE	
SIPUKA ZANDI	
SODO VIWE	
STORM MICHAEL SERVAAS	
THELETSANE PABALLO	
ZUKA DAVISON	

**Part I of the Fellowship of the College of Obstetricians and Gynaecologists of South Africa**  
**FCOG(SA) Part IB**

ALDAGDAG NAJWA JUMA SAAD	Wits
AMPONSAH KWAKU POKU	UCT
BALIE GAYNOR MIRANDA	Wits
BLUMENTHAL ABIGAIL SHOSHANA	
CHAMUNYONGA FELIX	
ETWARO ARVIND CHETAN	UKZN
GAZA MERCY	
GOLDMAN BERNARDUS GERHARDUS	

ZACHAREUS MOSHE	
GOLDMAN GARETH GLEN	
GWANZURA CHIPO	
KAPUYANYIKA SHANDIRAI	
KHAN RUSHDAH LARIZA	
KLASSEN THALIA	
KOTZE ADRI	
MADE SIMPIWE	WSU
MANDAHA MOSES VHUTSHILO	
MASEKO PEARL	
MASIMBA MAPHY MUNYARADZI	
MAY JABULILE	
MEMO NDIWO BAISANA	UKZN
MONGALO KLAAS NAKEDI	
MOTAU TUMELO NGAKA	Wits
MOTEANE KARABO CAVIN	
NJIKIZANA KUDZANAI	
ODINE PETER ODIANOSENE	Wits
SETLABA TSHEPO PATRIC	
SHOOPALA HELVI MEKONDJO NANDIGOLO	
SIPUKA ZANDI	
SOOKNUNDEN BHAVNA GAWSMITHI	UKZN
STORM MICHAEL SERVAAS	
TEW CATHERINE LOUISE	
THELETSANE PABALLO	
TISANE MATSHIDISO AGNES	US
TLHABANO DAVID ROYAL	UCT
VAN DER MERWE TIAN ACKERMAN	UFS
ZUKA DAVISON	

**Part I of the Fellowship of the College of Ophthalmologists of South Africa**  
**FC Ophth(SA) Primary IA**

BROWNE GARY EDWARD	
BRYANS MERRICK LLOYD	
CHIMWE RONALD GARIKAI	
DE RIDDER LOUBÉ	
DOLD CATHERINE JEAN	
ERASMUS DANIEL ANTHONY	
GREWAL SNEH PAL	WSU
MALOPE JOHN ISANANG	
MATHEW DONY	
MORRIS THABANG	
SITHOLE PRECIOUS BONGI	
STUART KELSEY VERNON	
THOMAS JASON PETER	
TSIMANYANE MPHU CYNTHIA	
VAN DE MERWE CELIA YVETTE	

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

MOYO CHARLES	
OPPERMAN JACOBUS BENJAMIN	
RAMDHANI DEVESH UFS	
SIBEKO SAMUKELISIWE REJOICE	
THOMAS ANN	
TSHUMA HILLARY	
TUSWA ZANELE	

WHITE MATTHEW CRAIG	UKZN
WRIGHT KATHRYNE ELIZABETH	

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

ABU HAJER HASAN ELHADI ABU HAJER	
ALING ANNE LAUREN	UKZN
AZAR DANIEL MARTIN	
DE ABREU NELSON SERRAO	UFS
DE WIT THANDI MAYA GONDWANA	
DUBA SITHEMBISO ERIC	
GCABA THABILE CHARITY	UKZN
GEORGAKIS HELLEN	
GUNESSEE PRANITA DEVI	Wits
LE CLUS NANYA	
MAENETJA ITUMELENG PRINCESS	SMU
MAPELE APAMU JACQUES	
MAPURISA GUGULETHU NEWTON	UP
MINNE SUZANNE	
MOTIMELE PETUNIA TINTSWALO	
MOYENI BAZINZILE ZIPHORA	
MPHAHLELE RERATILWE	UKZN
MWALA NALISHEBO	
NOTUNUNU SINOYOLO NAMHLA	
NQABAKAZI	
OSMAN TABASSUM	
RAMBAU LIVHUWANI	UFS
SAIB MUHAMMAD ZUBAYR	UKZN
SCHEHLE MICHELLE	
SHONGWE NKOSINATHI SIFISO	
SIBANDA SIMANGALISO	
VAN DEVENTER NADEA ANEL	

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

JACKSON CHRISTOPHER NOEL	UCT
MAREE LIEZANNE	
MWAZHA ABSALOM	UKZN

**Part I of the Fellowship of the College of Pathologists of South Africa**  
**Chemical**  
**FC Path(SA) Chem Part I**

COLE JUSTINE	UCT
MOODLEY NARESHNI	UKZN
RUSCH JODY ALAN	UCT

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

KRIEL MAGDALENA	UCT
KRUGER WILHELMINA JOHANNA	UP
MAFISA LETHUKUTHULA	SMU
NTSEKE-MASEKO MMATHAPELO PEMLAR	
ROUX MARISKA SANET	UFS



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

ADEGBOYE OLAMIDE SMU  
 AL-EDREESI MARWAN MUDHAFAER NOORI  
 ARZET AMINU ARZET UKZN  
 BAXTER JAYSON MC NIEL  
 CACHALIA SAFFIYA  
 CHANAKIRA EDWIN TAFADZWA  
 CHAUKE TINYIKO EVANS  
 CHENTWALI JEAN RICHARDS BISIMWA  
 DITSHEGO MANTSEBENG ALETTA SMU  
 DU PLESSIS ELIZABETH MAGDALENA  
 ENDRES WILHELM VICKTOR  
 FOURIE LANA UFS  
 GOBHOZI DESIREE NQOBILE PHINDILE  
 HERSI ABDULQADIR YUSUF Wits  
 JOLLY CLEM  
 JOUAN MUFTAH MOHAMMED ABD  
 ALALAH US  
 KHOSA MIKATEKO CAIN  
 KHUNOU EUGENE VUSI GODLEY  
 KOTZE SUZANNE  
 LEE-JONES SCOTT GARETH  
 LEISEGANG CARLA VASHTI  
 MABOBO NDUMBWE PAUL  
 MAJONI WILBERT KURAUONE UCT  
 MAKGOKA TEMOGO REE  
 MANICKLAL SHEETAL  
 MANQOLA LINDIKHAYA  
 MASIPA MMABORE UP  
 MATHEKGA KABELO HARRY  
 MATSEVYCH SVITLANA  
 MAWIRE OBEY  
 MENTORO PALESA  
 MNQWAZI CHIZAMA  
 MOEDI OMPHEMETSE Wits  
 MOHALE MALEKHETHO  
 MOLEPO SAMUEL DITAU  
 MOODLEY NAVENDRAN  
 MOOLLA MUHAMMAD SAADIQ  
 MTHOMBENI TREVOR THABANI  
 MUNANGWA TENDAI FIONA  
 MUTOMBO MUTONJI  
 MUZA THOMAS TAFADZWA  
 MVUDI NZUZI ALAIN  
 NANACK DANIELLE DENISE UCT  
 NASHANDI JUNO MAHEVO  
 NHARI FIONA TARIRO SMU  
 NSENDA KABEYA  
 PARKER MOHAMMED ASLAM  
 RAPUTSOE NNYALLEN MARANG MOSA  
 SADHAI PRABASH  
 SHIRLEY SAMANTHA ROBYN  
 SITHOLE NOKWANDA PROMISE  
 SOTSHONONDA PATULUNTU  
 SWANEPOEL HERMANUS  
 THIBILE SALEMANE SOLLY  
 SELBOURNE UFS  
 TRIBELHORN SOPHIA

VENGESAI MATTHEW MUFURIDZA

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

BHENGU BUSISIWE SIPHUMELELE UKZN  
 RANGA WELLINGTON  
 SCHOLTZ LINDSAY WSU

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

ANNOR TYROME  
 BADENHORST JACQUES  
 CARIM ZAYYAN  
 CHRISTOFIDES NICHOLAS  
 CHRISTOPHER Wits  
 DAWADI SHABINA  
 EDWARDS RICHARD UP  
 EKIN SIMWATACHELA SMU  
 EMMANUEL LEBONE DANIEL THUTO  
 GAZI SIPOKAZI  
 GOLOLO RAMATSEMELA MUMSY  
 KOCH JAANRI  
 MAKHUBELA BUSISIWE VENUS Wits  
 MATHEW DENNY  
 MODIBA KHOMOTSO BENEDICTA SMU  
 NAKASHOLOLO TERTU OSHONDAALA  
 NZUNGO AMELIA VUMBI NGOMBE  
 NZUNGO UP  
 OBENG-ADJEI FORIWAH  
 OMAR RAEESA SMU  
 ONYENSOH ONYINYECHI  
 PARAK YUSUF  
 SHLAKA NEZAR Wits  
 SIHLAHLA IRVINE  
 SIVHADA MPHIO IRENE SMU  
 STRAUSS GEORG LINDE Wits  
 VAN DER MERWE FRANCOIS A  
 VAN WIJK MONICA  
 ZEELIE PHILIPPUS HENDRIK

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

BRESLIN ANDREW  
 GOBA-MJWARA THOBILE PRECIOUS  
 PIETERSEN MELISSA LIZAN  
 PILLAY PRINITHA Wits

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

ADAM MUHAMMED YAAMEEN  
 AGBO SAMUEL EHINEHI  
 AMAAMBO HAFENI TIMOTEUS ISMAEL UP  
 BALOYI RONALD REAGAN

BANDA CHIHENA HANSINI  
 BANGAZA DUMO  
 BEJA CEBO TENDER  
 BEYRA HERNANDEZ BEYRA HERNANDEZ  
 CARLOS  
 BEZUIDENHOUT HENDRIK LACENIUS  
 BOOYSEN BRITT CINDY  
 BOYEJO BABATUNDE RAJI  
 BUNDHOO GIRISH UKZN  
 CHIGWADA MACDONALD  
 CHIPARA ALEX  
 CHUMA GCINILE LOLA  
 COETSEE RAUTEN  
 DAVIS EDWARD GROVE  
 DE FREITAS JUSTIN DAVID DUMARESQ  
 DEMPERS CHARL  
 DU PREEZ ANDREA  
 DU TOIT FREDERICK JOHANNES  
 FLEERMUYS FLORIAN LEVITIKUS  
 LEONARDUS  
 FORGET XAVIER PATRICE  
 GOFHAMODIMO TSHIAMO CAIPHUS  
 KESAObAKA  
 GOPEE HEMAL  
 HAMUKOTO HILENI  
 HECTOR DANIEL KWAME UP  
 HLAPOLOSA TIEGO JOSIAH  
 JOOMA AHMAD  
 JULA MZWANDILE  
 KALALA KAPINGA  
 KARIEM MAHIR  
 KOEN JOHANNES GERHARDUS  
 LEPHOI MOITHERI JOEL  
 LEVENBERG LISA MICHELLE  
 LUNGA HENRY UKZN  
 LUSAWANA ONGEZIWE  
 MAKDA INAAM AHMED  
 MALONGWE SIYABONGA  
 MALULEKE VUKOSI  
 MANAIWA ELSIE KAGISO  
 MARAIS THEODORE FRANCOIS  
 MARTINS PHILIMON SAKARIA  
 MATARUKA GERALD TATENDA  
 MATENCHI MAHLODI WINNIE  
 MATHONSI KHANANI PERSEVERANCE  
 MCLAVERTY MATT  
 MEHTAR ZAIN  
 MHLONGO NONHLANHLA INNOCENTIA  
 PHYLLIS  
 MICHAU PAUL TOBIAS  
 MIDDLETON PAMELA JOSEPHINE  
 MOODLEY KIRUSHIN  
 MOTLA LERUMO EVANS  
 MULENGA KASONDE US  
 MUTIRI MUYONGO YONGO MUTIRI  
 NAIDU SAYURI  
 NCONGWANE SIYABONGA EDWARD ELLIAS  
 NDADZA MUKONDELELI  
 NDZAMELA KHANYISO  
 NKOSI COLLEN SANDILE  
 OPOKU-NYARKO AKOSUA KROWAH

OPPONG VINCENT		MOTHEKHE PRISCILLA NNUKU		HONNET SIMON MICHAEL		
ORLANDI TINO-VITO		NCETANI NTANDO	WSU	IBRAHIM ABDELATIF AHMED		
PIETERSE COENRAAD FREDERIK		NOMNQA FIKISWA	Wits	JAFTA LUCIEN CORBIN	UKZN	
PILLAY KOOGEN		<b>Intermediate of the Fellowship of the College of Orthopaedic Surgeons of South Africa FC Orth(SA) Intermediate</b>			JERMY SADEG BASHIR	UKZN
PILLAY KREVOSHA		ARKELL CHRISTOPHER JAMES FORTESCUE		JOHANNES RAINER GERHARD		
PRIOR MARK HUGH		AYIK GOUD DENG DIING	UCT	JOOMA UZAIR		
RABUTLA MASHOTO RODNEY		BALASUBRAMANIAN ANAND	UKZN	KHAMAG OMER M. EBRAHIM	UCT	
RAMOSELI DIMAKATSO EMILY UKZN		BERRY KIRSTY LEIGH		KHAMAJEET ARVIN		
RATSOMANA MAISHA EDWARD		DLAMINI SANELISIWE HLOB'SILE	SMU	KHAN MUHAMMAD ZAFAR		
REINER HELMI		GERICKE ENGELBERTUS	UKZN	KOKOSE BANELE		
SHABALALA AYANDA DENNIS		GOGA NABILA		KRETZMANN HAYDEN GERALD	WSU	
SIKHAULI KHULISO		HITGE CURRAN ASHLEY		LAKEY KEONE FRANK	SMU	
SIKITI ZIBELE		JANSEN VAN VUUREN MICHAEL		LAKSHMANAN AARTI KOMAL		
SUKWANA BANDLAKAZI		MABOKE TSHEPO SYLVESTER	SMU	LOUW E LOUW	US	
TAU GOITSEMODIMO		MAHOMED FARHAAD		LUTHULI VUYO		
THORNLEY LAURA JEAN		MAIMIN DANE		MAILA RANTI KENNY		
THOSAGO MANTSHO CALVIN		MASIPA HAPPY NGWAKO	SMU	MALIEPAARD MADELEIN		
TSHIMBALANGA MUKENDI OLIVIER		MATHIBA CHUENE SOLLY	SMU	MASHAVAVE NOXOLO	Wits	
VABAZA WELAMAZA		MAUNICK YASH SHAKTI	UKZN	METUSE NOMBULELO PATRICIA	UP	
VAN ROOY PIETER JACOBUS		MEIJER JOHANNES GERARD	UP	MOLABE HUNADI	UCT	
VERMEULEN MAGDELI HETTIE		MERCURE CHRISTOPHER		MPIKASHE MVUYISI		
WALIAULA ISAAC NAKHAIMA	UKZN	IAN-ANTHONY	UKZN	MUKENDI ALAIN MWAMBA		
WEELS NICOLA ACAMA		MKOMBE NANGAMSO		MUSAS JEAN CHRISTIAN MWANA MWENYI		
WEIDEMAN MELIUS		MTHEMBU AYANDA BRIAN	UP	MUZENDA TANAKA		
YAKO SIVIWE ALLAN		RAJCOOMAR SHAHIL		NGUTSHANE BONGANE STEVEN	Wits	
<b>Intermediate of the Fellowship of the College of Maxillo-Facial and Oral Surgeons of South Africa FCMFOS(SA) Intermediate</b>				NTOLA VUYOLWETHU COMFORT		
MACHAKA MATLABA	Wits	ROGERS NICHOLAS STUART	US	NYAMANDE DAMBUZA	SMU	
<b>Intermediate of the Fellowship of the College of Neurosurgeons of South Africa FC Neurosurg(SA) Intermediate</b>				OSMAN SAFEEYA	UKZN	
BANGO LELETHU BULELANI U	FS	ROSLIN RAINER CHRISTIAN	UKZN	PHAKOANE THATO	SMU	
GORORO TAURAI		RUTARAMA BAINGANA AMBROSE		PHALAFALA PALESA REFILWE		
HARRISON KENNETH REUBEN		STEENKAMP WYNAND	SMU	PINTO SOHAN ZANE		
JAIYEOLA OLALEKAN MAROOF	Wits	STEYN IAN JAMES COLIN	UP	PLUKE KENT DAVID		
JARIO MICHAEL AARON	US	SWARTBOOI SARAH ATHELIA		POHL LINDA MARTIE POHL		
MGONE CHARLES	Wits	<b>Intermediate of the Fellowship of the College of Surgeons of South Africa FCS(SA) Intermediate</b>			RAMASAWMY DIROUVARLEN	UKZN
TROMP SEAN ANDREW	UCT	ABED ALNABI ADM ASHOR MOHAMED		RAMDHANI KIRTHI		
<b>Intermediate of the Fellowship of the College of Ophthalmologists of South Africa FC Ophth(SA) Intermediate IB</b>				RAMSAMY KEVIN		
ENGELBRECHT CHRISTIAN	UFS	ABSHINA FATHI S ABSHINA	UCT	RAS REUBEN CHARLES		
JEEVA-PATEL TRISHAL	Wits	ABURZEZA ASHRAF ELHADI		RENGURA CECILIA NDJIRA	UCT	
KISTEN DIVASHINI	Wits	AJODHA TAPESHWAR		SAMBILI NGAYIHEMBAKO DANIEL	Wits	
LAHEU BASHIR	UKZN	ALHLIB AMADADIN ALHLIB	Wits	SIGASA NKANYEZI NANDI		
LESOLA DASUAL	UL/SMU	BARAKZAI NAZIA	UKZN	SINGH ROXANNE		
LIMALIA ESSOP ZAKIYYAH BIBI MOHMED		BATKA-MAKWINJA KAGISO	UP	SIYOTULA THOZAMA VIOLET	Wits	
CASIM	UP	BHANA KERISHA	WSU	SOLAIMAN ABDULLWAHED		
MANGOMBE SAIKO		BLOKLAND RACHEL AMY		MOHAMED A.	UKZN	
MOFOKENG THABISO		BOTCHWAY MAAME TEKIWA	Wits	SZPYTKO ALEXANDER JACEK		
MOODLEY ASHVIRA	Wits	DAIB OMAR ABDULSLAM		UDATINYA DANIEL	Wits	
		DIAKAKIS ALEXANDER NIKOLAS-JOHN	Wits	WEBNER ADIEL	US	
		ELFIRGANI MOHAMED.F.FARAG		WRIGHT KATHRYNE ELIZABETH		
		ELGAHANI AHMED A M	Wits	YOUSEF MAZEN MOHAMED		
		ELMISHAT FARAJ ABDULLAH	Wits			
		ETALLEB MOHAMED ALI	UCT			
		GAUTAM NAYHA				
		GRANT IAN ROY	WSU			
		GWILA TAHA. H.	UFS			
		HANNINGTON MATTHEW				

**HIGHER DIPLOMAS****Higher Diploma in Family Medicine of  
the College of Family Physicians of  
South Africa  
H Dip Fam Med(SA)**

STOTT BRENDA ALISON Wits



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

TSHIMPAKA KABONGO ELIE

**DIPLOMAS**

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

GOGA AMEENA EBRAHIM  
MABELANE TSHGOFATSO  
PILLAY VASHINI  
ROYAL CANDICE  
TANKAMA MABEYA ERICK  
VAN DER WALT JANET

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

BOOYENS MARNUS  
BOTHJA JACQUES  
BOTHJA NATALIE  
BOTHJA-VAN SCHALKWYK ANNA  
MARGARETHA  
CAKWEBE GCOBANI  
CHETTY CARISSA  
CHOKOE MORRIS MACHUENE  
COOPER REBEKAH COOPER  
DE JAGER PIETER PIETERSE  
DICKS MARTHINUS  
DLADLA SINENKOSI  
DORASAMY BRAZLIN  
DUNCAN LLOYD RAY  
DURGAPERSADH RIVASH  
ERIKSON CLINTON JOHAN  
ESSA SAMEERA  
EVANGELISTA ZAIDA NANGUEVE DACHALA  
GOLOVIN ILYA UP  
GONESE FARAI  
HENDERSON NATALIE  
HERSELMAN PAUL RYAN  
HLATYWAYO JUDITH  
KIELTY PATRICK  
KINT PATRICK DAVID  
KISTEN SERISHA  
LERM NICHOLAAS  
LIBAZI SIPHE MAXWELL  
LOMBARD THEODI RENE  
MALONGWE NANGAMSO BERYL  
MATLAILA SELLO ENERST  
MFEKA NTOMBIZABANGUNI GLORY  
MFOLOZI ODWA  
MNISI JOY  
MOTALIB RIYAADH  
MUTOMBO ESI  
NAIDOO BIANCA BOODAYA

NEETHLING COLETTE  
NTLANTI ZIZILE ANELISA  
PHIRI SANDRA MATILAMANJA  
RANGAI KARUSHA  
RODOLO BUHLE  
SEJESO TUMELO  
SIBANYONI MPUMELELO BRIDGET  
SIMA NAJIBA  
SINGATA KHULILE  
SPENCER-BARNARD KAY  
STEVENSON ROBERT LOUIS PAUL  
WYNDHAM  
SWART MATTHYS LOURENS  
TEMBO VIMBAI DENISE  
VAN DEN BERG ROBERT WILLIAM  
VAN ZYL ALBERT GERT PETRUS  
VOGEL ELIA  
ZHANDE THOKOZANI MAUREEN

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

BANTHAM TARYN  
BENDER CAMELIA JANINE  
BUXTON-TETTEH NAA AKYERE  
CHRISTIE MICHAEL  
CLEAK TANNAH  
FLACK KATHERINE  
MAHDI MARWA  
MAHOMED RAEESA MOOSA KARA  
MANDLA NOSIPHIWO  
MATODZI FULUFHELO  
MKHIZE XOLISILE ELIZABETH  
MURUVEN MELANIE YAVASHNI  
NDLOVU SIBUSISO  
NDOWE BUSISIWE REBECCA TSHESOFATSO  
NOGAYA WANGA VUYOKAZI  
NONYONGO SELBY  
NTIMANE BENJAMIN ROBSON  
PRICE CARIS ALEXANDRA  
SHEIKH ARIFA AKHTER  
SIBIYA NOKUBONGWA PATIENCE  
SIMMONS VALENCIA VINCENTIA  
THERON JACOMINA ALIDA  
TSHEHLA MARIE AUGUSTE UP  
NIYONKUNDA  
VAN DER MERWE JEAN SARAH  
VENKATASU CHANTAL  
ZENHÄUSERN JANINE

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

BACHAN VARUSHKA RANJINA  
MODISE ELTON  
MOLABE BOLEDI LEKUBU  
NCIWENI FUNEKA  
RAMATHAVHA NDIVHUWO

RAMUNENIYWA PHATHUTSHEDZO  
SMITH ZANDRÉ UFS  
WINTERBACH MARIANA

**Diploma in Geriatric Medicine of the College of Physicians of South Africa  
DGM(SA)**

HASSEN NAEEM UKZN  
MOOLLA YUSUF  
PATEL SADIA UKZN

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

ACRES MICHAEL-JOHN PETER  
AKINGBA AKINDAYO OLUFEMI GEORGE  
ASHTON FRANCES  
ASSUMANI BASEMENANE JUSTIN  
BARBER GARRICK CHRISTOPHER  
BECKWITH PETER GAVIN  
BENNET JACLYN ANN  
BHOLA DINESH  
BIRCH CANDICE TATUM  
BOTHJA STEPHANI  
BURTON CARYN JADE  
BUTHELEZI SIBONISILE SIYAMTHANDA  
SIFISOKUHLE  
BUTIRI TSHONGANE  
CORBETT OLIVER SCOTT  
DE STADLER JANET LYNDISAY  
DE VILLIERS MARYKE  
DEVRAJ RUSHIL  
DZENGA TREVOR  
EDET ANIEKAN  
ENGELBRECHT AMORI  
ERWEE CHRISTIE  
GOBLE MEGAN LOUISE  
GREEN CANDICE  
HAN EI PYI PHYO  
HARIPARSAD NIRVAN  
HLOPHE DERRICK DELANI  
IGABA NELSON KIBIRIBIRI  
JIKWANA AKHONA  
JOHANNES LEIGH  
KALOMBO CATHY DIANKENDA  
KEMENI NKOSIPHILE  
KUFA NYASHA  
LA GRANGE ELAINE LEONORE  
LAHER ABDULLAH EBRAHIM  
LE ROUX SIMON JACQUES  
LETSHUFI DUMA SIEGFRIED VINCENT  
LUSHABA NOLUTHANDO NTOMBIKAYISE  
MABOKO RENDANI RHODA  
MANYANGA PHIBION  
MAPASA BONGEKA  
MASHAAH TANDIWE  
MATHIBE RORISANG MORIPI  
MESO-MAPAYA MOSIBUDI MERCY

MMOLAWA KGOSIEMANG  
 MONK EDWARD  
 MPHELA STANLEY  
 MURRAY LYLE WILLIAM  
 NAIDOO MICHELLE  
 NDHLEBE GUGULETHU KHANGEKILE  
 GLADYS  
 NWANKWO DEBSON CHIDUBE  
 NZIRAMASANGA KUNDAYI  
 NZUZA THUTHUKANI DUNCAN  
 OBIECHEFU FRANCIS CHINEDU  
 ODURO AMMA TWUMWUA  
 OKAFOR HELEN NKIRUKA  
 OLAYIWOLA OLANREWAJU  
 ONYANGO VONWICKS CZELESTAKOV UCT  
 PARAK AYESHA  
 PARTAB DHIREN  
 PILLAY SANTHURI Wits  
 PILLAY SHELYN  
 PONATSHOGO PONEGO LLOYD  
 RANDEREE AHMED MAHOMED  
 ROSA JENNIFER FRANCES  
 SANDERS CATHRYN JANE  
 SCHMIDT CHARMAINE  
 SIDINILE FUNDISWA HAPPINESS  
 STRYDOM MAGDEL  
 TATZ GAYLE STACY  
 TAYLOR JOHN LOVELL MCCARTEN  
 TAYOB AHMAD ISMAIL  
 VAN JAARSVELD INGE JACOBA ENGELINA  
 VAN RENSBURG ROLAND  
 VERMEULEN MARCIA CHRISTINE  
 WILLIAMS CLAIRE  
 XWASHU BABALWA  
 YUDELOWITZ GREGORY SAUL

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

BANDA TAYANJANA CECILIA  
 DIKO THEMBISILE TERRENCE UKZN  
 NGARIVUME KURAI  
 NSHUTI SHEMA DAVID UCT  
 SAMUELS MARLIN MALIK  
 SUBRAMONEY EVETTE LUCILLE

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

DU PLESSIS WANITA  
 DYONASE SANDISIWE  
 GOUWS DALENE CATHERINE  
 MAKHOMISANE WISANI  
 MATHAKGANE KGATLISO  
 MATLOU MALESELA SIMON  
 MOTILAL SERANNE Wits  
 MTYAPI-NYAKA PORTIA PUMZA  
 NONGOGO AVUMILE  
 NTIMANI MARCIA TSAKANI

NYAKA MCEBISI SYDWELL  
 PHALANE MMAKOMA MARY  
 PRIOR ASHLEIGH JAQUILINE  
 RANJIT KARINA  
 ROMBURGH BAILEE JEAN  
 SETHEMANE DEBORA TEBOGO  
 SHOZI ZINHLE PRECIOUS  
 SOORJU ANJULI  
 YENDE NOMBUYEKEZO NOMHLANGANO  
 PATIENCE

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

BIERMAN AZEL FRANETTE  
 BODIBA PIET MPH  
 DAWOOD FARRAH  
 DOUBELL LOUISE  
 GABIER ILHAAM  
 GALLANT TASNEEM  
 GASKELL DREW  
 KAMBA ROMAIN NGUNZA  
 KUBJANE KATEDI GIVEN  
 LUDIDI MLIBO MBULELO  
 MAKDA ISMAIL  
 MALULEKA DENNIS MUZIYIFANE  
 MAMABOLO MASEKGOBENG JUDITH  
 MANDEYA JEREMIAH ANTONY  
 MANGANYI QOLANI MARTIN  
 MASUKUME RUMBIDZAI  
 MZENDANA SISEKO  
 NAIDOO KARTHICK  
 NETSHISHIVHE TSHIDZIWANI  
 NKOANA SOPHIE TAKALATSA  
 NOOR MOHAMED AYESHA  
 ORD ASHLEIGH  
 RAMUNTSI RENDANI  
 RATSHABEDI PHUTI KHOMOTSO  
 SEKHAOLELO NGWAKO JOSEPHINE  
 TSHEGOFATSO  
 SHEETEKELA FILIPPUS ELAGO  
 SIMPSON NICOLE KATE STEWART  
 WHELPTON MARLENE

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

BAKUNZI JOEL  
 EBRAHIM MOHAMED YASEEN  
 GOVENDER NERISSA  
 NARAYAN AJMEEL

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

AITCHISON WESLEY MARK

CHEN EMILY  
 CHETTY SRIKESH  
 CHONG NATALIE SARAH  
 CLAASSEN NADE  
 CLOETE ELIZE CLOETE  
 COLLATZ WILLIAM  
 COWLING LAURA LOUISE  
 DALVIE RAEESA  
 DE LANGE LESLEY-ANNE  
 DEDIC MILAN  
 DICKINSON DIANA BERNADINE  
 ERASMUS REINHARDT WALDO  
 ESAU MOGAMAD BADEE  
 FRYER CELESTE LEIGH  
 GILES DANIEL  
 GUNTER ESTHER CATHARINA  
 JUMA RASHID OGUTU  
 KEET RYAN JESSE  
 KHANYI HALALISWE BRIDGETTE Wits  
 KORDA BOJAN  
 KORDA TESSA  
 KOTZE CHRISTIAAN JOHANNES  
 KRUGER HENDRIK JOHANNES  
 MAHARAJ AKESH BHAIRONATH  
 MAINA GRACE MUTHONI  
 MARTIN LEILAH  
 NAIDOO AMANDA  
 NAMISI BELINDA ADDA  
 NANHUCK AMIRA  
 NDOVE XIKOMBISO PERTUNIA  
 NHLAPO PRINCESS  
 NTSANWISI NINAKHULU  
 OCHOLA ELIZABETH WAGA  
 PELSER MONYA BIANCA  
 PENTELA HANUMANTHA RAO  
 PENTZ ANINE SUZANNE  
 PETTEY GABRIELA  
 PHALA NTEBATJE MALETSIRI  
 POWELL MICHELLE JUSTINE  
 PRENTICE KELLY ANNE  
 RAMSAMY TYRAL DEAN  
 RICHARDS ABDUL AZIZ  
 SCHWEGMANN JANINE  
 SURKA SAMEER  
 TALJAARD JOHANNES MATTHYS  
 TOWNSEND KATE MELENA  
 TREDUX NINA  
 VAN BRAKEL NADIA  
 WHEELER MICHAEL GEOFFREY AYRE  
 WINTOUR MATTHEW



## Annual Report of the Senate of The Colleges of Medicine of South Africa (CMSA)

The third Annual Report of the Twentieth Senate gives an account of the activities of Senate during the financial year 1<sup>st</sup> June 2016 to 31<sup>st</sup> May 2017.

The report is presented in three sections:

- A general account of the activities of Senate during the past year, which are recorded below.
- 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.
- The financial statements and matters related to the appreciation of the state of affairs of the CMSA, its business, and surplus and loss appear on the web page. Hard copies are provided upon request.

### 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

BAKER, Lynne Wilford  
BINNEWALD, Bertram Ralph Arnim  
CRAIG, Cecil John Tainton  
LEWIN, Arthur

#### Honorary Fellows

GROSFELD, Jay Lazar  
HEWLETT, Richard

#### Fellows

BARRETT, Ann Treveryan  
PRZYBOJEWSKI, Jerzy Zbigniew  
RANCHOD, Suresh Nathoo  
RAYNHAM, Oliver William  
SKINSTAD, Alvin Vaughn  
VAN DER WALT, Pieter Johannes  
WHITE, Denise

#### Fellows by Peer Review

MATTHEWS, Peter Annerley

#### Diplomates

KHAN, Hameed Ullah  
PRETORIUS, Susarah Christina

#### SPECIAL ACHIEVEMENTS: SENATORS

Dr Heike Geduld was awarded the 2016 SAMA Gender Acclaim Award.

