

REFLECTIONS FROM SA HEART 2008

One has heard a number of varying comments on SAHA 2008 Congress. This forced me to evaluate my own experience at the congress. Why would anybody want to attend this congress? What is the mission / purpose of a congress? Most importantly why would one not attend? It's probably easier to answer the "not" questions.

The congress is not a crash course in cardiology although you'll certainly learn a lot. It is not only entertainment – although some aspects and lectures / talks might be. It is not only a holiday – although the venue may play a role in one's decision to attend. It is not an occasion organised only for you. If this is what you are looking for – do not attend as you will certainly be disappointed.

Each congress has a main theme. This year "Wild at Heart in Africa" reflects the attitude towards heart disease. Our recent contact with cardiology in Africa through PASCAR was reflected in the number of African delegates many of whom also actively participated in the program. This was also reflected in the topics chosen.

If you attend the congress to renew old acquaintances and contacts and build new one; to contribute your experience and knowledge to the benefit of your colleagues; to participate in discussions and maybe to find solutions for your queries; to be part of the most important meeting of your society even if driven only by loyalty, you would certainly have found this meeting well worthwhile.

The main success of this year's meeting was getting colleagues in the rest of Africa involved, organising an excellent paediatric, surgical and nurses program apart from the main plenary sessions and having great fun at the gala dinner.

At the AGM the various reports highlighted the activities of your society. It is clear that many of your colleagues put in many hours of their valuable time to make this congress possible, and, even more important, help to make it possible for you to continue practicing cardiology efficiently and at the same time earn the means of making living. Are there any shortcomings, failures, unattainable goals? Probably yes. To improve that, become involved: contribute, attend, criticise with a solution, talk / discuss and, most importantly, then apply. If you have not been involved, start by visiting SAHA's and the other group's websites: www.saheart.org, www.cassa.co.za, www.hefssa.co.za, www.sasci.co.za; read the various reports; read SA Heart Journal; participate in the cath lab registry when it comes your way; and air your views via the newsletter.

Did you contribute to the cost study done recently or were you also an "innocent" bystander, only hoping for the best. Get active and get involved, support and appreciate: only criticise when you have a better solution and then contribute that solution. The time for cooperation – establish our own motives, guidelines, code of contact – has never been more imminent. Why should the medical aids decide which drug, which stent, when and why therapy should be given – and what remuneration is appropriate? Why would you use particular therapy or intervention other than for the patient's benefit? How often are you prevented from doing just that because of medical aid issues? Should we not be the body / person / institution to determine what is appropriate?

Dr Andrew Thornton will head the final rolling out of SHARE (SA Heart Registry).

Thanks to Prof Johan Brink and his organising committee for bringing to the South African Cardiology fraternity

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POPULAR CONGRESSES FOR 2009

CONGRESS	DATE	CITY	COUNTRY
CRT 2009	4-6 March 2009	Washington, DC	USA
ACC 2009	29 March - 5 April 2009	Orlando, FL	USA
CARDIOLOGY AT THE LIMITS	3-5 April 2009	Cape Town	South Africa
CARDIOLOGY UPDATE	18-25 April 2009	Fort Lauderdale, FL	USA
2009 ANNUAL MEETING OF THE AMERICAN SOCIETY OF HYPERTENSION	5-8 May 2009	San Francisco, CA	USA
EURO PREVENT 2009	6-9 May 2009	Stockholm	Sweden
NUCLEAR CARDIOLOGY & CARDIAC CT ICNC 9	10-13 May 2009	Barcelona	Spain
HEART RHYTHM SOCIETY 2009	13-16 May 2009	Boston, MA	USA
EURO PCR 2009	19-22 May 2009	Barcelona	Spain
HEART FAILURE CONGRESS 2009	30 May - 2 June 2009	Nice	France
CARDIOLOGY UPDATE	31 May - 12 June	Rotterdam	Netherlands
HAMMERSMITH ECHOCARDIOGRAPHY COURSE	1-5 June 2009	London	UK
19TH EUROPEAN MEETING ON HYPERTENSION ESH	12-16 June 2009	Milan	Italy
EUROPEAN MEETING ON HYPERTENSION 2009	17/23 June 2009	Milan	Italy
EUROPACE 2009	21-24 June 2009	Berlin	Germany
ADVANCED ECHOCARDIOGRAPHY	22-26 June 2009	St Wolfgang	Austria
ESC 2009	29 August-2 September 2009	Barcelona	Spain
TCT	21-26 September 2009	San Francisco, CA	USA
PASCAR 2009 - 2ND ALL AFRICA CONFERENCE	26-30 September 2009	Abuja	Nigeria
VENICE 2009 ARRHYTHMIAS	4-7 October 2009	Venice	Italy
ACUTE CARDIAC CARE 2010	10-19 October 2009	Copenhagen	Denmark
SA HEART 2009	25-28 October 2009	Sun City	South Africa
CHEST 2009	31 October - 5 November 2009	Sandiego, CA	USA
AHA SCIENTIFIC SESSIONS	14-18 November 2009	Orlando, FL	USA
4TH JOINT MEETING OF CARDIOVASCULAR DISEASE IN THE INDIAN OCEAN ISLANDS	24-27 November 2009	Mauritius	Mauritius
EUROECHO 2009	9-12 December 2009	Madrid	Spain
15TH WORLD CONGRESS ON HEART DISEASES ANNUAL SCIENTIFIC SESSIONS 2010	24-27 July 2010	Vancouver, BC	Canada

