



TRANSACTIONS

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

Volume 62 (2) July - December 2018

Admission Ceremony May 2018



TRANSACTIONS

Volume 62 (2) July to December 2018



CHIEF EDITOR

Professor Gboyega A Ogunbanjo

COPY EDITOR

Sharleen Stone

DEPUTY EDITOR

Professor Leanne Sykes

LETTERS TO THE EDITOR

Professor 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 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

GAUTENG 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

KWA ZULU NATAL 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

Advertising Enquiries:

Prestige Signage Projects (PTY) Ltd

Office: +27 31 262 6341

Email: 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

Designer

Prestige Signage Projects, Belinda Lotter

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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.

Frank, Joachim Roelof
(College of Obstetricians and Gynaecologists)

Furstenburg, Phillip Pieter
(College of Emergency Medicine)

Kennedy, Fiona Louise
(College of Anaesthetists)

Kuther, Annamarie
(College of Emergency Medicine)

Naidoo, Logeshini
(College of Radiologists)

Ngakane, Herbert
(College of Surgeons)

Ospovat, Norman Theodore
(College of Physicians)

Theron, Jakobus Lodewikus Luttig
(College of Surgeons)

Information as at 29 August 2018

The Colleges of Medicine of South Africa (CMSA) Transactions Growing from Strength to Strength!



Professor Gboyega A Ogunbanjo

This edition of the Transactions marks the 29th edition of the journal since I took over editorship in August 2004, slight over a year before the golden jubilee celebrations of the CMSA. It was an arduous task compiling the first issue with very little experience of the expectations of members.

Over the years, the journal has

transformed from just providing news and information to readers to featuring high quality original and review articles. At the October 2017 CMSA senate meeting, it was decided that the journal should be published electronically. This was a pragmatic decision taken as the cost of production of the hard copies was over R104 000 per edition and rising. This has reduced to R30 000 as a limited number of hard copies are still printed for members who prefer the latter at R400 per copy. Since going digital, the number of downloads increased from 192 with the July-Dec 2017 edition to 941 with the Jan-June 2018 edition. This demonstrates that the CMSA senate's decision was a wise one as more members have moved to the era of digital technology. We will continue to upload all future editions on the CMSA webpage at https://www.cmsa.co.za/view_document_list.aspx?Keyword=Transactions.

This particular edition comprises of 106 pages (a first since 2004). The Presidential message focuses on the first African meeting of the International Medical Education Leaders Forum (IMELF), which took on 17 May 2018 co-hosted with the Royal College of Physicians and Surgeons of Canada. The main objectives of the meeting were to understand the role of examinations in a system of assessment, describe principles of good assessment and to determine the role of examinations in practice improvement. It featured a number of eminent presenters and concluded that, "recertification is a process that is outdated and needs to be replaced". A bold suggestion of self-regulation was put on the table based on the definition of Dr Richard Cruet RL that the "The ongoing professional responsibility to protect the public by defining who is qualified to practice remains a core part of medicine's social contract."

Prof Martin Veller delivered the oration at the CMSA admission ceremony on 17 May 2017 in which he set the futuristic scenario of what specialist practice would look like globally in 2050. He

identified a number of possible challenges and changes in practice. He suggested the following that the CMSA must start adapting clinical training and assessment for future needs, and for the trainee to be able to cope and adapt to change accordingly. He mentioned that "change is disruptive but is less disruptive when appropriately managed". The latter requires that such change is anticipated and embraced. He ended by emphasizing that trainees must be taught how to adapt to change and the CMSA' assessment practices be expanded to include all aspects of clinical practice including applied theory, clinical decision-making, clinical skills, clinical practice and teamwork, ethics and practice management.

The annual reports of the constituent colleges provide information about their activities over the past 12 months, which are detailed to the extent that some have provided pass rates of the various exams in the past two trimester examinations. After the section on successful candidates by examination, the CMSA has introduced a separate section providing pass rates for the various examinations offered by the constituent colleges. The latter provides the opportunity to commend constituent colleges with high pass rates and to review those with low pass rates in a very constructive manner to identify challenges at training platforms, assessment processes and possible remedial actions to improve future pass rates. This will be an on-going process hoping that registrars will appreciate the transformative role of the CMSA in providing valid, fair, defensible and reliable exams.

The detailed report on the CMSA retention of doctors' survey titled "Strengthening Academic Medicine and Specialist Training" by Professors Zephne M van der Spuy, Tuviah Zabow and Dr. Andrew Good is published in its full entity.

Some of the key findings of the survey were that:

- a. Most South African doctors find their work satisfying and rewarding with only a slight difference in private sector doctors being more positive in this regard.
- b. Doctors reported having good working relationships with their colleagues and reasonable senior support.
- c. Participants' views on the availability of medicine and supplies, as well as appropriate equipment, infrastructure and facilities being of a good general standard, differed significantly between public sector and private sector participants. Given this view, it was not surprising that the main reason given for leaving the public sector was to ensure a better working environment.

- d. Both the public and private sector participants reported finding that nursing and other support staff were inadequate. Public sector doctors in particular expressed this view. (p-value = 0.0000).
- e. Both private sector and public sector doctors were unconvinced that the implementation of National Healthcare Insurance (NHI) or the introduction of the Certificate of Need would improve the delivery of healthcare in South Africa

I encourage readers to spend time going through the survey report as it provides useful information for trainers, trainees and policy makers on what needs to be done to retain specialists in the public sector and within the country to stem the push factors that make doctors leave.

Finally, we have included the obituary of late Professor Bongani Mayosi and the PowerPoint presentation of the Arthur Landau Lecture

that he delivered earlier this year titled: "Recent Advances on the Genetics of Cardiomyopathy". He was in the final phase of converting the lecture as a report for the Transaction when he met his sudden death. I hope that the readers will go through the slides to appreciate what this brilliant researcher, cardiologist presented. He concluded by presenting the most current medical therapy and interventions available for patients with various forms of cardiomyopathy. May his soul rest in peace! I encourage colleagues to submit original and review articles of interest for publication in our journal.

Prof Gboyega A Ogunbanjo
 Editor-in-chief: Transactions

Don't be afraid to
 give up the good
 to go for the *great*.

- John D. Rockefeller

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 2019

***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

First African meeting of the International Medical Education Leaders Forum (IMELF): “Assessment Across the Continuum: From Competence to Excellence”



Professor Mike Sathekge

Before commenting on the first African meeting of the International Medical Education Leaders Forum (IMELF), I would like to recap on our tribute to Professor Bongani Mayosi.

Long live the spirit of Bongani Mayosi long live!

On behalf of the CMSA, our deepest condolences to the Mayosi and Khumalo Families, UCT and the

entire medical community.

Bongs as he was affectionally called by many of us is one of the few that had the greatness to bend history of our generation. His selfless extra-ordinary contributions are amazing and will continue to inspire us, including in his Oration titled ‘Make your mark on health care’ at the CMSA Admission Ceremony on the 27 October 2016. He said; “We can all be proud of the College as an institution with world renown that plays a central role in maintaining the high standard of specialist medicine in South Africa. I encourage all graduands and diplomates not only to pay their annual membership fees for the rest of your life, but also to take up roles as examiners and committee members in your College. The future of the institution depends on you.

He went on to say - It is not enough to take the consultant post and continue where your predecessor left off. Each one of us were created to make a special contribution to the world. The next hill to climb is how this can be realised in your own life so that you can transform the lives of others.”

The CMSA is proud to be part of Professor Mayosi’s legacy with regards to single exit examinations and committed to excellence.

Thus the theme of IMELF South Africa which took place on 17 May 2018, co-hosted by the Royal College of Physicians and Surgeons of Canada and Colleges of Medicine of South Africa was “ASSESSMENT ACROSS THE CONTINUUM: FROM COMPETENCE TO EXCELLENCE” The Master of Ceremony for the IMELF South Africa was Professor Haroon Saloojee and the guest speakers included:

- Professor Viren Naik, Director, Assessment, Royal College of Physicians and Surgeons of Canada, FRCPC
- Professor Francois Cilliers - Associate Professor, University of Cape Town
- Dr. Kgosi Letlape – President – Health Professions Council of South Africa (HPCSA)

- Professor Kenneth Harris - Royal College of Physicians and Surgeons of Canada, FRCPC

IMELF South Africa was a great place for leaders to share experiences and insights as evidenced by the presence of Professor Françoise P. Chagnon - President of Royal College of Physicians and Surgeons of Canada, Professor Anyetei Lassey - President of the Ghana College of Physicians and Surgeons, CMSA past Presidents namely: Professors Terblanche, Morrel, Mazwai, Van der Spuy, Madaree, Lindeque as well as the Deans.

The meeting had three plenaries the first one being “Certifying Examinations: A Necessary Endpoint of Training?” with Professor Viren Naik as the speaker.

The main objectives of this plenary were to understand the role of examinations in a system of assessment, describe principles of good assessment and to determine the role of examinations in practice improvement.

The presentation and feedback asked the following pertinent questions;

- What are the risks of relying on certifying examinations as the most important gatekeeper to licensure and practice?
- What must a system of assessment “do” and “offer”
 - MDs?
 - Patients?
 - Society?
- Can a system of assessment provide the data and feedback for continual performance assessment and accountability to the public?

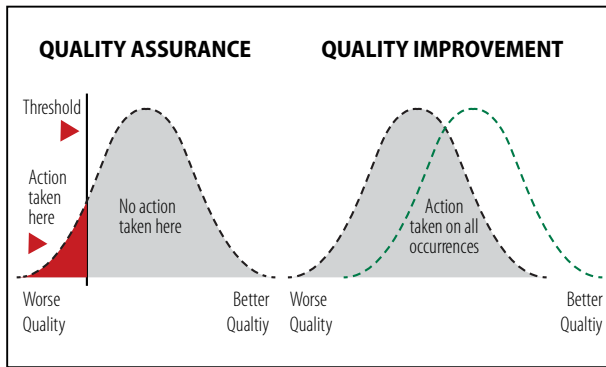
These questions call upon the CMSA to reflect and engage some of the tension between generalization and extrapolation, which includes but not limited to;

- Translate observation to a score
- Does score reflect overall test performance
- Does performance reflect reality
- Can it be applied to a decision

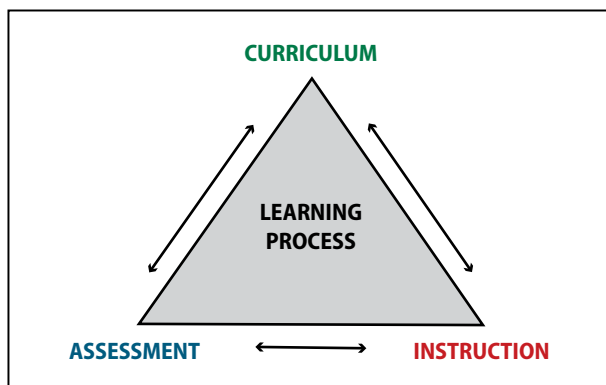
Professor Viren Naik’s crucial question was: “Can our assessment system provide authentic feedback and data for the purpose of continual performance improvement, support life-long development and most importantly be accountable to the public for meeting its healthcare needs?”

In providing some of the solutions the presentation and the meeting agreed that we have to embrace the concept of:

FROM QUALITY ASSURANCE TO QUALITY IMPROVEMENT(Fig1)



Further we have to emphasize that:
ASSESSMENT IS THE CURRICULUM(Fig2)



The second plenary was “Workplace/based Assessment: A Key Enabler in Competency based Education” with Professor François Cilliers as the speaker.

This presentation raised some of the following headlines;

- WBA holds great promise as a system to guide registrar learning BUT there is perhaps as much evidence that it doesn't live up to this promise as that it does
- a WBA system can easily become a burdensome, technical, tick-box exercise
- meaningful feedback is the pivot around which the system will stand or fall
- feedback is a social not a technical process
- the workplace and social context here differ from where most literature originates

The importance of this plenary is timely as both the CMSA and SACOMD have just started discussion on WBA. Of importance the meeting pointed out the following unresolved issues:

- what impact does a WBA system have (as opposed to feedback on an encounter)?
- desirable and undesirable
- are all methods equally effective at all levels of training?
- can / does / should WBA be used to foster valued but complex outcomes / competencies?
- can a programmatic approach to WBA improve the learning effects of WBA?

As with the CMSA based on the previous Transaction and SAMJ, this meeting is also asking; “What measures/steps are required to successfully introduce or sustain WBA in South African settings.”

One the response of the CMSA is tabled in the conclusion of the following message:

The last plenary was on “To Certify or Not to Certify: That is the Question” the presentations were done by Professor Ken Harris and Dr Kgosi Letlape.

The discussion and presentations clarified the following definitions: Certification is a point in time event based on the definition of the breadth of the discipline

- Relevant to the time of event
- Standard training program
- High stakes assessment

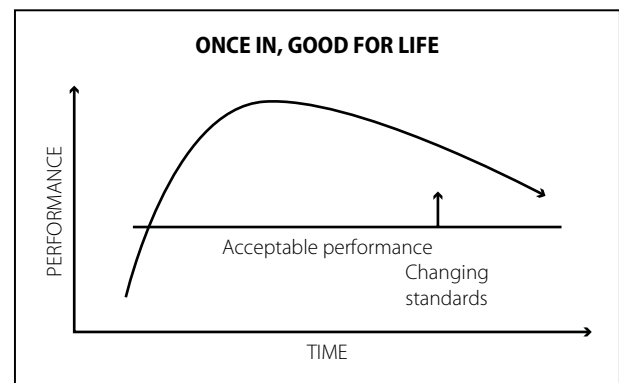
Recertification

- Typically high stakes exam conducted on a periodic basis
- Not reflective of individual's current practice
- Being reassessed around the world

The importance of Continuous Quality Improvement was emphasized with the objective to:

- Move from episodic to continuous review
- Improve the practice of all
- Fit with the scope and breadth of practice
- Identify Outliers

The justification to continuous quality improvement is supported by the: BALLISTIC PHYSICIAN COMPETENCE(Fig3)



The conclusion of this plenary was that Recertification is a process that is outdated and needs to be replaced. A bold suggestion of self regulation was put on the table based on the definition of Dr Richard Crues RL that the “The ongoing professional responsibility to protect the public by defining who is qualified to practice remains a core part of medicine's social contract.”

I would like to conclude this message by stating we are committed to excellence and we would like to create a CMSA which is a home to all South Africans. Thus amongst some of the crucial steps we are glad to announce that for the first time the CMSA has appointed an educationalist within its ranks by the name of Professor Vanessa Burch. Vanessa Burch is a Professor of medicine and rheumatology. She was the Chair of clinical medicine at the university of Cape Town and has always been involved with assessment of the College of Physicians and the CMSA. Vanessa also has a PhD in medical education from Erasmus University in the Netherlands and is a leading expert in health professions education. Some of her research interests which include the development and implementation of assessment practices in resource-constrained settings will assist the CMSA with “ASSESSMENT ACROSS THE CONTINUUM: FROM COMPETENCE TO EXCELLENCE”. We are excited to have with us a Global leader with regards to assessment practices. And we would like to thank AfroCentric Group for making this appointment possible.

Admission Ceremony 18 May 2018

The Admission Ceremony was held in the Good Hope Christian Centre, in Ottery, Cape Town.

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

Professor Martin Veller, Dean of the Faculty of Health Sciences, from the University of the Witwatersrand gave the oration.

Twenty-Seven Medallists were congratulated by the President on their outstanding performance in the CMSA examinations.

Medals were awarded in the following Fellowship Disciplines:

Anaesthetics, Dermatology, Emergency Medicine, Internal Medicine, Neurology, Obstetrics and Gynaecology, Ophthalmology, Orthopaedic Surgery, Otorhinolaryngology, Paediatrics, Paediatric Surgery, Psychiatry, Public Health Medicine, Radiation Oncology, Radiology, 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 names were announced and congratulated.

The Honorary Registrar - Examinations and Credentials, Professor Gboyega Ogunbanjo announced the candidates, in order, to be congratulated by the President.

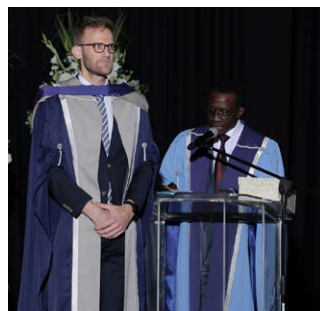
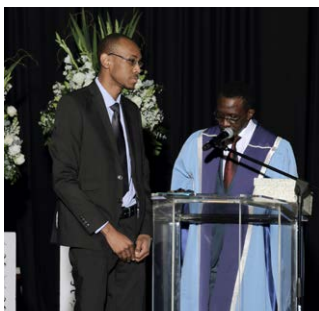
The Honorary Registrar – Education, Dr Dean Gopalan individually hooded the new Fellows.

The Honorary Registrar – Finance and General Purposes, Professor Richard Pitcher handed each graduate a scroll containing the Credo of the CMSA.

All in all, the President of the CMSA admitted 59 Certificants and 319 Fellows.

At the end of the ceremony the National Anthem was sung, where after the President of the CMSA led the recent graduates out of the hall.

Refreshments were served to the graduates and their families.



Oration delivered by Professor Martin Veller at the Admission Ceremony of the Colleges of Medicine of SA (CMSA) Good Hope Christian Centre Ottery, Cape Town, 18 May 2018



Professor M Veller

Good evening.

To this evening's graduands, congratulations!

What you have accomplished is remarkable. Few will be aware of the hard work, dedication, sleepless nights, untold hours spent in the wards and clinics and the sheer guts that it has taken to get to this point. For this, you should be proud.

Please however consider that while you are embarking on the next chapter of your career, you have just started on the journey of becoming a fully rounded specialist. Your knowledge of the subject, while already substantial, is but a measure of what is out there, your clinical skills require more honing and your perceptions and intuitions are still not at the levels expected of proficient and knowledgeable experts. It is also a fact that the advances in medicine are progressing at an ever-increasing rate, which will make it difficult for you to maintain that required expertise.

I therefore would like to take you to 2050. By then nearly everything will have changed in the practice of your specialty. To illustrate this with just a few examples from personal experience. When I completed my surgical studies in the late 1980s it was impossible to

imagine that today we would be 24 years into a peaceful democratic transition in South Africa. That South Africa would be the epicentre of a viral epidemic that will have killed so many South Africans that the country's average life expectancy at birth would drop by more than a decade between 1993 and 2005. That computers are now an integral component in most of the medical technologies used today and that medical textbooks have essentially become obsolete.

In addition, the practice of medicine has also changed. Paternalism and patriarchy has been replaced by patient centred care and decision-making. Financial affordability has become central to clinical decision making and litigation in health care is an everyday reality. Nothing in medicine has remained untouched.

In order maintain your expertise you must therefore be astute, believe that anything is possible, always stay up-to-date, learn and explore, always be on the look-out for new opportunities, but also be sceptical not all change is good. Above all, be prepared to adapt to changing circumstances and do so by being inventive and aspire to be pioneering. This is not easy, but it is fundamental in order for you to succeed professionally.

The second message, relates to the chances given you to specialise. Few in society get such an extra-ordinary opportunity. The privileges you have been given do come with responsibility. Our country and our continent face many, at times apparently insurmountable challenges. To address this necessitates quality leadership and a productive, educated society that aspires to stability, prosperity and the well-being of all. Today, you are amongst the leadership that must ensure that this happens. This requires of you to participate in the eradication of disease and poverty and to improve the wellbeing of this country's people. You also have a duty to advocate for those who are vulnerable, to work towards stability in society and to insist on honesty and integrity in our political leadership.

The final message is about what you will think of your career in 2050. If at that time, you look back on your career and reflect that this allowed you to earn a good income. That it took you to the pinnacle of your profession. That you are of the opinion that you have achieved; then specialist medicine will have been good to you.

On the other hand, if you see your career having made a difference, mostly in underserved communities. If you recognise many challenges ahead that need solutions and you are looking for the big idea that will help improve society's wellbeing. If you continue to teach and guide and that you insist on seeing that what you do has benefit to society. If you challenge those in authority to deliver on

their mandate. If this is the case, then you can say, “I contributed to the society that I was mandated to serve.” I sincerely hope that you aspire to achieve this!

Turning to the College of Medicine of South Africa. Please allow me to reflect on how future disruptors and changes in the practice of medicine will have an influence on the College of Medicine. This is based on the perspective that the College of Medicine is integral to the training of specialist in South Africa and is able to do so because of the close relationship that exists between the Universities and the College. That the partnership must be strengthened is evident, not only to ensure that high national specialist training standards are maintained but also to ensure sustainability for the College.

So turning to the disruptors that academic medicine faces, many changes are looming large on the horizon. Without incorporating these potential disruptions into our future clinical training and preparing our future trainees for these potential commotions is frankly unthinkable. As the science of clinical practice is central to the specialist’s activities, when change occurs this will be adopted. Such adaptability in practice after specialisation occurs haphazardly and not based on the rigour encountered during their basic specialist training. This is associated with huge risk. With quality and safety being a cornerstone of modern clinical practice such change must be managed much more deliberately.

It is difficult to determine what clinical training and for that matter from the College’s perspective, assessment practices will look like in the future. Much of this will be determined by serendipity, but some aspects of how specialists will practice in the future can be determined today by how we train and assess such training. For this reason:

- We must start adapting clinical training and assessment for future needs, today. This will never be a precise activity but it takes a decade to implement such changes.
- What is applicable today will not be applicable tomorrow. It is the trainer’s responsibility to foresee this and equip the trainee to be able to cope and adapt accordingly.
- Change is disruptive but is less disruptive when appropriately managed. This requires that such change is anticipated and embraced.
- Trainees must be taught how to adapt to change.

- From the Colleges perspective, this means:
- The College’s assessments must be an extension of the clinical training programmes. Full integration of University and College practices is essential. This goes beyond working on common curricula to ensure that teaching, training and assessment are fully integrated.
- Similarly, the College’s assessment practices must be expanded to include all aspects of clinical practice including applied theory, clinical decision-making, clinical skills, clinical practice and teamwork, ethics and practice management.
- There must be full confidence in the College’s activities. It is unthinkable that the College is an entity whose sole purpose is the delivery of an exit examination.
- It is essential that the College is the cement that keeps all that is involved in the training of medical and dental specialists together. This means a focus on stewardship by the College that is far beyond current levels.
- The College’s activities must be fully professionalised. For example, the use of itinerant examiners whose training in assessment practices has been limited to see one and then do one, cannot be supported in the future. Similarly, the use of internal moderation, already falls short of current international standards.
- Finally, the leadership of many specialities resides in the constituent colleges. For this reason if training in these specialities is under threat these colleges must become integral to finding the solutions that will address these threats.

In conclusion, the world of academic medicine and clinical practice faces many uncertainties. Our profession does however have the capacity to manage this as long as we are willing to embrace the fact that change will happen and that we manage the consequences in unison. The leadership of the College is already prepared for this and for this reason, the College’s future is bright, but it requires additional effort to keep up the momentum.

Once again, congratulations to tonight’s graduands. I wish you a successful future that gives you personally much satisfaction. Most importantly however, your career must make an impact on the society we serve.

*“Create the highest, grandest vision possible for your life,
because you become what you believe.”*

Oprah Winfrey

Citation

Admission to Honorary Fellowship of the Colleges of Medicine of South Africa (CMSA)

Professor Anil Madaree



Professor Anil Madaree

Professor Anil Madaree completed his undergraduate medical studies (as a recipient of the Rhodes Scholarship) at the University of Kwa-Zulu Natal in 1980, and obtained the Fellowship of the College of Plastic Surgeons of SA 1988. He was awarded the first Visiting Scholarship of the American Society of Plastic Surgeons and completed a fellowship at the University of Pennsylvania in 1990. He was appointed as Professor and Head of Department of Plastic and Reconstructive Surgery at the Nelson R Mandela School of Medicine, University of Kwa-Zulu Natal, in 1994 and currently still holds this position. His main interests are craniofacial surgery, cleft lip and palate surgery, paediatric plastic surgery, keloid and wound healing and various reconstructive fields.

Professor Madaree served as President of the College of Plastic Surgeons of SA for years and became very involved in CMSA matters serving in various positions: Member of Senate from 1995, Honorary Registrar 2000-2006, and Trustee of the College of Medicine Foundation from 2001. This culminated in him being elected as President of the Colleges of Medicine of South Africa for the term 2010-2013, followed by serving as Immediate Past President of the subsequent term of 2013-2016. During this time, the Durban Office finally got a home. International relations were grown. The CMSA grew as an examination body. This period in the CMSA

history marked negotiations to become the National Post Graduate Examination body for specialties in Medicine and Dentistry, as well as the Subspecialties.

Professional offices held by Professor Madaree included him being President of the International Society of Craniofacial Surgery (2009-2011), President of the Association of Plastic and Reconstructive Surgeons of Southern Africa (2008-2010), President of the South African Burns Society (2003-2007) and Medical Director of Operation Smile South Africa (2006-date).

He was furthermore awarded a Certificate of Merit from the Plastic Surgery Education Foundation of America in 1990, and was chosen as one of the Ten Outstanding Young Persons (Medical category) by Junior Chamber International in 1997. He was elected Fellow of the Academy of Medicine of Malaysia in 2012, Fellow of the Royal College of Physicians of Ireland in 2012, and Honorary Fellow of the College of Physicians and Surgeons of Pakistan also in 2012. He has completed and led about 30 voluntary missions to third world countries to treat and perform surgery on patients with cleft lip and palate and other deformities. He has been recruited by the International Red Cross to reconstruct post war deformities in Africa.

We welcome Professor Anil Madaree to Admission to Honorary Fellowship of the Colleges of Medicine of South Africa (CMSA).

Author: Professor BG Lindeque

*“Wherever the art of medicine
is loved, there is also a love of
humanity.”*

Hippocrates

Medallists



DR AM WOODFORD
FCP(SA) Part I
AM Meyers Medal 2017



DR C RUSH
FCP(SA) Part II
Asher Dubb Medal (Best clinical candidate) 2016



DR CM MEINTJES
FC Urol(SA) Final
Lionel B Goldschmidt Medal 2016



DR CS SCHMUCK
FCA(SA) Part I
Hymie Samson Medal



DR D MORRIS
FCEM(SA) Part II
Resuscitation Council of Southern Africa Medal and The Kloeck Family Medal 2017



DR DJ DE VILLIERS
FCS(SA) Final
Douglas Award 2016



DR DN PRINSLOO
FCP(SA) Part I
AM Meyers Medal 2017



DR E KLEYNHANS
FC Ophth(SA) Intermediate IB
Ophthalmological Society Medal 2017



DR E NCUBE
FC Rad Diag(SA) Part II
Josse Kaye Medal 2017



DR EJ PRETORIUS
FC Rad Diag(SA) Part II
Josse Kaye Medal 2016



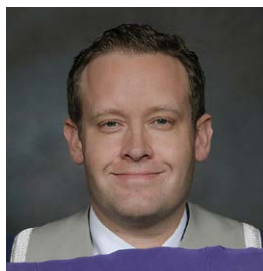
DR F CHAMUNYONGA
FCOG(SA) Part IA and IB
GP Charlewood Medal 2017



DR G ITZIKOWITZ
FC Paed(SA) Part I
Leslie Rabinowitz Medal 2017



DR H HART
FC Rad Onc(SA) Part II
The SACRO Medal 2016



DR HM ACKERMANN
FC Urol(SA) Final
Lionel B Goldschmidt Medal 2017



DR II SARDIWALLA
FCS(SA) Final
Douglas Award 2017



DR LT GWAUNZA
FC Neuro(SA) Part I
Sigo Nielsen Memorial Prize 2017

Medallists



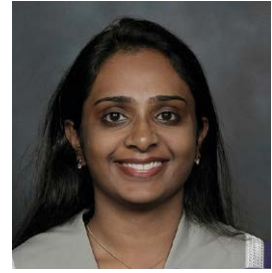
DR MA ROUSSOT
FC Orht(SA) Final
JM Edelstein Medal 2017



DR MB MAUSLING
FC Psych(SA) Part II
Novartis Medal 2017



DR MW GIBBS
FCA(SA) Part II
**Crest Healthcare
Technology Medal**



DR NAS JACOB
FCPHM(SA) Final
**Henry Gluckman Medal
2016**



DR NJ YORK
FC Ophth(SA) Final
**Justin van Selm Medal
2016**



DR P DOUGLAS-JONES
FCORL(SA) Final
**SA Society of
Otorhinolaryngology Medal
2017**



DR TZ CHIWARIDZO
FC Ophth(SA) Primary IA
Neville Welsh Medal 2017



DR Y PARAK
FC Rad Diag(SA) Part I
**Rhine-Poulenc Rorer Medal
2017**

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 programme
can be requested from:*

Mrs Evelyn Chetty

Tel +27 31 261 8213

Tel +27 31 261 8518

E-mail: evelyn.chetty@cmsa.co.za

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

ABDELSALEM AHMAD A ALI	US
ABUELHASSAN WAMDA BABIKER	Wits
BERMAN CATHERINE IRIS	Wits
BHARUTHRAM NIRVANA	Wits
BOTHA THEUNIS CHRISTOFFEL	Wits
CROMBIE KENNETH	UCT
DAYAL CHANDNI	Wits
DEBISING MOHITH	Wits
ESSA ABUBAKR	Wits
GASEM AGHA NAJUA AHMED	UKZN
ISMAIL HAJIRA	Wits
JERMI ABDALLA	UCT
KAKOOZA DOMINIC	Wits
MAFUYA ZOLEKA	Wits
MAHLASELA SIYANDA AFRIKA	WSU
MAKAMBWA EDSON	UCT
MAPASA-DUBE BUSISIWE	WSU
MARINGA CHARLES RUDZANI	UP
MBIJEKANA SIYABONGA	WSU
MGXEKWA SIPHO GEORGE	US
MMUSI LEOGANG	Wits
MOEDI OMPHEMETSE	Wits
MOKOENA SAMANTHA	UP
MOODLEY PRAMODHINI	Wits
MOTALA NAEEM	Wits
MURAD AMEER SARANNA AMINA	Foreign
NAIDOO SAGEN	Wits
NAIDOO VIVENDRA AROOMUGAM	Wits
NDAMASE SIVIWE	UCT
NKWANE MOSIMANEGAPE ERNEST	
COMBIE	UCT
NTSHALINTSHALI SIPHO DUNCAN	UKZN
NYAWAYI PORIKA	Foreign
NYUSWA KHETHIWE FELICITY	UP
OSTROFSKY MARC ILAN	Wits
RAMMEGO MAPULE	UP
REYNECKE JALME	UP
SCHIETEKAT DENZIL DEON	US
SEPTEMBER JASON RALPH	UCT
SINGH AVANI	Wits
SINGH PRASUN	UKZN
SINGH TRICIA LOUISE	UKZN
SOLOMONS ZARAINA	US
STILWANNEY WARREN GRAHAM	US
VINOD VAISHAK	Wits
WAWERU PRECIOUS	UCT
WELGEMOED WALDO	UCT

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

PILLAY KAMLEN	UCT
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POTGIETER MAGNUS DANIEL	UP
SOFIANOS CHRYSIS	Wits
VAN DEN BERGH BAREND HENDRIK	Wits

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

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BRONKHORST ALETTA	WSU
CHAWANE CLEMENTINE	
NTOMBIZODWA	Wits
CHUNDU MWANJA	UCT
DAWOOD NISAAR AHMED	UCT
DU TOIT ANDREAS BERNARDUS	
JOHANNES	UFS
GALVIN LISA JANE	Wits
GOVENDER MALLORIE	Wits
JONES ROXANE	US
KAMROODIEN SHEZADI	UKZN
LAGERSTROM NADA	UCT
LOWNIE CLAIRE NICOLETTE	Wits
MABASO PRISCAH	UL/SMU
MASHABANE INNOCENTIA ANNA	SMU
MHLANE TSEPISO NOLULAMA	Wits
MILLER LAURA NATASHA	Wits
MOHAMED FAEENZA	Wits
MURRAY CECILY	US
PEARTON TANIA CAREN	UP
PIENAAR JEANNETTE MARJORIE	UFS
PIETERSE FRIDA ISABELLA	UFS
PILLAY KUSTURI	UKZN
SEBOTHOMA REBONE IMMACULATE	Wits
SETLABA NKOMILE NTSWAKI	
CLOURINAH	UFS
SIBIYA NJABULO MUSAWENKOSI	UKZN
TONYANE TLOTLO MMANALEDI	
WENDOLINE	Wits
VLOK-BARNARD MICHELLE	UCT
VLOTMAN CARMEN ILSE	UCT

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

CHISAMA EVANCE JUNIOR	Wits
CLAASSENS SUNETTE	Wits
GERBER ERHARDT	UCT
GREEFF WIM	SMU
GREYLING ABRAHAM GERHARDUS	
ILHELMUS	US
HOLDT FREDERIK CARL	US
KGOEBANE KGOMOTSO	UP
MABOREKE TASHINGA	US
MENYATSOE IGNATIUS TSHEGOFATSO	UP
MOKOLANE NTJEKE SYDWELL	SMU
NEL MARYKE	Wits

RAMLAKHAN RAKSHA	UCT
RAUBENHEIMER LAUREN ASHLEY	UCT
RICHTER-JOUBERT LISEL VERENA	UCT
STRASHEIM EBEN ALBERT	Wits
SWARTBOOI AMBROSIUS IGNASIUS	
UDIGER	UFS

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

FOURIE ILZE	US
MUTUA SOLOMON NGUI	UKZN
NUJOO ABDOL RAHMAN	
MOHAMMAD ZIAAD	UKZN
ZUMA NOKWANDA PHILILE	UKZN

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

ANYISHA PANU ANICET	SMU
BERTELS LAURIE	UCT
CHAGI NONKOLISEKO	Wits
COCCIA ANNA CLAUDIA	UCT
EKEH KELECHI NNAMDI	SMU
GANDHI KARAN ROHIT KUMAR	UCT
KAHN MIRIAM	UCT
KILANI LYDIA	Wits
LEASK TYRONE JAMES	Wits
LEITCH AILSA MARJORIE	US
LENGTON ANEL	SMU
MARITZ JAN PAUL BARNARD	US
MBANJE CHENESA	Foreign
MORRISON SHERWYN	UP
NGWENYA RHULANI EDWARD	UP
NOEL COLIN BYRON	UCT
RAMABULANA MPHO MAANO	UP
ROSS DOUGLAS GRAHAM	Wits
SANDERS CLAIRE JOY	Wits
SAQU THOKOZISA	WSU
SHAZI BHEKITHEMBA	SMU
TRUTER-NEL MARILIZE	UP
WHEELER NATASHA	UP

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

BALADAKIS JOHN-DEMETRIOS	Wits
DE WET CHRISTIAAN ERNST	UCT
ELS MARTHINUS JOHANNES	US
SALEM MOHAMMED	UKZN
SPIES PETRUS VENTER	US

CERTIFICANTS		
Sub-specialty Certificate in Allergology of the College of Family Physicians of South Africa Cert Allerg(SA) Fam Phys		
MABELANE TSHEGOFATSO		UCT
Sub-specialty Certificate in Cardiology of the College of Paediatricians of South Africa Cert Cardiology(SA) Paed		
BOSMAN MARELIZE		UKZN
LEBEA MAMAILA MARTHA		Wits
MBAWALA GODFREY BALTAZAR		Wits
SHIDHIKA FENNY FIINDJE		UCT
Sub-specialty Certificate in Cardiology of the College of Physicians of South Africa Cert Cardiology(SA) Phys		
CHEN MIN SHIEN		Wits
HO KEVIN CHRISTOPHER		UP
KIGGUNDU BRIAN		UCT
LEIBBRANDT ROBERT MARK		Wits
MUTYABA ARTHUR KAGGWE		UCT
SNYMAN HENDRIK-WILLEM		US
Sub-specialty Certificate in Child and Adolescent Psychiatry of the College of Psychiatrists of South Africa Cert Child and Adolescent Psychiatry(SA)		
DU PLESSIS THEONIE		US
Sub-specialty Certificate in Clinical Haematology of the College of Pathologists of South Africa Cert Clin Haematology(SA) Path		
HOOSEN SIDDEEQ		UKZN
Sub-specialty Certificate in Clinical Haematology of the College of Physicians of South Africa Cert Clin Haematology(SA) Phys		
DU TOIT JUSTIN RUDOLPH		UCT
Sub-specialty Certificate in Critical Care of the College of Anaesthetists of South Africa Cert Critical Care(SA) Anaes		
DINGEZWENI SITHANDIWE		Wits
JUJUJU PHINDILE REJOICE		UCT
ROCHER ANDRE FRANCOIS STEYN		US
SEBASTIAN MELINDA		Wits
Sub-specialty Certificate in Critical Care of the College of Paediatricians of South Africa Cert Critical Care(SA) Paed		
BRUCKMANN EDUARD KITH		Wits
HLOPHE SBEKEZELO		UKZN
Sub-specialty Certificate in Critical Care of the College of Physicians of South Africa Cert Critical Care(SA) Phys		
LALLA USHA		US
Sub-specialty Certificate in Critical Care of the College of Surgeons of South Africa Cert Critical Care(SA) Surg		
MILLER ELOISE JULIET		Wits
TSAI MING-CHIH		Wits
Sub-specialty Certificate in Developmental Paediatrics of the College of Paediatricians of South Africa Cert Dev Paed(SA)		
VENKETRAMEN JAYENTHRIE		UCT
Sub-specialty Certificate in Endocrinology and Metabolism of the College of Physicians of South Africa Cert Endocrinology & Metabolism(SA) Phys		
DAYA REYNA		Wits
Sub-specialty Certificate in Gastroenterology of the College of Paediatricians of South Africa Cert Gastroenterology(SA) Paed		
BERETTA MARISA RENATA		Wits
EKE CHRISTOPHER BISMARCK		UCT
Sub-specialty Certificate in Gastroenterology of the College of Physicians of South Africa Cert Gastroenterology(SA) Phys		
BOLON JONATHAN GRAHAM		Wits
Sub-specialty Certificate in Gastroenterology of the College of Surgeons of South Africa Cert Gastroenterology(SA) Surg		
CHIHAKA ONESAI BLESSING		UCT
FOURIE REBECCA LEONY		Wits
Sub-specialty Certificate in Gynaecological Oncology of the College of Obstetricians and Gynaecologists of South Africa Cert Gynaecological Oncology(SA)		
HAPSARI KARTIKA		UP
MAHARAJ ATISHA		UKZN
Sub-specialty Certificate in Infectious Diseases of the College of Paediatricians of South Africa Cert ID(SA) Paed		
OGUNBOSI BABATUNDE OLUWATOSIN		UCT
Sub-specialty Certificate in Infectious Diseases of the College of Physicians of South Africa Cert ID(SA) Phys		
VENTER MICHELLE		Wits
Sub-specialty Certificate in Medical Oncology of the College of Paediatricians of South Africa Cert Medical Oncology(SA) Paed		
SCHICKERLING TANYA MARIE		Wits
Sub-specialty Certificate in Neonatology of the College of Paediatricians of South Africa Cert Neonatology(SA)		
KARIUKI MARY		US
MADZUDZO LETHILE MARGARET		Wits
PILLAY DERISHA		UP
RAKOTSOANE DAVID		Wits
SEONANDAN PRATHEESHA		UKZN
Sub-specialty Certificate in Nephrology of the College of Paediatricians of South Africa Cert Nephrology(SA) Paed		
COETZEE ASHTON CLYDE		UCT
Sub-specialty Certificate in Nephrology of the College of Physicians of South Africa Cert Nephrology(SA) Phys		
BISIWE BUSISWA FEZIWE		UFS
KAJAWO SHEPHERD		UCT
KHAN FATIMA		Wits
LANGA PONE		UP
MACHAILO JOSEPH TEBOGO		Wits
MOTSE KAGISO		Wits
VAN HOUGENHOUCK-TULLEKEN		Wits
WESLEY		Wits

Sub-specialty Certificate in Neuropsychiatry of the College of Psychiatrists of South Africa Cert Neuropsychiatry(SA)

RETIEF MARI US

Sub-specialty Certificate in Pulmonology of the College of Paediatricians of South Africa Cert Pulmonology(SA) Paed

CHAYA SHAAKIRA UCT

Sub-specialty Certificate in Reproductive Medicine of the College of Obstetricians and Gynaecologists of South Africa Cert Reproductive Medicine(SA)

GEYSER PETRUS JOHANNES US
 HANEKOM GERHARDUS JAKOBUS US
 VENTER ANNEEN BIANCA UP

Sub-specialty Certificate in Rheumatology of the College of Paediatricians of South Africa Cert Rheumatology(SA) Paed

ABDELRAHIM ABUBAKER MOHAMMED
 FADLELMOLA UCT

Sub-specialty Certificate in Rheumatology of the College of Physicians of South Africa Cert Rheumatology(SA) Phys

HAASBROEK DEBBIE ELIZABETH Wits
 LAI ANITA PUI CHING Wits
 SEBOKA MPOTI Wits
 VILJOEN ABRAHAM JOHANNES US

Sub-specialty Certificate in Trauma Surgery of the College of Surgeons of South Africa Cert Trauma Surgery(SA)

AL SAYARI AHMED UCT

PART I, PRIMARY AND INTERMEDIATE EXAMINATIONS

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

ABLORT-MORGAN KIM LOUISE US
 BALOO MAYANK MUKESHBHAI Wits
 BEHARI DINELL
 BHAGOWAT MARISHA Wits
 BOBAKER SALEM A. SULIMAN UKZN

BUTHELEZI ANDILE
 DE JAGER PIETER PIETERSE Wits
 DONKOR YVONNE ENYO
 DYASI YAKHEKA
 ELHOUNI ALI ABDALLA TAHER UKZN
 GAROUFALIAS ELENI DEBORAH WSU
 GOVENDER SARISHA UCT
 HENDRICKS SADE ISABEL US
 HENDRICKS-BOUWER CHARLENE
 CHERRYL WSU
 JACOBS ANDREA NICOLE US
 JAGANATH USHIR VIJAY UKZN
 KHUMALO MOTSAMAI
 KIFT ETIENNE FOURIE US
 KORDA BOJAN
 LIWANI MALIBONGWE MOMBOISSE
 LOGGIE LAURA-JANE
 MAHOMED AALIYAH-MOOSAKARA Wits
 MANYATHI BONGIWE
 MAPODILE CONSTANCE MASEOKE
 DITEBOGO
 MOHMMAD MOHMMAD EMHAMMAD
 SALIME
 MOKAPELA MMAPALI LUCIA
 MOKWENA MOTSEKOLA JOHANNES US
 MOLEPO SHIRLEY
 MOODLEY KERISSA
 MOONIAN KEREN JADE
 MOTSOANE DIKELEDI EMILY HADIO UP
 MUISSA MBOMBO MARIE ASTRID
 MUNSIE ROBERT DAVID
 MUTETWA JONASE TAPFUMA
 NAIDOO BIANCA BOODAYA
 NCOMANZI BEKINKOSI
 NIBE ZIBELE WSU
 NINISE EZILE JULIE WSU
 NKOSI BANDILE SAKHILE QUINTIN UP
 NYATHELA-NTHAI YOLWANDO
 OPPERMAN PHILIPPUS ALBERTUS
 RAMATLOTLO LERATO UP
 RAMAUTHAR KIREN SOMAR
 RAMZAN SHAZMEEN YUSUF WSU
 REDDY PRISHANI UKZN
 REDDY TYESHA
 SITHOLE PROSPERITY ANNA
 STEGMANN GEORGE FREDERIK UCT
 STEVENS JOANNE LEIGH WSU
 SWART ANDRIES PETRUS
 TOMLINSON JON-MARC UKZN
 VAN VUUREN SULEEN UKZN
 VENTER NADINE
 VERMEULEN PETRUS JACOBUS
 ZUNGU SIZWE CLIFFORD

Part I of the Fellowship of the College of Dentistry of South Africa - Prosthodontics FCD(SA) Pros Part I

VAN DEN BERGH HERMAN THEO

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

ASHOUR EMAD MABROUK ALHAAJHAMAD
 CLAASENS SASKYA US
 EDE ROSELINE CHIOMA Wits
 GRAY NICOLA ANNE
 HARGEY NAIMA BEGUM
 HUTE FORTUNE Wits
 MACHONA MUSONDA SHARON UCT
 MAKAULA PUMEZA UNATI UKZN
 MAKURU MOLIKUOA HARRIET
 SISHANGE ANNAH UKZN
 VAN DEN WORM LERINZA UCT

