



TRANSACTIONS

Journal of The Colleges of Medicine of South Africa (CMSA)
Volume 65 (1) January - June 2021

Admission Ceremony October 2021







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Publisher: Prestige Signage Specialist (PTY) Ltd.

Email: projects@prestigesignage.co.za

Production: Belinda Barnard-Lotter,

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DESIGN AND PRINT HOUSE

Designers: Belinda Barnard-Lotter and Tracy Davies

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COVER IMAGE:

Strelitzia is a genus of five species of perennial plants, native to South Africa. It belongs to the plant family Strelitziaceae. The genus is named after Queen Charlotte of the United Kingdom. A common name of the genus is bird of paradise flower/plant, because of a resemblance of its flowers to birds-of-paradise. *Wikipedia*

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.

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 2022

**The guidelines
pertaining to the award
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Professor Leanne Sykes

Goodness will triumph if the good do SOMETHING!



Professor Leanne Sykes

Bullying in academia is a disturbing phenomenon that has likely been occurring for many years, but received little public attention. This may be due to fear of reprisal from victims whose careers, academic progression or working environment may be jeopardised if they expose offenders, particularly if they are in senior positions. Junior staff who voice concerns may be labelled as trouble makers,

incompetent, or told that it is merely their own erroneous perceptions. This lack of support and management will make them and others reluctant to come forth in the future thus allowing the contemptible behaviour to go unabated. It is almost a paradox that those in the healing profession can at the same time be perpetrators of such injustice to their colleagues. In academia especially victimisation can result from any number of sources, including egos and insecurities. I recall a heart-warming story where the magnanimous kindness of a clinician allowed two unfortunate patients to expose their vulnerabilities to each other and forged a friendship that can serve as a humbling example to us all. The story will be related in the hopes that its childlike innocence may prompt us to rather unite in our struggles against life's adversities, than to seek personal power and gratification at any cost.

Fransie* was a painfully shy and frail 7-year-old boy who was born with HIV/AIDS (Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome) virus. He had been abandoned by his mother and lived with his granny in the village. Unfortunately due to his poor immunity and general state of health, he contracted a cancrum oris infection. It ravaged his small body "eating away" parts of his face, including his upper lip and nose. He was taken to hospital for treatment and spent the rest of his life as a "hospital orphan". Following the initial consultation, the treating dentist thought of a way that may help with the upcoming procedures as well as assist in finding Fransie a friend. He was taken back to the children's ward and told that he could have the honour of "picking his new nose". He was tasked to spend the next few days looking at the noses of his "co-inmates" and to then choose the shape of one that he would like for himself. If the chosen child agreed, then a replica of their nose would be used to fabricate his prosthesis.

The following appointment saw Fransie standing timidly at the entrance to the surgery, wearing the surgical mask that he had taken to use as a way of covering his missing nose and lip. He was clutching the hand of his new playmate, Jackson*, a young boy who had been admitted to hospital with severe burns to his limbs as a result of a shack fire. Jackson was going to be the model for Fransie's new nose. The boys were giggling nervously and whispering secrets to each other while they waited their turn. Although both boys were no

older than 7 years, their long stay in hospital had made them very independent. They arrived for their appointment unaccompanied, and each carrying their own big, brown envelopes which contained all their hospital records, radiographs, and documentation. These may well have been the only personal possessions the boys owned. They looked like little ragamuffins in their oversized, stripy green-and-white, hospital-issue pyjamas. The picture of these two little waifs, battling to hook their bulging envelopes under one arm, while trying to hold hands, and hoist up loose pyjama pants with their other arm was made even more heart-wrenching because Jackson, the new best friend, was now also wearing a surgical mask, in unity with his buddy!

The assisting dental technician Frans* was a "big man" with an even bigger heart, who was also the generous donor of sweets and chips at previous visits. The boys stood against the wall giggling, and Fransie was pointing toward his namesake as Frans entered the cubicle. They were no doubt hoping for similar treats that day. Frans had anticipated this session and true to his nature, been shopping. He was carrying two large boxes, one for each boy. It was difficult to tell who was more excited with the gifts, Frans or the boys as he handed them over. Both kiddies dropped envelopes (and PJ pants), tore open the boxes, and discovered two brand new, remote-controlled, motorcars. Even under their surgical masks, one could see the size of their grins as their eyes sparkled with delight. That appointment must have felt like an eternity to these two small boys who were clearly anxious to go play and with their new cars.

Late that afternoon, as the staff headed for their own cars, if one looked hard into the fast-fading light of the early evening you would have caught a glimpse of two little dark figures in stripy green pyjamas scrambling across the adjoining veld, and disappearing into the laundry entrance at the back of the hospital. If you looked even closer into the dry sand of the parking area where they had been playing you would have seen stretches of miniature tyre tracks, worn into the earth from the hours and hours they had spent driving their cars. The hardships of life had thrown these two little boys together, and now thanks to the generosity of one kind heart, they had formed a unique friendship. A friendship that had allowed them to drop their guard and reveal themselves to each other, imperfections and all, without fear of ridicule or rejection. How do I know this? Because, there alongside the tyre tracks lay their two crumpled up surgical face masks, no longer needed for either of them to hide behind.

If we could all empathise with one another the way these boys and their clinicians did, work together in unison and unity with one another, then we most surely will all be able to face a mask-free future together.

*Pseudonyms

Brave, Bold and Strong: The Journey Towards a New Architecture, a Legacy Continues

Professor Flavia Senkubuge



Professor Flavia Senkubuge

Lucius Annaes Seneca a Roman philosopher from the post Augustan age of Latin literature wrote that, "Brave men rejoice in adversity, just as brave soldiers triumph in war."

Over the past 18 months, not only the Colleges of Medicine of South Africa (CMSA), but the entire world has been tested to what we all thought were the limits of our abilities. As an organisation the CMSA remains concerned

with the ongoing disturbing inequities in COVID-19 vaccine access particularly in our region. The honour of our profession impels us to speak out on this injustice.

The Covid-19 pandemic has demanded moments of pause, reflection, and recalibration. Through it all the strength of the human spirit has triumphed, and though we have lost many in the war, we continue to win small battles daily. We have been brave, bold, strong, and resilient. It is in thinking about all this that we are brought to the point of asking ourselves, when we have had to face our own mortality and its fragility, what legacy are we leaving behind not only as individuals, but as a collective, as the CMSA. Our legacy will certainly be more than a competent examination body, it will be in building an architecture of the CMSA that is responsive to our national, regional, and global needs.

The one thing that is consistent about life, is that despite all the ups and downs, it is guaranteed to continue. Through grief, through loss, joy, sadness, birth and death, life continues to go on. Ours is to ensure that when we exit this journey, we leave behind a legacy that those that come after us will be proud of and those who came before us and sacrificed for us to have the privileges we do, would also be proud.

As the years fly by and societies and cultural norms evolve beyond what we perceive to be the standard, we are challenged to raise the bar and strive to achieve more than we imagined ourselves able to do and be. It is true that the new CMSA architecture rooted in the values of kindness, compassion and humanity has become the anthem for the CMSA in the past few years. May we never ever separate ourselves from this new architecture that recognises our shared values and humanity. As a body that manages the hopes and dreams of so many, we must continue to do so with the mindfulness of the gravity of the work that we are privileged to do.

We must champion and demand spaces that will ensure that we not only succeed in our endeavours as specialists, but we thrive as whole human beings. In a society that continues to interpret aggressiveness as assertiveness, rudeness as being firm, divisiveness as being strategic, bullying as teaching and outright cruelty as being forthright, standing up and choosing vulnerability, empathy, kindness, and compassion has become an act of rebellion.

I want to laud my colleagues for having the courage to be rebellious enough to defy the norms and rather stand up for and enforce what we know to be right. Robert Frost once wrote about "the road less travelled" and how that had made all the difference. In us having the courage to walk the road less travelled, we have made and continue to make a difference. Even though our work is not done and never will be, we continue to move forward and make a positive impact, and the effort everyone has put forward is not lost on us and it has not gone unnoticed.

Prof Leanne Sykes has written an eye-opening editorial on bullying which causes us to introspect and reflect on our own behaviours as leaders in our field. To consider the way we treat our colleagues, our students and be the frontline of the movement that works towards removing bullying from our institutions of learning and training. In a society where cruelness and abrasiveness are considered the norm, let us be the brave men and women that stand up and not only speak out but ensure that change is implemented. Yes, creating environments that are conducive to learning, reflection and growth, not just survival. May we always listen to each other's heartbeats and voice. May we be each other's keeper.

To our examiners, senators, council members, stakeholders, our college family, you all continue to support the CMSA bravely and fully in our exams and in all our endeavours, we honour you. Your friendship, perseverance and resilience have humbled us as an organisation. To see you continue to pursue excellence, even in the face of unimaginable difficulties, shows us that the future of medicine, is in good and safe hands.

A huge thank you to all colleagues and the staff at the CMSA for challenging themselves to reach beyond what we all individually thought we were capable of. The CMSA has made history in national and global specialist examinations, by conducting our virtual examinations and using modern day technology tools, to ensure that our candidates and examiners are able to complete the exams in a safe environment.

Even in these trying circumstances our candidates have managed to

do exceedingly well. Congratulations to all our medallists as well as all the successful candidates. You have triumphed in circumstances that were aggressively against your efforts brought on by COVID-19. Your success proves that you will be amongst the strongest and most resilient candidates we have graduated. To those who didn't make it this time, please remember the words of Winston Churchill "never, ever, ever give up". More often than not in life, what we perceive as failure, is usually a set up for our greatest success. I encourage you all, not to give up, but rather to regroup and give it another try.

The challenges that are faced daily in the field of healthcare are endless. The effect of Covid-19 on all our health workers has been enormous. Prof Soma-Pillay in her article, discusses the burden faced by the field of maternal health and the effects of Covid-19 infection on maternal health. These are relevant, global health issues, especially within the African context, that continue to challenge our specialists. COVID-19 has created a new normal, that we have all had to adjust to. The effects of this pandemic especially on the healthcare sector globally continue to be far reaching. What is

clear is that we will never practice our craft the same way we used to, and as a collective, we have had to bravely adjust to the new normal.

So, as we slowly draw to the end of another year, let us look back in gratitude at the year that was, and everything that we have achieved, and equally look forward and move in the consciousness that we, as health professionals, both students and teachers have a responsibility to leave a legacy behind. A legacy of kindness, empathy, compassion, and humanity, so that the generations that come after us will remember us for having had the courage to do the right thing. And although the right thing may not have been always popular and easy at the time, it was done so that the road and paths of future generations of specialists and health professionals will be easier than ours.

Continue in strength, continue in hope and compassion, the road is long, but the true reward lies not in the destination, but in the journey itself.

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:

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

"One small positive thought can change your whole day."

ZIG ZIGLAR

Virtual Admission Ceremony 05 October 2021 and 07 October 2021

The Diplomat Admission Ceremony was held virtually and presented on YouTube on 5 October 2021 on the following link: <https://youtu.be/qblmqQ7WofU>.

The Fellow and Certificants Admission Ceremony was held virtually and presented on YouTube on the 07 October 2021 on the following link: <https://youtu.be/GiXZHaJsrDg>

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

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

Medals were awarded in the following disciplines, Anaesthetics,

Dermatology, Neurology, Ophthalmology, Orthopaedics, 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.

In total, the President admitted 129 Certificants, 631 Fellows and 472 Diplomates.

“A positive atmosphere nurtures a positive attitude, which is required to take positive action.”

RICHARD M. DEVOS

Obituary List

31 May 2021

1. HONORARY FELLOWS:

- 1.1 MEURSING, Anneke Elina Elvira (74) (CA)
1.2 SALYER, Kenneth Everett (C PLAST)

2. FELLOWS:

- 2.1 BOAUOD, Hamza M A (44) (C Ophth)
2.2 CASSIMJEE, Mohammed Hoosen (78) (CFP)
2.3 DEMPERS, Jacob Johannes (51) (C For Path)
2.4 FREED, Edgar David D 'Avigdor (C Psych)
2.5 KDAISH, Abdulraouf (43) (CS)
2.6 KETTLES, Alfred Norman (83) (CPHM)
2.7 MONONYANE, Kspotso Rudolf (45) (CA)
2.8 NAIDOO, Soornarain Subramoney (Cyril) (69) (CFP)
2.9 REDDY, Thigamberie (56) (C Derm)
2.10 SENNOGA, David Sengendo (68) (C Paed)
2.11 THERON, Charles (70) (CA)
2.12 VISSER, Johannes Hendrik (52) (C Paed)

3. ASSOCIATES:

- 3.1 LAUBSCHER, Willem Marthinus Lotter (91) Founder (CU)

4. DIPLOMATES:

- 4.1 BOTES, Pierre (62) (CA)
4.2 NARULA, Aashima (42) (C For Path)

Information as of 31 May 2021

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 2022

*Further information
regarding the fellowship
can also be obtained from:*

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Tel +27 31 261 8518

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

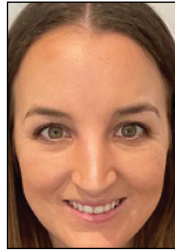
Medallists



Dr Adam Hirschmann
FC Orth(SA) Final
Jm Edelstein Medal
May 2020



Dr Adriaan Louw-Waldi Vlok
FC Urol(SA) Final
Lionel B Goldschmidt Medal
May 2020



Dr Allison Smith
FCA(SA) Part I
Abbott Medal
May 2020



Dr Andrian Dreyer
FCP(SA) Part I and Part II
Suzman Medal
May 2020



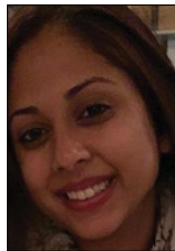
Dr Emmerson Mashoko
FCA(SA) Part I
Hymie Samson Medal
May 2020



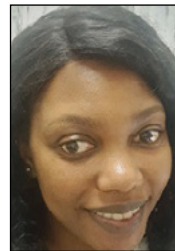
Dr Enid Alwina Rautenbach
FC Ophth(SA) Final
Justin Van Selm Medal
May 2020



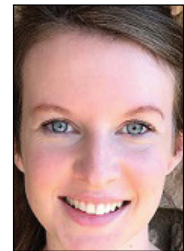
Dr Ernst Lodewicus Möller
FC Plast Surg(SA) Final
Jack Penn Medal
May 2020



Dr Hasmita Kooverjee
FCA(SA) Part I
Janssen Research
Foundation Medal and Abbott Medal
May 2020



Dr Lindokuhle Goqwana
FCP(SA) Part II
Asher Dubb Medal
May 2020



Dr Lindy Jean Fulton Trollip
FC Ophth(SA) Intermediate IB
Ophthalmological Society Medal
May 2020



Dr Matthew Peter O'neill
FCA(SA) Part II
Crest Healthcare
Technology Medal and Jack Abelsohn Medal and Book Prize
May 2020



Dr Megan Schultz
FC Psych(SA) Part II
Novartis Medal
May 2020



Dr Ravendran Kisten
FC Neuro(SA) Part II
Novartis Medal
May 2020



Dr Salman Shabbir Ahmed
FC Rad Diag(SA) Part I
Rhône-Poulenc Rorer Medal
May 2020



Dr Shaun Robert Hain
FC Psych(SA) Part I
Lynn Gillis Medal
May 2020



Dr Simon John Gowans
FCA(SA) Part I
Glaxosmithkline Medal
May 2020



Dr Yonita Singh
FCS(SA) Intermediate
Brebner Award
May 2020



Dr Zateen Modi
FC Derm(SA) Part II
Peter Gordon-Smith Award
May 2020

List of Medallists: 2020

Research Foundation Medal

FCA(SA) Part I - Janssen
Dr Hasmita Kooverjee
May 2020

Abbott Medal

FCA(SA) Part I
Dr Allison Smith
May 2020

Dr Hasmita Kooverjee
May 2020

Hymie Samson Medal

FCA(SA) Part I
Dr Emmerson Mashoko
May 2020

Glaxosmithkline Medal

FCA(SA) Part I
Dr Simon John Gowans
May 2020

Crest Healthcare Technology Medal

FCA(SA) Part II
Dr Matthew Peter O'neill
May 2020

Jack Abelsohn Medal and Book Prize

FCA(SA) Part II
Dr Matthew Peter O'neill
May 2020

Peter Gordon-Smith Award

FC Derm(SA) Part II
Dr Zateen Modi
May 2020

Novartis Medal

FC Neurol(SA) Part II
Dr Ravendran Kisten
May 2020

Ophthalmological Society Medal

FC Ophth(SA) Intermediate IB
Dr Lindy Jean Fulton Trollip
May 2020

Justin Van Selm Medal

FC Ophth(SA) Final
Dr Enid Alwina Rautenbach
May 2020

JM Edelstein Medal

FC Orth(SA) Final
Dr Adam Hirschmann
May 2020

Suzman Medal

FCP(SA) Part I and Part II
Dr Andrian Dreyer
May 2020

Asher Dubb Medal

FCP(SA) Part II
Dr Lindokuhle Goqwana
May 2020

Jack Penn Medal

FC Plast Surg(SA) Final
Dr Ernst Lodewicus Möller
May 2020

Lynn Gillis Medal

FC Psych(SA) Part I
Dr Shaun Robert Hain
May 2020

Novartis Medal

FC Psych(SA) Part II
Dr Megan Schultz
May 2020

Rhône-Poulenc Rorer Medal

FC Rad Diag(SA) Part I
Dr SALman Shabbir Ahmed
May 2020

Brebner Award

FCS(SA) Intermediate
Dr Yonita Singh
May 2020

Lionel B Goldschmidt Medal

FC Urol(SA) Final
Dr Adriaan Louw-Waldi Vlok
May 2020

“Your time is limited, so don’t waste it living someone else’s life. Don’t be trapped by dogma – which is living with the results of other people’s thinking.”

