



TRANSACTIONS

Journal of The Colleges of Medicine of South Africa (CMSA)
Volume 64 (2) July - December 2020

Admission Ceremony May 2020





TRANSACTIONS

Volume 64 (2) July - December 2020



EDITOR

Professor Leanne Sykes

MANAGER - PUBLICATIONS

Mrs Sharleen Stone

LETTERS TO THE EDITOR

Professor Leanne Sykes

Email: leanne.sykes@up.ac.za

The Colleges of Medicine of SA

Website: www.cmsa.co.za

CORRESPONDENCE TO THE CEO

Chief Executive Officer

Professor Eric Buch

Email: Eric.buch@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

Executive Manager - Finance

Mrs Carina Van Der Berg

Email: carina.vdberg@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 Yolokazi Kanzi

Email: yolokazi.kanzi@cmsa.co.za

KWA ZULU NATAL OFFICE

EDUCATION

5 Claribel Road, Windermere, Durban, 4001

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

Education Manager

Mrs Sharleen Stone

Email: sharleen.stone@cmsa.co.za

ADVERTISING ENQUIRIES

Mrs Sharleen Stone

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

Email: sharleen.stone@cmsa.co.za

PUBLISHER AND PRODUCTION

Publisher: Prestige Signage Specialist (PTY) Ltd.

Email: projects@prestigesignage.co.za

Production: Belinda Barnard-Lotter,

Signage and Brand Design Specialist

Email: BelindaL@prestigesignage.co.za

National Call Centre: +27 65 145 9955

DESIGN AND PRINT HOUSE

Designers: Belinda Barnard-Lotter and Tracy Davies

Unit 10, Four Towers, 5 Valley View Road,

New Germany, 3610

Tel: +27 31 262 6341

Email: design@prestigesignage.co.za

Contents

Editorial: Professor Leanne Sykes.....	5
Presidential Message: Dr Flavia Senkubuge	6
Admission Ceremony: 3 December 2020	7
• Citations.....	8
• Medallists.....	11
• List of Medallists 2020	13
• List of Successful Candidates: March 2020	14
Active Honorary Fellows.....	26
CMSA Active Fellows ad Eundem.....	29
CMSA Active Life Members	30
CEO Report to the AGM	36
Constituent College Councils and Officers	39
Annual Reports of the Constituent Colleges	42
Special Report - COVID-19 in South Africa	60
KM Seedat Memorial Lectureship.....	63
JC Coetzee Lectureship 2020.....	68
Enhancing Assessment Practices: Professor Vanessa Burch.....	73
Obituaries	82
CMSA Announcements and Important Notices	
• Instructions to Authors.....	4
• Lost Members	4
• CMSA Membership Privileges.....	84
• CPD Fee Structure	85
• Checklist for CPD Applications	86
• Criteria for CMSA Endorsement of CPD Activities.....	87
• Standard Operating Procedure for CPD Accreditation	88
• CMSA Database Information	89
• Insignia for Sale: CMSA Members.....	90

© 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 Specialist (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 therefrom. 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 92204439
© Viktor Yatsuk
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

Email: Narriman.barnes@cmsa.co.za

Ehlers, Natalia Lydia Maria
(College of Ophthalmologists)

Gnawali, Meghraj
(College of Paediatricians)

Ngakane, Herbert
(College of Surgeons)

Frank, Joachim Roelof
(College of Obstetricians and Gynaecologists)

Greyling, Marina
(College of Neurologists)

Theron, Jakobus Lodewikus Luttig
(College of Surgeons)

Information as at 14 October 2020

Professor Leanne Sykes

Upholding Parameters of Care In a Service-Provision Constrained Time Period



Professor Leanne Sykes

Advances in technology necessitate constant changes in all aspects of medical education and patient care.

This requires educators and clinicians to merge traditional practices with new innovations, materials and techniques.

In the past, they have usually had the luxury of time, allowing them to make considered and cautious decisions before changing their routine management protocols or embarking on new ventures.

The unforeseen Covid-19 pandemic led to widespread disruption in all aspects of medicine and dentistry and necessitated immediate and often drastic changes.

Many patients have had to forego routine medical care, visits to doctors and clinics had to be restricted and practitioners have had to make difficult decisions when prioritising needs.

It also forced doctors to consider a number of legal and ethical issues and to question their own moral ethos, especially if patients had to be refused treatment.

They were faced with the unique situation of having to provide high quality services in a new and often compromised environment or manner.

These demands can be paraphrased well by the parameters set out by Knoernschild 1 in a position paper on care in prosthodontics.

He stated that clinicians must at all times still assess and assure

the quality of the care; assist patients and colleagues in clinical decision making; provide education to individuals and in groups via alternative channels; reduce their risks of legal liability as a result of negligent care; help guide the allocation of health resources and identify clinical situations that need to be prioritised or referred to specialist facilities.

At the same time the final decisions must be objective, based on existing scientific evidence, be representative of a professional consensus, and formulated to provide structural flexibility, in order to achieve the desired outcomes.

The education system has also had to adapt. Traditional lectures, ward rounds, and clinical sessions have been replaced with online teaching and learning platforms.

Many felt that these changes would compromise the standards of education and would then impact negatively on future patient care. However, the situation proved to be the exact opposite as it opened up an expansive new world.

Teachers had to once again become students and learn how to present their lecture material in different and innovative ways.

These included amongst others, use of a variety of internet teaching platforms and chat rooms, development of virtual patients and case scenarios, and even exploration of 3-D technology to fabricate anatomical models that students could use to acquire the manual dexterity and skills needed for the real-life situations.

However, Perhaps the greatest positive spin off to come from this situation was the explosion of research and publications that the pandemic generated.

Furthermore, this universal crisis seems to have brought people from across the globe together in their pursuit of a vaccine and / or treatment.

We can only hope that this unified spirit of collaboration and camaraderie will persist for many years to come, regardless of whatever "new normal" conditions we find ourselves living in.

References

1. *Knoernschild KL (2020). Parameters of care for the speciality of prosthodontics. J Prosthetic Dentistry; 29:3-147.*

The Oldest, Least Modern, and Least Technologically Advanced Characteristic, Love. Dr Flavia Senkubuge



Dr Flavia Senkubuge

"There are four questions of value in life...What is sacred? Of what is the spirit made? What is worth living for? What is worth dying for? The answer to each is the same. Love." Lord Byron.

I believe that never in life, has this thought by Lord Byron an English peer, poet and politician, been more true. When I sat to write this message, there was a glimmer of hope that somehow all things would return to 'normal' in due course, a post COVID-19

new normal. Yet here we are, an entire year later, so many of us, still in lockdown, away from our loved ones, anxious about the work we do daily, worried about the professional decisions we make, worried about our children, parents, colleagues, spouses and humanity at large, and the most frightening part of it all? We do not know when it will end.

I recently attended my high school's (Queenstown Girls High School) 144th virtual birthday celebration, the first virtual celebration in the school's 144-year history and the main message was so profound. In short, the message was this, in this current era of the fourth industrial revolution when machines and artificial intelligence are rapidly taking over everything, the true skills that will be left highly coveted, will be those that we consider soft skills. Those of compassion, empathy, kindness, and most importantly, love.

During the past 12 months we have had to regularly ask ourselves the very questions that Lord Byron posed over 109 years ago, yet the answer remains the same. Love. In a profession where we are so often expected to be mechanical, theoretical and logical, for the first time in history we have been pushed to stand outside of ourselves and embrace more empathy and compassion than has ever been required of us. So many have had to stand in a ward wondering which patient to give oxygen to, to stand outside the door of your own home wondering whether to walk in or not, in case of infecting your loved ones with COVID-19. The difficult decisions that colleagues have had to make have been enormous when considering COVID-19. The list is endless. Yet what is it that has guided us through these unprecedented times? The oldest, least modern, and least technologically advanced characteristic, love.

To the whole college family, our fraternity, stakeholders, partners and friends, thank you. Thank you for your sacrifice, compassion and for giving of yourselves, when a thank you was inaudible. You have shown a characteristic that is rarely seen in the world we live in, yet, has become the most precious commodity, love.

Well done to all our newly qualified specialists, who have attained their qualifications under difficult times, your perseverance and resilience have paid off greatly, as has that of your lecturers and mentors who were the guiding hand in ensuring these results came through. In the same breath, we compassionately remember all our colleagues, who were more than doctors to us, they were friends, brothers, spouses, sons and daughters, who lost their lives, in the fight against COVID-19, may their work and sacrifice not be in vain.

In 2021 we again stand on the precipice of the unknown, and yet, we are hopeful and optimistic. So many of us are still on the frontlines, being vaccinated and vaccinating, to ensure that we are able to do all we can to restore our world to, as I said last year, the new normal or at the very least a semblance of the life we knew before this devastating pandemic.

Our year hasn't been without challenges, but the CMSA continues to soldier on, and to recommit ourselves to listening to the needs of those we serve and effecting positive change, whilst maintaining our high standards. A great thank you has to go to the outgoing board and senate. Your resilience and tenacity colleagues over the triennium is laudable, the Colleges of Medicine of South Africa (CMSA) stands on your shoulders. You have been bold and fearless in demanding and effecting change and transformation while at the same time ensuring that the traditions and standards of excellence of the CMSA are maintained. On behalf of the whole college family, we thank you for your exceptional leadership, service and ushering in a renaissance. To the incoming board and senate, we warmly welcome you to the college family. We look forward to the wisdom and contributions that you will make in building the CMSA. May you always be guided by the CMSA motto, *Vincet Anima Doctrinae* (The spirit of learning will prevail).

To all our staff, board, senators, partners, registrars and stakeholders there are no words that can fully explain our gratitude to you. We say thank you, enkosi, baie dankie, siyabulela, re a leboga, ndza nkhenza, ro livhuwa. The CMSA commits to standing by and with you in ensuring that we contribute to the health system specialists of the highest caliber, quality and with heart.

To you all, I leave you with an African proverb that says, "Even the mightiest eagle comes down to the treetops to rest." In all you do daily, I urge you not to forget to take a moment to take care of yourselves, recharge your batteries and most of all, to love yourselves, because in that, you strengthen yourselves and ensure you are able to give to society the best that we have to offer.

Wishing you all a stronger and better 2021, continue to raise your head towards the sun, because both metaphorically and literally, that is where our strength lies.

Virtual Admission Ceremony 3 December 2020

The Admission Ceremony was held virtually and presented on YouTube on 3 December 2020 on the following link:
<https://youtu.be/iXae4Upd3Qc>

At the opening of the ceremony the President, Dr Flavia Senkubuge asked the audience to observe a moment's silence for prayer and meditation, followed by the National Anthem.

Forty three medallists were congratulated by the President on their outstanding performance in the CMSA examinations.

Medals were awarded in the following disciplines, Anaesthetics, Dermatology, Emergency Medicine, Family Physicians, Forensic Pathology, Neurology, Obstetrics and Gynaecology Ophthalmology, Orthopaedics, Paediatrics, Pathology, Physicians, Plastic Surgery, Psychiatry, Radiology, General Surgery and Urology.

The President announced that she would proceed with the Admission

to the CMSA of the new Certificants, Fellows and the Diplomates.

The new Certificants, Fellows and Diplomates were announced and congratulated.

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

All in all, the President admitted 75 Certificants, 496 Fellows and 290 Diplomates.

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 2021

Further information regarding the fellowship can also be obtained from:

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

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

Citations



Citation for Honorary Fellowship Professor Matthias (Matt) Haus

After graduating from the University of Cape Town in 1974, Professor Haus obtained a research doctorate (M.D.) from U.C.T. In addition, he now has 7 other degrees in medicine.

He holds two post-graduate Diplomas from the Colleges of Medicine of South Africa in Paediatrics, and Obstetrics and Gynaecology, and is a Fellow of both the Royal College of Physicians (UK) and the Colleges of Medicine of South Africa. He has served the CMSA with distinction as Senate Member, Examiner and Editor of Transactions Journal.

Matt has been awarded a number of very significant distinctions in his life. He was awarded the Financial Mail Rare Achievers Award for Science and Technology in 1989, and also awarded the 2003 FARMOVS prize for his contribution to Medical Research in South Africa from the South African Academy of Science and Technology. In 2005 he was honored with the National Wits University Award for his contribution to Cancer research and patient care.

His academic research has been widely published and he has managed collaborative research projects with the NIH (Atlanta), the University of Cape Town, the British Medical Research Council's Epidemiology Unit and the Karolinska Institute at the University of Stockholm.

He has expertise as an Allergologist of International standing and is considered a world expert in Allergy Prevention. His list of publications is heavily weighted in this domain. He has over 200 original scientific publications, reviews, published abstracts and presentations at International scientific meetings. Included are 8 high impact factor

International journal publications and 3 'Classic citations'. He is a regular invited scientist to International Congresses and chairs a number of International Scientific Boards. Professor Haus enjoys the highest status and gravitas in the Scientific Community in South Africa and Internationally.

He also has expertise as an academic leader in Medicine, Business and Research. Over the past 25 years, he has directed clinical pharmaceutical research in South Africa, the Asia Pacific region and in Latin America with more than 100 New Chemical Entities being brought to the fore. In addition, he has been Director of over 300 International multicentre pharmaceutical entity clinical trials and been Vice-President of Research and Development for AstraZeneca International. In 2004, he was seconded to the People's Republic of China as Vice President for Research and Development for AstraZeneca, China.

Apart from his academic and business career, Professor Haus has been active in many areas of Commerce, Industry and the financial services sector. He was a non-executive Director of the Professional Provident Society for ten years, Deputy Chairman of the PPS Holding Company, and Chairman of both the PPS Holding Company and PPS Insurance Company. He now serves and non-executive Director of the Board of Trustees of Adcock Ingram.

Professor Haus is an Extraordinary Professor at the University of Pretoria and past Chairman of the Allergy Society of South Africa, a Director and Trustee of various other companies, was appointed Adjunct Professor (Faculty of Health Sciences, UCT) in 2000, and served on a World Health Organisation Task Force compiling guidelines for the Prevention of Asthma and Allergic Diseases.

Professor Haus is Chairman of the Moments in Time Charitable Trust. His achievements in the CMSA include:

- 1) Elected Council/Senate Member of the CMSA for 5 consecutive terms (1986-2004).
- 2) Member of the Examinations and Credentials Committee (ECC) of the CMSA (1986-2004).
- 3) Elected Committee Member of the College of Paediatrics of the CMSA (1986-1995).
- 4) Medical Trustee of the Foundation of the CMSA (1992-2001).

- 5) Secretary/Treasurer of the Foundation of the CMSA (1995-1998).
- 6) Non-Medical Trustee of the CMSA Trust (2011-2019).
- 7) Elected Chairman of the Risk Committee of the CMSA (2018/2019).
- 8) Chairman of the CMSA Task Groups on Funding, Special Projects and Editorial (1995-1998).
- 9) Appointed official Fund Raiser of the CMSA, with emphasis of raising funds for the two Examination Halls in Johannesburg and Cape Town (1995-1998).
- 10) Author of Council's instruction to compile the CMSA Draft for the Special Report for the State Presidents Commission into the funding of a new Health Care Delivery System for South Africa (Melamed Commission). October 1993.
- 11) Surrogate Beneficiary to the CMSA on behalf of his Companies (Janssen Pharma, ICI and Zeneca Pharmaceuticals) to donate and sponsor numerous CMSA Symposia and Interdisciplinary meetings during his tenure, including a substantial donation by Dr Paul Janssen (Janssen Pharma). Approx. value at that time was around R300,000.00.
- 12) Managed the establishment of the Diploma in Allergology (SA).
- 13) Elected Honorary Editor of the CMSA and Editor of the TRANSACTIONS Journal (1995-2004).
- 14) Examiner for the CMSA in the MFGP(SA) Membership Examination, Paediatric DCH(SA) Diplomate Examination, Diploma in Allergology.
- 17) A Diplomate (DCH SA, Dip Obst SA), Member (MFGP SA) and Fellow (FCFP SA) of the CMSA.
- 18) Received the Claude Harris Leon Medal for being the most outstanding candidate for the MFGP (SA) examination in 1984.
- 19) Awarded Life Membership of the College of Family Physicians (2014).



Citation for Award of Honorary Fellowship of the Colleges of Medicine of SA: Professor Alan Rothberg

Professor Rothberg has served the Colleges of Medicine in a number of significant roles from Member of the Examinations and Credentials

Committee, Vice-President, Chairman, Examinations and Credentials Committee, Member of Council and then President of the College of Paediatricians, He was the developer and maintained the Paediatrics Website for many years and has been awarded Honorary Life Membership of the CMSA.

Professor Rothberg holds a number of medical degrees and board certifications including a B.Sc (Witwatersrand University), MBChB (Witwatersrand University), DCH, FCP(SA) and PhD (Witwatersrand University) (Thesis titled – 'Effect of stress on birthweight in two Johannesburg populations').

Professor Alan Rothberg has served Paediatrics and the children of southern Africa over many decades. He has been Professor and Head of the Department of Paediatrics and Child Health, University of the Witwatersrand, and Deputy Dean, Faculty of Medicine, University of the Witwatersrand. He was Professor and Head of School of Therapeutic Sciences, Faculty of Health Sciences, University of the Witwatersrand and was Acting Dean, Faculty of Health Sciences and Acting Dean Faculty of Commerce, Law and Management. In addition he has served as Associate Professor, Therapeutic Sciences and Honorary Professor, Clinical Medicine. Professor Rothberg is an Extraordinary Professor at the University of Pretoria.

He has supervised 8 successful PhD's, one DSc, and 17 Masters degrees. He has published over 130 accredited scientific papers.

Professor Rothberg has made an enormous contribution, within and beyond Paediatrics in South Africa, including to the upliftment of previously disadvantaged South Africans, facilitating funding for study and research.

Professor Rothberg has a national and international reputation for research, serving on the editorial boards of many prestigious journals including the South African Medical Journal. He is recognised as an authority figure and thought leader in Neonatal medicine and has authored a significant number of associated Guidelines.

In addition to his medical expertise, Professor Rothberg served as a Medical Executive at a large Medical Funder for many years and facilitated the process of cost-effective medical practice. His work here was unique in South Africa and created a significant business expertise.

Professor Rothberg has a Web of Science citation based h-index of 14.

It is with the greatest respect and honor that The College of Paediatricians awards Honorary Fellowship of the Colleges of Medicine of South Africa to Professor Alan Rothberg.

Author: Professor Robin Green



Citation Admission to Honorary Fellowship of the Colleges of Medicine of South Africa (CMSA): Professor BG Lindeque

Professor Barend Gerhardus Lindeque obtained his MBChB at the University of the Pretoria in 1976, his FCOG from the College of Medicine of South Africa in 1983, MMed (Obstetrics and Gynaecology) (cum laude) and MD from the Stellenbosch University in 1989, Title of doctoral thesis "The malignant potential of ordinary condyloma and other related premalignant lesions of the uterine cervix".

Gerhard Lindeque is one of South Africa's most distinguished academic gynecologists. He served as Professor/Chief specialist and Head of the Department of Obstetrics and Gynaecology, University of Pretoria, from 1990 to 2018, the Chair of Medical School, Faculty of Health Sciences, University of Pretoria from 2002 to 2018 and Deputy Dean, Faculty of Health Sciences, from 2011 to 2018. Over 100 Obstetrics and Gynaecology specialists graduated under his leadership and he has published over 110 manuscripts with 40 textbook chapters. He has contributed to the training and regulations of medical professionals by serving in various roles and committees of the Health Professions Council of South Africa including chairing the Postgraduate Education and Training Committee (Medical).

Professor Lindeque served as President of the College of Obstetricians and Gynaecologists of SA for years and became very involved in CMSA matters serving in various positions: Member of Senate from 1995-2002, 2008 - 2019, Honorary Registrar 1998-2001, and Member

of Executive of the CMSA from 1998. This culminated in him being elected as President of the CMSA for the term 2012-2015, followed by serving as Immediate Past President from 2016-2019.

He has served the CMSA with considerable distinction, signing the implementation of the CMSA as the National Post Graduate Examination body for specialties in Medicine and Dentistry, as well as the Subspecialties and growing the relationship with universities and professional bodies.

Professor Lindeque has been honoured by a number of local and international societies including: The Lennon Gold Medal Achievement Award, South African Society of Medical Oncology (1992), Honorary Gold Medal Award, Christo Beyers Memorial Branch, South African Academy for Science and Art (1992), University of Pretoria Chancellor's Medal for Education (2001), University of Pretoria Outstanding Achiever Award (2003-2005), SA Society of Obstetrics and Gynaecology Special Merit Award (2010), SAMA Lifetime Achievement Award (Gold) (2010), and the SAMA Special award: Art and Science in Medicine Award (2017). Professor Lindeque also chaired the South African Society of Obstetricians and Gynaecologists (SASOG), South African Society of Gynaecological Oncology (SASGO), Local Organising Committee for FIGO 2009 World Congress in Cape Town and served as a member of the executive board of the FIGO: The International Federation of Obstetrics and Gynaecology (2000-2006).

He was elected for Fellowship ad eundem from the Royal College of Obstetricians and Gynaecologists in 2006 and Fellow of Academy of Medicine of Singapore in 2015.

His concern in CMSA activities and his ongoing contributions are highly valued. Hence, it is appropriate that the CMSA recognizes his contributions with our highest award of an Honorary Fellowship.

Author: Professor Mike Sathekge

"Knowledge is the eye of desire and can become the pilot of the soul."

WILL DURANT

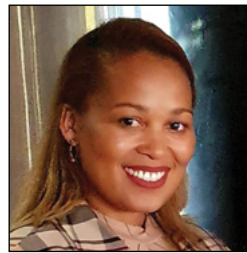
Medallists



Dr AK Georgiou
Frederich Luvuno Medal
FCS(SA) Primary - Anatomy
May 2019



Dr B Bhagwan
Sigo Nielsen Memorial Prize
FC Neuro(SA) Part I
May 2019



Dr CS Adams
Asher Dubb Medal
FCP(SA) Part II
October 2019



Dr GHI Robertson
AM Meyers Medal
FCP(SA) Part I
October 2019



Dr I Walters
Society Medal
FC Ophth(SA) Intermediate
IB - Ophthalmological
October 2019



Dr IR Grant
Douglas Award
FCS(SA) Final
May 2019



Dr J de Wet
Peter Gordon-Smith Award
FC Derm(SA) Part II
May 2019



Dr JW Burger
Lynn Gillis Medal
FC Psych(SA) Part I
October 2019



Dr JY Ajam
John Couper Medal
DA(SA) - SASA J
May 2019



Dr K Lukhna
Suzman Medal
FCP(SA) Part I and Part II

Asher Dubb Medal
FCP(SA) Part II
May 2019



Dr K Wakabayashi
**Janssen Research
Foundation Medal**
FCA(SA) Part I



Dr K Whitehead
Leslie Rabinowitz Medal
FC Paed(SA) Part I
May 2019

Abbott Medal
FCA(SA) Part I

Hymie Samson Medal
FCA(SA) Part I
October 2019



Dr L Gwaunza
Novartis Medal
FC Neuro(SA) Part II
October 2019



Dr L Thaver - DCH(SA)
Group Medal
The Paediatric
Management
May 2019



Dr LD Taylor
Threnesan Naidoo Medal
FC For Path(SA) Part II
May 2019



Dr LN Hutton
The Tim Quan Medal
FCFP(SA)
October 2019

Medallists



Dr M Mahoko
Jack Penn Medal
FC Plast Surg(SA) Final
October 2019



Dr MP Fitchett
Campbell MacFarlane Memorial Medal
FCEM(SA) Part I
May 2019



Dr NTM Morare
Brebner Award
FCS(SA) - Intermediate
May 2019



Dr PS Odendaal
Glaxosmithkline Medal
FCA(SA) Part I
October 2019



Dr RI Bhorat
Suzman Medal
FCP(SA) Part I and Part II

Asher Dubb Medal
FCP(SA) Part II
October 2019



Dr S Kotze
The Simon Naylor Medal
FC Path(SA) Anat Part I
October 2019



Dr SP Oosthuizen
Trubshaw Medal
FCS(SA) Primary
October 2019



Dr SS Sorathia
YK Seedat Medal
Dip Int Med(SA)
October 2019



Dr VL Mashaah
Neville Welsh Medal
FC Ophth(SA) Primary IA
May 2019



“Once you have experienced Excellence you will never again be content with mediocrity.”

THOMAS S. MONSON

List of Medallists: 2020

Janssen Research Foundation Medal

FCA(SA) Part I
Dr Koji WAKABAYASHI
October 2019

Abbott Medal

FCA(SA) Part I
Dr Koji WAKABAYASHI
October 2019

Hymie Samson Medal

FCA(SA) Part I
Dr Koji WAKABAYASHI
October 2019

Glaxosmithkline Medal

FCA(SA) Part I
Dr Pieter Schalk ODENDAAL
October 2019

Crest Healthcare Technology Medal

FCA(SA) Part II
Dr Lieze GELDENHUYS
May 2019

Jack Abelsohn Medal and Book Prize

FCA(SA) Part II
Dr Lieze GELDENHUYS
May 2019

Peter Gordon-Smith Award

FC Derm(SA) Part II
Dr Gwyneth ARENDORF
May 2019

Dr Johann DE WET
May 2019

Campbell MacFarlane Memorial Medal

FCEM(SA) Part I
Dr Margaret Penelope FITCHETT
May 2019

Resuscitation Council of Southern Africa Medal

FCEM(SA) Part II
Dr Suma RAJAN
May 2019

The Kloeck Family Medal

FCEM(SA) Part II
Dr Suma RAJAN
May 2019

The Tim Quan Medal

FCFP(SA)
Lauren Nicole HUTTON
October 2019

Threnesan Naidoo Medal

FC For Path(SA) Part II
Dr Laura Dawn TAYLOR
May 2019

Sigo Nielsen Memorial Prize

FC Neurol(SA) Part I
Dr Bhavin BHAGWAN
May 2019

Dr Salvatore SSEMMANDA
May 2019

Novartis Medal

FC Neurol(SA) Part II
Dr Kireshnee NAIDU
May 2019

Dr Lenon GWAUNZA
October 2019

GP Charlewood Medal

FCEG(SA) Part IA and IB
Dr Maliha KHAN
October 2019

Daubenton Medal

FCEG(SA) Part II
Dr Charlene Adjoa Adobea ANNOR
May 2019

Neville Welsh Medal

FC Ophth(SA) Primary IA
Dr Viola Lydia MASHAAH
May 2019

Ophthalmological Society Medal

FC Ophth(SA) Intermediate IB
Dr Ingrid WALTERS
October 2019

Justin van Selm Medal

FC Ophth(SA) Final
Dr Anna STEYN
October 2019

JM Edelstein Medal

FC Orth(SA) Final
Dr Jeannie Katharine MCCAUL
October 2019

Leslie Rabinowitz Medal

FC Paed(SA) Part I
Dr Kim WHITEHEAD
May 2019

Robert McDonald Medal

FC Paed(SA) Part II
Dr Anne Lauren ARMOUR
May 2019

The Simon Nayler Medal

FC Path(SA) Anat Part I
Dr Suzanne KOTZE
October 2019

AM Meyers Medal

FCP(SA) Part I
Dr Mkhacani Simon BALOYI
May 2019

Dr Gordon Hamilton Ian ROBERTSON
October 2019

Suzman Medal

FCP(SA) Part I and Part II
Dr Kishal LUKHNA
May 2019

Dr Raeesa Ismail BHORAT
October 2019

Asher Dubb Medal

FCP(SA) Part II
Dr Kishal LUKHNA
May 2019

Dr Constance Sandra ADAMS
October 2019

Dr Raeesa Ismail BHORAT
October 2019

Jack Penn Medal

FC Plast Surg(SA) Final
Dr Mosadi MAHOKO
October 2019

Lynn Gillis Medal

FC Psych(SA) Part I
Dr James Willoughby BURGER
October 2019

Novartis Medal

FC Psych(SA) Part II
Dr Nicolaas Jacobus VAN DER MERWE
May 2019

Rhône-Poulenc Rorer Medal

FC Rad Diag(SA) Part I
Dr Hendrik Christiaan LABUSCHAGNE
May 2019

Frederich Luvuno Medal

FCS(SA) Primary Anatomy
Dr Andrea K GEORGIUO
May 2019

Trubshaw Medal

FCS(SA) Primary
Dr Stefanus Petrus OOSTHUIZEN
October 2019

Brebner Award

FCS(SA) Intermediate
Dr Nolitha Tisetso Makapi MORARE
May 2019

Douglas Award

FCS(SA) Final
Dr Ian Roy GRANT
May 2019

Lionel B Goldschmidt Medal

FC Urol(SA) Final
Dr Danelo Estienne DU PLESSIS
May 2019

Eugene Weinberg Medal

Dip Allerg(SA)
Dr Reratilwe MPHAHLELE
October 2019

SASA John Couper Medal

DA(SA)
Dr Junaid Yusuf AJAM
May 2019

The Paediatric Management Group Medal

DCH(SA)
Dr Lineshi THAYER
May 2019

The HIV Clinicians Society

Dip HIV Man(SA)
Michele PERKS
May 2019

Valmy BRUWER
October 2019

YK Seedat Medal

Dip Int Med(SA)
Dr Shaheed Salim SORATHIA
October 2019

Connor Farrel Medal

Cert Pulmonology(SA) Paed
Dr Lore Maria Bertha VAN BRUWAENE
October 2019

CMSA Admission Ceremony

List of Successful Candidates

March 2020

FELLOWSHIPS

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

ABLORT-MORGAN KIM LOUISE	US
ALLIE LEANA	UKZN
APLENI HARRILENE	Wits
BROWN PATRICIA MARY	Wits
CARBONARI ALICIA	Wits
CARREIRA NICOL MARIE	Wits
DE SWARDT MATHEW PETER	US
DESAI FARRIEL	Wits
DRUDE CARMEN	US
DU PLESSIS NADIA SARAH	UFS
DU TOIT PHILIPPUS RUDOLPH	UP
FEUTH MARGARETHE	Wits
GASA MANELISI LOUIS	UKZN
HENDRICKS-BOUWER CHARLENE	
HERRYL	WSU
IPUTO REBECCA ATEBAT	Wits
JACOBS ANDREA NICOLE	US
KEMPE LAURA JESSICA	UCT
KISTAN KROSHLAN	UKZN
MABUNDA ANDREW NTAYENDLAYINI	Wits
MAJANGARA MUNYARADZI BLESSING	
MHINI	UCT
MAKHUBELA NKATEKO LEONARD	SMU
MASHANDA-TAFAUNE BLESSING	UCT
MOABELO MACHUENE AGNES	UCT
MOGOROSI JEROME BOBBY	UFS
MOGOTSI KENALEMODISA LINDIWE	Wits
MOKWENA MOTSEKOLA JOHANNES	US
MOTHIBI MOTSEOTHATA JUSTICE	
JOHANNES	UP
MOTSOANE DIKELEDI EMILY HADIO	UP
MULLER EDNA	Wits
MUTETWA JONASE TAPFUMA	Foreign
MWELASE LUNGILE CAROL	Wits
NAIDOO VERUSHKA	UKZN
NDWANDWE MBALIYETHEMBA	
ZIMELE	UKZN
NERUPFUNDE GODFREY	Foreign
O'NEILL MATTHEW PETER	UKZN
PILLAY FULTON	UKZN
PILLAY SUNTHURIE	UKZN
RAMZAN SHAZMEEN YUSUF	WSU

RATLABYANE LESHATA MIRIAM	UP
REDDY PRISHANI	UKZN
SAMUEL JOHN PHILIP	UCT
SANKAR KEENAN ALVIN	US
SEWBUCKUS PRATIVA	UKZN
STEYN FRANCOIS ANTON	UCT
THOMO LINDA	Wits
TOMLINSON JON-MARC	UKZN
VAN DER WESTHUIZEN JUSTINE	UCT
VON DELFT NILS	WSU

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

DA SILVA NATERCIA	UCT
SEKGOLOLO JOSEPH MOTSHEDI	SMU

Fellowship of the College of Dentistry of South Africa - Oral Medicine and Periodontics FCD(SA) OMP

ALRIYAH MUBARAK JAMAL	UCT
DU TOIT JONATHAN	UP
SNYMAN CHRISTOFFEL MARTHINUS	UP

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

DASOO SAAD	SMU
------------	-----

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

ASHOUR EMAD MABROUK	
ALHAAJHAMAD	UCT
EDE ROSELINE CHIOMA	Wits
HUTE FORTUNE	Wits
KOUVELAKIS FOTIS	Wits
MACHONA MUSONDA SHARON	UCT
MANYATHI SIPHESIHLE LORRAINE	WSU
MODI ZATEEN	Wits
SINGH BHAVNA	UKZN
SWART MINETTE JOHANNA	US
VAN DEN WORM LERINZA	UCT

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

ABRAMS MARLIN SHAUN	UCT
AKINPELU TOSIN SULAIMAN	Wits
DU PLESSIS JANA LOUISE	Wits
HUMAN RULÉ	UP
MALALE MAAMEI LEOGANG	UKZN
MAPHULA RAMMONA WAYNE	Wits
PILLAY SHIVANI	Wits
ROOS CHARLOTTE	US
SCHOEMAN DAVID HERMANUS	UCT
WU MING-TUNG	Wits

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

BOGOPA ZANDILE LEOGANG	UP
CROWLEY LAWTON EDMUND	US
DOUBELL KARLIEN	US
GATE KELLY RANSOM	UKZN
GOLOVIN ILYA	UP
HABTE TEMNEWO MEHARI	UP
HUANG DAVID	UCT
MARUFU GODWIN	UFS
MASEMOLA DIFURO PEARL	UP
MOCHAOA MAMPHO JUNIA	UKZN
NAICKER KUMESHNEE	UKZN
NDAGANO BAGUMA JEAN-CLAUDE	Wits
NYA ANTHONY BASSEY-ESSIEN	UCT
OMED ALI RIDWAAN	UKZN
RAMPERSAD KAMAL	UKZN

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

MBHELE WANDILE MONDLI	UKZN
VAN WYK CHARMAINE	SMU

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

DANGOR ZAIN	UWC
DASHTI MAHDI DAWOUD SULAIMAN	UWC
DOUGLAS-JONES MARTIN	UWC
HANGE RIKOTAMENEE	Wits

MHLANGA JOSEPH GUGULETHU		LAFON JACQUELINE YEFON	Wits	MNIKI THATO ABEDNIGO	KZN
AUSTIN	UWC	LUDWABA CACISWA	UKZN	MNISI NICHOLUS SENZENI	UP
Fellowship of the College of Medical Geneticists of South Africa FCMG(SA)					
CROUS ILSE	UCT	MADE SIMPIWE	WSU	MOFOKENG JABULANI EPHRAIM	UFS
SMIT LIANI	US	MADIBA KHOLOFELO RAISIBE	Wits	MONARENG MOABI OFENTSE	
SULAIMAN-BARADIEN RIZQA	UCT	MAGAGA LUNGA MPUMELELO	WSU	VALENTINE	UP
Fellowship of the College of Neurologists of South Africa FC Neurol(SA)					
ASUKILE MELODY TUNSUBILEGE	UCT	MAGAGULA ERNEST BILLY	UP	MORKEL RICHARD WADE	US
KISTEN RAVENDRAN	UP	MAGUBANE BONGIWE THULISILE	UKZN	MSHUQWANA PHUMZA	Wits
MANDLESILO SIMPHIWE EMMANUEL	Wits	MAKHUBO MBALI TRINITY	UKZN	MUNYAI MARUBINI ARMSTRONG	UP
STEYN ELIZABETH CHRISTINA	Wits	MASHAYAMOMBE RUMBIDZAI		MWELASE SANDILE MZIMKHULU	UKZN
Fellowship of the College of Neurosurgeons of South Africa FC Neurosurg(SA)					
AGBOR CYRIL	Wits	ESINATH	Wits	NAUDE JACO JOHAN	UP
FORD LAUREN MAXINE	Wits	MASINA THEMBELIHLE PRINCESS	UP	NOCONJO LUBABALO	UCT
GORORO TAURAI	US	MAWERE PROUD	Foreign	PHALA MASHUPSE PETRUS	SMU
HARRINGTON BRADLEY MCCONVILLE	US	MEMO NDIWO BAISANA	UKZN	PHIRI TSHEPANG EDISON	Wits
JAIYEOLA OLALEKAN MAROOF	Wits	MINI AYANDA NQABAKAZI		PIETERSON KHABONINA	Wits
MABIKA SCELO MPILO	UP	NTSELEKAZI	UP	PILLAY TRISTAN	Wits
MABOVULA NDYEBO SAMKELO	UKZN	MKOKA SIPHELELE AUGASTINE	US	REDDY KUVASHAN	Wits
MACALA YONELA	Wits	MPEHLE CHILESHE RAPHAEL	Wits	RUTARAMA BAINGANA AMBROSE	Wits
MAHOULI FATA VOUNKI	UP	MUDAU RANWEDZI ISHMAEL	UP	SERITSANE JOSEPH TLAKALE	SMU
MAROGA MOLAMU LAVIOUS JAPPIE	SMU	NJKIZANA KUDZANAI	Foreign	TLHABANE SHADRACK MORAKE	Wits
MATHONSI ENOCK ZAKHE	UP	ONWUAGBU OBUROTA UCHENNA	Wits	TSOLO KEKELETSO	SMU
MOHALE KATLEGO	UP	PAULSEN CHANÉ	US	VERHOEF HEIN	UKZN
RAMSAMMY MEERASH	UP	QOBO MFESANE	WSU	WEVER GIDEON STEPHANUS	UCT
SKOSANA NONHLANHLA	UP	SALEM SAUAD SAHAL MOHAMED	Wits	XASO SIBULELE	Wits
ZIMANI ARTHUR TATENDA	SMU	SCHUTTE MARCELLE	UCT	Fellowship of the College of Otorhinolaryngologists of South Africa FCORL(SA)	
Fellowship of the College of Nuclear Physicians of South Africa FCNP(SA)					
KABUNDA JOSEPH	UKZN	SEKELE RELEBOGILE	Wits	ADAM SHAUN EDWARD	US
RAMDASS PRATIMAH KUMARI	UKZN	SIHLABELA DUMISANE ALEX	UP	ADZATIA ETORNAM KWAME	Wits
YOUNG BRUCE ANTHONY	Wits	VAN DER MERWE TIAN ACKERMAN	US	CEZULA SIBULELE	UP
Fellowship of the College of Obstetricians and Gynaecologists of South Africa FCOG(SA)					
AHMED TASNEEM	UCT	Fellowship of the College of Ophthalmologists of South Africa FC Ophth(SA)			
BENGESAI DANIEL MISHAEL	UCT	BAGUS THARIQ	Wits	ELFALLAH BALGEIS ALI OMAR	UCT
DAIHOUM RAFIK MOFTAH MILOUD	UKZN	DAVE S'RUTI MAHENDRA	WSU	HLOMANI BUHLEBENKOSI	
DE JONGH SKYE FRANCIS	Wits	ENGELBRECHT CHRISTIAN	UFS	JACQUELINE	UCT
DZVORE HEDWICK	Foreign	JAY NARAIN SERISHA	UKZN	MUNGAR RESHNA	UKZN
EMVULA DAVID NDESHIPANDA	UP	KRIEK JOZEF ALBERTUS	UCT	PHAKOANE THATO	SMU
GAZA MERCY	Foreign	LINDEQUE STEPHANUS JOHANNES	Wits	RAMATABANA MAHLATSE NEL	UP
GOLDMAN BERNARDUS GERHARDUS		MADIKANE ANESU	UP	RAMDHANI DEVESH	UFS
ZACHARAUS MOSH	UKZN	MEYER CHARL	UP	Fellowship of the College of Paediatricians of South Africa FC Paed(SA)	
GUIDOZZI DEANNA FRANCESCA	Foreign	MJWARA MZWANDILE MPHATHI	UKZN	AFRIKA KAMOGELO	Wits
GWANZURA CHIPO	Foreign	MUKAHIWA EMMANUEL	UFS	ALLIE NAZNEEN	UCT
HAMMOND RANDALL KEGAN	UKZN	NADASAN THILENDRAN	UKZN	ARCHARY ROCHELLE ANN	UKZN
		NCETANI NTANDO	WSU	ARYAO RUTH	US
		RAUTENBACH ENID ALWINA (WILNA)	US	BALOYI NYIKO DELIGHT	Wits
		SHASTRY DIMPLE DEEPA	SMU	BENALI GHAD AHMED TAHER	Wits
		Fellowship of the College of Orthopaedic Surgeons of South Africa FC Orth(SA)			
		BEN SALEM KHALED ALI	UKZN	BENGUMA Wafa	UKZN
		DE JAGER LOUIS JOHANNES	UKZN	CHINGWALI-NSANTA SARAHLOUISE	UCT
		DE VILLIERS SHAUN	WSU	CHONAN VANESHAN	UKZN
		DU PLESSIS JASON	Wits	DAWJEE FAEZA	UKZN
		ERASMUS LOURENS JACOBUS	UFS	DE ABREU NELSON SERRAO	UFS
		FANG KAO WEI NICO	Wits	DLADLA-MUKANSI NONTOBOKO	
		HIRSCHMANN ADAM	Wits	CHARITY	Wits
		LUNGA HENRY	UKZN	DLUNGWANE MIRIAM BUSISIWE	UKZN
		MABOKE TSHEPO SYLVESTER	SMU	DUBA SITHEMBISO ERIC	UFS
		MAGOLEGO JOHANNES LOURENCE	SMU	GCABA THABILE CHARITY	UKZN
		MASIPA HAPPY NGWAKO	SMU	GOKAR TEJAL	UP
		MATHIBA CHUENE SOLLY	SMU	GOOLAB DEEPIKA	UCT
		MIA SAYED MOHAMMED	UKZN	GOOMO-NCUBE TUDUETSO	Wits
				GUNEDI WALID	UKZN
				HLAMBELO ABIGAIL	UP

