

TRANSACTIONS

Contents

Volume 48 Number 2 July-December 2004

CMSA Fees and Charges 2

Editorial 3

Instructions to Authors 4

Presidential Newsletter 5

Admission Ceremony 14 May 2004 6

2003 Medallists 7

Admission of Fellows 8

Oration: Professor Ralph Kirsch 11

List of successful candidates (March-May 2004) 13

Annual Reports: 1 June to 31 May 2004 19

Annual report from the Senate

Annual Reports from the Colleges

Anaesthetists 28

Cardiothoracic Surgeons 28

Forensic Pathologists 28

Family Practitioners 29

Maxillo-facial Surgeons 29

Neurosurgeons 30

Nuclear physicians 30

Obstetricians and Gynaecologists 30

Otolaryngologists 32

Paediatricians 32

Pathologists and Psychiatrists 32

Public Health Medicine 34

Radiation Oncologists 34

Surgeons 34

Urologists. 35

Symposium

The impaired doctor: Legal Aspects 37

Adv. David J McQuoid-Mason, Prof. James Scott Wylie

The Management of the Impaired Doctor and Student : The

Health Committee (HPCSA) Experience Prof. Tuviah Zabow 40

History of the Colleges of Medicine of SA. Part XVII 47

In Memoriam

Dr Venon Denis Kemp 53

CMSA Announcements and important notices

Golden Jubilee Celebrations 36

The Arthur Landau Lecturer for 2004 43

RWS Cheetham award in Psychiatry 43

Maurice Weinbren award in Radiology 43

List of Honorary Fellows and Fellows Ad Eundem (NEW) 44

List of active life members 46

Lost members and database information IBC 54

Insignia for sale 55

Members of the Senate 56

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FEES AND CHARGES

(Applicable 1 June 2004 to 31 May 2005)

PAYABLE BY MEMBERS OF THE CMSA:

Annual Subscriptions

Local:

Associate Founders, Associates, Fellows, Members and

Certificants: R 485

Diplomates: R 285

Overseas (all categories of members): R 485

Retired members: R 55

Assessment Fee: Fellowship by Peer Review: R 700

Registration Fee : Associates: R 435

Fellows, Members, Certificants and Diplomates: R 300

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

Purchase or Hire of Gowns and Hoods

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

For occasional hire:

Gown and hood: R 60

Gown only: R 50

Hood only: R 25

For the purchase of hoods: R 140

PAYABLE BY THE CMSA:

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

Senators, examiners and staff (local): R 196/day

CMSA delegates (overseas): \$ 190/day

Honorarium (local subsistence)

Local examiners : R180 per day less PAYE of R45: R 135/day

Travelling Allowance: R 1,53/km

Invigilating Fee

(not applicable to salaried personnel of the CMSA)

Full day: R 270

Half day: R 140

Rate of Payment for Secretarial Assistance

(not applicable to CMSA staff)

The following sliding scale applies:

Hours worked	Remuneration		
Up to 8 hours	R 27 per hour	08 – 10 hours	R 270
11 – 15 hours	R 385	16 – 20 hours	R 520
21 – 25 hours	R 590	26 – 30 hours	R 675
31 – 35 hours	R 755	36 – 40 hours	R 865
41 – 45 hours	R 950	46 – 50 hours	R1 000

There is a ceiling of R1 000 as persons providing secretarial assistance to the CMSA receive a salary from their employers.

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

RATE OF REMUNERATION FOR LABORATORY TECHNOLOGISTS/TECHNICIANS

The current rate of remuneration is R55 per hour.

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

PAST EXAMINATION QUESTION PAPERS

Per set of 6 papers (covering a period of 3 years): R 30

Rondebosch, 1 June 2004, BB

CMSA MEMBERSHIP PRIVILEGES

LIFE MEMBERSHIP

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

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

RETIREMENT OPTIONS

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

The CMSA offers two options in this category:

First Option

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

Second Option

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

Members in either of the "retired membership" categories continue to receive the Transactions of the CMSA and other important Collegiate matter.

WAIVING OF ANNUAL SUBSCRIPTIONS

Payment of annual subscriptions 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.



EDITORIAL

PROF. GBOYEGA A. OGUNBANJO

This is the first edition of *Transactions* under a new editor and publisher with a collective working experience of over fifty years in the publishing industry. My predecessor, Prof Matt Haus set a high standard and produced a quality journal. It has been an exciting task to design a new cover page while maintaining the corporate and academic image of the journal. The whole journal has been re-organised to project the academic, business, and educational functions of the Colleges of Medicine of South Africa (CMSA). Some of the changes include:

- a. The new cover page reflecting the diversity of CMSA and South Africa.
- b. Information on the Cape Town, Durban and Johannesburg offices of the CMSA, and current executive members.
- c. The inclusion of the registrar training institutions to the 'List of successful candidates' providing information on where they completed their training.
- d. A page dedicated to the various medallists with their photographs.
- e. List of Honorary Fellows and Fellows *Ad Eundem*.

The president's newsletter provides insight into the CMSA activities. The various reports from the senate and colleges indicate the importance attached to them by those who send them. It is important to receive reports from all colleges as a medium of sharing information on activities with others. This edition features fifteen college reports and I hope that future editions will reflect regular reports from all colleges.

The two articles on the *impaired doctor* were presented during the 2003 Ethics symposium in Durban. I found them very informative, multidisciplinary, and relevant when confronted with colleagues considered 'impaired'. Prof Zabow's article highlights the rehabilitative approach of the Health Professions Council of South Africa (HPCSA), and shows that the peer review process is more constructive

than the punitive approach. This edition contains Part XVII of the history of the Colleges of Medicine, and the journal will continue to run the series until completed. I want to encourage all fellows, members and diplomates to write short 'Letters to the editor' (max 250 words) to express their views on the journal content and as part of the quality improvement process for journal production. The latter should be constructive and educative. Information on the Arthur Landau lecture for 2004, award nominations, RWS Cheetham award in Psychiatry, and Maurice Weibren award in Radiology are also included in this edition.

The Colleges of Medicine of South Africa will be celebrating its 50th anniversary (Golden jubilee) in October, 2005 and the first announcement is included for your perusal. The journal will continue to publish information on this landmark event in the life of the CMSA as it becomes available. Future journal development includes publication of peer-reviewed original/review articles from contributors within the CMSA, e-health, and information related to national health policies. *Transactions* is our journal, let us all contribute to its continued existence and success. For your information, editorial work for the next edition has commenced.

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

LETTERS TO THE EDITOR

You are cordially invited to submit letters to the Editor.

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

OR

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

INSTRUCTIONS FOR AUTHORS**1. Manuscripts**

- 1.1 All copies should be typewritten using double spacing with wide margins.
- 1.2 In addition to the hard copy, material should also, if possible, be sent on disk (in text only format) to facilitate and expedite the setting of the manuscript.
- 1.3 Abbreviations should be spelt out when first used in the text. Scientific measurements should be expressed in SI units throughout, with two exceptions; blood pressure should be given in mmHg and haemoglobin as g/dl.
- 1.4 All numerals should be written as such (i.e. not spelt out) except at the beginning of a sentence.
- 1.5 Tables, references and legends for illustrations should be typed on separate sheets and should be clearly identified. Tables should carry Roman numerals, thus: I, II, III, etc. and illustrations should have Arabic numerals, thus 1,2,3, etc.
- 1.6 The author's contact details should be given on the title page, i.e. telephone, cellphone, fax numbers and e-mail address.

2. Figures

- 2.1 Figures consist of all material which cannot be set in type, such as photographs, line drawings, etc. (Tables are not included in this classification and should not be submitted as photographs). Photographs should be glossy prints, not mounted, untrimmed and unmarked. Where possible, all illustrations should be of the same size, using the same scale.
- 2.2 Figures numbers should be clearly marked with a sticker on the back and the top of the illustration should be indicated.
- 2.3 Where identification of a patient is possible from a photograph the author must submit consent to publication signed by the patient, or the parent or guardian in the case of a minor.

3. References

- 3.1 References should be inserted in the text as superior numbers and should be listed at the end of the article in numerical order.
- 3.2 References should be set out in the Vancouver style and the abbreviations of journals should conform to those used in *Index Medicus*. Names and initials of all authors should be given unless there are more than six, in which case the first three names should be given followed by 'et al'. First and last page numbers should be given.

Article references:

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

Book references:

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

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

LIZO E MAZWAI

President 2004 - 2007

The year 2004 has been a momentous year for South Africa in celebrating 10 years of democracy. Equally, the CMSA has had its moments in meeting the challenges of the new South Africa in transformation.



In spite of the autonomy of the Colleges we have demonstrated unity of the CMSA, which has seen a larger and more demographically representative Senate and Executive Committee. Our language policy has sought to address practically and sensitively our multilingual cultural diversity by having a single language of official communication and an option of language of instruction for examinations.

Our challenges for the future can be seen in three perspectives:

1. Our core business of examinations in terms of standards and quality assurance has more diversification of specialities. Yet we are working towards a National Equivalence Examination (Unitary Examination) in order to harness and obtain efficient and optimal utilisation of our academic resources.
2. Our role as a National Examining Body must not be seen purely for examinations only, but a South African National Body that has a broader perspective with a role

to play in the unfolding educational transformation scenario. We can not separate examinations from training and service in the context of our country with limited human resources.

3. Our future role in the rest of Africa is linked to social and political development of our neighbours. South Africa is challenged to lead as a provider of high quality post-graduate specialist training and examination for the continent. Closer contact with sister Colleges in Africa is of the essence if we are to be truly African.

We still maintain strong ties with our sister Colleges abroad and should strengthen these ties beyond the ceremonial to academic and capacity issues between the developed and developing worlds.

Finally let me remind all that in 2005 we celebrate 50 years. The Golden Jubilee is our event of the new millennium. It is an international event with focus on The Future of Academic Health Care in Africa. Your support, contribution and participation are expected if we are to make this event a success in October 2005.

Once more let me thank the Executive, Senate and the Colleges for the confidence shown by electing me as President for the next triennium. With your continued support and contribution we will make a difference.

ADMISSION CEREMONY

13 MAY 2004

The admission ceremony was held in the City Hall, President Street, Johannesburg.

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

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

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

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

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

The Premier Award of the CMSA, the Phyllis Knocker/Bradlow Award was presented to Dr Carlo Feretti for the year 2001.

Two Fellows Ad Eundem were admitted. Professor Seelig David Saffer to the College of Neurologists – citation written by Professor G Modi and read by Professor PLA Bill and Professor Gopalan Neethianandan Padayachee to the College of Public Health Medicine – citation written by Dr S Naidoo and read by Professor BV Girdler-Brown.

Three Honorary Fellows were admitted. Professors John William, David McDonald and Joseph Kpakpo Acquaye to the College of Physicians – citations read by Professor KRL Huddle and Professor Anthony John Andrew Cunningham to the College of Anaesthetists – citation read by Professor AC Lundgren.

The President admitted 161 Fellows, 6 Members, 116 Diplomates, 23 Certificants and 13 Fellows by peer review.

Professor Ralph Kirsch, the Immediate Past President of the CMSA delivered the oration.

The National Anthem was sung, thereafter the President led the recent graduates out of the hall.

MEDALLISTS 2003

**FCA(SA) Part 1 – ABBOTT MEDAL
(Best candidate in Pharmacology):**
Dr G Lloyd

**FCA(SA) Part 1 – HYMIE SAMSON MEDAL
(Best candidate in Physics & Clinical
Measurement):**
Dr M Poggiolini (March/May 2003)
Dr ML Botha (September/October 2003)

**FCA(SA) Part 1 – THE JANSSEN RESEARCH
FOUNDATION MEDAL
(Best overall candidate):**
Dr BD Murfin

**FCA(SA) Part II – JACK ABELSOHN MEDAL &
BOOK PRIZE
(Best candidate in the clinical section):**
Dr PJ Du Toit

**FCA(SA) Part II – CREST HEALTHCARE
TECHNOLOGY MEDAL
(Most distinguished candidate):**
Dr SJ Robertson

FC Neurol(SA) Part II – NOVARTIS MEDAL:
Dr PDH Haug

FCOG(SA) Part II – DAUBENTON MEDAL:
Dr JA Pretorius (March/May 2003)
Dr SB Amod (September/October 2003)

**FC Ophth(SA) Part II – JUSTIN VAN SELM
MEDAL:**
Dr V Thunström

FC Orth(SA) Final – JM EDELSTEIN MEDAL:
Dr HM Snyckers

**FC Paed(SA) Part I – LESLIE RABINOWITZ
MEDAL:**
Dr TL Lutz

**FC Paed(SA) Part II – ROBERT McDONALD
MEDAL:**
Dr A Bekker

FC Path(SA) Micro – COULTER MEDAL:
Dr XP Poswa

**FCP(SA) Part 1 – AM MEYERS MEDAL
(Best Candidate in Basic Science):**
Dr A Chin

**FCP(SA) Part II – ASHER DUBB MEDAL
(Best Candidate in the Clinical Section)
(2 awards annually):**
Dr SJ Hlatshway

FCPHM(SA) – HENRY GLUCKMAN MEDAL:
Dr AM Boulle

**FC Rad Diag(SA) Part 1 – RHÔNE-POLENC
RORER MEDAL:**
Dr N Paruk

FCS(SA) Final – DOUGLAS AWARD:
Dr MV Forelee

**FC Urol(SA) Final – LIONEL B GOLDSMITH
MEDAL:**
Dr AE Bhorat

DA(SA) SASA JOHN COUPER MEDAL:
Dr C Grobler

Dip PEC(SA) – WALTER G KLOECK MEDAL:
Dr DG Nevin

**Cert Medical Genetics – BILL WINSHIP SASHG
MEDAL:**
Dr NE Gregerson



HYMIE SAMSON MEDAL
Dr M Poggiolini
(March/May 2003)



DAUBENTON MEDAL
Dr JA Pretorius



LIONEL B GOLDSMITH MEDAL
Dr AE Bhorat



HYMIE SAMSON MEDAL
Dr ML Botha
(September/October 2003)



JM EDELSTEIN MEDAL
Dr HM Snyckers



SASA JOHN COUPER MEDAL
Dr C Grobler



**THE JANSSEN RESEARCH
FOUNDATION MEDAL**
Dr BD Murfin



COULTER MEDAL
Dr XP Poswa



WALTER G KLOECK MEDAL
Dr DG Nevin



**CREST HEALTHCARE
TECHNOLOGY MEDAL**
Dr SJ Robertson



**RHÔNE-POLENC RORER
MEDAL**
Dr N Paruk



BILL WINSHIP SASHG MEDAL
Dr NE Gregerson

CITATION FELLOWSHIP AD EUNDEM

PROF SELIG DAVID SAFFER

COLLEGE OF NEUROLOGISTS



David Saffer is one of South Africa's medical icons and a true unsung hero. His entire working life has been committed and dedicated to the patients at Chris Hani Baragwanath Hospital with which he has become synonymous.

He was born in Johannesburg in 1940, schooled at Parktown Boys High with distinction, and after spending a year abroad, studied for the degree of MBChB, graduating in 1963. After his internship and several more years at Chris Hani Baragwanath Hospital, he broke with tradition, and was the first doctor from South Africa to undergo specialist neurological training in America rather than in Britain. He spent four wonderful years in Boston, in the world renowned Raymond Adams' Department of Neurology at the Massachusetts General Hospital and Harvard Medical School.

On his return to South Africa in 1971 he had no doubt about returning to Baragwanath Hospital and establishing a neurological department there, to serve the underprivileged, disadvantaged and disenfranchised communities.

He always strove to give the patients under his care a quality of treatment that could match the best found anywhere else in the country. These were difficult times, taking into account the attitudes of the government of the day and Wits Medical School re that hospital. He found a natural home, and worked with his mentors Prof Robert Lipschitz of Neurosurgery, and Prof Leo Schamroth of Medicine. He successfully built an academic Neurology Department at Chris Hani Baragwanath Hospital and over the past decades trained numerous neurologists. Most of the neurologists working today in the Johannesburg area were trained in the Neurology Department at Baragwanath.

David Saffer is very proud, and indeed honoured that two of the current Professors and Heads of Neurological Departments at Medical Schools in South Africa worked for many years in Neurology at Baragwanath – Professor Pierre Bill who recently retired from Wentworth and Natal Medical School and current Chairman of the Neurological Faculty of the College, and Professor Girish Modi, Professor and Head of Department of Neurology in the Faculty of Neurosciences, Wits Medical School.

On his return from America, he began working as a Consultant to the Forest Town School where he saw children handicapped with cerebral palsy, and later those with specific learning disorders – mainly those with minimal brain dysfunction, attention deficit disorder, dyslexia etc. The experience gained here was imparted to a generation of neurologists-in-training and paediatricians. He worked closely with Dr Philip Kushlik, a paediatrician who ran a Cerebral Palsy Clinic at Baragwanath Hospital. Later the two helped raise funds, and worked, via the United Cerebral Palsy Association, to have a school built and set in motion – the Philip Kushlik School for Cerebral Palsy – at Baragwanath Hospital.

He was Consultant Neurologist to the Selwyn Segal Home, an institution catering for persons with neurological/developmental/behavioral abnormalities; as well as the Rand West Hostel, a similar institution for mentally handicapped persons drawn from the Gauteng Hospital System.

Professor Saffer has been involved in the workings of The Colleges of Medicine of South Africa since his return from America in the early 1970's, as examiner/convenor for the examinations in the Neurology, Psychiatry and Ophthalmology Faculties. He helped collect and donate funds for the K M Browse Fellowship awarded to worthy academic Neurology Residents or Junior Consultants for the purpose of conducting research in their chosen field in Neurology. He is a permanent member of the Browse Fellowship Committee.

David Saffer has been a past Chairman and Committee member of the Neurological Association of South Africa and has witnessed with a sense of pride and achievement, the development of independent Faculties of Neurology at all South African Medical Schools away from Medicine, as well as the formation of the Faculty of Neurology of the College of the CMSA – again independent and holding its head high.

He is married to Sheila, a biochemist who worked in the PhD programme at Harvard; they have five children and nine grandchildren.

David feels very honoured at being admitted as the first recipient of a Fellowship ad eundem to the College of Neurologists (CMSA) and thanks the Presidents of the CMSA and of the College of Neurologists for this honour.

Professor David Saffer has in one way or another touched the hearts and minds of all neurologists in this country (and those now abroad) and is a worthy recipient of this honour.

Author: Prof Girish Modi

CITATION FELLOWSHIP AD EUNDEM

PROF GOPALAN NEETHIANANDAN PADAYACHEE

COLLEGE OF PUBLIC HEALTH MEDICINE



Professor Gopalan Neethianandan (Nicky) Padayachee is the Faculty Dean and Professor of Public Health at the Faculty of Health Sciences, University of Cape Town.

Nicky Padayachee has an impressive curriculum vitae and I wish to highlight only some of his achievements. He worked for the Transvaal Provincial Administration at Sebokeng and Vereeniging Hospitals in 1980. Thereafter he moved to the City of Johannesburg and had a meteoric rise from a professional medical officer in 1981 to Assistant Director in charge of Epidemiology and Health Education in 1984, Deputy Director of Family Health in 1985, Senior Deputy Director of Community Health in 1987, Executive Director of Health, Housing and Urbanisation and Medical Officer of Health in 1991 and subsequently Chief Executive Officer of the City of Johannesburg in 1993. In 1995 Nicky became the CEO of the Greater Johannesburg

Metropolitan Council – this being the first time that new Johannesburg was being run on a non-racial basis in its entire history. In 1999 he was appointed Dean of the Faculty of Health Sciences and Professor of Community Health of the University of Cape Town. In 2003 Prof Padayachee was awarded visiting professorship status of Behavioral Sciences and Health Education at Emory University in the USA.

He also has a distinguished academic career, having obtained his MB ChB at the University of Cape Town in 1979. He went on to study at the University of the Witwatersrand where he completed the following: A Diploma in Tropical Medicine and Hygiene (DTM&H) in 1981, a Diploma In Public Health (DPH) in 1982, a Diploma in Occupational Health (DOH) in 1985, a Diploma in Health Service Management (DHSM) in 1986 and a Masters of Medicine in Community Health (MMed:CH). Nicky subsequently registered as a specialist in Public Health Medicine.

He has numerous awards and of note are the following: the W Harving le Riche Medal in Epidemiology from Wits in 1986, a Rotary award for "Services above Self" and Honorary Life Membership of the Richmar Rotary Club in Gibsona, Pennsylvania, the Anne Harris Scholarship from Wits University in 1989 and 1990, the Outstanding Young South African Award (FOYSA) from the Chamber of Commerce and Industry in 1990, the Young Achiever of the Year Award (Golden Peacock Award) from the Post Natal and Indian Academy of South Africa in 1991, Distinguished Leadership award from the American Bibliographical Institute, Raleigh, North Carolina, USA in 1996, the Lennon Achievement Medal awarded by the Community Health Association of South Africa (CHASA) for an Outstanding Contribution in Public Health in 1996, the Mayoral Award for singular contribution to transformation of local government in Greater Johannesburg in 1999, the Albert Schweitzer Gold Medal Award for great merits in Medicine and Humanism in Warsaw, Poland in 2000, the International Council on Local Environmental Initiatives Award for Generosity of Spirit and Environmental Wisdom in Environmental Protection and Sustainable Development in Toronto, Canada in 2000, and in 2003 was awarded Mentor of the Emerging Leaders Programme of the Graduate School of Business of the University of Cape Town and Duke University of North Carolina in the USA. These are just some of Nicky Padayachee's achievements.

He has also distinguished himself in the community and has been involved in numerous community development organisations. He has over 80 publications to his name and has presented or co-presented over 100 papers at various conferences, seminars and symposia throughout the world.

Professor Nicky Padayachee has made a substantial contribution to the public's health and to the discipline of public health medicine in particular, has always been a strong supporter of the activities of The Colleges of Medicine of South Africa and is a worthy recipient of a Fellowship ad eundem of the College of Public Health Medicine (CMSA).

Author: Dr Shan Naidoo

CITATION HONORARY FELLOWSHIP

*PROF JOHN WILLIAM DAVID McDONALD **

COLLEGE OF PHYSICIANS

John McDonald was born in Ontario, Canada in 1938. He completed a distinguished undergraduate medical training at the University of Western Ontario (UWO) in 1961. Residencies in Internal Medicine at the Montreal General (1962-1963) and Royal Victoria (1966-1970) Hospitals followed but were interrupted by a significant stint in Biochemistry at UWO during which he was awarded a PhD. He became a Fellow of the Royal College of Physicians of Canada in 1969. Professor McDonald rose rapidly through the ranks of Assistant and Associate Professor to a full Professorship in the Department of Medicine in 1978. He was Chair of this department and Chief of Medicine at the University Hospital, London, Ontario from 1985 to 1994. He is currently Professor in the Department of Medicine (UWO) and Physician in the Division of Gastroenterology, University Campus, London Health Sciences Centre.

He has been the recipient of a number of prestigious awards including the Collip Medal for Medical Sciences and the Hippocratic Society Teaching Award for Basic Science (UWO).

Professor McDonald's biochemical research has centred around prostaglandins and thromboxanes in blood cells and in animals, and the efficacy of aspirin as an antithrombotic agent. His clinical research has focused on the treatment of Crohn's disease where cyclosporine was shown to be ineffective and methotrexate effective for the induction and maintenance of remission in this disease. He has played a major role in developing evidence-based care in Gastroenterology, making use of systematic Cochrane reviews rather than narrative reviews. He is the coordinating editor of the textbook "Evidence-based Gastroenterology and Hepatology". He is also the author of some 69 scientific articles and 2 book chapters and has delivered numerous lectures within and outside Canada.

During his illustrious career he has served on numerous University, Faculty, Hospital and external committees, both as member and chair. He was the Canadian Association of Professors of Medicine President from 1990 to 1992 and has been involved with the Royal College of Physicians and Surgeons of Canada from 1992 to date, initially as Councillor and more recently as President (2002-2004).

Mr. President, it is my honour and privilege to present Professor John William David McDonald for the award of Honorary Fellowship of the College of Physicians of South Africa.

Author: Prof KRL Huddle

** Photograph not available at time of going to press*

CITATION HONORARY FELLOWSHIP

PROF JOSEPH KPAKPO ACQUAYE
COLLEGE OF PHYSICIANS



Currently Professor Acquaye is an Associate Professor of Haematology at the University of Ghana Medical School. He graduated MB BS (Lond.) from the University of Ibadan, Nigeria and obtained the Dpath (Eng.) and DCP (Lond.) in 1973, followed by the Fellowship of the West African College of Physicians in 1976. He trained in pathology at the Korle Bu hospital in Accra, St George's hospital and Royal Postgraduate Medical School in London and the Royal Infirmary in Huddersfield, followed by training in Immunohaematology at the Cambridge Blood Transfusion Centre, England. He worked as a Specialist Pathologist at the Regional Hospital, Tamale, Ghana in December 1974–May 1981 and as a Haematologist, King Abdulaziz University Hospital, Jeddah, Saudi Arabia in January 1982– December 1985.

He has been the Director, Centre for Clinical Genetics, Ministry of Health, Ghana, the Director of the National Blood Transfusion Service, Ghana and Medical Administrator of Korle-Bu Teaching Hospital in Accra, Ghana.

He has served as an examiner, course co-ordinator, faculty secretary and chairman, vice-president and is currently the President of the West African College of Physicians. He is currently Vice President of the African Society of Blood Transfusion.

He has been the chairman of the Continuing Medical Education Committee, Ghana Medical Association, reviewer for the Saudi Medical Journal, member of the Editorial Boards of the Ghana Medical Journal and West African Journal of Medicine

He is a member of the Ghana Medical Association, the International Society of Haematology, Association of Clinical Pathology of the U.K., Fellow of the West African College of Physicians and member of the International Society of Blood Transfusion and African Society of Blood Transfusion.

He has served on the following University of Ghana Medical School and Ministry of Health committees: Academic Board; Board of Medical School; Executive Council, U.G.M.S.; Research & Postgraduate; Finance and Development; Library; Technical Committee of D.M.L.T.; Burkitt's Tumour Project Technical Committee, AIDS Control Programme; Income Generation; Special Admissions, National Blood Transfusion Service Committee.

The main area of his publications and conference presentations are in glucose 6 phosphate dehydrogenase deficiency, sickle cell anaemia, thalassaemias and transfusion medicine.

Author: Prof S Naicker

CITATION HONORARY FELLOWSHIP

PROF ANTHONY JOHN ANDREW CUNNINGHAM
COLLEGE OF ANAESTHETISTS



Anthony Cunningham is the Professor of Anaesthesia, Royal College of Surgeons in Ireland, and Consultant Anaesthetist at the Beaumont Hospital in Dublin. He is a fellow of the Royal College of Physicians of Canada, a fellow of the Australian New Zealand College of Anaesthetists and a fellow of the Faculty of Anaesthetists, Royal College of Surgeons in Ireland. He has an MD degree by Thesis, a Diploma from the American Board of Anaesthesiology and a higher Diploma in legal studies. He is currently Clinical vice Dean of the Royal College of Surgeons of Ireland and immediate past President of the College of Anaesthetists of the Royal College of Surgeons of Ireland.

