



# TRANSACTIONS

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

Volume 61 (1) January-June 2017

Admission Ceremony October 2016





# TRANSACTIONS

Volume 61 (1) January - June 2017



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Tribal african beads from polymer clay fashion background. Handmade jewelry.

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Tribal african beads from polymer clay fashion background on wooden table. Handmade jewelry.

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- 1.3 Abbreviations should be spelt out when first used in the text. Scientific measurements should be expressed in SI units throughout, with two exceptions: blood pressure should be given in mmHg and haemoglobin as g/dl.
- 1.4 All numerals should be written as such (ie not spelt out) except at the beginning of a sentence.
- 1.5 Tables, references and legends for illustrations should be typed on separate sheets and should be clearly identified. Tables should carry Roman numerals, thus: I, II, III, etc and illustrations should have Arabic numerals, thus: 1, 2, 3 etc.
- 1.6 The author's contact details should be given on the title page, ie telephone, mobile, fax numbers, and e-mail address.

### 2. FIGURES

- 2.1 Figures consist of all material which cannot be set in type, such as photographs, line drawings, etc. (Tables are not included in this classification and should not be submitted as photographs). Photographs should be glossy prints, not mounted, untrimmed and unmarked. Where possible, all illustrations should be of the same size, using the same scale.
- 2.2 Figure numbers should be clearly marked with a sticker on the back and the top of the illustration should be indicated.

- 2.3 Where identification of a patient is possible from a photograph the author must submit consent to publication signed by the patient, or the parent or guardian in the case of a minor.

### 3. REFERENCES

- 3.1 References should be inserted in the text as superior numbers and should be listed at the end of the article in numerical order.
- 3.2 References should be set out in the Vancouver style and the abbreviations of journals should conform to those used in Index Medicus.

Names and initials of all authors should be given unless there are more than six, in which case the first three names should be given followed by "et al". First and last page numbers should be given.

- 3.3 "Unpublished observations" and "personal communications" may be cited in the text, but not as references.

#### Article References:

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

#### Book references:

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

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## Editorial

# Re-emergence of zoonotic diseases: Impact on human health



Prof Gboyega A Ogunbanjo

By definition, zoonotic diseases are infectious diseases of animals (usually vertebrates) that can naturally be transmitted to humans. Zoonoses can be caused by a range of disease pathogens such as viruses, bacteria, fungi and parasites and of 1,415 pathogens known to infect humans, 61% were zoonotic.<sup>1</sup> In the early 20th century, HIV was a zoonotic disease, initially a

chimpanzee version of the immunodeficiency virus, called the simian immunodeficiency virus or SIV. It was transmitted through human contact with infected blood of hunted chimpanzees for meat. It later mutated as the human immunodeficiency virus (HIV). Other examples of zoonotic diseases include the Ebola virus disease, salmonellosis, and rabies to mention a few. The World Health Organization indicates that there are many contributory factors leading to the re-emergence of zoonotic diseases. Environmental changes, human and animal demography, pathogen changes and changes in farming practice are a few of them. Social and cultural factors such as food habits and religious beliefs also play a role.<sup>2</sup>

When reviewed in some detail, it has been reported that ecological changes such as creation of dams, changes in the ecosystem, deforestation and re-forestation, famine and climate have resulted in increased incidences of zoonotic diseases such as rift valley fever, Argentine and Hantaan HV. In terms of human demographics and behaviour with resultant migration from rural areas to cities, wars/civil conflicts, urban decay and high density settings have assisted in accelerating the spread of diseases such HIV/AIDS, dengue fever, Ebola and cholera. International travel and commerce, which allow for global movement of people and goods including air travel have assisted in the dissemination of mosquito vectors, rat borne hantaviruses, SARS and influenza. The expansion of technology and industry has also contributed to the spread of zoonotic diseases through the globalization of food supplies, production and

processing. Another contributory factor which is close to us as health care practitioners is the breakdown in public health care in most developing countries, which has seen the resurgence of tuberculosis, cholera, rabies etc.

Current approaches to zoonotic disease management are fragmented. Veterinarians deal with livestock disease, wildlife specialists with wild animal populations, ecologists with ecosystem biodiversity and public health experts with human disease. Meanwhile, separate groups work on disease management and disease eradication. There is evidently a need and a demand for a new approach.<sup>3</sup> Measures to prevent emergence and spread of zoonotic diseases must lead to improved real-time surveillance through integrated human, veterinary and wildlife disease systems, which will reduce time to recognition and enhance disease control.<sup>4</sup>

This is the unique opportunity for veterinary medicine and human medicine to collaborate through education, training and research in curtailing the re-emergence of zoonotic diseases. The focus of medical specialists and doctors treating human diseases that have their origin in animals without collaboration with the veterinarians has left a gap that needs to be filled to curtail the spread of these diseases affecting humans. Maybe this editorial is a call for action from professionals from both spectra of medicine to work together so that we can stem the tide before it is too late.

Prof GA Ogunbanjo

Editor: Transactions

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1. Claude Combes, *The Art of being a Parasite*, U. of Chicago Press, 2005
2. WHO. Emerging zoonoses. [http://www.who.int/zoonoses/emerging\\_zoonoses/en/](http://www.who.int/zoonoses/emerging_zoonoses/en/) (accessed 27 March 2017)
3. Institute of Development Studies (IDS). 2013. Zoonoses from panic to planning: Rapid Response Briefings, ISSUE 02 • January 2013; IDS, Brighton BN1 9RE UK.
4. American Veterinary Medical Association, 2008. One Health: A New Professional Imperative, One Health Initiative Task Force Final Report, Washington, DC

## Presidential Message

### Time to review the contribution of work-based assessment in our high-stakes exams



Prof Mike Satheke

CMSA continues to have a significant impact on society and to pursue excellence in examinations that are fair, valid and reproducible. But yet acutely aware that any form of assessment entails compromise. Hence a need for collection of different assessments that can be obtained with many different tools and sampling across a wide range of contexts, patients and assessors. To this effect the CMSA

goes all out to select a sample number of learning points to test the registrars on, which includes both written and clinical examination. However this still provide a snapshot of where a registrar is at a given point, and may not always reflect mastery. As most clinicians are of the view that mastery shouldn't be simply certified by the final test at the end of a course. Hence work-based assessment (WBA) is now a fixture in global and local medical education. To this effects the CMSA in partnership with the universities/SACOMD introduced a portfolio as a means to provide a record of objective evidence of competence and satisfactory performance. But this is not utilized and evaluated the same by all the different colleges. Perhaps this reflects an ongoing global debate on how to assess the "does" in the Millar's prism of clinical competence (Fig. 1). Clearly this prism suggested that WBA assesses the top level of the prism. But of-course this isn't simply a matter of focusing on work-based assessments instead of summative, both are essential and complementary and still emboldens our national professional exam.

World-wide, colleagues have raised serious concerns about utility of WBA for high-stakes summative assessment purposes. Indicating that assessment tasks in the real world are unpredictable and inherently unstandardised and they will not be equivalent over different hospitals and universities. Thus posing serious threats to reliability and validity of assessment. As well as, serious concerns about the subjectivity of assessments.

Fortunately, recent work have been supporting that several WBA tools, such as [mini-Clinical Evaluation Exercise (mini-CEX), case-based discussion( CbD), objective structured assessments of technical skills(OSATS) and multisource feedback (MSF)] combined in a portfolio can be a feasible and reliable method for high-stakes exams. Of interest is the new categorisation of WBA tools used by the RCOG, which divides the WBA into formative encounters; referred to as 'Supervised Learning Events' (or SLES), and summative encounters; referred to as 'Assessments of Performance' (or AoPs)

(Table 1). With this approach; the patients, registrars and the examiners are beneficiaries as the formative WBA focus on the provision of structured, mandatory feedback whilst encouraging reflective practice by the registrar, and the summative WBA constitute assessments of observed performance, which allow registrars to demonstrate competence. With regards to who should be conducting the summative WBA; CMSA, SACOMD and HPCSA should consider a model that will consist of both the local and external examiners, as that will improve on the validity and thus inclusion in the high-stake exam.

In light of the current excitement around WBA tools, CMSA has been prioritizing the e-portfolio as evidenced by the ongoing pilots and the successful workshops that have been hosted. Key to this is that is for the registrars to keep an e-portfolio that is used to coach, monitor progress, and assess outcomes.

But we are also aware that the design and implement innovations in registrar's education may trigger a variety of effects in the workplace. Given the interrelatedness of the different effects, we encourage that all colleges (inclusive of registrars, examiners, HOD, deans) pay careful attention to the e-portfolio and WBA. We hope to get feedback that can lead to the portfolio as the umbrella that unifies formative and summative WBA, thus offering optimal encouragement for learning, while at the same time delivering high-quality information about a registrar's development as a basis for robust decisions.

Planned and implemented properly, it appears that different WBA tools combined in a registrars e-portfolio can reliably contribute to our high-stakes exams. Importantly this will mean consolidating and building meaningful partnerships with universities/SACOMD and DOH. (See overleaf Figure 1 and Table 1)

#### Selected References

- de Jonge LP, Timmerman AA, Govaerts MJ, Muris JW, Muijtens AM, Kramer AW, van der Vleuten CP. Stakeholder perspectives on workplace-based performance assessment: towards a better understanding of assessor behaviour. *Adv Health Sci Educ Theory Pract.* 2017 Feb 2. doi: 10.1007/s10459-017-9760-7. [Epub ahead of print] PubMed PMID: 28155004.
- Parry-Smith W, Mahmud A, Landau A, Hayes K. Workplace-based assessment: a new approach to existing tools. *The Obstetrician & Gynaecologist* 2014;16:281–5.
- Miller GE. The assessment of clinical skills/competence/performance. *Acad Med* 1990;65 (Suppl 9):S63–7.
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- Nair BK, Moonen-van Loon JM, Parvathy MS, van der Vleuten CP. Composite reliability of workplace-based assessment for international medical graduates. *Med J Aust.* 2016;205:212-6.

FIGURE 1

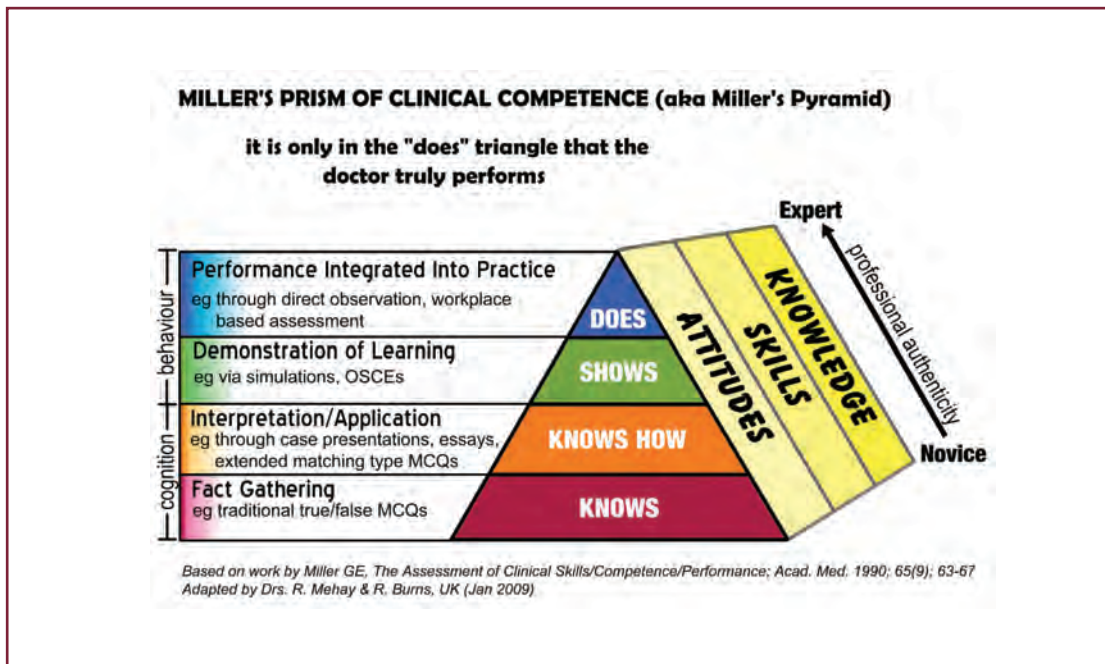


TABLE 1

New workplace-based assessment (WBA) categorisation			
Formative assessments (SLEs)		Summative assessments (AoPs)	
Assessment <i>for</i> learning • Formal quality feedback • Reflective practice  <i>Part of this e-portfolio for discussion at educational supervisor meetings, and will not be accessed by CMSA</i>	CbD		Assessment <i>of</i> learning • Part of the summative process • Measures of competence
	Mini-CEX	OSATS	
	OSATS		<i>Part of this e-portfolio for contribution to the high-stake exams, and will be accessed by CMSA</i>
	MSF		
<i>AoPs=assessments of performance; CbD=case-based discussion; Mini-CEX=mini clinical evaluation exercise; MSF=multisource feedback; OSATS=objective structured assessments of technical skills; SLEs=supervised learning events.</i>			

Based on work by Parry-Smith W, Mahmud A, Landau A, Hayes K. Workplace-based assessment: a new approach to existing tools. *The Obstetrician & Gynaecologist* 2014;16:281–5.  
 Adapted by Mike Sathekge

## Admission Ceremony 27 October 2016

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

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

Prof Bongani Mayosi, Dean of the Faculty of Health Sciences, University of Cape Town delivered the oration.

Eighteen medallists were congratulated by the President on their outstanding performance in the CMSA examinations. Medals were awarded in the following fellowship disciplines, Anaesthetics, Family Medicine, Neurology, Neurosurgery, Obstetrics and Gynaecology, Ophthalmology, Otorhinolaryngology, Paediatrics, Psychiatry, Radiology and Surgery.

The diplomate admission ceremony is now held at the time of the diploma oral examinations and does not form part of the formal CMSA Admission Ceremony.

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

The new Certificants and Fellows 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 Chairman – Finance and General Purposes, Professor Gilmie Kariem handed each graduate a scroll containing the Credo of the CMSA.

All in all the President admitted 3 Fellows by Peer Review, 57 Certificants and 348 Fellows.

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



# Oration delivered by Professor Bongani Mayosi at the Admission Ceremony of The Colleges of Medicine of South Africa, Cape Town City Hall, 27 October 2016 'Make your mark on health care'



Professor Bongani M Mayosi

Professor Mike Sathekge, President of the Colleges of Medicine of South Africa, honoured guests, friends, colleagues, parents, spouses and children who are gathered in this joyous occasion tonight, it a pleasure for me to be among you.