Prof Johan Fagan received the 2017 Open Textbook Award from the Open Education Consortium for his 'Open Access Atlas of Otolaryngology Head and Neck Operative Surgery', chapters of which were downloaded 1 million times.

Prof Gerhard Lindeque was invited as Visiting Professor to Weill Cornell Medicine at Cornell University in New York.

Dr Flavia Senkubuge was elected as the Board Chair of the Health Systems Trust (HST).

Dr Matt Young was elected as President of the Ophthalmological Society of South Africa (OSSA) for the term March 2017 to March 2019.

#### ELECTIONS FOR THE TRIENNIUM 2017 TO 2020

The first phase of the triennial elections for constituent College Councils commenced in February 2017, when nomination papers were e-mailed to all active members in the 28 Colleges. Nomination papers had to be returned by 21 April 2017.

Ballot papers were posted by 23 May 2017, with the deadline for return being 21 July 2017. The votes would be counted by scrutineers on 22 July 2017, after which the results would be announced.

The following statistics are recorded:

#### COLLEGES WHERE THERE WOULD BE AN ELECTION:

- |     |                                    |                          |
|-----|------------------------------------|--------------------------|
| 1.1 | COLLEGE OF ANAESTHETISTS           |                          |
|     | Size of Council: 9                 | Nominations received: 11 |
| 1.2 | COLLEGE OF CARDIOTHORACIC SURGEONS |                          |
|     | Size of Council: 5                 | Nominations received: 9  |

- 1.3 COLLEGE OF CLINICAL PHARMACOLOGISTS  
Size of Council: 6 Nominations received: 7
- 1.4 COLLEGE OF EMERGENCY MEDICINE  
Size of Council: 5 Nominations received: 12
- 1.5 COLLEGE OF FAMILY PHYSICIANS  
Size of Council: 12 Nominations received: 17
- 1.6 COLLEGE OF FORENSIC PATHOLOGISTS  
Size of Council: 12 Nominations received: 16
- 1.7 COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS  
Size of Council: 14 Nominations received: 25
- 1.8 COLLEGE OF PAEDIATRICIANS  
Size of Council: 9 Nominations received: 14
- 1.9 COLLEGE OF PAEDIATRIC SURGEONS  
Size of Council: 7 Nominations received: 9
- 1.10 COLLEGE OF PATHOLOGISTS  
Size of Council: 10 Nominations received: 13
- 1.11 COLLEGE OF PHYSICIANS  
Size of Council: 12 Nominations received: 19
- 1.12 COLLEGE OF PSYCHIATRISTS  
Size of Council: 9 Nominations received: 17
- 1.13 COLLEGE OF PUBLIC HEALTH MEDICINE  
Size of Council: 9 Nominations received: 8  
*Division of Occupational Medicine*  
Size of Council: 3 Nominations received: 4
- 1.14 COLLEGE OF RADIOLOGISTS  
Size of Council: 9 Nominations received: 17
- 1.15 COLLEGE OF SURGEONS  
Size of Council: 9 Nominations received: 12

**COLLEGES WHERE THE REQUIRED NUMBER WAS NOMINATED,  
THE CANDIDATES WOULD BE DULY ELECTED:**

- 2.1 COLLEGE OF MEDICAL GENETICISTS  
Size of Council: 7 Nominations received: 7
- 2.2 COLLEGE OF ORTHOPAEDIC SURGEONS  
Size of Council: 7 Nominations received: 7

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

- 3.1 COLLEGE OF DENTISTRY  
Size of Council: 9 Nominations received: 6
- 3.2 COLLEGE OF DERMATOLOGISTS  
Size of Council: 8 Nominations received: 7
- 3.3 COLLEGE OF MAXILLO-FACIAL AND ORAL SURGEONS  
Size of Council: 8 Nominations received: 3
- 3.4 COLLEGE OF NEUROLOGISTS  
Size of Council: 7 Nominations received: 5

- 3.5 COLLEGE OF NEUROSURGEONS  
Size of Council: 7 Nominations received: 5
- 3.6 COLLEGE OF NUCLEAR PHYSICIANS  
Size of Council: 6 Nominations received: 4
- 3.7 COLLEGE OF OPHTHALMOLOGISTS  
Size of Council: 9 Nominations received: 7
- 3.8 COLLEGE OF OTORHINOLARYNGOLOGISTS  
Size of Council: 9 Nominations received: 4
- 3.9 COLLEGE OF PLASTIC SURGEONS  
Size of Council: 6 Nominations received: 4
- 3.10 COLLEGE OF PUBLIC HEALTH MEDICINE  
Size of Council: 9 Nominations received: 8  
Division of Occupational Medicine (election)  
Size of Council: 3 Nominations received: 4
- 3.11 COLLEGE OF RADIATION ONCOLOGISTS  
Size of Council: 8 Nominations received: 4
- 3.12 COLLEGE OF UROLOGISTS  
Size of Council: 10 Nominations received: 8

**DIPLOMATE REPRESENTATIVES ON COUNCILS:**

Two Diplomates may be elected by Diplomates (who do not hold a specialist qualification) to serve on the Councils of the relevant constituent Colleges. The following nominations were received:

- |   |     |
|---|-----|
| 4.1 COLLEGE OF ANAESTHETISTS                    | : 0 |
| 4.2 COLLEGE OF DENTISTRY                        | : 0 |
| 4.3 COLLEGE OF EMERGENCY MEDICINE               | : 3 |
| 4.4 COLLEGE OF FAMILY PHYSICIANS                | : 1 |
| 4.5 COLLEGE OF FORENSIC PATHOLOGISTS            | : 1 |
| 4.6 COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS | : 1 |
| 4.7 COLLEGE OF OPHTHALMOLOGISTS                 | : 0 |
| 4.8 COLLEGE OF ORTHOPAEDIC SURGEONS             | : 0 |
| 4.9 COLLEGE OF PAEDIATRICIANS                   | : 0 |
| 4.10 COLLEGE OF PHYSICIANS                      | : 1 |
| 4.11 COLLEGE OF PSYCHIATRISTS                   | : 0 |
| 4.12 COLLEGE OF SURGEONS                        | : 0 |

There will, therefore, be an election for Diplomat representatives in the College of Emergency Medicine.

**EXAMINATIONS AND RELATED MATTERS**

**Accreditation of Hospital Posts**

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

**Dip PEC(SA):**

Life West Coast Private Hospital

**Successful candidates, by examination**

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



## Pass rate per discipline

The pass rate per discipline:

EXAMINATION	SS 2016	FS 2017
<b>College of Anaesthetists</b>		
DA(SA)	81%	66%
FCA(SA) Part I	54%	48%
FCA(SA) Part II	75%	80%
Cert Critical Care(SA) Anaes	No candidates	0%
<b>College of Cardiothoracic Surgeons</b>		
FC Cardio(SA) Final	50%	30%
Cert Critical Care(SA) Cardio	No candidates	No candidates
<b>College of Clinical Pharmacologists</b>		
FC Clin Pharm(SA) Part I	100%	No candidates
FC Clin Pharm(SA) Part II	No candidates	100%
<b>College of Dentistry</b>		
Dip Dent(SA)	No candidates	No candidates
FCD(SA) OMP Part I	0%	No candidates
FCD(SA) OMP Part II	No candidates	No candidates
FCD(SA) Orthod Part I	0%	25%
FCD(SA) Orthod Part II	No candidates	0%
FCD(SA) Pros Part I	100%	0%
FCD(SA) Pros Part II	No candidates	No candidates
<b>College of Dermatologists</b>		
FC Derm(SA) Part I	100%	78%
FC Derm(SA) Part II	83%	33%
<b>College of Emergency Medicine</b>		
Dip PEC(SA)	72%	62%
FCEM(SA) Part I	70%	72%
FCEM(SA) Part II	43%	57%
H Dip Emerg Med(SA)	No candidates	No candidates
Cert Critical Care(SA) Emerg Med	No candidates	No candidates
<b>College of Family Physicians</b>		
Dip Allerg(SA)	67%	100%
Dip HIV Man(SA)	75%	83%
FCFP(SA) Final Part A	38%	27%
FCFP(SA) Final Part B	100%	100%
H Dip Fam Med(SA)	33%	50%
H Dip Sexual Health & HIV Med(SA)	No candidates	No candidates
Cert Allerg(SA) Fam Phys	No candidates	No candidates
<b>College of Forensic Pathologists</b>		
Dip For Med(SA) Clin	100%	No candidates
Dip For Med(SA) Clin/Path	100%	No candidates
Dip For Med(SA) Path	50%	80%
FC For Path(SA) Part I	100%	60%
FC For Path(SA) Part II	83%	0%
<b>College of Maxillo-Facial and Oral Surgeons</b>		
Dip Oral Surg(SA)	No candidates	No candidates
FCMFOS(SA) Primary	0%	22%
FCMFOS(SA) Intermediate	50%	100%
FCMFOS(SA) Final	0%	100%
<b>College of Medical Geneticists</b>		
FCMG(SA) Part I	100%	No candidates
FCMG(SA) Part II	50%	100%
<b>College of Neurologists</b>		
DSM(SA)	No candidates	No candidates
FC Neuro(SA) Part I	67%	43%
FC Neuro(SA) Part II	57%	60%
<b>College of Neurosurgeons</b>		
FC Neurosurg(SA) Primary	48%	55%
FC Neurosurg(SA) Intermediate	88%	100%
FC Neurosurg(SA) Final	33%	67%

EXAMINATION	SS 2016	FS 2017
Cert Critical Care(SA) Neurosurg	No candidates	No candidates
<b>College of Nuclear Physicians</b>		
FCNP(SA) Part I	No candidates	0%
FCNP(SA) Part II	29%	43%
<b>College of Obstetricians and Gynaecologists</b>		
Dip Obst(SA)	80%	74%
FCOG(SA) Part IA	44%	48%
FCOG(SA) Part IB	66%	56%
FCOG(SA) Part II	77%	66%
Cert Critical Care(SA) O&G	No candidates	0%
Cert Gynaecological Oncology(SA)	100%	100%
Cert Maternal & Fetal Medicine(SA)	50%	100%
Cert Reproductive Medicine(SA)	100%	100%
<b>College of Ophthalmologists</b>		
Dip Ophth(SA)	89%	100%
FC Ophth(SA) Primary IA	54%	75%
FC Ophth(SA) Intermediate IB	59%	55%
FC Ophth(SA) Final	57%	55%
<b>College of Orthopaedic Surgeons</b>		
FC Orth(SA) Intermediate	68%	70%
FC Orth(SA) Final	71%	64%
H Dip Orth(SA)	0%	0%
<b>College of Otorhinolaryngologists</b>		
FCORL(SA) Primary	40%	64%
FCS(SA) Intermediate ENT	92%	83%
FCORL(SA) Final	100%	86%
<b>College of Paediatric Surgeons</b>		
FC Paed Surg(SA) Final	50%	100%
<b>College of Paediatricians</b>		
DCH(SA)	77%	87%
FC Paed(SA) Part I	58%	41%
FC Paed(SA) Part II	73%	67%
Cert Allerg(SA) Paed	100%	100%
Cert Cardiology(SA) Paed	100%	100%
Cert Clinical Haematology(SA) Paed	No candidates	100%
Cert Critical Care(SA) Paed	50%	67%
Cert Dev Paed(SA)	No candidates	100%
Cert Endocrinology & Metabolism(SA) Paed	No candidates	0%
Cert Gastroenterology(SA) Paed	No candidates	100%
Cert ID(SA) Paed	50%	100%
Cert Medical Oncology(SA) Paed	100%	100%
Cert Neonatology(SA)	100%	67%
Cert Nephrology(SA) Paed	100%	No candidates
Cert Paediatric Neurology(SA)	100%	100%
Cert Pulmonology(SA) Paed	100%	0%
Cert Rheumatology(SA) Paed	100%	0%
<b>College of Pathologists</b>		
FC Path(SA) Anat Part I	43%	33%
FC Path(SA) Anat Part II	50%	8%
FC Path(SA) Chem Part I	No examination yet	75%
FC Path(SA) Chem Part II	0%	40%
FC Path(SA) Clin	33%	67%
FC Path(SA) Haem Part I	100%	83%
FC Path(SA) Haem Part II	29%	50%
FC Path(SA) Micro	44%	58%
FC Path(SA) Oral Part I	100%	0%
FC Path(SA) Oral Part II	No candidates	0%
FC Path(SA) Viro	0%	0%
Cert Clinical Haematology(SA) Path	No candidates	100%
Cert ID(SA) Path	No candidates	No candidates

EXAMINATION	SS 2016	FS 2017
<b>College of Physicians</b>		
DGM(SA)	100%	100%
Dip Int Med(SA)	67%	86%
FCP(SA) Part I	61%	55%
FCP(SA) Part II	44%	44%
Cert Allerg(SA) Phys	No candidates	No candidates
Cert Cardiology(SA) Phys	67%	38%
Cert Clinical Haematology(SA) Phys	100%	100%
Cert Critical Care(SA) Phys	67%	No candidates
Cert Endocrinology & Metabolism(SA) Phys	100%	50%
Cert Gastroenterology(SA) Phys	100%	100%
Cert Geriatric Medicine(SA)	100%	No candidates
Cert ID(SA) Phys	100%	No candidates
Cert Medical Oncology(SA) Phys	No candidates	100%
Cert Nephrology(SA) Phys	80%	50%
Cert Pulmonology(SA) Phys	50%	No candidates
Cert Rheumatology(SA) Phys	100%	100%
<b>College of Plastic Surgeons</b>		
FC Plast Surg(SA) Final	10%	58%
<b>College of Psychiatrists</b>		
DMH(SA)	96%	73%
FC Psych(SA) Part I	40%	38%
FC Psych(SA) Part II	52%	53%
Cert Child & Adolescent Psychiatry(SA)	100%	100%
Cert Forensic Psychiatry(SA)	No candidates	No candidates
Cert Geriatric Psychiatry(SA)	No candidates	No candidates
Cert Neuropsychiatry(SA)	No candidates	No candidates
<b>College of Public Health Medicine(SA)</b>		
FCPHM(SA)	100%	100%
FCPHM(SA) Occ Med	100%	No candidates
H Dip Med Man(SA)	No candidates	No candidates
<b>College of Radiation Oncologists(SA)</b>		
FC Rad Onc(SA) Part I	50%	67%
FC Rad Onc(SA) Part II	59%	50%
<b>College of Radiologists</b>		
FC Rad Diag(SA) Part I	39%	64%
FC Rad Diag(SA) Part II	43%	61%
<b>College of Surgeons</b>		
FCS(SA) Primary	78%	78%
FCS(SA) Intermediate	92%	83%
FCS(SA) Final	89%	84%
H Dip Surg(SA)	No candidates	100%
Cert Critical Care(SA) Surg	100%	No candidates
Cert Gastroenterology(SA) Surg	100%	33%
Cert Trauma Surgery(SA)	100%	No candidates
Cert Vascular Surgery(SA)	0%	71%
<b>College of Urologists</b>		
FC Urol(SA) Primary	29%	Part of FCS(SA) Primary
FC Urol(SA) Intermediate	40%	Part of FCS(SA) Intermediate
FC Urol(SA) Final	80%	75%

### Fellowships awarded by Peer Review

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

*College of Paediatricians*  
GOUSSARD, Pierre

### *College of Cardiothoracic Surgeons*

SMIT, Francis Edwin

### CMSA Examination Policies

The Sub-committee of the Examinations and Credentials Committee implemented/updated the following policies:

- Guideline for the Oral Examination Appeal
- SOP for the Use of Recorders for Oral Examinations
- Updated CMSA Appeals Mechanism
- Updated Code of Conduct for Examination Candidates
- Refusal of Oral Recording by Candidate
- Conflict of Interest/Confidentiality Agreement
- Code of Conduct for Examiner Panels
- Policy Candidates' Rights
- Policy Conveners' Role
- Policy Examiners' Role
- Policy Media
- Policy Moderators' Role
- Policy Whistle-blowers

### Recording of Oral Examinations

The recording of Oral examinations was implemented across all 28 constituent Colleges.

### Regulations Update

On-going updating of syllabi, bibliography and referencing is undertaken by the Education Office. Any major changes would have to be considered by Senate.

### PDF and LogBox Portfolio Workshops

The Academic Registrar conducted PDF marking workshops around South Africa, at the Cape Town, Durban and Johannesburg offices and at the University of the Free State. These were very well attended and the LogBox team was present for the afternoon session to demonstrate the online portfolio and answer any questions.

LogBox is a free app for all registrars, and will benefit the training institutions by having accurate statistics regarding their training platform. The use of LogBox is compulsory for all registrars commencing their training on or after 1 January 2018 in the disciplines of General and Orthopaedic Surgery. Others disciplines are currently still meeting with LogBox to populate their portfolio for their specific needs.

### Standard Setting

The President hosted a Standard Setting Workshop during the Senate meeting in May 2017, which was held in Durban.

Profs Manning, Green-Thompson and Schoeman were the guest speakers and these sessions were of great use to the CMSA in paving the future of ensuring that all Colleges use an appropriate method of standard setting.

This led into the Standard Setting, OSCE and Portfolio workshops with Prof Kathy Boursicot which were held in Durban, Cape Town and Johannesburg. The Angoff and Ebel standard setting methods were discussed and there were hands on exercises that were very



positively received by the delegates. OSCE setting and marking was discussed in the afternoon session and the consensus reached was that in future we need to deal with small groups of representatives from the same colleges.

Colleges were informed that they could contact the Academic Registrar in order to set these up for future discipline specific workshops.

## AWARDS AND MEDALS

### Medals and Book Prize

The recipients of medals during the year under review were:

#### October 2016:

**Janssen Research Foundation Medal** Jonathan JOCUM  
FCA(SA) Part I

**Abbott Medal** Jonathan JOCUM  
FCA(SA) Part I

**Hymie Samson Medal** Jonathan JOCUM  
FCA(SA) Part I

**Glaxosmithkline Medal** Jonathan JOCUM  
FCA(SA) Part I

**Crest Healthcare Technology Medal** Neil David HAUSER  
FCA(SA) Part II

**Jack Abelsohn Medal and Book Prize** Neil David HAUSER  
FCA(SA) Part II

**Tim Quan Medal** Wiaan Francois BEDEKER  
FCFP(SA)

**Novartis Medal** Izanne Craill ROOS  
FC Neurol(SA) Part II

**Rowland A Krynauw Medal** Sudhir DOOKIE  
FC Neurosurg(SA) Final

**GP Charlewood Medal** Chané PAULSEN  
FCOG(SA) Part I

**Justin van Selm Medal** Schalk DU TOIT  
FC Ophth(SA) Final

**SA Society of Otorhinolaryngology Medal** Michael Andrew MOLYNEAUX  
FCORL(SA) Final

**Robert McDonald Medal** Shehnaaz AKHALWAYA  
FC Paed(SA) Part II

**Robert McDonald Medal** Nicola Sian BRICE  
FC Paed(SA) Part II

**Novartis Medal** Tessa Christine ROOS  
FC Psych(SA) Part II

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

**Frederich Luvuno Medal** Sean Andrew TROMP  
FCS(SA) Primary

**Trubshaw Medal** Sean Andrew TROMP  
FCS(SA) Primary

**Walter G Kloeck Medal** Pieter Barend KOTZE  
Dip PEC(SA)

**Campbell Macfarlane Medal** Pieter Barend KOTZE  
Dip PEC(SA)

#### May 2017:

**Crest Healthcare Technology Medal** Marlize DU PREEZ  
FCA(SA) Part II

**Jack Abelsohn Medal and Book Prize** Marlize DU PREEZ  
FCA(SA) Part II

**Janssen Research Foundation Medal** Johann DE WET  
FC Derm(SA) Part I

**Peter Gordon-Smith Award** Altaaf PARKER  
FC Derm(SA) Part II

**SA Society of Maxillo-Facial and Oral Surgeons Medal** Andrew BOTHA  
FCMFOS(SA) Final

**Novartis Medal** Smita BHAGWAN  
FC Neurol(SA) Part II

**Robert McDonald Medal** Stephane MONTGOMERY  
FC Paed(SA) Part II

**Coulter Medal** Leriska HAUPT  
FC Path(SA)

**AM Meyers Medal** Sumanth KARAMCHAND  
FCP(SA) Part I

**SASOM Medal** Dorothy NGAJILO  
FCPHM(SA) Occ Med

**Brebner Award** Jaco KOTZE  
FCS(SA) Intermediate

**Douglas Award** Isabella Margaretha JOUBERT  
FCS(SA) Final

**Douglas Award** Natasha SINGH  
FCA(SA) Final

**Douglas Award** Francisca VAN DER SCHYFF  
FCS(SA) Final

**Lionel B Goldschmidt Medal** Daou Abulkasem GDEH  
FC Urol(SA) Final

## COLLEGE PROJECT: “STRENGTHENING ACADEMIC MEDICINE AND SPECIALIST TRAINING”

### Introduction

In 2007 it was decided to initiate a College project which was entitled “Strengthening academic medicine and specialist training”. It was a major concern among many members of the CMSA who were involved in training junior staff that the situation which was evolving within teaching institutions would result in a real decrease in specialist numbers. The cutbacks in staff at all levels were impacting specialist training and going forward it is noted that this trend has unfortunately continued. In some provinces, while registrars were appointed, specialist grade posts were not filled and in others the registrar posts were frozen. This has resulted in inadequate training ratios of specialist: trainees and it is of concern that some teaching facilities cannot fulfil postgraduate teaching requirements.

With this trend, it was anticipated we would have an inadequate number of specialists to meet South Africa’s health needs in the next decade. Given recent assessments of healthcare provision in South Africa this is now a very real and urgent issue and specialist input around South Africa is not consistent and is totally inadequate in some provinces. If we are to develop a national health system which offers optimal healthcare for all, key to this planning is training and availability of an adequate number of healthcare providers.

When we initially decided to develop this project, we launched a funding initiative and in 2007 received sufficient resources to initiate the research and to employ Dr Brigid Strachan who firstly had enormous experience in projects involving education and healthcare provision and in addition was a recognized expert in the economics of health education.

Our first project under this heading reviewed specialist needs and numbers in South Africa. It was initiated because of what the College perceived as the immediate crisis and based on this research we produced a report which was presented to the National Minister of Health on several occasions and to the Department of Higher Education. It is noteworthy that our findings were incorporated in the National Department of Health plan for personnel within healthcare and our input was acknowledged. Our findings were published in the SAMA in 2011 [SAMA 2011, 101(8):523 -528].

The data which were incorporated in this publication were made available to interested and affected parties. This included the National Department of Health, all Faculties who requested the results and to any of the Constituent Colleges within the CMSA who requested this. Because of this research the CMSA engaged regularly with the NDoH and received support from both the minister and the DG about this research.

In summary, we reported from our research that there is a shortage of doctors within both the South African public and private healthcare systems. The shortage of specialists and subspecialists indicate that going forward there is likely to be a crisis and revision of secondary and tertiary healthcare. In the short term, many South Africans may be 2 unable to access specialist care because of the inadequate

provision within our hospitals both in the public and private healthcare section.

South Africa is usually compared about healthcare with Brazil and Mexico as their economy and population challenges are comparable to ours. In terms of medical service provision, we fall far short of what these countries provide. The CMSA concentrates on medical training and notably postgraduate training so we did not investigate the shortage of nurses and within the professions allied to medicine, but this is obviously a related problem which became very evident as we undertook our research.

The situation in terms of specialist and subspecialist training posts was reviewed and it was evident that many of the training numbers were not being utilized. Chief among the reasons for this was the inadequate funding for posts within provinces and cutbacks in training posts. It seems that in all the provinces there is a reluctance to support subspecialist training. When reviewing data from the different Faculties many of the subspecialist training numbers are being supported by the private sector and thus these trainees usually are obliged to move into the private sector on completion of training unless a public-sector post has been made available. Overall public sector posts are not available and trainees then leave to move into the private sector although they may wish to continue within an academic environment. It seems that an opportunity to retain subspecialists is being missed because of the lack of interest by both national and provincial DoH.

Meetings with Dr Motsoaledi and the DG by members of the CMSA committee responsible for this research suggested that the training programme for specialist registrars could be expanded by utilizing the current training numbers in all the available facilities and funding these. This change has not been effected and as Provinces control their own health budgets, decisions have been made how to allocate funding and supporting specialist and subspecialist training has not been a priority.

If the number of MBChB graduates increases a corresponding number of intern posts and community service posts must be developed and further down the line, we anticipate specialist and subspecialist training must be increased if we hope to retain our graduates in the public sector in South Africa.

We did a follow up review of the number of specialists and subspecialist trainees within South Africa in 2013. Data from some of the universities was not made available and ultimately, we received incomplete figures in 2015 so we have not been able to develop a complete report. We, however, broadly compared this data with our original assessments and there has been no improvement in the number of registrar and subspecialist trainee posts. There is certainly no real increase in funding of training and it seems unacceptable that for subspecialist training we are totally dependent on bursaries and scholarships from the private sector. Thus, these trainees who have private support leave for the private sector as soon as they have completed their training as no provision is made to accommodate them within the public healthcare environment.



## Funding and support

Because of our research into specialist needs, Life Healthcare committed to providing funding for 6 years for subspecialist training. This has been a very welcome innovation and we have already had 2 rounds of interviews and the second group of subspecialists are now completing their training. It is not clear whether Life Healthcare will continue their programme for a third cycle, as originally agreed with the CMSA.

The agreement between Life Healthcare and the successful candidates includes that these trainees stay in the public sector for at least 2 to 3 years after obtaining their subspecialist qualifications if a post is available. If not, then they should initially provide their expertise within the private sector within South Africa within the Life Healthcare hospitals. It will be extremely disappointing if Life Healthcare does not honour their commitment to a third round of scholarships for subspecialist training.

Discovery Health Foundation has been a strong supporter of our project and of ongoing training through their various programmes. It seems regrettable that these scholarship programmes are resulting in very highly qualified graduates who are often not accommodated within the public sector despite their wish to remain in the public service.

## Survey of medical practitioners

We decided to undertake a survey of doctors in South Africa to assess their satisfaction with their career paths in the public and private sectors and their plans for remaining in South Africa or moving abroad. We thought it was important to assess the reasons for their decisions. We initially sent the survey to all on the College database and unfortunately this excludes all junior doctors as our database only includes those who have obtained postgraduate diplomas or fellowships.

We had a large number of returned surveys from the CMSA database where the email addresses were no longer valid which indicates that many members of the CMSA do not update their details. The President of SAMA, Dr M Grootboom, was willing to utilize their database to send the survey to SAMA members with the hope that we would then access more junior doctors. Unfortunately, SAMA was unable to assess how many of their emails were returned because of incorrect email addresses and it was very difficult to assess exactly how many practitioners actually received the correspondence.

All responses have now been analysed and the results are interesting although we are disappointed in the low response rate. We have provided a short summary to the SAMJ and we are hoping to have a more detailed report published in Transactions.

## Survey of dental practitioners

We have learnt a considerable amount about surveying colleagues from the medical practitioner's survey and Professor Leanne Sykes agreed in 2015 to spearhead the survey of dental practitioners through the CMSA together with SADA. She has met with Dr Andrew Good but to date the survey has not been developed or communicated. We feel that this is a very important clinical area which needs assessment and we hope this will be completed in 2017.

## Assessment of specialist training in South Africa

Prof Mike Sathekge, our president, has asked that we undertake a study on training needs and problems. Registrars are concerned about the success rate of the College examinations and, despite the fact these have not changed much over two decades have expressed a concern and suggested that we should revert to the previous system of university based examinations. There is concern about the research element which is required by the HPCSA and the 'fairness' of the examinations. We have consulted with the South African Registrars Association and together we have decided to develop a survey of registrars from all Faculties of Health Sciences in South Africa. This is obviously a mammoth task and we wish to undertake it together with the registrar body. Prof Sathekge has appointed a small committee to undertake this project which comprises of Profs Tuviah Zabow, Alf Segone and myself as he wished to have members of the committee who understand CMSA processes but are not currently in the Senate.

We plan to ask the registrars to assess the training, teaching and research environments in which they work. We hope to get contributions from each College in developing the survey and wish to ask each College to give us information on what they perceive as the challenges in training in South Africa.

This project is going to require considerable work and input and will be complicated and probably expensive. We have contracted with Life Choice to assist in developing and managing all surveys. SARA is happy to work with us and we are currently accessing all the College results to get a clear idea of the distribution of results.

The President hopes that the results of the survey will give us a handle of where there are weaknesses in training and help us identify how to address these. This may well be central to planning the way forward for specialist training in South Africa. Prof Sathekge and the two Vice Presidents Profs Johan Fagan and Prof Flavia Senkubuge have given us considerable support. Prof Fagan's previous assessments of ENT in South Africa have been very valuable.

### The way forward:

In 2017 we are going to concentrate on the registrar survey and hopefully Prof Sykes will manage to get the survey of the dental practitioners off the ground. The data we obtain will be important and valuable for the way forward within health education in South Africa. It will also reveal whether we are capable of providing an adequate number of clinicians which are required for service both in the private and public sector and very importantly for the NHI.

*Written by Prof Z van der Spuy*

## EDUCATIONAL DEVELOPMENT PROGRAMME

### Visits to Mthatha

#### 21 – 23 July 2016

An "Update on Oncology and Palliative Care" was presented by Dr Liz Gwyther and Dr Charleen Muller.

#### 6 – 8 October 2016

An "Update on Psychiatry and Neurology" was presented by Prof S T Rataemane and Prof D S Magazi.

**29 - 31 March 2017**

An "Update on Neonatology and Paediatrics" was presented by Dr G Kali and Dr J Morrison.

**11 - 13 May 2017**

"Orthopaedics and Traumatology" was presented.

**LECTURESHIPS****John and Madeline Lownie Lectureship**

Dr Jeff Kourie presented his lecture entitled "The Wits Craniofacial Unit – 6 Years On" at the CMSA Johannesburg office on 22 February 2017.

**JN and WLS Jacobson Lectureship**

Dr Dibuseng Ramaema presented her lecture entitled "Breast Tuberculosis - KwaZulu-Natal Experience" at the George Mukhari Academic Hospital on 3 March 2017.

**J C Coetzee Lectureship 2016**

Dr David Harrison presented his lecture at the 19<sup>th</sup> National Family Practitioners' Conference 2016 in Cape Town on 13 August 2016.

**K M Seedat Memorial Lectureship 2016**

Prof Jimmy Volmink presented his lecture at the 19<sup>th</sup> National Family Practitioners' Conference 2016 in Cape Town on 14 August 2016.

**F P Fouche Lectureship 2016**

Prof Dick Ronald van der Jagt presented his lecture at the 62<sup>nd</sup> Congress of the Orthopaedic Association in Skukuza on 1 September 2016.

**Arthur Landau Lectureship 2016**

Prof Pravin Manga presented his lecture at the 36<sup>th</sup> Medicine Update Symposium in Durban on 4 September 2016.

**AWARDS AND EDUCATIONAL FUNDS****Maurice Weinbren Award in Radiology for 2016**

The recipient was Dr Joseph Kabongo. Submission for 2017 were received from Dr S Manikkam, Dr C Murthy and Dr P Ihuhu.

**RWS Cheetham Award in Psychiatry 2017**

Submissions were received from Dr A Berg and Prof B Chiliza. The recipient of the award was Prof B Chiliza.

**Phyllis Knocker Bradlow Award 2016**

The recipient of the award was Dr C Feben of the College of Medical Geneticists.

**CONTINUOUS PROFESSIONAL DEVELOPMENT (CPD)**

The CMSA was awarded Service Provider Status by the HPCSA as of 2016, in order to accredit CPD applications for all constituent Colleges of the CMSA.

**PROPERTIES****Durban**

The property at 5 Claribel Road, Morningside, Durban was purchased

and renovated. The transfer took place on 30 August 2016.

The dedication of the YK Seedat Hall and Clive Daniel Boardroom took place on 5 April 2017, and was included in the May 2017 edition of Transactions.

**Cape Town, Johannesburg and Durban**

Video conferencing facilities were installed at the Cape Town, Johannesburg and Durban offices. This facility has been made available to all constituent Colleges.