REFLECTIONS continued

another successful congress focused on cardiac disease in Africa. Appreciation to Prof Bongani Mayosi and the Exco for the time devoted to lead this society.

Will cardiology practice change in 2009?

Refresher courses are increasingly being offered by the industry and private practice. Medtronic joined this initiative with their new virtual cath lab. The RPL is actively debated. Consultations with our new Minister of Health seems at least promising. Cost studies indicating that even Discovery Health's premier rate is inadequate due to the rising costs of running a practice. The recommendation that consultation fees should be at least double and procedural fees at least 3 x RPL may be taken into account in future or, failing that, be unilaterally applied by more and more of your colleagues. In the present economic climate where many patients can hardly afford a decent medical aid option a compromise solution may be necessary. In an attempt to curb perverse incentives industry's financial support for continued education is also decreasing as a by-product. Taking into account the average age of a cardiologist in RSA and the increasing demand our health system may look quite different in the next 10 years.

Cardiology in South Africa is certainly not on par with developed countries any more – though it used to be until 10 years ago. In the cath lab we often have to do without IVUS, FFR and the medical aids notion that a stent is a prosthesis. Our cardiologist can certainly perform modern innovative procedures but financial restraints will increasingly dictate what therapy is possible.

ADRIAAN SNYDERS

BRANCH NEWS

PRETORIA: The month's Journal Club is active. Our first of 4 clinical meetings was held in 7 February with a fair attendance. Our next meeting on 9 May promises to be an experience – and will also give more structure to the branch activities. Our colleagues have now settled at their new locations.

JOHANNESBURG: Preparations for SAHA 2010 are under way.

No other information regarding branch activities was available for publications.

AWARDS AT SA HEART CONGRESS 2008

ORAL PRESENTATIONS AND POSTER PRESENTATIONS

Basic Sciences

- | | | |
|--------------------------|---|-------------------------------|
| Best oral presentation | ▶ | Nadia Carstens |
| Best poster presentation | ▶ | Roisin Kelly
Hans Strijdom |

Cardiothoracic Surgery

- | | | |
|--------------------------|---|-----------------|
| Best oral presentation | ▶ | Anthony Linegar |
| Best poster presentation | ▶ | Chima Ofoegbu |

Paediatric Cardiology

- | | | |
|--------------------------|---|---------------------------------------|
| Best oral presentation | ▶ | Andiswa Nzimela
Hopewell Ntsinjana |
| Best poster presentation | ▶ | Chima Ofoegbu |

Adult Cardiology

- | | | |
|------------------------|---|--------------|
| Best oral presentation | ▶ | Samantha Nel |
|------------------------|---|--------------|

BEST EXHIBITION STAND

Brittan Healthcare

SOUTH AFRICAN SOCIETY OF CARDIOVASCULAR INTERVENTION

Dear SASCI Member the first three months of 2009 are nearly gone and the year to date has been busy and interesting and hopefully will continue to be successful over the next 9 months. A number of important decisions were taken at our last Annual General Meeting and we will address all those challenges during the year. We look back on 2008 with pride and believe that we achieved a fair amount. Please visit our website www.sasci.co.za for the complete Minutes of the AGM.

At the Annual General Meeting of 2008 Tom Mabin, our ex-officio president, was awarded honorary life membership of SASCI. He is the first recipient to be awarded for his leadership of the society during its formative years and his exceptional contribution to interventional cardiology over this period. There was no executive election as that occurs every alternate year but 3 new industry representatives were elected by their peers for the period 2009 - 2010. We thank the outgoing industry representatives Craig Goodburne and Glenda Weidemann for their immense contribution and welcome Arabel Benjamin, Roger Moulton and Rob Millar.

SASCI has formed an advisory board with Discover Health, represented by Graham Cassel, Tom Mabin and Farrel Hellig. Dialogue and interaction have been highly successful in numerous areas including bringing new products to market, pricing of stents and other disposables, discussing the use of various pharmaceutical products and discussing all matters of mutual interest to the funders and SASCI members. It is SASCI's plan to expand this collaboration to other funders during the coming year. Your executive has also met with the executive of SAMED (device companies association) and will work closely with them on numerous areas of common interest such as MCC and government liaison, liaison with Discovery Health and other funders, and expanding our involvement to include members of the South African Heart Association.

