



TRANSACTIONS

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

Volume 63 (1) January-June 2019

Admission Ceremony October 2018





TRANSACTIONS

Volume 63 (1) January - June 2019



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:

Belinda Lotter

Tel: +27 074 1044 839

Email: BelindaL@prestigesignage.co.za

Publisher and Production:

Prestige Signage Projects (PTY) Ltd

National Call Centre: +27 065 145 9955

Email: projects@prestigesignage.co.za

Designers:

Belinda Lotter and Tracy Davies

Contents

Editorial: Professor GA Ogunbanjo.....	5
Presidential Message: Professor MM Sathekge.....	6
Admission Ceremony: October 2018.....	8
• Oration: Professor Ncoza C Dlova.....	9
• Medallists.....	11
• List of Medallists 2018.....	12
• List of Successful Candidates: October 2018.....	13
CMSA Minutes 2018.....	25
• Report Back Eponymous 2018.....	
• Newly Elected President.....	29
• JC Coetzee Memorial Lectureship.....	31
Standard Setting Presentation by Professor V Burch.....	43
Transgenderism Presented by Prof B G Lindeque.....	51
CMSA Announcements and Important Notices	
• Instructions to Authors.....	4
• Lost Members.....	4
• CMSA Membership Privileges.....	57
• CPD Fee Structure.....	58
• Checklist for CPD Applications.....	59
• Criteria for CMSA Endorsement of CPD Activities.....	60
• Standard Operating Procedure for CPD Accreditation.....	61
• CMSA Database Information.....	62
• Insignia for Sale: CMSA Members.....	63

© 2017 All rights reserved

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

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



COVER IMAGE:

ID 72910905
© Volodymyr Byrdyak
Dreamstime.com

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 Narriman Barnes at narriman.barnes@cmsa.co.za or Tel: +27 21 689 9533.

Bhagwan, Dumyanthi Motiram
(College of Paediatricians)

Boshoff, Corneli Margaretha
(College of Psychiatrists)

De Leeuw, John Marius
(College of Orthopaedic Surgeons)

Ehlers, Natalia Lydia Maria
(College of Ophthalmologists)

Green, Tamzyn Catherine
(College of Paediatricians)

Fölscher, Werner
(College of Anaesthetists)

Frank, Joachim Roelof
(College of Obstetricians and Gynaecologists)

Furstenburg, Phillip Pieter
(College of Emergency Medicine)

Jennings, Ronald Edward
(College of Psychiatrists)

Kennedy, Fiona Louise
(College of Anaesthetists)

Kuther, Annamarie
(College of Emergency Medicine)

McDonald, Petrus Francois
(College of Physicians)

Naidoo, Logeshini
(College of Radiologists)

Ndimande, Benjamin Gregory Paschalis
(College of Anaesthetists)

Nel, Philip-Nolan
(College of Surgeons)

Ngakane, Herbert
(College of Surgeons)

Noble, Charlotte Jean
(College of Paediatricians)

Oelofse, Petrus Johannes
(College of Forensic Pathologists)

Ospovat, Norman Theodore
(College of Physicians)

Rensburg, Megan Amelia
(College of Pathologists)

Smith, Bruce Anthony
(College of Radiologists)

Theron, Jakobus Lodewikus Luttig
(College of Surgeons)

Tun, Myint
(College of Surgeons)

Van Ettinger, Karen
(College of Anaesthetists)

Information as at 29 March 2019

Editorial

Prof Gboyega A Ogunbanjo



Professor Gboyega A Ogunbanjo

In this edition of Transactions, Prof Sathekge presents his last Presidential Message for his term of office. He focused on the achievements of the past three years, and thanked all stakeholders, officers and staff for their continued support. We are deeply grateful to Prof Sathekge for his tireless work and excellent leadership, and wish him well as he moves into his new position of Immediate Past President (IPP) at the Senate meeting on 23rd May 2019.

At that same meeting we will mark an historic celebration of welcoming Dr Flavia Senkubuge as the first black female President in the CMSA's history. We are confident she will carry the momentum of change to new heights and will build even stronger relationships with all partners, leading to further innovations and advances within the Colleges.

This edition also contains information on the October 2018 Admission Ceremony which was held at the University of the Witwatersrand. It includes the list of medalists and successful candidates for October 2018. Our sincerest congratulations to these Fellows of The Colleges of Medicine. We are cognizant of how hard you all worked to get to this position and you can be justifiably proud of your achievements.

At this event Prof Alf Segone, a stalwart and much-loved former officer of the CMSA was awarded a posthumous Honorary Fellowship.

Prof Dlova delivered a stirring oration to Prof Alf Segone, which is transcribed in this journal.

Included are the minutes of the Sixty-Third Annual General Meeting and features the reports of the committees and sub-committees of the CMSA for the past year.

The article on 'Cervical Cancer in the 21st Century' by Prof Lynette Denny is a thought provoking read, which addresses the inequity of access to prevention, diagnoses and treatment in South Africa. It ties in well with The College of Gynaecologists' Honorary Lectureship for 2018 on Transgenderism.

The presentation by Prof Vanessa Burch on Standard Setting gives a good overview of the subject in the South African context. Many colleges have already taken advantage of her expertise and arranged workshops to address this crucial issue.

The editor welcomes letters and comments in relation to any topics covered in this issue of the journal and encourages submission of articles which may be of interest to members of the CMSA.

Prof Gboyega A Ogunbanjo

Chief Editor : Transactions

*"Today's accomplishments were
yesterday's impossibilities."*

ROBERT H. SCHULLER

Presidential Message Professor Mike Sathekge



Professor Mike Sathekge

Before commenting on my last Presidential Message, I would like to express my gratitude and appreciation to the medical community of South Africa who have afforded us the opportunity to serve as the nation's organisation for maintaining the high standards of specialist medicine and improving health care.

I wish to thank the Senior Vice President, Professor Johan Fagan and Junior Vice President, Dr Flavia Senkubuge for their support, their warmth and for being a great Presidium. I thank the Immediate Past President, Professor Gerhard Lindeque for his hard work and advice in ensuring that the CMSA can manage its challenges.

The mentorship of the past presidents, Professors Terblanche, Morrel, Mazwai, Van der Spuy and Madaree is appreciated and remains valuable.

Special thanks for guidance and support to are due to:

- Lize Hayes (CEO), and the Cape Town office staff;
- Ann Vorster (Academic Registrar), and the Johannesburg office staff;
- Gerrit Nel and his finance team;
- Sharleen Stone and the Durban office staff;
- Professor Heike Geduld, Professor Richard Pitcher and members of the Finance and General Purposes Committee;
- Professor Leon Snyman, Professor Gboyega Ogunbanjo and members of the Examinations and Credentials Committee;
- Professor Jay Bagratee, Dr Dean Gopalan and members of the Education Committee;
- Professor Rob Dunn (Treasurer);
- Dr Warren Clewlow (Chairman), and the Board of Trustees of the CMSA;
- Many thanks to the Senate, the Presidents, Secretaries and Council Members of the constituent Colleges and members of the CMSA.

Colleagues, in the past three years the CMSA faced significant challenges concerning National Professional Examination (NPE), trust and the pass rate. To this effect the CMSA have made important decisions that has led to considerable developments.

I thank the organisation's leadership for defining strategies that are responsive and in keeping with the principles of being learner centred, providing opportunity for success, while safeguarding the public trust.

The following are some of the opportunities we took to embrace thoughtful change and to affirm our core values:

- For the first time the CMSA has appointed an Educationalist, Professor Vanessa Burch. This appointment is already showing some significant improvement in both training and examination practices. And we would like to thank AfroCentric Group for making this appointment possible.
- The African meeting of the International Medical Education Leaders Forum (IMELF) which was co-hosted by the CMSA and Royal College of Physicians and Surgeons of Canada has enabled us to emphasise that: ASSESSMENT IS THE CURRICULUM and to move FROM QUALITY ASSURANCE TO QUALITY IMPROVEMENT.
- Working with our African sister colleges remains a priority. Thus, we have signed an MOU with the WEST AFRICAN COLLEGE OF PHYSICIANS (WACP). The MOU will help us to learn a great deal from each other and contribute to better healthcare throughout the continent, as well as expand the African IMELF.
- We are excited that we continue to work closely with our European counterparts, as evidenced by signing the MOU with the UK FACULTY OF PUBLIC HEALTH (FPH).
- Importantly at home, we signed a Bilateral Agreement with the South African Committee of Medical Deans (SACOMD), promoting high standards of training, education, assessment, professional practice and continuing professional development. This agreement, together with the MOU and SLA with the HPCSA, will lead to the implementation of the Workplace-Based Assessment as a non-negotiable essential part of training as well as guiding principles of trust, collaboration and responsibility.
- We have signed a contract with LogBox to enable us to implement an e-portfolio, which has been successfully piloted by some of our constituent Colleges. This tool will help the Registrars, Universities, HPCSA and CMSA with feedback, tracking clinical training exposure and WBA. This will also contribute to improving the trust issue.
- The CMSA have also taken and implemented the decision that candidates, who achieved the required marks in the written component of the examination and were invited to the practical/oral/clinical/OSCE examinations but were unsuccessful, would be exempt from the written component of the next examination session. Such exemption would apply to one sitting only and must be exercised in the following semester.

- An audio recording of the oral examination is now compulsory. It is important to also emphasise that the practical examination is not recorded, as it will violate patient privacy.
- We have developed a whistle blower policy with a portal on our website to encourage transparency, the sharing of opinions and protection of our Registrars. Concurrently, as one of the means of improving communication and transparency this will enable the students and staff to express their opinions and what they are anxious about as we move forward together.
- The Presidium and Senate also meet with the SARA twice a year, whilst the registrars are also invited to the ECC, EC and Council meetings and excused when there are confidential or conflicting matters.
- We continue to review our examination and assessment processes and policies, as evidenced by the following developments:
 - Enforcing an inclusive process of selecting examiners in consultation with Heads of Departments of our Universities (including appointing Observers where there is no representation of some institutions);
 - Compulsory workshops for training all Examiners;
 - Compulsory bare-bones memoranda;
 - Clear roles of the Conveners and the Moderators with feedback to candidates;
 - Availing scripts to candidates and committing to clear timelines with regards to remarking.
- Many factors influence a NPE's pass rate. Some are directly attributable to the training platforms, teachers and registrars. Others may relate to the examination process/CMSA. But which factors matter most, and how they overlap, may be hard to measure. Hence, we asked the CMSA Project Committee to convene an independent panel of experts (Professor's Van der

Spuy, Mazwai and Matjila) to conduct a registrar survey which will be concluded soon.

- CMSA has implemented some of the recommendations that are from the report of the "Pass Rates and Throughput Rates of Postgraduate Specialist Trainees in the Pathology Disciplines in South Africa".
- The CMSA has formally requested the SAHRC to launch an investigation into the allegations of various forms of discrimination including racism, in order to preserve the good name of the organisation and to promote transparency.

The CMSA is on a trajectory to foster solid strategic academic partnerships; to tackle some of our major challenges in ensuring that our examination and assessment process is transparent, relevant and reproducible.

Colleagues, it has been both a privilege and a pleasure to serve you as the 19th President of the CMSA for 2016 to 2019. Hence, I would like to conclude my service and triennium as President of The Colleges of Medicine (CMSA) with profound gratitude and great humility.

The way forward: I would like to congratulate the new Presidium - Dr Flavia Senkubuge, the first female African to take over as President in May 2019 and I wish her and the new Vice Presidents, Professor Johan Fagan and Professor Gboyega Ogunbanjo, success in

the coming three years. I am sure Dr Senkubuge will carry the College initiatives forward and that the CMSA will achieve new heights under her guidance.

It is befitting to conclude the Presidential Message with a quote from the late Professor Bongani Mayosi: "We can all be proud of the College as an institution which is world renowned that plays a central role in maintaining the high standard of specialist medicine in South Africa."

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 2020

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

Admission Ceremony 15 October 2018

The Admission Ceremony was held in the Wits Great Hall, Wits Main Campus, Braamfontein, Johannesburg.

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

Professor Ncoza Dlova, Dean of the School of Clinical Medicine, from the University of KwaZulu Natal gave the oration.

An Honorary Fellowship was presented posthumously to the family of Professor Alf Segone by the CMSA. The citation was written and read by Professor Gerhard Lindeque.

Admission to the Court of Honour was granted to Mrs Ann Vorster for twenty years of service to the CMSA as the Academic Registrar. The citation was written and read by Dr Flavia Senkubuge.

Ten medallists were congratulated by the President on their outstanding performance in the CMSA examinations. Medals were awarded in the following fellowship disciplines, Anaesthetics, Dermatology, Medicine, Neurology, Obstetrics and Gynaecology, Paediatrics and Surgery.

The Diplomate Admission Ceremony is now held at the time of the Diploma Oral Examinations and does not form part of the formal CMSA Admission Ceremony.

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

The new Certificants and Fellows were announced and congratulated.

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

The Honorary Registrar – Education, 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 61 Certificants and 347 Fellows.

At the end of the Ceremony the National Anthem was sung, where after the President led the recent Graduates out of the hall.

Refreshments were served to the Graduates and their families.



Oration delivered by Professor Ncoza C Dlova at the Admission Ceremony of The Colleges of Medicine of South Africa, University of Witwatersrand, Johannesburg 21 October 2018



Professor Ncoza C Dlova
(MChB, FCDerm, PhD)

Reflections and Where to Henceforth

Professor Mike Sathekge, President
of the Colleges of Medicine of
South Africa

Honoured guests, friends, colleagues,
parents, spouses, family members,
ladies and gentleman I want to
express my sincere gratitude to
you for inviting me to address you
on this joyous occasion.

It is a great honour and privilege for me to share with you and the families this thrilling moment of academic triumph. And, I want to congratulate you all on your phenomenal achievement. Some of you faced nearly insurmountable challenges, forcing you to make many sacrifices to reach your goal. But, your optimism and hope kept you going. It has taken some of you four years to complete the fellowship and others more due to numerous hurdles, both academic and social. To you I say, "*it is not how you begin, but rather, how you finish that matters the most*".

Now that you have reached this point of your professional and academic life, I charge thee to remain humble and fling away personal ambition, while still maintaining your personal integrity and passionate intensity to make a difference in your lives, your families', your communities, to your nation and continent, and to the world at large. The statement, "*Do not confuse what you do with who you are*", may sound simple, but its compelling logic is relevant to this stage of your lives.

These words may sound plain but they often confound even those whom we hold in high regard. In the last 4yrs as first African Professor and HOD of Dermatology and in the preceding ten months the first African female Dean in the 70yrs of the UKZN School of Clinical Medicine in Durban, I have been continuously reminded of this profound saying – reminded that we are people first, in both exciting and challenging times. There were moments that caused me to pause and reflect, and I am certain similar sentiments have presented themselves to you: reflecting on the past, and pondering the future.

In my postgraduate academic life I have often found myself as the token first, with no mentorship and little guidance from academic leaders at UKZN. Unfortunately, those of my race were few, having exited a very toxic and disempowering environment after many tribulations.

Being the first carries a lot of responsibility. It means devotion to mentoring others to surpass you. Mind you; Note that I said to surpass you.

Mentoring is the manifestation of the highest level of personal maturity, security and self-confidence. Insecure people never train others because of a perceived threat to their delusion of indispensability, longevity, superiority and grandeur. For this reason, they tend to demean and obstruct, and often leave registrars to fend for themselves. They even withhold support for junior consultants, attending all international congresses by themselves. They will oppress people. I am happy to say that in my position as HOD of Dermatology I have trained 30 dermatologists 80% of whom are African and seven of them are not only consultants, but heads of department in their respective hospitals and doing a great job. Whether you go into research, private practice, public service or business, make a positive impact to those around you.

As a specialist you will be surrounded by and interact with nurses, medical students, paramedics, medical officers, registrars, patients, families who look up to you for guidance. Be the change that you would like to see and the ideal role model for those under your leadership. Taking a leaf out of my 15yrs of medical training and studying, up to achieving my PhD, "I will never make any student go through what I went through". I swore to emulate the likes of Prof Sarkin (Orthopaedics), Prof Buggy Singh (Surgeon), Prof Bilkish Cassim (Physician) and Prof Puddifin (Physician), a rare breed during my undergrad training. I chose them to be my role models as they epitomised humanity, passion, love and care and did not exclusively look out after their own kind: a mindset that is regrettably prevalent in our academic corridors.

To my colleagues the Professors and Lecturers in our midst, I ask as a point of reflection "What kind of leaders are you?"

Are you entrenching dependency in the hopes to remain indispensable. Who are you grooming as relevant and diverse successors? I believe that if you have not capacitated such a successor then the ultimate

crux of your leadership role has failed. We can be two sides of a coin; either benevolent leaders or academic bullies. We either crush or build those who look up to us.

Do you only have time of day for your own kind. "Do you look at others through prejudicially polarised spectacles and thumb your noses on the sweeping tide of transformation" Are you inclusive and diverse when you appoint your senior executive members, student selection, registrar selection, senior lecturers. Is your department fully transformed? Remember that heterogeneous contribution to the common cause is far superior to homogenous thought. It is the very same African doctors who will migrate to the rural areas of our public hospitals to provide the services that are so desperately needed and yet their progression is still marginalised. We need to ensure that each of the 27 medical disciplines are representative of the SA demographics.

To you parents and families, I salute and congratulate you for standing by your children, spouses, during the most difficult time of their training. Getting an education is a hard thing to do. To those of you who are parents and had to look after your children whilst your spouses burnt the midnight oil, I want you to also take a moment and reflect on the following: Our institutions have to change and reflect the demographics of our country. There are about 37000 doctors in SA, with majority in the private sector and are either White or Indian: a very damning statistic. For decades the Africans have been marginalised. The universities are taking responsibility for our systematically entrenched injustice by transforming the intake of medical students, registrars, consultants and academic leaders, because few else were gracious and mature enough to do so. Encourage your children to learn an African language, it is good for nation building. When students go to China, they spend the first-year learning Mandarin, in Cuba they learn Spanish, in Mauritius they learn French and in our own country some still refuse to learn any of the African languages. What kind of a doctor will you be if you can't communicate with our patients in their own language after all these years of education.

Back to you graduates, do not rest on your laurels, expand your horizons, be at the cutting edge of your field, those who are research inclined, the sky is the limit, travel, reach out, find mentors. I found my mentors in the USA, Europe and Singapore.

To you White , Indian and Middle class African child, do not look down upon your colleagues, you may have the privileges that put you steps ahead of others, acknowledge those privileges, be aware and conscious of them.

To the powers that be in Academia, treat students as if they really are your own. Ask yourself "what would I do if this was my own child or even parent? For the longest time I am now realising how that component had not been nurtured in most institutions and I have brought it into my own ethos" Let's build a conducive and nurturing environment for our students, so that we can attract, train and retain them to be the best they can be. I am aware of the training of our African neighbours as important for continental development and I

note how the portrayal of non South African, African citizens as a front for effective transformation in SA is inadequate with regards to sustainable change.

To the African child, despite the malignant intentions and antagonism you may have faced from your professors, teachers and various complex structures throughout your training , do not play the victim, continue to do your own little part in order to be a role model for the students who look up to you. If white supremacy and its minions try to bury you, show them that you are a seed and germinate, go out there and be something, not every White, Indian or Coloured professor is a racist. Go out there and light a candle with your flame, be your best self and let your character shine for others, contribute to building them whether actively or passively. The world needs you. You entered medical school to learn. Now go forth to serve and strengthen. If correcting all our country's ills seems a daunting task, so be it. Go out there and be undaunted. If we cannot look to you for our country to be a better place to live in, tell me to whom we should look.

I feel a great sense of optimism for positive change as I reflect on my life and those who have inspired me, some of whom have passed on. **Prof Bongani Mayosi,** a close friend, classmate and colleague, was one of them. We have so many amazing academics and intellectuals in SA, and we should never feel inferior to the rest of the world. Let us work together - as people - as we navigate the new challenges. Ensuring that we choose the right leaders who have our interest at heart, to lead us through these exciting and challenging times. Remain humble as you go up the academic ladder.

You are now a specialist- and you have earned it! Use your training to the betterment of your patients.

In the words of **Carroll Quigley:** *"the man who seeks only wealth for himself never feels rich, as the man who seeks power never feels secure, and the man who seeks pleasure never feels satisfied. But the man who seeks important things for others often feels rich, secure and satisfied"*.

Congratulations on your very significant achievement. May your lives be filled with abundant promise and profound peace regardless of challenges that you may now be facing or those that may yet to come. May you cultivate lives of service and spiritual strength, lives of character and integrity and moral fidelity. Until then, may the sun always be at full noon for you, banishing every shadow that might otherwise mar your happiness. I express our pride in you and wish you all the best for the exciting journey you now undertake.

Thank you

By Professor Ncoza C Dlova (MBChB.FCDerm.PhD)

HOD Dermatology

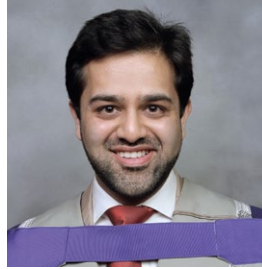
Dean and Head of School , Nelson R Mandela School of Medicine

President African Womens Dermatology

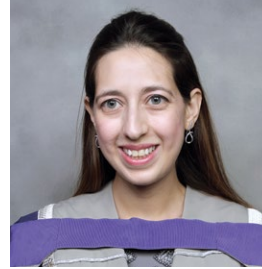
Medallists



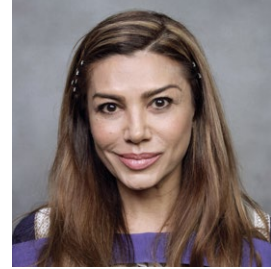
Dr AM Keene
Leslie Rabinowitz Medal
October 2017
FC Paed(SA) Part I



Dr F Seedat
Suzman Medal
Asher Dubb Medal
May 2017
FCP(SA) Part I and Part II



Dr FZ Surtee
Daubenton Medal
May 2017
FCOG(SA) Part II



Dr MM Rouhani Najafabadi
Peter Gordon-Smith Award
October 2017
FC Derm(SA) Part II



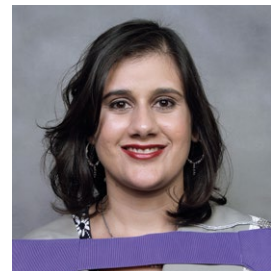
Dr S Mushunje
Brebner Award
October 2017
FCS(SA) Intermediate



Dr SA Dindayal
Novartis Medal
October 2017
FC Neurol(SA) Part II



Dr SA Khan
**Janssen Research
Foundation Medal;**
Abbott Medal;
Glaxosmithkline Medal
May 2017
FCA(SA) Part I



Dr U Bhoora
Tim Quan Medal
May 2017
FCFP(SA)



Dr Z jooma
**Jack Abelsohn Medal and
Book Prize**
October 2017
FCA(SA) Part II

“Work hard to show yourself approved.”

