



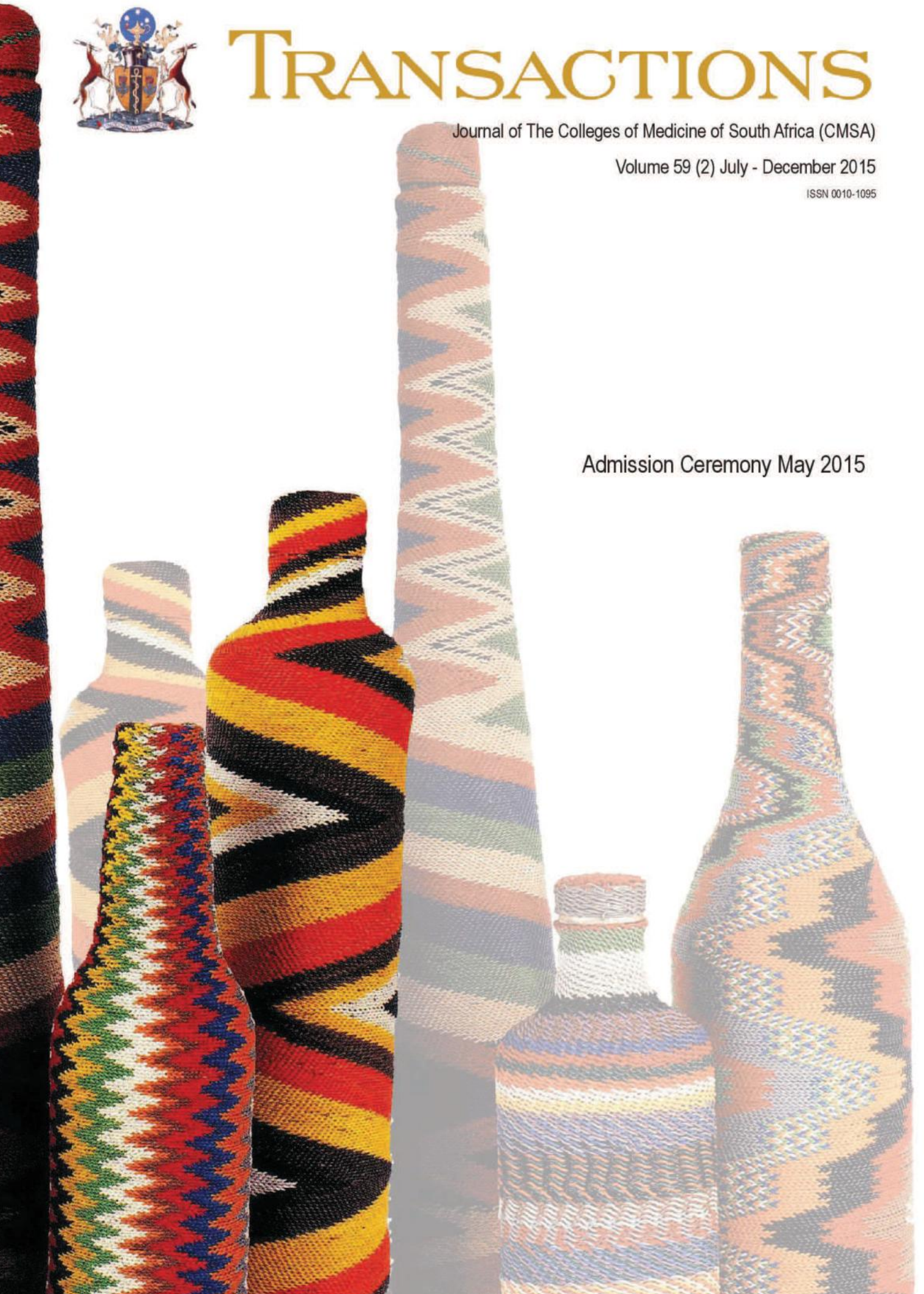
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Journal of The Colleges of Medicine of South Africa (CMSA)

Volume 59 (2) July - December 2015

ISSN 0010-1095

Admission Ceremony May 2015



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TRANSACTIONS

Volume 59 (2) July - December 2015



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Publisher: Prof Opél Greeff

Production: Ina du Toit

Medpharm Publications (Pty) Ltd

Publisher: Medpharm Publications (Pty) Ltd

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Tel: (012) 664-7460 Fax: (012) 664-6276

E-mail: enquiries@medpharm.co.za

Designer: Chantelle Janse van Rensburg

(Medpharm Publications)

Printed by: Remata

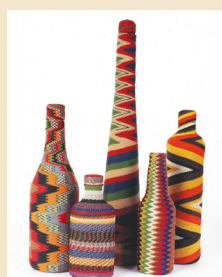
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In support of contemporary Zulu telephone wire baskets

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- 3.3 'Unpublished observations' and 'personal communications' may be cited in the text, but not as references.

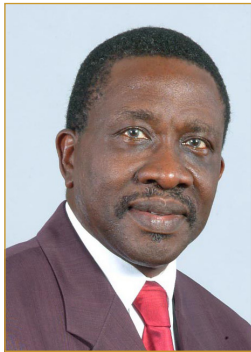
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- Price NC. Importance of asking about glaucoma. *BMJ* 1983; 286: 349-350.

Book references:

- Jeffcoate N. *Principles of Gynaecology*. 4th ed. London: Butterworths, 1975: 96.
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From Millennium Development Goals to Sustainable Development Goals – Are we ready?



Prof Gboyega A Ogunbanjo

In September 2000, leaders from 189 countries met at the United Nations, New York USA and endorsed the Millennium Declaration in which they committed to build a safer, more prosperous and equitable world. At that summit, they committed to eight time-bound measurable goals with a period of 15 years (2000 to 2015), known as the Millennium Development Goals (MDGs).

In as much as the ethos of the MDGs were laudable and great strides were made globally on some goals, we have now completed the 15 years. The United Nations Summit of 23 – 25 September 2015 adopted a new agenda known as the “Sustainable Development Goals” (SDGs) with 17 goals and 169 targets. The new goals and targets will come into effect on 1 January 2016 and will guide member state decisions on economic growth and social accountability over the next fifteen years (2015-2030). However, it is important to reflect on how South Africa performed specifically on two health-related MDGs. This editorial will focus primarily on MDGs 4 and 5 as the national Department of Health committed substantial resources to achieving these goals.

For MDG4 of reducing child mortality, the country reduced under-five child mortality from 61 per 1000 live births in 1990 to 45 per 1000 live births by the end of 2014. However, the country did not meet the target of 20 per 1000 live births, which would have reduced the under-five mortality by two thirds. The most common causes of under-five child mortality remain preventable diseases such as HIV/AIDS, which accounts for 17% of under-five deaths, while pneumonia accounts for 14% despite the availability of pneumococcal vaccine in the routine Expanded Programme on Immunization (EPI).¹

With respect to improving maternal health (MDG5), the goal was to reduce maternal mortality by three quarters by 2015. For South Africa, there was a minimal drop from 150 per 100,000 live births in 1990 to 140 per 100 000 live births by the end of 2014, against the expected target of 38 per 100 000 live births by October 2015. The latter has been one of the most difficult health-related MDGs for South Africa to achieve despite various initiatives to manage causes of maternal mortality including the nationwide training on “Essential Steps in the Management of Obstetric Emergencies (ESMOE)”. The risk of maternal mortality remains highest for adolescent girls under 15 years old and complications in pregnancy and childbirth are the leading causes of death among adolescent girls in developing countries.² In South Africa, a significant proportion of maternal

deaths occurs in teenage pregnancies accounting for 36% of maternal deaths.¹ Globally, the major complications that account for nearly 75% of all maternal deaths are severe bleeding (mostly bleeding after childbirth), infections (usually after childbirth), high blood pressure during pregnancy (pre-eclampsia and eclampsia), complications from delivery and unsafe abortion.³ The public health system in South Africa should be able to deal with most of these major complications associated with maternal health as a high percentage of expected deliveries occur in health facilities and by trained health practitioners. Junior doctors especially interns need more training as they are at the forefront of managing obstetric referrals from midwives and nurses during pregnancy, delivery and post-delivery.

With the recently launched SDGs, the specific health-related goal is now “SDG3” that states to: “Ensure healthy lives and promote well-being for all at all ages” and within this goal the previous MDGs 4 and 5 have been redefined as follows:

- By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births (previous by three quarters)
- By 2030, end preventable deaths of new-borns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births (Previous by two-thirds)

These targets are more specific, measurable, achievable, realistic and time-bound (SMART). The objective is to make them measurable and comparable between countries as to how they perform over the next 15 years. As we commence the new SDGs on 1 January 2016, South Africa will have to double its efforts to make these two SDG targets and the remaining seven targets achievable as a country within the new period considering the available resources at its disposal. We missed the targets for the two health-related MDGs; we cannot fail to achieve the new nine targets under SDG3. Bearing in mind the inequality of access to health care that still exists in the country, we should not be despondent as we are on the right track to achieving these new targets, albeit, over a new time frame.

Prof Gboyega A Ogunbanjo
Editor: SA Family Practice

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3. Say L, Chou D, Gemmill A et al. Global Causes of Maternal Death: A WHO Systematic Analysis. *The Lancet Global Health*. 2014; 2 (6): e323-333.

Presidential Message



Prof Gerhard Lindeque

Dear Colleagues

This is the last letter from me as the current term of the President ends in the first semester of 2016, and the new President will be elected in October 2015. Time flies! It is highly appropriate at this critical time in the life of the CMSA to look at the targets we set three years ago, and to consider the outcomes thereof.

Our current status has changed somewhat, and considerably for the better. We are still a huge organisation, still professional and complex, still a growing enterprise and still a values-based organisation. However, recognition of our educational role has been achieved as the CMSA now hosts the only recognised exit examination for medical specialists with regard to registration as a specialist with the Health Professions Council of South Africa.

Targets for managing the CMSA have been met. Aspects, like clean administration, better communication, stakeholder identification and transparency in our operations, are in place. In the time between writing this and the letter being published, meetings will have taken place between the CMSA leadership and the South African Committee of Medical Deans, and hopefully also with the South African Committee of Dental Deans, as well as other organisations who are critical of the CMSA. With the values and thought processes in place, we are approaching these meetings with confidence.

The realisation that CMSA is VAT liable was the most important event on the funding side. This will be applicable, as from 2013.

The growth in the number of candidates, as well as the stress placed on examiners, institutions, our examinations office and the training platforms, were key reasons for a strategy to stagger the examinations. This is still a work in progress, but is a critical component of CMSA survival strategy.

The CMSA still needs to be part of the everyday lives of our members. The more that the CMSA grows in stature and visibility, the more we have to field criticism and antagonism. To manage this, we need the support of our members. Membership is more than just the monetary contribution. It is also being part of a momentous organisation which is performing what it does best – offering standardised, fair, transparent examinations and qualifications, and in that way, massively contributing to the nation.

Colleagues, please remain part of the CMSA! All the best to the very able leadership team who will be elected. I thank the essential and able administration team for its work. All the best for the future! It was a huge honour serving you and the CMSA as President this term, during which many significant achievements were realised.

Gerhard Lindeque
President

Admission Ceremony 21 May 2015

The admission ceremony was held in the City Hall, Cape Town.

At the opening of the ceremony, the President, Prof Gerhard Lindeque, asked the audience to observe a moment's silence for prayer and meditation.

Prof Jimmy Volmink, Dean, Faculty of Medicine and Health Sciences, Stellenbosch University, delivered the oration.

Honorary Fellowships were presented to Prof Zephne van der Spuy (IPP) by the CMSA, and to Dr Edward Laws by the College of Neurosurgeons. The citation for Prof van der Spuy was written and read by Prof Anil Madaree. The citation for Dr Laws was written by Prof Graham Fieggen and read by Prof Patrick Semple.

Twenty-eight medallists were congratulated by the President on their outstanding performance in the CMSA examinations. Medals were awarded in the following fellowship disciplines: Anaesthetics, Maxillo-Facial and Oral Surgery, Obstetrics and Gynaecology, Ophthalmology, Orthopaedic Surgery, Otorhinolaryngology, Paediatrics, Pathology, Internal Medicine, Psychiatry, General Surgery and Urology. Medals were also awarded in the following diplomate disciplines: Ophthalmology, Internal Medicine, Allergology and Primary Emergency Care.

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

The new Certificants were announced and congratulated.

The Honorary Registrar – Examinations and Credentials, Prof Jeanine Vellema, announced the candidates, in order, to be congratulated by the President. The Honorary Registrar – Education, Prof Jay Bagratee, individually hooded the new Fellows. The Honorary Registrar – Finance and General Purposes, Prof Johan Fagan, handed each graduate a scroll containing the Credo of the CMSA.

The new Diplomates were announced and congratulated.

In total, the President admitted 48 Certificants, 282 Fellows and 249 Diplomates.

The national anthem was sung at the end of the ceremony, after which the President led the recent graduates out of the hall. Refreshments were served to the graduates and their families.

Prof J Volmink's Address at the Colleges of Medicine of South Africa Graduation Ceremony

Advocates of the Poor

21 May 2015, Cape Town



Prof J Volmink

Congratulations

Fellows, Diplomates and Certificants, I'd like to begin by extending my warmest congratulations to each one of you on reaching this important milestone in your career. The road to your success has been long and tough, and you may well have encountered the occasional speed bump or pothole along the way.

I know many of you have had to juggle family and work responsibilities, in addition to your studies, which is never easy. But you have persevered, all the while keeping your eyes fixed on your goal, despite the challenges that you have faced. So we salute you this evening on your fine achievement, and wish you all the very best for the future.

An occasion such as this also provides an ideal opportunity to acknowledge those nearest and dearest to you, whose sacrifices and support have been so critical to your success. Therefore, let me invite you to give your family, friends, teachers and mentors a warm round of applause.

Introduction

So much has changed in medicine since I graduated as a doctor in 1982. There have been tremendous advances in the understanding of biological processes, many of which have led to new insights into disease mechanisms, as well as expansion of the available therapeutic armamentarium. Today, knowledge gained from the Human Genome Project and "big data" is ushering in an era of personalised medicine which promises to radically transform the way in which the craft of medicine is practised in the future.

During the past few decades, we have also seen the establishment of evidence-based medicine (EBM) as a new paradigm in clinical practice. Predicated on the conviction that intuition, clinical experience and an understanding of disease mechanisms are insufficient when making good clinical decisions, EBM promotes the integration of clinical evidence from systematic research into decision-making at the bedside. We are grateful to the pioneers of EBM, such as the MacMaster University physician, Prof David Sackett, who sadly passed away this week, who not only provided us with tools and methodologies to aid the process, but also absorbed much of the negative response from the medical establishment for advocating this

new approach to patient care. Over time, EBM has increasingly been adopted into mainstream medicine. Today, it is widely accepted as the most reliable approach for establishing treatments that are most effective, and ensuring that the actions of health professionals do more good than harm.

The move towards patient-centred care is yet another welcome development in medicine which has emerged since I qualified. Often led by primary care and family physicians, the patient-centred approach reminds us of the importance of a sound doctor-patient relationship in the healing process. It stresses the importance of listening to patients, communicating clearly and respecting patients' preferences, needs and values. Patient-centred care is important and transformative because it empowers patients to be active partners in their own care. This is particularly important in the management of chronic disease.

These are but a few illustrative examples of medical progress plucked from a plethora of important advances during the past few decades. As a graduate today, you are a beneficiary of all these developments. You are a knowledgeable, well equipped professional who will offer your patients the best medical care possible. You will strive to treat your patients with dignity, respect, compassion and competence. Your work will be valuable, even noble. And you will save many lives.

Remaining challenges

This evening, we collectively celebrate your entry into the health system as a new cohort of specialists with much to offer. Yet, even as we do so, we are painfully aware that the ongoing production of excellent doctors and specialists in South Africa has not always resulted in the desired health gains.

We still see far too much unnecessary suffering, debilitation and death from preventable or treatable illness. Our mothers are still dying in childbirth, and our children continue to succumb to measles, gastroenteritis and malnutrition. Human immunodeficiency virus (HIV)/acquired immune deficiency syndrome continue to ravage our young women, and the demons of violence and homicide too often eliminate our men in the prime of their youth. Alarming, all this is happening as the rising tsunamis of diabetes, strokes and mental illness are breaking on our shores.

Why is this? Why does a country which spends so much on health care, and produces so many superb health practitioners, still experience such poor health? What does it say about our society and our healthcare system? Do we have the right strategy for dealing with our problems? What is missing?

These are all questions which can evoke complex and nuanced responses. This evening, at the risk of being accused of oversimplifying matters, I want to focus on one issue which is frequently overlooked in our academic debates on health and health care. It is something which often remains the "elephant in the room", and yet is so fundamentally important that Mr Kofi Annan, the former Secretary General of the United Nations, referred to it as the "greatest enemy of health". I'm talking about poverty.

Allow me to share some startling figures with you. In February this year, StatsSA reported that 54% of the South African population (27 million people) were living in poverty (defined as having an income of less than R779 per month). Of these people, 11 million were living in extreme or abject poverty, that is, with an income of R335 month or less.

Let's take a moment to absorb this information. Let's consider what it means in terms of human suffering and lost potential. How is it possible for a relatively rich country, like South Africa, to have half of its population trapped in poverty, and one in four of its inhabitants going hungry? Statistically, this can only arise in a context where the gap between rich and poor is spectacularly large.

So it should come as no surprise that data from Oxfam and other sources confirm that South Africa is one of the most unequal countries on earth. Even more worryingly, these data show that the obscenely large differentials in income and wealth in our country are getting larger. This dangerous combination of poverty and inequality not only undermines our social cohesion and threatens our security, but also lies at the heart of so many of the problems of health and health care that we see around us.

Poverty and inequality are flip sides of the same coin. Both need to be addressed if we are to make progress in improving health and wellness in our country. These issues should be the concern of every health professional because as health practitioners, we should be in the business of improving health, not just treating disease.

By all means let us rejoice in the onward march of biomedical science and in ongoing improvements in medical treatment, but let's not forget that it is people's lived experience, rather than the pills and procedures we offer them, which matter most to their health. As much as we celebrate the application in medicine of the new knowledge gleaned from the Human Genome Project, let us keep in mind that whether people live or die, or whether they are healthy or sick, will always be more strongly determined by their postal code, than their genetic code.

We must urgently address the basic problems of access to housing, sanitation, food and safe water if the health of our nation is to improve. We must provide education and create employment opportunities. We must tackle issues of racism, gender inequality and other forms of discrimination which people face daily. As doctors, we cannot continue to remain silent on these matters.

Social and economic factors are undoubtedly the most important drivers of health and disease. More importantly, they also influence the quality of the healthcare that we receive. I recently had the privilege of reading Maria Phalime's award-winning book, *Postmortem*, which provides powerful insight into dysfunctions of the South African public health system.

Dr Phalime notes the following: "Many facilities were crumbling, there was often a lack of medication and equipment, non-existent emergency services and a critical shortage of personnel". She goes on to say: "Under-resourced hospitals had patients dying on stretchers while waiting to be seen, babies dying because of faulty incubators, and assaults on doctors and nurses by patients in facilities where security was inadequate". She records instances where "junior doctors were performing Caesarean sections while taking instructions from theatre sisters, and community service doctors were anaesthetising babies with unfortunate consequences". She concludes: "It is the patients who suffer, the very people we are trying to serve".

Such insider knowledge from a medical doctor, taken together with frequent media reports of patients' negative experiences at health facilities around the country can lead us to only one conclusion – our public health system is often little more than a vehicle for delivering poor services to poor people. There is indeed a wide gulf between the health services enjoyed by the "haves" and the "have nots" in our beautiful land.

How can health professionals help?

Faced with these challenges, how can health professionals respond? I suppose, we could take the view that these problems are not for us, but for government, to solve. By adopting this mindset, we would simply restrict ourselves to the act of dishing out chemical cures, while averting our gaze from the social conditions at the root of the patient's condition.

Paul Farmer, the Harvard physician and anthropologist, provides extensive commentary on this phenomenon. In his thought-provoking book, *Pathologies of power*, he cites the following observation from a patient attending a clinic in Haiti: "When we come to you, our rags are torn off us. And you listen all over our naked body as to the cause of our illness. One glance at our rags would tell you more. It is the same cause that wears out our bodies and our clothes".

Make no mistake, patients understand the connection between their living conditions and their health status. They hope that healthcare providers will acknowledge this connection and show some solidarity. They notice when we don't, although they may not always comment on it.

A second way in which we might respond is to engage in victim blaming. Here, we would adopt the view that the patient is to blame for his or her problem. So when we see a patient who is newly diagnosed with HIV infection, we might wonder how he or she could have been so stupid as to have put him- or herself in harm's way. Yet, we might not have considered the possibility that our patient may well have understood the risk, but not have been able her to run from it. Yes, behaviour change is key to health improvement, but behaviour change is not easy when one lacks the power to control one's circumstances.

A further option to choose from when responding to the social context in which we work is "learned helplessness". We might care deeply about the upstream factors impacting on our patients' health, and want to do more, but may feel so overwhelmed by the magnitude of the challenge that we give up before even starting. And so it becomes easier to ignore the elephant in the examination room, rather than acknowledging it and trying to do something about it.

There is one more approach which I hope we will consider. It is best illustrated by means of a story of two physicians who lived in 19th century Germany, and who worked in social circumstances not very different from those which we encounter in South Africa today. There was a serious outbreak of typhus in an area, then known as Upper Silesia, which today forms part of Poland. The two doctors, both from the prestigious Charité Hospital in Berlin, were asked to investigate and report on the epidemic. The first, Rath Schimdt, came to the conclusion that the problem was self-inflicted and wrote as follows: "The Upper Silesians are well known to be slovenly, lazy slugs, whose main goal for living is to outnumber their bottles consumed by quantities of fornication".

The second doctor, Rudolph Virchow, now known as the father of modern pathology (the one whose name you know from Virchow's Triad) examined the same information, but made a very different diagnosis. Unlike Schimdt, Virchow fingered the grinding poverty of the people in the region as the fundamental cause of the typhus outbreak. For him, the only workable solution to dealing with the problem was to accelerate democracy and ensure that policies were developed that would lead to the eradication of poverty. Time proved Virchow to be correct, although that is not what the authorities of the day were prepared to accept.

Interestingly, this close-up view of the effects of poverty had such a profound effect on the young Virchow, that in subsequent years, together with his ground-breaking work in the fields of clinical medicine and pathology, he continued to make several seminal contributions to the emerging field of Social Medicine (Public Health). Virchow famously wrote: "The physicians are the natural attorneys of the poor, and social problems fall to a large extent within their jurisdiction".

What this story, and similar ones from all over the world, so powerfully illustrate, is that the current divide between clinical medicine and public health is not inevitable. Doctors can address both downstream and upstream causes of disease, and have often done so with great impact over the years. I believe that they may be ideally positioned to do so, and here's why.

No other profession is accorded more intimate exposure to human suffering caused by destructive social, economic and political forces in society. A certain responsibility to help address the root causes of their patients' health problems comes with this privilege.

Furthermore, given that health is the legitimate business of health professionals, they can be considered to be the authentic champions of health as a right. This right is enshrined in the Universal Declaration of Human Rights adopted by most countries in the world, including our own. The right to health is also embodied in the South African Bill of Rights. Yet 21 years after the birth of our democracy, we seem further from realising this right than ever before. Undoubtedly, it will take combined effort from all role players to fix the problem, but health professionals play an important part.

Finally, doctors are held in high regard in society. As such, their voice, whether individually or collectively, is more likely to be heard, than that of others. Doctors must not neglect to use their formidable social capital in the struggle for health and equality in South Africa. By serving as advocates for the poor, we will make South Africa better for everyone, including ourselves and our children.

Let me again congratulate you on your success, and wish you all the best for your onward journey. Hopefully, I've succeeded in giving you some food for thought. Let me close by adding a few wise words on living from someone infinitely more eloquent than myself. They are from the book entitled, *The cost of living*, by the great Indian author, Arundhati Roy: "To love. To be loved. To never forget your own insignificance. To never get used to the unspeakable violence and the vulgar disparity of life around you. Above all, to watch. To try to understand. To never look away. And never, never to forget".

Thank you for your attention.

