ceasa

THE CLINICAL ENGINEERING ASSOCIATION OF SOUTH AFRICA



WORD FROM THE PRESIDENT

Dear CEASA Members,

There are defining moments in the development of a profession when years of effort begin to produce visible progress. I believe 2026 is such a moment for Clinical Engineering in South Africa.

Professional recognition, stronger partnerships, record student interest, greater regulatory compliance and international participation are converging. Together, these developments reflect a profession that is becoming more visible, connected and prepared to take its rightful place within the healthcare system.

One of our most significant achievements has been the progress towards the professionalisation of Clinical Engineering. ECSA now recognises Biomedical and Clinical Engineering within its professional registration framework, and CEASA has worked closely with the ECSA working group, academic institutions and other stakeholders to develop the Discipline-Specific Training Guide.

This guide will provide pathways towards registration as a Professional Engineer, Engineering Technologist or Engineering Technician, as applicable to the discipline. The process is in its final stages, and we remain hopeful that Clinical Engineering professionals will begin registering through these pathways by the end of 2026, early 2027.

Inside:

- **Regional Feedback:** A look at what has happened in each region in the past year.
- **Global CE Day 2025:** Celebrating South African Clinical Engineers and our achievements
- **CEASA IN ACTION:** Report back from the various working groups on CEASA activities during the year.

WORD FROM THE PRESIDENT



HELEN POTGIETER
CEASA President

Professional registration is about more than a title. It represents demonstrated competence, ethical accountability and public trust. It will strengthen career pathways, formally recognise the responsibility carried by Clinical Engineering professionals and give our discipline a more credible voice in healthcare decision-making.

Recognition, however, brings responsibility. We must demonstrate through our conduct, competence and contribution why Clinical Engineering deserves its place within the recognised engineering professions.

Collaboration will be central to this next chapter. During the past year, CEASA has strengthened its relationships with professional associations, industry forums, academic institutions and healthcare stakeholders. At the 2026 SAFHE Conference, where I had the privilege of delivering a keynote address, the theme was “Synergy in Action: Shaping the Future of Healthcare Together.”

This message is particularly relevant to Clinical Engineering. We work at the intersection of engineering, clinical care, infrastructure, technology and management. Our ability to connect these disciplines is one of our greatest strengths.

In the coming year, we intend to build new partnerships and rekindle relationships that may have weakened over time. The challenges facing healthcare are too complex for any profession or organisation to address alone. By combining our knowledge, experience and influence, we can achieve far more than we could in isolation.

We are also encouraged that the number of students entering Clinical Engineering programmes has reached an all-time high. This growing interest demonstrates that more young people recognise the profession’s importance and the contribution they can make to healthcare.

This growth must be supported by quality education, relevant workplace experience, structured training and strong mentorship. These students are not simply future CEASA members; they will become the custodians of healthcare technology, patient safety and professional standards. The environment we create today will shape the Clinical Engineers they become tomorrow.

Quality and regulatory compliance remain equally important. Since ISO 13485 certification became a requirement within SAHPRA’s medical-device establishment licensing framework during the past year, we have seen increased attention to quality management systems across the medical-device industry.

Implementation remains a work in progress, but the improvement is encouraging. Quality must never be treated merely as a certificate, an audit requirement or a collection of procedures. It must be reflected in how risks are managed, complaints are investigated, products are traced, corrective actions are implemented and organisations respond when something goes wrong.

Behind every maintenance record, vigilance report, corrective action and quality procedure is a patient who depends on medical technology functioning safely and effectively. Patient safety should not be the final box we tick; it must be the first question we ask.

At our Global Clinical Engineering Day celebrations in October, we honoured outstanding CEASA members whose contributions are making a difference in our industry. Their achievements remind us that South African expertise, ingenuity and resilience can hold their own on the international stage.

As we look towards the year ahead, I encourage every CEASA member to consider how they can contribute. It may be through mentoring a student, sharing knowledge, improving a quality process, participating in a working group, reconnecting with a professional partner or speaking up when patient safety is at risk.

CEASA’s strength lies in its members—in the standards you uphold, the knowledge you share, the questions you ask and the commitment you bring to your work.

WORD FROM THE PRESIDENT

Thank you to our Council, branch committees, working groups, academic partners, industry partners and members for your continued contribution. Progress of this nature is never achieved by one person or organisation. It is built by people who share a vision and are prepared to work together to achieve it.

Let 2026 be remembered as the year in which professional recognition became responsibility, collaboration became action, quality became culture and growing student interest became a future we were ready to support.

Together, we can build a Clinical Engineering profession that is technically competent, ethically grounded, collaborative and unwavering in its commitment to patient care.

Let us not simply wait for the future of Clinical Engineering to arrive. We can build it together.

Warm regards,
Helen Potgieter

Let 2026 be remembered as the year in which professional recognition became responsibility, collaboration became action, quality became culture and growing student interest became a future we were ready to support."

HELEN POTGIETER



AGM FEEDBACK

The 2025 CEASA Annual General Meeting was held online on 26 November 2025. Members adopted the previous AGM minutes and reaffirmed the focus on follow through and delivering practical outcomes.

MEMBERSHIP & ADMINISTRATION

The meeting reviewed membership patterns across regions and agreed to strengthen member engagement and improve the accuracy of member contact details so that key communication reliably reaches the right people.

EDUCATION & TRAINING

The TUT Clinical Engineering programme and ongoing industry collaboration were discussed. The updated diploma structure includes six months of work integrated learning.
Potential curriculum additions (including hospital networks/IT, the internet of all medical & AI related topics) were suggested. Outreach through career day initiatives and webinars remains a priority.

PUBLIC RELATIONS & MARKETING

Global Clinical Engineering Day events, awards and feedback received from members were discussed and reviewed for incorporation into planning for future events.
It is encouraging to see the annual Global CE Day event gaining momentum across various platforms

FINANCE

The Association's overall financial position was reviewed, supported with audited financial statements. Focus areas were established for the new year.

PROFESSIONAL ALLIANCES

Continued engagement with partner bodies, progress toward clearer professional registration pathways, and ongoing efforts to restore/renew the association's ability to issue CPD points was discussed.

COMMUNICATIONS

A plan was discussed for the next CEASA newsletter, intended to share regional updates, working group progress, event highlights and educational content.

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GAUTENG BRANCH

A team of CEASA members attended the Career Day held at Cornwall College in Irene on the 20th of June 2025.

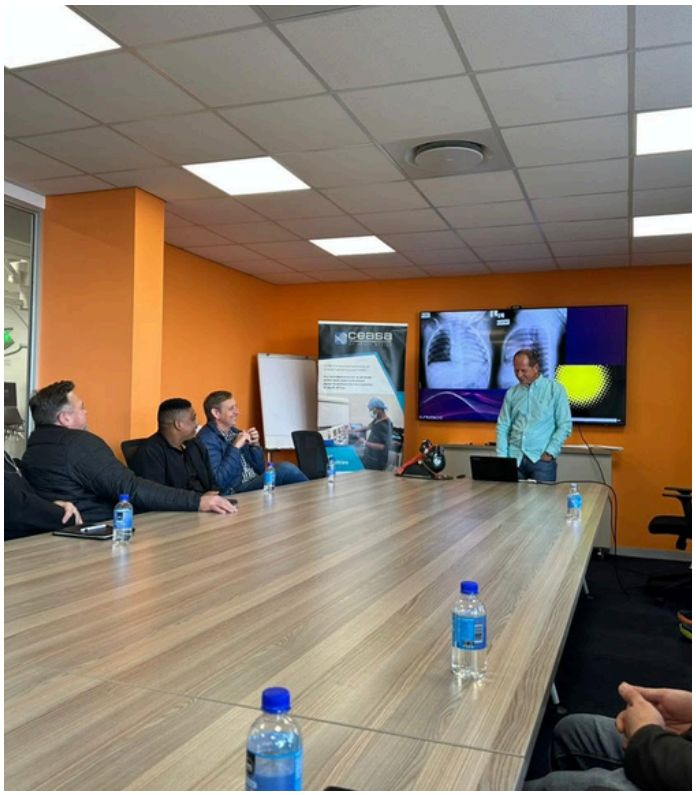
Helen Potgieter addressed an eager crowd of Grade 11 learners, enlightening them about the impactful and evolving field of Clinical/Biomedical Engineering. Through the team's interactions with the learners we were able to introduce clinical engineering as a career path, detailing the different paths available in the field and study options available in South Africa. It was also an opportunity to showcase the various devices clinical engineers are responsible for maintaining.