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

ALMANSOORI NAHYAN ABDULRAHMAN
 AHMED UKZN
 DAUSAB GAUDENCIA FLORENCE US
 DUNN CORNELLE
 GOGA RAEESA
 HENNING JANDRE
 KING JONATHAN CHAN
 KOBE LERATO
 KORDA TESSA
 MAPHULA RAMMONA WAYNE Wits
 MORROW JAMES JOHN
 MYNHARDT ANNELIZE KAT Wits
 NAIDOO AMANDA
 PELLE RATANG PHOLOSHO UP
 PETRICK FRIEDRICH JOHANN
 RAMDHEEN SANNYA
 SIMAKOLOIY NATALIE MUKAMWEELE US
 SINGH MAYUR UKZN
 SWART MARLIZE
 TRIBELHORN SOPHIA
 ZIETSMAN MARELETTE

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

MPHATJA TEBOGO WILHEMINA
 PEDDLE LAURA DAWN UCT
 WILSCOTT-DAVIDS CANDICE US

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

CROUS ILSE UCT
 SMIT LIANI US

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

GROENEWALD KAROLIEN ELIZABETH

MANTSHIU WINNIEFRED GOITSIMANG
 MUNSAMI LYNESHREE
 NKOANA-ERASMUS DIKEKEDI LUCIA UFS
 SELETISHA KGOMOTSO CAROLINE
 SOSIBO CEDRICK PHELELANI

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

BANYANE LEBOHANG
 BOUNGOU-POATI PRINCE DARSI
 KGOSI TSHEPHO UKZN
 MAZIBUKO LUCAS THAPELO
 NAICKER DENVER
 NASH SAMANTHA ANNE Wits
 RAMSAMMY MEERASH UP
 SONI AAYESHA JALALUDDIN
 TEMBO JONATHA FELIX
 WIESE PIETER JOHANNES

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

KABUNDA JOSEPH UKZN
 RAMDASS PRATIMAH KUMARI UKZN

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

BIKANI NKOSINATHI WSU
 CHIRWA LEVY
 DLADLA BERNICE PATIENCE PROMISE
 EMVULA SIMON EBEN ESSER IILEKA
 FRANSMAN XAVAGNE - LEIGH
 GALLANT TASNEEM
 GOVENDER VAECHAN
 KALWIBA KITA CHRISTIAN
 KAMVUMBI TERRENCE
 KHAN ZEENAT LENINA
 MACASSANE KATIA ALEXANDRE
 MASAWI PRISCILLA
 MATONHODZE THOMAS
 MBUYISA SANELE SIDWELL
 MDLUDLU SIBULELE
 MGUGA AVUYILE WSU
 MWEMBI DIDIER BATUSEKELA
 NGANWUCHU UGOCHUKWU ANTHONY UKZN
 NQETO AMANDA UKZN
 RUBGEGA FRANCOISE DUDU
 SIQANA MONGEZI JAMES
 TSHIMANGA MBIKAYI
 TUKANI MAKHOSANDILE DAVID
 VAN HEERDEN PAULI
 ZONDI KHANYISA

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

BIKANI NKOSINATHI WSU
 BULELA GUSTAVE MWIPATAYI
 BUTIRI TSHONGANE
 CHADAMBUKA EVANS
 DOWLUT TARIQ HUSSEIN US
 ERASMUS KOBIE US
 GUNGAPURSA UPKAR BUDHRAM
 KASARO MARGARET
 MAHABEER ISHANIA
 MANSOOR FARHANA
 MFUTILA TSITUKENINA RUFFINE UCT
 MGUGA AVUYILE WSU
 MORUDU LEFIHLILE ALLY
 MUPOMBWA RICHARD
 NGUBANE NELISWA SIBONGILE Wits
 RAMSUNDER NIVADH UKZN
 RUBGEGA FRANCOISE DUDU
 THOMPSON HARRIET PHILIPPA
 VEERAN KAILEIGH DANICA
 WHISTANCE DOUGLAS BRIAN

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

BARNOR BEMAH
 HUSSAIN TAIMEIA GILANI
 KRUGER HESTER
 MADIBANE MASEGO UFS
 MANYERUKE STEPHEN
 MARITZ FRANCOIS IGNATIUS
 OKEKE CHINAZO LOTANNA
 OMARI NURU SAID UKZN
 TROLLIP LINDY JEAN FULTON
 VAN ZYL MEGAN

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

ELFALLAH BALGEIS ALI OMAR UCT
 KARAGA KUDAKWASHE WEENS
 MUKHTAR ABDIWAHAB ABDIRAHMAN
 NATHIE MOHAMMED
 NIBE ZANELE JACQUELINE

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

BARDAY MISH-AL
 BROWNE BRADLEY
 BRYANS TARYN

CHRISTIE MICHAEL
 DARJI MOHINIBEN
 DE ATOUGUIA STACEY JEANNE
 DE PINHEIRO CHANTAL
 DLAMINI SARAH ALEXANDRA
 DORGAN JACLYN DONAE
 GOBETZ CHARL-ã
 GREYLING DONNA MAY
 GUGUSHE NOMSA SIYAMKELA
 JANKIE-SEMPE MPEFO PORTIA
 LACKHOO BHAVISHA
 LANGA FORTUNATE NONHLANHLA
 MADLIWA THINA
 MAFORA TSHIAMO
 MALINGA-SCOTT LINDA EDNA
 MANDLA NOSIPHIWO
 MARAFUNGANA NEZISWA
 MASEBE MAITUMELO
 MATODZI FULUFHELO
 MAUREE ANGIDI PILLAY
 MKHIZE NOLUTHANDO NOKULUNGA
 MLIA ETHWAKO WSU
 MTIMKULU XOLA KARUNGI
 MULAUDZI RITSHIDZE
 MUSONDA HOPE KATAI US
 NAIDOO DELISHA
 NIEUWOUDT LIESL
 NXUMALO MNQOBI NJABULO
 O'LEARY CAYLEE ALLISON
 ORAPELENG TEBOGO TSHIAMO
 PILLAI SAJAL UKZN
 PRICE CARIS ALEXANDRA
 PRINSLOO KARLI
 RALEGORENG THUTO
 ROBBETZE JOHN WERNER UFS
 SALIE MOEGAMAD
 SULLIVAN AUDREY
 TLHAKO SARAH DIEPO MOLEBOGENG
 VENKATESAN ANNETTE
 VILAKAZI ZINHLE
 WILSON LUCY NICOLA
 YACHAD NOURINE

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

MASHA FLORENCE LEKOBANE SMU
 MULLER LOUIS JOHANNES UFS
 VAN DER WESTHUIZEN JULIA US

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

JACOB DOREEN RACHEL Wits

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

ALZANAD FATIMA FARAJ MUFTAH
 CASSIM SUMAIYA UCT
 DU TOIT MARCEL US
 VAZ-VAN DER RIET DEBORAH CRISTINA DA SILVA MOURA UP

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

ANAUTH PRIYANKA PRATIMA UKZN
 ANOPUECHI-CLARKSON VIVIAN AKUOMA
 BUCKLEY ALEXANDRA
 CHAUDHRY IRTIZA AHMAD
 DANSO AKUA ADOMA
 ENGELBRECHT AMORI
 FREDERICKS ILHAAM
 GALADA NASIPHI
 JACOBS HANRI
 KALICHURAN SENRINA
 KALONDA MWABILA ROGER SMU
 KHUBANA UNARINE MUNEI
 MADZIVANYIKA RAYMOND
 MAGAGULA PRISCILLA
 MAGASHULE MAMORETSI Wits
 MAHLANGU MAUPI KENNETH
 MAJOVA BABALWA
 MANDRY DINESHREE
 MATANDA RUTENDO Wits
 MOLOME OABOLOKA CEDRIC
 MOSHOESHOE BOITUMELO
 MOTHAPO KHUTJO PETER
 MPHATSOE THAPELO ALBERT
 MTHETHWA PERCY MANQOBA
 MUCHICHWA PETUDZAI
 MULOYISWA MASIBONGENISONKE
 MUSI KABELO
 NAICKER JANANI
 NAIDU LAVANDHRA RAJENDRAN
 NDESI NTSIKELELO GOODMAN
 NEL WILLIE ALBERTUS
 NKUMANE SIPHELELE MEMORIAL
 NKWANE MOSIMANEGAPE ERNEST
 COMBIE UCT
 OLIVER TRENTON LUKE UKZN
 OMAR SHAFEEK
 RAMAGAGA ZAMANGWE LONDIWE
 SCHMIDT CHARMAINE
 SEEMA LEHLONONO
 SIPULA ERNEST-ROGER MASIKITA
 TABANE TEBOGO MOKOTONG-MOSEKAMA
 VAN STADEN SUSANNA Wits
 WADEE MUZAKKIR
 WING JESSICA ROBERTA

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

CHONCO INNOCENTIA SINGETHIWE UKZN
 MALINGA NOMTHANDAZO ERICA
 MOLOTO MOTSEI MELFORD UL/SMU
 NGWENYA THEMBANI ADVOCATE UL/SMU
 ROOPUN KRISHANAND
 ROOPCHANDSINGH UKZN
 SHOZI ZINHLE PRECIOUS

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

BALOLEBWAMI AKILIMALI DAVID Wits
 BOTHA MARISKA
 DZANIBE MBUSI SINENHLANHLA
 HOLTZHAUSEN JEANETTE
 KHOZA BOITUMELO Wits
 KOTZE PIETER BAREND
 MADIBA THEMBISA
 MASEKO RODNEY MCEBO
 MBUYA NDAYI
 MOJAPELO BESLEY HUNADI Wits
 MUPURWA BRUCE JOBIAS
 NGAMOLANE AARON IKANENG
 SHAWA JANE US
 SIBIYA RIVALANI QUEEN
 SLAVE ONEILE
 SMIT ELSABE JACOBA
 SOBEY NATASHA
 TSOBO SIKHOSONKE ASAVELA
 WENTZEL MARI

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

BIPATH PRESHA UKZN
 BUNGA ANTONIA MRUDULATA
 GONZALEZ Wits
 ERASMUS MIA MAGRIET Wits
 GOVEN SHIBA PREYESH THAKORBHAI Wits
 KIBUDDE SOLOMON US
 MOODLEY SHIVONA Wits
 NAIDOO SESHINI US
 NDLEVE MASANA Wits
 NJOVU CHUMA US
 OBUSENG ODIRILE UCT
 VIRANNA SANTHURI UCT
 YAKO ROSEMARY NOBESUTHU WSU

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

ADEFARAKAN SHINA JOSEPH SMU

ALAWSI AOUS A
 ALNAQBI RASHID MOHAMED MOHAMED RASHID UCT
 ANAETH CHANDRAKUMARSINGH UKZN
 AREND MARC-ERIC
 ASARE-BEDIAKO ANDREA POKUAA
 BARNARD MARGUERITE
 BREEDT CORNEL VOLSCHENK
 BULANE SEIPATI
 BUX RIAZ
 CAROLISSEN STUART WILLIAM
 CHIMHETE CASPER
 DE KOCK WYBRAND ELIAS THUYNSMA
 DOMINGO AIMEE JEAN
 DOOKHONY KOSHLEN UCT
 DREYER RYNO RICHARD
 DU PLESSIS WILLEM MEYER
 EBRAHIM MAHOMED ANEES
 EBRAHIM MOHAMMED TAUHIER
 ENGELBRECHT LOUISE EILEEN
 GCISA VUYANI VINCENT
 HAMID MOHAMED HASSAN JAFAR UCT
 IYAMBULA FESTUS KADHILA
 JATILENI DANIEL SAMUEL US
 JOHNSON CHRYSAL
 JOHNSON DANIEL COLIN
 JONOSKY JACLYN BERNADETTE
 KAPLAN SAUL
 KAWONDERA TARIRO
 KEET RYAN JESSE
 KGOTE PONTSHO
 KHAEANE CLINTON PABALLO
 KITHUKA CAROLINE MULUKI
 KLOPPER SCHALK WILLEM
 KOBESE BATHANDWA
 KOHLER CHARLES FREDERICK
 KOKELEA DIANIA MAGALIE
 LESLIE KENNETH TUNDE
 LUTONA DILUVANGULU
 MACHERE NOMSA REBECCA
 MAGIELIES NEIL CLINTON
 MAHLANGU SIBONGILE OLABAMBO
 MARAIDZA EDMORE
 MARINGA ALFRED JOSHUA
 MATHENJWA MFUNDO UKZN
 MAZILA LINDIWE
 MDAKA SINETHEMBA PHUMLA
 MHIZHA ARTHUR
 MLIMI FREDERICK NKOSIKHONA
 MOALUSI MZWELISA JOHN
 MOFOKENG PULENG SYLVIA
 MOSIKO KEBABETSWE
 MOUTLWANE CALVIN TUMELO
 MUYENGWA MUNYARADZI ADAM HOPEKINS
 NAUHAUS HELGA MARGRET
 NGOMANE NONHLANHLA GEDTRUDE
 NTULINI MONGEZI MATTHEW
 NYEMBE MUSAWENKOSI

OKHARELIA OSEMUDIAMHEN AIWANFOH		<p>Intermediate of the Fellowship of the College of Orthopaedic Surgeons of South Africa FC Orth(SA) Intermediate</p> <p>AJODHA TAPESHWAR</p> <p>ALMEIDA PETER RICHARD</p> <p>ARAKKAL ASHLEY THOMPSON</p> <p>BEN SALEM KHALED ALI UKZN</p> <p>BHAMJEE MOHAMED</p> <p>BLANKSON BENJAMIN HAYFRON</p> <p>BLANKSON UCT</p> <p>CHUENE MABUA ARTHUR</p> <p>DAOUB MOHAMED DAOUB UCT</p> <p>ERASMUS RAOUL DANIEL UP</p> <p>FORTUIN FRANKLIN LESLIE PHILLIP US</p> <p>FOURIE PIETER JACOBUS</p> <p>GOVENDER RESHLAN</p> <p>HIDDEMA JAN SIEBRAND</p> <p>JAKOET MOGAMAT SHAFIQUE US</p> <p>LUNGA HENRY UKZN</p> <p>MAGOLEGO JOHANNES LOURENCE SMU</p> <p>MDINGI VUYISA SIPHELELE</p> <p>MOFOKENG JABULANI EPHRAIM UFS</p> <p>MOKOENA MAMPUTI SILAS</p> <p>MOKOENA THABO DONALD</p> <p>MOTSOARI MANDELA JOHNSON UP</p> <p>MULONGO KABILA Wits</p> <p>MZAMO SOLOMZI</p> <p>NDINDWA BAYANDA BUPHELO</p> <p>NGEMA YENZIWE LINDA</p> <p>PANCHOO PRAVESH UCT</p> <p>SCHMIDT LUDWIG WILHELM UP</p> <p>SUKATI FALETHU MBONGENI UP</p> <p>TINK SCOTT COLIN JOHN</p> <p>VAN HEERDEN JASON PETER</p> <p>VERHOEF HEIN UKZN</p> <p>VOGEL JONATHAN DAVID WSU</p> <p>Intermediate of the Fellowship of the College of Surgeons of South Africa FCS(SA) Intermediate</p> <p>ADU-GYAMFI ROSSI US</p> <p>AKPABIO AKWAOWO UBON Wits</p> <p>ALKILANI MARWAN MAHMOUD</p> <p>FALKILANI UKZN</p> <p>BLAKE NIKITA UFS</p> <p>BUNDHOO GIRISH UKZN</p> <p>COETZEE ELDRIDGE FABIAN UFS</p> <p>DIVEY MARK</p> <p>GOPEE HEMAL</p> <p>GOUWS JUAN UCT</p> <p>GOVENDER NIELESHEN Wits</p> <p>GOVENDER SOVISHNEE UKZN</p> <p>GOVENDER TARLIA RASA</p> <p>GOVENDER TERRON</p> <p>GOVENDER YASHLIN</p> <p>GROBLER GERARD</p>	
OSEI-KUFFOUR NANA-AKUA			HAMUKOTO HILENI UCT
PARGNER REBECCA MARIA			HECTOR DANIEL KWAME
PARTAB RAHUL			KHAMBULE LUCKY MOHLOLO UFS
PATEL MIRRIAM			KRUGER STEPHAN
PAULSEN MURRAY			KWATI MORAPEDI JANSON Wits
PHONELA SIZWE MFANVELILE			LAHER NAADIYAH Wits
HANJAHANJA			LIZAMORE AM/ã SMU
PILLAY SANUSHKA			MACHETE AMUSED THEKGANANG SMU
PILLAY SHAYLIN			MAHARAJ YASTEEL RAJENDRA
PULE MOLEBOHENG ETHEL			MOHANPERSADH UKZN
RADEBE EZEKIEL ELMOND			MALONGWE SIYABONGA WSU
RAGE MOHAMED ESSE			MANZINI NQOBILE UKZN
RAMAWELA MPHO OBED			MARAIS HELGRAD MICHAEL UP
SCHEEPERS LEON DANIEL			MBONISWENI AKHONA
SHALABY SHERIF Wits			MIDDLETON PAMELA JOSEPHINE US
SHAMS RYAN			MNGOMA KENNEDY NKOSINGIPHILE SMU
SIBANDA LINDANI			MOUTON MARIETTE CORDELIA Wits
SIBANDA MGCINI			MTIMKULU WANGA WSU
SINKILA ONGEZIWE			MULENGA KASONDE US
SITHOLE SIBAHLE PRETTY			MUVHANGO MPHO RESPECT UP
SMIT HENDRIK BERNARDUS			MYINT PAING PHYO UP
SMOOK JEANNE DANIELLE			NDIBI NANDIPHA UKZN
SMUTS JASON PETER			NEL DANIEL BENJAMIN NKADIMENG
STEYN BERNARD			LERATO SHIRLEY LEKGALA Wits
THAVER SIVENDEREN ANGAMUTHU			NKOANE REHUMILE AMANDO
THERON CHARLES PETRUS			OPPEL CLEVE DESMORE
TIMOTHY GIAN SIDNEY			PARTHAB SHAHEEV UKZN
VAN DER MERWE MEGAN MARIEL			PATEL BHAVINKUMAR UCT
VAN DER MERWE SCHALK WILLEM			QAARIE MOHAMMED YAHYA M
VORSTER ANE-MARET			RUGNATH KAPIL UKZN
WANG ANNA THERESA			SALIE MOHAMED ZUBEIR
WOOD BYRON GAVIN			SRIDARAN VAISHALI
ZAPE NKCUBEKO			THORNLEY LAURA JEAN
			WALIAULA ISAAC NAKHAIMA UKZN
			ZOUBI RAGAB R RAGAB UKZN
			Intermediate of the Fellowship of the College of Surgeons ENT of South Africa FCORL(SA) Intermediate
			ERASMUS LOUISA JUANITA MARIA
			GRESAK LARA KIM
			JOSEPH JUDITH KAMALA
			KLOPPER GERHARD JOHAN
			MOSHAPO-LOUW TSHOLOFELO ANNAH UP
			SIBEKO SAMUKELISIWE REJOICE UFS
			TSHITE MMANKOMI FELICIA LEBOGANG
			TUSWA ZANELE
			VILJOEN GERRIT
			HIGHER DIPLOMAS
			Higher Diploma in Orthopaedics of the College of Orthopaedic Surgeons of South Africa H Dip Orth(SA)
			MODISANE MOTHUSI SMU
Intermediate of the Fellowship of the College of Neurosurgeons FC Neurosurg(SA) Intermediate			
ILORAH ONYEKA VALENTINE			
MABOVULA NDYEBO SAMKELO UKZN			
MAHOULI FATA VOUNKI UP			
MOLEFE MASECHABA Wits			
MOSHOKOA MADIKANA BRADLEY			
VICTOR JOHANNES IGNATIUS US			
ZIMANI ARTHUR TATENDA SMU			
Intermediate of the Fellowship of the College of Ophthalmologists of South Africa FC Ophth(SA) Intermediate IB			
DE VASCONCELOS SANDRA			
ENGELBRECHT ALMER			
MATHEW DONY			
RAFFERTY KATHERINE JANE Wits			
THOMAS JASON US			

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

ELLAYA ASTRID

DIPLOMAS

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

DE WAAL PIETER JOHANNES
LAHER MUHAMMAD EBRAHIM
MALAKOU BRYAN DESSMOND

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

BOTHA JOHANNES PETRUS
BUTHELEZI GCINILE ZINHLE
BUYS JOHANNES HENDRIK
CARPENTER ADAM MSIZI
CREW NADEEN YOLANDE
CROUS ROLANDI
DE JAGER MARLISE
DE JAGER TANYA
DLUNGWANE AYANDA NOSIPHO
ELS FRANCIS-MARI¹/_â
GOODWIN KRISTOFOR
GOVENDER ADUSHAN
HENDRICKS FAAIDHA
JACOBS NICOLE TARRYN
KANGUEEHI UHURU
KEENOO FAADHILA UCT
KEKANA MANTAGANE MARIA
KIBIRIGE JEMIMAH REBECCA ALICE TENDO
NAMUGGA
KIM SE JIN
KRUGER ELMAR
KUMALO NTHABISENG JACQUELINE
KUTTSCHREUTER LUKE SEBASTIAN
LOOTS HELENE
LUYT JESSICA
MABAPA MAHLATSE SOLOMON
MAJARA PALESA LIKONELO ELSIE
MAKIWANE SAZI
MALL RAISSA
MATHIVHA HULISANI
MBAWULI AYANDA APIWE
MDZINWA NASIPHI
MOATLANEGI LESEDI SINAH
MOLEPO SEMAKALENG MARTHA
MOTLOUNG KIMBERLY CORRYNE
MPINGA AUREORE
MYEZA LETHIWE CYNTHIA
NAUDE WILLEM JOHANNES
NDHLOVU MWILA
NDHLOVU TAMUKA FRANKLIN CHITONGA
NDOKERA BELINDA FADZI
NHEWEYEMBWA RUTENDO YEUKAI
NKADIMENG LEBOHANG

NOMATHOLE YOLANDA
NOOR MOHAMED AYESHA
NXUMALO NHLANHLA LEONARD
OLATUNBOSUN OLAWALE DANIEL
PEA TALA-NANGULA NALITYE
PETTEY GABRIELA
PIERPOINT SCOTT ANDREW
PISTORIUS HANJE
RAMTOHUL VERA BOGDANOVNA
RAS ABRAHAM
RIEKERT HENDRIK FREDERIK PRINSLOO
RIKHOTSO HUNDZUKANI
SABONA NCUMISA
SAQU NOMVUZO ZINGISA
SEYMOUR LISA
SHAANIKA EBBA PANDULENI
SOLOMONS NICOLE
STEYN EARL OLIVER
SUKWANA ABONGILE
TAMBWE OKITOLELA SCOTTY
TLHAKE TUMISANG ELIZABETH
VAN DE MERWE ETIENNE
VAN EEDEN VONLI
VAN WYK NATALIE JEAN
VAN WYK SCHALK ST ELMO
WAKABAYASHI KOJI

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

ALI-DIKOLE MASIDA LINDA
ASHTON FRANCES
BIKITSHA NOMTHANDAZO AME VIWE
BIRKETT EMMA LYNNE
BOWES LYNELLE OLIVIA
BUTHELEZI PRISCILLA ZUZIWE
CHHIBA ANJALI-LARISHA
DE JAGER RIKA LEONORA
DE PINHEIRO CHANTAL
DEWAR JANINE FELICITY
DLAMINI SINDISWA CHARMINE
GANESAN ANIKA
INDIVERI LAURA Wits
KARRIEM NADAH
KEENE ABIGAIL MARRIOTT
KIRKBY JULIA KATE
LABUSCHAGNE LIZE
LATEGAN ANDJELOPOLJ ELIZABETH
MADONSELA SINENHLANHLA GUGU
MALULEKE CINDY ROUSHNAH
MATABOGE KABELO SMU
MAVUNDA MINAH NTHODI
MHINI TARISA MAXINE
MKHWANAZI SINENHLANHLA CHARITY
MOKOROANE KEAMOGETSWE
MUDZIELWANA DAKALO
MUTENGWA TSITSI CAROLINE
MUTONKOLE ILUNGA
NAIDU KASHENTHA
ROMAN CHRISENDA MELONY
SEEFANE DITHEKO JUSTOLINE SMU
SEKONYELA MANAHA

SHAIKH ABDOOLLA MUHAMMAD MEHDI
HUSSEIN
SHONGWE NKOSINATHI SIFISO
TAPAMO DOMINIQUE ADRIENNE
VENTER NELINE
WALSH DEANNE HAYLEY
WANNENBURG ELZETTE
WHITEHEAD KIM
WOOKEY NATASHA

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

BISMILLA YASEEN

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

APLENI BANE UFS
BALOYI MILLICENT
DITSELE PROGRESS CORNELIUS
JAYASOORIYA RANKOTHEG PEMASIRI UCT
MOSTERT LAMBERT JACOBUS
NKOSI THULANI LANCELOT UFS
OJO BARARINDE AKINTUNDE

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

KHAN ANEESA
MIELKE CARMELLA
MVAMBO NAMHLA UKZN
SINGH AKIRA

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

ABDULLAH MAHOMED FAREED
ABOUBAKER
ACQUAH REBECCA RUTH
AFOLABI KASHIMAWO MUFTAU
ALLIE ABBAAS
ALLIE AYESHA
BADENHORST LARISSA
BONDI PETER RICHARD
CHEN XIAOHUI
CHETTY ALEISHA ANNE
CLOETE JOZENE DANIELLE
COHEN NICOLA
DE GOUVEIA LIONEL
DE KLERK LIZE
DIKO THEMBISILE TERRENCE
EZEUGU OBIOMA EMMANUEL
FATTI ISABELLA LOUISE
GUDZA IRENE

HENDERSON MERLE		SHAMBIRA PASCAL SHINGIRAYI		BOLANI GAOSITWE LINDIWE
JOSEPH NATASHA		XABA NTOMBIZONKE BRIGHT		BOSCH DE WET
JUGGERNATH AMILCAR MUNMOHAN				BOTES MARISA JURINA
JUGNUNDAN YASHNA		Diploma in Mental Health of the College of Psychiatrists of South Africa DMH(SA)		BREYTENBACH MICHELLE SANDRE
KHOSA MIKATEKO CAIN				BUCK SAMANTHA CLAIRE
KOLA IMRAAN				CARELSE NINA ZEA
LANG IAN FRASER				CARSHAGEN OSCAR ULRICH
LAUBSCHER ELIZABETH MAGDALENA		BAMBISA ABIGAIL FANISA		CELE WELILE MAFUNGWASE DESIREE
LE ROUX NICOLENE		DE JAGER RUAN SMUTS		CORIN CHADWIN FREDERICK
LEDWABA MOCHAWANE BHEKUYISE		MANTANTANA ZAMAZULU		COX BRIAN DAVID
LEISEGANG CARLA VASHTI		MOKGOSI LERATO DINEO EUNICE		DE WET ROAN
LIFSON AIMEE ROSE		MOODLEY JAVANIKA		FIGG RIANA
LOCHNER PHYLLIS JESSWIN		MPHELA STANLEY		GELDENHUYS MARI
LUIZ JUANETA MARIA		SMITH WARREN BRADLEY		GORDON-FORBES CAMERON JOHN
MAGUMBA CAESER		TLAILANE BONGIWE		HAUPT SENADE ANNE
MANDIKIYANA CHIRIMUTA LINDA ANESU				HONIBALL JOHN WILLIAM
MATORO BRIAN		Diploma in Obstetrics of the College of Obstetricians and Gynaecologists of South Africa Dip Obst(SA)		JOOSTE MONICA MATTY
MBULANGINA PEACE MARY				KHAN RIAASAT
MOGONEDIWA KEOIKANTSE MPHO				KING ERIN CASSIDY
MOOLA YUSUF				KIRYKOWICZ KATHARINE ELIZABETH
MOTSILILI LETLOTLO				MAKUJA GOTHYANG
MUGAGADELI MATAMELA		BEZUIDENHOUT DULCIE		MARAI YOLANDI ANNE
MUHAIRWE JOSEPHINE AMONG		BOTHA SUSANNA DOROTHEA		MARTIN NICOLE TARYN
MURRAY ANDREW EAN PIETER		CONRADIE ESMARI		MBANGA KEDIBONE
MUTOMBO MUADI BLANDINE		DLOMO NONHLAKANIPHO CYNTHIA		MOKOLOKOLO REFILOE PULENG
NADKER SALMA	WSU	EVANS GWENDOLEN		MOONSAMY SAYUREN
NEUMANN MARIA-DOROTHEE		FURSTENBERG JOHA		MOTLOUNG MANOTSHI
NSAKALA BIENVENU LENGU		HEESE JOHANNES FRIEDRICH		NDALA MUJINGA
NTAMEHLO NKULULO PHILSON		KAZADI NANCY		NEL CHRISTIAAN ANDRE
NXELE SIYATHEMBA		KAZONGO NKOLE FRANCK		NYEMBWE MBUYI CONSOLATA
RABE MAREIKE	Wits	KHAN MALIHA		PARAK AYESHA
RAJOO SARISHA DEVINA		MANDUNGU LUKUSA		PHELLO KEABETSOE
RAMSAMY TYRAL DEAN		NGWENYA SONGILE		PLUYMERS NAKITA
RUGNATH SUNIRA		STRYDOM ELIZKE		RAYMOND NICHOLAS JAMES
SAGGERS ROBIN TERENCE	Wits	SWART MAGRIETHA		READ BRITTANNY LYNN
SAMBO NTSAKO JONATHAN				ROGERS MEGAN ANDREA
SEREHETE ONTHATILE TSHEPISO		Diploma in Ophthalmology of the College of Ophthalmologists of South Africa Dip Ophth(SA)		RUGHUBAR RIYA
SHARPLES ANNE-MARIE CHRISTINA				RUMHUMHA AUDREY RUVIMBO
SIHELE NIKIWE		CAREY ANGELIKA URSULA		SALIE FIRDAUS
SIWELE SHALATE CHARLOTTE		LIMALIA ESSOP ZAKIYYAH BIBI MOHMED		SCHOEMAN CHRIS-MARÉ
STOFBERG JOHANNES PETRUS		CASIM	UP	SHAMS MARIAM
JORDAAN	UCT	MAREE RETHE HERMINE		SITTMANN JOHANN CHRISTIAN
TADERERA CHARLOTTE		MOFOKENG THABISO		SMIT ALMIEN
THOBANE TLOU ADAM		ROUX MARGARETHA MAGDALENA		STRAEULI CHRISTOPHER HELMUT
VAN DYK THEUNIS JOHANNES REON	UCT	STUART KELSEY VERNON		TACON NICOLE JAYNE
WESSELS RAISA JANA		VAN DE MERWE CELIA YVETTE		THAVER LINESRI
WHEELER INDIA SCARLETT		VAN DER WESTHUIZEN DIAN PETRUS		TSAI WAN-JUNG
YONTO ELLIOT THABO				URQUHART SARA-LEIGH
ZHELEVA MARINA		Diploma in Primary Emergency Care of the College of Emergency Medicine of South Africa Dip PEC(SA)		VAN DEN BERG ROBERT WILLIAM
				VAN WYK GERT JOHANNES
Diploma in Internal Medicine of the College of Physicians of South Africa Dip Int Med(SA)				VAN ZYL ANDREA
				WIENER JADE STEPHANIE
MAPIMHIDZE DANAI SYLVIA	UCT	AFONSO RENATO		WILLIAMS NICOLETTE
MASIKATI MALCOLM	UCT	AFRICANDER NOMBUSO		
MHLONGO LUTHANDO		ANTO REJOYCE EDUTHAN		
NGALE TSHEPO CLETUS	SMU	BLOMERUS RIKUS		
SEWPERSADH RYAN				

Annual Report of the Senate of The Colleges of Medicine of South Africa (CMSA) for the period 1st June 2017 to 31st May 2018

The first Annual Report of the Twenty-First Senate gives an account of the activities of Senate during the financial year 1st June 2017 to 31st May 2018.

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.

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

BREMER, Paul Mackenzie
DUNCAN, Harold James
GOLDSCHMIDT, Reith Bernard
MICHELOW, Maurice Cecil

Honorary Fellows

BOTHWELL, Thomas Hamilton
COUTURE, Jean
FAROQUI, Muhammad Sultan
HEDERMAN, William Patrick
SHEAR, Mervyn

Fellows

BLAAUW, Willem Schalk
BUCHAN, Terry
CATCHPOLE, Merryck Vance
KOLLER, Anthony Bruce
LE ROEX, Renè Denyssen
MKIZE, Sandile
MYBURGH, Johannes Gerhardus
SMITH, Michael Ewart
WHITE, Denise Anne Campbell
VAN DER SPUY, Johan Wilhelm
VAN IDDEKINGE, Basil
VILJOEN, Ignatius Michael

Fellows by Peer Review

ALTINI, Mario
SEGONE, Alpheus Mabose

Associates

FARRELL, Victor John
MILES, Lionel Palmer
PETER, Jonathan Clemence
PHILLIPS, Bentley

Staff

SELAI, Johannes

TRIENNIAL ELECTIONS

The triennial Senate and constituent College Council elections for the triennium 2017 to 2020 were held during the past year, and it was very pleasing to note that the transformation statistics exceeded targets and were the best results that the CMSA had achieved to date.

SENATE

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

Dr S S Avramenko	(College of Family Physicians)
Professor J S Bagratee	(College of Obstetricians and Gynaecologists)
Professor J G Brink	(College of Cardiothoracic Surgeons)
Dr J G Boyes-Varley	(College of Maxillo-Facial and Oral Surgeons)
Professor B Cassim	(College of Physicians)
Professor B Chiliza	(College of Psychiatrists)
Professor A Davidson	(College of Paediatricians)
Dr M Daya	(College of Plastic Surgeons)
Professor R N Dunn	(College of Orthopaedic Surgeons)
Professor J J Fagan	(College of Otorhinolaryngologists)
Dr D L Fredericks	(College of Emergency Medicine)
Dr H I Geduld	(College of Emergency Medicine)
Dr P D Gopalan	(College of Anaesthetists)
Professor A M P Harris	(College of Dentistry)
Professor D A Hellenberg	(College of Family Physicians)
Dr M H Kabaale	(College of Obstetricians and Gynaecologists)
Dr C M Kgokolo	(College of Dermatologists)
Dr W G Kleintjes	(College of Plastic Surgeons)

Professor M Z Koto	(College of Surgeons)
Professor A Krause	(College of Medical Geneticists)
Professor J M Lazarus	(College of Urologists)
Dr A Lochan	(College of Medical Geneticists)
Professor L London	(College of Public Health Medicine)
Professor D S Magazi	(College of Neurologists)
Professor J N Mahlangu	(College of Pathologists)
Dr F Mahomed	(College of Radiation Oncologists)
Dr A Z Makgotloe	(College of Ophthalmologists)
Professor L J Martin	(College of Forensic Pathologists)
Dr S D Masege	(College of Otorhinolaryngologists)
Professor R Masekela	(College of Paediatricians)
Professor V Mngomezulu	(College of Radiologists)
Professor M H Motswaledi	(College of Dermatologists)
Mr M Munasur	(College of Cardiothoracic Surgeons)
Professor S B A Mutambirwa	(College of Urologists)
Dr T Naidoo	(College of Forensic Pathologists)
Professor M V Ngcelwane	(College of Orthopaedic Surgeons)
Professor A Numanoglu	(College of Paediatric Surgeons)
Professor G A Ogunbanjo	(College of Family Physicians)
Professor E Osuch	(College of Clinical Pharmacologists)
Dr J R N Ouma	(College of Neurosurgeons)
Professor T Parbhoo	(College of Physicians)
Professor T Pillay	(College of Pathologists)
Professor R D Pitcher	(College of Radiologists)
Professor J L A Rantloane	(College of Anaesthetists)
Professor S Seedat	(College of Psychiatrists)
Professor P L Semple	(College of Neurosurgeons)
Dr F Senkubuge	(College of Public Health Medicine)
Professor A S Shaik	(College of Paediatric Surgeons)
Professor A Sherriff	(College of Radiation Oncologists)
Professor M D Smith	(College of Surgeons)
Professor L C Snyman	(College of Obstetricians and Gynaecologists)
Professor L M Sykes	(College of Dentistry)
Dr L M Tucker	(College of Neurologists)
Dr L Visser	(College of Ophthalmologists)
Professor M Vorster	(College of Nuclear Physicians)
Professor A Walubo	(College of Clinical Pharmacologists)
Professor J M Warwick	(College of Nuclear Physicians)
Dr A J Van Der Westhuijzen	(College of Maxillo-Facial and Oral Surgeons)

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

Professor R N Dunn	(Hon Treasurer)
Dr H I Geduld	(Chairman Finance and General Purposes Committee)
Professor L C Snyman	(Chairman Examinations and Credentials Committee)
Professor J S Bagratee	(Chairman Education Committee)
Professor R D Pitcher	(Hon Registrar Finance and General Purposes Committee)
Professor G A Ogunbanjo	(Hon Registrar Examinations and Credentials Committee)
Dr P D Gopalan	(Hon Registrar Education Committee)

The President (Professor M M Sathekge), Senior Vice President (Professor J J Fagan), Junior Vice President (Dr F Senkubuge)

and IPP (Professor B G Lindeque) would continue to serve in their respective offices until May 2019, with new incumbents due to be elected at the October 2018 Senate meeting.

The following directors were appointed for the 2017 – 2020 triennium:

Professor M M Sathekge	(President)
Professor J J Fagan	(Senior Vice President)
Dr F Senkubuge	(Junior Vice President)
Professor R N Dunn	(Honorary Treasurer)
Dr H I Geduld	(Chairman Finance and General Purposes Committee)
Professor L C Snyman	(Chairman Examinations and Credentials Committee)
Professor J S Bagratee	(Chairman Education Committee)
Professor R D Pitcher	(Hon Registrar Finance and General Purposes Committee)
Professor G A Ogunbanjo	(Hon Registrar Examinations and Credentials Committee)
Dr P D Gopalan	(Hon Registrar Education Committee)
Mrs L Hayes	(Chief Executive Officer)
Mrs A L Vorster	(Academic Registrar)
Mr G F Nel	(Financial Director)

CONSTITUENT COLLEGES

The constituent College election results for the 2017 – 2020 triennium were as follows:

College of Anaesthetists

President Dr P D Gopalan

Secretary Dr U Singh

Representatives on Senate:

Dr P D Gopalan

Professor J L A Rantloane

Other members of Council:

Dr S Chetty

Dr L Cronje

Dr B M Gardner

Dr L P Green-Thompson

Professor I A Joubert

Dr M Raff

Professor J L A Rantloane

College of Cardiothoracic Surgeons

President Mr M Munasur

Secretary Dr A R Patel

Representatives on Senate:

Mr M Munasur

Professor J G Brink

Other members of Council:

Dr R F Chauke

Dr A Geldenhuys

Professor A G Linegar

College of Clinical Pharmacologists

President Professor A Walubo

Secretary Dr M O E Irhuma

Representatives on Senate:

Professor A Walubo
Professor E Osuch

Other members of Council:

Dr K Cohen
Dr J A A Hernandez
Dr A Marais

College of Dentistry

President Professor A M P Harris
Secretary Dr M B Wertheimer

Representatives on Senate:

Professor A M P Harris
Professor L M Sykes

Other members of Council:

Professor H D Dullabh
Dr E Ghabrial
Professor C P Owen

College of Dermatologists

President Professor M H Motswaledi
Secretary Dr C M Kgokolo

Representatives on Senate:

Professor M H Motswaledi
Dr C M Kgokolo

Other members of Council:

Dr N Gantscho
Dr R J Lehloenya
Dr A Mankahla
Professor D Modi
Professor G Todd

College of Emergency Medicine

President Dr H I Geduld
Secretary Dr D L Fredericks

Representatives on Senate:

Dr H I Geduld
Dr D L Fredericks

Other members of Council:

Dr S Carim
Dr S Lahri
Dr K I Vallabh
Dr T Stephens
Dr A Groenewald

College of Family Physicians

President Professor D A Hellenberg
Secretary Professor W J Steinberg

Representatives on Senate:

Professor D A Hellenberg
Professor G A Ogunbanjo

Other members of Council:

Professor L E Baldwin-Ragaven
Dr I Govender

Professor J F M Hugo
Professor L H Mabuza
Professor R J Mash
Dr M Naidoo
Dr O B Omole
Professor S Smith
Professor P Yogeswaran
Dr S S Avramenko

College of Forensic Pathologists

President Dr T Naidoo
Secretary Dr C Liebenberg

Representatives on Senate:

Dr T Naidoo
Professor L J Martin

Other members of Council:

Dr E B Afonso
Professor J J Dempers
Dr C I Herbst
Dr K K Hlaise
Dr S Holland
Dr G M Kirk
Dr A L Mattheüs
Dr K C Quarrie
Professor J Vellema
Dr A S Hammond

College of Maxillo-Facial and Oral Surgeons

President Dr A J Van Der Westhuijzen
Secretary Professor J A Morkel

Representatives on Senate:

Dr A J van der Westhuijzen
Dr J G Boyes-Varley

College of Medical Geneticists

President Professor A Krause
Secretary Dr L A Lambie

Representatives on Senate:

Professor A Krause
Dr A Lochan

Other members of Council:

Dr N L Bhengu
Dr C L A Feben
Dr K J Fieggen
Dr C E Spencer

College of Neurologists

President Dr L M Tucker
Secretary Professor D S Magazi

Representatives on Senate:

Dr L M Tucker
Professor D S Magazi

Other members of Council:

Professor J A Carr
Professor R W Eastman
Dr A A Moodley

College of Neurosurgeons

President Professor P L Semple

Secretary Dr A J Vlok

Representatives on Senate:

Professor P L Semple

Dr J R N Ouma

Other members of Council:

Dr S S Nadvi

College of Nuclear Physicians

President Professor J M Warwick

Secretary Professor M Vorster

Representatives on Senate:

Professor J M Warwick

Professor M Vorster

Other members of Council:

Dr N E Nyakale

Dr R E Steyn (resigned as Secretary)

College of Obstetricians and Gynaecologists

President Professor L C Snyman

Secretary Professor P Soma-Pillay

Representatives on Senate:

Professor L C Snyman

Professor J S Bagratee

Other members of Council:

Professor J Anthony

Professor M H Botha

Dr H L Chauke

Professor G Dreyer

Dr L Govender

Professor T F Kruger

Dr H A du Toit Lombaard

Dr S R Ramphal

Dr L K Schoeman

Dr T I Siebert

Professor D W Steyn

Dr M H Kabaale

College of Ophthalmologists

President Dr L Visser

Secretary Dr A Z Makgotloe

Representatives on Senate:

Dr L Visser

Dr A Z Makgotloe

Other members of Council:

Professor T R Carmichael

Professor N Du Toit

Dr P M S Makunyane

Professor D Meyer

Dr S E I Williams

College of Orthopaedic Surgeons

President Professor R N Dunn

Secretary Professor T L B Le Roux

Representatives on Senate:

Professor R N Dunn

Professor M V Ngcelwane

Other members of Council:

Dr R Goller

Dr M Laubscher

Dr S K Magobotha

Dr L C Marais

College of Otorhinolaryngologists

President Professor J J Fagan

Secretary Professor R Y Seedat

Representatives on Senate:

Professor J J Fagan

Dr S D Masege

Other members of Council:

Dr D E Lubbe

College of Paediatricians

President Professor A Davidson

Secretary Professor R Masekela

Representatives on Senate:

Professor A Davidson

Professor R Masekela

Other members of Council:

Professor S C Brown

Dr A H Coovadia

Professor V A Davies

Professor S Kling

Dr A P Ndondo

Professor L Pepeta

Professor H Saloojee

College of Paediatric Surgeons

President Professor A S Shaik

Secretary Dr S M le Grange

Representatives on Senate:

Professor A S Shaik

Professor A Numanoglu

Other members of Council:

Professor R A Brown

Dr M R Chitnis

Dr J A Loveland

Dr M H Sheik Gafoor

College of Pathologists

President Professor J N Mahlangu

Secretary Dr Z N Makatini

Representatives on Senate:

Professor J N Mahlangu
Professor T Pillay

Other members of Council:

Professor S C Boy (resigned as Council member)
Professor J A George
Dr N A Ismail
Dr M L Locketz
Dr E S Mayne
Dr T J Naicker
Dr H Wu

College of Physicians

President Professor B Cassim
Secretary Professor P J Raubenheimer

Representatives on Senate:

Professor B Cassim
Professor T Parbhoo

Other members of Council:

Dr D J Blom
Professor V C Burch (resigned as Council member)
Dr I S Kalla
Dr A M A Lawal
Dr N D Madala
Professor C N Menezes
Professor P S Mntla
Professor M R Moosa
Professor G Tintinger
Dr J M L Tsitsi

College of Plastic Surgeons

President Dr W G Kleintjes
Secretary Dr S Adams

Representatives on Senate:

Dr W G Kleintjes
Dr M Daya

Other members of Council:

Professor E Ndobe

College of Psychiatrists

President Professor S Seedat
Secretary Dr S Ramlall

Representatives on Senate:

Professor S Seedat
Professor B Chiliza

Other members of Council:

Professor A B-R Janse van Rensburg
Professor J A Joska
Professor L Koen
Dr K-A Louw
Professor U Subramaney
Dr M Talatala

College of Public Health Medicine

President Professor L London
Secretary Dr F Senkubuge

Representatives on Senate:

Professor L London
Dr F Senkubuge

Other members of Council:

Dr S Adams (DOM)
Dr C I Bagwandeen
Professor H Mahomed
Dr S V Moodley
Dr S Naidoo (DOM)
Dr N T D Naledi
Dr S K Rajaram
Dr V E M Zweigenthal
Dr H M Williams (DOM)

College of Radiation Oncologists

President Professor A Sherriff
Secretary Dr J D Parkes

Representatives on Senate:

Professor A Sherriff
Dr F Mahomed

Other members of Council:

Professor H M Simonds

College of Radiologists

President Professor R D Pitcher
Secretary Dr L T Hlabangana

Representatives on Senate:

Professor R D Pitcher
Professor V Mngomezulu

Other members of Council:

Dr C Ackermann
Professor S J Beningfield
Dr S E Candy
Professor C S De Vries
Professor Z I Lockhat
Dr D T Reitz

College of Surgeons

President Professor M Z Koto
Secretary Dr M Brand

Representatives on Senate:

Professor M Z Koto
Professor M D Smith

Other members of Council:

Professor D B Bizos
Dr L L Cairncross
Professor P A Goldberg
Dr J A Lübbe
Dr M S Moeng
Dr T V Mulaudzi

College of Urologists*President* Professor J M Lazarus*Secretary* Dr L-A Kaestner*Representatives on Senate:*

Professor J M Lazarus

Professor S B A Mutambirwa

Other members of Council:

Dr F M Claassen

Dr S W Doherty

Dr R Friedman

Dr K M Mathabe

Dr H Patel

Co-options

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

Diplomates

Dr S S Avramenko and Dr M A Kabaale were duly elected to serve as Diplomat representatives during the new triennium of Senate.

