

# TRANSACTIONS

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## FEES AND CHARGES

*(Applicable 1 June 2005 to 31 May 2006)*

### PAYABLE BY MEMBERS OF THE CMSA:

#### **Annual Subscriptions**

##### *Local:*

Associate Founders, Associates, Fellows, Members and

Certificants: R510

Diplomates: R300

*Overseas* (all categories of members): R510

Retired members: R58

**Assessment Fee:** Fellowship by Peer Review: R700

**Registration Fee :** Associates: R480

Fellows, Members, Certificants and Diplomates: R330

*(The registration fee for Fellows, Members, Certificants and Diplomates form part of the examination fee)*

#### **Purchase or Hire of Gowns and Hoods**

*(The charge for the hire of gowns by new Fellows, Members, Certificants and Diplomates is included in their registration fees)*

#### **For occasional hire:**

Gown and hood: R100

Gown only: R70

Hood only: R30

For the purchase of hoods: R175

### PAYABLE BY THE CMSA:

**Subsistence Allowance** (in addition to accommodation only) per day or part thereof, actually spent on CMSA business

Senators, examiners and staff (local): R196/day

CMSA delegates (overseas): \$190/day

**Honorarium** (local subsistence)

Local examiners : R180 per day less PAYE of R45: R135/day

**Travelling Allowance:** R1,53/km

Invigilating Fee

(not applicable to salaried personnel of the CMSA)

Full day: R300

Half day: R160

Rate of Payment for Secretarial Assistance

*(not applicable to CMSA staff)*

The following sliding scale applies:

Hours worked	Remuneration	Hours worked	Remuneration
Up to 8 hours	R30 per hour	08 – 10 hours	R300
11 – 15 hours	R425	16 – 20 hours	R570
21 – 25 hours	R650	26 – 30 hours	R740
31 – 35 hours	R830	36 – 40 hours	R950
41 – 45 hours	R1 045	46 – 50 hours	R1 100

There is a ceiling of R1 100 as persons providing secretarial assistance to the CMSA receive a salary from their employers.

Claims in respect of secretarial assistance rendered at the time of the examinations have to be supported by a special recommendation for payment signed by the examination Convener.

### RATE OF REMUNERATION FOR LABORATORY TECHNOLOGISTS/TECHNICIANS

The current rate of remuneration is R60 per hour.

Claims for reimbursement of laboratory technologists/technicians who assist during CMSA examinations also have to be supported by a special recommendation for payment signed by the examination Convener.

#### PAST EXAMINATION QUESTION PAPERS

Per set of 6 papers (covering a period of 3 years): R50

## 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 receive the Transactions of the CMSA and other important Collegiate matter.

### WAIVING OF ANNUAL SUBSCRIPTIONS

Payment of annual subscriptions is 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.



# EDITORIAL

## PROF. GBOYEGA A. OGUNBANJO

Dear colleagues,

This issue of the Transactions has a number of interesting articles, which I hope will stimulate discussion within the CMSA and letters to the editor. The CMSA President's newsletter covers his visits to Canada, Pakistan, Malaysia and the rest of Africa. The significance of these visits shows the relevance of CMSA in the arena of medical specialization and that we share common problems of human resource allocation, specialty fragmentation and organization of Continuing Professional Development (CPD).

However two areas that I think the CMSA should focus on over the next triennium (2005-8) are the recruitment of registrars as 'members' during their training, which will increase the membership of all colleges, and the academic support of the newly formed College of South, East and Central Africa (COSECA). Dr. Dave Morrell's oration on the subject of specialization in South Africa is fascinating to read. It appears as if we have an oversupply of specialists (30% of registered doctors vis-à-vis 25% recommended for a country at our stage of development). The uneven distribution of specialists mostly located in the big cities to the detriment of rural, underserved areas is a major problem that the National Department of Health has to urgently address with substantial incentives for specialist recruitment and retention in rural areas. One of the recommendations of the task team of the Health Resources Division of the National Health Department set up in 2001 was "not to exceed the 2500 registrar training posts in the public health service". This recommendation needs to be revisited due to the following developments:

- The HPCSA recently approved 'Emergency Medicine' as a specialty and has in principle, given the go ahead for Family Medicine to become a specialty too. Where will the extra registrar posts be obtained? Will there be additional training posts for these disciplines or will they be poached from existing posts allocated to established disciplines?
- New training complexes are emerging in previously disadvantaged provinces. How will they be catered for in terms of registrar posts, if there is curtailment of training posts?

These are some of the questions that need urgent answers and planning by the National Department of Health.

The article on 'Critical Performance Portfolios' by Dr. Walter Kloeck (President of the College of Emergency Medicine) should be read critically, discussed and considered for implementation by all colleges as a holistic, objective and comprehensive tool, which will add significant value to the assessment of registrar training. It is my hope that in the short to mid-term, portfolios will gradually replace logbooks, although there may be some disciplines that will still use the latter and portfolios. The portfolio is used in the Arts, Humanities and Medicine in the developed world and embracing its philosophy will be a positive step in the right direction. Prof. S Govender's article on HIV/Aids in Orthopaedics provides information on common presentations of HIV/Aids in this discipline with their underlying mechanisms not completely understood. This is a challenging area in which research needs to be conducted.

The history of the CMSA Part XVIII by Dr. ID Huskisson covers the period – 1972 to 1975. It was note worthy as the current President of the College of Family Practitioners, that the first Honorary Fellowships of the then Faculty of General Practice were conferred on Dr. W Fabb, Prof PS Bryne and Dr. DI Rice in 1975. It took us about two decades to have our fellowship approved – thanks to the CMSA senate and others in the country that made this possible. We hope to commence our fellowship exam in 2006. Finally, the Golden Jubilee celebrations of the CMSA are from 20 to 23 October, 2005 in Cape Town and Golden Jubilee insignias are already available for sale (page 45). The next issue of the Transactions promises to be a bumper issue. So watch the space and hope to see you all in the mother city.

**Prof Gboyega A Ogunbanjo**, editor,  
Department of Family Medicine & PHC  
Box 222, Medunsa 0204 South Africa  
E-mail: gao@intekom.co.za

## The Impaired Doctor

The articles in your issue of July-December 2004 were highly informative.

I must, however, disagree with a statement made by Prof. J McQuoid-Mason, in the introduction of his article. He states that specialists are expected to exercise greater skill and care than general practitioners. While this is true for special skills, it is not true for the exercise of care. Not only are general practitioners expected to exercise considerable care in the management of their patients, but, in practice they usually do, more so than do specialists, as would only be expected by the patient population

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### LETTERS TO THE EDITOR

*You are cordially invited to submit letters to the Editor.*

1. Letters should be addressed to: Prof. Gboyega Ogunbanjo
2. Kindly send letters as follows:
  - A. To: gao@intekom.co.za and copy bernise@colmedsa.co.za
  - B. Subject : Transactions – Letters
  - C. Attach: a virus free MS Word file or an html file

OR

  - A. Letters by land mail: written/typed or on disk
  - B. Mrs Bernise Bothma  
The Colleges of Medicine  
17 Milner Road  
Rondebosch  
7700
3. All letters must be proofread.
4. No letter should be longer than 250 words.

## INSTRUCTIONS FOR AUTHORS

### 1. Manuscripts

- 1.1 All copies should be typewritten using double spacing with 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 (i.e. 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, i.e. telephone, cellphone, 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 Figures 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.

#### Article references:

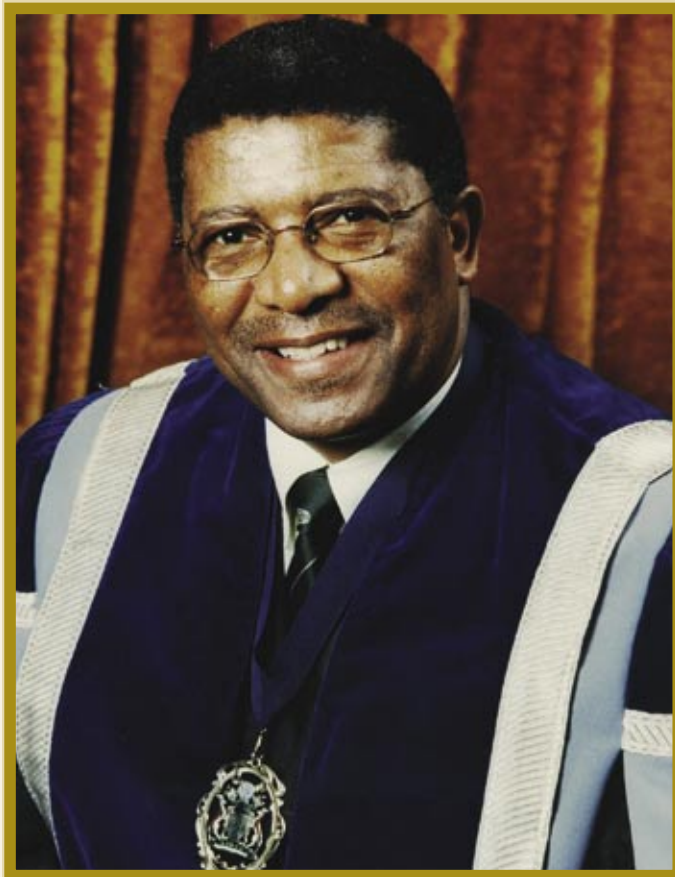
- Price NC. Importance of asking about glaucoma. *BMJ* 1983; 286: 349-350.

#### 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.

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





## LIZO MAZWAI

President 2004 - 2007

# 2005 THE YEAR OF CELEBRATION

This heading for my next newsletter was conceived after my return from Canada for the College's 75 Anniversary Celebration in October 2004. The RCS Edinburgh is celebrating 500 years in 2005. RCP Ireland is celebrating 350 years in 2004/2005. The Academy of Medicine Singapore/Malaysia is celebrating 100 years of Medical Education in July 2005. Of course, we have our own CMSA Golden Jubilee Celebrations in 2005, of which we are proud.

I had just returned from Pakistan as external examiner in their College examinations in Surgery on 24 December 2004 when a global catastrophe hit Asia - the Tsunami disaster on the 26 December. No newsletter would be complete without reference to this catastrophe which the Secretary General of the UN, Mr Kofi Anan, called of 'unprecedented proportions'. I hope and trust that none of our friends or relations were among those affected by the Tsunami. If there were some who were affected, my sympathies go to you all.

### Canadian Meeting

I was the guest of the Royal College of Physicians and Surgeons of Canada from 30 September to 5 October 2004 in Ottawa. The highlights that I would like to mention, which have parallel in South Africa, are:

1. The scientific programme focused on the theme of Technology in Medicine and its implications. Discussions about telemedicine were promoted with strong proponents. For Canada, being a large and large-distance country, this technology is ideal. However, logistics and ethical issues were identified

as drawbacks. Overall the programme had to function in the context of the National Health Delivery system for all citizens. The close association between College and National Health was appreciably evident.

2. The programme was splendidly organised for all, with a special programme and dinner for the Presidents at the College. The social programme, including the graduation, had a clear community participation. Canada is sensitive to its multicultural (bilingual) and indigenous citizens. The local (Inuku) chief was included in the programme with a position of honour, leading prayers and incantation to mother earth. In addition, the Presidents had a round table discussion, being a regular feature at the international meetings. The theme of professionalism and international co-operation is still central.
3. The Canadian College is well endowed financially and could afford a lot that we wish for. For example, there is a special office and staff that look after registrars and, to popularise the College, registrars are recruited into a special membership category. In my networking I had occasion to meet a number of South African specialists working in Canada. At

the time our Government had just initiated talks with Canada, at diplomatic level, on the issue of brain drain and recruitment from South Africa. This again is a global issue to be addressed at national and international levels. The Colleges could perhaps act as catalysts in these discussions.

In summary, my Canadian visit highlighted things we might relate to, viz:

- . The challenge of scarce human resource allocation to serve a large and needy community and the role and use of modern technology.
- . Within the CMSA, the nurturing of keen sensitivity and the desire to embrace the multicultural diversity of our country.
- . The possible recruitment of registrars as members during their training.
- . The idea of establishing a network of Fellows abroad.

### Pakistan

During the visit to Canada, I was invited by the President of the College of Physicians and Surgeons of Pakistan to be an external examiner on their Surgical Fellowship in December 2004 in Karachi.

Many South Africans, including members of the CMSA, have visited their College. Their President is very keen to establish formal relations with South Africa on the concept of the challenges facing the developing world. We can share some of those challenges at the strategic planning meeting.

Lastly, I hope that most, if not all, have had a restful holiday and that we face 2005 with renewed vigour. We were sorry for the loss of the spouses of our colleagues – Prof Asher Dubb, the husband of one of our Senator, Prof Vivian Fritz and Mr Roger Vorster, the husband of our Academic

Registrar, Mrs Ann Vorster. I hope they are also recovering from their bereavement.

Finally, let me thank all of you for your messages of sympathy, support and good wishes after my unfortunate accident in November 2004. I have made a good recovery and am back at work.

We have more to celebrate in the CMSA and our country than just a golden jubilee. Let us hear your ideas.

African Colleges Partnership

### West Africa

In West Africa, Colleges involving many countries have long been established. The East/South/Central African regions have interesting developments. With the exception of South Africa, they have had no Colleges; Associations have been the main focus of academic activity. However, in 2004 the Association of East Africa took the initiative to form what is now known as College of South, East and Central Africa (COSECA).

We hope the Presidents of these Colleges will be able to attend our golden jubilee celebrations in October 2005.

No doubt, as a new and expansive College, there will be organisational matters for COSECA to attend to, including membership. However, this is a commendable initiative and should be supported. I rely on members of these Colleges working in South Africa to keep me informed until we have formal links. It would also be good if the constituent Colleges of the CMSA would invite and recruit specialists with Foreign Fellowships working in South Africa for Associateship in keeping with our criteria.

While it is admirable for South Africa to provide excellent teaching and training facilities to other African countries, there is a further obligation in the long term to assist our neighbours to establish their own Colleges and provide academic support. **CMSA**

# THE 38<sup>TH</sup> SINGAPORE MALAYSIA CONGRESS OF MEDICINE 19 – 22 AUGUST 2004

## THEME: CONTINUING PROFESSIONAL DEVELOPMENT PROFESSIONALISM THE NEXT LAP

### INTRODUCTION

#### Academy of Medicine – Singapore

As you may be aware, the Academy consists of Chapters of the various specialities. The Academy in Singapore works closely with Malaysia and this time organised the Congress with the participation of the Hong Kong Academy of Medicine. Some of the Chapters in the Academy are in the process of becoming Colleges, such as the College of Medicine which was inaugurated during the Congress.

Furthermore, the Academy works closely with the Royal Colleges of England, Edinburgh and Ireland. They hold joint examinations with Edinburgh, coming to South East Asia (SEA) on an examination tour, thus saving the candidates the trip to the UK. They also have many Fellows qualified in the USA and keep close ties in terms of training, particularly in new sub-speciality fields such as transplantation.

### PROGRAMME

The programme was arranged in parallel sessions for the various specialities on their respective current issues. The plenary sessions focussed on the themes of:

- Professionalism
- Continuing Professional Development

The tone was set by an address by Sir Donald Irvine with subsequent prominent guest speakers, both Overseas and Asian. This topic was discussed thoroughly, covering all aspects. It centred around the fact that, apart from professionalism being at the fore of medical practice, it is also no longer to be taken for granted, but has to be taught, learned, practiced and evaluated by audit in order to make it work. This discussion was followed by a round table discussion on CPD with participants from Presidents of Colleges and Masters of Academies.

### ROUND TABLE

Each of the leading participants presented what was seen to be the most serious problems in the functioning of Colleges and their ability to deliver on their mandate. Twelve to fourteen speakers were present but the discussion involved approximately 30 people. All the major continents were involved, primarily the UK, the USA, Asia, South East Asia, Australasia and Africa (sole representative from South Africa – the President of the CMSA). In response and discussion, the critical points were:

1. To identify our core business as Colleges – What is it that we do and why are we the best at what we do? Broadly put the training of specialists as human resource.
2. Participation in the identification of human resource needs, not just by showing interest but by engaging government in decision making.

#### College joint commitment:

3. Training must change to fit changing disease and patient profiles rather than the old discipline-based stereotype specialities, in other words to be more multidisciplinary in approach.
4. Flexibility of programme in terms of time to study and place of study to accommodate personal and individual needs (social/family).
5. Standards should not be compromised by flexibility
  - consider actual duration of exposure
  - the quality of work through logbook or profile to be the guide.
6. Match workload to work force to avoid compromise on standards, hence emphasis on joint College/Government decision-making on human resource needs.

7. Continue to exert pressure and influence on decision-makers on policy issues and advocacy.
8. Redefine core value as repository of expertise but constraints are due to lack of dialogue and communication. Challenge is for participation in leadership roles.
9. Follow up on recommendations: IACAP to appoint CEO for continuity of agenda from year to year and amongst Colleges and Academies.
10. Involvement in the broader role of recruitment and retention in addition to training and examination.

### ADMISSION CEREMONY AND SOCIAL PROGRAMME

The Congress admission ceremony took place on the first day with messages from collaborating academics, firstly the Honorary Fellows and then Fellows of the Academy of Medicine of Singapore in the various specialities. Interestingly, the opening ceremony was inaugurated by his Excellency the President, Mr RS Nathan, President of the Republic of Singapore and Patron of the Academy. He personally knew both the first President (Mandela) and the current President which put South Africa in the limelight during the informal discussions and social programme.

### HOSTING

The arrangements and hospitality of the Singaporeans were superb from the choice of the hotel to fine details of the cuisine which was delectable. Obviously the conference was packed with activity, from ceremonial functions, plenary sessions, parallel sessions to networking. There was no time for 'extra curricular' activities such as tours and golf.

Nevertheless, I had half a day to make a city tour and visit places of interest. Singapore is a busy, beautiful and clean city. Their slogan is the "fine city"; you get fined for littering and, I guess, loitering. The airport and drive to the city are particularly striking.

### CONCLUSION

The visit to Singapore was my first trip out as President and I found it particularly exciting, informative and challenging in terms of new ideas.

1. The co-operation between South Pacific Australasia and China and Hong Kong was a good example of what was identified as a key challenge of the Colleges for the 21st century – relationships based on dialogue and communication. The Hong Kong Academy of Medicine has set up a website for IACAP for regular input on correspondence.
2. The issues of work force needs (shortages) are central to the training of specialists, especially in developing countries which puts tension on the issue of speciality fragmentation.
3. The importance of input and influence on government initiatives can not be over emphasised.
4. The duration and standardisation of training should assume a much more universal (global) approach for international coherence.
5. Professionalism and continuing professional development are going to be additional challenges in the 21st century.
6. Finally, funding is crucial if we are to realise and deliver on what we stand for.

I would like to share in detail some of the ideas with the organising committee of the Golden Jubilee Celebrations.

Prof EL Mazwai  
PRESIDENT  
Rondebosch  
15 September 2004

## ADMISSION CEREMONY

14 October 2004

The admission ceremony was held in the the Jameson Hall, University of Cape Town Campus, Rondebosch.

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

The President announced that he would proceed with the admission to the CMSA of the new diplomates, certificants, members and fellows, where after he would proceed with the admission of the fellows by peer review.

The new **Diplomates, Certificants and Members** individually, were announced and congratulated.

The Honorary Registrar - Examinations and Credentials, Professor John Lownie announced the candidates, in order to be congratulated by the President. The Honorary Registrar – Education, Professor Anil Madaree individually hooded the new **Fellows**.