'The students' curiosity and engagement were truly inspiring; a reminder of how vital it is to expose young minds to careers in science and technology.'
Mérimé Ngabeu



'Learners were informed about tertiary institutions that offer clinical engineering courses and different career paths in the field.'
Seeko Mareletse



WESTERN CAPE BRANCH

Respiratory Care Africa hosted CEASA Western Cape's first in-person meeting since pre-Covid19 on Tuesday 5 August 2025. With stunning views over the Cape Town Metropole, Prof Pierre Goussard, pediatric pulmonologist from Tygerberg Hospital and Stellenbosch University, gave the 32 attendees a very insightful presentation on Interventional Bronchoscopy. After introducing the audience to the 13 methods of advanced diagnostic and therapeutic bronchoscopy in children, the discussion leaned towards the more modern, however expensive, methods to ensure less long-term trauma to the patient.

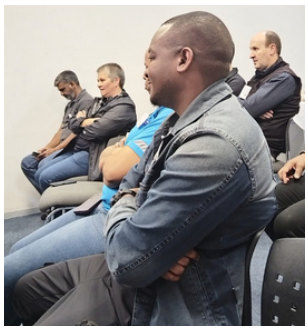
A clear point was made on the challenges of bronchoscopy interventions due to the extremely small working space and the restrictions of rigid scopes. However, Prof Goussard has been involved in groundbreaking interventions, many of which have been published, to successfully utilise rigid and flexible scopes to achieve success. Further technology advancements utilise EBUS, Fluoroscopy, CBCT and Cryotherapy.

Short video-clips during the presentation highlighted the challenges during the removal of foreign objects such as drawing pins, food, teeth and even Lego bricks from childrens' airways and lungs. The presentation not only addressed the removal of foreign bodies, but the successful treatment of TB, tumours and viral papillomata.

The evening closed off with some networking between local clinical engineers. Thank you to RCA for allowing us to host the meeting at their premises.

REGIONAL FEEDBACK (Western Cape Cont.)

Branch Meeting: 10 February 2025




Branch Meeting: 5 August 2025









Branch Meeting: 2 October 2025







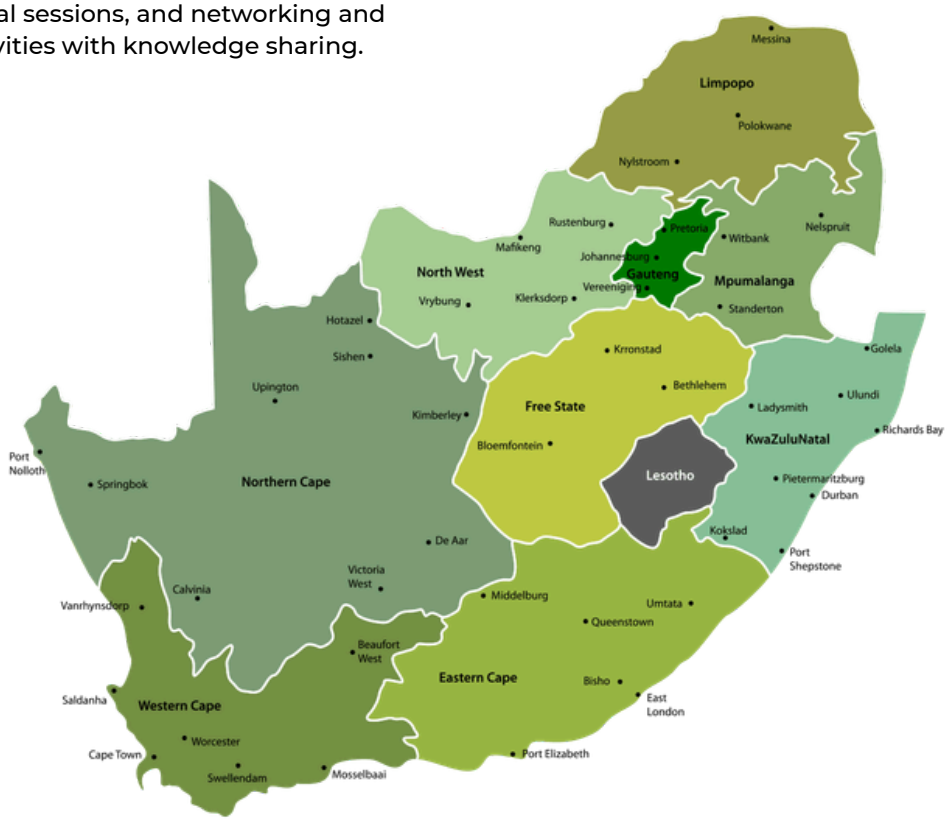
KZN BRANCH

The newly elected CEASA KZN Committee held their first in-person meeting on 20 August 2025. Vegan Naicker, the elected Chairperson, welcomed everyone to what was considered a fruitful and engaged session. The discussions were energized, interactive, and all those present committed to supporting the growth of CEASA membership in KZN and to plan at least four events in 2026. Suggestions of events included technical and educational sessions, and networking and social activities with knowledge sharing.

EASTERN CAPE BRANCH

CEASA Eastern Cape is still active and running, although we have been quiet. Unfortunately, since Covid a lot of members either relocated, became dormant, or became so busy that we had very little time to plan a meet and greet or get-together.

However, the Eastern Cape Committee members are currently working on a social meeting and hopefully it will encourage members to become more involved and participate with future planning and communication. The event date will be announced shortly and we look forward to meeting both familiar and new faces.



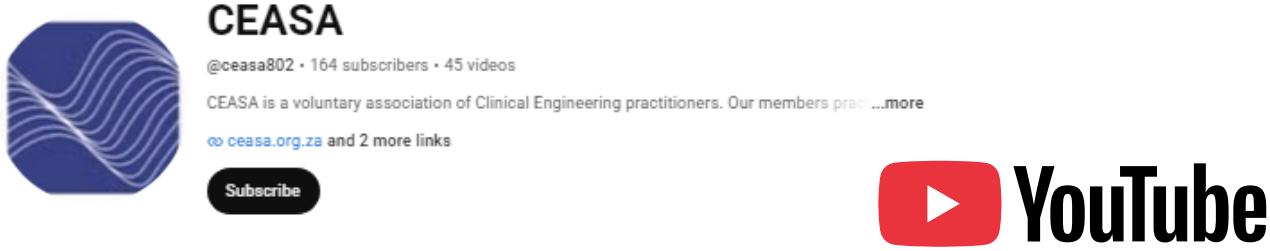
CEASA YOUTUBE CHANNEL

All of our online Webinars are posted on our YouTube channel for members to rewatch at leisure. Some videos are available exclusively to CEASA members. Contact the Admin office to arrange log-in access for member-only content.

Visit the CEASA Youtube channel at:

https://www.youtube.com/channel/UCTZNWqeVTgfZVhbJdsfuSdQ







REGIONAL FEEDBACK (Eastern Cape Cont.)

Newton Technical High School Career Day Expo

Written by Dirk Fourie

CEASA Eastern Cape was once again invited to participate in the annual Career Day Expo at Newton Technical High School, in Gqeberha, on the 25th of March 2026.