ISILA BOKEIRA CHRISTINE	SMU	Fellowship of the College of Pathologists of South Africa - Chemical FC Path(SA) Chem	MABUSELA MFUNDO	UKZN								
ITANA JUSTINA NDAPEWOSHALI	US		CHIKOMBA CHEMEDZAI ESNATH	Wits	MAGADLA SIQHAMO	WSU						
ITZIKOWITZ RAPHAELA	UCT		COLE JUSTINE	UCT	MAKAN RAHM	UFS						
KATSE BOINEELO MANKUBE	Wits		SATEKGE TUMELO MATEBETA	UP	MAKHURA BOLOKANG JONES	UCT						
LUHLANGA MNCEDISI	UKZN		Fellowship of the College of Pathologists of South Africa - Haematology FC Path(SA) Haem	MAKUMBI BARBARA	UP	MAKUMBI BARBARA	UP					
MABHANDI TENDAI	Wits			BAIDEN ANIMA	Wits	MANSFIELD BRETT STEPHEN	Wits					
MAILA KALEKE GIVEN	UL/SMU			KALAMBI-MATENGU ESTHER		MFONO VUYISA JOLLY	WSU					
MAPALA LYDIA	US			NIILONGA	UFS	MIRI ANISA	Wits					
MAPURISA GUGULETHU NEWTON	UCT			KRIEL MAGDALENA	UCT	MOGOLANE ITUMELENG GREGORY	SMU					
MASEKO SINDISWA	UP			LEVY SHANI RIVKA	Wits	MOLEKWA MOJAKI JOHANNAH	Wits					
MASHETO BOJOSI	Wits			Fellowship of the College of Pathologists of South Africa - Microbiology FC Path(SA) Micro	MOTAUNG ISAAC	SMU	MOTAUNG ISAAC	SMU				
MATLOU MASEFETSANE JUDITH	UFS				NTETA MOTUMI EUNA	UFS	MTSHALI-NGQWANE GUGU PEARL	UKZN				
MKIZWANA HYERA NONKQUBELA	WSU				PHOFA DIKWATA THABISO	SMU	MUCHENJE TATENDA PRINCE	UCT				
MOLWANTWA LUDO	Foreign				SEME BONGIWE NTOMBIZODWA	UKZN	MUKHITHI TSHIMANGADZO	UL/SMU				
MOODLIAR-PILLAY MRIGA	UKZN				SKOSANA LEBOGANG BUSISIWE	UP	MURRAY LYLE WILLIAM	Wits				
MOTJALE LERATO	Wits				Fellowship of the College of Pathologists of South Africa - Virology FC Path(SA) Viro	NKABANE NTOMBENKOSI AVELA	UCT	NAIDOO NERISSA SANRISHA	UKZN			
MOTSISI LUCKY SANDRA	Wits	MASHISHI RANKOTSANE BONOLO				Wits	NGALE TSHEPO CLETUS	SMU				
MPISANE-JAMA FEFEKAZI	UCT	MOLOI MOKOPI BRIAN HECTOR				SMU	NGARIVUME KURAI	UCT				
MPONDO SIVUYISIWE	WSU	Fellowship of the College of Physicians of South Africa FCP(SA)				ABOSHAKWA ADEL MASSOUD A	US	NKABANE NTOMBENKOSI AVELA	UCT			
MTHUPHA NOKWANDA PATIENCE	Wits					ABOSHADEBOYE OLAMIDE	SMU	NORSWORTHY STACEY-LEE	Wits			
MULLER SETH JOSHUA	UCT		ANAFI IVY YAA GYAMAA			Wits	NQIWA KHAYAKAZI	UKZN				
MUSIIME GRACE MIREMBE	US		BANDERKER EBRAHIM			Wits	NSHUTI SHEMA DAVID	UCT				
NAKA NISHA	Wits		BEN BARKA SAMIA SOLIMAN.O			US	OKOLI EMMANUEL IKECHUKWU	SMU				
NAMPALA TULONGA	Wits		BHIKOO RAISA			US	PANDAY AMAAN SHABIER	US				
NCHABELENG RENEILWE MARTHA	UP		BUX TASNEEM			UKZN	PARAK AMIRAH	Wits				
NDJOZE LORRAINE	US		DAY CASCIA			UCT	PEDDLE ALLYSON	Wits				
NGHAAMWA TUMWENENI KAUNAPAWA			DOUBELL JACQUES	US		PETERSON DALE CHRISTOPHER	US					
MEKELAYE	US		DREYER ANDRIAN	Wits		PILLAY PRENOLAN	SMU					
NKE HERMINA MMABATHO			DU PLESSIS ELANA CELESTE	US		PILLAY SARUSHA	UKZN					
TSHOLANANG	Wits		DUDLEY MEAGAN TARYN	UCT		QUBEKILE YONELA	UKZN					
PATEL BIBI AYESHA	UKZN		ESAADI MOHIDIN AMAR	UKZN		SAKATI MAYANDE ABEDNIGO						
RAMADU PRESHEN	UKZN		ESMAIL AHMED	US	BLESSING	UFS						
RAMBAU LIVHUWANI	UFS		GOQWANA LINDOKUHLE	Wits	TANISH SALAH AH G	UKZN						
RAMSUNDER PRISHANI	US		GOVENDER DENISHAN	Wits	TAU MONGEZ I KLEINBOOI	WSU						
SAIB MUHAMMAD ZUBAYR	UKZN	GURIRAB QUINCY	UCT	TEMA SEKANAMISHA MARVELYN	Wits							
SEBITOSI-VAN JAARSVELD SANDRA		ISAACS GAVIN SEAN	UFS	VAN DER WATT JOHAN JACOBUS	UP							
NAKAYIZA NAMUGGA	US	JONES STUART	UCT	VUNDLA NOKUBONGA								
SIQITHI-MJULELWA SISANDA	WSU	KAAWAN AMANI ABDELGADIR OMER	US	PERCEVERANCE	UCT							
STANDER RAPHAELLA	UCT	KALONDA MWABILA ROGER	SMU	Fellowship of the College of Plastic Surgeons of South Africa FC Plast Surg(SA)	Fellowship of the College of Plastic Surgeons of South Africa FC Plast Surg(SA)							
THAMBE NONCEBA AMELIA	Wits	KOONJAH VEESESHTA	UKZN			ASAFO-ADJEI PETER	US					
THOMAS JITHIN GEORGE	UP	KWAPE LAWRENCE LESEGO	US			CHITUWO JONATHAN	UCT					
TLOPO PULENG	UCT	LIEBENBERG JURGENS JACOBUS	US			DE LANGE LOUISE CHRISTELLE	US					
VAN WYK LIANA	UCT	Fellowship of the College of Psychiatrists of South Africa FC Psych(SA)	MÖLLER ERNST LODEWICUS			UCT	KOTZE JACO	UP				
VERSTER MAGDA	UP		BOTH A ADAM RORY			Wits	LUTCHMINARIAN KAJAL					
WOOD-POTTLE LEIGH-ANN	US		DISENYANE DINEO			Wits	ANANDKUMAR	UKZN				
ZULU VUSUMUZI VALENTINE	SMU		JACKSON CHRISTOPHER NOEL			UCT	SINGH ASHVIR SIDARTA	WSU				
Fellowship of the College of Paediatric Surgeons of South Africa FC Paed Surg(SA)	Fellowship of the College of Anatomical Pathologists of South Africa - Anatomical FC Path(SA) Anat		MOSOANE BENNY			UP	TJINJEKA UAMUNOVANDU	Wits				
			GAMIET YENTL			Wits	TSHAZI NONKUTALO	SMU				
			Fellowship of the College of Pathologists of South Africa - Anatomical FC Path(SA) Anat			Fellowship of the College of Pathologists of South Africa - Anatomical FC Path(SA) Anat	BOTH A ADAM RORY	Wits	Fellowship of the College of Psychiatrists of South Africa FC Psych(SA)	Fellowship of the College of Psychiatrists of South Africa FC Psych(SA)		
							BOTH A ADAM RORY	Wits			BAKER NADIA	UP
							DISENYANE DINEO	Wits			BANDA MATTHEWS	UP
							JACKSON CHRISTOPHER NOEL	UCT			BHENGU BUSISIWE SIPHUMELELE	UKZN
							MOSOANE BENNY	UP				
							NTSANGANI NOSIPHO MARIA	SMU				
				SOKHULU-CELE ANELE NOMZAMO	SMU							
				VAN DER WESTHUIZEN JULIA	US							

CHRISTOPHER ESTHERESE	UFS
FRANKEN HERMAN CASPER	US
GALESITOE LERATO	Wits
GROBLER KATHRYN ANNE	UCT
GROVES CARMENITA MONIQUE	WSU
KOEKEMOER HEINRICH TERTIUS	UFS
MADALA-WITBOOI NOMBULELO JULIA	WSU
MAHABIR DIYALAKSHMI	UKZN
MAHUMA OTHELIA OMPHEMETSE	Wits
MATSHAYA VUYISA	WSU
MIENIE JAN KONIG	UFS
MINTY YUMNA	Wits
MNGADI SITHAMBISILE NONDUMISO	UKZN
MNGOMEZULU PEACEMAKER	
SAMUKELISIWE	Wits
MODUPI MOSA BONOLO	UFS
MOGOTLANE PETRUS THABO	SMU
MOHANGI YASHNA	UP
MONDLANA SIBONGILE	Wits
MORWE MONICA NTHABISENG	
ETOLONG	UP
NAIDU KAVESHIN	
UCTNEFF RHIYAAZ	WSU
NXUMALO VUYANI WISEMAN	Wits
O'BRIEN SHARNE	Wits
PARUK MAHOMED ESMAIL	US
PAYNE ANTHEA JOLEEN	US
POOE MMATJIATA THALITA	UFS
RAPHALALANI SHONISANI	UP
SCHULTZ MEGAN	WSU
TLOLANE THABO PATRICK	Wits
TSOLEKILE DEWET ZUKISWA	UP
XABA LINDIWE PRECIOUS	UKZN
ZUMA SIBULELE	Wits

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

MOKOENA RAMASEDI SAMUEL	UFS
-------------------------	-----

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

BENDLELA TAKALANI MASALA	UL/SMU
CREAMER DALE KURT	US
DAWOOD ZAHEER	UKZN
GAGELA CWENGILE SIBUSISO	Wits
GOVENDER DASHNEE	UKZN
HUMAN GERCOIS PAUL	UCT
LE ROUX CAMILLA ENGELA	US
LEVE PINDELE	UKZN
MBEWE CHITANI	US
MLAMBO NOMPUMELELO EMMAH	UKZN
MSOMI MONICA SHEILA	UKZN
MURTHY NISHANTH	US
NAIDOO CHAMENDRAN	WSU
NKOSI WINILE	Wits
OBENG-ADJEI FORIWAH	Wits

OMAR RAEESA	SMU
PRINCE DANIEL NICHOLAS	Wits
SEBOCO ORAPELENG	UFS
SHLAKA NEZAR	Wits
SIHLANGU SIPHAMANDLA CEDRIC	Wits
TSHALIBE POLITE	Wits
VAN ROOYEN MARTHINUS	
BERNARDUS	US
VAN ZYL CARIKE	UCT

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

ADONIS MARLEZE ADRI	WSU
ERASMUS MIA MAGRIET	Wits
GINA NONTOKOZO BONGEKILE	UCT
GOVEN SHIBA PREYESH THAKORBHAI	Wits
MHLONGO STHENJISWA XOLOKUHLE	
PERPETUA	UFS
MLABA NONKULULEKO ZAMAXIMBA	Wits
MPHAHLELE RAMADIMETJE	
JOYCE	UL/SMU
NAIDOO SESHINI	US
OBUSENG ODIRILE	UCT
OMAR FARAG B MUHAMAD	UKZN
PEMBERTON KERN	UCT
RIEDEMANN JOHANN	UCT

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

ADU-GYAMFI ROSSI	US
AMER AKREM OMAR	UCT
BELEEL ALLAH ALKAREM	Wits
BIOWE RIEMANN JULIUS	Wits
BOESACK BRONWYN MONIQUE	US
CHANG HUNG-JOU	UCT
CHETTY KAVITHA	Wits
CHILTON GARETH HARVEY	UCT
DE JONGH RUAN	SMU
DIVEY MARK	UCT
ELDURSSI OMAR IBRAHIM HASSAN	UCT
ELGAHANI AHMED A M	Wits
ELMISHAT FARAJ ABDUALLAH	Wits
ETALLEB MOHAMED ALI	UCT
JAFTA LUCIEN CORBIN	UKZN
KDAISH ABDULRAOUF	UCT
KGOPANE TSHENOLO TROBISCH	SMU
KINANDU KAMAU	Wits
KRETMANN HAYDEN GERALD	WSU
KUMALO VUSISIZWE	Wits
KUMAR NEHA	SMU
MACHETE AMUSED THEKGANANG	SMU
MOLABE HUNADI	UCT
MULENGA KASONDE	US
NATHIRE MOHAMMAD EL HASSED	UCT
NCHABELENG MOLEFE STEPHEN	UP
NDAKU REABETSWA BARDOTT	UFS
NDWAMBI PHUMUDZO	Wits

PEFFER MEGGAN LESLEY	UP
PRATT TIFFANY LEIGH	UP
QAARIE MOHAMMED YAHYA M	UCT
ROBERTS NADIA	UFS
SALIE MOHAMED ZUBEIR	WSU
SHABANGU BONGANI MEFIKA	
TENSINE	UP
UZONWA GODSON OBIORA	Wits
WAIN HOWARD	UKZN
WALIAULA ISAAC NAKHAIMA	KZN
YOUSEF MAZEN	UCT
ZUBI AHMED ZUBI	Wits

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

CHRISTOFIDES CHRIS	Wits
DAHMS WILLEM	UFS
GOUNDER MORGAN	UKZN
JERMY SADEG BASHIR ELSADEG	UKZN
MAMPA ESHELY	Wits
MOORE ALLISON	UCT
MOROATSHEHLA SYDNEY MANKALE	SMU
MOROLO MANTSOELENGWE VIOLA	UP
VLOK ADRIAAN LOUW-WALDI	US

CERTIFICATES

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

GHULAM HOOSAIN SHENAAZ BANOO	Wits
WILLOUGHBY MARK	
ZULU GRIFFITHS SPHAMANDLA	UKZN

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

CHIWEZA KALOVOTO BONIFACE	Wits
FORTEIN JAMES	UFS
HASSAN KARIM MOHAMMED	US
JAMA ZIMASA VUYO	UCT
TSHIOVHE NDIKUNDISANI ANANIUS	Wits
VAN DER LAAN HERMAN JOHAN	UP

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

MOORAD ZEENAT DAWOOD	UKZN
----------------------	------

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

RAHMAN FARAH	Wits
--------------	------

Sub-specialty Certificate in Critical Care of the College of Anaesthetists of South Africa Cert Critical Care(SA) Anaes	LALA VIKASH GOOLAB NGWATA PORTIA PARBHOO DINEN	Wits UP Wits	MANGIZA MARCIA NTULI NANDI	UCT Wits
CALLEEMALAY DAREN		Wits	Sub-specialty Certificate in Nephrology of the College of Physicians of South Africa Cert Nephrology(SA) Phys	
Sub-specialty Certificate in Critical Care of the College of Obstetricians and Gynaecologists of South Africa Cert Critical Care(SA) Obs and Gynae	GANDHI KARAN ROHIT KUMAR HILAL NADIR MADELA FUSI GODWIN PRETORIUS HENDRIK JOHANNES	UCT Wits UKZN UP	HASSAN ELFATIH ABDALLA MOHAMED ALI KUNUNA AMNA ABDELBAĞI MERGHANI MAROKA KAFOFORA GERALD NQEKETO NTSIKA LUNGA RAMKISSON NISCHAL	UCT UCT SMU UKZN
BHOORA SHASTRA AVENDRA BUGA CHANDIA EDWARD		UP Wits	Sub-specialty Certificate in Paediatric Neurology of the College of Paediatricians of South Africa Cert Paediatric Neurology(SA)	
Sub-specialty Certificate in Critical Care of the College of Paediatricians of South Africa Cert Critical Care(SA) Paed	FAYERS-GOVENDER SAMANTHA BERNICE MAKHATHINI BONGUMUSA STEVEN	Wits Wits UCT UKZN UP	NYAMURENJE LIONEL RICHARD OSHI MOHAMMED AHMED MOHAMMED OYIEKE KATHERINE AKINYI	UKZN UCT UCT
KEELING KATHRYN HELEN MONYAKE PALESA MABATHO RIEMER LINDA JANE		Wits Wits UCT	Sub-specialty Certificate in Pulmonology of the College of Paediatricians of South Africa Cert Pulmonology(SA) Paed	
Sub-specialty Certificate in Critical Care of the College of Physicians of South Africa Cert Critical Care(SA) Phys	Sub-specialty Certificate in Infectious Diseases of the College of Paediatricians of South Africa Cert ID(SA) Paed		NDLOVU MERYLINE PITSO BOITUMELO SESANE WINTER-ROSE SIZAKHELE	UKZN UP UP
GANI RAAZIK	COPELYN JULIE ENIMIL ANTHONY KWAME	Wits Wits	Sub-specialty Certificate in Pulmonology of the College of Physicians of South Africa Cert Pulmonology(SA) Phys	
Sub-specialty Certificate in Developmental Paediatrics of the College of Paediatricians of South Africa Cert Dev Paed(SA)	Sub-specialty Certificate in Infectious Diseases of the College of Physicians of South Africa Cert ID(SA) Phys		KENAOPE LEOGANG JACKTOR KGOLE MAMOKOMA BECKY LAHER MUHAMMAD MAEPA HLANJWA MNGUNI AYANDA TREVOR MOODLEY VENUHIRA	Wits Wits Wits UCT UCT
MULAMBA KABONGO ORINGE FLORENCE NAFULA	NAMALE PHIONA ENID	UCT UCT	Sub-specialty Certificate in Reproductive Medicine of the College of Obstetricians and Gynaecologists of South Africa Cert Reproductive Medicine(SA)	
Sub-specialty Certificate in Endocrinology and Metabolism of the College of Physicians of South Africa Cert Endocrinology and Metabolism(SA) Phys	Sub-specialty Certificate in Maternal and Fetal Medicine of the College of Obstetricians and Gynaecologists of South Africa Cert Maternal and Fetal Medicine(SA)		MATLHAGA GAONTEBALE ONTHATILE OOSTHUIZEN LIZLE JOANN TSHIKOSI RENDANI OSBORN	UP UCT UCT
DIRE ZODWA NWABISA	GEORGIUO CHRYSANTHI NYAKOE ROBERTS BARASA	Wits Wits	Sub-specialty Certificate in Rheumatology of the College of Physicians of South Africa Cert Rheumatology(SA) Phys	
Sub-specialty Certificate in Gastroenterology of the College of Paediatricians of South Africa Cert Gastroenterology(SA) Paed	Sub-specialty Certificate in Medical Oncology of the College of Paediatricians of South Africa Cert Medical Oncology(SA) Paed		AHMED MOHAMMED AWAD ELTOUM DUVENHAGE NADIA	UCT UP UCT
CHOWDHURY UTPOL GAIBEE ZEENAT SHEIKH MOHAMUD YAHYA ABDULKADIR	MAJALIWA ESTHER LOUIS NGCANA THANDEKA VUYISWA MANSUNDU SCHOONRAAD LEILAH	US UCT Wits UCT		
Sub-specialty Certificate in Gastroenterology of the College of Physicians of South Africa Cert Gastroenterology(SA) Phys	Sub-specialty Certificate in Neonatology of the College of Paediatricians of South Africa Cert Neonatology(SA)			
ABDELSALEM AHMAD A ALI GOUNDEN CATHRINE LIBASHNI	GRANGA DAOUYA DOUNA KAMENWA JOHN NJOGU	US UKZN		

MVAMBO-MADUBELA NAMHLA UKZN
SIRRIRAM SANVIR Wits

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

MCPHERSON DEIDRE ESTELLE UCT
KATHLEEN Wits
MOTHAIE SIBONGILE JOALANE

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

NTLOKO SINDISWA KHOLEKA UKZN
SHIRLEY SMU
VALLY MOINUDDIEN

**PART I, PRIMARY AND INTERMEDIATE
EXAMINATIONS**

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

ALSENOSY RADHEY US
BALLARD SAMANTHA ANNE UP
BENAKOVIC IRIS UP
BOTHA JOHANNES PETRUS
BURGER ROXANNE
CREW NADEEN YOLANDE US
DE KLERK ANYA
DIMINGO ALLAN NTANDO
ESSA LAIKA
GIBBS MARK ROBERT Wits
GOWANS SIMON JOHN
HAASBROEK MARLIS
HEALD ANDREW GORDON
HENDRICKS FAAIDHA
HESLOP DONOVAN CHARLES
JACOBS JAN HERMANUS LE ROUX
KIBIRIGE JEMIMAH REBECCA ALICE
TENDO NAMUGGA US
KOOVERJEE HASMITA
LETLAPE REFILWE CAROLINE UP
MAGODORA TAFADZWANASHE BERNARD
MASHOKO EMMERSON WSU
MAWJEE BHAVIC
MNGOMA OCTAVIA GCINILE UKZN
MORLEY-JEPSON KIRSTEN LEE
NAIDOO CARISSA
NAIDOO DHAMIRAN UKZN
NGXABI BABALWA UKZN
PENTELA HANUMANATHA RAO Wits
RAS WILLEM ABRAHAM PRINSLOO UCT
SARMA PRATHAP
SHAMS RYAN
SMITH ALLISON
THEJANE FUMANE

TLHAKE TUMISANG ELIZABETH UP
VAN EEDEN VONLI
VAN TONDER CHARMÉ CHRISTINE
VAWDA DANYAL OMAR
WILSON TIMOTHY MATTHEW
WIUM ANJA SMU

**Part I of the Fellowship of the College of
Dentistry of South Africa - Oral Medicine
and Periodontics
FCD(SA) OMP Part I**

MOLOI MPHLO UWC

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

DIBETSO-SHIVAMBA MILDRED LESEGO
DU RAAN FREDERICK JOHANNES
GOSAI PRIYAL
WALTON LEEREN WAREN UWC

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

MALINGA ZENA NONKULULEKO UP
MKHIZE NOMZAMO PHUMLA UP
PEZISA PUMZA HILDA WSU
ZITHA EDDY MHLAVA UCT

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

AJADI AFOLABI ADEYEMI Wits
DU PREEZ ANZANNE
DU TOIT MIGNON
GORDON-FORBES CAMERON JOHN
LEIGHTON PATRICIA SUSAN
PASIO ROSWYN CLAIRE
PHALA NTEBATJE MALETSIRI UP
REDANT DEAN
REDDY DESHIN
STRAEULI CHRISTOPHER HELMUT
UHRICH ROBERT KLAUS

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

AKHETUAMEN PIUS OMON Wits
BADAT ZAKARIYA UKZN
BONDO GABRIEL UKZN
ERHABOR EHIMA AGBONIFO UP
GANZEVOORT JOHAN HENDRIK US
MUGISHA ELSIE NALUGWA VATHISWA Wits
MUZA LIZWE CALVIN UFS
OHIAGU SHEDRACH IKECHUKWU UCT
VEZI ZOTHILE LONDIWE UKZN

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

BACHAN VARUSHKA RANJINA UCT
JOUBERT DORETHEA MARIA UP
KOLODI MOLEFE ISAAC Wits
MOSTERT LAMBERT JACOBUS US
UREN GRACE AMY US

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

ALOTAIBI FATEMA
ALTURKI NASER F A T H
GAMIELDIEN MOHAMED YASIN
HENZE MARCEL GOUWS
KARUMA CLIFF KARUMA
NKUNA WISANI
THOMPSON JUNAID
VAN AARDE DANIEL THEODORUS

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

ALBLOOSHI ABDULLA MOHAMMED
SHAKER MOHAMMED UKZN
BEHRENS-VAN TONDER CARIN
MARETHA UFS
BULUNDWE KITONGO KAYAMBA
DAUMAS KGALALELO BRENDA
DLAMINI BONGIWE
FASSNACHT JULIA MBALI
GEORGE JERRY JOSEPH
JANSE VAN RENSBURG MISHA
MAKGOGA POGISHE TREASURE
MOKGOKONG MOTLATSO FAIRBRIDGE
RUGBEER YASHVIR
SHANDI MUSTAFA SALEEM MOHAMAD ALI
SIGANAGANA SANDA
THAVER KESHAN

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

KAMBINGA SONA NGIMBA PATRICIA
MASWENENG KGOBANE ISHMAEL
MONDANE KHAOLESA SYDNEY
MSHAYISA NKOSINATHI EMMANUEL
NCATSHA LORNA
NYAMAPPENE BRIGHTON VALENTINE
QWALANA PAMELA

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

SIBINDLANA AMANDA PATISWA Wits

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

AIDOO GIFTY ABBAN
 AKINBOHUN VICTOR ABIODUN SMU
 AMO -TACHIE JEMIMA UKZN
 BODIBA PIET MPH0 SMU
 BUHOBE SEELE
 BVUMA DOCTOR MKHUMBI
 CHAMANGO VUTSHILA EMELDA
 CHIBAYA NATSAI MICHELLE
 DE MIRANDA LISA ERIN
 FIRFIREY ZAAKIRAH
 HELA SIMAMKELE SIVIWE Wits
 HUGO NATASHA Wits
 ILUNGA MULUMBA UP
 KALALA MUKENDI STEVE
 KALONJI OLIVIER NDIADIA
 KAMBA NGUNZA
 KAZADI KASONGO Wits
 KEOGOTSITSE LETSHOLATHEBE FRANS
 KIAKA MUNKITA
 KING DARREN CONRAN
 KOLIA JOOVERIA
 LEZI NABATUISHA BADI
 LULENDO FOLO CHEDO UCT
 LUNDA ONGOMBE
 MABOKO RENDANI RHODA
 MADIKANE SINOVUYO UKZN
 MAHASHA MAPULA MARRY
 MAKOLA SHARON LETHUBE
 MARAPO LAWRENCE
 MARINGA PFUKANI ELLIOT
 MARUZA MONDE PRECIOUS
 MASHABELA-BOGATSU EMILY TITI
 MATHEKGA THABO MAJADIJI DAVID SMU
 MATHEVULA RIFA
 MKHIZE SAMKELISIWE EVIDENCE
 MKHIZE SINIKEZIWE FELICITY
 MOJELA MATTHEW SIMON
 MORAPEDI MOTLHOKOMEDI
 MOYIMANE WISANI LUCKY
 MOYO NJAYA BRUCE Wits
 MPHAPHULI MIKOVHE REJOICE
 MUTEBA MUSAMBI MUSA
 MUVHANGO SOLOMON
 MVUYANA ZANDILE HELLEN
 MZENDANA SISEKO
 NAMANE MARTIN
 NASHANDI HELENA MUNINGENINAWA UCT
 NDLOVU SANDILE VINCENT SMU
 NGUBANE SIPHELELE LUCKY UKZN
 NKONZO YONELA
 NONKULA BONILE
 NTUMBA MAKOLO LOUISON
 NYALUNGU PORTIA
 OOSTHUIZEN ANNA ROSE
 PAKATI YOLANDA NANDIPA UKZN
 PETERS RAFEEQAH
 PHAKATHI NOMKHOSI LUNGILE
 PULE KOKETSO OCTAVIA
 RABALI ZWIDORULWA

RAMCHARITUR VEDISHSINGH
 RAMOSENSA MOSENSA GRACE
 RAMUNTSI RENDANI
 SAULICK NEELANJNA ASHIKA DEVI UKZN
 SHEETEKELA FILIPPUS ELAGO Wits
 SHIVURI SANNYBOY SUPRISE
 SIGAMONEY JANINE RUTH
 SITHOLE ZAMAJOBE
 SKHOSANA DIRONTSO THETCHER
 STRYDOM ELIZKE
 TANASE BABALWA
 TAPTUE NOUMSI LINDA CHRISTELLE
 WAWA DARIUS NGWA

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

AKINBOHUN VICTOR ABIODUN SMU
 ASSUMANI BASEMENANE JUSTIN SMU
 BAFFOUR-DUAH KENNEDY Wits
 BOUANGUI-BAZOLANA SUCCES BREGE ALBERT
 DE MIRANDA LISA ERIN
 DUTYWA AFIKILE
 EMSLIE MEIKLE
 FETI MULEMA NOEL
 HLAKO TEBOGO CLIVE
 HOFFMAN TSEPO KAMOHELO SAMUEL
 INDONGO JUSTINE NALIMANGULUKE US
 ISMAIL KAASHIFAH AKBAR
 JAPTHA KASHIEFA US
 JOBARTEH KINNEH
 KESEKILE GABRIEL UP
 KIAKA MUNKITA
 KITENGE SOKONI
 KOLIA JOOVERIA
 LEDWABA PANKIE KINGSLEY
 LEGOABE ZANDILE LULAMA UKZN
 LOCHER JOSEF ALEXANDER
 LULENDO FOLO CHEDO UCT
 MAIMANE DOROTHY MARETSENG
 MALULEKA DENNIS MUZIAYIFANE
 MASINGA LIVHUWANI JUDITH
 MATIMBI ALUWANI FLOYD Wits
 MAYOSI S'VUYILE
 MBOENKAKE ANTOINE
 MJULEKA PUMZA
 MKHIZE SINIKEZIWE FELICITY
 MLIMO NKOSINATHI RECKSON
 MMABATSWA NAKEDI ROGERS
 MOHAMED SHAFEEQAH
 MOJELA MATTHEW SIMON
 MOKETE GAONE GOSEGO US
 MOTAU ISAAC LEBU
 MOTJELA ESROM DIMAKATSO
 MOYO NJAYA BRUCE Wits
 NASHANDI HELENA MUNINGENINAWA UCT
 NDLELA MASIBONGE SINAWO
 NDLOVU SINEGUGU AVELILE
 NELSON RONWYN
 NGUBANE SIPHELELE LUCKY UKZN
 NGWENYA CYNTHIA ZANELE

NKOSI DUMISA RUSSEL UKZN
 NODADA APIWE BONGIWE
 NTUNJA SIVE LOVEMORE
 OLUJOBI VICTOR OLUROTIMI ADI US
 RAMUNTSI RENDANI
 RULUMENI NOMAKOLWA JACQUELINE
 SHEETEKELA FILIPPUS ELAGO Wits
 SWANEPOEL ADAM JOHANNES US
 SWANEPOEL MARCO CLINT
 TAPTUE NOUMSI LINDA CHRISTELLE
 TSHIVHASE THENDO PATRICIA Wits
 VAN ROOYEN AMY

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

DAWOOD THABIET
 GAIBIE SAAJIDAH
 HUWAIDI WALID EMHEMMED
 KEJA MARILYN KUTAMUNDU
 RWIZA JUSTUS UCT
 SEWSUNKER SHERWIN
 SHIVORO KATARINA
 VAWDA MARIAM
 WASL MANSOUR MOHAMMED
 WILSDORF LIZE

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

BELLO ALVAREZ MARTHA BEATRIZ
 GARWE CHENGETAI
 KING GILES HAYDEN
 LEHLOKOA MMATSELENG CHRIS
 MAISTRY SARENA
 MDWESHU BOMIKAZI THULISILE
 MOHOBELA JOYCE
 MPANZA IZANI SIBONAKALISO
 NONG NTHABISENG
 SITHOLE SIBAHLE PRETTY UKZN
 THOBEJANE ORATILE PEARL
 VAN ROOY PIETER JACOBUS

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

ABRAHAMS MELIZA
 AMANKRAH MELVIN FELICITY
 ASHTON FRANCES
 BEKKER RIENE
 BOTHMA LANE
 BUASI HULISANI PFANO
 BUTHELEZI PRISCILLA ZUZIWE UKZN
 CHOTLEDI TSEHO
 DA SILVA NICOLE ALEXANDRA FARINHA
 DE KOCK ELMARÉ
 FAURE SHARON HAYLEY
 FOURIE STACEY ANNE
 FUNGHENI RHULANI EUGINIA UL/SMU
 GILBERT NICHOLA JOANNE
 HAUMANN MICHELE

HONGER KATE ISABELLA	UFS	DE STADLER JANET LYNDISAY	UCT	MKHIZE PHILANI EZEKIEL	
IIPUMBU LAHIA-TONATANI		DUNCAN JANE ELEANOR	UFS	MOHAMED NABEELA	
JENKINS STACY-LEE ARLETTE	UFS	GERICKE NANDI	UCT	MOOSA AQEELA	
JEREMIAH UNANGONI UNITA		HOOPER SARAH KATE	Wits	MOUMAKWA RAMATSIMANA	
JUGGERNATH PEARLINE		MARAIS YOLANDI ANNE	US	MTHIMKHULU NKOSIYAPHA	
KASEKETE MARIAN DAISY		MATHABA MARGARET MASALA	Wits	MUGAGADELI MATAMELA	
KEMP TASNEEM		MCCREE KEVIN	US	MULUNGA MARIA VELENA LAUDIKA	
KHAN MAHTAAB		MCINTYRE JESSICA LEA	UP	MUREMI HENNY REFILWE	
KRIEK PIETER WILLEM		MUZENDA SOLOMON	UFS	NAIDOO POOBALAN	
KUTYOWA HERLINDE		NAICKER NIMALLEN	UKZN	NOMBEKELA SINAWO	
KYEI SAMANTHA MAGDALENE		NOMPANDANA LONWABO LWAZI	UKZN	NTSEKE KHUMZI	
MABE REATILE CARVIN		SIMMONS MATTHEW DAVID	Wits	PILANE THANDIWE ALINA	
MAGUGU PATIENCE DUDUZILE				RICH NICHOLAS LESLIE	
MAHDI MARWA				SCHNAAR KYLE DAVID	
MAHLAKO KG AHLISO		Part I of the Fellowship of the College of Pathologists of South Africa - Chemical FC Path(SA) Chem Part I			SEBETLELA LORATO MARETHA
MAKHUZA HAMMARSKJOLD				SEPTEMBER QHOLOKAZI	
MAKONYOLA GARI KHAMWANA	Wits			SETLHAKO GOSETSEMANG JENNIFER	
MALULEKE CINDY ROUSHNAH				SIJADU SAMKELO	
MASHAMBA DAKALO EUNICE		GCINGCA THANDO ANELE	UCT	SOSEN BIANCA LAUREN	
MATEE-FEZANI KETSIA	WSU	ROSSOUW HELGARD MULLER	UP	STEVENS MICHAEL AARON	
MAUMBE MOSES NATHAN		SIMELA TANDEKILE NELIA	SMU	THEKO MOCHEKO	
MBIRO NICHOLAS		XIMBI SINAZO	UP	THOLO MATLADI	
MBUTHO MTHOKOZISI MARTIN				TOYI ZINTLE	
THEODORE				VAN DER MEULEN JACQUELINE	
MHINI TARISAI MAXINE		Part I of the Fellowship of the College of Pathologists of South Africa - Haematology FC Path(SA) Haem Part I			VAN WYK GERT JOHANNES
MHLATUZANA XABISA				ZWANE NOKUTHULA THOBILE	
MILLIGAN CHRISTY ANNE				Part I of the Fellowship of the College of Psychiatrists of South Africa FC Psych(SA) Part I	
MKHIZE LETHOKUHLE TERRANCCE		GANTANA ETHAN JAMES	US	BELTRAN MARINE	
MNISI NKATEKO GAVAZA		JORDAAN CARISSA	US	BOOYSEN SIOBHAN	WSU
MNISI LUNGILE FELICITY		LOHLUN ROBERT KINGSLEY	US	BOSHOF SARAH	WSU
MOKOROANE KEAMOGETSWE	UFS	SINGH SARIETA	UP	BURGER JAMES WILLOUGHBY	UCT
MOSAKOA BOITUMELO				DAWOOD BILKIS	
MUNEMO TATENDA BRENDA	Foreign	Part I of the Fellowship of the College of Physicians of South Africa FCP(SA) Part I			ERASMUS JAN WIUM
MUNIR SAFDAR		AHN YOUNGSEEK			Wits
MUSARURWA TRACY	Foreign	BOSMAN EUGENE EBRAHIM	UFS	GOUWS DALENE CATHERINE	Wits
NARAN NAKITA NITIEN		BUANKUNA MUSHIYA MBAYA	UFS	HAIN SHAUN ROBERT	UKZN
NGOBESE LINDANI MELUSI		DEENADAYALU DARSHAN KUMAR		MOODLEY LYNETTE	UKZN
NKOAGATSE KGOHALO MAMOTABO		DLAMINI JINGISILE	Wits	NKONDO MASEQHALA	
NTUMBA MUKENGA		GANYA WANDILE		ORD KATHERINE	Wits
NYAMURANGA MICHAEL TARWIREI		GOHNERT JESSICA GOHNERT		PHALANE MMAKOMA MARY	UL/SMU
NYAMUTOWA TONNY		GOVENDER PRANESSA		VAN NIEKERK KARLI	
PADAYACHEE PERVASHNI		GRIFFITHS VINCENT PETER		Part I of the Fellowship of the College of Diagnostic Radiologists of South Africa FC Rad Diag(SA) Part I	
PILLAY LERISSA		HAQ UROOGE		AHMED SALMAN SHABBIR	
PRICE JESSICA		HUNTER LUKE DAVID		APLENI SABELO	
SEBOLAI KEAOLEBOGA LORRAINE		JEFFRIES MONTENIQUE LEE-ANNE		BAYELA TAVONGA POLITE SOPHIA	
SEKOTO TSOANELO		JOHNSON NAOMI TEBOGO TUCKEY	UCT	CHRISTINA	
SEWNARAIN CHIARA		KHIROYA MITESH SATISH		BERNARD MIRIAM KAUNANELE	
SHAIKH ABDOOLLA MUHAMMAD MEHDI		KLEINHANS KYLE KEAGAN		GOVENDER NIRVASH	
HUSSEIN		KUMPUMULA MPHATSO LISA	UCT	HLABANO NKOSIYAZI	
SIMELANE MASEALA MARIA		KYAZZE DENISE SANDRA DAPHINE		KEENAN LAUREN NICOLE	
TEPANYEGA MOTLATJO FORTUNATE		LEKUNUTU TANKI SHADRACK		MABASA TIYANI OSCAR	UL/SMU
UWINEZA AIMEE		LEON SHIYYO SUZAN NKABARAKA		MALINGA SIBUSISO JOHANNES BAPTIST	
VENKATASU CHANTAL	SMU	LUSU SIPHOSETHU		MAPIYE PHINEAS	
ZUMA PHUMZILE	UKZN	MALINGA SNOTHILE NOLWAZI SBUSISIWE		MASINA BONGANI	Wits
		MASHAMBA LUSHAVHANA		MAVINDIDZE SILAS	
Part I of the Fellowship of the College of Pathologists of South Africa - Anatomical FC Path(SA) Anat Part I		MAUTLE PAKO		MPFUMALI PRINCE NDANGANENI	UL/SMU
CHANDRASER KARISHMA	Wits	MESO MMAPHUTI ROSINA		MUPFIGA OSMOND	
DABA IPFI	SMU	MFUTA NSEKELA LETICIA			
		MINA MEGAN CATHERINE			

NARANBHAI ANAND
PAZARA EMMASON
SEEDAT AZHAR
SIMANGO TATENDA
THWALA SIPHUMULE BLESSED
TSIKIRA NYASHA
VAN GENSEN MEGAN SALLY-ANN

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

ISMAIL MOHAMMED A
MATHER ROXANE US
SONJICA NONTIBEKO NOMPUMELELO US
TIBENDERANA REBECCA MONICA UCT

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

ALFAIFI ABDULRAHMAN ALI M UCT
ARENDESE PIERRE CLAUDIUS
BADENHORST PIETER
BALOYI MORGAN
BASAANKANE MALEBOGO GAOTWESEPE
BAYELA EMMANUEL
BEJA FEZEKILE SYDWELL
BENGU BRIAN BONGINKOSI
BIYELA SANELE ZIPHO
BODENSTEIN KERRY
BODLEY NICOLA
BOGWASI LONE
BONDERA TAFADZWA
BUHLALU SANDILE
CAMPS MATOS KAREL
CHAMBOKO PARADZAI
CHILISA UNAMI
CHILIZA SIPHESIHLE
CHONCO LUNGELO
DE VILLIERS ADRIAAN JACOBUS
DU TOIT JEAN-CLAUDE
ERWEE DANELLE
GASKELL DREW
GREEN NOEL LEWELLYN
GRIFFITHS ALEXANDRA LARA
HASSAN MOHAMED
IYER CHERI-LEE
JEKELS CLEAVE EGON
KAJEE ZAINAB
KEMP JOHANNES THEODORUS
KGALEMA THAPELO BOLEKE
KHOMOLA LIVHUWANI VINOLIAH
KHOZA PHINDILE JOY
KOMENI BUNTU
KORSTEN GERARD BURGER
KOTZE JEANDRE DEON
KUTUMELA SIPHO MALESELA
LESO-RANGWATO LESEILANE MAUREEN
LEWIS ASHLEIGH OLIVIA
MAC ANYANG DENG MANASSEH Wits
MADONDO SMANGA NDUDUZO
MAGIDI TATENDA JEALOUS
MAGXALA ZWELEDINGA SIKHONA

MAHADHI HUSSEIN
MAKGATO MOTHABELA EPHRAIM
MAKHAYA LILY RAMAESELA
MAKITA CHRISTIAN KASONGO
MANAMELA LESIBA NICK
MAPHALA AUBREY ITUMELENG
MAPHATANE THATO SILAS PODU
MAPHOLI MULALO SHANE
MARAIS RUZAAN
MARHANELE SHANE FUMANI
MAROLE MURENDENI FAITH
MASIPA RATLADI
MASONDO SIYABONGA NELSON JUNIOR
MATHOPA CASSIUS TUMELO MAKGABO
MATLOA NNDWELENI MAXWELL
MATLOWA TAKALANI ARTHUR
MATOOANE TOLOANE
MENYAH-ARTIVOR JAMES JAMAL KOJO
BUDU
MKHIZE EMMANUEL UFS
MLAMBO BUSISIWE
MOFOKENG MPHOGODFREY
MOGASHOA THATO GIDEON
MOJAPELO MICHAEL SEEKGE
MOKHOTHU METSIAPULA REOAGILE
MOKONE BEVERLY KHUTSO BERNADETTE
MOODLEY CAITLIN
MOORE GRAEME JOHN
MPHAPHULI PHOPHI
MTSHWENI SIBUSISO CLEMENT VINCENT
MULLER LIAM ZACK
MURANGI LUCKY TJAMENA SIMEON
MVEMVE NONGCEBO THANDOKUHLE
MWANGUHYA EDGAR MACLEOD SMU
MZIMBA KGOMOTSO CATHERINE SINAH
NAIDU SOMISHA
NAIKER SEAN KEITH
NANA-AKUFFO FREDRICK
NANGAMMBI RATSHILUMELA JEFFREY
NETSHISAULU THIEHELIMBILU EMMANUEL
NIEUWENHUIZEN EDDIE
NKOSI ANNA WINNIE
NKOSI MPENDULO
NTOMBELA XOLANI HOPEWELL
NYEKETE OSMOND
OBERHOLSTER ADRIAAN PETRUS
OLUSOLA VICTOR
OOSTHUIZEN INGE
OSMAN YUMNA
PAGE TRAVIS MICHAEL
PALKOWSKI IVAN NIKOLAI
PANDEY KHALAJ KUMAR
PEER EBRAHIM
PEROLD LIENKE
PETER NAMHLA NIKIE
PHILIP GEORGE SUJITH
PHOTOLO MOKENA MATTHEWS
PHUTSISI PALESA MICHELLE
PILLAY KERISHA
RAE HAYLEE
RAUBENHEIMER STEFFAN GIDEON
SANOTO SEABE MICHAEL
SELAPYANA NDIFELANI MURIEL
SESHOENE MPHOTO LEON