He was born on the 22nd November, 1947 in Drogheda in Ireland. He was educated at Newbridge College and the University College of Galway. After spending 2 years in general practice he embarked on his Anaesthesia Residency training in July 1976 in Kingston, Ontario. In 1979 he was the recipient of the FJ Wright Award at the Kingston General Hospital. After a clinical fellowship in Obstetrical Anaesthesia he was appointed a consultant in 1979 at the Ottawa Health Science Centre General Hospital in Ontario, Canada. In 1982 he returned to Ireland, where he was appointed a consultant at St. Vincent's Hospital in Dublin.

Anthony's special interests are many and varied. He was the co-ordinator of the first Irish Heart Foundation Postgraduate Basic and Advanced Cardiac Life Support Course in January 1986 and has studied constitutional, criminal and contract law. His M.D. Thesis was "An Evaluation of the Factors Influencing Left Ventricular Performance during Abdominal Aortic Surgery". He is actively involved in teaching and examining, for the Royal College of Surgeons of Ireland.

During his academic career he has published 45 full papers and 38 abstracts. He has authored 12 book chapters as well as numerous editorials and other communications. He has given over 100 presentations, locally and internationally. He is the Editor for the European Society of Anaesthesiology and on the Editorial Board of Survey of Anaesthesiology. He is also a reviewer for numerous peer reviewed international publications, such as the Canadian and British Journals of Anaesthesia. Anthony has served on numerous committees, both at Beaumont Hospital and the College of Anaesthetists, RCSI.

Author: Prof AC Lundgren

ADDRESS BY PROF. RALPH KIRSCH,

Outgoing President, given at the Graduation Ceremony in Johannesburg on 14 May 2004

Mr. President, Honoured guests, Graduates, Members of the College Senate, Ladies and Gentlemen. It is an honour to be invited to address you tonight.

At the outset I would like to congratulate those who have been admitted as fellows and diplomates this evening. Your being here tonight is the result of much hard work and you and those who have supported you have our respect and admiration.

HALALA! - CONGRATULATIONS - VEELS GELUK!

This is your evening and I know that my colleagues will understand if I direct this address at you.

As of tomorrow most of you will use your College qualification several times a day. Sadly, this will be the only contact that many of you will have with your college. Could I express the hope that you will consider playing an active role in the college. Your contributions will be enormously appreciated by your peers and will ensure that the Colleges remain in touch with your generation, your needs and your aspirations for academic medicine and specialist practice in South Africa. I can assure you from my own experience that you will find this enjoyable and stimulating.

The Colleges of Medicine of South Africa have not been an inert "old boys club". Over the past several years the Colleges have reformed their constitution to allow each of the 24 constituent Colleges greater independence. They have transformed their Councils and Senate to become more representative of our nation; and they have examined every aspect of their curricula and evaluation processes so that that standards of both competence and fairness have been maintained and where necessary have been improved.

The CMSA has sought to play a more aggressive role as an advocate in issues relating to specialist care (and I hasten to indicate that I include family medicine as a specialist discipline) and in academic medicine. It has sought to play an ever increasing role in influencing policy and in enhancing skills in vital areas of health care such as AIDS, infectious diseases and in Emergency Medicine, our newest College. Those who have been involved with the college for more than a decade will attest to the fact that these changes have been for the better. However, we need you to assist us in maintaining the momentum of these processes and in starting others.

Your graduation coincides with the tenth anniversary of our new democratic South Africa. You have been admitted to a College which is proud to be able

to count two recipients of the Nobel Peace Prize, Presidents Nelson Mandela and FW de Klerk, amongst its Fellows. Most of you will have trained in the post apartheid era - an era ushered in by what has variously been termed "a miracle" and "a near bloodless revolution". Many of you will find it hard to believe that we ever practiced apartheid and you will struggle today to find any supporters of this policy.

In reality the change was at great cost, many lives were lost. Some spent a period amounting to your life-time in prison. Our profession was not immune to apartheid and was found wanting by the truth and reconciliation Commission.

For all of these reasons we have a particular responsibility as individuals and through our College and Universities. We owe it to those who brought about our democracy to constantly try to improve health and healthcare in our country.

We need to continue the fight to ensure equity in education and to aggressively support the transformation process until the students and staff of our health science faculties and bodies such as the College Senate resemble the population from which they are drawn.

We need to assist government to find better ways of bringing care to underserved parts of our country.

Equally important we need to vigorously engage with Government in order to ensure that patients with HIV receive antiretroviral treatment so that we can give hope and quality of life to those with AIDS.

We need to guard against any attempt to erode standards of training and to fight for adequate funding for all levels of care including our tertiary academic hospitals.

At a personal, individual, level we need to commit ourselves to a lifetime of learning. Medicine represents the interface between science and humanity and we need to dedicate ourselves to both the search for greater knowledge and understanding while at all

times remembering that the best doctors are able to make their patients feel better before putting pen to paper in order to prescribe medication.

At my own College graduation 34 years ago this address was delivered by Professor Frank Forman, a remarkable and much loved clinician. I was later privileged to edit his biography entitled "The Forman Years" in which one of his students, then Professor at the Mayo Clinic wrote "Forman's most effective therapeutic weapon was his quiet, confident and reassuring manner at the bedside. I swear I saw patients temperatures subsiding and joint swellings diminishing after Frank Forman had visited their bedside."

A similar story is told about Sir William Osler, a Canadian, who was professor at McGill (1875–1884), the Univ. of Pennsylvania (1884–1889), Johns Hopkins (1889–1904), and Oxford (from 1905). Osler, whose motto was "Do the kind thing and do it first" is said to have found time, despite the enormous pressures placed on him, to spend hours at the bedside of a patient. This is illustrated by the story of a young child, the son of a colleague who was dying of whooping cough, and could keep down neither food nor drink. 'Osler about to present for degrees and hard pressed for time, arrived already wearing his doctor's robes. To a small child this was the advent of a doctor, if doctor, in fact, it was, from quite a different planet. It was more probably Father Christmas. After a brief examination this unusual visitor sat down, peeled a peach, sugared it, and cut

it into pieces. He then presented it bit by bit with a fork to the entranced patient, telling him to eat it up, and that he would not be sick, but would find it would do him good as it was a most special fruit. Such proved to be the case. As he hurried off, Osler, most uncharacteristically, patted the child's father on the back and said with deep concern: 'I'm sorry, Ernest, but I don't think I shall see the boy again: there is very little chance when they are as bad as that' Happily events turned out otherwise, and for the next forty days this constantly busy man came to see the child, and for each of these forty days he put on his doctor's robes in the hall before going into the sick room'.

I tell these tales since, to me they represent the very essence of the practice of medicine.

In South African terms it would be said of Osler – unobuntu – he has humanity. Indeed, in looking to the future I believe that we should all live and practice by the dictum 'umntu, ngumntu ngabantu' – literally - a person is a person through other people and figuratively that one's humanity is enhanced through one's relationship with other people.

Let each of us enhance our humanity through service to our patients, our community and our nation.

Mr. President, it has been a great privilege to serve our College as its president. It has been a particular pleasure to hand the presidency over to you and I look forward to continue to serve the College under your leadership.

LIST OF SUCCESSFUL CANDIDATES

LYS VAN GESLAAGDE KANDIDATE

March/April/May 2004

FELLOWSHIPS and PART I, PRIMARY and INTERMEDIATE EXAMS

Fellowship by Peer Review

STEIN Prof Dan Joseph	College of Psychiatrists
PRETORIUS Prof Herman Walter	College of Psychiatrists
PIENAAR Prof Willem Petrus	College of Psychiatrists
ABOO Dr Aziz	College of Emergency Medicine
BALFOUR Dr Clive	College of Emergency Medicine
BOYD Dr Stewart Townley	College of Emergency Medicine
DALBOCK Dr Gerald Eric	College of Emergency Medicine
DIMOPOULOS Dr George Elie	College of Emergency Medicine
KLOECK Dr Walter GJ	College of Emergency Medicine
MACFARLANE Prof Campbell	College of Emergency Medicine
MARX Dr JSS	College of Emergency Medicine
SAFFY Dr Patricia Marie	College of Emergency Medicine
SCHUTTE Dr Philippus Johannes	College of Emergency Medicine

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

BABSKA Joanna Magdalena	UKZN
BASSON Anna-Marié	UFS
BASTIAANSE Bastiaan	
BOUWER Conrad Daniel	UFS
DAYA Jayesh	WITS
DE KOCK Marianna	US
FLORIAN Birgit Irene	WITS
HOLLINGWORTH Sean	
LASERSOHN Lance	WITS
LEKHA Vishwanth Rabichunder	UKZN
MALHERBE Johannes Louw	US
MARASCHIN Silvana	WITS
MCILROY Paul	UKZN
MOXHAM Isabella Maria Susanna	MEDUNSA
MXENGE Viwe	WITS
POTGIETER Helet Elizabeth	UCT
PRESTAGE Belinda Ann	UCT
RADEMAN Conrad	UP
SIYAKA Gertrude Fundiswa Nobantu	MEDUNSA
SPARKS Richard Bruce Walsh	WITS
THOMPSON Lance Graham	UCT
VAN STADEN Mark Allen	UKZN
WHEATCROFT Dalene Ann	WITS
ZONDAGH Claire	

**Part I of the Fellowship of the College of Anaesthetists of South Africa
FCA(SA)- Part 1**

BASAJJASUBI Patrick	UKZN
BUGWANDEEN Shikanth Rabikaran	UKZN
DULIN Natasha	
KISTEN Theroshnie	
KUHN Maria Magdalena	
MDLADLA Aurence Nkosinathi	WITS
PIENAAR Johann Bastiaan Hendrikus	UCT
PORRILL Owen Scott	WITS
SINGH Jaswanth Sunil	WITS
TSESMELIS George	WITS
WILLEMSE Josias Johannes	UCT

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

MOODLEY Lovendran	UKZN
RAJARUTHNAM Direndra	UKZN

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

AMHA Tedros	WITS
GOTTSCHALK Gavin Marc	UCT
HLELA Carol	UKZN
MALEKA Fredah Matlakala	
MKHIZE Zazise Victalis	
MOKGATLE Margaret Welhemina	MEDUNSA
PATHER Sandrakantha	UCT
SINGH Rajendrakumar	UKZN
WOLFOWITZ Karen Melanie	WITS

**Part I of the Fellowship of the College of Dermatologists of South Africa
FC Derm(SA)-Part 1**

MAYEKISO Avela Zukiswa	
MOOSA Yaaseen	
MOTI Nooren-Nisa Razack	
MVULANE Nombuyiselo	WITS
OMAR Mohamed Hanif	UCT
VAN ZYL Petrus Johannes Francois	

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

FOURIE Kevin James	WITS
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**Fellowship of the College of Maxillofacial & Oral Surgeons of South Africa
FCMFOS(SA)**

BRYANT Richard Sheridan	WITS
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**Intermediate Examination of the Fellowship of the College of Maxillofacial & Oral Surgeons of South Africa
FCMFOS(SA)- Intermediate**

KÖHLER Julius Patrick	MEDUNSA
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**Fellowship of the College of Neurologists of South Africa
FC Neuro(SA)**

BELBELLO Donatella	WITS
SACOOR Zaheer	UKZN

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

ANDERSON David Graham	WITS
CHAUSHEV Petar Georgiev	
HENNING Francló	US

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

KIRSCH Richard

**Part I of the Fellowship of the College of Pathologists of South Africa - Anatomical
FC Path(SA) Anat – Part 1**

CHIGANGACHA Roger Kruger Hendrik
HEAN Debra Lynne Duff WITS
PILLAY Nischalan UKZN
SCHUBERT Pawel Tomasz US
SOOKHAYI Ranitha UKZN

**Fellowship of the College of Pathologists of South Africa - Chemical
FC Path(SA) Chem**

JENNER Wessel Johannes UP

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

EARLAM Lindsay Elizabeth WITS
SEWPERSAD Natasha UKZN

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

ASMAL Shenaz UKZN
GARIZIO Dominique Gilda
VAN ROOYEN Carla Henriette UKZN

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

COHEN Cheryl WITS
DE JONG Gillian Marjorie WITS

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

AMBARAM Anish UKZN
BERA Yasmin Ahmed Gora WITS
CREDÉ Thomas UCT
FABIAN June
FAZEL Fatima Bibi
HOUGH Gregory Arthur UCT
KHAN Mohomed Siddique
LEE Carolyn UCT
LEVIN Dion Avron UCT
PONNUSAMY Somalingum UKZN
RAMDHANI Ravin Bajjnath UKZN
ROLLAND Françoise Marie Yvonne
SCHOLZ Ursula Barbara
SHEIN U Kyi
SIDDIQUE Muhammad UKZN
SINGH Jaimendra Prithipal
TILLEY John Steven WITS
TIPPING Brent Nigel UCT

**Part I of the Fellowship of the College of Physicians of South Africa
FCP(SA) – Part 1**

BARNABAS Connel Alwyn UKZN
BOTHAS Philip Rudolf US

CHETTY Gonasilan WITS
FABIAN June
GOVENDER Kubern WITS
GOVENDER Kugan UKZN
HARRICHUND Pretissha WITS
HASSAN Ismail MEDUNSA
KALLA Ismail Sikander WITS
LEWIS Christopher UCT
LORGE Gareth Richard WITS
MAFAFO Neonyana Keorapetse Rebecca WITS
NANKISSOR Kevin UKZN
TILLEY John Steven WITS

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

CHRISTOFIDES Efthimos Andreas WITS
ROUX Vaughn Carl US

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

BOON Bernice Eglym
CHETTY Indhrin UKZN
KING Lauréi Martine UKZN
LATEGAN Barbara Helena
SCHULTE Angelica US
SCRIBANTE Lindi UP
SWANEPOEL Jan Willem Hendrik UCT
VALLI Ahmed WITS
WHITTAKER Tereza Mary UCT

**Part I of the Fellowship of the College of Psychiatrists of South Africa
FC Psych(SA) Part 1**

CHUNILAL Avisha UKZN
DE CLERCQ Helena Glaudina UCT
GOVENDER Theshentthree UKZN
MARITZ Catharina Maria
NAKYAGABA Anne Hilda UCT
SAFFY Samantha Claire UCT

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

REDDY Carl Nadarajan UKZN

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

AFRICA Mogoemang
ALBUQUERQUE-JONATHAN Glenda Melissa UCT
CARIM Ismail WITS
COETZÉ Pieter Bosman UCT
DAHYA Vijay UCT
EDWARDS Jennifer Mara WITS
GAUCHÉ Heidi UP
JHETAM Kulsum WITS
MOODLEY Vijayan Visvanathan UKZN
MORRISON Michael Lew WITS
NEL Conrad Frederick UCT
PATEL Maya Nathu UCT
RICHARDSON Mark Alfred WITS
SPIEGEL Keren WITS

STRUWIG Wilhelmus Petrus van Rheede	UP	MURTAZA Amir	US
SUCH Rebecca Victoria	WITS	NAIDOO Teshufin	UKZN
ZIETKIEWICZ John Micahel		NAIDOO Navendran Dhanapalan	UKZN

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

FC Rad Diag(SA) – Part 1

ERASMUS Lourens Jacobus	UFS	NUNN Lesley Marcia Maude	
ESHUN Albert Amamoo		NYANDENI Lungile Cletus	
LIGEGE Mufulufheli Peggy	UP	PADAYACHY Llewellyn Cavill	
MALAN Marthinus Lourens	UP	PADAYACHY Vinesh	
MBENGO Joan Masetumo	WITS	PATEL Pankil	
MDUNGE Nkosikhona Sandile Mpilehlehle		PATEL Neetesh Nagin	
NAIDOO Logeshini	WITS	PATON Abigail Cornelia	
RADEBE Vusumuzi John	WITS	PILLAY Llewellyn Clive	UKZN
RAVEN Sonja Plonia	UP	PRETORIUS Riaan	
VAN BINSBERGEN Michiel Steye	WITS	RADZILANI Mboneni	MEDUNSA
		RAJCOOMAR Suvan Pooran	UKZN
		RASHID Amjad	
		SABRI Issam Fetouri	
		SCHERMAN Jacques	UCT
		SEGWAPA Kenneth	

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

ABUIDRIS Dafalla Omer	UCT	SHAH Ruvendra Dhayanund	
MSEMO Diwani B		SIBIYA Duduzisile Gloria	
SINGH Niveditha Bhavna	WITS	VAN DER MERWE Hendrik Johannes	
WETTER Julie Anne		VAN HEERDEN Johan	
		VARIAVA Imraan WITS	
		VLOK Adriaan Johannes	US
		WOOD Bradley Ryan	

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

ALEXANDER Angus Gresson	UCT
ALIMIA Mohammed Eskander	
ARAIN Athar Jameel	WITS
ATTFIELD André Johan	UCT
CLOETE Neil John	UCT
JOSEPH Craig Michael	WITS
KARPELOWSKY Jonathan Saul	UCT
LOVELAND Jerome Alexander	WITS
MOENG Maeyane Stephens	WITS
NAIDOO Morgan	UKZN
PROZESKY Colin William	US
SIMANGO Itayi Freeman	WITS

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

ALSHAREF Mohamed	
BASANTH Sujith	
CHETTY Vanishri	
CHIRKUT Subash	UKZN
CHOONARA Salim	WITS
FERNANDES Tiago Paulo	
FERRAO Paulo Norberto Faria	
FLETCHER Mandy	
GANCHI Feroz Abubaker	
GLASS Allison Joy	
GOWAN Shamil Manilal	
ISAKOV Rachelle Jody	
JACOBSONH Friedrich Gustav	
KAESTNER Lisa-Ann	
KAIRUKI Muganyizi Clemence	WITS
MAKAKOLE Manti Martin-Luther	
MANDABA Mziwa Bantu	
MATSHANA Kennedy John	
MENGESHA Yeshitila Gugsu	
MOHIDEEN Muhamed	
MURTAZA Irfan	

**Primary Examination incl. Neuroanatomy of the Fellowship of the College of Surgeons of South Africa
FCS(SA) Primary incl. Neuroanatomy**

GLASS Allison Joy	
GOWAN Shamil Manilal	
MATSHANA Kennedy John	
MPOTOANE Thapelo Samuel	UKZN
PADAYACHY Llewellyn Cavill	
VLOK Adriaan Johannes	US

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

BHYAT Ahmed Mahommed Amien	UCT
BISETTY Tuendra Venketasloo	UKZN
BURGER Schalk Willem	UP
CAIRNS Alan Hugh	WITS
CHAITHRAM Heralal	UKZN
CLIFFORD Shaun Denis	UP
COETZEE Johannes Cornelis	
DEBRUYNE David	
DOUCAS Gabriel	
EHLERS Pierre Jakobus	
GAUDJI Bahoueli Guy Roger	MEDUNSA
ISLAM Jahangirul	UNITRA
KADWA Bilal	
KALAGOBÉ Junior	UKZN
KANA Nadir Omar	WITS
LABUSCHAGNE Jason John	UFS
MCKENZIE Bruce John	
MGELE Xolisa	UKZN
MULWAFU Wakisa Katepela	WITS
MURDOCH Marshall John	WITS
MUSOKE Deogratias	
NAIDOO Yogananda Govindasamy	
NDZERU Thidziambi Eric	
NEL Liezel	US
NKUSI Agabe Emmy	WITS
NWOKEYI Kingsley Nzead	WITS
RAHAMAN Wahab Farouk	UKZN

RAMNARAIN Avesh UKZN
 RAWLINS Stefanus Jozua de Villiers MEDUNSA
 SEEDAT Zaid UKZN
 SHERMAN Lawrence Mombu WITS
 TURNER Lloyd Wroughton
Fellowship of the Fellowship of the College of Urologists of South Africa
FC Urol(SA)

BARMANIA Muhammad Ahmed WITS
 MOSHOKOA Evelyn Mmapula MEDUNSA
 SEKHU Abel Nakedi UCT
 SMIT Paul Johannes UP
 STEYN Petrus Jacobus Marais UKZN

MEMBERSHIPS

Membership of the College of Family Practitioners of South Africa MFP(SA)

BODIAT Zahiera Adam
 CHIBILITI Mulenga Stephen US
 GOVENDER Indiran MEDUNSA
 MCINTOSH Belinda Mary MEDUNSA
 MCINTOSH Cleve Derek Douglas MEDUNSA
 WOKE Felix Ikechi UP

CERTIFICATES

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

DOEDENS Linda Gabriëlle

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

HAGIOS Peter WITS
 LETCHER Guy Eric
 MIAH Mohammad Alamgir
 MICHAEL Kevin Anthony UCT
 PEARCE Adrian UKZN
 PETERS Feranda Fabian Emile

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

EDWARDS Beverley
 OMONDI Josephine Atieno

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

PIKETH Brandon William
 SINGH Dhivendra
 VAN DYK Marlice Alida

Certificate in Endocrinology & Metabolism of the College of Physicians of South Africa
Cert Endocrinology and Metabolism(SA) - Physicians

BHANA SIndeepkumar Amrat

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

DEMETRIOU Georgia Savva WITS
 KOTZÉ Daleen WITS

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

MOODLEY Anithadevi

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

GORDON Alan Ian
 RADEV Matey Assenov

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

SCHOEMAN Corné Stephanus

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

NEL Yvonne
 STANKOVIC Sinisa WITS

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

BOYTCHEV Hristo Boytchev
 MULAUDZI Thanyani Victor UKZN

HIGHER DIPLOMAS

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

PETERS Beryl Vasti

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

PETERS Gavin Derrick Dixon O'BRIEN WITS

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

THOMAS Francis Honkoh

DIPLOMAS

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

MCDONALD Marinda
 MOOSA Essop Allibhai

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

ADAM Suwayba
 ALLWOOD Brian William
 BALBADHUR Raksha
 BARNES Brigitte Beverley
 BAX Nicola Anne
 CASSIM Sumayya Ismail
 CLARKE Lowellen
 FIRFIRAY Latifa
 FOURIE Jan George
 FOURIE Gloria Michelle
 FOURIE Anél
 GARNER Tracey
 GOOSEN Belinda May
 GOPAL Neelesh
 GRAY Taryn Catherine
 HART Margaux Morag
 HUGO Tania
 IBRAHIM Yasmin
 JONKER Wouter Reinier
 KANELLOS Panagiotis Peter
 LE ROUX Alrisah
 MABUNDA Andrew Ntayendlayini
 MADURAI Jo-Anne Olivia
 MAPITSE Khumoetsile
 MARAIS Leon
 MATHIE Karryn Gail
 MAYET Atiyah
 MITCHELL Kirsten Alison
 MORFORD Michael Bruce
 MRARA Busisiwe
 MURRAY Mark Angus Graeme
 MURRAY Richard David
 NGOMANE Nyana Josephina
 NGUETCHUENG Romuald Kom
 NIENABER Jan Hendrik
 NKABINDE Duduzile Pamela
 OMAR Shahed
 OPRANESCU Cristina
 PADAYACHEE Lucelle
 PALME' Leif Magnus
 PANAJATOVIC Miljenko
 PIENAAR Adriaan Jakobus
 RAHMTOOLA Mohammed Iqbal
 ROLFE Deborah Anne
 SCHERZER Nicola Vera
 STEYN Isabel
 TURTON Edwin Wilberforce
 VAN DER MERWE Lydia
 VAN JAARVELD Iris Mercia
 VANGBERG Gunnar
 WISE Lauren Tracy

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

BAPELA Helen Mabolaleng
 BEZUIDENHOUT Heidr e
 CLARKE Natalie Ruth
 DE ST CROIX Kirsten St Claire
 MASEKO Hellen Nomsa
 MAYER Maria Madeleine Martha
 MOUNDZIKA-KIBAMBA Jean-Claude
 NAIDOO Vasandra Narainsamy
 NDABA Lubabalo Knowledge
 O'CONNELL Natasha Lynne
 ODENDAAL Jeanne Elizabeth
 REDDY Leeshana
 REITZ Francois
 SOKO Paul Boisie
 SONO Lino Lydia

TAYLOR Landy Claire
 VAN DER MERWE Elsa Cecilia
 VENTER Hester Elizabeth
 WOLMARANS Gabri el Johannes Matthys

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

MELIGONIS George
 MITCHELL Bridget

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

BULBULIA Mohamed Anwar
 CONRADIE Francesca Miranda
 DAVIES-HAKEEM Ademola
 GOVENDER Nelesh Premapragasan
 IVE Prudence Dorothy
 KEYSER Valerie
 KHUZWAYO Zamokuhle Brian
 LANDMAN Ingrid Kathryn
 MEINTJES Graeme Ayton
 MODI Shookdevbhai Lalloobhai
 MOTHIBI Cecilia Bothoboile
 MOTLOI Seabata Zacharia
 MWALE Jonas Chifweba
 NADESAN Sidhambaram
 REBE Kevin Brian
 THOMAS Juno
 TITI Simpiwe
 VENTER Willem Daniel Francois
 VLOK Willem Jacobus
 WOKE Felix Ikechi

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

KAUCHALI Sameer
 MIRIC Antoinette Louise

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

BANGALEE Kiran
 FIKENI Tamsanqa
 MADU Ikechukwu Steven
 MARAIS Wena
 MYBURGH Klara Ida
 NAIDOO Nalini
 OMILE Chukwudi Nwoye
 SIBIYA Freedom Bonginkosi
 THANDRAYEN Manivasan

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

MOABELO Tebogo Thato Magdaline
 SMIT Derrick Peter

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

CLOETE Daniel Jacobus
 ENGELBRECHT Louise
 GOVENDER Chandrakes Soobramany
 JOUBERT Gary
 RAUF Waqar-un-Nisa
 VAN ZYL SMIT Nellis

ANNUAL REPORT OF THE SENATE OF THE COLLEGES OF MEDICINE OF SOUTH AFRICA FOR THE PERIOD 1 June 2003 to 31 May 2004

The second Annual Report of the Sixteenth Senate gives an account of the business of Senate during the financial year 1 June 2003 to 31 May 2004. The report will customarily be presented in two sections - the financial statements and matters pertaining to the appreciation of the state of affairs of the CMSA, its business, profit and loss will be published separately and the rest of the activities appear hereunder.

The annual reports received from constituent Colleges and which cover their activities during the same period appear independently in this issue of Transactions.

IN MEMORIAM

Notification was received of the death of the following during the past year and the President and Senate extend condolences to their families and friends.