This year's event featured strong representation from several healthcare institutions, including Netcare Greenacres, Life St George's, East Cape X-Ray, RCA, Dräger, and Karl Storz. Each organisation showcased a range of medical equipment used across clinical environments.

A notable highlight was the sustained interest shown by scholars in the field of Clinical Engineering. Many learners were eager to understand how medical equipment is used in hospitals, often relating the displays to their own experiences as visitors or patients.

Having both male and female engineers at the CEASA stand enabled inclusive and meaningful engagement, with scholars asking insightful questions about topics such as international qualification recognition and remuneration levels. Some confusion between nursing, Clinical Engineering, and Clinical Technology was observed, offering valuable opportunities for clarification on how these professions intersect and support one another.

Interactions were highly productive and the level of curiosity and engagement suggested that the event successfully sparked interest in tertiary studies related to Clinical Engineering.

CEASA Eastern Cape extends sincere appreciation to the Principal, Mr Steynberg, and the Newton Technical High School staff for their warm welcome and continued support. We look forward to future opportunities to collaborate and inspire the next generation of clinical engineering professionals.













COUNCIL FOR SCIENTIFIC AND INDUSTRIAL RESEARCH WEBINAR

We had the privilege of hosting a webinar presented by the CSIR's (Council for Scientific and Industrial Research) Medical Device Research and Development Team on the 18th of February 2025.

Their team included of Jeremy Wallis (Impact Area Manager: Industrial Sensors), Pieter Roux (Principle Engineer, Centre for Robotics and Future Production), Manfred Scriba (Research Group Leader, Nano and Bio-Sensor Group), Amanda Skepu (Programme Manager, Human Diagnostic Platform) and Patience Mthunzi-Kufa (Research Group Leader, Bio-Photonics, Photonics Centre).

This webinar provided an overview of the CSIR and its role in strengthening the South Africa's medical technology sector through research, innovation, industry support and local manufacturing capability.

The session highlighted the importance of the medical device sector as a strategic contributor to economic growth, healthcare improvement, job creation, skills development and national competitiveness.

The CSIR detailed how it supports innovation across the medical device value chain through research and development, technical support, manufacturing enhancement, technology transfer and assistance to SMMEs.

South Africa remains one of the largest medical device markets in the Middle East and Africa region; however, the industry remains heavily dependent on imports, creating opportunities for domestic manufacturers.

Through initiatives such as the Medical Device Industry Support Initiative (MeDDIC), CSIR works to strengthen local capability and reduce reliance on imported healthcare technologies.

Several examples of the CSIR's current innovations and support programmes include:

Umbiflow, a point-of-care ultrasound system developed to assess fetal health and reduce stillbirth rates through affordable and accessible screening.

Cardiflo, which applies machine learning and ultrasound technology for cardiovascular disease risk assessment.

Robotics and Future Production initiatives, including robotic pharmacy dispensing systems, ventilator development, and digital manufacturing tools.

Nano-micro manufacturing technologies supporting the development of low-cost diagnostic devices using rapid prototyping and advanced manufacturing methods.

Human Diagnostic Platform technologies, focused on local rapid tests and molecular diagnostics for infectious diseases, kidney injury detection, and food safety.

Biophotonic and smartphone-enabled diagnostic solutions, designed to improve access to point-of-care disease detection while reducing costs and turnaround times.

Advanced materials and prosthetic manufacturing projects aimed at expanding local production and reducing import dependence.

The webinar also showcased CSIR's specialised facilities, including biosafety laboratories, testing infrastructure, and engineering capabilities that support both industry and research collaboration.

Overall, the session demonstrated CSIR's commitment to advancing South Africa's medical device ecosystem through innovation, localisation, industry partnerships, and the development of affordable healthcare technologies that improve patient outcomes and strengthen national healthcare resilience.

CSIR

Touching lives through innovation

CAREER DAYS

Raising Awareness – Promoting Clinical Engineering as a Career

In June 2025, CEASA had the pleasure of introducing the Grade 11 students of Cornwall Hill College in Centurion to the exciting, and often little-known-world of Clinical Engineering.

The presentation explored the different routes into the profession, from the traditional Clinical Engineering programme at Tshwane University of Technology (TUT) to pathways through other engineering disciplines, further training and practical experience.

We also highlighted the many directions a Clinical Engineering career can take, including technical specialisation in a particular technology or clinical field, management roles within the hospital environment, consulting, academia and quality management.

CEASA members representing hospitals, consulting practices, academic institutions and medical device companies shared their own career journeys and experiences with the students. Their stories gave the learners a practical glimpse into the varied and rewarding work of Clinical Engineering—and, hopefully, inspired a few future Clinical Engineers along the way!

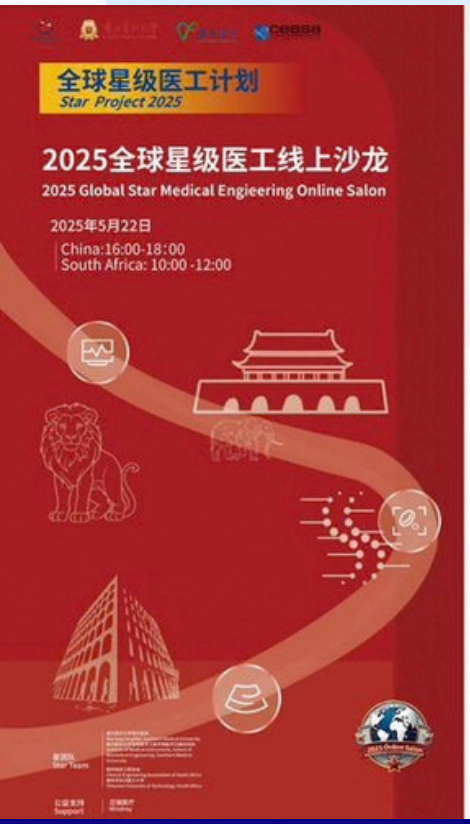


INTERNATIONAL COLLABORATION

The 2025 Global Star Medical Engineering Online Salon, a specialised virtual event, was held on 22 May, bringing together international clinical and biomedical engineering professionals from South Africa and China to celebrate field innovations, share institutional insights and discuss Healthcare Technology Management.

Guest speakers, speakers and guests of honour were all experienced professionals representing:

- Nanfang Hospital, Guangzhou, China
- Southern Medical University, Guangzhou, China
- Tshwane University of Technology, South Africa
- Clinical Engineering Association of South Africa (CEASA)







时间 Time	内容 Session	发言人/主持人 Speaker/Moderator
16:00-16:10 (CH) 10:00-10:10 (ZA)	开场介绍 Introduction	主持人(Jillian Li) Moderator
	嘉宾致辞 Opening Speak	翁卓 Anthony Weng
星团队:医学工程学科实践与经验分享 Star Team: Medical Engineering Practice and Sharing		
16:10 - 17:50 (CH) 10:10-11:50 (ZA)	电气工程科简介: 临床工程分科 Introduction to Department of Electrical Engineering: Clinical Engineering Subdiscipline	Thomas Olwal
	茨瓦内理工大学临床工程专业学生培训概况 Overview of Clinical Engineering Students' Training at Tshwane University of Technology	Tim Anton Okhai
	南方医科大学生物医学工程学院人员培养模式 Personnel Training Model of School of Biomedical Engineering, Southern Medical University	陈超敏 Chaomin Chen
	南非临床工程协会介绍与会员发展支持 Introduction to CEASA and Support for Member Development	Helen Potgieter
	医院临床工程师的人员培养与发展 Training and Development of Medical Engineering Personnel at Nanfang Hospital	陈宏文 Hongwen Chen
高峰对话 Star Talk		
17:50-18:20 (CH) 11:50-12:20 (ZA)	1.探索当前临床工程教育的挑战和进步 Exploring current challenges and advancements in clinical engineering education 2.讨论大学、医院、行业、协会在推动临床工程培训中的作用 Discussing the roles of universities, hospitals, industry, and associations in promoting training 3.讨论当前项目中的潜在差距以及通过国际合作弥合这些差距的方法 Identifying gaps in current programs and how international collaboration can help bridge them 4.联合研究、技术交流和学生实习的机会 Opportunities for joint research, technical exchange, and student internships	所有与会专家 All Attendees
18:20-18:30 (CH) 12:20-12:30 (ZA)	结束 Ending	主持人(Jillian Li) Moderator

TUT reinstates Clinical Engineering training centre at Steve Biko Academic Hospital

By Mosima Rafapa

The Tshwane University of Technology (TUT) and Steve Biko Academic Hospital (SBAH) signed a pivotal five-year Memorandum of Understanding (MoU) to re-establish a Clinical Engineering training centre at SBAH specifically for TUT students.

