TRANSACTIONS

Journal of The Colleges of Medicine of SA (CMSA)

Volume 54 (1) Jan - Jun 2010

ISSN 0010-1095

Admission Ceremony October 2009

Fees and Charges

(Applicable 1 June 2010 to 31 May 2011)

PAYABLE BY MEMBERS OF THE CMSA:

Annual Subscriptions

Local:		
Associate Founders, Associates, Fellows, Members and Certificants		R 638.00
Diplomates (local)		R 375.00
Overseas (all categories of members)		R 638.00
Retired members		R 72.00
Assessment Fee : Fellowship by Peer Review		R 950.00
Registration Fee : Associates		R 620.00
	Fellows, Members, Certificants and Diplomates	R 432.00
(The registration fee for F, M C and D forms 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)*		
Occasional hire:	Gown and hood	R 150.00
	Gown only	R 100.00
	Hood only	R 60.00
Purchase of hoods		R 250.00
Cost of Past Examination Papers (per set of 6 papers)		R 50.00

PAYABLE BY THE CMSA:

Subsistence Allowance *(paid in addition to accommodation)* per day or part thereof, actually spent on CMSA business	
Senators, examiners and staff *(local)*	R 276/day
CMSA delegates *(overseas)*	$ 215/day
Honorarium *(local subsistence)*	
Local examiners : R276 per day less PAYE of R69	R 207.00
Remuneration for Setting FCS(SA) Part I Papers	R 330.00
Remuneration for Invigilating *(not applicable to salaried personnel of the CMSA)*	
Full day	R 385.00
Half day	R 210.00
Remuneration for Secretarial Assistance *(not applicable to CMSA staff)*	

The following sliding scale applies:

Hours worked	Remuneration	Hours worked	Remuneration
Up to 8 hours	R 40 per hour	26 – 30 hours	R 945
08 – 10 hours	R 385	31 – 35 hours	R1 060
11 – 15 hours	R 555	36 – 40 hours	R1 175
16 – 20 hours	R 725	41 – 45 hours	R1 265
21 – 25 hours	R 835	46 – 50 hours	R1 320

There is a ceiling of R1 320 as persons providing secretarial assistance to the CMSA at examination time already receive a full-time salary. Claims in respect of secretarial assistance rendered have to be supported by a special recommendation for payment signed by the examination Convener.

Remuneration to Laboratory Technologists/Technicians and Enrolled Nurses (off duty)	R 98 p/h
Nurses / Interpreters	R 75 p/h

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.

Travel Reimbursement *(prescribed by the Minister of Finance)*	R 2,92/km

CMSA MEMBERSHIP PRIVILEGES

Life Membership

Members who have remained in good standing with the CMSA for **thirty years since registration and who have reached the age of sixty-five years** qualify for life membership, but must apply to the CMSA office in Rondebosch. They can also become life members by **paying a sum equal to twenty annual subscriptions** at the rate applicable at the date of such payment, **less an amount equal to five annual subscriptions** if they have already paid for five years or longer.

Retirement OPTIONS

The names of members who have **retired from active practice** will, upon receipt of notification by the CMSA office in Rondebosch, be transferred to the list of "retired members".

The CMSA offers two options in this category:

First Option

The payment of a small subscription which will entitle the member to all privileges, including voting rights at Senate or constituent College elections. If they continue to pay this small subscription they will, most importantly, qualify for life membership when this is due.

Second Option

No further financial obligations to the CMSA, no voting rights and unfortunately no life membership in years to come.

Members in either of the “retired membership” categories continue to have electronic access to the Journal Transactions and other important Collegiate matter.

Waiving of Annual Subscriptions

Payment of annual subscriptions are waived in respect of those who have attained the age of **seventy years** and members in this category retain their voting rights.

Those who have reached the age of seventy years must advise the CMSA Office in Rondebosch accordingly as subscriptions are not waived automatically.

Dear colleagues,

You are welcome to the 11th issue of the CMSA Transactions (Volume 54: 1) since I took over as the editor of the journal. On-line Portable Document Format (pdf) files of the journal are now available at the College of Medicine of South Africa's (CMSA) website (http://www.collegemedsa.ac.za/view_document_list.asp?Keyword=Transactions) for easy download of the electronic copies. We have also succeeded in having the journal indexed on African Index Medicus, which is the official World Health Organization supported database for peer reviewed scientific journals generated on the African continent. The URL address of the Transactions on the African Index Medicus website is http://indexmedicus.afro.who.int/Journals/Indexj.htm#T.

This issue starts with the usually comprehensive report of the outgoing CMSA President – Prof Zephne M van der Spuy. Her report covers international developments with sister colleges in Canada, Australia, Singapore and Malaysia, followed by the African connections with sister colleges in West Africa, East Africa, Ghana College of Physicians and Surgeons and College of Surgeons of East, Central and Southern Africa. During her tenure as President, the CMSA recorded rapid developments and collaborations with sister colleges in Africa, setting the platform for future growth and networking between CMSA's constituent colleges and their counterparts in Africa. It is quite obvious that the CMSA has contributed positively to the African Renaissance initiatives of the New Partnership for Africa's Development (NEPAD) through the established collaborations with sister colleges in Africa. Hopefully, the next issue of Transactions will highlight some of the collaborations for the perusal of all CMSA members.

It is unusual and coincidental that the obituaries of two prominent academics closely linked with the CMSA are covered in the same issue. Prof Johannes Albert Myburgh (1928 – 2010) passed away on the 7th of April, 2010. He served the CMSA in various capacities between 1974 and 1992, and was its President from 1986 to 1989. Emeritus Prof Ralph E Kirsch passed on earlier, on the 9th of February 2010. He also served the CMSA in various capacities between 1993and 2004. He was the CMSA President from 2002 to 2004 and continued to serve after his tenure as President, offering selfless services to the CMSA. May their souls rest in peace!

This issue also has 3 citations of the following prominent academics: Prof David Baird from the UK (Honorary Fellowship – College of Obstetricians and Gynaecologists of SA), Prof Ralph Kirsch (late) – RSA (Honorary Fellowship – Colleges of Medicine of South Africa) and Prof Hein Odendaal – RSA (Fellowship ad Eundem – College of Obstetricians and Gynaecologists of SA). At the October 2009 CMSA Admissions Ceremony in Cape Town, 37 certificants, 226 fellows and 306 diplomates were admitted. The latter shows increase from the May 2009 Admissions Ceremony, where 35 certificants, 186 fellows and 212 diplomates were admitted.

The article by JL Seggie on *"A Captivating "Alchemy"- Educating Doctors for South Africa: the story of MBChB curriculum modernization"* is a detailed narrative of the changes that have taken place in the MBChB curriculum in South Africa. The author divides this into the first and second renaissances with each phase presenting clear developments that took place. The article also discusses the achievements in the medical curriculum which include the introduction of problem-based learning, integration of basic and clinical sciences, multidisciplinary learning to mention a few. It ends with a number of outstanding challenges around getting the basic sciences and assessment right, ensuring ongoing staff development, achieving greater opportunities for community-based learning with authentic rural experience etc. It is an interesting and well-researched article that I highly recommend that each health science academic share with their colleagues. I end this editorial with the following trivia: [1]

a. *South American and European countries have each won the World Cup 9 times*
b. *No European team has won a World Cup played outside of Europe*
c. *No other continent has produced a World Cup Champion*

The last trivium is critical for Africa to break the jinx of the South Americans and Europeans by becoming the other continent to produce a World Cup Champion. The ball is in the court of the six African teams to change the destiny of African football. I hope that Africa and South Africa will do us proud as we host for the first time the biggest football tournament on the African continent.

Reference:

1. Topendsports. Soccer World Cup Trivia. http://www.topendsports.com/events/worldcupsoccer/trivia.htm [accessed 27 April 2010]

Professor Gboyega A Ogunbanjo
Editor: Transactions
Email: gao@intekom.co.za

Instructions to 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 num¬bers should be given.

3.3 'Unpublished observations' and 'personal communica¬tions' may be cited in the text, but not as references.

Article references:

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

Book references:

- Jeffcoate N. Principles of Gynaecology. 4th ed. London: Butterworths, 1975: 96.
- Weinstein L, Swartz MN. Pathogenic properties of inva-ding micro-organisms. In: Sodeman WA jun, Sodeman WA, eds. Pathologic Physiology: Mechanisms of Disease. Philadelphia: WB Saunders, 1974: 457-472.

Lost Members

The CMSA office in Rondebosch is keen to establish the whereabouts of the following "lost members", some of whom may be deceased.
Any information that could be of assistance should please be e-mailed to Mrs Naomi Adams at members@colmedsa.co.za

Aaron, Cyril Leon (College of Family Physicians)

Benatar, Victor (College of Obstetricians and Gynaecologists)

Bennett, Margaret Betty (College of Radiologists)

Block, Sidney (College of Family Physicians)

Breen, James Langhorne (College of Obstetricians and Gynaecologists)

Bresler, Pieter Benjamin (College of Public Health Medicine)

Gibson, John Hartley (College of Obstetricians and Gynaecologists)

Hill, John William (College of Physicians)

Kok, Hendrik Willem Lindley (College of Neurologists)

Malago, Kahubangwa Tulinabitu (College of Obstetricians and Gynaecologists)

Ndimande, Benjamin Gregory Paschalis (College of Anaesthetists)

Phillips, Kenneth David (College of Family Physicians)

Raubenheimer, Arthur Arnold (College of Obstetricians and Gynaecologists)

Richmond, George (College of Physicians)

Smith, Robin Errol (College of Paediatricians)

Van Coller, Beulah Mariè (College of Paediatricians)

Van Greunen, Johannes Petrus (College of Obstetricians and Gynaecologists)

Van Schalkwyk, Leoni (College of Forensic Pathologists)

Van Wyk, Bernize (College of Anaesthetists)

Wilson, William Edmond (College of Anaesthetists)

Information as at 25 March 2010

Presidential Newsletter

Prof Zephne M van der Spuy

Dear Colleagues,

The past three years have been interesting, challenging and exciting and in the CMSA we have made important decisions and there has been considerable development. I demit office in May 2010 and in this newsletter should like to reflect on the last triennium.

All of you are aware of the recent death of Ralph Kirsch who was President of the CMSA from 2002 to 2004. He was an outstanding academic, an exceptional teacher and tutor, a wonderful mentor to many of us and a participant within every activity and society within medicine in South Africa. His contributions to the College were considerable and his Honorary Fellowship was awarded in 2009 in recognition of his very important role within the CMSA. A tribute to him is published within this edition of Transactions. We shall miss him a great deal and extend our condolences to Beverley and the rest of his family.

International developments

Over the past three years numerous invitations have been received for participation in meetings around the world. All of these included an opportunity to meet with presidents and representatives of sister Colleges and to have discussions on topics of mutual interest and importance such as educational processes, dealing with the difficulties of appropriate registrar training and the impact of climate change on health. I have been very privileged to be able to accept invitations to meetings in various countries including Canada, Australia, Singapore and Malaysia. Each meeting had a session for all international presidents and you will have seen my reports over the past three years. The Canadian meetings which were attached to a conference on residency education were extremely informative. These concentrated on registrar education and, given the very advanced and well-resourced Canadian system of training, offered much of value to us. The pre-conference workshop for College representatives was particularly interesting and dealt with numerous educational challenges including developing an adequate registrar programme against a background of shorter working hours. At the meetings elsewhere there was always a dedicated session for College representatives and it was very interesting to discuss and review our similar problems and challenges. I attended one IACAP meeting, in Hong Kong. You will recall that the IACAP meeting took place in South Africa during our Jubilee year but at present there does seem to be considerable concern as to whether, in its present form, this remains a relevant organization.

Many of the colleagues I met at these international meetings asked when we would again host a meeting in South Africa for College representatives from around the world. I think we should give serious thought to repeating the outstanding meeting which Professor Mazwai organized in our 2005. Given that all invitations we receive include the condition that the delegate is self-funded, this type of initiative may bring international colleagues from multiple disciplines to a College meeting in South Africa.

African connections

One of the greatest privileges has been the opportunity to meet with colleagues in Africa and I have visited Ghana, Rwanda and Nigeria during my term of office. These visits were certainly some of the highlights of the last few years and have offered the opportunity for interaction with our colleagues in West and East Africa and the possibility of us building networks and links in the future. The West African College of Surgeons and the Ghana College of Physicians and Surgeons are very enthusiastic about ongoing interaction. We can learn a great deal from each other and contribute to better healthcare throughout the continent. It is hoped that in 2010 there will be an exchange of examiners between WACS and the CMSA. It is very pleasing to note that while COSECSA has major sponsorship from the Royal College of Surgeons in Ireland there is considerable input into training processes within this College from South African orthopaedic surgeons and that the Association of Surgeons of South Africa actively participates in all African meetings. We hope to develop further partnerships within Africa in the coming years.

The CMSA project: To strengthen Academic Medicine and Specialist Training in South Africa.

This project was initiated at the end of 2007 with a Policy Forum and has continued to develop and grow since then. Considerable research has been carried out concerning specialist needs and

numbers and the governance of academic centres within South Africa. These data were presented in a report at the end of 2009 and we have had interaction with the Minister of Health and colleagues within the Department of Education.

This is an ongoing project and there is general consensus that it is one of the most important developments within the CMSA in recent years and we recognize that we need to increase our capacity within this project to ensure that we deliver as planned. Included in this project is a programme on HIV education and in 2010 we will run workshops on various aspects of HIV. The programmes have been developed for Gauteng, Durban and Cape Town by a core committee of HIV experts and we are seeking funding to ensure that colleagues from the Free State and the East Cape will be able to attend these workshops.

Central to the project are workshops for leaders and in late 2009 we organized two such meetings – one in Johannesburg and one in Cape Town – on the National Health Insurance and we were very gratified when the Minister of Health offered to be one of the speakers on both occasions. These meetings were very well attended and we hope our future workshops will be equally well received. We are very grateful to our funders who have made our Project a reality and we hope this interaction will continue in the years ahead. It is our belief that the College Project will become an integral part of the CMSA and will provide ongoing and important information on specialists and healthcare within South Africa.

Interactions with the Department of Health, Department of Education and the Treasury

Over the last few years we have had very valuable interactions with these Departments which impact directly on the business of the CMSA. We hope these will continue and are delighted that both the Minister and Deputy Minister of Health have indicated their interest in the College Project. Recently Dr Carol Marshall presented the National Department of Health project on quality assurance to the EXCO and College representatives have been invited to meetings of her committee. We hope for ongoing interaction with the Department of Education and have valued the input which Treasury has given to our research and meetings.

Educational processes

Undoubtedly one of our major challenges is ensuring that our examination and assessment process is transparent, relevant and reproducible. The Examinations and Credentials Committee plays a very important role in reviewing these processes. Recently this committee organized outstanding meetings on MCQs and curriculum development which were extremely successful. It is hoped to repeat these meetings in 2010 and beyond.

The Education Committee will have a considerably increased workload in the coming year, given the development of the HIV workshops and those with the MPS. Professor Reddi has been involved in developing an innovative programme to obtain information about the impact of HIV/AIDS on our specialities. We hope this will result in a useful College publication.

The future focus of the CMSA

We are attempting to find adequate funding to develop the College complex in Durban. Within the current economic climate fundraising is difficult and often frustrating. We are most appreciative of the efforts of Dr Warren Clewlow who chaired the College of Medicine Foundation and now the Board of Trustees within the CMSA. His input, efforts, and enthusiasm, as well as that of other trustees, has been extremely important in generating funding and our President-elect, Professor Anil Madaree has been actively involved in this initiative. We trust that 2010 will see this project become a reality.

CMSA infrastructure

I take the opportunity to thank the Chairman and Registrars of the standing committees as well as the members who give of their time and energy to College business. Special thanks are due to Professor Del Khan and Professor Dhiren Govender of the Finance and General Purposes Committee in Cape Town, to Professor Jeanine Vellema and Professor Arthur Rantloane of the Examinations Credentials Committee in Johannesburg and to Professor Anu Reddi and Professor Jamila Aboobaker of the Education Committee in Durban. Their input is extremely important within the College. Professor Gboyega Ogunbanjo as editor of the Transactions has worked hard to get sponsorship and to make the journal relevant and attractive. In particular we need to thank our treasurer, Professor Tuviah Zabow for his diligence and attention to College finances and that of the College Project. We value his input, which is central to College business, and takes a great deal of time and energy.

I also wish to convey appreciation for the support we receive from our colleagues at the three offices – undoubtedly the input of our CEO Mrs Bernise Bothma, our academic registrar Mrs Ann Vorster and the administrative secretary in the Durban office Mrs Anita Walker are central to our College business. We greatly appreciate their input and loyalty and that of their staff.

On a personal note I wish to thank the two vice presidents, Professor Anil Madaree and Professor Gboyeaga Ogunbanjo for their support, their enthusiasm and for the numerous constructive discussions and planning sessions we have had. Working with them has been stimulating and enjoyable. Both Professor Ralph Kirsch and Professor Lizo Mazwai have offered me mentorship, support and valuable insights, to them I owe a debt of gratitude.

The way forward

Professor Anil Madaree takes over as President in May and I wish him and the new Vice Presidents, Professor Gboyega Ogunbanjo and Professor Jeanine Vellema, success in the coming three years. I am sure they will carry the College initiatives forward and continue to develop the College Project. The next few years should see the development of the unitary examination within South Africa, which will impact on our function, and also the further development and expansion of the College Project. To everyone who has been involved within College affairs over the last three years may I extend a personal thank you. It has been an interesting, inspiring and exciting triennium. One of the major bonuses of being President of the CMSA is the opportunity to meet and interact with colleagues from every province and every discipline. This has been a privilege and I thank all of you for your contributions, your insights and your lively debate. My best wishes to all of you for 2010 and the years ahead.

Prof Zephne M van der Spuy
President

CMSA Report on 43rd Singapore – Malaysia Congress of Medicine 2009 Reducing Morbidity and Mortality in the next Decade 6 – 8 August 2009 Grand Copthorne Waterfront, Singapore

The Academy of Medicine of Singapore and the Academy of Medicine of Malaysia hold an annual joint congress with the venue alternating between Singapore and Malaysia. Like the Colleges of Medicine of South Africa, the Academies have a number of constituent Colleges and therefore the programme includes sessions for all disciplines. In addition there are several eponymous lectures and some sessions are arranged specifically to include the presidents and representatives of other Colleges who attend this meeting. Every year an invitation is sent to the CMSA and over the past few presidencies, there has been regular attendance at this meeting which offers a very good opportunity for interacting with colleagues from Australasia, Europe and North America.

The Congress started with the Opening Ceremony and Induction Comitia. This took place on the evening of Thursday 6 August and the guest of honour was Dr Vivian Balakrishanan who is Minister for Community Development and Sports. The ceremony is reminiscent of our Admission Ceremony and, on this occasion, the 19th Gordon Arthur Ransome oration was given by Professor Tan Chorh Chuan who is President of the National University of Singapore and Professor of Medicine. His talk was entitled "Three I's and the future of Medicine". Given his background in science and his enthusiasm about growing scientific research within the medical community, this was a truly inspirational address.

During his lecture Professor Chuan dealt with the major causes of death in Singapore and traced these back to 1995 when Professor Ransome was active in Singapore. He then reviewed the five leading contributions to the burden of disease in Singapore in 2004. These were cardiovascular disease, cancer, mental disorders, diabetes and neurological disorders. In his lecture he discussed how the burden of disease rises with age. He reviewed the promise and challenge of modern medicine and the imperative to reduce years lost by premature death or to disability. The aims are to reduce or delay disease, reduce or decease severity of disease and prevent complications, improve survival and improve recovery. He asked whether it was possible substantially to reduce the years lost to premature death and disability in a cost effective manner.

He then reviewed the situation in a first world environment and discussed what Singapore itself could do. In the local environment there has been considerable input into growing bio-medical research and this has developed exponentially over the past few years. There is a focus on both basic research and translational and clinical research capability, recognizing that this is the way to move research incentives forward. He emphasized the need to build a critical mass of human capital which is supernumerary to clinical needs and only when this is achieved will there be real advances.

He then reviewed the Singapore Public Health and Disease control record and emphasized that the track record of improving public health was extremely good. He suggested strategies to transform the medical approaches to high burden chronic deceases through integration and innovation. Three strategies may put leverage on the translation to clinical research programmes. Major change drivers may innovate new clinical care models and finally Singapore should position itself to be a key site in Asia for new drugs/devices development for disease important in Asian populations.

Everything he said undoubtedly could be applied to South Africa and sub-Saharan Africa and his message was very compelling. He ended up by talking of the 3 I's for the future of medicine – integration, innovation and individuals – the development of leadership and talent. This was very well received and it also had a message which could be applicable to any country that is trying to develop and grow its research and innovation programmes.

The conference itself opened on Friday 7th August and concluded on the evening of Saturday 8th August. The two sessions which were specifically designed for attendance by the College presidents were on Medical Education and on Professionalism and Medical Ethics.

MEDICAL EDUCATION FORUM 1: POSTGRADUATE TRAINING AND ASSESSMENT

Five lectures were given in this session which represented an overview of training offered in the USA, UK, Australia, Hong Kong and Singapore.

1. The American Residency and Fellowship Programme

Professor Carol Rumack is currently the President of the American College of Radiology and presented this paper. There are some 72 residency programmes in the USA and there are common expectations for these programmes. No change can be made without agreement of all stakeholders. The programme director has to be a faculty member in any given institution and has to fulfill certain requirements.

- Must be a faculty member for several years after training
- Must be board certified or equivalent and have a current license in a particular speciality
- Has to devote at least one day a week to the administrative responsibilities of this portfolio. The director develops the curriculum according to the specialist requirements.

There has been controversy about the residents' hours on duty within training programmes world-wide. At present in the USA, a resident (registrar) will work eighty hours per week averaged over a month. No shifts may be longer than 30 hours and no new patients may be seen by that trainee after 24 hours on duty, the last 6 hours are used to resolve the problems of the patients who have been admitted. Residents have to have a compulsory 10 hours rest between duties and in every 7 days they have to have one full day when they are completely off duty.

The programme director reviews the residents every 6 months and sets their individual educational goals with them. Schedules are adjusted to conform to the duty hours when their knowledge and progress is reviewed.

The teaching faculty is chosen by the programme director and both academic faculty and private practitioners may be involved in the teaching and training of residents. Those appointed to a academic faculty are expected to be involved in scholarly activities which include research and publication. The USA has developed a list of six competencies relevant to specialist training and these are loosely based on the CanMEDS programme from Canada. The 6 competencies are:

1. Medical knowledge
2. Patient care
3. Practice - based learning and improvement
4. Interpersonal and communication skills
5. Professionalism
6. Systems based practice

The resources needed for training are provided by the institution which sponsors the residency programme including on call rooms, library facilities, benefits, meals and so fourth.

2. In Training Examination and Board Certification Examination

This presentation was given by Professor Frederick Turton who is the Chair of the Board of Regents at the American College of Physicians. Essentially he emphasized that the route for internal medicine training is to go from College (University) to Medical School and then on to residency. Thereafter the route followed depends on whether the trainee wishes to become a general medicine physician or a subspecialist. During training there is an in-training examination. Residents are allowed about 18 months for preparation, there is a content blue-print of which they are all aware and the examination consists of multiple choice questions and the attention to each subject is determined by the blue print. It is designed as a self-assessment tool and, although it is maximally utilized in the mid point of training. It is also used in each year of training. The marks are analysed according to the seniority of the resident. There is no minimum mark, the assessment is simply used to assess progress. Board certification is a voluntary process and maintenance of certification is a ten year recurrent process.

3. What skills are tested in the PACES examination?(PACES = Practical Assessment of Clinical Examinations Skills)

This presentation was given by Professor Neil Douglas who is president of the Royal College of Physicians of Edinburgh. He gave an overview of the UK training and listed the strengths of the apprenticeship model with the focus on clinical skills and communication with patients. The training has altered somewhat and every graduate now passing out of medical school does two "foundation years" which offer them general training and then two years core training in internal medicine.

Professor Douglas concentrated only on preparation for the MRCP. He discussed assessment processes and in particular the MRCP PACES and this essentially is a system whereby the candidate goes through a series of stations, two of which test specific systems, one history-taking, one communication skills and one consists of short cases. He felt the strength of the system was that in history taking and communication the ability to formulate a diagnosis and a clinical examination were all tested. This is an objective form of examination for general medicine and the assessment is criterion based. In addition other assessment methods which are utilized include DOPS (directly observed practical skills), mini clinical examinations (mini-cex) and then multisource feedback from colleagues as well as patient feedback.

He commented that workplace assessment did have problems as it often induced a "tick box mentality". It is time consuming and, while it might serve as a reasonable formative assessment, it has limited value for summative assessment.

Following two years of core medicine, trainees may elect to go into a subspecialty such as cardiology and training will then be designed in that direction. Workplace competence tends to check procedural skills and communication skills.

4. RANZCOG training, certification and revalidation

This presentation was given by Dr Ted Weaver who is president of RANZCOG. He described the basic training course which commences in the third post- graduation year and consisted of a 4-year integrated training programme. Year 5 and 6 are elective years and total training is 72 months. There is a very competitive selection process which is run regionally and granting of the fellowship is predicated on passing all assessments.

Initial selection divides attributes into those which are essential eg the candidate must have sufficient ability to pass the examination and assessment processes, and those which are desirable such as teaching or research experience. In a similar way clinical responsibilities are divided into essential clinical expertise which includes clinical ability and judgment versus desirable attributes which is previous experience in O&G. Professional responsibilities are also assessed as essential or desirable the latter includes an idea of the needs of women in Australia and New Zealand and the commitment to CPD. These 3 groups of abilities are assessed in the applicants for specialist training and the top ranked candidate will be given the first choice of post and each successful candidate will be assigned post according to their ranking.

All the candidates rotate through a minimum of three different hospitals (these have to include a tertiary and rural hospital) and clinical work is logged and competency levels are assessed. Candidates will all spend 3 months in gynaecological oncology. In addition they have to attend a number of courses and complete a research project. The final written examination may take place in year 3 of training but the oral can only be attempted 6 months after the written examination and cannot be done for the first time before year 4. Research must be original and the elective 2 years can either be divided into subspecialist training or areas of personal interest in which the candidate or trainee wishes to gain expertise. The Fellowship is awarded after 72 months provided the examinations and all training has been satisfactory completed. This is renewable every 3 years and there is a 3 year cycle of CPD with which the graduate must comply to maintain their fellowship.

In discussion it was pointed out by Professor Geoffrey Metz who is President of the RACP that an exit examination was generally now regarded in Australia as being an incorrect form of assessment. It took place when it was too late to remediate and it was agreed that continuous assessment was more likely to teach the candidate and ensure that they were adequately trained when they finally receive their fellowship. In his College directly observed procedures and mini-clinical examinations (mini-cex) are used throughout the training. He made the point that “If we are standing still you are going backwards”.

5. Postgraduate training and assessment in Hong Kong

This presentation was given by the President of the Hong Kong Academy of Medicine, Professor Raymond Liang. He discussed the important position of the Academy of Medicine of Hong Kong which has enormous statutory powers. Only medical practitioners on the specialist register may practise as a "specialists". There are 14 Colleges within the Academy and 52 medical specialties and 8 dental specialties. Becoming a fellow of the Academy involves been registered with the Medical Council of Hong Kong, obtaining a training post and ultimately becoming a specialist. Training involves 3 to 4 years of basic training, an intermediate examination, 2 to 4 years of higher specialist training and then the higher examination of the Academy or College. All fellows must fulfill requirements for CPD to maintain their Fellowship.

Once again, mention was made of the work hour’s reform for doctors within Hong Kong. The weekly hours of work for public doctors has now been reduced to 65 hours. No doctor may work continuously for more than 13 to 16 hours and there is considerable concern about the decrease of clinical exposure and experience and the fact this may well result in prolonging the training.

6. Does a Hybrid system work in Singapore?

The Master of the Academy of Medicine in Singapore, Professor Fock Kwong Ming gave the closing presentation in this very interesting symposium. He proposed that in Singapore there was a possibility of moving towards a hybrid system which both followed the Singaporean requirements for training and also the USA requirements so making their graduates licensable in the USA. There is apparently considerable co-operation between training institutions in the USA and Singapore.

Discussion:

There was lively discussion during and after these presentations. Areas of particular concern included assessments, the conditions of service for doctors and how one dealt with a system where the hours of clinical training has been reduced and there was concern about the competency of the trainees if they did not get adequate clinical exposure.

It was agreed that assessment processes and procedures need to be constantly re-evaluated, that there should be constant assessment in training and that remediation should be put in place for trainees who were under-performing or struggling.

SYMPOSIUM ON PROFESSIONALISM AND MEDICAL ETHICS

This was a further session with a theme of medical education and training and the visiting presidents were asked to attend this session and participate. There were 3 sections to this very interesting session.

1. Physicians charter of professionalism and potential barriers

This presentation was given by Frederick Turton who is the Chair of the Board of Regents of the American College of Physicians. This was his second presentation in this conference and once again he proved to be an outstanding presenter. He outlined the principles on which the Physician’s Charter was based and these broad ethical guidelines which were aspirational as opposed to directive and were culturally affected and influenced (www.abimfoundation.org).