**Staff**

Mr Gerrit Nel was appointed as Financial Director, on the retirement of Mrs Margie Pollock in December 2016.

The CMSA will be appointing an Educationalist/Assessologist to address standard setting in all constituent Colleges.

**Legal Services**

Fasken Martineau was appointed on legal retainer.

**CMSA MEMBERSHIP**

It is the responsibility of members of the CMSA to ensure that their address details, e-mail addresses and personal 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 for attention:

Bianca van der Westhuizen, [bianca.vdwesthuizen@cmsa.co.za](mailto:bianca.vdwesthuizen@cmsa.co.za).

**Court of Honour**

A Court of Honour comprising persons who have served The Colleges of Medicine of South Africa (CMSA), who have advanced its aims and interests to a significant degree and who continue to do so, was established by the CMSA Senate in April 1993.

There was one admission to the Court of Honour during the year under review.

*Dr Warren Clewlow* was admitted to the Court of Honour of The Colleges of Medicine of South Africa at the Admission Ceremony in Durban in May 2017.

Dr Clewlow was honoured for his contributions to the CMSA.

He has been a member of the Board of Trustees since 2001, which he currently chairs; and has been Chairman of the Risk Committee since 2014. He has also been an important fundraiser for the CMSA, and it was largely through his efforts that it was possible to establish the new Durban offices of the CMSA.

**Associates**

Associateship of the CMSA is offered to medical or dental practitioners whose professional standing and interest and activities are of such nature that it will strengthen the CMSA and the constituent College concerned. The incumbents must be registered with the Health Professions Council of South Africa and hold a degree or diploma considered comparable to a Fellowship of the CMSA.



In the situation where new Colleges are established, temporary Associateship is considered for those nominated to form the Council of the new College, until such time (within 24 months) as their registration has been regularised with the HPCSA. At that point they will become full Associates.

**The following registered as Associates during 2016/2017:**

**College of Forensic Pathologists**

ROSSOUW, Servaas Hofmeyr

**College of Clinical Pharmacologists**

OUTHOFF, Kim  
REUTER, Helmut

**College of Pathologists**

HOFFMAN, Mariza  
HOFFMAN, Rena  
WEYERS, Reinet  
WIGGILL, Tracey Monica

**College of Plastic Surgeons**

GRAEWE, Frank  
JOOSTE, Johannes Frederik  
SELAHLE, Sello Solly

**College of Public Health Medicine**

LETEBELE-HARTELL, Keneilwe Elsa  
THOMSON, Andrew Malcolm Tremaine

**College of Radiation Oncologists**

NAPO, Kgabo Hildah  
VORSTER, Karin

**REPORTS ON INTERACTION BETWEEN THE CMSA AND OTHER EXTERNAL BODIES**

**NATIONAL DEPARTMENT OF HEALTH (NDoH)**

There was ongoing interaction between the CMSA and the NDoH through Dr Terence Carter, who also attended the Strategic Planning Weekend with the Board of Directors from 30 – 31 July 2016.

A task team was appointed to formulate a Memorandum of Understanding between the CMSA and the NDoH.

**DEPARTMENT OF HIGHER EDUCATION AND TRAINING (DHET)**

Dr Engela van Staden was invited to attend the Senate meetings in October 2016 and May 2017, but was not able to attend. This invitation would be extended to other possible representatives from the DoHET in future.

**COUNCIL ON HIGHER EDUCATION (CHE)**

CMSA representatives met with Dr Naidoo (Head of Accreditation) at the Council on Higher Education on 24 May 2017.

**HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA (HPCSA)**

There was ongoing interaction between the CMSA and the HPCSA. Dr Kgosi Letlape attended the Strategic Planning Weekend with the

Board of Directors from 30 – 31 July 2016, where pertinent issues were discussed. Dr Letlape represented the HPCSA at the Senate meetings in October 2016 and May 2017.

**SOUTH AFRICAN COMMITTEE OF MEDICAL AND DENTAL DEANS (SACOMD)**

A bilateral agreement was being considered between the CMSA and SACOMD. Prof Veller represented the SACOMD at the Strategic Planning Weekend with the Board of Directors on 30 – 31 July 2016.

**SOUTH AFRICAN REGISTRARS' ASSOCIATION (SARA)**

Dr Ati, Dr Boshomane and Dr Lwando Maki attended the CMSA Senate meeting in Cape Town in October 2016. Dr Maki presented to the CMSA Senate meeting in Durban in May 2017.

This invitation would be extended to all registrar representative bodies in future.

**INTER-COLLEGIAL MEMORANDA OF UNDERSTANDING (MOU'S)**

Inter-Collegial MoU's were approved to be signed between the following Colleges:

- The Faculty of Family Medicine of the West African College of Physicians (WACP) and the College of Family Physicians of South Africa (CFPSA).
- The Royal College of Psychiatrists and the South African Society of Psychiatrists and the College of Psychiatrist of South Africa.
- The College of Public Health Medicine (CPHM) and the American College of Preventative Medicine (ACPM).
- The College of Public Health Medicine (CPHM) and the West African College of Physicians (WACP) Faculty of Community Health.
- A generic MoU between the West African College of Physicians (including all the faculties) and the CMSA (including all the constituent Colleges).

**Roadshows**

Roadshows were conducted at the following universities:

- University of the Free State (June 2016)
- Sefako Makgatho University (September 2016)
- University of Pretoria (September 2016)
- University of the Witwatersrand (September 2016)
- University of KwaZulu-Natal
- University of Cape Town
- University of Stellenbosch

**Transactions**

The CMSA had changed publishers, due to problems with the previous publishers. Mrs Stone from the Durban office, had successfully taken over the compiling of documentation for Transactions, and the administrative duties involved. Copies were posted to members who requested them, and to local and international institutions. An electronic version of the publication is available on the CMSA website.

## CMSA INVITATIONS AT MEETINGS OF SISTER COLLEGES AND ACADEMIES

Golden Jubilee of the Academy of Medicine of Malaysia & 50<sup>th</sup> Malaysia-Singapore Congress of Medicine & 3<sup>rd</sup> AMM-AMS-HKAM Tripartite Congress, Kuala Lumpur, Malaysia: 19 – 20<sup>th</sup> August 2016.

The Royal College of Anaesthetists World Congress of Anaesthesiologists 2016, UK: 28 August – 2 September 2016.

The 9<sup>th</sup> Annual International Medical Education Leaders Forum (IMELF) of the Royal College of Physicians and Surgeons of Canada, Niagara Falls, Canada: 28 September 2016.

The President and the CEO of CMSA attended.

Graduation Ceremony & 17<sup>th</sup> Annual General Meeting and Scientific Conference of the College of Surgeons of East Central and Southern Africa 2016, Mombasa, Kenya: 7 – 9 December 2016.

RACP Congress 2017, Melbourne Convention and Exhibition Center, Melbourne, Australia: 8 – 10 May 2017.

The Royal Australasian College of Surgeons 86<sup>th</sup> Annual Scientific Congress, Adelaide Convention Centre, Adelaide, Australia: 8 – 12 May 2017.

## FINANCE

### Auditors

C2M Inc. Chartered Accountants were re-appointed as Auditors.

### VAT Registration

The CMSA was liable for Value Added Tax (VAT) from 1 June 2016. Accounting processes were adapted in preparation, and the changeover went smoothly.

## Policy on Finances and Spending

A policy on finances and spending was implemented.

## Constituent College Levy Accounts

The allocation of funds to the constituent College levy accounts was amended to a straight 10% of membership fees received.

## Membership Reinstatement Fees Paid from Levy Accounts

Constituent College Councils will be permitted to pay the reinstatement penalties on behalf of their defaulted members from their levy funds, provided that this decision is supported by a two-third majority. This will not include the current membership fee.

## ACKNOWLEDGEMENTS

I'd like to acknowledge the contribution of Examiners, Senators, the Board of Directors, Councillors, and Committee and Sub-Committee Members of the CMSA, who selflessly give of their time and expertise, in order to maintain the high standards of South African specialist medical qualification examinations.

A special thankyou to the President, Prof Mike Sathekge, and Vice Presidents, Prof Johan Fagan and Dr Senkubuge, for their tireless efforts in forging stronger relationships with stakeholders and towards improving the efficiency of the organisation.

The interest, contribution and support of these individuals, who, despite their demanding work schedules and competing priorities, have consistently contributed, is highly appreciated.

Furthermore, I would also like to acknowledge with much appreciation the crucial role of the staff, and their loyal and dedicated service.

### Lize Hayes

Chief Executive Officer

## K M BROWSE RESEARCH SCHOLARSHIP

The Scholarship is offered primarily as a Research Scholarship at **neurology registrar, senior neurology registrar or junior neurology consultant** level. It is the understanding that the research will be undertaken in a Neurology Department in South Africa.

The scholarship is offered annually whereby funding will be made in four equal instalments and payments must be made into a cost centre of the institution in which the recipient is working.

Successful candidates will be required to submit annual progress and/or final reports on the research compiled, supported by copies of any papers resulting from the Scholarship.

**The closing date is 15 January 2018**

*The guidelines pertaining to the award can be requested from:*

**Mrs Evelyn Chetty**

**Tel +27 31 261 8213**

**Tel +27 31 261 8518**

E-mail: [evelyn.chetty@cmsa.co.za](mailto:evelyn.chetty@cmsa.co.za)

## Annual Reports of the Constituent Colleges

### COLLEGE OF ANAESTHETISTS

1 JULY 2016 TO 31 MAY 2017

The College of Anaesthetists (SA) continues to make great strides in developing their examinations. Our Council met twice during the period under review and played a major role in all these processes.

The Diploma in Anaesthesia (DA) examination produced 119 new diplomates over the 2 examinations, with pass rates of 73.3% and 66% respectively. The number of diplomates decreased in comparison to the preceding year, when 202 passed. The pass rates are also lower than the norm.

The FCA(SA) Part I remains a challenge for many candidates, with pass rates of 53.5% in October 2016 and 47.9% in May 2017. With the removal of sub-minima in these examinations, an improvement is expected over the next few sittings. Over the year 79 new Fellows completed the FCA(SA) Part II, with examination pass rates of 75% and 80.4%, these being above the norm.

The examination processes and regulations have been undergoing constant improvement. Objective Single Best Answer (SBA) questions were successfully introduced for the first time for the FCA(SA) Part I in Semester 2 in 2016. The same will be done for the FCA(SA) Part II in Semester 2 in 2017. In both cases the traditional essay type questions have been replaced. Sub-minima have been removed from the examination regulations. As of semester 1 in 2018, the clinical component of the FCA(SA) Part II examination will consist of paper patients only.

Mandatory examination-setting meetings occur for each examination, and regular examiner training workshops are held. Standard setting is now applied across all our examinations and appears to be working well. Audio recording of oral examinations is now standard across our examinations. These initiatives are serving to enhance the integrity of our examinations, making them more robust but keeping them fair.

A curriculum revision process within the College has just commenced, in an attempt to update and ensure its relevance. Inputs from all stakeholders will be sought with the anticipated date of implementation being 2019. The recognition of Pain Medicine as a sub-speciality is still awaited.

The Head of Departments' forum, a subcommittee of CASA Council, continues to engage with stakeholders in respect of the numerous challenges faced by the training platforms across the country.

As we move into the new triennium, the current CASA council will change in October 2017. Our gratitude to all the Councillors for their contributions needs to be placed on record. The remarkable efforts of all our examiners, convenors, moderators and examination assistants in ensuring the success of examinations also need to be recognised. Members are encouraged to raise pertinent issues with their Councillors.

Dr Dean Gopalan  
**PRESIDENT**

Dr Usha Singh  
**SECRETARY**

### COLLEGE OF CARDIOTHORACIC SURGEONS

1 JUNE 2016 TO 31 MAY 2017

Changes to the regulations of our College examinations, which call for more surgical experience prior to being accepted for the FC Cardio(SA) Final examination, were published in January 2014, and will only apply to registrars who commenced their training on or after that date. This matter is receiving attention by not only our College, but by the ECC committee and Senior Executives of the CMSA. This will also involve the HPCSA, which has mandated the CMSA to qualify competent independently capable specialists.

Our College believes that a minimum operative experience as a Primary Surgeon is an absolute condition to ensure competence. After much discussion and debate within our College Council, including representation from each Academic Cardiothoracic Training unit, the regulations that appear on our website were agreed upon.

Some training institutions are not able to record the number of cases as required by the regulations. The College of Cardiothoracic Surgeons is concerned that these candidates are at training institutions which may not be able to prepare their candidates for the examination. This matter should be conveyed to the SACOMD for attention. This has been debated with the President and senior management of the CMSA, and we have received support from the CMSA executive for our commitment to uphold the standards to graduate specialists that are knowledgeable and competent.

The tremendous cut in resources allocated to tertiary medicine over the last two decades has impacted very negatively on the ability of the academic units to train competent, independently functioning cardiothoracic surgeons. The problem must be addressed at the training level, and is not to be fixed by lowering the standards set by our College.



As one solution to increase the surgical exposure of future candidates, our College has recommended that the minimum training period be increased from 4 to 6 years, and this needs to get the buy-in from the Department of Health and the HPCSA before we can apply this condition on our website.

Until the registrars obtain sufficient surgical experience, we predict that our failure rate will remain below the 40% level. Without adequate experience, book and rote learning alone will not adequately prepare registrars to pass the FC Cardio(SA) Final examination.

We have made changes to the relevant recommended bibliography for candidates, and this was posted on our website as the previous bibliography was somewhat dated.

The dissertation part of the certification process by the HPCSA will remain a function of the relevant University's Department of Cardiothoracic Surgery in which the candidate is registered – usually as an MMed student. The question of whether candidates will also need to have details of their dissertation reflected in their Portfolio of Learning prior to being accepted for the FC Cardio(SA) Final examination should be standardised for all Colleges, and this needs to be debated by the CMSA with the HPCSA and the Committee of Deans.

The next College Council meeting will be planned towards the end of the year, once the new College Council for the next triennium has been elected.

Prof Johan Brink  
**PRESIDENT**

Prof Anthony Linegar  
**SECRETARY**

### **COLLEGE OF CLINICAL PHARMACOLOGISTS** **1 JUNE 2016 – 31 MAY 2017**

The College of Clinical Pharmacologists serves an important role as advocate for the promotion of clinical pharmacology in the health care system, both public and private.

Two Universities are currently offering a full registrar programme in South Africa: the University of Cape Town and Stellenbosch University. The programme at the University of Pretoria is HPCSA accredited, but the University does not offer an accredited MMed programme. The MMed programme at Sefako Makgatho Health Sciences University has recently been approved by the Department of Higher Education.

An updated, revised version of the 'Regulations for Admission to the Fellowship of the College of Clinical Pharmacologists of South Africa' (including syllabus) and the Portfolio of Learning have been approved by the CMSA Examinations and Credentials Committee. The revision was prepared by a Task Force chaired by Dr Decloedt, Stellenbosch University, with input from Council members, Associates of the College and AGM delegates.

Three registrars (from the University of Cape Town and Stellenbosch University) passed their FC Clin Pharm(SA) Part II examination in May 2017.

Members of the College actively contributed to scientific meetings, including the SASBCP All Africa Congress on Pharmacology and Pharmacy 2016 (organized by Sefako Makgatho Health Sciences University).

Twenty-three Associates are currently registered with the College.

The Annual General Meeting was held at the Misty Hills Hotel and Conference Centre, Muldersdrift, Gauteng, on 5 October 2016.

Prof Andrew Walubo  
**PRESIDENT**

Prof Bernd Rosenkranz  
**SECRETARY**

### **COLLEGE OF DENTISTRY** **1 JUNE 2016 – 31 MAY 2017**

The College of Dentistry has continued to grow under the new structure, with the Community Dentistry Speciality also now becoming more active.

All of the speciality sections have held workshops where they collated input from the relevant heads of departments, fellows, associates and colleagues in private practice in order to refine their individual constitutions. Since then, many have expressed interest in becoming examiners and attending examination setting and blueprinting workshops.

More candidates also registered for primary examinations in the past year.

March 2016 was the second time that the College of Dentistry set their own primary examinations, as opposed to previous years where they were run by the College of Maxillofacial and Oral Surgery. Despite the papers having been more dentally focused, the main problem still being experienced by the examiners was that candidates had not prepared adequately for these examinations.

The primaries are now also better aligned with each speciality, as opposed to the more generic examinations used previously. They are now "Capita Selecta" for the specialities of Prosthodontics, Orthodontics and Oral Medicine and Periodontics. The fourth speciality, Community Dentistry, does not have primary examinations.

Questions were customised according to the needs of each discipline. The papers were blueprinted and compared to papers since 2010. Questions were included to address some areas previously lacking. Suggestions made by the moderator were accepted and changes were made, and a blueprint submitted to the College for all papers.

One candidate entered for the FCD(SA) Pros Part I examination, namely Anatomy, Physiology and Pathology, but did not pass any of the three. The moderator commented that this candidate did

not even display the level of answering expected of undergraduate students in these examinations.

Eight candidates entered for the primary examinations in Orthodontics. Only two passed overall when marks from previously written Pathology were added.

Candidates generally performed better in Anatomy and Physiology, but very poorly in Pathology. The average mark was 55% and 53% in Anatomy and Physiology respectively.

The recent decision taken by the College of Dentistry, as well as the CMSA, to allow candidates to rewrite a failed Part I subject (only valid for two examination periods and if at least one of the subjects were passed) will hopefully favour future candidates, and impact on the pass rate percentages.

In general, dental specialist attached to the four universities have expressed satisfaction with the direction and progress being made in the College of Dentistry, and we look forward to far greater input, team workshops and collaboration between colleagues in the year ahead.

Prof Leanne Sykes  
**PRESIDENT**

Prof Hemant Dullabh  
**SECRETARY**

#### **COLLEGE OF DERMATOLOGISTS 1 JUNE 2016 TO 31 MAY 2017**

In the first semester 2016, we had 5 successful candidates in Part I exams and 6 successful candidates in Part II exams.

In the second semester 2016, we had 3 successful candidates in Part I and 5 successful candidates in Part II exams.

In the first semester 2017, we had 1 successful candidate in Part II exams.

The College of Dermatologists had a Council meeting on 15 May 2017 in Durban. Mrs Ann Vorster attended that meeting and addressed council members on the College's policy on conflict of interest in examinations, as well as on the role of an educationalist or assessologist, who will be employed by the Colleges of Medicine in due course.

As a College, we do have challenges but we are working hard to resolve them.

Prof Hendrick Motswaledi  
**PRESIDENT**

Dr Mahlatse Kgokolo  
**SECRETARY ANNUAL REPORT**

#### **COLLEGE OF EMERGENCY MEDICINE 1 JUNE 2016 TO 31 MAY 2017**

At the end of the final year through the current Council triennium,

it is a great privilege to present the Eleventh 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 Tamara Stephens (Diplomate Representative and CMSA Senate Diplomate Representative)
- Dr Anita Groenewald (Diplomate Representative)

#### **University Representation**

Five South African Medical Universities currently offer postgraduate registrar training in Emergency Medicine. Representatives of all five Universities have been co-opted onto the Council of the College of Emergency Medicine:

- Prof Lee Wallis – Universities of Cape Town and Stellenbosch
- Dr Feroza Motara – University of the Witwatersrand
- Prof Andreas Engelbrecht – University of Pretoria
- Dr Sharadh Garach – University of KwaZulu-Natal

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

Additionally, a registrar representative is invited to certain portions of council meetings to gain insight and offer feedback.

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), the Emergency Care Society of South Africa (ECSSA), the African Federation for Emergency Medicine (AFEM) and the International Federation for Emergency Medicine (IFEM). 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)**

It is pleasing to note that, since inception, 977 candidates have successfully completed the Dip PEC(SA) – and it is now one of the largest clinical diplomas offered by the Colleges of Medicine of South Africa.

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 are available on the CMSA website.

The **Diploma Examination Work Group** has been established to review the examination process to keep it in line with national and international trends in medical education and assessment, and we hope to launch the new regulations and candidate guidelines in the near future.

Many thanks are extended to our Diplomate Representatives, Dr Tamara Stephens and Dr Anita Groenewald, for their continued assessment of hospitals applying for Dip PEC (SA) training accreditation or re-accreditation.

Congratulations are extended to the medal recipients for the Dip PEC (SA) Examination in 2016:

Dr Nicolene STEYN                      The Campbell MacFarlane Medal

Dr Neville VLOK                          The Walter Kloock Medal

### 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.

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

Although one of the youngest constituent Colleges of the Colleges of Medicine of South Africa, we have been excited to have seen the growth in the practice of specialist-level Emergency Medicine.

There are currently 117 registered Emergency Medicine Specialists in South Africa – and this number continues to rise. To date, 83 candidates have successfully completed the Fellowship examination of the College of Emergency Medicine of South Africa.

The **Fellowship Examination Work Group** has been established to review the examination process to keep it in line with national and international trends in medical education and assessment, and we hope to launch the new regulations and candidate guidelines in the near future. This group is also reviewing the examination process of the Higher Diploma in Emergency Medicine to keep it in line with national and international trends in medical education and assessment.

Congratulations are extended to the medal recipients for the FCEM (SA) Examinations in 2016:

#### *FCEM(SA) Part I*

Dr David CLOETE                      The Campbell MacFarlane Memorial Medal

Training in Emergency Ultrasonography has become a compulsory entry requirement for candidates attempting the FCEM(SA) Part II examination as from July 2010, in line with international trends advocating the importance of this valuable diagnostic tool in emergency care. Prof Mike Wells and Dr Hein Lamprecht form the CEM (SA) Ultrasound Work Group and, together with the EMSSA Emergency Ultrasound Committee, oversee the training curricula and certification processes 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.

The CEM (SA) also offers twice yearly Examination Preparatory Courses to ensure that candidates are exposed to the examination process for the clinical component of the Fellowship Examination.

Our sincerest thanks are extended to Dr Heike Geduld and Dr Annemarie Kropman, who co-ordinate and present these invaluable courses.

### Sub-Specialty in Critical Care

Emergency Medicine has been a recognised base specialty for the Sub-Specialty Certificate in Critical Care from 2010. In that time, we have seen four Emergency Physician Intensivists graduate, and it is indeed pleasing to see that an additional four candidates are



undergoing training as we speak. The knowledge and expertise developed will certainly improve the care of the critically ill and injured patient within Emergency Departments and Emergency Centres around the country.

### **Sub-Specialty in Paediatric Emergency Medicine**

In order to raise the standard of emergency care for children presenting to Emergency Departments in South Africa, the College is in the process of creating a Sub-Specialty in Paediatric Emergency Medicine, in line with international trends in this regard. The sub-specialty proposal has been approved by the Senate of the Colleges of Medicine of South Africa and the Postgraduate Education and Training Medical Committee of the Health Professionals Council of South Africa, and is now awaiting promulgation in the Government Gazette.

### **New Diplomas**

A work group, headed by Prof Dries Engelbrecht, has developed the regulations, syllabus and examination format for a new diploma in Clinical Toxicology. We are pleased to report that, after several iterations, our Council approved the draft regulations, and has forwarded same to the Examinations and Credentials Committee of the Colleges of Medicine for consideration. This promises to be an excellent diploma, which addresses the dire need for knowledge and expertise in the management of toxic ingestions and their complications. Our thanks are extended to Prof Engelbrecht and his team for the enormous amount of work it has taken to bring this idea to fruition.

### **Emergency-Related Short Courses**

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

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

### **Emergency Medicine Society of South Africa**

It is very pleasing to note that many recipients of the 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](http://www.emssa.org.za).

We are pleased to congratulate Roger Dickerson (CEM President) on his election as EMSSA President.

### **African Federation for 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. Details are available from the AFEM website [www.afem.info](http://www.afem.info).

We are pleased to congratulate Heike Geduld (CEM Secretary) on her election as AFEM President.

### **International Federation for Emergency Medicine**

The International Federation for Emergency Medicine is an international body with more than fifty member countries, colleges and societies. It was founded in 1989 and its purpose is “to promote at an international level, interchange, understanding and co-operation among physicians practicing emergency medicine”, and is recognised as the international voice for quality emergency medical care. Details are available from the IFEM website: [www.ifem.cc](http://www.ifem.cc).

We are pleased to congratulate Lee Wallis (CEM Councillor) on his election as IFEM President.

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 recognise these colleagues who achieve excellence in this vast discipline.

### **Sincerest Thanks**

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 six years, and to the staff of the Johannesburg, Durban and Cape Town CMSA offices for their hard work and support.

### **Last Word**

Finally, as I near the end of my final term as President of the College of Emergency Medicine of South Africa and Member of Senate of the Colleges of Medicine of South Africa, it has been an excellent opportunity to reflect on the actions and successes of our College over the past six years, and the challenges and opportunities it will face in the future.

I would like to express my grateful thanks to the examiners, convenors and moderators who have fulfilled their functions selflessly to expand the footprint of Emergency Medicine in South Africa and beyond. I am grateful to our Council who have continued with enthusiasm and innovation over the past six years. Finally, I

would like to thank Dr Heike Geduld for her invaluable support and guidance in her role as Secretary.

We wish the incoming Council well and we rest easy knowing that the future of Academic Emergency Medicine in South Africa is not only bright, but is in excellent hands.

Prof Roger Dickerson  
**PRESIDENT**

Dr Heike Geduld  
**SECRETARY**

### **COLLEGE OF FAMILY PHYSICIANS 1 JUNE 2016 TO 31 MAY 2017**

#### **Council of Family Physicians of South Africa – CFP(SA)**

The elected Council for the 2014-2017 triennium took over the business of the CFP(SA) in October 2014 comprising of the following Councillors:

President: Prof GA Ogunbanjo (SMU)  
Secretary: Prof WJ Steinberg (UFS)  
Other Councillors: Prof JJ Blitz (US)  
Prof MH Cassimjee (UKZN / Private Family Physicians)  
Prof I Couper (Wits)  
Prof DA Hellenberg (UCT)  
Prof JFM Hugo (UP)  
Prof LH Mabuza (SMU)  
Prof RJ Mash (SU)  
Dr SNE Mazaza (UCT)  
Dr M Naidoo (UKZN / Private Family Physicians)  
Dr E Reji (Wits)

Within the reporting period, the Council had a further two council meetings in which various matters related to the FCFP(SA) examinations, performance of candidates, collaborations with sister colleges and examiner training took place.

Activities during this period were as follows:

#### **Fellowship examinations – FCFP(SA) Final Part A:**

The College of Family Physicians is constantly reviewing its examinations to align with international best practice of reliability, validity and fairness. Workshops were held with reflections about the exams structure done. The Council decided to change the format of the clinical examinations. Instead of including three (random) clinical cases, the clinical component will in future be evaluated by structured objective clinical stations instead.

Much discussion has also been dedicated to ensuring that the different training programs adequately prepare the candidates for the nationally set examinations.

The dedication of a section of the SAFP journal on the “mastering of the fellowship” has been used by the registrars for this with positive effect.

Success rates for the clinical components ranged between 45% and 65%.

#### **Collaboration - Royal College of General Practitioners (RCGP), UK:**

The CFP(SA) continued with its co-operation with the Royal College of General Practitioners (RCGP), UK for the period under review. This collaboration, funded by Europe-Aid, aimed at developing and improving the examination skills of College examiners and trainers. The 3-year project has been greatly beneficial in improving the quality of the FCFP(SA) exit exam, and has led to the above-mentioned changes.

As part of the deliberations further discussion are being held about an electronic portfolio to be introduced. The assessment and evaluation of such documentation needs to be rigorously discussed before implementation can be decided upon.

#### **Collaboration - West African College of Physicians:**

The training of trainers (TOT) workshop / Fellowship exams in Ibadan, Nigeria were held in October 2016 after it was initially postponed due to the Ebola virus epidemic in West Africa. This contact with the West African College has remained valuable as a benchmarking and development exercise. Family Medicine in Africa is defining its own path.

#### **Higher diploma in Family Medicine:**

The higher diploma exam has not yet attracted as many candidates as initially anticipated. This exam provides an opportunity for those who do not have the possibility of a full-time registrar programme to be trained by family physicians, and still obtain a diploma qualification in Family Medicine. The minimum requirement is a 2-year in-service training in Family Medicine.

A proposed document with the changes put forward for the College diploma was tabled at the May 2017 meeting. This document aligns itself with the planning of a national diploma and the necessary changes, should the College higher diploma exam become the exit exam for the diploma in Family Medicine. This could boost the number of candidates.

#### **Evaluation - Family Medicine Training program:**

In 2016, the CFP President and Secretary, on the request of the University of Malawi, visited and evaluated their decentralised Family Medicine training program based at Blantyre and Mangochi with planned extension to Nkohma. The evaluation process revealed some areas of continuity and supervision that needed attention.

#### **Conclusion:**

During this triennium, this Council deliberated and introduced significant changes to the national exit exam for Family Physicians. It is trusted that this will lead to a fairer evaluation of the candidates

and setting of acceptable standards for Family Medicine in RSA. It is hoped (trusted) that the new Council elected by Oct 2017 will continue this trajectory.

Prof Gboyega Ogunbanjo  
**PRESIDENT**

Prof Wilhelm Steinberg  
**SECRETARY**

### **COLLEGE OF FORENSIC PATHOLOGISTS 1 JUNE 2016 TO 31 MAY 2017**

During the past year, we 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 and Mrs Lize Hayes (CEO), as well as their Administrative Staff for their ongoing support, advice and assistance.

I would also like to thank our examiners, conveners and moderators for their support and assistance in ensuring that our examinations were a success.

Finally, I would like to thank my colleagues, especially Dr Christa Hattingh of the outgoing College Council, for their contributions during the 2014 to 2017 triennium.

Dr Sageren Aiyer  
**PRESIDENT**

Dr Christa Hattingh  
**SECRETARY**

### **COLLEGE OF MAXILLO-FACIAL AND ORAL SURGEONS 1 JUNE 2016 TO 31 MAY 2017**

It is a pleasure to present the Annual Report of the College of Maxillo-Facial and Oral Surgeons for the period 1 June 2016 to 31 May 2017.

The Council of the CMFOS met twice, on 16 September 2016 and 17 May 2017. The regulations were reviewed and updated.

In the second semester 2016, there was no successful candidate in the Part II examination. Three candidates were successful in the Part II examination in the first semester 2017.

The poor results in the primary examination in the Principles of Pathology continues to be a problem. The Council continues to look at methods to improve the pass rate. Our President, Prof Jacobs, resolved queries from three candidates in the Part IA examination second semester 2016.

A representative of SARA attended part of the Council meeting on 17 May 2017. Prof Jacobs is exploring methods of adopting the electronic LogBox for registrars.

The inaugural John and Madelaine Lownie Lecture was held on 22 February 2017 in Johannesburg. Dr J. Kourie presented the lecture

titled "The Wits Craniofacial Unit - 6 years on".

During the recent elections held within the CMSA, there were too few nominated candidates for the College of Maxillo-Facial and Oral Surgeons. The elected members of the new Council will have to co-opt members onto the Council.

Prof Frederick Jacobs  
**PRESIDENT**

Dr Suvir Singh  
**SECRETARY**

### **COLLEGE OF MEDICAL GENETICISTS 1 JUNE 2016 TO 31 MAY 2017**

The College of Medical Geneticists continues to grow, slowly but consistently. Our challenges remain largely unchanged, but as our numbers increase the opportunities for training and post creation should continue to improve.

Our Council met twice during the period under review, with a focus on the structure of our examinations and aligning this with best practice and with other Colleges, given our resource limitations. Regulatory changes are in process to remove essay questions from our part II examinations.

With regards to standard setting in examinations we are challenged by our extremely small candidate numbers, but look forward to working with the Colleges of Medicine to ensure that we apply appropriate measures. We continue to look at a curriculum review and plan to reconvene to address this in early 2018.

The training unit at the University of the Witwatersrand remains conditionally accredited as of July 2015, and awaits the full re-accreditation necessary to solidify the training platform (total 4 units) countrywide.

Examinations were conducted in the second semester of 2016, with two candidates passing the Part I examination, and one out of two candidates passing the Part II. In the first semester of 2017, two candidates wrote and passed the Part II examination. The exam processes were incident-free and audio-recording of examiner candidate interactions was implemented in the first semester of 2017.

