SA HEART PRESIDENT’S REPORT
It is a mere 7 months since our last AGM but Exco Members spent many hours on SA Heart matters to assist our members and fulfill our responsibility as society. I would particularly like to thank the SIGs for their participation and all effort to unify our energy.
In August 2012 SA Heart Exco invited industry to showcase SA Heart’s new profile and projects. A discussion on the ethics of sponsorships ensued. While there was a plea for a common ethics forum, this initiative has not yet been successfully launched. The traditional personal approach on individual level seems ingrained and easier to handle due to time constraint of all. We are still pursuing this suggested forum and a second meeting with industry was called during this congress. I can highlight the following issues ....
SA Heart established unique subsidized access to numerous online journals and textbooks and you are invited to make use of this opportunity by joining the eLibrary project. The project is under the leadership of Dr. David Jankelow and you can ask for a demonstration at the SA Heart booth during this congress.
On the topic of online – SA Heart has a new website, which you can also see showcased at the SA Heart booth at this congress. The new website makes provision for a virtual lounge; we are envisaging Forums and Blogs, please participate to make this a success. The SA Heart office will issue passwords for various access levels as needed. Please contact the office if you have any particular idea for a special forum.
SA Heart STEMI Early reperfusion project entered the education phase which will run over the next three months. A second survey will run during the second half of the year. We want to be in a position to assist other regions with implementing a similar project by 2014. We thank Abbott Vascular for making this project possible.
We presented our bid to host the World Cardiology Congress in 2016 and met with WHF last night over dinner. The Western Cape Government underwrites the R 10m we need to raise for the venue & opening ceremony, however, we hope to secure funding from other sectors, too. A site inspection of the CTICC will follow at the end of April and we expect a decision on whether we will host this prestigious event in 2016 by June 2013.
Our Registry – SHARE – did not fulfill our expectations. The SHARE committee will present to you their consensus decision and answer questions. Your honest comments and recommendations are necessary.
Our communication with Funders improved, Dr Makotoko will present the report on the PPC. The PPC still awaits your contributions of funding issues you have with industry. These examples are needed to reach concluding solutions with funders when our P.P.C. meets with them.
Despite a financially successful SA Heart Congress 2012 - making a profit of R 1,4m - SA Heart’s finances remain under pressure. Running a fulltime office together with a very active Exco and Committees, supporting projects, our SA Heart Journal all need financial commitment. Prof. Francis Smit will present the facts to you.
Our next Congress will only be during October / November 2014. A Central Congress organizing Committee will take care of the logistics and finances while the KZN Regional Branch with the assistance of all the SIGs is taking care of the scientific programme. The PCO and Venue will be announced in the next month or two.
SA Heart will work with Heart and Stroke Foundation to assist the minister on implementing cardiovascular disease preventions programmes.
As affiliated members of the ESC SA Heart was invited to exhibit at the ESC Congress in Munich and invited to special affiliated members meetings. The ESC offered free registration to deserving young cardiologists that were recommended from the training institutes and national society and 5 incumbents could make use of this opportunity. SASCI secured funding for travel and accommodation for these registrars. The enthusiastic reports are reflected in the previous SA Heart Journal.
My sincere thanks to all members of Exco who really supported me and SA Heart in these past months, the committee members that gave valuable input and eased the burden of the committee chairs and the SIGs for assistance and participation in our SA Heart Projects – and lastly you, our members, that take an interest in your professional society, we count on your continued support and input.
Dr Adriaan Snyders, President, SA Heart

Committee and Portfolio Reports

SA Heart Education Committee Report
Members: Dr Martin Mpe (Chairman), Dr P Obel, Dr Anthony Becker, Dr Farouk Mamdoo, (Dr Mamotabo Matshela), Dr Tom Mabin, and Prof Johan Brink
Subcommittee – All heads of cardiology departments
Prof M. R. Essop, Prof A. Doubell, Prof P. Mntla, Prof P. Manga, Prof D. Marx, Prof D. Naidoo, Prof A. Sarkin and Dr J. Lawrenson
1. **New members:**The new members of the EC since the last SA Heart AGM in 2012 are: 1. Dr P Obel, Dr B Vezi, Dr A Brooks and Prof M Ntsekhe (subcommittee).
2. The CASSA ICD Practitioner Accreditation proposal: This issue was revisited following appeal for review by CASSA. The decision of the EC was rejection of the proposal for “accreditation” by a non-statutory SA Heart affiliation group. The principle of continuing medical education is encouraged and as such fully supported. CASSA is now in the process of rewording its proposal for resubmission to the EC for further review. The idea is to ensure that CASSA can still influence the standard of training in ICD related matters in a way which is perceived as non-punitive and generally well received by all the other SA Heart members.

3. SA Heart Lecture Series: The SA Heart EXCO is in the process of developing a lecture series to expand on the education platforms of the association. The proposed series will include broader participation across the SIGs and individual invitations as necessary. The SA Heart EXCO will source funding from industry through a newly established working group. The SA Heart lecture series will run parallel with the current lecture/educational programmes as run by the SIGs. This series will target the non-cardiology community and will be presented nationwide. The course content will be relevant for doctors working in full-time and private practices. The series will be driven by Prof K Sliwa and the EC chairman will assist with co-ordination.

4. SA Heart Events calendar: It still remains a challenge to have the SA Heart event calendar efficiently managed. It is reiterated that all SIGs should present the list and dates of intended meetings to the SA Heart Office. This is to ensure that the extent and depth of the educational activities under the auspices of the SA Heart can be properly documented. EC members need to follow up with their respective SIGs to ensure that their planned programmes are sent through to the SA Heart secretariat.

5. Certificate in Cardiology: Curriculum review: The HODs scheduled a meeting during the World Paediatric Cardiology Congress to come up with a “final” reviewed curriculum as mandated by the SA College of Medicine. Invitations were extended to all to forward comments to the EC Chairman or SA Heart Secretary for consideration in this meeting.

6. Sponsorship to Global Thrombosis Forum: The opportunity for this award was advertised in 2 e-Bulletins but no applicants have come forth. This is an avenue which will afford opportunity for exposure at this level. It is encouraged, especially for fellows in training to exploit this opportunity.

7. Pan African Society of Cardiology (PASCAR) Fellowships in Cardiac Pacing: The first two candidates from the other African states have been selected for this scholarship. The selection panel constituted of Prof Mongani Mayosi, Prof Rob Scott Millar (CASSA), Prof Oluwole Adebo (PASCAR) and Dr Martin Mpe (Chair: EC SA Heart). The programme is expected to start running later this year once the successful applicants have complied with the HPCS requirements for this purpose.

8. ESC eLearning platform: The ESC launched an eLearning platform at ESC Congress 2012. This is a collaborative tool, dedicated to delivering training in 6 sub-specialties of cardiology. Key areas are: knowledge, skills and professional development.
   • The trainee is at the centre of the platform
   • The local trainer signs off training
   • The Affiliated Cardiac Society and/ or the National Working Group verify and validate the various actors in the platform (i.e. trainees, trainers, training institutions)

SA Heart, as an affiliate of ESC was invited to participate in this initiative. The first learning programme was organized with EAPCI and will deliver training in interventional cardiology
Dr Sajidah Khan has been appointed as the SA Heart representative/National Coordinator:
Her role is:
   • To liaise with the ESC platform administration team
   • To receive email alerts in order to validate new trainees and trainers
   • To verify and validate the list of national training institutions in interventional cardiology

Dr Martin Mpe, Chairman of the Education Committee of SA Heart

SA Heart Ethics and Guidelines Committee report 2013
Members: Dr Cobus Badenhorst, Dr James Fulton, Dr Ebrahim Hoosen, Dr Ronald Jardine, Prof Mpiko Ntsekhe, Dr Les Osrin, Dr Somalingum Ponnusamy and Prof Karen Sliwa-Hähnle
A modus operandi for this committee has evolved over the last year, and I refer you to the newsletter in the Spring 2012 edition of the SA Heart Journal, where it is set out.
In 2012 the European Society of Cardiology produced an unprecedented 6 new guideline updates. Commentary on each of these will appear serially in the SA Heart newsletter, and the first appeared in the Spring 2012 issue viz “Toolbox for prevention of cardiovascular disease updated” by Dr Cobus Badenhorst, and my own “Notes on the 2012 focused update of the ESC guidelines for the management of atrial fibrillation” follows in the next issue. It has been necessary to correspond with Discovery Health in support of the novel oral anticoagulants, which took the form of a letter co-signed by myself and Dr IWP Obel (President of CASSA).

Dr RM Jardine, Chairman, Ethics and Guidelines Committee, SA Heart

SA Heart Full Time Salaried Practice Committee report
Members: Prof Andrew Sarkin (chair), Dr Sajidah Kahn, Dr Riaz Dawood, Dr Johan Jordaan, Dr Paul Adams.
Thanks to all of the committee members for their input and assistance.

1. **Strengthening the full-time academic departments:** This remains a priority from all aspects including the training of cardiologists, service delivery and research. The Department of Health has recently re-affirmed the need for the teaching hospitals to be supported as a priority. To this end, managerially trained CEO’s of these hospitals are being recruited and appointed. In addition, it is the intention that all university hospitals will fall under the National Department of Health directly including in relation to budgetary considerations, rather than under provincial control. It is envisaged this will help with HR, equipment, consumables and ring fenced budgets.

2. **Training:** A review of our current training practices is being discussed now that a representative at the College has been elected (Prof Pat Commerford). A meeting of the various HOD’s has been called to discuss the current curriculum, logbooks, requirements and examinations. Any suggestions in this regard would be most welcomed.

