

South African Heart Association Newsletter January 2006

Welcome

by Dr Adriaan Snyders

Welcome to 2006 and please enjoy what is left of it. 2006 has the potential to be a very exciting year kicking off with the first Heart Failure Workshop at the beginning of February. By the end of this year we will know how successful the cath lab registry project was. I hope to see you in Cape Town at the end of October.

Will stem cell therapy finds its practical application in South Africa? What will be considered a worthwhile indication for a cardiac MRT or multislice scanner? Are isotope perfusion studies in South Africa accurate enough to be used more often? Who's next to leave South Africa? Will Taxus ever regain its former popularity? Will Endeavour be able to take the podium? Will it still be possible to visit Botswana? What will the effect of the prerequisite for a dispensing licence be on international trials in South Africa? Will there be any alternative careers for the cardiologist - golfing, photography, racing or even farming?

Please feel free to comment on and particularly to contribute to our newsletter.

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President's Report – 2005 by Dr Colin Schamroth

As **this year's report coincides with the end of my tenure as President**, I will discuss issues that have spanned the past two years.

First and foremost **I must thank the members of the Executive Committee** with whom I have had the pleasure to work with. All members have fulfilled their duties in an exemplary fashion. Much of their work goes unheralded, but the effects are noted and felt by all members.

1. **Dr Len Steingo**, President-elect, has attended to the script pad project, which is currently being expanded to include all members who wish to participate. When the project is fully operational, we will be able to access important demographic data regarding the use of certain drugs in specific conditions, e.g. how many patients with a diagnosis of coronary artery disease are on statins, aspirin, ACE inhibitors etc. It is hoped that some preliminary data will be published in the SA Heart Journal or newsletter next year. Dr Steingo has also driven the initiative to formalize the relationship between SA Heart and the various Special Interest Groups and Regional Groups. The resultant document will be tabled and discussed at the AGM.
2. **Dr Anthony Stanley**, Chairman of the Private Practice Committee and Honorary Secretary, has attended many meetings at the SA Medical Association, representing the views of SA Heart. His feedback has been invaluable, and for the sake of continuity, it is hoped that he will continue in this way. He has also initiated a project to get an independent 'audit' of what our practice costs are. This information is vital if we are to negotiate to protect our incomes. Members may have already been approached to make this data available for processing and results will also be published some time next year when the project is complete. Members are assured that all financial records will be kept confidential. He has also served well as the Honorary Secretary of the Association.
3. **Prof Anton Doubell**, head of the Fulltime Practice Committee, has given tremendous input to the College and HPCSA regarding the implementation of the new guidelines for the College examinations and registration criteria. He has also dedicated much time to ensuring the smooth roll-out of the cath lab data project. This latter work has been a major undertaking. Many members have expressed dismay at the delay in implementation, but it is important to understand that it was and is imperative that the registry be functional and as flawless as possible. We have actively decided not to distribute it to members until all the bugs are sorted out. The good news is that this project is now almost complete, and a working copy of the data registry will be available at the AGM and will most probably be distributed to interested centres/individuals early next year. Prof Doubell has also been instrumental in establishing the SA Heart Journal and guiding its birth process. I am sure that members will agree that the standard of articles is excellent and it will serve as an important vehicle for local articles and imparting of up to date cardiology news.
4. **Dr Rob Scott-Millar**, head of the Education Committee, has given valuable input to the contents of SA Heart supported meetings and also issues regarding the standards of cardiology teaching. The maintenance of standards is important and much time and effort is spent in discussion with HPCSA and the College of Medicine in this regard.
5. **Prof Abdul Mitha**, Chairman of the Ethics and Guidelines Committee has started the process of getting local comments on the clinical practice guidelines. With our adoption of the European Society of Cardiology clinical practice guidelines as our own SA guidelines, it is important that we disseminate this information and highlight the relevance to local conditions and practices. This will be a long-term project and the local caveats to the guidelines will appear from time to time in the SA Heart Journal starting next year. Prof Mitha has also guided us in dealing with several sensitive matters involving complaints by and against colleagues. I am pleased to report that most of these issues we easily resolved and that a paucity of matters were decided to be beyond our jurisdiction and referred on to HPCSA.

6. **Dr Ronnie Jardine**, the Honorary Treasurer, has continued to provide sterling service in the financial affairs of the Association. Much work has had to be done to obtain registration as a Public Benefit Organization, sorting out our registration as a VAT vendor, while at the same time ensuring that we remain solvent and viable. During this time he has also dedicated much effort as the head of the organizing committee for this current AGM/Scientific Sessions.

SA Heart has continued to support its members in terms of travel and research scholarships.

This past year 2 travel scholarships to a total value of R20 000 were awarded. In addition, the Association donated R25 000 to the Circulatory Disorders Research Fund, as part of our ongoing commitment to that project. I am pleased to report that several of our members have been awarded substantial grants through this fund. A sum of R70 000 was given to the Society of Cardiothoracic Surgeons of SA for their congress held in Zambia in August.

There have been disappointments during this past year as well. The inability to reach agreement with the editor of the Cardiovascular Journal of SA regarding its future with SA Heart was frustrating. In particular, the editorial written by the editor in that journal was of great dismay. I have dealt with that issue in a previous newsletter. A similar attack on the integrity of the SA Heart Executive Committee was recently received by a former member, who alleged a lack of transformation in the Association. I am sure when members see the current list of nominees for positions on the executive and sub-committees, they will have no doubt that transformation has indeed occurred. It must be understood that this 'change' is not in response to any criticism, but is part of an ongoing process that was initiated in the year after inception of SA Heart. We are now seeing the fruits of that policy.

We are no longer a society in isolation. This year has seen the consolidation of our position as affiliate members of the European Society of Cardiology and a member of the Pan African Society of Cardiology. The fruit of our membership of the ESC are already visible in our clinical guidelines, and I am sure that there will also be growth and development of cross-country seminars and meetings. Our participation in PASCAR is significant with two SA Heart members present on the PASCAR executive, and in our hosting this year's PASCAR meeting at our AGM in the Drakensberg.

I must thank **our secretary, Erika Dau**, who continues to perform sterling work. At times it is difficult working long-distance, the secretariat being in the Cape and I being in Gauteng, but with the telephone and emails, this has not proved to be too problematic. Timely reminders are always at hand to ensure that matters flow smoothly and nothing is left unattended.