List of Medallists: 2018

Janssen Research Foundation Medal

Dr BOJAN KORDA
(May 2018)
FCA(SA) Part I

Abbott Medal

Dr LAURA-JANE LOGGIE
(May 2018)
FCA(SA) Part I

Hymie Samson Medal

Dr JOHN KRYNAUW
(October 2018)
FCA(SA) Part I

Glaxosmithkline Medal

Dr BOJAN KORDA
(May 2018)
FCA(SA) Part I

Crest Healthcare Technology Medal

Dr MARTHINET NIEMANDT
(May 2018)
FCA(SA) Part II

Jack Abelsohn Medal and Book Prize

Dr MARTHINET NIEMANDT
(May 2018)
FCA(SA) Part II

Janssen Research Foundaion Medal

Dr NICOLA ANNE GRAY
(May 2018)
FC Derm(SA) Part I

Peter Gordon-Smith Award and Book Prize

Dr TARRYN BRITS
(October 2018)
FC Derm(SA) Part II

Daubenton Medal

Dr OWEN GAVI
(October 2018)
FCOG(SA) Part II

JM Edelstein Medal

Dr NEIL KRUGER
(October 2018)
FC Orth(SA) Final

Leslie Rabinowitz Medal

Dr CARINE VAN DER MERWE
(October 2018)
FC Paed(SA) Part I

Robert McDonald Medal

Dr RYAN MOORE
(October 2018)
FC Paed(SA) Part II

The Founders Medal

Dr ELMARIE VAN DER MERWE
(May 2018)
FC Paed Surg(SA)

Coulter Medal

Dr AVANIA BANGALEE
(October 2018)
FC Path(SA)

AM Meyers Medal

Dr KAMAL GOVIND
(October 2018)
FCP(SA) Part I

Asher Dubb Medal

Dr NIRVANA BHARUTHRAM
(May 2018)
FCP(SA) Part II

Suzman Medal

Dr NIRVANA BHARUTHRAM
(May 2018)
FCP(SA) Part I and Part II

Novartis Medal

Dr MICHELLE VLOK-BARNARD
(May 2018)
FC Psych(SA) Part II

Henry Gluckman Medal

Dr ATIYA MOSAM
(October 2018)
FCPHM(SA)

Rhône-Poulenc Rorer Medal

Dr JEANETTE HOLTZHAUSEN
(May 2018)
FC Rad Diag(SA) Part I

Frederich Luvuno Medal

Dr JACOBUS THEODORUS COETZEE
(October 2018)
FCS(SA) Primary - Anatomy

Trubshaw Medal

Dr JACOBUS THEODORUS COETZEE
(October 2018)
FCS(SA) Primary

Brebner Award

Dr NICOLA AMY MACROBERT
(October 2018)
FCS(SA) Intermediate

Douglas Award

Dr ANGELA DELL
(October 2018)
FCS(SA) Final

Eugene Weinberg Medal

Dr PIETER JOHANNES DE WAAL
(May 2018)
Dip Allerg(SA)

SASA John Couper Medal

Dr ANDREW MARK LEVEY
(October 2018)
DA(SA)

The HIV Clinicians Society

Dr GORDON GEORGE AUDLEY
(October 2018)
Dip HIV Man(SA)

YK Seedat Medal

Dr DANAI SYLVIA MAPIMHIDZE
(May 2018)
Dip Int Med(SA)

Dr KISHAL LUKHNA

(October 2018)
Dip Int Med(SA)

Walter G Kloeck Medal

Dr SARA-LEIGH URQUHART
(May 2018)
Dip PEC(SA)

Campbell Macfarlane Medal

Dr SARA-LEIGH URQUHART
(May 2018)
Dip PEC(SA)

Connor Farrel Medal

Dr LINDY-LEE GREEN
(October 2018)
Cert Pulmonology(SA) Paed

CMSA Admission Ceremony List of Successful Candidates October 2018

FELLOWSHIPS

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

BECK COLIN	WSU
CASSIM NAZEERA	Wits
DADOO FAAIZAH	Wits
DAVIDS RYAN	US
DAVIES GWYNETH ANN	Wits
DOMINGO ABDURRAGMAAN	US
DOUGALL LAUREN DAWN	UCT
FENING NANA YAA FENIMA	Wits
FERNANDES NICOLE LUCY	UCT
KING JUSTIN CAMERON	US
KOELE TSOLANE CHARLES	UFS
LUSHIKU LUNGANGA TOMS	Wits
MOHANADASAN SUJAI	UP
MOKITIMI NOLWAZI	Wits
NAUDE JOHANNA MARIE CATHARINA BARRY	UP
OMAR MARYAM	Wits
PHUKUBYE PHYLLIS MABOTSE	Wits
RAMKISSON USHIRA	Wits
RIMMINGTON FARRAH JOSEPHINE	Wits
SCHÄRF LIESEL ANNE	Wits
STRYDOM CATHARINA MARIA	UFS
SWART ROBERT NICHOLAS	UCT
VALLY JANINE CLAIRE	Wits
VAN DER SPUY KAREN	UCT
VAN STRATEN ADELE	US
WYNGAARD JAYDE VALERIE	UP

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

LELUKA MAHLOMOLA DANIEL	UP
NGCOBO KHAYELIHLE	UKZN
SIDALI LINDIWE	UKZN

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

GRIESEL RULAN	UCT
---------------	-----

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

ANSLEY KIM FRANCES	UP
AWOTEDU TEMITOPE	Wits
BRITS TARRYN	UP
HIRSCHFELD EUGENE ROUF	UCT
MOODLEY AMESHIN	UKZN
MUSHIANA BONOLO	UP
MUYA ZAHRA OMARY	Wits
NDONGENI SALATHISO	WSU
OLIVIER MARGARETH ANN	Wits
RANGWETSI MOTSHABI OLIVIA	UP
SPENGANE ZANDILE NAMHLA ELIZABETH	UCT

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

DIANGO KEN NGOY	UCT
ERASMUS ELAINE	US
KABONGO DIULU	US
KIBAMBA CRISPIN NGOY	UCT
MADI S'FISOSIKAYISE	Wits
MANYONI MNCEDISI JUNIOR	Wits
MTOMBENI SITHEMBILE	UCT
MURUGAN SASHEN	Wits
NGABIRANO ANNET	US
SOFOLA-ORUKOTAN SUNDAY	
OLADAPO	Wits
SWARTZBERG KYLEN MARK	Wits
WIESE JACOBUS GIDEON GOUS	UCT

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

ADEDAYO TEMITOPE ADEKUNLE	WSU
BOGOPA ZANDILE LEBOGANG	UP
BOKORO ARLETTE ILALI	Wits
DIBAKOANE PALESA	UL/SMU
FADAHUN OLUWAFOLAJIMI OLUSESI	Wits
ILUNGA BUZANGU BLANDINE	UP
ISHAYA NYITIBA	UFS
ITAKA MAKANDA BOB	Wits

MAHLANGU PHUMZILE TRUDY	SMU
MALAZA ELIZA	Wits
MARUFU GODWIN	UFS
MASEMOLA DIFURO PEARL	UP
MEKEBEB MARTHA BEDELU	US
NYA ANTHONY BASSEY-ESSIEN	UCT
OKAFOR UMEADIM EMMANUEL	SMU
OLAYIWOLA AKINTUNDE	Wits
SANDLER CATHELIJN	Wits
SOBAMOWO SAMUEL OLUWAFEMI	UCT
SOBAMOWO THEOPHILUS OLUWADAYO	UCT
STOTT BRENDA ALISON	Wits

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

ABBAS MUMTAZ	UCT
BHOORA URVISHA	UP
GROENEWALD MILTON ANTHONY	US
LEDWABA SARONA MOLOGADI	UP
MAKOLA EMILY MANTHETSANG	UFS
MBUILU JODY PUKUTA	Wits
MCCRINDLE LORNA YOUNG	UCT
NKERA-GUTABARA JACQUES GIHANA	Wits
OLAIFA ADEKUNLE OLAWALE	UKZN
SNYDERS NICOLE ANNE	UCT
VENTER MADELLE	SMU

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

LOOTS DONOVAN PAUL	UP
MOROBADI KENALEMANG	UP
ROMAN JILL	US
SOUL BATHABILE	UP

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

DILLON BRONWYN	Wits
----------------	------

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

BEEDASY PRIYANKA	UKZN
------------------	------

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

MILES EDWARD	UKZN
PRICE BRENDON	UCT
SOLOMON CHRISTA	UP

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

KHAN SHAIDA BIBI	Wits
MAPHETO TUMELO JESSICA	SMU
NGXAMNGXA UNATHI	UKZN
NKOANA MARTHA KOKETSO	SMU
REDDY ASHANDREE	UKZN

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

DE KOKER ANNEMARIE	UCT
GOUNDEN REENELLE	Wits
KHOOSAL RESHMA	UP
MATLHAKO TEBOGO NTJIE	UP

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

KHONGA MARGARET MAYAMIKO	UCT
MNQOKOYI LOYISO SBUSISO	UFS

**Fellowship of the College of Pathologists of South Africa - Virology
FC Path(SA) Viro**

BANGALEE AVANIA	Wits
GOUNDER LILISHIA	UKZN

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

ABOHAJIR ALI AHMED	US
COCCIA CECILIA BEATRICE IRENE	UCT
DHLAMINI LIFA	Wits
DIPPENAAR ANDRIES PETRUS	US
DURAO HENRIQUE	Wits
EDGAR JASON ROBERT	Wits
FRANKENFELD PETRONELLA	UCT
GHAMMO HOSAM	UKZN
GILL ROBERT SCOTT	UCT
GRIESEL ANDRE	UFS
IDRIS AMIR ABE	Wits
JOHN THADATHILANKAL JESS	US
KAHN THANIA	UCT
KAINGA RUMBIDZAI PATRA	Foreign

KAJEE NABEELA	Wits
KANYIK JEAN-PAUL MUZEMB	UCT
LIMBERIS CATHERINE LYNNE	UP
LOVELOCK TAMSIN	Wits
MAGASHULE MAMORETSI	Wits
MAHOBE SIPHOKAZI	WSU
MAHUPE PONATSHEGO	UCT
MENSAH JULIET MAME	UP
MOKOKA-NKHOBHO LEDILE	
MATSHWENE	Wits
MURUGAN ASHLEY	UCT
NDLOVU NOMAGUGU	UP
NGUBANE ZESIZWE	US
PALAI TOMMY BABOLOKI	UCT
PILLAY FAIZA	WSU
RAMSUNDER NIKASH	US
RAPHALA KABELO SOLOMON	UP
RICHARDS LAUREN CAROL	Wits
SCHOEMAN STEPHAN	US
SIGAUKE FARAI RUSSELL	UKZN
SIKHIPHA TSHIFHIWA BEATRICE	UFS
SIMBA KUDAKWASHE	UCT
SINGH NEVADNA	UCT
SINGH RIVONIA	Wits
SMITH ROBERT BAEHNER	UCT
STEYN CAROLINE GINA	UFS
TSIE KABO	Foreign
VAN DER LINDE DANIEL FRANCOIS	WSU

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

LAHOUEL NEBIL	Wits
PHOLOSI MOHAU CHANTELL	SMU
SMALL LIZANNE	UFS

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

BOSHE JUDITH	UCT
DREYER JUSTINE	UP
JOUBERT FRANCOIS-PIERRE	US
KHABISI MOEKETSI ELLIOT	Wits
LETLOTLO BOKANG LIPUO	Wits
LOTTERING JACOBUS STEYN	UFS
LUPOSO MWANA UTA DENNIS	Wits
MALAN TINA-MARIE	US
MAVIE-SHIBANDA MAVIS NOKUTHULA	Wits
MOODLEY SANUSHKA	Wits
NETSHILEMA TSHISIKHAWA COMFORT	UP
PAUL NATALIE ENGENESSA	UP
RAJCCUMAR NEELKANT RYE	UKZN
SHABALALA SINETHEMBA SIPHESIHLE	
BUNENE	UKZN
STANBRIDGE JESSICA ANN	UCT
VAN DER MERWE SCHALK WIEHAN	US
VERMAAK JOHN-RANDEL	UCT

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

BOBROW KIRSTEN LOUISE	UCT
LEKOLOANA MATOME ABEL	UL/SMU
MAIMELA TSHEGOFATSO CAROL	
RAMATSIMELE	Wits
MOSAM ATIYA	Wits
NCHA RELEBOHILE	Wits
SAMPIER EDWIN RYAN	Wits
SETATI MUSA EILEEN	UL/SMU

**Fellowship of the College of Public Health Medicine of South Africa - Occupational Medicine
FCPHM(SA) Occ Med**

AL-BADRI FAISAL MUBARAK	UCT
SETLHAKGOE MOYAGABO REGINALD	Wits
VAN DE WATER NICHOLAS	UCT

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

BHANA-NATHOO DEEPA	Wits
CHISHA MIKE	UCT
MINNIS TALIETHA DIANE	Wits
MUDAU ADZIAMBELI	UP
SCHOOMBEE HENDRIK	UCT
SEPTEMBER-JAFFER ZORINA	UCT
SITELA VUYISWA	UP
SURRIDGE CLARE ALEXANDRA	UKZN
VLOK SUSANNA CATHERINA SUCARI	US

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

CHILWESA PAUL MAMBWE	UCT
LUSU TANDISWA	Wits
OCHIENG PRIMUS	UCT
STOLTZ BENITA	UP
VOS ANDRE JOHANN	UCT

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

ABORKIS ISMAIL	UCT
AIKMAN JOHAN GEORGE	UFS
ALMGLA NASER	UCT
DELL ANGELA	UCT
GROENEWALD CAROLETTE	Wits
HUSEIN SALAH R. M.	UCT
KRUGER ANDRIES	UCT
LUBOUT MEGAN	Wits
MALEFAHLO THABISO	UP

MALINDI TEBOHO JAFTA	UFS
MIHALIK MARGIT	US
MOODLEY KIRUSHA	UKZN
NAICKER YUGAN DYLAN	UKZN
NAILONGA RUBEN NANGOLO	UCT
NKGUDI BOITUMELO	UCT
OLOTU BOLADELE	UKZN
PALWENI SECHABA THABO	Wits
PATTINSON JAMES PHILIP	UKZN
RAMPAI THABO JOHNSON	UP
SPINKS JANICE	Wits
STEENKAMP ANDRIES	WSU

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

DE JAGER SIMON GRANT	UCT
IBRABISH OSAMA HUSSNI.S.	UKZN
RIDGARD TREVINO LYNN	UP
SELLO CALLISTO	Wits

CERTIFICATES

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

BRITS BRADLEY RYAN	UP
KABWE LORRITA	US
MOGWERA MMUSO KGOSI	Wits

**Sub-specialty Certificate in Clinical
Haematology of the College of
Pathologists of South Africa
Cert Clin Haematology(SA) Path**

GANWO IBRAHIM ALMAHDI A.	Wits
MUTEMA LEONARD	US

**Sub-specialty Certificate in Endocrinology
and Metabolism of the College of
Physicians of South Africa - Cert
Endocrinology & Metabolism(SA) Phys**

PILLAY ASHEGAN KANDASAMY	UKZN
--------------------------	------

**Sub-specialty Certificate in Forensic
Psychiatry of the College of
Psychiatrists of South Africa
Cert Forensic Psychiatry(SA)**

CHETTY INDHRIN	Wits
DYAKALASHE NYAMEKA	UCT
MAHARAJ PRALENE	Wits
MAZIBUKO PASLIUS SIZWE	UP

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

MLOTHA MITOLE RACHEL	UCT
----------------------	-----

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

MASHOESHOE KGATAKI SAM	UP
MBAO MELVIN	Wits
MOKHELE NNETE NIMROD	UCT

**Sub-specialty Certificate in
Gastroenterology of the College of
Surgeons of South Africa
Cert Gastroenterology(SA) Surg**

ALAWADHI KAMEL	UCT
ALLY ZAIN	Wits
JUGMOHAN BEN	Wits
NASHIDENGO PUEYA MEKONDJO	UCT
SUMBANA THENDO	UCT

**Sub-specialty Certificate in Geriatric
Medicine of the College of Physicians of
South Africa
Cert Geriatric Medicine(SA)**

GREENSTEIN LARA SONIA	Wits
-----------------------	------

**Sub-specialty Certificate in
Gynaecological Oncology of the College
of Obstetricians and Gynaecologists of
South Africa
Cert Gynaecological Oncology(SA)**

GUZHA BOTHWELL TAKAINGOFA	UCT
---------------------------	-----

**Sub-specialty Certificate in Infectious
Diseases of the College of Physicians of
South Africa
Cert ID(SA) Phys**

VAN DER MERWE PIETER DU TOIT	US
------------------------------	----

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

FOOLCHAND SERANTHA	UKZN
--------------------	------

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

BERINGER NADIA	Wits
GESAMI-STEYTLER LILIAN MORAA	US

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

TSHABALALA DINEO	Wits
------------------	------

**Sub-specialty Certificate in Neonatology
of the College of Paediatricians of South
Africa
Cert Neonatology(SA)**

KIRONGET AUDREY	Wits
NAIDOO HARISHIA	UP
ONWONA-AGYEMAN KWABENA	
ASAMOAH	US
PAULSE NATALIE	US
PILLAY SHAKTI	UCT
PRINCE KIM DIDI	UCT
SEPENG LETLHOGONOLO	Wits
SONO LINO LYDIA	Wits

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

MAHLASE GABRIEL LINDOKUHLE	Wits
RUREDZO DAINA SIPHELANI	UP

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

AMWAAMA MARTHA JAKULA	UCT
HASSEN MUHAMMED	US
KASSUM PATRICIA	US
MOLOI MOTHUSI WALTER	UCT
PHIRI CHIMOTA WA CHIMOTA	UCT
SLABBERT PIETER JOHANNES ADRIAAN	US

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

SIBANDZE MLINGANISI PIUS	Wits
--------------------------	------

**Sub-specialty Certificate in Paediatric Neurology of the College of Paediatricians of South Africa
Cert Paediatric Neurology(SA)**

JALLOH ALHAJI ALUSINE UCT

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

AYUK ADAEZE CHIKAODINAKA UCT
GREEN LINDY-LEE US
KWARTENG OWUSU SANDRA UCT
MARANGU DIANA MWENDWA UCT

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

FAKEY KHAN DILSHAAD UKZN
MAHARAJ ANUSHA PRIYA UKZN
MITHA MOHAMMED UKZN
SHAW JANE ALEXANDRA US
TABAN EMMANUEL MALISH Wits

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

SENAYA CHARLES MAWUNYO UCT
TSUARI-MILLER MMASELEMO
VERONICA UP

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

CORNELISSEN ESTELLE THERESA US
ZIKI JOYCE Wits

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

MANCHEV VASSIL UKZN

**Sub-specialty Certificate in Urogynaecology of the College of Obstetricians and Gynaecologists of South Africa
Cert Urogynaecology(SA) O&G**

PATERSON FRANCES SYA UP
RAS LAMEES UCT

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

DU TOIT RUSSEL ROLAND Wits
MOYDIEN MAHAMMED RIYAAD UCT

PART I, PRIMARY AND INTERMEDIATE EXAMINATIONS

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

ADAM IRFAAN UKZN
ALLIE LEANA Wits
BANTU KAPAJIKA DIEUDONNE
BLUMENTHAL TREVOR MARTIN
CHIU CHIAN-JIA
CLOETE ELIZE
COETZEE GERHARD JACOBUS
COETZEE NICHOLAS DANIEL Wits
DESAI SHAINAL
DLODLO ABONGILE
DLODLO NKOSILATHI
DUNCAN LLOYD RAY
DURGAPERSADH RIVASH
ELGHOBASHY AHMED Wits
FOMBAD LESLIE MAH
GOVENDER KUSHAL
GOVENDER MINESH
GOVENDER VENESHREE
HABANGANA HWANANO SAMUEL UP
HARVEY MEGAN KATE US
ISAACS MARIAM UCT
KOHLER NATHALIE
KRYNAUW JOHN
LE ROUX ELSA US
LOMBARD THEODI RENE
LOUW KURT GARRETH US
MAKDA MUHAMMED
MALUMALU UTSHUDI JOE Wits
MARAIS GERT JOHANNES KRUGER
MARAIS WILLEM
MGOQO NONDWE
MONCHWE TEBOGO
NHLAPO KHAYA SANDILE
NIEUWENHUIS KATHRYN
NORTJE IAN
ORJI VALENTINE NNOLUM SMU
ORROCK JANE LOUISE SMU
PIERPOINT SCOTT ANDREW
RAZACK RAEESA US
RODOLO BUHLE
SIMA NAJIBA Wits
STEVENSON ROBERT LOUIS PAUL
WYNDHAM
STEYL CHARLE SMU
VAN DER STOCKT KAREN UP
VAN ZYL ALBERT GERT PETRUS US

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

GUNTER HANNAH MAY UCT

**Part I of the Fellowship of the College of Dentistry of South Africa - Orthodontics
FCD(SA) Orthod Part I**

HLONGWANE HLULANI LAZURUS
VAN ZYL LUZAAN

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

BRADFIELD CHARLES FREDERICK
VAN DEN BERG CHRISTIAAN JOHANN

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

KNIGHT LAUREN KERRY UCT

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

ABOLARIN AANUOLUWAPO ADEMOLA Wits
ALEKA PATRICK ALEKA-UMBE
COWLING LAURA LOUISE
FATELA LUCIANA SOFIA
FERIS STEVE GEO
HONIBALL JOHN WILLIAM
JACOBS KELLY AMY
KUBEKA VUYISWA BOITUMELO
LUTTICH LAETITIA
MARTIN CATHRYN SARAH

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

KAJAI SYDNEY Wits
MBHELE WANDILE MONDLI
ONOYA ERIC DJUNGONYO SMU

**Primary of the Fellowship of the College of Maxillo-Facial and Oral Surgeons of South Africa
FCMFOS(SA) Primary**

GOUNDEN TASHEN

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

SULAIMAN-BARADIEN RIZQA UCT

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

AKINBOHUN IFEDAYO OLANREWAJU
MUDZIWAPASI CLEVER GARIKAI
NAROTAM JEENA HEENA
NEMUTUDI THENDO
NONGOGO AVUMILE
VISAGIE JAN CHRISTOFFEL Wits

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

ALEXANDER MARCUS CHARLIE
AREND MARC-ERIC
KGAODI BAKANG ABIOT
KHALIFA-ALMABRUK TAREG
HUSSEIN.M UKZN
KHUMALO MUZIWAKHE NTUTHUKO
LAZARUS JED SAUL
MOHALE DIAPO GERALD
MOODLEY PRESTON ALDRIN
MOON DONGJOON
NDLOVU BLESSING
RAJKUMAR ASHVIR
SINGH AMIR KUMAR
WALKER IAIN SCOTT

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

EBRAHIM-DALAIS TASMEERA UKZN
HARRY EERWINE UKZN
ZERGOUG NADIA Wits

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

APOLLOS CAYLIN PIA
BVUMBI RAYMOND
CHUENE SEKEDI YVETTE
DIKGALE BUSISIWE MORARE
DIKGANG OLEBOGENG KUMBILANI
FRANKS SHERI-LEIGH
HAMMOND MICHAEL NII ARMAH
INTUMU LOLOBO FREDDY
ISMAIL KAASHIFAH AKBAR
JAHN GERALDINE
KESEKILE GABRIEL
KGOLOKO STAN NGWANATSOMANE
MAJOLA LINDA GORDON UKZN
MALULEKE NYAMEKA NONTUTHUKO
MARITZ HENDRIK ALBERS UKZN
MASIYE NDALUZA UCT
MAYIBENYE MAWANDE
MBAMBU TIVANI