INTERNATIONAL MEDICAL EDUCATION LEADERS' FORUM (IMELF)

The first African meeting of the International Medical Education Leaders' Forum was held at the CMSA in Cape Town on 17 May 2018.

Speakers included Professor Viren Naik and Dr Ken Harris of the Royal College of Physicians and Surgeons of Canada, Professor Francois Cilliers of UCT and Dr Kgosi Letlape of the Health Professions Council of South Africa.

The following topics were discussed:

- Certifying Examinations: A Necessary Endpoint of Training?
- Workplace-based Assessment: A Key Enabler in Competency-based Education.
- To Recertify or not to Recertify: That is the Question.

SPECIAL ACHIEVEMENTS: SENATORS

Dr M Daya achieved his PhD in Plastic Surgery.

Professor R N Dunn was awarded the UCT Distinguished Teachers Award. This award was only given to four staff members annually and required nomination and committee review based on a 50-page profile.

Professor J J Fagan was awarded a gold medal by the International Federation of Otolaryngology Societies at its four-yearly IFOS World Congress in Paris in June 2017. This was in recognition of Professor Fagan's contributions to ENT internationally through his two open access textbooks, for advancing head and neck surgery in Africa by training head and neck surgeons through the UCT Karl Storz Head and Neck Fellowship, and by founding the African Head and Neck Society in 2016.

Dr W G Kleintjes publication in the online open access journal 'Clinics

in Surgery' (August 2017) was nominated for publication by Avid Science in their book: 'Top 25 Contributions on Surgery Research'. "A Novel Technique for Composite Cultured Epithelial Autograft in a Patient with Extensive Burn Wounds: A Case Report" W Kleintjes et al. Avid Science. Chapter 14, January 2018.

Professor L London was awarded the PHILA Lifetime Achievement Award at the Conference of the Public Health Association of South Africa in September 2017.

Professor M H Motswaledi was elected Director of the International Society of Dermatology for the triennium 2018 – 2021.

Professor G A Ogunbanjo was appointed Adjunct Professor: Family Medicine and Public Health Department, University of Botswana, Gaborone for 5 years.

Professor G A Ogunbanjo was appointed Honorary Professor: Family Medicine and Public Health Department, Faculty of Health Sciences, Walter Sisulu University Mthatha for 5 years as well.

Professor M M Sathekge was admitted as a Fellow of the Academy of Medicine Singapore.

Dr F Senkubuge was featured in the May 2018 edition of the SAMA Insider magazine. The article, 'Exceptional Dr Senkubuge leads the way in Africa', listed Dr Senkubuge's achievements, including her nomination for the 2018 prestigious Women of Stature, Woman of the Year Awards in the category 'Woman in Healthcare'. Earlier in 2018, Dr Senkubuge also became the first black woman to preside at the WCTOH and was instrumental in winning the bid for the congress to be held in South Africa for the first time in 50 years.

Professor L C Snyman achieved his PhD in Obstetrics and Gynaecology.

Professor M Vorster achieved a NRF Y-rating.

EXAMINATIONS AND RELATED MATTERS**Recognition of Hospital Posts**

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

DA(SA):

Paarl Hospital

Khayelitsha Hospital

Worcester Hospital

DCH(SA):

Mitchells Plain Hospital

St Andrew's Provincial Hospital

Dip HIV Man(SA):

Manguzi Hospital

Knysna Hospital

Stanger Hospital

Dip PEC(SA):

Middelburg Provincial Hospital

Mediclinic Stellenbosch

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

Examination	SS 2017	FS 2018
College of Anaesthetists		
DA(SA)	77%	76%
FCA(SA) Part I	47%	57%
FCA(SA) Part II	69%	78%
Cert Critical Care(SA) Anaes	0%	80%
College of Cardiothoracic Surgeons		
FC Cardio(SA) Final	18%	10%
Cert Critical Care(SA) Cardio	No candidates	No candidates
College of Clinical Pharmacologists		
FC Clin Pharm(SA) Part I	No candidates	No candidates
FC Clin Pharm(SA) Part II	No candidates	No candidates
College of Dentistry		
Dip Dent(SA)	No candidates	No candidates
FCD(SA) OMP Part I	No candidates	No candidates
FCD(SA) OMP Part II	No candidates	No candidates
FCD(SA) Orthod Part I	55%	0%
FCD(SA) Orthod Part II	No candidates	0%
FCD(SA) Pros Part I	33%	100%
FCD(SA) Pros Part II	No candidates	0%
College of Dermatologists		
FC Derm(SA) Part I	75%	92%
FC Derm(SA) Part II	100%	56%
College of Emergency Medicine		
Dip PEC(SA)	73%	63%
FCEM(SA) Part I	63%	80%
FCEM(SA) Part II	60%	56%
H Dip Emerg Med(SA)	No candidates	No candidates
Cert Critical Care(SA) Emerg Med	100%	No candidates
College of Family Physicians		
Dip Allerg(SA)	100%	100%
Dip HIV Man(SA)	84%	70%
FCFP(SA) Final Part A	34%	28%
FCFP(SA) Final Part B	100%	100%
H Dip Fam Med(SA)	100%	No candidates
H Dip Sexual Health & HIV Med(SA)	50%	0%
Cert Allerg(SA) Fam Phys	No candidates	100%

College of Forensic Pathologists		
Dip For Med(SA) Clin	No candidates	100%
Dip For Med(SA) Clin/Path	No candidates	No candidates
Dip For Med(SA) Path	100%	100%
FC For Path(SA) Part I	100%	60%
FC For Path(SA) Part II	100%	0%
College of Maxillo-Facial and Oral Surgeons		
Dip Oral Surg(SA)	No candidates	No candidates
FCMFOS(SA) Primary	57%	0%
FCMFOS(SA) Intermediate	33%	0%
FCMFOS(SA) Final	No candidates	100%
College of Medical Geneticists		
FCMG(SA) Part I	No candidates	100%
FCMG(SA) Part II	No candidates	100%
College of Neurologists		
DSM(SA)	No candidates	No candidates
FC Neurol(SA) Part I	35%	40%
FC Neurol(SA) Part II	71%	29%
College of Neurosurgeons		
FC Neurosurg(SA) Primary	67%	50%
FC Neurosurg(SA) Intermediate	89%	78%
FC Neurosurg(SA) Final	33%	56%
Cert Critical Care(SA) Neurosurg	No candidates	No candidates
College of Nuclear Physicians		
FCNP(SA) Part I	40%	40%
FCNP(SA) Part II	67%	67%
College of Obstetricians and Gynaecologists		
Dip Obst(SA)	66%	58%
FCOG(SA) Part IA	62%	33%
FCOG(SA) Part IB	64%	32%
FCOG(SA) Part II	71%	71%
Cert Critical Care(SA) O&G	0%	0%
Cert Gynaecological Oncology(SA)	100%	100%
Cert Maternal & Fetal Medicine(SA)	75%	0%
Cert Reproductive Medicine(SA)	100%	75%
College of Ophthalmologists		
Dip Ophth(SA)	80%	100%
FC Ophth(SA) Primary IA	63%	42%
FC Ophth(SA) Intermediate IB	72%	33%
FC Ophth(SA) Final	60%	60%

College of Orthopaedic Surgeons		
FC Orth(SA) Intermediate	62%	70%
FC Orth(SA) Final	68%	66%
H Dip Orth(SA)	0%	50%
College of Otorhinolaryngologists		
FCORL(SA) Primary	56%	42%
FCS(SA) Intermediate ENT	100%	90%
FCORL(SA) Final	67%	50%
College of Paediatric Surgeons		
FC Paed Surg(SA) Final	67%	50%
College of Paediatricians		
DCH(SA)	78%	82%
FC Paed(SA) Part I	74%	56%
FC Paed(SA) Part II	71%	65%
Cert Allerg(SA) Paed	100%	No candidates
Cert Cardiology(SA) Paed	100%	100%
Cert Clinical Haematology(SA) Paed	No candidates	No candidates
Cert Critical Care(SA) Paed	100%	100%
Cert Dev Paed(SA)	100%	100%
Cert Endocrinology & Metabolism(SA) Paed	100%	No candidates
Cert Gastroenterology(SA) Paed	100%	100%
Cert ID(SA) Paed	No candidates	100%
Cert Medical Oncology(SA) Paed	100%	100%
Cert Neonatology(SA)	75%	100%
Cert Nephrology(SA) Paed	No candidates	100%
Cert Paediatric Neurology(SA)	100%	No candidates
Cert Pulmonology(SA) Paed	100%	100%
Cert Rheumatology(SA) Paed	100%	100%
College of Pathologists		
FC Path(SA) Anat Part I	36%	50%
FC Path(SA) Anat Part II	31%	28%
FC Path(SA) Chem Part I	67%	17%
FC Path(SA) Chem Part II	67%	0%
FC Path(SA) Clin	100%	67%
FC Path(SA) Haem Part I	40%	80%
FC Path(SA) Haem Part II	38%	29%
FC Path(SA) Micro	44%	67%
FC Path(SA) Oral Part I	33%	0%
FC Path(SA) Oral Part II	No candidates	No candidates

FC Path(SA) Viro	63%	50%
Cert Clinical Haematology(SA) Path	No candidates	100%
Cert ID(SA) Path	No candidates	No candidates
College of Physicians		
DGM(SA)	No candidates	100%
Dip Int Med(SA)	60%	88%
FCP(SA) Part I	48%	50%
FCP(SA) Part II	40%	55%
Cert Allerg(SA) Phys	No candidates	No candidates
Cert Cardiology(SA) Phys	64%	67%
Cert Clinical Haematology(SA) Phys	No candidates	100%
Cert Critical Care(SA) Phys	0%	50%
Cert Endocrinology & Metabolism(SA) Phys	100%	100%
Cert Gastroenterology(SA) Phys	100%	50%
Cert Geriatric Medicine(SA)	No candidates	No candidates
Cert ID(SA) Phys	50%	50%
Cert Medical Oncology(SA) Phys	100%	0%
Cert Nephrology(SA) Phys	67%	64%
Cert Pulmonology(SA) Phys	63%	0%
Cert Rheumatology(SA) Phys	0%	80%
College of Plastic Surgeons		
FC Plast Surg(SA) Final	63%	44%
College of Psychiatrists		
DMH(SA)	76%	58%
FC Psych(SA) Part I	16%	18%
FC Psych(SA) Part II	47%	72%
Cert Child & Adolescent Psychiatry(SA)	No candidates	100%
Cert Forensic Psychiatry(SA)	100%	0%
Cert Geriatric Psychiatry(SA)	No candidates	No candidates
Cert Neuropsychiatry(SA)	100%	100%
College of Public Health Medicine(SA)		
FCPHM(SA)	100%	No candidates
FCPHM(SA) Occ Med	100%	No candidates
H Dip Med Man(SA)	No candidates	No candidates
College of Radiation Oncologists(SA)		
FC Rad Onc(SA) Part I	56%	65%
FC Rad Onc(SA) Part II	64%	40%

College of Radiologists		
FC Rad Diag(SA) Part I	51%	53%
FC Rad Diag(SA) Part II	70%	52%
College of Surgeons		
FCS(SA) Primary	73%	74%
FCS(SA) Intermediate	97%	82%
FCS(SA) Final	74%	61%
H Dip Surg(SA)	No candidates	100%
Cert Critical Care(SA) Surg	0%	100%
Cert Gastroenterology(SA) Surg	100%	50%
Cert Trauma Surgery(SA)	67%	100%
Cert Vascular Surgery(SA)	33%	0%
College of Urologists		
FC Urol(SA) Primary		
FC Urol(SA) Intermediate		
FC Urol(SA) Final	86%	36%

CMSA Examination Policies

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

- Code of Conduct for Examiners

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 and posted on the website for six months before implementation.

The Education Office only request that regulations and blueprints are reviewed. The updating, approval by ECC and submission to Senate happen in this office and must continue to do so.

AWARDS AND MEDALS

Medals and Book Prize

The recipients of medals during the year under review were:

October 2017:

Campbell MacFarlane Memorial Medal David Allan
FCEM(SA) Part I CLOETE

GP Charlewood Medal Rumbidzai Loinah Zvawodza
FCOG(SA) Part I MUZANENHAMO

Daubenton Medal Sandy
FCOG(SA) Part II KOEN

Neville Welsh Medal Aamina
FC Ophth(SA) Primary IA HAJEE

Ophthalmological Society Medal Petrus Johannes Schabort
FC Ophth(SA) Intermediate IB DE JAGER

Leslie Rabinowitz Medal Nontobeko Charity
FC Paed(SA) Part I DLADLA-MUKANSI

Leslie Rabinowitz Medal Rencilwe Martha
FC Paed(SA) Part I NCHABELENG

Founders Medal Theshni
FC Paed Surg(SA) Final GOVENDER

May 2018:

Hymie Samson Medal Clive Schalk
FCA(SA) Part I SCHMUCK

Crest Healthcare Technology Medal Matthew Winton
FCA(SA) Part II GIBBS

Janssen Research Foundation Medal Ashar Vijay
FCDerm(SA) Part I DHANA

Resuscitation Council of Southern Africa Medal David
FCEM(SA) Part II MORRIS

The Kloeck Family Medal David
FCEM(SA) Part II MORRIS

Sigo Nielsen Memorial Prize Lenon Tonderayi
FC Neurol(SA) Part I GWAUNZA

GP Charlewood Medal Felix
FCOG(SA) Part II CHAMUNYONGA

Neville Welsh Medal Tafadzwa Zaranyika
FC Ophth(SA) Primary IA CHIWARIDZO

Ophthalmological Society Medal Erika
FC Ophth(SA) Intermediate IB KLEYNHANS

Justin van Selm Medal Nicholas
FC Ophth(SA) Final JOHN YORK

J M Edelstein Medal Mark Anthony
FC Orth(SA) Final ROUSSOT

SA Society of Otorhinolaryngology Medal Paul
FCORL(SA) Final DOUGLAS-JONES

Leslie Rabinowitz Medal Gina
FC Paed(SA) Part I ITZIKOWITZ

Robert McDonald Medal Ben VAN
FC Paed(SA) Part II STORMBROEK

A M Meyers Medal Dawid Nicolaas
FCP(SA) Part I PRINSLOO

A M Meyers Medal Adam Matthew
FCP(SA) Part I WOODFORD

Asher Dubb Medal Colin
FCP(SA) Part II RUSH

Novartis Medal FC Psych(SA) Part II	Matthew Bryan MAUSLING
Henry Gluckman Medal FCPHM(SA)	Nisha Anne Sunny JACOB
The SASCRO Medal FC Rad Onc(SA) Part II	Heide HART
Rhône-Poulenc Rorer Medal FC Rad Diag(SA) Part I	Yusuf PARAK
Josse Kaye Medal FC Rad Diag(SA) Part II	Elton NCUBE
Josse Kaye Medal FC Rad Diag(SA) Part II	Elias Johannes PRETORIUS
Douglas Award FCS(SA) Final	David Johannes DE VILLIERS
Douglas Award FCS(SA) Final	Imraan Ismail SARDIWALLA
Lionel B Goldschmidt Medal FC Urol(SA) Final	Hilgard Michiel ACKERMANN
Lionel B Goldschmidt Medal FC Urol(SA) Final	Catharina Margaretha MEINTJES

COLLEGE PROJECT: "STRENGTHENING ACADEMIC MEDICINE AND SPECIALIST TRAINING"

Introduction

In 2017 it was decided to initiate a project within the CMSA after discussions with colleagues in the Department of Health and also in academic centres involved with training.

The project was entitled "Strengthening Academic Medicine and Specialist Training". There was a major concern which continues today, among many members of the constituent Colleges of the CMSA who are involved in training junior staff that the situation within the teaching institutions with cut backs in staff and facilities is resulting in a real decrease in specialist numbers available for servicing the health needs in South Africa.

Cut backs in staff at all levels have been reported to impact on specialist training and the provision of specialist and subspecialist services in South Africa. Going forward to 2018 it is noted that this trend has continued and probably has resulted in some services becoming dysfunctional both in terms of service provision and training. In some provinces, in an attempt to meet budget requirements, posts have been indiscriminately frozen. As a result, some departments have trainers but no registrars and unfortunately, more commonly, there are limited trainers and the registrars are now left in limbo without adequate training opportunities. In some instances, because of the cut back in staff, departments have lost their ability to train specialists and this needs to be urgently addressed.

The reasons for this failure in maintaining specialist training are multifactorial. In some departments consultant staff have been lost

while in others the lack of support from the Province, the delay in paying for maintenance of equipment and as a result the loss of essential equipment has resulted in departments becoming totally dysfunctional. The training ratios of specialists to trainees is of concern within the CMSA and needs to be urgently addressed at a National level. Of particular importance is the lack of sub-specialist training posts and the availability of subspecialist posts in public health facilities.

The original College research which started in 2007 reviewed specialist needs and numbers in South Africa. We obtained funding through the private sector and we were able to employ Dr Brigid Strachan who is a recognized expert in the economics of health education. The first research programme was initiated because of what we perceived as the ongoing crises in postgraduate healthcare education and we utilized our research to produce a lengthy report which was presented to the National Minister of Health on several occasions, to the Department of Higher Education and was made available to anyone who wished to access these data. Our summary findings were published in the SAMJ in 2011 (SAMJ 2011.101(8):523-528).

These data were widely available and were included in the development of the National Department of Health personnel programme.

In summary from our research we reported that there is a major shortage of doctors within both the public and private healthcare system in South Africa. The shortage of specialists and subspecialists indicated that if urgent attention is not paid to increasing training opportunities, we would, in effect, be going backwards in terms of what we provide to the healthcare system. Given the imperative to develop the NHI, central to this must be adequate specialist and subspecialist service provision.

In comparison to Brazil and Mexico which have similar challenges, we fall far short of the healthcare staffing which these countries provide. Our studies have obviously concentrated on the CMSA members and our postgraduate training. We have not provided information on the very important related problems such as the lack of adequate nursing support and that from professions allied to medicine. It is evident that an adequate number of clinical posts throughout the country is not available and this impacts on service provision at every level.

When we presented our original reports to the National Department of Health and had discussions with Dr Aaron Motsaedi, it was obvious that many facilities were perceived by the HPCSA as having adequate training capacity for a far greater number of registrars or subspecialist trainees than that were currently in post. This reflects the unwillingness of the provinces to fund these posts and possibly, more importantly, to provide career posts for specialists or subspecialists who gain extra training. Unless this is corrected we will continue to see specialists and subspecialists who would wish to stay within the academic sector or the public sector moving to private practice because of the lack of suitable posts available in the various provinces. As a consequence, developing subspecialist services within the public sector becomes an increasing challenge.

Given that the number of MBChB graduates should be increasing, the Department of Health needs to address the issue of having adequate

intern posts and community service posts. Downstream obviously these graduates will often require specialist training and if we hope to retain our graduates in South Africa we need to be sure this is available and there are suitable career paths in the public sector.

In 2013 we did a re-review of the number of specialist and subspecialist trainee posts which were occupied within the different academic centres in South Africa. Unfortunately, data from some of the universities were not made available so it was impossible to report meaningfully on this survey.

Broadly comparing these limited data with our original assessment there seems to have been no improvement at all in a number of funded and filled registrar and subspecialist trainee posts. Because of this we predict our specialist healthcare provision will decrease going forward unless there is some radical revision of the training programmes. In addition, all facilities must be adequately maintained by the provincial authorities and essential equipment must be available and regularly serviced.

Funding and Support

We are particularly grateful to Life Healthcare who committed to providing funding for 6 years for subspecialist training. This has resulted in 2 rounds of interviews and the second group of subspecialists have now completed their training. Unfortunately, the Acting CEO of Life Healthcare has determined that the third round of subspecialist bursaries will be discontinued at present and may be revisited in the future. He states financial challenges within Life Healthcare as the reason for this decision while recognizing that the contract between them and the CMSA is binding. This is a very regrettable decision and it is hoped that going forward Life Healthcare will initiate the last third round of scholarships for subspecialist training.

The initial agreement between Life Healthcare with the successful candidates involved them spending at least two to three years within the public service before moving into private practice if they so wished and they were asked to commit to South African Healthcare. This was an attempt by Life Healthcare to improve the availability of well-trained subspecialists in the public health sector

We also received important support from the Discovery Health Foundation which initiated our project and we remain most appreciative of this commitment to improved healthcare in South Africa.

Survey of Medical Practitioners

Recently we published the summary results of the survey of doctors in South Africa which was developed to assess their satisfaction with their career paths in the public and private sectors and their assessment of whether they and their colleagues will remain in South Africa. The summary version of the study has been published in the SAMJ and at present we are developing a more comprehensible report which will be presented in Transactions.

There were many challenges in this study. In particular it was evident the CMSA database has many contact email addresses which are no longer valid and therefore no response was received.

The Chairperson of SAMA, Dr Mzukisi Grootboom, together with his

Board of Directors agreed to utilize their database to send the survey to SAMA members. We hoped that we would access more junior colleagues through their assistance. SAMA was unable to assess how many of their emails were returned because of incorrect email addresses. It is therefore very difficult to determine how many of our colleagues were accessed. The SAMA support has been very important in developing the final analyses.

We plan to present the full details of this study in Transactions in 2018.

Survey of Dental Practitioners

It was decided that, together with surveying medical practitioners, we should access the experiences of our dental colleagues. Professor Leanne Sykes agreed to spearhead the survey and has had meetings with Andrew Good from LifeChoice to deal with the practical aspects of the survey. Professor Peter Owen who is Emeritus Professor at the University of Witwatersrand is now taking this survey forward. The response from colleagues has been suboptimal but we trust this will move forward in 2018.

Assessment of Specialist Training Within South Africa

Professor 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 CMSA examinations and, despite the fact these have not changed much over two decades, have suggested that we should revert to the previous system of university-based examinations.

Concern about the research element which is required by the HPCSA and also "fairness" with examinations has been expressed.

The original committee constituted by Professor Sathekge comprised Professor Tuviah Zabow, Professor Alf Segone and myself. Unfortunately, both of them resigned from this committee for health reasons. This is now being reconstituted and will include Professor Lizo Mazwai, Professor Mushi Matjila and myself.

We have funding for this project which is going to require considerable work. We will administer the survey through Life Choice and Dr Andrew Good is prepared to be involved. We hope this survey will identify particular problems and needs within our training platforms. It will only be launched in mid 2018.

We have worked on the questionnaire for the registrars and have received feedback from the whole committee. In discussion with the registrar committee we hope that they will add their input in the next few months and this will be submitted to the whole registrar body to get their input in mid-2018. Life Choice will analyse these data and we certainly hope to have significant results during the course of this year.

We have concentrated on the areas which registrars have complained are particularly difficult and their input will obviously be central to the final questionnaire. Professor Mike Sathekge and his deputy presidents have been very active in giving us feedback

The Way Forward

In 2018 we are hoping to publish data from the 2015 survey of medical practitioners in Transactions and to get the survey of the dental practitioners completed by Professor Peter Owen. We hope to

complete the registrar survey which probably will be administered in mid-2018 after consultation with the registrar body and also through the various Constituent Colleges within the CMSA.

Written by Professor Z van der Spuy

EDUCATIONAL DEVELOPMENT PROGRAMME

Visits to Mthatha

31 May to 2 June 2017

Updates in Orthopaedics and Traumatology were presented by Drs L L Nxiweni, D E Cardens and Anozie.

23 August 2017

Updates in Financial and Insurance Advice were presented by local experts.

LECTURESHIPS

Arthur Landau Lectureship 2018

Professor B Mayosi was scheduled to present his lecture on 15 April 2018 at the Medicine Update in Durban, and at the Universities of KwaZulu-Natal and Limpopo, dates still to be confirmed.

F P Fouché Lectureship 2017

Dr R O'Keefe presented his lecture entitled "Diversity in Orthopaedics: Does It Make Us Better? A USA Perspective" on 4 September 2017 at the South African Orthopaedic Congress in Port Elizabeth.

J C Coetzee Lectureship 2017

Professor K Mfenyana presented his lecture entitled "From Community Service to Engaged Scholarship: A Strategy for Reducing Health Inequities and Improving Health Outcomes" on 19 August 2017 at the Joint 5th WONCA Africa and 20th National Family Practitioners' Conference in Pretoria.

J N and W L S Jacobson Lectureship 2017

Dr C Ackermann presented her lecture on 5 November 2017 at the SA 2017 Imaging Congress at the Durban International Convention Centre.

K M Seedat Lectureship 2017

Professor S S Naidoo presented his lecture entitled "Social Determinants of Health – The Time for Action is Now" on 20 August 2017 at the Joint 5th WONCA Africa and 20th National Family Practitioners' Conference in Pretoria.

Margaret Orford Memorial Lectureship has been replaced by the College of Obstetricians and Gynaecologist's Honorary Lectureship 2018

Professor B Lindeque presented his lecture entitled "Transgenderism" on 5 March 2018 at the 38th National Congress of the Society of Obstetricians and Gynaecologists in Durban.

AWARDS AND EDUCATIONAL FUNDS

Maurice Weinbren Award in Radiology 2017

Submissions were received from Drs S Manikkam, C Murthy and P Ihuhu. The recipient was Dr Murthy.

Maurice Weinbren Award in Radiology 2018

A submission was received from Dr R Ramlakhan.

Robert McDonald Rural Paediatric Programme 2017

No applications were received.

R W S Cheetham Award in Psychiatry 2017

Submissions were received from Dr A Berg and Professor B Chiliza. The recipient was Professor Chiliza.

R W S Cheetham Award in Psychiatry 2018

Submissions were received from Dr C Marsay and Dr T Madigoe. The recipient was Dr Madigoe.

SCHOLARSHIPS

M S Bell Scholarship in Psychiatry

This Congress took place on 14 to 17 September 2017 at the National Biological Psychiatry Congress in Cape Town. The recipients were Dr Michie and Dr Anic.

Staff

Any actions taken by the Board of Directors, Finance and General Purposes Committee and/or Management with regards to staff are ratified by Senate, including retirements, resignations, appointments and termination of service.

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 to:

bianca.vdwesthuizen@cmsa.co.za.

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 2017/2018:

College of Anaesthetists

KLUYTS, Hyla-Louise

College of Cardiothoracic Surgeons

MOGALADI, Shungu

College of Clinical Pharmacologists

SINXADI, Phumla Zuleika

STRYDOM, Morné André

College of Dentistry

BEETGE, Mia-Michaela
 BOOKHAN, Vinesh
 JOHANNES, Keith
 THOKOANE, Meriting Gladys

College of Otorhinolaryngologists

MYATAZA, Charles-Lwanga Lwandile

College of Pathologists

POTGIETER, Joachim Johan Christoffel

Honorary Fellowship

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

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

Two Honorary Fellowships were awarded during the year under review.

Professor Arnold Coran was admitted to Honorary Fellowship of the College of Paediatric Surgeons at the graduation ceremony in October 2017.

Professor Anil Madaree was admitted to Honorary Fellowship of the Colleges of Medicine of South Africa at the graduation ceremony in May 2018.

Fellowship *ad eundem*

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

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

Professor Edward Coetzee was admitted to Fellowship *ad eundem* of the College of Obstetricians and Gynaecologists at the graduation ceremony in October 2017.

REPORTS ON INTERACTION BETWEEN THE CMSA AND OTHER EXTERNAL BODIES**NATIONAL DEPARTMENT OF HEALTH (NDoH)**

Applications were submitted for the Vice Presidents and Professor Pitcher to represent the CMSA on three NHI Implementation

Committees:

- The National Governing Body on Human Resources for Health – Professor Johan Fagan.
- The South African National Health Commission – Dr Flavia Senkubuge.
- The Ministerial Advisory Committee on Health Technology Assessment – Professor Richard Pitcher.

The Minister of Health was the guest speaker for the October 2017 Admission Ceremony.

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA (HPCSA)

There was ongoing interaction between the CMSA and the HPCSA. Dr Kgosi Letlape was a speaker at the CMSA-hosted International Medical Education Leaders' Forum on 17 May 2018. Dr Letlape represented the HPCSA at the Senate meeting in October 2017.

SOUTH AFRICAN COMMITTEE OF MEDICAL AND DENTAL DEANS (SACOMD)

The MoU between the CMSA and SACOMD was signed on 26 January 2018. The President attended a meeting with SACOMD on Friday, 9 March 2018 and SACOMD was invited to attend the BoD meeting on 12 April 2018, but a representative was not available to attend.

Professor M Veller was the guest speaker at the Admission Ceremony on 17 May 2018.

SOUTH AFRICAN REGISTRARS' ASSOCIATION (SARA)

Dr Ati attended the CMSA Senate meetings in October 2017 and May 2018. A SARA representative attended The CMSA hosted International Medical Education Leaders' Forum on 17 May 2018.

Transactions

It was agreed at the Senate meeting of 26 October 2017 that the Transactions Journal would only be offered electronically. The cost of production thus decreased from approximately R104 000.00 to under R30 000.00. A limited number of hard copies were available to members at R400.00 per copy.

CMSA INVITATIONS AT MEETINGS OF SISTER COLLEGES AND ACADEMIES**The International Liaison of Pathology Presidents (ILPP), Canada, June 2017**

Professor Dhiren Govender attended.

51st Singapore-Malaysia Congress of Medicine, Singapore: 21 – 23 July 2017

Professor Mike Sathekge attended.

Golden Jubilee Year Celebrations of the Ceylon College of Physicians, Sri Lanka: 7 – 9 September 2017**The Royal College of Physicians and Surgeons of Canada 2017 International Medical Education Leaders Forum (IMELF), Quebec City, Canada: 19 – 21 October 2017**

Professor Mike Sathekge attended.

The American College of Surgeons 103rd Annual Clinical Surgeons, San Diego, California, 22 – 26 October 2017

Annual Reports of the Constituent Colleges

COLLEGE OF ANAESTHETISTS 1 JUNE 2017 TO 31 MAY 2018

The new Council of the College of Anaesthetists, elected in November, has held two meetings to formulate a road map for this triennium. Profs Diedericks and Kluyts, as well as Drs Mrara and Mbeki were co-opted onto the Council.

The Diploma in Anaesthesia (DA) examination produced 142 new diplomates over the 2 examinations with pass rates of 77.1% and 74.9% respectively. The number of diplomates increased in comparison to the preceding year when 119 passed. The pass rates are in keeping with the norm. The FCA(SA) Part I remains a challenge for many candidates, with pass rates of 47% in second semester 2017 and a 55,6% in the first semester of 2018. In the last 12 months, 81 new Fellows completed the FCA(SA) Part II, with examination pass rates of 53% in the - second semester 2017 and 78% in the first semester 2018.

The College of Anaesthetists continually strives to improve examination processes which necessitate that our regulations are constantly updated. Examination-setting meetings now routinely occur for each examination and regular examiner training workshops are held to ensure a high-quality examination. The Part II examination will see the implementation of an OSCE in the first semester of 2019. The viva voce will be incorporated into the OSCE format. An OSCE information document will be available to all Part II candidates during the course of this year.

A curriculum revision project within the College is underway and wide consultation from various stakeholders has been sought. The date of implementation is expected to be January end 2019.

Registrar representation on College Council has been useful as it fulfils a greater need for transparency and accessibility to the Colleges of Medicine of South Africa. Questions have been raised by candidate representatives regarding the perceived long interval between the written paper and the release of its results. The College of Anaesthetists are resolutely supportive of the quality assurance processes that dictate the time interval.

Training platforms across the country are still facing challenges and the Head of Departments' forum, a subcommittee of CASA Council, meet annually to address these issues. Despite these challenges, post-graduate training and credentialing is an ongoing process. The remarkable efforts of all our examiners, convenors, moderators and

examination assistants in ensuring the success of examinations must be acknowledged.

Dr Dean Gopalan Dr Usha Singh
PRESIDENT SECRETARY

COLLEGE OF CARDIOTHORACIC SURGEONS 1 JUNE 2017 TO 31 MAY 2018

In an era of continuing attrition within healthcare and education in South Africa, the College of Cardiothoracic Surgeons faces formidable challenges during this triennium. The following are some of the issues this Council has dealt with during the past year.

FC Cardio(SA) Final pass rate

The pass rate for this examination has been 18% and 10% for the second semester 2017 and first semester 2018 respectively. This compares with a historical average of 35% for the period first semester 2012 to first semester 2017. The reasons for the poor performance of candidates are multifactorial and may be the subject of much conjecture. However, there appears to be a direct correlation with the fact that in the most recent examination, only 10% of candidates satisfied the minimum logbook training requirements. It may be inferred that candidates who are inadequately trained are presenting for the examination.

Regulations

The FC Cardio(SA) final is an exit examination. By virtue of its design, this examination is a test of knowledge rather than skills. The surgical skillset competency of a candidate cannot be reliably determined in the current format. For this we rely totally on the portfolio of learning which includes the surgical logbook. However, there have been obstacles to the implementation of logbook criteria for eligibility to enter the examination with respect to candidates who commenced training before 1 January 2014.

Adherence to current logbook regulations implies that a candidate who enters this examination fulfils the minimum requirements considered necessary for autonomous practice. It is also a fact that our currently stipulated requirements fall below international benchmarks. It is therefore imperative that we are able to enforce minimum logbook requirements as set out in the regulations; further deliberation in this regard is ongoing.

Simulation training

The subject of a simulation training programme in South Africa was

discussed at the Council meeting in Cape Town in January 2018. It was agreed that current training programmes are compromised by diminishing case volumes, therefore simulation training merits consideration as an alternative means to acquire technical proficiency in the discipline.

However, the form that this endeavour will manifest remains to be decided, therefore a simulation component has not become a mandatory requirement for eligibility to enter the exit examination. The introduction to this technology at the Registrars' Symposium later this year is eagerly anticipated and should provide a suitable stimulus for further discussion.

MCQ examination

In order to maximize the objectivity of the examination process, it will become necessary to standardize the examination format. There has already been a move towards multiple choice questions (MCQ) for the written examinations in several constituent colleges and the consensus of this Council is that we should investigate the feasibility of adopting this modality for future examinations.

Thoracic logbook criteria

It is essential that logbook requirements for thoracic surgery be implemented in our examination regulations without further delay. There have been several attempts in the past to introduce logbook requirements for thoracic surgery without success. It is therefore incumbent on this Council to establish definitive examination eligibility criteria in order to emphasize training objectives in this sub-discipline.

Development of a blueprint for the FC Cardio(SA) Final examination

Blueprinting of examinations is a mandatory requirement for all constituent Colleges. The College of Cardiothoracic Surgeons has developed a blueprint (available on the CMSA website) and we will now be expected to comply with blueprinting requirements for forthcoming examinations.

Mr Mandhir Munasur Dr Atulkumar Patel
PRESIDENT SECRETARY

COLLEGE OF CLINICAL PHARMACOLOGISTS 1 JUNE 2017 – 31 MAY 2018

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.

A new Council of the College of Clinical Pharmacologists was elected for the triennium 2017 - 2020. The new Council members are:

President: Prof A Walubo
Secretary: Dr M Irhuma
Representative on CMSA Senate
Prof A Walubo
Prof E Osuch

Other members

Dr K Cohen
Dr A Hernandez
Dr A Marais

Exams

There were no candidates for the period under report. Dr E Decloedt (Stellenbosch University) was appointed as convener for the Fellowship exam in January 2018. This was remarkable achievement to college because he is the first fellow of the college to take charge of the exams and this saw many fellows' involvement as examiners.

Associates

The College welcomed the following as new Associate members: Dr P Sinxadi and Dr M Strydom.

Awards

Dr Irhuma (Secretary) was appointed as 'Honorary Senator' on the American Board of Clinical Pharmacology (ABCP). This achievement will establish further collaboration with the international clinical pharmacology societies.

Dr Irhuma (Secretary) was also nominated by the Gulf Institution of Health to receive the "2018 Champions of Healthcare", a North Africa and Middle East award for his contributions to clinical pharmacology and therapeutics in the region.

Relevant Conferences

The 2017 South Africa Annual Pharmacology Conference (SAPHARM-2017) was held at the Faculty of Health Sciences, University of the Free State, Bloemfontein on 2nd - 4th October 2017, and was hosted by Prof A Walubo (President).

The following members of the College participated in the conference as plenary speakers in clinical pharmacology sessions: Prof G Maartens, Prof B Rosenkranz, Prof H Reuter, Prof C Karen, Dr PM van Zyl and Prof A Walubo.

The 2017 Annual General Meeting was held during the Pharmacology Conference at the Faculty of Health Sciences, University of the Free State on 3rd October 2017.

Prof Andrew Walubo Prof Mohamed Irhuma
PRESIDENT SECRETARY

COLLEGE OF DENTISTRY 1 JUNE 2017 – 31 MAY 2018

The new committee of the College of Dentistry was elected and duly took office in September 2017.

The members of this committee are as follows:

President : Prof A Harris
Secretary: Dr M Wertheimer
Representatives on Senate:
Prof A Harris
Prof L Sykes

Other members of Council:

Prof H Dullabh
Dr E Gabriel
Prof P Owen
Prof N Wood

Professor Corne Postma was co-opted onto the Council of the College of Dentistry.

The following issues are under consideration by the Council of the College of Dentistry, which has had meetings as well as significant amounts of communication via electronic media.

1. The concept of setting Primary examinations specific for the various dental disciplines, for those writing their primaries through the College, is currently being given significant attention. There is still much work to be done in this regard in order to address the various challenges before this can become a reality. New examiners who are discipline specific are being identified.
2. The concept of unitary exit exams for the various dental specialties being run via the College for specialists from all the universities in SA is also being discussed. Again, there are various challenges to be addressed before this may become a reality.
3. We are currently working on blueprinting for the various specialties and have set a deadline of 31st July for submissions of blueprints from the various specialties.

The following exams have been written and the results are reflected in the tables below.

SECOND SEMESTER 2017

Fellowship Part I Examinations

EXAMINATION	WROTE	PASSED	% PASS
FCD(SA) Orthod Part I	11	6	55%
Anatomy	8	5	63%
Physiology	8	5	63%
Pathology	10	6	60%
FCD(SA) Pros Part I	3	1	33%
Anatomy	3	2	67%
Physiology	3	3	100%
Pathology	3	1	33%

FIRST SEMESTER 2018

Fellowship Part I Examinations

EXAMINATION	WROTE	PASSED	% PASS
FCD(SA) Orthod Part I	2	0	0%
Anatomy	2	2	100%
Physiology	2	1	50%
Pathology	2	0	0%
FCD(SA) Pros Part I	1	1	100%
Anatomy	1	1	100%
Physiology	1	1	100%
Pathology	1	1	100%

Fellowship Part II Examinations

EXAMINATION	WROTE	ORAL	PASSED	% PASS
FCD(SA) Pros Part II	1	1	0	0%
FCD (SA) Ortho Part II (HPCSA Candidate)	1	0	0	0%

There are currently 72 active members of the College of Dentistry of which 18 have Fellowships. The remaining 54 are Associate members.

Of the 18 Fellows, 5 have attained their Fellowship by peer review whilst the remaining 13 have taken the examinations.

The College is continuing its attempts to increase the numbers of members in each of the four disciplines.

Fellows by discipline

Orthodontics	13
Prosthodontics	3
Periodontics	1
Dentistry	1

Associates by discipline

Orthodontics	18
Periodontics	18
Prosthodontics	16
Community Dentistry	1
Dentistry	1

The Committee and examination panels wish to thank Mrs Ann Vorster, Mrs Lize Hayes and their staff for their continued support and assistance with our work.

Prof Angela Harris Dr Mark Wertheimer
PRESIDENT SECRETARY

COLLEGE OF DERMATOLOGISTS

1 JUNE 2017 TO 31 MAY 2018

The College of Dermatologists had FC Derm(SA) Part II exams hosted by the Department of Dermatology at Sefako Makgatho Health Sciences University from 24th to 25th October 2017. 9 candidates wrote the examination and they all passed.

The second semester examination was hosted by University of Stellenbosch on 15th to 16th May 2018. 9 candidates wrote, 5 were invited for the clinical exams and they all passed.

Prof Hendrick Motswaledi Dr Mahlatse Kgokolo
PRESIDENT SECRETARY

COLLEGE OF EMERGENCY MEDICINE

1 JUNE 2017 TO 31 MAY 2018

It is a great privilege to present the 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 Councilors

- Dr Heike Geduld (President and Senate Representative)
- Dr David Fredericks (Secretary and Senate Representative)
- Dr Sameer Carim
- Dr Sa'ad Lahri
- Dr Kamil Vallabh
- Dr Tamara Stephens (Diplomate Representative)
- Dr Anita Groenewald (Diplomate Representative)
- Prof Roger Dickerson (Immediate Past President)

University Representation

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

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

The University of Botswana was represented on Council by Dr Megan Cox in an observer capacity until October 2017. We thank Dr Cox for her work on behalf of the College of Emergency Medicine and Emergency Medicine training in Botswana.

Examinations

At present the College of Emergency Medicine offers 3 examinations :

1. Diploma in Primary Emergency Care - DipPEC(SA)
2. Higher Diploma in Emergency Medicine – HDip Emerg Med(SA)
3. Fellowship of the College of Emergency Medicine - FCEM(SA)

The College is proud of the growth of the Diploma in Primary Emergency Care which has become one of the largest Diplomas in the CMSA. On behalf of the College we wish our diplomats well in their professional careers.

In the last year, we graduated 11 Emergency Medicine Specialists including doctors from South Africa, Botswana and Zambia. Congratulations to our new Emergency Physicians.

The College of Emergency Medicine remains committed to improving the quality of Emergency Care training and assessment in South Africa. The College has its own FCEM II Exam preparation course which runs twice a year.

We are continuously working to quality assure exam processes and maintain fair, equitable and appropriate examinations.

Global Emergency Care

The College of Emergency Medicine continues to play an important role in the development and promotion of Emergency Care in South Africa, Africa and the rest of the world. The College has strong links to the Emergency Medicine Society of South Africa (EMSSA), and the African Federation for Emergency Medicine (AFEM) ; and is a critical partner in the development of strategies and policies on Emergency Care in LMICs.

Sincerest Thanks

The Council of the College of Emergency Medicine would like to formally thank our outgoing President, Prof Roger Dickerson, for his tireless work and outstanding leadership in the last 2 triennia. We are grateful to retain his support and guidance on our council for the next 3 years.

