

## SA HEART STANDING COMMITTEES – Annual Reports 2008

### Education Committee: 2007/2008

Education committee members

T M Mathivha (Chairperson)

J Brink, R Essop, T Mabin, M Ntshekhe, K Sliwa

The education committee had two meetings in the past year - 23/11/2007 (face to face meetings with the heads of training institutions) and 16/04/2008 (Teleconference). The following issues related to several areas of activity were discussed:

A: Matters pertaining to education and training:

1. Cardiology certification examination

Dr Vahgela's request: This request raised issues around supernumerary appointments and their eligibility to sit for the local examinations, as such individuals are usually not in an HPCSA recognized training post. The committee's opinion was that his eligibility to sit for the cardiology certification examination should be guided by the college requirements.

2. Cardiology fellowship (at degree level): The chair has been asked to explore this matter with the college.

3. Cardio- thoracic surgery:

competency levels may be affected by the reduction in the number of cases .

4. Special interest groups of SA Heart workshops/courses: It was recommended that the education committee be informed about such activities for record purposes.

B. Travel grants and research scholarship recipients

Name	Year	Type Scholarship	Amount
Dr M Ntshekhe	2007	Research	R50 000.00
Dr O Förster	2007	Research	R50 000.00
Dr K Tibazarwa	2008	Travel	R10 000.00
Dr J McCarthy	2008	Travel	R10 000.00
Dr L Lacerda	2008	Travel	R10 000.00
Dr M Heradien	2008	Travel	R10 000.00

There is no scheduled face to face meeting of the education committee this year.

Food for thought

Total number of HPCSA accredited training posts:

Adult cardiology 26 + (4 vacant)

Paeds Cardiology 9 (2 vacant)

Cardio-thoracic surgery: no figures available at the time of formalizing this report.

*Prof T. Mathivha, Chair, Education Committee*

## Ethics & Guidelines Committee 2008

### **Committee Members:**

Dr AJ Dalby (Chair)  
Prof A Mitha  
Prof F Smit  
Dr M Makotoko

### **Activities:**

The Committee's activities were limited in the calendar year under review.

Two of our members participated actively in the working committee of the SA Heart Registry headed by Dr Len Steingo. Dr Dalby formed part of a delegation to meet representatives of Mediclinic for discussions surrounding their potential for partially sponsoring the registry.

Dr Dalby also recently accompanied the President of SASCI, Dr GA Cassel, to a meeting with the Executive of the South African Society of Radiologists to discuss guidelines for the performance of coronary CT angiography, appropriate training and ownership of equipment. Further discussions are planned.

Although not directly related to the activities of the committee, I oversee the collection of newsworthy items for the SA Heart website and the dispatch of these items' headlines to the membership. Members are requested to channel any suitable items for the website through me at [ajd@hot.co.za](mailto:ajd@hot.co.za).

### **Guidelines:**

The ESC this year issued guidelines / updates on:

Diagnosis and Treatment of Acute Pulmonary Embolism  
Diagnosis and Management of Acute and Chronic Heart Failure

Members are once again reminded that all 31 ESC Guidelines can be accessed on [escardio.org/knowledge/guidelines](http://escardio.org/knowledge/guidelines)

*Dr Tony Dalby*

## Full time Salaried Practice Committee 2008

**Committee Members:** Prof. P. Manga (chairperson), Dr J Hewitson, Dr AM Cilliers, Prof DP Naidoo

**Training :** The situation with regard to problems in training in 2008 have essentially remained unchanged. The same perennial problems of staffing, equipment and other resources at academic hospital remain largely unresolved and will likely remain unresolved for some time. Availability of resources is a huge challenge in training institutions. Maybe the new Health

minister will make a difference. Most training units are using the private sector to fill in gaps. The committee continues to encourage public-private partnerships to strengthen training.

**Staffing:** Last year the committee proposed that a study group be formed to get an overview of the current and projected work loads not only for adult cardiology but also paediatric cardiology and cardiothoracic surgery. This unfortunately has not gone forward. Hopefully this agenda should be pushed harder in the coming year.

**Cath Lab Registry:** There have been problems with the cath lab registry and thus capture of data has not happened. All academic units remain committed to the cath lab registry project.

*Prof Pravin Manga, Chairperson: Fulltime Practise Committee, SA Heart*

### Private Practice Committee

This year has been challenging. Several matters have occupied the committee. These are,

1. The National Reference Price List/Reference Price List.
2. Practice cost studies.
3. Amendments to the National Health Act.
4. The changing political situation in South Africa.
5. A loss of confidence in SAMA leadership over statements made by the chairman of SAMA which were felt to be against the spirit of private practice in South Africa.

#### **1. The Reference Price list**

This has been published on the Department of Health website. It has been done in a manner contrary to the regulations published by the DOH. This has been challenged by the Private Practice Committee of SAMA. The outcome of the challenge is not yet known.

#### **2. Practice cost studies**

The cardiology submission was accepted but the DOH has indicated that the results would be audited. This is contrary to the regulations.

In addition the submission was not used when deciding the increases to be given to cardiologists in 2009.

This has been challenged.

#### **Amendments to the National Health Act**

The first draft was rejected in response to protest from many groups.

The second draft appears more reasonable at first blush but still results in a dictatorial approach to fees for cardiologists. In essence we will have little say in the fees unless we are united in our negotiations. This will mean working together with all role players in the healthcare market.

It is essential that we take part in the process bearing in mind that it has been legislated.

We, as cardiologists, and members of the wider group of medical practitioners must appreciate our important role in society. We have a tremendous amount of power and must not squander it. We have two directly opposite positions to occupy; on the one hand we have a responsibility to our patients, families and ourselves to practice the best quality medicine that we can in a

business model that requires fair compensation based on the cost of providing such a service and a fair profit to enable us to educate, clothe and provide for our families in a manner equal to our status and importance to society in contrast to this we have to balance societies needs which include the right to access of healthcare. Private practitioners have a role to play in this important aspect of healthcare delivery. The nuts and bolts are difficult but the principle is clear and should always guide and influence our negotiations.

### **The changing political landscape in South Africa**

Many changes have occurred recently. These changes have been swift and reflect the maturity of our democracy. In actual fact the changes are not great but reflect the trimming of the sails of the ANC yacht as it heads towards a society of equality for all South Africans. Certain minority groups are justifiably worried about the direction of some new pieces of legislation e.g. the Land Appropriation Bill and the amendments to the National Health Act. However an involved electorate playing the game will hopefully help drive the process towards a free, fair and equal society driven by the pride of being a South African.

### **The relationship of the private practice body with the South African Medical Association.**

Recent statements made by the chairman of SAMA in public forum meetings reflecting his limited support for private practice in South Africa led to the SAMA Private Practice Committee calling for a reiteration of SAMA's undivided support of private practice in this country. The alternative was for private practitioners to move out from the SAMA umbrella and form their own governing body. The final decision has not yet been made and we await the outcome of an investigation into the chairman's statements. Members are asked to indicate whether they would support such a move should the committee feel the best interests of private practice would be served by such a move.

All in all we live in an exciting time. There are those who will move to other countries, and those who will stay. In this era of globalisation, one hopes that we will all maintain contact and hopefully help each other through these times. An international fellowship of cardiologists is perhaps not a too distant a dream. The year ahead will be challenging but more is to be gained by negotiation and being involved in the process. The most important will be the establishment of a new coding system. With this in mind I request everyone to submit their requests for new codes. For example a code for 3D echo, for closure devices, for LV lead placement etc. Thank you for your support during the year and especially the members who took part in the practice cost studies.

*Dr A. Stanley*