3. **Public/private partnerships:** The involvement and help of the private cardiac personnel and the private sector must be acknowledged in academic departments and various options are being considered to strengthen these ties. Industry continues to play a role in supporting the training departments.

4. **SA Heart NHI policy document:** A provisional SA Heart NHI policy document which is broad and inclusive has been put on the table. Many thanks to Prof Francis Smit and Dr Makoali Makotoko for their involvement in this regard. It is not intended to be prescriptive in any way but hopefully rather acknowledges the importance of cardiac care and the shortcomings we face in South Africa. Any suggestions or criticisms would be appreciated.

5. **Booklet:** The Full Time Practice Committee has embarked on and is preparing a simple booklet aimed at GP’s, district and secondary level hospitals covering the main cardiac diseases taking into account current pragmatic therapies.

6. **New HoD at Groote Schuur:** The Full Time Practice Committee would like to congratulate Prof Mpiko Ntsekhe on his appointment as Head of the Division of Cardiology at UCT/Groote Schuur. We wish him all the best of success in this new position.

*Prof Andrew Sarkin, Chairman of the Full Time Salaried Practice Committee of SA Heart*

**SA Heart Private Practice Report**

**Members:** Dr Darryl Smith, David Jankelow, Dr Razeen Gopal, Dr Len Steingo, Dr Mark Abelson, Dr Johan Botha, Dr Makoali Makotoko (Chairperson)

The Private Practice Committee of The South African Heart Association concerns itself with ensuring that the private practice environment is most enabling for the cardiac Practitioners who are members of the Association. This requires that we engage and work with the important role players who influence this environment: The government through the National Department of Health, which formulates laws and policies that guide healthcare practices; The Health Professions Council of South Africa which ensures that Practitioners have the correct qualifications and abide by stipulated codes of conduct; The Council for Medical Schemes which oversees the conduct of Medical Funders; Medical Schemes themselves who have been entrusted by patients to manage their medical costs with the contributions that the patients make; and, central to all these, and the only reason they all exist, the patient him or herself. The South African Heart Association is affiliated to the South African Medical Association and the Private Practice Committee therefore also works closely with SAMA on many issues.

In the past year we have interacted with several of the organisations and institutions already mentioned. Almost daily we respond to queries from members about practice guidelines if a particular procedure was not reimbursed or was questioned by a funder. We also get enquiries from the funders themselves about guidelines. We always refer to the European Society of Cardiology, to which SA Heart is affiliated, and we have adopted their guidelines. In this matter we work closely with the SA Heart Ethics and Guidelines Committee.

Cardiovascular Medicine is evolving at a tremendous pace and as such new techniques and technologies are constantly being introduced. Examples are Renal Denervation and Transcatheter Aortic Valve Implantation (TAVI), both of which are being done with greater frequency in this country, but which do not yet have procedure codes for billing. Many other procedures do not have billing codes and some have very outdated stipulations in the Doctors Billing Manual. These procedures need codes and at the present moment we have the opportunity to present the new codes to SAMA for inclusion in the DBM of 2014. We have requested the Special Interest Groups of SA Heart to lead this initiative as each superspeciality is best placed to identify the gaps in the procedure code. It gives me pleasure to mention that Paediatric Cardiology has taken the lead having upgraded most of their codes and already made a presentation to the SAMA Coding Committee last year. They have to make a few adjustments. They are to be congratulated as they undertook a mammoth task. Representative of SASCI had a meeting with a member of the SAMA coding department and myself a week ago to get clarity on the exact process to follow when introducing new codes and we hope their application will make it for the 2014 manual. Other SIGs are urged to upgrade their codes too.

We have taken the decision to engage with Medical Funders and discuss issues of concern rather than to treat each other as adversaries. To this end, in 2012 we held several meeting with Discovery Health which is one of the largest Medical Schemes. In these meetings we discussed billing codes, drug formularies, chronic medicine forms and prescribed minimum benefits. On most of these issues we were able to reach agreements; one of the most important ones was the fact that the "global period" of not charging for follow up after a procedure (Rule G), applies to pacemaker implantations but not to coronary interventions and percutaneous procedures. This meant that those members whose funds had been either withheld or withdrawn could actually be
reimbursed. This had caused tremendous stress and unhappiness among our members and we were happy that the matter was resolved. Unhappily though, Discovery Health failed to send those members an apology as had been promised. At the moment, there doesn't seem to a way to avoid the global period after pacemaker implantations, we will continue to investigate. We were invited to make an input on the new drug formulary but the time was too short for us, hopefully we will continue to be asked to make inputs as SA Heart in the future. We agreed to have prescriptions with ICD 10 and patients' signatures suffice to get that patient registered for "chronic medicine".

Furthermore, we were able to agree that if Discovery Health has a problem with a member of SA Heart in terms of his/her billing or any other practice they should approach us first before any monies are withdrawn or withheld from the member. In this regard Discovery did contact SA Heart and I wish to thank Dr David Jankelow and Dr Len Steingo who worked on this case. They reviewed many of the disputed claims and found that our member had billed correctly and appropriately. Happily, he was refunded his money. Several lessons were learned from this process though, which other members should heed:

The ICD 10 codes have to be very accurate and be updated when new conditions arise. In ICU or High Care patients, the code for the ward must be that same for the doctor and the hospital. If an ICU patient is nursed in a high care bed due to limited ICU beds, the hospital must stipulate that that was the case.

There are many issues we still need to work on, but we have made an encouraging start.

Medscheme, which is the administrator for GEMS, Bonitas, Medshield among others, is in the process of forming a "Specialist Forum" where specialist from different fields can meet regularly to discuss issues of concern. SA Heart has signed on to be in this forum and the first meeting is on the 16th of February. It will be useful, again to interact with funders on a one to one basis. We view this as a positive step and we hope to engage with as many funders as possible.

Through the office of the President of SA Heart and the Ethics and Guidelines Committee SA heart has challenged the fact that the Council for Medical Schemes has been publishing treatment guidelines. We feel that this is the function of professional societies and associations which should be consulted when such guidelines are required.

The Private Practice Committee (represented by me), together with the Full Time Public Sector Committee (represented by Prof Andrew Sarkin and Prof Francis Smit), have been tasked to draw up a position statement of SA Heart on the National Health Insurance. Once completed, the document will be circulated to members of EXCO before being presented to the Minister of Health.

In essence, we feel that all members of SA Heart must be proactive, identify how we can all work towards improving the cardiovascular health of all South Africans, whether in the private or public sector and that we ensure that the training of new cardiac Practitioners in the different fields becomes a top priority because only if we have enough cardiac Nurses, Technologists, Surgeons, Radiographers and Cardiologists can we hope to deliver the best standard of care.

We remain convinced that if we in the Private Practice Committee, together with the whole of SA Heart, create the right environment for our cardiac Practitioners to work, they will continue to give the best of their minds and human caring to the most important people in the whole health care system: the patients.

I would like to thank the members of the Private Practice Committee for their work in this past year, helping to answer all the queries that we receive and having to attend meetings and teleconferences. I would also like to thank the President of SA Heart, Dr Adriaan Snyders, who has often helped when we all get stuck and to the Secretary of SA Heart, Mrs Erika Dau for her efficient arranging of meetings, teleconferences and sending of deadline reminders.

Dr Makoali Makotoko, Chairperson, Private Practice Committee, SA Heart

SA Heart Journal – Overview of activities for 2012 - 2013

SA Heart is a quarterly publication. The first three issues of 2012 were summarized in the last annual report. The last issue of 2012 (Spring issue; Volume 9, number 4) focused on the cardiovascular problems encountered in contemporary oncology. Len Steingo was the guest editor for this issue. The Spring issue also featured the first of the ECG quiz contributions by Rob Scott Millar who took over this task from the late AO Okreglicki. The first issue of 2013 will feature the abstracts of the annual SA Heart congress which is also the 6th World Pediatric Cardiology and Cardiac Surgery Congress. Monitoring over the last number of years of the standard and scientific value of some of the abstracts excepted for our annual congress has identified an area of concern that must be addressed by organizing committees of future congresses. Our objective to become listed by the US National Library of Medicine (NLM) of the NIH has not yet been achieved but remains a priority.

Prof Anton Doubell, Editor: SA Heart

SA Heart Cathlab Registry - SHARE - Report

Over the last few years since my involvement in the SHARE registry, the registry has developed from something which had almost collapsed completely, to the stage where over the last year the total number of patients recruited onto the registry now numbers over 15,000, and where the registry was working in a much larger number of centres and with independent finance outside of the office of SA Heart. This has required a significant amount of work from a small core of people including Martin Sussman, Cobus Badenhorst, Francis Smit and Elizabeth Schaafisma, and more recently from Karen Sliwa. The involvement of George Nel, allowed us, at least for a time, to bring in enough income to support the registry in full. I would also like to thank our sponsors, particularly Netcare, who have been very generous, Discovery Health and a large number of contributors from the pharmaceutical and device industry. The inclusion of Karen Sliwa allowed us for the first time to put things in perspective, with the inclusion of over 15,000
patients a significant number to be proud of. We have recently started the first of what I would hope would be a number of publications looking at data derived from this registry.

Unfortunately, the registry has cost SA heart a significant amount of money, and there has for a long time been significant opposition to the registry. For those who read any journal article from Europe or the US, it becomes immediately evident that registries have a significant part to play both in research and in maintaining standards within cardiology. In addition these registries also supply significant information to governmental organisations, hopefully improving the planning for healthcare going forward, and clearly stating where we are in the diverse parts of our healthcare system, and where we can improve. In the situation where we have NHI looming on the horizon, we need all the information we can get and the registry, if anything, needs to continue and be expanded. A number of early ideas have been mooted in this regard, and my feeling is that this registry does need to continue, but in a more effective and efficient way. Unfortunately, because of the economic climate, industry has been cutting back significantly, and our income, going forward from here, has suffered to a significant degree, and if the registry is to continue, SA heart will unfortunately again have to allocate significant resources to the registry. The registry will be discussed at the AGM, but my plea would be that the project be allowed to continue in some form or other, otherwise any goodwill already built up will undoubtedly dissipate and it would be even harder to reintiate any further registries.