Founders

KERR, Edward Matson
MILLER, Carl Theodorus
ROSSOUW, Johan Tertius

Associate Founders and Associates

ANDERSON, John Douglas
BLYTH, Alan George
COETZER, Pieter Willemse Werner
HARRISON, Gaisford Gerald
HARRISON, William Oliver
HURWITZ, Hillard Solomon
LEBONA, Aaron David
LIPSCHITZ, David
McMURDO, John
YOUNGLESON, John Henry

Fellows

ACKERMANN, Errol
COWLEY, Ronald
DOVE, Jechiel
FOORD, Charles John
GRAHAM, John Donald
HANSLO, David Henry
JACOBS, David Schalk Liebenberg
KIBIRIGE, Arthur Christian George
LA GRANGE, Pierre Francois
LIOMA, Itumeleng, Dumisaninkosi
MÖLLER, Carl Theodorus
RICHEY, Alan Frank Whitfield
SAMODIEN, Ebrahim
SMALBERGER, Johannes Marthinus

Honorary Fellows

HARRISON, Donald Frederic Norris
JANSSEN, Paul Adriaan Jan
ONG, Guan-Bee
STRAFFON, Ralph

Members

GLAUN, Ivan Henry
KIRK, Alexander Charles

Diplomates

HOSSY, Sidney Charles
JORDAAN, Sara Johanna
NONDE, Emmanuel
WARREN, Carina

Staff member

KROMHOUT, Jan

It is also with regret that Senate records the death of Mr Emrys Rogers who was the CMSA's legal adviser since its inception in 1955.

NEW CMSA PRESIDENT PROF LIZO MAZWAI

When Prof Mazwai officially took over the Presidency of the CMSA on 13 May 2004, he stated that he was assuming office at a time of exciting challenges both within the CMSA and the country.

He believed that in the next years the CMSA should deliberate on its vision, mission, governance, structures and management; that it should evaluate the way business was being conducted within the CMSA and its constituent Colleges, synchronising, synergising and moving forward with the same pace and in the same direction.

Prof Mazwai pointed out that National issues included the CMSA's core function of examinations, its relationship with the Departments of Education and Health which still needed much attention as well as other bodies functioning within the ambit, i.e. HPCSA, SAUVCA, etc. He was confident that the CMSA would achieve its goals and aspirations.

Prof Mazwai will remain in office until May 2007.

ELECTION OF VICE PRESIDENT

Prof Zephne van der Spuy was duly elected, and resumed office as the second Vice President of the CMSA on 13 May 2004. She will occupy this position until May 2007.

Senate resolved that the method of election of the Vice President would be simplified to correspond with the election of other honorary officers. Article 43 and By-laws 27 and 28 will consequently be amended as follows:

Article 43:

“43(1)(a) At the end of the third meeting of each triennium, the president of the CMSA shall call for nominations from the elected members of the Senate for the appointment of two (2) vice-presidents, each one being an elected member of the Senate;

(b) At the first meeting of each triennium, the president of the CMSA shall call for nominations from the elected members of the Senate for the appointment of the chairpersons of the examinations and credentials committee, finance and general purposes committee and education committee, honorary treasurer and honorary registrars, from either the elected members of the Senate, or from the members of the CMSA.”

By-law 27: Heading to be amended to read:

“VICE-PRESIDENTS”

First paragraph to be deleted and replaced by the following:

“The election of the vice-presidents shall be governed by Article 43.”

By-law 28: Heading to be amended to read:

“Duties of vice-presidents”

The words “If there are two vice-presidents” to be deleted. (The rest of the paragraph to remain unaltered). (The Articles of Association and By-laws of the CMSA can be viewed on the website : <http://www.collegemedsa.ac.za>).

RESIGNATION OF PROF MATT HAUS AS HON EDITOR OF TRANSACTIONS

Prof Haus has been asked by his employer AstraZeneca to assume the position of Vice President of Research and Development in Shanghai, China. Senate expresses gratitude for the amount of work put in by Prof Haus as Honorary Editor, which dramatically changed the face of the Journal and wishes him well in his new position.

Prof Gboyega Ogunbanjo who is a Senator, was appointed as his successor for the remainder of the current triennium ending in October 2005. Senate wishes him well in his endeavours as Editor of Transactions.

50TH ANNIVERSARY (GOLDEN JUBILEE) CELEBRATIONS OF THE CMSA IN CAPE TOWN IN OCTOBER 2005

As recorded previously, the CMSA will be 50 years old in 2005. A programme of activities and events is being planned by a Steering Committee established by Senate to mark this

momentous occasion in the life of the CMSA. It is envisaged that the events, which will take place in all the main centres of the country, will culminate in the 10th Interdisciplinary Symposium to be held in Cape Town from 21 to 22 October 2005. This will be the highlight of the occasion. The theme for the symposium is “The Future of Academic Healthcare in Africa”. Senate is delighted that the International Association of College and Academy Presidents (IACAP) has accepted the invitation to hold their annual meeting jointly with the CMSA at that time.

Sister Colleges and Academies are invited to participate in the Golden Jubilee Celebrations, bearing in mind that the CMSA is unfortunately not able to defray any costs towards airfares, accommodation and registration fees.

National and international CMSA road shows

It is envisaged that banquets, dinners, cocktails or cheese and wine functions will be held in the main centres, attended by the President and Vice Presidents. A special effort will be made to invite and acknowledge the contribution of the original Founders and life members in these events which will take place in the traditional CMSA examination venues, as well as in Limpopo, Mpumalanga, the Northern and Eastern Cape provinces. It has also been suggested that senior College representatives should take advantage of overseas visits to hold similar events in other parts of the world where large numbers of CMSA members are found, such as the UK, Australia, and Canada.

Golden Jubilee Awards

Similar to the silver jubilee awards made 25 years ago to a handful of eminent persons, golden jubilee awards will be presented to South Africans who have made outstanding contributions to medicine and dentistry as clinicians, researchers, administrators and educators over the past 25 years.

Commemorative stationery, jubilee ties, and other memorabilia will signify the event. Any other suggestions by members are invited.

Short History of the CMSA

Dr Ian Huskisson will be asked to produce a short history of the CMSA, based on his magnificent series of CMSA History Papers that have been published over the years in the Transactions of the CMSA.

Further details about the Golden Jubilee celebrations can be obtained from Mrs Bernise Bothma, CEO CMSA: bernise@colmedsa.co.za.

REPRESENTATIVES OF THE DEPARTMENT OF HEALTH AND HEALTH PROFESSIONS COUNCIL ATTENDING CMSA SENATE MEETINGS

It was agreed that senior representatives of the Department of Health and the Health Professions Council of South Africa would be invited to attend future meetings of the CMSA Senate. This has been put into practice but to date the respective representatives were unable to attend, due mainly to a change in the hierarchy of these institutions.

NEW COLLEGE OF EMERGENCY MEDICINE (CEM)

It is with pleasure that Senate announces the official establishment of the College of Emergency Medicine under the Presidency of Dr Walter Kloeck of Johannesburg. The Secretary of this new College is Dr Patricia Saffy. They have both been elected by their Council to represent the College of Emergency Medicine on the CMSA Senate for the remainder of the current triennium ending in October 2005.

The other members of the Council of the CEM are:

Dr AA Aboo Cape Town
Dr ST Boyd Durban
Dr JSS Marx Pretoria

EXAMINATIONS AND RELATED ISSUES

Fellowship of the College of Family Practitioners (FCFP(SA)); The Status of Current holders of the MFGP(SA)/MCFP(SA) Having noted the approval of Family Medicine as a speciality by the Medical and Dental Board of HPCSA on 9 September 2003, the CMSA Senate agreed that the following categories of members be eligible for Fellowship of the College of Family Practitioners (FCFP(SA)):

1. Holders of MFGP(SA) obtained through general practice experience up to Jan 1996;
2. Holders of MFGP(SA) obtained after completion of two years vocational training recognised by HPCSA for registration as family physicians (independent practice – family medicine);
3. Holders of MCFP(SA) obtained after completion of two years vocational training recognised by HPCSA for registration as family physicians (independent practice – family medicine).

In addition to the above, the following conditions should be met:

- . Application on an individual basis.
- . Submission of a certified copy of the MFGP(SA) or MCFP(SA) certificate.
- . Payment of all annual subscription and registration fees.

It was agreed that this grandparent clause would expire at a date to be determined by the College of Family Practitioners. The M Prax Med, M Fam Med and M Med (Fam Med) degree holders would be considered via an alternative method.

***Fellowship in Occupational Health (FCPHM(SA))
Occupational Health***

This speciality has been approved by the HPCSA but not yet promulgated in the Government Gazette. Once promulgated, the new speciality of Occupational Health will become a Division of the College of Public Health Medicine.

National Equivalence Examination (NEE)

At the Senate meeting in October 2003 the following motion was adopted:

“Noting:

1. The proposal from the Committee of Deans for the “CMSA to require all specialist trainees to submit proof of completion of an academic component at a university before being allowed to write the final CMSA examinations”.
2. This proposal would effectively introduce a new principle in the essential requirements for all specialist trainees in South Africa, i.e. an academic or research training component.
3. That this proposal is being made in order to produce a single national system of examination for specialist trainees; to reduce unnecessary duplication of effort and expense in setting up parallel examinations; and to enhance the quality of the educational experience for specialist trainees.
4. That the heavy workload of specialist trainees, the lack of dedicated research time in their programmes, and the generally inadequate financial resources and research expertise all militate against successful completion of the academic requirements for many MMed programmes in the three to four years required to enter the CMSA examinations.

Hereby resolving:

1. To support the introduction of the principle of research training for specialist trainees, but the implications of the proposal of the Committee of Deans require further study and debate by the constituent Colleges of the CMSA before a policy decision is made on this matter.
2. To seek further clarification from the Committee of Deans on the requirements of the academic component. We suggest that a master's degree by course work would be more appropriate and feasible in the time and resources available to specialist trainees in South African hospitals.
3. To explore other avenues for achieving a national equivalence examination, such as the retention and extension of the current subsidy system in which universities are granted a subsidy for the different parts of the CMSA examination (to be regarded as legitimate exit points in the MMed programme).
4. To refer the proposal to the Registrars Association of South Africa for their comment.”

In May 2004 Senate reaffirmed that although the CMSA was committed to taking this matter forward it did not wish to, or have the authority to interfere or intervene in the affairs of the Universities.

The Minister's concern was noted that there were MMeds with different standards in the same country - that it was important for the academic components to be uniform within the institutions. It was reiterated that implementation of a NEE was still in its infant stages and that the finer details had to be worked out by the Universities and the CMSA.

At that meeting of Senate Dr G Reubenson, representing the South African Registrars Association, made the point that they were currently working in an environment with excessive service load, limited time for study and research and that it would be unfair to add to that load. He pointed out that it would also be unfair to impose new restrictions on registrars

currently in the framework.

Mirella Poggiolini
and Mia Luelle
Botha

New Specialities, Subspecialities, Certificates and Diplomata

The following have either been approved or are in the process of being approved by the Health Professions Council of South Africa:

Speciality:

Medical Genetics

Subspecialities:

Infectious diseases
Gynaecological Oncology
Maternal and Foetal Medicine
Reproductive Medicine

Certificate:

Certificate in Paediatric Neurology

Diplomata:

Higher Diploma in Pulmonology
Higher Diploma in Sexual Health and HIV Medicine
Diploma in Sleep Medicine

Decentralisation of Diploma Examinations

Once constituent Colleges which offer Diplomata have completed the restructuring of their examination formats, decentralisation can be considered for those examinations comprising written, unmanned paper-based OSCE, and multiple choice sections only – no viva voce, clinical or manned OSCE).

Awards: Recipients and Endowments

Endowment of Medal for the Certificate Examination in Medical Genetics

The Southern African Society of Human Genetics endowed the Bill Winship SASHG medal in recognition of Prof Winship's contribution to human genetics in South Africa, and particularly in KwaZulu-Natal. The medal will be awarded to a candidate of distinction in the certificate examination in medical genetics.

Medallists

Prize-winners are now decided by the respective constituent Colleges, subject to ratification by Senate. The following medals were presented during the period under review:

Durban : 16 October 2003

W A McIntosh Medal	:	Ismail Patel
S A Society of Otorhinolaryngology Medal	:	Ismail Patel
Rhône-Poulenc Rorer Medal	:	Esther Malan
Josse Kaye Medal	:	Shenreka Panday
Brebner Award	:	Hajira Mahomed
Walter G Kloeck Medal	:	Muhammad Bayat

Johannesburg : 13 May 2004

Hymie Samson Medal	:	Richard Bruce Walsh Sparks,
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Janssen Research Foundation Medal	:	Richard Bruce Walsh Sparks & Deane Brendon Murfin
Crest Healthcare Technology Medal	:	Simon John Robertson
Daubenton Medal	:	Jacques Anthony Pretorius and Samshad Begum Amod
J M Edelstein Medal	:	Hans Martin Snyckers
Leslie Rabinowitz Medal	:	Tracey Leigh Lutz
Rhône-Poulenc Rorer Medal	:	Nafisa Paruk
Lionel B Goldschmidt Medal	:	Aslam Ebrahim Bhorat
SASA John Couper Medal	:	Christine Grobler
Walter G Kloeck Medal	:	Daniel Gavin Nevin
Bill Whiship SASHG Medal	:	Nerine Evelyn Gregerson

Scholarships and Awards

Phyllis Knocker/Bradlow Award

This prestigious award was established in 1986 by the Bradlow Foundation and, in particular, through the kind generosity of the late Dr Mannie Bradlow, an Honorary Fellow of the CMSA who expressed the desire to honour the eighth President of The Colleges of Medicine of South Africa, Dr Phyllis Knocker.

The award is made to Fellows who not only achieve exceptional results in the Final Fellowship examination, but whose professional careers have shown evidence of valuable contributions to basic or clinical research, participation in community health projects, or the advancement of the humanitarian aspects of Medical or Dental practice.

The substantial monetary award is to be applied to the conduct of an approved project designed to enhance the recipient's contribution to South African Medicine or Dentistry.

Dr Carlo Ferretti received the Phyllis Knocker/Bradlow Award at the admission ceremony in Johannesburg on 13 May 2004.

K M Browse Research Scholarship

Dr S Marais was awarded the K M Browse Scholarship for 2003/2004 for her research on "Increasing the Molecular Sensitivity in the Diagnosis of Tuberculous Meningitis".

Maurice Weinbren Award in Radiology : 2003

No award was made.

R WS Cheetham Award : 2003

No application was received for this scholarship.

The Margaret S Bell Scholarship for the Best Presentation at a National Psychiatric Congress : 2003

No award was made.

Fellowships by Peer Review

The following were successfully assessed for Fellowship by peer review during the 2003/2004 financial year:

College of Emergency Medicine

ABOO, A
BALFOUR, C
BOYD, ST
DALBOCK, GE
DIMOPOULOS, GE
KLOECK, WGJ
MacFARLANE, C
MARX, JSS
SAFFY, PM
SCHUTTE, PJ

College of Pathologists

FIELD, SP
THOMPSON, IOC

College of Physicians

LEVITT, NS

College of Psychiatrists

HOLFORD, LE
PIENAAR, WP
PRETORIUS, HW
STEIN, DJ

College of Surgeons

BOFFARD, Kenneth David
DEGIANNIS, Elias
MILLAR, Alastair John Ward
PRETORIUS, Jan Philip

Successful Candidates

The names of candidates who pass the biannual CMSA examinations appear in each issue of Transactions. The results are also published on the web page: <http://www.collegemedsa.ac.za>

New Associates

Listed hereunder are the names of members who registered with the CMSA as Associates in their respective constituent Colleges during the year under review:

College of Obstetricians and Gynaecologists

DE FLAMINGH, JPG
DU PLESSIS, HK

GORDON, RN
GROBLER, CJF
KRIEL, LJ
LAWSON, MB
MBAMBISA, GGZ
MBERE, JM
NEL, CP
PILLAY, LM
PIPINGAS, A
SCHOON, MG
SCHULZ, DS
SOKOLEWICS, JJ
VAN DER COLF, AP
VAN DER WALT, D
VAN DER WALT, WA
VAN HEERDEN, JS
VISSER, AA

College of Maxillo-Facial and Oral Surgeons

BOUCKAERT, MMR

College of Psychiatrists

ALLERS, E

MORATORIUM ON ANNUAL SUBSCRIPTIONS

It was agreed that a moratorium on annual subscriptions be offered to defaulters for a six month period whereby they would be given the opportunity to reinstate their membership by paying to the CMSA the equivalent of one year's subscription. Due to popular demand this was extended by a further month and in total 123 reinstated their membership.

It is envisaged that these members will participate in the activities of the CMSA with renewed vigour and enthusiasm and will participate in the forthcoming elections of their respective constituent Colleges next year.

EDUCATIONAL MATTERS**Educational Development Programmes to the Eastern Cape (Transkei)**

The following educational visits were undertaken during the past year:

14 – 16 August 2003:

Prof M Kruger Paediatric Oncologist at Kalafong Hospital, Pretoria and Dr R Thejpal Paediatric Haematologist, University of Natal participated in this visit to Umtata.

The visit scheduled for October 2003 was cancelled by Dr Zweli Mbambisa, the Umtata co-ordinator, as a prominent member of the local medical fraternity had died.

19 – 21 February 2004:

Prof A W Sturm, Head of the Department of Medical Microbiology, Nelson R Mandela School of Medicine, lectured on "The Management of Sexually Transmitted Infections" and he was accompanied by Dr Kgosi Letlape who addressed the issue of "HIV Infection".

20 – 22 May 2004:

Prof Sam Fehrnsen, retired Professor of Family Medicine at MEDUNSA presented talks on “Chronic Lifestyle Diseases” and “Behavioural Change” together with Prof K Mfenyana and staff from Unitra.

South African Sims Professorship

Setting up this educational programme still remains problematic.

Project sponsored by the Robert McDonald Rural Paediatric Fund

Prof CJ Schoeman, Department of Paediatrics and Child Health, University of the Free State visited Qua-Qua on 9 October 2003. He participated in a symposium on child health matters that was held at Manapo Hospital, Phuthadijhaba. Early in 2004 an advertisement was sent out to all Heads of Departments of Paediatrics with a closing date of 30 June 2004. No nominations have been received.

JC Coetzee Projects (Obstetrics and Gynaecology)

University of Cape Town: Outreach Programme to the Eastern Cape

These visits follow a fixed format. One or two consultants travel to Port Elizabeth on a Wednesday, arriving in the early afternoon. The programme commences with lectures to the junior staff and is followed by either a ward round or case presentations.

The evening is spent at a CPD presentation for selected staff from the hospitals and specialist obstetricians and gynaecologists in private practice. If the subject of the lecture is of broader interest, then appropriate clinicians from other disciplines are invited.

On the Thursday morning a teaching labour ward round takes place at Livingstone Hospital which is followed by case presentations, ward rounds or participation in clinical activities.

The visiting lecturers then fly to East London arriving late afternoon and lecture at the Postgraduate Centre at Frere Hospital. This lecture is attended by staff from Cecilia Makiwane and Frere Hospitals involved in obstetrics and gynaecology. This is followed immediately by a CPD evening held with local specialists and more senior members of the hospital staff and follows the same pattern as the Port Elizabeth evenings.

On the Friday morning there is usually a Perinatal Mortality Meeting at Cecilia Makiwane Hospital followed by both obstetric and gynaecological ward rounds. Case presentations at Frere Hospital are arranged as determined by the senior staff.

The University of Cape Town visiting lecturers return to Cape Town on mid-Friday afternoon. These visits are audited regularly and the Port Elizabeth and East London Hospital groups are given the opportunity to limit the visits, change the format or add any components which they think necessary.

There has been a request to increase the number of visits and ten visits are consequently now undertaken annually. Where appropriate, there is also participation in the clinical programme. For example if someone from the Department of Obstetrics and Gynaecology, University of Cape Town has particular expertise in a clinical area, colleagues in Port Elizabeth and East London will arrange that there is either an opportunity for them to see appropriate cases or of utilising their clinical skills, e.g. in advanced ultrasound, colposcopy and so forth.

The visits to Port Elizabeth and East London during the past year and the lectures given at both centres were as follows:

<i>June '03</i>	Ultrasound in Early Pregnancy (V Eeckhout) Inside the Uterus (T Matinde)
<i>July '03</i>	Gestational Trophoblastic Disease (B Howard) Drugs in Pregnancy (L Schoeman)
<i>August '03</i>	Surgical management of Invasive Cervical Cancer (L Denny) Uterine Artery Embolisation in Fibroids (J Olarogun)
<i>October '03</i>	What's new in Contraception? (M Moss) Incontinence (J van Rensburg) Postpartum Care (J van Rensburg) HIV in Pregnancy (M Besser)
<i>November '03</i>	How can we reduce Deaths from Intropartum Asphyxia? (S Fawcus) Trends in Maternal Mortality: a 50 year Review in the PMNS, Cape Town (S Fawcus)
<i>February '04</i>	Postpartum Haemorrhage (N Matebese) Abnormal Uterine Bleeding (Z van der Spuy) Metformin – What is the Evidence? (Z van der Spuy)
<i>March '04</i>	Early Assessment of Pregnancy (J van Rensburg) Routine Ultrasound – High Cost and Low Value (C Stewart) Overactive Bladder – What if Conservative Treatment Fails? (J van Rensburg)
<i>April '04</i>	Premature Ovarian Failure (J Olarogun) Managing Pregnancy Loss (G Draper) Ovarian Reserve in Infertility Patients at Groote Schuur Hospital (J Olarogun)

Outreach Programme to Malawi

For the past few years the College of Obstetricians and Gynaecologists has had an outreach programme to the Department of Obstetrics and Gynaecology in Blantyre, Malawi. Every year two to four members of the academic departments in South Africa have travelled to Blantyre and tutored the postgraduate students who hope to write the Part I examination for the FCOG(SA).

As there was only one postgraduate student during the past year, Dr Carolyn Kanyighe, it was decided that it would be more cost-effective to bring her to Cape Town and arrange a programme for her between the University of Cape Town and University of Stellenbosch.

GP Refresher Courses: University of Pretoria

The University of Pretoria arranged a series of courses for rural general practitioners:

Witbank: September 2003

Preterm labour	: P Macdonald
Vulvodynia	: G Dreyer
Management of abnormal pap smears	: G Lindeque
Cytotec guidelines	: P Macdonald
WHI and HRT	: G Dreyer
Gynaecological procedures for GPs	: G Lindeque
Evidence based techniques for C/S	: P Macdonald
BRCA I and II	: G Dreyer
Genital ulceration	: G Lindeque

Rustenburg: March 2004

Abnormal uterine bleeding	: G Dreyer
Management of condylomata accuminata	: L Snyman
Hormone replacement	: G Lindeque
Chronic pelvic pain	: G Dreyer
Preterm labour and PROM	: L Snyman
Management of a child with a vaginal discharge	: G Lindeque

This meeting was attended by 60 doctors - both general practitioners and specialists and there was considerable discussion and audience participation. Further meetings are scheduled for the near future.

Outreach Programmes: University of Natal

The content of these meetings and workshops involves ongoing education and is aimed at midwives, community service doctors and medical officers who work in obstetrics. Some of the visits are combined visits by obstetricians and neonatologists.

August 2003: Stanger Hospital

Workshop on Neonatal Resuscitation

Important aspects of neonatal resuscitation (N Naidoo/A Moodley)
Neonatal resuscitation

Case Presentations

Perinatal case presentations (N Moran, D Nyasula, G Bartlett, N Naidoo, A Moodley)
Participating institutions were invited to present problem cases from their recent experience (e.g. perinatal or maternal mortality cases).

Problems in Labour / The Partogram

Workshop involving case scenarios (N Moran, D Nyasulu, G Bartlett)

A further three meetings are scheduled for the near future. One in Stander, one in Swaziland and one at St Benedictine.

JC Coetzee Medical Development Programmes: sub-Saharan Africa

During the past year the College of Obstetricians and Gynaecologists partly funded the ultrasound training of Dr Charles Mbwaji. He is a doctor from Tanzania who works in a Mission Hospital where they purchased an ultrasound machine but did not have anybody who could train him. Dr Mbwaji therefore joined the Department of Obstetrics and Gynaecology, University of Cape Town where he acquired the necessary expertise.

Continuing Professional Development: CPD

A new system is being developed by the Health Professions Council of South Africa. Further details are awaited.

KwaZulu-Natal Members Association

The following (new) committee was appointed for the period 2003 – 2005:

Prof A Madaree (Chairman)
Prof J V Robbs
Prof A L Peters
Prof J Aboobaker
Dr S S Naidoo (CFP)
Prof C C Rout (CA)
Dr N C Dlova (C DERM)
Dr N Madala (CP)
Dr V Rughubar (C MFOS)
Prof B Singh (CS)
Prof ZB Bereczky (C UROL)

The following Medico-legal Ethics symposia were held during the period under review:

13 August 2003

Topic : "Hospital Consent Forms and Exclusion Clauses : are they valid?"

17 October 2003

Topic : "The Impaired Physician."

11 February 2004

Topic : "Professional Boundary Violations – the slippery slope."

21 April 2004

Topic : "Ethical and Medico-Legal Aspects of the Complications of Medical and Surgical Treatment".

LECTURESHIPS

Arthur Landau Lecture

Professor John Milne repeated the lecture for 2003 entitled "Cations and Hypertension – the South African Perspective" in Johannesburg at the Physicians Update Congress on 15

August 2003 and in Durban at the 23rd Medicine Update Symposium on 17 August.

Prof Patrick Commerford was appointed the lecturer for 2004. More information will appear in the next report.

Francois P Fouché Lecture

JC Leong, Professor of Orthopaedic Surgery, University of Hong Kong gave the Francois P Fouché lecture on the opening day of the South African Orthopaedic Association Congress on 1 September 2003 at the Cape Town International Conference Centre. The topic of his lecture was: "Experience of Surgical Treatment of Difficult Spinal Problems".

Prof Teddy Govender, the lecturer for the year 2004 will be speaking on "HIV in Orthopaedics" during the course of the next financial year.

JC Coetzee Lecture

The next lecture will be given at the Family Practitioners' Congress in 2005.

Margaret Orford Memorial Lecture

Owing to lack of funds, the Council of the College of Obstetricians and Gynaecologists suggested that the Margaret Orford Memorial Lecture be given every four years at the biennial congress of the S A Society of Obstetricians and Gynaecologists.

KM Seedat Memorial Lecture

Derek Hellenberg, Associate Professor of Family Medicine, University of Cape Town, was appointed the KM Seedat Memorial Lecturer for 2003. Owing to the untimely death of his mother he was unable to deliver his lecture "The future GP" at the 12th National Family Practitioners Congress held in Stellenbosch from 10 – 14 August 2003.

The next lecture will only be given at the Family Practitioners' Congress scheduled to be held in August 2005, at Umtata.

Travelling Lecturer in Radiology

Prof Raymond Glyn Thomas who was appointed as the Travelling Lecturer for 2003 will be lecturing on "High resolution CT Scanning of the Chest (HRCT)" in Cape Town, Port Elizabeth, Durban, Johannesburg and Bloemfontein.

HISTORY OF THE CMSA

Condensed chapters of the CMSA History, in the process of being written by Dr Ian Huskisson, continue to appear in each edition of Transactions.

LIONEL B GOLDSCHMIDT LIBRARY

The records of the library and archives are being updated by utilising a newly acquired computerised record programme.

The contents of the library remain consistent with the aim to contain publications authored by CMSA members and copies

of book publications will therefore be most welcome.

Bronze description plaques have now been affixed to all gifts displayed in the office in Rondebosch and the library will be further enhanced with the erection of new shelving to provide for additional storage and display space whilst retaining the style and comfort of the room.