I would like to congratulate all of the graduands for their success in the examinations. We must also remember that we owe our success to the love and support of our families, friends, mentors and teachers. We should give them a big hand of applause.

I can remember vividly the day I came up to graduate as a Fellow of the College of Physicians in October 1995 in Johannesburg. It was a culmination of three years of hard work and relentless study day and night as a medical registrar, followed by a mother of all examinations that combined both the primary and final clinical examination in one sitting, and one of the toughest examinations in which the chances of failure were often higher than those of success at first attempt. For six months following that graduation ceremony, I woke up in a sweat dreaming that I had failed the examinations. I had all the criteria of post-traumatic stress disorder!

Over the past 21 years since I graduated, the College has come a long way in establishing a fair and valid examination system that does not harm the mental health of the registrars – or at least that minimises its impact.

I have had the pleasure to serve the College in various capacities between 2002 and 2014, first as an Honorary Registrar and President of the College of Physicians – and for the privilege to convene the Golden Jubilee celebrations in 2005.<sup>1</sup> We can all be proud of the College as an institution with world renown that plays a central role in maintaining the high standard of specialist medicine in South Africa. I encourage all graduands and diplomates not only to pay their annual membership fees for the rest of your life, but also to take up roles as examiners and committee members in your College. The future of the institution depends on you.

Nelson Mandela said that 'After climbing a great hill, one only finds that there are many more hills to climb.' You are at the top of your game in your field in terms of knowledge and professional skills, and you will play a leadership role in our health system. You are diplomates, specialists and sub-specialists in your fields but I would like you to consider taking the next step of becoming experts in a unique area of your specialism, and make a mark in healthcare and society in your own lifetime.

It is not enough to take the consultant post and continue where your predecessor left off. Each one of us were created to make a special contribution to the world. The next hill to climb is how this can be realised in your own life so that you can transform the lives of others.

It was at this juncture (in 1996) in my own career that I took up research training through a PhD to study cardiovascular disease at a time when there were limited funding opportunities in South Africa. This opportunity opened the possibility for making a contribution to the understanding of the origins and prevention of cardiovascular disease, and a fulfilling career as a physician and a scientist.

Twenty years later in 2016, there are many funding opportunities for specialists and subspecialists such as yourself that I would encourage you to consider. These include the Nuffield Oxford Medical Fellowship to the University of Oxford in the UK,<sup>2</sup> the Hamilton Naki Clinical Fellowship,<sup>3</sup> The Discovery Foundation Fellowships, and the National Health Scholars Programme PhD Scheme. I invite you to take up these opportunities for additional training that will allow you to become extremely competent in an aspect of your field, and bring about transformation to our healthcare system and the health of our people.

Finally, ladies and gentlemen, I would like to leave you with the immortal words of Robert F Kennedy. Fifty years ago on the 6th of June 1966, he visited South Africa during the dark days of apartheid, and made his famous 'ripples of hope speech' at the University of Cape Town. He said 'Each time a man stands up for an ideal, or acts to improve the lot of others, or strikes out against injustice, he sends forth a tiny ripple of hope, and ... those ripples build a current which can sweep down the mightiest walls of oppression and resistance.'<sup>4</sup>

He went on to say that few will have the greatness to bend history itself, but each of us can work to change a small portion of events, and in the total of all those acts will be written the history of our generation.

I thank you.

**Professor Bongani M Mayosi, Dean, Faculty of Health Sciences,  
University of Cape Town, Cape Town, South Africa**

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1. Mayosi BM. Golden Jubilee Symposium – Editorial: The Colleges of Medicine of South Africa Marks 50 Years of Excellence in Postgraduate Medical and dental Education. Transactions - Journal of The Colleges of Medicine of South Africa 2006; 50: 28.
2. Bundy C. A benefaction and its benefits: the Oxford Nuffield Medical Fellowship and South Africa. S Afr Med J 2011; 101(7): 450-3.
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4. Kennedy RF. N.U.S.A.S. "Day of Affirmation" Speech, University of Cape Town, South Africa, June 6th, 1966. <http://www.rfksafilm.org/html/speeches/unicape.php> (accessed 09 February 2017).

## Medallists



**JONATHAN JOCUM**  
**Janssen Research  
 Foundation Medal**  
*FCA(SA) Part I*  
**Abbott Medal**  
*FCA(SA) Part I*  
**Hymie Samson Medal**  
*FCA(SA) Part I*  
**Glaxosmithkline Medal**  
*FCA(SA) Part I*



**NEIL DAVID HAUSER**  
**Crest Healthcare  
 Technology Medal**  
*FCA(SA) Part II*  
**Jack Abelsohn Medal  
 and Book Prize**  
*FCA(SA) Part II*



**WIAAN FRANCOIS BEDEKER**  
**Tim Quan Medal**  
*FCFP(SA)*



**IZANNE CRAILL ROOS**  
**Novartis Medal**  
*FC Neuro(SA) Part II*



**SUDHIR DOOKIE**  
**Rowland A Krynauw Medal**  
*FC Neurosurg(SA) Final*



**CHANÉ PAULSEN**  
**GP Charlewood Medal**  
*FCOG(SA) Part I*



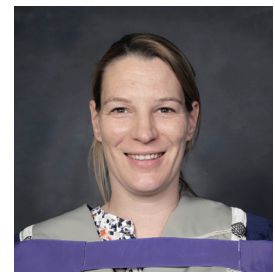
**SCHALK DU TOIT**  
**Justin van Selm Medal**  
*FC Ophth(SA) Final*



**MICHAEL ANDREW MOLYNEAUX**  
**SA Society of  
 Otorhinolaryngology Medal**  
*FCORL(SA) Final*



**SHEHNAAZ AKHALWAYA**  
**Robert McDonald Medal**  
*FC Paed(SA) Part II*



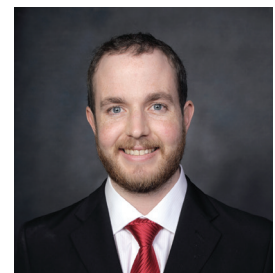
**NICOLA SIAN BRICE**  
**Robert McDonald Medal**  
*FC Paed(SA) Part II*



**TESSA CHRISTINE ROOS**  
**Novartis Medal**  
*FC Psych(SA) Part II*



**VISHESH SOOD**  
**Rhône-Poulenc Rorer  
 Medal**  
*FC Rad Diag(SA) Part I*



**SEAN ANDREW TROMP**  
**Frederich Luvuno Medal**  
*FCS(SA) Primary*  
**Trubshaw Medal**  
*FCS(SA) Primary*

## CMSA Admission Ceremony List of Successful Candidates October 2016

FELLOWSHIPS						
<b>Fellowship of the College of Anaesthetists of South Africa FCA(SA)</b>		ABRAHAM SIJU JOSEPH	Wits	STEENKAMP WILLIE	US	
		ARAIE FARZANA	UCT	THIBELANG KWENAYABOTLHE		
		BARRETT WENDY JOAN	UFS	TLHABIWE	SMU	
		BOOYSEN KARIN	UP	VAN DEN BOSCH CHLOE MARY	UKZN	
		BUITENWEG ADRIAAN WILLEM	Wits	VERWEY STEFNE	UKZN	
		BUYS MATHILDE	US	VUTHELA SIMANGA PEDIAN	UFS	
		COETZEE ETTIENNE	UCT	WESTCOTT GEORGINA ELIZABETH	WSU	
		DE CASTRO ALEXA	UKZN	WIID CATHARINA MARIA	US	
		DE ROUBAIX TANJA	UP	WOLHUTER AMORIE	UP	
		DLAMINI MAKHOSAZANA	Wits	<b>Fellowship of the College of Cardiothoracic Surgeons of South Africa FC Cardio(SA)</b>		
DU PREEZ MARLIZE	UCT	ISMAIL MOGAMAD ZANE	US	ENGELBRECHT ALIDA MARIA	UCT	
FISHER KATHERINE TAMAH RUTH	Wits	MAHARAJ KAMEEL	UKZN	GOIE THEA TSHILOMBO	UKZN	
FULLERTON ZAHNNE	UCT	PEENS-HOUGH HYLA	US	IGBOGIDI UZEZI RAYMOND	UP	
GIBBS MATTHEW WINTON	UCT	PILLAY JEHRON	UFS	IRUEDO JOSHUA OISE	WSU	
GOLDING TARRYN	UCT	WAGENAAR RIEGARDT	US	KABUNDJI DALTON MULOMBE	Wits	
GROENEWALD MICHAEL BURGER	UCT	<b>Fellowship of the College of Dermatologists of South Africa FC Derm(SA)</b>			KASWA RAMPRAKASH	WSU
HASSIM SAKEENA	Wits	BOTHA ANTON RUDOLF	UFS	MAMPUYA FERDINAND		
JACOBS ELIZABETH JOHANNA	Wits	FICK LOUIS	UCT	KEDIAMOSIKO	UFS	
KISTEN PRABASSHINI	UP	HAITEMBU BEATA NIITA NALITYE	UCT	MANDIWANA AZHANI	Foreign	
LARSON ILKE	UFS	MABUNDZA DUMSILE		MOTLHATLHEDI KENEILWE	Foreign	
LEDWABA MAHLODI OSCAR	SMU	FORTUNATE	UL/SMU	OSA IZEKO OROBOSA	UKZN	
MASHEGO THORISO PUSETSO		NOMBONA PATISWA	UKZN	OZOEMENA PRINCE CHIMA	UP	
DOMINIC	US	<b>Fellowship of the College of Emergency Medicine of South Africa FCEM(SA)</b>			PRINSLoo ELIZABETH	US
MOFUBELU SELLO	UFS	BAILLIE STANTON TAMSYN BETH	Wits	UBABUKOH SAMUEL OZIOMA	Wits	
MOGODI MORONGOHA HAZEL	Wits	GROENEWALD COENRAAD		VOS JOHANNES JACOBUS	US	
NAICKER KIMOLA	UKZN	CHRISTOFFEL	UCT	<b>Fellowship of the College of Forensic Pathologists of South Africa FC For Path(SA)</b>		
NAICKER LUANSHA	UKZN	KHAN WASEELA	UCT	HLAHLA MMACHUENE IDRICK	UL/SMU	
NAIDOO KATHRYN	UKZN	LALLOO VIDYA	UP	INGLIS BRONWYN AFTON	US	
NKUNA AMANDA VUTOMI	Wits	LALLOO VIDYA	UP	MEDAR SAJIDA	Wits	
NOETH HANNELO	UFS	STEPHEN VICTORIA SARAH	Wits	MOOPELA NTSIDI SAMUEL	UFS	
NONGQO NEZISA PETUNIA	Wits	VAN DER COLFF LINDIE	UP	PRAHLADH SALONA	UKZN	
NTSHANI MMEREKA PATIENCE		<b>Fellowship of the College of Family Physicians of South Africa FCFP(SA)</b>			<b>Fellowship of the College of Medical Geneticists of South Africa FCMG(SA)</b>	
MARTHA	UL/SMU	BHAGWAN SMITA	UKZN	HUSSEIN MOHAMMED AYMAN		
NURSE CHRISTIAN ROBERT	UKZN	MANDITA VUYISWA MUSA	SMU	ABDULLAH	UCT	
PIENAAR WESSEL	US	SANED KHULOD MASAUD.K	UKZN	<b>Fellowship of the College of Neurologists of South Africa FC Neurol(SA)</b>		
PILLAY DIRAN	UKZN	SHABA MAMPANE COMFORT	Wits	<b>Fellowship of the College of Neurosurgeons of South Africa FC Neurosurg(SA)</b>		
PLAATJES NATASHA	UCT	<b>Fellowship of the College of Foreign Physicians of South Africa FC Foreign(SA)</b>			<b>Fellowship of the College of Neurosurgeons of South Africa FC Neurosurg(SA)</b>	
RAKGETSI MATHIBELA NORMAN	SMU	MWALE GARIKAI	Foreign	<b>Fellowship of the College of Neurosurgeons of South Africa FC Neurosurg(SA)</b>		
RODRIGUES JACQUES	UCT	PHILLIPS DEVOLA CHERYL	UKZN	<b>Fellowship of the College of Neurosurgeons of South Africa FC Neurosurg(SA)</b>		
SAMUEL THERESA	UCT					
SPIES ANRI	UCT	EJEGI ANTHONY	UKZN			

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

MPANYA DINEO Wits  
MUAMBADZI NTANGANEDZENI Wits

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

ARNOLD MOGAMAD ARMIEN UCT  
BILLSON JANA US  
CHIRWA NYATOZI LEAH UCT  
DREW SEAN ADAM UKZN  
ESTERHUIZEN ADELENE UP  
FRANK NADIYA UKZN  
GONDONGWE LUCIA UL/SMU  
HENDRICKS ANEEQAH UCT  
HLONGWANE TSAKANE MUSA A. G. UP  
JANSEN VAN VUUREN LIZE US  
JOHNSON ILANA OLIVIA US  
KAYAMBO DORIS NAMULINDI US  
KEKANA LETHABO SHADI UKZN  
KENNEDY PALESA Wits  
KHALEMA RETHABILE JANE UFS  
KHUMALO NOZIPHO REJOICE UKZN  
KINUNU LUZOLO JOSEPH Wits  
LERM MARLIZE UCT  
LEROKO THABANG RAYMOND UFS  
MANAMELA PORTIA KENALEMANG Wits  
MASAMBA MARTHA US  
MELAMU MPOLOKENG BARADI  
PRUDENCE Wits  
MLONZI UNATHI UKZN  
MOGOROSI OLEBOGENG SEKOLOMPA  
DUCHENNE SMU  
MOLETSANE MABERENG MATSEPO Wits  
MONARENG HOPEWELL DONALD UP  
MOSHAPO-SKOSANA KGOMOTSO  
OLGA SMU  
MOTSEMA TLADISO UKZN  
MOTSHEGWE - PALAI MATLHAPI  
RUTH SMU  
MUTEVHE CHINAMORA Foreign  
NASCIMENTO FONSECA SANDRA  
MARQUES Wits  
NDOVIE LUGHANO UCT  
NGCOBO THANDEKILE LOUISE UKZN  
PARKER LIAQUAT ALI US  
PEPRAH MAMA-ASU AFUA Wits  
PHINZI SIBUSISO BLESSING UKZN  
PRINCE DEBORAH LYNNE US  
SETATI MATUMA PHILLEMON Wits  
SEWRAM CHANTAL UKZN  
SIBANDA MPUMELELO Foreign  
TINI TEMBISA UFS  
VINOOS LATIEFA UCT  
ZONDAGH INGE UFS