Our annual SASCI Fellows workshop was held on 28 February 2009 at Netcare Greenacres Hospital in Port Elizabeth. The program was organised by Dr Jaques du Toit with cases in the Cath Lab being performed by Drs Jacques du Toit, James Potts and Graham Cassel. Five live cases were performed during the day and all felt that it was a very meaningful educational experience. Three formal lectures were also delivered and we believe that it was of value to all to have Professor Rafique Essop from Baragwanath Hospital as the first academic Head of Department to be part of the faculty.

‘Tom Mabin, our ex-officio president, was awarded honorary life membership of SASCI.’

This should be continued in the future. This weekend could not have taken place without the financial support of our corporate members as well as the cooperation of the staff of Netcare Greenacres Hospital. We thank all involved for their support. The 2009 RC Fraser International Fellowship Award in Interventional Cardiology will allow the 2009 recipient Dr Somalingum Ponnusamy from Inkosi Albert Luthuli Central Hospital to travel to the UK for 4 weeks to work with Prof. Martyn Thomas from St Thomas Hospital.

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EXECUTIVE COMMITTEE 2009/10

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HEFSSA NEWS: SPRING 2009



Dear HeFSSA member, the Exco is proud to report back on a productive Annual General Meeting (held on 3 November 2008, SAHA 2008) and a jam packed 2009.

AGM Report Back

2008 has been an active period for HeFSSA in terms of education. A number of GP Training courses on Heart Failure, were hosted. These functions were well attended and from the questions raised during the talks, as well as interaction afterwards, it seems that knowledge on HF is a real need amongst GP's, nurses and pharmacists. HeFSSA has embarked on an Echo Training Program. The Society has successfully completed its 3rd ECHO course during 2008 (see separate report alongside) and this will become an annual event on the HeFSSA Calendar. HeFSSA aims to expand activities in these two focus areas. Speaker Panel: Members are requested to make themselves available to assist in the GP Training or Echo programs. Please contact Franciska du Toit (HeFSSA Office) at franciska@hefssa.org if you are interested.

HeFSSA has also played a large role in education in the rest of Africa, with, amongst others, the THESUS Study. Dr Albertino Damanesco from Mozambique reported that the study has kicked off well and that they are working towards a target of 1 000 patients by July 2009.

The HeFSSA Exco remained unchanged, except for Dr Johan Brink who has declared himself unavailable for the next term.

Dr Brink is thanked for his valuable contribution to HeFSSA over the past two years. Dr Pro Obel was nominated and elected without reservation. Dr Obel is welcomed onto the HeFSSA Exco and the society is looking forward to his contribution.

Dr Obel has indicated that he is interested to head up a research program on "A normal ECG in Africa". A data base of more than a 1000 patients screened for the Heart of Soweto Study (Prof K Sliwa) is available for this study. Other researchers interested in this study should contact Dr Pro Obel or regularly visit www.hefssa.co.za.

Heart Failure Algorithm

As a result of the GP training, the first South African Heart Failure Algorithm has been developed (Prof Sliwa, Dr Mpe and Dr Eric Klug) and is available on the Website.

HeFSSA has been tasked to organise the SA Heart 2009 Conference (22-25 October at Sun City). The conference will have a strong focus on ECHO and the committee secured a full day ECHO Program to be offered in collaboration with the MAYO Clinic (US) on 22 of October. We are hopeful that this will become an annual event on the day preceding the SA Heart Congress. Please visit www.saheart.org and click through to the congress website for more information.

‘HeFSSA has also played a large role in education in the rest of Africa.’

HEFSSA NEWS continued

DIARISE

HeFSSA is currently planning a substantial ECHO Course for the day preceding the **SA Heart Congress 2009** (www.saheart.org) and will offer this course in association with the renowned Mayo Clinic from the USA. This could become an annual fixture on the day preceding the SA Heart Congresses.

In addition, a basic ECHO course will be held in **Cape Town on 19 April 2009**, please contact Franciska at franciska@hefssa.org for more information.

Feedback on HeFSSA Echocardiography Initiatives

In 2008 HeFSSA has taken the initiative to organise the first Echocardiography Course in South Africa, thereby addressing a big need in this field, previously regarded as the “Cinderella” of Cardiology.