The **six medallists** were congratulated by the President for their outstanding performance in CMSA examinations. The new fellows by peer review were then admitted.

The President presented the **Past President's Badge** to Professor Ralph Kirsch and the **Lady's Brooch** to Mrs Beverley Kirsch.



**One Fellow Ad Eundem** was admitted. *Professor Max Price* to the College of Public Health Medicine – citation written and read by Professor Brendan Girdler-Brown.

**Nine Honorary Fellows** were admitted.

- **Dr David Morrell** to the Colleges of Medicine of South Africa – citation written and read by Professor Ralph Kirsch.
- **Professors Michael de Swiet, John Guillebaud, Peter Soothill and Philip Steer** to the College of Obstetricians and Gynaecologists – citations written by Professors Hein Odendaal, Zephne van der Spuy, Edward Coetzee and Zephne van der Spuy respectively and read by Professor Zephne van der Spuy.
- **Professor Mervyn Shear** to the College of Pathologists – citation written by Professor Mario Altini and read by Professor Peter Ojwang.
- **Professors Andrew Lorimer and Robin Mortimer** to the College of Physicians of South Africa – citation written by Professor Ralph Kirsch and read by Professor Ken Huddle.
- **Professor Jonathan Meakins** to the College of Surgeons – citation written and read by Professor John Robbs.

All in all the President admitted 176 Fellows, 7 Members, 217 Diplomates and 27 Certificants.

Dr David Morrell delivered the oration.

The National Anthem was sung, whereafter the President led the new graduates out of the hall.



RECOMMENDATION FOR MEDALS - 2004

**FCA(SA) Part 1 – ABBOTT MEDAL**  
(Best candidate in Pharmacology)  
Dr Megan Frances Coltman – October 2004

**FCA(SA) Part 1 – HYMIE SAMSON MEDAL**  
(Best candidate in Physics & Clinical Measurement)  
Dr Theroshnie Kisten – May 2004  
Dr Sarah van den Berg – October 2004

**FCA(SA) Part 1 – THE JANSSEN RESEARCH FOUNDATION MEDAL**  
(Best overall candidate)  
Dr Megan Frances Coltman – October 2004

**FCA(SA) Part II – JACK ABELSOHN MEDAL & BOOK PRIZE**  
(Best candidate in the clinical section)  
Dr Johannes Louw Malherbe – May 2004

**FCMFOS(SA) Final – SA SOCIETY OF MAXILLO-FACIAL & ORAL SURGERY MEDAL**  
Dr Richard Sheridan Bryant – May 2004  
Dr Christopher James Lawrence – October 2004

**FCOG(SA) Part I – GP CHARLEWOOD MEDAL**  
Dr Henriëtte Van Zyl – May 2004

**FC Orth(SA) Final – JM EDELSTEIN MEDAL**  
Dr Wynand WESSELS – October 2004

**FC Paed(SA) Part I – LESLIE RABINOWITZ MEDAL**  
Dr Judy Nicola Rothberg – May 2004

**FC PATH(SA) – COULTER MEDAL**  
Dr Lindsay Elizabeth Earlam – May 2004  
(FC Path(SA) Haem Part II)

**FCP(SA) Part II – SUZMAN MEDAL**  
(Best overall candidate)  
Dr Jaimendra Prithipal Singh – May 2004

**FCP(SA) Part II – ASHER DUBB MEDAL**  
(Best candidate in the Clinical Section)  
Dr Fatima Bibi Fazel – May 2004  
Dr Ismail Sikander Kalla – October 2004

**FC Psych(SA) Part II – NOVARTIS MEDAL & PRIZE**  
Dr Bavanisha Vythilingum – October 2004

**FC Rad Diag(SA) Part I – RHÔNE-POLENC RORER MEDAL**  
Dr James Donald Stevens – October 2004

**FC Rad Diag(SA) Part II – JOSSE KAYE MEDAL**  
Dr Carey Ann Mckenzie – October 2004

**FCS(SA) Primary – TRUBSHAW MEDAL**  
Dr Yeshitila Gugsa Mengesha – May 2004

**FCS(SA) Primary – FREDERICH LUVUNO MEDAL FOR ANATOMY**  
Dr Yeshitila Gugsa Mengesha – May 2004

**FCS(SA) Intermediate – BREBNER AWARD**  
Dr Schalk Willem Burger – May 2004

**FCS(SA) Final – DOUGLAS AWARD**  
Dr Craig Michael Joseph – May 2004

**DA(SA) SASA JOHN COUPER MEDAL**  
Dr Brian William Allwood – May 2004

**DIP OPHTH(SA) – GEOFF HOWES MEDAL**  
Dr Derrick Peter SMIT – May 2004

## CITATION FELLOWSHIP AD EUNDEM

PROF MAX PRICE

COLLEGE OF PUBLIC HEALTH MEDICINE



**We are honouring Professor Max Price tonight primarily because of the leadership he has demonstrated throughout his career as a health activist, a policy researcher, an educationalist within the health professions, a change agent, and someone who is a role model to public health practitioners in particular, and the profession more generally.**

Already as a medical student at the University of the Witwatersrand, Max's leadership inclinations were irrepressible, first through the Medical Students' Council, then becoming president of the SRC at Wits during the turbulent student protest years of 1976 to 1978, and an executive member of NUSAS. Along with many other student leaders of the day, he spent time in detention, and experienced significant harassment by the security police. After graduating MBBCh, Max completed his internship at Baragwanath Hospital, during which time he led a campaign to get doctors to resign from the Medical Association of SA in protest over its handling of the Biko doctors affairs. As a result of this activity, he was prevented by the State from ever working in black hospitals again.

Max was then awarded a Rhodes scholarship to Oxford from 1981 to 1983. He chose to read a BA PPE (politics, philosophy and economics) rather than a postgraduate medical qualification – a choice that reflects deeply held beliefs that have informed much of his subsequent career. These are, that doctors, particularly those in public leadership positions, need to be more broadly educated, and secondly, that politics and economics are fundamental determinants of health, and therefore an obligatory theatre for public health practitioners.

On returning to South Africa, Max undertook clinical rotations at Johannesburg Hospital and then in a rural primary health care project in the Bushbuckridge area training primary health care nurses. Professor Price went on to complete an MSc at the London School of Hygiene and Tropical Medicine in 1985/6. He remained there as a Research Fellow in Health Economics. He joined the Centre for Health Policy at Wits University in 1988 as a senior researcher, and became its director in 1992. Professor Price was awarded the Visiting Takemi Fellowship in International Health at the Harvard School of Public Health in 1994/5. During this period in the late 1980s and early 1990s, the Centre for Health Policy played a seminal role in researching and publishing the critiques of health under apartheid, and then shaping the debates around post-apartheid health policy. Professor Price himself has published over 50 research documents and publications covering health systems research, the political economy of health in SA, health economics and financing, privatisation and medical aids, rural health services and computer simulation modelling of health systems, and more recently health science education and its transformation.

In parallel with his professional policy work, Max was a member of various health activist organisations during the

1980s and 1990s, and held executive positions in the National Medical and Dental Association (NAMDA). He was part of the African National Congress health policy team prior to the first democratic elections and in 1994 was appointed by the Minister of Health to chair the advisory committee on Health Financing and subsequently as a member of the committee to investigate National Health Insurance.

In 1996, at the age of 40, Professor Price was appointed Dean of the Faculty of Health Sciences at the University of the Witwatersrand, a position he still holds. (He was the youngest dean appointed since Raymond Dart some 70 years ago). As dean, he has introduced some radical changes, whose impact is being felt not just at Wits, but throughout the country's medical schools. He persuaded his Faculty to make a formal submission to the TRC health sector hearings, and then to conduct an Internal Reconciliation Commission for its own staff, students and alumni. He has spearheaded the introduction of a new medical curriculum that is unique in SA in that it accepts graduates into a four-year degree programme, reflecting the importance he places on generic formative education for creating leaders. It is also uniquely integrated and IT enabled. Linked to this, Professor Price set up and funded a national structure to share IT educational resources between all the Faculties of Health Sciences. Other educational initiatives he has championed have been the creation of chairs and full time posts in Bioethics, Rural Health, Emergency Medicine, and Sports and Exercise Science and Health Science Education.

Perhaps Professor Price's boldest and most visionary project has been the creation of the first university-owned private teaching hospital in South Africa. The Wits Donald Gordon Medical Centre will offer a training site for subspecialists to complement public sector training facilities due to constraints on high cost, quaternary equipment and treatment. He also created Wits' first university owned company, Wits Health Consortium, as a vehicle for the Faculty's commercial activities, particularly contract research, which now has a turnover of R200m a year.

Professor Price also paints on the national canvas. He was a founder member and director for ten years of the Thusano School of Public Health, a collaborative venture of five universities. He chaired the National Committee of Medical Deans for 4 years, and has held the appointed as the Vice Chancellors' representative on the Medical and Dental Professions Board since 2000. He is Chairperson of the Undergraduate Education & Training Subcommittee of the Board, which is responsible for standard setting, and accreditation of undergraduate medical degree programmes in SA.

Professor Price is married to a social science professor at Wits, and they have two children.

Mr President, by the Colleges of Medicine honouring Professor Max Price here tonight, we are recognising his commitment to the public's health and to Public Health, his leadership in changing Health Science institutions and what they deliver, and we are applauding his role as a strategic visionary in the health sector.

**Author: Brendan Girdler-Brown**

## CITATION HONORARY FELLOWSHIP

PROF DAVID FRANCIS MORRELL  
COLLEGE OF MEDICINE



**Mr President it is a particular pleasure to present David Francis Morrell for admission as Honorary Fellow of The Colleges of Medicine of South Africa.**

David Morrell grew up in the Eastern Cape and was educated at St Andrew's College, Grahamstown and at the University of Cape Town where he graduated MB ChB in 1969. After a brief spell in General Practice in Kokstad, East Griqualand, he returned to the University of Cape Town in 1975 as Registrar in the Department of Anaesthetics at Groote Schuur Hospital. He was awarded a Fellowship of the Faculty of Anaesthetists of The College of Medicine of South Africa in 1977 and was immediately appointed to the Faculty of the University where he rose to the rank of principal specialist before accepting the offer of Professor of Anaesthesia at the University of the Witwatersrand, and Chief Anaesthesiologist at the Johannesburg Hospital in 1989. David held this post with great distinction until he decided to return to the Eastern Cape as Principal Specialist at Livingstone Hospital, Port Elizabeth in 2000.

David Morrell has made an enormous contribution to Medicine in South Africa. Apart from being one of the foremost cardiac anaesthetists in the country he has been a member of the National Council of the South African Society of Anaesthetists from 1984 and President of this Society 2000-2001. He has served as a member of the National Council of the South African Medical Association (1992-2003), where he was Chairman of the Committee for Fulltime Practice, a member of the Board of Directors, Vice Chairman of the Board and, in 2002-2003, President of SAMA. David played a major role in the College of Anaesthetists (CMSA) where he was a Committee Member, Secretary and Chairman of the College. He was elected to the Medical & Dental Professions Board of the Health Professions Council of South Africa in 1999 and again in 2004. In The Colleges of Medicine of South Africa he was a member of the Finance and General Purposes Committee, the Examinations and Credentials Committee and the Council. Dr Morrell served as Honorary Registrar (1995 -1998), and as President of The Colleges of Medicine of South Africa (1999-2002). It was during this last period that he presided over a series of major changes in the structure and function of our College.

David has received Honorary Fellowships or their equivalent from the Faculty of Anaesthetists of the Royal College of Surgeons in Ireland, the Royal College of Anaesthetists, London, the Royal College of Physicians and Surgeons of Glasgow, the Academy of Medicine of Malaysia, the College of Physicians and Surgeons of Pakistan, the Royal Australasian College of Physicians and the Academy of Medicine of Singapore.

While the achievements listed above indicate the boundless energy of a truly remarkable colleague they do not do justice to David Morrell's wonderfully friendly disposition,

his equanimity even when under pressure, and his immense charm. Indeed, David and Margie Morrell will be remembered as a delightful and much loved presidential couple.

Mr President, David Morrell has served our Country and our College with great distinction and it is appropriate that he receives the CMSA's highest honour, that is, Fellowship of The Colleges of Medicine of South Africa.

**Author: Prof Ralph Kirsch**

## CITATION HONORARY FELLOWSHIP

PROF MICHAEL DE SWIET  
COLLEGE OF OBSTETRICIANS  
AND GYNAECOLOGISTS



**Professor Michael de Swiet has had a distinguished career as a physician and internationally is presently one of the best-known figures in the field of Obstetric Medicine. From his earliest clinical experience, he has directed his training to become an obstetric physician He started his research career while he was a medical student at University College Hospital, elucidating neurogenic mechanisms in hypertension in conscious rabbits. Early in his career he became interested in obstetrics and his next study was on placental perfusion after treatment with antihypertensive drugs. After qualifying in medicine he continued his research on uterine blood flow at the Cardiovascular Research Institute, University of California in San Francisco. These studies eventually led to him being awarded the degree MD at the University of Cambridge.**

On his return to the UK he worked as a medical registrar at the Radcliffe Infirmary in Oxford as part of his specialist training. Throughout his career he has maintained a commitment to Obstetric Medicine and with the increasing recognition of this discipline, was eventually able to concentrate entirely on his first interest. One of his major research projects was the CLASP Study, one of the largest randomised controlled trials performed in Obstetrics which assessed the efficacy of low dose aspirin in preventing pre-eclampsia and growth restriction. At present he is particularly interested in thromboembolism in pregnancy.

In 1973 he was appointed as Consultant Physician responsible for medical care of women in pregnancy at Queen Charlotte's Hospital. Similar appointments followed at University College Hospital and Whittington Hospital. Over the years he developed a recognition for the need for the subspeciality of Obstetric Medicine and has mentored and participated in the training of nearly all the obstetric physicians in the UK. He is Chairman of the Postgraduate Teaching Committee in the Division of Paediatrics, Obstetrics and Gynaecology at the Imperial College School of Medicine.

In 2000 his enormous contribution to obstetrics was recognised with his appointment to the Personal Chair of Obstetric Medicine at Imperial College School of Medicine.

From September 2001 he has been Emeritus Professor of Obstetric Medicine. He has truly changed the perception of our profession and has influenced the direction our training has taken.

Michael has written 108 contributions to textbooks edited by others and 134 refereed articles in peer-reviewed publications. He has been invited to give keynote lectures at numerous congresses around the world. He is the editor of two well-known textbooks: *Medical Disorders in Obstetric Practice* and *Basic Science for Obstetrics and Gynaecology*. The former was published in its fourth edition last year and has become the gold standard for a text on the management of medical complications in pregnancy. It is one of the main textbooks which the College of Obstetricians and Gynaecologists in South Africa prescribes to registrars as part of their preparation for the final examination and is utilized by practising obstetricians world-wide.

Professor de Swiet belongs to several prestigious societies, the Medical Research Society since 1967, the Neonatal Society since 1975 and the British Hypertension Society since 1979. Furthermore, he was founder member of the MacDonald Club and secretary from 1984 – 1994. In addition, he has been Executive Committee Member of the Society of Obstetric Medicine since 1991. Recently he has been elected as President of the International Society of Obstetric Medicine, an indication of the esteem his colleagues accord him for his leadership and knowledge. He is the first physician to have been a Member of the Central Assessor's group for the Confidential Enquiries into Maternal Deaths in the UK – and then only since 1995.

Recognition for his outstanding work and devotion to obstetric medicine is reflected in his many invitations to lecture by numerous prestigious societies. He has been invited to visit and lecture throughout the world including Melbourne, Sydney, Adelaide, Rhode Island, Toronto and Singapore. In 1999 he gave the Joseph Price oration to the American Gynaecological and Obstetrical Society and the Marlow lecture to the Canadian Society of Obstetricians and Gynaecologists.

He has visited South Africa on several occasions. In 1995 he toured our country as the visiting professor of the South African Representative Committee of the Royal College of Obstetricians and Gynaecologists. In recognition of his outstanding contributions to Obstetrics, he received the fellowship *ad eundem* of the Royal College of Obstetricians and Gynaecologists in 1992.

In spite of his hectic academic programme, Michael still finds time to travel, visit botanical gardens and study wild flowers. He has a great knowledge of good wines and is well informed about and acquainted with South African wines.

Mr President, it is an honour to present Michael de Swiet for admission to Honorary Fellowship of the College of Obstetricians and Gynaecologists of South Africa.

**Author: Prof Hein Odendaal**

## CITATION HONORARY FELLOWSHIP

PROF JOHN GUILLEBAUD  
COLLEGE OF OBSTETRICIANS  
AND GYNAECOLOGISTS



**Professor John Guillebaud has for decades been one of the most influential figures in the field of fertility regulation in the UK and beyond. He is presently Emeritus Professor of Family Planning and Reproductive Health, University College, London, having retired from his personal chair in 2002 and he continues to hold numerous advisory positions within our profession and has an ongoing involvement in teaching and training.**

John Guillebaud was born in Africa and educated initially in Uganda and Kenya before completing his high school education in England and then winning an open scholarship to St John's College, Cambridge. After being awarded his BA at Cambridge University, he went on to study medicine and qualified MB BChir in 1965, obtained the FRCS (Edinburgh) in 1969 and the MRCOG in 1972. He was elected Fellow of the Royal College of Obstetricians and Gynaecologists in 1984. He gained further qualifications in the field of Family Planning which eventually became the main focus of his clinical practice.

He trained initially in Obstetrics and Gynaecology in Oxford. He subsequently spent 4 years as a research fellow in the Nuffield Department of Obstetrics and Gynaecology and was involved in research into intrauterine contraception under the supervision of Professor John Bonnar. He was then awarded a WHO Research Fellowship and for 9 months worked with Mr Mostyn Embrey in the field of prostaglandin research.

In 1976 he was appointed lecturer and senior registrar under Professor Alec Turnbull in Oxford. He was appointed Medical Director of the Margaret Pyke Centre for Study and Training in Family Planning in 1978. This "Well Woman" Centre is believed to be the most comprehensive in Europe and during his tenure, which only ended with his retirement, Professor Guillebaud was responsible for developing the service commitment of this unit as well as the research component. He held Honorary Consultant posts both in Oxford and at the United Elizabeth Garrett Anderson Hospital and the Hospital for Women in Soho Square. In 1993 he was awarded the personal Chair in Family Planning and Reproductive Health at the University College, London.

He has held numerous additional appointments over the years and has served on many working groups for contraception, family planning and fertility regulation. He has been a referee for multiple prestigious journals and has been actively involved in under- and postgraduate training and examination.

His publications include over 300 communications in medical journals, the subject of which is usually contraception and population studies. He has also written numerous articles for the lay press. He has published 7 books of which some remain the most comprehensive guides about contraception available. He has produced a number of educational



videos and audio-cassettes and is a well known and highly sought-after lecturer. He has been invited to give numerous eponymous lectures ranging from the Royal College of Obstetrics and Gynaecology Christmas Lecture for Young People to many very prestigious lectures in Europe, Australia, the USA, South America and Africa. He has been invited to appear in the House of Lords. He made numerous media appearances including about 200 interviews on TV and radio in the UK and in numerous other countries.

He is a passionate campaigner on over-population, the destruction of the environment and the consequences of lack of care of the world's ecology. He also espouses the cause of the coming generations "from whom this earth is borrowed" and emphasises the responsibility we all carry for ensuring the healthful future of our world.