MBELE GUGULETHU PRUDENCE Wits
MMABATSWA NAKEDI ROGERS
MOTHUPI KATLEGO OTSILE
MUPOMBWA RICHARD
NAIDOO KARTHICK
NKOANA SOPHIE TAKALATSA
NKOSI DUMISA RUSSEL
OLUJOBI VICTOR OLUROTIMI ADI
RUBUSHE BONGI Wits
SALEM VENUS
SHEMANG BRISKA
SIVEREGI AMON
TSOKE GLEN
VORSTER MILIÇA

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

AKPAKAN AKANIMO EFFIONG
BILWANE TSHOLOFELO
DLADLA BERNICE PATIENCE PROMISE
FORTUIN RORI BRITT
GALLANT TASNEEM
IYAMBO OLIVIA-JOAN NDAHAMBELELA Wits
INTUMU LOLOBO FREDDY
KALWIBA KITA CHRISTIAN
KGATLE THABANG PHETOLE Wits
KHAN ZEENAT LENINA
LEZI NABATUISHA BADI
MALAZA CHARMAINE KHALI
MAPHIRI GIDIMISANI CANDICE RAELE
MASUKUME RUMBIDZAI
MATHEKGA THABO MAJADIJI DAVID SMU
MATONHODZE THOMAS
MAYIBENYE MAWANDE
MDLUDLU SIBULELE
MWEMBIA DIDIER BATUSEKELA
NDEBELE TINABO BRILLIANT UP
NKASHAMA TSHIBANGU PIERRE
NKOANA SOPHIE TAKALATSA
NQETO AMANDA UKZN
TSEKELI MATEFO EILEEN Wits
TSOKE GLEN
TUKANI MAKHOSANDILE DAVID
VAN DRUNICK CELESTE
VAN HEERDEN PAULI US

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

BRANDERS LIESCHEN
CALLAWAY SHANNON DEE
DANNHEIMER WILHELM WOLFGANG
DE KLERK KERCLIN DANIELLE
EBRAHIM MOHAMED YASEEN
ELEFThERIADES CHRISTINA
ENGLBRECHT SURET
GEORGE SAULENE

JANSEN VAN RENSBURG ARNO
KNIGHT GRAEME STEPHEN
LIU TING-YING
MASHEGO COMFORT TEBOGO
MOKONE THANGWANE MALEBO UFS
NARAYAN AJMEEL
RANDALL ANALIA SUE
SOPHOCLEOUS CHRISTINA VICTORIA
THAYAB FAIZAL
VAN DER WESTHUIZEN DIAN PETRUS
VAN WYK STEFAN HAY
VISSER KIFT ELSIMÉ
WALTERS INGRID

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

ERASMUS LOUISA JUANITA MARIA
GAFFOOR NABEELA
GUMEDE SIBUSISO SIPHESIHLE
KURUVILLA JACOB
MASEKO SEBENELE PRECIOUS
MOGALE BOITUMELO BALEKANI
NKUNA TERCIA TSAKANI
RADEBE ITUMELENG PRUDENCE
VAN STADEN SAREL LOMBAARD
WEST JOSHUA MICHAEL

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

AFOLABI KASHIMAWO MUFTAU
ALAMEEN MOHAMMED ABDELGALEEL
SAEED UCT
BABU NEETHU ESTHER
BIRKETT EMMA LYNNE
BRUMMER LAURA MARLENE
BUANKUNA MBAYA UFS
BUDGE ANDREA
BUKHA BABILI NLINGILI
CHARLTON ROBYN
DURR PIPPA CHARLOTTE
EDMOND BETTINA DAISY MARCELLE UP
ENGLBRECHT BEZ
ERASMUS EMILIE
FERREIRINHA ANDREW EDWARD
GRAY MEGHANN
JUGNUNDAN YASHNA
KANA NIMITHA
KEAL JOSEPHINE IRENE
MAKOMBA ROBIN SANDE AHEEBWA
MANGALIE BIANCA LUCRESIA
MANTHEY BRADLEY ALLAN
MASIYA CHISSANO KHOSI
MATSHETA LEOGANG MAHLATSE
PRECIOUS
MBATHA LORRAIN RACHAEL
MKIZWANA HYERA NONKQUBELA WSU
MSWELANTO YOLISA

MUBITA MWAKA		GOVENDER KAMINI		JEME JABULANI JOHANNES	WSU
MURUGASEN SERINI		GOVIND KAMAL		MALAKA HANGWANI JOYCE	
NKAYI ONGEZWA ALUTRE		GUMEDE PURITTY LUNGILE		MATLOU MALESELA SIMON	
PATEL SHAMA AASHISH		GWESHE JUSTICE		MOGASE KEABETWE	
PETERSEN MISHKAH		HAPULILE NDAUDANEKELWA SAARA		MORAR TEJIL	Wits
PICKUP VICTORIA		HES TAMSIN FAITH		NKUSHUBANA ONKE THANDISIZWE	WSU
RUSSELL KELLY-ANNE SPENCER		HEWSON PETER LLEWELLYN BLANSHARD		NTIMANI MARCIA TSAKANI	
SIKWAYA LIINA NAMVURA		IRVING BRETT KENNETH		VEYEJ NABILA	Wits
SMITH DAMIAN PETER		JARDINE THABIET		YERRIAH JACQUELINE ANDREA	UKZN
VAN DER MERWE CARINE		KASKAR NABEAL			
VAN DER MERWE MARTINÉ		KHWASHABA NDIVHUWO		Part I of the Fellowship of the College of Diagnostic Radiologists of South Africa FC Rad Diag(SA) Part I	
		LAMOLA INNOCENT MAROSLYN		ADAM MUHAMMED YAAMEEN	
Part I of the Fellowship of the College of Pathologists of South Africa - Anatomical FC Path(SA) Anat Part I		LAWAL ARAMIDE		BENCE JACQUES	
		MANKGELE MAHLATSE		BIYELA LONDIWE THEMBELIHLE PATIENCE	
MAOTO-MOKOTE ANGELA KATLEGO		MASENYA TIMOTHY BOITUMELO		UL/SMU	
THAMANG		MASHIGO BOITUMELO ESTHER		DE VILLIERS JANDUS	
MOSOANE BENNY	UP	MATIMBA JOHN		DREYER REINHARDT GULDENPFENNIG	
OOSTHUIZEN MELISSA	US	MBENYA ZIKHO		GOBINDLALL AVI	
PAMACHECHE PATRICIA	UCT	MBI MBI		GODLOZA EZILE	
PENZHORN INGRID HANNELIE	US	MBITHA NOLUTHANDO		HARMER MATTHEW CHRISTOPHER	
PILLAY LUSELA	Wits	MCMILLAN BRIGID		SMU	
ROETS ANTOINETTE ELISABETH	UFS	MGUDU TULISILE		KHWELA SIPHESIHLE	
		MHUNDWA WILLIAM		LOBI MPATISI	WSU
Part I of the Fellowship of the College of Pathologists of South Africa - Chemical FC Path(SA) Chem Part I		MOABELO KOENA JOHANNES		MABUZA TUMELO PETUNIA	
		MOGASHOA VANESSA		MAHARAJ PREBEN	
DLAMINI IMMACULATE SIPHELELE		MOKGATLHE LERATO NEO		MANYIKA THEMBANI	
UKZN		MONYATSE LETSWELETSE THABO		MASHAVANE CLAIRE DUMISANE	
VAN HEERDEN CARLA	Wits	MOSHOMO THATO		MBUYISA NONKULULEKO	
		MOYA ZANELE RUTH		METELO-LIQUITO LUKE DANIEL	
Part I of the Fellowship of the College of Pathologists of South Africa - Haematology FC Path(SA) Haem Part I		NAICKER WRIOTHESLEY EARL		MEYER JAKOBUS IGNATIUS	
		NAIDOO BRADLEY		MKHIZE NTOMBIFIKILE NOMASONGO	Wits
BALOIYI XIKOMBISO	UCT	NARAN PRASHIL		MOKONE MANTSANE	UFS
HUMAN MICHELLE	SMU	NDABA SIBUSISO MATHEWS		MOTHIBI SEGAKOLODI MOSES	SMU
JENKINS NICHOLAS	UCT	NDWAMBI RUDZANI WENDY		MTSENGU BUSISIWE	
MMUSI MIRRIAM MANTI	SMU	NGANDU NTUMBA MBOMBO		MUPEPE BRIAN	
MUTIZE TENDAISHE TERENCE	UFS	HENRIETTE	Wits	NAIDOO YESHAKHIR	
		NKANDLALALANA SIPHO		ORD ASHLEIGH	
Part I of the Fellowship of the College of Physicians of South Africa FCP(SA) Part I		NTAKA KHULASANDE LISO SIFISO		POTGIETER RIAAN	
		NTANTISO BATHANDWA		RAMOS SOFIA MARGARIDA MARTINS	Wits
ALOMATU SAMUEL YAO	WSU	NTSI OAGENG		ROZMIAREK JULIUS	
BARNARD ELMÍ		OKEYO ELISHA OCHIENG		SIBANYONI NOMSA BUSISILE	UP
BASSON BAREND JACOBUS		PERKS MICHELE		SOBETWA ZUKISWA	Wits
BATES ROWENA MARY		PILLAY NISHAN		STEENKAMP TARINA	
BIHI OMAR ABDIRASHID JAMA		RAMSAMY TYRAL DEAN		TCHATAT MBAKOP NELLY CAROLE	
BISHOP LEESA		RATH MAX SAMUEL		SANDRINE	Wits
BROADHURST ALISTAIR GUY BALLEINE		RUDER GIDEON		WEGNER BRETT	
BRUCE ROBYN HELEN		SABELA THOLAKELE		WIECHERS LUMART	
BUYS CHRISTOFF		SETSHOGO MOTHUSI KOKETSO			
CILLIERS JACOB DANIEL		SOIN GURVEEN KAUR	UCT	Part I of the Fellowship of the College of Radiation Oncologists of South Africa FC Rad Onc(SA) Part I	
ESSOP MOHAMMED RAFIQUE		SORATHIA SHAHEED SALIM	UCT	MUSIMAR ZOLA AIME BLAISE	UCT
GAUTON SEAN JAMES		THOMAS PRAVEEN		NAGAR BHAVESH	UCT
		TIEDT SCOTT PHILLIP		ODONKOR MICHAEL NII NORTEY	UCT
		TULLEKEN MEEKA		OMAR FARAG B MUHAMAD	UKZN
		URADE YUSUF MOHAMED ABDILLAH		PEMBERTON KERN	UCT
		VEENSTRA SIMON HANS		REDDY BASHIV NALIN	WSU
		XHEKWANI BONESWA NATHALIA			
		Part I of the Fellowship of the College of Psychiatrists of South Africa FC Psych(SA) Part I			
		DU PLESSIS WANITA			

RIEDEMANN JOHANN	UCT	MADIHLABA MOKOLOTEDI REBONE	SEBOPETSA MAKOMA WINFRED
Primary of the Fellowship of the College of Surgeons of South Africa FCS(SA) Primary		MAHARAJ JOTIKA SHIVANI	SEKWENA STANLEY SEGOMOTSO
ABOBAKER RIDWAAN		MAHARAJ SANVIR	SENYOLO INNOCENT
AHMED MOHAMED HASSAN ABDELGADIR		MAHOMED LEILA AHMED	SEOKE EVA LETHABO
ALLOPI NABEEL		MAJIRIJA EDGAR TAFADZWA	SETSO MAFHOKO
AMOD NOOREEN		MAKHUVHA LIVHUWANI CHRISTINA	SIYAMBANGO BURUCHAGA MUSHIBA
ARUMUGAM RENESSA		MAKOFANE TENDE NICHOLUS	SISNYIZE
ASIEDU-DARKWAH SPHEHLE YEKUBUHLE		MALAZA MTHOBISI INNOCENT	SOCUTSHANA BONGANI
ASMAL MUHAMMAD		MARAIS HEATH	SWANEPOEL ANDRE
BAPELA KGAOGELO		MASAKU MATHEUS KAKOKO	SWART SAREL FRANCOIS
BELLO ALVAREZ MARTHA BEATRIZ		MASEKO NTOKOZO SIYABONGA	TEYANGESIKAYI GILBERT
BENJAMIN LOREN BRIDGET		MASHABA NKHENSANI CHARMEIN	UC THERON ERIK RUST
BESTER JACOBUS JOHANNES ALBERTUS		MAUNYE THABO PRINSLOO	THOMAS RAHMIZ-RETHAW
BURGE PETER MICHAEL		MBANDE MONGAMELI	TOMLINSON LUKE
BURNS CRAIG MATTHEW		MFAKU SIPHAMANDLA SEBASTIAN	VAN DER WALT ABRAHAM KAREL
CASSIM SHAAISTA		MGODUKA ZOVUYO	VAN ZYL BIANCA LINLEY
CHAIBVA TAFARA NIGEL OTIS		MOHAMED MOHAMED YOUSIF ELHADI	YEKANI SIYASANGA
CHAUDHRY IRTIZA AHMAD		MOKGATLE LUNGILE	ZENDA PEARL THUBELIHLE
CHETTY ALEISHA ANNE		MOLATJANE EUNICE KWELANE KGAOGELO	ZULU SIYABONGA
CHIBUYE CHALI MARGARET		MONGANE TSHEGOFATSO	ZVINAVASHE ROSEMARY
COETZEE JACOBUS THEODORUS		MOODLEY HEVESHAN	Intermediate of the Fellowship of the College of Maxillo-Facial and Oral Surgeons of South Africa FCMFOS(SA) Intermediate
COMMAS CECILIA NTLHOMPHENG		MOTAUNG BRENDA BOIKHUTSO	
DIAKANUA ANNETTE		MOTHUPI ITUMELENG TREVOR	
DLAMINI MUZI		MOTLAESELELO PAKO	
DLAMINI NJABULO KNOWLEDGE		MOTLOGELWA KAELO	
DOCRAT MOHAMMED YUSUF		MPAMBANI NOMATAMSANQA PUMELA	
DOCRAT SHUAIB		QAQAMBA	ALHARBI ABDULAZIZ ABDULLAH N
DU PLESSIS RIMON TJAART		MTHETHWA ANELE NTOMBENHLE	Wits
DUBE-ZVIRIKUZHIE TAFADZWA		MUFAMADI DAKALO	HANGE RIKOTAMENEE
ENGLISH NATHAN CARL		MUGWENA TAKALANI MOSES	Wits
ESSA YUSUF ABOBAKER		MUKANSI NYIKO NTSAKO	HIRA PRIYESH GUNVANT
FARO CHERYL LYNN		MUKASH CIBANA SERGE	Wits
FERRAR DANIELLE SIMONE		MUNDA PHILIP	MOGAJANE BRAMPIE
FICHARDT JOHN CHARLES		MUNTHREE RASHENDRA	Intermediate of the Fellowship Examination of the College of Neurosurgeons FC Neurosurg(SA) Intermediate
GABRIELS SOLIEGAH		MURILA JOEL KHAMADI	
GONDO WASHINGTON	US	MUSTAFA AYMAN SIDDIG HUSSIEN	GROSHI ABDALLAH MANSUR
GOVENDER ADELE ROXANNE		NABEEBUCCAS NADEEM	UKZN
GRAHAM CARMEN		NAIDOO KAYLIN	KATUNGI TOMSON MABARE
GREBE KYLE DOMINIC		NAIDOO KERESSA	UCT
HALL JONATHAN		NAIDU KISHAN ANAND	KRUGER ANDRIES STEFANUS
HANISH WALID		NGOBENI NYIKO CYPRIAN	MARAIS RUAN
HART BENJAMIN		NGWISANYI WELUDO	Wits
HEEROO HERVIN NIVANS		NKOMO TSHEPO WISDOM	MATHE THABO
HESSE CARL HEINRICH		NOGELA VUYO	MAZIBUKO LUCAS THAPELO
HLOKWA RAMATSOBANE REBECCA		NTHANE ZANDILE	NCHABELENG MMAPALAGADI,
JANSEN VAN VUUREN JUNE ELIZABETH		NUREIN AHMED FADUL MOHAMMED	LEBOGANG
JANSEN VAN VUUREN MARIKE		OGUELI CHIAGOZIE EMMANUEL	UP
JANSEN VAN VUUREN SURITA		OJO VICTOR VINING SOJI UNO	NKALA HLEZIKUHLE PETHEZINHLE
JOUBERT BAREND JACOBUS		PERDOMO TRUJILLO MARIA PAULA	RADEBE VUSIMUZI
KALUNGA SINDANI CHRISTIAN		PILLAY PAVALINI	Intermediate of the Fellowship of the College of Ophthalmologists of South Africa FC Ophth(SA) Intermediate IB
KASHANGURA MAJIRIJA RUFARO		RABODIETSO KEAGAKGOTLA MATHIBA	
KHONYE BONANI SAMSON	Wits	RALETHAKA GOSAITSE TERANCE	ABDOOLA FAHEEMA
KHOZA ZAKHELE MAXWELL		RAMAKATSA ELVIS MASEGO	AHMED AFROZE
LEKALAKALA REFILWE		RAMDHANI KAVISH AROON	UKZN
LUNGA ZAMALUNGA SINENHLANHLA		RAMKISSOON ISHARA	ANDERSON CRAIG DEAN
MABAYA EVANS		RAMTOHUL KRISHNADASS JAYPRAKASH	ANTWI-ANYIMADU FLORENCE
MABUSELA PHUMZA		RASOOL NAZEERAH	BRYANS MERRICK LLOYD
		REDDY VERUSHIN	WSU
		RUTLEDGE DAYLEN	DE JAGER WIHAN HENDRIK
		SALENCE BIJOU STEFANIE	ERASMUS DANIEL ANTHONY
		SALIM AHMED IBRAHIM HASSAN	Wits
			GOVENDER NERISSA
			MPANZA SIBUSISIWE MICKY
			UP

PROXENOS CHARLES
SHASTRY DIMPLE DEEPA SMU
THERON YOLANDE MARYNA UCT
VAN DER COLFF FREDRICH JAMES US

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

ADEWUSI OLAOLU OLUFEMI
AFRIKA NOMSA LILLY
AHMED FAATIMA
BOTH A PETER WILLIAM ADRIAN
BRAKATU BERNARD FIIFI UCT
BRUCE-BRAND DOUGLAS
EPSTEIN GADI US
FOSTER MATTHEW
HLAPOLOSA TIEGO JOSIAH
KADER GERARD
MASIALA DOMINIQUE NIANGA
MOFOKENG NTSWE GEELBOOI Wits
MOGOROSI KABELO GERTSON UP
MUSERERE ERNEST DZINGIRAI
NANSOOK ADISHA
NDLOVU SEBASTIAN
NICOLAOU CATERINA
OJEWOLE ADERONKE ADEBIMPE
OLUWABUNMI
REDDY DHAVENDREN
SEMENYA CLEMENT NARE
SHOGE MELKAMU MATHEWOS
THIKHATHALI NDIVHONISWANI DAVID UP
TSHITE LUCKY MOGAPI Wits
VAN DER WATT NICOLAAS PIETER UP
VAN ZYL HENDRIK FRANCOIS US
VENTER PIETER JOHANNES
VERFUSS FRANCES
WESSELS JOSEPH DANIEL

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

ELFALLAH BALGEIS ALI OMAR UCT
LERUTLA MABILOANE TEBOGO SMU
MUNGAR RESHNA
NANDKISHORE TANUSHA UKZN
NATHIE MOHAMMED
PILLAY NIVASHEN UKZN

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

ALSEREIDI RASHED UCT
BACA SIKELELA ABIDE UFS
BANGA AGATHA TAFADZWA Wits

BARBAKH MOHAMMED K. E. Wits
BEYRA HERNANDEZ CARLOS UKZN
BHANA MALINI Wits
CHIGWADA MACDONALD
DE JONGH RUAN SMU
ERASMUS NICOLETTE
FERREIRA YOLANDI
FIGUEIREDO FREDRICK
HARTFORD LEILA NOMPPELO UCT
HELLIG JULIAN CHARLES
JACOBS PAUL ERASMUS WSU
JADA SIYABULELA HOPE SMU
JONOSKY JACLYN BERNADETTE
JOOMA AHMAD UKZN
KABONGO TSHIALA ALAIN
KALENGA NKOMBA CHRISTOPHE SMU
KESHAW PARESH BHANA UCT
KOTO LUSANDA UKZN
KUNFAA ERNEST NAANWIN-IB
LINDEQUE BAREND GERHARDUS STEYN Wits
MABASO NONDUMISO UKZN
MACROBERT NICOLA AMY Wits
MAGWAI MATLHATSE PHUTI Wits
MALIAKEL ATHENA GEORGE
MANAIWA ELSIE KAGISO UP
MAYAPI KUHLE OLIVIA WSU
MBANDAZAYO VISILE
MISRA KOYAL AAHISTHA
MOLELEKOA ONKABETSE FANA UP
MOLOI LEBOHANG UP
MORULANA TAKALANI GIDION
MOSASI TEBO CYRIL SMU
MOTLHOBOGWA KUTLO GOSEGO UCT
MOTSEI MORAKABI JACOB UP
MTHUNZI RETHABILE
MUNOO NIROV
MZAYIYA NTSIKELELO
NAIDU SAYURI UKZN
NDLOVU NONTOKOZO JOYPEARL
NEL RIAAN FREDERIK US
OSHUN NATHANIEL UKZN
PATEL RAVIN RAOUL VINOD
POLDEN KEVIN EDWIN WSU
POTHAS CATHARINA Wits
ROTHMAN SAREL UFS
ROUX NIEL Wits
SADHWANI SANJAY PREMCHAND
SHABALALA AYANDA DENNIS UFS
SIGANGA THEMBUXOLO ROSEMAN
SINGH KIMISHA Wits
SOSIBO SIJABULILE CASSIUS
STORRIER TAMARYN ANNE
SWAI NOEL DOMINC UCT
TAIT DEAN UCT
THOSAGO MANTSHO CALVIN
TOMA ARMAND Wits
WOLMARANS ANIKA Wits
YAKO SIVIWE ALLAN UFS

DIPLOMAS

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

FRAMPTON MEGAN DAWN
SESANE WINTER-ROSE SIZAKHELE
VAN BRUWAENE LORE MARIA BERTHA

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

AIDOO HILDA KONADU
ANDIPATIN ASHLEIGH JADE
ATCHESON TIMOTHY NICHOLAS
BABA FAHEEM
BADUGELA TSUMBEDZO
BALLARD SAMANTHA ANNE
BAYIZITUNDA SILUVANGI
BEETS LIZA MARGOT
BENADE CHRISTIA
BENAKOVIC IRIS
BOHLOA NTHABISENG MARY
BOSHEGO NKOANA DOROTHY
BUCK SAMANTHA CLAIRE
BUTHELEZI SILINDILE
CALITZ ELRIKA
CHAUKE WISANI ETIENNE
CHWI JAMES TSIETSI
CLARK ALLAN
COETZEE GERHARD JACOBUS
DE KLERK LIZE
DE KLERK MICHELLE
DE MIRANDA GINA LOREN
DE VILLIERS STEVEN NEVILLE
DE WAAL NICO
DEHALOO KURAISHA
DITSHOGO DINONG
ESSA LAIKA
ESSA SHENAAZ EBRAHIM
FAN ALICE
FERREIRA GUIDO
FUZILE OKO WANDISWA
GAGIANO CARINE
HAVINGA DESIRE CISKE
HEALD ANDREW GORDON
HESLOP DONOVAN CHARLES
HOUSEN FATIMA
ISSARSING HEMKUSHALSING UCT
KHESWA NDUMISO AYANDA MVUSELELO
KIM SUN-YOUNG
KORDA BOJAN
LE ROUX JOHANNES JACOBUS
LEE TAMSYN ODELIA
LEEUEW BASETSANA
LEVEY ANDREW MARK