SETLHAKU LESANG KEBALEPILE
SIKHITHA FHATUWANI MEGAN
SITHOLE LINDIWE
SKOSANA LEE LEBU
STEWART WAYNE WILLIAM DENNIS
TAUNYANE MALEFA SUZAN
THELELE TEBOGO
THINI ODIRILE
TOLO MOKONE MODISHANE
TSHAYINCA BAKHOKHELE
TSHIBANGU DELPHIN KABWE
TSHIVHASE VHUHWAVHO
VAN STADEN CAREL KRUGEL OBERHOLZER
VARIAWA SAFFIYA
VOGTS FERDINAND WILHELM
WALTERS PASCAL
WIESSIE SEBASTIAN KURT
WILSON HANAN
WONDOH PAUL MWINDEKUMA Wits
YONTO ELLIOT THABO
ZULU SPHAMANDLA SPHESIHLE QINISO

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

CHOKOE NARE HEMELTON Wits
RABIE EVAN ROCHE UP
RAMLAKHAN PRANUSHA Wits

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

ANTO REJOYCE EDUTHAN
DE JOHN BYRON GORDON UCT
HINA THEMBANI SANDISO UCT
KHUMALO MUZIWAKHE NTUTHUKO UKZN
LETSIE BOKANG DAVID
MABASO SIPHO NTUTHUKO UP
MAGOMA MARANGRANG VINCENT
MASWENENG KGOBANE ISHMAEL
MONGANE TSHEGOFATSO
NDLOVU BLESSING Wits
NDZIBA GUGU
NEETHLING WICKUS
NKWANYANA FEZEKA PRINCESS
TEMBO JONATHA FELIX US
WALKER IAIN SCOTT US

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

CAREY ANGELIKA URSULA Wits
DAYIMANI ANELE SONGEZO WSU
DOLD CATHERINE JEAN
ISMAIL SARAH Wits
KNIGHT GRAEME STEPHEN
MAKDA ISMAIL
MANTHEY ANALIA SUE

PIEK LEANIE
 POTGIETER MADRI LOUISE
 ROUX MARGARETHA MAGDALENA
 TLOUBATLA ITUKISENG GRACE SUELA Wits
 TROLLIP LINDY JEAN FULTON

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

ABOBAKER RIDWAAN
 ADAM NABEELA
 ALEXANDER LAINE ARDAE JOHN
 AREND MARC
 ARMAS SELMA NDAFUDHA
 BLAIR NEILL ROBERT UFS
 COMMAS CECILIA NTLHOMPHEG
 GERAFA MUAAD MUNIR SOLIMAN US
 GREY JAN-PETRUS US
 HATTINGH CHERISE UP
 JOSEPH TROYE JOHN
 LEKGANYANE LEETO SMU
 LESLIE KENNETH TUNDE
 MAKHANYA LETHOKUHLE UFS
 MAKWELA JAN TSHEDISO UP
 MORDI CHUKWUNWEIKE VICTOR
 MWOYOFIRI JEPHTA Wits
 MYBURGH JOHN UFS
 NAIDOO VISHAD
 NDZAMELA KHANYISO
 OGUELI CHIAGOZIE EMMANUEL
 ORLANDI TINO-VITO
 PHONELA SIZWE MFANVELILE
 HANJAHANJA UP
 RATSOMANA MAISHA EDWARD SMU
 RAUBENHEIMER STEPHANUS PETRUS UP
 SIKHAULI KHULISO SMU
 STEYN BERNARD
 STRYDOM JACOBUS PETRUS
 STRYDOM SVEN UP

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

GAFFOOR NABEELA
 NAIDOO SHAVINA
 NAIDU MEVEENA UP
 OGWONOWSKI MIESZKO MATEUSZ
 SIHLOBO AMANDA
 VAN TONDER GIDEON US

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

ADAMS JOHN-CLINT UFS
 AMAAMBO TIMOTEUS ISMAEL HAFENI UP
 BEJA CEBO TENDER UP
 BUITENDAG JOHANNES JACOBUS PETRUS US
 CASSIM SHAAISTA
 CHUMA GCINILE LOLA UP

COETZEE JACOBUS THEODORUS
 DE KOCK KARIEN
 DEMPERS CHARL
 DLAMINI MUZI SMU
 ESSA YUSUF ABOBAKER
 FICHARDT JOHN CHARLES
 HAMID MOHAMED HASSAN JAFAR
 HERBST MARTHINUS THEUNIS STEYN
 ISAACS QUENTIN MARVIN
 JACOB JOSEPH Wits
 JOHNSON CHRYSYAL
 JULA MZWANDILE
 KARIEM MAHIR UCT
 KASHANGURA MAJIRIJA RUFARO UCT
 KGOTE PONTSHO SMU
 KOHLER CHARLES FREDERICK
 LEPHOI MOITHERI JOEL UCT
 MADSEN ANDRE STEINER
 MAKDA INAAM AHMED SMU
 MALINGA MPHONG SIGCINIWE
 MAPUNDA PATIENCE CYNTHIA SMU
 MARAIS MARLÉ HERMIEN
 MASEKO NTOKOZO SIYABONGA UKZN
 MASHABA NKHENSANI CHARMEIN
 MATHONSI KHANANI PERSEVERANC UFS
 MAZINGI DENNIS
 MENDES TOME AZEVEDO UCT
 MICHAU PAUL TOBIAS US
 MOHAMMED FEROZA Wits
 MOKGATLE LUNGILE UFS
 MOODLEY DESLIN US
 MORGAN HAYLEY JENNA
 MOSHWANA MDUMO RUPERT SMU
 NAIDOO KAYLIN
 NDLEBE ASAVELA KNOWLEDGE
 NGOMANE NONHLANHLA GEDTRUDE Wits
 NYEMBE MUSAWENKOSI SMU
 ODUNZE SAMUEL UCHENNA
 OSEI-KUFFOUR NANA-AKUA UP
 PHETSHULA ZIKHO
 PRETORIUS HENNING HENNICKE UP
 RABUTLA MASHOTO RODNEY SMU
 RADEBE EZEKIEL ELMOND UFS
 RAMDHANI KAVISH AROON
 REINER HELMI
 SAEED OMAR MOHAMMED
 SIDOYI YONDELA
 SINGH YONITA UP
 SINKILA ONGEZIWE
 SMUTS JASON PETER
 TERBLANCHE DANIEL BURGER
 THAVER SIVENDEREN ANGAMUTHU UKZN
 VAN RENSBURG CARLYLE
 VAN RENSBURG KEWEN
 VORSTER JACO

DIPLOMAS

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

BUDGE ANDREA
 CASTELYN CLAIRE

NGANGA EVELYN WANJIRU UCT
 PINILLOS SAER FRANCOISE CHANTELLE
 STAATS JURGENS Wits

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

AMOD TASNEEM
 ANTWI AMMA AKYIAA
 ARBEE-KALIDAS NABEELA
 ASLETT HENRY
 CAMPBELL JESSICA
 CELE ZAMANDOSI DEO-GRACIOUS
 CHABALALA THOBELANE EDION
 CHABALALA EDMOND
 CHETTY YOGANATHAN
 COCKBAIN ASHLYN MONIQUE
 COMBRINCK RIAAN
 CRUICKSHANK GRANT RONALD
 DAYA BHAVIN
 DRENNAN KATHERINE REBECCA
 DZANIBE PRECIOUS BULELWA
 EDWARDS BERNARD TRISTAN
 FRIEDMAN JESSICA MICHELLE
 GAIBIE ZAKIYAH
 GILIOME LIZA-MARI
 GOBINGCA ONELE
 GOGUE THANDEKA
 GRANT MATTHEW MARROK
 GUMEDE MAKGOMO NAKEDI
 HANISI OKUHLE
 HLABANGANE BEATRICIA ZAMANTSHALI
 HOOD KIRSTEN ANNE
 JACOB RONY
 JOUBERT SOMARIÉ
 KASONGO KAMANYINA JEAN PAUL
 KOOVERJEE HASMITA
 LALA SHAIENDRA
 LEE SEOHEE
 LOGOS OTAJEH
 LOTTERING CORBIN FRANK
 LOUW CANDICE
 MABE PAKO MOSIDI LOUISA
 MAISELA NONKULULEKO
 MAKEPEACE CATHERINE ANN
 MAKGOBA GOBREY MOKOPA
 MAKINTA SELLO JOHANNES
 MALANGE MVUKO ESTHER
 MALULEKE INOCK TINYIKO
 MANGANYI RIXONGILE STYLE
 MASHAMBA MOTLATJO MARUMO
 MATHENJWA MBONGENI NKOSINATHI
 MATTUSHEK MADELEINE
 MAYISELA-MCUBA NOMTHA
 PERSEVERANCE
 MBATHA SIYABONGA CHARLIE
 MBELE NOKUTHULA
 MILLER DANIEL JASON
 MLITWA MTHOBISI THANDOLWETHU
 MOFOKA MAKUENA ELIZABETH
 MOGANO MAFETA HARRY
 MOGATWE KELEBOGILE SYLVIA

MOTSOARI MOTSEKUA ALICE
 MPHAGO GAIL
 MPOFU TSITSI JOANNA
 MUNYANDURI RUMBIDZAIISHE
 MUSHAIKE RUMBIDZAI
 NAGESAR KASRIVIA
 NAIDOO KASAVAN
 NDI MANDE MXOLISI BRIAN
 NKHOGO THABONYANA DAVID
 NKHUNA NYAJANE THOMAS
 NTS HANGASE LONDIWE
 NTS HANGASE BENEDICT MDUMISENI
 OMAR NABEELAH
 PATHER VIANTHA
 PRENTICE KELLY ANNE
 PRIM SHERWIN KEVIL
 RAPHOLO MOLOKO EUDORA
 SAFFY GILLIAN
 SAVARY BRENDAN MARK
 SCHOELER URSULA
 SCHOEMAN STEPHAN
 SCHUMAN NICOLAAS ABRAHAM
 SCHUTTE HENDRIK JOHANNES
 SEPHEU LETSHOKGE
 SETLHARE AOBAKWE ROBERT
 SHABANGU VUS'UMUZI XOLANI
 SIBANYONI ROSE THOKO
 SLABBERT JOLENE
 SONGUNZU KHOLEKA
 TATI MPHUMZI
 TLADI REITUMETSE NTHABELENG POELO
 TSHEISI MPHOROSE
 VAN DER WESTHUIZEN RONEL
 VAN DYK JURGENS HENDRIKUS
 VAN IMMERZEEL LOUISE
 VILJOEN ANNE-MART
 VON CAUES SHAUNEEN
 VON WIDDERN BIANCA
 VORSTER FRANS CHRISTIAAN
 WRONSKI SONJA VERONICA
 ZUNGU MANGALISO

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

COETZER FRANSE
 COLE GAIL ELLA
 DE VILLIERS THEA-MARI
 DEVEUGELE NATASHA
 DHALECH NAADIRAH
 DLAMINI MUMSY TAKHONA
 FAUL MAGDALENA WILHELMINA
 GOUWS ANNIQUE
 GOVENDER KIMONA
 GUMEDE LUNGILE GCINILE
 JONES MYRA EIRLYS
 KGATLE MALEBO MARY ELIZABETH
 KHAN MAHTAAB
 KOALI NYAKALLO
 LEBEA THANDY
 LULUSLIM KARABO LESLEY LEOTLELA

MAHAMBA KWANELE MATSHEPO
 MANTWANA
 MANAMELA MATSIE MODLIN
 MATHAMO ASANDILE
 MOGALE KUNDANI MERCY
 MOTHIBA NOMSA EDITH UL/SMU
 MPHALE MATSHIDISO
 NAIDOO MIDHYA
 NIEUWOUDT MARELI
 ROOS EZET
 SEKOTO TSOANELO
 SHIPALANA MIHLOTI CORNELIA
 WHITEHEAD SAMANTHA

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

SIGWEBELA NTOMBENHLE PRIMROSE

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

ABDHOO L YASMEEN
 DLADLA NONJABULO NONDUMISO
 FERRARIS STEFANIE
 HILL JESSICA
 MOFOKENG AYANDA MOHABA
 MOTLOUNG ITUMELENG
 PROFITT LIZA

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

ELEFThERIADES CHRISTINA
 GAXA LUVU
 STARK JEANNE
 THOMPSON ISABEL
 VACHAT SAFIYA ISMAIL

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

BALOYI MKHACANI SIMON
 BIRKETT EMMA LYNNE
 BOYA OLOGO MURIELLE FLAVIE
 CASON CAITLIN MELISSA
 CHAUKE SANDANE PEARL
 CLOETE ESTELLE
 DALVIE RAEESA
 DINGANI NOTANDO LAURA
 DLAMINI NOKUBONGA MARY BRIDGET
 DLAMINI SINDISWA CHARMINE
 DU TOIT NICOLAI PIERRE UP
 FORTES NEVES VARELA SEMEDO LENISE
 ELIANE
 GANESAN ANIKA

GARNETT NOMCEBO PRECIOUS
 GERMISHUYS PAUL STEFANUS UP
 GOVIND KAMAL
 GREFFRATH ESTER
 HASSIM RUMAISA
 HAWKINS MICHELLE
 HERMANS LUCAS
 HLAWE DELISA MLANDVO
 HOGARTH LAURA GAIL
 HOWARD ABBY LOUISE
 IQBAL WAZAR ATEEQA
 JAKOET SDEEQA
 JOHN MIDHUN THOMAS
 KASHIRAM AVANI ASHOK
 KEAL JOSEPHINE IRENE
 KEBADIRANG ONTIBILE
 KHAN MUHAMMED RIDHWAN
 KHAN UZMA NASIR Wits
 KHOZA MARIANA MAKHANANI
 KOZHIMANNIL FRANS
 KRITZINGER TRUDIE
 KWEYAMA ZAMAVEZI SINENHLANHLA
 LAVAL ISMAHEEL OPEYEMI
 LETHOLE JULIA SDUDUZILE
 LOFTUS ALYSSA
 MABUNDZA SINGITA DECORATE
 MAFORA TSHIAMO
 MAGAGULA NONCEDO TIHLELILE
 MALHERBE ELISE CECILIA ANET
 MAMOGOBO MAGALANE MOLEBOGENG
 MARAIS CARISA
 MGOBHOZI NOSIPHO PATRICIA
 MOHAMED ROMAANA HANIEF
 MÖLLER KARLIEN
 NAIDU RENUISHKA
 NAIDU YASHIKA
 NDABA LINDOKUHLE
 NOMBEKELA SINAWO
 OOSTHUIZEN NOELLE
 PARRY JASON
 PAWSON MARNA
 PRETORIUS SUZANNE
 SEKWATI LEKGOLANE KGOTSO
 SIM EMMA VALERIE
 TAU KAGISO MOKGOBO
 TAYLOR ERIN
 TIEDT SCOTT PHILLIP
 TWALA NKOSINGIPHILE MATTHEW
 SANDILE
 VALERA PRATIKSHA
 VAN DER WALT ZELDA
 VENKATESAN ANNETTE
 XHEKWANI BONESWA NATHALIA

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

BOAKYE DARLENE AKUA UCT
 CHAUDHRY IRTIZA AHMAD
 DANHA JOSHUA GARIKAI
 DAVID ANDREW SHOK UCT
 KONDO VUNANI WSU
 MABOBO NDUMBWE PAUL UCT

MPESI PATRICK JR
ROBERTSON GORDON HAMILTON IAN
SIDDIQUI NIDA MISHRAZ

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

AGUNLOYE FEMI AGUNLOYE
BEZUIDENHOUT SIMON JURGENS
BOOI MBONGENI ABEDNIGO UFS
CASSIM AASHIQ
COLLY JAMIE LYNN
DE GOUVEIA LIONEL
HUGO MARCELLE
JANSEN VAN RENSBURG ELIZABETH
KAMBA TUPANDI MARCIEL
KAREEM KAMORUDEEN BABATUNDE
KATIRISA JOHNSON TSONGO UCT
KHUMALO SANDRA AYANDA S'DUDUZO
KULULA YANNICK
LUFULUABO NGELEKA ALBERT
MABEKEBEKE LITABE
MAKHWITING ZAMA PEARL
MALULEKA NONKANYISO FORTUNATE
MANGABU KAZADI
MASHABELA-BOGATSU EMILY TITI
MAVUSO MARIA XOLISILE THANDAZA
MOKELO DWEME
MUTEBA NGONGO
NGOBENI VELLY
NTULI ZANELE NTOMBIFUTH
PILA RAMOKONE KEITUMETSE

STAPLES BEATRIX
THOMAS SHIRIN
VAN DER WESTHUIZEN WILLEM
CORNELIUS
WEST RACHEL THANDI
ZABA DANGISANI TSHEPO

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

DAYAL AVINASH
KHAN MOHAMMED

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

ABRAHAMS CAOLAN
ACKERMAN ALICIA PAULINE
BELZAR ANDREA
BHIKA BENITA
BOERE KENDYLL-ANNE
BRAMDHEW JUVIKA
BUTHELEZI SILINDILE
CLARKE HERCHEL CLARKE
CLASSEN WIAN
DANIELS MUHAMMAD TAYYIB
DARCH NICHOLAS AMANI MAJOR
DARISENE MATHABO GLENDA MARISELA
DLAMINI MZWANDILE EMMANUEL
DREYER HANLIE
ELS JOHNRE

GELDENHUIJS LOURIKE
GOW MITCHELL JAMES
GROENEWALD RYNARD
HATTINGH RUBEN
HOFSINK CHANDRE
HUGO ALIDA MARIA
JACOBS NIHAAD
KLEYNHANS MARICKE
KORB KAREL THEODOR
KROGSCHEEPERS RENÉ DALENE
KRUGER RUAN
KYAW MAY KHINE
LEBUSO KAYLIN
LUCAS BRENT JOHANN
MANGANYI AMOGELANG PRINCE
SECHABA
MARENGO NADIA ANNA
MOODLEY KRISANTHA
MORRIS JESS HAYDEN
NDHLOVU TAMUKA FRANKLIN CHITONGA
PENNY CAITLIN NICOLE
SCHOEMAN JOHANNES GERHARDUS
SHIRTO STEPHANIE TRISTAN
SIMA NABEEL
SMIT HENDRIK BERNARDUS
SMITH KATE IVANA
TEKABINABITI BLAISE OWANGA

By Peer Review

MOHAMED FAREED JEEBHAY
COLLEGE OF PUBLIC HEALTH MEDICINE

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:

Evelyn Chetty

Tel +27 31 261 8213

Tel +27 31 261 8518

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

Active Honorary Fellows (as at 30 October 2020)

Acquaye Joseph Kpakpo (CP) (2004) Accra, Ghana	Bird Alan Charles (C OPHTH) (2006) London, UK	Chalmers Iain Geoffrey (COG) (2001) Oxford, UK	De Klerk Frederick Willem (CMSA) (1994) Cape Town, SA
Adamson Fryhofer Sandra (CP) (2003) Atlanta, USA	Boix-Ochoa José (CS) (2006) Barcelona, Spain	Chang Keng Wee (CS) (2012) Kuala Lumpur, Malaysia	De Laey Jean-Jacques (C OPHTH) (2000) Gent, Belgium
Akande Ebenezer Oluwole (COG) (2002) Ibadan, Nigeria	Breen James Langhorne (COG) (1984) South Carolina, USA	Chaudhry Zafar Ullah (CS) (2012) Karachi, Pakistan	De Swiet Michael (COG) (2004) London, UK
Alberti Kurt George MM (CP) (1998) London, UK	Britt LD (CS) (2012) Virginia, USA	Clewlow Warren (CMSA) (2006) Sandton, SA	Deschênes Luc (CS) (1998) Quebec, Canada
Arulkumaran Sabaratnam (COG) (2005) London, UK	Brobby George Wireko (C ORL) (2012) Kumasi, Ghana	Collin John Richard Olaf (C OPHTH) (2007) London, UK	Deutman August (C OPHTH) (2000) Nijmegen, Netherlands
Asuzu Michael Chiemeli (CPHM) (2012) Ibadan, Nigeria	Brown Thomas C K (Kester) (CA) (2002) Victoria, Australia	Conti Charles Richard (CP) (1991) Florida, USA	Dinsdale Henry B (CP) (1996) Ontario, Canada
Azubuike Jonathan C (C PAED) (2005) Enugu, Nigeria	Browse Norman (CS) (1996) London, UK	Coran Arnold Gerald (C PAED SURG) (2017) Michigan, USA	Douglas Neil James (CP) (2005) Edinburgh, UK
Bailey Susan Mary (C PSYCH) (2012) Manchester, UK	Burger Henry (CP) (1984) Victoria, Australia	Courtemanche Albert Douglas (CS) (1992) British Columbia, Canada	Drife James Owen (COG) (2002) Leeds, UK
Baird David (COG) (2009) Edinburgh, UK	Burgess John H (CP) (1991) Westmount, Canada	Cox John (C PSYCH) (2000) London, UK	English Terence Alexander H (CS) (1991) London, UK
Baltzan Richard (CP) (2001) Saskatoon, Canada	Calder Andrew (COG) (2005) Edinburgh, UK	Crowe John Patrick (CP) (2012) Dublin, Ireland	Falconer Anthony Dale (COG) (2012) London, UK
Becklake Margaret R (CP) (1994) Montreal, Canada	Cameron Donald Patrick (CP) (1998) Queensland, Australia	Cunningham Anthony Andrew (CA) (2004) Dublin, Ireland	Foëx Pierre (CA) (2007) Oxford, UK
Benatar Solomon Robert (CP) (2001) Cape Town, SA	Caruso Vincent (C PATH) (2005) NSW, Australia	Cywes Sidney (CS) (1998) Cape Town, SA	Foulds Wallace Stewart (C OPHTH) (1992) Glasgow, UK

- Francescutti** Louis Hugo
(CP) (2012)
Alberta, Canada
- Fritz** Vivian Una
(C NEUROL) (1972)
Johannesburg, SA
- Galasko** Charles S B
(C ORTH) (2003)
Cheshire, UK
- Genest** Jacques
(CP) (1970)
Montreal, Canada
- Gill** Geoffrey Victor
(CP) (2007)
Wirral, UK
- Gilmore** Ian Thomas
(CP) (2007)
London, UK
- Giwa-Osagie** Osato O F
(COG) (2005)
Lagos, Nigeria
- Greenberger** Norton J
(CP) (1991)
Massachusetts, USA
- Grosfeld** Jay Lazar
(CPS) (2014)
Indiana, USA
- Hamilton** Stewart
(CS) (2005)
Alberta, Canada
- Hanrahan** John Chadwick
(CS) (1992)
Peppermint Gr. WA
- Haus** Matthias
(CMSA) (2020)
Johannesburg, SA
- Hennessy** Thomas Patrick J
(CS) (1997)
Dublin, Ireland
- Hollins** Sheila
(C PSYCH) (2005)
London, UK
- Hudson** Alan Roy
(C NEUROSURG) (1992)
Ontario, Canada
- Hume** Robert
(CS) (1992)
Glasgow, UK
- Hutton** Peter
(CA) (2003)
Birmingham, UK
- Joubert** Peter Gowar
(CMSA) (1999)
Johannesburg, SA
- Kaaya** Ephata Elikana
(C PATH) (2012)
Dar-Es-Salaam, Tanzania
- Keogh** Joseph Anthony Brian
(CP) (1998)
Dublin, Ireland
- Keys** Derek Lyle
(CMSA) (1993)
Johannesburg, SA
- Kuku** Sonny F
(CP) (2001)
Lagos, Nigeria
- Langer** Bernard
(CS) (2001)
Ontario, Canada
- Laws** Edward R
(C NEUROSURG) (2015)
Massachusetts, USA
- Leffall** LaSalle D
(CS) (1996)
Washington, USA
- Lekamwasam** L K L S
(CP) (2012)
Galle, Sri Lanka
- Lemmer** Johan
(CMSA) (2006)
Sandton, SA
- Levett** Michael John
(CMSA) (1999)
Cape Town, SA
- Levin** Lawrence Scott
(C PLAST) (2006)
North Carolina, USA
- Lindeque** Barend Gerhardus
(CMSA) (2020)
Johannesburg, SA
- Looi** Lai Meng
(C PATH) (2005)
Kuala Lumpur, Malaysia
- Lorimer** Andrew Ross
(CP) (2004)
Glasgow, UK
- Luntz** Maurice Harold
(C OPHTH) (1999)
New York, USA
- Mackay** Colin
(CS) (1998)
Glasgow, UK
- Madaree** Anil
(CMSA) (2018)
Durban, SA
- Maryon-Davis** Alan
(CPHM) (2010)
London, UK
- Mazwai** Ebden Lizo
(CMSA) (2011)
Mthatha, SA
- McDonald** John W David
(CP) (2004)
Ontario, Canada
- McKenna** Terence Joseph
(CP) (2005)
Dun Laoghaire, Dublin
- Meakins** Jonathan Larmonth
(CS) (2004)
Quebec, Canada
- Mensah** George A
(CP) (2005)
Georgia, USA
- Meursing** Anneke Elina Elvira
(CA) (2003)
Blantyre, Malawi
- Mieny** Carel Johannes
(CMSA) (1996)
Pretoria, SA
- Mokgokong** Ephraim T
(COG) (2006)
Medunsa, SA
- Molteno** Anthony C B
(C OPHTH) (2001)
Otago, New Zealand
- Morrell** David Francis
(CMSA) (2004)
Kenton on Sea, SA
- Mortimer** Robin Hampton
(CP) (2004)
NSW, Australia
- Mutyaba** Frederick A
(C ORTH) (2012)
Kampala, Uganda
- Myers** Eugene Nicholas
(C ORL) (1989)
Pennsylvania, USA
- Norman** Geoffrey Ross
(CMSA) (2003)
Ontario, Canada
- O'Donnell** Barry
(CS) (2001)
Dublin, Ireland
- Ogedengbe** Olasurubomi K
(COG) (2012)
Lagos, Nigeria
- Ogilvie** Thompson Julian
(CMSA) (2009)
Johannesburg, SA
- Oh** Teik Ewe
(CA) (2003)
Perth, West Australia
- O'Higgins** Niall
(CS) (2005)
Dublin, Ireland
- Opie** Lionel Henry
(CP) (2008)
Cape Town, SA
- Pasnau** Robert O
(C PSYCH) (1988)
California, USA
- Pettifor** John Morley
(C PAED) (2016)
Johannesburg, SA
- Prentice** Archie G
(C PATH) (2012)
London, UK
- Prys-Roberts** Cedric
(CA) (1996)
Bristol, UK
- Puri** Prem
(CPS) (2013)
Dublin, Ireland
- Ramphela** Mamphele Aletta
(CMSA) (2005)
Cape Town, SA
- Reeve** Thomas Smith
(CS) (1991)
NSW, Australia
- Rosholt** Aanon Michael
(CMSA) (1980)
Johannesburg, SA

Rothberg Alan Dan
(C PAED) (2020)
Johannesburg, SA

Salyer K Everett
(C PLAST) (2007)
Texas, USA

Samkange Christopher A
(C UROL) (2012)
Harare, Zimbabwe

Santucci Richard Anthony
(C UROL) (2013)
Michigan, USA

Saunders Stuart John
(CMSA) (1989)
Cape Town, SA

Schulz Eleonora Joy
(C DERM) (2006)
Pretoria, SA

Seedat Yackoob Kassim
(CMSA) (1998)
Durban, SA

Segal Anthony Walter
(CP) (2008)
London, UK

Sewell Jill
(CP) (2005)
Victoria, Australia

Sherwood Rupert
(COG) (2012)
Victoria, Australia

Sims Andrew C Peter
(C PSYCH) (1997)
Leeds, UK

Smith Edward Durham
(CS) (1990)
Victoria, Australia

Smith John Allan Raymond
(CS) (2005)
Sheffield, UK

Soothill Peter William
(COG) (2004)
Bristol, UK

Sparks Bruce Louis W
(CFP) (2006)
Parktown, SA

Spitz Lewis
(CS) (2005)
London, UK

Steer Phillip James
(COG) (2004)
London, UK

Strunin Leo
(CA) (2000)
London, UK

Stulting Andries Andriessen
(CMSA) (2011)
Bloemfontein, SA

Tan Kok Chai
(C PLAST) (2012)
Singapore

Tan Ser-Kiat
(CS) (1998)
Singapore

Tan Walter Tiang Lee
(CP) (2001)
Singapore

Terblanche John
(CMSA) (1995)
Cape Town, SA

Thomas William Ernest Ghinn
(CS) (2006)
Sheffield, UK

Thomson Gerald Edmund (CP)
(1996)
New York, USA

Trunkey Donald Dean
(CS) (1990)
Oregon, USA

Turnberg Leslie Arnold
(CP) (1995)
Cheshire, UK

Turner-Warwick Margaret
(CP) (1991)
London, UK

Underwood James C E
(C PATH) (2006)
Sheffield, UK

Van der Spuy Zephne
Margaret
(CMSA) (2015)
Cape Town, SA

Van Heerden Jonathan A
(CS) (1989)
S Carolina, USA

Vaughan Ralph S
(CA) (2003)
Cardiff, UK

Visser Gerard
(COG) (1999)
Utrecht, Netherlands

Wakwe Victor C
(C PATH) (2012)
Delta State, Nigeria

Wijesiriwardena Bandula C
(CP) (2005)
Kalubowila, Sri Lanka

Yeoh Poh-Hong
(CS) (1998)
Kuala Lumpur, Malaysia

Yip Cheng-Har
(CS) (2012)
Kuala Lumpur, Malaysia

Zuker Ronald Melvin
(C PLAST) (2013)
Ontario, Canada

*(Deceased members not listed
but on record)*

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

MAHATMA GHANDI

CMSA Active Fellows ad Eundem (as at 30 October 2020)

Adhikari Miriam (C PAED) (2015) Congella	Davies John Carol Anthony (CPHM) (2005) Johannesburg	Levin Solomon Elias (C PAED) (2007) Johannesburg	Philpott Hugh Robert (COG) (2008) Durban
Bowie Malcolm David (C PAED) (2007) Knysna	Gear John Spencer Sutherland (CPHM) (2005) Still Bay	Makgoba Malegapuru W (CP) (2003) Durban	Price Max Rodney (CPHM) (2004) Cape Town
Bütow Kurt-Wilhelm (CORL) (2020) Pretoria	Gevers Wieland (CP) (2001) Cape Town	Moodley Jagidesa (COG) (2010) Durban	Saffer Seelig David (C NEUROL) (2004) Johannesburg
Cleaton-Jones Peter Eiddon (CD) (2005) Johannesburg	Gie Robert Peter (C PAED) (2019) Cape Town	Munjanja Stephen Peter (COG) (2014) Harare, Zimbabwe	Sonnendecker Ernst Wilhelm W (COG) (2014) Hermanus
Coetzee Edward John (COG) (2017) Cape Town	Hewlett Richard Holway (CR) (2014) Cape Town	Ncayiyana Daniel JM (CMSA) (2002) Durban	Sutcliffe Thomas James (C PSYCH) (2008) Cape Town
Corder Robert Franklin (CEM) (2007) Maryland, USA	Keet Marie Paulowna (C PAED) (2007) Cape Town	Odendaal Hendrik Johannes (COG) (2009) Cape Town	Welsh Neville Hepburn (C OPHTH) (2006) Johannesburg
Davey Dennis Albert (COG) (2008) Cape Town	Kent Athol Parks (COG) (2013) Cape Town	Padayachee Gopalan N (CPHM) (2004) Cape Town	<i>(Deceased members not listed but on record)</i>

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 2021

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

Evelyn Chetty

Tel +27 31 261 8213

Tel +27 31 261 8518

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

CMSA Active Life Members (as at 30 October 2020)

Abdulla Jamal	Bane Roy Errol	Bloch Harold Michael	Burger Nicolaas Francois
Abdulla Mohamed Abdul Latif	Banful Richard	Bloch Hymen Joshua	Burger Thomas Francois
Abell David Alan	Barbezat Gilbert Olivier	Bloch Robert Gerald	Burgess John Digby
Aboo Nazimuddin	Barday Abdul Wahab	Blumberg Lucille Hellen	Burgin Solomon
Aboobaker Jamilabibi	Barnard Philip Grant	Bocchiola Fulvia Carmen	Burnard Friedrich Wilhelm
Abrahams Cyril	Barnes Richard David	Bock Ortwin Answald Alwin	Burns Derrick Graham
Abramowitz Israel	Barnetson Bruce James	Bodemer Wilhelm	Butler George Parker
Abratt Raymond Pierre	Bass David Hyman	Boezaart André Pierre	Butt Anthony Dan
Adams Ganief	Batchelder Charles Simon	Bok Arnold Pierre Louis	Byrne James Peter
Adhikari Mariam	Bax Geoffrey Charles	Bolton Keith Duncan	Caldwell Robert Ian
Ahmed Sheikh Nisar	Bean Eric	Bonellie Gordon David	Calver Alistair Duncan
Ahmed Yusuf	Beaton Sya	Bookatz Brian Julian	Cameron Neil Andrew
Aitken Robert James	Beatty David William	Booker Henry Thomas	Cameron Robert Peter
Akerman Hugh Neville	Becker Herbert	Boon Gerald Peter George	Carim Abdool Samad
Alderton Norman	Becker Jan Hendrik Reynor	Booth William Richard Calvert	Carim Suliman
Alison Andrew Roy	Behr Alcon	Borchers Trevor Michael	Carman Hilary Alison
Allen Peter John	Beitz Michael Leib	Bornman Philippus Christoffel	Carmichael Trevor Robin
Allerton Kerry Edwin Glen	Bell George Murray	Botha Andries Petrus Jakobus	Carter Gary Frederick Charles
Allie Abduraghiem	Bell Peter Stewart Hastings	Botha Jan Barend Christiaan	Cassel Graham Anthony
Allison Hugo Frederick	Benatar Abraham	Botha Jean René	Cassim Reezwana
Allwood Clifford William	Benatar Solly Robert	Botha Johan Frederik	Cassimjee Mohammed Hoosen
Allwright George Tunley	Benatar Victor	Bothma Pieter Adriaan	Cavvadas Aikaterine
Ananth Swamiji	Beningfield Stephen James	Boule Trevor Paul	Curwen Christopher Henry
Anderson Peter Paul Anthony	Benjamin Ephraim Sheftel	Bouwer Johan Stefaan	Massy
Anderton Edward Townsend	Benjamin John David	Bowen Robert Mitford	Chaimowitz Meyer Alexander
Andre Nellie Mary	Benn David John	Bowie Malcolm David	Chapman Peter John
Andrew William Kelvin	Bennett Michael Julian	Braude Basil	Charles David Michael
Andrews Anthony Donald	Bérard Raymond Michael	Bredenkamp Johannes Hendrik	Charles Lionel Robert
Angus Heather Margaret	Francis	Bremner Cedric Gordon	Chin Wu Wai Nin
Anstey Leonard	Berezowski Brian Mark	Briedé Wilhelmus Maria	Chothia Khatija
Apolinarski Josef Anton	Berg Astrid Martha	Hendrik	Cilliers Pieter Hendrik Krynauw
Apostoleris Apostolos	Bergman Jack Wilfred	Briers Johannes Albertus	Cilliers Pieter Lafras
Appleberg Michael	Berk Martin Russell	Myburgh	Cinman Arnold Clive
Archer Graham Geoffrey	Berlyn Peter-John	Brink Garth Kuys	Claassens Hermanus Johannes
Archer John Christopher	Berkowitz Leslie	Brink Johan Givan	Hendrik
Argent Andrew Charles	Berro Vivienne Estelle	Brink Stefanie	Clarke Simon Domara
Armstrong Robert John	Bethlehem Brian Hillel James	Brits Jacobus Johannes	Clausen Lavinia
Ashley-Smith Andrew	Beukes Hendrik Johannes	Brock-Utne John Gerhard	Cleaton-Jones Peter Eiddon
Asmal Aboobaker	Stefanus	Broude Abraham Mendel	Cloete Bruce
Asmall Aboo Baker	Beyer Elke Johanna Inge	Brower Steven	Cochrane Raymond Ivan
Asteriadis Anthony	Bezwoda Werner Robert	Brown Basil Geoffrey	Coetzee Andreas Retief
Aucamp Carel	Bhagwan Bhupendra	Brown Raymond Solomon	Coetzee Daniël
Badenhorst Frans Hendrik	Bham Amina Suleman	Brown Robyn Alexander	Coetzee Edward John
Baigel Martin	Biddulph Sydney Lionel	BruECKner Roberta Mildred	Coetzee Johannes Cornelius
Bailey Robert Martin	Biebuyck Julien Francois	Bruk Morris Isaac	Coetzee Marius Jack
Baillie Peter	Bird Arthur Richard	Bruwer André Daniel	Coetzer Hendrik Martin
Baines Richard E Mackinnon	Birkett Michael Ross	Bruwer Ignatius Marthinus	Cohen Brian Michael
Baise Gershan	Blaine Edward Mark	Stephanus	Cohen Colin Koppel
Baker Malcolm Kevin	Blair Ronald Mc Allister	Buchel Elwin Herbert	Cohen Eric
Baker Peter Michael	Bleloch John Andrew	Bulbulia Bashir Ahmed	Cohen Leon Allan
Ballaram Rabendranath	Bloch Cecil Emanuel	Burger Marius Sydney	Cohen Michael
Serepath			

- Cohen** Morris Michael
Cohen Philip Lester
Cohen Rachamin
Colinese Philippa Anne
Coller Julian Somerset
Combrink Johanna Elizabeth
Combrink Johanna Ida Lilly
Conlan Andrew Alan
Conradie Hofmeyr Haarhoff
Conradie Pieter Jacobus
Comfort Peter Thomas
Conway Sean Stephen
Cooke Paul Anthony
Cooke Richard Dale
Cooper Cedric Kenneth Norman
Cooper Peter Allan
Coote Nigel Penley
Coovadia Hoosen Mahomed
Coovadia Mohamed Abdool Hak
Cowie Robert Lawrence
Coxon John Duncan
Crafford Peter David
Craig Denham David
Cretikos Michael Dionisios
 Emmanuel Perandonikis
Crewe-Brown Heather Helen
Crichton Eric Derk
Croft Charles Henry
Cronjè Hendrik Stefanus
Crosier James Herbert
Crosley Anthony Ian
Croucamp Petrus Charles
 Hendrik
Crutchley Anthony Caius
 Christopher
Culligan Gary Arthur
Cullis Sydney Neville Raynor
Cumes David Michael
Currer Trevor Herbert
Curwen Christopher Henry
 Massy
Cywes Sidney
Dalby Anthony John
Dalgleish Christopher Ian Philip
Dalmeyer Johannes Paulus
 Franciscus
Dalrymple Rhidian Blake
Dalziel Grant James William
Danchin Jack Errol
Daneel Alexander Bertin
Daniel Clive Herbert
Daniels Abraham Jacobus
Daniels André Riad
Dansky Raymond
Darlison Michael Tatlow
Daubenton François
Daubenton John David
Davey Dennis Albert
Davey Helen Elizabeth
Davey Michael Roy
Davidge-Pitts Keith James
Davidson Aaron
Davidson Ashley Conrad
Davies David
Davies Michael Ross Quail
- Davies** Victor Alan
Davis Charles Pierre
Davis Martin David
Dawes Marion Elizabeth
Dawood Aysha Amod
Dean Michael Peter Geoffrey
De Beer Hardie Alfred
De Beer Johan Alexander
 Anthonie
De Beer Reniël
De Haan Jacques Willem
De Jager Lourens Christiaan
De Klerk Abraham Jakobus
De Kock Marthinus Lourens
 Smith
De La Harpe Edwin Meyer
De Muelenaere Phillip Francois
 Rufin Gustaaf
De Klerk Daniel Johannes
 Janse
De Swardt Stephanus Raynier
De Villiers Francois Pierre
 Rosseau
De Villiers Kathleen
De Villiers Marthinus Johannes
 Pieter
De Villiers Pieter Ackerman
De Villiers Stefanus Johannes
De Villiers Tobias Johannes
De Wit Edward Wheeler
De Zeeuw Paul
Dennehy Patrick Joseph Pearce
Dent David Marshall
Derman Henry Jack
Desai Farid Mahomed
Desai Farieda
Deseta Juan Carlos Horacio
Dewar Grant Alexander
Dhansay Jalaluddin
Dhansay Muhammad Ali
Dhansay Rafiq Achmad
Dhansay Yumna
Diedericks Bart Johannes
 Stephanus
Diers Garth Ruben
Digby Rodney Mark
Disler Laurence Joel
Distiller Lawrence Allen
Docrat Rookayia
Donald Peter Roderick
Dornfest Franklyn David
Douglas-Henry Dorothea
Dove Ephraim
Dowdeswell Robert Joseph
Dower Peter Rory
Draper George Henry
Dreosti Lydia Mary
Dreyer Wynand Pieter
Drummond Robert Angus
Duminy Joukje
Du Plessis Dionisius Johann
Du Plessis Hendrik Pienaar
Du Plessis Hennie Lodewia
Du Plessis Hermanus Jacobus
 Christoffel
Du Plessis Jan Ehlers
- Du Plessis** Réne Déon
Du Preez Leon
Du Toit Andrew
Du Toit Donald Francois
Du Toit Johan Loots
Du Toit Pierre Francois Mulvihal
Du Toit Roelof Stephanus
Duncan Gordon Alexander
Dunning Richard Edwin Frank
Duys Pieter Jan
Dyer Robert Anthony
Dymond Ian Walter Dryden
Eathorne Allan James
Ebrahim Allie
Edge Kenneth Roger
Egner Jonathan Grey
Ehlers Marianne Gloudina
Ehrlich Hymen
Ekemans Pieter Francois
Eksteen Jacobus Johannes
Elferink Jean Charles Hugo
Elk Errol Ivan
Els Jacobus Frederik
Elsenbroek Frederik
Emby Donald Jan
Emsley Robin Alexander
Engelbrecht David Johannes
Enslin Ronald
Epstein Brian Martin
Erasmus Frederick Rudolph
Erasmus Philip Daniel
 Christoffel
Essa Suleiman
Essack Maimona
Esterhuysen Stephen Philip
Etellin Pierre Anthony
Evans Herbert Campbell Barrow
Evans Warwick Llewellyn
Evans William Greig
Falanga Franca Maria
Falls-Grumieaux Ebba Helga
 Dorle Sophie
Fanarof Gerald
Farhangpour Sirous
Farrant Peter John
Fehler Boris Michael
Feldman Charles
Fernandes Carlos Manuel
 Coelho
Ferreira Anton Leopold
Findlay Cornelius Delfos
Fine Leon Arthur
Fine Stuart Hamilton
Fisher-Jeffes Donald Leonard
Fletcher John Somerville
Flint Nigel Stuart
Foaden Paul John
Ford Brenda May
Forman Allan
Forman Robert
Förtsch Hagen Ernst Armin
Fotheringham Geoffrey
 Henderson
Fouchè Willem Jakobus
Fourie Louis Jacques
Fourie Pierre Jacques Henri
 Louis
- Franco** Mardochee Marc
Frank Joachim Roelof
Frankel Freddy Harold
Franklin David Stuart
Freedman Jeffrey
Freedman Mark
Freiman Ida
Friedlander Geoffrey Mervyn
Friedman Raymond Leslie
Friedmann Allan Isodore
Fritz Vivian Una
Froese Steven Philip
Funcke Johannes Alexander
Fung Gilbert
Furman Saville Nathan
Gagiano Carillo Andrias
Gahan Thomas Anthony
Gajjar Pravinchandra Dhirajlal
Galatis Chrisostomos
Gallow Ismail
Gane Gerald Adrian Carleton
Gani Akbar
Garb Minnie
Gardiner Victor Burberow
Gardner Jacqueline Elizabeth
Garisch James Archibald
 MacKenzie
Garrett Hyde William
Gaziel Yoel
Gebka Marek Krzysztof
Gerard Clifford Leslie
Germon Lawrence
Gernetzky Kevin Desmond
Gersh Bernard John
Geyser Pieter Georg
Giesteira Manuel Vicente
 Knobel
Gilbertson Ian Thomas
Gildenhuis Jacobus Johannes
Gill John Morton
Gillis Lynn Sinclair
Glazer Harry
Goeller Errol Andrew
Goldberg Barbara Sheila
Goldberg Paul Adrian
Goldin Martin
Goldman Anthony Paul
Golele Robert
Goodley Robert Henry
Goodman Hillel Tuvia
Goosen Felicity
Goosen Jacques
Gordon Peter Crichton
Gordon Robert John
Gorven Allan Michael
Gottschalk Lewis Isaac
Govender Kistensamy
Govender Perisamy
 Neelapithambaran
Govind Suryakant Kasan
Govind Uttam
Graham Kathleen Mary
Graser Hans Werner
Grave Christopher John Hadley
Greeff Michael Cornelius
Greeff Ooppel Bernhardt Wilhelm