After a number of years involvement in this project, I will be stepping down at the annual general meeting, but wish to thank all those who have actively participated both at an organisational level, and in entering data into the registry. I wish whoever takes over the mantle of this project the best of luck.

Dr Andrew Thornton, Chair, SHARE

SIG annual reports

CASSA President’s Report

The Cardiac Arrhythmia Society of Southern Africa is an active society, currently with 74 members, that concentrates on advancing Electrophysiology in South Africa and Africa.

During the past year CASSA hosted the following educational activities:

1. The Many Faces of AF national symposium took place in October, with International experts Dr Neil Sulke (Eastbourne), Prof Johannes Brachmann (Coburg), Dr Kim Rajappan (Oxford) and Prof Sylvia Haas (München). There were three meetings in Cape Town, Durban and Johannesburg respectively and the symposium was attended by 210 delegates in total.
2. Our Corporate Members Medtronic and Boehringer Ingelheim hosted a series of GP meetings on Atrial Fibrillation during which general practitioners were educated about the signs and symptoms as well as diagnosis and treatment of AF.
3. Dr Andrew Thornton addressed the Medical Advisors of most major medical aids during the Medical Advisors Congress in August.
4. In the never ending battle with Medical funders, CASSA is working with a high profile legal firm on drafting a letter to the Registrar of the Council for Medical Schemes in which we state unequivocally and with strong, indisputable facts and statistics, that we expect the Registrar to send out a circular to all schemes, instructing them to pay for ICD’s in both primary and secondary prevention if the indication and diagnosis fit that of a life-threatening arrhythmia.
5. Two colleagues completed the ICD practitioner accreditation programme.

EDUCATIONAL PROGRAMMES PLANNED FOR 2013

1. **Atrial Fibrillation Training for General Practitioners**

CASSA will be hosting GP workshops on the diagnosis and treatment of Atrial Fibrillation. Diagnostic instrumentation will be provided to the General Practitioners involved and the data gathered will be published at the end of the programme.

2. **ECG Quiz in South African Heart Association Journal as well as Modern Medicine**

The quarterly ECG quiz will appear in the SA Heart Journal and a similar questionnaire, aimed at GP’s, will appear in the Modern Medicine Magazine.

3. **ECG Course for Cardiology Registrars**

An advanced ECG course for Cardiology candidates will take place on 25-26 January, in Cape Town. An advanced course on Electrophysiology, aimed at Cardiologists and trainees, which focuses on pacemakers and ICDs will be held during the CASSA weekend in October.

4. **CASSA Specialist Symposium - Arrhythmias in Heart Failure: an endless perpetuating circle.**

The national CASSA specialist symposium has become a popular event on the South African Cardiology calendar. This year, the CASSA symposium will deal with Arrhythmias in general and different to the previous two symposia, will consist of one day theory and one day practical application at the hand of case discussions. This Symposium will take place in the third quarter of 2013.

OTHER PROGRAMMES AND INITIATIVES

5. **Andrzej Okreglicki Travelling Fellowship**

CASSA, in collaboration with its Corporate Member Partners, is proud to announce the launching of the A Okreglicki Travelling Fellowship. This Fellowship is dedicated to the memory of a cherished and valued leader in the electrophysiology community in South Africa.
AO met an untimely end while in the early part of a brilliant career in electrophysiology. He was travelling at the time. The purpose of the Fellowship is to help further the educational ambitions and careers of young people on the threshold of a career in clinical electrophysiology.

The Fellowship will be comprised of the following:

- Attendance at a major international electrophysiological meeting.
- A further two weeks at a site or maximum of two sites in an overseas environment in order to materially and clearly further that person’s clinical development in clinical electrophysiology.

### 7. Electrophysiology Fellowship at GSH

Dr Neil Hendricks has just completed the first EP Fellowship at Groote Schuur Hospital. Details on application for the next EP fellowship will be communicated shortly.

### 8. Important Communication on the CASSA ICD Practitioner Certification Process

The Education Committee of South African Heart Association recently issued a position statement on the subject of implantation of internal cardioverter defibrillators (ICDs) for the prevention of sudden cardiac death (SCD) in patients with existing heart disease and left ventricular dysfunction (primary implantation). The major points made were:

1. Agreement on the need for proper education in EP and related disciplines in South Africa and the current shortcomings in providing this.
2. The suggestion was made that practitioners should seek training, in this case with industry and with non-specified proctorship.
3. Great emphasis was placed on the fact that SA Heart and its special interest groups (SIGs) are not a statutory or licensing body. Such actions are only undertaken by the HPCSA.
4. SA Heart, its committees and SIGs must not limit the scope of practice of cardiologists in this country.

There is no disagreement from the Cardiac Arrhythmia Society of Southern Africa (CASSA) on any of these points. We would like to emphasize that CASSA is concerned with what has become a critical situation.

Turning to the subject of ICD implantation in South Africa (in this case, primary implantation) there are a number of undeniable facts:

ICDs are extremely expensive albeit efficient devices which function well when correctly implanted, programmed and followed up in appropriate cases. This document does not apply to secondary prevention i.e. when implantation and subsequent care is for a demonstrated case of cardiac arrest or hypotensive ventricular tachyarrhythmia. In the latter case it is universally recognised and recommended that the attending doctor should be a recognised and trained electrophysiologist. These are the views and polices of American Heart Association, American College of Cardiology, Heart Rhythm Society, European Heart Rhythm Society and European Society of Cardiology (references can be supplied).

It has been clearly established that primary ICD implantation if not done correctly, programmed correctly and not followed correctly often lose their medical value to the point that they are not only ineffective but may constitute a real risk to life or be a major disadvantage to the patient.

It is not CASSA’s wish to be, nor will it act as a watchman. Our stance is to educate and help ensure this therapy is of value.

Many funders refuse to supply ICDs on the grounds that they do not fall within the ambit of a Prescribed Minimum Benefit (PMB) (a situation which CASSA is currently actively involved in). They increasingly find that doubtful or inadequate training of the would-be implanters is a good reason to deny ICD implantation. They can and do claim that training and “certification” by a device company is not sufficient, not supervised and is inherently flawed because the “licensing authority” has a direct financial interest in the implantation. The latter applies, of course, even when the trainer(s) are recognised “experts” in the field – usually from outside of South Africa and always receiving a fee from the device company.

The consequences of this situation are clearly unacceptable to colleagues and above all to the patient requiring this life saving device.

CASSA addresses this situation as follows:

It co-operates with device companies and has reviewed courses offered by them. Further reviews and updates continually follow. Although we cannot and do not wish to act as a licensing body we do offer to help with the validation and effectiveness of the training by offering individual reviews to aspirant implanters by testing the effectiveness of their training proctoring the implanting skills and reviewing device programming in follow up. Having gone through this process we offer them certification with CASSA.

It has to be clearly understood that CASSA does not act as a licensing body. It is not our aim or wish to be one. We offer practitioners membership of CASSA and the tools with which they can confront medical aid societies who often search for any way with which to avoid provision of these expensive devices.

Certification with CASSA (not licensing by CASSA) offers practitioners the means to practice but not limit the scope of practice.

CASSA currently has a list of doctors accredited as electrophysiologists. This is done by detailed examination of records or proof of training at a recognised centre or with some recognised certificate of competence in electrophysiology. It is voluntary and effectively defines and supports one small group. The outline of the process in detail is available.

All registered cardiologists have the right to membership in CASSA. Other forms of membership exist but are not relevant to this discussion.
CASSA performs mainly educational activities. For reasons outlined below we believe that these relate to current “medical” and patient needs in South Africa. The purpose of educational programs is to promote practice and research at as high a level as possible within the field of clinical electrophysiology and related areas in South Africa.

We wish to educate and help with education at all levels by organising symposia and giving courses in keeping with the aims of a professional society. We would welcome any other methods of education. We aim simply to act within the objectives and scope of a professional society.

CASSA is currently in discussion with the European Heart Rhythm Association as well as the European Cardiac Arrhythmia Society regarding a mutually beneficial project around accreditation for ICD practitioners. This training programme will focus on the practicalities of successful ICD implantation. More details will follow as the partnership evolves.

I must once again thank the CASSA corporate members for their continued support and loyalty to the organisation and its goals. They are Sanofi, Medtronic, Amayze-Abantu, Biosense-Webster, Boehringer-Ingelheim, Boston Scientific, Biotronik, Bayer Pharmaceuticals and Inova Pharmaceuticals.

Finally, I would like to thank my fellow EXCO members for their unselfish giving of their expertise and time to further the goals of CASSA. They are Ronnie Jardine, Andrew Thornton, Anthony Stanley, Judy Daniels, Rob Scott Millar, Razeen Gopal, the two Industry representatives Estie Muller and Luigi Zampieri, and our Executive Officer Franciska Rossouw.

**Dr PRO Obel, Acting President, CASSA**

**CASSA President’s report**

Members of the executive: Prof MR Essop (president), Prof AF Doubell (vice president), Prof DP Naidoo (secretary), Dr D Smith (Treasurer), Dr F Peters (chair: Echo), Dr C Libhaber (chair: Nuclear), Dr R Nethononda (chair: CMR), Dr P Herbst (chair: CT)

Barely 6 months have lapsed since the last report.

