



## **Memorandum of Understanding between the South African Heart Association NPC and Special Interest Groups and Regional Branches.**

The South African Heart Association® NPC is a non-profit company registered in terms of the Company Laws of South Africa with registration number 2015/378385/08.

The Memorandum of Incorporation (MoI) of the SA Heart Association (SA Heart®) makes provision for Special Interest Groups (SIGs) and Regional Branches (RBs), here after referred to as a subgroup. This Memorandum of Understanding sets out the policy governing the relationship between the SIGs and RBs and SA Heart® and defines the implementation of the policy.

The overriding principles governing the relationship are that SA Heart® as the umbrella body needs to facilitate appropriate coordination, with the understanding that SIGs and RBs retain their autonomy. The status of SA Heart® will be enhanced by the SIGs and RBs developing into robust and viable subgroups collectively contributing to the mandate and objectives of SA Heart®.

SA Heart® and all subgroups are to unite and stand as one to be heard by members, funders, corporate world, authorities and public.

### **1. Structure of subgroups**

1.1 SIGs and RBs must have a constitution / MoI that is compatible with the MoI of SA Heart® and consider adopting SA Heart® policies where applicable.

1.1.1 Copies of such constitutions / MoI must be shared with SA Heart®.

1.2 SIGs and RBs subscribe to the Code of Conduct of SA Heart®.

1.3 Whilst falling under the SA Heart® umbrella, SIGs and RBs have their own leadership structures.

1.3.1 The specific subgroup's Constitution / MoI will spell out how its leadership is constituted and elected.

1.3.2 Leadership role should be held for a (renewable) fixed term, but no more than a maximum of 6 consecutive years.

1.3.3 Subgroups will adhere to the diversity policy of SA Heart®.

1.3.4 Subgroups shall inform the SA Heart® office of any change to their leadership within three weeks of such change.

1.4 Subgroups shall ensure that they operate within the South African Laws and Regulations and maintain transparency and good governance principles.

1.5 Subgroups may hold their own bank account, will comply with FICA regulations and the laws and regulations applicable to Annual Financial Statements for their Group.

1.5.1 Subgroups may choose to make use of the SA Heart® office for bookkeeping purposes. (Admin fee will be charged refer point 4.9.1)

## **2. Branding and identity**

2.1 SA Heart® is moving towards a monolithic Brand approach for SA Heart® and its subgroups.

2.1.1 Logos across subgroups will thus be recognizable as a SA Heart® subgroup.

2.1.1.1 SIGs with a strong brand identity currently exempt from this clause will display the SA Heart® and SIG logo in equal size and prominence in print and digital information, invitations etc.

2.1.2 Any new logo that is developed in future, whether it be for a new SIG or a rebrand of an existing SIG, must adhere to the monolithic brand policy of SA Heart®.

2.1.3 Branding policies and directives will be adhered to across all subgroups.

2.1.4 All official stationery of the SIGs and RBs must reflect Subgroup to SA Heart® Association as the umbrella body during negotiations with other organisations, media and also in literature and advertising pertaining to meetings and functions organised by a Subgroup.

2.1.5 It is mandatory that such recognition be accorded to SA Heart Association whenever the SIG represents itself to outside organisations as well as in print and, where appropriate, by publication of the Association's logo in all correspondence and advertisements emanating from the Subgroup.

2.1.6 Subgroups will consider and align themselves with SA Heart®'s endorsement policy to third party activities.

2.2 The SA Heart webpage will have a dedicated page to each Subgroup and the URL of this will be [www.saheart.org/SIGname](http://www.saheart.org/SIGname)

- 2.2.1 The Subgroup is encouraged to use this URL for all intents and purposes.
- 2.2.2 The Subgroup will maintain its own subpage.