- Greenblatt** Michael
Greyling Jacobus Arnoldus
Greyling Marina
Greyvenstein Gloria Dorothy
Griffiths Mervyn Leslie
Grimbeek Johannes Fredericus
Gritzman Marcus Charles David
Grizic Anthony Martin
Grobbelaar Johannes Pinard
Grobbelaar Nicolaas Johannes
Grobler Garth Peter
Grobler Gregory Martinus
Grobler Johannes Lodewikus
Grobler Marthinus
Groenewald Lukas Johannes
Groenewald Marcelle
Grootboom Mzukisi Julius
Grotepass Frans Wil
Guttenberg Graham Roy
Haagensen Mark
Haffejee Ismail Ebrahim
Hale Martin John
Hall Leslie-Ann
Hamed Zubeida
Hammer Alan John
Hammond-Tooke Graeme David
Handley Jonathan Justin
 Francis
Hangelbroek Peter
Hansen Jonathan Nathan
Harpur Peter James
Harris Ian Michael
Harrison Anthony Carleton
Harrison Neville Alan
Hart George Allan Desmond
Hartdegen Richard Gerhardus
Hartley Patricia Staunton
Hartman Ella
Hattingh Pieter Wilhelm
Haus Matthias
Hawthorne Henry Francis
Haynes Ian Anthony
Hayse-Gregson Paul Bernard
Hayward Frederick
Head Mark Stephen
Hefer Adam Gottlieb
Heijke Sylvia Annigje
 Magdalena
Helman Isaac
Henderson Linda Grantham
Henderson Rex Scott
Hendricks Mark Lawrence
Hesseling Peter Bernard
Hewitt Helen Sheila
Hey Jonathan Drummond
Heymann Pieter Wouter
Heyns Anthon du Plessis
Heyns Philip Daniël Stephanus
Hill Paul Villiers
Hillock Andrew John
Hirschowitz Jack Sydney
Hitchcock Peter John
Hockly Jacqueline Douglas
 Lawton
Hockman Maurice Harold
Hoffman Dirk
- Hoffmann** Michael Wolfgang
Hoffmann Vivian Jack
Hofmeyr Nicholas Gall
Hold Allan Richard
Holden Timothy Jon
Holdsworth Louis David
Holloway Alison Mary
Holmes Kevin Ernest Buchanan
Horak Adrian Rousseau
Horak Lindley Rousseau
Horowitz Stephen Dan
Horsley Hilton Richard
Hougaard Melodie
Househam Keith Craig
Hovis Arthur Jehiel
Howell Alan Melville
Howell Michael E Oram
Howes Geoffrey Ross
Howes Neville Edward
Huber Geoffrey Richard
Huddle Kenneth Robert Lind
Hugo André Paul
Hugo Johannes Matthys
Hundleby Christopher John
 Bretherton
Hurwitz Charles Hillel
Hurwitz Mark David
Hurwitz Mervyn Bernard
Hurwitz Solomon Simon
Huysamen George Henry
Ichim Camelia Vasilica
Ichim Liviu
Irvine John Douglas
Isaacs Barry Alan
Ismail Khalid Hajee
Ismail Siddique Mahommed
 Hoosen
Israelstam Dennis Manfred
Jackpersad Ramesh
Jacobs Daniel Pieter Sydney
Jacobs Miguel Adrian
Jacobson Merwyn Jack
Jammy Joel Tobias
Jan Farida
Janse van Rensburg Johan
 Helgard
Jansen van Rensburg Martinus
Jansen van Vuuren Jurgens
 Abraham
Jardine Ronald Manuel
Jardine William Ivor
Jassat Essop Essak
Jedeikin Leon Victor
Jeena Hansa
Jeena Chandrakant Parbhoo
Jersky Jechiel
Jessop Susan Jane Dorothy
Jhetam Dilshad
Jinabhai Champaklal
 Chhaganlal
Jöckel Wolfgang Heinrich
Joffe Joseph Monty
Joffe Leonard
Joffe Stephen Neal
Johnson Peter Dennis Wilson
Johnson Sylvia
- Johnston** John Irving
Jones Sheldon Victor
Jonker Edmund
Jonker Michael Angelo
 Theodore
Jooste Edmund
Jordaan James Charles
Jordaan Johann Petrus
Jordaan Robert
Joseph Christopher Arthur
Joseph Elaine
Joubert James Ratray
Joynt Gavin Matthew
Kaczmarek Wojciech Grzegorz
 Stanisla
Kahn Delawir
Kaiser Gerhard Hans Robert
Kaiser Walter
Kala Udai Keshav
Kalla Asgar Ali
Kalla Feizal Sakoor
Kalla Ismail Sikander
Kalombo Augustin
 Ngalamulume
Kamdar Mahomed Cassim
Kamffer Alison Clare
Kane-Berman Jocelyne Denise
 Lambie
Kaplan Hilton
Kaplan Neville Lewis
Kapp John
Karlsson Eric Lennart
Karusseit Victor Otho Ludwig
Kassner Grant William
Katz Ian Ariel
Katzke Dieter
Katzeff Stanley Norman
Keet Marie Paulowna
Kelly Anthony Cope Garnett
Kelly John Christopher
Kemp Donald Harold Maxwell
Kemp Trevor Newton
Kenyon Michael Robert
Kesner Kenneth Martin
Kessler Edmund
Kettles Alfred Norman
Kew Michael Charles
Key Jillian Jane Aston
Khamissa Haroon
Khan Mohamed
Kieck Charles Frederick
Kimberg Matti
King Jeffrey
King John Frederick
Kinsley Robin Howard
Kirsten Gerhardus Francois
Klein Hymie Ronald
Kleinloog Robert
Klepp Patricia Joan
Klevansky Hyman
Kling Kenneth George
Kloepke Walter Gerard Jan
Klompje Jan
Klopper Stefan Marius
Klugman Leon Hyam
Knobel John
- Kobe** Mabu Rahab Grace
Koch Johann Augustinus
Koch Madeleine
Kocks Daniel Jacobus
Kolling Scott Leslie
Kolloori John
König Harold Leith Edward
Kooverji Hargovind
Kotton Bernard
Kourie Terrence Brian
Koz Gabriel
Kramer Brian David
Kranold Dorothea Helene
Krengel Biniomin
Kriel Jacques Ryno
Kriel Jeannette
Krige Louis Patrick
Kritzinger Jacob Johannes
Kritzinger Pieter Hendrik
Kruger Abraham Jacobus
Kruger Machiel Andries
Kruger Theunis Frans
Kunene Veli Wisdom Fortune
Kussel Jack Josiah
Kussman Barry David
Kuyl Johannes Marinus
Lachman Anthony Simon
Lachman Peter Irwin
La Grange Jacobus Johannes
 Christiaan
Laing John Gordon Dacomb
Lake Walter Thomas
Lalla Chhimenlal
Laloo Maneklal
Laloo Suraya
Lamont Alastair
Lampert Jack Arthur
Landless Peter Noël
Landermans Elizabeth Cornelia
Large Robert George
Larsen Charles John
Lasich Angelo John
Latif Ahmed Suliman
Laubscher Willem Marthinus
 Lötter
Laurence John Egerton
Lautenbach Colin Derek
Lautenbach Earle Eugene
 Gerard
Lawson Hugh Hill
Leader Leo Robin
Leary Peter Michael
Leary William Peregrine
 Pepperrell
Leaver Roy
Lecuona Karin Alfrida
Leeb Julius
Lejuste Michel Jozef Leonie
 Remi
Lemmer Johan
Lemmer Lourens Badenhorst
Lennox Gordon Stuart
Le Roux Gordon
Le Roux Josef Johannes
Le Roux Nicolaas Johannes
 Christoffel

- Le Roux** Petrus Andries Jacobus
Levin Jonathan
Levin Solomon Elias
Levinson Ivan Philip
Levy Ernest Ronald
Levy Gary Raymond
Lewin Jack Roy
Lewis Dorothy
Leyland John Richard
L'Heureux Renton
Liebenberg Anna Erika
Liebenberg Rykie Marlet
Liebetau Carl Roux
Liebowitz Lynne Dianne
Lindeque Barend Gerhardus
Lingham Pungienathan
Linton David Michael
Lipinska Danuta
Lipschitz Shirley
Lloyd David Allden
Lloyd Elwyn Allden
Lochner Jan de Villiers
Locketz Maxwell Ivan
Lockhat Ahmed Suliman
Loening Walter Edgar Karl
Loest Hellmut Claudius
Lombaert Alfons Robert Leonie
Lombard Hermanus Egbertus
Longano Biagio Antonio
Loot Sayyed Mahmood Hosain
Loots Petrus Beaufort
Losken Hans Wolfgang
Losman Elma
Lotz Jan Willem
Lotzof Samuel
Loubser Johannes Samuel
Louw Henri Tobie
Lownie Madeline Ann
Lund Stewart Maxell
Lundgren Aina Christina
Lurie David Meyer
Lurie Russel
Macdonald Angus Peter
MacEwan Ian Campbell
MacKenzie Basil Louis
Mackenzie Thomas Murray
MacLeod Ian Nevis
MacPhail Andrew Patrick
Madiba Thandinkosi Enos
Maduray Govinden
Maelane Kgadi Petrus
Maharaj Breminand
Maharaj Ishwarlal Chiranjilall
Maharaj Udeeth
Maharajh Jaynund
Mahlangu Amos
Mahomed Ebrahim
Mahomed Mahomed Faruk
Mair Michael John Hayes
Maitin Charles Thabo
Makein Michael Charles
Cavendish
Malakou Bryan Desmond
Malan Atties Fourie
Malan Christina
Malan Daniel Francois
- Malebo** Moeketsi Samuel
Maliza Andile
Maluleke Frans Risenga
 Shilwati
Mangera Ismail
Manikkam Andrew Leonard
Mankowitz Emmanuel
Mann Julian Harold
Mann Solly
Manning Anthony John
Manning Basil John
Mansvelt William Mauritz
Mantel Leopold Hans
Marais Ian Philip
Marais Johannes Stephanus
Margolis Frank
Mariba Thanyani Jonas
Marinopoulos George
 Constantin
Marivate Martin
Marivate Russell
Marks Richard Kearns
Marus Gianluca
Marx Johan Hendrik
Maske Richard
Mason Rosemary Maureen
Matisonn Rodney Earl
Mauff Alfred Carl
Maxwell William Graeme
Mayet Fatima Goolam Hoosen
Mayet Zubeida
Maytham Dermine
Mbete Jamangile Mncedi
McCosh Christopher John
McCutcheon John Peter
McDonald Michael Charles
 Edward
McDonald Robert
McGibbon Ian Colquhoun
McGiven Andrew John
McIntosh William Andrew
McKibbin Joseph Kerr
McKnight Ann Crawford
McLaren Grant Drummond
Mears Jasper William Walter
Meer Farooq Moosa
Meiring Johannes Cornelius
 Engelbrecht
Mellett William Andrew
Melonas Christopher Frank
Melvill Roger Laidman
Mendel Eve Frances
Mendelsohn Huntley Jonathan
Mennen Joachim
Mennen Ulrich
Mervis Benjamin
Mervitz Michael David
Meyer Anthonie Christoffel
Meyer Bernhardt Heinrich
Meyer David
Meyer De Bruto Laporta
 Cavalier
Meyers Anthony Molyneux
Meyersohn Sidney Jacob
Meyerson Louis
Michael Maxwell Stephen
- Michaels** Maureen Jeanne
Michalowsky Aubrey Michael
Michell William Lancelot
Middlewick Glynn Charles
Midgley Franklin John
Miemy Carel Johannes
Miles Anthony Ernest
Millar Robert Norman Scott
Miller Steven David
Milne Anthony Tracey
Milne Frank John
Milner Analee
Milner Selwyn
Misnuner Zelik
Mistry Jayantilal Daya
Mitchell Peter John
Mitchell Ronald William
Mitha Abdul Sater
Mitha Ahmed
Mji Diliza
Modi Pradip Chhaganlal
Mody Girish Mahasukhlal
Moethilalh Rajinkumar
Mogale Saxon Cholohele
Mohamed Abdul Hafeez
Mokgokong Mochichi Samuel
 Martin
Mokhobo Kubeni Patrick
Molapo Jonathan Lepoqa
Molteno Christopher David
Mollentze Willem Frederik
Montanus Morris Samuel
Moodley Dhanapalan Patchay
Moodley Jagidasa
Moodley Sivalingam
 Cunnavadee
Moodley
 Thirugnanasumburanam
Moodley Visalatchee
Moola Ismail
Moola Yousoof Mahomed
Moore Hazel Ann
Moosa Abdool-Sattar
Moosa Hanief
Moosa Laeeka
Moosa Muhammed-Ameen
Moosa Nisa Ahamed
Moosa Yaaseen
Morar Champaklal
Morrell David Francis
Morris Warwick Montague
 Molteno
Morrison Gavin
Morrison Stephen Christopher
Morton Patrick Christopher
 George
Morule Ramoroa Andrew
Mosese Matsa Ephraim
Movsowitz Leon
Mudely Devandran
Mudely Selvanathan
Mullan Bertram Strancham
Muller Edward Julius
Muller Frederick Eybers
Müller Daniël Marthinus
Mulligan Terence P Simpson
- Mullineux** John David
Murfin Terence Foster
Murray Andrew Neil
Murray Anthony David Neil
Murray Jill
Murray Robert Ian
Murray Willie Bosseau
Musk Michael Anthony
Mutanda-Musoke Richard
 William
Mwelase Lancelot Halifax
 Zwelibanzi
Myers Leonard
Naicker Tholsi Jocelyn
Naidoo Aroomugam
Naidoo Balagaru Narsimaloo
Naidoo Datshana Prakesh
Naidoo Jaybalan
Naidoo Neetheanathan
Naidoo Premilla Devi
Naidu Pithambram Nadamuni
Nair Gonasegrie Puckree
Nair Margaret Gemma
Nanabhay Sayed Suliman
Naude Johannes Hendrik
Nauhaus Carl Norman
Naylor Graeme Aubrey
Neifeld Hyman
Nel Elias Albertus
Nel Hendrik
Nel Jacques Bernadus Anton
Nel Jan Gideon
Nel Johan Theron
Nel Julien Robert
Nel Philippus Jacobus
Nel Wilhelm Stephanus
Neser Christian Petrus
Newbury Claude Edward
Ngakane Herbert
Nicholson Melanie Eugene
Niemann Albertus Stephanus
Nieuwoudt Andries Johan
Nieuwveld Robert Wijmand
Nisbet David Alistair
Noble Clive Allister
Noll Brian Julian
Noormohamed Abdul Majid
Novis Bernard
Novitzky Nicholas
Nussbaum Clive Joel
Obel Israel Woolf Promund
O'Brein Johan Andrew
Odendaal Hendrik Johannes
Odes Harold Selwyn
Olinsky Anthony
Olivier Henri
Omar Yunoos
Omaidien Yusuf
Omarjee Suleiman
Oosthuizen Frederick Pollard
Oosthuizen Undine
Oosthuysen Stefanus Adrian
 van Rooyen
Orelowitz Manney Sidney
Orford Alastair Leask
Ossip Mervyn Seymour

- Ostrofsky** Michael Kenneth
Otto Theunis Stoffberg
Padayatchi Perumal
Palweni Chapman Wycliffe
Pantanowitz Desmond
Papert Brian Lewis
Papert Errol Jonathan
Parag Kantilal Bhagoo
Parbhoo Hasmukh Bhagoo
Parbhoo Naresh
Parbhoo Thakor
Park Hilda Gillian Janet
Parker Geoffrey Keith
Parker Shafik Ahmed
Parr Guy Wyndham
Parsons Arthur Charles
Parsoo Ishwarlall
Pascoe Michael Danby
Patel Mukundray Govind
Patel Prabhakant Laloo
Patel Ramesh Dhuru
Pather Runganayagum
Pattinson Robert Clive
Payne Martyn
Peer Dawood Goolam Hoosen
Pelser Frank Blignaut
Pemba Elijah Ntsikelela
Persson Alf Lars-Olof
Peters Ralph Leslie
Pettifor John Morley
Philcox Derek Vincent
Phillips Gerald Isaac
Phillips Keith Radburn
Phillips Louisa Marilyn
Phillips Vincent Michael
Pienaar Anthony Clement
Pienaar Daniël
Pienaar Gideon Roos
Pillay George Permall
Pillay Govindasamy Sokalingum
Pillay Prebanathan
Pillay Rathinasabapathy
 Arumugam
Pillay Thiagarajan Sundragasen
Pillay Veerasamy Kista Govinda
Pincus Philip Stanley
Pio Phillipus Stephanus
Pitcher James Sydney
Pitchford Donald George
 Kardux
Planer Meyer
Plit Michael
Polakow Everard Stanley
Politzky Nathan
Pollak Otilie
Polley Neville Alfred
Pompe van Meerdervoort
 Hjalmar Frans
Poole Janet Elizabeth
Porteous Paul Henry
Porter Christopher Michael
Postma Jacob Ferdinand
Potgieter Hermanus Jacobus
Potgieter Ian
Potocnik Felix Claude Victor
Power David John
Power Harold Michael
Prentice Bernard Ross
Pretorius David Hermanus
 Schalk
Pretorius Hendrik Petrus
 Jacobus
Pretorius Johannes Adam
Pretorius Johannes Jacobus
Pretorius Johannes Lodewikus
Pretorius Phillip Carl
Price Stephen Kennedy
Prins Marius
Prinsloo Frances
Prinsloo Simon Frederik
Prinsloo Simon Lodewyk
Promnitz Gregory Paul
Prosser Geoffrey Leslie
Prowse Clive Morley
Purbhoo Pramod
Quan Tim
Quantock Owen Peter
Quirke Peter Dathy Grace
Rabe Hans-Heinrich Burghardt
Rabie Johannes
Rabinowitz Clive
Radford Geoffrey
Raff Milton
Raftopoulos Paris
Raga Jairaj
Raghavjee Indira Vaghjee
Raine Edgar Raymond
Rajput Mangoo Chhaggan
Randles Graham William
 Meyerick
Rankin Anthony Mottram
Ransome Olliver James
Rapiti Ellappen Venketsami
Rasool Mahomed Noor
Ratanjee Hansa
Rawat Farouk
Rawlings James
Rayner Brian Lindsay
Read Geoffrey Oliver
Reardon Colin Michael
Rebstein Stephen Eric
Reddi Anunathan
Redfern Michael John
Reichart Bruno Adolf
Reichman Percy
Reidy Jeremy Charles
Reif Simon
Reinach Werner
Reitz William Gysbert
Retief Christa
Retief Francois Jacobus
Retief Francois Pieter
Reyneke Johannes Petrus
Reyneke Philippus Johannes
Rhodes Anthony Harold
Rice Gordon Clarke
Richard David Alan
Richards Alan Trevor
Richards Guy Anthony
Ritz Louella
Rivett Kelvin Norman Arthur
Robbs John Vivian
Roberts Michael Andrew
Roberts William A Brooksbank
Robins-Browne Roy Michael
Robinson Brian Stanley
Robinson Joy Rachael
Rodda John Leonard
Rode Heinz
Roediger Wolf Ernst Wilhelm
Roelofse Hendrik Johannes
Rogaly Elgar
Rogan Ian MacKenzie
Rogers Raymond Alan
Roman Horatio Eustace
 Hereward
Roman Trevor Errol
Rome Paul
Roodt André
Roose Patricia Garfield
Rosenberg Basil
Rosman Kevin David
Rosman Mark Selwyn
Ross Mary Hazel
Rossouw Barry Colin
Rossouw Dennis Pieter
Rothberg Alan Dan
Rousseau Theodore Emile
Roux Paul
Rozwadowski Marek Antoni
Rush Peter Sidney
Ryan Raymond
Sacho Howard
Sacks William
Saffer Seelig David
Safro Ivor Lawrence
Sagor Jason Solomon
Salant David John
Salmenson Brian David
Samson Ian David
Sanders Hannah-Reeve
Sapire David Warren
Saunders Stuart John
Saunders William Christopher
Saxe Norma Phyllis
Scallan Michael John Herbert
Schaetzing Albrecht Eberhard
Schepers Anton
Scher Alan Theodore
Schneider Cecil Max
Schneider Herbert Rodney
Schneier Felix Theodore
Schoeman Adam Barnard
Schoeman Johannes Feuth
Schultz Claude Bernhard
Schutte Philippus Johannes
Schwartz Gary David
Schwarz Kurt
Schwär Theodor Gottfried
Schwersenski Jeffrey
Schwyzzer Rosemarie
Scott Bruce William Haigh
Scott Neil Petrie
Scott Quentin John
Seaward Percival Douglas
Sedgwick Jerome
Seebaran Anoob Ramdayal
Seedat Suleman Mahomed
Seedat Yackoob Kassim
Seggie Robert McKillop
Seidel Wilhelm Friedrich
Selemani Salumu
Sender Mervyn David
Serfontein Jacobus Hendrik
Sevenster Albri Monica
Sevitz Hylton
Sham Ajith Ravichandra
Sher Brian
Sher Gerald
Sher Geoffrey
Sher Mary Ann
Sher Rickard Charles
Shété Charudutt Dattatraya
Shimange Oscar Christopher
Shuttleworth Richard Dalton
Shweni Phila Michael
Siebert Peter Robin de Vos
Siew Shirley
Sifris Dennis
Silber Michael Harold
Silbert Maurice Vivian
Simjee Ahmed Essop
Simons George Arthur
Simonsz Charles Anthony
Singer Norman
Singh Yudisthir Thrishunku
Siroka Sarka Anna
Skudowitz Reuben Benjamin
Slater Charles Patrick
Slazus Joseph Johannes
Sloane Brian
Slowatek Wilner Enriquer
Sluiter Emil Hinricus
Smit John Nicholas
Smit Michael Robert
Smit Wilhelm Michiel
Smit Willem Lucas Rudolph
Smith Alan Nathaniel
Smith André Johann
Smith Eric Harvey
Smith Ferdinand Carl Albertus
Smith Hendrik Lategan
Smith James Leslie
Smith Lionel Ralph
Smith Timothy Michael
Smith Willem Frederick
Smuts Norman Albertyn
Sneider Paul
Snyman Adam Johannes
Snyman Hendrick G Abraham
Snyman Martin Wietsche
Solarsh Stanley Monash
Sommerville Thomas Edward
Song Ernest
Soni Jalaluddin
Sonnendecker Ernest W Walter
Sparks Bruce Louis Walsh
Sparrow Owen Charles
Spies Sarel Jacob
Stanbury James Stewart
Stander Dudley
Stannard Clare Elizabeth
Stanton Jacobus Johannes
Stapleton Graham Neil

- Stavrides** Stavros
Steenkamp Lucas Petrus
Stein Aaron (Archie)
Stein Abraham
Steingo Leonard
Steinmann Christiaan Frederick
Stern David Michael
Steyn Izak Stefanus
Steynberg Fans Hendrik
Stidworthy Allen John Rive
Stones David Kenneth
Storm Daleen
Strang Alan Gordon
Strachan Johan Cornelis
Stride Philip Jonathan Handley
Strimling Michael Osher
Stronkhorst Johannes Hendrikus
Struthers Peter John
Styger Viktor
Subrayen Kamlanathan Thandrayen
Suliman Abdoorahaman Ebrahim
Sunshine Michael Ray
Sur Monalisa
Sur Ranjan Kumar
Svensson Lars Georg
Swanepoel André
Swanepoel Wilhelm Adolph
Swart Andries Petrus
Swart Jacob Jacobus
Swart Johannes Gerhardus
Swartz Jack
Swiegers Wotan Reynier Siegfried
Swift Peter John
Tang Kenneth
Tarboton Peter Vaughan
Taylor Ian Maxwell
Taylor Robert Kay Nixon
Taylor-Smith Archibald
Tayob Fazul Ismail
Tayob Ismail Suleman
Te Groen Frans Wilhelmus
Terblanche John
Terespolsky Percy Samuel
Thaning Niels-Otto
Thatcher Charles John
Thejpal Rajendra
Theron Charles
Theron Eduard Stanley
Theron Gerhardus Barnard
Theron Jakobus Lodewikus Luttig
Theron Willem
Thompson Michael Wilson Balfour
Thompson Roderick Mark McGregor
Thomson Alan James George
Thomson Morley Peter
Thomson Peter Drummond
Thorburn Jonathan Rodney
Thorburn Kentigern
Thornington Roger Edgar
Tiedt Nicolaas Johannes
Titus Mokete Joseph
Tobias Milton Ezra
Toker Eugene
Trappler David
Treisman Oswald Selwyn
Tribe Robert Denton
Trichard Louis Charles Gordon Lennox
Turner Peter James
Tweedie Ian Wentworth
Tyrrell Joseph Clonard Harcourt
Ueckermann Edward Heinrich
Uijs Ronald Rousseau Jan
Underwood Ronald Arthur
Ungerer Matthys Johannes
Vahed Abdul Khalek Ahmed
Valjee Ashwin
Vallabh Preeteeben
Vallabh Satish
Vally Ismail Moosa
Van Bergen Colyn Olivier
Van Bever Donker Sophie Carla
Van Biljon Gertruida
Van Coeverden de Groot Herman Adriaan
Van Dellen James Rikus
Van den Bergh Cornelius Jacob
Van den Ende Jan
Van der Linden Robert Huguenot
Van der Lingen Martin David
Van der Merwe Christiaan
Van der Merwe Gideon Daniel
Van der Merwe Hendrik Johannes
Van der Merwe Jacobus Petrus
Van der Merwe Janine
Van der Merwe Johannes Amos
Van der Merwe Philippus Jacobus
Van der Merwe Schalk Willem Petrus
Van der Meyden Cornelis Hendrikus
Van der Veen Binno Watze
Van der Walt André
Van der Walt Estelle
Van der Walt Heine
Van der Wat Izak Johannes
Van der Wat Jacobus JH Botha
Van der Westhuijzen Albertus Johannes
Van der Westhuizen Johann
Van Drimmelen Bertha
Van Drimmelen Pieter
Van Eeden Stephanus Frederick
Van Gelderen Cyril Jack
Van Graan Nico Jacobus
Van Greunen Andries Edward
Van Hasselt Charles Andrew
Van Heerden Carle Stevyn
Van Heerden Izak Johannes
Van Heerden Schalk Petrus
Van Helsdingen Jacobus Ockert Tertius
Van Heyningen Cecil Francois
Van Leenhoff Johannes Willem
Van mali Hasmykhlal Pranjivan
Van Marle Jacobus
Van Niekerk Christopher
Van Niekerk Christoffel Hendrik
Van Niekerk Gilbert André
Van Niekerk Jacob Jozua
Van Niekerk Johannes Philippus de Villiers
Van Niekerk Martin Louis
Van Niekerk William Stephen
Van Rensburg Nicholaas Albertus Jansen
Van Rooyen Gert Ignatius
Van Schalkwyk Derrick
Van Schalkwyk Herman Eben
Van Schalkwyk Marita Maria Dirkse
Van Schouwenburg Johan Andries Michiel Heyns
Van Selm Christopher Denys
Van Staden Matheus Cornelius
Van Wijk Adriaan Leon
Van Wingerden Jan Jouke
Van Wyk Chris
Van Wyk Frederick Arthur Kelly
Van Zyl-Smit Roal
Veldman Michael Hendrik
Veller Martin Georg
Velzeboer Sally Jane
Venter André
Venter Jacobus Frederik
Venter Louis André
Venter Pieter Ferdinand
Venter Petrus Johannes
Venter Tertius Hendrik Johannes
Ventress Christine Elizabeth
Vermaak Etienne Johan
Vermeulen Jan Hendrik
Viljoen Denis Lowe
Visser Daniel
Vlok Gert Jacobus
Voget Stephen John
Von Varendorff Edeltraud Mathilde
Vosloo Johan Christian
Wade Harry
Wagenfeld Derrick John Henry
Wahl Jacobus Johannes
Wainwright Helen Cecilia
Wainwright Rosalind Dorothy
Walele Abdul Aziz
Walker David Anthony
Walker Kathleen Gwen
Wallace Ian David
Walls Ronald Stewart
Walshe Kenneth Campion
Walton Russell John
Wannenburgh Frederick John
Warren Brian Leigh
Warren Peter George Robert
Watt Keith Alexander
Webber Bruce Leonard
Weehuizen John Peter Albert
Weich Dirk Jacobus Visser
Weinberg Eugene Godfrey
Weinberg Ian Robert
Weinbrenn Clifford
Weiss Elisabeth Anna
Wellsted Michael Dennis
Welsh Ian Bransby
Welsh Neville Hepburn
Wessels Andre
Wessels Thomas Ignatius
Wessels Wessel Hendrik
Westaway Joan Lorraine
Westerman David Elliot
Weston Neville Anthony
White Ronald Gilchrist
Whitelaw David Allan
Whiting David Ashby
Whiting Kenneth Rowland
Whittaker David Ernest
Whittaker Stuart
Wickens Johannes Tromp
Wienand Adolf Johann
Wiggelinkhuizen Jan
Wilkinson Lynton Dallas
Willemse Pieter
Williams Margaret Ethel
Williams Robert Edward
Wilson Peter James
Wilson Timothy Dover
Wilson William
Wilton Thomas Derrick
Wing Jeffrey
Wingreen Basil
Wise Roy Oliver
Wittenberg Dankwart Friedrich
Wolfsdorf Jack
Woods John Tennant
Woods Peter Tennant
Wootton John Barry Leif
Wrantz Peter Anthony Bernhard
Wright Ian James Spencer
Wright Michael
Wunsh Louis
Yeats John Raymond
Yudaken Israel Reuwen
Yudelowitz Avie Mendel
Zaacks Philip Louis
Zaaijman John du Toit
Zabow Tuviah
Zeijlstra Irene Elizabeth
Zent Clive Steven
Zent Roy
Ziady Noël Robin
Zieff Solly
Ziervogel Carel Frederick
Zietsman Francois
Zion Monty Mordecai
Zungu Mishack Dumisani Sandlasinkosi
Zwonnikoff George Alexander

(Deceased members not listed but on record)

CEO Report to the AGM

23 October 2020

1. EXECUTIVE MANAGEMENT

A new executive team took office in the first four months of 2020 with the appointment of Ms Yolokazi Kanzi as Academic Registrar, Professor Vanessa Burch as Executive Director: Education and Assessment, Ms Carina van der Berg as Executive Manager: Finance and from March 2020 Professor Eric Buch as CEO. A new management style is being implemented and as reflected in this report, a number of organisational and operational improvements have been successfully implemented or are under development.

2. BUSINESS CONTINUITY UNDER COVID

The CMSA has successfully navigated the challenges of business continuity under the COVID lockdown. Within 72 hours the CMSA shifted from 6 staff having laptops and few with internet connectivity offsite to becoming fully operational from home. This has been successfully maintained throughout the lockdown, with staff only coming to the CMSA offices to conduct examinations and for specific tasks that can only be undertaken at the office.

3. COLLEGE COUNCIL ELECTIONS

The CMSA has run its elections electronically for the first time. Establishing the bespoke electronic platform took longer than anticipated, resulting in polling ending later than desirable. A number of operational challenges were dealt with as they occurred, in particular spam filters suspending mails and voting links being directed to junk mail. A full report was submitted to the Elections Sub-Committee of the Board, who have declared the elections substantively free and fair. Voting took place in the fifteen (out of 27) Colleges that had more nominations than positions on their Council.

Transformation in the CMSA is well established with no need to apply organisational policies to address historical disadvantage in the College Council elections and on only one occasion in the election of Senate members. At the time of reporting 59% of College Presidents and 70% of Senators are Black and 26% of College Presidents and 37% of Senators are women.

4. COLLEGE OF SPORT AND EXERCISE MEDICINE

The College of Sport and Exercise Medicine has been established as the 29th College of the CMSA following its promulgation as a medical specialty by the HPCSA. The process for Temporary Associateship to establish a College Council is under way.

5. MEMBERS

Members are the essence of the CMSA but historically we have been bleeding too many members. We are enhancing communication with our members, adding niche services, emphasising the virtues of supporting the mission and values of the CMSA and welcoming back defaulted members.

The CEO is updating members on progress in the CMSA on a quarterly basis. This has been well received, with many commenting that this is the first time they have received direct communication from the CMSA other than invoices for membership fees.

At the same time the CMSA would like to offer some niche services to the benefit of its members and has embarked on a project to do so.

Beyond examinations, which are self-financing through candidates fees, the CMSA is dependent on the goodwill of its members to enable it to meet the wider objective of our memorandum of incorporation – to advance the standard and quality of healthcare for all South Africans. The CMSA not a registration body, a trade union, or a professional association, but rather an independent organisation to support its mission and values.

Colleges are being encouraged to nominate Associates for Fellowship by Peer Review for those who qualify for this honour.

The Board has decided to offer a once off waiving of penalty fees for defaulted members. Those who wish to become members again will be invited to do so by paying just this year's fees.

6. STAKEHOLDERS

The President has led positive engagements with key stakeholders.

The Health Professions Council of South Africa who have extended our MoA as the national examining body for Fellowships and sub-specialist Certificates for a further two years.

There has been progress in our engagement with the SA Committee of Medical Deans, building this critical relationship. We have worked to ensure Deans are kept abreast of developments. A joint workshop was held on Workplace Based Assessment.

Colleagues in Zimbabwe have faced challenges and we are looking into affording them the same examining arrangement we have with Botswana and Malawi.

7. 2020 FIRST SEMESTER EXAMINATIONS UNDER COVID

The COVID-19 pandemic and associated lockdown meant that the CMSA could not run face to face oral / clinical / practical examinations in May as planned. However, if the CMSA could not run these 64 examinations this would compromise a cohort of approximately 917 candidates (551 final fellowship or certificants, 25 intermediates and 266 diplomats). These candidates, who had already passed their 1st Semester 2020 written exams would be left in limbo with damaging consequences for themselves and the health system. This dilemma was solved by the Senate approving the use of Structured Oral Examinations by videoconference and / or the use of online typed Structured Oral Examinations. The first examination by videoconference (Zoom) took place on 3 June and the last four are scheduled to take place in November.

This ground-breaking exam technique, led by the Executive Director: Education and Assessment, has required a Herculean effort by examiners and CMSA staff. For example, an exam with 30 candidates and 12 Zoom stations requires 360 separate Zoom calls to be booked and a timetable that indicates which examiners and candidate must be on each call. Examiners examine from their office or home, while candidates attend one of 8 exam venues countrywide Bloemfontein, Cape Town, Durban, East London, Johannesburg, Polokwane, Port Elizabeth and Umtata. The support of the Universities of Free State, Limpopo and Walter Sisulu has been vital to offering the exams in non CMSA venues. A project plan was developed, an innovative secure IT platform established, standard operating procedures and databases prepared, and a COVID-19 health and safety protocol implemented with guidance from the College of Public Health Medicine.

Some Colleges opted to add to their assessment by holding patient-based clinical examinations, with a local examiner present and an external examiner connected by videoconference using a "tablet". These have operated smoothly.

Based on the findings of a survey of 368 candidates (94% response rate) as at 2 October this ground-breaking approach has been well received by candidates. 73% of candidates felt that oral examinations by Zoom were fair, 16% were neutral and 7% felt they were not fair. 76% of candidates felt that the CMSA should continue to run the exams using Zoom as opposed to a face-to-face process, 22% were neutral and 13% disagreed. 85% had no technical problems during the exam.

The examiners' survey is still under way, but the views of 143 examiners have been captured as at 14 October. 76% of examiners felt that the SOE exam by Zoom exam adequately tested the candidates' clinical reasoning, judgement, insight and decision-making, 12% were neutral and 11% disagreed. 85% found it acceptable to conduct the oral exam using Zoom, 7% were neutral and 7% disagreed.

223 (83%) candidates have responded to the online written examination survey. 76% found it acceptable to conduct the examination using an online typed format, 14% were neutral and 10% did not find it acceptable. 61% felt that the CMSA should continue to run online written exams as, 27% were neutral and 12% were in favour of handwritten examinations.

8. SECOND SEMESTER 2021 EXAMINATIONS

In consequence of the COVID-19 pandemic and the oral / clinical / practical examinations extending over nearly 6 months, the 2nd Semester 2020 examinations have been merged into the 2021 1st Semester 2021 examinations.

9. ENHANCING EXAMINATION METHODS

To enhance the quality and reliability of its examinations and keep abreast of international best practice, the CMSA is moving towards a three-step process. Assessment of clinical competence will be by Workplace Based Assessment (WBA) of Entrustable Professional Activities (EPAs), knowledge by written examinations using largely Single Best Answer Multiple Choice Questions (SBA MCQs) and Short Answer Questions (SAQs) and clinical judgement, reasoning and decision making by Structured Oral Case Based Examinations (SOCBEs).

The CMSA is in the process of reengineering its examination procedures to support these developments.

An online WBA Tool will be developed to manage the assessment of clinical competence on an ongoing basis. This will provide registrars with guidance on what professional activities they should be trusted to do and structured feedback on how they are progressing. This should result in higher levels of clinical competence. The WBA approach is being developed in collaboration with the SA Committee of Medical Deans.

MCQs and potentially SAQs will go online replacing the cumbersome and risky paper-based system whereby examination scripts must be printed, distributed to exam sites, couriered back to the CMSA, sorted and scanned. SAQs (and essays) then had to be emailed to examiners with marks emailed back and manually entered into a database. Examiners will now be able to mark online.

The key development in oral / clinical / practical examinations is the use of structured exams using memorandums. As Workplace Based Assessment evolves, which can include patient-based examinations with an external examiner, the need for traditional patient-based examinations where all is based on a few patient cases will diminish. The use of 8-16 SOCBE stations offers a more reliable result.

10. FIRST SEMESTER 2021 EXAMINATIONS

The success of the modified 1st Semester 2021 oral / clinical / practical examinations coupled with the reengineering of examination processes affords an opportunity to offer Colleges a choice in their exam processes. All MCQ examinations will go online. Each College will choose for each exam whether their SAQs will be typed online or handwritten. They will also choose whether they wish to continue using SOEs by videoconference for their oral / clinical / practical examinations or return to the traditional face to face examinations with or without patients, supported if the College so chooses with clinical examinations with an external examiner Zooming in. As the CMSA has developed experience and expertise in running SOEs by videoconference, we will now be able to run multiple exams with small number of candidates on one day rather than only one examination per day, reducing the duration of the exam period.

11. EDUCATION

Pre examination training, particularly in the form of online tutorials and webinars have been very well received. We are exploring how to extend this value to candidates from other Colleges and indeed to offer a wider range of Continuing Education opportunities for our members.

Early planning has begun on advancing the educational proposition tied to the Diplomas we offer and expand the value we offer more widely in Africa.

12. COVID-19

The College of Public Health Medicine produced a series of evidence-based guidelines on COVID-19. These were well received and generated favourable publicity for the CMSA.

13. COMMUNICATION

The CMSA publication Transactions continues to record the endeavours of our organisation. Members are encouraged to access it on our Website.

14. BUSINESS PROCESS ENHANCEMENTS AND REENGINEERING

Besides becoming fully operational offsite, a number of business process enhancements and re-engineering are underway, addressing governance, HR, procurement and finance and procurement and IT. A bespoke electronic election platform has replaced the cumbersome mailing system for College Council elections and executive reports and full supporting documentation has become standard for Board and Board-Subcommittees. Regular staff briefings are held with staff and staff encouraged to take initiative in the workplace and afforded opportunities to further their skills. Staff are working as a single supportive team, rather than parallel structures. Revisions have been made to the organisational structure and some job descriptions

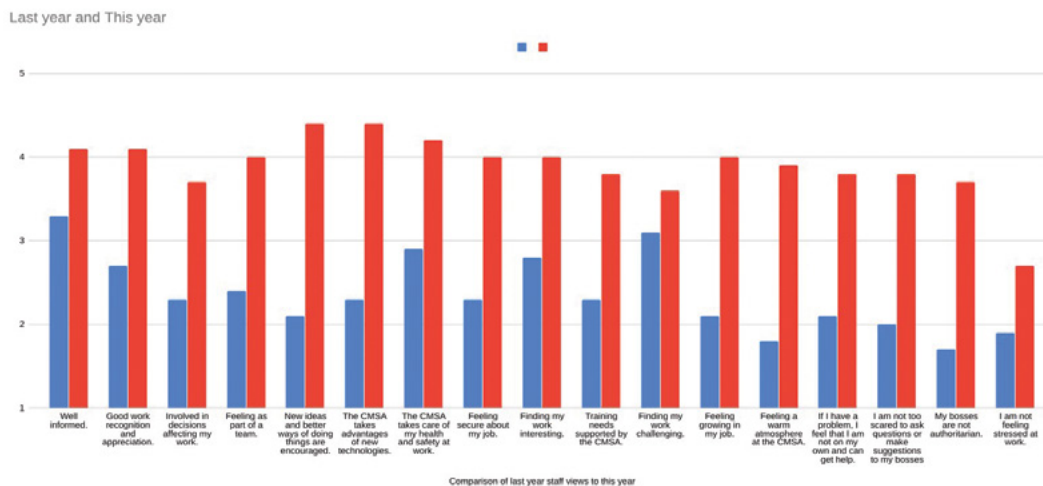
to get greater performance from our staff. HR policies are being enhanced, job descriptions and post gradings reviewed, salaries benchmarked, and job titles revised to afford dignity to staff and more accurately reflect the work they do. A project is underway to create a comprehensive electronic record system and find lost records. Strides have been made towards greater efficiency, value for money in IT and IT security. The website is being revamped. The Executive Manager Finance has improved financial efficiency and controls and preparing month end statements now allows more active management of CMSA finances. Standardised procurement systems have replaced ad hoc procedures and substantial savings have been accrued. In all tight management and fiscal prudence have contained expenses while efforts to improve revenue have led to greater financial stability and better value for College money, supported by investing CMSA funds better. Details will be provided by the Treasurer. Examination fee and membership increases have been held at inflation. Governance meetings have been reorganised so that Board sub-Committees meet four times a year prior to the Board of Directors and the Risk Committee meets after the cycle of Board meetings.