The imaging symposium at Sun City on congenital heart disease and co-hosted by the Mayo faculty was deemed by all to be a huge success.

In October 2012 Baragwanath hosted its annual New Horizons Symposium in Echocardiography. With 130 attendants the course is without doubt extremely popular and a barometer of the growing interest in imaging in general and echocardiography in particular. Leading international faculty including Professors F. Mookadam (Mayo – Scottsdale), B. Khandheria (past president, American Society of Echocardiography), R. Davidoff (section editor – Circulation), J. De Vita (deputy editor – circulation), J. Bax (section editor – JACC Imaging), and P. Nihoyannopoulos (past president – European Society of Echocardiography) attended and shared their deep insights in cardiac imaging with the audience. Live workshops that covered deformation imaging, carotid imaging, 3D TEE and vascular reactivity were particularly well attended indicating great enthusiasm to keep abreast with new technology. It was also gratifying to note representation by all vendors of ultrasound equipment at the meeting.

Two years have lapsed since the election of the current executive of CASSA and a new executive will be decided upon soon at the meeting in Cape Town.

*Prof. M. R. Essop, President, CASSA*

**HeFSSA President’s Report**

The HeFSSA Executive committee under the leadership of Dr Eric Klug (President) is: Martin Mpe (Vice-President), Darryl Smith (Treasurer) and Jens Hitzeroth (Secretary) with support from Karen Sliwa, Pro Obel, Christina Radulescu, Sandrine Lecour, Tony Lachman and Juan Vorster. They remain the driving force behind all the HeFSSA activities and we need to thank them once again for their resilience, hard work and commitment.

Report back on programs since previous AGM:

In the process of achieving our educational goals, HeFSSA once again organised the Cardio Update for Non-Cardiologists at the SA Heart Congress 2012. As this program was once again sponsored by AstraZeneca, we offered this workshop at no charge to local medical practitioners. 140 General Practitioners registered for this workshop and all the sessions were well attended. Dr Martin Mpe was the convener of this meeting and together with other Exco members, including Prof Karen Sliwa, Drs Eric Klug and Jean Vorster, was part of the faculty for this program. HeFSSA would like to thank them for their time and commitment to this successful program.

**Research and Specialist education**

HeFSSA/SASCAR also held a very successful parallel session at the 2012 SA Heart Congress. The focus was on Acute Heart Failure – detection and management as well as from bench to bedside. HeFSSA and SASCAR will continue their collaboration in future as these 2 societies have been working well together. Prof Sandrine Lecour is the SASCAR representative on the HeFSSA Exco.

**General Practitioner Program**

The first program was well received by General Practitioners in 2010 (6 meetings), and was expanded to outlying areas in 2011(19 meetings) and 2012 (14 meetings). The relevance of the material, academic substance and discussions with case studies were described as excellent by delegates. Comments such as “thank you”, “very good” and “exceptional speakers” were frequently heard. In 2012, 373 delegates attended the meetings and HeFSSA has also expanded their activities into Namibia and held Workshops in Windhoek and Walvis Bay.

The program has built up an excellent panel of suitable faculty members. Faculty includes the HeFSSA Exco and other leading Cardiologists in South-Africa: (Dr Abelson M, Dr Bennet M, Dr Badenhorst C, Dr Dean MPG, Dr Du Toit J, Dr Fourie S, Dr Hitzeroth J, Dr Jardine R, Dr Kettles D, Dr Klug E, Dr Lachman T, Dr Lochner JA, Dr Makotoko EM, Dr Mamdoo F, Dr Middlemost S, Dr Milela GM,
In 2013 HeFSSA will again offer, for the 4th consecutive year, an exciting CPD accredit course for General Practitioners and Physicians in HF. The course will consist of case based discussions with ample opportunities for the delegates to participate in an interactive discussion with the speaker and colleagues. Our Corporate supporters, AstraZeneca, Boston Scientific, Medtronic, Pharma Dynamics and Servier have made their commitments to the program and meetings are planned in the following areas: Bloemfontein, Cape Town, Durban, East-London, East- Rand, Hermanus, Johannesburg, Nelspruit, Polokwane, Port Elizabeth, Potchefstroom, Pretoria, Rustenburg, Vanderbijlpark and Windhoek with possibility of meetings in George and Walvis Bay as well. Possibility of extending these programs into Africa (Botswana and possibly Mozambique) is also being considered and will be discussed at the AGM.

To further expand on our vision of educating General Practitioners and Physicians, we want to continue to provide value to the SA Heart Association, our colleagues, the industry and most important to our patients. We plan to achieve this vision through the following programs in 2013:

**HeFSSA GP Program 2013** - This year’s program will be a clinically based program with a case study based approach with no “specific theme”. The risk factors for Heart Failure will also be included. A lecture template will again be developed to ensure the level and consistency throughout the country is the same. The 2013 program will run from August to November.

As part of a high visibility campaign, HeFSSA will also provide the following material to General Practitioners who attend these meetings:

- A Chronic HF: Diagnosis and treatment algorithm 2013 *(adopted from the ESC Heart Failure guideline 2012)*. This algorithm has been finalised and submitted to SA Heart end 2012. HeFSSA will involve SAMA and other societies to inform market through Medical Advisors, journals, MIMS, CMS, and HPCSA etc.
- A major focus during the GP Program for 2013 is the launch of updated Heart Failure review in the form of a HeFSSA Statement based on the ESC 2012, Acute and Chronic Heart Failure Guidelines. The aim of this document is to provide evidence-based guidelines for the diagnosis and treatment of heart failure and to highlight changes from the 2008 ESC Guidelines and emphasize areas particularly relevant to South Africa. The hard copy document on “*What is new and what has changed: A South-African perspective on the 2012 ESC Heart Failure guidelines*” will be distributed by our Corporate supports. Dr Martin Mpe has prepared this document with the support of the guidelines committee: Karen Sliwa, Tony Lachman, Eric Klug and Darryl Smith.
- A HeFSSA Business card with the HeFSSA office contact details and the website details has been designed. The aim of the business cards is to direct General Practitioners and Physicians to the HeFSSA website and subsequent to the available educational material.

The HeFSSA website ([www.hefssa.org](http://www.hefssa.org)) is continuously updated to ensure that a visitor to this sight gets the latest news, publications and general information on upcoming events. The HeFSSA Exco contributes to ensure that the content stays relevant and interesting. The website is also updated with previous GP meeting’s lecture material. We are also looking into the development of a website based invitation and registration program for our GP Program, to ensure that we maintain our professional status and also to assist us in our quest to drive more people to the website. The latest minutes of both the AGM as well as the Annual Report are also available on the website.

HeFSSA has developed a web-based Questionnaire functionality with the aim to drive the Medical Practitioner to the website with the incentive that through completion of questionnaire(s) online CPD points can be obtained. This tool has a professional look and feel and the Practitioner knows immediately if he qualified for the CPD points (automatically marked and the result made available). Multiple tries is also possible. A CPD accredited Ethics Questionnaire will be available on the website in quarter 2 of this year. Our corporate supporters have also agreed to distribute a hard copy leaflet with more information in this regard to General Practitioners, Physicians and Cardiologist.

**Patient Empowerment** - HeFSSA would also like to expand our focus to include other care givers (in addition to General Practitioner also nurses and care giver at home i.e. the patient support system) to empower all concerned. These programs are still in planning and could include collaboration with funders such as Discovery Health. The subgroup members are Jean Vorster, Jens Hitzeroth, Karen Sliwa, Eric Klug and Darryl Smith.

**Physicians and General Practitioner update (“Cardio Congress”)** - The HeFSSA Cardio Update for Non Cardiologists has been a very successful program at previous SA Heat congresses. HeFSSA plans on doing the cardio update for the General Practitioners (as well as Physicians) in the last quarter of 2013 as a standalone program. This program will be a full day event with topics covering Heart Failure and a wider range of related cardiovascular topics. Tony Lachman and Jean Vorster will be the co-conveners and Martin Mpe and Cristina Radulescu will be part of the core programs organising committee.

HeFSSA Heart Failure Travel Scholarship - We are currently not training enough cardiologists in South-Africa and in addition need to expose fellows/registrars to Heart Failure specialty field and get them involved with HeFSSA. HeFSSA considers the support of this award to be part of its contribution towards optimizing patient health care and to enhance and further local expertise in Heart Failure in South Africa. This award is available to either public or private practitioners. The Exco has extended an invitation to the Head of Medical Schools and hope to receive nominations early in 2013. HeFSSA currently funds R 50,000 per annum as
educational award(s) in heart failure. For more information on how to apply for this scholarship you can visit the HeFSSA website (www.hefssa.org), under Education. You can also contact the HeFSSA office on info@hefssa.org or 083 458 5954.

HeFSSA has been approached by McMaster University/PHRI to contribute in the Inter-CHF study. The impact of this study is of great importance to the following extent:

- This will be the largest systematic evaluation of heart failure (HF) in lower and middle income countries in Africa, Asia and South America
- This registry will describe the causes, clinical risk factors and burden of disease, document the prevalent approaches to patient management, and identify gaps in the care of HF patients
- This registry will also examine patient and physician knowledge and perceptions towards HF, and identify barriers to prevention and treatment, thereby suggesting possible solutions, which may be evaluated in future studies

Such information will also be critical for the development of locally sensitive guidelines, research programs, and possible policies and interventions. Prof Karen Sliwa is heading this study in South-Africa.

The GAPS-HF study is being done by the World Heart Failure Society. There are wide variations in the management of HF both within and also between countries. This survey aims to describe the diagnosis, different forms of care and treatment of HF across a wide variety of countries by medical practitioners who manage HF patients. Please contact the HeFSSA office if you need more information or you can go to http://gaps-hf.whfs.org to be part of this important survey. Jens Hitzeroth is overseeing this project.