UPDATE OF CMSA WEBSITE

The site is maintained, almost on a daily basis and it is most encouraging to note that the site is visited frequently.

CMSA PROPERTIES

Grant-in-Aid in Respect of Rates : 17 Milner Road, Rondebosch

A grant-in-aid of R40 050.40 was awarded by the Department of Corporate Finance, City of Cape Town, in respect of rates payable by the CMSA in the 2003/2004 financial year. Some concession will hopefully also be made in the 2004/2005 financial year.

TAX EXEMPTION STATUS OF THE CMSA AND THE COLLEGE OF MEDICINE FOUNDATION

Prof Ralph Kirsch (President) and Mrs Bernise Bothma (CEO) together with Prof Michael Katz and Mrs Mansoor Parker of Edward Nathan & Friedland met with senior SARS representatives. All agreed in principle that the CMSA should be exempt from tax but that in order to achieve this it would have to be registered as an educational institution.

The point was also made that the Colleges of Medicine Foundation, which was a separate legal entity, should be incorporated into the CMSA structure. This is currently under investigation.

A delegation lead by Dr Molapo Qhobela, Director of Higher Education Policy, is due to meet with the CMSA Executive in August 2004 to explore the possibility of recognising the CMSA as an independent educational body equivalent to the Universities.

In the meantime SARS had made an adjustment in the calculation of the CMSA's income/assessed loss for the year 2003, excluding income from the assessment as it was exempt from Income Tax. The amount credited to the CMSA was R80 376.12.

THE CMSA PROVIDING INPUT TO THE DEPARTMENT OF HEALTH

The CMSA has now been included on the mailing list of the Department of Health as one of the major stakeholders invited to comment on health issues in the Country. This provided the CMSA with the opportunity to comment on certain aspects of the draft Health Bill.

Profs Ralph Kirsch (President) and Bongani Mayosi (Honorary Registrar) had dinner with representatives of the Department of Health in March 2004. It was a very productive meeting with the Minister's delegation expressing the desire to liaise with the CMSA on important issues in the future and even pursuing the possibility of the CMSA acting as a mediator.

STAKEHOLDERS' MEETING TO DISCUSS GOVERNMENT'S IMPLEMENTATION OF A COMPREHENSIVE HIV AND AIDS CARE, MANAGEMENT AND TREATMENT PROGRAMME

Prof Julia Blitz-Lindeque represented the CMSA. Issues arising out of the discussion were:

- . The creation of regional training centres (for integrated training and research).
- . Programmes for training the trainers.
- . Integration of the comprehensive plan into curricula.
- . Testing and examining exit level outcomes.
- . Continuous access to training.
- . The need for the Departments of Health and Education to confer.
- . The need for recruitment and retention strategies to be examined.
- . The creation of workplace programmes, especially in terms of caring for the carers, utilisation of nutrition and living positively with HIV.
- . Integration of care with that provided by traditional healers.
- . The need to have effective monitoring and evaluation systems in place.
- . The need to develop effective strategy for collaboration between health and training.

Prof Blitz-Lindeque recommended at the meeting that the CMSA be asked to consider requesting each of its constituent Colleges to include assessment of knowledge, skills and attitudes pertinent to HIV/AIDS patients as an essential part of every examination for which it was responsible. This was met with much approval.

CMSA REPRESENTATION ABROAD

The CMSA was pleased to strengthen its bond with sister Colleges and Academies abroad by being represented at the following:

Conference of International Reciprocating and Examining Boards of Anaesthesia (CIREBA) held in Dublin, Ireland on Friday 14 June 2002 to coincide with the 17th Annual Meeting of the European Association of Cardiothoracic Anaesthetists

CMSA representatives: Prof M F M James and Dr C H Daniel, at the time President and Secretary respectively of the College of Anaesthetists.

Tenth Ottawa Conference on Medical Education held in Canada from 13 to 16 July 2002

CMSA representative: Prof Ralph Kirsch, then Senior Vice President CMSA.

Academy of Medicine, Singapore : 36th Singapore-Malaysia Congress of Medicine held in Singapore - 1 to 4 August 2002

CMSA representative: Dr Dave Morrell, then CMSA President.

Royal College of Physicians and Surgeons of Canada: Annual Conference held in Ottawa from 26 to 28 September 2002

CMSA representative: President Dave Morrell who subsequently retired.

Royal College of Physicians and Surgeons of Canada: Annual Conference on Achieving Quality Health Care through Education, Professional Development and Research held in Halifax, Nova Scotia, from 11 to 13 September 2003

CMSA representative: Prof Ralph Kirsch in his capacity as President. He was accompanied by his wife Beverley.

IACAP (International Association of College and Academy Presidents) Meeting held in Hong Kong on 27 November 2003 (coinciding with the 10th Anniversary Congress of the Hong Kong Academy of Medicine: 28 to 30 November 2003

President Ralph Kirsch's comprehensive report on this meeting appeared in the January – June 2004 issue of Transactions.

Meetings of The College of Medicine of East Africa held in Nairobi, Kenya from 23 – 25 August 2003 and in Lagos, Nigeria from 9 – 13 September 2003

Prof Andries Stulting attended these meetings in his capacity as President of the College of Ophthalmologists.

Royal College of Surgeons of Edinburgh : Clinical and Scientific Meeting held from 5 to 7 November 2003

The President of the College of Surgeons Prof John Robbs represented the CMSA at this meeting. Exciting to note that the Edinburgh College will be celebrating their 500 year of existence at the same time that the CMSA celebrates its 50 in 2005!

CIREBA (Conference of International Reciprocating and Examining Boards of Anaesthesia) Meeting hosted by the Royal College of Anaesthetists in London on 15 and 16 April 2004

The President of the College of Anaesthetists Prof Chris Lundgren attended the CIREBA meeting in London and was accompanied by Prof Mike James the immediate past President of their College.

Royal College of Physicians of Ireland : 28 May 2004

Prof Ralph Kirsch was honoured to attend the conferral ceremony of the RCP(Irel) on 28 May 2004 to receive admission to Fellowship.

Recognition

Due recognition is given to the Colleges of Medicine Foundation for generously sponsoring the College visits abroad.

ACKNOWLEDGEMENTS

Senate duly acknowledges the significant role played by honorary officers, examiners, trustees, constituent College Councils, and committees and sub-committees.

The participation of members in the activities of the CMSA, and particularly also in the various programmes referred to in this report is greatly valued.

The full-time employees form an immensely important component of the infrastructure of the CMSA. The invaluable part that they play in the continued success of the CMSA through efficient management of its varied functions is acknowledged with sincere appreciation.

COLLEGE OF ANAESTHETISTS

It is a pleasure for the College of Anaesthetists (CMSA) to present its report for the year ending May 2004.

The popular College of Anaesthetists' "Anaesthesia – State of the Art" lecture series that is staged for the benefit of members and examination candidates broke new boundaries when the seventh in the series was held in Durban in October 2003. Utilising telemedicine technology it went "live" and was televised to three other centres within KwaZulu-Natal namely Port Shepstone, Pietermaritzburg and Empangeni. This ensured a much wider outreach to members than was previously possible. The College wishes to acknowledge the generous support from AstraZeneca towards this program and the contribution made by individuals in terms of presenting lectures or assisting with the organisation of the lecture series.

The College of Anaesthetists through educational seminars held for its examiners continued to focus on the examination process looking at ways to improve the quality of the examinations and to develop the examiners themselves. Professors Diedericks, Lundgren and Morrell who attended the May 2003 CMSA Symposium on Postgraduate Assessment were able to provide valuable direction to Council as a result of their exposure to educationalists at the symposium. Council approved radical changes to the FCA(SA) primary examinations that if accepted by the Examinations and Credentials Committee and Senate, will see the removal of the Oral section of the examination. This is scheduled to be replaced by additional written papers thereby reducing travelling costs for both the candidates and also the examiners. Similarly the FCA(SA) final has been looked at and here too a new format has been developed with the inclusion of an additional written paper looking specifically at data interpretation. Both examinations will see the new format in place in October. The significant changes to the DA(SA) examination process first introduced as a pilot format in April 2002 have proved to be highly successful and have now been adopted as the permanent format for this examination. It includes the centralisation of the marking of papers at the examination venue and a drastically compressed examination schedule with the OSCE and Oral sections of the examination following one week after the written paper. The whole examination process is however extremely labour intensive and for this reason the College has requested that the OSCE/Oral section of the examination should not extend beyond two days. The other advantages for the candidates have been noted in previous reports.

Our College has welcomed several distinguished Honorary Fellows to its ranks. In Cape Town in May 2003 Professor Anneke Meuring, President of the World Federation of Societies of Anaesthesiologists and Professor Teik Oh, past President of the Australian and New Zealand College of Anaesthetists received their Fellowships while in Durban in October 2003 it was the turn of Professor Peter Hutton, past President of the Royal College of Anaesthetists and Professor Ralph Vaughan, Fellow of the Royal College to receive their respective Fellowships. In May this year, Professor Anthony Cunningham, past President of the College of Anaesthetists, RCSI received his Honorary Fellowship.

In April 2004, the President Professor Christina Lundgren and Professor Mike James, IPP, attended an expanded session of CIREBA (Conference of International Reciprocating Examining Boards in Anaesthesia) hosted by the Royal College of Anaesthetists in London. This organisation was formed a few years ago mainly to facilitate registration and accreditation by national bodies and to evaluate our mutual training requirements. Our College is one of six founder members. The others are the Colleges from the UK, Ireland, Australia and New Zealand and Canada, as well as the American Board of Anaesthesiology. It was decided to expand the membership to include the observer countries at

the London meeting. These include Bangladesh, Hong Kong, Malaysia, Pakistan, Singapore, Sri Lanka, the West Indies and the European Academy. We have also agreed to increase our terms of reference to collaborate and share knowledge and information on all aspects of Anaesthesia training, examinations and research. We will develop a website and will have a secretariat, based initially in London. It was also agreed that in order for this organisation to be effective, we will need to meet annually. These are all very exciting developments for our College, and a great privilege to be a part of this.

Prof A C Lundgren
President

Dr C H Daniel
Secretary

COLLEGE OF CARDIOTHORAGIC SURGEONS

The curriculum within the College has been extensively revised. Input from the European Association of Cardiothoracic Surgery and the American Thoracic Directors Association curricula was extensively used in the revision, but modified according to our own demographic requirements. Paediatric cardiac surgery has been a dilemma. The College is considering a certificate for this sub specialty within cardiothoracic surgery. The College strongly supports a national equivalence examination. Indeed the global cardiothoracic community takes it a step further. They seek an "international credentialling" where cardiothoracic surgeons can work anywhere in the world with well defined and accepted curriculae. Quite a thought!

There is a wide variation in registrar training within the teaching units. There are units where the training is superb with good teaching, case material and structured programmes. On the other hand most units suffer from a lack of resources due to financial constraints with a limited turn over and opportunities for registrars. It is a matter of great concern for the College.

Dr R H Kinsley
President

COLLEGE OF FORENSIC PATHOLOGISTS

Our College Council has had a very busy year, revising and rewriting our regulations for the FC For Path(SA), to align our qualification to international standards and to facilitate reciprocity between the CMSA and our various Universities. These new regulations have been rewritten in accordance with SAQA format, with clear, detailed learning objectives and assessment expectations, as well as specific guidelines with respect to our newly introduced logbook and portfolio requirements. We were delighted to see these amended regulations published on the CMSA website after their ratification in May this year. In addition, the revised Part I requirements have already resulted in MMed/ CMSA Part I reciprocity for a fellowship candidate from the University of Stellenbosch, for the upcoming September/October 2004 examinations.

We have also finished the mammoth task of splitting our Dip For Med(SA) into separate clinical and pathological components for the envisaged separate Diplomas, with examination admission criteria based on academic training periods and very specific logbook training requirements, rather than "District Surgeon" employment periods. These amendments were approved in principle by the Examinations and Credentials Committee and we are looking forward to presenting them to Senate for ratification in October 2004. The necessity for splitting the Dip For Med(SA)

and changing the admission criteria has arisen in recent years, due to the abolishment of the old "District Surgeon" posts, which are being replaced with Forensic Medical Officer posts in either clinical (child and elder abuse, sexual assault and drunken driver examinations) or pathological (medico-legal autopsies) settings.

In addition, the President of our College has been actively involved in the National Forensic Pathology Services Committee (NFPSC) meetings during this past year, where the proposed changes to our Dip For Med(SA) were further supported by the NFPSC promoting the principle that a Forensic Medical Officer with a Dip For Med(SA), should be entitled to a higher remuneration package. This will no doubt attract more appropriately qualified Medical Practitioners to these "forensic" posts and will have the added and much needed benefit of markedly improving the standard of medico-legal services provided in our country.

Dr J Vellema
President

COLLEGE OF FAMILY PRACTITIONERS

The past year has been one of considerable change within the College both structurally and also in relation to its qualifications.

Emergency Medicine

The Diploma of Primary Emergency Care (DipPEC) has been hosted within our College and it is with pleasure that we have seen the development of the speciality of Emergency Care and launch of the new independent College of Emergency Care, with Dr Walter Kloock as its first President. We congratulate the members of the new College on this important development, but especially Walter for his leadership and tenacity to achieve this goal and for his continued support to the College of Family Practitioners. The DipPEC will now naturally be housed within the new College.

Fellowship of the College of Family Practitioners - FCFP(SA)

The College is proud to announce the establishment of its own Fellowship. This has been ratified by the Senate and will be offered from 2005. The Fellowship consists of a minimum of 4 years training. Assessment will be by Examination and a Modular Programme Assessment (MPA). The requirement to enter the examination is three years' fulltime post-internship training in Family Medicine in an approved training programme. A current CPR, ATLS, ATLS certificate is also a prerequisite to write the examination. The 4th year requires completion of three previously approved modules of 40 notional hours each, in domains of the candidate's choice, and could include modules in ethical aspects of patient care, palliative care, geriatric medicine, adolescent health, quality improvement project, epidemiology, biostatistics, health economics... etc. A completed and approved research report for a Masters degree in Family Medicine is an acceptable equivalent.

The examination which may be attempted at the end of three years, will consist of written, clinical, oral and management components, and will assess the candidates ability to apply the biopsychosocial approach to the management of individual, family and community domains. Formative assessments will also be considered. The curriculum is essentially those of the M.Med/M.Fam.Med programmes in Family Medicine offered by SA Medical Schools. Essential elements will include research methodology, biostatistics, bioethics, health economics, health information management, quality improvement, and evidence-based approaches as they apply to patient care.

Using the shortest route, a candidate could receive the Fellowship at the end of the 4th year, on successful completion of the examination component in the 3rd year, followed by the MPA during the 4th year.

What about those with the MFGP(SA) or MCFP(SA)?

Those Members in good standing who have previously obtained the MCFP(SA) or MFGP(SA) may apply to receive a Fellowship certificate. Applications must be accompanied by the original certificate and payment of all subscription, and administrative fees. There will also be a route for admission as a Fellow by Peer-review in certain very selected circumstances, as for other Colleges. All members of the College in good standing will be notified about application requirements and details. Those who have converted to Fellowship may not continue to use the MCFP or MFGP qualifications in any way. Re-registration with HPCSA will also be required before the new designation may be used.

Family Medicine – a speciality

Family Medicine has been accepted in principle by the HPCSA as a speciality and plans are underway for the establishment of full-time registrar posts and training programmes throughout the country. The College is jointly represented with the SA Academy of Family Practice in discussions in this regard on the Medical and Dental Board of the HPCSA. The FCFP(SA) will most likely become a popular form of assessment of expertise but the exact relationship of the Fellowship and the Masters degrees is part of the broader debate within the CMSA. The specialist register for Family Medicine is not yet opened for registrants.

General Matters

The College continues to be involved in fora and debates nationally and regionally on education matters, policy and health care issues and human resource planning. Although the Council has not physically met, we have utilized teleconferencing and debate has been fairly rigorous on our email list-server. There will however be a need to convene a physical meeting soon to finalise the FCFP(SA) details. We have worked well, and regret that we will be losing Walter Kloock and Patricia Saffy to the new College of Emergency Medicine.

Bruce Sparks
President

COLLEGE OF MAXILLO-FACIAL AND ORAL SURGEONS

During the year 1 June 2003 to 31 May 2004 the College of Maxillo-Facial and Oral Surgeons has revised much of its examination procedures. The workshop held in Cape Town during early May 2003 was attended by the President Prof J Lownie as well as Prof M Lownie, Prof J P Reyneke and Dr P Struthers. As a result of this all regulations related to the examination process have been revised and implemented. Changes have been made to the examining format for the written as well as the OSCE component of the FCMFOS(SA) Final examination. The Council of the College wishes to express their thanks to the Johannesburg office for the time taken to implement these changes. During the year in question the aspect of a national equivalence examination was discussed at Council level and the commitment to this process by the various Maxillo-Facial and Oral Surgery Units in South Africa is much appreciated. Of particular importance is the fact that candidates who have been successful in University Primary and Intermediate examinations will be exempted from the FC MFOS(SA) Primary and Intermediate examinations. It is our hope that this will encourage more candidates to enter the FCMFOS(SA) Final examination.

On behalf of the Council I wish to express our thanks to both the Cape Town as well as Johannesburg and Durban offices for their ongoing support.

Prof J F Lownie
President

COLLEGE OF NEUROSURGEONS

1. College Annual General Meeting

The annual meeting of the College of Neurosurgeons took place in June 2003 and was attended by the 10 elected Councillors. Prof Jonathan Peter is the College President and Prof Patrick Semple the Secretary. The decisions of the meeting have been incorporated in the previous year's report. The next meeting of the College Council is in August 2004.

2. Membership of the College

It was decided that the College Council should consist of the elected members as well as the Heads or Acting Heads of Departments. The HODs that were not elected members were co-opted onto the Council. When a new Council is formed the revised format will be the 7 HODs and 7 elected members to make a total of 14 members on the College Council. The list of the members for the current terms of office is:

President: Prof J C Peter (UCT)
Secretary: Prof P L Semple
Dr DJ de Klerk
Dr MD du Treouv
Dr ND Fisher-Jeffes
Dr N Govender
Dr CF Kieck
Prof MSM Mokgokong (Medunsa)
Dr SS Nadvi
Dr AG Taylor
Prof R Gopal (Witwatersrand)
Prof B Hartzenberg (Stellenbosch)
Prof J Albertyn (Free State)
Dr HP Shapiro (Pretoria)

3. Examination Format

A decision was made to investigate adding OSCE as an examination technique as well as the introduction of a logbook for registrars. The Examinations and Credentials Committee of the CMSA have approved these proposed changes and they will be further discussed at the meeting in August 2004. It was also decided that written examinations would remain the criteria used to judge invitation to the clinical and oral examinations.

4. Examination Results

In the October 2003 examinations two candidates passed and one candidate was successful in March 2004.

Prof P L Semple
Secretary

COLLEGE OF NUCLEAR PHYSICIANS

The College of Nuclear Physician (CNP) has shown progress and stability in the first half of this triennium.

Prof Ellmann coordinated review of the new regulations successfully. This entailed a changed examination format for both the Part I and Part II examinations. Both examinations starting from October 2004 will include an OSCE with 16 stations, oral and practical examination with at least 8 cases for Part II. The last two examinations for FCNP(SA) were conducted in Gauteng with good co-operation from the host departments. During this period one new Fellow, Dr T Kotze, was admitted to the Fellowship in Nuclear Medicine.

During the two Council meetings of October 2003 and May 2004, a suggestion was made that logbooks should form part of the registrar assessment, and this was met with a positive response. The Council of the CNP is presently busy with the development of a logbook for Nuclear Medicine.

The Council will encourage all universities to have their primary examinations recognised by the CNP, so that we can move a step closer towards the concept of one national examination. To encourage formative assessment, all departments should consider using CNP(SA) examiners to conduct continuous assessment in the center where examinations are conducted and also during other meetings of the Nuclear Medicine Community.

Prof A Ellmann
President

Prof M M Satheke
Secretary

COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

The main challenge which the Council of the College of Obstetricians and Gynaecologists has faced over the past year is adjusting our recently revised examination system to comply with the CMSA's new policy with regard to marking. This has gone hand in hand with our on-going assessment and restructuring of our examinations. The three committees, which are tasked with overseeing the development of the new regulations and guidelines for the Part I, Part II and Diploma examinations, have completed their documents and these were approved by the Council in May. It is recognised that the development of the new system is a dynamic process and revisions to the regulations, and the assessments, are likely to be implemented over the next few years as we develop our formative and summative assessment process.

At present the Part I examination of the FCOG remains a written examination. The requirements for the Part II examination are constantly reviewed. All the candidates have to keep a logbook of their clinical experience and this has to meet stipulated requirements. The logbooks have recently been reviewed and are being developed in an electronic format. Requirements for clinical experience have changed to meet with the new developments within our discipline and to ensure we keep up to date with new technologies. All the candidates have to complete 2 commentaries – one each in obstetrics and gynaecology - and one of these must be an original research project while the other may be a literature review. These commentaries are then examined and, provided they meet the required standard, the candidate will then be allowed to take part in the FCOG Part II examinations.

This examination now comprises two written papers, one OSCE examination and two OSPE examinations. Each section of the examination carries the same weighting. The new CMSA marking system was adopted for the first time in the recent May examinations. In accordance with the recommendations of the various educational experts who we have consulted, we have increased the number of questions in the written examinations to ensure that assessments of the candidate's knowledge of multiple topics are made. The OSPE ensures that the candidate is examined on 8 clinical scenarios and the OSCE offers the opportunity of assessing candidates' abilities to counsel patients, manage difficult clinical problems and assess clinical investigations.

The format for the Diploma examination has also changed and now includes a written examination, an OSCE and 3 or 4 OSPEs. It is planned that in the future admission to the Diploma will depend on the completion of an adequate clinical portfolio, not dissimilar to the logbook for the FCOG Part II. This offers the best opportunity of assessing the clinical experience of the candidates and also, to a certain extent, places responsibility for ensuring that experience is adequate on the clinicians responsible for training candidates for this examination.

The input of everyone who has been involved in developing our examination system is much appreciated. The Part II examination committee has representation from all the Faculties of Health Sciences in South Africa to ensure that their Departments of Obstetrics and Gynaecology have input into any changes in our examination format and also that the developments are communicated to the different Faculties.

We are very appreciative of the examiners who have given so freely of their time and energy over the past year. This is often a time consuming task which requires considerable input from colleagues who are already over-committed in their academic and clinical practice. The convenors and the examiners give an enormous amount of time, not only in marking papers and participating in practical examinations, but also in preparing the following examinations.

We would like to acknowledge the examiners in our College over the past year. We recognise that without their participation and generous donation of their time, the College would not be able to function as an examination body.

The examiners for 2003/4 are listed below:

FCOG Part I: September 2003

Convenor: Prof D W Steyn, University of Stellenbosch
 Examiners: Prof J Anthony, University of Cape Town
 Dr M H Botha, University of Stellenbosch
 Dr E J Buchmann, University of the Witwatersrand
 Dr J O Olarogun, University of Cape Town
 Dr S R Ramphal, University of Natal
 Prof B van Iddekinge, University of the Witwatersrand
 Prof J T Nel, University of the Free State

FCOG Part 1: March 2004

Convenor: Prof D W Steyn, University of Stellenbosch
 Examiners: Dr E J Buchmann, University of the Witwatersrand
 Prof J T Nel, University of the Free State
 Dr J O Olarogun, University of Cape Town
 Dr M H Botha, University of Stellenbosch
 Dr G Dreyer, University of Pretoria
 Dr D R Hall, University of Stellenbosch
 Dr S R Ramphal, University of Natal
 Dr P S Steyn, University of Stellenbosch

FCOG Part II: September 2003

Convenor: Prof J Moodley, University of Natal
 Examiners: Dr G Dreyer, University of Pretoria
 Dr S J Dyer, University of Cape Town
 Dr S R Ramphal, University of Natal
 Dr R F Roos, University of Natal

Prof G B Theron, University of Stellenbosch
 Prof C J van Gelderen, University of the Witwatersrand
 Prof H S Cronje, University of the Free State

FCOG Part II: March 2004

Convenor: Prof F Guidozzi, University of the Witwatersrand
 Examiners: Prof A B Koller, University of the Witwatersrand
 Prof B G Lindeque, University of Pretoria
 Prof D W Steyn, University of Stellenbosch
 Prof J Anthony, University of Cape Town
 Prof J S Bagratee, University of Natal
 Prof T S Monokoane, MEDUNSA
 Dr G Dreyer, University of Pretoria
 Prof B F Cooreman, University of the Free State (observer)

Dip Obst: September 2003

Convenor: Prof J S Bagratee, University of Natal
 Examiners: Dr L Govender, University of Natal
 Dr H C Maise, University of Natal
 Dr R E Mhlanga, National Department of Health
 Prof T S Monokoane, MEDUNSA
 Dr C M J Stewart, University of Cape Town
 Dr S C Moodley, University of Natal
 Dr S Naidu, University of Natal

Dip Obst: March 2004

Convenor: Prof C J van Gelderen, University of the Witwatersrand
 Prof A P Macdonald, University of Pretoria
 Dr T Smith, University of the Witwatersrand
 Dr B S Jeffery, University of Pretoria
 Dr L Govener, University of Natal
 Prof Z M van der Spuy, University of Cape Town

We are well aware of the fact that participation in the examination process takes an enormous amount of time and energy. It is difficult for several members to be absent from the same department and for this reason we try to get representation from as many Universities as possible for each examination. Although the invitations are sent out with this in mind, it is not always possible to get representation from all Faculties.

In our College we are very fortunate to have a well endowed fund, established by Dr JC Coetzee many years ago which can be utilised to support out-reach educational programmes. Dr Coetzee was initially a rural GP and subsequently specialised in Obstetrics and Gynaecology. He was always very conscious of the needs of rural doctors for CME and was aware of the fact that this was not always easily accessible. As a consequence he established this fund for the purpose of arranging out-reach educational programmes for rural doctors. This programme has been extended by the College to sub-Saharan Africa. Over the past year several of the Departments of Obstetrics and Gynaecology in South Africa have run CME courses and GP refresher courses both in rural areas and in some academic centres. In addition doctors in Malawi have had the opportunity of tuition in South Africa and the ultrasound training for a clinician in a mission hospital in Tanzania was partially supported through this fund. The programme for 2004 is fairly extensive with planned visits to about 8 centres in South Africa.

The challenges for the coming year include the on-going review of our examination system and our next project is to develop a logbook which not only reflects training but also the quality of experience and the ability of the candidate. With the possible move to a the National Unitary examination, our College is considering changing from the system of 2 commentaries to one longer dissertation which could be submitted as part of the requirements for the M Med examination at the various universities.

At present the nominated Senate representatives from our Council are Professor Jack Moodley and Professor Zephne van der Spuy.

No doubt the coming year will continue to provide challenges as we try to meet the educational demands which restructuring the examination has brought about. We hope that we will have input and support from all the Faculties of Health Sciences in South Africa as we develop our examination system and review our assessment processes.

