



# TRANSACTIONS

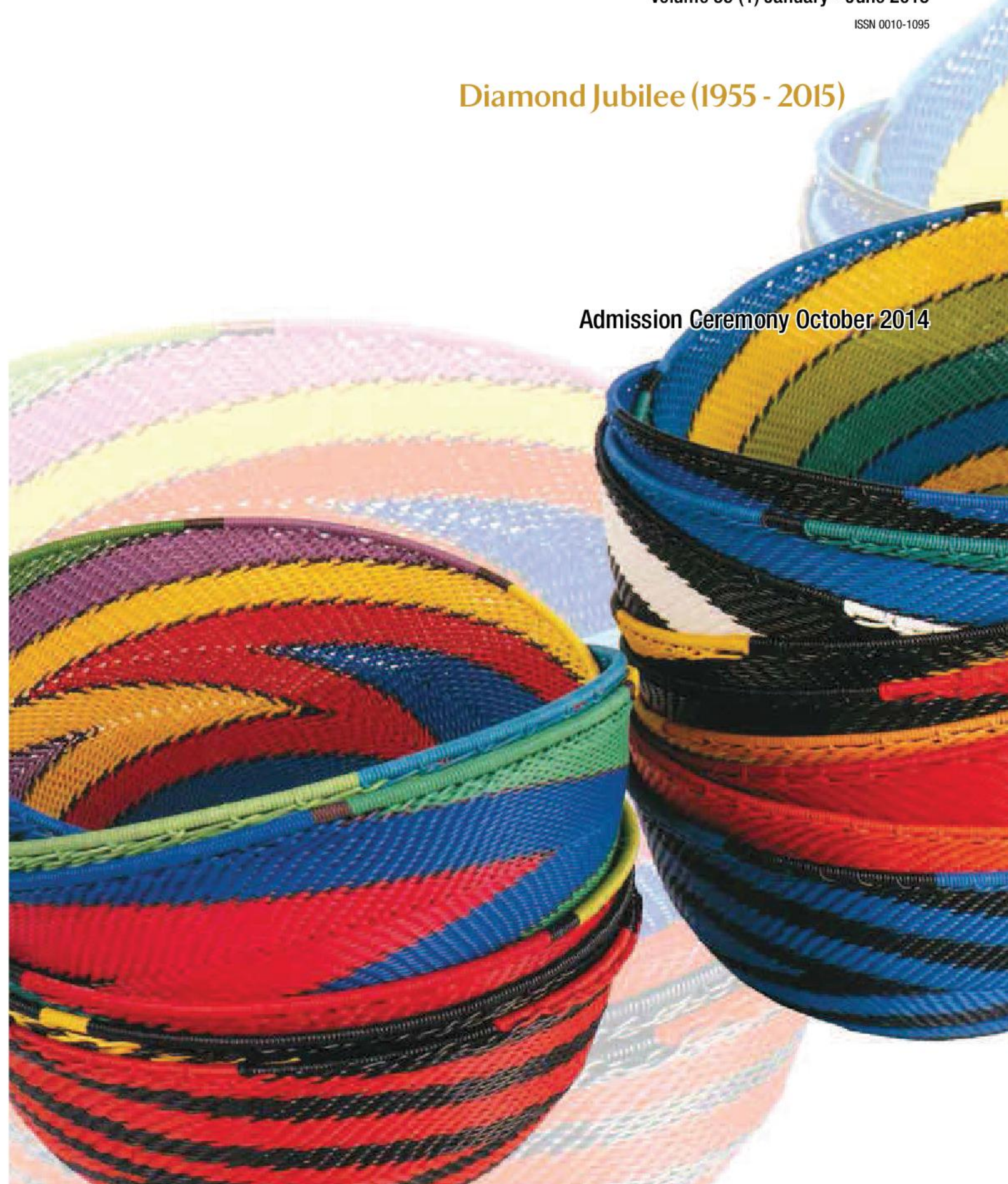
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**Diamond Jubilee (1955 - 2015)**

**Admission Ceremony October 2014**





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In support of contemporary Zulu telephone wire baskets

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## Instructions to Authors

### 1. Manuscripts

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

### 2. Figures

- 2.1 Figures consist of all material which cannot be set in type, such as photographs, line drawings, etc. (Tables are not included in this classification and should not be submitted as photographs). Photographs should be glossy prints, not mounted, untrimmed and unmarked. Where possible, all illustrations should be of the same size, using the same scale.

- 2.2 Figures' numbers should be clearly marked with a sticker on the back and the top of the illustration should be indicated.
- 2.3 Where identification of a patient is possible from a photograph the author must submit consent to publication signed by the patient, or the parent or guardian in the case of a minor.

### 3. References

- 3.1 References should be inserted in the text as superior numbers and should be listed at the end of the article in numerical order.
- 3.2 References should be set out in the Vancouver style and the abbreviations of journals should conform to those used in Index Medicus. Names and initials of all authors should be given unless there are more than six, in which case the first three names should be given followed by 'et al'. First and last page numbers should be given.
- 3.3 'Unpublished observations' and 'personal communications' may be cited in the text, but not as references.

#### Article references:

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

#### Book references:

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

## Lost Members

The CMSA office in Rondebosch is eager to establish the whereabouts of the following "lost members", some of whom may be deceased. Please e-mail any information that could be of assistance to Mrs Naomi Adams at [members@colmedsa.co.za](mailto:members@colmedsa.co.za) or telephone (0)21 6899533

**Azam**, Muhammed (College of Paediatricians)

**Chatora**, Tsitsi Vimbayi (College of Family Physicians)

**Kok**, Hendrik Willem Lindley (College of Neurologists)

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

**Meyer**, Julius (College of Psychiatrists)

**Ndimande**, Benjamin Gregory Paschalis (College of Anaesthetists)

**Raubenheimer**, Arthur Arnold (College of Obstetricians and Gynaecologists)

**Segal**, Dennis Selwyn (College of Family Physicians)

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

*Information as at 26 March 2015*

## Editorial



Dear colleagues,

When I took over the reigns as editor of the Transactions journal in July 2004, I had less than a year before the CMSA's golden jubilee in May 2005 to rebrand the journal. It was a daunting but exciting task putting together my first edition in terms of its content, as the cover page was redesigned and the whole journal

reorganised to project the academic, business and educational functions of the CMSA. The golden jubilee edition covered articles on various topics. However, two articles stood out for me: Dr. Dave Morrell's oration on the subject of "specialization in South Africa" which I will expand on later and the article on "Critical Performance Portfolios" by Dr. Walter Kloeck, (then President of the College of Emergency Medicine), which set the pace for other colleges in adopting the "portfolio of learning" as the holistic, objective and comprehensive continuous assessment tool for registrar training. Ten years ago, the CMSA's golden jubilee took place in Cape Town and coincidentally, we are back in the same mother city to celebrate our diamond jubilee.

Ten years ago, one of the issues highlighted in Dave Morrell's oration was a recommendation by the Health Resources Division task team set up in 2001 by the National Health Department - "*not to exceed 2500 registrar training posts in the public health services*". Was the country producing more specialists than needed? During the decade, a number of new specialities were registered by the Health Professions Council of South Africa (HPCSA) including Emergency Medicine, Family Medicine, and Clinical Pharmacology. In my editorial, I made a plea that the task team's recommendation needed to be revisited as new specialities and new training complexes were emerging in previously disadvantaged provinces, which will necessitate more registrar training posts. However, the current situation shows that the number of registrar training posts has dropped with freezing of funded training posts in a number of provinces due to budgetary constraints. This trend cannot be allowed to continue as we run the risk of producing fewer medical and dental specialists for the country.

In 2008, the Colleges of Medicine of South Africa (CMSA) initiated a project entitled 'Strengthening Academic Medicine and Specialist Training' as a response to the concern among medical and dental professionals about increasing challenges in the academic training environment and issues relating to the output and retention of specialists and sub-specialists in the public health services. In 2011, findings of the project were published in the South African Medical Journal titled "More doctors and dentists are needed in South Africa". The authors reported that South Africa compared unfavourably with middle-income countries on the ratios of medical and dental professionals, with many districts having limited access to specialists and sub-specialists. The authors stressed that the "the unacceptable ratio of doctors, dentists and other health professionals per capita needs to be remedied, given South Africa's impressive reputation for its output of health professionals, including the areas of medical training, clinical practice and clinical research".<sup>1</sup>

So what is CMSA's advocacy role in addressing the decline in funded registrar training posts? On CMSA's homepage, it is stated that we are the "custodian of the quality of medical care" and unique in the world in that it embraces 28 constituent Colleges representing all the disciplines of medicine and dentistry in South Africa. We have to ensure that we step up that advocacy role with the national departments of Health, Higher Education and Training, HPCSA and provincial Health Departments.

The diamond jubilee will be celebrated in a more reflective manner with an interdisciplinary symposium focused on the theme – "Transforming the Academic Health Complexes and Training Platforms". The aim of the symposium is for the CMSA to reflect on past achievements and challenges and to set a new agenda for the next decade in terms of its role as the custodian of the quality of medical care in South Africa. A number of eminent academics and stakeholders will present papers on the theme at the symposium. The July-Dec 2015 edition of the journal will feature most of these presentations.

**Prof Gboyega A Ogunbanjo**

Editor: *Transactions*

Email: [profbanjo@gmail.com](mailto:profbanjo@gmail.com)

### Reference:

1. Strachan B, Zabow T, van der Spuy ZM. More doctors and dentists are needed in South Africa. *South African Medical Journal* 2011; 101(8): 523-528.

## Presidential Message 2015: Our Diamond Jubilee

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Prof Gerhard Lindeque

Dear Colleagues

In life and in organisations, celebrations for anniversaries ending in “0” always receive attention and sometimes celebration. The CMSA is no different.

The Colleges of Medicine was first registered in 1955 as a (then) non-profit organisation. The CMSA has grown over the years to now have a national role and duty, recently being appointed as the national exit examination body with our qualifications recognised by HPCSA for higher registration purposes.

I am grateful for the opportunity to write to you in this our 60<sup>th</sup> anniversary. I would like to reflect with you on our survival as an organisation. I like to see the CMSA as a values-based organisation

where the wisdom of the past is intertwined with the developments of the present to (as far as we can) ensure the successful survival in the future.

Values are defined as qualities that render something desirable to persons, organisations and actions. In CMSA the “standard” values of honesty, integrity, good work ethic, good communication and good management have always been present and evident. What is even more important is the developmental values of the CMSA as an educational and examining institution: standard setting, transparency of actions, risk management and strategic positioning come to the fore. In each of these fields the CMSA leads the way and is a proud organisation in South Africa and internationally.

Each year brings changes to the playing field. Whether it is in the field of knowledge management, technology, assessment philosophy and examination techniques, the call to CMSA is to use its values to remain current, on the leading edge, and to ensure fairness, transparency and transformation.

The key grouping to achieve this is you, the member of CMSA. Your continuing support for CMSA allows the staff as well as your elected representatives to do the hard work and to present our product for scrutiny and appraisal. Please keep on supporting the CMSA. Our organisation needs you.

Kind regards

**Prof Gerhard Lindeque**

President

## Admission Ceremony 16 October 2014

The admission ceremony was held in the Sand du Plessis High School Hall, Bloemfontein.

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

Prof Jonathan Jansen, Vice Chancellor and Rector of the University of the Free State, delivered the oration.

Two medallists were congratulated by the President on their outstanding performance in the CMSA examinations. Medals were awarded in the following Fellowship disciplines: Obstetrics and Gynaecology, and General Surgery.

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

The new Certificants were announced and congratulated.

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

The new Diplomates were announced and congratulated.

In total, the President admitted 63 Certificants, 296 Fellows and 351 Diplomates.