HeFSSA Vision 2013 - We are a small and busy society. We have funding, contributions and enthusiasm. Our vision is to continue to provide value to the SA Heart Association, colleagues, and the industry and to our patients. We need to continue to manage our finance creatively with Darryl Smith as the treasurer and George Nel and Sanette Zietsman as part of the management team. We plan to execute this vision by supporting the SA Heart association and our colleagues with above mentioned programs. We also acknowledge our responsibility towards our sponsors and the communities in which we practise.

To achieve our mission we depend on the continued support and dedication of our corporate supporters, AstraZeneca, Boston Scientific, Medtronic, Merck, Pharma Dynamics and Servier. HeFSSA appreciates their loyal support.

Please contact the HeFSSA office if you want to learn more about these events or if you want to participate in any of the programs.

Contact details: George Nel, info@hefssa.org or 083 458 5954 Cell
Sanette Zietsman, szietsman@telkomsa.net or 083 253 5212 Cell

Eric Klug, President HeFSSA

Lipid & Atherosclerosis Society of Southern Africa, LASSA, President’s report

AD Marais, University of Cape Town & National Health Laboratory Service
FJ Raal, Charlotte Maxeke Hospital & University of Witwatersrand

The Lipid and Atherosclerosis Society of Southern Africa (LASSA) remains affiliated with both the South African Heart Association (SA Heart) as a Special Interest Group (SIG) since 2006 and with the Society for Endocrinology and Metabolism and Diabetes of South Africa (SEMDSA) from which it branched as a subsidiary society in 1989.

LASSA remains a small group with its orientation as an academic body covering a wide area of interest in inherited disorders of lipid and lipoprotein metabolism, atherosclerosis, nutrition, epidemiology and pharmacotherapy. Expertise in the diagnosis and management of severe dyslipidaemias remains mainly at the Groote Schuur (Cape Town) and Charlotte Maxeke (Johannesburg) teaching hospitals while a few other teaching hospitals also manage severe dyslipidaemias but have less active clinical and laboratory services. Special laboratory testing for severe dyslipidaemias and metabolic errors in lipid metabolism is currently limited to the lipid laboratory within the Division of Chemical Pathology in Cape Town and is supported by the Medical Research Council of South Africa.

The guidelines for dyslipidaemia were published during the past year to incorporate developments that came after the acceptance of the European Guidelines by SAHA in 2006. The reference is: Klug EQ, Raal FJ, Marais AD, Taskinen M-R, Dalby AJ, Schamroth C, Rapeport N, Jankelow D, Blom, DJ Caticas R, Webb DA. South African Dyslipidaemia Guideline Consensus Statement A joint statement from the South African Heart Association (SA Heart) and the Lipid and Atherosclerosis Society of Southern Africa (LASSA). S Afr Med J 2012;102:177-188. It is hoped that this will be accepted in medical practice, including government and private healthcare sector organisations.

Newsletters update the membership of LASSA and SA Heart on new developments when international meetings are attended by some of the LASSA members. This service is threatened by diminishing opportunities to attend meetings as well as the strained working environment. This also means that maintaining a formal website is difficult but contact can be made with the network through the SIG site on the SA Heart website. Membership with the International Atherosclerosis Society will continue and is part of the reason why LASSA membership increased to 77 members in 2012. The subscription will remain unchanged in 2013. It is hoped that LASSA membership can increase further considering the high and increasing burden of atherosclerosis in the developing world.

There is concern about sustaining the expertise in lipidology as academic careers are not available in the tertiary care environment. Internal medicine and paediatric medicine training does not expose the postgraduate student to this discipline. Cardiology training also does not involve exposure to lipid disorders and more specialized management. Ideally specialist cardiology training would
include exposure to lipidology with trainees spending some time at a lipid clinic. Another joint SEMDSA-LASSA congress is due in Johannesburg in April 2013 at which time a new committee will be elected.

South African centres contributed significantly to the study of new pharmacotherapy in homozygous and severe heterozygous familial hypercholesterolaemia. For South Africa to continue participating in these studies it is essential to retain and expand the capability to make accurate clinical diagnoses and confirm them on a molecular level. Co-operation between the private and public sector is important as patients may present in either sector. Treatment for the most severely affected patients should ideally be at tertiary healthcare centres so that patient care, knowledge, experience and research in this field can be enhanced. More recently the diagnosis of Smith Lemli Opitz syndrome, a cholesterol biosynthetic error with congenital malformations and mental impairment, was confirmed biochemically in several patients with subsequent identification of the causative mutations. This work was presented at the African Society for Laboratory Medicine in Cape Town in December 2012.

LASSA, though concerned about the current constraints on lipidology practice, training and research remains committed to its aims and will endeavour to provide expertise in lipidology.

Prof David Marias, President, LASSA

PAEDIATRIC CARDIAC SOCIETY OF SOUTH AFRICA President’s report

1. INTRODUCTION:
The Paediatric Cardiac Society of South Africa (PCSSA) is a special interest group of the South African Heart Association SA Heart), the umbrella body for cardiology and heart surgery in South Africa. PCSSA is a voluntary association of paediatric cardiologists, cardiac surgeons, cardiac anaesthesiologists and paediatricians, all with an interest in children with heart problems. The objectives of the Society are to improve quality of care for children with congenital and acquired heart disease though promoting research and supporting education and training of children’s heart specialists. PCSSA is the primary advocacy group for children with heart disease in South Africa, and also represents PASCAR colleagues.

The two year term of office of the current Executive of the PCSSA ends with fresh elections at the AGM in August 2012. The incoming executive committee is:

Liesl Zühlke (President), Paul Adams (Vice-president), Belinda Mitchell (Secretary), Stephen Brown (Treasurer), Andrew Brooks (Training), Jeff Harrisberg (Private Practice), Ebrahim Hoosen (Ethics and ex-Officio), Christopher Hugo-Hamman- (CEO 2013 company)

2. FINANCIAL STATEMENT FOR YEAR ENDED 20 January 2013 unaudited

We are pleased to report that the Society is in a reasonable financial position. The Annual Financial Statement for year prepared by our Treasurer Prof Stephen Brown, is appended. The bank balance as of 31 Dec 2012 stood at R 180845.12. Expenses over the past financial year related to loans to the 2013 world congress company and significant sponsorship of nurses and local meetings. These nurses were sponsored form each of the local private and public hospital units in order to attend the world congress in February 2013.

3. 2013 WORLD CONGRESS

Our major focus for the past year has been directed on initially securing, then preparing and now hosting the 6th World Congress of Paediatric Cardiology and Cardiac Surgery. This has been a monumental task and enormous thanks and appreciation for the incredibly hard work must go to all the members of the local organising committee, in particular the CEO, Christopher Hugo-Hamman and the scientific chairs John Lawrenson and Hewitson. They have been ably assisted by Susan Vosloo, Stephen Brown, Jeff Harrisberg, Ebrahim Hoosen, Andre Brooks and Liesl Zühlke.

As I prepare this report, our registrations stands at 2637 with a massive 800 talk programme and over 300 invited faculty from all disciplines. There is an outstanding programme covering adult and congenital topics, acquired heart disease, imagine, surgery, intensive care with a short programme for nurses and basic sciences. We have had some criticism as regards our fees which have indeed been higher than the traditional local meeting, but remain below the rates for the 2009 5th world congress in Cairns, which offered just over 400 talks and covered 4 full days as opposed to our 5 full days. We have offered super early bird rates, discounted rates for south Africans but have been disappointed with the slow rate of response of our adult colleagues. However, we were able to generate significant support from certain SIGs and with the inclusion of an Africa PCR programmes and symposia form SASCI and SASCAR, we hope to have given an inclusive feel to our congress and a home for adult practitioners, alongside their paediatric colleagues. We look forward to a successful meeting- our major vision has also been to focus attention on the plight of children living with cardiovascular diseases and to highlight the incredible work being done on this front in the past decades. We want to showcase this work but also highlight strongly the inadequacies of access to these advances in different parts of the world thereby contributing to raising awareness of congenital and acquired heart diseases. We also wanted to showcase the amazing work being done in South Africa and believe that our live case broadcasts from local units will introduce a new cadre of extremely talented individuals to the world.

The PCSSA wishes to thank the 2013 Committee and commend them for their passion, enthusiasm and amazing endurance!

4. PRIVATE PRACTICE AFFAIRS

Jeff Harrisberg has led the ongoing process to update coding for paediatric cardiac procedures as well as the expansion of the PMB list to include relevant paediatric cardiac conditions. Our appreciation to him and others involved in these important and time consuming processes. He has been assisted by Harold Pribut and significant input is still required in this area especially
with the growing GUCH (grown-up congenital heart) population.

5. CHANGES WITHIN SA HEART
A number of important initiatives of the parent body have occurred in the last year that potentially affects us as a Special Interest group of SAHA. The first is proposal that meetings and events of the parent body and SIGS should be centralised and that any fundraising events should be handled via the parent body, especially the annual meeting and congresses. This has not been finalised yet but discussions are ongoing and we will continue to participate in these discussions with the interests of our society at heart. One result of these discussions was that our website is now hosted under the SA Heart domain, although the content and control of content remain with us. This has not thus far affected our analytics, especially as our website became a portal for the 2013 website. Further discussions will continue, regarding the organisation of congresses in the future and profit sharing initiatives.