His outstanding characteristics are the endearing enthusiasm with which he brings to his discipline and the generosity he exhibits to his colleagues, his students and, indeed, to anyone who wants information. I do not believe that he ever refuses a request for help or assistance and many of us have benefited from his willingness to interface with our departments and staff. He has conducted research and training which have made a significant difference to our knowledge and the way we practise in our speciality. He has been responsible for training literally thousands of junior doctors, midwives, specialists and members of the lay public. Regardless of where he is, he gives generously of his time and expertise.

John Guillebaud comes from a family with a long history of service to the under-privileged. His sister and mother continue to have a commitment to Rwanda and he has a deep and realistic understanding of the problems and challenges of the developing world. His sensitivity to the needs of Africa and the enormous energy he has expended on training programmes in our country over decades, make him particularly suitable for this Honorary Fellowship. We have benefited from his input and expertise and he has given generously to the medical and nursing community in our country.

Mr President, it is an honour to ask you to confer on John Guillebaud the Honorary Fellowship of the College of Obstetricians and Gynaecologists of South Africa.

**Author: Prof Zephne M van der Spuy**

**CITATION**  
**HONORARY FELLOWSHIP**  
 PROF PETER WILLIAM SOOTHILL  
 COLLEGE OF OBSTETRICIANS  
 AND GYNAECOLOGISTS



**Professor Peter William Soothill is presently Professor of Maternal and Fetal Medicine at the University of Bristol, Consultant at St Michael's Hospital, Bristol and Head of the Division of Obstetrics and Gynaecology at Bristol University.**

He completed his schooling at the University College School in Hampstead and commenced his medical training in 1976 at Guy's Hospital Medical School, London. As a medical

student he distinguished himself academically and received a Wellcome Trust Medical Student Research Scholarship and the Richard Ellis Prize in Paediatrics. During his undergraduate training he obtained a BSc(Hon) degree in Biochemistry in 1979 and at this stage had already decided that he wished to pursue an academic career in Maternal and Fetal Medicine. He graduated MB BS in the University of London in 1982 and after general medical and surgical posts, commenced his obstetric and gynaecological training at Kings College, London, and was awarded the MRCOG in 1989.

He worked as a research fellow in the Harris-Birthright Research Centre for Fetal Medicine at Kings College Hospital from 1985 – 1987 and was awarded the degree Doctor of Medicine for his dissertation entitled "Human Fetal Blood Gases" based on the work he performed during this fellowship.

He initially trained under the guidance of pioneers in fetal medicine such as Professor Stuart Campbell, Professor Charles Rodeck and Professor Kypros Nicolaides. He, himself pioneered the technique of doing fetal blood sampling from the umbilical cord under ultrasound guidance and this revolutionised our understanding of the acid-base physiology in the fetus, particularly in problems associated with Rhesus iso-immunisation and intra-uterine growth restriction.

After spending time at training posts in both Oxford and Bristol, he returned to Kings College Hospital, London and worked in the Antenatal Assessment Unit from 1989 – 1991. Initially he was a senior registrar in this unit and he subsequently completed his subspeciality training there. During this time he continued his important work on cordocentesis. He transferred to University College London Medical School in 1992 as Senior Lecturer in the Department, which was then run by Professor Charles Rodeck, and Director of the Fetal Medicine Unit in the UCL hospitals. He was appointed Professor of Maternal and Fetal Medicine at the University of Bristol in 1996 and since 2000 has also been Head of the Division of Obstetrics and Gynaecology.

Professor Soothill is widely published. He has close to 100 publications in peer-reviewed journals and in addition has written multiple review articles and chapters in books. Much of his work has been presented at international congresses and he has been in demand as a speaker to give keynote and plenary lectures at national and international meetings.

Professor Soothill has served and continues to serve on many highly specialised committees in local, national and international forums. Many of these committees have determined policy and practice in the subspeciality of Maternal and Fetal Medicine or have been involved in the development of research. As the Director of the Fetal Medicine Research Unit at the University of Bristol, he obviously has a very active research programme. This has already produced many

significant publications and he presently supervises a number of important projects concentrating mainly in the field of fetal anomalies and diagnostic techniques. He is the recipient of numerous research grants which continue to fund his work. He is at the forefront of the research and clinical work in Fetal Medicine and indeed has joined the roll of honour, occupied by many of his trainers, which consists of those in our discipline who have made significant contributions to our understanding of fetal medicine and have changed our clinical practice.

Professor Soothill has been a visiting lecturer and consultant in South Africa on several occasions. He has spent prolonged periods of time in the Department of Obstetrics and Gynaecology in Cape Town but has also travelled throughout South Africa. He has generously arranged for the training of a number of clinicians in South Africa who work within Fetal Medicine and continues to remain interested and involved in the particular clinical needs of South Africa. He is an outstanding lecturer, a superb teacher and an empathetic and expert clinician. We hope that his involvement within our discipline in South Africa will continue for many years.

In addition to his undoubted clinical and academic success, he is an accomplished cellist and frequently participates at fund-raising hospital events, social functions and at services for bereaved parents. He and his wife lead a semi-rural life on a small-holding outside Bristol where he cares for a large variety of animals, one suspects mainly for the pleasure of his three children.

Peter Soothill has contributed enormously to our profession and we are particularly fortunate in his ongoing interest in the needs of our discipline in South Africa.

Mr President, it is a great privilege to ask you to confer the Honorary Fellowship of the College of Obstetricians and Gynaecologists of South Africa on Peter William Soothill.

**Author: Prof Edward J Coetzee**

**CITATION  
HONORARY FELLOWSHIP  
PROF PHILIP J STEER  
COLLEGE OF OBSTETRICIANS  
AND GYNAECOLOGISTS**



**Professor Philip Steer has been at the forefront of research on the assessment of labour since his undergraduate student days. He has been responsible for developing management strategies for labour and is regarded as one of the foremost authorities in this field today. He undoubtedly has changed our knowledge of the physiology of labour and how it is best managed, monitored and assessed. He based his research on obtaining good reproducible evidence, long before**

**evidence-based medicine became the mantra of the obstetrician.**

Professor Steer is currently Professor and Academic Head of the Department of Obstetrics and Gynaecology, Imperial College Faculty of Medicine at Chelsea and Westminster Hospital in London. He graduated MBBS in 1971 through Kings College Hospital Medical School having already obtained a BSc with first class honours in pharmacology.

He was subsequently appointed as an MRC training fellow to St. Mary's Hospital, London and undertook research into uterine activity in labour. He went on to complete his specialist training and obtained the MRCOG in 1977 and was elected to the Fellowship of the Royal College of Obstetricians and Gynaecologists in 1989. He was awarded the degree MD at London University in 1986 based on the dissertation entitled "The Measurement of Uterine Activity in Labour and Its Significance in Relation to the Use of Oxytocin".

He remained at St. Mary's Hospital, initially as a lecturer then later senior lecturer, until 1989 when he was appointed to his present position. Over the past 15 years he has assumed considerable administrative responsibility within his Medical School. He has served as Chairman on numerous academic committees, been Vice-Dean from 1993 to 1997, and was active in the development of the undergraduate course design and the management of the examinations for the whole of the Imperial College of Medicine. He was assistant Vice-Principal for undergraduate education at Chelsea and Westminster Hospital from 1998 to 2001 and for five years until 2002 he headed the Department of Maternal and Fetal Medicine.

Besides his commitment to and his responsibilities in his own unit, Professor Steer has served our profession on numerous boards and distinguished societies. He has been a council member of the British Association of Perinatal Medicine since 1985, has served on its Executive committee, the Clinical Trials committee and as President. He is presently the Chair of the Clinical Excellence committee of this Association. He was founder member of the British Maternal and Fetal Medicine Society and has served as Editor and part of the Editorial Board of the British Journal of Obstetrics and Gynaecology. He has held office on numerous committees in the Royal College of Obstetricians and Gynaecologists which are usually tasked with academic or research activity. He has been part of a Parliamentary Select Committee on health, advising on maternity care, and has been a member of the Scientific Committee of the National Birthday Trust. He has numerous other commitments, all which are concentrated in the field of Maternal and Fetal Medicine and which draw on his wide experience and knowledge both as a clinician and as an academic.

He remains an energetic and inquisitive researcher. His earliest work involved monitoring the fetal heart and uterine activity in labour. This changed our clinical practice, resulting in a better understanding of physiology and far more logical management of labour. During his initial research he

became extremely competent and knowledgeable about the bioengineering required for maternal and fetal monitoring and this skill and knowledge has continued to the present time. Much of his work and several of his projects have been undertaken with engineering collaborators. His understanding of the technicalities of monitoring is exceptional. His current research projects concentrate on the monitoring and management of the fetus during labour and also include new assessments of physiological processes. He has always been fascinated by evolutionary concepts and has delivered a number of brilliant plenary lectures on the impact of evolution on childbirth. He has successfully supervised twelve doctoral theses and continues to have a large number of postgraduate students under his supervision. His present very active research programme generates considerable funding.

He is a generous and exciting collaborator and an excellent colleague. His teaching ward rounds are wonderful examples of clear and critical thinking and his tuition and training is keenly sought both in his own institution and particularly when he has visited us in South Africa. He has been a friend to many of our units in South Africa over decades and is always a welcome visitor here. He has the ability to address problems in a very clear, concise and constructive manner. His advice is often keenly sought and well worth following. He is always interested in our experience and particular clinical problems and is delighted to participate in discussions and has helped to design programmes and research projects.

Professor Steer is already an honorary fellow of the South African Society of Obstetricians and Gynaecologists and his nomination to honorary fellowship is further evidence of the high regard in which he is held by his colleagues in this country. Professor Steer is an exceptional academic. He has enormous intellectual abilities and his approach to challenges and problems is characterised by his clarity of vision, his lateral thinking and his dynamic and energetic Professor Steer has published widely – with some 200 publications in peer reviewed journals, reviews, editorials and invited submissions. He has contributed to numerous textbooks and it is interesting to note that his first publications in very prestigious journals were before he completed his undergraduate training. He was recognised from his earliest training days as someone with exceptional ability and he has undoubtedly fulfilled these early prognostications.

He is gifted, enthusiastic and a clear and dynamic speaker and, as a consequence, has been invited to address congresses and courses around the world and has been a visiting professor at a number of prestigious institutions. execution of proposed solutions.

Mr President, it is a great pleasure and privilege for me to present Philip J Steer to you for admission to Honorary Fellowship of the College of Obstetricians and Gynaecologists of South Africa.

**Author: Zephne M van der Spuy**

## CITATION HONORARY FELLOWSHIP

PROF MERVYN SHEAR

COLLEGE OF PATHOLOGISTS



Mervyn Shear was born in Johannesburg, where he attended and matriculated from the King Edward VII School. He graduated in Dentistry from Wits in 1954 and almost immediately joined the staff of the Oral and Dental Hospital at Wits where he had unbroken service from 1955 to 1982 serving in many capacities including Deputy and Acting Dean. After a period of unpaid leave in the UK where he trained in Oral Pathology at the Eastman Dental Hospital under Professor IRH Kramer, the doyen of Oral Pathologists at that time, he returned to Wits where he established the first biopsy service in Oral Pathology in 1958.

He was subsequently appointed first Professor and Head of the newly formed Department of Oral Pathology in 1969, a position he held for 17 years. He was awarded the MRC Path by published work in 1965 (later elevated to FRC Path) and the degree of Doctor of Science in Dentistry in 1973. Under his leadership the department developed into one of academic excellence with an international reputation. In 1983 he was appointed part-time Deputy Vice-Chancellor for a 3-year term and then in 1986 as full-time Deputy Vice-Chancellor at Wits. As DVC he was responsible for the student affairs portfolio and provided leadership in this critical area at a time of tremendous social and political upheaval in the country. He retired from Wits in 1991 and moved to the Cape where he was appointed Extraordinary Professor and part-time Oral Pathologist at the University of the Western Cape - a position he has just recently retired from.

During his time as Deputy Vice-Chancellor of the University he gained an extensive understanding of tertiary educational issues in South Africa and a deep insight of the problems faced by students who were suffering under the apartheid system. He devoted a tremendous amount of time and energy in attempting to resolve these problems and improve the lot of the disadvantaged students. Some of these "battles" are chronicled in his well known book "Wits: A University in the Apartheid Era" first published in 1996.

His involvement in Community, University and Student Affairs was not restricted to Wits, but extended country wide. He was appointed to the Councils of the Universities of Durban-Westville and of Lesotho, Chaired the Commission of Inquiry into residences on the Maritzburg Campus of the University of Natal, was Chairperson of MESAB (Medical Education for South African Blacks), a member of the Post-secondary Education Sub-committee of the ANC in the Western Cape,



a member of the Health Sciences Group of the National Commission on Higher Education, a member of the Executive Committee of the Bursary Council of South Africa and Chairperson of the Board of The Eastern Seaboard Association of Tertiary Institutions.

Professor Shear is well known for his meticulous attention to detail, a skill which served him well during the years he served as Joint Scientific Editor of the Journal of the Dental Association of South Africa for 18 years and Associate Editor of the Journal of Oral Pathology, the Journal of Dental Research and the South African Journal of Medical Sciences.

Professor Shear served his profession and his University with great distinction and tremendous dedication. This was recognised by Wits who awarded him an Honorary Doctorate in 1992 as did the University of Pretoria in 1999. He has also been awarded an Honorary Fellowship in the College of Dentistry of South Africa and was elected to Fellowship of the Royal Society of South Africa in 1978. In addition he has been honoured with life time membership by the South African Dental Association, the British Society of Oral Pathology, the International Association of Oral Pathologists, and the Scandinavian Society for Oral Medicine and Pathology. Mervyn Shear has travelled widely and lectured and delivered continuing education courses all over the world. He has held the position of visiting Professor in many countries including USA, Australia, Denmark, The Netherlands and Brazil.

He has made many original contributions to the literature in the field of Oral Pathology especially in the area of Cysts Of The Jaws. His book now in its third edition is widely regarded as the definitive work in its field. It has been translated into Chinese, Indonesian, and Portuguese. He is also the author or co-author of the WHO "blue book" on the Histological Typing of Odontogenic Tumours (2 edition), of 5 chapters in books and of 116 journal articles nearly all published in international journals.

There is no doubt that Mervyn, often fighting a lone battle, was responsible for establishing and developing the discipline of Oral Pathology in South Africa. He also promoted the speciality all over the world being a co-founder of the now very successful International Association of Oral Pathologists and served this Association in many capacities including as President. He was also responsible for establishing the Journal of Oral Pathology now a leading publication in its field.

For his many contributions in teaching, research and advancing the development of his discipline and for the leading role he played in furthering the educational aspirations of disadvantaged students, the College of Pathologists of the Colleges of Medicine of South Africa have great pleasure and pride in bestowing honorary Fellowship on Mervyn Shear.

**Author: Prof Mario Altini**

## CITATION HONORARY FELLOWSHIP

PROF ANDREW ROSS LORIMER  
COLLEGE OF PHYSICIANS



**Andrew Ross Lorimer was educated at the University of Glasgow where graduated MB ChB in 1960 with Distinction in Medicine and Surgery at the Final Examination.**

After internships in Medicine and Surgery at the Royal Infirmary, Glasgow he was a National Institute of Health Research, Fellowship in Medicine in the Division of Nuclear Medicine and Biophysics, Vanderbilt University Hospital, Nashville, USA from 1961 to 1963. He returned to Glasgow where he was registrar in the University Department Medicine of the Royal Infirmary, Glasgow. In 1966 he was appointed as Lecturer in Medical Cardiology, at the University of Glasgow.

This heralded a long and distinguished career in cardiology and in research into diseases of the cardiovascular system. He was awarded an MD (Honours) by the University of Glasgow in 1976 for his research on Cigarette Smoking, Lipolysis, and Vascular Disease. He has 38 chapters in books and 200 papers in international peer reviewed journals. He is currently Honorary Professor in Medicine and Cardiology at the University of Glasgow.

Professor Lorimer has been Lead Clinician of the Task Force on Coronary Heart Disease a Member of Working Group on Provision of Adult Intensive Care in Scotland and Chairman of the National Advisory Committee for Cardiology.

Ross Lorimer has played a major role in international medicine through his involvement in the Royal College of Physicians and Surgeons of Glasgow. He has been a member of Council since 1980 and has served as Vice President (Medical) 1994-97, Visitor 1999-2000 and President 2000-2003. He has received numerous honours including Fellowships of the American College of Physicians, College of Physicians of Ceylon, College of Physicians and Surgeons of Bangladesh, Royal College of Physicians of Ireland, Royal Australasian College of Physicians, Academy of Medicine of Malaysia and Singapore, Royal Colleges of Surgeons of England and Edinburgh.

Those fortunate enough to visit the Royal College of Physicians and Surgeons of Glasgow will have enjoyed the particularly warm hospitality of Ross and Fiona Lorimer and will have learnt of Ross' real passion for the game of cricket.

Mr President, it is with great pleasure that I ask you to admit Professor Andrew Ross Lorimer to Honorary Fellowship of the College of Physicians of South Africa.

**Author: Prof Ralph Kirsch**



## CITATION HONORARY FELLOWSHIP

PROF ROBIN HAMPTON MORTIMER  
COLLEGE OF PHYSICIANS



Robin Hampton Mortimer was educated at the University of Queensland, Australia where he graduated as Bachelor of Medicine, Bachelor of Surgery with Honours in 1964. After Residencies in Medicine and Pathology in Brisbane he moved to the Albert Einstein College of Medicine in the Bronx, New York where he was a Fellow in the Division of Endocrinology from 1973 to 1975 and assistant Professor of Medicine 1976 and 1977. He returned to the Royal Brisbane Hospital where he has been Head of Endocrinology in the Department of Medicine and is Professor of Obstetrics and Gynaecology. Robin Mortimer's research interest has centred on the handling of hormones by the placenta and he has 85 abstracts and 70 papers in international peer reviewed journals and has served as editor on several respected Endocrine Journals.

Professor Mortimer has made a major contribution to the practice of medicine worldwide through his work in the Royal Australasian College of Physicians. Here he has served as a member of Council from 1993, of the executive committee 1994, as Vice President (Adult Medicine) 1998-2000, Deputy President 2000-2002 and President 2002-2004. In chairing meetings of Presidents of International Colleges he has proved to be a champion of the interests of Colleges of Developing countries including the CMSA. Several of our colleagues have had the privilege of visiting the Royal Australasian College of Physicians and have enjoyed the warm hospitality of Robin and Iris Mortimer.

He has received numerous awards including Fellowship of the American College of Physicians, Royal College of Physicians London, Academy of Medicine (Singapore), Ceylon College of Physicians, Academy of Medicine of Malaysia, Royal College of Physicians Ireland, and the Royal College of Physicians of Thailand.

Mr President, it is with great pleasure that I ask you to admit Professor Robin Hampton Mortimer to Honorary Fellowship of the College of Physicians of South Africa.

**Author: Prof Ralph Kirsch**

## CITATION HONORARY FELLOWSHIP

PROF JONATHAN LARMONTH MEAKINS  
COLLEGE OF SURGEONS



**I stand to honour Jonathan Larmonth Meakins for his contribution to International Surgery.**

He was born in Toronto Canada in 1941 and completed his Medical training at McGill University and the University of Cincinnati.

Research activity has mainly been in the areas of Surgical infection and Immunology and Gastroenterology. He has published widely in these fields.

At the time that he was originally proposed for honorary fellowship his position was that of Head of Surgical Services at the McGill University Health Centre and Chairman of the Department of Surgery at McGill. He has since been head hunted and is currently the Nuffield Professor of Surgery at the University of Oxford. This is one of the most prestigious Chairs in the World.