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

### GUEST SPEAKER



**GUEST SPEAKER:** PROF JONATHAN JANSEN,  
VICE CHANCELLOR AND RECTOR,  
UNIVERSITY OF THE FREE STATE

### MEDALLISTS



**GP CHARLEWOOD MEDAL:**  
NONTANDO SINAWO NKANGANA  
FCOG(SA) PART I



**TRUBSHAW MEDAL:**  
JOHANNES LODEWICKUS FOURIE  
FCS(SA) PRIMARY

## List of Medallists: 2014

**Janssen Research Foundation Medal:**

Samantha Adams (October 2014)  
FCA(SA) Part I

**Abbott Medal:**

Samantha Adams (October 2014)  
FCA(SA) Part I

**Hymie Samson Medal:**

Anthony Joel Cohen (May 2014)  
FCA(SA) Part I

**GlaxoSmithKline Medal**

Samantha Adams (October 2014)  
FCA(SA) Part I

**Jack Abelsohn Medal and Book Prize:**

Karin-Ann Ben-Israel (October 2014)  
Arasha Thotharam (October 2014)  
FCA(SA) Part II

**Peter Gordon-Smith Award:**

Levashni Naidoo (May 2014)  
FC Derm(SA) Part II

**Campbell MacFarlane Medal:**

Sian Geraty (October 2014)  
FCEM(SA) Part I

**SA Society of Maxillo-Facial and Oral Surgery Medal:**

Ebrahim Fakir (May 2014)  
Allie Mohamed (May 2014)  
FCMFOS(SA) Final

**GP Charlewood Medal:**

Kapiteni Masudi (October 2014)  
FCOG(SA) Part I

**Neville Welsh Medal:**

Neeran Narainswami (May 2014)  
FC Ophth(SA) Primary IA

**Ophthalmological Society Medal:**

Daemon Bruce McClunan (October 2014)  
FC Ophth(SA) Intermediate IB

**Justin van Selm Medal:**

Gareth Fernandes (May 2014)  
FC Ophth(SA) Final

**JM Edelstein Medal:**

Adriaan Hendrik Botha (October 2014)  
FC Orth(SA) Final

**SA Society of Otorhinolaryngology Medal:**

Niel Sascha Stofberg (May 2014)  
FCORL(SA) Final

**Leslie Rabinowitz Medal:**

Akhona Nonkala-Siralalala (October 2014)  
FC Paed(SA) Part I

**Robert McDonald Medal:**

Amy Elizabeth Reid (May 2014)  
FC Paed(SA) Part II

**AM Meyers Medal:**

Perry Loebenberg (October 2014)  
Graham Michael Lohrmann (October 2014)  
FCP(SA) Part I

**Novartis Medal:**

Johan Louis Roos (May 2014)  
FC Psych(SA) Part II

**Henry Gluckman Medal:**

Heinrich Cyril Volmink (May 2014)  
FCPHM(SA) Part II

**Frederich Luvuno Medal:**

Raoul Daniel Erasmus (October 2014)  
FCS(SA) Primary – Anatomy

**Trubshaw Medal:**

Raoul Daniel Erasmus (October 2014)  
FCS(SA) Primary

**Brebner Award:**

Isabella Margaretha Joubert (May 2014)  
FCS(SA) Intermediate

**Douglas Award:**

Shreya Rayamajhi (May 2014)  
FCS(SA) Final

**Lionel B Goldschmidt Medal:**

Arno Christiaan Pietersen (October 2014)  
FC Urol(SA) Final

**YK Seedat Medal:**

Joseph Singbo (May 2014)  
Dip Int Med(SA)

**Eugene Weinberg Medal:**

Ashley Clement Jeevarathnum (October 2014)  
Dip Allerg(SA)

**SASA John Couper Medal:**

Frances Orr (May 2014)  
DA(SA)

**The HIV Clinicians Society Medal:**

Anne Lauren Aling (May 2014)  
Lauren Meagen Golden (October 2014)  
Dip HIV Man(SA)

**Geoff Howes Medal:**

Dean Andre van der Westhuizen (October 2014)  
Dip Ophth(SA)

**Walter G Kloeck Medal:**

Andrew Gordon Heald (October 2014)  
Dip PEC(SA)

**Campbell MacFarlane Medal:**

Andrew Gordon Heald (October 2014)  
Dip PEC(SA)

## List Of Successful Candidates: September 2014

### Fellowships

#### Fellowship of the College of Anaesthetists of South Africa: FGA(SA)

ALLOPI Kashvir	UKZN
BASSON Esther Elizabeth	US
BEN-ISRAEL Karin-Ann	WITS
BRITS Judith	UP
BURGER Natalie	WITS
CURRAN Catherine Mary	WSU
DAVIDS Jody	UFS
DUYS Rowan Alexander	UCT
ELLIS Jacobus Charles	WSU
GAYAPARSAD Menoka	WITS
GOKAL Prashant	UKZN
GOKUL Nischal Haridas	UKZN
HOFMEYR Michael Ross	UCT
JITHOO Sandhya	UKZN
JONES Gavin Wyndham	UKZN
KANJEE Jayd	UKZN
KHAN Humairah	WITS
LAIGHT Nicola Susan	US
LAMBRECHTS Lelanie	UCT
MAHLOGO William Phuti	UP
MAKOTSVANA Tinevimbo	WITS
MARAIS Adri	UCT
MASOUD Mustafa	WITS
MAYAT Yasmin Mahomed Saleem	WITS
MAYEZA Slindile	UCT
MODUPI Seisa Andries	UFS
MOODLEY Niriksha	UKZN
MOODLIAR Hashanti	UKZN
MOORUTH Vivek	WITS
MZONELI Youley Laetitia	UKZN
NQALA Onke Mampondonke	UKZN
PILLAY Thivian Kandasamy	UKZN
PURCHASE Karien	UKZN
SIBISI Buhlebuyeza	UP
SMITH Jeanri	UP
SOLOMON Leigh	UKZN
SOORAJ Nayandra Runveer	US
THOTHARAM Arasha	UKZN
VAN DEN HEEVER Zacharias	
Andreas Neethling	WITS
VAN DER MERWE Dawid Johannes	UP

VAN DER MERWE Willem Jacobus	US
VAN DER NEST Iwan	WITS
VAN DER WALT Jessica Gwendoline	UCT

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

MACHAWIRA Simukayi Percy	WITS
PENNEL Timothy Charles	UCT

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

IRHUMA Mohamed Omar Em	UCT
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#### Fellowship of the College of Dermatologists of South Africa: FC Derm(SA)

DUZE Anna Khumo	UKZN
ISAACS Thuraya	UCT
MAKHUBELE Jabulile	UP
MATHOBELA Charlotte Matete	US
MUKANSI-RIKHOTSO Meriam Muhanyisi	UKZN
REICHERT Lize	UFS
SHEBE Khadija Ahmed	UCT
SIBISI Cebisile	UKZN
STEENKAMP Ilana	UCT
TOD Bianca Michelle	US

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

HENDRIKSE Clint Angelo	US
LEMKE FRANZ Gustav	US
MOILOA Dineo Ntesang	US
ROMAN Bronwen William	UCT

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

ADEYEMI Benjamin Olamide	UKZN
ALLEN Michelle Louise	US
FORGUS Sheron Tanya	US
INDERJEETH Nishana	UKZN
INYANG-OTU Ukeme Sunday	WITS
JIMOH Saheed Oluwatosin	UKZN
KROUKAMP Roland	US
LIEBENBERG Andrew Richard	US
MBAH Chukwuemeka Collins Edeh	WITS
PASIO Kevin Stuart	WSU
SWANEPOEL Johan George Meyer	US
UZODIKE Nnaemeka Chikeluba	UKZN

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

DU PLESSIS Marna	UL
HANSMEYER Candice Geraldine	WITS

#### Fellowship of the College of Maxillofacial and Oral Surgeons of South Africa: FCMFOS(SA)

BOBAT Muhammad Ashraf	WITS
BOTHA Sarel Johannes Philuppus	UP
TLHOLOE Mmaseterata Martha	UL

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

DAVID Jasna Joy	UKZN
DJAN David Kwabena Twene	WITS
JEENA Harshadh Chandrakant	UKZN
KOULASSAR Aradhna	UKZN
PROSAD Nuren Bhagwath	UKZN
RICHARDSON Alison Jean	
SSUFYA Aadel	UKZN

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

BEN HUSIEN Mohammed	UCT
BHOOLA Zaheer	WITS
KAJEE Afsana	WITS
MAKHURE Stephen	WITS
MFUNDISI Coceka	UP
PANDARAM Brian	UL

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

ALIKOR Chizindu Akubudike	UFS
MATENTJI Kattleho	WITS
MORE Andrew Keoagile	UL
PILLAY Venesen	US

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

AIGBE Ehisuan Aziengbe	UKZN
ARCHARY Pavarsan	UCT
BABA Vuyelwa Lerato Piwe	WITS
BALOYI Kaizer	UKZN
DEHINBO Tunde	UKZN
DUSABE Raymond	US
GIYOSE Nwabisa	UCT



JACOBS Moegamat Samier	US	BASSINGTHWAIGHTE Mairi Kate	WITS	MANNARU Karissa Thamanna	WITS
JACOBSON Hayley	WITS	BLAAUW Magdalena Maria	UFS	MASHIGO Nomusa	US
KALENGA Mwewa Martinho	UL	BOBOTYANA Luzuko	WSU	MUTEMA Leonard	US
MAHARAJ Atisha	UKZN	BRINK Janine Louise	WITS	VAN DER LINDE Riana	UL
MAKULANA Tshililo Victor	UP	BRUCKMANN Eduard	WITS		
MORRISON Candice Jane	UCT	CHETTIAR Melissa Lavinia	UKZN	<b>Fellowship of the College of Pathologists of South Africa – Microbiology:</b>	
MOSE Simpiwe	WITS	GERIN Aurelie	WITS	<b>FC Path(SA) Micro</b>	
MPHATSWE Thabile Wendy Pearl	UKZN	GOKHUL Ashmika	UKZN	GOVENDER Nazlee	WITS
MTAMBO Thabiso Bruce	UKZN	GRANTHAM Michele	US	MAHOMED Sharana	UKZN
NIEUWOUDT Marina	US	ISMAIL Mugammad Taib	UCT	MEIDANY Parastu	WITS
NOBIN Railene	UKZN	KADER Naushina	UKZN	RAMSAMY Yogandree	UKZN
OBERHOLZER Leana	US	KAYIRA Dumbani	WITS	THOMAS Teena Susan Mary	WITS
SENGURAYI Elton	F-AFR	LEBEA Mamaila Martha	WITS		
SIEMEFO KAMGANG Francois De Paul	UKZN	LEEJW Tumelo	WITS	<b>Fellowship of the College of Pathologists of South Africa – Virology: FC Path(SA) Viro</b>	
SIMELANE Nompumelelo Juliet	WITS	MABUA Ingrid Kelebogile	WITS	MAPHOTO Ramokone	UL
TSHABALALA Salome Mokgohloe	WITS	MAHLACHANA Ngoakoana Evelyn	UP	MOROBADI Molefi Daniel	UP
TYALA Nonceba	UKZN	MAKHANTHISA Muofhe Mercy	UKZN	NEWMAN Howard Mark	US
VAN SCHALKWYK Ockert Johannes	UFS	MAKWELA Marothi Lehumo	UL		
		MAMMEN Vijay George	WITS	<b>Fellowship of the College of Physicians of South Africa: FCP(SA)</b>	
<b>Fellowship of the College of Ophthalmologists of South Africa: FC Opth(SA)</b>		MANSOOR Sajeda	WITS	BISIWE Busiswa Feziwe	UFS
BOAUOD Hamza M A	UKZN	MASU Adelaide Ngina	UCT	BOLON Jonathan Graham	WITS
COETZEE Dirk Johannes Lourens	UFS	MAZHANI Tiny	WITS	BRITS Bradley Ryan	UP
CONRADIE Karen	UFS	MORIENYANE Mampoi Tsepiiso Grace	UFS	DU TOIT Hendrik Rudolf	US
GOBERDHAN Adisha	WITS	MVALO Tisungane Knox Titus	UCT	ELASIR Haitham	UCT
GOOLAM Saadiah	WITS	MWENDA Lona Albertha	UCT	GRIFFITHS Bradley Paul	UCT
HOLLHUMER Roland	WITS	PADAYACHEE Natasha	WITS	GULAMNABI Zaid	WITS
JOGI Thenushka	UKZN	PARBHOO Kaajal	WITS	HAASBROEK Debbie Elizabeth	WITS
LOCHNER Jasper Van Schalkwyk		RAKOTSOANE David	WITS	HOOIJER Jonathan Mark	WITS
Schreuder	UKZN	SINGH Shire Karan	WITS	HURTER Gideon	UFS
MACALA Akhona Xola	WITS	SWART Philippus Daniel Riekert	UFS	IMMINK René	UFS
TUSWA Gcobani	UFS	VISSER Yolandi Thelma	US	ISAACS Earle Rodericques	UCT
		WEBSTER Irwin Eugene Hugo	US	KASIPERSAD Sherlina	UKZN
<b>Fellowship of the College of Orthopaedic Surgeons of South Africa: FC Orth(SA)</b>		WEGE Martha Helena	UCT	KOMAPE Kwena Bebsy	WITS
ABUGHALYA Mohamed Salem	UKZN	ZULU Griffiths Sphamandla	UKZN	LEIBBRANDT Robert Mark	WITS
BONGOBI Monde	WITS			MACHAILO Joseph Tebogo	WITS
BOTHA Adriaan Hendrik	US	<b>Fellowship of the College of Paediatric Surgeons of South Africa: FC Paed Surg(SA)</b>		MAGUBANE Alexia Gugulethu	WITS
BOTHA Leonore	UP	MACHOKI Machoki Mugambi Stanley	UCT	MASHILO Mogobe David	WITS
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SHANDUKANI Rodney	UP			NAICKER Ashandren	UKZN
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		BOUWER Nikki	WITS	PATCHAPEN Yvette	WITS
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ABOSETTA Nesrin	UCT	MAFIKA Ziphonzone	WITS	PILLAY Ashegan Kandasamy	UKZN
ALHARM Ahmad Omar Abolgasem	UKZN	MANJATI Thandiwe Sibulele	US	SIMON Donald	US
				SINGH Akira	UKZN
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 KADER Rukeya WITS  
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**Certificates**

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

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 SCHULTE Fiona Ulla US

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

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

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

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 NYAHODA Tarisai Sharon WITS  
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**Certificate in Gastroenterology of the College of Surgeons of South Africa: Cert Gastroenterology(SA) Surg**

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 MNISI Edwin France UP  
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**Certificate in Infectious Diseases of the College of Paediatricians of South Africa: Cert ID(SA) Paed**

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SHOUL Evan WITS

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

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**Certificate in Medical Oncology of the College of Paediatricians of South Africa: Cert Medical Oncology(SA) Paed**