Prof Z M van der Spuy
President

COLLEGE OF OTORHINO-LARYNGOLOGISTS

The incorporation of all ORL Academic Heads in South Africa has just about been completed and this should facilitate the important tasks surrounding curriculum standardisation and a unitary examination. Our academic sub-committee of the South African Society of ORL and HNS has decided to change the training program. This will be submitted to the CMSA as soon as the practical implications have been attended to. The idea is to get the basic surgical principles and intensive care out of the way first so that the registrar can enter a dedicated training program without further interruptions. This would mean that the old Part 1 Section B would be done first and the old Part 1 Section A (which will be changed to an applied basic sciences) will be accommodated during the dedicated training period.

The above changes required extensive debate over a long period of time (at times heated) but sanity prevailed and all now agree that this is in the best interest of our discipline. I would certainly like to use this opportunity to thank all the Heads of Academic Departments for their input into this important issue. Lastly I would like to thank my fellow Senator Les Ramages, the Secretary Derrick Wagenfeld and the members of our council for their guidance and support.

We look forward to improving the functions of the College of ORL and also the CMSA.

Prof A J Claassen
President

COLLEGE OF PAEDIATRICIANS

The main efforts of the College of Paediatricians over the past year have focused on increasing the level of sophistication and professionalism in the College. All College examinations are being reviewed to ensure that they are consistent with national and international standards. This has demanded greater and more detailed attention to the nature of the examinations, the way they are conducted, the choice of examiners and the assessment tools used. Candidates' comments and criticisms are also being actively sought.

Key issues and developments in the College over the past year include:

- The College is supportive of the concept of a unitary examination shared between universities and the College. It favours the College examination as the standard. A number of technical issues still need to be resolved, including costs to the student/candidate and university revenues.
- The recent change to a percentage system and the associated modifications to the marking system have had a positive influence on College examination results in the most recent (March/May 2004) examinations. The overall success rate in the FC Paed(SA) Part II was 78%, while

79% of DCH(SA) candidates and 50% of FC Paed(SA) Part I candidates were successful.

- An Examinations Board comprising the President of the College, Convener of each examination and an elected Council member is now responsible for reviewing and vetting the content of all written examinations before the event.
- The DCH(SA) examination is currently under major scrutiny and a report recommending significant changes to its structure, eligibility criteria and conduct is soon to be reviewed by Council.
- The College has run subspecialty examinations in neonatology, cardiology and neurology. Subspecialty regulations and requirements are being synchronised with other Colleges. There is ongoing discussion about the format of logbooks.
- The College website, administered by Prof Alan Rothberg continues to expand and offers continuing medical education as well as examination related material for Fellows, Diplomates and examination candidates. Past examination papers (with "model" answers), reports on College activities and contributions from Councillors are also available. We are the only College with a dedicated web site. The development and maintenance of this site has been made possible by grants from Nestlé. Address: <http://www.collegemedsa.ac.za/Paeds/>
- The College of Paediatricians was invited to send an examiner to participate in the paediatric examinations of the College of Physicians and Surgeons of Pakistan. Professors David Power, Keith Bolton and Peter Donald have represented the College at these examinations. All have found the examinations to be well organised, interesting and of a high caliber. Some of the techniques used have been incorporated into our own examinations. The College would like to thank the Pakistani College most sincerely for its hospitality during the visits.

The College of Paediatricians has nominated fewer of its peers for College Fellowships and other honours than most other Colleges. The present committee believes it appropriate to honour distinguished local or international paediatricians and is seeking nominations from its membership.

Similarly, there have been very few applications for the Robert McDonald Grant for visits or lectures to rural sites. Details can be obtained from the web site or from the Honorary Secretary at saloojeeh@medicine.wits.ac

The College wishes to thank the administrative staff of the CMSA for their efforts and support during the review period.

Prof J M Pettifor
President

Dr H Saloojee
Secretary

COLLEGE OF PATHOLOGISTS

The Council of the College of Pathologists consists of the following individuals:

Professor P Ojwang (President) – Chemical Pathologist, Wits (Senator)
Professor S Nayler (Secretary) – Anatomical Pathologist, Wits

Dr A Bird - Haematology, Blood transfusion, Cape Town

Dr R Bowen - Anatomical Pathology, UCT
 Prof H Crewe-brown – Microbiology, Wits
 Prof A Duse – Microbiology, Wits
 Prof A A Hoosen - Microbiology, Medunsa
 Prof E Janse van Rensburg - Microbiology, Pretoria (Senator)
 Prof V Jogessar, - Haematology, Natal
 Prof MN Muthuphei – Anatomical Pathology, Medunsa
 Dr J Paiker - Chemical Pathology, Wits
 Prof AJ Tiltman, IPP - Anatomical Pathology, Private Practice, Cape Town
 Dr H Wainwright - Anatomical Pathology, UCT.
 Prof C Wright - Anatomical Pathology, Stellenbosch

The College represents several different disciplines and as such has endured some administrative difficulties, but is currently engaged in a process of curriculum reform. All disciplines have submitted their updated curricula, which are available on the CMSA website, except for the disciplines of Virology and Haematology; these are at present being worked on.

The nascent college of Oral Pathologists has now also been born and several Fellowships by peer review conferred to: Profs M Altini, H Coleman, J Hiller, E Raubenheimer, W van Heerden, Dr I Thomson. An Honorary Fellowship is also due to be conferred on Prof Mervyn Shear. The finalised curricula and examination formats are at present being drawn up. A representative will shortly be co-opted onto the Council

An initiative of the President has been to foster closer links with the Colleges of Pathology of other countries and as such it is proposed to put the name of Professor James Underwood, President of the Royal College of Pathologists, forward to the Senate for an Honorary Fellowship in recognition of his services and contribution to pathology.

The Council will continue to endeavor to ensure that the high standard expected of our Fellows is maintained as the NHLs takes over the running of Pathology country-wide. It is envisaged that the FC Path(SA) will become the unitary examination for all disciplines and as such that the examinations be conducted in a more open and transparent fashion, with quality control to ensure fair and representative examinations.

Prof P J Ojwang
President

Prof S J Nayler
Secretary

COLLEGE OF PSYCHIATRISTS

During the year under review there have been several developments within the College of Psychiatrists.

Teleconferences

Because of the cost of airfares, it is virtually impossible for the Council of the College of Psychiatrists to meet face-to-face. The Council has decided to have regular teleconferences, and this is proving to be reasonably satisfactory. It certainly is a way of getting a decision-making process under way, and of keeping members of the Council abreast of developments.

National Equivalence Examinations

As in all the other Colleges, the debate around national examinations for purposes of registration has continued. Our College has been working closely with heads of academic departments and the South African Society of Psychiatrists over several years towards the concept of a national exit examination for Psychiatry. A close working relationship between all the parties has been achieved, but recent legislation by the Department of Education and Training, which deprives universities of subsidy

if students do not complete the Masters degree, has delayed further discussion on a unitary examination. At present we must accept the fact of two qualifications for registration with the HPCSA, namely MMed or College Fellowship. Cooperation between the College and the Academic Departments of Psychiatry needs to continue and even increase so that the standards of our qualifications can be maintained.

Training and Examinations

The Colleges of Medicine of South Africa (CMSA) have been encouraging all constituent Colleges to redesign the methods of their examinations. The College of Psychiatrists has accordingly made considerable progress in all their examinations, ensuring that they move to testing across as many facets of the subject as is practical.

The College needs to communicate closely with the academic departments of Psychiatry in order to find a method of being able to assess students during their training, and of ensuring that these assessments contribute in some way to the final outcome. In this way the examinations of the College and the Universities could come even closer together. The College is greatly appreciative of the part played by academic departments of Psychiatry, which organise the examinations and provide examiners.

Medals and Prizes

The College of Psychiatrists has very few awards to offer to students who achieve well in the various examinations. This is a matter for concern, and a sub-committee has been appointed to try to rectify this problem.

Diploma in Mental Health (DMH(SA))

Numbers of candidates for this examination have been variable, but have shown a general increase. However this is not nearly sufficient to make a difference. South Africa remains very short of psychiatrists, in both the public and the private sectors. This makes it very difficult for people outside large centers to get adequate psychiatric treatment.

The College of Psychiatrists believes that the DMH(SA) qualification should be encouraged. Doctors in general practice in areas where there are no or very few psychiatrists, and in rural areas could thus gain skills and interest to help bridge the gap. Much more effort needs to be put into encouraging and assisting doctors to prepare for the examinations. All Fellows of the College of Psychiatrists could actively participate in the supervision of prospective candidates.

E-Newsletter

A quarterly E-Newsletter has been started. We do not however have the e-mail addresses of all Fellows, Associates and Diplomates. If members have not received the first issue (June), it means that the College probably does not have their latest e-mail addresses. In this regard, members should contact Professor Soraya Seedat, Department of Psychiatry, P. O. Box 1906, Tygerberg. 7505, or e-mail Professor Seedat: sseedat@sun.ac.za

The June Newsletter gives the membership of the current Council of the College of Psychiatrists, and congratulates the following Fellows by Peer Review:

Professor Lynn Holford (Witwatersrand)
 Professor Willie Pienaar (Stellenbosch)
 Professor Herman Pretorius (Pretoria)
 Professor Dan Stein (Stellenbosch)

Dr C W Allwood
President

COLLEGE OF PUBLIC HEALTH MEDICINE

The College Council has been very busy over the last few years since the new curriculum and new set of regulations were introduced. There are two main reasons for this. The first is that the new curriculum has been very much a "work in progress" as unforeseen practical problems have arisen with its implementation, and these have had to be dealt with. The second is that we had seven candidates in the system who had passed the Part I section of the old examinations when the new regulations came into effect. They were given until March/May 2005 to complete under the old regulations and, as a result we have had to set a double set of papers at each examination session. The good news is that 4 of these candidates have now passed; a fifth will be writing her Part II paper this September/October and it is hoped that the last two will write in March/May 2005.

The updated new regulations are published on the CMSA web page and are accessible to anyone who wants to see them. They have been introduced and explained to candidates and teaching staff as well as (in some cases) Fellows from outside the University system in KwaZulu-Natal, the Western Cape and Gauteng. Similar "launches" are planned for the future in the Free State and in the Eastern Cape.

By the end of this year we will have examined 14 candidates (5 under the old regulations) since March 2002. The pass rate has been high, with all 5 candidates who were entered under the new regulations having passed at the first attempt and 3 out of 4 who have been examined under the old regulations passing at the first attempt. The fourth passed on the second attempt. A further 5 candidates will be assessed in September/October this year.

Since 2002, we have welcomed 6 new Associates to our College and 1 new Fellow ad eundem (Professor Nicky Padayachee). Prof Max Price is due to receive a Fellowship ad eundem in October 2004). Sadly, we have also been notified of the deaths of the following 4 colleagues over the same time period: Dr William Harrison (Associate Founder); Dr Hilliard Hurwitz (Associate Founder); Prof Werner Coetzer (Associate) and Prof Eric Albertyn (Associate Founder).

Council meetings have been held every 6 months to coincide with the examinations, and we have also held one electronic meeting (in June 2003). During May 2004 we convened a combined Heads of Department meeting with the President and Secretary of the College. By mutual agreement this meeting has become institutionalised and will now be an annual meeting held in May each year. All Heads of Department were able to attend the inaugural combined meeting except for 2. The decision was unanimously taken that registrars would, in the future, be examined on their long research reports by their institutions with at least 2 external examiners, before being permitted to write the College exams. The implementation of this decision may take some time as the University rules are amended, so that, in the interim, the College examiners will still assess the long reports for candidates from those Universities who have not yet changed their rules. Importantly for the College, all the 5 Universities who were represented at the joint meeting will actively encourage their registrars to write the College examinations.

The last 3 years have also seen the consolidation of the Division of Occupational Medicine. This Division is currently, under the leadership of Professor Jonny Myers, developing the regulations (in SAQA format) for the specialist qualification in Occupational Medicine. The draft regulations for this new specialist category have now been published in the Government Gazette, and comments have been called for.

Now that the new regulations for the Fellowship in Public Health Medicine have been implemented and are running fairly smoothly, the next major task that the Council faces is, while working closely with the Heads of Departments, to set up guidelines for recognition of registrar training posts, as well as rules for the recognition of training for candidates from outside our borders who might wish to write our examinations.

Prof B V Girdler-Brown
President

COLLEGE OF RADIATION ONCOLOGISTS

This has been a year of consolidation. Many of the academic departments are engaged in a fight for survival regarding apparatus and infrastructure. So no time has been spent on discussing the pros and cons of a revised and standardised curriculum and teaching programs for the registrars.

The national equivalence examination concept has also caused a lot of discussion and some dissent and we are a long way from reaching consensus regarding unitary examinations.

Prof L Goedhals
President

COLLEGE OF SURGEONS

Firstly our congratulations to Professor Lizo Mazwai on his election as President. We are sure that he will not forget his surgical heritage in his new role. He for the College will be an asset, he is a negotiator, politician and ambassador par excellence.

The year has largely focussed on efforts to restructure the examination process which to some extent dovetails with reappraisal for the national equivalence (unitary) examination process and changing to a per cent marking system. The CMSA process has been brought to bear on the constituent colleges and we have changed the examination process in our college. Mr Bizos's educational interest in surgical training gives him the responsibility for the primary and he is in the process with other Council members of restructuring this examination. The intermediate has a better formulated syllabus but there are still concerns regarding uniformity of sub-speciality input. The new final examination has introduced an OSCE for the first time and this went well in Johannesburg. The new system still weights the clinical component yet ensuring theory is not neglected whilst increasing the range of topics covered to include emergency situations. We believe these are important changes which will continue to evolve and make the examination process more comprehensive and fairer. We are also grappling with the integration of the log book as part and the formative in training assessment and how it will factor

into the overall assessment.

With increased Council representivity by co-option for previously disadvantaged groups and females there is a need to ensure attendance and participation so names don't appear as token gestures and this may need to be budgeted for even by increasing the levy. These changes mean work and this needs to be taken up actively by all Council members if we are to achieve our goals in any sort of time frame. This occurs at the time when there are concerns as to how to minimise the cost of the examinations. Perhaps the only good thing about the escalating cost is that it may focus the preparedness of the candidate so he/she passes first time. The CMSA Finance and General Purposes Committee needs to look at strategies to keep costs down.

We are looking forward to next year with the 50th Anniversary celebrations in October and the participation of the President in the Quincentenary celebrations (that is 500 years) of the Royal College of Surgeons of Edinburgh. It is also the 510th Anniversary of the secretaries Alma Mater Aberdeen University both founded in the reign of James IV of Scotland. At these celebrations we will bestow Honorary Fellowships on Professor Sir Peter Morris the immediate past President of the English College and Mr T Smith, the current President of the Edinburgh College.

Our task over the next year is to translate more of the words of debate into deeds. We are working towards this end.

Prof S R Thomson
Secretary

COLLEGE OF UROLOGISTS

In the past year the functioning of the College of Urologists has been substantially consolidated and strengthened. The new examination format was finalised and introduced during the March/May 2004 examination, the system of symbols was changed to percentages, and the use of the Registrars' logbook was implemented.

The new examination format consists of 2 written papers of 3 hours each, one with short questions and one with essay-type questions. The written papers constitute 25% of the final mark. The clinical examination consists of an objectively structured clinical examination (OSCE) with 10 stations (90 minutes), which counts 30% of the final mark, 4 short cases (60 minutes) which make up 30% of the final mark, and an oral examination (30 minutes) which counts 15% of the final mark.

The new examination format was introduced with 4 examiners and a moderator during the March/May examination at Pretoria Academic Hospital. The system of percentages instead of symbols was used, which obviously facilitated calculation of the final marks. The time-honoured principles of the College examination were retained, namely that the candidate should pass the clinical part of the examination, and that the panel of examiners have the right to decide in borderline cases whether a candidate should pass or fail, i.e. a pure arithmetical calculation of the final mark should not be the final determinant in cases where there is doubt about the candidate's ability to assume the burdens of independent clinical practice as a Urologist.

The examination panel agreed that the new system worked well, that it was somewhat more objective or "fair" than the previous

system, since all the candidates were given the same cases and questions, and that it provided an opportunity to test the candidates over a much wider area of knowledge, which minimised the risk of someone failing (or passing) due to good (or bad) "luck". Feedback on the candidates' experience of the new system has not been formally obtained, but this will be done in due course after the system has been in use for a year or two.

Submission of a logbook of surgical experience has become a requirement as from March 2004. This will provide useful information about the general operative exposure and experience of the candidates, and will hopefully lead to the establishment of minimum requirements for experience with different Urological procedures. At this stage the logbook is not being used as an instrument of formal assessment, but judging by the widely varying standards of the logbooks submitted at the March/May examination, it seems imperative to incorporate the logbook as part of the formal assessment structure.

Since one of the important but neglected aspects of post-graduate assessment is continuous evaluation, adaptation of the logbook may prove very useful to record internal evaluation of candidates by their consultants, e.g. with marks given for performance at academic ward round, or for papers presented at academic meetings. This may provide an incentive for candidates to perform well during the whole course of their training, and may be to their advantage in the sense that an "off day" at the final examination may be counterbalanced by consistently good marks during continuous evaluation.

In consultation with the Council of the College, the Board of Examiners has been revised, and the names of members who have retired were deleted. At its meeting in October 2003 in Durban the Senate of the Colleges of Medicine "noted with grave concern that there is an ever increasing difficulty in attracting examiners". The constituent Colleges were asked to give this matter their urgent attention, particularly with the constitution of their Boards of Examiners. Our College has decided to include two observers at each College examination with a view to recruiting suitable new examiners from the younger cohort of Fellows. It is well recognised that for those who are in private practice, service as an examiner entails a considerable financial sacrifice, for which the College can not adequately reimburse the individual. However, this service is of utmost importance to the maintenance of standards in our Urological community, and the College extends its heartfelt gratitude to all who are willing to provide assistance.

It can be noted with satisfaction that the vacant post of Head of the Department in Bloemfontein has been taken up by Prof Schalk Wentzel. However, the post previously held by Prof Johan Naudé at Groote Schuur Hospital, which has now been vacant for almost two years, is still being advertised. This is due to the Administration's chronic lack of urgency in making appointments as soon as a post becomes vacant, and is probably to no small extent part of a rather cynical manoeuvre to curtail expenditures.

Prof Alf Segone was involved in a very serious motor vehicle accident in March, and was hospitalised for a long period of time. Fortunately he is well on his way to recovery, and hopefully he will before long be able to resume his invaluable services as Secretary of our College and Head of the Department of Urology at Medunsa.

Prof C F Heyns
President

Prof A M Segone
Secretary

IMPORTANT ANNOUNCEMENT GOLDEN JUBILEE CELEBRATIONS

Thursday 20 October to Sunday 23 October 2005

INVITATION TO:

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

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

Theme:

'The future of academic healthcare in Africa'.

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

*Further details about the meeting can be obtained from
Mrs Bernise Bothma CEO of the CMSA at bernise@colmedsa.co.za*

THE IMPAIRED DOCTOR: LEGAL ASPECTS

David J McQuoid-Mason: B Comm LLB (Natal) LLM (London) PhD (Natal), Advocate of the High Court of South Africa, James Scott Wylie Professor of Law, University of Natal, Durban

1. INTRODUCTION

Doctors are expected to exercise the degree of skill and care of reasonably competent practitioners in their field of practice.^{1,2} The standard of skill and care required is that of a reasonably competent practitioner and not that of a reasonably competent impaired doctor.

Specialists are expected to exercise greater skill and care than general practitioners.³ The latter are negligent if they undertake work which requires specialist skill which they do not have.⁴ Similarly impaired physicians are negligent if they undertake work which they are not capable of carrying out competently. Mental or physical impairment on their part will not be a good excuse. In the case of an impairment arising from a contagious virus or disease a doctor who negligently or intentionally transfers such virus or disease to a patient will be held liable for any harm caused.

The courts decide whether or not medical practitioners have been negligent by considering how reasonably competent practitioners in that branch of medicine would have acted in a similar situation.⁵ If reasonably competent practitioners would not have foreseen the likelihood of harm and would not have taken steps to guard against it the doctor concerned will not be held liable.⁶ For instance, doctors will not be held liable for failing to detect unforeseeable idiosyncrasies on the part of their patients which result in highly unusual complications.⁷ However idiosyncrasies on the part of physicians arising from impairments would not be a good excuse if reasonably competent doctors would have foreseen and guarded against such complications occurring.

2. TYPES OF IMPAIRMENTS

Impairments may be mental or physical. Mental impairments may arise as a result of psychological problems (eg. insanity, dementia, a propensity for paedophilia or unnatural sexual acts with patients, etc), alcohol or drug abuse, and senility arising from old age. Physical impairments may be caused by illnesses (eg AIDS, physical disablement (eg. impairment of neuro motor mechanisms), illnesses such as epilepsy, physical disablement caused through old age and over-tiredness.

2.1 Mental impairments

A physician who interferes with patients because of a psychological condition such as a propensity to molest young children as a paedophile or to commit unnatural sexual acts on anaesthetised patients would be liable to criminal convictions for indecent assault or *crimen injuria*, as well as a civil action for an invasion of their patients personality rights.

Doctors whose mental facilities are impaired by insanity, dementia, alcohol or drug abuse would continue to be measured by the standard of the reasonably competent doctor in their profession. If such condition were to interfere with the proper treatment of their patient, the doctor concerned would be guilty of professional negligence and medical malpractice. Patients would be entitled to sue them for any damages suffered. Should the patients die as a result of the negligent

treatment their dependents would be entitled to sue the doctor for loss of support.

2.2 Physical impairments

2.2.1 HIV/AIDS

Doctors who suffer from contagious diseases or viruses such as HIV will be expected to take the necessary precautions to protect their patients. Failure to do so may result in negligence and an action for damages by the patient. For example, if a doctor infected with HIV negligently infects a patient he or she will be liable to that patient in damages, and if the patient subsequently dies, may be guilty of culpable homicide according to the criminal law, as well as liable to pay damages for loss of support to the patient's family. If the doctor knows that he or she is infected with HIV and does not take precautions to protect patients, such doctor will be regarded as having had the legal intention to infect others. This will expose the doctor to a criminal action for assault, (as well as a civil action for damages), and for murder should the patient die, (as well as a civil action for loss of support by the deceased patient's family).⁸

The question arises whether there is a duty on a medical practitioner to inform his or her patient that he or she is HIV positive. The HPCSA has developed guidelines concerning doctors infected with HIV. The guidelines provide as follows:

"An infected doctor may continue to practice. They must however seek and implement the counsellor's advice on the extent to which they should limit or adjust their professional practice in order to protect their patients".⁹

Therefore it could be argued that if the fact that the doctor is HIV positive is likely to cause a risk to the patient, there is a duty on the doctor to warn the patient accordingly, so that he or she obtains a proper consent to treatment. Conversely, in instances where the doctor takes reasonable precautions to protect his or her patients from contracting the virus it could be argued that it would not be necessary to inform them. The test applied by the courts is likely to be whether or not knowledge of the doctor's impairment as HIV positive is relevant to the patient giving an informed consent. In many respects the same criteria should apply to HIV-infected physicians as applies to HIV-infected patients, in terms of whether or not there is a duty on doctors or patients to be informed of their respective conditions.

2.2.2 Other physical impairments

In the case of physical impairments, it is clear that a medical practitioner should not attempt any medical procedures which he or she would not be able to carry out competently because of such impairment. For instance, a medical practitioner who suffers from epilepsy, even if such epilepsy is controlled, should not undertake procedures which might result in an epileptic attack and possible damage to patients. Furthermore, elderly medical practitioners should not undertake procedures which they are no longer competent to carry out; nor should doctors suffering from exhaustion, assist patients unless it is an emergency situation.

However, in cases of emergency impaired physicians should assist patients even if this is likely to result in a risk to them. In such instances, wherever possible, the doctor should obtain a proper informed consent from the patient which, where necessary, should include full disclosure concerning his or her impairment. If a patient consents to being treated by an impaired physician, provided he or she knows that the physician is impaired, appreciates the consequences of being treated by such a physician, and agrees to be treated by such a physician, consent would be a good defence to any action against the physician which might arise from his or her impairment.

3. HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA'S APPROACH TO IMPAIRED DOCTORS

In October 1998 the Interim National Medical and Dental Council of South Africa agreed to add two new ethical rules to the existing Ethical Rules. Thus the following would be regarded as acts or omissions in respect of which the Council may take disciplinary steps:

"Failing on the part of a student or practitioner to -

- (a) report impairment in another student or practitioner to the Council if he or she were convinced that such other student or practitioner was impaired as defined in the Act;
- (b) self-report his or her impairment or alleged impairment to the Council if he or she was aware of his or her impairment or had been publicly informed of being impaired or had been seriously advised by a colleague to act appropriately to obtain help in view of an alleged or established impairment".¹⁰

These rules place a positive duty on students and practitioners registered in terms of the Health Professions Act to report colleagues to the HPCSA whom they are "convinced" are impaired in terms of the Act. It also requires them to report their own impairments if they have been "publicly informed" or "seriously advised by a colleague to act appropriately or obtain help". "Publicly informed" would seem to mean that the student or practitioner must have been informed by somebody in public - as opposed to in confidence (eg being "seriously advised by a colleague") - in other words more than one other person was present at the time the information was given.

4. DIFFERENT APPROACHES TO THE QUESTION OF IMPAIRED PHYSICIANS

It is estimated that five to ten percent of physicians in the United States are impaired, usually because of alcohol or drug dependency, or physical or mental illness.¹¹ It has been suggested that there are three basic approaches to the question of impaired doctors: a) impaired physicians are a danger to the public and should be prevented from practising; b) impaired physicians are 'sick' and the medical profession should treat them in a non-punitive manner; and, c) impaired physicians are both sick and a danger to the public and they should be suspended from practice until they have been cured.¹¹

4.1 Impaired doctors are a danger

Many members of the public would probably regard an impaired physician as a danger to society. There have been celebrated cases in the United States of orthopaedic surgeons doing unnecessary disabling back operations which were performed while under the influence of drugs; drug addicted obstetricians; and an anaesthesiologist who was accused of perpetrating unnatural sexual acts on anaesthetised patients.

Events like those mentioned above have led to a number of states introducing special legislation. Thus in California hospitals are required to report all removals of health personnel, or restrictions of hospital privileges to the state's Medical Quality Assurance Board. Furthermore in New York legislation requires physicians to report incompetent and disabled doctors to the licensing agency. It has now enshrined the American Medical Association's obligation under the Principles of Medical Ethics which states that physicians should "strive to expose those physicians deficient in character or competence, or who engage in fraud or deception".¹¹

The idea that an "impaired doctor is a danger" is based on the premise that such a physician should be reported and disciplined by the Medical Council, because if he or she is allowed to continue to practice, the doctor, the doctor's patients and the entire medical profession will be prejudiced. Furthermore, the "doctor's torment is prolonged, his patients' lives are in danger, and the profession's standards are lowered".¹¹

As has been mentioned, in South Africa the HPCSA expects students and practitioners to report impairments of their colleagues or their own impairments under certain conditions. The call to expose their colleagues who are impaired does not contradict Rule 19 of the HPCSA Rules that threatens disciplinary action for "unjustifiably casting reflection on the probity or professional reputation or skill of a person registered under the Act [Health Professions Act Not 56 of 1974]". This is because the Rule is prefaced by the word "unjustifiably". Thus apart from the positive duty to report imposed on students and practitioners, instances where impaired students or physicians are endangering members of the public would justify colleagues reporting them to the HPCSA for appropriate action. Such a report would be protected against a claim for defamation because it would have been made on a "privileged occasion". In any event as long as it was made in good faith it would also be protected by the ethical duty to report.

