Annual General Meeting of the South African Heart Association
Friday 17 October 2014, 17h30
Main Auditorium, Durban ICC

Minutes

1. Welcome and apologies

Dr Snyders welcomed all to the meeting.
Attendance as per attendance register attached.
Apologies were received from:
Prof Bongani Mayosi
Dr Christopher Horsfall
Dr Colin Schamroth
Dr Graham Cassel

2. Minutes of the AGM 2013
The minutes were accepted without addition or alteration

3. Dr Snyders’ presented the president’s report.
All reports of SA Heart committees, special interest groups and regional branches had been posted on the website well in advance and were also available in the SA Heart Journal, spring edition 2014 which was available in the congress bags.
Salient points in the president’s report reflecting on his time of tenure were:
Standing committees were activated - position statements published under the ethics and guidelines committee, the cooperation with SAMA and funders improved under the private practice committee, lecture series initiated under the education committee and the fulltime practice committee has been active. A SOP for congress procedures was developed and the two committee system will now be done away with in favour of one central organising committee. Contact with the ESC was expanded and communication with the SIGs and PASCAR was improved and projects commenced. SA Heart looked at cutting expenses and stopping wastage, SHARE 1 was wound up and SHARE 2 up and running. For the SA Heart Journal we were looking for more cost effective solutions. In general SA Heart must look at other sources of income. Communication with the Department of Health remained a challenge. Dr Snyders wished the new president, Prof Karen Sliwa, and the committees well for their time of leadership.

4. Prof Mpikho Ntsekhe shortly presented on the development of SHARE II.
Members of the new SHARE committee are Francis Smit, Karen Sliwa, Elizabeth Schaalma, Erika Dau and Mpiko Ntsekhe as chair. This new committee was tasked with revising SHARE strategy and develop an innovative registry program considering the new global funding environment and evolving IT environment and data-basing infrastructure. They were in particular to address limitations of old database e.g., lacking outcome data, sporadic use, incomplete data sets, firewalls, non web-based system which was difficult to roll out.
In principal SHARE II will be Disease and/or device based project model, champion driven with eye on outcomes. It is housed on a modern web based platform provided by Kontos Databases which allows for unified national use. Projects will be geographically and demographically representative and self-funded. Further details and guidelines for envisaged study projects or registries are available on the SA Heart webpage.

The Surgical registry with currently one active site will continue direct control and auspices of the Surgical SIG. e-MD provides continued support for 1 year to existing surgical site until a new format is developed for National CT Surgical Registry. The Surgeons can still participate in SHARE II for SHARE-aligned research projects.

SHARE II receives R400 000.00 from SA Heart to support the salary of Elizabeth Schaafsma who has been appointed under new renewed contract as well as the running expenses of the SHARE office. So far a generous unrestricted grant has been received from Astra Zeneca and further funding options are under review.

The TAVI registry and Cardiac Disease in Maternity registry are up and running and about ready for use and the committee is looking at the ACS registry proposal.

With outlook for the future SHARE II is looking at expanding the Committee to include interested stakeholders, continuing with fundraising, ensuring the success of current pool of registries and to expand the pool of registries. The aim is to publish and present at local meetings, to afford an opportunity to contribute to training through MMED. MPhil. etc. and above all to improve clinical practice, patient care and contribute to public policy and local guidelines.

5. The treasurer, Prof Francis Smit, presented the audited financial statements from book year 2014 (copies were circulated) comparing it to expenses and income from the previous book year. Nothing out of the ordinary was to report. The big differences in congress turnover are due to the 2013 World Congress being handled totally separately and not reflecting in the SA Heart books as in normal years, other than a donation from the PCSSA from the congress income. The high journal costs for that year are also due to the abstracts of 2013 being printed in the SA Heart Journal (R500 000.00 printing costs alone) and SA Heart printing only a few hard copies of the Journal since. Prof Smit then briefly touched on the outlook for the future and said that the finances were healthy, though we needed to exercise caution and are dependent on a good income from the annual congress.

i. Dr Farrel Hellig asked that he had heard that the eLibrary project was to be closed down and he felt that one year has not been enough time to evaluate the project. FS responds that the project in fact has been running for 3 years already with a remarkable input from Dr David Jankelow who initiated the project, initially sourcing funding and promoting the resource under members, but despite all the efforts only about 40 members currently make use of this resource. It is a very costly project and with the current financial situation, funder donations having dried up and a limited amount of members making use of it, Exco had felt that it is no longer feasible to sustain it. Discussion ensues with suggestions from approaching industry for more funds to levying fees onto membership fees regardless of usage (suggested by Dr I. Ebrahim and later supported by Dr Maokali Makotoko) (save for members in academia who have alternative access to online journals). Dr Sajidah Khan said that although she was in
academia her university had just cancelled subscription to essential journals and she would now consider signing up for the eLibrary. Prof Sliwa adds membership can be voluntary for SA Heart members in academic centres. Dr Darryl Smith suggests, pressurising universities to get access to online journals through their libraries and agreements. Prof Smith explains that SA Heart had looked into this and because of their strict licensing agreements this is not an option for the universities. Prof Sandrine Lecour suggested recruiting other associations to join and help pay for the resource. Dr John Lawrenson asked how members SA Heart had to ‘split the bill’. Prof Smit said SA Heart would formulate a proposal and disseminate this through the newsletter and if no objections are received go ahead with implementation.