It is with much satisfaction that I take leave of the office of the President. There have been an unprecedented number of nominees for positions of leadership in the Association. This bodes well for the future and indicates that members have understood the need to stand up and be counted. Whilst there is no financial reward for the work done, the satisfaction of initiating and seeing through projects that will be of benefit to all members and indirectly to patients; engaging in lively discussions regarding the future of cardiology in South Africa, our relationships with industry, statutory bodies and medical aid funders; and broadening our link with our colleagues in Europe and Africa, is reward enough.

Minutes of the 2005 Annual General Meeting

by Dr Anthony Stanley

The 2005 AGM was held at the BergRhythms Congress at the Champagne Castle Sports Resort at 17:15 on the 18th October 2005.

Present as per the Attendance Register

Dr C Schamroth
Dr L Steingo
Dr R Jardine
Prof A Doubell
Prof R Scott-Millar
Dr A Stanley

Apologies

Prof A Mitha
Prof DP Naidoo
Mr A Denoon

Dr C Schamroth welcomed everyone.

Minutes of the AGM 2004 were accepted. Proposed P Manga, seconded E Klug.

Matters from the last minutes: Nothing was brought up.

President's Report

Colin Schamroth read the report. He praised Exco for their hard work during the year and thanked them for their support. Several issues of contention were brought up viz,

1. **CVJSA**
Mention was made of the right of reply being denied by the editor of CVJSA. Colin Schamroth expressed disappointment in the outcome of negotiations with the CVJSA.
2. **SA Heart Journal**
The President thanked Prof A Doubell for the effort put into this venture and congratulated him on the quality of the first issue.
3. **Transformation**
Varying interpretations of the rate of change are present in the membership, with some people feeling it was too fast and others that it was too slow. The **plan for positive transformation was on track**. Partly evidenced by the record number of nominations received this year for various positions on Exco.
4. **Affiliation with ESC**
5. **PASCAR**. South African Heart association was actively involved in support of PASCAR.
6. **Script pad** project was moving along quite well.
7. **The Cathlab registry** has been launched and copies are available at the BergRhythm meeting.
8. **The newsletter** had received positive feedback and the President thanked Dr A Snyders for his contribution.

Treasurer's Report

Presented by Dr R Jardine.

1. Question raised by Prof A Doubell regarding the number of full members (188 full members).
2. Dr R Kleinloog wanted to know where the money for the cath lab registry had come from.
Answered that it came from the South African Heart Association.
3. It was decided that the **membership fees should stay the same**.

Private Practice Committee

Presented by Dr A Stanley. Published with the agenda. There were no questions.

Fulltime Practice Committee

Presented as published - Prof B Mayosi mentioned that the process of registration of foreign graduates was to be fast tracked but emphasized that was with regard to filling posts in the public sector. The same would not apply to the private sector applications. This was hoped to reverse the brain drain.

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Ethics and Guidelines

Presented and accepted.

Education

Presented by Prof R Scott-Millar

1. It was felt that all awards should go through Exco.
2. The examination and logbooks were a bit of a problem but this was being addressed with the College of Medicine.
3. Prof R Scott-Millar thanked the sub committee and announced that he would not be available for re-election.

Acceptance of Special Committees

Accepted. Proposed Dr A Dalby. Seconded Prof B Mayosi.

Report back from Special Interest groups

1. LASSA
2. Nuclear Medicine Group
3. CASSA
4. Paediatric Group
5. SASCI

Report back from branches

All branches reported back. The Bloemfontein group will organize the next meeting. Prof F Smit and Dr N van der Merwe.

Proposals

1. A new special interest group the **South African Heart Failure Group** was proposed by Prof K Sliwa and seconded by Prof B Mayosi. No votes against.
2. Certain constitutional changes needed adjustment e.g. to address issues around the cath lab registry and the editor of the SA Heart Journal should be on Exco.
3. There are still problems regarding funding to various special interest groups and this needed to be finalized to ensure smooth running of the society.
4. The issue of the **Society of Cardiothoracic Surgeons** was then raised. In essence this group had **decided to withdraw from membership of the South African Heart Association** for reasons which appeared confused but in essence the following points were made -
 - SOCTS are unhappy about the distribution of funds to the special interest groups in general and to themselves in particular.
 - Some of their members are primarily thoracic surgeons and feel they do not need to be full members of South African Heart Association as well. Their allegiance may lie more comfortably with the Pulmonology Society. The number of surgeons involved is not clear but appears to be a small number.
 - The surgeons proposed that the split be made but surgeons who wished to remain in the South African Heart Association be allowed to do so. The president felt this was agreeable but it would be as individual members unless a further SIG was proposed.

- Dr Chris Hugo Hamman said that although the paediatric cardiology and paediatric cardiothoracic surgeons constituted a small group, they were responsible in a broad sense for 50% of the population (bearing in mind the number of cardiac conditions per 100,000 is much lower). He also stated that the paediatric group had always made a meaningful contribution to the annual South African Heart Association meeting. The recently published document helped to define the relationship between SIGs and the parent association especially with regard with to income stream.
- All standing committees should have at least one member from each special interest group. This would make the standing committees pretty big. Dr A Stanley felt that the SIGs should report in to the standing committee from the own committees to increase the stream of information. Prof A Doubell thought that the larger standing committees would be better.
- The standing committee would elect a chairperson and report back to Erika Dau.

General Points

Dr A Dalby informed the meeting that **all clinical trialists must have a dispensing license.**

Currently approved trials are not affected. He also pointed out that ESC guidelines are now available and we need to decide how they should be published. Prof A Doubell said they needed to be published unchanged and then local interpretation should be appended.

The **new president Dr L Steingo** was then welcomed and the meeting handed over to him. Dr L Steingo thanked Dr C Schamroth and welcomed everyone. He said he was sure the year would be productive and was happy to take over the reigns of such a vibrant and progressive society. He also welcomed the opportunity to lead the Society in the ever changing South African environment. He then closed the meeting.

Annual Report of the Private Practice Committee 2005 by Dr Anthony Stanley

This year has been an exciting one with many changes developing and also a disappointing one. Let's not dwell on the negative but move straight into the summary of the years activities.

Firstly the private practice unit at South African Medical Association has become a body which has increased its involvement in negotiations with Government, in the Department of Health, with the Council for Medical Schemes, and with funders (BHF and individual funding organizations). The stance of the PPU has been to constructively engage rather than confront in an effort to bring better working conditions and fair remuneration to doctors. This has been through the Worth of the Doctor forum, the establishment of accurate cost of practice figures (successfully done by the ENT and psychiatry groups so far), negotiations around the NRPL and CON, the rationalization of codes for services rendered, the cross referencing of local coding with the CPT4 codes.