15. STAFF MORALE AND PERFORMANCE

The success of the new management style is captured in a staff climate survey undertaken 4 months after the new CEO joined the CMSA. Staff were asked to compare how they felt "last year and now" on 17 variables.

The average on a scale of 1-5 was "2,3" for last year and 3,9 for "now", a 70% improvement. (Figure 1). Improved morale has been matched by exceptional staff performance under the lockdown and during the 1st Semester 2020 remote exams, with staff working long hours and showing great caring and initiative to ensure the success of the exams. The herculean effort made by staff has led to the Board offering staff a modest ex gratia payment in lieu of overtime days worked. This material acknowledgement of their effort has been well received by staff and will enable business continuity.

Figure 1: Staff experience last year and now (June 2020) Code: Last year Now (June 2020)



Constituent College Councils and Officers October 2020 - 2023

Abbreviations Denoting Categories Of Membership

F	Fellow
HF	Honorary Fellow
FAE	Fellow ad eundem
AF	Associate Founder
A	Associate
C	Certificant
M	Member
D	Diplomate

COLLEGE OF ANAESTHETISTS CA (CMSA)

President: C Prof B Mrara* WSU
Secretary: F Dr M N Mbeki WSU

Councillors:

F Prof S Chetty US
F Dr L Cronje UKZN
F Dr B M Gardner WITS
F Prof P D Gopalan* UKZN
F Dr H M Radford PP
F Prof J L C Swanevelder UCT
F Dr E W Turton UFS

COLLEGE OF CARDIOTHORACIC SURGEONS CCS (CMSA)

President: F Prof A G Linegar* UCT
Secretary: FPR Prof F E Smit UFS

Councillors:

F Dr A Brooks UCT
F Prof J T Janson US
A Dr S M Mogaladi* WITS
F Dr M Munasur UKZN
F Dr A R Patel WITS

COLLEGE OF CLINICAL PHARMACOLOGISTS CCP (CMSA)

President: F Prof E Decloedt* US
Secretary: F Dr M O E Irhuma WITS

Councillors:

A Prof E Osuch* SMU

Co-opted Councillors:

A Prof M Blockman UCT
A Prof K Cohen UCT
A Prof P Z Sinxadi UCT

COLLEGE OF DENTISTRY CD (CMSA)

The term of office of the College of Dentistry Council of 2017-2020 has been temporarily extended. Elections for the College Council for 2020-2023 will be held in early 2021.

President: F Prof A M P Harris* UWC
Secretary: F Dr M B Wertheimer WITS

Councillors:

A Dr A Fortuin UP
A Prof L M Sykes* UP
A Dr M G Thokoane WITS
A Prof N H Wood UL

COLLEGE OF DERMATOLOGISTS C DERM (CMSA)

President: F Prof C M Kgokolo* UP
Secretary: F Dr A Mankahla* WSU

Councillors:

F Dr N Gantsho UCT
F Prof R J Lehloenyia UCT
F Dr B P Magigaba UKZN
F Prof M H Motswaledi SMU
F Dr L Nkosi UP
F Dr M O Rangwetsi UP

COLLEGE OF EMERGENCY MEDICINE CEM (CMSA)

President: F Dr S Lahri* UCT
Secretary: F Dr D L Fredericks UCT

Councillors:

F Dr S Carim* WITS

F Dr P G Cloete UCT
D Dr A Groenewald WITS
F Dr D A Hoffman WITS
D Dr P Sandler PP

COLLEGE OF FAMILY PHYSICIANS CFP (CMSA)

President: M Prof L H Mabuza* SMU
Secretary: F Prof M Naidoo UKZN

Councillors:

F Dr O A Adeleke WSU
FPR Prof L E Baldwin-Ragaven WITS
FPR Dr H Brits UFS
F Prof I Govender* UP
F Prof R J Mash US
FPR Dr K Naidoo UKZN
M Dr O B Omole WITS
F Dr E Reji UFS
F Prof K B Von Pressentin UCT
FPR Prof P Yogeswaran WSU

COLLEGE OF FORENSIC PATHOLOGISTS C FOR PATH (CMSA)

President: F Prof T Naidoo* WSU
Secretary: F Dr S Prahladh UKZN

Councillors:

D Dr A S Hammond UKZN
F Dr C I Herbst WSU
F Dr S Holland WITS
A Dr S P Jansen van Vuuren UFS
F Dr T A Mamashela UL
F Dr S Mfolozi UKZN
F Dr I J Molefe* UCT
A Dr S H Rossouw UP
F Dr M J Selatole Polokwane
F Prof J Vellema WITS

COLLEGE OF MAXILLO-FACIAL AND ORAL SURGEONS CMFOS (CMSA)

President: FPR Prof J A Morkel* UWC
Secretary: F Dr S J P Botha UP

Councillors:

F Dr J G Boyes-Varley WITS
 F Dr H P Ehlers PP
 F Dr S Naidoo* UP
 F Dr S Ranchod PP
 F Dr S Singh UWC

**COLLEGE OF MEDICAL GENETICISTS
 CMG (CMSA)**

President: CF Prof K J Fieggen* UCT
Secretary: F Dr A Lochan WITS

Councillors:

F Dr N L Bhengu WITS
 A Prof A Krause* WITS
 F Dr C E Spencer WITS

**COLLEGE OF NEUROLOGISTS
 C NEUROL (CMSA)**

President: F Dr L M Tucker* UCT
Secretary: F Prof A H-D Mochan WITS

Councillors:

F Dr A A Moodley UFS
 F Dr A C Rossouw* EL

**COLLEGE OF NEUROSURGEONS
 C NEUROSURG (CMSA)**

President: F Prof A J Vlok* US
Secretary: F Dr B C Enicker UKZN

Other Councillors:

F Dr R Harrichandparsad* UKZN
 F Dr S J Röthemeyer UCT

**COLLEGE OF NUCLEAR PHYSICIANS
 CNP (CMSA)**

President: F Prof M Vorster* UP
Secretary: F Dr R E Steyn UCT

Councillors:

F Dr B Hadebe UKZN
 F Dr J L Holness UCT
 F Dr P Mpikashé- Maseloa UKZN
 F Dr N E Nyakale* SMU

**COLLEGE OF OBSTETRICIANS AND
 GYNAECOLOGISTS
 COG (CMSA)**

President: F Prof P Soma-Pillay* UP
Secretary: F Prof M H Botha US

Councillors:

F Dr S Adam UP
 A Prof G Dreyer UP

D Dr M H Kabaale EC
 F Prof M J Matjila* UCT
 C Prof M S Mabenge WSU
 F Dr H C Maise UKZN
 F Dr T Matsaseng US
 F Dr E F Mnisi UP
 F Dr S D Mosehle SMU
 C Dr L N Z Nene UP
 F Dr S R Ramphal UKZN
 F Prof H M Sebitloane UKZN
 F Prof L C Snyman

**COLLEGE OF OPHTHALMOLOGISTS
 C OPHTH (CMSA)**

President: F Dr A Z Makgotloe* WITS
Secretary: F Dr M J Young UKZN

Councillors:

F Dr N Ally WITS
 F Dr A Kritzinger* UKZN
 F Dr T Seobi WITS
 F Dr L Visser UKZN

**COLLEGE OF ORTHOPAEDIC
 SURGEONS
 C ORTH (CMSA)**

President: F Prof J Du Toit* US
Secretary: F Dr M Laubscher UCT

Councillors:

F Prof R N Dunn UCT
 F Dr R Goller UP
 F Prof T L B Le Roux UP
 F Prof L C Marais UKZN
 F Prof M V Ngcelwane* UP

**COLLEGE OF
 OTORHINOLARYNGOLOGISTS
 CORL (CMSA)**

President: F Prof S H Maharaj* WITS
Secretary: F Prof R Y Seedat UFS

Councillors:

F Prof J J Fagan UCT
 F Dr N O Kana WITS
 F Dr S D Masege WITS
 F Dr J K McGuire UCT
 F Dr A Nanan WITS
 A Prof I P Olwoch* UL

**COLLEGE OF PAEDIATRICIANS
 C PAED (CMSA)**

President: F Prof A Davidson* UCT
Secretary: F Dr G Reubenson WITS

Councillors:

F Prof S C Brown UFS

D Prof J Cloete UP
 F Dr A H Coovadia WITS
 FPR Prof M Kruger US
 C Prof R Masekela UKZN
 F Dr M E Morgan UKZN
 C Dr A P Ndondo UCT
 F Prof H Saloojee* WITS

**COLLEGE OF PAEDIATRIC SURGEONS
 C PAED SURG (CMSA)**

President: F Prof A S Shaik* UKZN
Secretary: C Prof M R Chitnis WSU

Councillors:

C Dr S M le Grange UFS
 F Dr J A Loveland WITS
 F Prof A Numanoglu UCT
 C Dr M H Sheik Gafoor UKZN
 F Prof N Tshifularo* SMU

**COLLEGE OF PATHOLOGISTS
 C PATH (CMSA)**

President: F Prof J N Mahlangu* WITS
Secretary: F Dr Z N Makatini WITS

Councillors:

F Prof N M Bida US
 F Prof J A George WITS
 A Prof M R Lekalakala UL
 F Dr M B Maloba UFS
 F Dr M Z Msimang UKZN
 F Prof G F van der Watt UCT
 FPR Prof W F P van Heerden UP
 F Prof A E Zemlin* US

**COLLEGE OF PHYSICIANS
 CP (CMSA)**

President: F Dr J M L Tsitsi* WITS
Secretary: F Prof P J Raubenheimer UCT

Councillors:

F Prof D J Blom UCT
 C Dr R Du Toit US
 C Dr I S Kalla WITS
 C Dr R M Khanyile UP
 F Prof G A Meintjes UCT
 F Prof C N Menezes WITS
 F Prof P S Mntla SMU
 F Prof N A B Ntusi* UCT
 F Dr N U Ngebelele WITS
 F Dr N Schrueder US

**COLLEGE OF PLASTIC SURGEONS
 C PLAST (CMSA)**

President: F Prof S Adams* UCT
Secretary: F Dr A E Zuhlke* US

Councillors:

F Dr W G Kleintjes US
F Prof E Ndobe WITS
F Dr C P G Nel UFS

**COLLEGE OF PSYCHIATRISTS
C PSYCH (CMSA)**

President: F Prof S Ramlall* UKZN
Secretary: F Prof C Kotzé UP

Councillors:

F Dr C A Bracken WITS
F Dr R A Brummerhof WITS
F Prof B Chiliza UKZN
F Prof N Khamker UP
F Dr S Mashaphu UKZN
F Prof S Seedat* US
F Dr M Talatala WITS

**COLLEGE OF PUBLIC HEALTH
MEDICINE
CPHM (CMSA)**

President: F Dr S V Moodley* UP
Secretary: F Dr N T D Naledi* UCT

Councillors:

F Dr S Adams (DOM) UCT
F Dr B Andrews (DOM) PP
F Dr S Hariparsad (DOM) UKZN
F Dr K N Begg UCT
F Dr M Kawonga WITS
F Dr T Ledibane SMU
F Dr O H Mahomed UKZN
F Dr C E M Oliphant PP
F Dr S M Peters UCT
F Dr H Somaroo WITS

**COLLEGE OF RADIATION
ONCOLOGISTS
CRO (CMSA)**

President: F Prof J D Parkes* UCT
Secretary: A Dr K Vorster UFS

Councillors:

F Dr S Bassa* UP
F Dr S Bhadree UKZN
F Dr H Burger US
A Dr Z Mohamed UCT
F Dr L W Stopforth UKZN
F Dr J A Wetter UCT

Co-opted Councillors:

F Dr F O Ooko UL
F Dr B P Pokharel East London
F Dr M Tunmer Wits

**COLLEGE OF RADIOLOGISTS
CR (CMSA)**

President: F Prof R D Pitcher* US
Secretary: F Dr N Ahmed UCT

Councillors:

A Prof C S De Vries Private
F Dr L T Hlabangana WITS
F Prof Z I Lockhat UP
F Prof V Mngomezulu* WITS
F Dr T Pillay WITS
F Dr C C N Sanyika WITS
F Dr E van der Walt UP

**COLLEGE OF SURGEONS
CS (CMSA)**

President: F Prof M Z Koto* SMU
Secretary: F Prof M Brand UP

Councillors:

F Prof D B Bizos WITS
F Dr L L Cairncross UCT
F Dr J A Lübbe US
F Dr M S Moeng WITS
F Prof O D Montwedi* UP
C Prof T V Mulaudzi UP
F Dr B P Phakathi WITS

**COLLEGE OF UROLOGISTS
CU (CMSA)**

President: F Prof A Adam* WITS
Secretary: F Prof J M Lazarus UCT

Councillors:

F Dr F Cassim US
F Dr L-A Kaestner UCT
F Dr K M Mathabe* UP
F Dr H Patel UKZN
F Dr L P Vermeulen PP

**Senators*

Diplomates on Senate

Dr Ashley Hammond
(College of Forensic Pathologists)

Dr Moses Kabaale
(College of Obstetricians and
Gynaecologists)

*“Do not judge me by my successes, judge me by how many times
I fell down and got back up again.”*

NELSON MANDELA

Annual Reports

of the Constituent Colleges of the Colleges of Medicine of SA (CMSA)

COLLEGE OF ANAESTHETISTS OF SOUTH AFRICA 1 JUNE 2019 TO 31 MAY 2020

1. List of Councillors:

President:	PD Gopalan
Honorary Secretary:	U Singh
Senators:	PD Gopalan, JLA Rantloane
Members:	S Chetty, L Cronje, BM Gardner, LP Green-Thompson, IA Joubert, M Raff,
Co-opted Members:	M Mbeki, B Mrara, H Kluyts, E Turton

2. Council Meetings

With the advent of virtual meetings, Council was able to supplement its usual biannual general council meetings with numerous other specific meetings, including engagements with the Anaesthesiology HoDs forum. Key issues addressed over the last year include:

- Ongoing refinement of our examination processes
- Impact of the COVID-19 pandemic
- Curriculum revision process
- Introduction of entrustable professional activities (EPAs) and work-place based assessments (WBAs)
- Examiner training

3. Achievements /Progress towards Goals

CASA has made good strides in ensuring that we fulfil our commitment in providing our candidates with the most objective, reliable and valid examinations while embracing new technology and current principles in education and testing.

4. Examinations

4.1 Changes in Regulations and Examinations:

Our second semester exams for 2019 ran as normal. However, COVID-19 enforced a change in the 2020 first semester oral/clinical components of our DA and FCA 2 examinations to an electronic platform.

Regulation changes to increase the number of attempts for candidates to pass the 3 subjects of the FCA Part 1 examination were introduced.

4.2 Pass Rate

Exam	Second Semester 2019			First Semester 2020		
	No. Candidates	No. Passed	% Pass Rate	No. Candidates	No. Passed	% Pass Rate
Certificate Critical Care (Anaes)	4	0	0	6	1	17
Fellowships						
Part I	103	65	63	92	39	42
Part II	46	37	80	58	48	83
Diplomas	113	80	71	135	95(13)	78

4.3 Reflections on Pass Rate:

The DA(SA) examination is still a popular choice for doctors and the examination results are have been stable over several years. The Certificate in Critical Care results remain a concern. The FCA Part I remains a challenge for many candidates. The apparent relatively low pass rate may, in part, be explained by the candidates who only pass 1 or 2 of the 3 subjects not being counted as successful. Performance in the Part II examination has improved with the changes in the examination to an acceptable rate >80%.

4.4 Challenges and Solutions:

Overall, the refinements in our DA and Fellowship examination have allowed for improved candidate performance as reflected. An on-line national training programme in basic sciences is being explored. The Certificate in Critical Care warrants a closer look at the training platform, training programmes, candidate preparation and refinement of the assessment tools.

5. Other College Activities

Our regular engagement with the South African Registrar Association has proven extremely fruitful especially in enhancing communication channels between trainees and the College. Various examiner training sessions were held over the year.

6. Concluding Paragraph

As we approach a new triennium with a new incoming council, it is important that we recognize and appreciate the efforts of all our examiners, convenors, moderators, examination assistants and councilors, with particular gratitude to those who have opted not to stand for re-election. It has been an honour and privilege to serve as CASA president for the preceding two terms.

Prof. D Gopalan
PRESIDENT

Dr U Singh
SECRETARY

COLLEGE OF CARDIOTHORACIC SURGEONS OF SOUTH AFRICA 1 JUNE 2019 TO 31 MAY 2020

1. List of Councillors:

President	Mr M Munasur
Honorary Secretary	Dr A Patel
Senators	Mr M Munasur, Prof J Brink
Members	Mr M Munasur, Prof J Brink, Dr A Patel, Prof R Chauke, Dr A Geldenhuys, Prof A Linegar
Co-opted Members	Prof J Janson, Dr S Mogaladi, Mr R Kleinloog, Prof F Smit, Prof D J Du Plessis.

2. Council Meetings:

Annual Council Meeting held by videoconference 08.09.2020. On Agenda: MCQ/SBA exam format, Subspecialty Certificate in Congenital Heart Surgery, Feasibility of OSCE exam; Exam workshop.

3. Achievements

Log book criteria for eligibility adopted; logbook requirements for thoracic surgery implemented; exam blueprint implemented, MCQ exam format adopted, exam workshops for candidates to be commented.

4. Examinations

4.1 Changes in Regulations and Examinations:

Amendments to date and format of FS 2020 examination and postponement of SS 2020 examination as decided by CMSA Senate.

4.2 Pass Rate: 25 %

Exam	Second Semester 2019			First Semester 2020		
	No. Written	No. Passed	% Pass Rate	No. Written	No. Passed	% Pass Rate
Certificates	6	2	33	8	2	25
Fellowships						
Part I						
Intermediate						
Part II						
Diplomas						

4.3 Reflections on Pass Rate: Pass rate is below the historical average.

4.4 Challenges and Solutions: Candidate examination workshops to be introduced in 2021.

5. Other College Activities

Drive to introduce MCQ/SBA format for acquired cardiovascular surgery and general thoracic surgery written papers in 2021. Introduction of Certificate in Paediatric and Congenital Surgery.

6. Concluding Paragraph

I wish to thank our Councillors for their contributions, as well as our Examiners, Convenors and Moderators for their efforts during the past triennium.

COLLEGE OF CLINICAL PHARMACOLOGISTS OF SOUTH AFRICA 01 JUNE 2019 TO 31 MAY 2020

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

1. List of Councillors (2017-2020):

- President: Prof. Andrew Walubo.
- Honorary Secretary: A/Prof (Dr). Mohamed Irhuma.
- Senator: Prof. Elzbieta Osuch
- Members of Council:
 - (1) A/Prof. Karen Cohen - UCT
 - (2) Dr. Andre Marais (passed away June 2020) - UP
 - (3) Prof. Julio Aguirre (left SA in Jan 2019) - WSU

2. Annual AGM meeting

The Annual General Meeting (AGM) of the CMSA College of Clinical Pharmacologists (CCP) was held in Pretoria, Gauteng on 5th of October 2019 during the 53rd annual Conference of the South African Society for Basic and Clinical Pharmacology (SASBCP). The following college members have attended the meeting: Prof. Walubo (president); Dr Irhuma (secretary); Prof Osuch (senate); late-Dr Marais (council member); Prof. Reuter; A/Prof. Decloedt; Dr. Makiwane, Dr. Ebrahim, Dr Outhoff.

3. Conference

The 53rd annual Conference of the South African Society for Basic and Clinical Pharmacology (SASBCP), hosted by the University of Pretoria, was held at Kievits Kroon Country Estate near Pretoria in the period between 5th and 7th of October 2019. Members from the College of Clinical Pharmacologists council have attended and participated in this event.

4. Registrar posts

The department of pharmacology at the University of the Free State (UFS) secured two clinical pharmacology registrar posts. The applications are open until end of the financial year, April 2021.

5. Loss of a member and council

Our former member of the council, Dr Andre Marais, passed away in June 2020.

6. College gain

No new associates, registrars or fellows.

7. Awards

Dr Mohamed Irhuma (secretary) has received a prestigious "Certificate of Appreciation" from the United Nations (UN) Office for the Coordination of Humanitarian Affairs (OCHA) - Regional Office for Latin America and the Caribbean (ROLAC) for his clinical pharmacology contribution with the UN in the global fight against COVID-19 pandemic.

8. Examination

The College of Clinical Pharmacologists didn't have any registrar candidate for both second semester 2019 and first semester 2020.

Prof. A. Walubo Dr. M. Irhuma
PRESIDENT SECRETARY

COLLEGE OF DENTISTRY OF SOUTH AFRICA

1 JUNE 2019 TO 31 MAY 2020

1. List of Councillors:

President - Prof A Harris
Honorary Secretary - Dr M Wertheimer
Senators – Proffs A Harris and L Sykes
Members – Prof P Owen, Prof N Wood, Dr E Ghabrial, Prof H Dullabh

2. Council Meetings

Various meetings have been held during the year. Most notably, a Zoom meeting was held with Proffs Eric Buch and Flavia Senkubuge on 6th October 2020 to discuss the most urgent and pertinent issues at the moment which are impacting the way forward. This is part of an ongoing process which will map the way forward for the College of Dentistry.

A CMSA Examiner Training workshop was held with Prof Vanessa Burch on 30th January 2020: "Profile, MCQ's, SAQs, Blueprinting and Standard setting". It was well attended by about 25 candidates from all 3 specialities at the four dental faculties and colleagues in private practice.

3. Examinations

FS 2019				
Examination	Wrote	Oral	Passed	% Pass
FCD(SA) OMP Part I	No Candidates			
FCD(SA) OMP Part II	No Candidates			
FCD(SA) Orthod Part I	6	No oral	3	50%
FCD(SA) Orthod Part II	No Candidates			
FCD(SA) Pros Part I	1	No oral	1	100%
FCD(SA) Pros Part II	1	0	0	0%

SS 2019				
Examination	Wrote	Oral	Passed	% Pass
FCD(SA) OMP Part I	1	No oral	0	0%
FCD(SA) OMP Part II	No Candidates			
FCD(SA) Orthod Part I	5	No oral	0	0%
FCD(SA) Orthod Part II	3	3	3	100%
FCD(SA) Pros Part I	1	No oral	0	0%
FCD(SA) Pros Part II	No Candidates			

FS 2020				
Examination	Wrote	Oral	Passed	% Pass
FCD(SA) OMP Part I	1	No oral	1	100%
FCD(SA) OMP Part II	3	3	3	100%
FCD(SA) Orthod Part I	6	No oral	4	57%
FCD(SA) Orthod Part II	1	1	1	100%
FCD(SA) Pros Part I	1	No oral	0	0%
FCD(SA) Pros Part II	2	0	0	0%

4. Nominations

At this time the nominations have been delayed with respect to the College of Dentistry due to numerous issues which need to be addressed. These are related to the issues under discussion with the CEO and President of the CMSA as mentioned above.

Dr Mark B Wertheimer Prof Angela Harris
Secretary President

COLLEGE OF DERMATOLOGY OF SOUTH AFRICA

1 JUNE 2019 TO 31 MAY 2020

1. List of Councillor

President Prof M H Motswaledi (SMU)
Honorary Secretary Prof C M Kgokolo (UP)
 Prof G Todd (UCT)
 Prof R Lehloenya (UCT)
 Dr N Gantsho (UCT)
 Prof d Modi (Wits)

Co-opted HoD's Prof A Mosam UKZN
 Prof N Khumalo UCT
 Dr W Visser SUN
 Dr A Mankahla WSU
 Dr S Mazibuko UF
 Dr A R Sema UL
 Dr L Pillay Wits

2. Council Meetings

Dates, significant matters (including any changes to Council):

A) 12 September 2019 at Graduate School of Business at UCT, during our annual DSSA Congress:

- Significant matters discussed were about mentoring of new Examiners.
- Heads of Departments to encourage their staff members to participate as Examiners.

B) Virtual meeting held on 15th May 2020 to discuss addition of MCQ's in our exams.

3. Achievements

(including international collaborations) / Progress towards goals: One of our members, Prof N Dlova, was awarded a Maria Duran award for her contribution in Dermatology internationally.

4. Examinations

4.1 Changes in Regulations and Examinations:

4.2 Pass Rate:

Exam	Second Semester 2019			First Semester 2020		
	No. Written	No. Passed	% Pass Rate	No. Written	No. Passed	% Pass Rate
Certificates	-	-	-	-	-	-
Fellowships						
Part I	17	10	59%	06	04	67%
Intermediate	-	-	-	-	-	-
Part II	08	07	86%	11	10	91%
Diplomas	-	-	-	-	-	-

4.3 Reflections on Pass Rate:

Pass rate is lower in Part I exams.

4.4 Challenges and Solutions:

Academic departments to assist Part I candidates to prepare for examinations.

5. Other College Activities

This year 2020 is the end of the current triennium for the Council and we will be having a new council later during this year.

6. Concluding Paragraph

Due to the COVID-19 pandemic, usual exams could not be held and like all other constituent Colleges, we had to move all exams to teleconferencing type of exams.

Prof M H Motswaledi
PRESIDENT

COLLEGE OF EMERGENCY MEDICINE OF SOUTH AFRICA 1 JUNE 2019 TO 31 MAY 2020

List of Councillors:

President:	Prof Heike Geduld (Stellenbosch University)
Honorary Secretary:	Dr David Fredericks (University of Cape Town)
Immediate Past President:	Dr Roger Dickerson (University of Cape Town) Dr Sa'ad Lahri (Stellenbosch University) Dr Sameer Carim (University of the Witwatersrand) Dr Kamil Vallabh

Diplomat Representatives: Dr Anita Groenewald
Dr Tamara Stephen
Co-opted Academic Heads: Prof Dries Engelbrecht
University of Pretoria
Prof Feroza Motara
University of Witwatersrand
Dr Sharadh Garach
University of Kwazulu-Natal
Dr Ngaire Caruso
University of Botswana
Prof Lee Wallis
University of Cape Town

While 2020 was a challenging year, the College of Emergency Medicine council were actively engaged remotely through numerous online engagements to develop rescue strategies for the examinations.

Achievements:

The council has actively been evaluating the Diploma program in terms of the value, assessment processes and the impact of the qualification. As part of this a formal survey of graduates was done, the results of which were published in the May version of Transactions journal.

The council has been working towards the continuous development of our examiners and exam processes in terms of standard setting, assessment validity and refining our curriculum.

Regulation changes:

In October, the College of Emergency Medicine was forced by limited assessor capacity to cap entry to the Diploma in Primary Emergency Care to 80 candidates per session. The college is actively working on strategies around remote assessment and work-based assessments in order to accommodate the great demand for this qualification in future.

For the FCEM part I primary exam, valid advanced life support courses are no longer a requirement to entry. These are already a requirement for entering a training program in South Africa.

Pass rate:

Exam	Second Semester 2019			First Semester 2020		
	No. candidates	No. passed	% Pass rate	No. Candidates	No. Passed	% pass rate
Critical care certificate						
Fellowship:						
Part I	26	18	69%			
Part II	16	14	71%			
Diploma in Primary Emergency Care	148	123	75%			

The pandemic delays in the clinical examination for 2020 were stressful for candidates and we applaud our candidates for their perseverance. We look forward to incorporating the learning we have gained from remote examinations into our future assessment practices.

We would like to take the opportunity to commend the hard work of our academic programs at the University of Pretoria, the University of the Witwatersrand, the University of Kwazulu-Natal, the University of Stellenbosch, the University of Cape Town and our partner, the University of Botswana. This has been a difficult year but the emergency medicine community has drawn together and we look forward to developing our specialty in South Africa and beyond.

We would like to congratulate all our successful candidates and welcome you into the EM community and invite you to actively participate in our College.

Prof Heike Geduld Dr David Fredericks
PRESIDENT SECRETARY

COLLEGE OF FAMILY PHYSICIANS OF SOUTH AFRICA 1 JUNE 2019 TO 31 MAY 2020

1. List of Councillors

President: Derek Hellenberg
Hon Secretary: Hannes Steinberg
Senators: D Hellenberg and G Ogunbanjo/ WJ Steinberg
Members: Baldwin-Ragaven, L. Govender, I. Hugo,
 J. Mabuza, LH. Mash, R. Naidoo,
 M. Ogunbanjo, G. Smith, S. Yogeswaran,
 P. Omole, O;
Co-opted members: Avramenko S. (Diplomate); Reji E. Shoyeb,
 M (UL)
HOD's: Cook (Wits), R. Gaede, B (UKZN);

2. Council Meetings

2.1 Dates

12th October 2019: UKZN Department of Family Medicine
March 2020: Emergency council meeting
4th May 2020: Wits University as host: Electronic Meeting

2.2 Significant Matters

- 2.2.1 SARA reps on Council not turning up for council meetings
- 2.2.3 Log Box readiness for Family Medicine portfolio of learning uncertain. Continued engagement with CMSA and Logbox in this regard
- 2.2.4 Professor Hannes Steinberg was to replace Professor G Ogunbanjo on the CMSA ECC from October 2019
- 2.2.5 Higher Diploma in Family Medicine: Process needs to be driven through CMSA to gain HPCSA recognition for this qualification

3. Achievements/Progress towards goals

a. Peer review:

FCFP (SA): Dr M Namane: Granted by CMSA 18.10.2019
FCFP (SA) Ad Eundem: Professor Jan de Maesener: Granted by CMSA May 2020

b. Research Project

- 3.2.1 Aim: To assess whether past performance is a useful indicator for predicting outcome for new examinations
- 3.2.2 PI: Professor S Smith

4. Examinations

4.1 Changes in Regulations and Examinations

FCFP (SA)

- i. Written exams for Semester 1 2020 were held in January/February 2020. However, the clinical component was deferred to October 2020 because of the Covid-19 pandemic
- ii. CMSA guidelines for future examinations published on 9th April, 2020:

Written exams for 2020 semester 2 and for 2021 Semester 1 to be held in January/February 2021 and OSCE in May 2021 for both of these exams

Dip HIV Management (SA)

MCQ only from second semester 2020

4.2 Pass Rate

(Note: please supply table in a text version.)

4.3 Reflections on Pass Rate

4.4 Challenges and Solutions

- 4.4.1 Change of examinations to electronic format and additional training for examiners
 - these processes were very ably facilitated by the CMSA CEO, administrative staff and the Director of Education
 - the convenors and examiners of the college of family physicians examinations are also to be congratulated on their efforts in ensuring that the training and examinations ran smoothly

4.4.2 Examiner links to Council of the College of Family Physicians

- 4.4.2.1 Dip HIV Management: Dr Madeleine Mulder and Professor Honey Mabuza appointed as co-chairs of the examinations committee
- 4.4.2.2 Higher Diploma Sexual Health and HIV Medicine: Dr S Avramenko is the link to the CFP
- 4.4.2.3 Dip Allergology: A/Professor Michael Pather is the link to the CFP
- 4.4.2.4 Certificate Allergology: Dr M Tshogofatso to be pulled in as convenor in future
- 4.4.2.5 Higher Dip Family Medicine: Dr Elizabeth Reji is the link to the CFP

5. Other College activities

- 5.1 Discussion on private practice representative on Council. Policy document completed and adopted at May meeting. Training units to provide candidates from each region
- 5.2 Botswana training programme for candidates wishing to enter for the FCFP(SA) exams

5.3 The Council formulated criteria for the Accreditation of Postgraduate specialist family medicine education and training by the HPCSA to be submitted to this body to assist their assessors when doing academic accreditation visits

6. Concluding paragraph

This report marks the end of the triennium for this outgoing council. During our term of office we have seen various changes within our college, the most significant of which has been the change in format to an electronic examination format for our "clinical" exams. Another event which has affected us greatly is the unexpected passing of our charismatic previous president, Professor Gboyega Ogunbanjo.

Overall, I believe that we have fulfilled our mandate to our membership and to the aspirant graduands in the discipline of family medicine, both in South Africa and other African countries.

I would like to thank the outgoing council most sincerely for their services rendered over this period and wish the incoming council all the best for the future. May they, too enjoy a successful triennium in office.

Derek Hellenberg Hannes Steinberg
President Hon. Secretary

COLLEGE OF MAXILLO-FACIAL AND ORAL SURGEONS OF SOUTH AFRICA

1 JUNE 2019 TO 31 MAY 2020

President: Dr. AJ van der Westhuyzen
Honorary Secretary: Prof. JA Morkel
Senators: Dr. AJ van der Westhuyzen
 Dr. G Boyes-Varley
Co-opted Members: Prof. I Munzhelele
 Prof. E Rikhotso
 Dr. S Singh
 Dr. W van der Linden
 Dr. S Naidoo

Council Meetings

A council meeting was held on 25th October 2019 to coincide with the annual SASMFOS congress in Cape Town. At this meeting Dr S Naidoo, the councilor co-opted to represent the University of Pretoria resigned to pave the way for Prof M Mabongo, the newly appointed HOD at UP, to serve the remainder of the triennium as the co-opted member for Pretoria University. Prof Mabongo was then also nominated at this meeting for Associate membership of the CMFOS, subject to the requisite ratification by Senate.

The lockdown restrictions associated with the CoVID-19 pandemic resulted in the postponement of a further council meeting that had been scheduled for the first semester of 2020.

Achievements

Council decided to honour Prof Kurt Wilhelm Bütow for his unsurpassed contribution to academic medicine in the field of

Maxillofacial and Oral Surgery, but more particularly in facial cleft surgery in South Africa and abroad and, for his major contribution to the constituent College of Maxillo-Facial and Oral Surgeons of South Africa. He served as councillor for 15 years, as Senate representative for 6 years, 3 of which were as President of College of Maxillo-Facial and Oral Surgeons. During this period he actively guided the processes for updating the regulations and constitution as well as the first iterations of the assesment blueprints for the College of Maxillo-facial and Oral Surgeons.

Council's recommendation to confer a Fellowship Ad Eundem of the College of Maxillo-Facial and Oral Surgeons of South Africa on Prof Bütow was subsequently ratified by Senate. Unfortunately the cancellation of the awards ceremony at the beginning of 2020, resulting from the CoVID pandemic, prevented Prof Bütow from receiving his award at a prestigious event of the CMSA.

Examinations

Changes in Regulations and Examinations:

During this triennium steady progress was made with the migration of assessments of all Primary subjects to MCQ-format, with Physiology to become the last subject that will be fully converted to a 150 mark MCQ-only format by the 2020 SS examinations. As a result of the CoVID pandemic these examinations have now been deferred till 2021 FS. The CMFOS recognises the invaluable contributions by Drs Melanie Louw, Priscilla Soma and Professor Dirk van Papendorp in making this conversion possible.

Pass Rate:

During the period under review a further 10 candidates completed the FCMFOS(SA) Final examinations with success and were welcomed as fellow Maxillo-Facial and Oral Surgeons.

FCMFOS(SA)	Second Semester 2019			First Semester 2020		
	No. Candi- dates	No. Passed	% Pass Rate	No. Candi- dates	No. Passed	% Pass Rate
Part I	9	3	33%	17	8	47%
Intermediate	1	1	100%	3	3	100%
Part II	6	5	83%	5	5	100%

Reflections on Pass Rate

Once candidates enter recognised registrar training programmes the passrates for the FCMFOS(SA) Intermediate and Finals are consistently very good, while the pass rate for the Primary examinations remain substantially lower, mainly because any candidate who meets the minimal entry requirements can sit the examination at this point, irrespective of whether he or she is adequately prepared.

Details on the recommended textbooks for the Primary subjects were obtained from the respective examiners and added to the information on the website. It is hoped that the encouraging trend in the improved pass rate of the Primary examinations can be sustained.

Challenges and Solutions

Fortunately a successful workshop could be managed before the pandemic hit our shores. On 29th January, 20 past, present and future examiners of the CMFOS attended a workshop run by Prof Vanessa Burch. This workshop focused on the setting of trustworthy examinations, the construction of good SBA-MCQ's, blueprinting an examination package and the setting of a written examination standard.

Other College Activities

The second eponymous John and Madeline Lownie invitational lecture was delivered by Professor Johan Fagan on the 25th of October 2019 at the Cape Town International Convention Centre during a joint international meeting of the South African Society of Maxillo-Facial and Oral Surgeons, the British Association of Oral and Maxillofacial Surgeons, Australian and New Zealand Association of Oral and Maxillofacial Surgeons and the International Association of Oral and Maxillofacial Pathologists.

His thought provoking presentation titled "Africa: A Window on the True Frontier in Head and Neck Cancer" was received with enthusiasm by the international audience.

Conclusion

Council wishes to acknowledge with sincere gratitude the commitment of the small pool of examiners, convenors and moderators for their dedication and pursuit of academic excellence.

We express our thanks to both the Cape Town and Johannesburg offices as well as Durban for their ongoing support.

We wish the newly elected council well and every success with the challenges to be encountered during the next triennium.

Dr Albert van der Westhuijzen Prof Jean Morkel
PRESIDENT SECRETARY

COLLEGE OF MEDICAL GENETICS OF SOUTH AFRICA 1 JUNE 2019 TO 31 MAY 2020

1. List of Councillors:

President: Amanda Krause
Honorary Secretary: Lindsay Lambie
Senators: Anneline Lochan, Amanda Krause
Members: Candice Feben, Ntombhele Louisa Bhengu,
 Karen Fieggen, Careni Spencer
Co-opted Members: Bertram Henderson, Michael Urban

2. Council Meetings

Dates – Dec 2019, April 2020

Significant matters (including any changes to Council):

The College of Medical Geneticists had planned an examiner workshop for 2020 as many of our examiners are young, with little experience in examining, particularly at specialist level. This was

postponed as the planning for online exams took priority.

3. Achievements

(including international collaborations) / Progress towards Goals: N/A

4. Examinations

4.1 Changes in Regulations and Examinations:

The College of Medical Genetics had planned to restructure our Part 2 clinical exam for 2020 to increase the number of cases and standardise the examinations. These preparations assisted us in moving our FS 2020 clinical exam online, using the new structure as a framework. The College of Medical Geneticists is likely to use the online format in future exams.

4.2 Pass Rate:

No candidates entered in SS 2019. For FS 2020 – there were no Part 1 candidates, but 3 Part 2. All passed the exam

4.3 Reflections on Pass Rate:

The College continues to maintain a high pass rate. Candidates are well prepared

4.4 Challenges and Solutions:

As a specialty we continue to remain far off the global recommendation of 3 Medical Geneticists per million population, but continue to produce small numbers of medical geneticists. We continue to lose colleagues to emigration, making it challenging to increase numbers in South Africa. A shortage of posts in some regions, and a shortage of qualified individuals in others remain among our challenges.

5. Other College Activities

The College activities have been reduced through 2020 because of the Covid pandemic.

Examiners and candidates felt the new exam was fair and an improvement on the previous clinical exams. The College of Medical Geneticists is likely to use the online format in future exams. Further restructuring of exams is planned to move to shorter answers.

A workshop is planned for early in 2021 to train examiners

6. Concluding Paragraph

The College of Medical Geneticists continues to grow, but slowly.

COLLEGE OF NEUROSURGEONS OF SOUTH AFRICA 1 JUNE 2019 TO 31 MAY 2020

1. List of Councillors

President Prof P Semple
Honorary Secretary Prof I Vlok
Senators Prof P Semple, Prof J Ouma
Members Prof L Padayachy, Prof B Enicker,
 Dr R Harrichandprasad, Prof G Fieggen,
 Dr S Rothemeyer, Prof P Lekgwara,
 Dr S Nadvi, Dr A Van Aswegen

2. Council Meetings

January 2020 Annual Council Meeting.

3. Achievements

Implementation of new Part I examinations.

4. Examinations

4.1 Changes in Regulations and Examinations:

1. Modification of First Semester Part II Clinical and Oral examination due to COVID-19.
2. Adoption of new rules / format for Part II as in published rules.

4.2 Pass Rate:

Exam	Second Semester 2019			First Semester 2020		
	No. Written	No. Passed	% Pass Rate	No. Written	No. Passed	% Pass Rate
Certificates						
Fellowships						
Part I	21		76%	12	7	58%
Intermediate	15	8	53%	19	15	76%
Part II	12	4	33%	18	16	83%
Diplomas						

5. Other College Activities

The year of 2020 was dominated by COVID-19, resulting in changing the format of the Part II Clinical and Oral examination, so the exam could be conducted in 3 centres simultaneously with identical short cases. This required more examiners but worked well. The cases were all short and involved paper cases, radiology and videos. There were no 2nd semester examinations.

The overall format of the Part II of the examination has been changed from beginning of 2020 and includes 2 papers of SBA/MCQ and altered Clinical / Oral section with increase number of short / OSCE type cases (6), a long case (patient based) and oral of 4 cases. We feel this allows for a broader more accurate exam. In the future, work assessment will probably also play a larger part of the final mark, but this will be developed in the next couple of years.

COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS OF SOUTH AFRICA 1 JUNE 2019 TO 31 MAY 2020

1. List of Councillors:

President: P Soma-Pillay (interim)
 Honorary Secretary: H Botha (interim)
 Senators: J Bagratee, P Soma-Pillay, M Kaabale

Members: J Anthony, S Baloyi, L Chauke, L Govender, G Lindeque, M Mdaka, S Ramphal, L Schoeman, T Sebitloane, W Steyn, S Mosehle, H Lombaard, TI Siebert, TF Kruger

Co-opted Members: none

2. Council Meetings

Dates, Significant matters (including any changes to Council):

- Council meetings were held on 13 August 2019 and 9 June 2020.
- Decision made by council to critically evaluate all examinations, look into complaints of fairness of examinations and to ensure that all examinations are conducted using sound educational principles.
- Prof Paruk, chair of Critical Care Committee, invited to join sub-specialty committee

3. Achievements (including international collaborations) / Progress towards Goals:

- JC Coetzee funding used to support outreach meetings in Zimbabwe and rural Kwazulu-Natal
- FCOG Part 1 – Decision made during August 2019 meeting to evaluate ways of improving pass-rate: the number of prescribed textbooks will be reduced; learning objectives and outcomes will be made available to candidates and the proportion of SBAs in written examinations will be increased. This process has started in 2020.