The basic principles of bio-ethics are embraced in the charter – beneficence, non-maleficience, patient autonomy and justice. He outlined the fundamental principles of the charter. Firstly there is the principle of primacy of patient welfare. This is obviously a

combination of beneficence and non-maleficience and it is the basic principle of the charter. Current interpretations of this principle include CQI, reducing medical errors and improving patient safety, optimizing outcomes of care and the non abandonment of patient care and altruism.

Patient autonomy: includes the empowerment of patients, the ability to get informed consent and the fact that the patient's decision with regard to care must be paramount.

The principle of **social justice** leads to a number of conflicts as serving the patient and the system can be very difficult and the avoidance of litigation is obviously of importance, particularly in the USA. In addition he pointed out that justice changes with time and with culture and as new technologies come into being.

The American medical system has a list of professional responsibilities and commitments and these can be found on the web page and within the physician's charter. (Annuals of Int. Medicine (2005) 142:561-58B)

He touched on problems of conflict of interest and defined this as an interest or activity that compromises the physician's professionalism. In particular he named areas of concern in the USA which include the relationship of industry, academic endeavors, physician and medical facilities, the concept of pay for performance and patients as a VIP.

His presentation was interesting and thought-provoking.

2. Professionalism in the Singapore context

This presentation was given by Professor Ho Lai Yun. He presented a view on professionalism within the Singapore healthcare system. He pointed out that there are always adaptations as the socio-economic status within the world changes and that there had been quantum leaps in science and technology which has impacted on medicine and what we potentially can offer patients. Commercialization and globalization have both had a significant impact on medicine and the practice of our disciplines. Once again there was talk of a physician's charter and defined commitments which every physician would be expected to fulfill but it appears this still has to be developed.

He pointed out that from a patient's perspective we should ideally be patient-centered and thoroughly professional. He talked about the two limbs of professionalism – self regulation and collective responsibility.

He then outlined his opinion of what makes a good doctor and emphasized that academic ability was the baseline requirement and on top of this came communication, honesty, reflection and insight about self, illness and medicine. He also recognized input was required to the professional and this included stress management. He proposed that health professionalism and ethics should now be a longitudinal track in medical education and part of the curriculum. It is essential that competency is maintained in practice and undoubtedly this is, in part, managed through the systems of CME and CPD.

While these two sessions were particularly designed for participation from all the College representatives attending the meeting, there were numerous other sessions of interest in what was a very broad based programme.

General assessment:

Of interest was that one of the eponymous lectures, the Rumme Shaw Memorial Lecture was given by Dr Kristi Koenig from the University of California at Irwine. She is an emergency medicine physician and the title of her presentation was "Preparedness for terrorism: Managing nuclear, biological and chemical threats". I attended this lecture, more out of curiosity, as this is not perhaps the usual lecture we expect in a mainstream medical conference. Her presentation was truly fascinating and possibly a fairly horrific window on different types of assaults which can be visited upon the civilian population. She reviewed nuclear/radiological biological chemical and explosive assaults.

In particular she outlined the importance of recognizing whether an event was secondary to terrorism or an unfortunate accident.

It was horrifying to hear of some of the methods that have been utilized. For example infectious shrapnel has been used not only for the physical damage which the shrapnel would bring about but also to spread hepatitis.

She outlined how we should develop the emergency unit and the physicians who were likely to be involved in managing this type of emergency. This lecture was perhaps a wake-up call and it is obvious that accidents do occur and it is important that our systems are prepared. (A website which may be of interest is htpp://www.bepreparedcalifornia.ca.gov).

I attended several medical sessions which were very varied. There was an excellent session on Obstetrics and Gynaecology entitled "Reducing Adverse Pregnancy Outcome" and in parallel with this conference there was a 2-day advanced Obstetric Ultrasound Course which apparently was well received.

In summary

This was an interesting meeting and certainly the opportunity to interact with colleagues from around the world was appreciated. As always, the Academy extended a very warm welcome and there were several queries as to whether our Colleges would ever arrange a meeting such as the one on the occasion of our Golden Jubilee. I was most appreciative of the opportunity to renew links with colleagues from around the world and to participate in the workshops.

Prof Zephne M van der Spuy
President

Visit to Canada September 23-26
Royal College of Physicians and Surgeons of Canada
Vancouver Island, Canada

This year an invitation was again received for the President of the CMSA to attend educational meetings organized by the Royal College of Physicians and Surgeons of Canada. The venue was Victoria on Vancouver Island and the conference was held in the Fairmont Empress Hotel. This hotel is over 100 years old and was built as part of a chain of hotels to service the trans-Canadian Railway Network. It still retains many of the old architectural features and attached to it is a modern conference centre.

The meeting took the form of a ***International Medical Educators Leaders Forum*** as a pre-congress workshop attended by invited participants on Wednesday 23rd September followed by ***The International Congress on Residency Education*** organised by the RCPSC. This is apparently the only dedicated conference on Residency Education held worldwide as most other educational conferences tend to concentrate on undergraduate training. This proved to be a very valuable and stimulating few days and well worth the long journey to Vancouver.

2009 International Medical Educators Leaders Forum

This meeting was by invitation only and included representatives of Postgraduate Education in Canada and presidents or representatives of Colleges from around the world. It was a well organized day with good presentations and very active participation from the attendees.

Dr Bill Fitzgerald who is currently the President of the RCPSC gave the opening address entitled **Climate change – Adaptation with respect to Postgraduate Medical Education**. This address included a historical review of the development of medicine in Newfoundland, where he is based and also the current problems. He concentrated on the particular problems of Africa and the fact that 24% of the burden of disease worldwide is in Sub-Saharan Africa which has 3% of the medical workforce and only 1% of the world's wealth. Thirty six of 59 countries worldwide which have been identified with a critical shortage of medical health-force are in Sub-Saharan Africa. To supply adequate healthcare to these populations, at present, would require a further 2.4 million doctors and nurses and 1.9 million other health professionals in these areas. Only then can there be a reasonable expectation of dealing with the health problems of Africa.

He spent considerable time talking about climate change and global warming and emphasized that the window of opportunity to prevent the ongoing potentially disastrous changes is closing very rapidly. He used examples from around the world to illustrate the devastating effect of climate change. He suggested that the general public was far more advanced than politicians or professionals in displaying their anxiety about the current situation.

There was considerable discussion from the audience. This included comments from Professor Geoffrey Metz: President RACP (Australia), about the politicians having a view which is usually linked to their term of office in comparison to the scientists who reviewed long-term outcomes and were not only concerned about short-term returns.

It was emphasized in the general discussion that as physicians we should bring international pressure to bear on countries which do not take the safety of workers into account and ultimately this impacts on the economy. Examples were given of poor labour practice in China where the opinion had been expressed that for every worker that becomes ill there are 5000 waiting for work. It was felt that governments need to legislate against this. It is also important to educate the public and that current and future generations of physicians must be well aware of the needs of employees.

Dr Rakesh Srivastava from the All India Association of Surgeons said that we are sitting on a volcano because of the global warming and the breakdown in the agricultural economy as a consequence of drought. There was discussion of initiatives in Guyana where the government is trying to maintain the rain forests and prevent deforestation. There was also a discussion about the changing global pattern of disease and the fact that,

with global warming diseases such as malaria may well move northwards and impact on countries in Europe and North America.

Concern was expressed about medical migration and the fact that industrialized countries are recruiting health personnel from developing countries which invest enormous resources on trying to develop their health services and then lose personnel when they are trained. This is a controversial issue. On one hand there was agreement that we would not wish to deny anyone the freedom of progression but on the other hand there was a cynicism about the recruitment strategies of many developed countries.

Professor E. Olapade-Olaopa from Nigeria pointed out there was also concern that companies were setting up factories in countries such as Nigeria where legislation is less rigid than in their home country. He gave the example of a new factory in Ibadan, which was producing and promoting cigarettes and, as a consequence, there had been a change of the disease pattern in this area.

It was emphasized that the CanMEDS competencies were relevant to all our disciplines and the principles should ideally be used in all our medical communities. It was felt that clinicians need to realise that they are politically involved and have to have a voice in decision-making.

This session was followed by a presentation entitles **Issues in the Future of Postgraduate Medical Education** presented by Dr Jason Franks who is Associate Director of Education in the RCPSC. He pointed out that PGME is a 20th century development and this was first formulated about 100 years ago when it was recognized that a distinct agenda and curriculum were required for postgraduate training.

He outlined the recurring issues in PGME which include the selection of students, the design of the curriculum, the tension between service versus education, the need to get adequate funding and the assessment of programme outcomes. The issue of teaching and teaching quality and having adequate and appropriate teachers was important and into this also came duty hours of the registrars, the length of their training, which seems to be increasing, and the assessment processes.

Within the Canadian environment there are three main focus areas: when career decision-making takes place (this seems now to occur in the undergraduate years) whether there is adequate flexibility to allow registrars to switch their choice of speciality and where quality postgraduate medical education is available. He pointed out that there was very little good research on all these issues. There is widespread belief that early career choice has a negative impact but there is no evidence to prove this. At present the students make their choice in their 5th year and their final year of training is biased towards their choice. In discussion many delegates felt that early choice resulted in less broadly educated doctors who had no exposure to some specialities. It was suggested that in the past when doctors had to do military or public service, this gave them an extra few years before they had to make career decisions which were invaluable.

It was mentioned that students in the UK now get what are termed “educational tasters” which give them the opportunity to get exposure to disciplines which are not taught in the main curriculum. There were very mixed opinions on early and late choice and on vocational training. It was recognised that later choice and training resulted in older graduates and there was also concern about the quality of experience available in the State hospitals around the world.

Dr Franks felt there was adequate flexibility in the Canadian system to allow registrars to change their speciality and it is now being recognized that if they cannot move, they may be lost within the service. It was also recognized that women, who had to take time out to raise families, needed to be given special opportunities to have CME and feel confident about returning to full time medical practice after a break of several years.

Finally he discussed the postgraduate medical education system and talked about the forms of training, generalism versus subspecialisation and whether there was alignment of CME with societal skills. In discussion the Dean of the newest medical school in Canada – the North Ontario Medical School – reviewed the impact of the establishment of this Faculty in a rural environment. It had produced work and increased the economy by roughly twice of what it cost. The local population now expressed increased optimism because they felt there would be good health care available for them in the future. This was an interesting model but difficult to see how it would be applied elsewhere without the considerable financial commitment which had been provided.

Faculty Development: Enhancing Faculty Member’s Daily Activities: This was an outstanding session chaired by Dr Linda Snell, who is Vice Chair for Education in the Department of Medicine and Director of the McGill Postgraduate Core Competencies Programme. She ran a very dynamic session and outlined what the important factors are in Faculty Development which many of us define as “staff development “. She suggested that a better title would have been “Improving Faculty members’ daily activities and enhancing faculty development”. She outlined some of the principles for staff development. The scope of faculty development is far broader than simply teaching teachers to teach. Its takes place individually at the workplace, in

large organizations as well as in the Universities. There is good evidence of the benefits of faculty development and it is essential for enhancing the mission and development of institutions and also the individuals involved in this. It is important that each of us determine what is necessary for our own institutions. We should review the different concepts of faculty development around the world. She summarised what exactly faculty development is: It relates to the concept of teaching, it keeps teachers up to date and it offers career and professional development. She quoted from the literature that essentially it is "a broad range of activities institutions use to renew or assist teachers in their role" and "initiatives to improve the performance of faculty members' teaching, researching and administration".

The content of faculty development may vary considerably and may include a number of different issues. Most programmes focus on clinical teaching, lecture skills, small group facilitation, feedback and evaluation. Other issues include new models for teaching and learning, curriculum development and assessment, new teaching techniques and the content of training. Newer developments include leadership and professional academic skills, organizational development as well as educational scholarship and communication skills.

She emphasized that faculty development is important both at the individual level and at the organizational level in terms of its response to content and it may act as a change agent within an institution. Essentially everyone benefits from faculty development - the students, the patients, the organization and the individual.

The format for development may vary and there have been exciting recent innovations. Traditional methods such as workshops, seminars and sabbaticals are all part of staff development. Tutor programmes and online learning which are of considerable value have also been developed. It occurs throughout organizations and obviously impacts on the individual,(www.bemecollaboration.org).

Staff or faculty development has an impact on reactions, learning behavior and the system as a whole. It is more likely to be effective if there is experiential learning, feedback is used as an intervention strategy, the importance of peers is recognized – such as role models and collegial support and the principles of teaching and learning are adhered to. Multiple instructional methods are used. There are obviously many challenges which include budget and motivation, developing the programme and assessing performance. Best practice includes building it into job description, taking it to people who are involved, doing needs assessments and recognizing and rewarding the roles and development. It is important to make it enjoyable and ideally outright fun.

In summary staff development is broader that just teaching. It is important that it is offered at multiple sites and in many different ways and there is excellent evidence for the value of faculty development. ***"The greatest difficulty in life is to make knowledge effective, to convert it into practical wisdom. No man can teach where he is not a student…." (Sir William Osler*).**

The final session in this workshop was presented by Dr Gerald Healy of the American Colleges of Surgeons. His talk was entitled **Work environment in PGME**. He talked about working conditions and the fact that there needed to be a learning environment, a living environment, and while the curriculum was important and there had to be support. In this present century knowledge and skills are rapidly expanding and with different methods of providing clinical care there was often transfer for responsibility of patient care and professional relationships are extremely important. There is concern about the duty hours restriction which limited knowledge and skills and often there was now less comprehensive connection with the patients. He referred us to a webpagewww.facs.org which is a white paper on the impact of reduced resident duty hours.

This forum undoubtedly provided considerable debate, discussion and information. There was an opportunity to interact with colleagues from around the world, and also time for informal discussion during the breaks. Some of the presentations are available on the webpage of the RCPSC (http://rcpsc.medical.org).

Prof Zephne M van der Spuy
September 2009

Innovations in Residency Education 2009
The International Conference in Residency Education
24-26 September 2009
Vancouver Island, Canada

This conference is one of the few meetings worldwide which concentrates on registrar training. I attended this meeting in 2008 and was delighted when an invitation for 2009 was received by the CMSA. Undoubtedly it was one of the most useful meetings I have attended in the past few years. The 2009 meeting was well organized and offered a very rich programme.

Essentially the meeting is divided into a few plenary sessions and then multiple concurrent sessions which tend to be very interactive. Obviously a delegate can only attend a limited number of presentations and I was spoiled for choice during the conference. I think it would be helpful if delegates from our Colleges continue to attend these meetings as undoubtedly there is much value we can bring back to the CMSA assessment and examination processes.

The opening plenary session on the 24 September was given by Dr Richard Reznick and entitled: **Surgical training: At a precipice**

Dr Reznick is an outstanding educationalist and his particular background is in surgery. He discussed the fact that competency-based surgical training is over 500 years old and was originally established by the Royal College of Surgeons in Edinburgh. He suggests that competency-based education may be necessary but not sufficient and that with assessment we need to start where we hope to end. We also have to define what we are trying to achieve – are we striving simply for competency or for virtuosity or something in between?

He recognized that training is becoming longer and longer, there is an exponential growth in knowledge and technical advancements and we need to find a best method possible to train registrars appropriately but not to extend the length of training.

He outlined a six point plan to restructure and dramatically shorten training.

1. Tackle politics and finances"head on".
2. Achieve the competencies through modular-based training.
3. Dramatically increase the pace of procedural skills acquisition.
4. Diminish wasted time in the training programme.
5. Benchmark towards excellence: Daily assessment is the key.
6. Develop and promote a culture of collegiality.

Modular based training has objectives which are learner-based and streamlined to the ultimate career which the trainee is choosing. He emphasized that we need to find ways to train in specific skills before the trainee starts in the operating theatre and ideally this could be through simulation which offers a unique opportunity for procedure training. This was an interesting lecture, he provided considerable evidence on the value of simulation and certainly this is something which we need to consider very seriously in South Africa. The costs are considerable but the rewards are possibly very worthwhile and the clinical staff trained on simulators make very rapid progress in the clinical environment.

I attended a plenary lecture by Dr Amitai Ziv from Israel. His talk was entitled **Simulation-based competency assessment: changing the face of medical education in the 21st century.**

This fascinating talk reviewed the use of simulation in building competencies and assessing these. He started by using the example of aviation training with simulation which has been utilized for many decades and then went on to talk about medical simulation and his personal beliefs and experiences. He pointed out that often we learn through patients who are disempowered and indigent and unaware of their rights. Simulation offers an important complementary safety tool and he suggested that in medical training and education we need to have a paradigm shift to consider this.

The advantages of simulation training include the fact that this is in a safe environment, there is proactive and controlled training, the trainee and the team system is the centre of education, there is feedback and debriefing based education which includes a reflection on process - based education and finally it is reproducible, standardized, objective and assessment driven.

This was a very powerful talk and it seems the simulation centers have been embraced with a great deal of enthusiasm in some countries. It is expensive technology, it requires considerable expertise to run the simulation unit but the rewards seem to be quite extraordinary and staff that are trained on simulation modules and who are then exposed to patients have a very rapid learning curve.

During the conference we had to choose between numerous workshops which usually lasted between two and a half and three hours. They were interactive and chaired by colleagues with considerable expertise.

The workshops which I chose are briefly summarized. ***Teaching and assessing communication skills in residency*** was chaired by Lara Cooke and Sue Dojeiji. They discussed methods for developing communication during training. The observation was made that is not sufficient to train a registrar and there has to be reinforcement, otherwise trainees may get worse over time. It was suggested that communication skills need to be broken down into steps and have a language to describe these steps.

They discussed the progress from being unconsciously incompetent to consciously competent and finally unconsciously competent. The value of role play is important as it offered an opportunity for the trainees to comment on interactions and it is a non - judgmental way of training. This possibly is an area on which we do not concentrate sufficiently. Communication is one of the CanMEDS competencies and therefore is important in their training programme. We do not place the same emphasis on this and perhaps we should reconsider this and include it in our assessment process.

Possibly the best workshop I attended was facilitated by Cees van der Vleuten from Maastricht University (www.she.unimaas.nl). The workshop was entitled: **The validity of work-based assessment lies in its uses: A workshop on work -based assessment procedure.** This workshop undoubtedly exceeded all expectations. Professor van der Vleuten reviewed the value of outcomes assessment and the ways these have been utilized. He pointed out that the CanMEDS roles can be applied to other professions. The workshop concentrated on how to measure outcomes and reviewed the use and the strength and weaknesses of different measurement tools. This included the OSCE and both the negative and positive aspects of this were noted. He listed promising methods of assessment including direct observation, global performance measures and aggregation and reflection measures such as logbooks and portfolios.

There was considerable role play during the workshop and a discussion of how to deal with the under performer. Altogether this was an outstanding workshop and I am very well aware that Professor van der Vleuten has visited South Africa before and I certainly would suggest we should ensure that he returns in the not too distant future.

I attended the workshop facilitated by Peter J Minich entitled: **Organizational leadership and positive psychology: How these fields might influence residency training, patient outcome and cost of care.**

Dr Peter Minich works at the Centre for Clinical Leadership in Toronto (info@peterninich.com). He discussed the systems in which we practise, the doctors that inhabit the system and the psychological impact on doctors. We often lack training to communicate or to champion sustainable ideas which will improve quality of care. As a consequence doctors lack skills to tackle organizational problems, and attempts result in failure. The consequences are learned helplessness, lack of engagement and even depression. He discussed why physicians do not engage in organizational leadership, suggested several reasons but most important of all suggested that this is a learnt response because of the experiences we have within the workplace.

He discussed his own experience of leadership training within the core curriculum and the fact that the clinical problems which we address vary from those which are purely technical and those which are adapted. The latter are those which can challenge our belief system which often have conflict central to them and require collaborative work. He suggested that we need to build our core competencies and develop a national intelligence, appreciative enquiry, negotiation skills, conflict resolution and communication skills. This was an interesting workshop, different to many of the others which I attended but undoubtedly gave much food for thought and perhaps also outlined some of the issues we are tackling in our workshops for leaders in healthcare.

Workshop: **Innovative strategies for improving education feedback.** This was presented by J Ilgen and L Yarris. There was considerable role play during this workshop which was interesting and informative. Essentially what this emphasized was that if feedback is absent:

- Good performance is not reinforced and poor performance remains uncorrected.
- Trainees rely on unreliable hearsay
- Trainees may have to learn by trial and error at the patients' expense
- Trainees may guess their level of competence and develop confidence on this basis which may be inappropriate

Without feedback trainees will never reach the expected level of competence. Many Colleges and institutions now require formative evaluation which has to be carefully documented.

Assessment of feedback systems have often indicated that the teacher believe they give feedback while the trainees feel otherwise. Often feedback is not specific enough or not helpful. There are many time constraints and these have to be overcome and among the learners some are more comfortable with feedback than others.

They outlined 5 habits of highly effective feedback:

1. Listen and involve the learner
2. Be specific – go beyond "you have done a good job"
3. Be objective
4. Be constructive and positive
5. Make a plan and suggest it should be a case of ask-tell-ask-act

Trainees should be encouraged to give reflective feedback. We should encourage the ask-tell-ask-act guidelines. Ask encourages reflection, tell is targeted feedback, ask assesses understanding and act plans the intervention. A recommended website is http://www.emeresidency.ucsf.edu.

Workshop: **Dealing with a problem resident: "Expand your repertoire**" run by N. Deiorio and L Yarris. This was interesting because it dealt with the problems which we might encounter in the registrars we are training. There was discussion about secondary prevention, subjective evaluation and objective evaluation.

There was considerable discussion about assessments, how we identify the problems and the fact that most problems fit into four categories – clinical incompetence, unprofessional behavior, attitudinal issues and the reductionist. The fifth "problem" is actually that of the gifted learner.

Clinical incompetence need to be urgently assessed. This includes cognitive and skills assessment and there was emphasis that sometimes psychological testing may be needed to identify specific learning disabilities or cognitive defects.

Unprofessional behavior such as chronic lateness, lack of respect etc is a problem. It was emphasized we need to consider psychological issues such as substance abuse.

The attitudinal issues include the insecure learner who doesn't wish to appear incompetent and therefore presents an inappropriate image, the prejudiced learner who has an inappropriate or inaccurate attitude to the patient, the disease or the service. The apathetic learner who really does not care and is only just filling the requirements. The reductionist is often over worked, over stressed and out of time. The argumentative learner challenges everything and is never satisfied with the scheduled education, his duties and so forth. Commonality between all these different problems is that they are all avoiding learning and development. Everyone has areas in which they can improve and learning is not always fun, it gets harder as we get older. Perhaps the system does not have sufficient people who have the authority to guide and tell us how to adjust.

The gifted learner is a particularly interesting problem because the system often has difficulty dealing with him/her. There are three types, the strivers, the superstars and the independents who can be a major problem because they tend to march to their own drum and often do not fit into the system. The particular troublesome traits which were named include divergency, excitability, sensitivity, perceptivity (see everything from a completely different perspective) and finally the fact that they drive towards self-actualization regardless of the set path.

They discussed ways of dealing with the different problems and what strategies should be put in place.

IN SUMMARY:

This was a fascinating conference and certainly offered numerous opportunities to learn and gain information about education and assessment. I would recommend that anyone interested in registrar training should try and attend one of these meetings at some stage. I also think that the workshops which our Examinations and Credentials Committee has been arranging deal with some of the issues which arose in this meeting. This just stresses the importance of the E&C workshops which are an ongoing project.

I was most appreciative of the hospitality shown to me by the Royal College of Physicians and Surgeons in Canada. There was an opportunity of interaction with colleagues from around the world, a sight seeing day in Victoria BC was arranged which included a visit to the beautiful Butchardt gardens. We also had an opportunity to interact in the evenings.

Prof Zephne M van der Spuy
President

10th Anniversary of COSECSA and 60th Anniversary of the Association of Surgeons of East Africa AGM and Scientific Meeting December 2009, Kigali, Rwanda

The College of Surgeons of East, Central and Southern Africa (COSECSA) celebrated their 10th Anniversary together with the 60th Anniversary of the Association of Surgeons in East Africa in Rwanda at the beginning of December 2009. An invitation to participate was received by the CMSA and I was able to attend this meeting which took place in Kigali. The Rwanda Surgical Society is the 9th and latest member of COSECSA. The objectives of the College include the promotion, organization and conduct of post-graduate education and training in surgery, dentistry and related specialities and allied disciplines and the promotion of the highest level of skills, attitudes and efficiency in their practice. The College aims to promote and encourage research in these disciplines and promote the integrity of the disciplines and, in so doing, to maintain the highest ethical standards and professional conduct. It is also tasked with arranging and conducting examinations and awarding memberships and fellowships. It aims to bring together fellows, members and associate members periodically to advance the science and practice of surgery and allied disciplines. It also wishes to promote co-operation and work with bodies with similar aims and objectives. The articles of the constitution have many similarities to our constitution and the standing committees are the same as those within the CMSA. The offices of COSECSA are based in Arusha, Tanzania.

The Association of Surgeons of East African (ASEA) was established in 1950 and was officially merged with COSECSA in 2007 when it was decided there would be much value in combining the two organizations. A history has been compiled by the current chairman of the Finance and General Purpose Committee of COSECSA, Dr Yusuf Kodwavwala. He is a past president and the past archivist of ASEA. He very kindly presented me with copies of this study to add to our library. At present the members of COSECSA include Ethiopia, Uganda, Kenya, Rwanda, Tanzania, Malawi, Mozambique, Zambia and Zimbabwe. There are strong links with South Africa and for years our Orthopedic surgeons have run courses at COSECSA and, on this occasion, there were a number of South African representatives including Professor Teddy Govender at the meeting. They run pre-congress courses for interested delegates. The Association of Surgeons of South Africa also has maintained an involvement with COSECSA and they were represented at the meeting. Of interest is the sponsorship and support which COSECSA has received, initially from the Royal College of Surgeons of Edinburgh, and more recently from the Royal College of Surgeons of Ireland.

I was asked to attend the Annual General Meeting on 2 December and I could indentify with many of the problems which were highlighted. At present there is considerable support from the Royal College of Surgeons of Ireland including a 3-year grant for computer assisted training. There is also support for research but, at present, it is mainly utilized to get baseline clinical data. The President commented on the goodwill which has been expressed towards the College from private individuals and from institutions outside the region. The Beit Trust has given them considerable support. They have been running basic surgical skills workshops and hope to expand these and there is a hope that the Association of Surgeons of Burundi, which had representatives attending the AGM as observers, will join as the tenth member of COSECSA. The finance report was presented and there obviously are financial constraints. They have a very low income base mainly because subscriptions are not paid. The College includes all the surgical disciplines but not Obstetrics and Gynaecology. At this AGM the new president, Dr F. Mutyaba of Uganda took office from Dr A Kinasha from Tanzania. The presidency rotates between ASEA and COSECSA. Regional meetings are held regularly and the next will be in Zimbabwe at the Victoria Falls in April 2010. The following meeting will be in Ethiopia and the AGM will be in Uganda. At the AGM I presented a gift to COSECSA from the CMSA which was received with considerable appreciation. I was told this was the first gift they had received and it would be displayed in their office.

The AGM concluded with the Rahimi Dawood travelling fellow's lecture. This year the lecturer was Dr Jacob Stefanus Dreyer, an ex-South African, who now works in Dumfries and

Galloway in Scotland and was representing the Royal College of Surgeons of Edinburgh. He is a colorectal surgeon and gave a very interesting talk on surgical research, surgical audit and safe surgery. Essentially, the thrust of his presentation was to develop safe surgery in Africa with meticulous audit and research coming from that. I had an opportunity to discuss his work with him and he had just spent several weeks touring through the countries associated with COSECSA. He is obviously committed to improving care and academic activities, but unfortunately no longer works in South Africa.

The graduation and opening ceremony was attended by the President of the Republic of Rwanda who talked about healthcare provision in Rwanda. It was very sobering to realize that with a population of 10 million people, the surgical disciplines have about 20 specialists in the country. The challenges are extraordinary and what is particularly interesting is the fact that, despite inadequate resources, Rwanda has managed to reduce perinatal mortality – in keeping with the millennium development goals.

The scientific presentations were variable, often interesting because they gave an overview of the challenges our colleagues in COSECSA have to confront. It was also interesting to realize how many committed clinicians from around the world are working in Africa and hoping to develop healthcare provision. I met a surgeon who is trying to establish a hospital boat in East Tanzania to deal with an area where there are very inadequate clinical facilities. The idea is that the hospital boat will be fully staffed with a theatre, surgeons, nurses and so forth and move along the lake offering services at certain points. There were colleagues from Ireland (a large contingent), from the Netherlands, from the Middle East all of whom are obviously contributing to healthcare in this region. It is also very pleasing to note the input from South Africa.

The organizing committee were most hospitable and extremely courteous and welcoming. There were some social events but unfortunately I was not informed about these and I was not able to attend the closing ceremony.

For those of us interested, a special visit to the Genocide Museum was arranged after hours. This undoubtedly was an extraordinary experience. The museum has been very well designed. It is situated in one of the hills within Kigali. Below the museum are a series of mass graves in which over 250 000 victims of the genocide are buried. Remains are still being retrieved and added to these graves. We were all asked to visit the graves for a moment of silence before entering the museum.