Further it must be appreciated that Government is trying to get affordable healthcare to all citizens by way of making medical care more affordable and accessible. These aims are noble and well intentioned. Reference to this was in the The Freedom Charter of 1955, reaffirmed in the Constitutional Principles for a Democratic South Africa and finally entrenched in our Constitution, " Everyone has the right to have access to:

1. healthcare services including reproductive healthcare
2. sufficient food and water
3. social security, including, if they are unable to support themselves and their dependents, appropriate social assistance."

The casualty of this process may well be private practice. In order to prevent this we have to embrace the goodness of these proposals and work with government to achieve these aims. By this manner we can hopefully end up in a win/win situation and also have an increasing say in the practice and distribution of medical (cardiological) care. The enemies are disease and poverty not Government and in the bigger picture they must be addressed to ensure a future for all South Africans. Constructive engagement is the way to go forward.

Specifically in the domain of cardiology we have started the cost of practice survey with a varied response. It is imperative that accurate figures are produced to allow a fair fee to be developed. If we do not support this then our fees will be set for us based on perceived worth and funding constraints.

Healthman is the company we appointed and should they contact you please give them as much information as possible. It is confidential and, if you wish, anonymous. Generic information will be generated and will not trigger audits of practices.

Secondly coding has become a big issue. Adding a new code has to be fully rationalized and supported by relativities, time usage, equipment costs and degree of complexity. Much of this work has been done already by Stanford University resulting in the CPT coding system. All new and old codes are being cross referenced to the CPT system to ensure a fair fee with appropriate relativities. It has been suggested, and is being considered to change cardiology coding to the CPT4 system as opposed to adjusting all our existing codes to bring them in line with CPT4 relativities etc. This obviously needs input from the cardiology group at large, if we are to have a say in the fee structure and value.

The certificate of need continues to be a distant threat but don't lose sight of it.

We also need data. Without accurate statistics, in medicine in general and in our own discipline we cannot negotiate or plan for the future. It must be emphasized that with data areas of weakness can be addressed, training implemented, quality maintained and fees negotiated. To this end both the cath lab data project and introduction of ICD 10 coding should help considerably.

Issues of credentialing are becoming important with funders with regard to certain procedures. We as a society must ensure that adequate guideline are in place and sufficient peer review takes place for members to know where they stand in relation the practice of cardiology. These matters are being dealt with by the Education and Ethics and Guidelines committees.

I would encourage you all to contribute as much as possible to the PPC and to the South African Heart Association over the next year. Much needs to be done but it needs input to be able to reflect accurately the sentiment of the cardiology community of South Africa.

A Stanley

Chair: Private Practice Committee, SA Heart

Annual Report of the Ethics and Guidelines Committee 2005 by Prof Abdul Mitha

Guidelines are time consuming and expensive to produce. Sponsorship from vested interests can lead to allegations of bias and lack of objectivity. At the last AGM it was agreed that the SA Heart association will seek Affiliate Membership of the European Society of Cardiology and follow and recommend the Guidelines of the European Society. The Constitution of the European society has been duly amended and we await the ratification of our membership.

The committee had one telephonic conference during the year under review. Now that special interest groups have incorporated into SAHA it will be important to have these groups to contribute to modifications of Guidelines to suit the South African situation. Several pocket guidelines are available from the European Society and members should avail themselves of these.

Abdul Mitha

Chairperson: Ethics and Guidelines Committee, SA Heart

Annual Report of the Full Time Salaried Practice Committee 2005 by Prof Anton Doubell

Committee Members:

Prof AF Doubell (Chairperson)

Dr E Brice, Dr J Brink, Prof P Manga, Dr D Schutte, Prof K Sliwa

The committee met (teleconference) twice during the year ? on the 14th February 2005 and the 1st August 2005. The following matters were addressed:

1. Training in Cardiology and Cardiothoracic Surgery.
2. Education Subcommittee for Heads of training institutions.
3. The SA Heart Cathlab Registry.
4. SA Heart, the Journal of the South African Heart Association.
5. Appointing foreign cardiologists.
6. Waiting lists in State Hospitals.

Training in Cardiology and Cardiothoracic Surgery.

The three year training program in cardiology was finally accepted by the College of Medicine of South Africa (CMSA). Following the endorsement by CMSA, the Health Professions Council of South Africa (HPCSA) finally accepted the three year training program for cardiology.

Despite a possible surplus of cardiothoracic surgeons in the country, the state sector is still finding it difficult to attend to the needs of the indigent population. The committee undertook to convey these discrepancies to the HPCSA.

Education Subcommittee for Heads of training institutions.

The Committee for Heads of training institutions, a sub committee of the Education committee, carries the responsibility for implementing the training regulations referred to above. This sub committee did not meet last year and the Full Time Salaried Practice Committee lobbied the Education Committee to ensure a meeting in 2005. A meeting has been scheduled for the 16th of October. Issues identified that will be discussed include: consistency regarding training posts (training in consultant vs. registrar posts), logbook requirements, final logbook certification before CMSA issuing the Certificate in Cardiology, accreditation of training centres and the hosting of cardiology examinations.

The SA Heart Cathlab Registry.

The Committee views the registry as an important initiative of SA Heart with significant potential benefits to academic units. The progress with the development was monitored. The initiative has gained momentum over the second half of this year and will be ready for launching at the SA Heart Congress in October.

SA Heart, the Journal of the South African Heart Association.

SAHeart will be issuing its 7th quarterly publication at the October congress. The Journal has been well received and has maintained a high standard. To date the Journal has focussed on reviewing selected topics by invited authors. The editor has initiated a drive to draw original papers for peer reviewed publication and members are urged to submit their research work to SA Heart.

Appointing foreign cardiologists.

A number of academic units are understaffed and in specific cases the appointment of foreign cardiologists may assist in alleviating the problem. However, bureaucratic red tape often delays and hampers such appointments. HPCSA was urged to find more efficient ways of fast tracking such appointments. A new mechanism has indeed now been implemented by the HPCSA to assist in this regard.

Waiting lists in State Hospitals.