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, and to the Officers and staff of the CMSA for their hard work and support.

Dr Heike Geduld	Dr David Fredericks
PRESIDENT	SECRETARY

COLLEGE OF FAMILY PHYSICIANS 1 JUNE 2017 TO 31 MAY 2018

Council of Family Physicians of South Africa - CFP(SA)

The elected Council for the 2017-2020 triennium took over the business of the CFP (SA) in October 2017 comprising of the following Councillors:

President:	Professor DA Hellenberg (UCT)
Secretary:	Professor WJ Steinberg (UFS)
Other Councillors:	Dr S S Avramenko (D)
	Professor L E Baldwin-Ragaven
	Professor I Govender
	Professor J F M Hugo
	Professor L H Mabuza
	Professor R J Mash
	Professor M Naidoo
	Professor O Ogunbanjo
	Professor O B Omole
	Professor S Smith
	Professor P Yogeswaran

Representatives on Senate:
Professor DA Hellenberg and Professor G Ogunbanjo

Within the reporting period, the Council has had two council meetings on the October 2017 and the 13th May 2018 in which various matters related to the CFP (SA) examinations, performance of candidates, collaborations with sister colleges and examiner training took place. Some of the activities were as follows:

Flowing from May 2017 meeting Council decided that Proff Smith and Blitz could go ahead with the research project.

Preparation for the fellowship exams:

Fellowship examinations - CFP(SA) Final Part A:

- For 2018 exams the following preparations were made:
 - Semester 1 of 2018: UCT Convener: Dr T Ras.
 - Semester 2 of 2018: SMU Convener: Professor Honey Mabuza

Moderator for the FCFP: Professor S Smith

- b. For 2019 exams the following preparations were made:
- iii. Semester 1 of 2019: SU Convener: Dr Zelra Malan.
 - iv. Semester 2 of 2019: WITS Convener: The convener from WITS still needs to be identified at this stage.

Moderator for the FCFP: Professor S Smith

Writing groups:

MCQ Group: The person allocated by college to chair the MCQ group was changed and that delayed the communication.

During this term of reporting, it was established that candidates who have failed the clinical session may be invited for the next clinical session without rewriting the papers.

OCSE group: Professor I Couper has handed over the chairmanship of the writing group to Dr T Ras. Dr J Morgen replaced Dr T Ras as UCT representative. Request each training unit to propose a secundus for the writing groups (depending on available capacity). Members of the writing groups to sign the confidentiality agreement.

SAQ Group: Professor B Mash is the liaison to the council from this group. The SAQ writing group has changed in the last year. Difficulty is experienced with closing of the feedback loop. The group does not receive feedback of the marked questions. Example questions are made available through the "mastering your fellowship" section in the SAFPJ and CFP's would not support making the Papers available on the CMSA webpage.

FCFP Part B: Timeous submission of the research report to the CMSA. There is a practical problem that arises from the submission 60 day prior to the period. Candidates are delayed in their registration as a specialist with the HPCSA for a period of about 6 months that cut off point is missed. IA request needs to be made to the CMSA to see whether it cannot give candidates a letter to state when they have completed the requirements for both part A and B of the FCFP (SA) examinations.

As the specialty develops, the number of candidates sitting for the exit exams has slowly increased. Success rates ranged between 25% and 45% for the entire exams sittings for this period. However, for the clinical components, it ranged from 65% to 71%. The latter is slightly higher than previous.

The CFP(SA) continued to review its exam processes to make sure that they are fair, valid, and reliable. In addition, strategies are sought to improve exam success rates, namely support for candidates by their host university departments and through update programmes nationally as well as dedicated sessions for registrars at the annual SA Academy of Family Physicians conferences.

The dedication of a section of the SAFP journal on the "mastering of the fellowship" has received positive feedback from registrars and has helped with preparation for the exams.

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 members and trainers. The 3-year project has been greatly beneficial in improving the quality of the CFP(SA) exit exam, and

has led to various positive changes.

Continuous feedback received by some RCGP colleagues on the quality of the exams offered by CFP(SA) has resulted in the following changes planned by the CFP(SA):

- Format, design and timing of the different components of the assessments - re structuring has been implemented
- Clear and transparent blueprinting of the different components of the assessments - has been implemented and assessed to be functional.
- Introduction of writing groups for separate sections of the exam - established and functional for the fellowship exam, but for the diploma exam, this is still in progress.
- Revision and use of reliable assessment instruments for examiners - in progress, but more examiner training on the assessment instruments has taken place.
- Structuring feedback to candidates after an exam after the results have been released by the CMSA- different formats are being attempted, but no specific one has been adopted.

It is hoped that with the RCGP inputs, the CFP(SA) exams have developed to be more fair, objective, valid and reliable for the South African setting.

Collaboration - West African College of Physicians:

Ongoing

Higher diploma in Family Medicine:

Although recently introduced, the higher Diploma exam has not attracted many candidates yet. It is hoped that the numbers of applicants will improve over time.

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. This document aligns itself with the planning on the 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 numbers.

The majority of Councillors support the proposal that the College exam may become the exit exam for all Family Medicine diplomas offered in various universities in South Africa. Further discussions on the possible structure of such a national outlet exam are in progress, while certain universities are planning to introduce diploma programs as well.

Diploma:

OSCE group seems to be functional now after much prodding and the deadline this round has been met.

The MCQ group is now headed by Professor S Moosa. Those college exams with less than 10 candidates per year could be presented only once a year. The CFP council recommendation that exams for the HDipFM only be held once a year will be implemented in 2019. The qualification still needs to be registered with the HPCSA. This is to be addressed in a letter to the CMSA

Re-evaluation - Family Medicine Training program in Botswana:

The CFP has received an invitation to evaluate the new post-graduate Family Medicine Training Programme offered by the College of Medicine, University of Botswana. It is envisaged that this visit will be completed in the second half of 2018.

Professor Derek Hellenberg PRESIDENT	Professor Wilhelm Johannes Steinberg SECRETARY
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COLLEGE OF FORENSIC PATHOLOGISTS 1 JUNE 2017 TO 31 MAY 2018

Examinations

Our examinations were convened and hosted by Sefako Makgatho Health Sciences University (Second Semester, 2017) and the University of Stellenbosch (First Semester, 2018). The successful candidates included a total of fourteen graduates (eleven Diplomates and three Fellows) who were subsequently welcomed as members of the CMSA.

Council

The College of Forensic Pathologists entered the 2017-2020 triennium with thirteen newly-elected and two co-opted Council members representing all the post-graduate academic training Departments of Forensic Medicine and Pathology in South Africa.

Annual General Meeting

The Annual General Meeting of our Council was held on 24th October 2017 at Sefako Makgatho Health Sciences University and attended by both the outgoing as well as newly-elected Council members.

Ongoing Activities

Revision and updating of syllabi, curricula, guidelines and regulations are ongoing. The blueprinting of our various Diploma and Fellowship examinations has been prioritized and is currently in the process of being finalized. The recognition and accreditation of training sites which are not affiliated to HPCSA-accredited University departments was previously proposed for Diploma candidates and is now being appraised with renewed interest and effort.

New Initiatives

We recently embarked on several novel initiatives including a Welcome Booklet for new members of our College. Strategies to support examination panels and help candidates prepare for examinations are underway. The utility of the LogBox application is being assessed for the compilation and submission of our prescribed Logbooks and Portfolios of Learning. In addition, the feasibility of using innovative software platforms for selected practical components of our examinations is presently under consideration and evaluation.

Collaboration

Establishing formal alliances with international counterparts is an exciting endeavour which will promote and strengthen professional engagement as well as ensure that our assessment processes are progressively robust and in keeping with global norms. The aim of such academic collaboration is to ultimately improve and optimize teaching, training, research and standards of practice in Forensic Medicine and Pathology in South Africa.

Acknowledgement

We hereby express our sincere gratitude to all Council members, examiners, convenors and moderators for their hard work, commitment and selfless contribution to our College. Furthermore, we thank the dedicated staff of the CMSA offices in Cape Town, Durban and Johannesburg who remain tireless in their efforts to advise, assist and support our College in all our activities.

Dr Threnesan Naidoo PRESIDENT	Dr Chantelle Liebenberg SECRETARY
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COLLEGE OF MAXILLO-FACIAL AND ORAL SURGEONS 1 JUNE 2017 TO 31 MAY 2018

Participation in the most recent Council election was disappointing with only three fellows making themselves available for nomination to serve as Councilors.

I am pleased to report, however, that the numbers could be strengthened subsequently by a further five colleagues who made the commitment to serve as Councilors and were co-opted for the next triennium.

The Council now comprise of the following Councilors who will be responsible for the business of the CMFOS for the 2017-2020 triennium:

Elected members:

Dr AJ van der Westhuijzen (UWC)	(President and Senator)
Professor JA Morkel (UWC)	(Secretary)
Dr G Boyes-Varley (Wits)	(Senator)
Professor F Jacobs (UP)	(Immediate Past President)

Co-opted members:

Professor I Munzhelele (SMU)
Dr E Rikhotso (Wits)
Dr S Singh (UWC)
Dr W van der Linden (Wits)

During the year under review one Council meeting was held in September 2017 before the new Council took office while the first meeting of the newly constituted Council followed in May with another scheduled for August 2018 to coincide with the SASMFOS annual congress in Durban.

Blueprinting of the assessments for the FCMFOS(SA) Primaries, Intermediate and Final was completed, but remains under review for future refinement. The blueprinting of the assessments for Dip Oral Surg(SA) is nearing completion and should be finalised shortly.

The Dip Oral Surg(SA) offered by the CMFOS for the past six years was finally approved as an additional qualification by the Medical and Dental Professions Board of the HPCSA in December 2017.

HPCSA's discussions with stakeholders aimed at establishing unitary exit examinations for dental specialties appear to be ongoing. To this end the CMFOS will continue co-operating with all academic institutions involved in the training of MFOS registrars.

I would like to extend the sincere appreciation of Council to the

small pool of examiners, conveners and moderators for their selfless dedication in pursuing a high standard of academic excellence.

Pass rates in the Primary examinations remain low, probably due to the fact that many Part I candidates sit this examination prior to entering a formal training programme.

The migration of the assessments of the primary subjects, Physiology and Principles of General Pathology to MCQ format, is proceeding well with the aim of completing the transition of all primary examinations to MCQ format within the next year to eighteen months. The invaluable support and development of the databanks by Dr Priscilla Soma and Dr Melanie Louw respectively are acknowledged with sincere appreciation.

We would like to congratulate and welcome Dr C Smit and Dr M Machaka as the newest fellows of the College of Maxillo-Facial and Oral Surgeons on successful completion of the FCMFOS(SA) final examinations in Cape Town, where they were admitted as fellows at the admission ceremony on 17 May 2018.

Dr Albertus van der Westhuyzen Professor Jean Morkel
PRESIDENT SECRETARY

COLLEGE OF MEDICAL GENETICISTS **1 JUNE 2017 TO 31 MAY 2018**

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

The 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 have been implemented to remove essay questions from our Part II examinations. The two remaining papers consist of short and medium length questions. With regards to standard setting in examinations we are challenged by our extremely small candidate numbers, but look forward to working with the College 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 the second half of 2018.

We have had two successful Part I candidates in the reporting period, and three Part II candidates. The exam processes were incident free and audio-recording of examiner candidate interactions was implemented in the first semester of 2017.

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 a positive note.

Professor Amanda Krause Dr Lindsay Lambie
PRESIDENT SECRETARY

COLLEGE OF NEUROLOGISTS **1 JUNE 2017 TO 31 MAY 2018**

During the year under review, (1 June 2017 – 31 May 2018), 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 Tucker (President & Senator)
- Professor D Magazi (Secretary and Senator)
- Professor J Carr
- Dr A Moodley

Co-opted members:

- Professor C Schutte
- Professor M Kakaza
- Professor G Modi (Emeritus President)
- Professor R Eastman (Emeritus President)
- Professor A Bhigjee
- Professor A Mochan

Councilors remained in regular direct, telephonic and email contact during the year under review, and an Annual General Meeting is scheduled for November 2018.

Our College continues to make changes to the protocols of our examinations in order to strengthen fairness of assessment, transparency and accountability, whilst ensuring that academic standards are not only maintained but improved. Throughout this process, our Council has consulted with the NASA Registrar Committee, an elected body representing South African career neurology registrars. A period of transition is always challenging, and it is not unexpected that some disagreements have arisen from time to time.

Our College is making progress towards changing the format of our examinations from the essay and short answer format to multiple choice questions (MCQ). In recent Part I and II examinations, MCQs have constituted 50% of the questions; with the remaining 50% have been in the "short answer" format.

In general, our Council regards the pass rates in our College's Part I and II examinations during the past year as acceptable. Pass rates in the Part I examination remain low, likely due to the fact that many Part I candidates sit this examination before entering a formal neurology training program.

During the period under review, a serious dispute arose between the moderator and convener of our College's 2018 1st Semester, Part II examinations, and this was referred to the CMSA Examinations and Credentials Committee (ECC) for consideration. The ECC held a special meeting, which reviewed written submissions and heard verbal contributions from the moderator, the independent observer, and the convener of that examination. The CMSA Academic Registrar was in attendance. The ECC concluded that CMSA examination regulations and protocols were not strictly followed and, consequently, that the examination in question could be regarded as procedurally

compromised. The ECC referred the matter back to the Council of our College for resolution. To this end, our Council unanimously agreed: (a) It is accepted that the 2018, 1st Semester Part II Examination was procedurally compromised and that this might have negatively affected both the assessment of candidates in the clinical/oral component of that examination, and the ability of the Council of the College of Neurologists to form an independent assessment of the fairness of the examination. (b) The results of the written component of the 2018, 1st Semester Part II Examination should stand. (c) With respect to the clinical/oral component of the 1st Semester Part II Examination, four candidates sat this component of whom two passed and two failed. (d) The results of the two candidates who passed the clinical/oral component of the 1st Semester Part II Examination should stand.

In early August of 2017, our council held a special 2-day meeting in Cape Town with the primary aim of generating questions for our College's MCQ bank. Also, at this meeting, the blueprint for our college was discussed. A similar Council meeting is scheduled for November of this year to coincide with our College's AGM. At this meeting our Council will review our College's regulations for examiners, conveners and moderators.

We await the CMSA Senate's final approval of recent revisions made to the regulations of our College's Diploma in Sleep Medicine (DSM).

The annual neurology registrar teaching weekend, which is organised by the Divisions of Neurology at Cape Town and Stellenbosch Universities in collaboration with the Neurological Association of South Africa (NASA), continues to be very successful. Furthermore, our College is collaborating with NASA and the Universities of Cape Town to run an annual, six-month, basic but comprehensive online-EEG (electroencephalography) distance learning program, which is aimed at registrars in South Africa and beyond its borders. In excess of one hundred and twenty 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 course over the past two years. Indications are this interactive, web-based course will be very successful.

The financial health of our College is good, with an accumulated levy fund in excess of R100 000.00, which will be utilised in the year ahead to hold national workshops aimed at developing new examination formats, curriculum blue prints and update regulations for moderators, conveners and examiners involved in our College's examinations.

Dr Lawrence Tucker	Professor Dali Magazi
PRESIDENT	SECRETARY

COLLEGE OF NEUROSURGEONS **1 JUNE 2017 TO 31 MAY 2018**

The 2014-2017 College Council term expired, and all the Councilors are to be thanked for the work they have put in for the College. The new Council of the College of Neurosurgeons of South Africa was elected and all HOD's were included on the council, whether they were elected or co-opted to ensure representation of all the training centers on the Council. Professor Semple remains as the President and the new secretary is Professor Vlok. The other College Council

members are Dr S Nadvi (UKZN Private), Dr J Ouma (Wits), Dr J Basson (UFS), Dr B Enicker (UKZN), Professor G Fieggen (UCT), Dr R Harrichanprasad (UKZN), Professor P Legkwara (SMU), Professor M Mokgokong (UP) and Dr S Rothemeyer (UCT).

The Final exams had pass rate of 33% in the second semester 2017 and 55% in first semester 2018. Of note is in the first semester 2018 there were the highest number of candidates ever, namely sixteen, who wrote the exam and twelve candidates attended the clinical / oral part of the examination. The new CMSA regulation that candidates who pass the written part of the examination and fail the clinical / oral examination has been implemented and this meant that two additional candidates attended the clinical / oral examination in the first semester of 2018. The Primary Neurosurgery examination and Intermediate Neurosurgery examination has been Single Best Answer (MCQ) for a number of years with each exam being set up by an Examination Board which is relatively permanent. This system has been functioning well and the pass rate is generally above 60%.

The College of Neurosurgeons of South Africa had the annual meeting on 26 January 2018. The main subject of discussion was the Final examination, where a number of important decisions were made. It was resolved that from 2019 the Final written examination would consist of a Single Best Answer (SBA) paper of one hundred questions and two papers of three questions each. The candidates will have to pass the written question papers collectively with average of 50% and subminimum of four of six questions passed, as well as passing the SBA paper with 50% to be invited to the clinical / oral examinations. The Examination Board for the SBA paper will be relatively permanent while the Examiners for the written question papers and clinical / oral examinations will change for each examination as usual. The Examination Board for The SBA paper will be convened by Professor Vlok and consists of Dr Nadvi, Dr Ouma, Dr Rothemeyer and Dr Basson. The aim is to convert all the written examination papers to SBA in the future. In addition, it was decided that all the candidates must bring their Logbooks the Final clinical / oral examinations from 2019. The Logbooks will not be marked but the candidates may be asked questions related to their cases.

Professor Patrick Semple	Dr Adriaan Vlok
PRESIDENT	SECRETARY

COLLEGE OF NUCLEAR PHYSICIANS **1 JUNE 2017 TO 31 MAY 2018**

CNP Council

The Council for this triennium consists of the following members: Professor James Warwick (President), Professor Mariza Vorster (Secretary), Dr Rachelle Steyn, Dr Noziph Nyakale. The rest of the Council is made up of the co-opted HOD's of the various academic departments: Professor Trevor Mdaka, Professor Willy Vangu, Dr Gert Engelbrecht, Professor Annare Ellmann, Dr Anita Brink and Dr Tessa Kotze.

Our next council meeting has been scheduled for October 2018.

CME activities

The CNP will again facilitate a series of CME lectures as an additional item to the program of the Biennial Congress of the South African Society of Nuclear Medicine, which is to take place during 9-12

August 2018 at the CSIR in Pretoria. An annual nuclear medicine update seminar was initiated at the IALCH and Professor John Buscombe will present a workshop on Advanced Nuclear Medicine in preparation for the FCNP(SA) Part II in Pretoria in August 2018.

Examinations

New regulations:

1. Carry-over of successfully passed written exams to the following exam in cases of a failed OSCE or oral examination has now been implemented successfully and audio recording of the OSCE and oral examinations are now standard practice.
2. Newly implemented FCNP(SA) Part I regulations 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 passed. A recent amendment has been made requiring only a pass in order to carry over individual modules.
3. 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

The FCNP Blueprint and Portfolio of Learning has been updated recently.

Finally, we would like to congratulate and welcome all successful candidates for FCNP(SA) Part II examinations in the past year.

Professor James Warwick Professor Mariza Vorster
PRESIDENT SECRETARY

COLLEGE OF OBSTETRICIANS & GYNAECOLOGISTS 1 JUNE 2017 TO 31 MAY 2018

1. Introduction

It is a privilege to submit this report reflecting on the activities from 1 June 2017 to 31 May 2018. This has been a challenging period for the College of Obstetricians & Gynaecologists (COG) with some ongoing and unresolved issues that will hopefully be resolved in the not too distant future.

2. Council meetings

Council meetings were held on 13 June 2017 and on 28 November 2017 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.

The meeting of 28 November 2017 was the first meeting of the new Council for the triennium 2017 - 2020. At this meeting Dr Tumi Mosehle (SMU), Dr Etienne Henn (Part I committee chair and UFS) and Professor Mana Mdaka (WSU) were co-opted on the COG Council to ensure all training platforms were represented on the COG Council.

3. Special Council meetings

In addition to the regular six-monthly scheduled Council meetings, two additional special meetings were convened in 2018. A possible compromise in the integrity of the written FCOG(SA) Part II examination papers was identified in February 2018. The EXCO of the COG subsequently decided to withdraw the original papers and replaced them with new ones.

A special Council meeting was held on 11 April 2018 in Cape Town to discuss the Part II examination process following the withdrawal and replacement of the first semester FCOG(SA) Part II examination papers due to a possible compromise in the confidentiality of these papers. At this meeting the examination process and setting of the written papers were refined and several additional measures to protect the integrity of the examination process were accepted and implemented during the first semester 2018 clinical examinations.

This incident led to a CMSA enquiry into this matter as well as alleged racism in the COG. The findings of this report were discussed with the COG Council at a meeting on 2 May 2018 in Johannesburg.

This incident has created a significant amount of tension within the COG and has unfortunately also led to negative publicity in the lay press affecting the image of the COG and the CMSA.

4. Committee Meetings

The COG has three standing committees. All relevant training platforms have representation on the respective standing committees.

4.1 Part I Committee

The Part I committee meets twice a year. At both these meetings the Part I examination and curriculum are discussed and the Part IA and IB written examination papers are set. This committee appoints examiner panels for the two respective Part I examinations. Dr Etienne Henn is the Chair of this committee.

4.2 Part II Committee

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 26 May 2017 at the OR Tambo International Airport for an annual business meeting and on 16 November 2017 for a standard setting workshop.

4.3 Subspecialist Committee

The subspecialist committee met on 25 January 2018 for a business meeting and setting of examiner panels. This committee is chaired by Professor Greta Dreyer.

5. Workshops

A standard setting workshop for the COG was presented by Professor Scarpa Schoeman on 26 September in Johannesburg. The meeting was well attended and robust discussion and debate around this issue took place.

The COG has decided for the immediate short term to remain with the current format of the different examinations it is responsible for.

6. Examinations

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

EXAMINATION	NUMBER OF CANDIDATES	PASSED	PASS RATE OF THOSE WHO WROTE
Part IA	93	58	62%
Part IB	73	47	64%
Part II	51	36	71%
Dip Obst (SA)	32	21	66%
Cert Gyn One	2	2	100%
Cert Mat Fetal	4	3	75%
Cert Reprod Med	1	1	100%

The COG conducted the following examinations during the first semester of 2018:

EXAMINATION	NUMBER OF CANDIDATES	PASSED	PASS RATE OF THOSE WHO WROTE
Part IA	76	25	33%
Part IB	63	20	32%
Part II	35	25	71%
Dip Obst (SA)	25	14	58%
Cert Gyn One	2	2	100%
Cert Mat Fetal	1	0	0
Cert Reprod Med	4	3	75%

Except for the challenge encountered around the potential breach of the written papers for the FCOG(SA) Part II examination during the first semester of 2018, all these examinations were presented very successfully without any additional major challenges or disputed outcomes.

7. JC Coetzee Fund

The Obstetrics and Gynaecology departments of UCT and UP both continue to be the 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 Nginza Hospital in Port Elizabeth. Gynaecologic oncology outreach is also now done in Pietermaritzburg.

8. Concluding remarks

I would like to take this opportunity to once again thank the different convenors, 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 willingness to serve and work as COG Council members, their continuous contribution and support towards the success of the COG, and I am looking forward to everyone's contribution and co-operation during the next triennium.

It is an honour and privilege to be re-elected as President of the COG

and I want to thank the current Council for the confidence in me and for their continuous support and tremendous co-operation to ensure smooth running of the COG matters.

Professor Leon Snyman Professor Priya Soma-Pillay
PRESIDENT SECRETARY

COLLEGE OF OPHTHALMOLOGISTS

1 JUNE 2017 TO 31 MAY 2018

The AGM of the Council of Ophthalmologists was held during the OSSA Congress at Sandton Convention Centre in Johannesburg on the 1st of February 2018. The following important decisions were made:

1. Format of Part Ib Examination

- The number of refractions performed should be included in the Portfolio of candidates.
- The OSCE examination will be held over two days with Pathology on day one and Optics on day two.

2. Format of Part II Examination

- The format will change from having two long cases and twelve short/OSCE cases to having fifteen short/OSCE cases only with predetermined standardized questions.

3. MCQs

- The number of MCQs per paper needs to be increased - this will initially focus on the Primary (IA) and Part II MCQs.
- A MCQ validation workshop needs to be held later during the year.

4. Portfolios

The registrars' portfolios need updating. A portfolio review subcommittee was formed to discuss threshold numbers below which a candidate will not be signed off.

5. Aligning the curriculum of African Colleges and Subspecialty training

The meeting discussed the importance of aligning our curriculum with that of other African Colleges of Ophthalmologists. The meeting asked Professor David Meyer to further investigate the issue.

All Fellowship and Diploma examination regulations and curricula have been revised and are available on our website.

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 Dr Aubrey Makgotloe
PRESIDENT SECRETARY

COLLEGE OF ORTHOPAEDIC SURGEONS

1 JUNE 2017 TO 31 MAY 2018

The Orthopaedic College Council met twice in this period as well as the AGM at the annual South African Orthopaedic Association congress held in Port Elizabeth, September 2017.

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 standardized orals were successfully used 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 2017 was awarded to Dr Mark Roussot from UCT.

The Francois P Fouché lecture for 2017 was delivered at SAOA meeting in Port Elizabeth by Regis J. O'Keefe on "Diversity in Orthopaedics: Does it Make us Better? A USA Perspective".

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.

Professor Robert Dunn Professor Theodorus Le Roux
PRESIDENT SECRETARY

COLLEGE OF OTORHINOLARYNGOLOGISTS **1 JUNE 2017 TO 31 MAY 2018**

The format of the FCORL(SA) Final clinical examination was modified in May 2018 with the introduction of SBAs to replace one of the questions of the examination. It is planned for the SBA component to increase in future.

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 an adequate range of surgical procedures.

The annual registrars' teaching weekend was held in Durban in March 2018; it was well attended and supported by a number of academic staff from around the country.

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

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

Professor Johan Fagan Professor Riaz Seedat
PRESIDENT SECRETARY

COLLEGE OF PAEDIATRIC SURGEONS **1 JUNE 2017 TO 31 MAY 2018**

1. Elections of 2017:

The elections for the triennium 2017 – 2020 took place last year and the results were ratified at the CMSA Senate meeting of 27 October 2017.

The following people were elected:

President: Professor AS Shaik
Secretary: Dr SM le Grange

Representatives on Senate:

Professor AS Shaik
Professor A Numanoglu

Other members of Council:

Professor RA Brown
Professor MR Chitnis
Professor JA Loveland
Dr MH Sheik-Gafoor

2. Examination of the second semester 2017:

- Six candidates entered the examination.
- Six candidates wrote the written examination.
- Six candidates were invited to the clinical examination.
- One candidate withdrew due to illness and was deferred to the clinical examination of the first semester of 2018.
- Four candidates passed the examination.
- One candidate failed the examination.

Panel of examiners:

Convener: Professor JA Loveland
Examiners: Dr EW Müller
 Professor A Numanoglu
 Professor AS Shaik
Moderator: Professor C Lazarus

3. College Council meeting:

The meeting was held on 7 February 2018 from 10:00 until 14:00 in the CMSA building, Parktown, Johannesburg.

Attendance: Professor AS Shaik
 Dr SM le Grange
 Professor A Numanoglu
 Professor RA Brown
 Professor MR Chitnis
 Professor J Loveland
 Dr MH Sheik-Gafoor

The meeting co-opted the following members to order to have representation from all the training centres:

Dr B Baniaghbal
Dr EW Müller
Dr L Marcisz

These three members immediately joined the meeting.

Apologies: None

The following matters were discussed:

- The upcoming meeting of the South African Paediatric Surgeons Training Association (SAPSTA) that will be held in August 2018 in Pretoria. The SAPSTA representative, Dr Yoli Hawu, addressed the meeting in this regard.

- b. The previous year's examinations were discussed.
- c. There was no recommendation for the winner of the medal for 2017.
- d. The upcoming examination of May 2018 in Cape Town was discussed. The meeting learned that the papers and model answers were sent in and ready. The portfolios of the candidates were accepted. The oral will be on Tuesday, 8 May 2018.
- e. The examination of the second semester 2018 is supposed to be hosted by SMU, but they refused it. A volunteer for the exam was looked for. The UFS volunteered, but this was later declined by central office and the examination was referred to UW.
- f. Examiners were set for the examinations until second semester of 2019.
- g. Examiner credentialing was discussed, and the meeting was in favour its own rules as opposed to general CMSA rules.
- h. External observers (for example from COSECSA) are welcome.
- i. The meeting voted in favour of Single Best Answer Questions, which will be introduced over the next two to three years.
- j. The Learning Portfolio was discussed in depth and minimum standards set.
- k. Fellowship by peer-review: CV of Professor A Numanoglu outstanding.
- l. Honorary fellowships: Citation for Professor M Davenport outstanding.
- m. Next meeting: Day before the SAPSTA/SAAPS-meeting in August in Pretoria.

4. Examination of the first semester 2018:

- Two candidates entered the examination.
- Two candidates wrote the written examination.
- Four candidates were invited to the clinical examination (two rolled over from previous exam).
- Two candidates passed the examination.
- Two candidates failed the examination.

Convener: Professor A Numanoglu

Examiners: Professor MR Chitnis
Professor S Cox
Dr SM le Grange

Moderator: Professor C Lazarus

Professor Samad Shaik Dr Susanna Le Grange
PRESIDENT SECRETARY

COLLEGE OF PAEDIATRICIANS 1 JUNE 2017 TO 31 MAY 2018

The College of Paediatricians of SA has had a busy year. A new Council was elected for the triennium 2017 - 2020.

That Council is as follows:

President: Professor A Davidson UCT (serves on the Senate)
Secretary: Professor R Masekela UKZN (serves on the Senate)

Members: Professor SC Brown UFS
Dr AH Coovadia Wits
Professor VA Davies Wits
Professor S Kling US

Dr AP Ndondo UCT
Professor L Pepeta NMMU
Professor H Saloojee Wits

The following members of the College were co-opted to assist the Council:

1. Dr Jeane Cloete – DC H and FC Paed exams UP
2. Professor Sanjay Lala – FC Paed MCQ exams Wits
3. Dr Mary Morgan - DCH UKZN
4. Dr Gary Reubenson - FCPaed exams Wits
5. Dr Simon Strachan - Private Practice

The year saw the inception of MCQ papers for the part II written exams, so that both written components of the qualification are now examined by the MCQ format. The first Part II MCQ in the first semester of 2018 produced an acceptable pass mark using the Cohen method of standard setting, and we will now use the Cohen method to derive the pass mark for the FC Paed(SA) Part I and II MCQ examinations. The specific application of this method used is the Cohen65 with correction for guessing. This has been published on our website.

The council is currently responsible for the following exams:

- Fellowship of the College of Paediatricians of SA
- Diploma in Child Health of the College of Paediatricians of South Africa
- Certificate in Allergology of the College of Paediatricians of South Africa
- Certificate in Cardiology of the College of Paediatricians of South Africa
- Certificate in Clinical Haematology of the College of Paediatricians of South Africa
- Certificate in Critical Care of the College of Paediatricians of South Africa
- Certificate in Developmental Paediatrics of the College of Paediatricians of SA
- Certificate in Endocrinology and Metabolism of the College of Paediatricians of SA
- Certificate in Gastroenterology of the College of Paediatricians of South Africa
- Certificate in Infectious Diseases of the College of Paediatricians of South Africa
- Certificate in Medical Oncology of the College of Paediatricians of South Africa
- Certificate in Neonatology of the College of Paediatricians of South Africa
- Certificate in Nephrology of the College of Paediatricians of South Africa
- Certificate in Paediatric Neurology of the College of Paediatricians of South Africa
- Certificate in Pulmonology of the College of Paediatricians of South Africa
- Certificate in Rheumatology of the College of Paediatricians of South Africa

The exams are all blueprinted. The process of codifying and publishing these blueprints on the website is under way and should be completed in the 2018 – 2019 year.

The new Council met in February 2018 and tried to set a strong

transformational agenda. We believe that it is important for all campuses to be represented and the heads (or a representative) of UL, SMU and WSU were invited to attend future meetings. Professors D Mawela (SMU), N Shipilana (UL) and K Ghairé (WSU) have all accepted this invitation. Robust registrar representation in the form of SARA and SAPRA will continue, and we are focusing on transforming our cadre of examiners by bringing in observers from under-represented campuses.

In terms of outcomes there were one hundred and sixty two graduates in SS 2017 and FS 2018 made up of ninety diplomates in the DCH, and one hundred and sixty two paediatric fellows.

In May 2018, Senate approved the awarding of Fellowships Ad Eundem to Professor Beyers Hoek and Professor Robbie Gie, and Honorary Fellowship to Professor Alan Rothberg.

Professor Alan Davidson Professor Refiloe Masekela
PRESIDENT SECRETARY

COLLEGE OF PATHOLOGISTS 1 JUNE 2017 TO 31 MAY 2018

New council members:

The following pathologists were elected to the College of Pathologists Council for the triennium 2017 to 2020:

- Professor Johnny Mahlangu – President (Haematology)
- Dr Elizabeth Mayne (Haematology)
- Professor Jaya George (Chemical Pathology)
- Professor Tahir Pillay (Chemical Pathology)
- Dr Jocelyn Naicker (Chemical Pathology)
- Dr Michael Locketz (Anatomical Pathology)
- Dr Hue-Tsi Wu (Anatomical Pathology)
- Dr Nazir Ishmail (Microbiology)
- Dr Zinhle Makatini: Secretary: (Virology)
- Dr Sonja Boy (Oral Pathology)

Activities During the period under review:

One College of Pathologist Council meeting was held at which Professor Andrew White was co-opted as an additional Councillor representing the discipline of Microbiology. Professor Sonja Boy has subsequently resigned from Council to pursue private interest and the Council is in the process of finding an Oral Pathology representative in the Council.

The Council considered and approved Associate membership of three Pathologists who met the requisite criteria for joining the CMSA. These associate members will be inducted and included in the examinations panel pools for the various disciplines.

Examinations in the College of Pathologist continue to be conducted successfully in seven disciplines including six fellowships and one certificate. The Council has recognized the impending retirements of a number of examiners and given priority the need to expand the examination pool in the various disciplines. Consequently, all examinations in the next few semesters will include qualifying observers who are trained to be examiners.

The single most important challenge facing the council is the

suboptimal pass rate in the various disciplines of Pathology. A number of stakeholders including the CMSA Senate have requested an audit of the reasons for the poor pass rate. This audit is currently underway, and the results should be shared with the various stakeholders once complete.

The Council would like to acknowledge the great dedication and contributions made by previous College of Pathologists Council in maintaining the high quality and integrity of Pathology specialist examinations. We would like to thank the CMSA registrar's office for the support in collating and administering the multiple and often logistically complex examinations in our College

Professor Johnny Mahlangu Dr Zinhle Makatini
PRESIDENT SECRETARY

COLLEGE OF PHYSICIANS 1 JUNE 2017 TO 31 MAY 2018

The College of Physicians continues to attract a large number of candidates for Fellowship of the College of Physicians (FCP), with smaller numbers for the Subspecialty Certificate and Diploma examinations. Modernization of the examinations is ongoing with the revision of curricula, the development of blueprints and the implementation of robust moderation processes.

Professor Bilkish Cassim Dr Peter Raubenheimer
PRESIDENT SECRETARY

COLLEGE OF PLASTIC SURGEONS 1 JUNE 2017 TO 31 MAY 2018

The College of Plastic, Reconstructive and Aesthetic Surgeons of South Africa (CPRASSA) had an eventful year from July 2017 until June 2018. A new President and a new Secretary was elected to serve from 2017-2020.

The newly-elected inaugural meeting was held at our AGM in Mid September 2017 in Johannesburg. Prior to this meeting, the President and the Secretary attended a CMSA national initiative in August 2017 on how to make College exit exams more defensible. In recent years, the CMSA has been crippled economically by a spate of lawsuits by disgruntled registrars from all disciplines of medicine who have been unsuccessful at their exit exams. Various statistical techniques of setting exams were discussed and the CPRASSA (College of Plastic, Reconstructive and Aesthetic Surgeons of Southern Africa) decided to adopt the Ebel method. With immediate effect, we decided to scrap long questions in the written exams and to slowly exclude long cases from our clinical examinations, the latter in favour of more short cases and OSCE – type stations. The written exams for now will only comprise of short essay-type questions. This was implemented to a large degree in FC Plast Surg(SA) 2nd semester 2017 (Johannesburg) and 1st semester 2018 (Cape Town). We have achieved reasonable pass rates in the above examinations – details of which will be in the exam reports.

The collaboration of the Council and the Education Sub-committee since last year has been our biggest feat. Meetings are now held every two to three months since March 2018 via Skype which have proven to be highly successful and cost effective. All meetings have

minutes that are circulated to the various members. Previously meetings were held twice/year. The meeting is currently chaired by a member who is represented at both the education sub-committee and represents Council at the Senate.

We deal with:

- resources and strengths of the different units
- registrar portfolios, research, training and logbooks
- syllabus and curriculum, academic programmes, text books and journals
- registrar symposia and APRASSA congresses
- exam format, results, failure rates and remark procedures and, requirements for appointing registrars

We welcomed several new colleagues to our College. Once a candidate passes he automatically becomes a member. The next AGM will be held at the APRASSA (Association of Plastic Reconstructive and Aesthetic Surgeons of SA) conference in Cape Town at the Arabella Spa and resort (14-16 Sept 2018).

We look forward to seeing all our members and encourage their active participation.

Dr Wayne Kleintjes Dr Saleigh Adams
PRESIDENT SECRETARY

COLLEGE OF PSYCHIATRISTS 1 JUNE 2017 TO 31 MAY 2018

College of Psychiatrists Annual Report

Following successful elections, the Council of the College of Psychiatrists held an extraordinary meeting via teleconference to vote on the co-option of additional members to the Council to ensure adequate geographic representation. Subsequent to this, five co-opted members (Dr Puleg Mokoena-Molepo from the University of Limpopo, Dr Belinda McIntosh from Mpumalanga (Diplomate representative), Professor Zuki Zingela from Walter Sisulu University, Dr Carla Kotze from the University of Pretoria, and Professor Richard Nichol from the University of the Orange Free State) were welcomed onto the College Council. Over the past year, the College of Psychiatrists has hosted two successful rounds of examinations (hosted by the University of Pretoria in 2017 and by the Universities of Stellenbosch and Cape Town in 2018). The Certificate in Forensic Psychiatry examination was also hosted for the first time in the 2017.

EXAMINATION	SS 2017		
	WROTE	PASSED	% PASS
FC Psych(SA) Part I	19		
<i>Clinical Neuroscience</i>	10	8	80%
<i>Behavioural Sciences</i>	11	7	64%
<i>Introduction to Psychiatry</i>	12	6	50%
FC Psych(SA) Part II	32	15	47%
DMH(SA)	17	13	76%
Cert Child and Adolescent Psychiatry(SA)	No candidates		
Cert Forensic Psychiatry(SA)	1	1	100%
Cert Neuropsychiatry	1	1	100%

EXAMINATION	FS 2018		
	WROTE	PASSED	% PASS
FC Psych(SA) Part I	28		
<i>Clinical Neuroscience</i>	9	6	67%
<i>Behavioural Sciences</i>	15	8	53%
<i>Introduction to Psychiatry</i>	24	18	75%
FC Psych(SA) Part II	39	28	72%
DMH(SA)	12	7	58%
Cert Child and Adolescent Psychiatry(SA)	1	1	100%
Cert Forensic Psychiatry(SA)	2	0	0
Cert Neuropsychiatry	1	1	100%

In an endeavour to transition to a Single Best Answer (SBA) format for the written examinations, the College of Psychiatrists hosted two SBA workshops. The 1st workshop was hosted in Pretoria on 1st February 2018, to coincide with the annual registrar workshop (see below) and was well-attended by examiners and representatives from all Departments of Psychiatry. Professor T Luvhengo, Clinical Head of the Department of Surgery at Charlotte Maxeke-Johannesburg Academic Hospital, was the workshop facilitator and conducted sessions on the principles of setting SBA questions and on Standard Setting. A demonstration of the Speedwell electronic examination administration system was done by Dr N Sunderlall. Breakaway groups brainstormed on the way forward regarding the implementation process of the new examination format. Attendees found the forum very useful in navigating the challenging road ahead as the College of Psychiatrists makes this transition. Three parallel processes were identified as requiring urgent attention: (i) The development of Part II blue print matrix, (ii) Training of examiners and generation of SBA banks and (iii) Training and establishment of expert panel for standard setting. The 2nd workshop was hosted on the 13th of May 2018 at the Southern Sun Newlands to discuss the planned migration to (SBA) format examinations. Nineteen participants representing all departments attended the workshop. Three core examinations have been earmarked for the migration with an expected rollout in 2019/2020. Most Departments of Psychiatry have also conducted their own internal SBA training workshops. Each university has identified an SBA champion who has constituted an SBA working team at departmental level.

Once again, the annual registrar training workshop, sponsored by Servier, was held on the 2nd and 3rd February 2018 at The Capital, Pretoria. There were seventy nine participants at the workshop (thirty five examiners from the College of psychiatrists, thirty five registrars and nine speakers).

The College of Psychiatrists face-to-face Council meeting preceded the registrar workshop on the Friday. Registrars were guided through the final examination requirements and briefed on expected standards, with presentations from senior examiners. The afternoon included practical sessions on answering technique and mock OSCEs. The Saturday morning was dedicated to updates from a variety of experts from around the country covering a range of topics, including Psychotherapy, Cannabinoids and Psychiatry, Psychopharmacology, and Depression and Suicide. In general, the registrar and examiner feedback was positive. Registrars found the academic guidance,

engagement with future examiners, and networking and socializing with colleagues (peers and specialists) from other departments stimulating and beneficial.

The promulgation of two subspecialties, Addiction Psychiatry and Consultation-Liaison Psychiatry, is still pending.

Six Psychiatrists (Profs. Koen (SU) and Subramaney (Wits), and Drs Botha (SU), Paruk (UKZN), Milligan (UCT), Brummerhoff (Wits) received sponsorship from CMSA and successfully completed the AMEE (Association for Medical Education in Europe) Essential Skills in Medical Education Assessment on-line short course from 15 January to 6 April 2018.

The RWS Cheetham Award for 2017 was won by Dr Thebe Madigoe who is the Clinical Head at Tara Hospital in Johannesburg for his cross-cultural paper titled: "Towards a Culturally Appropriate Trauma Assessment in a South African Zulu Community" which was published in 2017 in *Psychological Trauma: Theory, Research, Practice, and Policy*. The Cheetham award is given to an author who has penned the best cross-cultural paper in South African psychiatry in a local or international journal in a given year.

The Council took a decision at its face-to-face meeting in February this year to co-sponsor examiner observers from the University of the Free State and Walter Sisulu University SU to examinations, as these centres do not host exams. A decision was taken that departments would co-fund 50% of the total cost of observers to allow them to actively participate as examiners in future exams.

The Portfolio of Learning subcommittee of Council undertook its annual audit of portfolios in October 2017. Nineteen portfolios, selected from all departments, were audited for completeness, consistency and quality, and feedback was provided to all HoDs. The web-based Portfolio of Learning (Logbox) has also been implemented. Both psychiatrists and registrars from departments around the country participated in a demonstration, via teleconference, in October 2017. Feedback from participants, and registrars in particular, has allowed us to address 'bugs' in the system. All registrars who commence training as of 1 January 2018 have been advised to use the Logbox platform.

The revision of the Portfolio of Learning to include workplace-based assessments is currently being finalised with implementation for all new registrars planned for 2019.

The 2017 National Public Mental Health Forum for registrars was held on the 14th of September 2018, just prior to the Biological Psychiatry Congress, at the Lord Charles Somerset Hotel (Cape Town). The workshop was co-hosted by the Division of Public Mental Health at UCT and co-sponsored by SASOP, the College of Psychiatrists and Sanofi. Twenty-eight senior registrars from all eight departments were sponsored to attend the workshop. The workshop covered public mental health topics focusing on prevention, recovery, stigma, and mental health economics, among others, and was very well received. The 3rd Public Mental Health forum will be held on the 21st of September 2018, just prior to the official opening of the SASOP Congress at the CSIR in Pretoria.

Finally, the College of Psychiatrists in partnership with the South

African Society of Psychiatrists will be conducting a research project, commencing in late 2018, titled "A situational analysis of training requirements for psychiatrists in South Africa". The study will comprise analysis of secondary data in the public-domain data as well as consist of national surveys of Heads of Departments of Psychiatry and registrars. A post-doctoral researcher at Stellenbosch University with an interest in medical education, Dr Karis Moxley, will lead the study.