### **3. Membership**

- 3.1 All members of SIGs and RBs must be a member of the SA Heart Association. Subgroup membership only is not allowed.
- 3.2 SA Heart® will maintain the member database with each member's respective voluntary affiliation to any of the subgroups.
- 3.3 Application for membership is done online on the SA Heart® website and members are encouraged to maintain and update their details themselves through their user login access.
- 3.4 SIGs and RBs will use SA Heart® and its service provider to facilitate their membership invoicing and accounting.
  - 3.4.1 A single invoice will be sent to all members. This invoice will clearly reflect the SIG and/or RB to which the member belongs to and reflect the different membership fees applicable – if any.
  - 3.4.2 As SA Heart® is VAT registered, all fees collected on behalf of SIGs and RBs will be VAT inclusive
  - 3.4.3 The Board, through the SA Heart® office, will arrange collection of these fees.
    - 3.4.3.1 The SA Heart® office may request assistance from subgroup leadership/administration to follow up on outstanding payments of their respective group members.
  - 3.4.4 SA Heart® office will forward fees thus collected annually to the individual group within two months after the financial year end.
  - 3.4.5 An administration fee of 20% of the fees collected will be withheld by SA Heart®.
  - 3.4.6 Membership across all subgroups will be suspended if a member has not paid his/her membership fees in any given financial year. (MOI article 2.6 will prevail)
- 3.5 To increase membership, leaders of RBs will try and recruit their colleagues in that region, including cardiac physicians, to join SA Heart®.
- 3.6 POPI act regulations will prevail throughout and any subgroup leadership or management who has requested member details of its particular subgroup membership may not share or use this information so received for any other purpose not relating directly to subgroup management and information dissemination. Any sensitive information received must be securely stored. Refer SA Heart® POPI policy.

### **4. Formation and operation of Special Interest Groups and Regional Branches**

4.1 Currently the following groups are recognized as special interest group of SA Heart®

- 4.1.1 Cardiac Arrhythmia Society of South Africa (CASSA)
- 4.1.2 Cardiac Imaging Society of South Africa (CISSA)
- 4.1.3 Heart Failure Society of South Africa (HeFSSA)
- 4.1.4 Paediatric Cardiac Society of South Africa (PCSSA)
- 4.1.5 Society of Cardiovascular Research of South Africa (SASCAR)
- 4.1.6 South African Society of Cardiovascular Intervention (SASCI)
  - 4.1.6.1 Interventional Society of Cath Lab professionals (ISCAP) as subsidiary of SASCI
- 4.1.7 The Lipid and Atherosclerosis Society of South Africa (LASSA)
- 4.1.8 (Surgical Interest Group)

4.2 The following regional branches are currently represented:

- 4.2.1 Bloemfontein Regional Branch
- 4.2.2 Durban Regional Branch
- 4.2.3 Johannesburg Regional Branch
- 4.2.4 Pretoria Regional Branch
- 4.2.5 Western Cape Regional Branch

4.3 Each subgroup will briefly report half-yearly to the SA Heart® Board (as requested through the SA Heart® office in time for the next Board / Stakeholder committee meeting) on any activities or issues addressed within its area of expertise.

4.4 Each subgroup will contribute to the quarterly SA Heart® Newsletter and where applicable social media channels of SA Heart®.

4.5 Each subgroup will be called upon to assist with media requests pertaining to their field of subspecialty or region.

4.6 Each subgroup will lodge an annual activity report and corresponding brief summary slides and an annual financial report (audited or reviewed depending on the subgroups legal status) with the SA Heart® office no later than 60 days prior to the SA Heart® Annual General Meeting.

4.7 Each subgroup shall hold an annual general meeting.

4.8 Each subgroup will have a minimum of two meetings or educational events per annum.

4.9 SIGs and RBs may make use of the SA Heart® office for administrative tasks, bookkeeping of their group account, member communication, setting up of meetings etc.

- 4.9.1 SA Heart® shall levy an administration fee for services thus rendered.
- 4.10 SIGs and RGs may use the SA Heart® office *postal* address as their own. The SA Heart® admin office will redirect correspondence as necessary.
- 4.11 SA Heart® reserves the right to dissolve and wind up any subgroup that has been dormant for a year without plausible reason.
- 4.11.1 Upon dissolution of any Sub-group, any funds remaining shall be transferred to the Funds of the company.
- 4.12 Members of SA Heart® may form a subgroup relating to a special interest or subspecialty within cardiovascular disease or representing a particular geographic area and apply to the Board of SA Heart® to be recognized as a special interest group or regional branch of SA Heart®. The Board's decision will be ratified at the next AGM of SA Heart®.

## **5. Special Interest Groups and Regional Branch representation in SA Heart® structures**

### **5.1 Stakeholder Relations Committee**

To ensure that the interests of all SIGs and RBs are represented and subspecialty expertise considered in the leadership of SA Heart®, the MoI makes provision of a Board Stakeholders Relations Committee (SRC).