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

KAWADZA JANE US  
LE ROUX ETIENNE UKZN  
MALHERBE LODEWICUS FRANCOIS UCT  
MOFOKENG SALAMINA, MATHABO Wits  
NAIDU NATASHA Wits  
SEOBI TEBOHO Wits  
SMITH SUZANNE MARI Wits  
YORK NICHOLAS JOHN UCT

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

BISMILLA SHAAHEEN Wits  
DUMA MLEKELELI THEMBINKOSI  
NTANDO UKZN  
ELGHAWAIL YOUSEF MOHAMED US  
GEZENGANA SYLVESTER LUCAS  
VUYO UKZN  
JACOBS HANS WESSELS UP  
KHANYILE SIVESONKE SMU  
KNIPE ESTE Wits  
MAKU MALEHO UP  
MARAIS CHRISTOFF DE VILLIERS UCT  
MKHIZE SIBUSISO SYDNEY SMU  
MOHAMMEDALI SHAMSHUDIN UKZN  
MTHETHWA PHAKAMANI GOODMAN UKZN  
NDLELA SIBUSISIWE Wits  
OMOJOWO FOLUSO OLALEKAN Wits  
PIENAAR GERHARD US  
RALL WERNER UFS  
SCOTT IWAN UFS  
SIGODI DUDUZILE UKZN  
SLUIS CREMER TIMOTHY RICHARD UCT  
STRAUSS KARL US  
VAN NIEKERK ANDRIES HENDRIK UP  
VENTER SHAWN UKZN

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

DZONGODZA TITUS WSU  
MAKAULULE PRINCE RATSHILI Wits  
MAKUNGA ASANDA UP  
MATINHIRA NABOTH NEVSON Foreign  
MORGADO NATASHA ALEXANDRA  
GASPAR Wits  
UYS HENDRIK KENDAL US  
VAN STRATEN ANDRIES FRANCOIS US

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

ABRAHAMS ZAAHIR WSU

ABUMHARA SALAH ALSHARIEF GHIET US  
BOPAPE-CHINYANGA THOKOZILE  
CORA Wits  
CARKEEK KATHERINE JANITA US  
GHULAM HOOSAIN SHENAAZ BANOO Wits  
IDRUSS JAMALDEEN MUHAMMAD UP  
IRUSEN SHAEGAN US  
JACOBS CARMEN MICHELLE US  
KAY CHANÉ US  
KUTUMELA DIPUO LOUISA UP  
LAKHAN ARUNA US  
LUTHULI NONTOKOZO PORTIA UKZN  
MAHARAJ MARSHE UP  
MASHEGO MAGANONG PAMELA  
AGNESS UL/SMU  
MBALE EMMIE WAKUPA UKZN  
MBETHE AUDREY PHILISIWE SMU  
MCALPINE ALASTAIR KENNETH UCT  
MENDES JACQUELINE FARIA Wits  
MONARENG MOHAMED-AMIN Wits  
MSIMANGO SIMPHIWE HAZEL UKZN  
MSOMI PEARL AYANDA UKZN  
MTHOMBENI AMUKELANI SMU  
MURIGO-SHUMBA DAVIDZO UKZN  
NEPFUMBADA MULALO UKZN  
NEWTON CHARITY SMU  
NGCANA THANDEKA VUYISWA  
ZAMANSUNDU Wits  
NKABI THANDEKA UNATHI UP  
NTULI NANDI Wits  
NTWIGA JOLLY UKZN  
ONDONGO-EZHET CLAUDE  
CHRISTELLE ELEONORE Wits  
PHOLO MOLEFI JONAS UP  
RADEBE PALESSA UKZN  
RAMPERSAD AYUSHYA UKZN  
RIEMER LINDA JANE UCT  
ROTTANBURG DANIELLA EVA Wits  
SETHOMO WARONA PRICILLA Wits  
THERON NICKE UFS  
TLAKA ZANELE ANNASTACIA UP  
TSIMANE KATLEGO Wits  
VAN DER WESTHUIZEN FRANS  
PETRUS US  
WILLOUGHBY MARK UKZN

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

ZABIEGAJ-ZWICK CAROLINE MARIA US

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

GOVENDER MICHELLE UKZN  
KHABA MOSHAWA CALVIN UKZN

LINDEN JESSICA CHARLOTTE	Wits
MANDA YAMBANSO SHARON	US
MSIMANG MPUMELELO ZAMA	UKZN
MULENGA MAURICE	UKZN
NHLONZI GAMALENKOSI	
BONGINKOSI	UKZN
SENGOATSI TSHEPANG	UFS
SINGH SHIVANI	UKZN

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

SWART CELESTE	UCT
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**Fellowship of the College of Pathologists of South Africa - Haematology  
FC Path(SA) Haem**

HAUPT LERISKA	UFS
SUBRAMONY NISHANTI NADHIYA	Wits

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

ABRAHAMS MOHAMMAD SHAREEF	US
CHOMBA RISPAH NYAMBURA	Wits
MONCHO MASEGO MARYJANE	UFS
NTULI SINDILE VENESSA	UCT

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

ABDULLAH MOHAMED FARIED	UCT
AMWAAMA MARTHA JAKULA	UCT
BULBULIA SAAJIDAH	Wits
DATAY MOHAMMED ISHAAQ	UCT
DUVENHAGE NADIA	UP
HASSEN MUHAMMED	US
JANSEN MOSES FRANCOIS LOUIS	US
JOUBERT LLOYD	US
KGOLE MAMOKOMA BECKY	UP
LAHER MUHAMMAD	Wits
LEVIN MENACHEM ZVI	Wits
MARECHERA DAMBUDZO SABBATH	Foreign
MATHEKGA MAJADIJI DAVID ELKAL	UP
MATHIBA ROFHIWA MARGARET	Wits
MAWILA SEVA DANIEL	UFS
MBUYAMBA LUMANDA	Wits
MEEL SWATI	Wits
MOHAPI MAKGOTSO	Wits
MOJA LEOGANG	Wits
MOKGOKO DIDINTLE	Wits
MOLEFI THULO	UKZN
MORROW AMY JULIETTE	US
MPHAHLELE MAKGOTSANE JONAS	SMU
NAYIAGER ENDRESEN	UKZN
NELL TANJA	Wits
NWANKWO CHIKEZIE	US

NYIRENDA SAULOS KONDWANI	
GREENWELL	UCT
OKUTHE JACKTONE ODHIAMBO	Wits
PERUMAL RUBESHAN	UKZN
POULET ERMA	UCT
SHAW JANE ALEXANDRA	US
SHEIKH ABID MUBASHIR	UCT
SIKAZWE MOMBO	UCT
SINGBO JOSEPH	UCT
TOM TONY	UFS
VAN DER LAAN HERMAN JOHAN	UP
VAN ROOYEN GISELA	UP
VINASITHAMBY UMATHEVAN SELVAN	Wits
WAWERU ALVIN WACHIRA	UCT
WIUM LIZEMARIE	UP

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

PADILHA JOAO FILIPE SOMENSON	Wits
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**Fellowship of the College of Psychiatrists of South Africa  
FC Psych(SA)**

BEKE MASASE GIRLY	Wits
GABRIELS CHARNOTTE MARGOT	US
JACOBSON CANDICE IVANNA	UCT
MAKGOBE KUBU ERNEST	UP
MICHIE GRAEME AIDAN	US
NCUBE ROSINAH KGOMOTSO	UP
PARKER MICHELE TRACY	UCT
POTGIETER MEENT FRANÇOIS	UFS
PRINSLOO RIAAN GERRIT	UP
RAMNARAIN POOJA MEGHNA	UKZN
STARKE JONATHAN ALAN	UCT
VAHED NADIRA	Wits
VAN NIEKERK JACOBUS	
JOHANNES STEPHANUS	UFS

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

MAJAKE LEHLOHONOLO	UP
MATHEWS MOUSHUMI ANN	Wits

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

CLOETE BRYNT	UCT
HARIPARSAD SUJATHA	UKZN
NGAJILO DOROTHY	UCT

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

BUTHELEZI THANDI	Wits
CELLIERS ARNO ERHARDT	UFS
CONRADIE WILHELMUS JACOBUS	UFS
DE KOCK SHARON HILARY	UFS
DU TOIT MARIA JOHANNA	Wits
GUGUSHE MATSELISO	
MAGDALENA	UL/SMU
JACOBS KATHLEEN LOUISE	Wits
JOUBERT MIA	SMU
MABANDLA NIKELO	UCT
NAIR TAMIYA	UCT
PADI JOSIAS	Wits
PILLAY PARUSHA	Wits
PUTTER ELITA	UP
SEFANYETSO THATO CATHRINE	Wits
SINGO TSHIWELA PHUMUDZO PILAR	Wits
TIEMESMANN TONY NICOLAS	UFS
VAN DER WESTHUIZEN GERHARD	UFS
VAN ZYL CHRISTOFFEL JOHANNES	UFS

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

DALMEYER LISA	UCT
FORD PELISA	WSU
HART HEIDE	UCT
JAFTA ZUKISWA	WSU
JORDAAN JACOLINE	UFS
KUNENE SANELE	UKZN
MARK YAEL	Wits
PIEK PELHAM CLIFTON	UFS
PUPWE GEORGE	US
THEBE TSELANE THEMIS	US

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

DAYANAND AVINDRA	UKZN
DE JAGER-WOOD CHANTELE	
RAQUEL	UFS
HUMAN LIZELLE	UFS
JUGUNANAN GOURISHA	Wits
KGATLE ALBERT MAILE	UKZN
MAKHOBHA SIZWE	US
MALITH VICTOR JAL	Wits
MOSAI FUSI	SMU
NSAKALA LENDO	SMU
OKEKE IKENNA CLETUS	SMU
PATEL SORAYA	SMU
PUNGUTCHE MAZWI, LAZARUS	UFS
SELWANE NEO HELLEN	SMU

SINGH KIYASHA	Wits	<b>Sub-specialty Certificate in Critical Care of the College of Paediatricians of South Africa</b> <b>Cert Critical Care(SA) Paed</b>	<b>Sub-specialty Certificate in Gynaecological Oncology of the College of Obstetricians and Gynaecologists of South Africa</b> <b>Cert Gynaecological Oncology(SA)</b>		
SINGH NATASHA	SMU				
VAN RENSBURG RUDI	US				
VILJOEN ANDREW JOHN	UKZN				
<b>Fellowship of the College of Urologists of South Africa</b> <b>FC Urol(SA)</b>		CHUEU SEDIMA	Wits		
MEINTJES CATHARINA MARGARETHA US		<b>Sub-specialty Certificate in Critical Care of the College of Physicians of South Africa</b> <b>Cert Critical Care(SA) Phys</b>	<b>Sub-specialty Certificate in Infectious Diseases of the College of Paediatricians of South Africa</b> <b>Cert ID(SA) Paed</b>		
OPONDO DEDAN OLUOCH US					
PINTO GREGGORY AUGUSTUS UCT					
SINGH KIRAN UKZN					
<b>CERTIFICATES</b>		PADAYACHEE AVASHINI	Wits		
<b>Sub-specialty Certificate in Allergology of the College of Paediatricians of South Africa</b> <b>Cert Allerg(SA) Paed</b>		SULEMAN LAILA	Wits		
TRIKAMJEE THULJA UCT		<b>Sub-specialty Certificate in Critical Care of the College of Surgeons of South Africa</b> <b>Cert Critical Care(SA) Surg</b>	<b>Sub-specialty Certificate in Infectious Diseases of the College of Physicians of South Africa</b> <b>Cert ID(SA) Phys</b>		
<b>Sub-specialty Certificate in Cardiology of the College of Paediatricians of South Africa</b> <b>Cert Cardiology(SA) Paed</b>					
SKINNER DAVID LEE UKZN					
FERRIS ALICIA RENE UCT					
<b>Sub-specialty Certificate in Cardiology of the College of Physicians of South Africa</b> <b>Cert Cardiology(SA) Phys</b>		<b>Sub-specialty Certificate in Endocrinology and Metabolism of the College of Physicians of South Africa</b> <b>Cert Endocrinology and Metabolism(SA) Phys</b>	<b>Sub-specialty Certificate in Maternal and Fetal Medicine of the College of Obstetricians and Gynaecologists of South Africa</b> <b>Cert Maternal and Fetal Medicine(SA)</b>		
MERWITZ BRAD JARRED				Wits	
SEEDAHMED KHALID HASSAN				UCT	
VAN DER WALT ANDREW JOHN				Wits	
CHHIBA MUKESH UCT		<b>Sub-specialty Certificate in Gastroenterology of the College of Physicians of South Africa</b> <b>Cert Gastroenterology(SA) Phys</b>	<b>Sub-specialty Certificate in Medical Oncology of the College of Paediatricians of South Africa</b> <b>Cert Medical Oncology(SA) Paed</b>		
KURIAN ANIL UP					
MALULEKE THEMBA HARRY				Wits	
MOEKETSI KHULILE UCT					
MUJWAHUZI LEODEGARD		BADENHORST PETRUS JACOBUS	US		
NKURUNZIZA JAMES		MYENI NOMCEBO NOMTHANDAZO	UKZN		
NTUSI NTOBEKO AYANDA BUBELE UCT		<b>Sub-specialty Certificate in Gastroenterology of the College of Surgeons of South Africa</b> <b>Cert Gastroenterology(SA) Surg</b>	<b>Sub-specialty Certificate in Neonatology of the College of Paediatricians of South Africa</b> <b>Cert Neonatology(SA)</b>		
VAN RENSBURG ANNARI US					
<b>Sub-specialty Certificate in Child and Adolescent Psychiatry of the College of Psychiatrists of South Africa</b> <b>Cert Child and Adolescent Psychiatry(SA)</b>					
DALWAI EBRAHIM KHAN				UCT	
OSHODI YEWANDE US		GOOL FERHANA	UCT		
PATHER SARVANI		KLOPPERS JACOBUS CHRISTOFFEL	UCT		
<b>Sub-specialty Certificate in Clinical Haematology of the College of Physicians of South Africa</b> <b>Cert Clin Haematology(SA) Phys</b>		MBATHA SIKHUMBUZO ZUKE	UKZN		
ASHMORE PHILIPPA		OKE OLATUNBOSUN AYOKUNLE	UCT		
<b>Sub-specialty Certificate in Geriatric Medicine of the College of Physicians of South Africa</b> <b>Cert Geriatric Medicine(SA)</b>		<b>Sub-specialty Certificate in Nephrology of the College of Paediatricians of South Africa</b> <b>Cert Nephrology(SA) Paed</b>	<b>Sub-specialty Certificate in Nephrology of the College of Physicians of South Africa</b> <b>Cert Nephrology(SA) Phys</b>		
PARKER FAHEEMA				CHOOPA MICHELO SHARON	UP
<b>Sub-specialty Certificate in Infectious Diseases of the College of Physicians of South Africa</b> <b>Cert ID(SA) Phys</b>				REDDY DEVESHNI	UCT
DO VALE CLAUDIA				MANGENA PHETHO MASHAOLE	Wits
<b>Sub-specialty Certificate in Maternal and Fetal Medicine of the College of Obstetricians and Gynaecologists of South Africa</b> <b>Cert Maternal and Fetal Medicine(SA)</b>		NKULULEKO	UCT		
CLUVER CATHERINE ANNE		MATHONSI RUDZANI DEBRAH	Wits		
<b>Sub-specialty Certificate in Medical Oncology of the College of Paediatricians of South Africa</b> <b>Cert Medical Oncology(SA) Paed</b>		PELLIZZON ADRIANO SILVIO	US		
ANDRADE ANABELA DE SOUSA					
NETSHITUNI VHUTSHILO					
<b>Sub-specialty Certificate in Neonatology of the College of Paediatricians of South Africa</b> <b>Cert Neonatology(SA)</b>					
COYLES LIZE BOSHOFF					