Our congratulations go to Dr Candice Feben, who was awarded the prestigious CMSA Phyllis Knocker Award to continue her research on Fanconi Anaemia to evaluate a further possible genotype-phenotype correlation in Black FA patients with regards to their endocrine status.

As a specialty, we continue to remain far off the global recommendation of three Medical Geneticists per million population recommendation, but again end this reporting period on positive note.

Prof Amanda Krause  
**PRESIDENT**

Dr Lindsay Lambie  
**SECRETARY**



## COLLEGE OF NEUROLOGISTS 1 JUNE 2016 TO 31 MAY 2017

During the year under review, no changes were made to the members of the Council of the College of Neurologists of South Africa (CNSA), which remained constituted as follows.

Elected members:

- Dr L M Tucker (President and Senator);
- Prof D S Magazi (Secretary and Senator);
- Prof J A Carr,
- Prof A J Kruger; and
- Dr A A Moodley.

Co-opted members:

- Prof C Schutte;
- Prof G Modi (Emeritus President); and
- Prof R Eastman (Emeritus President).

Councillors have remained in frequent telephonic and email contact, and held an Annual General Meeting on March 2<sup>nd</sup> 2016, during the annual Congress of the Neurological Association of South Africa (NASA).

Our College continues to make progress in changing the format of our examinations from the essay and short answer format to multiple choice questions (MCQ). To this end, both Part I examinations during the period under review consisted entirely of MCQ's, while approximately 50% of the questions in our two Part II examinations were in the MCQ format. Throughout this process, our Council has consulted with the NASA Registrar Committee, an elected body representing South African career neurology registrars.

Our Council regards the pass rates in our College's Parts I and II examinations during the past year as acceptable. Seven candidates sat the 2016 Second Semester Part II Examination, four of whom were successful resulting in a 57% pass rate. Ten candidates sat the First Semester Part II Examination in 2017, six of whom were successful constituting a pass resulting in a 60% pass rate. Pass rates in the Part I examination remain low, probably due to the fact that many Part I candidates sit this examination before entering a formal neurology training program.

In early August of 2017, a special 2-day meeting of our Council will be held in Cape Town with the primary aim of generating questions for our College's MCQ bank. At this meeting the blueprint for our College will also be discussed.

The CMSA Senate has approved recent revisions made to the regulations of the Diploma in Sleep Medicine (DSM) run by our College.

The annual neurology registrar teaching weekend, which is organised by the Divisions of Neurology at Cape Town and Stellenbosch Universities in collaboration with NASA, continues

to be very successful. Furthermore, our College is collaborating with NASA and the Universities of Cape Town and Pretoria to run an annual, 6-month, basic but comprehensive online-EEG (electroencephalography) teaching program, which is aimed at registrars in South Africa and beyond its borders. A total of fifty-eight career neurology registrars and specialist neurologists from South Africa, Kenya, Namibia, Malawi, Senegal, Madagascar, Egypt, Guinea, Nigeria the UK and the USA have enrolled for the first course, which started in mid-June 2017 and which will continue until mid-December 2017. Indications are that this interactive, web-based course will be very successful.

The College of Neurologists is using the levy account to conduct workshops in setting SBA examinations in both the Part I and Part II examinations.

Dr Lawrence Tucker  
**PRESIDENT**

Prof Dali Magazi  
**SECRETARY**

## COLLEGE OF NEUROSURGEONS 1 JUNE 2016 TO 31 MAY 2017

The primary examination (including Neuroanatomy) was changed to MCQ (for Neuroanatomy, as the other components were already MCQ) in the first semester 2016. They are now run by an examination panel, under the leadership of Prof Vlok, and the changeover went smoothly.

The intermediate examination was changed to MCQ only, with no oral component in the first Semester 2017, and was successful. The examination panel for this examination is headed by Dr Harrichanprasad. It is envisaged that both panels for the primary and intermediate examination will remain as they are for the next 3 years, in order to ensure continuity and the building of experience in this format of examination.

The method of examination for the final examination was discussed at our annual College meeting, and it was decided to maintain the current format with written examination papers (3) and the successful candidates being invited to the clinical and oral examination which remains composed of 1 long case, 3 short cases and 4 oral examinations. The candidates must pass the clinical / oral examinations to obtain the Fellowship.

A new development is that candidates who pass the written part of the examination but fail the clinical / oral component can have another attempt at the clinical / oral examination. This was a resolution take by the Senate of the CMSA, and is applicable to all member colleges.

The results from the examinations in this period (i.e. second trimester of 2016 and first trimester of 2017) generally showed improvement:

FC Neurosurgery(SA) Primary	48% to 56%
FC Neurosurgery(SA) Intermediate	88% to 100%
FC Neurosurgery(SA) Final	33% to 67%

Finally, as this is the last report for the current College of Neurosurgeons Council, I would like to take this opportunity to thank the Secretary and Councilors for their support and hard work. I would also like to thank the convenors, moderators and examiners for their time and expertise that make the examinations possible.

Prof Patrick Semple  
**PRESIDENT**

Mr Michael Du Trevou  
**SECRETARY**

### COLLEGE OF NUCLEAR PHYSICIANS 1 JUNE 2016 TO 31 MAY 2017

#### CME activities

The CNP has facilitated a series of CME lectures as an additional item to the programme of the 2016 Biennial Congress of the South African Society of Nuclear Medicine. Other CME activities receiving CNP endorsement included an annual nuclear medicine update seminar initiated at the IALCH and a workshop presented by Prof John Buscombe on Advanced Nuclear Medicine in preparation for the FCNP(SA) Part II in Pretoria.

#### Examinations

##### New regulations:

1. Carry-over of the successfully passed written exam (once only) in case of a failed OSCE or oral examination has now been implemented successfully.
2. The Council has agreed to allow students to write primary examinations as separate modules. Applied Anatomy and Physiology may be written six months after the start of registrar training, and Radiation Instrumentation and Statistics may be written only after twelve months of registrar training have been passed.

Audio recording of the OSCE and oral examinations are now standard practice.

Various software platforms are still being evaluated for use during the final exams. This is intended to improve standardisation of the display and evaluation of clinical exam cases.

#### LogBox Pilot

The CNP has officially been included in the pilot of this application.

#### Official Documentation

1. The Portfolio of Learning is currently being updated and has been circulated to HOD's for their input.
2. There is a need for more detailed guidelines for setting questions, and the roles of the examiners, convenors and moderators towards further standardisation. A guideline document on the setting of OSCE and oral examinations has now been drafted, which will be presented at the next ENC meeting.

We would like to congratulate and welcome all the successful

candidates for FCNP(SA) Part II examinations in the past year.

Prof James Warwick  
**PRESIDENT**

Prof Mariza Vorster  
**SECRETARY**

### COLLEGE OF OBSTETRICIANS & GYNAECOLOGISTS 1 JUNE 2016 TO 31 MAY 2017

#### Council meetings

Council meetings were held on 21 June 2016 and 29 November 2016 at the CMSA building in Rondebosch, Cape Town. At both these meetings, the usual COG business matters were discussed and all examinations presented by the COG were discussed in detail.

#### Committee meetings

The COG has three standing committees.

The Part I committee has representation from all academic departments and meets twice a year. At both these meetings, the Part I examination and curriculum were discussed and the Part IA and IB written examination papers were set. This committee is also responsible for appointing examiner panels for the two respective examinations. Prof Eckhart Buchmann, who has been chairing this committee for many years, will not be available for this task and Dr Etienne Henn has been elected as the new chairperson. The COG expresses its sincere gratitude towards Prof Buchman for the way this committee was run and the way the Part I examinations have evolved under his chairmanship.

The Part II committee consists of the different Heads of academic departments or their representatives and is chaired by the President of the COG. This committee is responsible for the Part II examination, logbook and portfolio requirements of candidates entering the Part II examination. This committee met on 5 April 2016 and on 26 May 2017 at the OR Tambo International Airport.

The subspecialist committee that was established in 2014 completed the standardisation process of the three certificate examinations in 2016, and these new regulations were implemented during the first semester 2017 examinations. The committee will continue to oversee the certificate examinations.

#### Examinations

The COG conducted the following examinations during the second semester of 2016:

EXAMINATION	NUMBER OF CANDIDATES	PASSED	PASS RATE OF THOSE WHO WROTE
Part IA	89	33	37%
Part IB	62	41	66%
Part II	58	43	74%
Dip Obst SA	40	33	82%
Cert Gyn Onc	1	1	100%
Cert Mat Fetal	2	1	50%
Cert Reprod Med	3	3	100%

The COG conducted the following examinations during the first semester of 2017:

EXAMINATION	NUMBER OF CANDIDATES	PASSED	PASS RATE OF THOSE WHO WROTE
Part IA	86	38	44%
Part IB	66	32	48%
Part II	44	29	66%
Dip Obst SA	44	28	63%
Cert Gyn Onc	1	0	0%
Cert Mat Fetal	1	0	0%
Cert Reprod Med	1	0	0%

All these examinations were presented very successfully, without any major challenges or disputed outcomes.

### JC Coetzee Fund

The O & G departments of UCT and UP both continue to be the only departments with active outreach programmes supported by the JC Coetzee fund. Through this Fund there is also outreach to assist the newly qualified gynaecologic oncologist working at Dora Ngizwa Hospital in Port Elizabeth.

### Examiner training workshops

Two examiner training workshops were presented. One workshop was in Cape Town on 20 June 2017 and there was a workshop in Johannesburg on 20 February 2017. These workshops are important and the COG will investigate a tailored approach to these workshops for the Part I and Part II examinations respectively.

### Standard Setting

At the last COG council meeting a proposal was accepted to investigate implementation of standard setting in the examinations of this College. Dr Scarpa Schoeman will be approached to assist with this exercise and a workshop will be conducted on this issue.

I would like to take this opportunity to once again thank the different conveners, examiners and moderators who are willing to fulfil this important and on-going task for all the different examinations of the COG.

I would also like to express my sincere gratitude towards the COG Council members for their contribution towards the success of this College and for their contribution during this triennium.

Prof Leon Snyman  
**PRESIDENT**

Prof John Anthony  
**SECRETARY**

### COLLEGE OF OPHTHALMOLOGISTS 1 JUNE 2016 TO 31 MAY 2017

The AGM of the Council of Ophthalmologists was held during the OSSA congress at The Boardwalk Hotel, Port Elizabeth on 15<sup>th</sup> March 2017.

A number of important issues were discussed:

- Format of written exams;
- Continued expansion of the MCQ bank;
- The implementation and content requirements of the Portfolio of Learning;
- Updating of the examiners list; and
- The inaugural College Symposium to be commenced during the OSSA Annual Scientific Meeting to be held that week.

A complete record of discussions is available in the minutes of the AGM.

The main focus of interest remains the transition to a new examination format over the next 18 months. Expansion of the MCQ bank of questions is an ongoing activity. Further examiners workshops will be held to ratify questions added to the MCQ bank.

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

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

Dr Linda Visser  
**PRESIDENT**

Dr Matt Young  
**SECRETARY**

### COLLEGE OF ORTHOPAEDIC SURGEONS 1 JUNE 2016 TO 31 MAY 2017

The Orthopaedic College Council met twice in this period as well as at the AGM at the annual South African Orthopaedic Association congress held in Skukuza in September 2016.

The exams were well run by the respective conveners. Single best answer written examinations were successfully employed in the Intermediate and Final exam. An OSCE with standard setting and standardised orals were introduced in the Finals with great success.

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

The Edelstein medal for the best candidate in 2016 was awarded to Dr Pieter Jordaan from UCT.



The Francois P Fouché lecture for 2016 was delivered at the SAOA meeting in Skukuza by Prof Dick van der Jagt on hip arthroplasty.

The Orthopaedic Surgery College Council wishes to thank Mrs Lize Hayes, the CEO and Mrs Ann Vorster, the Academic registrar and their respective teams for the efficient and hard work during the past year.

Prof Robert Dunn  
**PRESIDENT**

Dr Pauline Greyling  
**SECRETARY**

**COLLEGE OF OTORHINOLARYNGOLOGISTS**  
**1 JUNE 2016 TO 31 MAY 2017**

The annual registrars' teaching day this year was held in Cape Town; this was the 1<sup>st</sup> *ENT Masterclass Africa* event, and had a number of international speakers. The *ENT Masterclass* also served as a useful platform for interaction between examiners and registrars about examination related issues.

The *College of Otorhinolaryngologists* continues to apply the minimum logbook requirements for operations seen/done, in order to ensure that new ENT surgeons have been exposed to the adequate range of surgical procedures. Part I and Part II exams are running smoothly, with candidates passing exams at an overall 60% pass rate.

The format of the FCORL (SA) Final clinical examination continues to be finetuned toward introducing best answer MCQ.

The academic teaching departments continue to be supported with grants from the South African Society of Otolaryngology Head and Neck Surgery.

The call for nomination of a new Senate has been made. Members continue to attend workshops organised by the CMSA.

We would like to thank the CMSA for maintaining training standards in Otolaryngology.

Prof Johan Fagan  
**PRESIDENT**

Prof Mashudu Tshifularo  
**SECRETARY**

**COLLEGE OF PAEDIATRIC SURGEONS**  
**1 JUNE 2016 TO 31 MAY 2017**

The Council of the College of Paediatric Surgeons has given considerable attention to the structure and content of the final examination, to the introduction of an enhanced electronic Portfolio of Learning, and to the issues of unevenness of training across our training centres.

Council has been appreciative of the work of our former moderator, Prof Larry Had-ley, in ensuring consistency and fairness in the examination.

Dr Arnold Coran has accepted election as an Honorary Fellow of the

College of Paediatric Surgeons.

Prof Robin Brown has been elected as a Fellow of the College of Paediatric Surgeons by Peer Review.

Dr Theshni Govender has been nominated for the award of the College of Paediatric Surgeons Founders Medal for 2016, and will become the first recipient of this award.

Successful candidates in the final examination in the 2016/2017 year were:

K MILFORD  
J SEWLALL  
S SINGH  
C ZABIEGAJ-ZWICK

Prof Alastair Millar  
**PRESIDENT**

Prof Colin Lazarus  
**SECRETARY**

**COLLEGE OF PAEDIATRICIANS**  
**1 JUNE 2016 TO 31 MAY 2017**

This will be the last report from the Council of the College of Paediatricians for the triennium 2014-2017.

I would like to pay tribute to all the Councillors for their hard work and dedication. In particular, thank you to Professors Victor Davies (Hon Secretary), Haroon Saloojee (co-Senator) and Alan Davidson (in charge of the subspecialty examinations), for their support and efforts to ensure consistent and defensible examinations of a high standard. The other Councillors for the past triennium are Professors Robin Green (Immediate Past President), Stephen Brown, Mariana Kruger, Drs Chris Sutton, Simon Strachan, Gary Reubenson, and Professors Daynia Ballot and Sanjay Lala.

The Council met twice a year, with one of the meetings including all the Heads of Departments of Paediatrics and Child Health in South Africa. We also had a registrar representative, Dr Audrey Mbethe, whose input was invaluable. The national engagement was very worthwhile, and I hope that this has also ensured a better examination experience for our candidates.

The FC Paed(SA) Part I examination changed to a single MCQ paper of 100 questions from the first semester of 2016. Professor Haroon Saloojee has taken on the responsibility for this examination, applying standard setting and blueprinting to ensure adequate coverage of the entire syllabus. Prof Scarpa Schoeman of the University of the Witwatersrand has assisted us with the analysis and standard setting of our papers.

As from the first semester of 2018 the examination will consist of two papers comprising 75 questions each. The Cohen method of standard setting and correction for guessing will be applied to all future examinations. Most of the candidates who sit this examination are not yet in training programmes, and we believe that

this accounts for the variable pass rate (83% in May 2016; 53% in October 2016 and 40% in May 2017).

The FC Paed(SA) Part II written examination currently consists of a data interpretation paper and a themed questions paper, but will change to two MCQ papers as from the first semester of 2018. The oral component of the examination is in the form of a Comprehensive Clinical Assessment (CCA) which has been extremely successful as a fair and comprehensive assessment of candidates' abilities and knowledge. Prof Vic Davies' contribution to this examination continues to be exceptional. We have a number of examiners representing all the university departments who have observed or examined in this examination. The pass rate for this examination has been between 66 – 76% over the past 4 examination cycles.

The Diploma in Child Health (DCH) written examination also consists of a data interpretation paper and a themed questions paper. The oral examination is unchanged, consisting of a six station OSCE examination. Discussions currently revolve around admission criteria to enable doctors in rural areas under the supervision of district paediatricians to enter the DCH examination.

The subspecialty certificate examinations run smoothly under the watchful eye of Prof Alan Davidson. The relatively small group of examiners in each subspecialty entails a heavy workload, and we wish to express our gratitude for their willingness to examine.

The new staggered CMSA examination dates ensure sufficient time between the written and oral examinations to plan adequately and notify candidates timeously of their oral commitments, but they also mean that the examinations of one semester overlap with that of the next. This is problematic in areas where there are small numbers of examiners, and create unhappiness and frustration. It will need careful management in future.

I wish to thank all the convenors, examiners and moderators for their time and hard work, and for being prepared to be part of ensuring that the standards of our examinations remain high, and that the paediatricians serving our patients are well-qualified.

We wish to congratulate all the successful candidates in the past two examinations and welcome them warmly as colleagues to the College of Paediatricians and its subspecialties.

Thank you to the Councillors of the College of Paediatricians for being such a wonderful team, and for their willingness to work towards improving our examinations. I believe that we have made great strides during this triennium in being inclusive and in promoting diversity: the people who made themselves available to stand as Councillors for the next triennium bears testimony to this.

An especial thank you to the Hon Secretary, Prof Vic Davies, for the enormous amount of work he has done and for his support. And, finally, a very sincere thank you to the staff of all three CMSA offices for their professional, efficient and courteous support during the past year.

We wish the incoming Council all the very best for a successful and enjoyable triennium.

Prof Sharon Kling  
**PRESIDENT**

Prof Victor Davies  
**SECRETARY**

#### **COLLEGE OF PATHOLOGISTS 1 JUNE 2016 TO 31 MAY 2017**

The current College Council will be completing the third year of the triennium prior to a new Council being elected to commence in October 2017. The current Council has the following representatives: Anatomical Pathology (two), Chemical Pathology (one), Clinical Pathology (one, co-opted), Microbiology (one, co-opted), Virology (one) and Haematology (one).

The College of Pathologists has the responsibility of administering examinations in seven pathology specialties and one subspecialty. The speciality examinations are conducted in Anatomical Pathology, Chemical Pathology, Clinical Pathology, Microbiology, Virology, Haematology. The subspecialty examinations are in Clinical Haematology with the base specialities being Haematopathology, Internal medicine and Paediatrics. There is an additional subspecialty examination in Infectious Disease which has microbiology or internal medicine as the base specialties.

In the last two semesters (2016 2<sup>nd</sup>; 2017 1<sup>st</sup>), there were candidates in all the examinations. The examination standards have been maintained, but there remain concerns over the somewhat high failure rates in some disciplines, particularly in the written examinations. The factors resulting in this have been discussed at various levels within and outside the College.

The College has taken the approach to hold regular examination workshops to advise registrars of the examination process and how to approach examinations, as well as coverage of examination questions. These workshops have been held usually at the annual Pathology congresses, but however, owing to the absence of any congress since 2014, councillors and discipline representatives took it upon themselves to hold adhoc workshops.

A new Part I examination in FC Path(SA) (Chem) was held for the first time in 2017. The secretary convened a Part I workshop for the FC Path(SA) (Chem) at the University of Pretoria on 8 March 2017 to introduce registrars to the new examination. This was attended by 15 registrars, including one Head of Department and one consultant from a neighbouring institution. Funding for registrar travel was provided by the NHLS Academic Affairs office.

A second workshop was held at the venue of the FC Path(SA) examinations in Durban. The convenor and examiners of FC Path(SA) (Chem) spent 2 hours discussing the format of the part II examination, as well as preparation for the examination. It is planned to hold these at every examination venue. This was attended by 5 registrars and 3 observers. Two of the registrars attended from a distant institution and found it useful.

Parallel workshops for FC Path(SA) (Chem), (Micro) and (Haem) were held on 23 June 2017 at Emperors Palace during the NHLS Pathred Conference, which is a biannual event. There was also a registrar workshop for Anatomical Pathology held on the same days at Wits Medical School.

In this year, the College has held two teleconference meetings. The South African Registrar Association(SARA) was invited to both meetings and a SARA representative was present. The content of the meetings has included review of outstanding syllabi, discipline blueprints and discipline rules and format of future examinations. The risk register for the College is a regular standing item. A major challenge for the College is the pool of examiners and suggestions for addressing the shortage were also proposed.

Discipline-specific issues continue to be discussed in close consultation with the National Health Laboratory Service (NHLS) expert committee, especially in matters pertaining to training and examinations. The state of the undergraduate curriculum in pathology features continuously in discussions. Owing to the potential long-term effect this has on postgraduate training, the matter was tabled at the NHLS National Academic Pathology Committee meeting and the discipline-expert committees were tasked with drawing up the core curricula for recommendation and implementation. The matter was also tabled at the HPCSA Undergraduate Education and training committee and the recommendation was that a proposal document be prepared for the Committee of Medical Deans.

In between formal meetings, the Council has dealt with approvals for Associate Membership. The following were approved for associate membership this year:

Dr Johan Potgieter, Dr Tracey Wiggill, Dr Reinette Weyers, Dr Rena Hoffman, Dr Ruth Lekalakala and Dr Mariza Hoffman.

International links have been maintained with the Royal College of Pathologists, London(RCPATH) and the International Liaisons of Pathology Presidents (ILPP). In particular, the secretary is a member of the International committee of the Royal College of Pathologists and was also recently appointed as country advisor for South Africa, for the RCPATH. The president attended the ILPP meeting in Canada in June 2017.

Prof Dhiren Govender  
**PRESIDENT**

Prof Tahir Pillay  
**SECRETARY**

#### **COLLEGE OF PHYSICIANS** **1 JUNE 2016 TO 31 MAY 2017**

The College of Physicians continues to attract a large number of candidates for both the Part I and the Part II. The process for the written examinations is now robust, with standard setting with correction for guessing having been successfully implemented.

Revision of the clinical examination is in process. A carousel system for the clinical examinations has been introduced, in an attempt to

standardise the examination.

The regulations for the Diploma in Internal Medicine have been revised to include a written Objective Test examination.

Updating of the curricula and regulations for the Certificate examinations in the subspecialties of Internal Medicine is ongoing.

Prof Bilkish Cassim  
**PRESIDENT**

Dr Peter Raubenheimer  
**SECRETARY**

#### **COLLEGE OF PLASTIC SURGEONS** **1 JUNE 2016 TO 31 MAY 2017**

The College of Plastic Surgeons of South Africa had a very interesting year from July 2016 until June 2017.

The merging of the sub-committee of education of the association of Plastic Surgeons of South Africa with the CPRSSA was very successful. Although the bodies remain separate entities they have the same objectives in terms of training and teaching of specialists. All heads of departments (HOD's) or their representatives are actively involved in the decision-making processes.

Meetings were held twice a year to discuss several aspects of importance like resources and strengths of different units, exam techniques, registrar portfolios, syllabus and curriculum, academic programmes, text books and journals, registrar symposium, APRSSA congress, research, training and logbooks, exam format, exam results and failure rates, future congresses, registrar representation, requirements for appointing registrars and remark procedures.

We need to overcome many challenges in training to reach consistently 100% pass rates, but we are positive that with hard work and a good Council this is possible.

We welcomed several new colleagues to our College. Once a candidate passes he automatically becomes a member of the CPRSSA.

The next AGM will be held at the APRSSA conference in Johannesburg at the Sandton Hill Hotel.

We do look forward to seeing all our members there, and request them to actively participate in activities like voting and airing their views.

Dr Wayne Kleintjes  
**PRESIDENT**

Prof Elias Ndobe  
**SECRETARY**

#### **COLLEGE OF PSYCHIATRISTS** **1 JUNE 2016 TO 31 MAY 2017**

The Council of the College of Psychiatrists has spent the last year of its term fine tuning examination and training content and processes



for all examinations that it offers. To this end, a variety of training workshops have been hosted.

Three workshops on the FC Psych(SA) Part I were held during the course of 2016, culminating in the revision of the Part I reading list, curriculum content and examination blueprints, the staggering of the exam components, and a revised structure of the Part I examination being introduced. The three new papers comprise Clinical Neurosciences (Paper 1), Behavioural Neurosciences (Paper 2) and Introduction to Psychiatry (Paper 3).

Two examiner training workshops were held in parallel in 2017: a DMH workshop and a Part II workshop. The DMH workshop included an audit and analysis of content and performance of the last three examinations, a discussion on how to market the DMH examination, and a decision taken to amend the pass criteria to include a subminimum for passing the OSCE (a minimum of 7 stations must be passed and an overall aggregate of 50% or greater for the clinical exam must be obtained), standard setting, and recommendations for expanding the OSCE bank.

In the 1<sup>st</sup> semester of 2017, a pre-exam DMH workshop was held for the first time prior to the OSCE. At the workshop, the written component of the exam was reviewed, issues of standard-setting were addressed, and the next day's OSCE stations were workshoped and reviewed. Examiners indicated that this was a useful exercise.

The Part II Examiners workshop focused on introducing workplace based assessments as a strategy to obviate the limitations of the long case exam and to phase in relevant competencies as formative assessments during training and into OSCE stations. Challenges regarding what assessments to introduce, standardisation across centres, inter-examiner reliability and incorporation into the Portfolio of Learning still need to be systematically addressed.

The College of Psychiatrists also took a decision at the Part II workshop to phase in single best answers (SBAs) into the written paper. However, training on SBA writing and creating a bank of SBAs are tasks that need to be undertaken. We have begun a process of identifying 'champions' in each department of psychiatry to be part of a national working group to work together on populating a bank. We are aiming to introduce a hybrid Part II paper in 2018 (mix of essay questions and SBAs), until we have a large enough bank to allow us to discontinue the essay format altogether.

The 7<sup>th</sup> Annual College of Psychiatrists Registrar Training workshop was held on the 3<sup>rd</sup> and 4<sup>th</sup> of February 2017 at the Capital Maloko Hotel in Johannesburg. The workshop was generously sponsored by Servier through an unrestricted educational grant, as it has been since inception. The sessions covered examination technique, interactive mock OSCE and written paper preparation preparation, and several topic update sessions from experts in the field (ranging from sleep to ethics to psychosexual disorders). There was a total of 91 attendees, over the 2 days, which included 50 registrars from academic departments nationally, 8 speakers together with 33 attendees who were part of the examiner workshop / Council meeting. The Child and Adolescent Psychiatry workgroup also held a

Child and Adolescent Psychiatry Fellowship Examination blueprinting workshop on 23 November 2016 at the CMSA office in Cape Town, with participation of child and adolescent psychiatrist examiners around the country. A number of recommendations emerged from the workshop including standardisation across centres of the long case (patient) examination format. Senior registrar examination training workshops, akin to the annual workshop that the College hosts for registrars was identified as a need.

In September 2016, an audit of the Portfolio of Learning was undertaken by a subcommittee appointed by the College of Psychiatrists. Thirty-two portfolios of registrars who sat the 1<sup>st</sup> and 2<sup>nd</sup> semester 2016 examinations were randomly selected for the audit. Summative feedback as well as departmental level feedback on the outcome of the audit was provided to all HoDs. A number of challenges were identified across departments, including ECT (electroconvulsive therapy) requirements not being uniformly met on account of resource constraints and discrepancies in psychotherapy training with regard to the number of hours of supervision, group and individual therapies, and the number of hours of psychotherapy allocated per individual case.

With respect to the examinations, in the 2<sup>nd</sup> semester of 2016, 22 candidates sat the Part II. Of these, 13 were invited to the clinical examination, together with 4 others who were granted written exemptions from the 1st semester examination. Of the 17 candidates, 13 candidates passed (59% pass rate overall).

Pass rates for the other examinations were as follows: 40% (4 of 10 candidates) in the FC Psych(SA) Part I examination, 96% in the DMH(SA) (24 of 25 candidates passed) and 100% in the Certificate in Child and Adolescent Psychiatry(SA) examination (2 candidates).

The 2<sup>nd</sup> semester 2017 examinations saw 31 candidates write the Part II. Of the 34 candidates (31 and 3 who were granted written exemption from the previous exam, 25 invited to the clinical and 18 of these passed (53% overall).

Pass rates in the DMH(SA) was 76% (19 of 25 candidates), 38% in the Part I (3 of 8 candidates) and 100% in the Certificate in Child and Adolescent Psychiatry examination(SA) (1 candidate).

For the first time, standard setting of the DMH(SA) exam was explored using Angoff and Borderline regression score methods. This will be repeated in the 2<sup>nd</sup> semester exam. We intend applying standard setting in our other examinations going forward.

Several other activities deserve mention:

1. An MoU was signed between the Royal College of Psychiatrists, the South African Society of Psychiatrists and the College of Psychiatrists (as represented by all three Presidents) at the World Psychiatric Association congress in November 2016, to foster collaboration and promote joint training (teaching and research) initiatives.

2. At the same congress, Dr Ramlall and Prof Seedat met with the President and CEO of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) to discuss academic exchange. RANZCP expressed a willingness to support our College with training resources.
3. Prof Seedat also attended a 1-day Educational Seminar of English-speaking Colleges of Psychiatry, at the American Psychiatric Association Annual Congress in San Diego in May 2017. The aim of the seminar was to share good practice in psychiatric training across English speaking nations internationally. The morning session focused on developing training and sharing experiences of challenges and successes, while the afternoon session centred on innovative methods of teaching neuroscience, with a focus on neuroscience initiatives in the USA and the UK. The seminar was chaired by Dr Kate Lovett, Dean of the Royal College of Psychiatrists and attended by representatives from a number of international Colleges, including Professor Sir Simon Wessely (RCPsych President), Dr Wendy Burns (RCPsych President Elect, Co-Chair Gatsby Wellcome Neuroscience Project), Professor Eric Chen (President, Hong Kong College of Psychiatrists), Dr Ian Hall (Associate Dean, Royal College of Psychiatrists), Dr Kym Jenkins (President, Royal Australian and New Zealand College of Psychiatrists), Dr Melissa Arbuckle (co-chair of the US National Neuroscience Curriculum Initiative), and Dr Gareth Cuttle (Project Lead, Neuroscience Project, Royal College of Psychiatrists). Our College contributed a presentation on experiences of the Neuroscience and Neuropsychiatry training curricula for registrars.
4. Finally, Prof Bonga Chiliza was awarded the RWS Cheetam Award for 2017, consisting of a medal and certificate for his cross-cultural paper titled "Doing their best strategies used by South African clinicians in working with psychiatric inpatients across a language barrier" which was published in 2016 in the journal *Global Health Action*.

Over the next year, the College will focus on a number of activities, including rolling out a web-based Portfolio of Learning on the Logbox platform, establishing an SBA bank and building up OSCE banks for the DMH and Part II, hosting a workshop to finalise the inclusion of workplace based assessments in the Portfolio of Learning, planning the 8<sup>th</sup> annual registrar workshop to be hosted in early 2018, and working on obtaining approval of its two sub-specialties, Consultation and Liaison Psychiatry, that are awaiting the promulgation by the Department of Health.

Finally, the 2<sup>nd</sup> National Public Mental Health Forum for registrars, co-sponsored by the College of Psychiatrists, South African Society of Psychiatrist and Sanofi, is scheduled for the 14<sup>th</sup> of September 2017 at the Lord Charles Somerset Hotel in Cape Town. This half day workshop aims to bring together 3<sup>rd</sup> and 4<sup>th</sup> year registrars from

around the country, and will focus on covering hot topics in public/global mental health.

Prof Soraya Seedat  
**PRESIDENT**

Dr Suvira Ramlall  
**SECRETARY**

### **THE COLLEGE OF PUBLIC HEALTH MEDICINE 1 JUNE 2016 TO 31 MAY 2017**

The period has been extremely productive for the College of Public Health Medicine (CPHM).

The College signed a Memorandum of Understanding (MOU) with the West African College of Public Health Medicine (WACPHM). Furthermore, the College is in discussions to develop similar MOUs for collaboration with the American College of Preventative Medicine and the Faculty of Public Health England.

The College has also recently joined the collaboration team discussing the formation of an East, Central and Southern African College of Public Health (ECSAPH).

