

Reports from the SA Heart Standing Committees 2009

1. Private Practice Committee

Committee Members: Dr Anthony Stanley (chairperson), Dr S. Dawood, Dr L Rampini, Dr N Jansen van Rensburg

This was a year of much excitement!

Three issues dominated the horizon:

i) The RPL challenge

As you all know from last years report back, the RPL process was fundamentally flawed. The DOH has not followed the process as laid out in the regulations. This has been challenged by the SAPPF and all the signatories. The DOH initially said they would not defend the matter but later changed their minds. This caused some delay in our case. This has been solved by us joining HASA and the paramedics who have also challenged the RPL process. The court date is set for February 2010.

As you know we initially all agreed to fund the legal process and this will amount to R1500 per member. So far we have paid a portion of our contribution. Other groups have contributed (see slide).

ii) The NHI is ongoing. The leaked draft filled everyone with gloom. The DOH input is anxiously awaited.

iii) The SAPPF is doing good work. It needs support. It is anticipated that members will join the SAPPF in preference to SAMA as it is the body that will represent us. I would ask all members to support the SAPPF, financially and in spirit. The proposed membership fee is R1000 per year.

The new year will be dominated by coding issues, NHI and RPL.

Dr Anthony Stanley, Chair

2. Fulltime Salaried Practice Committee

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

Training :

Training of cardiologists, both adult and paediatric, as well as training of cardiac surgeons remains an ongoing challenge. The situation with regards to problems in training in 2009 have essentially remained unchanged. The perennial problems of staffing, equipment and other resources at academic hospitals remain largely unresolved and will likely remain unresolved for some time. Availability of resources, both human and equipment is a huge challenge in training institutions. Most training units are using the private sector to fill in gaps in their training programs. The committee continues to encourage public-private partnerships to strengthen training.

Staffing:

The staffing position in training institutions is still critical. There is unfortunately no short term solution in sight. The well publicized debacle with the occupational service dispensation remains unresolved. This has further deteriorated the morale of full time practice physicians and surgeons. A proposal was made in the past 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 as it was felt that the health department does not have the capacity to influence the staffing situation in a positive manner.

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.

Support of Full time Practice Physicians:

Concern has been raised from some institutions that there is poor support of fulltime practice cardiologists by the pharmaceutical and device industry. The view of the committee was that this practice was not in the short or long term interests of anyone as weak academic training institutions will ultimately affect the quality of trained cardiologists and surgeons. The committee would thus like to encourage the pharmaceutical and device industry to more actively support full time practice physicians and surgeons.

Prof Pravin Manga, Chair

3. Education Committee

Committee members: Prof T M Mathivha (Chairperson), Prof J Brink, Prof R Essop, Dr T Mabin, Dr M Ntsekhe, Prof K Sliwa-Hähnle
Sub-committee members (Heads of training institutions): Profs P Manga, D P Naidoo, A Doubell, D Marx, PJ Commerford, P Mntla, T M Mathivha, R Essop

The education committee (together with heads of training institutions) had two telephonic meetings in the past year - 4/5/2009 and 5/10/2009. The following issues related to several areas of activity were discussed:

i). Matters pertaining to **education and training**. The educational content of the three echocardiography courses/workshops (under the auspices of HEFSSA, Chris Hani Baragwanath Hospital/WITS, and Tygerberg Hospital/US/Tygerberg branch of SA Heart) and SASCI registrar workshop were considered relevant and supplementary to the training of cardiology fellows. It is recommended that future coordination of echocardiography courses be done in consultation with the Imaging interest group, once the body is properly constituted.

ii). Matters pertaining to **certification**

The eligibility of supernumerary cardiology fellows to sit for the certification examinations was again re-discussed. The committee is still of the opinion that the current requirements as prescribed remain.

Number of successful candidates: March / May 2009 Adult Cardiology certification: 3 (three) out of 7; Paediatric Cardiology certification: 2 (two) out of 2; Cardiothoracic –surgery: Numbers not available (the numbers for the August/October 09 examinations were not available at the time of finalization of this report).

iii) **Travel grants and research scholarship** recipients

Research scholarship (standing over from 2008)

Dr M Heradien R75 000.00

Travel Scholarships

Dr Kelly R20 000.00

Dr Brooks R20 000.00

Dr Zuehlke R20 000.00

iv) **Other matters**

The brief from the SA Heart executive on the formulation of a position document "South Africa - Cardiologist: Population requirements" is extremely broad, complex and multifaceted and requires further discussions at several meetings before a draft document can be on the table for discussion.

v) **Food for thought**

Total number of HPCSA accredited training posts:

Adult Cardiology: 29 + (6 vacant, 4 unfunded)

Paediatric Cardiology: 9 (all filled)

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

Prof Tshimbi Mathivha, Chair

4. Ethics and Guidelines Committee

The chairman was involved with the drafting of recommendations to the Council for Medical Schemes for the updating of the Prescribed Minimum Benefit algorithms. It was refreshing to find that CMS employees were open to comment and that it has been possible to create a basis for ongoing dialog. Both Dr A Stanley, Private Practice Committee, and Prof F Raal, LASSA, gave of their time and expertise to attend the CMS meetings in Pretoria at the end of August and make representations on behalf of SA Heart. The process of establishing new algorithms is ongoing at present.

This year the European Society of Cardiology published Guidelines on:

1. The Diagnosis and Treatment of Pulmonary Hypertension,
2. The Peri-operative Care of Cardiac Patients Undergoing Non-Cardiac Surgery.
3. The Detection, Prevention, Diagnosis & Treatment of Infective Endocarditis and
4. The Diagnosis & Management of Syncope.

These Guidelines may be accessed on www.escardio.org. Members are urged to acquaint themselves thoroughly with the content of the Guidelines and to apply them in their clinical practice as well as quoting them in motivations directed to funders. Only by establishing the authority of our (that is, the ESC's) Guidelines will we persuade funders to adopt acceptable standards of care for our patients.

Dr Anthony J Dalby, Chair