MAFUMHE TALENT FARAI		BUTLER THOMAS ALEXANDER GUGILE		WU CHIA YUN	
MAHARAJ KAVISH BHIMSEN		CHOTLEDI TSHEPO		YENI MCEBO RONALD	
MAKALIMA ZININZI PATIENCE		COETZEE LEE-ANNE		ZWANE KATIA MARISA	
MALIAKEL JUPITER GEORGE	Wits	DARJI MOHINIBEN		Diploma in Forensic Medicine of the College of Forensic Pathologists of South Africa - Path Dip For Med(SA) Path	
MALULEKE MASANA		DAVIES MEGAN GRACE		ADAM MERLE	
MASEMOLA MASERUFE MARCIA		DAWOOD ADILA		BISMILLA YASEEN	
MASHAIRE GODKNOWS KUDZANAYI		DLAMINI KHANGEZILE SARANCIA		HANSLO GREGORY RAYMOND JOHN	
MASHAVAVE MOREBLESSING		LOMALUNGLO		HUMAN JANI	US
MATHUNYANE MMANKU		DU PLESSIS ANNA JACOMINA		MMINE MOEKETSIUFS	
MESSIAHS LEANNE ROBYN		GILBERT NICHOLA JOANNE		PITI ZIZO	
MORLEY-JEPSON KIRSTEN LEE		GRIFFITHS DIANA CAROLINE JULIE		SHONGWE LUNGA	
MSIMANGO NOMAKHOSI RENEGIA		HADEBE NQOBILE SILINDILE		STORM STEFANIE	
MTHUPHA TSITSO OBED		PERCEVERANCE		UREN GRACE AMY	US
MURAGIJEYESU ERNEST JOHN		HOGARTH LAURA GAIL		Diploma in Geriatric Medicine of the College of Physicians of South Africa DGM(SA)	
MUREMBWE KUDZAI		JAKOET MARYAM ZAKEYA		PRICE MONIQUE	
NAIDOO CAMIRA		JANNEKER DESHREE		ZONDO LEOD	
NAIDOO PIRUNTHA		JUGGERNATH PEARLINE		Diploma in HIV Management of the College of Family Physicians of South Africa Dip HIV Man(SA)	
NEL MARZANNE RENEE		KASHIRAM AVANI ASHOK		ABRAHAMS MALEEKA	
NGCOBO SILINDILE		KEMP TASNEEM		ADOFO-ANSONG STEPHANIE	
NKUNA VONANI NOMSA		KLEYNHANS CATHERINA ELIZABETH		ANDOM AFOM TESFALEM	
NONGOGO DEBORAH DUNYISWA		KYEI SAMANTHA MAGDALENE		AUDLEY GORDON GEORGE	
OLIFANTS MONENE MARCHAN		LACKHOO BHAVISHA		BANSI SUVARNA	
OOKO AGATHA ANYANGO DAMARIS		LE ROUX LIESL		BAPELA FRENZAR MOHUBE	
OOSTHUIZEN CHERISE		LINDA NOMPUMELELO FAITH		BEUKES AMANDA	
PENTELA NAGA PALLAVI		LOUW ABIGAIL JENNIFER		BIYA CHARITY NDAMULELO	
PIETERSE CARL JOHAN		LOUW MARIA CHARLOTTA		BOLEMBE MBOSE DOUDOU	
SALZWEDEL NEIL		MABUNDZA SINGITA DECORATE		BURKE MEGAN	
SCHOONRAAD BIANKA		MAFORA TSHIAMO		CHAUDHRY IRTIZA AHMAD	
SEEVNARAIN SIVESH		MAGAGULA NOMPUMELELO PETRONELLA		CHEN EMILY	
SHIRIPINDA BOTHWELL SIMBARASHE		MALHERBE TYLA KIRSTEN		CHHIBA ANJALI-LARISHA	
SINGH NAVESH		MARE MINETTE LOUISE		CHINGWARU BLESSING	
SMIT CHARL PIERRE		MASANGO MHLELI HANDSOME		COETZEE MARLI	
SMITH ALLISON		MATIKA ZANELE PATRICIA		COLLINS MELANIE ELAINE	
SNYMAN RUHANN		MDLETSHI SINEGUGU		DANSO AKUA ADOMA	
SWART JOHAN JOCHEMUS		MILLIGAN CHRISTY ANNE		DAWOOD NADIA	
SYMONS MEAGAN		MKHIZE NOLUTHANDO NOKULUNGA		EDWARDS BERNARD TRISTAN	
TARLTON THOMAS MARK		MOCHE NKADU MURIEL		ELS JOHNRE	
THERON JACOMINA ALIDA		MODIBA MOLEBOGENGBONTLE		ENSLIN JOHANNES	
TREDOUX NINA		MOLEFE LAME CYNTHIA		FATOGUN OLUMIDE DAVID	
VAN DER MERWE CAROL-LYNN		NARAN NAKITA NITIEN		FERREIRINHA DAVID PAUL	
VAN STADEN NADINE PATRICIA		NDOMBI YARUMIA		FRANCKLING-SMITH ZOE TARYN	
VISAGIE AMY RUTH		NKOAGATSE KGOHALO MAMOTABO		FRIEDMAN JESSICA MICHELLE	
WEBB BRUCE KELVIN		NORTIER ELRI		GAXA LUVU	
WEEBER HEINRICH JOHANNES		OLIVIER ANNEMARIE		GLATT SARA	
WILSON TIMOTHY MATTHEW		PHASHA MASELLO		GOVENDER NIRVASH	
WIUM ANJA	SMU	PILLAY CHANTAL RUTH		GOVENDER NIVANYA	
YAV RUWEJ		PRINSLOO YOLANDE			
		RILEY KIRSTIN BIANCA			
Diploma in Child Health of the College of Paediatricians of South Africa DCH(SA)		ROBINSON RUPERT HARRY			
MAPHUMULO SILINDOKUHLE QINISILE	UFS	ROCKHILL MICHELLE PATRICIA			
ABRAHAMS ADLI		SADLER MEGON DENISE			
AMANKRAH MELVIN FELICITY		SAFLA SALEHAH			
AZAR DANIEL MARTIN		SEWNARAIN CHIARA			
BLIGNAUT THERESA		SHAW JULIE DIANE			
BOTHA CHARL		SISHI BONGIWE NQOBILE			
BOTHMA LANE		SMITH JESSICA CHELSEA			
BRAITHWAITE KATE		SWARTZ JULIANA			
BROWNE BRADLEY		VAN BRAKEL NADIA			
		VAN DONGEN NICOLA ELLEN			
		VON ZEUNER LINDA			
		WILSON LUCY NICOLA			

HENDRICKS MALIKAH
 HODZI LILIAN
 HOOSAIN RAEESA
 HUMAN NINKE
 ISMAIL NABEELAH
 JANSEN ROSA
 JOHANNES RAUNA TUHAFENI NAUTALALE
 JONKER KARELI
 KABONGO NKOKESHA
 KASHWANTALE MUDAHIGWA PASCAL
 KHAN MOHAMMAD ISHTIAQ HASSAN
 KHOTU ZAHRAA
 KHUMALO NONTUTHUKO
 KHUMALO SUKOLUHLE
 KHUNOU EUGENE VUSI GODLEY
 KLIS SANDOR ADRIAN
 KOTZE JACOBUS CHARLES BENDER
 KYEI PAPA KWABENA OFFEH
 LAMOLA INNOCENT MAROSLYN
 LAMPRECHT DIRK JOHANNES
 LINDA NOKWANDA NTOMBIZONKE
 LUMBALA KALAMBAYI FRANCOIS
 MAGIDIMISA NTODENI THELMA
 MANKGELE MAHLATSE
 MAUREE ANGIDI PILLAY
 MFUTA NSEKELA LETICIA
 MNISI NKATEKO GAVAZA
 MNTLA NONKULULEKO MARCIA
 MOLISE FLORENCE
 MOLONGOLA CATHERINE NDEBE
 MOODLEY KALAYVANI
 MOOLLA MUHAMMAD SAADIQ
 MPOFU REPHAIM THANDANANI
 MUGERI DUDE MUNZHEDZE
 MUKWEKWEZEKE DAVID TINOTENDA
 CHEKUFA
 MURPHY SHANE DARREN Wits
 NAICKER CHERISE LISA
 NAIDU LAVANDHRA RAJENDRAN
 NAKEDI NEO
 NARISMULU SARISHA
 NATHOO DICKSHI KUMARI
 NDHLUMBI PORTIA
 NDLOVU THATO AMANDA
 NGELE BONGANI BRILLIANT
 NGOBENI SHARON GAIL
 NKAMBULE HAPPY PHAKISO
 NKOSI DELIWE BRIDGETTE
 NKOSI LETHOKUHLE EMMANUEL
 NKUMANE SIPHELELE MEMORIAL
 NQEKETO BUKIWE
 NTKA KHULASANDE LISO SIFISO
 OGUNLOLA MUHAMMED OLATUNBOSUN
 ONAFUWA ADEBISI HAKEEM
 PADAYACHEE SHRIVANI
 PARKER MOHAMMED ASLAM
 PARKER VICTORIA ROBYN
 PHOHLO TSHIKA
 PILLAY CLIO SONIALUXSHMEE MAUNDER
 POSWA ASANDA WSU
 POULTER DANIELLE SIMONE

POULTER HAYDEN LESLIE
 RAMBUWANI LUFUNO EPHRAIM
 REID GEMMA-LEIGH
 RUBLER THERESIA AMANDA
 SAFFY GILLIAN
 SCHOOMBEE WILLEM STERRENBERG
 PRETORIUS
 SCHUTTE HENDRIK JOHANNES
 SEKESE BEAUTY BOIKETLO
 SEMATA FHATUWANI
 SHARMA PALAK
 SIBEKO MUSA DESIREE
 SIBIYA NOKUBONGWA PATIENCE
 SURENDRAN-NAIR SUJAY
 TEATEA MAMAHLOMOLA AMELIA
 THANI BAKANG MOLEBOGENG
 THANI THABO
 THOMSON NICOLAS
 TLHOAELE TEBOGO EZROM
 VAN DER WESTHUIZEN HELENE-MARI
 VAN NIEKERK HANRI
 VAN STRATEN ELSIE-MARIE
 VARGHESE SHINU
 VELDING KRISTIEN
 VERMOOTEN BARBARA
 WANNENBURG ELZETTE
 WENTZEL MARI
 WHITEHEAD KIM
 ZULU SIBONGILE DAPHNEY

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

DENHERE CHINYATHI ACHIEVE UCT
 GRIFFITHS VINCENT PETER UCT
 LUKHNA KISHAL UCT
 PAPAVERNAS NECTARIOS UCT
 SOPHOCLES SMU
 VAN ASWEGEN WILLEM JOHANNES

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

AHMED ZUNAID
 ALABI ADEYINKA
 BELTRAN MS MARINE
 CAMPBELL TRACY
 EISELEN EVAN
 HAIN SHAUN ROBERT
 HARLIES CELESTE MICHELE
 KIRYKOWICZ KATHARINE ELIZABETH
 MURRAY MATTHEW MICHAEL
 NADVI SYED SAFWAN
 NICODEMUS AGNES JUDITH
 PRETORIUS JOHANNES LODEWICUS
 RUDOLF
 VAN DER SANDT SHANTE CLAUDIA
 ZWIDE GOPOLANG EZEKIEL

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

AIDOO GIFTY ABBAN
 BAM MASIPATISANE
 BUTIRI TSHONGANE
 DEMPSTER MEGAN
 GONESE FARAI
 HALL TAMSYN LAUREN
 HANSA SUHAILA FARID
 HEWU TAMSANQA JULIUS
 KABAMBA MUKADI
 KABURISE SHIRLEY PORTIA
 KALONJI OLIVIER NDIADIA
 KASONGO KAMANYINA JEAN PAUL
 KIAKA MUNKITA
 KRUGER WYNAND WILLEM
 MABASA RHULANI VINCENT
 MAKOLA SHARON LETHUBE
 MANONA KAYALETU PERCIVAL
 MBA KHOKHELA
 MEYER TABITHA NADISHANI
 MOKONE MAMONGALI BELINA
 MTHIMUNYE NKANYEZI
 NGWENYA CYNTHIA ZANELE
 NKOSI THEMBEKA CECILIA
 NYALUNGU PORTIA
 OGBEIMI LUCKY
 SEABUENG TLHOLEGO CHARITY
 SEBILOANE NOMPUMELELO PRETTY
 SMIT MARCO DORMEHL
 VALOYI KATEKANI IAN

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

DAWOOD THABIET
 DOLD CATHERINE JEAN
 KRUGER HESTER
 LAHEU BASHIR UKZN
 MAKDA ISMAIL
 WILSDORF LIZE

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

ANDERSON LARA HELEN JOY
 BAGGOTT CHARLES
 BALL BRONWYN
 BARRY MARZANNE ELIZABETH
 BEZUIDENHOUT DULCIE
 BLAAUW MARIEKE
 BOOYSEN PETRO
 BREYTENBACH JACO CORNELIUS
 BRYER KATHERINE ANN
 BUSSIO HANNAH THANDIWE

CLOETE NICOLE-LYNN
 DE GOUVEIA MELISSA INES FARINHA
 HOMEM
 DROOMER NARDUS
 DU PLESSIS CARIEN
 DU PREEZ ANZANNE
 DU TOIT MIGNON
 FABER DAVID WANDER
 FERREIRA JANI
 FOUCHE ARIAAN
 FRADE LAUREN ENRICA
 FREAKES AMY ANNABEL
 GERBER MINETTE
 GRIESSEL SIMONE
 HAGROO NIKITA
 HEMRAJ LARISSA
 HOFFMANN DANIEL JOHANNES
 HOGEWONING MARION
 HORN JAN JOUBERT
 HUMAN ALLISON KIRSTEN
 IGBOGIDI UZEZI GRAPHWELL RAYMOND
 JANSE VAN RENSBURG JUAN WILLIAM
 JANSEN LIZERI
 JONKER YVONNE DENISE
 JOSEPH TAMYAN DANIELLE
 KHEDZI LUTENDO
 KIMEU PAULINE MWIA
 KIRSTEN CHERINE
 KOBE LERATO
 MABEKO ORATILE MONICCA
 MAKONJWA VUYOKAZI
 MAPANGA SHINGAI CLARIS

MASSYN JERO
 MASWENENG KGOBANE ISHMAEL
 MAWJEE BHAVIC
 MCNAIR MICHELLE
 MEYER CARL SEBASTIAN
 MEYER GIDEON-PHIL
 MGEMANE NOXOLO
 MOCHACHE OGAKE
 MONTEITH KATHRYN MARGO MARIE
 MOOI BOITUMELO
 MOTALA ZIYA
 MULLER MICHAL
 NAIDOO THERONA
 NGANTWENI VUSI
 NGOMA TENDAYI
 NIEUWOUDT-CARLSON MARIETTA
 NTANJANA ANELE
 OMAR AMAAN
 OSCHER JONIQUE SHANDRE JUSTINE
 PALKOWSKI IVAN NIKOLAI
 PARKER ANDREW JOHN
 PARKER CAITLIN ROXANNE
 PENFOLD BRETT GERALD
 PETRICK FRIEDRICH JOHANN
 PHEIFFER ODETTE MICHELLE
 PIETERSEN ERIN
 PILLAY MELISSA
 PRETORIUS NICOLA FRANSINA
 PRICE KATE
 RABE YOLANDI
 REDANT DEAN
 ROUX WILHELM ALEXANDER

SAUNDERS MATTHEW CARL
 SCHMACHTENBERG FLORIAN DANIEL
 SHANGE NHLANHLA SANELE
 SHUSHU LESEGO AUDREY
 SLABBERT FRANCOIS LOUIS
 SMIT JACO DANIEL
 SNAYER SAMANTHA THERESE
 SPENCER-BARNARD KAY
 STRANGE ASHLEIGH LYNN
 SWART MALANI
 SWART MARLIZE
 THERON PIETER DANIEL
 TITI ONWABE
 TRIMBY ALEXANDER MERVIN
 UZOEGBO SHARON CHIMEZIE
 VAN DER MERWE SCHALK WILLEM
 VAN DER SCHYFF ELSABÉ
 VAN DER WALT JOHAN ADRIAAN
 VAN NIEKERK ILZ-MARI
 VAN ZYL LEZANIE
 VAWDA DANYAL OMAR
 VILJOEN LE ROUX
 WAGENER ILANA
 WALDECK MARIETTE
 ZWIEGERS CHRISTINE

BY PEER REVIEW

MAWELA MUTHUHADINI PATIENCE
 BLESSINGS
 College of Paediatricians

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

CMSA Minutes 2018

The Sixty-Third Annual General Meeting of The Colleges of Medicine of South Africa (CMSA)

Held at 08:30 on Friday, 26 October 2018 In The Phyllis Knocker Hall,

27 Rhodes Avenue, Parktown West, Johannesburg

PRESENT:

Prof M M Sathekge	(President) in the Chair
Prof J J Fagan	(Senior Vice President)
Dr F Senkubuge	(Junior Vice President)
Prof B G Lindeque	(Immediate Past President)
Prof R N Dunn	(Honorary Treasurer)
Prof J S Bagratee	(Chairperson: EC)
Prof L C Snyman	(Chairperson: ECC)
Dr H I Geduld	(Chairperson: FGPC)
Dr P D Gopalan	(Honorary Registrar: EC)
Prof G A Ogunbanjo	(Honorary Registrar: ECC)
Prof R D Pitcher	(Honorary Registrar: FGPC)
Dr S S Avramenko	Prof J G Brink
Prof J G Boyes-Varley	Prof B Cassim
Prof B Chiliza	Prof A Davidson
Dr D L Fredericks	Prof A M P Harris
Prof D A Hellenberg	Dr M H Kabaale
Prof W G Kleintjes	Prof A Krause
Prof L London	Prof J N Mahlangu
Dr F Mahomed	Prof L J Martin
Dr S D Masege	Dr Z S Mazibuko
Prof M H Motswaledi	Mr M Munasar
Dr T Naidoo	Prof M V Ngcelwane
Prof E Osuch	Prof J R N Ouma
Prof T Parbhoo	Prof T Pillay
Prof S Seedat	Prof A S Shaik
Prof A Sherriff	Prof L M Sykes
Dr L Visser	Prof M Vorster
Dr Z Vundle	Prof A Walubo
Prof A J Van der Westhuijzen	
Prof J M Warwick	

BY INVITATION

Dr T K S Letlape	(HPCSA: President)
------------------	--------------------

CEO/COMPANY SECRETARY:

Mrs L Hayes

IN ATTENDANCE:

Mrs A L Vorster	(Academic Registrar)
Mr G F Nel	(Financial Director)
Mrs S Stone	(Manager: Durban)
Mrs S Pillay	(Senior Deputy Academic Registrar)
Mrs S S Jagger-Smith	(Minute Secretary)

1. WELCOME

The President welcomed the attendees to the meeting.

2. REGISTRATION OF PROXIES

The CEO duly registered 60 proxies. A quorum was present.

3. THE MINUTES OF THE SIXTY-SECOND ANNUAL GENERAL MEETING HELD ON 27 OCTOBER 2017

The minutes were adopted and signed.

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

The matters were included in the agenda.

5. ANNUAL REPORT OF CEO ON BEHALF OF SENATE FOR THE PERIOD JUNE 2017 TO MAY 2018

The CEO stated that the Annual Report of Senate appeared on pages 24 to 37 of Transactions and reflected the activities of the last financial year.

The reports of the various constituent Colleges appeared on pages 38 to 55.

AGREED

The annual report was adopted.

6. RESIGNATION/APPOINTMENT OF DIRECTORS

There had been no changes since the last AGM other than the appointment of the Board of Directors due to their election in the constituent College elections in 2017 which were constituted as follows:

Prof M M Sathekge President (until May 2019)

Vice Presidents:

Prof J J Fagan	<i>Senior Vice President</i>
Dr F Senkubuge	<i>Junior Vice President</i>

Chairpersons of the Standing Committees:

Prof L C Snyman	<i>Chairperson: ECC</i>
Dr H I Geduld	<i>Chairperson: FGPC</i>
Prof J S Bagratee	<i>Chairperson: EC</i>
Prof R N Dunn	<i>Honorary Treasurer</i>

Honorary Registrars of the Standing Committees:

Prof G A Ogunbanjo	<i>Registrar: ECC</i>
Prof R D Pitcher	<i>Registrar: FGPC</i>
Dr P D Gopalan	<i>Registrar: EC</i>

Prof B G Lindeque *Immediate Past President*

Mrs L Hayes *CEO*

Mrs A L Vorster *Academic Registrar*

Mr G F Nel *Financial Director*

Subsequently the election of the President and Vice Presidents took place at the Senate meeting on 25 October 2018, and the following individuals would take office (and therefore be appointed as Directors) in **May 2019**:

6.1 PRESIDENTIAL ELECTION RESULTS

6.1.1 President

Dr Flavia Senkubuge

6.1.2 Senior Vice President

Prof Johan Fagan

6.1.3 Junior Vice President

Prof Gboyega Ogunbanjo

6.1.4 Honorary Registrar: Examinations and Credentials Committee (ECC) (replacing Prof Ogunbanjo) to take place at the Senate meeting after the AGM.

RATIFIED:

The election outcome for the President and Vice Presidents.

7. FINANCIAL REPORT OF THE HONORARY TREASURER: PROF R N DUNN

The audited financial statements were available on the CMSA website.

Prof Dunn stated that in the consultation with the Auditors at the Risk Committee meeting, the Auditors confirmed that they were generally satisfied with the CMSA finances.

The issue surrounding the VAT payment was finally resolved, and SARS had agreed that the CMSA would retain the VAT on the examination fee received until the examination was actually written.

The Auditors expressed concern that the membership bad debts had doubled since the previous financial year.

Prof Dunn had asked the Auditors whether the CMSA's staff costs were too high. The Auditors had responded that other organisations of this nature usually spent 10% of its revenue on staff, so the amount was not too high.

In the Balance Sheet, the investments dropped dramatically from R28 million to R10 million, but cash increased by roughly the same amount. This was due to the strategy employed by the Financial Director, where multiple investments that were maturing sequentially over a period of time were kept as cash, so that could they could be consolidated into more favourable investments.

The medals and saleable inventories amount was discussed. It

was explained that there was a large amount of old stock, and that there were minimum quantities for purchase of new stock which resulted in the high total.