The museum itself is divided into three sections, one which deals with the Rwandan genocide and tries to explain how it came about. I still cannot quite understand what caused this horror although I have been told that one of the precipitating factors was the growth of the population and the lack of adequate land and resources. The next section deals with genocides around the world in the 20th century starting with Armenia and including the Hereros in Namibia, the Holocaust in Germany, the horrors of Treblinka, Cambodia and most recently Serbia. The third section is an area of "remembrance". There are rooms where people can pin the photographs of their relatives who died during the atrocities of the genocide. There is no documentation, just photograph after photograph. The final exhibition consists of large blown up photographs of children who died during the genocide. It was emphasized that a photograph may not tally with when the child died because often this is the only photograph left in the family. Every child has a brief biography stating their age, their background, their particular friends and their family interaction and how they died. It makes horrific reading. This museum is truly a representation of the depravity of mankind.

What I found particularly disturbing were the numerous statements and quotes from high ranking people such as Claire Short who was a Minister in the Government in the UK and Kofi Annan UN Secretary General stating how they wished they had done more to prevent the Rwandan horror. The UN military representative within Rwanda, before the genocide, apparently contacted the UN and said he anticipated trouble and if they gave him more forces he could prevent this. No resources were forthcoming. The rest is the terrible history of this genocide. I found the comments of senior politicians and officials about the Rwandan tragedy rather empty given what has happened in Darfur, the DRC, Zimbabwe and elsewhere. Those of us who attended this session came away profoundly affected.

This visit to Rwanda and the opportunity to interact with colleagues from Africa undoubtedly has been one of the privileges of my presidency. We have so much to offer each other and so much to gain from our interaction. I was impressed by the input already offered by our colleagues in Surgery and Orthopedics and I do hope these links will be strengthened in the years ahead.

My hosts were unfailingly hospitable and very welcoming. I trust we will have an opportunity to welcome them to South Africa in the future.

Prof Zephne M van der Spuy
December 2009

Johannes Albertus (Bert) Myburgh
1928 -2010

The President, Senate, members and staff of The Colleges of Medicine of South Africa note with great sadness the passing of their illustrious Past President, Professor Bert Myburgh, on the 7th April 2010. He died peacefully after a short stay in hospital resulting from a fall.

Professor J. A. Myburgh served The College of Medicine of South Africa, as it was then named, from 1974 to 1992, both as member of its Examinations and Credentials Committee and as an elected member of its then governing body, the Council. He led the College as its President during 1986 to 1989, during which time he played a major role in strengthening its ties with other similar bodies around the world.

After a brilliant undergraduate career, he graduated MB ChB from the University of Cape Town in 1950, receiving First Class Honours, achieving Distinctions in all subjects, and the award of the University Gold Medal as the most distinguished candidate. He was an outstanding athlete, receiving a Full Blue from UCT, Western Province Colours and captaining the Combined South African Universities side. He was awarded his Springbok Colours for athletics in 1950. In addition, he played rugby for the UCT first team.

The award of the Rhodes Scholarship in 1952 took him to New College, Oxford from 1953 to 1956, and a surgical training post at the United Oxford Hospitals and Oxford University. He became a Fellow of the Royal College of Surgeons in 1955, and returned to South Africa to complete his surgical training at Wits between 1956 and 1959.

He became a registered Specialist Surgeon in 1959, and remained at the University of Witwatersrand thereafter, being appointed Professor of Surgery, *ad hominem*, in 1967 and Head of the Department of Surgery in 1977 – a post he retained until his retirement in 1994.

Professor Myburgh was an outstanding clinical surgeon, teacher and internationally recognised researcher for his work in transplantation, hepato-biliary, gastric and colonic surgery. International and local recognition included seven honorary Fellowships, an Honorary MD from the University of the Orange Free State, Doctor of Science in Medicine (Wits), Fellowship of the Royal Society of South Africa and the South African MRC Silver Medal for Research

In addition, he was a national leader in his field, having, amongst other appointments, been President of the Surgical Research Society of Southern Africa, the Association of Surgeons of South Africa, and the Southern African Transplantation Society.

He will be particularly missed by his surgical colleagues, who headed the other departments of surgery in South Africa, during his time. As a group, we had a special relationship and friendship. For example, at exam time we stayed in each others homes as the external examiners, often displacing a child from their room for the week – thus getting to know the families of our colleagues very well. This special friend, great companion and amazing intellect will be missed by many.

The Colleges of Medicine of South Africa convey our special condolences to his wife, Marie-Louise and his children, John, Jacqui and Sandy and their families

John Terblanche

Emeritus Professor Ralph E Kirsch

We record with extreme sadness the passing of Ralph Kirsch on 9 February 2010 after a short illness.

Ralph Kirsch's career has been distinguished by academic and clinical excellence, the mentorship he has offered colleagues and students and his commitment and contributions to many aspects of his discipline locally, nationally and internationally.

He dedicated his professional career to clinical and academic service provision at Groote Schuur Hospital/ University of Cape Town and to the profession at large in South Africa.

He was a member of many important committees and associations within South Africa, including the Medical Research Council, the NRF and the Medical Association of SA.

He has served The Colleges of Medicine of South Africa for many years - as a member of Council from 1993, Chairman of the Finance and General Purposes Committee from 1995 – 2002, Senior Vice-President from 1998 – 2002 and President from 2002 – 2004. He dedicated considerable energy to College affairs and brought to this his knowledge, wisdom and experience. He was appropriately recently awarded the acknowledgement by the CMSA of being Honorary Fellowship of the College.

Professor Kirsch has contributed to every aspect of the profession. He was a superb clinician, an internationally recognised researcher, an outstanding tutor and a truly wonderful teacher. He has channelled his energy into all the professional bodies within South Africa and dedicated himself to growing and developing these.

Perhaps most important of all was his humanity, his sympathy and his willingness to listen at all times. He placed enormous value on having clinical expertise but also providing a caring and compassionate service.

Ralph Kirsch was truly a colleague of great distinction.

Our condolences are due to his wife, Beverley and family.

Prof Tuviah Zabow

The Colleges of Medicine of South Africa Proudly Present The Arthur Landau Lecturer for 2010

PROFESSOR SARALA NAICKER

Professor of Head, Division of Nephrology, Academic Head,

Department of Internal Medicine, WITS

PROFESSOR NAICKER'S LECTURE IS ENTITLED:

"The changing epidemic of chronic kidney disease"

Johannesburg	Friday 30 July 2010
Venue:	The Pharmaceutical Society Conference Centre, Glenhove Road, Houghton, Johannesburg
RSVP's contact:	Joy Zock on telephone 011 488 3621, e-mail joy.zock@wits.ac.za
	The lecture will also be delivered at the following venues:
	Pretoria Details to be advised
	Mthatha Details to be advised

ALL WELCOME

KM Browse Research Scholarship for 2010/2011

The CMSA offers a research scholarship to candidates who wish to undertake research in Neurology or Neuro-Sciences in **South Africa**. The Scholarship is offered primarily as a full-time Research Scholarship at **registrar, senior registrar or junior consultant level.**

An amount of R30 000.00 is available for distribution and applications for the 2010/2011 Scholarship are invited. The application must contain an outline of the proposed work, the department in which the research will be undertaken with a letter from the Head of the department indicating that the project can be undertaken and will be supported by that department. Proposals should reach the Chairman, Education Committee [CMSA], PO Box 59185, Umbilo 4075 by **30 April 2010.**

Prospective applicants can obtain guidelines and further information regarding the scholarship from Ms Anita Walker at:

Telephone (031) 260 4438,

Fax (031) 260 4439 or

E-mail cmsa-edu@ukzn.ac.za

Admission Ceremony
15 October 2009

The admission ceremony was held in the Cape Town City Hall. A once magnificent building, which has sadly been allowed to deteriorate.

At the opening of the ceremony the President, Professor Zephne van der Spuy asked the audience to observe a moment's silence for prayer and meditation.

The Honourable Mr Justice Edwin Cameron, delivered the oration.

Two Honorary Fellows were admitted. Professor David Baird to the College of Obstetricians and Gynaecologists of South Africa – citation written by Professor Zephne van der Spuy and read by Professor Gerhard Lindeque and Professor Ralph Kirsch to the Colleges of Medicine of South Africa – Citation written by Professor Zephne van der Spuy and read by Professor Anil Madaree.

One Fellow ad Eundem was admitted. Professor Hein Odendaal to the College of Obstetricians and Gynaecologists of South Africa – citation written by Professor Gerhard Theron and read by Professor Gerhard Lindeque.

Nine Fellowships by Peer Review were conferred by the following colleges: College of Family Physicians, College of Neurologists and College of Pathologists.

Nine medallists were congratulated by the President on their outstanding performance in the CMSA examinations. Medals were awarded in the following fellowship disciplines: Neurology, Obstetrics and Gynaecology, Internal Medicine, Psychiatry, Radiology and Surgery. A medal was also awarded in the following diploma discipline: Anaesthetics.

The President announced that she would proceed with the admission to the CMSA of the new certificants, fellows, members and diplomates.

The new Certificants were announced and congratulated.

The Honorary Registrar - Examinations and Credentials, Professor Arthur Rantloane announced the candidates, in order, to be congratulated by the President. The Honorary Registrar – Education, Professor Jamila Aboobaker individually hooded the new Fellows. The Honorary Treasurer CMSA, Professor Tuviah Zabow handed each graduate a scroll containing the Credo of the CMSA.

The new Members and Diplomates were announced and congratulated.

All in all, the President admitted 37 Certificants, 226 Fellows and 306 Diplomates.

The Atlantis Community choir performed before the ceremony started and then again at the end when the National Anthem was sung, where after the President led the recent graduates out of the hall. Refreshments were served to the graduates and their families.

Admission ceremony

Honorary Fellowship & Fellowship Ad Eundem

Colleges of Medicine of South Africa , Prof Ralph Kirsch (late) – in the middle
College of Obstetricians and Gynaecologists of SA , Prof David Baird – on the left
College of Obstetricians and Gynaecologists of SA, Prof Hein Odendaal – on the right

Medallists

Dominic Giles Dudley Richards
GP Charlewood FCOG(SA) Part I

William Wayne Lubbe
A M Meyers Medal FCP(SA) Part I

Katherine Verne Gilfilan
Lynn Gillis Medal FC Psych(SA) Part I

Hofmeyr Viljoen
Rhône-Poulenc Rorer FCS (SA) Primary

Stefan Hofmeyr
Brebner Medal FCS(SA) Intermediate

Lydia Leone Cairncross
Douglas Award FCS(SA) Final

Leah Dunn Reid
SASA John Couper Medal DA(SA)

CITATION: PROF DAVID BAIRD
The College of Obstetricians and Gynaecologists of South Africa

David Tennent Baird has been a central figure in Reproductive Medicine throughout his career. His research, both in basic sciences and in applied clinical work, has dominated our discipline for decades. It has given us a new understanding of the physiology of reproduction, an insight into comparative physiology, and has resulted in the development of innovative therapeutic strategies. His work has always been distinguished by his deep concern for providing accessible, appropriate and innovative care to women in both the developed and developing world.

David Baird was educated at Aberdeen Grammar School and the Universities of Aberdeen, Cambridge and Edinburgh. He graduated MB ChB with distinction in 1959 and his initial clinical training took place in Edinburgh and London. Between 1965 and 1968 he worked in full time basic research in the USA, at the Worcester Foundation for Experimental Biology, under the directorship of Gregory Pincus and Jim Tait. Both these men produced seminal research – Pincus was responsible for the development of the oral contraceptive pill and Tait, together with his wife, discovered aldosterone. This initial experience of basic research and the understanding of the principles of reproductive biology and steroid biochemistry had a profound influence on him and shaped Prof Baird's future research interests and philosophy.

He returned to Edinburgh in 1968 and was a central figure in establishing the MRC Centre for Reproductive Biology at the University of Edinburgh. He held the Chair of Obstetrics and Gynaecology at the University of Edinburgh for eight years and in 1985 was appointed MRC Clinical Research Professor of Reproductive Endocrinology, a post he held with considerable distinction until 2000. He was the initiator and director of the Contraceptive Development Network which is supported by the MRC (UK) and DFID and has the objective of developing new methods of contraception for people in developing countries. His main research interests within this programme were exploring the contraceptive potential of antigestagens and hormonal contraception for men. The network established centres in Hong Kong, Shanghai, Sagamu (in Nigeria) and Cape Town and allowed a multi-national program of research.

Prof Baird has utilised sheep extensively as an experimental model for investigating the control of ovarian and uterine function. He and his collaborators have identified PGF2 as the luteolytic hormone in sheep and many other species, the role of prostaglandins in menstruation and its disorders, the development of antigestagens as medical abortifacients and contraceptives, a method of preserving reproductive function in women undergoing chemo- or radiotherapy for cancer by cryo preservation and autotransplantation of the ovary and, most recently, the cloning of the "fecundity" gene in sheep.

Prof Baird has been involved locally, nationally and internationally in setting standards for clinical training and research. He has collaborated with colleagues throughout the world and has been a visiting professor in many countries. His academic achievements are extraordinary and bear testimony to a life of distinguished research and pioneering work within our discipline. He has received significant grant support throughout his career, he is an outstanding lecturer and tutor and has a distinguished publication record which continues to reflect his research activities.

Prof Baird has supervised numerous junior scientists and clinicians, and many of the current leaders in Reproductive Endocrinology have been trained by him and enjoyed his mentorship. The literature of this discipline is enriched by numerous contributions from him and his collaborators. He demands high standards and sets an extraordinary example of scientific rigour for his students, his collaborators and his colleagues.

David Baird has been a colossus in Reproductive Medicine; and is an enthusiastic advocate of the promotion of professional opportunities for woman in Science and Medicine. He has concentrated his research energies and his championship on the needs of woman throughout the world.

The innovative work which he has done has truly earned him a place in the Hall of Fame of Woman's Health. His contributions to our discipline are extraordinary and are recognised worldwide. He is sensitive to the needs of women in developing countries and he demonstrates an understanding of the problems in countries less well resourced than his own. He has had input into many international programs and has been influential in the development of numerous WHO projects.

In South Africa he has lectured and attended congresses and, as the Director of the Contraceptive Development Network, had an influence on our research program. He has helped us to grow capacity, has contributed through this program to the well-being of women in South Africa and has enhanced our understanding of their reproductive health needs.

Prof Baird is undoubtedly one of the most distinguished scientists within our discipline. Given his numerous extra-mural interests, we hope we will continue to tempt him to South Africa, if not to be involved in our academic program, at least to climb our mountains and walk our trails.

It is an honour and privilege to present David Tennent Baird for admission to Honorary Fellowship of the College of Obstetricians and Gynaecologists of South Africa.

Prof Zephne M van der Spuy

CITATION : PROF RALPH E KIRSCH
The College of Physicians of South Africa

Professor Ralph Kirsch graduated MB ChB at the University of Cape Town in 1964 and his career has been distinguished by academic and clinical excellence, the mentorship he has offered colleagues and students and his commitment and contributions to many aspects of his discipline locally, nationally and internationally.

Professor Kirsch is a giant in our profession and few can claim his multi-disciplinary interests – in clinical medicine, academic research, medical education, academic affiliations, medical publishing and mentoring a new generation.

Following his internship at Groote Schuur Hospital, Professor Kirsch spent two years in a research attachment at the CSIR Clinical Nutrition Unit. This culminated in him being awarded the degree MD at the University of Cape Town for studies on experimental protein-calorie malnutrition. He then commenced his formal specialisation in medicine, graduating FCP (SA) through the College of Medicine in 1970.

He was appointed lecturer and specialist physician in the Department of Medicine, University of Cape Town in 1971 and paralleled this position with an appointment in the Liver clinic at Groote Schuur Hospital. From 1972 – 1973 he was a Research Fellow at the Albert Einstein College of Medicine in New York in the Division of Gastroenterology and Liver Diseases. He returned to South Africa in 1974 and has dedicated his professional career to clinical and academic service provision at Groote Schuur Hospital/ University of Cape Town and to the profession at large in South Africa.

His particular interests, both clinical and research, have been in the area of porphyria and liver disorders. He was appointed Senior Lecturer and then Associate Professor and finally Professor of Medicine in 1983 in the Department of Medicine. He was a founder member of the UCT/MRC Liver Research Group in 1971, subsequently going on to become Co-Director in 1980 and Director from 1987 until his retirement. The work which has been undertaken through this unit is truly outstanding and there are many patients and academics world-wide who have benefitted from this. The achievements of this unit is a remarkable testimony to Ralph Kirsch's contributions to clinical medicine.

Professor Kirsch was appointed as Head of Department of Medicine in 1999. In addition he has served on important University committees and academic bodies. Much of his energy and attention focused on education and research and his input was always been distinguished by the rapidity with which he provides an outstanding document, well researched and beautifully presented, in what seems to be an impossibly short space of time. He has been a member of many important committees and associations within South Africa, including the Medical Research Council, the NRF and the Medical Association of SA. In addition he has also allied himself to local and international associations in his clinical discipline as well as those in medical education.

He has always demonstrated an interest in the affairs of students and has an enormous concern for their wellbeing. This has been illustrated by his input into student affairs, his dedication to SHAWCO and his coaching of the Health Sciences rugby team.

He has served The Colleges of Medicine of South Africa for many years - as a member of Council from 1993, Chairman of the Finance and General Purposes Committee from 1995 – 2002, Senior Vice-President from 1998 – 2002 and President from 2002 – 2004. He has dedicated considerable energy to College affairs and brought to this his knowledge, wisdom and experience.

Professor Kirsch has received numerous honours during his career. He has published widely and has successfully supervised a largenumber of students for the degree Doctor of Philosophy. He has served on many editorial boards and his input in our profession has been recognised by the awards he has been given, particularly with regard to his contributions to the SA Medical Journal and the Medical Association of South Africa.

He was awarded the Distinguished Teachers Award by the University of Cape Town in 1982 "in recognition of teaching at all levels" and became a Fellow of the University of Cape Town in 1983 "in recognition of original distinguished academic work of such quality as to merit special recognition". These are truly unusual awards. They are only achieved by very few from within the University and are a mark of his academic achievements. In 1993 he was awarded the degree DSc (Med) at the University of Cape Town which reflects his long distinguished academic career.

Needless to say he has given numerous invited lectures and has been appointed as visiting professor in many countries. He has been awarded several honorary degrees including those from the United Kingdom, Australia and West Africa.

Professor Kirsch has contributed to every aspect of our profession. He has been a superb clinician, an internationally recognised researcher, an outstanding tutor and a truly wonderful teacher. He has channelled his energy into all the professional bodies within South Africa and dedicated himself to growing and developing these. He will soon assume office as President of MASA.

Perhaps most important of all is his humanity, his sympathy and his willingness to listen at all times. He places enormous value on having clinical expertise but also providing a caring and compassionate service. He has always been ready to listen to a student in trouble or to a colleague who needs assistance. Possibly one of his most endearing characteristics is his generous praise and support of those with whom he works or comes into contact.

Throughout his professional life he has been ably, loyally and enthusiastically supported by his wife, Beverley. Many of her interests interface and parallel his, making a very strong partnership. They have three sons, two of whom have followed him into the profession of Medicine. Ralph Kirsch is truly a colleague of great distinction. It is fitting that we as a College, honour him.

Prof Zephne M van der Spuy

CITATION: PROF HEIN ODENDAAL
The College of Obstetricians and Gynaecologists of South Africa

Hein Odendaal studied medicine at the University of Pretoria and specialised in Obstetrics and Gynaecology at Stellenbosch University. He subsequently became a Fellow of the South African College of Obstetricians and Gynaecologists and later Fellow of the Royal College of Obstetricians and Gynaecologists. In 1976 he obtained his MD from Stellenbosch University with his thesis on fetal heart rate monitoring. From 1979 to 1982 he was Head of the Department of Obstetrics and Gynaecology at the University of the Free State and from 1983 to 2003 in the same post at Stellenbosch University. In addition, he was Director of the Perinatal Mortality Research Unit of the Medical Research from 1987 to 2002 and President of the South African College of Obstetricians and Gynaecologists from 1995 to 2002.

He has many peer review publications and has written numerous chapters in textbooks. In addition, he is on the editorial board of several prestigious journals in obstetrics and gynaecology. His main research interests are fetal heart rate monitoring, Doppler flow velocity of the umbilical artery, pre-eclampsia, abruptio placentae and preterm labour.

In the early seventies he studied fetal heart patterns and made obstetricians nationally aware of the value of precise monitoring before birth as well as intrapartum. His research assisted patients to have a safer antepartum period for the fetus in utero and a safer delivery. This research was the central theme of his MD thesis.

Prof Odendaal is an authority on the field of obstetric complications and during his career, made a huge contribution towards the improvement of maternal and perinatal mortality in the Tygerberg Hospital, the Western Cape Region as well as nationally. His research on pre-eclampsia is globally well known. The conservative management of pre-eclampsia has become the norm in most countries as result of his pioneering research and publications.

Prof Odendaal retired in 2003. He was immediately appointed as Honorary Professor in the Department of Obstetrics and Gynaecology and has a part-time appointment at Stellenbosch University. Within 3 years he obtained a large grant of R7 million per year for a period of 7 years from the National Institutes of Health for a multi centered international study on the association of prenatal alcohol use with stillbirths and sudden infant death syndrome. He is currently working with a number of groups from the United States that constitute the Safe Passage Study of the PASS Research Network. The study is sponsored to focus research on fetal alcohol syndrome and its consequences.

Prof Odendaal also has a keen interest in medical education and pioneered the implementation of objective structured clinical examinations in the faculty for undergraduate students. He also worked hard to change the examination format at postgraduate level for registrars. His efforts resulted in the College of Obstetricians and Gynaecologists of The Colleges of Medicine of South Africa being the first College to adopt this modern and fair examination format.

Prof Odendaal distinguished himself as a clear thinker and innovator. He anticipated development within our discipline in advance and structured his research accordingly. This enabled him to stay on the cutting edge of research relevant to South Africa. He challenged existing thoughts and acted decisively to implement evidence based practices.

Prof Odendaal is internationally recognised for his expertise in the field of Obstetrics and Gynaecology. He made substantial contributions in this field, nationally and internationally and changed practices of obstetricians in this field to the good of mothers and new born infants. His attempts to improve maternal and fetal morbidity and mortality was measured and decreased dramatically during his 20 years at Tygerberg Hospital. The impact of his work was beneficial for the whole of South Africa. Policies were changed internationally due to research that he pioneered.

Prof Gerhard Theron

List of Medallists - 2009

FCA(SA) Part I - Janssen Research Foundation Medal
Dr Oliver Ivan SMITH – May 2009

FCA(SA) Part I - Abbott Medal
Dr Natashia AMOD – May 2009

FCA(SA) Part I - Hymie Samson Medal
Dr Gareth David FOWLER – May 2009

FCA(SA) Part I - Glaxosmithkline Medal
Dr Marli SMIT – May 2009

FC Cardio(SA) Final - Libero Fatti Medal
Dr Johann BRINK – May 2009

FC Neurol(SA) Part I - Sigo Nielsen Memorial Prize
Dr Mohammad Eitzaz SADIQ – October 2009

FCOG(SA) Part I - GP Charlewood Medal
Dr Vulikhaya MPUMLWANA – October 2009

FCOG(SA) Part II - Daubenton Medal
Dr Judith KLUGE – October 2009

FC Ophth(SA) Part I - Neville Welsh Medal
Dr Saadiah GOOLAM – October 2009

FC Ophth(SA) Part II - Justin van Selm Medal
Dr Antonio DOS RAMOS – October 2009

FC Orth(SA) Final - JM Edelstein Medal
Dr Trevor Wayne PARKER - October 2009

FC Paed(SA) Part II - Robert McDonald Medal
Dr Biance ROWE – May 2009
Dr Taryn Catherine GRAY – October 2009

FC Path(SA) - Coulter Medal
Dr Hue-Tsi WU – May 2009

FCP(SA) Part I - AM Meyers Medal
Dr Bianca Jane DAVIDSON – May 2009

FCP(SA) Part II - Asher Dubb Medal (Best clinical candidate)
Dr Malcolm DAVIES – May 2009

FCP(SA) Parts I & II - Suzman Medal (Best overall candidate)
Dr Jonathan Grant PETER – May 2009
Dr Robert Jeremy FREERCKS – October 2009

FCPHM(SA) Part II - Henry Gluckman Medal
Dr Elvira SINGH – May 2009

FCPHM(SA) Occ Med - SASOM Medal
Dr Haidee Maxine WILLIAMS – October 2009

FC Rad Diag(SA) Part I - Rhône-Poulenc Rorer Medal
Dr Matthew David GOODIER – May 2009

FC Rad Diag(SA) Part II - Josse Kaye Medal
Dr Bryan Darryl KHOURY – October 2009

FCS(SA) Primary - Anatomy - Frederich Luvuno Medal
Dr Mluleki TSAMA – October 2009

FCS(SA) Primary - Trubshaw Medal
Dr Koshy Memuriyil DANIEL – May 2009

FCS(SA) Intermediate - Brebner Award
Dr Shalen CHEDDIE – October 2009

FCS(SA) Final - Douglas Award
Dr Sunu John Thenguvilla PHILIP – May 2009

FC Urol(SA) Final - Lionel B Goldschmidt Medal
Dr Lisa-Ann KAESTNER – October 2009
Dr Amir David ZARRABI – October 2009

Dip Allerg(SA) - Eugene Weinberg Medal
Dr Annemarie Gouws – October 2009

DA(SA) - SASA John Couper Medal
Dr Adam Lee CAPEK – May 2009

Dip HIV Man(SA) – The HIV Clinicians Society Medal
Dr John David WIDDRINGTON – May 2009
Dr Catherine Elizabeth MARTIN – October 2009

Dip Ophth(SA) - Geoff Howes Medal
Dr Debbie LAAKS – October 2009

Dip PEC(SA) - Walter G Kloeck Medal
Dr Swasthi SINGH – October 2009

Dip PEC(SA) - Campbell Macfarlane Medal
Dr Cherese LAUBSCHER – October 2009

List of Successful Candidates

September 2009

Fellowship

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

BHORAT Ferhana	UCT
BISHOP David Gray	UKZN
BOSENBERG Melissa Thandi	UCT
CASSIMJEE Omar Mohammed	UKZN
CORBETT Caroline Beth	WITS
HEINE Adriaan Martin	US
HLONGWANE Nonhlanhla Thenjiwe	UCT
JARA Nozibongo	WITS
KOTZE Johanna Frederika	UCT
LANGFORD Lynda	UCT
MAHARAJ Shivani	WITS
MARSDEN Paul William James	WITS
MENDES Hendrik Rodrigues	UKZN
NAM Fabian Leong	WITS
NGWENYA Nhlanhla Samuel	WITS
NOETH Isabe	UP
PADAYACHEE Lucelle	UKZN
QUANTOCK Christopher Lloyd	UKZN
ROCHER André Francois Steyn	US
ROUX Seugnet	UP
SIMONS Caroline	WITS
STEIN Ilan Ronen	WITS
TRUTER Odette	WITS
WHITE William Andrew	UCT
ZEIJLSTRA Anne Elisabeth	WITS

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

ALEXANDER Gerard Roderick	UKZN
JANSON Michael Constantine	US
OFOEGBU Chima Kingsley Pascal	UCT

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

CHATEAU Antoinette Vanessa	UKZN
CHRISTIANS Sean Jerome	UCT

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

MAHOMED Zeyn
PARKER Abdul Aziz

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

NEL Hestelle	WITS

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

AMOD Ferzana Hassan	UKZN
CILLIERS Frederik Jacobus	UFS
KHAN Mohammed	UKZN
RAWOOT Amanullah	UCT
SIDDI GANIE Irshad Faizal	UKZN

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

KHAN Shahid	US

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

DHOODHAT Shireen	WITS
KAARSE Lucien Franklin	US
VORSTER Mariza	UP

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

DIARRA Abdoulaye	US
DWARKA Nirvashni	WITS
KEERATH Sanjay	UKZN
KLUGE Judith	US
KOMANE Nthathane Salome	UKZN
MALEKA Francis	UKZN
MANGENA Mapule	UP
MOSTERT Anna Elizabeth	UP
NAIDOO Riona Prishani	UKZN
ORIE Emeka Ferdinand	UKZN
PILLAY Neelanrajah	WITS
VAN DER MERWE Magdelana Susanna	UP
VAN DER MERWE Johannes Lodewicus	US

Fellowship of the College of Ophthalmologists of South Africa: FC Ophth(SA)

BALLIM Shaheer	UKZN
CHETTY Narendran	UKZN
CRONJE Pieter Roelof	UKZN
DAHYA Nilesh	UP
DOS RAMOS Antonio	WITS
NARAN Jasmita Chhiboo	WITS
NEU-NER Dor	WITS
PATEL Jeshal	UL
PAYNE Barry John	WITS
VAN DER MERWE Junet	UCT

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

BHAGA Ravi	WITS
DAVIS Johannes Hendrik	US
HAYNES William Robert Pether	UKZN
KANA Prakash Naran	WITS
KASIPERSAD Viren Sukhraj	UKZN
KOCH Odette	UP
MABUSHA Sepelong Johannes	UKZN
MACKERDHUJ Prashim	UCT
NADAR Vernian	UKZN
NAIDOO Sudarshan Mathavakrishna	UKZN
NGOBENI Ruth Shadi	UP
NORTJE Marc Boydell	UCT
OLIVIER Pieter Andreas Stephanus	US
PARKER Trevor Wayne	US
RAMGUTHY Yammesh	WITS
RASHEED Muhammad Tahir	WITS
STEYN Christiaan Lourens	US
TROMP Dewald Rudolf	UP
VEERASAMY Calvin Sivan	UKZN