Professor Soraya Seedat Dr Suvira Ramlall
PRESIDENT SECRETARY

THE COLLEGE OF PUBLIC HEALTH MEDICINE 1 JUNE 2017 TO 31 MAY 2018

The period has been very productive for the College of Public Health Medicine (CPHM). New office bearers for the triennium 2018-2020 were elected with

Professor Leslie London as President of the College of Public Health Medicine (CPHM), Dr Flavia Senkubuge as secretary and Dr Shahieda Adams as the chair of the Occupational Medicine Division (OMD).

The work on the Higher Diploma in Medical Management continues with the division currently developing a curriculum. A subcommittee has also been put together to finalise work on the diploma. An issue of concern for the CPHM is the lack of training in clinical governance. To this end the CPHM submitted intention to host a CMSA wide workshop on clinical governance in 2019. The council recommended that the diploma in Travel medicine be suspended as there was no current demand nor capacity to run this exam.

Updates to the regulations for Public Health Medicine and Occupational Medicine were completed and approved by the Council. The updates amongst others gave clarity to the difference between the long and short report. Both divisions have also established and are continuously updating the bank of single best answer multiple choice questions in the question mark database for use in future examinations.

In the 2016 and 2017 examinations three candidates passed in Public Health Medicine and five candidates in Occupational Medicine. Dr Keneilwe Elsa Letebele-Hartell was admitted as an associate member in the CPHM in 2017.

During this period the grandfathering process for Occupational medicine that had been closed by the HPCSA for a number of years was reopened. After an initial lack of clarity about the criteria to be used by the HPCSA and the duration of the reopening, the CPHM held discussions with the HPCSA. The CPHM made a submission to the HPCSA for use of the same criteria as originally used in the period 2004-2009. The CPHM (specifically the OMD) has subsequently been sent all applications by the HPCSA and has been reviewing applications for grandfathering, providing criterion-based recommendations to the HPCSA for final decision. It has also been established that the grandfathering will remain open in perpetuity rather than close at any point. However, the grandfathering window remains fixed, using the same cut-off of experience acquired prior to 2004.

The CPHM held successful national workshops to discuss reviewing

the curriculum and appropriate clinical skills for public health. The workshops have included key stakeholders from the government and private sector. The workshops will be concluded at the end of 2018 and a report will be submitted for consideration by the Council.

Following the successful signing of a Memorandum of Understanding (MOU) with the West African College of Community Medicine (WACCM), Dr Flavia Senkubuge attended the WACCM exams as an observer from 6-10 October 2017. Further, the CPHM has successfully developed an MOU with the Faculty of Public Health England, United Kingdom and Professor Leslie London will be attending their exams as an observer in June 2018. The CPHM continues to make input into the formation of the East Central and Southern African College of Public Health (ECSAPH).

The Council noted that there was a need to have regular communication with the CPHM members. The CPHM is in the process of developing a CPHM newsletter that will be a mechanism of keeping the members informed about the CPHM activities. The first newsletter will be launched in October 2018 and will be biannual.

Professor Leslie London Dr Flavia Senkubuge
PRESIDENT SECRETARY

COLLEGE OF RADIATION ONCOLOGISTS **1 JUNE 2017 TO 31 MAY 2018**

The October 2017 OSCE and orals were successfully hosted by Pretoria University Oncology Department. We were pleased to welcome a private sector examiner as an observer.

We had our annual OSCE workshop in December 2017 for the 2018 exams. The workshop also serves as a training opportunity for new examiners regarding the blueprints and guidelines. The workshop is supported financially by SASCRO (SA Society of Clinical and Radiation Oncologists).

The May 2018 OSCE and oral exams were hosted by Stellenbosch University Oncology Department. Both Wits university and Pretoria university indicated that they would not be able to host further examinations at this time, and until further notice, because of staff shortages. Stellenbosch, Cape Town and Free State university all indicated willingness to host exams, but flights are cheaper and more convenient to Cape Town. Stellenbosch and Cape Town will therefore host the next sets of examinations.

All HoD's expressed their extreme concern at the lack of staff willing to apply for positions at Durban, Johannesburg and Pretoria because of extreme frustration at the lack of a functioning system. The national DoH is currently looking into this situation.

Professor A Sherriff and Professor J Parkes as well as Professor D van der Merwe visited Pietermaritzburg Grey's hospital to assess suitability of the department for training. A report was submitted to the CMSA in December 2017.

Professor Alicia Sherriff Professor Jeanette Parkes
PRESIDENT SECRETARY

COLLEGE OF RADIOLOGISTS **1 JUNE 2017 TO 31 MAY 2018**

The Council of the College of Radiologists for the 2017-2020 triennium is as follows:

Executive

President: Professor Richard Pitcher (SU)
Secretary: Dr Linda Tebogo Hlabangana (Wits)
Senator: Professor Victor Mngomezulu (Wits)

Elected Councillors

- Dr Christelle Ackermann (SU)
- Professor Stephen Beningfield (UCT)
- Dr Deneys Reitz (UKZN)
- Professor Zarina Lockhat (JP)
- Dr Sally Candy (UCT)
- Professor Coert de Vries (Private Practice)

Co-opted Councillors:

- Professor Margaret Kisansa (SMU)
- Dr Sandile Mdunge (WSU)

Co-opted Conveners/Co-conveners

- Dr Wilhelm Groenewald (SU, Part I Physics)
- Dr Tanya Pillay (Wits, Part I Anatomy)
- Dr Betsie van der Walt (UP, Part II Orals)
- Dr Cornelia Minne (MSU, Part II Orals)
- Professor Farhana Suleman (UP, Part II Written)

Ex officio

Dr Richard Tuft (RSSA)

Examinations - FC Rad Diag(SA)

Part I

The stability of the Part I examination platform has been enhanced by the appointment of long-term Convenors for the Physics (Dr Wilhelm Groenewald, SU) and Anatomy (Dr Tanya Pillay, Wits) components. Drs Groenewald and Pillay have undertaken to serve for the full duration of the 2017-2020 triennium.

The IT Consultant, Mr Clive Daniell, introduced stringent quality assurance measures for the Part I Anatomy Spot Test, to ensure that the display characteristics of workstations were uniform for all candidates. All images used in the exam were thoroughly checked on individual candidate workstations prior to the examination.

In view of the challenges encountered in securing appropriate nation-wide venues for examinations requiring a digital platform, the February 2018 Council meeting resolved that only two regions will be utilized for future Part I Anatomy Spot Test examinations, these being the Western Cape Province and Gauteng. The resolution was ratified by the March 2018 meeting of the Finance and General Purposes Committee of the CMSA Senate and will be effective from the second semester in 2018.

Part II

The Part II examination has become a very labour-intensive operation, currently involving up to thirty five professionals (excluding full-time

CMSA staff), who voluntarily give of their time and expertise.

From the second semester of 2017, Dr Charles Sanyika (Donald Gordon Medical Centre/Wits) was co-opted as an additional Moderator for all components of the Part II examination.

Further progress was made with respect to standardizing and stabilizing the Long Case Reporting and Oral components of the examination.

Dr Cornelia Minne (SMU) was appointed as a second, Oral Co-convenor for 2017- 2020 triennium, assisting Dr Betsie van der Walt (UP) in this capacity. The format of the Oral component was further standardized in the first semester 2018, such that all candidates in a particular session are shown precisely the same set of twelve films per thirty-minute oral examination. The assessment and mark allocation criteria for Oral cases are constantly being refined to ensure uniformity, fairness and reliability of the examination. The same stringent image quality assurance measures introduced for the Part I Anatomy Spot Test were invoked for the Oral examination.

Double-marking of the Long Case Reporting component is now well established and typically involves five markers over two full days. An innovation from the first semester of 2018 was the appointment of Professor Farhana Suleman (UP) as a dedicated Moderator for the Long Case Reporting component, assisting the Long Case Co-convenor, Dr Christelle Ackermann.

The College continued to work closely with our IT Consultant, Mr Clive Daniell, to expand the digital databases for the Long Case Reporting and Oral components. Additionally, a digital database for the Rapid Reporting component was introduced in the first semester in 2018. An innovation in the first semester of 2018 was the utilization of the Dropbox Paper platform to facilitate encrypted communication between examiners, IT Consultant, Co-convenors, Convenors and Moderators in the configuration of the Rapid Reporting and Oral components

Post-hoc analyses of the Long Case Reporting and Oral Components were further refined and expanded in the review period, and are now well entrenched. From the first semester of 2018, post hoc analysis has been conducted for the Rapid Reporting component.

The College collaborated further with the Radiological Society of South Africa to facilitate the long-term incorporation of colleagues from the private sector into the examination process. Three private-sector radiologists contributed as written component examiners in the first semester of 2018.

Council has resolved to convert the Written component to a single-best answer (SBA) format from the first semester of 2019. Professor Farhana Suleman (UP) has undertaken to oversee this transition and to serve as Co-convenor of the Written component for the remainder of the triennium.

In view of the challenges encountered in securing appropriate venues to conduct examinations on a uniform digital platform around the country, the February 2018 Council meeting resolved that only two regions will be utilized for future Rapid Reporting examinations, these

being the Western Cape Province and Gauteng. This CR resolution was ratified by the March 2018 meeting of the Finance and General Purposes Committee of the CMSA Senate and will be effective from the second semester in 2018.

The above changes contributed to ensuring the sustainability of the examination effort going forward.

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 Linda Tebogo Hlabangana of Wits University has been nominated as the JN and WLS Jacobson Lecturer for 2018. Dr Hlabangana will present aspects of her doctoral research in a lecture entitled: "The use of social media platforms in implementing quality assurance initiatives for paediatric chest radiographs in radiology departments with varying radiographer expertise" The Lecture will be delivered at the RSSA International Neuroimaging Symposium on 13 October 2018, at the Spier Conference Centre.

Professor Richard Pitcher
PRESIDENT

Dr Linda Hlabangana
SECRETARY

COLLEGE OF SURGEONS

1 JUNE 2017 TO 31 MAY 2018

This year saw a new Council enter the College of Surgeons (CoS). With the presence of experienced hands a few young novice members have entered into service and the future of the CoS looks positive.

New initiatives include investigation into the examiner's appointment process as well as modernizing existing examination techniques. In this regard the Secretary attended the Royal College of Surgeon's JCIE Examiner Induction Course as well as meeting with the Chairs of the Quality Assurance Committee and Examiner's Board. A relationship was developed in which we will implement a process of acquiring some of their examination techniques in our Fellowship as well as Diploma examinations.

Furthermore, the Council is redesigning the format of the Final Fellowship examination into an MCQ examination and are reviewing the format of the clinical component of the examination.

The Higher Diploma in Surgery has been rejuvenated with a new MCQ format for the final examination. A drive is being established to encourage medical officers interested in surgery but not able to undertake a formal registrarship to enter into the Diploma.

Lastly, we are in the process of registering new subspecialties. The Minimally Invasive Surgery fellowship was approved by the Council and has been presented to the College Senate. Further subspecialties

that are in the application process include Breast and Endocrine Surgery and Transplant Surgery.

Professor Zach Koto Dr Martin Brand
PRESIDENT SECRETARY

COLLEGE OF UROLOGISTS 1 JUNE 2017 TO 31 MAY 2018

Since taking office in October 2018, the new Council has had one teleconference.

The next meeting is scheduled in September during the biennial South African Urology Association meeting in Cape Town.

The new council members are: Professor JM Lazarus (president), Dr L Kaestner (secretary), Professor SBA Mutambirwa, Dr KM Mathabe, Dr H Patel, Dr RB Friedman, Dr FM Claassen, Dr SW Doherty.

During this period, eleven new Fellows passed their final exams and became Fellows of the College of Urologists. The pass rate was the 86% in the second semester of 2017 and 36% in the first semester of 2018. The low pass rate during the second semester is noted with concern. It is, however, noted that a significant number of candidates were residents during the former training crisis in parts of KwaZulu Natal.

The College of Urologist would like to express their gratitude to Mrs Ann Vorster and CMSA staff for their support and hard work during the past year.

The new Council would like to commend the former Council members on the excellent work during their term.

Professor John Lazarus Dr Lisa-Ann Kaestner
PRESIDENT SECRETARY

“Whether you think you can or you think you can’t, you’re right.”

Henry Ford

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 2019

*The guidelines
pertaining to this
Research Scholarship
can be requested from:*

Mrs Evelyn Chetty
Tel +27 31 261 8213
Tel +27 31 261 8518

E-mail: evelyn.chetty@cmsa.co.za

The Colleges of Medicine of South Africa (CMSA) Retention of Doctors Survey “Strengthening Academic Medicine and Specialist Training”

¹ CMSA Project Committee: Professor Zephne M van der Spuy¹, Professor Tuviah Zabow¹,
²Lifechoice: Dr Andrew Good²

Introduction

The original College Project “Strengthening Academic Medicine and Specialist Training” identified the need for increasing specialist and subspecialist training if we were to keep abreast of specialist needs within South Africa.¹ It is recognized that as primary healthcare facilities improve and more patients have access to good healthcare, the needs for specialist and subspecialist services increases. It is therefore essential that in designing a healthcare system which particularly embraces primary healthcare, this must also include the recognition and need for good secondary and eventually tertiary health provision.

There is a considerable literature describing the need for more doctors in South Africa. This recognizes the shortage of doctors both in the private and public healthcare and the fact that many doctors in the public healthcare system are unhappy with the conditions under which they work.^{2,3} We are all aware that there are a number of many previously very effective teaching facilities which have ceased to function optimally. Sometimes, because of budgetary constraints, facilities have not been adequately maintained and equipment and services have fallen into disrepair. Some facilities now have trainers but inadequate registrar appointments but more often the case is that there are registrars who wish to be trained but the infrastructure and staff for training has unfortunately deteriorated and is sometimes not adequate.

This has led to a variety of reports in the popular media and beyond and has caused considerable concern in South Africa.^{4,5,6,7} Many qualifying specialists would wish to stay within the public service but there are no posts available or suitable equipment and infrastructure have not been maintained. As a consequence they move into the private sector thus leaving the public sector poorer in terms of human resources. Once established in the private sector it is difficult to consider a return to the academic and State services although part time input can be invaluable.

Because of the concerns, which are repeatedly expressed within the media, the CMSA undertook a survey of doctors within South Africa, which addressed the issue of moving from the public to private sector or out of the country and why this decision is taken. It also interrogated work satisfaction and concerns about conditions within the work environment.

The detailed results of this survey are presented in this presentation.

It is hoped that this may provide some insights into how we can move forward and perhaps develop the environment which will retain doctors in our public health system. With the development of the NHI, this is now of particular importance.

A summary presentation of this survey was published in the SAMJ in 2017 with the understanding that detailed results would be made available in the Transactions of the Colleges of Medicine of South Africa.⁸ The detailed outline of the development of the survey and the results obtained are included in this presentation.

1. Executive summary

The Colleges of Medicine of South Africa (CMSA) commissioned a survey to understand CMSA members' views on key matters such as:

- why they move from the state sector to private practice,
- why they may choose to emigrate, and
- the degree to which their working environments are conducive to delivering quality care.

This survey was approved by the Human Research Ethics Committee of the Faculty of Health Sciences at the University of Cape Town (HREC/ REF: 707/2014). Over 2200 doctors completed the survey and the results have been analysed, interrogated and documented.

The following are the key findings from the survey:

- Most South African doctors find their work satisfying and rewarding with only a slight difference in private sector doctors being more positive in this regard.
- Doctors reported having good working relationships with their colleagues and reasonable senior support.
- Participants views on the availability of medicine and supplies, as well as appropriate equipment, infrastructure and facilities being of a good general standard, differed significantly between public sector and private sector participants.
- Given this view, it is not surprising that the main reason given for leaving the public sector was to ensure a better working environment.
- Both the public and private sector participants reported finding that nursing and other support staff were inadequate. Public sector doctors in particular expressed this view. (p-value = 0.0000)
- Both private sector and public sector doctors were unconvinced

that the implementation of National Healthcare Insurance (NHI) or the introduction of the Certificate of Need would improve the delivery of healthcare in South Africa.

- The view that a better working environment is important was supported by input provided as to why colleagues left public service. Better remuneration was considered the most important secondary consideration for leaving public service. Views from respondents strongly suggested that focusing on providing a better working environment is the most important factor which needs to be addressed to keep doctors in the public sector. Workplace security, remuneration and personal security are other important considerations.
- The main reason cited for doctors leaving South Africa is for better personal and family security. A better working environment was the second most important consideration with personal and domestic factors and workplace security also important.
- Interestingly, better financial remuneration was considered a less important reason for why doctors thought colleagues chose to work outside South Africa.
- Also worth noting is that 593 participants who are working in South Africa (and who qualified in South Africa) reported working internationally at some stage. The main reasons given for working outside of South Africa in this group were travel (international experience) and financial (income generation). This suggests that many South Africa doctors work internationally for a limited period and then return to provide clinical services in South Africa.

2. Background

Members of the medical profession founded the Colleges of Medicine of South Africa (CMSA) in 1954. Part of the mission of the CMSA is to play a continuing role in providing guidance on issues affecting medical standards and the structure and function of health care services. The CMSA commissioned an independent company to conduct this survey.

Participants completed the survey anonymously. The South African Medical Association (SAMA) assisted in circulating the survey to a broader audience including junior doctors. The Human Research Ethics Committee of the Faculty of Health Sciences at the University of Cape Town approved this study (HREC/ REF: 707/2014).

The goal of the survey was to understand members' views on key matters such as:

- why they move from the State to private practice
- why they may choose to emigrate
- the degree to which their working environments are conducive to delivering quality care

3. Survey Objectives

The CMSA survey had several clear objectives. These included:

1. Providing guidance on issues affecting medical standards, structure and function.
2. Understanding reasons for members moving from state (public) to private practice.

3. Understanding reasons for members choosing to emigrate and work internationally.

4. Understanding the degree to which working environments are conducive to delivering quality care.

4. Development of Survey approval

The CMSA team working with Lifechoice, an independent consulting company, developed a survey which was completed electronically by participants.

The CMSA Project Team developed survey questions. While the objective of keeping the survey simple was kept in mind, the team elected to capture a high level of detail in an endeavour to achieve detailed results that would be useful for the CMSA and stakeholders to understand challenges facing doctors practicing in South Africa. The survey contained 46 questions and focused on a number of research areas, which included:

- general demographics of participants
- academic background
- employment history
- working environment
- career considerations
- reasons for leaving public service (and considering leaving public services)
- reasons for leaving South Africa (and considering leaving South Africa)

4.1 Survey Phases

The project had several key phases as follows:

4.1.1 Phase 1

Draft Survey. This phase included determining the survey objectives, areas of focus and questions to be answered. The questions were then formatted in a survey tool (Survey Monkey®) and circulated to key CMSA stake holders for review and input. Ethics approval was sought and obtained and the survey was then finalised.

4.1.2 Phase 2

Circulation of survey for completion. The survey was circulated in 2015. Initially only CMSA members were mailed using the CMSA database. To improve the survey reach and sample size the South African Medical Association (SAMA) was also engaged. SAMA agreed to circulate the survey to their database of members. The survey was circulated to 10 419 CMSA contact e-mail addresses. Additionally SAMA circulated the survey to 15 459 contact e-mail addresses which included junior doctors who would not yet have engaged with the CMSA. We recognized there may be a considerable overlap of the contacts between both organisations but requested participants only to respond once to survey for both organisations contact e-mails were expected to have a material number of inactive addresses. This proved to be the case. (See Annexure A, for overview of survey).

4.1.3 Phase 3

Analysis of result. At the date of cut off, 2229 usable, completed

surveys were available for analysis. These completed surveys were analysed and the results are included in this report. In designing the survey and especially when deciding to collect a high level of detail especially with regards to where participants qualified, did their internship, community services and now work, it was hoped to receive a sufficient number of replies in the research to be able to use this information in a meaningful way. However, given the number of replies, analysis was limited to the key question areas.

4.1.4 Phase 4

Presentation of results and engagement with stakeholders was undertaken and an initial summary presentation in the SAMJ was published.⁸

5. Summary of Findings

5.1 Demographics

Two thousand, two hundred and twenty-nine (2229) participants completed the survey. Of these participants, the majority were male (1447). The main ethnic group was White (1333). The bulk of the participants were married (1707) and had dependent children (1327). The educational status of dependent children was evenly spread. A summary of the demographic of survey participants is available in Annexure B.

5.2 Academic Background

The majority of survey participants studied at South African universities (1955). The main universities being the University of Witwatersrand (444), the University of Cape Town (UCT) (400) and the University of Pretoria (384). Most participants completed their MBChB between 1980 and 2010 (1705). There was evenly spread of participation between years of qualification. The largest number of participants completed their internship in Gauteng (675).

A summary of the academic background of survey participants is available in Annexure C.

5.3 Employment History

Survey participation was fairly evenly spread between doctors working in the public (1108) and private (959) sectors.

Most participants were working in South Africa (1840). Two hundred and twenty-three (223) responses were received from doctors working outside South Africa. The majority of participants were working in Gauteng (500), the Western Cape (407) and KwaZulu-Natal (271). Five hundred and ninety-three (593) doctors working in South Africa (and who qualified in South Africa) reported working internationally at some stage. The main reasons given for working out of South Africa in this group were travel (international experience) and financial (income generation).

The main current roles reported by participants were specialists in private healthcare (675) and specialists in public service (627). This was expected given the nature of CMSA membership. This is also reflected in the institutions where participants report working. Tertiary training institutions (643) and private sector specialist institutions

(562) were reported as the main institutions where participants work.

5.4 Work Environment

Most doctors reported finding their work satisfying and rewarding with only 8.3% reporting disaffection with their work. In the public sector, 11.73% of doctors did not find their work satisfying and rewarding. Survey participants reported having good relationships with their colleagues (90.78%). Only 16.9% reported having inadequate senior support.

Participants' views on the availability of medicine and supplies being adequate, differed significantly between public sector and private sector participants with 60.73% of public sector doctors being dissatisfied with the adequacy of supplies versus 10.15% of private sector doctors. This finding was significant (p -value = 0.0000).

5.4.1 To test this finding statistically, the following hypotheses were tested:

H_0 : The view on availability of medicine and supplies being adequate is the same in public and private sector.

H_a : The view on availability of medicine and supplies being adequate differs between public and private sector.

The Pearson's chi-square test for association can be used to test this hypothesis. The chisquare test value was 553.77, which is a probability of 0.0000. Therefore using a 5% level of significance, the hypothesis cannot be accepted. The view on the availability of medicine and supplies being adequate definitely differs between public and private sector.

A similar view was found with regard to there being a lack of appropriate equipment / infrastructure with 66.37% of public sector doctors indicating a lack of equipment and infrastructure vs. only 20.41% of private sector doctors having this view. This finding was significant (p -value = 0.0000).

5.4.2 To test this finding statistically, the following hypothesis was tested:

H_0 : The view on lack of appropriate equipment/infrastructure is the same in public and private sector.

H_a : The view on lack of appropriate equipment/infrastructure differs between public and private sector.

The Pearson's chi-square test for association can be used to test this hypothesis. The chisquare test value = 387.42, which is a probability of 0.0000. Therefore using a 5% level of significance the hypothesis cannot be accepted. The view on lack of appropriate equipment/infrastructure definitely differs between public and private sector.

The same held true for views on facilities being of a good general standard e.g. hygiene and management of services. In the public sector, 38.78% of employees were dissatisfied with the general facility standards vs. only 5.37% of private sector doctors. This finding was significant. (p -value = 0.0000)

5.4.3 To test this finding statistically, the following hypothesis was tested:

H_0 : The view on facilities being of a good general standard e.g. hygiene and management of services is the same in public and private sector.

H_a : The view on facilities being of a good general standard e.g. hygiene and management of services differs between public and private sector.

The Pearson’s chi-square test for association can be used to test this hypothesis. The chisquare test value = 314.26, which is a probability of 0.0000. Therefore using a 5% level of significance the hypothesis cannot be accepted. The view on facilities being of a good general standard definitely differs between public and private sector.

In both the public and private sector, participants reported finding that nursing and other support staff were inadequate. In the private sector, 21.5 % of doctors are dissatisfied with supporting staff vs. 47.55% of public sector doctors. This finding was significant. (p-value = 0.0000)

5.4.4 To test this finding statistically, the following hypothesis was tested:

H_0 : The view on nursing and support staff being adequate is the same in public and private sector.

H_a : The view on nursing and support staff being adequate differs between public and private sector.

The Pearson’s chi-square test for association can be used to test this hypothesis. The chisquare test value = 119.98, which is a probability of 0.0000. Therefore using a 5% level of significance the hypothesis cannot be accepted. The view on nursing and support staff being adequate definitely differs between public and private sector.

Both private sector and public sector doctors were unconvinced that the implementation of National Healthcare Insurance (NHI) is key to improving the delivery of healthcare in South Africa. They were also unconvinced that the introduction of the Certificate of Need would improve the delivery of healthcare in South Africa with only 9.09% believing it would improve the delivery of health care.

5.5 Career

Most participants agreed that financial remuneration is important. Public sector doctors considered promotional opportunities as more important. Opportunities for spouse and family were also considered important in determining where doctors work. Survey participants agreed that equal opportunities for both genders and all races are important.

Opportunities for further study and research were also viewed as important, especially by public sector doctors.

5.6 Reasons for leaving – considering leaving public sector

Participants who have left or were considering leaving public service cited their main consideration as being the need for a better work environment. This is consistent with the different views on adequacy of supplies, equipment, infrastructure and general factors between

the public and private sector. Figure 1 reflects the responses given for each reason for leaving or considering leaving the public sector. Respondents were asked to score the importance of reasons for leaving the public sector (1 less important – 10 very important).

From the graph it is very clear that the need for a better working environment is the main consideration for over half of the respondents (across both the public and private sector).

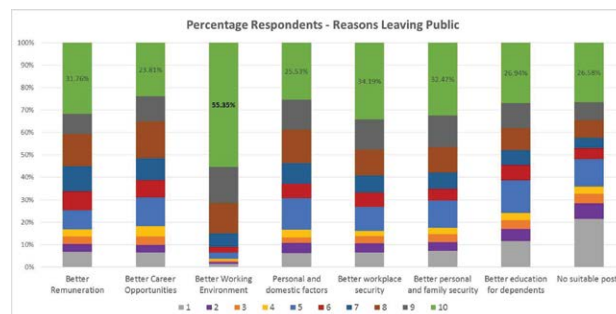


Figure 1: Reasons for leaving the Public Health Service

All considerations (better remuneration, better career opportunities, better working environment, personal and domestic factors, better workplace security, better personal and family security, better educational opportunities for dependants and no suitable posts available) were considered important by doctors.

The view that a better working environment is important was supported by information provided as to why colleagues left public service, although better remuneration was also considered the most important secondary consideration for leaving public service.

Views provided by doctors strongly suggest that focusing on providing a better working environment is the most important factor to keep doctors in the public sector. Workplace security, remuneration and personal security are other important considerations.

To test if the considerations were significantly different between the public and private asector, multiple correlation tests were performed. Table 1 shows the results per question:

Table 1: Correlation between Public and Private health sector

Reasons for Leaving	Chi-square Value	Degrees of Freedom	Probability
Better Remuneration	6.38	9	0.701
Better Career Opportunities	6.77	9	0.661
Better Working Environment	7.94	9	0.541
Personal and domestic factors	24.66	9	0.003
Better workplace security	19.53	9	0.021
Better personal and family security	13.95	9	0.124
Better education for dependents	18.30	9	0.032
No suitable posts	17.91	9	0.036

At a 5% significance level the hypothesis for better remuneration, better career opportunities, better working environment and better

personal and family security cannot be rejected (highlighted in red above) and thus we can conclude that for these factors the results for public and private sector respondents are very similar for these questions. The other four factors differ significantly between private and public respondents.

5.7 Reasons for leaving or considering leaving South Africa

Participants who have left or considered leaving South Africa cite their main consideration as better personal and family security. The need for a better working environment was cited as the second most important consideration with personal and domestic factors as well as workplace security also being stressed as important. Figure 2 reflects the responses given for each reason for leaving or considering leaving South Africa. Respondents were asked to score the importance of reasons for leaving South Africa (1 less important – 10 very important) From the graph it is very clear that better personal and family security is the main consideration for over 60% of the respondents (across both the public and private sector).

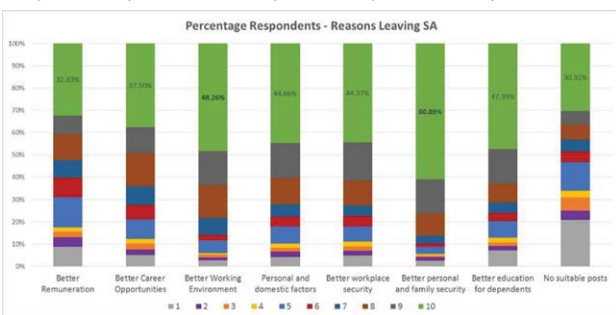


Figure 2: Reasons for leaving South Africa

The view that personal and family security, a better working environment and personal and domestic factors are more important was also supported by the views cited as to why colleagues choose to work outside South Africa. Interestingly, better financial remuneration was considered a less important reason for why doctors thought colleagues chose to work outside South Africa.

To test if the considerations were significantly different between the public and private sector, multiple correlation tests were performed. The results of these tests per question are reflected in Table 2:

Table 2: Correlation between Public and Private Health sector

Reasons for Leaving South Africa	Chi-square Value	Degrees of Freedom	Probability
Better Remuneration	9.14	9	0.425
Better Career Opportunities	8.33	9	0.501
Better Working Environment	17.11	9	0.047
Personal and domestic factors	11.44	9	0.246
Better workplace security	5.82	9	0.758
Better personal and family security	4.84	9	0.848
Better education for dependents	5.74	9	0.765
No suitable posts	7.89	9	0.545

At a 5% significance level the hypothesis for all the considerations

except the need for a better working environment cannot be rejected (marked in red in the table) and thus we can conclude that for these factors the results for public and private sector respondents are very similar. The results for better working environment differ significantly between private and public respondents (with just under 50% of public respondents stating this as a deciding factor for considering leaving South Africa compared to 28% of private respondents).

The view that personal and family security, a better working environment and personal and domestic factors are more important was also supported by the views cited as to why colleagues choose to work outside South Africa. Interestingly, better financial remuneration was considered a less important reason for why doctors thought colleagues chose to work outside South Africa.

Discussion

The results from this survey were thought provoking. They indicated that doctors' reasons for leaving the public service are usually not related to remuneration but rather to their work environment, their safety and the support they gain from all of our related professions. This has been identified as a major problem in numerous publications.

In particular, in 2011 the Lancet reported that a review of medical schools in Sub-Saharan Africa indicated that there was poor tracking of graduates and there were numerous reasons for disaffection with employment within the Health Science Faculties. These included a heavy teaching load and poor research opportunities. It was recognized that creative strategies are needed to retain faculty staff. Sadly, in Sub-Saharan Africa where the world's burden of disease is 24% but only 3% of the world health force is concentrated, the main reason for leaving the facilities in which they are trained was emigration. There have been numerous discussions on how to address this particular problem and this includes developing private medical schools and international partnerships.^{9,10,11}

In South Africa we are not sure whether these are practical options. We have excellent Faculties of Health Sciences, but we are not producing the number of graduates we require and most importantly, we are not retaining them in our public health service. The Provincial health authorities do not provide adequate posts for specialist trainees and at present most of the sub-specialist trainees in the newer disciplines are dependent on private funding. This invariably leads to them having to move into the private healthcare system on completion of their training. Even the laudable attempts by Discovery Foundation and Life Healthcare have not managed to move this forward or increase the number of subspecialist posts in the public sector because of the apparent inability of the Provincial authorities to create appropriate career paths and to recognize the importance of these skills in the provision of healthcare.

It is concerning that career plans of final year students often do not include public service careers or working in rural areas. Once again, as in our survey, safety issues and opportunities for their children and spouse are important in their career decisions and future plans.¹²

The challenges facing clinicians are clearly identified and need to be addressed.¹³ In addition the concerns of the public must be recognized and serviced.^{14,15} Our survey identifies many areas which are difficult and challenging but unless we address these as a matter of urgency it is likely we will continue to 'bleed' our graduates into

health services abroad.

We all want the public health services to provide excellent care to our country but the authorities need to understand the urgency of maintaining the infrastructure, retaining our graduates at every level and developing realistic career paths for any graduate who chose to work within the public sector. We cannot afford to lose graduates to international recruitment because of our inability to address their very real concerns.

Acknowledgements

This study was undertaken with unrestricted funding provided by Life Healthcare. We are particularly grateful to Steve Taylor, Peter Scott and Mike Flemming for their support of this project. The support received from Dr Mzukisi Grootboom (Chairman of SAMA) and his Board of Directors in distributing the questionnaire to SAMA members is appreciated.

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Annexure A – Survey Question Overview

Demographics

- Age
- Gender
- Race / Ethnicity
- Marital status
- Number of dependent children
- Citizenship, if not South African
- Current educational activity of the majority of dependent children

Academic Background

- University where MBChB was obtained
- Year obtained
- Internship: Province / country
- Internship: Hospital
- Community service: Province
- Community service: Hospital
- Community service: Main focus of placement
- Community service: Service status of community placement

Employment History

- Experience prior to current employment (community service, medical officer, general practice, registrar, specialist public, specials private, sub specialist public, subspecialist private, other)
- Current employment
- If employed by public service do you do RWOPS?
- If employed in private do you do public sessions?
- Are you still working in South Africa?
- If you have worked overseas, for how long did you work overseas?
- Main reason for working overseas.
- In which geographic area are you employed: Province / Country
- In which geographic area are you employed: City town
- What type of institution are you employed at?
- What is / was your discipline?

Work environment

- I find my work satisfying and rewarding (strongly agree, agree, neutral, disagree, strongly disagree).
- I have good relationships with my colleagues (strongly agree, agree, neutral, disagree, strongly disagree).
- I have good senior support (strongly agree, agree, neutral, disagree, strongly disagree).
- I find the availability of medicine and supplies adequate (strongly agree, agree, neutral, disagree, strongly disagree).
- I find that there is a lack of appropriate equipment / infrastructure (strongly agree, agree, neutral, disagree, strongly disagree).
- I find the facility generally of a good general standard e.g. Hygiene, management of services (strongly agree, agree, neutral, disagree, strongly disagree).
- I find that nursing and other support staff are adequate (strongly agree, agree, neutral, disagree, strongly disagree).
- The implementation of National Healthcare Insurance (NHI) is key to improving the delivery of healthcare in South Africa (strongly agree, agree, neutral, disagree, strongly disagree).
- The introduction of the certificate of need will improve the delivery of healthcare in South Africa (strongly agree, agree, neutral, disagree, strongly disagree).

Career

- Financial remuneration is important to me (strongly agree, agree, neutral, disagree, strongly disagree).
- Promotional opportunity within my career structure are important to me (strongly agree, agree, neutral, disagree, strongly disagree).
- Opportunities for my spouse and family are important in determining where I work (strongly agree, agree, neutral, disagree, strongly disagree).
- Equal opportunities for both genders are important to me (strongly agree, agree, neutral, disagree, strongly disagree).

- Equal opportunities for all races are important to me (strongly agree, agree, neutral, disagree, strongly disagree).
- Career opportunities need to favour previously disadvantaged colleagues (strongly agree, agree, neutral, disagree, strongly disagree).
- Opportunities for further study and research are important to me (strongly agree, agree, neutral, disagree, strongly disagree).

Public services reasons for leaving – considering leaving

- Have you left or are you considering leaving public service?
- If you have left or are you considering leaving public service – main considerations (Better remuneration, better career opportunities, better working environment, personal and domestic factors, better work place security, better personal and family security, better educational opportunities for dependants, no suitable posts available)
- If you have colleagues who have left or considered leaving public what where their considerations (Better remuneration, better career opportunities, better working environment, personal and domestic factors, better work place security, better personal and family security, better educational opportunities for dependants, no suitable posts available)

Public services reasons for leaving – considering leaving

- Have you left of considered leaving South Africa?
- If you have left or considering considered leaving South Africa – main considerations (Better remuneration, better career opportunities, better working environment, personal and domestic factors, better work place security, better personal and family security, better educational opportunities for dependants, no suitable posts available)
- If you have colleagues who have left or considered leaving South Africa what where their considerations (Better remuneration, better career opportunities, better working environment, personal and domestic factors, better work place security, better personal and family security, better educational opportunities for dependants, no suitable posts available)

Annexure B – Demographics of Survey Participants

Age of respondents

AGE BAND	NUMBER
0-25 yrs	17
26-35 yrs	439
36- 45 yrs	602
46-55 yrs	514
56- 65 yrs	405
66-75 yrs	194
75 + yrs	58
Grand Total	2229

Gender of respondents

GENDER	NUMBER
Female	782
Male	1447
Total	2229

Ethnicity / Race

ETHNICITY	NUMBER
Asian	266
Black	378
Coloured	57
No thanks	130
Not completed	65
White	1333
Total	2229

Marital Status

MARITAL STATUS	NUMBER
Divorced	102
Married	1707
Not completed	32
Single	356
Widowed	32
Total	2229

Dependent children – number

NUMBER OF CHILDREN	NUMBER
0	867
1	352
2	609
3	255
4	86
5	16
>5	9
Not completed	35
Total	2229

Educational status of dependent children

EDUCATION STATUS	NUMBER
Not Applicable	916
Tertiary	332
Primary school	326
Pre-school	305
Secondary school	216
Education complete	82
Not completed	52
Grand Total	2229

Annexure C – Academic background
University where degree obtained

UNIVERSITY	NUMBER
University of Witwatersrand	444
University of Cape Town (UCT)	400
University of Pretoria	384
Other	266
University of Stellenbosch	239
University of Natal	194
University of Orange Free State	146
Medical University of Southern Africa (MEDUNSA)	104
University of Transkei (UNITRA)	44
Total	2229

Year obtained

YEAR BAND	NUMBER
1960 before	31
1960 -1970	105
1970-1980	287
1980-1990	550
1990-2000	502
2000-2010	653
2010+	101
Total	2229

Internship: Province

PROVINCE	NUMBER
Gauteng	675
Kwazulu-Natal	395
Western Cape	379
Outside SA	235
Eastern Cape	165
Free State	130
Limpopo	66
Mpumalanga	61
North West	55
Northern Cape	32
Left blank	30
Other	6
Total	2229

Annexure D – Employment
Still working in South Africa

STILL WORKING IN RSA	NUMBER
Yes	1840
No	223
Left blank	84
Not practicing	82
Total	2229

Time spent working overseas by doctors still working in SA who qualified in SA

YEARS	NUMBER
< 1 year	245
1 - 3 years	263
4 - 6 years	53
7 - 9 years	19
>12 years	7
10- 12 years	6
Total	593

Reason for time spent working overseas by doctors still working in SA who qualified in SA

REASON	NUMBER
Travel - overseas experience	273
Financial - income generation	147
Other	86
Fellowship	64
Specialist training	57
Emigration	16
Total	643

Current employment: Province

PROVINCE	NUMBER
Gauteng	500
Not provided	461
Western Cape	407
Kwazulu-Natal	271
Outside SA	230
Free State	92
Eastern Cape	90
Not practicing	82
Mpumalanga	32
Limpopo	26
North West	26
Northern Cape	12
Total	2229

Public - private

SECTOR	NUMBER
Public	1108
Private	959
Not practicing	93
Not provided	69
Total	2229

Current employment:

Institution type

INSTITUTION	NUMBER
Tertiary training institution	643
Private sector specialist	562
Private sector general	317
Regional hospital	213
District hospital	152
Not practicing	93
Private Sector sub specialist	80
Not provided	69
Public sector sub specialist	54
Community health centre	46
Total	2229

Current employment: role

ROLE	NUMBER
Specialist private healthcare	675
Specialist (public service)	627
General Practitioner	287
Medical Officer	205
Registrar	145
Not provided	69
Clinical manager - adviser	47
Academic	46
Not practicing	46
Retired	45
Community Service	24
Internship	13
Total	2229

Annexure E – Working Environment

I find my work satisfying and rewarding

ANSWER	PRIVATE	PUBLIC	COMBINED
Agree	83.92%	73.28%	78.17%
Disagree	4.27%	11.73%	8.30%
Neutral	11.82%	14.99%	13.53%

I have good relationships with my colleagues

ANSWER	PRIVATE	PUBLIC	COMBINED
Agree	93.12%	88.76%	90.78%
Disagree	0.66%	2.34%	1.56%
Neutral	6.22%	8.90%	7.66%

I have good senior support

ANSWER	PRIVATE	PUBLIC	COMBINED
Agree	54.62%	60.79%	57.96%
Disagree	13.90%	19.42%	16.90%
Neutral	31.48%	19.79%	25.14%

I find the availability of medicine and supplies adequate

ANSWER	PRIVATE	PUBLIC	COMBINED
Agree	76.43%	23.28%	46.81%
Disagree	10.15%	60.73%	38.33%
Neutral	13.42%	15.99%	14.86%

I find the availability of medicine and supplies adequate public sector (Provincial variation – some sample are too small for meaningful interpretation)

ANSWER	E. CAPE	FREE STATE	GAUTENG	KZN	LIMPOPO
Agree	18.18%	10.00%	10.17%	18.13%	11.76%
Disagree	68.18%	81.67%	75.00%	66.25%	76.47%
Neutral	13.64%	8.33%	14.83%	15.63%	11.76%

ANSWER	MPUMA-LANGA	NORTH WEST	N. CAPE	W. CAPE
Agree	6.25%	33.33%	40.00%	47.03%
Disagree	81.25%	58.33%	60.00%	31.51%
Neutral	12.50%	8.33%	0.00%	21.46%

I find that there is a lack of appropriate equipment / infrastructure

ANSWER	PRIVATE	PUBLIC	COMBINED
Agree	20.41%	66.37%	45.83%
Disagree	60.28%	18.93%	37.41%
Neutral	17.25%	12.79%	14.78%

I find the facility generally of a good general standard e.g. hygiene, management of services

ANSWER	PRIVATE	PUBLIC	COMBINED
Agree	82.25%	43.06%	60.43%
Disagree	5.37%	38.78%	23.97%
Neutral	12.38%	18.16%	15.60%

I find that nursing and other support staff are adequate

ANSWER	PRIVATE	PUBLIC	TOTAL
Agree	54.56%	32.56%	42.29%
Disagree	21.50%	47.55%	36.02%
Neutral	23.94%	19.90%	21.69%

The implementation of National Healthcare Insurance (NHI) is key to improving the delivery of healthcare in South Africa

ANSWER	PRIVATE	PUBLIC	COMBINED
Agree	16.84%	29.11%	23.37%
Disagree	57.59%	35.11%	45.62%
Neutral	25.57%	35.78%	31.01%

The introduction of the certificate of need will improve the delivery of healthcare in South Africa

ANSWER	PRIVATE	PUBLIC	COMBINED
Agree	5.39%	12.37%	9.09%
Disagree	84.71%	64.10%	73.81%
Neutral	9.90%	23.52%	17.11%

Annexure E – Career Considerations

Financial remuneration is important to me

ANSWER	PRIVATE	PUBLIC	COMBINED
Agree	88.33%	85.56%	86.86%
Disagree	1.13%	3.22%	2.24%
Neutral	10.54%	11.22%	10.90%

Promotional opportunity within my career structure are important to me

ANSWER	PRIVATE	PUBLIC	COMBINED
Agree	55.63%	87.65%	72.66%
Disagree	8.47%	2.11%	5.09%
Neutral	35.90%	10.23%	22.25%

Opportunities for my spouse and family are important in determining where I work

ANSWER	PRIVATE	PUBLIC	COMBINED
Agree	83.71%	84.03%	83.88%
Disagree	2.90%	2.25%	2.56%
Neutral	13.38%	13.72%	13.56%

Equal opportunities for both genders are important to me

ANSWER	FEMALE	MALE	COMBINED
Agree	93.65%	81.93%	86.31%
Disagree	0.48%	2.55%	1.78%
Neutral	5.87%	15.52%	11.91%

Equal opportunities for all races are important to me

ANSWER	ASIAN	BLACK	COLOURED	WHITE	COMBINED
Agree	95.43%	93.97%	100.00%	91.00%	92.43%
Disagree	0.46%	2.13%	0.00%	1.09%	1.15%
Neutral	4.11%	3.90%	0.00%	7.91%	6.41%

Opportunities for further study and research are important to me

ANSWER	PRIVATE	PUBLIC	COMBINED
Agree	79.75%	94.32%	87.48%
Disagree	4.03%	0.45%	2.13%
Neutral	16.23%	5.23%	10.40%

Annexure F – Reasons for Leaving Public Sector

If you have left or are you considering leaving public service what are your main considerations.