This agreement, signed on June 12 2025, ensures that eligible Clinical Engineering students from TUT's Faculty of Engineering and the Built Environment (FEBE) Department of Electrical Engineering (DEE) will have Work-Integrated Learning (WIL) opportunities at the hospital's training facility.

The MoU was signed at TUT's Pretoria Campus, and the event was attended by key figures:
Prof Ben van Wyk, Deputy Vice-Chancellor for Teaching, Learning and Technology;
Dr S.J. Jacobs, Assistant Dean for Special Projects and WIL at FEBE;
Prof Thomas Olwal, DEE Head; Timothy Okhai, CE Cluster Leader;
Dr Lehlohonolo Majake-Mogoba, CEO of SBAH, along with her delegates.

Additionally, Helen Potgieter, President of the Clinical Engineering Association of South Africa (CEASA), and Seeko Mareletse, Chairperson of the CEASA Gauteng Region, were present at the meeting.

TUT proudly maintains South Africa's only accredited Clinical Engineering programme. Although clinical engineering training at SBAH commenced in 1989, it became dormant in 2018 following the retirement of the full-time clinical engineering technician.

"The signing of this cooperation agreement represents a significant milestone for FEBE and DEE, especially for the Clinical Engineering training programme. It signifies the revival of the clinical engineering training centre at SBAH, which has been inactive for over seven years, during which no student training occurred. This had a considerable impact on the WIL programme of TUT students during these years," said TUT's Deputy Vice-Chancellor for Teaching, Learning and Technology, Prof Ben van Wyk.

Prof Van Wyk mentioned that TUT has appointed a new technician on a full-time basis. "This technician will manage the training centre, coordinate clinical engineering training courses, and oversee WIL programmes in the hospital, as well as ensure that authorised individuals properly utilise the facility," Prof Van Wyk added.

Dr Majake-Mogoba concurred, calling the agreement "more than a formal agreement", saying, "It is a shared vision for excellence, supported by Gauteng's health leadership."

"Today marks a pivotal moment in our ongoing commitment to education, innovation, and service. Through this partnership, we enhance our ability to train, mentor, and empower the next generation of healthcare professionals and technical specialists. These young minds will acquire invaluable hands-on experience, equipping them with the knowledge, skills, and integrity needed to serve with excellence," added Dr Majake-Mogoba on behalf of Gauteng Department of Health: SBAH, under the leadership of Member of the Executive Council Nomantu Nkomo-Ralehoko and HOD Lesiba Malotana.

Prof Olwal mentioned that the restored clinical training greatly enhances both graduation rates and sparks interest among students.
"Steve Biko Hospital has been incredibly supportive of our efforts at TUT, and the department is very thankful for their assistance. Our graduation rate has significantly improved whenever students complete a training programme. It is the only formal programme we offer nationally, so it would be appropriate for it to become a stand-alone qualification, no longer tied to the Electrical Engineering certificate," said Prof Olwal.

"The practical training for Work Integrated Learning relies heavily on what the industry can offer. Many companies hesitate to accept students lacking work experience, which makes it challenging to train and qualify our clinical engineers. Clinical engineers are in short supply nationwide, and we aim to spark more enthusiasm for this career path. We have made efforts to promote clinical engineering at the school level, but it is counterproductive when students enrol in programs and cannot complete the entire course. This is excellent news for us, as it opens up new opportunities for promotion," said Potgieter.

GAUTENG PROVINCIAL GOVERNMENT REPUBLIC OF SOUTH AFRICA
STEVE BIKO ACADEMIC HOSPITAL

Tshwane University of Technology
We empower people

Tribute to Gerald Koning



Gerald, like many of us, started his career in a state hospital environment in Durban (under CMTD), learning loads, enough to go out on his own and start his own private business. This covered service to his old clients, as well as rentals and set up of equipment for various urology procedures.

Before CEASA began, in 1996, task groups were formed around the country to develop career opportunities for clinical engineers and an academic course for the Pretoria Technikon. Gerald Koning and Rob Dickinson were the KZN representatives, two very experienced clinical engineers with their own companies. They will both be celebrated for the incredible contribution they made to the professional development of clinical engineering in South Africa.

Gerald eagerly assisted in the development of the experiential learning phase, which became a fully in-house training programme, in collaboration with hospitals and medical companies. This programme is accredited by ECSA today.
The Pretoria Technikon, now known as Tshwane University of Technology, still offers the Clinical Engineering programme and those who have completed their studies are taken up in the industry with great success.

Johan van Roon, one of the pioneering CEASA members, has fond memories of working together with Gerald, Rob Dickinson (also deceased) and Mladen Poluta to start the new CEASA learned society for members working as CE's in hospitals and healthcare companies across the country.

From the inception of CEASA in 1998 Gerald was part of the CEASA KZN management, and served on the National Council together with other folks like Rob Dickinson. Together they made numerous beneficial changes and the CEASA national training seminars at the time were mostly put together by Gerald and Rob. They were also the driving force in KZN that encouraged Johan Havenga's (CMTD) participation with CEASA.

Gerald was also the National Treasurer, and he made sure that CEASA had the correct registration and SARS documents in place, as an NPO. He kept immaculate records and his contribution is crucial to the integrity and transparency of CEASA as we know it.
From 2000 to 2011 Gerald was an active member of the working group that assisted ECSA in the development of unit standards for the MEM and Pr Techni Diploma certification together with Rob, Paolo Boschetti, Mladen and Johan, pushing for the registration of those with experience and not necessarily qualifications alone.

Gerald continued to serve as a regional committee member in KZN. Vegan Naicker met Gerald in the early 2000's at one of the regular CEASA Interest Talks. He found Gerald to be one of those 'old school' Clinical Engineers with a wealth of experience and knowledge who actively shared through presentations and discussions. 'Gerald from KZN' regularly called in to SAFM to participate in radio discussions, and hearing him on air, Vegan realised that Gerald had a wealth of knowledge that spanned beyond Clincal Engineering – his knowledge of history and politics was quite impressive too!

Gerald passed away on 23 October 2025. He will be remembered as an honest, friendly and knowledgeable man - and for his incredible contribution to the professional development of CE in SA. Gerald has posthumously been awarded Honourary CEASA Membership.

'Gerald will be remembered for his incredible contribution to the professional development of CE in SA. I salute him!'
Johan van Roon

Gerald, was an honest, awesome guy, who became a great friend and we stayed in touch for many years, even after he moved to Australia. He gave so much to our industry, often at his own expense. He will be truly missed.
Paolo Boschetti

Gerald always seemed to bring the torch to the table, lighting up the dark areas with fun and laughter, so much so that when he was mad, you would see it immediately. He wore his heart on his sleeve. He always had a friendly and happy smile, laughing at everything around him.
Phill Wilmot

Gerald was a true gentleman and an authentic human being; I am privileged to have known and worked with him.
Vegan Naicker

What a loss! I worked with Gerald on many occasions. Gone too soon, Gerald, but at least your battle is over. Prayers with family and friends.
Mladen Poluta

GLOBAL CLINICAL ENGINEERING DAY

The Global CE Day celebration was the highlight of the 2025 CEASA calendar—an opportunity to celebrate our profession as part of the international clinical engineering community, recognise achievement and reflect on the people behind the technology. CEASA's celebrations took place on 29 October 2025, with a programme combining professional insights, practical advice, discussion and recognition of excellence.