STEVE JOBS

List of Successful Candidates March 2021

FELLOWSHIPS

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

ADAM CLAIRE-LOUISE	UCT
ADAMS TAMSIN PINTO	US
ADELEKE DUROTOLU MOTUNRAYO	UFS
ALLY MOHAMMED AMEEN	UCT
AMADO LEANDRA ANASTASIA	Wits
BAKKER HUGO	UFS
BALKISSON MAXINE ALLYSON	UKZN
BALOO MAYANK MUKESHBHAI	Wits
BHAGOWAT MARISHA	Wits
BISMILLA NISAA	Wits
BLUMENTHAL TREVOR MARTIN	Wits
BOTHA JACQUES	SMU
BOTHA-VAN SCHALKWYK ANNA MARGARETHA	UFS
BUTHELEZI ANDILE	UKZN
CHRISTIE SIMON ALAN	UCT
CLAASSENS CAREN	UCT
COETZEE NICHOLAS DANIEL	Wits
CONRADIE WILLEM STEPHANUS	UCT
DAIRAM JENITHA	UP
DE JAGER PIETER PIETERSE	Wits
DE VILLIERS CHRISTIAAN TERTIUS	UCT
DUNCAN BRETT KYLE	UP
FERNANDES BIANCA CARINA NETTO	UP
FORBES-OLIVIER NICOLE CATHERINE	SMU
FOURIE RIANA	UP
GAROUFALIAS ELENI DEBORAH	WSU
GAYAPARSAD MITHASHA	Wits
GOUWS RHONA	SMU
GOVENDER SARISHA	UCT
GRÜNEWALD KEVIN KUNO	UCT
GUIDOZZI ALYSSA CLAIRE	Wits
HABANGANA HWANANO SAMUEL	UP
INAMBAO-RAMARUMO TSHOLOFELO	UP
JADHUNANDAN KAJAL	UKZN
JAGANATH USHIR VIJAY	UKZN
JAMBAYA MUNYARADZI EDWIN	Foreign
JEGGO TAHLIA ANN	Wits
KEENOO FAADHILA	UCT
KHAN SAAD ALI	Wits
KIFT ETIENNE FOURIE	US
KOLLING MATTHEW GRAEME	Wits

KOUVARELLIS ALISON	UCT
KRYNAUW JOHN	UKZN
LAKE CARYN MARGARET	Wits
LAPERRE CHERESE	UCT
LATUSEK ALEKSANDRA IRENA	UP
LE ROUX ELSA	US
LEBALLO GONTSE	Wits
LOUW KURT GARRETH	US
MANYATHI BONGIWE	US
MASVIKWA HILDA	Wits
MOON STORM CARA	Wits
MOONIAN KEREN JADE	UP
MTUBU TANDOKAZI PATIENCE	UKZN
MURPHY ANDREA LYNNE	Wits
NKOSI BANDILE SAKHILE QUINTIN	UP
ORJI VALENTINE NNOLUM	SMU
PURCELL-JONES JESSICA	UCT
RAMATLOTLO LERATO	UP
RAMBURUTH MARSHA	UKZN
RAZACK RAEESA	US
RETIEF ANDRE	SMU
ROSSOUW ELIZNA	US
SALMOND BELINDA	UKZN
SAN PEDRO KARYLL MAE	Wits
SLAVE MULAI LUMAMBA	Wits
SMIT MARETHA ISABEL	UCT
SMITH SHEENA DIEDRE	Wits
STEGMANN GEORGE FREDERIK	UCT
STEYL CHARLE	SMU
SWART MATTHYS LOURENS	UFS
THOMPSON SUNE	UFS
VAN DER MERWE FRELIZA	UCT
VAN VREEDE JOSEPH JAMES	UCT
VAN VUUREN SULEEN	UKZN
VERMEULEN PETRUS JACOBUS	UP
VOKA DI BETU	Wits
WITT JONATHAN	Wits
YAMBA YEMWENI LEONARD	Wits
ZUNGU SIZWE CLIFFORD	UKZN

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

GWILA TAHA H	UFS
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Fellowship of the College of Clinical Pharmacologists of South Africa FC Clin Pharm(SA)

GUNTER HANNAH MAY	UCT
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MONDLEKI ENKOSI	UCT
PILLAY-FUENTES LORENTE VESHNI	US
VAN RENSBURG ROLAND	US

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

DU RAAN FREDERICK JOHANNES	UWC
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Fellowship of the College of Dermatologists of South Africa FC Derm(SA)

CLAASSENS SASKYA	US
KNIGHT LAUREN KERRY	UCT
MAKAULA PUMEZA UNATI	UKZN
MAPHOSA TINASHE IVINE	UP
MASEBE JEANNETT REABETSWE	UFS
MOODLEY NERISSA	UKZN
MOOSA FATIMA	UFS
PREVOST ALICE CLARE	US

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

ALMANSOORI NAHYAN ABDULRAHMAN AHMED	UKZN
BOQO NONTSIKELELO NOMATHAMSANQA	UP
CLOETE DAVID ALLAN	US
CRONJE LANA	Wits
DE CAIRES LEONEL	UCT
EKAMBARAM KAMLIN	US
HAVENGA DUNCAN MICHAEL	UKZN
HURRIBUNCE NIRVIKA	UP
KAJEE MUHAMMAD SHAHEEN FAROUK	US
LEKANG KAGISO, CLIFFORD	UCT
LOBATSE BOIKI	UCT
LOTTER NURAAN	US
MCALPINE DAVID JOHN	UCT
MWANZA KEPHAS ELIMON	US
PELLE RATANG PHOLOSHO	UP
RAE BRADLEY JOHN	Wits
SIMAKOLOYI NATALIE MUKAMWEELE	US
SNYMAN JENNA	Wits
ZAAYMAN HEINRI	US

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

ABRAHAMS TRACEY-LEIGH	US
AMEH MICHAEL OJONIMI	WSU
AMIEN NABEELA	UCT
DU PLESSIS THOMAS ROSS	UFS
DU TOIT NICOLAI PIERRE	UP
ETTANG ENWONGO	WSU
FAUL LINDSEY JANE	UP
FINE NICHOLAS	WSU
GELDENHUYS SUNÉ	UFS
GERMISHUYS PAUL STEFANUS	UP
GIBSON DYLAN BRETT	WSU
GLOSTER PATRICK MICHAEL	US
HOFMEYR GRAEME PETER	UCT
KARKI ABHAYA SINGH	UCT
LOTZ JOHN-D KNIPE	WSU
MACHINA BABA	UCT
MARLE TREVOR ALAN	US
MASANSABO DAVID KOKETSO	
KARABO	SMU
MBONDA MOTO AHEMEKE GUYGUY	Wits
MILLER ANDREW CHARLES	WSU
MLAMBO SIPHESIHLE PRISEWETH	UP
MOMOH SAKA JIMOH	WSU
NDUBUISI CHARLES CHIDIEBERE	UP
OOSTHUIZEN NICOLAAS JACOBUS	US
ORJI CHIKERE IKEMEFUNA	SMU
SCOTCHER PHILIPPA	WSU
SNYDERS L'OREAL LESLAY	UCT
STEYN JOHANNES HERMANUS	UCT
STOFBERG JOHANNES PETRUS	
JORDAAN	UCT
VAN DER BIJL CHANTELE CANADA	UFS

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

ADEDAYO TEMITOPE ADEKUNLE	WSU
BOKILA MAMBAKATALA EUGENE	Wits
DU PLESSIS THOMAS ROSS	UFS
GELDENHUYS SUNÉ	UFS
MAMOROBELA HLAYISANI VINAS	UL/SMU
MOHAN SRUTHI	Wits
MUZA LIZWE CALVIN	UFS
OKAFOR UMEADIM EMMANUEL	SMU
PETER PAUL IFEANYI	UFS
PILLAY SANTHURI	Wits
RABE MAREIKE	Wits
SNYDERS L'OREAL LESLAY	UCT
SOBAMOWO SAMUEL OLUWAFEMI	UCT
SOBAMOWO THEOPHILUS	
OLUWADAYO	UCT
STAATS JURGENS	Wits
STOFBERG JOHANNES PETRUS	
JORDAAN	UCT
VAN DER BIJL CHANTELE CANADA	UFS
WILLIAMS ANDREW ANTHONY PETER	US

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

BACHAN VARUSHKA RANJINA	UCT
KOLODI MOLEFE ISAAC	Wits
MOKOKA MADINANE	UL/SMU
NKOSI THULANI LANCELOT	UFS
RAMATHAVHA NDIVHUWO	UL/SMU
RAMELA MALERATO	Wits
SMITH ZANDRÉ	UFS
WILSCOTT-DAVIDS CANDICE	US

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

RABIE EVAN ROCHE	UP
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Fellowship of the College of Medical Geneticists of South Africa
FCMG(SA)

MABASO NJABULO CHRISTIAN	Wits
--------------------------	------

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

GULE MANQOBA VUSUMUZI	UCT
KROON LOUIS	UP
LESHOGO KEBAKILE GEOFFREY	Wits
MANTSHIU WINNIFRED GOITSIMANG	SMU
MASHITELA REFILOE	Wits
MCMULLEN KATE ELISABETH	UCT
MMAKO MMAKOKOKO TRACY	SMU
MOODLEY SHARANIA	UKZN
MOODLEY TRISHA	UKZN
MUSHAWARIMA TAWANDA	UKZN
NKOANA-ERASMUS DIKEDI LUCIA	UFS

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

BANGO LELETHU BULELANI	UFS
HORTON TRISTRAM GLYN	Foreign
KATUNGI TOMSON MABARE	UCT
LOUW LIZET	UCT
MOHALE MASEDI SELBY	Wits
MOLEFE MASECHABA	Wits
MOSHOKOA MADIKANA BRADLEY	SMU
MPUNGANA ZWELITHINI	UFS
NKALA HLEZIKUHLE PETHEZINHLE	Wits
SHONGWE MPUMELELO	Wits

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

BERNDORFLER BIANCA	US
EBRAHIM TASMEERA	UKZN
ISMAIL AYESHA	Wits

MUNEMO LIONEL TAPIWA	US
TEYE SAMUEL	Wits

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

ADJEI ALFRED	UCT
ALDAGDAG NAJWA JUMA SAAD	Wits
AMUPALA ALBERTINA NAHAMBO	UP
CHAPFUWA TINOS	Foreign
CHIZA VITALIS	Foreign
CHURCHER EMMANUEL, NYAMEKYE	UCT
DE JAGER KOBIE	US
DEIKER MOTSHIDISI MARTHA	UFS
DU TOIT NICOLENE	US
DUNN ZANDILE DOROTHY	UP
FLATELA MLUNGISI	WSU
GERARDO RONIA HENDRINA	US
GHODHBANI MOHAMED ESSALAH	UFS
GOLDMAN GARETH GLEN	UKZN
GXOWA YANGA	UKZN
HENDRICKS FAHAD	UCT
JIMOH ARILEFELA SIKIRU	UP
KAKUDJI KALUME YVES	UFS
KALONJI SYLVAIN MPAMBA	Wits
KGATLE THABANG PHETOLE	Wits
KGOPA RAMAHLAPE JONAS	UP
KNIPE KARUSHA	US
KOTZE ADRI	Wits
MAHABANE REFILOE FAITH	SMU
MAJOLA LINDA GORDON	UKZN
MALAHLELA LERATO WILLIAM	UP
MAUWA ERNEST TSARUKANAYI	Wits
MAY JABULILE	Wits
MFUTILA TSITUKENINA RUFFINE	UCT
MGUGA AVUYILE	WSU
MMALEKUTU GODFREY THABO	Wits
MNDEBELE SBUSISO TREVOR	Wits
MORUDU LEFHLILE ALLY	Wits
MOTHUPI JOHANNES MOISI	UL/SMU
NAVARRO RICARDO JUAN CARLOS	UKZN
NCHABELENG-SHIBAMBU MADITHAME	
RACHEL	Wits
NGUBANE NELISWA SIBONGILE	Wits
NJENDA PHILLEMONT NGWARIRAI	Foreign
NKANGANA NONTANDO SINAWO	US
NKANYANE NTSAKO MARION	UP
NODADA BUNTU	UKZN
NTLEMO PERCY	UP
OBIDIKE FIDELIS EMEKA	UKZN
ODINE PETER ODIANOSENE	Wits
OLIVIER SUSANNA ELIZABETH	US
ORJI OGBONNAYA	Wits
RAMSUNDER NIVADH	UKZN
RUBUSHE BONGI	Wits
SIBISI SENZO NEVILLE	UL/SMU
TEW CATHERINE LOUISE	Wits
THELETSANE PABALLO	UP
THOMAS LESEGO CLAUDETTE	
SEKITLA	Wits
THOMPSON HARRIET PHILIPPA	UCT
TLHABANO DAVID ROYAL	UP

TSEKELI MATEFO EILEEN	Wits	DIN TASEER FEROUZ	UCT	MAKALLA TSHIDISEGANG STEPHINAH	Wits
TSHIMANGA MBIKAYI	UFS	KGOMO THABO KOENA ERNERST	SMU	MAKGAMATHO LISTA DIPOLELO	UP
UBOMBA DUDUZILE	UP	KLOPPER GERHARD JOHAN	WSU	MAKHOPA NTOMBIKAYISE GLADYS	UFS
VAN DER MERWE MELISSA	Wits	KOKOSE BANELE	WSU	MAKHUZA HAMMARSKJOLD	Foreign
WILLIAMS MELISSA DENIELLE	Wits	LERUTLA MABILOANE TEBOGO	SMU	MAKIWA FARAI	Foreign
XONGWANA NANGAMSO	WSU	MLAUZI RAPHAEL	UCT	MAKONYOLA GARI KHAMWANA	Wits
YALOKO KIBENI TRYPHON	UCT	MUNGUL SHEETAL	Wits	MALESA MAPULA MALEKHUMO	UP
Fellowship of the College of Ophthalmologists of South Africa FC Ophth(SA)		NANDKISHORE TANUSHA	UKZN	MAPATHA LESHATA ABIGAIL	Wits
AHMED AFROZE	UKZN	THOKAN NISHAT	Wits	MAPELE APAMU JACQUES	Wits
ANTWI-ANYIMADU FLORENCE	WSU	TSHITE MMANKOMI FELICIA	UP	MASHILE KOKI OCTOVIA	Wits
BOTES DAVID HERMANUS	UFS	LEBOGANG	UP	MATELA LERATO	UP
BRYANS MERRICK LLOYD	WSU	VAN AARDT MICHAEL GUSTAF	Wits	MKHIZE ZAMAMBO SIPHOKAZI	UKZN
CAMACHO MONIQUE DE GOUVEIA	Wits	WHITE MATTHEW CRAIG	UCT	UNITY	UKZN
CHURCH BRIAN	UKZN	WRIGHT KATHRYNE ELIZABETH	US	MOODLEY MELISHA	UFS
DE JAGER JOHANNES FREDERIK	UKZN	Fellowship of the College of Paediatricians of South Africa FC Paed(SA)		MOODLEY NATANIA	UKZN
MABOWA CEDRICK PAPONG	SMU	ABOO MEHNAZ	Wits	MOSIDI LEBOGANG NOZANDLA DORIS	UP
MOTHEKHE PRISCILLA NNUKU	Wits	BALFOUR SANELISIWE BUSISIWE	Wits	MOTHIBA NOMSA EDITH	UL/SMU
MPANZA SIBUSISIWE MICKY	UP	ZETHU	Wits	MOTIMELE PETUNIA TINTSWALO	WSU
SIBANDA THOBKILE	Foreign	BEKKER CARIEN	US	MOTLHATLHEDI ONICA MMATSELA	SMU
SUN MELODY WEI-LIN	Wits	BOOYSEN LYNN	US	MRUBATA KITSO-LESEDI	Wits
THOMAS JASON PETER	US	CAR KATHLEEN PATRICIA	Wits	MUNEMO TATENDA BRENDA	Foreign
VAN DER COLFF FREDRICH JAMES	US	CELE MTHOKOZISI ANDREW	UKZN	MUSARURWA TRACY	Foreign
VAN NIEKERK TARYN ELIZABETH	WSU	CHAKAWATA LEANNY GAMUCHIRAI	Foreign	MUSONDA HOPE KATAI	US
Fellowship of the College of Orthopaedic Surgeons of South Africa FC Orth(SA)		CHIGOVA-MAHLANZE MARTHA	UP	MVO NTOMBIZODUMO	UKZN
ARKELL CHRISTOPHER JAMES	WSU	SARUDZAYI	UCT	MWALA NALISHEBO	Wits
FORTESCUE	UCT	CHIKAPHONYA PHIRI BEATRICE	UCT	MYBURGH CHANTELE	US
BERRY KIRSTY LEIGH	UCT	CHIKWANA JESSICA	UCT	NDLOVU PHIWOKUHLE ZAMOKUHLE	UP
BOTMA NICO	UCT	CLEAK TANNAH	Wits	NKADIMENG THABE SYLVESTER	UL/SMU
DE WET JOHANNES JACOBUS	UCT	DA COSTA AISHAH	US	NKATLO MADISEBO MAKGAHLISO	WSU
ERASMUS RAOUL DANIEL	UP	DA SILVA SONIA MARIZA NEVES	Wits	LYDIA	UP
FORTUIN FRANKLIN LESLIE PHILLIP	US	DE JAGER RIKA LEONORA	Wits	NKOSI BATHABILE PEARL	Foreign
FOURIE PIETER JACOBUS	UP	DE KLERK LEANDRI	UFS	NYAMUTOWA TONNY	Foreign
GQAMANA LOYISO	Wits	DLAKAVU ABENA PRECIOUS	WSU	ONWUGBOLU ANSELM, UCHE	UFS
JAKOET MOGAMAT SHAFIQUE	US	DLAMINI SIBONGILE	Wits	PHOYA FRANK	Foreign
KAYUBA SERGE LWAMBA	Wits	EL-BORAEI SAMAH	UCT	PILLAY VASHINI	UCT
KHONYE BONANI SAMSON	Wits	ERASMUS LOUISA MARINA	US	RAMAPHANE TSHIRELETSO	Wits
KLOPPERS FREDERIK JACOBUS	UFS	FLACK KATHERINE	Wits	RAMUGONDO ELELWANI THIKUNDWI	UP
MAHLANGU VINCENT VUSI	WSU	FOURIE ESTE	UCT	SHARON	UP
MCHUNU JABULANI THABANI	Wits	GOLDEN LAUREN MEAGEN	UCT	ROBBETZE JOHN WERNER	UFS
MOKOENA MAMPUTI SILAS	UFS	GOLDSTEIN ROWAN CLIVE	Wits	SERUDU-NAGENG NTHABISENG WINSOME	UP
MOPHATLANE PEO KABELO	SMU	GONYA SITHEMBINKOSI MANYONI	WSU	SALLY	UP
MOTSOARI MANDELA JOHNSON	UP	GREYLING DONNA MAY	UL/SMU	SIBANDA LINOS MUTSA	UCT
NTOMBELA PHILANI IAN	Wits	GREYLING MARNEL	US	STEVENSON ROBERTA	UKZN
OSEI EMMANUEL DWOMOH	Wits	HLOPHE NOMBULELO	UKZN	THOMAS ALDONA ELIZABETH	US
SCHMIDT LUDWIG WILHELM	UP	JASSAT RIYAADH	UKZN	CHAKALAYIL	US
SUKATI FALETHU MBONGENI	UP	JINGXI XOLISIWE LETTICIA	UKZN	XIPHU AYANDA NOLUVUYO	WSU
SWARTBOOI SARAH ATHELIA	Wits	JONES THOMAS RYAN	US	Fellowship of the College of Paediatric Surgeons of South Africa FC Paed Surg(SA)	
UHUEBOR DAVID ITUA	UFS	KARONGO BENSON TAPUWA	Foreign	ADEFARAKAN SHINA JOSEPH	SMU
VAN ZYL HENDRIK FRANCOIS	US	KASEKETE MARIAN DAISY	Foreign	BOTCHWAY MAAME TEKIYIWA	Wits
WHITEHEAD ALEXIS SIAN	Wits	KRAUSE ROELOF CILLIERS	UFS	DU PREEZ HILGE	UFS
Fellowship of the College of Otorhinolaryngologists of South Africa FCORL(SA)		LE CLUS NANYA	UP	FANNY MARVIN NOLAN	UP
BLOKLAND RACHEL AMY	US	LOUW BYRON CLARENCE	US	HUMAN MATHYS JOHANNES	SMU
BOGGENPOEL ASHTON RICHARD	US	MABASO LINDIWE NOMPUMELELO	Wits	KHAMAG OMER M. EBRAHIM	UCT
		MANELAN	UFS	LACK VERED	Wits
		MADIKIZELA THOZAMILE	UFS	MUSHUNJE SITHANDWEYINKOSI	Wits
		MAENETJA ITUMELENG PRINCESS	SMU	NGOBESE AMANDA	UKZN
		MAGWAZA CAROL THULADU	Wits	SIYOTULA THOZAMA VIOLET	UCT
		MAHOMED RAEESA MOOSA KARA	Wits	TASKER DAVID BEAUMONT	UCT