CONSIDERATION	PRIVATE	PUBLIC	COMBINED
Better working environment	8.9	8.8	8.8
Better workplace security	7.4	7.0	7.2
Better remuneration	7.1	7.3	7.2
Better personal and family security	7.2	7.0	7.1
Personal and domestic factors	7.3	6.7	7.0
Better career opportunities	6.9	6.8	6.9
Better educational opportunities for dependents	6.6	6.3	6.5
No suitable posts available	5.6	6.1	5.8

If you have colleagues who have left or considered leaving public what where their considerations.

CONSIDERATION	PRIVATE	PUBLIC	COMBINED
Better working environment	9.0	9.0	9.0
Better remuneration	8.1	8.6	8.4
Better workplace security	8.1	7.3	7.7
Better career opportunities	7.7	7.6	7.7
Personal and domestic factors	7.8	7.5	7.6
Better personal and family security	7.9	7.4	7.6
No suitable posts available	7.0	7.2	7.1
Better educational opportunities for dependents	7.5	6.8	7.1

Annexure G – Reasons for Leaving South Africa

If you have left or considering considered leaving South Africa - main considerations

CONSIDERATION	WORKING ABROAD	WORKING IN SA	COMBINED
Better personal and family security	8.91	8.86	8.87
Better working environment	8.12	8.56	8.46
Personal and domestic factors	8.49	7.96	8.08
Better workplace security	8.02	8.07	8.06
Better educational opportunities for dependents	7.77	8.03	7.97
Better career opportunities	7.67	7.67	7.67
Better remuneration	6.82	7.05	6.99
No suitable posts available	5.74	6.08	6.01

If you have colleagues who have left or considered leaving South Africa what where their considerations

CONSIDERATION	WORKING ABROAD	WORKING IN SA	COMBINED
Better personal and family security	9.34	9.06	9.09
Better working environment	9.06	8.99	9.00
Personal and domestic factors	8.96	8.47	8.52
Better educational opportunities for dependents	8.89	8.39	8.44
Better workplace security	8.87	8.54	8.58
Better career opportunities	8.71	8.43	8.46
Better remuneration	8.45	8.19	8.22
No suitable posts available	6.35	6.73	6.69

The KM Seedat Memorial Lectureship

The Devastating Effects of Alcohol on Child Health

Professor AB (Sebastian) van As, MBChB, MMed, MBA, FCS(SA), PhD
 Head: Trauma Unit Red Cross War Memorial Children's Hospital, Cape Town
 Chair: Childsafe South Africa

Introduction

In the past there have been numerous attempts to compare legislation on alcohol advertising with the legislation on nicotine usage, but there can be absolutely no doubt that nicotine and alcohol are *very* different drugs, and, that at a population level the effects of alcohol are *considerably* worse. A comparison of the devastating effects major recreational drugs on the human body, mind and social circumstances, that was published, already almost a decade ago, in the *Lancet* (One of the world's leading medical journals) found alcohol to be the *worst of all drugs* at a population level, i.e. worse than heroin, crack, methylamphetamine (tik) and cocaine, due to its deleterious effects on individuals and society more broadly.¹ Alcohol has been associated with more than 60 disease conditions and in South Africa it is the strong association with violence and injuries, major infectious diseases such as HIV and TB and adverse mental health outcomes that drive most of the alcohol attributed disease burden.

Child Injuries

Injury is a major killer of children and adolescents throughout the world and is responsible for almost 1 million deaths amongst children and young people under the age of 18. Tens of millions of youngsters require hospital care for non-accidental injuries, of which many lead to disability with life-long consequences. The burden of childhood injuries is unequally divided and more than 95% of all injuries in children occur in lower- and middle-income countries.² Globally more children die from road traffic injuries than for instance from malnutrition or tuberculosis. South Africa is comparing very poor compared to most other countries and has a childhood mortality of more than 30 per 100 000 children. Contrary to common belief so-called "accidental" injuries often can be prevented and are not inevitable. In fact, in a large number of countries, remarkable reductions in child adolescent injury death rates have been achieved in some cases by more than 50% due to the implementation of various strategies to counteract injuries. Preventative measures can be conveniently categorised as either primary (aimed at the prevention of an injury from happening in the first place) or secondary (aimed at the reduction of the severity of the injury for instance cooling of a burn). Injury prevention strategies can be by legislation,

product modification, environmental changes, creating a safe home and education and skills development. Presently the World Health Organisation has embarked on a plan of action to reduce child and adolescent injuries globally.²

The role of alcohol in Trauma

Alcohol can be looked at in many different ways. It has often been described as a social lubricant, a sophisticated dining companion, a cardiovascular health benefactor (although the latest reported research does disqualify this statement)³, but certainly also an agent of destruction. Contrary to the image portrayed in advertisements, the effects of alcohol are detrimental to many members of society and in particular to our young children. The negative effects of alcohol usually take place through intoxication, dependence and other biochemical effects. Besides a number of current health and social problems, alcohol intoxication is the major mediator for acute outcomes such as motor vehicle accident and interpersonal violence. There is increasing evidence to suggest that it is not only the absolute amount of alcohol that is hazardous but also the pattern of drinking. South Africa suffers heavily from the negative effects associated with the use of alcohol. The majority of motor vehicle accidents as well as homicides are alcohol related. From a large South African Multi-Centre Study, it was concluded that between 36 and 79% of all people presenting to hospital with an injury tested positive for alcohol.⁴ The effects of alcohol on the South African society are enormous and exceed the effects of alcohol in many other countries in more than one way. Although the total amount of alcohol consumed in South Africa is not extremely high if this is, for instance, compared to Russia and France, the most dangerous type of drinking, the so-called *binge drinking* is common. Various reports indicate that approximately one in three alcohol consumers indicate that they drink to the level of alcohol intoxication. Especially during the festive season, a large number of drivers are intoxicated with alcohol while taking part in exceptionally busy traffic conditions. This is aggravated by the fact that South Africa has a very poor public transport system, particularly over weekends; providing an excuse to many alcohol consumers to drive home in their own car. It is interesting that many of these people use the excuse it is too dangerous to go home by public transport, while if they are alcohol-intoxicated, they themselves are actually causing the greatest risks. Unfortunately, it seems socially acceptable in the South African society to drink and drive. According to the National Injury Mortality and Morbidity Surveillance system 52% of all people dying in traffic accidents had alcohol in their blood, of which 91% more than the

legal limit of 0.5mg/100ml. The majority of people dying are traffic road pedestrian and car drivers.

Violence and alcohol

Alcohol is closely related to violent crimes in the South African context. The majority of people assaulting intimate partners or spouses are intoxicated with alcohol (approximately 70%). Often children are the victims. A recent study at the Red Cross Children's Hospital indicated that from all children presenting with a non-accidental head injury, approximately 50% of them were injured while two *adults* were fighting. During the festive season, alcohol can affect the life of children predominantly in two different ways. First of all, during the festive season parents and/or caretakers may consume alcohol and become progressively neglectful and careless with the rising level of alcohol, forgetting the fate of their children. Children are often neglected and left by themselves while adults are having a good time and partying. This will increase accidental injuries in children and injuries as a result of neglect. Additionally, in cases of child abuse and violence against children, perpetrators who are intoxicated are likely to have a lower threshold to harm children. Especially small children and babies are very vulnerable for assaults by intoxicated caretakers.

The Valencia Declaration

In 2002 a conference was held in Valencia, where over 20 countries were represented.⁵ Alcohol marketing and promotion of alcohol to young people were analysed and it was firmly concluded that the alcohol beverage industry presents a very one-sided view of alcohol and actively masks the contribution of alcohol to injuries, mortality and social ills. It was therefore recommended that legislation regarding alcohol needed to be strongly improved in order to protect young people from false promotional messages. Young children respond different to advertising than adults and often react at an emotional level and change their belief system and expectations about alcohol. The alcohol beverage industry is extremely sophisticated in the development of their marketing. Exposure of alcohol advertising and alcohol enjoyment in the media predicts more frequent and heavier drinking amongst young people. Advertising for instance promotes the ideas that:

1. Heavy alcohol drinking is quite normal.
2. Alcohol is used by attractive, successful and healthy people who are sexy, popular, charming, independent and strong.
3. Drinking alcohol is safe.
4. Drinking is relaxing.

However, it is common knowledge that a great percentage of children who start drinking at a young age will end up as alcoholics especially when they start drinking before the age of 14 years old. Alcohol related accidents are the main killers of young people and up to 70% of all interpersonal and domestic violence is under the influence of alcohol. Therefore, it is recommended that legislation and regulations requiring alcohol be improved and strengthened in order to protect young people from promotional messages. This is necessary to create more awareness amongst young people about the great level of sophistication of the marketing from the alcohol beverage industry. Young people themselves should be involved and activated to protect their own health.

Conclusion

Nelson Mandela, in his foreword to the World Health Organisation World Report on violence and health in 2002 stated that the 20th century will be remembered as a century marked by violence striving in the absence of democracy, respect for human life and good governance. Many people live in our present society day in day out and assume that injuries and violence are an intrinsic part of the human condition, however, this is not so! Violence can be prevented. Violent cultures can be prevented and can be turned around. Governance, communities and individuals should make the difference. In his first ever address to Parliament in 1994 President Mandela also specifically singled out alcohol and drug abuse as a major cause of crime, poverty, reduced productivity, unemployment, dysfunctional family life, political instability, the escalation of chronic diseases such as HIV, AIDS and TB, injury in premature death. Its sphere of influence reaches across social, racial, cultural, language, religious and gender barriers and directly or indirectly affects all of us. Unfortunately, the South African society has been very tardy to pick up this useful advice and has not been doing enough to curb the absolute devastating effects on our society. No single person will be able to accomplish such a huge task. What will be required is a massive campaign by all possible role players such as communities, mass media, non-governmental organisations, research institutes, governmental departments, the alcohol beverage industry, health institutions in insurance and alcohol consumers themselves. A large number of internationally proven effective strategies are price increases and taxation⁶, random breath testing with associated public awareness, changes in alcohol outlet densities, zero tolerance of all graduated driving licences for youth, a responsible beverage service strategy, increase minimum drinking age, enforcement of sale of alcohol to underage persons and restrictions on days and hours of alcohol sale. If we do not as a community take this effort seriously, our children will be the main victims.

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The Phyllis Knocker Bradlow Award

“Psychiatric and Other Contributing Factors in Homicide - Suicide Cases from Northern Gauteng, South Africa, Over a Six Year Period”

Published by: Dr Carla Kotzé
Forensic Psychiatrist / Head of Geriatric Psychiatry, Weskoppies
Hospital / Faculty of Health Sciences

ABSTRACT

Homicide committed by a person who subsequently commits suicide within one week of the homicide, is a relatively rare event. The current study used an explanatory sequential design, including psychological autopsies, to identify psychiatric and other contributing factors in 35 homicide-suicide cases in northern Gauteng Province, South Africa.

This research highlighted the complex multifactorial nature of these events. Identification of high-risk individuals and delineation of contributing factors is important.

Early recognition and effective treatment of psychiatric illness, particularly depression and substance use problems, in people experiencing relationship issues (with pending/recent separations) and financial stressors, is an essential component in the prevention of homicide-suicide incidents. Evaluations should always include direct questioning about suicidal and homicidal ideations.

Mental health practitioners have a definite role to play in offering comfort, support and treatment to all those who remain behind after these devastating events.

Urgent attention needs to be given to the availability of support and treatment for investigating police officers and surviving family and friends.

Keywords: Homicide-suicide; psychiatric factors; contributing factors

PSYCHIATRIC AND OTHER CONTRIBUTING FACTORS IN HOMICIDE-SUICIDE CASES, FROM NORTHERN GAUTENG, SOUTH AFRICA, OVER A SIX-YEAR PERIOD

Introduction

“Death, of course, is a refuge. It’s where you go when a new name, or a mask or cape, can no longer hide you from yourself. It’s where you run to when none of the principalities of your conscience will grant you asylum.” (Cleave, 2008, p. 22)

Homicide-suicide (HS) is a relatively rare event that has a far-reaching impact, affecting surviving family, friends, colleagues, witnesses and investigators, and which constitutes an emerging public health problem. HS has been defined as homicide committed

by a person who subsequently commits suicide within one week of the homicide (Marzuk, Tardif & Hirsch, 1992). In most cases the subsequent suicide occurs within a 24-hour period (Knoll, 2016).

The incidence of HS varies around the world, but some studies have shown a relatively consistent global incidence averaging 0.2 - 0.3 per 100,000 persons (Coid, 1983; Eliason, 2009; Marzuk et al., 1992). Rates in the United States range from 0.134 to 0.55 per 100,000 (Bossarte, Simon & Barker, 2006). Research in two different regions of South Africa reflects a higher incidence than the international average. The annual incidence of HS in the Pretoria region of South Africa’s Gauteng Province from January 1997 to October 2001 averaged one per 100,000 (Jena, Mountany & Muller, 2009). This is from the same region as the present study. In Durban, in South Africa’s KwaZulu-Natal Province, the incidence was 0.89 per 100,000 for the years 2000 to 2001 (Roberts, Wassenaar, Canetto & Pillay, 2009).

Most research suggests that perpetrators of HS differ from those of typical perpetrators of murder or those who commit suicide in terms of socio-demographic characteristics, and that they are usually older and more likely to be married or recently separated. HS has unique characteristics that distinguish it from homicide only or suicide only and seems to be more likely to be precipitated by interpersonal crises than suicide only (Knoll, 2016).

Apart from those pertaining to incidence, findings in the South African studies are generally similar to those found globally in that the majority of HS cases are committed by middle-aged men, with most victims being female and the perpetrator’s younger intimate partner of the same race. The most frequent apparent reason for murder is the breakdown of an intimate relationship. Shooting is the commonest method used (Eliason, 2009). Alcohol use is associated with perpetrators and victims at the time of the HS, with a preponderance in the former (Chan, Beh & Broadhurst, 2003; Felthous & Hempel, 1995; Lecomte & Fornes, 1998; Milroy, Dratsas & Ranson, 1997; Shiferaw, Burkhardt, Lardi, Mangin & La Harpe, 2010).

The available literature often focuses on the epidemiology and socio-demographics of HS with a relative paucity of information related to psychiatric factors. A review on mental illness in HS found that depression was the most frequent psychiatric disorder reported (in about 39% of the offenders in the 20 studies that assessed depressive disorders), followed by substance abuse (about 20% of the offenders in 10 studies) and psychosis (about 17% of the offenders in 11 studies) (Roma et al., 2012). Rosenbaum and

Bennett (1986) strongly suggest that depressed patients most at risk for homicide-suicide are those suffering from one of the following: a personality disorder or traits of a personality disorder; a history of child abuse; a history of alcohol and substance abuse; suicidal behaviour; or depression precipitated by sexual infidelity (real or imagined). While depression appears to be one of the most common psychiatric disorders associated with HS, previous studies typically lack detailed information on the dynamics underlying the event, the motives involved and the role of other precipitating factors (Roma et al., 2012). For this reason, several researchers have called for further studies, including studies that evaluate survivors of these acts and/or that make use of psychological autopsy methods (Cohen, Llorente & Eisdorfer, 1998; Liem, 2010; Roos & Bodemer, 1989).

To date, in only two other studies were family members interviewed following the psychological autopsy approach (Knoll & Hatters-Friedman, 2015; Rosenbaum, 1990). Shneidman (1969) coined the term 'psychological autopsy' to describe a thorough retrospective investigation to obtain information about the intention of the deceased. Individuals who know the deceased's actions, behavior and character well enough to report on them are interviewed to obtain the relevant information (Shneidman, 1981).

Using the psychological autopsy method, the data from HS cases became more complete, making conclusions more accurate. Psychological autopsies are superior to mere record review because they are more comprehensive and more likely to capture psychological and contextual circumstances preceding the HS (Conner et al., 2011). Data are synthesized from multiple sources, resulting in an in-depth understanding of personality, behaviour and motives. Unique and critical individual information may not be present in police or coroner records, which do not typically focus on such data (Knoll & Hatters-Friedman, 2015).

From the available literature, it is clear that individual variables are not sufficient to explain the HS phenomenon; psychopathology, interpersonal dynamics, stressors and other community factors are implicated. Social support; help from health-care professionals, family and friends; support in seeking domestic violence protection; and assistance with conflict management and resolution are essential (Malphurs, Eisdorfer & Cohen, 2001). If prevention and intervention strategies are not sensitive to the understanding and worldview of the patients, then these strategies may not be effective, or may even fail completely (Bell, Dominica & McBride, 2010). Socioeconomic data, medical and psychiatric evaluations, information about cultural variables, information about the possession of firearms, and data on previous episodes of violence, have been shown to aid the understanding and prevention of this phenomenon. (Goranson, Boehnlein & Drummond, 2012).

Although most forensic psychiatrists do not routinely perform psychological autopsies, there is a growing need for such professional involvement, which includes cooperation and interaction with other forensic scientists. Moreover, some of the basic principles of forensic psychiatry can easily be applied to psychological autopsy evaluations (Botello, Weinberger & Gross, 2003). A pilot study done at Weskoppies Hospital / University of Pretoria evaluated nine cases where perpetrators of homicide survived a subsequent suicide attempt. It was found that psychosocial stressors and failure of coping mechanisms during periods of strife within an intimate relationship

were prominent and should be a focus of future research. It also suggested that separation should possibly be investigated as an independent factor that promotes interpersonal difficulty associated with HS (Sussman & Kotze, 2013). The current study took previous recommendations into account and aims to identify psychiatric and other factors contributing to HS.

Methods

The Head of Forensic Medicine, University of Pretoria, approached the Department of Psychiatry at the university to research the driving force behind HS incidents. The impact on survivors and staff members investigating these cases sparked this research.

Ethical considerations

As this study is of an extremely sensitive nature, permission was obtained initially from the Chief Executive Officer: Forensic Pathology Services and the Provincial Commissioner, South African Police Service (SAPS) Gauteng, with final ethical approval from the Faculty of Health Sciences Research Ethics Committee, University of Pretoria. Prerequisites to obtain permission were that the SAPS had to be the first point of contact and that all participants in the psychological autopsy, including investigating officers and family members or friends of the deceased, should be offered psychiatric treatment or counselling.

Sampling

Purposeful sampling was used and all cases of HS (evidence of self-inflicted death after committing a homicide) identified by the Department of Forensic Medicine, University of Pretoria, from 1 January 2009 until 31 December 2014 (6-year period) were included. This department is responsible for the routine medico-legal investigation of unnatural deaths in the greater Tshwane metropolitan area and approximately 3,000 such deaths are investigated annually. There is no unique coding system for HS cases and a designated forensic pathologist had to personally identify specific cases. This is a time-consuming process and contact information in older files was not always reliable, because people had moved, or telephone numbers had changed. For these reasons, it was decided not to include cases from before 1 January 2009. A total of 35 cases were identified for inclusion.

Procedures

This was an explanatory sequential-design study where the collection of quantitative data was followed by the collection of qualitative data to investigate psychiatric and other contributing factors in HS cases in northern Gauteng Province, South Africa. After identification of the HS cases by the Department of Forensic Medicine, the principal investigator captured the following quantitative data from the Forensic Medicine files: SAPS details (including investigating officer name, contact number and case numbers); socio-demographic information about the HS perpetrators and victims (age, gender, home address, marital status, occupation and the nature of the relationship between victim and perpetrator); post-mortem and laboratory details (date of death, place of death, method / cause of death, other injuries noted, toxicology results e.g. alcohol levels); suicide and other relevant affidavit notes (e.g. witness statements); next of kin name and contact numbers.

The research team consisted of nine psychiatrists from the Department of Psychiatry at the University of Pretoria who were

prepared to participate in this study. All the psychiatrists were involved in forensic psychiatric practice at Weskoppies Tertiary Psychiatric Hospital with experience in this field ranging from five years to 34 years. The researchers were grouped into teams of two and HS cases for further qualitative investigation were allocated in a sequential manner with the purpose of exploring the findings in more depth. Interviews were conducted with all SAPS investigating officers and family or friends of the HS victims who could be contacted with the available information, were older than 18-years of age, were able to give informed consent and were willing to participate in the research. In 26 of the total of 35 cases further qualitative data was obtained. The SAPS provided valuable additional information in eight cases, and in the other 18 cases, information was obtained from interviews with the perpetrator or victim's next of kin. In 9 cases both the perpetrator and the victim's next of kin were interviewed, in 5 cases only the perpetrators' next of kin were interviewed and in 4 cases only the victim's next of kin. In the qualitative data-collection phase the researchers established research pathways after lengthy discussions and deliberations. The qualitative research guidelines included: Contacting the SAPS investigating officer to obtain statements, contact numbers of next of kin and other informants; Identifying a place of interview and obtaining informed consent; The use of audio recordings and transcriptions; The use of field notes (researchers' own written notes and summaries); and Referral of informants with mental health problems for evaluation and treatment. For each case, the SAPS investigating officer involved, or another designated officer, was the first point of contact for the researchers. The SAPS contact person was informed about the research and asked to contact family members of the deceased to discuss the research proposal and request their permission for the researchers to contact them. The contact details used were those obtained from the Forensic Medicine files or available in the police docket and were mostly for family members who identified the deceased or were interviewed by the police following the HS. The researchers then contacted people willing to participate to explain the nature of the research, as described in the informed consent, and arrange appointments to meet. The most suitable venue for the interview was discussed with the interviewee. It was preferable that the interview be done in an environment that was familiar to the interviewee. After taking these measures into account, the interview could also be scheduled at Weskoppies Psychiatric Hospital. Telephone interviews were done with participants who resided too far away for a face-to-face interview to be feasible. After these interviews psychiatric care and treatment was offered and arranged for research participants with psychiatric, social or other emotional problems. The methods employed in this study were semi-structured interviews and additional sources of information included news reports, suicide notes and letters written to family members. The two psychiatrists allocated to each case were responsible for the qualitative data collection for that case. In the qualitative methodological account, the aim was to elucidate the significance and meaning people attach to social situations. (Schurink, De Jongh van Arkel & Roos, 1992). The researchers followed semi-structured guidelines for the interviews as set out in the Shneidman (1969) criteria for the performance of psychological autopsies and this includes: basic identifying information; specific details of the death; outline of the perpetrator and victim's previous history (e.g. suicide attempts / intent, psychiatric treatment, personality characteristics, recent stressors, alcohol / drug use, changes in routine before death); family psychiatric history; quality of the perpetrator-victim relationship

and other interpersonal relationships; reaction of informants to the death. (Scott, Swartz & Warburton, 2006). This methodology involves a qualitative approach that provides loose guidelines for the researcher to follow, described as a "mixture of conversation, interview, emotional support, general questions, and a good deal of listening" (Scott, Swartz & Warburton, 2006, p813). As part of the psychological autopsy, the researcher attempts to reconstruct the lifestyle of the victim, paying particular attention to the period of time immediately preceding the death. It has also been stressed that these criteria should not serve as a rigid structure, but rather as a set of general guidelines (Knoll & Hatters-Friedman, 2015). The guidelines for the interviews were followed, but the nature of the semi-structured interviews varied considerably according to the nature of the relationship between the interviewee and the deceased. The nature of this relationship greatly influenced the sensitivity of the interview and the information that could be provided by the informant. It is apparent from the natural history that the following decisions and actions were relatively typical: After informed consent was given and the informant was assured of the confidentiality of the information, special attention was devoted to placing subjects at ease; For practical reasons, it was not possible to conduct more than one interview with each of the subjects; The length of the interviews varied, but were seldom less than 20 minutes in duration; An attempt was made throughout to make audio-recordings of the interviews, to have two psychiatrists present per interview and to keep field notes; In cases where language barriers existed, family members and/or the second research psychiatrist acted as interpreters; In light of the sensitive nature of the research phenomenon, a decision was made that the team members, in addition to their assigned role as researchers, would also have to fulfil a supportive role. It is important to note that during the psychological autopsy evaluation, the forensic psychiatric/psychological examiner may contact people who are still in the grieving process. The primary purpose of the psychological autopsy is not therapeutic, but it is to gather information, in a sensitive manner, to determine the deceased's mental capacity to form the intent to commit suicide. It is common policy to suggest to the family members / significant others that they seek outside counselling to help them deal with the grieving process. However, the survivors often state spontaneously that the psychological autopsy was of therapeutic value to them as it allowed them to vent their feelings about the decedent's death and talk about the decedent's life (Botello et al., 2003).

Data analysis

It is necessary to note that analysis of such data cannot really be separated from the steps/decisions taken during the process of the qualitative research. Although analysis and interpretation of the data (transcriptions of interviews, field notes, diaries, official SAPS documents, newspaper articles, etc.) were mainly done at the end of the investigation, provisional analysis and interpretation occurred throughout the research process. The data collection and analysis was an ongoing, recursive and dynamic process that occurred throughout the research investigation. Triangulation, using multiple sources of data with observations at different times and different places, as well as interview data collected from people with different perspectives was used to ensure validity of the data. Investigator triangulation was also used, with multiple investigators collecting and analysing the data. After the two research psychiatrists submitted their collected data on a specific HS case, the case study was discussed at a meeting with the other researchers. In addition, the

principal investigator and another research psychiatrist then reread the data. During this process, psychiatric diagnosis was verified, classifications were assigned, emerging themes were identified, and insights were highlighted. The HS cases were classified into the major patterns proposed by Knoll (2016). This classification involves a 2-part label. The first part is based on perpetrator's relationship to the victim and the second part specifies the motive of the perpetrator. When psychological autopsies are used to investigate HS cases, a more accurate determination of motive can be made improving the reliability of these classifications (Knoll, 2016). In our study multiple investigators checked the classification independently. A total of 18 meetings were arranged during the research period. The data were interpreted inductively, and a hypothesis was formulated from the data obtained. We examined the data for general themes, concepts or patterns of interaction that occur fairly commonly, or that can serve as behavioural norms. We tried to determine why such generalities occurred. We were also alert to deviations from these generalities/norms and to possible reasons for these. There are no fixed rules for identifying themes and norms. To obtain these objectives the following guidelines were used: Read and reread the data; Remain on the trail of themes, speculations, interpretations and ideas; Watch for developing themes; Construct typologies (typologies or classification schemes can be useful aids in identifying the theories and concepts and eventually developing a theory); Develop concepts and theoretical propositions; Read the literature. Once everything is ready, it is essential to take cognizance of the existing literature and of those theoretical frameworks that are pertinent to the investigation (Schurink et al, 1992). While not all steps mentioned above were used in the present investigation, these guidelines were used as a broad framework for analysing the data. This process was followed until the emerging findings were saturated.

Results

There were a total of 35 cases identified by the Department of Forensic Medicine during the specified time period. The total number of victims in these 35 HS cases amounted to 43 homicides. Additional qualitative information could be obtained for 26 of the 35 cases. Both quantitative and qualitative findings are given below.

Homicide-suicide details

The mean age of the perpetrators was 38.6 years (ranging from 24 to 73). In eight of the cases, the perpetrators' employment required them to carry firearms (e.g., SAPS/ security services) and seven of the perpetrators were unemployed. The most common method of homicide was shooting, used in 25 of the 43 homicide cases (58.1%). Other homicide methods used included stabbing in seven cases (16.3%), blunt force trauma in five cases (11.6%), strangulation in four cases (9.3%), and poisoning in two cases (4.7%). Shooting was also the most common method of committing suicide and was used in 20 cases (57.1%). Other suicide methods included 10 cases of hanging (28.6%), two cases of poisoning (5.7%), and one case each (2.9%) of stabbing, gassing and jumping in front of a train. The HS classifications that we found in our study are summarized in Table 1 and included: Intimate-possessive, Filicide-suicide, Familicide-suicide, Extrafamilial homicide-suicide, and Familial-psychotic (Knoll, 2016). In our study, there were only three female perpetrators, and in all three cases, they killed their children. The one extrafamilial case in our study, where the victim was not a partner or family member, followed the pattern that has been described as adversarial HS and involved a disgruntled individual (Large, Smith & Nielssen, 2009). In

five cases, there were multiple victims. The mean age for the victims was 26.0 years, with an age range of five months to 72 years. Of the total number of victims, nine were male and 34 female.

Psychiatric factors

A psychiatric diagnosis was made in 15 (42.9%) of the total 35 cases, or 58% of the 26 cases where psychological autopsies were performed. A mood disorder-related diagnosis was made in nine (34.6%) of the perpetrators. The specific mood disorder diagnoses included major depressive disorder and adjustment disorder with depressed mood. In three of the cases of adjustment disorder with depressed mood, the diagnosis was related to a diagnosis of HIV. According to the available information, only two of the perpetrators were receiving antidepressant treatment at the time of the incident. Co-morbid diagnoses were common with the mood disorders and included alcohol and substance use disorders, and personality disorders/traits. We identified six individuals with traits suggestive of different types of personality disorders (23.1%). Seven (26.9%) of the perpetrators had a substance- or alcohol-related disorder diagnosis. In the present study, only one perpetrator was diagnosed with a psychotic disorder, specifically Othello Syndrome or delusional jealousy. Refer to Table 2 for a summary of the psychiatric diagnoses made.

Psychosocial and other factors

In the available literature, it has been suggested that the identification of other variables associated with violence should be included in future research. Other aspects enquired about in the current study included relationship problems, infidelity, recent or pending separation, domestic violence, financial/work-related stressors, and physical illness, and are summarized in Table 3. Evidence of planning was also enquired about and was found to be present in 12 (46.1%) cases. These included acts such as the purchase of a firearm/poison, leaving letters/notes, doing internet searches for methods of killing, and telling people about intentions or making threats. Of the 43 victims five (11.6%) were in possession of protection orders prior to the HS incident (Domestic Violence Act 116, 1998). Of all the family members interviewed, only four reported that they received some form of professional support, counselling or treatment after the HS. All the people that were interviewed were offered psychiatric/psychological treatment as indicated. Most people declined the offer, but referrals were arranged in four cases. SAPS members indicated that counselling services are made available to them, but that they seldom make use of the facility. None of the SAPS investigators accepted offers for referrals for psychiatric assessment and treatment.

Discussion

The motivation for suicide is determined by a set of complex dynamics, and HS is even more bewildering (Bell et al., 2010). These events are multifactorial in nature and motivations are very complex. In a recent editorial, it was stated that perhaps it is finally time to acknowledge that rare events such as suicide, as much as we may wish to prevent them, are impossible to predict with a degree of accuracy that is clinically meaningful (Mulder, Newton-Howes & Coid, 2016). The same may apply to HS incidents, although it may be possible to identify risk factors associated with HS incidents. As was shown in the present study and in previous research, precipitating factors can be delineated that might assist in the reduction of the number of incidents (Flynn, Gask, Appleby & Shaw, 2016). Another

study has shown that about three out of ten HS cases might have been prevented if intervention had taken place for suicide or homicide-suicide threats, or if the perpetrator had received treatment for alcohol use problems (Saleva, Putkonen, Kivuruusu & Lönnqvist, 2006). In the present study, personality disorder or traits of personality disorders and substance use disorders in depressed patients played a prominent role. In five of the nine perpetrators diagnosed with a mood disorder, sexual infidelity was implicated. We also found that the breakdown of an intimate relationship, with a recent or pending separation, was the most common apparent contributing factor to HS (Felthous & Hempel, 1995; Flynn et al., 2016). The personality traits identified were varied and, as was the case in a previous study, we could not identify a specific personality trait as a risk factor (Knoll & Hatter-Friedman, 2015). The one perpetrator who was diagnosed with Othello Syndrome had comorbid psychiatric diagnoses, including a depressive disorder, post-traumatic stress disorder, and opioid use disorder. Othello Syndrome is a psychiatric condition in which the degree of jealousy and/or belief of infidelity of one's spouse reach delusional intensity (Enoch and Trethowan, 1979). Othello syndrome can be in part subsumed in the diagnostic nomenclature set forth by DSM-5 under the diagnosis of delusional disorder, jealous type (American Psychiatric Association, 2013). The DSM-5 category of delusional disorder, jealous type covers only a portion of individuals suffering from Othello syndrome. The Othello syndrome may also be found as part of the symptom complex of other functional psychoses, such as schizophrenia or mood disorders with psychotic features (Enoch et al., 1979, Shepherd, 1961). Organic factors have been implicated as the casual agent that the more accurate diagnosis is organic delusional disorder (Cummings, 1985). From the aforementioned Othello syndrome is not seen as a distinct nosological entity. In the present study, the perpetrator's psychotic disorder may have been linked to his opioid use disorder. The frequently observed co-occurrence of alcohol use disorders in Othello Syndrome patients has suggested a possible link between the two conditions. (Todd & Dewhurst, 1955; Shrestha, Rees, Rix, Hore & Faragher, 1985). Othello syndrome patients often harbour hostility towards others, secondary to the delusional jealousy (Leong et al, 1994). Such hostility may escalate to serious physical violence, including homicide, as in the case of the perpetrator with Othello Syndrome (Shepherd, 1961). The Domestic Violence Act (1998) in South Africa includes the regulation of protection orders as a means to control domestic violence and if a protection order is in place it could reflect on the seriousness of the threats of violence. In 2015 Govender made the conclusions that the SAPS response to allegations of domestic violence is unprofessional and ineffective. It was reported that this often results in under reporting of domestic violence crimes. Patriarchal norms still dominate family relationships, giving rise to domestic violence and recidivists commit many of the domestic violence crimes. The SAPS should act more decisively and consistently to move towards dealing with the perpetrators of domestic violence (Govender, 2015). It was reported that in 2009 approximately one in 20 of the women killed by their intimate partners in South Africa were in possession of a protection order (Vetten, 2017). In the present study five of the victims had protection orders against the perpetrators. It was also found that despite the presence of relationship problems and even protection orders, family and friends usually find the HS completely unexpected, as reflected in these statements made by participants: "I saw her almost every day and never imagined that something like this could happen," and, "We can't accept this. We were not expecting such a thing." The effects of HS were also evident in family and

friends who struggled to make sense of the driving forces behind such an act. The statements they made included: "It was pure evil, pure selfishness. We are so confused."; "I don't accept that being depressed is sufficient cause to do what he did. I think a lot of it was jealousy."; "The way he did it, that says to me that there was some kind of hatred there."; "It is so unreal that he died in this way. It is very difficult for us."; "He wanted her to be in his sight all the time. He was very jealous and possessive. He was obsessed with her." These cases also adversely affected some of the members of the SAPS who were investigating them. In some instances, they knew the people involved from the community, or as colleagues, making it even more traumatic for them. Some statements by them were: "I went through hell and do not want to be reminded of it. I do not want to talk about this," and, "It is one of those cases that sticks with you. It kept on coming back". A study done on family murders in South Africa concluded that mood disorders with suicide ideations constitute an important psychiatric factor in the aetiology of family murder. (Roos, Beyers & Visser, 1992). This psychiatric factor in interplay with certain personality traits and stressors sets the scene for a family murder to take place. The results of the family murder study indicated that it is very important for a psychiatrist treating a depressed patient to enquire not only about suicidal thoughts, but also to explore homicidal thoughts and intentions directed towards close relatives, particularly if there are vulnerable potential victims, such as young children (Olivier et al., 1991; Roos, Beyers & Visser, 1992). It must also be kept in mind that, as reflected in our findings and the available literature, men are consistently shown as the most frequent perpetrators, who mostly kill their female partners, or in a few cases their whole family, before killing themselves. Young children are the second most frequent homicide victims (Eliason, 2009; Flynn et al., 2016, Lecomte & Fornes, 1998). The most common methods used to commit homicide in this study, as well as the finding that the perpetrators mostly use the same method to commit suicide, were consistent with the available literature (Large et al., 2009; Saint-Martin, Bouyssi & O'Byrne, 2006). Shooting is the most frequently used method of both homicide and suicide in most Western countries (almost 90% of all cases in the United States) (Eliason, 2009). In China and Japan, the most frequent methods used are strangulation/hanging and stabbing (Chan et al., 2003; Satoh & Osawa, 2016). Cross-national differences in the availability of firearms may explain international variations of homicide-suicide rates and patterns, and restricted access to guns may be one of the most potent ways to prevent HS and other lethal intentional violence (Liem, Barber, Markwalder, Killias & Nieuwbeerta, 2011; Malphurs et al., 2001). Qualitative research is an intricate and complex process during which several decisions and steps are typically taken simultaneously. A full account of this multifaceted enterprise was not possible in the method section. While many factors have obviously threatened the results of the current study, the researchers feel sure that at least the major observer effects were sufficiently covered, and that the data collected did in fact have a high degree of validity. While the present study cannot offer an exhaustive description of the phenomenon of homicide-suicide as it manifests in the Gauteng region of South Africa, it does represent a relatively extensive study of 35 authentic cases of homicide-suicide.

Clinical implications

In the management of patients with mood disorders, primary care physicians, psychiatrists and psychologists must not only enquire about suicidal ideation, they must also explore homicidal thoughts

and intentions directed towards close relatives, particularly if there are vulnerable potential victims, such as young children. Physicians cannot be expected to prevent homicide-suicide directly, but they can reduce risk generally if they treat depression and recognize the risks associated with domestic violence (Flynn et al., 2016). Psychotic disorders did not feature prominently among psychiatric diagnostic entities. Physicians must be aware that delusional jealousy (Othello Syndrome), often raises significant forensic issues, particularly dangerousness. In cases of Othello Syndrome in which organic factors (including substance use disorders) played a significant role, physicians must be even more aware of dangerousness directed towards the person involved in the delusional jealousy (Leong et al., 1994). According to the Domestic Violence Act, No 116 of 1998, victims of domestic violence have the right to apply for a protection order from the SA courts. Physicians should be aware that in certain cases where protection orders have been granted, it may create a false sense of security. The present study showed that the perpetrators committed suicide-homicide in spite of protection orders being in place. While the Act emphasizes the importance of affording victims of domestic violence maximum protection, it fails to safeguard the state against litigation resulting from the unlawful conduct of the police. This lacuna can be avoided if police are properly trained in such matters, particularly when to detain. It is, therefore, doubtful whether the Act is the solution to domestic violence in South Africa (Sibisi, 2016). We will never be able to prevent all cases of homicide-suicide. There will always be family, friends and other contacts of the perpetrators who may be traumatized after these events. All members of the multi-professional psychiatric team have a role to play in the initial management and rehabilitation of these people. Members of police services and emergency personnel must also be kept in mind. The psychiatric management of members of the SAPS does not seem to be working, and other measures should be put in place.

Limitations

The study was conducted on a small, regional sample that limits the extension of the results to other areas. That being said, most of the findings, including the perpetrator and victim profiles and HS methods were in keeping with those of other studies that included national data and used other research methods. (Chan, Beh & Broadhurst, 2003; Felthous & Hempel, 1995; Lecomte & Fornes, 1998; Milroy, Dratsas & Ranson, 1997; Shiferaw, Burkhardt, Lardi, Mangin & La Harpe, 2010). Retrospectively, post-mortem analysis can introduce bias, but because the parties involved with the HS are deceased, information is limited and difficult to obtain. Triangulation was used to limit the introduction of bias and to ensure the validity of the data. Only psychiatrists with at least five years' experience in forensic psychiatric assessments made the psychiatric diagnoses in this study, but independent reviews of the cases and additional independent interviews that could have ensured better reliability were not done. Psychological autopsies could not be performed in all the HS cases and the number of psychiatric diagnoses made may have been higher if collateral information could have been obtained in all cases. Some reasons why psychological autopsies could not be performed in all the cases were difficulties in contacting the SAPS investigating officers involved with certain cases (because of transfers, etc.) and emotional difficulties in survivors and investigating officers that made them reluctant to participate in the research. Even in cases where additional information was obtained through interviews, it remained difficult to determine a perpetrator's

mental state at the time of the HS incident. For these reasons, no causal relationship could be established and at most we could identify risk factors and other contributing/precipitating factors that play roles in HS. As the accuracy of determination of motive in the Knoll (2016) classification of HS may remain problematic in certain cases, this may be seen as a limitation in the study.

Conclusions

Although it is unrealistic to expect mental health and general health care practitioners to prevent HS, the identification of precipitating factors and high-risk individuals can assist in reducing the number of incidents. Our study found that early recognition and effective treatment of psychiatric illness, particularly depression and substance use problems, in people experiencing relationship issues (with pending/recent separations) and financial stressors, should be an essential component in the prevention of HS incidents. Improvements in service delivery will have to focus on direct questioning about these issues, as well as suicidal and homicidal ideations. The establishment of a nation-wide system to collect data, with a special register of such cases, will assist future research into this phenomenon. The other area that needs urgent attention and where service delivery will have to be improved on a national basis is the availability of support and treatment for SAPS investigators and surviving family and friends. Their overall well-being should be addressed through meaningful social support and effective medical care. It will never be possible to prevent all HS cases, but medical, mental health and social service professionals have a definite role to play in offering comfort, support and treatment to all those who remain behind after these events.

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Obituary

Professor Bongani Mayosi



Professor Bongani Mayosi, a towering giant of medicine and one of the foremost physicians of the 21st century who was a winner of several prestigious awards. Professor Mayosi made significant contributions to health care and medical research globally. Yet, what sets him apart is his humanity, humility, selflessness and the passion to help the most vulnerable of society and this is certainly one of his most far reaching legacy.

Professor Mayosi, has been a key figure in the Colleges of Medicine of South Africa (CMSA) and played a central role in ensuring that we have fair, high quality, peer reviewed assessments. In addition, his multiple key roles (UCT, HPCSA, NRF, ASSAF, etc.) saw him pioneering several grants and programs that advanced scholarship and equity. His commitment to excellence for all gave birth to the national professional exam (single exit exam). Recently, when he delivered an oration titled 'Make your mark on health care' at the CMSA Admission Ceremony on the 27th of October 2016, Professor Bongani Mayosi said;

"I have had the pleasure to serve the College in various capacities between 2002 and 2014, first as an Honorary Registrar and President of the College of Physicians – and for the privilege to convene the Golden Jubilee celebrations in 2005. We can all be proud of the College as an institution that is world renown that plays a central role in maintaining the high standard of specialist medicine in South Africa. I encourage all graduands and diplomates not only to pay their annual membership fees for the rest of your life, but also to take up roles as examiners and committee members in your College. The future of the institution depends on you."

He went to say: *"It is not enough to take the consultant post and continue where your predecessor left off. Each one of us were created to make a special contribution to the world. The next hill to climb is how this can be realised in your own life so that you can transform the lives of others."*

The CMSA is proud to be part of his legacy and we as a fraternity have been robbed of the best embodiment of black excellence. We grieve with the Mayosi family, friends and colleagues.

The Mayosi legacy is profound and enduring his name will always stand and invoke inspiration of medicine, excellence and scholarship. Professor Mayosi was one of the the few who had the greatness to bend the history of our generation.

Lala ngoxolo qhawe!

Professor Mike Sathekge (CMSA President),
Professor Johan Fagan (CMSA Senior Vice President),
Professor Flavia Senkubuge (CMSA Junior Vice President),
Professor B Gerhard Lindeque (CMSA Immediate Past President).