MEDALLISTS



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FCA(SA) Part I

JANSSEN RESEARCH
FOUNDATION MEDAL
ABBOTT MEDAL HYMIE
SAMSON MEDAL
THE GLAXOSMITHKLINE
MEDAL



GP CHARLEWOOD MEDAL:
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FCOG(SA) Part I



NEVILLE WELSH MEDAL:
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ROBERT MCDONALD MEDAL:
AMY ELIZABETH REIDI
FC Paed(SA) Part II



ANDREW GORDON HEALD
Dip PEC(SA)

WALTER G KLOECK
MEDAL
CAMPBELL MACFARLANE
MEDAL



ROBERT MCDONALD MEDAL:
GRAEME SPITTALI
FC Paed(SA) Part II



COULTER MEDAL:
JANAMI STEENKAMP
FC Path(SA)



SA SOCIETY OF MAXILLO-FACIAL
AND ORAL SURGEONS MEDAL:
ALLIE MOHAMED
FCMFOS(SA) Final



SA SOCIETY OF MAXILLO-FACIAL
AND ORAL SURGEONS MEDAL:
EBRAHIM FAKIR
FCMFOS(SA) Final



SA SOCIETY OF OTORHINO-
LARYNGOLOGY MEDAL:
NEIL SASCHA STOFBERG
FCORL(SA) Final



NOVARTIS MEDAL:
JOHAN LOUIS ROOS
FC Psych(SA) Part II



BREBNER AWARD:
ISABELLA JOUBERT
FCS(SA) Intermediate



DOUGLAS AWARD:
SHREYA RAYAMAJHI
FCS(SA) Final



LIONEL B GOLDSCHMIDT MEDAL:
ARNO CHRISTIAAN PIETERSEN
FC Urol(SA) Final



YK SEEDAT MEDAL:
JOSEPH SINGBO
Dip Int Med(SA)



EUGENE WEINBERG MEDAL:
JEANETTE HOLTZHAUSEN
Dip Allerg(SA)



GEOFF HOWES MEDAL:
DEAN ANDRE
VAN DER WESTHUIZEN
Dip Ophth(SA)



SUZMAN MEDAL:
ANNARI VAN RENSBURG
FCP(SA) Part II

CONGRATULATIONS

List Of Successful Candidates: March 2015

Fellowships

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

BARBIERI Mia	US
BHAGWAN Kamal Hunsraj	UCT
BHAM Faizal	WITS
COMBRINCK Erdee	WSU
DE BEER Johann	UFS
DERKSEN Conrad	UCT
FERREIRA Martha Magrietha	UCT
FOURIE Adolf Johannes	UL
GELDENHUYS Jacques	UFS
HAUSER NEIL Davd	UCT
HUGO PIETER Jacobus	US
JACA Nokwanda Penelope	UKZN
JANSE VAN RENSBURG Petrus Jacobus	UCT
JUJUJU Phindile Rejoice	UKZN
LOURENS Tarina	UFS
MAGNI Bridget Jean	UCT
MULLER Guillaume Roux	US
NAIDOO Selvin Ramlingum Kisten	UKZN
NKOSI Palesa	WITS
RAVID Nadav Binyamin	WITS
SIMMERS Dale	UKZN
SLABBER Petrus Jacobus	UKZN
STEYNBERG Joubert Casper	WITS
STROVER Bruce Minto Walter	WSU
VAN DER WALT Johan	UCT
VAN DER WALT Nicolaas	WITS
VAN DER WESTHUIZEN Christo	UCT
VAN RENSBURG Gerhardus Petrus	UCT
YUDELOWITZ Bradley Joshua	WITS

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

CORREIA Raul	UFS
HONING Johan Hendrik	UFS

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

MOYABA Knowledge Matsidiso	UKZN
NGCOBO Nomthandazo Patience	UKZN
VAN DER WALT Jonita Johanna Elizabeth Christina	UFS

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

BARNETSON Brenda Kathleen	US
EVANS Derrick Reginald	UCT
PARRIS Panayotes	WITS

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

ADELEKE Olukayode Ademola	WSU
ADENIYI Oladele Vincent	WSU
ALABI Adeyinka	WSU
DIBETSO Mothetho Stephens	UL
FALEYE Abidemi Samson	UKZN
IKWEGBUE Joseph Nnaemeka	UKZN
MKHATSHWA Vangile Bridget	UL
MOGOSETSI Nomsa Jacqueline	UL
MORGAN Jennifer Mary	UCT
NTSHOE Kabelo Shadrack Abram	UL
TE RIELE Julius Bernard	UCT
YOKO Mata Jean Louis	UL

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

PILLAY Thamogran	UKZN
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Fellowship of the College of Maxillo-Facial and Oral Surgeons of South Africa: FCMFOS (SA)

MDLALOSE Lindubuhle	US
MEYER Mark	US

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

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

ROOS Izanne Craill	UKZN
STANLEY Alan Michael	UCT
THOMAS Pearl Melani	US

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

ALBIBI Khalid Abdulsalam	US
KARANJA Susan Wanjiru	UKZN
MANKAHLA Ncedile	UCT

MOSADI Bakang	UL
MUTYABA Denis	US

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

FARATE Abubakar	UL
HAMMOND Emmanuel Nii Boye	WITS
MOKOALA Kgomotso Mosidi Goitsimang	WITS

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

BARNARD Dalene	UP
BLIGNAUT Quinton Craig	WSU
BRANCH Susan Jennifer	WITS
DE WAARD Liesl	US
DLAMINI Zandile Barbara	WITS
GOVENDER Keshree	UKZN
GUBU-NTABA Constance Nontsikelelo	WSU
IZUNWA Remigius Dozie	UKZN
KADWA Khatija	UCT
KESENE Dennis Abanum	UKZN
MAFOLO William Mokoadiba	UKZN
MAGOPA Eugenia Malebo	UFS
MAKHANYA Vuyo	UKZN
MAKHATHINI Bongumusa Steven	UKZN
MBONGOZI Xolani Bethwell	WSU
MKONTWANA Nondumiso	WSU
MOAGI Mahloromela Emmanuel	UP
MUGWEDE Maidei	WITS
NAIDOO Anusha	UP
NAIDOO Kumesha	WITS
NAUDE Nadia	UCT
NHLAPO Sibusiso Goodenough	US
NKOMO Bongive	WITS
ONYANGO Paul Jasper Okoth	WITS
POONYANE Thabane	WITS
PRITHIPAL Sudhir	UKZN
SHIMANGE Lusandolwethu	WITS
SHIPALANA Oupa	WITS
SWART Hester Alida	US
WETHMAR Elize Isabella	UP
YINGWANI Hlayiseka Christopher	WSU
ZUNGU Mondli Shasha	US

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

DU PLESSIS Jacobus Johannes	UFS
DU TOIT-DE WET Linett	UCT
DU TOIT Schalk	US
JANSE VAN RENSBURG Ernestus	US
LAMPRECHT Johann Streicher	WITS
LAPERRE Steven Robert Jan	UCT
PHATUDI Ntihatlamola Kagiso Philip	UFS
SHARIF Asher	WITS

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

DEACON Mark	UKZN
HORN Anria	UCT
KARERA Mwalimu	WITS
KHADEMI Mohammad Ali	WITS
KHAN Humza	UKZN
LEDIMO Letsie Peter	UP
MATEKANE Katleho Motseki	WITS
MAZIBUKO Tamsanqa	WITS
MNCINA Tiga Jacob	UP
NIEUWOUDT Luan	UKZN
PIETERSE Ben	WITS
PILLAY Yogesh	UKZN
SERON Shashi	UKZN
SHITULENI Sibastiaan	UCT
SIBANYONI Joseph	UL
STRYDOM Andrew	WITS
THIART Mari	US
TLADI Makgabo John	UL
TLADI Seakale Mphele	UL
WATT James Peter	US

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

BURNELL Lisa Ashleigh	WITS
ELMRADI Haithem	UP
MCINTOSH Cameron	UFS
MOODLEY Kerusha	UKZN
WASL Hisham	UCT

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

ABAZA Ahmed Mohamed Kamel	UKZN
AHN Seung-Hye	WITS
APPALSAMY Pranasha	UKZN
BAU Steffen	UCT
CHISE Mamiki	WITS
COMBRINK Maretha	UP
COPELYN Julie	UCT
HUTTON Hayley Kathryn	UCT
JOSEPHS Tracey Lee	UCT
KAHL Gisela	UFS
KOBLAL Yajna	US
LAMBRECHTS Yolande	UP
LAURENCE Craig	UCT
LEVIN Lindsey Nicola	UCT

MAJOZI Nonthuthuko	UKZN
MANCHIDI Mokhulwane Klaas	UKZN
MANZINI Dellina	UP
MATLOGA Moyagabo Patrick Emmanuel	WITS
MBATHA Bongwe Patricia	UKZN
MEYER Mandy-Lyn	UCT
MONOKWANE-THUPISO Baphaleng	
Balekanye	UP
MOODLEY Parusha	UFS
MWANZA Zondiwe Victor	UCT
MYEKO Zodidi	US
NGWATA Welile Wellington	UP
NJIRAM'MADZI Jenala Mphatso	UCT
PADAYACHI Thanishiya	UKZN
PATEL Mohamed Zaakir	WITS
PILLAY Derisha	UP
PROCTER Claire Mary	UCT
RAMABOEA Ngwako Innocent	WITS
ROYAL Candice	UKZN
WEIDEMAN Izanne	UFS

Fellowship of the College of Paediatric Surgeons of South Africa: FC Paed Surg (SA)

BAIRAGI Anjana	UKZN
BRITS Elizabeth	UFS
DE VOS Corne	US
HOFFMANN Kelly Storm	UP
THERON Andre Pieter	UCT

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

CHETTY Dharshnee Rama	UCT
MCALPINE Ewen David	WITS
OSMAN Naeem	UCT
PITJADI Tirelo Magamane	WITS
REDDY Yavini	WITS

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

POOE Andiswa Magdeline	UL
SWART Luhan	UCT

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

STRYDOM Kathy-Anne	UP
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Fellowship of the College of Pathologists of South Africa - Oral Pathology: FC Path (SA) Oral

KUNGOANE Tsholofelo	WITS
MOSALLEUM Esraa	US

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

HAERI Mazanderani Ahmad Farid	UP
-------------------------------	----

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

ARRUJ Mohamed Rajab	UCT
BALDEO Leosha	UKZN
BANA Tasnim	UCT
BANGANI Sichelimpilo	UCT
BORKUM Megan	UCT
CHEN Min Shien	WITS
CHUTTERPAUL Pariva Jairaj	UKZN
COURT Richard Gray	UCT
ELBUEISHI Abdurraouf Masoud	UKZN
FAKEY Dilshaad	UKZN
FODO Tobisa Zifikile	WSU
FORTEIN James	UFS
GATHARA Linda Wanjiru	WITS
GOUNDEN Cathrine Libashni	UKZN
HAMMOND Juan	WSU
HLOPHE Mbuso Alpha	UKZN
JANSEN VAN RENSBURG Marius	WITS
KHAMKHAM Almokhtar	UKZN
KOOVERJEE Sadhna Ravindra	WITS
LAHER Zaheer	WITS
LAI Anita Pui Ching	WITS
LAURENCE Graham	UKZN
MATAMBO Nhio	F-AFR
MBULI Lindisa	UCT
MNGUNI Ayanda Trevor	UCT
MOGWERA Mmuso Kgosi	WITS
MOHAMED Farzahna	WITS
MOKGWATHI Matshidiso	UCT
MOODLEY Venudhira	UKZN
MUTYABA Arthur Kaggwe	UCT
MZINGELI Luvuyo	UCT
RAMKILLAWAN Yeishna	UKZN
ROETS Anneline	UFS
SEBOKA Mpoti	WITS
SHALI Wanis Mohamad	WITS
SINGH Amith	UKZN
THOMAS Preetha Mookenthottathil	WITS
TSHABALALA Dineo	WITS
TSHAKHUMA Glen Mashao	UL
VAN HOUGENHOUCQ-TULLEKEN Wesley	WITS
ZIBI Nomzi Nande	UKZN

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

DO Vale Isabel	WITS
DOS PASSOS Gary	UCT
GOWAR Ronel Marlize	WSU
GRUBNIK Alexandra	WITS
RABE Sieglinde Erica	UKZN
REBEIRO Michael George	WITS

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

ALBERT Lisa Deborah	UCT
JURY Kerry-Leigh Cecilia	WITS
LANGUAGE Sophia Carla	UL

MAODI Lydia Mosima	UL
MORGAN Nirvana	WITS
PADAYACHEY Uschenka	UKZN
PIETERSE Deirdre Ilse	UCT
PILLAY Narushni	UKZN
RADEMEYER Mia Martie	UP
ROOS Tessa Christine	US
SOTOBÉ Mose Sibusiso	
Nompumelelo Faith	WITS
THOMAS Eileen	US
VRBA Kim	UCT

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

LEDIBANE Tladi Daniel	UFS
MABUNDA Sikhumbuzo Advisor	UCT
MASINGA Ntsakisi Jessica	UP
ONI Tolu	UCT
REES Kate	UCT
SWART Yolandi	UFS
TAKALANI Azwidhi Nthangeni	WITS

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

ALLY Zain	UFS
BEZUIDENHOUT Abraham Fourie	US
DAYA Sheetal	WITS
DE WITT Juruan Francois	US
DORFMAN Shane	WITS
DU PLESSIS Johannes Jacques	US
HENNING Pieter Hendrik	UP
JACKSON Gavin Francis	UP
KRIM Ahmed	WITS
LORENC Henning Kristin Mary	UCT
OWEN Jeannine Margaret	UCT
REINDERS Antoinette	UFS
SIDDI Ganie Iqbal	UKZN
STUTTERHEIM James	UKZN
WOJNO Maja Julia	UCT

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

ACULLU Denis	US
BHADREE Shona	UKZN
RAMDAS Yastira	WITS

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

ATAELMANNAN Khalid Ali	WITS
BENNEH Albert Yeboah	WITS
BISCHOF Kirsten Emma	WITS
DOWNS Jennifer Sidwell	UCT
DU PLESSIS Maré	US
DU TOIT Theunis	UFS
HANEEF Surayah	UKZN
KADER Sayed Shakeel	UKZN
KAWEESA Peter	UL
KRUGER Francois Pieter	UFS

LAWRENCE Bryan Garath	UP
LOOTS Yolandi	US
MABASO Brian Mmiga	UP
MAHLOBO Teboho T	WITS
MANSOOR Ebrahim	UKZN
MBATHA Bongani Calvin	WITS
MELONAS Basil Frank	UFS
MENTOR Keno	UCT
MOODLEY Neil	UKZN
MOTHA Sifiso Prichard	UL
MOYDIEN Mahammed Riyaad	UCT
NAIDOO Veneshree	WITS
NSHUTI Richard	WITS
PLASKETT Jeremy John	UCT
RUS Marielle	US
SCHROEDER Enzo Ago	US
SUMBANA Thendo	UL
TAYLOR Peter	UFS
VISAGIE Stefanus Jonker	US

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

DEWAR Malcolm James	UCT
LE ROUX Hugo Alexander	UKZN
REDDY Thirusha	WITS
VAN HEERDEN Hester Margaretha	US
WESSELS Serge	US

Certificates

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

AUCAMP Pieter Frederick	UFS
HERBST Wilhelm Karel	UFS
MAHARAJ Nirvarthi	WITS
MAYAYISE Musa Collins	UP
MTHIYANE Sizwe Derrick	UFS
NTULI Pat	UCT
TSABEDZE Nqoba Israel	WITS

Certificate in Child and Adolescent Psychiatry of the College of Psychiatrists of South Africa: Cert Child and Adolescent Psychiatry (SA)

KHAN Zureida	US
--------------	----

Certificate in Clinical Haematology of the College of Physicians of South Africa: Cert Clin Haematology (SA) Phys

KOORNHOF Johannes Jochemus	
Eucharistus	US

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

GHEEVARGHESE Raj	WITS
KHAN Ayesha Bibi	WITS
MUHAME Rugambwa Michael	UCT

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

THOMSON David	UCT
---------------	-----

Certificate in Developmental Paediatrics of the College of Paediatricians of South Africa: Cert Dev Paed (SA)

BEZUIDENHOUT Jacqueline Kim	WITS
BOYEDE Ojombo Gbemisola	UCT

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

SMITH Lizl	UP
------------	----

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

NGANGA Waceke	UCT
---------------	-----

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

MURUNGA Eric Mwenda	US
ROESTOFF Tumelo Kingsley	WITS

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

PRODEHL Leanne May	WITS
--------------------	------

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

RICHARDS Dominic Giles Dudley	UCT
-------------------------------	-----

Certificate in Infectious Diseases of the College of Paediatricians of South Africa: Cert ID (SA) Paed

OLADOKUN Regina Eziuka	UCT
------------------------	-----

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

ROBERG Kim	WITS
------------	------

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

MOLOKOANE Felicia Moitlamo	UP
NAIDOO Poovangela	WITS

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

KAPEMBWA Kunda	UCT
LANGO Moses Oringo	UCT

MAHARAJ Sharika	WITS
MASEMOLA Mogomane Khomotso Yvonne	UP
MAYER Martha Maria Madeleine	WITS
MNISI Klaas Putilele	WITS
MOSIA Tsele Brian	WITS
NAKIBUUKA Victoria Nakibuuka	UCT
RAMDIN Tanusha	WITS

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

LALA Nilesh	WITS
MUDI Abdullahi	WITS

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

CHINASAMY Sugenderan	UKZN
MADZUDZO Onismas	WITS
NAIDOO Jashira	UCT
NAIDOO Pranusha	WITS

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

KIJA Edward	UCT
MOGASHOA Vezamafa Rivonia	UP

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

BAIJNATH Prinita	UKZN
ESMAIL Aliasgar	UCT
HASSAN Ismail	UL

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

OKONG'O Lawrence Owino	UCT
------------------------	-----

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

BEKKER Wanda	UKZN
--------------	------

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

MONARENG Taalib Teboho	
------------------------	--

Part I, Primary and Intermediate Examinations

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

ABRAHAM Siju Joseph	WITS
BARTLETT Garth	WITS
BOSHOF Marianne	UP
BOTHA Amorie	WITS

BROWN Patricia Mary	
BUITENWEG Lize	WITS
DADABHAY Zeenat	WITS
DE MENEZES-WILLIAMS Heloise	UP
DE ROUBAIX Tanja	UP
DEDEKIND Shani	UP
DEEDAT Raees Deedat	
DLAMINI Makhosazana	WITS
DRUDE Carmen	US
DU PREEZ Therese	UP
FENING Nana Yaa Fenima	WITS
GROENEWALD Chantel	UP
HERBST Julie-Ann	WITS
HLATSHWAYO Nozipho Philominah	WITS
JANSE VAN VUUREN Roelof Jakobus	WSU
JOCUM Jonathan	WITS
JOOMA Zainub	WITS
KAPP Philip Jacobus	WSU
KIWALABYE Ian Nviiri	UKZN
LINDY Merusha	WITS
MAHOMED Sameerah	WITS
MAJA Raphael Ntlhane	WITS
MAJANGARA Munyaradzi Blessing Mhini	
MAMPANA Mogolongwane Norah	WITS
MARSHALL Edwin Arthur	UP
MOKITIMI Nolwazi	
MOLAODI Mothusi	US
MORAKE Mapau Pulane Sara	
MOTLHANKA Baemedi Gavin	US
NEL Steven Robert	WITS
NEUHOFF Wilhelm Jacques	
NGAKA Tshebeletso Christian	UCT
NKOMENTABA Lulama	UKZN
NONTSHE Mncedisi	UKZN
OLIVIER Michelle Jacqui	UP
PHOKONTSI Kenyaditswe Charity Petronella	
WITS	
PLAATJIES Adam	WSU
PRETORIUS Petrus Rohan	
ROBERTSON Caroline Helen	UCT
SATYAPAL Vedita Maniksha	UKZN
SHABALALA Nhlakanipho Siphesihle	UP
SINDANE Busisiwe Tshogfatso	UP
SINGARAM Shree	UKZN
SONI Zakiyya	
SWART Euodia Dorothea	UKZN
SWART Robert Nicholas	
THOMO Linda	
VAN ROOY Elizabeth	
VISSER Rubaix	
WESSON Clive Leonard	WSU
WOLHUTER Amorie	UP

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

ABULFATHI Ahmed Aliyu	US
EBRAHIM Ismaeel	UCT
MAKIWANE Memela Macdonald	US

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

ABRAHAMS Gadija	US
BALOYI Mbhazima Albert	
JULYAN Johan Christian	

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

GXOLO Fungwiwe Hlubikazi	WSU
GXOLO Zikhona	UL
MAHLANGENI Gcina Magdalene	US
MFENYANA Thembela	UL
MOLALA Tebog Jeremiah	UP
QIKANI Noluvuyo	WSU
SEBOLA Felicity Nkhumishe	UL
SIKUZA Sazikazi Lumka	WSU
TANYANYIWA Monalisa Alice	UFS
VAN WYK Burgert Jacques	US
YORK Katherine Patricia	UCT

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

AKINOLA Olurotimi Olaolu	WITS
AKINPELU Tosin Sulaiman	WITS
MENTOOR Lynne	US
MIDGLEY Alexandra	UCT
MOODLEY Thirashan	US
NAIDOO Antoinette Vanessa	UCT
OJIFINNI Kehinde Abraham	WITS

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

ABBAS Mumtaz	UCT
AWOLOLA Adeleye Makanjuola	UKZN
BEDEKER Wiaan Francois	UCT
BEHUHUMA Ngundu Osee	UKZN
BHEBHE Lesley Thembelani	UFS
CRAFFORD Lize	US
FOUCHE Germaire	US
GOIE Thea Tshilombo	UKZN
IGBOGIDI Uzezi Raymond	UP
KLEINHANS Shaun Frederik	US
MPANGULA Ndaye Michel	WITS
MUKIAPINI Deo Gratias Shapi	UCT
LOWE Olumuyiwa Ajibola	UKZN
OZOEMENA Prince Chima	UP
PORTER James Dudley	UCT
PRINSLOO Elizabeth	US
RAMATO Mpho	UL
RAZACK Adil	UCT
SAIMEN Amashnee	WITS
SALAWU Isiaka Olafiku	UP
SONUGA Babatunde Olanrewaju	UCT
UGWU Onyebuchi Henry	UCT
VOS Johannes Jacobus	US

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

HLAHLA Mmachuene UL
MOLLER Izelle UCT
RAMOROB Boitumelo Brenda WITS

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

DASHTI Mahdi Dawoud Sulaiman
SAN KHIN Mimi
SWANEPOEL Nicolaas Jacobus

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

CONRADIE Maureen UFS
HUSSEIN Mohammed Ayman Abdullah UCT
TSAI Yuchia UCT

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

DINDAYAL Saiesha Arti WITS
GOVIND Ahshish
MTONGANA Luvuyo Reginald UL
NAIDOO Lavanya

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

AMOAKO Yaw Ampem UCT
AYENI Olusegun Akinwale WITS
EVBUOMWAN Osayande WITS
GOVENDER Nerisha UCT
MORE Stuart UCT

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

ANNOR Charlene Adjoa Adobea WITS
BASONGO Louison Ngosso
BIGGS Emma Elizabeth WITS
BOK Eularnia WITS
CHAPFUWA Tinos
CHIKADAYA Henry Chingandu
CHIKWENJERE Christopher Ringisai
DU PLOOY Jacobus Stephanus
EMVULA David Ndeshipanda
JENNEKER Marwah
JOYISA Nkosinathi Emmanuel UKZN
KALONJI Mpamba Sylvain
KANONGE Takura Innocent
LUDWABA Cacuswa
MADIBA Kholofelo Raisibe
MANANA Nkosinathi Emmanuel UP
MAPANGA Angeline
MASENDEKE Kudzaishe Lloyd
MAUWA Ernest Tsarukanayi

MAYISELA Nombongo Monica US
MHLARI Bushy
MNDEBELE Sbusiso Trevor
MODISANE Medupe Lenyatso Aaron
NAICKER Shantel UKZN
NTSHANGASE Nompumelelo Pamela
NYAKURA Michael
ONWUJAGBU Oburota Uchenna
PAULSEN Carrie Anne
PHOFA Seema Lawrence
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MANGOMBE Saiko
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GHAMMO Hosam

GIGI Nkululo Allan

HARIPARSAD Nirvan

HASSIM Sakoor Ahmed

HOLZ Guillaume Erich

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GORORO Taurai UP

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GOVENDER Tracey UKZN

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JERMY Sadeg Bashir

KABONGO Tshiala Alain

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MOPHATLANE Peo Kabelo	UL	MOGANE Michael Tumelo		VENTER Eben Kruger	UCT
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MOUTON Hendrik Pierre		NKABINDE Wilfred Goodwill			
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ODUNZE Samuel Uchenna		QURESHI Aamir Wasiq	UCT	IMMELMAN Reynard Jacques	UP
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ORJIAKO Livinus Obiora		THANGO Nqobile Sindiswa		MEHTAR Mohammed	WITS
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CEZULA Sibulele	WITS
CHINYEPI Nkhabe	UCT
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CLOETE Nicole-Lynn	
COCCIA Anna Claudia	UCT
DELL Angela	UCT
DHAR Rohin	UCT
DIALE Ndivhuwo	UL
DOCRAT Fathima	UP
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GIEL Tut Maluth Lual	UP
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KOWLESSUR Bhavish Brahm	UCT
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BATEKA Tulunda Sakoul	WITS
BOKORO Arlette Ilali	WITS
IKAFIA Attai Gregory	
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YENDE Thabiso Wilson	

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

LUKUSA Mpoyi Ruphin	
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Diploma

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LUNJANI Nonhlanhla	
MOREMI Makoma Dietsa	UL

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BUKABAU Kulemfuka Charles	WITS
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KHUMALO Motsamai	
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MBISHA Kalala Bisongo	
MKHIZE Sisalindele Zamakhize	
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NKOSI Busisiwe Nonhlanipho	
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ANDIFASI Precious		TIMM MEGAN Jane Delve		DAVIS-FERGUSON Roucille	
BANA Andiswa	WSU	WULANA Fezeka Gloria		DU PLESSIS Elizabeth Magdalena	
BAYI Vuyelwa	UKZN	ZOGO Tshikambila Eric			
		Diploma in Internal Medicine of the College of Physicians of South Africa: Dip Int Med (SA)			
		BOY Darryl Peter			
		DE LEEUW Jessica Gevers			
		JERMI Abdalla			
		KAJAWO Shepherd	UCT		
		LE ROUX Johannes Jacobus			
		MBUYI Joelle Muteba			

DU PLESSIS Jana Louise		NAIDOO Nivantha
DU TOIT Marcel	UFS	NAIDOO Reshen
ERASMUS Louisa Juanita Maria		NKOSI Winile
GACHOKA Sylvia Wamaitha Gachoka		PRYCE Charles John Fenton
GANAS Ushira	UKZN	RADEMEYER Stephanus Cornelius
GOUWS Dalene Catherine		READ Christopher Everard
HANNIE Alversha		SANA Tamanna
HAVINGA Desire Ciske		SOE Chan Tha
HERMANUS Marsha Rozanne		TOY Brendan
HERSI Safia Ifrah		TURNER Marna
JAWAHIR Verushka	UKZN	VAN DER SLUYS Johannes
KOCH Jaanri		VAN HEYNINGEN Charl Francois Cornelis
LENNOX Carole		VAN LOGGERENBERG Celeste
LINDE Catherine Joy		VAN NIEKERK Gareth Donovan
MEYER Gareth		
MUKONKOLE Suzan Nyema		
NAICKER Greg Christopher		

MAURICE WEINBREN AWARD IN RADIOLOGY

The award, which consists of a medal and certificate, is offered annually, in respect of a calendar year, by the Senate of the CMSA for a paper of sufficient merit dealing either with radiodiagnosis, radiotherapy, nuclear medicine or diagnostic ultrasound.