Lengthening waiting lists for cardiac surgery is a problem in many state hospitals. It is recognized that multiple factors impact on surgical lists and clear solutions are not evident. However, the committee felt that most of the Provincial Health Departments were aggravating the problem by not acting decisively to improve the situation and the committee undertook to bring this to the attention of the authorities and to apply pressure to ensure that the situation is corrected.

Anton Doubell

Chairperson: Fulltime Salaried Practise Committee, SA Heart

Annual Report of the Education Standing Committee 2005 by Prof Rob Scott Millar

The Education Standing Committee has dealt with a number of issues, mainly by e-mail. These include requests from HPCSA for advice regarding eligibility of individuals for registration as cardiologists, and endorsement of meetings.

A face-to-face meeting of elected members of the Education Committee, together with the subcommittee of the heads of training units, is to be held during the SA Heart/CASSA Bergrhythms congress in the Drakensberg in October. Issues to be discussed include cardiology training, examinations and travel grants for trainees.

A new committee will be elected before the SA Heart AGM. My term has come to an end, as I will not be standing for re-election. I would like to thank my fellow committee members for their support and input.

Rob Scott Millar

Chairperson: Education Committee, SA Heart

Annual Report of the Paediatric Cardiac Society of South Africa 2005 by Dr Christopher Hugo - Hamman

Introduction

The current Executive of the PCSSA was elected at the AGM in 2004 and has met twice over the last year, in Cape Town in February and in Johannesburg in July. We have tried to bring greater formality to our affairs and attempted to improve the structures and governance within our organisation.

The proposed amendments to our Constitution (which will be put to the Annual General Meeting on 18 October 2005) reflect these intentions. We believe in transparency in the operation of organisations such as ourselves and to improve communication with members and interested parties, three newsletters have been circulated over this period.

We are a Special Interest Group (SIG) of the South African Heart Association (SA Heart) and have sought to further develop and strengthen that relationship. With the interests of PCSSA in mind, we have supported SA Heart's efforts to bring order to their relationship with the SIGS. Although we wish to grow our activities on a regional basis, the major burden of responsibility remains the organisation of our annual scientific meeting and we look forward to a successful symposium in October. Expansion of our operations at a regional level depends on funding and in this regard we are pleased to report some growth in our reserves. We are hopeful resolution of the negotiation within SA Heart on the distribution of profits from the annual congress will fairly reflect our effort and contribution and bring us to an even healthier position.

Financial statement for the year ended 31 March 2005

Our Treasurer Ray Dansky has prepared our Annual Financial Statement for year ended 31 March 2005. These have been audited by Mr Colin Bartkunsy (CA) and are appended to this annual report. Net assets of PCSSA as at 31 March 2005 were R 178 823.

Sponsorship

We have been fortunate this past year to raise sponsorship for the activities of our society from

several companies. Principally, this has been from Netcare, which has again supported our annual scientific meeting. Abbott Laboratories has also been generous in its support and in this regard we look forward to working with them on the further development and implementation where possible, of the Guidelines for the use of palivizumab in South Africa. We also wish to acknowledge with thanks the assistance received from Phillips Medical and Paragmed.

Relationship with SA Heart

In January this year the President of SA Heart invited comment on a draft document on the relationship between SA Heart and the Special Interest Groups. Our response to this discussion paper was positive and we emphasised that PCSSA is very comfortable with our affiliation to and strong relationship with SA Heart. We see ourselves as an important organization within SA Heart and at the centre of its business. PCSSA has ensured our annual congress runs simultaneous with SA Heart Annual Congress, at the same venue and at the same time, running concurrently. We have for some years made it clear to our members that to be a member of our Society, they need also be a member of SA Heart. With membership of SA Heart, our members are just as important in SA Heart as cardiologists or surgeons not involved with children. We agreed that in our country, multiple separate meetings organized by the SIGs at different times through the calendar year, dilute the activities of SA Heart, add extra congestion to a busy schedule of local and international events and dilutes the ability to gain much needed sponsorship for what we feel should be the pre-eminent event of the year, the Annual Congress of SA Heart.

After input from PCSSA and various other SIGs, the President and Secretary of PCSSA attended a National Council Meeting of SA Heart on 4 June 2005. A final draft of this document will be presented to the AGM of SA Heart on Monday 17 October 2005. We were asked to comment on this document and have done so. The only area we feel requires clarity regards distribution of profits from the annual scientific session of SA Heart, namely the congress.

The annual meeting will be organised alternately by a regional group (RG) and a SIG. Accordingly, we noted that as long as PCSSA is a special interest group of SA Heart there would always be a SIG, namely PCSSA, involved in the organisation of the annual scientific session/congress. In the year when the Annual scientific session is organised by a RG and a SIG, according to the document, PCSSA can expect a 30% share of the profits. We have proposed that the text of the document is more specific in this regard.

In the year where the scientific session is organised by two SIGs (as in 2005 with CASSA and PCSSA), the division of profits (after the 50:50 split, SAHeart:SIG), *between* the SIGs is ambiguous. The document reflects a concern that, "the division of profits accruing must be divided up according to active participation in the organising committee, securing of sponsorship and international speakers, and not based solely on the content portion of the academic program that may apply to a particular group". We have argued that for several years the PCSSA contribution to the organisation of the annual scientific session has gone way beyond the "content portions of the academic programme".

Again we want a more formalised approach and proposed that in a year where the annual scientific session is organised by two or more SIGs, the 50% share of the profits (because SA Heart will retain 50% anyway) will be divided *equally* between the participating SIGs.

We trust that the efforts of PCSSA will receive the recognition we deserve through incorporation of these changes into the final document.

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Membership of PCSSA

PCSSA is a special interest group of the South African Heart Association. To join PCSSA one needs join SA Heart as either an ordinary or associate member and pay an additional R100.00 subscription per annum to PCSSA. We have campaigned hard for higher levels of membership from our constituency but thus far have been disappointed with the results. We will approach this with increased vigour over the next year.

Training guidelines and admission criteria

The exams for Certification in Paediatric Cardiology commenced in 2003. So far there has been success for all three candidates. Exams were held in Johannesburg in 2003 and Cape Town in 2004. Both exams were arranged and convened by Dr Antoinette Cilliers. The October 2005 exam will be held in Johannesburg with one candidate.