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 2019

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

The Arthur Landau Lectureship

“Recent Advances on the Genetics of Cardiomyopathy”



Presented by the late: Professor Bongani Mayosi

THE ARTHUR LANDAU LECTURESHIP 2018
Presented by: Professor Bongani M Mayosi



Inherited Cardiomyopathies

Professor Bongani M Mayosi
Dean: Faculty of Health Sciences
University of Cape Town/Groote Schuur Hospital



GROOTE SCHUUR HOSPITAL

HCM

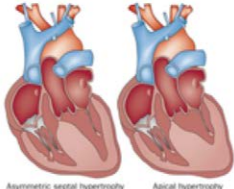
Hypertrophic cardiomyopathy is the most common inherited cardiac disease, autosomal dominant inheritance

- Echocardiographic population studies – **disease prevalence 1:500**
- Genetic population studies – **estimated gene carrier prevalence 1:200**

HCM is characterized by **inappropriate myocardial hypertrophy (thickening)**, which develops in the **absence of pressure overload or infiltration**

- classically affects the interventricular septum causing LV outflow tract obstruction
- may be apical, segmental or concentric

MUST EXCLUDE LOADING CONDITIONS SUCH AS HYPERTENSION AND AORTIC STENOSIS



Cahill et al. Circ Res. 2013;113:660-675
Semsarian, C. Maron, BJ. JACC 2015;65:1249-54
Images: Hershberger et al. Nat.Rev.Cardiol. 2013. 10,531-547

Asymmetric septal hypertrophy Apical hypertrophy

HCM - clinical

- Asymptomatic (majority)
- Sudden cardiac death (SCD)
- Arrhythmias
 - Ventricular tachycardia → palpitations, dizziness, syncope (black-out), SCD
 - Atrial fibrillation → palpitations, worsening heart failure, stroke
- Heart failure (20%)

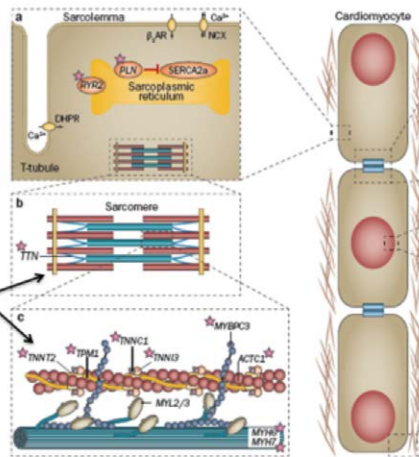


HCM is primarily a disease of the sarcomere

HCM mutations lead to an increased myofilament sensitivity and affinity to calcium and increased actin-activated ATPase activity
 ↓
Increased contractility

Sarcomere (force-generating structure)

- 50% [
- myosin-binding protein C (MYBPC3)
 - β-myosin heavy chains (MYH6,7)
 - cardiac actin (ACTC1)
 - myosin light chains (MYL2,3)
 - tropomyosin (TPM1)
 - troponin C (TNNC1)
 - troponin I (TNNI3)
 - troponin T (TNNT2)



Cahill et al. *Circ Res.* 2013;113:660-675
 Hershberger RE et al. *Nat. Rev. Cardiol.* 10, 531-547 (2013)

HCM

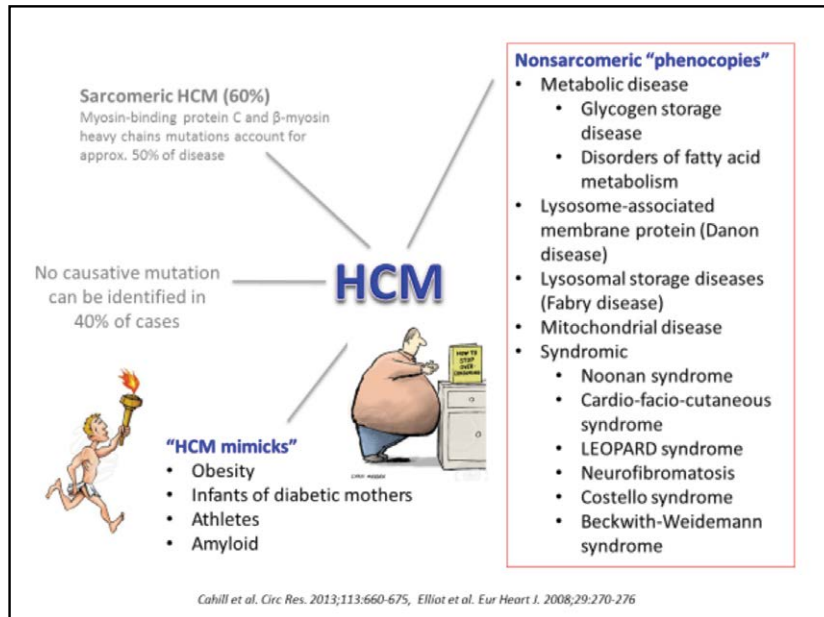
- In South Africa:
 - Three founder mutations** have been found in 45% of genotyped patients of European and mixed ancestry

Am. J. Hum. Genet. 65:1308-1320, 1999

The Origins of Hypertrophic Cardiomyopathy-Causing Mutations in Two South African Subpopulations: A Unique Profile of Both Independent and Founder Events

Johanna C. Moolman-Smook,¹ Willem J. De Lange,¹ Eduard C. D. Bruwer,¹ Paul A. Brink,² and Valerie A. Corfield¹

- The genetic, epigenetic and environmental modifiers of the HCM phenotype are still not well understood



Prognosis in HCM

- Early tertiary referral cohorts reported mortality at 3-6% per year (biased data due to skewed patient referral patterns)
- Pre-ICD era mortality estimated at 1.5% per year
- ***"This disease has evolved from a grim and largely untreatable condition to a treatable disorder associated with a normal or nearly normal life expectancy in most patients"*** Paulo Spirito (JACC 2015;65:1929)

Hypertrophic Cardiomyopathy in Adulthood Associated With Low Cardiovascular Mortality With Contemporary Management Strategies

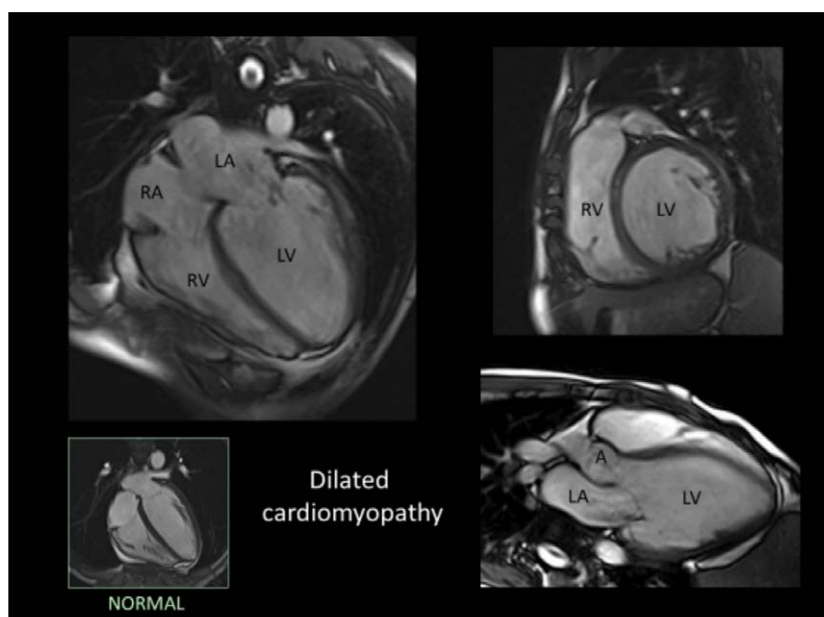


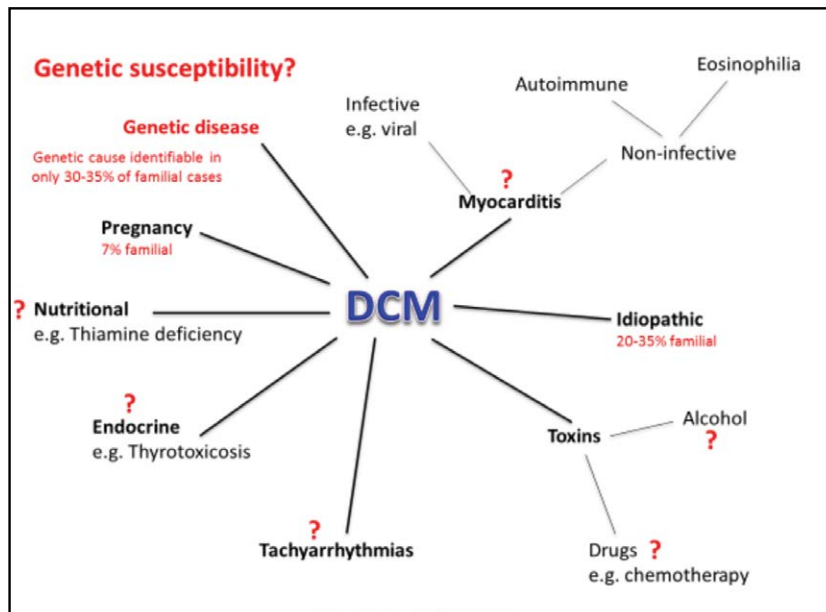
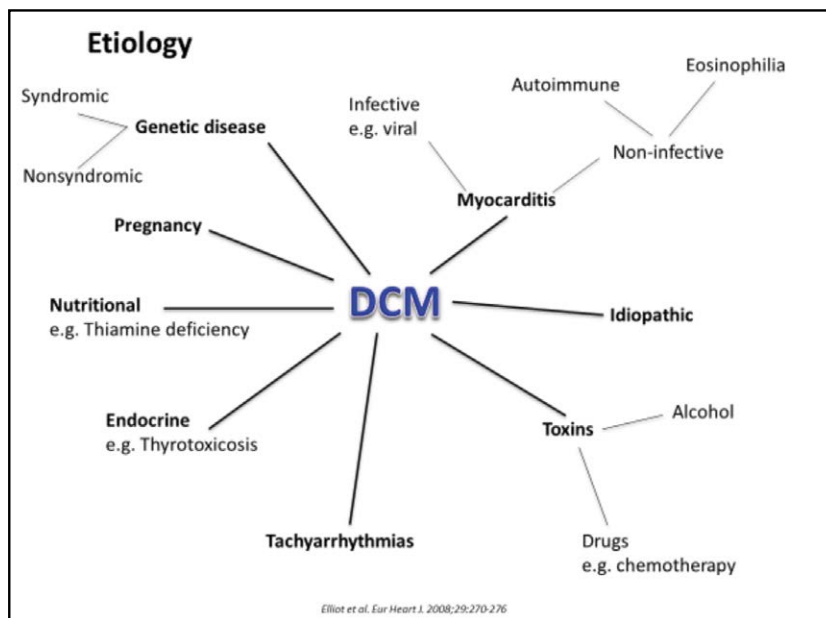
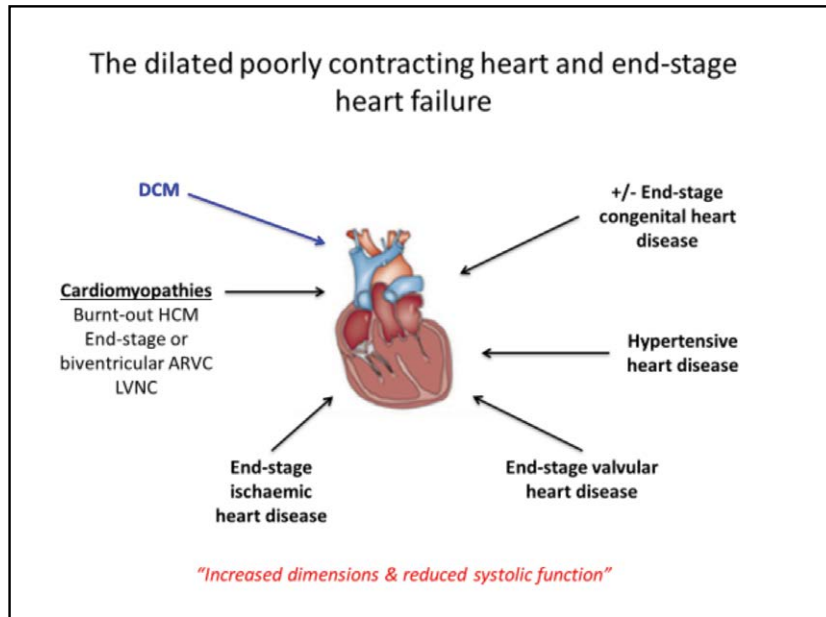
Mortality
0.5% per year

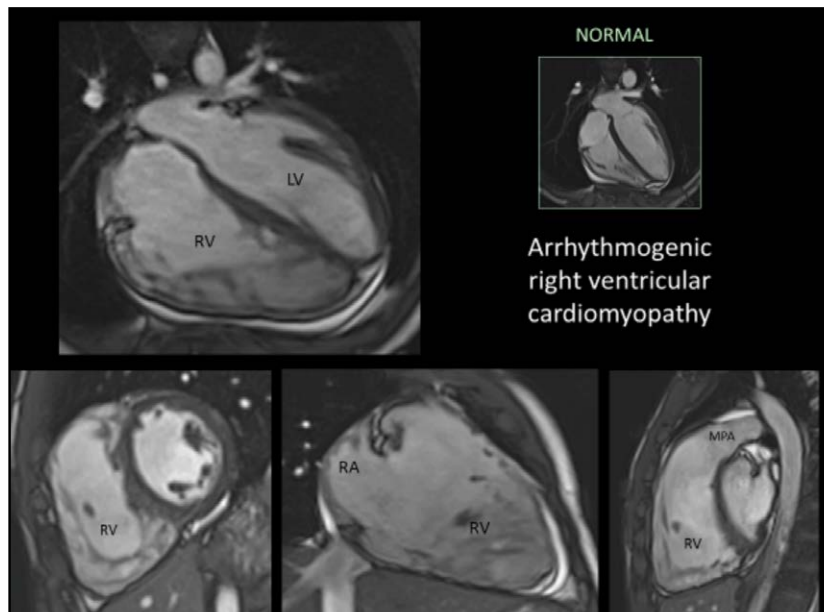
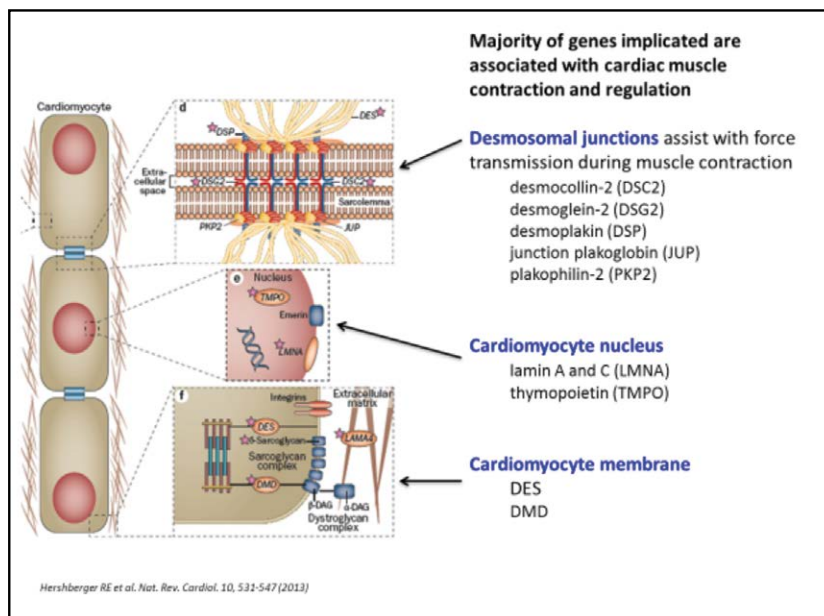
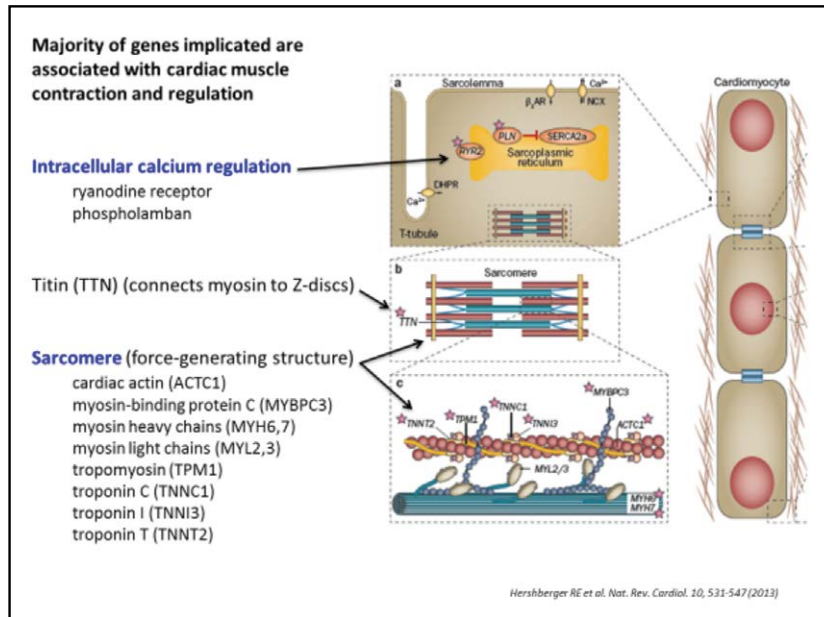
Barry J. Maron, MD,* Ethan J. Rowin, MD,† Susan A. Casey, RN,* Mark S. Link, MD,‡ John R. Lesser, MD,* Raymond H.M. Chan, MD, MPH,§ Ross F. Garberich, MS,* James E. Udelson, MD,¶ Martin S. Maron, MD†

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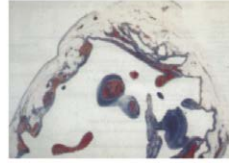




ARVC

Arrhythmogenic right ventricular cardiomyopathy is characterized by **progressive fibrofatty replacement of the ventricular myocardium**, leading to:

- Arrhythmia
- Sudden cardiac death
- Heart failure (10-20%)



It is classically described as a disease of the right ventricle, but left ventricular involvement is increasingly recognized

Familial in > 50% of cases

- **Autosomal-dominantly inherited** in majority of cases
- Two autosomal recessive forms – cardiocutaneous disorders (Naxos disease and Carvajal syndrome)



Prevalence estimated 1/1000 – 1/5000

Cahill et al. Circ Res. 2013;113:660-675, Elliot et al. Eur Heart J. 2008;29:270-276

ARVC – diagnostic difficulties

- Definitive identification of the diseased phenotype is difficult
- **Low penetrance**
- A **“concealed” phase**, with arrhythmogenic features, typically precedes overt cardiomyopathy
- **A malignant arrhythmia leading to sudden cardiac death, may be the first manifestation of disease**
- Diagnosis relies on fulfillment of **Task Force Criteria**
- A disease-causing mutation found in approximately 50% (variation between cohorts)
- Sport can result in progression of disease

Cahill et al. Circ Res. 2013;113:660-675

ARVC has emerged genetically as the **“disease of the desmosome”**

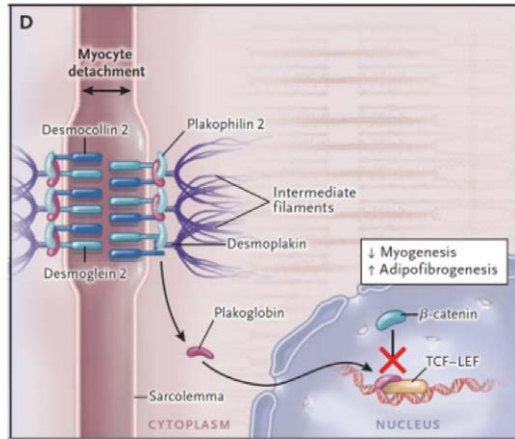
Mutations in **PKP2** are the most common genetic cause of ARVC (9-43% of cases across series)

Desmosomal junctions assist with force transmission during muscle contraction

- desmocollin-2 (DSC2)
- desmoglein-2 (DSG2)
- desmoplakin (DSP)
- junction plakoglobin (JUP)
- plakophilin-2 (PKP2)

Hershberger RE et al. Nat. Rev. Cardiol. 10, 531-547 (2013)

"Disease of the desmosome"



Corrado et al. *NEJM* 2017 - adapted image

Original Article

Identification of Cadherin 2 (*CDH2*) Mutations in Arrhythmogenic Right Ventricular Cardiomyopathy

Bongani M. Mayosi, MB, ChB, DPhil; Maryam Fish, PhD; Gasnat Shaboodien, PhD; Elisa Mastantuono, MD; Sarah Kraus, MB, ChB; Thomas Wieland, MSc; Maria-Christina Kotta, PhD; Ashley Chin, MPhil; Nakita Laing, MSc; Ntobeko B.A. Ntusi, DPhil; Michael Chong, MSc; Christopher Horsfall, MB, ChB; Simon N. Pimstone, MB, ChB, PhD; Davide Gentilini, PhD; Gianfranco Parati, MD; Tim-Matthias Strom, MD; Thomas Meitinger, MD; Guillaume Pare, MD; Peter J. Schwartz, MD, PhD; Lia Crotti, MD, PhD

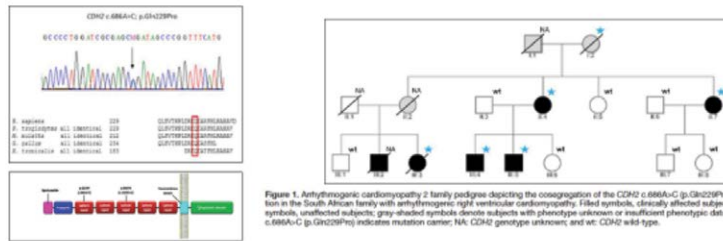
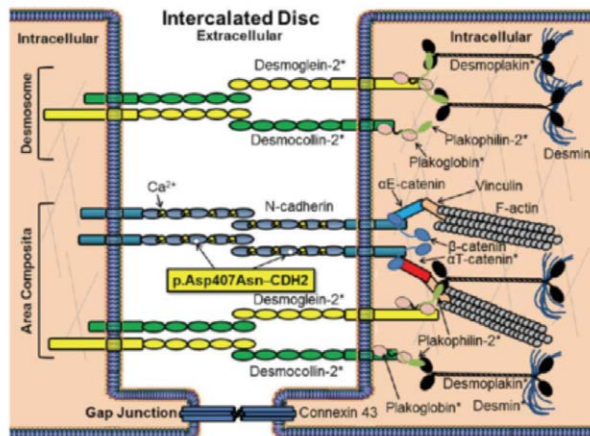


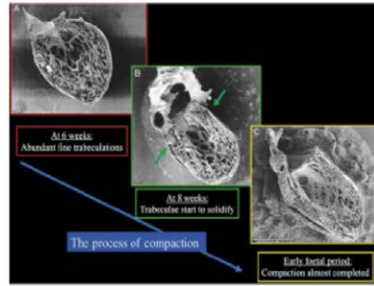
Figure 1. Arrhythmogenic cardiomyopathy 2 family pedigree depicting the cosegregation of the *CDH2* c.686A>C (p.Gln229Pro) mutation in the South African family with arrhythmogenic right ventricular cardiomyopathy. Filled symbols, clinically affected subjects; open symbols, unaffected subjects; gray-shaded symbols denote subjects with phenotype unknown or insufficient phenotypic data. *CDH2* c.686A>C (p.Gln229Pro) indicates mutation carrier; NA, *CDH2* genotype unknown; and wt, *CDH2* wild type.

Post *CDH2*: ARVC is a disease of the area composita



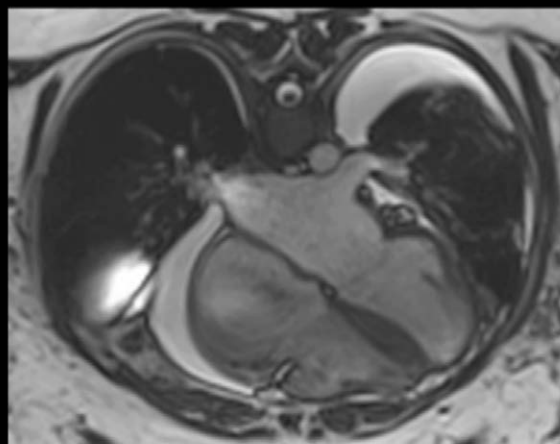
LVNC

- Genetically heterogeneous disorder
 - Sporadic
 - Familial
- Classical clinical triad:
 - Heart failure (>50%)
 - Ventricular arrhythmias (20%)
 - **Systemic embolic events (0-21%) e.g. stroke**
 - Increased risk of SCD
- Linked to mutations in mitochondrial, cytoskeletal, Z-line and sarcomeric proteins
- The understanding of the genotype-phenotype correlation is poor and there is considerable genetic overlap with other phenotypes



*Oechslin E, et al. EJM 2011
Cahill et al. Circ Res. 2013;113:660-675.*

Restrictive cardiomyopathy



Restrictive cardiomyopathy

- Restrictive cardiomyopathy is a rare
- RCM is characterized by impaired ventricular filling and diastolic dysfunction with relatively normal wall thickness and systolic function
- Broad etiology: genetic, infiltration, EMF, CTD, glycogen storage disease, drugs, radiation
- Endomyocardial fibrosis (EMF) – endemic in certain regions in Africa
- RCM has been recognized as another protean manifestation of sarcomeric mutations but restrictive physiology can also be a feature of other cardiomyopathies



Cahill et al. Circ Res. 2013;113:660-675. Image: Braxx

European Heart Journal (2008) 29, 270–276
doi:10.1093/eurheartj/ehm342

ESC REPORT

Classification of the cardiomyopathies: a position statement from the european society of cardiology working group on myocardial and pericardial diseases

Perry Elliott, Bert Andersson, Eloisa Arbustini, Zofia Bilinska, Franco Cecchi, Philippe Charron, Olivier Dubourg, Uwe Kühl, Bernhard Maisch, William J. McKenna, Lorenzo Monserrat, Sabine Pankuweit, Claudio Rapezzi, Petar Seferovic, Luigi Tavazzi, and Andre Keren*

Cardiomyopathy is defined as a **myocardial disorder** in which the heart muscle is structurally and functionally abnormal, in the absence of coronary artery disease, hypertension, valvular disease and congenital heart disease sufficient to cause the observed myocardial abnormality

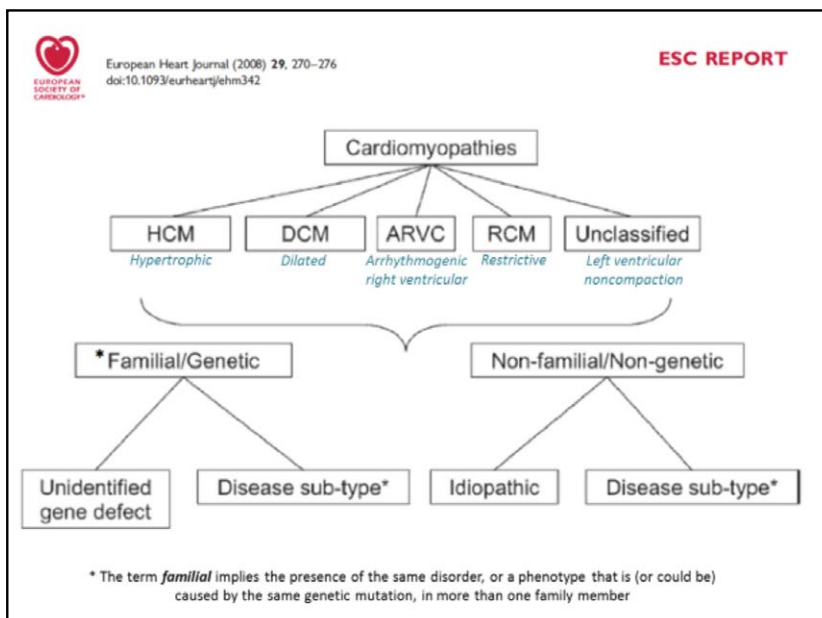
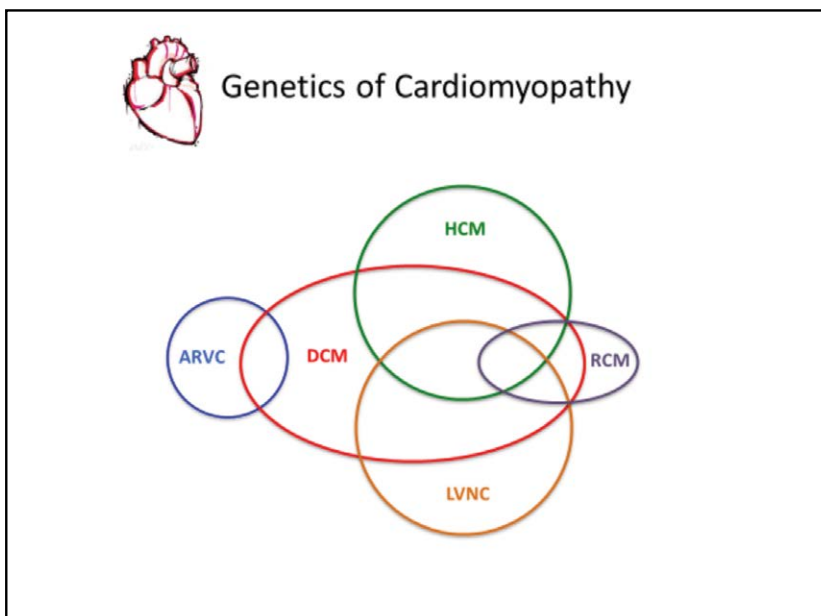
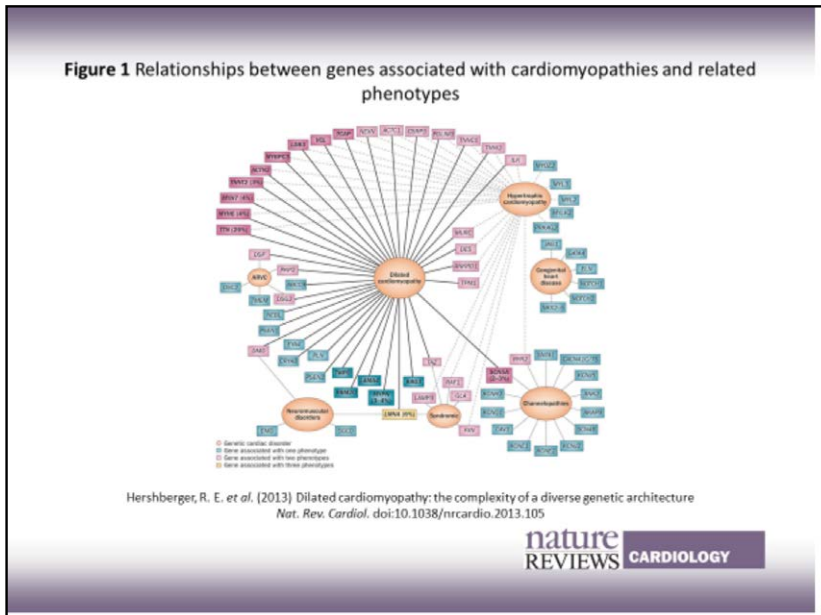


Table 1 Examples of different diseases that cause cardiomyopathies

	HCM	DCM	ARVC	RCM	Unclassified
Familial	Familial, unknown gene Sarcomeric protein mutations β-myosin heavy chain Cardiac myosin binding protein C Troponin-T α-tropomyosin Essential myosin light chain Regulatory myosin light chain Cardiac actin α-myosin heavy chain Titin Troponin-C Muscle LIM protein Glycogen storage disease (e.g. Pompe, PRAGL, Forbes, Danon) Lysosomal storage disease (e.g. Anderson–Fabry, Hunter) Disorders of fatty acid metabolism Carnitine deficiency Phosphorylase B kinase deficiency Mitochondrial cytopathies Syndromic HCM Naxos syndrome LQTS/BrS syndrome Friedreich's ataxia Beckwith–Wiedemann syndrome Sayer's syndrome Other Phospholamban promoter Familial amyloid	Familial, unknown gene Sarcomeric protein mutations (see HCM) Z-band Muscle LIM protein TCGF Cytoskeletal genes Dystrophin Desmin Hesactin Sarcomeric complex COPAD Episodic Nuclear membrane Lamin A/C Emerin Hedge related CH Intercalated disc protein mutations (see ARVC) Mitochondrial cytopathy	Familial, unknown gene Intercalated disc protein mutations Pilegishin Desmoplamin Pilegishin 2 Desmoglein 2 Desmocalin 2 Cardiac myosin receptor (RAC) Transforming growth factor-β (TGFβ)	Familial, unknown gene Sarcomeric protein mutations Troponin (RCM α+HCM) Essential light chain of myosin Familial amyloidosis Troponin (RCM α+neuropathy) Apoptosis (RCM α+neuropathy) Desmopathy Pseudothrombotic thrombocytopenic purpura Hemochromatosis Anderson–Fabry disease Glycogen storage disease	Familial, unknown gene Left ventricular non-compaction Brugada syndrome Lamin A/C ZASP α-dystrobrevin
Non-familial	Obesity Infants of diabetic mothers Athlete training Amyloid (AL/ATTR) (amyloidosis)	Myocarditis (infectious/autoimmune) Kawasaki disease Sarcoidosis (Churg Strauss syndrome) Viral persistence Drugs Pregnancy Endocrine Nutritional — thiamine, carnitine, selenium, hydroxyphenylethanol, hydroxyacetone Alcohol Tay-Sachs cardiomyopathy	Inflammation?	Amyloid (AL/ATTR) (amyloidosis) Scleroderma Endometrial fibrosis Hypertrophic cardiomyopathy Idiopathic Chromosomal cause Drugs (acetaminophen, methyldopa, ergometrin, meprobamate, valproate) Cardiovascular disease Metastatic cancer Isletlet Drugs (antibiotics)	Tako Tsubo cardiomyopathy

ARVC, arrhythmogenic right ventricular cardiomyopathy; DCM, dilated cardiomyopathy; HCM, hypertrophic cardiomyopathy; RCM, restrictive cardiomyopathy.

Elliott et al. Eur Heart J. 2008;29:270-276



- Genetic landscape**
- Unexpectedly complex, particularly in DCM
 - Limited understanding of genotype-phenotype relationships has tempered some aspects of application of genetics to the clinical setting
 - Substantial genetic and phenomic overlap between DCM, HCM, LVNC and ARVC
 - Most DCM-associated mutations are very rare or unique to a family or individual (“private”)
 - Some variants within genes known to be associated with cardiomyopathy are benign
- Cabill et al. *Circ Res.* 2013;113:660-675, Hershberger RE et al. *Nat. Rev. Cardiol.* 10, 531-547 (2013)

Common features of genetic cardiomyopathy

- **Phenotypic heterogeneity**
 - Different variants within an individual gene can produce contrasting phenotypes
 - Specific mutation consistently will produce the same qualitative phenotype
- **Genetic heterogeneity**
 - Each of the CMO phenotypes can be caused by numerous mutations in different genes
 - Locus heterogeneity
 - Allelic heterogeneity



Cahill et al. Circ Res. 2013;113:660-675, Hershberger RE et al. Nat. Rev. Cardiol. 10, 531-547 (2013)

Common features of genetic cardiomyopathy

- **Variable penetrance**
 - The proportion of individuals carrying a pathogenic mutation who display a phenotype
 - The penetrance of an **age-dependent** phenotype cannot be fully accessed until an individual reaches informative age (for DCM, individuals age >60y)
- **Variable expressivity**
 - The **severity of the phenotype** that develops in a patient with a pathogenic mutation

Cahill et al. Circ Res. 2013;113:660-675, Hershberger RE et al. Nat. Rev. Cardiol. 10, 531-547 (2013)

Common features of genetic cardiomyopathy

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MODERN MEDICINE INTERFERES WITH THE NATURAL HISTORY OF DISEASE

Cahill et al. Circ Res. 2013;113:660-675, Hershberger RE et al. Nat. Rev. Cardiol. 10, 531-547 (2013)

Next generation sequencing (NGS)

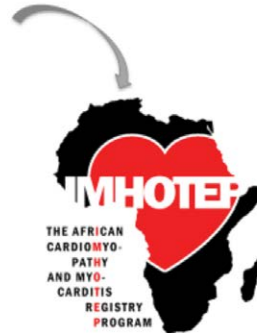
- Likely to advance cardiomyopathy genetics in the future, but in the short term proposes a substantial challenge
- Increased detection of rare polymorphisms with NGS
- Differentiating rare but benign sequence variants from disease-causing mutations is difficult
- Doubt has been cast on some findings from candidate gene sequencing, in which unclassified variants were prematurely ascribed pathogenicity on the basis of their absence in a small number of control populations
- Multiple locus interactions – complex traits



Cahill et al. Circ Res. 2013;113:660-675, Hershberger RE et al. Nat. Rev. Cardiol. 10, 531-547 (2013)

Additional limitations in knowledge

- Role of genetic-environmental factors
- Limited data of families of African ancestry
- Sex
 - Male preponderance in some studies



Cahill et al. Circ Res. 2013;113:660-675, Hershberger RE et al. Nat. Rev. Cardiol. 10, 531-547 (2013)

Clinical implications of detecting familial disease

- Clinical screening of family members – early detection of disease
- Counseling
 - Individually
 - Family
- Consideration of genetic testing
 - Clearly defining the role of genetic studies within individual families
 - Research
 - Diagnostic – gold standard diagnostic marker
- Addressing the implications for future generations
- Addressing the fear factor
- Patient empowerment
- Treatment implications

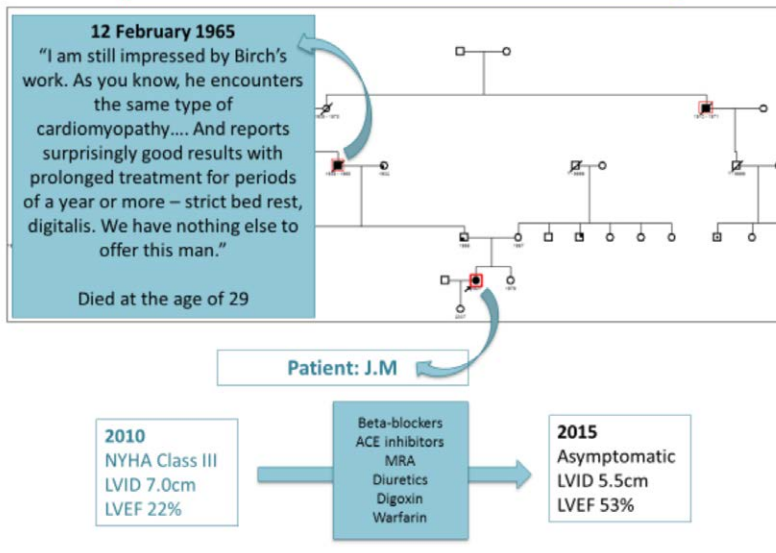
Cahill et al. Circ Res. 2013;113:660-675

TREATMENT

- Unique opportunity to offer early diagnosis, risk stratification and intervention preventatively or early on in disease
- Management of established and/or advanced disease

Opportunity to intervene and change outcomes!

Opportunity to intervene and change outcomes!



MEDICAL THERAPY

Improve symptoms and halt progression or potentially reverse disease

- Diuretics – treat fluid overload
 - E.g. Furosemide, thiazides
- Disease-modifying drugs – prevent progression of disease
 - E.g. ACE inhibitors, beta-blockers, MRA (spironolactone)
- Anti-arrhythmics – prevent arrhythmias
 - E.g. Digoxin, beta-blockers, calcium channel blockers (verapamil), amiodarone etc
- Anticoagulation – prevent embolic events
 - E.g. warfarin

INTERVENTIONS

Improve symptoms and prevent SCD

- Biventricular pacing (cardiac resynchronization therapy)
- Ablation (to treat arrhythmias)
- Implantable cardioverter defibrillator (ICD) – prevent SCD
- Cardiac assist devices (artificial pump surgically implanted)
- Cardiac surgery e.g. Myomectomy in HCM, sympathectomy (denervation of the heart to prevent arrhythmias)

Prevent death

HEART TRANSPLANTATION

Donation to The Colleges of Medicine of South Africa (CMSA) Library “Vidi Vidi, Florentini De Anatomie”

DONATION OF ‘VIDI VIDII, FLORENTINI DE ANATOMIE’ TO THE CMSA LIBRARY

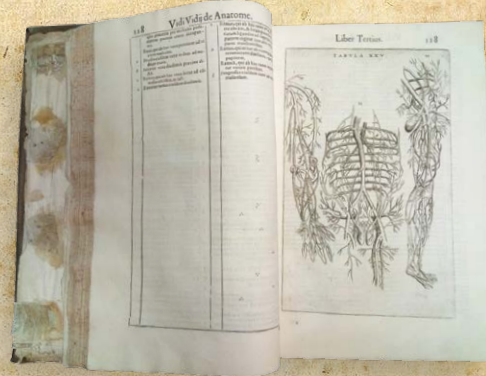
We hereby acknowledge receipt of the 400-year-old anatomy book, ‘Vidi Vidi, Florentini De Anatomie’ for the Lionel B Goldschmidt Library of The Colleges of Medicine of South Africa in Rondebosch, Cape Town. Also received was the copy of the Hippocratic Oath in Greek engraved on copper.

Our deepest gratitude to you and the family of Prof JC de Villiers for this donation to the library. We will establish a secure display for the rare book, along with the plaque, and will feature a credit to Prof de Villiers.

The donation will be featured in the next edition of our Transactions journal, and we will send you a printed copy of the journal in November, upon receipt of your postal address. (Electronic issues of Transactions are available on www.cmsa.co.za.)

Again, thank you for entrusting the CMSA with these rare items, which we will preserve and display in tribute to your father’s memory.

Yours faithfully
Mrs Lize Hayes
CHIEF EXECUTIVE OFFICER



Congratulations SAMA Annual Doctors Awards 2018

Congratulations Professor B. Gerhard Lindeque on winning this prestigious award in the Medal of Fellowship in Art and Science of Medicine Award category for 2018.

In order to qualify for this award, the recipient must have attained (amongst others) the following:

- Iconic International Footprint
- International acclaim of Excellence in the Practice of Medicine both as an Art and a Science
- An exclusive group of members who have been endowed with the special privilege of being elected onto it for break through contribution to medicine, for moving the frontiers of medicine forward or widening the horizon in the greater understanding of medicine both as an Art and a Science fully acknowledging the philosophy and the Ethical constraints of the profession as a whole
- Championing the cause of Healthcare despite obstacles
- Equal in prestige and status to:
 - Heroes in Medicine Award (CANADA)
 - Member of the Institute of Medicine (USA)



Professor Gerhard Lindeque
Winner of the SAMA award



Professor Robert Dunn, The CMSA Treasurer and Constituent College President was invited as a keynote speaker at the recent SAMA Congress at Sun City. Professor Dunn addressed the delegates on the use of information technology in their day to day practice.

Report Back Eponymous July to December 2018

UPDATE ON OBSTETRICS AND GYNAECOLOGY

Date: Wednesday 22 August to Friday 24 August 2018

Speakers: Prof J Moodley
Dr S Mandondo
Prof Mdaka
Dr Mphantsi
Dr Mpumlwana
Dr Mbongozi
Dr Giyose
Dr Ninise
Dr Nibe

Venue: Mthatha Health Resource Centre Auditorium

AWARDS 2018

MAURICE WEINBREN AWARD IN RADIOLOGY 2018

Submission received is as follows:

Dr R Ramlakhan

RWS CHEETAM AWARD IN PSYCHIATRY 2018

The recipient of the award is as follows:

Dr T Madigoe

MS BELL AWARD IN PSYCHIATRY 2018

Will take place in September 2018 at the 19th National Congress of the Society of Psychiatrists.

(The recipient/s will be selected at the Congress)

LECTURESHIPS 2018

ARTHUR LANDAU LECTURESHIP 2018

The Late - Prof B Mayosi presented his lecture entitled "Recent advances on the genetics of cardiomyopathy" on 15 April 2018 at the 37th Medicine update in Durban.

JC COETZEE LECTURESHIP 2018

Prof L Denny presented her lecture entitled "Update on cervical cancer and HPV vaccinations" at the 21st National Family Practitioners Congress on 25 August 2018 in Cape Town.

KM SEEDAT LECTURESHIP 2018

Prof S Van As presented his lecture entitled "The devastating influence of alcohol on child health" at the 21st National Family Practitioners Congress on 25 August 2018 in Cape Town.

FP FOUCHÉ LECTURESHIP 2018

Dr MW Solomons presented his lecture entitled "However far a stream flows it never forgets its source" – African Proverb at the 64th South African Orthopaedic Association Annual Congress on 3 September 2018 in Pretoria.

JN AND WLS JACOBSON LECTURESHIP 2018

Dr LT Hlabangana will present her lecture at the RSSA International Neuro-Imaging Symposium on 13 October 2018 in Stellenbosch.

EDUCATIONAL ROBERT MC DONALD RURAL PAEDIATRIC PROGRAMME 2018

No applications were received.