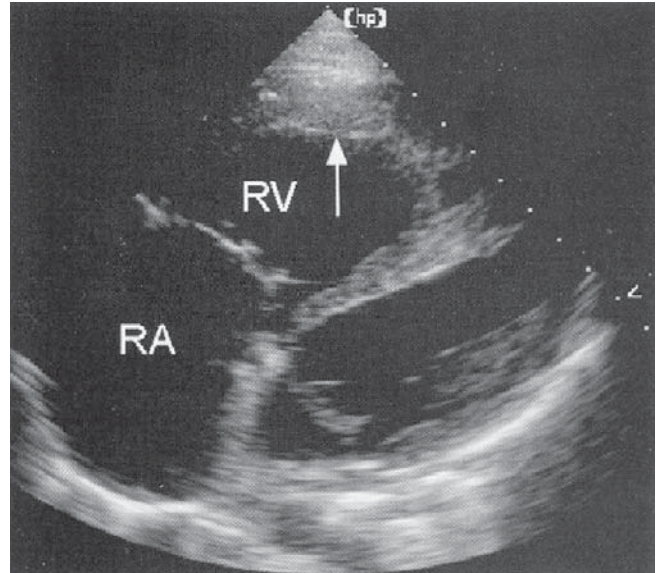
Designed at first for the Cardiology Registrars, it has, in a short time, become a “favourite” amongst many other interest groups, such as cardiologists, technologists, physicians and anaesthetists.

The HeFSSA ECHO course is held twice a year at different venues around the country and consists of a theoretical session combined with a “hands-on” session.

SAHA Congress in 2008 was the first in South Africa to host a pre-Congress workshop on Echocardiography on 31 October, and had approximately 100 delegates attending.

The lecturers, Drs D. Smith, F. Peters, J. Harrisberg, Prof. R. Essop and Drs N. van der Merwe and C. Radulescu presented a variety of subjects, ranging from standard echocardiographic examination (normal and pitfalls) to cardiac hemodynamics, the left ventricle in heart failure, novel echo techniques, right ventricle assessment, resynchronisation therapy in heart failure and a basic approach to GUCH.

The workshop was received very well, confirming once again that Echocardiography remains the workhorse of Cardiology in the foreseeable future.



POSITION STATEMENT OF SA HEART ASSOCIATION ON CARDIAC IMAGING WITH CARDIAC CT AND MRI

Task Force Members

Pravin Manga, Jan Peter Smedema, Anton Doubell, Bongani Mayosi, Anthony Dalby and Lennie Steingo.

Background

The rapid advance in the field of cardiac imaging has necessitated guidelines for the performance and interpretation of these newer imaging modalities.

These newer imaging modalities need careful appraisal with regards to important elements:

- Appropriateness of the test.
- Competency in the performance of the test.

Thus a task force was set up and mandated by the executive committee of SA Heart Association to draw up a position statement with regards to Cardiac Computer Tomography (CT) and Cardiac Magnetic Resonance Imaging (MRI).

Position of SA Heart

After careful consideration the cardiac imaging task team has decided to adopt two documents, which embody the appropriateness of these newer tests as well as the clinical competency required in the performance of these tests.

1. ACC/AHA clinical competency statement on cardiac CT and MRI.⁽¹⁾
2. ACCF/ACR/SSCT/SCMR/ASNC/NASCI/SIR appropriateness criteria for cardiac CT and MRI.⁽²⁾

Both of these were published in the Journal of American College of Cardiology and both can be accessed on the SAHA website.

ACC/AHA Clinical Competency Statement

This position statement is broad based and applicable to all medical practitioners from multiple medical backgrounds.

Essentially it defines the minimum education, training and expertise necessary for the evaluation and interpretation of these newer emerging techniques. Thus any medical practitioner, including cardiologists, would be competent to perform these procedures provided that they have undergone the necessary training.

It is important to emphasise that these are the minimum training and experience requirements for the assessment of expertise in the performance of these tests.

It is also important to stress that competency levels for cardiac CT and cardiac MRI are distinct and require separate training.

There are currently no sites in South Africa for training in cardiac CT and MRI. Members are advised to contact training institutes overseas. A significant list of training institutions is available on the Society of Cardiac CT website www.sctt.org.

ACCF/ACR/SSCT/SCMR/ASNC/NASCI/SIR Statement on Appropriateness

As both cardiac CT and cardiac MRI are relatively expensive technologies, with concern from government and private payers, the correct indications for these procedures are necessary. Thus, the American College of Cardiology Foundation together with other organisations developed the appropriate list criteria for cardiac CT, which SA Heart has decided to adopt as well and also to use it as its working document. Essentially this document lists the indications as appropriate, uncertain or inappropriate.

Health Professions Council's View

SA Heart's position on cardiologists performing cardiac imaging with cardiac CT and MRI is in line with the

STATEMENT continued



resolution of the Health Professions Council of South Africa with regards to the use of X-ray equipment by medical practitioners. The following resolution was tabled by a task team of HPCSA in April 2005 and endorsed by the executive committee of HPCSA in May 2005.

“The formal education and training in medical and dental specialists disciplines... such as cardiology and vascular surgery (ultrasound) and dentistry provided adequate education and training for the performance of professional acts in radiography/radiology related to the specific disciplines.”