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

MEKOA LUCRETIA PORTIA	Wits
OOSTHUIZEN MELISSA	US
PAMACHECHE PATRICIA	UCT
PENZHORN INGRID HANNELIE	US
RIKHOTSO TSHIKANI NORMAN	UCT
ROETS ANTOINETTE ELISABETH	UFS
TU SINDY JEN-YI	UCT

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

DLAMINI IMMACULATE SIPHELELE	UKZN
KORF MARIZNA	US
RAMPUL ASHLIN	UP
VAN HEERDEN CARLA	Wits
VAN HEERDEN MARLI	Wits

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

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

ALZANAD FATIMA FARAJ MUFTAH	US
BALOYI XIKOMBISO	UCT
CHILI LUNGISILE HILDEGARD	UKZN
ENGELBRECHT MARCEL	Wits
HUMAN MICHELLE	SMU
MMUSI MIRRIAM MANTI	SMU
MOTHI HEMASHA	UFS
MUTIZE TENDAISHE TERENCE	UFS
NCETE NOLUKHOLO AYANDA	Wits
PILLAY EVASHIN	Wits
ROUX MARISKA SANET	UFS
VAZ-VAN DER RIET DEBORAH CRISTINA DA SILVA MOURA	UP

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

AMUTENYA VICTORIA MUNAGENI	UP
BOOLEY GHOWA	UCT
BOSCH ANÉL	UP
BUTHELEZI SANELE	UKZN
CHANDA RAPHAEL	UCT
DE MEYER JENINE NAOMI	UKZN
DLADLA-NDZABANDZABA	
SINENHLANHLA	Wits
DOWLING WENTZEL BRUCE	US
GUMEDE MARIA ITUMELENG	
LEBOGANG	UKZN
KULAPANI DAVID KING	UCT

MAC DONALD JAMES WESLEY	Wits
MASANGO BHEKI ZETHY	Wits
MITTON BAREND CORNELIUS	UP
MULAUDZI SELINAH IDAH	UL/SMU
OPPERMAN CHRISTOFFEL	
JOHANNES	UCT
PILLAY DHARSHNI	UKZN
SAVAGE-REID SUNILA SAVAGE-REID	Wits
SINGH SARISHNA	US
SLABBERT JOHANNES TOBIAS	US

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

MAHLAKWANE KAMELA LAWRENCE	US
MOHLALA KWALABOTSENG ANNIE SMU	
SIKHOSANA MPHOS	Wits

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

ABULGHASM TAHA MOHAMED	UKZN
AITCHISON WESLEY MARK	Wits
AJAYI ADEKUNLE OMONIYI	Wits
ALOMATU SAMUEL YAO	WSU
ANASTASIADES PANAYIOTIS	UP
ASMAL TAAHIR	UFS
BHAGWANDASS RAHUL DHANESHWAR	SMU
BOAKYE DARLENE AKUA	UCT
CACHALIA SAFFIYA	Wits
CHERNICK LIOR	Wits
CHINONGE KAKEYA	UP
DELPORT GRANT LOGAN	WSU
DU PLESSIS JEAN ADRIAAN	Wits
DZVANGA NIGEL SHUNGU	UCT
ELMEJRAB SUHIL MAHFOUD M.	UKZN
FRANK ASTLEY GERSHWYN	UKZN
GANGAI RAMOLA	UKZN
GATLEY ELIZABETH MARGUERITE	UCT
JASSAT ROMANA	Wits
JOHANNES LEIGH	Wits
KAPP JACINTO JOHN	WSU
KARAMCHAND SUMANTH	US
KEOKGALE TWEEDY	Wits
KRUGER JEAN-JACQUES	UCT
LANGAZANA WANDILE	UKZN
MACHENG CLEMENT	Foreign
MAHLATJI REBECCA MAHLAKO	UL/SMU
MALUSI SITYHILELO	WSU
MANYANGA TINASHE	Foreign
MAPIMHIDZE DANAI SYLVIA	UCT
MARANGE TAURAYI PROSPER	Wits
MATHYE KULANI THERON	UP
MATSEPE ANGELA MORONGWE	Wits
MAZWI SIBULELE	Wits
MBANGA LUYANDA CLIVE	UCT
MBENA BULELWA PRISCILLA	UCT
MEYER LANA	UFS
MHLABA LONA	Wits
MOLEPO SAMUEL DITAU	Wits

MOLL JENNY LYNNE	UP
MOSHOMO THATO	US
MOSIDI KARABO KINGSLEY	SMU
MUCHICHWA PETUDZAI	Wits
MUPONDA BLESSING KUDAKWASHE	UL/SMU
NDHLEBE GUGULETHU KHANGEKILE	
GLADYS	UP
NDLOVU MOHELEPI PERCY	Wits
NGANDU NTUMBA MBOMBO	
HENRIETTE	Wits
NHLAPO BUSISIWE BELLA	Wits
NTSHANGASE NOTHANDO	
NOKUKHANYA	UFS
OKEYO ELISHA OCHIENG	UCT
OLIVIER GENEVIEVE	WSU
OXLEY OXLAND JONATHAN	WSU
PERUMAL CRAIG ASHLEY	Wits
PERUMAL DANE	UKZN
PILANE MATSHIDISO	UCT
PILLAY JASHEN	UKZN
PRINSLOO DAWID NICOLAAS	UCT
ROOD JACQUES WYNAND	US
SCHUTTE JASON	UP
SIKO KHAYA PHILEMON	WSU
STRYDOM MAGDEL	Wits
SUNNY SHARON ELIZABETH	Wits
TAYOB AHMAD ISMAIL	Wits
THOMAS KAGISHO	Wits
THWALA SPHEPELO MIKE	UFS
TITUS GIDEON JOHN	US
VAN ASWEGEN WILLEM JOHANNES	SMU
VAN DER MERWE LE ROUX	UCT
YUDELOWITZ GREGORY SAUL	Wits
ZINGONI RATIDZO LYNIA	UP

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

DAMAN HASHAM	UKZN
LINKS DESTINY ANNICIA	UCT
MAKGOFI NOTHABO	SMU
MOODIE BENJAMIN	SMU
NGWENYA RHULANI EDWARD	UP
VAN DER VYVER MARIETA	UKZN

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

ABOBAKER ADILA	WSU
AKPABO IDORENYIN UBON	UCT
ANTWI-ANYIMADU ANNETTE	Wits
BOTHA HENMAR FRANCOIS	US
BOUWER JADE CATHERYNE	Wits
DE VAAL SYBRAND JOHANNES	UCT
HART BIANCA	Wits
LE ROUX JEAN-MARIE	US
LETSELI KABO	Wits
LINTNAAR STACEY-LEIGH	Wits
MARCUS FELICITY DAWN	Wits
MATETA SILWANA PRISCILLA	
ZOLEKA	WSU

MATSEBULA GAGU SIBONISO	Wits
MEDDOWS-TAYLOR JESSICA CLAIR	Wits
MORAR TEJIL	Wits
MTSHENGU NOKWAZI	WSU
PETERSEN NATHALIE	UP
RANJIT KARINA	UKZN
SMITH EVERHARDUS JOHANNES	UCT
TAYOB IMRAAN ISMAIL	UCT
VAN ZYL PETRUS JASPER JOHANNES	UCT
VAVA YANGA	UCT
VEYEJ NABILA	Wits
VOGTS ELIZABETH MARGUERITE	UCT
VYTHILINGUM NAIDU PRISCILLA	
ISWARI	Wits
WILSON ALLANAH JOAN	UCT

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

KISTAN JESNE BARRY	Wits
MGUGUDO-SELLO ZIYANDA	UCT

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

MATOLWENI ASANDA	UKZN
NTATAMALA ITUMELENG MMOKO	
THEOPHELIUS	UCT

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

BALOLEBWAMI AKILIMALI DAVID	Wits
BONDERA TICHAYEDZA	US
CHANG JU-MEI	UCT
DAUDA AKINGBOYE MUSIBAU	SMU
FOX JOHN EDWARD	UFS
FOX LILANIE	UFS
JONKERS FERDINAND GUSTAVE	UP
KHOZA BOITUMELO	Wits
LIEBENBERG ELRÉ	UP
MABASO SABELO HERBERT	Wits
MATHEW DENNY	Wits
MKHIZE NOKULUNGA	US
MOHABIR SHERYL	US
MRWETYANA KHANYISA NOTHEMBA	UFS
MWINGA CHOONGO GLYN	US
NICOLAOU MARK ANDREW	Wits
ONYANGUNGA DOLONGO	UKZN
PEISER GARY CHARLES WESTON	Wits
PRETORIUS JOHANNES JACOBUS	UP
RALL JACOLIEN MARTIE	UFS
SHAWA JANE	US
STEYN TIAAN PIETER	UFS
STRAUSS GEORG LINDE	UP
WARNICH ILOKKA	Wits
WESSELS ROBYN MERYL	Wits

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

BIPATH PRESHIA	UKZN
BUNGA ANTONIA MRUDULATA	
GONZALEZ	Wits
GASPAR CATTLEYA CASSANDRA DOS	
SANTOS	UP
KIBUDDE SOLOMON	US
MAINA JULIET NYAGUTHII	UCT
MANAVALAN TIJO JOSPAUL DAVISUL	SMU
MOODLEY SHIVONA	Wits
MURRAY GEORGE MULLER	UFS
NAGAR BHAVESH	UCT
NDAMASE NCUMISA	Wits
NDLEVE MASANA	Wits
NJOVU CHUMA	US
ODONKOR MICHAEL NII NORTEY	UCT
TANGANE GOMOLEMO	UCT
VIRANNA SANTHURI	UCT

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

ABSHINA FATHI SALEM	UCT
ABUOWN MAJDI ALHADI	Wits
ALKILANI MARWAN MAHMOUD F	
ALKILANI	UKZN
ALSEREIDI RASHED	UCT
ANAUTH CHANDRAKUMARSING	UKZN
CARREIRA JO-ANNE	Wits
CHEUNG CYNTHIA TSZ YING	Wits
CHIBUYE KENWARD	UCT
CHILIZA KWAZI SBONELO BRIGHT	UKZN
COETZEE ELDRIDGE FABIAN	UFS
DAO OMAR ROHOUMA OMAR	UCT
DESEMELA YAMKELA	WSU
DIALE BERNARD SAMSON GLOBUS	US
EBRAHIM ISMAIL	Wits
ELFIRGANI MOHAMED.F.FARAG	UKZN
FRANCIS RORY-JOHN	Wits
GOUWS JUAN	UCT
GOVENDER SOVISHNEE	UKZN
GURUNAND AVISHKAR	UKZN
JADA SIYABULELA HOPE	SMU
KABONGO KALANGU	UKZN
KHAMBULE LUCKY MOHLOLO	UFS
KHAN MUHAMMAD ZAFAR	UKZN
KITHUKA CAROLINE MULUKI	UKZN
LAHER NAADIYAH	Wits
LANGASIKI PHUMELELE	WSU
LETSOARA RAKAUOANE SAM	UFS
LOUW E LOUW	US
MALIAKEL ATHENA GEORGE	UP
MARAIS HELGRAD MICHAEL	UP
MATLALA MOKGOMA TUMELO	SMU
MNGOMA KENNEDY NKOSINGIPHILE	SMU
MOHAMMED FEROZA	Wits
MOLELEKOA ONKABETSE FANA	UP
MOLOI LEBOHANG	UP
MONGWE KENNY NYIKO	SMU

MOSASI TEBO CYRIL	SMU
MOTLA LERUMO EVANS	SMU
MTIMKULU WANGA	WSU
MTSHALI THOMAS	SMU
MUVHANGO MPHOS RESPECT	UP
MYINT PAING PHYO	UP
NAIDOO NISHLIN	Wits
NAIDOO THEGESHA	SMU
NEL DANIEL BENJAMIN	UCT
PARTHAB SHAHEEV	UKZN
POHL LINDA MARTIE POHL	UCT
PSWARAYI RUDO MUTSA VANESSA	Wits
PULE MOSIMANEGAPE CECIL	SMU
RAMAPHOKO MAHULA SOLOMON	UKZN
RUGNATH KAPIL	UKZN
SIBIYA SLINDOKUHLE	UKZN
SOLDATI VUYOLWETHU SONWABILE	UCT
TAIT DEAN	UCT
TARAN OLEKSANDR	Foreign
WEBNER ADIEL	US

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

ALHLIB AMADADIN ALHLIB	Wits
DUBE MTHOKOZISI	SMU
MAHER ASHFAAQ ABDULLAH	UKZN
PADAYACHEE WINSTON PADAYACHEE	Wits
PLUKE KENT DAVID	UCT
RAMSAMY KEVIN	UP
ROTHMAN SAREL	UFS
SOLAIMAN ABDULLWAHED	
MOHAMED A	US

CERTIFICATES

**Sub-specialty Certificate in Allergology of
the College of Family Physicians of South
Africa
Cert Allerg(SA) Fam Phys**

VAN DER WALT JANET	UCT
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**Sub-specialty Certificate in Allergology
of the College of Paediatricians of South
Africa
Cert Allerg(SA) Paed**

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

DAVID THUSO	Wits
KLOECK DAVID ANDREW	Wits
MANZINI DELLINA DUMELA	UP
MURIGO-SHUMBA DAVIDZO	UKZN
RAPHULU PHOPHI	Wits

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

ADAMU UMAR GATI	Wits
AUALA TANGENI	UCT
DUZE NTANDO PEACEMAN	SMU
ESSA ABUBAKR	Wits
GOGO NOMPUMELELO	SMU
HASSEN NAEEM	UKZN
KAKOOZA DOMINIC	Wits
MABIKA MAZWI NKOSIKHONA	Wits
MASHILO MOGOBE DAVID	Wits
MUTATI PULE	SMU

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

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

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

BOTSILE ELIZABETH	UFS
GARDNER ERMA	UCT
LOEBENBERG PERRY	UCT

**Sub-specialty Certificate in Critical Care of the College of Anaesthetists of South Africa
Cert Critical Care(SA) Anaes**

DUBE SANDILE SIPHOSOMUZI	Wits
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**Sub-specialty Certificate in Critical Care of the College of Emergency Medicine of South Africa
Cert Critical Care(SA) Emer Med**

HINDLE LUCY	Wits
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**Sub-specialty Certificate in Critical Care of the College of Paediatricians of South Africa
Cert Critical Care(SA) Paed**

ABUMREGHA OSAMA ALI	UCT
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**Sub-specialty Certificate in Critical Care of the College of Physicians of South Africa
Cert Critical Care(SA) Phys**

FODO TOBISA ZIFIKILE	WSU
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**Sub-specialty Certificate in Endocrinology and Metabolism of the College of Paediatricians of South Africa
Cert Endocrinology and Metabolism(SA) Paed**

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

ABDALLA MOHAMED ABDALLA MANSOUR	UCT
ABDELFADEL OMER ALAWAD	
HOMAIDA	UCT
ALIGAIL KHALID ABDALLAH AGEEP	UCT
BULBULIA SAAJIDAH	Wits
KARA SITA	UP
NAIDOO KUMARI	UKZN
PITSO LEBOHANG	UFS
SEEDAT FAHEEM	Wits
SINGBO JOSEPH	UCT
VAN DER MADE TANYA	US

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

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

ABUELHASSAN WAMDA BABIKER	Wits
OSTROFSKY MARC ILAN	Wits

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

ALI HISHAM MUDDATHIR ALLAM	UCT
ALMGLA NASER	UCT
KAHN MIRIAM	UCT
LAMBRECHTS ANTON VAN VELDEN	US
NKOSI JOYCE NOMSA	UL/SMU
NOEL COLIN BYRON	UCT
SARDIWALLA IMRAAN ISMAIL	SMU
TAYLOR PETER	Wits

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

ABRAHAM ANU	Wits
SCHIETEKAT DENZIL DEON	UCT

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

LEKALA MATSIANE LUCIAH	SMU
MOROENG MOLELEKI WILLIAM	UP
MUFENDA JOSEF KAMUNOKO	US
NGXOLA NONDUMISO	UCT

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

NGOBESE MAKHOSAZANE JUDITH	UP
SIPAMBO NOSISA JENNIFER	Wits

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

DLAKAVU WELEKAZI FUZIWE	Wits
FRANK NADIYA	Wits
GUBU-NTABA CONSTANCE	
NONTSIKELELO	WSU
OWUSU-BEMPAH ATTA	UCT
SINEKE VUYO	UP
VENTER MARELI	UCT

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

COOPASAMY KAMALINA	Wits
HLATYWAYO LOYCE TAFADZWA	UCT
JONAS MAMPOI TSEPIISO GRACE	UFS
MASHOKO VONGAI	Wits
RADEBE PALESSA	UKZN
REDDY KERSHINEE	UKZN

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

BERMAN CATHERINE IRIS	Wits
MATHIBA ROFHIWA MARGARET	Wits
SHOBA BONGINKOSI SHADRACK	UP

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

CHAMI NEEMA PASSIAN CHAMI	Wits
DANIELS ADRIAN	UCT
DUZE BONISIWE ZAMAZULU	UKZN
KESTING SAMANTHA JANE	Wits

KGWADI DIKELEDI MAUREEN Wits
 MAGADLA YOLISWA Wits
 MOGAJANE TSHIAMO PAUL MOISA Wits
 MPHAPHULI ARIPFANI VERONICA Wits
 NAKIBUKA JESCA UCT
 ONDONGO-EZHET CLAUDE CHRISTELLE
 ELEONORE Wits
 SATARDIEN MUNEEARAH US
 VAN ECK ANDREW US

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

SINADA NISREEN SEED AHMED
 ABDEEN UKZN
 ZIKALALA NONHLANHLA LYNETTE SMU

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

ALI MOHAMED IBRAHIM ARMAN Foreign
 DAYAL CHANDNI Wits
 KAMKUEMAH MARIA NDINOMAGANO UCT
 KUMASHIE DOMINIC DZAMESI US
 LUTAAYA LEONARD EDGAR UCT
 MARITIM PETER KIPYEGON KIRUI US
 MOKOKA-NKHOBHO LEDILE
 MATSHWENE Wits
 MOTALA NAEEM Wits
 RAMSUNDER NIKASH US
 SAFFER SARA TRACY Wits

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

LOWTON KARISHMA Wits

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

ESSAJEE FARIDA US
 KAMUNYA ANN WANGECHI UKZN
 MAZHANI TINY UP
 RICHARDSON CHANTEL JANE UCT
 SALIH RASHID AWAD ABDALLA SALIH US
 VOXEKA NOZIBONGO UKZN

