ANNUAL REPORT 2011: EDUCATION COMMITTEE OF THE SA HEART ASSOCIATION

Committee members: Prof. M. R. Essop (Chairman), Prof. J. Brink, Dr. T. Mabin, Dr. M. Heradien, Prof. K. Sliwa-Hahnle, Dr. C. Radulescu

The education sub-committee of SA Heart, in its previous format, functioned mainly to adjudicate on matters pertaining to the award of research fellowships and in a very indirect way to comment on the certification examination in cardiology conducted by the College of Medicine. There was consensus among the members that the EC should sub-serve a more vital role in educational matters and that it could make a more meaningful contribution to cardiology in our country. Some of the discussion points are enumerated below.

1. Training of Cardiologists

Training in cardiology is at a crossroad in this country. The provision of sound training in cardiology appropriate to the needs of the country is crucial if we are to pass on the proud heritage of cardiovascular medicine that we have inherited. The form, content and duration of training needs to be revisited. We are faced with the paradox that although we have a dire shortage of cardiologists compared to the US or Europe, we have the longest required period of training. How to shorten the training period and yet not compromise on quality is an important issue. Furthermore, do we want to train a general cadre of cardiologist or a super-specialist? The emphasis in many training programs is mainly on coronary disease. The appropriateness of this in our environment needs to be discussed.

Many teaching hospitals have been beleaguered by budgetary cuts with reductions in training posts and lack of equipment. Important fields of cardiology such as EP are not available at most teaching hospitals. Fellows often attend sessions in the private sector in order to meet their log book requirements but it is important that these private institutions/cardiologists be accredited for teaching purposes.

2. Accreditation of Cardiologist

Accreditation is a universal phenomenon and is being increasingly enforced worldwide. Whether the implementation of this should be the responsibility of the EC or the SIG is something that needs be discussed.

3. Approval, supervision and co-ordination of conferences, symposia and workshops

Recent years have seen a plethora of educational events initiated by academic units, SIG’s and in the main by the pharmaceutical industry. There are often clashes in these meeting creating difficulties both for the attendees and organisers and resulting in unnecessary waste of money. The EC could oversee a calendar to co-ordinate these events. As suggested by Erika, this calendar could be made available on the internet making planning of events much easier.

4. College of Cardiology

Creation of a College of Cardiology (CoC) would go a long way to promoting the cause of cardiology in this country. Almost every surgical discipline has it’s own college. A CoC would make us much more flexible in terms of setting the duration of training, course content and
examinations. Furthermore, instead of the current certificate in cardiology, candidates would obtain an FCP (cardiology).

5. All heads of training institutions should become members of the EC

Prof. M. R. Essop  
*Chairman – Education Standing Committee*

**Annual Report of the Full Time Practice Committee of South African Heart Association: 2011**

**Training:**

As compared to last year the training of cardiologists (adult and paediatric) as well as that of cardiac surgeons remains a challenge in most if not all academic institutions. The perennial problems of staffing, equipment and other resources at academic hospitals still remain. Availability of resources, both human and equipment is a huge challenge in many training institutions. This has been especially acute in Gauteng this year. Appeals to relevant Health Departments have largely fallen on deaf ears, at least with regard to appropriate action being taken. Many training units are using the private sector to fill in gaps in their training programs. The committee would like to commend the public-private partnerships at academic institutions and continues to encourage these partnerships to strengthen training.

The following was the examination pass rate for October 2010 & May 2011

Certificate of Adult Cardiology: 75% (9 candidates passed)  
Certificate in Cardiology (Paeds): 100% (1 candidate passed)  
FC Cardio: 17% (2 candidates passed)

**Staffing:**

The staffing position in training institutions is still problematical. This relates to full time consultant as well as fellow training posts. Funding appears to be at the core of the problem for these posts. Some institutions are using the private sector to fund some training posts. The occupational service dispensation for middle managers (consultants) in many provinces still remains unresolved. This has added to the low morale of full time practice consultants.  
Prof F Smit is trying to get an overview of the current work load at academic institutions for cardiology and cardiothoracic surgery. We encourage support of this process.

**Cath Lab Registry:**

On a positive note the cath lab registry is being rolled out to academic institutions and capture of data is progressing well in many of these institutions. All academic units remain committed to the cath lab registry project.
Pravin Manga  
Chairperson: Fulltime Practise Committee, SA Heart

2011 Annual Report of the  
Ethics & Guidelines Standing Sub-committee of the SA Heart Association.

Members:  
Anthony Dalby (chair)  
David Jankelow  
Francis Smit  
Anthony Yip

Ethics:  
No significant ethical issues arose during the year.

Guidelines:  
Since SA Heart was admitted as an affiliated society of the European Society of Cardiology, we have adopted their Guidelines of the. New guidelines and updates of previous guidelines appear regularly and are published on escardio.org/guidelines and are accessible to one and all.

This year the ESC has issued an updated guideline on acute coronary syndromes without persistent ST-segment elevation, and new guidelines on dyslipidaemias, heart disease in pregnancy and peripheral arterial diseases. Although the ESC Guidelines are compiled by a large group of European experts in the respective fields, locally we are beset by the outdated strictures on treatment and treatment targets set more than a decade ago by the Department of Health in the PMB guidelines and not altered since despite the submission of recommendations by the Association 2 years ago at the request of the DoH. Medical aids in turn serve their own interests, having their “expert” committees set limits to treatment and choosing to save cost rather than lives by abiding by the anachronistic DoH rulings. On 15-16 October the Dyslipidaemia Guidelines meeting in Sandton, an initiative led by the Vice-President, Dr Eric Klug, will be held to discuss the ESC Guideline in detail with stakeholders including the DoH and the funders, with a view to adopting an approach to management aligned with internationally acceptable standards. This meeting is to be welcomed and could serve as template for the future exposition of guidelines / desirable standards of care to those controlling the purse strings of South African medical care.

Personal:  
It has been my privilege to serve the Association since it was founded in 1999. I thank the committee members for their support and wish the incoming committee every success. I look forward to observing the continued development of the Association from the side lines.

Tony Dalby

Report back from Private Practice Committee

This year was fairly interesting with developments on several fronts.

1. NHI
   a. The time frame for implementation is in place. The role (or fate) private practice depends on ongoing involvement of all medical groups involved in private practice. South African Heart Association has a large role to play by virtue of the impact that heart disease has on South African society. The SAPPF has been active in this regard. I would encourage all South African Heart Association members to support SAPPF.

2. SAPPF
a. Regrettably our role in this society has decreased over the last year. This has largely been due to lack of support from our members for the SAPPF. I must remind you of the SAPPFs success in looking after our interest in the South African medical scene, cf the NHRPL case, the BHF challenge to interpretation of the PBM legislation etc.
b. Not many South African Heart Association members are in fact members of SAPPF and indeed the Exco of South African Heart Association has been reticent in its support of the SAPPF.

3. Coding
   a. A large amount of work needs to be done in respect of coding. This is essential for the efficient management of the medical industry in South Africa. I would encourage the active involvement of South African Heart Association in this process. By knowledge of what is required and the realistic costs involved, the input of cardiologists would be invaluable.

Finally I will not be standing for re-election. I would like to thank the Exco of South African Heart Association for their support over the last 8 years. I would like to thank the membership of South African Heart Association for entrusting me with this portfolio over the last 8 years.

Anthony Stanley