In terms of equities and liabilities, there was no particular change between 2017 and 2018.

The Auditors had separated out the 'Other non-operating gains' (R2,367,562), which was the donation received from AfroCentric for the appointment of the Educationalist, plus the funds for the Durban Development Property which were brought into the general accounts. The total surplus amount of R5,144,756 was therefore misleading.

Subscription fees (membership income) appeared to have increased since 2017. However, this amount was recorded as what was invoiced and not what was actually paid. R4 million was actually outstanding, which was double the amount outstanding from the year before. There was an increasing trend of non-payment of membership fees. The CMSA was therefore compelled to reconsider income stream models.

Examination expenses appeared to be lower. This was due to the provision for R1.9 million on Examiner stipends on what could be claimed in 2017. In 2018, what was not claimed in 2017 was added back and provision was made for the 2018 stipends not yet claimed. Examination expenses were in reality only R300,000 less than in the previous financial year.

The historical allocations of expenses to the three offices were being reconsidered. Examinations were also being individually costed.

The finances were discussed.

ACCLAMATION

Prof Dunn stated that this was the first time since he was appointed as Treasurer that an operational surplus (R345,583) had been achieved, for which he congratulated the CMSA management team.

THE ANNUAL FINANCIAL STATEMENTS WERE APPROVED.

AGREED

The Honorary Treasurer's report was adopted.

8. REPORT OF THE PRESIDENT: PROF M M SATHEKGE

Prof Sathekge stated that he was encouraged by the HPCSA's outlook under the leadership of Dr Letlape, as they clearly saw the single exit exam as the way forward.

Prof Sathekge thanked SACOMD, which had begun to work closely with the CMSA. When there was a threat to the examinations, they played a role and were ready to help. At the Admission Ceremony the previous day, Prof Veller had made sure that there was visible security at the Wits Great Hall. The bilateral agreement with SACOMD had been signed since the last AGM.

Prof Vanessa Burch was appointed as the Educationalist since

the previous AGM. The CMSA were grateful to AfroCentric for making this possible.

The IMELF South Africa meeting took place in May 2018 in Cape Town and was successful. Discussions included issues of assessment, from competence to excellence, formative assessment and work-based assessment, and re-certification.

He reported that at the Canada IMELF event that he had recently attended, delegates were willing to visit South Africa at their own expense to discuss certification, the pass rate and formative assessment. (Prof Naik would be invited.) IMELF Africa events would be hosted in various countries.

Prof Sathekge stated that government had consulted the CMSA on how to handle and examine foreign graduates together with the HPCSA, and had asked for opinions from various Colleges on facilities and HR. Meetings with government were facilitated by the Vice Presidents, which went well. Prof Sathekge was thankful for government's reliance on the CMSA for advice and recommendations.

The CHE were working with the CMSA in the effort to formerly register the certificate and fellowship.

The potential breach of examination conduct led to policy reinforcement and working closely with the HPCSA and SACOMD.

The CMSA would meet with the Human Rights Council on 9 November 2018 after asking them to investigate accusations of discrimination against the CMSA and have engaged with various groups to try and address these accusations and fears. The CMSA would meet with SACOMD on the same day.

This was discussed.

ACCLAMATIONS

Prof Sathekge congratulated the newly elected President and Vice Presidents and thanked the outgoing IPP, Prof Gerhard Lindeque.

Prof Sathekge thanked the staff members from the 3 offices, Examiners, Council members, Senate and Board of Directors. He commented that there were only two Board of Directors' meetings until the change of presidency, and that this was the last AGM of his presidency.

AGREED

The President's report was adopted.

9. REPORT OF CHAIRPERSON, EXAMINATIONS AND CREDENTIALS COMMITTEE (ECC): PROF L SNYMAN

Prof Snyman reported on the decision made to release the provisional marks to failed candidates following the written examinations, with the ECC ratifying these results so that applications for re-marks and appeals could be processed timeously. This process would include the appointment of re-markers with the appointment of the examination panels.

With regards to legal matters, there was nothing new to report. There had been a rise in legal matters in the past few years, but this was still a low percentage of the total number of examinations.

The increased gap between releasing results (two weeks) and the Admission Ceremony occurred for the first time this semester and gave the examinations office enough time to ensure quality assurance. The gap between the written and oral/clinical examinations was discussed.

The Fellowship by Peer Review criteria was revised, updated and approved, plus the examination appeal and re-mark policy, in co-operation with legal team.

With regards to the list of venues for oral examinations, Senate and the Admission Ceremonies, Bloemfontein was added and therefore pressure on KwaZulu-Natal was relieved.

Feedback to candidates was discussed.

Examiner conduct was discussed.

AGREED

The ECC Chairperson's report was adopted.

10. REPORT OF CHAIRPERSON, EDUCATION COMMITTEE (EC): PROF J BAGRATEE

Prof Bagratee explained that the ECC were involved in the update of syllabi, handling the blueprints from the Presidents of the various constituent Colleges, administering awards and lectureships. The Durban office was run very well by Mrs Sharleen Stone and Mrs Evelyn Chetty.

Blueprints were outstanding from seven constituent Colleges and Presidents were encouraged to submit these to the Durban office.

With regards to CPD activities, there had been a ruling from the HPCSA that examiners would only get a maximum of 2 CPD points. Mrs Vorster and Mrs Stone had attended a National Accreditors Forum meeting with regards to the CPD points and had sent a motivation to the HPCSA CPD sub-committee on 17 October 2018 for the awarding of eight CEU's per examination.

The venue for written examinations in Durban was a challenge, and an extension of the Durban office venue to run examinations (max 180 candidates) was in process.

The number of blueprints outstanding was discussed. The extension of the Durban premises was discussed.

ACCLAMATION

The Durban office staff were thanked for their hard work.

AGREED

The EC Chairperson's report was adopted.

11. REPORT OF CHAIRMAN, FINANCE AND GENERAL PURPOSES COMMITTEE (FGPC): DR H GEDULD

Dr Geduld stated that with the support of the Treasurer, CEO and Financial Director, the FGPC evaluated and oversaw the operations, income and expenditure for the CMSA. FGPC was also tasked with thinking strategically about accountable spending, HR and labour issues, organizational governance, engagement with membership, and the required maintenance and development of the College infrastructure.

One of the primary areas of focus was related to our assessments - core business, the income and expenditure related to Examinations - this has been an ongoing project to increase efficiency and the cost-effectiveness of examinations. Dr Geduld thanked Prof Dunn and Mr Nel for their work in this regard.

One of the discussions within F&GP was about the possibility of a single high-tech examination centre. The feasibility of this needed to be explored.

For the next year, the FGPC would be working closely with the Board of Directors and newly elected executive to support the strategic direction of the CMSA.

ACCLAMATION

Dr Geduld thanked the members of the Committee for their hard work over the past year stated that she looked forward to continuing this work in 2019.

Dr Geduld thanked the Treasurer and Financial Director for their work on the budget and finances.

AGREED

The FGPC Chairperson's report was adopted.

12. REPORT OF CHAIRPERSON, SOCIAL AND ETHICS COMMITTEE (SEC): PROF M NGGELWANE

Prof Ngcelwane stated that there were no contraventions to the 12 points for cognizance (list). He added that the CMSA should work towards not printing documents for meetings, in order to preserve the environment.

AGREED

The SEC Chairperson's report was adopted.

13. REPORT OF EDITOR OF TRANSACTIONS: PROF G A OGUNBANJO

Prof Ogunbanjo reported that the Transactions Journal was available electronically, with a small number of printed copies available for those who wanted to purchase them (R400 per copy at cost). This issue contained 106 pages and would have cost approximately R200,000 to print. The downloads for the July to December 2017 issue was 206. The downloads for the January to June 2018 issue was 1027. The current issue already had 58

downloads after only a few days.

An email would be sent out to members to notify them of the new edition available online.

ACCLAMATION

Prof Ogunbanjo thanked Mrs Sharleen Stone (Copy Editor) and her team in Durban for the preparation of the issue of Transactions, and Mrs Hayes and Mrs Vorster and their teams for their contributions of information to the content. He also thanked the various presenters who converted their lectures into reports for printing, and Prof Sykes for her role as Deputy Editor.

AGREED

The Editor's report was adopted.

14. ANNUAL APPOINTMENT OF AUDITORS

AGREED

The re-appointment of C2M as the auditors.

15. CORRESPONDENCE

None.

16. CLOSURE

The business of the meeting concluded at 10:00.

Rondebosch

15 November 2018

LH/sjs

*“The one who falls
and gets back up is
much stronger than
the one who never fell.”*

Report Back Eponymous January to June 2019

MTHATHA EDUCATIONAL DEVELOPMENT PROGRAMME 2019

UPDATE ON MENTAL HEALTH SUMMIT

Date: Wednesday 13 March to Friday 15 March 2019
Speakers: Prof S Rataemane
Prof Z Zingela
Dr Nyati
Venue: Mthatha Health Resource Centre Auditorium

AWARDS 2019

MAURICE WEINBREN AWARD IN RADIOLOGY 2018

Submission received are as follows:
Dr R Ramlakhan
The recipient of the award are as follows:
Dr R Ramlakhan

MAURICE WEINBREN AWARD IN RADIOLOGY 2019

Submissions received are as follows:
Dr EJ Pretorius
Dr D Govender

RWS CHEETAM AWARD IN PSYCHIATRY 2019

Submissions received are as follows:
Dr F Potgieter
Dr A Lachman

MS BELL AWARD IN PSYCHIATRY 2018

This congress took place on 21 – 24 September 2018 at the 19th National Congress of the Society of Psychiatrists.
The recipients of the award are as follows:
Dr F Potgieter
Dr N Menze

MS BELL AWARD IN PSYCHIATRY 2019

Will take place on 20 – 23 September 2019 at the Biological Psychiatry Congress.
(The recipient/s will be selected at the Congress)

LECTURESHIPS 2019

JN AND WLS JACOBSON LECTURESHIP 2018

Dr LT Hlabangana presented her lecture entitled “The use of social media platforms in implementing quality improvement initiatives for quality assurance of paediatric chest radiographs in radiological

departments of varying radiographer expertise” at the RSSA International Neuroimaging Symposium on 13 October 2018 in Stellenbosch.

JOHN AND MADELINE LOWNIE LECTURESHIP 2019

Prof JJ Fagan will present his lecture at the SASMFOS Congress on 25 October 2019 in Cape Town.

SCHOLARSHIPS 2019

KM BROWSE SCHOLARSHIP 2019

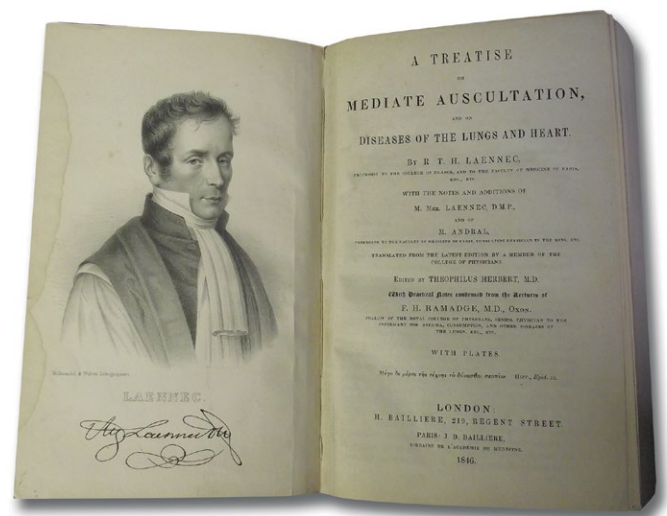
The recipient of the award is as follows:
Dr C Albertyn

ROBERT MC DONALD RURAL PAEDIATRIC PROGRAMME 2019

The College of Paediatricians Registrar MCQ Workshop will take place on 23 November 2019 in the Eastern Cape.

Book Donation

Book donation to the Colleges of Medicine of SA (CMSA) library recently by Professor Peter Gordon - Life Member Of The College Of Anaesthetists.



Historic Election of Dr Flavia Senkubuge as President of The Colleges of Medicine of South Africa (CMSA)



Dr Flavia Senkubuge

Dr Flavia Senkubuge, specialist in Public Health Medicine, global public health advocate and has been elected President of the Colleges of Medicine of South Africa (CMSA).

Her election is historic in so many ways as she is first black woman and only the third woman in the 64 years of the CMSA to hold the position.

She is also the youngest president ever of the CMSA and the first specialist in public health medicine to hold the position.

The Colleges of Medicine of South Africa (CMSA) was founded in 1954 and is one of the most prestigious bodies of medicine in South Africa.

It is the custodian of the quality of medical care in South Africa and is unique in the world in that it embraces 28 Constituent Colleges representing all the disciplines of medicine and dentistry.

Dr Senkubuge grew up in the small town of Lady Free in the then Transkei and with the advent of democracy the family moved to the small town of Queenstown in the Eastern Cape where she completed her high school at the prestigious girls' high school called Queenstown Girls High School (QGHS) in Queenstown, Eastern Cape. She was awarded the highest honour in the province by being selected as the 1996 Eastern Cape Matriculant of the year.

Dr Senkubuge then completed her Medical and Specialist Public Health medicine degree at the University of Pretoria and was awarded the Fellowship of Public Health Medicine (FCPHM) in 2009.

She is currently completing her PHD in Public Health at the University of Pretoria where she was the chair of the health policy and management division and is the current acting chair of the School of Health Systems and Public Health (SHSPH)

Dr Senkubuge follows a long line of distinguished leaders in medicine in our country least of all that her election means that the University of Pretoria has now for the first time in the Colleges of Medicine of SA history had three (3) CMSA presidents in a row: Professor Gerhard Lindeque, Professor Mike Sathekge and now Dr Flavia Senkubuge.

The South African Clinician Scientists Society in congratulating Dr Senkubuge on her election called it: "A new dawn for specialist training".

Dr Senkubuge presented her national vision for the Colleges of Medicine of SA titled: CMSA Agenda 2022: Educate, Innovate, Impact.

In this vision Dr Senkubuge calls for a dynamic CMSA that leverages and harness the collective excellence of its members and stakeholders.

She plans to lead a CMSA that is responsive and creates value for its profession, health system and society.

The CMSA Agenda 2022 is rooted in the CMSA's foundation of excellence, located in the CMSA's ethos and aims to build for impact to society.

This pioneering young woman was recently featured in the May 2018 issue of the South African Medical Association (SAMA) Insider under the heading:

"Exceptional Dr Senkubuge leads the way in Africa". The feature is an attribution of the respect and recognition given to her work.

She achieved a high honour in her field by being the first black woman to be the president of the 17th World Conference on Tobacco or Health (WCTOH) 2018, which is one of the largest policy conferences globally and was held for the first time ever, in its 75-year history, in Africa in March 2018 in Cape Town, South Africa.

She is well respected regionally and globally. She is the Vice-President of the African Federation of Public Health Association (AFPHA), current secretary of the WHO/Afro region African Advisory Council on Research and Development (AACHRD).

She is also the Executive Director of Public Health Africa an Africa-led, globally supported, non-profit organisation.

She is the Board Chair of the Health Systems Trust (HST), a pioneering non-profit organisation based in South Africa that has been at the fore front of the South African Health System for more than 20 years.

She is also a member of the National Department of Health (NDOH) Tobacco Task team, tasked with advising the department on tobacco control policy.

In 2015 Dr Senkubuge was elected as a Young Physician Leader for 2015 by the prestigious global Inter Academy Medical Panel (IAMP) and was also a 2018 finalist for the Women of Stature Award in the category woman in healthcare.

Dr Senkubuge is innovative and passionate about the work which we achieve by working together as one world.

As such then she has been instrumental in many firsts around the Region and Globe particularly in her field and area of Public Health.

At heart she is a philanthropist and is passionate about mentoring young people.

JC Coetzee Lectureship 2018

Cervical Cancer in the 21st Century



FACULTY OF HEALTH SCIENCES

UNIVERSITY OF CAPE TOWN



CERVICAL CANCER IN THE 21ST CENTURY

PROFESSOR LYNETTE DENNY

Department Obstetrics and Gynaecology, University of Cape Town - Groote Schuur Hospital
 Director - South African Medical Research Council
 Gynaecological Cancer Research Centre
 (SAMRC GCRC)

cutting edge research

world class training and education

partnering for patient-centred health services

INTRODUCTION



HYGIEIA:
 Daughter of Aesclepius
 God of Medicine and Epione
 (Goddess of Healing)

- **CERVICAL CANCER:** a disease of *inequity* of access to prevention, diagnosis and treatment – why is this so?
- Gross inequity throughout the world
- The top fifth of the world’s people in the richest countries enjoy 82% of the expanding export trade and 68% of foreign direct investment – **the bottom fifth around 1%**
- In 1999 the developing world spent US\$13 on debt repayment for US\$1 received in grants
- 20% of people living in developed countries consume 86% of the world’s goods
- Many countries spend more on military than on health and education

GROSS NATIONAL INCOME PER CAPITA IN NOMINAL US\$			
Year	Richest Countries*	Poorest Countries*	Ratio
1980	US\$ 11 840	US\$ 196	60
2000	US\$ 31 522	US\$ 274	115
2005	US\$ 40 730	US\$ 334	122

* World Bank’s World Development Reports from 1982, 2002 and 2007

GLOBAL DETERMINANTS OF HEALTH*

- The global determinants of health include the *distribution and use of power* expressed in (among others):
 - Global governance
 - Economic crises and austerity measures
 - Knowledge and intellectual property
 - Foreign investment treaties
 - Food security
 - Transnational corporate activity
 - Migration
 - Violent conflict

*Ottersen et al. The Lancet –University of Oslo Commission on Global Governance for health. The political origins of health inequity: prospects for change. Lancet February 11th, 2014

ADVERSE EFFECTS OF GLOBAL POLITICAL DETERMINANTS OF HEALTH

- Ottersen et al* found five dysfunctions that enable the adverse effects of global political determinants of health:
 - Lack of participation in health planning by civil society, health experts and marginalised groups
 - Weak accountability mechanisms
 - Institutional inability to respond to changing needs in society
 - Inadequate policy space for health care planning, triage and expenditure
 - Absence of interaction internationally
 - *Well illustrated by the events around the Ebola outbreak*

*Lancet 2014

ADVERSE EFFECTS OF GLOBAL HEALTH INEQUITY

*‘Although the poorest population groups in the poorest countries are left with the heaviest burden of health risks and disease, the fact that people’s life chances differ so widely is not simply a problem of poverty, but one of socioeconomic inequality..... It is now well established that the more unequal the society, the worse the outcomes for all – including those at the top’

*Wilkinson R et al. The spirit level: why equality is better for everyone. London: Penguin books. 2010

HEALTH INEQUITY

- Health inequities are defined as ‘avoidable inequalities in health between people within and between countries...’
- **OBVIOUS EXAMPLES:**
 - Infant mortality rate (number of live births surviving first year of life)
 - 2 /1000 in Iceland
 - 120/1000 in Mozambique
 - Lifetime risk of maternal death
 - 1 in 17 400 in Sweden
 - 1 in 8 in Afghanistan
- The poorest of the poor have the worst health

CANCER HEALTH CARE DISPARITIES

- National Cancer Institute cancer definition of health disparities is quoted as follows*:
 - Disparities or inequalities occur when members of some population groups do not enjoy the same health status as other groups
 - Disparities in cancer care are measured by:
 - Incidence (number of new cancers)
 - Mortality (number of cancer deaths)
 - Survival rates (length of survival following diagnosis of cancer)

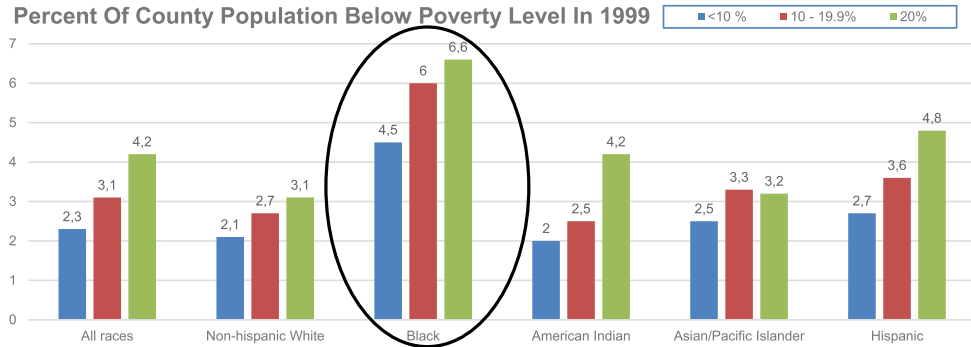
*Economic Costs of Cancer Health Disparities. Summary of meeting proceedings, National Institute of Health, December 2004

CAUSES OF CANCER HEALTH DISPARITIES*

- Causes of cancer health disparities include (among others):
 - Poverty (low socio-economic status) and lack of access to health insurance
 - Decent employment
 - Culture
 - Social justice
 - Gender
 - Race
 - Ethnicity
 - Geographic location
- Poorer people present at more advanced stage of disease, have less access to diagnostic and treatment facilities and a significantly higher case to fatality rate
- Rates of disparity vary from country to country, within countries, and along the North – South divide

*Economic Costs of Cancer Health Disparities. Summary of meeting proceedings, National Institute of Health, December 2004

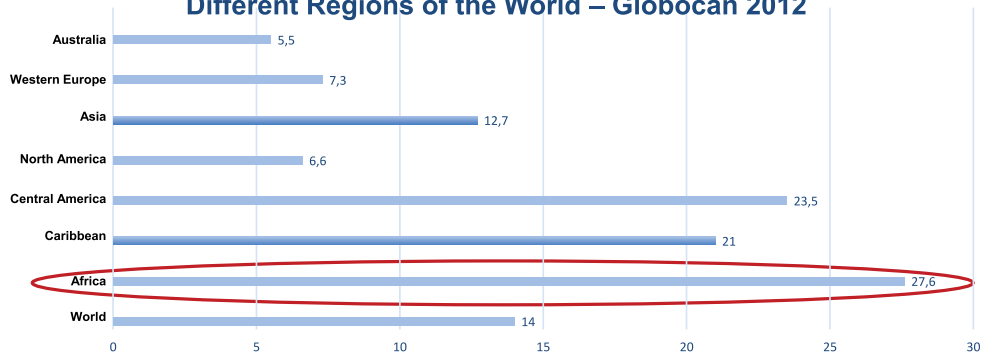
US CERVICAL CANCER MORTALITY BY RACE AND POVERTY LEVEL 1996 – 2000*



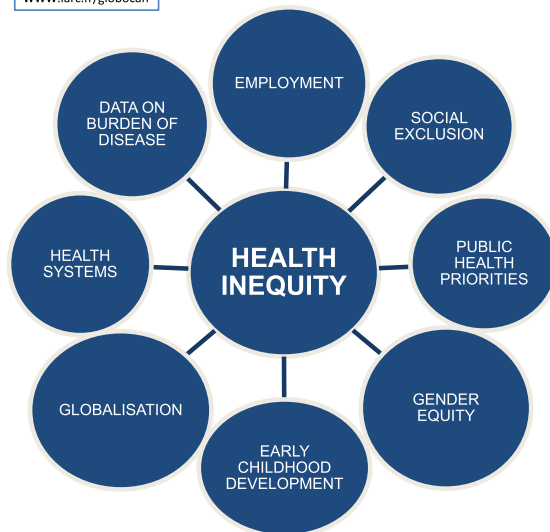
*Economic Costs of Cancer Health Disparities. Summary of meeting proceedings, National Institute of Health, December 2004