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

KEGODE EVERLYNE Wits
 MAPANI MUNTANGA UCT
 MFINGWANA LUNGA US

OTIDO SAMUEL SANDUKU Wits
 YASSIN AAMIR UCT

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

GHAMMO HOSAM UKZN
 MAKAMBWA EDSON UCT
 MANYERUKE FELIX DONALD UCT
 MASUKU DAVID SIFISO UCT
 RAMKILLAWAN YEISHNA UKZN

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

ARCHARY PAVERSAN UCT
 MAJANGARA KARAGA RUMBIDZAI UCT
 MPUMLWANA VULIKHAYA US
 PILLAY NEELANRAJAH UP

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

ADUGNA BECKY ABDISSA UKZN
 CARTER RICHARD MICHAEL NENO UFS
 ISMAIL HAJIRA Wits
 MOHAPI MAKGOTSO Wits
 MORAR RAJIN Wits

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

MAKHADI SHUMANI SMU

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

JAGIELLOWICZ MACIEJ JAKUB UP
 RETIEF PIETER FRANCOIS UP

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

MBEBE DALINA THEMBISILE UKZN
 MOGASE LEGAE GOMOLEMO UP
 MTIMBA LUNGISANI WSU
 SANDER ANTHONY NICHOLAS UCT

**PART I, PRIMARY AND INTERMEDIATE
 EXAMINATIONS**

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

ADAM MUHAMMED YAAMEEN
 BADENHORST JACOBUS JOHANNES
 BOSHEGO NKOANA DOROTHY
 BOSHOFF MARTHA MARIA JACOBA
 CHALWE CRYSTAL KAGISO LINDY
 CHANG YU-CHING
 CHELE ELIZABETH MOLIEHI
 COLLIER LAILA
 DE MIRANDA GINA LOREN
 DOLD MATTHEW JAMES
 DU PREEZ ELDRED
 DU PREEZ LIEZL
 DU TOIT MADELEIN
 EKSTEEN AIDAN ANDREW
 ESSA SAFWANA
 ESSA SHENAAZ EBRAHIM US
 EVANGELISTA ZAIDA NANGUEVE DACHALA
 FERREIRINHA DAVID PAUL
 FORNER MICHAEL VINCENT
 FOUCHE ARIAAN
 FOWLES RORY STEPHEN
 GONYORA SIMBARASHE WONDER
 ALLEN Wits
 GREEFF NICOLE US
 GUNDULA ANZAFULUFHELO
 HAN KHIN SU-LE UKZN
 HERSELMAN PAUL RYAN
 HOOSEN FATIMA UP
 JACOBS NICOLE TARRYN US
 KENNY ANIKA US
 KIM SE JIN
 KIM SUN-YOUNG
 KING ERIN CASSIDY
 KLEINSMITH BRIAN ANTHONY
 KRUGER ELMAR
 LAÄS DANIËL JACOBUS UKZN
 LEGUTKO DAGMARA ANNA
 LEVEY ANDREW MARK
 LOUW CANDICE
 LOUW WILLEM ANDRIES NIENABER US
 MABELANE KHOMOTSO YVONNE UP
 MAHARAJ KAVISH BHIMSEN US
 MAHUMANI FERGUS TENDAI
 MAJARA PALESA LIKONELO ELSIE
 MAKANISI HYLDA
 MALLECK-AMODE-PEERZADA GUNSELI
 MANGANYI RIXONGILE STYLE
 MARWICK MONIQUE
 MASEKO JOY KULANI SMU
 MASIREMBU LETWIN
 MATHOORAH DISHA MATHOORAH US
 MBOKAZI NOMALUNGELO
 MEHLAPE SELLO FRANCIS
 MESSIAHS LEANNE ROBYN
 MEYER MICHELLE SMU

MOGALE TSHEPO DAVID	SMU	MASUKA JOSIAH TATENDA	UKZN	VAN ZYL JOHANNA ELIZABETH	
MOOSA KHALID		MHLANGA TINYIKO STHEMBISO	UKZN	Part I of the Fellowship of the College of Medical Geneticists of South Africa FCMG(SA) Part I	
MOROSI AGNES MADINGAAN		PEER MUHAMMAD	UKZN	NOVELLIE MICHAEL	Wits
MOSWEU HULISANI		RAMASODI KGOMOTSO MORAKANE	UP	VANIA ASHIRA	Wits
MOTHIBA LESEDI		SOLAL NOUBOADINAN BIENVENUE	UCT	Part I of the Fellowship of the College of Neurologists of South Africa FC Neurol(SA) Part I	
MPIANA MUKOLO		Part I of the Fellowship of the College of Emergency Medicine of South Africa FCEM(SA) Part I		ASSEY EMMANUEL VINCENT ASSEY	UCT
MSIMANGO NOMAKHOSI RENEGIA		ASMAL MUHAMMAD		DE JONG NOLENE JULIAN	
MUKADAM TASNEEM NISSA	UP	BAPTISTE ANIKE		FECHTER LUDWIG REINHARD	
MURONGA MUNYADZIWA PANDORA		BURKE MEGAN		GADAMA YOHANE	US
MUTETWA KUDAKWASHE THERESA		DICKINSON DIANA BERNADINE		KESHANI VIVEK MILAN	US
OOSTHUIZEN NOELLE		DOOKUN ASHNEIL WILLIAM		MAHOMED HABIB MARIAM	
ORLIANSKI ISA GABRIELA		DREYER HANLIE		MOHAMED NANABHAY AHMED	
PADAYACHEE MAHESHEN	US	DROOMER NARDUS		MOTJUWADI PALESA	
PENFOLD BRETT GERALD		FERREIRA KAREN		MOTSILILI LETLOTLO	
RAS ABRAHAM	US	GANSAN THASVEER		MUWOWO KABAENDA	Wits
RICHARDS-EDWARDS CHRISTOPHER		HSIEH YI-SHAN		NTSOANE MAKADIKOE ELIZABETH	
LLOYD		KABUYA KATHLEEN JOY MURUGI		SALVESEN AMY CATHERINE	
ROBINSON GARETH ROBERT NORMAN		KLEYNHANS ROCHÉ		SURENDRAN-NAIR SUJAY	
ROOPNARAIN BRONWYN SUNITHA	US	KOTZE CHRISTIAAN JOHANNES		THERON SHARL THERON	
SAMUEL QUINN EUGENE		MANISA LILE		Primary of the Fellowship of the College of Neurosurgeons of South Africa FC Neurosurg(SA) Primary	
SAUNYAMA RUVIMBO NELLY		MASEKO MTHUNZI HAVEN		ABE OLUWAPELUMI	
SCHOELER URSULA		MAUNGE NYENYEDZI		BIGIRWANAYO JEAN DE DIEU	
SEGOOA MMAPULA CHARLOTTE		MOHALE KARABO		BONNET EMBRENSIA GEERTRUIDA	
SOONARANE ARVIND GUNESS		NTHUME THUTO BALANGANI		BULABULA JESSE GEORGE KWETE	
SPENCER-BARNARD KAY		OSAWA JOSEPH IZIEGBE		CHAUDHRY IRTIZA AHMAD	
THERON ARMAND MEIRING		PHATLALALO PHATLALALO		CHAUKE YOLISA YOLANDA	
THOBEJANE SEBOTSE THANDI		PHELLO KEABETSOE		CONRADIE JACQUES MARIUS	
CHARMAINE	UP	PILLAY SHANNON KESHNIE		DUMANI SIBUYISELWE	
TONKIN GREGORY MATHEW		RAMDASS SHIVANTHRA		FLEERMUYS FLORIAN LEVITIKUS	
TREDOUX NINA		RUBAB HINA		LEONARDUS	UP
TSAE MPHONG FLORENCE		SRIRANGANATHAN NAGALESWARI	UKZN	FOKANE MANONO	
TUSWA UVIWE SBABALWE		THOMSON NICOLAS		HLOKWA RAMATSOBANE REBECCA	
VAN DYK JURGENS HENDRIKUS		TUBB MARCO LUIS VAZ PINTO		KAMENYE ONESMUS HAMBABI TANGI	
VAN NIEKERK VINCENT ALEXANDER		VALENTINE EUWON		KIBUUKA EDMUND RICHARD BUTI	
VAN WYK RENE		WANTWA TSHEPISO		MAEKOPO VELLE	
VON CAUES SHAUNEEN		Part I of the Fellowship of the College of Forensic Pathologists of South Africa FC For Path(SA) Part I		MATAM ONGEZIWE	
WEEBER HEINRICH JOHANNES		APLENI BANE	UFS	MITCHELL RORY GRAHAM	
WRONSKI SONJA VERONICA		AWATH-BEHARI ANEZ	UCT	MKHALIPHI MLAMULI MZAMO	
ZHANDE THOKOZANI MAUREEN	UKZN	JACOBS SHAWN	US	MOKAILA TEBOGO JOHNNY	
Part I of the Fellowship of the College of Clinical Pharmacologists of South Africa FC Clin Pharm(SA) Part I		MANUKUZA ZIBONELE PETRONELLA	Wits	MOYO LENIN	
MPOFU REPHAIM THANDANANI	UCT	MMINE MOEKETSI	UFS	MUTAMA BRIGHTON	WSU
Part I of the Fellowship of the College of Dentistry of South Africa - Oral Medicine and Periodontics FCD(SA) OMP Part I		NDLOVU NONJABULO	UKZN	PEREZ NOGUEIRA FRANK REINALDO	
ABDALLA MOZN	UWC	WARREN ANNA MARIA	UCT	PHOTOLO MOKENA MATTHEWS	SMU
Part I of the Fellowship of the College of Dermatologists of South Africa FC Derm(SA) Part I		Primary of the Fellowship of the College of Maxillo-Facial and Oral Surgeons of South Africa FCMFOS(SA) Primary		RAMPHELE MAKGAN THE THERESHO	
ANDERSON KATHERINE	UP	GAFFAR MAHOMED ASGAR		RASHID SAKINA MEHBOOB RASHID	UCT
DADOO AHMED SULIMAN	US	GOVENDER NISHAL		RUKWAVA GODFREY	
GLATT SARA	Wits	KHAN MUHAMMAD INAM AL-HASAN		SANYAMANDWE SIMBARASHE HERBERT	
GWINJI TAPIWA MUNYARADZI	Wits	MYBURGH ELOUISE	UP	SEKANO SALELENI BELLABRACIA	SMU
JONGIZULU AMANDA	WSU	NOMBAKUSE ZUKISWA TANDOKAZI		SETHUSHA TSHIDI CHRISTIAN	
MAKONDO RULANI	Wits	TSHEHLA TSHEPHO MPOLE SAMUEL		SETLHODI MASEGO PRECIOUS	

STEYN STIAAN JOHAN
TSHUTSHU SENYABU BRIDGED

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

ALNABULSI ABDULILAH MOHAMMED UCT
GABELA LERATO UKZN
KOLADE OLUMAYOWA UWADIALE UCT

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

ADAM MARY AUGUSTA Wits
ADUSEI SAMUEL ADUSEI UCT
BEZUIDENHOUT DULCIE
BIDUAYA KAYEMBE MAURICE
BOBE MVUYISO BOBE
BOPAPE MOKGADI
BRYER KATHERINE ANN
CHAURA TAMALA
DI RAGO NATASHA CHIARA
DUBE TSITSI
EBINDA LUNDA
GALANE LESIBA SEDUMA SMU
GAMA GRACE
GASKELL MARLENE
GWETU THANDO
HEGTER CAITLIN BIANCA
HOOSAIN RAEESA
JANSEN VAN RENSBURG ELIZABETH
JOAQUIM ELSA DELPHINA
JOSEF MIRJAM
KABURA SEIPATI GLORIA
KALALA NTUMBA
KAREEM KAMORUDEEN BABATUNDE
KATSHUNGA GRACIE
KAYUMBA EMMANUEL LUAMBA
KAZADI NANCY
KHAN FATIMA-ZAHRA
KHAN IMRAAN
KIBAMBA JOHN MBAYO
KITSHOFF FRANCIS
KOSHANE MMAPHEFO EUNICE
LITHOLE THANZI
LOCHER JOSEF ALEXANDER
LUTOTSWANA AZIWE
MABASA MIYELANI GENEVA
MABASA RHULANI VINCENT
MABEKEBEKE LITABE
MABUKE UNARINE
MABUSELA LUCKY
MADIKANE MALUSI
MAGAGANE LIVINGSTONE HAPPY SMU
MAKANDA MALONDA
MAKGAMATHA KGOMOTSO
MAKHWITING ZAMA PEARL
MAKUA FRANCINA K GALABOROANA
MALEBANA THABO HARMONEAN UL/SMU
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JC Coetzee Lectureship 2021

Covid-19 Infection And Maternal Health

Professor P Soma-Pillay

INTRODUCTION

The new coronavirus was first identified in late 2019 and was responsible for COVID-19 infection among residents of China's Hubei province. The first case of COVID-19 was reported in South Africa in March 2020. It is clear that the virus poses a particular threat to certain vulnerable groups such as the elderly, immunosuppressed and persons with co-morbidities. Data from other viral pandemics such as influenza and Ebola suggest that pregnant women are more susceptible to serious complication and death from viral infection.¹ Physiological changes in the respiratory and immune systems during pregnancy contribute to this increased risk of morbidity and mortality. Increased levels of estrogen and progesterone causes edema of the upper respiratory tract and this contributes to higher risk of infections. As pregnancy advances, the diaphragm is displaced superiorly resulting in a decreased functional residual capacity of the lung. The maternal immune system is also required to adapt during pregnancy to maintain tolerance to the developing fetus while preserving the ability to fight against viruses and bacteria. Maternal health has been impacted both directly and indirectly by the global COVID-19 pandemic.

DIRECT EFFECTS

COVID-19 symptoms in pregnancy can range from mild to severe and critical disease resulting in acute respiratory distress syndrome. Increased maternal age, high body mass index, hypertension and diabetes are risk factors for severe disease.² Pregnant women in their third trimester of pregnancy are more likely to be admitted to intensive care and require invasive ventilation compared to pregnant women without COVID-19.³ The South African Obstetric Surveillance Study found that 1 in 8 pregnant women admitted to hospital for COVID-19 required level 3 admission (intensive care) while 1 in 16 women died.⁴ Maternal COVID-19 infection is associated with increased rates of caesarean delivery (CD), pre-eclampsia and thrombotic events. Indications for CD are mainly for worsening COVID-19 symptoms such as breathlessness and intra-uterine fetal distress.² The CD rate for women admitted to hospital for COVID-19 infection in South Africa is 63%.⁴

Maternal COVID-19 infection has been associated with increased rates of iatrogenic preterm birth due to maternal medical conditions.² Pregnant women with symptomatic COVID-19 infection are more likely to give birth before 34 weeks gestation (aOR 3.98; 95% CI 1.48-10.70) and before 37 weeks gestation (aOR 1.87; 95% CI 1.23-2.85).² Additionally pregnant women from black, Asian and minority

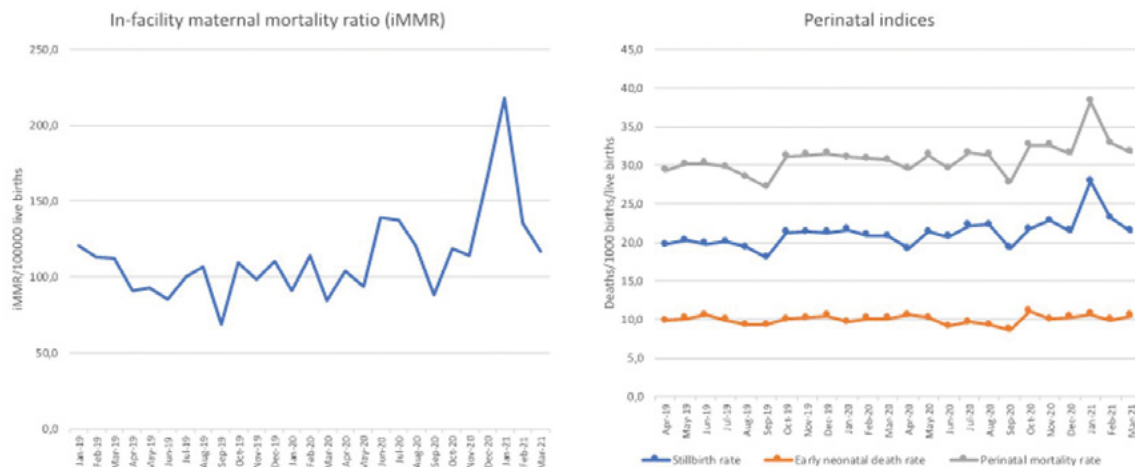
ethnic groups are more likely to deliver preterm. Thirty-seven (7%) perinatal deaths were reported in the South African study: 25 babies were stillborn, 5 early neonatal deaths were attributed to complications of prematurity, birth asphyxia (n=2), congenital abnormality (n=2) and other (n=2) or unknown cause.⁴

INDIRECT EFFECTS

Pattinson et al compared the effects of COVID-19 on the use maternal and reproductive health services and maternal and perinatal mortality.⁵ Data from the South African District Health Information System was used: 2020 data was compared with 2019 as control.⁵ The authors reported a 3.6% increase in in-facility births in South Africa in 2020 compared to 2019. There was a marked movement of pregnant women to the more rural provinces and districts for delivery. Use of antenatal care as measured by the number of women starting antenatal care showed a great variation with Gauteng and Western Cape observing 8% less first visits and Mpumalanga 16% more, and pregnant women attending clinics later than usual. Contraceptive prescriptions declined by 5% but there was a significant change to the use of long acting reversible contraceptives. There was a 35% increase in the institutional maternal mortality rate in South Africa in 2020 compared with 2019. South Africa also observed an increase in stillbirths (1892 more) and neonatal deaths increased with overall 207 deaths in 2020.

The effect on work performance and the mental health of healthcare workers during the pandemic has been significant. Nowrouzi et al, in a systematic review, identified 9 factors associated with the work performance and mental health of healthcare workers.⁶ This includes depression, anxiety, having inadequate support, occupational stress, decreased productivity, financial concerns, fear of transmission and burnout/fatigue. The Western Cape Head of Health has held regular electronic debriefing sessions with frontline workers and managers during the pandemic where morale was boosted, and experiences shared.

Figure 1. In-facility maternal mortality ratio and perinatal indices per month for South Africa



VACCINATION AND PREGNANCY

Four classes of COVID-19 vaccines are currently available: mRNA (Pfizer-BioNTech, Moderna); viral vector (Oxford-AstraZeneca, Johnson & Johnson); whole virus (Sinovac, Sinopharm) and protein subunit vaccines (Novax). The South African National Department of Health has recommended that the Pfizer and Johnson& Johnson vaccines be offered to all breastfeeding and pregnant women after 14 weeks gestation. mRNA vaccines carry the genetic necessary to manufacture the spike protein of SARS-CoV-2. After the vaccine is injected into muscle cells, they manufacture the spike protein which is recognised by the immune system.⁷ The Johnson and Johnson vaccine uses human adenovirus 26 (previously used to make a successful vaccine against Ebola) that is modified so that it is unable to replicate. The modified viral vector delivers the spike protein into cells, which then triggers an immune response.

