



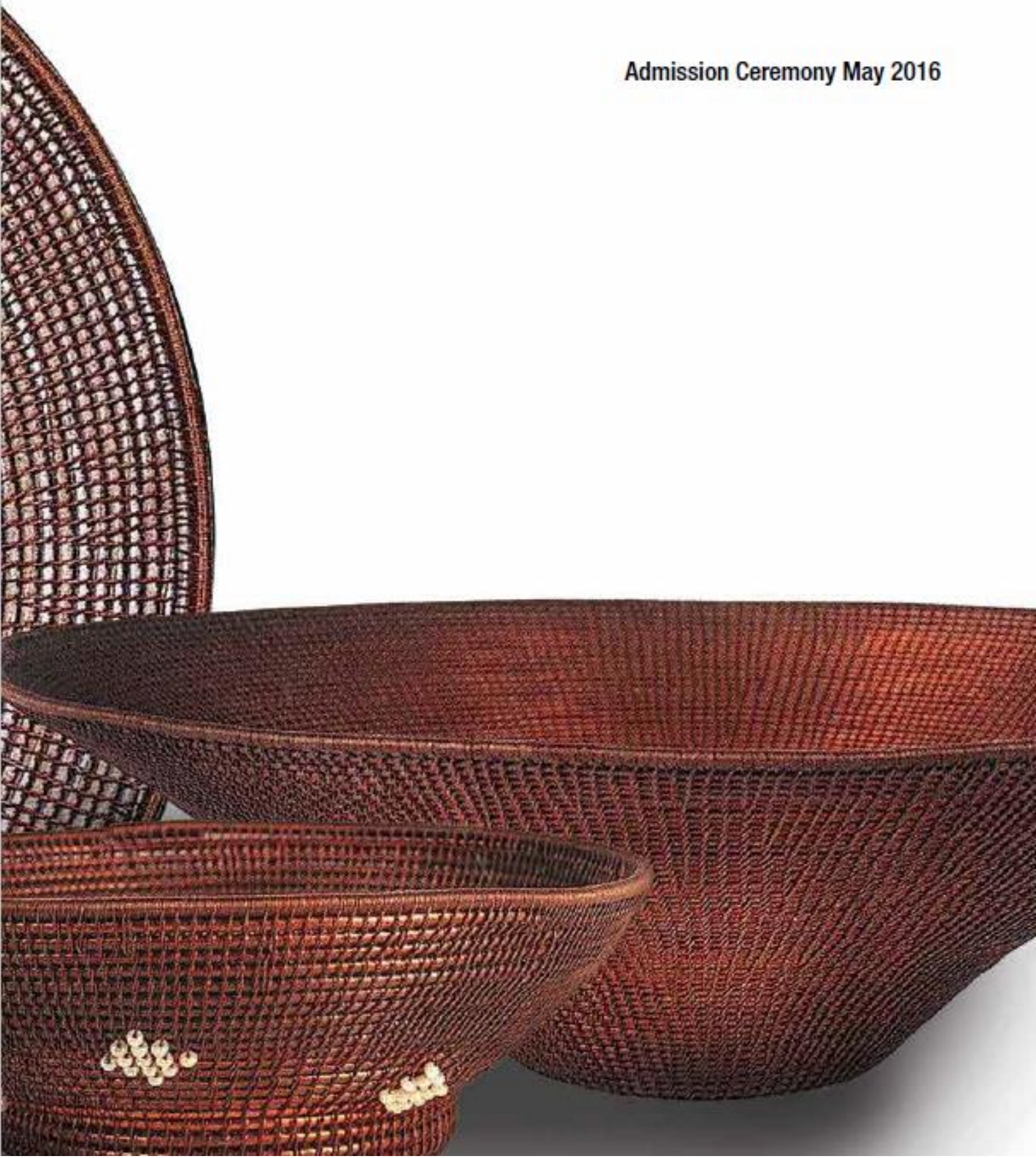
TRANSACTIONS

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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.

Article references:

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

Book references:

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

Lost Members

The CMSA office in Rondebosch is keen to establish the whereabouts of the following "lost members", some of whom may be deceased. Any information that can be of assistance must please be e-mailed to Bianca van der Westhuizen at bianca.vdwesthuizen@cmsa.co.za or Tel: 021 689 9533.

Azam, Muhammed (College of Paediatricians)

Barry, Michael Emmett (College of Family Physicians)

Benatar, Victor (College of Obstetricians and Gynaecologists)

Kuther, Annamarie (College of Emergency Medicine)

Lwamba, Kayuba (College of Orthopaedic Surgeons)

Manicum, Brent Nolan (College of Anaesthetists)

Onyebukwa, Chukwuma Victor (College of Paediatricians)

Ospovat, Norman Theodore (College of Physicians)

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

Information as at 7 October 2016

Editorial

Zika Virus Disease (ZVD): Beyond the Rio Olympic Games



Prof Gboyega A Ogunbanjo

The Rio Olympic Games has come and gone despite the global concerns on the risk of athletes and visitors contracting the Zika Virus Disease (ZVD) during the games and spreading it to the rest of the world. Before the global event, there were calls for the 2016 Olympics to be postponed, moved, or both from Brazil, which is still at the epicentre of the ZVD epidemic. Before the Rio Olympics, there were sixty countries and

territories that reported "continuing" transmission of the Zika virus by the *Aedes* mosquitoes.¹ As of 13 October, 2016, the Pan American Health Organization (PAHO) reported that the Zika confirmed cases and congenital syndrome associated with Zika virus by countries and territories in the Americas were 153 322 and 2138 respectively.² Brazil's estimates range between 440 000 to 1.3 million Zika virus infections.³ Undoubtedly, there is clinical evidence that Zika infection is associated not just with paediatric microcephaly and brain damage, but also with adult conditions such as Guillain-Barré syndrome³ and acute disseminated encephalomyelitis.⁴

What is unclear is how countries are dealing with the spread of the virus among their people. For example, Singapore reported its first locally transmitted Zika case on August 27, 2016 with more than 400 cases detected since, though most patients have recovered. Other South-East Asian countries with Zika now include Thailand, the Philippines, Malaysia and Vietnam.⁵ Singapore released an army of bacteria-infected mosquitoes on Tuesday 18 October 2016 in a bid to suppress the *Aedes aegypti* mosquito population as the country battles with an outbreak of Zika. The World Health Organization warned that the mosquito-borne virus, already found in 70 countries including Singapore, would "highly likely" spread further in the Asia-Pacific region.⁵

In Singapore, thousands of male *Aedes aegypti* mosquitoes carrying the *Wolbachia* bacteria, which is harmless to humans, will be released regularly into streets, stairwells and open areas in three areas of Singapore as part of a six-month field study. Their target is the female *Aedes aegypti*, the primary carrier of viruses such as Zika, dengue, chikungunya, and yellow fever. Research shows that when male mosquitoes carrying *Wolbachia* mate with female mosquitoes that do not have the bacteria, their eggs do not hatch. Singapore's minister for the environment and water resources states that "If successful, this will complement our existing mosquito control efforts and eventually lead to the suppression of the *Aedes*

aegypti mosquito population and a possible curtailment of dengue or Zika transmission."⁵ Their approach sounds revolutionary as this may be the solution on how to curtail not just ZVD, but dengue, chikungunya, and yellow fever, which are transmitted by the same mosquito in most parts of Asia-Pacific region and the Americas.

In the USA, ZVD and Zika virus congenital infection are now nationally "notifiable" conditions. These emerged due to the 3936 cases reported as of 12 October 2016 as follows: locally acquired mosquito-borne cases reported (128); travel-associated cases reported (3807); laboratory acquired cases reported (1), while the number of confirmed sexually transmitted cases is 32.⁶ Due to the proximity of the USA to Brazil and the ease of travel between the two countries, virtually all states from Alabama to Wyoming have reported cases of ZVD. In Florida, the approach has been to conduct aerial pesticide spraying targeting mosquito larvae. Is this enough to curtail the travel-associated cases, which form the majority of the cases in the USA?

We are yet to establish the extent of ZVD spread globally as the presentation is mild with very low fatality rates in adults. What is worrisome is the increasing numbers of microcephaly in babies and Guillain-Barré syndrome and acute disseminated encephalomyelitis in adults. The million-dollar question is that "*Did the Rio Olympic games accelerate the spread of the Zika virus globally?*" The approximately 500 000 people who attended the Rio Olympic games from all over the world was a "mass migration" into the heart of the Zika virus epidemic and still cannot be justified from a public health perspective. The period post-Rio Olympics will be crucial in assessing the spread of the virus in countries that took part in the global event. What is required is active surveillance for ZVD on a global scale as this infection has already commenced its pandemic spread, which the Rio Olympics probably assisted through the mass gathering of athletes in Brazil.

Prof Gboyega A Ogunbanjo

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1. World Health Organisation. WHO public health advice regarding the Olympics and Zika virus. Available at: <http://www.who.int/mediacentre/news/releases/2016/zika-health-advice-olympics/en/>
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3. Bogoch II, Brady OJ, Kraemer MU, et al. Anticipating the international spread of Zika virus from Brazil. *Lancet* 2016; 387: 335-36.
4. Cao-Lormeau V-M, Blake A, Mons S, et al. Guillain-Barré Syndrome outbreak associated with Zika virus infection in French Polynesia: a case-control study. *Lancet* 2016; 387: 1531-39.
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Presidential Message



Prof Mike Machaba Satheke

I approach my service and triennium as President of The Colleges of Medicine (CMSA) with profound gratitude and great humility. I cherish this trust, and I acknowledge my need for your help to pursue excellence in examinations that are fair, valid, reproducible and affordable.

To the Senior Vice President, Junior Vice President, Board of Directors and Senate, I am grateful for their collective leadership. They are prepared to create value before they claim value.

Prof Gerhard Lindeque, the Immediate Past President, I thank you for your considerable contributions and support to the CMSA.

Many thanks to the Board of Trustees, Board of Directors and Senators for making sure that the CMSA has a permanent address in Durban. We encourage the CMSA members to visit our new premises. We are most appreciative of Dr W Clewlow's and Prof YK Seedat's input and contributions toward the acquisition of the Durban office.

I also wish to express appreciation of the support we receive from all the staff at the three CMSA offices.

Colleagues, South African higher education is undergoing seismic shifts, and we face extraordinary pressures. CMSA is also facing significant challenges with regards to National Professional

Examination (NPE) and the pass rate. Furthermore, it troubles me deeply that CMSA is experienced by some as not providing a level playing field. How we address that is a vexing and complex matter. We should take this as an opportunity and an imperative both to embrace thoughtful change and to affirm our core values.

We are particularly concerned about “#Bring Back the MMed” without thorough engagement and investigation of the matter. Many factors influence a NPE's pass rate. Some are directly attributable to the training platforms, teachers and registrars. Others may relate to the examination process/CMSA. But which factors matter most, and how they overlap, it may be hard to measure. Hence we asked the CMSA Project Committee to convene an independent panel of experts to conduct a survey/research that will review the previous 10 years examination results, and seek input from the registrars, teachers, and examiners in order to help us make the correct diagnosis and interventions.

Concurrently, as one of the means of improving communication and transparency, we hope that the ongoing roadshows will enable the students and staff to express their opinions and what they are anxious about as we move forward together. During these processes of the roadshow, we do emphasize that talent is uniformly distributed across the populace. But opportunity most certainly is not. Hence, as the CMSA, we will seek partnerships that may help to offer opportunities for learning and growth that are missed.

To this effect in past Senate and Strategic Planning Meetings, the CMSA has prioritised working collaboratively with the South African Committee of Medical Deans, the Health Professions Council of South Africa and the Department of Health, so that we can foster new directions in training and assessment, including new partnerships with regards to the portfolio and evidence of competence.

While in the meantime we continue to review our examination and assessment processes, as evidenced by the following developments:

- Enforcing an inclusive process of selecting examiners in consultation with Heads of Departments of our universities (including appointing observers where there is no representation of some institutions).
- Compulsory workshops for training all examiners.
- Compulsory bare-bones memoranda.

- Clear roles of the conveners and the moderators with feedback to candidates.
- Availing scripts to candidates and committing to clear time lines with regards to remarking.
- Piloting of an audio recording of the oral examination.
- Piloting of the electronic portfolio.

We have also taken the in principle decision that candidates, who achieve the required marks in the written component of the examination and were invited to the practical/oral/clinical/OSCE examinations but were unsuccessful, would be exempt from the written component of the next examination session. Such exemption would apply to one sitting only and must be exercised in the following semester.

These ongoing measures, in partnership with HPCSA, SACOMD and DOH will help to provide registrars with regular and adequate

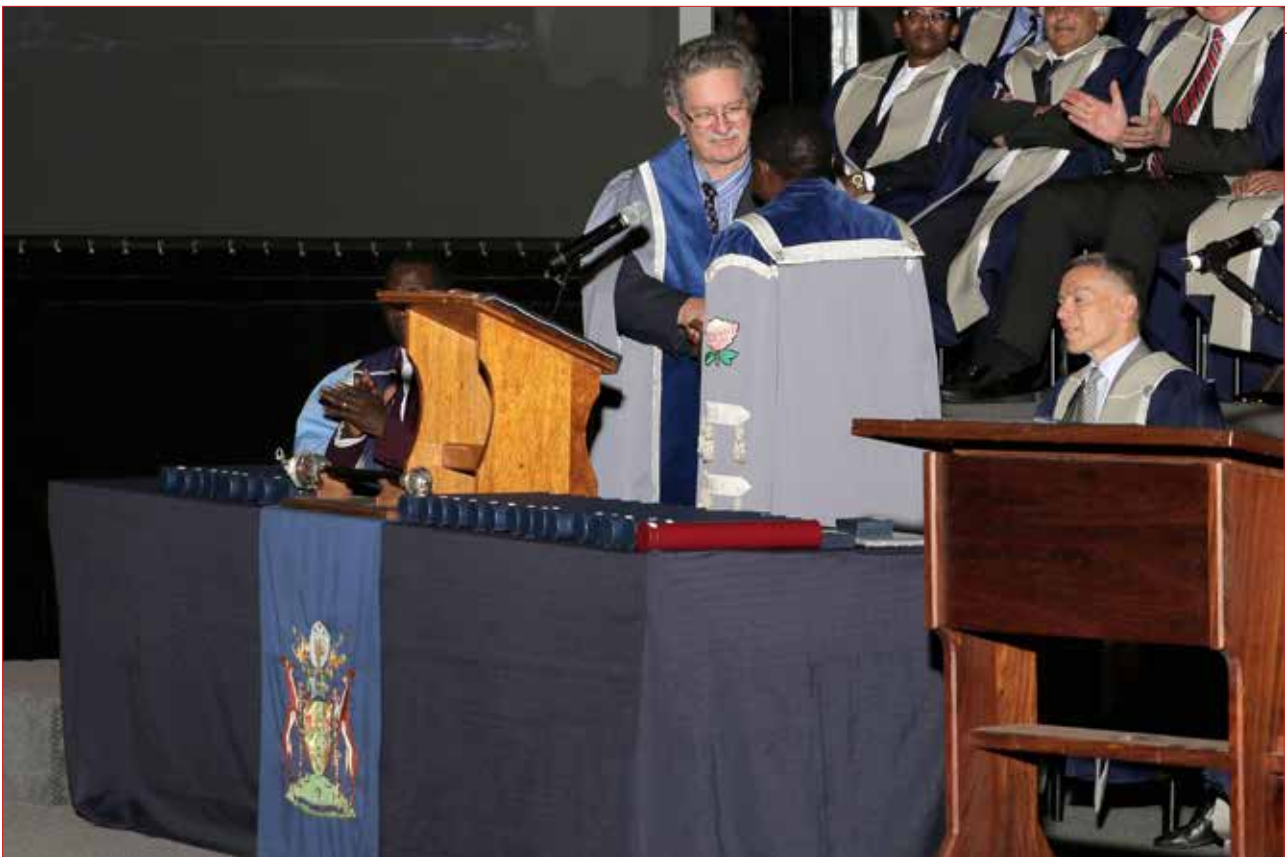
formative feedback from multiple sources, including the identification of strengths and challenges, to support progressive attainment of competence along the learning continuum. We hope this will win the confidence of our students to make use of the CMSA appeal systems and our partners, rather than the litigation route, including the office of the Public Protector.

We must work together to clearly articulate the value of National Professional Examinations, which should clearly not only impact the lives of our registrars, but also of our patients and health care delivery.

I trust that despite pressing challenges that the CMSA faces, this is a remarkable time to be innovative. Challenge lights the fire of change and opportunity.

Prof Mike Machaba Sathekge
President

The Presentation of the Past President's Badge



Prof Gerhard Lindeque receives his Past President's Badge

Admission Ceremony 19 May 2016

The admission ceremony was held in the Hatfield Christian Church, Pretoria. This stunning venue was appreciated by Senate and candidates alike. The sound and visuals made this one of the most enjoyable Admission Ceremonies ever held by the CMSA.

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

Mr Adrian Gore, Chief Executive Officer of Discovery Limited delivered the oration.

The presentation of the Past President's Badge was made to Professor Gerhard Lindeque by the current President, Professor Mike Sathekge.

Professor John Pettifor was admitted as an Honorary Fellow to the College of Paediatricians of the Colleges of Medicine of South Africa. The citation for Professor Pettifor was written by Professor Robin Green and read by Professor Sharon Kling.

Twenty five medallists were congratulated by the President on their outstanding performance in the CMSA examinations. Medals were awarded in the following fellowship disciplines, Anaesthetics, Dermatology, Emergency Medicine, Neurology, Obstetrics and Gynaecology, Ophthalmology, Orthopaedic

Surgery, Paediatrics, Pathology-Microbiology, Internal Medicine, Public Health Medicine, Radiology and Surgery. Medals were also awarded in the following diplomate discipline, Internal Medicine and HIV Medicine.

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, Professor Gboyega Ogunbanjo announced the candidates, in order, to be congratulated by the President. The Honorary Registrar – Education, Professor Jay Bagratee individually hooded the new Fellows. The Honorary Registrar – Finance and General Purposes, Professor Dhiren Govender handed each graduate a scroll containing the Credo of the CMSA.

The new Diplomates were announced and congratulated.

All in all the President admitted 43 Certificants, 317 Fellows and 306 Diplomates.

At the end of the ceremony the National Anthem was sung, whereafter the President led the recent graduates out of the hall. Refreshments were served to the graduates and their families.

Oration: Mr Adrian Gore's Address at The Colleges of Medicine of South Africa Graduation Ceremony 19 May 2016 , Pretoria

Mr. Adrian Gore - Group Chief Executive of Discovery Limited



Mr Adrian Gore

1. Introduction and welcome

- Good afternoon. The President of The Colleges of Medicine of South Africa, distinguished guests, Certificants, Diplomates and Fellows, ladies and gentlemen. I would like to convey my appreciation and honour at sharing opening remarks for this prestigious event.

2. Challenges facing South African health care

- The South African healthcare system is fraught with well-known challenges, amongst others – an ailing public system, large disparities between the private and public sector, and a quadruple burden of disease.
- Compounding these challenges is the fact that doctors and specialists, which are essential in the delivery of quality health care, are in dire shortage:
 - ◊ South Africa has 60 doctors per 100 000 citizens compared to the world average of 152.
 - ◊ Comparative figures for BRICS countries: 70 in India, 189 in Brazil, 194 in China and 431 in Russia.
- For civil society, and indeed specialists such as yourselves, the challenges facing the healthcare system can appear to be intractable and impossible to change.
- I am here to tell you that this is not the case. While this might sound simplistic, hear me out.

3. Cognitive error of how systems work

- I want to highlight a simple yet profound cognitive error that occurs when we think about how systems work – an error that has significant implications for our lives, our businesses, our public systems, and our countries.

- Many systems around us are skewed and unequal in nature, and we hear these catechisms all the time:
 - ◊ 1% of the world's population accounts for 40% of global wealth.
 - ◊ In health care, 20% of claimants account for 79% of claims cost.
- We often perceive these as aberrations, as offensive violations of our innate sense of and desire for equity and equilibrium.
- This is the cognitive error, because rather than being aberrations – they are in actual fact – the norm.
- This cognitive error is borne out of our unconscious assumption that things around us are normally distributed, depicted in the bell-shaped curve or "Gaussian" distribution.
 - ◊ We think elements of the system are distributed evenly around an average or mean.
 - ◊ Some things are normally distributed, like IQs or people's heights, but they are few and far between, and tend to occur as a result of natural and independent processes.

4. The new normal is non-normal

- In reality, most things are incredibly skew in their distribution and follow the Pareto principle – more commonly known as the "80/20" rule or power law dynamic.
- This is because when systems are interconnected, complex and interdependent (like a healthcare system), the result is a skewed distribution in which a small proportion in the tail of the distribution drives the system.
- Pareto is pervasive, it's wherever you look:
 - ◊ On Twitter, 60% of the messages are generated by just 2% of users.
 - ◊ In the London Olympics, 20% of the countries won 75% of the gold medals.
 - ◊ In the US 2016 election campaign, political contenders attribute 70% of their campaign funds to one or two sources – political action committees, or individual large donors.

5. Pareto distribution calls for new thinking

- We shouldn't be threatened by this revelation; instead we should see the remarkable opportunity that it presents:
 - ◊ In a Gaussian world, to change a system you must shift all elements within it – laborious, time consuming and often not possible.
 - ◊ However, in a Pareto world, systems are changed by activity in the tail of the distribution; a shift of the tail drags the average with it and modifies the system.
- The implications are profound: our own lives are complex and interconnected, and therefore the decisions and choices

we make lead to outcomes that are Pareto in their impact on our realities – a few good decisions can change our destiny.

- However, it is perhaps in the context of our country that Pareto's implications are most exciting. In the context of the challenges facing our country, the Pareto distribution implies that the events in the tail – a few critical decisions made by a small group of driven, powerful individuals– can bring about the transformation that we require in a short space of time.
- We've seen the effects of Pareto leadership and decision-making in the past in our country – through the leadership of Former President Nelson Mandela, and, more recently, by the latest initiative led by Minister Gordhan which is pulling together government, business and labour in an effort to enhance the resilience of our economy. Yet one more example of a positive catalytic effect of a challenging environment.
- With respect to our healthcare system, Pareto leadership and decision-making are evident in South Africa's response to HIV/AIDS.
 - ◊ Around 2008, there were an estimated 310 000 Aids related deaths per year (a figure which is widely believed to be understated due to the stigma associated with HIV) and 1.9 million reported AIDS orphans.
 - ◊ The election of Aaron Motsoaledi saw a turnaround that resulted in 20 million South Africans being tested for HIV, and a rise in life expectancy from 56.5 in 2009 to 60 in 2012.
 - ◊ Since 2009, South Africa has had one of the sharpest declines in new HIV infections amongst children with the mother-to-child transmission reducing from 8% in 2008 to 2.7% in 2011 – and has become a model for the successful management of HIV and roll-out of ARVs to other countries.

6. Conclusion

- It is easy to get overwhelmed by the enormity of the challenges we face as South Africans, and as practioners in health care specifically.
- When we see the world through Pareto eyes, however, there is hope. Pareto mathematically implies that our challenges, while significant, should not be considered insurmountable. Instead, in times of challenge, we should look for opportunities to innovate and effect change (could possibly speak to DSY's birth and inception as an example of this, given what (was?) the environment at the time)
- In a world becoming increasingly networked, the upside to the complexity and unpredictability is that outliers – individuals, choices and interventions of extreme excellence – can steer dramatic new courses in rapid time.
- For this reason, we are fixated on young leaders like yourselves, because we understand how outstanding individuals and choices can reconfigure the direction and pace of progress, by their activity in the tail.
- I want to commend you on being admitted. You represent our smartest healthcare professionals, and the future of what we are aiming for – an innovative, world-class, integrated and equitable healthcare system for all South Africans. I urge you to consider that your skills and degree only get you to the starting point; what ensures your success from here on out is your attitude. Adopt the right attitude – challenges can be overcome and are an invitation to be excellent and innovative; and our country has infinite promise and potential core to which is a strong and sustainable

Citation: Professor John Morley Pettifor Honorary Fellowship (College of Paediatricians)



Prof John Morley Pettifor

Professor John Morley Pettifor is currently Professor Emeritus and Visiting Professor, Faculty of Health Sciences, University of the Witwatersrand and Honorary Professorial Researcher, Wits/MRC Developmental Pathways for Health Research Unit, Department of Paediatrics, University of the Witwatersrand.

John Pettifor attended St John's College in Johannesburg, matriculating with a First Class Pass. He obtained his MBBCh at the University of the Witwatersrand in 1968, his FCP in Paediatrics from the College of Medicine of South Africa in 1972, and a PhD from the University of the Witwatersrand in 1981, in the field of calcium deficiency rickets.

John Pettifor has served the College of Paediatricians and the Colleges of Medicine with distinction throughout his career spanning many years. His association began in 1972 when he was recipient

of the Robert McDonald Medal for the most outstanding candidate in the examination for the Fellowship of the College of Physicians in Paediatrics. Between 1987 and 1994 he was Member of the Committee of the Faculty of Paediatrics of The Colleges of Medicine of South Africa (CMSA) and between 2002–2005 he served as President of the College of Paediatricians of The Colleges of Medicine of South Africa. He was again active between 2005–2008 as Council member of the College of Paediatricians. During many of these years he served on the Senate as Senator and also on the Executive Committee of the CMSA. He has also examined in many different examinations.

However, apart from these distinctions John Pettifor has been a pioneer in children's health and has served the children of South Africa, Africa and the world through his research (mostly in the field of metabolic bone disease), teaching and clinical service. He has been honoured by a number of local and international societies including: The Silver Medal of the Medical Research Council (1997), The British MRC Distinguished Visiting Fellow (2002), The Dr Charles Siemenda Award for contribution to Children's Bone Health awarded by the 2nd International Conference on Children's Bone Health (2002), The Ray A Kroc Visiting Professor to Department of Pediatrics, Georgetown University, Washington DC (2004), The President's Award (2006), The Dr C Gopalan Oration Gold Medal awarded by the Nutrition Society of India (2006) and A Career Award from XVth Vitamin D Workshop in Houston (2012) in recognition of his contributions to vitamin D research.

Professor Pettifor is an A2 rated scientist of the National Research Foundation and has been through many years. Professor Pettifor has become legendary for his teaching and hundreds of international presentations as invited speaker in every part of the world.

The College of Paediatricians is proud to present this award of Honorary Fellowship to Prof John Pettifor.