Multi-disciplinary Approach

Although the clinical competency statement provides minimum criteria of competency for a particular individual, it is the task forces' view that a multi-disciplinary approach including radiologists and cardiologists is desirable for the performance and interpretation of these studies. It is the task forces' view that this would not only improve the overall quality of interpretation of these tests but also ease tension between radiologists and cardiologists.

References

1. ACCF/AHA Clinical Competency Statement on Cardiac Imaging with Computed Tomography and Magnetic Resonance. J Am Coll Cardiol 2005;46:383-402.
2. ACCF/ACR/SSCT/SCMR/ASNC/NASCI/SCAI/SIR 2006 Appropriateness criteria for Cardiac Computed Tomography and Cardiac Magnetic Resonance Imaging. J Am Coll Cardiol 2006;48:1475-1497.

SASCI continued

SASCI will once again be involved in the (Barcelona) Euro-PCR a joint symposium between SASCI and the British Cardiac Society and should prove an excellent workshop. We are also pleased to announce that South Africa has again been chosen as one of the “live” centres for case transmission to the congress. As last year, cases will be beamed live from the Sunninghill Hospital in Johannesburg with Farrel Hellig as the operator.



SASCI

South African Society of cardiovascular intervention

The South African Heart Association's annual congress will be held at Sun City in October this year and Dr Cobus Badenhorst represents SASCI on the organising committee. The focus will be on echocardiography and heart failure with a multi-disciplinary approach which promises to offer subject matter of interest to all cardiologists. For more information please visit www.saheart.org.

Planning for the 5th Indian Ocean Meeting of Cardiovascular Disease (Mauritius Congress) is well advanced and Congress Organising Committee (with Tom Mabin from SASCI) has once again secured the services of a prominent international faculty. Please join us for this unique international meeting from 24 – 27 November 2009. More information is available on www.sasci.co.za.

“Improve the benefits for our patients.”

Your Executive continues to work hard to improve the relationship between our members and industry as well as the funders and specifically to improve the benefits for our patients. We will strive to expand this over the current year. We thank all members for their ongoing support of SASCI as well as our corporate members without whom the organisation could not flourish.

2009 REFERENCE PRICE LIST

Communication to members regarding the determination of the 2009 reference price list and the Health Professions Council's decision to scrap the ethical tariffs.

A number of our members have asked how The South African Heart Association ("the Association") is responding to the imminent publication of the Reference Price List for 2009 ("the 2009 RPL") as well as the recent decision of the Health Professions Council of South Africa ("the HPCSA") to scrap the ethical tariffs. We therefore summarise the position below.

- In relation to the process for the determination of the 2009 RPL, the Association is not satisfied that the Director-General has complied with the provisions of the Regulations Relating to the Obtainment of Information and the Process of Determination and Publication of the Reference Price List (published under Government Notice R681 in Government Gazette 30110 of 23 July 2007) ("the Regulations"). Further, the Association is concerned that the Director-General has acted in a procedurally unfair manner when determining the 2009 RPL. The Association has accordingly sought legal advice from the Association's attorneys, Webber Wentzel with a view to taking legal action to protect its members should the need arise.
- The Association has been informed that the 2009 RPL is likely to be published before the end of 2008. We note that this is not in accordance with the Regulations which require that it was to be published by 30 September 2008 in order to give medical schemes an opportunity to determine their reimbursement rates. When the 2009 RPL is published it will be closely scrutinised to determine if it is reasonable and appropriate. The Association will secure further legal advice if it is of the view that the 2009 RPL is unreasonable (or defective in any other way).

Members are not obliged to comply with the HPCSA decision.

- In addition to its concerns in relation to the RPL, the Association is of the view that the decision taken by the HPCSA to scrap the ethical tariffs ("the HPCSA decision") is, amongst other things, unlawful and therefore has no legal effect (in other words, members are not obliged to comply with the HPCSA decision). In this regard, members should note that section 53(3)(d) of the Health Professions Act 56 of 1974 only empowers the professional boards (not the HPCSA) to "determine and publish the fees used by the professional board as norm for the determination of" the amount which ought to be charged by practitioners. The professional boards have not decided to scrap the ethical tariffs and therefore the ethical tariffs currently remain in place. In this regard, the HPCSA has recently informed Webber Wentzel, that the status quo remains until such time as the 2009 RPL has been finalised and the professional boards have published a change in the tariffs in terms of section 53(3)(d).
- Kindly feel free to contact me if you have any queries.

ANTHONY STANLEY

Private Practice Committee

CASSA

Dear CASSA Member, CASSA has kicked off 2009 with a bang!