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

IBEKWE ROLAND CHIDI	UCT
KESHAVE AMITH	UKZN
QUVILE TANDOKAZI	UCT
REDDY YAVINI	UKZN

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

MOREMI MAKOMA DIETSA	UL/SMU
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**Sub-specialty Certificate in Pulmonology  
of the College of Physicians of South  
Africa  
Cert Pulmonology(SA) Phys**

NQWATA LAMLA	Wits
VORSTER MORNE JOHAN	US

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

NENE LAURA NANA ZOZO	UP
STRYDOM JACO DU PREEZ	UFS
VENTER CHRISTIAAN HAROLD	US

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

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

BOUWER FRANCOIS	US
DITLOTLO GAONE MAIPELO	Wits
ELASIR HAITHAM	UCT
MOOSAJEE FARZANA	UCT

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

ARKO-COBBAH EMMANUEL	UFS
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**PART I, PRIMARY AND INTERMEDIATE  
EXAMINATIONS**

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

ABRAHAM MEERA	WSU
AMADO LEANDRA ANASTASIA	
ANDISHA EMADALDIN	
BEZUIDENHOUT EMILY MATHILDA	Wits
CHABILALL JOSHNA AMRITH	
CLAASSENS CAREN	
CONRADIE WILLEM STEPHANUS	
CROWTHER MARCELLE	
DAVIDS RYAN	US
DE SWARDT MATHEW PETER	
DIPPENAAR PETRUS JOHANNES	US
FERREIRA ANJEANETTE	Wits
FEUTH MARGARETHE	
FRANKEN CORNELIA ELIZABETH	
FRANKISH LEANNE KIM	
HOUSTON CELESTE	
INAMBAO-RAMARUMO TSHOLOFELO	
INAMBAO-RAMARUMO	
JANSE VAN RENSBURG NICOL MARIE	Wits
KEMPE LAURA JESSICA	
MANJOORAN GRACE RAJAN	Wits
MAPHUMULO THEMBELIHLE ORAPET	Wits
MARSICANO DANIELA	UCT
MASETI PUMZA	
MATSANE LEOGANG MARTIN	Wits
MOGOTSI KENALEMODISA LINDIWE	
MOON STORM CARA	
NDWANDWE MBALIYETHEMBA ZIMELE	
NOVEMBER VUYOKAZI JOY	
PILLAY FULTON	
PILLAY SUNTHURIE	
RAPULENG ALETTA MOITOI	
RATLABYANE LESHATA MIRIAM	
ROSSOUW ELIZNA	
SEILBEA LINDI YVONNE	UKZN
SIMPSON GARY CHRISTOPHER	
STEYN FRANCOIS ANTON	
VAN VREEDE JOSEPH JAMES	
VOKA DI BETU	

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

GRIESEL RULAN	UCT
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**Part I of the Fellowship of the College of  
Dentistry of South Africa - Orthodontics  
FCD(SA) Orthod Part I**

DURIC NEBOJSA	
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**Part I of the Fellowship of the  
College of Dentistry of South Africa -  
Prosthodontics  
FCD(SA) Pros Part I**

DE KOK JENNIFER	
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**Part I of the Fellowship of the College of  
Dermatologists of South Africa  
FC Derm(SA) Part I**

BUTHELEZI S'LINDILE OMEGA	Wits
HIRSCHFELD EUGENE ROUF	UCT
THOBANE JACOB	Wits

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

CHUNGA RAMADHAN MOHAMED	US
DE CAIRES LEONEL	
GILBERT THOMAS	UCT
GROVE WILLEM JACOBUS	
HART JEDD CRAIG	
HUMAN RULÉ	UP
LOTTER NURAAAN	
MAPATA LIMBANI	Wits
MOSETLHA THABO RICHARD	
MYBURGH MICHELLE CHRISTY	
NAIDOO RHONDA-LEIGH	
RAMATSHELA DIMAKATSO VANESSA	UP
SINGH MIKA	
ZAAYMAN HEINRI	

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

CROWLEY LAWTON EDMUND	US
LEBOHO SPHIWE JOHANNAH	SMU
MABENA JOB MAGWABO	UP
MBUILU JODY PUKUTA	Wits
MCCRINDLE LORNA YOUNG	UCT
MOLEKO CAROLINE KEAGILE	
BOITUMELO	SMU
MOLOPE TSWELOPELE ELAINE	
ANNA	SMU
MWAMBA HELENE BUHINDA	UP
NSIMBO KAYUMBA BIN ASSUMANI	Wits
PRESENCE-VOLLENHOVEN MELLISA	
DELIA	US
RAMPERSAD KAMAL	UKZN
SAYED JAVED	US
UMEH ANDREW EKENE	UP
UWAKATA EJIROGHENE BISHOP	Wits
WILLIAMS BEVERLEY RAY	US

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

MOROBADI KENALEMANG UP  
SOUL BATHABILE UP

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

BAILLY CLAUDE DIDIER Wits  
DILLON BRONWYN Wits

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

KROON LOUIS  
MANDLESILO SIMPHIWE EMMANUEL Wits  
MCMULLEN KATE ELISABETH  
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ILORAH ONYEKA VALENTINE  
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MABOVULA NDYEBE SAMKELO  
MAHOULI FATA VOUNKI MAHOULI UP  
MATHE THABO  
MOLEFE MASECHABA  
MUILA SESHOKA LAUDWICK  
OYONO OYONO MERLIN ARISTIDE  
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BAGRATEE SHARVAY JAYD  
BULELA GUSTAVE MWIPATAYI  
DE JONGH SKYE FRANCIS  
ETWARO ARVIND CHETAN UKZN  
GAZA MERCY

GWANZURA CHIPO  
HESSEN MOHAMED UCT  
HLAPANE RAMAKHOSANA SAMUEL  
IMOGIE IMOGIE SUNDAY AFEMIKHE UKZN  
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MASUKUME RUMBIDZAI  
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ONWUGHARA CHIDEBERE EDWIN UKZN  
RODRIGUEZ VAZQUEZ RAUL UKZN  
SETLABA TSHEPO PATRIC  
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DLAMINI SIBONGILE  
DU TOIT DERRIK  
DUBE-PULE ANELE SICEBILE



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GREYLING MARNEL				ASMAL TAAHIR	MUDIWA BENSON MUNYARADZI	
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JOHAAR RIZQAH				BIRCH CANDICE TATUM	NDHLEBE GUGULETHU KHANGEKILE	
KADER NAUSEEN	UKZN			BOER ETIENNE HERBERT	GLADYS	
KAPANGA LUANI JACQUES		BOTTEN JAMES JOSEPH		NDLOVU MOHELEPI PERCY		
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KOOLASH KIM KISSY		BUX TASNEEM	NGIBA ZENZELE GINIUS	UKZN		
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MEHEMED ASR MEHEMED MEHEMED		GOBLE MEGAN LOUISE	ROOS NICOLE GAIL	UP		
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RAMSUNDER SHEETHAL		KANDE PATRICK LUFUTA	SIYABONGA	UKZN		
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SERONDU MASHILO JIMMY	UL/SMU	KAPP JACINTO JOHN	SINGH NAVESH			
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			PLANTING TALIA KATE	UCT		
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NICOLAOU MARK ANDREW	
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BEUKES JANUS EDUARD	
BHAMJEE MOHAMED	
BHANA MALINI	
BLAIR NEILL ROBERT	
BOTCHWAY MAAME TEKYIWA	Wits
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CHILIZA KWAZI SBONELO BRIGHT	
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DAOUB MOHAMED DAOUB	UCT
DE KRAMER RALPH	
DELPORT NOELANI	
ELSENBROEK CHRISTIAAN FREDERIK	
ERASMUS LOUISA JUANITA MARIA	
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JACOBS PAUL ERASMUS	
JADA SIYABULELA HOPE	
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KHUMALO ZAMANTUNGWA	
KRUGER HENDRIK JOHANNES	
KURUVILLA JACOB	
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MAHER ASHFAQ ABDULLAH	UKZN
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MASAMHA TASIMBANASHE	
MASUNDA STANLEY	
MATLALA MOKGOMA TUMELO	
MAVUSO NDUMISO BRIANCE	
MBANDAZAYO VISILE	
MISRA KOYAL AAHISTHA	
MOKOENA THABO DONALD	
MOLOI LEOHANG	
MOTSEI MORAKABI JACOB	UP
MPHELA STANLEY	
MTIMKULU WANGA	WSU
MULDER WIKUS WESSEL	
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MUSAS JEAN CHRISTIAN MWANA MWENYI	
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NDIBI NANDIPHA	
NDIKUDZE DAVID	
NDLOVU NONTOKOZO JOYPEARL	
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NKETIAH EMMANUEL YAW	
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				NEZAM PARAST MASOUD	
				NGOBENI RHULANI SOPHIE	SMU
				NHLAPO KHAYA SANDILE	
				NKOSI BANDILE SAKHILE QUINTIN	
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ALMAHROUG	
AUGUSTYN JOHAN CHRISTIAAN	
AWALA ISMAEL	
BAWASA KESHARA	
BELEEL A.ALLAH A.ALKAREM	Wits
BOTES JACO HERBERT	US
BUDGE MELISSA	US
CARREIRA JO-ANNE	Wits
CHANGFOOT CHANEL	US
CHEUNG CYNTHIA TSZ YING	Wits
CHIBUYE KENWARD	UCT
CHIKUNYA EUGINE	
COETZEE WERNER CAREL	US
DAMAN HASHAM	
DITOTO-KGOMOMMU MOYAHABO BEULA	
EKEH KELECHI NNAMDI	SMU
EL HOSNY AYMAN.A.A.	
ELDURSSI OMAR IBRAHIM HASSAN	UCT
FANNY MARVIN NOLAN	UP
GXOBOLE ASANDA ZANDILE	UKZN
HOMWE JABULANI TAWANDA	
HOOSAIN FATIMA	US
ISAACS SAMUEL JOSEPH	
JOHN JEFF THADATHILANKAL	WSU
KAHOTA GAETAN MUNGALU	
KIM JINYONG	
KINANDU KAMAU	Wits
KOTZE JACO	UP
KOURIE JONATHAN	Wits

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

DUBE MTHOKOZISI	
MOROLO MANTSOELENWE VIOLA	UP

**HIGHER DIPLOMAS**

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

KADIMA LUABEYA KATALAYI FRANCKY	Wits
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**DIPLOMAS**

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

DE VILLIERS NADIA	
NAIDOO MESHANDREE	

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

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ADAM CLAIRE-LOUISE	

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SHAMS RYAN			
SHIGWEDHA FREDRIKA NEMBALE			
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KGAABI THOREN MACHUENE	SMU		
KUMIN KYLE BRADLEY			
LANGA FORTUNATE NONHLANHLA			
MAPHAKE JABU MARRAIS			
MATHIBE DANIEL MOTUSI	SMU		
MAUREE ANGIDI PILLAY			
MBATHA LORRAIN RACHAEL			
MWALA NALISHEBO			
NAIDOO KERUSHA			
NTSHANGASE SESIPHIWE SANDA			
NOMFUNDO			
ODENDAAL CHRISTINA JACOBA			
REDDY THANUSHA			
SALIE MOEGAMAD			
SAREMBOCK LAUREN LEE			
TENNASSIE ABIGAIL			
VAN DER MERWE CARINE			
VAN HEERDEN PAULI			
VIOLA ODETTE SIMONE			
WILLIAMS JUDY ANN			
<b>Diploma in Forensic Medicine of the College of Forensic Pathologists of South Africa - Clin Dip For Med(SA) Clin</b>			
FERREIRA YOLANDI			
<b>Diploma in Forensic Medicine of the College of Forensic Pathologists of South Africa - Clin/Path Dip For Med(SA) Clin/Path</b>			
OGLE ALOYSIA SHANESSA			
<b>Diploma in Forensic Medicine of the College of Forensic Pathologists of South Africa - Path Dip For Med(SA) Path</b>			
WILSCOTT-DAVIDS CANDICE	US		
<b>Diploma in Geriatric Medicine of the College of Physicians of South Africa DGM(SA)</b>			
GINSBERG CLAUDETTE RUTH			
<b>Diploma in HIV Management of the College of Family Physicians of South Africa Dip HIV Man(SA)</b>			
ABDOOLA FAHEEMA			
ADDINGTON JAMES ANTHONY			
ADEDOLAPO AKEEM			
BALOYI RHULANI REJOICE			
BERNDORFLER BIANCA			
BIYELA SINOKWETHEMBA MATAPELO			
THABITA			
BOAKYE DARLENE AKUA			
BOGAARDS MARLI			
BOOI PHATHUTSHEDZO			
BOSCH ANÉL			
BRINK HEILA-MARI			
BRUCE ROBYN HELEN			
CHERNICK LIOR			
CHRISTIE MICHAEL			
CONRADIE MARTIE			
CROSS ANNA			
DANIELS LLOYD DAMIAN			
DASRATH MANISH			
DELPORT ELIZ-MARI			
DLAMUKA SIBONISO			
DU TOIT JACQUES DANIEL			
DUNN LOUISA JANE			
EDWIN ROBERTA			
ENGLBRECHT ALIDA MARIA	UCT		
ERASMUS EMILIE			
FATURIYELE SELAT YETUNDE OLOLADE			
FERREIRA BJORN			
FERREIRA SARAH PEACE			
FYNES-CLINTON SARAH DAWN			
GAGIANO CARINE			
GAMMON JESSICA STEVENS			
GOLDSTEIN ROWAN CLIVE			
GOQWANA LINDOKUHLE			
GREEN WESLEY SHANE			
GUIDOZZI NADIA MARIA			
GUMEDE NOMZAMO NOMPUMELELO			
HARGEY NAIMA BEGUM			
HAVENGA DUNCAN MICHAEL			
HES TAMSIN FAITH			
HOSKING BRETT R			
JACOBS KELLY AMY			
JEEHA RAJEEV	UKZN		
JIRI SAMANTHA TSITSI			
JOHNSON EMMA DOROTHY			
KAMANGU JACQUES WA NSENDA			
KASWA RAMPRAKASH	WSU		
KEENE CLAIRE			
KHUMALO SLINDILE PRECIOUS			
KIM YE JIN			
KISTAN JESNE BARRY			
KOHLER CHARLES FREDERICK			
KYAZZE DENISE SANDRA DAPHINE			
LEDWABA STEPHINA MMATI BOITUMELO			
LUPINDO ASANDA			
MACAULEY JONATHAN FREDERICK			
OLATUNJI			
MAJA PUSELETSO ANTOINETTE			
MAKINTA SELLO JOHANNES			
MASENYA TIMOTHY BOITUMELO			
MASHEGO KELETSO PRETCHELL			
MASHOENE MPHONGO DORCAS			
MATABOGE KAGISO PAULINE			
MATANDABUZO ZIYANDA DOREEN			
MBANJWA NONHLAKANIPHO MASIBONGE			
GCINIWE			
MDUBEKI SINENHLANHLA THANDEKA			
MENTORO PALESA			
MEYER GARETH			
MEYER ZESCA CHAMONE			
MJIKWA JOBELA NOMNIKELO			
MKANDAWIRE MERCY JULIETTE			
MLUNGISI NOLUVUYO			
MNGADI HOPEWELL SIYAPHILA			
MOHLABANE NTAOLENG ALINA			
MOKUMO DANIEL SEAKGA			
MOKWATLO KAISHA MARY			
MOLAPO HLASOA MOSA			
MONDLEKI ENKOSI			
MOODLEY KIRUSHIN			
MOOLLA YUSUF			
MORARE NOLITHA TSETSO MAKAPI			
MOSESE THABANG			
MULLER LUIZE			
MURAMIRA M.NOBERT	Wits		
MUZENDA PRITI			