7. PATIENT INFORMATION WEBSITE
An extremely exciting legacy project arising from the world congress is the Patient information portal on the PCSSA website. This is being sponsored by the world congress and sees society members having access to a patient and parent information website called pedheart resource, offering a fully comprehensive guide to congenital heart disease. This comes at no cost to paid-up members of the PCSSA. This collection of tutorials, images of lesion and surgeries, hand-outs , over 1200 powerpoint slides and in depth, fully illustrated tutorials is the ultimate resource for any clinician. Patients and colleagues not belonging to the PCSSA are directed to http://www.africa.congenital.org/ offering a similar service. Paul Adams is involved in collaborating with translators and ultimately providing the patient information section in local languages and with a printable version that our members could use in their practices. This service will be available to all paid-up members for the next 4 years.

12. THE YEAR AHEAD
There are several goals for the new year ahead: beyond the world congress!
We are very aware that a complete database of all practitioners involved in the management and treatment of children with heart disease are not members of SA Heart not PCSSA. It is our aim to have as complete a database of these colleagues as possible to involve them in our society and activities. We also intend to be more relevant to all our members, focus on the new generation of trainees and provide more input into issues of ethics and advocacy for children. It has also always been a goal to develop and encourage a research ethic within our members, something we are seeing with excellent abstracts and presentations at our congress and our PCSSA members the recipients of prestigious research fellowships such as the Discovery Foundation awards and Hamilton Naki Clinical scholarship (Hopewell Nsinjana, Deliwe Ngwezi and Liesl Zühlke).
Two areas of growing interest are adults with congenital heart disease and specialised paediatric cardiac surgery. These are two training areas that we would like to address in the near future.
Our final goal for this year is to develop our website, in conjunction with the information portal, into a more accessible vibrant and interactive site that facilitates conversation between practitioners and patient/parent groups and to focus on promoting advocacy for our children. We have identified certain advocacy groups and will work together with these to improve the visibility of children with heart disease.
Due to commitments at the world congress, we will not be holding our AGM at the February meeting. We are thus considering a small stand-alone meeting or an AGM at a convenience occasion later in the year.
My thanks to my colleagues on the Executive of the PCSSA for their hard work and support thus far.

Dr Liesl Zühlke, President, PCSSA

South African Society for Cardiovascular Research (SASCAR) president’s report
The South African Society for Cardiovascular Research (SASCAR), an interest group of the SA Heart Association, was created in October 2009.
The SASCAR Executive Committee elected in July 2012 for a 2-year term of office is: Prof Sandrine Lecour (Chairperson), Dr. Neil Davies (Treasurer), Prof Hans Strijdom (Workshops), Miss Sylvia Dennis (Secretary), Mr Gideon Burger (website), Dr. Roisin Kelly-Laubischer (Newsletter and public relations), Prof Anna-Mart Engelbrecht (Workshops) and Prof Karen Sliwa.
SA Heart Meeting: For the 4th year in a row, a basic science programme was present at the Annual South African Heart Association Congress that was held in Sun City, 19th-22 July. SASCAR was involved with one independent session and a joint workshop with HefSSA.
Professor Lionel Opie opened the SASCAR session with a plenary lecture on “Metabolic therapy for acute myocardial infarction”. This was followed by plenary lectures by Prof Anna Mart Engelbrecht (University of Stellenbosch), Prof Amanda Lochner (University of Stellenbosch) and Mr Gerald Maarmann (University of Cape Town). Competition for the best abstract presentation was close and in the end Dr Sarah Pedretti (University of Cape Town) won the prize for best oral presentation in the basic research category for her work on HDL/Sphingosine-1-phosphate induced cardioprotection, and Ms. Lisa Uys (North West University) won the prize for best clinical research presentation for her work on the “Sympathetic activity and Ambulatory Blood Pressure in Africans” study.
The theme of this year’s joint SASCAR/HefSSA workshop was “Acute Heart Failure; from bench to bedside”. The Keynote lectures were presented by Prof L Cooper (USA), Prof H Katus (Germany), Dr K Bachelier (Germany) and Prof Lionel Opie (University of Cape Town).
UK/SA Cardiovascular Basic Science Workshop: The 2nd UK-SA Cardiovascular Research workshop was held in Cape Town, South Africa; in August 2012. The workshop was hosted by SASCArat the Chris Barnard Building, University of Cape Town (UCT). The main organisers for this event were A/Prof. Sandrine Lecour, head of the cardioprotection group at the Hatter Institute for Cardiovascular Research in Africa, UCT and Dr Derek Hausenloy, British Heart Foundation Senior Clinical Research Fellow at the Hatter Institute, University College London. The main purpose of this Joint UK-SA Cardiovascular Research Workshop is to highlight the work of our young clinical and basic science researchers and to promote fruitful cardiovascular research collaborations between the UK and South Africa through the auspices of the European Society of Cardiology (ESC), the University of Cape Town and the South African Society for Cardiovascular Research (SASCAR). The main research themes of the Workshop represented the major overlapping research interests in UK and South Africa, and included novel cardioprotective therapeutic approaches, cardiomyopathies, cardiovascular risk factors, clinical cardiovascular research, signalling pathways in cardioprotection and myocardial ischaemia-refperfusion injury. There were also presentations on problems more relevant locally, such as rheumatic heart disease, myocarditis in HIV associated cardiomyopathies and the effects of antiretroviral therapy on cardiac contractile function. The workshop had over 65 delegates which included invited faculty from Europe, the US and South Africa, 5 invited and sponsored Cardiovascular Research PhD students from Academic Institutions in Europe and approx 50 South African cardiovascular researchers and students. At the beginning of the week, the 5 invited European students had the opportunity to visit and spend time in research laboratories within South Africa. The Workshop took place on the Thursday and Friday and each of the European and South African students had the opportunity to present their work. Although the main aim of the workshop is to foster international collaboration, PhD students are also exposed to local opportunities. This is mainly through networking with local scientists at the workshop dinner. They also had the opportunity to listen to plenary talks by some of the most successful upcoming local researchers from the University of Cape Town (Prof. Edward Sturrock, Dr. Gasnat Shaboodien, Dr. Liezl Zuhlke and Prof Sandrine Lecour), University of Stellenbosch (Prof Faadie Essop and Prof Hans Strijdom) and the University of KwaZulu Natal (Prof Sajidah Khan). Based on their presentations, there was a prize for the Best South African PhD student and the Best European PhD student. Ms. Kathleen Reyskens, from the University of Stellenbosch, won the South African prize for her work on the effects of antiretroviral treatment on the heart. Ms. Uma Mukherjee, from the Hatter Institute at University College London, won the European prize for her work on a molecule called DJ-1.

The student presentations were accompanied by plenary lectures from experts in cardiovascular research and a European Society for Cardiology extra Nucleus meeting of the working group in cellular biology of the heart entitled: Frontiers in Cardioprotection formed part of the programme. Finally, the meeting was concluded with a presentation by Prof Lionel Opie on “How to become a successful researcher”.

One of the highlights of the 2nd Joint meeting was that it extended past the UK borders with the participation of other European PhD students and cardiovascular researchers. The next UK-SA (or UK-EU) workshop will be held in France in two years time.

The event was funded by UCT, the European Society for Cardiology, a European exchange program (PROMISE) and industrial Partners (SANOFI, Abcam).

Prof Sandrine Lecour, Chairperson SASCAr

SASCI President's Report

SASCI’s role as a representative body of cardiologists, both fulltime and private in South Africa has been extended over the last few years and SASCI’s reach continues to grow under the influence of my hard working executive: Farrel Hellig (President: Africa PCR, Funders, International Relations and Congresses), Sajidah Khan (Vice-President: Africa PCR, International Congresses, Education and Guidelines), Cobus Badenhorst (Treasurer: SHARE, SA Heart Congress 2012 and HS-troponin guidelines), Adie Horak (Secretary: SASCI @ World Paed Cardio Congress 2013), Graham Cassel (ex-officio President: Africa PCR and non-invasive coronary imaging), Mpiko Ntsekhe (Academic: Visiting Professors Program and HS-troponin guidelines), Chris Zambakides (Johannesburg and Academic: TAVI funding and CTO working group), Len Steingo (SA Heart PPC: Coding and Funders), Mark Abelson (SA Heart PPC: Coding and Funders), Dave Kettles (Eastern Cape: Fellows Workshop 2012), Jean Vorster (Pretoria: Funders), Gill Longano (ISCAP), Liezl Le Grange (ISCAP), Craig Goodburn, Hans Buyl and Tracey du Preez (Industry representatives)

It’s been a crazy, wonderful, hectic, fulfilling year for all of us at SASCI. 2012 was a year of many new developments and I am pleased to report on our planning for 2013. This AGM will also see the election of a new Exco and President which will take SASCI forward for the next 2 years.

Funders, Coding and Other activities: CT Angio Project and Reimbursement for Interventional Procedures is currently under discussion at Discovery Health with input from SASCI. The SASCI Exco decided that the appropriate action would be to advise Discovery Health to remove the current barriers (patient co-payment and motivations) to CTCA and assess utilisation. David Jankelow, Mark Abelson, Len Steingo, Graham Cassel and Farrel Hellig will meet with Discovery early in 2013 to discuss further. It is envisaged that new reimbursement models will be developed to better reflect the changing face of intervention so that lesion subsets such as bifurcation and CTO (for example) will have specific codes to reflect the complexity, training and time required for such procedures.

Len Steingo and Mark Abelson continue to work with the SA Heart Association Private Practice Committee. Both Mark and Lenny did attend a “workshop” at the SAMA Offices in Pretoria on 2 February to work with a SAMA coding expert. SASCI also envisage a workshop in the near future to consider (and advise members) on appropriate claim code usage and the codes to use where existing
codes do not cater for newer procedures. Submission for new codes needs to be made before end 18 March 2013 for consideration and possible inclusion in 2014 code book.