In-person meetings were held in Johannesburg, Cape Town and Durban, where local clinical engineers could connect and celebrate together, while an online meeting was facilitated for those unable to attend in person.

The event's keynote speaker, Riaan van der Watt, delivered a fitting message titled 'Clinical Engineering: Yesterday, Today and Tomorrow', bringing a well-rounded perspective of past, current and future, shaped by a health technology career dating back to 1995.

Having served as a hospital engineer, clinical engineer and group technical manager across two of South Africa's largest private hospital groups, Riaan both experienced and helped shape the development of the Clinical Engineering profession. Drawing on his experience, he recalled establishing clinical engineering capacity in the public sector during the early 1990s, followed by the development of clinical engineering services across private hospital groups.

His account offered a reminder of the work involved in establishing services that later became part of everyday hospital operations. Looking at the profession today, he highlighted the breadth of clinical engineering careers: hospital operations, supplier support, commissioning, maintenance, regulatory compliance, design and consulting. His examples showed how clinical engineering knowledge can contribute far beyond the workshop, including hospital planning, procurement advice and quality management.

An important part of Riaan's message centred around the individual CE practitioner's ability to develop self-awareness, empathy, emotional regulation



and curiosity. Understanding one's own reactions, communicating clearly and appreciating the perspective of others, were central to his advice on working with and leading others.

The keynote was followed by a live Question-and-Answer session with Riaan across the various platforms. Questions from the in-person venues as well as online participants raised issues relevant to both experienced practitioners and those beginning their careers.

Riaan's closing encouragement, "Your story is still unfolding!", provided a fitting closing message for the occasion. Whether newly entering the CE profession, developing a specialisation, leading a team or exploring a new direction, there is still room for each one of us to learn and contribute!

The highlight of the evening across all platforms was the much-anticipated reveal of the 2025 Global CE Day competition winners, where it was practically 'raining' tablets! Winners were announced in each of the award categories and winning candidates in attendance at the in-person venues were presented with their awards in recognition of their outstanding contributions in the categories of CE students, CE Mentorships and CE professionals of the year. The grand prize associated with both the CE Leadership and Young CE Professional of the Year Awards were valued at a whopping R10,000 each!

The announcing and presenting of the awards signaled the end of the hybrid meeting format and closure of the online meeting, followed by local celebrations continuing at the in-person venues.

Thank you to Riaan, our facilitator and panelists, the organising teams, and everyone who participated in the celebration. As we celebrate how far clinical engineering has come, let us remain curious, support one another and take an active part in shaping what comes next.

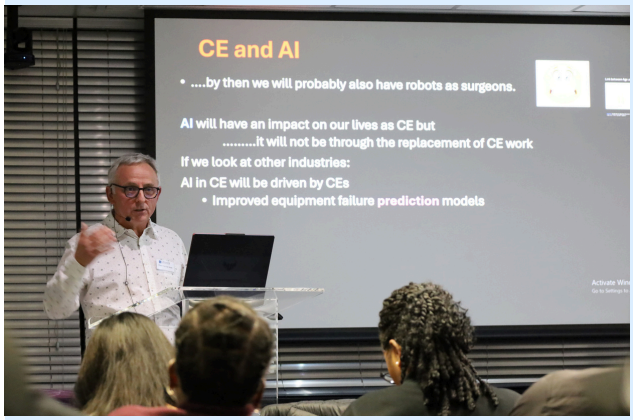
GLOBAL CLINICAL ENGINEERING DAY (Cont.)

Celebrations in Gauteng

A large and vibrant group of clinical engineering professionals, together with a contingent of clinical engineering students from Tshwane University of Technology (TUT) gathered with great enthusiasm at the Medtronic offices in Midrand to celebrate Global CE day.

The key note message, Q and A session and awarding of the Global CE Day competition prizes was followed with a local panel discussion facilitated by CEASA President, Helen Potgieter.

The distinguished panel consisted of seasoned CE professionals: Niel Steinmann, Lufuno Tshivhase, Louis van Rensburg, Mohamed Bera and Timothy Okhai. Following the formal segment of the evening, delegates caught up and connected over refreshments, bringing the celebration to a successful close, with much fun had by all as part of a truly engaging and inspiring event.

















GLOBAL CLINICAL ENGINEERING DAY (Cont.)

Celebrations in Gauteng (cont.)








Celebrations in Kwa-Zulu Natal

The KZN Committee arranged an in-person meeting,, hosted by Lenmed Ethekwini Hospital and Heart Centre in their Boardroom, where members could watch the online meeting together.

This was also where CEASA KZN Committee member Lungelo Manyathi conducted his duty as the online host from. The event was enjoyed by all attendees and the evening concluded with a catchup session over snacks and beverages.





GLOBAL CLINICAL ENGINEERING DAY (Cont.)

Celebrations in Cape Town

The Western Cape celebrations took place at the KARL STORZ Offices in Woodstock. The event was very well attended with guests receiving a warm Global Clinical Engineering Day welcome of light snacks and coffee.

After the hybrid meeting segments, a live panel discussion was facilitated by Kortes Strauss, who posed several questions to Mr. Karel van der Merwe (Deputy Director: Health Technology Operations) from the Provincial Government of the Western Cape and Mr van Heerden Fourie (Technical Operations Cyber Security Specialist) from the Mediclinic Group, both experts in the field of Clinical Engineering.

TThe questions, answered in great detail by the panel members, were:

- What you do at the moment, and what was your career journey to get where you are?
- What does your typical workday look like?
- What type of skills are important to do what you do, and for clinical engineers in general?
- What lessons have you learnt on your career journey?
- What role do you think could AI play in the clinical engineering field in the future?

The event ended with a time of socialising and meaningful connection over refreshments and finger foods.





> “It was truly a wonderful event, a true celebration of our industry and a reminder of how meaningful the work we do every day really is.”
>
> Kortes Strauss

SPOTLIGHT ON KEYNOTE SPEAKER: RIAAN VAN DER WATT

Riaan van der Watt is a seasoned professional in the Health Technology field, with a career spanning over three decades since 1995.

He has held key technical and leadership roles across two of South Africa's largest private hospital groups, serving as a hospital engineer, clinical engineer, and group technical manager. He has founded two independent consultancies specialising in Clinical Engineering and Health Technology Management.



Riaan was stationed at 1 Military Hospital in Voortrekkerhoogte, Tshwane during his military service in 1993. He found that It had a fully functional Clinical Engineering Department with about 8-10 clinical engineers.In February 1995 he joined Afrox Healthcare (today's Life Healthcare).

As Hospital Engineer at Head Office, he was responsible for air conditioning, medical gas and electrical installations. He wondered why there was no Clinical Engineering Department and asked who was looking after the medical equipment. Later that year they appointed their first CE, Laro Fourie, and the second CE in February 1996, Retief van Niekerk. By the time he left in 1999 they had CE coverage in all 28 Afrox Hospitals.

In May 1999 he moved to Netcare, who were busy integrating Clinic Holding Group and their 27 hospitals that were bought in 1998. His first focus was Y2K and the "Y2K bug", and thereafter establishing a Clinical Engineering Department at each hospital. When he left in 2007 they had CE coverage for each of the 44 hospitals in the group.
In 2007, he founded Rho Consulting, and later REAF Consulting

Riaan holds a B.Eng in Mechanical Engineering, a B.Eng. Honours in Biomedical Engineering, and a Master's degree in Engineering Management — all from the University of Pretoria. He has been an active CEASA member since its inception and was National President in 2003/4.