ESTIMATED ASIR OF CERVICAL CANCER BY REGION 2012*

Estimated ASIR/ 100 000 women of Cervical Cancer in
Different Regions of the World – Globocan 2012



www.iarc.fr/globocan



ACTIONS REQUIRED TO ADDRESS HEALTH INEQUITY

- **'IMPROVE THE CONDITIONS OF DAILY LIFE:**
 - Circumstances in which people are born, grow, live, work and age
 - Tackle the inequitable distribution of power, money and resources globally, nationally and locally
 - Measure the problem, evaluate action, expand the knowledge base, develop a workforce that is trained in the social determinants of health, and raise public awareness about the social determinants of health'

*Commission on Social Determinants of Health: Closing the Gap: Michael Marmot (Chair)

THE ABUJA DECLARATION

- April 2001 heads of State of the African Union pledged to set a target of at least 15% of their annual budget to improve health sector
- They also requested to 'fulfil the yet to be met 0.7% of the GNP of wealthy countries' as official Development Assistance (ODA) to developing countries
- At the time the median level of general health expenditure from domestic resources was \$10 with a range from \$0.38 to \$380
- Since 2001, 27 countries have increased the total proportion of government expenditures allocated to health
- Only SA and Rwanda have reached the Abuja target of around 15%

HEALTH SYSTEMS FOR 21ST CENTURY AFRICA

- People-centred health care, universal health coverage, social determinants of health and health outcomes
- Leadership, stewardship, civil society engagement and accountability
- Commodity security
- Health care workforce development and diversity
- Investment in research (a necessity, not a luxury)
- Educational development
- Innovation

IMPACT OF CERVICAL CANCER

- The global distribution of cervical cancer is testimony to great inequity in health care
- This preventable disease is the fourth most common in the world, second most common in Africa, and first most common in around 55 countries of the world
- The group of women most affected are in their 40 – 50s, primetime in their lives when they are often heads of households, and the moral and social stalwarts of their societies
- Failure of the world to tackle this disease with vigour and commitment may well be considered a **human rights violation**

DISABILITY - ADJUSTED LIFE YEARS (DALYS) PER 100 000 POPULATION AMONG WOMEN WITH CERVICAL CANCER

- Leading cause of premature death and disability in women
- DALYs per 100 000 in women with cervical cancer were highest:
 - ✓ SSA (641/100 000) compared to
 - ✓ 355/100 000 in Latin America and Caribbean
 - ✓ 243/100 000 in South East Asia
 - ✓ 466/100 000 in India
 - ✓ 58/100 000 in Australia
- In 2011, SA recorded 4907 cases of cervical cancer of whom 82.7% were diagnosed in black women and 9% in white women

GLOBAL INEQUALITIES IN CERVICAL CANCER INCIDENCE AND MORTALITY*

- Incidence rates of cervical cancer for women in 184 countries using 2008 Globocan data-base showed a 10 – 20 fold higher rate in very poor countries
- HDI and poverty rate explained >r than 52% of the global variance in mortality
- Incidence and mortality rates increased in relation to lower HDI and higher gender inequality levels
- A 0.2 unit increase in HDI was associated with a 20% decrease in cervical cancer risk and a 33% decrease in cervical cancer mortality risk

*Singh et al. International Journal of MCH and AIDS. 2012;1(1):17 - 30

CANCER CASE FATALITY RATES BY WORLD BANK INCOME GROUP*

CANCER SITE	LOW INCOME	LOWER MIDDLE INCOME	UPPER MIDDLE INCOME	HIGH INCOME
Breast	56.3	44.0	38.7	23.9
Cervix	68.4	58.6	48.2	32.6
Colorectal	70.5	62.4	60.1	42.4
Lung	91.3	87.1	92.5	82.2
Oral Cavity	55.4	54.2	47.6	27.7

*Economic Intelligence Unit, 2009

IMPACT OF CERVICAL CANCER GLOBALLY

- Worldwide an estimated 169.3 million years of healthy life were lost due to cancer in 2008*
- SSA contributed to 25% of infection-related cancers (liver, stomach and cervix) to the total burden of cancer
- Areas with highest incidences of cervical cancer (i.e. over 30/100 000) include:
 - Eastern Africa (42.7)
 - Southern Africa (38.6)
 - Middle Africa (30.6)
 - Melanesia (33.3)+

*Soerjomataram I, Lancet 2012; 380 (9856): 1840 – 50; +Ferlay et al. International Journal of Cancer 2014;136:E359 - E386

MODERN APPROACHES TO CERVICAL CANCER

- Major focus is on tailoring surgery, particularly fertility sparing
- Evaluation of therapeutic interventions on quality of life
- Use of diagnostic imaging
- Increase effectiveness of primary chemoradiation
- Improve therapy for recurrent disease
- HPV Vaccination

IMPACT OF CERVICAL CANCER

- Arossi et al studied 120 patients with ICC in Buenos Aires where mean age was 51 years, 35% were heads of households
- 76% had no health coverage, 45% were living below the poverty line, 30% lived in inadequate dwellings, no patient had socially protected employment
- 40% of households lost family income, resulting in delayed payment of utilities with concomitant loss of access to utilities
- Significant increase in food insecurity, loss of homes and savings
- Major absences of children from school and problems paying for education leading to withdrawal from education

RADIATION FACILITIES IN AFRICA

- IAEA analysis of 52 countries in 2010
- 23 offered external beam radiotherapy in 2010
 - 160 radiation centres recorded on the continent
- 80 cobalt- 60 units and 189 linear accelerators
 - 92 machines in South Africa and 76 in Egypt, accounting for 60% of all radiation equipment in Africa
- Only 20/52 countries offered brachytherapy
- Calculated that this could only provide treatment for 24 300 patients per year

*Abdel Wahab et al Lancet Oncology 2013;14(4):168 - 175

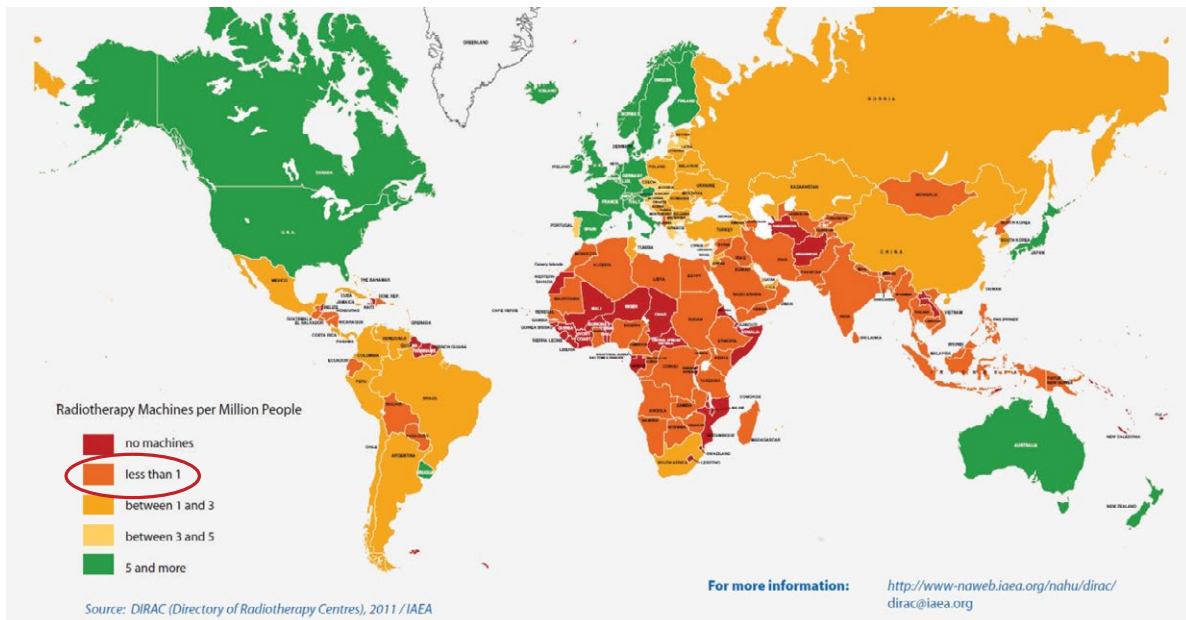
RADIATION FACILITIES IN AFRICA

- **198 MILLION PEOPLE LIVE IN THE 29 COUNTRIES THAT DO NOT HAVE ANY TELETHERAPY FACILITIES**
- Range of 2 machines per 80 million population in Ethiopia to 1 machine for every 1.1 million people in Morocco
- By contrast:
 - Europeans have 15 machines per million population
 - North America 6 per million population

NUMBER OF RADIOTHERAPY MACHINES NEEDED IN AFRICA*

	POPULATION	NEW CANCER CASES 2008	PTS WHO NEED RT	EXISTING RT MACHINES	ADDITIONAL MACHINES
Egypt	81527	68 805	44 035	76	22
Ghana	23 351	16 580	10 611	2	22
Nigeria	151 212	101 797	65 150	7	138
Angola	18 021	9 198	5 887	1	12
DRC	64 257	33 746	21 597	0	48
Sudan	41 348	21 860	13 990	7	24
Ethiopia	80 713	51 707	33 092	2	72
South Africa	48 793	74 688	47 800	92	14
Zimbabwe	12 463	11 915	7 626	2	15

*Lancet Oncology 2013;14(4): 168 - 175



CHEMOTHERAPY

- Requires comprehensive 'eco-system' with trained oncologists, pharmacists, laboratory support, access to treatment of complications
- One study from Tanzania evaluated 384 adult cancer patients registered for chemotherapy
- Availability of appropriate chemotherapeutic drugs was 50% and over 70% of patients did not receive prescribed chemotherapeutic agents
- Costs from private sources were equivalent to the average income of 7 months*

*Yohana E et al. East Afr J Public Health 2011, 8(1):52-7

MODERN CHEMOTHERAPY IN RECURRENT / ADVANCED CERVICAL CANCER

- Mainstay of treatment has been cytotoxic chemotherapeutic agents
- New treatments such as monoclonal antibodies have been evaluated
- Bevacizumab is a monoclonal antibody that targets vascular endothelial growth factor
- Trials of patients who received one or two cycles of chemo / chemoradiation followed by bevacizumab showed increased response rate and overall survival
- Providing potential for improved treatment of recurrent and/or advanced disease*

*Monk et al. J Clinical Oncol 2009; 27 (7):1069 - 1074

SURGERY AND GLOBAL HEALTH

- Estimated that 2 billion people worldwide do not have adequate access to surgical care
- Unmet need for surgical care translates into significant impact on local, regional and national economies
- Study on the number of operating theatres per 100 000 people in 21 sub-regions of the world (769 hospitals in 92 countries)*

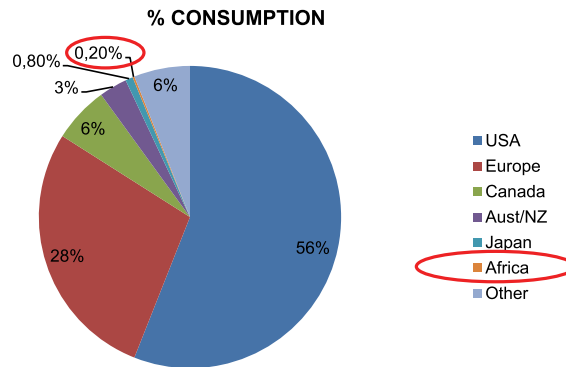
* Funk LM et al. Lancet 2010; 376:1055 -1061

ESTIMATED NUMBER OF OPERATING THEATRES PER 100 000 PEOPLE*

REGION	GNI (US\$) PER CAPITA	NO. OF THEATRES PER 100 000 POPULATION
Asia Pacific	32 834	24.3
Western Europe	38 010	14.7
Australasia	34303	14.3
South East Asia	1912	2.6
SSA – East	434	1.1
SSA - West	755	1.0
SSA - South	4436	3.1
SSA - Central	844	1.2

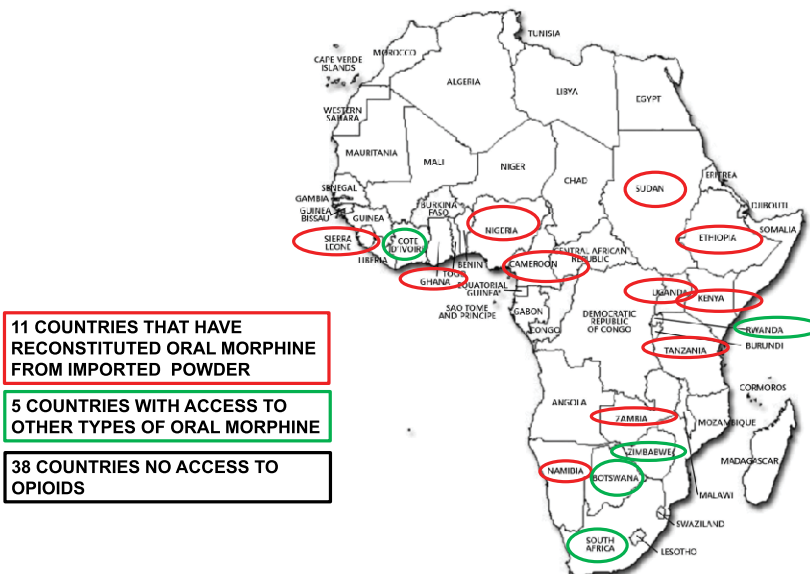
* Funk LM et al. Lancet 2010; 376:1055 -1061

CONSUMPTION OF MORPHINE BY REGION 2009*



*International Narcotics Control Board

MORPHINE AVAILABILITY IN AFRICA 2012

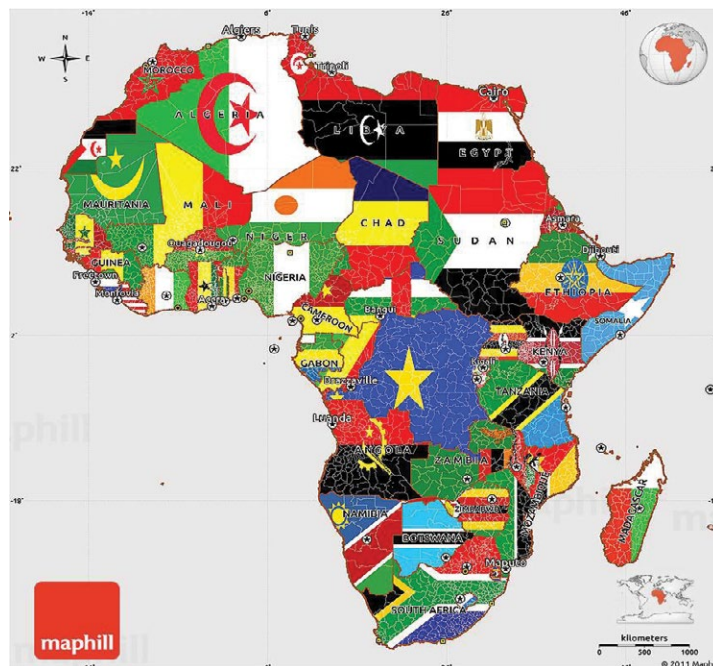


HPV VACCINATION

- HPV vaccination supported by WHO
- In 2017, estimated that the total cost of vaccinating 160 million girls (2 doses) and screening and treating 170 million women would be \$3.2 billion
- The return on this investment will be to avert 5.2 million cases of cervical cancer, 3.7 million deaths and 22 million individual years lost to disability
- In 2016, 47 million women received HPV vaccination, but less than 3% were from low income countries

CONCLUSIONS

- Health and wealth are strongly correlated
- Cancer care in developing countries is abysmal and not recognised as a public health problem
- Health systems in poor countries are too weak to support the most basic care, let alone cancer with its complexity and expense
- Incidence to mortality ratio for cancers in Africa is around 80% compared to 36% in wealthy nations
- Prevention is the only feasible option for intervention at this point in time
 - Tobacco control
 - Decent water and sanitation
 - Avoidance of western style diet
 - Screening
 - Vaccination
 - Control of environmental toxicity
- Cancer is not recognised as a significant health problem
- Afflicts women who do not prioritise their own health needs and are often breadwinners and heads of households
- User fees may be crippling
- Lack of health care professionals and training
- Lack of investment by many African Governments in the health of their people

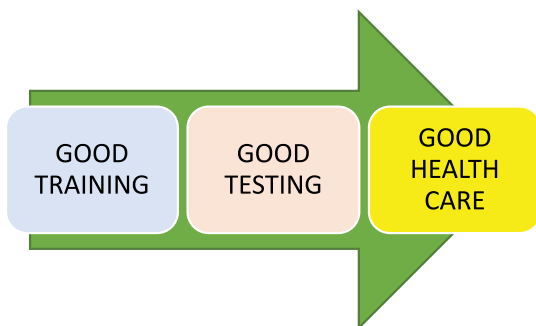


Standard Setting Presentation by Professor V Burch

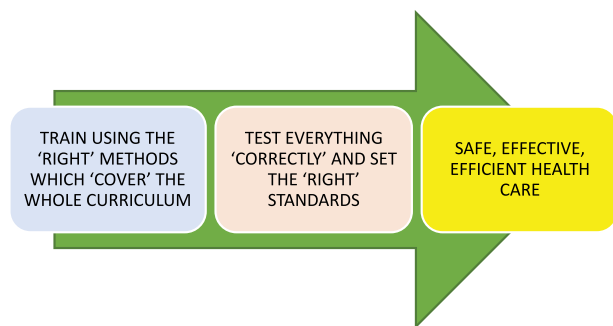
SETTING CREDIBLE/DEFENSIBLE EXAMINATIONS

Consistently Protecting the interests of The Public and Serving The Needs of South Africa

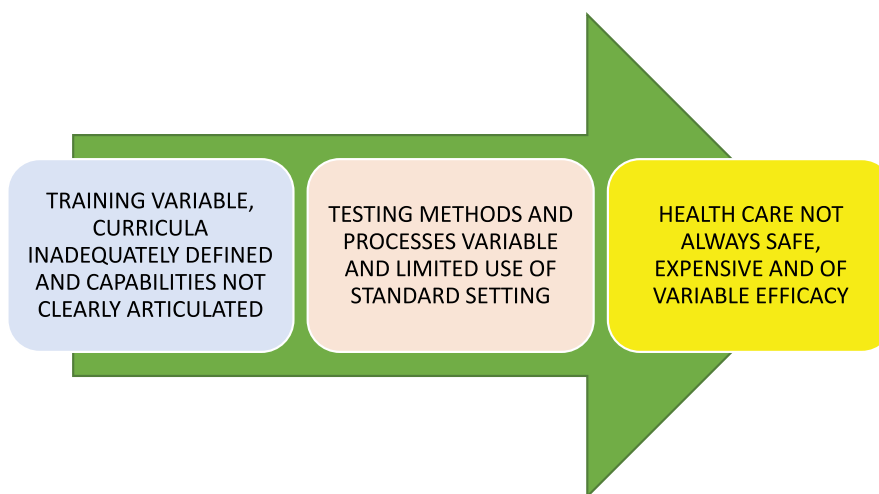
THE CHAIN OF EDUCATION INFERENCES

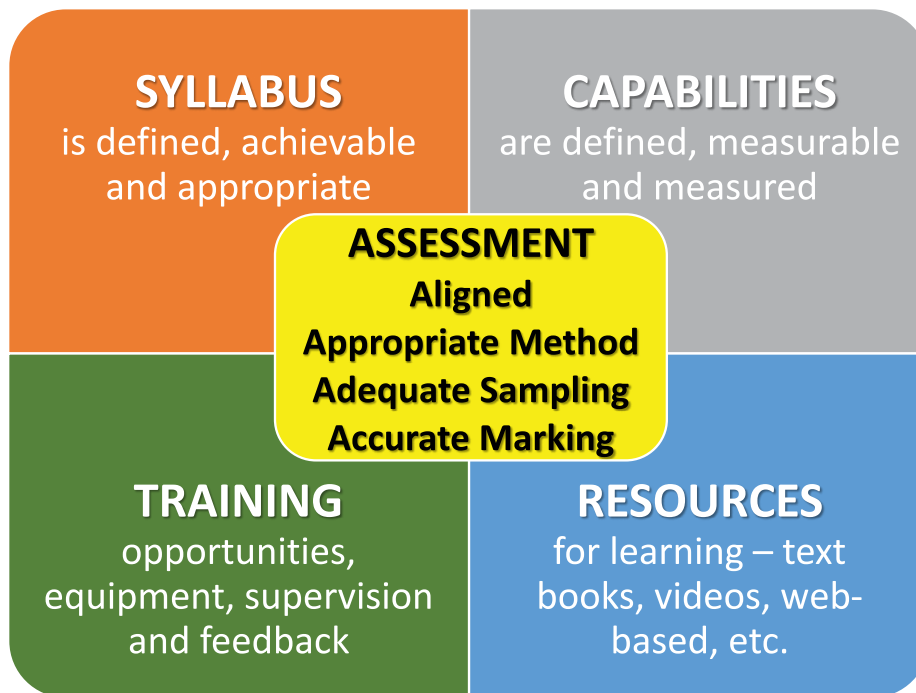


THE WORLD WE WOULD LIKE TO LIVE IN...



THE WORLD WE ACTUALLY LIVE IN...





**STANDARD SETTING DOES NOT STOP LITIGATION
BECAUSE IT CANNOT CORRECT EDUCATION DESIGN SHORTCOMINGS
OR CURE SYSTEMIC TRAINING MALADIES**

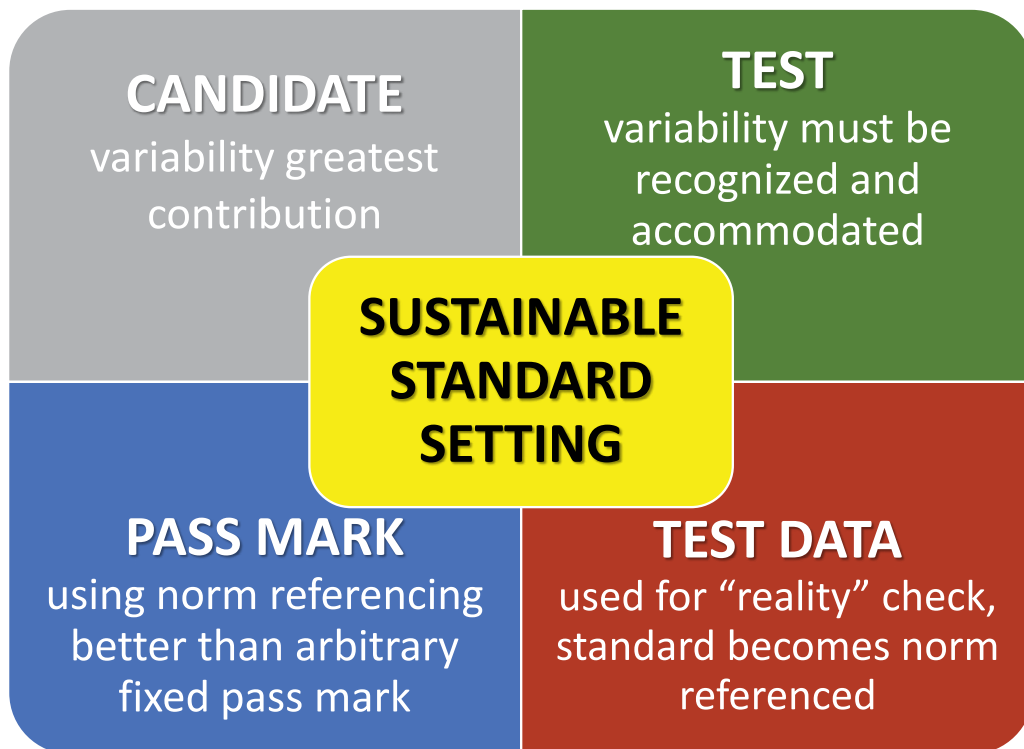
STANDARD SETTING IS NOT INTENDED TO STOP LITIGATION!