4. Examinations

- 4.1 Changes in Regulations and Examinations: Single best answer (SBAs) component included into Diploma, FCOG Part 1 and FCOG Part 2 examinations. The proportion of SBAs varies from 25 to 50% in these examinations.
- 4.2 Subspecialty examinations - Decision made to align all sub-specialty examinations. The written component of the Maternal and Fetal, Gynaecological Oncology and Reproductive Medicine now consists of 2 written papers
- 4.3 Work-based assessment – This will be incorporated into the FCOG part 2 curriculum in 2021
- 4.4 Pass Rate:
 - Pass rates for FCOG Part 2 has remained constant and the rate is satisfactory.
 - We are encouraged by the significant improvement in the FCOG Part 1A pass rate for FS 2020.
 - We have previously had very poor results in the Cert Critical Care examinations. Two candidates have passed the FS 2020 examination and this is welcomed

Exam	Second Semester 2019			First Semester 2020		
	No. Candi-dates	No. Passed	% Pass Rate	No. Candi-dates	No. Passed	% Pass Rate
Certificates						
Critical Care	2	0	0	2	2	100
Reproductive Medicine	2	2	100	3	3	100
Gynaecological oncology	4	3	75	3	2	67
Maternal and Fetal	No candidates			3	2	67
Urogynaecology	No candidates					
Fellowships						
Part I A	106	39	37	118	70	59
Part 1B	79	54	68	79	56	71
Part II	59	36	61	59	36	64
Diploma (Obstet)	42	35	83	32	30	92

4.5 Reflections on Pass Rate: We would like to see further improvements in pass rates for Part 1 examinations

4.6 Challenges and Solutions: The proportion of single best answer, questions will be increased in all examinations

5. Concluding Paragraph

We would like to thank all council members and examiners for their hard work. The Covid pandemic has necessitated a significant change to examination format. We would like to express our sincere gratitude to committee members, councillors and examiners for their resilience and ability to adapt to ensure that we were able to conduct successful examinations.

P Soma-Pillay H Botha
PRESIDENT SECRETARY

COLLEGE OF ORTHOPAEDIC SURGERY OF SOUTH AFRICA 1 JUNE 2019 TO 31 MAY 2020

1. List of Councillors

President Prof Robert Dunn
Honorary Secretary Prof Theo le Roux
Senators Prof Mthunzi Ngcelwane
Members Dr Ruan Goller
 Dr Maritz Laubscher
Co-opted Members Prof Jacques (Vaaitjie) du Toit (HOD US)
 Prof Mmampapatla (Billy) Ramokgopa (HOD WITS)
 Prof Tom Mariba (HOD SMU)
 Prof Len Marais (HOD UKZN)
 Dr Lonwabo Nxiweni (HOD WSU)
 Dr Steve Matshidza (HOD FS)

2. Council Meetings:

8 November 2020 general meeting including medal allocation, exam planning
31 January 2020 strategic meeting Syllabus reviewed and amended Change of written paper to 2 x SBA and 1 x short questions to SBA
 WBA Implementation from 2021, 15 activities confirmed
 Establishment of exam committee to improve continuity
2 April 2020 COVID rescue meeting
 Exam modified to "paper" cases, online orals

3. Achievements (including international collaborations) / Progress towards Goals:

- Updating of syllabus and addition of Foundation competencies
- Move away from essays to SBA/ short questions Implementation of WBA

4. Examinations

- a. Changes in Regulations and Examinations:
- Written – no longer essay paper. Now SBA x 2 and short questions x 1
 - WBA requirement to write Final. 15 activities over 4 years implemented from 2021 at prorata rate of 2 per semester
 - Limit to registering for Final is 3 years post completing academic rotation, where after a further 2 years in recognised training post required to re-write.

b. Pass Rate:

Exam	Second Semester 2019			First Semester 2020		
	No. Candi-dates	No. Passed	% Pass Rate	No. Candi-dates	No. Passed	% Pass Rate
Intermediate	32	19	59%	36	29	81%
Part II	42	23	55%	45	35	80%
Diplomas	4	1	25%	No candidates		

The vast majority fail the written with those attending the clinicals generally pass. Many failures are re-attempts and fail most of the questions indicating poor preparation or academic support locally. This is often the case when candidates write from outside an academic institution, thus the new rule restricting this 3 years post-exiting. There is increasing inter-faculty co-operation with streaming of academic meetings to assist trainees nationally.

5. Other College Activities

The CMSA meets with the SA Orthopaedic Society via the Educational Standards Committee to ensure academic support to the trainees via the annual congress and annual UK based progress examination.

6. Concluding Paragraph

As my last report after 9 years' service as President, I am proud to confirm that our council has transformed a rather subjective, often intimidating exam process to a more transparent, consistent and predictable journey for our young surgeons.

Our SBA written format, OSCE and memo based structured clinicals / orals and most recently, the prescribed work based assessment, put us out front in the assessment game.

I hand over to a very competent Vaaitjie Du Toit to consolidate and take us forward.

Regards
Robert Dunn

COLLEGE OF OTORHINOLARYNGOLOGY OF SOUTH AFRICA 1 JUNE 2019 TO 31 MAY 2020

1. List of Councillors

President: Prof JJ Fagan
Honorary Secretary: Prof RY Seedat
Senators: Dipuo Masege
Members: Darlene Lubbe
Co-opted Members: Dr SH Maharaj
A Prof C-L L Myataza
Prof M I Tshifularo
Dr A Sibiyi
Dr M Kotu

2. Council Meetings

1 November 2019

3. Achievements

Good progress with WBA document; Building a bank of SBAs and MCQs for primary and final exams; Introduction of SBAs in written exam in 2020; Entire written exam to be SBAs in 2021; Virtual structured oral exam in 2020

4. Examinations

4.1 Changes in Regulations and Examinations: As above

4.2 Pass Rate:

Exam	Second Semester 2019			First Semester 2020		
	No. Candidates	No. Passed	% Pass Rate	No. Candidates	No. Passed	% Pass Rate
Certificates	NA	NA	NA	NA	NA	NA
Fellowships						
Part I	19	6	33%	18	12	67%
Intermediate	5	3	50%	9	6	67%
Part II	6	4	67%	12	9	75%
Diplomas	NA	NA	NA	NA	NA	NA

4.3 Reflections on Pass Rate: Pass rates generally satisfactory

4.4 Challenges and Solutions: Concluding WBA; building SBA and MCQ bank; standard setting of future exams

5. Other College Activities

6. Concluding Paragraph

The college is making good progress with modernization of the exams, and appreciates the leadership and direction provided by Prof Vanessa Burch.

COLLEGE OF PAEDIATRICIANS OF SOUTH AFRICA 1 JUNE 2019 TO 31 MAY 2020

Together with all of the constituent colleges, the college of paediatricians of South Africa has had a challenging year. The councillors and co-opted member for the triennium 2018-2021 continued with their work. That council is as follows:

1. List of Councillors

President Prof A Davidson UCT (serves on the Senate)
Honorary Secretary Prof R Masekela UKZN (serves on the Senate)
Members Prof SC Brown UFS
Prof AH Coovadia Wits
Prof VA Davies Wits
Prof S Kling US
Dr AP Ndondo UCT
Prof L Pepeta NMMU
Prof H Saloojee Wits
Co-opted Members Prof Jeane Cloete FCPaed exams UP
Prof Sanjay Lala FCPaed MCQ exams Wits
Dr Mary Morgan DCH UKZN
Dr Gary Reubenson FCPaed exams Wits
Dr Simon Strachan Private Practice

2. Council Meetings:

The council met in person on the 27th of September 2019 and the 28th of February 2020. Apart from routine discussion and due diligence with respect to our large examinations footprint the September meeting saw a long discussion with CMSA educator Prof Vanessa Burch about the MCQ marking method. We resolved to follow other constituent colleges in adopting Cohen 65 at the 90th centile without correction for guessing. There was also considerable discussion about the DCH exam aimed at increasing access for young doctors, and bringing the clinical exam into line with the FCPaed Part II with the use of judgement points.

We also resolved to meet virtually every quarter. That move proved prophetic. We met on Zoom for the first time on the 13th of December 2019, and since Lockdown we have had a large number of meetings using that platform to plan the FCPaed Part II FS clinical exam. These meetings took place on the 26th of March, the 23rd of April and the 4th of August culminating in a workable "hybrid" solution with a decentralised clinical component followed by a set of virtual exams.

We believe that it is important for all campuses are represented at Council and the heads (or a representative) of UL, SMU and WSU attend meetings. The issue of registrar representation remains an ongoing challenge since SAPRA has no official representation, but we hope this will improve as SAPA reorganizes the sector. And failing that we will continue to invite SARA representatives as we all emerge from the SARS-CoV2 epidemic.

3. Achievements

The council has successfully introduced the MCQ format into the FCPaed Part II examinations, and the next goal is to introduce the format into the DCH exam. We had started planning to decentralise the DCH exam by using two sites; the CMSA-allocated site combined with one of the smaller DCH sites in another part of the country. This attempt to deal with the ever-increasing number of candidates while at the same time building capacity has been somewhat overtaken by the SARS-CoV2 epidemic. It is likely that we will follow the FCPaed Part II model and host a decentralised hybrid exam for the delayed DCH FS clinical exam. And further that this model will be retained for at least FS 2021, if not permanently.

We have considerably transformed our cadre of examiners by bringing in examiners from under-represented campuses and ensuring that each panel of examiners has a race and gender balance (designated groups at least 50%). The work continues.

The sub-specialty committee, Dr Alvin Nondo and Prof Stephen Brown, has enrolled the paediatric societies to try and plan examiner panels in advance. This has borne fruit. There were meetings supported by the CMSA of the critical care, paediatric pulmonology and paediatric nephrology communities to discuss their regulations and consider issues of such as training platforms, curricula and portfolio requirements.

4. Examinations

The council is currently responsible for the following exams:

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

- Certificate in Rheumatology of the College of Paediatricians of South Africa

The exams are all blueprinted. The process of codifying and publishing these blueprints on the website was completed in 2019 and all the recommended reading materials published on the website for candidates.

4.1 Changes in Regulations and Examinations:

September 2019

[1] DCH regulations were changed to improve access to junior doctors working under indirect training. The new regulation allows MBChBs to enter after 4 months of intern training plus 2 months under the direct supervision of a Paediatrician OR 4 months under indirect training (DCST or Outreach Paediatrician). That will allow us to accredit hospitals served by a DCST or an outreach paediatrician. [2] DCH regulations were changed to include a system of judgement points for the clinical component similar to that used for the FCPaed Part II. A minimum of 18 points to be achieved as well as a mark of 50% for the exam. In order to achieve this the FCPaed Part II mark allocation system (55%+ Clear Pass / 50% Bare Pass / 45% Bare Fail / 40%- Clear Fail) was introduced. [3] The FCPaed Part I and II MCQ regulations were changed to bring the CPSA into line with the ManCo ruling that all Colleges should use Cohen 65 at the 90th centile with No correction for guessing.

February 2020

[1] There have been concerns about the completeness of some portfolios which are inspected by HoDs. We resolved that a sample of logbooks (2 per campus) will be inspected by councillors each semester. We did decide to soften the language on the website: Where the portfolios are found to be inadequate the student will be able to write the next exam subject to remediation (rather than the fee being forfeit).

4.2 Pass Rate:

SS 2019

Examination	Wrote	Oral	Passed	% Pass
FC Paed(SA) Part I	101	No oral	41	41%
FC Paed(SA) Part II	72	53	39	54%
DCH(SA)	99	90	80	81%
Cert Allerg(SA) Paed	1	1	1	100%
Cert Cardio(SA) Paed	3	3	3	100%
Cert Critical Care(SA) Paed	2	2	2	100%
Cert Dev Paed(SA)	1	1	1	100%
Cert Endocrinology & Metabolism(SA) Paed	2	2	1	50%
Cert Gastroenterology(SA) Paed	1	1	1	100%
Cert ID(SA) Paed	1	0	0	0%
Cert Medical Oncology(SA) Paed	1	1	1	100%
Cert Nephrology(SA) Paed	3	3	3	100%

Cert Paediatric Neurology(SA)	1	1	1	100%
Cert Pulmonology(SA) Paed	2	1	1	50%
Cert Rheumatology(SA) Paed	1	1	1	100%

FS 2020

Examination	Wrote	Oral	Passed	% Pass
FC Paed(SA) Part I	105	No oral	67	64%
FC Paed(SA) Part II	NOT Concluded			
DCH(SA)	NOT Concluded			
Cert Allerg(SA) Paed	No Candidate			
Cert Cardio(SA) Paed	3	3	3	100%
Cert Critical Care(SA) Paed	5	3	3	60%
Cert Dev Paed(SA)	2	2	2	100%
Cert Endocrinology & Metabolism(SA) Paed	No Candidate			
Cert Gastroenterology(SA) Paed	3	3	3	100%
Cert ID(SA) Paed	2	2	2	100%
Cert Medical Oncology(SA) Paed	3	3	3	100%
Cert Nephrology(SA) Paed	No Candidate			
Cert Paediatric Neurology(SA)	4	3	3	75%
Cert Pulmonology(SA) Paed	3	3	3	100%
Cert Rheumatology(SA) Paed	No Candidate			

4.3 Reflections on Pass Rates:

The pass rate for the DCH exam in SS 2019 was acceptable and consistent with historical results.

Operating as an entry exam we regard a pass rate of between 50 and 60% as adequate for the FCPaed Part I exam. The pass rate for the FCPaed Part II exam has varied with the introduction of the MCQ written exam. After a high failure rate of 45% in SS 2019 (which of course led to a final pass rate of only 41%) we achieved improved pass rates in the 2019 MCQ exams (73% in FS and 70% in SS) leading to improved overall pass rates. With the new MCQ marking method (Cohen 65 at the 90th without CFG) we have a high pass rate of 97% in FS 2020. The marking method remains a subject of discussion in our college considering that the Cohen method compensates for difficulty.

The pass rates for the sub-specialty exams are appropriate considering the small number of candidates and the nature of the training. We would expect most candidates in properly supervised training platforms to be able to pass these exams. That said we must also accept failures.

4.4 Challenges and Solutions:

Our biggest challenge was the SARS-CoV2 epidemic which severely disrupted CMSA operations. We delayed the clinical component in the hopes that lockdown restrictions would ease to allow for a clinical component in the part II exam ... vital in a consulting specialty. And this proved to be the case. Thus, we have been able to plan and are in the process of delivering a workable "hybrid" solution. The decentralised clinical component is completed and this will be followed by a set of virtual exams. We are hoping to utilise this model to host a decentralised hybrid exam for the delayed DCH FS clinical exam. And expect that this model will be retained for at least FS 2021, and possibly beyond.

We are indebted to the sub-specialty committee for successfully concluding those exams in July, almost all of them entirely on a virtual programme. Again, it's likely those models will be retained for FS 2021 and beyond.

MCQs for the DCH exam will follow in due course but with regards to the sub-specialty exam process the council and the CMSA educational consultant Vanessa Burch, together with the leadership of other constituent colleges such as the College of Physicians have absolutely ruled out MCQs. There is a suggestion of 6 monthly portfolio reviews by internal and/or external panels, culminating in a data interpretation OSCE exam. That will be entertained in 2021.

We are also struggling to bring new sub-specialties on board. Both Paediatric Emergency Medicine and Community Paediatrics were gazetted in March 2018, and have support from this and previous councils. But the HPCSA is the only body that can accredit new qualifications, and according to the new regulations the CMSA is no longer able to sponsor this process. Any new qualification will have to be sponsored by a University and aligned with a degree before the HPCSA will recognize the specialty.

And finally, we need to do a reaccreditation visit of the paediatric programme at the University of Botswana in Gaborone. The university needs to invite and support our visit in order for their registrars to continue to write the Fellowship exam.

5. Other College Activities

Mindful of our responsibility to help prepare candidates for our exams, the council hosted two MCQ workshops, one in November 2019 (East London) and one in May 2020. These workshops include a broad range of topics including advice on how to pass MCQ questions and how to negotiate the stations of the Part II clinical carousel. The May 2020 workshop was hosted by UCT but run entirely on Zoom. Thus, we continued to fly the flag of post-graduate paediatric education at the height of the SARS-CoV2 epidemic.

Prof Beyers Hoek has been awarded a Fellowship Ad Eundum and Prof Alan Rothberg an Honorary Fellowship. Unfortunately, they were unable to attend admission ceremonies. Immediate past-president Prof Sharon Kling has nominated Prof Regan Solomons and Dr Beyra Rossouw for Fellowships by Peer Review. Prof Baljit Cheema has been nominated for an Associate Fellowship.

6. In Memoriam

We must record with deep sadness the tragic loss of Lungile Pepeta. Lungile died from complications of SARS-CoV2 on the 7th of August 2020. He was a gentle-hearted giant of South African paediatrics, an inspirational leader and a formidable mentor. We will remember him as an educator who served the college with distinction as an examiner and moderator, and most recently as a college councillor. He was a larger than life figure who despite his achievements remained absolutely approachable. We marvelled at the effortless way in which he brought people together, supported colleagues who needed his help and mentored junior doctors. Hamba kahle Lungile.

Professor Alan Davidson Professor Refiloe Masekela
PRESIDENT HONORARY SECRETARY

COLLEGE OF PHYSICIANS OF SOUTH AFRICA 1 JUNE 2019 TO 31 MAY 2020

1. List of Councillors

President B Cassim
Honorary Secretary P Raubenheimer
Senators B Cassim and T Parbhoo
Members D Blom
 I Kalla
 N Madala
 C Menezes
 R Moosa
 P Mntla
 N Ntusi
 T Parbhoo G Tintinger
 M Tsitsi
Co-opted Members T Dubula
 T Mofokeng
 F Nomvete A Ratsela

2. Council Meetings

A council meeting was held on 14 October 2019 in Durban and two workshops on modernization of the specialist and subspecialist examinations were held on the 27th -28th February 2020 and 12th March 2020. Both workshops were very successful and set the scene for the introduction of competency based examinations.

3. Achievements

The College of Physicians hosts the second largest number of examinations (one Fellowship, two Diploma and 12 Certificate examinations) and the largest number of candidates for the clinical examinations of the Fellowship.

The College has long introduced single best answer multiple choice questions for both the part 1 and part 2 of the Fellowship and has in place rigorous psychometric analyses.

With the Covid-19 pandemic, the College is proud to have introduced a combination of clinical assessments at training centres and a national oral structured case based examinations. This process was made easier by the prior workshops on modernisation of the examinations.

4. Examinations

4.1 Changes in Regulations and Examinations:

After due consultation with Professor Vanessa Burch, the requirement of Correction for Guessing was dropped and the cut point for the Cohen standard setting was changes to 65% of the 90th centile.

4.2 Pass Rate:

SS 2019

Examination	Wrote	Oral	Passed	% Pass
FCP(SA) Part I	109	No oral	75	69%
FCP(SA) Part II	89	80	500	56%
DGM(SA)	1	No oral	1	100%
Dip Int Med(SA)	8	8	7	88%
Cert Cardiology(SA) Phys	15	11	9	60%
Cert Clin Haem(SA) Phys	No Candidates			
Cert Critical Care(SA) Phys	2	0	0	0%
Cert Endocrinology and Metabolism(SA) Phys	2	No oral	0	0%
Cert Gastroenterology(SA) Phys	6	4	4	67%
Cert Geriatric Medicine(SA)	No Candidates			
Cert ID(SA) Phys	1	1	1	100%
Cert Medical Oncology(SA) Phys	No Candidates			
Cert Nephrology(SA) Phys	8	No oral	6	75%
Cert Pulmonology(SA) Phys	11	4	3	27%
Cert Rheumatology(SA) Phys	5	5	4	80%

FS2020

Examination	Wrote	Oral	Passed	% Pass
FCP(SA) Part I	78	No oral	52	66%
FCP(SA) Part II	96	75	60	65%
DGM(SA)	5	No oral	5	100%
Dip Int Med(SA)	13	0	0	0%
Cert Cardiology(SA) Phys	10	7	6	60%
Cert Clin Haem(SA) Phys	1	1	1	100%
Cert Critical Care(SA) Phys	3	1	1	33%
Cert Endocrinology and Metabolism(SA) Phys	2	No oral	1	50%
Cert Gastroenterology(SA) Phys	6	5	5	83%
Cert Geriatric Medicine(SA)	No Candidates			
Cert ID(SA) Phys	1	1	1	100%
Cert Medical Oncology(SA) Phys	No Candidates			
Cert Nephrology(SA) Phys	6	No oral	4	67%
Cert Pulmonology(SA) Phys	7	7	6	86%
Cert Rheumatology(SA) Phys	4	4	4	100%

4.3 Reflections on Pass Rate:

The pass rates for the FCP Part 1 and Part 2 have been consistent but there has been an improvement in that of the Part 2.

The pass rates for the subspecialty certificate examinations are variable and still not optimal.

4.4 Challenges and Solutions:

- The pass rates of the specialist and subspecialist examinations are not optimal. The introduction of competency based medical education will assist in improving the training and supervision of candidates and the ultimate pass rate.
- The large number of candidates for the clinical component of the FCP Part 2 poses logistical issues, which will be resolved with the proposed introduction of assessment of clinical competency at the training centre.

5. Concluding Paragraph

This has been a difficult year. However, the representation of all the training centres on Council and the dedicated participation and cooperation of all council members has been exemplary.

COLLEGE OF PSYCHIATRISTS OF SOUTH AFRICA 1 JUNE 2019 TO 31 MAY 2020

1. List of Councillors:

President:	Prof S Seedat
Honorary Secretary:	Dr S Ramlall
Senators:	Prof S Seedat; Prof B Chiliza
Members:	Prof L Koen, Dr KA Louw, Prof John Joska, Dr M Talatala, Prof U Subramaney, Prof BJ v Rensburg (Called to rest in April 2020)
Co-opted Members: representative	Dr Belinda McIntosh-Diplomate Dr C Kotze, Prof R Nichol, Prof Z Zingela
Registrar Representative:	Dr A Aboobaker

2. Council Meetings:

2.1. 24 June 2019 Teleconference

- Findings of the POL audit:
 - Training was not standardized across departments
 - POLs of candidates who had already sat the exams lacked evidence that the minimum eligibility requirements had not been met
 - As audits were conducted retrospectively, action could not be taken
- Progress with the migration of our exams to the SBA format were noted
 - SBA bank questions for FC Psych II had been reviewed and edited as necessary
 - The structure of the FC Psych I SBA paper/s were further deliberated upon
- Speedwell contract renewed for another year as it is the platform being used for our SBAs

2.2. 22 September 2019: Face- to- Face at Biological Psychiatry Conference in:

- POL is being revised
- Challenges with downloading 'in progress' POLs
- Next POL audit scheduled for January 2020
- Annual Registrar Examination Workshop scheduled for November 2019
- Prof J Joska nominated for a Certificate by Peer Review
- Sufficient SBA questions in the Bank for FS & SS 2020 Exams. Convenor appointed for a 3-year period as this is the first exam in the new format.
- Mary Pienaar appointed on a monthly retainer to assist with Speedwell/SBA administration
- Challenges noted with evaluations of foreign-qualified psychiatrists despite our evaluation template
- Decision taken to host Diploma exams once a year from 2020

2.3. 29 November 2019: Face- to- Face Meeting @ Capital-Preteroria

- Standard setting successfully completed for 2020 FS FC Psych II exams on the previous day
- Examination workshop was scheduled for later that day and the day after
- FC Psych regulations were updated and were on the website
 - reflect the written exam format changes and effective dates
 - the validity of registrar training post completion of the 4 years was noted
 - Curriculum content blueprint flagged for revision
- POL revisions in progress
- Servier will be withdrawing support in 2020 for the Registrar examination workshops that have been held annually since 2010.

2.4. 23 March 2020: Teleconference

- Face-to-face meetings planned for standard setting SS FC Psych II exams, curriculum blueprinting were deferred due to Covid; online events to be planned
- POL has been revised with input from Prof Burch and sent to LogBox for uploading
- Decision taken to retain sub-minima for OSCE exam
- Covid-related possible changes to the exams were deliberated and options generated for consideration by members
- Migration of FC Psych I to SBA format deferred from FS 2021 to SS 2021
- Registrar queries related to the impact of the pandemic on exams; these were addressed based on current information

3. Achievements

Successful migration from essay to SBA format for FC Psych II written exams as of FS 2020

POL revised along the lines of EPAs and WBA

Migration of DMH and FC Psych I to SBA in 2021

4. Examinations

4.1 Changes in Regulations and Examinations:

Captured in the summary of minutes above

4.2 Pass Rate:

2019 SS

Examination	Wrote	Oral	Passed	% Pass
FC Psych(SA) Part I	44	No oral	10	23%
FC Psych(SA) Part II	34	18	14	41%
DMH(SA)	39	32	31	79%
Cert Child and Adolescent Psychiatry(SA)	No Candidates			
Cert Forensic Psychiatry(SA)	2	2	2	100%
Cert Neuropsychiatry(SA)	2	2	2	100%

2020 FS

Examination	Wrote	Oral	Passed	% Pass
FC Psych(SA) Part I	71	No oral	13	18%
FC Psych(SA) Part II	42	36	RESULTS PENDING	RESULTS PENDING
DMH(SA)	No Candidates			
Cert Child and Adolescent Psychiatry(SA)	No Candidates			
Cert Forensic Psychiatry(SA)	No Candidates			
Cert Neuropsychiatry(SA)	No Candidates			

4.3 Reflections on Pass Rate/ Challenges and Solutions

FC Psych Part I: The low pass rate for Part I has been an area of concern. Refining the content blueprint, intensifying the moderation of papers, maintaining a stable set of experienced examiners and adjusting the pass criteria (allowing candidates to pass the exam in three sittings and writing papers individually) have been measures that were tried to improve the throughput. It is hoped that migration to the SBA format in SS 2021 will positively impact the pass rate.

Note that that the number sitting the exams includes those who may have enrolled for anything from 1-3 papers and that they carry credits in a 3-consecutive examinations cycle hence the pass rate as reflected is not an accurate reflection of the overall pass rate.

An additional confounder to interpreting the results is the lack of information about whether candidates are bona fide registrars of stipulated universities or medical officers writing before they enter registrar training. Capturing of this information by CMSA, at the time that candidates register for the exams, would be informative in directing our remediation and support efforts (i.e., specific universities or a public learning platform).

FC Psych Part II

The 41% pass rate is sub-optimal; 18/34 (53%) candidates passed the written examination. The essay format had been identified as one of the possible contributory factors. The 86% pass rate with the new SBA format in FS2020 suggests that our results may improve in the

future. However, concerns about training quality, as reflected by the POL audit findings, suggest that this may be a contributory factor to the low pass rate. An analysis of results by university will be useful in informing a way forward.

5. Other College Activities

5.1. Annual Registrar Examination Workshop: With the financial and administrative support of Servier and more recently Sanofi, the College has annually hosted an examination preparation workshop for registrars planning to sit their final Fellowship exams in the upcoming year. These workshops have become very popular with registrars from around the country and the platform has evolved over the years to become more interactive. As of 2021, Servier will no longer be providing their support; funds carried over will however enable the examination workshop to continue. Additional funders are being sourced.

Coupled with the examination workshop, an examiners workshop was conducted on the preceding day to capacitate examiners on relevant aspects of examinations/techniques. The face-to-face council meeting also occurred at this event.

5.2. The College of Psychiatrists, in conjunction with the South African Society of Psychiatrists, undertook a research project to map training capacity in psychiatry nationally, identify training needs and examination outcomes of specialist and subspecialist trainees, and understand key factors affecting psychiatrist retention in South Africa. The study comprised (i) a situational analysis of psychiatrists in the country, and (ii) surveys of registrars and heads of departments of psychiatry, focusing on registrar training and training capacity. Two manuscripts have been prepared for submission to peer-reviewed journals and a third manuscript is soon to be completed.

6. Concluding Paragraph

The Council of the College of Psychiatrists has worked constructively and cohesively over the past 3 years. We thank all Councillors who will not be serving in the next triennium for their hard work and commitment. As the new Council takes the reins, the next year will be spent strengthening our internal processes and ensuring that, as a College, our training and examinations are of a very high standard.

COLLEGE OF PUBLIC HEALTH MEDICINE OF SOUTH AFRICA 1 JUNE 2019 TO 31 MAY 2020

1. List of Councillors:

President:	Professor Leslie London (Honorary)
Secretary:	Professor Hassan Mohamed
Senators:	Professor Leslie London Professor Hassan Mohamed
Members:	Dr Flavia Senkubuge Associate Professor Saloshni Naidoo Dr Haidee Williams Dr Saiendhra Moodley Associate Prof Shahieda Adams Dr Tracey Naledi Dr Sinola Rajaram Dr Chauntelle Bagwandeen

Co-opted Members: Dr Francis Hyera,
Dr Ziyanda Vundle

2. Council Meetings

Dates, Significant matters (including any changes to Council):
Two Council meetings were held on 21st October 2019 and 3rd April 2020. Both meetings were held virtually using the CMSA centres to assist with remote conferencing. The decision to move to virtual meetings preceded the COVID-19 epidemic and worked well.

3. Achievements (including international collaborations) /

Progress towards Goals:

- Our College set up a collaboration with the Malawi College of Medicine to assist in ECSA countries to start their own colleges of public health medicine but a planned meeting in March 2020 was shelved by the COVID-19 epidemic.
- We have ongoing engagement with the College of Public Health in West Africa but have not been able to share examiners.
- The College resuscitated its internal newsletter for Fellows and College members, the first published in November 2019 and the second due for publication in the second semester of 2020.
- The College established a Policy Guidance Task Team that produced 5 sets of guidance documents through a formal rapid review process. All 5 were made available on the CMSA website and shared with policy-makers: Cloth mask use; mass medical masking; public transport; schools; rational testing.
- The first edition of Transactions for 2020 featured summaries of three of the CPHM task team guidance document, and an editorial on COVID19 written by the CPHM. The Transaction also featured a piece on Fair and Equitable Benefit Sharing for the COVID-19 Pandemic, a call for which was circulated on to which the CPHM signed.

4. Examinations

4.1 Changes in Regulations and Examinations:

No major changes implemented

4.2 Pass Rate:

Amongst those who wrote, all candidates passed; One of the 2019 FCPHM candidates was carried forwards from the previous exam when she failed the orals, but she passed in SS 2019.

SS 2019

Examination	Wrote	Oral	Passed	% Pass
FCPHM(SA)	5	5	5	100%
FCPHM(SA) Occ Med	2	2	2	100%

FS 2020

Examination	Wrote	Oral	Passed	% Pass
FCPHM(SA)	1	1	1	100%
FCPHM(SA) Occ Med	No Candidates			

4.3 Reflections on Pass Rate:

Candidates were generally well-prepared; weaknesses identified were fed back to HoDs; strategies to build capacity of examiners in assessment identified.

4.4 Challenges and Solutions:

Insufficient bank of MCQs and SBAs; breach of security on some of the question banks; commissioned retired Fellows to work on new questions.

5. Other College Activities

- The Division of Occupational Medicine held a Standard Setting workshop
- Ongoing discussions with the CPHM are likely to see substantial revisions of the curriculum and assessment methods, more in line with modern practice.
- Our younger graduates have started a national Public Health Medicine Ward Round to share experiences and build capacity amongst young specialists and recently graduated registrars.
- The CPHM also initiated and held a meeting with Dr Zungu (Ministerial Advisor) and Dr Crisp to discuss CPHM support to the Department of Health's COVID-19 efforts.

6. Concluding Paragraph

The specialty is thriving with many young and enthusiastic graduates taking up important positions in the health services and in training institutions. However, we need to modernise our curriculum and our assessment methods to keep up with best practice. This is an immediate challenge for the incoming council.

COLLEGE OF RADIATION ONCOLOGY OF SOUTH AFRICA 1 JUNE 2019 TO 31 MAY 2020

Together with all of the constituent colleges, the college of Radiation Oncology of South Africa has had a challenging year.

1. List of Councillors

President	Prof A Sherriff UFS (serves on the Senate)
Honorary Secretary	Prof J Parkes UCT
Members	Prof H Simonds UStell Dr F. Mohamad Wits

2. Council Meetings

The council met in person at the college exams held in October 2019 in Bloemfontein and several times on-line in 2020. Wits University requested that Prof V. Sharma and Dr F. Mohamad be suspended from all examination-related activities, and that Prof W. Vangu (HOD Radiation Medicine at Wits university) be the nominated liaison person for college-related matters in Radiation Oncology at Wits University pending the outcome of an investigation. In October 2020, Wits indicated that the college of Radiation Oncology should re-engage with Prof Sharma and Dr F. Mohamad as liaison-persons from Wits university with respect to college and training matters.

Planned standard setting workshops in April and MCQ(BSA) workshops in June 2020 had to be cancelled due to Lockdown and Covid-related issues. SS 2020 for all colleges was cancelled as a joint CMSA senate ruling.

The Rad Onc council met with CMSA educator Prof Vanessa Burch on-line regarding planned on-line OSCE and oral examination format for FS 2020 examinations.

The issue of registrar representation remains an ongoing challenge since SAPRA has no official representation, but we hope this will improve as SAPA reorganizes the sector. And failing that we will continue to invite SARA representatives going forward.

3. Achievements

The council and examiners have successfully introduced an on-line OSCE and clinical/oral examination for FS 2020. Examinations were managed at regional CMSA/university sites with candidates on-line at those centres. Examinations ran smoothly except for two candidates, one at the PE site and one at Cape Town who failed to submit answers on-line and lost their submissions. The Cape Town candidate immediately repeated the OSCE examination but despite being offered a second immediate opportunity to re-do the examination, the PE candidate subsequently declined in favour of a bye for the FS 2021 examination.

Klerksdorp was accredited by HPCSA as a training site as a subsidiary of Wits. ¼ years is spent at Wits with the remainder at Klerksdorp. (4 registrar posts)

4. Examinations

The council is currently responsible for the following exams:

- Fellowship of the College of Radiation Oncology of South Africa Part 1
- Fellowship of the College of Radiation Oncology of South Africa Part 2

The examinations are all blueprinted. The process of updating blueprints was completed in 2018 with the exception of Medical Physics which due for discussion in 2020. This was deferred due to Covid 19 and is planned for FS 2021.

4.1 Changes in Regulations and Examinations:

September 2019

[1] Portfolio was revised with addition of new HOD letter on entrance to Part 2 examinations as well as introduction of 4 palliative care case reports as part of the required 20 case reports in the submitted portfolio.

[2] New rubrics were introduced for all case reports as well as for all 3 oral examinations.

[3] OSCE guidelines were revised to include additional stations. A palliative care station was introduced as well as an additional planning station.

February 2020

[1] There have been concerns about the completeness of some portfolios which are inspected by HoDs. We reminded all HOD's of their responsibility to check all case reports as marked and adequate, marked statistical reviews, signed log books as well as candidate declaration and HOD declaration. Continuous evaluation assessment forms (quarterly and annual) were included as part of the log book and HOD's were reminded that these are part of the required proof of continuous evaluation as reflected in the HoD letter.

All portfolio lists are checked by the Part 2 convenor at the time of examination application. This includes a list of 20 case reports, a marked statistical review, log book, HoD letter reflecting adequate performance and a candidate declaration.

4.2 Pass Rate:

SS 2019

Examination	Wrote	Oral/ OSCE	Passed	% Pass
FC Rad onc(SA) Part I	10		6	60
FC Rad Onc(SA) Part II	9	9	6	66

FS 2020

Examination	Wrote	Withdrew	Bye	Oral/ OSCE	Passed	% Pass
FC Rad Onc(SA) Part I	10				4	40
FC Rad Onc(SA) Part II	14	1	3	15	12	71
Examination SS 2020 cancelled						

4.3 Reflections on Pass Rates:

The pass rate for Part 1 of the Rad Onc exam in SS 2019 was low. Average marks for all 3 papers were low. Performance at Medical Physics was particularly poor. This was considered to be a result of limited teaching due to lack of staff. HoD's indicated that appointability criteria at some centres have been challenged by HR processes. Radiobiology pass rate was 60% and Anatomy, 80%.

The pass rate of Part 2 of the Rad Onc exam was within normal limits.

4.4 Challenges and Solutions:

In 2019, the issue of training sites with a single trainer was discussed with the President and registrar of CMSA. It was felt that a single trainer constituted a risk for continuity in training, since single consultants were not able to take part in examinations or even in adequate exam preparation due to the clinical workload of the department.

Our biggest challenge in 2020 was the SARS-CoV2 epidemic which severely disrupted CMSA operations. We delayed the clinical component of FS 2020 in the hopes that lockdown restrictions would ease to allow for a face-to face clinical component in the part II exam. However this proved to be futile as lockdown restrictions and the Covid19 peak proved to be different in different provinces. The decision was therefore made to continue with on-line examinations in July 2020. 6 additional examiners were brought in to facilitate on-line examinations in 1 day.

5. Other College Activities:

The council hosted an on-line OSCE workshop in November 2019 (hosted by Stellenbosch university) these workshops had previously been convened face-to-face but due to lack of funding, were

converted to an on-line meeting with good effect even prior to Covid 19.

Professor Alicia Sherriff
PRESIDENT

Professor Jeannette Parkes
HONORARY SECRETARY

COLLEGE OF RADIOLOGISTS OF SOUTH AFRICA 1 JUNE 2019 TO 31 MAY 2020

Examinations - FC Rad Diag (SA)

Part I

The Part I examination platform remained exceptionally robust, due to the sterling work of the long-term Convenors for the Physics (Dr Wilhelm Groenewald, Stellenbosch University) and Anatomy (Dr Tanyia Pillay, University of the Witwatersrand) components, who have served for the full duration of the 2017-2020 triennium. Council extends its heartfelt appreciation to both for their sustained commitment to the College.

It is heartening that a number of young Consultants from the various academic centres around the country have been recruited as enthusiastic examiners for both components.

The IT Consultant, Mr Clive Daniell, has further strengthened the quality assurance measures for the Part I Anatomy Spot Test, to ensure optimal and uniform image display characteristics for all candidates. The Senate resolution that only two regions (Western Cape Province and Gauteng) will be used for the Part I Anatomy Spot Test examinations has been successfully implemented since the second semester of 2018. The CMSA offices in Cape Town are proving an ideal venue for this digital examination. The data bank of Part I Anatomy Spot Test material has been steadily expanded and has now reached critical mass, facilitating the configuration of examinations.

The COVID-19 pandemic necessitated the deferment of the second semester 2020 examination and its amalgamation with that of the first semester of 2021.

Part II

The single best answer (SBA) format was increased to 50% of the Written component for the first semester of 2020. The College of Radiologists extends sincere thanks to Professor Farhana Suleman (University of Pretoria) who is the custodian of the SBA component of our examination.

The Part II Oral examination was deferred from May to October 2020, due to the COVID-19 pandemic. The format of the examination was modified to a series of Written Objective Structured Clinical Examinations (OSCEs).

Maurice Weinbren Award

The Maurice Weinbren Award for 2019, for the best publication in a peer-reviewed journal by a Registrar or Junior Consultant in the preceding year, was awarded to Dr Dashnee Govender, from the University of Kwazulu-Natal. The award was for the manuscript "Bone of contention: The applicability of the Greulich-Pyle methods for age assessment in South Africa", published in the South African Journal of Radiology.

JN and WLS Jacobson Lecture

There was no nomination for this lecture in the review period.

Prof Richard Pitcher
PRESIDENT

COLLEGE OF UROLOGISTS OF SOUTH AFRICA 1 JUNE 2019 TO 31 MAY 2020

1. List of Councillors:

President	John Lazarus
Secretary	Lisa Kaestner
Senators	Shingai Mutambirwa
Members	Kay Mathabe Freddie Classen Haroun Patel Robin Friedman Sean Doherty
Co-opted Members	None

2. Council Meetings

Dates, Significant matters (including any changes to Council):
We met last in Sept 2019 at the SAUA congress. We approved the change to regs to increase training time to 4 ½ yrs. We approved the updated portfolio of leaning.

3. Achievements (including international collaborations) / Progress towards Goals:

We attained approval for a Certificate in Urogynaecology. We are awaiting CMSA approval for a Certificate in Paediatric Urology.

4. Examinations

4.1 Changes in Regulations and Examinations:

Zoom orals, 2 local clinical cases and written as usual

4.2 Pass Rate:

Good pass rate.

SS 2019

Examination	Wrote	Oral	Passed	% Pass
FC Urol(SA) Final	12	9	7	58%

4.3 Reflections on Pass Rate:

Good pass rate.

4.4 Challenges and Solutions:

Ongoing discussions about written exams – role of MCQ

5. Concluding Paragraph

We would appreciate support from CMSA to acquire a bank of MCQ questions.

COVID-19 in South Africa

Professor Mary-Ann Davies

As of 5 November 2020, eight months after the first COVID-19 case was diagnosed in South Africa, there have been a total of 732,414 SARS-CoV-2 PCR-positive cases with 19,677 reported deaths⁽¹⁾, although it is widely acknowledged that COVID-19 deaths are under-reported⁽²⁾. The cumulative incidence of COVID-19 cases is 1219/100,000, with five provinces accounting for the majority (86%) of COVID-19 cases to date as follows: Gauteng (32%; cumulative incidence 1478/100,000); Kwazulu-Natal (17%; 1069/100,000); Western Cape (16%; 1679/100,000); Eastern Cape (13%; 1441/100,000) and Free State (8%; 1948/100,000), with the number of cases being roughly proportional to their population size except for Free State. The high reported incidence of cases in Free State may be due, at least partly, to this province having the highest testing rate with a cumulative 11,379 SARS-CoV-2 PCR tests/100,000 population⁽³⁾. By 5 November, all provinces appeared to be well beyond the peak of the first wave of the COVID-19 epidemic with weekly incidence in the week ending 31 October of <40/100,000 across all provinces except the Eastern Cape (40.7/100,000) which was experiencing a post-peak resurgence in Nelson Mandela Bay.

The first eight months of COVID-19 in South Africa

Lockdown and imported cases

On 15 March 2020, following the first imported cases being diagnosed in South Africa and WHO declaring COVID-19 as a pandemic, President Cyril Ramaphosa announced a national state of disaster with immediate travel limitations, school closures and restrictions on the size of gatherings. A week later, with just 274 cases diagnosed, and no deaths, a three-week nation-wide lockdown (subsequently extended to five weeks) was declared restricting movement outside the home to that required for essential services only, and prohibiting all alcohol and tobacco sales (subsequently known as "Level 5" restrictions). The National Coronavirus Command Council (NCCC), was created to oversee disaster management regulations through the National Joint Operations Committee (NATJOC). Together with guidelines developed in February by the National Institute of Communicable Diseases (NICD)^(4,5), these bodies and regulatory framework informed preparatory, containment and mitigation activities

across the country. The major purpose of the lockdown was to slow transmission of SARS-CoV-2, both delaying and flattening the peak of COVID-19 cases and consequent demand for health services, and thus buy time for services to prepare. Despite the number of new cases increasing nationally through to June/July 2020, restrictions were progressively eased to Level 4 (1 May); Level 3 (1 June); Level 2 (18 August) and the current Level 1 (commenced on 21 September 2020), once there had been enough time to prepare for the surge of cases. The lockdown was extremely controversial with unprecedented economic losses, disputes about particular regulations, harsh law enforcement and concerning health consequences such as a 48% reduction in the national weekly number of tuberculosis Gene X-pert tests performed⁽⁶⁾ and national immunisation coverage falling from 82% in April 2019 to 61% in April 2020⁽⁷⁾. Arguably, the negative impacts of lockdown were greatest in poorer densely populated informal settlements, where living conditions meant that lockdown could not achieve the intended reduced COVID-19 transmission benefits, as social distancing in these circumstances is almost impossible. Nonetheless, lockdown likely did substantially slow down SARS-CoV-2 transmission as evidenced by the effect on other infectious diseases, such as the effective obliteration of the normal winter influenza season⁽⁸⁾. Further, the restrictions on travel together with the ban of alcohol sales were associated with substantial reductions in non-natural cause deaths as well as trauma cases presenting at emergency centre facilities⁽⁹⁾, substantially reducing the trauma burden on health services to free up capacity for COVID-19 cases, and highlighting the key contribution of alcohol to our trauma burden⁽¹⁰⁾.