He has made an enormous contribution to the Discipline of Surgery in Canada and North America and has served in numerous organisations in a leadership capacity. It is difficult to imagine any in which he has not been involved.

Academic honours are numerous and include *ad eundem* Fellowship of the Royal College of Physicians and Surgeons and Surgeons of Glasgow, James IV traveler for Canada and the Knight Commander of Merit, Sovereign Order of Saint John of Jerusalem, and "Knights of Malta", among others.

He has also been involved in numerous Government Committees and Community activities. The impression gained is one of a highly esteemed individual with a deep social conscience.

Editorial and Advisory Board Activities include the New England Journal of Medicine, Surgery, World Journal of Surgery and numerous other Surgical publications.

These activities alone make it difficult to imagine that there is time for any thing else. No man is an island and there is little doubt that Jonathan's wife of 32 years, Jacqueline, has played a major supporting role, and she is in the audience today.

It is always a privilege to honor those who have made a major contribution to our Profession. Honorary Fellowship of the College of Surgeons of South Africa is the highest honor that this body can award.

It is thus my pleasure to ask you, Mr President, to bestow the Fellowship on Jonathan Larmonth Meakins.

**Author: John Robbs**

## ORATION - DAVE MORRELL, PAST PRESIDENT GMSA

Mr President, New Fellows and Diplomates, Ladies and Gentlemen

It is indeed a great honour and pleasure to be able to address you this evening.

You represent the successful ones of the 980 or so candidates who entered for the examinations this week. This was a record for us. And while we congratulate you on your success and wish you well for your future careers, you should know that those here on the stage and I am sure those in the audience have great pride in your wonderful achievement. Furthermore, perhaps at last we may also be permitted to start having some pride in the exhibition of the representivity of our country in terms of gender, background and culture.

In his kind invitation, the President requested that I should address the subject of specialisation, particularly with respect to the needs of our country. Are there too many of you, too few, or are the numbers about right?

In 2001 the Health Resources Division of the Department of Health set up a Task Team to review just this topic, and subsequently published a report. He and I were part of this Task Team. The mandate was to report on the following:

1. What kinds of postgraduate training are needed?
2. In which disciplines/specialties should training take place?
3. Which subspecialties are required?
4. Where should training take place?
5. Who should be the trainers?
6. Who should be trained?
7. How many training posts are needed and how should they be distributed amongst the different specialties?
8. What infrastructure is needed for postgraduate education and training?

Up till then the grand plan for production of specialists in South Africa appeared to have been to let market forces dictate the supply. The number of Registrars was determined by the public hospital workload in a discipline, and the popularity of a specialty was affected by the remunerative returns in the private sector. But that was in a time of relative plenty, and the world has changed.

For some-one selecting for themselves today, Medicine no longer has the allure of a secure and professionally satisfying career, with rewards that follow naturally. Sons and daughters now favour other professions, business in particular. In many training programmes in the USA native Americans form a minority. And the international cry of surgical teachers is "No-one wants to do surgery any more".

This audit of national need for postgraduate training has been attempted in other countries, and the Task Team, in an effort not to reinvent the wheel sought out the results of such studies. This was not very helpful; the results didn't have applicability to our particular demographics and economic situation anyway. How many surgeons or physicians or gynaecologists does a country really need? And is it the same for us as it is for Australia or Germany or North America?

The Task Team was requested to take as the most crucial point of departure the needs of the population of South Africa to ensure relevance and appropriateness of postgraduate education and training and thus sustainable specialist services for our country.

My initial feelings on the exercise were perhaps a little cynical, and I was reminded of the lady who was stopped by a traffic officer, and who asked to see her driving licence. (I won't mention the colour of the ladies hair for fear of being accused of prejudice). "What is it with you people" she said. "What do you mean, you want to see my licence? You know jolly well that you took it away from me last week".

What prompted this exercise? Apart from the obligation that any Department of Health has, namely to monitor and provide a health service to the population and to tailor this to the best interests of the citizens of the country, there has always been the suspicion that for a developing country we produce too many specialists and that there is an unhealthy abundance of such in the sophisticated provinces such as the Western Cape and Gauteng. On the other hand, the public health sector is critically short of specialist skills to meet the needs of the 80% of the population who depend on it for their health needs.

The first phase of this operation was to try and get a handle on what we actually had – a medical stock-taking.

When the Task Team attempted to collect data on trainers and trainees from Universities, Departments of Health and the Health Professions Council, a disturbing state of affairs emerged. In many instances there were significant differences in the numbers of trainers and trainees provided by the training institution, (the University), the employer (the Province) and the Council, which is ultimately responsible for registration of trainers and trainees. The left hand did not seem to know what the right hand was doing. It was not uncommon for the University to provide details of training posts which were greater in number than those received from the Province. Further, the University felt there were not enough. The Provinces on the other hand, probably because they had to foot the bill, felt there were too many. The Health Professions Council, which is ultimately responsible for controlling this sort of thing, was working from what soon became very apparent was a very unreliable database, and came up with yet a different set of figures. It was indeed amazing that in an age of computers and databases these discrepancies existed.

A further unknown in this equation was the attrition rate. We all know that our doctors and specialists in particular are very much part of a continental drift. Doctors are the worst patriots in the world, and have always found it easy to move to what are perceived as greener pastures. In the last half of the last century the drift was from east to west; ours is in every direction except due south. This is not helped by the fact that we have a good product, and our postgraduates find it relatively easy to find professional openings almost anywhere. At the end of the day we know that an unacceptably high proportion of our graduates have left their mother country to practise elsewhere in the world, but we in actual fact cannot put a number to this. Personally, I have always had a problem with the morality of a wealthy developed nation purposely under-producing specialists as a cost-saving exercise, and then relying on the graduates of less affluent countries to make up the shortfall.

Nevertheless, the final tally of specialists practicing in South Africa at that time was just over 8,250, and the number of training posts was about 2500. Specialists thus comprised over 30% of registered doctors, and confirmed that we were in fact far in excess of the 25% recommended for a country at our stage of development. The intuitive reaction is thus "Stop – we are oversupplying". The distribution data confirmed that there was a very uneven distribution of specialists within the country, with

a high presence in the major cities and a very low presence in poorer provinces. So there would appear to be no doubt that a major problem is one of distribution.

What we in fact all intuitively know was borne out by the data. South Africa is a very inhomogeneous country with regards to the economic map with islands of wealth, and with its western standards of health, in a far less affluent sea. Overall, there are only 20 specialists for every 100,000 head of the population – a very modest offering. So perhaps we are not producing too many specialists.

As a matter of interest the sizes of the specialties on the Specialist Register were found to be something as follows. Specialties with greater than 500 registered specialists, in descending order, were:

Anaesthesiology	1067
Medicine	1019
O&G	832
Paediatrics	670
Surgery	664
Orthopaedics	570

After having met and deliberated for over a year, what then were the final recommendations of the Task Force? The more relevant ones were:

1. Role of generalist specialist should be expanded and subspecialisation controlled. In particular:
  - The General Surgeon – should be equipped to deal with Trauma at level II hospitals including Orthopaedics, Neurosurgical Trauma and Chest Trauma;
  - The General Physician – should have a broad base for dealing with medical conditions, including Cardiology and Neurology and only complex problems should be referred to subspecialties;
  - The Clinical Pathologist – should be able to deal with common diagnostic problems in Microbiology, Virology, Haematology, Chemical Pathology and Cytology.
2. Education and training programmes should be uniform with an agreed upon national standard which should be of international repute. The aim should be to educate and train a specialist for Africa, empowered to deal with the specific health profile of Africa. It is of particular importance that the scope of practice be redefined in view of developments but also the needs of the population of South Africa.
3. Expansion of diploma courses was highly recommended in a number of disciplines to enable general practitioners to acquire advanced knowledge and skills in areas of interest. This step should play a significant role in providing quality care to patients at level I and II services. Appropriate recognition (monetary and otherwise) should be given for additional qualifications and it is imperative that career paths be developed for these diplomates lest they all leave the public sector.
4. The AHSC Bill should be enacted as soon as possible. The concept has long been agreed upon but implementation has been hampered by innumerable logistical problems, budget protection of different role players, etc. Functional AHSC Councils could play a decisive role in the successful implementation of recommendations regarding postgraduate medical education.
5. The total number of training posts of 2500 should not be exceeded, and should be utilized for education and training

for the fellowship/degree as well as diplomas. All training posts should be unfrozen and made available to support sustainable educational programmes. Unfrozen posts should however not be utilized until recommendations regarding redistribution of posts amongst the AHSC's have been finalized.

6. All appointments of trainers and trainees should be made by the AHSC's to ensure unhindered rotation of all employees to the different training sites in the AHSC. Registrar posts should be regarded as true postgraduate training posts with sufficient time for learning and research. AHSC's should implement affordable incentive schemes to keep and attract excellent academic consultants in their departments.

Further recommendations related to subspecialty training, the examinations for which the Colleges of Medicine play an ever expanding role.

The Task Team noted the proliferation of subspecialties in the last decade, as well as the low numbers of doctors registered in many of these and recommends as follows:

- Subspecialisation should be strictly controlled by the HPCSA and only permitted when there is a clear-cut need,
- the MDPB to review current subspecialties with a view to possible discontinuation, especially those with low numbers,
- The MDPB to review the recently introduced system of evaluation in view of the very low numbers of candidates.

The question as to who should be trained:

- Ultimately the trainees should represent the demographics of the country.
- The process to attain this ideal should be accelerated.
- To this end it is recommended that:
  - all registrar posts be advertised in national medical journals and newspapers,
  - that affirmative action appointments be instituted, and
  - the language of instruction be amenable to (conducive of) successful study,
  - facilities actively recruit black undergraduate and postgraduate students.
- Correction of race and gender discrepancies should receive high priority and reported on annually.

The question as to how many training posts are needed and how should they be distributed amongst the different specialties? The recommendations included minor tinkering with existing numbers with a few percentage point ups and downs.

So at the end of the day, the recommendations were that the status quo with respect to training numbers be maintained. The more we change, the more we stay the same!

And so to our new Fellows, we wish you every success in your careers. We know that there are perceived ogres such as the Certificate of Need which will impact on the course of your future career. But in making your choices I would urge you to remember:

- who you are,
- how you got here, and
- where your obligations lie.

Thank you.

# LIST OF SUCCESSFUL CANDIDATES

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August/September 2004

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

BRUNETTE Esther	WITS
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**Fellowship of the College of Pathologists of South Africa – Microbiology  
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MABUBULA Edward	WITS
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DIRKS Elsje	UP
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HELBERG Roche	UP
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MSIMANG Saziso Mantombazane	UN
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FCA(SA) Part I**

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BURROW Diane Leslie	WITS
Sean CHETTY	WITS
COLTMAN Megan Frances	WITS
FRANZ Kevin Thomas	UCT
GOVENDER Chandrakas Soobramany	
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KEMP Karmen	UCT
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CLUR Bernhard Phillip	STELL
MAGIGABA Basil Phakamile	UN

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

MATTHEÛS Annemarie Louise	WITS
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**Primary Examination of the Fellowship of the College of Maxillofacial & Oral Surgeons of South Africa  
FCMFOS(SA) Primary**

JOSÉ Veruschka Melissa	
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**Intermediate Examination of the Fellowship of the College of Maxillofacial & Oral Surgeons of South Africa  
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FCOG(SA) Part I**

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NORTJE Lizelle	WITS

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DOS RAMOS Antonio	UP
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GRGIN Angela	WITS
GROVÉ Jacob Dewalt	MED
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**Part I of the Fellowship of the College of Paediatricians of South Africa  
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KOOVERJEE Prashna Ravindra	
MOHANLAL Devani	UN
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SHEIN Doron Shaul	WITS
SLOGROVE Amy Louise	
SOKO Paul Boisie	
VAN WYK Lizelle	STELL

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

CHIN Graham	WITS
GAYAPARSAD Keshree	
LOMBARD Paula	UP
SELEPE Malesiba Mampotoko	UCT

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

ALEKAR Shabbir	WITS
ARENDSE Craig Grant	UCT
CHATHURY Vironica Bhojnath	
CHIPETA Daniel Chakhumbira	
DE CLERCQ Carl	STELL
GARDA Riaz Ahmed	
GCELU Ayanda	
GOUNDER Devan	
HENDRICKS Neil	STELL
JOBO Richard Diamont	UP
KLISIEWICZ Anna Maria	WITS
LOURENS Nicolien Alida	UP
MAHARAJ Sureka	
MAHARAJ Rasha	UN
MATSHELA Mamotabo Rossy	UN
MKHWANAZI Makhosini Lancelot	UN
MOLEDI Tshepo Aldrin	
MULLA Javid	
NANDAGOPALAN Richard	UN

SUCCESSFUL CANDIDATES

PLEKKER Danté	STELL	MAYET Mohamed Cassim	UN
RAMDIAL Shevern Vishwalall	UN	McALLISTER Stuart James	UN
SAHID Faieza	UN	Graham Antony McCOLLUM	
SCHRÖDER Rolland	STELL	MOORE Rachel Louise	
SCHRUEDEER Neshaad	UCT	MORNA Martin Tangnaa	WITS
SEABI Manoko Elizabeth		MORULE Mamelang Alice	MED

**Part I of the Fellowship of the College of Psychiatrists of South Africa**

**FC Psych(SA) Part I**

BORNMAN Jacobus Johannes	UCT	NAICKER Kaven	UN
JORDAAN Hester Sophia Helena		NAIDOO Ruvashni	UN
KGABO Margaret Tsakane	MED	RAMBARRAN Sharan Oogarchand	UN
KHANYILE Sibongile Angela	UN	RAMGUTHY Yammesh	
MOHIDEEN Farzana Begum	UCT	RAMKELAWON Vikesh Vickrampersad	UN
ZONDI Sindisiwe Allison	UN	SANDLER Simon Jeffrey Ian	UCT

**Part I of the Fellowship of the College of Diagnostic Radiologists of South Africa**

**FC Rad Diag(SA) Part I**

CRAWFORD Bronwen Anne	WITS	SCHAMM Markus Riaan	
MNGUNI Phindile Faith Thelma	UCT	SEGWAPA Leposha Frans	MED
PORTEOUS Rory Arthur WITS		SELEPE Mkhulu Percival	
RAJKUMAR Ashmitha Kanthilall	UCT	SENAMELA Kgeswalatau Bob	UN
REDDY Sugania		SHAM Shailendra	
STEVENS James Donald	UCT	SIKHOSANA Mbokeleng Happiness	
STEYN Frederik Johannes Stephanus	UP	SINGH Amal Bhisum	

**Part I of the Fellowship of the College of Radiation Oncologists of South Africa**

**FC Rad Onc(SA) Part I**

ASSEFA Mathewos	WITS	STRYDOM Ingrid Theresa	
KANYIKE Daniel Mukasa	WITS	VAN MOLENDORFF Vincent	WITS
MAUREL Jean-Marc Joseph Pierre	UCT	VAN NIEKERK Hermanus Melt	

**Primary Examination of the Fellowship of the College of Surgeons of South Africa**

**FCS(SA) Primary**

ALEXANDER Gerard Roderick	UN	VERMAAK Jacobus Stephanus	WITS
BALAKRISHNAN Theogren	UN	PEER Shazia	
BARNARD Neil Frederick	UCT	SANDLER Simon Jeffrey Ian	UCT
BOLTON Dale Lane	UN	SEGWAPA Leposha Frans	MED
BOUTALL Adam Brunette Taunton	UCT		
BROEZE Nadine	UP	<b>Intermediate Examination of the Fellowship of the College of Surgeons of South Africa</b>	
CAIRNCROSS Lydia Leone	UCT	<b>FCS(SA) Intermediate</b>	
CHEDDIE Nishaan	UN	BIDDULPH Lyndon Grant	WITS
DAVIDSON Murray Brian	US	BUATRE Andy Loving	
DEETLEFS Francois	UP	COCCIUTI Nicholas Sergio	WITS
DOWER David William Rory	UCT	COETZEE Gysbert Jacobus Nicolaas	STELL
DREDGE Jethro Jason	UP	CONNELLAN Mark Bret	STELL
DU PLESSIS Jean-Pierre	UCT	DAVEL Johannes Pieter Willem	
ELOFF Edmund Phillipus	UP	Zubair DOOLARKHAN	
ERASMUS Willem Abraham		DU PREEZ Leonard Johannes	
GARRETT Benjamin Rupert		GLIKSMAN Alastair	WITS
GOVENDER Prenevin		GORDHAN Bhavesh Ishvarlal	UP
GOVENDER Morganayagi	UN	GOVENDER Navendren	UN
GOWEN Michael John Andrew		HIJAZI Mohammad Shafiq	WITS
GREYLING Jan Frederik		HOOGERBOORD Cornelis Marius	STELL
HOBBS Hayden Ronald		JACOBSONH Marthinus Jacobus Dewald	UCT
HOFMEYR Stefan		KORNASZEWSKA Malgorzata, Medarda	
HUMAN Andre Wynand	UN	LE ROUX Andries Abraham	UN
JOHNSON Susan Frances		LINDA Zwelithini Alfred	WITS
JONKER Izak de Villiers		LUTRIN Dean Laurence	WITS
KANA Prakash Naran	WITS	MAPEKULA Bandile	UN
KUHN Warren Paul		MARUMO Thomas Kekgatlape	WITS
LONG Michele Karen		McCAUSLAND Adam David	
MACKERDHUJ Prashim		MEARS Stewart Guy Scott	
MARAIS Pieter Jacobus Andries		MEYER Estie	UFS
MASEKO Emmanuel Makhosonke		MIA Sayed Mohamed Ridwan	WITS



SUCCESSFUL CANDIDATES

RAMNARAIN Anupa UN  
 REDDY Pramod UN  
 SMITH Willem Adriaan US  
 TROSKIE Casparus Gerhardus  
 TRUDA Candice  
 TSHIFULARO Nyaweleni  
 VADIA Suleman  
 VAN DER WALT Johannes Christiaan UCT  
 VERMAAK Etienne Johan STELL  
 WESSELS William Louis Fick

LILLIE Edwardina Mary Mae Alexandra  
 LUBBE William Wayne  
 LYELL Margot Heléne  
 MAHARAJ Shivani  
 MALUSI Zingisa  
 MANGA Safiya  
 MENDES Hendrik Rodrigues  
 NAIDOO Megandree  
 NICHOLLS Michael Cecil  
 NIEMANDT Johannes Jacobus Nicolaas  
 PILLAY Leanne

**HIGHER DIPLOMAS**

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

WELZEL Tyson Bruno

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

MUSHTAQ Asad WITS

**DIPLOMAS**

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

GREEN Robin John  
 LEVIN Michael Eliad UCT

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

ABRAHAMS Hiram  
 ALLIE Sayed Imtiaz  
 ALPHONSUS Christella Sinthuja  
 BADENHORST Stefanus Meyer  
 BLACKBURN Michael Richard WITS  
 BOTHA Milica Jean  
 CILLIERS Hendrik Jacobus  
 DE BRUIN Nicolaas Johannes Hendrik  
 DE BRUYN Yolandie

DIYELELA Pumza Kunjulwa  
 ERASMUS Melanie WITS  
 GELDENHUYS Dirk Cornelis  
 GER Anthony Joel

GOBIND Rishant  
 GREEFF Leon Lyndon  
 GREYLING Schalk Jacobus  
 HARGOVAN Nitesh Pravindas WITS  
 HARIPARSAD Rikesh Dhuneshwar  
 HAUMANN Carel Eduard  
 HLONGWANE Nonhlanhla Thenjiwe