Mark Abelson has written a Summary and Motivation to medical aids for blanket reimbursement for FFR/IVUS. The Executive Committee of SASCI has reviewed the data on the appropriate use of Intra-Vascular Ultrasound (IVUS) and Fractional Flow Reserve (FFR) and strongly recommends that the cost pertaining to the use of these devices should be routinely covered by the medical aids. The Executive Committee of SASCI has reviewed the data regarding the Aneugraft pericardial covered stent and strongly supports the application for this product to be made available to local practitioners. A letter was drafted by Dave Kettles on behalf of the SASCI Exco and has been send to Discovery Health. The Exco is awaiting feedback from Discovery.

SASCI currently has one of Tom Mabin’s cases on appeal (hearing date is 14/15 March 2013) after the Council for Medical Schemes ruled “in favour” of the medical aid not funding TAVI as a prescribed minimum benefit. Elsabe Klinck is supporting SASCI from a legal perspective and highlighted various areas of concern with the CMS ruling(s). Members will be updated on developments as they unfold.

ESC eLearning Platform: SA Heart (and SASCI) accepted an invitation to participate in the newly launched ESC eLearning Platform, which is a collaborative tool, dedicated to delivering training in 6 sub-specialties of cardiology. The platform tracks training in up to 3 areas: knowledge, skills and professional development. This opportunity provides a training platform to trainees. They will benefit from the wealth of ESC educational content – EAPCI courses are based on the PCR-EAPCI textbook and the relevant ESC Guidelines. Together with EAPCI, the ESC is launching the first learning programme to deliver training in interventional cardiology. Sajidah Khan as our national coordinator will have the responsibility to liaise with the ESC platform administration team; validate new trainees and trainers and to verify and validate the list of national training institutions in interventional cardiology, where trainees will be training in South Africa. Trainees have to be or become members of the EAPCI association. EAPCI membership is free of charge – but to start the learning programme, there is a fee of EUR120 per calendar year per trainee with no cost to the Affiliated Cardiac Societies. The duration of EAPCI Learning Programme is 2 years. SASCI is very excited about this new learning opportunity and will assist Sajidah as best we can to establish the first training group in Interventional Cardiology as soon as possible and to secure required funding.

EuroPCR Program: SASCI has established a firm position for EuroPCR joint sessions. We have collaborated with Ireland, England, Germany and France in the past and in 2012 with Poland on TAVI which proved very successful. The “TAVI complication cases” (one presented by Tom Mabin with “How would I treat” segments by Helmut Weich) was an exceptional learning opportunity and involved the whole audience in discussion. It was my privilege to co-chair the session. South African’s featured in numerous capacities during the congress including chairpersons, case facilitators and presenters of talks and abstracts. Well done to all! The abstract by Tom Mabin on “TAVI Cost-Effectiveness” will hopefully strengthen our case in achieving a universal appropriate level of reimbursement in selected high risk patient groups.

During EuroPCR 2013 SASCI will once again have increased visibility with Chris Zambakides and Mark Abelson participating in a “How should I treat?” session with Croatia, Cyprus and Serbian Societies on PCI VS CABG. As well as a second HSIT session on TAVI with the Polish Society has been arranged (Tom Mabin and Hellmuth Weich). In addition SASCI will participate in a new learning program based on presentation of “complication cases”. Thank you to Mark Abelson, Nalin Patel and Chevaan Hendricks who will present during this session.

AfricaPCR:

The establishment of AfricaPCR was officially announced by Prof Jean Marco during his opening address at the SA Heart Congress 2012. The announcement was met with excitement and interest from South African and African delegates.

The AfricaPCR Board (appointed until 2015) is Course Directors Farrel Hellig (SA) and William Wijns (Belgium) and as Co-Directors Bernard Gersh (USA), Sajidah Khan (SA), Tom Mabin (SA), Ganesh Manoharan (Ireland), Christoph Naber (Germany), Mpiko Ntshekhe (SA) and Harun Otieno (Kenya).

The second AfricaPCR program (20 and 22 February 2013) will be offered during the World Congress of Paediatric Cardiology and Cardiac Surgery in Cape Town. The AfricaPCR Interactive Case Corner will be on offer Wednesday 20 February from 10.30 and was well subscribed with 28 cases accepted for presentation and discussion. Submissions were from all over the world (Africa including South Africa, Asia, Europe, Middel-East and South America) and a broad range of interventional material will be discussed. The main AfricaPCR Program (22 February) will include a “How should I Treat” session on Pericardial Disease and two “Learning the Technique” sessions on Balloon Mitral Valvuloplasty and TAVI.

AfricaPCR 2014 will be a fully independent (stand-alone) congress of at least 2 days to be held at the end of February or early in March each year.

SASCI @ the World Congress 2013 in Cape Town: SASCI Breakfast Symposia will host two breakfast symposia on 21 and 22 February to bolster adult coronary content during the World Congress. Adie Horak is the SASCI program convener with able assistance from Dave Kettles and Mark Abelson. The program has a “How Should I treat” format.

Breakfast Symposium on 21 February will be "Case based Discussions: Complications of coronary intervention" and on 22 February the Breakfast Symposium will be "Case based Discussions: Interventions in coronary lesion subsets" which is bound to be extremely interesting and informative. Most AfricaPCR faculty (including international) will participate in these symposia and SASCI believes that this and congress as a whole will offer world class teaching over a broad spectrum for the SASCI member and request that members attend.
Visiting Professors Program: Unfortunately Prof Jean Marco informed us that he will not be able to travel to South Africa for the Visiting Professor Program in 2013. Prof Tony Gershlick from the UK was approached and he is available early 2014. He is practically oriented and very active in the CathLab. SASCI is currently also in discussion with Prof David Holmes who could also travel to SA in 2014. SASCI would like to thank Medtronic for their continued unconditional support of this important educational initiative.

Fellows Programs: Five South African Fellows had the opportunity to attend the European Society of Cardiology Congress (2012) for the 1st time! Feedback received from Tawanda Butau (UCT/Groote Schuur), Nompumelole Gogo (University of Limpopo/Medunsa), Parmanand Naran ( Pretoria / Steve Biko), Pieter van der Bijl (Stellenbosch/ Tygerberg) and Siwe Mthiyane ( Pretoria / Steve Biko) was very positive and appreciation extended to the ESC, SA Heart, SASCI and the following companies (Winthrop, Pharma Dynamics, B Braun and Medtronic) for making this educational initiative possible. SASCI hopes that this may become an annual program.

South African Fellows once again had the opportunity to attend the annual Society for Cardiac Angiography and Intervention (SCAI) Fellows Program in Las Vegas (December 2012). The four SA delegates (Shiraz Gafoor, Keir McCutcheon, Blanche Cupido and Gideon Visagie) feedback was exceptionally positive (see most recent SA Heart News). SASCI expect to once again offer this opportunity to Fellows at the end of 2013!

Dr Aine Mugabi, the 2012 recipient of the RC Fraser International Fellowship in Cardiovascular intervention award will travel to Dr Martyn Thomas (Consultant Cardiologist & Clinical Director for Cardiovascular Services) unit at Guy's & St Thomas' Hospital, London for a period of one month in 2013 where he will have the opportunity to expand his knowledge and further his abilities. The 2013 recipient will be announced at the next Fellows workshop. This award is annually sponsored by Boston Scientific.

The 7th annual SASCI Fellows Program took place on the weekend of 3rd of March 2012 in East-London at Life St Dominics’ Hospital with Dr Dave Kettles as Program Director. I will like to thank Dave for all his hard work in creating a program that challenged and educated our fellows. The contribution of all the SASCI faculty members Dave Kettles, Farrel Hellig, Mark Abelson and Chris Zambakides is appreciated and thanks go to Adriaan Snyders (as President of SA Heart) for his contribution.

The 8th Annual SASCI Fellows program will take place on the weekend of 26 – 28 April 2013 in Somerset West (Mediclinic Vergelegen Hospital) with Dr Mark Abelson as Program Director. The SASCI office requests that all fellows/registrars and recently qualified cardiologists, who would like to attend this year’s workshop, should contact the SASCI office soonest. Members are also requested to approach Mark Abelson or George Nel if you would like to be considered as a faculty.

Interventional Society of Cathlab Allied Professionals (ISCAP): The full report on ISCAP activities is available on www.sasci.co.za and in the most recent SA Heart News. Noteworthy is high number of active regional chapters (JHB, PTA, CPT and DBN) as well as the number of regional educational meetings which have already taken place for allied professionals. A basic cath lab training manual will also be available in 2013. The ISCAP Exco also met with Netcare who wants to engage ISCAP in training 20 cath lab nurses in the next 2 years. ISCAP is in the process of creating the ideal mentoring program to get new recruits adequately trained in the cath lab AND to make the cath lab an attractive career choice for nurses. Well done to the steering committee of ISCAP!

Industry Partners: To the SASCI executive and our industry partners, a great big round of thanks for your support, your passion and your hard work throughout the year. The following corporate supporters have demonstrated their commitment to our society and education in South Africa: Amayza Abantu, Angio Quip, Aspen, AstraZeneca, Baroque, B Braun, Boehringer-Ingelheim, Boston Scientific, Cipla Medpro, Cordis, Disa Vascular, Edwards, Medtronic, Paragmed, Pharma Dynamics, Surgical Innovations, Torque Medical, Viking, Volcano and Winthrop. We are looking forward to working in collaboration with you in 2013.

Please contact your Executive Officer George Nel on 083-458-5954 or sasci@sasci.co.za if you need any assistance or need to formally communicate with the executive.