It is a pregnant women’s choice to have a vaccination against COVID-19. If she is undecided, the role of the health care provider is to enable the woman to make her decision through an informed shared decision making process. The following points should be considered when counselling pregnant women regarding Coronavirus Disease vaccination:

- Lack of data on pregnancies during vaccine clinical trials
- There is extensive evidence for safety of other vaccines during pregnancy
- Strong immune response conferred to mothers following vaccination
- Women do not need to stop breastfeeding to have the vaccine
- Women planning a pregnancy and those receiving fertility treatment can also be vaccinated and do not need to delay conception
- Women may experience a minor local reaction following vaccination; this includes pain and redness at injection site
- Risks of vaccine reactogenicity, including fever, myalgia and headache. Treatment with antipyretics may reduce this risk
- Rare thrombotic events have been reported following the use of the Astra Zeneca and Johnson and Johnson vaccine. These

events are not associated with any of the usual risk factors for venous thrombo-embolism

- Potential benefits of vaccination include: reduction in severe disease and hospitalisation, reduction in the risk of preterm birth associated with COVID-19 infection, potential reduction in transmission to vulnerable household members, potential protection of the new-born from COVID-19 by passive antibody transfer

CONCLUSION

COVID-19’s effect on pregnant women and its collateral damage has been severe. A resilient healthcare system needs to be developed in the future to maintain essential services during pandemics. Vaccination of healthcare workers and pregnant women are key to reducing maternal and perinatal mortality.

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KM Seedat Lecture 2021

Facing the Challenge

Family Medicine's Global Response to the Covid 19 Pandemic

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Facing the challenge - Family Medicine's Global Response to the Covid 19 Pandemic

It is a great honour to be invited to give the 2021 KM Seedat Lecture, and I would like to thank all those involved in this nomination. South Africa has always had a special place in my heart – from my childhood, when my father and his Navy friends would recall their time based there during part of the Second World War; then through the days of the Anti-Apartheid Movement – and then to a real knowledge through three academic visits.

I have also learned, and gained, a lot through working with colleagues here over the years I served in the World Organization of Family Doctors – including Prof. Shabir Moosa the current Wonca President for the Africa Region, and Prof Bob Mash of Stellenbosch University, who has also done so much to support the growth of family medicine as a speciality and academic presence in South Africa. And of course, my own professional organisation, the RCGP, from whom I bring greetings, has also had some collaborative projects here to help with building family medicine.

As you may know, Dr KM Seedat was clearly a champion for family medicine, and when I read about his contribution three descriptions ran through my mind – hard work, vision, and inspiration. These words, I propose, also characterise many if not all my colleagues in family medicine, and we may find some refreshment by discussing these today.

A word on the human context: South Africa has known tough times before, as has the rest of the world. But in my lifetime, even global threats such as the Cold War did not impact on day-to-day life as the Covid-19 Pandemic has done.

I finally entered my university office for the first time in 16 months recently, and took down the wall calendar which remained at March 2020. Because I am the oldest GP in my practice, and have an even older husband, I was protected from any face-to-face contact until

I had received both vaccines – so saw no patients in person for more than one year. And although we did have students and postgraduates in the practice, the vast amount of teaching, training and assessment was being done online – even sitting in separate rooms in the same building and using Zoom.

Families alternated between being together more than they had ever been, because of school closures and moves to remote working; and being completely divided, because interhousehold visiting was forbidden. There have been many losses – of patients and colleagues, but also of jobs, life opportunities, and freedoms. Table 1 summarises some of the impacts. I think society across the world remains in a state of shock – and grief – and the emotional and psychological, as well as economic, are and will remain profound.

Table 1 The Impacts of The Covid Pandemic

- | | |
|---------------|--|
| • Existential | greatly enhanced threat of death |
| • Economic | immediate and ongoing jeopardies at a personal and societal level |
| • Evidence | realising the limits of science in a crisis both as a firm basis for making decisions, but also challenges to accepting the evidence in some communities |
| • Emotional | losses, uncertainty, fear, and anxiety |
| • Equity | poorest worst hit; also, ethnic dimension of differences in death rates |

So let us review what the pandemic has meant for family doctors at a global level before we return to the question of recovery and moving forward.

I summarise this as:

- Having to respond to an emerging crisis in a context of huge uncertainty and potential risk
- Having to work harder than ever, in radically different ways
- Being much more 'out of control' than we are used to – the words 'loss of autonomy' and 'powerless' have been used, which is not where doctors are usually positioned
- In some cases, the pandemic has meant finding new momentum and meaning - but for others overall it has been a loss, and a setback.

I know that globally family doctors were highly influenced in their specific responses by national directives and political choices. How quickly borders and local lockdowns happened, how fast protective equipment arrived, and how much the infrastructure helped or hindered safe care, all influenced the early months of the pandemic and the levels of cases and deaths.

The opportunity to communicate with patients via the computer or telephone was highly dependent both on computer hardware and Internet availability, and the abilities of patients and staff to use these as an effective means of communication. Health staff became instruments of the state and had to do what we were asked to do by those in the public health and emergency services.

Our educationalists spent hundreds of hours moving their lectures, tutorials, and exams to models that were as safe and effective as possible, but also feasible for the learners: while our academic communities left their other research projects to focus on the causes and consequences of the pandemic and professional leaders were 24/7 engaged with trying to make sense of this changing picture, ensure governments and agencies did not forget about primary care and its opportunities, and supporting their members in the clinical frontline to do the right thing as effectively and safely as possible.

Did family doctors and their teams save lives? Yes, of course; and the work done on population vaccination by our teams, in addition to our 'usual' roles in clinical care, continues to make a massive contribution to better outcomes. Work done via Wonca networks (of which Felicity Goodyear Smith, Chair of the Wonca Working Party on Research and Prof of GP in Auckland, New Zealand, has been one lead author, as well as Prof Mash) has shown the major inputs of our colleagues worldwide.

But what have we learned? A number of points swiftly summarised here:

- Strong primary care and well-trained family doctors in themselves were not enough to reduce Covid incidence and consequent morbidity and mortality: Restrictions on public movement, availability of high-quality protective equipment for all sectors, public cooperation with social distancing and self-isolation rules, and effective test and trace procedures made more difference than whatever we could do day to day as GPs.
- Where there were effective lines of communication and collaboration between public health, primary care teams, and community workers, messages were actioned more quickly and with greater responsiveness across the system than when these groups worked in silos.
- Private sector provision, including nursing homes and elder people's care facilities, were sometimes hard to reach due to their different organizational structures and diversity
- Family doctors in poorer, more crowded communities with less opportunity to do remote working or to undertake social distancing, found the workload demands and the greater risks a huge challenge – and there is a great deal of emergent research

evidence that pre-existing health inequalities were mirrored and exacerbated by the pandemic, with higher death rates, job losses, and social sequelae for example increased domestic violence

- Interestingly, some risky behaviours were reduced by the pandemic – for example, road traffic accidents due to drinking and driving; and some people found a healthier lifestyle, through building exercise into their daily routine, while the planet benefited from less air pollution and human impacts on nature
- We did learn that GPs can change practice fast – whether working with other colleagues, moving to online consulting, implementing vaccine programmes, or adapting supervision and support methods, we were often astonishingly slick and smart at working differently
- And finally, I think many of us learned to put our differences aside, and work together better – whether as teams, with government, or in our communities
- And people were astonishingly kind and grateful – real compassion was felt, and a common humanity which cut through some social divisions and hierarchies

Finally, let me come back to what we can do as family doctors to make sure that the outcomes over the next period are as good as they can be. Hard work will continue to be needed - but we do also need to acknowledge that stepping up to the cause must be balanced over time by periods for recovery, and that denial of our own wellbeing needs will lead to further burnout, resentment, ill health, and workforce attrition. There is a large literature on effective wellbeing - doctors notoriously pride ourselves on being tough, but we need to change the way we think and ensure we allow ourselves and others time to recover; and minimise our workload where possible. For example, in my own RCGP we have added lots of online resources on effective approaches to individual and team wellbeing, and also advocated with government to reduce the bureaucratic burdens of compulsory practice inspection and professional development requirements. Using professional networks can also be supportive – both to compare experiences, get advice, and get help to advocate to others if needed.

Resilience is also important. Previous research shows a summary of what keeps us being able to be resilient.

It is important to think about the values that enable us to undertake the hard work of general practice. A programme of work was presented at the 2021 WONCA Europe conference, where a long exercise of consulting with the literature and with members had resulted in the following 7 key values of family medicine:

- Person centred care
- Equity of Care
- Continuity of care
- Science oriented care
- Cooperation in care
- Professionalism in care
- Community oriented care

These together underpin the vision that we hold as family doctors of accessible, affordable, high quality care that works to prevent illness where possible, diagnose, cure and minimise impacts over time, all integrated around the person and their families in a cost effective and sustainable model. At the end of a vaccine clinic, when we look at the phone calls still needing to be done, and results and letters still needing checking, I think, perhaps subconsciously, that this vision and values remain with me. They are manifest in the smile of an elderly patient as they leave with their first hope of immunity now building in their body, or the grateful voice of the patient as I greet them on the phone to check their recovery after hospital discharge.

Finally – collaboration. KM Seedat I know was an inspiring teacher and leader and achieved this partly through his ability to reach out to and engage with others.

This is why we like to work in teams – why we enjoy conferences – why you ask people like me to speak – and this is also how we can build community resources that can carry us through these testing times. More than anything else, I think the pandemic has shown us we cannot win any battle alone – we are reliant on the will and inputs of others to be safe, whether that means governments who need to fulfil their public duties, or the efforts of colleagues who work alongside us till all are done, or the simple action of ‘hands’ ‘face’ ‘space’ that have kept transmission as low as possible.

So, what now? We need to build on what has worked – learn to get the best out of the new digital opportunities, while avoiding transactionalism and ensuring a return to good comprehensive care that is as personal as possible. We need to ensure that governments assist us in primary care to rebuild the workforce and our resources – not just focus new investment on the hospital sector. We need to rebuild trust in us within our communities – so that they accept our suggested interventions and are able to use their own voice to advocate for their own needs.

I am concerned that the pandemic will have further weakened people's trust in authorities and that this will be a destabilising force. Perhaps we need South Africa to remind us about what did work in the Truth and Reconciliation process, as many people will have stories they need to tell, and there are many lessons to be learned, but we must make this step a healing process rather than a political gesture or a tick box exercise.

As GPs we know that speaking about suffering can be healing – but the conditions have to be right. Perhaps in this time, above all others, politicians and leaders can find ways to talk honestly together – professionally, collaboratively, and for the good of the people.

And we need to reflect on and share what worked well to keep us going, and what needs to change for best use of our valuable resources. We also need to pay special attention to those whose career pathway has been disrupted by the pandemic – those in training which has been very different, and those recently entering family medicine who may find the new world puzzling and may need extra mentorship in this uncertain time. Let us support each other in recovery, rather than offload our own anxieties and exhaustion.

Our professional bodies, such as the CMSA and SAAFP, RCGP in my country, and WONCA at a global level can also help us to do this – whether they are bringing us the latest research, new CPD opportunities, or fighting our corner.

We must ask them for what is needed and give their leaders both support and feedback.

So, to conclude – the challenges remain big but together we can make a difference. As Nelson Mandela is quoted as saying, it always seems impossible – until it is done. I hope that this discussion is helpful, interesting, and fresh. Thank you - and go well.

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“If life were predictable it would cease to be life, and be without flavor.”

ELEANOR ROOSEVELT

Francois P Fouché Lectureship 2021

Bone and Joint Sepsis in Children - A Personal Journey of Understanding and Despair

PRESENTER/AUTHOR:

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Thank you to Prof Du Toit and the Colleges of Medicine of South Africa for the honour of giving this year's Francois P. Fouché lecture, named after one of the founding fathers of South African orthopaedics.

After nearly 35 years of working in Zululand, I have become somewhat hardened to the vast amount of trauma, much of it directly and indirectly alcohol related. The drunk driver complaining about his delay in the nailing of his femur fracture does not get a lot of empathy or sympathy but these children with sepsis are really just another story and I still get upset and distressed to see so many children damaged and deformed by bone and joint sepsis.

In South Africa and throughout much of the Third World, this is a devastating disease that cripples and deforms many, many children and frequently the effects stay with them throughout their whole childhood and adult life. It is a disease that rarely causes death but it is also a disease that is totally curable if managed timeously and appropriately. An estimate from a paper in the South African Medical Journal (SAMJ) in 2007¹ gave an incidence of 1 in 4,000 cases of bone and joint sepsis per annum in children under the age of 15 years and the same study showed that 40% of these cases will get long term issues and disabilities. With over 2 billion children living in developing countries, these figures equate to a massive problem in Africa and the Third World.

My journey with this disease started with my junior surgical training in the United Kingdom (UK) and I feel it is only appropriate to confess to a South African audience, as Alcoholics Anonymous concedes when attending Alcoholics Anonymous that "I am a Brit" (or a pommie or a rooinek). I make this confession to you to put this journey with bone and joint sepsis into context and this journey reflects my slow appreciation and understanding of this disease and probably is very similar to that of other many doctors with experience of bone and joint infection in Africa. I came to Africa in 1984 having completed a number of years of junior surgical training in the UK and arrived at Benedictine hospital as a confident, indeed brash, junior surgeon and found a hospital, a region and work that I just loved.

Benedictine hospital is in Nongoma, in the heart of Zululand, and like most rural hospitals was built and developed by Christian missionaries before being taken over as a Kwa Zulu hospital in 1976. Benedictine hospital was a large (and still is) rural hospital, which had approximately 600 beds in the mid-eighties but 200 of these were for Tuberculosis (TB) (this is in the days before home-based care for TB patients). The wards were chaotically busy and I was not only exposed to new surgical and orthopaedic conditions but also saw children with Kwashiorkor and Marasmus. I was seeing conditions and diseases that I had only read about as historical issues in the First World, such as neonatal tetanus and it was not infrequent that the back room in our small ICU was closed off and darkened with a sign erected outside "Quiet Please Tetanus Patient".

I was seeing very significant trauma for almost the first time, very different from my UK trauma exposure of sprained ankles and osteoporotic, elderly hip fractures with the occasional motor biker fracturing a femur. I had never before seen the devastation that a panga would do to a hand. Severe head injuries were not infrequent and exploratory burr holes were the norm for patients with a dilated pupil who would not last the 5 - 6 hour journey to Durban. Seeing comatose patients wake up on the table after draining their extradural is possibly one of the most memorable and rewarding operations a surgeon can ever perform. I saw and managed snake bites, again not a topic on the UK undergraduate or post grad curriculum.

I inherited a large weekly Orthopaedic clinic shortly after arriving, when an experienced doctor with an interest in orthopaedics, left the hospital and I also inherited some Orthopaedic implants and theatre equipment including a drill. As previously mentioned, Benedictine was a very big rural hospital and was staffed by usually 6 - 7 medical officers, mostly army doctors doing their 2 years army service. I was the most experienced medical officer there and most of these doctors had just finished their 12 months of intern training. I was absolutely amazed at their repertoire of skills in all fields of medicine and I found juniors with incredible anaesthetic skills that complemented by surgical interest and training. I cannot really recall draining much bone and joint sepsis in those early years and that may well be because I was draining pus-filled limbs and made the mistake that a lot of junior doctors make, not appreciating that the source of the sepsis was actually from the bone and would end up with chronic osteomyelitis.

After just over 2 years at Benedictine, I returned to the UK and by this time my interest in Orthopaedics had been tweaked and I gained a registrar post in the S.W Thames region. I was fortunate in that most of my training was at a large, dynamic, district hospital in Guildford and I only spent 12 months at Charring Cross Hospital. My exposure to bone and joint sepsis in my UK training was minimal and is reflected

in a 1987 Journal of Bone and Joint Surgery (JBJS Br) paper that came from the district hospital where I was working². The thrust of this paper was really to highlight the difficulties of diagnosing subacute osteomyelitis and its presentation mimicking a bone tumour but the paper also noted a few cases of acute osteomyelitis with just 20 cases over a 6 year period in all age groups, all presenting within 8 – 48 hours, most only needing IV antibiotics and all recovering completely. So this is a disease that was easily treated and totally curable in a First World setting nearly 40 years ago and the same should also apply to South Africa today –but sadly this is just not the case!

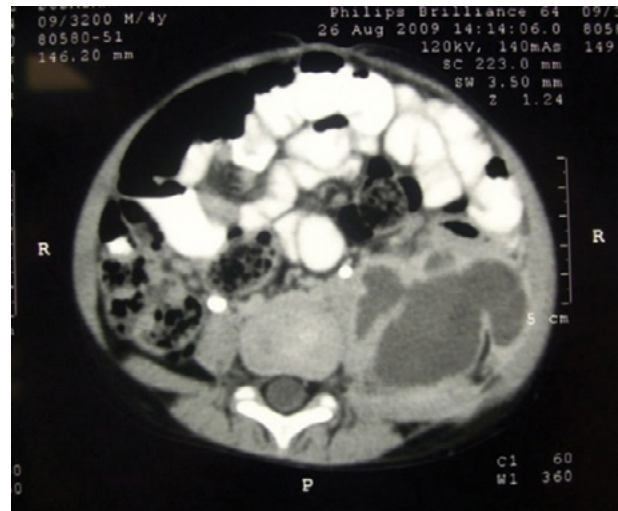
I returned to South Africa and Zululand in 1989 and after a brief few months at Eshowe hospital, I moved to a specialist post at Ngwelezana Hospital at Empangeni, which was at that time a very large regional hospital with officially about 1000 beds (but floor beds were not officially counted). The place was (and still is) busy but in 1990 it was chaotically busy with very few doctors and hardly any specialists. Things have changed a lot, it is now much better staffed and funded, designated a tertiary hospital serving the northern third of KZN province, with a number of new building and a reduction in beds (pre-Covid) to about 450. There is also now a large sister hospital, Queen Nandi hospital in Empangeni for Obstetrics and Gynaecology and Paediatrics. We now have a stunning new surgical block with well over 200 beds, an insufficient number of theatres and some useful imaging equipment. The catchment population was from the northern third of KZN and in 1990 with 10 district hospitals referring to Ngwelezana and by 2000 and currently, 15 district hospital refer their orthopaedics to Ngwelezana, with a catchment population of about 2.2 million but with a quite a few extras from Mozambique, Swaziland and also Mpumalanga.

In 1990 I started seeing bone and joint sepsis in children like I had never seen before, large numbers of children with advanced and often multifocal osteomyelitis. My teaching in the UK was that osteomyelitis in children came from a source in the upper airway such as tonsillitis or a middle ear infection but it soon became apparent that superficial skin infection was the usual culprit as the source of the bacteraemia which then seeded into the children's bones and joints. This area of northern KZN has the most delightful, warm winters but then very hot and extremely humid summers where mosquitos abound with infected bites and skin sores being very common in children. Additionally these children are mostly malnourished - we rarely ever see kids, even now, with haemoglobins above 11 g/dl and many of these children have a degree of impaired, generalised immunity.

