Reports from the Standing Committees

Education Committee
Chair: Prof M.R. Essop
Committee members: Dr. T. Mabin, Prof. K. Sliwa, Dr. M. Heradien, Prof. J. Brink, Dr. C. Radulescu

In the 9 months of the current education committee’s (EC) tenure, much of the debate has revolved around the issue of a staffing crisis in teaching hospitals. Apart from severe reductions in training positions imposed by provincial authorities, retention of cardiologists in teaching hospitals is extremely difficult given the huge disparity in remuneration between the state and private sector. The EC realizes that the first step toward petitioning the government to increasing funding and posts to academic hospitals would be to survey the current cardiologist:patient ratios and compare these with data available from industrialized countries. Even a cursory evaluation reveals cardiologists:population ratios of 1:25000 in South Africa vs. 1:25000 in the USA – a 10 fold difference. This kind of information would be vital to informing health authorities on decision making and planning for the future.

In order to alleviate the staffing difficulties in part, many academic hospitals rely on foreign doctors keen on acquiring training here. Despite some of the shortcomings in South African teaching hospitals, most still provide sound training and are certainly cheaper and more convenient for doctors from sub-Saharan Africa than going to Europe or North America. These doctors usually pay their own way and come either to acquire a specific skill over a short period or general training over a 2-3 year period. In order to regularize their training and provide them with a qualification on completion, most members of the executive committee of SA Heart have agreed that they be allowed to write the cardiology certification examination provided they have spent the requisite time and fulfilled the log book requirements. Obviously, they would not be licensed for private practice by the HPCSA. South Africa has great potential for postgraduate training and the committee believes this should be maximized to the benefit of all.

Regarding continuing medical education (CME), there has been some debate as to what the role of the EC should be. Although it would be desirable for all educational activities to be channeled through the EC, some members felt that activities related to SIG’s should be monitored by the SIG’s themselves. Clearly, there are a large number of such activities conducted by universities, SIG’s and the pharmaceutical and device industry and it would be sensible to have a central agency coordinating and giving SA Heart approval to them.

A number of scholarships were approved by the EC for research and travel. These should be encouraged but I believe we should give serious thought to a different kind of scholarship in which a financial inducement should be awarded to talented newly qualified cardiology consultants to encourage them to continue their careers in academic hospitals. These individuals could be selected either for their commitments to research or to promoting clinical cardiology skills.

Finally, the EC discussed the issue of whether all HOD’s of cardiology training programmes should ipso facto be members of the EC. There seemed to be no consensus on this.

Prof. M. R. Essop

Ethics & Guidelines Standing Sub-Committee
Chair: Anthony Dalby
Members: Dr David Jankelow, Prof Francis Smit, Dr Anthony Yip

There have been no further developments surrounding updating of the Council for Medical Schemes algorithms to which the committee contributed in 2009.

No new guidelines have been published by the European Society of Cardiology during the year under review. All existing ESC guidelines may be viewed / downloaded from www.escardio.org

The disclosure of potential conflicts of interest by office bearers of the Association has been mooted at previous Annual General Meetings. This year Committee has been involved in the development of a pro-forma for the disclosure of potential conflicts of interest. Once the process has been accepted and the forms completed by office bearers, the information will be held at the Association’s office and will be available to members on request.

Dr Jankelow has proposed engaging medical schemes in an attempt to streamline the chronic medication authorisation process. It is proposed that this be undertaken in conjunction with the Private Practice Standing Sub-committee.

Dr AJ Dalby
Full Time Salaried Practice Committee
Chair: Prof. P. Manga
Committee Members: Dr J Hewitson, Dr R Nethononda, Prof D P Naidoo

Training:
Training of cardiologists (adult and paediatric) as well as that of cardiac surgeons remains an ongoing challenge in most if not all academic institutions. The perennial problems of staffing, equipment and other resources at academic hospitals remain largely unresolved. Availability of resources, both human and equipment is a huge challenge in many training institutions. Most training units are using the private sector to fill in gaps in their training programs. The committee would like to commend the public-private partnerships at academic institutions and continues to encourage these partnerships to strengthen training.

Staffing:
The staffing position in training institutions is still critical. There is unfortunately no short term solution in sight. The occupational service dispensation for middle managers (consultants) still remains unresolved. This has added to the low morale of full time practice consultants. A proposal was made in the past that a study group be formed to get an overview of the current and projected work loads not only for adult cardiology but also paediatric cardiology and cardiothoracic surgery. This unfortunately has still not moved forward as it was felt that the health department does not have the capacity to influence the staffing situation in a positive manner.

Cath Lab Registry:
On a positive note the cath lab registry is being rolled out to academic institutions and capture of data is progressing. All academic units remain committed to the cath lab registry project.

Prof. Pravin Manga

Private Practice Committee
The committee had an active year with the legal objection to the publishing of the NHRPL taking up the majority of the time. The matter was heard in February and the ruling was published on the 27th July 2010. The matter was decided in our favour and costs were awarded. This means that the Minister will either publish new regulations regarding the NHRPL and follow due process when arriving at the NRPL. Interestingly even costs of the practice cost studies were awarded.

The coding structure is continuing to be developed with a blend of the CPT4 and the ICD10-PCS being favoured. The proposed list has been circulated to all members but very little meaningful response has been received. I have added several codes to try to cover all deficiencies of the old system. Among these would be a code for LV lead placement, a code for the use of Angioseal. Others to be considered would be a code for high risk percutaneous procedures to bring these codes in line with similar procedures done by the surgical route.

The next meeting is on 20th August 2010. The final coding list is almost ready although there is some difficulty with matching the ICD10-PCS structure with the homegrown list, influenced by the CPT4.

The big problem at the current time is funding of the SAPPF. It is proposed that members of SA Heart Association pay a membership fee to the SAPPF either directly or through the SA Heart Association. This will ensure ongoing involvement in the SAPPF and the issues surrounding private practice.

Dr A Stanley