The Public Health Medicine and Occupational Medicine divisions both held successful MCQs workshops to develop a bank of reliable and valid MCQs for future exams. Guidelines and regulations for both divisions were updated and approved.

In the 2016 and 2017 examinations, three candidates passed in Public Health Medicine and three candidates in Occupational Medicine, with 1 medal awarded for the Occupational medicine exam. Drs Andy Thomson and Keneilwe Elsa Letebele-Hartell were admitted for associate in the CPHM.

The CPHM is still involved as one of the pilot Colleges for the CMSA project to introduce electronic logbooks. The project seeks to simplify and make the logbooks more accessible to candidates and examiners.

Work on the Higher Diploma in Medical Management is still continuing, while the Council decided to first have a wider consultation before making a decision on the possibility of having a Fellowship on Medical Management.

The College noted that the diploma in Travel medicine was approved by the Health Professionals Council of South Africa (HPCSA) and suggested more work on the diploma before opening it up as an offering.

The College, following an all-important workshop on Public Health Medicine Competencies ("What does South Africa need and what should the College be examining?") is currently developing a discussion document and option appraisal exploring the place of clinical work in relation to the PHM specialty.

The CPHM and CMSA noted the release of a regulation by the HPCSA to reopen the grandfathering process for Occupational medicine that

had already closed for a number of years. The regulation provided for very different and over-permissive criteria to that originally implemented when the specialty was gazetted.

The CPHM Division of Occupational Medicine and CMSA President drafted a letter to the HPCSA and made a submission for use of original 2004-2009 grandfathering criteria. The HPCSA agreed to withdraw the regulation and reconsider the process. The CPHM will watch the progress of the submission.

Prof Leslie London                      Dr Flavia Senkubuge  
**PRESIDENT**                                      **SECRETARY**

### COLLEGE OF RADIATION ONCOLOGISTS

1 JUNE 2016 TO 31 MAY 2017

The October 2016 OSCE and orals were successfully hosted by the University of Cape Town Oncology Department.

We had our annual OSCE workshop in December 2016 for the 2017 exams. The workshop also serves as a training opportunity of new examiners regarding the blueprints and guidelines. There was representation from all nine universities. The workshop is supported financially by SASCRO (SA Society of Clinical and Radiation Oncologists).

Unfortunately, at the end of 2016 the University of KwaZulu-Natal lost the larger portion of its Oncology specialists to resignation. We could not have our May Part II oral in Durban due to this.

The May 2017 exams were hosted by the University of the Free State Oncology Department, also with success.

At the Council meeting, we reviewed our blueprints and guidelines, and confirmed our need to expand our examiner pool and to develop our examiners further at our annual workshop.

We made use of recordings for the orals for the first time. This was well received.

Dr Alicia Sherriff                      Dr Jeanette Parkes  
**PRESIDENT**                                      **SECRETARY**

### COLLEGE OF RADIOLOGISTS

1 JUNE 2016 TO 31 MAY 2017

#### Council Executive

**President:**                                      Prof Richard Pitcher (SU)  
**Secretary:**                                      Dr Dibuseng Ramaema (UKZN)

**Elected Councillors:**                      Dr Christelle Ackermann (SU)  
    Prof Stephen Beningfield (UCT)  
    Prof Elaine Joseph (Wits)  
    Prof Zarina Lockhat (UP)  
    Dr Farhana Suleman (UP)  
    Dr Betsie van der Walt (UP)

**Co-opted Councillors:**                      Prof Coert de Vries (UFS)

Dr Linda Tebogo Hlabangana (Wits)  
Prof Margaret Kisansa (Limpopo)  
Prof Victor Mngomezulu (Wits)  
Professor William Rae (UFS)  
Dr Sandile Mdunge (WSU)  
Dr Rosey Mamogale (UL)  
Dr Richard Tuft (RSSA)

#### Examinations

The Rapid Reporting (RR) component of the FC Rad Diag(SA) Part II examination is now incorporated into the written examination (Paper 4). Candidates are required to achieve at least 70% for the RR to be invited to the Oral examination.

Further progress was made in standardising the Long Case Reporting and Oral components of the Part II Examination through the appointment of long-term Co-convenors for each. Dr Christelle Ackermann (SU) assumed responsibility for the Long Case Reporting and Dr Betsie van der Walt (UP) for the Oral examinations.

The College worked closely with our IT Consultant, Mr Clive Daniell, to expand the digital databases for the Long Case Reporting and Oral components. Post-hoc analysis of both components has also been introduced.

The College collaborated with the Radiological Society of South Africa to facilitate the long-term incorporation of colleagues from the private sector in the examination process.

#### FRCR Observership

A report on the Observership of Professors Richard Pitcher, Zarina Lockhat and Coert de Vries at the Spring Sitting of the Part 2B Examination of the Fellowship of the Royal College of Radiologists (FRCR) in Lincoln's Inn Fields, London, in April 2016 was published in the South African Journal of Radiology in January 2017.

#### Maurice Weinbren Award

The Maurice Weinbren Award for 2017, for the best publication in a peer-reviewed journal by a Registrar or Junior Consultant in the preceding year, was awarded to Dr Chandana Murthy of Stellenbosch University, who was first-author of the manuscript "The impact of an electronic clinical decision support for pulmonary embolism imaging on the efficiency of computed tomography pulmonary angiography utilisation in a resource-limited setting", published in the South African Medical Journal.

#### JN and WLS Jacobson Lecture

Dr Christelle Ackermann of Stellenbosch University has been nominated as the JN and WLS Jacobson Lecturer for 2017. Her lecture entitled "Diffusion weighted imaging in paediatric HIV" will be delivered at the Imaging SA 2017 Congress at the International Convention Centre in Durban on Sunday 5<sup>th</sup> November.

Prof Richard Pitcher                      Dr Dibuseng Ramaema  
**PRESIDENT**                                      **SECRETARY**



**COLLEGE OF SURGEONS**  
**1 JUNE 2016 TO 31 MAY 2017**

Over the last three years, the Council of the College of Surgeons has primarily focused on the examinations. The goals were to improve the quality, validity and accuracy of the College examinations. We believe the systems that have been put in place have improved the examination process.

Examination boards have been created for each of the examinations that the College of Surgeons sets. These boards set the written and multiple choice papers, OSCE's and paper clinical cases. The boards determine the examination matrix.

The syllabi for the various examinations have been extensively revised to ensure they are up to date. The rules and regulations for the examinations have been reviewed and changed where appropriate.

The College of Surgeons believes that the examinations have become more robust, of higher quality, standardised and more reliable. Standard setting is in the process of being introduced to further improve the quality of the examinations.

Each examination has moderators that are appointed for a 3-year term. These senior academics ensure that there is consistency and fairness during the examination process. The recording of oral examinations has been introduced allowing review of the examinations if required.

Critical issues that need to be addressed in the future include examiner training and the introduction of formative assessment. The current log books are cumbersome and difficult to analyse. The College is investigating how changes can be made to the logbooks to make them more meaningful.

The College of Surgeons appreciates the enormous amount of time and effort members of the Council, Examination Board Members and Examiners contribute to the College of Surgeons.

Prof Martin Veller  
**PRESIDENT**

Prof Paul Goldberg  
**SECRETARY**

**COLLEGE OF UROLOGISTS**  
**1 JUNE 2016 TO 31 MAY 2017**

The College of Urologists met twice during 2016, and several important decisions were made, which will be outlined hereunder:

1. The College Council of Urologists decided that the specific primary and intermediate examinations for the FC Urol(SA) will be terminated, and that all students that want to enroll for the FC Urol(SA) need to complete Part I and II of the FCS(SA). This was done to improve the chances of students from outside academic centers to pass the examination.

2. It was decided to change the format of the paper for the final examination of the FC Urol(SA) from essay questions and short answer questions to short answer questions ONLY in both papers.
3. The format of the papers was also changed, and will now comprise three questions with several sub divisions that will count 100 marks each instead of 4 questions as in the past.
4. The College Council did away with the rule that candidates can only write the final examination a maximum of three times, in order to be in step with other Colleges.

During 2016, twelve new fellows passed their final examinations and became fellows of the College of Urologists. The pass rate improved from 57% in the first semester to 80% in the second semester, and was maintained in the first semester of 2017 when the pass rate was 75%.

The hard work of academic heads to improve our final results needs to be commended.

As always, the College of Urologists wants to express their gratitude to Mrs Ann Vorster and the personnel of the CMSA for their hard work and support during last year.

This will be the last report of the current College Council of Urologists, and I want to congratulate the new Council in advance and wish them well for their term that starts in October 2017.

Prof Schalk Wentzel  
**PRESIDENT**

Dr David Smart  
**SECRETARY**



*Congratulations to Professor M Sathekge - President CMSA who was awarded a Certificate from The Council of Medicine Academy of Singapore to be admitted as a Fellow of the Medicine Academy of Singapore.*

*The Academy of Medicine in Singapore, celebrated their Diamond Jubilee Celebration 60 Years 1957 - 2017 at the 51st Singapore - Malaysia Congress of Medicine 21 - 23 July 2017 at the Grand Copthorne Waterfront Hotel, Singapore.*

# The JC Coetzee Memorial Lecture

## From Community Service to Engaged Scholarship: A Strategy for Reducing Health Inequities and Improving Health Outcomes

---

Presented by: Prof Khaya Mfenyana  
Former Dean: Faculty of Health Sciences, Walter Sisulu University  
Eastern Cape Province, South Africa

### INTRODUCTION

Programme Director and colleagues, it gives me great pleasure and honour to be nominated for this precious award, the JC Coetzee Lecture.

According to Daubenton (1987), Johannes Cornelius Coetzee, professionally known as JC, was born in 21 June 1895, on the Waterkloof farm near Adelaide in the Rural Eastern Cape Province of South Africa.

He studied medicine and later specialized in Obstetrics and Gynaecology. He was one of the first associate founders of the Colleges of Medicine of South Africa (CMSA).

JC Coetzee died peacefully in 1987 at the age of 92. Waterkloof is well known in history as the 8<sup>th</sup> Xhosa War of 1850 - 1853 was fought there (Saks 2005). This was the bloodiest and most prolonged of the 9 Xhosa Wars where approximately 17000 lives were lost.

My great-great grand-father, Mfenyana, was killed at this Battle of Waterkloof - (Idabi laseMtontsi) in 1852. I therefore feel positively connected with JC Coetzee because of this piece of history, as I was also born and still live in the Rural Eastern Cape Province of South Africa.

The topic I have chosen for this lecture is stimulated by the theme of this conference: "Social determinants of health – time for action".

Our people are being killed every day in front of our eyes in this different kind of battle. It is indeed time for action. If all of us as family physicians can do our small bit in dealing with social determinants of health, we can reduce health inequities and by so doing, improve health outcomes of the people we serve, especially the disadvantaged.

The title of my topic therefore is:

"FROM COMMUNITY SERVICE TO ENGAGED SCHOLARSHIP: A STRATEGY FOR REDUCING HEALTH INEQUITIES AND IMPROVING HEALTH OUTCOMES".

My sincere belief is that there is a need for a paradigm shift from what we call community service to engaged scholarship, in order to address health inequities, without compromising our employment requirements, service requirements, academic rigour, status and privileges.

### SURVIVAL OF THE FITTEST

We need to survive and therefore we need money in our pockets, status, respect, employment and promotion. We also need to function in a conducive environment, where our work is appreciated. Above all, we want our work to have meaning and sustainable positive outcomes to those we serve.

### WHAT IS OUR FUNCTION AS ACADEMICS & CLINICIANS?

Traditionally, Academics teach and do research, whilst Clinicians render health services to the community. There is now blurring of functions between Academics and Clinicians as Academics at Universities are expected to teach, do research and render a service to the community.

The Clinicians on the other hand, although their main function has been to render a service, are also expected to teach and do research.

At Walter Sisulu University, where I worked full-time for twenty-seven and half years, and now assisting on a small scale, we are trying to create a seamless structure between employees of the University and those of the Department of Health.

Ideally, we should also have a seamless structure between public and private sector.

After all, education is not education for its sake. The main focus of us all is to reduce health inequities and thus improve health outcomes.

The main challenge in this instance is that we have two bosses in South Africa.

Those at Universities are under the Department of Higher Education and training whilst those at Health facilities are under the Department of Health. The Universities mainly subsidise teaching and research and not community engagement, while the main focus for the Department of Health is service delivery.

### THE TRAINING OF HEALTH SCIENCE STUDENTS

The training of health science students happens not only in the University classrooms but also in the Health facilities and in the community.

The University academics should stop sending students to Health facilities alone for teaching to be rendered by the Clinicians/Health Practitioners. They should accompany students to these facilities, teach them and also render a service to the Health facility.

This then will enable the Health Practitioners to teach students with

enthusiasm while also rendering a service as required. This practice will break the divide between the Academics and Health Practitioners towards a seamless structure, where both Academics and Health Practitioners will teach, do research and render a service.

This will enable all of us to be teachers, researchers and service providers and thus contribute to the development of our young ones in the field of health care but with Academic and scholarly practices.

This will improve how and what we teach, and the type of service we give to our society.

THE FOLLOWING JOINT STATEMENT WAS MADE BY THE LEADERSHIP OF THE KELLOGG COMMISSION IN 1996:

*We are convinced that unless our institutions respond to the challenges and opportunities before them they risk being consigned to a sort of academic Jurassic Park – of great historic interest, fascinating places to visit, but increasingly irrelevant in a world that has passed them by.*

This statement was made 10 years ago, where are we now?

Community service is a core function of both Academics and Clinicians. The question is: how should service be rendered, without compromising Academic rigour, status and privileges, bearing in mind that the Universities are mainly subsidized for teaching and research?

### A PARADIGM SHIFT: FROM COMMUNITY SERVICE TO ENGAGED SCHOLARSHIP

There should be a paradigm shift from rendering a service as a stand-alone

non-curricular function, to integration of service into teaching and research in partnership with those who are being served, be they be students or community.

Community service tends to be a one-way approach of knowledge delivery and service to the public (Sandmann, 2008), where the Academic/Clinician is the expert and the patient/community is a passive recipient.

Community engagement, on the other hand, is a two-way approach (sandman, 2008) where both the Academic/Clinician and the patient/community contribute actively to knowledge production and service.

Community engagement is broad and includes both non-curricular and curricular activities (Bender, 2008).

Curricular community engagement is scholarly, where there is integration of service with teaching and learning (e.g. service-learning).

There is also community engaged research, which is also scholarly, where there is integration of service with research (e.g. community-based participatory research). This is definitely a shift beyond the traditional roles of teaching and research to a more respectable view of the relationship between the University and community, framed by mutuality of outcomes.

### SCHOLARSHIP

Boyer (1990) broadened the concept of scholarship beyond research to four (4) categories:

- Firstly, the scholarship of discovery, which is production of knowledge through **RESEARCH**;
- Secondly, the scholarship of **INTEGRATION**, which places discovery in a larger context that brings disciplines together;
- Thirdly, the scholarship of sharing knowledge through **TEACHING** and publication;
- Fourthly, the scholarship of **APPLICATION** of knowledge, which introduces reflection, moving from theory to practice and vice versa (e.g. service-learning).

### THE SCHOLARSHIP OF ENGAGEMENT/ENGAGED SCHOLARSHIP

According to Boyer (1996), the scholarship of engagement/engaged scholarship integrates the 4 functions of scholarship.

It also adds a reciprocal and collaborative relationship with the public in the production of knowledge and there is deepening of community involvement.

The scholarship of engagement can coexist with the other forms of scholarship.

There is a collaborative approach to problem-solving, rather than transferring technical expertise, so as to meet mutually identified community needs.

The collaborative approach starts from planning through implementation to evaluation. The designed plans build on local assets and capabilities.

There is shared leadership and active citizen participation.

Partnerships are formed as the overarching framework for engagement.

Calleson et al (2005) states that as a result of the work done by Boyer (1990, 1996) that expands the framework for scholarship, institutions of Higher learning have now broadened their understanding of scholarship to a continuum of academic work, ranging from discovery, integration, teaching, application and engagement.

Therefore colleagues, there is no excuse for not being a scholar, even if working in and with the community.

According to the Commission of community-engaged scholarship in the Health Professions (2005:12), the following definition of community-engaged scholarship emerged:

“Scholarship that involves the faculty member in a mutually beneficial partnership with the community”.

This can be trans-disciplinary and often integrates some combination of multiple forms of scholarship.

### TO SUMMARISE THESE CONCEPTS (SANDMAN, 2008; CASHMAN, 2007, FROM CCHP, 2005)

- **COMMUNITY SERVICE:** Unidirectional service from faculty/



students to community.

- **COMMUNITY ENGAGEMENT:** Collaborative and reciprocal partnerships; intends to serve a public purpose; builds capacity of each individual, group or organization involved.
- **SCHOLARSHIP:** Includes research, integration, teaching, application & engagement. The standards of scholarship include: Clear goals; adequate preparation; appropriate methods; significant results; effective communication; reflective critique (Glassick et al. (1997).
- **SCHOLARSHIP OF ENGAGEMENT/COMMUNITY-ENGAGED SCHOLARSHIP:** A combination of community engagement with scholarship. It integrates the four (4) functions of scholarship and can coexist with other forms of scholarship.

#### BEYOND TRADITIONAL SERVICE-LEARNING TO ENGAGED SCHOLARSHIP

- Service-Learning objectives tend to be pre-defined rather than being informed by community needs.
- The student is both the server and learner.
- Reciprocity means that the community receives the service, not that it learns or serves.
- Student reflection is by students alone in isolation from the community.
- The university is the locus of knowledge, without exploring the community assets and capabilities.
- Engagement often stops once the class is done.
- The course-based requirement limits the kind of problems to be addressed as some problems can be addressed by faculty staff without the students.

#### FROM CURRICULAR COMMUNITY ENGAGEMENT TO SCHOLARLY COMMUNITY ENGAGEMENT

- Service-Learning is a form of curricular community engagement.
- Service-learning focuses on student learning and service.
- Scholarly community engagement is broader and includes scholarly work done by faculty staff/clinicians without students.
- Scholarly community engagement includes service-learning, community-based participatory research and public scholarship or professional service.
- We therefore must engage on scholarly community engagement = community-engaged scholarship, to complete the journey from community service to engaged scholarship.

#### CONCLUSION

The time for action is now. This is the time for Academics and Clinicians to take advantage of the broadened understanding of scholarship and be scholars that are involved in mutually beneficial partnership with the community in addressing social determinants of health, in order to promote health equity and thus improve health

outcomes within our communities.

Integrating community engagement into teaching and research and thus be involved in engaged scholarship is a win-win situation as in addition to achieving the above mentioned ultimate goal of improving health outcomes, we will survive, have money, status and respect.

We will be able to get employment, promotion and tenure where applicable, because of being involved in scholarly activities, if we are Academics.

On the other hand, if we are Clinicians, we will be able to render service, not just because we are obligated to do so by the Ministry of Health, but we will render satisfactory quality and scholarly service that is evidence-based as informed by research and learning through teaching, for the benefit of our students and communities.

Programme Director, ladies and gentlemen, again, I would like to express my sincere thanks to those who nominated me for this prestigious JC Coetzee Lecture, to the organisers of this successful conference, and to all of you who have listened attentively to what I had to say.

#### References

- Bender, G. (2008). Exploring conceptual models for community engagement at higher education institutions in South Africa: Conversation. *Perspectives in Education*.
- Boyer, E. (1990). *Scholarship Reconsidered. Priorities of the professoriate*. New York. John Wiley & Co.
- Boyer, E. (1996). The scholarship of engagement. *Journal of Public Service and Outreach*, i(1): 11-20.
- Calleson, D.C., Jordan, C., Seifer, S.D. (2005). Community-engaged scholarship: Is faculty work in communities a true academic enterprise? *Academic Medicine*, 80 (4):317-321.
- Cashman, S.B. (2007). *Community engagement and community engaged scholarship*. CCPH Service-Learning Institute.
- Commission of community-engaged scholarship in the health professions (2005). *Linking scholarship and communities: report of the commission on community-engagement scholarship in the health professions*. Seattle: CCPH, 2005.
- Daubenton, F. (1987). Johannes Cornelius Coetzee
- Driscoll, A. (2009). Carnegie's new community engagement classification: affirming higher education role in community. *New directions for higher education*, No. 147. Wiley Periodicals, Inc.
- Glassick, C., Huber, M., Maeroff, G. (1997). *Scholarship assessed: Evaluation of the Professoriate*. San Francisco: Jossey-Bass Publishers.
- Hollander, E.L., Saltmarsh, J. Zlotkowski, E. (2002). Indicators of engagement, in Simon, L.A., Kenny, M., Brabeck, K., & Lerner, R.M. (Eds.), *Learning to serve: Promoting civic society through service-learning*. Norwell, MA: Kluwer Academic Publishers.
- Mudawafa, D., Sookram, C., Ngada, B. (2013). A strategy for addressing the key determinants of health in the African Region. *African Health Monitor*.
- O'Mara-Eves, O., Bruton, G., Mcdaid, D., Oliver, S., Kavanagh, J., Jamal, F., et al. (2013). Community engagement to reduce health inequities in health: a systematic review meta-analysis and economic analysis. *Public Health Res.*, 1(4).
- Saks, D. (2005). *Hunting Maqoma – The Second Waterkloof Campaign*. *Military History Journal*, 13 (4).
- Sandmann, L.R. (2008). Conceptualization of the scholarship of engagement in higher education: A Strategic Review, 1996-2006. *Journal of Higher Education Outreach and Engagement*, 12 (1) 91-104.

“ The best way to find yourself is to lose yourself in the service of others. ”

MAHATMA GANDHI

# Report from Three Major Hospitals in a South African - Swedish Collaboration - Trauma Imaging Referrals and Findings

Souzana Bellou<sup>1</sup>, Susan Lucas<sup>2</sup>, Savvas Andronikou<sup>3,4,6</sup>, Jeannine Owen<sup>4</sup>, Daniel Örtöft<sup>1</sup>, Mats Beckman<sup>1</sup>, Victor Mngomezulu<sup>2,3</sup>, Steven Beningfield<sup>3,4</sup>, Anders Sundin<sup>5</sup>, Noleen Gordon<sup>2</sup>

1. Radiology Department Karolinska University Hospital Solna, Sweden
2. Department of Radiology, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa
3. The College of Radiologists of South Africa
4. Department of Radiology, Faculty of health Sciences, University of Cape Town, South Africa
5. Institution of Molecular Medicine and Surgery Karolinska Institute, Sweden
6. Bristol Royal Hospital for Children and the University of Bristol, United Kingdom

## Corresponding Author:

Prof. Savvas Andronikou  
docsav@mweb.co.za  
Department of Paediatric Radiology  
Bristol Royal Hospital for Children Maudlin Street  
Bristol BS2 8BJ  
t. (0117) 342 8186

There is no conflict of interest regarding the subject matter for any of the contributing authors.

## ABSTRACT

**Background:** Trauma is one of the major causes of death in South Africa while Sweden has one of the lowest percentages of trauma related deaths in the EU.

**Purpose:** To collect pilot data from two South African radiology departments, Groote Schuur Hospital, Cape Town (GS) and Charlotte Maxeke Johannesburg Academic Hospital (CM) and to compare it with a well-resourced trauma radiology centre in Sweden, Karolinska University Hospital Solna, Stockholm (KS).

**Materials and methods:** The study included trauma patients over the age of 15 that underwent imaging during a one-week-period at the above three centers. The type of trauma, age, sex, radiology modality used and radiology findings were analysed.

**Results:** KS and GS accepted almost the same amount of trauma patients whereas CM accepted 60% more. Fractures were the commonest injury in both countries (45%) but the severity of trauma was greater in South Africa. The commonest patient profile of trauma emergencies in South Africa was that of a young man with interpersonal violence related injury whereas in Sweden it was that of a man or a woman of middle age with trauma following a fall. X-ray was the most commonly performed diagnostic imaging modality

in all hospitals (72%) followed by CT-scans, which represented a greater proportion in Sweden (KS 48.2%, GS 41.4%, CM 40.2%).

**Conclusion:** The demographic, social and cultural differences between Sweden and South Africa were reflected on the incidence and type of trauma, patients age and sex, severity of injuries and available resources. Cooperation would benefit both parties.

## INTRODUCTION

Trauma is most prevalent in sub-Saharan Africa. There are more deaths from trauma in this region than in anywhere else in the world (1). The total number of deaths that occur in South Africa due to unnatural causes is estimated to range from 65,000 to 80,000 per annum (accounting for up to 15% of the 500 000 deaths that occur annually). South Africa has a per capita violence mortality rate that is six times higher than the USA. The traffic death rate is fourth highest in the world after Korea, Kenya and Morocco (1). The leading cause of death for males is homicide, while in females it is accidents. Over 50% of homicides are due to gunshot wounds and one-third are stabbings by sharp instruments (1). A vastly different picture is seen in Sweden where the trauma death rate is much lower - 4000 people die from injuries annually. It is the most common cause of death for individuals under the age of 45 (48%) (2). In 2010, 283 people died in road-traffic accidents and at least 13% of these had alcohol blood levels above the allowed limit. A 50% reduction in traffic related deaths occurred between 2000-2010, making Sweden one of the EU countries with the lowest percentage of traffic related deaths ( $\pm 1\%$  of all traffic related deaths in the EU) (3).

Three hospitals were compared in this project (table 1):

Groote-Schuur Hospital. is a large government-funded tertiary academic hospital attached to the University of Cape Town (figure 1). It was founded in 1938 and is famous for being the site of the first human heart transplant as well the origin of Alan Cormack who co-developed Computerised Tomography (CT). The hospital is an internationally acclaimed research institution and its world-renowned for its trauma unit, serving a portion of the Western Cape. According to the 2011 Census, the city of Cape Town has an estimated total population of 3,740,026 people (4). As at July 2014, the hospital employed 546 doctors, 1,558 nurses and 267 allied health professionals with a bed capacity of 975 (5). The trauma unit only treats patients who are 13-years and older; those younger than this are treated at Red Cross War Memorial Children's Hospital. The hospital has one radiology department where part of this study was conducted (figure 2).

Some distance away in Johannesburg (the second biggest city in Africa after Cairo in Egypt) with an estimated population of 4,434,827 (6) is situated the Charlotte Maxeke Johannesburg Academic Hospital attached to the University of Witwatersrand (Wits). This hospital

was established in 1983 and currently has more than 1088 beds and 4000 professional and support staff (figure 3 and 4). The Wits Faculty of Health Sciences is internationally recognised for its cutting edge research in all fields of health sciences (7). There is only one radiology department that provides service to all areas including the trauma unit which approximates the USCGAH (United States Joint Commission on Accreditation of Healthcare) guidelines for a level 1 trauma centre - the only one of its kind in South Africa (8). Patients are referred from throughout the province, as well as neighbouring provinces and countries (figure 5).

Three South African institutions were compared to Sweden's premier academic hospital complex, the Karolinska hospital, which was built 1937 in Stockholm. Today, this institution consists of two hospital sites, one in Solna and the other in Huddinge, which together with Karolinska Institute and University make up one of the biggest University Hospital complexes in Scandinavia. It has approximately 1,600 beds, 14,500 employees and a budget of approximately 15.3 billion SEK annually. It serves a population of 2,171,459 people and also accepts patients from the rest of the country and abroad. It has four radiology departments, each of them specialising in different areas of radiology (neuroradiology, paediatric radiology and two adult radiology departments with some sub-departments) (figure 6, 7 and 8). There is a full-time trauma team including a radiologist that accepts all the trauma cases arriving at the welcome area. Minor trauma arriving at Karolinska presents directly to the hospital's emergency room and if necessary to the adjacent emergency radiology department for further imaging investigation.

#### AIM

To collect pilot data from two South African radiology departments, Groote Schuur Hospital, Cape Town (GS) and Charlotte Maxeke Johannesburg Academic Hospital (CM) and compare these with a trauma radiology centre in Sweden, Karolinska University Hospital Solna, Stockholm (KS).

#### MATERIALS AND METHODS

A scholarship awarded by the Nordic Forum on Trauma and Emergency Radiology (NORDTER) (9) was used to fund visits the radiology departments of Groote Schuur Hospital in Cape Town (GS), Charlotte Maxeke Johannesburg Academic Hospital (CM) and the Karolinska University Hospital Solna, Stockholm. This was facilitated by the College of Radiologists of South Africa. Data regarding trauma-imaging referral indications, imaging procedures and imaging findings were collected retrospectively from these departments and compared.

The study population comprised trauma patients over the age of 15 that underwent imaging at the above three centres for a one-week-period (1 July to 7 July 2013). The sample was derived from the PACS system, in radiology departments that had this facility (GS and KS) and from request cards in record keeping, at the hospital without PACS (CM). Patients with incomplete or corrupt data were excluded from the study.

Data were collected according to a standardised data sheet, documenting and categorising the number of trauma patients admitted each day during the selected one-week-period, age, gender, mechanism of injury, radiology modalities used, imaging findings and final diagnosis. Trauma cases were categorised as

those caused by penetrating objects and those caused by blunt force. The first category was subdivided to knife-wounds (K), gunshots (GN) and other (OTHp) (e.g. saw injuries, human bites). The second category was subdivided to motor vehicle accidents (MVA), motorbike accidents (MBA), pedestrian-vehicle accidents (PVA), bicycle accidents (BC), assaults (ASL), falls (FAL) and other (OTHb) (e.g. hit by a brick on the head, squeezed finger in a car door). Patients were divided into three age groups: teenagers and young adults between 15-39 years old, adults between 40-69 years old and older people >70 years old. The radiology modalities used were plain x-ray radiographs, LODOX (a whole body slit-beam X-ray device for fast diagnosis of fractures, bullets etc.), CT-scan, ultrasound, MRI and intervention. MRI was available in all the three hospitals but not during the after-hours on call except at GS. LODOX is not used in Sweden and was only available in the SA hospitals. Modality procedures were counted as one per category not taking into account for instance the number of x-rays which a patient may have received or the number of different body areas that may have been covered by CT. Only imaging modalities used on arrival of the patient were counted, while follow-up imaging was not included. Data was also collected regarding injuries of major organs including the brain, lungs, liver, spleen, bones, vessels, urogenital system and bowel. The rest were categorised as other injuries (OTH) and included the oesophagus, muscles etc. Cases without identified injuries were also gathered separately.

Reliability and validity were achieved by ensuring that all data was collected in the same manner using a standardised data collection sheet. The primary investigator was present personally at each institution to collect the data and ensure standardisation. Data was anonymised by allocating a random number code to each patient. Ethics approval was received from relevant institutions associated with all three hospitals concerned in this study.

Descriptive statistics were used to express the results as frequencies and percentages. The study period (July 2013) is in the winter in South Africa and in the summer in Sweden.

#### RESULTS

For the one-week-period, KS and GS received similar numbers of patients, while CM accepted almost 60% more patients. The majority of patients attended to in all the hospitals were men. There was a more even distribution among sexes in KS but nearly 3 out of 4 patients in the hospitals in South Africa were men (table 2). Blunt trauma was the commonest type of trauma in all hospitals regardless of gender but there was a clear difference in frequency of penetrating trauma between KS and hospitals in SA where almost 1 out of 5 patients seen in the emergency department had penetrating injuries while at KS these made up less than 3%. The commonest type of blunt trauma and trauma in general, across gender, was due to falls in both KS and GS, but at CM assault was the commonest reason for presenting at the trauma department (table 2).

When knife injuries, gunshots and assaults are grouped as violence-related trauma, they account only for 7% of all cases in KS but much higher for the South African emergency departments making up 39% of all cases at GS and 45% at CM. This trauma category was almost exclusively encountered in males in all hospitals - 90% (KS), 91% (GS) and 90% (CM). Moreover, there were differences between the two SA hospitals according to the type of violence: GS received proportionally more penetrating trauma such as gunshots and stabs,



whereas CM accepted more blunt-force assault-related trauma (table 2).

In women the commonest trauma was due to falls in all the three hospitals (77% KS, 51% GS and 42% CM). In men the commonest trauma was falls in KS (45%) and due to assaults in SA hospitals (22% GS and 35% CM). Violence towards women in the form of assaults/gunshots/knives accounted for less than 2 % at KS but made up 13% at GS and 17% at CM (table 2).