Prof RJ Green

MEDALLISTS



HYMIE SAMSON MEDAL:
ANTHONY JOEL COHEN
FCA(SA) Part I



JACK ABELSOHN MEDAL & BOOK PRIZE:
KARIN-ANN BEN-ISRAEL
FCA(SA) Part II



PETER GORDON-SMITH AWARD:
MERCEDES MORRISON
FC Derm(SA) Part II



PETER GORDON-SMITH AWARD:
SILINDILE AYANDA SIBISI
FC Derm(SA) Part II



**RESUSCITATION COUNCIL OF SA MEDAL
& THE KLOECK FAMILY MEDAL:**
LUCY HINDLE
FCEM(SA) Part I



SIGO NIELSEN MEMORIAL PRIZE:
SAIESHA ARTI DINDAYAL
FC Neuro(SA) Part I



DAUBENTON MEDAL:
ANNEEN BIANCA VENTER
FCOG(SA) Part II



NEVILLE WELSH MEDAL:
FAHEEMA ABDOOLA
FC Ophth(SA) Primary IA



OPHTHALMOLOGICAL SOCIETY MEDAL:
IRFAAN HASROD
FC Ophth(SA) Intermediate IB



JUSTIN VAN SELM MEDAL:
GARETH FERNANDES
FC Ophth(SA) Final



JIM EDELSTEIN MEDAL:
ANDREW STRYDOM
FC Orth(SA) Final



LESLIE RABINOWITZ MEDAL:
MEERA CHANDRAKANT NATHOO OOKA
FC Paed(SA) Part I



COULTER MEDAL:
KATHY-ANNE STRYDOM
FC Path(SA) Micro



AM MEYERS MEDAL:
CLAIRE KEENE
FCP(SA) Part I



SUZMAN MEDAL:
ARTHUR KAGGWE MUTYABA
FCP(SA) Part II



HENRY GLUCKMAN MEDAL:
HEINRICH CYRIL VOLMINK
FCPHM(SA) Part II



HENRY GLUCKMAN MEDAL:
KATE REES
FCPHM(SA) Part II



RHONE-POLENC RORER MEDAL:
DASHNEE GOVENDER
FC Rad Diag(SA) Part I



**FREDERICH LUVUNO MEDAL
& TRUBSHAW MEDAL:**
RAOUL DANIEL ERASMUS
FCS(SA) Primary



BREBNER AWARD:
IMRAAN ISMAIL SARDIWALLA
FCS(SA) Intermediate



DOUGLAS AWARD:
BROOKE PUTTERGILL
FCS(SA) Final



YK SEEDAT MEDAL:
KUDAKWASHE SIMBA
Dip Int Med(SA)



HIV CLINICIANS SOCIETY MEDAL:
MICHAEL TERENCE BOSWELL
Dip HIV Man(SA)

List Of Successful Candidates: March 2016

Fellowships

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

ANAMOURLIS Prodromos Christopher	Wits
BEN Hamed Khalid	Wits
BERNARD Nicholas Johannes	UFS
BIYASE Ntombiyethu	Wits
BLAAUW Willem Schalk	UFS
BULEY Helen	UKZN
CHELLAN Chantal Liza	UKZN
COHEN Anthony Joel	Wits
CUTHBERT Saweda	Wits
DAFFUE Jacques	WSU
DOKOLWANA Banele Amanda	WSU
DU PREEZ Therese	UP
EBERSOHN Annemarie Cornelia	US
ERWEE Stephanus Petrus	UP
FOURTOUNAS Maria	Wits
GOSAI Kamal Arunkumar	Wits
GOVENDER Guventhiran	UKZN
GQIBA Akhona, Lolwethu	UKZN
HUSSEIN Jaffer	Wits
KINGWILL Aidan Con	UFS
LAMBAT Fatimah Bibi Ebrahim	Wits
MANITSHANA Nontsikelelo	Wits
MCCALLUM Julia	Wits
MHLANGA Gugulethu Tsakani Jenny	UCT
MINNAAR Izette	US
MOLLER Carien	Wits
MOYCE Zanine Nazerene	UKZN
MUMBA Jesse Musokota	UCT
NAIDOO Kamini	Wits
NAIDOO Rubendren	US
NAMANYANE Thapelo	SMU
NEL Matthew	UKZN
NGAKA Tshebeletso Christian	UCT
NGWENYA Makhosazana Busisiwe	Wits
NYOKA-MOKGALONG Simangele Cecilia	UCT
PRETORIUS Tania	UCT
RAMSANDER Shuravith Ramjith	UKZN
REDELINGHUYNS Cara	Wits
REDFORD Lindsey Elizabeth	Wits
REYNEKE Michelle	US

RUMBOLL Charles Knight	UCT
SHIVERA Theresia Shitoka	UCT
STRAUSS Karin	US
THERON Andre	UFS
VAN DER WESTHUIZEN Nico	UFS
VICKERY Nicola Justine	UCT
VON STEIGER Ilonka	US
YOGESWARAN Janani Ayshwaryah	Wits

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

MALEFAHLO Katlego Sidney Chipane	UP
RAMGHULAM Sherin	UKZN
SCOTT Devan	Wits

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

CHUGHLAY Mohamed Farouk	UCT
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Fellowship of the College of Dermatologists of South Africa: FC Derm(SA)

DLADLA Khanyisile	UCT
KOCH Karen	Wits
PARKER Altaaf	US
ROUHANI Najafabadi Mary Mehrafarin	Wits
VAN DEVENTER Linda	US
ZULU Thembelihle	UKZN

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

LEWIS Carolyn Mary	UKZN
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Fellowship of the College of Family Physicians of South Africa: FCFP(SA)

AWOLESI Damilola	UKZN
BEDEKER Wiaan Francois	UCT
CHETTY Rolan Michael	UKZN
FOUCHE Germarie	US
HENDRICKS Gavin Deon	US
MARIMUTHU Sarojini	UCT
MPANGULA Ndaye Michel	Wits
OGBONNA Kingsley Chidebe	UL/SMU
PORTER James Dudley	UCT
SONUGA Babatunde Olanrewaju	UCT
UGOAGWU Abimbola Abiola	US
UGWU Emeka Joseph	UL/SMU

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

APATU Emefa Abra	Wits
FERREIRA Ignatius Stephanus	UFS
MABOTJA Seduma Suzan	UP
MOLLER Izelle	UCT

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

BOTHA Andrew	UP
EHLERS Hendrik Petrus	UP
ELAKHE John Enahoro	Wits
KLOPPERS Hendrik Paulus	UP
MAHOMED Naeem	US
MOLOMO Edward Molefe	UL/SMU

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

DENDERE Catherine	Wits
MOOLA Ismail	Wits
SASIKUMAR Sunayana	UP
VAN NIEKERK Linette	UP

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

EBRAHIM Mohammed Zahier	US
GONYA Sonwabile	UKZN
KELLY Adrian Graham	SMU
NDAYISHYIGIKIYE Marcel Didier	Wits
PROFYRIS Christos	Wits
VAN HEERDEN Hermanus Jacobus Nicolaas	UFS

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

AHMADU Oiza Tessy	SMU
GOVENDER Nerisha	UCT
NDLOVU Xolani	US
NEMUTADUNI Phumudzo Bridgett	SMU

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

ADU Kayode Adefemi	UKZN
AUGUSTINE Leon	UKZN
BALOYI Stephen	Wits
CHAUKE Hecate Derrick	UKZN
HAFFEJEE Muhammad Saleem	UKZN

JERE Khumbo	UCT	PILLAI Shaun	UKZN	SEAKE Karabo Pertunia	Wits
KOEN Sandy	UP	ROOI Tiro	UP	UZUKWU-EDEANI Chinyere Victoria	UP
KWAW-ASANTE Kofi	UP	TROISI Katherine	UKZN	VAN DER MERWE Alva	UFS
LEKALA Matsiane Luciah	SMU	TSAMA Mluleki	Wits	VAN DYK Leana	US
MAISTRY Charlene	UKZN	VAN DER KAAG Mark	US	VAN ECK Andrew	US
MBODI Langanani	Wits	VAN DER WALT Nicolaas Stephanus Tjaart	UKZN	VAN ROOYEN Jacobus Johannes	UFS
MONJI Builu Pierre	UKZN	YENDE Thabiso Wilson	UKZN	WILLIAMS Sadeeka	UCT
MOODLEY Theron	UKZN	ZANATI Abdelhakim	UKZN		
MWEDZI Fanuel	Foreign			Fellowship of the College of Paediatric Surgeons of South Africa: FC Paed Surg(SA)	
NAICKER Kiresha	UKZN			GOVENDER Theshni	Wits
NCUBE Nkosinathi	UCT	Fellowship of the College of Otorhinolaryngologists of South Africa: FCORL(SA)		HARILAL Shamaman	UKZN
PARIKH Nitish Upendra	UKZN	BHATTARAI Sarita	WSU	MADZIBA Sanele Stanley	UKZN
PATERSON Frances Sya	Wits	KHAN Aslam	Wits	MANICKCHUND Yashoda	UKZN
POTTOW Joanne	Wits	NDEBELE Phumelele Bongiwe Nokwazi	UKZN		
ROCKSON Esther	Wits	SAMSON Evelyn Joy	UCT	Fellowship of the College of Pathologists of South Africa – Anatomical: FC Path(SA) Anat	
SCHROEDER Amaal	UCT	STEENKAMP Gerhard Jacobus	UFS	DAVIES Gillian Elaine	Wits
SIJADU Tandiswa	UKZN			DE JAGER Louis Johann	UCT
SMITH Jaco	UFS	Fellowship of the College of Paediatricians of South Africa: FC Paed(SA)		GOVIND Lakhoo Deepna	Wits
SPENCE Trevi Alison Olga	UCT	BROWDE Kate Rebecca	UCT	SHER-LOCKETZ Candice	US
TIMMAL Shaun	UKZN	COETZEE Ashton Clyde	US	SKEAD Garret Jonathan	UCT
VAN DER WESTHUIZEN Nadia	UFS	COOPASAMY Kamalina	UKZN	WESSELS Annesu	UCT
		DANIELS Adriaan	UCT		
Fellowship of the College of Ophthalmologists of South Africa: FC Ophth(SA)		DENNIS Tanya	Wits	Fellowship of the College of Pathologists of South Africa – Chemical: FC Path(SA) Chem	
BOTHA RUAN Theo	Wits	DUMA Nolwandle	SMU	NDLOVU Mbali Thembekile Lynette	UCT
DE LANGE Johannes Tobias	UKZN	FRY Samantha	US	RAMPURSAT Yashna Dayawanth	UKZN
GERBER Willem-Martin	US	GIE Andre George	US		
MAILANE Dimakatso	Wits	GOODFELLOW Heloise Elena	UKZN	Fellowship of the College of Pathologists of South Africa – Clinical Pathology: FC Path(SA) Clin	
MAJOLA Nonhlanhla	UKZN	HARERIMANA Innocent	Wits	ERASMUS Nalene	UCT
MUSTAK Sayeed Hamzah	UCT	HARRAM Terishia	UKZN		
POTGIETER Jacquese	UP	HARRIS Kim Yvette	Wits	Fellowship of the College of Pathologists of South Africa – Haematology: FC Path(SA) Haem	
SURAJBALLI Sharisha	UKZN	HLABISA Bongeka Lungile	UKZN	GLATT Nadia Helen	Wits
		HOUGH Wayne	US	ROSSUM Nicole	UFS
Fellowship of the College of Orthopaedic Surgeons of South Africa: FC Orth(SA)		JALLOH Dr Alhaji Alusine	UCT		
AKINJOLIRE Akinwande Akinsola	Wits	KARSAS Maria	UP	Fellowship of the College of Pathologists of South Africa – Microbiology: FC Path(SA) Micro	
ALLIE Dean Gerard	Wits	KATANGWE Thembi Janis	US	BLACK Marianne	Wits
ARNDT Jan Daniel	UFS	KUBHEKA Sibusiso Ephraim	UKZN	LOURENS Adre	US
BHATTA Aabash Dev	UKZN	LIEBENBERG Hendrik Schalk	US	SAID Mohamed	UP
BISMILLA Muhammad Naadir	Wits	MABASO Evendah Sibusiso	UP		
DU TOIT Andries Louis Jacobus	UFS	MACHABA Lethabo	Wits	Fellowship of the College of Pathologists of South Africa – Virology: FC Path(SA) Viro	
GATHIRAM Chaiteshwar Vinodh	UKZN	MAGADLA Yoliswa	Wits	KHAN Aabida	UCT
HEYMANS Jan Daniel Cilliers	UP	MAILULA Mphokwa Thomas	UKZN	MAFUYEKA Rendani Takalani	UP
HIDDEMA Willem Bouke	UFS	MAROANE Basetsana Violet	UFS		
JACOBS Leslie	Wits	MASIKARA Mbaakanyi Kris	Wits	Fellowship of the College of Physicians of South Africa: FCP(SA)	
JORDAAN Pieter Willem	UCT	MATHIVHA Elelwani Maemu	UP	BARNARD Dewald Adriaan	US
JOUBERT Etienne	US	MOLOTSI Marang Ontlametse	US	CORNELISSEN Estelle Theresa	US
KANYEMBA Stanley Ndakoro	Wits	MONNANE Refilwe Gloria	UFS	DELLO-IACONO Adriano Luke	Wits
KGAGUDI Paul Marule	Wits	MONTGOMERY Stephane	UKZN	GOUNDEN Sivakumar Marimuthu	UKZN
KHAN Faraaz	UKZN	MONYAKE Palesa Mabatho	UP	GREENSTEIN Lara Sonia	Wits
KHUMALO Dlozi Richard	UP	MUDAHEMUKA Jean Claude	Wits	HASSEN Naeem	UKZN
MAELANE Shilly Peter	UL/SMU	MULAMBIA Yabwile	US	KAJAWO Shepherd	UCT
MAGAGULA Richard	UKZN	NGOBESE Makhosazane Judith	UP		
MHLONGO Nkosinathi Dennis	UP	NKOSI Winter-Rose Sizakhele	SMU		
MKIZE Sandile Kenneth	UKZN	NTULI-NDZAWUSE Linda	WSU		
NGCOYA Nokwanda Sibusisiwe	UP	PILLAY Shakti	UCT		
NORTH David Martin	UCT	PILLAY Shivane	UKZN		
O'FARRELL Peter	UKZN	PILUSA Jane Hloogelo	UP		
OJWANG Peter Douglas	Wits	QINA-TYHALI Babalwa Zandile	UKZN		
		REYNDERS Marelize	UFS		

LEROTHOLI Botlenyana Augustina	UKZN
LUFUNDO Nontuthuzelo	UFS
MAPHALALA Lokuthula Angella	UCT
MBALEKWA Lungile	WSU
NAIDU Jayseelan	Wits
PALKOWSKI Gregori Henryk	UCT
PATEL Sadia	UKZN
PHIRI Chimota Wa Chimota	UCT
RUSH Colin	UCT
SADHABIRISS Dhiren	UKZN
SEGULA Dalitso	Wits
SIRKAR Atish	UKZN
SONNEKUS Ambrentia Gertruida	US
SZYMANSKI Patryk Zygmunt	UCT
THUSI Mthunzi	UKZN
TIVA Tlangelani Thanks	UP
WILKEN Elisma	US

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

DOUGLAS Arnold	US
GREYVENSTEYN Gerhardus Andries	UKZN
RAMDIAL Shaal	UKZN
SEPTEMBER Gareth	US

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

GHELA Zakeen	Wits
JOHNSON Corinne	Wits
LAXTON Kim	Wits
LUTAAYA Diana Sheila	Wits
MABUZA Phephenyana Shylock	UKZN
NEL Michelle	UFS
RAMDHIAL Mayurl	UKZN
SIBANDZE Mlinganisi Pius	Wits
SOOKAN Chiara	UKZN
TENEA Zenaida	Wits
TORLINE John Ross	UCT
VAN HEERDEN Brigitte	UP

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

JACOB Nisha Anne Sunny	UCT
MAKOLA Thokoe Vincent	UP
RAZWIEDANI-RIKHOTSO Lufuno Lorraine	SMU
SOMAROO Harsha	UKZN

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

BARNARD Benjamin Wybrand	US
BOVE Michele	Wits
CILLIERS Willem Gerhardus	US
DU TOIT Gerhardus Johannes	UFS
LAMLA-HILLIE Stella Zoleka	UP
MASANGO Mlindeli Antony	UKZN
MATHA Bulelani	UKZN
MAVUSO Lapaneng Portia	Wits
MOSIANE Ofentse	SMU
NOMBULA Wonga	UKZN

PANICKER Alex	UL/SMU
PHEZA Zolelwa Patience	UKZN
PIETERS Michael Shaun	UFS
PRETORIUS Elias Johannes	US
SELEMELA Letlhogonolo Patrick	Wits
SEMAKULA-KATENDE Namakula Sophinah	Wits
SINGATA Chuma	UCT
VAWDA Zakariya	US

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

BONTHUYS Anita	US
FAKIE Nazia	UCT
LOMBE Dorothy Chilambe	US
NKOSI Zanele	UCT
PILLAY Krishanthavathie	UP

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

ALLY Zain	Wits
APAI Pacifico	UCT
BENAMRO Abobaker	UKZN
DE VILLIERS David Johannes	UCT
DEL VALLE Andres Francisco	UKZN
DUNYWA Khangelani	UKZN
ELSHIERE Alladden Idres M	UKZN
HARIPARSAD Sanjeev Dhuneshwar	UKZN
ISMAIL Shenaaz Banu	UKZN
JOUBERT Isabella Margaretha	UP
JUGMOHAN Ben	Wits
LIVHEBE Mbavhalelo Cynthia	Wits
MALAN Asha Franciska	UFS
MARAJ Amisha	Wits
MATHEBULA Pamela Bongeka	UP
MBEBE Thembisile Dalina	UKZN
MOLATI Malefetsane	SMU
MOUMIN Omar	UKZN
MTIMBA Lungisani	WSU
MULIRA Solomon	Wits
MUTHAMBI Tendani Theobold	Wits
NASHIDENGO Pueya Mekondjo	UCT
NDJOZE Ike	Wits
PILLAY Sumana Lakshmi	UKZN
ROODT Liana	UCT
TINUBU Olubodun	Wits
VAN DER SCHYFF Francisca	UP
VERMEULEN Abraham Jacobus	US

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

ALHEREK Abdalhamed	UKZN
BLUMBERG Raphael Moshe	Wits
GDEH Daou Abulkasem	Wits
HAYDEN Rudiger	UFS
MAMITELE Wisani Craig	UP
NADIMPALLI Ramesh Raju	Wits
SIVSANKAR Preena Sastra	Wits
WICHT Jonathan Henri	UCT

Certificates

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

NAGAR Bhavisha	Wits
RANGAKA Mamokgethi Christina	UP

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

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

PHASWANA Tshepiso Daphne	UP
SHELLY James Bradley	UCT
STANCHEVA Venera Petkova	Wits

Certificate in Clinical Haematology of the College of Paediatricians of South Africa: Cert Clin Haematology(SA) Paed

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

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

HOSKING Catherine Ann	Wits
SYED Muhommed Ridwaan	Wits

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

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

MAMPANE Butsi Pheladi Regina	UCT
PEYA Bukiwe Sharon	UCT

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

ADHAM Zaheer	Wits
MUDOMBI Wisdom Forward	Wits
NEL Robert Etienne	UCT
SIBANDA Joshua	Wits

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

LESETEDI Chiapo	Wits
NAIR Vimal Manmohan	UKZN

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

BUTT Jennifer Leigh US
FEKESHANE Anthony Mfundo US
VAN AARDT Matthys Cornelis UP

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

MALANDE Oliver Ombeva UCT
NABY Fathima UKZN

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

NEL Jeremy Stephen Wits

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

KAJEE Zaheera US
KAMANGA Noela Holo Bertha Wits
VAN KWAWEGEN Alison Wits

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

HOPPMANN Ute Christiane Wits
RUGAMBA Gilbert Wits

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

GREEFF Pieter Ludolf UP
KOECH Mathew Kiptonui US
TANNOR Elliot Koranteng US

Certificate in Neuropsychiatry of the College of Psychiatrists of South Africa: Cert Neuropsychiatry(SA)

GROENEWALD Engelina UCT

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

MOTENE Aletta Lefentse UL/SMU
TIVA Gabaza UCT

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

DUDGEON Kate Wits
PANNELL Nicolette UP

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

MOLELEKWA Vincent Gotthalganyamang US
SIGCU Noluyolo Christina UKZN

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

TAYLOR Lizele Phyllis Wits

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

LOUWRENS Helene US
TARKOWSKI Mariusz Piotr UP

Part I, Primary and Intermediate Examinations

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

ATRASH Ashraf Khalifa UKZN
CARIM Janine UKZN
CASSIM Nazeera Wits
DADOO Faaizah Wits
DAVIES Gwyneth Ann Wits
DESAI Farriel Wits
DIBETSO Tiisetso Wits
DOUGALL Lauren Dawn Wits
FLETCHER-NKILE Leilanie Wits
HENDRICKS Nicole Emaline Wits
INDIVERI Laura Wits
JAHRANI Hatem Wits
KAZENI Mulai Lumamba Wits
LEBALLO Gontse Wits
LOCKHAT Razeena Wits
MAHOMED Mishkah Wits
MOABELO Machuene Agnes Wits
MOHANADASAN Sujai UP
MSIMANGO Tshogofatso Musa Wits
MUNSAKA Efram UCT
NAUDE Johanna Marie Catharina Barry Wits
PEGE Kgopotso Cynthia Wits
PHUKUBYE Phyllis Mabotse Wits
PURCELL-JONES Jessica Wits
RACHELSON Anthea Shana Wits
RAMKISSON Ushira Wits
REDDY Prinesh Wits
RIMMINGTON Farrah Josephine Wits
SANKAR Keenan Alvin Wits
STEENKAMP Christo UP
VALLY Janine Claire Wits
WYNGAARD Jayde Valerie UP
YAMBA Yemweni Leonard Wits
YANG Xiao Yan WSU

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

JOUBERT Leorika Wits
MASHANDA Vimbai Wits
MUTHAVHINE Mashudu Lucky Wits
RAMPERSADH Yuvthi Wits
VAN DER LINDEN Carina Wits

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

DE WET Johann US
MUYA Zahra Omary Wits
NDONGENI Salathiso WSU
OLIVIER Margareth Ann Wits
SPENGANE Zandile Namhla Elizabeth UCT

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

AREND Marc-Eric Wits
BESKYD Peter Mark Wits
CHADINHA Louis Paul Caldeira Wits
CLOETE David Allan Wits
DU PLESSIS Jana Louise Wits
EKAMBARAM Kamlin Wits
EL SHEWY Safwat Wits
GANAS Ushira Wits
HOFFE Mary Elizabeth Wits
KAJEE MUHAMMAD Shaheen Farouk Wits
KHANYI Lethukuthula Innocent Wits
LEKANG Kagiso Clifford UCT
LOBATSE Boiki UCT
MALALE Maamei Lebogang Wits
MASINA John UCT
MAYET Mohammed UCT
MCALPINE David John UP
MILTON Maxine UKZN
NDADANE Nqobile US
NGABIRANO Annet Wits
NONDE Nonde James Wits
TIBANA Kulani Urgent Wits
WU Ming-Tung Wits
ZOGHBY Matthew Gabriel Wits

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

AJAYI Adekunle Omoniyi Wits
AJEMBA Paul Ikechukwu UP
AMODU Afolake Adeola Wits
BELATA Lemika UP
CHAN Delene Geraldine UP
CHAUKE Sarona Mologadi UP
EALES Owen Oscar UP
FRONEMAN Salome US
KABUNDJI Dalton Mulombe Wits
LINDOP Nicola Wits
MOHALE Jimmy Kojela SMU
MOSHETI Keabatsabile UCT
NKERA-GUTABARA Jacques Gihana Wits
NYANGA Mahamba Wits
OKEKE Sunday Okwudili SMU
OMEH Jude Ikechukwu SMU
PABU Bakatuamba Wits
POTGIETER Francois Retief US
UCHEBO Stephen Chukwudi UP
ZUNGU Christopher Menzi UP

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

PRAHLADH Salona UKZN

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

FLOUDIOTIS Niki
KHIDER Mohamed Khider US
LESHOGO Keobakile Geofrey
NCHOE Keorapetse Boitumelo UP
PHIRI Tiwonge US

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

JAIYEOLA Olalekan Maroof
MAROGA Molamu Lavious Jappie
MGONE Charles
MNGUNI Mthandeni Nkosinathi UKZN
MOETJI Mangoako Reginald
MOHALE Katlego
MOHALE Masedi Selby
NCHABELENG Mmapalagadi Lebogang
NKWANYANA Fezeka Princess
SHEZI Nomusa Busisiwe UKZN

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

ABUBAKAR Sofiullah UCT

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

ALDAGDAG Najwa Juma Saad
AMUPALA Albertina Nahambo
ARTHUR-BAIDEN Emmanuel
BODASINGH Suvarnah
CHIKUTIRO Admire
CHITSEKO Taurai Mercy
CHIZA Vitalis
DAIHOUH Rafik Moftah Daihoum UKZN
DALMACIO Riche Cabilin
DLAMINI Gcebile Lungile
DUNN Zandile Dorothy
DZVORE Hedwick
ERASMUS Kobie
GOLDMAN Gareth Glen
GORORO Shadreck
GUIDOZZI Deanna Francesca
HAMMOND Randall Kegan
JAFTER Rolene Megan
KAPUYANYIKA Shandirai
KHULU KWANO Mahlako Kgwerano
KNIPE Karusha
KRISHUNDUTT Pavan
LAFON Jacqueline Wits
MAHABANE Refiloe Faith
MAKORE William

MALAHLELA Lerato William
MAY Jabulile
MONTGOMERY Colin Jaco
MUSOKE Joy UKZN
MUZANENHAMO Rumbidzai Loinah Zwawodza
NKANYANE-MOKOMANE Ntsako Marion
ODINE Peter Odianosene Wits
OLIVIER Susanna Elizabeth
ORJI Ogonnaya
SAIDI Friday
SALEM Saud Wits
SHOOPALA Helvi Mekondjo Nandigolo
TAKARINGWA-HONDONGA Ellen
VENGE Mervyn WSU

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

ABRAHAM Kevin Thomas US
ATI Emmanuel Mawunyo Cudjoe UKZN
AYUK Etang Malcolm Wits
BASONGO Louison Ngosso
BOK Eularnia Wits
CHIZA Vitalis
DU TOIT Nicolene
DUNN Zandile Dorothy
GORORO Shadreck
GROOTBOOM Nombongo Monica US
GUIDOZZI Deanna Francesca
HAMMOND Randall Kegan
JENNEKER Marwah
JOYISA Nkosinathi Emmanuel UKZN
KAMA Akhona
KAMBUNGA Maano Peyahafo
KGOPA Ramahlape Jonas
LIPHAPANG John Thabo UKZN
LOGGENBERG Francisca Elizabeth
LUDWABA Cacicwa
MADIBA Kholofelo Raisibe
MAHOSO Jabulane
MAKHEDA Nkhangweleni Colbert Wits
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BIRKETT Faye Catherine UKZN
BONGONGO Claudine Abobi Marie-Helene
BOOYSEN Lynn
CAR Kathleen Patricia
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NDHLOVU Lesego				SHOGOLE Thakathololo Matthews	
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NKADIMENG Thabe Sylvester				SUNGAY Mohamed Yaaseen	
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KANYONGO Rusununguko
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SIGASA Nkanyezi Nandi
SLAVE Oneile
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TERBLANCHE Daniel Burger
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KHOHOMELA Rambelani Wits
MAGUMBEZE Victor Wits
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SHEZI Nomusa Busisiwe UKZN
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FREED Irene Marthina Wits
INDIVERI Francesca Wits
LESENYA Isaac Kalushi UL/SMU
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MITHA Fathima Wits
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DE WET Johannes Jacobus
DU PLESSIS Jason
GRACE Shane David
HIRSCHMANN Adam
KGABU Richard Danny Wits
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MANJRA Muhammad Ahmed UP
MNIKI Thato Abednigo
MOGAMI Kefilwe Boineelo Wits
MOPHATLANE Peo Kabelo SMU
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MUDAU Muvhuso Obert UP
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NOCONJO Lubabalo
NTSIBA Raymond
PIETERSON Khabonina Wits
PINKUS Daniella
SPANGENBERG Hendrik Christoffel Wits
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ELLIOTT Lara	UKZN
ELMUSBAHI Mohamed	UCT
FOURIE Natasha	US
GOVENDER Tracey	UKZN
HARICHUNDER Prashti	UKZN
HASSAMAL Rubesh Sunder	
HAWU Yolisa Nobusi	
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HLOMANI Buhlebenkosi Jacqueline	
HOOGENDYK Charles August	
HUSEIN Salah R M	UCT
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LACK Vered	Wits
LAHOUD Nicola	Wits
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MOLOTO Kgabo Simon	
MTSHALI Thomas	
MUANZA Dikamba	
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POWELL Allison	
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Higher Diplomas
**Higher Diploma in Family Medicine of the
College of Family Physicians of South Africa:
H Dip Fam Med(SA)**