HOYI Nomvuyo Patricia  
 HUMAN Kara  
 HUMAN Ingrid Louise  
 JACOBS Ilse  
 JARA Nozibongo  
 KALAN Mohinee Gulab WITS  
 KANA Amit

KAPP Daleen  
 KAPP Philip Jacobus  
 KLEYENSTÜBER Thomas WITS  
 KRUGER Irma  
 KUHN Ronelle  
 LEBAKENG Elsie Moipone  
 LEE Carmen Ann MED

POOE Mamogwera Ingrid  
 POTGIETER Jan-Hendrik  
 POTGIETER Liezel  
 POULTNEY Shane Knott  
 PRETORIUS Petrus Rohan  
 RAWAT Zubair Dawood  
 REDDY Syndrini  
 ROBBERTZE Oswald Scott  
 ROUX Seugnet  
 RUSSELL Samantha Lee  
 SAMUEL Raphael Anthony  
 SCHEEPERS Johan  
 SEOBI Liu Malgas Phineas WITS  
 SIMONS Andriëtte

SINXADI Phumla Zuleika  
 SITHEBE Zanele Constance WITS  
 Hildegard Sigrid STEINMANN

TAYLOR Landy Claire  
 THERON Heather Gail  
 THÖNELL Leif Henry  
 TJONGARERO Natasha Tuavanga  
 TORBORG Alexandra Meryl  
 VAHED Ebrahim Ahmed  
 VAIDYA Anjali  
 VAN DER MERWE Margaretha  
 VAN HEERDEN Mareze  
 VAN IMMERZEEL Pieter  
 VAN NUGTEREN Janieke Aleid  
 VAN ROOYEN Ellie Linde  
 VAN WEST Cornel Peter  
 VATHARAJH Yogashree  
 VENTER Kobus  
 VILJOEN Brametta Jakoba  
 VORSTER Adri  
 WENHOLD Theodor Egmont

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

BEZUIDENHOUT Jacqueline Kim  
 BLANCKENBERG Natasha Dawn  
 BOTES Alida Maria  
 BOYLE Stephen James  
 BRINK Philippus Albertus Myburgh  
 DU BUISSON Christel Jacomien  
 GAFOOR Farah  
 GANGAT Fathima  
 GILBERT Olwen Anne  
 GREEN Tamzyn Catherine  
 HANNI Tabea Mathilde  
 JANSEN Tracy-Lee  
 MODIPANE Vezamafa Rivonia  
 MURPHY Susan Margaret  
 MZIZANA Nomgcobo Laurentia UN  
 NAICKER Thirona  
 NAIDOO Lalenthra  
 NAIDOO Lerusha  
 NEL Karien  
 ORRIDGE Catherine Anne  
 PILLAY Thirisia

REDDY Leanne  
 REDDY Visvakumaran  
 ROGERS Graeme John  
 ROWE Bianca  
 SCHUTTE Alida Johanna  
 SHER Loren Michelle  
 SINGATA Vuyelwa Sinovuyo  
 SKERRITT Clare  
 STODEL Jonathan Mark  
 STRYDOM Michelle  
 VAN DER MERWE Esmé  
 VAN SCHOOR Sarah Bernadene  
 WALTERS Elisabetta  
 ZECHNER Natasha

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

ANTHONY Daphne  
 BEYERS Cornelia Elizabeth  
 CLARKE Blaise Alexander  
 JESSOP Nicola Lee

STELL  
 UN

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

AJAERO Henry Chukwuemeka  
 AMOD Farida Cassim  
 ARMSTRONG Caroline Janet  
 BAKER Magdalene Ann  
 BLACK Vivian  
 CASSIM Moosa  
 CASSIM Shakira Mahomed  
 COETZEE Jennifer-Joan  
 DE BAETS Annick Jeanine Antoine  
 DLAMINI Norman Sonke Kwesi  
 DLAMINI Nonhlanhla Prudence  
 DOMMISSE Catherine Anne  
 DUNGWA Norman  
 ELLIOTT Eugene  
 ESHUN-WILSON Ingrid  
 GOVENDER Nishlan  
 GUNST Colette  
 HAYAT Sikandar  
 HUGO André  
 KANGAWAZA Evelyn Mwebaza  
 KIIZA Kyalimpa Amooti Joseph  
 LATIFF Gulam Hoosain  
 LEDWABA Lesiba Lotty  
 MAGASHULE Martha Mamoretsi  
 MAHMUD MD Hayat  
 MAKATINI Zinhle Nomusa  
 MASHIGO Linah Batlalganyi  
 MNGADI Kathryn Therese  
 NGUBANE Gugulethu Yvonne  
 PEMBA Elijah Ntsikelelo  
 PETERSEN Melvyn Elroy  
 ROSMARIN Caryn  
 SERWADDA-KANGAWAZA Rosemary Catherine Mirembe  
 STRAUSS Stanzi Maria  
 TEBELELE Mthembeni Michael  
 TOOTLA Fathima Ahmed  
 VAN SCHALKWYK Thomas William Neil  
 VAN ZYL-SMIT Richard Nellis  
 VARIAVA Ebrahim  
 ZACHARIAH Regy

WITS  
 UNITRA  
 WITS

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

ABDOOLA Feroz  
 AKHTAR Immad  
 BUCKLEY Philippa Claire  
 COMBRINK Iselle Jana  
 HUXTABLE Leslie Joan  
 JONAS Natalie Irene Gladys  
 KANDA Meba Alphonse  
 KWEZI May  
 LINKS Andre  
 MAGAN Avesh Jugadish  
 MALAN Tina-Marie  
 MOHAMED Abida  
 RAKOSA Sharon Ntshusi  
 TERREBLANCHE Owen Dale  
 VAN DEN BERG Christiaan Ernst

UN  
 MED  
 UCT  
 UP

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

CLOETE Lynn Desirée  
 DE KLERK Elmari  
 DWARKA Nirvashni  
 HADZHI Khathutshelo Norman  
 HENDRIKS Hans Jurgen  
 KADWA Khatiya  
 KALUMBA Moma Shungu Vital  
 LATCHMANAN Dersiree  
 MASON Deidré  
 MOHOSHO Mokoena Martins  
 MPELWANE Vukokazi  
 MURUYA Samuel Ogutu  
 NEWTON Susan Jane  
 NGAMBU Noluvo Queen-Viola  
 PAIKEN Tracy  
 SIEBRITZ Mark Benjamin  
 SKELTON Joanna Jane  
 THERON Annette  
 VAN DEN BERG Julie  
 WRIGHT Helen Mary

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

BARRETT Shelley Anne  
 DAHYA Nilesh  
 GOUWS Cornelis Ignatius  
 PONS Jonathan Jasper

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

ANTHONY Adele Catherine  
 BRAUER Marcus  
 CILLIERS Dale Sean  
 FÜRSTENBURG Ilse- Bertha  
 GREYVENSTEYN Gerhardus Andries  
 GROBBELAAR Mariëtte  
 GUTUZA Brian Francois Isaac  
 HENDRICKS Aneesah  
 KELLER Claudia  
 LOUW Leana  
 MOODLEY Devan Radhakrishnan  
 MOSTERT Christiaan Hermanus Bernardus  
 NIEMAND Christiaan Frederick  
 SWART Oostewalt  
 VAN HOVING Daniël Jacobus

# MINUTES OF THE ANNUAL GENERAL MEETING HELD ON 15 October 2004

Forty-ninth Annual General Meeting of The Colleges of Medicine of South Africa (CMSA) held at 11:15 on Friday 15 October 2004 in The Smith & Nephew Foundation Room, 17 Milner Road, Rondebosch

## PRESENT:

Prof E L Mazwai	(President) in the Chair
Prof A A Stulting	(Senior Vice President)
Prof Z M van der Spuy	(Vice President)
Prof J V Robbs	(Chairman: Education Committee)
Prof J F Lownie	(Chairman: Examinations and Credentials Committee)
Prof T Zabow	(Honorary Treasurer)
Prof B M Mayosi	(Honorary Registrar: Finance and General Purposes Committee)
Dr J Vellema	(Honorary Registrar: Examinations and Credentials Committee)
Prof R E Kirsch	(Immediate Past President)
Prof J Aboobaker	Prof M S M Mokgokong
Prof M Adhikari	Prof J Moodley
Prof P L Bill	Dr S Naidoo
Dr B V Girdler-Brown	Prof P J Ojwang
Prof R Glyn Thomas	Prof A L Peters
Prof K R L Huddle	Dr L J Ramages
Dr A C Hurribunce	Mr A Reddi
Dr M H Kabaale	Dr P M Saffy
Dr W G J Kloeck	Prof A M Segone
Dr C V Leong	Prof G Todd
Prof M A Lownie	Prof S A Wade

## APOLOGIES:

*The apologies were noted.*

## SECRETARY:

Mrs Bernise Bothma (Chief Executive Officer)

## IN ATTENDANCE:

Mrs Ann Vorster (Academic Registrar)

The President welcomed all to the meeting, particularly also the three members in attendance, viz. Drs A W Barday, S T Boyd and I D Huskisson.

## 1. Registration of proxies

Fourteen proxies were duly registered.

## 2. Minutes of the Forty-eighth Annual General Meeting held on 16 October 2003

The minutes were confirmed and signed.

## 3. Matters of urgency

None.

## 4. Matters arising from the minutes of the last Annual General Meeting

None.

## 5. Annual report of the Senate of the CMSA for the period June 2003 to May 2004

### ADOPTED WITH APPRECIATION:

The Annual Report of Senate as written by the Secretary Bernise Bothma and published in the Transactions for July – December 2004.

## 6. Financial report of the Honorary Treasurer: Prof Tuviah Zabow

Prof Zabow presented the financial report for the period 1 June 2003 to 31 May 2004 as follows:

“In summary I would like to firstly draw attention to the turnover of R8.1million which, as opposed to last year, shows an increase of 9.72%. However, expenditure was only 5.6%, which means that a surplus of R575 185 was recorded for the year compared to only R260 633 for the previous year.

Income (excluding examinations) has increased by about 10% and expenditure by 1%, the reason for this being that income from annual subscriptions increased by 13% compared to last year, probably in part also due to the efforts of the staff in the Cape Town office who traced and encouraged members to pay their annual subscriptions and the moratorium granted. 75% of members paid their annual subscriptions, 10% defaulted and 15% was still outstanding.

Bad debts increased by 14% (some debts were recovered) and there was a total of another new 459 defaulters compared to 452 the previous year. Income on investments decreased by 24%, but I warned you last year that with interest rates dropping this would impact on the monies invested.

Income from examinations increased by 11% and expenses by 10%. The examination fees were

increased by 12% whilst making no allowance for a decrease in the number of candidates. The total number of candidates who paid to write was 1 654 and the budgeted figure was 1 680.

General running expenses: overheads increased by 3.2%, whereas in the previous year the increase was 12.5% because of major legal expenses and amendments to the constitution. Postage remained the same whilst printing and stationery reduced compared to the previous year. Travelling expenses increased due to staff members having to travel to two venues for examinations. Property expenses were less, mainly due to a large back dated sewerage charge of R25 000 for the Johannesburg office the previous

year (for the period 1999-2002). The Cape Town office received a grant-in-aid in respect of rates, of R40 000."

Prof Zabow concluded by thanking the CEO Bernise Bothma who was always on the spot, but particularly also the Accountant Margie Pollock and her team who were performing an extremely difficult task.

#### ACCLAMATION

Prof Zabow reminded members that additional expenditure would need to be motivated for. Prof Kirsch congratulated Prof Zabow on a job well done.

#### ACCLAMATION

The report was adopted with sincere appreciation.

## 7. Report of the President: Prof Lizo Mazwai

The President reported as follows:

### 7.1 Introduction

In the South African political scenario it has become customary to speak of the first 100 days. This is a period of induction and assessment of the lie of the land. Since I was inaugurated on 13 May 2004 this meeting marks the first 150 days. However, as President-elect for six months I feel I have had a good induction by the immediate past President, Prof Ralph Kirsch who assisted, supported and guided me through the Presidency. I thank him together with members of Senate for their support and confidence.

### 7.2 Background

A lot of the groundwork which defines the present era of the CMSA since 1995 as a College in transformation was laid down by Dr Morrell and Prof Kirsch. This era defined the agenda which I think will dominate the activities of the Colleges for the next 10 years - the second decade of our democracy in South Africa. So the first 5 months have been a continuation of our existing agenda. I will pick only the highlights of the period October 2003 to October 2004.

### 7.3 Examinations (Core Business)

Since the Symposium on Postgraduate Assessment in May 2003, some positive things have emerged, such as

7.3.1 The survey on correlation between marking numerically and using symbols in one of the Colleges.

The Colleges have now adopted marking in percentages rather than scores. This has not been without some controversy, but the decision was taken and we should give it some fair chance.

7.3.2 Discussion around changing the log book to a more qualitative evaluation as a portfolio whose assessment would partly or wholly count towards a mark in the final examination. Again we are looking for uniformity amongst the Colleges, but the College of Obstetricians and Gynaecologists as an example, has been leading in this area.

7.3.3 Registrars' perspectives have raised persistent reports about 'home town advantage' in examinations. This had stimulated the Education Committee in Durban to look at the matter more closely by following the trends in examination results. Furthermore, to address this by a deliberate mix of examiners so as to eliminate 'home town advantage'. However with the limited national resources of examiners, overlap can not be eliminated entirely. Besides it is quite expensive to move a lot of examiners across the country, an additional cost which would inflate examination fees.

### 7.4 National Equivalence (Unitary) Examinations

This concept was introduced in an effort to harness limited financial and human resource within the country, to maximize benefit for the Universities, Colleges and the Registrars. With this move it was also hoped to address a traditional and often competitive divide between the Fellowship and MMed examinations. However it became clear that there was much misinformation and misunderstanding on the matter which unfortunately culminated in some of the Colleges raising serious objections and accusations that the CMSA was usurping the autonomy and authority of Universities. Nothing could be further from the truth. On the contrary, the idea of an academic component which became the bone of contention was raised initially by the Deans of the Faculties of Health Sciences.



The immediate past President and Executive have charged the new President and Executive with following this up directly with the Universities. It is my intention first to approach the Committee of Medical Deans on 4 November to put the matter on the agenda once more and to take a fresh look with a view to visiting individual Faculties for debriefing on the matter. Like the language issue, this has to be handled very sensitively and with diplomacy as it appears that in addition to the academic interest it has become quite emotive and has the potential to further divide the Colleges.

#### 7.5 Tax Exemption - CMSA

This has dominated the agenda of the CMSA and the Foundation (CMF) for the last 2 years. Representations have been made to SARS and to the Department of Education, but all to no avail thus far as we no longer qualify for tax exemption under the new Act.

At the last meetings of the Executive and the CMF on 17 September and 12 October respectively, the President was charged to pursue this strenuously with Dr Molapo Qhobela, Chief Director: Higher Education Policy Development and Support and he has suggested other options which are now being explored. The whole issue of tax exemption status affects fundraising adversely, especially for the upcoming Golden Jubilee celebrations in 2005.

#### 7.6 Africa Professional Development Partnership

This is the new term to define what would normally be 'Outreach into Africa'. The programme is still being conceptualised by the Presidency, but the essential elements are

7.6.1 Strengthening the internal South African outreach programmes for professional development of Fellows and other health professionals within South Africa in the more remote areas such as Eastern Cape.

7.6.2 Contact with African Colleges particularly in East Central and West Africa:

7.6.2.1 Tentative contacts have been made with East Africa. There is a new College of Surgeons - otherwise Associations are the official organs and specialist examinations are based on the MMeds.

7.6.2.2 Contact has been made with the President of the West African College who run a dual system of Fellowships and MMeds.

7.6.2.3 Central Africa (Francophone) has not been contacted yet.

In addition to contact with these Sister Colleges, South Africa should extend a hand as an examining body for these Countries in a more official manner. This needs a more in depth look into the training and facilities. The President is in contact with Professor J P van Niekerk of UCT who represents WFME in Africa. Having completed and accepted global standards for undergraduate education, they are waiting to confirm the same on postgraduate education. Recruiting more candidates from the rest of Africa to write examinations subject to national agreements on employment (Departments of Health and Home Affairs) would greatly assist the CMSA in maintaining its finances.

#### 7.7 Links with Sister Colleges and Academies Abroad

The CMSA continue to enjoy very good reciprocal and mutually beneficial relations with Sister Colleges and Academies abroad. This is in the UK, England, Scotland and Ireland, North America, Canada and USA, Pacific Australasia, South East Asia, Australia and New Zealand.

The President was invited to the 38th meeting of the Academy of Medicine Singapore in September 2004 where he also received the Academy's Honorary Fellowship.

More recently, the President was also a guest of the Royal College of Physicians and Surgeons of Canada on their 75 Anniversary Celebration.

#### 7.8 Golden Jubilee Celebrations: October 2005

Considerable progress has been made in this regard. The venue will be Cape Town and the theme: "The Future of Academic Healthcare in Africa".

#### 7.9 What the CMSA does for me

This question arose informally and in some cases in writing when the CMSA started pursuing members to pay and update their subscriptions. There is a serious problem with defaulters and solutions are not easy. However the Executive referred this to a small committee lead by Prof Andries Stulting who has come up with the BENEFITS acronym. Again this will be discussed fully at Senate.

It would appear that this is not unique to South Africa. Colleges abroad have strong CPD programmes that generate considerable income but which are unfortunately expensive to initiate. This will be referred to the Education Committee for further exploration in terms of viability and options of implementation.

**7.10 Offices**

The three offices have clearly defined roles and responsibilities. They are working efficiently and to my knowledge, at full capacity. My report has implications for new activities associated with transformation and the Golden Jubilee. A few examples are:

- 7.10.1 The CMSA as CPD Provider for Fellows as indicated also in Prof Stulting's report on BENEFITS which has its own additional implications.
- 7.10.2 Possible (free) membership for Registrars (e.g from Canada) and more assistance with examinations and support.
- 7.10.3 The road show of the CMSA in 2005 running up to the Golden Jubilee Celebrations in order to revitalise the membership.

There may be other examples of additional work and responsibility. Before Senate can embark on any of these as part of the Strategic Plan, an audit of the capacity of the three offices to handle this additional workload must be done to ensure that we do not overstretch the capacity of the offices to an extent that we may compromise the CMSA's regular core functions and responsibilities. The strategic discussion might look at how to best share the added responsibility amongst the offices.

**7.11 Conclusion**

This report is somewhat lengthy and expresses a survey and scan of the field of activity for further CMSA developments. There are more ideas than achievements. This is designed to stimulate more discussion and set a plan of action for the future.

One of the two annual brainstorming sessions will now become a Strategic Planning Meeting and the first will take place in February next year.

October marks the end of a year particularly in examinations for the CMSA, but many if not all of you will now go back to your institutions and continue with the examinations for undergraduate students. We wish you well as you return home and with the oncoming Festive Season wish you a very happy and restful holiday until we meet next year."

Prof van der Spuy thanked the President for a comprehensive and interesting report.

**ADOPTED WITH ACCLAMATION****8. Report of the Chairman of the Examinations and Credentials Committee: Prof J Lownie**

Prof Lownie reported as follows:

"Mr President, the essence of the work of the Examinations and Credentials Committee over the past year has already been tabled at this meeting (in the Annual Report of Senate). It is an extremely busy Committee which meets regularly once a month and I would like to thank Ann Vorster and her staff who do the work in a slick and fine manner.