The closing date for submission of papers is 15 January 2016. Guidelines pertaining to the award can be requested from Mrs Sharleen Stone, tel: +27 (31) 261 8213/8518, e-mail: stone@ukzn.ac.za

ROBERT McDONALD RURAL PAEDIATRICS PROGRAMME

The late Prof Robert McDonald founded the above programme in 1974 for "The propagation of Paediatrics in the more remote and underprivileged parts of South Africa, by an occasional lecture or visit by someone in the field of the care of children".

Requests for funding are invited from teams of medical practitioners and senior nursing staff to travel to remote centres and areas to promote Paediatrics and child health, and the better care of children, and to disseminate knowledge in that field, especially in underprivileged communities. This can also include visits by medical practitioners or nurses working in remote areas to larger centres or centres of excellence.

The closing dates for applications are 15 July and 15 January of each year. Guidelines pertaining to the award can be requested from Mrs Sharleen Stone, tel: +27 (31) 261 8213/8518, e-mail: stone@ukzn.ac.za

R W S CHEETHAM AWARD IN PSYCHIATRY

The award is offered annually in respect of a calendar year by the Senate of the CMSA for a published essay of sufficient merit on trans- or cross-cultural psychiatry, which may include a research or review article. All family physicians registered and practising in South Africa qualify for the award, which consists of a medal and certificate.

The closing date for submission of essays is 15 January 2016. Guidelines pertaining to the award can be requested from Mrs Sharleen Stone, tel: +27 (31) 261 8213/8518, e-mail: stone@ukzn.ac.za

SOUTH AFRICAN SIMS FELLOWSHIP SUB-SAHARAN AFRICA

Nominations are invited from Presidents of eligible Colleges for the above fellowship. The objective of the Fellowship is to establish and maintain educational development programmes in sub-Saharan Africa.

The disciplines of medicine eligible for the South African Sims Fellowship are the same as those eligible for the Sir Arthur Sims Commonwealth Professorship, i.e. Anaesthesia, Cardiothoracic Surgery, Medicine, Neurology, Neurosurgery, Ophthalmology, Orthopaedics, Otorhinolaryngology, Paediatrics, Plastic Surgery, Surgery (General) and Urology.

The nomination must be submitted with the curriculum vitae of the nominee, a motivation from the President of the College, as above, and an outline of the proposed visit.

Further information regarding the fellowship can also be obtained from Mrs Sharleen Stone, tel: +27 (31) 261 8213/8518, e-mail: stone@ukzn.ac.za

Mrs. Sharleen Stone Telephone (031) 240 2927 and Email stone@ukzn.ac.za

Insignia for sale: CMSA Members

Please select the items you wish to purchase by ticking the applicable box and stating the quantity:

1. Ties:
 - 1.1 Polyester material in navy, maroon or bottle green:
 - 1.1.1 Crest in colour as single under-knot design R 125
 - 1.1.2 Rows of shields separated by silver-grey stripes R 135
 - 1.1.3 Wildlife R 100
 - 1.2 Silk material Fellow's tie in navy only, in design 1.1.2 R 360
 - 1.3 Golden Jubilee Wildlife Tie in navy R 160
 2. Scarves (long):

The Big 5 (small animals) attractive design on soft navy fabric R 230
 3. Blazer badges in black or navy, with crest embroidered in colour R 100
 4. Cuff-links:
 - 4.1 Sterling silver crested (enquire about prices)
 - 4.2 Baked enamel with crest in colour on cream, gold or navy background R 40
 5. Lapel badges/brooches

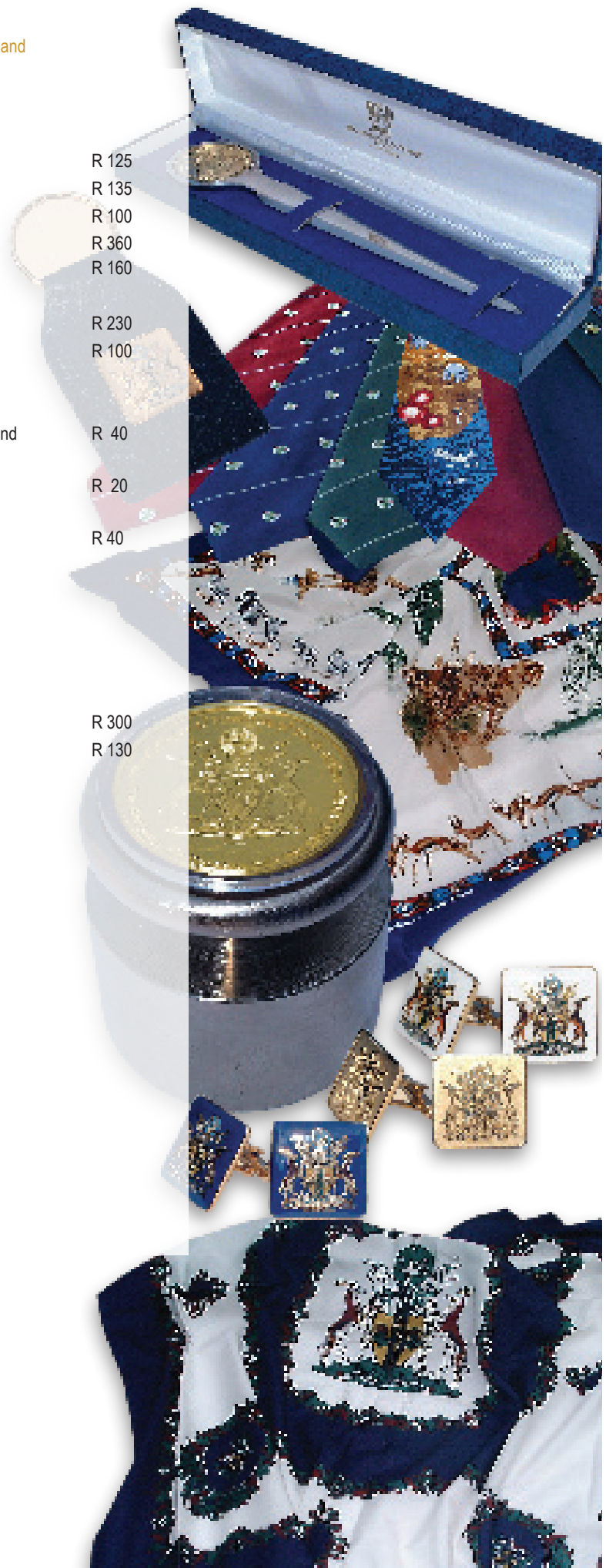
Crest in colour, baked enamel on cream, gold or navy background R 20
 6. Key rings (black/brown leather) (enquire about prices):

Crest in colour, baked enamel on cream, gold or navy background R 40
 7. Paper-weights (enquire about prices):

Nickel or gold plated, with gold-plated crest
 8. Paper-knives (enquire about prices):

Silver plated, with gold-plated crest
 9. Wall plaque (enquire about prices):

Crest in colour, on imbuia or oak
 10. Purse in leather: with wildlife material inlay R 300
 11. History of the CMSA written by Dr Ian Huskisson R 130
- R30 per item to be included with order to cover postage





Annual Report of the Senate of The Colleges of Medicine of South Africa for the period 2014 to 2015

An account of the activities of Senate during the financial year 1 June 2014 to 31 May 2015 is provided in the first annual report of the Twentieth Senate.

The report will be presented in three sections:

- Financial matters and those relating to the appreciation of the state of affairs of the Colleges of Medicine of South Africa (CMSA), its business and profit and loss appear on the webpage. Hard copies are provided upon request.
- The annual reports of the constituent Colleges, covering activities during the period under review, form part of this report, but appear as a section on their own as an extension of the report.
- A general account of the activities of Senate during the past year, recorded herein.

IN MEMORIAM

The President and Senate received notification of the death of the following members of the CMSA during the past year and extend condolences to their next of kin.

Associate Founders

GIBSON John Hartley
LEVEY Wallace Michael
RUDOLPH Isidore
SHARPE Jean Mary

Fellows

BECKH-ARNOLD Elaine Mary Philippa
FOSTER Crispin Barry
GAIBIE Bashir Abdullah
GOVENDER Manivanan
HEYNS Christiaan Frederik
HUSSAIN Khalid
KISSOON SINGH Suryabala
PATERSON Donald Wellwood

Diplomates

ALUKO Michael

Honorary Fellows

FITZPATRICK John Michael
HAMILTON Andrew Michael Peter

Members

DANILEWITZ Daniel

TRIENNIAL ELECTIONS

The triennial Senate and constituent College councils for the triennium 2014-2017 were held during the past year, and it was very pleasing to note that the CMSA exceeded most of its transformational goals.

Participation in the elections remains a concern, as some constituent Colleges showed little or no interest, particularly in the nomination phase. The active participation of members, specifically also our new members, should be encouraged in future elections. This will ensure the continued sustainability of the College.

SENATE

The newly elected representatives of the constituent Colleges and Diplomate representatives on Senate are the following:

Dr S M Aiyer (College of Forensic Pathologists)
Prof J S Bagratee (College of Obstetricians and Gynaecologists)
Prof J G Brink (College of Cardiothoracic Surgeons)
Prof B Cassim (College of Physicians)
Prof R Dickerson (College of Emergency Medicine)
Prof B J S Diedericks (College of Anaesthetists)
Prof R N Dunn (College of Orthopaedic Surgeons)
Prof J J Fagan (College of Otorhinolaryngologists)
Dr H I Geduld (College of Emergency Medicine)
Dr P D Gopalan (College of Anaesthetists)
Prof D Govender (College of Pathologists)
Prof A M P Harris (College of Dentistry)
Prof D A Hellenberg (College of Family Physicians)
Prof F J Jacobs (College of Maxillo-Facial and Oral Surgeons)
Prof A B-R Janse van Rensburg (College of Psychiatrists)
Prof G Kariem (College of Maxillo-Facial and Oral Surgeons)

Dr C M Kgokolo (College of Dermatologists)
 Dr W G Kleintjes (College of Plastic Surgeons)
 Prof S Kling (College of Paediatricians)
 Prof M Z Koto (College of Surgeons)
 Prof A Krause (College of Medical Geneticists)
 Dr L A Lambie (College of Medical Geneticists)
 Prof L London (College of Public Health Medicine)
 Prof D S Magazi (College of Neurologists)
 Prof J N Mahlangu (College of Pathologists)
 Dr F Mahomed (College of Radiation Oncologists)
 Dr M Munasur (College of Cardiothoracic Surgeons)
 Prof A J W Millar (College of Paediatric Surgeons)
 Prof M H Motswaledi (College of Dermatologists)
 Prof S B A Mutambirwa (College of Urologists)
 Prof E Ndobe (College of Plastic Surgeons)
 Dr W J Neuhoff (College of Anaesthetists)
 Prof M V Ngcelwane (College of Orthopaedic Surgeons)
 Prof G A Ogunbanjo (College of Family Physicians)
 Prof E Osuch (College of Clinical Pharmacologists)
 Dr J R N Ouma (College of Neurosurgeons)
 Prof T Parbhoo (College of Physicians)
 Prof R D Pitcher (College of Radiologists)
 Dr D P Ramaema (College of Radiologists)
 Prof H Saloojee (College of Paediatricians)
 Prof S Seedat (College of Psychiatrists)
 Prof P L Semple (College of Neurosurgeons)
 Dr F Senkubuge (College of Public Health Medicine)
 Prof M M Sathekge (College of Nuclear Physicians)
 Prof A S Shaik (College of Paediatric Surgeons)
 Dr A Sherriff (College of Radiation Oncologists)
 Prof L C Snyman (College of Obstetricians and Gynaecologists)
 Dr T Stephens (College of Emergency Medicine)
 Prof L M Sykes (College of Dentistry)
 Prof M I Tshifularo (College of Otorhinolaryngologists)
 Dr L M Tucker (College of Neurologists)
 Prof J Vellema (College of Forensic Pathologists)
 Prof M G Veller (College of Surgeons)
 Dr L Visser (College of Ophthalmologists)
 Prof A Walubo (College of Clinical Pharmacologists)

Prof J M Warwick (College of Nuclear Physicians)

Prof S W Wentzel (College of Urologists)

Dr M J Young (College of Ophthalmologists).

The following were elected from this group to serve in the respective offices as indicated:

Prof R N Dunn (Honorary Treasurer)

Prof G Kariem (Chairman, Finance and General Purposes Committee)

Prof M M Sathekge (Chairman, Examinations and Credentials Committee)

Dr S M Aiyer (Chairman, Education Committee)

Prof J J Fagan (Honorary Registrar, Finance and General Purposes Committee)

Prof J Vellema (Honorary Registrar, Examinations and Credentials Committee)

Prof J S Bagratee (Honorary Registrar, Education Committee).

The President (Prof B G Lindeque), Vice President (Prof G A Ogunbanjo) and Immediate Past President (Prof A Madaree) will continue to serve in their respective offices until May 2016. New incumbents are due to be elected at the October 2015 Senate meeting.

The following directors were appointed for the 2014-2017 triennium:

Prof B G Lindeque (President)

Prof G O Ogunbanjo (Vice-President)

Prof R N Dunn (Honorary Treasurer)

Prof G Kariem (Chairman, Finance and General Purposes Committee)

Prof M M Sathekge (Chairman, Examinations and Credentials Committee)

Dr S M Aiyer (Chairman, Education Committee)

Prof J J Fagan (Honorary Registrar, Finance and General Purposes Committee)

Prof J Vellema (Honorary Registrar, Examinations and Credentials Committee)

Prof J S Bagratee (Honorary Registrar, Education Committee)

Mrs L Trollip (Chief Executive Officer)

Mrs Ann Vorster (Academic Registrar)

Mrs Margie Pollock (Financial Director).

ANNUAL REPORTS OF THE CONSTITUENT COLLEGES: 2014-2017

The constituent College results for the 2014-2017 triennium were as follows:

COLLEGE OF ANAESTHETISTS

Dr P D Gopalan (President)

Dr U Singh (Secretary)

Representatives on Senate

Dr P D Gopalan

Prof B J S Diedericks

Other members of Council

S Chetty

W J Neuhoff

M Raff

J L A Rantloane

EW Turton

COLLEGE OF CARDIOTHORACIC SURGEONS

Prof J G Brink (President)

Prof A G Linegar (Secretary)

Representatives on Senate

Prof J G Brink

Dr M Munasur

Other members of Council

R F Chauke

A Geldenhuys

COLLEGE OF CLINICAL PHARMACOLOGISTS

Prof A Walubo (President)

Prof B Rosenkranz (Secretary)

Representatives on Senate

Prof A Walubo

Prof E Osuch

Other members of Council

M Blockman

O B W Greeff

G Maartens

COLLEGE OF DENTISTRY

Prof L M Sykes (President)

Prof H D Dullabh (Secretary)

Representatives on Senate

Prof L M Sykes

Prof A M P Harris

Other members of Council

R A Chamda

P Hlongwa

COLLEGE OF DERMATOLOGISTS

Prof M H Motswaledi (President)

Dr C M Kgokolo (Secretary)

Representatives on Senate

Prof M H Motswaledi

Dr C M Kgokolo

Other members of Council

R J Lehloenyha

A Mankahla

R Singh

G Todd

COLLEGE OF EMERGENCY MEDICINE

Prof A Dickerson (President)

Dr H I Geduld (Secretary)

Representatives on Senate

Prof R Dickerson

Dr H I Geduld

Other members of Council

D Groenewald

A J Kropman

S Lahri

T Stephens

KI Vallabh

COLLEGE OF FAMILY PHYSICIANS

Prof G A Ogunbanjo (President)

Prof W J Steinberg (Secretary)

Representatives on Senate

Prof G A Ogunbanjo

Prof D A Hellenberg

Other members of Council

J J Blitz

M H Cassimjee

I D Couper

J F M Hugo

L H Mabuza

R J Mash

S N E Mazaza

M Naidoo

E Reji

COLLEGE OF FORENSIC PATHOLOGISTS

Dr S M Aiyer (President)

Dr C Hattingh (Secretary)

Representatives on Senate

Dr S M Aiyer

Prof J Vellema

Other members of Council

J F Els

J J Dempers

K K Hlaise

S Holland

G M Kirk

L J Martin

T Naidoo

K C Quarrie

G Saayman

S A Wadee

COLLEGE OF MAXILLO-FACIAL AND ORAL SURGEONS

Prof F J Jacobs (President)

Dr S Singh (Secretary)

Representatives on Senate

Prof F J Jacobs

Prof G Kariem

Other members of Council

C F Hoogendijk

J A Morkel

T I Munzhelele

I F Redelinghuys

A J Van der Westhuijzen

COLLEGE OF MEDICAL GENETICISTS

Prof A Krause (President)

Dr L A Lambie (Secretary)

Representatives on Senate

Prof A Krause

Dr L A Lambie

Other members of Council

N L Bhengu

COLLEGE OF NEUROLOGISTS

Dr L M Tucker (President)

Prof D S Magazi (Secretary)

Representatives on Senate

Dr L M Tucker

Prof D S Magazi

Other members of Council

J A Carr

A J Kruger

AA Moodley

COLLEGE OF NEUROSURGEONS

Prof P L Semple (President)

Mr M D du Trevou (Secretary)

Representatives on Senate

Prof P L Semple

Dr J R N Ouma

Other members of Council

A G Fieggen

T K P Moja

S S Nadvi

A J Vlok

COLLEGE OF NUCLEAR PHYSICIANS

Prof M M Sathekge (President)

Prof J M Warwick (Secretary)

Representatives on Senate

Prof M M Sathekge

Prof J M Warwick

Other members of Council

A Ellman

J S Möller

P Mpikashe-Maseloa

M Vorster

COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

Prof L C Snyman (President)

Prof J Anthony (Secretary)

Representatives on Senate

Prof L C Snyman

Prof J S Bagratee

Other members of Council

M H Botha
 E J Buchmann
 B T Buthelezi
 L Govender
 E W Henn
 M Moodley
 G A Petro
 L K Schoeman
 P Soma-Pillay
 D W Steyn
 C J M Stewart
 Z M Van der spuy

COLLEGE OF OPHTHALMOLOGISTS

Dr L Visser (President)
 Dr M J Young (Secretary)

Representatives on Senate

Dr L Visser
 Dr M J Young

Other members of Council

C D Cook
 C Kruse
 D Meyer

COLLEGE OF ORTHOPAEDIC SURGEONS

Prof R N Dunn (President)
 Dr P Greyling (Secretary)

Representatives on Senate

Prof R N Dunn
 Prof M V Ngcelwane

Other members of Council

None

COLLEGE OF OTORHINOLARYNGOLOGISTS

Prof J J Fagan (President)
 Prof M I Tshifularo (Secretary)

Representatives on Senate

Prof J J Fagan
 Prof M I Tshifularo

Other members of Council

D E Lubbe
 P C Modi
 R Y Seedat

COLLEGE OF PAEDIATRICIANS

Prof S Kling (President)
 Prof V A Davies (Secretary)

Representatives on Senate

Prof S Kling
 Prof H Saloojee

Other members of Council

S C Brown
 A Davidson
 R J Green
 M Kruger
 S A Strachan
 C J Sutton

COLLEGE OF PAEDIATRIC SURGEONS

Prof A J W Millar (President)
 Prof C Lazarus (Secretary)

Representatives on Senate

Prof A J W Millar
 Prof A S Shaik

Other members of Council

S M Le Grange
 J A Loveland
 A Numanoglu
 M H Sheik Gafoor

COLLEGE OF PATHOLOGISTS

Prof D Govender (President)
 Prof T Pillay (Secretary)

Representatives on Senate

Prof D Govender
 Prof J N Mahlangu

Other members of Council

D R Hardie
 S J Nayler
 W F P Van Heerden

COLLEGE OF PHYSICIANS

Prof B Cassim (President)

Dr P J Raubenheimer (Secretary)

Representatives on Senate

Prof B Cassim

Prof T Parbhoo

Other members of Council

V C Burch

D J Blom

A M A Lawal

V J Louw

C N Menezes

M R Moosa

A G Parrish

G Tintinger

J M L Tsitsi

COLLEGE OF PLASTIC SURGEONS

Dr W G Kleintjies (President)

Prof E Ndobe (Secretary)

Representatives on Senate

Dr W G Kleintjies

Prof E Ndobe

Other members of Council

M Daya

COLLEGE OF PSYCHIATRISTS

Prof S Seedat (President)

Dr S Ramlall (Secretary)

Representatives on Senate

Prof S Seedat

Prof A B-R Janse van Rensburg

Other members of Council

L A Albertyn-Cross

L Koen

C Krüger

P D Milligan

M Nagdee

U Subramaney

COLLEGE OF PUBLIC HEALTH MEDICINE

Prof L London (President)

Dr F Senkubuge (Secretary)

Representatives on Senate

Prof L London

Dr F Senkubuge

Other members of Council

S Adams

D Basu

R G English

G M C Louwagie

S Naidoo (Department of Occupational Medicine)

S Naidoo

R Nathan

C E M Oliphant

V E M Zweigenthal

COLLEGE OF RADIATION ONCOLOGISTS

Dr A Sherriff (President)

Dr J D Parkes (Secretary)

Representatives on Senate

Dr A Sherriff

Dr F Mahomed

Other members of Council

P S Govender

M Heunis

R H Lakier

B M Robertson

V Sharma

COLLEGE OF RADIOLOGISTS

Prof R D Pitcher (President)

Dr D P Ramaema (Secretary)

Representatives on Senate

Prof R D Pitcher

Dr D P Ramaema

Other members of Council

C Ackerman

S J Beningfield

E Joseph

Z I Lockhat

P Parag

F E Suleman

E Van der Walt

COLLEGE OF SURGEONS

Prof M G Veller (President)

Prof P A Goldberg (Secretary)

Representatives on Senate

Prof M G Veller

Prof M Z Koto

Other members of Council

D B Bizos

D Kahn

T E Luvhengo

R Maharaj

E M Muller

J Pillai

COLLEGE OF UROLOGISTS

Prof S W Wentzel (President)

Dr D O Smart (Secretary)

Representatives on Senate

Prof S W Wentzel

Prof S B A Mutambirwa

Other members of Council

M Bongers

M Haffejee

J M Lazarus

K M Mathabe

H Patel

P H Porteous

A Van der Merwe

CO-OPTIONS

The constituent College councils were empowered to co-opt additional persons, if deemed necessary, to improve representation on a geographical or demographic basis, or to ensure university representation.

DIPLOMATES

Dr W J Neuhoff and Dr T Stephens were duly elected to serve as Diplomat representatives during the new triennium of Senate.

MEMORANDUM OF INCORPORATION AND RULES OF THE CMSA

Amendment of Rule 5 (3) (a) and (j) of the Memorandum of Incorporation in accordance with the Companies Act of 2008

The change was required in order to allow parts of the elections to be carried out electronically. The amendment was passed by a resolution of the Board of Directors, and ratified at the annual general meeting of 17 October 2014.

RISK COMMITTEE

Status of CMSA risk awareness and management

It is with pleasure that we report that the Risk Committee has been very active in its deliberations, attending also to matters referred for input by the President and the Board of Directors. Certain strategies have also been implemented in order to achieve the following goals.

Risk awareness

Awareness of, and as a consequence, the ability to, manage risk facing the CMSA, has become an integral component of the CMSA's management. Currently, this is mostly being achieved by:

- Identifying the most important risks specific to the committee's activities in the CMSA.
- Analyses and rating of the risk.
- Actions planned in response to the risk.
- Ongoing monitoring and review.

Error-reducing strategies have been implemented

As a consequence of the risk awareness strategy, the following error-reducing strategies have been implemented in the central structures of the CMSA:

- Standard operating procedures have been implemented in the majority of these Department of Occupational Medicine aims to reduce errors.
- Non-punitive error-reporting systems have been implemented in all of the standing committees. Progressive improvement in operational standards is the result.
- Regular auditing and reporting on risk.

Financial risk assessed

The CMSA's VAT exemption status is being discussed with the South African Revenue Service, Treasury and Tax Exemption Unit. A comprehensive application to retain our VAT exemption status was submitted to the Tax Exemption Unit in March this year.

New auditors have been appointed.

Future steps in risk monitoring and management

Future steps in risk monitoring and management include:

- The implementation of risk-avoidance strategies (which should only be implemented if the exposure risk outweighs the potential benefits).
- The implementation of additional risk-reducing strategies, particularly in examination processes, as currently this is the core

- benefits).
- The implementation of additional risk-reducing strategies, particularly in examination processes, as currently this is the core function of the CMSA. A zero rate of error in this Department of Occupational Medicine should be the aim.
- Consideration of risk transfer strategies.

Members elected to serve on the Risk Committee for the 2014-2017 triennium

Members elected to serve on the Risk Committee for the 2014-2017 triennium are:

- Dr Warren Clewlow (Chairman)
- Prof Martin Veller (Vice Chairman), representing the Examinations and Credentials Committee
- Prof Patrick Semple, representing the Finance and General Purposes Committee
- Dr Bilkish Cassim, representing the Education Committee
- Prof Rob Dunn (Honorary Treasurer)
- Mrs Lize Trollip (Company Secretary).