FADAHUN Oluwafolajimi Olusesi	Wits
OLAYIWOLA Akintunde	Wits

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

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

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KIRAGU Elizabeth Wanjiku Kiragu	
ODUSOTE Olatunde Adegboyega	
SWARTZ Aletta Cecilia	

**Diploma in Anaesthetics of the College of
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DUNCAN Brett	
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ELHOUNI Ali Abdalla Taher	UKZN
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GAYAPARSAD Mithasha	
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GWAZE Tonderai Murambiwa	
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LINDT Ruth Jennilee	
LOUW Corne	
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MAKHOPA Philiisiwe Busisiwe	
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MASIYA Tshikani Robert	
MATEBESI Teboho	
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MATHEW Robin George	
MBODI Lebogang Refiloe	
MDAKA Ntsepase Irene	
MDHLULI Viwe Zandile	
MFECANE Bongeka	
MOENG Mmabatho Eunice	
MOHMMAD Emhammad Salime	UKZN
MOODLEY Kerissa	
MOSES Daniëlle	
MOSWEU Abelang Miles	
MOSWEU Hulisani	
MOTSHABI Nomsa Elizabeth	SMU
MUSHUNJE Fadzai Everjoy	
MYOTCHA Wellington	
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NAIDOO Stephanie	
NANSOOK Adisha	
NIBE Zibebe	
NINISE Ezile Julie	
NKALAKATA Munyaradzi Craig	
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NORTJE Ian	
O'MEARA Ryan Mark	
PENBERTHY Tarin	
PILUSA Kgothatso Audrey	
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ROUSSEAU Nadia	
ROUSSEAU Francois Jacques	
SANGQU Babalwa	

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VAN DER WALT Alfred		MOHUN Sudhir		REID Joanna Thandiwe	
VANDA Abongile		OLOWOKERE Olufemi Oluwole		REUTER Anja	
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VORSTER Nadia Marié		MEENTS Eybe Feeke Sebastian		HOFMEYR Graeme Peter	
ZUMA Phumzile		MILLER Andrew Charles		KEENAN Lauren Nicole	
ZWANE Luyanda Zamalinda		MINNIES Renay Elizabeth		KHANYEZA Mhleli Sihawu	
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		MOODLEY Desiree Leann			
		MOOSA Maimoona Adam			

MADE Simpiwe
 MANDAHA Moses Vhutshilo
 MANYANE Thabo Nkolo
 MATHEW Christopher
 MORUDU Lefihle Ally
 MURUVAN Nandika Serina
 NDWAMBI Michael
 OOSTHUIZEN Angela Maria
 PETERS Rafeeqah
 QOBO Mfesane
 VAN DER WESTHUIZEN Yanke

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

AHMED Afroze
 HASROD Irfaan
 KNIGHT Graeme Stephen
 MPANZA Sibusisiwe Micky
 STEYN Anna
 TAKAWIRA Ruramai Lynne

Wits

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

AYRES Stephanie Maria
 BEER Morne

CANDIOTES Nicole
 CARDOSO Serena Jade
 DE TAVERNIER Brecht
 DOLE Natasha
 DU PLESSIS Judy
 DUNCAN Koegelenberg Monique
 FIDLER Kathryn
 FUZY Edward Joseph
 GOODMAN Colleen
 HORN Petrus Johannes
 HURRIBUNCE Nirvika
 JONKER Celeste
 JOOMA Uzair
 KIM Sun-Young
 KLOPPERS Carla Jacomin
 KOTZE Shane
 KUMALO Vuyiswa
 LANGTREE Katherine Jayne
 LE GRANGE Marinda
 LERM Nicholaas
 LYONS Mandy Genna
 MALHERBE Elmien

MANZI Lwazi Thembelihle
 MCCREE Kevin
 MESSIAHS Leanne Robyn
 MIN Jae-Hong
 OOSTHUIZEN Cornelis Uys
 OPPERMAN Jacobus Benjamin
 RAMDHEEN Sannya
 SEGOBIN Rajshree
 SINCLAIR Christine
 SINGH Hemiata
 SINGH Mayur
 STORM Michael Servaas
 VAN DER MERWE Francois A
 VAN NIEKERK Guillaume Philip
 VERMEULEN Petrus Van Der Walt
 WALTON Kerry-Ann
 YU YUN Chi
 ZIETSMAN Marelette

By Peer Review

THEUNSINA College of Paediatricians
 Wilhelmina De Witt
 PIERRE Goussard College of Paediatricians



Annual Report of the Senate of The Colleges of Medicine of South Africa for the period 1st June 2015 to 31st May 2016

The second Annual Report of the Twentieth Senate gives an account of the activities of Senate during the financial year 1 June 2015 to 31 May 2016.

The report is presented in three sections:

- The financial statements and matters related to the appreciation of the state of affairs of the CMSA, its business, and surplus and loss appear on the web page. Hard copies are provided upon request.
- The annual reports of constituent Colleges, covering activities during the period under review, form part of this report, but appear as a section on its own as an extension of the report.
- A general account of the activities of Senate during the past year, which are recorded below.

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

CHARLTON, Robert William
HANSEN, Denys Arthur

Fellows

DREYER, Charl
CALDWELL, Michael William
DAWSON, Anthony Raymond William
GALLOWAY, Peter Allan
HIGGS, Stephen Charles
MATINDE, Thamsanqe

Diplomates

CATTERALL, Robert Desmond
CHIKARA, Lawson Takawira
NAIR, Sundram

Honorary Fellows

MANDELA, Nelson Rolihlahla
SIKER, Ephraim S
SWEETNAM, Sir Rodney
TUCKER, Ronald Basil Kidger

NEW OFFICERS ELECTED FOR THE CMSA

President

Prof Mike Sathekge was duly elected as President of The Colleges of Medicine of South Africa in October 2015, and officially assumed

this office at the Senate meeting in Pretoria on 19 May 2016. Prof Sathekge will remain in office until May 2019.

Vice Presidents

Prof Johan Fagan was elected as Senior Vice President and Dr Flavia Senkubuge as Junior Vice President, and assumed office on 19 May 2016.

Immediate Past President (IPP)

Prof Gerhard Lindeque was awarded with the IPP badge at the May 2016 Admission Ceremony in Pretoria.

Chairperson and Honorary Registrar: Examinations and Credentials Committee

Due to Prof Sathekge's election as President, Prof Jeanine Vellema replaced him as Chairperson of the Examinations and Credentials Committee.

Prof Gboyega Ogunbanjo was elected as Honorary Registrar of the Examinations and Credentials Committee in Prof Vellema's place.

Honorary Registrar: Finance and General Purposes Committee

Due to Prof Fagan's election as Senior Vice President, Prof Dhiren Govender was elected to replace him as Honorary Registrar of the Finance and General Purposes Committee.

Mace Bearer

Dr Cordelia Mokganxetsi Kgokolo was elected as the new Mace Bearer.

Constituent Colleges

College of Nuclear Physicians

As CMSA Presidents are customarily not affiliated to any constituent College, the election of Prof Sathekge to the Presidency of the CMSA left a vacancy for the position of President of the College of Nuclear Physicians, where he served in that capacity. Prof James Warwick was duly elected as President of the College of Nuclear Physicians for the remainder of the triennium ending in October 2017.

Prof Mariza Vorster was elected as the new Secretary of the College of Nuclear Physicians in Prof Warwick's place, and also as the second Senate representative.

Special Achievements: Senators

Prof Lindeque was awarded an Honorary Fellowship from the Academy of Medicine Singapore in July 2015.

Prof London was awarded the SAMA-Bonitas Housecall Doctor's Award for Equity and Justice in September 2015.

Prof Diedericks conducted an invited session at the American Society of Paediatric Anaesthesia.

Prof Sathekge was awarded the Mahatma Gandhi Award in India in October 2015.

Prof Ogunbanjo was appointed as 'Honorary Professor' in the Department of Family Medicine and Rural Health, Faculty of Health Sciences, Walter Sisulu University, for a five year period.

Conflict of Interest Policy

A task team was constituted to compile a policy on Conflict of Interest, in order to define the organisational view on where conflict of interest could arise, and how to address it accordingly.

RISK COMMITTEE

Prof Patrick Semple was appointed as the Vice Chairperson of the Risk Committee, and Prof Leon Snyman joined the Committee.

Meetings of the committee have been taking place biannually, with the aim of the committee being to ensure that adequate risk management prevailed in all the CMSA structures and to render assistance, where required, to achieve this goal.

SOCIAL AND ETHICS COMMITTEE

Prof Semple stepped down as the Chairperson of the Social and Ethics Committee, due to his election as Vice Chairperson of the Risk Committee. Prof Cassim was elected as the new Chairperson of the Social and Ethics Committee.

In considering the CMSA's adherence to the 10 Principles Cognizance, there are no contraventions to report.

The Social and Ethics Committee supported the implementation of a Code of Conduct for Examiners.

B-BBEE CERTIFICATION FOR THE CMSA

B-Verified awarded the CMSA with their annual B-BBEE certificate for the period 2016 to 2017 in terms of Section 9 of the Broad-Based Black Economic Empowerment Act 53 of 2003.

In December 2015, a donation of previously used computers and computer peripherals and desks was made to Cathkin High School in Heideveld. Twenty previously used desks were donated to Ridgeville Primary School in Mitchells Plain in January 2016. These donations will contribute to the BEE scorecard for 2017 to 2018.

EXAMINATIONS AND RELATED MATTERS

Accreditation of Hospital Posts

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

Dip Int Med(SA):
Rob Ferreira Hospital

DCH(SA):
Zithulele Hospital

Dip HIV Man(SA):
Brewels Kloof Hospital

Dip OBST(SA):
Tshwane District Hospital

Dip PEC(SA):
Addington Hospital
Carstenhof Hospital
Highveld Medi-Clinic
Life Beacon Bay Hospital
Life Kingsbury Hospital
Life Roseacres Clinic
Life St Georges Hospital
Medi-Clinic Kloof
Mossel Bay Provincial Hospital
Nelspruit Medi-Clinic
Netcare Alberito Private Hospital
Netcare Pholoso Hospital
Sandton Medi-Clinic

Successful candidates, by examination

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

Fellowships awarded by Peer Review

The candidates listed below were successfully considered for Fellowship by Peer Review during the period under review:

College of Cardiothoracic Surgeons

SMIT, Francis Edwin

College of Paediatricians

DE WIT, W
GOUSSARD, P

College of Paediatric Surgeons

BROWN, Robin Alexander

CMSA Examination Policies

The Sub-committee of the Examinations and Credentials Committee is in the process of finalising the following policies:

- Moderator's Role
- Convenor's Role
- Examiner's Role
- Candidate's Rights
- Draft Code of Conduct
- Draft Examiners' Confidentiality Agreement
- Draft Language Policy
- Draft Policy on Practical/Clinical/Oral Examinations

Compulsory Memorandum for all Examination Questions

This policy was implemented and received a good response.

Carry over of Written Examinations

It was agreed unanimously that candidates who achieve the required marks in the written component of the examination and are invited to the practical/oral/clinical/OSCE examinations but are unsuccessful, will be exempt from the written component of the next examination session. Such exemption will apply to one sitting only and must be exercised in the following semester.

A majority vote at the May 2016 Senate meeting ensured that this exemption would be applied immediately in the following constituent Colleges:

- College of Radiologists
- College of Physicians
- College of Paediatricians
- College of Radiation Oncologists
- College of Emergency Medicine
- College of Psychiatrists

Regulations Update

On-going updating of syllabi, bibliography and referencing is undertaken by the Education Office. Any major changes would have to be considered by Senate.

LogBox

The piloting of electronic portfolios by LogBox is being conducted by the Colleges of Anaesthetists, Orthopaedic Surgeons and General Surgeons.

Dropbox

All constituent Colleges will be required to use Dropbox by the second semester 2016.

Recording of Oral Examinations

The recording of oral examinations pilot is ongoing at the Colleges of Forensic Pathology and Nuclear Medicine.

Litigation

A number of pending appeals from candidates are in process. Measures such as the formation of a Standardisation Committee, the piloting of recording of oral examinations and CCTV cameras are being instituted in order to reduce the risk of litigation.

Standardisation Committee

A Standardisation Committee was appointed, and included Prof Cassim, Prof Vellema, Prof Dickerson, Prof Fagan and Prof Sathekge. The purpose of the committee is to look at the standardisation and modernisation of the examination formats across all 28 constituent Colleges.

Staggered Examination Dates

The staggering of examination dates was agreed upon, and the use of Bloemfontein as an examination venue was postponed until 2021. The rotation of examinations among the Universities will include the University of KwaZulu Natal every two and a half years.

Candidate Results

It was agreed that a provisional list of successful candidates (showing examination numbers only) be released by departments immediately after the examinations, before verification at Senate. The list will be clearly marked as 'provisional' until verified.

Split of Fellows and Diplomates

The examinations and admission ceremonies for Fellows and Diplomates (including Certificants) will be split. The separation will ensure smaller admission ceremonies.

AWARDS AND MEDALS

Medals and Book Prize

The recipients of medals during the year under review were:

October 2015:

Janssen Research Foundation Medal Garth HORSTEN

FCA(SA) Part I

Abbott Medal Garth HORSTEN

FCA(SA) Part I

Glaxosmithkline Medal Garth HORSTEN

FCA(SA) Part I

Peter Gordon-Smith Award Levashni NAIDOO

FC Derm(SA) Part II

Daubenton Medal Kasandri GOVENDER

FCOG(SA) Part II

Neville Welsh Medal Neeran NARAINSWAMI

FC Ophth(SA) Primary IA

Eugene Weinberg Medal Ashley Clement JEEVARATHNUM

Dip Allerg(SA)

May 2016:

Hymie Samson Medal Anthony Joel COHEN

FCA(SA) Part I

Jack Abelsohn Medal and Book Prize Karin-Ann BEN-ISRAEL

FCA(SA) Part II

Peter Gordon-Smith Award Mercedes MORRISON

FC Derm(SA) Part II

Peter Gordon-Smith Award Silindile Ayanda SIBISI

FC Derm(SA) Part II

Resuscitation Council of SA Medal Lucy HINDLE

FCEM(SA) Part II

The Kloock Family Medal Lucy HINDLE

FCEM(SA) Part II

Sigo Nielsen Memorial Prize Saiesha Arti DINDAYAL

FC Neuro(SA) Part I

Daubenton Medal FCOG(SA) Part II	Anneen Bianca VENTER
Neville Welsh Medal FC Ophth(SA) Primary IA	Faheema ABDOOLA
Ophthalmological Society Medal FC Ophth(SA) Intermediate IB	Irfaan HASROD
Justin van Selm Medal FC Ophth(SA) Final	Gareth FERNANDES
JM Edelstein Medal FC Orth(SA) Final	Andrew STRYDOM
Leslie Rabinowitz Medal FC Paed(SA) Part I	Meera Chandrakant Nathoo OOKA
Coulter Medal FC Path(SA) Micro	Kathy-Anne STRYDOM
AM Meyers Medal FCP(SA) Part I	Claire KEENE
Suzman Medal FCP(SA) Part II	Arthur Kaggwe MUTYABA
Henry Gluckman Medal FCPHM(SA) Part II	Heinrich Cyril VOLMINK
Henry Gluckman Medal FCPHM(SA) Part II	Kate REES
Rhône-Polenc Rorer Medal FC Rad Diag(SA) Part I	Dashnee GOVENDER
Frederich Luvuno Medal FCS(SA) Primary	Raoul Daniel ERASMUS
Trubshaw Medal FCS(SA) Primary	Raoul Daniel ERASMUS
Brebner Award FCS(SA) Intermediate	Imraan Ismail SARDIWALLA
Douglas Award FCS(SA) Final	Brooke PUTTERGILL
YK Seedat Medal Dip Int Med(SA)	Kudakwashe SIMBA
HIV Clinicians Society Medal Dip HIV Man(SA)	Michael Terence BOSWELL

Phyllis Knocker Bradlow Award 2015

This was awarded to Dr RN Rodseth of the College of Anaesthetists.

COLLEGE PROJECT: "STRENGTHENING ACADEMIC MEDICINE AND SPECIALIST TRAINING"

Specialist Needs and Numbers

The Project Committee reviewed the current situation in terms of specialist and subspecialist training posts. It was evident that although many training numbers were available, these were often not being

utilised for a number of reasons. These included inadequate funding within provinces and cutbacks in training posts to meet their budget requirements. There is a reluctance to support subspecialist training and when reviewing the data from the different Faculties, many of these training posts are being supported by the private sector and unfortunately, often because subspecialist/specialist posts are not available, these graduates move into the private sector and are largely lost to the public sector where they have trained.

A way forward was suggested to the National Department of Health to expand the training programme for specialist registrars by just utilising the current training numbers in different units and funding these. This was discussed in several meetings in the National Department of Health, but to date this change has not been effected. Provinces need to make a decision about how they allocate funding and supporting specialist and subspecialist training needs to be a priority.

Survey of Medical Practitioners

It was decided to undertake a survey of doctors in South Africa and to assess their satisfaction with their careers, both within the public and private sectors, and their plans for remaining in South Africa or moving abroad, and the reasons for their decisions. The initial survey was sent out to all those on the CMSA database, and unfortunately, by definition this excludes all junior doctors. We also had a large number of returned surveys where the email address was no longer valid. We asked for help from the President of SAMA, Dr Mzukisi Grootboom, and we are extremely grateful that SAMA then sent the survey to all the members on their database, which would include junior doctors. Unfortunately, they were unable to assess how many of the surveys were returned.

The survey was closed in mid-2015 and Life Choice has been analysing the data. Dr Andrew Good from Life Choice helped us develop this survey and we have already reviewed the results. The response rate was disappointing and the analysis of the data is proving more complex and difficult to interpret than we had anticipated. We hope to have this ready for presentation by mid-2016.

Survey of Dental Practitioners

Given our experience with the medical practitioners, we plan to develop a survey for dental practitioners. Prof Leanne Sykes has agreed to spearhead this survey together with input from Life Choice, and she will access cooperation from SADA. Prof Sykes and Dr Good from Life Choice have met and at present we are developing the questionnaire. This will obviously be very different to the survey sent to the medical practitioners, given the needs and clinical situation of dentists in South Africa. We believe this is a very important clinical area, which needs to be assessed as there is much need for improving dental services in South Africa and the staffing, particularly in the public sector, is often inadequate.

Life Healthcare Scholarships

Prof Zephne van der Spuy reported that, following discussions between the Project Committee and various interested parties, funding for six years for subspecialist training has been provided by Life Healthcare. There have been two rounds of interviews and the second group of subspecialists are half-way through their training programme. It is hoped that these scholarships will be available for the third two-year period, and this will then mean that some 30 subspecialists have been funded through the Life Healthcare Scholarship programme, and will

be available within the clinical service in South Africa. The essential agreement includes that these graduates stay in the public sector for at least two to three years after completing training, and if no posts are available that they should provide their expertise within the private sector in South Africa.

Written by Prof Z van der Spuy

PROPERTIES

Cape Town

The roof of the building was replaced in 2016.

Durban

Upon the sale of the properties in Glastonbury Road, the offices were relocated to a rented suite at Westridge Medical Centre on 7 September 2015.

In April 2016, the Board of Directors agreed to purchase a suitable property at 5 Claribel Road, Windermere, Durban. The transfer of the property is in process.

Staff

Regular meetings have been instituted between the CEO and managers of the Johannesburg and Durban offices.

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: bianca.vdwesthuizen@cmsa.co.za, or faxed to 021 685 3766.

Honorary Fellowship

Election to Honorary Fellowship is the highest honour the 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.

One Honorary Fellowships was awarded during the year under review.

Prof John M Pettifor was admitted to Honorary Fellowship of the College of Paediatricians at the graduation ceremony in May 2016.

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 from those of an Honorary Fellow. The award is intended to recognise and acknowledge:

1. Exceptional contributions to the CMSA and/or to one of the constituent Colleges.
2. Exceptional attainments in the medical or dental professions especially in the discipline in which the Fellowship *ad eundem* is to be awarded.

There was one admission to Fellowship *ad Eundem* during the year under review.

Prof Miriam Adhikari was admitted to Fellowship *ad Eundem* of the College of Paediatricians at the graduation ceremony in October 2015.

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 nature that it will strengthen the CMSA and the constituent College concerned. The incumbents must be registered with the Health Professions Council of South Africa and hold a degree or diploma considered comparable to a 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 HPCSA. At that point they will become full Associates.

The following registered as Associates during 2015/2016:

College of Forensic Pathologists

JANSEN VAN VUUREN, Stephanus Petrus

College of Paediatricians

LAWRENSON, John Bernard

College of Pathologists

LEKALAKALA, Molebogeng Ruth

REPORTS ON INTERACTION BETWEEN THE CMSA AND OTHER OUTSIDE BODIES

National Department of Health (NDoH)

The CEO, Prof Gerhard Lindeque and Prof Mike Sathekge attended a meeting with the Director-General and other Directors from the NDoH and HEDCOM on 26 February 2016 in Pretoria, where Prof Sathekge gave a presentation.

It was agreed that a working document containing recommendations would be formulated, which would be informed by how the CMSA related to the HPCSA and SACOMD.

Department of Higher Education and Training (DHET)

Dr Engela van Staden undertook to include the CMSA in all 2016 meetings beneficial to both parties.

Health professions council of South Africa (HPCSA)

There continued to be close interaction with the HPCSA, particularly as the CMSA was appointed as the national professional examining body. The President of the HPCSA (Dr Kgosi Letlape) attends CMSA Senate and other meetings and activities on a regular basis, and in turn CMSA representatives hold seats on various committees and sub-committees of the HPCSA.

As required by CMSA regulations, the President, Prof Mike Sathekge, is the representative of the CMSA on the MDPB and Prof Vellema (Chairperson of ECC) is the CMSA representative on PETM.

South African committee of medical and dental deans (SACOMD)

A meeting took place between representatives of the CMSA and SACOMD on 2 October 2015 in Johannesburg to discuss pertinent issues.

The finalisation of a Bilateral Agreement with SACOMD is in process. A SACOMD representative will be invited to CMSA Senate meetings.

South African Registrars' Association (SARA)

Dr Tebatso Boshomane, newly elected Vice Chairperson, and Dr Lwando Maki, newly elected Secretary of SARA, attended the CMSA Senate meeting in Pretoria in May 2016.

Roadshow

It was agreed that a CMSA delegation conduct a national roadshow to Universities, which would be conducted with the co-operation of the University Deans.

The first roadshow would be taking place on 6 June 2016 at the University of the Free State, and would include various stakeholders from the CMSA.

Transactions

700 Copies of the *Transactions* journal were printed in October 2015, and 532 were printed in May 2016. These copies were posted to members who requested it, and to local and international institutions. An electronic version of the publication is available on the CMSA website.

CMSA INVITATIONS AT MEETINGS OF SISTER COLLEGES AND ACADEMIES

American College of Surgeons' Presidents Dinner, Hilton, Chicago, USA: 3 October 2015.

American College of Surgeons' Clinical Congress, Chicago, USA: 4 – 8 October 2015.

Representative: Prof Del Kahn.

St Luke's Symposium, Royal College of Physicians of Ireland, Dublin: 12 – 18 October 2015.

7th Annual International Medical Education Leaders Forum (IMELF) and International Conference on Residency Education (ICRE), Vancouver, Canada: 21 – 24 October 2015.

Royal College of Physicians Annual Conference, London, UK: 14 – 15 March 2016.

American Board of Otolaryngology (ABO) examinations and examination meetings, Chicago: 7 – 12 April 2016.

Representative: Prof Johan Fagan.

Royal Australasian College of Surgeons (RACS) Annual Scientific Congress, Brisbane, Australia: 2 – 6 May 2016.

COSECSA Conference: December 2016.

The President of the College of Surgeons was not available to attend. However, a number of members would be attending.

Africa Initiative

The Junior Vice President, Dr Senkubuge, will take the African Initiative on as part of her portfolio, and will report on this to Senate.

FINANCE

Change of Auditors

C2M Inc. Chartered Accountants were appointed as Auditors.

VAT Registration

The Board of Directors agreed on 17 September 2015 to take the following course of action:

- Accept SARS' position that the CMSA was not a Section 30 PBO, but a Section 30B organisation.
- The CMSA would still enjoy Income Tax exemption as a Section 30B organisation, in terms of Section 10(1)(d)(iv)(bb) of the Income Tax Act. However, it would be required to account for VAT.
- The CMSA would engage with SARS to negotiate that VAT would only be levied prospectively and not retrospectively.

The CEO and the Treasurer met with SARS in Pretoria on Wednesday, 28 October 2015.

After lengthy negotiations with SARS, it was agreed that the CMSA will not be liable for retrospective VAT, and will be registered for VAT from 1 June 2016 only.

Policy on Finances and Spending

A policy on finances and spending is being formulated by the Finance and General Purposes Committee on instruction from the Board of Directors.

Constituent Colleges who have more than R100 000 in their levy accounts are required to use their levy accounts for additional workshops before requesting further funding.

Re-joining Fee for Defaulting Members

The following policy has been adopted:

Membership re-joining fee formulated on a sliding scale, according to the length of time they defaulted.

Outstanding fees 1–3 years: no discount.

Outstanding fees 4–5 years: no discount years 1–3 + 25%
discount of years 4–5

Outstanding fees > 5 years: 25 % discount of years 4–5 + 50%
discount of years > 5

Members using this scheme will not be entitled to Life Membership.

ACKNOWLEDGEMENTS

As this is the second 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 sub-committee members be acknowledged.

A special thank you to the outgoing President, Prof Gerhard Lindeque, and Vice President, Prof Gboyega Ogunbanjo, for your untiring leadership under which there was great progress in the past three years. Prof Lindeque now moves into the position of Immediate Past President (IPP), and Prof Ogunbanjo into the role of Honorary Registrar of the ECC.

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 Colleges of Medicine of South Africa on an on-going basis despite their numerous other commitments.

A word of gratitude also to members of The Colleges of Medicine of South Africa and others who actively participated in the vast number of activities that took place during this 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 of our College, who go above and beyond the call of duty to ensure the smooth running of the organisation.

Lize Trollip

CEO



Annual Reports of Constituent Colleges

1 June 2015 - 31 May 2016

COLLEGE OF ANAESTHETISTS

The last year has been an exciting time for the development of the examinations under the auspices of CASA. Our council met twice during the period under review and played an active role in these processes.

CASA oversees four examinations. The Diploma in Anaesthesia DA(SA) remains a very popular examination, with 202 new diplomates over the two examinations with pass rates of 86% and 91% respectively. The FCA(SA) Part I remains a challenge for many candidates, with pass rates of 41.6% in October 2015, and 41.5% in May 2016. Over the year, 65 new Fellows completed the FCA(SA) Part II (pass rates 47.5% and 82.1%). There were two candidates completing the Certificate in Critical Care (Anaes) over the year.

The examination processes and regulations have been undergoing constant improvement to ensure a robust but fair process. The introduction of a modified written Paper 2 of short questions and a paper patient as part of the clinical examination for the FCA(SA) Part II examination proceeded smoothly, and has now occurred for four examinations. Both have been well received by examiners and candidates.