Traffic accidents (MVA, MBA, PVA and BC) accounted for 27% of all trauma in KS, 24 % in GS and 25% in CM. The commonest type of traffic accident at KS was due to bicycle injuries (BC) whereas pedestrian vehicle accidents (PVA) and motor vehicle accidents (MVA) were the commonest types in GS and CM respectively (table 2).

Approximately 40% of all trauma patients presented during the two last days of the week (between Friday 24.00 and Sunday 24.00). KS accepted 55 patients (40%) during those days, GS accepted 53 (37%) and CM 108 (46 %).

The majority of trauma patients in SA hospitals were teenagers and young adults between 15-39 years of age. In KS there was a more even distribution between young adults (15-39 yrs) and the adult group (40-69 yrs). Older people > 70 years did not form a major proportion of patients at the trauma emergencies in SA hospitals, but in Sweden 1 out of 5 patients belonged to this age group (table 3).

The commonest types of trauma among teenagers and young adults at trauma emergencies in SA were assaults and violence-related injuries [or "interpersonal violence"] in general. More specifically, violence-related trauma at GS accounted for 52% of all trauma in this age group followed by traffic accidents (25%). The proportions were almost the same at CM in the same age group. In all other age groups at these two hospitals and also in all age groups at KS the commonest type of trauma was due to falls (table 3).

X-ray was the most commonly performed diagnostic imaging modality in all hospitals, accounting for just over 70% of all radiological examinations performed in each of the three hospitals. This was followed by CT-scans, which represented a higher proportion of imaging examinations at KS in comparison to hospitals in SA (table 4). Ultrasound was also used more often for trauma patients at KS in the form of FAST-ultrasound (Focused Assessment with Sonography for Trauma) performed at the point of care centre, immediately after the primary survey (according to the ATLS protocol). MRI was rarely used in any of the hospitals and was available only during regular work hours except GS. Interventional radiology procedures were also rarely performed, even though these were available 24h/d. KS and GS had the same amount of cases to be reported as they received approximately the same amount of trauma patients (179 and 192 examinations respectively) but CM had much more imaging for reporting (315 examinations) as they had 60% more patients during the one-week-period.

Fractures were the commonest type of injury reported by radiologists in all hospitals, followed by lung injuries (e.g. pneumothorax, haemothorax, lacerations) and brain injuries (e.g. intracranial haematomas, contusions) (table 5). GS was the hospital that accepted the most patients with injuries in other organs (in proportional and absolute numbers) such as liver, vascular, urogenital, bowel, spleen, aorta and included one patient with oesophageal rupture and another

with rupture of the globe of the eye. A significant percentage of patients in all hospitals had only superficial trauma, such as soft tissue swelling. Patients with completely normal findings accounted for 48% at KS, 39% at GS and only 27% at CM.

## DISCUSSION

The pilot data collected indicates that in both countries, the majority of trauma patients are male, even though in Sweden trauma is more evenly distributed among sexes. South Africa has clearly more penetrating trauma and interpersonal violence-related trauma. This is well reported in previous studies (10,11,12,13,14), which show the higher percentage of violence especially among young males in SA. This highlights social differences between the two countries: interpersonal violence (assault) is a major problem in SA as a consequence of socioeconomic problems including unemployment, drug and alcohol abuse etc. (15, 16).

Teenagers and young adults make up the majority of trauma patients in SA, whereas in Sweden there is a more even age distribution between these two groups. Elderly people form a significant percentage of the trauma-related imaging workload in Sweden. This is possibly related to a demographic difference and a difference in average life expectancy between these two countries. In SA the overall life expectancy is 61 years whereas in Sweden it is 83 years according to the World Health Organization 2013 (17).

All departments received the majority of their patients during the weekend in keeping with a previous report by Schuurman (10) regarding SA.

Even though injuries due to falls were the commonest type of trauma in females in all three countries, violence related injuries in women occurred more often in South Africa than Sweden. This is a well-known problem in SA and many previous studies have investigated the various aspects, causes and consequences of this (18,19,20,21).

Traffic accidents formed similar percentages of injuries in all three hospitals but at KS bicycle injuries were the commonest, whereas in SA hospitals these pedestrian-vehicle and motor-vehicle accidents predominated. This reflects the traditional preference of Swedish to use their bicycles instead of their car (22) while in South Africa even those using public transport are pedestrians during some part of their journey and the poor infrastructural facilities for pedestrians and as well as poor observance of pedestrian traffic rules may account for these numbers [e.g. crossing of motorways on foot, non-dedicated minibus taxi stops and poor regulation of minibus taxi drivers and vehicles]. On the other hand, the data are not in accordance with the official statistics and various studies that show the higher incidence of traffic accidents in SA in comparison to Sweden (3,13,23). It should be noted however, that the data was collected during the summer time in Sweden during which time biking is a very popular form of transport.

X-ray was the most used imaging modality in all hospitals, probably due to availability and low-cost, but also because patients with possible fractures (the commonest type of injury involved the bones) are imaged in this way. CT-scan was used more frequently at KS as it forms part of the organized trauma welcome area and has taken over the role of X-ray in trauma imaging, resulting in proportionally more CT-scans compared to other hospitals. Its worth mentioning that CT examinations at KS in general also covered more areas of the

body than CT examinations at SA hospitals - KS trauma-CT protocol includes head-neck-thorax and abdomen. It is probable that LODOX has taken over the 'whole-body' imaging role in SA in some cases, allowing for more limited CT examinations. One could interpret higher frequency of CT use in KS to mean that although KS and GS accepted the same amount of patients during the one-week period, the threshold for imaging patients at KS was much lower than GS because of available resources, or alternatively that GS only imaged more severe injuries because of limited resources. This hypothesis is supported by the fact that KS had the highest number of patients with completely normal findings (48%) while these were far lower at GS (39%) and CM (27%). Ultrasound is also more often used at KS as part of the organised trauma centre and according to the ATLS-protocol which includes FAST. The role of MRI in emergency radiology is still limited in both countries.

Not surprisingly fractures were the commonest injury due to the high incidence of falls and traffic accidents in both countries. Although KS and GS accepted the same number of patients, the number of injuries was higher at GS suggesting an increased severity of trauma. Furthermore, comparing the two SA hospitals shows that even though GS accepted fewer patients than CM, their on-call staff identified more organ injuries i.e. the imaging resources were probably used in a more productive way or they had in general more serious trauma cases.

Overall, the commonest patient profile at trauma emergencies in SA was a young man with interpersonal violence related injuries (assault, knives, gunshots), followed by a young man involved in a traffic accident. At KS the commonest patient profile was a man or a woman of middle age with trauma following a fall.

### LIMITATIONS

The study period (July 2013) is in the winter in South Africa and in the summer in Sweden. It is well known that trauma profiles change seasonally and we are aware that this could introduce bias into this study. The one-week period limits the data sample size of the pilot study.

### CONCLUSION

The demographic, social and cultural differences between Sweden and South Africa were reflected in the incidence and type of trauma, patient ages and genders, severity of injuries and imaging modalities used. The work-load and complexity of injuries seen at emergency departments South Africa is greater than that in Sweden, which in turn operates in a more formalised manner, making more extensive use of more advanced imaging techniques such as ultrasound and CT. Our pilot data suggests that further research and cooperation between South African and Swedish trauma centres could benefit both parties. The South African experience in making diagnoses by clinical examination is invaluable for preserving resources in cost-restrained environments. The Swedish experience of a formalised trauma centre with a 24h dedicated trauma-team and direct proximity to operation theatre, CT scan and emergencies can serve as a model that saves time and consequently lives especially in environments with high trauma inflow. Exchange programs between South African and Swedish emergency radiology departments would help collect more complete data, allow for sharing of experience and hopefully result in better organised units that have a level of competence. Institutions such as NORDETER and the College of Radiologists of South

Africa can lead the way in setting up communications, organising multi-institutional discussions and generating collaborative research.

### CONFLICT OF INTEREST

The authors declare no conflict of interest relating to the subject matter.

### FUNDING

The travel for this pilot project was undertaken through scholarship funds from NORDETER but the authors have not received any research specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

### REFERENCES

1. Bowley D M, Khavandi A, Boffard K D, et al. The malignant epidemic-changing patterns of trauma. *S Afr Med J* 2002;92:798-802
2. The Swedish National Board of Health and Welfare. Cause of Death Register. <http://www.socialstyrelsen.se/register/dodsorsaksregistret> (accessed 2013-12-14).
3. Road traffic injuries statistics 2010, Sweden (trafik analys). [http://trafa.se/globalassets/statistik/vagtrafik/vagtrafikskador/vaegtrafikskador\\_2010.pdf](http://trafa.se/globalassets/statistik/vagtrafik/vagtrafikskador/vaegtrafikskador_2010.pdf)
4. [http://beta2.statssa.gov.za/?page\\_id=1021&id=city-of-cape-town-municipality](http://beta2.statssa.gov.za/?page_id=1021&id=city-of-cape-town-municipality)
5. <https://www.gshfb.co.za/component/content/category/11-educational-resources>
6. [http://www.statssa.gov.za/?page\\_id=1021&id=city-of-johannesburg-municipality](http://www.statssa.gov.za/?page_id=1021&id=city-of-johannesburg-municipality)
7. [http://www.wits.ac.za/academic/health/faculty/9101/about\\_the\\_faculty.html](http://www.wits.ac.za/academic/health/faculty/9101/about_the_faculty.html)
8. <http://www.trauma.org/index.php/resources/elective/351/>
9. <http://www.nordictraumrad.com>
10. Schuurman N, Cinnamon J, Walker BB, et al. Intentional injury and violence in Cape Town, South Africa: an epidemiological analysis of trauma admissions data. *Glob Health Action* 2015;8:27016. DOI: 10.3402/gha.v8.27016. eCollection 2015.
11. Kong V, Khan Z, Cacala S, et al. Retained weapon injuries: experience from a civilian metropolitan trauma service in South Africa. *Eur J Trauma Emerg Surg* 2015;41(2):161-6. DOI: 10.1007/s00068-014-0405-8. Epub 2014 May 1.
12. Nicol A, Knowlton LM, Schuurman N, et al. Trauma Surveillance in Cape Town, South Africa: An Analysis of 9236 Consecutive Trauma Center Admissions. *JAMA Surg* 2014;149(6):549-56. DOI: 10.1001/jamasurg.2013.5267
13. Dhaffala A, Longo-Mbenza B, Kingu JH, et al. Demographic profile and epidemiology of injury in Mthatha, South Africa. *Afr Health Sci* 2013;13(4):1144-8. DOI: 10.4314/ahs.v13i4.40.
14. Bagher A, Andersson L, Wingren CJ, et al. Outcome after red trauma alarm at an urban Swedish hospital: Implications for prevention. *Scand J Public Health* 2015;43(5):506-13. DOI: 10.1177/1403494815578322. Epub 2015 Mar 27.
15. Bowley DM, Rein P, Cherry R, et al. Substance abuse and major trauma in Johannesburg. *S Afr J Surg* 2004;42(1):7-10.
16. Stewart Williams J, Kowal P, Hestekin H, et al. Prevalence, risk factors and disability associated with fall-related injury in older adults in low- and middle-income countries: results from the WHO Study on global AGEing and adult health (SAGE). *BMC Med* 2015;13:147. DOI: 10.1186/s12916-015-0390-8.

17. <http://apps.who.int/gho/data/node.main.688>
18. Jewkes R. Violence against women: an emerging health problem. *Int Clin Psychopharmacol* 2000;15 Suppl 3:S37-45.
19. Abrahams N, Mathews S, Martin LJ, et al. Intimate partner femicide in South Africa in 1999 and 2009. *PLoS Med* 2013;10(4):e1001412. DOI: 10.1371/journal.pmed.1001412. Epub 2013 Apr 2.
20. Mathews S, Abrahams N, Jewkes R, et al. Injury patterns of female homicide victims in South Africa. *J Trauma* 2009;67(1):168-72. DOI: 10.1097/TA.0b013e318184822f.
21. Wall SL, Figueiredo F, Laing GL, Clarke DL. The spectrum and outcome of pregnant trauma patients in a metropolitan trauma service in South Africa. *Injury* 2014;45(8):1220-3. DOI: 10.1016/j.injury.2014.04.045. Epub 2014 May 10.
22. Boström L1, Nilsson B. A review of serious injuries and deaths from bicycle accidents in Sweden from 1987 to 1994. *J Trauma* 2001;50(5):900-7.
23. Onywera VO, Blanchard C. Road accidents: a third burden of 'disease' in sub-Saharan Africa. *Glob Health Promot* 2013;20(4):52-5. DOI: 10.1177/1757975913502688.

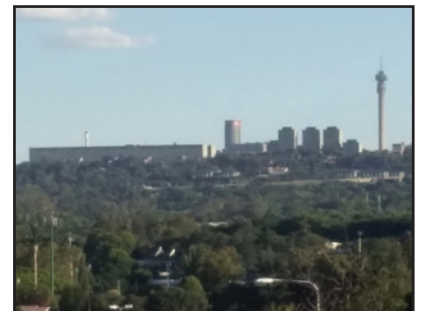
**IMAGES**



**Figure 1:** The entrance to the trauma department of the 'new building' of Groote Schuur Hospital in Cape Town with Table Mountain in the background.



**Figure 2:** The 16-slice trauma CT scanner at Groote Schuur Hospital



**Figure 3:** The Charlotte Maxeke Hospital on the left forming part of the inimitable Johannesburg skyline



**Figure 4:** The entrance to the Charlotte Maxeke Johannesburg Academic Hospital



**Figure 5:** The 16 slice CT scanner that the Charlotte Maxeke Trauma Unit has access to.



**Figure 6:** The emergency building at Karolinska Hospital in Solna. On the roof there is a heliport and at the right of the building an entry for ambulances. In the same building are the emergencies with operation theatres and intensive care unit, the trauma unit and the acute radiology department.



**Figure 7:** The trauma welcome area at Karolinska Hospital in Solna is equipped with ultrasound machine and X-rays.



**Figure 8:** Direct access from trauma welcome area to a 64-slice CT scanner. On the other side there is direct access to an operation theater (not showing in the photo).



## TABLES

Table 1: comparison of the 3 hospitals compared

HOSPITAL	GROOTE SCHUUR	CHARLOTTE MAXEXE	KAROLINSKA
Country situated	South Africa	South Africa	Sweden
City location	Cape Town	Johannesburg	Solna Sweden
Population number served	3 740 026	4 434 826	2 171 459
Hospital beds	975	1 088	1 600
Healthcare employees	2 371	4 000	14 000

Table 2. Summary of the types of trauma according to each hospital and gender

Hospital	Gender	% PENETRATING					% BLUNT				
		K	GSW	OTHp	MVA	MBA	PVA	BC	ASL	FAL	OTHb
GS	M (106)	12 (17)	8 (12)	1 (1)	7 (10)	1 (2)	8 (11)	0 (0)	16 (23)	14 (20)	7 (10)
	F (39)	1 (1)	1 (2)	0 (0)	2 (3)	0 (0)	6 (8)	0 (0)	1 (2)	14 (20)	2 (3)
	Total 145	12 (18)	10 (14)	1 (1)	9 (13)	1 (2)	13 (19)	0 (0)	17 (25)	28 (40)	9 (13)
CM	M (171)	11 (25)	5 (12)	0 (1)	7 (17)	1 (3)	7 (16)	0 (1)	25 (59)	9 (20)	7 (17)
	F (65)	1 (2)	0 (1)	0 (1)	6 (13)	0 (1)	3 (7)	0 (0)	3 (8)	12 (27)	2 (5)
	Total 236	12 (27)	6 (13)	1 (2)	13 (30)	2 (4)	10 (23)	0 (1)	28 (67)	20 (47)	9 (22)
KS	M (83)	1 (1)	0 (0)	2 (3)	3 (4)	6 (8)	1 (1)	10 (14)	5 (7)	27 (37)	6 (8)
	F (56)	0 (0)	0 (0)	0 (0)	5 (7)	0 (0)	0 (0)	2 (3)	1 (1)	31 (43)	1 (2)
	Total 139	1 (1)	0 (0)	2 (3)	8 (11)	6 (8)	1 (1)	12 (17)	6 (8)	58 (80)	7 (10)

The absolute number of the patients is in parenthesis. The percentages in every category are calculated in relation to the total number of patients the relevant hospital accepted.

**Key to abbreviations:**

K=knife	GSW=gunshot wound	OTHp=other penetrating injuries	MVA=motor vehicle accidents
MBA=motorbike accidents	PVA=pedestrian-vehicle accidents	BC=bicycle accidents	ASL=assaults
FAL=falls	OTHb=other blunt injuries	M=males	F=females
GS=Groote Schuur	CM=Charlotte Maxeke	KS=Karolinska Solna	

Other penetrating trauma (OTHp) includes saw blade, saw, axe, human bites etc. and other blunt trauma (OTHb) includes cases that people were hit by a brick on the head, squeezed finger in a car door etc.

**Table 3. Summary of the types of trauma according to each hospital and age group.**

Hospital	Age	% of patients	%PENETRATING				%BLUNT					
			K	GN	OTHp	MVA	MBA	PVA	BC	ASL	FAL	OTHb
GS (145)	15-39	64 (93)	12 (17)	8 (11)	0 (0)	7 (10)	1 (1)	8 (12)	0 (0)	14 (20)	8 (11)	8 (11)
	40-69	28 (41)	1 (1)	2 (3)	1 (1)	2 (3)	1 (1)	5 (7)	0 (0)	3 (5)	12 (18)	1 (2)
	>70	8 (11)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	8 (11)	0 (0)
CM (236)	15-39	70 (165)	10 (24)	4 (10)	0 (0)	12 (28)	1 (3)	5 (12)	0 (0)	22 (51)	8 (19)	8 (18)
	40-69	24 (57)	1 (3)	1 (3)	1 (2)	1 (2)	0 (1)	4 (10)	0 (1)	6 (15)	7 (17)	1 (3)
	>70	6 (14)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (1)	0 (0)	0 (1)	5 (11)	0 (1)
KS (139)	15-39	40 (56)	1 (1)	0 (0)	1 (1)	4 (6)	5 (7)	0 (0)	4 (6)	5 (7)	14 (20)	6 (8)
	40-69	40 (55)	0 (0)	0 (0)	1 (2)	3 (4)	1 (1)	1 (1)	7 (9)	1 (1)	25 (35)	1 (2)
	>70	20 (28)	0 (0)	0 (0)	0 (0)	1 (1)	0 (0)	0 (0)	1 (2)	0 (0)	18 (25)	0 (0)

The absolute number of the patients is in parenthesis. The percentages in every category are calculated in relation to the total number of patients the relevant hospital accepted.

**Key to abbreviations:**

K=knife  
GN=gunshot  
OTHp=other penetrating injuries  
MVA=motor vehicle accidents  
MBA=motorbike accidents  
PVA=pedestrian-vehicle accidents  
BC=bicycle accidents  
ASL=assaults  
FAL=falls  
OTHb=other blunt injuries  
M=males  
F=females  
GS=Groote Schuur  
CM=Charlotte Maxeke and  
KS=Karolinska Solna

Other penetrating trauma (OTHp) includes saw blade, saw, axe, human bites etc. and other blunt trauma (OTHb) includes cases that people were hit by a brick on the head, squeezed finger in a car door etc.

**Table 4. Summary of the number of each type of imaging investigation performed for each of the three hospitals.**

%	X-rays	CT-scans	LODOX	U/S	MRI	Interv
KS	71 (98)	48 (67)	0 (0)	9 (13)	1 (1)	0 (0)
GS	71 (103)	41 (60)	17 (24)	3 (4)	0 (0)	1 (1)
CM	73 (173)	40 (95)	15 (36)	4 (10)	0 (1)	0 (0)

The absolute number of patients is in parenthesis. Note that some patients undergone more than one type of radiological examination.

**Key to abbreviations:**

GS=Groote Schuur  
CM=Charlotte Maxeke  
KS=Karolinska Solna.

Table 5. Summary of the % of organ injuries sustained in each of the three hospitals

Injured organ / structure	%KS	%GS	%CM
Bones	43 (60)	50 (73)	43 (101)
Lungs	4 (6)	8 (12)	4 (11)
Brain	2 (3)	7 (10)	5 (9)
Liver	1 (1)	2 (3)	0 (0)
Vascular	1 (1)	3 (4)	0 (0)
Urogenital	0 (0)	2 (3)	0 (0)
Bowel	0 (0)	1 (1)	0 (1)
Spleen	0 (0)	1 (1)	0 (0)
Aorta	0 (0)	1 (1)	0 (0)
Other	0 (0)	1 (2)	1 (2)
Normal	48 (67)	39 (57)	27 (64)

The absolute number of patients is in parenthesis. Note that some patients had injuries in more than one category and patients with "light" injuries like subcutaneous fat contusions are not presented here. 'Other injuries' include other serious injuries like: oesophageal and globe rupture, foreign body in the eye and the tip of a knife in the spinal canal.

**Key to abbreviations:**

GS=Groote Schuur

CM=Charlotte Maxeke

KS=Karolinska Solna.

*“Coming together is a beginning  
Keeping together is progress  
Working together is success”*  
HENRY FORD

*“Alone we can do so little. Together we can do so much”*  
HELEN KELLER



## Report Back Eponymous July - December 2017

### MTHATHA EDUCATIONAL DEVELOPMENT PROGRAMME 2017

#### UPDATE ON NEONATOLOGY AND PAEDIATRICS

Date: Wednesday 29 March 2017 to Friday 31 March 2017

Speakers: Dr G Kali

Dr J Morrison

Dr K Moeketsi

Dr L Mfingwana

Venue: Mthatha Health Resource Centre Auditorium

#### UPDATE ON ORTHOPAEDICS AND TRAUMATOLOGY

Date: Wednesday 31 May 2017 to Friday 02 June 2017

Speakers: Dr LL Nxiweni

Dr DE Cardens

Dr Anozie

Venue: Mthatha Health Resource Centre Auditorium

#### FINANCIAL AND INSURANCE ADVICE WORKSHOP

Date: Wednesday 23 August 2017

Speakers: Local Experts

Venue: Mthatha Health Resource Centre Auditorium

### AWARDS 2017

#### MAURICE WEINBREN AWARD IN RADIOLOGY 2017

Submissions received are as follows:

Dr S Manikkam

Dr C Murthy

Dr P Ihuhu

The recipient of the award was Dr C Murthy

#### RWS CHEETAM AWARD IN PSYCHIATRY 2017

Submissions received are as follows:

Dr A Berg

Prof B Chiliza

The recipient of the award was Prof B Chiliza

### SCHOLARSHIPS 2017

#### MS BELL SCHOLARSHIP IN PSYCHIATRY

Will take place on 14 - 17 September 2017 at the National Biological Psychiatry Congress in Cape Town.

(The recipient will be selected at the Congress)

### LECTURESHIPS 2017

#### JOHN AND MADELINE LOWNIE LECTURESHIP 2016

Dr J Kourie presented his lecture entitled "The Wits Craniofacial Unit - 6years on" on 22 February 2017 at the CMSA Johannesburg Office.

#### JN and WLS JACOBSON LECTURESHIP 2016

Dr D Ramaema presented her lecture entitled "Breast tuberculosis KwaZulu-Natal experience" on 03 March 2017 at the Dr George Mukhari Academic Hospital.

#### JN and WLS JACOBSON LECTURESHIP 2017

Dr C Ackermann will present her lecture on 05 November 2017 at the SA 2017 Imaging Congress at the Durban International Convention Centre.

#### FP FOUCHÉ LECTURESHIP 2017

Dr R O'Keefe will present his lecture on 04 September 2017 at the South African Orthopaedic Congress in Port Elizabeth.

#### JC COETZEE LECTURESHIP 2017

Prof K Mfenyana will present his lecture on 19 August 2017 at the Joint 5th WONCA Africa & 20th National Family Practitioners Conference in Pretoria.

#### KM SEEDAT LECTURESHIP 2017

Prof SS Naidoo will present his lecture on 20 August 2017 at the Joint 5th WONCA Africa & 20th National Family Practitioners Conference in Pretoria.

#### ROBERT MC DONALD RURAL PAEDIATRIC PROGRAMME 2017

No applications were received

---

“ The good physician treats  
the disease; the great  
physician treats the patient  
who has the disease. ”

WILLIAM OSLER

---

## Active Honorary Fellows (as at 1 June 2017)

<b>Acquaye</b> Joseph Kpakpo (CP) (2004)	Accra, Ghana	<b>De Swiet</b> Michael (COG) (2004)	London, UK
<b>Adamson Fryhofer</b> Sandra (CP) (2003)	Atlanta, USA	<b>Deschênes</b> Luc (CS) (1998)	Quebec, Canada
<b>Akande</b> Ebenezer Oluwole (COG) (2002)	Ibadan, Nigeria	<b>Deutman</b> August (C OPHTH) (2000)	Nijmegen, Netherlands
<b>Alberti</b> Kurt George MM (CP) (1998)	London, UK	<b>Dinsdale</b> Henry B (CP) (1996)	Ontario, Canada
<b>Arulkumaran</b> Sabaratnam (COG) (2005)	London, UK	<b>Douglas</b> Neil James (CP) (2005)	Edinburgh, UK
<b>Asuzu</b> Michael Chiemeli (CPHM) (2012)	Ibadan, Nigeria	<b>Drife</b> James Owen (COG) (2002)	Leeds, UK
<b>Azubuike</b> Jonathan C (C PAED) (2005)	Enugu, Nigeria	<b>English</b> Terence Alexander H (CS) (1991)	London, UK
<b>Bailey</b> Susan Mary (C PSYCH) (2012)	Manchester, UK	<b>Falconer</b> Anthony Dale (COG) (2012)	London, UK
<b>Baird</b> David (COG) (2009)	Edinburgh, UK	<b>Foëx</b> Pierre (CA) (2007)	Oxford, UK
<b>Baltzan</b> Richard (CP) (2001)	Saskatoon, Canada	<b>Foulds</b> Wallace Stewart (C OPHTH) (1992)	Glasgow, UK
<b>Becklake</b> Margaret R (CP) (1994)	Montreal, Canada	<b>Francescutti</b> Louis Hugo (CP) (2012)	Alberta, Canada
<b>Benatar</b> Solomon Robert (CP) (2001)	Cape Town, SA	<b>Fritz</b> Vivian Una (C NEUROL) (1972)	Johannesburg, SA
<b>Bird</b> Alan Charles (C OPHTH) (2006)	London, UK	<b>Galasko</b> Charles S B (C ORTH) (2003)	Cheshire, UK
<b>Boix-Ochoa</b> Josè (CS) (2006)	Barcelona, Spain	<b>Genest</b> Jacques (CP) (1970)	Montreal, Canada
<b>Breen</b> James Langhorne (COG) (1984)	South Carolina, USA	<b>Gill</b> Geoffrey Victor (CP) (2007)	Wirral, UK
<b>Britt</b> LD (CS) (2012)	Virginia, USA	<b>Gilmore</b> Ian Thomas (CP) (2007)	London, UK
<b>Brobbly</b> George Wireko (C ORL) (2012)	Kumasi, Ghana	<b>Giwa-Osagie</b> Osato O F (COG) (2005)	Lagos, Nigeria
<b>Brown</b> Thomas C K (Kester) (CA) (2002)	Victoria, Australia	<b>Greenberger</b> Norton J (CP) (1991)	Massachusetts, USA
<b>Browse</b> Norman (CS) (1996)	London, UK	<b>Grosfeld</b> Jay Lazar (CPS) (2014)	Indiana, USA
<b>Burger</b> Henry (CP) (1984)	Victoria, Australia	<b>Hamilton</b> Stewart (CS) (2005)	Alberta, Canada
<b>Burgess</b> John H (CP) (1991)	Westmount, Canada	<b>Hanrahan</b> John Chadwick (CS) (1992)	Peppermint Gr. WA
<b>Calder</b> Andrew (COG) (2005)	Edinburgh, UK	<b>Hennessy</b> Thomas Patrick J (CS) (1997)	Dublin, Ireland
<b>Cameron</b> Donald Patrick (CP) (1998)	Queensland, Australia	<b>Hollins</b> Sheila (C PSYCH) (2005)	London, UK
<b>Caruso</b> Vincent (C PATH) (2005)	NSW, Australia	<b>Hudson</b> Alan Roy (C NEUROSURG) (1992)	Ontario, Canada
<b>Chalmers</b> Iain Geoffrey (COG) (2001)	Oxford, UK	<b>Hume</b> Robert (CS) (1992)	Glasgow, UK
<b>Chang</b> Keng Wee (CS) (2012)	Kuala Lumpur, Malaysia	<b>Huskisson</b> Ian Douglas (CMSA) (1997)	Cape Town, SA
<b>Chaudhry</b> Zafar Ullah (CS) (2012)	Karachi, Pakistan	<b>Hutton</b> Peter (CA) (2003)	Birmingham, UK
<b>Clewlöw</b> Warren (CMSA) (2006)	Sandton, SA	<b>Joubert</b> Peter Gowar (CMSA) (1999)	Johannesburg, SA
<b>Collin</b> John Richard Olaf (C OPHTH) (2007)	London, UK	<b>Kaaya</b> Ephata Elikana (C PATH) (2012)	Dar-Es-Salaam, Tanzania
<b>Conti</b> Charles Richard (CP) (1991)	Florida, USA	<b>Keogh</b> Joseph Anthony Brian (CP) (1998)	Dublin, Ireland
<b>Courtemanche</b> Albert Douglas (CS) (1992)	British Columbia, Canada	<b>Keys</b> Derek Lyle (CMSA) (1993)	Johannesburg, SA
<b>Cox</b> John (C PSYCH) (2000)	London, UK	<b>Kuku</b> Sonny F (CP) (2001)	Lagos, Nigeria
<b>Crowe</b> John Patrick (CP) (2012)	Dublin, Ireland	<b>Langer</b> Bernard (CS) (2001)	Ontario, Canada
<b>Cunningham</b> Anthony Andrew (CA) (2004)	Dublin, Ireland	<b>Laws</b> Edward R (C NEUROSURG) (2015)	Massachusetts, USA
<b>Cywes</b> Sidney (CS) (1998)	Cape Town, SA	<b>Leffall</b> LaSalle D (CS) (1996)	Washington, USA
<b>De Klerk</b> Frederick Willem (CMSA) (1994)	Cape Town, SA	<b>Lekamwasam</b> L K L S (CP) (2012)	Galle, Sri Lanka
<b>De Laey</b> Jean-Jacques (C OPHTH) (2000)	Gent, Belgium	<b>Lemmer</b> Johan (CMSA) (2006)	Sandton, SA