HELEN POTGIETER INTERVIEWS RIAAN

Riaan, what was your career journey — how did you enter the field of Clinical Engineering and what motivated you to stay in it?

I was advised as a 16-year old, by a career counselor to pursue Biomedical Engineering – at that time I didn't know that anything like that existed. But as I started reading and learning about it, I realised this was what I wanted to do. I did a B.Eng (Mechanical), and then a B.Eng. Honors(Biomedical) at Pretoria University.
My first Job in healthcare was as Hospital Engineer at Afrox Healthcare Head Office, then at Netcare, first as clinical engineer, then later as Group Technical Manager. I founded Rho Consulting, and later REAF Consulting in 2007.
My motivation is that the work and our world always remain a challenge. I love using my knowledge and skill to contribute to the delivery of quality healthcare. Seeing a project through, starting from a flat piece of earth to the treatment of the first patient in the hospital that was built on that piece of earth, is incredibly rewarding.

What technical, managerial, and interpersonal skills do you believe are essential to succeed in your current role, and how have these evolved over time?

I am not going to pronounce on technical skills because you all know those. From a managerial perspective, I believe authenticity which comes from self-awareness and empathy is what is required. This applies to your interpersonal interactions as well. Don't be a fraud.

Looking back, what is the most valuable lesson(s) you've learned — perhaps even the hard one — that have shaped your professional outlook?

Stay calm. Never send a communication in anger. Write it, park it, read and amend it again after 30min or more, and then send it.

Global CE DAY CELEBRATIONS: HELEN POTGIETER INTERVIEWS RIAAN (Cont.)

What does a "typical day" in your professional life look like, and how does it differ from what people think Clinical Engineers do?

Having been in consulting for the last 18 years, I am sure my day is quite different from what people think. It is never the same. I might wake up at 4:30 to catch the 6:15 flight to a site meeting, or I can spend the day at my home office working on the requirements for a new hospital development. No two days are ever the same.

How do you see artificial intelligence, data analytics, and digital health transforming the work of Clinical Engineers in the next decade?

Since much of the traditional CE activities are "physical"(using your hands) rather than "virtual", I think the initial impact will be small. CE will develop AI tools to improve equipment failure prediction for example. But in general, AI will increase the reliance on technology and until we have autonomous robots looking after the machinery, CE activity and application will increase.

Riaan, from your perspective, how has the role and recognition of Clinical Engineering changed in South Africa over the past 30 years — and what milestones stand out for you personally?
I think the now almost universal presence of CE's in every hospital in SA is in itself an achievement. I am sure we would all prefer even more recognition, but today it is considered negligent for a hospital manager not to have CE representation as part of his operational team.

Clinical Engineering often intersects healthcare management, IT, and procurement. How can better collaboration between these disciplines improve patient outcomes and operational efficiency?
This is a question of corporate culture. If an entity operates as a group of isolated autonomous parcels, no amount of lobbying for your voice to be heard will help. If the environment values openness and collaboration, then all you need as a CE is to step-up, do your best and prove to management that it was a good idea to include you in the discussion.

What advice would you give to young professionals entering the field today — and how can associations like CEASA better prepare the next generation for the healthcare challenges ahead?
As time goes by, the rate of change of everything around us increases. Therefore, you need to study and keep on studying to make sure that you are not left behind. Follow you interests and expand your skills set: Networks, coding, AI, etc. There is no limit, you just need to be curious and apply your mind.

As for CEASA:

I think CEASA is doing a sterling job: frequent and interesting subject matter seminars, a platform for CEs to meet and exchange ideas. Just keep on doing it!!

RIAAN ANSWERS QUESTIONS POSED BY ATTENDEES DURING GLOBAL CE DAY CELEBRATIONS

Riaan, what advice would you give young professionals entering the clinical engineering field today and how can associations like CEASA help better prepare next generation?
(Western Cape Attendee)
Firstly, we are in the process of getting Clinical Engineering registered as a sub-category at ECSA in order to give Clinical Engineers in the industry the opportunity to have professional registration and recognition. CEASA will provide assistance with this registration process and also provide CPD points, to maintain the registration by offering training programmes and Clinical Engineering subject streams at expos and webinars.

If public hospitals were previously quite advanced in clinical engineering developments, what made the public sector deteriorate? And also what are we going to do with the growth gap in public hospitals? (Molatelo Kekana)
I don't think CE in the public sector has necessarily deteriorated, but they have not kept up to speed with developments in the private sector. Therefore, the private sector has leapfrogged in terms of clinical engineering. Furthermore, the overall deterioration of facilities in the public sector has made it near impossible for CEs to deliver excellent service. So, I would say it is more of a symptom of the public health system in disarray than the CE in public service that has slipped.

What would be the best way to make an informed decision about the number of clinical engineering technicians needed in a hospital? (Zimasa Jabane)
I think your best indicator is technology density.
What I mean is a:
·500 bed hospital with 3 theatres and 10 ICU beds that mostly delivers medical services will have a lower technology density than a
·200-bed hospital with 8 theatres and 40 ICU beds and mostly delivers surgical services.
So you need to look a the asset base, as that determines the work load. I don't have a universal formula to calculate the number of technicians needed as it depends on too many variables. But you are welcome to contact me and we can discuss your situations.

GLOBAL CLINICAL ENGINEERING DAY COMPETITION 2026

Competition Winners

The Global CE Day Celebrations also provided the opportunity to announce the 2025 Global CE Competition Winners.

Warm congratulations to all our award recipients. These awards celebrate achievement at different stages of a clinical engineering career, while recognising the importance of leadership and the commitment to helping others grow.





CE Leadership Award

Mr Merime Ngabeu

Prize

CEASA Softshell Jacket

Tablet or equivalent voucher (value: R10 000)



Young CE Professional of the Year

Mr Itumeleng Ntsuba

Prize

CEASA Softshell Jacket

Tablet or equivalent voucher (value: R10 000)

MENTORSHIP OF THE YEAR

Mentor

Mr Merime Ngabeu



Prize

CEASA Softshell Jacket

Tablet or equivalent voucher (value: R7 500)



CE Student of the Year

First prize: Miss Amukelani Ngoveni

Prize

CEASA Softshell Jacket

Bluetooth speaker/Earbuds

1 year Associate CEASA Membership

Mentee

Mr Ulrich Kenton Nya Kengmo



Prize

CEASA Softshell Jacket

Tablet or equivalent voucher (value: R7 500)



CE Student of the Year

Runner-up: Miss Gugulethu Nkabinde

Prize

CEASA Softshell Jacket

1 year Associate CEASA Membership

LOCAL AND INTERNATIONAL PARTNERSHIP UPDATE

CEASA continues to build relationships with local, regional, and international organisations that influence the future of clinical engineering. These relationships are not only about visibility. They are about access, professional recognition, training, collaboration, and making sure South African clinical engineers are part of the wider global conversation.

The South African Federation of Healthcare Engineering (SAFHE)

CEASA continues to maintain a constructive relationship with SAFHE and the wider healthcare engineering community. The successful hosting of the IFHE Conference in Cape Town showed the strength of South Africa's healthcare engineering network and created a useful platform for local and international engagement.

Is it active?
Yes. The SAFHE 2026 Conference took place in Cape Town from 9–10 June 2026 at CTICC 2. The conference theme was 'Synergy in Action: Shaping the Future of Healthcare Together', with the tagline 'Innovating Healthcare Through Collaboration'. The programme included themes such as AI-enabled healthcare facilities, smart systems, sustainability, cybersecurity, asset management, patient-centred design, water security, and collaborative delivery models.

Where are we standing?
CEASA remains aligned with SAFHE where clinical engineering and hospital engineering overlap. The 2026 conference was especially relevant to CEASA members because it included clinical engineers, medical device professionals, healthcare engineers, architects, planners, facilities teams, and healthcare leaders. It provided a practical platform for shared learning around healthcare infrastructure, asset management, technology risk, and sustainable facility design. CEASA's President, Helen Potgieter, and fellow-member James Herbert were both keynote speakers at the conference. Conference resources, including presentations, are available online.