Objective Single Best Answer (SBA) questions will be introduced for the first time for the FCA(SA) Part I in Semester 2 in 2016, and for the FCA(SA) Part I in Semester 2 in 2017, in both cases replacing the traditional essay type questions. The mandatory examination-setting days and the numerous examiner workshops are all serving to enhance the integrity of our examinations. Further, for the first time, standard setting was introduced in the DA(SA) and FCA(SA) Part I and II examinations in Semester 1 of 2016. Prof S Schoeman was appointed as educational advisor and will continue providing in-depth analyses of all our examinations.

The College of Anaesthetists has been part of CMSA's pilot programme for both the audio recording of examinations and the introduction of a fully electronic portfolio. The examination recordings will now become standard, and the roll-out of the electronic portfolio is well underway.

The Head of Departments' forum, a subcommittee of CASA Council, again in this year, raised numerous concerns about the training platforms across the country. There is current engagement in this regard between CMSA and DOH.

An application has been made for the recognition of Pain Medicine as a subspecialty, and we still await ratification of this.

CASA Council continually seeks a better engagement with our constituency, such that views may be appropriately represented.

All members are encouraged to communicate relevant issues with Council. CASA would like to place on record its immense gratitude to all examiners, convenors, moderators and examination assistants for their remarkable efforts in ensuring the success of examinations.

Dr D Gopalan

PRESIDENT

Dr U Singh

SECRETARY

COLLEGE OF CARDIOTHORACIC SURGEONS

Changes to the regulations of our College examinations were published on the College website in late 2014, and these regulations were implemented in the March/May 2015 examinations. Recent candidates have complied with these regulations which call for more surgical experience prior to being accepted for the examination.

In particular, a "minimum case number" in the Portfolio of learning ("Logbook") has been implemented. We believe that with more surgical and clinical exposure candidates are better prepared for the examinations. 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.

Our College's annual failure rate of candidates which has been a concern in our College for many years has improved marginally over the last 36 months, and currently runs at 40%, more in line with the pass rates of the other Colleges.

We will be making changes to the relevant bibliography for candidates, and will post these on our website as the current bibliography needs updating.

The dissertation part of the unitary exit examination process will remain a function of the relevant University's Department of Cardiothoracic Surgery in which the candidate is registered – usually as a MMed student.

One of the major problems identified regarding training is that most academic units have had their operating lists and patient bed numbers cut, and as such can no longer train competent cardiothoracic surgeons within a four year training period and extension of the training period up to six years should be considered, so as to allow better clinical exposure of candidates prior to undertaking the College examination.

This increase in registrar training time will need to be discussed and sanctioned by the College Senate and then by the HPCSA and the various Provincial Departments of Health, who are responsible for the registrar contracts. At present some of the Departments of Health limit

the appointment of Registrars to a four year contract, which will need to be changed.

At the two College Council meetings held in the last 24 months (the last in July 2015 in Bloemfontein) attended by > 90% of our College Council members, there was general agreement that the minimum period of training in Cardiothoracic Surgery should be increased to five years, to allow registrars sufficient clinical and operative exposure to obtain competency prior to being allowed to enter the final examination.

The next College Council meeting will be held in Cape Town September 2016.

Prof Johan Brink
PRESIDENT

Prof Anthony Linegar
SECRETARY

COLLEGE OF CLINICAL PHARMACOLOGISTS

The College of Clinical Pharmacologists continued to serve an important role as advocate for recognition and creation of clinical pharmacology posts in the healthcare system, both public and private. Members of the College of Clinical Pharmacologists drafted a scope of work of specialist Clinical Pharmacologists in South Africa, which was submitted to the Health Professions Council of South Africa (HPCSA).

The College supported the development of new MMed training programmes at the University of the Free State and Sefako Makgatho Health Sciences University. A review of the existing programmes is ongoing.

Members of the College actively contributed to scientific meetings, including the SASBCP and TOXSA Congress 2015 (University of Witwatersrand). Prof Walubo hosted the "International Symposium on Methods for studying Drug Metabolism and Transport, and African Traditional Medicines" (METHODS2015), and Prof Rosenkranz organised the Third Regulatory Workshop "New Developments in Drug Regulation" (University of Pretoria).

The Annual General Meeting was held at University of Witwatersrand on 31 August 2015. The attending 11 members and guests discussed the role of the College, the registrar programmes and examinations, and the scope of practice for clinical pharmacologists.

Prof Andrew Walubo
PRESIDENT

Prof Bernd Rosenkranz
SECRETARY

COLLEGE OF DENTISTRY

The College of Dentistry grew from strength to strength in the past year, with many more colleagues expressing interest in becoming examiners, and attending blueprinting workshops, as well as more candidates enrolling for the primary examinations.

October 2015 was the last time the College was able to "piggyback" on the CMFOS for the primary examinations. We experienced a number of queries following these examinations and took note of all the problems, so as to avoid a repetition of these in 2016.

There were also difficulties finding examiners for the Dip Dent(SA) Orthodontics in October. In the end, the President served as the moderator for this examination.

One candidate entered, wrote, and was invited to an oral. The papers covered both the clinical and didactic components comprehensively, and it was felt by all the Examiners to be fair and well balanced. The cases presented by the candidate were of poor quality and the study models were well below the standards required. They were poorly articulated and the examiners had difficulty in occluding them. This made it extremely difficult for the examiners to grade and assess. The Examiners felt that future candidates should be informed that case presentations including study models should be of high standard. This candidate thus failed on clinical cases presented and performance in the oral examination.

In the March/May 2016 examinations, it was the first time that the College of Dentistry set its own primary examinations. This allowed the College to tailor questions specifically according to the needs of each discipline. The papers were blueprinted for the first time and compared to papers since 2010. Questions were included to address some areas previously lacking. Suggestions made by the moderator were accepted and changes were made, and a blueprint submitted to the College for both papers.

The OSCE covered a wide spectrum of clinical areas as well as type of questions. The examination was without major problems. On the whole, the examiners felt that there was a balance and wide selection of cases, with the full panel being satisfied with the current format.

The College did, however, have serious problems of non-compliance from one anatomy examiner, who did not submit questions and memoranda in time. It was decided that in the future, the College would ask experts in the fields of Anatomy, Physiology and Pathology to be examiners, and not necessarily dental specialists for the primary subjects.

Twelve candidates initially applied to sit the examination; two withdrew from all the papers and one did not sit Paper 3 (Pathology). Three candidates were exempted from Anatomy and Physiology, and two were exempted from Anatomy. Five candidates passed.

This final pass rate was considered very low, and the College of Dentistry expressed its concerns to Senate in May 2016.

The College was granted permission to implement a change in the criteria for passing the Part 1 examinations:

- A candidate who passed two of the three subjects, and had an average mark

≥ 40% for the failed subject, may attempt the failed subject at the next consecutive examination of the CMSA.

A new bank of examiners with previous College experience was selected for the next examination period, and we are optimistic that many of the teething problems will have been addressed and resolved.

Prof Leanne Sykes
PRESIDENT

Prof Hemant Dullabh
SECRETARY

COLLEGE OF DERMATOLOGISTS

The College of Dermatologists had many challenges. Most of them were due to the fact that regular meetings were not held in the past.

We have started having two meetings per year: the first during the week of first semester exam orals, and the second during our congress in the second semester.

These meetings are attended by our council members, as well as our heads of departments. In this way we are able to resolve a lot of issues, as well as reviewing our College policies.

In the second semester 2015 exam, eight candidates enrolled for FC Derm(SA) Part II and they all passed, giving us a 100% pass rate.

In the first semester 2016 exam, eight candidates enrolled for FC Derm(SA) Part II and six candidates passed, giving us a 75% pass rate.

As a College, we would like to congratulate our council Secretary, Dr CM Kgokolo, for her nomination as the college Mace Bearer for the triennium 2016–2019.

Prof Hendrick Motswaledi
PRESIDENT

Dr Mahlatse Kgokolo
SECRETARY

COLLEGE OF EMERGENCY MEDICINE

At the start of the final year through the current council triennium, it is a great privilege to present the Tenth 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

- 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 currently offer post-graduate Registrar training in Emergency Medicine. Representatives of all five Universities have been co-opted onto the Council of the College of Emergency Medicine:

- Prof Lee Wallis – Universities of Cape Town and Stellenbosch
- Dr Feroza Motara – University of the Witwatersrand
- Prof Andreas Engelbrecht – University of Pretoria
- Dr Roshen Maharaj – University of KwaZulu-Natal

The University of Botswana is represented on Council by Dr Megan Cox in an observer capacity.

Our College 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. Our College also enjoys close ties with the Emergency Medicine Society of South Africa (EMSSA), the Emergency Nurses Society of South Africa (ENSSA), the Emergency Care Society of South Africa (ECSSA), the African Federation for Emergency Medicine (AFEM) and the International Federation for Emergency Medicine (IFEM). This ensures continued input in the practice of Emergency Medicine in the pre-hospital and intra-hospital environments.

Diploma in Primary Emergency Care (Dip PEC(SA))

The Regulations for the Dip PEC(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 that 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 OSCE component of the examination, further enhancing the practical competence of successful candidates.

The Syllabus has been blueprinted and is available to all candidates.

The examination processes have also been blueprinted and the Council has recently completed a written guideline to candidates, examiners, convenors and moderators which is available on the CMSA website.

Many thanks are extended to our Diplomate Representatives, Dr Tamara Stephens and Dr Anita Groenewald, for their continued assessment of hospitals applying for Dip PEC(SA) training accreditation or re-accreditation.

Congratulations are extended to the Medal recipients for the Dip PEC(SA) Examination in 2015:

Dr Pieter Kotze The Campbell MacFarlane Medal

Dr Pieter Kotze The Walter Kloeck Medal

Higher Diploma in Emergency Medicine

The College of Emergency Medicine has introduced a Higher Diploma in Emergency Medicine. The Higher Diploma is open to candidates who have held the Diploma in Primary Emergency Care for at least two years, and is intended to empower medical practitioners actively involved in the practice of emergency medicine to supervise and train junior doctors in the skills and procedures required to practise safe and effective acute medical care. This Diploma has been approved by the CMSA Senate and the Health Professions Council of South Africa.

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

Congratulations are extended to the Medal recipients for the FCEM(SA) Part II Examination in 2012:

Dr Lucy Hindle The Resuscitation Council of Southern Africa Medal

Dr Lucy Hindle The Kloeck Family Medal

Training in Emergency Ultrasonography has become a compulsory entry requirement for candidates attempting the FCEM(SA) Part II Examination as from July 2010, in line with international trends advocating the importance of this valuable diagnostic tool in emergency care. Prof Mike Wells and Dr Hein Lamprecht form the CEM(SA) Ultrasound Work Group, together with the EMSSA Emergency Ultrasound Committee, oversee the training curricula and certification processes in emergency ultrasonography countrywide.

Blueprints and Guidelines

The 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 Council has recently completed a written guideline to candidates, examiners, convenors and moderators which is available on the CMSA website.

The CEM (SA) also offers twice yearly Examination Preparatory Courses to ensure that candidates are exposed to the examination process for the clinical examination.

Sub-Specialty in Paediatric Emergency Medicine

In order to raise the standard of emergency care for children presenting to Emergency Departments in South Africa, the College 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 Colleges of Medicine of South Africa and the Post-graduate Education and Training Medical Committee of the Health Professionals Council of South Africa and 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 College examinations, as well as providing a useful resource for all post-graduate doctors practising in South Africa.

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

Emergency Medicine Society of South Africa (EMSSA)

It is very pleasing to note that many recipients of the Dip PEC(SA) and the FCEM(SA) have joined the Emergency Medicine Society of South Africa (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 that EMSSA has to offer. Details are available from the EMSSA website www.emssa.org.za.

We are pleased to congratulate Roger Dickerson (CEM President) on his election as EMSSA President.

African Federation for Emergency Medicine (AFEM)

Several Universities in other parts of Africa, such as Botswana, Malawi 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. Our College is fully supportive of this venture, and is actively involved in assisting in this regard. Details are available from the AFEM website www.afem.info.

We are pleased to congratulate Heike Geduld (CEM Secretary) on her election as AFEM President.

International Federation for Emergency Medicine (IFEM)

The International Federation for Emergency Medicine is an international body with in excess of fifty member countries, colleges and societies. It was founded in 1989 and its purpose is "to promote at an international level, interchange, understanding and co-operation among physicians practising emergency medicine", and is recognised as the international voice for quality emergency medical care. Details are available from the IFEM website www.ifem.cc.

We are pleased to congratulate Lee Wallis (CEM Councillor) on his election as IFEM President.

The College of Emergency Medicine is proud of all medical practitioners who strive to raise the practice of emergency care in our country and beyond, and is pleased to recognise these colleagues who achieve excellence in this vast discipline.

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 over the past three years, and to the staff of the Johannesburg, Durban and Cape Town CMSA offices for their hard work and support.

Prof Roger Dickerson

PRESIDENT

Dr Heike Geduld

SECRETARY

COLLEGE OF FAMILY PHYSICIANS

Council of Family Physicians of South Africa – CFP(SA)

The elected Council for the 2014–17 triennium took over the business of the CFP(SA) in October 2014 comprising of the following Councillors:

President: Prof GA Ogunbanjo (SMU)

Secretary: Prof WJ Steinberg (UFS)

Other Councillors: Prof JJ Blitz (US)

Prof MH Cassimjee (UKZN/Private Family Physicians)

Prof I Couper (Wits)

Prof DA Hellenberg (UCT)

Prof JFM Hugo (UP)

Prof LH Mabuza (SMU)

Prof RJ Mash (SU)

Dr SNE Mazaza (UCT)

Dr M Naidoo (UKZN/Private Family Physicians)

Dr E Reji (Wits)

Within the reporting period, the Council has had two council meetings in which various matters related to the FCFP(SA) examinations, performance of candidates, collaborations with sister colleges and examiner training took place. Some of the activities were as follows:

Fellowship examinations – FCFP(SA) Final Part A

As the specialty develops, the number of candidates sitting for the exit exams has slowly increased.

Success rates ranged between 25% and 45% for the entire exams sittings for this period. However, for the clinical components, it ranged from 65% to 71%. The latter is slightly higher than previously.

The CFP(SA) continued to review its exam processes to make sure that they are fair, valid, and reliable. In addition, strategies are sought to improve exam success rates, namely support for candidates by their host university departments and through update programmes nationally as well as dedicated sessions for registrars at the annual SA Academy of Family Physicians conferences.

The dedication of a section of the SAFP journal on the “mastering of the fellowship” has received positive feedback from registrars and has helped with preparation for the exams.

Collaboration – Royal College of General Practitioners (RCGP), UK

The CFP(SA) continued with its co-operation with the Royal College of General Practitioners (RCGP), UK for the period under review. This collaboration, funded by Europe-Aid, aimed at developing and improving the examination skills of College members and trainers. The 3-year project has been greatly beneficial in improving the quality of the FCFP(SA) exit exam, and has led to various positive changes.

For this period, the workshops focused on workplace-based assessments (WBA), and how they should be used to add to the assessment (Oct 2015).

The second workshop (May 2016) was held on the uniform use of the portfolio, and how it can contribute to uniform assessment of the candidate in the workplace. It was also suggested as a useful tool in driving the learning process.

Ideas of an electronic portfolio are being explored.

Continuous feedback received by some RCGP colleagues on the quality of the exams offered by CFP(SA) has resulted in the following changes planned by the CFP(SA):

- Format, design and timing of the different components of the assessments – re-structuring has been implemented.
- Clear and transparent blueprinting of the different components of the assessments – has been implemented and assessed to be functional.
- Introduction of writing groups for separate sections of the exam – established and functional for the fellowship exam, but for the diploma exam, this is still in progress.
- Revision and use of reliable assessment instruments for examiners – in progress, but more examiner training on the assessment instruments has taken place.
- Structuring feedback to candidates after an exam after the results have been released by the CMSA – different formats are being attempted, but no specific one has been adopted.

It is hoped that with the RCGP inputs, the FCFP(SA) exams have

developed to be more fair, objective, valid and reliable for the South African setting.

Collaboration – West African College of Physicians

The training of trainers (TOT) workshop/Fellowship exams in Ibadan, Nigeria was postponed due to the Ebola virus epidemic in West Africa, and is rescheduled for Oct 2016, during which the CFP President will be present.

Higher diploma in Family Medicine

Although recently introduced, the higher Diploma exam has not attracted many candidates yet. It is hoped that the numbers of applicants will improve over time.

This exam provides an opportunity for those who do not have the possibility of a full-time registrar programme to be trained by family physicians, and still obtain a diploma qualification in Family Medicine. The minimum requirement is a 2-year in-service training in Family Medicine.

A proposed document with the changes put forward for the College diploma was tabled. This document aligns itself with the planning on the national diploma and the necessary changes, should the College higher diploma exam become the exit exam for the diploma in Family Medicine. This could boost the numbers.

The majority of Councillors support the proposal that the College exam may become the exit exam for all Family Medicine diplomas offered in various universities in South Africa. Further discussions on the possible structure of such a national outlet exam are in progress, while certain universities are planning to introduce diploma programmes as well.

Re-evaluation – Family Medicine Training programme

Early in 2015, the CFP President and Secretary, on the request of University of Botswana (UB), visited and re-evaluated their decentralised Family Medicine training programme based at Gaborone, Mahalapye and Maun. The re-evaluation process was successfully completed and accreditation extended for another three years.

The CFP has received a similar invitation for the evaluation of the new post-graduate Family Medicine Training Programme offered by the College of Medicine, University of Malawi. It is envisaged that this visit will be completed in the second half of 2016.

Prof Gboyega Ogunbanjo
PRESIDENT

Prof Wilhelm Steinberg
SECRETARY

COLLEGE OF FORENSIC PATHOLOGISTS

During the past year, we have successfully hosted two sets of incident free examinations.

On behalf of our examiners, conveners and moderators, I would like to express my sincere thanks to Mrs. Lize Trollip (CEO) and Mrs. Ann Vorster, as well as their administrative staff for their ongoing support, advice and assistance.

Finally I would also like to thank our examiners, conveners and moderators for their support and assistance.

Dr Sageren Aiyer
PRESIDENT

Dr Christa Hattingh
SECRETARY

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 for the period 1 June 2015 to 31 May 2016.

The Council of the CMFOS met once, on 29 August 2015. The regulations were reviewed and updated.

In the second semester 2015, two candidates were successful in the FCMFOS Part II examination, and five were successful in the first semester 2016.

The poor results in the primary examination in the Principles of Pathology continue to be a problem. There was a 100% failure rate in this subject in the first semester 2016 examination.

The format of the papers, questions, and marking process was reviewed by examiners, convenors, and moderators over the past several examination sessions.

The council recommended that examiners adhere to the published study guidelines.

As of 2016, the CMFOS will no longer conduct the primary examinations for the College of Dentistry.

The next meeting of the Council of the CMFOS will be held in September 2016 in Johannesburg.

Prof Frederick Jacobs

PRESIDENT

Dr Suvir Singh

SECRETARY

COLLEGE OF MEDICAL GENETICISTS

The College of Medical Geneticists remains a small, but growing College, albeit at a consistently slow pace. The preceding years' challenges persist, but we continue to work together as a College and with relevant organisations to overcome these.

The training unit at the University of the Witwatersrand, following reassessment by the HPCSA, received conditional re-accreditation in July 2015. While limiting the number of registrars in the unit to three, we now have four training units across the country. Full re-accreditation of the Wits Unit will be considered in mid-2017. Countrywide, the challenges of both training and consultant posts, within a fragmented system, persist, and remain a limiting factor in the growth of our specialty.

Examinations were conducted in the second semester of 2015. One candidate wrote the Part I examination, and was successful. The single candidate for the Part II examination was invited to and passed the clinical examination. Our thanks go to

Dr Henderson at the University of the Free State, who convened and hosted the examination. Both sets of exams ran smoothly and without incident.

We held a one-day Curriculum workshop on 8 March 2016 to brainstorm our approach to the curriculum and to review International curricula and core competencies, placing ourselves in a position to begin work on revising our documents. We need to ensure that despite the resource limitations unique to our specialty, our trainees receive world class training, focused on local populations. Our blueprints remain relevant, but will be updated once the curriculum has been

fully reviewed. Our Portfolio document has been revised. Our next Council Meeting is planned for the 2nd semester of 2016.

The Medical Geneticists in South Africa continue to engage with the DOH and HPCSA in an effort to ensure continued expansion of our training capacity. Although acknowledged, we have yet to receive responses to our queries and concerns relating to the specialty register from the HPCSA.

With a current figure of 0.2 medical geneticists per million population in South Africa, we remain far off the global three per million recommendation, and thus have a long way to go in firmly establishing our specialty in South Africa. However, we end this reporting period on a far more positive note compared to that of two years ago.

Prof Amanda Krause

PRESIDENT

Dr Lindsay Lambie

SECRETARY

COLLEGE OF NEUROLOGISTS

In September 2014, new College of Neurologists' Council members were elected to office for the next triennium (2014–2017). They are:

- Dr LM Tucker (President and Senator)
- Prof DS Magazi (Secretary and Senator)
- Prof JA Carr
- Prof AJ Kruger and
- Dr AA Moodley

Additional Council members have been co-opted as follows:

- Prof C Schutte
- Prof G Modi (Emeritus President) and
- Prof R Eastman (Emeritus President).

Although Council members have remained in frequent telephonic and email contact, no Annual General Meeting (AGM) was held in 2015. The next AGM of our College Council took place from 16th and 19th March, 2016 in Natal.

Important issues facing the College currently remain the low pass rate in both FC Neurol(SA) Parts I and II of our College examinations. Our College is in the process of identifying the reasons for this. Furthermore, aspects of the examination regulations have been re-visited.

More particularly, over the past 18 months, two complaints have been made to the CMSA regarding due process not having been followed in respect of the moderation of our College Part II examinations. Consequently, the guidelines for the moderation of our College examinations have come under scrutiny. It is clear that our Council will have to review these regulations conscientiously as a matter of priority, and make amendments as appropriate.

The single-best-answer format of multiple choice questions has now been introduced into the FC Neurol(SA) Part I examination, and it is anticipated that this will also be the case for the Part II examination within a year or two.

The annual registrar teaching weekend continues to be a success. The development of an on-line EEG teaching course, which has received generous funding from mainly the World Federation of Neurology, is expected to be completed by early 2016.

The Diploma in Sleep Medicine, run by our College, has only attracted one candidate since its inception 10 years ago. This is largely due to the lack of approved training centres and the paucity of qualified examiners. The Council is currently reviewing the practicality of continuing to offer this course, and is awaiting a detailed feasibility report from Dr K Rossman before deciding how to proceed.

The financial health of our College is good, with an accumulated fund in excess of R100 000, which will enable us to hold national workshops to develop new examination formats and curriculum blue prints.

Dr Lawrence Tucker
PRESIDENT

Prof Dali Magazi
SECRETARY

COLLEGE OF NEUROSURGEONS

The College of Neurosurgeons of South Africa had its Annual Meeting in February 2016 at The CMSA, Rondebosch in Cape Town. At the meeting, the following decisions were made:

1. The Final Neurosurgery examination format was to remain unchanged, in that there would continue to be a written examination, and the candidates would have to pass with a minimum of 50% in order to be invited to the clinical/oral component of the examination, which the candidates would also have to pass with minimum of 50%. However, it was decided that the weighting of the different components of the clinical/oral examination would change to diminish the weighting of the long case and create more parity between the different components of the examination.
2. The Intermediate Examination, in as far as the "Principles of Neurosurgery" component, would have the short answers replaced by a Single Best Answer (MCQ). This would be implemented in the first semester of 2017. The development of the Single Best Answer paper would be developed under the leadership of Dr Rohan Harrichanprasad from UKZN.

The examination results from the 2nd semester and 1st semester 2016 were as follows:

Neuroanatomy and Primary:

- **2nd semester 2015:** 39% pass rate, which improved to a 50% pass rate in 1st semester 2016
- **Intermediate:** Second semester 2015 pass rate was 92% and 1st semester 2016 was 70%
- **Final:** 2nd semester 2015 pass rate was 47%, and 1st semester 2016 was 50%.

Of note was that there was a 100% pass rate of candidates who qualified to attend the clinical/oral examinations. This confirmed to the College that the written examination was an accurate measurement of the readiness of the candidates for the final examination, in particular the clinical/oral component.

Dr Sudir Dookie is to be congratulated on being awarded the medal for the 2nd semester 2015 examination.

Prof Patrick Semple
PRESIDENT

Mr Michael Du Trevou
SECRETARY

COLLEGE OF NUCLEAR PHYSICIANS

CNP Council

We congratulate Prof Mike Sathekge (Past President of the College of Nuclear Physicians) on his new role as the President of the CMSA.

Changes to the new council include Prof James Warwick (President) and Prof Mariza Vorster (Secretary), and the co-option of Dr Myma Nyakale (UKZN). The rest of the council members have remained unchanged.

CME activities

The CNP has facilitated a series of CME lectures as an additional item to the programme of Biennial Congress of the South African Society of Nuclear Medicine. These were previously well attended and generally well received by registrars, and have now been accepted as a permanent addition to the programmes of future SASNM Congresses.

Additional suitable CME activities held by various institutions and stakeholders can, in future, be endorsed by our college following review of the programme and the speakers by council members.

PET/CT Guidelines

New PET/CT Guidelines have successfully been compiled by a task group from the CNP, and subsequently published as a SAMJ supplement in January 2016. These have been endorsed by the SASNM, ANP and accepted by the RSSA, and are freely available at: <http://www.samj.org.za/index.php/samj/article/view/10181>

Examinations

The CNP has increased its focus on training and education of students in aspects of targeted radionuclide therapy, as well as the examination of competency on this section, with the introduction of a new dedicated OSCE station.

Audio recording of the past two clinical exams has been implemented successfully.

Various software platforms are currently being evaluated for use during the final exams. This is intended to improve standardisation of the display and evaluation of clinical exam cases.

There is a need for more detailed guidelines for setting questions, and the roles of the examiners, convenors and moderators towards further standardisation. A document is currently being drafted. Official opinion will also be sought on our current curriculum and blueprint through the CMSA.

At a recent council meeting, it was agreed that exemption from repeating written exams should also be applicable to the next exam only. This will be implemented from the first semester in 2017.

LogBox Pilot

The CNP has officially requested to be included in the pilot of this application.

Official Documentation

The Portfolio of Learning is currently being updated and has been circulated to HOD's for their input.

We would like to congratulate and welcome the following successful candidates for FCNP(SA) Part II examinations in the past year: B Hadebe, AK Lawal, TK Maftah, ON Mbakaza, M Morkel, GH Yunusa, PB Nemataduni, OT Ahmadu, N Govender and XN Ndlovu.

Prof James Warwick
PRESIDENT

Prof Mariza Vorster
SECRETARY

COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

Council Meetings

Council meetings were held on 28 July 2015 and 1 December 2015 at the CMSA office in Rondebosch, Cape Town.

At both these meetings, the usual COG business matters were discussed, and all examinations presented by the COG were discussed in detail.

Committee Meetings

The COG has three standing committees. The Part I Committee has representation from all academic departments and meets twice a year. At both these meetings, the Part I examination and curriculum were discussed, and the Part IA and IB written examination papers were set. This committee is also responsible for appointing examiner panels for the two respective examinations.

The Part II Committee consists of the different heads of academic departments or their representatives, and is chaired by the President of the COG. This committee is responsible for the Part II examination, logbook and portfolio requirements of candidates entering the Part II examination.

This committee met on 23 September 2015 and on 5 April 2016 at the OR Tambo International Airport.