Meetings of the committee have been taking place biannually. The aim of the committee is to ensure that adequate risk management prevails in all the CMSA structures, and to render assistance, when required, to achieve this goal.

SOCIAL AND ETHICS COMMITTEE

A Social and Ethics Committee has been established to monitor the activities of the CMSA with regard to any relevant legislation, other legal requirements, or prevailing codes of best practice which deal with the broad principles of social and economic development, good corporate citizenship, the environment, health and public safety, consumer relationships and labour and employment.

Considering the CMSA's adherence to the 10 Principles Cognisance, there were no contraventions to report.

Members elected to serve on the Social and Ethics Committee for the 2014-2017 triennium

Members elected to serve on the Social and Ethics for the 2014-2017 triennium are:

- Prof Patrick Semple (Chairman), representing the Finance and General Purposes Committee
- Prof Martin Veller, representing the Examinations and Credentials Committee
- Dr Bilkish Cassim, representing the Education Committee
- Prof Rob Dunn (Honorary Treasurer)
- Mrs Lize Trollip (Company Secretary).

B-BBEE CERTIFICATION FOR THE CMSA

Grant Thornton awarded the CMSA with its annual B-BBEE certificate for the period 2014-2015 in terms of Section 9(1) of the Broad-Based Black Economic Empowerment Act 53 of 2003.

EXAMINATIONS AND RELATED MATTERS

The national professional examination

The CMSA is the official examining body for specialists in South Africa. The Memorandum of Understanding between the CMSA and the HPCSA was duly signed on 17 June 2014.

The Service Level Agreement, which forms the working document and supplements the Memorandum of Understanding, was signed on 29 April 2015.

Accreditation of hospital posts

The following hospital posts were accredited during the year under review:

- DA(SA): Helderberg Hospital
- Dip Obst(SA): Khayelitsha Hospital
- Dip PEC(SA): Aga Khan University, Oudtshoorn Hospital, and Mediclinic Cape Gate Hospital.

Successful candidates by examination

The names of candidates who passed the biannual CMSA examinations appear under a separate section of Transactions.

Fellowships awarded by peer review

Fellowship without examination, i.e. by peer review, is offered by the CMSA in exceptional cases only, to carefully selected candidates. It is only awarded, by invitation by the Senate, to a person who:

- Holds a degree or diploma which entitles him or her to registration with the Health Professions Council of South Africa (HPSCA), and who is in fact so registered in the same discipline (of Medicine or Dentistry) as that in which he or she has been nominated for Fellowship by peer review.
- Has been active in the discipline for at least 10 years.
- Was resident in South Africa at the time of the award.
- Has been subjected to peer review by a formally appointed peer review subcommittee according to strict criteria determined by the Senate.

None of the candidates were considered for Fellowship by peer review during the period of June 2014 to May 2015.

Re-mark outcomes

The President of the relevant constituent College was informed if a re-mark produced a positive result for a candidate. This was implemented from the 2014 first semester set of re-marks.

Accepting non-HPCSA-registered candidates for examinations

Candidates were accepted to write the Part I/Primary examinations in Colleges with no additional requirements other than being registered or registerable with the HPCSA. A policy document is being drafted.

FC Orth(SA) and FC Urol(SA) Intermediate examinations

From the first semester of 2015, both the FC Orth(SA) and FC Urol(SA) Intermediate examinations will use the FCS(SA) Intermediate Paper 1 MCQ paper as their Paper 1. Both Colleges will have a subject-specific Paper 2.

- benefits).
- The implementation of additional risk-reducing strategies, particularly in examination processes, as currently this is the core function of the CMSA. A zero rate of error in this Department of Occupational Medicine should be the aim.
- Consideration of risk transfer strategies.

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SOCIAL AND ETHICS COMMITTEE

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Members elected to serve on the Social and Ethics Committee for the 2014-2017 triennium

Members elected to serve on the Social and Ethics for the 2014-2017 triennium are:

- Prof Patrick Semple (Chairman), representing the Finance and General Purposes Committee
- Prof Martin Veller, representing the Examinations and Credentials Committee
- Dr Bilkish Cassim, representing the Education Committee
- Prof Rob Dunn (Honorary Treasurer)
- Mrs Lize Trollip (Company Secretary).

B-BBEE CERTIFICATION FOR THE CMSA

Grant Thornton awarded the CMSA with its annual B-BBEE certificate for the period 2014-2015 in terms of Section 9(1) of the Broad-Based Black Economic Empowerment Act 53 of 2003.

EXAMINATIONS AND RELATED MATTERS

The national professional examination

The CMSA is the official examining body for specialists in South Africa. The Memorandum of Understanding between the CMSA and the HPCSA was duly signed on 17 June 2014.

The Service Level Agreement, which forms the working document and supplements the Memorandum of Understanding, was signed on 29 April 2015.

Accreditation of hospital posts

The following hospital posts were accredited during the year under review:

- DA(SA): Helderberg Hospital
- Dip Obst(SA): Khayelitsha Hospital
- Dip PEC(SA): Aga Khan University, Oudtshoorn Hospital, and Mediclinic Cape Gate Hospital.

Successful candidates by examination

The names of candidates who passed the biannual CMSA examinations appear under a separate section of Transactions.

Fellowships awarded by peer review

Fellowship without examination, i.e. by peer review, is offered by the CMSA in exceptional cases only, to carefully selected candidates. It is only awarded, by invitation by the Senate, to a person who:

- Holds a degree or diploma which entitles him or her to registration with the Health Professions Council of South Africa (HPSCA), and who is in fact so registered in the same discipline (of Medicine or Dentistry) as that in which he or she has been nominated for Fellowship by peer review.
- Has been active in the discipline for at least 10 years.
- Was resident in South Africa at the time of the award.
- Has been subjected to peer review by a formally appointed peer review subcommittee according to strict criteria determined by the Senate.

None of the candidates were considered for Fellowship by peer review during the period of June 2014 to May 2015.

Re-mark outcomes

The President of the relevant constituent College was informed if a re-mark produced a positive result for a candidate. This was implemented from the 2014 first semester set of re-marks.

Accepting non-HPCSA-registered candidates for examinations

Candidates were accepted to write the Part I/Primary examinations in Colleges with no additional requirements other than being registered or registerable with the HPCSA. A policy document is being drafted.

FC Orth(SA) and FC Urol(SA) Intermediate examinations

From the first semester of 2015, both the FC Orth(SA) and FC Urol(SA) Intermediate examinations will use the FCS(SA) Intermediate Paper 1 MCQ paper as their Paper 1. Both Colleges will have a subject-specific Paper 2.

Online applications

The system is constantly being updated and refined, in order to prevent candidate confusion. The CMSA no longer accept payments by candidates until their applications have been submitted online.

Updating of the regulations, portfolio, blueprints and guidelines

The Education Committee will continue to contact constituent Colleges with reminders to revisit the regulations, portfolio, blueprints and guidelines pertinent to their examinations.

All eligibility criteria and examination formats will be critically reviewed on a regular basis.

CMSA examination policies

The policy subcommittee of the Examinations and Credentials Committee is reviewing or writing policies in the following criteria:

- Oral appeal
- All aspects of the examinations.

Regulations update

Ongoing updating of syllabi, bibliography and referencing was undertaken by the Education Office. If major changes were requested, these were taken to Senate by the Academic Registrar.

SIXTY YEARS OF EXCELLENCE: DIAMOND JUBILEE OF THE CMSA

The Diamond Jubilee Celebrations brought a renewed sense of pride and inspiration for the future of CMSA. Photographs taken during this historical event are included in this edition of Transactions, together with an editorial by the editor, Prof G A Ogunbanjo, who was also the convenor of this event.

The following speakers and topics were included:

- Ethics of transforming academic health-training platforms – Prof Lizo Mazwai, Chair of the Office of Health Standards Compliance Board
- Role of private-public partnerships in academic health-training platforms – Prof Marian Jacobs, Chair of the Ministerial Advisory Committee, Academy for Leadership and Management in Health-care, and the National Department of Health
- Social accountability of health sciences faculties in academic health-training platforms – Prof Eric Buch, Dean of the Faculty of Health Sciences, University of Pretoria
- Funding of academic health-training platforms: time for review – Dr Engela van Staden, Chief Director, University Academic Planning and Management Support, Department of Higher Education and Training
- Human resources specialist needs for academic health-training platforms: Department of Health vision and plan – Dr Terence Carter, Deputy Director General, National Department of Health
- University's response to rural academic health-training platform: the Ukwanda experience – Dr Therese Fish, Deputy Dean, Community Service and Interaction, University of Stellenbosch.

LIFE HEALTHCARE SCHOLARSHIPS FOR SUBSPECIALTY TRAINING

In late 2014, Life Healthcare confirmed that it was prepared to support subspecialist training scholarships for the next two years. Its original commitment to this was to supply funding in excess of R12 million per year for six years. It was recognised that salaries and support will be increased over the six-year period, and this might reduce the number of scholarships that will be available.

The first group of successful scholarship applicants concluded their training in 2014 and 2015. It was previously decided that we would then interview for training for the next two years. Three years of training is required for some subspecialties, such as Cardiology. Therefore, this discipline would have slightly more limited access to the scholarships because it is possible to train three subspecialists in other disciplines in the time that it takes to train two subspecialists in Cardiology.

Once notification was given from Life Healthcare that it was continuing with its scholarships, as originally determined, an advertisement was placed on the College website and sent to all health science faculties.

Selection committee

Life Healthcare had asked for input from the CMSA to the selection committee. It had requested that Prof Tuviah Zabow remain on the selection committee, and had asked Prof Zephne van der Spuy to chair the process going forward. In addition, it asked for two or three members of the CMSA to join the selection process.

Six members of Senate were also included in this selection committee. In the end, the selection committee comprised Prof Bilkish Cassim, Prof Zach Koto, Dr Faiza Mahomed, Prof Haroon Saloojee, Prof Soraya Seedat, Prof Leon Snyman, Prof Tuviah Zabow and Prof Zephne van der Spuy.

The Life Healthcare scholarship selection process was overseen by Dr Steve Taylor, with input from Dr Trevor Frankish and Dr Japie du Toit.

Application process

Applications were received from 42 candidates for these scholarships. All applications were reviewed by Prof Tuviah Zabow and Prof Zephne van der Spuy, according to the Life Healthcare requirements.

A meeting to shortlist the candidates was held on 21 November 2014, and was attended by Prof Bilkish Cassim, Dr Japie du Toit, Dr Trevor Frankish, Dr Faiza Mahomed, Soraya Seedat, Prof Tuviah Zabow and Prof Zephne van der Spuy. Prof Zach Koto, Prof Haroon Saloojee and Prof Leon Snyman were unable to attend, and sent their assessment of the applicants for consideration at this meeting.

Ten candidates were excluded before the interviews because they did not fulfil the training requirements for admission to subspecialist training in the first half of 2015. Fifteen candidates were not shortlisted for a variety of reasons.

Shortlisted candidates

A total of 15 candidates were shortlisted for interview.

Interviews for the selected candidates

Selection interviews were held on 8 December 2014 at the offices of the CMSA in Cape Town. The Life Healthcare participants were Dr

Stephen Taylor and Dr Trevor Frankish. In addition, all of the nominated members of the CMSA attended. A scoring system and a standard interview format were used for each candidate.

Two candidates withdrew their applications because they had managed to achieve a subspecialist training post through a different mechanism.

Fifteen candidates were interviewed, of whom 10 were awarded Life Healthcare Scholarships, and commenced training in the first half of 2015. They are listed in alphabetical order:

- Dr Marelize Bosman, Paediatric Cardiology
- Dr Bianca Davidson, Nephrology
- Dr Nwabisa Giyose, Gynaecological Oncology
- Dr Candice Hendricks, Paediatric Haematology
- Dr Zoe Momberg, Maternal Foetal Medicine
- Dr Suraya Naidoo, Clinical Haematology
- Dr Ayesha Osman, Maternal Foetal Medicine
- Dr Yavini Reddy, Paediatric Neurology
- Dr Amy Reid, Neonatology
- Dr Angeline Thomas,
- Developmental Paediatrics.

AWARDS AND MEDALS

Medals and Book Prize

The recipients of medals during the year under review were as follows.

October 2014

GP Charlewood Medal: Nontando Sinawo Nkangana, FCOG(SA) Part I

Trubshaw Medal: Johannes Lodewickus Fourie, FCS(SA) Primary

May 2015

Janssen Research Foundation Medal: Zahnne Fullerton, FCA(SA)

Part I

Hymie Samson Medal: Zahnne Fullerton, FCA(SA) Part I

Janssen Research Foundation Medal: Samantha Adams, FCA(SA) Part I

Abbott Medal: Samantha Adams, FCA(SA) Part I

The GlaxoSmithKline Medal: Samantha Adams, FCA(SA) Part I

South African Society of Maxillo-Facial and Oral Surgeons Medal: Allie Mohamed, FCMFOS(SA) Final

South African Society of Maxillo-Facial and Oral Surgeons Medal: Ebrahim Fakir, FCMFOS(SA) Final

GP Charlewood Medal: Kapiteni Masudi, FCOG(SA) Part I

Neville Welsh Medal: Ernst Baard Van der Merwe, FC Ophth(SA) Primary IA

Ophthalmological Society Medal: Shaheer Aboobaker, FC Ophth(SA) Intermediate IB

Ophthalmological Society Medal: Daemon Bruce McClunan, FC Ophth(SA) Intermediate IB

Geoff Howes Medal: Daemon Bruce McClunan, Dip Ophth(SA)

JM Edelstein Medal: Maritz Laubscher, FC Orth(SA) Final

JM Edelstein Medal: Adriaan Hendrik Botha, FC Orth(SA) Final

South African Society of Otorhinolaryngology Medal: Neil Sascha Stofberg, FCORL(SA) Final

Robert McDonald Medal: Amy Elizabeth Reid, FC Paed(SA) Part II

Robert McDonald Medal: Graeme Spittal, FC Paed(SA) Part II

Coulter Medal: Janami Steenkamp, FC Path(SA)

Suzman Medal: Annari van Rensburg, FCP(SA) Part II

Novartis Medal: Johan Louis Roos, FC Psych(SA) Part II

Brebner Award: Isabella Margaretha Joubert, FCS(SA) Intermediate

Douglas Award: Shreya Rayamajhi, FCS(SA) Final

Lionel B Goldschmidt Medal: Arno Christiaan Pietersen, FC Urol(SA) Final

YK Seedat Medal: Joseph Singbo, Dip Int Med(SA)

Eugene Weinberg Medal: Jeanette Holtzhausen, Dip Allerg(SA)

Geoff Howes Medal: Dean Andre Van der Westhuizen, Dip Ophth(SA)

Walter G Kloeck Medal: Andrew Gordon Heald, Dip PEC(SA)

Campbell MacFarlane Medal: Andrew Gordon Heald, Dip PEC(SA)

EDUCATIONAL DEVELOPMENT PROGRAMME

Visits to Mthatha

24-26 April 2014

Updates on Obstetrics and Gynaecology were arranged by Prof Guidozi.

8-10 May 2014

Updates on radiology, ultrasound and computed tomography scans were presented by Prof Darius Tsatsi.

21-22 August 2014

A Medical Protection Society workshop was arranged by Spesnet.

2-4 October 2014

Updates on Paediatrics and Neonatology were presented by Prof Dini Mawela and Prof Prakash Jeena.

26-28 March 2015

Updates on Forensic Pathology were presented by Dr Robert Ngude and Dr Keven Hlaise.

28-30 May 2015

Updates on challenges in travel medicine were presented by Prof Lucille Blumberg and Dr A De Frey.

LECTURESHIPS

Arthur Landau Lectureship for 2014

Prof Eric Donn Bateman presented his lecture titled, Spreading the net for chronic diseases: options for poorly resourced countries, on 20 February 2014 at the Cape Town International Convention Centre.

F P Fouche Lectureship for 2014

Prof Tim Briggs presented his lecture titled, Get it right the first time, from 1-4 September 2014 at the South African Orthopaedic Association annual meeting in Cape Town.

J C Coetzee Lectureship for 2014

Prof Robert Pattinson presented his lecture titled, Maternal health in primary care, from 20-24 June 2014 at the 17th National Family Practitioners' Congress at the University of Pretoria.

J N and W L S Jacobson Lectureship for 2014

Dr Nasreen Mahomed presented her lecture in August 2014 at the World Congress on Breast Cancer.

K M Seedat Lectureship for 2014

Prof Bob Mash presented his lecture titled, Counselling and behavioural change in the South African context, from 20-24 June 2014 at the 17th National Family Practitioners' Congress at the University of Pretoria.

Margaret Orford Memorial Lectureship for 2014

Prof Anton van Niekerk presented his lecture titled, Designer babies and superhumans: ethics, genetics and future reproductive health, from 19-21 May 2014 at the Cape Town International Convention Centre.

John and Madeline Lownie Lectureship for 2014

An appointment is yet to be made.

J C Coetzee Lectureship for 2015

Dr Charmaine Blanchard will present her lecture titled, Maintaining dignity and restoring life: simple things done in extraordinary ways, at the General Physicians' Congress 2015.

J N and W L S Jacobson Lectureship for 2015

Dr Jacques Janse van Rensburg will present his lecture at the 18th National Family Practitioners' Conference 2015.

F P Fouche Lectureship for 2015

An appointment is yet to be made.

Arthur Landau Lectureship for 2015

An appointment is yet to be made.

AWARDS AND EDUCATIONAL FUNDS

Y K Seedat Research Project

The invitation to apply for the research project was issued in August 2014. The closing date for applications was 15 January 2015.

K M Browse Scholarship

The closing date for applications was 15 January 2015. An advertisement was placed in Transactions.

Robert McDonald Rural Paediatric Programme

Prof Milind Chitnis submitted an application from the Eastern Cape Paediatric Surgical Service and Walter Sisulu University.

South African SIMS Fellowship: sub-Saharan Africa

The advertisement appeared in the January to June copy of Transactions. The closing date for applications was 31 May.

R W S Cheetham Award (Psychiatry)

Prof Albert Janse van Rensburg was the recipient of this award for his submissions titled:

- Referral and collaboration between South African psychiatrists and religious or spiritual advisors: views from some psychiatrists
- South African Society of Psychiatrists guidelines for the integration of spirituality in the approach to psychiatric practice
- Integrating spirituality in the approach to psychiatric practice.

Maurice Weinbren Award in Radiology for 2015

Dr A F Bezuidenhout was the recipient of this award for his study titled, Lumbosacral transitional vertebrae and S1 radiculopathy: the value of coronal MR imaging.

Continuing professional development accreditation

CPD accreditation was implemented and run under the auspices of the CMSA and its constituent Colleges.

PROPERTIES

Durban

The properties of 10, 12, 14 and 16 Glastonbury Road were sold after it had become clear that Council approval for the development of the properties was not forthcoming.

The CMSA offices were temporarily housed at the Inkosi Albert Luthuli Hospital until permanent office space could be procured.

Cape Town

A generator was purchased for use during load shedding.

Johannesburg

A generator was purchased for use during load shedding.

CMSA MEMBERSHIP

It is the responsibility of members of the CMSA to ensure that their address details, e-mail addresses and personal particulars are updated with the CMSA at all times. The CMSA cannot be held responsible for the non-delivery of any legal or statutory documentation to any member whose information has not been updated.

Any amendments can be sent via e-mail to members@colmedsa.co.za, or faxed to (021) 685 3766.

Honorary Fellowship

Election to Honorary Fellowship is the highest honour that CMSA can bestow, and the award is made:

- To recognise achievement of the highest order in fields of endeavour within the ambit of, and contributory to, the objectives of the CMSA.
- To honour through the person of a senior office bearer, a foreign sister College or equivalent institution with which the CMSA has a mutually beneficial association.
- To acknowledge services to the CMSA of an exceptionally high order.
- To recognise achievement of the highest order in their fields of endeavour by persons in South Africa or globally.

Two Honorary Fellowships were awarded during the year under review:

- Prof Zephne van der Spuy was admitted to Honorary Fellowship of the CMSA at the graduation ceremony in May 2015.
- Dr Edward R Laws was admitted to Honorary Fellowship of the College of Neurosurgeons at the graduation ceremony in May 2015.

Fellowship ad eundem

Fellowship ad eundem is intended as a rare honour to medically or dentally qualified persons who may or may not be Fellows of the CMSA, but who merit very special recognition for contributions different to those of an Honorary Fellow.

The award is intended to recognise and acknowledge:

- Exceptional contributions made to the CMSA and/or to one of the constituent Colleges.
- Exceptional attainment achieved in the medical or dental professions, especially in the discipline in which the Fellowship ad eundem is to be awarded.

There were no admissions to Fellowship ad eundem during the year under review.

Associates

Associateship of the CMSA is offered to medical or dental practitioners whose professional standing and interest and activities are considered to be of such a nature that they strengthen the CMSA and the constituent College concerned. The incumbents must be registered with the HPCSA and hold a degree or diploma which is considered to be comparable with that of Fellowship of the CMSA.

In the situation where new Colleges are established, temporary associateship is considered for those nominated to form the council of the new College, until such time (within 24 months) as their registration has been regularised with the HPCS. At that point, they become full associates.

The following registered as associates during 2014/2015.

COLLEGE OF CLINICAL PHARMACOLOGISTS

AGUIRRE Julio

COLLEGE OF DENTISTRY

ABRAM Muhammad Hanif

AMRA Ismail Abdool Kadedr

BHAYAT Ahmed

BREDENKAMP Bradley Philip

FORTUIN Alwyn

HARILAL Bhavish

HARRYPARSAD Ashana

HOLMES Haly Karen

JEFTHA Anthea

MALAN Jacques Andre

MUNSHI Ismail Essop

PECK Mogammad Thabit

COLLEGE OF NUCLEAR PHYSICIANS

ENGELBRECHT Gerrit Hendrik Johan

COLLEGE OF NEUROSURGEONS

BASSON Justin

COLLEGE OF OPHTHALMOLOGISTS

MARAIS Wayne Jeremy

COLLEGE OF OTORHINOLARYNGOLOGISTS

OMODING Sammy Sammex

COLLEGE OF PATHOLOGISTS

NCHABELENG Maphoshane

COLLEGE OF PHYSICIANS

ELLEMDIN Sirajudeen

COLLEGE OF PUBLIC HEALTH

HYERA Francis

REPORTS ON INTERACTION BETWEEN THE CMSA AND OTHER OUTSIDE BODIES

Interaction with the National Department of Health

There was ongoing interaction between the CMSA and the National Department of Health.

Dr Terence Carter was a speaker at the Diamond Jubilee.

Interaction with the Department Of Higher Education And Training

There was ongoing interaction between the CMSA and the Department of Higher Education and Training.

Dr Engela van Staden was a speaker at the Diamond Jubilee.

Interaction with the Health Professions Council Of South Africa

Close interaction with the HPCSA continued, particularly as the CMSA was appointed as the national professional examining body. The President of the HPCSA attended the CMSA Senate and other meetings and activities on a regular basis, and in turn, CMSA representatives held seats on various committees and subcommittees of the HPCSA.

Interaction with the South African Committee Of Medical And Dental Deans

The Committee of Medical Deans had a meeting with the CMSA to discuss the Memorandum of Understanding in the various disciplines. The minutes of the meeting were distributed to all attendees.

Prof Richard Hift, Chairman of the Committee of Deans, was also invited to the biannual presidential dinner.

It had been agreed that there would be a meeting between the CMSA Board of Directors and the Committee of Medical and Dental Deans at least once a year.

CMSA invitations at meetings of sister Colleges and Academies

Third International Triennial Conference of Royal College of Physicians and Surgeons of Glasgow on advancing excellence in healthcare in 2014: 19-20 June 2014, Scottish Exhibition and Conference Centre, Glasgow.

International Liaison of Pathology Presidents: Held from 11-12 September 2014, and hosted by the College of American Pathologists at the Hyatt in Chicago, Illinois, USA.

St Luke's Symposium of Royal College of Physicians of Ireland on current and future drivers for change in postgraduate medical education: 13-18 October 2014, Dublin, Ireland.

7th Annual International Medical Education Leaders Forum of the Royal College of Physicians and Surgeons of Canada: 22-25 October 2014, Toronto, Canada.

100th Annual Clinical Congress of the American College of Surgeons: 26-30 October 2014, San Francisco, USA.

55th Annual Scientific Conference of the West African College of Surgeons, Abidjan, Cote d'Ivoire: 1-7 March 2015.

International Medical Symposium on the future of the medical profession, at Sofitel Melbourne on Collins, Melbourne, Australia: 13 March 2015.

Royal Australasian College of Surgeons Annual Scientific Congress at the Perth Convention and Exhibition Centre, Perth, Australia: 5-8 May 2015.

ACKNOWLEDGEMENTS

As this is the first report of the Twentieth Senate, it is fitting that the key roles played by honorary officers, examiners, trustees, councillors of constituent Colleges and committee and subcommittee members are acknowledged.

Senate also wishes to place on record its sincere appreciation of the personal contributions of honorary officers, examiners, trustees, councillors of constituent Colleges and committee members who continue to serve the CMSA on an ongoing basis, despite having numerous other commitments.

A word of thanks is also given to members of the CMSA and others who actively participated in the vast number of activities which took place during the past year, and particularly to those who contributed to the success of the projects referred to in this report.

Finally, it is always an immense pleasure for Senate to acknowledge the loyal and dedicated service of the full-time staff members of our College, who render a vital service far beyond the call of duty.

Lize Trollip

CEO



Annual Reports of the Constituent Colleges 2014-2015

COLLEGE OF ANAESTHETISTS

The College of Anaesthetists of South Africa council met twice during the period under review. The October meeting was a combined one between outgoing and incoming councils. The efforts of outgoing councillors need to be acknowledged. The role for electronic communication and decision-making among council members has increased.