MWAMUKA RUKUDZO	COETZEE DANELL		<b>Diploma in Ophthalmology of the College of Ophthalmologists of South Africa Dip Ophth(SA)</b>
NAICKER KISHENDREE	DALVIE NOOREEN		BOTES DAVID HERMANUS
NASH TAMSYN LEE	DE JAGER JC PELSER		CHURCH BRIAN
NAUDE LANA	EDET ANIEKAN		DE VASCONCELOS SANDRA
NDADANE PRINCESS MAKHOSAZANA	ENGLBRECHT SURET		LE ROUX ALTHEA
OOSTHUIZEN ANNA ROSE	GROENEWALD ROELIEN ELAINE		LINDE LEANDRI
OOSTHUIZEN KATRYN NELL COBIE	GUMEDE NOSIHLE LUNGELU		MATHEW DONY
PALI PINDIWE	HENDRICKS LAUREN		THERON YOLANDE MARYNA
PANCHIA RAVINDRE	IQBAL FAREEHA		VAN DER MERWE LAURIE WIID
PARAK AMIRAH	ISLAM MD ASHRAFUL		<b>Diploma in Primary Emergency Care of the College of Emergency Medicine of South Africa Dip PEC(SA)</b>
PUNCHOO RIVAKRAJ	MORAR TEJIL		ABDULSALAM ABDULRAUF Wits
RAMARUPE KHOLOFELLO MILLICENT	MOSTERT JACOBUS		ALEXANDER LAINE ARDAE JOHN
RANOTO JESSICA LUCY	NAICKER DENNILEE		ANOPUECHI-CLARKSON VIVIAN AKUOMA
REDDY DENASHA LAVANYA	PELSER MONYA BIANCA	UFS	ANOPUECHI-CLARKSON
REICHEL HOLGER CARSTEN	PHAKOANA MOHLOMI GREGORY		BAINES KATHERINE ANN
REINERS ANLI	SCHOON MANDY		BEGG SARFRAZ
REITZ OLIVIA ELIZABETH	SMITH EVERHARDUS JOHANNES		BLAIR BRENDAN SEAN
ROBERTS ERIN MELODY	TONJENI THUMEKA		BURGER HANNEKE
ROLLESTON LAUREN JOY	ZONDO MDADA MARK		BYERS ANGUS ALBERT
ROSSOUW HELGARD MULLER			CALITZ ELRIKA
RUPERT SUZANNE	<b>Diploma in Obstetrics of the College of Obstetricians and Gynaecologists of South Africa Dip Obst(SA)</b>		CALLAWAY SHANNON DEE
SAIMEN AMASHNEE	BIKANI NKOSINATHI		CASSIEM BILQEES
SCHUTTE JASON	CHIKWANHA DARLINGTON		CHAPMAN LARRY RYAN
SCOTCHER PHILIPPA	CHIKWANHA DARLINGTON		CHARALAMBOUS GREGORY
SEKHEJANE JULIA PHINDILE	DANGAZELE LINDA	UKZN	CHEGWIDDEN CINDY
SERRANO OCANA GILBERTO	ELIJAH REGIS		COPPIN SHAUN MARK
SETLALENTOA LERATO MMATSIE	ENRIGHT MARIA PETRONELLA		CRAWFORD RICHARD ALLAN
SINGH AKIRA	GOVENDER INDIRA		CREW NADEEN YOLANDE
STEVENS MICHAEL AARON	GOVENDER VAECHAN		CRONJE LANA
STEWART MICHAEL	JENNEKER MARWAH		CURRY BRETT DAVID
SUNNYRAJ MICKY	KAMMIES JO-ANN DESIREE	Wits	DA COSTA MIGUEL JOSE RIBEIRO
THOMAS BESSY PAYAPPILLY	KING ERIN CASSIDY		DAVIES MEGAN GRACE
TITI ONWABE	KITONDO WATUSILA		DAWOOD SHAKIRA
TURNER JULIA	MADULA MPHATHELENI PETRUS		DE JAGER WIHAN HENDRIK
WAHL MARTIE SUSAN	MAGAGA LUNGA MPUMELELO		DE RIDDER MARISE
WILDING BRADLEY THOMAS	MAKHUVELE NDZALAMA FREEDOM		DE VILLIERS RIAAN
WILLS NICOLA KIMBERLEY	MASEKO NCAMSILE FANSILE		DIPPENAAR LORI
XHAKAZA NDUMISO	MASINA THEMBELIHE PRINCESS	UP	D'OFFAY BERNADETTE
ZULU NHLANHLA DENNIS	MATABATA THEMBANI		DU PLESSIS JACQUES
ZULU NOMFUNDO CANDICE ANDISWA	MGUGA AVUYILE		DU PREEZ PHILLIPUS ANDREAS
ZWANE COLLEN NOLUTHANDO	MNGQIBISA THANDOKUHLE SIPHUKWAZI		DUNN CORNELLE
<b>Diploma in Internal Medicine of the College of Physicians of South Africa Dip Int Med(SA)</b>	MOHLAHLA GERALD		EDWARDS ADNEEM
ALAM MOHAMMAD SAMIUL	MULONDO TAKALANI		FERREIRA ANNEKE
FORTUIN LAUREN	MUNDELL JOANNA CLAIRE NOMATHEMBA		FERREIRINHA DAVID PAUL
<b>Diploma in Mental Health of the College of Psychiatrists of South Africa DMH(SA)</b>	NKONZO YONELA		GAUTON SEAN JAMES
ADAMS ILHAAM	NOGELA VUYO		GILPIN CHARLENE SEUGNET
AKPABIO IDORENYIN UBON	PHOCHANA MAHLATSE PHILLIPINE		GONYORA SIMBARASHE WONDER ALLEN
BOOYSEN GILLIAN	PIETERSEN NADIA		GRAY MEGHANN
BOOYSEN SIOBHAN	PRETORIUS ANDREA HELENA		GROENEWALD CHRISTELLE DIANE
BURGER JAMES WILLOUGHBY	QOLOHLE MZWAMADODA DAVID		
	RULUMENI NOMAKOLWA JACQUELINE		
	SAMUEL QUINN EUGENE		
	SAVAGE-REID MICHAEL JOHN		
	TSHIMANGA MBIKAYI		
	WHISTANCE DOUGLAS BRIAN		

HEDDING KIRSTY ANNE	MORREIRA LAUREN HELEN	SALVESEN AMY CATHERINE
HENDRICKS MALIKAH	MPIANA MUKOLO	SANDLER PAUL
HENDRICKS KRISTIN LYNN	MQAMBELI ZIKHO	SCHOEMAN ELMARI
HERMANS SARAH ELISABETH	MURPHY SHANE DARREN	SCHUTZ LUKE
HOBBS NATALIE	NAGESAR KASRIVIA	SCHWARTZ KERIN
KEEGAN MICHAEL	NAIDOO NATASHA	SOBEY NATASHA
KHATIEB BILQEES	NAIDOO RELISHA KRISHKA	SPIES SIMONE DEBORA
KOLLER MAXINE	NEETHLING COLETTE	STEYN NICOLENE
KOTZÉ SONIA	ORTEL RANDALL SHANE	VAN DIJK INGE
KRUIS ARINA	OSMAN RIDWAAN	VAN EEDEN VONLI
KUBEKA VUYISWA BOITUMELO	PIERPOINT SCOTT ANDREW	VLOK NEVILLE
LINDEGGER CATHERINE MARY	PRETORIUS MARTHA CATHERINA ELOFF	WEGNER BRETT
LOURENS MARTINETTE	PRETORIUS WARREN THOMAS	WEISS STEPHANIE
MAFULU MATANDE	RAMAGAGA ZAMANGWE LONDIWE	WILKINS ANDREW
MAZIENA JUSTIN ARJUNAN	RHEEDERS NADI	
MOCKE CORNELIUS JOHANNES	SADHWANI SANJAY PREMCHAND	

## 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:*

**Mrs Evelyn Chetty**

**Tel +27 31 261 8213**

**Tel +27 31 261 8518**

E-mail: [evelyn.chetty@cmsa.co.za](mailto:evelyn.chetty@cmsa.co.za)

## CMSA Minutes 2016

The Sixty-First Annual General Meeting of The Colleges of Medicine of South Africa (CMSA)  
Held at 11:00 on Friday, 28 October 2016 in The Smith and Nephew Lecture Room,  
17 Milner Road, Rondebosch

### PRESENT:

Prof M M Sathekge	(President) in the Chair
Prof J J Fagan	(Senior Vice President)
Dr F Senkubuge	(Junior Vice President)
Prof B G Lindeque	(IPP)
Prof G Kariem	(Chairperson: FGPC)
Prof J Vellema	(Chairperson: ECC)
Dr S M Aiyer	(Chairperson: EC)
Prof R N Dunn	(Honorary Treasurer)
Prof G A Ogunbanjo	(Honorary Registrar: ECC)
Prof J S Bagratee	(Honorary Registrar: EC)
Prof J G Brink	Prof B Cassim
Prof R Dickerson	Prof B J S Diedericks
Dr H I Geduld	Dr P D Gopalan
Prof D Govender	Prof A M P Harris
Prof D Hellenberg	Prof A B R Janse van Rensburg
Dr C M Kgokolo	Dr W G Kleintjes
Prof S Kling	Prof M Z Koto
Prof L London	Prof D S Magazi
Prof J N Mahlangu	Dr F Mahomed
Dr L Maki	Prof A J W Millar
Prof M H Motswaledi	Mr M Munasur
Prof E Ndobe	Dr J R N Ouma
Prof E Osuch	Prof T Parbhoo
Prof R D Pitcher	Prof H Saloojee
Prof S Seedat	Prof P L Semple
Prof A S Shaik	Dr A Sherriff
Prof L M Sykes	Prof Z Van der Spuy
Prof M G Veller	Dr L Visser
Prof M Vorster	Prof A Walubo
Prof J M Warwick	Prof S W Wentzel

### CEO/COMPANY SECRETARY:

Mrs L Trollip

### IN ATTENDANCE:

Mrs A L Vorster	(Academic Registrar)
Mr G Nel	(Finance Manager)
Mrs S S Jagger-Smith	(Minute Secretary)

### WELCOME

The Chairman thanked everyone for attending the 61st Annual General Meeting.

### REGISTRATION OF PROXIES

The CEO duly registered 34 proxies. A quorum was present.

### MINUTES OF THE SIXTIETH ANNUAL GENERAL MEETING HELD ON 23 OCTOBER 2015

The minutes were adopted and signed.

### MATTERS ARISING FROM THE MINUTES OF THE LAST ANNUAL GENERAL MEETING

The matters were included in the agenda.

### ANNUAL REPORT OF THE CEO ON BEHALF OF SENATE FOR THE PERIOD JUNE 2015 TO MAY 2016

The CEO stated that the Annual Report of Senate appeared on pages 22 to 28 of Transactions, and reflected the activities of the last financial year. The reports of the various constituent Colleges appeared on pages 29 to 43.

The CEO explained that there had been problems with the printing of the latest edition of Transactions, but that it would be sent out electronically as soon as it was ready.

### AGREED:

The annual report was adopted.

### RESIGNATION/APPOINTMENT OF DIRECTORS

Mrs Margie Pollock was retiring as Financial Director at the end of December 2016. Mr Gerrit Nel would be appointed as Financial Director in her place.

### FINANCIAL REPORT OF THE HONORARY TREASURER: PROF R N DUNN

Audited financial statements were attached.

Prof Dunn reported that the CMSA was running at an operational loss, and that running costs were subsidised by investment income. The CMSA would be looking to reduce expenses.

### THE ANNUAL FINANCIAL STATEMENTS WERE APPROVED.

The Honorary Treasurer's report was adopted.

**REPORT OF THE PRESIDENT: PROF M M SATHEKGE**

Prof Sathekge indicated that his report was on page 4 of Transactions.

**ACCLAMATION:**

Prof Sathekge thanked the IPP, Prof Gerhard Lindeque for the work he did during his presidency.