The Subspecialist Committee was established to standardise the regulations, guidelines and examination process for the four (currently three plus one future) different subspecialty examinations. This committee met on 27 July 2015 and on 24 February 2016. The process has been completed and the final product will be discussed during the second COG Council meeting in 2016.

Examinations

The COG conducted the following examinations during the second semester of 2015:

Examination	Candidates entered	Withdrawn	Pass rate of those who wrote
Part IA	125	12	47.6 %
Part IB	112	23	27 %
Part II	53	0	49 %
Dip Obst SA	52	6	84 %
Cert Gyn Onc	2	0	100 %
Cert Mat Fetal	3	1	50 %
Cert Reprod Med	3	0	67 %

The COG conducted the following examinations during the first semester of 2016:

Examination	Candidates entered	Withdrawn	Pass rate of those who wrote
Part IA	133	37	41 %
Part IB	112	29	52 %
Part II	53	0	49 %
Dip Obst SA	38	6	59 %
Cert Gyn Onc	3	0	100 %
Cert Mat Fetal	2	1	0 %
Cert Reprod Med	2	0	100 %

A total number of 329 candidates took part in the second semester 2015 examinations, and a total of 270 candidates took part in the first semester 2016 examinations. In total, 599 candidates took part in the two examinations for the period of this report. Fifty-six examiners were involved in the second semester 2015 examination effort and 60 examiners were involved in the first semester 2016 examinations.

All these examinations were presented very successfully without any major challenges or disputed outcomes.

JC Coetzee Fund

The Obstetrics and Gynaecology departments of UCT and UP both continue to be the only departments with active outreach programmes supported by the JC Coetzee fund.

SASOG Congress Memorial Lecture

Prof Zephne van der Spuy presented the Margaret Orford Memorial Lecture during the SASOG Congress at Sun City, which took place from 1 to 4 May 2016. This was the last time this memorial lecture was presented, as the funding for this lecture has been depleted.

Examiner Training Workshops

The COG presented the first examiner workshop on 4 April 2016 in Johannesburg. The aim of these workshops, that will be presented at least twice a year, will be to train examiners in all the different aspects of the examination process. About forty examiners from all over the country attended this workshop.

I would like to take this opportunity to once again thank the different convenors, examiners and moderators who are willing to fulfil this important and ongoing task for all the different examinations of the COG. I would also like to express my sincere gratitude towards the COG Council members for their contribution towards the success of this College.

Prof Leon Snyman
PRESIDENT

Prof John Anthony
SECRETARY

COLLEGE OF OPHTHALMOLOGISTS

The AGM of the Council of Ophthalmologists was held during the OSSA congress at Sun City on 9 March 2016. A number of important issues were discussed:

- Format of written exams
- Continued expansion of the MCQ bank (see below)
- The implementation and content requirements of the Portfolio of Learning

- Impact of the staggered examination timetable, implemented by the CMSA
- Subspecialty training
- Updating of the examiners list
- Updating of the sites currently accredited for DO training in South Africa

(A complete record of discussions is available in the minutes of the AGM.)

A very productive MCQ Workshop for Ophthalmologists was held at the Tsogo Sun, Newlands, Cape Town in July 2015. This was hosted by our President, Dr Linda Visser. New questions were constructed, tested and subsequently blueprinted. This is only the beginning of a long journey toward having a robust bank of multiple choice questions for all four our examinations (Dip Ophth(SA), FC Ophth(SA) Part IA, FC Ophth(SA) Part IB and FC Ophth(SA) Part II).

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

The African Council of Ophthalmology (AOC) engaged with the President to consider input into aligning training regulations of the African Ophthalmology curriculum, currently being drawn up.

Following an enquiry from one of the surgical Colleges, the College of Ophthalmology investigated available literature and international experience of the minimum visual requirements for surgical trainees. A consensus of suggestions was compiled.

The Ophthalmology department at UCT is developing a surgical simulation training facility, which will facilitate surgical training for local and regional (African) trainees, particularly in low cost small-incision cataract surgery.

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

Dr Linda Visser
PRESIDENT

Dr Matt Young
SECRETARY

COLLEGE OF ORTHOPAEDIC SURGEONS

The Orthopaedic College Council met twice in this period, as well as at the AGM at the annual South African Orthopaedic Association Congress held in the Drakensberg in September 2015.

The examinations were well run by the respective convenors. Single best answer written examinations were successfully employed in the Intermediate exam, and would be used for the first time in the upcoming final exam. Increasing moderator activity was implemented, and the examiner pool expanded using geographically diverse panels rather than the previous home ground dominance.

A consolidated logbook continued to be required, which allows assessment of training experience and potential deficits in our state training platform.

The Edelstein medal for the best candidate in 2015 was awarded to Dr Andrew Strydom from the University of Witwatersrand.

The Francois P Fouché lecture for 2015 was delivered at the SAOA meeting in Drakensberg Sports resort by yours truly, Prof Robert Dunn on the Challenge of Spinal Deformity.

The Orthopaedic Surgery College Council wishes to thank Mrs Lize Trollip, the CEO and Mrs Ann Vorster, the Academic Registrar and their respective teams for the efficient and hard work during the past year.

Prof Robert Dunn
PRESIDENT

Dr Pauline Greyling
SECRETARY

COLLEGE OF OTORHINOLARYNGOLOGISTS

The examination results were as follows:

2nd semester 2015:

Primary

Entered	Withdrew	Wrote	Passed	% Pass
32	10	22	5	23

Finals

Entered	Withdrew	Wrote	Oral	Passed	% Pass
10	1	9	9	5	56

1st semester 2016:

Primary

Entered	Withdrew	Wrote	Passed	% Pass
28	9	19	10	53

Finals

Entered	Withdrew	Wrote	Passed	% Pass
5	0	5	5	100

The low pass rate in the primary in the 2nd semester of 2015 was a reason for concern. This is most likely due to candidates generally not being in training programmes. It was decided to change the rules and grant subject exemptions to those who scored > 50%, rather than 60%, to come in line with other Colleges. The pass rate had increased significantly in the 1st semester of 2016.

Johan Fagan was an external examiner at Makerere University in Kampala, Uganda, and Riaz Seedat an external examiner in Nairobi, Kenya. Johan Fagan was an official observer at American Board exams May 2016, and reported back his observations to the Senate of the CMSA.

Future challenges for the College include introducing single best answers in the final examinations, and possibly including more paper based cases. This will be guided by the advice of the CMSA committee tasked with modernisation and standardisation of examinations.

Prof Johan Fagan
PRESIDENT

Prof Mashudu Tshifularo
SECRETARY

COLLEGE OF PAEDIATRIC SURGEONS

The Council of the College of Paediatric Surgeons has given considerable attention to various aspects of the final examination.

The entrance requirements have been enhanced, the requirement for standardisation of the assessment of the Portfolio of Learning

has been stressed, an inconsistency in the wording of the published Guidelines for Candidates has been resolved, and the need for model answers to all written questions is to be demanded.

Council has been appreciative of the work of our moderators in ensuring consistency and fairness in the examination.

Council remains concerned about unevenness of training across our teaching platforms, but is divided as to how best to resolve the issue.

Successful candidates in the final examination in the 2015/2016 year were:

- Govender, T
- Harilal, S
- Madziba, SS
- Manickchund, Y

Prof Alastair Millar
PRESIDENT

Prof Colin Lazarus
SECRETARY

COLLEGE OF PAEDIATRICIANS

The College of Paediatricians implemented a number of changes to the examinations held under its auspices in 2015/2016.

We have held a further two successful examinations of the Comprehensive Clinical Assessment (CCA) for the FC Paed(SA) Part II examination: in Durban (second semester 2015) and Johannesburg/Pretoria (first semester 2016). I wish to pay tribute to the convenors, Dr Rajendra Thejpal and Prof Vic Davies, respectively, for their excellent organisation of these examinations. Thank you, too, to all the examiners and to the Departments of Paediatrics and Child Health at the Universities of KwaZulu Natal, Witwatersrand and Pretoria, who put so much effort and time into these examinations. Prof Davies' contribution to all three of the examinations was inestimable. At the last examination we appointed a double panel of examiners, which meant that a number of people have now been exposed to the examination format, to the advantage of College and to prospective candidates from the various university departments that supplied the examiners.

At the meeting of the Council of Paediatricians in January 2016, the decision was taken to have only two papers for both the FC Paed(SA) Part II and DCH(SA) examinations – the data interpretation paper and the themed questions paper. This decision was taken because of the poor correlation of the short questions paper in both examinations with the final examination mark, and was implemented from the first semester of 2016. The advantages are a fairer examination and fewer papers to mark. The disadvantage of only two papers is the difficulty to adequately cover the syllabus due to the smaller number of questions. The long term plan is to change the FC Paed(SA) Part II examination format into an MCQ paper by the second semester of 2017, which will hopefully address this problem.

The FC Paed(SA) Part I examination changed to a single MCQ paper in the first semester of 2016. Thanks and kudos to Prof Haroon Saloojee for all the hard work he has put into this examination, ensuring a high quality examination with standard setting and careful blueprinting. Our pass rate in this examination was gratifyingly good (83%). Our College has also contracted with Prof Scarpa Schoeman of the University of the Witwatersrand to assist us with analysis and standard setting in our papers.

The College of Paediatricians has a number of subspecialties, and we wish to thank Prof Alan Davidson and the convenors and examiners of the subspecialty examinations for continuing to maintain such high standards.

I wish to thank all the convenors, examiners and moderators for their time and hard work, and for being prepared to be part of ensuring that the standards of our examinations remain high, and that the paediatricians serving our patients are well-qualified. We wish to congratulate all the successful candidates in the two examinations, and to welcome them as colleagues to the College of Paediatricians and its subspecialties.

I also want to congratulate and welcome Dr John Lawrenson as an Associate Fellow, and Professors Pierre Goussard and Wilma de Witt as Fellows by Peer Review of the College of Paediatricians.

On a sad note, we lost two people during the period of this report who played a very important role in our college as examiners, but who were also key people in paediatrics in South Africa. Prof Zandisile Michael Nazo, known to us as Mike, was the Head of the Department of Paediatrics and Child Health at Walter Sisulu University in Umthatha, and an examiner in the FC Paed(SA) Part II, when he passed away suddenly on 2 September 2015. He was the ultimate gentleman and a man of great integrity, and serious about improving the lives of children in South Africa by improving standards of care and by training paediatricians of high quality. Dr Ralph Diedericks, who passed away after a long illness on 7 May 2016, was a previous convenor and regular examiner in the FC Paed(SA) Part II examination, as well as being a much loved lecturer and clinician. We will miss both of them; may their dear souls rest in peace.

To end on a happy note, I wish to acknowledge Prof Miriam Adhikari, who was presented with a Fellowship *Ad Eundem* at the Durban graduation in October 2015, and Prof John Pettifor, who received an Honorary Fellowship at the Pretoria graduation in May 2016, for their contribution not only to our College, but to paediatrics in South Africa, Africa, and internationally. It has been our privilege to be able to acknowledge them in this way.

Thank you to the Councillors of the College of Paediatricians for being such a wonderful team, and for their willingness to work towards improving our examinations. An especial thank you to the Secretary of the Council, Prof Vic Davies, for the enormous amount of work he has done and for his support. And, finally, a very sincere thank you to the staff of all three CMSA offices for their professional, efficient and courteous support during the past year.

Prof Sharon Kling
PRESIDENT

Prof Victor Davies
SECRETARY

COLLEGE OF PATHOLOGISTS

The Council is now in its second year of the new term. The College of Pathologists administers 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, with the base specialties being Haematopathology, Internal Medicine and

Paediatrics. In the last two semesters there were candidates in all of the examinations. The examination standards have been maintained. Additional council members were co-opted for Microbiology and Clinical Pathology.

The pass rates in the primary and exit examinations are continuing to be a challenge in all the specialties. A number of support measures have been proposed, including examination preparation workshops for registrars.

This year, the College has held two teleconferences. As there was no annual congress in 2015 or 2016, the Council has not had the opportunity for a face-to-face meeting. This has also meant that there was no opportunity to hold examination workshops for registrars, as the annual congress has always provided a convenient forum.

The content of the Council meetings continues to focus on the review of outstanding syllabi, discipline blueprints and discipline rules as well as risk management. There has also been a proposal to include a representative from the South African Registrar Association in the Council meetings, and this has been accepted and will be implemented in the forthcoming council meetings. This will provide a mechanism for addressing concerns of registrars in training.

There continues to be a challenge with finding examiners in some centres, as a result of a lack of capacity, especially at senior levels. This has been partly addressed by nominating academics without a College Fellowship to become Associates, and then following the process for observership and examiner appointment. This has been a challenge in Clinical Pathology because of a lack of clinical pathologists based in academic centres. This has been addressed by appointing two examiners per subject in the exit exam, or a convenor and sub-convenor. Another challenge is the increasing numbers of candidates at examinations, especially in Anatomical Pathology, and this presents logistical challenges. A confidentiality agreement and code of conduct has been implemented following CMSA approval. Further challenges are also presented by the fact that some provinces hold exams more often because of geographical inequities, and this happens more often with some disciplines especially when there is a lack of capacity.

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 discipline of Oral Pathology does not have an expert committee, so an Oral Pathology subcommittee has been established to deal with discipline specific matters. Chemical Pathology has introduced a new Part I examination that will be implemented in 2017 for the first time. Anatomical Pathology has proposed a new primary examination (Part IA), which can be taken prior to entering a registrar training programme, with the current Part I examination becoming an intermediate stage Part IB examination.

The College has continued to maintain international links with the Royal College of Pathologists, London (RCPATH), the International Liaison of Pathology Presidents (ILPP) 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 the President, a founding fellow of COPECSA. In addition, the secretary was appointed as South Africa country advisor for the RCPATH. The

President has been appointed to the Board of Directors as Honorary Registrar of the Finance and General Purposes Committee.

Prof Dhiren Govender
PRESIDENT

Prof Tahir Pillay
SECRETARY

COLLEGE OF PHYSICIANS

The College of Physicians continues to review and revise the curricula and regulations for the Diploma, Fellowship and Subspecialty certificate examinations.

The Diploma in Geriatric Medicine was offered for the first time in the second semester of 2015, and we expect the uptake to increase in the coming years. The number of candidates sitting the Diploma in Internal Medicine remains steady.

A big advance is the changeover to Multiple Choice Questions in the Fellowship examination. Besides for the educational soundness of MCQs compared to written papers, their introduction was also necessitated by the significant increase in the number of candidates sitting the examination. A serious concern, however, is that clinical competency is tested at an exit examination, and the Education Committee of the College is planning a revision of the examination format with the introduction of a clinical competency assessment earlier on in the training programme and a revised exit examination at the end.

Updating of the curricula and regulations for the Certificate examinations in the subspecialties of Internal Medicine is ongoing.

Prof Bilkish Cassim
PRESIDENT

Dr Peter Raubenheimer
SECRETARY

COLLEGE OF PLASTIC SURGEONS

At the 2015 Annual General Meeting (AGM) of the College of Plastic Surgeons of South Africa (CPSSA), two very important decisions were made.

The first was the incorporation of the heads of Plastic Surgery departments at the different universities as the council/board members for the College of Plastic Surgeons of South Africa. The sub-committee for education of the Association of Plastic Surgeons of South Africa was then merged into the CPSSA. This was historic, and is an important milestone for academic uniformity for plastic surgery training, and was seen as absolutely necessary because the CMSA examination was recognised as the only exit examination for specialists.

The second important decision made at the AGM was the proposed examination format, where in future (second semester 2017) the OSCE component of the exam will be left out, and more short cases will be added (from 6 to 10 or 12 cases) as well as a longer time for examination of the short cases (from six minutes to ten minutes). The short cases will then account for a larger percentage of the examination. This will be advertised on the website for at least six months before implementation.

The main goal of the CPSSA council members in the future will be to elevate the standard of training with monthly or annual check mechanisms, to ensure registrars are achieving the desired outcomes

in training, as well as increase the final examination pass rate to 90% plus. This may not be achievable in one or two years.

Behind the scenes, the members of the council of the CPSSA have been meeting and working hard to ensure that adequate measures are taken to ensure examinations that are fair and of excellent quality.

Training facilities that were not well known, like in Port Elizabeth, have been welcomed and incorporated into the plans of the CPSSA.

We have welcomed several new members to the CMSA. We congratulate you on your wonderful achievement.

As the CPSSA, we look forward to having higher standards of teaching and outcome measurement, as well as higher pass rates.

The CMSA remains a non-profit organisation, and the services of the council members of the colleges are rendered free of charge. As CPSSA president, I would like to thank all the council members of the CPSSA for their non-profit service, their passion and dedication to building the future of South African Plastic Surgeons.

Dr Wayne Kleintjes
PRESIDENT

Prof Elias Ndobe
SECRETARY

COLLEGE OF PSYCHIATRISTS

The past year has been eventful for the College Council, characterised by a number of changes to our regulatory requirements for training and to the structure and content of our examinations.

The College Council meets at two monthly intervals via teleconference and typically hosts one annual face-to-face meeting. The face-to-face meeting and AGM are usually convened at an annual congress hosted by the South African Society of Psychiatrists.

Training and Examinations

The Council of the College of Psychiatrists held several training workshops this year. The first three workshops were convened in Durban, and included an FC Psych(SA) Part II Registrar Training Workshop on the 5th and 6th of February, a Portfolio of Learning Revision Workshop on the 5th of February, and a Part I Remediation Workshop which took place on the 6th of February. The workshops were generously sponsored by Servier and co-sponsored by the College of Psychiatrists. Several other workshops are being planned over the next six to eight months, including one to finalise the curriculum and examination blueprints for the Subspecialty Fellowship in Child and Adolescent Psychiatry, several OSCE development workshops (to coincide with CMSA examinations), and additional registrar and examiner training workshops. Standard setting of all examinations run by the College of Psychiatrists remains a priority. In an effort to enhance registrar exposure to public mental health, we are also planning, with the South African Society of Psychiatrists, to co-sponsor a Public Mental Health Training Forum for registrars in the first quarter of 2017.

In view of the ongoing high failure rate in the FC Psych(SA) Part I examination, a Part I remediation task team was set up to lead and co-ordinate a turnaround strategy. The task team consulted widely with training centres around the country and received feedback on a broad range of concerns and recommendations relating to the Part I examination. A follow-up Part I Remediation Workshop, with

national representation of Part I trainers and examiners, was held in Johannesburg on the 18th of May, to coincide with the CMSA exams. Following an analysis of the content and outcomes of the Part I examination, three workgroups formulated proposals that included changes to the curriculum blueprint, reading lists, and examination format and content. These recommendations are currently under review, and will be implemented once they have been jointly approved by the eight academic departments and the College Council.

In the second semester of 2015, the new blueprinted curricula for the Diploma in Mental Health and the Fellowship Part I and Part II examinations were examined for the first time in their new formats. This included the introduction of an OSCE to the DMH(SA) examination, and the expansion of the Neuropsychiatry OSCE to include general psychiatry. We have commenced the process of developing OSCE banks for both the DMH(SA) and Part II examinations. Also, for the first time in the second semester of 2015, candidates sat a modified FC Psych(SA) Part I examination comprising a Clinical Neurosciences paper, a Behavioural Sciences paper and an Introduction to Psychiatry paper.

In addition to the Subspecialty Fellowship in Child and Adolescent Psychiatry, the College of Psychiatrists has more recently introduced a number of other Subspecialty Fellowships (viz. Forensic Psychiatry, Addiction Psychiatry, Geriatric Psychiatry, Consultation-Liaison Psychiatry and Neuropsychiatry). The Subspecialty Fellowship in Neuropsychiatry was examined for the first time in May 2016. With the exception of Consultation-Liaison Psychiatry, the regulations, blueprints and training logbooks for all the above-mentioned subspecialties are available on the College website. We expect to finalise the aforementioned documentation for the Subspecialty Fellowship in Consultation-Liaison Psychiatry soon.

A Portfolio of Learning Audit Subcommittee of Council members was established in 2015, and the first formal audit of portfolios undertaken on the 21st of October 2015. This entailed auditing a random selection of portfolios of candidates who had sat the March and August 2015 examinations. The audit provided an opportunity to assess content, quality and adherence to requirements as set out in the portfolio. A number of deficiencies were identified and communicated to academic heads of departments of psychiatry. Annual audits are planned, primarily for the purpose of quality assurance, rather than as gatekeeping for entry to the FC Psych Part II examination. In view of the deficiencies identified through the auditing process, the Portfolio of Learning is currently being revised to ensure that it is a pragmatic and user-friendly record of training, for both registrars and their supervisors. In revising the portfolio, registrars' attainment of the minimum core competencies (as defined in the regulations) will be more clearly and accurately reflected through the documentation of supervised work experiences and workplace-based assessments over the four years of training. We are also in the process of developing a web-based version of the portfolio which we intend to pilot over the next few months.

Other Activities

The College of Psychiatrists, jointly with the South African Society of Psychiatrists, was invited to participate in an Educational Seminar on Psychiatric Training at the American Psychiatric Association Annual Meeting on the 16th of May 2016 in Atlanta (USA). The theme of

the 2016 meeting was "Differential Attainment". A number of other Colleges participated including the American Psychiatric Association, the Canadian Psychiatric Association, Royal College of Psychiatrists (UK) and the Royal Australian and New Zealand College of Psychiatrists. The presentation by our College was delivered by the President of South African Society of Psychiatrists,

Dr Mvuyiso Talatala, and was well received. This is the second time that the College of Psychiatrists was invited to participate.

Finally, the College of Psychiatrists is occasionally called upon to assist the HPCSA in evaluating foreign graduate applications for specialist psychiatrist registration. The Council has formulated a set of structured and comprehensive guidelines to assist with these evaluations.

The next year will be spent strengthening our internal processes as a College Council, and ensuring that our training and examinations are of an excellent standard.

Prof Soraya Seedat
PRESIDENT

Dr Suvira Ramlall
SECRETARY

COLLEGE OF PUBLIC HEALTH MEDICINE

During the 2016 year, the College was pleased to see Dr Flavia Senkubuge, the current Secretary of the Council of the College of Public Health Medicine, elected to Junior Vice-President at the Senate meeting of October 2015. The participation of the Public Health and Occupational Medicine disciplines in the business of the College has thus been greatly enhanced.

Prof Leslie London, Council Chairperson, was awarded the SAMA-Bonitas Housecall Doctors' Award for Equity and Justice in September 2015. Prof Peet Rautenbach of the Sefako Makgatho Health Sciences University was co-opted to the Council in 2016 to ensure balance of university representation.

In the 2015/16 examinations, a total of eight candidates entered the exams with one withdrawing from the examinations in Public Health Medicine, and two candidates in Occupational Medicine wrote exams. All candidates were invited for orals. Of the candidates, seven passed in Public Health Medicine. Dr Kate Rees won the Gluckman Prize for excellence in the Public Health Medicine fellowship exams for 2015. There was one failure and one deferred pass in Occupational Medicine.

Work on revisiting the curriculum for Public Health Medicine has continued, building on a curriculum review workshop in May 2015. Dr Deb Bashu convened a workgroup at Wits on 3 March 2016 to continue to review the curriculum, following a Council mandate from its October 2015 meeting. This workshop addressed clinical competencies for PHM specialists, as well as revisiting the depth and breadth of the current curriculum. The process of reviewing the curriculum is ongoing, and will benefit by a resuscitation of the PHM registrar group nationally, with a national PHM registrar attending the PHM College Council meeting in May for the first time in many years. The Division of Occupational Medicine has also completed its blueprinting for future exams.

Regulations for the Higher Diploma in Medical Management have been approved, and are with the HPCSA awaiting gazetting. As soon as the regulations are gazetted, the process of examination can be initiated.

In terms of advocacy, the CPHM participated in a submission to the Department of Health on the place of occupational health in the National Public Health Institute of South Africa (NAPHISA). The College supported the view of a range of institutions who attended a consultation called by the Department of Health in February to discuss the place of occupational health in NAPHISA. Although a workgroup was to be set up after the February consultation, it is unclear if such a workgroup is to be established or if the call to locate the National Institute of Occupational Health within the new NAPHISA will be heeded. A request from the Director of the CCOD for support was relayed via the College to Heads of Departments of Occupational Medicine across the country.

The College noted that numerous health professionals are claiming to be Public Health Specialists, and it creates confusion between the terminologies such as 'public health specialist' and 'public health medicine specialists'. The College decided to draft a document that will give clarity on terminology and also give clarity to the HPCSA on terminology and on the requirements of registration of a specialist, as it was reported that certain groups intended to submit/submitted an application to HPCSA to register MPH as a professional qualification for Public Health Medicine Specialist.

Career pathing in the public health sector for both Public Health and Occupational Medicine graduates remains a concern for the College, which we have proposed to the CMSA as an element for an ongoing focus on human resource planning for South Africa, particularly with large policy changes taking shape in South Africa through the NHI and related developments.

The College continues to collaborate regionally and internationally. We have developed draft MOUs with the Faculty of Community Health of the West African College of Physicians (WACP) and with the US College of Preventive Medicine, which will be presented for adoption in the latter part of 2016.

Prof Leslie London
PRESIDENT

Dr Flavia Senkubuge
SECRETARY

COLLEGE OF RADIATION ONCOLOGISTS

The October 2015 OSCE and orals were successfully hosted by the University of Pretoria's Oncology Department.

We had our annual OSCE workshop in November 2015 for the 2016 exams. The workshop also served as a training opportunity for new examiners regarding the blueprints and guidelines. We invited to this event the HODs of Limpopo and East London Oncology Departments. The workshop was supported financially by SASCRO (SA Society of Clinical and Radiation Oncologists).

The May 2016 examinations were hosted by the University of Witwatersrand's Oncology Department, also with success.

At the council meeting, we reviewed our blueprints and guidelines, and confirmed our need to expand our examiner pool and to develop our examiners further at our annual workshop.

Dr Alicia Sherriff
PRESIDENT

Dr Jeanette Parkes
SECRETARY

COLLEGE OF RADIOLOGISTS

Council 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)
Prof William Rae (UFS)
Dr Sandile Mdunge (WSU)
Dr Rosey Mamogale (UL)
Dr Richard Tuft (RSSA)

Council composition

Dr Rosey Mamogale (University of Limpopo) and Dr Sandile Mdunge (Walter Sisulu University) were co-opted to Council from March 2016.

Examinations

From the second semester of 2015, the pass mark for the Rapid Reporting component of the FC Rad Diag(SA) Part II Examination was increased to 70% (previously 50%).

From the first semester of 2016, significant progress was made in standard setting of the oral component of the FC Rad Diag(SA) Part II examination:

- A digital examination was delivered on the Microsoft PowerPoint platform.
- All cases were comprehensively moderated at a full-day examiner meeting, where expectations were defined and consensus reached on pass/fail criteria.
- Material for each session, and the examiner approach to each case was standardised, with no prompting of candidates.
- Only once the main radiological features had been identified, did examiners engage in a discussion of the differential diagnosis and management. Where candidates failed to identify the main radiological signs, examiners moved to the next case.
- The full blueprint of the examination was shown to each candidate.

FRCR Observership

Professors Richard Pitcher, Zarina Lockhat and Coert de Vries observed the Spring Sitting of the Part 2B Examination of the Fellowship of the Royal College of Radiologists (FRCR) in Lincoln's Inn Fields, London, from Saturday 9 to Friday 15 April 2016.

Historically, the FC Rad Diag(SA) is aligned with the FRCR. South African representatives have periodically observed the FRCR examination to ensure that the College of Radiologists (COR) assessments remain abreast of international trends.

The most recent observership was prompted by challenges facing the FC Rad Diag(SA) Part II, which include establishing a national examination venue, introducing a single best answer (SBA) format for the written examination, digitizing the oral examination, and improving assessment reliability.