Fellowship of the College of Otorhinolaryngologists of South Africa: FCORL(SA)

HARRIS Tashneem	UCT

Fellowship of the College of Paediatricians of South Africa: FC Paed(SA)

ANNAMALAI Medeshni	UKZN
BEDDY Chévaun	UKZN
BOTHA Maresa	UCT
CALITZ Nicolette	UKZN
CAMP Samantha Bianca Lee-Ann	US
DAMA Himal	UKZN
GRAY Taryn Catherine	US
KLEINHANS Marile Faith	WITS
KLOECK David Andrew	WITS
KWOFIE-MENSAH Marian	UP
LAWLER Melissa Ann Veronica	UKZN
LE ROUX David Martin	UCT
MAKONGUANA Buhle Siphelele	UKZN
MAZWI Thembisa Bandlakazi	UKZN
MOODLEY Rashinta	
MOONSAMY Nicolene	UKZN
NAIDU Sharmanie	UKZN
NANDHLAL Jenisha	UKZN
NXELE Mahlubandile Fintan	UCT
NYASULU-EGBUNIKE Chizgani	UP
ODENDAAL Jeanne Elizabeth	US
RABAN Moegammad Shukri	UCT
REDFERN Andrew William	UCT
SAMADI Naisan	WITS
VAN DER SCHYFF Aziza	US
VERMEULEN Johani	UP

Fellowship of the College of Pathologists of South Africa – Anatomical: FC Path(SA) Anat

OLIVIER Henno Jan	UFS
WANBLAD Carla	WITS

Fellowship of the College of Pathologists of South Africa – Chemical: FC Path(SA) Chem

GOUNDEN Verena	WITS
HAARBURGER David Richard	UCT

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

BULDEO Suvarna	WITS
DEETLEFS Jacobus du Toit	UCT

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

CARMONA Sergio Catril	WITS
DU PISANI Louis Almero	UCT
HOOSEN Siddeeq	UKZN
NAIDOO Yagalen Loganathan	UP

Fellowship of the College of Pathologists of South Africa – Microbiology: FC Path(SA) Micro

CHIPUNGU Geoffrey Akuzike	UCT
MARTIN Siseko	US
MOODLEY Vineshree Mischka	UCT
SRIRUTTAN Charlotte	WITS

Fellowship of the College of Pathologists of South Africa – Virology: FC Path(SA) Viro

MAYAPHI Simnikiwe Horatious	UP

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

ABRAHAMS Mogamat Nur	UCT
BHAMJEE Shiraaz	WITS
DE WET Hayley Beryl	WITS
DHANSAY Aadil	WITS
FREERCKS Robert Jeremy	UCT
JOUBERT Zirkia Jacoba	US
KAROLIA Safoora	WITS
KYRIAKAKIS Charles George	US
LUBBE William Wayne	US
MAHANGA Aneera	UKZN
MAHARAJ Kasthurba	UKZN
MAHARAJH Shambu	UKZN
MAHOMEDY Tasneem	WITS
MOOSA Muhammad Zaid	WITS
NAIDOO Indhren	UKZN
NAIDU Kuven	UKZN
PARAG Prashant	WITS
RAMJEE Rohan Amratlal	WITS
REDDY Verushka	UKZN
SARELI Lior Yeremiyahu	US
SEWGOOLAM Shashika	UKZN
SHEIK Shabeer	WITS
SOOSIWALA Ismail Usman	UKZN
SUNDAS Amima	UKZN
TECKIE Gloria	WITS
THOMAS Mathews	WITS
VACHIAT Ahmed Ismail	WITS
VAN DER SCHYFF Nasief	US
VAN ROOYEN Antuan Christoff	UCT
VATHER Prian	UKZN
WAJA Muhammed Faadil	WITS
WINCHOW Lai-Ling	WITS

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

DU TOIT Liezl Ester	US
NAIR Veneshree	UKZN
SMITH Werner Alexander	UCT

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

CAPELLUTO Aviva Irene	WITS
DE SMIDT Esna	UP
GUNTER Renee Catherine	US
JUGGATH Vinusha	WITS
LACHMAN Anusha	US
LE ROUX Roselle	US
MAHLAWE Fundeka Hazel	UKZN
MARSAY Carina Yolanda	WITS
MOLEFE Steve Xolani	UKZN
MPINDA Bulelwa	US
NIEUWOUDT Deon	UCT
POOE Jacobeth Moshidi	UP
PRICE-HUGHES Ronelle	WITS
RAMA Anusha	WITS
SAUL Tanya	US
SIVEPERSAD Reshmie	
VAN DEN BERG Christiaan Ernst	US

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

MAMETJA Selaelo Mabu Sara	UCT
RAJARAM Sinola Karishma	WITS
SENKUBUGE Flavia	UP
VUNDLE Ziyanda	WITS
ZUNGU Laszchenov Muzimkhulu	UP

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

KNIGHT David	UCT
WILLIAMS Haidee Maxine	UCT

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

ABDURAHMAN Nuraan	UCT
BANDERKER Ebrahim	UCT
BELLEW Neil	UP
BRANDT Andrew Desmond	US
CUPIDO Brindley David	UKZN
DAVIES Scott Stanley	UP
DAVIS Razaan	UCT
DU PLESSIS Jacobus Josephus	US
DURAND Miranda	UKZN
KHOURY Bryan Darryl	UCT
KUYS Willem Cornelis	UKZN
MALEVU Zemfundo Portia	UKZN
MFEKETHO Mlungisi Vincent	UCT
PILLAY Megantheran	UKZN
REDDY Leeshana	UKZN
SURTEE Ahmed Aboobaker	WITS
VOLKER, Ryan Damon	WITS

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

DENT Robert John	UKZN
DU TOIT Naomi	US
MAHOMED Faiza	WITS
MASAMBA Leo Peter Lockie	WITS
MUTSOANE Tsholofelo Desiree	WITS
OSEI-BONSU Ernest Baawuah	UCT
PARKER Mohamed Imraan	UCT

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

BRINK Abraham Justinus	UCT
COOLEN Dewald	US
DEONARAIN Rishan	UKZN
DEVAR John Wesley Samuel	UKZN
HAMILTON Auerilius Erastus Ricardo	WITS
KHALIL Muhammad	WITS
LATCHMANAN Neshalan Perumal	UKZN
MOODLEY Morvendhran	UKZN
MOUTON John Pierre	US
NAIDOO Sudhanandan	UP
REDMAN Laura Anne	UKZN
SEPENG Kotu Stephens	UP
STARK Alexander Hugo	US
TUDOR Andrew Glyn	UKZN

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

KAESTNER Lisa-Ann	UCT
NICHOLLS Michael Cecil	UKZN
ZARRABI Amir David	US

Certificates

Certicicate in Cardiology of the College of Paediatricians of South Africa: Cert Cardiology(SA) Paed

ADAMS Paul Ernest	WITS
MITCHELL Belinda Jane	UP
NZIMELA Andiswa	UKZN

Certificate in Cardiology of the College of Physicians of South Africa: Cert Cardiology(SA) Phys

BARNABAS Connel Alwyn	UKZN
BARNARD Abraham Johannes	UFS
HERBST Philippus George	US
MATSHELA Mamotabo Rossy	UKZN
MVUNGI Robert Sostenes	WITS

Certificate in Critical Care of the College of Anaesthetists of South Africa: Cert Critical Care(SA) Anaes

NATES Wayne Adam	

Certificate in Critical Care of the College of Cardiothoracic Surgeons of South Africa: Cert Critical Care(SA) Cardio Surg

JORDAAN Christiaan Johannes	UFS

Certificate in Critical Care of the College of Physicians of South Africa: Cert Critical Care(SA) Phys

LEE Carolyn	

Certificate in Endocrinology & Metabolism of the College of Physicians of South Africa: Cert Endocrinology & Metabolism(SA) Phys

JIVAN Daksha	WITS
MAHARAJ Sureka	UKZN

Certificate in Gastroenterology of the College of Physicians of South Africa: Cert Gastroenterology(SA) Phys

BURGER Trevlyn Felicity	
SCHOLZ Ursula Barbara	UCT

Certificate in Gastroenterology of the College of Surgeons of South Africa: Cert Gastroenterology(SA) Surgeons

LUTRIN Dean Laurence	WITS

Certificate in Gynaecological Oncology of the College of Obstetricians and Gynaecologists of South Africa: Cert Gynaecological Oncology(SA)

HUGO Elizabeth Johanna Catharina US

Certificate in Infectious Diseases of the College of Pathologists of South Africa: Cert ID(SA) Micro

JOHN Melanie-Anne WITS

Certificate in Infectious Diseases of the College of Physicians of South Africa: Cert ID(SA) Phys

MENEZES Colin Nigel WITS

Certificate in Medical Oncology of the College of Physicians of South Africa: Cert Medical Oncology(SA) Phys

VAN DER WESTHUIZEN André UP

Certificate in Neonatology of the College of Paediatricians of South Africa: Cert Neonatology(SA)

KALI Gugulabatembunamahlubi Tenjiwe Jabulile
KHAN Naseema UKZN
NEL Alida UFS

Certificate in Nephrology of the College of Paediatricians of South Africa: Cert Nephrology(SA) Paed

LALYA Honorat Francis
PETERSEN Karen Lavinia WITS

Certificate in Nephrology of the College of Physicians of South Africa: Cert Nephrology(SA) Phys

MWEEMBA Aggrey WITS
OKPECHI Ikechi Gareth

Certificate in Paediatric Surgery of the College of Surgeons of South Africa: Cert Paediatric Surgery(SA)

MAPUNDA Ellen Mary UP

Certificate in Pulmonology of the College of Paediatricians of South Africa: Cert Pulmonology(SA) Paed

MOODLEY Thaneshvari
RISENGA Samuel Malamulele UL

Certificate in Pulmonology of the College of Physicians of South Africa: Cert Pulmonology(SA) Phys

MEYBERG Anton Brian
SHADDOCK Erica Jeanie WITS

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

EDELSTEIN Sascha Selic UCT

Certificate in Rheumatology of the College of Physicians of South Africa: Cert Rheumatology(SA) Phys

GCELU Ayanda UCT
NAIDOO Asokan UKZN

Certificate in Vascular Surgery of the College of Surgeons of South Africa: Cert Vascular Surgery(SA)

MISTRY Pradeep Pravinkumar UP
RAMNARAIN Anupa UKZN

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

ADAM Suwayba UCT
ATIYA Ashiqa WITS
DAFFUE Jacques
DAYA Bhavika UKZN
DE JAGER Abraham Johannes
GEORGE Eliza WITS
JAWORSKA Magdelena Anna WITS
MAHARAJ Sanvir UKZN
MEYERSFELD Nicholas David WITS
MITCHELL Kirsten UKZN
MKHIZE Siyabonga UL
MOSTERT Estie WITS
MUDELY Magesvaran UKZN
OOSTHUIZEN Alexis WITS
ORTEGA-GONZALEZ Maria del Carmen WITS
RAMSANDER Shuravith Ramjith UKZN

Part I, Primary & Intermediate exams

Part I of the Fellowship of the College of Dentistry of the South Africa: FCD(SA) Part I

SAGATHAVAN Jordan Suganderan

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

GOVENDER Kiasha WITS
HARIRAM Preetha UK

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

FISH Sharon Jane US
MALAN Jacques Johannes US
RADZILANI Takalani Brenda UCT
SIEBERHAGAN Adrian
WACHIRA Benjamin Wambugu UCT

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

MOLEFE Itumeleng Jacobeth UCT
MOODLEY Clive James UKZN

Primary Examination of the Fellowship of the College of Maxillofacial & Oral Surgeons of South Africa: FCMFOS(SA) Primary

ELAKHE John Enahoro
PREMVIYASA Vinayagie WITS
VAFAEI Nika WITS

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

AHMAD Nazir
BASSON Erna
DEVCHAND Dinita UKZN
NAIDOO Neil UKZN
SADIQ Mohammad Eitzaz WITS

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

LOUW Lizette WITS

Part I of the Fellowship of the College of Obstetricians & Gynaecologists of South Africa: FCOG(SA) Part I

BOROTHO Nthabiseng Lucy UL
CIRIMWAMI Flory Matabaro UL
CLOETE Alrese
DINGAYO Paddie Songezo WITS
KALUME KALANGULA Saara
MACHETELA Mmatlawa Merriam WITS
MALENDE Brenden
MAMATHUNTSHA Tshilidzi Godfrey
MASUKU Bandie WITS
MKONTWANA Nondumiso
MOGOROSI Olebogeng Sekolompa Duchenne UL
MOTHIBE Nontando Claribel Sarah WITS
MOTSHEGWE Matlhapi Ruth UP
MPUMLWANA Vulikhaya
MSOMI Musa Garnet UKZN
NCALA Bongiwe UP
NDLOVU Thembi Rinah UP
NGCOBO Lephina Hope UKZN
NGIDI Nosipho Rejoice UKZN
NHLAPO Sibusiso Goodenough US
NONKWELO Roxaan Megee
OSMAN Ayesha UCT
POTGIETER Janine UP
RAHIM Shareefa UKZN
SEBOLA Duma Patricia UP
TINI Tembisa UKZN
UZABAKIRIHO Bernard WITS
UZOHO Nathan Nnamdi UKZN
VAN DER WESTHUIZEN Andries Gerthardus WITS

Part I of the Fellowship of the College of Ophthalmologists of South Africa: FC Ophth(SA) Part I

DESETA Juan Manuel
DJAN Michael Kwame Gyedu WSU
ENGELBRECHT Johan Frederick
GOOLAM Saadiah
JOHN Jerusha Shanthi US
LAM Pauline
LAPERE Steven Robert Jan UFS
NOZOZO Nkosipendule Richard
Czeckapotredz WSU
RAMDASS Kevin Andrew

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

JOSEPH Judith Kamala WITS
LESOLI Realeboha Bothata

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

BISSERU Tashmin UKZN
BOSHOFF Lize UCT
BROWNE Natalie Ann
BUTHELEZI Sithokozile Lindiwe UKZN
DE JAGER Christelle UKZN
DUKHI Adika UKZN
GESAMI-STEYTLER Lilian Moraa WITS
GHEEVARGHESE Raj WITS
GHUMAN Muhammad Rafi UKZN

GOVENDER Thareshnee	UKZN
LAI Yen Yu	WITS
LUTCHMAN Rabeen Ramjulam	
MALIGAVHADA Ntshengedzeni Jeanette	UKZN
MORARE Mamotshabo Rebecca	WITS
ORJI Polycarp Akpa	UFS
PELO Matsela Patience	UKZN
RAMCHARAN Amith	UKZN
SEONANDAN Pratheesha	UKZN
SINGH Swaran Sunker	UKZN
THOMAS Karla Mari	UCT

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

COETZEE Kirstin Janine	WITS
GOVENDER Prashni	UKZN
MADAREE Ashmini	UKZN
MARAIS Emmerentia	UP
MORSE Nicole Joy	UCT

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

HAUMANN Carel Eduard	UCT
SINGH Reshmi	UKZN

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

BADREE Rohaan	UKZN
BISETTY Pumeshen Deenadayala	UKZN
BOTHA Christoffel Francois	WITS
CARR Mogamat Ighsaan	US
COETSER Johannes Adriaan	
DRAPER Robin	UKZN
JONES Erika Sherad Wilshire	UCT
KAJEE Hassina	UCT
KLAUS Ernst Markus	UFS
MAASDORP Shaun Donnovin	UFS
NAIDU Kershlin	WITS
NKWANE Mosimane Gape Ernest Combie	UCT
PRETORIUS Jan Lodewyk	UFS
RAMBALI Ishan	UKZN
ROUX, Daniel Jacobus	UP
SEBASTIAN Sajith	US
SEWBUCKUS Amritha Bhojraj	UKZN
STEAD David Francis	UCT
VALKOVA Vanelia Vesselinova	
VAN DER BIJL Pieter	US
VAN DER WALT Andrew John	
VLOK, Willem Jocobus	

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

AVRAMENKO Svetlana Stepanovna	WITS
GANIE Jameela	UKZN
GREWAL Ravinder	WSU
KHAN Tasneem	UKZN
LUGONGOLO Bongiwe Teresa Tantaswa	UKZN

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

FAYKER Shiam	UCT
HOBSON Charl	UCT
JOGESSAR Raksha	UKZN
MALINGA Sibusiso Johannes Baptist	UKZN
MOSEME Tsepo Modupe	
PRINSLOO Hendrik Petrus	WITS
ROUX Francois de Vos	UKZN
SADLER Shirley	UKZN
STEYN Werner	WITS
SWARTZ Ronel Natacia	WITS
WESTGARTH-TAYLOR Tracy Lee	UCT
ZIKALALA Zuzile	UKZN

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

BASSA Leiyah	WITS
DE FREITAS Adelaide	UCT
KESARU Nivedita	UP
NAIDOO Thanushree	UCT
NYASOSELA Richard Ukapolola	
Unadyanji Madi	WITS

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

AGYEN-MENSAH Kwasi	US
ASMAL Aasif Ismail	UKZN
BABKIS Andrey Yakubovich	UKZN
BANERJEE Deepanjali	UCT
BEZUIDENHOUT Abraham	
BISCHOF Kirsten Emma	
BOTHA Janie	US
BRITS Elizabeth	UFS
ENSLIN Johannes Marthinus Nicolaas	
FAURIE Michael Pierre	
FOURIE Frans Frederik	UFS
GOOL Ferhana	UCT
GOVENDER Theshni	
HARIPARSAD Sanjeev Dhuneshwar	UKZN
HOFFMANN Kelly Storm	UP
HOFMANN Ken Sacha	
IBEBUIKE Kaunda Emeka	WITS
LOOTS Yolandi	UCT
LOWNIE Claire Nicolette	WITS
MADUMO Hendrick Motlhabane	WITS
MAGAGULA Richard	UKZN
MAHARAJ Kapil	UKZN
MAKHAMBENI Wilheminah Hendrika	WITS
MANKAHLA Ncedile	UKZN
MANS Daniel	UP
MANSOOR Ebrahim	UKZN
MARAIS Christoff de Villiers	
MASEGELA Puleng Magnus	UL
MAZIBUKO Tamsanqa	
MCINTOSH Cameron Nicholas Douglas	
MELONAS Basil Frank	
MILFORD Karen Leslie	
MOHAMED Shiraz	UKZN
MULIRA Solomon	
NAIDOO Vimal	UKZN
ODUAH George Onuwa	
PANDARAM Brian	
PANSEGROUW Michael Thomas Murphy	UFS
PAPAGAPIOU Charalambos	
PEIXOTO Dinez Hoy	
PERUMAL Neville	UKZN
PILLAY Jaytesh	WITS
PROMNITZ Geoffrey Craig	
REDDY Praven	UKZN
ROST Stefan	UFS
ROYTOWSKI David	
RUS Marielle	
SANDRI Lara	WITS
SANTHIA Sheridan	
SCHROEDER Enzo Ago	
SEPTEMBER Jacques Emile	
SHITULENI Sibasthiaan Gometomab	
SHONE Dennis	UFS
SIWELE Bakani Abner	UL
SNYDERS Robert Francis	
THOMAS Antony	WITS
TINUBU Olubodun	WITS
TSAMA Mluleki	
VAN DER MERWE Elmarie	
VAN DER WESTHUIZEN Jolanna	UFS
VENTER Rudolph Grobler	
VISAGIE Stefanus Jonker	
XOAGUS Elizabeth Alexia	
ZIMU Thandi Portia	

Primary Examination incl Neuroanatomy of the Fellowship of the College of Surgeons of South: FCS(SA) Primary incl Neuroanatomy

AGYEN-MENSAH Kwasi	US
ENSLIN Johannes Marthinus Nicolaas	
IBEBUIKE Kaunda Emeka	WITS
KHAN Shahid	US
MODIKENG Cleopatra Lebohang	WITS
ROYTOWSKI David	

Primary Examination of the Fellowship of the College of Urologists of South Africa: FC Urol(SA) Primary

ADOFO Charles Kwame	UP
BOSOMTWI Boateng	UP

Intermediate Examination of the College of Orthopaedic Surgeons of South Africa: FC Orth(SA) Intermediate

BAYES Graham Henry	WITS
GOVENDER Russell Dennis	UCT
HASSAN Muhammad Yusuf	UCT
HELD Michael	UCT
HOOSEN Mahomed Reechard Essop	UKZN
JORDAAN Jacobus Daniël	UKZN
VAN REENEN John-Rodger	UFS

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

ATIYA Yahya	WITS
BLUMBERG Raphael Moshe	
BURNELL Lisa Ashleigh	WITS
CASSIM Farzana	UCT
CHEDDIE Shalen	UKZN
COVENTRY Jason Andrew	UKZN
DASSAYE Yomesh	UKZN
DEWAR Malcolm James	UCT
DUBE Bhekifa	WSU
FABER Alexander	WITS
FRIEDMAN Robin Barry	WITS
GOVENDER Nerisha	UKZN
HAMPTON Mark Ian	UCT
JACOBSOHN Friedrich Gustav	UCT
JAMES John Herman	WSU
KHAN Zafar Ahmed	UKZN
KHAN Muhammed Uzayr	UKZN
LACHMAN Samesh Samraj	UKZN
MACHAWIRA Simukayi Percy	
MOGABE Phinias	UKZN
MUSHAYABASA Takunda	WITS
MUTEWEYE Wilfred	
NIETZ Sarah Lena	WITS
NOORBHAI Mohamed Aslam	UKZN
NTLOKO Sindiswa Kholeka Shirley	UKZN
PILLAY Trishan	UKZN
POTGIETER Dawid Jacobus	UCT

REBEIRO Michael George	UCT
RETIEF Kobus Naudé	WITS
SALEY Mueen	UKZN
SEPTEMBER Gareth Rudolph	US
SMITH Arnold	US
VAN DEN HEEVER Andries Petrus	UCT
VAN WYK Pieter	WITS

Higher Diplomas

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

ASMAL Yusuf	UKZN
MANGABA Mamafoko Glory	WITS

Higher Diploma in Orthopaedics of the College of Orthopaedic Surgeons of South Africa: H Dip Orth(SA)

ATHER H Muneeb	
BAM Tsepo Qonda	UKZN
BUGWANDIN Satish	UKZN
FERREIRA Nando	UKZN
IQBAL Mohammad Nasir	WSU
KABONGO Jean-Pierre Mubenga	
KALAGOBE Junior	UKZN
KHETSI Seipati Puseletso Beverley	UKZN
MUTHUURI Jamuck Micheni	UKZN
NCUBE Sbusiso Sonwabo	UKZN

Higher Diploma in Sexual Health and HIV Medicine of the College of Family Physicians of South Africa: H Dip Sexual Health & HIV Med(SA)

RUDOLPH Elna

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

VENTER Jeremie Johan

Diplomas

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

GOUWS Annemarie	
MISTRY Roshni Jagjivan	UCT

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

ADOMOKAI Celestine Francis	UP
AJUDUA Febisola Ibilola	US
ALEX Vinitha	UL
ATIYA Ahmed	WITS
BASSON Esther Elizabeth	
BAWA Bhavini	WITS
BERENISCO Dario Marco	
BERNHARDT René Janine	UKZN
BHABHA Fatima	
BOTHA Isoline	WITS
BROWNE Candice	
CHETTY Teruschka	UKZN
COETZER Wouter	UKZN
DEEDAT Raees	UFS
DHANRAJ Denisha	UKZN
DIBETSO Tiisetso	
DIESEL Rick Nathan	
DINGEZWENI Sithandiwe	WSU
ERWEE Franlé	
FUNG Trevor Wayne	
FÜZY Dunja	
GEERTSHUIS Jaréd Keith	
GOKAL Prashant	UKZN
GOVENDER Priya	UKZN
GOVENDER Guventhiran	
GREYLING Elze-Mari	
GWAMANDA Samukelisiwe Fortunate	UKZN
HANEEF Surayah	UKZN
HAYWARD Clyde Allistair	
ISRAEL Daniel Richard	
JACKSON Catherine Mary	
JACOBSZ Nicolette	
JEETOO Surjit Damon	
JURGENS Francois Xavierius	
KALIPA Mandisa Nomathamsanqa	UP
KALLENBACH Tracy Frida	WITS
KAMKUEMAH Maria Ndinomagano	
KATHAN Prendran Shanti Prakash	WITS
LATCHMEA Arvin Sheyn	UKZN
LE ROUX Johannes Abraham	
LELALA Ngoato Bruce	UKZN
LOUW Caro	
MAHARAJ Varsha	UKZN
MAKIN Lara Ruthe	
MANITSHANA Nontsikelelo	UP
MAPONDA Ditsia	
MARAIS Simone	
MAYEZA Slindile	UFS
MITI Phelisa	
MOKOENA Mamello Innocent	
MOLEOFANE Nkosi Nicodemus	
MOODLEY Niriksha	
MOODLIAR Hashanti	UKZN
MORGAN Jennifer Mary	UKZN
MOSELE Kesego Pinky Promise	UKZN
MOYCE Zanine Nazerene	UKZN
MUGERWA Andy Kawuki	
NAICKER Santuri	UKZN
NDAKUNDA Julia Ndeshihafela	
NDLAZI Nonjabulo Ziphi	UKZN
NELL Wilhelm Thomas	
NGOMA Ndenga	
NOBBS Gareth Robert	
OSMAN Aysha	
PASIO Kevin Stuart	
PIETERS Michael Shaun	
PIETERSEN Justine Mari	US
PILOSSOF Christie Leah	
RAUBENHEIMER Monique	
RIGG Samuel Jack	UCT
RODRIGUES Jacques	
ROHWER Helga Elisabeth	
RYMER Darren Robert	UL
SAMUEL John Philip	
SCHOLTZ Gideon Francois	WITS
SCHWULST Frances Lee	
SHAIKJEE Mohamed Shiraaz	UCT
SOMAROO Harshana	UKZN
SONNEKUS Petronella Hendrina	
SOORAJ Nayandra Runveer	WSU
SPENCE Trevi Alison Olga	WSU
SYED Muhommed Ridwaan	UP
TAYE Nosipho	
TEICHMANN Laura Margaretha	WITS
TELLIER Lara Roseanne	WITS
THORESSON Marina Anne	
VAN DER NEST Iwan	WSU
VAN DER WALT Johannes Josias Nicolaas	UKZN
VAN DER WESTHUIZEN Cindy Janice	UP
VAN HEERDEN Gerrit Johannes	
VAN SCHALKWYK Ockert Johannes	
WAGNER Leigh	
ZIMBA Umoyo	

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

ANDRADE Anabela de Sousa	
BAL-MAYEL Matani Edith	UKZN
BARTH Carmen	
BASSIER Mardeyah	US
BOWMAN Bridget	UL
BRINK Amelia Janetha	UKZN
FÖLSCHER Lindy-Lee	WITS
FOURIE Natasha	US
GABRIELS Cindi	US
HENDRICKS Lesley	UCT
JAMAL Nasreen	UKZN
LAMBRECHTS Yolande	WSU
MAHARAJ Varsha	UCT
MAKHANTHISA Muofhe Mercy	UL
MANCHIDI Mokhulwane Klaas	
MANZINI Dellina Dumela	UL
MASU Adelaide Ngina	UCT
MOODLEY Nerissa	UKZN
MUKUNDAMAGO Nthambeleni Michael	WITS
MULLER Linda	WSU
MUREITHI Linda Nyambura	UCT
MZOBE Nontobeko Gloria	UKZN
NANA Kaushika	WITS
NEUMÜLLER Caroline Maria	US
NTWIGA Jolly Elizabeth Adyeeri	UKZN
PILLAY Parusha	
PITIRI Motlalepula Portia	WITS
REINDERS Antoinette	UFS
RIDDICK Alison Elisabeth	WITS
STEYL Charlé	
VAN BLYDENSTEIN Sarah Alexandra	
VAN DER HAER Dillon	WITS
VAN NIEKERK Marike	WSU

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

KRIEGER Adri

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

AFONSO Estevão Bernardo	UCT
KHAN Akmal	UCT
PILLAY Venesen	WITS

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

ADEYEMI Benjamin	UKZN
AJENIFUJA Turner Oluwaseun	UKZN
AKINJOBI Grace Olayinka	
AWOLESI Damilola	UKZN
BENYERA Oscar	
BEVISS-CHALLINOR Kenneth Brodrick	
BOSCH Fredricka Johanna	UFS
BOUWER Francois	US
BUTLER India Lucy Claire	WITS
CARROLL Theresa Joy	
CHAYA Shaakira	UL
CHIPARA Alex	
COMLEY Vanessa	
DE MEIJER Fleur Ophélie	UKZN
DHLAMINI Makhosazana Justina	
EKSTEEN Anel Sumarie	
ELIJAH Regis	
FERIS Abigail	
FODO Tobisa Zifikile	
FOWORA Abayomi Ayojide	