IT IS INTENDED TO ...

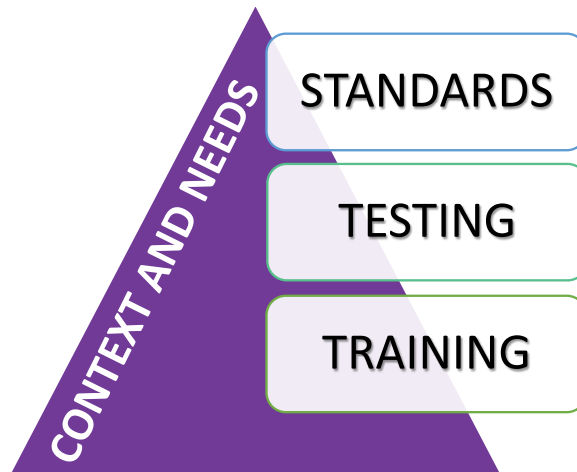
PROTECT the public and meet the health care **NEEDS** of
society by ensuring that trainees achieve systematically
AGREED upon levels of **COMPETENCE** as determined by
APPROPRIATE TESTING events which are **CONSISTENT**
over time. Ultimately the process should contribute to
SAFE, EFFECTIVE PATIENT-CENTRED CARE

THE TRUTH ABOUT STANDARD SETTING

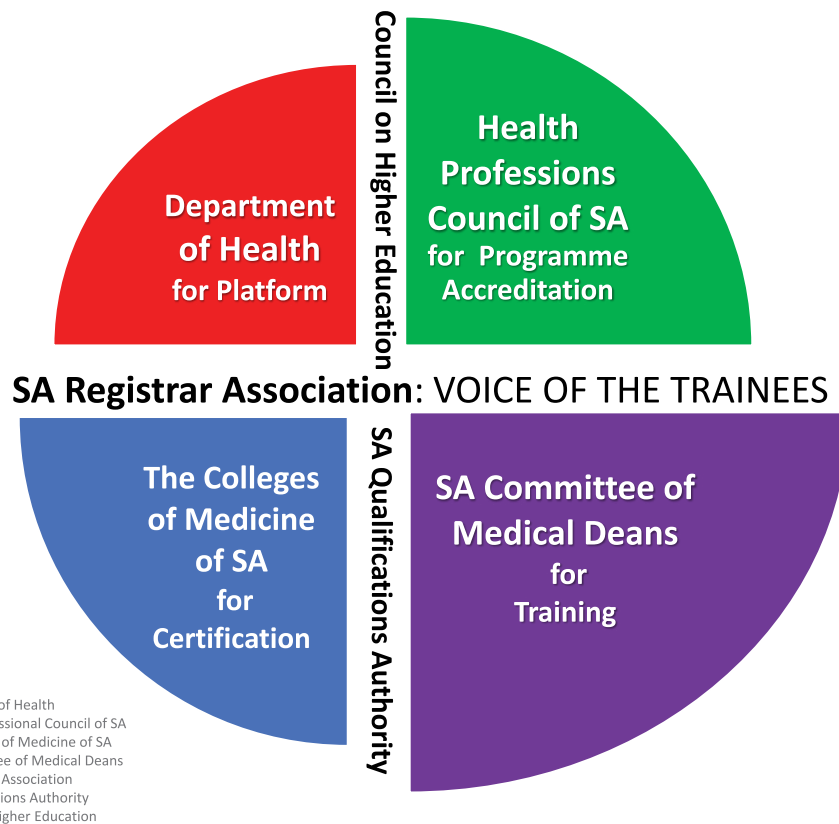
- **MANY** methods and many variations of these methods
- **NO 'GOLD' STANDARD**
- Requires human **JUDGEMENT** tempered by **"REALITY"**
- Different **METHODS** derive **DIFFERENT** pass marks
- **EXAMINERS** derive **DIFFERENT** pass mark using same method
- **RESOURCE-INTENSIVE** with **EXAMINER FATIGUE**
- Current practices based on **LARGE-SCALE EXAM** research
- **CONTEXT:** feasible and sustainable vs. desirable



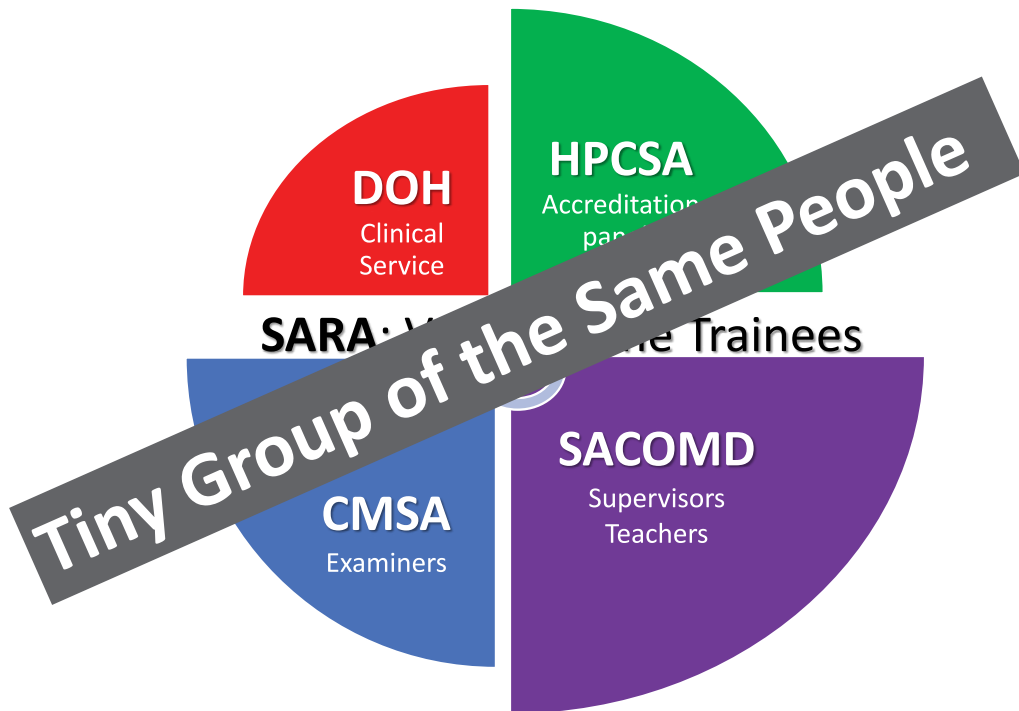
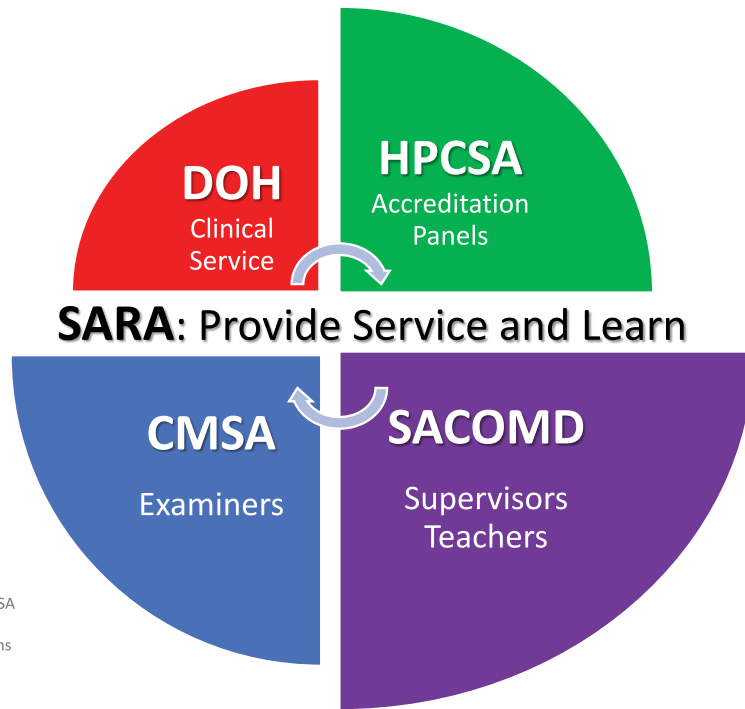
CREDIBLE AND DEFENSIBLE EDUCATION PRACTICES



KEY TRAINING STAKEHOLDER FUNCTIONS



KEY TRAINING STAKEHOLDER ACTIVITIES



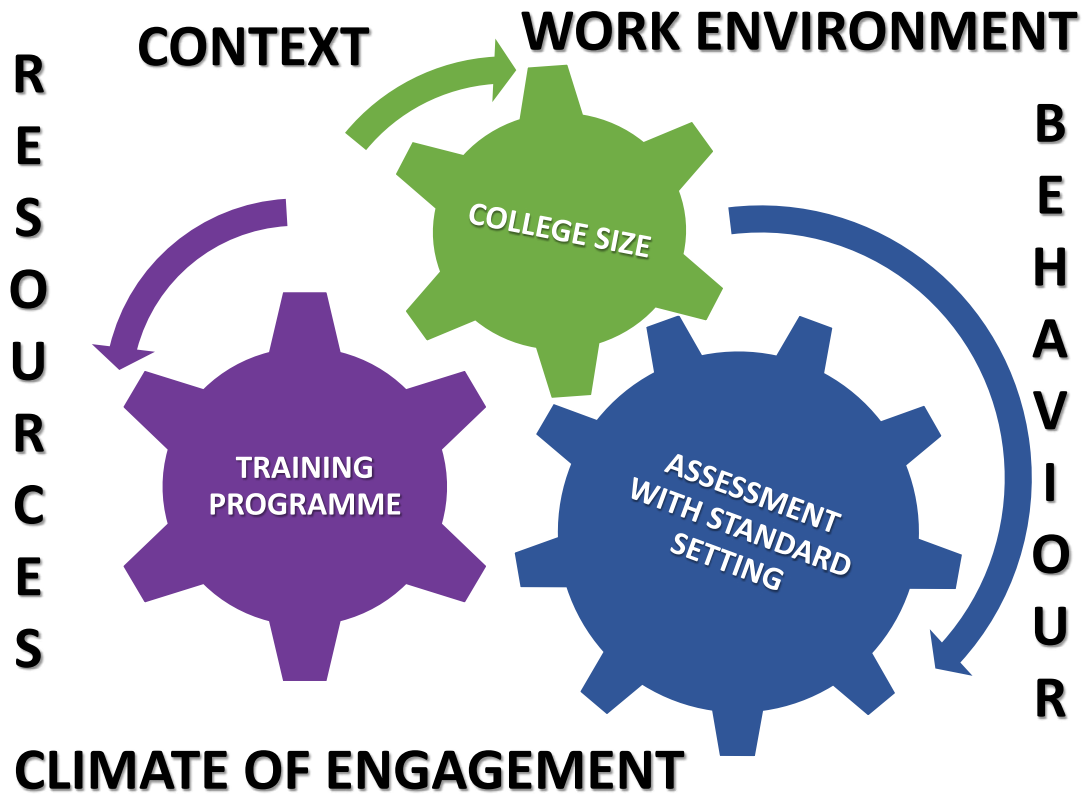
CMSA: STAKEHOLDER ENGAGEMENT

- **CHE** Legal standing of the organization
- **SAQA** Registration of qualifications
- **HPCSA** Accreditation/training requirements
- **DOH** Platform, staff, equipment, costs
- **SACOMD** Training, supervision, workplace assess
- **Universities** Specific capabilities, content, delivery
- **Trainees** Provide input into training needs

DOH	Department of Health
HPCSA	Health Professional Council of SA
CMSA	The Colleges of Medicine of SA
SACOMD	SA Committee of Medical Deans
SARA	SA Registrar Association
SAQA	SA Qualifications Authority
CHE	Council on Higher Education

CMSA: EXAMINATIONS GOING FORWARD

- Limited “Menu” of **TESTING OPTIONS**: cohort size, purpose, format
- Limited “Menu” of **STANDARD SETTING METHODS**: cohort size, purpose, format
- Determine **DEVELOPMENT NEEDS** of individual College role players
- **TRAIN** and **ADVISE** according to identified needs
- Review and revise **REGULATIONS** with respective Colleges
- Research to **INFORM LOCAL PRACTICE** (reliability/validity evidence)



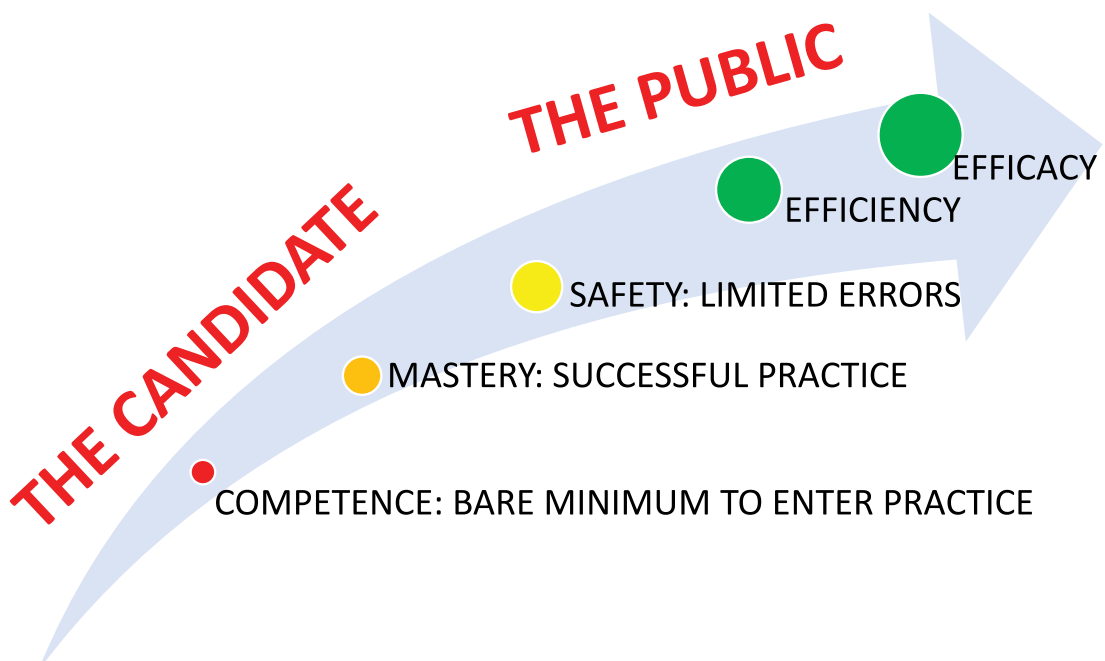
CMSA: EDUCATIONAL CONSULTANT

- **TRAIN** COLLEGES TO UNDERSTAND AND UNDERTAKE:
 - **CURRICULUM** - Design, blueprinting and training **OUTCOMES**
 - **ASSESSMENT PROGRAMMES** - Development and **BLUEPRINTING**
 - **TEST DEVELOPMENT** - Format, marking,
 - **TEST ITEM ANALYSIS** - What It Means and How To Use It
 - **STANDARD SETTING** - Method(s), selection, monitoring
- **CONSULT**: on specific assessment issues
- **FACILITATE**: development of **WORK BASED ASSESSMENT**
- **FACILITATE**: development of **MCQ QUESTION BANKS**
- **DEVELOP**: **QUALITY** measures and **VALIDITY EVIDENCE** of local practices

WHAT IS ACHIEVABLE AND SUSTAINABLE?

- **SOCIETY:** Health care for all
At all levels and in all places
- **PATIENTS:** Safe, effective and efficient health care
- **EXAMINERS:** Time, people and education expertise
- **CANDIDATES:** Excellent training, fair testing and fair standards

WHAT IS “GOOD ENOUGH” ... AND FOR WHOM?



College of Obstetrics and Gynaecology Honorary Lectureship 2018

Transgenderism

Presented by: Professor BG Lindeque
MMed (Obstetrics and Gynaecology) FCOG(SA) FRCOG MD
bglprof@gmail.com
+27 82 776 1738

CONTEXTUALISATION

Gender is always assigned. At time of birth, the outward appearance of the genitals of the newborn leads to the assignment of either male or female gender.

Rarely there may be doubt regarding this assignment in newborns with disorders of genital development and those cases are managed individually as per protocols available.

In the other gender assignments almost, all children are reared in the assigned gender.

With growth and development of the baby, later the child and eventually adolescent, in some cases there will be gender nonconformity⁽¹⁾.

This group of patients find themselves in the LGBTIQ “community” (lesbian, gay, bisexual, transgender, intersex, questioning)⁽²⁾ where community refers to a group of people who are all different and unique but who share some similar major characteristics, in this grouping the fact of gender nonconformity⁽²⁾.

The fundamental situation is that of a difference in gender identity, the basic sense of what gender a person belongs to⁽¹⁾ between the desired gender and the birth assigned gender.

While this situation was medicalised before (in the DMS classifications) this is currently seen as a phenomenon, a lifestyle pattern that does not require a medical diagnosis.⁽³⁾

Transgenderism is predominantly found as male to female (MTF or M2F) and female to male (FTM or F2M) expressions.

This differentiation is sometimes regarded as insensitive by support groups as it may imply a “change”, while the underlying philosophy is that the individual has been in the desired gender for most of their lives and the birth gender assignment was incorrect.

But for clinical descriptive purposes it is maintained in this chapter with no offense implied to any person. This topic is of very high current interest and importance.

As with other gender nonconforming persons, transgender persons experience distress (in some cases causing the making of a clinical

diagnosis of gender dysphoria)^(4,5), discrimination and injustice⁽⁵⁾ and a risk of suicide or suicidal behaviour⁽⁶⁾.

OVERVIEW OF TRANSGENDERISM

A transgender (TG) person has a persistent discomfort and aversion of the somatic gender based on the appearance of the external genitalia.

The complete and all-consuming desire is to be in the opposite gender.

This phenomenon may commence in early childhood or may develop post pubertally.

Due to presence of behaviour rules in society and in particular in schools, transgender persons experience great difficulties to “fit in” as they grow up.

Transgenderism is not classified as a disorder but is seen as an expression of diversity in gender identity⁽⁷⁾.

However, if a transgender person experiences significant distress in social functioning a diagnosis of gender dysphoria can be made as is supported in the DSM 5⁽⁴⁾.

It is important to note that all transgender patients experience social discomfort due to stigmatisation, discrimination and injustice, severe relationship problems and a high risk for suicidal behaviour.

The true prevalence of transgenderism is not known⁽⁸⁾. This is in part due to limited surveys and studies, but in part also due to reluctance of all persons to seek medical and other help as a result of the severe social discomfort.

Reid⁽⁹⁾ reported a UK incidence of 3.0/100 000 persons over the age of 15 years yielding 1500 new UK cases per annum.

The largest survey available is the US National Transgender Discrimination Survey, the most recently published survey was in 2011⁽¹⁰⁾.

Much focus was placed on experience of discrimination.

Important findings included hurdles to access health care due to discrimination in 28% of respondents, refusal of care due to their gender nonconformity in 19%, harassment in the medical setting in 28% and even violence in 2%, and experience of lack of knowledge on the side of the service provider in 50% of respondents⁽¹⁰⁾.

The sociodemographic data is supported by several studies from many countries.

- Kreukels ⁽¹¹⁾ reported on 4 European gender identity clinics,
- Dhenje ⁽¹²⁾ from Sweden,
- Turan reported from Turkey (13),
- Fisher from Italy ⁽¹⁴⁾,
- Judge ⁽¹⁵⁾ from Ireland,
- Ruppin ⁽¹⁶⁾ from Germany,
- De Cuyper from Belgium ⁽¹⁷⁾.

Included are findings from the Pretoria Clinic ⁽¹⁸⁾

The key findings are presented in Table I.

TABLE I.

Demographic findings (5,11,13,14,15,16,18)

	Kreukels	Turan	Fisher	Judge	Ruppin	Dhenje	Venter
Presenting age (year)	30	27.7	32.6	32.6	adults	29	31.3
Presenting gender F (number)	106	38	48	59	36	478	53
Employed (%)	65,9	72.6	75.7		78.6		60

Prevalence studies suggest M2F present in 1:11900 to 1:45000 and F2M present in 1:30000 to 1: 200000 ⁽¹⁷⁾.

However, Kuiper ⁽¹⁹⁾ reported in 2012 that the Dutch population regarded themselves that 0.6% (men) to 0.2% (women) experience gender nonconformity. The real prevalence may be higher than thought.

There may be a slight M2F predominance as seen in Table I.

The reported ⁽²⁰⁾ male predominance of 5:1 in the US and 6:1 in the UK may be excessive.

Long term follow up studies such as by Ruppin ⁽¹⁶⁾ show a reasonable success with therapeutic interventions. Ruppin found only 2% of patients having regrets over transition measures.

To be diagnosed as having Gender Dysphoria, the following characteristics should be present: ⁽²¹⁾: There must be marked incongruence between one's experienced or expressed gender and the assigned gender, of at least six months duration, manifested by two or more of the following:

1. The above-mentioned marked incongruence between the experienced/expressed gender and the appearance of the primary and/or secondary sexual characteristics
2. Strong desire to be rid of one's primary and/or secondary sex characteristics, due to marked incongruence with one's experienced/expressed gender

3. Strong desire for the primary and/or secondary sex characteristics of the opposite gender
4. Strong desire to be of the other gender
5. Strong desire to be treated as the other gender
6. Strong conviction that one has the typical feelings and reactions of the other gender ⁽²¹⁾.

THE TRANSGENDER ADOLESCENT

Increasingly, adolescent transgender persons approach health care systems during this life period ^(1,3,22,23,24,25).

Post puberty genital development and development of secondary sex characteristics add physical concerns to the gender identity and expression concerns already present.

Transgender persons explore relationships and may experience complications of relationships including trauma, sexually transmitted infections and pregnancy.

Adolescence is not a contra indication for initiating clinical management of transgender persons. Some units are reluctant to perform major surgical management options, but most units should be prepared to initiate medical and general treatment options. ^(1, 3, 23)

CLINICAL MANAGEMENT OF TRANSGENDERISM

Transgender is a multifaceted phenomenon and exceeds the therapeutic scope of a single practitioner.