CASSA recently hosted world renowned expert on Syncope and Autonomic Disorders, Prof Blair Grubb (University of Toledo, USA). A one day conference was held at Gallagher Estate and the Fellows and staff of UCT also had the pleasure of listening to this excellent speaker. The program consisted of topics such as "The Pathophysiology of Syncope". The meeting in Gauteng was attended by approximately 80 delegates and the feedback received so far is very positive. **Read all about Dr Grubb's talks in the May edition of this Newsletter.**

Website and E-Journals

Our control of the CASSA website has finally been won back and AO and his team, with the assistance of George Dempster and E2 Solutions, are hard at work to make this the website what it should be. Initially this will cover the essentials only, but as we progress with this task, it will fill out and become the portal to all things at CASSA. The CASSA EXCO is contemplating making Journals available on the CASSA website. The following journals were suggested:

Electrophysiology version of "Circulation", PACE, HRS Journal, Euro-PACE, Saxinus.

Members are invited to contact Franciska at the CASSA office on 082 806 1599 or email franciska@cassa.co.za with their suggestions of good electrophysiology specific journals that they would like to access through the website.

Please visit the site regularly – as mentioned, this should be the primary contact for CASSA members and all others interested in arrhythmias. www.cassa.co.za

Executive Committee

Drs D. Milne, A. Stanley and H. van Rensburg have been co-opted onto the CASSA Executive Committee. Congratulations, gentlemen! We are looking forward to utilising your expertise to take CASSA to even greater heights.

CASSA Liaison with Medical Aids

Towards the end of 2008, the CASSA EXCO met with Discovery Health to discuss contentious issues in the EP field. Topics such as Peer Review, Uniformity of billing and Generic Substitution were on the agenda. This initial meeting will be followed up soon. Look out for more information on this in the May edition of this newsletter.

The CASSA EXCO has been approached by Industry who feels that funders are ignorant where ICD placement and pacemaking is concerned. Amayeza proposed to, in conjunction with CASSA, host an educational function to which they would invite all major medical aids. Topics such as PMB will be discussed on the day.

If the start of 2009 is anything to go by, it is going to be a busy yet exciting year for CASSA. Make sure that you keep abreast of what is happening in your area by regularly visiting the CASSA website. www.cassa.co.za

EMPLOYMENT OFFERED

Cardiologist required

Netcare Kuils River Hospital requires the services of a full time, in-house Cardiologist for this state-of-the-art, high tech facility.

Full cardiac catheterization lab, endovascular unit as well as newly opened 20-bed Coronary Care Unit is available.

Interested parties should contact Hospital Manager, Nolan Daniels at 021 900 6004 or email: noland@krh.netcare.co.za.



You're in safe hands

LOUIS VOGELPOEL TRAVELING SCHOLARSHIP

Applications are invited for the first annual Louis Vogelpoel Traveling Scholarship.

An amount of up to R15 000 towards the travel and accommodation costs of a local or international congress will be offered annually by the Cape Western branch of the South African Heart Association in memory of one of South Africa's outstanding cardiologists, Dr Louis Vogelpoel.

Louis Vogelpoel was a pioneer of cardiology in South Africa, who died in April 2005. He was one of the founding members of the Cardiac Clinic at Groote Schuur Hospital and University of Cape Town. He had an exceptional career over more than 5 decades as a distinguished general physician, cardiologist and horticultural scientist. His commitment to patient care, teaching and personal education is remembered by his many students, colleagues and patients. Medical students, house officers, registrars and consultants benefited from exposure to his unique blend of clinical expertise, extensive knowledge, enthusiasm and gracious style.

A gifted and enthusiastic teacher, he was instrumental in the training of generations of undergraduates by regular bedside tutorials. He served as an outstanding role model for postgraduates and many who have achieved prominence nationally and internationally acknowledged his contribution to the development of their careers.

The scholarship was awarded for the first time in 2007. Applications will be reviewed by the Western Cape branch of the South African Heart Association. Preference will be given to practitioners or researchers in the field of cardiovascular medicine who are members of the South African Heart Association and are resident in the Western Cape.

Applications should include (1) a brief resumé of the work the applicant wishes to present at the congress and (2) a brief letter of what the applicant hopes to gain by attending

the relevant congress. The applicant should submit an abstract for presentation at the relevant national or international meeting. Should such an abstract not be accepted by the relevant congress organising committee, the applicant will forfeit his or her sponsorship towards the congress. (Application can, however, be made well in advance of the relevant congress but will only be awarded on acceptance of the abstract.)

‘A gifted and enthusiastic teacher, he was instrumental in the training of generations of undergraduates.’

A written report on the relevant congress attended will need to be submitted by the successful applicant within six weeks of attending the congress. The congress report will be published in the South African Heart Association Newsletter.

Applications should be sent to Prof Johan Brink, President of the Cape Western branch of the South African Heart Association, Chris Barnard Division of Cardiothoracic Surgery, Cape Heart Centre, Faculty of Health Sciences, University of Cape Town, Anzio Road, Observatory 7925 or alternatively e-mail: johan.brink@uct.ac.za

Applications close on 31 January every year.