**AGREED:**

The President's report was adopted.

**REPORT OF CHAIRPERSON, EXAMINATIONS AND CREDENTIALS COMMITTEE (ECC): PROF J VELLEMA**

Prof Vellema reported that the CMSA were dealing with far more litigious candidates, some of whom had discovered that they could complain to the office of the Public Protector for free. The CMSA had been called to the office of the Public Protector twice thus far, and had sent a report to the HPCSA.

The ECC were developing and finalising a number of policies and structures for redress on the part of the candidates.

Senate had agreed that blueprinting would be implemented at all constituent Colleges by January 2017.

The ECC were looking at standardising orals, and adopting MCQ's and single best answers for a significant portion of the examinations. Legal advice was that the recording of orals was entirely legal.

Roadshows to universities had been conducted in the Free State (6 June 2016) and Gauteng (13 September 2016), which strengthened alliances and enabled more engagement with registrars. Registrars supported the recording of examinations. Registrars wanted better transparency in examinations and access to their scripts.

Prof Sathekge announced that the recording of oral examinations and the carryover of the written components of examinations would be implemented across all constituent Colleges. Dr Maki congratulated the CMSA for making these decisions.

**AGREED:**

The ECC's report was adopted.

**REPORT OF CHAIRPERSON, EDUCATION COMMITTEE (EC): DR S M AIYER**

Dr Aiyer stated that the transfer of the Durban property had taken place on 31 August 2016, and the office moved on 1 September 2016. Renovations were completed.

The EC were making sure that the regulations were up to date, and managing the CMSA's CPD programme.

**AGREED:**

The EC's report was adopted.

**REPORT OF THE CHAIRPERSON, FINANCE AND GENERAL PURPOSES COMMITTEE (FGPC): PROF G KARIEM**

Prof Kariem reported that VAT had been implemented from 1 June 2016, and that no retrospective VAT was owed.

Mr Nel and Mrs Van der Berg were added as signatories for payments of R25 000 and below. For payments above R25 000, a third signature from the list of authorised signatories was required.

The Finance Policy had been finalised and ratified.

**AGREED:**

The FGPC's report was adopted.

**REPORT OF THE CHAIRPERSON, SOCIAL AND ETHICS COMMITTEE (SEC): PROF B CASSIM**

Prof Cassim stated that the CMSA was compliant with social and ethics issues. The SEC had requested than an anti-corruption policy be implemented.

**AGREED:**

The SEC's report was adopted.

**REPORT OF EDITOR OF TRANSACTIONS: PROF G A OGUNBANJO**

Prof Ogunbanjo reported that Transactions had been published electronically for the previous two years. Approximately 1 000 copies were printed for those who preferred a hard copy.

The CMSA were having issues with the quality of work of the publisher, and were looking for a new publisher. The Editor would report to the FGPC and Senate on the way forward.

There were challenges in getting lectures in Word format for inclusion in Transactions, as they were usually in PowerPoint presentation format.

**AGREED:**

The Editor's report was adopted.

**ANNUAL APPOINTMENT OF AUDITORS****AGREED:**

The re-appointment of C2M as the auditors.

**CORRESPONDENCE**

None.

The business of the meeting concluded at 11:40.

**Rondebosch**

24 November 2016

LT/sjs

**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 closing date is 15 January 2017**

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

**Mrs Evelyn Chetty**

**Tel +27 31 261 8213**

**Tel +27 31 261 8518**

E-mail: [evelyn.chetty@cmsa.co.za](mailto:evelyn.chetty@cmsa.co.za)



## Durban CMSA honours two Medical Legends by naming the Hall after Professor YK Seedat and the Board Room after Dr Clive Daniel



### THE YK SEEDAT HALL

#### Prof YK Seedat

MD (NU Ire), PhD (Med Sci) (hc) (UDW), MD (hc) (Univ Free State), FRSSAf, Hon FCM (SA), FRCP (London), FRCP (Irel), FACP, FCP(SA), FACC, FCCP, FCPS (PAK), FICA, Fellow of the University of KwaZulu Natal

#### Appointments:

- Passed the Fellowship examination in April and was elected to the Council in 1978 until 2002 at every four year period by election
- I was on the executive of the council from 1992 until 2002 and was examiner in basic science initially and thence in the clinical part of the FCP(SA) Examination almost continuously until 2002
- I was convenor of the FCP(SA) Examination in October 1998 and was chairman of the Faculty of Physicians from 1992-1995
- I was convenor of a symposium of CMSA on 'Medicine and Health in Developing Southern Africa' in Durban in July 1984
- Trustee of the CMSA Foundation from 1992 until it was dissolved in 2015

#### Grants:

- A donation of a house in Glastonbury Place, Umbilo Durban was made
- This was named the Y.K. SEEDAT Home. This building was used as the CMSA administration office from 1995 to 2016
- A research scholarship on hypertension/ renal diseases is administered by CMSA

#### Awards:

- Honorary Fellowship of CMSA 1998
- Golden Jubilee Award October 2005

#### Contact with Sister Colleges:

- Representative of the CMSA at a special meeting of presidents/ and or representatives at a special meeting of Royal Colleges and Officers of American College of Physicians in New Orleans April 1987
- Received Fellowship of American College of Physicians
- External examiner in post-graduate medicine College of Physicians and Surgeons of Pakistan April 2002
- Received Fellowship of College in Pakistan



### THE CLIVE DANIEL BOARD ROOM

#### Dr Clive Daniel

Early in my professional career as an Anaesthesiologist I became involved in Medical Education. My initial involvement was with Undergraduate Education later expanding to include Postgraduate Education and finally Continuing Medical Education. The introduction of the Human Patient Simulator added an entirely new and exciting dimension to my teaching methods allowing students and medical professionals the opportunity to experience medical emergencies in a clinically realistic but controlled environment without endangering patients.

#### Qualifications:

- MB ChB University of Cape Town
- MMed (Anaes) University of Stellenbosch
- Diploma in Anaesthetics of the College of Anaesthetists of South Africa
- Fellowship of the College of Anaesthetists of South Africa

#### Previous Positions held:

- Senior Lecturer University of Stellenbosch
- Senior Lecturer/Deputy HOD University of KwaZulu-Natal (UKZN)
- Member of the Senate of the Colleges of Medicine of South Africa
- Secretary of The College of Anaesthetists of South Africa (CASA)
- CASA representative to the Conference of International Examining Boards of Anaesthesia (CIREBA)
- Honorary Registrar Education committee (CMSA)
- Member of the Editorial Board and Section Editor for SAJAA

#### Present Involvement:

- Lecturer Discipline of Anaesthesiology and Critical Care UKZN (Sessional Appointment)
- Member of the Education Committee and CPD Subcommittee (CMSA)

#### Special Interests:

- Anaesthetic Education and Training
- Human Patient Simulation
- Continuing Medical Education
- Neuro-Anaesthesia
- Anaesthesia for Plastic and Reconstructive Surgery – Cleft Lip and Palate Surgery

### THE YK SEEDAT HALL

It is with sincere gratitude and heartfelt appreciation that The Colleges of Medicine of South Africa hereby honours Professor YK Seedat in accepting permission to honour his name at the Durban CMSA Office.

Over the many years, past and present Prof YK Seedat has been an exemplary inspiration to young and old at the CMSA. Prof YK Seedat has constantly reminded us that knowledge is power and has always stood for what is right and has never been ashamed to stand alone.

What a great example of high esteem Prof YK Seedat has been to each and every one of us.

For his selfless act of kindness by way of donation to The Colleges of Medicine of South Africa in order to establish a footprint in Durban, to this we are eternally grateful and he will be forever remembered.

Thankyou and Long live Professor YK Seedat.



### THE CLIVE DANIEL BOARD ROOM

It is with sincere gratitude and heartfelt appreciation that The Colleges of Medicine of South Africa hereby honours Dr Clive Daniel in accepting permission to honour his name at the Durban CMSA Office.

Over the many years, past and present Dr Clive Daniel has been an exemplary inspiration to young and old at the CMSA.

Dr Clive Daniel has willingly devoted his time to the Durban CMSA Office with regard to continuous professional development and has unconditionally shared his unending knowledge with all of us for professional development in this country.

Dr Daniel, is a great example of high esteem to each and every one of us and for this we will be eternally grateful and he will be forever remembered.

Thank-you and Long Live Dr Clive Daniel.



## Report Back Eponymous January – June 2017

### **MTHATHA EDUCATIONAL DEVELOPMENT PROGRAMME 2017 UPDATE ON NEONATOLOGY AND PAEDIATRICS**

Date: Wednesday 29 March 2017 to Friday 31 March 2017

Speakers: Dr G Kali

Dr J Morrison

Venue: Mthatha Health Resource Centre Auditorium

### **ORTHOPAEDICS AND TRAUMATOLOGY**

Date: Thursday 11 May 2017 to Saturday 13 May 2017

Speakers: Speakers to follow

Venue: Mthatha Health Resource Centre Auditorium

### **AWARDS 2017**

#### **MAURICE WEINBREN AWARD IN RADIOLOGY 2017**

Submissions received are as follows:

Dr S Manikkam

Dr C Murthy

Dr P Ihuhu

#### **RWS CHEETAM AWARD IN PSYCHIATRY 2017**

Submissions received are as follows:

Dr A Berg

Prof B Chiliza

The recipient of the award was Prof B Chiliza

### **SCHOLARSHIPS 2017**

#### **MS BELL SCHOLARSHIP IN PSYCHIATRY**

Will take place in September 2017 at the National Biological Psychiatry Congress.

(The recipient will be selected at the Congress)

### **LECTURESHIPS 2017**

#### **JOHN AND MADELINE LOWNIE LECTURESHIP 2016**

Dr Jeff Kourie presented his lecture entitled "The Wits Craniofacial Unit - 6years on" on 22 February 2017 at the CMSA Johannesburg Office.

#### **JN AND WLS JACOBSON LECTURE 2016**

Dr Dibuseng Ramaema presented her lecture entitled "Breast tuberculosis KwaZulu-Natal experience" on 03 March 2017 at the Dr George Mukhari Academic Hospital.

#### **FP FOUCHÉ LECTURESHIP 2017**

No speaker and date has been confirmed as yet.

#### **JC COETZEE LECTURESHIP 2017**

The JC Coetzee Lectureship will take place at the Joint 5th WONCA Africa & 20th National Family Practitioners Conferences on 18 - 20 August 2017.

No speaker has been confirmed as yet.

#### **KM SEEDAT LECTURESHIP 2017**

The KM Seedat Lectureship will take place at the Joint 5th WONCA Africa & 20th National Family Practitioners Conferences on 18 - 20 August 2017.

No speaker has been confirmed as yet.

#### **EDUCATIONAL ROBERT MC DONALD RURAL PAEDIATRIC PROGRAMME 2017**

No applications were received.

#### **REGULATIONS FEEDBACK**

The importance of updated and current Blue prints from every College is essential for candidates and the functioning of each College.

On-going updating of syllabi, bibliography and referencing is undertaken by the Education Office as well as it has been requested that an urgent follow up on outdated and outstanding Blue Prints from College Presidents is required.

If major changes have been requested these are forwarded to the Academic Registrar. They are then discussed at the Examinations and Credentials Committee and ratified at Senate.

#### **CONTINUOUS PROFESSIONAL DEVELOPMENT FEEDBACK**

The CMSA has been awarded Service Provider Status by the HPCSA as of 2016 to accredit CPD applications for all Constituent Colleges of the CMSA.

#### **CRITERIA FOR CMSA ENDORSEMENT OF CPD ACTIVITIES**

ACCREDITATION OF CONTINUING PROFESSIONAL DEVELOPMENT (CPD) ACTIVITIES RUN UNDER THE AUSPICES OF THE COLLEGES OF MEDICINE OF SOUTH AFRICA (CMSA) AND ITS CONSTITUENT COLLEGES

#### **INTRODUCTION**

The CMSA through its CPD Subcommittee of the Education Committee is an official National Continuing Professional Development Accreditor authorised by the Health Professions Council of South Africa (HPCSA) and forms part of the National Accreditors Forum (NAF). The CMSA charges accreditation fees in keeping with the rates determined from time to time by the HPCSA CPD Committee and in line with other members of NAF.

The CMSA provides free CPD accreditation to all its members in good standing for individual applications such as the attendance of overseas congresses or authorships of publications. This is a financially rewarding benefit of continued CMSA membership.

In addition all CMSA related CPD activities including examiners' workshops are process free of charge.

A proposal for the extension of free accreditation to all CPD activities run under the auspices of the CMSA or any of its Constituent Colleges with the aim of extending the influence and image of the CMSA in the arena of CPD was ratified by the CMSA Senate in October 2014 and this free service is now available to Constituent Colleges. However strict criteria have to be met to ensure that all such CPD activities endorsed by the CMSA meet standards that will enhance and not tarnish the CMSA's overall image.

**CRITERIA:**

1. The CPD activity and its content will have to meet the approval of the relevant College council and considered to be of a standard that will enhance the image of that College.
2. The organizer of the CPD activity should ideally be a member of the CMSA in good standing.
3. The constituent College must take full responsibility for the completion of the CPD Accreditation application. Any CMSA membership discount to be noted under "Registration Fee involved for participants" on the CPD 2A Form.
4. The CPD activities should primarily be run under the banner of the constituent College of the CMSA. Due restraint should be exercised by the respective college ensuring that engagement in partnerships with organizations and entities in CPD activities remain appropriate and in keeping with the standing of the CMSA.
5. The constituent Colleges of the CMSA should not associate themselves with CPD activities of commercial entities related to product launches or product specific CPD activities.
6. Sponsorships of these CPD activities are permissible provided that the principles as set out below are closely adhered to:
  - a) The names of the sponsors should not be included in the title of the CPD activity.
  - b) The sponsor may be acknowledged as a sponsor on the advert/notification and on the programme for the CPD activity but no advertising of the commercial entities products should appear on either of these documents.
  - c) The mailing of adverts/notifications of the CPD activities may however be accompanied by product literature separated from and not incorporated in the notification / advert of the CPD activity.
  - d) No product promotion is allowed within the CPD meeting room but company-branded items and promotional material may be displayed in a separate area that should not be accessible to the general public if the products are not allowed to be advertised to the public.
  - e) In addition to the above, the sponsored activities should strictly adhere to the code pertaining to marketing and promotions to healthcare professionals as set out by the Marketing Code Authority.
7. The determination of the Risk and Profit split remains within

the discretion of each individual college in consultation with the organisers of the activity. The overall principle that **Risk Share** follows **Profit Share** must apply.