To further multidisciplinary care the Harry Benjamin Gender Dysphoria Foundation formulated standards of care that had international recognition and appeal (ref).

More recently WPATH was formed, the World Professional Association for Transgender Health. As part of its publications a Standards of Care strategy is stated ⁽⁷⁾.

It is essential to have a multidisciplinary approach with a Multidisciplinary Clinic for policy, review and decisions and planned care ^(7,26,27).

The core disciplines involved are Psychiatry, Endocrinology, Urology, Gynaecology, and General as well as Plastic Surgery.

Furthermore, there are associated groups and disciplines that form part of the broad care team, including Psychology, Social work, Speech therapy and various cosmetic work groups relating to feminising surgery.

While each individual department will perform and conduct clinical case assessments for each individual patient, group discussions, reviews and decision making takes place in the Multidisciplinary Clinic. ^(7,27)

Policy aspects of such a Clinic will include standardised programmes, the possibility of multiple exit points from programmes, and review and discussion of controversial aspects like the Real Life Test. ⁽⁷⁾

Such a Multidisciplinary Clinic has been functioning at the University of Pretoria (UP) Hospitals since 1994.

Participating departments are Psychiatry, Endocrinology, Urology, Gynaecology and Plastic Surgery.

The Clinic sits monthly where in a boardroom style discussion are held with individual patients while no clinical assessments and examinations take place during the course of the Clinic.

Postgraduate trainees in the different specialities are welcomed to attend as this is a good training opportunity⁽¹⁸⁾.

The standard operating procedure is that potential transgender clients are referred to the Clinic from primary or secondary caregivers or from other institutions.

The first component to address such referrals is Psychiatry.

The role of this component is:

- To perform general mental health assessment to reach a firm finding of Transgenderism. TG is not a psychiatric disorder though⁽³⁾
- To exclude psychopathology that will require further treatment. In the UP Clinic 12% had general anxiety disorder and 39% had any mood disorder with major depressive disorders present in 21% of all patients.
- Furthermore, there was a history of substance abuse in 28% of patients⁽¹⁸⁾. A diagnosis of psychotic disorder was made in only 3% of cases
- To assist (with Psychology) in the gender transition process the patient is going through. This may include relationship issues with partners, family and friends.
- To assess for and assist with potential suicide risk management. In the UP Clinic 40% of patients had a history of attempted suicide⁽¹⁸⁾.

It is important to start a discussion on the fate of the individual patient's gametes, prior to proceeding with various interventions.

In the case of a patient wishing to retain his/her gametes for possible later use in assisted reproduction, such a person should be referred to a Reproductive Medicine Clinic for assistance.⁽²⁶⁾

After a follow up period of 6 months the patient is then presented to the meeting of the Multidisciplinary Clinic for further planning.

This period may be significantly shorter if a patient has been receiving psychiatric assessment and care from another practitioner.

Once the Multidisciplinary Clinic agrees on the transgender patient's inclusion in the Clinic a care plan and schedule are formed with participation of the patient.

There can be exclusion criteria to withhold care, including a psychotic state, age under majority (18 years in South Africa), uncertainty from patient re interventions, and untreated serious psychiatric or medical disorders.⁽⁷⁾

The "Real life test" referred to in the WPATH standards⁽⁷⁾ has become increasingly difficult to adhere to as school attending students and

many workers have to conform to codes of clothing, toilet use, sports participation and others.

While it is encouraged that clothes and life style of the desired gender is followed wherever possible it has proved to be impossible for many transgender patients to adhere to that prior to significant interventions. This test is not currently used or regarded as essential.

The next component is Endocrinology.

The role of this component is:

- To perform general medical assessment of medical status as well as risk factors for disease
- To perform relevant laboratory assessments and tests to obtain and collect reference baseline values
- To initiate medical treatment for disease (such as hypercholesterolaemia or hypertension), and to monitor lifestyle adaptations recommended including obesity, smoking and substance abuse
- To initiate and monitor sex hormone treatment of the desired gender
- A role exists for paediatric endocrinologists to contribute in cases of young and prepubertal patients where growth and puberty developments should be considered

After a follow up period of six months the patient is again seen at the Multidisciplinary Clinic where progress is now reported.

Patients need to change their Identity cards as (in South Africa) there may be a code sequence indicating original allocated gender in the identity number.

Cosmetic adaptations can be undertaken by the patient at any stage of the programme.

This may include hair removal, surgical changes to the vocal chords or to the epiglottis, and several possible cosmetic surgical procedures in particular to feminise the appearance of a M2F expression.

In the Multidisciplinary Clinic, the desires of the patient are now discussed, and confirmations renewed from the patient.

Multiple exits from a programme means that a patient can discontinue participation at any time, including after psychological support or after endocrine interventions.

Such interventions are regarded as reversible. Interventions can be classified as:

- Fully reversible
Lifestyle, cosmetics, psychiatric/psychological management
- Partially reversible
Hormonal treatment
- Irreversible
Surgery: loss of organs or creation of new organs
Social transition

The desires of the patient combined with the clinical findings now open the discussion on irreversible interventions.⁽²³⁾

In M2F expression the sequence for discussion is:

- a. Orchiectomy plus penectomy with maintenance of a 1-2 cm portion of glans penis.

The urethral meatus is created flush with the skin after penectomy. Scrotal skin is conserved for later vulvoplasty (Urology)

- b. Later procedures: neovagina and vulvoplasty (Gynaecology)
- c. Breast augmentation surgery can be performed at any time.

In the UP Clinic the practice is to observe breast development after onset of female hormone therapy and to only consider surgery after maximum hormonal growth has occurred.

(Plastic Surgery, Endocrinology)

In F2M expression the sequence for discussion is:

- a. Mastectomy. This is almost universally regarded as the first intervention required for these patients for the important change it will contribute in general visual appearance.
- b. Hyster vaginectomy plus bilateral salpingo-oophorectomy.

This intervention removes the discomfort around menstruation although in many cases menstruation will cease after testosterone use.

- c. Creation of a neopenis is a later procedure. Several techniques may be considered. Often the urethral meatus is left basally in its original position and a conduit to the tip of the neopenis is not made. (29)

It is the practice of the UP Clinic to allocate six months between each surgical intervention to allow for healing, formation of neovascularisation, and avoidance of infectious complications.

GYNAECOLOGIC SURGERY AS PART MANAGEMENT OF TRANSGENDERISM

It is essential for gynaecologists treating transgender persons to be involved in a multidisciplinary care setting. Gynaecologists should take part in joint decisions and planning.

The following gynaecologic procedures will be briefly discussed:

- a. Hyster vaginectomy
- b. Neovagina
- c. Vulvoplasty

For all procedures adequate discussion and illustration should take place beforehand in the process of obtaining informed consent.

For the neovagina procedure preoperative bowel preparation should be given. Antibiotic cover is recommended in the perioperative period.

If a person is losing gonads due to surgery, there is often a desire to retain gametes for possible further use. This aspect should be discussed extensively preoperatively to allow informed decisions to be made.

1. HYSTER VAGINECTOMY

This uncommon procedure can be performed through open or minimal access surgery. The description follows for open surgery.

Two surgical teams are required for simultaneous abdominal and perineal access.

Under general anaesthesia the patient is positioned in the Lloyd Davis position.

Care must be taken of pressure points.

The abdominal procedure is performed through a Pfannenstiel incision and after urethral catheterisation.

The intra-abdominal approach is similar to that of a modified radical hysterectomy. The bowels are packed.

Through incision of the round ligaments the retroperitoneum is accessed, and the ureters and large blood vessels identified.

The parametrium is dissected to clear tissue around the bladder and the ureteric entry into the bladder.

The hysterectomy and bilateral salpingo-oophorectomy are performed in standard steps.

Then the parametrial ligamentous tissue is dissected to release all attachments to the cervix and upper vagina. Care should be taken of peritoneal folds that may pull the rectum towards the vagina.

The perineal procedure starts when most of the pelvic ligaments have been ligated. The incision resembles the incision of a vaginal colporrhaphy procedure, between the labia minora and the carunculae myrtiliformis.

The vagina not being totally supported by deep pelvic tissues and ligaments allows the use of step wise pedicles to ligate the blood supply and release the whole length of the vagina.

Once the first lateral pedicles are ligated the anterior and posterior dissection can be performed, again resembling a colporrhaphy approach.

The vagina is thus released from any anterior and posterior attachments.

The lateral dissection continues to the highest part of the vagina.

The anterior vaginal dissection is suburethral and requires care to avoid urethral injury. The anterior dissection reaches the base of bladder where the dissection meets the abdominal dissection and the tissue can now be opened to connect the pelvic cavity with the perivaginal space.

The posterior vaginal dissection similarly frees the vagina totally from any supports and reaches the cul de sac peritoneum that can be opened to connect with the pelvic space.

The access now resembles that of a pelvic exenteration and the whole central tissue mass is resected and removed. The peritoneum is sutured, and a drain is inserted. The levatores ani muscles are approximated and any bleeders ligated. The space in the deep pelvis thus obliterated. Both skin incisions are sutured.

2. NEOVAGINA

The preferred procedure for a neovagina in the UP Unit is to perform a sigmoid colon neovagina (30). The reasons for this preference are:

- A vascular pedicle from the inferior mesenteric blood vessels is brought down leading to very good vascularisation of the prosthesis and thus better healing.
- The bowel musculature maintains a wall structure for the neovagina keeping the prosthesis open and non-contracting.
- The intestinal epithelium remains moist even though squamous metaplasia will occur later. This may facilitate sexual functioning.

For this procedure two surgical teams are required to allow for simultaneous abdominal and perineal access. The procedure is performed under general anaesthesia with the patient positioned in the Lloyd Davis position.

For abdominal access a Pfannenstiel incision is made. Once small bowel is packed, careful identification of the intramesenteric blood vessels of the inferior mesenteric system is made.

The sigmoid colon is held and the double supply from the inferior mesenteric artery and from the sub colic arches are studied to decide the points where the arteries can be ligated while preserving perfusion of the prosthesis.

A portion of sigmoid colon of approximately 12cm long is now resected, carefully conserving the identified vascular supply to the prosthesis. A primary colon re-anastomosis is performed immediately, with closure of the mesenteric window, to restore bowel integrity.

The perineal access starts with an incision in the perineal skin inferior to the pubic bones and anterior to the anus, so that a circular opening is created measuring 3-4 cm in diameter.

Dissection cranially towards the pelvis is fast and relatively blood free. In these patients the prostate is of course in situ where bleeding must be prevented. After oestrogen treatment the prostate becomes small and does not present as a surgical obstruction to creating a canal.

The dissection cranially follows anatomical paths the deep fascia, then to the peritoneum of the cul de sac. This is opened from the perineal access but with guidance from the abdominal dissected area. Great care must be taken to avoid injury to the rectum, urethra and blood vessels.

Once the peritoneum is opened the size of the opening is enlarged through dissection, and then the prosthesis is passed from above through the opening and pulled down to the introitus, ensuring the vascular supply remains intact and is not injured, kinked or otherwise compromised.

Muscular holding sutures are placed transperineally holding the prosthesis in position.

The abdominal team closes the upper end of the prosthesis by ligation and sutures it to the anterior ligament of the sacrum near the promontory.

The perineal team, using single sutures, sutures the prosthesis in a circular way to the introitus. The abdominal incision is closed.

An inevitable occurrence during the surgery is that the prosthesis contracts and apparently shrinks in size and diameter. This is however temporary.

In the UP series there were no bowel complications, but two prostheses were lost due to traction and host obesity.

This required a second neovagina procedure and this time a McIndoe type skin transplant repair was performed.

Due to postoperative pain the patients are reluctant to dilate the introitus and some initial introital narrowing is common. This can be addressed by dilatation and later vulvoplasty.

The many perineal procedures to create a neovagina in a M2F expression may include penile inversion and McIndoe type skin transplant procedures.

While the procedures may technically be less complicated, the long-term outcomes are less satisfactory and often shortening and narrowing of the entire vagina takes place. This may then require very difficult subsequent surgery.

3. VULVOPLASTY

This procedure is used to create a female external genital appearance and is performed at the end of all other procedures in the M2F expression. It is performed under general anaesthesia with the patient placed in the lithotomy position.

The components of vulvoplasty are:

- Urethral meatal repositioning to allow for sitting down-micturition
- Creation of labia minora and labia majora from scrotal skin
- Enlargement of the introitus to alleviate fibrotic narrowing.
- The principles of a Y-V or Z vulvar plasty can be followed.

The remnant of the glans is managed as the clitoris. Clitoral protection through formation of a skin hood leads to very good cosmetic and functional outcomes.

The procedure yields an excellent cosmetic result.

It is apparent that the gynaecologic procedures can be regarded as irreversible. The preceding treatment from other disciplines is essential to as far as possible ensure the best outcomes.

LEARNING POINTS

Care for gender non-conforming persons form essential steps in maintaining quality of life, functioning in desired genders, and prevention of suicidal behaviour.

Transgenderism requires knowledge, skills and dedication to achieve treatment objectives.

It is strongly recommended that a multidisciplinary clinic approach is followed and that in such a milieu expertise and experience can be grown to allow for best possible outcomes.

The step wise approach as described allows for strong support for difficult transitions and treatment options.

Despite a high rate of 40% for suicidal behaviour prior to commencing interventions, this actually disappears after interventions have been completed.

Therefore, many lives are saved by treatment.

References

- 1 Care for transgender adolescents: Committee opinion no 685. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2017;129e11-6
- 2 'LGBTI' People and communities. Published online: <https://lgbtihealth.org.au>. Accessed 31.1.18
- 3 Shumer DE, Spack NP. Current management of gender identity disorder in childhood and adolescence: Guidelines, barriers and areas of controversy. *Curr Opin Endocrinol Diabetes Obes* 2013; 20:69-73
- 4 Zucker KJ, Lawrence AA, Kreukels BPC. Gender dysphoria in adults. *Annu Rev Clin Psychol* 2016;12:217-47
- 5 Dhenje C, Van Vlerken R, Heylens G et al. Mental health and gender dysphoria: A review of the literature. *Int Review Psychiatry* 2016; 28: 44-57
- 6 Haas AP, Ellason M, Mays VM et al. Suicide and suicide risk in lesbian, gay, bisexual and transgender populations: Review and recommendations. *J Homosexuality* 2010;58:10-51
- 7 Coleman E, Bockting W, Botzer M, et al. Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7. *International Journal of Transgenderism* 2012; 13 (4): 165-232
- 8 Gates GJ. How many people are lesbian, gay, bisexual and transgender. <https://escholarship.org/uc/item/09h684x2>. Publ 2011-04-01.
- 9 Reed B, Rhodes S, Schofield P, Wylie K. Gender variance in the UK: prevalence, incidence, growth and geographic distribution. GIRES, 2009, <http://www.gires.org.uk/assets/Medpro-Assets/GenderVarianceUK-report.pdf>.
- 10 Grant JM, Mottet LA, Tanis J et al. National Transgender discrimination survey: Report on Health and Health Care. 2010. Published online: www.ustranssurvey.org. Accessed 31.1.2018
- 11 Kreukels BPC, Haraldsen IR, de Cuypere G et al. A European network for the investigation of gender incongruence: The ENIGI initiative. *Journal of European Psychiatry* 2010. Published online: doi:10.1016/j.eurpsy.2010.04.009
- 12 Dhenje C, Oberg K, Arver S et al. An analysis of all applications for sex reassignment surgery in Sweden, 1960-2010: Prevalence, incidence and regrets. *Arch Sex Behav* 2014. Published online: doi:10.1007/s10508-014-0300-8
- 13 Turan S, Aksoy Poyraz C, Ince E et al. Sociodemographic and clinical characteristics of transsexual individuals who presented to a Psychiatry Clinic for sex reassignment surgery. *Turkish J Psychiatry* 2015; 26(3): 153-60
- 14 Fisher AO, Bandini E, Casale H et al. Sociodemographic and clinical features of gender identity disorder. An Italian multicentric evaluation. *J Sex Med* 2013. Published online doi:10.1111/j.1743-6109.2012.03006.x
- 15 Judge C, O'Donovan C, O'Shea D. Gender dysphoria – Prevalence and comorbidities in an Irish population. *Front Endocrinol* 2014. Published online: doi:10.3389/fendo.2014.00087
- 16 Ruppin U, Pfaffin F. Long term follow-up of adults with gender identity disorder. *Arch Sex Behav* 2015. Published online: doi:10.1007/210508-014-0453-5
- 17 De Cuypere G, Van Hemelrijck M, Michel A, et al. Prevalence and demography of transsexualism in Belgium. *European Psychiatry* 2007;22(3): 137 – 141
- 18 Venter A. Personal communication. Audit of the gender re-assignment programme of the University of Pretoria at Steve Biko Academic Hospital 1994-2014. MMed Dissertation, University of Pretoria, 2016
- 19 Kuypers L, Wijzen C. Gender Identities and Gender Dysphoria in the Netherlands. *Arch Sex Behaviour*. 2014; 43:377-85.
- 20 Reisner SL, Poteat T, Keatley JM et al. Global health burden and needs of transgender populations: a review. *Lancet* 2016;388: 412-36
- 21 Nuckols CC. The diagnostic and statistical manual of mental disorders, 5th edition (DSM-5). Published online: si2013_dsm5. Accessed 31.1.2018
- 22 Martinierie L, Le Heuzey MF, Delorme R et al. Assessment and management of gender dysphoria in children and adolescents. *Arch Pediatr* 2016;23(6): 668-73
- 23 Nahata L, Chelvakumar G, Leibowitz S. Gender affirming pharmacological interventions for youth with gender dysphoria: When treatment guidelines are not enough. *Ann Pharmacotherapy* 2017; 51: 1023-32
- 24 Olson J, Schragger SM, Belzer M et al. Baseline physiologic and psychosocial characteristics of transgender youth seeking care for gender dysphoria. *J Adolescent Health* 2015;37:374-80
- 25 Dettore D, Ristori J, Antonelli P et al. Gender dysphoria in adolescents: the need for a shared assessment protocol and proposal of the AGIR protocol. *J Psychopathol* 2015;21:152-8
- 26 Wylie K, Barrett J, Besser M et al. Good practice guidelines for the assessment and treatment of adults with gender dysphoria. 2014. <https://doi.org/10.1080/14681994.2014.883353>
- 27 Barrett J. Gender dysphoria: assessment and management for non-specialists. *BMJ* 2017;357:j2866 doi: 10.1136/bmj.j2866
- 28 Schmidt L, Levine R. Psychological outcomes and reproductive issues among gender dysphoric individuals. *Endocrinol Metab Clin N Am* 2015; 44: 775-85
- 29 Gooren LJ. Management of female-to-male transgender persons: Medical and surgical management, life expectancy. *Curr Opin Endocrin Diabetes Obesity* 2014;21:233-8
- 30 Franz RC. Sigmoid colon vaginoplasty: A modified method. *Br J Obstet Gynaecol* 1996;103:1148-55

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 2020

The guidelines pertaining to the award can be requested from:

Mrs Evelyn Chetty

Tel +27 31 261 8213

Tel +27 31 261 8518

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

CMSA 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

CPD Fee Structure 01 June 2018 - 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 2020

*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

Checklist for CPD Applications

DOCUMENTS REQUIRED

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 a) Number of CEU's b) Number of Ethics CEU's
8	CPD 7 form on the HPCSA website must be completed by the attendees

CPD Accreditation applications can be submitted together with all the above relevant documentation to:

CMSA Durban Office, Evelyn Chetty

Email: evelyn.chetty@cmsa.co.za

Office: +27 31 261 8213 / 8518

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 2020

*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

Criteria for CMSA Endorsement of CPD Activities

1. The CPD activity and its content will have to meet the approval of the relevant College council and considered to be of a standard that will enhance the image of that College.
2. The organizer of the CPD activity should ideally be a member of the CMSA in good standing.
3. The constituent College must take full responsibility for the completion of the CPD accreditation application. Any CMSA membership discount to be noted under "Registration Fee involved for participants" on the CPD 2A Form.
4. The CPD activities should primarily be run under the banner of the constituent College of the CMSA. Due restraint should be exercised by the respective college ensuring that engagement in partnerships with organizations and entities in CPD activities remain appropriate and in keeping with the standing of the CMSA.
5. The constituent Colleges of the CMSA should not associate themselves with CPD activities of commercial entities related to product launches or product specific CPD activities.
6. Sponsorships of these CPD activities are permissible provided that the principles as set out below are closely adhered to:
 - a. The names of the sponsors should not be included in the title of the CPD activity.
 - b. The sponsor may be acknowledged as a sponsor on the advert/notification and on the programme for the CPD activity but no advertising of the commercial entities products should appear on either of these documents.
 - c. The mailing of adverts/notifications of the CPD activities may however be accompanied by product literature separated from and not incorporated in the notification/advert of the CPD activity.
 - d. No product promotion is allowed within the CPD meeting room but company-branded items and promotional material may be displayed in a separate area that should not be accessible to the general public if the products are not allowed to be advertised to the public.
 - e. In addition to the above, the sponsored activities should strictly adhere to the code pertaining to marketing and promotions to healthcare professionals as set out by the Marketing Code Authority.
7. The determination of the Risk and Profit split remains within the discretion of each individual college in consultation with the organisers of the activity. The overall principle that Risk Share follows Profit Share must apply.
8. However, the main thrust of running CPD activities under the auspices of the CMSA and its constituent Colleges remains most importantly the provision of benefits for ongoing membership of the CMSA, the enhancement of the overall image of constituent College and the CMSA and not the generation of additional income.

A benefit in the form of a meaningful discount for the CPD activity registration fee for CMSA members in good standing should take preference over profit sharing and remain the chief consideration.

This was a very important motivation for extending free CPD accreditation originally.
9. On completion of the activity the organisers of the CPD activity must provide the College with a final assessment by the participants with the minimum of the following points to be covered:
 - a. Content
 - b. Presentation
 - c. Organisation / Administration
 - d. Venue
 - e. Overall value

*"Let your smile
change the world,
not the world
change your smile."*

Standard Operating Procedure for CPD Accreditation

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
<p style="text-align: center;">THE ACCREDITOR: REVIEWS AND APPROVES APPLICATIONS FOR THE PROVISION OF CPD ACCREDITATION</p>	

*“Now I’ve thought of another.
Never give up.
Never surrender.”*

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
<p style="text-align: center;">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</p>	

CMSA Database Information Update

It is the sole responsibility of members of the CMSA to ensure that their address details, Email addresses and personal particulars are updated with the CMSA at all times.

The CMSA cannot be held responsible for the non-delivery of any legal or statutory documentation to any member whose information has not been updated.

Fax or Email updated details to:

Narriman Barnes

Fax: +27 21 685 3766

Email: narriman.barnes@cmsa.co.za

Name	_____
(State whether Prof or Dr)	
Email Address	_____
Telephone (Work)	_____
Facsimile	_____
Telephone (Home)	_____
Mobile	_____
Identity Number	_____
New Address (If Applicable)	_____

	Postal Code _____
Information, required strictly for statistical and fundraising purposes :	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race:	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Coloured <input type="checkbox"/> White
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed
Abstained:	<input type="checkbox"/>

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