TRAVEL SCHOLARSHIPS OF THE SOUTH AFRICAN HEART ASSOCIATION

This scholarship is available to all its members and associate members. It is primarily intended to assist junior colleagues to ensure continued participation in local or international scientific meetings or workshops.

REQUIREMENTS

- ▶ Applicants must be fully paid-up members/associate members in good standing for at least two years
- ▶ Applications must include
 - ▶ full details of the meeting/workshop
 - ▶ an abbreviated CV of the applicant
 - ▶ a breakdown of the expected expenses
- ▶ Applications must reach the Association a minimum of 3 months before the event to be attended

RECOMMENDATIONS

- ▶ Acceptance of an abstract at the scientific meeting to be attended
- ▶ Invitation to participate at the meeting as an invited speaker
- ▶ Publications in a peer reviewed journal in the preceding year
- ▶ Applicants from a previously disadvantaged community
- ▶ Applicants younger than 35 years of age

APPLICATIONS MUST BE ADDRESSED TO

The President
South African Heart Association
P.O. Box 19062
Tygerberg
7505

THE SELECTION PANEL WILL REVIEW APPLICATIONS TWICE A YEAR. THE CLOSING DATES FOR APPLICATIONS ARE

- ▶ March 31
- ▶ September 30

**A MAXIMUM OF FOUR SCHOLARSHIPS WILL BE AWARDED ANNUALLY
UP TO AN AMOUNT OF R10 000 PER SCHOLARSHIP.**

CARDIOLOGIST SURVEY

Dear Colleague. Please consider completing this questionnaire. Fax to 086 689 4489. Do not add your name. This is voluntary.

PRACTISING CARDIOLOGY IN RSA 2008

- Should tertiary institutions be the leading cardiology in RSA? Yes No
- What would be the best option for the Specialists Practice RSA?
Group practices Single practices / association practices as present Specialist employed by Hospitals Do not know
- What do you consider to be a reasonable fee: NHPRL NHPRL x1,5 NHPRL x2 >NHPRL x2
- What percentage of turnover is spent on practice cost? 30% 40% 50% 60%
- How many hours / week do you spend with patients: _____
- How many hours / week do you spend on practice & patient administration: _____
- In how many hospitals do you work regularly 1 2 3 or more
- Do you work in: Academic hospital Public hospital Private Hospital
- Do you visit www.saheart.org? Never 1-2/year 2-6x/year monthly or more
- Is this survey a waste of time? Yes No

CARDIOLOGY MYTHS / BELIEFS / PERCEPTIONS

- Should all patients with ACS be on Plavix even without a stent? Yes No
- Should patients post-CABG be discharged with 2 weeks Clexane? Yes No
- Should patients with Dilated Cardiomyopathy EF < 35% all be on Warfarin? Yes No
- Should all patients with CAD be on 10mg Perindopril as claimed? Yes No
- In patients with CAD do you aim for LDL: < 1,8 < 2,5 < 3.0 mmol/l
- Will you actively participate in a national cath lab registry? Yes No
- Should ICD implantation and management be the sole responsibility of Electrophysiologists? Yes No
- Should an anesthetist be present during routine cath list? Yes No
- Should at least a second doctor be present during a routine cath list? Yes No
- Which doctor should be present during therapeutic cath lab procedure?
Second cardiologist Anesthesiologist None

PERSONAL

- Age: <40 40-50 50-60 >60
- Marital Status: Single Married Divorced not re-married Divorced re-married
- Do you suffer from Work-related Lumbar Symptoms / Disease? Yes No
- Time spent at courses / congresses / year: <7 days 7-14 days 14-21 days >21 days
- Time spent on holiday not work-related / year: 3 weeks 4 weeks 5 weeks
- Years practising cardiology: < 5 5 – 10 10-20 20-30 >30
- Do you exercise? 1-3 x week > 3 x / week None
- Do you actively participate in / contribute to Cardiology Organisational Structures? Yes No
- Will you still be practising cardiology full-time in 10 years' time? Yes No
- Do you consider emigration? Yes No

THE SOUTH AFRICAN HEART ASSOCIATION RESEARCH SCHOLARSHIP

This scholarship is available to all its members and associate members. It is primarily intended to assist colleagues involved in outstanding research to enhance their research programs.