4.2 Impaired doctors are 'sick'

The view that impaired doctors should be regarded as 'sick' and treated non-punitively is probably held by the majority of practising physicians.¹¹ This approach argues that "peer review" mechanisms in hospitals are the most appropriate ways of identifying such doctors. The suggestion is that impaired doctors should be counselled by their fellow physicians and "convinced in a friendly, non-threatening manner to accept treatment".¹¹

The difficulty arises however where such impaired physicians are not prepared to accept friendly advice from colleagues. This is probably particularly true of practitioners suffering from alcohol or drug abuse where there may be a large element of denial

involved. If moral persuasion fails, it may be necessary for some other reporting mechanism to be brought into effect. This accords with the approach suggested by the HPCSA.

4.3 Impaired doctors are both 'sick' and a danger

This approach requires that doctors should be both disciplined and encouraged to undergo treatment and rehabilitation should they wish to continue practising.

The American Medical Association's Model Bill on Disabled Physicians has been adopted in more than thirty states and provides that the licensing board can require a complete physical and mental examination of any physician who is believed to be unable to "practice medicine with reasonable skill and safety to patients due to physical or mental illness, including deterioration through the ageing process or loss of motor skills, or abuse of drugs, including alcohol".¹¹

In such cases an examination is conducted by special committee of the State Medical Society and a report sent to the licensing board. The doctor is then able voluntarily to request a restriction on his or her licence, in which case the board may take no action, or the board may take formal proceedings in respect of the doctor's licence. The idea is to encourage doctors to seek help voluntarily and to have restrictions placed on their licences which are compatible with the degree of disability suffered by them.¹¹

It is recognised however, in the United States, that although the boards may wish to discipline and rehabilitate impaired doctors, they have neither the resources nor the expertise to deal with such problems as alcoholism and drug dependency. Accordingly, the following suggestions, (duly modified for South African conditions), have been made :

1. Local medical bodies should develop programmes to deal with impaired doctors in order to identify them and involve them in treatment or behaviour modification programmes before they become a danger to their patients. The suggestion is that these programmes should be confidential and run independently of the Health Professions Council.
2. Hospitals should conduct similar programmes which are also confidential and independent of the Health Professions Council.
3. Where physicians are actually a danger to patients, even though rehabilitation and treatment should be encouraged, they should be reported to the Health Professions Council in order to protect their patients. There should be a legal duty on all doctors and hospitals who have information about such physicians to make a report and failure to do so should be made punishable with the possibility of losing their licences if they fail to make such reports. Likewise hospitals should be required to report all removals or resignations from, or restrictions on, medical practice to the Health Professions Council. Malpractice insurance companies should also be required to report all malpractice settlements or payments together with the facts involved, to the Health Professions Council.

4. The Health Professions Council should be given the legal authority to order physical and mental examinations of impaired physicians at short notice.¹¹

6. CONCLUSIONS

In medical practice a doctor's first duty is towards his or her patient, and such patients are required to be treated with reasonable skill and care. Any doctor who is unable to provide appropriate medical services because of physical or mental impairments should only be allowed to treat patients to the extent that their ability is not restricted by their impairment. Where an impaired physician treats a patient beyond his or her competence as a result of such impairment, he or she may be guilty of medical malpractice.

There is also a duty on members of the medical profession to uphold the standards of the profession in order to protect the public. Accordingly, if members of the profession are aware of colleagues who are a danger to their patients because of physical or mental impairments the HPCSA has imposed a duty on them to report such dangers to the Council. This should be done where the doctor's impairment is a danger to his or her patients.

In cases where the impaired doctor may still be able to practice without harming patients, he or she should be counselled concerning his or her limitations and treatment recommended. Where, however, the impaired doctor does not recognise his or her limitations or does not seek treatment colleagues must report the doctor to the HPCSA.

Finally, the HPCSA requires impaired students or practitioners to report their own impairments if they have been "publicly informed" or "seriously advised by a colleague to act appropriately or obtain help".¹⁰

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THE MANAGEMENT OF THE IMPAIRED DOCTOR AND STUDENT: THE HEALTH COMMITTEE (HPCSA) EXPERIENCE

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INTRODUCTION

The issue of physical or psychiatric morbidity in medical doctors has been subject of attention for many years. The professional competency of doctors embraces far more than just their knowledge and skills but also attitudes and standards of practice. Mental illness, in particular, renders the doctor susceptible to circumstances of impaired judgement and functioning which may lead to malpractice and or hazardous interactions with both patients and colleagues. Self-regulation by the profession has been instituted but cannot be taken for granted. This process has not been successful in meeting essential needs of assuring doctors competence, protecting patients and treating or rehabilitating the doctor. Unchecked cases progress and often become the object of disciplinary action.

The Medical and Dental Board has established a Health Committee which has also subsumed the care of other health professionals registered with the Health Professions Council of South Africa. This committee is mandated with looking into the interest of both impaired students and practitioners registered with the Council. The emphasis is that this committee does not perform a disciplinary function but aims to provide a supportive and preventative function instead. Its function is to assess and investigate reports of alleged impairment.

Anxiety, depression and mental illness are common among health professionals and doctors in particular. The prevalence of depression has been reported as between 10 and 20 %. Some 21 % of doctors who report work related stress have contemplated suicide. Doctors are the sixth-highest suicide rate of all professional groups (50% higher than the rest of the population). The healthy lifestyle advised by doctors to their patients are not followed by themselves. Junior doctors indicate that up to 50% make excessive use of alcohol and 10% use illegal drugs. Alcohol related morbidities are three times more common in doctors. The reluctance to reveal ill health and to hide features of stress, anxiety and depression and substance abuse with collusion of others and family is significant⁽¹⁾. Early detection and intervention is impeded by denial by the doctor-patient with a conspiracy of silence and an opposition to 'whistle blowing. Early identification with an approach of treatment and support is more beneficial than coercion with imposition of sanctions when severe illness affects professional competence.

The ill health of doctors is cause for public and professional concern and impacts on standards of patient care presenting with reports of incompetence unethical behaviour . The resultant effects of financial loss and grossly impaired quality

of life is the tragic outcome of delayed cases. The impaired doctor deserves the same timeous professional care and attention as any other patient with the understanding and compassion of the profession and the public. Alcohol and drug misuse pose serious threat to patients and scandal emerging have been damaging to the public reputation of the profession. It must be remembered that there is generally a good prognosis associated with early intervention and effective action.

"Burnout" as a term was introduced in 1974 to describe a situation in which a professional becomes more and more disillusioned and detached in response to their own occupational experience. It is the end-stage of prolonged period of "burning-down" which must be detected during which creativity, energy and optimism are lost. The usual professional preoccupation with well-being of the patient is replaced with a personal preoccupation with survival. This can affect individuals, teams and organisations and can be distinguished from clinical states such as depression and anxiety. The need is to address prevention and management of occupational stress in medicine. Physical illness and disability does not cause a problem with performance in most circumstances.

OBJECTIVES OF THE HEALTH COMMITTEE

The objectives and functions of the Health Committee are :

- to establish policies and procedures and enlist cooperation and support for their implementation, as well as to prevent or alleviate circumstances which may lead to impairment in students and practitioners;
- to establish procedures and mechanisms for the early identification of impairment in students and practitioners;
- to implement the statutory procedures for the handling of crisis situations which threaten patient safety and care;
- to undertake informal assessments of alleged impaired practitioners making a finding with regard to the alleged impairment and, if required, impose conditions of registration or practice on such a person aimed at protection of patient's interests as well as the treatment and rehabilitation of impaired persons.
- to undertake formal investigations into any reports of alleged impairment in the absence of the voluntary co-operation of a student or practitioner and , if required, impose conditions of registration or practice aimed at the protection of patients and the treatment or rehabilitation of the student or practitioner. The Committee may also suspend the registration of a student or practitioner

conditionally for a specific period pending the outcome of treatment or rehabilitation, or recommend the removal of the name of the student or practitioner from the relevant register for health reasons.

- to consider applications by students or practitioners who were found to be impaired to have their conditions of registrations or practice amended or revoked.
 - to oversee the implementation of treatment or rehabilitation programmes of individual students or practitioners and review the position of each student or practitioner.
- Legislation.

Registration as a doctor or student confers rights and privileges which must be carefully guarded. Illness and potential impairment has legal implications for the doctor, for colleagues and the employer. The Medical, Dental and Supplementary Health Service Professions Act of 1974 as amended provides for control over the education, training, registration and practices of health professionals and students. The "impaired practitioner" is differentiated in the legislation from "unprofessional conduct".

The Act defines "impaired" as meaning : "a mental or physical condition, or abuse of or dependence on chemical substances, which affects the competence, attitude, judgement or performance of a student or a person registered in terms of this Act."

"Unprofessional conduct" is defined as meaning : "improper or disgraceful or dishonourable or unworthy conduct or conduct which, when regard is had to the profession of a person who is registered in terms of this Act, is improper or disgraceful or dishonourable or unworthy."

With changes in health services and improved education of the patient population the public seeks assurance that doctors (and other health professionals) remain competent and safe throughout their practising lives. Some doctors breach standards of professional practice and behaviour and these must be dealt with in terms of ethical standards and levels of practice but consideration to those who are ill should be given. Others who become ill without recognizing the consequences for their patients or themselves require detection, assessment and help to recover their fitness to practice.

The relevant Ethical Rule of the HPCSA states that a practitioner has an obligation to :

- A) report impairment in another student or practitioner to the Council if he or she were convinced that such student or practitioner was impaired as defined in the Act.
- B) self-report his or her impairment to the Council if he or she was aware of his or her impairment or had been publicly informed of being impaired or had been seriously advised by a colleague to act appropriately to obtain help in view of an alleged or established impairment

Procedure.

The process of management of impaired doctors follows a well developed procedure set out in Regulations to the Act. It is clear that this is a multidimensional problem requiring complex processing including :

1. Preliminary consideration of evidence with evaluation of the urgency or critical nature of the situation. Reports may come from various sources including colleagues, patients and disciplinary committees.
2. Action is often initiated at a local level usually by peer or professional organization. Some persuasion and possibly

coercion takes place in arranging a medical examination.

3. Medical supervision and rehabilitation is then the preferred route with full cooperation with conditions of practice imposed.
4. Monitoring of conditions by Health Committee.

Problems arise with reluctance to accept treatment by the doctor. The lack of cooperation and when there are difficulties in follow up results in the need for policing or statutory powers.

The decision are not always perceived as in best interests of the doctor-patient and litigation has been initiated.

The procedure is most important in students and doctors in the early stages of their training. "Today's trainees will be the doctors of tomorrow in very different circumstances from those experienced hitherto". Practitioners in many developing countries face the problems of poor remuneration, lack of facilities and heavy clinical case loads. Vulnerable doctors decompensate early under stress and require a structure to deal with the problem and to support and manage them.

Aims.

The aims to be kept in mind are :

1. To protect patients from ill doctors impaired in their function.
2. To provide for continued monitoring and care of sick doctors in their own and patients interests.
3. To treat the cases of impaired doctors with the same confidentiality that is owed to any patient.

This is provided for in the supervision, suspension for the period of treatment from the register or removal and later consideration for timeous reinstatement.

PROBLEMS AREAS

Numerous questions and issues have arisen since the institution of the Health Committee which constitute complex medico ethical problems. These include the following :

1. How frequently and to what severity must the unacceptable action be before the question of impairment is raised? With the emphasis on prevention earlier cases are being referred.
2. Who should judge the degree of impairment and its relevance to his professional ability/competence?
3. What is the fate of the doctor's career so assessed ? This is particularly relevant in the cases of senior students and the self-reporting doctors.
4. Are generalizations for various conditions adequate? (Relevant to less severe situations with good prognosis.)
5. How are proactive strategies of prevention best introduced and followed through?
6. Is there a duty to report a previously undisclosed impaired fellow doctor? This is included in the new ethical code.
7. Should special employment conditions be provided for the care and rehabilitation of the impaired doctor? This is in practice a difficult task related to creation of a specific post structure often with retraining indicated.

8. The vicarious liability of the hospital and senior supervisors is a significant factor.

In this principle, hospitals or individuals/teams could incur legal liability for negligent acts by their staff. This means that if a hospital allows someone with physical or mental impairment to practice, even while monitoring their progress liability could arise. No guarantee can be given against recurrence and relapse especially in chemical dependency.

9. The Constitutional Rights of the individual. The Constitution states that every person shall have the right to have judicial disputes settled by a court of law or other independent body. Litigation or appeal must occur. Every person shall have the right of access to all information held by the state or by individuals in as far as such information is required for the exercise or protection of any of his or her rights. If impaired doctors have action taken against them these conditions and provisions of the constitution should be complied with. The constitution is the supreme law in South Africa and all other laws have to conform with the Constitution. Reasons for decisions may need to be given if asked for by the doctor concerned and he may be legally represented.
10. What criteria should be used for the imposition of conditions of practice and decisions to revoke the conditions? Are these clinical, functional, illness category related or legal?
11. Medical confidentiality. The right to report and the duty to report on an impaired colleague are relevant. What of the colleague who is your patient? In the emergency situation or in the public interest which includes the interest of the doctor? The privacy of the doctor vs the interests of the patients will be the deciding factor. There remains a Common Law duty to report.
12. Informed consent. The question is what information should be made available to the patient and if there is risk flowing from physical or mental impairment of a doctor should the patient not be entitled to this information. Is it the duty on the hospital to inform the patient or on the individual doctor to disclose possibility of negligent conduct on his or her part?
13. Medical Negligence. Negligence and impairment are interrelated to this extent that there are more detailed rules to be applied to these cases. There have been no reported cases in South Africa where a doctor or a student was impaired and on that basis convicted of culpable homicide as a crime of negligence or where damages had been made on the same basis. Is there antecedent negligence if an impaired doctor or a student be allowed to participate in the practice of medicine and can that hospital incur legal liability on that basis? This particularly if the hospital is well aware of the fact or if it was brought to the notice of the hospital or the supervisor.
14. Self-prescription of scheduled medication remains a problem and source of perpetuation of addiction in impaired practitioners.

CONCLUSION

It is essential to appreciate that attitudinal and organizational barriers exist to both informal and statutory procedures. The procedural frameworks require education and awareness and widespread change in encouraging doctors to seek assistance and for therapists to be aware of the hazards to patients. As procedures become known to the health professionals and better understood, referrals not only of the severely impaired present but also the earlier detection and for students are received. The committee is already dealing with a steadily increasing number of cases. Is this due to increase sanction or increased vulnerability? More and more cases are presenting where the level of functioning has not yet reached the degree where the risk to patients is high and supervision arrangements bring numerous conflicts and responsibilities. Supervision of reasonable nature becomes difficult in rural areas where few doctors are available and often the subject is the only practitioner and essential to that community. The protection of the public is the first priority coupled with the rehabilitation of the doctor when possible. In the light of experience with the particular group assessed by the Health Committee to date, the implementation of early detection, prevention support from profession and public will strengthen the aim to benefit all concerned with an effective solution to the impaired doctor.

The General Medical Council of the United Kingdom has stated that these procedures are not only considered to be humane but also to work in the best interests of the public and of sick members of the profession : “ although the paramount duty is to protect patients, it is also the aim to secure the complete rehabilitation of the doctor. This may not be possible if action is delayed for too long, as with any patient suffering from a serious illness. It is not a kindness to a colleague or to the patients to help to conceal or to ignore a developing illness. It is every doctor’s duty to inform an appropriate person or Body when doubt arises about a colleague’s fitness to practise safely and effectively.” - GMC/UK.

We are left with the important question which is: How to help a sick colleague? Many obstacles need to be overcome. There is a conflict between helping a colleague and protecting patients, between a sense of loyalty and disloyalty. The consequences of reporting has been said to result in increased workloads, public allegations of ulterior motives and the practical repercussions/litigation etc. The practical steps to be taken are available in relation the aims and objectives of the Health Committee.

Emotions are one of the key determinants of health and disease with which all are exposed on a daily basis. Medical practitioners are traditionally “taught” to be “detached” and to remain professional. We need to become more aware of our own and our patient’s feelings and to learn to respond appropriately to reaction in ourselves and colleagues. In time doctors will move to giving the emotional side of life as much attention as they currently do the physical and technical sides of medicine and to become sensitive and supportive of colleagues. Experience has shown that early identification of the vulnerable, detection of early problems will provide for rehabilitation of the colleague and the safety of patients treated under highest standard of care.

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THE COLLEGES OF MEDICINE OF SOUTH AFRICA PROUDLY PRESENT

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PROFESSOR PATRICK COMMERFORD

Helen and Morris Mauerberger Professor of Cardiology in the Department of Medicine, University of Cape Town and Head, Cardiac Clinic, Groote Schuur Hospital

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- Cape Town Thursday 21 October 2004 : 16:00 – 17:00, Venue: Lecture Theatre No 2, E Floor, New Groote Schuur Hospital

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- Vaughan Ralph S (CA) (2003) Cardiff, UK
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- Visser Gerard (COG) (1964) Netherlands
- * Walt Alexander J (CS) (1989) Detroit, USA
- * Wilkinson Andrew Wood (CS) (1979) Edinburgh, UK
- * Wrigley Arthur Joseph (COG) (1957) Alderley Edge, UK
- Yeoh Poh-Hong (CS) (1998) Malaysia

* Deceased

FELLOWS AD EUNDEM

THE COLLEGES OF MEDICINE OF SOUTH AFRICA As at May 2004

- | | | | | | |
|-------------------------------------|---------------------|---------------------------------------|--------------|-----------------------------------|--------|
| Breytenbach Hermanus (CMFOS) (2001) | Stellenbosch | Saffer Seelig David (C NEURO) (2004) | Johannesburg | Ncayiyana Daniel JM (CMSA) (2002) | Durban |
| Padayachee Gopalan N (CPHM) (2004) | Cape Town | Makgoba Malegapuru W (CP) (2003) | Durban | | |
| Gevers Wieland (CP) (2001) | Rosebank, Cape Town | Van Reenen Johannes F (C DENT) (2003) | George | | |

CMSA LIFE MEMBERS

As at May 2004

- Aaron Cyril Leon
 Abel Solomon
 * Abrahams Abduragiem
 Abrahams Cyril
 Abramowitz Israel
 Ackermann Daniel J Joubert
 Adam Anvir
 Adams Edward Barry
 Adler David Ivan
 * Adler Max
 Adno Jacob
 Africa Benjamin Jakobus
 Aitken Robert James
 Alexander Louis Leonard
 Allan John Cameron
 * Allen Colin E Lewer
 * Allen Keith Lewer
 Allie Abduraghiem
 * Anderson Donald Frederick
 * Anderson Joan
 Anderson Mary Gwendoline
 Anderton Edward Townsend
 * Armitage Bernard Albert
 * Baigrie Robert D Hutchinson
 * Bailey Michael John
 Baillie Peter
 Baker Graeme Cecil
 Baker Lynne Wilford
 Baker Peter Michael
 Barbezat Gilbert Olivier
 Barlow John Breton
 * Barnard Christiaan Neethling
 Barnes Donal Richard
 * Barrett Carl T Herzl
 * Barron David
 Barry Michael Emmet
 Baskind Eugene
 * Batchelor George Bryan
 Becker Ryk Massyn
 Bedford Michael Charles
 * Beemer Abraham Mayer
 Benatar Victor
 Benjamin Ephraim Sheftel
 Bennett Margaret Betty
 Bennett Michael Julian
 Bensusan Arthur David
 Berk Morris Eli
 Berkowitz Hayman Solomon
 Bernstein Alicia Sheila
 Bethlehem Brian H James
 Bezuidenhout Daniel Johannes J
 Beyer Elke Johanna Inge
 Biddulph Sydney Lionel
 Biebuyck Julien Francois
 Binnewald Bertram R Arnim
 * Bird Allan Vivian
 * Blecher John Aubrey
 Bleloch John Andrew
 Bloch Cecil Emanuel
 Bloch Hymen Joshua
 Block Joseph
 Block Sidney
 Blum Lionel
 * Blyth Alan George
 Bock Ortwin A Alwin
 * Bodenstab Albert TBH
 Bok Louis Botha
 * Booth John Vivian
 Bosman Christopher Kay
 Botha Daniel Johannes
 Botha Louis Johannes
 Bothwell Thomas Hamilton
 Bouille Trevor Paul
 Bowie Malcolm David
 * Bradlow Bertram Abraham
 Braude Basil
 Bremer Paul MacKenzie
 * Brenner Dietrich Karl
 Brink Andries Jacob
 Brink Stefanie
 Brokensha Brian David
 * Brown Alexander Annan
 * Brown Helen Annan
 * Buch Julius
 Buchan Terry
 * Bull Arthur Barclay
 Burgin Solomon
 Burns Derrick Graham
 Burton Dudley Walton
 * Butcher Nigel Ross
 Butler George Parker
 Buys Anna Catherina
 Byrne James Peter
 Caldwell Michael William
 Catterall Robert Desmond
 Chait Jack
 * Charlewood Godfrey Phillips
 Charlton Robert William
 * Charnock Frederick Niven
 * Cheetham Richard W Spencer
 * Chenik Gerald Samsun
 Chetty Dhevaraj Vasudeva
 * Chitters Max
 * Chouler Florence Joan Gordon
 Cilliers Leon
 Cinman Arnold Clive
 Claassens Hermanus JH
 Clausen Lavinia
 * Cluver John Arthur
 Clyde Jack Howard
 Coetzer Hendrik Martin
 Cochrane Raymond Ivan
 Cohen David
 Cohen Harvey
 * Cohen Lionel
 Cohen Morris Michael
 Collier Julian Somerset
 Combrink Johanna Ida Lilly
 Comfort Peter Thomas
 * Conradie Marthinus T Steyn
 Cooke Paul Anthony
 Cort Alexander
 Cowie Robert Lawrence
 * Cowley John Godfrey
 * Cowley Ronald
 * Cowlin John Albert
 Cox Herbert Walter
 Coxon John Duncan
 Craig Cecil John Tainton
 Crichton Eric Derk
 Crosley Anthony Ian
 Croucamp Petrus C Hendrik
 Cywes Sidney
 * Dall George
 Dando Raymond Victor
 Daneel Alexander Bertin
 Daubenton François
 * Daubenton François (Snr)
 Daubenton John David
 Davey Dennis Albert
 Davidson Aaron
 Davies David
 Davies Michael Ross Quail
 Davis Meldrum J Finnermore
 Daynes William Guy
 De Kock Johannes Hendrikus
 De Kock Machiel Adriaan
 De Villiers Jacques Charl
 * De Villiers Jan Naude
 De Villiers Pieter Ackerman
 De Wet Jacobus Johannes
 Dean Joseph G Kerfoot
 * Denis-Lester Leslie
 Dennehy Patrick J Pearce
 * Dickie-Clark William Findlay
 * Dommissie George Frederick
 Dornfest Franklyn David
 Douglas-Henry Dorothea
 Dove Ephraim
 * Dove Jechiel
 Dowdle Eugene B Davey
 Dower Peter Rory
 Dubb Seymour
 Duckworth William Calvert
 Duncan Harold James
 * Du Plessis Daniel Jacob
 Du Plessis Hendrik Pienaar
 Du Plessis Hennie Lodewia
 Du Plessis Hercules Gerhardus
 * Du Plessis Willem Hendrik
 Durham Francis James
 * Du Toit Guillaume Tom
 Du Toit Johan Jakob
 Du Toit Johan Loots
 Du Toit Pierre F Mulvihah
 Duursma Rienk Willem
 * Dykman Cornelis Derksen
 * Eales Lennox
 Eathorne Allan James
 Edelstein Harold
 Edelstein Wolfe
 Edge Kenneth Roger
 Edge William E Basil
 Ehrlich Hyman
 Eksteen Jurgen Kotze
 Engelbrecht Jacobus Adriaan
 Enslin Theophilus Benedictus
 Epstein Edward
 Erasmus Frederick Rudolph
 Evans Warwick Llewellyn
 Evans William Benjamin David I
 Eyre Jane
 * Faiman Israel Osser
 Fainsinger Maurice Haig
 Fehler Boris Michael
 * Feldman Max Bernard
 Fergusson David J Guillemard
 Findlay Cornelius Delfos
 Fine Julius
 Fine Stuart Hamilton
 * Fischer Gustav Fichardt
 Fisher-Jeffes Donald Leonard
 Fleishman Solomon Joel
 Flynn Michael Anthony
 Fontein Batholomeus T Petrus
 * Foord Charles John
 Forman Robert
 Förtsch Hagen E Armin
 Foster Nathaniel E George
 * Fourie Christian F Gilsen
 Frankel Freddy Harold
 Frank Joachim Roelof
 * Franks Maurice
 Freeman Arthur Arnold
 Freiman Ida
 * Friedberg David
 * Friedland Benjamin Percival
 * Friedman Isidore
 * Friedman Sydney
 Friedmann Allan Isidore
 * Frost Cyril
 Fuller Denis Norden
 Futeran Gerald
 Galatis Chrisostomos
 * Gasson Charles H Reginald
 Gasson John Edward
 Gaylis Hyman
 * Geere Jacobus Johannes
 * Geerling Rudolf
 Geffen Heime
 * Geldenhuys Frans Gert
 Gentin Benjamin
 Gerber Johan Abraham
 Gibson John Hartley
 Gillis Lynn Sinclair
 Gillmer Ralph Ellis
 Ginsberg Hilde
 * Girdwood Donald Hampden
 Glazer Harry
 Glen Alan Murray
 * Gluckman Jonathan
 Glyn Thomas Raymond
 Goeller Errol Andrew
 * Goetz Robert Johannes
 Goldberg Solomon
 * Goldblatt Nochem
 Goldstein Bertie
 * Gollach Benjamin Leonard
 Goodley Robert Henry
 Goodman Hillel Tuvia
 Gordon Grant M Cameron
 * Gordon Isidor
 * Gordon Vivian Nathan
 Gordon Walter
 Gordon-Smith Derek Peter
 Gorvy Victor
 * Gowans Ronald
 * Graham John Donald
 Graham Kathleen Mary
 * Grant John F Cardross
 * Grayce Isaac
 * Grek Isaac Joseph
 * Grieve James Muir
 Griffiths Seaton Bythyl
 Grobler Marthinus
 * Grundill Wilfrid
 Grusiner Wolf
 * Haarburger Oswald Maximilian
 * Hacking Edgar Bolton
 * Hamelberg Henri Jacques
 Hamilton Clarence Gawn
 Hamilton Donald Graham
 * Hamilton Ritchie Douglas Archibald
 Hansen Denys Arthur
 Hansen John D Lindsay
 Harris Ian Michael
 * Harris Michael
 Harrison Derek Haddrell
 * Harrison Galsford Gerald
 * Haupt Frank Johannes Groot
 * Haynes Donovan Russell
 Heese Hans de Villiers
 Hefer Adam Gottlieb
 * Helfet Arthur Jacob
 Henderson Rex Scott
 * Hendrix Robert J Maria
 * Henning Alwyn J Harvard
 Henson Solomon
 * Hersch Sidney Julius
 Hersman Doris
 * Heselson Jack
 * Heymann Seymour Charles
 Heyns Anthon du Plessis
 Hift Walter
 Hill John William
 Hill Paul Villiers
 * Hilson Don
 Hirschowitz Jack Sydney
 Hirschson Herman
 Hitchcock Peter John
 Hoffmann Vivian Jack
 Hofmeyr Francis Edward
 Hofmeyr Nicholas Gall
 Holloway Alison Mary
 Hossy Sidney Charles
 Horowitz Stephen Dan
 Howell Michael E Oram
 Hugo André Paul
 Hugo Pierre Andre
 Human Randolph Russell
 Hundleby Christopher J Bretherton
 Hurwitz Mervyn Bernard
 Huskisson Ian Douglas
 Hyslop Robert James
 Immelman Edward John
 * Ingle Pauline Cornwell
 Isaacson Charles
 Israelstam Dennis Manfred
 * Jacob Hilderbrand Hamilton
 Jacobs Miguel Adrian
 Jacobs Peter
 * Jacobson Isaac
 Jammy Joel Tobias
 Jan Farida
 Jansen van Rensburg Martinus
 Jeppe Carl L Biccard
 Jersky Jechiel
 Jöckel Wolfgang Heinrich
 * Joel-Cohen Sidney
 Joffe Leonard
 * Jones Cecil Stanley
 Jooste Jacobus Letterstedt
 Jordaan James Charles
 Kaiser Walter
 Kalley Harold Aaron
 Kaplan Cyril Jacob
 * Kaplan Harry
 Karlsson Eric Lennart
 Karstaedt Abraham Lemel
 * Katz Arnold
 Katz Hymie
 Kaufman Morris Louis
 * Kay Sholem
 * Keen Edward Norman
 Keet Robert Arthur
 Keeton Godfrey Roy
 Kemp Donald Harold Maxwell
 Kenyon Michael Robert
 * Kerr Edward Matson
 Kew Michael Charles
 Kisner Cyril David
 Klein Herman
 Klein Hymie Ronald
 * Klenerman Pauline
 Klenskany Hyman
 Kling Kenneth George
 * Kloppers Philippus Johannes
 Klugman Leon Hyam
 Knobel John
 * Knocker Phyllis A Hendrika
 Knoetze Gerald Casparus
 * Knox Lance O'Neil
 Kok Hendrick Willem Lindley
 Koopowitz Joseph Ivan
 Kornell Simon
 Kotzé Johannes van Zyl
 Koz Gabriel
 Kramer Michael Sherman
 Kregel Biniomin
 * Kretzmar Noel
 * Krige Christiaan Frederick
 Krige Louis Edmund
 * Kriseman Michael Maurice
 * Krogh Lex
 Kussman Barry David
 Labuschagne Izak
 Lachman Sydney Joshua
 Laing John Gordon Dacombe
 Lampert Jack Arthur
 * Landsman Gerald Bernard
 Lapinsky Gerald Bert
 Lasich Angelo John
 Laubscher Willem M Lötter
 Lautenbach Earle E Gerard
 Lawrence Henry Martin
 Lawson Hugh Hill
 Leary Peter Michael
 Leary William P Pepperrell