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THOMAS Karla Mari UCT

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

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

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

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NKUNA Amanda Vutomi WITS

NONGQO Nezisa Petunia WITS

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MOGAJANE Tshiamo Paul Moisa  
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NGOBESE Lungile		MGXEKWA Siphos George	US	STRASHEIM Eben Albert	
NTSANGANI Nosipho Maria		MINTY Yumna		VAN DER MERWE Seymour	
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VERGOTTINI Willoughby	UFS	MOKGOKO Keitumetse Sylvia Nompumelelo			
		MOKOKA-NKHOBO Ledile Matshwene		<b>Part I of the Fellowship of the College of Radiation Oncologists of South Africa: FC Rad Onc(SA) Part I</b>	
<b>Part I of the Fellowship of the College of Pathologists of South Africa – Haematology: FC Path(SA) Haem Part I</b>		MOODLEY Pramodhini		FAIRHEAD Sarah	UCT
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MUSEKWA Ernest	US	MTSHALI-NGQWANE Gugu Pearl		PUPWE George	US
		MUNHUMESO Mawarire Hundson		RALEFALA Tlotlo Bathethi	UCT
<b>Part I of the Fellowship of the College of Physicians of South Africa: FCP(SA) Part I</b>		MWAFONGO Albert Austin	UP	THEBE Tselane Themis	US
ABOHAJIR Ali Ahmed		MYBURGH Michael Stephen	UP		
ADEBIYI Joseph Ademola		NAIDOO Nerissa Sanrisha		<b>Primary Examination of the Fellowship of the College of Surgeons of South Africa: FCS(SA) Primary</b>	
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BAHEMIA Imtiaz Ahmad Farouk Issop	WITS	NDLOVU Nomagugu	UP	ABURZEZA Ashraf	UCT
BENNI Sami Mhamed	US	NGANDU NTUMBA Mbombo Henriette		AFRIKA Nomsa Lilly	
BHARUTHRAM Nirvana		NORDIEN Rozeena	UCT	ALHLIB Amadadin Athlib	WITS
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BOTHA Theunis Christoffel		PALAI Tommy Baboloki		ANDISHA Abdalslam A	UCT
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BRETT Simon		PILANE Thabo		ARKELL Christopher James Fortescue	WSU
CHIBA Sheetal Mahendra		ROSSOUW Frederick Fouche		AYIK Goud Deng Diing	UCT
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ERWEE Daniel Francois		SMITH Robert Baehner		CHUENE Mabua Arthur	
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GRIESEL Andre		VAN DER BERG Yolanda	UP	DU PLESSIS Jason	
HUANG Hsin-Chi		VINOD Vaishak		DU PREEZ Hilge	
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FLANDERS Tracey-Lee		MULUNDA Bakatuasa Freddy	UP	MAGUMBEZE Victor	WITS
GENNARI Roberto		NAIDOO Sashelin		MPANZA Phila Martin	UL
GERICKE Engelbertus		NASH Samantha Anne		OCHIENG Dan Odhiambo	UCT
GOVENDER Demarlin		NCUBE Thando	WITS	OCHIENG Naomi	UCT
GQAMANA Loyiso		NDWAMBI Phumudzo		PROFYRIS Christos	WITS
GRANT Ian Roy		NEVONDO Lindelani	UL	QURESHI Aamir Wasiq	UCT
GREY Jan-Petrus		NGCOBO Good-Enough Khayelihle	UKZN	SKOSANA Nonhlanhla	
GUMEDE Oral Mpumelelo	UKZN	NGUTSHANE Bongane Steven		VICTOR Johannes Ignatius	
GWEBU Mxolisi Ben	UP	NICOLAOU Mark Andrew			
GWILA Taha H	WITS	NOEL Colin Byron		<b>Primary Examination of the Fellowship of the College of Urologists of South Africa: FC Urol(SA) Primary</b>	
HARTZENBERG Ferdinand		NTOMBELA Philani Ian	UKZN	EVANS Christopher Neal Bruce	UP
HBISH Mnier A M Hbish	UKZN	OCHIENG Dan Odhiambo	UCT	PLUKE Kent David	
HUMAN Ian		OCHIENG Naomi	UCT		
JOHANNES Rainer Gerhard		OSMAN Safeeya	UKZN	<b>Intermediate Examination of the Fellowship of the College of Maxillofacial and Oral Surgeons of South Africa: FCMFOS(SA) Intermediate</b>	
JOHN Jeff Thadathilankal		PADAYACHEE Sumesh		ELAKHE John Enahoro	WITS
JOUBERT Josua Adriaan	UL	PARKHURST Ronell Frances		PREMVIYASA Vinayagie	WITS
KAHOTA Gaetan Mungalu		PATEL Maryam	UKZN		
KAMAT Ameya Shrikant		PATTINSON James Philip		<b>Part I of the Fellowship of the College of Obstetricians and Gynaecologists of South Africa: FCOG(SA) Part IB</b>	
KHAEANE Seabata Edwill	UP	PHEEHA Reginald Mohlatlego	UL	ADU Kayode Adefemi	
KHAN Suhayl Ahmed	UKZN	PIETERSON Khabonina		ANTWI Kwadwo Atobra	WITS
KINANDU Kamau		PILLAY Leeshen Jayseelan		AUGUSTINE Leon	UKZN
KOLOTSI Matsobane Amos		PINKUS Daniella		BOTHA Barend Hendrik Jacobus	UCT
KOTZE Jaco		QURESHI Aamir Wasiq	UCT	CLARK Zeljka	WITS
KOURIE Jonathan	WITS	ROBERTS Nadia		DINGISWAYO Gift Thabo	WITS
KUBICEK Juraj		RUTARAMA BAINGANA Ambrose	WITS	EL AMMARI Samia R Mohammed	UFS
KUHN Suzanne	UCT	SADHWANI Sanjay Premchand	WITS	ELIJAH Regis	
LACK Vered		SCHEEPERS Louise		GAVI Owen	
LAUBSCHER Kim Michelle		SEMENYA Clement Nare		LANGA Bezile Mawande	WSU
LETSOARA Rakauoane Sam		SENYOKO Tseko Cassalis		LEELODHARRY Vakil Kumar	UCT
LETUKU Fortune Vision Mostwedi		SHAMS Shash Javani Pasha		MAGAELA Katlego	
LOUW Estiaan		SHOGE Melkamu Mathewos		MAHLANGU Simon Jabulani	WITS
LUND Natalie Menesia	UKZN	SINGH Yashien	UKZN	MAKGATO Calvin Mongamola	UL
LUTCHMINARIAN Kajal Anandkumar		STEENKAMP Wynand		MAKREXENI Chwayita Asandiswa	WSU
MABIZELA Mduduzi Shadrack	UP	STEYN Ian James Colin		MALEPE Solomon Mishack	UL
MAGUMBEZE Victor	WITS	SUKATI FALETHU Mbongeni		MAPHANGA Cyprian Mfanafuthi	
MAHARAJ Akesh Bhaironath	UKZN	SULIMAN Abdulfatah T Ab		MARINGA Vusumuzi David	WITS
MAHOMED Farhaad		SZPYTKO Alexander Jacek		MASUDI Kapiteni	
MAILA Ranti Kenny		TLHABANE Shadrack Morake		MKOKA Sipehelele Augustine	WSU
MAKHADI Shumani		TOMLINSON Megan		MNISI Renold	UL
MALINDI Teboho Jaftha	UFS	TYUMRE Ntsikelelo		MODIBA Tshepo Justin	UP
MANICUM Brent Nolan		VAN DER VYVER Marieta		MOLEBATSU Justin Boitumelo	WITS
MANYANGADZE George		VAN DORSSSEN Antje Else-Louise		MOYANA Vimbai Moreblessing	
MARAIS Marvin Lloyd		VAN HEERDEN Jason Peter		MUDAU Ranwedzi Ishmael	
MASIPA Happy Ngwako		VAN LOGGERENBERG Heinrich		MUSA Tendai	
MASOLA Sarah Modiegi		VELDMAN Frederik Johannes		NADKER Salma	
MATHIBA Chuene Solly		VICTOR Johannes Ignatius		NDOBE Alson	
MAYAPI Kuhle Olivia		VOGEL Jonathan David		NGCOBO Thandekile Louise	UKZN
MBALI Bongile		WEBNER Adiel		NZENZA Tinei	
MEIJER Johannes Gerard				PADAYACHEE Veneshree	WITS
MKOMBE Nangamso		<b>Primary Examination incl Neuroanatomy of the Fellowship of the College of Surgeons of South Africa: FCS(SA) Primary Incl Neuroanatomy(SA)</b>		RABOTHATA Tshepo Rasodi Joel	
MNISI Nicholas Senzeni		AGBOR Cyril Agbor	WITS		
MOKOENA Mamputi Silas		ALMEIDA Manuel Edgar Da Silva	UL		
MOLABE Hunadi		HARRINGTON Bradley Mcconville			
MONGWE Kenny Nyiko					
MOTSQARI Mandela Johnson					
MPANZA Phila Martin	UL				

SIHLABELA Dumisane Alex  
 SILVER Antonella Tobeka  
 TANGAYI Linda UKZN  
 TURNER Jane Pauline  
 WILLIAMS Melissa Denielle  
 XONGWANA Nangamso  
 ZULU Siyanda Mlungisi Joshua

**Intermediate Examination of the Fellowship of the College of Ophthalmologists of South Africa: FC Opth(SA) Intermediate IB**

BOTHA Theunis Christoffel UL  
 DE LANGE Johannes Tobias UKZN  
 GANGAI-SINGH Manisharani  
 HANN Mignon Chin-Ae UCT  
 JORDAAN Thomas Johannes UKZN  
 KAWADZA Jane US  
 MATHE Nombuso  
 MCCLUNAN Daemon Bruce UCT  
 MOFOKENG Salamina Mathabo WITS  
 NGETU Lumko Robert UFS  
 NKOMBYANI Lucky UL  
 PUPUMA Noluthando UKZN  
 TAYOB Hamza UP  
 VAN DER MERWE Pieter Jacobus Stephanus

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

GEZENGANA Sylvester Lucas Vuyo UKZN  
 KHUMALO Dlozi Richard UP  
 MAGAMPA Ramanare Sibusiso  
 MAKINTA Tshepo Neville UP  
 MCCAUL Jeannie Katharine  
 MKHIZE Sibusiso Sydney UL  
 MTHETHWA Phakamani Goodman UKZN  
 NASAR Ali Mohammed Omar WITS  
 NGCAKANI Anati WITS  
 NHLAPO Bafana Nicholas UP  
 NIEMOLLER Heinrich Gerhard UP  
 OOSTHUYSEN Willem Tobias WSU  
 REDDY Kuvashan  
 RHOMA Issadig Al-Mabrok S Shtewi UCT  
 SINGH Virsen UKZN  
 SULIMAN Imraan WITS  
 VAN DER BERG Neil Martin UKZN  
 VAN DEVENTER Stephanus Johannes WITS  
 WORKMAN Matthew Ian UCT

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

ASANTE Evrett Nana Kwame UL  
 BERTELS Laurie UCT  
 BHIKA Sharmel  
 BREYTENBACH Jonel May WITS  
 CHAGI Nonkoliseko WITS  
 DE KOCK Marcel UFS  
 DE LANGE Louise Christelle UCT  
 DIALE Bernard Samson Globus UL  
 DUBE Nomthandazo Amanda UL

DULLABH Kaylesh Jay UKZN  
 FINESTONE Jack  
 FRANCIS Rory-John WITS  
 GABLER Tarryn WITS  
 GILBERT Shaun Mark Ricardo US  
 GOUNDER Morgan UKZN  
 IBRABISH Osama Hussni S UCT  
 JILATA Ncumisa Lihle  
 JONAS Lusanda WITS  
 KILANI Lydia WITS  
 KOONIN Sheree Debbie WITS  
 LAMOLA Mogau Godfrey  
 LELALA Ngoato Bruce UCT  
 LIMBURGH Candice Melissa UCT  
 MADZHIA Mahlohonolo Puritan  
 MAJOLA Nkululeko  
 MAKITINI Goodman Mduzuzi UKZN  
 MCPHERSON Deidre Estelle Kathleen UCT  
 MOSAI Fusi UL  
 MUSONI Maurice WITS  
 NDAYISHYIGIKIYE Marcel Didier WITS  
 NDEBELE Phumelele Bongiwe Nokwazi UKZN  
 NGOBESE Amanda UKZN  
 NKGUDI Boitumelo UCT  
 NOGAGA Viwe WITS  
 NTANZI Ntuthuko Cosmos UKZN  
 OOSTHUYSE Barend Gabriël UFS  
 OWUSU Sekyere Emmanuel UKZN  
 PALWENI Sechaba Thabo WITS  
 PENDUKA Moses Farai UCT  
 PHILLIPS Devola Cheryl UKZN  
 PHOLOSI Mohau Chantell UL  
 PRETORIUS Hendrik Johannes UP  
 PRETORIUS Vincent Ian US  
 RAMAGAGA Serwalo Marion UP  
 RAMPERSHAD Shikar Rajendhra UKZN  
 ROOS Maria Eleen UFS  
 SCOUT Earl  
 SETOABA Lungile Precious  
 SHAZI Bhekithemba UKZN  
 SIBARTIE Kunal UCT  
 SIDALI Lindiwe UKZN  
 SIFUBA Simphiwe UL  
 SINGH Natasha UKZN  
 SOLOMON Zubrina Joan WITS  
 SONQISHE Sidima Manyano UP  
 SPINKS Janice WITS  
 VAN DER SCHYFF Francisca UP  
 VAN WYNGAARD Tirsia UCT  
 VORSTER Andre Stephanus UL  
 WU Chun-Yen UFS  
 ZABIEGAJ-ZWICK Caroline Maria US  
 ZIMBA Motheo Thabane UL