Four examinations are held under our auspices. The Diploma in Anaesthesia remains a popular examination, with 166 new diplomates over the two examinations, with pass rates of 76% and 81%, respectively. The FCA(SA) Part I remains a challenge for many candidates, with pass rates of only 39% in October 2014 and a much-improved 65% in May 2015. Over the year, 72 new Fellows completed the FCA(SA) Part II, with pass rates of 80% and 66%. None of the candidates completed the Certificate in Critical Care (Anaes).

The examination processes have been constantly improved to ensure a robust, but fair process. Blueprinting of the examinations against our curriculum is occurring. The FCA(SA) Part II examination changed to include a modified written Paper 2 of short questions and a paper on patients as part of the clinical examination. The introduction of objective single best answer questions is planned for the FCA(SA) Part I for 2016. In addition, examination setting days are now routine for Part I and Part II. Examiner training is ongoing in the form of workshops at all levels.

The Head of Departments' forum, which meets annually, continues to function as a subcommittee of the College of Anaesthetists of South Africa council. Considerable concern has been expressed by members of this forum about the numerous challenges faced with respect to the training platforms. There are ongoing efforts to address these, both at the level of the Colleges of Medicine of South Africa (CMSA) and by the provincial and national Departments of Health.

The development of pain medicine as a subspeciality is continuing. A submission has already been made in this regard. Attempts to improve efficiencies at the College of Anaesthetists of South Africa council are being made with the enlistment of secretariat services. The council seeks better engagement with our constituency, such that views may be appropriately represented. Members are encouraged to communicate issues with the council.

Dr D Gopalan
PRESIDENT

Dr U Singh
SECRETARY

COLLEGE OF CARDIOTHORACIC SURGEONS

The election of five members of the College of Cardiothoracic Surgeons council for the next triennium has taken place, and as in previous years, the heads of all the academic departments have also been co-opted onto our council.

Changes to the regulations of the College of Cardiothoracic Surgeons examinations were published on the College of Cardiothoracic Surgeons website in late 2014, and these regulations were implemented in the March/May 2015 examinations.

The annual failure rate of candidates at the College of Cardiothoracic Surgeons has been a concern for many years, with a pass rate being under 40%. This improved marginally over the last 24 months, and at the time of preparing this report, the rate was at 50%.

The College of Cardiothoracic Surgeons has implemented a 'minimum case number' in the portfolio of learning (logbook) starting in 2015. A minimum number of cases will need to be logged before a candidate can be admitted to the FC Cardio(SA) final examination. This minimum, and more specific subminima for various subdisciplines in cardiothoracic surgery, will be revised and developed in consultation with the various academic training centres over the next year.

One of the major problems identified was that most academic units can no longer train competent cardiothoracic surgeons within a four-year training period.

As such, the College of Cardiothoracic Surgeons will be lobbying for an extended period of training of six years through the relevant committees of the CMSA and the Senate. This will necessitate a major change in the appointment of registrars – to be increased from a four-year to a six-year contract. We hope that the CMSA will support this initiative. It may well be that other colleges have a similar problem in training specialists within a four-year period, and may also wish to extend their training period.

There was general agreement at the two College of Cardiothoracic Surgeons council meetings held in the last 12 months, attended by > 90% of council members, that the minimum period of training in Cardiothoracic Surgery should be increased to six years to allow registrars sufficient clinical and operative exposure to obtain competency prior to being allowed to enter the final examination.

Prof Johan Brink
INTERIM PRESIDENT

Prof Anthony Linegar
SECRETARY

COLLEGE OF CLINICAL PHARMACOLOGISTS

Members of the College of Clinical Pharmacologists were actively involved in hosting the 17th World Congress of Basic and Clinical Pharmacology in Cape Town in July 2014, the first time that this congress was held on African soil. Approximately 1 500 delegates from all over the world attended this congress. Bernd Rosenkranz (Treasurer), Gary Maartens and Andrew Walubo (Directors) and Oppel Greeff, from the College of Clinical Pharmacologists council, were actively involved.

Mohammed Irhuma, University of Cape Town, successfully completed his registrar training, and both registrars at Stellenbosch University passed their FCP(SA) Part I examination.

Efforts are continuing between the College of Clinical Pharmacologists and the Health Professions Council of South Africa (HPCSA) to reach consensus on the scope of work of specialist clinical pharmacologists in South Africa.

An annual general meeting was not held in this period.

Prof A Walubo
PRESIDENT

Prof B Rosenkranz
SECRETARY

COLLEGE OF DENTISTRY

In 2014, council members from the College of Dentistry took part in numerous workshops and consultative processes to discuss the feasibility and logistics of forming three new separate colleges, one for each dental speciality. Representatives of Community Dentistry will decide in due course whether Community Dentistry members will join an existing college or form a new one. Following advice from many members of the CMSA, we continued with our efforts to populate the College of Dentistry with new associates so that each college would have enough members to justify its existence. Colleagues were actively recruited from all four universities, all three disciplines, and both the private sector as well as those in academic institutions, to ensure that associate membership was fully representative. To this end, the College of Dentistry has grown substantially over the past three years, and now has over 80 members who are well dispersed throughout the country and between all three specialities. The new policy documents and constitutions were also finalised for each speciality, and presented to the CMSA, as required.

Many of the new associates joined on the understanding that the colleges would be splitting into separate specialities, giving each college more autonomy with regard to the anticipated unitary exit examinations and curricula. Separate colleges will also help with the future planning of course structures, diploma guidelines, examiner pools and examination formats. It is hoped this will help prevent future problems, such as those encountered with the 2014/2015 diploma examinations. This proposal was discussed at the senate meeting in October 2014. However, it did not gain the required two thirds majority vote needed for ratification. The College of Dentistry was advised to recruit more members to justify its splitting, and to then re-submit its appeal to the new senate in May 2015. Once again, it was recommended that the College of Dentistry should remain an umbrella college, with the three specialities and Community Dentistry falling beneath it (a total of

four). Many departmental heads and new associates expressed their unhappiness with this decision, and a number of them indicated that they would resign from the College of Dentistry if it does not split. The council convened recently to discuss this issue as a matter of urgency, and to try plan the best way forward. However, at the present time, an impasse has been reached.

A further stumbling block was that the latest College of Dentistry application (May 2015) to the PETD requesting representation on this committee has once again been met with a letter of refusal from the PETD. The College of Dentistry now plans to approach the president of the CMSA, as well as the HPCSA, to seek advice, and request its help and intervention in this regard.

The increased number of candidates enquiring and enrolling for the diploma and primary examinations is a positive aspect arising from the past year. In keeping with the newly established constitution documents, the latter will be set by the College of Dentistry from 2016, and will no longer be the same as those written by CFMSO candidates. This will allow the College of Dentistry to tailor its primaries according to the needs of each discipline, once again stressing the need and desire for separate Colleges of Prosthodontics, Periodontics and Orthodontics, and Community Dentistry.

Prof L M Sykes
PRESIDENT

Prof H D Dullabh
SECRETARY

COLLEGE OF DERMATOLOGISTS

Council members

Council members for the College of Dermatologists are as follows:

- Prof M H Motswaledi (President)
- Dr C M Kgokolo (Secretary)
- Prof G Todd
- Dr R Lehloanya
- Dr A Mankahla
- Dr R Singh
- Prof J Aboobaker (co-opted member).

All heads of the academic Departments of Dermatology are co-opted into the council and attend meetings.

Meetings

A College of Dermatologists council meeting was held on 18 May in Stellenbosch. It was agreed in that meeting that henceforth, there will be two council meetings a year. The first will be held during the first semester examinations, and the second during the annual dermatology congress.

Numerous issues were discussed during the Stellenbosch meeting, but were not finalised. These issues will be reported once they are finalised.

Examinations

The first semester examinations for 2015 went well. The results were as follows:

Part I

Eleven candidates wrote the examination, 10 passed and one failed.

Part II

Four candidates wrote the examination, three passed and one failed.

The second semester examinations are on course, and will be written in August and September.

Finances

As at January 2015, the balance for the College of Dermatologists was R101 699.52. The Presidents contacted a few members whose membership fees are outstanding from previous years, and reminded them to bring their membership up to date.

New academic departments

The Departments of Dermatology at Walter Sisulu University in Umtata and at the University of Limpopo in Polokwane have been accredited by the HPCSA to train registrars. This brings the number of academic dermatology departments in the country to nine.

Prof M H Motswaledi
PRESIDENT

COLLEGE OF EMERGENCY MEDICINE

At the start of the final year through to the current council triennium, it is a great privilege to present the 11th annual report of the College of Emergency Medicine of South Africa. The discipline of Emergency Medicine continues to grow from strength to strength, as reflected in the following activities and achievements.

Elected councillors

Elected councillors for the College of Emergency Medicine are as follows:

- Prof Roger Dickerson (President and Senate Representative)
- Dr Heike Geduld (Secretary and Senate Representative)
- Dr Annemarie Kropman
- Dr Sa'ad Lahri
- Dr Kamil Vallabh
- Dr Tamara Stephens (Diplomate Representative and CMSA Senate Diplomate Representative)
- Dr Anita Groenewald (Diplomate Representative).

University representation

Five South African medical universities offer postgraduate registrar training in Emergency Medicine. Representatives from all five universities have been co-opted onto the Council of the College of Emergency Medicine:

- Prof Lee Wallis (University of Cape Town and Stellenbosch University)
- Prof Efraim Kramer (University of the Witwatersrand)
- Prof Andreas Engelbrecht (University of Pretoria)
- Dr Darryl Wood (University of KwaZulu-Natal).

Dr Megan Cox represents the University of Botswana on the College of Emergency Medicine council in an observer capacity.

The College of Emergency Medicine actively pursues a policy of close co-operation and consensus between all major academic institutions involved in the training of specialist emergency physicians, a goal which is essential for the uniformity and development of our relatively new specialty. The College of Emergency Medicine also enjoys close ties with the Emergency Medicine Society of South Africa (EMSSA), the Emergency Nurses Society of South Africa and the Emergency Care Society of South Africa. This ensures continued input in the practice of Emergency Medicine in pre-hospital and intra-hospital environments.

Diploma in Primary Emergency Care [DipPEC(SA)]

The Regulations for the DipPEC(SA) have been revised, allowing the diploma examination to be more accessible to all medical practitioners with an active interest and involvement in emergency care, and not only those based in selected casualty and emergency departments. Doctors based at any hospital which is accredited by the HPCSA for intern training, as well as numerous private hospitals, are now able to submit a comprehensive "portfolio of learning" in support of their application to write the examination.

The syllabus for the diploma has also been revised, with less emphasis on basic sciences, and greater emphasis on clinical and environmental aspects of emergency care. A formal resuscitation skills assessment has been added to the objective structured clinical examination (OSCE) component of the examination, further enhancing the practical competence of successful candidates.

Congratulations are extended to the following medal recipients for the DipPEC(SA) examination in 2014:

- Campbell MacFarlane Medal for the best candidate in the practical component of the DipPEC(SA) examination: Dr Andrew Heald
- Walter Kloeck Medal for the best overall candidate in the DipPEC(SA) examination: Dr Andrew Heald.

Higher Diploma in Emergency Medicine

The College of Emergency Medicine has introduced a Higher Diploma in Emergency Medicine for candidates who have held the Diploma in Primary Emergency Care for at least two years. The first successful candidate, Dr Charles Metzger, graduated in August 2014.

Fellowship of the College of Emergency Medicine [FCEM(SA)]

Congratulations are extended to the following medal recipient for the FCEM(SA) Examination in 2014:

- FCEM(SA) Part I – (The Campbell MacFarlane Memorial Medal): Dr Sian Geraty.

Blueprints and guidelines

The College of Emergency Medicine council has embarked on exciting programmes to help candidates prepare for the examinations overseen by the College of Emergency Medicine of South Africa.

The syllabi have been blueprinted and are available to all candidates. The examination processes have also been blueprinted, and the College of Emergency Medicine council has recently completed a written guideline to candidates, examiners, convenors and moderators, which is available on the CMSA website.

Subspecialty in Paediatric Emergency Medicine

In order to raise the standard of emergency care for children presenting to emergency departments in South Africa, the College of Emergency Medicine is in the process of creating a subspecialty in Paediatric Emergency Medicine, in line with international trends in this regard. The subspecialty proposal has been approved by the Senate of the CMSA and the Postgraduate Education and Training Medical Committee of the HPCSA, and is now awaiting promulgation in the Government Gazette.

Emergency-related short courses

A comprehensive and updated list of emergency-related short courses offered in South Africa is available on the CMSA website to assist candidates in their preparation for the College of Emergency Medicine examinations, as well as providing a useful resource to all postgraduate doctors practising in South Africa.

As a membership benefit, a discount of R100 is being offered to all paid-up members of the CMSA on many of the listed courses. The College of Emergency Medicine extends its appreciation to all these training organisations for their continued support, and encourages College of Emergency Medicine members to take advantage of this offer.

Emergency Medicine Society of South Africa

It is very pleasing to note that many recipients of the Dip PEC(SA) and the FCEM(SA) have joined the EMSSA, adding strength to the growing voice of Emergency Medicine in South Africa. Medical practitioners with an interest in Emergency Medicine are encouraged to join EMSSA, and benefit from the wide range of activities, practice guidelines, congresses, courses and learning opportunities which EMSSA is offering. Details are available from the EMSSA website (www.emssa.org.za). The College of Emergency Medicine council is pleased to announce that Prof R Dickerson, the College of Emergency Medicine President, is the President Elect for EMSSA.

African Federation of Emergency Medicine

Several universities in other parts of Africa, such as Tanzania, Botswana, Ethiopia and Ghana, are developing formal Emergency Medicine training programmes. This interest in developing emergency care has promoted the establishment of the African Federation for Emergency Medicine (www.AFEM.info). The College of Emergency Medicine is fully supportive and actively involved in assisting in this regard.

International Conference on Emergency Medicine

South Africa is proud to be the host of the upcoming international conference of the International Federation for Emergency Medicine (ICEM). ICEM 2016 will be held from 18-21 April 2016 at the Cape Town International Convention Centre.

Pre-conference workshops will include training in ultrasound, electrocardiography interpretation, paediatric resuscitation, sustainability and resilience training, as well as management and leadership training. The College of Emergency Medicine is a key partner at this conference, and looks forward to establishing strong connections with other colleges of Emergency Medicine around the world (www.icem2016.org).

Sincerest thanks

We would like to extend our sincerest appreciation to the council members, moderators, convenors and examiners of the College of Emergency Medicine for their selfless dedication to the betterment of academic Emergency Medicine in South Africa, and to the staff of the Johannesburg, Durban and Cape Town CMSA offices for their hard work and support.

Prof R Dickerson
PRESIDENT

Dr H Geduld
SECRETARY

COLLEGE OF FAMILY PHYSICIANS

The new duly elected College of Family Physicians council for the 2014-2017 triennium took over the business of the council in October 2014, and comprised the following councillors:

- Prof GA Ogunbanjo (President) – Sefako Makgatho Health Sciences University
- Prof WJ Steinberg (Secretary) – University of the Free State
- Prof J J Blitz – Stellenbosch University
- Prof M H Cassimjee – University of KwaZulu-Natal
- Prof I Couper – University of the Witwatersrand
- Prof D A Hellenberg – University of Cape Town
- Prof J F M Hugo – University of Pretoria
- Prof L H Mabuza – Sefako Makgatho Health Sciences University
- Prof R J Mash – Stellenbosch University
- Dr S N E Mazaza – University of Cape Town
- Dr M Naidoo – University of KwaZulu-Natal
- Dr E Reji – University of the Witwatersrand.

Within the last year, the new College of Family Physicians council has held two meetings in which various matters relating to the CFP(SA) examinations, the performance of candidates, collaboration with sister colleges and examiner training took place. Some of the activities were as follows.

Fellowship examinations [CFP(SA) Final Part I

As the specialty develops, the number of candidates sitting for the exit examinations has increased, with variable success rates ranging from 45-67% at each examination sitting. The College of Family Physicians is reviewing its examination process to ensure sure that it are fair, valid and reliable. In addition, we want to make sure that our examination success rates improve, with additional support for candidates from their host university departments, and nationally through update programmes and dedicated sessions for registrars at the annual South African Academy of Family Physicians conferences. We will continue to monitor this process.

Collaboration with the Royal College of General Practitioners

The College of Family Physicians (South Africa) signed a cooperation agreement with the Royal College of General Practitioners (RCGP), funded by EuropeAid, with the aim of developing and improving the examination skills of college members. The three-year funded project

has been greatly beneficial in improving the quality of the CFP(SA) exit examination.

The first workshop, held in May 2014, focused on the development of reliable OSCE stations. Much was learnt about the setup and objective assessment of OSCE stations. During the workshop, our current stations were reviewed and modified, according to the suggested criteria. The second workshop in October 2014 was held on the setting of multiple-choice questions (MCQs). Questions were analysed and constructively critiqued, then modified to ensure that they measured what they set out to measure. The third workshop in May 2015 revolved around the notion of standard setting, and how that is best performed in the context of the current functioning of the College of Family Physicians council examinations.

As part of the agreement, RCGP colleagues observed the FCFP(SA) Final Part I examinations, and provided constructive feedback on the quality of the examinations offered by CFP(SA). This led to a process of re-designing certain aspects of the exit examination. The CFP(SA) is critically reviewing the following:

- Format, design and timing of the different components of the assessments.
- Clear and transparent blueprinting of the different components of the assessments.
- The introduction of writing groups for separate sections of the examination.
- Revision and use of reliable assessment instruments for the examiners.
- Structuring feedback to candidates after an examination once the results have been released by the CMSA.

It is hoped that with the RCGP input, the CFP(SA) examinations will become more fair, objective, valid and reliable.

Collaboration with the West African College of Physicians

The College of Family Physicians has a memorandum of understanding with the Faculty of Family Medicine of the West African College of Physicians, in which both colleges observe each one another's fellowship examinations, assist in training of trainers programmes and collaborative research. The scheduled October 2014 training of trainers programme in Ibadan, Nigeria, was postponed owing to the Ebola virus epidemic in West Africa, and has been rescheduled for October 2016.

Higher Diploma in Family Medicine

The first examination took place in October 2014, in which three of the four candidates who sat the examination were successful. It is hoped that the numbers of applicants will improve as it provides a unique opportunity for those who do not have the time for a full-time registrar programme to be trained by family physicians, and still obtain a diploma qualification in Family Medicine. The minimum requirement is two years of in-service training in Family Medicine via the various universities who offer the diploma courses.

There have been consultative meetings during this period on a proposed national Family Medicine diploma as a further component to the EuropeAid project. Many council members have been part of these consultative processes in different capacities. A proposed document was tabled, with the changes put forward for the College of Family Physicians diploma. This document aligns itself with the

planning of the national diploma and the necessary changes should the College of Family Physicians higher diploma examination becomes the exit examination for the diploma in Family Medicine. The majority of councillors support the proposal that the college examination may become the exit examination for all Family Medicine diplomas offered in various universities in South Africa. Further discussions are in progress.

Consultative meetings with the National Department of Health

Meetings with Dr Yogan Pillay, Deputy Director General, National Department of Health South Africa, on the role of family physicians in the district health system took place. Constructive suggestions were made and follow-up meetings are envisaged to finalise this process.

Re-evaluation of the University of Botswana Family Medicine Training programme

In early 2015, following a request from the University of Botswana, the College of Family Physicians president and secretary visited and re-evaluated the decentralised Family Medicine training programme of the University of Botswana. This was carried out as the University of Botswana utilises the FCFP(SA) Final Part I examinations for its candidates, and is likely to continue to do so. The outcome of the re-evaluation was forwarded to the Examinations and Credentials Committee which supported the training programme. The next evaluation will take place in 2017.

Prof G A Ogunbanjo
PRESIDENT

COLLEGE OF MAXILLO-FACIAL AND ORAL SURGEONS

It is a pleasure to present the annual report of the College of Maxillo-Facial and Oral Surgeons.

A new council was elected for the triennium 2014-2017, and took office in October 2014. Prof F J Jacobs was elected President of the College of Maxillo-Facial and Oral Surgeons, and Prof G Kariem, Senator.

Prof Kariem was also elected Chairperson of the Finance and General Purposes Committee of the CMSA. Dr E Rikhotso was co-opted onto the council to ensure the representation of all dental faculties.

The council held two meetings on 18 October 2014 and 20 May 2015. A wide range of issues were discussed, including the evaluation of portfolios, examinations and regulations of the FCMFOS(SA), and the Diploma in Oral Surgery.

There were three successful candidates in the final examination of the FCMFOS(SA) in October 2014, and two successful candidates in May 2015.

The Diploma in Oral Surgery is still a relatively new qualification and is receiving considerable interest. There were two successful candidates for the DipOralSurg in October 2014, and one in May 2015.

On behalf of the council of the College of Maxillo-Facial and Oral Surgeons, I express my gratitude to staff in the Cape Town, Durban and Johannesburg offices of the CMSA for their ongoing help and support.

Dr S Singh
SECRETARY

COLLEGE OF MEDICAL GENETICISTS

The College of Medical Geneticists is entering its eighth year since its constitution in 2008. Although the College of Medical Geneticists remains small, there has been gradual progress in the last year, together with some new challenges.

Examinations were conducted in the first semester of 2015. Four candidates wrote the Part I examination, and three passed. Both of the two candidates participating in the Part II examination were invited to the clinical examination, and one passed. The examinations ran smoothly and without incident.

Postgraduate registrar training is currently accredited, and proceeding at three South African universities. A fourth is in the process of reaccreditation, following loss of accreditation in 2014. If this is not achieved timeously, the impact on the future of Medical Genetics in South Africa will be significant. The College of Medical Geneticists continues to cooperate closely with regard to training and assessment, and to ensure sharing of expertise, uniformity and high standards across the discipline, despite the limited number of consultants and available posts.

Our blueprints for both the Part I and Part II examinations are proving beneficial, our portfolio document is undergoing a final review for submission, and we are planning a curriculum workshop for the coming year to update and realign with international standards and expected competencies.

As medical geneticists in South Africa, we continue to engage with the Department of Health and HPCSA in an effort to stabilise and expand our training platform and service. We look forward to the second two years of this triennium, while striving to overcome our challenges.

Prof Amanda Krause
PRESIDENT

Dr Lindsay Lambie
SECRETARY

COLLEGE OF NEUROSURGEONS

The College of Neurosurgeons council for the new triennium took office in October 2014. Prof Semple remains the President and Dr Du Trevou the secretary, unchanged from the previous triennium. Dr Omar joins Prof Semple as a member of the Senate. The full membership, including elected and co-opted members of the Council, is Prof Mokgokong (University of Pretoria), Prof Lekgwara (Sefako Makgatho Health Sciences University), Dr Moja (Private Practice), Dr Ouma (University of the Witwatersrand), Dr Basson (University of the Free State), Dr Kiratu (University of KwaZulu-Natal), Dr Nadvi (Private Practice),

Dr Du Trevou (Private Practice), Dr Vlok (Stellenbosh University), Prof Fieggen (University of Cape Town), and Prof Semple (University of Cape Town). I would like to thank outgoing councillors for their contribution, and I would like to pay special tribute to Dr Fisher-Jeffes, who has rendered many years of service to the College of Neurosurgeons council.

A decision was taken at the annual meeting of the College of Neurosurgeons council in February 2015 to change the format of the primary neuroanatomy examination from short questions to MCQs. Dr Vlok is in charge of the process, and the first MCQ examination will take

place in the first semester of 2016.

The new format for the intermediate examination, incorporating principles of neurosurgery, took place for the first time in the first semester of 2015. This was preceded by a workshop for registrars on the principles of neurosurgery, held in Durban in February 2015. The workshop proved to be a great success, and I would like to express my gratitude to Dr Du Trevou for organising it. The first examination on the principles of neurosurgery went well, and all the candidates who were invited to the oral examination passed with an overall pass rate of over 80%.

The final neurosurgery examination in both the second semester 2014 and first semester 2015 followed the trend of approximately half of the candidates passing the written examinations, and being invited to the clinical examination. The pass rate of those who attended the clinical examination approached 100%. While we will work with the different units to improve the pass rate of the written examination, they seem to be a good predictor of the likely outcome of candidates in the clinical examination.

Finally, I would like to thank examiners who are prepared to give up their time to ensure that our examinations remain credible and of a high standard.

Prof P L Semple
PRESIDENT

COLLEGE OF NUCLEAR PHYSICIANS

College of Nuclear Physicians council

A new College of Nuclear Physicians council for the 2014-2017 triennium was elected and co-opted early in 2014. The new council comprises Prof M Sathekge (President), Prof J Warwick (Secretary), Prof A Ellmann, Dr G Engelbrecht, Dr T Kotze, Prof T Mdaka, Dr J Moller, Dr P Mpikashé-Maseloa, Prof W Vangu and Prof M Vorster. We would like to welcome the new Head of Department at the University of the Free State, Dr G H J Engelbrecht, and also to welcome him as an associate of the College of Nuclear Physicians.

College of Nuclear Physicians sessions at the South African Society of Nuclear Medicine Congress

For the first time since its establishment, the College of Nuclear Physicians facilitated a series of early morning continuing medical education lectures as an additional item to the programme of the 2014 biennial Congress of the South African Society of Nuclear Medicine (SASNM) in Durban. These were well attended and generally well received by registrars. It is planned that these events will be a permanent addition to the programmes of future SASNM congresses.

College of Nuclear Physicians examiners workshop

A workshop of College of Nuclear Physicians examiners was held at the Johannesburg offices of the CMSA on 13 November 2014. Prof Haroon Saloojee facilitated a practical programme to assist examiners to develop MCQs which better test candidates' abilities to apply their knowledge clinically.