I was seeing new conditions for the first time. Children presenting as a septic hip with fixed, flexion of over 40 degrees and obvious signs of sepsis but walking on these the legs! I had never heard of or encountered pyogenic, ilio-psoas collections and abscesses before and there was very little if anything in the textbooks about this condition. I had read about the classic TB lumbar spine with the cold abscess tracking down the psoas and appearing as a groin swelling but never seen anything like this. We currently see about 1 case per month with infection in the retroperitoneal lymph nodes around the iliac vessels, presenting as a query septic hip. Easily seen and obvious on CT and often ultrasound but not such an easy diagnosis in 1990 when there was no CT or ultrasound. These infections are always *Staphylococcus aureus* and a lot are just large inflammatory masses around the enlarged, infected lymph nodes in the region of the external and common iliac vessels. Large abscesses obviously require drainage and in the Orthopaedic department we generally do this via a small extra-peritoneal approach in the iliac fossa and

some can be drained percutaneously under CT guidance. However a significant number settle slowly on antibiotics alone and often a trial of antibiotic therapy for a few days is worthwhile and can avoid an operation (Fig.1).

Figure 1. CT Scan showing a large, left retro-peritoneal ilio-psoas abscess.



Another completely new pathology that I had never seen before was myositis abscess. This occurs in large, proximal muscles and is generally seen in the abductors of the hip but also seen in the deltoid muscle around the shoulder. In the hip region, this can be a particularly difficult diagnosis and often the trick is to turn the child prone and compare the buttocks when an asymmetrical swelling can be perceived (Fig.2).

Figure 2. CT scan of a large myositis abscess in the left gluteus medius muscle.



TB hip was a new condition for me but a very old and ongoing problem in South Africa. It often presents with very vague, long

standing and mild symptoms and there is frequently not much to find on clinical examination. The X-ray changes can be very subtle if you are not used to comparing bone density between right and left sides but CT is often more revealing. This made the differential diagnosis of hip pain in a child very different from the hip pains I was used to seeing in the UK where almost always the cause was irritable hip and very occasionally a Perthes in a younger child or a SUFE in an older child. In KZN I have diagnosed irritable hip a handful of times over the last 30 years. I think this generally self-limiting condition gets better at home over a few days and so the children do not present into the health care system.

With no Internet available in the early 1990s and only books, journals and the occasional congress to attend and learn from, I must pay tribute to the work and writings of Professor Teddy Hofmann of Red Cross hospital in Cape Town. Prof Hoffman had a particular interest in osteomyelitis and joint sepsis in children and published extensively on this and related conditions. His department presented a number of papers at congresses and he published many papers in the JBJS and the SA Bone and Joint Journal on acute and chronic infection and skeletal TB. His many published articles on bone and joint sepsis in children were tremendously helpful to me. I still have a copy of a summary of his experience published in the November 1997 issue of the South African journal, *Bone & Joint Surgery* with his seminal essay on acute bone and joint infection in children³.

The catchment population in the many district hospitals referring to Ngwelezana is predominantly a rural population often lacking a lot of basic resources such as water and electricity. Late presentation of infection was almost the norm then and still is. Late presentation is also common for many other conditions both trauma and cold Orthopaedic conditions such as Blount's disease. The obvious assumption is that poorly resourced people are unable to get proper medical attention timeously but in many instances, this is just not the case and it was a study that we undertook at Ngwelezana looking at bone and joint infection that showed this assumption to be totally incorrect.

Dr. Tim Nunn was a UK trainee who was at Ngwelezana for 2 years and he also took an interest in childhood bone and joint sepsis. Like me, he was constantly shocked by the severity and extent of infections presenting usually late to Ngwelezana with often poor results and he wanted to document our outcomes and look at the reason for these poor results which we assumed was due to late presentation into the health care system and delays in treatment. Our method was to prospectively follow up a cohort of children admitted over a 12 month period to the orthopaedic unit at Ngwelezana with their first presentation of acute bone and joint infection. In the study group, all septic joints were drained by a formal arthrotomy, which included a synovial biopsy as a routine and now we would add a tissue sample for a TB Gene Xpert. All sub-periosteal abscesses were formally drained with small but often multiple incisions, with an estimate of both circumferential and longitudinal periosteal stripping. Infrequently, a few very early cases were managed with antibiotics alone or when surgical exploration did not reveal a sub-periosteal collection, then and only then, was a cortical drill hole made to drain an early intramedullary collection. Our antibiotic regime was based on Cloxacillin using the dosage regime from Prof Hoffman's published work with additional coverage for gram negative infection in small children under the age of 2 years⁴.

We were especially interested in their length of symptoms and

previous management with their access to local clinics and also looked into the socio-economic background of their parents and families, surveying on such issues as numbers in a household, numbers employed in that household and the presence of piped water. These indices gave us some good parameters to assess their socio-economic situation. From this assessment we categorised children into 'deprived' or 'not deprived' with 'deprived' being no tap water and less than 1 in 7 employed in the household. We also looked at their location in relationship to a health care facility, usually a local clinic and looked at the level of the mother or care giver's education to get a feel for their home situation. We collected demographic and clinical details, bacteriology and imaging data. With the operative findings which applied to the vast majority of the osteomyelitis cases, we assessed the extent of the damage caused by the infection by noting the size of the sub-periosteal abscess in terms of length of the cavity, extending along the bone and we also assessed circumferential involvement. Circumferential spread often goes hand in hand with longitudinal spread all around the metaphysis and this devitalises the cortex and results in a sequestrum in many cases.

We then followed up these children in a dedicated bone and joint sepsis clinic and categorised them into 'uncomplicated' or 'complicated' outcomes. 'Uncomplicated' cases made a full recovery with no residual signs of chronicity of infection either clinically or radiologically. 'Complicated' cases had residual sepsis or other problems. In the osteomyelitis cases these 'complicated' children had one or more of the following: pathological fractures, sinuses, sequestra on X-ray and growth disturbances generally due to physal involvement. The children with joint sepsis categorized as 'complicated' had issues of AVN, restricted joint movement, dislocation, sinuses or residual joint damage evident on X-ray.

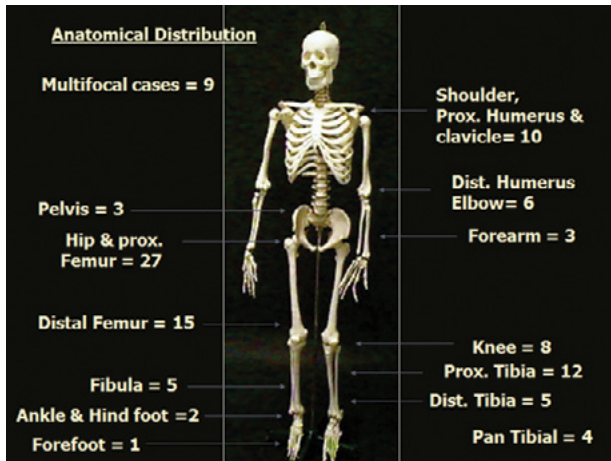
A large percentage of cases had a preceding history of trauma and this history of trauma in a child presenting not as a sepsis case but as a trauma case with a swollen limb and a normal X-ray, often results in reassurance that the "soft tissue sprain" will get better with a bandage and some paracetamol syrup! This is one of the main reasons why children with bone and joint sepsis are delayed in getting effective treatment. Over a quarter of our cases had seen a traditional healer prior to their presentation to a western health care worker and often these cases have the tell-tale signs of extensive scarification on their swollen limb (Fig.3).

Figure 3. Scarification marks from a traditional healer on the thigh of a child with osteomyelitis of the femur.



Our results of the 80 cases that we studied showed a male predominance with approx. 2/3rd of the children being boys and a fairly even age distribution. There was a fairly standard, widespread distribution of anatomical sites of infection, with a predominance of infection in the lower limb around the hip and the knee (Fig.4).

Figure 4. Anatomical distribution of sites of sepsis in 80 children with a predominance around the hip and knee



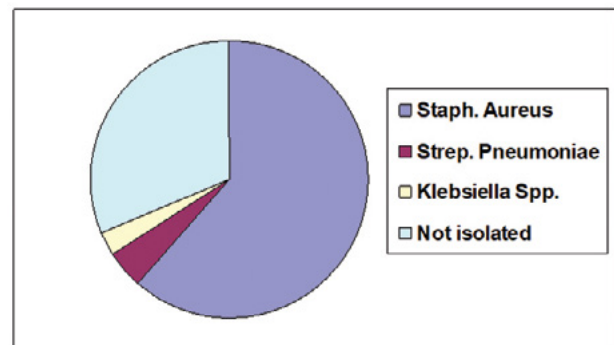
There were a significant number of cases with multiple bone and joint involvement and these cases were usually the sickest children, often with other systems involved such as a staph pneumonia, occasionally requiring ventilation. Of the 17 cases of tibial osteomyelitis, about a quarter were pan-tibial and generally this implies that these children will require sequestrectomies and reconstruction over the next 2 – 3 years. (Fig.5).

Figure 5. Pan-tibial osteomyelitis with sequestrectomy of most of tibial shaft.



Our results from swabs and blood cultures were fairly routine with a predominance of Staphylococcus aureus infections and a large proportion of swabs logged as “no growth”. The Staphylococcal growths were always very sensitive to a wide variety of the gram positive antibiotics, always sensitive to Cloxacillin and many still sensitive to Penicillin. They were community –acquired infections. The “no growths” were occasionally from pus drained from osteomyelitis when the child had been on antibiotics for some time prior to drainage but more usually the “no growths” emanated from septic joints and this is not uncommon in many series throughout the world (Fig. 6).

Figure 6. Bacteriological results

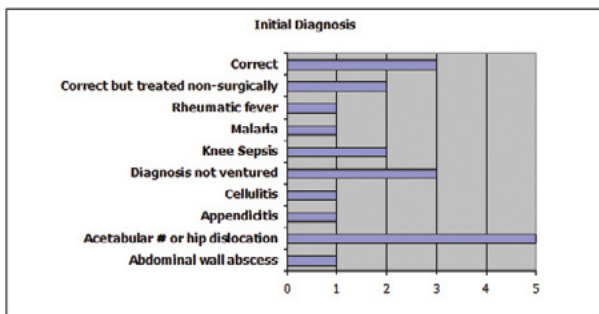


There was a significant delay to surgical drainage in many cases with the large majority of cases getting surgical drainage of their collections after 5 days which is probably the time limit to effective long term cure of bone and joint sepsis. The results of the 20 hip sepsis cases in this study were even worse in terms of delay with only 4 cases that made it to surgical decompression and drainage within the magic 5 days – showing how difficult it can be to diagnose and effectively treat this particular site of infection. A small percentage of the osteomyelitis cases were relatively early cases without a subperiosteal abscess with infection either, still intramedullary and confirmed by a drill hole through the cortex or very infrequently, cases that were diagnosed clinically and responded to I.V. antibiotics. This is totally different to the osteomyelitis cases that I quoted from the UK in the 1980s² again emphasizing the severity of the condition in Africa, due to its late presentation. Almost a quarter of the osteomyelitis cases had circumferential periosteal stripping and most of these would almost certainly go onto a complicated outcome with long term issues. In this series of 80 cases¹ there was one death in a child with widespread systemic sepsis and bilateral hip joint sepsis. This is unfortunately still the case at Ngwelezana with approximately one child dying out of the 70-80 new cases of acute bone and joints sepsis that we deal with each year.

Our follow up of 3 months or more was very good considering our situation and the long distances patients had to travel for review with 90 % of cases reviewed at least 3 months after discharge from the hospital. Overall, our results were poor with 40% of children having a complicated outcome, meaning they would have long term issues. Hip joint sepsis, with its long delay to decompression and effective treatment, accounted for nearly half of these complicated results, with the remaining “non-hip” cases having a 31% complication rate.

The wide array of misdiagnoses of hip joint sepsis is interesting in this cohort of 20 cases with a number of diagnoses attesting to a fever in a child such as malaria and rheumatic fever and a number of erroneous diagnoses indicating localized sepsis. The 5 misdiagnoses of "acetabular fracture or hip dislocation" is explained by the tri-radiate acetabular cartilage being considered a fracture and the joint space widening seen in many small children secondary to a joint distention, being considered a dislocation – remember that many of these children will present with a trauma history and X-rays are being assessed usually by very junior doctors in district hospitals (Fig. 7).

Figure 7. Misdiagnosis of 20 cases septic hip



We also looked in detail at a cohort of children with hip joint sepsis and over a 16 month period, collected data on 38 children with 40 cases of hip joint sepsis, two children having bilateral sepsis and we published our findings in the JBJS in 2009⁵. Our results showing two thirds of patients (66%) having a complicated outcome, were the worst results in the published literature and easily explainable by the delay to decompression and drainage of the hip.

Out of the 50 cases of osteomyelitis in the original study, only about a quarter was initially correctly diagnosed with larger proportions of children being misdiagnosed as trauma (and not responding well to their bandage and paracetamol syrup treatment). A similar, large proportion of children was misdiagnosed as cellulitis and at least received some form of antibiotic treatment but not the drainage of their pus, which they so urgently needed. Mercer Rang described cellulitis in children as the "Diagnosis of the Naïve" 6 and I teach my interns and students that "Cellulitis does not exist in children – it is always osteomyelitis". I get them to chant it out loud 3 times! Well nearly always – there are no "always" and no "nevers" in Medicine! Occasionally a chubby toddler does come with obvious sepsis, a swollen limb but with some skin changes such as blistering. These cases are one exception to the rule. The second exceptional group are the children with pre-patellar swellings characteristic of a pre-patellar cellulitis but often with a pre-patellar bursitis that may still require formal drainage after a trial of conservative treatment of 48 hours of antibiotics.

A statistical analysis showed that a lot of the adverse socio-economic factors that one would normally have considered as contributing to a delay in presentation, were not important. Deprivation (as we defined earlier), distance to a clinic and maternal education did not correlate with a delay to presentation and the frequently blamed visit to a traditional healer also did not correlate with a significant delay to a westernised health care worker, be that a G.P., hospital doctor or a clinic nurse. There was however a moderate to strong correlation

between misdiagnosis and delay, between delay and a complicated outcome and between misdiagnosis and a complicated outcome.

Hence it would seem that our poor results at Ngwelezana were due to late presentation to the Orthopaedic department following misdiagnosis at first presentation when the child is seen at a clinic, district hospital or G.P. practice. The majority of these children are diagnosed as trauma or cellulitis and either sent home with a bandage and paracetamol or put on antibiotics. It is only after another week or so after the initial reassurance and treatment has not worked and with the child getting worse, that the child is then brought back for re-assessment and then referred to Orthopaedics but now a further week later.

I entitled this presentation "Bone and Joint Sepsis in Children – a Personal Journey of Understanding and Despair" and perhaps "Despair" was not the right word to use and I should perhaps correct it since it implies there is no hope for change and there is always hope. I was somewhat pushed into hastily choosing a title for the presentation and this happened a couple of months ago when I was very involved in treating a very sick little boy, aged 8. He had been admitted under our General Surgery department with a distended abdomen and pneumonia and was rushed to theatre for an urgent laparotomy for presumed abdominal sepsis. It was only after this negative laparotomy that a swollen left thigh was noticed and a colleague was called in to theatre to assess him. He drained an extensive osteomyelitis of his left femur, then left distal tibia, then right tibia, then left hind foot and ankle then his right hind foot and ankle. This child was then in ICU for the next 2.5 weeks and ventilated, he had a serum albumen of 8 (range 34 – 54 g/L) with 2 further visits to theatre to drain multiple re-accumulations of pus. He was desperately sick and not expected to survive and I was feeling very upset that the child had presented so late and also to the wrong speciality which had completely missed the diagnosis. So perhaps a better title would have been to replace "Despair" with "Disappointment" but also to offer some hope for the future. This is the little boy with the multifocal sepsis is now doing well with legs looking straight and protected from contracture and pathological fracture in bilateral above knee POPS and an albumen of 18! (Fig 8.) Children have an amazing ability to heal and get better.

Figure 8. Child recovering from very severe multifocal osteomyelitis



This is not really a difficult disease to treat if it is diagnosed and managed early. In the First World, acute bone and joint sepsis in children is almost of historical interest or at least easily and quickly treated and cured. We published our 2007 series of infection in the SAMJ¹, a generalist journal since our intended audience was not the orthopaedic community but G.P.s and generalists in district hospitals and we concluded that paper with a simple list of "red flags" to alert HCWs to the diagnosis of bone and joint infection in children. There are occasional difficult cases of infection in and around the pelvis or multi-focal sepsis but the vast majority of cases are straight forward if some simple rules of management are followed. These are the "red flags" that we listed in the SAMJ paper¹ and they offer some hope to early diagnosis and then effective and curative treatment:

- Acute hip pain in a child
- Infant with loss of movement in a limb
- Acute limb pain in a febrile child
- Acute limb swelling in a febrile child
- Swollen limb with a normal X-ray

Thank you once again for the honour of presenting some thoughts about this important disease and let us hope that through education, we can relegate acute bone and joint sepsis in children to a disease of historical interest in Africa, as it is in the First world. Thank you also to my wife, Helen for allowing me to follow my dream of working in Africa and bringing up our 4 children whilst I was busy in the hospital.

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Eponymous January - June 2021

AWARDS 2021

MAURICE WEINBREN AWARD IN RADIOLOGY 2021

The recipient of the award is:

Dr J Brugman

RWS CHEETAM AWARD IN PSYCHIATRY 2021

The recipient of the award is:

Dr DJ Mabaso

MS BELL AWARD IN PSYCHIATRY 2021

The recipients of the award are:

Dr N Prosad-Singh

Dr S Hain

LECTURESHIPS 2021

KM SEEDAT LECTURESHIP 2021

Prof A Howe presented her lecture entitled " Facing the challenge - Family Medicine's Global Response to the Covid 19 Pandemic" at the 23rd National Family Practitioners Conference on 13 August 2021 via virtual online platform.

JC COETZEE LECTURESHIP 2021

Prof P Soma-Pillay presented her lecture entitled "COVID-19 Infection and Maternal Health" at the 23rd National Family Practitioners Conference on 13 August 2021 via virtual online platform.

FP FOUCHÉ LECTURESHIP 2021

Dr P Rollinson presented his lecture at the SAOA Congress on 30 August – 2 September 2021 in Cape Town.

Transformed Assessment of South African Otorhinolaryngology Registrars

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INTRODUCTION

Otorhinolaryngology (Ear, Nose and Throat; ENT and Head Neck Surgery) continues to grow as a speciality on a local and global level. The various accredited training centres in conjunction with The Colleges of Medicine of South Africa (CMSA) has led the way in setting standards and quality of training across the Southern African medical landscape. As with many of the older assessment systems, there was a significant historic bias with a disproportionate representation, on all levels of the training and examination process. There has been a collective drive to make the process as inclusive as possible to cater for the diverse and varied training platforms across all regions. The CMSA has guided the various institutions to ensure that the candidates are adequately prepared for these "high stakes" exit exams.