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 2019

*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

Active Honorary Fellows (as at 28 August 2018)

Acquaye Joseph Kpakpo (CP) (2004) Accra, Ghana	Breen James Langhorne (COG) (1984) South Carolina, USA	Clewlow Warren (CMSA) (2006) Sandton, SA	Deutman August (C OPHTH) (2000) Nijmegen, Netherlands
Adamson Fryhofer Sandra (CP) (2003) Atlanta, USA	Britt LD (CS) (2012) Virginia, USA	Collin John Richard Olaf (C OPHTH) (2007) London, UK	Dinsdale Henry B (CP) (1996) Ontario, Canada
Akande Ebenezer Oluwole (COG) (2002) Ibadan, Nigeria	Brobby George Wireko (C ORL) (2012) Kumasi, Ghana	Conti Charles Richard (CP) (1991) Florida, USA	Douglas Neil James (CP) (2005) Edinburgh, UK
Alberti Kurt George MM (CP) (1998) London, UK	Brown Thomas C K (Kester) (CA) (2002) Victoria, Australia	Coran Arnold Gerald (C PAED SURG) (2017) Michigan, USA	Drife James Owen (COG) (2002) Leeds, UK
Arulkumaran Sabaratnam (COG) (2005) London, UK	Browse Norman (CS) (1996) London, UK	Courtemanche Albert Douglas (CS) (1992) British Columbia, Canada	English Terence Alexander H (CS) (1991) London, UK
Asuzu Michael Chiemeli (CPHM) (2012) Ibadan, Nigeria	Burger Henry (CP) (1984) Victoria, Australia	Cox John (C PSYCH) (2000) London, UK	Falconer Anthony Dale (COG) (2012) London, UK
Azubuike Jonathan C (C PAED) (2005) Enugu, Nigeria	Burgess John H (CP) (1991) Westmount, Canada	Crowe John Patrick (CP) (2012) Dublin, Ireland	Foëx Pierre (CA) (2007) Oxford, UK
Bailey Susan Mary (C PSYCH) (2012) Manchester, UK	Calder Andrew (COG) (2005) Edinburgh, UK	Cunningham Anthony Andrew (CA) (2004) Dublin, Ireland	Foulds Wallace Stewart (C OPHTH) (1992) Glasgow, UK
Baird David (COG) (2009) Edinburgh, UK	Cameron Donald Patrick (CP) (1998) Queensland, Australia	Cywes Sidney (CS) (1998) Cape Town, SA	Francescutti Louis Hugo (CP) (2012) Alberta, Canada
Baltzan Richard (CP) (2001) Saskatoon, Canada	Caruso Vincent (C PATH) (2005) NSW, Australia	De Klerk Frederick Willem (CMSA) (1994) Cape Town, SA	Fritz Vivian Una (C NEUROL) (1972) Johannesburg, SA
Becklake Margaret R (CP) (1994) Montreal, Canada	Chalmers Iain Geoffrey (COG) (2001) Oxford, UK	De Laey Jean-Jacques (C OPHTH) (2000) Gent, Belgium	Galasko Charles S B (C ORTH) (2003) Cheshire, UK
Benatar Solomon Robert (CP) (2001) Cape Town, SA	Chang Keng Wee (CS) (2012) Kuala Lumpur, Malaysia	De Swiet Michael (COG) (2004) London, UK	Genest Jacques (CP) (1970) Montreal, Canada
Bird Alan Charles (C OPHTH) (2006) London, UK	Chaudhry Zafar Ullah (CS) (2012) Karachi, Pakistan	Deschênes Luc (CS) (1998) Quebec, Canada	Gill Geoffrey Victor (CP) (2007) Wirral, UK
Boix-Ochoa José (CS) (2006) Barcelona, Spain			

- Gilmore** Ian Thomas
(CP) (2007)
London, UK
- Giwa-Osagie** Osato O F
(COG) (2005)
Lagos, Nigeria
- Greenberger** Norton J
(CP) (1991)
Massachusetts, USA
- Grosfeld** Jay Lazar
(CPS) (2014)
Indiana, USA
- Hamilton** Stewart
(CS) (2005)
Alberta, Canada
- Hanrahan** John Chadwick
(CS) (1992)
Peppermint Gr. WA
- Hennessy** Thomas Patrick J
(CS) (1997)
Dublin, Ireland
- Hollins** Sheila
(C PSYCH) (2005)
London, UK
- Hudson** Alan Roy
(C NEUROSURG) (1992)
Ontario, Canada
- Hume** Robert
(CS) (1992)
Glasgow, UK
- Huskisson** Ian Douglas
(CMSA) (1997)
Cape Town, SA
- Hutton** Peter
(CA) (2003)
Birmingham, UK
- Joubert** Peter Gowar
(CMSA) (1999)
Johannesburg, SA
- Kaaya** Ephata Elikana
(C PATH) (2012)
Dar-Es-Salaam, Tanzania
- Keogh** Joseph Anthony Brian
(CP) (1998)
Dublin, Ireland
- Keys** Derek Lyle
(CMSA) (1993)
Johannesburg, SA
- Kuku** Sonny F
(CP) (2001)
Lagos, Nigeria
- Langer** Bernard
(CS) (2001)
Ontario, Canada
- Laws** Edward R
(C NEUROSURG) (2015)
Massachusetts, USA
- Lefall** LaSalle D
(CS) (1996)
Washington, USA
- Lekamwasam** L K L S
(CP) (2012)
Galle, Sri Lanka
- Lemmer** Johan
(CMSA) (2006)
Sandton, SA
- Levett** Michael John
(CMSA) (1999)
Cape Town, SA
- Levin** Lawrence Scott
(C PLAST) (2006)
North Carolina, USA
- Looi** Lai Meng
(C PATH) (2005)
Kuala Lumpur, Malaysia
- Lorimer** Andrew Ross
(CP) (2004)
Glasgow, UK
- Luntz** Maurice Harold
(C OPHTH) (1999)
New York, USA
- MacKay** Colin
(CS) (1998)
Glasgow, UK
- Madaree** Anil
(CMSA) (2018)
Durban, SA
- Maryon-Davis** Alan
(CPHM) (2010)
London, UK
- Mazwai** Ebden Lizo
(CMSA) (2011)
Mthatha, SA
- McDonald** John W David
(CP) (2004)
Ontario, Canada
- McKenna** Terence Joseph
(CP) (2005)
Dun Laoghaire, Dublin
- Meakins** Jonathan Larmonth
(CS) (2004)
Quebec, Canada
- Mensah** George A
(CP) (2005)
Georgia, USA
- Meursing** Anneke Elina Elvira
(CA) (2003)
Blantyre, Malawi
- Miemy** Carel Johannes
(CMSA) (1996)
Pretoria, SA
- Mokgokong** Ephraim T
(COG) (2006)
Medunsa, SA
- Molteno** Anthony C B
(C OPHTH) (2001)
Otago, New Zealand
- Morrell** David Francis
(CMSA) (2004)
Kenton on Sea, SA
- Mortimer** Robin Hampton
(CP) (2004)
NSW, Australia
- Mutyaba** Frederick A
(C ORTH) (2012)
Kampala, Uganda
- Myers** Eugene Nicholas
(C ORL) (1989)
Pennsylvania, USA
- Norman** Geoffrey Ross
(CMSA) (2003)
Ontario, Canada
- O'Donnell** Barry
(CS) (2001)
Dublin, Ireland
- Ogedengbe** Olasurubomi K
(COG) (2012)
Lagos, Nigeria
- Ogilvie Thompson** Julian
(CMSA) (2009)
Johannesburg, SA
- Oh** Teik Ewe
(CA) (2003)
Perth, West Australia
- O'Higgins** Niall
(CS) (2005)
Dublin, Ireland
- Opie** Lionel Henry
(CP) (2008)
Cape Town, SA
- Pasnau** Robert O
(C PSYCH) (1988)
California, USA
- Pettifor** John Morley
(C PAED) (2016)
Johannesburg, SA
- Prentice** Archie G
(C PATH) (2012)
London, UK
- Prys-Roberts** Cedric
(CA) (1996)
Bristol, UK
- Puri** Prem
(CPS) (2013)
Dublin, Ireland
- Ramphele** Mamphele Aletta
(CMSA) (2005)
Cape Town, SA
- Reeve** Thomas Smith
(CS) (1991)
NSW, Australia
- Rosholt** Aanon Michael
(CMSA) (1980)
Johanneburg, SA
- Salyer** K Everett
(C PLAST) (2007)
Texas, USA
- Samkange** Christopher A
(C UROL) (2012)
Harare, Zimbabwe
- Santucci** Richard Anthony
(C UROL) (2013)
Michigan, USA
- Saunders** Stuart John
(CMSA) (1989)
Cape Town, SA
- Schulz** Eleonora Joy
(C DERM) (2006)
Pretoria, SA
- Seedat** Yackoob Kassim
(CMSA) (1998)
Durban, SA
- Segal** Anthony Walter (CP)
(2008)
London, UK
- Sewell** Jill
(CP) (2005)
Victoria, Australia
- Sherwood** Rupert
(COG) (2012)
Victoria, Australia
- Sims** Andrew C Peter
(C PSYCH) (1997)
Leeds, UK

Smith Edward Durham (CS) (1990) Victoria, Australia	Sykes Malcolm Keith (CA) (1989) Oxford, UK	Turnberg Leslie Arnold (CP) (1995) Cheshire, UK	Wijesiriwardena Bandula C (CP) (2005) Kalubowila, Sri Lanka
Smith John Allan Raymond (CS) (2005) Sheffield, UK	Tan Kok Chai (C PLAST) (2012) Singapore	Turner-Warwick Margaret (CP) (1991) London, UK	Yeoh Poh-Hong (CS) (1998) Kuala Lumpur, Malaysia
Soothill Peter William (COG) (2004) Bristol, UK	Tan Ser-Kiat (CS) (1998) Singapore	Underwood James C E (C PATH) (2006) Sheffield, UK	Yip Cheng-Har (CS) (2012) Kuala Lumpur, Malaysia
Sparks Bruce Louis W (CFP) (2006) Parktown, SA	Tan Walter Tiang Lee (CP) (2001) Singapore	Van der Spuy Zephne Margaret (CMSA) (2015) Cape Town, SA	Zuker Ronald Melvin (C PLAST) (2013) Ontario, Canada
Spitz Lewis (CS) (2005) London, UK	Terblanche John (CMSA) (1995) Cape Town, SA	Van Heerden Jonathan A (CS) (1989) S Carolina, USA	<i>Deceased members not listed but on record)</i>
Steer Phillip James (COG) (2004) London, UK	Thomas William Ernest Ghinn (CS) (2006) Sheffield, UK	Vaughan Ralph S (CA) (2003) Cardiff, UK	
Strunin Leo (CA) (2000) London, UK	Thomson Gerald Edmund (CP) (1996) New York, USA	Visser Gerard (COG) (1999) Utrecht, Netherlands	
Stulting , Andries Andriessen (CMSA) (2011) Bloemfontein, SA	Trunkey Donald Dean (CS) (1990) Oregon, USA	Wakwe Victor C (C PATH) (2012) Delta State, Nigeria	

CMSA Active Fellows ad Eundem (as at 28 August 2018)

Adhikari Miriam (C PAED) (2015) Congella	Gear John Spencer Sutherland (CPHM) (2005) Still Bay	Makgoba Malegapuru W (CP) (2003) Durban	Philpott Hugh Robert (COG) (2008) Durban
Bowie Malcolm David (C PAED) (2007) Knysna	Gevers Wieland (CP) (2001) Cape Town	Moodley Jagidesa (COG) (2010) Durban	Price Max Rodney (CPHM) (2004) Cape Town
Cleaton-Jones Peter Eiddon (CD) (2005) Johannesburg	Hewlett Richard Holway (CR) (2014) Cape Town	Munjanja Stephen Peter (COG) (2014) Harare, Zimbabwe	Saffer Seelig David (C NEUROL) (2004) Johannesburg
Coetzee Edward John (COG) (2017) Cape Town	Keet Marie Paulowna (C PAED) (2007) Cape Town	Ncayiyana Daniel JM (CMSA) (2002) Durban	Sonnendecker Ernst W W (COG) (2014) Hermanus
Corder Robert Franklin (CEM) (2007) Maryland, USA	Kent Athol Parks (COG) (2013) Cape Town	Odendaal Hendrik Johannes (COG) (2009) Cape Town	Sutcliffe Thomas James (C PSYCH) (2008) Cape Town
Davey Dennis Albert (COG) (2008) Cape Town	Levin Solomon Elias (C PAED) (2007) Johannesburg	Padayachee Gopalan N (CPHM) (2004) Cape Town	Welsh Neville Hepburn (C OPHTH) (2006) Johannesburg
Davies John Carol Anthony (CPHM) (2005) Johannesburg			<i>(Deceased members not listed but on record)</i>

CMSA Active Life Members (as at 27 August 2018)

Abdulla Jamal	Benjamin Ephraim Sheffel	Brown Robyn Alexander	Combrink Johanna Ida Lilly
Abdulla Mohamed Abdul Latif	Benjamin John David	Brueckner Roberta Mildred	Conlan Andrew Alan
Abell David Alan	Bennett Michael Julian	Bruk Morris Isaac	Conradie Hofmeyr Haarhoff
Aboo Nazimuddin	Bérard Raymond Michael Francis	Bruwer André Daniel	Conradie Pieter Jacobus
Aboobaker Jamilabibi	Berg Astrid Martha	Bruwer Ignatius Marthinus Stephanus	Comfort Peter Thomas
Abrahams Cyril	Bergman Jack Wilfred	Buchel Elwin Herbert	Conway Sean Stephen
Abramowitz Israel	Berlyn Peter-John	Bulbulia Bashir Ahmed	Cooke Paul Anthony
Abratt Raymond Pierre	Berkowitz Leslie	Burger Marius Sydney	Cooke Richard Dale
Adams Ganief	Bethlehem Brian Hillel James	Burger Nicolaas Francois	Cooper Cedric Kenneth Norman
Adhikari Mariam	Beukes Hendrik Johannes Stefanus	Burger Thomas Francois	Cooper Peter Allan
Ahmed Sheikh Nisar	Beyer Elke Johanna Inge	Burgess John Digby	Coote Nigel Penley
Ahmed Yusuf	Bezwoda Werner Robert	Burgin Solomon	Coovadia Hoosen Mahomed
Aitken Robert James	Bhagwan Bhupendra	Burnard Friedrich Wilhelm	Coovadia Mohamed Abdool Hak
Alderton Norman	Biddulph Sydney Lionel	Burns Derrick Graham	Cowie Robert Lawrence
Alison Andrew Roy	Biebuyck Julien Francois	Butler George Parker	Coxon John Duncan
Allen Peter John	Bird Arthur Richard	Butt Anthony Dan	Craig Denham David
Allerton Kerry Edwin Glen	Birkett Michael Ross	Byrne James Peter	Cretikos Michael Dionisios Emmanuel Perandonikis
Allie Abduraghiem	Blaine Edward Mark	Caldwell Robert Ian	Crewe-Brown Heather Helen
Allison Hugo Frederick	Blair Ronald Mc Allister	Calver Alistair Duncan	Crichton Eric Derk
Allwood Clifford William	Bleloch John Andrew	Cameron Neil Andrew	Cameron Robert Peter
Allwright George Tunley	Bloch Cecil Emanuel	Carim Abdool Samad	Carim Suliman
Ananth Swamiji	Bloch Harold Michael	Carman Hilary Alison	Carman Trevor Robin
Anderton Edward Townsend	Bloch Hymen Joshua	Carmichael Gary Frederick Charles	Carter Gary Frederick Charles
Andre Nellie Mary	Blumberg Lucille Hellen	Cassell Graham Anthony	Cassim Reezwana
Andrew William Kelvin	Bocchiola Fulvia Carmen	Cassim Reezwana	Cavvadas Aikaterine
Anstey Leonard	Bock Ortwin Answald Alwin	Chaimowitz Meyer Alexander	Chaimowitz Meyer Alexander
Appleberg Michael	Bodemer Wilhelm	Chapman Peter John	Chapman Peter John
Archer Graham Geoffrey	Boezaart André Pierre	Charles David Michael	Charles David Michael
Archer John Christopher	Bok Arnold Pierre Louis	Charles Lionel Robert	Charles Lionel Robert
Armstrong Robert John	Bolton Keith Duncan	Chin Wu Wai Nin	Chin Wu Wai Nin
Asmal Aboobaker	Bonellie Gordon David	Chothia Khatija	Chothia Khatija
Asmall Aboo Baker	Booker Henry Thomas	Cilliers Pieter Hendrik Krynauw	Cilliers Pieter Hendrik Krynauw
Aucamp Carel	Boon Gerald Peter George	Cilliers Pieter Lafras	Cilliers Pieter Lafras
Badenhorst Frans Hendrik	Booth William Richard Calvert	Cinman Arnold Clive	Cinman Arnold Clive
Baigel Martin	Borchers Trevor Michael	Claassens Hermanus Johannes Hendrik	Claassens Hermanus Johannes Hendrik
Baillie Peter	Bornman Philippus Christoffel	Clarke Simon Domara	Clarke Simon Domara
Baines Richard E Mackinnon	Botha Andries Petrus Jakobus	Clausen Lavinia	Clausen Lavinia
Baise Gershan	Botha Jan Barend Christiaan	Cleaton-Jones Peter Eiddon	Cleaton-Jones Peter Eiddon
Baker Peter Michael	Botha Jean René	Cloete Bruce	Cloete Bruce
Ballaram Rabendranath Serepath	Botha Johan Frederik	Cochrane Raymond Ivan	Cochrane Raymond Ivan
Bane Roy Errol	Boulle Trevor Paul	Coetzee Andreas Retief	Coetzee Andreas Retief
Barbezat Gilbert Olivier	Bowie Robert Mitford	Coetzee Daniël	Coetzee Daniël
Barday Abdul Wahab	Braude Basil	Coetzee Johannes Cornelius	Coetzee Johannes Cornelius
Barnard Philip Grant	Bredenkamp Johannes Hendrik	Coetzer Hendrik Martin	Coetzer Hendrik Martin
Barnes Richard David	Bremner Cedric Gordon	Cohen Brian Michael	Cohen Brian Michael
Barnetson Bruce James	Briedé Wilhelmus Maria Hendrik	Cohen Collin Koppel	Cohen Collin Koppel
Bass David Hyman	Briers Johannes Albertus Myburgh	Cohen Eric	Cohen Eric
Batchelder Charles Simon	Brink Garth Kuys	Cohen Leon Allan	Cohen Leon Allan
Bax Geoffrey Charles	Brink Johan Givan	Cohen Michael	Cohen Michael
Bean Eric	Brink Stefanie	Cohen Morris Michael	Cohen Morris Michael
Beaton Sÿa	Brits Jacobus Johannes	Cohen Philip Lester	Cohen Philip Lester
Beatty David William	Brock-Utne John Gerhard	Colinese Philippa Anne	Colinese Philippa Anne
Becker Herbert	Broude Abraham Mendel	Coller Julian Somersset	Coller Julian Somersset
Becker Jan Hendrik Reynor	Brower Steven	Combrink Johanna Elizabeth	Combrink Johanna Elizabeth
Bell George Murray	Brown Basil Geoffrey		
Bell Peter Stewart Hastings	Brown Raymond Solomon		
Benatar Abraham			
Benatar Solly Robert			
Benatar Victor			

- Dean** Michael Peter Geoffrey
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
Dewar Grant Alexander
Dhansay Jalaluddin
Dhansay Yumna
Diedericks Bart Johannes
 Stephanus
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
Drummond Robert Angus
Du Plessis Dionisius Johann
Du Plessis Hendrik Pienaar
Du Plessis Hennie Lodewia
Du Plessis Hermanus Jacobus
 Christoffel
Du Plessis Jan Ehlers
Du Preez Leon
Du Toit Donald Francois
Du Toit Johan Loots
Du Toit Pierre Francois Mulvihal
Du Toit Roelof Stephanus
Duncan Gordon Alexander
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
Evans William Greig
Falanga Franca Maria
Falls-Grumieaux Ebba Helga
 Dorle Sophie
Fanarof Gerald
Farhangpour Sirous
Farrant Peter John
Fehler Boris Michael
Feldman Charles
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
Fotheringham Geoffrey
 Henderson
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
Gagiano Carlo Andrias
Gajjar Pravinchandra Dhirajlal
Galatis Chrisostomos
Gane Gerald Adrian Carleton
Gani Akbar
Garb Minnie
Gardiner Victor Burberow
Gardner Jacqueline Elizabeth
Garisch James Archibald
 MacKenzie
Garrett Hyde William
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 Michael Cornelius
Greeff Ooppel Bernhardt Wilhelm
Greenblatt Michael
Greyling Jacobus Arnoldus
Greyling Marina
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
Hall Leslie-Ann
Hamed Zubeida
Hammer Alan John
Hammond-Tooke Graeme David
Hangelbroek Peter
Hansen Jonathan Nathan
Harpur Peter James
Harris Ian Michael
Harrison Anthony Carleton
Harrison Neville Alan
Hart George Allan Desmond
Hartdegen Richard Gerhardus
Hartley Patricia Staunton
Hartman Ella
Hattingh Pieter Wilhelm
Haus Matthias
Hawthorne Henry Francis
Haynes Ian Anthony
Hayse-Gregson Paul Bernard
Hayward Frederick
Head Mark Stephen
Hefer Adam Gottlieb
Helman Isaac
Henderson Linda Grantham
Henderson Rex Scott
Hendricks Mark Lawrence
Hesseling Peter Bernard
Hewitt Helen Sheila
Heymann Pieter Wouter
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
Holden Timothy Jon
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
Huber Geoffrey Richard
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 Haje
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 Ronald Manuel
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 Wilson
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
Kala Udai Keshav
Kalla Asgar Ali
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
Kettles Alfred Norman
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
Klompje Jan
Klugman Leon Hyam
Knobel John
Kobe Mabu Rahab Grace
Koch Johann Augustinus
Koch Madeleine
Kocks Daniel Jacobus
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
Kunene Veli Wisdom Fortune
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
 Levy Gary Raymond
 Lewin Jack Roy
 Lewis Dorothy
 Leyland John Richard
 L'Heureux Renton
 Liebetau Carl Roux
 Liebowitz Lynne Dianne
 Linton David Michael
 Lipschitz Shirley
 Lloyd David Allden
 Lloyd Elwyn Allden
 Lochner Jan de Villiers
 Locketz Maxwell Ivan
 Lockhat Ahmed Suliman
 Loening Walter Edgar Karl
 Loest Hellmut Claudius
 Lombaert Alfons Robert Leonie
 Lombard Hermanus Egbertus
 Longano Biagio Antonio
 Loot Sayyed Mahmood Hosain
 Loots Petrus Beaufort
 Losken Hans Wolfgang
 Losman Elma
 Lotz Jan Willem
 Lotzof Samuel
 Loubser Johannes Samuel
 Lownie Madeline Ann
 Lundgren Aina Christina
 Lurie David Meyer
 Lurie Russel
 Macdonald Angus Peter
 MacEwan Ian Campbell
 MacKenzie Basil Louis
 Mackenzie Thomas Murray
 MacLeod Ian Nevis
 MacPhail Andrew Patrick
 Madiba Thandinkosi Enos
 Maduray Govinden
 Maelane Kgadi Petrus
 Maharaj Breminand
 Maharaj Ishwarlall Chiranjilall
 Maharaj Udeeth
 Maharajh Jaynund
 Mahlangu Amos
 Mahomed Abdullah Eshaak
 Mahomed Ebrahim
 Mair Michael John Hayes
 Maitin Charles Thabo
 Makein Michael Charles Cavendish
 Malakou Bryan Desmond
 Malan Atties Fourie
 Malan Christina
 Malan Daniel Francois
 Maliza Andile
 Manger Ismail
 Mankowitz Emmanuel
 Mann Julian Harold
 Mann Solly
 Manning Anthony John
 Manning Basil John
 Mansvelt William Mauritz
 Marais Ian Philip
 Marais Johannes Stephanus
 Margolis Frank
 Mariba Thanyani Jonas
 Marinopoulos George Constantine
 Marivate Martin
 Marivate Russell
 Marks Richard Kearns
 Marus Gianluca
 Marx Johan Hendrik
 Maske Richard
 Mason Rosemary Maureen
 Matisonn Rodney Earl
 Mauff Alfred Carl
 Maxwell William Graeme
 Mayet Fatima Goolam Hoosen
 Mayet Zubeida
 Maytham Dermine
 Mbete Jamangile Mncedi
 McCosh Christopher John
 McCutcheon John Peter
 McDonald Michael Charles Edward
 McDonald Robert
 McGibbon Ian Colquhoun
 McGiven Andrew John
 McIntosh William Andrew
 McKibbin Joseph Kerr
 McLaren Grant Drummond
 Mears Jasper William Walter
 Meer Farooq Moosa
 Meiring Johannes Cornelius Engelbrecht
 Mellett William Andrew
 Melvill Roger Laidman
 Mendelsohn Huntley Jonathan
 Mennen Ulrich
 Mervis Benjamin
 Mervitz Michael David
 Meyer Anthonie Christoffel
 Meyer Bernhardt Heinrich
 Meyer David
 Meyer De Bruto Laporta Cavalier
 Meyers Anthony Molyneux
 Meyersohn Sidney Jacob
 Meyerson Louis
 Michael Maxwell Stephen
 Michaels Maureen Jeanne
 Michalowsky Aubrey Michael
 Michell William Lancelot
 Middlewick Glynn Charles
 Midgley Franklin John
 Mieny Carel Johannes
 Miles Anthony Ernest
 Millar Robert Norman Scott
 Milne Anthony Tracey
 Milne Frank John
 Milner Selwyn
 Misnuner Zelik
 Mistry Jayantilal Daya
 Mitchell Peter John
 Mitchell Ronald William
 Mitha Abdul Sater
 Mitha Ahmed
 Mji Diliza
 Modi Pradip Chhaganlal
 Mody Girish Mahasukhlal
 Mogale Saxon Cholohele
 Mokgokong Mochichi Samuel Martin
 Mokhobo Kubeni Patrick
 Molapo Jonathan Lepoqa
 Molteno Christopher David
 Mollentze Willem Frederik
 Montanus Morris Samuel
 Moodley Dhanapalan Patchay
 Moodley Jagidesa
 Moodley Sivalingam Cunnavaadee
 Moodley Thirugnanasumburanam
 Moodley Visalatchee
 Moola Ismail
 Moola Yousoof Mahomed
 Moore Hazel Ann
 Moosa Abdool-Sattar
 Moosa Hanief
 Moosa Laeeka
 Moosa Muhammed-Ameen
 Moosa Nisa Ahamed
 Moosa Yaaseen
 Morar Champaklal
 Morrell David Francis
 Morris Ediel
 Morris Warwick Montague

- Molteno
Morrison Gavin
Morrison Stephen Christopher
Morton Patrick Christopher George
Morule Ramoroa Andrew
Mosese Matsa Ephraim
Moti Abdool Razack
Movsowitz Leon
Mudely Devandran
Mudely Selvanathan
Mullan Bertram Strancham
Muller Edward Julius
Muller Frederick Eybers
Müller Daniël Marthinus
Mulligan Terence P Simpson
Mullineux John David
Murray Anthony David Neil
Murray Jill
Murray Robert Ian
Murray Willie Bosseau
Musk Michael Anthony
Mwelase Lancelot Halifax Zwelibanzi
Myers Leonard
Naidoo Balagaru Narsimaloo
Naidoo Datshana Prakesh
Naidoo Jaybalan
Naidoo Neetheanathan
Naidoo Premilla Devi
Naidu Pithambaram Nadamuni
Nair Gonasegrie Puckree
Nanabhay Sayed Suliman
Naude Johannes Hendrik
Nauhaus Carl Norman
Naylor Graeme Aubrey
Neifeld Hyman
Nel Elias Albertus
Nel Hendrik
Nel Jacques Bernadus Anton
Nel Jan Gideon
Nel Johan Theron
Nel Julien Robert
Nel Philippus Jacobus
Nel Wilhelm Stephanus
Newbury Claude Edward
Ngakane Herbert
Nicholson Melanie Eugene
Niemann Albertus Stephanus
Nieuwoudt Andries Johan
Nieuwveld Robert Wijnand
Noble Clive Allister
Noll Brian Julian
Noormohamed Abdul Majid
Novis Bernard
Novitzky Nicholas
Nussbaum Clive Joel
Obel Israel Woolf Promund
Odendaal Hendrik Johannes
Odes Harold Selwyn
Olinsky Anthony
Olivier Henri
Omar Yunoos
Omardeen Yusuf
Omarjee Suleiman
Oosthuizen Frederick Pollard
Oosthuizen Undine
Orelowitz Manney Sidney
Orford Alastair Leask
- Ospovat** Norman Theodore
OSSIP Mervyn Seymour
Ostrofsky Michael Kenneth
Otto Theunis Stoffberg
Padayatchi Perumal
Palweni Chapman Wycliffe
Pantanowitz Desmond
Papert Brian Lewis
Papert Errol Jonathan
Parag Kantilal Bhagoo
Parbhoo Hasmukh Bhagoo
Parker Geoffrey Keith
Parr Guy Wyndham
Parsons Arthur Charles
Parsoo Ishwarlall
Pascoe Michael Danby
Patel Prabhakant Laloo
Patel Ramesh Dhiru
Pather Runganayagum
Pattinson Robert Clive
Peer Dawood Goolam Hoosen
Pelser Frank Bignaut
Pemba Elijah Ntsikelela
Persson Alf Lars-Olof
Peters Ralph Leslie
Pettifor John Morley
Philcox Derek Vincent
Phillips Gerald Isaac
Phillips Keith Radburn
Phillips Louisa Marilyn
Pienaar Anthony Clement
Pienaar Daniël
Pienaar Gideon Roos
Pillay George Permall
Pillay Govindasamy Sokalingum
Pillay Prebanathan
Pillay Rathinasabapathy Arumugam
Pillay Thiagarajan Sundragasen
Pillay Veerasamy Kista Govinda
Pio Phillipus Stephanus
Pitcher James Sydney
Planer Meyer
Plit Michael
Polakow Everard Stanley
Poltzky Nathan
Pollak Ottilie
Polley Neville Alfred
Pompe van Meerdervoort Hjalmar Frans
Porteous Paul Henry
Porter Christopher Michael
Postma Jacob Ferdinand
Potgieter Hermanus Jacobus
Potgieter Ian
Potocnik Felix Claude Victor
Power David John
Power Harold Michael
Prentice Bernard Ross
Pretorius David Hermanus Schalk
Pretorius Hendrik Petrus Jacobus
Pretorien Johannes Adam
Pretorius Johannes Jacobus
Pretorius Johannes Lodewikus
Price Stephen Kennedy
Prins Marius
Prinsloo Frances
- Prinsloo** Simon Frederik
Prinsloo Simon Lodewyk
Promnitz Gregory Paul
Prosser Geoffrey Leslie
Prowse Clive Morley
Purbhoo Pramod
Quan Tim
Quantock Owen Peter
Quirke Peter Dathy Grace
Rabe Hans-Heinrich Burghardt
Rabie Johannes
Rabinowitz Clive
Radford Geoffrey
Raftopoulos Paris
Raga Jairaj
Raghavjee Indira Vaghjee
Raine Edgar Raymond
Rajput Mangoo Chhaggan
Randles Graham William Meyerick
Rankin Anthony Mottram
Ransome Oliver James
Rapiti Ellappen Venketsami
Rasool Mahomed Noor
Ratanjee Hansa
Rawat Farouk
Rawlings James
Read Geoffrey Oliver
Reardon Colin Michael
Rebstein Stephen Eric
Redfern Michael John
Reichart Bruno Adolf
Reichman Percy
Reidy Jeremy Charles
Reif Simon
Reinach Werner
Retief Francois Jacobus
Retief Francois Pieter
Reyneke Philippus Johannes
Rhodes Anthony Harold
Rice Gordon Clarke
Richard David Alan
Richards Alan Trevor
Ritz Louella
Robbs John Vivian
Roberts Michael Andrew
Roberts William A Brooksbank
Robins-Browne Roy Michael
Robinson Brian Stanley
Robinson Joy Rachael
Rodda John Leonard
Rode Heinz
Roediger Wolf Ernst Wilhelm
Roelofse Hendrik Johannes
Rogaly Elgar
Rogan Ian MacKenzie
Rogers Raymond Alan
Roman Horatio Eustace Hereward
Roman Trevor Errol
Rome Paul
Roodt André
Roose Patricia Garfield
Rosenberg Basil
Rosman Kevin David
Rosman Mark Selwyn
Rossouw Dennis Pieter
Rothberg Alan Dan
Rousseau Theodore Emile
- Rozwadowski** Marek Antoni
Rush Peter Sidney
Ryan Raymond
Sacho Howard
Sacks William
Saffer Seelig David
Safro Ivor Lawrence
Sagor Jason Solomon
Salant David John
Samson Ian David
Sanders Hannah-Reeve
Sapire David Warren
Saunders Stuart John
Saunders William Christopher
Saxe Norma Phyllis
Scallan Michael John Herbert
Schaetzing Albrecht Eberhard
Schepers Anton
Scher Alan Theodore
Schneider Cecil Max
Schneider Herbert Rodney
Schneier Felix Theodore
Schoeman Adam Barnard
Schoeman Johannes Feuth
Schultz Claude Bernhard
Schutte Philippus Johannes
Schwartz Gary David
Schwarz Kurt
Schwär Theodor Gottfried
Schwersenski Jeffrey
Schwyzler Rosemarie
Scott Bruce William Haigh
Scott Neil Petrie
Scott Quentin John
Seaward Percival Douglas
Seadwick Jerome
Seebaran Anoob Ramdayal
Seedat Suleman Mahomed
Seedat Yackoob Kassim
Seggie Robert McKillop
Seidel Wilhelm Friedrich
Selamani Salumu
Sellers Sean Liam
Sender Mervyn David
Serfontein Jacobus Hendrik
Servitz Hylton
Sher Gerald
Sher Geoffrey
Sher Mary Ann
Sher Rickard Charles
Shété Charudutt Dattatraya
Shimange Oscar Christopher
Shuttleworth Richard Dalton
Shweni Phila Michael
Siebert Peter Robin de Vos
Siew Shirley
Sifris Dennis
Silber Michael Harold
Silbert Maurice Vivian
Simjee Ahmed Essop
Simons George Arthur
Simonsz Charles Anthony
Simon Ian Wark
Singer Norman
Singh Yudisthir Thrishunku
Siroka Sarka Anna
Skudowitz Reuben Benjamin
Slazus Joseph Johannes
Sluiter Emil Hinricus

- Smit** John Nicholas
Smit Michael Robert
Smit Wilhelm Michiel
Smit Willem Lucas Rudolph
Smith Alan Nathaniel
Smith André Johann
Smith Eric Harvey
Smith Ferdinand Carl Albertus
Smith Hendrik Lategan
Smith James Leslie
Smith Lionel Ralph
Smith Timothy Michael
Smith Willem Frederick
Sneider Paul
Snyman Adam Johannes
Snyman Hendrick G Abraham
Snyman Martin Wietsche
Solarsh Stanley Monash
Sommerville Thomas Edward
Song Ernest
Soni Jalaluddin
Sonnendecker Ernest W Walter
Sparks Bruce Louis Walsh
Sparrow Owen Charles
Spies Sarel Jacob
Stanbury James Stewart
Stander Dudley
Stannard Clare Elizabeth
Stanton Jacobus Johannes
Stavrides Stavros
Steenkamp Lucas Petrus
Stein Aaron (Archie)
Stein Abraham
Steingo Leonard
Steinmann Christiaan Frederick
Stern David Michael
Steyn Izak Stefanus
Steynberg Fans Hendrik
Stidworthy Allen John Rive
Stones David Kenneth
Storm Daleen
Stride Philip Jonathan Handley
Strimling Michael Osher
Stronkhorst Johannes Hendrikus
Struthers Peter John
Styger Viktor
Subrayan Kamlanathan Thandrayen
Suliman Abdoorahaman Ibrahim
Sur Monalisa
Sur Ranjan Kumar
Svensson Lars Georg
Swanepoel André
Swanepoel Wilhelm Adolph
Swart Andries Petrus
Swart Jacob Jacobus
Swart Johannes Gerhardus
Swartz Jack
Swiegers Wotan Reynier Siegfried
Swift Peter John
Tang Kenneth
Tarboton Peter Vaughan
Taylor Ian Maxwell
Taylor Robert Kay Nixon
- Taylor-Smith** Archibald
Tayob Ismail Suleman
Te Groen Frans Wilhelmus
Terblanche John
Terespolsky Percy Samuel
Thaning Niels-Otto
Thatcher Charles John
Theron Charles
Theron Eduard Stanley
Theron Gerhardus Barnard
Theron Jakobus Lodewikus 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
Tweedie Ian Wentworth
Tyrell Joseph Clonard Harcourt
Ueckermann Edward Heinrich
Uijs Ronald Rousseau Jan
Underwood Ronald Arthur
Ungerer Matthys Johannes
Vahed Abdul Khalek Ahmed
Valjee Ashwin
Vallabh Satish
Van Bergen Colyn Olivier
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 Walt Heine
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 Izak Johannes
Van Heerden Schalk Petrus
Van Helsdingen Jacobus Ockert Tertius
Van Heyningen Cecil Francois
Van Leenhoff Johannes Willem
Vanmali Hasmykhlal Pranjivan
Van Marle Jacobus
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 Staden Matheus Cornelius
Van Wijk Adriaan Leon
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
Ventress Christine Elizabeth
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 Helen Cecilia
Wainwright Rosalind Dorothy
Walele Abdul Aziz
Walker David Anthony
Walker Kathleen Gwen
Wallace Ian David
Walls Ronald Stewart
Walshe Kenneth Campion
Walton Russell John
Wannenburgh 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
- Weiss** Elisabeth Anna
Wellsted Michael Dennis
Welsh Ian Bransby
Welsh Neville Hepburn
Wessels Andre
Wessels Wessel Hendrik
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
Wing Jeffrey
Wingreen Basil
Wise Roy Oliver
Wittenberg Dankwart Friedrich
Wolfsdorf Jack
Woods John Tennant
Woods Peter Tennant
Wootton John Barry Leif
Wrang Peter Anthony Bernhard
Wright Ian James Spencer
Wright Michael
Wunsh Louis
Yeats John Raymond
Yudaken Israel Reuwen
Yudelowitz Avie Mendel
Zaacks Philip Louis
Zaaijman John du Toit
Zabow Tuviah
Zeijlstra Irene Elizabeth
Zent Clive Steven
Zent Roy
Ziady Noël Robin
Zieff Solly
Ziervogel Carel Frederick
Zion Monty Mordecai
Zwonnkoff George Alexander
- (Deceased members not listed but on record)*

The Colleges of Medicine of South Africa (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 Office

17 Milner Road,
Rondebosch, 7700

Tel: +27 21 689 9533



Gauteng Office

27 Rhodes Avenue,
Parktown West, 2193

Tel: +27 11 726 7091



Kwa Zulu Natal Office

5 Claribel Road,
Windermere, Durban, 4001

Tel: +27 31 261 8213

Continuous Professional Development Fee Structure 01 June 2018 to 31 May 2019

LEVEL 1	FEES INCLUSIVE OF VAT
SMALL GROUPS: Once-off activities (1 CEU/hr with a maximum of 8 hours per day)	R825.00 per application
SMALL GROUPS	R1650.00 per day Maximum R4145.00 per activity
INDIVIDUAL APPLICATIONS Activities that are managed within rules of an accredited structure (HEI and/or Professional Organisations)	R621.50 per application NO CHARGE (to CMSA members in good standing for personal applications)
JOURNAL CLUBS WITH OUTCOME/EVALUATION	R1375.00

LEVEL 2	FEES INCLUSIVE OF VAT
Comprises structured learning, i.e. formal programme that is planned and offered by an accredited training institution, evaluated by an accredited assessor and has a measurable outcome	R1650.00 per day Maximum R4145.00 per activity

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.

The closing date is May 2019

*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

Continuous Professional Development Checklist

DOCUMENTS REQUIRED BY SERVICE PROVIDERS

RETROSPECTIVE ACCREDITATION IS NO LONGER ALLOWED

1	Fully completed 2A CPD Application Form
2	Copy of detailed programme reflecting: a) Start and End times b) Tea, Lunch and Dinner breaks
3	Presenters CV
4	Dedicated Ethics presentations: a) CV of speaker should include ethics proficiency
5	Advertisement / Invite must feature: a) The Accreditor b) Accreditation number c) Level of the activity d) Number of CEU's
6	Journal Clubs: a) Accreditation subject to retrospective provision of attendance registers and journals. b) Presenter roster and 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 the activity e) Number of CEU's f) Number of Ethics CEU's
8	CPD 7 form on the HPCSA website must be completed by the attendees

All applications with the relevant documentation as stated above can be sent to:

Evelyn Chetty

Email: evelyn.chetty@cmsa.co.za

Tel: +27 31 261 8213

+27 31 261 8518

CPD correspondence and guidelines is also easily accessible on the CMSA website:

www.cmsa.co.za under Education

Continuous Professional Development Standard Operating Procedure

Role and Responsibility CMSA EDUCATION OFFICE (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
THE ACCREDITOR: REVIEWS AND APPROVES APPLICATIONS FOR THE PROVISION OF CPD ACCREDITATION	

Role and Responsibility 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 of a CPD activity must be made PRIOR TO ADVERTISING/ISSUING INVITATIONS as the accreditation number and number of CEUs accredited must appear on the advert/invitation. Allow 10 working days for accreditation. <u>RETROSPECTIVE ACCREDITATION IS NO LONGER ALLOWED</u>
3	Service provider/applicant must present certificates of attendance to attendees at the end of the activity or send to attendees within one month . <u>ATTENDANCE CERTIFICATES MUST CONTAIN THE FOLLOWING:</u> a) The <u>ACCREDITATION AND ACTIVITY NUMBER</u> (a board specific identification) (e.g. MDB001/12/09/2008) b) The <u>TOPIC</u> of the activity (ethics, human rights and health law must be specified separately) c) The <u>LEVEL</u> of the activity d) The <u>NUMBER OF CEUS</u> for that activity e) The <u>ATTENDANCE/COMPLETION DATE</u> f) The <u>NAME AND HPCSA REGISTRATION NUMBER</u> of the attendee
4	A <u>COPY OF THE SIGNED ATTENDANCE REGISTER</u> must be submitted to the accreditor and the original retained for a minimum of three years
SERVICE PROVIDERS ARE: INDIVIDUALS / INSTITUTIONS / ORGANISATIONS THAT SUBMIT LEARNING ACTIVITIES TO AN ACCREDITOR FOR REVIEW AND ACCREDITATION <u>PRIOR</u> TO PRESENTING THE CPD ACTIVITY	

*“Medicine is a science of
uncertainty and an art of
probability”*

William Osler

The Colleges of Medicine of South Africa (CMSA) Insignia For Sale - Members

		Excl. VAT	15% VAT	Incl. VAT
1. TIES				
1.1 Polyester:				
1.1.1. Crest in colour as single under-knot design in navy	R	130.43	19.57	150.00
1.1.2. Rows of shields separated by silver-grey stripes in navy or maroon	R	139.13	20.87	160.00
1.1.3. Wildlife	R	104.35	15.65	120.00
1.1.4. Golden Jubilee Fellow Tie in navy, in design 1.1.2.	R	139.13	20.87	160.00
1.2. Silk material: Fellow Tie in navy, in design 1.1.2.	R	378.26	56.74	435.00
1.3. Satin material: Golden Jubilee Wildlife Tie in navy	R	173.91	26.09	200.00
2. SCARVES (LONG)				
The Big 5 (small animals) attractive design on soft navy fabric	R	243.48	36.52	280.00
3. BLAZER BADGES				
Black or navy, with crest embroidered in colour	R	104.35	15.65	120.00
4. CUFF-LINKS				
4.1. Sterling silver crested - please enquire about price				
4.2. Baked enamel with crest in colour on cream, gold or navy background	R	43.48	6.52	50.00
5. LAPEL BADGES/BROOCHES				
Crest in colour, baked enamel on cream, gold or navy background	R	21.74	3.26	25.00
6. KEY RINGS (black/brown leather)				
Crest in colour, baked enamel on cream, gold or navy background	R	43.48	6.52	50.00
7. PAPER-WEIGHTS				
Please enquire about price				
8. PAPER-KNIVES				
Silver plated, with gold-plated crest - please enquire about price				
9. WALL PLAQUE				
Crest in colour, on imbuia	R	782.61	117.39	900.00
10. PURSE				
In leather, with wildlife material inlay	R	313.04	46.96	360.00
11. HISTORY OF THE CMSA				
Written by Dr Ian Huskisson	R	139.13	20.87	160.00
12. DIAMOND JUBILEE INSIGNIA (depicting the dates 1955-2015)				
12.1. Maroon tie	R	156.52	23.48	180.00
12.2. Maroon/Navy stripe tie	R	156.52	23.48	180.00
12.3. Pen Set	R	139.13	20.87	160.00
12.4. Maroon ladies' scarf in soft fabric	R	260.87	39.13	300.00
13. REPLACEMENT CERTIFICATE				
	R	263.16	36.84	300.00
14. VERIFICATION OF CREDENTIALS				
	R	175.44	24.56	200.00