While international travel restrictions halted further introduction of imported cases, the travel ban was a case of "too little, too late" to be able to block import of SARS-CoV-2 sufficiently to prevent a national outbreak. Travel restrictions and airport screening for travellers arriving from Asia, and especially China, had been in place prior to March 2020, but we were caught out by the rapid spread of COVID-19 in Europe, with the majority of the first 200 imported cases being from the UK and Europe, and none from China. Molecular epidemiology of early locally acquired cases in the Western Cape indicated that there were at least 9 separate introductions of SARS-CoV-2 into Cape Town, with the majority

occurring in the last week of February and the first two weeks of March ⁽¹¹⁾. Together with the Western Cape having peak tourist season in February/March (including the Cape Town Cycle Tour which attracts many international visitors), the molecular data suggests there were likely several cases in South Africa before implementation of widespread travel restrictions, possibly among foreign travellers who either went undiagnosed or became ill and were diagnosed after returning home. These introductions in Cape Town are the most likely explanation for the Western Cape being the first province to see widespread transmission of SARS-CoV-2.

Mortality

Although reported COVID-19 deaths in South Africa suggest mortality of 335/million, the tracking of all excess deaths by the South African Medical Research Council (SAMRC) tells a different story, with nearly 2.5 times more excess deaths than reported COVID-19 deaths, with a cumulative excess mortality of 826/million by 27 October 2020. The timing of the excess deaths is co-incident with the peak in COVID-19 cases, and triangulation of Western Cape COVID-19 death data to the SAMRC excess deaths indicate that it is likely that the vast majority (~90%) of excess deaths were due to COVID-19 ⁽¹²⁾. Although the proportion of excess deaths in other provinces that are likely due to COVID-19 is unknown and may differ from the Western Cape, if we assume that 80-90% of the excess deaths in South Africa are due to COVID-19, this would give a COVID-19 mortality of 660-740/million, placing South Africa among the 10 countries in the world with worst burden of COVID-19 deaths, which is particularly sobering when we consider the relative youth of our population which is protective against high COVID-19 mortality.

Why, then, does South Africa appear to have experience such high COVID-19 mortality compared to other countries? Firstly, South Africa may have had higher age-specific infection fatality rates due to our underlying comorbidity burden, with a high prevalence of comorbidities that predispose to poor COVID-19 outcomes. South African and UK data have shown that in addition to non-communicable diseases (NCDs) such as diabetes, hypertension, cardiovascular disease and obesity, both HIV and tuberculosis moderately increase risk of COVID-19 death ^(13, 14). Importantly, the risk of COVID-19 death associated with diabetes in South Africa was higher than in studies from other countries. Under/late diagnosis and poor control of NCDs is common in South Africa, and the consequent pathology even in people with good current disease control may contribute to increased COVID-19 mortality. Secondly, despite considerable success with use of high flow nasal oxygen⁽¹⁵⁾, limited access to intensive care and mechanical ventilation for patients with severe COVID-19 (at least in the public sector) may have contributed to higher COVID-19 infection fatality rates in South Africa compared to other countries ⁽¹⁶⁾. Thirdly, given the challenges with achieving social distancing in South Africa's poor and densely populated communities,

especially in informal settlements, the South African attack rate has likely been considerably higher than other settings. This is supported by seroprevalence data obtained from sentinel surveillance using residual sera from routine public sector antenatal patients and people living with HIV attending health services for non-COVID-19 reasons. In the Cape Town Metro 40% of these patients had antibodies to SARS-CoV-2, with a range across subdistricts from 30% to 46% in the poorest sub-district of Khayelitsha, although selection bias in this convenience sample likely substantially over-estimates population seroprevalence ⁽¹⁷⁾. Taken together, these three factors would increase COVID-19 mortality overall, accounting for South Africa's high COVID-19 mortality despite having a younger population. The combined effect of comorbidity risk factors for COVID-19 death, restricted access to ICU/mechanical ventilation, and a high COVID-19 attack rate in poorer communities is illustrated by the fact that across the Cape Town Metro, Khayelitsha (one of the poorest sub-districts) had by far the highest age-standardized death rate (1504/million by mid-August 2020) compared to other sub-districts (545 per million across the Cape Town Metro) ⁽¹²⁾.

Where are we headed over the next 6-12 months

Globally, several countries have experienced more than one "wave" of COVID-19 infections. Second waves of infection have generally started within 2-3 months of the end of a first wave. In most countries the decline in cases leading to the end of the first wave is believed to be due to successful implementation of non-pharmaceutical interventions (NPIs) or restrictions imposed to curb the spread of the virus. To date, SARS-CoV-2 seroprevalence in countries experiencing additional COVID-19 waves has been less than 10% nationally, reaching only 15% in areas with severe first waves such as Madrid, indicating that population-level immunity has not played a major role in curtailing the first COVID-19 wave ⁽¹⁸⁾. Factors that may have led to a resurgence in transmission in other countries include easing of restrictions, resumption of mass gatherings, summer vacation activities and poor adherence to social distancing measures and quarantine.

In contrast to several other countries, the South African epidemic declined despite progressive reductions in restrictions. In addition, the sentinel surveillance seroprevalence data from the Western Cape, and anecdotally from other areas, indicates that relatively high proportions of some communities have already been infected with SARS-CoV-2, suggesting that the factors causing a decline in the first wave of COVID-19 in our setting may differ from other countries ⁽¹⁷⁾. Although there is likely substantial heterogeneity in COVID-19 attack rates both within and between different communities, some degree of population-level immunity has likely played a role in the reductions in transmission observed.

While resurgences are expected and a second wave may occur in South Africa, given the above data it is considered unlikely that a second wave will occur in the short term (6-8 months)

in the same communities that experienced widespread initial waves of infection, unless immunity wanes extremely rapidly. If a second wave does occur, it is expected to peak at a lower level than the first wave and to occur in middle class and more affluent communities that were largely shielded during the first wave, as the most densely populated communities with highest risk of transmission have already experienced relatively pervasive outbreaks as indicated by seroprevalence data. The recent cluster outbreak seen in relation to a social gathering of adolescents and youth in more affluent suburbs of Cape Town is a very good example of expected resurgence events⁽¹⁹⁾. Reduced adherence to NPIs, waning immunity, and seasonal behaviour changes (e.g. holidays at the end of the year, re-opening of schools after holidays) could increase the risk of resurgence. However, given the multiple uncertainties regarding COVID-19 immunity and transmission dynamics, it is not possible to predict the likelihood, timing, location or magnitude of resurgences, especially beyond 6-8 months, for a particular district, province or the country as a whole. Hence vigilance and surveillance are critical for early detection of an uptick in transmission in order to control and mitigate the impact of any resurgence. In addition to case-based surveillance, monitoring SARS-CoV-2 levels in wastewater can provide valuable complementary information on transmission that does not rely on people accessing SARS-CoV-2 tests and can provide an early warning of increased transmission in a community⁽²⁰⁾. Partners in the South African Collaborative Covid-19 Environmental Surveillance System (SACCESS) network are implementing wastewater surveillance in several locations across the country, but coverage is still low overall. In the context of growing COVID-19 fatigue, in order to keep transmission at levels that do not overwhelm our health services and allow for normal health services and economic activity to continue, it is critical to re-inforce NPIs that slow transmission as we await the promise of vaccine implementation.

References

1. South African National Department of Health. Update on COVID-19 (5 November 2020) [Available from: <https://sacoronavirus.co.za/2020/11/05/update-on-covid-19-05th-november-2020/>] Accessed 7 November 2020.
2. Dyer O. Covid-19: Excess deaths point to hidden toll in South Africa as cases surge. *BMJ*. 2020;370:m3038.
3. National Institute of Communicable Diseases. COVID-19 Weekly Epidemiology Brief - Week 44 2020 [Available from: <https://www.nicd.ac.za/wp-content/uploads/2020/11/COVID-19-Weekly-Epidemiology-Brief-week-44.pdf>] Accessed 7 November 2020.
4. National Institute of Communicable Diseases. Coronavirus disease 2019 (COVID-19) caused by a Novel Coronavirus (SARS-CoV-2) Guidelines for case-finding, diagnosis, management and public health response in South Africa. 2020 [Available from: https://www.nicd.ac.za/wp-content/uploads/2020/03/NICD_DoH-COVID-19-Guidelines-10March2020_final.pdf] Accessed 7 November 2020.
5. National Institute of Communicable Diseases. Notifiable Medical Conditions (NMC) Case Definitions: Coronavirus Disease-19 2020 [Available from: https://www.nicd.ac.za/wp-content/uploads/2020/04/Revised_COVID-19_NMC-Case-Def_5-April-2020.pdf] Accessed 7 November 2020.
6. National Institute of Communicable Diseases. Impact of COVID-19 intervention on TB testing in South Africa 2020 [Available from: <https://www.nicd.ac.za/wp-content/uploads/2020/05/Impact-of-Covid-19-interventions-on-TB-testing-in-South-Africa-10-May-2020.pdf>] Accessed 7 November 2020.
7. Baleta A. Covid-19 side-effect: Dramatic drop in SA's immunisation rates: Daily Maverick; 2020 [Available from: <https://www.dailymaverick.co.za/article/2020-06-24-covid-19-side-effect-dramatic-drop-in-sas-immunisation-rates/>] Accessed 7 November 2020.
8. Olsen SJ, Azziz-Baumgartner E, Budd AP, Brammer L, Sullivan S, Pineda RF, et al. Decreased Influenza Activity During the COVID-19 Pandemic — United States, Australia, Chile, and South Africa, 2020. *Morbidity and Mortality Weekly Report*. 2020;69(37):1305-9.
9. Reuter H, Jenkins LS, De Jong M, Reid S, Vonk M. Prohibiting alcohol sales during the coronavirus disease 2019 pandemic has positive effects on health services in South Africa. *African Journal of Primary Health Care and Family Medicine*. 2020;12(1).
10. Matzopoulos R, Walls H, Cook S, London L. South Africa's COVID-19 Alcohol Sales Ban: The Potential for Better Policy-Making. *International Journal of Health Policy Management*. 2020;9(11):486-7.
11. Wilkinson E, Tegally H, de Oliveira T, Delaney K, Kleinhans B, Preiser W, et al. Molecular Epidemiology of SARS-CoV-2 in Cape Town, South Africa 2020 [Available from: <https://nextstrain.org/groups/ngs-sa/narratives/COVID19-WC-2020.07.13>] Accessed 9 July 2020.
12. Davies MA. Western Cape Epidemiology Update for University of Cape Town Department of Medicine COVID-19 weekly webinar (19 August 2020) 2020 [Available from: <http://www.medicine.uct.ac.za/covid19-echo-clinic/>] Accessed 10 November 2020.
13. Western Cape Department of Health in collaboration with the National Institute for Communicable Diseases SA. Risk factors for COVID-19 death in a population cohort study from the Western Cape Province, South Africa. *Clinical Infectious Diseases*. 2020. [Available from <https://doi.org/10.1093/cid/ciaa1198>.] Accessed 7 November 2020.
14. Geretti AM, Stockdale AJ, Kelly SH, Cevik M, Collins S, Waters L, et al. Outcomes of COVID-19 related hospitalization among people with HIV in the ISARIC WHO Clinical Characterization Protocol (UK): a prospective observational study. *Clinical Infectious Diseases*. 2020. [Available from: <https://doi.org/10.1093/cid/ciaa1605>.] Accessed 9 Nov 2020.
15. Calligaro GL, Lalla U, Audley G, Gina P, Miller MG, Mendelson M, et al. The utility of high-flow nasal oxygen for severe COVID-19 pneumonia in a resource-constrained setting: A multi-centre prospective observational study. *EClinicalMedicine*. 2020:100570.
16. Critical Care Society of Southern Africa. Allocation of Scarce Critical Care Resources During the COVID-19 Public Health Emergency in South Africa 2020 [Available from: <https://criticalcare.org.za/wp-content/uploads/2020/04/Allocation-of-Scarce-Critical-Care-Resources-During-the-COVID-19-Public-Health-Emergency-in-South-Africa.pdf>] Accessed 9 Nov 2020.
17. Hsiao M, Davies MA, Kalk E, Hardie D, Naidoo M, Centner C, et al. SARS-CoV-2 seroprevalence in the Cape Town metropolitan sub-districts after the peak of infections 2020 [Available from: https://www.nicd.ac.za/wp-content/uploads/2020/09/COVID-19-Special-Public-Health-Surveillance-Bulletin_Issue-5.pdf] Accessed 1 November 2020.
18. Pollán M, Pérez-Gómez B, Pastor-Barriuso R, Oteo J, Hernán MA, Pérez-Olmeda M, et al. Prevalence of SARS-CoV-2 in Spain (ENE-COVID): a nationwide, population-based seroepidemiological study. *Lancet*. 2020;396(10250):535-44.
19. Evans J. Tin Roof party: Covid-19 cases now stand at 89. *News 24*. 2020. [Available at: <https://www.news24.com/news24/southafrica/news/tin-roof-party-covid-19-cases-now-stands-at-89-20201015/>] Accessed 10 November 2019.
20. Pocock, G. Coetzee L, Mans J, Taylor M, Genthe B. Proof of concept study: application of wastewater-based surveillance to monitor SARS-CoV-2 prevalence in South African communities. 2020. [Available from: <http://wrcwebsite.azurewebsites.net/wp-content/uploads/mdocs/TT%20832-20%20final%20web.pdf>] Accessed 11 September 2020.

KM Seedat Memorial Lectureship

Re-Envisioning Re-Engineered Primary Health Care In South Africa

Professor Haroon Saloojee

Personal Professor and Head, Division of Community Paediatrics, Department of Paediatrics and Child Health, University of the Witwatersrand, Johannesburg

INTRODUCTION

Where lies the remedy for the South African health system that has variably been described as broken, dysfunctional and eternally in crisis? Salvation has often been touted as lying in a renewed focus on the primary health care (PHC) system and getting the basics right. South Africa indeed accepted this cure, and in 2011 formally introduced the concept of a re-engineered PHC service.

In the eight years hence, various innovations have been introduced in the name of PHC reengineering. The function of community health workers has been redefined within a structure called a Ward Based Outreach Team (WBOT), a new entity was created through a conglomeration of different health professionals and titled the District Clinical Specialist Team (DCST), school health services have been established or strengthened through an Integrated School Health Programme (ISHP) and, later, private non-specialist health practitioners contracted to provide support within public clinics and hospitals (figure 1).

Figure 1: Four arms of the reengineering of primary health care strategy



All of these interventions were mostly welcomed by the health fraternity, as well as the public, as opportunities to improve population health, and for getting much needed health services

to households, schools and communities. It took Brazil 15 years to systematically roll out their PHC change strategy – so 7.5 years since South Africa's initiation of its own effort is a good time to conduct a "mid-term review".

This paper reflects on the successes and failures of the PHC reengineering initiative. It describes the envisaged and actual contribution of the various strategies and role players, examines obstacles to optimal delivery, and offers suggestions on how roles and functions could be re-envisaged. It concludes that a re-envisaging of the PHC strategy is required to provide a clearer future vision and for achieving many of the originally envisaged outcomes.

WHAT IS PHC RE-ENGINEERING?

The declared core principles of PHC reengineering are to attain a population-orientation to health care, based on a well-functioning district health system focused on meeting priority health needs through PHC teams. The promise was that quality of care could be improved through stronger clinical governance and paying attention to the basics, amongst other systemic interventions.

The challenge posed, and recognised from the outset, was that the strategy was an essential - but not sufficient - condition to achieve improved health outcomes. It had to be accompanied "by a change of culture that incentivises system-wide planning and implementation to achieve desired outcomes and maximise strategic partnerships".¹ The model adopted by South Africa was based on the Brazilian model, but with fewer human and financial resources committed. Three core components were initially introduced with the fourth following in 2013. A ministerial task team was established at the outset to lead the process, and offered some initial guidance, but there is limited documentation of what guided subsequent support and thinking. In the following sections, each of the four component strategies of PHC reengineering are critically evaluated.

WARD BASED PHC OUTREACH TEAMS

There are 4 277 electoral wards in South Africa with ward populations ranging from less than 1000 in some wards to more than 20 000 in others. In theory, each ward should have a ward-based outreach team (WBOT), led by an enrolled nurse and comprising community-based

lay health workers (CHWs) in a ratio of 1:250 households. Outreach teams represent an attempt to formalise, standardise and integrate existing community-based services into the PHC system. This includes community, household and individual assessments, health promotion activities, referral and simple interventions, e.g. basic first aid or oral rehydration therapy provision.

An estimated 58 000 community health workers (CHWs) are currently located in all 52 districts nationally. Most have been appropriated from non-profit organisations involved in HIV and TB care, and many continue to offer this service as their primary responsibility. There is little data on the current performance of WBOTs nationally or locally. Anecdotally, their roles are highly idiosyncratic, depending heavily on previous experience, and to a lesser degree on training, which also varies widely. Nursing leadership (including training, mentoring, supervision) of the teams has been sparse and extension of activities to areas such as maternal and child health mostly cursory. In short, there is scant evidence of attainment of expected gains.

Obstacles to achieving set objectives are listed in table 1, and include insufficient CHW skill levels, limited supervision, weak linkage with clinics and funding uncertainties (now mostly resolved). Community health programmes are "diverse, unstructured and unregulated",² with no uniformity in how provinces deal with ward-based carers. Description of successes at a national, provincial or district scale are meagre (table 2) and mostly relate to ongoing support for HIV and TB activities. An additional explanation for the poor gains is that the selected household ratio prevents meaningful interaction, and that a CHW to household ratio of about 1:20 would better allow this to materialise. Several descriptions of CHW activity and outcomes have been published,³⁻⁵ including description of workable models,⁶ and an investment case,⁷ but outcome or impact data are sadly lacking.

Recommendations made by various individuals to improve the situation are summarised in table 3 and involve upskilling through training, stronger linkages to health services, providing a defined set of activities, increased supervision and mentoring, and greater resourcing. Whether any of these can be provided in the short to medium term (2 to 5 years) is debatable, but unlikely in my opinion. This negativity is the result of limited evidence of any activity currently to address identified deficiencies at a national level.

INTEGRATED SCHOOL HEALTH PROGRAMME

The Integrated School Health Programme (ISHP) is a collaboration between the departments of education, health and social development. There are about 23 000 public schools countrywide, with about 14 million students, served by approximately 550 school health teams and about 2000 school nurses. The focus of the ISHP is on schools in quintiles 1 and 2 (the poorest schools), where learners in grades R, 1 and 8 are screened; Grade 4 girl learners targeted for the human papillomavirus (HPV) vaccination; and health education on 'know your body' offered to all learners. Aspirational goals include strengthening the life skills programme with a specific focus on sexual

and reproductive health and the reduction of alcohol consumption.

Screening coverage is used to monitor ISHP performance at district, provincial and national levels. In 2017/18, a third of 1.16 million Grade 1 learners were screened, about double the number screened four years previously but only 0.2% better than the previous year. In the same year about 22% of grade 8's were screened.⁸ This confirms the struggle the ISHP has had in achieving coverage for even a basic service. This should not surprise considering that a single nurse is expected to serve about 17 schools on average (the ideal being one nurse per school). There are no data on how well health services are responding to meeting the needs of children identified through school screening as requiring support, but anecdotal reports suggest limited success.

Table 1 outlines obstacles to delivery, with low staff numbers and limited resources dominating. There are few notable successes and many disappointments (table 2). A key recommendation (table 3) is for the school health nurse's role to shift from performing screening and other basic tasks to fulfilling a coordinating role. Task shifting of screening to lay, trained workers and health promotion to peer educators, for instance, could free the school nurse to assume a coordinating and monitoring role, supporting extension of the service to more schools and ensuring that health services respond appropriately to problems identified during screening, such as children in need of reading glasses or dental care.

DISTRICT CLINICAL SPECIALIST TEAMS

In theory, every district should be supported by a team consisting of a family physician gynaecologist/obstetrician, paediatrician, anaesthetist, advanced midwife, paediatric nurse and primary health care nurse. This goal has been hard to attain, with 2017 data indicating that only 8 of 46 districts (17%) had full DCST teams (excluding the anaesthetist). A quarter of districts nationally did not have sufficient team members with the knowledge or skills to cover expected DCST work in any meaningful way. Overall, 40% of posts remained vacant. Specialist nursing posts were mostly filled (>80%), with advanced midwives having the highest occupancy at 91%; family physician posts were 74% filled; obstetrician and paediatrician posts were below half-filled and only 5 (11%) of anaesthetist post were occupied.

The defined role of DCSTs is to strengthen clinical governance at PHC level as well as in district hospitals. Clinical governance is a process promoting accountability and establishes specific lines of responsibility for improving clinical practice. DCSTs are expected to dedicate 70-80% of their time to this function, 10-20% to clinical work and spend 10% on teaching and research. The DCST clinical governance role encompasses improving the quality of clinical services by providing clinical training, facilitating accountability through monitoring and evaluation support, assisting district level organisational activities, logistics and budgetary planning, and ensuring better collaboration, communication and reporting within the district.

Tables 1 and 2 summarise successes, failures and recommended changes to DCST functioning. A study involving three districts where managers, implementers and intended beneficiaries of the DCST innovation were interviewed identified role ambiguity and conflict in the implementation of the new DCST role.⁹ A paper describing the contribution of DCSTs in improving maternal and child care identified 24 innovations; most (41%) related to staff development, 21% each reflected the clinical effectiveness pillar and user-related considerations, with the remainder (17%) involving clinical risk management.¹⁰

Table 1: Successes and failures of primary health care re-engineering components

Successes	Failures
Ward based outreach teams (WBOTs)	
<ul style="list-style-type: none"> • Home visits being conducted • Provision of home-based care for HIV and TB (supporting adherence) • Opportunity for patients to voice difficulties and barriers to benefiting from health care and treatment 	<ul style="list-style-type: none"> • Implementation left to the capacity and inclination of provinces or districts to plan and operationalise • CHWs often poorly selected, trained, and supervised • CHWs not always respected by clinic and hospital staff • Poorly linked to other members of the district health team • Limited multisectoral coordination • Little capacity to work with and support people in poor communities with complex health and wellbeing needs • Limited extension of care and support beyond HIV and TB activities • No data on outcomes of activities or referrals
Integrated school health programme (ISHP)	
<ul style="list-style-type: none"> • Screening programme for grades R, 1 and 8 includes vision, hearing and dental examination. • HPV vaccination coverage high (about 85%) 	<ul style="list-style-type: none"> • Low screening coverage (22-33%) • Health promotion activities non-existent • Ineffective and non-standardised referral systems • No feedback measures in place between the ISHP teams, facilities and the schools or Department of Basic Education.

District clinical specialist teams (DCSTs)	
<ul style="list-style-type: none"> • “Bridge builders” - interface between different layers of the healthcare system. • Individual site-based reports of gains (vs. systematic success) 	<ul style="list-style-type: none"> • Governance and accountability failures - inability by district to hold DCSTs to account, and failure of DCSTs to hold to account those they are appointed to advise. • Limited or absent collaboration with other arms of reengineered PHC
General Practitioner (GP) contracting	
<ul style="list-style-type: none"> • Improvement in the number of antiretroviral therapy (ART) initiations carried out by nurses and retention on ART in both children and adults. • Increase in the number of referrals to the Central Chronic Medicine Dispensing and Distribution programme for patients with stable chronic conditions. • Decrease in the number of referrals to hospitals. • Rigid contracts with clear definitions of roles, services, hours to be worked, etc. 	<ul style="list-style-type: none"> • Limited success in GP enrolment • Currently not affordable at scale • May not be the most cost-effective method to improving health outcomes at PHC. • Rigid contracts hamper service provision as it restricts flexibility in facilities, the hours that a doctor can work and recognition of additional qualifications. • Annual contract renewal reduces job security and encourages high turn-over of recruits.

Table 2: Recommendations for re-envisioning re-engineered primary health care

Ward based outreach teams (WBOTs)
<ul style="list-style-type: none"> • Achieve consensus on what is being sought from CHWs. • Apply the 80:20 principle (80% of the effects come from 20% of the causes) • Increase political commitment and reduce conflicting interests and objectives amongst government sectors, and difficulties between and within different levels of government. • Integrate primary care platform linking PHC centres with WBOTs and other outreach initiatives. Define linkage role of community health workers. Get the connection from hospital/clinic, and vice versa, right. • Adopt a more comprehensive approach to service delivery, e.g. greater concentration on maternal and child health. • Reduce the ratio of ward-based outreach teams to households served. • Involve private doctors (e.g. in supporting WBOTs from their practices) • Encourage use of smart phones by WBOTs, e.g. for data capture or health education of community members. • Record data elements electronically for real-time integration with the DHIS. • Track referrals through unique patient identifiers

Integrated school health programme (ISHP)

- Move focus of school health and WBOT work from achieving coverage to improving quality and impact (and define indicators to measure these).
- Change role of school health nurse to that of a service coordinator rather than a foot soldier delivering care.
- Promote task shifting, e.g. using lay, trained staff to screen learners, peer supporters to support health promotion activities.
- Expand educators' (teachers') role to include screening, support for health promotion and medication (deworming) delivery
- Establish unique patient identifiers to allow tracking of learners, with individual outcome data
- Incorporate ISHP into district plans, including budgeting
- Make PHC centres role in providing services to school-aged children more explicit, e.g. adolescent health services.

District clinical specialist teams (DCSTs)

- Amplify clinical governance role.
- Allow flexibility in size, nature and placement of team dependent on workload. Retain full team in large and busy districts with major challenges but reduce elsewhere. For example, a core team (family practitioner and 3 nurses), but with formal specialist support could suffice in less busy districts.
- Base team in a regional hospital rather than district, supporting more than one district (in less resourced settings).
- Promote formal provincial clinical oversight and support.
- Fill vacancies. Allow experienced medical officers to take up positions. Offer joint academic appointments to relevant staff.
- Widen remit of family physician and PHC nurse to include assessment, training and mentoring of other priority health conditions (e.g. sexually transmitted diseases, non-communicable diseases, mental health, primary surgical care).

General Practitioner contracting

- Contract private doctors in their rooms to deliver parts of (or whole of) a PHC service package.
- Pay based on time, capitation and performance.
- Allow doctors to serve as clinical coordinators of multi-disciplinary teams of health professionals in the sub-district
- Formally include outreach activities in job description: a fixed proportion (e.g. 10%) could be dedicated to outreach activities.

There is a need for greater flexibility in designing DCST work plans, providing district health services discretion in shaping the activities and role of the DCST according to local context or need. Increasingly, provinces (such as Limpopo and Free State) have unilaterally redesigned their DCST models to meet their own needs. While local modification should be welcomed, the conduct of this change outside a carefully considered national reorientation of the DCST role risks an erosion of the core concept and ultimately dissolution of these teams.

Contracting of private health practitioners at non-specialist level
The General Practitioner (GP) contracting initiative was designed to contract-in private sector GPs to render time-bound sessions in public sector PHC facilities. By December 2016, 330 doctors had enrolled into this programme but there has been a slower uptake since. The placement of doctors is mainly influenced by service delivery needs as identified by the district. The Department of Health (DoH) has found it difficult to recruit doctors to work in clinics, but doctors were more willing to be contracted by the Fellowship for Professional Development (FPD), a profit generating department in

the South African Medical Association (SAMA), to perform the same functions.

The expectation is that general practitioners provide general PHC services, mentor nurses, reduce inappropriate referrals to higher levels of care and decrease waiting times. While clinical governance is an expected function, fewer DoH contracted doctors compared to FPD contracted doctors were aware of this role. Performing clinical audits was a performance requirement for FPD contracted doctors, while DoH contracted doctors only conducted clinical audits as and when possible.

Once again, data on the effectiveness of this component of PHC reengineering is sparse, with some reports of successes, but many complaints about the current processes not maximising the potential. Administrative barriers such as cumbersome contractual processes, monitoring of hours worked and payment mechanisms have dissuaded greater number of practitioners engaging in the activity.

SUCCESSES AND FAILURES

The greatest success of the PHC reengineering strategy is that it was implemented and still exists. However, evidence of successes are limited and poorly documented, and any claims of impact are anecdotal. This should not distract from the good work done in some districts and provinces.

The major failure is the sense that the initiative has failed to revitalise PHC in any meaningful way. The various component strategies continue to function mostly in parallel, and while there is evidence of activity, this appears idiosyncratic and any gains appear to be the consequence of individual vision and leadership rather than systematic change. There appears to be uncertainty about who should be leading, perhaps the result of the tasks being viewed as overly daunting and difficult.

FUTURE DIRECTIONS

With limited available formal documentation, research or public reflection on the reengineering of PHC strategy it is difficult to gauge where the initiative is going as a whole. Similarly, the individual components seem to be evolving spontaneously rather than through continuous systematic review and strategic planning. While there have been many calls for CHWs and WBOTs to be trained, organised and directed differently, there is little reason to believe that this is imminent. The ISHP also appears to be stagnating with no indication of additional resources being procured. The DCST model has recently been modified by at least two provinces and whether this will yield benefits is unclear. While some question the motivation to continue the DCST model, there is no reason to believe that its demise is impending. Finally, the general practitioner contracting model is highly likely to evolve with the ongoing implementation of National Health Insurance.

CONCLUSION

The district health system in contemporary South Africa remains

poorly organised, unintegrated, and is characterised by resource constraints, particularly in budgetary and clinical human resources, and weak managerial capacity.

Reengineering of PHC was a policy advance, but its rushed introduction resulted in lack of adequate attention to meeting implementation needs such as resources, budget, supervision, training and sustainability. This subverted potential gains, with many operational challenges persisting to date. There appears to have been inadequate national, provincial and district leadership guiding delivery of individual components of the reengineering strategy as well as the overall strategy. Without strong leadership, health systems rarely spontaneously respond to emerging challenges, nor do they optimise use of available resources.

Keeping any new health strategy on track demands a keen sense of direction, and coherent investment in the various building blocks of the initiative. The current, mostly anecdotal, evidence of implementation at this "halfway mark" of the re-engineering primary health care intervention, allows few valid or generalizable conclusions of programme performance to be made, and a structured formal review of its successes and failures is warranted.

An argument has been presented that new directions need to be carved for the reengineering of PHC strategy. Failure to do so risks loss of the hard-won successes and a collapse of the initiative.

References

1. Naledi T, Barron P, Schneider H. Primary Health Care in SA since 1994 and Implications of the New Vision for PHC reengineering. In: Padarath A, English R, editors. *South African Health Review 2011*. Durban: Health Systems Trust; 2011.
2. Nxumalo N, Goudge J, Manderson L. Community health workers, recipients' experiences and constraints to care in South Africa – a pathway to trust. *AIDS Care* 2016;28:sup 4,61-71.
3. Munshi S, Christofides NJ, Eyles J. Sub-national perspectives on the implementation of a national community health worker programme in Gauteng Province, South Africa. *BMJ Global Health* 2019;4:e001564.
4. Khuzwayo LS, Moshabela M. The perceived role of ward-based primary health care outreach teams in rural KwaZulu-Natal, South Africa. *Afr J Prim Health Care Fam Med* 2017;9:1388.
5. Thompson K. The value of the community health worker in the South African health care system. *SACEMA quarterly* 2016.
6. le Roux K, le Roux IM, Mbewu N, Davis E. The role of community health workers in the re-engineering of primary health care in rural Eastern Cape, South Afr Fam Pract 2015;57:116-120.
7. Daviaud E, Besada D, Budlender D, Sanders D, Kerber K. Saving lives, saving costs: Investment Case for Community Health Workers in South Africa. Cape Town: South African Medical Research Council; 2018.
8. Bamford L. School Health. In: Massyn N, Pillay Y, Padarath A, editors. *District Health Barometer 2017/18*. Durban: Health Systems Trust; 2019.
9. Oboirien, K., Harris, B., Goudge, J, Eyles J. Implementation of district-based clinical specialist teams in South Africa: Analysing a new role in a transforming system. *BMC Health Serv Res* 2018;18, 600 doi:10.1186/s12913-018-3377-2
10. Feucht U, Marshall C, Kauchali S, Barron P, Slavin L, Bhardwaj S, et al. Innovations in the clinical care of mothers and children in South Africa: The contribution of district clinical specialist teams. *S Afr Med J* 2018;108(3 Suppl 1):S38-S43.

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:

Evelyn Chetty

Tel +27 31 261 8213

Tel +27 31 261 8518

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

JC Coetzee Lectureship 2020

Antenatal Care Next Level of Expertise and The Family Practitioner

RC Pattinson, TMAG Hlongwane,
SAMRC/UP Maternal and Infant Health Care Strategies Unit

ABSTRACT

The importance of routine antenatal care has been clearly established and South Africa changed its antenatal care policy from having four routine visits to having eight contacts in 2016.

This change has led to an increase in the diagnosis of hypertensive disorders in pregnancy (HDP) in the sites monitored as was expected. In monitored sites there was no decrease in the perinatal mortality, but surprisingly, a decrease in unexplained stillbirths and an increase in stillbirths due to HDP.

The most common avoidable factor recorded in these sites was non response to hypertension in the antenatal period. HDP shares the most common cause of maternal deaths with obstetric haemorrhage and the main avoidable factor related to maternal death in HDP is non recognition of HDP at the primary level of care.

Thus, the biggest barrier to reducing maternal and perinatal deaths due HDP is lack of appropriate action at the primary level of care, mostly the primary health care clinics. This barrier can be overcome if there is a 'next level of expertise' available at the primary health care clinics which can review and plan further management of women with non-urgent problems in pregnancy.

A family practitioner with an interest in antenatal care or a specially trained advanced midwife could fulfil this role.

BACKGROUND

Routine antenatal care was introduced into practice without much evidence for its effectiveness to reduce maternal and neonatal morbidity and mortality.

Routine antenatal care's value was seriously questioned in the 1980 and 1990s with the debate opened by Hall et al. ⁽¹⁾, in a paper questioning the value routine antenatal care in the Lancet.

Ultimately this led to a world-wide randomised trial run by the World Health Organisation (WHO) ⁽²⁾ which introduced focused antenatal

care with reduced antenatal visits down to four routine visits from the traditional twelve visits.

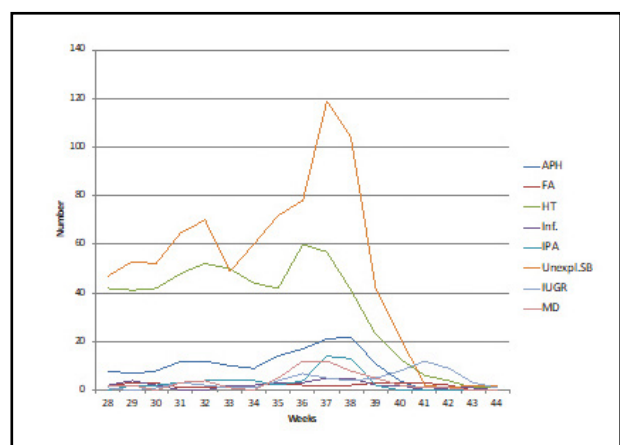
In this trial they stated that there was no increase in mortality with the reduced visits. This reduced visit model was adopted and included in the South African national guidelines in 2008 where it was called Basic Antenatal Care (BANC).

However, concern that the reduced visits were associated with an increased stillbirth rate^(3,4) developed over time.

The WHO also was working on new antenatal care recommendations in line with the new research and ultimately produced a new set of guidelines in 2016 ⁽⁵⁾.

The National Department of Health (NDoH) set up a working group to advise on whether the antenatal care policy should change and the working group's report was submitted to the NDoH (Basic Antenatal Care (BANC) package in South Africa - motivation to increase the routine number of antenatal visits. GS Gebhardt, R Pattinson, J Hofmeyr, J Moodley, P MacDonald, E Bekker, K Hoffman, P Holele, F Nyalunga). The report included South African data.

Figure 1. Peaks in stillbirths in Mpumalanga province in South Africa



This figure illustrates the two peaks of stillbirths (at 32- and 38-week's gestation). The peaks correlate with the antenatal visits using the reduced visit BANC protocol at 32 and 38 weeks. This illustrates that

stillbirths were being diagnosed at these times as the women were attending clinics then and then labour was induced. Stillbirths were not being prevented, just diagnosed. This together with the new knowledge that the reduced visits were associated with an increase the perinatal mortality by 15% motivated for the increased visits and other changes for antenatal care in BANC Plus. The work groups recommendations were in line with the new WHO recommendations ⁽⁶⁾.

The Minister of Health accepted the new antenatal care package (called Basic Antenatal Care Plus - BANC Plus) at the National Health Council of 24th November 2016 and instructed the MECs to implement it starting 1st April 2017. The SAMRC/UP Maternal and Infant Health Care Strategies unit (hence forth called SAMRC/UP unit) monitored and evaluated the implementation of BANC Plus.

RESULTS

After the introduction of the BANC Plus workshops in February and March 2017 the SAMRC/UP unit conducted a series of focus groups in 6 of the 9 provinces (Mpumalanga, North West, Gauteng, Eastern Cape, Free State, and Northern Cape) which comprise of 31 of the 52 districts in the country on antenatal care amongst other things. A total of 22 focus groups were held with a total of 524 participants. The participants included the provincial Maternal and Child Health (MCH) coordinators, district managers, facility managers, CEOs of hospitals, Head of department (HOD) of Obstetrics and Gynaecology departments from larger hospitals, health care professionals from all types of facilities including primary health care (PHC) facilities, emergency medical services (EMS), District Clinical Specialist Teams (DCSTs) and the NDOH.

The point was made that with the increased antenatal visits there will be increased high-risk pregnancy referrals as the women and fetuses at risk will be detected and referred. This had already resulted in some of the large hospital's clinics being over-run by women being referred for pregnancy complications. The focus groups were asked how they plan to deal with the increased number of pregnant women and fetuses detected with high-risk factors.

Summary of focus group findings

- Only one district commented on lack of staff for performing the increased antenatal visits.
- Most districts had not developed plans to deal with the increased referrals.
- In those districts where there were plans, there were four models used to manage the increased load of high-risk pregnant women
 - Training an "advanced antenatal care practitioner" (advanced midwife or doctor) to see the non-urgent referrals at the clinic once a week. They would decide whether to manage the women at the PHC clinic or refer to the hospital or tertiary antenatal clinic. These practitioners had a direct line to the hospital and specialists. The practitioners would visit about 5 PHC clinics per week.
 - Training the doctors at the PHC clinics to see the non-urgent

referrals and decide to manage at the PHC clinic or refer to the hospital or specialist. A training course (BANC Plus consultation) was developed for this.

- Outreach from the hospital by doctors from the maternity unit to see women at the clinic. Mostly this occurred in Midwife Obstetric Units that were doing over 1500 deliveries per year.
- Outreach using the DCST to see women at the PHC clinics. These were the advanced midwife or family physician from the DCST.
- Transporting women to the high-risk antenatal clinic was often a problem.
- The solutions given were:
 - Woman to provide their own transport (worst option)
 - Planned patient transport run by EMS.
 - Call an ambulance to take the woman to hospital, even though it was not an emergency.
- Women were admitted to hospital for considerable periods because of lack of transport.
- Maternity waiting homes were used for some women with high-risk antenatal factors.

Four catchment areas were used to assess the implementation of the BANC Plus programme at the primary health care clinics (PHCs). Table 1 gives the catchment areas.

Table 1. The 4 catchment areas used for the monitoring and evaluation

Province-Hospital area	Clinics and referral hospital
Gauteng: Tsakane area	Nokuthela Ngwenya clinic, Kwa Thema clinic, and Pholosong hospital clinic
Northern Cape: Upington area	Progress clinic, Sara Strauss clinic, Louisvale Weg Clinic, Lingeletu clinic, and Dr Harry Surtie Hospital
North West: Mafikeng area	Montshioa Stadt clinic, Montshiwa Town clinic, Unit 9 clinic, Mafikeng Provincial hospital
Limpopo: Thohoyandou area	Thohoyandou community health centre, Sibasa clinic, Shayandima clinic, Tshilidzini hospital

The antenatal records and pregnancy outcome were recorded in 50 consecutive deliveries before implementation of BANC Plus (March 2017) and subsequently of each quarter (July, September, November and February 2018) from each site and assessed by TH.

Analysis of 1000 maternal cards focuses on the changes in number antenatal contacts, the detection of antenatal hypertension and the response to detection of hypertension.

There was a steady increase in the average number of visits that each pregnant women in these catchment areas had (Figure 2) with over 60% having more than 6 visits and just under a quarter having more than 8 visits, up from 37% and 4% respectively.

Figure 2. Change in number of antenatal visits over one year in the catchment areas

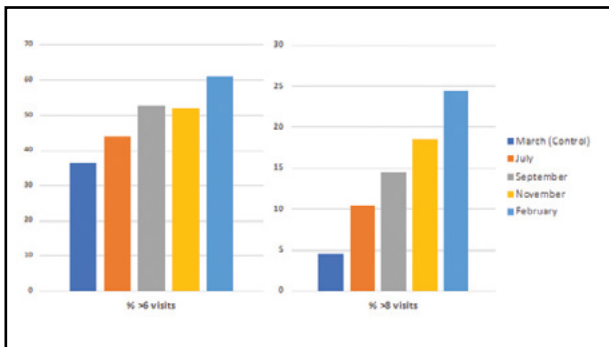
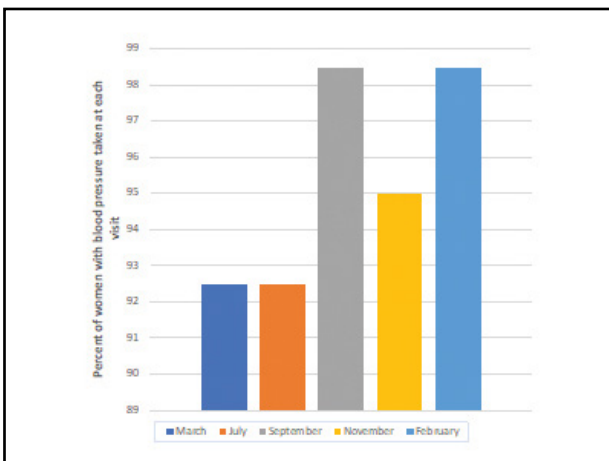


Figure 3. Percent of women where the blood pressure was taken at every visit



There has been a reduction in the percent of women who did not have their blood pressure measured at each visit (Figure 3) and an increase in the number of women detected with hypertension (Table 2). Coupled with this there has been an increase in the number of cases where the appropriate action was taken (Table 2). However, even though there was an increase in appropriate action of 23%, still about one third of women were not appropriately managed one year after the implementation of BANC Plus.