Major changes in assessment of South African Otorhinolaryngology specialist trainees have been implemented over the past two (2) years. This has been driven both by The Colleges of Medicine of South Africa (CMSA) and the South African universities, who have a shared responsibility for training and assessment.

Greater clarity has emerged about the respective roles of the CMSA and the universities in the fulfilment of their duties. The Directorate of Education and Assessment at the CMSA, deserves credit for driving the process to transform and improve the quality of assessment of specialist trainees in line with international best practice. Lockdowns and precautions associated with the COVID-19 pandemic ruled out the option of face-to-face examinations and hand-written papers could not be couriered around the country, and accelerated changes in trainee assessment.

Otolaryngology trainees undergo five (5) years of training, which

includes three to six (3-6) months of ICU and six (6) months of general surgery, followed by four (4) years of ENT training. Assessment includes three examinations administered by the CMSA: namely, the primary, intermediate, and final examinations.

The primary examination covers basic sciences (anatomy, physiology and pathology) relevant to the specialty. The ENT trainees then write the intermediate examinations set by the College of Surgeons (SA). This paper is in MCQ format, and the ENT trainees write only the first of the two (2) surgical papers. The final part of the Fellowship of the College of Otorhinolaryngology (FCORL) comprises both written papers and a clinical examination. This examination can only be attempted after at least thirty-six (36) months of registrar training in ENT, and evidence of clinical competence.

HISTORICAL PERSPECTIVE

Traditionally evidence of clinical competence hinged on a logbook of key surgical procedures and a letter from the training university to the CMSA that the candidate was clinically competent and could enter the examination. The written examination comprised short essay questions. The clinical examination generally had five (5) stations: four (4) with elective and semi-elective surgical patients and one objective structured clinical examination (OSCE). The clinical questions were unstructured and did not have a memorandum. The convener was solely responsible for selecting clinical cases. Candidates had to pass three (3) or more of the five (5) stations. The MMed dissertation is the responsibility of the training university and was not used as a gatekeeper for the final examination but had to be passed to be registered with the HPCSA as an ENT specialist.

TRANSFORMATION OF ASSESSMENT

Major changes that have been implemented in assessment of South African otorhinolaryngology specialist trainees over the past two (2) years are discussed below.

PRIMARY FCORL EXAMINATION

The primary examination was converted from essay and short questions to MCQs from the first semester 2021.

FINAL FCORL EXAMINATION WRITTEN COMPONENT

The purpose of the written component of the examination is to assess specialist knowledge. It was gradually converted from short essay questions to Single Best Answer (SBA) questions through the introduction of a small number of SBA questions in 2018 that were gradually increased in successive examinations until the papers were completely in the SBA format in the first semester of 2020, in keeping with the format that the CMSA advocates. This required significant effort by colleagues at the training universities who contributed SBA questions that were edited and placed in CMSA question bank. We included one hundred and twenty (120) questions in each of the three (3) papers (recommended minimum for a reliable assessment).

No standard setting was done, and 50% was the pass mark.

ADDITIONAL BENEFITS OF AN SBA EXAMINATION INCLUDE THE FOLLOWING:

- No marking or remarking is required by examiners.
- Appeals due to questionable marking are unlikely.
- Setting SBA examinations will become easier as bank of SBAs grows.
- Categorizing questions in the question bank into subspecialty domains, will make it easier for conveners to ensure an even spread of questions across the speciality.

FINAL FCORL CLINICAL EXAMINATIONS

The purpose of the written component of the examination is to assess clinical reasoning and complex decision making. Structured Oral Examinations by ZOOM were first introduced in the first semester of 2020, necessitated by COVID-19, and have been well received by candidates and examiners.

The virtual nature of the examination ensures the safety of candidates, examiners and patients, who are not physically exposed to each other. There is also strict adherence to COVID-19 protocols at the CMSA offices to ensure the safety of staff members and candidates.¹

Examiners submit clinical questions in PowerPoint presentation format with accompanying memoranda. The convener compiles and edits the questions and memoranda to create the structured examination. The draft is passed on to the moderator to ensure that the intended goals of a fair examination achieved through the quality and clarity of questions, uniformity of style, absence of grammatical and technical errors, and representation of clinical scenarios across the speciality. Presentations include video clips of invasive clinical procedures and intraoperative surgery performed on a diverse spectrum of patients that would not otherwise be acceptable in the traditional examinations in which real patients are used. Presentations from previous examinations have been reused which illustrates the value of building a question bank for the clinical examinations.

Three (3) pairs of examiners are used, although this can be increased for larger numbers of candidates. The moderator, convener, college president and observers (future examiners) all attended the examinations. Each examiner assesses every candidate and marks candidates independently using the score sheet below. A 1-5 Likert scale is used, using three (3) criteria per case i.e., history and data gathering, differential and working diagnosis, and treatment plan (Table 1). Each candidate is examined on twelve (12) clinical scenarios with ten (10) minutes per scenario. Consequently, a total of seventy-two (72) assessment scores (data points) is captured per candidate.

The final mark reflects a total of all the marks, calculated as a percentage score.

TABLE 1: 5-POINT LIKERT SCORING FOR CLINICAL EXAMINATIONS

	Candidate No:			Case No:	
	Poor	Marginal Fail	Pass	Good	Excellent
	1	2	3	4	5
History/Data Gathering					
Differential/Working Diagnosis					
Treatment Plan					

ASSESSMENT OF CLINICAL COMPETENCE

Length of training and logbooks of surgical cases do not always reflect clinical competence in relation to taking a history, examining a patient, performing key surgical procedures, managing a patient through an illness, interacting with staff and relatives, and ethical practice. Hence the decision by the South African universities to introduce Workplace Based Assessment (WBA).

WBA involves assessing levels of competence for a range of Entrustable Professional Activities (EPAs) i.e., clinical activities and surgeries, agreed to by all training units. The EPAs (Table 2) should be achievable at all training units, or by outreach rotations to other units.

TABLE 2: SCORING OF EPAS (ADAPTED FROM TEN CATE 2)

Score	Level of competence
1	Observation, but no execution by the trainee, even with direct supervision
2	Execution with direct, proactive supervision
3	Execution with reactive supervision
4	Supervision at a distance and/or post hoc
5	Supervision provided by the trainee to more junior colleagues

Otolaryngology introduced WBA nationally in 2021 for an agreed list of EPAs. Responsibility and accountability for evaluation of clinical and surgical competence would rest entirely with the university and would replace the logbook. The CMSA is simply facilitating its design and implementation. It is currently in a paper-based format. Being an early adopter allows for fine-tuning of the EPAs before it is converted to an electronic format. Completion of the WBA will become a prerequisite for candidates to enter the final FCORL examination.

SUMMARY

South Africa has a shortage of (ENT) specialists, with the situation in other countries in sub-Saharan Africa being even worse.³ It is thus imperative that we continue training world class ENT surgeons across the region and maintain standards in terms of continuous assessments, evidence-based training, and examinations.

With the recent changes introduced in the format of the FCORL (SA) examinations and the introduction of WBA by university departments, South Africa now has a robust, fair, and defensible assessment and examination system to ensure that its Otorhinolaryngology trainees are adequately trained to practice as specialists.

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The Colleges of Medicine of South Africa (CMSA) Making History In National Specialist Examinations 2020 to Current

Re-engineering certification examinations in a pandemic: Stop-gap measure or a long-term option?

Professor Vanessa Burch
Executive Director
Education and Assessment

- National postgraduate specialist and subspecialist certification body in South Africa
- Founded in 1955, umbrella not-for-profit organization of 29 separate colleges
- Represents all the specialties and subspecialties practiced in SA
- 65 registered qualifications by certification examinations
- Equivalent of the Royal College of Physicians and Surgeons of Canada
- Examination venues in 8 sites in South Africa and 8 sites in sub-Saharan Africa
- Biannual certification examinations, up to 3000 graduates per annum

Postgraduate medical training and certification in South Africa

Advanced general practitioner (diploma)

- 6-18 months in approved public hospital
- CMSA or other HEI certification examination
- Registration with national regulatory authority

Specialist certification (fellowship)

- 4-year university-based residency programme
- Entry & exit CMSA certification examination & dissertation
- Registration with national regulatory authority

Subspecialist certification (certificate)

- 2-year university-based sen. residency programme
- Exit CMSA certification examination
- Registration with national regulatory authority

The Covid-19 story of the CMSA....

- Lockdown conditions implemented in South Africa on 28 March 2020
 - Interprovincial road or air travel and hospitality industry shut, emergency use only
 - Non-essential trade and employment, including education, suspended
 - Curfew from 9 pm – 6 am; public permitted outside homes 6-9 am daily
- Senate decision in March 2020: certification examinations to continue during pandemic
- Transition from in-person examinations to online examinations process in 8 weeks
- 18 months later:
 - Two exam cycles completed, third partly done
 - 8000 + candidates, 15000 + Zoom calls and 1500 + graduates

The CMSA
in-person
certification
examinations
re-engineered

Traditional in-person certification process	RE-engineered online certification process
In-training portfolio	In-training portfolio
Paper-based theory exam	Online theory exam
In-person centralized patient-based clinical exam	In-person decentralized patient-based assessment of competence, as needed
In-person unstructured oral exam, as needed	Zoom-based structured oral exam

Online
Structured
Oral
Examinations

Design and delivery

Challenges

Acceptability

Essential elements

Zoom-based Structured Oral Examination

Duration

- 60 minutes, max. 120 minutes of assessment
- 20-minute units of assessment (with or without case preview time)

Delivery

- Individual Zoom calls, no breakout rooms
- Timetable with embedded Zoom links

Examiners

- Single/pair of examiners & moderator & observers

Format

- Patient-based: PowerPoint presentation with images or video clips
- Simulated/real patient: interview with electronic case notes
- Topic-based: with or without images or data
- Task-based: prepare a presentation for examiner panel

Preparation of examination material

- Zoom meetings with examiner panels to explain process
- Examiners worked in teams on Zoom to prepare & review material
- Cloud-based storage and distribution of all material

Assessment process

- Set of structured questions with real time online assessment
- Asynchronous assessment of recorded interview and notes

Marking memorandum

- Simple bullet point list worked best
- Downloaded by all examiners – hard copy on day of the exam

Marking rubric

- Simple system with broad category descriptors
- Downloaded by all examiners – hard copy on day of the exam

Score sheet

- Captured comments and marks on paper during Zoom call
- Transcribed to electronic form sent by email
- Marks captured and collated on Excel spreadsheet

Zoom-based Structured Oral Examination

Examiner preparation

- Examiner orientation session on Zoom
- Examiner orientation pack
- Zoom Dry Run: 1 week before the exam
- Early morning Zoom check in: day of the exam

Candidate preparation

- Candidate information leaflet
- Candidate orientation session: Zoom call with examples
- Links to video clips: how to use Zoom
- Interactive computer drawing tools: hands on training on site
- Opt-out option at no cost

Infrastructure

- Diesel generators at major sites with > 50 candidates
- UPS units for all laptops and routers at all sites
- Solar lanterns for main area lighting as needed
- Multiple IT connectivity options: A/DSL, fibre, microwave, dual SIM

IT support

- Dedicated onsite team for all the planning and execution
- Weekly Zoom meetings to plan each week of examinations

Onsite invigilators

- Zoom training and full set of SOPs for all eventualities
- National co-ordination using WhatsApp group every day

Challenges of Online Structured Oral Examinations

Extra-ordinary change management process

- Significantly changed work environment
- Resistance to change – rule of thirds (Diffusion of Innovation)
- At least 500 hours of Zoom-based negotiations and planning

Zoom literacy of examiners and candidates

- Variable levels of expertise and etiquette

Preparation of examination material

- Time consuming for clinicians dealing with the pandemic
- Security of examination material
- Quality of images and video clips with limited preparation time

Infrastructure

- Internet connectivity of examiners variable
- Electricity back up for examiners was not universal

Acceptability of Online Oral Examinations (542 candidates)

Adequacy of Structured Oral Examination process

- 73% vs 7%: Adequately tested clinical reasoning, insight, judgement
- 77% vs 6%: Scenarios appropriate to entry level specialist
- 69% vs 7%: Was a fair examination process
- 67%: Total length of examination appropriate
- 69%: Length of each virtual station was appropriate

Zoom platform and technical quality of the examination process

- 80% vs 5%: Zoom-based examination acceptable
- 80% vs 9%: Examiners clearly seen and clearly heard

Acceptability of Zoom-based oral examinations

- 28% vs 43%: would have preferred a local examiner present
- 73% vs 7%: a fair examination method
- 80% vs 7%: personal “cost saving” made this format worthwhile
- 79% vs 9%: personal “time” saved made this format worthwhile
- 62% vs 15%: CMSA should continue to run Zoom-based exams

Essential Elements of the Process (Shackleton's Way)

Create a spirit of camaraderie

- Specific identity with a reality-based mission: Endurance Team
- At least 500 hours of Zoom-based negotiations and planning
- WhatsApp parallel communication platform throughout

Source the best available and create teams for tasks

- University partnerships: access "on the ground" infrastructure
- IT team: sharing the vision
- Videoconference platform: Simple and robust
- Dedicated teams to ensure delivery on all fronts

Facilitate the best performance achievable by each stakeholder

- Admin: Focus on emerging potential and build around it
- Invigilators: Zoom training and SOPs to ensure competence
- Examiners: Structured exam format, standardized marking process
- Candidates: Informed and prepared as best possible

Lead in a crisis and overcome obstacles

- Inspire optimism, let go of the past and focus on the future
- Electricity and IT connectivity were deemed impossible

Shackleton's Way. Margot Morrell and Stephanie Capparell, 2001

"The real test is not whether you avoid this failure, because you won't. It's whether you let it harden or shame you into inaction, or whether you learn from it; whether you choose to persevere."

BARACK OBAMA

Active Honorary Fellows (as at 31 May 2021)

Acquaye Joseph Kpakpo (CP) (2004) Accra, Ghana	Bird Alan Charles (C OPTH) (2006) London, UK	Chalmers Iain Geoffrey (COG) (2001) Oxford, UK	De Klerk Frederick Willem (CMSA) (1994) Cape Town, SA
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Sims Andrew C Peter (C PSYCH) (1997) Leeds, UK	Tan Kok Chai (C PLAST) (2012) Singapore	Underwood James C E (C PATH) (2006) Sheffield, UK	Zuker Ronald Melvin (C PLAST) (2013) Ontario, Canada

(Deceased members not listed but on record)

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 2022

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

Evelyn Chetty

Tel +27 31 261 8213

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

CMSA Active Life Members (as at 31 May 2021)

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Hak	De Klerk Abraham Jakobus	Du Toit Michiel Hendrik	Fouchè Willem Jakobus
Cotton Mark Fredric	De Kock Marthinus Lourens	Du Toit Pierre Francois Mulvihai	Fourie Louis Jacques
Cowie Robert Lawrence	Smith	Du Toit Roelof Stephanus	Fourie Pierre Jacques Henri