Training guidelines and criteria for admission to the examination were drafted in 2002 for the College of Paediatricians, by Dr John Lawrenson and Dr Jeff Harrisberg. These criteria and requirements are available on the SA Heart website. The latest change to the "Admission to the examination criteria" has been the duration of training, now 36 months. This extension of the training period has been approved by the Health Professions Council of South Africa (HPCCSA) as of 29 September 2004). The request to lengthen the training time was initiated by Prof A Doubell when it was found that it was difficult to adequately train a cardiologist in 24 months because of all the procedures required to obtain a certain level of competency in viz. diagnostic and interventional catheterisation and echocardiography. After consultation with PCSSA and under guidance of Dr Antoinette Cilliers, "Paediatric Cardiology" adopted the 3 years proposal because of similar problems in training. The

request for the extension went through the College of Medicine at a meeting held in Johannesburg early in 2004.

Cardiac catheterisation laboratory registry and data collection

The Cardiac Catheterisation Laboratory registry and data collection project of SA Heart has reached a fairly advanced stage under the leadership of Prof Anton Doubell and is now being tested in the adult cardiology unit at Tygerberg Hospital. Drs Harold Pribut, Jeff Harrisberg and John Lawrenson represented PCSSA in the initial planning. John Lawrenson will be further involved with Mr Tony Scott (the author of the database) in the design and implementation of the paediatric component of the registry and will liaise with the members and centres accordingly.

Heartlink

Children's HeartLink (CHL) is a United States based international charity dedicated to the prevention and treatment of heart disease in needy children. After their mission to South Africa in 2004, led by John Cushing, Director of International Programs CHL reported to the Medtronic Foundation (the primary funders) on their observations and recommendations on how CHL might help with the advancement of paediatric cardiac services in South Africa. Following these recommendations, the Medtronic Foundation selected a project "To improve the retention and development of critical care nurses in South Africa". CHL has recently received funding from them for a two-year 'demonstration' project. John Cushing has corresponded recently about a probable second visit to our country, between 13 and 20 November 2005, with the specific intention of selecting a "partner site". Although PCSSA was involved in the consultation process in 2004 and has been informed of the progress with this project, we have not been asked to make any recommendations to CHL about their project or site selection.

The 4th World Congress of Paediatric Cardiology and Cardiac Surgery

The President attended the 4th World Congress in Buenos Aires between 18 and 22 September 2005 as an official representative of PCSSA. The full proceedings of the congress will be available shortly in digital format. Antoinette Cilliers, John Hewitson and John Lawrenson (Executive members of PCSSA), Susan Vosloo and Andre also attended the congress. John Hewitson and John Lawrenson were both members of the Faculty having been invited to speak on "Operating in an environment with high HIV prevalence" and on "Myocarditis: Diagnostic challenges, antiviral therapy and immunosuppressive treatment". Their participation in the scientific programme reflects their high standing internationally in heart disease in children and brings great credit to PCSSA.

The experience was only positive and on the strength of our participation we will propose to the AGM that PCSSA submits a formal bid to host the 6th World Congress of Paediatric Cardiology and Cardiac Surgery in Cape Town in 2013.

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Netcare Paediatric Cardiac Symposium: 16-19th October 2005

Our annual scientific meeting will be held between Sunday 16 and Wednesday 19 October 2005 as part of the Annual Congress of SA Heart Association. Our co-organiser for this conference is our fellow Special Interest Group (SIG), the cardiac Arrhythmia Society of South Africa. Once again, for the third year running, we are grateful for the sponsorship received by the meeting is sponsored by NETCARE.

We have noted the theme of the overall congress is arrhythmia and have therefore included as one of our invited speakers Phil Sauls, the Director of the Children's Heart Programme of South Carolina, Professor of Paediatrics in the Medical University of South Carolina and Medical Director of the MUSC Children's Hospital in Charleston. However, we have an excellent surgical programme headed by Tom Karl, Chief of Paediatric Cardio thoracic Surgery, Professor of Surgery and Paediatrics and Surgical Director of Paediatric Cardiac ICU at the University of California San Francisco (UCSF) Children's Hospital. There is also a strong focus on interventional cardiology and we are fortunate to have the participation of Shakeel Qureshi, Consultant Paediatric Cardiologist at the United Medical and Dental Schools of Guy's and St Thomas' Hospitals, London.

The year ahead

The Executive anticipates consolidating its leadership position in paediatric cardiology and surgery in South Africa. Next years annual congress will be organised by the Free State Regional Group and PCSSA. There are three new initiatives which we will undertake in our second term. There are increasing concerns that cardiac ultrasound or echocardiograms are being performed by persons (doctors and technologists) not trained in congenital heart disease. This has led to serious mismanagement of babies and children and to advice, which is not in their best interests. The burden of responsibility for this situation lies with paediatric cardiology where we have failed to provide leadership on behalf of children. After consultation with other interest groups PCSSA needs to establish guidelines on this subject, which will serve as the professions position on cardiac ultrasound in children.

The second issue relates to the use of our funds where we will create a formal path for application for congress support and hope to be able to establish a fellowship programme for specialists in training. Lastly, we will prepare our bid to host the World Congress!

My thanks to my colleagues in PCSSA for the hard work and support.

Dr Christopher Hugo-Hamman, President

Lipid and Atherosclerosis Society of Southern Africa (LASSA) by D Raal

General remarks

The Lipid and Atherosclerosis Society of Southern Africa (LASSA) has joined the South African Heart Association (SA Heart) as part of the strategy that aligns all the special interest groups within the broad context of cardiovascular practice and research in South Africa. This alignment also links LASSA to the European Guidelines for management and prevention of heart disease. The adoption of the guidelines has been indicated in the South African Medical Journal.

LASSA was founded in 1988 as a special group aligned with the Society for Endocrinology and Metabolic Disease of South Africa, and has had a very fruitful association with this movement. Every two years meetings are held simultaneously with SEMDSA but in 2006 the meeting will not take place as a result of an international diabetes meeting in Cape Town. The association between LASSA and SEMDSA is set to continue but LASSA will strengthen links with SA Heart.

LASSA has a small membership that is linked to the attendance of the bi-ennial meetings. The support for research into severe dyslipidaemia in South Africa has unfortunately decreased, and the number of specialised lipid clinics is also small. Nevertheless, a resurgent interest may be witnessed as a result of dyslipidaemia and atherosclerosis in HIV disease and its treatment. A concern is the lack of academic posts and laboratory facilities and expertise for working up patients with severe dyslipidaemias. It is of interest to attempt setting up a national network of lipid clinics that can serve private and public sectors alike.