<b>Levett</b> Michael John (CMSA) (1999)	Cape Town, SA	<b>Soothill</b> Peter William (COG) (2004)	Bristol, UK
<b>Levin</b> Lawrence Scott (C PLAST) (2006)	North Carolina, USA	<b>Sparks</b> Bruce Louis W (CFP) (2006)	Parktown, SA
<b>Looi</b> Lai Meng (C PATH) (2005)	Kuala Lumpur, Malaysia	<b>Spitz</b> Lewis (CS) (2005)	London, UK
<b>Lorimer</b> Andrew Ross (CP) (2004)	Glasgow, UK	<b>Steer</b> Phillip James (COG) (2004)	London, UK
<b>Luntz</b> Maurice Harold (C OPHTH) (1999)	New York, USA	<b>Strunin</b> Leo (CA) (2000)	London, UK
<b>Mackay</b> Colin (CS) (1998)	Glasgow, UK	<b>Stulting, Andries</b> Andriessen (CMSA) (2011)	Bloemfontein, SA
<b>Maryon-Davis</b> Alan (CPHM) (2010)	London, UK	<b>Sykes</b> Malcolm Keith (CA) (1989)	Oxford, UK
<b>Mazwai</b> Ebden Lizo (CMSA) (2011)	Mthatha, SA	<b>Tan</b> Kok Chai (C PLAST) (2012)	Singapore
<b>McDonald</b> John W David (CP) (2004)	Ontario, Canada	<b>Tan</b> Ser-Kiat (CS) (1998)	Singapore
<b>McKenna</b> Terence Joseph (CP) (2005)	Dun Laoghaire, Dublin	<b>Tan</b> Walter Tiang Lee (CP) (2001)	Singapore
<b>Meakins</b> Jonathan Larmonth (CS) (2004)	Quebec, Canada	<b>Terblanche</b> John (CMSA) (1995)	Cape Town, SA
<b>Mensah</b> George A (CP) (2005)	Georgia, USA	<b>Thomas</b> William Ernest Ghinn (CS) (2006)	Sheffield, UK
<b>Meursing</b> Anneke Elina Elvira (CA) (2003)	Blantyre, Malawi	<b>Thomson</b> Gerald Edmund (CP) (1996)	New York, USA
<b>Mieny</b> Carel Johannes (CMSA) (1996)	Pretoria, SA	<b>Trunkey</b> Donald Dean (CS) (1990)	Oregon, USA
<b>Mokgokong</b> Ephraim T (COG) (2006)	Medunsa, SA	<b>Turnberg</b> Leslie Arnold (CP) (1995)	Cheshire, UK
<b>Molteno</b> Anthony C B (C OPHTH) (2001)	Otago, New Zealand	<b>Turner-Warwick</b> Margaret (CP) (1991)	London, UK
<b>Morrell</b> David Francis (CMSA) (2004)	Kenton on Sea, SA	<b>Underwood</b> James C E (C PATH) (2006)	Sheffield, UK
<b>Mortimer</b> Robin Hampton (CP) (2004)	NSW, Australia	<b>Van der Spuy</b> Zephne Margaret (CMSA) (2015)	Cape Town, SA
<b>Mutyaba</b> Frederick A (C ORTH) (2012)	Kampala, Uganda	<b>Van Heerden</b> Jonathan A (CS) (1989)	S Carolina, USA
<b>Myers</b> Eugene Nicholas (C ORL) (1989)	Pennsylvania, USA	<b>Vaughan</b> Ralph S (CA) (2003)	Cardiff, UK
<b>Norman</b> Geoffrey Ross (CMSA) (2003)	Ontario, Canada	<b>Visser</b> Gerard (COG) (1999)	Utrecht, Netherlands
<b>O'Donnell</b> Barry (CS) (2001)	Dublin, Ireland	<b>Wakwe</b> Victor C (C PATH) (2012)	Delta State, Nigeria
<b>Ogedengbe</b> Olasurubomi K (COG) (2012)	Lagos, Nigeria	<b>Wijesiriwardena</b> Bandula C (CP) (2005)	Kalubowila, Sri Lanka
<b>Ogilvie Thompson</b> Julian (CMSA) (2009)	Johannesburg, SA	<b>Yeoh</b> Poh-Hong (CS) (1998)	Kuala Lumpur, Malaysia
<b>Oh</b> Teik Ewe (CA) (2003)	Perth, West Australia	<b>Yip</b> Cheng-Har (CS) (2012)	Kuala Lumpur, Malaysia
<b>O'Higgins</b> Niall (CS) (2005)	Dublin, Ireland	<b>Zuker</b> Ronald Melvin (C PLAST) (2013)	Ontario, Canada
<b>Opie</b> Lionel Henry (CP) (2008)	Cape Town, SA		
<b>Pasnau</b> Robert O (C PSYCH) (1988)	California, USA		
<b>Pettifor</b> John Morley (C PAED) (2016)	Johannesburg, SA		
<b>Prentice</b> Archie G (C PATH) (2012)	London, UK		
<b>Prys-Roberts</b> Cedric (CA) (1996)	Bristol, UK		
<b>Puri</b> Prem (CPS) (2013)	Dublin, Ireland		
<b>Ramphela</b> Mamphela Aletta (CMSA) (2005)	Cape Town, SA		
<b>Reeve</b> Thomas Smith (CS) (1991)	NSW, Australia		
<b>Rosholt</b> Aanon Michael (CMSA) (1980)	Johanneburg, SA		
<b>Salyer</b> K Everett (C PLAST) (2007)	Texas, USA		
<b>Samkange</b> Christopher A (C UROL) (2012)	Harare, Zimbabwe		
<b>Santucci</b> Richard Anthony (C UROL) (2013)	Michigan, USA		
<b>Saunders</b> Stuart John (CMSA) (1989)	Cape Town, SA		
<b>Schulz</b> Eleonora Joy (C DERM) (2006)	Pretoria, SA		
<b>Seedat</b> Yackoob Kassim (CMSA) (1998)	Durban, SA		
<b>Segal</b> Anthony Walter (CP) (2008)	London, UK		
<b>Sewell</b> Jill (CP) (2005)	Victoria, Australia		
<b>Sherwood</b> Rupert (COG) (2012)	Victoria, Australia		
<b>Sims</b> Andrew C Peter (C PSYCH) (1997)	Leeds, UK		
<b>Smith</b> Edward Durham (CS) (1990)	Victoria, Australia		
<b>Smith</b> John Allan Raymond (CS) (2005)	Sheffield, UK		

*(Deceased members not listed but on record)*

## ABOUT EXCELLENCE

*"Excellence is an art won by*

*Continuous Training and Habituation.*

*We do not act rightly because we have virtue*

*or excellence, but we rather have those*

*because we have acted rightly.*

*We are what we repeatedly do -*

*Excellence, then is not an act but a habit."*

ARISTOTLE

## CMSA Active Life Members (as at 29 August 2017)

<b>Abdulla</b> Jamal	<b>Barday</b> Abdul Wahab	<b>Boezaart</b> André Pierre	<b>Butt</b> Anthony Dan
<b>Abdulla</b> Mohamed Abdul Latif	<b>Barnard</b> Philip Grant	<b>Bok</b> Arnold Pierre Louis	<b>Byrne</b> James Peter
<b>Abell</b> David Alan	<b>Barnes</b> Richard David	<b>Bolton</b> Keith Duncan	<b>Caldwell</b> Robert Ian
<b>Aboo</b> Nazimuddin	<b>Barnetson</b> Bruce James	<b>Booker</b> Henry Thomas	<b>Calver</b> Alistair Duncan
<b>Aboobaker</b> Jamilabibi	<b>Batchelder</b> Charles Simon	<b>Boon</b> Gerald Peter George	<b>Cameron</b> Neil Andrew
<b>Abrahams</b> Cyril	<b>Bax</b> Geoffrey Charles	<b>Booth</b> William Richard Calvert	<b>Cameron</b> Robert Peter
<b>Abramowitz</b> Israel	<b>Bean</b> Eric	<b>Borchers</b> Trevor Michael	<b>Carim</b> Abdool Samad
<b>Abratt</b> Raymond Pierre	<b>Beaton</b> S'ya	<b>Bornman</b> Philippus Christoffel	<b>Carim</b> Suliman
<b>Adams</b> Ganief	<b>Beatty</b> David William	<b>Botha</b> Andries Petrus Jakobus	<b>Carman</b> Hilary Alison
<b>Adhikari</b> Mariam	<b>Becker</b> Herbert	<b>Botha</b> Jan Barend Christiaan	<b>Carmichael</b> Trevor Robin
<b>Ahmed</b> Sheikh Nisar	<b>Becker</b> Jan Hendrik Reynor	<b>Botha</b> Jean René	<b>Carter</b> Gary Frederick Charles Carter
<b>Ahmed</b> Yusuf	<b>Bell</b> George Murray	<b>Botha</b> Johan Frederik	<b>Cassel</b> Graham Anthony
<b>Aitken</b> Robert James	<b>Bell</b> Peter Stewart Hastings	<b>Boulle</b> Trevor Paul	<b>Cassim</b> Reezwana
<b>Alderton</b> Norman	<b>Benatar</b> Solly Robert	<b>Bowen</b> Robert Mitford	<b>Cavvadas</b> Aikaterine
<b>Alison</b> Andrew Roy	<b>Benatar</b> Victor	<b>Bowie</b> Malcolm David	<b>Curwen</b> Christopher Henry Massy
<b>Allen</b> Peter John	<b>Benjamin</b> Ephraim Sheffel	<b>Braude</b> Basil	<b>Chaimowitz</b> Meyer Alexander
<b>Allerton</b> Kerry Edwin Glen	<b>Benjamin</b> John David	<b>Bremner</b> Cedric Gordon	<b>Chapman</b> Peter John
<b>Allie</b> Abduraghiem	<b>Bennett</b> Michael Julian	<b>Briedé</b> Wilhelmus Maria Hendrik	<b>Charles</b> David Michael
<b>Allison</b> Hugo Frederick	<b>Bérard</b> Raymond Michael Francis	<b>Briers</b> Johannes Albertus Myburgh	<b>Charles</b> Lionel Robert
<b>Allwood</b> Clifford William	<b>Berg</b> Astrid Martha	<b>Brink</b> Garth Kuys	<b>Chin</b> Wu Wai Nin
<b>Allwright</b> George Tunley	<b>Berlyn</b> Peter-John	<b>Brink</b> Stefanie	<b>Chothia</b> Khatija
<b>Ananth</b> Swamiji	<b>Berkowitz</b> Leslie	<b>Brits</b> Jacobus Johannes	<b>Cilliers</b> Pieter Hendrik Krynauw
<b>Anderton</b> Edward Townsend	<b>Bethlehem</b> Brian Hillel James	<b>Brock-Utne</b> John Gerhard	<b>Cilliers</b> Pieter Lafras
<b>Andre</b> Nellie Mary	<b>Beukes</b> Hendrik Johannes Stefanus	<b>Broude</b> Abraham Mendel	<b>Cinman</b> Arnold Clive
<b>Andrew</b> William Kelvin	<b>Beyer</b> Elke Johanna Inge	<b>Brown</b> Basil Geoffrey	<b>Claassens</b> Hermanus Johannes Hendrik
<b>Anstey</b> Leonard	<b>Bezwoda</b> Werner Robert	<b>Brown</b> Raymond Solomon	<b>Clarke</b> Simon Domara
<b>Appleberg</b> Michael	<b>Bhagwan</b> Bhupendra	<b>Brown</b> Robyn Alexander	<b>Clausen</b> Lavinia
<b>Archer</b> Graham Geoffrey	<b>Biddulph</b> Sydney Lionel	<b>Brueckner</b> Roberta Mildred	<b>Cleaton-Jones</b> Peter Eiddon
<b>Armstrong</b> Robert John	<b>Biebuyck</b> Julien Francois	<b>Bruk</b> Morris Isaac	<b>Cloete</b> Bruce
<b>Asmal</b> Aboobaker	<b>Bird</b> Arthur Richard	<b>Bruwer</b> André Daniel	<b>Cochrane</b> Raymond Ivan
<b>Aucamp</b> Carel	<b>Birkett</b> Michael Ross	<b>Bruwer</b> Ignatius Marthinus Stephanus	<b>Coetzee</b> Andreas Retief
<b>Badenhorst</b> Frans Hendrik	<b>Blaine</b> Edward Mark	<b>Buchel</b> Elwin Herbert	<b>Coetzee</b> Daniël
<b>Baigel</b> Martin	<b>Blair</b> Ronald Mc Allister	<b>Burger</b> Marius Sydney	<b>Coetzee</b> Johannes Cornelius
<b>Baillie</b> Peter	<b>Bleloch</b> John Andrew	<b>Burger</b> Thomas Francois	<b>Coetzer</b> Hendrik Martin
<b>Baines</b> Richard E Mackinnon	<b>Bloch</b> Cecil Emanuel	<b>Burgess</b> John Digby	<b>Cohen</b> Brian Michael
<b>Baise</b> Gershan	<b>Bloch</b> Harold Michael	<b>Burgin</b> Solomon	<b>Cohen</b> Colin Koppel
<b>Baker</b> Peter Michael	<b>Bloch</b> Hymen Joshua	<b>Burns</b> Derrick Graham	<b>Cohen</b> Eric
<b>Bakaram</b> Rabendranath Serepath	<b>Blumberg</b> Lucille Hellen	<b>Butler</b> George Parker	<b>Cohen</b> Leon Allan
<b>Bane</b> Roy Errol	<b>Bock</b> Ortwin Answald Alwin		
<b>Barbezat</b> Gilbert Olivier			



- Cohen** Michael  
**Cohen** Morris Michael  
**Cohen** Philip Lester  
**Coller** Julian Somerset  
**Combrink** Johanna Elizabeth  
**Combrink** Johanna Ida Lilly  
**Conlan** Andrew Alan  
**Conradie** Hofmeyr Haarhoff  
**Comfort** Peter Thomas  
**Conway** Sean Stephen  
**Cooke** Paul Anthony  
**Cooke** Richard Dale  
**Cooper** Cedric Kenneth Norman  
**Cooper** Peter Allan  
**Coote** Nigel Penley  
**Coovadia** Hoosen Mahomed  
**Coovadia** Mohamed Abdool Hak  
**Cowie** Robert Lawrence  
**Coxon** John Duncan  
**Craig** Denham David  
**Cretikos** Michael Dionisios  
 Emmanuel Perandonikis  
**Crew-Brown** Heather Helen  
**Crichton** Eric Derk  
**Croft** Charles Henry  
**Cronjè** Hendrik Stefanus  
**Crosier** James Herbert  
**Crosley** Anthony Ian  
**Croucamp** Petrus Charles  
 Hendrik  
**Crutchley** Anthony Caius  
 Christopher  
**Cullis** Sydney Neville Raynor  
**Cumes** David Michael  
**Curwen** Christopher Henry  
 Massy  
**Cywes** Sidney  
**Dalby** Anthony John  
**Dalgleish** Christopher Ian Philip  
**Dalmeyer** Johannes Paulus  
 Franciscus  
**Dalrymple** Rhidian Blake  
**Dalziel** Grant James William  
**Danchin** Jack Errol  
**Daneel** Alexander Bertin  
**Daniel** Clive Herbert  
**Daniels** André Riad  
**Dansky** Raymond  
**Darlison** Michael Tatlow  
**Daubenton** François  
**Daubenton** John David  
**Davey** Dennis Albert  
**Davey** Helen Elizabeth  
**Davey** Michael Roy  
**Davidge-Pitts** Keith James  
**Davidson** Aaron
- Davies** David  
**Davies** Michael Ross Quail  
**Davies** Victor Alan  
**Davis** Charles Pierre  
**Davis** Martin David  
**Dawes** Marion Elizabeth  
**Dawood** Aysha Amod  
**De Beer** Hardie Alfred  
**De Beer** Johan Alexander  
 Anthonie  
**De Haan** Jacques Willem  
**De Jager** Lourens Christiaan  
**De Klerk** Abraham Jakobus  
**De Klerk** Daniel Johannes Janse  
**De Swardt** Stephanus Raynier  
**De Villiers** Francois Pierre  
 Rosseau  
**De Villiers** Jacques Charl  
**De Villiers** Marthinus Johannes  
 Pieter  
**De Villiers** Pieter Ackerman  
**De Villiers** Stefanus Johannes  
**De Wit** Edward Wheeler  
**De Zeeuw** Paul  
**Dennehy** Patrick Joseph 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** William Hugh Gavin  
**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 Plessis** Hermanus Jacobus  
 Christoffel  
**Du Preez** Leon  
**Du Toit** Donald Francois  
**Du Toit** Johan Loots  
**Du Toit** Pierre Francois Mulvihai  
**Du Toit** Roelof Stephanus  
**Duncan** Gordon Alexander
- Duncan** Harold James  
**Dunning** Richard Edwin Frank  
**Duys** Pieter Jan  
**Dyer** Robert Anthony  
**Dymond** Ian Walter Dryden  
**Eathorne** Allan James  
**Ebrahim** Allie  
**Edge** Kenneth Roger  
**Ehlers** Marianne Gloudina  
**Ehrlich** Hyman  
**Ekmans** Pieter Francois  
**Eksteen** Jacobus Johannes  
**Elferink** Jean Charles Hugo  
**Elk** Errol Ivan  
**Elsenbroek** Frederik  
**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  
**Falls-Grumieaux** Ebba Helga  
 Dorle Sophie  
**Fanarof** Gerald  
**Farrant** Peter John  
**Fehler** Boris Michael  
**Fernandes** Carlos Manuel  
 Coelho  
**Ferreira** Anton Leopold  
**Findlay** Cornelius Delfos  
**Fine** Leon Arthur  
**Fine** Stuart Hamilton  
**Fisher-Jeffes** Donald Leonard  
**Fletcher** John Somerville  
**Ford** Brenda May  
**Forman** Allan  
**Forman** Robert  
**Förtsch** Hagen Ernst Armin  
**Fouchè** Willem Jakobus  
**Fourie** Pierre Jacques Henri  
 Louis  
**Franco** Mardochee Marc  
**Frank** Joachim Roelof  
**Frankel** Freddy Harold  
**Freedman** Jeffrey  
**Freiman** Ida  
**Friedlander** Geoffrey Mervyn  
**Friedman** Raymond Leslie  
**Friedmann** Allan Isodore  
**Fritz** Vivian Una  
**Froese** Steven Philip
- Fung** Gilbert  
**Furman** Saville Nathan  
**Gajjar** Pravinchandra Dhirajlal  
**Galatis** Chrisostomos  
**Gane** Gerald Adrian Carleton  
**Gani** Akbar  
**Garb** Minnie  
**Gardiner** Victor Burberow  
**Gardner** Jacqueline Elizabeth  
**Garisch** James Archibald  
 MacKenzie  
**Gaziel** Yoel  
**Gerard** Clifford Leslie  
**Germon** Lawrence  
**Gernetzky** Kevin Desmond  
**Gersh** Bernard John  
**Geyser** Pieter Georg  
**Giesteira** Manuel Vicente Knobel  
**Gilbertson** Ian Thomas  
**Gildenhuis** Jacobus Johannes  
**Gill** John Morton  
**Gillis** Lynn Sinclair  
**Glazer** Harry  
**Glyn Thomas** Raymond  
**Goeller** Errol Andrew  
**Goldberg** Barbara Sheila  
**Goldin** Martin  
**Goldman** Anthony Paul  
**Goldstein** Bertie  
**Golele** Robert  
**Goodley** Robert Henry  
**Goodman** Hillel Tuvia  
**Goosen** Felicity  
**Goosen** Jacques  
**Gordon** Peter Crichton  
**Gordon** Robert John  
**Gorven** Allan Michael  
**Govender** Perisamy  
 Neelapithambaran  
**Govind** Suryakant Kasan  
**Govind** Uttam  
**Graham** Kathleen Mary  
**Graser** Hans Werner  
**Grave** Christopher John Hadley  
**Greeff** Ooppel Bernhardt Wilhelm  
**Greenblatt** Michael  
**Greyling** Jacobus Arnoldus  
**Greyvenstein** Gloria Dorothy  
**Grimbeek** Johannes Fredericus  
**Gritzman** Marcus Charles David  
**Grizic** Anthony Martin  
**Grobbelaar** Nicolaas Johannes  
**Grobler** Gregory Martinus  
**Grobler** Johannes Lodewikus  
**Grobler** Marthinus  
**Groenewald** Lukas Johannes

- Groenewald** Marcelle  
**Grotepass** Frans Willem  
**Guttenberg** Graham Roy  
**Haagensen** Mark  
**Haffejee** Ismail Ebrahim  
**Hamed** Zubeida  
**Hammer** Alan John  
**Hammond-Tooke** Graeme David  
**Hangelbroek** Peter  
**Harpur** Peter James  
**Harris** Ian Michael  
**Harrison** Anthony Carleton  
**Harrison** Neville Alan  
**Hartdegen** Richard Gerhardus  
**Hartley** Patricia Staunton  
**Hartman** Ella  
**Hattingh** Pieter Wilhelm  
**Haus** Matthias  
**Hawthorne** Henry Francis  
**Hayse-Gregson** Paul Bernard  
**Hayward** Frederick  
**Head** Mark Stephen  
**Hefer** Adam Gottlieb  
**Helman** Isaac  
**Henderson** Linda Grantham  
**Henderson** Rex Scott  
**Hendricks** Mark Lawrence  
**Hewitt** Helen Sheila  
**Heyns** Anthon du Plessis  
**Heyns** Philip Daniël Stephanus  
**Hill** Paul Villiers  
**Hillock** Andrew John  
**Hirschowitz** Jack Sydney  
**Hitchcock** Peter John  
**Hockly** Jacqueline Douglas Lawton  
**Hockman** Maurice Harold  
**Hoffman** Eduard Bernard  
**Hoffmann** Vivian Jack  
**Hofmeyr** Nicholas Gall  
**Hold** Allan Richard  
**Holdsworth** Louis David  
**Holland** Victor Bernard  
**Holloway** Alison Mary  
**Horak** Adrian Rousseau  
**Horak** Lindley Rousseau  
**Horowitz** Stephen Dan  
**Horsley** Hilton Richard  
**Hougaard** Melodie  
**Househam** Keith Craig  
**Hovis** Arthur Jehiel  
**Howell** Alan Melville  
**Howell** Michael E Oram  
**Howes** Geoffrey Ross  
**Howes** Neville Edward  
**Huddle** Kenneth Robert Lind
- Hugo** André Paul  
**Hugo** Johannes Matthys  
**Hundleby** Christopher John Bretherton  
**Hurwitz** Charles Hillel  
**Hurwitz** Mervyn Bernard  
**Hurwitz** Solomon Simon  
**Huskisson** Ian Douglas  
**Huysamen** George Henry  
**Ichim** Camelia Vasilica  
**Ichim** Liviu  
**Isaacs** Barry Alan  
**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  
**Jansen van Vuuren** Jurgens Abraham  
**Jardine** William Ivor  
**Jassat** Essop Essak  
**Jedeikin** Leon Victor  
**Jeena** Hansa  
**Jersky** Jechiel  
**Jessop** Susan Jane Dorothy  
**Jhetam** Dilshad  
**Jinabhai** Champaklal Chhaganlal  
**Jöckel** Wolfgang Heinrich  
**Joffe** Leonard  
**Joffe** Stephen Neal  
**Johnson** Peter Dennis Willson  
**Johnson** Sylvia  
**Johnston** John Irving  
**Jones** Sheldon Victor  
**Jonker** Edmund  
**Jonker** Michael Angelo Theodore  
**Jooste** Edmund  
**Jordaan** James Charles  
**Jordaan** Johann Petrus  
**Jordaan** Robert  
**Joseph** Elaine  
**Joubert** James Rattray  
**Joynt** Gavin Matthew  
**Kahn** Delawir  
**Kaiser** Gerhard Hans Robert  
**Kaiser** Walter  
**Kalla** Feizal Sakoor  
**Kalla** Ismail Sikander
- Kalombo** Augustin Ngalamulume  
**Kamdar** Mahomed Cassim  
**Kane-Berman** Jocelyne Denise Lambie  
**Kaplan** Hilton  
**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  
**Keeton** Godfrey Roy  
**Kelly** Anthony Cope Garnett  
**Kelly** John Christopher  
**Kemp** Donald Harold Maxwell  
**Kemp** Trevor Newton  
**Kenyon** Michael Robert  
**Kessler** Edmund  
**Kew** Michael Charles  
**Key** Jillian Jane Aston  
**Khamissa** Haroon  
**Khan** Mohamed  
**Kieck** Charles Frederick  
**Kimberg** Matti  
**King** Jeffrey  
**King** John Frederick  
**Kinsley** Robin Howard  
**Kirsten** Gerhardus Francois  
**Klein** Hymie Ronald  
**Klevansky** Hyman  
**Kling** Kenneth George  
**Klugman** Leon Hyam  
**Knobel** John  
**Kobe** Mabu Rahab Grace  
**Koch** Johann Augustinus  
**Koch** Madeleine  
**Kocks** Daniel Jacobus  
**Koller** Anthony Bruce  
**König** Harold Leith Edward  
**Kotton** Bernard  
**Koz** Gabriel  
**Kramer** Brian David  
**Kranold** Dorothea Helene  
**Krengel** Biniomin  
**Kriel** Jacques Ryno  
**Krige** Louis Patrick  
**Kritzinger** Pieter Hendrik  
**Kruger** Abraham Jacobus  
**Kruger** Machiel Andries  
**Kruger** Theunis Frans  
**Kussel** Jack Josiah  
**Kussman** Barry David
- Kuyl** Johannes Marinus  
**Lachman** Anthony Simon  
**Lachman** Peter Irwin  
**La Grange** Jacobus Johannes Christiaan  
**Laing** John Gordon Dacomb  
**Lake** Walter Thomas  
**Lalla** Chhimental  
**Laloo** Maneklal  
**Lamont** Alastair  
**Lampert** Jack Arthur  
**Lantermans** Elizabeth Cornelia  
**Large** Robert George  
**Larsen** Charles John  
**Lasich** Angelo John  
**Latif** Ahmed Suliman  
**Laubscher** Willem Marthinus Lötter  
**Laurence** John Egerton  
**Lautenbach** Earle Eugene Gerard  
**Lawson** Hugh Hill  
**Leader** Leo Robin  
**Leary** Peter Michael  
**Leary** William Peregrine Pepperrell  
**Leaver** Roy  
**Lecuona** Karin Alfrida  
**Leeb** Julius  
**Lejuste** Michel Jozef Leonie Remi  
 **Lemmer** Johan  
**Lemmer** Lourens Badenhorst  
**Lennox** Gordon Stuart  
**Le Roux** Deon  
**Le Roux** Petrus Andries Jacobus  
**Levin** Jonathan  
**Levin** Solomon Elias  
**Levinson** Ivan Philip  
**Levy** Ernest Ronald  
**Lewin** Jack Roy  
**Lewis** Dorothy  
**Leyland** John Richard  
**L'Heureux** Renton  
**Liebetrau** Carl Roux  
**Liebowitz** Lynne Dianne  
**Linton** David Michael  
**Lipschitz** Shirley  
**Lloyd** David Allden  
**Lloyd** Elwyn Allden  
**Lochner** Jan de Villiers  
**Lockett** Maxwell Ivan  
**Lockhat** Ahmed Suliman  
**Loening** Walter Edgar Karl  
**Loest** Hellmut Claudius  
**Lombaert** Alfons Robert Leonie

<b>Lombard</b> Hermanus Egbertus	<b>Mayet</b> Fatima Goolam Hoosen	<b>Moodley</b> Jagidesa	<b>Nel</b> Julien Robert
<b>Long</b> John Walter	<b>Mayet</b> Zubeida	<b>Moodley</b> Thirugnanasumburanam	<b>Nel</b> Philippus Jacobus
<b>Longano</b> Biagio Antonio	<b>Maytham</b> Dermine	<b>Moodley</b> Visalatchee	<b>Nel</b> Wilhelm Stephanus
<b>Loot</b> Sayyed Mahmood Hosain	<b>Mbete</b> Jamangile Mncedi	<b>Moola</b> Ismail	<b>Newbury</b> Claude Edward
<b>Loots</b> Petrus Beaufort	<b>McCosh</b> Christopher John	<b>Moola</b> Yousoof Mahomed	<b>Ngakane</b> Herbert
<b>Losken</b> Hans Wolfgang	<b>McCutcheon</b> John Peter	<b>Moore</b> Hazel Ann	<b>Nicholson</b> Melanie Eugene
<b>Losman</b> Elma	<b>McDonald</b> Michael Charles Edward	<b>Moosa</b> Abdool-Sattar	<b>Niemann</b> Albertus Stephanus
<b>Lotz</b> Jan Willem	<b>McDonald</b> Robert	<b>Moosa</b> Hanief	<b>Nieuwoudt</b> Andries Johan
<b>Lotzof</b> Samuel	<b>McGiven</b> Andrew John	<b>Moosa</b> Laeeka	<b>Noble</b> Clive Allister
<b>Loubser</b> Johannes Samuel	<b>McIntosh</b> William Andrew	<b>Moosa</b> Muhammed-Ameen	<b>Noll</b> Brian Julian
<b>Lurie</b> David Meyer	<b>McKibbin</b> Joseph Kerr	<b>Moosa</b> Nisa Ahamed	<b>Noormohamed</b> Abdul Majid
<b>Lurie</b> Russel	<b>Mears</b> Jasper William Walter	<b>Moosa</b> Yaaseen	<b>Novis</b> Bernard
<b>Macdonald</b> Angus Peter	<b>Meer</b> Farooq Moosa	<b>Morar</b> Champaklal	<b>Novitzky</b> Nicholas
<b>MacEwan</b> Ian Campbell	<b>Meiring</b> Johannes Cornelius Engelbrecht	<b>Morrell</b> David Francis	<b>Obel</b> Israel Woolf Promund
<b>MacKenzie</b> Basil Louis	<b>Mellet</b> William Andrew	<b>Morris</b> Edel	<b>Odendaal</b> Hendrik Johannes
<b>Mackenzie</b> Thomas Murray	<b>Mellett</b> William Andrew	<b>Morris</b> Warwick Montague Molteno	<b>Odes</b> Harold Selwyn
<b>MacLeod</b> Ian Nevis	<b>Melville</b> Roger Laidman	<b>Morrison</b> Gavin	<b>Olinsky</b> Anthony
<b>MacPhail</b> Andrew Patrick	<b>Mendelsohn</b> Huntley Jonathan	<b>Morrison</b> Stephen Christopher	<b>Olivier</b> Henri
<b>Madiba</b> Thandinkosi Enos	<b>Mennen</b> Ulrich	<b>Morton</b> Patrick Christopher George	<b>Omar</b> Yunoos
<b>Maduray</b> Govinden	<b>Mervis</b> Benjamin	<b>Murule</b> Ramoroa Andrew	<b>Omar dien</b> Yusuf
<b>Maelane</b> Kgadi Petrus	<b>Mervitz</b> Michael David	<b>Mosese</b> Matsa Ephraim	<b>Oosthuizen</b> Frederick Pollard
<b>Maharaj</b> Ishwarlal Chiranjilall	<b>Meyer</b> Anthonie Christoffel	<b>Moti</b> Abdool Razack	<b>Orelowitz</b> Manney Sidney
<b>Maharaj</b> Udeeth	<b>Meyer</b> Bernhardt Heinrich	<b>Movsowitz</b> Leon	<b>Orford</b> Alastair Leask
<b>Maharajh</b> Jaynund	<b>Meyer</b> David	<b>Mudely</b> Devandran	<b>Ospovat</b> Norman Theodore
<b>Mahlangu</b> Amos	<b>Meyer</b> De Bruto Laporta Cavalier	<b>Mullan</b> Bertram Strancham	<b>OSSIP</b> Mervyn Seymour
<b>Mahomed</b> Abdullah Eshaak	<b>Meyers</b> Anthony Molyneux	<b>Muller</b> Edward Julius	<b>Padayatchi</b> Perumal
<b>Mahomed</b> Ebrahim	<b>Meyersohn</b> Sidney Jacob	<b>Muller</b> Frederick Eybers	<b>Pantanowitz</b> Desmond
<b>Mair</b> Michael John Hayes	<b>Meyerson</b> Louis	<b>Mulligan</b> Terence P Simpson	<b>Papert</b> Brian Lewis
<b>Maitin</b> Charles Thabo	<b>Michaels</b> Maureen Jeanne	<b>Mullineux</b> John David	<b>Papert</b> Errol Jonathan
<b>Makein</b> Michael Charles Cavendish	<b>Michalowsky</b> Aubrey Michael	<b>Murray</b> Anthony David Neil	<b>Parag</b> Kantilal Bhagoo
<b>Malakou</b> Bryan Desmond	<b>Mitchell</b> William Lancelot	<b>Murray</b> Jill	<b>Parbhoo</b> Hasmukh Bhagoo
<b>Malan</b> Atties Fourie	<b>Middlewick</b> Glynn Charles	<b>Murray</b> Robert Ian	<b>Parker</b> Geoffrey Keith
<b>Malan</b> Christina	<b>Midgley</b> Franklin John	<b>Murray</b> Willie Bosseau	<b>Parr</b> Guy Wyndham
<b>Malan</b> Daniel Francois	<b>Mieny</b> Carel Johannes	<b>Mwelase</b> Lancelot Halifax Zwelibanzi	<b>Parsons</b> Arthur Charles
<b>Maliza</b> Andile	<b>Miles</b> Anthony Ernest	<b>Myers</b> Leonard	<b>Parsoo</b> Ishwarlal
<b>Mangera</b> Ismail	<b>Miles</b> Lionel Palmer	<b>Naidoo</b> Balagaru Narsimaloo	<b>Pascoe</b> Michael Danby
<b>Mankowitz</b> Emmanuel	<b>Millar</b> Robert Norman Scott	<b>Naidoo</b> Datshana Prakesh	<b>Patel</b> Prabhakant Lalloo
<b>Mann</b> Julian Harold	<b>Milne</b> Anthony Tracey	<b>Naidoo</b> Jaybalan	<b>Patel</b> Ramesh Dhuru
<b>Mann</b> Solly	<b>Milne</b> Frank John	<b>Naidoo</b> Neetheanathan	<b>Pather</b> Runganayagum
<b>Manning</b> Basil John	<b>Milner</b> Selwyn	<b>Naidoo</b> Premilla Devi	<b>Peer</b> Dawood Goolam Hoosen
<b>Mansvelt</b> William Mauritz	<b>Misnuner</b> Zelik	<b>Naidu</b> Pithambaram Nadamuni	<b>Pelser</b> Frank Blignaut
<b>Marais</b> Ian Philip	<b>Mistry</b> Jayantilal Daya	<b>Nair</b> Gonasegrie Puckree	<b>Pemba</b> Elijah Ntsikelela
<b>Marais</b> Johannes Stephanus	<b>Mitchell</b> Peter John	<b>Nanabhay</b> Sayed Suliman	<b>Persson</b> Alf Lars-Olof
<b>Margolis</b> Frank	<b>Mitchell</b> Ronald William	<b>Naude</b> Johannes Hendrik	<b>Peters</b> Ralph Leslie
<b>Mariba</b> Thanyani Jonas	<b>Mitha</b> Abdul Sater	<b>Nauhaus</b> Carl Norman	<b>Pettifor</b> John Morley
<b>Marivate</b> Martin	<b>Mitha</b> Ahmed	<b>Naylor</b> Graeme Aubrey	<b>Philcox</b> Derek Vincent
<b>Marivate</b> Russell	<b>Modi</b> Pradip Chhaganlal	<b>Neifeld</b> Hyman	<b>Phillips</b> Bentley
<b>Marks</b> Richard Kearns	<b>Mody</b> Girish Mahasukhlal	<b>Nel</b> Elias Albertus	<b>Phillips</b> Gerald Isaac
<b>Marus</b> Gianluca	<b>Mogale</b> Saxon Cholohelo	<b>Nel</b> Hendrik	<b>Phillips</b> Keith Radburn
<b>Marx</b> Johan Hendrik	<b>Mokhobo</b> Kubeni Patrick	<b>Nel</b> Jacques Bernadus Anton	<b>Phillips</b> Louisa Marilyn
<b>Maske</b> Richard	<b>Molapo</b> Jonathan Lepoqa	<b>Nel</b> Jan Gideon	<b>Pienaar</b> Gideon Roos
<b>Mason</b> Rosemary Maureen	<b>Molteno</b> Christopher David	<b>Nel</b> Johan Theron	<b>Pillay</b> George Permall
<b>Matisonn</b> Rodney Earl	<b>Mollentze</b> Willem Frederik		<b>Pillay</b> Govindasamy Sokalingum
<b>Mauff</b> Alfred Carl	<b>Montanus</b> Morris Samuel		<b>Pillay</b> Rathinasabapathy Arumugam
<b>Maxwell</b> William Graeme	<b>Moodley</b> Dhanapalan Patchay		