Engineering Council of South Africa

This remains one of CEASA's most important local professional relationships. CEASA continues to work with the Department of Health and other aligned stakeholders to pursue formal recognition of Clinical Engineering and Biomedical Engineering within the ECSA registration framework.

Is it active?
Yes. ECSA has continued its IDoEW roadshows and engagements around the Identification of Engineering Work Framework. A dedicated team involving the Department of Health and CEASA has also begun work towards the formal recognition of Clinical and Biomedical Engineering as a distinct ECSA-recognised discipline.

Where are we standing?
The process is ongoing. CEASA is actively involved in supporting the recognition pathway. The next major step is the preparation and submission of the formal recognition application. ECSA has also launched its self-service portal to improve the registration process and service delivery for members.

IFMBE – Clinical Engineering Division (CED)

CEASA remains connected to the international clinical engineering community through IFMBE-CED and related regional structures. The IFMBE structure has changed, and this creates a new opportunity for African clinical engineers to participate more clearly in global discussions.

Is it active?

Yes. IFMBE-CED continues to run global initiatives, including working groups, Women in Clinical Engineering initiatives, awards programmes, and clinical engineering innovation activities. IFMBE has also restructured its regional model. Africa is now recognised as a region, and the previous Africa Working Group was formally closed following the last World Congress.

Where are we standing?

Africa now has clearer regional representation. A new Lower- and Middle-Income Countries Working Group has also been established, covering Africa and other LMIC regions. The group has elected our own Helen Potgieter as Secretary.

For CEASA, this means the relationship remains important and active, but it now sits within a changing international structure. CEASA members should watch this space, as these structures may create new opportunities for representation, participation, and collaboration.

Global Clinical Engineering Alliance (Global CEA)

This relationship is active and strategically important. Global CEA is an international not-for-profit organisation representing clinical engineering worldwide and guiding the profession's global development.

Is it active?

Yes. CEASA is a member of Global CEA and is represented in the Global Clinical Engineering forum. CEASA also has strong historical and current links to Global CEA, with Mladen Poluta being one of its founding members and Mohamed Bera serving on the Healthcare Technology Foundation committee.

Where are we standing?

CEASA is well positioned in this relationship. Global CEA has delivered major global projects including ICEHTMC, the Global CE Summit, the Global Clinical Engineering Journal, WHO-related innovation work, global awards, and education platforms. It also continues to expand its global network, with more than 25,000 clinical engineering professionals affiliated worldwide.

CEASA's EXCO member Tim Okhai presented a paper at the last ICEHTMC conference in Shenzhen China.

American College of Clinical Engineering (ACCE)

CEASA's relationship with ACCE remains valuable and practical. ACCE is a professional organisation that promotes the advancement of clinical engineering worldwide.

Is it active?
Yes. CEASA has a collaboration relationship with ACCE. Through this relationship, CEASA members can access ACCE resources, training opportunities, webinars, and professional development material.

Where are we standing?
The relationship provides direct member value. CEASA members may benefit from access to ACCE material and activities, often free of charge or at discounted rates. ACCE also regularly assists CEASA with speakers for member meetings and supports collaboration between national clinical engineering organisations.

South African Medical Device Industry Association (SAMED)

CEASA maintains active engagement with SAMED, particularly around best practice, quality assurance, and ethical procurement of medical devices.
Is it active?
Yes. The relationship remains relevant where clinical engineering intersects with medical device suppliers, procurement standards, regulatory expectations, and responsible industry conduct.
Where are we standing?
CEASA's engagement with SAMED supports a more integrated approach between users, regulators, and industry partners. This is important for improving procurement quality, supporting ethical engagement, and strengthening the role of clinical engineers in medical device decision-making.

South African Health Products Regulatory Authority (SAHPRA)

CEASA continues to recognise SAHPRA as a key stakeholder in the regulation and safe use of medical equipment in South Africa.
Is it active?
Yes. CEASA's engagement with SAHPRA remains important for keeping clinical engineers informed and involved in regulatory developments that affect medical equipment.
Where are we standing?
The focus remains on compliance, risk reduction, and national standardisation. Clinical engineers have an important role to play in ensuring medical equipment is safe, compliant, maintained, and used appropriately. CEASA will continue to support dialogue that strengthens this role.

CLOSING NOTE

The overall picture is positive. CEASA's relationships are active, but they are at different levels of maturity. Some are focused on professional recognition, some on education and global collaboration, and others on regulation, procurement, and industry engagement.

The important point for members is this: CEASA is not standing outside these conversations. CEASA is present, engaged, and working to ensure that clinical engineering in South Africa is recognised, represented, and connected to both local and global developments.

Individual Membership

Full Membership

Full voting membership is available to practicing Clinical Engineering professionals who have a minimum of two years of verified work experience in Clinical Engineering within South Africa.

The current annual fee for Full Membership is R310. Retired members (aged 60 and above) pay R50 per year.

Membership is valid from 1 January to 31 December.

You can apply online or download a printable application form to complete and submit at a later stage.

Associate Membership

Associate membership (non-voting) is open to individuals with an interest in Clinical Engineering who are not practicing professionals. This category is suitable for students and those with less than the required two years of experience. Members can later apply to upgrade to Full Membership once eligible.

The annual fee for Associate Membership is R280, and membership runs from 1 January to 31 December. Associate members receive an official Associate Membership Letter.

Applications can be completed online or by downloading and submitting a printed form.

Honourary Membership

CEASA awards Honorary Membership to individuals in recognition of the significant contribution they have made to the organisation or for the achievement of notable success in their field of work.

A lifetime membership is awarded and the annual membership fee is waived. Honourary Members' name are listed on the CEASA webpage and their names remain on this page in remembrance.

CEASA council reviews the nominations for Honorary Membership at the annual general meeting (AGM).

REAF consulting

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For over 20 years, REAF Consulting has provided independent expertise in Clinical Engineering and Quality Management Systems. With no affiliation to medical device suppliers, our qualified specialists deliver unbiased audits, advice and recommendations in our clients' best interests.



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Professional insight. Practical solutions. Trusted support.

Corporate Membership

Gold Corporate Membership

CEASA offers a premium corporate package known as Gold Corporate Membership. This option is designed for organisations involved in healthcare technology and promotes the development and membership of their Clinical Engineering staff within CEASA.

Further details about this package are available upon request.

Please contact the Administrator for pricing and additional information. Membership is valid from 1 January to 31 December.

Applications can be submitted online or via a downloadable form.

Corporate Membership

Corporate membership is available to companies and healthcare institutions that employ Clinical Engineering professionals.

Corporate members benefit from having their organisations listed with direct website links and are permitted to use the official CEASA Corporate Member logo responsibly.

For pricing and more information, please contact the Administrator. Membership is valid from 1 January to 31 December.

Applications can be made online or by submitting a completed printable form.

International Membership

International Membership is intended **for applicants living and working outside Africa** who have an interest in Clinical Engineering but are not practicing professionals. Students and individuals with less than two years of relevant experience are encouraged to apply under this category.