**ACCLAMATION**

The issues that we have had ongoing discussion about during the year were obviously the marking of the examinations in percentages. We are glad to say that although this cost us a lot of money on the initial outlay for the computer software, problems are getting less and I am sure that by the time the next examination arrives (May next year) it will be running even smoother than it is at the present time.

One of the problems that we do have is the very short gap between the written examination papers and the oral examinations. We are going to re-discuss this and may bring it back to Senate in the future for a re-look.

Mr President, you already mentioned the National Equivalence Examination. The Examinations and Credentials Committee is currently monitoring the number of candidates registering for the Diplomas and Fellowships from the various universities. Certainly over the last year it has been pleasing to note that candidates from all of the Universities in South Africa who previously were not committed to the CMSA are coming across in increasing frequency.

We had discussion yesterday at Senate regarding the conditions of the Phyllis Knocker/Bradlow Award and will now take a proposal back to the Committee for discussion.

We seem to have solved the problem of the number of attempts at examinations and so too, the issue of appropriately acknowledging examiners which thanks to the co-operation of a number of the Colleges (particularly the College of Obstetricians and Gynaecologists) was resolved successfully.

I am glad that we have formed a little group to assess the performance of the graduation ceremonies - I think last night was a good ceremony, although needing a bit of attention in some areas and I look forward to discussing that with the other members of the Committee in the near future.

These are all the pertinent points that needed raising.”

#### RECORDED WITH GRATITUDE:

The work done by Prof John Lemmer over so many years for the CMSA and in particular for the Examinations and Credentials Committee in his capacity as Chairman. An enormous vote of gratitude and best wishes was extended to Prof Lemmer on his retirement from the CMSA.

#### ACCLAMATION

#### REPORT ADOPTED WITH APPRECIATION

##### 9. Report of the Chairman of the Education Committee: Prof J V Robbs

Prof Robbs reported as follows:

“As mentioned at the Senate meeting the day before, it was essential that ways be found of improving the image of the CMSA among candidates and in particular the Registrars whose perception was that the CMSA was a money grabbing institution. One way of addressing the matter would be to circulate a Newsletter to keep candidates informed on CMSA affairs and allay the misconceptions.

Turning to continuing professional development affairs, the accreditation was going very well although it was not a profitable business but rather part of a package given to CMSA members. However major changes were forthcoming in the whole CPD system which would hopefully be a big improvement. As part of its CPD activity the Education Committee is running ethics seminars three to four times a year which are highly successful. We are in the process of seeking sponsorships to improve the quality of the seminars. Future CPD involvement will be investigated in the area of the CMSA becoming a provider but this will need much consideration as major funding will be required. We can get involved in websites looking at the availability of CPD activities from various Faculties, etc.

A new issue is now the new building in Durban which Senate approved yesterday so obviously the Committee will be fairly occupied in looking at various options.

In conclusion I would like to give my warmest thanks to Anita Walker who really runs the office extremely efficiently and Antoinette Conning who deals with all the CPD activities. I would also like to thank Clive Daniel for his contribution to dealing with the more problematic issues of the Committee and Anil Madaree and the members of the Education Committee who come to the meetings at very inconvenient times.

#### REPORT ADOPTED WITH ACCLAIM

Prof Raymond Glyn Thomas recorded his appreciation to the Education Committee and particularly to Mrs Walker for the precision in which they arranged his itinerary as the Travelling Lecturer in Radiology.

##### 10. Report of the Chairman of the Finance and General Purposes Committee: Prof G J Vlok

No report due to the absence of the Chairman abroad.

##### 11. Report of the Editor of Transactions: Prof G Ogunbanjo

#### NOTED WITH APPRECIATION:

The superbly revamped issue of Transactions. The Editor, Prof Gboyega Ogunbanjo was abroad attending a meeting of the WONCA.

#### NOTED:

The suggestion by Dr Kloeck that Transactions be made available on the CMSA website.

The CEO was asked to explore this with the Editor and Medpharm Publications.

##### 12. Annual Appointment of Auditors

#### AGREED:

That Deloitte & Touche be reappointed as the CMSA Auditors for the ensuing year.

##### 13. Correspondence

None.

The business of the meeting was concluded by 12:35.

Rondebosch 19 January 2005

# CRITICAL PERFORMANCE PORTFOLIOS

The *Logbook* of the Future?

Dr. Walter G.J. Kloeck

President, College of Emergency Medicine of South Africa

Over the years, “logbooks” have been used by many CMSA Fellowship and Diploma candidates in order to meet the statutory requirements for post-graduate qualification. But has this little document really served the purpose for which it was intended?

As part of the CMSA’s current policy to review, critically analyse and improve its educational, training and examination strategy, the value of the logbook in its current format has been questioned. A decision was made to hold a “Logbook Symposium” in October 2004 in Cape Town following the bi-annual Senate Meeting of the CMSA.

The birth and formal adoption of the newest member of the CMSA family, the College of Emergency Medicine of South Africa, took place on 14 May 2004. The Constitution, Rules and Regulations for the *Fellowship of the College of Emergency Medicine* were endorsed by Senate, and the first FCEM(SA) Part I examination was held in September 2004. To date, this examination holds a 100% pass rate (although perhaps it should be mentioned that only 1 candidate has attempted the examination so far.) With the formal Government Gazetting of the *Speciality in Emergency Medicine* on 13 December 2004, there was a need for the development of an appropriate “logbook” to record the training activities of Emergency Medicine Registrars.

In view of the inherent multi-disciplinary nature of Emergency Medicine, an ideal opportunity arose to review the various CMSA and University logbooks and portfolios that were currently in use, both in South Africa and abroad, with the intention of selecting appropriate ideas and formats relevant to the South African healthcare system.

One of the most prominent outcomes of this review was the need to move from the traditional “logbook record” of signed procedures undertaken and witnessed, to a “performance portfolio” of personal learning, needs, objectives, strategies and activities experienced throughout the post-graduate training programme. The acronym “C.R.I.T.I.C.A.L.” was proposed, to more accurately reflect the purpose of the document:

**“Certified Record of In-service Training Including Continuous Assessment and Learning”**

The **CRITICAL Performance Portfolio** is intended to be a professional resource document structured in a flexible format allowing candidates to plan and meet the objectives of their post-graduate training programme through a process of reflection and documentation. The Portfolio is available in electronic format, but candidates are also advised to keep a hard copy of all entries, in the event of computer failure or theft.

The 60-page **CRITICAL Performance Portfolio** comprises 12 sections, which can be modified according to the individual

requirements of each specific discipline. The first four sections provide detailed background information; viz. the *Specific Objectives of the Portfolio* (Section 1), the *Syllabus for the Primary Examination* (Section 2), *Syllabus for the Final Examination* (Section 3), and the *Training Objectives for the components of the 4-year rotation* (Section 4). The purpose of providing this information is so that candidates have immediate and continued on-hand access to the formal requirements for successful completion of their training programme.

Sections 5 to 9 provides candidates with the opportunity to reflect, explore, form opinions, and identify the strengths and weaknesses in their own abilities and knowledge. The candidate’s *Personal Details and Initial Post-graduate Training*, prior to entering the speciality rotation, is recorded in Section 5. Optional *Short Courses*, such as Advanced Cardiovascular Life Support (ACLS), Advanced Trauma Life Support (ATLS), Advanced Medical Life Support (AMLS), Advanced Neonatal Life Support (ANLS) or other available training programmes relevant to the candidate’s speciality, are listed in Section 6. The opportunity to comment and reflect on post-graduate *Meetings, Lectures, Symposia or Congresses* is provided in Section 7, and relevant *Reading and Research Activities* are documented in Section 8. A suggested list of *Clinical Procedures and Skills* that candidates would normally be expected to acquire in their chosen speciality, is included in Section 9, together with the opportunity to record and document relevant performance, outcome and knowledge gain.

Sections 5 to 9 are intended primarily for the candidate’s own benefit and personal academic growth. Some specialities may require formal verification of specific tasks or procedures. Candidates and their clinical supervisors are encouraged to use these sections as a guide to the candidate’s progress in the chosen discipline.

*Clinical Practice Rating and Evaluation Sheets* are found in Section 10 of the Performance Portfolio. Both supervisors and candidates are encouraged to fill these out, forming a basis for regular discussion between supervisor and candidate regarding applied clinical knowledge, skills, professional values and attitudes towards patients and peers.

The final two sections of the Portfolio contain a *Cumulative Record of the Candidate’s Training Rotations* over the 4-year period (Section 11), together with a *Declaration of Completion of Training* (Section 12) if this is required by the relevant speciality.

The CMSA’s **CRITICAL Performance Portfolio** provides candidates and their supervisors with a comprehensive self-assessment tool that candidates can use in preparation for their post-graduate specialist qualification. Candidates deserve a positive and valuable learning experience - we hope that we are moving closer towards that goal.



## HIV/AIDS IN ORTHOPAEDICS

Govender S, MBBS, MD, FRCS, FABMISS

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**Introduction**

Individuals infected with the Human Immunodeficiency Virus (HIV) eventually develop Acquired Immunodeficiency Syndrome (AIDS), a fatal affliction of the immune system characterized by frequent infections, mucocutaneous lesions, neoplasms, and neurologic disorders.<sup>1</sup> The virus exerts a selective deleterious effect on the immune system through several mechanisms,<sup>2</sup> at the forefront of which is the ability of HIV to replicate in and subsequently destroy CD4+ cells.<sup>3,4</sup> The decline in this subpopulation of lymphocytes leads to a progressive immune system breakdown, finally resulting in AIDS.

Musculoskeletal manifestations in the HIV- and AIDS-infected patient are not common. Included among these are osteomyelitis, pyomyositis, septic arthritis, non-Hodgkin's lymphoma, Kaposi sarcoma, arthritides, myopathies, and osteonecrosis. The underlying mechanisms leading to these diseases are not completely understood, but are thought to be multifactorial involving the virus itself or its components.

**Exposure to HIV among healthcare workers**

Healthcare workers are at risk of occupational exposure to HIV infection. The risks of transmission of HIV from patient to surgeon during surgery are minimal. The most infectious patient is one that is viraemic from a newly acquired infection, still testing HIV-negative. HIV infection is a fatal disease, and the risks accumulate over a professional lifetime.<sup>5,6,7</sup> In emergency situations there is no time to test patients for HIV and most will carry no physical signs of the disease.

Epidemiological studies indicate that the chance of seroconversion following percutaneous exposure is 0.3% (95% CI: 0.18-0.65)<sup>5,6</sup>. Post-exposure prophylaxis is thought to reduce the odds of seroconversion by 81% (95% CI: 48-94%).<sup>8</sup> However, controversy still exists with respect to the long-term implications of post exposure prophylaxis (PEP).

Healthcare professionals should acquaint themselves with universal precautions especially with respect to using double gloves and eye protection during procedures. It is essential to don cotton gloves over the latex glove when handling wires, pins or bone fragments.

Compliance with universal precautions and infection control recommendations remains the mainstay of prevention. During surgery, incisions should be large and surgeons must operate by sight rather than by feel. Undue haste should be avoided and laparoscopic options should be considered. Additional precautions should include the use of electrocautery over the knife and meticulously following established protocols during surgery and not leaving exposed needles or sharp instruments in the operating field. The use of vascular clips instead of sutures to ligate pedicles and staples to close skin can minimize the risk of injury.<sup>9,12</sup>

**Pyomyositis**

Pyogenic myositis tends to occur more frequently in patients who are malnourished, immunodeficient and in those with lymphocytic leukemia, and HIV infection.<sup>13,16</sup> The abscesses are multiple in 30% of patients with bacterial myositis.<sup>16</sup> It has been shown that polymorphonuclear leukocytes from HIV-infected patients may manifest decreased chemotaxis and that this neutrophil dysfunction

may contribute to bacterial pyomyositis. *Staphylococcus aureus* is the organism usually responsible for this disease, but other pathogens include *Streptococcus pyogenes*, *Mycobacterium tuberculosis*, *Nocardia asteroides*, and *Cryptococcus neoformans*. The first stage is characterized by pain localized to one muscle group with induration and low-grade fever. A fluctuant abscess may be noted and the entire muscle may be necrotic. The patient at this stage is at risk for fulminant septicemia and death if the diagnosis and treatment are delayed.<sup>15</sup>

**Polymyositis**

HIV-infected patients with polymyositis (idiopathic or autoimmune inflammatory myositis) typically present with proximal and less commonly distal muscle weakness and elevated creatine kinase levels.<sup>17</sup>

**Osteomyelitis**

Osteomyelitis is a relatively uncommon in HIV-positive patients.<sup>18,19</sup>

Hematogenous dissemination of *S. aureus* is the route of spread in intravenous drug abusers who develop osteomyelitis. Non-typhoid salmonellae and other bowel organisms have been cultured at initial drainage, and secondary colonization of drained areas is the rule. Pathological fractures are common. Despite repeated surgical drainage, sequestrectomy and courses of relevant antibiotics, the disease runs an inexorable course. Patients have remarkable improvement after amputation or disarticulation above the level of infection.<sup>20</sup>

Apart from long bones the spine may also be involved. The plain film findings are often nonspecific and in some cases can mimic tumor. Further evaluation with CT scan or MR imaging is often useful in establishing the extent of disease.

**Arthritis**

Arthritis in HIV-infected individuals has a wide spectrum of presentations ranging from mild arthralgia to very severe joint disability. Arthritis may present during any stage of HIV infection and may be the first manifestation of AIDS.<sup>21,26</sup> The possibility of AIDS must be suspected when a young adult presents with a seronegative arthritis.<sup>25</sup> The clinical course is variable, ranging from short-lived easily treatable disease to severe, poorly responsive arthritis. Others develop an acute synovitis that responds to anti-inflammatory treatment.<sup>22,25,26</sup> The incidence of arthritis is reported as 0.3% to 25%,<sup>27,28</sup> but is probably underestimated because many clinicians either overlook mild arthralgias or do not associate arthritis with AIDS. The etiology of arthritis in these patients is unclear. Some researchers feel that T-helper lymphocyte depletion seen in HIV-infected patients allows immune-regulated arthritides to occur.<sup>22,25,26</sup> Others postulate that HIV may directly cause arthritis.<sup>29</sup>

The most common arthritides to affect AIDS patients are Reiter's syndrome, psoriatic arthritis, and undifferentiated spondyloarthropathy. The HLA-B27 antigen which appears to play a central role in the pathogenesis of Reiter's syndrome<sup>30</sup> is present in approximately 70% to 80% of patients who develop the disease. Since HLA-B27 is found in only 6% to 10% of the general population,<sup>30</sup> its presence in an HIV-positive patient strongly indicates the likely development of Reiter's syndrome. Clinically, patients present with joint pain, most often affecting the feet and ankles, and less commonly the hands and large joints. Reiter's has a tendency to affect the foot preferentially. The most common finding in the foot is enthesopathy, which may involve the Achilles tendon, plantar fascia, anterior and posterior tibial tendons, and extensor tendons. The incidence of psoriatic arthritis in the

HIV-infected population is reported to be 2% to 3%.<sup>21</sup>

HIV-associated arthritis is a subacute, oligoarthritis typically affecting the knees and ankles resulting in severe pain and disability. It has a short duration of 1 to 6 weeks and patients experience good relief with non-steroidal agents, rest, and intra-articular steroids. The HLA-B27 antigen is not associated with this arthritis.<sup>29</sup> Synovial fluid analysis typically reveals a noninflammatory reaction. Acute symmetric polyarthritis has no known etiology, involves the hands, and radiographically resembles rheumatoid arthritis.<sup>30</sup> It differs clinically from rheumatoid arthritis by its acute onset and frequent negative rheumatoid factor.

Septic arthritis is uncommon in HIV-positive patients but must be excluded because without treatment, rapid joint destruction ensues. Apart from the usual pathogenic bacteria opportunistic organisms are implicated. In intravenous drug abusers the most common pathogens are *Staphylococcus aureus* and *Streptococcus pneumoniae*, with the axial joints being frequently involved.<sup>31</sup> Early bacteriological diagnosis is critical and prompt antibiotic therapy is essential to salvage the infected joints

#### Wound healing after implant surgery in HIV-positive patients

The earlier studies of Hoekman et al<sup>32</sup> and Jellis<sup>33</sup> suggested that symptomatic HIV-positive patients had a high incidence of wound infection, 24% and 40%, respectively, after implant surgery. Paiement et al<sup>34</sup> also found an increased risk of wound infection in HIV-positive patients. Their study noted a particularly high rate of infection (56%) after internal fixation of open fractures in asymptomatic HIV-positive patients. They recommended that implant surgery should not be undertaken in regions with a high seroprevalence in HIV.

The studies of Hoekman et al<sup>32</sup> and Jellis<sup>33</sup> were based on the clinical staging of HIV disease without reference to CD4 counts. Hoekman et al<sup>32</sup>, used no prophylactic antibiotics. The CD4 cell count is a more objective indicator of immune compromise than clinical staging. It is commonly used as the prime marker of progression of the disease in developed countries.<sup>35</sup> Clinical staging is very observer-dependent, and may be confounded by comorbidity which is unrelated to HIV disease.

#### Postoperative infections in asymptomatic HIV-seropositive orthopedic trauma patients

Infection was common (42%) when there was preoperative contamination (42%). This is consistent with the findings of previous studies.<sup>32,33</sup> An increased risk of infection in HIV-positive patients with open wounds is also consistent with dental studies, which have shown a high rate of infection when operating through the contaminated field of the mouth, but a lower rate for other types of facial implant surgery in HIV-positive patients.<sup>36,37</sup> A cogent hypothesis is that the risk of infection relates to the bacterial load at the wound site before or during surgery. Immunocompromised patients have a reduced capacity to resist the higher bacterial load which occur in open fractures or contaminated surgery. Prophylactic antibiotics can offset, but cannot eliminate this deficiency.

The HIV-seropositive patients with grade III A and B open fractures have a markedly higher rate of wound infection than HIV-seronegative patients with similar open fractures. In addition to increased rates of wound infections, these patients also experienced significantly more non-wound complications, including respiratory and urinary tract infections and unexplained high fevers.<sup>32,35,38</sup>

#### Avascular Necrosis

Patients with HIV infection frequently have elevated levels of antiphospholipid antibodies, which are associated with vascular occlusion; deficiency of protein S, which inhibits blood clotting;

and elevated tryglyceride levels.<sup>39-42</sup> The presence of HIV may predispose patients to the development of osteonecrosis of the femoral head. Numerous cases of patients with HIV who developed osteonecrosis but had no other known risk factors for osteonecrosis have been reported.<sup>43-46</sup>

The mechanism by which HIV infection may cause osteonecrosis is not clear.

Final pathogenic pathway involves either the arterial or venous circulation of bone, such as mechanical vascular interruption, thrombosis and embolism, blood vessel wall lesions, elevated internal marrow pressure from infiltrative disease, and immune complex disease.<sup>47,51</sup>

HIV infection produces a profound subversion of the immune system (in addition to CD4+ cell depletion), including polyclonal hypergammaglobulinemia, immune complex formation, increased levels of cytokines, anti-phospholipid or anti-cardiolipin antibodies and protein C deficiency.

Hypertriglyceridemia is more common in patients who have HIV infection than those who are seronegative.<sup>38</sup> Hypertriglyceridemia is also considered a causative factor in alcohol and steroid-induced osteonecrosis.<sup>46-48</sup> Elevated lipid levels similarly may contribute to osteonecrosis in patients who are HIV positive.