GINA Ntombenhle Phindile	
GOVENDER Diveshni	
GUMEDE Maria Itumeleng Lebogang	
HARYPURSAT Arthi Gayapersadh	UKZN
HUGHES Jennifer Ann	
KABONGO Mangola Daniel	UKZN
KUNZEKWENYIKA Cordelia Chitsidzo	
MABINDLA Bulelwa	
MABUZA Hloniphive Innocentia	
MADALA Nombulelo Julia	
MADAN Shiban Kishen	
MADZINGIRA Kundai	
MAIMANE Moni Desiree	
MAISEL Julia Robyn	
MALUNGA Carol Jacobeth	WITS
MAMADI Kgaogelo Vernon	
MANENTSA Mmatsie	
MANICKLAL Sheetal	UKZN
MANO Runyararo	
MARTIN Catherine Elizabeth	
MASETI Pumza	
MASIZA Andisiwe Nomsa	
MAUWA Ernest Tsarukanayi	
MAWELA Lesego Simon	
MGQUNYANA Nozolilwe Simon	
MISRA Asha	
MJALI Geraldinah Nonkazimlo	WITS
MKHAWANA Courage Tiyiselani	
MNTAMBO Mbalizethu Nokulunga	
MODY Priyesh Girish	UKZN
MOESI Godfrey Tshepo	
MONJI BUILU Pierre	
MOODLEY Anusha Poomanie	UFS
MUZAH Batanayi Prinsloo	
NAIDOO Tania	UKZN
NARAINSWAMI Neeran	
NCUBE Nkosinathi	
NDLOVU Mohelepi Percy	
NDWANDWE Lungisa Daphney	
NEMATADZIRA Teacler Gamuchirai	
NGWARATI Innocent	
NISSEN Vibeke Hedager	
NTSHWANTI Nozuko	
NWANZE Solomon Chibuzor	US
NYAWAYI Porika	
OGWU Anthony Chibuzor	
OJO Ebenezer Bamisebi	
OMAR Sophia	UKZN
PATEL Farouk	
PEER Moosa	
ROBERTS Delre Latchma	
SCHEIBE Andrew Philip	
SIBEKO Samukelisiwe Theodorah	
SUKDEV Natasha	
THAVER Aneshree Terrilla	
VLUG Mokgadi Sinah	UP
WALSH Gladwin Brenmore	
WEBB Caroline Louise	UKZN
WHITAKER Rowena Mary	UKZN
WILLIAMS Merle Issmeralda	
XABA Sabelo Ntokozo	UP

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

BOOI Lindiwe Morjorie	WITS
BOTHA Samuel James	
BREMER Ingrid	UL
CHUNDU Muleta Mwisiya	
GHELA Zakeen	UKZN
JOSE Cicyn	US
LE FEUVRE Bianca Jade	UCT
LOUW Albertus Wynand	
MABUNDA Harry Lionel	UP
MATHUMBU Priscah	
MOSTERT Lolita Maria	
ORI Rasmita	
PICKFORD Andrew Dealtry	
POTGIETER Meent Francois	UFS
RADEMEYER Mia Martie	
RAPITI Ellapen Venketsami	
ROOS Johan Louis	
VAN ROOYEN Marthinus Bernardus	WITS
VAN SCHOOR Robyn Anne	
WEST Michael	

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

ADEBUTU Olalekan James	WSU
ADU Kayode Adefemi	UKZN
ANYIKWA Anderson Chinedu	WSU
BARNARD Annelize	
BUCHAN Nicola Jane	
BUTORANO Marie Grace	
CARKEEK Emma Claire	UCT
DIALE Qinisile	UP
EBERSOHN Annemarie Cornelia	
ERLANK Minette Barbara	
FALODUN Gbenga Omotayo	UL
HASSIM Yumna Farouk	
IKEKHUAH Augustine Ehimanre	
KALALA Johnston Vusumzi Wilberforce	
KAMIZELO Gakula Serge	
KATUMBA Appolinaire Ciamalenga	
KIMBOTA Menakuntima	
MALOTANA Phyllis Mokutu	
MAMPUYA Ferdinand Kediamosiko	
MARINCOWITZ Frances Jeanne	
MEYBURGH Emmarentia Hester	US
MOODIE Quintin Keith	US
MOSHOKWA Molatelo Linneth	
NURSE Christian Robert	UKZN
ODUNTAN Opeoluwa Olumuyiwa	UP
PULE Palesa	WITS
RAPATSA Phutiane Alwyn	UP
SHIPALANA Oupa	
SMIT Marése	
SONNTAG Kim Renate	
TORLUTTER Michéle	US
VAN JAARSVELD Juliana Bertina	

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

COETZEE Dirk Johannes Lourens	UL
DU TOIT Linett	WSU
FERNANDES Gareth	
LAAKS Debbie	
MACALA Akhona Xola	UKZN
RAMAN Petronella	WITS

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

ARAIE Farzana	UCT
BLACKBEARD Rosalind Kathleen	
COETZEE Robert	
DE VINK Joyce Ellen	
FIANDEIRO Daniel	
GERBER Rachel Jacoba	US
HOSKING Catherine Ann	WITS
JOUBERT Nadia Magdalena	UP
KORB Anneli	
LALLOO Vidya	
LAUBSCHER Cherese	UFS
MATHOBELA Charlotte Matete	
MHLABA Masikhanyise Elizabeth	UP
MOODLEY Pravani	
PAUL Jessica Emma Whiting	
PILLAY Ashegan Kandasamy	UKZN
SINGH Swasthi	
STRACHAN Cobus	UCT
THERON Thomas	UKZN
WYLIE Michael Joseph	

Diploma in Sleep Medicicne of the College of Neurologists of South Africa: DSM(SA)

OMAR CARRIM Yacoob

Fellows by peer review

Dr Michael David John WELLS
College Of Emergency Medicine
Dr Beyers Bresler HOEK
College of Paediatricians
Dr Etienne de la Rey NEL
College of Paediatricians
Dr Kiran B PARBHOO
College of Paediatricians
Dr Eric Uriah ROSEN
College of Paediatricians
Dr Hendrik Simon SCHAAF
College of Paediatricians
Dr Linda Gail SCHER
College of Paediatricians
Dr Cornelius Johannes SCHOEMAN
College of Paediatricians
Dr Johan SMITH
College of Paediatricians
Dr David Kenneth STONES
College of Paediatricians
Dr Jerzy Adam TARGONSKI
College of Paediatricians

FRAUDULENT USE OF CMSA CREDENTIALS

A foreign qualified surgeon was reported to the CMSA for fraudulently using the credentials FCS(SA) behind his name. This was reported to the HPCSA and he was instructed to remove these credentials from his letterhead and was ordered to pay a fine of R10 000, which he has done. Please will members report incidents of this nature to the Academic Registrar: Ann Vorster at alv@cmsa-jhb.co.za so that the CMSA can eradicate this type of fraudulent behaviour.

CHEATING IN CMSA WRITTEN EXAMINATIONS

The staff and invigilators of the CMSA have to be extremely vigilant in order to prevent cheating in the written examinations. There was an incident at the end of 2009 in which a candidate was found to be in possession of notes during the examination. The Code of Conduct was invoked and a full disciplinary hearing was held. The candidate was found guilty and will not be allowed entry to any further CMSA examinations until all conditions placed by the committee have been complied with to the full satisfaction of the Examinations and Credentials committee.
A new Code of Conduct was recently completed and will be on the CMSA website from June 2010.

CMSA Minutes

FIFTY FOURTH ANNUAL GENERAL MEETING OF THE COLLEGES OF MEDICINE OF SOUTH AFRICA (CMSA) HELD AT 08:30 ON FRIDAY 16 OCTOBER 2009 IN THE SMITH & NEPHEW FOUNDATION ROOM, CMSA BUILDING, 17 MILNER ROAD, RONDEBOSCH

PRESENT:

Prof Z M van der Spuy	(President) in the Chair
Prof A Madaree	(Senior Vice President)
Prof G A Ogunbanjo	(Vice President)
Prof D Kahn	(Chairperson: FGPC)
Prof J Vellema	(Chairperson: ECC)
Prof A Reddi	(Chairperson: EC)
Prof T Zabow	(Honorary Treasurer)
Prof J L A Rantloane	(Honorary Registrar: ECC)
Prof J Aboobaker	(Honorary Registrar: EC)
Dr N L Bhengu	Prof G Maartens
Prof J G Brink	Prof B M Mayosi
Dr B T Buthelezi	Prof E L Mazwai (IPP)
Dr K-W B?tow	Prof V Mngomezulu
Dr R A Chamda	Prof P S Mntla
Prof A J Claassen	Dr S B A Mutambirwa
Dr G A Davids	Prof S Naidoo
Prof R W Eastman	Prof S J Nayler
Prof A Ellmann	Prof J M Pettifor
Prof L Goedhals	Dr L J Ramages
Prof H B Hartzenberg	Prof M M Sathekge
Prof D A Hellenberg	Prof A Schepers
Dr L Heyns	Prof S Seedat
Prof M F M James	Prof A M Segone
Prof B M Kies	Prof P L Semple
Dr W G J Kloeck	Prof L M Sykes
Prof B G Lindeque	Prof D L Viljoen
Dr W Lubinga	

Members and others attending by invitation:

Dr A C Hurribunce	Dr T S Pillay
Dr I D Huskisson	Dr S Singh
Dr B V Mendelow	Prof J Terblanche
Dr J Morkel	Dr T B Welzel
Dr L S Phahladira	Dr A J van der Westhuijzen

APOLOGIES:

The apologies were noted.

SECRETARY:

Mrs Bernise Bothma	(Chief Executive Officer)

IN ATTENDANCE:

Mrs Ann Vorster	(Academic Registrar)
Mrs Jane Savage	(Minute Secretary)

WELCOME

The Chairman welcomed all the members who were attending the Annual General Meeting and particularly those who came for the first time.

1. REGISTRATION OF PROXIES
   The CEO duly registered 117 proxies.

2. MINUTES OF THE FIFTY THIRD ANNUAL GENERAL MEETING HELD ON 24 OCTOBER 2008
   The minutes were adopted and signed.

3. MATTERS OF URGENCY
   None.

4. MATTERS ARISING FROM THE MINUTES OF THE LAST ANNUAL GENERAL MEETING
   None.

5. ANNUAL REPORT OF CEO ON BEHALF OF SENATE FOR THE PERIOD JUNE 2008 TO MAY 2009
   The CEO reported that the Annual Report appeared on pages 27 – 38 of the current issue of Transactions (tabled).
   Read and accepted.

6. FINANCIAL REPORT OF HONORARY TREASURER : PROF T ZABOW

   Prof Zabow expressed the hope that everybody had had an opportunity to read and study the financial report. The CMSA was a very complex institution as far as its finances were concerned and he was pleased again to report that financially, the CMSA was in a state of good health. It was also extremely important in this day and age to keep strict control as unforeseen circumstances occurred. He reported as follows:

   "I will now highlight some of the important aspects of the report. Under Assets on Page 4 Property and Equipment (buildings in Cape Town, Johannesburg and Durban) totalled R35 962 510 (all properties are revalued every three years). Investments are R9.2 million; the other Investments of R6 million are monies invested by the CMSA for various projects being in Trust Funds. These funds were endowed many years ago with good intention, but some of the investments are very small now e.g. the Arthur Landau Lectureship, with only R5 000. On the other hand some generate money like the MS Bell Scholarship where money is received on an annual basis. Current Assets also include medals and saleable insignia totalling R235 985. Accounts Receivable (our debtors), total R1 428 100 and Cash at Bank and on deposit, R7 583 866.

   Funds and Liabilities include General funds of R17 774 299 (being accumulated funds and surplus). There are also Special

Grants and constituent College levy funds totalling R2 889 106. Constituent Colleges can apply for these funds for meetings etc.

Expenses (including examination expenses) increased by 20.39% compared to last year. Administrative Expenses are set out on page 20 note 16. Impairment is a new expense being the revaluation of numbers 14 and 16 Glastonbury Place.

Our main income is from Subscriptions and Registration fees. The kind of income that one cannot budget for is the amount that will be generated from examinations because we never know how many candidates are writing. This is where we always get a surplus. Compared to the previous year, income increased by 10% and Expenditure by 20% resulting in a reduced surplus. So the actual surplus is R2.3 million – we thought we would have R1.1 million, but it does give us a little bit of that cushion effect that's important. It is a small percentage, but it's always very useful to a Treasurer".

On the following questions from Prof John Terblanche on Cash in Bank R7.5 million (obviously not in the day to day bank): "Why is it and why don't you reflect the part that's not there?. Were the Trusts invested in some fixed mechanism because of how they were originally placed or were they being transferred to a better investment modality"?, Prof Zabow responded that small amounts were on call which were being moved all the time. The CMSA has been very well advised on obtaining the best rates for shorter periods of time. The Trustees always assist to ensure that we get the best rate.

Prof Kies, contemplating the huge expense of running CMSA examinations with some running at a loss whilst others having to be cross subsidised, wondered whether it was feasible to change the frequency of the Certificate examinations to one per year which he believed would be a significant cost saving.

Prof Vellema believed that there was no reason why this could not happen as one could actually determine upfront by speaking to the candidates whether or not they were preparing for an examination during the year.

Prof van der Spuy pointed out that the only problem was that Certificants only trained for two years and if the examination was deferred, certain candidates would have completed their time and not written their examinations.

It was noted that with the increasing number of Certificant examinations being offered, the workload in the Johannesburg office had increased considerably. The Treasurer remarked however that the staff complement had increased over the last two years, but that an infrastructure would have to be provided If more posts were to be created.

Mrs Voster pointed out that if the CMSA were to be the custodians for the National Exit Examination, more space would need to be provided for additional staff and Prof van der Spuy expressed the view that an option would be to convert the house next door into a set of offices. The CMSA was presently concentrating on the Durban office and was not able to raise money for expansion to the Johannesburg office.

In concluding, Prof Zabow made the point that the Annual General Meeting was a very important place to spread information. He thanked Margie Pollock and her team for all their labours over the year.

The President thanked Prof Zabow for undertaking an enormous and growing amount of work.

ACCLAMATION

7. REPORT OF PRESIDENT : PROF Z M VAN DER SPUY

Introduction

This Annual General Meeting is taking place as the Senate, which came into office last year is now established and well versed in the affairs of the CMSA. It is interesting to review proceedings and minutes of previous Annual General Meetings and to note how the areas of concern and emphasis change and shift over the years but there are central themes which have continued over time.

The energies and efforts within the Colleges over the past year have concentrated both on the routine business of the College and also on trying to develop specific areas of importance and interest.

We continue to develop fair examination systems and reproducible assessment processes as this is obviously central to College business. We have expanded our programmes through the College Project and this will hopefully benefit all of our members and engage them in CMSA activities. We are hoping to continue to increase our interaction with our colleagues in Africa as well as further afield.

Over the past year numerous challenges have been identified. These include the review of our examination processes to ensure that, should the HPCSA decide on a unitary exit examination for specialist training, we will meet the necessary requirements and be acceptable as the national examination body in South Africa. We hope to engage more fully and more meaningfully with colleagues throughout Africa and attempts have been made by many of the Colleges to develop links with their sister colleges elsewhere on this continent.

There are enormous challenges within healthcare in South Africa which particularly impact on academic medicine and we hope that through the College Project and the input we can offer, we will address some of these.

Examination and Assessment Processes

We anticipate that the HPCSA will make a final decision about a unitary exit specialist examination in the coming year and we recognise that we have to ensure that our examination processes will meet with all the necessary requirements. We have been reliably informed that the Department of Education will require a mandatory research component within specialist training and this will obviously be supervised and managed by the University departments.

The concept of a national unitary examination is being developed by the HPCSA and we await the regulations and requirements for this. Institutions which may potentially organise and manage these examinations will be invited to present their credentials to the HPCSA and we hope that we will be selected as the national examining body for specialist examinations. The CMSA already provides the only national examinations for the various diplomas in multiple disciplines within our constituent Colleges and the certificate examinations for the sub-specialities recognised by the HPCSA.

The Examinations and Credentials Committee arranged an outstanding educational meeting at the three College offices in 2009 which gave us all insight into multiple choice questions and blueprinting a curriculum. Future meetings are proposed and these will offer the opportunity for all College members to update their educational knowledge and input. While these meetings are designed for colleagues who are College examiners, the decision was taken that they would be open to anyone who is interested in the educational processes. The Committee is to be congratulated on this initiative and on their future programme of workshops.

The decision has been taken by the Senate that a portfolio has to be provided by every candidate which should give an outline of experience, academic interaction, include reflective commentaries and be assessed prior to the examination and possibly also during the examination. Many of the Colleges have already developed their portfolios and these will become compulsory in the near future.

The Education Committee is currently undertaking the regular review of all the curricula to assess that these are up to date and valid and it is proposed this will take place every three years.

Links with the Department of Health, the Department of Education and the HPCSA

Over the past few years we have tried to develop meaningful links with both the Department of Health and the Department of Education. Given that both departments are central to training and the future of medicine in South Africa it was felt that we should have meaningful interaction with officials in these departments.

We are delighted that the National Department of Health has been particularly responsive to our requests for interaction and dialogue. Dr Percy Mahlathi has attended several of our strategic planning meetings and more recently the Minister of Health has indicated his availability to address members of our Colleges at workshops discussing the NHI. The Deputy Minister of Health Dr Sefularo has also made himself available for ongoing interaction. This is a very helpful development and one which we hope will continue in the future.

In the past the Department of Education has always indicated its willingness to interact with us and at present our liaison people within the DoE are Dr M Qhobela and Professor Ian Bunting. Unfortunately they have not been able to attend any of our meetings. We hope this will change in the future.

We are particularly indebted to Professor T Mariba who has attended our Senate meetings as a representative of the HPCSA. He is the current Dean of the Faculty of Health Sciences at the University of Pretoria and has brought important insights and knowledge to our meetings. We are most appreciative of his informed input and we hope this connection will continue in the future.

African Partnerships

The Registrar of the Finance and General Purposes Committee, Professor Dhiren Govender, is attempting to develop a database of all our links with African Colleges.

The CMSA is particularly interested in growing collaboration between our Colleges and our African partners and the decision was taken by the College of Medicine Foundation earlier this year that the President should accept at least one African invitation per year to attend a function within the Colleges in Africa.

At present there are numerous African links and we need to coordinate these and make sure there is ongoing communication between our colleagues elsewhere in Africa and the CMSA.

Links with Colleges abroad

We receive numerous invitations for the President or members of our Colleges to attend meetings abroad. This offers valuable opportunities for interaction and often attendance at very worthwhile academic meetings. We all gain a great deal from this interaction and from meetings which are arranged specifically for discussion between representatives from all Colleges attending the meeting.

As a consequence of interaction between our Colleges and others, we were invited to join an initiative on the impact of climate change on health and we are now receiving communications from the Climate and Health Council Committee. The first interaction was a letter which was co-published in the Lancet and the BMJ and for which we were co-signatories. While this obviously is somewhat peripheral to our function as an examination and assessment body, it is important that we are seen as role players in important areas of healthcare.

College Project: "Strengthening academic medicine and specialist training in South Africa"

In October 2007 the College Project started with a Policy Forum and subsequently we managed to generate funding to develop the research which was decided upon at this initial meeting. Over the past two years we have made considerable progress. We initially developed two main projects – one to investigate specialist numbers and needs and the other to review governance of academic centres. Our project has now expanded considerably, as constant review has demonstrated the need for research into different aspects of specialist training and funding of academic medicine. We have been able to employ a project coordinator, Dr Brigid Strachan, and she has spearheaded the research in these areas. We are currently preparing a final document which will outline the information we have gained to date but which we perceive as a living resource which can be changed, upgraded and developed as necessary.

With the support and input from colleagues in the private sector, through this project we are arranging workshops for leaders in healthcare. The first of these will be held on 21 and 22 October in Cape Town and this should be followed by a similar workshop in Durban in 2010. These meetings will review the impact of the NHI on medical and dental practitioners and we are indebted to the Minister of Health who has determined that he will speak at both these meetings. These are information sessions and are open to everyone attached to the CMSA. We trust this will offer yet another benefit from CMSA membership. In the future we plan further meetings on topics of interest as part of this project and we are particularly indebted to Professor Zabow for the work he has done in developing these programmes in collaboration with Professor Manie de Klerk of Qualsa.

A more recent initiative of the Project is developing a programme on HIV/AIDS. Under the chairmanship of Professor Anu Reddi our curricula are being reviewed to ensure that they are

appropriate and up to date with regard to input on HIV/AIDS. We are also developing workshops which will offer expert input into areas where knowledge on HIV/AIDS is limited or where multi-disciplinary input is particularly helpful. In addition Professor Reddi is developing a document on the impact of HIV/AIDS on all our disciplines which we hope to have completed for publication in 2010 and which we anticipate will stimulate development and research.

Durban Office

We need to generate sufficient funding to build a new office complex at the Durban offices opposite the Medical School. This funding initiative has been developed through the College of Medicine Foundation by Dr Warren Clewlow who previously chaired this Foundation will now Chair the Board of Trustees, which is part of the CMSA. Fundraising has been difficult. It is suggested that appeals to local colleagues may well be more successful and fundraising efforts among members of the CMSA are planned in the near future.

Conclusion

May I take this opportunity to thank the many members of the CMSA who contribute to our activities and our well-being.

The Finance and General Purposes Committee has been chaired by Professor Del Kahn with Professor Dhiren Govender as the honorary registrar. This committee is responsible for the day-to-day running of the finances of the CMSA and for the financial management. The treasurer is always a member of this committee.

Over the past year the Examinations and Credentials Committee has been faced with numerous challenges. Professor Jeanine Vellema chairs this committee and the honorary registrar is Prof Arthur Rantloane. They deal with all the problems which arise during examinations and with assessment procedures. Undoubtedly their activities are central to the College and very challenging at times.

At present the Education Committee is chaired by Professor Anu Reddi with Professor Jamila Aboobaker as the registrar. Professor Reddi is embarking on some innovative processes in reviewing the impact of HIV/AIDS on our professions and we have no doubt at all that this will provide valuable input in the future.

Professor Gboyega Ogunbano currently edits the Transactions and you will have received a copy of the latest version of this document. His efforts to provide this journal at a relatively low cost and with relevant input have been extremely successful and he needs to be congratulated on his editorial input.

Professor Tuviah Zabow has been the honorary treasurer of the CMSA since 2003. This position is central to the management of College business and often we do not appreciate the load it places on the incumbent of this honorary position. In addition to managing the CMSA finances, his role has now been expanded to taking over the finances of the College of Medicine Foundation and, in addition, to those of the College Project. We owe Professor Zabow a debt of gratitude for his meticulous and diligent interest in our finances. We appreciate and value his input.

I should like to express my personal thanks to all these officers for their support and input. I am very aware of the sacrifices and extra commitment which is demanded by their College roles from all of them, in what are very busy clinical and academic schedules.

May I also express my appreciation for the support we all receive from the three College offices. Thanks are due to the administrative secretary of our Durban office, Anita Walker, our Academic Registrar Ann Vorster and our CEO Bernise Bothma and the staff in their offices. Their input, knowledge and support are central to anyone in the presidential role. They offer personal support in running the CMSA and the input they and their staff give is possibly sometimes under-appreciated. Undoubtedly their dedicated input results in us being effective as an institution.

I wish to thank the two Vice-Presidents, Professor Anil Madaree and Professor Gboyega Ogunbanjo and the immediate past president, Professor Lizo Mazwai for their input, for their support and for their innovative suggestions. I have enjoyed working with them and I have learnt much and gained a great deal from my interactions with them. I trust that as a team we will continue to take the affairs of the CMSA forward, develop the College Project further and achieve the goals which we defined at the start of our period of office

8. REPORT OF CHAIRPERSON OF THE EXAMINATIONS AND CREDEN-TIALS COMMITTEE: PROF J VELLEMA.
Prof Vellema reported as follows:

"The mandate of the Examinations and Credentials Committee includes, amongst other things, maintaining all the regulations, guidelines and syllabi in collaboration with the Education Committee and also very importantly to protect and maintain standards and the status of examinations and qualifications. To this end, we have embarked on examiner training workshops and had a very successful workshop on the setting of MCQ's and blueprinting of examinations held in Johannesburg, Cape Town and Durban. Extremely positive feedback in relation to these workshops was received from attendees and we sent out a questionnaire to find out what people might want to hear or receive information on in future. Items included setting a good OSCE examination, long versus short questions, more on the setting of R-type MCQ;s and from yesterday's Senate meeting the very important but quite contentious issue, the setting of trapdoor-type questions with the idea in mind that one actually prevents a potentially dangerous candidate from graduating. In addition to that, people wanted to know more about marking memoranda and in-training assessment processes. We have budgeted for and are now planning next year's workshops and will take all these suggestions into consideration when setting up these travelling workshops and even looking at extending them to Polokwane and Bloemfontein as well.

Unfortunately, in the past year, the ECC has experienced a number of incidents relating to improper behaviour during examinations where candidates have contravened our code of conduct. Aligned with our code of conduct we held disciplinary enquiries into all of these incidences and one of the difficulties experienced was, while we have a well constructed code of conduct (which is being reviewed as well), we had no sanctioning guidelines whereby particular sanctions can be imposed for particular types of misconduct situations and ECC has taken that upon themselves and will be developing a sanctioning booklet which I hope to be able to report favourably on next year.

Other issues which created some difficulty within certain Colleges related to the changes in regulations and implementation time frames of those changes. We found that while most of us knew what the rules were relating to changes i.e. which changes should go to ECC and matters pertaining thereto, there again no guidelines are in existence currently and ECC will develop these so as not to create confusion amongst Colleges in the future.

Lastly I want to talk about an issue that came up during our last set of examinations where questions were raised regarding the integrity of CMSA examinations. If people feel that the integrity of an examination was being compromised, this should be reported. The suggestion was made yesterday in Senate that we adopt a similar attitude to that which the DOH is doing which is that we should have a whistle-blower type of site on our web page for people to report what they consider to be irregularities. We should also be publishing what we do to maintain the integrity of examinations which is e.g. that no convener or examiner knows the identity of a candidate until after an examination has taken place which then allows for marking to take place anonymously. There are candidates who feel that they have been personally judged because someone might have known who they were while marking a paper. In addition to that we also have the various examiners panels which are not just constituted from one centre, but from various centres. Anonymity of candidates is maintained until the marks have been published. These are issues that we will be addressing at ECC in an attempt to ensure that we have policies, guidelines and procedures in place before we hopefully become the National Equivalence Examinations body.

I would lastly just like to thank our Academic Registrar, Mrs Vorster and her staff who run a very busy examinations office with tight deadlines. Thank you for your hard work and for maintaining the smooth running of the examinations. I also want to thank the ECC, who attend meetings late on a Friday afternoons in Gauteng, for all their input and assistance in dealing with the matters that we are tasked to do".

ACCLAMATION

Prof Mazwai mentioned the important issue of examining HPCSA candidates and suggested that this matter be discussed at some stage in the future not just in relation to examinations but also with regard to assessment of candidates.

Prof Vellema alluded to the discussion at Senate the previous day where Mrs Vorster reported that the CMSA was asked by HPCSA to examine candidates who might not have gone through the usual training processes and were not trained in South Africa. The examination was deemed to be a purely exit examination process to evaluate ostensibly the knowledge of the candidate at the time of the examination. Some Colleges have expressed concern because these candidates have not fulfilled their criteria to qualify for entry into an examination and could thus be compromising the standards set by the respective colleges. There was a strong sense that the HPCSA needed to verify the candidates' qualifications and background training portfolios. It was understood that the majority of these were specialists in their own countries and even if they did the examinations they were not granted a Fellowship – it was purely an examination to establish that the candidate had the required knowledge. Particular concern was expressed by the surgical specialty Colleges who felt that they were almost endorsing (if the candidate passed) a candidate who might not be a competent practitioner. The matter was not completely resolved because the CMSA wanted reassurances from HPCSA regarding the quality or standards of the training background of these candidates.

Prof van der Spuy reiterated the sentiment expressed at Senate that HPCSA acknowledged the concerns and were arranging that these candidates had to be in a Medical Officer post for two years with some form of assessment before sitting CMSA examinations. It appeared likely that this issue would be resolved within the next year. HPCSA were also in the process of discovering how people trained by having knowledge of the training processes in various countries. However there were some areas where very little was known of the standards of training.

Prof Ogunbanjo believed that it was Important to have consistency in the way individuals were being assessed. There should be minimum standards whereby all those trained outside the country had to be assessed by the relevant society or association via the various Colleges.

Prof Mazwai wondered whether there was a document that underpinned this arrangement between the CMSA and HPCSA. Senate was fortunate to have Prof Mayosi as a Senator and as Chairperson of the relevant Committee. Prof Mayosi had done excellent ground breaking work within that Committee by establishing a tracking system of how candidates were assessed. If there was an agreement with HPCSA the CMSA could access this kind of information.

AGREED:

That the Examinations and Credentials Committee would write to the HPCSA to request that they formalise the agreement with the CMSA noting the concerns voiced and also requesting information on what they were putting in place for the future.

9. REPORT OF CHAIRMAN EDUCATION COMMITTEE : PROF A REDDI
Prof Reddi reported as follows:

"About a decade ago the role of the Education Committee was ill-defined and unclear. I think it started off as a liaison office between the candidate and the CMSA. That function has become clearer over time to the extent that we are now involved in arrangements pertaining to the eponymous lectureships such as the Arthur Landau, Francois P Fouché and other lectureships.