Table 2. Percent of appropriate action taken in those detected with hypertension during antenatal care.

Month (200 cases/month)	Number with hypertension	Number with appropriate action take	% Appropriate action
March 2017	25	14	56.0
July 2017	28	17	60.7
September 2017	24	16	66.7
November 2017	40	27	67.5
February 2018	36	25	69.4

Overall, the women were visiting the clinic more often, the blood pressure was taken at most antenatal clinic visits, an increasing number of women with hypertension were detected and an increasing number of women with hypertension detect had the appropriate action taken. However, appropriate action was not taken in just under a third of cases at the end of the year after implementation.

EFFECT ON PERINATAL MORTALITY

Each site runs the Perinatal Problem Identification Program (PPIP) and data on perinatal mortality was collated and analysed in 6 monthly tranches to assess the impact if any on mortality.

The tranches were 6 months before the change in antenatal care protocol (October 2016-March 2017, i.e. control group); 6 months into the change (April 2017-September 2017, i.e. during transition) and the following 6 months (October 2017-March 2018 after transition). There was a significant decrease in unexplained stillbirths, but also a significant increase in stillbirth due to hypertension. See tables 3 and 4 below. The overall stillbirth rate and early neonatal death rates remained similar.

Table 3. PPIP indicators: Primary causes of Stillbirths

Time Period	Total del.	•Del.	Unexp SB	HDP	APH	SpPD	IPA
Oct 2016 - Mar 2017	9801	•9637	103	14	24	11	18
Apr 2017 - Sep 2017	10581	•10408	65	39	28	16	30
Oct 2017 - Mar 2018	11051	•10866	61	34	40	19	25

Hypertensive disorders of pregnancy (HDP), Unexplained stillbirth (Unexpl SB), Antepartum haemorrhage (APH), Spontaneous Preterm delivery (SpPD), Intrapartum asphyxia (IPA). □ Total deliveries more than 1000g who attended antenatal care.

Table 4. Stillbirth rates due to Hypertension, Unexplained stillbirths and Antepartum haemorrhage in antenatal care attenders. (Births and Stillbirths >1000g)

Time Period	HDP SBR	Unexp. SBR	APH SBR
Oct 2016 - Mar 2017	1,5	10,7	2,5
Apr 2017 - Sep 2017	3,7	6,2	2,7
Oct 2017 - Mar 2018	3,1	5,6	3,6

SBR – Stillbirth rate; HDP – hypertensive disorders of pregnancy; Unexp. Unexplained; APH – Antepartum haemorrhage

Table 5. Primary cause of death and avoidable factors

Time Period	Stillbirth		Early neonatal deaths	
	HDP	No response	HDP	No response
Oct 2016-March 2017	14	9 (64%)	5	0 (0%)
April 2017-Sep 2017	39	22 (56%)	9	5 (56%)
Oct 2017-March 2018	34	15 (44%)	4	3 (75%)

Primary cause of death and avoidable factors: Hypertensive disorders of pregnancy (HDP), No response to antenatal Hypertension (No response).

In the three trenches there was an increase in stillbirths and neonatal deaths due to HDP. About half of the deaths due to HDP in the three trenches “no response to antenatal hypertension” was recorded as an avoidable factor (Table 5).

MATERNAL DEATHS DUE TO HYPERTENSIVE DISORDERS OF PREGNANCY (HDP)

Figure 4 illustrates the underlying causes of maternal death as reported to the National Committee for the Confidential Enquiries into Maternal Death (NCCEMD) between 2011 and 2017 (Saving mothers 2017) (6).

There has been a significant reduction in deaths due to non-pregnancy related infections and obstetric haemorrhage, but no change in deaths due to HDP.

In 2017 there were 195 maternal deaths due to HDP of where 153 (78,5%) women died at levels of care with specialist (regional, tertiary and national central hospitals). Five women (2,5%) died in Community Health Care Centers and 34 women (17,4%) died in district hospitals. Assessors for the NCCEMD considered 75% of all HDP deaths to be potentially preventable. Figure 5 gives the distribution of avoidable factors per level of care for the assessable cases that died due to HDP. The NCCEMD has a system where the quality of care can be assessed through each level of care, not just where the woman died. In 2017, 108 women who subsequently died passed through the community health centers and primary health care clinics (but only 5 died there) and 104 women passed through the district hospitals before dying at a higher level of care (with only 34 dying there). The most common avoidable factors at the primary level of care was failure to recognize the disease or poor assessment followed by delay in referring or not referring at all.

Figure 4. Comparison iMMR per underlying cause from 2011-2017

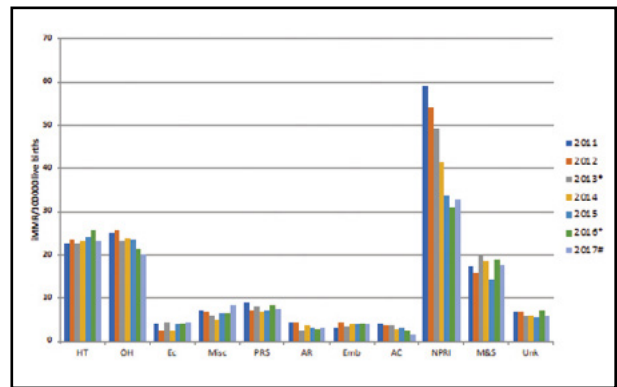
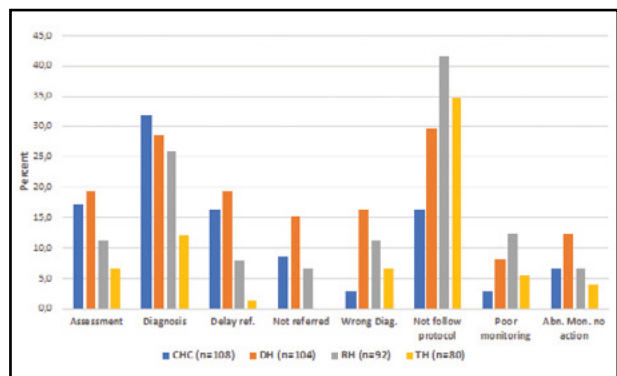


Figure 5. Distribution of avoidable factors per level of care for all assessable HDP cases managed at that level 2017



Thus, as with perinatal deaths there is a barrier to detection and management of women with hypertension in pregnancy at the primary level of care.

At the higher levels of care the major avoidable factor was not following standard protocols. This can be remedied by ensuring the Essential Steps for Managing Obstetric Emergencies (ESMOE) and Emergency Obstetric Simulation Training (EOST) programmes are introduced and followed. These programmes have been shown to significantly reduce maternal mortality in South Africa. (7)

DISCUSSION

Analysis of antenatal care per quarter found the women were visiting the clinic more often, the blood pressure was taken at most antenatal clinic visits, an increasing number of women with hypertension were detected and an increasing number of women with hypertension detected had the appropriate action taken. Thus the message of increased visits has been accepted by the community and the health care professionals have improved their screening for hypertension in pregnancy and there was some improvement in acting on the diagnosis of hypertension in pregnancy.

However, appropriate action was not taken in women with hypertension in pregnancy in just under a third of cases a year after implementation. Analysis of the stillbirths for the 4 sites revealed that there was no change over the three periods in the stillbirth

rate, but there was a decrease in the number of stillbirths classified as unexplained and an increase in the number of stillbirths where hypertension was given as the underlying cause. The most common avoidable factor was "not responding to antenatal hypertension" and this correlates with the number of antenatal cases where the appropriate action for managing hypertension was not taken at the antenatal clinic. Similar problems occur in cases of maternal death.

The focus group findings indicated that the districts were ill prepared to manage the increase in referrals and had not worked out ways to solve the issue. However, there were 4 models being used in various sites which depending on the geographical location and situation of the PHCs and hospitals could be used by other facilities. A further model is to use digital media to do consultations in remote areas, with the clinician (family physician or advanced midwife) on-site together with the pregnant women undergoing a consultation with a specialist situated at a regional or tertiary hospital. This would save on transport and time for the woman and specialist as shown in this video <https://vimeo.com/321555422/e0bf3efc7e?sfns=1>

The VULA Mobile medical referral system (www.vulamobile.com) already widely used in South Africa as a referral communication tool can also be used.

The core problem in perinatal deaths due to HDP is due to the primary health care clinics not managing the woman appropriately by either referring her on or having a more skilled attendant manage the pregnancy. Lack of recognition of the problem and full assessment at the primary care level was also the most common health care professional avoidable factor in women who died due to complications of hypertension in pregnancy.

The SAMJ has recently published the new national guidelines for managing hypertensive disorders in pregnancy⁽⁸⁾. In this document a new concept of the "next level or expertise" is introduced. This next level of expertise can preferably be at the primary health care clinic or at a referral site. The next level of expertise are clinicians (family

physicians with an interest in antenatal care or advanced midwives or midwives specially trained in antenatal care) who will see non-urgent pregnant women who do not qualify for BANC Plus at the PHC or elsewhere to decide on further management of the situation. This clinician must have easy access to specialists so any doubtful cases can be dealt with. This will bring expertise closer to the woman and avoid unnecessary referral to hospitals. The family physicians visiting PHCs are ideally placed to fill this role.

This model developed for HDP should work for all antenatal problems.

CONCLUSION

Targeting primary health care clinics that perform antenatal care and improving their knowledge and ensuring a functioning and feasible referral system to the next level of expertise is essential if maternal and perinatal deaths due to HDP are to be reduced.

References

1. Marion H Hall, P.K Chng, I Macgillivray. Is routine antenatal care worthwhile. *The Lancet*: Volume 316, Issue 8185, 12 July 1980, Pages 78-80. [https://doi.org/10.1016/S0140-6736\(80\)92950-5](https://doi.org/10.1016/S0140-6736(80)92950-5)
2. Villar J, Ba'aqueel H, Piaggio G, Lumbiganon P, Miguel Belizán J, Farnot U, et al. WHO antenatal care randomised trial for the evaluation of a new model of routine antenatal care. *The Lancet* 2001 May 19;357(9268):1551-64. . *Lancet*. 2001;357(9268):1551-64 DOI:[https://doi.org/10.1016/S0140-6736\(00\)04722-X](https://doi.org/10.1016/S0140-6736(00)04722-X) DOI:
3. Dowswell T, Carroli G, Duley L, Gates S, Gülmezoglu AM, Khan-Neelofur D, et al. Alternative versus standard packages of antenatal care for low-risk pregnancy. In: *Cochrane Database of Systematic Reviews* [Internet]. John Wiley & Sons, Ltd; 2015 [cited 2015 Nov 8]. Available from: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000934.pub3/abstract>
4. Hofmeyr GJ, Mentrop L. Time for "basic antenatal care plus" in South Africa? *S Afr Med J*. 2015 Oct 9;105(11):902-3.
5. World Health Organization. *WHO Recommendations on Antenatal Care for a Positive Pregnancy Experience*. Geneva: WHO, 2016.
6. *Saving Mothers 2017. Annual report of confidential enquiries into maternal deaths in South Africa. Saving Mothers 2017 - National Department of Health [pdf]* www.health.gov.za/index.php/shortcodes/category/559-saving-mot...
7. R C Pattinson, A-M Bergh, C Ameh, J Makin, Y Pillay, N van den Broek, J Moodley. Reducing maternal deaths by skills-and-drills training in managing obstetric emergencies: A before-and-after observational study. *S Afr Med J* 2019;109(4):241-245. DOI:10.7196/SAMJ.2019.v109i4.13578
8. J Moodley, P Soma-Pillay, E Buchmann, R C Pattinson. Hypertensive disorders in pregnancy: 2019 National guideline. *S Afr Med J* 2019;109(3 Suppl 1):S3-S16. <https://doi.org/10.7196/SAMJ.2019.v109i3.14104>

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 the programme can be requested from:

Evelyn Chetty

Tel +27 31 261 8213

Tel +27 31 261 8518

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

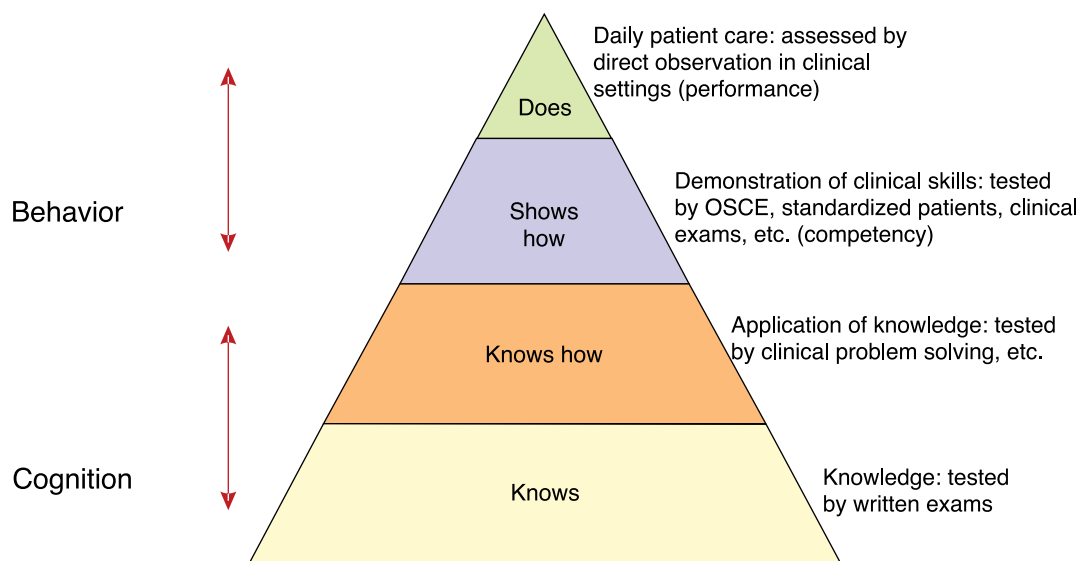
Enhancing Assessment Practices

Professor Vanessa Burch

Comprehensive System of Assessment

- **Knowledge: theory underpins practice**
 - Written
 - Oral
- **Skills: procedures and practice**
 - Determined in the workplace
 - Performance in test setting
- **Attributes: professional behaviour**
 - Determined in the workplace

Miller's Pyramid of Assessment



Miller. Academic Medicine, 1990.

Written assessment of cognition

- **Content**
 - Foundation and applied knowledge
 - Scope (breadth) vs. depth (expertise)
- **Written response format**
 - Selected: SBA MCQs, EMI MCQs
 - Constructed: VAQ, SAQ, longer responses
- **Sampling**
 - Reproducible: reliable
 - Comprehensive blueprinting: valid
- **Digital delivery and processing**
 - Efficient process, fewer errors
 - Online marking: MCQs and VSAQs
 - Item analysis where possible
 - Question banks and exchange options
 - Proctored with remote testing options

Rationale for shorter answer questions



Better sampling across scope of knowledge tested



Reduced margin of error

Reduced marking variability—inter-rater reliability
Consistency of outcome—alpha coefficient, SEM



Improved consistency of examinations offered



Resource saving over the longer term

Shorter responses in written assessments

	SBA MCQ	VSAQ	SAQ
Response	Selected	Generated	Generated
Length of response	Up to 10 words	Up to 5 words	Up to 50 words
Score	1 mark	1 mark	Up to 5 marks
Marking	Automated	Automated	Manual
Reproducibility Cronbach >0.8*	90 + independent items	75+ independent items	Not achievable
Advantages	Sampling	Constructed response	Constructed response
Limitations	Depth Selected response	Response variables	Rater variability

*Sam et al. 2019. BMJ Open

Example of a VAQ

A 60-year-old man has 2 days of a swollen, painful right leg. He has a history of hypertension and takes ramipril. He is otherwise well. He has a swollen right leg. The remainder of the examination is normal.

Investigations:

- ▶ Haemoglobin: 140 g/L (130–175).
- ▶ White cell count: $8.0 \times 10^9/L$ (3.8–10.0).
- ▶ Platelets: $340 \times 10^9/L$ (150–400).
- ▶ Creatinine: 94 $\mu\text{mol/L}$ (60–120).
- ▶ Total calcium: 2.5 mmol/L (2.2–2.6).
- ▶ Alanine aminotransferase: 30 IU/L (10–50).
- ▶ Alkaline phosphatase: 99 IU/L (25–115).
- ▶ Activated partial thromboplastin time (APTT): 30 s (22–41).
- ▶ Prothrombin time: 12 s (10–12).
- ▶ Urinalysis: normal.
- ▶ Chest X-ray: normal.
- ▶ Venous duplex ultrasound scan: thrombus in superficial femoral vein.

What is the most appropriate additional investigation?

VSA answers marked as correct (total number of students answering correctly: n=33, 2.3%).

- ▶ Variants of CT chest/abdomen/pelvis were accepted.

Most common incorrect VSA answers (n, % of all students):

- ▶ CT pulmonary angiogram (487, 34%).
- ▶ D-dimer (386, 27%).
- ▶ ECG (107, 7.6%).
- ▶ Ankle brachial pressure index (58, 4.1%).

SBA answer options (n, % of all students choosing each):

- ▶ CT of abdomen and pelvis (957, 68%).
- ▶ Serum carcinoembryonic antigen (57, 4.0%).
- ▶ Serum prostate-specific antigen (100, 7.1%).
- ▶ Serum protein electrophoresis (143, 10%).
- ▶ Ultrasonography of abdomen (157, 11%).

*Sam et al. 2019. BMJ Open

VAQs are as good as SBA MCQs

Open access

Original research

BMJ Open Comparing single-best-answer and very-short-answer questions for the assessment of applied medical knowledge in 20 UK medical schools: Cross-sectional study

Amir H Sam,¹ Rachel Westacott,² Mark Gurnell,³ Rebecca Wilson,¹ Karim Meeran,¹ Celia Brown⁴

Sam et al. 2019. BMJ Open

Very-short-answer questions: reliability, discrimination and acceptability

Amir H Sam^{1,2}, Samantha M Field¹, Carlos F Collares³, Cees P M van der Vleuten³, Val J Wass⁴, Collin Melville⁵, Joanne Harris¹, Karim Meeran^{1,2}

Sam et al.2018. Medical Education

Psychometric properties of SBA and VSA

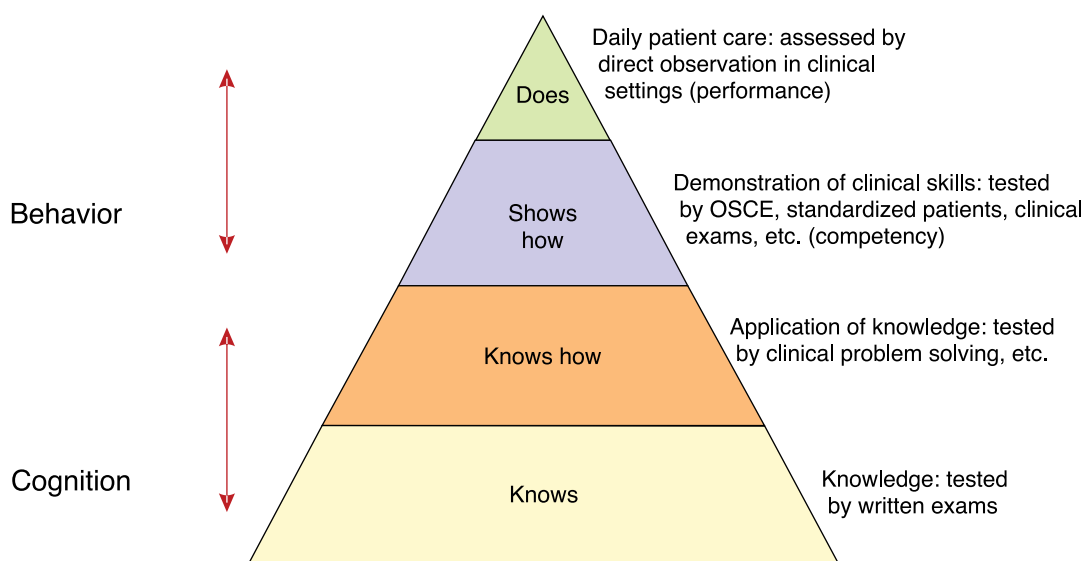
Comparison of SBA and VSA questions and scores

	SBA	VSA	SBA–VSA difference and statistical significance
Question facility* Mean (SD), range	0.61 (0.20), 0.16–0.95	0.40 (0.21), 0.02–0.85	0.21 (0.19), –0.32 to 0.65 Paired t-test, t=7.89, p<0.001
Positive cue rate (question level) Mean (SD), range (%)	42.7 (21.3), 3.9–85.7		One-sample t-test (Null hypothesis≤20%) t=7.53, p<0.001
Internal consistency (Cronbach's alpha)	0.693	0.731	–0.038 F _{1416,1416} =1.262, p<0.001
Questions required for an alpha of 0.8	89	74	15
Cohen pass mark†	28/50	18/50	N/A
Pass rate using Cohen pass mark (%)	71.2	66.3	Kappa=0.59 z=22.2, p<0.001
Question discrimination Median (IQR), range	0.184 (0.135–0.220), 0.003–0.287	0.192 (0.121–0.259), –0.006 to 0.395	–0.004 (–0.083 to 0.034), –0.296 to 0.225 Wilcoxon test, z=–1.36, p=0.175

Oral assessment of cognition

- **Content**
 - Applied knowledge in professional context
 - Cognition: reasoning, decision making
 - Scope (safety) vs. depth (expertise)
- **Response format**
 - Unstructured: not defensible (viva voce)
 - Structured: defensible
- **Sampling**
 - Reproducible: reliable
 - Comprehensive blueprinting: valid
- **Digital delivery**
 - Resource saving: time, travel, subsistence
 - National representation with greater ease
 - Electronic trail, including recording
 - Clinical service resources not exploited
 - Proctered with remote testing options

Miller's Pyramid of Assessment



Miller. Academic Medicine, 1990.

Key challenges of the assessment of behaviour

Loose and confusing use of assessment terms

Poor standardization and very limited sampling

Standardization limits authenticity

Examiner variability

Assessment of behaviour in authentic patient encounters

	Long case	Short cases
Usual number of cases	1 typical	2-3 typical
Testing time	1-hour encounter, additional 1-hour of testing time	20-30 minutes encounter, additional 30 minutes of testing time
Focus of assessment	Comprehensive	Clinical examination, diagnosis and management
Marking	Scoring rubric	Scoring rubric
Reproducibility (generalizability) Cronbach >0.8*	<0.4 per case	< 0.6 per suite of 3
Advantages	Authentic, depth	Authentic
Limitations	Generalizability Scope	Generalizability Resources

Burch et al. 2007. AHSE

Advancing the assessment of behaviour

Recognition of the fundamental difference between

- Competence: assessment in test conditions
- Performance: observation and remediation in the workplace

Standardisation of competence process

Broader sampling not negotiable: cases and examiners

A drive for greater authenticity

Recognising and accepting examiner variability

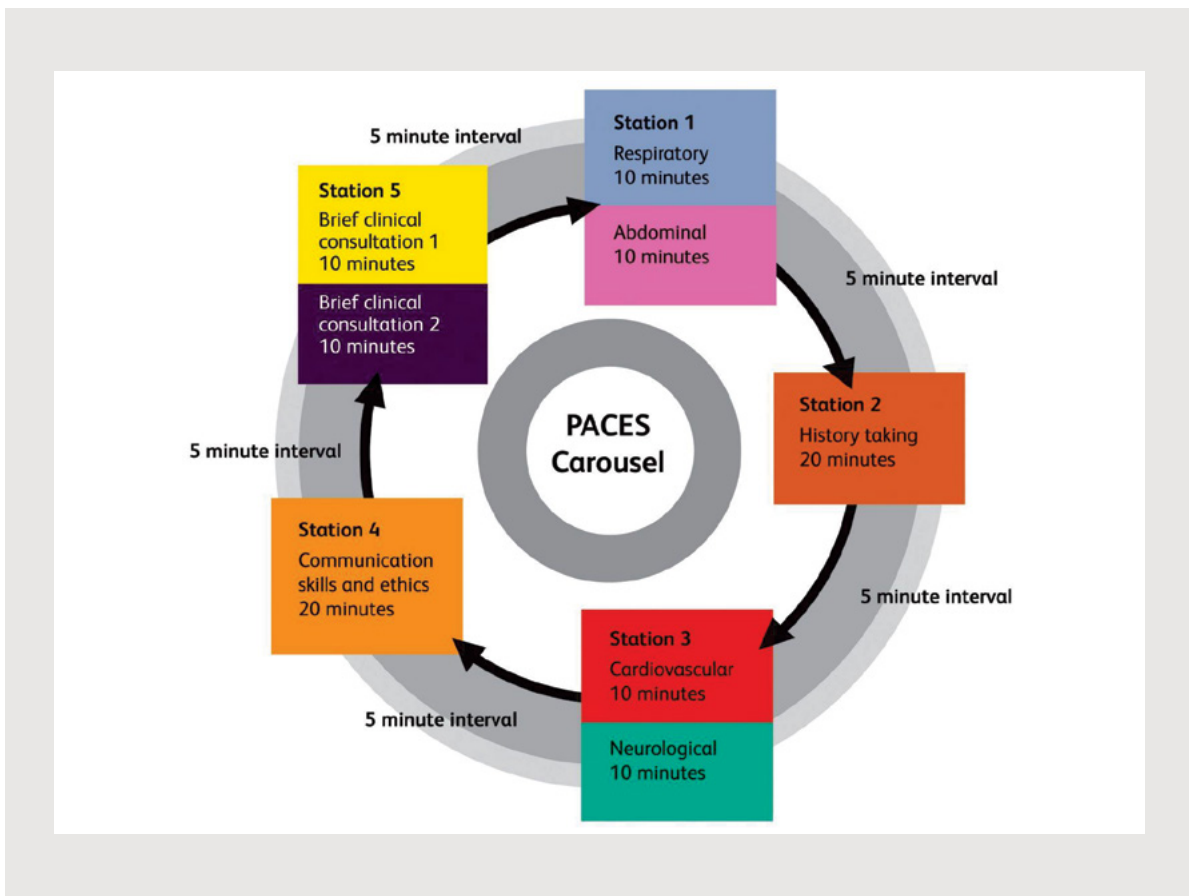
How much sampling is enough (reproducible) ?

Table 6 Composite examination reliability and standard error of measurement using dif items for the PE subtest

Number of PE items	Composite FCP examination Part II		
	Reliability coefficient	Standard error of measurement	95%
3	0.72	4.17	±8.17
4	0.77	3.66	±7.17
5	0.80	3.33	±6.53
6	0.83	3.08	±6.04
8	0.86	2.74	±5.37
10	0.88	2.52	±4.94
12	0.89	2.35	±4.61

Burch et al. 2007. AHSE

Carousel of PACES stations in UK MRCP performance examination



Advancing the assessment of behaviour



Trust is the critical factor – indicator of competence



Using the concept of trust to frame training & assessment

Entrustable professional activities : big picture*

Observable practice activities : specific tasks

Learning topics: knowledge/skills which underpin practice



Reframing the primary objective of assessment
 Passing an examination: barely competent
 Patient safety: soundly competent

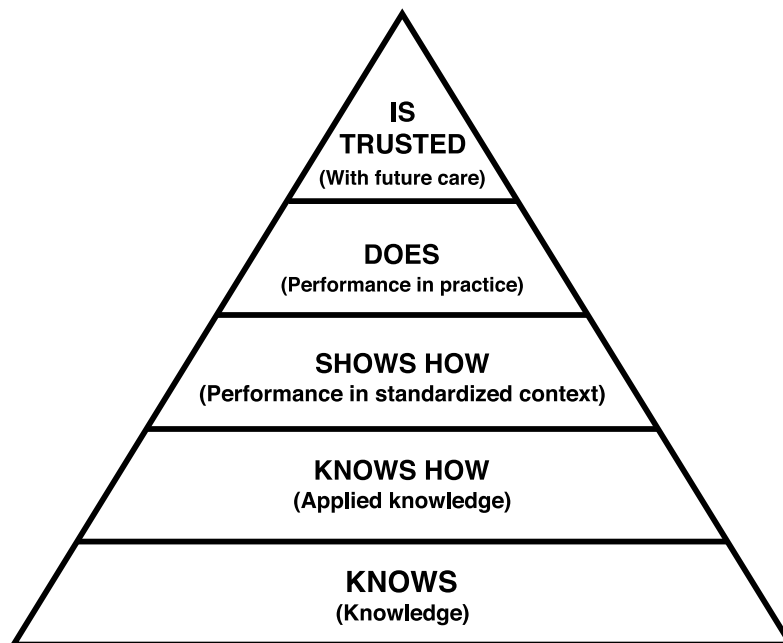


Entrustment as the basis of rating scales in the workplace

* EPA: observable action that defines the work of a HCP in a vocational context

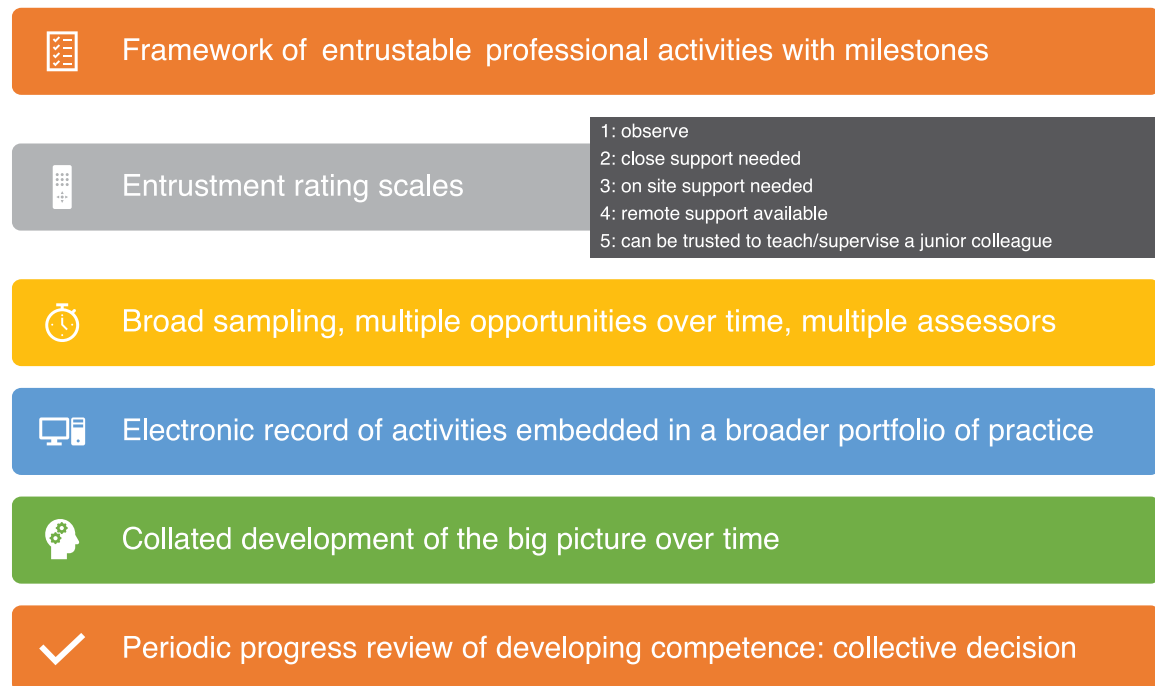
Bramley & McKenna, 2020

Extending Miller's Pyramid



Ten Cate, et al. Academic Medicine, 2020.

Performance in the workplace



Bramley & McKenna, 2020; Burch 2019

Comprehensive System of Assessment

- **Knowledge: theory underpinning practice**
 - Written: SBA MCQs, VAQs, shorten asap
 - Oral: multi-station, remote, structured
- **Skills: practice and procedures**
 - Competence: multi-station, structured
 - Performance: in the workplace
 - Practice: portfolio of practice
 - Procedures: continuous electronic record
- **Attributes: professional behaviour**
 - Determined in the workplace

The bottom line of the assessment package



Obituaries



Professor Lungile Pepeta
16 July 1974 - 07 August 2020

PASSING OF PROF LUNGILE PEPETA

The Colleges of Medicine of South Africa (CMSA) has learned with great shock and sadness of the passing away of Professor Lungile Pepeta who was the executive dean of the Nelson Mandela University (NMU)'s faculty of health sciences. Professor Pepeta worked closely with the CMSA as the South African Committee of Medical Deans' (SACOMD) representative, and as a member of the council of the College of Paediatrics of South Africa, serving with distinction as an examiner and a moderator, while mentoring many young paediatricians and paediatric sub-specialists in training. He was well-respected and a giant of our medical fraternity. He was known for his passion for serving the most marginalised of our society through his chosen specialty of Paediatric Cardiology.

Professor Pepeta worked tirelessly in ensuring that the children of the Eastern Cape Province had access to quality health care. With his cheerful and calm personality, he was a health warrior and a champion for rural communities, and he was committed to social justice. It is rare in life to work with people who are consummate professionals, but most of all who have heart, Professor Pepeta had both. His led a life of telling truth to power, and committed himself to servant leadership. He leaves a great void.

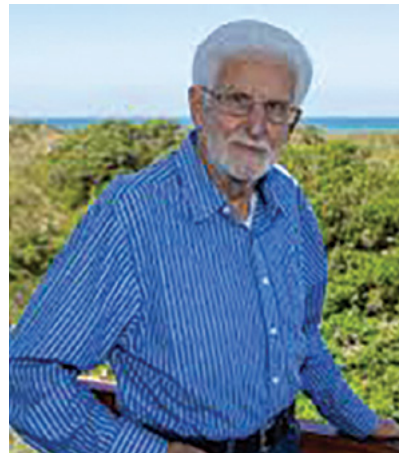
His towering legacy will not only be in his academic excellence and the tireless work he did for our country and continent, but it will be in each heart that he touched with his kindness and generosity. He will be sadly missed by the whole CMSA family. Our thoughts and

prayers are with the entire NMU family, Pepeta family and friends at this difficult time. We mourn with you as we bid a great son of the soil farewell - our sincere and heartfelt condolences.

Yours Sincerely

Dr. Flavia Senkubuge
PRESIDENT CMSA

Professor Alan Davidson
PRESIDENT COLLEGE OF PAEDIATRICIANS



Dr Willem Marthinus Lotter Laubscher
01 February 1929 - 19 January 2021

Dr Willem Marthinus Lötter Laubscher was born in Observatory, Cape Town, on 1 February 1929. He passed away on 19 January 2021, two weeks before his 92nd birthday.

He was nationally and internationally renowned for operating famous politicians during the apartheid-era including Nelson Mandela and PW Botha. After retirement in 2003 he obtained a law degree. In February 2020 "Operation Mandela" by Willem Laubscher was published. It was regarded as 1 of 10 best books published in South Africa in 2020.

Willem Laubscher matriculated at Maitland High in 1944. He obtained his MBChB (UCT) in 1951, did his intern year at Grey Hospital, King Williams Town, became a GP at Joubertina in the Eastern Cape and then left for Britain in 1953.

He obtained FRCS (Edin) in 1958. He furthered his studies in Britain at the Leeds General Infirmary from 1958 until 1960. His tutors were

the famous Leslie Pyrah and Fred Raper. In January 1961 Laubscher was appointed a clinical assistant at Karl Bremer Hospital, (KBH) Bellville. He registered as Urologist and opened practice as the first Urologist in the Western Transvaal at Klerksdorp in April 1962. He returned to Cape Town in 1967 to commence private practice at Medipark, Foreshore, later Louis Leipoldt Hospital in Bellville and ended his career as Urologist at Vergelegen Mediclinic, Somerset West. He took part-time appointments at KHB and Tygerberg Hospital (TBH), Woodstock and 2 Military Hospitals.

I have known Willem Laubscher closely since 1970 in our 5th year as medical students. Willem became snow-white grey at the age of 29 and obtained the nickname "silwer jakkals" or "silver fox". His session as part-time consultant at TBH was on Monday mornings. Dr Laubscher was willing to travel from Rondebosch to TBH to do a ward round at 07h15. He was an excellent teacher with vast clinical experience. However, this was paired with his exceptional abilities as a surgeon. Amongst his fortes were kidney surgery (in the era before ultrasound, CT, shockwave lithotripsy and endourology). However, later he was one of the first to practice percutaneous nephro-lithotomies in private practice. His other forte was pediatric urological surgery. In this respect he also was a master and brilliant teacher. My personal abilities regarding most of the above I learned from Willem Laubscher.

Due to Dr Laubscher, I obtained a post at Leeds General Infirmary in 1979. During a visit from him that year it was a privilege to accompany him in looking up his old tutor, Leslie Pyrah. This connection with Leeds enabled another 5 newly qualified urologists from our department at TBH to spend a year at the Leeds General Infirmary. I still remember Dr Laubscher's words before I left for England: "My son, even if you don't learn a single fact, at least you will get rid of your blinkers".

Laubscher played an active role in SAMA and the South African Urological Association. He was President of the latter from 1986 – 1990. He delivered the first Guy de Klerk memorial lecture in 1991.

Willem Laubscher was a keen sportsman and had season rugby tickets on the main pavilion at Newlands for as long as I knew him. His membership at Kelvin Grove made his Newlands visits always extra special.

Inherited chiefly from his first wife Audrey, his children and some grandchildren became excellent swimmers even representing South Africa. In this regard his visions and administrative abilities enabled him to be elected as President of Western Province Swimming Union.

Despite a few serious health setbacks in the earlier and later years of his life he managed to overcome and recover from each. Six weeks before he passed away, he was still able to walk 5km a day to fetch his newspaper (Die Burger) at the roadside shop at Betty's Bay. However, the fittest part of his body till the end of his lengthy journey was his sharp brain. He will be regarded, remembered and missed by his family, friends, colleagues and all who have met him with the greatest respect, appreciation and admiration.

I was honored to make a speech of appreciation on his 75, 80, 85 and 90th birthdays. However, in the future, even in his absence, the 1st of February will be Willem Laubscher's Day for many of us.

He leaves his current wife, three sons, a daughter and eight grandchildren.

It is with regret that we must greet you, but well done Mr Laubscher.

Professor MLS De Kock

OBITUARY LIST

Notification was received of the death of the following since the last Senate meeting.

1. FELLOWS:

- | | |
|----------------------------------|-----------|
| 1.1 VAN STRATEN, Adele (37) | (CA) |
| 1.2 JENNINGS, Ronald Edward (82) | (C Psych) |
| 1.3 PEPETA, Lungile (46) | (C Paed) |
| 1.4 SHIPALANA, Nancy (62) | (C Paed) |
| 1.5 HOFFMAN, Eduard Bernard (73) | (C Orth) |

2. ASSOCIATES:

- | | |
|--------------------------------------|-----------|
| 2.1 DOUGLAS, William Hugh Gavin (86) | (C Ophth) |
| 2.2 MARAIS, Andre (44) | (CCP) |
| 2.3 MATSIPA, Joel Moramahoele (75) | (CA) |

3. DIPLOMATES:

- | | |
|-----------------------------------|------|
| 3.1 VAN ZYL, Stephanus Andre (49) | (CA) |
|-----------------------------------|------|

Information as at 22 October 2020

"Its hard to forget someone who gave so much to remember."

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 2020 - 31 May 2021

LEVEL 1	FEES INCLUSIVE OF VAT
SMALL GROUPS: Once-off activities (1 CEU/hr with a maximum of 8 hours per day)	R952.00 per application
LARGE GROUPS	R1908.00 per day Maximum R4614.00 per activity
INDIVIDUAL APPLICATIONS Activities that are managed within rules of an accredited structure (HEI and/or Professional Organisations)	R720.00 per application NO CHARGE (to CMSA members in good standing for personal applications)
JOURNAL CLUBS WITH OUTCOME/EVALUATION	R1587.00 per application

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	R1908.00 per day Maximum R4614.00 per activity

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 2021

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

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

CPD Accreditation applications can be submitted together with all the above relevant documentation to the Durban CMSA Office

Office Number: +27 31 261 8213

+27 31 261 8518

“The harder you work for something, the greater you’ll feel when you achieve it.

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

"Your limitation—it's only your imagination."

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>	

“Push yourself, because no one else is going to do it for you.”

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. RETROSPECTIVE ACCREDITATION IS NO LONGER ALLOWED
3	Service provider/applicant must present certificates of attendance to attendees at the end of the activity or send to attendees within one month . ATTENDANCE CERTIFICATES MUST CONTAIN THE FOLLOWING: a) The ACCREDITATION AND ACTIVITY NUMBER (a board specific identification) (e.g. MDB001/12/09/2008) b) The TOPIC of the activity (ethics, human rights and health law must be specified separately) c) The LEVEL of the activity d) The NUMBER OF CEUS for that activity e) The ATTENDANCE/COMPLETION DATE f) The NAME AND HPCSA REGISTRATION NUMBER of the attendee
4	A COPY OF THE SIGNED ATTENDANCE REGISTER 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.

Any information that can be of assistance must please be e-mailed to:

Narriman Barnes

Email: members@cmsa.co.za

narriman.barnes@cmsa.co.za

Name	
<small>(State whether Professor or Dr)</small>	
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

1. TIES	Excl. VAT	15% VAT	Incl. VAT
1.1 Polyester:			
1.1.1. Crest in colour as single under-knot design in navy	R	139.13	160.00
1.1.2. Rows of shields separated by silver-grey stripes in navy or maroon	R	147.83	170.00
1.1.3. Wildlife	R	113.04	130.00
1.1.4. Golden Jubilee Fellow Tie in navy, in design 1.1.2.	R	147.83	170.00
1.2. Silk material: Fellow Tie in navy, in design 1.1.2.	R	408.70	470.00
1.3. Satin material: Golden Jubilee Wildlife Tie in navy	R	191.30	220.00
2. SCARVES (LONG)			
The Big 5 (small animals) attractive design on soft navy fabric	R	260.87	300.00
3. BLAZER BADGES			
Black or navy, with crest embroidered in colour	R	113.04	130.00
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	50.00
5. LAPEL BADGES/BROOCHES			
Crest in colour, baked enamel on cream, gold or navy background	R	26.09	30.00
6. KEY RINGS (black/brown leather)			
Crest in colour, baked enamel on cream, gold or navy background	R	43.48	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	852.17	980.00
10. PURSE			
In leather, with wildlife material inlay	R	339.13	390.00
11. HISTORY OF THE CMSA			
Written by Dr Ian Huskisson	R	147.83	170.00
12. DIAMOND JUBILEE INSIGNIA (depicting the dates 1955-2015)			
12.1. Maroon tie	R	173.91	200.00
12.2. Maroon/Navy stripe tie	R	173.91	200.00
12.3. Pen Set	R	147.83	170.00
12.4. Maroon ladies' scarf in soft fabric	R	286.96	330.00
13. REPLACEMENT CERTIFICATE			
	R	260.87	300.00
14. VERIFICATION OF CREDENTIALS			
	R	173.91	200.00