Dr Farrel Hellig, President, SASCI

CARDIAC SURGICAL INTEREST GROUP OF SA HEART, president’s report

2012 was a transitional phase for the cardiac surgical group as the group had undertaken to throw its weight behind the SA Heart meeting that was held at Sun City. The surgical group participated in the SA Heart meeting and the Pretoria branch, under the leadership of Johan de Villiers initiated the arrangements for a surgical program which was well received and well attended. The surgical group had no independent meeting during 2012 as 2013 we will once again have our biennial meeting which is due to take place at the Fairmont Hotel during the first week of August. This will be combined with the Registrars Forum which is held together with the European Association for Cardio Thoracic surgeons and this meeting is to be coordinated by Francis Smit and it will be piggy backed onto the biannual meeting of SOCTS.

The executive had been kept busy resolving issues of practice and have liaised at many levels and at frequent intervals with the funding industry and presently there appears to be very few hiccups between surgeons and the funding industry in the private sector. The SIG also works closely with the College of Medicine and is well represented on the Faculty of Cardio Thoracic Surgery within the College.

Professor Reddy is the president of the Faculty of Cardio Thoracic Surgery and thereby acts as representative of inter alia the SIG on the College.

The issues of the curriculum, syllabus and examination have all been dealt with at College level and permeated via the various committees to both the SIG and SOCTS.
Presently we are investigating affiliation with the European Association as well as with the World Society of Cardiac Surgeons and the annual meeting in Croatia in September of the WSCS will be attended in September by the Chairman of the SIG. The SIG remains committed to SA Heart via its various sub committees.

Dr Rob Kleinloog, President, Surgical interest group

Regional Branch annual reports

Bloemfontein Branch report
Activities have not really started yet for 2013.
We have planned quarterly academic meetings which will also include case studies and feedback from congresses attended in an effort to keep everyone up to a certain academic standard.
Our efforts to distribute thrombolytic packs to our peripheral doctors is also continuing and they also plan a road show to again train them in the treatment of Acute ST-segment elevation myocardial infarctions, before they get transferred to an intervention centre.

Dr Nico van der Merwe, President, Bloemfontein branch

Cape Town Branch annual report
The Cape Town branch of SA Heart has been relatively inactive since having organized the annual SA Heart Congress in 2008.
One academic meeting was held over the last year on the occasion of the visit of Professor David Cooper who talked on the pioneers of cardiac surgery, based on his book “Open Heart”.
This was held on the 26 March 2012 in the Heart Transplant museum Groote Schuur Hospital.
The sixth annual Louis Vogelpoel Travelling Scholarship Award was awarded to Mr Sarah Pedretti of the Hatter Institute of Cardiology Research at the University of Cape Town for the year 2012.
The only expenditures from the Cape Town branch bank account were the annual Louis Vogelpoel scholarship of R20,000 and R3,600 for the hire of the Heart Transplant museum facilities and refreshments at the talk by Professor David Cooper. There was no income into the account for the year apart from a small amount of interest on the balance of the account.

Prof Johan Brink, President, Western Cape Branch

Pretoria Branch report
The Pretoria Branch had an exciting meeting at Gerotec, which began with lively case studies from the various hospitals, included in the discussions were PCI vs CABG in sick elderly patients and various approaches were discussed.
This was followed by an advanced drivers course for Cardiologists attending, this proved to an interesting day, initially began with skid pan training where one has to almost learn to go against your instincts, this was followed by a timed skid pan course, and then a hair raising high speed outing on the Gerotec oval.
All Cardiologists who passed the course were awarded with Advanced driving certificates, which will lower their premiums and presumably increase their driving skills (some of us certainly needed it).
This year we planning many more meetings at least every three months, the first will be on the 27th Feb with a round table discussion and dinner. We also plan to elect a cardiologist from each of the major hospitals in Pretoria at this meeting to ensure participation from all the hospitals in Pretoria.
We do not have any financial statements, no bank account or current funds, please note Dr P Chetty has resigned as Co chairman

Dr Iftikmar Ebrahim, Chair, Pretoria branch

Johannesburg Branch report:
The Johannesburg Branch has traditionally been very active with our meetings in the past. We held four morning symposia during 2011, but only two in 2012. Novartis unfortunately have been unable to continue sponsoring our meetings because of the financial downturn. We therefore have had to pay for these meetings ourselves. Boehringer Ingelheim has kindly agreed to assist with funding of the Branch activities in 2013. We are also presently engaging with other pharmaceutical companies for further sponsorship as well.
Our annual Fellow’s Cardiology Fellow’s morning on Saturday 21st April 2012, and was kindly adjudicated by Dr’s Steingo and Dalby.
The speakers were:
   Dr Keir McCutcheon (Johannesburg Hospital, Division of Cardiology) won 1st prize of R1500 with his presentation entitled: “Beta-blocker tolerability in a dedicated heart failure clinic”.
   Dr Barend Fourie (Paediatric Cardiology) won 2nd prize of R1000 for the presentation: “Don’t forget to look at the apex”
   Dr Devan Scott (Cardiothoracic Surgery) case presentation, “Aortic valve replacement and CABG” won 3rd prize of R750.
We were due to host a combined SA Heart / SASCI meeting on the 26.06.21012, with Professor Jean Marco as the visiting guest speaker. This meeting sadly was cancelled due to the unfortunate illness of Prof Marco’s wife.
The branch AGM was held be on Saturday 1st December. Tony Leon flew out from Cape Town and gave an insightful lecture entitled, “Where in the World is South Africa Going?”. We were fortunate not to be charged a speakers fee, but we agreed to pay for Tony’s flight and car hire for two days.
The branch committee remains:
Dr David Jankelow (President & Treasurer), Dr Antoinette Cilliers (Secretary), Dr Eric Klug, Dr Andrew Thornton, Dr Darryl Smith, Dr Keir McCutcheon, Dr Ahmed Vachiat, Dr George Dragne, Dr Gavin Angel
We look forward to a better 2013 with good meetings and hopefully sponsorship for each of these.

Dr David Jankelow, President and Treasurer, Johannesburg branch

KZN Branch report
KZN Regional branch Committee: Prof DP Naidoo (chairman), Dr JJ Patel (treasurer), DR GE Letcher( Secretary), Dr Rob Dyer, Dr Rob Kleinloog and Dr M Munasur
2012 programme: Three educational meetings were held in 2012. In May, Dr John Benjamin spoke on “Hypertension, Hypertrophic Cardiomyopathy, or Athlete’s Heart” This was a well-attended meeting, dealing with pertinent subjects, and was sponsored by Astra Zeneca. In July 2012 Prof Kenny Jailal addressed the KZN Regional Branch on Management of Hyperlipidaemia, and this was again hosted by Boehringer Ingleheim. In September, Dr Stuart Kidgell addressed us on the role of the newer imaging techniques in coronary artery disease and cardiology in general, and this meeting was again sponsored by Boehringer Ingleheim. Meetings continue to be very well attended.

A meeting was scheduled for July 2012, at which Prof Jean Marco was to address the local members, also as part of a national tour sponsored by SASCI, but this was cancelled. Prof Martine Greene visited Durban as well, and addressed a few local members at their various hospitals, notably Ethekwini Hospital, as part of his international travel following up on local graduates of his Electrophysiology training program in Canada.
The first meeting for 2013 has been arranged for 13th February, with Dr Rosie Prakashandra discussing the Genetics of the Metabolic Syndrome. The Regional branch GM will be held at this same meeting, and it is anticipated that both Prof Naidoo and Dr Letcher will stand down from the committee.

SA Heart Congress 2014: The KZN SA Heart regional branch is due to host the 2014 National Congress, and the preparations are currently being made. It was recently decided at a National Exco Meeting that the Head Office would co-ordinate the financing of this meeting, and the Durban ICC will be the venue. However, the current quote appears to be very expensive, and it is possible alternative arrangements may be required. Discussions and proposals made at local branch meetings included: Approximately 1500 to 2000 delegates will come to the Congress. The ICC is the obvious choice, although expensive. SA Heart will select the Events Coordinator, according to the new protocol.
Suggested dates: 11 – 15 October 2014
The focus will be a general meeting for all subjects
The current suggested Standard Operating Procedure mandates that the National Congress Organizing Committee will be responsible for the organization of the congress and the regional branch will only be responsible for the scientific content of the meeting. This has been discussed at length in our meetings, and it seems that, as current arrangements stand, the Regional Branch, or SIG will only be responsible for organizing the academic content and speakers for the meeting. Everything else will fall under the control of the National Committee. While there was opposition to this in principle, it seemed to us that this might be difficult to implement in practice, because there will have to be referral from the Regional body to the National Committee with each invited speaker and proposed program timetable. As far as our committee was concerned, a much better strategy would be to have a permanent Congress Organizing Committee; such as is used by EuroPCR, for example, made up of the people who are permanently employed to do this, or have it at least as part of their employment functions. It would also be better to have the congress in a more or less permanent location (Sun City for example) as these arrangements would provide continuity, efficiency and cost savings.

Invitations for proposals for the program and speakers could be extended from the central organizing committee, just as the regional bodies are to do under current arrangements.

All SIGs have been invited to forward proposals for themes and speakers for the Congress.
Membership: Membership of the KZN branch has not changed at all over the past year.

Dr Guy Letcher, Secretary, KZN Regional Branch.

SA Heart Tygerberg Branch report
It has only been six months since the last annual report and there are therefore no major developments to report. We hosted an imaging specialist from the UK, Mark Westwood, who delivered an excellent talk on cardiac MRI and will shortly co-host (with the Division of Cardiology, Stellenbosch University) the fourth annual SUNecho echocardiography course in the winelands of Stellenbosch. Discussions exploring a possible merger with the Cape Town branch to form a unified Western Cape branch has not progressed in the last six months.

Anton Doubell, chair, Tygerberg Branch