Antiphospholipid antibodies which are often observed in patients with HIV, are risk factors for venous and arterial thrombosis.<sup>36,37</sup> Reports in the literature suggest that there may be an association between HIV status and thromboembolic complications.<sup>52</sup>

Protein S deficiency is a common finding in patients who are HIV positive.<sup>39,40</sup> Protein S is a vitamin K-dependent plasma protein that serves as a cofactor for activated protein C. Protein C inhibits blood coagulation at the levels of factors V and VIII in the blood coagulation cascade. Congenital protein S deficiency is associated with thromboembolic complications which are also seen in patients who are HIV positive. The management of patients with AVN depends on the stage of the disease and includes total joint replacement.

#### Lymphoma

Non Hodgkin's Lymphoma (NHL) is approximately 60 times more common in AIDS patients than in the general population and is one of the criteria for the diagnosis of AIDS in HIV-infected patients.<sup>53</sup> However Hodgkins Lymphoma has not definitely been reported with greater frequency in HIV-infected patients and is not considered diagnostic of AIDS.

Non Hodgkins Lymphoma has a poor prognosis in AIDS patients and at the time of presentation the disease is advanced and aggressive.<sup>53,54</sup> Non Hodgkins Lymphoma of bone presents as a permeative osteolytic lesion with cortical destruction. The radiological appearance may not be easily distinguished from infection and apart from clinical history tissue diagnosis is essential.

#### Kaposi's Sarcoma

Kaposi's sarcoma is a multifocal spindle cell neoplasm of uncertain pathogenesis. It is the most common neoplasm occurring in HIV-positive patients. Radiographs may reveal cortical erosion, osseous destruction, and periosteal reaction.<sup>55</sup> CT scan more precisely identifies lytic bone changes and MR imaging may show marrow abnormalities similar to those in lymphoma and infection.

#### Hypertrophic Osteoarthropathy

Hypertrophic osteoarthropathy is a clinical syndrome associated with pain which is as a result of extensive periosteal reaction in the limbs and occasionally the tubular bones. Initially, the periosteal new bone is smooth over the diaphysis but may become irregular

and extend to involve the metaphysis and epiphysis. Soft tissue thickening, clubbing, and joint effusions have also been identified on plain radiographs. Hypertrophic osteoarthropathy has been noted in patients with *Pneumocystis carinii* pneumonia,<sup>56</sup> and treatment of the pneumonia results in resolution of the symptoms.

### Conclusion

Orthopaedic surgeons should be aware of the increasing prevalence of HIV infection and the worldwide resurgence of tuberculosis. Management of these patients requires a multidisciplinary approach. The ultimate outcome of treatment in HIV-infected patients depends on a number of factors including whether it is an emergency or elective procedure, coexisting medical problems, the nutritional status, and the stage of the disease.

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# DR SOLOMON GOLDBERG

Solomon Goldberg was born and bred in Johannesburg. He attended Jeppe High School for Boys and matriculated in 1932.

While at school he displayed those all round qualities which were to serve him well during the rest of his life. He was a prefect and was awarded Athletic Colours. He was mainly a sprinter, an ability which he later laughingly said was useful in general practice!

He proceeded to the University of the Witwatersrand in 1933, was a member of the Students' Representative Council, the Students' Union, and the Students' Medical Council, and graduated MB BCh in 1938. He then went into general practice, but returned to his Alma Mater in 1945 to obtain the Diploma in Public Health.

In 1938, soon after qualifying, he moved to Viljoenskroon in the Northern Free State, thinking that he would specialise in obstetrics and gynaecology later. However, he became embroiled in a busy general practice for the next 26 years, and in addition to general practice he undertook the District Surgery and was also the Medical Officer of Health for the region. He describes those years as the busiest of his life, and during this time an example of his devotion to his patients was shown by his personal experience of a series of more than 2000 consecutive obstetrical deliveries which he carried out in all conditions without a single maternal fatality.

As well as with obstetrics, country practice of those days confronted the doctor with a wide variety of problems, including anthrax and plague, and he and the late Dr. B. Maule Clark, then Secretary of Health, were the first to record a case of pneumonic plague with a successful outcome.

Besides his involvement in his busy general practice, he engaged in activities in the wider world, including the civic affairs of Viljoenskroon of which he was Mayor. He was Rotary Club President and District Governor of all Rotary Clubs in an area covering half of South Africa, and also



served on many international Rotary committees. In addition he was involved in sport and music in which he was intensely interested. After 26 years of general practice he became involved in farming, building up a very successful farming enterprise.

He was a man of foresight and vision and even during the frenetic years of general practice he found time for the College of Medicine of South Africa, becoming Founder in 1952, and he joined the leading medical academics of the day when in 1955

he was elected to serve on the First Steering Committee of the College, then in its infancy. He realised that the vigilant maintenance of standards in postgraduate general and specialist practice was vital for the ongoing success of medicine in South Africa.

In October 1989 he presented a large antique Bible to the College, mounted on a superb rosewood plinth and housed in the entrance foyer of the College building in Johannesburg.

He became a Life Member of the College in 1990.

His work for the College was recognised thirty years later by the College Council when he was elected to the prestigious Court of Honour of the College.

Solly Goldberg devoted his many talents to many activities, and his influence upon those around him was benevolent and profound. He was gentle, friendly, intelligent and sincere, and he was fortunate in 1946 to marry Myriam Feldt who supported him devotedly for the next 59 years, and she survives him together with his four children, four grandchildren and a great-grandchild.

Solly Goldberg died on 1 March 2005. At his request and with his approval this obituary was prepared by the undersigned during the early months of 2004.

Dr. D.P. Gordon-Smith  
PAST PRESIDENT  
THE COLLEGES OF MEDICINE OF SOUTH AFRICA





## HISTORY OF THE COLLEGES OF MEDICINE OF SOUTH AFRICA PART XVIII

Dr Ian Douglas Huskisson, MBChB, FCP(SA), FRCP(Edin)

1972

### FIRST TRAVELLING LECTURESHIP IN RADIOLOGY

In September 1972 Prof Josse Kay delivered the very first Travelling Lecture in Radiology. It was entitled "The Radiological features of breast disease with special emphasis on the indications and Clinical Applications of Mammography".

He gave a fascinating account of the history of breast carcinoma. Imhotep about 3000BC described "Bulging Tumours of the Breast" in detail in the Edwin Smith Papyrus. Galen gave it the name of "Cancer" because of it being like a crab. He was the first person to excise it surgically.

This was followed by an excellent discussion on the indications for mammography.

This historic event was saddened by the death of Prof Kaye soon after completing his travelling lectureship.

### ADMISSION CEREMONY AND AGM OCTOBER 1972

The Admission Ceremony was held in Johannesburg and the successful Fellows and Diplomates were addressed by the Dean of the Faculty of Medicine in Pretoria, Prof HW Snyman, who gave his address entitled "Taak en Bakermat" (Task and Fountainhead). He warned medical practitioners not to be too self-centred and to realise that their patients were often more intelligent than they were and stressed the need for understanding and compassion.

Prof Jannie Louw presided at the AGM. Here Dr John Terblanche announced his resignation as Registrar due to pressure of work in his University Department. It was decided then to appoint two Registrars and in future to have one in the north and one in the south. Prof Gaisford Harrison was appointed in the Cape and Dr Phyllis Knocker for the E&C Committee in the north.

In her report on the Tutorial sub-committee, the Chairman, Dr Phyllis Knocker said that a pilot course in continuing education for general practitioners was being undertaken in Johannesburg. This venture became very popular and numbers attending climbed for a long time and interestingly the average age of those taking part revealed them to be at least 15 years post graduation. Her husband, Dr Zolly Frame eventually played a leading role in this group.

The report by the Chairman of the Building subcommittee was of considerable interest. Prof du Plessis informed the

meeting that the site in Parktown on which the Council were eager to build, namely "Kingswood", had been earmarked by the City Council for road widening and it was scheduled to be expropriated. Through the good offices of Dr Rabinowitz and his brother-in-law, Dr Rubenstein of Glen Anil, the College had purchased another site called Parktown West Manor for the purposes of development. As it was a residential property, the municipality had to give permission and the title-deeds had to be altered. The date for objections had already passed, but there were indeed objections from local residents which were fortunately overcome.

Mr Barlow, through his firm Barlow Rand, had offered R100,000 to enable the College to build on the new site. Through Mr Barlow's office an architect had been appointed who had already started on a very provisional plan, which had been costed at R265,000.

As this was beyond the reach of the College, Mr Barlow's adviser proposed that the building be built in three phases. The first phase would provide some offices, a foyer and general facilities, which would make it a viable proposition. This would cost R116,000. Phase two would be the addition of an auditorium which would cost R82,000. Phase three would be the completion of the proposed ground floor building. The building would be so planned that it could take a second floor.

Negotiations were currently underway to try and sell Kingswood to the Municipality.

The owners of the stand alongside the College's new property had offered to sell their piece of land with a small house on it to the College. Both Dr Rabinowitz and Mr Barlow's advisor had felt that it was a valuable piece of land and that the house could readily be let. The College Council had decided to purchase it too.

The College had also taken the decision to use Mr "Punch" Barlow's name in naming part of the new building once completed. The large entrance foyer now carries his name.

New qualifications that were under active preparation were presented. These included the Fellowship in Neurology, Diploma in Child Health, Fellowship in Pathology with Blood Transfusion and Immunology, Fellowship in the Faculty of Pathology with Forensic Medicine, Fellowship in Dental Surgery and a qualification in General Practice, which initially would be equivalent to the Diplomas given by the College and termed a "Membership".



Lord Rosenheim thanking the Colleges for bestowing an Honorary Fellowship upon him.

**Honorary Fellowship bestowed on Lord Max Leonard Baron Rosenheim**

Described by Prof Stuart Saunders as one of Great Britain's most distinguished physicians he headed a triumvirate of bachelors at the Royal College

of Physicians as it's President. He had had numerous academic honours conferred on him previously and had recently succeeded Sir Derrick Dunlop as Chairman of the Medicines Commission. He was created a Life Peer in 1970. Unfortunately he died in December 1972 aged only 64 years. Shortly after this a Travelling Fellowship bearing his name came into being.

**The FP Fouche Memorial Lecture for 1972**

Arthur L Eyre-Brook of the Pathology Research Laboratory, Bristol lectured on "Malignant Round Cell Tumours of Bone". These cases were collected at the Bristol Bone Tumour Registry during the 25 years of its existence. The history of these tumours Dates back to a paper by Lucke in 1866, but it was not until 1921 when Ewing wrote his well known paper that better understanding began.

Eyre-Brook had known Francois Fouche well having first met him in the USA in 1937. Their paths crossed again in 1942 in his orthopaedic unit at Oribi, after he had taken over from Major Hamilton Bell. Colonel Fouche would visit regularly. After this they kept in touch and visited each other in their homes, until Fouche's death in 1962. Although he knew him best in his more mellow years, Eyre-Brook had considerable regard for Fouche and his tremendous pioneering achievements.

**1973**

**ADMISSION CEREMONY MAY 1973**

As was customary the ceremony was opened by a prayer delivered by a minister of the President's choice. On this occasion Prof JS Cumpsty said : "O Lord God, who has set men within the orders of creation to be both the witnesses of your wonders and the agents of your compassion, we thank you for the dignity of being fellow-workers with you. We thank you for the high calling which has led these your servants to harness your wonders for the healing of man. Grant to them good success in their search for understanding; wisdom in the application of knowledge gained and a never-diminishing fascination with the task set before them.

Father, it is our prayer that these, your servants, seek the healing of men's bodies, they may have the added joy of making manifest your loving purposes and so giving peace to souls.

Preserve them from arrogance in success and from losing sight of their high calling amidst the indignities of disease and death.

Bless this College in its aim to raise and maintain the standards of medical practice in this land and accept our thanks for the achievements of those whom the College will honour this evening.

Add to their success, Lord, and to ours, that all men, rejoicing in your goodness, may praise you as they ought. Amen"



The College President, Prof JH Louw, congratulates the immediate past President, Prof JF Brock, after the award of his Honorary Fellowship.

**Citation for the Honorary Fellowship to be conferred on Prof John Fleming Brock**

This was delivered by his successor in the chair of Medicine at the University of Cape Town, Prof Stuart John Saunders. He outlined Prof Brock's brilliant academic career including his Rhodes Scholarship to Oxford. Later he was Assistant Director of Research in Medicine at Cambridge, where he was closely associated with Prof Ryle.

In 1938 he returned to his alma mater on his appointment as

Professor of the Practice of Medicine and joint head of the department with Prof Frank Forman: a post he held for 33 years.

Prof Brock's particular interest was Nutrition and a WHO monograph that he and Dr Autret wrote in 1950 on kwashiorkor led to the proper understanding of protein calorie malnutrition. During the next decade his unit concentrated on the dietary prevention of coronary heart disease and the importance of saturated fatty acids. This was done in association with the late Dr Brian Bronte-Stewart.

The Ciba Foundation arranged a special meeting to honour him with its Study Group on Diet and Bodily Constitution. In 1972 he delivered the Croonian Lectures and enlarged on his pet subject of " Nature, Nurture and Stress in Health and Disease".

As far as the College was concerned, he was an Associate Founder and in 1959 was elected to Council and immediately to the chair of the Finance and General Purposes Committee. Six years later he became the College's third President and filled this role with great distinction. He initiated the Fund-Raising campaign of

the College which resulted in the College being able to purchase its elegant building in Cape Town.

He was supported by his wife, Ruth throughout his career, which he based on three principles: firstly, study and critical judgement; secondly the centrality in all medical practice and education of the individual patient as a member of a family and a community: and thirdly, the importance of the role of compassion in the affairs of Man.

**Honorary Fellowship conferred upon Prof Sir Martin Roth**

The citation was delivered by Dr Max Feldman, convenor of the Faculty of Psychiatry, for the conferral of an Honorary Fellowship on the very first President of the Royal College of Psychiatrists. He stated that Sir Martin's greatest strength, in the opinion of his colleagues, is his genius in human relations: he is regarded as one of the kindest of men, retaining at all times an integrity, humility and a respect for worth wherever he meets it. The address that evening was given by Prof Roth and demonstrated several of the above attributes.

**Death of two of our Honorary Fellows**

In May 1967, the College had honoured Prof "Charlie" Saint one of South Africa's great medical men and was saddened to learn of his death aged 85 in 1973. He must be considered as the Father of South African Surgery and no fewer than seven of his "boys" were elevated to chairs of surgery in this country – a truly remarkable legacy!

On 10 December of the same year, Prof Norman Dott, was honoured by our College when he and his wife visited our country in 1957. Norman McOmish Dott was born in Edinburgh in 1897 and was first apprenticed to a joiner and then an engineer. In 1931 he was involved in a motorcycle accident and while recovering in hospital he became fascinated with what he saw around him and decided to make surgery his future. His unusual early training laid the foundation to him becoming the doyen of British Neurosurgery and a legend in his own life-time.

**Honorary Fellowship for Prof John Vivian Dacie**

At a special ceremony held in Johannesburg, Prof Metz read the citation for the conferral of an Honorary Fellowship on the President of the Royal College of Pathologists, Prof Dacie. He thus became the first recipient of Hon Fellowship of the Faculty of Pathology. His fame as a haematologist and lepidopterist were well reported, but he was probably best described by one of his co-workers, Dame Janet Vaughan, when she said: "Posterity will remember a remarkable scientist – we who have known him will remember a remarkable and loveable human being".

**Margaret Orford Memorial Lecture for 1973**

Professor JC McLure Browne gave this lecture with the title of "Assessment and Management of Placental Insufficiency". He stated that of all the branches of Medicine Obstetrics required "the human touch" and that Margaret Orford had excelled from this point of view. He outlined the subject very well, but emphasised that sound clinical judgement was still more important than all the then new biological testing.

**Sims Lecturer for 1973**

Professor Robert B. Salter, Surgeon-in-chief at the Hospital for Sick Children in Toronto had been appointed as Sims Travelling Fellow for 1973 and delivered his lecture in four centres in South Africa. It was entitled "Research Relevant to the Preventative Aspects of Degenerative Arthritis of the Hip". While applauding the contributions of Charnley and others he felt that, he felt that research into prevention should be stressed rather than salvage through surgery. He quoted Prof Loeb's definition of "idiopathic" as the doctor being an idiot and the patient pathetic". He stressed the early paediatric treatment of hip disease as being vital to the future development of OA of the hip.

**Admission Ceremony 26 October 1973**

At this ceremony, Prof Salter was awarded an Honorary Fellowship of the College of Surgeons by our President, Prof Jannie Louw. The citation was read by Prof DJ du Plessis. In it he outlined Robert Salter's academic career and his interest in hip disease of children. He had been a visiting Professor at no less than 40 Universities.

Prof Salter thereafter gave the address starting with his first attempt at Afrikaans, which he did to honour the high standard of Medicine in South Africa.

He informed us of the origin of the term "Fellow". It comes from the Icelandic word, "felagi" – a partner. This in turn is a combination of "fe" meaning money or goods and "lag" meaning to lay down. Thus, historically, a fellow is a partner in a group of fellows who share a common goal and each fellow lays down his goods to share with the others in the group. He quoted Saint Luke, the beloved physician: "Unto whosoever much is given, of him shall much be required". He then went on to consider how much all Fellows of the College had been given and how little credit we merit for these gifts.

- We have been given the devotion of parents who have helped us to reach our potential.
- We have been given above average intelligence that has enabled us to assimilate a university education. This intelligence we have inherited rather than merited.
- We have been given the physical and mental health so essential to the study and practice of Medicine.



- We have been given the love, companionship and moral support of our wives or husbands as the case may be. It has been truly said that behind every great man stands a wonderful wife – and, one might add in a lighter vein, there also stands a greatly surprised mother-in-law.
- We have been given superb teaching by countless dedicated individuals who have so willingly shared their knowledge and experience with us through both the spoken and the written word. As a corollary of this we have been given the opportunity to pursue our postgraduate training and education in College approved programmes that are among the finest in the world!

At this ceremony history was made for not only were 36 new Fellows and 11 new Diplomates admitted, but so were 63 Members of the Faculty of General Practice. This was the first time that a post-graduate examination for general practitioners had been held in South Africa.



Dr Albert Rabinowitz

The opportunity was also taken to present Dr Albert Rabinowitz with an illuminated address. He had been the first Chairman of the building committee and still served on this body, but had been a member of Council for 6 years and it was largely due to his efforts and generosity that we have a College building in Johannesburg. It was very fortunate that this opportunity was taken as Albert Rabinowitz died the following year aged 71 years. He had been the

ninth candidate to be awarded the MD at the University of the Witwatersrand. He was a keen supporter of the Medical Association. From 1942 he took a keen interest in the Order of St John and became Knight of the Order in 1965. He was a Founder of our College to which he was devoted and unfortunately did not live to see his dream of a College building in his home town come to fruition.

#### Lionel Goldschmidt Memorial Lecture for 1973

Prof PJP van Blerk, Chief Urologist at Witwatersrand University, and the Johannesburg General Hospital discussed “Urological Participation in the Management of Renal Failure”. He stressed the need for a multidisciplinary approach. In the Renal Unit at his hospital, 6.5% of patients with acute renal failure required definitive urological procedures, either for the cause or for a contributing factor. 25% of patients with acute on chronic renal failure required a corrective urological procedure and a surprising 27% of the chronic group required surgery and this includes the fact that over half of those needing transplants required pre-transplant surgery.