Positron emission tomography and computed tomography guidelines

Following a decision by the College of Nuclear Physicians council, a group of nuclear medicine physicians involved in positron emission tomography (PET) and computed tomography (CT) scanning were appointed to prepare up-to-date recommendations for the use of PET and CT scanning. These will be published in a South African Medical Journal supplement in December 2015.

Examinations

Both locally and globally targeted radionuclide therapy is crucial and growing rapidly. The College of Nuclear Physicians has also increased its focus on training and educating students, as well the examination of competency on this section, notwithstanding the fact that it has always been in our syllabus and blueprint.

To this effect, the October 2015 OSCE has been updated so that therapy and radiobiology will be assessed as a separate station. This will replace the current fourth station (evaluation of studies), to be incorporated in section 3.

Thus, the new OSCE sections for the October 2015 OSCE are as follows:

- Section 1: Radiopharmacy and radiation protection.
- Section 2: Technical and quality assurance.
- Section 3: Clinical, patient management and evaluation of studies.
- Section 4: Therapy and radiobiology.

FCNP(SA) Part II

We would like to congratulate and welcome the following successful candidates: Abubakar Farate, Emmanuel Nii Boye Hammond and Kgomoitso Mosidi Goitsimang Mokoala.

Prof M M Sathekge
PRESIDENT

Prof J M Warwick
SECRETARY

COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

The College of Obstetricians and Gynaecologists had one council meeting following the election of the new council on 2 December 2014 in Cape Town.

Prof Jack Moodley was the J C Coetzee lecturer on behalf of the College of Obstetricians and Gynaecologists at this year's annual Family Medicine Congress on 2 August 2015. The J C Coetzee Fund continues to sponsor members from the University of Pretoria and the University of Cape Town who are involved in continuing professional development programmes in rural areas as part of an outreach initiative.

The highest number of candidates wrote the Part II examination. This issue will be discussed over the next few months to find the best available model to efficiently deal with the high numbers of candidates. Inviting more examiners to be observers to enlarge the pool of examiners for the Part II examination is one of the issues to be addressed in the short term.

The College of Obstetricians and Gynaecologists is busy with the process of ensuring uniformity in the regulations and guidelines around the three certificate examinations. At the time of writing, it was hoped that this issue would be addressed and finalised at the next council meeting, scheduled to take place on 28 July 2015, in Cape Town.

I would like to take this opportunity to thank the examiners who are willing to fulfil this important and ongoing task, as well express my sincere gratitude to the council members for their contribution to the success of the College of Obstetricians and Gynaecologists.

Prof L C Snyman
PRESIDENT

COLLEGE OF OPHTHALMOLOGISTS

The new members of the College of Ophthalmologists council for the next triennium are:

- Dr L Visser (President)
- Dr M Young (Secretary)
- Prof D Meyer (Past President)
- Prof C Cook
- Dr C Kruse.

Co-opted members are:

- Dr P Makunyane
- Dr W Marais
- Dr J Olivier

The council meetings have expanded on the evolving curricular development, which is continually debated.

Fellowship (Parts IA, IB and II) and Diploma examination regulations and curricula have now been revised and are available on our website.

The issue of subspecialty training continues to be investigated, in collaboration with various training institutions and the Ophthalmological Society of South Africa. Interested parties are being consulted, and experience with subspecialty registration in other colleges is being considered.

A successful MCQ workshop was conducted by the CMSA, and was attended by various members of the College of Ophthalmologists. An internal weekend workshop was arranged in Cape Town from 12-13 June 2015 to ratify and expand the MCQ bank.

Finally, we are grateful to report that the finances of the College of Ophthalmologists, as reflected in our levy account, still remain healthy. This allows the council to conduct its business without material restraints.

Dr M Young
SECRETARY

COLLEGE OF ORTHOPAEDIC SURGEONS

The College of Orthopaedic Surgeons council met twice in this period, as well as at the annual general meeting at the annual South African Orthopaedic Association congress held in Cape Town in September 2014.

The examinations were well run by the respective conveners. Single

best answer written examinations were successfully introduced in the intermediate examination. Increased moderator activity was implemented and the examiner pool expanded.

A consolidated logbook continues to be required, as it allows the training experience and potential deficits in our state training platform to be assessed.

The Edelstein Medal for the best candidate in 2014 was awarded to Dr Attie Botha from the University of Stellenbosch.

The Francois P Fouché Lecture for 2014 was delivered at the South African Orthopaedic Association meeting in Cape Town by Prof Tim Briggs, Royal National Orthopaedic Hospital, London.

The College of Orthopaedic Surgeons council thanks Mrs Lize Trollip, CEO; and Mrs Ann Vorster, Academic Registrar, and their teams, for their efficient and hard work during the past year.

Prof R N Dunn
PRESIDENT

COLLEGE OF OTORHINOLARYNGOLOGISTS

The College of Otorhinolaryngologists continues to rigidly apply the logbook requirements for observed or performed operations to ensure that newly qualified ear, nose and throat surgeons have been exposed to the required range of surgical procedures. The format of the FCORL(SA) final clinical examination continues to be improved.

The annual registrar's teaching day this year was held in Bloemfontein, and served as a useful platform for interaction between examiners and registrars on examination-related issues.

Part I and Part II examinations are running smoothly, with average pass rates of 38% and 45%, respectively, being achieved in the past two examination cycles.

Prof J J Fagan
PRESIDENT

Prof M Tshifularo
SECRETARY

COLLEGE OF PAEDIATRIC SURGEONS

Elections for the council of the College of Paediatric Surgeons took place in 2014.

Prof A J W Millar (Chair), Prof C Lazarus (Secretary), Profs J Loveland, A S Shaik, A Numanoglu and Drs S M le Grange and M Sheik Gafoor were elected to the College of Paediatric Surgeons council. Profs Millar and Shaik were elected to serve as members of Senate.

Dr E W Muller and Prof L Marcisz were co-opted as additional members to represent the University of Pretoria and the University of Limpopo, respectively, on the College of Paediatric Surgeons council.

Given the unevenness of exposure and training across our teaching hospitals, the council recommended the voluntary rotation of registrars for short periods to centres other than their home institutions.

The College of Paediatric Surgeons council is currently reviewing the requirements for entry into the final examination, with the intention of determining whether particular rotations or other examinations should become entry requirements.

Successful candidates in the final FC Paed Surg(SA) examination during the 2014/2015 year were A Bairagi, E Brits, C de Vos, K S Hoffmann, M M S Machoki, P S Stevens and A P Theron.

Dr C Lazarus
SECRETARY

COLLEGE OF PAEDIATRICIANS

The new council of the College of Paediatricians took office after the Senate meeting in October 2014. Many of the current councillors were re-elected. There were three new councillors, namely Prof Mariana Kruger, Executive Head of the Department of Paediatrics and Child Health at Stellenbosch University, Dr Chris Sutton from Polokwane, and Dr Simon Strachan, who is in private paediatric practice in Johannesburg. The first meeting of the new College of Paediatricians council was held in Johannesburg in January 2015. Paediatric registrars were represented at the meeting by Dr Audrey Mbethe, and the interaction was positive. The next meeting of the council was scheduled for August 2015. Heads of paediatric departments who do not already serve on the College of Paediatricians council were invited to this meeting.

This report spans two examination periods, i.e. the second semester of 2014 in Bloemfontein, and the first semester of 2015 in Cape Town. There were two noteworthy issues. The FC Paed(SA) Part I examination attracted the third highest number of candidates after the FCS(SA) and FCP(SA) Part I examinations, and the first comprehensive clinical assessment of the FC Paed(SA) Part II was successfully completed in Cape Town, after the previous College of Paediatricians council spent many months planning and designing the new examination. I wish to pay particular tribute to Prof Haroon Saloojee, who proposed the new examination format, and Prof Vic Davies, who was the chairman of the comprehensive clinical assessment working group, and who put in a tremendous amount of time and work into this examination. Various councillors provided information sessions on the new comprehensive clinical assessment examination at all the major academic centres over the past few months. The examination results for the three major examinations of the College of Paediatricians are reflected in the Table I. The lower DCH(SA) numbers may be linked to the higher numbers of candidates electing to write the Part I examination in order to qualify for registrar posts.

Table I: The examination results for the three major examinations of the College of Paediatricians

Examination	Written (n)	Oral (n)	Passed (n)	Pass (%)
Second Semester 2014				
FC Paed (SA) Part I	100	-	59	59
FC Paed (SA) Part II	56	40	36	64
DCH(SA)	44	41	39	89
First Semester 2015				
FC Paed(SA) Part I	87	-	48	55
FC Paed(SA) Part II	53	43	33	62
DCH(SA)	37	35	30	81

The College of Paediatrics also houses a number of subspecialties. Candidates for the certificate examinations account for a considerable workload (26 and 22 candidates for the first and second semesters, respectively).

I wish to thank all the convenors and examiners for their time and hard work, and for being prepared to ensure that the standards of our examinations remain high, and that the paediatricians serving our patients are well qualified. We wish to congratulate successful candidates in the two examinations, and to welcome them as colleagues to the College of Paediatricians and its subspecialties. I wish to pay tribute to Prof Robin Green, the previous President of the College of Paediatricians, for his outstanding leadership, and for fostering such a wonderful spirit of camaraderie in the College of Paediatricians council. His quarterly newsletters were extremely well received, not only by our members, but also by the president, staff and members of the Senate of the CMSA.

Thank you to the staff of all three CMSA offices for their professional, efficient and courteous support during the past year.

Prof S Kling
PRESIDENT

COLLEGE OF PATHOLOGISTS

The new College of Pathologists council commenced its new term in this triennium in October 2014 with the re-election of the president for the second term, and the election of a new secretary. The College of Pathologists has the responsibility of administering examinations in seven pathology specialties and one subspecialty. The speciality examinations are conducted in Anatomical Pathology, Chemical Pathology, Clinical Pathology, Medical Microbiology, Virology, Haematology and Oral Pathology. The subspecialty examination is in Clinical Haematology. The base specialities are Haematopathology, Internal Medicine and Paediatrics. There were candidates in all of the examinations in the last two semesters. The examination standards have been maintained.

In order to improve the pass rate, an examination workshop was convened for Chemical Pathology and Clinical Pathology registrars at the CMSA premises in Johannesburg on 23 November 2014. Travel expenses for two speakers were funded by the College of Pathologists. The travel expenses for registrars from distance centres were funded by the Federation of the South African Societies of Pathology. The topics covered included approaches to the examinations, as well as coverage of how to answer the examination questions. A total of 25 registrars, including several clinical pathology registrars, attended, and the feedback received was very positive. There were numerous requests to hold further workshops of this nature, and to include the other pathology disciplines.

The College of Pathologists has held one face-to-face meeting thus far, as well as a teleconference, in this triennium. The content of the meetings included a review of outstanding syllabi, discipline blueprints and discipline rules. In addition, guidelines for moderators, observers and examiners were discussed, modified and approved by the College of Pathologists council. A risk register for the College of Pathologists was also drawn up. The small pool of examiners is a major challenge for the College of Pathologists, and suggestions for addressing the shortage were also discussed. Discipline-specific issues continue to be discussed in close consultation with the National Health Laboratory Service (NHLS) expert committees, especially in matters pertaining to training and examinations. The state of the undergraduate curriculum in pathology is a further challenge which has been taken

up at a national level. Owing to the potential long-term effect that this has on postgraduate training, the matter was tabled at the NHLS National Academic Pathology Committee meeting. Discipline-expert committees have been tasked with drawing up the core curricula for recommendation and implementation. The matter has also been tabled by the HPCSA Undergraduate Education and Training committee. It has been recommended that a proposal document should be prepared for the Committee of Medical Deans in due course.

International links have been maintained with the Royal College of Pathologists, London (RCPATH), the International Liaison of Pathology Presidents, and the College of Pathologists of East Central and Southern Africa (COPECSA). In particular, the secretary is a member of the International Committee of the RCPATH, and is the president and founding fellow of COPECSA.

Prof D Govender
PRESIDENT

Prof T S Pillay
SECRETARY

COLLEGE OF PHYSICIANS

The primary focus of the College of Physicians in the last year has been to continue the sterling work of the previous committees in transforming the examinations into an educationally sound process with good reliability and validity.

A number of initiatives are ongoing, or have been started:

- The PhD project by Dr Scarpa Schoeman, supervised by Prof Vanessa Burch, on Standard setting for specialist physician examinations in South Africa, provided valuable insight into and scientific evidence of the role of standard setting in postgraduate examinations.
- Dr Schoeman has been appointed as an educational advisor, and will provide in-depth psychometric analysis of all written examinations. The Part I MCQs and the objective test of the Part II FCP examinations are well established, and have excellent psychometrics.
- From August 2015, the written component of the Part II examination, in addition to the objective test, will consist of two MCQ papers. Dr Siraj Ellemdin is the national convener of the Part II MCQ examination and held a successful workshop in Johannesburg in March 2015 to set the papers for August 2015.
- The task team formed to review the Diploma in Internal Medicine reported that they were satisfied with the curriculum, required training time and format of the examinations. The uptake for this examination has improved, especially among supernumerary and local candidates hoping to join a registrar training programme.
- Updating of the curricula and regulations for the certificate examinations in the subspecialty of Internal Medicine is ongoing.

Plans for the triennium

We hope to finalise all curricula and regulations in the speciality and related subspecialties, as well as the Diploma in Internal Medicine, in the next year. A workshop will be held by the education committee of the College of Physicians to specifically consider the clinical examinations. The plan is to introduce directly observed clinical examinations for the FCP(SA) by 2016.

Starting from October 2015, each clinical examination will be preceded by an examiner workshop to improve the reliability and reproducibility of the clinical examination process.

The role of and proposal for the Certificate in Advanced Internal Medicine will be further defined and refined.

Challenges

The substantial increase in the number of candidates sitting the FCP(SA) Part II examinations will impact on the sustainability of the current format of the clinical examinations. This is compounded by severe staff shortages and “freezing” of posts in the public sector.

The throughput of registrars who enrol in the training programme is still woefully inadequate, and needs further interrogation and to be addressed.

The examination review and quality assurance process is a costly exercise, and while we are grateful to Mrs Ann Vorster and the ECC for the additional funding provided this year, this is an ongoing need and further allocation is necessary.

Prof B Cassim

PRESIDENT

Dr P J Raubenheimer

SECRETARY

COLLEGE OF PSYCHIATRISTS

This has been both a productive and exciting time for the council of the College of Psychiatrists. Efforts have been focused on revising the regulations of the College of Psychiatrists, the curriculum and examination blueprints, and the examination content for its various examinations, including DMH(SA), FC Psych(SA) Parts I and II, Cert Child Adolescent Psychiatry(SA), Cert in Neuropsychiatry(SA), Cert in Geriatric Psychiatry(SA) and Cert in Forensic Psychiatry (SA). Curriculum, examination blueprints and portfolios of learning are in the process of being finalised for the two subspecialties [(Cert Consultation-Liaison Psychiatry(SA) and Cert Addiction Psychiatry(SA)], pending approval by the HPCSA. A number of major changes have been implemented. One of these relates to the long case presentation format, based on the new Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition psychiatric diagnostic classification, which was introduced in the May 2015 FC Psych(SA) Part II examination. The inclusion of a general psychiatry OSCE in the FC Psych(SA) Part II examination is the other major change which will come into effect in October 2015. The OSCE replaces the current viva or oral examination. The College of Psychiatrists council conducted its first audit on 11 July 2014 of selected portfolios of learning of candidates who sat the FC Psych(SA) Part II March/May 2014 examination, and prospective candidates who submitted their research dissertations for the August/October 2014 examination. The audit revealed that the majority of candidates adequately fulfilled the aforementioned requirement, as per the regulations.

The new College of Psychiatrists council, which took office in October 2014, constitutes nine elected members and four co-opted members, including a Diplomate. The council held two face-to-face meetings on 4 September 2014 and 13 February 2015, as well as five teleconferences in the past year. Its annual general meeting

was convened on 3 September 2014 at the South African Society of Psychiatrists Congress in Durban. The College of Psychiatrists also hosted an OSCE preparatory workshop for its council members and examiners on 12 February. This was followed by a two-day registrar workshop on 13 and 14 February. The first day comprised tutoring on examination techniques, while the second focused on expert-delivered topic updates. Both workshops, generously sponsored by Servier through an educational grant, were hosted in Johannesburg and were very well received. The registrar workshops are an annual event which follow a three-year cycle, and cover core topics in Psychiatry.

Achievements of members of the College of Psychiatrists

Dr J L Roos received the Novartis Medal at the graduation ceremony in May 2015 for the best overall performance in the 2014 FC Psych(SA) Part II examinations, and Prof B Janse van Rensburg received the RWS Cheetham Award for the best cross-cultural paper in psychiatry. The RWS Cheetham Award, which consists of a certificate and medal, was presented to Prof Janse van Rensburg at the Biological Psychiatry Congress in Cape Town in September 2015. Profs Janse van Rensburg and Rataemane were invited, on behalf of the College of Psychiatrists and the South African Society of Psychiatrists, to attend an educational seminar on psychiatric training at the American Psychiatric Association annual meeting in Toronto in May 2015. The meeting was also attended by representatives from the American, Canadian, Royal Australian and New Zealand and the Royal College of Psychiatrists (Britain). It provided opportunities for attendees to share their experiences of the training and assessment structures in psychiatry in the different countries, to explore ways in which good practice could be shared, and to highlight the possibility of trainees receiving part of their training in another country.

The College of Psychiatrists council has planned a number of activities going forward. An OSCE bank is presently being set up in anticipation of the new OSCE examination in October 2015. A portfolio of learning subcommittee has been established to manage and standardise future audits, which will be scheduled annually. This subcommittee is in the process of drafting a policy document to conduct these audits. The College of Psychiatrists is very appreciative of the contributions and efforts made by the various departments of psychiatry in respect of training, teaching and organisation, and hosting of the examinations.

Prof S Seedat

PRESIDENT

THE COLLEGE OF PUBLIC HEALTH MEDICINE

There have been some exciting developments in the College of Public Health Medicine during this period. New office bearers for the triennium 2015-2017 were elected. Prof Leslie London was elected as President of the College of Public Health Medicine, Dr Flavia Senkubuge as Secretary, and Dr Saloshni Naidoo as Chair of the Occupational Medicine Division (OMD).

Work on the Higher Diploma in Medical Management begun in earnest. Members of the division identified sites and supervisors for accreditation for the experiential training. Examiners are being identified for ratification, and the first diploma examination is expected in 2017.

Revisions to the Regulations for Public Health Medicine and Occupational Medicine were completed in October 2014, and approved

by the respective division members. The regulations are to be tabled at the College of Public Health Medicine council meeting in October 2015, and then will be submitted to Senate for approval. In addition, the core exit competencies for Occupational Medicine Specialist trainees in South Africa were also finalised. The OMD is currently working on updating the Occupational Medicine examination guidelines and finalising the blueprint for future examinations. The division has also an established bank of single best answer MCQs in the question mark database for use in future examinations.

Twelve candidates passed in Public Health Medicine, and one candidate in Occupational Medicine, in the 2014 and 2015 examinations. Dr Francis Hyera of the University of Limpopo was also admitted as an associate in the College of Public Health Medicine.

The College of Public Health Medicine will be involved as one of the pilot colleges in the CMSA project of introducing electronic logbooks. The project seeks to simplify and make the logbooks more accessible to candidates and examiners.

The lack of career paths in the public health sector for both Public Health and Occupational Medicine graduates is an issue of concern the College of Public Health Medicine and Diploma of Occupational Medicine personnel. The need for public health and occupational medicine specialists in the public health sector is crucial, bearing in mind that health system restructuring that is underway, as well as the morbidity relating to occupational diseases in South Africa. While discussions have taken place with the National Department of Health, these have focused mainly on public health medicine specialists, and due attention needs to be focused on the occupational medicine specialists. The College of Public Health Medicine continues to hold dialogue with key stakeholders, and attended a national meeting organised by the Department of Higher Education and Training to provide input on the discussion on professions in high demand and those with scarce skills. The College of Public Health Medicine also provided input in response to the national scarce skills list published by the Department of Higher Education and Training in May 2014.

In May 2015, the College of Public Health Medicine held an all-important workshop on public health medicine competencies, i.e. what South Africa needs, and what the College of Public Health Medicine should be examining. The new skills demanded in the current flux of health system changes were considered in the workshop.

The College of Public Health Medicine continues to collaborate regionally and internationally, and was asked to be part of, and to provide input on, the formation of the East, Central and Southern African College of Public Health.

Prof L London
PRESIDENT

COLLEGE OF RADIATION ONCOLOGISTS

The new blueprints and portfolio requirements have been in use in the College of Radiation Oncologists since 2012. Twelve registrars have graduated under the new curriculum, with an overall pass rate of 60%. The general feedback on the new system from examiners, heads of department and candidates is that it works well, and supports professional growth. Standardised ongoing evaluation of all departments has supported head of department assessment of

registrars entering the final examinations.

Our new OSCE guideline has been in use for two years. We have now instituted an annual examiners training workshop to recruit and train young examiners in the blueprints and curriculum, as well as setting the OSCE questions for the upcoming year. The workshop also provides an opportunity for teaching methods to be examined, and ensures that teaching standards are equalised at all training institutions. This workshop has been supported by both College of Radiation Oncologists and South African Society for Clinical and Radiation Oncologists (SASCRO) funding.

As of 2015, the intention is to incorporate the involvement of smaller and newer training centres, i.e. East London, Port Elizabeth and Polokwane, to ensure the growth and knowledge of college structures, rules and processes. Attendance of heads of department at head of department and examiners meetings will be covered by SASCRO.

There is concern about the dwindling numbers of consultants in some state centres owing to dissatisfaction with the working conditions. The concern is that infrastructure and time dedicated to training may be affected. Therefore, the College of Radiation Oncologists has identified a need to recruit private sector colleagues with commitment to the process of teaching and training, who may become affiliated to the universities, and provide depth and support to the teaching programmes through the universities and the College of Radiation Oncologists in the future. At this stage, heads of department have undertaken to identify skills and qualities needed for such candidates.

Dr A Sherriff
PRESIDENT

Dr J D Parkes
SECRETARY

COLLEGE OF RADIOLOGISTS

Executive

President:

Prof Richard Pitcher (SU)

Secretary:

Dr Dibuseng Ramaema (UKZN)

Elected Councillors:

Dr Christelle Ackermann (SU)

Prof Stephen Beningfield (UCT)

Prof Elaine Joseph (Wits)

Prof Zarina Lockhat (UP)

Dr Priya Parag (UKZN)

Dr Farhana Suleman (UP)

Dr Betsie van der Walt (UP)

Co-opted Councillors:

Prof Coert de Vries (UFS)

Dr Linda Tebogo Hlabangana (Wits)

Prof Margaret Kisansa (Limpopo)

Prof Victor Mngomezulu (Wits)

Professor William Rae (UFS)

Dr Ashesh Ranchod (RSSA)

Examinations

In the first semester of 2015, the pass mark for the written component of the FCRad(Diag) Part II Examination was increased to 50% (previously 45%) and the Rapid Reporting spot test was incorporated in the written component of the examination. The impact of these rule changes was reflected in a very high pass rate (94%) amongst candidates invited to the Oral examination.

From the second semester of 2015, the pass rate for the Rapid Reporting component will be raised to 70% (previously 50%)

The Examinations and Credentials Committee of the CMSA discussed the proposal of a single national examination venue for the FCRad(Diag) Part II Oral examination.

Outreach

Representatives of the College of Radiologists have been invited to observe the Oral component of the Fellowship Examination of the Royal College of Radiologists in the Spring sitting of 2016.

Maurice Weinbren Award

The Maurice Weinbren Award for 2014, for the best publication in a peer-reviewed journal by a Registrar or Junior Consultant was awarded to Dr Fourie Bezuidenhout of Stellenbosch University, who was first-author of the manuscript "Lumbosacral transitional vertebra and S1 radiculopathy: the value of coronal MR imaging", published in *Neuroradiology* in June 2014.

JN and WLS Jacobson Lecture

Dr Nasreen Mohammed, of the University of the Witwatersrand, delivered the 2014 JN and WLS Jacobson Lecture on Friday 10th October 2014, in the Simonsberg Room, Spier Estate. The lecture was entitled: "Radiographic diagnosis of childhood community acquired pneumonia in the 21st century" and was incorporated into the program of the Radiological Society of South Africa's (RSSA) Leeuwen Ear Imaging Course. The lecture was also delivered as a national webinar on the RSSA teaching platform on Wednesday 12th November 2014. The College of Radiologists records its sincere appreciation to Professor Leon Janse van Rensburg, RSSA Congress Chair, for so graciously accommodating and promoting this important memorial lecture.

Dr Jacques Janse van Rensburg of the University of the Free State has been nominated as the JN and WLS Jacobson Lecturer for 2015.

Acknowledgements

The Council for the new triennium acknowledges with sincere appreciation, the hard work of the outgoing Executive and Councillors and their major contribution to the College of Radiologists' sound examination platform and infrastructure.

**Prof R Pitcher
PRESIDENT**

COLLEGE OF SURGEONS

The College of Surgeons has continued to give thought to the examination process. In order to ensure consistence, convenors and moderators have been appointed for a three-year term for all examinations within the College of Surgeons. In addition, a convenor's assistant has been appointed to allow for succession planning. Standard operating procedure documents are being drawn up for all examinations.

The College of Surgeons has ongoing interaction with the other surgical colleges in Africa. The College of Surgeons of East, Central and Southern Africa regularly sends examiners to our examinations, and we examine at theirs. College of Surgeons council members attend the West African College of Surgeons meeting and examine in Ghana.