8. However the main thrust of running CPD activities under the auspices of the CMSA and its constituent colleges remains most importantly the provision of benefits for ongoing membership of the CMSA, the enhancement of the overall image of constituent college and the CMSA and not the generation of additional income. A benefit in the form of a meaningful discount for the CPD activity registration fee for CMSA members in good standing should take preference over profit sharing and remain the chief consideration.
9. On completion of the activity the organisers of the CPD activity must provide the College with a final assessment by the participants with the minimum of the following points to be covered:
  - a) Content
  - b) Presentation
  - c) Organisation / Administration
  - d) Venue
  - e) Overall value

**CHECK-LIST FOR ALL CPD ACCREDITATIONS**

NO	DOCUMENTS REQUIRED
1	Fully completed 2A CPD Application Form
2	Copy of detailed programme with start and end times, tea and lunch breaks
3	Presenters CV
4	Summary of dedicated ethics talk - CV of speaker should include ethics proficiency
5	Advertisement / invite (must feature name of accreditor)
6	Journal Clubs – Accreditation subject to retrospective provision of attendance registers & journals. Presenter roster & topics (if allocated) should be sent prospectively with the application
7	CPD Certificate, upon completion of the activity reflecting: <ol style="list-style-type: none"> <li>a) The Accreditor</li> <li>b) Accreditation number</li> <li>c) Level of CEU</li> <li>d) Number of CEU's</li> <li>e) Number of Ethics CEU's</li> </ol>
8	CPD 7 form on the HPCSA website must be completed by the attendees

## ROBERT McDONALD RURAL PAEDIATRICS PROGRAMME

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

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

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

**Closing dates for applications are 15 July and 15 January of each year.**

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

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## John and Madelaine Lownie Lectureship “The Wits Craniofacial Unit - 6 Years On” Dr Jeff Kourie - Maxillo-Facial and Oral Surgeon



Dr Jeff Kourie

I would like to begin by thanking the Colleges of Medicine and especially Prof. Madelaine Lownie for the great honour in inviting me to be the inaugural speaker for this now established annual lecture.

In this relatively young speciality of Maxillo-Facial and Oral Surgery, approaching 70 years of age in South Africa and a fairly small community of again approximately 120 specialists, we could be described as a tribe.

The name LOWNIE has become synonymous with MFO's in South Africa. They are the seniors of this tribe, the doyens of our community, it is in their honour that this John & Madelaine Lownie annual eponymous lecture has been established and is being given today.

- The Wits Cranio-facial Unit is 6 years old and was conceptualised late in 2010 by the then HOD's Profs Ken Boffard and Madelaine Lownie with our first meeting taking place in November 2010. Since then, we have met every last Thursday of the month in the department of surgery, 9th floor at CMH.
- Its establishment was born out of the need to create a reconstructive unit for patients suffering from debilitating and mutilating surgery to the face.
- It was never developed to supersede the already established Head and Neck group but rather to act as a satellite to Head & Neck where the reconstruction and rehabilitation of cavitating surgery could be discussed, planned and carried out using a multidisciplinary approach of interested and involved Health and Allied health providers.
- Its function and purpose are also not to be confused with the Craniosynostosis Unit that deals with paediatric syndromic abnormalities.

Recently, an innovation by Dr Lisa Burnell has been to institute a Tumour Board Meeting. This group meets monthly where they screen patients and refer to us if indicated.

**Recent discussions have proposed a name change to either:**

1. The CF Reconstructive Unit
2. The H&N Reconstructive Unit

This is just semantics and we are content to be called anything appropriate so long as we can continue our work.

It was well recognised at onset that for this unit to be successful and

by that I mean provide optimal care for our patients who are in such pitiful and dire circumstances that we would need to function as a multidisciplinary unit.

As with other such similar units elsewhere in the world, we have in this regard evolved through trial and error and will continue to do so.

**For such a unit to provide for every aspect of patient care, a long list of participants is necessary.**

- Ear Nose & Throat Surgeons
- Plastic & Reconstructive Surgeons
- Maxillo-facial & Oral Surgeons
- Prosthodontists FORMS THE ESSENTIAL CORE
- Maxillo-facial Prosthodontists & Labs
- Radiation Oncologists
- Stereolithographic Planners
- Dieticians
- Speech & Hearing Therapists INTEGRAL INVOLVEMENT
- Psychologists
- Beauty Therapists
- Patient support groups
- Social Workers

For a host of reasons, and in some cases due to very sensitive issues not prudent for discussion now, the involvement of various elements both essential and integral have not been consistent, placing at times the functionality of this unit in jeopardy.

It is mandatory that the service providers in such a unit not only be highly skilled, but be available and affable.

For a cancer patient to be treated in any other way is unethical.

It is no secret that we have a skills and availability shortage at the CMH. Sadly, this has been amongst the vital participants in the group. The success of this unit has been for a large part reliant upon part-time consultant sessional workers.

These are Specialists who bring their collective expertise to the Government Sector adding inestimable value. This provision is being discouraged by the Health Dept. and consequently we have lost skilled and experienced surgeons.

Equally important to our survivability and functionality is the availability of hospital ward beds, ICU beds as well as theatre.

All too often, our operation is cancelled due to a lack of one or more of the abovementioned.

ICU beds can be requested days before but only confirmed on the morning of the operation and usually only after the entire team has assembled for the typically 8 to 16 hour operation.

As you can imagine, co-ordinating such an operation requires juggling of multiple schedules and often means those not full time having cancelled an entire day of their private practice. This needs to be addressed.

The necessity for skilled and empathetic nursing from the wards, ICU's and theatre cannot be overemphasised. There are challenges in this regard as well.

To date our referral basis has been mainly intra-hospital. Being a quaternary referral centre, the CMH is an end point for complex cases.

***Within the hospital our referrals originate from:***

1. The head and neck group
2. The ENT department
3. The MFO's department
4. The Plastics & reconstruction department
5. The Prosthodontic department

Although far less, referrals also arise from Chris Hani Baragwanath. This is due mainly to both a skill and equipment shortage at that hospital.

We have also had referrals from private practice, mainly the Branemark Clinic and Morningside Hospital.

Over the last 6 years we have seen and had extensive case discussions on 103 patients.

Of these 53 are non-active (completed and being followed up, RHTed or deceased). 50 patients are active, which means they are currently in a phased approach to treatment. They are reviewed each month.

57 of our patients are female, 45 male and 01 transgender. The age range is 13 to 82 with a mean age of 45 years.

***The breakdown is as follows:***

1. 04 in the 2nd decade
2. 20 in the 3rd decade
3. 19 in the 4th decade
4. 19 in the 5th decade
5. 19 in the 6th decade
6. 13 in the 7th decade
7. 08 in the 8th decade
8. 01 in the 9th decade

12 of our patients are not South African citizens but originate from the so called SADEC Zone. But more about this challenge later.

27% of our patients are HIV positive. This did not preclude the patient from basic or reconstructive surgery so long as the disease process was stable.

The presenting diagnosis in most cases was either pathology or massive trauma.

By far the main etiology was Squamous cell CA and most of those occurred in the lower third of the face.

***What follows is a list of the various conditions and their locations:***

1. Gunshot face – 3
2. Massive facial trauma – 1
3. Ameloblastoma - dehiscence mandible – 5
4. Ameloblastic carcinoma – base of skull – 1
5. Recurrent ameloblastoma mandible – 4
6. Ameloblastoma maxilla – 1
7. Gross ameloblastoma mandible – 4
8. Recurrent ameloblastoma base of skull – 2
9. Ossifying fibroma maxilla – 4
10. Recurrent ossifying fibroma maxilla - 3
11. Odontogenic myxoma maxilla – 3
12. Bisphosphonate induced osteonecrosis of jaws – 1
13. Non Hodgkins Lymphoma midface – 1
14. Non Hodgkins Lymphoma mandible – 1
15. TMJ Ankylosis – 1
16. Squamous cell Carcinoma maxilla – 8
17. Squamous cell Carcinoma mandible & FOM – 21
18. Squamous cell Carcinoma - Mandible - Radiation damage ORN – 2
19. Recurrent squamous cell CA Mandible – 3
20. Squamous cell CA Tongue – 1
21. Osteosarcoma mandible – 4
22. Osteosarcoma maxilla – 3
23. Chondrosarcoma mandible – 1
24. Florid cemento osseous dysplasia – mandible – 1
25. Adenoidcystic CA Maxilla & midface – 3
26. Adenocarcinoma mandible – 1
27. Recurrent adenoidcystic CA Mandible – 1
28. Adenocarcinoma maxilla – 1
29. Mucoepidermoid CA Maxilla – 2
30. Ewing's Sarcoma maxilla – 1
31. Neuroendocrine tumour maxilla – 1
32. Pleomorphic adenoma radiation damage ORN – 1
33. Osteomyelitis mandible (odontogenic) – 1
34. Polyostotic fibrosis dysplasia midface – 1
35. Nasopharyngeal carcinoma - 1
36. Spindle cell carcinoma maxilla – 1
37. Malignant peripheral nerve sheath tumour mandible – 2
38. Basal cell carcinoma mandible – 1
39. Basal cell carcinoma maxilla – 1
40. Nodular spindle cell melanoma – nose – 1
41. Melanoma palate – 1
42. Merckel cell tumour midface – 1

***Of the patients that were reviewed for treatment:***

There were 5 who refused hospital treatment and 13 who because of extent of disease or unmanageable co-morbidity's were designated for palliative treatment.

***With regards tumour removal, this is the surgery that was carried out:***

1. Marginal / Block Mandibular resections – 06
2. Hemimandibulectomy / body to body – 28
3. Three quarter mandibulectomy – 11
4. Angle to angle mandibulectomy – 04
5. Partial maxillectomy – 10
6. Total maxillectomy – 15
7. Maxillectomy & part of midface – 06

Of these patients, custom pre-bent plates, adapted using steriolithographic technology was used in 44 patients. This was in both mandibular and maxillary cases.

07 of our patients received chemotherapy and 25 had radiotherapy.

All the maxillary cases were obturated, the only time this did not happen, was when in the earlier years there was resections with immediate fibula grafting.

Over 30 patients were obturated, oftentimes the obturator being remade in the later phase of treatment.

***Regarding bone grafting:***

1. 02 patient had distraction osteogenesis
2. 04 patients were reconstructed using iliac crest PCBM
3. 04 patients with free Fibula and no skin paddle
4. 23 patients with free fibula and skin paddle
5. 02 patients with double barrelled fibula

***In the above group we had:***

1. 01 failed double barrelled fibula
2. 02 failed fibula's
3. 03 failed skin paddle only but not fibula

In those requiring either only soft tissue reconstruction or additional soft tissue together with the fibula skin paddle.

***Herewith are the statistics:***

1. ALT Flaps – 16
2. Radial forearm – 15
3. PEC major – 05

In the above group, there were 5 flap failures requiring removal and re-grafting.

A considerable number of our patients have received so called dental implants – these being zygomatic, oncology and conventional implants.

1. Conventional implants have been placed in 23 patients
2. Zygomatic & oncology implants have been placed in 17 patients
3. Nasal and orbital implants have been placed in 02 each respectively

In the above group there was a failure of implants in 07 patients.

09 of our patients presented with recurrence either mid reconstruction or after reconstruction was completed.

One out of 03 patients do not receive radiotherapy for a multitude of reasons to be discussed later.

Presently, 10 patients are waiting for fibula grafting and 11 are requiring implant placement for definitive reconstruction.

**CASE SELECTION**

The majority of patients that are presented in our clinic have already been through a vetting process. Case selection has determined which patients will be managed palliatively and which patients are probable candidates for surgical intervention followed by reconstruction.

***The factors determining direction of management are:***

1. Extent of the disease – metastases
2. Comorbidities
3. Age of the patient
4. Prognosis
5. Patient's consent

***Regarding the consent:***

Brown et al in his paper on the "Liverpool Opinion" writes:

It is important to understand the difference between reconstruction for a patient following ablative head and neck cancer surgery and those that have suffered maxillofacial injuries. Trauma patients have no choice in the predicament they find themselves and hope that the reconstruction will improve their final result in a normal life span. A patient with cancer requires to be consented to undergo a potentially damaging procedure in terms of function and aesthetics and hence the reconstructive option and predicted outcome becomes part of the process of consent.

***Potential Comorbidities that influence the decision not to do a free flap or alter where the flap comes from includes:***

1. Previous bilateral neck surgery
2. Previous radiotherapy, chemoradiotherapy to the head and neck.
3. Previous failed microvascular techniques.
4. Peripheral vascular disease
5. Type II diabetes
6. Sickle cell disease or coagulopathy
7. Other – comorbidities

***Typically, in South Africa because of possibly:***

1. Socioeconomic conditions
2. Slow moving referral processes
3. Patient unawareness

***Our patients present late which means:***

1. There has been more local destruction of tissues
2. Regional spread
3. Distant metastases

In some instances we are seeing the patient and initiating treatment 03-04 months after a problem has been detected.

The challenges of managing such pathology at an advanced stage versus early treatment are obvious. This prejudices the outcome at every stage, eventually impacting on the prognosis.

## FOREIGN PATIENTS

The regulations governing health provisions for foreign patients without residency or asylum papers in South Africa have changed.

Previously, as part of SADEC, we could offer to our patients the full spectrum of treatment options.

Presently, we are limited to emergency / life savings treatment only which precludes the potential for definitive reconstruction and rehabilitation.

This has become especially challenging for the foreign patients who are midway in treatment. Despite multiple appeals to the hospital hierarchy in this regard, there is no solution in sight.

## RADIOTHERAPY

For those conditions where radiotherapy is indicated, the desired and acceptable goal is to commence radiotherapy within a 06 week interval.

***For patients having surgery in addition to radiotherapy that interval would include:***

1. Diagnosis
2. Further special investigations
3. Case selection, individual dept assessment, collective assessment and discussion
4. Consensus on a treatment plan
5. Surgery – recovery
6. Radiotherapy

Admittedly, it's a lot to fit in especially in a slower moving institution. Sadly, hardly ever are our patients receiving radiotherapy following this time frame.

***There are a number of reasons for this:***

1. Delayed intra-hospital referral
2. Delayed case selection, discussion, treatment initiation
3. Poor lines of communication – radiation / clinics / patients
4. Overwhelmed Radiation Oncology Dept.

As such, patients are having radiotherapy several months later or in many cases not at all. The negative impact on their outcome and how this impacts on our options are significant.