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

PILLAY Shaun  
 RADZUMA Mulalo Benedict UL

**Higher Diplomas**

**Higher Diploma in Emergency Medicine of the College of Emergency Medicine of South Africa: H Dip Emerg Med(SA)**

MELTZER Charles Jason WITS

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

MAGETHI Moshe WITS  
 NZALE NZALI Ntumbanzondo Arnold WITS

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

DEACON Mark UKZN  
 KIMANI Moses Mwangi UCT  
 MAHADEVA Dhirendra UKZN  
 MKIZE Sandile Kenneth UKZN  
 NAIDOO Thivani UKZN  
 NIEUWOUDT Luan UKZN  
 SERON Shashi  
 TROISI Katherine UKZN

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

ELSHIERE Alladden Idres M UKZN  
 KONGOLO Tshitenda Akim UFS  
 MOUMIN Omar UKZN  
 MWENDA Kashasha

**Diplomas**

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

BOTHA Maresa UCT  
 CHOOPA Michelo Sharon UP  
 FERREIRA-VAN DER WATT Talita US  
 JEEVARATHNUM Ashley Clement UP  
 KALIMBA Edgar Mutebwa WITS  
 MASEKO Emmanuel Makhosonke UP

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

BAKKER Hugo  
 BALOO Mayank Mukeshbhai UKZN  
 BASSON Nicholas Marthinus  
 BATE Simon Townend  
 BEUTEL Bernhard US  
 BIESMAN-SIMONS Tessa  
 BRITS Nicholas Friedenthal  
 CAROLISSEN Stuart William  
 CHAUKE Tshiano WITS  
 CLAASSENS Caren  
 CLASSENS Gavin Glen  
 CONRADIE Aletta  
 CONRADIE Willem Stephanus

DAVIDS Ryan		SEFOTLHELO Kgomotso Keeditseng		RAYNARD Siobhon	UKZN
DAVIES Gwyneth Ann		SHEAD Danielle Claire	WITS	SHEPHERD Danielle Courtney	
DAVIES Sean John	WITS	SIMPSON Gary Christopher		SITHOLE Keitumetse Re-Joyce	
DE KRAMER Ralph		STEGMANN George Frederik		SMIT Liani	
DE SWARDT Mathew Peter		STEPHAN Jacobus Hendrik		SWART Minette Johanna	
DO REGO Natalie Maria		STEYN Francois Anton		WHITEMAN Nicola	UCT
DU PLESSIS Pieter Daniel		TITUS Gideon John		<b>Diploma in Forensic Medicine of the College of Forensic Pathologists of South Africa – Path: Dip For Med(SA) Path</b>	
EASTON Alista		TOMLINSON Jon-Marc		BALIE Chandre Elizabeth Marguretha	
EDONMI Felix Moyo		TONKIN Gregory Mathew		ISAACS George Albertus	
FERREIRA Anjeanette		VAN DER LINDE Abigail Justine		LOOTS Donovan Paul	
FOUCHE Louise Patricia		VAN DER MERWE Doreen		PHALA Gabsile Nonhlanhla	WITS
GOBETZ Graeme Klyve		VAN DER WESTHUIZEN Julia		VAN NIEKERK Egbert	UP
GOVENDER Kushal		VAN SCHOOR Jason	UCT	<b>Diploma in HIV Management of the College of Family Physicians of South Africa: Dip HIV Man(SA)</b>	
HABANGANA Hwanano Samuel		VAN VUUREN Suleen		BANZA Mujinga Malaika	WITS
HARGOVAN Seetal		VAN ZYL Ina-Mari		BHARUTHRAM Nirvana	
HENDRICKS Nicole Emaline	WITS	VELDMAN Ilze		CHIKARA Lawson Takawira	
HOLLMANN Caryl		VENTER Nadine		CHUGHLAY Mohamed Farouk	UCT
HOUSTON Celeste		VOKA DI Betu		DARBY Lydia Ruth	
HUTTON Lauren Nicole		VORSTER Johannes Gysbertus		DAY Deborah-Leigh	
IMIOLO Klaudia		WALLS Merryn Farrell		DE WIT Thandi Maya Gondwana	
JACOBSOHN Gerda		WILSON Kyle Emery		EZZIDDEN Fatma Saleh M	
JAGA Rudhir		WYNGAARD Jayde Valerie		FORTUIN Lauren	
JIRI Tapiwa Nathan		XULU Nompilo Nonjabulo		GEORGE Kiran	
JORDAAN Magdalena Petronella		ZONDI Noluthando		GOLDEN Lauren Meagen	
KANE Caroline Elizabeth		<b>Diploma in Child Health of the College of Paediatricians of South Africa: DCH(SA)</b>		GUGUSHE Nomsa Siyamkela	
KRUGER Iselma		AFRIKA Kamogelo		HASAN Masood-UI	
KWATALA Gilbert Lehoto Oupa		BARKER Larissa		HERMANS Sarah Elisabeth	
LAHER Faheem		CHANG Chih-Luo	WITS	ISMAIL Ayesha	WITS
LEBEPE Rebene		CLARENCE Emma		JACOBS Lulekwa Nopopazana	
LONGMORE Viyonne		COMINS Kyla Louise		JINA Nureen	
LOUW Willem Andries Nienaber		CONRADIE Martie		JOHN Thadathilankal Jess	
LYONS Hannah Ailean Quail		COOPOO Kevanya Premla		JOSEPH Kay	
MAGANGANE Mncedisi Sithembiso Irvin		DE JAGER Marisha		KHESWA Nontobeko	
MAKANDA Mankalimeng Belinah		ERASMUS Louisa Marina		KHUMALO Nokwazi	
MAMOOJEE Anisah Ismail		FOMA Nasima		KISTEN Ravendran	
MATHEW Bobby George		GCABA Thabile Charity		LAGUDA-AKINGBA Oluwakemi Taibat	UKZN
MKHIZE Lumka		GELDENHUYS Meryl Joy		LOVELOCK Tamsin	WITS
MKIZE Sithembile		GILES Daniel		MABIKA Mazwi Nkosikhona	WITS
MKULISE Goodwords Mabutho		GOMES Lizette	WITS	MAILE Meshack	
MOHANADASAN Sujai		HAUMANN Michele		MAKALIMA Zininzi Patience	
MOKAPELA Mmapali Lucia		LAHER Anees		MAKUBALO Nomlindo Princess	
MOSWEU Obakeng Lesego		MABETWA Phuti Phillipine		MAMBANE Hebrew Khathutshelo	
MUISSA Mbombo Marie Astrid		MASHILO Manoko Portia		MANANA Jabulile Vuyiswa	
MWELASE Lungile Carol		MEENTS Eybe Feeke Sebastian	WSU	MANDA Muzemba Leopoldine	
NAICKER Bavani	UKZN	MOODLEY Natania	UKZN	MASERUMULE Letjie Charmain	
NDWANDWE Mbaliyethemba Zimele		MOTHIBI Gadirobe Baby		MAZWAYI Neziwe	WSU
NEUHOFF Mariska		MWAMBA Kaseba Joel	WITS	MKHASIBE Pretty Zamagubudu	
NKUFO Etuwe		MYBURGH Chantelle		MOGAMBERY Jade Caris	UKZN
NYATHELA Yolwando		NKOMO Thanduxolo Smiso		MOGORU-MBAKI Mashabele Leatile	
O'MALLEY Ryan Denis		NKULUNTU Basinkin Melodie	UKZN	MOODLEY Pramodhini	
PEGE Kgopotso Cynthia		NZUZA Thuthukani		MOODLEY Yershini	WITS
PENTELA Hanumantha Rao	UKZN	OKWUNDU Charles		MORAPEDI Bernard	
POTGIETER Annelindie		OKWUOSA Uzoamaka Charity		MULUMBA Mutambayi Cyrille	
POULUT VAILLANT Juan Miguel		ORR Frances		MUSARAPASI Normusa	
RAKGETSI Mathibela Norman	UL	PATEL Bibi Ayesha			
RAMTAHAL Renell		PFISTER Claire-Louise			
REDDY Prinesh	WITS	RAMADU Preshen	UKZN		
REDDY Prishani		RAMBAU Livhuwani			
ROSSOUW Elizna					
RUIZ Leandro					



MYENI Zamagcino Virginia		THUNGANA Yanga		BHEBHE Lesley Thembelani	UFS
MZIMBA Nokuthula Magdeline		WILLIAMS Kelli-Ann		BONESCHANS Jan Hendrik	
NAIDOO Liesl-Lenore		<b>Diploma in Obstetrics of the College of Obstetricians and Gynaecologists of South Africa: Dip Obst(SA)</b>		CHADINHA Louis Paul Caldeira	
NAIDOO Threnesan		ALDRICH Liesel		DE MUYNCK Kim Ann	
NDLOVU Thandi Lizzy		BALOYI Masingita Hazel		DE VASCONCELOS Sandra	
NELSON Aurelie Kennedy		BALOYI Rofhiwa Given		FARMER Catherine	
NENE Nomcebo Xolisile		BENNETT Noelani		FERREIRA Guido	
NHLAPO Busisiwe Bella		BILWANE Tsholofelo		GROBLER Gerard	
NORTJE Monja-Marie	UFS	CROWTHER Marcelle		HEALD Andrew Gordon	
NQIWA Khayakazi		DAUSAB Gaudencia Florence		HEFER Odette Renee	WITS
OOSTHUIZEN Darius Alfons		DE VILLIERS Jacob Daniel		HOUGH Sonia	
PILLAY Diana		GUMBU Tshimangadzo Richard		HUNTER Luke David	US
PITSI Shapo Annah		HAMMOND Randall Kegan		JACOBS Nicole Tarryn	
RAJCOOMAR Nikeeta	UKZN	INDONGO Justine Nalimanguluke		KIDANE Tsegazeab Abraha	
RIVERO GONZALEZ Gerardo		JORDAAN Esther	UFS	KOUVARELLIS Alison	
SAMUELS Marlin Malik	US	KABAMBA Kayowa	UP	LARIC Sasha	
SATTAR Shakra		KAKUDJI Kalume Yves		LE ROUX Johannes Jacobus	
SIGAMONEY Dhayanee	UKZN	KLASSEN Thalia		LEECHING Jonray	
SINGH Prasun	UKZN	KOTZE Lara Marie	US	LOMBAARD Wilna	
SMITH Theodore		MATTHEWS Dianne Ellen Melissa		LOMBARD Mart-Mari	
TSHISEVHE Vhudzani Samuel	UP	MATTHEWS Gillian		LOTTER Nuraan	
TU Sindy Jen-Yi	WSU	MODISANE Tebogo Benjamin		LUTTICH Laetitia	
VAN DER LINDE Meghan Tahnee		MUTSHI Kaninda		MASON Shaun Michael Nairn	
VAN ZYL Doreen Sindisiwe		NDLOVU Jonas Cregen		MCLAUGHLIN Martha Aletta	
VELING Manuela Rosalinda Veling		NKOSI Sizwe		MEYER Kirby Fiona	
WAWA Darius Ngwa		RAKUBUTU Ramakoala Justunus		MOODLEY Sharania	
ZACHARIAH Don	WITS	SCHUTTE Nicolene		NAIDOO Vivendra Aroomugam	
ZEALAND-SMITH Samantha Myfannwynne		SETHEDI Magdeline Mummy	UL	NJENGA Gitau	
<b>Diploma in Internal Medicine of the College of Physicians of South Africa: Dip Int Med(SA)</b>		SIBIYA Elias Lilies		OJO Mary Ibukunoluwa	
ALMRADI Ahmed	UCT	SINGH Mishka		PATEL Kinjal	
DU TOIT Marcel	UFS	SONGABE Funeka		PETERSEN Shahlaa	UCT
PREMSAGAR Preesha	UKZN	SWARTS Francois		PIETERSE Marike	
RAJAN Mathew		TERBLANCHE Anneline		PRETORIUS Willem Sternberg	
SASI Abdulbaset Bashir M	UCT	VAN DER MERWE Tian Ackerman	US	PRIOR Claire	
<b>Diploma in Mental Health of the College of Psychiatrists of South Africa: DMH(SA)</b>		WALDECK Mariette	UFS	RAJAN Suma	
BEATH Natalie		<b>Diploma in Ophthalmology of the College of Ophthalmologists of South Africa: Dip Ophth(SA)</b>		REDDY Nicolas	
BIYANA Nokukhanya	UL	BIJLI Shazana		SERSHIN Moodley	
GALVIN Lisa Jane		KHALENYANE Mpho Cynthia		STEYN Elet Magdeleen	
GROVES Carmenita Monique		SELELE Thekiso Mzwandile		STEYN Mia	UCT
IFEBUZOR Adaku Grace		THOMAS Jason Peter		STOTT Brenda Alison	
MAGULA Luzuko		VAN DER WESTHUIZEN Dean Andre		SWARTZBERG Kylen Mark	
MAPHOSA Thabile Merciful		<b>Diploma in Oral Surgery of the College of Maxillofacial and Oral Surgeons of South Africa: Dip Oral Surg(SA)</b>		TINK Scott Colin John	
MOATSHE Sophy Tumisang		DANGOR Zain		UBBINK Anja	
MORWE Monica Nthabiseng Metolong		JONSSON Philip Godfried		VAN TONDER Willem Meyer	
MUNGLY Shazia Farah Kader		<b>Diploma in Primary Emergency Care of the College of Emergency Medicine of South Africa: Dip PEC(SA)</b>		VAN WAMELEN Anja	
NAIDOO Thejini		BASNETT Sian Ann	WITS	VAN WYK Natalie Jean	
NETSHILEMA Tshisikhawe Comfort		BESKYD Peter Mark		VEENSTRA Simon Hans	
NKHAHLE S'Bongile		BEUKES Brumilda Janice		VENTER Jakobus Kritzinger	
PILLAY Nerisha				VENTER Willem Human	
POKHAREL Prakriti	UFS			VORAJEE Nadia	
SCHOLTZ Lindsay				WANG Shih-Hsien	
SETJIE Sewela				WU Ming-Tung	
SHAH Raesa				ZUMA Zandile Patricia	UKZN
SOROUR Hayley Allison					