A further role was that of the provision of educational visits especially to the Eastern Cape and this year we had Dr Norma Tsotsi who provided 5 lectures in Umtata between 13 – 15 August. We have received letters of commendation from the various parties involved.

We are an approved accreditor for CPD applications. Approximately 100 of these applications are processed per annum, which bring in an income of between R3000 and R5000.

Unfortunately there are two areas of our business in which there are obituaries and that is the Ethics Seminars because of poor attendance and the News Bulletin, the reason for that probably being apathy on the part of the various bodies and individuals that should have provided some information for posting on the bulletin.

The latest and probably the biggest role for the College is now becoming the recalibration and review of the syllabi which I personally think is very important with regard to the functions of the Colleges and examinations, etc.

The other big issue is that of the new College premises in Durban. Prof Madaree is involved in fundraising for this project and hopefully we will be able to raise an amount for at least some start on the buildings.

I must mention that the immediate past Chairman, Prof John Robbs, was involved in the development and formulation of a Registrar contract which has almost reached fulfilment.

Finally, without the aid of Anita Walker and Antoinette Conning who do all the work, we would not exist and I record our appreciation for them. And then our sister offices: Ann Vorster keeps us on our toes and certainly the warmth and compassion of Bernise Bothma is much appreciated.

ACCLAMATION

Prof Ogunbanjo raised the point discussed yesterday at Senate regarding the whole issue of CPD and the CMSA looking at the possibility of having web paged CPD activities and Prof van der Spuy reaffirmed that the matter had been referred to the Finance and General Purposes Committee. The first step would be to find out what it would cost to run web-based CPD. This could be a major benefit to members in good standing who could generate the CPD via their numbers, but would be a costly operation.

10. REPORT OF CHAIRPERSON OF THE FINANCE AND GENERAL PURPOSES COMMITTEE : PROF D KAHN.
Prof Kahn reported as follows:

"Most of the issues discussed by the FGPC were on the Senate agenda for discussion and have been done so in great detail and I will just mention some of the issues very briefly.

One of the first things I would like to mention is that, earlier this year, the FGPC was asked to renew the College Mandate looking at the vision and mission of the CMSA that was presented and ratified by Senate in May and is currently in your Transactions.

The second issue is the CMSA Foundation that has been dissolved and the FGPC Committee was asked to review the role of the Board of Trustees, Again, recommendations were made to the Senate and were ratified yesterday. In essence basically, the Board of Trustees would be asked to take on the responsibility of looking at fundraising strategies on behalf of the CMSA and would continue to meet biannually at the time of Senate meetings. The Treasurer's role would be taken over by the CMSA Treasurer.

The President in her report mentioned the African Initiative and this is viewed as an important role within the CMSA. Prof Dhiren Govender who is the Hon Registrar of FGPC has been tasked with this and he has started a database and requested input from the constituent Colleges who have contacts with African Colleges.

We also discussed the perennial problem of what the value of the CMSA was towards its membership; what do they get for their fees, as well as the issue of the web based CPD activity which will be discussed by FGPC looking at costs and other ways of offering this service to its members. Obviously much of the functions of FGPC are the financial aspects and for this we have Prof Zabow and a report from Dr Les Ramages to keep the finances in proper order. One of the issues under the financial aspects is what to do about defaulters and how to get people back into the fold of the Colleges. We decided that people who do default on payment of their annual subscriptions would be subject to a once off penalty and be allowed to renew their membership. The issue of the individual College levy was also discussed and as you know, currently people pay their annual subscriptions and a separate levy towards their College. We have now decided to incorporate the levy within the subscriptions.

Finally there were several staff changes taking place both in this structure and in Johannesburg and I would like to thank the CEO, Bernise Bothma, and the staff in the Cape Town office who are responsible for the daily administration of the CMSA".

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

Prof Ogunbanjo presented the new Issue of Transactions to members. The current circulation was approximately 9 500 both internally and out of the country for overseas members. There was an issue around the limited number of advertisements but he reported on discussions held with the Professional Provident Society where there was a possibility of getting advertisements. He announced with appreciation that PPS had committed themselves to sponsoring the graduation ceremonies to the tune of R100 000 for 2010.

ACCLAMATION

Prof Mayosi suggested that in order to make Transactions more visible, the CMSA should join the open access publications movement in a formal way to give Transactions open access on the website. This would assist in reducing postage costs.

The President remarked that the matter was discussed in Senate and the consensus was that most people wished to receive a paper copy.

The Editor was commended for his work and dedication to the College publication which served as the voice of the CMSA.

ACCLAMATION

12. ANNUAL APPOINTMENT OF AUDITORS

AGREED:

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

NOTED:

The concern expressed by Dr Ramages that the current Auditors had been auditing the books of the CMSA consecutively for a number of years and should by now know the scope of the work. Their fee increased over the year by just under 30%. He suggested that a further meeting be held with Deloitte to inform them that the CMSA wanted them to work smarter rather than harder.

13. CORRESPONDENCE

None

The meeting concluded at 10:45

A Captivating "Alchemy" - Educating Doctors for South Africa: the story of MBChB curriculum modernization

Seggie, JL
Department of Medicine, University of Cape Town
Correspondence to: Janet.Seggie@uct.ac.za

In recent years it must seem that medical education is in a perpetual state of change. This paper attempts to provide a narrative of that change through the last century and into this, in what might be referred to as the first and second "**renaissances**" of medical education …

The first renaissance …

encompassed curriculum reform in the 20th Century, change being prompted by two drivers:

- the development of a new, so-called scientific model of medical education - which emphasized a theoretical scientific basis to all disciplines including the clinical disciplines.
- Abraham Flexner's catalytic critique of North American medical education at the beginning of the last century

It is the story of two influential Americans, the powerful businessman and philanthropist Johns Hopkins (1795-1873) and of the visionary educationist Abraham Flexner (1866 – 1959)[1,2].

Johns Hopkins bequeathed the unprecedented sum for the times of $7 million for the establishment of the Johns Hopkins University and School of Medicine (in 1876 and 1889 respectively), and of a hospital for the indigent to which latter were to be recruited "physicians and surgeons of the highest character and greatest skill". They, becoming known as the "Big Four", were William Henry Welch, William Stewart Halsted, Howard Kelly and William Osler, and served as the founding academics of the Johns Hopkins School of Medicine[3,4].

Johns Hopkins had thus provided the model of the 20th century medical school around the world … a great university, within which is embedded a medical school which, in its turn, is linked to a great teaching hospital(s), both the medical school and the hospital being staffed by scientist- and clinician-educators and researchers.

Flexner's profound influence over 20th Century medical education arose out of his report ***Medical Education in the United States and Canada.*** A secondary schoolmaster and educationist, Flexner had, in the course of post-graduate studies in Europe, investigated higher education in general, and medical education in particular, in Germany, France and Britain. Returning to the United States, he wrote a book comparing higher education in the US with that in Europe. This brought him to the attention of the Carnegie Foundation who had been tasked by the Council on Medical Education of the American Medical Association to report on standards of medical education. The Carnegie Foundation contracted Abraham Flexner to inspect and report on North American medical education having noted his enthusiasm for the German system of a foundation in the basic sciences and the British system of apprentice-style clinical clerkships for medical graduates.

In 1910 Flexner's report[6] was released. It harshly criticized the non-scientific approach to preparation for the profession which contrasted strongly with the education he had witnessed in the medical schools in Germany and in Britain. Flexner recommended that all medical school entrants receive a solid training in biology, chemistry and physics, followed by an education in anatomy (including histology and embryology) physiology (including what came to be termed biochemistry), pharmacology, pathology and microbiology, with active use of the laboratory before undertaking clinical training.

He recommended also the appointment of full-time clinicians in medical schools to ensure the presence of "true university teachers" as members of faculty and that medical schools should control hospital beds for purposes of clinical instruction.

And, viewed in light of the most recent reforms undertaken to prepare doctors for the 21st century, it is noteworthy that at the beginning of the 20th century Flexner was arguing that medical practitioners should be scientists treating each patient encounter as an exercise in scientific enquiry – observation leading to hypothesis leading to action, but also that the physician serve as a "social instrument . . . whose function is fast becoming social and preventive, rather than individual and curative". He advised that medical education should be "marked by small classes, personal attention, and hands-on teaching". His views of lectures bordered on the cynical, enabling colleges in his belief, "to handle cheaply by wholesale a large body of students that would otherwise be unmanageable and thus give the lecturer time for research"[7].

The curriculum structure at Johns Hopkins, best epitomizing the "Flexner model", came to be emulated by medical schools in North America and the UK and in British-administered countries such as our own.

The model proved robust and remained virtually unchanged for some 80 years. It was, however, to become a distortion of Flexner's vision, and became more so as time went on. Contrary to what Flexner had envisaged:

- there developed a clear separation of the basic sciences (typically occupying the first 2 years in the American and European system and the first 3 years in the UK) from the clinical clerkships. Before too long the student was beginning

to be overwhelmed with the details and facts required of their basic science courses and was being forced to depend for success upon memory. This could be blamed, to some extent, on the reality that departmental heads in the basic sciences and their staff members in the laboratory were increasingly not "medical" men because of the difficulty with staffing the basic sciences with physicians.

- there developed a "building block" system of individual courses (Figure 1), the content of which was determined by the scientists leading the courses with little reference to the adjacent courses and certainly scant reference to what might be necessary for clinical practice. To be fair, it was believed that students must be given a sound foundation in the basic sciences, but there was no general consensus about what should be included in this foundation.

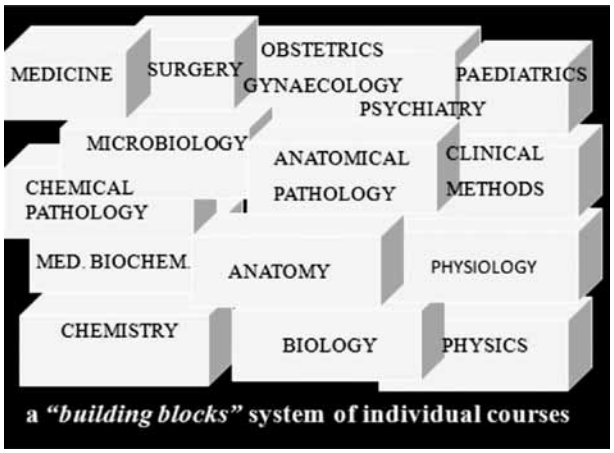

Figure 1: Building block system of individual courses

- there was no accommodation in the curriculum of the social sciences or of public health or of anything akin to the **bio-psycho-social** model of patient care with learning addressing interprofessional learning or learning about population health, health policy and the organization of health services. Rather, the **bio-scientific model of illness** prevailed. Apropos, the legendary Paul Beeson who graduated from McGill University in 1932 claimed that "certainly no teacher, at any time, reminded us – he and his fellow students – that patients are people, with differing life situations and backgrounds"[8].
- increasingly, research productivity became the measure by which faculty accomplishment was judged.
- teaching, caring for patients, and addressing broader public health issues were viewed as less important activities and teaching became subordinated to research. Beeson again observed that the medical schools of the 1950's and 60's had become submerged in large academic medical centres, which he labelled as *biomedical factories*, containing teaching hospitals staffed by clinical faculty, nearly all of whom were specialists and super-specialists restricting their interests to narrow segments of medicine which related to their research interests.

This state of affairs, evolving throughout the 1900s, steadily drew the criticism of Deans and educationists of prominent medical schools over successive decades who protested the effective tyranny of the basic sciences. By the 1920s and 1930s: *"medical schools are producing laboratory men instead of clinicians…"* (Francis Peabody of Harvard, 1922); *" the student* is *in irons; take a shining axe" to the curriculum ; police methods* exist *which fetter students' development*" (Lord Moran, Dean of St Mary's London, 1932; by the 1980s and '90s: " *students compare themselves to Strasbourg geese, force-fed with facts merely to provide pate de fois gras for fastidiously gourmet diners, who are perceived to be out of touch with the real needs of students, doctors and patients"* (IC McManus, educationist at St Mary's, London,1991) and *" enthusiastic, gifted medical students turn into cynical, sometimes dull and disaffected young doctors; patients are complaining"* (Thomas Sherwood, Dean of Cambridge,1993).

Tosteson [9], Dean of Harvard, offered a blunt summary in 1990 … "*existing medical curricula approved a clear separation between basic sciences and the clinical clerkships (the first being taught in the early years and only then followed by the clinical experience); use of lectures to large groups(often in the hundreds) as the main teaching strategy; the emphasis on the teacher as the chief expert source of information, poorly coordinated courses stacked in building block fashion one upon the other and an almost exclusive reliance on bedside teaching which was more or less exclusively academic hospital based. Moreover as medical science advanced adding new knowledge and new disciplines developed the curriculum was simply added to to the point of crisis for students whose only way of coping was to become superficial rote learners".*

There **was** acknowledgement in the US and in the UK and Europe, and in our own country, that the curriculum at most medical schools contained the inadvertent distortions arising out of the Flexner reforms of 1910. Towards the end of the century, prompted by urgent calls for curriculum modernization by such agencies as the American Association of Medical Colleges (AAMC) [10, the] General Medical Council (GMC) in the UK[11] and by our own Health Professions Council of SA (HPCSA)[12], the stage was set for the

The second renaissance…

Few traditional medical schools responded, especially as there appeared to be no overt problems with the existing systems and, most persuasive of all, no apparent shortage of applicants for medical training. Thus, all that happened was "reform without change, of repeated modifications of the curriculum which alter(ed) only very slightly or not at all the experience of the critical participants, the students and teachers. Several barriers to change were identified[13] (Box 1).

Arguably, the most potent of these barriers were that **faculty members who were once students in the traditional system had been conditioned to value that system and to support it** (they could, and did, assert that they had enjoyed professional success, citing also colleagues who had risen into the highest academic positions) and t**he perceived lack of rewards for teaching and sense of the importance of research for promotion (and tenure) on the part of faculty** (this perception - that there is scant academic recognition for participating in (policy development and implementation of) teaching - remains current, as an international survey of medical educators carried out in 2007 revealed[14]).

- Faculty members' inertia
- Lack of leadership
- Lack of oversight of the educational programme as a whole
- Limited resources and lack of a defined budget for medical education
- The perception that there was no evidence that implementing change would result in the necessary improvements.
- Predominance of the status quo (faculty members who were once students in the traditional system had been conditioned to value that system and to support it)
- Perceived loss of control on the part of senior staff members
- Pressure of service delivery on the part of (particularly clinical faculty members)
- The perceived lack of rewards for teaching and sense of the importance of research for promotion (and tenure) on the part of Faculty (to which may be linked)
- Lack of staff development

Box 1: Barriers to change

Ultimately the "big-stick" was wielded by the relevant professional councils to force curriculum renewal, without which medical schools risked loss of accreditation of their medical training programmes.

Broadly the modernization of the medical curriculum required that:

- the content of the curriculum be aligned with evolving societal needs, practice patterns, and scientific developments
- student-centred learning in small groups utilizing problem-based strategies be introduced
- there occur a shift in emphasis from the bio-scientific model of illness to the bio-psychosocial model and
- increased exposure to community-based learning opportunities be offered to students.

The AAMC put it thus: "**…** *the most important concept … is that medical students must be prepared to learn throughout their professional lives. This learning must be self-directed, active and independent. The traditional information-intensive approach to medical education is being made obsolete (by rapid advances in biomedical knowledge and technology)*[10].

In the UK, ***Tomorrow's Doctors*** [11] required of UK medical schools a review of curricula and of methods of teaching and implementation of a series of radical recommendations. The GMC expressed particular concern about the overcrowding of the curriculum and excessive information overload and signaled the need to ensure that students developed attitudes to learning based on enquiry and the exploration of knowledge. Most of all, it was accepted that the undergraduate training did not represent an end-point but only entry to general professional training during internship, to be followed with future specialist training, and continuing education for a lifetime.

In this country, the HPCSA issued ***Education and Training of Doctors in South Africa***[12] offering advice to South African medical schools that mirrored *Tomorrow's Doctors*. However, there was the stipulation that the South African doctor "must recognize the importance of PHC and of a community-oriented approach to health care" and be capable at the end of training of providing integrated curative, preventive and rehabilitative care, of promoting healthy lifestyles, of working as part of a team of health care professionals, of using technologies optimally and of balancing the needs of his / her individual patient with those of the community at large. This doctor, the "The Five Star Doctor" of Boelen (Figure 2) was seen as the embodiment of the Primary Health Care Approach which underpinned the transformation of the national and provincial health systems in post-1994 South Africa[15].

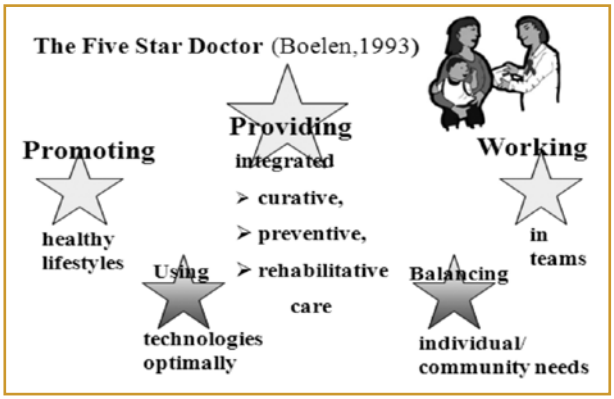

Figure 2: The five star doctor

Fortunately there were several "pioneers" of this second renaissance from whom all transforming medical schools could learn – they were the *new* medical schools (Figure 3) at the Universities of McMaster, Limburg in Maastricht (in the Netherlands) Newcastle (in Australia), Ben Gurion University at Ber Sheba (in Israel) and Walter Sisulu University in South Africa, all of whom had either adopted problem-based learning at their founding or had led the way in educational reform (such as Harvard where the "New Pathway" of problem-based learning was adopted in 1985 [16]).

Figure 3: Pioneer medical schools - second renaissance

In the course of this second renaissance there were several 21st century realities that had to be acknowledged in terms of their potential impact on the shaping of medical education. Some may be characterized as truths, some as half truths; all have relevance to the South African context and may be listed:

Some Truths …

- with a doubling of the world's scientific literature every decade or so, scientific knowledge has exploded. Much, it was accepted,

might soon become obsolescent but was nevertheless resulting in severe overloading of the knowledge content of the curriculum. Moreover, as biomedical research has become increasingly molecular in its intellectual orientation, teachers have found it increasingly difficult to be cutting-edge researchers, and vice versa[17].

- patients have changed and so has their access to trainees as clinical faculty members' productivity is judged more by patient throughput than teaching of students (see below).
- medical practice has undergone radical changes – if it is acknowledged that "the diagnosis and management of chronic diseases, unlike that of many acute illnesses, is largely an outpatient activity, the focus of clinical education on the care of seriously ill, hospitalized patients threatens students' ability to learn the skills required to provide care to ambulatory patients after entering practice[17].
- the relationship between hospitals (which Flexner had advised be brought under University control) and Universities has changed with the University having little/no control over the clinical settings into which students must be deployed for their clinical clerkships. Ludmerer[17] even suggests that present-day market forces are rapidly destroying the learning environment of clinical education.
- the clinical teachers have changed … "generalists" are a rare species, at least within the traditional teaching hospitals; and, with increasing specialization of medical science and of medical diagnosis and treatment, the traditional "clinical clerkship" in a "general" milieu within the traditional teaching hospital is threatened; some schools have responded by establishing long-term clinical clerkships within family practice/primary care settings[18,19]. For students thus exposed, there has been better access to patients (particularly those with chronic illness who can be followed longitudinally) and a more integrated and collegiate learning environment. Morrison[20] suggests that the time has come to reduce the dominance of the teaching hospital(s) and to offer students clinical experience in different kinds of hospitals and community and rural settings.
- Professionalism is probably also under threat when habits of thoroughness, attentiveness to detail, questioning, and listening are difficult to instill when learning occurs in a clinical environment strongly committed to patient "throughput"[17].
- students (and their expectations) have changed … medical students recruited today were born after 1990 and belong to " Generation Me"[21] (see below).

and some half-truths …

the first of these is that

- adults learn differently; the work of cognitive psychologists shows that adult learners see themselves as self-directing and responsible and possess an accumulation of experience as a resource for their own learning. Medical students learn best if provided with a clinical context for their learning[22,23]. Such contact with real patient problems, research has shown, leads to deep levels of processing, and thus memorizing of information and the development of concepts in contradistinction to the superficial, even rote, learning resorted to in a largely lecture-based course. It is important to signal, however, the caution offered by Norman[24], a cognitive psychologist/medical educationist based at McMaster University; he insists that **all** learners achieve best if provided a context for their learning but warns that, because a degree of mastery of knowledge and skill is demanded of a doctor, medical students deserve a fair level of direction from their tutors throughout their learning and training.

  These important insights have led to the introduction of problem- or task-based learning with early clinical contact on the part of even the most junior medical students. And, there are, as Federman[16] points out, many "little heralded benefits to problem-based learning which include person-to-person contact, "implied intelligence" on the part of the student, a focus on patients, opportunity to address moral/ethical issues and the ability of the student to learn to develop hypotheses (a key part of the clinical diagnostic process). Instead of lectures serving no purpose – another half truth - students tend to more avidly attend lectures, and view them as a key resource provided that the lecturers craft them in such a way that they offer clarification, correlate with the tutorial components of the patient problem being addressed and provide a general approach. Lectures also offer an opportunity for students to meet those members of faculty who through their academic endeavours have achieved a national, and often international, profile; students may take pride in this and deserve this manifest affirmation of their choice of medical school.

A further half-truth is that…..

- our students are variably prepared for their medical studies in the Sciences and Mathematics, a result of deteriorating standards of teaching in our secondary schools.

This has necessitated the development of a number of interventions on the part of South African medical schools which include:

- use of alternative tests of a student's intellectual ability and potential to succeed to be considered alongside a school leaver's "matriculation" scores for purposes of deciding selection into the medical programme,
- academic support strategies of various kinds to assist the student who is identified as being academically at risk of failing his/her course(s) and
- the reservation of (some) places for graduates, a proven success record at tertiary education level, in the view of some medical schools, being deemed preferable as a preparation for medical studies.

These truths and half-truths being accepted … curriculum reform has as its underpinning tenets acceptance that…..

- full-scale mastery of knowledge is beyond anyone, and accepting that much of what is mastered soon becomes obsolete, there has been a need to define a "core" curriculum with options/special study modules/selectives/electives.
- the habits and skill of active inquiry, research, and learning must be inculcated for a lifetime.

- medical education requires the active participation of the student.
- small groups are more advantageous because they concentrate on the student rather than the faculty member, and increase the experience of working together.
- problem solving should become an essential part of the learning process.
- basic and clinical sciences must be integrated in order to train students to act scientifically when they practice medicine.
- medical education should be research-based .

Surveying the educational changes that have been implemented in South African medical schools according to the mandate contained in ***Education and Training of Doctors in South Africa***, it is clear that the following have been achieved:

- the introduction of **problem-based** learning strategies aimed at reducing the teacher-centredness of learning and demanding a greater student-centredness, whilst retaining a certain orthodoxy as befits the preparedness of our mainly school-leaving medical students.
- The evolution of *core* basic science and clinical syllibi to achieve **unloading of the factual content** of the curriculum
- The racial transformation of graduating medical classes at the previously so-called white institutions
- the establishment of **academic support** strategies to ensure that the high throughput rates with regard to graduateness have been maintained
- greater **integration of the basic and clinical sciences** achieved through **early clinical contact** through the device of presenting students, from the earliest phase of their programme with real patient problems as the context for learning, this being referred to as **vertical integration**
- **multidisciplinary learning** (an example of which is the blending of courses in Obstetrics and Neonatology), this being referred to as **horizontal integration**
- the establishment of **computer laboratories** to enable student access to an intranet and the internet, *e learning,* computer based assessment etc.
- the establishment of **Clinical Skills laboratories and centres** to facilitate students learning of key skills (e.g siting of an intravenous line or endotracheal airway access) and clinical examination
- **multiprofessional learning and practice** whenever it has proved educationally sound and practicable to exercise medical, physiotherapy, occupational therapy and speech therapy students together in addressing patients' problems, thus to ensure that students understand the scopes of practice of the different health professions
- a greater emphasis on clinical experience gained in **community-based and rural settings,** and in ambulatory practice, in contrast to the traditional tertiary teaching hospital setting, in line with modern health service delivery
- **"golden thread"** status afforded teaching of issues of **Professionalism, Ethics, Human Rights and of language and culture,** such teaching being introduced in the earliest phases of the programme and being addressed, and assessed, throughout the programme
- **modernization of assessment** strategies in line with best practice and research and the alignment of assessment with curriculum content.
- The establishment within Faculties, and their staffing with specialists in education, of **Medical Education Units** whose roles are several but are key to the modernization of health sciences education *viz*, providing leadership in respect of the choice teaching and assessment strategy/ies, maintaining oversight of the entire programme(s), undertaking staff development through provision of "doctor-as-educator" short courses, conducting research, leading, in its turn, to continuous refinement and improvement of teaching and preventing reversion for "the academic landscape is littered with the skeletal remains of brave curricular innovations" … and … "the half-life of medical educational reform is short, the tendency to revert to type is seemingly irresistible, and human enthusiasm for sustaining change is short-lived"[25].
- **Our graduates demonstrate …** "acquisition of a specific body of knowledge and the ability to move about within it with ease and the confidence to use it in a more patient-driven practice thus to serve as a doctor … but also to have practice in thinking by virtue of his/her university education"[26].

Despite these obvious successes achieved during this second renaissance, it cannot be claimed that curriculum reform is complete, even allowing for the 80-year long robustness of the Flexner model! **Many challenges remain**:

- teaching "**GENERATION** ME", who, among other characteristics[21], have *grown up digital,* believing that if the subject matter is not on the internet, it is not real … the textbook may never be read or only be skimmed. This will have to be managed, and as academics we shall have to guide students towards quality resources on the internet.
- getting the **BASIC SCIENCES** right. Weatherall[27], reflecting on basic sciences, states that "one of the greatest challenges is to protect unusually gifted young people from the numbing uniformity that some of the reforms in medical education are demanding … given the extraordinary complexities of sick people … we must … influence at least some institutions to train and nurture such gifted young people to ensure that the extraordinary potentials of the current biological sciences become available for the better treatment of our patients".
- getting **ASSESSMENT** right and achieving testing of clinical reasoning [28], particularly at the end of the programme. This acknowledges that the South African graduate is "special" and must demonstrate an unusual degree of clinical maturity as s(he) is required to work in a health system ill-equipped to cope with one of the most severe HIV and TB epidemics in the world together with huge burdens of non-communicable diseases, high rates of maternal and child mortality and soaring rates of violence and injury[29].
- **TEACHING** the Teachers/Assessors and ensuring ongoing staff development

- achieving greater opportunities for **COMMUNITY BASED** learning and authentic **RURAL EXPERIENCE**
- the possible request that the **TRAINING** of greater numbers of doctors be undertaken in view of the inadequate human resource capacity, especially given the extremely low number of doctors in the public sector[30].
- The **FEMINIZATION** of the profession where graduating classes are now over 60% female and the responses required in regard to systems of post-graduate training to facilitate specialization and sub-specialization of women who choose to marry and raise families
- defining and measuring **PROFESSIONALISM** … wherein may lie the

The third renaissance …

Professionalism has been defined in terms of medicine as a vocation in which knowledge, clinical skills and judgment are put in the service of protecting and restoring human well-being and wherein the attributes of integrity, compassion, altruism, continuous improvement, (striving for) excellence, accountability, working in partnership with wider health care team are sought in the medical practitioner[31]. It is interesting to note that a new ***Tomorrow's Doctors***[32], recently released to UK medical schools by the GMC, highlights **Standards** for delivery of teaching, learning and assessment under a series of headings (Box 2) and specifying what are desirable **Outcomes** for graduates in terms of the doctor as a scholar and a scientist and as a practitioner as expected, but pays particular attention to the professionalism of the graduate and his/her fitness to practice.

- Faculty members' inertia
- Lack of leadership
- Lack of oversight of the educational programme as a whole
- Limited resources and lack of a defined budget for medical education
- The perception that there was no evidence that implementing change would result in the necessary improvements.
- Predominance of the status quo (faculty members who were once students in the traditional system had been conditioned to value that system and to support it)
- Perceived loss of control on the part of senior staff members
- Pressure of service delivery on the part of (particularly clinical faculty members)
- The perceived lack of rewards for teaching and sense of the importance of research for promotion (and tenure) on the part of Faculty (to which may be linked)
- Lack of staff development

Box 2: Standards for teaching delivery

The AAMC has released a similar document ***"Educating Doctors to Provide High Quality Medical Care A Vision for Medical Education in the United States"***[33], and in April of 2009 the Association for Hospital Medical Education (AHME) met at their annual Spring Educational Institute to discuss ***"Future Directions in Physician Education"*** [34].

Significant also, viewed through South African eyes, is the emphasis in these documents on the importance of attaining student diversity to ensure representation of immigrant sections of populations in medical classes and on the acquisition of secure clinical skills on the part of the graduate.

If we remain determined in South Africa to maintain our enviable reputation for the production of doctors having the highest levels of knowledge, skill and professionalism, it is likely that our medical schools will have to remain alive to these further international developments and accepting of the reality that medical educational reform can be expected to be ongoing.

