South African Heart Association
ANNUAL GENERAL MEETING 2012
Saturday, 21 July 2012
Ballroom, Sun City
17h00 – 18h30

Minutes

1. Welcome and apologies
   Dr Snyders welcomed all to the AGM.
   Attendance as per attached attendance register

   Apologies were received from
   Prof Johan Brink
   Prof Francis Smit
   Dr David Jankelow
   Dr Ebrahim Hoosen

2. Confirmation of minutes of AGM 2011
   The minutes were accepted as correct
   Proposed: Dr Les Osring
   Seconded: Dr Ronnie Jardine

3. Matters arising from the minutes (AGM 2011)
   No matters were addressed.

4. President’s Report
   Dr Snyders read his report as per attachment.
   Dr Snyders asked the members present to stand for a moment of silence remembering
   the recently deceased colleagues Prof Andrej Okreglicki, Prof Johan Cronjé and Prof
   Janice Paiker

5. Treasurer’s Report and approval of audit
   In the absence of Prof Smit, Dr Ronald Jardine presented the financial report pointing to
   various items in the auditor’s report.
   Expenses that stand out are SHARE registry, SA Heart Journal and Employee Costs.
   Interest received declined as there is less in the bank.
   In summary expenditure and income are remarkably similar to the previous year.
The SA Heart financial situation is stable, although with expanded operation, projects and admin office an increase in expenses in the current financial year is expected.

Discussion: Prof Pat Commerford raises concern about the cost of SHARE and asks about overall costs for this project. Dr Jardine replies that since inception the project has cost about 5 Million Rand. Dr Sussman adds that the SHARE project is not financially independent, it is the only national database and thus essential we keep it, although the costs are high. Dr Hellig mentions that the representative of Kenya at Africa PCR showed interest in using the registry in Kenya with 50 potential users this would be an opportunity to expand outside South Africa. Dr Snyders mentions that we are working towards a webbased system which is more cost effective. Dr Osrin says that his center has been offline for two years and he is told this is a funding problem. It is absurd to think expanding outside South Africa before our own country is not up and running. He suggests addressing government and forming a NGO for the registry. Prof Mayosi asks how income is generated and what MSM services are doing. George Nel from MSM responds he is involved in management of the programme and in particular fund raising. Netcare hospital group and some industry partners have come on board to support SHARE. Dr Snyders sums up that the cost of the SHARE project are of great concern although the project is now self-sustainable but Exco is convinced it is necessary. The 2013 congress will have a 2 hour symposium at which results of SHARE data will be presented.

Auditor’s report accepted:
Proposed: Dr Tony Dalby
Seconded: Dr Ronald Jardine

6. Annual Reports from our Standing Committees
a) Private Practice Committee
Dr Makoali Makotoko highlighted matters out of her report as attached. Together with Fulltime Practice Committee are working on NHI position statement on how we see cardiology and surgery in the NHI system. We have to involve SAMA and present a cohesive outline. Discussion: Dr Dalby mentions that the CPD guide gives good guidance as to wording for coding. He is concerned about the Fulltime Practice being involved in the NHI document and asks the draft document be distributed for comment to members before submission. Dr Makotoko invites all members to comment and give input to this document.

b) Education Committee
Dr Martin Mpe highlighted matters from his annual report as attached.
Discussion: Dr Pro Obel as acting head of CASSA points out that the intended accreditation process has clearly been misunderstood by the Education Committee, reading through the report the issue has been miss-phrased and needs further discussion. CASSA sees it as a CASSA accreditation, not licensing. Issues and phrasing still need to be addressed but this AGM is not the forum. Dr Mpe welcomes this and says the late Prof Okreglicki made a passionate recommendation to the Education Committee and the matter was deferred to a meeting where the Heads of Departments were present and decisions were taken on that level. Once Funders become involved the matter becomes critical. More training is certainly necessary and implications as to scope of practice pointed out but we also need to be careful if every group wants to start accrediting procedures.

c) Ethics and Guidelines Committee
Dr Ronald Jardine presented a summary of his report as attached and pointed out that the need for consensus documents will be increasing.
Discussion: None

d) Fulltime Salaried Committee
Prof Andrew Sarkin highlighted issues from his annual report as attached.
Discussion: None

7. Report from Special Interest Groups / Regional branches
These reports have been posted on the SA Heart website for perusal. No SIG or Branch felt they wanted to highlight something during this AGM.