## Annual General Meeting

The fifty-ninth annual general meeting of the Colleges of Medicine of South Africa (CMSA) held at 11.00 on Friday 17 October 2014 in Metro 6, Muller Potgieter Building, University of the Free State, Bloemfontein

Prof BG Lindeque (President) in the Chair  
 Prof GA Ogunbanjo (Vice President)  
 Prof JLA Rantloane (Chairperson: Examinations And Credentials Committee)  
 Prof JS Bagratee (Acting Chairperson and Honorary Registrar: Education Committee)  
 Prof T Zabow (Honorary Treasurer)  
 Prof MM Sathekge (Honorary Registrar: Examinations and Credentials Committee)  
 Prof A Mandaree (Immediate Past President)

Dr SM Aiyer	Prof SS (Cyril) Naidoo
Prof RD Barnes	Prof E Ndobe
Prof B Cassim	Dr WJ Neuhoff
Prof R Dickerson	Dr JRN Ouma
Prof BJS Diedericks	Prof E Osuch
Prof RN Dunn	Prof T Parbhoo
Prof RW Eastman	Prof RD Pitcher
Dr HI Geduld	Dr DP Ramaema
Dr PD Gopalan	Prof H Saloojee
Prof AMP Harris	Prof AM Segone
Prof A B-R Janse van Rensburg	Prof PL Semple
Prof G Kariem	Dr F Senkubuge
Dr CM Kgokolo	Prof AS Shaik
Dr WG Kleinjies	Dr A Sherriff
Prof S Kling	Prof LC Snyman
Dr SM Le Grange	Dr T Stephens
Dr TE Luvehngo	Prof LM Sykes
Prof DS Magazi	Dr LM Tucker
Prof JN Mahlangu	Prof J Vellema
Dr F Mahomed	Prof MG Veller
Prof LJ Martin	Dr L Visser
Prof AJW Millar	Prof A Walubo
Prof MH Motswaledi	Prof SW Wentzel
Dr M Munasur	Dr MJ Young

Prof S (Shan) Naidoo

Members and others attending by invitation:  
 Dr E Motloutung (Vice Chairperson: SARA) (UFS)  
 Prof TS Pillay  
 The apologies were noted.

### APOLOGIES

Prof JG Brink  
 Prof D Khan  
 Prof JJ Fagan  
 Prof D Govender  
 Prof D Hellenberg  
 Prof FJ Jacobs  
 Prof MZ Koto  
 Prof A Krause  
 Prof LA Lambie  
 Prof L London  
 Prof SBA Mutambirwa  
 Prof S Seedat  
 Prof MI Tshifularo

### CEO

Mrs L Trollip

### IN ATTENDANCE

Mrs A Vorster (Academic Registrar)  
 Mrs M Pollock (Finance Director)  
 Mrs S Jagger-Smith (Minute Secretary)

### WELCOME

The Chairperson thanked everyone for attending the 59<sup>th</sup> Annual General Meeting (AGM) of the Colleges Of Medicine Of South Africa (CMSA).

#### 1. REGISTRATION OF PROXIES

The chief executive officer (CEO) duly registered 16 proxies. A quorum was present.

#### 2. MINUTES OF THE FIFTY-EIGHTH (58<sup>th</sup>) ANNUAL GENERAL MEETING, HELD ON 25 OCTOBER 2013

The minutes were adopted and signed.

#### PROPOSED

Prof L Martin

#### SECONDED

Prof GA Ogunbanjo

### **3. AMENDMENT OF RULE 5 (3) (a) AND (h) OF THE MEMORANDUM OF INCORPORATION IN ACCORDANCE WITH THE COMPANIES ACT OF 2008**

The CEO explained that the change was required in order to allow parts of the elections to be carried out electronically. This amendment had been passed by a resolution of the Board of Directors, and ratification was required at the AGM in order for submission to Companies Intellectual and Property Commission.

RATIFIED

The amendment of Rule 5 (3) (a) and (h) of the Memorandum of Incorporation, in accordance with the Companies Act of 2008.

### **4. CMSA ELECTION RESULTS FOR THE TRIENNIUM 2014-2017**

Prof Lindeque thanked the CEO and her team at the Cape Town office for the management of the elections. He reiterated that all regulations had been followed. Prof Govender was the convenor, and Mrs Trollip the co-convenor for the elections.

#### **4.1 Constituent College Councils and Officers**

RATIFIED

The election outcome for Constituent College Councils and officers.

#### **4.2 Constituent College representatives on Senate**

RATIFIED

The election outcome for Constituent College and Diplomat representatives on Senate.

### **5. MATTERS ARISING FROM THE MINUTES OF THE LAST ANNUAL GENERAL MEETING**

The matters were included in the agenda.

### **6. ANNUAL REPORT OF THE CEO ON BEHALF OF SENATE FOR THE PERIOD JUNE 2013 TO MAY 2014**

The CEO stated that the Annual Report of Senate appeared on pages 23-28 of *Transactions*, and reflected the activities of the last financial year. The reports of the various Constituent Colleges appeared on pages 29-43.

ACCLAMATION

The annual report was adopted.

ACCLAMATION

Prof Lindeque thanked Mrs Trollip for her work in ensuring the smooth running of the organisation.

### **7. FINANCIAL REPORT OF HONORARY TREASURER: PROF T ZABOW**

Prof Zabow stated that the auditors had given the CMSA a "clean bill of health", and confirmed that there was good financial governance. Cost containment had taken place, and expenses were within the

budget. He referred to page 31 of the audited financial statements, which provides a good overview of the CMSA's finances.

There was income of R27 million, with expenditure of R25 million. The value of property and equipment was R49 million. Investments were R20 million (general funds and reserves), with additional investments of R10 million (endowed money). The liabilities were not serious.

There had been income from subscriptions, donations and interest on the investments. The CMSA was looking at investing differently to improve interest on investments, which was already a 7.5% increase on the previous year.

Expenses included the cost of running examinations, which came to R4 000 per examination. The surplus had been from the examinations. It was impossible to budget how many registrars would write examinations.

Meeting expenses were included. The delegate expenses were under budget. The maintenance costs of the three offices were on budget. Expenses relating to the issuing of *Transactions* were reduced as electronic copies saved money on printing. Subscription defaulters were an expense.

There were issues with the CMSA's income tax/value-added tax (VAT) exemption status, and a meeting had been held with South African Revenue Service and the Department of Treasury. It was not likely that the CMSA would have to pay VAT retrospectively, but the CMSA was waiting for a ruling on this.

Prof Shan Naidoo commented that litigation was a huge risk to the CMSA. Prof Zabow replied that litigation expenses were budgeted for, but were over budget by R166 000. The CMSA would need to be very cautious to contain litigation costs.

ACCLAMATION

Prof Zabow introduced Mrs Margie Pollock, Financial Director, to the meeting, and thanked her and the accounts office for work performed. He thanked the other offices too for keeping within budget.

ACCLAMATION

Prof Veller added that there should be a vote of special thanks to Prof Zabow for his many years of excellent service to the CMSA.

The annual financial statements were approved.

The Honorary Treasurer's report was adopted.

### **8. REPORT OF PRESIDENT: PROF BG LINDEQUE**

Prof Lindeque indicated that his report was on page 5 of *Transactions*.

The CMSA had been appointed by the Health Professions Council of South Africa (HPCSA) as the only exit examination provider for specialist medical qualifications in South Africa. Prof Rantloane had been the team leader in getting the Memorandum of Lease (MOL) finalised and signed. The next step would be to finalise a Service Level Agreement with the HPCSA. This would require regular reports from the CMSA to the HPCSA.

Prof Lindeque reported on the VAT issue. He also spoke about the election of a new Senate, and that officers would have to be elected at the first Senate meeting of the new triennium.

#### ACCLAMATION

Prof Lindeque thanked the retiring members of Senate for their contributions.

### 9. REPORT OF CHAIRMAN OF THE EXAMINATIONS AND CREDENTIALS COMMITTEE: PROF JLA RANTLOANE

Prof Rantloane asked that attendees refer to his report to the outgoing Senate.

The ECC consisted of members from Gauteng, and six individuals on the Examinations And Credentials Committee (ECC) management committee meet every month. The full ECC met every quarter. This had improved operational efficiency in the ECC.

Specialised task teams were created to address specific issues, for example, policies and regulations. There was also a peer-review committee and a complaints committee.

A committee had been created to write the policy for the application to consider new subspecialities. Applications were submitted to the ECC, which if approved, were submitted to the HPCSA.

Prof Rantloane spoke of the conduct of examinations, and reported that there was a 63% pass rate for the Bloemfontein examinations (2 168 candidates writing in total), with 254 candidates withdrawing. He added that these numbers would grow, and that the CMSA would need to align its resources to cope with the increase in the number of candidates.

The ECC, the Board of Directors and Senate took note of disciplines with high failure rates and implemented intervention actions.

It was difficult to find translators and the quality of translations was not good, so this was a risk. There was agreement to stop translating examination papers into Afrikaans. In future, examinations will only be conducted in English.

It had been decided by Senate that examinations would be rotated between the Universities in future, rather than by region.

The HPCSA MOL required that the CMSA subscribe to a code of conduct with examinations in order not to jeopardise the agreement.

Litigation was caused by lapses in the management of the examinations. Written policies were established and would need to be adhered to. A task team had been appointed to review codes of conduct and to resolve issues between the CMSA and candidates.

Prof Pitcher asked what percentage of candidates resorted to requesting a remark or considering litigation. Mrs Vorster replied that four candidates had pursued litigation, 11 remarks had been requested (four were successful), and there were 56 reviews.

Prof Pillay commented that there were inconsistencies in applying the policies when running examinations. Prof Lindeque replied that it had been decided that there should be a regular review of the Constituent College procedures in this regard.

#### ACCLAMATION

Prof Rantloane thanked Mrs Vorster, her staff and members of the ECC (and the management committee, in particular) for their support. He commented that ECC meeting attendance was exemplary. Prof Rantloane thanked the Finance and General Purpose Committee (FGPC) and all concerned for their support too, as well as those involved in the building of the examination centre at the Johannesburg office.

#### ACCLAMATION

Prof Vellema thanked Prof Rantloane for his excellent service as Chairperson of the ECC.

#### ACCLAMATION

Prof Lindeque thanked Prof Rantloane for the quality of his report and his term as Chairperson of the ECC.

### 10. REPORT OF CHAIRPERSON OF THE EDUCATION COMMITTEE: PROF SS NAIDOO

The Education Committee (EC) met once every quarter. Attendance was sporadic. Prof Naidoo hoped that the incoming Senators would assist in improving attendance at the meetings.

He reported that the office and subcommittee for Continuous Professional Development (CPD) had noted a huge increase in the number of applications for accreditation on a national basis. Dr Clive Daniels and Prof Aiyer (members of the national CPD association) came up with an innovative audit trail and ways for rural doctors to access CPD accreditation. A framework for revising the fees for CPD accreditation would go to the FGPC.

Lectureships and awards were considered by the EC.

In collaboration with Mrs Vorster's officer, the EC continued to look at the syllabi and regulations. Recommendations were acted upon by the various Colleges.

Prof Naidoo gave a report on the Durban property. The EC was tasked with the mandate of considering the best options for the property. It was eventually decided to sell the property to the buyer with the highest offer, and that it be sold *voetstoots*. It was also decided that a rental agreement should be considered on a short-to medium-term basis with Nkosi Albert Luthuli Hospital. The purchase of a property was still to be investigated.

#### ACCLAMATION

Prof Naidoo thanked the previous Chairperson, Prof Reddi, and Acting Chairperson, Prof Bagratee, for their work at the EC.

#### ACCLAMATION

Prof Naidoo thanked the CEO and her predecessor who gave excellent support to the EC. He also thanked the President, Vice President and Senators for their support and input, and the staff at the Durban office.

#### ACCLAMATION

Prof Lindeque thanked Prof Naidoo for his service as Chairperson of the EC.

## **11. REPORT OF CHAIRPERSON OF THE FINANCE AND GENERAL PURPOSES COMMITTEE: PROF T ZABOW**

The Chairperson, Prof Kahn, was not able to attend the AGM, thus Prof Zabow presented the report for the FGPC.

Prof Zabow spoke about the income tax/VAT problems, as reported previously.

The elections had been successfully completed. There had been a decrease in costs and an increase in efficiency with regard to the elections.

Constituent Colleges were advised to use their levy accounts wisely.

The Interdisciplinary Symposium would take place in May 2015 and the topic would be "Academic health complexes and training platforms".