Financial report accepted: Dr Eric Klug, seconded by Prof Karen Sliwa

6. Reports from SIGs and Branches had been circulated, are available on the website and assumed read. Nothing was added. Dr Snyders mentioned that SA Heart Exco was looking at non active branches and is busy drafting guidelines for Regional Branches, Special Interest Groups and Standing committees as to communication, meetings and activities, AGM and office bearer election processes and terms and reporting back to SA Heart.

7. Questions and Answers to all points above:
   i. Exco reports that in future 3 members of Exco will be on the organising committee of the SA Heart Congress in future. 2015 will already be organised under this model. For 2016 SA Heart will be joining the World Congress of World Society of Cardio Thoracic Surgeons with parallel or cross over congress. We will also try to attract anaesthetist and other groups to that meeting. Profit sharing for both congresses has already decided on.

   ii. Dr Tony Dalby requests Exco to consider making the views of Association on the Banting Diet known and presenting this to the public. Dr Snyders says Exco will look into this.

   iii. Prof Doubell asked how the involvement of SA Heart and in particular the Western Cape Branch with the World Congress of Cardio Thoracic Surgeons in 2016 would operate. The Surgical interest group had invited SA Heart to join them with the SA Heart congress for that year. Dr Kleinloog explained that the WSCTS has a local organising committee and international faculty. SA Heart in turn would have a local organising committee for the cardiology content. A liaison committee or arm with representatives of both side would form the ‘congress committee’.

   iv. Dr Eric Klug said he understood that the SA Heart Journal was also to be terminated. Dr Snyders confirmed that Exco had discussed this extensively at several meetings – all at which Prof Doubell unfortunately could not avail himself for participation. The SA Heart Journal is poorly supported, even by academics serving on Exco, so support for a scientific journal is minimal partially due to the SA Heart Journal not being a Pubmed listed publication. The SA Heart Journal remains a financial burden to SA Heart, despite the decision to cut print copies to a minimum, costs for layout, proofreading and
publishing remained high. A proposal to move the SA Heart Journal to HMPC who would assist with attaining Pubmed status as well as attracting advertising to nearly self-fund the publication was not supported by the editor, Prof Doubell, and the meeting thus decided not to accept their offer. While it is emotionally sad to lose our journal, it was not well supported scientifically nor was financially viable and scientific contributions from within SA Heart could find a Pubmed listed home with the Cardiovascular Journal of Africa. Dr Steingo felt that the editor should be part in negotiations concerning the SA Heart Journal. Dr Eric Klug suggests SA Heart approach the SAMJ. Dr Snyders responds he had already communicated with Prof Seggie, who agreed that SA Heart should keep an independent Journal and not become part or an add-on to the SAMJ. Prof Doubell remarked that at least two academic institutions represented on the Exco supported the Journal and explained that he has been in Europe for an Echo workshop during the recent Exco meeting. He felt that SA Heart has to have a medium to represent its views in to the public. Dr Klug suggested a round table weekend discussion with all parties involved should re-look at the options to take the SA Heart Journal further. Dr Snyders agrees that while Exco has the right to take decisions it also needs to listen to member sentiment and the discussion around the SA Heart Journal will be continued.

8. Presentation and vote on motion: The motion to cancel callus 7.8.2 from the SA Heart constitution:

7.8.2. The National Executive shall effect personal liability insurance for any Member engaged on official business on behalf of the Association. The Association shall not be liable for any claim in excess of the amount covered by the policy.

as SA Heart Exco has investigated the possibility in the past two years and found insurance companies did not want to insure the Association against personal or public liability, but insisted on selling medical mal practice insurance which was not sought was tabled and accepted.

Accepted: Dr Eamon Maree and seconded by Dr Tony Dalby


Dr Snyders handed over presidency to Prof Karen Sliwa. Prof Smit was re-elected as treasurer of SA Heart. Nominations for committee members were presented (see attached) and the committee members will vote for their chair in the next week or two. The chairs will serve on Exco, the remainder of Exco remains unchanged.

10. Prof. Sliwa gave a short welcome address and thanked the SA Heart members for their trust into her election as president. KSH says that her primary focus in her tenure will be collaboration between all parties and facilitating networking. In addition she plans to grow membership in particular from other African countries. She announced that there would be 3 face to face NAC meetings per year to improve communication. For 2015 those meetings will be on 12 February, early August and October-in conjunction with the next Sa Heart congress. She felt that Heart Exco composition might be unbalanced and while a larger group is not necessarily better or easier to handle, adding SIG and Branch views to some discussion points might balance the outlook. She proposed this new model for the duration of 2 years and to be re-assed afterwards. As all of us are busy and likely not be available for
all the meeting a representative can be send to those meetings. This is fundamental as certain decisions will be taken at those meetings and not anymore only at the annual AGM. Altogether she voiced her excitement being SA Heart president as there are many enthusiastic individuals and hardworking teams and important projects ongoing.

11. The future of Cardiac Care
Profs Francis Smit and Andrew Sarkin had prepared feedback on the future of cardiac care in South Africa and started presenting this. However, many members had already left the meeting at this point for other appointments and it was suggested as this is a very important subject of interest and concern to most members, the presentation should rather be held at the NC meeting in February within the session time. This proposal was accepted and the meeting closed.