- * Lebona Aaron David
- Leeb Julius
- * Leeming John A Lamprey
- Leigh Werner E Julius
- Lejuste Michel JL Remi
- Lemmer Eric Richard
- Lemmer Johan
- Le Roex René Denysen
- Le Roux Desmond Raubenheimer
- Le Roux Petrus A Jacobus
- Lessing Abraham J Petrus
- Levin Joseph
- Levin Solomon Elias
- Levy Reginald Bernard
- Levy Wallace Michael
- Levy Walter Jack
- * Lewin Ethel
- Lewis Henry Montague
- * Liebenberg Nicolaas Dreyer
- Linde Stuart Allen
- Linscott Rosemary Marguerite
- * Lipschitz David
- * Lipschitz Robert
- * Lipsitz Max
- Lipworth Edward
- Lissoos Irving
- Lochner Jan de Villiers
- Lodemann Heide Katharina
- Loening Walter E Karl
- Loot Sayyed M Hosain
- Losman Elma
- Lotzof Samuel
- Loubser Johannes Samuel
- * Louw Adriaan Jacobus
- Louw John Xavier
- MacEwan Ian Campbell
- * MacGregor James MacWilliam
- MacLeod Ian Nevis
- * Maggs Roderick Frank
- Mahomed Abdullah Eshaak
- Maitin Charles Thabo
- Malan Atties Fourie
- * Malkiel-Shapiro Boris
- Mangold Fritz Theodor
- * Mann Noël Myddelton
- Mann Solly
- Marais Johannes Stephanus
- * Marchand Paul Edmond
- Maresky Abraham Leib
- * Maresky Leon Solomon
- Margolis Kenneth
- Marivate Martin
- Markman Phillip
- Marks Charles
- * Masey George R Frederick
- * Mason Eric Ivor Henry
- Massey Patricia J Helen
- Matus Szejlma
- Mauff Alfred Carl
- May Abraham Bernard
- McDonald Robert
- McIntosh Robert Roy
- McKenzie Malcolm Bett
- McPhee Michael Henry
- Mears Jasper W Walter
- Meer Farooq Moosa
- Meeran Mooideen Kader
- * Mendel Sonnie Ivan
- * Mendelow Harry
- * Mendelsohn Leonard Meyer
- Meyer Anthonie Christoffel
- Meyer Bernhardt Heinrich
- * Meyer Cornelius Martinus
- Meyer David
- * Meyer Eric Theodore
- Meyer Jan Abraham
- Meyer Julius
- Meyer Roland Martin
- Meyers Anthony Molyneux
- Meyersohn Sidney Jacob
- Meyerson Louis
- * Michael Aaron Michel
- Michaelides Basil Andrew
- Michalowsky Aubrey Michael
- Michelow Maurice Cecil
- Midgley Franklin John
- Mieny Carel Johannes
- Miles Anthony Ernest
- * Miller Samuel
- * Mirkin Wilfred Hyman
- Misnuner Zelik
- Mokhobo Kubeni Patrick
- Molapo Jonathan Lepoqa
- * Möller Carl Theodorus
- Moola Yousoof Mahomed
- Moosa Abdool-Sattar
- Morley Eric Clyde
- Morris Charles David Wilkie
- Morris Derrick Ryder
- Morris Ediel
- Morrison Gavin
- Movsowitz Leon
- Mullan Bertram Strancham
- * Muller Hendrik
- Mulligan Terence P Simpson
- * Mundy Raymond
- * Murray Neil Laird
- Myburgh Johannes Albertus
- Myers Leonard
- Nash Eleanor Scarborough
- * Naylor Aubrey Chalkley
- Neifeld Hyman
- Nel Elias Albertus
- Nel Jan Gideon
- Nel Pieter Daniel
- Nel Rhoderic William Arthur
- Neser Francois Nicholas
- Nestadt Allan
- Newbury Claude Edward
- * Nicholson John Campbell
- Noble Clive Allister
- Noll Brian Julian
- Norman-Smith Jack
- * Norwich Isadore
- Novis Bernard
- Nurick Ivan James
- Obel Israel Woolf Promund
- Okreglicki Andrzej Michael
- Oliver Johannes Andries
- * Opie William Henry
- Orelowitz Manney Sidney
- Osler Henry Ingram
- Ospovat Norman Theodore
- Padayatchi Perumal
- Palmer Philip Edward Stephen
- Palmer Raymond Ivor
- * Paradisgarten Hymie Charles
- Pascoe Francis Danby
- Patel Prabhakant Laloo
- Pearlman Theodore
- * Pein Jack
- * Pein Nathaniel Kemsley
- Perdikis Phoebus
- * Perk David
- Peters Ralph Leslie
- Philcox Derek Vincent
- Phillips Gerald Isaac
- Phillips Louisa Marilyn
- Piesold Gerald A Ferdinand
- * Pieterse Holland Frederik
- Pillay George Permall
- Pillay Rathinasabapathy Arumugam
- Pillay Veerasamy K Govinda
- Planer Meyer
- Plit Michael
- * Polakow Raphaely
- Pollak Ottilie
- Porter Christopher Michael
- * Posel Max Michael
- Potgieter Louis
- Pretorius Davis H Schaik
- Pretorius Jack
- Price Samuel Nathaniel
- Prinsloo Simon Lodewyk
- Procter Desmond S Collacott
- Prowse Clive Morley
- Pudifin Dennis James
- Quan Tim
- Quinlan Desmond Kluge
- Quirke Peter Dathy Grace
- * Rabinowitz Albert
- Rabinowitz Leslie
- Radford Geoffrey
- Raftopoulos Paris
- Rankin Anthony Mottram
- Rayman Ashley
- Rebstein Stephen Eric
- Reichman Leslie
- Reichman Percy
- * Reid Frederick Payne
- Renton Maurice Ashley
- Retief Daniel Hugo
- Retief Degenes Jacobus
- Retief Francois J Petrus
- Retief Francois Pieter
- Reynders Johannes Jurgens
- * Richey Allan Frank Whitfield
- Richmond George
- Ritchken Harry David
- Roberts William A Brooksbank
- Roberts William Michael
- Robertson Thomas Chalmers
- Robinson Brian Stanley
- Roman Horatius E Hereward
- Rome Paul
- Roos Nicolaas Jacobus
- Roose Patricia Garfield
- Rosenberg Basil
- Rosenberg Edwin Robert
- * Rosenthal Elijah
- * Rosin Isodore Roland
- Ross Bremner Lloyd
- Rossouw Dennis Pieter
- * Rossouw Johan Tertius
- * Rothschild Emil E Aaron
- * Roux Daniel Jacobus
- Rudolph Isidore
- * Russell John Tait
- * Rutovitz Isaac Jacob
- Sacks Selig
- * Sacks Sidney
- Sacks William
- Safro Ivor Lawrence
- Salkinder Joe
- Samson Ian David
- Samson John Monteith
- Sandeman John Charles
- Sanders Eric John
- Saner Robert Godfrey
- * Sarkin Theodore Leonard
- Sartorius Kurt Honbaum
- Saunders Stuart John
- Saxe Norma Phyllis
- Schaetzing Albrecht Eberhard
- * Schepers Nicolaas Jacobus
- * Schneider Tobias
- Schneier Felix Theodore
- Scholtz Roelof
- Schutte Philippus Johannes
- Schwär Theodor Gottfried
- Schwarz Kurt
- Scott James Graham
- Scott Quentin John
- * Scott Walter Fleming
- Scragg Joan Noelle
- Seaward Percival Douglas
- Seedat Yackoob Kassim
- Sellars Sean Liam
- Senior Boris
- Sesel John Ruby
- Shapiro Benjamin Leon
- Shapiro Max Phillip
- Shapiro Norman
- Sharpe Jean Mary
- Sher Gerald
- Sher Joseph Norman
- Sher Mary Ann
- Shété Charudutt Dattatraya
- Shulman Louis
- Siew Shirley
- Silberman Reuben
- Silbert Maurice Vivian
- Simons George Arthur
- * Simonsz Christiaan G Adolph
- * Simpson Thomas Victor
- Simson Ian Wark
- Singer Martin
- Sischy Benjamin
- Skinner Donald Pape
- Slom Cyril Meyer
- * Smalberger Johannes Marthinus (Snr)
- Smith John Alaister
- Smith Lionel Shelsley
- Smith Petrus Nicolaas
- * Smulian Hubert Godfrey
- * Smythe Patrick Montrose
- Sneider Paul
- Snyman Hendrick G Abraham
- * Solomon Herman Israel
- Sonnendecker Ernest W Walter
- Spilg Harold
- * Spitz Mendel
- Stein Aaron (Archie)
- Stein Abraham
- Stein Leo
- Stein Lionel
- Stein Mannie
- Stern Ferdinand
- Stewart-Wynne Edward George
- Steyn Dora Nell
- Steyn Gerbrandt
- Steyn Izak Stefanus
- Stronkhorst Johannes Hendrikus
- Sur Monalisa
- Sur Ranjan Kumar
- Sutin Gerald Joseph
- * Suzman Moses Myer
- Svensson Lars Georg
- Swanepoel André
- * Swart Barend Hermanus
- Swartz Jack
- Tarboton Peter Vaughan
- Taylor Robert Kay Nixon
- Te Groen Frans Wilhelmus
- Te Groen Lutherus H Treub
- * Teeger Arnold
- Terespolsky Percy Samuel
- * Thatcher Geoffrey Newton
- Theron Francis
- Theron Jakobus L Luttig
- Thomson Alan J George
- Thomson Peter Drummond
- Thornington Roger Edgar
- Thorp Marc Alexander
- * Tobias Ralph Lulu
- Toker Eugene
- * Tomlinson John R Dacomb
- Treisman Oswald Selwyn
- Trubshaw William H Daines
- Trope Robert Allan
- * Trott Edmund Lorimer
- * Trubshaw William H Daines
- * Tucker Robert D St George
- Tucker Ronald B Kidger
- Turner Peter James
- Ungerer Matthys Johannes
- Utian Hessel Lionel
- Van Coeverden de Groot Herman A
- Van den Berg Andries D Petrus
- Van der Merwe Jan Abraham
- * Van der Riet John Werendy
- * Van der Riet Ryno le Seur
- * Van der Walt Johannes Joachim
- Van der Wat Jacobus JH Botha
- Van Dongen Leon G Raymond
- Van Drimmelen Pieter
- Van Graan Nico Jacobus
- Van Greunen Francois
- * Van Hasselt Carel Hugh
- Van Helsingden Jacobus O Tertius
- Van Huyssteen Hendrik Roelof (Snr)
- Van Niekerk Christopher
- Van Niekerk Willem Abraham
- Van Rensburg L C Jansen
- * Van Rooyen Adriaan J Louw
- Van Schalkwyk Colin Henri
- Van Schalkwyk Herman Eben
- Van Selm Justin Leander
- Van Wyk Eugene Muller
- Van Wyk Frederick A Kelly
- * Van Zyl Jakobus J Wynand
- Venter Pieter Ferdinand
- Victor Arthur
- Viljoen Ignatius Michael
- * Viljoen Theunis Gabriel
- Visser Daniel
- Vogelpoel Louis
- Von Wielligh Gysbertus Johannes
- Vooght Terence Edward
- Vorster Carl Theodorus
- Vosloo Arnoldus Johannes
- Wade Harry
- Wahl Jacobus Johannes
- Walker Dennis Hamilton
- Walker John Douglas
- * Walker Lindsay Hamilton
- * Walsh James Clifford
- Warren George St Leger
- Watson Ian France
- Wayburne Samuel
- * Weingartz Felix Kruger
- Welsh Ian Bransby
- Welsh Neville Hepburn
- * Welsh Robert I Hepburn
- * Wessels Cornelius Johannes
- Whiffler Kurt
- White Ian William Craig
- Whitfield Leslie Edwin
- Whitting David Ashby
- Wiggelinkhuizen Jan
- Williams Margaret Ethel
- Williams Robert Edward
- Wilson William
- Wilton Thomas Derrick
- Wise Roy Oliver
- * Wium Peter Pet
- Wolfsdorf Jack
- * Wood Frank Henry
- Wright Ian James Spencer
- Wunsh Louis
- * Wykerd Hermanus Claassens
- * Wylde Ronald Burns
- * Youngleson John Henry
- Yudaken Israel Reuwen
- Zent Clive Steven
- Zent Roy
- Zion Monty Mordecai
- * Deceased

HISTORY OF THE COLLEGES OF MEDICINE OF SA (CSMA) PART XVII

COLLEGE EXAMINATIONS

By October 1969 Mr. W. Kark reported that the number entering all of the College examinations was being maintained at about 180 per year. In 1969 a new innovation was introduced in that candidates could answer the written papers in four different centres : Cape Town, Johannesburg, Durban and Salisbury. This was introduced to spare the candidates having to stay away from home for a prolonged period of time and thus minimise their expenses.

The multi-centre written examinations proved to be helpful and has persisted up to the present time.

Another change introduced for the Fellowship in Medicine, was a separate examination in basic sciences which the Faculty of Medicine felt desirable.

Following the successful organisation of the Fellowship in Surgery with Orthopaedics as a speciality and the good reports received, the Faculties of all the other branch specialities of Surgery were invited to present proposals for separate examinations in their particular fields of work. The Faculties of Neurosurgery, Urology and Plastic and Reconstructive Surgery were quick to take up the offer. It had been decided that all branches of Surgery would have a common primary. The debate as to whether Otorhinolaryngology and Ophthalmology should have a specially tailored primary ended with the decision that they too should write a common Surgical Primary.

Another landmark decision was made with regard the examinations in Pathology. The Faculty and the examiners in the previous few years had advised the College that the standard required at one examination in all the disciplines of Pathology was too high an expectation. Moreover the practice of Pathology was changing from one man doing all the work, to the practice of specialisation in the separate branches of the subject. Accordingly the College established five different examinations leading to the Fellowship in Pathology. These were Clinical Pathology, Haematology, Biochemistry and Morbid Anatomy.

Up to that time Dermatologists were compelled to spend three months in a department of Radiotherapy but this was now made optional.

The Fellowship in Radiology was also being altered then so that candidates could enter for Diagnostic Radiology or Therapeutic Radiology and not have to sit a combined examination.

DERMATOLOGY FACULTY CONGRESS

The first ever congress held under the auspices of the College took place in June 1969 when the Dermatology Faculty organised an international congress in Johannesburg. A large British delegation led by the doyen of British dermatology, Dr Geoffrey Dowling attended. Prof. du Plessis as Vice-President of the College gave a distinguished inaugural address, which sketched the history and progress and aims of the College and its influence on South African medical education.

THE FOURTH LOUIS MIRVISH MEMORIAL LECTURE

The fourth Louis Mirvish Memorial Lecture was delivered by Professor Wilfred Sircus, Physician in charge, the Gastrointestinal Unit, Western General Hospital, Edinburgh. His chosen title was "Aspects of Ulcerative Colitis". This was a subject of particular interest of the late Louis Mirvish. He covered many aspects of this variable disease and gave numerous interesting statistics. This included the fact that teachers, shopkeepers and farmers had more than twice the anticipated incidence of ulcerative colitis. Included in this class 2 category are professors of Medicine and of Surgery, whereas physicians and surgeons are listed under class 1 with a lower incidence!

ADMISSION CEREMONY OCTOBER 1969

The guest speaker on this occasion was Dr Jonathan Gluckman. He addressed the recent successful candidates directly, outlining the changes in medical education that had happened in the fifteen years since he had returned from the war and studied to become a recognised Pathologist. He stressed the important role that the College had played in this time, making it so much easier for aspirant specialists. He stressed that knowledge is not worn like a cloak but is an on-going deal and he hoped that the College had helped stimulate the graduands into this on-going strive for knowledge.

GIFTS TO THE COLLEGE

Professor and Mrs Jannie Louw gave to the College, for its new building in Cape Town, a very valuable antique stinkwood bench, valuable both in sentiment and money, because it belonged to Prof. Charlie Saint the first professor of surgery in South Africa. He used it in his consulting rooms. Prof. Saint who was living at Sark in the Channel Islands was admitted to the Honorary Fellowship of the College of Surgeons on the 5th of May 1967. When he left South Africa, this magnificent piece of old Cape Dutch furniture became the proud possession of Prof. Louw, who has, with great generosity, passed it on to the College.

Supplementing the above was the gift of a settee and matching chairs from Dr Arthur Landau and Mrs Queenie Landau. These items immediately transformed the lounge in the new building.

Other gifts received were 10 candelabra from the previous owners of the house, Mr and Mrs Green. Mrs Makepeace, who was assistant to Mrs Skea our secretary, kindly donated a carpet for the general office as well as two stools for the duplicating room. Mr Walter Foulds the architect of the altered building donated the ground plans of the College building as well as a model of the proposed Hall.

OUR PRESIDENT, PROFESSOR LOUW'S VISIT TO AUSTRALIA

When Professor Jannie Louw was invited to visit the Australasian College of Surgeons in March 1970, he took with him a beautiful illuminated address. With this our College extended fraternal greetings to our Australasian counterpart. They conferred an

Honorary Fellowship on our President and he gave the Rupert Downes Memorial Lecture. His title was "The Scientific Method in Surgery". Major Rupert Downes was a keen historian and took a keen interest in Paediatric Surgery.

It is of interest that later the same month he was awarded an Honorary Fellowship by the Royal College of Physicians and Surgeons of Glasgow.



COUNCIL CHANGES

Several important changes in the College Council occurred early in 1970. After nine years as Hon Registrar, Dr Stuart Saunders resigned. This was due to his appointment as the new Professor of Medicine at the University of Cape Town following Prof Brock's

retirement. He felt that the extra workload would be incompatible with his present College duties. Dr John Terblanche was immediately appointed to be the College Registrar in the South. It is interesting that he was later to become Prof. Saunders counterpart in the Department of Surgery.

On being appointed Rector of the University of Stellenbosch, Professor Jannie de Villiers also found it necessary to resign from College Council as well as Convenor of the Faculty of Obstetrics and Gynaecology. He had served as a Councillor for six years.

AMALGAMATION OF THE SOUTH AFRICAN COLLEGE OF GENERAL PRACTITIONERS WITH THE COLLEGE

The College took one of its most important decisions when its members agreed at an extraordinary general meeting in October 1969 to approve Council's recommendation that the South African College of General Practitioners be allowed to amalgamate with the College of Physicians, Surgeons and Gynaecologists to form a single College. The Council felt that this was an important milestone in our history and made our College unique in the world of similar institutions. Housing all disciplines of Medicine and Dentistry under one roof was something to be justly proud and has become the envy of many sister Colleges.

At the Council meeting in May 1970 249 members of the former College of General Practitioners were admitted to the enlarged College as Associate Founders. Clearly the name of the College would have to change as the current one reflected a specialist college. Subsequently after considerable debate the all inclusive name of The College of Medicine of South Africa was decided upon.

HONORARY FELLOWSHIPS

At its admission ceremony in Cape Town in April 1970 Honorary Fellowships were conferred upon the President of the Royal College of Surgeons in Ireland, Mr DW Montgomery, who was the guest speaker, the past President of the Royal College of Physicians of Ireland, Prof Alan Thompson and the Registrar of the Royal College of Surgeons in Ireland, Dr Harry O'Flanagan.

FRANCOIS P FOUCHE LECTURE FOR 1969

The third President of the South African Rheumatism and Arthritis Association was selected to deliver the Francois P Fouche Lecture at the second conference of the Association

in Cape Town on the 24 March 1970. He repeated the lecture in his home town of Johannesburg earlier that month. He was Mr Sydney Sacks and his topic was "Arthritis Today". He told of working with Mr Fouche and following an operation to arthrodesise a knee joint Mr Fouche challenged him by saying "I hate performing these mutilating operations such as arthrodeses and amputations. Why don't you fellows find methods of preventing diseases?" This set Sydney Sacks thinking and made him decide to enter the Orthopaedic field!

He proceeded to give a very broad but detailed overview of Arthritis, its aetiology as well as its medical and surgical management.

ADMISSION CEREMONY IN JOHANNESBURG, OCTOBER 1971

At a very impressive ceremony in the Great Hall of the University of the Witwatersrand 38 doctors were admitted to various fellowships of the College, which they had obtained by examination during that week. It was also the occasion for the presentation of the first Suzman Gold Medals for excellence in the FCP (SA) exam. The first recipients were Dr Bernard and Dr Sacks.

The highlight, however, of the evening was the presentation of four Honorary Fellowships to four very distinguished people. They were Mr CS (Punch) Barlow, the well-known South African industrialist, who became an Honorary Fellow of the College of Surgeons of South Africa; Professor CD Calnan, professor of Dermatology at St. John's Hospital for diseases of the Skin in London, who received an Honorary Fellowship of the Faculty of Dermatology; Emeritus Professor Frank Forman of the University of Cape Town and Professor Jaques Genest, scientific director of the Clinical Research Institute of Montreal, Canada, and the 1970 Sir Arthur Sims Commonwealth Travelling Professor, both of whom were admitted as Honorary Fellows in the College of Physicians



CITATION FOR CHARLES SYDNEY BARLOW

This was read by Prof JF Brock, who outlined his brilliant career first at Clifton College, Bristol, then at Caius College, Cambridge, where he took a degree in engineering. He was an excellent all-rounder and excelled at rugby and cricket. He played rugby for Cambridge University for four years and ended up as captain of the club. Later he captained Natal and even made Springbok trials. He played county cricket in 1924. Later he played polo for Transvaal and for South Africa. A broken leg guided him into the gentler sports of golf and fishing.

In 1927 he joined his father's small engineering business in Durban and by 1930 he was in control of a branch in Johannesburg, which became a public company in 1941 and after the war it prospered and proliferated under his chairmanship. During the war he joined up and rose to the rank of Major. He was controller of machine tools and later chairman of the War Disposal Board.

His all-round abilities made him an excellent selector for South African Rhodes Scholars.

He had as a lifelong interest ornithology and was a close personal friend of Austin Roberts and encouraged him to write the definitive book on "Birds of South Africa". Five South African birds carry the name of Mr Barlow.

In his reply he said "We know that only doctors with the highest qualifications and integrity in the profession can gain entry to your College. Your reputation has gone far beyond South Africa. I have admired the way in which you have not concerned yourselves with race, colour or creed, but have got on with your vital work regardless of such considerations.

In being given the opportunity of even closer contact with you, I hope that some way will be found for me to be of service to you and the community which you so ably serve and perhaps even further strengthen the ties between the medical and business fraternity in this great country". These were prophetic words indeed considering the tremendous help he was to be to the College particularly as far as the building in Johannesburg was concerned.

HONORARY FELLOWSHIP PROF CHARLES DERMOD CALNAN

The citation was delivered by Dr John Cowley, the chairman of the Faculty of Dermatology. Born in London, Charles Calnan studied at Corpus Christi College, Cambridge. During the war he too became a Major as a specialist in Dermatology. He has been honoured in more countries than he could remember and the Americans refer to him as the "Billy Graham" of Dermatology. His particular interest where he has become a world authority is in Industrial Dermatology and has saved many industries enormous amounts of money by not using toxic, harmful materials.

In his reply Prof. Calnan pointed out that the post-war renaissance in dermatology was initiated and spearheaded by a South African, Dr Geoffrey Dowling who left the Cape at the age of 12 and only to return as the doyen of British Dermatology. "None of us can repay the gift of this man which your country gave to us.