There were increasing staff numbers at all offices. Three individuals would be retiring in the Cape Town office at the end of 2014, i.e. Cathy Jordan (43 years' service), Patty Bredenkamp (40 years' service) and Jane Savage (33 years' service). The FGPC wished them well.

## **12. REPORT OF CHAIRPERSON OF THE SOCIAL AND ETHICS COMMITTEE: PROF MG VELLER**

Prof Veller confirmed that a Social and Ethics Committee was a statutory requirement for every company. It had to be constituted by non-executive directors and include three Senators who were not members of the Board of Directors. It would keep cognisance of the 10 principles set out in the United Nations Global Compact. Issues covered would include the Employment Equity Act and the Broad-Based Black Economic Empowerment Amendment Act. There were two meetings per year.

## **13. REPORT OF EDITOR OF *TRANSACTIONS*: PROF GA OGUNBANJO**

Prof Ogunbanjo reiterated that he had been the Editor of *Transactions*, published biannually, for 10 years.

A decision was taken to move from a paper-based journal to an electronic platform because of the costs of printing and postage. A free iPad® and Android app for *Transactions*® would be launched on 1 November 2014.

### **ACCLAMATION**

Prof Ogunbanjo thanked the FGPC for his appointment as Editor, the Honorary Treasurer for providing the funds, the offices in Cape Town, Johannesburg and Durban for providing material for *Transactions*, and the President.

### **ACCLAMATION**

Prof Lindeque thanked Prof Ogunbanjo for his work as Editor of *Transactions*.

## **14. ANNUAL APPOINTMENT OF AUDITORS**

The CEO suggested that the current auditors remain in office until such time as the VAT/income tax issues were resolved.

Competitive quotations would be obtained and considered for the ensuing year. These sentiments were supported by Prof Zabow.

Prof Mahlangu emphasised the need for certain measures to be established to prevent this from reoccurring. A possible solution could be the appointment of an internal auditor before the annual external audit was carried out.

Prof Veller proposed that the power to appoint new auditors for the next financial year should be delegated to the Board of Directors.

### **AGREED**

The re-appointment of the auditors, with the option of changing to a smaller audit firm in future.

### **CORRESPONDENCE**

None.

The business of the meeting was concluded by 13:10.

# Valedictory Lecture 2015: A road well travelled!

Craig Househam, MD, FCPPaed(SA)

Former Head, Department of Health, Government of the Western Cape, Cape Town

## Introduction

A valedictory lecture of this nature is a challenge. I have had a career spanning 40 years as a public servant, doctor, academic and manager. What does one say, and what would be of interest to anyone other than me? It has been a long journey, and fate has led me down some unexpected roads. At the outset of my medical career, I would never have thought that I would be standing here today, about to retire as the Head of the Western Cape Department of Health. In fact, if you had told me that when I was 30, I would have said that you were crazy! I am not a religious man in a formal sense, but I do believe in a higher sense of purpose, and that my life, in retrospect, seems to have been subject to the forces of fate governed by that purpose. So I invite you to take an excursion with me through some aspects of my 66-year-old personal and 40-year-old public service journey.

I was born in Princeton, New Jersey, in the USA, on 15 October 1948. I am part of the “baby boomer” generation, born in the immediate aftermath of World War II. I am the only child of academic parents. My father was a mathematics professor at the University of Cape Town (UCT) for 26 years, and my mother a school principal. I matriculated at Rondebosch Boys School in 1966, and underwent nine months of compulsory military service before entering medical school in 1968. I enjoyed my schooling, but the military service less so.

I graduated from UCT as a doctor in 1973, and started my career as an intern at Groote Schuur Hospital in 1974.

I worked in a mission hospital in the then Transkei for a year in 1976.

I worked in the Groote Schuur, Somerset, City and Peninsula maternity departments, and the Mowbray Red Cross War Memorial's Hospital during my term as a registrar, during which time I qualified as a paediatrician in 1981.

Thereafter, I left the Western Cape in 1983 for the Free State, where I worked in the Department of Paediatrics and Child Health at the University of the Free State until 1995. I completed my MD degree at UCT in 1986, and was appointed as Head of the Department of Paediatrics and Child Health at the University of the Free State in 1988. I left the university department to become Head of the Free State Department of Health in 1995.

I left the Free State in 2001, and was appointed initially as Deputy Director, General Administration; in the Western Cape Department of Health, and then as Head of the Western Cape Department in October 2002, where I remained until now. I am currently the longest serving head of health in the country, and the only remaining incumbent from 1995.

That, in brief, is my personal history and career in the public service as a doctor and paediatrician, and for the last 20 years as a manager of healthcare services. I might add I also ride a Harley-Davidson and I am happily married!

## Looking back

I can still vividly remember meeting in the E4 lecture theatre shortly after graduation to hear whether or not I was “lucky” enough to have been allocated an intern post at Groote Schuur Hospital. I did not quite make the top echelon so I was allocated Medicine under Prof Len Eales, and Surgery under Prof John Terblanche. I regret to say that other than learning how to fill out the requisite clinical notes and forms, fill numerous tubes with blood and hold a retractor as the third assistant, I am not sure how valuable this year was! However, it was a rite of passage between being a student and accepting some of the responsibility of being a doctor.

My second year as a senior house officer was far more valuable, and I spent six months in the Cardiology department learning a great deal from people such as Prof Wally Beck, Dr Brian Kennelly, Dr Pat Commerford and Dr Bernie Gersch. Prof Beck was an exceptional teacher, and unravelled the mysteries of cardiac blood flow and murmurs for me, often on the back of a cigarette box! In fact, my teaching style later on in my career was modelled to a great extent on the lessons learnt from Prof Beck. Thereafter, I spent six months at the Red Cross Memorial Children's Hospital, which was hard work, but in an exceptionally pleasant and positive environment different to what I had experienced up on the hill. My decision to become a paediatrician was made during this time.

This was further strengthened during the year I spent working in a mission hospital in the then Transkei, where poverty, malnutrition and infectious disease were a daily reality. During this time, I diagnosed a

case of acute leprosy, with the confused patient sitting in a tree with the classic leonine (lion-like) face. Leprosy at that time was still endemic in the Pondoland region of the Transkei. The experience sharpened my clinical and practical skills, but also matured my approach to both life and clinical practice.

I returned to Cape Town, and as already mentioned, joined the paediatric registrar rotation. It was hard work and the long hours were debilitating at times. Did I enjoy the work? To be honest, the experience was invaluable, and it was a relief to finally achieve the Fellowship in Paediatrics after four years. I remained for another two, and worked as a research fellow studying the epidemiology and consequences of acute diarrhoeal disease in children, which led to the body of research work submitted for my MD degree in the end. Even at that time, I was outspoken, and possibly as a result of publicly challenging the then Head of Department, Prof Boet Heese, on an issue which I considered to be important, he indicated that I should seek a future elsewhere. He suggested that I should consider the University of the Free State, an option that I would not have thought of on my own. However, in hindsight, it was the best advice I could have been given, and for which I remain grateful to this day.

My time at the Free State University was a happy and productive one, but it was certainly challenging at first since my Afrikaans was rudimentary. It was a shock after three years to realise that I was dreaming in Afrikaans! I co-authored and edited an Afrikaans paediatric textbook, now out of print, and in one year received the Golden Ventricle Award as the best lecturer in the faculty, voted for by the undergraduate students! I undertook research and published a paper on the consequences of kwashiorkor on the brain of young children, a severe form of malnutrition that was prevalent in the Free State at that time, and another paper on the possible role of aflatoxin exposure in the aetiology of kwashiorkor. The late Prof Ralph Hendrickse, a South African academic, based in Liverpool, had published articles in which he suggested that aflatoxin was a possible causative agent of kwashiorkor. My research conclusively proved this not to be the case, and I must admit that when I visited Prof Hendrickse some years later in Liverpool, I received a rather frosty reception! Such are the realities of academic medicine. It is interesting, and to an extent, satisfying, that many years later, these and other articles that I published during that period are still cited in current scientific articles.

It was during this time that I headed a community project in Mangaung, Bloemfontein, later significantly funded by the WK Kellogg Foundation, which still exists today. This was the first initiative that brought together the majority of the African black population of Bloemfontein and the University of the Free State. This achievement was acknowledged by the university through an award of honorary professorship which I hold at the university, and the Centenary Medal, awarded to me in 2004. The citation for this award, of which I am very proud, reads: "For his leadership and pioneering work in transformation through the establishment of the first true partnership between the University of the Free State, the community of Mangaung and the Free State Department of Health".

## Entering politics

Also, as a result of this, I became increasingly politically active, joining the African National Congress (ANC) formally in 1990. This connection also ultimately resulted in my appointment as Head of the Free State Department of Health in 1995. Last year, Deputy Minister Mcebisi Skwatsha, then in the Provincial Legislature, complimented me on the work performed by the department during my term, and reminded me that I owed my position to the ANC! There is an element of truth to his statement as going back to the Free State and receiving the invitation from the then ANC Premier of the Free State, Mosiuoa Lekota, to head the Free State Department of Health changed my life. However, I need to stress that ever since my appointment as a senior public service manager, I have not been a member of any political party as I believe that such membership is incompatible with the role of a Head of Department who must remain distant from party politics.

Identifying some of the events during this time, I recall one of my first visits as the Head of Department to a hospital in a small rural town. I was confronted by a small, but well appointed "white" ward at the front of the hospital, and a larger "black" ward situated at the rear of the hospital in an appalling state, and in which many of the patients were naked. On enquiry, the matron informed me that this was how it had always been, and that "black" patients did not wear pyjamas as it was not their culture. Needless to say, I was less than happy with the situation and said so. Six years later, when I was preparing to leave the Free State, my secretary came into my office and told me that someone wanted to see me. It was the matron from the small hospital who had travelled of her own accord to Bloemfontein to say goodbye and thank me for what I had said at her hospital on that day to show her that she had been wrong, and to assure me that she had worked tirelessly to right the wrong for which she had been responsible. I can attest to the fact that that small rural hospital became a model of good-quality fully integrated health care, and that what happened reaffirms my belief in the inherent good in the majority of people.

Since there had been almost no people of colour in government management positions in the Free State, I was faced with the task of recruiting an integrated management team from people with little, if any experience, in management. I literally scoured the province, and in the end was able to appoint a team of competent, although in many cases, inexperienced, managers. My task was then to integrate the health services of the "homeland" segments of Qwaqwa and Bophuthatswana into the then Orange Free State province, to maintain and improve the health services, and to mentor and build capacity in my management team. It was a formidable task, and the work days were often 20 hours long. The weekend days became work days. At this time, I learnt the value of always getting the basics right. I realised that while health care appears to be complex, the trick is to reduce it to its simplicity. It is easy to get lost in the complexity, which can become paralysing, particularly for the inexperienced manager. Look for what is simple within what is complex because it is there if you look for it, and once you have identified the key issues you can deal with them. This lesson has served me well in my management career, and it is something that my management team has often heard me say.

Another lesson that I learnt during this time was to accept constructive criticism, but ignore criticism that is destructive and personal. One needs a thick skin, and negative criticism is often difficult to accept, but I have learnt much from the constructive criticism that I received from inside, outside and at the “coalface”. Often, the health worker has the solution, but the managers do not listen. Listening to what people around you are saying is absolutely key to knowing which direction to take.

It was a baptism of fire, and I certainly made mistakes and did things which I later regretted, but overall, I was satisfied that we did the best that we could during those exciting and tumultuous times that followed the democratic transition in 1994.

## Fiscal discipline

I came to the Western Cape with a reputation of fiscal discipline, having brought the Free State Health Department within budget after taking unpopular steps to curb expenditure, which included regulation of Renummerative Work Outside the Public Service and commuted overtime in the Free State. Some of you may remember epithets such as “axe man” and “butcher” which were mentioned by some on my arrival in the province. This reputation resulted in the suggestion, following my approaches to the then Premier, that my appointment would be detrimental to health services in the Western Cape. Some of you may remember the anger which resulted from the decision to reduce the number of beds, albeit marginally at Groote Schuur Hospital. Doctors in white coats protested in the Palm Court, a senior colleague who is present today commented both in the Provincial Legislature and the National Parliament that “Househam puts cash before care!”, and even the then chief executive officer of the hospital was at odds with me regarding the decision. I was accused of destroying a national asset!

I will be the first to acknowledge that some of my actions at the time may have been, or appeared to be, precipitous, and indeed were poorly communicated, but I had been appointed by the then Premier and Member of the Executive Council (MEC) for Finance with a clear mandate, and that was to stabilise the financial position of the Department of Health. This was achieved within two years, and the department has subsequently remained within its allocated budget to date, and our audits have been unqualified for a decade. This is an achievement unrivalled in the other health departments in the country. Stabilisation of health service delivery in the Western Cape was the consequence of achieving financial stability. Sadly, in many other provinces where this has not been the case, health workers are not receiving their salaries, there is unserviceable critical equipment and the unavailability of essential medication, as well as significant fraud and corruption.

This brings me to another important lesson which I learnt as a manager in the health services, and that is the need to tightly manage the finances of a health department. The fact that one cannot purchase what one cannot afford or appoint staff whose salaries one cannot afford seems to be simple, but difficult to implement, when the health and even the lives of people are at stake. In essence, the utilitarian approach to the allocation of resources within the health sector conflicts with the unique doctor-patient relationship according to which the doctor will strive at all times to do his or her best for his or her patient. As a doctor who was

in clinical practice for 20 years, I am acutely aware of that responsibility, but as a health manager who is a doctor, I have had to elevate my view to deal with the greater common good. This led to a situation which placed me in direct conflict with clinical colleagues at this and other faculties.