The observership was made possible by financial support from the Radiological Society of South Africa (RSSA) CME Trust, the Colleges of Medicine of South Africa and the Faculties of Medicine and Health Sciences of the Universities of the Free State, Pretoria and Stellenbosch.

The SA delegation acknowledges with sincere gratitude the friendship and collegiality of the examiners and staff of the Royal College of Radiologists, who so graciously and generously gave of their time during a very busy examination week.

Maurice Weinbren Award

The Maurice Weinbren Award for 2016, for the best publication in a peer-reviewed journal by a Registrar or Junior Consultant, was awarded to Dr Joseph Kabongo of Stellenbosch University, who was first-author of the manuscript "An analysis of licenced South African diagnostic imaging equipment", published in the Pan African Medical Journal.

JN and WLS Jacobson Lecture

Dr Jacques Janse van Rensburg, of the University of the Free State, delivered the 2015 JN and WLS Jacobson Lecture on Saturday 23rd January 2016, in the Simonsberg Room, Spier Estate. The lecture was entitled: "Radiology training: How are we doing? Radiographic diagnosis of childhood community acquired pneumonia in the 21st century", and was incorporated into the programme of the Radiological Society of South Africa's (RSSA) Abdominal Imaging Conference. The College of Radiologists records its sincere appreciation to Prof Leon Janse van Rensburg, RSSA Congress Chair, for so graciously accommodating and promoting this important memorial lecture.

Dr Dibuseng Ramaema, of the University of Kwazulu Natal, has been nominated as the JN and WLS Jacobson Lecturer for 2016.

Prof Richard Pitcher Dr Dibuseng Ramaema
PRESIDENT **SECRETARY**

COLLEGE OF SURGEONS

The goals that the Council of the College of Surgeons set itself for the period 2014–2017, build on the goals for the prior triennium. These goals primarily focus on the quality, validity and accuracy of the examinations that are conducted by the College. This is being achieved by:

- Continuing to strengthen and enhance the function of the examinations boards. The examination boards' main responsibilities are to set all parts of the examinations that can be prepared in advance. This includes determining the examination matrix, setting the written papers, the clinical paper cases and

the OSCEs. In addition, the chairperson of the examination board also chairs the examination commission, which at the end of the examination process evaluates the marks obtained by each candidate.

- The examination boards are also expected to introduce measures to ensure that the examinations conform to modern standards of assessment, which includes measures that ensure greater objectivity and standard setting, are also progressively being introduced.
- Their final role is to ensure that the rules related to their examination are appropriate and accurate and that the syllabus for the examination is modern and relevant.
- It is the College of Surgeons Councils' opinion that the primary aim of this initiative, to ensure that there is standardisation and consistency in the examination processes, is succeeding.
- The role of the examination moderators has been defined to ensure that there is fairness and consistency in the examination process, and that the predetermined standards are adhered to. As required, these senior academics express their opinion during the examination process if they believe standards are not being adhered to, if the assessment is not fair, or when they believe objectivity is being compromised. Their experience and insights are invaluable to what is becoming an ever more robust examination process.
- As a consequence of the increasing number of candidates sitting the College's examination, the number of examiners sitting on examination panels has needed to be substantially increased. This has led to a much wider representation of individuals in the surgical community being involved in these important processes.
- The introduction of more objective means of assessment. In particular, the intermediate examination papers are now MCQ based, and the clinical assessment in the final examination has been strengthened by introducing two additional clinical assessments in the form of paper based clinical scenarios.

In order to continue meeting the above goals, the College will introduce additional measures in future. These include training sessions for current and future examiners, increasing the objectivity of the examination methods currently in use, recording of oral examinations, evaluating the use of formative assessment to the College's assessment armamentarium, and ensuring that marking guidelines are accurate and are fairly and consistently applied. These additional processes are particularly important in the face of ever increasing numbers of individuals taking the College's examinations.

The College of Surgeons Council, during the 2007–2009 triennium recognised that experience in research was of importance in the training of high quality clinicians. As a consequence, from the middle of 2012 it became a requirement for individuals applying to write the FCS(SA) final examination to provide evidence of having undertaken such work. With the introduction of the unitary examination stipulations set by the HPCSA from the beginning of 2015, when a completed research project became a prerequisite for specialist registration in South Africa, this no longer applies for candidates who started their training after December 2010.

To achieve these goals takes much effort by many individuals who do all of this over and above their normal, usually overloaded work commitments. These extraordinary efforts are greatly appreciated as is the unstinting support of the CMSA's examination office.

Prof Martin Veller
PRESIDENT

Prof Paul Goldberg
SECRETARY

COLLEGE OF UROLOGISTS

The College of Urologists arranged a symposium in July 2016 during the biennial Registrar's Forum that was held in Muldersdrift in Gauteng. One of the main topics of discussion was the assessment methods used in the College examinations. A decision was made to investigate assessment methods in the international community, and we approached the American Urological Association (AUA) and the European Association of Urology to enquire about their assessment methods. The College of Urologists received an invitation to attend the "Paper setting meeting" of the AUA that will be held in January 2017. A delegation of the College of Urologists will attend that meeting.

During the year 2015, many of the junior examiners in the College attended meetings arranged by the CMSA about the objective standard clinical examination (OSCE) and multiple choice questions (MCQ) among others. Nine new fellows were allowed to the College of Urologists, after successfully completing their final examinations. The Lionel Goldschmidt medal, however, was not awarded during 2015.

The College of Urologists is grateful for the support we receive from Mrs Vorster and the personnel at the CMSA head office, and wish to continue our good relationship in 2016.

Prof Schalk Wentzel
PRESIDENT

Dr David Smart
SECRETARY

The JC Coetzee Memorial Lecture: The enormous concentration of economic power in young children: Time to tap it

David Harrison, Paper presented at the 19th Annual Family Practitioners' Conference on 13 August 2016

Abstract

There is enormous potential for South Africa to harness the latent economic power of young children. The French economist Thomas Picketty demonstrated that greater economic productivity of a country is the primary mechanism reducing income inequality, when the political economy is orientated towards the redistribution of wealth.

The physiological capital accrued in the first thousand days of life provides the scaffold for human growth and development. Early childhood development represents the most powerful investment in human capital that a country can make. In South Africa, our failure to invest effectively in the early years is manifested in early educational failure and a pool of skilled labour that is too small to sustain a knowledge economy. Long-term economic prospects are limited unless the source of human capital is protected and developed.

Key strategies for achieving this are a national commitment to zero-stunting from childhood malnutrition, ensuring that children enter school ready to read, and the development of local networks of care and support for young children at risk. These strategies place family practitioners at the heart of unleashing the economic power of children.



Dr David Harrison

Introduction

It really is an honour to be invited to give the JC Coetzee Memorial Lecture today. I trust the organisers of the conference have not strayed too far from his wishes in inviting me to speak – not even a practising doctor, let alone an OBGYN. To add insult to injury, I'm going to be speaking about the topic of money

– who has it and who doesn't

– because that is at the very heart of the theme of this year's Conference (*One Country, Two Worlds: Innovating Quality Health Care*). We live in two worlds in one country precisely because some people are wealthy and most continue to live in poverty.

Our common mission – as doctors, lawyers, business owners, office clerks, you name it – must be to work towards greater equality of income and wealth, not just to treat people as equals. We must, because rising levels of inequality will – in fact already do – threaten our nation's stability.

I will be talking about money, but I'm not an economist – and I hope that I reflect accurately the work done by the genuine economists to which I will refer. There are many criticisms of attempts to reduce health and health care to their economic role in nurturing human

capital. Even the very language equating humanity with capital as a factor of production is anathema to some. Those criticisms hold some water, but we must be pragmatic. If we cannot speak the language of business and economics, we will struggle to secure the public resources that are needed to invest in the public goods of health, social well-being and early education. We will lack the common language that is required to mobilise coalitions of civil society, the corporate sector and government. We will underrepresent those constituencies that struggle to find the platforms to speak for themselves – not least of all, children.

For these reasons, ideological leanings aside, I'm going to speak the language of capitalism.

A rude assertion

The rather abrupt entrée to this address is a rude assertion – 'rude' because it questions, or at least seeks to qualify, the assumptions underlying the theme of this year's conference, namely *One Country, Two Worlds: Innovating Quality Care for All*. The rude assertion is that quality health care beyond the client's age of about two years – no matter how innovative – will not contribute fundamentally to making one world out of two in this country. Health care for older children and adults has many vital roles, but redistribution of resources across populations is not one of them. We will come back to the role of health care for people over two years of age a bit later.

The economic role of health care is to nurture human capital, which is most narrowly defined as the skills and knowledge which enable an individual to produce outputs that earn money. The more money they earn, the greater their human capital. There are expanded definitions of human capital, but let's stick with that narrow one. The term 'health capital' was coined to describe the stock of health intrinsic to each individual at the time of birth. Health capital can be viewed as the 'fertiliser' for human capital – providing the physical competence that enables an individual to participate in the economy. It was originally regarded as a set genetic endowment that depreciated over time, and did not explicitly recognise that the size of health endowments has changed over centuries or can be shaped by external factors.¹ The term 'psychological capital' came into vogue early this century, describing the characteristics of hope, optimism and resilience that enable individuals to optimally mobilise the human capital at their disposal.² Around the same time, the economist Robert Fogel coined the phrase 'physiological capital' which recognised that health stocks can accumulate differentially, depending on extrinsic factors, both before and after birth. It is physiological capital – malleable to accrual during pregnancy and beyond birth – that holds redistributive potential.

A stock of good nutrition is the most fundamental currency of physiological capital. Fogel estimates that, from the Elizabethan era to the end of the 19th Century, about 20% of Englishmen and women lacked the energy for regular work. Not only that, but their bodies made physiological adjustments (that we would today call epigenetic effects) that enabled them to survive, but not to thrive. The average height of men who reached maturity in Europe was unchanged from 1750 to the late 19th century. Since then, mean height in European men has increased by about 10 cm, and similar findings have been noted in Japanese men.

If income differentials were the outcome of a "race between education and technology", as Thomas Piketty describes it,³ with education favouring returns to labour and technology favouring returns to capital, then better nutrition was the key to higher wages. Children could learn more and workers could work better with sufficient food to meet both baseline maintenance and the energy requirements of labour. Physiological capital, in the form of stored energy and adequate micronutrients, thus accumulated over time across a wider swathe of the population than ever before. These characteristics of the Industrial Revolution were replicated in developing countries in the 20th Century. For instance, the economist Paul Schultz found that every centimetre increase in height among Ghanaian and Brazilian workers between 1940 and 1970 led to 8–10% increase in wages.⁴ Later studies tempered the magnitude of the wage gains, but substantial statistical effects remained. A study published in the *Lancet* in 2008 followed cohorts of children into adulthood in five different countries (including South Africa). It found that children's height at two years of age was the best predictor of adult human capital. Stunted children performed worse at school and were less economically productive than adults.⁵

According to the World Bank, a 1% decrease in adult height results in a 1.4% decrease in labour productivity and stunting knocks off

about 2–3 % of gross domestic product (GDP) in the most severely affected countries.⁶ Maternal undernutrition (as represented by low-birth-weight babies) accounts for about 20% of stunting.⁷ With a low-birth-weight rate of 13% and a fifth to a quarter of children stunted,⁸ a conservative estimate would be that early malnutrition accounts for at least 1% of GDP lost to South Africa. That's about R40 billion a year.

Obviously the best option would be to prevent nutritional stunting in the first place, but the good news is that catch-up growth is possible within the first two years of life. Encouragingly, if stunted children receive extra food and intellectual stimulation, their life-time earnings potential can increase by 25–40%.⁹ But the remedial value of interventions to combat stunting is limited after two years of age.¹⁰

The formative power of the 'first thousand days' is not restricted to a determination of height (and hence wage-earning potential). Medical research over the past two decades has shown that many life-long patterns of illness and health are calibrated in the first years of life. Children who experience malnutrition and other forms of toxic stress are at higher risk for adolescent delinquency, drug and alcohol use and risky sexual behaviours.¹¹ As adults, they experience higher rates of cardiovascular, metabolic, neuro-endocrine disorders, neuro-psychological problems and obesity as adults.¹² Major health differentials are established early on and are, subject to wide individual variability, outcomes that are sustained through the course of life.

If we return to the economic role of health care, the basis for the rude assertion made above is hopefully far clearer. In economic terms, the role of health care for people older than two or three years of age is to limit the depreciation of health capital. It is health care in the first thousand days that has the potential to be truly redistributive if it enables poorer people to accumulate the physiological capital associated with good antenatal care and better nutrition.

But we must not over-reach ourselves. Physiological capital accumulation is only the starting point for reducing inequality. It must be followed up with other redistributive strategies that enable better access to quality education and reduce economic marginalisation. To understand what is really possible, we need to understand the basis for inequality of income and wealth – what's driving it to diverge further and what can reasonably be done to cause convergence.

What drives inequality, and what can be done to reduce it?

In this regard, I draw on the magnum opus of the French economist Thomas *Piketty*, who first published *Capital in the Twenty-First Century* in 2013 (translated into English in 2014).¹³ His work demonstrated that the American economist Simon Kuznets was wrong, over the long term. Kuznets had argued that increasing inequality was a temporary feature of an evolving capitalist economy, and that countries returned to a more egalitarian state as they became richer. He described an inverted parabola that

became known as Kuznets' Curve.¹⁴ If Kuznets were right, then inequality would slowly dissipate if left to its own devices – and in fact, inequality could be regarded as catalysing a necessary but transitory set of incentives for economic progress. Through long-term analysis – stretching back to the 18th Century (and with the benefit of fifty years of observation since Kuznets' seminal publication), Piketty was able to demonstrate that there is no 'natural' economic reason why high levels of inequality in countries would gradually dissipate. In fact, the past three decades have seen a concentration of wealth among the top percentile not dissimilar to that seen in Victorian times. (The one significant difference has been the growth of the middle class, which has tempered the extremes of income inequality, though not the recent intense concentration of wealth among the richest 1% in Anglo-Saxon countries). Similarly, countries such as South Africa, India and China have seen a growth in the top percentiles' share of total income, with one fifth (19.2% in 2012) of national income now accruing to the richest 1% of South African wage earners.¹⁵

The implication is that countries may experience increasing concentrations of wealth until their societies become inherently unstable, leading to social conflict and new revolutions. For that reason, we must understand what causes divergence and what factors promote convergence (i.e. less inequality).

Piketty's starting point is the quantitative relationship between 'capital and income', expressed as the capital/income ratio where 'capital' reflects the total wealth (public and private) owned by a country at a point in time and 'income' reflects the quantity of goods produced and distributed in a given year. Put another way, the capital/income ratio is the number of years it would take to accumulate the country's current wealth. This ratio is not a direct measure of inequality in a country, but indicates the relative role that capital plays in that society. For example, the capital/income ratio in Great Britain and France reached nearly 700% in the late 19th century, then plummeted as a consequence of the two world wars to between 200 and 300%. By 2010, the ratio had risen again to 500%. It stands to reason that when the returns to the corpus of wealth exceed the combined returns to labour (income) that accrue from economic growth, then inequality will increase. Piketty describes this as $r > g$. Conditions that give rise to $r > g$ include the mobility of capital (enabling wealthier people to seek higher rates of return in other geographies) and low economic productivity.

When the reverse is true, income differentials decrease and there is a net decline in country inequality. This situation arises when economic productivity is high, leading to higher growth rates. The real rate of return to capital can also be reduced by redistributive wealth taxes, but these are difficult to implement when countries are competing for foreign investment.

The robustness of Piketty's thesis for a developing country like South Africa has been tested by Anna Orthofer, who concludes that while the wealth/income ratio has been much lower (200–300% in South Africa over the past 45 years), there has been a significant recovery in private wealth since the late 1990's, suggesting that this country may be starting to follow the trends of more developed countries.¹⁶

If that is the case, then the potential for reducing inequality in South Africa rests primarily in greater economic productivity. There is evidence over the long term that there is scope for considerable economic growth in developing countries, with an apparent convergence of economic output per capita between Europe-America and Africa-Asia since 1950. Sub-Saharan Africa still lags far behind in terms of per capita economic output – suggesting that there is still significant potential for both economic catch-up and greater redistribution of wealth. However, the question is whether South Africa and other sub-Saharan African countries can fully exploit the potential dividends of the demographic bulge of young people who have vast potential to learn and acquire new skills. In order to answer this question, we need to look at the specific dynamics of each country.

The prospects for South Africa

Earlier, I described the fact that the richest 1% of South Africans are getting steadily wealthier relative to the rest of us, but we need to understand what is happening across the entire income distribution. Since 1994, the SA wage gap has compressed in the bottom half and fanned out in the top half of the income distribution.¹⁷ In other words, wage earners at the 10th percentile earn a little more than they did in 1994 – 30% of the median wage in 2010 compared to 23% in 1994. Not a massive difference. At the other end, wage earners at the 90th percentile earned 430% the median in 2010, compared to 270% the median in 1994. For the highest decile of wage earners, the divergence is likely to be even greater. That, coupled with the tremendous return on investments in equities on the Johannesburg Stock Exchange between 1994 and 2014 (8.6% p.a. real return),¹⁸ has led to a greater concentration of wealth – despite the redistributive policies of a democratic government.¹⁹ Truth be told, some of the ostensibly redistributive policies of post-apartheid government may have been less so in practice. For example, the heavy financial emphasis of black economic empowerment policies has concentrated extreme wealth in the hands of relatively few beneficiaries. More successful have been social security policies (old age pensions and the child care grant in particular) that have increased the size of the 'social wage' for the poorest income quintile of the population.²⁰

Further working against the concentration of wealth has been an increase in labour productivity since 1994. However, sectoral trends in productivity have not changed much since 1994: those sectors that performed poorly in terms of productivity have continued to do so, while those that fared better then have shown greatest productivity gains over the two decades. These differentials probably reflect the underlying inequalities in skills that have not changed significantly in the past twenty years. According to Statistics South Africa, the percentage of black African workers classified as 'skilled' increased by only 2.8 percentage points between 1994 and 2014. Still fewer than one in five black African workers is skilled, while the minority population groups have become a lot more skilled over the past twenty years.²¹ Over half the adult workforce is either unemployed (35%, expanded definition) or employed in unskilled

categories of work (18%).²² Only 15% of workers are categorised as skilled, indicative of a failing educational system.

While fingers are typically pointed at the quality of schooling and the vocational training system, Van den Berg has demonstrated that the damage is already done by Grade 4: the divergence in learning outcomes between the bottom two school quintiles and the top two school quintiles happens between Grade 1 and Grade 4, whereafter the gaps are sustained at pretty much the same magnitude.²³ In fact, the poorest 40% of children already enter school at a disadvantage – scoring about 20% less on average for maths and home language than children in wealthier quintile schools. These findings point to the fact that deficits in language and cognitive ability have already accrued by the age of five. The net result is that, by Grade 5, it is already clear that there will be insufficient educational throughput to sustain South Africa's growth as a knowledge economy compared to most countries of similar economic size.²⁴

One could argue that South Africa could become a country characterised by largesse by the richest towards the poorest through massive redistributive taxation. However, the capital base is too small to make massive new tax demands on it without crimping incentives for investment and prompting capital flight.²⁵ This is illustrated in the health sector by the financing incidence of the South African health system, where the wealthiest 20% derive more-or-less the same benefit from the public health system as other quintiles (taking into account population-level benefits like immunisation) and derive the lion's share of private benefits. At the same time, they pay for over 80% of total healthcare funding (through the various forms of taxation and private medical top-ups), leaving little room to further increase their contributions to a healthcare system that already consumes close to 9% of GDP.²⁶ Even if there is room to increase marginal rates of taxation, we currently face a 'trust' issue in which taxpayers are no longer convinced that their contributions are being used efficiently. In contexts like this, tax avoidance strategies proliferate.

In terms of securing the future of South Africa and reducing inequality, we are left with no choice but to make strategic investments in human capital. In particular, we need to develop and protect the source of human capital – and that means investing in young children.

The concentrated economic power of young children

Children's rights activists have shied away from representing children as factors in the economic value chain – and not without good reason. But this has often meant that the interests of children are not adequately represented when private investments are made by business and when public funds are divided up. It is time to explicitly recognise the potential economic power that resides in children that could be harnessed if it were factored into economic equations by government and business leaders.

For that reason, we should reframe our narratives about children – seeing economic opportunity where others see social deficit. For

example, as described earlier, the eradication of stunting could generate an additional R40 billion a year²⁷ – enough to fully fund a national early learning programme for 2–4 year olds and make a sizeable dent in the funding shortfall at tertiary institutions. In turn, if a universal early learning programme resulted in a fully literate working population, the country's GDP could grow by about a quarter as a result.²⁸ If that and other investments in children ensured that the dropout rate by Grade 12 were reduced from 50% to near zero, each rand invested in preschool education would yield between R8 and 18 in return.²⁹ Of course, there are overlaps in these strategies such that the projected economic returns may be being double-counted in the short- to medium-term. But skills beget skills, resulting in the long term in an exponential trajectory of compounding returns to investments in early childhood development.

The source of such economic power in young children rests in nothing other than their normal physical, emotional and cognitive development – when the basic inputs of love, food, safety and stimulation are in place. The 'first thousand days' has gained currency as a buzzword for the immense concentration of human potential from conception to two years of life. Of course, the accumulation of physiological and human capital continues beyond that and good schooling and tertiary education must be in place to fully realise this potential, but it is instructive to comprehend just how much power to change the destiny of individuals and of the nation resides in our youngest children. The Harvard Center on the Developing Child has shown that – at least in terms of synapse formation – sensory pathways, language and cognitive development peak within the first year of life.³⁰ Brain sensitivity for development of language, self-regulation and executive function is greatest in the first three years of life.³¹ The irony is just how simple the inputs are, that should be non-negotiables for every child.

So how do we harness this untapped potential?

How do we tap it?

The starting point is to identify those targeted strategies that should provide the highest additional returns. As a country, we have made excellent strides in the provision of antenatal and obstetric care. There has been a steady increase in early antenatal bookings (54% before 20 weeks in 2014 compared to 38% in 2010) as well as the percentage of deliveries carried out by health personnel in health facilities (86% in 2014 compared to 66% in 2002).³² The introduction of antenatal highly active antiretroviral treatment (HAART) has reduced the vertical HIV transmission rate to less than 2% in most parts of the country. There is more that can be done to improve existing obstetric practices, especially in district hospitals and beyond, but our focus here is 'at the margin' and on the redistributive potential of new or enhanced interventions.

By now, at least two of the highest return strategies should be clear. The first is zero-tolerance of stunting as part of a national nutrition strategy for children under five years of age. There is a national nutrition roadmap 2013–2017 published by the Department of Health.³³ But it needs to be prioritised and activated by a national

agency dedicated to its implementation. The second is to ensure that every child is ready-to-read by the time they go to school – which implies sufficient investment in early learning and the large-scale promotion of story-telling and reading. The third is less obvious, but just as important. We should not lose sight of the fact that most child vulnerability is found in households which are economically fragile and socially marginalised. It is these household and family factors – rather than a lack of access of health and social services – which place children at greatest risk from day-to-day and which result in cumulative deficits. The majority of children live in single-parent households, usually with their mothers. Roughly a million babies are born in South Africa annually, of whom half may be regarded as socially and economically vulnerable. Encouragingly, the proportion of women who were recorded as having follow-up postnatal care rocketed to 74% in 2014 from 5% in 2009.³⁴ But it is often what happens at home between six weeks and two years after birth that determines child outcomes. Ironically, this is the time that formal support systems (other than the sustained benefits of a monthly child care grant) have least access to the child. For this reason, we need to place far greater attention on mobilising local networks of care and support for at least the quarter of a million children born annually who are at highest risk. These networks – creating social and psychological capital, in the lexicon of economics – build the resilience of children to withstand adversity. The psychologist Ann Masten calls such simple strategies – parental love, another significant adult in the life of a child and modest connections to opportunity at crucial points in life – ‘ordinary magic.’

Arguably, these are among the country's top strategies for achieving new economic growth and redistribution. Undoubtedly, they involve mobilisation of additional public resources for therapeutic food supplementation, enhanced household food security and to fund new early learning programmes. But other role-players are equally central – not least yourselves as family practitioners – who together with nursing practitioners are the professionals with greatest access to children in their first thousand days.

In terms of a national commitment to zero-stunting, your role is critical in preventing stunting by bolstering maternal nutrition, promoting exclusive breastfeeding for the first six months and encouraging diversified weaning diets, micronutrient supplementation, deworming, managing subclinical infections and counselling mothers on the risks of drinking alcohol during pregnancy. Accurate measurement of growth is critical, and every child whose growth starts to cross centiles should have a definite plan of action. Where needed, therapeutic supplementary feeding should be part of the plan, with appropriate referral and follow-up. It is however a reality that the system of State-supported supplementary feeding for undernutrition is not operating well in most provinces, and referral systems are inadequate. This is part of the challenge that must be taken up through national mobilisation for zero stunting of children under five by 2025, through a coalition of civil society, professionals, the business sector and government.³⁵

Family practitioners should also be the forefront of cognitive stimulation and promotion of reading. Parents are often unaware of

their own power to develop their babies' language and cognition, starting with the 'serve and return' interactions with their infants. This back-and-forth exchange – a mother's verbal response to the baby's gurgle or engagement through facial expression – is vital for early sensorimotor and language development. Furthermore, few parents understand that the basis for reading is being laid down from birth, and all new parents should be encouraged to tell stories and read to their children from Day One. In the United States, Reach Out and Read is a national network of 20 000 primary care providers and staff who make reading promotion a standard part of their paediatric care, including mini-libraries for children in their waiting rooms.³⁶ In South Africa, the national reading-for-joy campaign, *Nal'ibali*, has a growing library of electronic resources that are freely available (www.nalibali.org).

Third, family practitioners should be leaders in developing local networks of care and support for children at risk – tapping into existing public and non-government organisations, but also mobilising new 'connectors' through faith-based and other service organisations. *Cape Town Embrace* is an example of such an initiative that is making slow-but-sure strides in linking vulnerable families with other caring connectors (see www.embrace.org.za). Similar initiatives need to spring up across the country.

A closing tribute to JC Coetzee

Science has eventually caught up with the instinctive wisdom of JC Coetzee. He was dedicated to ensuring good obstetric and postnatal care for all – I am sure because he was a good doctor. Little could he know that within two decades of his death in 1987, high quality care in the first thousand days of life would be recognised as the very thread that weaves together our social fabric,³⁷ the foundation of life-long health,³⁸ the scaffold for later learning and education,³⁹ a key driver of the national economy,⁴⁰ and a powerful redistributive force that can reduce income wealth inequality.⁴¹ JC Coetzee may not have been an economist, but his convictions were right on the money.

Thank you for listening to me today.

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Report Back Eponymous 2016

Mthatha Educational Development Programme 2016

MPS WORKSHOP

Date: Thursday 28 February 2016

Speaker/s: Appointed by MPS

Venue: Mthatha Health Resource Centre Auditorium

UPDATE ON MENOPAUSE AND HEALTHY AGING

Date: Thursday 07 April 2016 –
Saturday 09 April 2016

Speaker/s: Prof Franco Guidozzi
Dr Craige Golding

Venue: Mthatha Health Resource Centre Auditorium

UPDATE ON ONCOLOGY AND PALLIATIVE CARE

Date: Thursday 21 July 2016 –
Saturday 23 July 2016

Speaker/s: Dr Liz Gwyther
Dr Charleen Muller

Venue: Mthatha Health Resource Centre Auditorium

UPDATE ON PSYCHIATRY AND NEUROLOGY

Date: Thursday 06 October 2016 –
Saturday 08 October 2016

Speaker/s: Prof ST Rataemane
Prof DS Magazi

Venue: Mthatha Health Resource Centre Auditorium

Lectureships 2016

JN AND WLS JACOBSON LECTURESHIP 2015

Dr Jacques Janse Van Rensburg presented his lecture at the RSSA Abdominal Imaging Congress 2016 in Spier Estate outside Cape Town on 23 January 2016.