## FUNDING

This specifically refers to the financial provisions to be made available for patients where rehabilitation with implants are indicated. That would be either implants to support obturation with prosthetic teeth or implants for dental rehabilitation. In summary, funds are in short supply and the process to obtain funds can be tedious and delaying. Unfortunately and puzzling, our patient's needs are not always

prioritized. My sincere thanks to Prof Dale Howes, his predecessor Prof Peter Owen, their consultants and registrars for the excellent and tireless work they do in this area.

## TREATMENT PROTOCOLS

The establishment and adherence to protocols in managing our patients is essential. All other international well established and successful units have protocols which are reviewed periodically. The review is centred on research in their and other units, retrospective review and outcomes.

Because our unit is fledgling and because of the erratic involvement of skilled participants, there has been discontinuity. Although often discussed, we have no set treatment protocols.

Through trial and error, we have adapted our treatment options along the way. By detailing what our current treatment trends are I will attempt to explain what has brought us to this point and why. In so doing I will mention the areas of controversy related to reconstruction that all units face.

***Tumour removal and simultaneous reconstruction is dependent upon:***

1. Concerns about recurrence
2. Nerve margins and wound surveillance
3. Size and location of defect and is patient having radiotherapy

A decision in each case is based on the above criteria.

Waiting for histological clearance is optimal especially when the pathology is gross and treatment has been delayed.

## RECONSTRUCTIVE OPTIONS IN THE MAXILLA / MIDFACE

Reconstruction of the Maxilla / Midface, is based on class-type maxillary defects. (Classifications Brown et al, Okay et al), there are various options for hard and soft tissue replacements, namely:

FIBULA, ILIAC CREST, SCAPULA, RADIAL BONE – WITH OR WITHOUT OVERLYING SKIN PADDLES

***And for soft tissue:***

ALT, RECTUS, LATISSIMUS DORSI and RADIAL TISSUE

***The advantages and disadvantages of obturation and composite grafting is as follows:***

### OBTURATION

#### Advantages

Shorter operation time  
Shorter post-op stay

Complete Visualisation of the cavity for Oncologic Surveillance  
Less Morbidity/Mortality  
Cost effective

#### Disadvantages

Hypernasal Speech  
Regurgitation of food & Liquids into the nasal cavity  
Repeated Prosthetic adjustments  
Hygiene maintenance  
Large Defects - Weight  
Plastic Reconstruction  
Late Implant Failure

### AUTOLOGOUS TISSUE RECONSTRUCTION

#### Advantages

Abundant tissue for reconstruction  
Options for implants even in irradiated

#### Disadvantages

Longer operative & recovery time



Tissue	Increased risks of complications
Can be single stage surgery	No Oncologic surveillance
Biological repair	
Less maintenance	

Palatal obturators and microvascular free flaps are both used, however, the optimal technique remains controversial. It is generally accepted that larger defects, greater than Class II to III, are best managed with composite grafts.

***The determinants used in assessing which method is better are:***

1. Speech and swallowing functions
2. Rate of complications
3. Cancer surveillance for local recurrence

In our unit currently, we mostly opt for immediate implant placement and obturation.

We went through a period of composite graft failures and because of this we took a decision to simplify our graft protocol and only to expand on this when our success rate changed. We have also performed single and double fibula grafting of the maxilla / midface with soft tissue coverage. Currently, our preference is for single fibula.

Attachment of the fibula to sound bone both proximally and distally is essential - this can be troublesome.

## RECONSTRUCTIVE OPTIONS FOR THE MANDIBLE

***Include:***

1. Soft tissue coverage only
2. Pre-bent plate and soft tissue coverage
3. Pre-bent plate, fibula and soft tissue coverage (implants)

***Dependent upon the Class type mandibular defect, various donor sites are available, namely:***

1. FIBULA, ILLIAC CREST, SCAPULA, RADIAL BONE.

In our unit, fibula is the donor site of choice in all cases thus far. This is not so everywhere else, in some units, iliac crest is favoured.

Our flap failure rates compare favourably with published international statistics.

## NUMBER OF OSTEOTOMIES

In order to improve our fibula survival statistics, we now try where possible to limit the number of osteotomies. This is done with due consideration for the eventual prosthodontic rehabilitation of the patient. Failure does not only relate to the number of osteotomies and the size of each segment but also to the maneuverability and handling of multiple segments from lower limb to face.

## IMMEDIATE PLACEMENT OF IMPLANTS

Again bearing the possibility of imminent radiotherapy in mind, previously we placed implants immediately into grafted fibula. We have placed the implants in the fibula using guides and prior to the

vessels being clamped, tied and transported to the face. We have also placed the implants after the bone was transferred and anastomoses completed.

Currently, because of a number of factors (length of operation, fibula loss) we are not placing implants in the fibula at the grafting stage.

It is well recognised that implant placement in resident bone is essential prior to radiotherapy.

Implant placement in irradiated fibula is still possible following a recovery period, but implant placement in resident bone is risky post radiation.

Additionally, there are also conflicting opinions as to when a successful fibula graft can be accessed in order to place implants. Opinions vary from 6 weeks to 2 years.

Further consideration has to be given to the number of implants that can be safely placed in each osteomised fibula segment – for fear of inducing sequestration.

## STEREOLITHOGRAPHIC PLANNING

The introduction of computerised assisted planning has greatly enhanced our capabilities.

***Using this technology we are able to:***

1. Graphically visualise the pathology
2. Assist in planning resection margins
3. Print 3D models of the involved areas – face / fibula
4. Do model surgery
5. Construct custom made pre-bent plates
6. Pre-plan implant placement
7. Construct fibula cutting guides
8. Construct implant placement guides

Our usage of this modality has also evolved through trial and error.

***With regards stereolithographics:***

1. Funding remains challenging
2. Time lapse – CT scans used – disease progression
3. Degree of accuracy – distortion in manufacture
4. Changes in cutting guides
5. Changes in pre-bent plate profile (A-P) / dimensions

We have made fantastic advances with this system. None of this technology would have been and is possible without dedicated people. My sincere thanks to Prof. Dale Howes and the Branemark Institute, Dennis Tewson and his team at Selective Surgical, especially Layton Vosloo but mostly Carol Spence and her leadership and commitment in this field.

## COMPLICATIONS AND CONCERNS

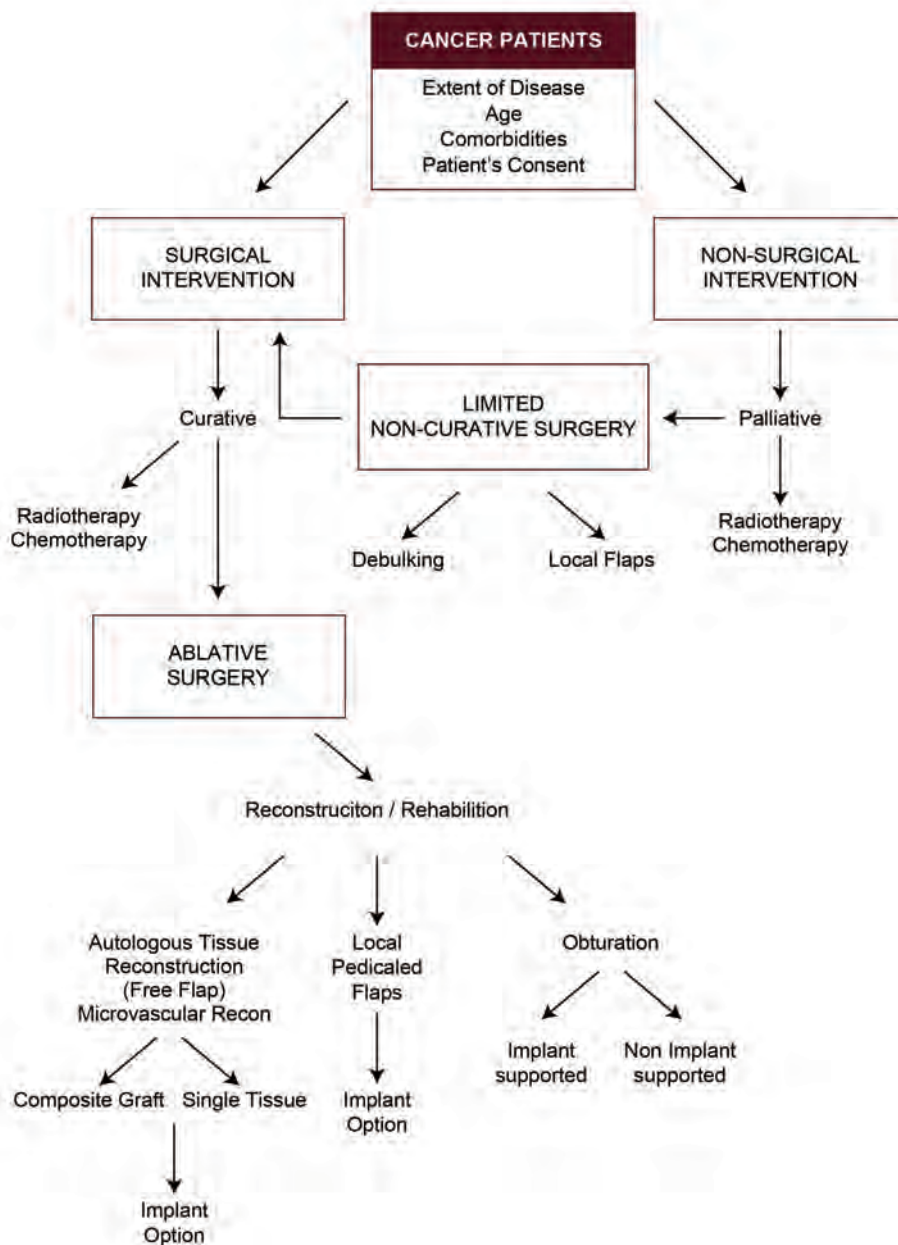
1. Positive margins (frozen section)
2. Length of operation
3. Ill-fitting obturator
4. Unreliability of stereolithographics – distortion

5. Unreliability of dated CT scans
6. Resection greater than planned for
7. Cutting guides
8. Ill-fitting pre-bent plates
9. Inadequate vessels
10. Inadequate fibula length
11. Loss of fibula blood supply
12. Loss of skin paddle blood supply (primary or delayed)
13. Loss of fibula and skin paddle blood supply
14. Plate exposure intra/extra orally
15. Unsatisfactory fibula positioning (all dimensions)
16. Comorbidities on operating table
17. Post-operative sepsis
18. Wound breakdown
19. Bulky grafts
20. Unsatisfactory lining mucosa
21. Inadequate labial sulci depth

22. Contracture and stricture related to surgery and radiotherapy
23. Need for multiple operations
24. Recurrence

**GOING FORWARD**

1. More extensive involvement by all departments
2. Equipment
3. ICU Beds
4. Nursing commitment
5. Funding
6. Treatment protocols
7. Radiation oncology involvement
8. Speed up diagnosis to treatment
9. Research
10. Convince the authorities for the absolute need



## CMSA Membership Privileges

### LIFE MEMBERSHIP

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

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

### RETIREMENT OPTIONS

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

*The CMSA offers two options in this category:*

#### First Option

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

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

#### Second Option

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

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

### WAIVING OF ANNUAL SUBSCRIPTIONS

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

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



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#### Kwa Zulu Natal Regional Office

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Windermere, Durban, 4001  
Tel: +27 31 261 8213

## CMSA Lost Members

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The CMSA office in Rondebosch is keen to establish the whereabouts of the following “lost members”, some of whom may be deceased.

**Kuther**, Annamarie (College of Emergency Medicine)

**Naidoo**, Anitha (College of Psychiatrists)

**Ngakane**, Herbert (College of Surgeons)

**Ospovat**, Norman Theodore (College of Physicians)

Any information that can be of assistance must  
please be e-mailed to **Bianca van der Westhuizen** at

[bianca.vdwesthuizen@cmsa.co.za](mailto:bianca.vdwesthuizen@cmsa.co.za)

or

Tel: 021 689 9533.

## 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:**

Mrs Bianca van der Westhuizen

Fax: (021) 685 3766

Email: bianca.vdwesthuizen@cmsa.co.za

**Name** \_\_\_\_\_

(State whether Prof or Dr)

**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:**       Male       Female

**Race:**       Asian       Black       Coloured       White

**Marital Status:**       Single       Divorced       Married       Widowed

**Abstained:**

## Insignia For Sale CMSA Members

		EXCL	VAT	INCL
<b>1 Ties:</b>				
1.1 Polyester material:				
1.1.1 Crest in colour as single under-knot design in navy .....	R	109.65	15.35	125.00
1.1.2 Rows of shields separated by silver-grey stripes in navy or maroon .....	R	118.42	16.58	135.00
1.1.3 Wildlife .....	R	87.72	12.28	100.00
1.1.4 Golden Jubilee Fellows Tie in navy, in design 1.1.2 .....	R	118.42	16.58	135.00
1.2 Silk material Fellow's Tie in navy, in design 1.1.2 .....	R	315.79	44.21	360.00
1.3 Satin material Golden Jubilee Wildlife Tie in navy .....	R	140.35	19.65	160.00
<b>2 Scarves (long):</b>				
The Big 5 (small animals) attractive design on soft navy fabric .....	R	201.75	28.25	30.00
<b>3 Blazer badges in black or navy, with crest embroidered in colour</b>	R	87.72	12.28	100.00
<b>4 Cuff-links</b>				
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	40.00
<b>5 Lapel badges/brooches</b>				
Crest in colour, baked enamel on cream, gold or navy background	R	17.54	2.46	20.00
<b>6 Key rings (black/brown leather)</b>				
Crest in colour, baked enamel on cream, gold or navy background	R	35.09	4.91	40.00
<b>7 Paper-weights (enquire about prices)</b>				
		-	-	-
<b>8 Paper-knives (enquire about prices)</b>				
Silver plated, with gold-plated crest		-	-	-
<b>9 Wall plaque</b>				
Crest in colour, on imbuia .....	R	657.89	92.11	750.00
<b>10 Purse in leather, with wildlife material inlay .....</b>	R	263.16	36.84	300.00
<b>11 History of the CMSA written by Dr Ian Huskisson .....</b>	R	114.04	15.96	130.00
<b>12 Diamond Jubilee Insignia (depicting the dates 1955-2015)</b>				
12.1 Maroon tie .....	R	131.58	18.42	150.00
12.2 Maroon/Navy stripe tie .....	R	131.58	18.42	150.00
12.3 Pen Set.....	R	114.04	15.96	130.00
12.4 Maroon ladies' scarf in soft fabric.....	R	219.30	30.70	250.00