If one cannot purchase what one cannot afford, it is also important to realise that what one can afford must be what is essential. Shortly after my appointment, Prof James invited me to visit the anaesthetic department, and showed me anaesthetic machines which could only be kept operating by cannibalising other machines, thus endangering patients' lives. During another visit, Prof Werner showed me an obsolete linear accelerator which limited his ability to manage patients with cancer. Despite the need to address budget shortfalls, the department began to address the equipment backlog through prioritisation, and new equipment was acquired in both cases. The key to the management of health budgets is to determine the correct priorities and to ensure that these are funded. However, this also requires decisions to be taken about what cannot be funded. It has been my mission over the last few years to involve clinicians to a greater degree in this decision-making process.

The development of what we have termed a functional business unit (FBU) is an initiative that I have personally managed. Largely, doctors create expenditure because they issue instructions that result in money being spent within a hospital. They order X-ray investigations and blood tests, prescribe medication and determine whether or not surgery should be undertaken, all of which results in expenditure. The clinician who accepts responsibility for the FBU is allocated a budget with staff, and is expected to deliver an agreed amount of service with a suite of data that allow the clinician to measure, monitor and manage the service for which he or she is responsible. I have been encouraged by instances of clinicians enthusiastically accepting this responsibility, instead of being frustrated by the “pen pushers” sitting in Dorp Street! Giving doctors the opportunity to be more involved in decisions that affect their practice also provides them with control over, and responsibility for, their own destinies.

## Bed reductions

Returning to bed reductions at Groote Schuur Hospital, I can now reveal that this was part of a pre-determined strategy to force the National Department of Health and the National Treasury to review the funding to the Western Cape for highly specialised care. The furore created by the announced decision to reduce bed numbers at both Groote Schuur and Tygerberg Hospitals created such discomfort nationally that the end result was an increased allocation to the Western Cape, and the ability to retain specialised services at these hospitals. In effect, the bed reductions were reversed, and funding to the Western Cape secured. So, in retrospect, I would like to thank the professors, among whom as I recall were Del Kahn and Bongani Mayosi, and the doctors and nurses who populated Palm Court on that day for their assistance in stabilising health funding in the Western Cape!

More recently, in 2013, for the first time in my career, I went on record in the media and disagreed with the National Minister with regard to a



proposed cut of R173 million to the conditional grants for the Western Cape to fund highly specialised services, and in addition, the intention to “centralise” the management of hospitals such as Grootte Schuur and Tygerberg Hospital under the National Department. The Minister responded angrily in the media that the Western Cape was going to war with the National Department, but within a day reversed the proposed funding cut. I also indicated in that interview, and I quote: “I have the greatest respect for the Minister, and many of the proposals driven by him are very good, but how can hospitals be managed at a distance of a thousand kilometres? I feel a strong, personal, almost moral need to speak out about this issue. I firmly believe the decision, in the current context, is a mistake”. I use this example to indicate that even in a democratic dispensation, senior managers must be prepared to speak out when they perceive something to be wrong, although it is an unusual step. Clearly, I am still in office, but would that be the case if I was appointed elsewhere? I sincerely hope that it would!

It is often said that the Western Cape is a privileged and well-resourced province that does not have the legacy of apartheid, as do others. While there was certainly some truth in the statement, in my view, 20 years after the democratic transition, the argument to justify the challenges faced in the health sector in other provinces is less convincing. During my term as Head of Department in the Free State, we achieved financial stability after a shaky start, and on my departure in 2001, the department was within budget, with a competent management team. Sadly, within three years, that had largely been dismantled, and the current state of public health in the Free State is far from what it could or should be. An analysis of why this happened and what could have prevented similar situations elsewhere is essential both for an effective government in South Africa, but also for the future of democracy in this country.

Competent management with effective systems is the key to any private or public organisation, and is needed in South Africa to make any large organisation and government work. I am afraid that a great deal of time is consumed sitting in meetings, strategising, writing documents and talking about problems in many health departments. Individuals take decisions, and my recipe for effective service delivery is empowering people in management to make decisions and then to take responsibility for them. Support people if they make a genuine mistake. We all make mistakes! I have an intolerance of incompetence, but a greater intolerance of people who just don't care. I spent 20 years in clinical practice, and I have the same attitude to running a health department and management that I had when treating a single patient, which is if I do something wrong, or worse, don't care, someone will suffer. I have always expected my entire management team to have the same view.

### Political managerial interface

Another lesson that I learnt from the last 18 years in particular, was the importance of managing the interface between the political office bearer and the Department. In most instances, the person appointed as the MEC or in the Western Cape, Minister, is not an expert in the field, but becomes an expert in the eyes of the public immediately on appointment. I have worked with four national ministers, eight premiers and seven MECs during my term of office, all with very different personalities and

skill sets. The role of a Head of Department is to facilitate the interaction between the MEC and the Department. Some MECs wish to manage the department, while others adopt a more distant relationship, and seek only to provide political guidance. It has been important in my career as a Head of Department to define and establish that relationship and to build trust with the MEC. An important principle is that while one may have personal views on an issue and advise the MEC accordingly, the final decision, particularly in a matter of political principle, rests with the MEC and the Premier. While one may disagree, having advised the politician, the latter makes that final decision, which, as Head of Department, you are bound to implement. If the decision contradicts one's personal view, the decision then is whether or not you can accommodate that view within your value system, and if not, whether or not you should resign.

The political managerial interface in the South African government system remains challenging. As mentioned earlier, I am the sole survivor of those appointed as heads of Departments of Health immediately after the period of transition that followed the 1994 elections and the Government of National Unity. There has been little or no continuity of management in most provinces. This is because the appointment of a new MEC has heralded the replacement of the Head of Department in many cases. Most recently, there have been four heads of department within the last four years in Gauteng. The problems being faced by Gauteng in terms of public sector health service delivery, can, to a great extent, be attributed to the lack of stability in the management of the health department in Gauteng, and indeed elsewhere.

I was faced with such a situation regarding the position of the then National Minister of Health and President with regard to human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS) and the use of antiretroviral therapy. You may remember names such as Dr David Rasnick, Dr Peter Duesberg, Dr Matthias Rath and the Rath Foundation, as well as the Presidential Advisory Panel, which submitted a report to President Mbeki in March 2001. I sat through numerous national meetings where presentations were made that promoted “quack” cures, and where those denying the link between HIV and AIDS were granted an opportunity to motivate why they believed that antiretroviral therapy was both toxic and dangerous. It was a surreal experience to be present at some of these interactions, and some of my academic colleagues sought me out to try to understand what was going on. I remember being confronted by an incredulous Prof Jerry Coovadia, a fellow paediatrician, seeking advice on how to approach the then National Minister on the issue. Needless to say, I was not of much assistance. For me, the ultimate humiliation as a South African was to witness the fracas around the South African exhibition at the 2006 World AIDS Conference in Toronto, when the then Minister Tshabalala Msimang taunted the international media with cloves of garlic.

Should I have resigned? I considered resignation, but discussed my concerns with the then Premier, Ebrahim Rasool, and he persuaded me to stay and work in the Western Cape to provide antiretroviral drugs to AIDS patients through various trials and non-profit organisations. Working with Dr Fareed Abdullah, the Western Cape pioneered the provision of antiretroviral therapy to HIV-positive pregnant mothers to reduce the transmission of the virus to their newborn infants, as well

as treatment for people living with AIDS. I must also give credit to the then MEC, Minister Pierre Uys, who despite pressure from the National Minister, allowed the Department to proceed. As a result, the Western Cape has consistently achieved the lowest levels of mother-to-child transmission in the country. The transmission from double figures has reduced to the current figure of approximately one per cent. I am still troubled that as a doctor I participated in a system, albeit not directly, that allowed people to die and babies to be unnecessarily infected as a result of the unavailability of antiretroviral therapy. My justification for my decision to stay was that I could do more working within the system than I would have been able to achieve outside it. I leave it to others to pass judgement on the validity of my decision.

In 2009, I faced one of the most difficult decisions of my career when I was approached by the National Minister to accept the post of National Director-General of Health. There was considerable media speculation at the time, and it was assumed that I had accepted the appointment in many media reports. I considered many factors before making my decision, but most importantly whether or not I was the correct person to manage the political interface to which I have referred, and whether or not, as Director-General, I would have been in a position to directly influence healthcare delivery in the provinces. Despite the fact that I felt that I had the competencies to undertake the task, as a result of my view that the answer was not affirmative for either of these, I decided to withdraw from the process just before the interview stage. Thereafter, many people indicated to me in no uncertain terms that I had let them, and the country, down, by not taking the position. I was even accused of being unpatriotic! Do I regret this decision? No. I believe it was the correct decision at the time, and that I was able to contribute more to the health system by remaining in the Western Cape as I have done.

My advice was then, as it is now, to the National Minister, to focus on the basics with regard to financial and human resource management within a stable management environment. If this is carried out, many of the challenges facing public health in this country will be addressed. However, if the current instability, particularly in the provinces, persists, despite the best policies and legal frameworks, his frustration with the ongoing problems across the country will likewise persist. To the National Minister's credit, for whom I have only the greatest respect, despite our differences we have remained on good terms, even when those differences have entered the public domain.

On a positive note, I recently met with groups of young doctors working in the public service in the Western Cape from across the province. It struck me in these interactions how in some ways much has changed, but in others, it has not. The long hours, the exhaustion, the repetitive drudgery, the loneliness of the young doctor on the front line and the hierarchical nature of the profession were what I remembered of my experience as a young doctor, and these appeared not to have changed. While the disease profile and the management options differ greatly from my time as a young doctor, the manner in which hospital "firms" function, and how medicine is practised today, has not changed. Clearly, technology has made a major impact on the manner in which medicine is practised, mostly for the better, although in my view, nothing can replace the person-to-person contact that is essential to clinical practice.

However, I was impressed and heartened that the overwhelming majority of the young doctors with whom I interacted was positive about the future, and indeed their future in clinical practice in South Africa, despite the fact that South African medical qualifications make South African doctors and health professionals exceptionally mobile.

### **New dynamic within the profession**

The demographics of the medical profession have changed dramatically since I was a young doctor. While the composition of the cohorts of young doctors now reflect the demographics of South Africa to a greater extent, the predominance of young women doctors in the health services is striking. The challenges faced by these young women are an issue that the public service and the profession have not adequately addressed. While women are prepared to work on a full-time basis for the first few years of their careers, in many cases they have indicated that beyond this period, they would consider either leaving the profession or seeking part-time employment owing to relational and family obligations. This militated against them specialising in a particular field of medicine because of the rigid approach of both employers and the educational institutions with regard to the need to be employed on a full-time basis. I am of the view that the public service, the Health Professions Council of South Africa and the universities will be obliged to review the requirements for employment, study and registration to meet this new dynamic within the profession.

The importance of personal contact between patients and their families and healthcare professionals has had emphasis in my own experience in clinical practice as a paediatrician. This is something that is often difficult to achieve within a busy, and often overworked, public health environment. Some of my most satisfying experiences as a doctor occurred when I was able to make this personal connection with a patient. I have bittersweet memories of some of these patients which have lasted over the years. On a lighter note, some years ago, the then Western Cape MEC for Public Works, a woman in her late thirties, told me that I had been her doctor when she was admitted to the Red Cross War Memorial's Children's Hospital as a child. I said that I was surprised that she remembered me after so many years. She responded without hesitation that she remembered me for my eyebrows and my hairy arms! So much for my bedside manner and personality!

I have learnt the lesson of the importance of effective communication with patients and their families, both as a clinician and manager. Genuine concern and meaningful interaction are often more important than the actual treatment received, hence a recollection of a hospital stay might focus on a kindly word from the cleaner or the ward clerk, and not necessarily the doctor. Many understand the limitations of even the most modern therapy and will also accept errors in clinical management that have occurred if they have been adequately informed. In contrast, failure to communicate leads to suspicion that information is being withheld, and is often the source of complaints to the media about poor quality care. It is informative that the majority of complaints received by the department regarding health care do not pertain to quality of care, but rather to the negative and dismissive attitude of staff. While I have an understanding of the heavy clinical load and the consequent burnout

factor faced by health professionals in hospitals and clinics across the Western Cape, improving our communication with the people whom we serve remains a challenge.

### **Burden of disease**

Coming more specifically to the Western Cape and health care in the future, I am of the view that the framework implemented with the Healthcare 2010 strategy effectively defined levels of care, staffing and funding norms and laid a solid foundation for the future. Lessons learnt were incorporated into the Healthcare 2030 strategy, as approved by the provincial government last year. This provides a stepwise approach to address the structural issues, as well as the softer issues of people and systems. However, in my view, the greatest challenge for this province is not the health system, but rather the growth in patient numbers that has not been matched by a commensurate increase in the budget in recent years. The burden of disease study undertaken some years ago tells us where the problems lie. Undoubtedly, it is essential to address the “upstream” factors to decrease the burden of disease in the longer term, as outlined in the Healthcare 2030 strategy. However, this will take time, and in the interim, the challenge is to be able to meet the need with the resources at our disposal in a rational manner.