**Prof M Veller
PRESIDENT**

COLLEGE OF UROLOGISTS

The College of Urologists was shocked by the unexpected and tragic death of Prof Chris Heyns in July 2014. Prof Heyns spent most of his working life at Stellenbosch University, and became a nationally and internationally respected urologist. He served the College of Urologists with distinction in different capacities and was its president for many years. He was a member of the College of Urologists council at the time of his death. His intelligence, sharp wit and unconditional devotion to the field of Urology were well known, and served as an example to many potential students in this field. We honour his memory, and remember him with deep affection and adoration.

The College of Urologists admitted seven new fellows in 2014. We extend our congratulations to these new fellows and invite them to stay involved with us for many years. Congratulations to Dr Arno Pieterse, who was the winner of the Lionel Goldschmidt Medal for the best performance in the College of Urologists final examination in 2014, and to Dr L P Fourie, who was awarded the Trubshaw Medal for the best performance in the primary examination of the College of Surgeons.

In October 2014, a new College of Urologists council was inaugurated. The new council wants to thank members of the previous council for its hard work over the past few years. A special word of thanks goes to Prof Richard (Dick) Barnes, the previous president, for all the hard work he put in running the day-to-day business of the College of Urologists so smoothly for the past three years. Many new projects are being planned for the rest of 2015 by the new council, including a critical review of the current methods of assessment of registrars in the final examination, and a possible change from more traditional to more authentic methods of assessment. The role of the portfolio will be expanded. We hope to report on our progress in the report of 2015.

Lastly, the College of Urologists wants to thank Ms Anne Vorster and all the staff at the CMSA for their support and good advice through 2014. It would be impossible to run any college successfully without you, so thank you very much.

**Prof S W Wentzel
PRESIDENT**

The JC Coetzee Memorial Lecture: Maternal mortality and the family physician: potential roles in reducing high maternal mortality ratios in South Africa

Moodley J, on behalf of the National Committee on Confidential Enquiries into Maternal Deaths in South Africa

Abstract

Maternal mortality ratios are high in South Africa – approximately 154 per 100 000 live births. Most maternal deaths occur in district hospitals and primary healthcare settings, suggestive that health systems at this level of health are probably functioning poorly. The main causes of death are human immunodeficiency virus (HIV), tuberculosis and hypertensive disorders of pregnant obstetric haemorrhage. This article covers the potential roles that a family physician can play in reducing high maternal mortality ratios in South Africa.

Maternal mortality ratios are high in South Africa – approximately 154 per 100 000 live births.¹ Most maternal deaths occur in district hospitals and primary healthcare settings, suggestive that health systems at this level of health are probably functioning poorly. The main causes of death are human immunodeficiency virus (HIV), tuberculosis and hypertensive disorders of pregnant obstetric haemorrhage.

Figure 1 graphically illustrates features identified from an assessment of maternal deaths, which if corrected, could potentially minimise mortality. Figure 1 portrays the three key foundation stones of a health system, i.e. the 5 “C”s or strategies to improve implementation so that a reduction in the three “H”s (HIV, haemorrhage and hypertension), or the three most common causes of maternal deaths, can be achieved.

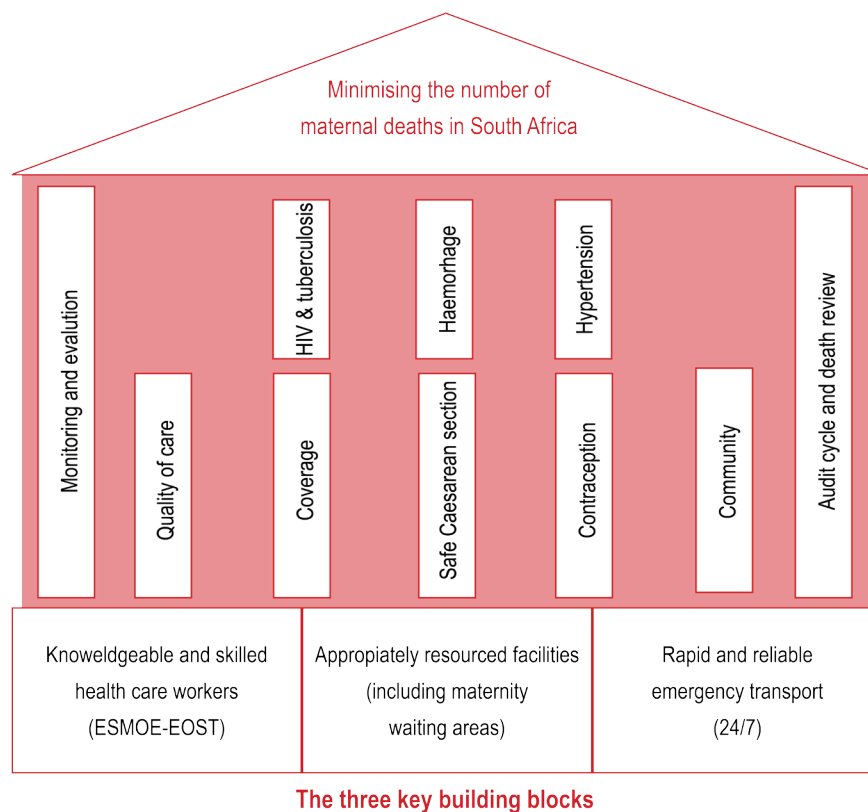


Figure 1: Steps to take to reduce maternal mortality in South Africa

ESMOE-EOST: Essential Steps in Managing Obstetric Emergencies: emergency obstetric simulation training, HIV: human immunodeficiency virus

“A nation thrives when mothers survive. We must strive to keep them alive”

Ellen Johnson Sirleaf

The 5 “C”s include:

- Care: Commitment to improving the quality of health care provided, and the quality of care provided for obstetric emergencies
- Coverage
- Caesarean delivery safety
- Contraception
- Community involvement.

The challenges in relation to high mortality rates in South Africa are known, as are the interventions to be implemented, monitored and evaluated. However, commitment to and coverage of implementation of interventions is lacking. The family physician is well suited to this role because it has been stated that family physicians are well trained medical generalists, who should be placed in primary healthcare and district hospital settings.²⁻⁴

A family physician, either individually, or more appropriately in a team, such as the district clinical specialist team, is ideally suited to provide high-quality care and work in conjunction with ward-based outreach teams, primary healthcare nurses, the advanced midwife and the paediatric nurse, to shift the focus to care in communities.

However, family physicians still have a role to play in district hospitals, and can assist in reducing maternal mortality by providing clinical guidance, clinical supervision and a mentoring role. The family physician, when providing clinical guidance and supervision, can and should ensure regular review meetings, such as maternal mortality meetings in individual

health facilities or at district level. The National Committee on Confidential Enquiries into Maternal Deaths has identified that review meetings occur, but that the quality of these meetings is not of an acceptable standard, and that the lessons learnt are not implemented.

Family physicians should also become master trainers in skills training courses, such as Essential Steps in the Management of Obstetric Emergencies, and ensure the provision of regular emergency obstetric simulation training and exercises for both doctors and nurses to improve team work. Caesarean delivery bleeding accounts for almost 30% of obstetric haemorrhage. Family physicians have an important role to play in promoting a minimum set of standards for safe Caesarean delivery, ensuring that the indications for abdominal delivery are stringently applied, and that appropriate uterotonic medication for the active management of labour is always available.³

The role of family physicians is broad, and cuts across medical disciplines, but I believe that they are sufficiently well trained for the South African setting, and can contribute greatly to minimising maternal mortality.

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OBITUARY: List

Notification was received of the death of the following since the last Senate meeting.

ASSOCIATE FOUNDERS:

CHARLTON, Robert William (86) (CP)
HANSEN, Denys Arthur (89) (CS)

FELLOWS:

DREYER, Charl (58) (CS)

DIPLOMATE:

CATTERALL, Robert Desmond (87) (COG)

The KM Seedat Lecture: Why patient safety incidents predictably occur in Family Medicine

De Wet C, MBChB, FRCGP, FRACGP, MMed(Fam), General Practitioner and Senior Lecturer
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Keywords: Family Medicine, patient safety incidents, PSIs, ETTO, efficiency-thoroughness trade-off, Trigger Review Method

Abstract

It is now widely accepted that a significant minority of patients suffer preventable harm during their interaction with healthcare systems. The aim of this lecture is to examine why patient safety incidents (PSIs) occur by providing four different perspectives of their causes and contributing factors. The first perspective is the "human factor", e.g. that PSIs are the consequences of errors made by individual clinicians. The second perspective is that healthcare systems and technical failures cause or contribute to PSIs. The third perspective is that the prevailing safety culture in a healthcare team or organisation helps to determine whether or not PSIs occur. The fourth and final perspective is that PSIs are the inevitable result of the efficiency-thoroughness trade-off (ETTO) principle. An ETTO is a performance adjustment that a clinician makes in response to expected and unexpected variance in his or her environment and tasks, in order to successfully satisfy "infinite" patient demand with finite resources most of the time. Each perspective provides potentially useful, but incomplete suggestions, on specific ways to improve the quality and safety of care. Therefore, integration of the different perceptions may be the most effective way of improving the quality and safety of care. In practice, this means combining the different approaches of improvement so that PSIs are reduced, while simultaneously increasing the number of successes.

Introduction

The K M Seedat Memorial Lecture honours the legacy of one of the first Indian doctors in South Africa. Dr Seedat or "K M", as he was affectionately known to the patients he served as general practitioner for 44 years, was born in 1897. He made considerable contributions to the health and well-being of his community during his lifetime. The charity which he founded continues to support medical education to this day. He is remembered as "a warm, kind-hearted man whose outstanding attribute was his concern for his fellow men".¹

Much has changed in South Africa, and also in health care in the short time since the death of Dr Seedat in 1976. Extraordinary advances in medical research and technology have enabled clinicians to better diagnose, investigate and treat an ever-expanding list of pathological conditions, thereby further improving the overall health of individual patients and populations. However, at the same time, there has been a growing awareness and acknowledgement of the potential risk of iatrogenic harm to patients and the ubiquitous prevalence of errors in health care. Irrefutable evidence that a significant minority of patients suffer preventable harm during their interaction with healthcare systems was provided in a series of landmark studies and reports at the turn of the century.^{2,3} This finding has since been replicated by a large number of studies worldwide.⁴⁻⁶

The majority of large-scale epidemiological patient safety studies have been conducted in secondary care settings, although comparable research in primary care is currently being planned, undertaken or finalised.⁷ One example is the implementation of the Trigger Review Method (TRM) as

a core component of the national Scottish Patient Safety Programme in Primary Care, launched in 2013.⁸ The TRM enables clinicians who are trained in the process to screen random samples of their electronic patient records in a structured, focused, active and rapid manner, in order to find and learn from previously undetected patient safety incidents (PSIs).⁹ A PSI is defined as "any unintended or unexpected incident which could have, or did, lead to harm for one or more patients".¹⁰

It was reported in a recent study that clinicians from 274 general practices screened more than 13 000 potentially high-risk patient records, and detected 1 887 PSIs.¹¹ Of these, 830 (44%) were judged to have caused mild to moderate harm, 262 (14%) resulted in more severe harm, and 852 (45%) were rated as preventable or potentially preventable.

The findings create a difficult and moral paradox. The vast majority of healthcare workers are dedicated, highly trained and hardworking professionals who present at clinics, hospitals and practices each day with the intention of providing an excellent service. Their mantra of "first do no harm" has been a fundamental principle of health care for hundreds, if not thousands, of years. It succinctly describes the duty of clinicians to fulfil the reasonable desire of any patient to receive care which is safe and of high quality. How can these intentions be reconciled with the detection of preventable PSIs in every healthcare setting that has been studied?

To answer this question, it may be helpful to consider the fable of four wise blind old men who went to see an elephant. The men had been friends for many years. They had heard wonderful stories about the mighty elephant, and decided to meet one. The first man stroked the trunk and remarked: "Friends, the elephant is much like a snake". The

second man bumped into the elephant's leg and said: "You are mistaken, for the elephant is like a tree trunk". The third man pulled at the tail, and confidently declared: "You are both wrong, for the elephant is like a rope". The fourth man gently stroked the eye and chuckled: "No, no, the elephant is like a wrinkled ball". The blind men quarrelled for hours before they finally parted, each going their separate ways, without ever realising that they were all both partially right and wrong.

The aim of this lecture is to provide four different perspectives on contributing factors to PSIs in Family Medicine, although they also apply to other healthcare settings.

They are:

- The human factor.
- System and technical failures.
- Lack of a strong and positive safety culture.
- The efficiency-thoroughness trade-off (ETTO) principle

The different perspectives are compared and contrasted to provide a rationale for an integrated approach to further improve the quality and safety of patient care.

Perspective 1: The human factor

The first perspective of PSIs is that they are the result of individual human failures, often referred to as the "human factor". This should be clearly differentiated from the scientific discipline of human factors (or ergonomics) which is "the practice of learning about human characteristics, and using that understanding to improve people's interaction with the things they use and with the environments in which they use them".¹²

The phrase "to err is human" is well-known. Through this belief, recognition is given to the existence of finite physiological (e.g. attention span and short-term memory) and psychological (e.g. resilience) resources which eventually limit the ability of even the most skilled and talented human being to continue to function effectively and safely. For example, an inexperienced, tired and hungry Family Medicine registrar working in a busy and unsupported unit who is often interrupted is more likely to make a diagnostic or prescribing error than a well rested and experienced colleague working in a supportive environment.

The implications of the human factor perspective of PSIs are that all healthcare workers are susceptible to err, that the likelihood for error increases as the number of demands on human resources increase, and that the frequency and type of errors are largely predictable. According to this perspective, the contributing factors of PSIs are presented by simple linear cause-and-effect models, e.g. an interruption leads to a lapse in concentration (cause), resulting in a diagnostic error (effect). These models implicitly or explicitly implicate healthcare professionals in PSIs, and may inappropriately and sometimes unintentionally be used to justify the prevailing "blame and shame" culture in many healthcare organisations.

There are a number of understandable reasons why individual clinicians are blamed for PSIs. From a legal perspective, it is easier to prosecute an individual, than an organisation. It is convenient for healthcare organisations to discipline individual employees rather than analyse and improve their systems. Individuals and societies are psychologically predisposed to attribute blame for any unfortunate event to those who are visibly and directly involved in it. Two examples of psychological predispositions are "hindsight bias" and the "just world" hypothesis.

Hindsight bias creates the "I knew it all along" effect, e.g. knowledge of an action's outcome makes warning signs appear more obvious and consequences more foreseeable than they were to those involved in the PSI. The "just world" hypothesis is the (often unconscious) assumption that "bad" things happen to and because of "bad" people. Unfortunately, it is often the "best" people who make the worst errors, as they are more likely to be performing the most difficult tasks.

The human factor perspective on PSIs suggests a number of potential approaches to improve the quality and safety of care. These include the provision and promotion of ongoing education and training of all healthcare professionals, e.g. continuous professional development; increased professional regulation, e.g. revalidation; disciplinary action against and support for individual clinicians involved in PSIs, e.g. supervised practice; and incorporating human factor engineering in healthcare organisations.

Perspective 2: Systems and technical failures

The second of the four patient safety perspectives is that healthcare systems and technical failures contribute to PSIs. Healthcare organisations are highly complex systems, and even relatively straightforward and common processes involve multiple, interactive steps. A practical example is a patient presenting to his or her family physician with an unambiguous surgical problem. The patient is appropriately referred to the local surgical team, an elective procedure is performed, and the patient is discharged for routine follow-up in primary care. A minimum of 75 different steps were identified by a simple task analysis of this clinical scenario. Assuming that each step in the process is accurately performed 95% of the time, the overall chance of a failure at some point is > 90%.

The active and latent safety risks in healthcare systems are often graphically depicted by the admittedly oversimplified "Swiss cheese" model.¹³ According to the model, the slices of cheese represent the various system defences against potential hazards and accidents. The holes in the cheese represent active and latent errors in the system, and the slices of cheese have to be visualised as being in constant motion. The holes in the cheese rarely form a straight line of openings because at least one slice typically blocks the hazard from reaching patients. PSIs occur when the holes in the slices of cheese temporarily align, which allows hazards to reach patients.

It is possible to identify simple and complex causes and effects according to this linear model. A PSI is the end result of a series of events which occurred in a specific and recognisable manner. The model allows the future to be conceptualised as a mirror image of previous events and conditions. The implication of improving the safety and quality of care is that some PSIs may be prevented by detecting and eliminating potential threats, and by designing, incorporating and strengthening healthcare system defences. Practical examples of system defences include the establishment of guidelines, protocols and automating processes, or the inclusion of visual reminders, redundancies (additional steps or duplication of action) and "forcing functions" in software.

Perspective 3: Safety culture

The third of the four perspectives on contributing factors to PSIs is that the prevailing safety culture in a healthcare team or organisation helps to determine whether or not they occur. Safety culture can be defined as a "subfacet of organisational culture which is thought to affect members' attitudes and behaviour in relation to an organisation's ongoing health

and safety performance.”¹⁴ A practical, if oversimplified, definition of organisational culture is “the way we do things around here”.¹⁵

Organisations and teams with a positive and strong safety culture are more likely to learn openly and effectively from error, and to adapt their working practices appropriately in response to PSIs.¹⁴ The converse is true for teams with a weak or poorly developed safety culture, which has been implicated as a causal or contributory factor in many catastrophic healthcare incidents,^{16,17} including the unacceptably high mortality rates in emergency admissions (Stafford Hospital), high infant surgical mortality rates (Bristol Royal Infirmary, Bristol, UK) and deaths associated with *Clostridium difficile* (Vale of Leven Hospital, Edinburgh, Scotland).

Despite the importance of safety culture, the concept has only really been studied in the last decade in health care. A number of related issues of critical importance have been identified as a result, including the strength and effectiveness of team work, communication, leadership and commitment to safety improvement. However, the impact on practice systems, performance and patient safety has yet to be clarified. Therefore it is uncertain at this very early stage in the safety culture journey whether and how primary care organisations can build a strong and positive safety culture capable of both predicting and avoiding PSIs. However, this need not prevent practices from taking on the challenge. Practical first steps include measuring perceptions of the team’s safety culture with psychometrically sound instruments and meeting to discuss the results.¹⁸

A consistent and main finding of the vast majority of safety culture surveys, irrespective of industry or geographical setting, is that respondents grouped as management because of seniority or their influence in the organisational hierarchy frequently perceive the prevailing safety culture significantly more positively than those in non-management groups.¹⁹⁻²¹ Differences in perception have potentially serious implications as the number of safety-related incidents increases with the degree of variation in perceptions between different staff groups.²² Therefore, the perceptions of all primary care staff groups may first have to be aligned in order for a positive and strong safety culture to be built.

The leadership practice ultimately creates the necessary workplace culture in which patient safety and care improvement are valued and perceived to be everybody’s responsibility.²³ Family Medicine physicians are ideally placed to facilitate and build a culture of trust in which effective team-working, collective learning from PSIs and strong communication are encouraged. They are given both the responsibility and the authority to ensure that there is a continued focus on improving the safety of patient care – in essence to establish safety as a cultural value, as well as a practice priority.

Perspective 4: Efficiency-thoroughness trade-off principle

The fourth and final perspective on the causes and contributing factors of PSIs is that they are the inevitable byproduct of the efficiency-thoroughness trade-off (ETTO) principle. An ETTO is an approximate performance adjustment that an individual clinician makes in order to manage expected and unexpected variability in his or her environment and tasks.²⁴ A practical and non-medical example of a type of ETTO is an antelope having to divide its time and resources between two important daily aims, i.e. to source sufficient food, which requires efficient grazing with its head down; and to successfully evade predators, which requires thoroughness by keeping its head up. One approach is to alternate between these aims by grazing for a short time, then scanning the

environment for danger. Different antelopes choose to prioritise one of the two tasks to varying degrees. Some will choose to trade some of their scanning time in order to graze more. This increases their efficiency, but reduces their thoroughness. Alternatively, more risk-adverse antelopes may choose to trade some of their grazing time (reduced efficiency) in order to better secure their own safety (increased thoroughness). The appropriateness of the ETTO principle can usually only be determined retrospectively from the results, e.g. whether or not the antelope survived the day fully satiated, or fell prey to a predator.

The decision, whether conscious or not, made by a clinician to take an incomplete history or conduct a partial examination in response to a large number of waiting patients is a Family Medicine example of the ETTO principle. This strategy trades greater efficiency (e.g. more time to carry things out) for a less thorough approach (e.g. less time for reflection and planning). The benefits of maximising efficiency are that more patients potentially receive care and treatment is provided quickly. However, maximising efficiency also increases the risk of selecting an inappropriate management option, not implementing the intervention in full, and potentially overlooking important pre-conditions. Some of the benefits of maximising thoroughness are the increased likelihood of recognising potentially rare or dangerous clinical conditions, and choosing the most appropriate management option. However, by prioritising thoroughness, fewer patients will receive care, pending actions may be neglected and opportunities for interventions may be missed.

The realities of health care, and particularly those in Family Medicine, are that resources and time are at best finite, but more typically are scarce, while available information is always underspecified, e.g. undifferentiated patient populations present with complex, diverse and often atypical symptoms and signs, and previous medical records are often incomplete or unavailable. In order to deliver an effective service, healthcare workers have to respond with approximate adjustments to their performance. These adjustments are based on their interpretation of patient requirements and available resources (of all types) at a given point in time. In other words, “performance variability” allows a clinician to balance the demand for resources with what is practically available.

Therefore, from an ETTO perspective, performance variability is considered to be normal, necessary and a key reason for both successful and unsuccessful healthcare outcomes. Unexpected and unpredicted combinations of performance variability and adjustments cause resonance, which, in turn, can lead to PSIs.²⁵ The process is similar to a crystal glass oscillating in response to a sound at a specific resonance frequency until it eventually shatters. This helps to explain why even small variations in performance and conditions sometimes result in disproportionately large and serious consequences.

In practice, an ETTO tends to become less precise as the variance in systems and tasks increases. This is because adjustments are approximate and constrained by human limitations. For example, a clinician can only increase his or her efficiency up to a point to compensate for the increased workload and lack of basic medical equipment. The implication is that an ETTO is not intrinsically “right” or “wrong”. The dilemma for clinicians is that many healthcare systems implicitly or explicitly encourage prioritising efficiency over thoroughness, or expect clinicians to be efficient and thorough at the same time. Then, when serious PSIs occur, the requirement and responsibility of greater thoroughness is belatedly recognised. This has been described as the ETTO paradox:²⁶ efficient care in the present requires thorough care in

the past. Likewise, efficient care in the future requires thorough care in the present. While ETTOs are often helpful in the short term, they have to be balanced in the longer term with thoroughness-efficiency trade-offs.

From an ETTO perspective, the quality and safety of health care can be improved by aiming to increase the number of things that go right and through resilience engineering. Resilience is defined as the intrinsic ability of a system to adjust its functioning prior to, during and after changes and disturbances in order to sustain required operations under expected and unexpected conditions.²⁷ However, resilience is not only a system's response to a crisis, but also how it adapts to slow and long-term change. This type of resilience is sometimes referred to as "super resilience".

An organisation or individual is resilient if it, or he or she, is able to:

- Respond in an effective and flexible manner to change.
- Anticipate potential safety threats and improvement opportunities.
- Learn from and analyse PSIs.
- Monitor the system for active and latent safety threats.

Safety-I and Safety-II

Safety-I is characterised by "models of the negative", and includes the first three perspectives of patient safety presented in this lecture, namely that PSIs result from the human factor, systems and technical failures, and from safety culture.²⁸ PSIs may be caused or contributed to by many factors according to a Safety-I perspective, including healthcare workers being careless, inexperienced or having the wrong attitude; imperfect technology and equipment which inevitably fails; and organisations without effective leadership or with leadership personnel who are unable to learn from errors. Therefore, the main aim of Safety-I is to reduce the number of things that go wrong by constraining performance variability through additional rules and regulations, procedures, barriers and defences. In this way, PSIs are prevented or their consequences minimised or deflected.

Safety-II is characterised by "models of the positive", and include the fourth perspective on patient safety presented in this lecture, i.e. the

ETTO principle.²⁸ From a Safety-II perspective, the ability of individuals and organisations to adapt their performance is valued and encouraged. The Safety-II approach to improve the quality and safety of care is achieved by encouraging appropriate performance variability, learning from previous successes, and increasing the resilience of individuals, systems and organisations.

Conclusion

A common reaction after detecting serious PSIs is to objectively search for and attempt to identify their root causes, or if this is not possible, find and understand the contributing factors. The reality is that the type of analysis that is conducted and the findings are largely predetermined by perceptions of patient safety and how and why PSIs occur. This is succinctly described by the phrase "what you look for is what you find". As a result, investigations into the causes and contributing factors of PSIs are incomplete, and in some instances unreliable or wrong.

Four different perspectives on the causes and contributing factors to PSIs were presented in this lecture. Similar to the fable of the blind men and the elephant, each perspective increases our understanding of patient safety and provides potentially useful suggestions on specific ways of improving the quality and safety of care.

However, each perspective is only one part of a larger whole, and ultimately, our understanding of patient safety remains incomplete. Purposefully prioritising one perspective over another is tantamount to the blind men arguing about whose description of the elephant was the most accurate. Therefore, integrating the different perceptions may be the most effective way of improving the quality and safety of care. In practice, this means combining the Safety-I and Safety-II approaches to improvement so that as the PSIs can be reduced, and the number of successes simultaneously increased.

References

For the full list of references please see the online version.

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Requests for funding are invited from teams of medical practitioners and senior nursing staff to travel to remote centers and areas to promote Paediatrics and child health and the better care of children and to disseminate knowledge in that field, especially in underprivileged communities. This can also include visits by medical practitioners or nurses working in remote areas, to larger centres or centres of excellence.