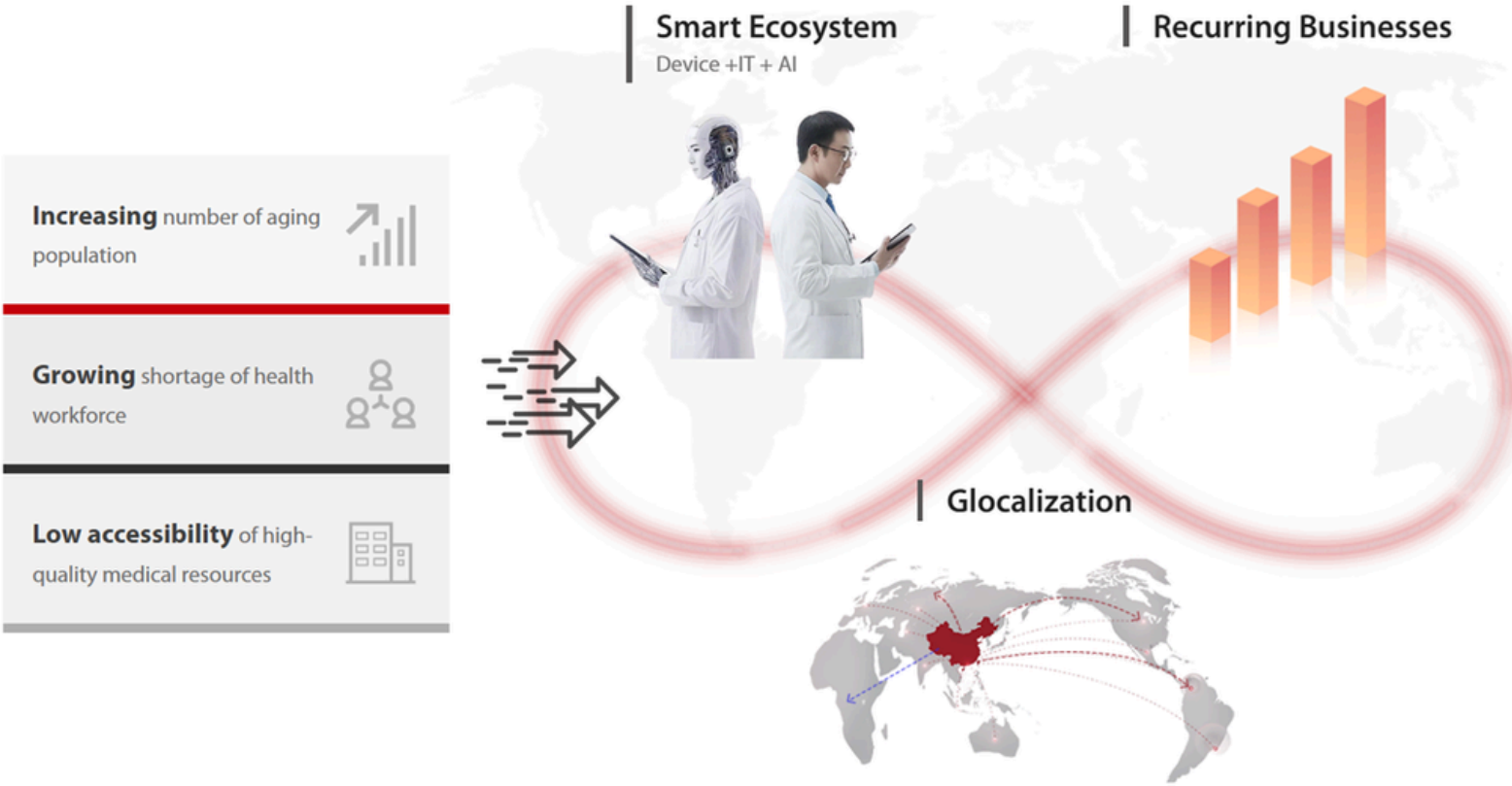
The annual fee is USD 20. Membership is valid from 1 January to 31 December.

You may apply online or download a form to complete and submit later.

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Surviving a nightmare: One woman's harrowing journey through captivity

On 28 November 2025, kidnap survivor Monique Strydom delivered a poignant keynote address at the CEASA year-end training event, recounting a harrowing experience that would change her life forever. What began as a dream diving trip soon spiraled into a tale of survival, fear, and the strength of the human spirit.



Soon after Strydom and her husband Callie arrived at the Malaysian island of Sipadan, their serene escape transformed into a nightmare when a group of armed men stormed their resort.
“He had a rifle in his hand and banged it on the table,” Strydom recounted. “He shouted, ‘Police illegal immigrants,’ and I initially thought he was a pirate.”
The couple were among 10 tourists and 11 resort workers who were kidnapped from a diving resort and held hostage by Abu Sayyaf militants on the Philippines island of Jolo in 2000.

Despite having previously faced an armed robbery in Johannesburg, Strydom found herself trapped in a situation that felt surreal.
“Time started slowing down,” Strydom shared. “Seconds became minutes, minutes became hours, hours became days and days become months, and eventually, we realised we were in for 127 days of terror.”

Onboard a boat, leaving the island behind, Strydom recalls the chilling moment of realisation. “I sat there looking back, watching the lights disappear and facing a dark, open ocean. We travelled about 300 kilometres through a tropical cyclone, fearing we’d become just another story lost to the waves.”

“They were extremists, a ruthless group,” she continued. “These young rebels wanted to take our freedom and losing that was more harrowing than any physical torment.”
In the grip of their captivity, Strydom and her companions faced grim conditions, being deprived of food and sleep, all part of an effort by their captors to break their spirits.

Yet, amid the despair, a slow ember of resilience began to glow. Parcels from home brought unexpected solace. One particular package contained Viktor Frankl’s book, Man’s Search for Meaning.
“That book became a lifeline. The last freedom no man can steal from you is the freedom of attitude”.

The stark reality of their ordeal culminated on 2 May, Strydom's sister's birthday - a date forever etched in her memory by the smell of fear that lingered in the air during a military shootout against their captors.

“South Africans tend to minimise our trauma. We face it every day,” she expressed firmly. Yet, within this trauma lies a powerful lesson. We walked out of there as strong, resilient people.”

Strydom shared one final thought with the audience: “A single grain of rice can tip the scales. One man can make a difference between victory and defeat.”



Guest Speaker: Monique Strydom

YEAR END TRAINING EVENT (WESTERN CAPE) (CONT.)


















YEAR END TRAINING EVENT (WESTERN CAPE) (CONT.)






















Farewell to Van Heerden Fourie

In July 2026 Van Heerden Fourie and his family travelled to Australia to embark on a new adventure together. He described the move as 'bittersweet' - on the one hand there is the excitement of a new season, with countless new experiences and possibilities in store, and on the other hand, there is the difficult task of leaving the most beautiful country and saying goodbye to its wonderful people.

To say that Van Heerden has made a huge impact in the South African clinical engineering realm would be an understatement. He is particularly well-known in the Western Cape, where he has worked within the clinical engineering and technical management environment for Mediclinic, and is highly respected by fellow professionals and CEASA members. Van Heerden is a team-player at heart and always finds ways to encourage others while freely sharing the skills and knowledge he has acquired over the years. Those who got to know him personally acknowledge that he is not only a successful professional, but even more so, a successful father and husband and a loving, caring family man.

For many years Van Heerden has shown great dedication to CEASA. His involvement has been greatly valued; not only in his official capacity, but also through the knowledge, guidance and personal integrity he has consistently brought to the Association.



His long-standing commitment and service have been both on a provincial and national level, as he served in various capacities on the Western Cape Committee, including as Chairperson from 2018, and on the National Executive Committee for many years. He was also CEASA President from 2020 – 2022.

Van Heerden, you leave with our sincere gratitude and very best wishes for the journey ahead. We are grateful for your consistent leadership in CEASA, your presence and input will certainly be missed. May you and your family enjoy nothing but success, happiness, and fulfillment as you begin this exciting new chapter. May your new journey bring you every opportunity and joy that you deserve.

In recognition of Van Heerden's long-standing commitment and service to CEASA he has been awarded Honourary Membership.

Application for Individual and Corporate Memberships can be made via our website.

https://www.ceasa.org.za/ceasa-national-membership-options-application-forms/

REGIONAL CHAIRPERSONS

Eastern Cape: Dirk Fourie
Gauteng: Seeko Mareletse
Kwazulu Natal: Vegan Naicker
Western Cape: Karel vd Merwe