#### College of Medicine Foundation

It was at this time that the College of Medicine Foundation was founded. Prof Louw, the President first raised the concept towards the end of 1972. He explained that it would

be the body responsible for launching and administering the College’s appeal for funds. The Foundation required the establishment of a Board of Trustees. The College Attorney had examined the legal side and established that it was possible for the College to create such a body, which would be autonomous and separate from the College, but responsible to the College. It would consist of 9 trustees, in the first place, of whom 5 would represent the College. Various financiers had been approached and Mr “Punch” Barlow had enthusiastically agreed to serve as one of the trustees. It was hoped that the trustees would elect him as their chairman. Mr Harry Oppenheimer and Dr Anton Rupert had also been approached and had also agreed to serve on the board.

Though the Attorney had suggested that the College representatives should all be members of Council, the President thought it better that a wider spread be allowed and that it only be necessary that they be members of the College.

He suggested that the College President be ex-officio a member of the board. The College Council nominated the following as the other College representatives: Mr W Kark, Prof DJ du Plessis, Dr A Landau and Dr JG Cowley. Dr Jan van der Horst was later asked to join and this set the model that there should always be one more College member of the board compared to the number of lay trustees.

#### Building Committee Report

It is of great interest that by mid October 1973, Prof du Plessis could report that Kingswood had been sold to the Johannesburg City Council for R151,240 and that all bonds on the properties in Parktown West had been paid off and that there was still R80,000 in the Building Fund. In addition the Charles Engelhard Foundation through the good offices of Dr Ron Tucker had agreed to grant \$100,000 towards the building.

At that stage the College owned and had fully paid off 25, 27 and 29 Rhodes Avenue.

1974



Mr Wilfred Kark

#### Mr Wilfred Kark

In 1974 at the age of only 64 years, Mr Wilfred Kark died, leaving the College poorer for his passing. He was born in Johannesburg and except for 10 years including the war years lived in the city of his birth. In 1935 he married Gertrude Janower and together they went to Palestine. His abiding interest in the Zionist cause was shared by his wife. He served the Magen David Adom for many years. He was on the surgical staff of the Johannesburg General



Hospital for 21 years and from 1966 until his death was Surgical Director of the Workers Rehabilitation Hospital in Johannesburg. He spoke Hebrew, Arabic and Urdu as well as some German.

Wilfred Kark was an enthusiast in all he did, but his greatest passion was our College. He was a Founder of the College and the first Council appointed him as Chairman of the Examinations and Credentials Committee, a post that he filled with great distinction until his death. His groundwork effort in the establishment of numerous College Diplomas with such dedication was enormous. He set exceptional standards. He was rigid in matters of principle and always willing, however unpopular the cause, to stand by his convictions. Nobody has given more time to College affairs over 20 years than Wilfred Kark, even his debilitating illness did not cause his devotion to falter.

It was he whom the College appointed to record the History of the College and he set out clearly the earliest beginnings – a task unfortunately curtailed by his untimely death.

His intense and indefatigable endeavours have certainly laid a sound foundation on which our College has been built.



Dr Johannes Gerhardus van der Horst

**Citation for conferral of Honorary Fellowship on Dr Johannes Gerhardus van der Horst**

This was delivered by Prof “Boet” Heese. His uncle, also JG van der Horst, who was in his day chairman of the Old Mutual and

Imperial Cold Stores encouraged his nephew to follow in his footsteps and so after 10 years at ICS he became General Manager and later Assistant Director. In 1974 after the death of Brigadier Werdmuller he was selected to be the Chairman of “Old Mutual”.

A man of vision he was continuing the Mutual’s tradition of strong support to educational bodies in South Africa and Prof Heese felt sure that this would include the College.

This was indeed prophetic as he later became Chairman of the Board of Trustees of the Foundation and for his considerable fund-raising efforts has had the Board Room in the Cape Town office named after him.

At the same ceremony the address was given by our first President, Prof Guy Elliott, who gave the new graduates a detailed history of the College to date.

**Francois P Fouche Lecture for 1974**

This was delivered by Prof. JIP James, professor of Orthopaedic Surgery at Edinburgh University. He titled his lecture “Training of the Orthopaedic Surgeon”. He outlined the training of Orthopaedic Surgeons from earliest days of the specialty to date.

**Interdisciplinary Symposia**

It was felt that the Fellows of the College, whose numbers were increasing regularly should organise some events and the decision was taken that they should arrange multi-disciplinary symposia at regular intervals.

The convenor of the very first one was Professor Carel Mieny and the subject chosen was the important topic pertaining to the College of “Continuing Education for Doctors in Southern Africa”. It consisted of numerous workshops dealing with both the needs and particularly the methods of keeping our profession up to date. It was held in Johannesburg in October 1973.

The second such symposium was held in Cape Town in April 1975. The convenor was Dr Ian Huskisson assisted by Dr Ralph Kirsch as secretary. The title was “Health Services in Southern Africa” and covered:

- 1) Alcohol and drug abuse
- 2) Organisation and cost of health services
- 3) Medical, para-medical and nursing personnel
- 4) Population explosion and nutrition, with special reference to the very young and very old
- 5) Environmental medicine
- 6) Epidemics and national disasters
- 7) Rehabilitation and care of the chronically ill; and lastly
- 8) Infectious diseases.

These symposia provided a milieu for fruitful discussion on an informal basis by individuals and official authorities - some of whom had never had the opportunity to meet - but all with a common purpose.



Dr William Hofmeyr Craib

**Honorary Fellowship for Dr William Hofmeyr Craib**

Professor EB Adams delivered the citation for the admission of Dr Craib for Honorary Fellowship of the College of Physicians, honoris causa.

His brilliant school and university results were crowned in 1925 by him being

awarded a Rockefeller Fellowship, but there was a long interlude of war service in South West Africa and France during which he was awarded a Military Cross and bar and was mentioned in dispatches. He did research at John Hopkins Baltimore and University College Hospital, London, investigating electric currents in active living matter and thus stemming his work on the electrocardiogram and so he entered medical history. In 1932 he was appointed as the first Professor of Medicine at Wits University, a post he held until 1946. He was a remarkably clear and logical thinker and great stimulator of research.

At the graduation ceremony Dr Craib delivered the address, which in a very self-effacing way described his career starting as an engineer and then crossing over to Medicine and extolling the attributes of Johannesburg graduates and medical men.

**New Council**



New Council

Professor Jannie Louw thanked all he had worked with during the six years he held the office of President. At the end of the A.G.M. the current Council ended its term of office and he announced those successful in the elections for the new Council. These were

**CAPE**

- Saunders SJ
- Heese H de V
- McKenzie D
- Landau A
- Bull AB
- Malan AF (Diplomate)

**TRANSVAAL**

- Knocker P
- Daubenton F
- Charlewood GP
- Myburgh JA
- Shapiro HA

**NATAL**

- Smythe PM
- Adams EB

**OFS**

- Enslin TB

**1975**

**Admission Ceremony May 1975**



Dr Arthur Landau

The new President of the College, Dr Arthur Landau, chaired this meeting held in the Synodal Hall in Cape Town. In his address he most appropriately as a member of the original steering committee, gave an overview of the history of our College. He interestingly told us that the Association of Surgeons had contemplated getting a Public bill through Parliament in order to establish the College. They, however, found that the costs of complying with all the provisions of Standing Orders might be up to R6000, which was beyond their means.

At this ceremony an Honorary Fellowship was conferred on Prof Walter Campbell MacKenzie of the University of Alberta, Edmonton, Canada. He was the President of the International Federation of Surgical Colleges and had been invited to South Africa to deliver the 7 Louis Mirvish Memorial Lecture. He was also the guest speaker at the admission ceremony.

Prof JH Louw gave the citation and outlined his brilliant career. Born in Nova Scotia in 1909, he started at Dalhousie University and via the Mayo Clinic, the Royal Canadian Navy to Alberta.

In 1954 he was honoured by a Moynihan Lectureship by the Royal College of Surgeons of England. His subject was "Pancreatitis" a condition on which he was acknowledged as a world authority. He has received numerous Honorary Fellowships and Honorary LLDs. He has been President of both the Royal College of Physicians and Surgeons of Canada and of the American College of Surgeons as well as that most exclusive surgical "club", the James IV Association of Surgeons. He also became Honorary Surgeon to the Queen 1966 to 1968. Prof MacKenzie had been a member of the International College of Surgeons from its very inception and in 1972 became deservedly its President.



Professor W MacKenzie

Professor MacKenzie addressed the new graduates. He quoted the Calgary Eye Opener which said "When people grow too old to set a bad example, they feel obliged to give good advice", but reassured them he was not about to do so.

He stated that he liked William Osler's definition of the qualities of a "clinician": Coolness and presence of mind under all circumstances which will enable one to meet the urgencies of practice with firmness and courage without, at the same time, hardening the human heart by which we live". He went on to quote Harvey Cushing: "No one can be a good

physician who has no idea of surgical operations, and a surgeon is nothing if ignorant of medicine". He felt that it was most apt, coming from and visiting Colleges which were multidisciplinary.

He went on to encourage discoveries. These are usually made in one of three ways: firstly by chance: secondly following careful planning and thirdly by intuition or by a "hunch". He went on to illustrate these focussing particularly on the hunch of the Orthopaedic Surgeon, Frederick Grant Banting who got up in the middle of one night to write in his notebook "Ligate the pancreatic duct of dogs, wait six to eight weeks for degeneration, remove the residue and extract".

### Louis Mirvish Memorial Lecture

"Surgical Lesions of the Pancreas" was the title of the seventh Louis Mirvish Lecture. Prof MacKenzie covered acute pancreatitis, pseudocyst, abscess and fistulae as well as relapsing pancreatitis and endocrine tumours. It was a fascinating survey of the whole subject by an expert of the day.

Earlier in the week, Prof MacKenzie had graced the second Interdisciplinary Symposium with his attendance.

Special Ceremony to honour Professor OVS Kok 17 July 1975. Due to ill-health this ceremony took place in Prof Kok's home in Pretoria. Our President, Dr Landau and nine Councillors visited him to confer an Honorary Fellowship of the Faculty of Anaesthetists.

Prof Ordino Victor Steyn Kok was born in Frankfort, O.F.S. and became a prominent student at University of Cape Town. During the war he was CMO of the only prisoner-of-war camp in Austria caring for 200,000 prisoners-of-war after he had been captured during the early stages of the war in the Western Desert. Post-war he studied in England and obtained his DA of the Royal College of Surgeons in Ireland. "Kokkie" as he was better known worked at Voortrekkerhoogte Military Hospital and Pretoria General. In 1961 he was appointed as the first Professor of Anaesthetics in South Africa at Pretoria Medical School. He served on the College Council and on numerous medical bodies in the country. When Prof Arthur Bull and he both got given Travelling Fellowships in Anaesthetics at the same time the legendary "Kok and Bull" tour took place in many centres throughout the world.

### Special Admission Ceremony on 5 August 1975

Professor Sir Stanley Clayton was honoured at a special Admission Ceremony with an Honorary Fellowship of the College of Obstetricians and Gynaecologists of South Africa. He was admitted appropriately by our Vice-

President, Prof Vossie Daubenton and the citation was read by another Gynaecologist, Prof Frans Geldenhuys.

He was born in China of British parents, schooled in Bath and did his medical studies at Kings College. He won the Hallett Prize of the Royal College of Surgeons, the Jelf Medal, the Todd Medal and prizes in Pathology, paediatrics and psychological medicine. In spite of all this he played first team rugby when his University were at their peak! He was an impressive teacher and writer and edited Queen Charlotte's Textbook. In 1972 he became President of the Royal College of Obstetricians and Gynaecologists, following which the Queen bestowed a knighthood upon him. Prof Geldenhuys told the gathering that Sir Stanley was probably the only person ever to set foot on this continent who had fallen out of the Trans Siberian Railway Express, when his exploratory drive aged two caused him to tumble out of the fast moving train into the snow!

Sir Stanley gave the address and as many present were not medical let alone not Obstetricians, he decided to talk on "Patients, Doctors and the Media". He advocated caution in dealing with the press as obstetrical topics evoke such emotional reactions that one has to tread warily. "If he advocates free contraception and liberal abortion, he is declared immoral; if he opposes them he is reactionary and lacking in social consciousness." Nevertheless," he concluded, "we must be allies, not opponents."

Death of our first President, Prof Guy Abercrombie Elliott On 23 September Prof Elliott died as the indirect result of a mountaineering accident. Prof Brock paid tribute to him and highlighted a few interesting points. The first was that on his father's death his mother was left in straitened circumstances and he was assisted in his education by the financial help of his "Uncle Charlie" and "Ouma" Smuts. Many years later he was able to return some of this latter assistance with the final illness of the "Oubaas". He felt that it was significant that Professor Elliott was not among the members of the Committee appointed by Federal Council of the Medical Association "to carry out the preliminary work of establishing a College". Nor was he among the members of the first meeting of the Full Steering Committee which sat on 21 July 1955. He thought that this was because the medical academics of that time were puzzled about their role vis-à-vis the leading consultant physicians and surgeons and gynaecologists.

In the tradition of the Royal Colleges of Great Britain leadership was taken by the honorary consultants. It was only in 1962 that the Royal College of Physicians of London first elected an academic as President (EC Dodds) although the College had been in existence for close on four and a half centuries!

Prof Elliott served as President until he resigned due to pressure of work on the 29 October 1960.



### Admission Ceremony October 1975

History was made when Dr Landau conferred the Honorary Fellowship of the Faculty of Radiology on Professor John Howard Middlemiss, immediate Past President of the Royal College of Radiologists of Great Britain. This was the first time that an Honorary Fellowship had been awarded in this particular Faculty. He was the guest speaker. The citation was delivered by Professor E Levine. Prof Middlemiss was appointed head of the Department of Radiology at Bristol at a young age at a time when such departments were often consigned to the basement and not given much recognition. He however built up a strong department and in 1966 was appointed as Professor. He was particularly keen and able to develop his speciality in under-developed countries. At home he strove to get a charter for the Faculty of Radiology, where past attempts had met with no success. This was granted by the Queen on 12th March 1975 and he became the first President of the new Royal College. In 1968 he was made a companion of the Most Distinguished Order of St Michael and St George by Her Majesty the Queen.

In his address he admitted that the new College might help the fragmentation of Medicine and he advocated that all the British Colleges should unite under one "Academy" much as South Africa has achieved by having a united College. The central role of the patient should help keep the disciplines together. Consultations can occur in three ways: The old way of the past – do little about it: The present way of the Western world – to have regular session together in the Radiology Department: The Chinese way – to have a team of specialists to see every patient!

His message to the new graduates was twofold: first, that we must always remember the oneness of the patient as an individual and to that end we, in the various disciplines within medicine, must co-operate and collaborate; and second, that in accepting our enhanced responsibility, it must not finish at clinical responsibility, but must be related to the world scene.

### FP Fouche Lecture for 1975

This was delivered by Dr PH Newman of London and his title was "The place of Surgery in Derangements of the Lumbar Spine". Following a decision to have the lecture given once only and that at the orthopaedic congress it was reported that this was the best attended Fouche Lecture with 120 orthopaedic surgeons being present. The lecture would however continue to visit other cities.

### First Honorary Fellows of the Faculty of General Practice

Yet another special Admission Ceremony was held in Johannesburg in September 1975 at the time of the WONCA and Medical Association of South Africa joint Congress.

Three distinguished visitors were admitted into Honorary Fellowship. They were Dr WE Fabb, Prof PS Byrne and Dr DI Rice.

Dr Basil Jaffe read the citation for Prof Patrick Sarsfield Byrne. He practiced in the beautiful Lake District but devoted a lot of time to the development of the Royal College of General Practitioners which was founded in 1952. In 1967 he was elected a Fellow of the Royal College and six years later succeeded the Duke of Edinburgh as its President. At the age of 52 he was appointed part-time lecturer in General Practice at Manchester University and travelled 80 miles each way to do so. In 1972 he was appointed as the first Professor of General Practice in England at Manchester.

Dr BM Fehler, convenor of the Faculty of General Practice delivered the citation for Dr Wesley Earl Fabb's Honorary Fellowship. After being in rural practice in Australia, he joined the Royal Australian College of General Practitioners and soon realised that his forte lay in education and in 1966 he was asked to formulate the first examinations for this body. Five years later he was appointed Chief Examiner.

Donald I Rice, Executive Director of the College of Family Physicians of Canada, and President of WONCA (World Organisation of National Colleges and Academies of General Practice/Family Medicine) also received an Honorary Fellowship at the same ceremony. He had delivered an address at the Jubilee Congress of our Medical Association. It was entitled: "Family Medicine in a changing Society". In it he discussed the role of the family practitioner and the disruptions caused by advancing the training and qualifications of the GP. Machiavelli said: "There is nothing more difficult to take in hand, more perilous to conduct, or more uncertain in its success, than to take the lead in the introduction of a new order of things". Family Practice over the preceding few years had introduced "a new order of things".



## IMPORTANT ANNOUNCEMENT: GOLDEN JUBILEE CELEBRATIONS

**Thursday 20 October to Sunday 23 October 2005**

### INVITATION TO:

**Founders, Associate Founders, Associates, Fellows, Members, Certificants and Diplomates of the CMSA  
and to Sister Colleges and Academies Worldwide**

The Colleges of Medicine of South Africa (CMSA) will be holding an interdisciplinary symposium on Thursday 20 October to Sunday 23 October 2005 in Cape Town to celebrate the 50<sup>th</sup> anniversary of its formation.

#### **Theme:**

*'The future of academic healthcare in Africa'.*

You and your institution are invited to participate in this event. The CMSA is, however, not able to defray any costs towards airfares, accommodation and registration fees.

*Further details about the meeting can be obtained from  
Mrs Bernise Bothma CEO of the CMSA at [bernise@colmedsa.co.za](mailto:bernise@colmedsa.co.za)*

## GOLDEN JUBILEE INSIGNIA FOR SALE

- |    |  |       |
|----|--|-------|
| 1. | Fellows ties in navy blue with rows of CMSA shields, separated by gold stripes with jubilee emblem ..... | R 110 |
| 2. | Informal ties (animals) with jubilee emblem .....  | R 110 |
| 3. | Informal (long) ladies scarves (same design) in soft material .....                                      | R 125 |
| 4. | Leather purse with material inlay (same design) .....  | R 300 |
| 5. | Lapel pins (oval) in baked enamel with jubilee emblem on royal blue background .....                     | R 45  |
| 6. | Cuff-links (square) in baked enamel as above .....   | R 60  |
| 7. | Key rings (oval) with jubilee emblem on royal blue background .....                                      | R 48  |

**Note:**

There will be a "first-day" envelope offered for sale to stamp collectors.  
For further enquiries contact your closest branch:

**Cape Town:** Tel: (021) 689-9533, **Johannesburg:** Tel: (011) 726-7037, **Durban:** Tel: (031) 260-4438

## CMSA DATABASE INFORMATION

It would be appreciated if members of The Colleges of Medicine of South Africa could complete this form and send it to the administrative office in Rondebosch (address below).

Title:     Initials:

(State whether Prof or Dr)

Surname:

E-mail Address:

Telephone (Work):  C  O  D  E  -

Facsimile Number:  C  O  D  E  -

Telephone (Home):  C  O  D  E  -

Cell phone Number:

Identity Number

### Change of Address

Please also advise the office if your postal address has changed:

New Address

Postal Code:

**The Colleges of Medicine of South Africa**

17 Milner Road  
7700 Rondebosch  
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**Fax: (021) 685-3766**

**E-mail: [bernise@colmedsa.co.za](mailto:bernise@colmedsa.co.za)**



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