HONORARY FELLOWSHIP PROF FRANKIE FORMAN

Dr Arthur Landau delivered a wonderful citation to this great clinician. Frank Forman was born in Paarl and was educated at Paarl Gymnasium. In matric he received the Gould Adams medals for coming top in the whole of South Africa in both Maths and Physics. In ministering

to those afflicted by the catastrophic Spanish flu epidemic in De Aar, he went down with influenzal pneumonia himself and missed his final BA exams and had to sit a supplementary exam in February at which he received the medal in Anatomy. He completed his medical studies at Aberdeen and returned to South Africa in 1923 as a lecturer in Bacteriology and was then appointed as Whole-time Tutor in Clinical Medicine under the first professor of Medicine at University of Cape Town, Prof. AW Falconer, who was also from Aberdeen.

When the latter became Principal of the University in 1938, Prof Forman was appointed as Professor of Clinical Medicine and co-head of the Department with Prof JF Brock who was appointed as Professor of the Practice of Medicine.

In 1934 he married Golda Selzer who later worked in the Department of Pathology and Bacteriology. Whenever he spoke of her he accorded her full title of my wife, Dr Golda Selzer. She became a font of tales about him and his mannerisms. A singular honour paid to him on his retirement in 1963 was to have a reading room named after him by the University Council and a bust of "Frankie" now adorns the Frank Forman Reading Room.

In June 1965 the South African Medical Association devoted a full issue of their Medical Journal as a "Festschrift" to this great man.

He served on the College Council for 12 years as well as numerous other University bodies and each benefited from his wise counsel.

"Frankie Forman has in his own lifetime become a legendary figure in medicine in South Africa. He has made his mark in this country as a clinician and teacher almost without equal. His qualities of sincerity, integrity and essential honesty, his human qualities of sympathy and understanding and his vast clinical knowledge tempered by his humility have been impressed on his students so that they could not help but admire this great man, gaining their unstinted affection and respect. He has always stressed the value of careful history taking and detailed physical examination at the bedside, with a minimum of specialised or laboratory investigations. Many of the anecdotes recounted by his former students and colleagues of his colossal powers of clinical observation, his encyclopaedic and fantastic memory, with powers of recall of examples illustrating a clinical point or a case seen previously, as also his uncanny diagnostic skill in using only the natural senses.

To quote perhaps only one recalls the time when Frankie leading his students in to ward D1 from the lecture theatre to his favourite teaching spot at the bedside, he passed a tall beautiful man standing at the door. (Frankie likened his looks to pictures of Jesus Christ.) This man courteously bent down and addressed Frankie: "Professor Forman?"

"Yes, Mr van Rensburg" said Frankie.

"How do you know my name? You have never met me?"

"Oh yes, in 1918 you were admitted to the Somerset Hospital off a ship and the reason you don't remember me is that you were admitted unconscious."

(Frankie had further cause to remember him as "Mr van Rensburg" was the first case of trypanosomiasis successfully treated with organic arsenicals obtained at that time by Prof Falconer.)

After receiving the highest honour the College could bestow, Prof Forman and Dr Selzer went to Israel to impart some of their knowledge to the students at the Tel Hashomer Hospital.

HONORARY FELLOWSHIP PROF JAQUES GENEST

Dr Stuart Saunders delivered the citation for our distinguished Canadian Honorary Fellow. A native of Montreal and the Province of Quebec he had a very distinguished under-graduate and post-graduate career so that he soon became a Professor of Medicine at his alma mater. He became a sought-after lecturer around the world and it is no surprise that he was appointed as the Commonwealth Sims Travelling Professor. He has been honoured by innumerable universities including an Honorary Doctorate of Law from the University of Toronto.

His position as Chairman of the Department of Medicine was terminated at his own request in 1969 so that he could become Director of the new Clinical Research Institute, for which he had been awarded 3 million dollars to build.

In replying, Prof Genest said "Not only do we love your beautiful country, but I want to assure you that you have acquired sincere friends who hope to return to South Africa. He has subsequently represented our College at meetings in North America.

MARGARET ORFORD MEMORIAL LECTURE FOR 1970

Professor JHM Pinkerton of the Department of Gynaecology, The Queen's University of Belfast gave this lecture on "Oestriol and Alkaline Phosphatase Estimations in the assessment of Placental Function." Prof Pinkerton gave frightening statistics about the population explosion. In 1800 the world population was 1000 million and by 1970 it was six and a half times that figure. He intimated that this would never be controlled until the foetal and infant mortality was better controlled, for this would give security to small families. To achieve this a good understanding of placental function was essential.

FUND RAISING

The fund raising appeal that had been launched by the College over a five year period had got off to an excellent start. Many donors had promised annual contributions over the five years. Early large donations included R75,000 from the Old Mutual: R50,000 from de Beers and also from Anglo-American Corporation. An interesting donation came from Mr Hugh Hargreaves on behalf of the South African Surgical Trades Association, which represented the remaining assets when the association ceased to function.

The Professional Provident Society of South Africa made a most generous gesture by waiving the raising fee for the bond which the College had taken up with them to help purchase its new property in Johannesburg.

CHARLES AND MARGARET BELL TRAVELLING FELLOWSHIP IN PSYCHIATRY FOR 1972

This Fellowship was awarded to Professor LS Gillis from the Department of Neurology and Psychiatry of the University of Cape Town. He planned a long stay at the Maudsley and at Edinburgh as well as a couple of European centres of Psychiatry.

SIR WALTER MERCER

Sir Walter Mercer died on 21 February 1971. He was the College's first Honorary Fellow, having been so honoured at the College's inaugural meeting on 8 August 1956. He was an Orthopaedic Surgeon of great renown, but had an extensive background in General Surgery, including Cardiac Surgery. He was born in Stow and graduated from Edinburgh University. After being invalided in the first World War he joined the Edinburgh War Hospital and was one of Robert Jones' teams of military surgeons, hence his introduction to Orthopaedics. He was President of the Royal College of Surgeon of Edinburgh from 1951 to 1956. He was knighted in 1956. Not only was he an Honorary Fellow of our College but also of those of England, Ireland and Canada as well as an Honorary Fellow of the Royal Society of Medicine.

FRANCOIS P FOUCHE LECTURE FOR 1970

This eponymous lecture was delivered by Mr Cyril Kaplan of Durban. He selected as his subject "Pott's Disease: an historical and contemporary review. He chose this subject because of the high incidence of tuberculosis in South Africa. Interestingly the first known case in our country was Paulo da Gama who on his way to India with his more famous brother developed pulmonary tuberculosis and died of it on his return to Portugal.

Hippocrates (460-355) wrote "The vertebrae of the spine, when contracted into a lump behind from disease, for the most part cannot be remedied; more especially when the gibbosity is above the attachment of the diaphragm to the spine." In 1828 Percival Pott concluded that the disorder arose elsewhere in the body and related it to "scrophula".

CO-OPTIONS TO COUNCIL

Prof Howard Botha of Pretoria was co-opted by the Council to fill the vacancy created by an amendment to the constitution in accordance with the terms of the amalgamation of the South African College of General Practitioners with our College. This amendment allowed for an additional member on Council and that an elected member of Council (other than the Diplomat representative) may be a general practitioner.

Dr Ian Huskisson, the Honorary Editor of the Transactions was co-opted to fill the vacancy left by the resignation of Prof Jannie de Villiers.



ADMISSION CEREMONY APRIL 1971

The first admission ceremony for 1971 was held in the Beattie Theatre of the University of Cape Town. A new mace-bearer was initiated by Dr Ron Tucker.

At this ceremony an illuminated address was given to Professor SJ Saunders to thank him for the nine years as Registrar. He gave the address and encouraged the new Fellows and Diplomates to help foster their College. He said: "The College was founded by men who believed in the College Ideal. Without any personal gain or any prospects of acquiring a title or diploma these men generously initiated and supported the new College in 1952-53. The Talmud tells us that a Rabbi was once passing through a field where he saw a very old man planting an oak tree. "Why are you planting that tree?" said he, "you surely do not expect to live long enough to see the acorn growing up into an oak tree". "Ah", replied the old man, "my ancestors planted trees not for themselves but for us in order that we might enjoy their shade or their fruit, I am doing likewise for those who will come after me."

FRANCOIS P FOUCHÉ LECTURE FOR 1971

Dr Vernon Nickel a world authority on rehabilitation from the Rancho Los Amigos Hospital, Los Angeles was invited to deliver this lecture. He gave the lecture in five centres entitled "The Orthopaedic Surgeon's role in the care of stroke patients".

He quoted a statistic of 120 strokes per day in Los Angeles county alone. This gives measure of the size of the problem. He slated the negative approach so many doctors have when

dealing with such catastrophies. Team work plays a large role and MOBILISATION is vital. He outlined the role of each member of the team and particularly the role that surgery can offer.

He ended by saying: " Ek wil graag die hoop koester dat my gedagtes ter ere was van een van die groot pioniers van die mooi land, Suid Afrika het die unieke geleentheid om op hierdie gebied die voortou te neem"

COLLEGE OF MEDICINE'S FIRST COUNCIL

Having officially changed the name of the College in October 1971 to the more all-embracing name of the College of Medicine of South Africa, the President was able to announce those members that had been elected to serve on the first Council under it's new name. He did this at the AGM of the College on 30 October 1971. They were in alphabetical order after the office bearers:

- Prof. JH Louw (President)
- Prof DJ du Plessis (Vice President)
- Mr W Kark (Vice President and Chairman of the examinations and Credentials Committee)
- Dr A Landau (Hon Treasurer)
- Dr J Terblanche (Hon Registrar)
- Prof EB Adams
- Dr GP Charlewood
- Prof F Daubenton
- Prof H deV Heese
- Dr PAH Knocker
- Prof SJ Saunders
- Prof PM Smythe
- Dr JP Theron

At that stage the elected members of Council were elected on the basis of a maximum of 5 from any one Province and a minimum of one.

At the first meeting of the elected members, the office bearers were chosen and the following co-opted to serve as full Council members:

- Prof H Botha
- Prof AB Bull
- Prof FG Geldenhuys
- Dr GC Harrison
- Dr ID Huskisson (Hon Archivist and Librarian and Hon Editor of the Transactions of the College)
- Dr D McKenzie
- Dr RK Tucker

HONORARY FELLOWSHIP FOR DEREK ERNEST DENNY-BROWN

At a special ceremony on 6 October 1971, Dr S. Katz read the citation for one of the world's leading neurological scientists. He has published more than 170 articles as well as a couple of books all of which are classics. He shares the distinction of studying skin sensation, following experimental nerve section in his own limb with Head, Rivers, Trotter and Schafer.

He was formerly James Jackson Putnam Professor of Neurology, Harvard University and Director, Neurological Unit, Boston City Hospital. When honoured by our College he was Professor of Neurology at the New England Regional Neurological Primate Research Centre at Harvard University. While he was head of the department, Harvard became the Mecca for all neurology.

After the award Professor Denny-Brown addressed the meeting on "Infantile Spastic Paraplegia".

ADMISSION CEREMONY OCTOBER 1971

On Friday 29 October 1971 the auditorium at the SAIMR was the scene of the College Graduation Ceremony. As Dr Tucker was overseas, Dr Huskisson carried the mace to lead the College Council and its honoured guest speaker, Mr CS Barlow.

At this ceremony two recent graduates, who were later to be prominent in College affairs were on the medals list. These were Dr John Frank Milne who was awarded the Suzman Medal and Prof. Matthys Johannes Ungerer, who received the African Oxygen Gold Medal.

Mr Punch Barlow stressed several qualities needed by the new graduates. These were: humility, kindness, patience, sensitivity, integrity and loyalty.

MARGARET ORFORD MEMORIAL LECTURE FOR 1971

"The Surgical Treatment of Genital Tract Malformations" was the subject chosen by Prof CJ Dewhurst for this lecture.



MR WHD TRUBSHAW

Bill Trubshaw who was for a long time National President of the Association of Surgeons of South Africa died in 1971. He had served on College Council from its inception for nine years. He had the remarkable double qualification of F.R.C.S. and M.R.C.P.

His widow, Magele, gave in his memory the gift of a very good woodcarving of Aesculapius by the Hungarian sculptor, Varga. It was hung in the entrance hall of the College building in Cape Town, where it lent a special atmosphere to the building.



JOINT CONFERENCE OF SURGICAL COLLEGES

For the first time our College hosted this joint conference. The meeting was held in our building in Cape

Town on Tuesday 2 May 1972 under the chairmanship of Prof Jannie Louw.

This was a unique occasion when Presidents or their deputies of the Royal Colleges of Surgeons and the President of the American College of Surgeons met for only the second time outside of Great Britain. The joint Conference is the controlling body of surgical education in the English-speaking world and as such plays a key role in world surgery.

All our visitors were lavish in their praise of our College and our country and this marked a further landmark in our history.

This very important occurrence was celebrated by bestowing an Honorary Fellowship on each of the visiting Presidents at the May graduation ceremony.

HONORARY FELLOWSHIPS

Dr Arthur Landau read the citation to Sir Thomas Holmes Sellors, President of the Royal College of Surgeons of England. He was

knighted in 1963 and has also had conferred on him the Medaille de la Reconnaissance Francaise and is an officer of the Order of Carlos Findlay, Cuba.

Mr Wilfred Kark read the citation for Professor Donald Douglas, the President of the oldest Surgical College, namely that of Edinburgh. At St. Andrews University he got two distinctions: in his final examination, he finished first in medicine, surgery and midwifery and he got a "blue" for rugby!

The citation to Professor Andrew Watt Kay was delivered by Prof. Daubenton. He was Vice-President of the Royal College of Physicians and Surgeons of Glasgow. He cared a great deal about his students and when a Wits student went to Glasgow to do his elective, he was met by Prof Kay, himself, wearing a Wits tie to make him feel at home!

Vice-President and President elect of the Royal College of Surgeons in Ireland, Francis A Duff had his citation read by Dr JP Theron. He is President of the urological section of the Irish Academy of Medicine.

Prof DJ du Plessis requested the admission honoris causa of Prof John Loewenthal, the only other President of an English speaking surgical college in the southern hemisphere, namely the Australian College. He was described as a great surgeon and an exceptionally gifted academician.

Prof Charles Drake as Dr Phyllis Knocker pointed out in her citation is President of the only other bilingual College. The Canadian College also has both Physicians and Surgeons under one roof. A neurosurgeon by training he has been showered with honours and visiting lectureships especially in North America.

Jonathan Evans Rhoad has had a brilliant academic career Prof Stuart Saunders told the assembled gathering. He held many key positions in medical bodies in the United States and was the current President of the American College of Surgeons.

On behalf of all the recipients of an Honorary Fellowship that evening Sir Thomas Holmes Sellors gave the reply. He opened with a quotation from Oscar Wilde:- "On an occasion of this kind it becomes more than a moral duty to speak one's mind. It becomes a pleasure." He commented on the "honey-tongued" citation readers. "It is not for me to say that they have indulged in hyperbole or exaggeration, but I hope that their words will have sunk into the minds of every graduand's wife so that she will realise what graces and virtues (until now unrecognised) she has been nursing to her bosom."

HONORARY FELLOWSHIP PROFESSOR THOMAS NORMAN ARTHUR JEFFCOATE

At another special ceremony Professor du Plessis conferred an Honorary Fellowship of our College on Professor Jeffcoate. The citation was given by Professor Francois Daubenton. He graduated with first class honours from Liverpool University in 1929. "What dreams of future service to his chosen profession must have been conjured up in the mind of the young medical student at Liverpool by his dynamic and energetic Professor of Obstetrics and Gynaecology, William Blair Bell, then deeply involved in the arduous negotiations which led to the establishment of the British College of Obstetricians and Gynaecologists in the very year that Jeffcoate qualified. Blair Bell became the first President of the new College. In his last year of

office, he admitted his promising protégé to the Membership little knowing that Jeffcoate would later grace both the chair he held and the presidency of the College."

His well-known textbook "Principles of Gynaecology" appeared in 1957 and was translated both into Spanish and Afrikaans. Queen Elizabeth bestowed on him a Knighthood in 1970. After Prof du Plessis had conferred an Honorary Fellowship on Professor Sir Norman Jeffcoate, the latter delivered a lecture on "Pelvic Pain".

HONORARY FELLOWSHIP FOR PROFESSOR SIR LANCE TOWNSEND

The third special ceremony was an historic one as it was the first admission ceremony that the College had held in Pretoria. It took place in the Didacta building of the University of Pretoria. Professor Geldenhuys delivered the citation and Mr Kark deputised for the President. He was delighted at the venue and stated that it help emphasise the national character of our College. After this Sir Lance gave a lecture entitled "Launch out into the Deep"

Prof Frans Geldenhuys described Sir Lance as a teacher without equal and went over all the honours that have been bestowed upon him. When the first chair in Obstetrics and Gynaecology was created in Australia, he was appointed. He was still holding the chair at the University of Melbourne but was also Dean of the Faculty of Medicine at the time of his visit to South Africa.

His title came from Jesus asking his disciples to "launch into the deep" and catch fish till their nets broke, when they thought it was impossible as their efforts all that day had been futile. The population explosion with people living longer and babies surviving in greater numbers has led politicians to ask the obstetricians to stabilise the world population. They therefore have to ensure that every baby born is a good one. He listed the improvements of the last 40 years, but emphasised that the present problem is to improve the health of all babies that are born. He outlined the new investigations that are available to monitor the baby in utero and that great striving to improve the present situation must be undertaken even if one were to feel enough has already been done.

DR VERNON DENIS KEMP



11 APRIL 1924 - 5 JULY 2004

Dr Denis Kemp attended Witbank High School and matriculated in 1941. He graduated from the University of the Witwatersrand in Johannesburg 1948. Having completed his internship at Baragwanath Hospital in Soweto he became a District Surgeon in the National Health Department. In 1960 he spent a sabbatical year studying Forensic Science in England, Denmark and Belgium, under the auspices of the Department of National Health. In 1963 he became the Chief District Surgeon of Johannesburg, a position he held until 1975. He held the position of Principal Medical Officer from 1975 to 1999 and was Head of the Department of Forensic Medicine at the University of the Witwatersrand from 1964 to 1972 and again from 1983 until his official retirement in 1999. He was invited to be an honorary consultant in the Johannesburg Department of Forensic Medicine and held this position from 1999 up to his death in 2004.

His experience in the field of Forensic Medicine was vast indeed. He personally conducted over 50 000 medicolegal autopsies and examined over 10 000 sexual assault victims and 10 000 drivers 'under the influence', during his 49 years in the Forensic Medical Services. In addition, he was frequently called upon to interpret medicolegal documents and to give expert evidence or act as an Assessor in the Law Courts.

He was also an active Associate of the CMSA and a keen supporter of the College of Forensic Pathologists, with many of the Fellows and Diplomates of our College having either been trained or examined by him. His other interests included palaeontology, photography, wildlife conservation and travel.

Dr Kemp was much loved and highly respected by the medicolegal fraternity and his wisdom and gentle wit will be sorely missed by all who knew him. He is survived by his wife Cynthia Joan Kemp (born Curlewis), an academic book editor and his children Leigh and Jonathan.

Dr P J Klepp and Dr J Vellema

LOST MEMBERS

The office of the CMSA is keen to establish the whereabouts of the following "lost members". Any information that could be of assistance should please be submitted to:

The Chief Executive Officer
 The Colleges of Medicine of South Africa
 17 Milner Road
 7700 RONDEBOSCH
 South Africa
 Tel: (021) 689-9533
 Fax: (021) 685-3766
 E-Mail: cmsa-adm@iafrica.com
 Internet: <http://www.collegemed.ac.za>

Armstrong, Finnuala Sarah
 (College of Family Practitioners)
 Berens, Dieter (College of Anaesthetists)
 Block, Joseph (College of Neurosurgeons)
 Block, Sidney (College of Family Practitioners)
 Bresler, Pieter Benjamin
 (College of Public Health Medicine)
 Chiudzu, Grace Mary
 (College of Obstetricians and Gynaecologists)
 Dada, Olayinka Abiodun (College of Family Practitioners)
 Danescu, Virgil (College of Physicians)
 Dayal, Dinesh Bhawani (College of Anaesthetists)
 Ebrahim, Farouk Ahmed (College of Family Practitioners)
 Friedmann, Allan Isadore (College of Ophthalmologists)
 Gibson, John Hartley
 (College of Obstetricians and Gynaecologists)
 Hill, John William (College of Physicians)
 Jalil, Shahid (College of Family Practitioners)
 Johnson, Melanie Bryonie (College of Pathologists)
 Kenyon, Michael Robert (College of Physicians)
 Kew, Jacqueline (College of Radiologists)
 Khanyile, Cynthia Margaret Nozipho
 (College of Obstetricians and Gynaecologists)
 Kimble, Tammy Rosalind (College of Psychiatrists)
 Kornell, Simon (College of Physicians)
 Leigh, Werner Eberhard Julius
 (College of Family Practitioners)
 Lunt, David William Raymond
 (College of Family Practitioners)
 Matus, Szejma (College of Radiologists)
 Ndimande, Benjamin Gregory Paschalis
 (College of Anaesthetists)
 Nebbe, Brian (College of Dentistry)
 Niemann, Andries Johannes (College of Anaesthetists)
 Nieuwoudt, Alida Regina
 (College of Obstetricians and Gynaecologists)
 Olaiya, Samuel Kayode (College of Anaesthetists)
 Pasha, Asma (College of Paediatricians)
 Pillay, Thayabran (College of Physicians)
 Ramorwesi, Prudence Abakwe (College of Anaesthetists)
 Raubenheimer, Arthur Arnold
 (College of Obstetricians and Gynaecologists)

Richmond, George (College of Physicians)
 Rickham, Peter Paul (College of Surgeons)
 Rozwadowski, Marek Antoni (College of Anaesthetists)
 Sartorius, Kurt (College of Public Health Medicine)
 Seaward, Lizette Ann (College of Urologists)
 Sesel, John Ruby (College of Radiologists)
 Shaw, Keith Meares (College of Surgeons)
 Skinstad, Alvin Vaughn (College of Family Practitioners)
 Smith, Robin Errol (College of Paediatricians)
 Strandvik, Brenda Lyn (College of Paediatricians)
 Swart, Henry Charles
 (College of Obstetricians and Gynaecologists)
 Van den Aardweg, Machteld Sonja (College of Surgeons)
 Van Wyk, Hester Catharina (College of Surgeons)
 Yachad, Ravine (College of Orthopaedics)

Information as at 23 June 2004

CMSA DATABASE INFORMATION

It would be appreciated if members of The Colleges of Medicine of South Africa could complete this form and send it to the administrative office in Rondebosch (address below). Please encircle your name if you are amongst the lost members

Name:
 (State whether Prof or Dr)

E-mail Address:

Telephone (Work):

Facsimile Number:

Telephone (Home):

Cell phone Number:

Identity Number:

Change of Address

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

New Address:

.....

.....

.....Postal Code

The Colleges of Medicine of South Africa
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 E-mail: bernise@colmedsa.co.za

MEMBERS OF THE SENATE

CMSA PRESIDENT

PROF LIZO MAZWAI

SENIOR VICE PRESIDENT

PROF ANDRIES STULTING

College of Ophthalmologists

VICE PRESIDENT

PROF ZEPHNE VAN DER SPUY

College of Obstetricians and Gynaecologists

CHAIRMAN F & G P COMMITTEE

PROF GERT VLOK

College of Orthopaedic Surgeons

CHAIRMAN E & C COMMITTEE

PROF JOHN LEMMER

College of Dentistry

CHAIRMAN EDUCATION COMMITTEE

PROF JOHN ROBBS

College of Surgeons

HONORARY TREASURER

PROF TUVIAH ZABOW

College of Psychiatrists

HONORARY REGISTRAR E & C COMMITTEE

PROF JOHN LOWNIE

College of Maxillo-Facial and Oral Surgeons

HONORARY REGISTRAR EDUCATION COMMITTEE

PROF ANIL MADAREE

College of Plastic Surgeons

HONORARY REGISTRAR F & G P COMMITTEE

PROF BONGANI MAYOSI

College of Physicians

MEMBERS OF THE SENATE

PROF JAMILA ABOOBAKER

College of Dermatologists

PROF MIRIAM ADHIKARI

College of Paediatricians

DR CLIFF ALLWOOD

College of Psychiatrists

PROF PIERRE BILL

College of Neurologists

PROF BILKISH CASSIM

College of Physicians

PROF USUF CHIKTE

College of Dentistry

PROF ANDRÉ CLAASSEN

College of Otorhinolaryngologists

PROF JOHAN DIEDERICKS

College of Anaesthetists

PROF ANNARE ELLMANN

College of Nuclear Physicians

PROF VIVIAN FRITZ

College of Neurologists

PROF BRENDAN GIRDLER-BROWN

College of Public Health Medicine

PROF RAYMOND (RAY) GLYN THOMAS

College of Radiologists

PROF LOUIS GOEDHALS

College of Radiation Oncologists

PROF SHUNMUGAM (TEDDY) GOVENDER

College of Orthopaedics

PROF CHRIS HEYNS

College of Urologists

PROF KENNETH (KEN) HUDDLE

College of Physicians

DR ASHWIN HURRIBUNCE

College of Radiologists

PROF ESTRELITA JANSE VAN RENSBURG

College of Pathologists

DR MOSES KABAALÉ (**Diplomate representative**)

College of Obstetricians and Gynaecologists

DR ROBIN (ROB) KINSLEY

College of Cardiothoracic Surgeons

PROF RALPH KIRSCH

College of Physicians

DR WALTER KLOECK

College of Emergency Medicine

DR CHERYL LEONG

College of Plastic Surgeons

DR ANTOINETTE LION-CACHET

College of Radiation Oncologists

PROF MADELINE LOWNIE

College of Maxillo-Facial and Oral Surgeons

PROF CHRISTINA (CHRIS) LUNDGREN

College of Anaesthetists

PROF SAMUEL (SAM) MOKGOKONG

College of Neurosurgeons

PROF JACK MOODLEY

College of Obstetricians and Gynaecologists

DR SHAN NAIDOO

College of Public Health Medicine

PROF GBOYEGA OGUNBANJO (**Editor : Transactions**)

College of Family Practitioners

PROF PETER OJWANG

College of Pathologists

PROF JONATHAN PETER

College of Neurosurgeons

PROF ANNE PETERS

College of Ophthalmologists

PROF JOHN PETTIFOR

College of Paediatricians

DR LESLIE (LES) RAMAGES

College of Otorhinolaryngologists

PROF SOLOMON (SOLLY) RATAEMANE

College of Psychiatrists

MR ANUNATHAN (ANU) REDDI

College of Cardiothoracic Surgeons

DR PATRICIA SAFFY

College of Emergency Medicine

PROF MICHAEL (MIKE) SATHEKGE

College of Nuclear Physicians

PROF ALFPHEUS (ALF) SEGONE

College of Urologists

PROF BRUCE SPARKS

College of Family Practitioners

PROF SANDIE THOMSON

College of Surgeons

PROF GAIL TODD

College of Dermatologists

DR JEANINE VELLEMA

College of Forensic Pathologists

PROF SHABBIR WADEE

College of Forensic Pathologists