Activities are limited to academic meetings but LASSA will explore any additional links and will contribute to any relevant requests for input. The introduction of new guidelines lead to a meeting on 13 April in which representatives of medical aid schemes discussed the financial implications of the lower target concentration for LDL cholesterol. These evidence-based recommendations have been adopted from the European guidelines. LASSA was instrumental in preparing a supplement for the SA Heart Journal in September.

Finances

LASSA currently has R76000 in a current account and R106000 in a 32-day notice deposit with Standard Bank. This amount is mainly from profits obtained from the biannual LASSA Congresses held in conjunction with the Society of Endocrinology, Metabolism and Diabetes of Southern Africa (SEMDSA) meetings. LASSA membership fees are R50 per annum, but few members pay their annual fees despite reminders. Membership fees are required for annual membership fee to the International Atherosclerosis Society (IAS), currently \$3-00 per member per annum. An educational fund is available in a Cape Town bank for special meetings and to support overseas visitors and other education events. The amount available is R79 941-00.

D Raal, Secretary

Nuclear Cardiology Group by Prof P Manga

Current Committee Members

Professor P Manga
Professor A Doubell
Professor A Ellman

Unfortunately the Nuclear Cardiology group has been fairly dormant for the last year. The guiding force behind this group was Dr V Naidoo who has subsequently emigrated to the UK. I have had discussions with some members of the nuclear physician group as to the viability of this group. There are some nuclear physicians who feel this group should continue. I have tasked Professor J Esser to get a consensus opinion from the nuclear physician group in general with regard to the continuation of the nuclear cardiology group. His report is awaited.

Professor P Manga

South African Society of Cardiovascular Intervention (SASCI) by George Nel

The past year has seen South African Society of Cardiovascular Intervention (SASCI) executive fulfill its mandate to establish a viable independent Special Interest Group within SA Heart Association attending to the many needs of the community of interventional cardiology in South Africa. 2005 has been an important year for SASCI with numerous initiatives coming to fruition. The Executive Committee elected or seconded to a 2-year term of office ending in 2005 is: -

Chairman: Dr Tom Mabin (Education; liaison)

Secretary: Dr Farrel Hellig (Database)

Treasurer: Dr Clive Corbett

Members: Prof Danie Marx (Ethics), Dr Mike Bennet (Guidelines), Dr Graham Cassel (Industry; congress), Dr Jai Patel (Tariffs), Dr Steve Spilkin, Dr Adie Horak, Rob Kleinloog (surgical), Dr Jeff Harrisberg (paediatric), Mr Albert Denoon (Industry), Mrs Heather Henry (Industry)

Executive Officer (nominated): Mr George Nel

All SASCI initiatives and actions should be evaluated in accordance with the stated objectives (as contained in our Constitution). These objectives are as follows.

- Operate as an educational institute of a public character by means of facilitating local, national, and international meetings.
- Promote collaboration between members and provide facilities for data collection on cardiovascular revascularisation activities in South Africa.
- Promote research opportunities and participation in national and international trials in the sub-specialty.
- Offer consensus on issues in the sub-specialty to professional societies, healthcare funders and industry in South Africa.

During the year SASCI have been proactive in all areas of interest with SASCI Executive Officer, Mr George Nel providing invaluable assistance in promoting our activities whilst maintaining a back office that ensures coordinated efforts. The **SASCI HELPLINE (083-458-5954)** offers access to the Exco for enquiries; requests for assistance, lobbying etc. Requests are dealt with in a professional, confidential and efficient manner to provide a vital service to all.

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Our aim to promote educational opportunities for our members and colleagues has seen a number of major activities in line with SASCI objectives stated in the constitution.

- The establishment of an exchange programme between SA and UK for interventional cardiology registrars. Dr Sanjay U Maharaj (University of KwaZulu-Natal, Inkosi Albert Luthuli Central Hospital, Durban) has been appointed as the first recipient of the Boston Scientific RC Fraser International Fellowship in Cardiovascular Intervention. **During 2006 an additional two National Fellowships are planned.**
- **Carotid Workshop** (SASCI - VASSA Joint Symposium in Endovascular Therapy for Carotid Artery Disease) was held in February 2005. This collaborative meeting brought together 70 delegates from the range of specialities (cardiologists, neurologists, vascular surgeons and interventional radiologists) interested in endovascular therapy. The international speaker, Dr Peter Gaines (Consultant Vascular Radiologist, Sheffield Vascular Institute) provided insights through his vast experience in both the clinical practice as well as scientific investigation of the field of carotid endovascular therapy. An expert local faculty supported him. Feedback from delegates indicates that the meeting has been of tremendous value.

During the Carotid Workshop nominees from the three societies that represent those involved in endovascular therapy (SASCI, VASSA and IRSSA) decided to collaborate within a formal "Endovascular Working Group" which will focus on issues such as tariffs, training, guidelines and accreditation. The working group aims to function as a unified voice for discussions between the stakeholders (practitioners, funders and hospital groups) in order to advance the proper implementation of the rapidly evolving field of endovascular therapy. The guidelines for carotid endovascular therapy were reviewed and an updated version is soon to be published.

- **SASCI** hosted a coronary and vascular workshop for registrars and junior consultants at Milpark Hospital on 7th May 2005. Twenty delegates from provincial hospitals across South Africa attended this inaugural workshop. Gaining exposure through observation of live interventional cases as well as lectures. This training initiative aimed at the public sector was made possible by the generous funding from members of the private health services sector and time allocated by participating specialists (as operators, moderators and lecturers) as well as cath lab staff.

The workshop consisted of four 'live cases', which was conducted by local experts, focusing on contemporary coronary and carotid interventional catheterisation procedures. Three of the four cases were indigent patients made possible through extensive support from all sponsors and staff. Lecture topics covered the use of Anti-Thrombotic and Anti-Platelet therapy in the Intensive Care Unit and Catheterisation Laboratory and Role of Bare Metal - and Drug Eluting Stents. In order to extend the learning achieved the various operators, moderators and lecturers have contributed their unique perspective on the day's proceedings (published in the SA Heart Journal of June 2005).

The "SASCI Coronary and Vascular workshop for registrars and junior consultants" will become an annual event with a high possibility of similar additional events sanctioned by SASCI during 2006. The host site for 2006 will be Albert Luthuli in Durban.

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- **SASCI** focus for the last quarter of 2005 will be the 3rd Indian Ocean Meeting of Cardiovascular Disease (27th November to 1st December 2005, Mauritius Island) which are jointly organised by France-Reunion, South Africa (SASCI) and Australia. An excellent and truly international faculty has been confirmed and it promises to be a great meeting in all respects. A number of our colleagues are participating in the programme from both

academic and private sectors. We have received strong support from local industry and anticipate a large attendance from South Africa.

