The past 2 years as president of this association have been at times difficult, at others rewarding, but never dull. I have learnt a great deal, and thanks to the assistance of the very experienced EXCO, we have met many of our goals. I don’t think it is any exaggeration to say without Erika Dau’s input we would not have an association. Thank you all very much.

First the good news. Having new blood on the Exco has been a revelation. I have served on Exco for the past 5 years, and really this past year has seen a meaningful shift in gear, and greatly improved productivity. The main changes, and I will discuss each in greater detail in turn, have been first the development of an electronic journal library available at nominal cost, for our members who choose to utilise it, second the development of guidelines aimed at helping members, funders, the authorities, and hopefully aiding in improving patient care, third stabilising, and ensuring the future of our registry, and finally, aiming to improve our Association’s profile amongst members, colleagues, industry, and all role players.

I will deal with the last issue first. At our National council meeting earlier this year, it was agreed that instead of each SIG having their own agenda and fund raising functions, and many groups arranging meetings independently, all these should be centralised. That is not to say the Association will take over these tasks, although that is a possibility if members so choose. Rather, the aim is to ensure that meetings do not conflict and to this end, they should be listed on our website calendar set up for this purpose. In addition, to ensure that the association remains in a healthy financial state, and to raise the profile of the parent body as opposed to the SIG’s, all funds raised should go via our treasurer. A 10% handling fee is levied for this. We will also work more closely with the Stroke and Heart Foundation to increase our public image as the professional body representing cardiologists and surgeons throughout our country.

The journal library is an initiative started and entirely set up by Dave Jankelow. I am greatly indebted to him for his efforts in this regard. Dave has achieved a great deal for our members with this, and I encourage you to make use of it. There is a fee involved, and Dave will explain this in more detail later.

SA Heart, as an affiliate of the European Society of Cardiology, is entitled to make use of their guidelines. We have, in aiming to develop locally relevant documents, used the ESC documents as our basis, and after discussion with local experts, changed as necessary. Drawing up guidelines is an extremely complex task, and this modification of the ESC guidelines is time saving and allows us to have a strong starting point. Lack of local data, something I am hopeful will change in the future as far as interventions is concerned, makes local expert input critical. The guidelines we have been involved with setting up are those for TAVI – with SASCI and the surgical SIG, Lipid therapy – under Eric Klug’s leadership a meeting was held earlier this month, and the plan is to bring out a consensus document which will be used as a reference for professionals, and hopefully the funders and government as well. In the pipeline are guidelines for coronary interventions, again a joint SASCI/Surgical endeavour, in line with international best practice.

The SHARE registry has developed in leaps and bounds under the guidance of Andrew Thornton this past year. I viewed it as the most important project during my term as president, and I am pleased to say I think it is now secure. There is certainly a great deal of work still required but I believe it has finally “come of age”. As you are all aware, it has been a very challenging development, and although most members supported the idea of a national database, there were concerns, very valid concerns, that the running costs could undermine our Associations financial wellbeing. A fundamental change in the status of the registry occurred when Netcare made a commitment to getting the registry into their busiest hospitals. This has been hugely helpful and successful, although the exact mechanisms moving forward are still to be detailed. Andrew Thornton has been driving this, and will report in detail on the registry. In addition, to demonstrate the value of the database, Andrew has a presentation at this meeting with data having been drawn from SHARE. This is very exciting, and hopefully will inspire others to enter their data, and do some data collection and analysis.
At a recent registry committee meeting which I joined, Francis Smit suggested, and we all agreed it was a great idea, a shift in emphasis for SHARE, in terms of financing it. In essence, we have moved away from the model of “selling” data to the industry, to one of selling the concept of accurate data never having been available, and this is the only way to change that. This has been well received by big role players, and, in my view, is a great new direction. Effectively we are marketing SHARE as what it is – the only source of accurate data regarding what is being done in SA by cardiac practitioners. It is therefore critical information for government, academics, funders, industry, in fact all parties. This has the advantage of being appealing to “parent” companies, and funding can be raised from their head office, rather than the South African subsidiary. A persistent problem remains getting doctors to enrol their patients. We have been rather unsuccessful in getting doctors to voluntarily enter data, although the new model is vastly more successful. There is a consensus amongst the SHARE committee that we must now move to some form of compulsory data capture. Details of the exact mechanism are still to be finalised, but options include reimbursement, and legislation.

Our paediatric colleagues, under the leadership of Chris Hugo Hamman, have been working very hard to ensure the success of the World Paediatric congress to be held in Cape Town. In order to keep EXCO abreast of progress for this event, Chris has joined in at our monthly EXCO meetings. Although we, the EXCO, were initially concerned that the meeting would not adequately cater to the requirements of most of our members – adult cardiologists and surgeons- and it was to replace our annual meeting for 2013, a presentation by Chris, John Lawrenson and John Hewitson allayed our fears. I am confident it will be a fantastic meeting, and encourage you all to ensure you are there in Cape Town for this major event.

Finally, I would like to thank all members of EXCO for their help and advice during the past year. I think the Association is well poised to take care of our profession moving into what is surely going to be an exciting future. The minister of health’s recent presentations on NHI raise serious concerns for the future of private health as we know it. I hope there will be meaningful discussion between all role players, including professional bodies such as SA Heart Association, to ensure we do not lose what is a very functional service. I wish Adriaan Snyders all the best for his 2 year term, and feel certain he will lead us, seemingly effortlessly, through this period. It is with sadness that we say goodbye to our long suffering treasurer, Ronnie Jardine. I think you all join me in making special mention of his enormous contribution over the years. I also encourage younger members to offer their services to SA Heart, as it is this injection of young blood that will keep our Association abreast of developments, and ensure leadership well into the future.