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Dower Peter Rory	Garb Minnie	Hawthorne Henry Francis	Jöckel Wolfgang Heinrich
Dreosti Lydia Mary	Gardiner Victor Burberow	Hayward Frederick	Joffe Leonard
Dreyer Wynand Pieter	Gardner Jacqueline Elizabeth	Head Mark Stephen	Joffe Stephen Neal
Du Plessis Dionisius Johann	Garisch James Archibald MacKenzie	Hefer Adam Gottlieb	Johnson Sylvia
Du Plessis Hendrik Pienaar	Gaziel Yoel	Helman Isaac	Johnston John Irving
Du Plessis Hennie Lodewia	Gentin Benjamin	Henderson Linda Grantham	Jones Sheldon Victor
Du Plessis Hermanus Jacobus	Gerard Clifford Leslie	Henderson Rex Scott	Jonker Edmund
Christoffel	Germon Lawrence	Heyns Anthon du Plessis	Jonker Michael Angelo Theodore
Du Preez Leon	Gersh Bernard John	Higgs Stephen Charles	Jooste Edmund
Du Toit Donald Francois	Geyser Pieter Georg	Hill John William	Jordaan James Charles
Du Toit Johan Loots	Giesteira Manuel Vicente Knobel	Hill Paul Villiers	Jordaan Johann Petrus
Du Toit Pierre Francois Mulvihai	Gilbertson Ian Thomas	Hillock Andrew John	Jordaan Robert
Du Toit Roelof Stephanus	Gildenhuys Jacobus Johannes	Hirschowitz Jack Sydney	Joubert James Rattray
Duncan Gordon Alexander	Gillis Lynn Sinclair	Hirschson Herman	Joynt Gavin Matthew
Duncan Harold James	Glazer Harry	Hitchcock Peter John	Kaiser Gerhard Hans Robert
Dunning Richard Edwin Frank	Glyn Thomas Raymond	Hockly Jacqueline Douglas Lawton	Kaiser Walter
Duys Pieter Jan	Goeller Errol Andrew	Hockman Maurice Harold	Kalla Feizal Sakoor
Eathorne Allan James	Goldberg Barbara Sheila	Hoffman Eduard Bernard	Kalla Ismail Sikander
Ebrahim Allie	Goldin Martin	Hoffmann Vivian Jack	Kalombo Augustin Ngalamulume
Edge Kenneth Roger	Goldschmidt Reith Bernard	Hofmeyr Nicholas Gall	Kamdar Mahomed Cassim
Ehrlich Hyman	Goldstein Bertie	Holdsworth Louis David	Kane-Berman Jocelyne Denise
Elferink Jean Charles Hugo	Golele Robert	Holland Victor Bernard	Lambie
Elk Errol Ivan	Goodley Robert Henry	Holloway Alison Mary	Kaplan Neville Lewis
Emby Donald Jan	Goodman Hillel Tuvia	Horak Adrian Rousseau	Kapp John
Enslin Ronald	Goosen Felicity	Horak Lindley Rousseau	Karlisson Eric Lennart
Epstein Brian Martin	Goosen Jacques	Horowitz Stephen Dan	Karusseit Victor Otho Ludwig
Erasmus Frederick Rudolph	Gordon Peter Crichton	Hougaard Melodie	Kassner Grant William
Erasmus Philip Daniel Christoffel	Gordon Robert John	Househam Keith Craig	Katz Ian Ariel
Essack Maimona	Govender Perisamy Neelapithambaran	Hovis Arthur Jehiel	Katzke Dieter
Esterhuysen Stephen Philip	Govind Suryakant Kasan	Howell Alan Melville	Katzeff Stanley Norman
Etellin Pierre Anthony	Govind Uttam	Howell Michael E Oram	Keet Marie Paulowna
Evans Herbert Campbell Barrow	Graham Kathleen Mary	Howes Neville Edward	Keet Robert Arthur
Evans Warwick Llewellyn	Grave Christopher John Hadley	Huddle Kenneth Robert Lind	Keeton Godfrey Roy
Fanarof Gerald	Greeff Oppel Bernhardt Wilhelm	Hugo André Paul	Kemp Donald Harold Maxwell
Farrant Peter John	Greenblatt Michael	Hugo Johannes Matthys	Kenyon Michael Robert
Faul Helena	Greyling Jacobus Arnoldus	Hundleby Christopher John Bretherton	Kessler Edmund
Fehler Boris Michael	Grimbeek Johannes Fredericus	Hurwitz Charles Hillel	Kew Michael Charles
Fergusson David John Guillemard	Gritzman Marcus Charles David	Hurwitz Mervyn Bernard	Key Jillian Jane Aston

Kieck Charles Frederick	Levy Walter Jack	Matisonn Rodney Earl	Moola Ismail
Kimberg Matti	Lewin Arthur	Mauff Alfred Carl	Moola Yousoof Mahomed
King Jennifer Ann	Lewin Jack Roy	Maxwell William Graeme	Moosa Abdool-Sattar
King John Frederick	Lewis Dorothy	May Abraham Bernard	Moosa Hanief
Kinsley Robin Howard	L'Heureux Renton	Mayet Fatima Goolam Hoosen	Moosa Laeeka
Kirsten Gerhardus Francois	Liebetrau Carl Roux	Mayet Zubeida	Moosa Muhammed-Ameen
Klein Hymie Ronald	Liebowitz Lynne Dianne	Maytham Dermine	Moosa Nisa Ahamed
Klevansky Hyman	Linton David Michael	Mbete Jamangile Mncedi	Morar Champakial
Kling Kenneth George	Lipper Maurice Harold	McCosh Christopher John	Morley Eric Clyde
Klugman Leon Hyam	Lipschitz Shirley	McCutcheon John Peter	Morrell David Francis
Knobel John	Lloyd David Allden	McDonald Michael Charles Edward	Morris Charles David Wilkie
Knoetze Gerald Casparus	Lloyd Elwyn Allden	McDonald Robert	Morris Ediel
Kobe Mabu Rahab Grace	Lochner Jan de Villiers	McIntosh William Andrew	Morris Warwick Montague Molteno
Koch Johann Augustinus	Locketz Maxwell Ivan	McKenzie Malcolm Bett	Morrison Gavin
Koller Anthony Bruce	Loening Walter Edgar Karl	McKibbin Joseph Kerr	Morton Patrick Christopher George
König Harold Leith Edward	Loest Hellmut Claudius	Mears Jasper William Walter	Moti Abdool Razack
Kotton Bernard	Lombaert Alfons Robert Leonie	Meer Farooq Moosa	Movsowitz Leon
Koz Gabriel	Lombard Hermanus Egbertus	Meeran Mooideen Kader	Mullan Bertram Strancham
Kramer Brian David	Long John Walter	Meiring Johannes Cornelius	Muller Edward Julius
Kranold Dorothea Helene	Loot Sayyed Mahmood Hosain	Engelbrecht	Muller Frederick Eybers
Krengel Biniomin	Loots Petrus Beaufort	Melvill Roger Laidman	Mulligan Terence P Simpson
Kriel Jacques Ryno	Losken Hans Wolfgang	Melville Ronald George	Mullineux John David
Krige Louis Edmund	Losman Elma	Mendelsohn Huntley Jonathan	Murray Jill
Krige Louis Patrick	Lotz Jan Willem	Mennen Ulrich	Mwelase Lancelot Halifax Zwelibanzi
Kritzinger Pieter Hendrik	Lotzof Samuel	Mervis Benjamin	Myers Leonard
Kruger Theunis Frans	Loubser Johannes Samuel	Mervitz Michael David	Naidoo Balaguru Narsimaloo
Kussel Jack Josiah	Lurie Russel	Meyer Anthonie Christoffel	Naidoo Lutchman Perumal
Kussman Barry David	Macdonald Angus Peter	Meyer Bernhardt Heinrich	Naidoo Neetheanathan
Kuyi Johannes Marinus	MacEwan Ian Campbell	Meyer David	Naidoo Premilla Devi
Labuschagne Izak	MacKenzie Basil Louis	Meyer De Bruto Laporta Cavalier	Naidu Pithambram Nadamuni
Lachman Anthony Simon	MacLeod Ian Nevis	Meyer Roland Martin	Nair Gonasegrie Puckree
La Grange Jacobus Johannes	MacPhail Andrew Patrick	Meyers Anthony Molyneux	Nanabhay Sayed Suliman
Christiaan	Maelane Kgadi Petrus	Meyersohn Sidney Jacob	Naude Johannes Hendrik
Laing John Gordon Dacomb	Maharaj Ishwarlall Chiranjilall	Meyerson Louis	Nauhaus Carl Norman
Lake Walter Thomas	Maharaj Udeeth	Michaels Maureen Jeanne	Neifeld Hyman
Laloo Maneklal	Maharajh Jaynund	Michalowsky Aubrey Michael	Nel Elias Albertus
Lamont Alastair	Mahlangu Amos	Michell William Lancelot	Nel Hendrik
Lampert Jack Arthur	Mahomed Abdullah Eshaak	Michelow Maurice Cecil	Nel Jacques Bernadus Anton
Landsberg Pieter Guillaume	Mahomed Ebrahim	Middlewick Glynn Charles	Nel Jan Gideon
Lantermans Elizabeth Cornelia	Mair Michael John Hayes	Midgley Franklin John	Nel Johan Theron
Large Robert George	Maitin Charles Thabo	Miény Carel Johannes	Nel Julien Robert
Lasich Angelo John	Makein Michael Charles Cavendish	Miles Anthony Ernest	Nel Philippus Jacobus
Latif Ahmed Suliman	Malan Atties Fourie	Miles Lionel Palmer	Nel Wilhelm Stephanus
Laubscher Willem Marthinus Lötter	Malan Christina	Millar Robert Norman Scott	Newbury Claude Edward
Laurence John Egerton	Malan Daniel Francois	Milne Anthony Tracey	Nicholson Melanie Eugene
Lautenbach Earle Eugene Gerard	Maliza Andile	Milne Frank John	Nieuwoudt Andries Johan
Lawson Hugh Hill	Mangera Ismail	Milner Selwyn	Noble Clive Allister
Leader Leo Robin	Mankowitz Emmanuel	Misnuner Zelik	Noll Brian Julian
Leary Peter Michael	Mann Julian Harold	Mitchell Peter John	Noormohamed Abdul Majid
Leary William Peregrine Pepperrell	Mann Solly	Mitchell Ronald William	Norman-Smith Jack
Leaver Roy	Mansvelt William Mauritz	Mitha Abdul Sater	Novis Bernard
Leeb Julius	Marais Ian Philip	Mitha Ahmed	Obel Israel Woolf Promund
Lejuste Michel Jozef Leonie Remi	Marais Johannes Stephanus	Mody Girish Mahasukhlal	Odendaal Hendrik Johannes
Lemmer Johan	Margolis Frank	Mogale Saxon Cholohelo	Odes Harold Selwyn
Lemmer Lourens Badenhorst	Margolis Kenneth	Mokhobo Kubeni Patrick	Olinisky Anthony
Lennox Gordon Stuart	Mariba Thanyani Jonas	Molapo Jonathan Lepoqa	Olivier Henri
Le Roex René Denysen	Marivate Martin	Molteno Christopher David	Omar Goolam Mahomed
Le Roux Deon	Marivate Russell	Mollentze Willem Frederik	Omar Yunoos
Le Roux Petrus Andries Jacobus	Markman Philip	Montanus Morris Samuel	Omardien Yusuf
Lessing Abraham Johannes Petrus	Marks Charles	Moodley Dhanapalan Patchay	Omarjee Suleiman
Levin Jonathan	Marks Richard Kearns	Moodley Jagidesa	Orelowitz Manney Sidney
Levin Solomon Elias	Marus Gianluca	Moodley Thirugnanasumburanam	Orford Alastair Leask
Levy Ernest Ronald	Marx Johan Hendrik	Moodley Visalatchee	Ospovat Norman Theodore

Ossip Mervyn Seymour	Raga Jairaj	Scher Alan Theodore	Stannard Clare Elizabeth
Padayatchi Perumal	Raghavjee Indira Vaghjee	Schneider Cecil Max	Steenkamp Lucas Petrus
Palmer Raymond Ivor	Raine Edgar Raymond	Schneider Herbert Rodney	Stein Aaron (Archie)
Pantanowitz Desmond	Rajput Mangoo Chhaggan	Schneier Felix Theodore	Stein Abraham
Papert Errol Jonathan	Rankin Anthony Mottram	Schoeman Adam Barnard	Steingo Leonard
Parag Kantilal Bhagoo	Ransome Olliver James	Schoeman Johannes Feuth	Stern David Michael
Parr Guy Wyndham	Rawat Farouk	Scholtz Roelof	Steyn Izak Stefanus
Parsons Arthur Charles	Rawlings James	Schultz Claude Bernhard	Steynberg Fans Hendrik
Parsoo Ishwarlall	Read Geoffrey Oliver	Schutte Philippus Johannes	Stride Philip Jonathan Handley
Pascoe Michael Danby	Reardon Colin Michael	Schwarz Kurt	Stronkhorst Johannes Hendrikus
Patel Prabhakant Lalloo	Rebstein Stephen Eric	Schwär Theodor Gottfried	Styger Viktor
Pather Runganayagum	Redfern Michael John	Schwersenski Jeffrey	Suliman Abdoorahaman Ebrahim
Pearlman Theodore	Reichman Leslie	Scott Bruce William Haigh	Sur Monalisa
Peer Dawood Goolam Hoosen	Reichman Percy	Scott Neil Petrie	Sur Ranjan Kumar
Pelser Frank Blignaut	Reidy Jeremy Charles	Scott Quentin John	Svensson Lars Georg
Peters Ralph Leslie	Reif Simon	Seaward Percival Douglas	Swanepoel André
Pettifor John Morley	Reinach Werner	Sedgwick Jerome	Swanepoel Wilhelm Adolph
Philcox Derek Vincent	Renton Maurice Ashley	Seebaran Anoob Ramdayal	Swart Andries Petrus
Phillips Bentley	Retief Daniel Hugo	Seedat Suleman Mahomed	Swart Jacob Jacobus
Phillips Gerald Isaac	Retief Francois Jacobus	Seedat Yackoob Kassim	Swart Johannes Gerhardus
Phillips Keith Radburn	Retief Francois Pieter	Seidel Wilhelm Friedrich	Swartz Jack
Phillips Louisa Marilyn	Reyneke Philippus Johannes	Selemani Salumu	Swiegers Wotan Reynier Siegfried
Pienaar Gideon Roos	Rice Gordon Clarke	Sellars Sean Liam	Swift Peter John
Pillay George Permall	Richards Alan Trevor	Sender Mervyn David	Tang Kenneth
Pillay Govindasamy Sokalingum	Ritchken Harry David	Serfontein Jacobus Hendrik	Tarboton Peter Vaughan
Pillay Rathinasabapathy Arumugam	Roberts Michael Andrew	Shapiro Benjamin Leon	Taylor Robert Kay Nixon
Pillay Thiagarajan Sundragasen	Roberts William A Brooksbank	Shear Mervyn	Tej Ismail Suleman
Pillay Veerasamy Kista Govinda	Robins-Browne Roy Michael	Sher Gerald	Te Groen Frans Wilhelmus
Pitcher James Sydney	Robinson Brian Stanley	Sher Geoffrey	Terblanche John
Planer Meyer	Rode Heinz	Sher Mary Ann	Terespolsky Percy Samuel
Pliit Michael	Roediger Wolf Ernst Wilhelm	Sher Rickard Charles	Thaning Niels-Otto
Polakow Everard Stanley	Roelofse Hendrik Johannes	Sh��t�� Charudutt Dattatraya	Thatcher Charles John
Politzky Nathan	Rogaly Elgar	Shuttleworth Richard Dalton	Theron Charles
Pollak Otilie	Rogan Ian MacKenzie	Shweni Phila Michael	Theron Eduard Stanley
Polley Neville Alfred	Rogers Raymond Alan	Siebert Peter Robin de Vos	Theron Jakobus Lodewikus Luttig
Pompe van Meerervoort Hjalmar	Roman Horatio Eustace Hereward	Siew Shirley	Theron Willem
Frans	Roman Trevor Errol	Sifris Dennis	Thompson Michael Wilson Balfour
Porteous Paul Henry	Rome Paul	Silbert Maurice Vivian	Thompson Roderick Mark McGregor
Porter Christopher Michael	Roos Charles Phillipus	Simons George Arthur	Thomson Alan James George
Potgieter Hermanus Jacobus	Roos Nicolaas Jacobus	Simonsz Charles Anthony	Thomson Morley Peter
Power David John	Rose Patricia Garfield	Simon Ian Wark	Thomson Peter Drummond
Power Harold Michael	Rosenberg Basil	Singer Martin	Thorburn Jonathan Rodney
Prentice Bernard Ross	Rosman Mark Selwyn	Skudowitz Reuben Benjamin	Thorburn Kentigern
Pretorius David Hermanus Schalk	Rossouw Dennis Pieter	Sliom Cyril Meyer	Thornington Roger Edgar
Pretorius Hendrik Petrus Jacobus	Rothberg Alan Dan	Smit John Nicholas	Thorp Marc Alexander
Pretorius Johannes Adam	Rousseau Theodore Emile	Smit Michael Robert	Toker Eugene
Pretorius Johannes Jacobus	Rozwadowski Marek Antoni	Smit Wilhelm Michiel	Treisman Oswald Selwyn
Pretorius Johannes Lodewikus	Rush Peter Sidney	Smith Alan Nathaniel	Trichard Louis Charles Gordon
Price Stephen Kennedy	Ryan Raymond	Smith Andr�� Johann	Lennox
Prins Marius	Sacks William	Smith James Leslie	Turner Peter James
Prinsloo Frances	Saffer Seelig David	Smith Lionel Ralph	Tyrrell Joseph Clonard Harcourt
Prinsloo Simon Frederik	Safro Ivor Lawrence	Smith Michael Ewart	Underwood Ronald Arthur
Prinsloo Simon Lodewyk	Sagor Jason Solomon	Sneider Paul	Ungerer Matthys Johannes
Prosser Geoffrey Leslie	Salant David John	Snyman Adam Johannes	Vahed Abdul Khalek Ahmed
Prowse Clive Morley	Samson Ian David	Snyman Hendrick G Abraham	Vajjee Ashwin
Przybojewski Jerzy Zbigniew	Samson John Monteith	Solarsh Stanley Monash	Vallabh Satish
Quan Tim	Sanders Hannah-Reeve	Somera Satiadev	Van Bever Donker Sophie Carla
Quantock Owen Peter	Sapire David Warren	Sommerville Thomas Edward	Van Coeverden de Groot Herman
Quirke Peter Dathy Grace	Saunders Stuart John	Sonnendecker Ernest W Walter	Adriaan
Rabe Hans-Heinrich Burghardt	Saxe Norma Phyllis	Sparks Bruce Louis Walsh	Van den Bergh Cornelius Jacob
Rabie Johannes	Scallan Michael John Herbert	Spies Sarel Jacob	Van den Ende Jan
Radford Geoffrey	Schaetzing Albrecht Eberhard	Spilg Harold	Van der Merwe Christiaan
Raftopulos Paris	Schepers Anton	Stander Dudley	Van der Merwe Gideon Daniel

Van der Merwe Hendrik Johannes	Van Rensburg Nicholaas Albertus Jansen	Walls Ronald Stewart	Wilson Timothy Dover
Van der Merwe Jacobus Petrus	Van Rooyen Gert Ignatius	Walton Russell John	Wilson William
Van der Merwe Johannes Amos	Van Schalkwyk Derrick	Wannenburgh Frederick John	Wilton Thomas Derrick
Van der Merwe Jan Abraham	Van Schalkwyk Herman Eben	Warren Brian Leigh	Wingreen Basil
Van der Merwe Pieter-Luttig	Van Schouwenburg Johan Andries	Warren Peter George Robert	Wise Roy Oliver
Van der Merwe Schalk Willem Petrus	Michiel Heyns	Watt Keith Alexander	Wittenberg Dankwart Friedrich
Van der Meyden Cornelis Hendrikus	Van Selm Christopher Denys	Webber Bruce Leonard	Wolfsdorf Jack
Van der Spuy Johan Wilhelm	Van Wyk Chris	Weehuizen John Peter Albert	Wootton John Barry Leif
Van der Veen Binno Watze	Van Wyk Frederick Arthur Kelly	Weich Dirk Jacobus Visser	Wranz Peter Anthony Bernhard
Van der Walt André	Van Wyk Johannes Adriaan Louw	Weinberg Eugene Godfrey	Wright Ian James Spencer
Van der Walt Estelle	Van Zyl-Smit Roal	Weinbrenn Clifford	Wright Michael
Van der Walt Pieter Johannes	Veldman Michael Hendrik	Wellsted Michael Dennis	Wunsh Louis
Van der Wat Izak Johannes	Velzeboer Sally Jane	Welsh Ian Bransby	Yakoob Hamid Ismail
Van der Wat Jacobus JH Botha	Venter Jacobus Frederik	Welsh Neville Hepburn	Yeats John Raymond
Van der Westhuizen Johann	Venter Louis André	Westaway Joan Lorraine	Yudaken Israel Reuwen
Van Drimmelen Bertha	Venter Pieter Ferdinand	Westerman David Elliot	Zacks Philip Louis
Van Drimmelen Pieter	Vermaak Etienne Johan	Weston Neville Anthony	Zaaijman John du Toit
Van Gelderen Cyril Jack	Vermeulen Jan Hendrik	Whiffler Kurt	Zabow Tuviah
Van Graan Nico Jacobus	Viljoen Denis Lowe	White Ronald Gilchrist	Zent Clive Steven
Van Greunen Francois	Viljoen Ignatius Michael	Whiting David Ashby	Zent Roy
Van Heerden Schalk Petrus	Visser Daniel	Whiting Kenneth Rowland	Zieff Solly
Van Helsdingen Jacobus Ockert Tertius	Von Varendorff Edeltraud Mathilde	Whittaker David Ernest	Ziervogel Carel Frederick
Van Leenhoff Johannes Willem	Von Wielligh Gysbertus Johannes	Wickens Johannes Tromp	Zion Monty Mordecai
Vanmali Hasmykhlal Pranjivan	Vosloo Johan Christian	Wienand Adolf Johann	Zwonnikoff George Alexander
Van Niekerk Christopher	Wade Harry	Wiggelinkhuizen Jan	
Van Niekerk Christoffel Hendrik	Wagenfeld Derrick John Henry	Wilkinson Lynton Dallas	
Van Niekerk Gilbert André	Wahl Jacobus Johannes	Willemse Pieter	
Van Niekerk Johannes Phippus de Villiers	Walele Abdul Aziz	Willers Petrus Salmon	
Van Niekerk William Stephen	Walker David Anthony	Williams Margaret Ethel	
	Walker Kathleen Gwen	Williams Robert Edward	
		Wilson Peter James	

(Deceased members not listed, but on record.)



Report Back Eponymous 2015

1. Mthatha Educational Development Programme 2015

1.1 UPDATE IN FORENSIC PATHOLOGY

Date: Thursday 26 March 2015 -
Saturday 28 March 2015

Speaker/s: Dr Robert Ngude
Dr Keven Hlaise

Venue: Mthatha Health Resource Centre Auditorium

1.2 UPDATE ON THE CHALLENGES IN TRAVEL MEDICINE

Date: Thursday 28 May 2015 –
Saturday 30 May 2015

Speaker/s: Professor Lucille Blumberg
Dr A De Frey

Venue: Mthatha Health Resource Centre Auditorium

1.3 UPDATE ON THE CHALLENGES IN INFERTILITY AND ENDOSCOPY

Date: Thursday 08 October 2015 –
Saturday 10 October 2015

Speaker/s: Dr Thabo Matsaseng
Dr Viju Thomas

Venue: Mthatha Health Resource Centre Auditorium

2. Lectureships 2015

2.1 JC COETZEE LECTURESHIP 2015

Dr Jack Moodley will present at the 18th National Family Practitioners Congress 2015 that will take place 31 July 2015 to 02 August 2015.

2.2 KM SEEDAT MEMORIAL LECTURESHIP 2015

Dr Carl de Wet will present at the 18th National Family Practitioners Congress 2015 that will take place 31 July 2015 to 02 August 2015.

2.3 JN AND WLS JACOBSON LECTURESHIP 2015

Dr Jacques Janse Van Rensburg will present his lecture at the National Radiology Congress 2015.

2.4 FP FOUCHE LECTURESHIP 2015

Professor Robert Dunn will present at 61st Congress of the South African Orthopaedic Association that will take place 31 August to 3 September 2015.

2.5 ARTHUR LANDAU LECTURESHIP 2015

Awaiting a nomination from the College of Physicians.

3. AWARDS 2015

3.1 MAURICE WEINBREN AWARD IN RADIOLOGY 2015

Dr AF Bezuidenhout is the recipient of this award for his submission titled:
Lumbosacral transitional vertebrae and S1 radiculopathy: The value of coronal MR imaging.

3.2 RWS CHEETHAM AWARD IN PSYCHIATRY 2015

Professor Albert Janse Van Rensburg is the recipient of this award for his submissions titled:

- Referral and collaboration between South African psychiatrists and religious or spiritual advisers: views from some psychiatrists.
- SA society of Psychiatrists guidelines for the integration of spirituality in the approach to psychiatric practice.
- Integrating spirituality in the approach to psychiatric practice.

4. EDUCATIONAL FUNDS 2015

4.1 ROBERT MCDONALD RURAL PAEDIATRIC PROGRAMME 2015

Professor Milind Chitnis has made application from the Eastern Cape Paediatric Surgical Service and Walter Sisulu University.
Awaiting feedback

5. REGULATIONS UPDATE

On-going updating of syllabi, bibliography and referencing is undertaken by the Education Office. If major changes have been requested these are taken to Senate by the Academic Registrar.

CMSA Active Fellows *ad Eundem* (as at 2 September 2015)

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