SA Heart congress in the Drakensberg this year unfortunately coincides with TCT meeting in Washington. For that reason SASCI plan to hold the AGM this year in Mauritius where we expect a greater number of our members to be present. SA Heart Congress 2006 will be held in Bloemfontein and SASCI are planning a two-day satellite meeting in conjunction with that, with live transmissions and a focused interventional programme.

- **Regular regional case presentations** and meetings amongst colleagues and staff were promoted through the Cordis Breakfast Club (CBC) initiative. The aim of the CBC is to provide and foster an environment suitable for the discussion/debate of interesting case studies, allowing for contributions and learning for all, while being social. This has been a fantastic initiative providing an interactive environment for all attendees. The 1st Cape Town meeting (during 2004) was attended by a handful of cardiologists and select industry. Since then the initiative has grown to such an extent that the most recent Cape Town meeting attracted 90 delegates (cardiologists, cardiothoracic surgeons, anaesthetists, medical technologists, radiographers and nursing staff). During May the inaugural Pretoria CBC took place in the format of an open debate with the focus on multi-vessel stenting "Disease entity and latest available information".

The CBC program will be expanded to other regions during 2006.

Other noteworthy issues during 2005 were:

- Early 2005 saw the precipitous withdrawal of the Taxus drug eluting stent from the market on directive from the MCC. SASCI protested strongly against the manner in which this was done, without any prior warning to the Society, colleagues or the company involved. Despite repeated attempts to establish reasons for this, the MCC has yet to acknowledge these approaches by SASCI. The decision was finally rescinded 2 months later, without adequate explanation. SASCI have issued statements abhorring the unprofessional and ultimately illegal manner in which this was done. We believe that this cavalier attitude of individuals within the MCC is reprehensible and hopefully will not be repeated.
- We have been encouraged by the progress now being made with the database committee and hope that a working cathlab database will soon be available for all interested parties.
- The private practice committee has been active in promoting new tariffs and procedure codes with SAMA and some of these will benefit interventional activities.
- SASCI have broadly adopted the ESC guidelines on interventional procedures but have established a subcommittee to make adaptations according to local needs.
- We have established ourselves as the recognised resource for liaison between members and health funders for information on best practice, guidelines and tariff issues.
- Industry Representation has assured a close liaison between us and we continue to actively pursue collaboration on issues of common interest. These include facilitation of education resources, advice on device applications, guidelines, liaison with hospital groups etc. We remain very grateful to the industry for the financial support received.
- SASCI membership now constituted 70 active interventional cardiologists (Addendum 1 Membership List). We believe the survival of a strong Special Interest Group in interventional cardiology is in the best interest of all players in the field, physicians, industry vendors, health funders, hospital groups and patients. For this reason, we appeal to all to support SASCI and use us to fulfil all our objectives.
- SASCI Financial Report Year End March 2005 (as a registered Section 21 company SASCI has official Financial Statements available for scrutiny)

Income	R 529,041
Expenses	R 501.420
Retained Surplus end of Year	<u>R 346,196</u>

Cardiac Arrhythmia Society of Southern Africa (CASSA) by Prof Rob Scott Millar

As a Special Interest Group (SIG) of SA Heart, CASSA undertook to organize this year's 6th Annual SA Heart Congress, entitled **Bergrrhythms**. Ronnie Jardine (Vice-President of CASSA) and his team have done a magnificent job of organizing a stimulating meeting at a delightful venue. I believe they have succeeded in combining a strong arrhythmia bias with sufficient general cardiological interest, which may serve as a blueprint for future meetings organized by SIGs.

CASSA has been active in running a number of successful workshops in Cape Town and Johannesburg. We plan to take the message of sound arrhythmia management to many smaller centres next year, in the form of a travelling "road-show".

The paucity of electrophysiologists and lack of training facilities in South Africa is of great concern. This results in a huge unmet need for sophisticated procedures, such as catheter ablation of arrhythmias and cardiac resynchronisation therapy (CRT) for heart failure. Skills and standards for

performing CRT are of particular concern. CASSA is actively addressing the issues and will come up with concrete plans in the near future.

Rob Scott Millar, Chairperson

Treasurer's Report 2005 by Dr Ronald Jardine

Please refer to the audited financial statements.

As can be seen from the income statement on page 5, income for this financial year was derived from 4 sources viz. interest on money in the bank (R169,343), membership subscriptions (R81,888), profit from Congress 2004 (R390,619) and sponsorship from a number of pharmaceutical companies for attendance of members at the PASCAR Congress in 2004 (R60,000).

There are no major differences in expenditure from previous years except for monies spent on the development of the Cath Lab Registry (R81,050) and a positive move is that money spent on the awarding of research and travel scholarships has nearly doubled to R98,000.

The net income for this period then is R701,805 minus R487,079 which is R214,771.

On page 6 in note no.2 it is evident that the retained income, being the sum of the net income and the previous retained income, is R3,353,551.

In the balance sheet on page 4, it can be seen that this money is largely in the bank and the accounts receivable of R360,000, which is the profit from congress 2004, has in the meantime been received.

In conclusion the Association remains financially sound and continues to grow in worth. From now on, Congress profits will be decentralized to the 6 Special Interest Groups and the 6 Regional Branches pro rata on the basis of organization and participation in the congress. A draft document proposing the formula for the disbursement of these funds will be discussed at the AGM, and has been accepted in principle by the National Executive Council.

Dr R Jardine

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Nico D vd Merwe

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Education Committee

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M Makotoko
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Heart Failure Society of South Africa - Newsletter 1 by Dr Eric Klug

Dear members

This is our first newsletter updating you about the **Heart Failure Society of South Africa (HeFSSA)**. It is an official special interest group affiliated to its parent body, SAHA.

The 6th Annual Congress of SAHA in the Drakensberg in October 2005 was the venue for our inaugural meeting. Prof Willem Remme, a prominent European cardiologist, welcomed the efforts to establish an African heart failure society and spoke of both the European and World Heart Failure Societies.

Forty-six attendees signed on as members during the inaugural meeting and together with messages of support from Australia through Prof Simon Stewart, encouragement from Prof Bongani Mayosi of UCT and a clear enunciation of our aims and plans by Prof Karen Sliwa (Chairperson of HeFSSA) from Wits, the meeting was indeed a wonderful initial expression of the enthusiasm that appears to be present among interested members of SAHA's broad community of cardiologists, specialist nurses, technologists, allied disciplines and representatives of the pharmaceutical and device industry.