<b>Pillay</b> Thiagarajan Sundragasen	<b>Reichman</b> Percy	<b>Schoeman</b> Johannes Feuth	<b>Solarsh</b> Stanley Monash
<b>Pillay</b> Veerasamy Kista Govinda	<b>Reidy</b> Jeremy Charles	<b>Schultz</b> Claude Bernhard	<b>Sommerville</b> Thomas Edward
<b>Pio</b> Phillipus Stephanus	<b>Reif</b> Simon	<b>Schutte</b> Philippus Johannes	<b>Song</b> Ernest
<b>Pitcher</b> James Sydney	<b>Reinach</b> Werner	<b>Schwarz</b> Kurt	<b>Soni</b> Jalaluddin
<b>Planer</b> Meyer	<b>Retief</b> Francois Jacobus	<b>Schwär</b> Theodor Gottfried	<b>Sonnendecker</b> Ernest W Walter
<b>Plit</b> Michael	<b>Retief</b> Francois Pieter	<b>Schwersenski</b> Jeffrey	<b>Sparks</b> Bruce Louis Walsh
<b>Polakow</b> Everard Stanley	<b>Reyneke</b> Philippus Johannes	<b>Scott</b> Bruce William Haigh	<b>Sparrow</b> Owen Charles
<b>Politzky</b> Nathan	<b>Rhodes</b> Anthony Harold	<b>Scott</b> Neil Petrie	<b>Spies</b> Sarel Jacob
<b>Pollak</b> Otilie	<b>Rice</b> Gordon Clarke	<b>Scott</b> Quentin John	<b>Stanbury</b> James Stewart
<b>Polley</b> Neville Alfred	<b>Richards</b> Alan Trevor	<b>Seaward</b> Percival Douglas	<b>Stander</b> Dudley
<b>Pompe van Meerdervoort</b>	<b>Robbs</b> John Vivian	<b>Sedgwick</b> Jerome	<b>Stannard</b> Clare Elizabeth
Hjalmar Frans	<b>Roberts</b> Michael Andrew	<b>Seebaran</b> Anoo Ramdayal	<b>Stanton</b> Jacobus Johannes
<b>Porteous</b> Paul Henry	<b>Roberts</b> William A Brooksbank	<b>Seedat</b> Suleman Mahomed	<b>Steenkamp</b> Lucas Petrus
<b>Porter</b> Christopher Michael	<b>Robins-Browne</b> Roy Michael	<b>Seedat</b> Yackoob Kassim	<b>Stein</b> Aaron (Archie)
<b>Postma</b> Jacob Ferdinand	<b>Robinson</b> Brian Stanley	<b>Seidel</b> Wilhelm Friedrich	<b>Stein</b> Abraham
<b>Potgieter</b> Hermanus Jacobus	<b>Robinson</b> Joy Rachael	<b>Selemani</b> Salumu	<b>Steingo</b> Leonard
<b>Potgieter</b> Ian	<b>Rodda</b> John Leonard	<b>Sellars</b> Sean Liam	<b>Steinmann</b> Christiaan Frederick
<b>Potocnik</b> Felix Claude Victor	<b>Rode</b> Heinz	<b>Sender</b> Mervyn David	<b>Stern</b> David Michael
<b>Power</b> David John	<b>Roediger</b> Wolf Ernst Wilhelm	<b>Serfontein</b> Jacobus Hendrik	<b>Steyn</b> Izak Stefanus
<b>Power</b> Harold Michael	<b>Roelofse</b> Hendrik Johannes	<b>Sevitz</b> Hylton	<b>Steynberg</b> Fans Hendrik
<b>Prentice</b> Bernard Ross	<b>Rogaly</b> Elgar	<b>Shapiro</b> Benjamin Leon	<b>Stidworthy</b> Allen John Rive
<b>Pretorius</b> David Hermanus	<b>Rogan</b> Ian MacKenzie	<b>Sher</b> Gerald	<b>Stones</b> David Kenneth
Schalk	<b>Rogers</b> Raymond Alan	<b>Sher</b> Geoffrey	<b>Storm</b> Daleen
<b>Pretorius</b> Hendrik Petrus	<b>Roman</b> Horatio Eustace	<b>Sher</b> Mary Ann	<b>Stride</b> Philip Jonathan Handley
Jacobus	Hereward	<b>Sher</b> Rickard Charles	<b>Stronkhorst</b> Johannes
<b>Pretorius</b> Johannes Adam	<b>Roman</b> Trevor Errol	<b>Shété</b> Charudutt Dattatraya	Hendrikus
<b>Pretorius</b> Johannes Jacobus	<b>Rome</b> Paul	<b>Shimange</b> Oscar Christopher	<b>Struthers</b> Peter John
<b>Pretorius</b> Johannes Lodewikus	<b>Roose</b> Patricia Garfield	<b>Shuttleworth</b> Richard Dalton	<b>Styger</b> Viktor
<b>Price</b> Stephen Kennedy	<b>Rosenberg</b> Basil	<b>Shweni</b> Phila Michael	<b>Suliman</b> Abdoorahaman
<b>Prins</b> Marius	<b>Rosman</b> Mark Selwyn	<b>Siebert</b> Peter Robin de Vos	Ebrahim
<b>Prinsloo</b> Frances	<b>Rossouw</b> Dennis Pieter	<b>Siew</b> Shirley	<b>Sur</b> Monalisa
<b>Prinsloo</b> Simon Frederik	<b>Rothberg</b> Alan Dan	<b>Sifris</b> Dennis	<b>Sur</b> Ranjan Kumar
<b>Prinsloo</b> Simon Lodewyk	<b>Rousseau</b> Theodore Emile	<b>Silbert</b> Maurice Vivian	<b>Svensson</b> Lars Georg
<b>Promnitz</b> Gregory Paul	<b>Rozwadowski</b> Marek Antoni	<b>Simjee</b> Ahmed Essop	<b>Swanepoel</b> André
<b>Prosser</b> Geoffrey Leslie	<b>Rush</b> Peter Sidney	<b>Simons</b> George Arthur	<b>Swanepoel</b> Wilhelm Adolph
<b>Prowse</b> Clive Morley	<b>Ryan</b> Raymond	<b>Simonsz</b> Charles Anthony	<b>Swart</b> Andries Petrus
<b>Purbhoo</b> Pramod	<b>Sacho</b> Howard	<b>Simson</b> Ian Wark	<b>Swart</b> Jacob Jacobus
<b>Quan</b> Tim	<b>Sacks</b> William	<b>Siroka</b> Sarka Anna	<b>Swart</b> Johannes Gerhardus
<b>Quantock</b> Owen Peter	<b>Saffer</b> Seelig David	<b>Skudowitz</b> Reuben Benjamin	<b>Swartz</b> Jack
<b>Quirke</b> Peter Dathy Grace	<b>Safro</b> Ivor Lawrence	<b>Slazus</b> Joseph Johannes	<b>Swiegers</b> Wotan Reynier
<b>Rabe</b> Hans-Heinrich Burghardt	<b>Sagor</b> Jason Solomon	<b>Sluiter</b> Emil Hinricus	Siegfried
<b>Rabie</b> Johannes	<b>Salant</b> David John	<b>Smit</b> John Nicholas	<b>Swift</b> Peter John
<b>Radford</b> Geoffrey	<b>Samson</b> Ian David	<b>Smit</b> Michael Robert	<b>Tang</b> Kenneth
<b>Raftopulos</b> Paris	<b>Sanders</b> Hannah-Reeve	<b>Smit</b> Wilhelm Michiel	<b>Tarboton</b> Peter Vaughan
<b>Raga</b> Jairaj	<b>Sapire</b> David Warren	<b>Smith</b> Alan Nathaniel	<b>Taylor</b> Robert Kay Nixon
<b>Raghavjee</b> Indira Vaghjee	<b>Saunders</b> Stuart John	<b>Smith</b> André Johann	<b>Tayob</b> Ismail Suleman
<b>Raine</b> Edgar Raymond	<b>Saunders</b> William Christopher	<b>Smith</b> Eric Harvey	<b>Te Groen</b> Frans Wilhelmus
<b>Rajput</b> Mangoo Chhaggan	<b>Saxe</b> Norma Phyllis	<b>Smith</b> Hendrik Lategan	<b>Terblanche</b> John
<b>Rankin</b> Anthony Mottram	<b>Scallan</b> Michael John Herbert	<b>Smith</b> James Leslie	<b>Terespolsky</b> Percy Samuel
<b>Ransome</b> Olliver James	<b>Schaetzing</b> Albrecht Eberhard	<b>Smith</b> Lionel Ralph	<b>Thaning</b> Niels-Otto
<b>Rawat</b> Farouk	<b>Schepers</b> Anton	<b>Smith</b> Michael Ewart	<b>Thatcher</b> Charles John
<b>Rawlings</b> James	<b>Scher</b> Alan Theodore	<b>Smith</b> Timothy Michael	<b>Theron</b> Charles
<b>Read</b> Geoffrey Oliver	<b>Schneider</b> Cecil Max	<b>Smith</b> Willem Frederick	<b>Theron</b> Eduard Stanley
<b>Reardon</b> Colin Michael	<b>Schneider</b> Herbert Rodney	<b>Sneider</b> Paul	<b>Theron</b> Gerhardus Barnard
<b>Rebstein</b> Stephen Eric	<b>Schneier</b> Felix Theodore	<b>Snyman</b> Adam Johannes	<b>Theron</b> Jakobus Lodewikus
<b>Redfern</b> Michael John	<b>Schoeman</b> Adam Barnard	<b>Snyman</b> Hendrick G Abraham	Luttig



**Theron** Willem  
**Thompson** Michael Wilson  
 Balfour  
**Thompson** Roderick Mark  
 McGregor  
**Thomson** Alan James George  
**Thomson** Morley Peter  
**Thomson** Peter Drummond  
**Thorburn** Jonathan Rodney  
**Thorburn** Kentigern  
**Thornington** Roger Edgar  
**Toker** Eugene  
**Treisman** Oswald Selwyn  
**Tribe** Robert Denton  
**Trichard** Louis Charles Gordon  
 Lennox  
**Turner** Peter James  
**Tyrrell** Joseph Clonard Harcourt  
**Uijs** Ronald Rousseau Jan  
**Underwood** Ronald Arthur  
**Ungerer** Matthys Johannes  
**Vahed** Abdul Khalek Ahmed  
**Valjee** Ashwin  
**Vallabh** Satish  
**Van Bever Donker** Sophie Carla  
**Van Coeverden de Groot**  
 Herman Adriaan  
**Van Dellen** James Rikus  
**Van den Bergh** Cornelius Jacob  
**Van den Ende** Jan  
**Van der Linden** Robert  
 Huguenot  
**Van der Merwe** Christiaan  
**Van der Merwe** Gideon Daniel  
**Van der Merwe** Hendrik  
 Johannes  
**Van der Merwe** Jacobus Petrus  
**Van der Merwe** Johannes Amos  
**Van der Merwe** Schalk Willem  
 Petrus  
**Van der Meyden** Cornelis

Hendrikus  
**Van der Veen** Binno Watze  
**Van der Walt** André  
**Van der Walt** Estelle  
**Van der Wat** Izak Johannes  
**Van der Wat** Jacobus JH Botha  
**Van der Westhuizen** Johann  
**Van Drimmelen** Bertha  
**Van Drimmelen** Pieter  
**Van Eeden** Stephanus Frederick  
**Van Gelderen** Cyril Jack  
**Van Graan** Nico Jacobus  
**Van Greunen** Andries Edward  
**Van Hasselt** Charles Andrew  
**Van Heerden** Carle Stevyn  
**Van Heerden** Schalk Petrus  
**Van Helsdingen** Jacobus Ockert  
 Tertius  
**Van Heyningen** Cecil Francois  
**Van Leenhoff** Johannes Willem  
**Vanmali** Hasmykhlal Pranjivan  
**Van Niekerk** Christopher  
**Van Niekerk** Christoffel Hendrik  
**Van Niekerk** Gilbert André  
**Van Niekerk** Johannes Philippus  
 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 Arthur Kelly  
**Van Zyl-Smit** Roal  
**Veldman** Michael Hendrik  
**Velzeboer** Sally Jane  
**Venter** Jacobus Frederik

**Venter** Louis André  
**Venter** Pieter Ferdinand  
**Vermaak** Etienne Johan  
**Vermeulen** Jan Hendrik  
**Viljoen** Denis Lowe  
**Visser** Daniel  
**Vlok** Gert Jacobus  
**Von Varendorff** Edeltraud  
 Mathilde  
**Vosloo** Johan Christian  
**Wade** Harry  
**Wagenfeld** Derrick John Henry  
**Wahl** Jacobus Johannes  
**Wainwright** Rosalind Dorothy  
**Walele** Abdul Aziz  
**Walker** David Anthony  
**Walker** Kathleen Gwen  
**Wallace** Ian David  
**Walls** Ronald Stewart  
**Walshe** Kenneth Campion  
**Walton** Russell John  
**Wannenburg** Frederick John  
**Warren** Brian Leigh  
**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  
**Wessels** Andre  
**Westaway** Joan Lorraine  
**Westerman** David Elliot  
**Weston** Neville Anthony  
**White** Ronald Gilchrist  
**Whitelaw** David Allan  
**Whiting** David Ashby  
**Whiting** Kenneth Rowland

**Whittaker** David Ernest  
**Whittaker** Stuart  
**Wickens** Johannes Tromp  
**Wienand** Adolf Johann  
**Wiggelinkhuizen** Jan  
**Wilkinson** Lynton Dallas  
**Willemse** Pieter  
**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  
**Woods** John Tennant  
**Woods** Peter Tennant  
**Wootton** John Barry Leif  
**Wrantz** Peter Anthony Bernhard  
**Wright** Ian James Spencer  
**Wright** Michael  
**Wunsh** Louis  
**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)*

## 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 for a published essay of sufficient merit on trans - or cross - cultural psychiatry, which may include a research or review article.

Medical Practitioners registered and practising in South Africa qualify for the award which consists of a medal and certificate.

**The closing date is 15 January 2018**

*The guidelines pertaining to the award can be requested from:*

**Mrs Evelyn Chetty**  
**Tel +27 31 261 8213**  
**Tel +27 31 261 8518**

E-mail: evelyn.chetty@cmsa.co.za

## CMSA Active Fellows ad Eundem (as at 7 September 2016)

<b>Adhikari</b> Miriam (C PAED) (2015)	Congella	<b>Moodley</b> Jagidesa (COG) (2010)	Durban
<b>Bowie</b> Malcolm David (C PAED) (2007)	Knysna	<b>Munjanja</b> Stephen Peter (COG) (2014)	Harare, Zimbabwe
<b>Cleaton-Jones</b> Peter Eiddon (CD) (2005)	Johannesburg	<b>Ncayiyana</b> Daniel JM (CMSA) (2002)	Durban
<b>Corder</b> Robert Franklin (CEM) (2007)	Maryland, USA	<b>Odendaal</b> Hendrik Johannes (COG) (2009)	Cape Town
<b>Davey</b> Dennis Albert (COG) (2008)	Cape Town	<b>Padayachee</b> Gopalan N (CPHM) (2004)	Cape Town
<b>Davies</b> John Carol Anthony (CPHM) (2005)	Johannesburg	<b>Philpott</b> Hugh Robert (COG) (2008)	Durban
<b>Gear</b> John Spencer Sutherland (CPHM) (2005)	Still Bay	<b>Price</b> Max Rodney (CPHM) (2004)	Cape Town
<b>Gevers</b> Wieland (CP) (2001)	Cape Town	<b>Saffer</b> Seelig David (C NEUROL) (2004)	Johannesburg
<b>Hewlett</b> Richard Holway (CR) (2014)	Cape Town	<b>Sonnendecker</b> Ernst W W (COG) (2014)	Hermanus
<b>Keet</b> Marie Paulowna (C PAED) (2007)	Cape Town	<b>Sutcliffe</b> Thomas James (C PSYCH) (2008)	Cape Town
<b>Kent</b> Athol Parks (COG) (2013)	Cape Town	<b>Welsh</b> Neville Hepburn (C OPHTH) (2006)	Johannesburg
<b>Levin</b> Solomon Elias (C PAED) (2007)	Johannesburg		
<b>Makgoba</b> Malegapuru W (CP) (2003)	Durban		

*(Deceased members not listed but on record)*

### 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 centres 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.

**Closing dates for applications are 15 July and 15 January of each year.**

*The guidelines  
pertaining to the award  
can be requested from:*

**Mrs Evelyn Chetty**

**Tel +27 31 261 8213**

**Tel +27 31 261 8518**

E-mail: [evelyn.chetty@cmsa.co.za](mailto:evelyn.chetty@cmsa.co.za)

## CMSA Membership Privileges

### LIFE MEMBERSHIP

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

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

### RETIREMENT OPTIONS

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

*The CMSA offers two options in this category:*

#### First Option

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

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

#### Second Option

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

Members in either of the “retired membership” categories continue to have electronic access to the Journal Transactions and other important Collegiate matter.

### WAIVING OF ANNUAL SUBSCRIPTIONS

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

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



#### Cape Town Regional Office

17 Milner Road,  
Rondebosch, 7700  
Tel: +27 21 689 9533



#### Gauteng Regional Office

27 Rhodes Avenue,  
Parktown West, 2193  
Tel: +27 11 726 7091



#### Kwa Zulu Natal Regional Office

5 Claribel Road,  
Windermere, Durban, 4001  
Tel: +27 31 261 8213

## CPD Fee Structure

### 01 June 2017 - 31 May 2018

<b>LEVEL 1 ACTIVITIES (1 CEU/HR WITH A MAXIMUM OF 8 HOURS PER DAY)</b>	
<b>SMALL GROUPS:</b>	<b>FEES INCLUSIVE OF VAT</b>
<ul style="list-style-type: none"> <li>• Breakfast meetings or presentations</li> <li>• Formally arranged hospital of inter-departmental meetings for updates</li> <li>• Case study discussions</li> <li>• Formally organised special purpose teaching/learning ward rounds (not including routine service ward rounds)</li> <li>• Formally organised special purpose lectures that are not part of a business meeting</li> <li>• Mentoring/supervision and activities that are specific to certain professions</li> <li>• Interest groups i.e. Journal clubs</li> <li>• Half day only short courses</li> </ul>	<p><b>R750.00 (incl VAT)</b> <i>per application</i></p>
<b>LARGE GROUPS:</b>	<b>FEES INCLUSIVE OF VAT</b>
Conferences, symposia, refresher courses, short courses	<p><b>R1500.00 (incl VAT)</b> <i>Maximum R3910.00 per day, per activity</i></p>
<b>LEVEL 2 ACTIVITIES (INDIVIDUAL APPLICATIONS)</b>	
<b>FEES INCLUSIVE OF VAT</b>	<b>FEES INCLUSIVE OF VAT</b>
<ul style="list-style-type: none"> <li>• This level includes activities that have an outcome but do not constitute a full year of earned CEUs</li> <li>• Principal author of a peer reviewed publication or chapter in a book</li> <li>• Co-author/editor of a peer reviewed publication or chapter in a book</li> <li>• Review of an article/chapter in a book/journal</li> <li>• Principal presenter/author of a paper/poster at a congress/symposium/refresher course</li> <li>• Presenter of an accredited short course</li> <li>• Co-presenter of an accredited short course</li> <li>• All learning material (which could include DVD, CD, internet or email activities) with MCQs for evaluation with a pass rate of 70%</li> <li>• Guest/occasional lecturer at an accredited institution</li> <li>• Health personnel who supervise undergraduates/interns/post-graduates in clinical/technical training in collaboration with an accredited training institution on a regular basis during the academic year (if not in the job description)</li> <li>• External examiner of a Masters and/or Doctoral thesis</li> <li>• Single modules of Masters degrees with part-time enrolment for study for non-degree purposes</li> </ul>	<p><b>R565.00 (incl VAT)</b> <i>per application</i></p> <p><b>(NO CHARGE)</b> <i>To all CMSA members in good standing for personal applications</i></p>
<b>JOURNAL CLUBS WITH OUTCOME/EVALUATION</b>	<b>R1250.00 (incl VAT)</b>
<b>LEVEL 3 ACTIVITIES</b>	
<b>FEES INCLUSIVE OF VAT</b>	<b>FEES INCLUSIVE OF VAT</b>
<ul style="list-style-type: none"> <li>• Learning portfolios</li> <li>• Practice audit</li> <li>• Postgraduate degrees and diplomas that are recognised as additional qualifications by the relevant Board</li> <li>• Short courses with a minimum of 25 hours with additional clinical hands-on training, plus a formal assessment of the outcome</li> </ul>	<p><b>R2760.00 (incl VAT)</b></p>

*WITH EFFECT FROM 01 JUNE 2017 ALL CMSA ACCREDITATIONS ARE VAT LIABLE*



## Checklist CPD Applications

NO.	DOCUMENTS REQUIRED
1	Fully completed 2A CPD Application Form
2	Copy of detailed programme with start and end times, tea and lunch breaks
3	Presenters CV
4	Summary of dedicated ethics talk - CV of speaker should include ethics proficiency
5	Advertisement / invite (must feature name of accreditor)
6	Journal Clubs – Accreditation subject to retrospective provision of attendance registers & journals. Presenter roster & topics (if allocated) should be sent prospectively with the application
7	CPD Certificate, upon completion of the activity reflecting: a) The Accreditor b) Accreditation number c) Level of CEU d) Number of CEU's e) Number of Ethics CEU's
8	CPD 7 form on the HPCSA website must be completed by the attendees

CPD Accreditation applications can be submitted with all the relevant documentation as stated above to:

Evelyn Chetty - CMSA Durban Office

Email: [evelyn.chetty@cmsa.co.za](mailto:evelyn.chetty@cmsa.co.za)

Office: +27 31 261 8213

### 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 for a paper of sufficient merit dealing either with Radiodiagnosis, radiotherapy, nuclear medicine or diagnostic ultrasound.

***The closing date is 15 January 2018***

***The guidelines  
pertaining to the award  
can be requested from:***

**Mrs Evelyn Chetty**

**Tel +27 31 261 8213**

**Tel +27 31 261 8518**

E-mail: [evelyn.chetty@cmsa.co.za](mailto:evelyn.chetty@cmsa.co.za)

## Criteria for CPD Activity Endorsement by the CMSA

---

1. The CPD activity and its content will have to meet the approval of the relevant College council and considered to be of a standard that will enhance the image of that College.
2. The organizer of the CPD activity is required to be a member of the CMSA in good standing.
3. The constituent College must take full responsibility for the completion of the CPD accreditation application. Any CMSA membership discount to be noted under "Registration Fee involved for participants" on the CPD 2A Form.
4. The CPD activities should primarily be run under the banner of the constituent College of the CMSA. Due restraint should be exercised by the respective college ensuring that engagement in partnerships with organizations and entities in CPD activities remain appropriate and in keeping with the standing of the CMSA.
5. The constituent Colleges of the CMSA should not associate themselves with CPD activities of commercial entities related to product launches or product specific CPD activities.
6. Sponsorships of these CPD activities are permissible provided that the principles as set out below are closely adhered to:
  - a. The names of the sponsors should not be included in the title of the CPD activity.
  - b. The sponsor may be acknowledged as a sponsor on the advert/notification and on the programme for the CPD activity but no advertising of the commercial entities products should appear on either of these documents.
  - c. The mailing of adverts/notifications of the CPD activities may however be accompanied by product literature separated from and not incorporated in the notification/advert of the CPD activity.
  - d. No product promotion is allowed within the CPD meeting room but company-branded items and promotional material may be displayed in a separate area that should not be accessible to the general public if the products are not allowed to be advertised to the public.
  - e. In addition to the above, the sponsored activities should strictly adhere to the code pertaining to marketing and promotions to healthcare professionals as set out by the Marketing Code Authority.
7. The determination of the Risk and Profit split remains within the discretion of each individual college in consultation with the organisers of the activity. The overall principle that Risk Share follows Profit Share must apply.
8. However the main thrust of running CPD activities under the auspices of the CMSA and its constituent Colleges remains most importantly the provision of benefits for ongoing membership of the CMSA, the enhancement of the overall image of constituent College and the CMSA and not the generation of additional income. A benefit in the form of a meaningful discount for the CPD activity registration fee for CMSA members in good standing should take preference over profit sharing and remain the chief consideration.
9. On completion of the activity the organisers of the CPD activity must provide the College with a final assessment by the participants with the minimum of the following points to be covered:
  - a. Content
  - b. Presentation
  - c. Organisation / Administration
  - d. Venue
  - e. Overall value

## Standard Operating Procedure CPD Accreditation

ROLE AND RESPONSIBILITY OF THE CMSA (ACCREDITOR)	
1	Check that the CPD 2A application form is completed and all supporting documentation required as per the checklist on the website has been received
2	Application is submitted to the CMSA CPD sub-committee for review
3	On approval of accreditation, the invoice is sent to the provider / applicant
4	On receipt of payment the service provider / applicant will receive the accreditation number and the approved CEU's
<b>THE ACCREDITOR:</b> <i>Reviews and Approves applications for the provision of CPD Accreditation</i>	

ROLE AND RESPONSIBILITY OF THE APPLICANT (SERVICE PROVIDER)	
1	Submit a completed CPD 2A application form together with the supporting documentation as per the checklist on the website in line with HPCSA guidelines including the proposed advert and CPD certificate for the activity
2	Application for accreditation must be made prior to presenting the CPD activity
3	Service provider / applicant must present certificates of attendance to attendees at the end of the activity
4	The certificate must reflect the name of the accreditor namely The CMSA
5	A copy of the signed attendance register must be submitted to the accreditor and the original retained for a minimum of three years
<b>SERVICE PROVIDERS ARE:</b> <i>Individuals / institutions / organisations that submit learning activities to an accreditor for review and accreditation prior to presenting the CPD activity</i>	

### 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:*

**Mrs Evelyn Chetty**

**Tel +27 31 261 8213**

**Tel +27 31 261 8518**

E-mail: [evelyn.chetty@cmsa.co.za](mailto:evelyn.chetty@cmsa.co.za)

## CMSA Database Information Update

It is the sole responsibility of members of the CMSA to ensure that their address details, Email 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 Email updated details to:

Bianca van der Westhuizen

Fax: +27 21 685 3766

Email: bianca.vdwesthuizen@cmsa.co.za

Name	_____
(State whether Prof or Dr)	
Email Address	_____
Telephone (Work)	_____
Facsimile	_____
Telephone (Home)	_____
Mobile	_____
Identity Number	_____
New Address (If Applicable)	_____
	_____
	_____
	Postal Code _____
Information, required strictly for statistical and fundraising purposes :	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race:	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Coloured <input type="checkbox"/> White
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed
Abstained:	<input type="checkbox"/>



18 May 2017

Glenridge Church,  
65 Masabalala  
Yengwa Ave, Durban.

# Admission Ceremony





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



## Insignia For Sale CMSA Members

### 1 Ties:

	EXCL	VAT	INCL
1.1 Polyester material:			
1.1.1 Crest in colour as single under-knot design in navy .....	R 120.61	16.89	137.50
1.1.2 Rows of shields separated by silver-grey stripes in navy or maroon .....	R 130.26	18.24	148.50
1.1.3 Wildlife .....	R 96.49	13.51	110.00
1.1.4 Golden Jubilee Fellows Tie in navy, in design 1.1.2 .....	R 130.26	18.24	148.50
1.2 Silk material Fellow's Tie in navy, in design 1.1.2 .....	R 347.37	48.63	396.00
1.3 Satin material Golden Jubilee Wildlife Tie in navy .....	R 154.39	21.61	176.00

### 2 Scarves (long):

The Big 5 (small animals) attractive design on soft navy fabric .....	R 221.93	31.07	253.00
---	----------	-------	--------

<b>3 Blazer badges in black or navy, with crest embroidered in colour</b>	R 96.49	13.51	110.00
---	---------	-------	--------

### 4 Cuff-links

4.1 Sterling silver crested (enquire about price)	-	-	-
4.2 Baked enamel with crest in colour on cream, gold or navy background.....	R 38.60	5.40	44.00

### 5 Lapel badges/brooches

Crest in colour, baked enamel on cream, gold or navy background	R 19.30	2.70	22.00
---	---------	------	-------

### 6 Key rings (black/brown leather)

Crest in colour, baked enamel on cream, gold or navy background	R 38.60	5.40	44.00
---	---------	------	-------

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

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

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

### 9 Wall plaque

Crest in colour, on imbuia .....	R 723.68	101.32	825.00
----------------------------------	----------	--------	--------

<b>10 Purse in leather, with wildlife material inlay .....</b>	R 289.47	40.53	330.00
--	----------	-------	--------

<b>11 History of the CMSA written by Dr Ian Huskisson .....</b>	R 125.44	17.56	143.00
---	----------	-------	--------

### 12 Diamond Jubilee Insignia (depicting the dates 1955-2015)

12.1 Maroon tie.....	R 144.74	20.26	165.00
12.2 Maroon/Navy stripe tie .....	R 144.74	20.26	165.00
12.3 Pen Set.....	R 125.44	17.56	143.00
12.4 Maroon ladies' scarf in soft fabric.....	R 241.23	33.77	275.00