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Funcke Johannes Alexander	Greenblatt Michael	Heymann Pieter Wouter	Jardine Ronald Manuel
Fung Gilbert	Greyling Jacobus Arnoldus	Heys Anthon du Plessis	Jardine William Ivor
Furman Saville Nathan	Greyling Marina	Heys Philip Daniël Stephanus	Jassat Essop Essak
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Giles Roy James	Hangelbroek Peter	Howell Michael E Oram	Joseph Christopher Arthur
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Goeller Errol Andrew	Harrison Anthony Carleton	Huddle Kenneth Robert Lind	Kaczmarek Wojciech Grzegorz Stanisla
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Goldman Anthony Paul	Hartman Ella	Hurwitz Mark David	Kaliski Sean Zalman
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Kamffer Alison Clare	Koz Gabriel	Levin Solomon Elias	Mair Michael John Hayes
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Kaplan Hilton	Kramer Frank Russel	Levy Ernest Ronald	Makein Michael Charles Cavendish
Kaplan Neville Lewis	Kranold Dorothea Helene	Levy Gary Raymond	Makiwane Nondumiso Julie Sylvia Saratjie
Kapp John	Krengel Biniomin	Lewin Jack Roy	Malakou Bryan Desmond
Karl Mario	Kriel Jacques Ryno	Lewis Dorothy	Malan Atties Fourie
Karlsson Eric Lennart	Kriel Jeannette	Leyland John Richard	Malan Christina
Karusseit Victor Otho Ludwig	Krige Louis Patrick	L'Heureux Renton	Malan Daniel Francois
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Kassner Grant William	Kritzinger Pieter Hendrik	Liebenberg Rykie Marlet	Maliza Andile
Katz Ian Ariel	Kruger Abraham Jacobus	Liebetrau Carl Roux	Maluleke Frans Risenga Shilwati
Katz Paul Hugo	Kruger Louis Pepler	Liebowitz Lynne Dianne	Mangera Ismail
Katzke Dieter	Kruger Machiel Andries	Lindeque Barend Gerhardus	Manikkam Andrew Leonard
Katzeff Stanley Norman	Kruger Theunis Frans	Lingham Mogambury	Mankowitz Emmanuel
Keet Marie Paulowna	Kunene Veli Wisdom Fortune	Lingham Pungienathan	Mann Julian Harold
Kelbe Dudley Martin-Leake	Kussel Jack Josiah	Linton David Michael	Mann Solly
Kelly Anthony Cope Garnett	Kussman Barry David	Lipinska Danuta	Manning Anthony John
Kelly John Christopher	Kuyl Johannes Marinus	Lipschitz Shirley	Manning Basil John
Kelly Martin Arthur	Lachman Anthony Simon	Lloyd David Allden	Mansvelt William Mauritz
Kemp Donald Harold Maxwell	Lachman Peter Irwin	Lloyd Elwyn Allden	Mantel Leopold Hans
Kemp Trevor Newton	La Grange Jacobus Johannes Christiaan	Lochner Jan de Villiers	Marais Ian Philip
Kenyon Michael Robert	Laing John Gordon Dacomb	Locketz Maxwell Ivan	Marais Johannes Stephanus
Kesner Kenneth Martin	Lake Walter Thomas	Lockhat Ahmed Suliman	Margolis Frank
Kessler Edmund	Lalla Chhimental	Loening Walter Edgar Karl	Mariba Thanyani Jonas
Kettles Alfred Norman	Lalloo Maneklal	Loest Hellmut Claudius	Marinopoulos George Constantin
Kew Michael Charles	Lalloo Suraya	Lombaert Alfons Robert Leonie	Marivate Martin
Key Jillian Jane Aston	Lamont Alastair	Lombard Hermanus Egbertus	Marivate Russell
Khamissa Haroon	Lampert Jack Arthur	Longano Biagio Antonio	Marks Richard Kearns
Khan Mohamed	Lampert Peter Noël	Loot Sayyed Mahmood Hosain	Marus Gianluca
Kieck Charles Frederick	Landless Peter Noël	Loots Petrus Beaufort	Marx Johan Hendrik
Kimberg Matti	Lantermans Elizabeth Cornelia	Losken Hans Wolfgang	Maske Richard
King Jeffrey	Large Robert George	Losman Elma	Mason Rosemary Maureen
King John Frederick	Larsen Charles John	Lotz Jan Willem	Matisonn Rodney Earl
Kinsley Robin Howard	Lasich Angelo John	Lotzof Samuel	Mauff Alfred Carl
Kirsten Gerhardus Francois	Latif Ahmed Suliman	Loubser Johannes Samuel	Maxwell William Graeme
Klein Hymie Ronald	Laubscher Willem Marthinus Lötter	Louw Henri Tobie	Mayet Fatima Goolam Hoosen
Kleinloog Robert	Laurence John Egerton	Louw Michael Andrew	Mayet Zubeida
Klepp Patricia Joan	Lautenbach Colin Derek	Lownie Madeline Ann	Maytham Dermine
Klevansky Hyman	Lautenbach Earle Eugene Gerard	Lund Stewart Maxell	Mbete Jamangile Mncedi
Kling Kenneth George	Lawson Hugh Hill	Lundgren Aina Christina	McCosh Christopher John
Kling Sharon	Leader Leo Robin	Lurie David Meyer	McCutcheon John Peter
Kloock Walter Gerard Jan	Leary Peter Michael	Lurie Russel	McDonald Michael Charles Edward
Klompje Jan	Leary William Peregrine Pepperrell	MacDonald Angus Peter	McDonald Robert
Klopper Stefan Marius	Leaver Roy	MacEwan Ian Campbell	McGibbon Ian Colquhoun
Klugman Leon Hyam	Lecuona Karin Alfrida	MacKenzie Basil Louis	McGiven Andrew John
Klugman Keith Paul	Leeb Julius	Mackenzie Thomas Murray	McIntosh William Andrew
Knight Stephen Eric	Lejuste Michel Jozef Leonie Remi	MacLeod Ian Nevis	McKibbin Joseph Kerr
Knobel John	Lemma Johan	MacPhail Andrew Patrick	McKnight Ann Crawford
Kobe Mabu Rahab Grace	Lemma Lourens Badenhorst	Madiba Thandinkosi Enos	McLaren Grant Drummond
Koch Johann Augustinus	Lennox Gordon Stuart	Madikizela Vuyisile Vernon Joseph	Mears Jasper William Walter
Koch Madeleine	Le Roux Deon	Maduray Govinden	Meer Farooq Moosa
Kocks Daniel Jacobus	Le Roux Josef Johannes	Maelane Kgadi Petrus	Meiring Johannes Cornelius Engelbrecht
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Melonas Christopher Frank	Moosa Abdool-Sattar	Nel Jan Gideon	Pattinson Robert Clive
Melvill Roger Laidman	Moosa Hanief	Nel Johan Theron	Payne Martyn
Mendel Eve Frances	Moosa Laeeka	Nel Julien Robert	Peer Dawood Goolam Hoosen
Mendelsohn Huntley Jonathan	Moosa Muhammed-Ameen	Nel Philippus Jacobus	Pelser Frank Blignaut
Mennen Joachim	Moosa Nisa Ahamed	Nel Wilhelm Stephanus	Pemba Elijah Ntsikelela
Mennen Ulrich	Moosa Yaaseen	Neser Christian Petrus	Persson Alf Lars-Olof
Mentz Johannes Andriaan	Morar Champaklal	Newbury Claude Edward	Peters Ralph Leslie
Mervis Benjamin	Morrell David Francis	Ngakane Herbert	Pettifor John Morley
Mervitz Michael David	Morris Warwick Montague	Ngwanya Reginald Mzudumile	Philcox Derek Vincent
Meyer Anthonie Christoffel	Molteno	Nicholson Melanie Eugene	Phillips Gerald Isaac
Meyer Bernhardt Heinrich	Morrison Gavin	Niemann Albertus Stephanus	Phillips Keith Radburn
Meyer David	Morrison Stephen Christopher	Nieuwoudt Andries Johan	Phillips Louisa Marilyn
Meyer De Bruto Laporta	Morton Patrick Christopher	Nieuwveld Robert Wijnand	Phillips Vincent Michael
Cavalier	George	Nisbet David Alistair	Pienaar Anthony Clement
Meyers Anthony Molyneux	Morule Ramoroa Andrew	Noble Clive Allister	Pienaar Daniël
Meyersohn Sidney Jacob	Mosese Matsa Ephraim	Noll Brian Julian	Pienaar Gideon Roos
Meyerson Louis	Motyer Roderick Alan	Noormohamed Abdul Majid	Pillay George Permall
Michael Maxwell Stephen	Movsowitz Leon	Novis Bernard	Pillay Govindasamy Sokalingum
Michaels Maureen Jeanne	Mudely Devandran	Novitzky Nicholas	Pillay Prebanathan
Michalowsky Aubrey Michael	Mudely Selvanathan	Nusca Teodora	Pillay Rathinasabapathy
Michell William Lancelot	Mullan Bertram Strancham	Nussbaum Clive Joel	Arumugam
Middlewick Glynn Charles	Muller Edward Julius	Obel Israel Woolf Promund	Pillay Thiagarajan Sundragasen
Midgley Franklin John	Muller Frederick Eybers	O'Brein Johan Andrew	Pillay Veerasamy Kista Govinda
Mieny Carel Johannes	Müller Daniël Marthinus	Odendaal Hendrik Johannes	Pincus Philip Stanley
Miles Anthony Ernest	Mulligan Terence P Simpson	Odes Harold Selwyn	Pio Phillipus Stephanus
Millar Robert Norman Scott	Mullineux John David	Olinsky Anthony	Pitcher James Sydney
Miller Steven David	Murfin Terence Foster	Olivier Henri	Pitchford Donald George
Milne Anthony Tracey	Murray Andrew Neil	Omar Yunoos	Kardux
Milne Frank John	Murray Anthony David Neil	Omar dien Yusuf	Planer Meyer
Milner Analee	Murray Jill	Omarjee Suleiman	Plit Michael
Milner Selwyn	Murray Robert Ian	Oosthuizen Frederick Pollard	Polakow Everard Stanley
Misnuner Zelik	Murray Willie Bosseau	Oosthuizen Undine	Politzky Nathan
Mistry Jayantilal Daya	Musk Michael Anthony	Oosthuysen Stefanus Adrian	Pollak Ottilie
Mitchell Peter John	Musson Gregory Thomas	van Rooyen	Polley Neville Alfred
Mitchell Ronald William	Mutanda-Musoke Richard	Orelowitz Manney Sidney	Pompe van Meerdervoort
Mitha Abdul Sater	William	Orford Alastair Leask	Hjalmar Frans
Mitha Ahmed	Mutesasira Gustav Shand	Ossip Mervyn Seymour	Poole Janet Elizabeth
Mji Diliza	Mwelase Lancelot Halifax	Ostrofsky Michael Kenneth	Porteous Paul Henry
Modi Pradip Chhaganlal	Zwelibanzi	Otto Theunis Stoffberg	Porter Christopher Michael
Mody Girish Mahasukhlal	Myers Leonard	Padayatchi Perumal	Postma Jacob Ferdinand
Moethilalh Rajinkumar	Naicker Tholsi Jocelyn	Palte Howard Daniel	Potgieter Hermanus Jacobus
Mogale Saxon Chohohelo	Naidoo Aroomugam	Palweni Chapman Wycliffe	Potgieter Ian
Mohamed Abdul Hafeez	Naidoo Balagaru Narsimaloo	Pantanowitz Desmond	Potocnik Felix Claude Victor
Mokgokong Mochichi Samuel	Naidoo Datshana Prakesh	Papert Brian Lewis	Power David John
Martin	Naidoo Jaybalan	Papert Errol Jonathan	Power Harold Michael
Mokhobo Kubeni Patrick	Naidoo Mathava	Parag Kantilal Bhagoo	Prentice Bernard Ross
Molapo Jonathan Lepoqa	Naidoo Neetheananthan	Parbhoo Hasmukh Bhagoo	Pretorius David Hermanus
Molteno Christopher David	Naidoo Neetheananthan	Parbhoo Naresh	Schalk
Mollentze Willem Frederik	Naidoo Premilla Devi	Parbhoo Thakor	Pretorius Hendrik Petrus
Montanus Morris Samuel	Naidu Pithambram Nadamuni	Park Hilda Gillian Janet	Jacobus
Moodley Dhanapalan Patchay	Nair Gonasegrie Puckree	Parker Geoffrey Keith	Pretorius Johannes Adam
Moodley Jagidesa	Nair Margaret Gemma	Parker Shafik Ahmed	Pretorius Johannes Jacobus
Moodley Sivalingam	Nanabhay Sayed Suliman	Parr Guy Wyndham	Pretorius Johannes Lodewikus
Cunnavadee	Naude Johannes Hendrik	Parsons Arthur Charles	Pretorius Phillip Carl
Moodley	Nauhaus Carl Norman	Parsoo Ishwarlall	Price Stephen Kennedy
Thirugnanasumburanam	Naylor Graeme Aubrey	Pascoe Michael Danby	Prins Marius
Moodley Visalatchee	Neethling Edward Charles	Patel Mukundray Govind	Prinsloo Frances
Moola Ismail	Neifeld Hyman	Patel Prabhakant Laloo	Prinsloo Simon Frederik
Moola Yousoof Mahomed	Nel Elias Albertus	Patel Ramesh Dhuru	Prinsloo Simon Lodewyk
	Nel Hendrik		

Promnitz Gregory Paul	Roberts William A Brooksbank	Schwyzzer Rosemarie	Snyman Adam Johannes
Prosser Geoffrey Leslie	Robins-Browne Roy Michael	Scott Bruce William Haigh	Snyman Hendrick G Abraham
Prowse Clive Morley	Robinson Brian Stanley	Scott Neil Petrie	Snyman Martin Wietsche
Purbhoo Pramod	Robinson Joy Rachael	Scott Quentin John	Solarsh Stanley Monash
Quan Tim	Robson Rodney Winston	Seaward Percival Douglas	Sommerville Thomas Edward
Quantock Owen Peter	Rodda John Leonard	Sedgwick Jerome	Song Ernest
Quirke Peter Dathy Grace	Rode Heinz	Seebaran Anoob Ramdayal	Soni Jalaluddin
Rabe Hans-Heinrich Burghardt	Rodrigues Francisco Antonio	Seedat Suleman Mahomed	Sonnendecker Ernest W Walter
Rabie Johannes	Roediger Wolf Ernst Wilhelm	Seedat Yackoob Kassim	Sparks Bruce Louis Walsh
Rabinowitz Clive	Roelofse Hendrik Johannes	Seggie Robert McKillop	Sparrow Owen Charles
Radford Geoffrey	Rogaly Elgar	Seidel Wilhelm Friedrich	Spies Sarel Jacob
Raff Milton	Rogan Ian MacKenzie	Selemani Salumu	Springer Priscilla Estelle
Raftopoulos Paris	Rogers Raymond Alan	Sender Mervyn David	Stanbury James Stewart
Raga Jairaj	Roman Horatio Eustace	Serfontein Jacobus Hendrik	Stander Dudley
Raghavjee Indira Vaghjee	Hereward	Sevenster Albri Monica	Stannard Clare Elizabeth
Raine Edgar Raymond	Roman Trevor Errol	Sevitz Hylton	Stanton Jacobus Johannes
Rajput Mangoo Chhaggan	Rome Paul	Sham Ajith Ravichandra	Stapleton Graham Neil
Ram Jaywant	Roodt André	Sher Brian	Stavrides Stavros
Rampersadh Sathyandra	Roose Patricia Garfield	Sher Gerald	Steenkamp Lucas Petrus
Phulackdhari	Rosenberg Basil	Sher Geoffrey	Stein Aaron (Archie)
Randeree Ismail Goolam	Rosman Kevin David	Sher Mary Ann	Stein Abraham
Hoosen	Rosman Mark Selwyn	Sher Rickard Charles	Stein Robert John Lupton
Randles Graham William	Ross Mary Hazel	Shété Charudutt Dattatraya	Steingo Leonard
Meyerick	Rossouw Barry Colin	Shimange Oscar Christopher	Steinmann Christiaan Frederick
Rankin Anthony Mottram	Rossouw Dennis Pieter	Shuttleworth Richard Dalton	Stern David Michael
Ransome Olliver James	Rothberg Alan Dan	Shweni Phila Michael	Steyn Izak Stefanus
Rapiti Ellappen Venketsami	Rousseau Theodore Emile	Siebert Peter Robin de Vos	Steynberg Fans Hendrik
Rasool Mahomed Noor	Roux Louisa Marina	Siew Shirley	Stidworthy Allen John Rive
Ratanjee Hansa	Roux Paul	Sifris Dennis	Stones David Kenneth
Rawat Farouk	Rozwadowski Marek Antoni	Silber Michael Harold	Storm Daleen
Rawlings James	Rush Peter Sidney	Silbert Maurice Vivian	Strang Alan Gordon
Rayner Brian Lindsay	Ryan Raymond	Simjee Ahmed Essop	Strachan Johan Cornelis
Read Geoffrey Oliver	Sacho Howard	Simons George Arthur	Stride Philip Jonathan Handley
Reardon Colin Michael	Sacks William	Simonsz Charles Anthony	Strimling Michael Osher
Rebstein Stephen Eric	Saffer Seelig David	Singer Norman	Stronkhorst Johannes
Reddi Anunathan	Safro Ivor Lawrence	Singh Yudisthir Thrishunku	Hendrikus
Redfern Michael John	Sagor Jason Solomon	Singh Prakash	Struthers Peter John
Reichart Bruno Adolf	Salant David John	Siroka Sarka Anna	Styger Viktor
Reichman Percy	Salmenson Brian David	Skudowitz Reuben Benjamin	Subrayen Kamlanathan
Reid Robert	Samson Ian David	Slater Charles Patrick	Thandrayen
Reidy Jeremy Charles	Sanders Hannah-Reeve	Slazos Joseph Johannes	Suliman Abdoorahaman
Reif Simon	Sapire David Warren	Slokane Brian	Ebrahim
Reinach Werner	Saunders Stuart John	Slowatek Wilner Enrique	Sunshine Michael Ray
Reitz William Gysbert	Saunders William Christopher	Sluiter Emil Hinricus	Sur Monalisa
Retief Christa	Saxe Norma Phyllis	Smit John Nicholas	Sur Ranjan Kumar
Retief Francois Jacobus	Scallan Michael John Herbert	Smit Michael Robert	Svensson Lars Georg
Retief Francois Pieter	Schaetzing Albrecht Eberhard	Smit Wilhelm Michiel	Swanepoel André
Reyneke Johannes Petrus	Schepers Anton	Smit Willem Lucas Rudolph	Swanepoel Wilhelm Adolph
Reyneke Philippus Johannes	Scher Alan Theodore	Smith Alan Nathaniel	Swart Andries Petrus
Reynders Lynnette	Schneider Cecil Max	Smith André Johann	Swart Hans Jacob
Rhodes Anthony Harold	Schneider Herbert Rodney	Smith Darryl Aubrey	Swart Jacob Jacobus
Rice Gordon Clarke	Schneier Felix Theodore	Smith Eric Harvey	Swart Johannes Gerhardus
Richard David Alan	Schoeman Adam Barnard	Smith Ferdinand Carl Albertus	Swartz Jack
Richards Alan Trevor	Schoeman Johannes Feuth	Smith Hendrik Lategan	Swiegers Wotan Reynier
Richards Guy Anthony	Schultz Claude Bernhard	Smith James Leslie	Siegfried
Ritz Louella	Schutte Philippus Johannes	Smith Lionel Ralph	Swift Peter John
Rivett Kelvin Norman Arthur	Schwartz Gary David	Smith Timothy Michael	Tang Kenneth
Robbs John Vivian	Schwarz Kurt	Smith Willem Frederick	Tarboton Peter Vaughan
Robartes Wyndham John	Schwär Theodor Gottfried	Smuts Norman Albertyn	Taylor Ian Maxwell
Roberts Michael Andrew	Schwarsenski Jeffrey	Sneider Paul	Taylor Robert Kay Nixon

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

*(Deceased members not listed
but on record)*

CMSA Active Fellows ad Eundem (as at 31 May 2021)

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 Gopolan N (CPHM) (2004) Cape Town	<i>(Deceased members not listed but on record)</i>

*“Spread love everywhere you go. Let no one ever come
to you without leaving happier.”*

MOTHER TERESA

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 June 2021 to May 2022

LEVEL 1	FEES INCLUSIVE OF VAT
SMALL GROUPS: Once-off activities (1 CEU/hr with a maximum of 8 hours per day)	R1050.00 per application
LARGE GROUPS	R2100.00 per day Maximum R4937.00 per activity
INDIVIDUAL APPLICATIONS Activities that are managed within rules of an accredited structure (HEI and/or Professional Organisations)	R795.00 per application NO CHARGE (to CMSA members in good standing for personal applications)
JOURNAL CLUBS WITH OUTCOME/EVALUATION	R1750.00 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	R2100.00 per day Maximum R4937.00 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 2022

***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>	

The Colleges of Medicine of South Africa (CMSA) Insignia For Sale - Members

1. TIES				
1.1 Polyester:		Excl. VAT	15% VAT	Incl. VAT
1.1.1. Crest in colour as single under-knot design in navy	R	139.13	20.87	160.00
1.1.2. Rows of shields separated by silver-grey stripes in navy or maroon	R	147.83	22.17	170.00
1.1.3. Wildlife	R	113.04	16.96	130.00
1.1.4. Golden Jubilee Fellow Tie in navy, in design 1.1.2.	R	147.83	22.17	170.00
1.2. Silk material: Fellow Tie in navy, in design 1.1.2.	R	408.70	61.30	470.00
1.3. Satin material: Golden Jubilee Wildlife Tie in navy	R	191.30	28.70	220.00
2. SCARVES (LONG)				
The Big 5 (small animals) attractive design on soft navy fabric	R	260.87	39.13	300.00
3. BLAZER BADGES				
Black or navy, with crest embroidered in colour	R	113.04	16.96	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	6.52	50.00
5. LAPEL BADGES/BROOCHES				
Crest in colour, baked enamel on cream, gold or navy background	R	26.09	3.91	30.00
6. KEY RINGS (black/brown leather)				
Crest in colour, baked enamel on cream, gold or navy background	R	43.48	6.52	50.00
7. PAPER-WEIGHTS				
Please enquire about price				
8. PAPER-KNIVES				
Silver plated, with gold-plated crest - please enquire about price				
9. WALL PLAQUE				
Crest in colour, on imbuia	R	852.17	127.83	980.00
10. PURSE				
In leather, with wildlife material inlay	R	339.13	50.87	390.00
11. HISTORY OF THE CMSA				
Written by Dr Ian Huskisson	R	147.83	22.17	170.00
12. DIAMOND JUBILEE INSIGNIA (depicting the dates 1955-2015)				
12.1. Maroon tie	R	173.91	26.09	200.00
12.2. Maroon/Navy stripe tie	R	173.91	26.09	200.00
12.3. Pen Set	R	147.83	22.17	170.00
12.4. Maroon ladies' scarf in soft fabric	R	286.96	43.04	330.00
13. REPLACEMENT CERTIFICATE				
	R	286.96	43.04	330.00
14. VERIFICATION OF CREDENTIALS				
	R	191.30	28.70	220.00
15. TRANSACTION JOURNAL				
		Price on request		