MARGARET ORFORD LECTURESHIP 2016

Prof Zephne Van Der Spuy presented her lecture at the SASOG Congress 2016 in Sun City on 04 May 2016.

JC COETZEE LECTURESHIP 2016

Dr David Harrison presented his lecture at the 19th National Family Practitioners Conference 2016 in Cape Town on 13 August 2016.

KM SEEDAT MEMORIAL LECTURESHIP 2016

Prof Jimmy Volmink presented his lecture at the 19th National Family Practitioners Conference 2016 in Cape Town on 14 August 2016.

FP FOUICHE LECTURESHIP 2016

Prof Dick Ronald Van Der Jagt presented his lecture at the 62nd Congress of the Orthopaedic Association in Skukuza on 01 September 2016.

ARTHUR LANDAU LECTURESHIP 2016

Prof Pravin Manga presented his lecture at the 36th Medicine Update Symposium in Durban on 04 September 2016.

JOHN AND MADELINE LOWNIE LECTURESHIP 2016

Dr Jeff Kourie has rescheduled this lectureship for a date still to be confirmed.

JN AND WLS JACOBSON LECTURESHIP 2016

Dr Dibuseng Ramaema will present her lecture in Johannesburg on 07 October 2016.

AWARDS 2016

MAURICE WEINBREN AWARD IN RADIOLOGY 2016

The recipient was: **Dr Joseph Kabongo**

MAURICE WEINBREN AWARD IN RADIOLOGY 2017

Submissions received: **Dr Samuel Manikkam**

EDUCATIONAL FUNDS 2016

ROBERT MCDONALD RURAL PAEDIATRIC PROGRAMME 2016

No applications were received.

REGULATIONS UPDATE

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

PROPERTY FEEDBACK - DURBAN OFFICE

The Durban CMSA office has permanently relocated to 5 Claribel Road, Windermere.

Active Honorary Fellows (as at 14 September 2016)

Acquaye Joseph Kpakpo (CP) (2004)	Accra, Ghana	Cywes Sidney (CS) (1998)	Cape Town, SA
Adamson Fryhofer Sandra (CP) (2003)	Atlanta, USA	De Klerk Frederick Willem (CMSA) (1994)	Cape Town, SA
Akande Ebenezer Oluwole (COG) (2002)	Ibadan, Nigeria	De Laey Jean-Jacques (C OPHTH) (2000)	Gent, Belgium
Alberti Kurt George MM (CP) (1998)	London, UK	De Swiet Michael (COG) (2004)	London, UK
Arulkumaran Sabaratnam (COG) (2005)	London, UK	Deschênes Luc (CS) (1998)	Quebec, Canada
Asuzu Michael Chiemeli (CPHM) (2012)	Ibadan, Nigeria	Deutman August (C OPHTH) (2000)	Nijmegen, Netherlands
Azubuike Jonathan C (C PAED) (2005)	Enugu, Nigeria	Dinsdale Henry B (CP) (1996)	Ontario, Canada
Bailey Susan Mary (C PSYCH) (2012)	Manchester, UK	Douglas Neil James (CP) (2005)	Edinburgh, UK
Baird David (COG) (2009)	Edinburgh, UK	Drife James Owen (COG) (2002)	Leeds, UK
Baltzan Richard (CP) (2001)	Saskatoon, Canada	Elkington Andrew R (C OPHTH) (1997)	Hampshire, UK
Becklake Margaret R (CP) (1994)	Montreal, Canada	English Terence Alexander H (CS) (1991)	London, UK
Benatar Solomon Robert (CP) (2001)	Cape Town, SA	Falconer Anthony Dale (COG) (2012)	London, UK
Bird Alan Charles (C OPHTH) (2006)	London, UK	Farooqui Muhammad S (CP) (2001)	Karachi, Pakistan
Boix-Ochoa Josè (CS) (2006)	Barcelona, Spain	Foëx Pierre (CA) (2007)	Oxford, UK
Bothwell Thomas Hamilton (CP) (1994)	Johannesburg, SA	Foulds Wallace Stewart (C OPHTH) (1992)	Glasgow, UK
Breen James Langhorne (COG) (1984)	South Carolina, USA	Francescutti Louis Hugo (CP) (2012)	Alberta, Canada
Britt LD (CS) (2012)	Virginia, USA	Fritz Vivian Una (C NEUROL) (1972)	Johannesburg, SA
Brobby George Wireko (C ORL) (2012)	Kumasi, Ghana	Galasko Charles S B (C ORTH) (2003)	Cheshire, UK
Brown Thomas C K (Kester) (CA) (2002)	Victoria, Australia	Genest Jacques (CP) (1970)	Montreal, Canada
Browse Norman (CS) (1996)	London, UK	Gill Geoffrey Victor (CP) (2007)	Wirral, UK
Burger Henry (CP) (1984)	Victoria, Australia	Gilmore Ian Thomas (CP) (2007)	London, UK
Burgess John H (CP) (1991)	Westmount, Canada	Giwa-Osagie Osato O F (COG) (2005)	Lagos, Nigeria
Calder Andrew (COG) (2005)	Edinburgh, UK	Greenberger Norton J (CP) (1991)	Massachusetts, USA
Cameron Donald Patrick (CP) (1998)	Queensland, Australia	Grosfeld Jay Lazar (CPS) (2014)	Indiana, USA
Caruso Vincent (C PATH) (2005)	NSW, Australia	Hamilton Stewart (CS) (2005)	Alberta, Canada
Chalmers Iain Geoffrey (COG) (2001)	Oxford, UK	Hanrahan John Chadwick (CS) (1992)	Peppermint Gr. WA
Chang Keng Wee (CS) (2012)	Kuala Lumpur, Malaysia	Hederman William Patrick (CS) (1992)	Dublin, Ireland
Chaudhry Zafar Ullah (CS) (2012)	Karachi, Pakistan	Hennessy Thomas Patrick J (CS) (1997)	Dublin, Ireland
Clelow Warren (CMSA) (2006)	Sandton, SA	Hollins Sheila (C PSYCH) (2005)	London, UK
Collin John Richard Olaf (C OPHTH) (2007)	London, UK	Hudson Alan Roy (C NEUROSURG) (1992)	Ontario, Canada
Conti Charles Richard (CP) (1991)	Florida, USA	Hume Robert (CS) (1992)	Glasgow, UK
Courtemanche Albert Douglas (CS) (1992)	British Columbia, Canada	Huskinson Ian Douglas (CMSA) (1997)	Cape Town, SA
Couture Jean (CS) (1979)	Quebec, Canada	Hutton Peter (CA) (2003)	Birmingham, UK
Cox John (C PSYCH) (2000)	London, UK	Joubert Peter Gowar (CMSA) (1999)	Johannesburg, SA
Crowe John Patrick (CP) (2012)	Dublin, Ireland	Kaaya Ephata Elikana (C PATH) (2012)	Dar-Es-Salaam, Tanzania
Cunningham Anthony Andrew (CA) (2004)	Dublin, Ireland	Keogh Joseph Anthony Brian (CP) (1998)	Dublin, Ireland

Kerr David Nicol Sharp (CP) (1992)	London, UK	Ramphela Mamphela Aletta (CMSA) (2005)	Cape Town, SA
Keys Derek Lyle (CMSA) (1993)	Johannesburg, SA	Reeve Thomas Smith (CS) (1991)	NSW, Australia
Kuku Sonny F (CP) (2001)	Lagos, Nigeria	Richmond John (CP) (1991)	Edinburgh, UK
Langer Bernard (CS) (2001)	Ontario, Canada	Rosholt Aanon Michael (CMSA) (1980)	Johanneburg, SA
Laws Edward R (C NEUROSURG) (2015)	Massachusetts, USA	Salyer K Everett (C PLAST) (2007)	Texas, USA
Leffall LaSalle D (CS) (1996)	Washington, USA	Samkange Christopher A (C UROL) (2012)	Harare, Zimbabwe
Lekamwasam L K L S (CP) (2012)	Galle, Sri Lanka	Santucci Richard Anthony (C UROL) (2013)	Michigan, USA
Lemma Johan (CMSA) (2006)	Sandton, SA	Saunders Stuart John (CMSA) (1989)	Cape Town, SA
Levett Michael John (CMSA) (1999)	Cape Town, SA	Schulz Eleonora Joy (C DERM) (2006)	Pretoria, SA
Levin Lawrence Scott (C PLAST) (2006)	North Carolina, USA	Seedat Yackoob Kassim (CMSA) (1998)	Durban, SA
Looi Lai Meng (C PATH) (2005)	Kuala Lumpur, Malaysia	Segal Anthony Walter (CP) (2008)	London, UK
Lorimer Andrew Ross (CP) (2004)	Glasgow, UK	Sewell Jill (CP) (2005)	Victoria, Australia
Luntz Maurice Harold (C OPHTH) (1999)	New York, USA	Shear Mervyn (CD) (1999); (C PATH) (2004)	Cape Town, SA
MacKay Colin (CS) (1998)	Glasgow, UK	Sherwood Rupert (COG) (2012)	Victoria, Australia
MacLean Lloyd Douglas (CS) (1996)	Quebec, Canada	Sims Andrew C Peter (C PSYCH) (1997)	Leeds, UK
MacSween Roderick N M (C PATH) (1998)	London, UK	Slaney Geoffrey (CS) (1986)	London, UK
Maryon-Davis Alan (CPHM) (2010)	London, UK	Smith Edward Durham (CS) (1990)	Victoria, Australia
Mazwai Ebden Lizo (CMSA) (2011)	Mthatha, SA	Smith John Allan Raymond (CS) (2005)	Sheffield, UK
McDonald John W David (CP) (2004)	Ontario, Canada	Soothill Peter William (COG) (2004)	Bristol, UK
McKenna Terence Joseph (CP) (2005)	Dun Laoghaire, Dublin	Sparks Bruce Louis W (CFP) (2006)	Parktown, SA
McLean Peter (CS) (1998)	Dublin, Ireland	Spitz Lewis (CS) (2005)	London, UK
Meakins Jonathan Larmonth (CS) (2004)	Quebec, Canada	Steer Phillip James (COG) (2004)	London, UK
Mensah George A (CP) (2005)	Georgia, USA	Strunin Leo (CA) (2000)	London, UK
Meursing Anneke Elina Elvira (CA) (2003)	Blantyre, Malawi	Stulting , Andries Andriessen (CMSA) (2011)	Bloemfontein, SA
Mieny Carel Johannes (CMSA) (1996)	Pretoria, SA	Sykes Malcolm Keith (CA) (1989)	Oxford, UK
Mokgokong Ephraim T (COG) (2006)	Medunsa, SA	Tan Kok Chai (C PLAST) (2012)	Singapore
Molteno Anthony C B (C OPHTH) (2001)	Otago, New Zealand	Tan Ser-Kiat (CS) (1998)	Singapore
Morrell David Francis (CMSA) (2004)	Kenton on Sea, SA	Tan Walter Tiang Lee (CP) (2001)	Singapore
Mortimer Robin Hampton (CP) (2004)	NSW, Australia	Terblanche John (CMSA) (1995)	Cape Town, SA
Mutyaba Frederick A (C ORTH) (2012)	Kampala, Uganda	Thomas William Ernest Ghinn (CS) (2006)	Sheffield, UK
Myers Eugene Nicholas (C ORL) (1989)	Pennsylvania, USA	Thomson Gerald Edmund (CP) (1996)	New York, USA
Ngu Victor Anomah (CS) (2008)	Yacunde, Cameroon	Trunkey Donald Dean (CS) (1990)	Oregon, USA
Norman Geoffrey Ross (CMSA) (2003)	Ontario, Canada	Turnberg Leslie Arnold (CP) (1995)	Cheshire, UK
O'Donnell Barry (CS) (2001)	Dublin, Ireland	Turner-Warwick Margaret (CP) (1991)	London, UK
Ogedengbe Olasurubomi K (COG) (2012)	Lagos, Nigeria	Underwood James C E (C PATH) (2006)	Sheffield, UK
Ogilvie Thompson Julian (CMSA) (2009)	Johannesburg, SA	Van der Spuy Zephne Margaret (CMSA) (2015)	Cape Town, SA
Oh Teik Ewe (CA) (2003)	Perth, West Australia	Van Heerden Jonathan A (CS) (1989)	S Carolina, USA
O'Higgins Niall (CS) (2005)	Dublin, Ireland	Vaughan Ralph S (CA) (2003)	Cardiff, UK
Opie Lionel Henry (CP) (2008)	Cape Town, SA	Visser Gerard (COG) (1999)	Utrecht, Netherlands
Pasnau Robert O (C PSYCH) (1988)	California, USA	Wakwe Victor C (C PATH) (2012)	Delta State, Nigeria
Pettifor John Morley (C PAED) (2016)	Johannesburg, SA	Wijesiriwardena Bandula C (CP) (2005)	Kalubowila, Sri Lanka
Pinker George (COG) (1991)	London, UK	Yeoh Poh-Hong (CS) (1998)	Kuala Lumpur, Malaysia
Prentice Archie G (C PATH) (2012)	London, UK	Yip Cheng-Har (CS) (2012)	Kuala Lumpur, Malaysia
Prys-Roberts Cedric (CA) (1996)	Bristol, UK	Zuker Ronald Melvin (C PLAST) (2013)	Ontario, Canada
Puri Prem (CPS) (2013)	Dublin, Ireland		

(Deceased members not listed but on record)

CMSA Active Life Members (as at 8 September 2016)

Abdulla Mohamed Abdul Latif
Abell David Alan
Aboo Nazimuddin
Aboobaker Jamilabibi
Abrahams Cyril
Abramowitz Israel
Abratt Raymond Pierre
Adams Ganief
Adhikari Mariam
Ahmed Sheikh Nisar
Ahmed Yusuf
Aitken Robert James
Alderton Norman
Alison Andrew Roy
Allen Peter John
Allerton Kerry Edwin Glen
Allie Abduraghiem
Allison Hugo Frederick
Allwood Clifford William
Allwright George Tunley
Ananth Swamiji
Anderton Edward Townsend
Andre Nellie Mary
Andrew William Kelvin
Appleberg Michael
Archer Graham Geoffrey
Armstrong Robert John
Asmal Aboobaker
Aucamp Carel
Badenhorst Frans Hendrik
Baigel Martin
Baillie Peter
Baines Richard E Mackinnon
Baise Gershan
Baker Lynne Wilford
Baker Peter Michael
Bane Roy Errol
Barbezat Gilbert Olivier
Barday Abdul Wahab
Barnard Philip Grant
Barnes Richard David
Barnetson Bruce James
Barry Michael Emmet
Batchelder Charles Simon
Bax Geoffrey Charles
Bean Eric
Beaton Sÿa
Beatty David William
Becker Herbert
Becker Jan Hendrik Reynor
Bell George Murray
Bell Peter Stewart Hastings

Benatar Solly Robert
Benatar Victor
Benjamin Ephraim Sheftel
Benjamin John David
Bennett Michael Julian
Bérard Raymond Michael Francis
Berg Astrid Martha
Berkowitz Leslie
Berson Solomon David
Bethlehem Brian Hillel James
Beukes Hendrik Johannes Stefanus
Beyer Elke Johanna Inge
Bezwoda Werner Robert
Biddulph Sydney Lionel
Biebuyck Julien Francois
Bird Arthur Richard
Birkett Michael Ross
Blair Ronald Mc Allister
Bleloch John Andrew
Bloch Cecil Emanuel
Bloch Harold Michael
Bloch Hymen Joshua
Blumberg Lucille Hellen
Bock Ortwin Answald Alwin
Boezaart André Pierre
Bolton Keith Duncan
Booker Henry Thomas
Booth William Richard Calvert
Borchers Trevor Michael
Bornman Philippus Christoffel
Botha Andries Petrus Jakobus
Botha Jan Barend Christiaan
Botha Jean René
Botha Johan Frederik
Bothwell Thomas Hamilton
Boule Trevor Paul
Bowen Robert Mitford
Bowie Malcolm David
Braude Basil
Bremer Paul MacKenzie
Bremner Cedric Gordon
Briedé Wilhelmus Maria Hendrik
Brink Garth Kuys
Brink Stefanie
Brits Jacobus Johannes
Brock-Utne John Gerhard
Broude Abraham Mendel
Brown Basil Geoffrey
Brown Raymond Solomon
Brueckner Roberta Mildred
Bruk Morris Isaac
Bruwer André Daniel

Bruwer Ignatius Marthinus Stephanus
Buchan Terry
Buchel Elwin Herbert
Burger Marius Sydney
Burger Nicolaas Francois
Burger Thomas Francois
Burgess John Digby
Burgin Solomon
Burns Derrick Graham
Butler George Parker
Butt Anthony Dan
Byrne James Peter
Caldwell Robert Ian
Cameron Neil Andrew
Cameron Robert Peter
Campbell Derek Gilliland
Carim Abdool Samad
Carim Suliman
Carman Hilary Alison
Cassel Graham Anthony
Cassim Reezwana
Cavvadas Aikaterine
Curwen Christopher Henry Massy
Chaimowitz Meyer Alexander
Chapman Peter John
Charles David Michael
Charles Lionel Robert
Chin Wu Wai Nin
Chothia Khatija
Cilliers Pieter Hendrik Krynauf
Cilliers Pieter Lafras
Cinman Arnold Clive
Claassens Hermanus Johannes
 Hendrik
Clarke Simon Domara
Clausen Lavinia
Cleaton-Jones Peter Eiddon
Cloete Bruce
Cochrane Raymond Ivan
Coetzee Andreas Retief
Coetzee Daniël
Coetzee Johannes Cornelius
Coetzer Hendrik Martin
Cohen Brian Michael
Cohen Colin Koppel
Cohen Eric
Cohen Leon Allan
Cohen Michael
Cohen Morris Michael
Cohen Philip Lester
Coller Julian Somerset
Combrink Johanna Elizabeth

Combrink Johanna Ida Lilly
Conlan Andrew Alan
Conradie Hofmeyr Haarhoff
Comfort Peter Thomas
Conway Sean Stephen
Cooke Paul Anthony
Cooke Richard Dale
Cooper Cedric Kenneth Norman
Cooper Peter Allan
Coote Nigel Penley
Coovadia Hoosen Mahomed
Coovadia Mohamed Abdool Hak
Cowie Robert Lawrence
Coxon John Duncan
Craig Cecil John Tainton
Craig Denham David
Cretikos Michael Dionisios
 Emmanuel Perandonikis
Crewe-Brown Heather Helen
Crichton Eric Derk
Croft Charles Henry
Cronjè Hendrik Stefanus
Crosier James Herbert
Crosley Anthony Ian
Croucamp Petrus Charles Hendrik
Crutchley Anthony Caius
 Christopher
Cullis Sydney Neville Raynor
Cumes David Michael
Curwen Christopher Henry Massy
Cywes Sidney
Dalby Anthony John
Dalgleish Christopher Ian Philip
Dalmeyer Johannes Paulus
 Franciscus
Dalrymple Rhidian Blake
Dalziel Grant James William
Danchin Jack Errol
Daneel Alexander Bertin
Daniel Clive Herbert
Daniels André Riad
Dansky Raymond
Darlison Michael Tatlow
Daubenton François
Daubenton John David
Davey Dennis Albert
Davey Helen Elizabeth
Davey Michael Roy
Davidge-Pitts Keith James
Davidson Aaron
Davies David
Davies Michael Ross Quail

- Davis** Charles Pierre
Davis Martin David
Dawes Marion Elizabeth
Dawood Aysha Amod
De Beer Hardie Alfred
De Haan Jacques Willem
De Jager Lourens Christiaan
De Klerk Abraham Jakobus
De Klerk Daniel Johannes Janse
De Swardt Stephanus Raynier
De Villiers Francois Pierre Rosseau
De Villiers Jacques Charl
De Villiers Marthinus Johannes Pieter
De Villiers Pieter Ackerman
De Villiers Stefanus Johannes
De Wet Jacobus Johannes
De Wit Edward Wheeler
De Zeeuw Paul
Dennehy Patrick Joseph Pearce
Dent David Marshall
Derman Henry Jack
Desai Farid Mahomed
Desai Farieda
Deseta Juan Carlos Horacio
Dhansay Jalaluddin
Dhansay Yumna
Diers Garth Ruben
Digby Rodney Mark
Distiller Lawrence Allen
Docrat Rookayia
Donald Peter Roderick
Dornfest Franklyn David
Douglas William Hugh Gavin
Douglas-Henry Dorothea
Dove Ephraim
Dowdeswell Robert Joseph
Dower Peter Rory
Dreosti Lydia Mary
Dreyer Wynand Pieter
Du Plessis Dionisius Johann
Du Plessis Hendrik Pienaar
Du Plessis Hennie Lodewia
Du Plessis Hermanus Jacobus Christoffel
Du Preez Leon
Du Toit Donald Francois
Du Toit Johan Loots
Du Toit Pierre Francois Mulvihal
Du Toit Roelof Stephanus
Duncan Gordon Alexander
Duncan Harold James
Dunning Richard Edwin Frank
Duys Pieter Jan
Dymond Ian Walter Dryden
Eathorne Allan James
Ebrahim Allie
Edge Kenneth Roger
Ehrlich Hyman
Ekermans Pieter Francois
Elferink Jean Charles Hugo
Elk Errol Ivan
Eisenbroek Frederik
Emby Donald Jan
Enslin Ronald
Epstein Brian Martin
Erasmus Frederick Rudolph
Erasmus Philip Daniel Christoffel
Essack Maimona
Esterhuysen Stephen Philip
Etellin Pierre Anthony
Evans Herbert Campbell Barrow
Evans Warwick Llewellyn
Falls-Grumieaux Ebba Helga Dorle Sophie
Fanarof Gerald
Farrant Peter John
Faul Helena
Fehler Boris Michael
Fergusson David John Guillemard
Fernandes Carlos Manuel Coelho
Ferreira Anton Leopold
Findlay Cornelius Delfos
Fine Leon Arthur
Fine Stuart Hamilton
Fisher-Jeffes Donald Leonard
Fletcher John Somerville
Flynn Michael Anthony
Forman Allan
Forman Robert
Förtsch Hagen Ernst Armin
Fouchè Willem Jakobus
Fourie Pierre Jacques Henri Louis
Franco Mardochee Marc
Frank Joachim Roelof
Frankel Freddy Harold
Freedman Jeffrey
Freiman Ida
Friedlander Geoffrey Mervyn
Friedmann Allan Isodore
Fritz Vivian Una
Froese Steven Philip
Furman Saville Nathan
Gajjar Pravinchandra Dhirajlal
Galatis Chrisostomos
Gane Gerald Adrian Carleton
Gani Akbar
Garb Minnie
Gardiner Victor Burberow
Gardner Jacqueline Elizabeth
Garisch James Archibald MacKenzie
Gaziel Yoel
Gentin Benjamin
Gerard Clifford Leslie
Germon Lawrence
Gernetzky Kevin Desmond
Gersh Bernard John
Geyser Pieter Georg
Giesteira Manuel Vicente Knobel
Gilbertson Ian Thomas
Gildenhuis Jacobus Johannes
Gill John Morton
Gillis Lynn Sinclair
Glazer Harry
Glyn Thomas Raymond
Goeller Errol Andrew
Goldberg Barbara Sheila
Goldin Martin
Goldschmidt Reith Bernard
Goldstein Bertie
Golele Robert
Goodley Robert Henry
Goodman Hillel Tuvia
Goosen Felicity
Goosen Jacques
Gordon Peter Crichton
Gordon Robert John
Govender Perisamy
 Neelapithambaran
Govind Suryakant Kasan
Govind Uttam
Graham Kathleen Mary
Grave Christopher John Hadley
Greeff Ooppel Bernhardt Wilhelm
Greenblatt Michael
Greyling Jacobus Arnoldus
Greyenstein Gloria Dorothy
Grimbeek Johannes Fredericus
Gritzman Marcus Charles David
Grizic Anthony Martin
Grobbelaar Nicolaas Johannes
Grobler Gregory Martinus
Grobler Johannes Lodewikus
Grobler Marthinus
Groenewald Lukas Johannes
Groenewald Marcelle
Grotepass Frans Willem
Guttenberg Graham Roy
Haagensen Mark
Haffejee Ismail Ebrahim
Hamed Zubeida
Hammer Alan John
Hammond-Tooke Graeme David
Hangelbroek Peter
Harpur Peter James
Harris Ian Michael
Harrison Anthony Carleton
Harrison Neville Alan
Hartdegen Richard Gerhardus
Hartley Patricia Staunton
Hartman Ella
Hattingh Pieter Wilhelm
Haus Matthias
Hawthorne Henry Francis
Hayse-Gregson Paul Bernard
Hayward Frederick
Head Mark Stephen
Hefer Adam Gottlieb
Helman Isaac
Henderson Linda Grantham
Henderson Rex Scott
Hendricks Mark Lawrence
Hewitt Helen Sheila
Heys Anthon du Plessis
Hill Paul Villiers
Hillock Andrew John
Hirschowitz Jack Sydney
Hitchcock Peter John
Hockly Jacqueline Douglas Lawton
Hockman Maurice Harold
Hoffman Eduard Bernard
Hoffmann Vivian Jack
Hofmeyr Nicholas Gall
Holdsworth Louis David
Holland Victor Bernard
Holloway Alison Mary
Horak Adrian Rousseau
Horak Lindley Rousseau
Horowitz Stephen Dan
Hougaard Melodie
Househam Keith Craig
Hovis Arthur Jehiel
Howell Alan Melville
Howell Michael E Oram
Howes Geoffrey Ross
Howes Neville Edward
Huddle Kenneth Robert Lind
Hugo André Paul
Hugo Johannes Matthys
Hundleby Christopher John
 Bretherton
Hurwitz Charles Hillel
Hurwitz Mervyn Bernard
Hurwitz Solomon Simon
Huskinson Ian Douglas
Huysamen George Henry
Ichim Camelia Vasilica
Ichim Liviu
Isaacs Barry Alan
Ismail Khalid Hajeer
Israelstam Dennis Manfred
Jackpersad Ramesh
Jacobs Daniel Pieter Sydney
Jacobs Miguel Adrian
Jacobson Merwyn Jack
Jammy Joel Tobias
Jan Farida
Janse van Rensburg Johan Helgard
Jansen van Rensburg Martinus
Jansen van Vuuren Jurgens
 Abraham
Jardine William Ivor
Jassat Essop Essak
Jedeikin Leon Victor
Jeena Hansa
Jersky Jechiel
Jessop Susan Jane Dorothy
Jhetam Dilshad
Jinabhai Champaklal Chhaganlal
Jöckel Wolfgang Heinrich
Joffe Leonard
Joffe Stephen Neal
Johnson Sylvia
Johnston John Irving
Jones Sheldon Victor
Jonker Edmund
Jonker Michael Angelo Theodore
Jooste Edmund
Jordaan James Charles
Jordaan Johann Petrus
Jordaan Robert
Joseph Elaine
Joubert James Rattray
Joynt Gavin Matthew
Kahn Delawir
Kaiser Gerhard Hans Robert
Kaiser Walter
Kalla Feizal Sakoor
Kalla Ismail Sikander
Kalombo Augustin Ngalamulume
Kamdar Mahomed Cassim
Kane-Berman Jocelyne Denise
 Lambie
Kaplan Neville Lewis
Kapp John