REQUIREMENTS

- ▶ Applicants must be fully paid-up members/associate members in good standing for at least two years
- ▶ Applications must include
 - ▶ an abbreviated CV of the applicant
 - ▶ a breakdown of the expected expenses

RECOMMENDATIONS

- ▶ Acceptance of an abstract of related work at an international meeting in the next year
- ▶ Publications of related work in a peer reviewed journal in the preceding year
- ▶ Applicants from a previously disadvantaged community
- ▶ Applicants younger than 35 years of age

APPLICATIONS MUST BE ADDRESSED TO

Education Standing Committee
South African Heart Association
P.O. Box 19062
Tygerberg
7505

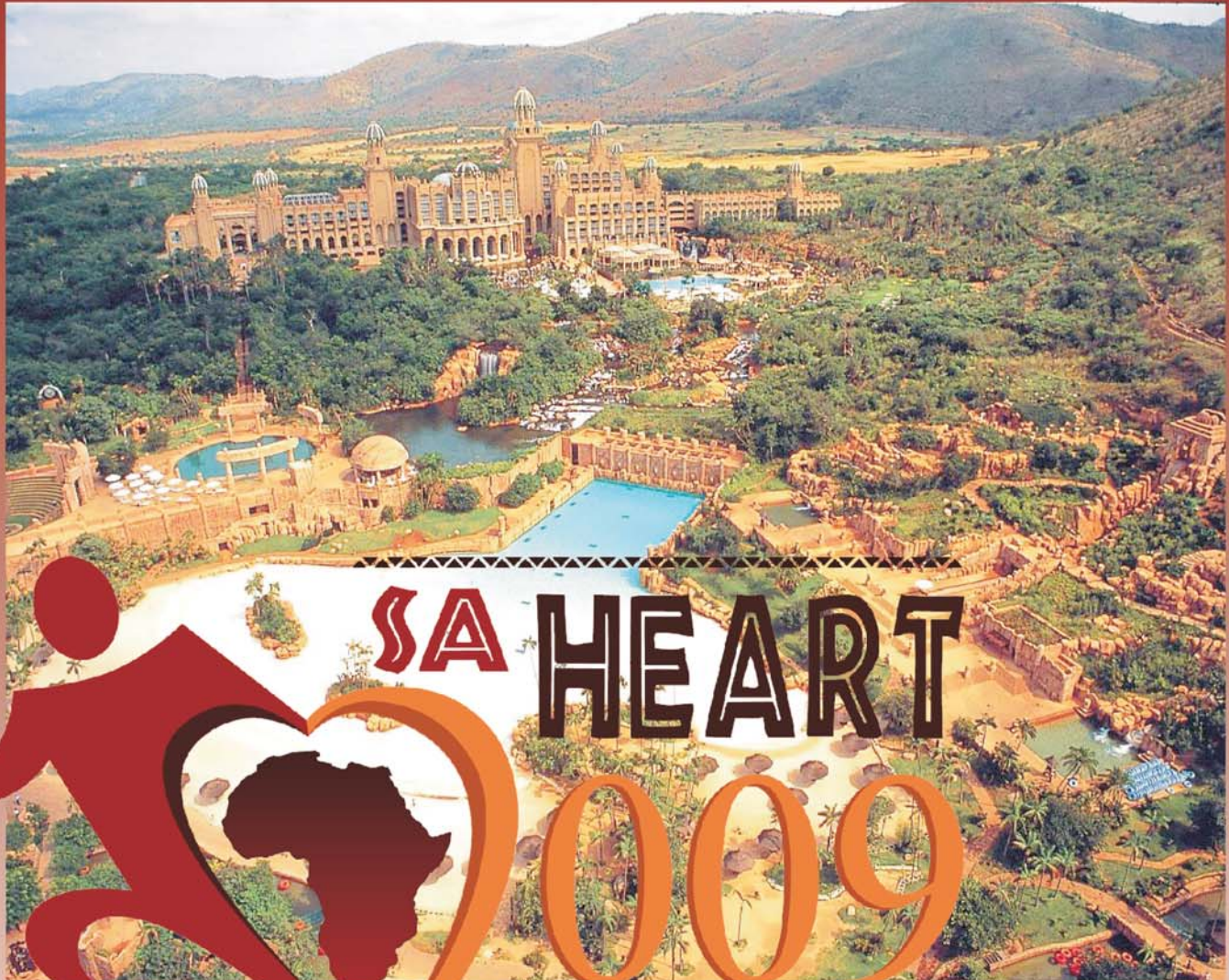
THE SELECTION PANEL WILL REVIEW APPLICATIONS ONCE A YEAR. THE ANNUAL CLOSING DATE FOR APPLICATIONS IS SEPTEMBER 30.

One scholarship for an amount of up to R50 000, will be awarded annually.

APPLICATIONS WILL BE ASSESSED ACCORDING TO THE RESEARCH PROTOCOL ACCOMPANYING THE APPLICATION. THIS SHOULD INCLUDE:

- ▶ Abstract (maximum 200 words)
- ▶ Brief review of the literature (maximum 200 words)
- ▶ Brief description of the hypothesis to be investigated (maximum 100 words)
- ▶ Detailed methodology (maximum 500 words)
- ▶ References

10th Annual Congress of the South African Heart Association



SA HEART

0009

22 - 25 October

Sun City, South Africa

“Healing Hearts”

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Please Diarise