This paper, arising out of the Arthur Landau Travelling Lectureship, 2009, is dedicated to my own mentors and role models – Professors Michael Gelfand, Solly Benatar, John Milne and Ralph Kirsch - ***"the beginning of education lies in imitation – wherefore pick someone worth imitating"*** (Martin Fischer[35])

References:

1. Tauber AI. The two faces of medical education: Flexner and Osler revisited. J Roy Soc Med 1992; 85: 598-602
2. Cooke M et al. American Medical Education 100 years after the Flexner report. New Engl J Med 2006; 355: 1339-44
3. http://en.wikipedia.org/wiki/Johns_Hopkins
4. http://en.wikipedia.org/wiki/the_Johns_Hopkins_Hospital
5. http://en.wikipedia.org/wiki/Abraham_Flexner
6. Beck AH. The Flexner Report and the Standardization of American Medical Education. JAMA 2004; 291: 2139-40
7. Wear D. Iconoclast: Abraham Flexner and a Life in Learning. 2002: 347:2008-9
8. Lee RV. Changing Times: Reflections on a Professional Lifetime. An interview with Paul Beeson. Ann Intern Med 2000; 132: 71-9
9. Tosteson D. New Pathways in general medical education. N Engl J Med 1990; 322: 234-9
10. Association of American Medical Colleges. Physicians for the twenty-first century: the GPEP report. Washington D.C.: AAMC, 1984
11. ***Tomorrows Doctors: Recommendations on Undergraduate Medical Education.*** London. General Medical Council, 1993.
12. ***Education and Training of Doctors in South Africa.*** *Undergraduate medical education and training.* Guidelines by the Medical and Dental Professional Board. Pretoria. Health Professions Council of South Africa, 1999
13. Bloom SW. Structure and Ideology in medical education: and analysis of resistance to change. Journal of Health and Social Behaviour 1988; 29:294-306
14. Huwendick S, Mennin S, Nikendei C. Medical Education after the Flexner report. N Engl J Med 2007; 356: 90-1
15. White paper on Transformation of the Health System, Government Gazette Vol.382, No.17910, April 1997
16. Federman DD. Little heralded advantages of problem-based learning. Acad Med 1999; 74: 93-4
17. Ludmerer KM. in ***The Education of Medical Students: Ten Stories of Curriculum Change.*** Washington D.C. Milbank Memorial Fund. AAMC, 2000
18. Oswald N *et al.* Evaluating primary care as a base for medical education: the report of the Cambridge Community-based Clinical Course. Med Educ 2001; 35:782-88
19. Worley P *et al.* Empirical evidence for symbiotic medical education: a comparative analysis of community and tertiary-based programmes. Med Educ 2006; 40: 109-16
20. Morrison J. Learning in teaching hospitals and the community: time to get the balance right. Med Educ 2006; 40: 92-3
21. Twenge JM. Generational changes and their impact in the classroom: teaching Generation Me. Med Educ 2009; 43: 398-405
22. Norman GR and Schmidt HG. The Psychological Basis of Problem-based Learning: A review of the Evidence. Acad Med 1992; 67: 557-65
23. Spencer JA, Jordan RK. Learner centred approaches in medical education. BMJ 1999; 318: 1280-83
24. Norman GR. The adult learner: a mythical species. Acad Med 1999; 74: 886-9
25. Pellagrino ED. Medical Education: Time for Change – Yes- But… J Am Board Fam Pract 1990; 3(Suppl): 55-63
26. Horton R. Why graduate medical schools make sense. The Lancet 1998; 351:826-28
27. Weatherall DJ. Ruminations of a geriatric Emeritus Regius Professor of Medicine. Clin.Med 2009; 9:104-7
28. van der Vleuten CPM, Newble DJ. How can we test clinical reasoning? The Lancet 1995; 345:1032-34
29. Kleinert S, Horton R. South Africa's health: departing for a better future? The Lancet 2009; 374: 759-60
30. Coovadia H *et al.* the health and health system of South Africa: historical roots of current public health challenges. The Lancet 2009; 374: 817-34
31. Doctors in society. Medical professionalism in a changing world. Report of a working Party of the Royal College of Physicians. Clin Med 2005; Supplement Number 1
32. ***Tomorrows Doctors*** **2009** http://*www.gmc- uk.org/education/static/documents/content/tomorrows_doctors_2009.asp*
33. ***Educating Doctors to Provide High Quality Medical Care. A Vision for Medical Education in the United States.*** Washington D.C. AAMC, 2004
34. ***Future Directions in Physician Education.*** Association for Hospital Medical Eduaction Spring Educational Institute. April 15, 2009 http://www.ahme.org/site_content/documents/spring09ppt
35. Martin Fischer quoted in Godfrey R. All change? The Lancet 1991; 338: 297-99

Honorary Fellows
The Colleges of Medicine of South Africa
As at 30 November 2009

*	**Abrahamse** Leonard George (CMSA) (1991)	Cape Town, SA
	Acquaye Joseph Kpakpo (CP) (2004)	Accra, Ghana
	Adams Aileen Kirkpatrick (CA) (1987)	London, UK
	Adamson Fryhofer Sandra (CP) (2003)	Atlanta, USA
	Akande Oluwole (COG) (2002)	Ibadan, Nigeria
	Alberti Kurt George MM (CP) (1998)	London, UK
*	**Anderson** Edward William (C PSYCH) (1964)	Frant, UK
	Arulkumaran Sabaratnam (COG) (2005)	London,UK
	Asmal Kader (CMSA) (2003)	Cape Town, SA
*	**Atkins** Hedley John Barnard (CS) (1968)	London, UK
	Azubuike Jonathan C (C PAED) (2005)	Enugu, Nigeria
	Baird David (COG) (2009)	Edinburgh, UK
*	**Ballantyne** John Chalmers (C ORL) (1989)	**London,UK**
	Baltzan Richard (CP) (2001)	Saskatoon, Canada
*	**Barlow** Charles Sydney (CS) (1970)	Johannesburg, SA
	Becklake Margaret R (CP) (1994)	Montreal, Canada
	Benatar Solomon Robert (CP) (2001)	Cape Town, SA
	Bird Alan Charles (C OPHTH) (2006)	London, UK
*	**Blaisdell** F William (CS) (1986)	California, USA
*	**Bortz** Edward L (COG (1957)	Pennsylvania, USA
	Bothwell Thomas Hamilton (CP) (1994)	Johannesburg, SA
	Bouchier Ian Arthur Dennis (CP) (1992)	Edinburgh, UK
	Boulter Patrick Stewart (CS) (1961)	Cumbria, UK
	Boix-Ochoa José (CS) (2006)	Barcelona, Spain
*	**Bradlow** Emanuel Percy (CMSA) (1980)	Johannesburg, SA
*	**Brain** Walter Russell (C NEUROL) (1957)	London, UK
*	**Brebner** Innes Wares (CS) (1961)	Halfway House, SA
	Breen James Langhorn (COG) (1984)	New Jersey, USA
*	**Brock** John Fleming (CP) (1973)	Cape Town, SA
	Brown Thomas C K (Kester) (CA) (2002)	Victoria, Australia
	Browse Norman (CS) (1996)	London, UK
*	**Bruce** John (CS) (1962)	Edinburgh, UK
	Burger Henry (CP) (1984)	Victoria, Australia
	Burgess John H (CP) (1991)	Westmount, Canada
*	**Byrne** Patrick Sarsfield (CFP) (1975)	Manchester, UK
	Calder Andrew (COG) (2005)	Edinburgh, UK
	Calnan Charles Dermod (C DERM) (1970)	London, UK
	Cameron Donald Patrick (CP) (1998)	Queensland, Australia
	Caruso Vincent (C PATH) (2005)	NSW, Australia
	Chalmers Iain Geoffrey (COG) (2001)	Oxford, UK
*	**Chisholm** Geoffrey Duncan (C UROL) (1990)	Edinburgh, UK
*	**Clark** Douglas Henderson (CS) (1979)	Glasgow, UK
*	**Clayton** Stanley George (COG) (1975)	Surrey, UK
	Clewlow Warren (CMSA) (2006)	Sandton, SA
	Collin John Richard Olaf (C OPHTH) (2007)	London, UK
	Conti Charles Richard (CP) (1991)	Florida, USA
	Courtemanche Albert Douglas (CS) (1991)	Ottawa, Canada
	Couture Jean (CS) (1979)	Quebec, Canada
*	**Cowley** John Godfrey (CMSA) (1989)	Johannesburg, SA
	Cox John (C PSYCH) (2000)	London, UK
*	**Craib** William Hofmeyer (CP) (1974)	Somerset East, SA
*	**Crichton** Eric Cuthbert (COG) (1963)	Cape Town, SA
	Cunningham Anthony Andrew (CA) (2004)	**Dublin, Ireland**
	Cywes Sidney (CS) (1998)	Cape Town, SA
*	**Dacie** John Vivian (C PATH) (1973)	London, UK
*	**Dall** George (CMSA) (1989)	Cape Town, SA
*	**Dart** Raymond Arthur (CMSA) (1984)	Johannesburg, SA
*	**Daubenton** François (Snr) (COG) (1986)	Cape Town, SA
*	**De Beer** Johannes (CMSA) (1978)	Pretoria, SA
	De Klerk Frederick Willem (CMSA) (1994)	Cape Town, SA
	De Laey Jean-Jacques (C OPHTH) (2000)	Gent, Belgium
*	**Denny-**Brown Derek Ernest (CP) (1971)	Boston, USA
	Deschênes Luc (CS) (1998)	Quebec, Canada
	De Swiet Michael (COG) (2004)	London, UK
	Deutman August (C OPHTH) (2000)	Nijmegen, Netherl.
*	**De Villiers** Henri Paul (CMSA) (1993)	Johannesburg, SA
*	**Dewar** Frederick Plummer (C ORTH) (1982**)**	Ontario, Canada
*	**Dewhurst** Christopher John (COG (1978)	London, UK
*	**Dickson** Wright Arthur (CS) (1960)	London, UK
*	**Diederichs** Nico (CMSA) (1977)	Pretoria, SA
	Dinsdale Henry B (CP) (1996)	Ontario, Canada
*	**Donald** Ian (COG) (1967)	Essex, UK
*	**Dott** Norman McOmish (CS) (1975)	Edinburgh, UK
*	**Douglas** Donald MacLeod (CS) (1972)	Dundee, UK
	Douglas Neil James (CP) (2005)	Edinburgh, UK
*	**Doyle** J Stephen (CP) (1994)	Dublin, Ireland
*	**Drake** Charles George (CS) (1972)	Ontario, Canada
	Drife James Owen (COG) (2002)	Leeds, UK
*	**Dubb** Asher (CP) (1998)	Johannesburg, SA
	Dudley Hugh Arnold Freeman (CS) (1987)	London, UK
*	**Duff** Francis Arthur Joseph M (CS) (1972)	Dublin, Ireland
*	**Dunlop** Derrick (CP) (1978)	Edinburgh, UK
*	**Du Plessis** Daniel Jakob (CS) (1982)	Johannesburg, SA
*	**Du Toit** Guillaume Tom (C ORTH) (1982)	Johannesburg, SA
	Elkington Andrew R (C OPHTH) (1997)	Hampshire, UK
*	**Elliot** Guy Abercrombie (CP) (1968)	Cape Town, SA
	English Terence Alexander H (CS) (1991)	London, UK
	Fabb Wesley Earl (CFP) (1975)	Victoria, Australia
	Farooqui Muhammad S (CP) (2001)	Karachi, Pakistan
	Fitzpatrick John Michael (C UROL) (2002)	Dublin, Ireland
	Foëx Pierre (CA) (2007)	Oxford, UK
*	**Forman** Frank (CP) (1970)	Tel Aviv, Israel
	Foulds Wallace Stewart (C OPHTH) (1992)	**Glasgow, UK**
	Fritz Vivian Una (FCP) (1972)	Johannesburg, SA
	Galasko Charles S B (C ORTH) (2003)	Cheshire, UK
*	**Gear** James Henderson S (CMSA) (1990)	Johannesburg, SA
*	**Geldenhuys** Frans Gert (COG) (1987)	Pretoria, SA
	Genest Jacques (CP) (1970)	Montreal, Canada
	Gillingham Francis J (C NEUROS) (1981)	Edinburgh, UK
	Gill Geoffrey Victor (CP) (2007)	Wirral, UK
	Gilmore Ian Thomas (CP) (2007)	London, UK
	Giwa-Osagie Osato O F (COG) (2005)	Lagos
*	**Gluckman** Henry (CP) (1983)	Johannesburg, SA
*	**Gordon** Isidor (C FOR PATH) (1984)	Durban, SA
*	**Gordon-Smith** Derek Peter (CMSA) (1993)	Johannesburg, SA
	Greenberger Norton J (CP) (1991)	Massachusetts USA
	Guillebaud John (COG) (2004)	Oxford, UK
	Hamilton Andrew M P (C OPHTH) (2001)	Middlesex,UK
	Hamilton Stewart (CS) (2005)	Alberta, Canada
	Hanlon C Rollins (CS) (1988)	Chicago, USA
	Hanrahan John Chadwick (CS) (1992)	Peppermint Gr. WA
*	**Harrison** Donald F N (C ORL) (1988)	London, UK
*	**Harwood-Nash** Derek C (C RAD) (1991)	**Toronto, Canada**
	Hederman William Patrick (CS) (1992)	Dublin, Ireland
	Hennessy Thomas Patrick J (CS) (1997)	Dublin, Ireland
*	**Hoffenberg** Raymond (CP) (1956)	Queensland, Austr.
	Hollins Sheila (C PSYCH) (2005)	London, UK
	Hudson Alan Roy (C NEUROS) (1992)	Ontario, Canada
	Hume Robert (CS) (1992)	Glasgow, UK
	Huskisson Ian Douglas (CMSA) (1997)	Cape Town, SA

Hutton Peter (CA) (2003) Birmingham, UK
Idezuki Yaso (CS) (1992) Saitama, Japan
* **Illingworth** Charles Frederic W (CS) (1965) Glasgow, UK
* **Jaffe** Basil (CFP) (2007) Cape Town, SA
* **Jansen** Ernest George (CP) (1959) Pretoria, SA
* **Janssen** Paul Adriaan Jan (CMSA) (1989) Beerse, Belgium
* **Jeffcoate** Thomas Norman A (COG) (1972) Liverpool, UK
Joubert Peter Gowar (CMSA) (1999) Johannesburg, SA
* **Kathrada** Ismail (CMSA) (1998) Durban, SA
* **Kay** Andrew Watt (CS) (1972) Glasgow, UK
Keogh Brian (CP) (1998) Dublin, Ireland
Kerr David Nicol Sharp (CP) (1992) London, UK
Keys Derek Lyle (CMSA) (1993) **Johannesburg, SA**
Kirsch Ralph Emmanuel (CMSA) 2009 Cape Town
* **Knocker** Phyllis Amelia H (CMSA) (1988) Johannesburg, SA
* **Kok** Ordino Victor Steyn (CA) (1975) Pretoria, SA
* **Krige** Christiaan Frederik (COG) (1966) Johannesburg, SA
Kuku Sonny F (CP) (2001) Lagos, Nigeria
* **Landau** Arthur (CP) (1981) Cape Town, SA
Langer Bernard (CS) (2001) Ontario, Canada
Leffall LaSalle D (CS) (1996) Washington, USA
Lemmer Johan (CD) (2006) Sandton, SA
* **Leon** Alan Henry (CMSA) (1978) Cape Town, SA
Levett Michael John (CMSA) (1999) Cape Town, SA
Levin Lawrence Scott (C PLAST) (2006) North Carolina, USA
* **Loewenthal** John (CS) (1972) NSW, Australia
Looi Lai Meng (C PATH) (2005) Kuala Lump. Malaysia
Lorimer Andrew Ross (CP) (2004) Glasgow, UK
* **Louw** Jan Hendrik (CS) (1980) Cape Town SA
Luke Egerton M F (CP) (2001) Merseyside, UK
Luntz Maurice Harold (C OPHTH) (1999) New York, USA
MacKay Colin (CS) (1998) Glasgow, UK
* **MacKenzie** Walter Campbell (CS) (1975) **Alberta, Canada**
McDonald John W David (CP) (2004) Ontario, Canada
McLean Peter (CS) (1998) Dublin, Ireland
MacLean Lloyd Douglas (CS) (1996) Quebec, Canada
MacSween Roderick N M (C PATH) (1998) London, UK
Mandela Nelson Rohlihlala (CMSA) (1995) Johannesburg, SA
Maran Arnold George D (CS) (1998) Edinburgh, UK
McKenna Terence Joseph (CP) (2005) Dun Laoghaire, Dublin
Meakins Jonathan Larmonth (CS) (2004) Oxford, UK
Mensah George A (CP) (2005) Georgia, USA
* **Mercer** Walter (C ORTH) (1956) Edinburgh, UK
Meursing Anneke Elina Elvira (CA) (2003) Blantyre, Malawi
* **Middlemiss** John Howard (C RAD) (1975) London, UK
Mieny Carel Johannes (CMSA) (1996) Pretoria, SA
Mokgokong Ephraim T (COG) (2006) Medunsa, SA
Molteno Anthony C B (C OPHTH) (2001) Otago, New Zealand
Morrell David Francis (CMSA) (2004) Kenton on Sea, SA
Mortimer Robin Hampton (CP) (2004) NSW, Australia
* **Murley** Reginald Sydney (CS) (1979) London, UK
* **Mushin** William Woolf (CA) (1962) Wales, UK
Myburgh Johannes Albertus (CMSA) (1991) **Johanneburg, SA**
Myers Eugene Nicholas (C ORL) (1989) Pennsylvania, USA
* **Nel** Cornelius Johann C (CMSA) (1998) Bloemfontein, SA
* **Newman** Philip Harker (C ORTH) (1982) Suffolk, UK
Ngu Victor Anomah (FCS) (2008) Cameroon
* **O'Brien** Bernard McCarthy (C PLAST) (1992) Victoria, Australia
O'Donnell Barry (CS) (2001) Dublin, Ireland
Ogilvie Thompson Julian Johannesburg, SA
Oh Teik Ewe (CA) (2003) Perth, West Australia
O'Higgins Niall (CS) (2005) Dublin, Ireland
Oliver Thomas Keyser (Jnr) (C PAED) (1980) North Carolina, USA
* **Ong** Guan-Bee (CS) (1976) Mid-Lev. Hong Kong
Opie Lionel Henry (CP) (2008) Cape Town, SA
* **Oppenheimer** Harry Frederick (CP) (1968) Johannesburg, SA
* **Organ** Claude H (Jnr) (CS) (1986) California, USA
Pasnau Robert O (C PSYCH) (1988) California, USA
Patel Naren (COG) (1997) Dunkeld, Scotland
* **Peel** John (COG) (1968) Salisbury, UK
* **Petrie** James Colquhoun (CP) (1998) Edinburgh, UK
Pinker George (COG) (1991) London, UK
* **Platt** Harry (CS) (1957) Manchester, UK
* **Porritt** Arthur (CS) (1962) Wellington, N Zealand

Prys-Roberts Cedric (CA) (1996) Bristol, UK
Ramphele Mamphela Aletta (CMSA) (2005) Cape Town, SA
Reeve Thomas Smith (CS) (1991) NSW, Australia
Retief Daniel Hugo (CD) (1995) Alabama, USA
* **Rhoads** Jonathan Evans (CS) (1972) Philadelphia, USA
* **Rice** Donald Ingram (CFP) (1975) Ontario, Canada
Richmond John (CP) (1991) Edinburgh, UK
* **Rickham** Peter Paul (CS) (1992) Altendorf, Switzerl.
* **Robson** Kenneth (CP) (1969) London, UK
* **Rosenheim** Max Leonard (CP) (1972) London, UK
Rosholt Aanon Michael (CMSA) (1980) Johannesburg, SA
* **Roth** Martin (C PSYCH) (1973) Cambridge, UK
Rudowski Witold (CS) (1990) Warsaw, Poland
* **Rupert** Antony Edward (CP) (1968) Stellenbosch, CT
* **Rutledge** Felix Noah (COG) (1990) Texas, USA
* **Saint** Charles Frederick Morris (CS) (1967) Cape Town, SA
Salter Robert B (C ORTH) (1973) Ontario, Canada
Salyer K Everett (C PLAST) (2007) Texas, USA
Saunders Stuart John (CMSA) (1989) **Cape Town, SA**
Schulz Eleonora Joy (C DERM) (2006) Pretoria, SA
Segal Anthony Walter (CP) (2008) London, UK
Seedat Yackoob Kassim (CMSA) (1962) Durban, SA
* **Sellors** Thomas Holmes (CS) (1972) London, UK
Sewell Jill (CP) (2005) Victoria, Australia
* **Shaw** Keith Meares (CS) (1979) Dublin, Ireland
Shear Mervyn (CD) (1999); (C PATH) (2004) Cape Town, SA
* **Shields** Robert (CS) (1991) Liverpool, UK
Shires George Thomas (CS) (1979) Nevada, USA
Siker Ephraim S (CA) (1983) Pennsylvania, USA
Sims Andrew C Peter (C PSYCH) (1997) Leeds, UK
Slaney Geoffrey (CS) (1986) London, UK
Smith Edward Durham (CS) (1990) Victoria, Australia
Smith John Allan Raymond (CS) (2005) Sheffield, UK
* **Smith** Marlow Rodney (CS) (1976) London, UK
* **Smythe** Patrick Montrose (C PAED) (1988) Durban, SA
Soothill Peter William (COG) (2004) Bristol, UK
Sparks Bruce Louis W (CFP) (2006) Park town, SA
Spitz Lewis (CS) (2005) London, UK
* **Stallworthy** John Arthur (COG) (1964) Oxford, UK
* **Staz** Julius (CD) (1989) Cape Town, SA
Steer Phillip James (COG) (2004) London, UK
* **Straffon** Ralph A (CS) (1992) Ohio, USA
Strong John Anderson (CP) (1982) Edinburgh, UK
Strunin Leo (CA) (2000) London, UK
* **Swart** Charles Robberts (CP) (1963) Brand fort, SA
Sweetnam Sir Rodney (CS) (1998) London, UK
Sykes Malcolm Keith (CA) (1989) Oxford, UK
Tan Ser-Kiat (CS) (1998) Singapore
Tan Walter Tiang Lee (CP) (2001) Singapore
* **Taylor** Selwyn Francis (CS) (1978) London, UK
* **Te Groen** Lutherus Johannes (COG) (1963) Pretoria, SA
Terblanche John (CMSA) (1995) Cape Town, SA
Thomas William Ernest Ghinn (CS) (2006) Sheffield, UK
Thomson George Edmund (CP) (1996) New York, USA
Tobias Phillip (CMSA) (1998) Johannesburg, SA
Todd Ian P (CS) (1987) London, UK
* **Townsend** Sydney Lance (COG) (1972) Victoria, Australia
* **Tracy** Graham Douglas (CS) (1979) NSW, Australia
Trunkey Donald Dean (CS) (1990) **Oregon, USA**
Tucker Ronald BK (CMSA) (1997) Cape Town, SA
Turnberg Leslie Arnold (CP) (1995) Johannesburg, SA
Turner-Warwick Margaret (CP) (1991) London, UK
Underwood James C E (C PATH) (2006) Sheffield, UK
* **Van der Horst** Johannes G (CP) (1974) Cape Town, SA
Van Heerden Jonathan A (CS) (1989) S Carolina, USA
Vaughan Ralph S (CA) (2003) Cardiff, UK
* **Viljoen** Marais (CMSA) (1981) Pretoria, SA
Visser Gerard (COG) (1964) Utrecht, Netherlands
* **Walt** Alexander J (CS) (1989) Michigan, USA
Wijesiriwardena Bandula C (CP) (2005) Kalubowila, Sri Lanka
* **Wilkinson** Andrew Wood (CS) (1979) Edinburgh, UK
* **Wrigley** Arthur Joseph (COG) (1957) Cheshire, UK
Yeoh Poh-Hong (CS) (1998) Kuala Lump, Malaysia

*** Deceased**

CMSA Life Members
As at 10 March 2010

Aaron Cyril Leon
Abdulla Mohamed Abdul Latif
* Abel Solomon
Abell David Alan
* Abrahams Abduragiem
Abrahams Cyril
Abramowitz Israel
Ackermann Daniel J Joubert
Adam Anvir
Adams Edward Barry
Adhikari Mariam
* Adler David Ivan
* Adler Max
Adno Jacob
Africa Benjamin Jakobus
Ahmed Yusuf
Aitken Robert James
Alderton Norman
* Alexander Louis Leonard
Allan John Cameron
* Allen Colin E Lewer
* Allen Keith Lewer
Allen Peter John
Allie Abduraghiem
Allison John Graham
Allwood Clifford William
Allwright George Tunley
* Anderson Donald Frederick
* Anderson Joan
Anderson Mary Gwendoline
Anderton Edward Townsend
Andrew William Kelvin
Appleberg Michael
* Armitage Bernard Albert
* Arndt Theodore C Heinrich
Asmal Aboobaker
* Baigrie Robert D Hutchinson
* Bailey Michael John
Baillie Peter
Baines Richard E Mackinnon
Baise Gershan
Baker Graeme Cecil
Baker Lynne Wilford
Baker Peter Michael
Barbezat Gilbert Olivier
Barday Abdul Wahab
* Barlow John Brereton
* Barnard Christiaan Neethling
Barnard Philip Grant
* Barnard Pieter Melius
Barnes Donal Richard
Barnetson Bruce James
* Barrett Carl T Herzl
* Barron David
Barry Michael Emmet
* Baskind Eugene
* Batchelor George Bryan
Bax Geoffrey Charles
Bean Eric
Beatty David William
Becker Herbert
Becker Ryk Massyn
* Bedford Michael Charles
* Beemer Abraham Mayer
Benatar Solly Robert
Benatar Victor
Benjamin Ephraim Sheftel
Bennett Margaret Betty
Bennett Michael Julian
* Bensusan Arthur David
Berk Morris Eli
* Berkowitz Hayman Solomon
Bernstein Alicia Sheila
* Bernstein Henry
Bethlehem Brian H James
Beukes Hendrik Johannes Stefanus
* Bezuidenhout Daniel Johannes J
Bezwoda Werner Robert
Beyer Elke Johanna Inge
Biddulph Sydney Lionel
Biebuyck Julien Francois
Binnewald Bertram R Arnim
* Bird Allan Vivian
Blair Ronald Mc Allister
Blaylock Roger Selwyn Moffat
* Blecher John Aubrey
Bleloch John Andrew
Bloch Cecil Emanuel
Bloch Hymen Joshua
* Block Joseph
Block Sidney
Blum Lionel
* Blyth Alan George
Bock Ortwin A Alwin
* Bodenstab Albert TBH
* Bok Louis Botha
* Booth John Vivian
Borchers Trevor Michael
Bosman Christopher Kay
* Botha Daniel Johannes
Botha Jean René
* Botha Louis Johannes
Bothwell Thomas Hamilton
Boulle Trevor Paul
Bowen Robert Mitford
Bowie Malcolm David
* Bradlow Bertram Abraham
Braude Basil
Bremer Paul MacKenzie
Bremner Cedric Gordon
* Brenner Dietrich Karl
Briedé Wilhelmus M Hendrik
Brink Andries Jacob
Brink Garth Kuys
Brink Stefanie
Brits Jacobus Johannes
Brock-Utne John Gerhard
Brokensha Brian David
Broude Abraham Mendel
* Brown Alexander Annan
* Brown Helen Annan
Brown Raymond Solomon
Brueckner Roberta Mildred
Bruwer Ignatius Marthinus Stephanus
* Buch Julius
Buchan Terry
* Bull Arthur Barclay
Burger Thomas Francois
Burgess John Digby
Burgin Solomon
Burns Derrick Graham
Burton Dudley Walton
* Butcher Nigel Ross
Butler George Parker
Butt Anthony Dan
Buys Anna Catherina
Byrne James Peter
Caldwell Michael William
Caldwell Robert Ian
Carim Abdool Samad
Catterall Robert Desmond
Catzel Pincus
Cavvadas Aikaterine
Chaimowitz Meyer Alexander
Chait Jack
Charles David Michael
Charles Lionel Robert
* Charlewood Godfrey Phillips
Charlton Robert William
* Charnock Frederick Niven
* Cheetham Richard W Spencer
* Chenik Gerald Samson
* Chetty Dhevaraj Vasudeva
* Chitters Max
* Chouler Florence Joan Gordon
* Cilliers Leon
Cilliers Pieter Hendrik Krynauw
Cinman Arnold Clive
Claassens Hermanus JH
Clausen Lavinia
* Cluver John Arthur
Clyde Jack Howard
Coetzee Daniël
Coetzee Louis Frederik
Coetzer Hendrik Martin
Cochrane Raymond Ivan
Cohen Brian Michael
Cohen David
Cohen Eric
Cohen Harvey
Cohen Leon Allan
* Cohen Lionel
Cohen Morris Michael
Cohen Philip Lester
Coller Julian Somerset
Combrink Johanna Ida Lilly
Comfort Peter Thomas
* Conradie Marthinus T Steyn
Cooke Paul Anthony
Cooper Cedric Kenneth Norman
Coote Nigel Penley
Coovadia Hoosen Mahomed
Coovadia Mohamed Abdool Hak
Cort Alexander
Cowie Robert Lawrence
* Cowley John Godfrey
* Cowley Ronald
* Cowlin John Albert
* Cox Herbert Walter
Coxon John Duncan
Craig Cecil John Tainton
Crewe-Brown Heather Helen
Crichton Eric Derk
Crosier James Herbert
Crosley Anthony Ian
Croucamp Petrus C Hendrik
Cullis Sydney Neville Raynor
Cumes David Michael
Cywes Sidney
* Dall George
Dalrymple Desmond Ross
Danchin Jack Errol
* Dando Raymond Victor
Danilewitz Daniel
Daneel Alexander Bertin
Darlison Michael Tatlow
Daubenton François
* Daubenton François (Snr)
Daubenton John David
Davey Dennis Albert
Davidson Aaron
Davies David
Davies Michael Ross Quail
Davis Charles Pierre
* Davis Meldrum J Finnamore
Dawes Marion Elizabeth
* Daynes William Guy
De Beer Hardie Alfred
De Klerk Daniel Johannes Janse
* De Kock Johannes Hendrikus
* De Kock Machiel Adriaan
De Villiers Jacquez Charl
* De Villiers Jan Naude
De Villiers Pieter Ackerman
De Wet Jacobus Johannes
Dean Joseph G Kerfoot
* Denis-Lester Leslie
Dent David Marshall
Dennehy Patrick J Pearce
Derman Henry Jack
Dhansay Yumna
* Dickie-Clark William Findlay