- Karlsson** Eric Lennart
Karusseit Victor Otho Ludwig
Kassner Grant William
Katz Ian Ariel
Katzke Dieter
Katzeff Stanley Norman
Keet Marie Paulowna
Keeton Godfrey Roy
Kemp Donald Harold Maxwell
Kemp Trevor Newton
Kenyon Michael Robert
Kessler Edmund
Kew Michael Charles
Key Jillian Jane Aston
Khamissa Haroon
Kieck Charles Frederick
Kimberg Matti
King Jennifer Ann
King John Frederick
Kinsley Robin Howard
Kirsten Gerhardus Francois
Klein Hymie Ronald
Klevansky Hyman
Kling Kenneth George
Klugman Leon Hyam
Knobel John
Kobe Mabu Rahab Grace
Koch Johann Augustinus
Koller Anthony Bruce
König Harold Leith Edward
Kotton Bernard
Koz Gabriel
Kramer Brian David
Kranold Dorothea Helene
Krengel Biniomin
Kriel Jacques Ryno
Krige Louis Edmund
Krige Louis Patrick
Kritzinger Pieter Hendrik
Kruger Theunis Frans
Kussel Jack Josiah
Kussman Barry David
Kuyl Johannes Marinus
Labuschagne Izak
Lachman Anthony Simon
La Grange Jacobus Johannes Christiaan
Laing John Gordon Dacombe
Lake Walter Thomas
Lalla Chhimenal
Lalloo Maneklal
Lamont Alastair
Lampert Jack Arthur
Landsberg Pieter Guillaume
Lantermans Elizabeth Cornelia
Large Robert George
Larsen Charles John
Lasich Angelo John
Latif Ahmed Suliman
Laubscher Willem Marthinus Lötter
Laurence John Egerton
Lautenbach Earle Eugene Gerard
Lawson Hugh Hill
Leader Leo Robin
Leary Peter Michael
Leary William Peregrine Peppereil
- Leaver** Roy
Leeb Julius
Lejuste Michel Jozef Leonie Remi
 Lemmer Johan
Lemmer Lourens Badenhorst
Lennox Gordon Stuart
Le Roex René Denysen
Le Roux Deon
Le Roux Petrus Andries Jacobus
Lessing Abraham Johannes Petrus
Levin Jonathan
Levin Solomon Elias
Levinson Ivan Philip
Levy Ernest Ronald
Levy Walter Jack
Lewin Arthur
Lewin Jack Roy
Lewis Dorothy
Leyland John Richard
L'Heureux Renton
Liebetau Carl Roux
Liebowitz Lynne Dianne
Linton David Michael
Lipper Maurice Harold
Lipschitz Shirley
Lloyd David Allden
Lloyd Elwyn Allden
Lochner Jan de Villiers
Locketz Maxwell Ivan
Lockhat Ahmed Suliman
Loening Walter Edgar Karl
Loest Hellmut Claudius
Lombaert Alfons Robert Leonie
Lombard Hermanus Egbertus
Long John Walter
Loot Sayyed Mahmood Hosain
Loots Petrus Beaufort
Losken Hans Wolfgang
Losman Elma
Lotz Jan Willem
Lotzof Samuel
Loubser Johannes Samuel
Lurie Russel
Macdonald Angus Peter
MacEwan Ian Campbell
MacKenzie Basil Louis
Mackenzie Thomas Murray
MacLeod Ian Nevis
MacPhail Andrew Patrick
Maelane Kgadi Petrus
Maharaj Ishwarlal Chiranjilall
Maharaj Udeeth
Maharajh Jaynund
Mahlangu Amos
Mahomed Abdullah Eshaak
Mahomed Ebrahim
Mair Michael John Hayes
Maitin Charles Thabo
Makein Michael Charles Cavendish
Malan Atties Fourie
Malan Christina
Malan Daniel Francois
Maliza Andile
Mangera Ismail
Mankowitz Emmanuel
Mann Julian Harold
- Mann** Solly
Mansvelt William Mauritz
Marais Ian Philip
Marais Johannes Stephanus
Margolis Frank
Mariba Thanyani Jonas
Marivate Martin
Marivate Russell
Markman Philip
Marks Charles
Marks Richard Kearns
Marus Gianluca
Marx Johan Hendrik
Maske Richard
Matisonn Rodney Earl
Mauff Alfred Carl
Maxwell William Graeme
May Abraham Bernard
Mayet Fatima Goolam Hoosen
Mayet Zubeida
Maytham Dermine
Mbete Jamangile Mncedi
McCosh Christopher John
McCutcheon John Peter
McDonald Michael Charles Edward
McDonald Robert
McGiven Andrew John
McIntosh William Andrew
McKibbin Joseph Kerr
Mears Jasper William Walter
Meer Farooq Moosa
Meiring Johannes Cornelius Engelbrecht
Melville Roger Laidman
Melville Ronald George
Mendelsohn Huntley Jonathan
Mennen Ulrich
Mervis Benjamin
Mervitz Michael David
Meyer Anthonie Christoffel
Meyer Bernhardt Heinrich
Meyer David
Meyer De Bruto Laporta Cavalier
Meyer Roland Martin
Meyers Anthony Molyneux
Meyersohn Sidney Jacob
Meyerson Louis
Michaels Maureen Jeanne
Michalowsky Aubrey Michael
Michell William Lancelot
Michelow Maurice Cecil
Middlewick Glynn Charles
Midgley Franklin John
Miény Carel Johannes
Miles Anthony Ernest
Miles Lionel Palmer
Millar Robert Norman Scott
Milne Anthony Tracey
Milne Frank John
Milner Selwyn
Misnuner Zelik
Mistry Jayantilal Daya
Mitchell Peter John
Mitchell Ronald William
Mitha Abdul Sater
Mitha Ahmed
- Modi** Pradip Chhaganlal
Mody Girish Mahasukhhal
Mogale Saxon Cholohele
Mokhobo Kubeni Patrick
Molapo Jonathan Lepoqa
Molteno Christopher David
Mollentze Willem Frederik
Montanus Morris Samuel
Moodley Dhanapalan Patchay
Moodley Jagidesa
Moodley Thirugnanasumburanam
Moodley Visalatchee
Moolla Ismail
Moolla Yousoof Mahomed
Moore Hazel Ann
Moosa Abdool-Sattar
Moosa Hanief
Moosa Laeeka
Moosa Muhammed-Ameen
Moosa Nisa Ahamed
Morar Champaklal
Morley Eric Clyde
Morrell David Francis
Morris Ediel
Morris Warwick Montague Molteno
Morrison Gavin
Morton Patrick Christopher George
Morule Ramoroa Andrew
Mosese Matsa Ephraim
Moti Abdool Razack
Movsowitz Leon
Mullan Bertram Strancham
Muller Edward Julius
Muller Frederick Eybers
Mulligan Terence P Simpson
Mullineux John David
Murray Anthony David Neil
Murray Jill
Murray Robert Ian
Murray Willie Bosseau
Mwelase Lancelot Halifax Zwelibanzi
Myers Leonard
Naidoo Balagaru Narsimaloo
Naidoo Jaybalan
Naidoo Lutchman Perumal
Naidoo Neetheanathan
Naidoo Premilla Devi
Naidu Pithambram Nadamuni
Nair Gonasegrie Puckree
Nanabhay Sayed Suliman
Naude Johannes Hendrik
Nauhaus Carl Norman
Naylor Graeme Aubrey
Neifeld Hyman
Nel Elias Albertus
Nel Hendrik
Nel Jacques Bernadus Anton
Nel Jan Gideon
Nel Johan Theron
Nel Julien Robert
Nel Philippus Jacobus
Nel Wilhelm Stephanus
Newbury Claude Edward
Ngakane Herbert
Nicholson Melanie Eugene

Niemann Albertus Stephanus
Nieuwoudt Andries Johan
Noble Clive Allister
Noll Brian Julian
Noormohamed Abdul Majid
Norman-Smith Jack
Novis Bernard
Obel Israel Woolf Promund
Odendaal Hendrik Johannes
Odes Harold Selwyn
Olinsky Anthony
Olivier Henri
Omar Goolam Mahomed
Omar Yunoos
Omaidien Yusuf
Omarjee Suleiman
Orelowitz Manney Sidney
Orford Alastair Leask
Ospovat Norman Theodore
Ossip Mervyn Seymour
Padayatchi Perumal
Pantanowitz Desmond
Papert Brian Lewis
Papert Errol Jonathan
Parag Kantilal Bhagoo
Parr Guy Wyndham
Parsons Arthur Charles
Parsoo Ishwarlall
Pascoe Michael Danby
Patel Prabhakant Lalloo
Patel Ramesh Dhuru
Pather Runganayagum
Pearlman Theodore
Peer Dawood Goolam Hoosen
Pelser Frank Blignaut
Peters Ralph Leslie
Pettifor John Morley
Philcox Derek Vincent
Phillips Bentley
Phillips Gerald Isaac
Phillips Keith Radburn
Phillips Louisa Marilyn
Pienaar Gideon Roos
Pillay George Permall
Pillay Govindasamy Sokalingum
Pillay Rathinasabapathy Arumugam
Pillay Thiagarajan Sundragasen
Pillay Veerasamy Kista Govinda
Pitcher James Sydney
Planer Meyer
Plit Michael
Polakow Everard Stanley
Politzky Nathan
Pollak Ottilie
Polley Neville Alfred
Pompe van Meerderevoort Hjalmar Frans
Porteous Paul Henry
Porter Christopher Michael
Postma Jacob Ferdinand
Potgieter Hermanus Jacobus
Potgieter Ian
Potocnik Felix Claude Victor
Power David John
Power Harold Michael
Prentice Bernard Ross

Pretorius David Hermanus Schalk
Pretorius Hendrik Petrus Jacobus
Pretorius Johannes Adam
Pretorius Johannes Jacobus
Pretorius Johannes Lodewikus
Price Stephen Kennedy
Prins Marius
Prinsloo Frances
Prinsloo Simon Frederik
Prinsloo Simon Lodewyk
Prosser Geoffrey Leslie
Prowse Clive Morley
Przybojewski Jerzy Zbigniew
Purbhoo Pramod
Quan Tim
Quantock Owen Peter
Quirke Peter Dathy Grace
Rabe Hans-Heinrich Burghardt
Rabie Johannes
Radford Geoffrey
Raftopoulos Paris
Raga Jairaj
Raghavjee Indira Vaghjee
Raine Edgar Raymond
Rajput Mangoo Chhaggan
Rankin Anthony Mottram
Ransome Olliver James
Rawat Farouk
Rawlings James
Read Geoffrey Oliver
Reardon Colin Michael
Rebstein Stephen Eric
Redfern Michael John
Reichman Leslie
Reichman Percy
Reidy Jeremy Charles
Reif Simon
Reinach Werner
Renton Maurice Ashley
Retief Daniel Hugo
Retief Francois Jacobus
Retief Francois Pieter
Reyneke Philippus Johannes
Rice Gordon Clarke
Richards Alan Trevor
Ritchken Harry David
Roberts Michael Andrew
Roberts William A Brooksbank
Robins-Browne Roy Michael
Robinson Brian Stanley
Robinson Joy Rachael
Rode Heinz
Roediger Wolf Ernst Wilhelm
Roelofse Hendrik Johannes
Rogaly Elgar
Rogan Ian MacKenzie
Rogers Raymond Alan
Roman Horatio Eustace Hereward
Roman Trevor Errol
Rome Paul
Roos Charles Phillipus
Roos Nicolaas Jacobus
Roose Patricia Garfield
Rosenberg Basil
Rosman Mark Selwyn
Rossouw Dennis Pieter

Rothberg Alan Dan
Rousseau Theodore Emile
Rozwadowski Marek Antoni
Rush Peter Sidney
Ryan Raymond
Sacho Howard
Sacks William
Saffer Seelig David
Safro Ivor Lawrence
Sagor Jason Solomon
Salant David John
Samson Ian David
Samson John Monteith
Sanders Hannah-Reeve
Sapire David Warren
Saunders Stuart John
Saunders William Christopher
Saxe Norma Phyllis
Scallan Michael John Herbert
Schaetzling Albrecht Eberhard
Schepers Anton
Scher Alan Theodore
Schneider Cecil Max
Schneider Herbert Rodney
Schneier Felix Theodore
Schoeman Adam Barnard
Schoeman Johannes Feuth
Scholtz Roelof
Schultz Claude Bernhard
Schutte Philippus Johannes
Schwarz Kurt
Schwär Theodor Gottfried
Schwersenski Jeffrey
Scott Bruce William Haigh
Scott Neil Petrie
Scott Quentin John
Seaward Percival Douglas
Sedgwick Jerome
Seebaran Anoob Ramdayal
Seedat Suleman Mahomed
Seedat Yackoob Kassim
Seidel Wilhelm Friedrich
Selemani Salumu
Sellars Sean Liam
Sender Mervyn David
Serfontein Jacobus Hendrik
Sevitz Hylton
Shapiro Benjamin Leon
Shear Mervyn
Sher Gerald
Sher Geoffrey
Sher Mary Ann
Sher Rickard Charles
Shété Charudutt Dattatraya
Shimange Oscar Christopher
Shuttleworth Richard Dalton
Shweni Phila Michael
Siebert Peter Robin de Vos
Siew Shirley
Sifris Dennis
Silbert Maurice Vivian
Simjee Ahmed Essop
Simons George Arthur
Simonsz Charles Anthony
Simson Ian Wark
Siroka Sarka Anna

Skudowitz Reuben Benjamin
Sliom Cyril Meyer
Sluiter Emil Hinricus
Smit John Nicholas
Smit Michael Robert
Smit Wilhelm Michiel
Smith Alan Nathaniel
Smith André Johann
Smith Eric Harvey
Smith Stanley Lategan
Smith James Leslie
Smith Lionel Ralph
Smith Michael Ewart
Smith Timothy Michael
Sneider Paul
Snyman Adam Johannes
Snyman Hendrick G Abraham
Solarsh Stanley Monash
Somera Satiadev
Sommerville Thomas Edward
Song Ernest
Sonnendecker Ernest W Walter
Sparks Bruce Louis Walsh
Sparrow Owen Charles
Spies Sarel Jacob
Spilg Harold
Stanbury James Stewart
Stander Dudley
Stannard Clare Elizabeth
Stanton Jacobus Johannes
Steenkamp Lucas Petrus
Stein Aaron (Archie)
Stein Abraham
Steingo Leonard
Steinmann Christiaan Frederick
Stern David Michael
Steyn Izak Stefanus
Steynberg Fans Hendrik
Storm Daleen
Stride Philip Jonathan Handley
Stronkhorst Johannes Hendrikus
Struthers Peter John
Styger Viktor
Suliman Abdoorahaman Ebrahim
Sur Monalisa
Sur Ranjan Kumar
Svensson Lars Georg
Swanepoel André
Swanepoel Wilhelm Adolph
Swart Andries Petrus
Swart Jacob Jacobus
Swart Johannes Gerhardus
Swartz Jack
Swiegers Wotan Reynier Siegfried
Swift Peter John
Tang Kenneth
Tarboton Peter Vaughan
Taylor Robert Kay Nixon
Tayob Ismail Suleman
Te Groen Frans Wilhelmus
Terblanche John
Terespolsky Percy Samuel
Thaning Niels-Otto
Thatcher Charles John
Theron Charles
Theron Eduard Stanley

Theron Gerhardus Barnard
Theron Jakobus Lodewikus Luttig
Theron Willem
Thompson Michael Wilson Balfour
Thompson Roderick Mark McGregor
Thomson Alan James George
Thomson Morley Peter
Thomson Peter Drummond
Thorburn Jonathan Rodney
Thorburn Kentigern
Thornington Roger Edgar
Thorp Marc Alexander
Toker Eugene
Treisman Oswald Selwyn
Trichard Louis Charles Gordon Lennox
Turner Peter James
Tyrell Joseph Clonard Harcourt
Uijs Ronald Rousseau Jan
Underwood Ronald Arthur
Ungerer Matthys Johannes
Vahed Abdul Khalek Ahmed
Valjee Ashwin
Vallabh Satish
Van Bever Donker Sophie Carla
Van Coeverden de Groot Herman Adriaan
Van Dellen James Rikus
Van den Bergh Cornelius Jacob
Van den Ende Jan
Van der Lindnen Robert Huguenot
Van der Merwe Christiaan
Van der Merwe Gideon Daniel
Van der Merwe Hendrik Johannes
Van der Merwe Jacobus Petrus
Van der Merwe Johannes Amos
Van der Merwe Jan Abraham
Van der Merwe Pieter-Luttig
Van der Merwe Schalk Willem Petrus
Van der Meyden Cornelis Hendrikus
Van der Spuy Johan Wilhelm

Van der Veen Binno Watze
Van der Walt André
Van der Walt Estelle
Van der Walt Pieter Johannes
Van der Wat Izak Johannes
Van der Wat Jacobus JH Botha
Van der Westhuizen Johann
Van Drimmelen Bertha
Van Drimmelen Pieter
Van Gelderen Cyril Jack
Van Graan Nico Jacobus
Van Greunen Andries Edward
Van Greunen Francois
Van Heerden Schalk Petrus
Van Helsdingen Jacobus Ockert Tertius
Van Heyningen Cecil Francois
Van Leenhoff Johannes Willem
Vanmali Hasmykhlah Pranjivan
Van Niekerk Christopher
Van Niekerk Christoffel Hendrik
Van Niekerk Gilbert André
Van Niekerk Johannes Phippus de Villiers
Van Niekerk William Stephen
Van Rensburg Nicholaas Albertus Jansen
Van Rooyen Gert Ignatius
Van Schalkwyk Derrick
Van Schalkwyk Herman Eben
Van Schouwenburg Johan Andries Michiel Heyns
Van Selm Christopher Denys
Van Wyk Chris
Van Wyk Frederick Arthur Kelly
Van Wyk Johannes Adriaan Louw
Van Zyl-Smit Roal
Veldman Michael Hendrik
Velzeboer Sally Jane
Venter Jacobus Frederik

Venter Louis André
Venter Pieter Ferdinand
Vermaak Etienne Johan
Vermeulen Jan Hendrik
Wijloen Denis Lowe
Wijloen Ignatius Michael
Visser Daniel
Von Varendorff Edeltraud Mathilde
Von Wielligh Gysbertus Johannes
Vosloo Johan Christian
Wade Harry
Wagenfeld Derrick John Henry
Wahl Jacobus Johannes
Wainwright Rosalind Dorothy
Walele Abdul Aziz
Walker David Anthony
Walker Kathleen Gwen
Wallace Ian David
Walls Ronald Stewart
Walton Russell John
Wannenburgh Frederick John
Warren Brian Leigh
Warren Peter George Robert
Watt Keith Alexander
Webber Bruce Leonard
Weehuizen John Peter Albert
Weich Dirk Jacobus Visser
Weinberg Eugene Godfrey
Weinbrenn Clifford
Wellsted Michael Dennis
Welsh Ian Bransby
Welsh Neville Hepburn
Wessels Andre
Westaway Joan Lorraine
Westerman David Elliot
Weston Neville Anthony
Whiffler Kurt
White Ronald Gilchrist
Whitelaw David Allan
Whiting David Ashby

Whiting Kenneth Rowland
Whittaker David Ernest
Wickens Johannes Tromp
Wienand Adolf Johann
Wiggelinkhuizen Jan
Wilkinson Lynton Dallas
Willemse Pieter
Willers Petrus Salmon
Williams Margaret Ethel
Williams Robert Edward
Wilson Peter James
Wilson Timothy Dover
Wilson William
Wilton Thomas Derrick
Wingreen Basil
Wise Roy Oliver
Wittenberg Dankwart Friedrich
Wolfsdorf Jack
Woods John Tennant
Woods Peter Tennant
Wootton John Barry Leif
Wrang Peter Anthony Bernhard
Wright Ian James Spencer
Wright Michael
Wunsh Louis
Yakoob Hamid Ismail
Yeats John Raymond
Yudaken Israel Reuwen
Zaacks Philip Louis
Zaaijman John du Toit
Zabow Tuviah
Zent Clive Steven
Zent Roy
Zieff Solly
Ziervogel Carel Frederick
Zion Monty Mordecai
Zwonnikoff George Alexander

(Deceased members not listed but on record)

CMSA Active Fellows *ad Eundem* (as at 7 September 2016)

Adhikari Miriam (C PAED) (2015)	Congella	Moodley Jagidesa (COG) (2010)	Durban
Bowie Malcolm David (C PAED) (2007)	Knysna	Munjanja Stephen Peter (COG) (2014)	Harare, Zimbabwe
Cleaton-Jones Peter Eiddon (CD) (2005)	Johannesburg	Ncayiyana Daniel JM (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) (2005)	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		
Makgoba Malegapuru W (CP) (2003)	Durban		

(Deceased members not listed but on record)



CMSA Membership Privileges

Life Membership

Members who have remained in good standing with the CMSA for 30 years since registration and who have reached the age of 65 years qualify for life membership, but must apply to the CMSA office in Rondebosch.

They can also become life members by paying a sum equal to twenty annual subscriptions at the rate that is applicable at the date of such payment, less an amount equal to five annual subscriptions if they have already paid for five years or longer.

Retirement Options

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

The CMSA offers two options in this category:

First Option

The payment of a small subscription which will entitle the member to all privileges, including voting rights at Senate or constituent College

elections. If they continue to pay this small subscription they will, most importantly, qualify for life membership when this is due.

Second Option

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

Members in either of the "retired membership" categories continue to have electronic access to the journal, Transactions, and other important Collegiate matter.

Waiving of Annual Subscriptions

Payment of annual subscriptions are waived in respect of those who have attained the age of 70 years. Members in this category retain their voting rights.

Those who have reached the age of 70 years must advise the CMSA Office in Rondebosch accordingly as subscriptions are not waived automatically.

CMSA DATABASE INFORMATION UPDATE

It is the sole 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.

Fax or e-mail updated particulars, to:

Fax: (021) 685 3766

Email: bianca.vdwesthuizen@cmsa.co.za

Name _____	
<small>(State whether Prof or Dr)</small>	
E-mail Address _____	
Telephone (Work) _____	
Facsimile _____	
Telephone (Home) _____	
Mobile _____	
Identity Number _____	
New Address (If Applicable) _____	

_____	Postal Code _____
Information, required strictly for statistical and fundraising purposes:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race:	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Coloured <input type="checkbox"/> White
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed
Abstained:	<input type="checkbox"/>

Insignia for sale: CMSA Members

	EXCL PRICE	VAT	INCL PRICE
1. Ties:			
1.1 Polyester material in navy, maroon or bottle green:			
1.1.1 Crest in colour as single under-knot design	R 109.65	15.35	R 125
1.1.2 Rows of shields separated by silver-grey stripes	R 118.42	16.58	R 135
1.1.3 Wildlife	R 87.72	12.28	R 100
1.1.4 Golden Jubilee Fellows Tie in navy, in design 1.1.2	R 118.42	16.58	R 135
1.2 Silk material Fellow's tie in navy only, in design 1.1.2	R 315.79	44.21	R 360
1.3 Satin material Golden Jubilee Wildlife Tie in navy	R 140.35	19.65	R 160
2. Scarves (long):			
The Big 5 (small animals) attractive design on soft navy fabric	R 201.75	28.25	R 230
3. Blazer badges in black or navy, with crest embroidered in colour			
	R 87.72	12.28	R 100
4. Cuff-links:			
4.1 Sterling silver crested (enquire about price)			
4.2 Baked enamel with crest in colour on cream, gold or navy background	R 35.09	4.91	R 40
5. Lapel badges/brooches			
Crest in colour, baked enamel on cream, gold or navy background	R 17.54	2.46	R 20
6. Key rings (black/brown leather):			
Crest in colour, baked enamel on cream, gold or navy background	R 35.09	4.91	R 40
7. Paper-weights (enquire about prices):			
8. Paper-knives (enquire about prices):			
Silver plated, with gold-plated crest			
9. Wall plaque:			
Crest in colour, on imbuia	R 657.89	92.11	R 750
10. Purse in leather: with wildlife material inlay	R 263.16	36.84	R 300
11. History of the CMSA written by Dr Ian Huskisson	R 114.04	15.96	R 130
12. Diamond Jubilee Insignia (depicting the dates 1955-2015)			
12.1 Maroon tie	R 131.58	18.42	R 150
12.2 Maroon/Navy stripe tie	R 131.58	18.42	R 150
12.3 Pen Set	R 114.04	15.96	R 130
12.4 Maroon ladies' scarf in soft fabric	R 219.30	30.70	R 250

R50 per item to be included with order to cover local postage



ROBERT McDONALD RURAL PAEDIATRICS PROGRAMME

The late Professor Robert McDonald founded the above programme in 1974 for **“The propagation of Paediatrics in the more remote and underprivileged parts of the Republic of South Africa, by an occasional lecture or visit by someone in the field of the Care of Children”**.

Requests for funding are invited from teams of medical practitioners and senior nursing staff to travel to remote centres and areas to promote Paediatrics and child health and the better care of children and to disseminate knowledge in that field, especially in underprivileged communities.

This can also include visits by medical practitioners or nurses working in remote areas, to larger centres or centres of excellence.

The guidelines pertaining to the programme can be requested from:

The Colleges of Medicine of South Africa

Mrs Evelyn Chetty

Telephone: +27 31 261 8213

+27 31 261 8518

Email: evelyn.chetty@cmsa.co.za

The closing dates for applications are 15 July and the 15 January of each year.

SOUTH AFRICAN SIMS FELLOWSHIP SUB-SAHARAN AFRICA

Nominations are invited from Presidents of eligible Colleges for the above fellowship.

The objective of the Fellowship is to establish and maintain educational development programmes in sub-Saharan Africa.

The disciplines of medicine eligible for the South African Sims Fellowship are the same as those eligible for the Sir Arthur Sims Commonwealth Professorship ie Anaesthesia; Cardio-thoracic Surgery; Medicine; Neurology; Neurosurgery; Ophthalmology; Orthopaedics; Otorhinolaryngology; Paediatrics; Plastic Surgery; Surgery (General) and Urology.

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

Further information regarding the fellowship can also be obtained from:

The Colleges of Medicine of South Africa

Mrs Evelyn Chetty

Telephone: +27 31 261 8213

+27 31 261 8518

Email: evelyn.chetty@cmsa.co.za

MAURICE WEINBREN AWARD IN RADIOLOGY

The award, which consists of a Medal and Certificate, is offered annually (in respect of a calendar year) by the Senate of The Colleges of Medicine of South Africa for a paper of sufficient merit dealing either with Radiodiagnosis, radiotherapy, nuclear medicine or diagnostic ultrasound.

The guidelines pertaining to the award can be requested from:

The Colleges of Medicine of South Africa

Mrs Evelyn Chetty

Telephone: +27 31 261 8213

+27 31 261 8518

Email: evelyn.chetty@cmsa.co.za

The closing date is **15 January 2017**.

R/W S CHEETHAM AWARD IN PSYCHIATRY

The award is offered annually (in respect of a calendar year) by the Senate of The Colleges of Medicine of South Africa for a published essay of sufficient merit on trans - or cross - cultural psychiatry, which may include a research or review article.

All family physicians registered and practising in South Africa qualify for the award which consists of a medal and certificate.

The guidelines pertaining to the award can be requested from:

The Colleges of Medicine of South Africa

Mrs Evelyn Chetty

Telephone: +27 31 261 8213

+27 31 261 8518

Email: evelyn.chetty@cmsa.co.za

The closing date is **15 January 2017**.