8. SA Heart Registry (SHARE)
Dr Andrew Thornton gave an update on the SHARE registry. We have recently reached the milestone of 10 000 patients entered which gave reason for celebration. Over the past 4 years the numbers of patients entered have doubled each year. The way forward lies in concentrating on analyzing the data and publishing it under the guidance of Prof Karen Sliwa. A SHARE symposium will be held during the 2013 SA Heart Congress/ 6th World Paed Congress. The database will also be streamlined and possibly move to a web-based system. The sponsors are thanked for their generous donations towards the project which has made SHARE independent from the central SA Heart funding. The 1000 plus cases that Prof Doubell and Dr Mabin’s units have captured in the first version of the registry will be included in the analysis and made available to the centers for own use.

9. SA Heart Annual Congresses
a) 2013: 17-22 February, Cape Town. Convener: C. Hugo Hamman
Dr Hugo Hamman stresses that this is simultaneously the SA Heart Congress. He thanks his team of 9 committee members for the hard work. All is going well. Around 450 delegates have already registered and paid besides the Congress Committee, Exco etc. which receive
complimentary registration. This is on par with expectations of target of 4000 delegates for this congress.

300 Faculty have been invited and the current CEO of the World Heart Federation is expected. They will take this congress to measure South Africa’s ability to host the WCC 2016.

Other registries will be embedded in the programme which will give SHARE a good forum for interaction.

They want to leave a legacy and plan projects that remain in place even after the congress is over. One example is the already functional patient & parent based website.

This congress is relevant to Africa and an opportunity to showcase SA Heart, services in cardiac care and an international forum for industry. He suggests asking all reps that come to members’ practices what they are doing for Congress 2013.

Dr Hugo Hamman urges all to be ambassadors for this congress and ultimately SA Heart and South Africa.

b) 2014 onwards

SA Heart Congress will in future be organized by a central Congress committee with input for scientific content from groups. The exact rotation and regulations regarding this event are being finalized.

c) Africa PCR

Dr Farrell Hellig presented the idea of the Africa PCR.

It was launched during the 2012 SA Heart Congress and will be a full day event during the 2013 Congress. From 2014 it will be a stand-alone meeting with emphasis on training.

da) WHF 2016

Prof Bongani Mayosi spoke to the meeting regarding SA Heart’s bid to host the 2016 World Heart Federation Congress. While our bids to host 2012 and 2014 failed, we are now in a stronger position, have learned from the past and have been directly approached with the request for a bid submission by the World Heart Federation despite the fact that the submission deadline has lapsed.

Cape Town is the favored City within South Africa to host this meeting. We need to canvass for support from government and other Africa countries.

A broad based organizing committee has been established. SA Heart is represented by Dr Snyders, Prof Sliwa-Hähnle and Prof Mayosi. Dr Mungal-Singh is representing the Heart and Stroke Foundation of South Africa and further committee members are from the CITCC and the Cape Town as well as National Convention Bureau which supply technical support.
The first draft of the bid documents must be ready by 20 August. The implications are that we need to provide complementary venue rental. We need to raise 10 Million Rand to cover costs for this bid and are positive that it will be raised. Expected 10 000 delegates will spend around R127 million Rand and create 1000 jobs during the time of the congress.

We have to contribute to the scientific programme and invest in ensuring delegates from all over the world attend this meeting in numbers. This will require presence at meetings all over the world to spread the word.

The national congress for that year would be combined with the WCC. There is a formula that we receive the same income as a national meeting would have accrued.

We are looking for a mandate to proceed with the bid, the deadline is 30 September.

Discussion:
Dr R Jardine points out we should get double the amount from the National Congress as it is at least twice as much work.
Dr L Zühlke and Prof Dobuell require as to the responsibility of SA Heart (members) to come up with the R10 Million for the venue hire or to need to pay it back. The R10 Million will be raised through approaching government at all levels and private funders upfront and will not burden SA Heart finances.
Dr M Sussman asks whether 4 years is long enough to prepare for an event of this magnitude. Dr C Hugo Hamman responds that the model for World Heart Federation Congress is different to that of the Paediatric Cardiac World Congress, in that they have an own congress organizing committee, provide the congress secretariat and help with scientific or programme content.

No member present objected to SA Heart submitting a bid to host this congress.

10. Motions received / for discussion

No motions were received.
Nominations and support to grant Honorary Membership to SA Heart for Drs Anthony Dalby and Anthony Stanley were received.
Dr Snyders asked Dr Dalby to stand up should he want to accept this nomination which he gladly did. Dr Stanley was not present at the AGM.

SAMA has just today sent a request for a representative to represent cardiology and cardiac surgery on the SAMA National Council.
No volunteer from delegates present could be found, the matter will be circulated within the next week.

The meeting closed.