We thank Professors Tshimbi Mathivha, Anton Doubell, Albert Amoah of Ghana, Prof Albertino Damasceno from Mozambique, and Patrick Mokhobo, for showing their support for the society and we appeal to members of SAHA both in private and public health arenas to fill in their membership forms and become members of the first heart failure society on the African continent.

Since our inauguration the Interim Committee has been involved with the design of the membership forms, and website.

New Project: Invitation to participate in the SA Heart Association's ESC Guidelines Publication Project

The South African Heart Association has been recognised as an affiliate member of the European Society of cardiology. One of the major benefits of this affiliation is that it allows SA Heart to use the guidelines of the ESC, provided that they are published unaltered, in their original form. It is in the intention of the Executive Committee and the Ethics and Guidelines Standing Subcommittee to proceed with the publication of the heart failure ESC guidelines as Supplements to the *SA Heart Journal* with the April 2006 issue.

A full text version of the ESC guidelines on acute and chronic heart failure can be downloaded from www.escardio.org/knowledge/guidelines If you do not have Adobe Reader, it can be downloaded free of charge from www.adobe.com/acrobat

If you feel that aspects of the guidelines should be changed in accordance with current South African practice then please contact us by email at erika@saheart.org, marked "change to guidelines" by the 20 February 2006. Your contribution should be in English and should follow the Vancouver style. The text should be in MS Word.

With best wishes

Dr Eric Klug

Secretary

(06 Jan 2006)

Interim Committee

Prof Karen Sliwa - Chairperson

Dr Eric Klug - Secretary

Dr Olaf Foerster - Treasurer

Dr Martin Sussman - Member

Kevin Francis - Member representing pharmaceutical industry
Craig Smith - Member representing device industry

Congress Calendar

by Dr Adriaan Snyders

Congress Calendar			
JIM	16-18 Feb 2006	Rome	Italy
ACC 2006	11-14 March 2006	Atlanta	USA
EuroPrevent	11-13 May 2006	Athens	Greece
EuroPCR 2006	16-19 May 2006	Paris	France
Cardiostimm 2006	14-17 June 2006	Nice	France
Mt Sinai Intervention	15-18 June 2006	New York	USA
Heart Failure 2006	17-20 June 2006	Helsinki	Finland
World Congress Cardiology 2006	02-06 Sept 2006	Barcelona	Spain
Acute Cardiac Care 2006	21-24 Oct 2006	Prague	Czech Republic
TCT	22-27 Oct 2006	Washington	USA
SAHA Congress	20 Oct - 2 Nov 2006	Cape Town	SA
EUROECHO 10	06-09 Dec 2006	Prague	Czech Republic
Europace 2007	24-27 June 2007	Lisbon	Portugal

Please help us to keep this list interesting and updated.

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Pretoria
Dr Adriaan Snyders

Tygerberg / Stellenbosch
Prof Anton Doubell

Circulatory Disorders Research Fund

The Circulatory Disorders Research Fund (CDRF) has been established to promote research into circulatory disorders related to atherosclerosis - its related risk factors and complications.

Funds are available to research units or individuals. Any original clinical, basic science or epidemiological research related to atherosclerosis will be considered.

Applications

Applications for 2006 can be made by contacting:
Dr Vicki Pinkney-Atkinson
Tel: (011) 706-4196 or e-mail: cdrf@hypertension.org.za

The CDRF is a unique collaboration between:

Members:

- Heart Foundation of SA
- Lipid and Atherosclerosis Society of South Africa (LASSA)
- National Kidney Foundation of South Africa
- Society for Endocrinology, Metabolism and Diabetes of South Africa (SEMDSA)
- South African Heart Association
- South African Renal Society
- Southern African Hypertension Society
- Southern African Stroke Foundation
- Vascular Society of Southern Africa (VASSA)

And the donors:

- Abbott Laboratories
- Aspen Pharmacare
- AstraZeneca
- Aventis
- Bayer
- Merck
- MSD
- Netcare
- Novartis
- Pfizer
- Sanofi-Synthelabo
- Servier
- Solvay

The Founding Members have made contributions from their Society funds.

The South African Heart Association Research Scholarship

This scholarship is available to all SA Heart Association members and associate members. It is primarily intended to assist colleagues involved in outstanding research to enhance their research programmes.

Requirements

- Applicants must be fully paid up members/associate members in good standing for at least two years.
- Applications must include:
 - an abbreviated CV of the applicant
 - a breakdown of the expected expenses

Recommendations

- Acceptance of an abstract of related work at an international meeting in the next year
- Publications of related work in a peer reviewed journal in the preceding year
- Applicants from a previously disadvantaged community
- Applicants younger than 35 years of age

Applications must be addressed to:

Education Standing Committee
South African Heart Association
PO Box 19062
Tygerberg
7505

The selection panel will review applications once a year. The closing date for applications is September 30 each year.

One scholarship will be awarded annually. The award is for the amount of up to R50 000.00

Applications will be assessed according to the research protocol accompanying the application. This should include:

1. Abstract (maximum 200 words)
2. Brief review of the literature (maximum 200 words)
3. Brief description of the hypothesis to be investigated (maximum 100 words)
4. Detailed methodology (maximum 500 words)
5. References

Travel Scholarship of the South African Heart Association

This scholarship is available to all SA Heart Association members and associate members. It is primarily intended to assist junior colleagues to ensure continued participation in local or international scientific meetings or workshops.

Requirements

Applicants must be fully paid up members/associate members in good standing for at least two years.

Applications must include:

- full details of the meeting/workshop
- an abbreviated CV of the applicant
- a breakdown of the expected expenses

Applications must reach the Association a minimum of three months before the event to be attended

Recommendations

- Acceptance of an abstract at the scientific meeting to be attended
- Invitation to participate at the meeting as an invited speaker
- Publications in a peer reviewed journal in the preceding year
- Applicants from a previously disadvantaged community
- Applicants younger than 35 years of age

Applications must be addressed to:

The President
South African Heart Association
PO Box 19062
Tygerberg
7505

The selection panel will review applications twice a year. The closing dates for applications are:

- March 31
- September 30

A maximum of four scholarships will be awarded annually up to an amount of R10 000.00 per scholarship.