I have likened the situation recently to that of an elastic band which will stretch, but will break at a certain point. My concern is that, without question, health service in the Western Cape is stretched, and if the pressure is not relieved, it will break like a rubber band. We are already seeing signs of the consequences of this increasing pressure, and these are warnings that should not be ignored. This situation requires all of us who hold health and health care dear to stand together to ensure that the policy-makers are aware of the consequences, but also to make certain that every resource allocated to health is utilised to the best possible effect, whether in the private or public sector. I have not mentioned National Health Insurance (NHI), which is seen by many as the solution

to the problem. Personally, I support the principles and concept of NHI, but with the caveat that the funds that are collected and allocated to the NHI Fund are utilised in the most efficient and cost-effective manner possible. To achieve that, the country requires a functioning and robust public health system, and as indicated earlier, we are far from that goal.

On assuming office, I arrived from the Free State having successfully negotiated a revised joint agreement between the University of the Free State and the Free State Government. Despite probably misplaced initial optimism, I am afraid that finalising this matter has eluded me in over 12 years, as it had my predecessors. While the signing of a multilateral agreement almost two years ago was a very positive step, negotiations between the universities and the department within various working groups continue without the finalisation of new bilateral joint agreements within the MLA framework. I am heartened that as a result of a concerted effort by all parties, relationships between the faculties and the department have improved significantly over the last few years, and I trust that my successor will succeed where I have not!

### **Fond farewell**

In conclusion, I would like to thank Prof Mayosi for the invitation to speak at this forum today. I will retire on 31 March 2015 from public service, and it will be strange to wake on 1 April no longer needing to battle the rush hour traffic to reach my office, and no longer being responsible for what goes right or wrong in Western Cape health services. I will certainly miss the daily challenge of healthcare management, as I will miss the personal contact with many of you with whom I have worked and differed over the last 12 years. I am entering the next phase of my life with optimism, both on a personal level, but also for this great and wonderful country in which we live and work. Thank you, everyone, who has been part of my journey on this well travelled road. My best wishes to all of you for the future!



## Report Back Eponymous 2015

### 1. Mthatha Educational Development Programme 2015

- 1.1 UPDATE IN FORENSIC PATHOLOGY  
 Date: Thursday 26 March 2015 -  
 Saturday 28 March 2015  
 Speaker/s: Dr Robert Ngude  
 Dr Keven Hlaise  
 Venue: Mthatha Health Resource Centre Auditorium
- 1.2 UPDATE ON THE CHALLENGES IN TRAVEL MEDICINE  
 Date: Thursday 28 May 2015 –  
 Saturday 30 May 2015  
 Speaker/s: Professor Lucille Blumberg  
 Dr A De Frey  
 Venue: Mthatha Health Resource Centre Auditorium

### 2. Lectureships 2015

- 2.1 JC COETZEE LECTURESHIP 2015  
**Dr Jack Moodley** will present at the 18<sup>th</sup> National Family Practitioners Congress 2015 that will take place 31 July 2015 to 02 August 2015.
- 2.2 KM SEEDAT MEMORIAL LECTURESHIP 2015  
**Dr Carl de Wet** will present at the 18<sup>th</sup> National Family Practitioners Congress 2015 that will take place 31 July 2015 to 02 August 2015.
- 2.3 JN AND WLS JACOBSON LECTURESHIP 2015  
**Dr Jacques Janse Van Rensburg** will present his lecture at the National Radiology Congress 2015.
- 2.4 FP FOUICHE LECTURESHIP 2015  
**Professor Robert Dunn** will present at 61st Congress of the South African Orthopaedic Association that will take place 31 August to 3 September 2015.

- 2.5 ARTHUR LANDAU LECTURESHIP 2015

Awaiting a nomination from the College of Physicians.

### 3. AWARDS 2015

- 3.1 MAURICE WEINBREN AWARD IN RADIOLOGY 2015

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

- 3.2 RWS CHEETHAM AWARD IN PSYCHIATRY 2015

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

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

### 4. EDUCATIONAL FUNDS 2015

- 4.1 ROBERT MCDONALD RURAL PAEDIATRIC PROGRAMME 2015

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

### 5. REGULATIONS UPDATE

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



## Education Office, CMSA Durban

# MTHATHA EDUCATIONAL DEVELOPMENT PROGRAMME 2015

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### Update on Forensic Pathology

Date: Thursday, 26 March 2015 to Saturday, 28 March 2015

Speakers: Dr Robert Ngude and Dr Keven Hlaise

Venue: Mthatha Health Resource Centre Auditorium

### Update on Challenges in Travel Medicine

Date: Thursday, 28 May 2015 to Saturday, 30 May 2015

Speakers: Prof Lucille Blumberg and Dr A de Frey

Venue: Mthatha Health Resource Centre Auditorium

### Lectureships 2015

#### JC Goetzee Lectureship 2015

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

#### JN and WLS Jacobson Lectureship 2015

Dr Jacques Janse van Rensburg will present his lecture at the 18<sup>th</sup> National Family Practitioners Conference 2015.

#### Maurice Weinbren Award in Radiology 2015

Dr AF Bezuidenhout is the recipient of this award for his study entitled, *Lumbosacral transitional vertebrae and S1 radiculopathy: the value of coronal magnetic resonance imaging*.

#### RWS Cheetham Award in Psychiatry 2015

Prof Albert Janse van Rensburg is the recipient of this award for his submissions entitled:

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

## MAURICE WEINBREN AWARD IN RADIOLOGY 2015

The Maurice Weinbren Award In Radiology, which consists of a medal and certificate, is offered annually, in respect of a calendar year, by the Senate of the Colleges of Medicine of South Africa for a paper of sufficient merit that deals with either radiodiagnosis, radiotherapy, nuclear medicine or diagnostic ultrasound.

The closing date for the submission of applications is **15 January 2016**.

Guidelines pertaining to the award can be requested from Mrs Sharleen Stone at (0) 31 2402927, e-mail: stone@ukzn.ac.za

## RWS CHEETHAM AWARD IN PSYCHIATRY 2015

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

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

The closing date is **15 January 2016**.

Guidelines pertaining to the award can be requested from Mrs Sharleen Stone at (0) 31 2402927, e-mail: stone@ukzn.ac.za

## ROBERT McDONALD RURAL PAEDIATRICS PROGRAMME

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

**Requests for funding** are invited from teams of medical practitioners and senior nursing staff to travel to remote centres and areas to promote paediatrics, child health and the better care of children, and

to disseminate knowledge in that field, especially in underprivileged communities.

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

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

Guidelines pertaining to the award can be requested from Mrs Sharleen Stone at (0) 31 2402927, e-mail: stone@ukzn.ac.za

## SOUTH AFRICAN SIMS FELLOWSHIP SUB-SAHARAN AFRICA

Nominations are invited from Presidents of eligible Colleges for the South African Sims Fellowship Sub-Saharan Africa.

The objective of the Fellowship is to establish and maintain educational development programmes in sub-Saharan Africa. The disciplines of medicine eligible for the South African Sims Fellowship are the same as those eligible for the Sir Arthur Sims Commonwealth Professorship, i.e. Anaesthesia, Cardiothoracic Surgery, Medicine, Neurology, Neurosurgery, Ophthalmology, Orthopaedics, Otorhino-

laryngology, Paediatrics, Plastic Surgery, Surgery (General) and Urology.

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

Further information on the Fellowship can also be obtained from Mrs Sharleen Stone at (0) 31 2402927, e-mail: stone@ukzn.ac.za



## CMSA Membership Privileges

### Life Membership

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

They can also become life members by **paying a sum equal to 20 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 the Constituent

College elections. If he or she continues to pay this small subscription, he or she will, most importantly, qualify for life membership when this is due.

#### Second option

No further financial obligations are owing to the CMSA, but voting rights will not be permitted and unfortunately, life membership will not be possible in years to come.

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

### Waiving Of Annual Subscriptions

Payment of annual subscriptions is waived in respect of those who have attained the age of **75 years**. Members in this category retain their voting rights.

Those who have reached the age of 75 years must advise the CMSA office in Rondebosch accordingly, as subscriptions are not waived automatically.

# Insignia for sale: CMSA Members

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

## 1. Ties:

1.1 Polyester material in navy, maroon or bottle green:

1.1.1 Crest in colour as single under-knot design..... R 125

1.1.2 Rows of shields separated by silver-grey stripes ..... R 135

1.1.3 Wildlife ..... R 100

1.2 Silk material Fellow's tie in navy only, in design 1.1.2 ..... R 360

1.3 Golden Jubilee Wildlife Tie in navy ..... R 160

## 2. Scarves (long):

The Big 5 (small animals) attractive design on soft navy fabric ..... R 230

3. Blazer badges in black or navy, with crest embroidered in colour ..... R 100

## 4. Cuff-links):

4.1 Sterling silver crested (enquire about prices)

4.2 Baked enamel with crest in colour on cream, gold or navy background..... R 40

## 5. Lapel badges/brooches

Crest in colour, baked enamel on cream, gold or navy background ..... R 20

## 6. Key rings (black/brown leather) (enquire about prices):

Crest in colour, baked enamel on cream, gold or navy background..... R 40

## 7. Paper-weights (enquire about prices):

Nickel or gold plated, with gold-plated crest

## 8. Paper-knives (enquire about prices):

Silver plated, with gold-plated crest

## 9. Wall plaque (enquire about prices):

Crest in colour, on imbuia or oak

10. Purse in leather: with wildlife material inlay ..... R 300

11. *History of the CMSA* written by Dr Ian Huskisson ..... R 130

*R30 per item to be included with order to cover postage*





## OBITUARY: Ronald Tucker



The College of Medicine has lost one of its longest serving stars with the passing recently of Ronald Basil Kidger Tucker at the age of 85. Ron was born and bred in Johannesburg and at an early age demonstrated abilities of leadership. He matriculated first class at Germiston High, having won the Headmasters prize for good fellowship, in 1946. He then trained as a medical technologist at the South African Institute for Medical Research. In 1953 he was accepted as a mature student to enrol for Medicine at the University of the Witwatersrand. Here he showed his leadership qualities by being elected onto the Student Medical Council as early as his second year and became its vice-president in 1958. They in 1959 awarded him with the Cottrill Prize for academic achievement and meritorious service to the student body. He also served on the Rag Committee. He was awarded the Westdene Scholarship for Academic accomplishment twice in his last two year at University as well as the Noristan Award for all-round accomplishment. His successes were not all academic; he represented his university at squash as well as playing first league tennis.

During his student days he supplemented his income by working at night at the SAIMR, where he met the delightful Barbara Louw whom he married in 1957. She remained his loyal and compassionate supporter for the next 57 years. They have three son and a daughter all of whom have professional degrees.

He did his postgraduate training in Johannesburg and in 1963 received the FCP (SA). Thereafter he worked in the cardiac unit at the Johannesburg Hospital both as a registrar and thereafter. He was Secretary and later Chairman of the Johannesburg Cardiac Society. He also served as Secretary of the National body.

In 1968 he started what became a busy private practice and spent long hours caringly attending to the needs of cardiac patients. After a visit to Dr. Mason Sones in Cleveland he and

Dr. Monty Zion pioneered coronary angiography in Johannesburg. He is the author of over 40 papers and delivered many of these at international conferences. In 1997 he was awarded the prestigious Gold Medal of the University of the Witwatersrand on the occasion of the 75th Anniversary of the Medical School. It is an award instituted by the Council of the University to honour persons of outstanding distinction who have been important to the life of the University.

Ron also was CMO of two large insurance companies and Member of the S.A. Asbestos Board. He was Chairman of the International Medical Advisory Panel of the Asbestos International Association for twelve years.

His association with the College continued just two years after his FCP (SA) when he was co-opted to the College Council, joining two other private practitioners, who served the College for very many years. He was in fact on the College Council for an unbroken spell of 34 years and had two terms as Vice-President (1984 to 1992). The following year he was deservedly elected President. Early on in his College career he was appointed Mace Bearer and carried out this office with great dignity and diligence. Ron was also very active in the various College committees and sought after examiner for each set of exams. He also twice took time off from his busy private practice to go on a Medical Mission to neighbouring countries for the College.

His Presidency was during an eventful period in the College's history; he had been instrumental in getting a huge donation from Mrs Jane Engelhard to help fund the new College building in Johannesburg and during his term of office, the extension with the Phyllis Knocker Hall occurred and he remained Chairman of the House Committee supervising it all. During his Presidency he received Honorary Fellowships from the American College of Physicians, the Academy of Medicine of

Malaysia and Singapore and also from the Royal Colleges of Medicine of Australia, Ireland and London. Probably the two events he will have remembered most was that he presided over the ceremonies at which our two Nobel Peace Prize winners were admitted into Honorary Fellowship of our College.... President FW de Klerk in his last year as President of the country and President Nelson Mandela in his first year as President. Fittingly it was Ron's turn to be so honoured two years later.

We have indeed lost a hard-working, dedicated, dignified perfectionist contributor to our College history.

## CMSA DATABASE INFORMATION UPDATE

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

**Fax or e-mail updated particulars, to:**  
**Fax: (021) 685 3766 E-mail: members@colmedsa.co.za**

Name _____
(State whether Prof or Dr)
E-mail Address _____
Telephone (Work) _____
Facsimile _____
Telephone (Home) _____
Mobile _____
Identity Number _____
New Address (If Applicable) _____
_____
_____
_____ Postal Code _____
Information, required strictly for statistical and fundraising purposes:
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Race:</b> <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Coloured <input type="checkbox"/> White
<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed
<b>Abstained:</b> <input type="checkbox"/>