- 5.1.1 Every SIG and RB has one representative on the Stakeholder Relations Committee.
- 5.1.2 Each subgroup will elect its representative for the SRC on an annual basis within the subgroup structures.
- 5.1.2.1 It is encouraged that a subgroup shall not nominate a currently serving Board Director as their own representative on the SRC
- 5.1.3 The chair of SRC shall be a SA Heart® Board Member and is the liaison person between the SRC and the SA Heart® Board.
- 5.1.4 A minimum of two SA Heart® Board members will sit on the Stakeholders Committee.
- 5.1.5 The Stakeholder Committee will meet at least twice per year.
- 5.1.5.1 SIGs and Branches shall cover travel and related costs of their representative to attend.
- 5.1.5.2 A meeting may be conducted electronically.
- 5.1.5.3 The Stakeholder Committee chair will call the meeting at least two weeks before the meeting is to take place.
- 5.1.5.3.1 Notwithstanding point 5.2.5.3 the chair will aim at setting dates for the upcoming year, well in advance for planning purposes.
- 5.1.5.3.2 Such dates will be aligned with the SA Heart® Board dates as far as practical to do so, to facilitate relevant and timely reporting to the SA Heart® Board.

5.1.5.4 Any three representatives of subgroups may request a SRC meeting to be called should they deem this necessary.

## **5.2 SA Heart® Committees**

To strengthen SA Heart® and to facilitate proper functioning of and representation on the SA Heart® Standing and other operational Committees, each SIG will nominate one representative from within their group to actively serve on the respective Committees. This representative will also be the liaison person between committee and SIG and communicate relevant issues both ways.

5.2.1 Terms of reference documents govern the responsibilities and relationships of the various committees.

5.2.2 Committees may be formed or dissolved in accordance with the SA Heart® Board decision as per its Mol.

5.2.3 Standing committees consists of:

5.2.3.1 The Private Practice Committee, The Education and Fulltime Salaried Practice committee and the Ethics and Guidelines Committee

5.2.4 The SA Heart® Congress Committee.

5.2.5 The SHARE registry Committee includes inter alia Principal Investigators of the active registries.

5.2.5.1 SIGs and RBs will encourage their members to actively participate in the SHARE registry especially on registries covering their respective field of interest.

## **6. Annual Congress and meetings**

### **6.1 SA Heart Annual Congress**

6.1.1 SA Heart® will aim to hold an annual scientific congress.

6.1.2 The SA Heart® congress will ideally fall within the second last week of October each year running from Thursday (pre-congress workshop and opening) to Sunday.

6.1.2.1 If above dates cannot be met for whatever reason SA Heart® may hold the annual congress at a suitable date between late September and Mid November each year. In unusual circumstances SA Heart® may hold a virtual congress

6.1.2.2 In years where the congress is combined with an International Congress with SA Heart® or one of the SIGs as host, the date might have to be adjusted to the cycle of that congress.

6.1.3 The SA Heart Congress SOP governs all matters of the annual congress.

6.1.4 SIGs are encouraged to have a representative on the Congress Committee to provide input into the programme on their field of interest.

6.1.5 All profit from the annual scientific sessions of SA Heart® shall go to SA Heart®.

### **6.2 Meetings of SIGs and Regional branches**

SIGs and RGs may hold their own meetings, either on a regional or national basis.

- 6.2.1 The SA Heart® website contains an event calendar which can be used as planning tool and the SA Heart® office should be informed of any (planned) meeting or training events ASAP in order to keep the calendar current.
- 6.2.2 **National** meetings should be coordinated through the Education Committee of SA Heart® to avoid potential clashes of times and interest. SIGs will notify the committee of their planned venue, date and programme for ratification before finalizing and actively advertising these.
- 6.2.3 SA Heart® will assist with advertising such meetings where feasible.
- 6.2.4 An embargo on national meetings that involve industry support is put on meetings 3 months before and 2 months after the SA Heart Annual Congress.

### 6.3 Meetings of third parties involving SA Heart / SIG / Branch members

- 6.3.1 For **Industry** initiatives that encompass SA Heart® community involvement, to channel the request through SA Heart® and if it pertains predominantly to the SA Heart® community, it may entail an endorsement fee.

## 7. **Practice guidelines**

SA Heart® is an Affiliated Organisation of the European Society of Cardiology. As such it is allowed to and has adopted the Clinical Guidelines of the ESC as the SA Heart Clinical Guidelines for practice in South Africa. These guidelines cannot be changed, but comments about regional applicability and highlights can be made and will be published in the SA Heart Journal. Such comments will be in the domain of the SIGs under the auspices of the Ethics & Guidelines Committee.

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