Digby Rodney Mark
Distiller Lawrence Allen
* Dommisse George Frederick
Donald Peter Roderick
Dornfest Franklyn David
Douglas-Henry Dorothea
Dove Ephraim
* Dove Jechiel
* Dowdle Eugene B Davey
Dower Peter Rory
* Dreyer Cornelis Jan
Dreyer Wynand Pieter
* Dubb Seymour
* Duckworth William Calvert
Duncan Harold James
Dunning Richard Edwin Frank
* Du Plessis Daniel Jacob
Du Plessis Dionisius Johann
Du Plessis Hendrik Pienaar
Du Plessis Hennie Lodewia
* Du Plessis Hercules Gerhardus
* Du Plessis Willem Hendrik
Durham Francis James
* Du Toit Guilluame Tom
Du Toit Johan Jakob
Du Toit Johan Loots
Du Toit Pierre F Mulvihal
Duursma Rienk Willem
Duys Pieter Jan
* Dykman Cornelis Derksen
* Eales Lennox
Eathorne Allan James
Edelstein Harold
* Edelstein Wolfe
Edge Kenneth Roger
* Edge William E Basil
Ehrlich Hyman
Eksteen Jurgen Kotze
Engelbrecht Jacobus Adriaan
Enslin Ronald
* Enslin Theophilus Benedictus
* Epstein Edward
Erasmus Frederick Rudolph
Erasmus Philip Daniel Christoffel
Essack Maimona
Esterhuysen Stephen Philip
Etellin Pierre Anthony
Evans Warwick Llewellyn
* Evans William Benjamin David I
* Eyre Jane
* Faiman Israel Osser
* Fainsinger Maurice Haig
Fanarof Gerald
Fehler Boris Michael
* Feldman Max Bernard
Fergusson David J Guillemard
Findlay Cornelius Delfos
Fine Julius
Fine Leon Arthur
Fine Stuart Hamilton
* Fischer Gustav Fichardt
Fisher-Jeffes Donald Leonard
Fleishman Solomon Joel
Flynn Michael Anthony
Fontein Batholomeus T Petrus
* Foord Charles John
Forman Robert
Förtsch Hagen E Armin
Foster Nathaniel E George
Foster Patrick Anthony
* Fourie Christian F Gilsen
Frankel Freddy Harold
Frank Joachim Roelof
* Franks Maurice
Freedman Jeffrey
* Freeman Arthur Arnold
Freiman Ida
* Friedberg David
* Friedland Benjamin Percival
* Friedman Isidore
* Friedman Sydney
Friedmann Allan Isodore
Fritz Vivian Una
* Frost Cyril
Froese Steven Philip
* Fuller Denis Norden
* Futeran Gerald
Galatis Chrisostomos
Galloway Peter Allan
Gani Akbar
Garb Minnie
Gardner Jacqueline Elizabeth
* Gasson Charles H Reginald
Gasson John Edward
Gaylis Hyman
* Geere Jacobus Johannes
* Geerling Rudolf
* Geffen Heime
* Geldenhuys Frans Gert
Gentin Benjamin
* Gerber Johan Abraham
Gersh Bernard John
Gibson John Hartley
Gildenhuys Jacobus Johannes
Gillis Lynn Sinclair
* Gillmer Ralph Ellis
Ginsberg Hilde
* Girdwood Donald Hampden
Glazer Harry
* Glen Alan Murray
* Gluckman Jonathan
Glyn Thomas Raymond
Goeller Errol Andrew
* Goetz Robert Johannes
* Goldberg Solomon
* Goldblatt Nochem
Goldin Martin
Goldschmidt Reith Bernard
Goldstein Bertie
* Gollach Benjamin Leonard
Goodley Robert Henry
Goodman Hillel Tuvia
Goosen Felicity
* Gordon Grant M Cameron
* Gordon Isidor
* Gordon Vivian Nathan
* Gordon Walter
* Gordon-Smith Derek Peter
Gorvy Victor
Govender Perisamy Neelapithambaran
Govind Uttam
* Gowans Ronald
* Graham John Donald
Graham Kathleen Mary
* Grant John F Cardross
* Grayce Isaac
* Grek Isaac Joseph
Greyling Jacobus Arnoldus
* Grieve James Muir
Griffiths Joan McElwee
Griffiths Seaton Bythyl
Grimbeek Johannes Fredericus
Grobbelaar Nicolaas Johannes
Grobler Johannes Lodewikus
Grobler Marthinus
Grotepass Frans Willem
* Grundill Wilfrid
Grusiner Wolf
* Haarburger Oswald Maximillian
* Hacking Edgar Bolton
Haffejee Ismail Ebrahim
* Hamelberg Henri Jacques
* Hamilton Clarence Gawn
* Hamilton Donald Graham
* Hamilton Ritchie Douglas Archibald
Hangelbroek Peter
Hansen Denys Arthur
Hansen John D Lindsell
Harris Ian Michael
* Harris Michael
* Harrison Derek Haddrell
* Harrison Gaisford Gerald
Hartdegen Richard Gerhardus
Hartley Patricia Staunton
Hartman Ella
Hassan Mohamed Saeed
* Haupt Frank Johannes Groot
* Haynes Donovan Russell
Hayward Frederick
Heese Hans de Villiers
Heitner Rene
Hefer Adam Gottlieb
* Helfet Arthur Jacob
Helman Isaac
Henderson Linda Grantham
Henderson Rex Scott
* Hendrix Robert J Maria
* Henning Alwyn J Harvard
Henson Soloman
* Hersch Sidney Julius
* Hersman Doris
* Heselson Jack
* Heymann Seymour Charles
Heyns Anthon du Plessis
Hift Walter
Higgs Stephen Charles
Hill John William
Hill Paul Villiers
Hillock Andrew John
* Hilson Don
Hirschowitz Jack Sydney
Hirschson Herman
Hitchcock Peter John
Hockly Jacqueline Douglas Lawton
Hoffmann David Allen
Hoffmann Vivian Jack
* Hofmeyr Francis Edward
Hofmeyr Nicholas Gall
Holland Victor Bernard
Holloway Alison Mary
Horrowitz Stephen Dan
* Hossy Sidney Charles
Hovis Arthur Jehiel
Howell Michael E Oram
Howes Neville Edward
Hugo André Paul
* Hugo Pierre Andre
* Human Randolph Russell
Hundleby Christopher J Bretherton
Hurwitz Charles Hillel
Hurwitz Mervyn Bernard
Hurwitz Solomon Simon
Huskisson Ian Douglas
Hyslop Robert James
Immelman Edward John
Ichim Camelia Vasilica
Ichim Liviu
* Ingle Pauline Cornwell
Isaacson Charles
Ismail Khalid Hajee
* Ismail Mahomed Hoosen Hajee
Israelstam Dennis Manfred
* Jacob Hilderbrand Hamilton
Jacobs Daniel Pieter Sydney
Jacobs Miguel Adrian
Jacobs Peter
* Jacobson Isaac
* Jaffe Basil
Jammy Joel Tobias
Jan Farida
Janse van Rensburg Johan Helgard
* Janse van Rensburg Lucas Carl
Jansen van Rensburg Martinus
Jassat Essop Essak
Jasön Peter Michael Constantine
Jedeikin Leon Victor
Jeena Hansa
Jeffery Peter Colin
* Jeppe Carl L Biccard
Jersky Jechiel
Jöckel Wolfgang Heinrich
* Joel-Cohen Sidney
Joffe Leonard
Joffe Stephen Neal
Johnson Sylvia
* Jones Cecil Stanley
Jonker Edmund
Jooste Edmund
Jooste Jacobus Letterstedt
Jordaan James Charles
Jordaan Johann Petrus
Jordaan Robert
Joubert James Rattray
Kaiser Walter
* Kalley Harold Aaron
Kane-Berman Jocelyne Denise
Lambie
Kaplan Cyril Jacob
* Kaplan Harry
Kaplan Neville Lewis
Karlsson Eric Lennart
* Karstaedt Abraham Lemel
* Katz Arnold
* Katz Hymie
Kaufman Morris Louis
* Kay Sholem
* Keen Edward Norman
Keet Marie Paulowna
Keet Robert Arthur
Keeton Godfrey Roy
Kemp Donald Harold Maxwell
Kenyon Michael Robert
Kernoff Leslie Maurice
* Kerr Edward Matson
Kessler Edmund
Kew Michael Charles
Key Jillian Jane Aston
Kieck Charles Frederick
King Jennifer Ann
Kinsley Robin Howard
* Kirsch Ralph Emmanuel
* Kisner Cyril David
* Klein Herman
Klein Hymie Ronald
* Klenerman Pauline
Klevansky Hyman
Kling Kenneth George
Klopper Johannes Frederick
* Kloppers Phillippus Johannes
Klugman Leon Hyam
Knobel John
* Knocker Phyllis A Hendrika

Knoetze Gerald Casparus
* Knox Lance O'Neil
Kok Hendrick Willem Lindley
Koopowitz Joseph Ivan
* Kornell Simon
Kotton Bernard
Kotzé Johannes van Zyl
Koz Gabriel
* Kramer Michael Sherman
Krengel Biniomin
* Kretzmar Noel
Kriel Jacques Ryno
* Krige Christiaan Frederick
Krige Louis Edmund
* Kriseman Michael Maurice
* Krogh Lex
Kussel Jack Josiah
Kussman Barry David
Labuschagne Izak
Lachman Sydney Joshua
Laing John Gordon Dacomb
Lake Walter Thomas
Lampert Jack Arthur
Landsberg Pieter Guillaume
* Landsman Gerald Bernard
Lantermans Elizabeth Cornelia
* Lapinsky Gerald Bert
Lasich Angelo John
Laubscher Willem M Lötter
Lautenbach Earle E Gerard
* Lawrence Henry Martin
Lawson Hugh Hill
Leary Peter Michael
Leary William P Pepperrell
Leask Anthony Raymond
Leaver Roy
* Lebona Aaron David
Leeb Julius
* Leeming John A Lamprey
* Leigh Werner E Julius
Lejuste Michel JL Remi
* Lemmer Eric Richard
Lemmer Johan
Lemmer Lourens Badenhorst
Le Roex René Denyssen
Le Roux Desmond Raubenheimer
Le Roux Petrus A Jacobus
Lessing Abrahim J Petrus
Levenstein Stanley
Levin Joseph
Levin Solomon Elias
Levy Reginald Bernard
Levy Wallace Michael
Levy Walter Jack
Lewin Arthur
* Lewin Ethel
* Lewis Henry Montague
L'Heureux Renton
* Liebenberg Nicolaas Dreyer
Linde Stuart Allen
Lipper Maurice Harold
* Lipschitz David
* Lipschitz Robert
* Lipsitz Max
Lipworth Edward
Lissoos Irving
Lloyd David Allden
Lloyd Elwyn Allden
Lochner Jan de Villiers
Lodemann Heide Katharina
Loening Walter E Karl
Lombard Hermanus Egbertus
Loot Sayyed M Hosain
Loots Petrus Beaufort
Losken Hans Wolfgang
Losman Elma
Lotzof Samuel
Loubser Johannes Samuel
* Louw Adriaan Jacobus
* Louw John Xavier
Macdonald Angus Peter
MacEwan Ian Campbell
* MacGregor James MacWilliam
MacKenzie Basil Louis
MacKenzie Donald Bernard
MacLeod Ian Nevis
* Maggs Roderick Frank
Mahomed Abdullah Eshaak
Mair Michael John Hayes
Maitin Charles Thabo
Malan Atties Fourie
Malan Christina
* Malan Gerard
Maliza Andile
* Malkiel-Shapiro Boris
Mangera Ismail
* Mangold Fritz Theodor
Mankowitz Emmanuel
* Mann Noël Myddelton
Mann Solly
Marais Ian Philip
Marais Johannes Stephanus
* Marchand Paul Edmond
Maresky Abraham Leib
* Maresky Leon Solomon
Margolis Frank
Margolis Kenneth
Marivate Martin
Markman Philip
Marks Charles
* Masey George R Frederick
* Mason Eric Ivor Henry
* Massey Patricia J Helen
Matisonn Rodney Earl
* Matus Szlejma
Mauff Alfred Carl
May Abraham Bernard
Maytham Dermine
McCutcheon John Peter
McDonald Robert
* McIntosh Robert Roy
McIntosh William Andrew
McKenzie Malcolm Bett
McPhee Michael Henry
Mears Jasper W Walter
Meer Farooq Moosa
Meeran Mooideen Kader
Melvill Roger Laidman
Melville Ronald George
Mervis Benjamin
* Mendel Sonnie Ivan
* Mendelow Harry
* Mendelsohn Leonard Meyer
Meyer Anthonie Christoffel
Meyer Bernhardt Heinrich
* Meyer Cornelius Martinus
Meyer David
* Meyer Eric Theodore
* Meyer Jan Abraham
Meyer Julius
Meyer Roland Martin
Meyers Anthony Molyneux
Meyersohn Sidney Jacob
Meyerson Louis
* Michael Aaron Michel
Michaelides Basil Andrew
Michaels Maureen Jeanne
Michalowsky Aubrey Michael
Michelow Maurice Cecil
Midgley Franklin John
Mieny Carel Johannes
Miles Anthony Ernest
Millar Robert Norman Scott
* Miller Samuel
Milne Anthony Tracey
Milne Frank John
Milner Selwyn
* Mirkin Wilfred Hyman
Misnuner Zelik
Mitchell Peter John
Mokhobo Kubeni Patrick
Molapo Jonathan Lepoqa
* Möller Carl Theodorus
Molteno Christopher David
Moodley Jagidesa
Moodley Thirugnanasumburanam
Moola Yousoof Mahomed
Moosa Abdool-Sattar
Morley Eric Clyde
Morris Charles David Wilkie
* Morris Derrick Ryder
Morris Edel
Morrison Gavin
Moti Abdool Razack
Movsowitz Leon
Mullan Bertram Strancham
* Muller Hendrik
Mulligan Terence P Simpson
* Mundy Raymond
* Murray Neil Laird
Myburgh Johannes Albertus
Myers Leonard
Naidoo Balagaru Narsimaloo
Naidoo Lutchman Perumal
Naidoo Premilla Devi
Nair Gonasegrie Puckree
Nanabhay Sayed Suliman
Nash Eleanor Scarborough
Naude Johannes Hendrik
* Naylor Aubrey Chalkley
Neifeld Hyman
Nel Elias Albertus
Nel Jan Gideon
Nel Pieter Daniel
* Nel Rhoderic William Arthur
Nel Wilhelm Stephanus
Neser Francois Nicholas
Nestadt Allan
Newbury Claude Edward
* Nicholson John Campbell
Noble Clive Allister
Noll Brian Julian
Norman-Smith Jack
* Norwich Isadore
Novis Bernard
Nurick Ivan James
Obel Israel Woolf Promund
Odendaal Hendrik Johannes
Okreglicki Andrzej Michael
Olinsky Anthony
Oliver Johannes Andries
* Opie William Henry
Orelowitz Manney Sidney
Osler Henry Ingram
Ospovat Norman Theodore
Padayatchi Perumal
Palmer Philip Edward Stephen
Palmer Raymond Ivor
Pantanowitz Desmond
* Paradisgarten Hymie Charles
Parkes John Ryan
Parsons Arthur Charles
* Pascoe Francis Danby
Patel Prabhakant Lalloo
Pather Runganayagum
Pearlman Theodore
Peer Dawood Goolam Hoosen
* Penn Jack
Penzhorn Herbert Otto
* Pein Nathaniel Kemsley
Perdikis Phoebus
* Perk David
Peters Ralph Leslie
Pettifor John Morley
Philcox Derek Vincent
Phillips Gerald Isaac
Phillips Louisa Marilyn
* Piesold Gerald A Ferdinand
* Pieterse Holland Frederik
Pillay George Permall
Pillay Govindasamy Sokalingum
Pillay Rathinasabapathy Arumugam
Pillay Thiagarajan Sundragasen
Pillay Veerasamy K Govinda
Planer Meyer
Plit Michael
* Polakow Raphaely
Politzky Nathan
Pollak Ottilie
Polley Neville Alfred
Pompe van Meerdervoort Hjalmar Frans
Porter Christopher Michael
* Posel Max Michael
* Potgieter Louis
Power David John
Prentice Bernard Ross
Pretorius David H Schalk
Pretorius Jack
Pretorius Johannes Lodewikus
* Price Samuel Nathaniel
Prinsloo Simon Lodewyk
Procter Desmond S Collacott
Prosser Geoffrey Leslie
Prowse Clive Morley
Pudifin Dennis James
Quan Tim
Quantock Owen Peter
Quinlan Desmond Kluge
Quirke Peter Dathy Grace
* Rabinowitz Albert
* Rabinowitz Leslie
Radford Geoffrey
Raftopulos Paris
Raghavjee Indira Vaghjee
Raine Edgar Raymond
Rankin Anthony Mottram
Ransome Olliver James
Rayman Ashley
Rebstein Stephen Eric
Redfern Michael John
Reichman Leslie
Reichman Percy
* Reid Frederick Payne
Reidy Jeremy Charles
Reif Simon
Reinach Werner
Renton Maurice Ashley
Retief Daniel Hugo
* Retief Degenes Jacobus
Retief Francois Jacobus
Retief Francois Johannes Petrus

Retief Francois Pieter
Reynders Johannes Jurgens
Reyneke Philippus Johannes
Rice Gordon Clarke
* Richey Allan Frank Whitfield
Richards Alan Trevor
Richmond George
Ritchken Harry David
Roberts William A Brooksbank
* Roberts William Michael
* Robertson Thomas Chalmers
Robinson Brian Stanley
Rode Heinz
Rogan Ian MacKenzie
Roediger Wolf Ernst Wilhelm
Roelofse Hendrik Johannes
Roman Horatius E Hereward
Rome Paul
Roos Charles Phillipus
Roos Nicolaas Jacobus
Roose Patricia Garfield
Rosenberg Basil
Rosenberg Edwin Robert
* Rosenthal Elijah
* Rosin Isodore Roland
* Ross Bremner Lloyd
Rousseau Theodore Emile
Rossouw Dennis Pieter
* Rossouw Johan Tertius
* Rothschild Emil E Aaron
* Roux Daniel Jacobus
Rudolph Isidore
* Russell John Tait
* Rutovitz Isaac Jacob
Ryan Raymond
* Sacks Selig
* Sacks Sidney
Sacks William
Safro Ivor Lawrence
Salant David John
* Salkinder Joe
Samson Ian David
Samson John Monteith
Sandeman John Charles
* Sanders Eric John
Sanders Hannah-Reeve
Sandison Alexander Gorrie
* Saner Robert Godfrey
Sapire David Warren
* Sarkin Theodore Leonard
* Sartorius Kurt Honbaum
Saunders Stuart John
Saxe Norma Phyllis
Schaetzing Albrecht Eberhard
Scallan Michael John Herbert
* Schepers Nicolaas Jacobus
Scher Alan Theodore
Schneider Cecil Max
* Schneider Tobias
Schneier Felix Theodore
Scholtz Roelof
Schutte Philippus Johannes
Schwär Theodor Gottfried
Schwarz Kurt
* Scott James Graham
Scott Quentin John
* Scott Walter Fleming
Scragg Joan Noelle
Seaward Percival Douglas
Sedgwick Jerome
Seedat Yackoob Kassim
Sellars Sean Liam
Senior Boris
* Sesel John Ruby
Shapiro Benjamin Leon
* Shapiro Max Phillip
* Shapiro Norman
Sharpe Jean Mary
Shear Mervyn
Sher Gerald
Sher Geoffrey
Sher Joseph Norman
Sher Mary Ann
Sher Rickard Charles
Shété Charudutt Dattatraya
Shulman Louis
Shweni Phila Michael
Siew Shirley
Silberman Reuben
Silbert Maurice Vivian
Simons George Arthur
* Simonsz Christiaan G Adolph
* Simpson Thomas Victor
Simson Ian Wark
Singer Martin
* Sischy Benjamin
* Skinner Donald Pape
Skudowitz Reuben Benjamin
Sliom Cyril Meyer
* Smalberger Johannes Marthinus (Snr)
Smit Wilhelm Michiel
Smith Alan Nathaniel
* Smith John Alaister
* Smith Lionel Shelsley
Smith Michael Ewart
* Smith Petrus Nicolaas
* Smulian Hubert Godfrey
* Smythe Patrick Montrose
Sneider Paul
Snyman Adam Johannes
Snyman Hendrick G Abraham
* Solomon Herman Israel
Somera Satiadev
Sonnendecker Ernest W Walter
Sparks Bruce Louis Walsh
Spies Sarel Jacob
Spilg Harold
* Spitz Mendel
Stein Aaron (Archie)
Stein Abraham
* Stein Leo
Stein Lionel
Stein Mannie
Stern Ferdinand
Stewart-Wynne Edward George
* Steyn Dora Nell
Steyn Gerbrandt
Steyn Izak Stefanus
Stronkhorst Johannes Hendrikus
Styger Viktor
Suliman Abdoorahaman Ebrahim
Sur Monalisa
Sur Ranjan Kumar
* Sutin Gerald Joseph
* Suzman Moses Myer
Svensson Lars Georg
Swanepoel André
* Swart Barend Hermanus
Swart Johannes Gerhardus
Swartz Jack
Swift Peter John
Tang Kenneth
Tarboton Peter Vaughan
Taylor Robert Kay Nixon
Te Groen Frans Wilhelmus
* Te Groen Lutherus H Treub
* Teeger Arnold
Terblanche John
Terespolsky Percy Samuel
Thaning Niels-Otto
* Thatcher Geoffrey Newton
Theron Eduard Stanley
Theron Francis
Theron Jakobus L Luttig
Tinker John
Thomson Alan J George
Thomson Morley Peter
Thomson Peter Drummond
Thompson Michael Wilson Balfour
Thompson Roderick Mark McGregor
Thorburn Kentigern
Thornington Roger Edgar
Thorp Marc Alexander
* Tobias Ralph Lulu
Toker Eugene
* Tomlinson John R Dacomb
Treisman Oswald Selwyn
Trichard Louis C G Lennox
* Trope Robert Allan
* Trott Edmund Lorimer
* Trubshaw William H Daines
* Tucker Robert D St George
Tucker Ronald B Kidger
Turner Peter James
Ungerer Matthys Johannes
Utian Hessel Lionel
Van Coeverden de Groot Herman A
Van Coller Beulah Marie
Van den Berg Andries D Petrus
Van den Bergh Cornelius Jacob
Van den Ende Jan
Van der Merwe Christiaan
Van der Merwe Hendrik Johannes
Van der Merwe Jan Abraham
Van der Merwe Schalk W Petrus
Van der Meyden Cornelis Hendrikus
* Van der Riet John Werendly
* Van der Riet Ryno le Seur
Van der Spuy Johan Wilhelm
Van der Walt Andrè
* Van der Walt Johannes Joachim
Van der Wat Jacobus JH Botha
* Van Dongen Leon G Raymond
Van Drimmelen Bertha
Van Drimmelen Pieter
Van Gelderen Cyril Jack
Van Graan Nico Jacobus
Van Greunen Francois
* Van Hasselt Carel Hugh
Van Helsdingen Jacobus O Tertius
* Van Huyssteen Hendrik Roelof (Snr)
Van Leenhoff Johannes Willem
Van Niekerk Christopher
Van Niekerk Christoffel Hendrik
Van Niekerk Gilbert André
* Van Niekerk Willem Abraham
* Van Rooyen Adriaan J Louw
* Van Schalkwyk Colin Henri
Van Schalkwyk Derrick
Van Schalkwyk Herman Eben
Van Selm Christopher Denys
* Van Selm Justin Leander
Van Wyk Eugene Muller
Van Wyk Frederick A Kelly
* Van Zyl Jakobus J Wynand
Van Zyl-Smit Roal
Venter Pieter Ferdinand
* Victor Arthur
Viljoen Ignatius Michael
* Viljoen Theunis Gabriel
Visser Daniel
* Vogelpoel Louis
Von Varendorff Edeltraud Mathilde
Von Wielligh Gysbertus Johannes
Vooght Terence Edward
Vorster Carl Theodorus
* Vosloo Arnoldus Johannes
Wade Harry
Wahl Jacobus Johannes
Walker David Anthony
Walker Dennis Hamilton
Walker John Douglas
* Walker Lindsay Hamilton
Walls Ronald Stewart
* Walsh James Clifford
* Warren George St Leger
* Watson Ian France
* Wayburne Samuel
Webber Bruce Leonard
Weich Dirk Jacobus Visser
Weinberg Eugene Godfrey
* Weingartz Felix Kruger
Wellsted Michael Dennis
Welsh Ian Bransby
Welsh Neville Hepburn
* Welsh Robert I Hepburn
* Wessels Cornelius Johannes
Westaway Joan Lorraine
Weston Neville Anthony
Whiffler Kurt
* White Ian William Craig
Whitfield Leslie Edwin
Whiting David Ashby
Whittaker David Ernest
Wienand Adolf Johann
Wiggelinkhuizen Jan
Willemse Pieter
Willers Petrus Salmon
Williams Margaret Ethel
Williams Robert Edward
Wilson Peter James
Wilson Timothy Dover
Wilson William
Wilton Thomas Derrick
Wingreen Basil
Winship William Sinclair
Wise Roy Oliver
Wittenberg Dankwart Friedrich
* Wium Peter Pet
Wolfsdorf Jack
* Wood Frank Henry
Wootton John Barry Leif
Wranz Peter Anthony Bernhard
Wright Ian James Spencer
Wright Michael
Wunsh Louis
* Wykerd Hermanus Claassens
* Wylde Ronald Burns
* Youngleson John Henry
Yudaken Israel Reuwen
Zaacks Philip Louis
Zaaijman John du Toit
Zent Clive Steven
Zent Roy
Zieff Solly
Zion Monty Mordecai

Fellowship *ad Eundem*

Fellowship *ad Eundem*

The Colleges of Medicine of South Africa

As at 30 November 2009

Bowie Malcolm David (C PAED) (2007)	Knysna
*** Breytenbach** Hermanus (CMFOS) (2001)	Stellenbosch
Cleaton-Jones Peter Eiddon (CD) (2005)	Johannesburg
Corder Robert Franklin (CEM) (2007)	Maryland, USA
Davey Dennis Albert (C PAED) (2008)	Bergvliet, Cape Town
Davies John Carol Anthony (CPHM) (2007)	Johannesburg
Gear John Spencer Sutherland (CPHM) (2005)	Still Bay
Gevers Wieland (CP) (2001)	Rosebank, Cape Town
Hansen John D Lindsell (C PAED) (2007)	Plettenberg Bay
Heese Hans de Villiers (C PAED) (2007)	Rondebosch
Keet Marie Paulowna (C PAED) (2007)	Cape Town
Levin Solomon Elias (C PAED) (2007)	Johannesburg
Lemmer Johan (CD) (2003)	Johannesburg
Makgoba Malegapuru W (CP) (2003)	Durban
Ncayiyana Daniel JM (CMSA) (2002)	Durban
Odendaal Hendrik Johannnes (COG) (2009)	Cape Town
Padayachee Gopalan N (CPHM) (2004)	Cape Town
Philpott Hugh Robert (COG) (2008)	Durban
Price Max Rodney (CPHM) (2004)	Cape Town
Saffer Seelig David (C NEURO) (2004)	Johannesburg
Sutcliffe Thomas James (C PSYCH) (2008)	Cape Town
*** Van Reenen** Johannes F (C DENT) (2003)	George
Van Selm Justin Leander (C OPHTH) (2005)	Plettenberg Bay
Welsh Neville Hepburn (C OPHTH) (2006)	Lydenburg

*** Deceased**

Erratum: Transactions 2009;52 (Jul-Dec)

- The List of Honorary Fellows – asterisks were omitted
- A column of Life Members was omitted

We herewith offer our sincerest apologies for any inconvenience incurred due to these omissions.

Publisher