



SA HEART IN 2012

SA Heart needs to raise its profile by actively promoting what we as practitioners should be doing also taking into account what our patients expect from us – and not necessarily doing what the funders force prescribes that we do. To this end, the European Society of Cardiologists (ESC) guidelines are continually promoted by us.

The foundation for this course of action was laid at a recent discussion of the new lipid guidelines with all the parties involved and should lead to the above outcomes.

It is time for SA Heart members to not only focus on their own practices' needs, but to become involved with issues pertaining to cardiology practise in the country. To this end, the SA Heart Exco has started a membership drive.

SA Heart needs to regularly communicate with the Special Interest Groups (SIGs) and see to it that issues of mutual interest are managed together. SIGs should have representation on the Private Practise Committee and the process for this has started. When operating as a group we are far more powerful negotiators.

We need to be heard on issues of cardiology practise. Our sub committees will evaluate the present status and priorities and then compile a plan for action.

SA Heart needs to speak out on the status of tertiary training: How on earth is it possible that we train foreigners and not our own doctors?

Our members need to know and see why they are members. We are negotiating to establish online journal access for members at a much reduced fee. Members are also invited to make recommendations as to what they expect the Association should be doing for them.

SA Heart needs to communicate with:

- Funders;
- SAMA: A recent SAMA Specialist indaba did not clarify our

concerns and a face-to-face meeting is planned in the near future;

- Device and Pharmaceutical Industry: Meetings are already set up. The Department of Health must be very aware of who and what SA Heart is.

The time has come for SA Heart to claim and use the power it has as the representative body for cardiology professionals.

SA Heart Exco's first Strategic Analysis and Planning meeting will take place in February. Members are invited to raise their concerns and make recommendations to myself and other Exco members..

SA Heart supports the formation of Africa PCR to promote education and training. Farrel Hellig and a core committee will discuss the practical issues in January 2012. SA Heart 2012 will host the first session of Africa PCR.

The proposed National Health Insurance plans do not define the role of specialists up till now. For the interim, SA Heart supports the extensive proposal by SAPPF.

Congratulations to CISSA (Cardiac Imaging Society of South Africa) for getting our activities together. We have great expectations that your activities training will help improve the understanding and use of imaging in cardiology.

We wish the Paediatric Cardiology Society all the best for the 2013 World Paediatric Cardiology Congress in Cape Town in February next year. The meeting will also include SA Heart's Heart Congress for 2013. You will shortly receive your invitation to join a very elaborate SA Heart 2012 in Sun City from the 19 - 22 July.

Once again I sincerely invite members to comment on what they expect of their representative Association.

Adriaan Snyders (asnyders@mweb.co.za)
President, SA Heart Association



6th WORLD CONGRESS
Paediatric Cardiology & Cardiac Surgery

17-22 FEBRUARY 2013
CAPE TOWN, SOUTH AFRICA

The South African Heart Association (SA Heart) and the Paediatric Cardiac Society of South Africa (PCSSA) are proud hosts of the forthcoming "6th World Congress of Paediatric Cardiology and Cardiac Surgery". It will be held in the Cape Town International Convention Centre in February 2013 and will be the biggest event in heart health and disease to have ever been held in South Africa and indeed, on the African continent. "SA Heart 2013", the 14th annual congress of the South African Heart Association, will be the World Congress! An examination of the tracks and topics below reveals substantial and diverse "adult" content to appeal to the adult cardiologists and surgeons in our Association.

The 6th World Congress will build on the solid scientific foundation established through previous World Congresses from Paris in 1993, through Cairns to Australia, in 2009. Cape Town provides the meeting place for the global coalition of doctors, nurses and health scientists who use research and technological development to provide better care for babies, children and adults with heart disease. This is the major international scientific event for our global community and an opportunity to highlight and review four years of research and technological developments in basic sciences, clinical research and therapeutic interventions. The best international faculty promises an exceptional scientific programme across the different disciplines, from interventions, procedures and operations through critical care.

The limitations to developing cardiac care in the presence of financial, managerial and human resource constraints are problems shared between colleagues from both well-developed and less developed countries. Science alone will not meet these challenges and our setting offers public policy developers,

health system managers, health economists and planners the forum to engage with the health systems solutions necessary to initiate, develop and improve cardiac care for children and adults.

There are 5 "tracks" for delegates to follow at the Congress. Parallel sessions mean you can switch across tracks as you please. All scientific sessions at this Congress are open to any delegate i.e. you are not hostage to any of the 5 tracks on any day or at any time.

Track 1: Cardiology and the revolution in cardiac imaging

New imaging modalities have greatly enhanced our diagnostic power, enabled dramatic new interventions and assisted and guided a great number of surgical innovations. The deployment of these latest tools in determination of ventricular size and function and the analysis of valve performance in rheumatic disease are the two focal points for the section of cardiovascular imaging.

The needs of the office cardiologist are often ignored and we focus on essential skills, drugs and the heart, the understanding and interpretation of the indispensable imaging modalities and the management of the syncope and sudden cardiac death.

Electrophysiology, improvements in mapping and tracking through to modern ablation techniques and defibrillation are topics thoroughly investigated under this Track.

Acute rheumatic fever and rheumatic heart disease, which accounts for more than half of the burden of heart disease in adolescents and young adults, is now finally starting to get recognition as a public health priority. We investigate the subject from pathogenesis, diagnoses and disease management

but also show what surveillance and disease registries are telling us about this disease.

The following topics will be discussed in this track:

- The epidemic of acute rheumatic fever and rheumatic heart disease in 2013.
- An overview of registries reflecting the care of children with congenital heart disease.
- Essential skills for the office cardiologist / life time care of the patient with congenital heart disease.
- The assessment of cardiac chambers including 3-D echo.
- Neonatal cardiology state-of-the-art.
- Cardiac muscle disease.
- Computers in cardiology / computational simulation.
- Electrophysiology and congenital heart disease.
- Drugs and the heart.

Track 2: Catheter interventions from foetus to adult

Much of what you do in your cath lab is a "risky business" and we explore this theme across many problems in this track. Trans-catheter valve placements on both sides of the heart and the management of the awkward appendage are the newer intervention which will get special attention. We will look ahead and discuss what the 21st century technologies promise for further developments in the cath lab.

The intervention track evolves through a combination of lectures, debates, master class, pre-recorded and of course interactive "live cases".

The following topics are for discussion in this track:

- Transcatheter aortic valve implantations.
- Transcatheter valve implantations: right sided disease.
- Transcatheter mitral valve therapy.
- Left atrial appendage closure.
- The current status of foetal interventions.
- Closing patent foramen ovale (pfos) – controversies and techniques.

- Hybrid approaches update.
- Results and registries, checklists and documentation.
- Using new technologies.
- What can go wrong, what went wrong and what we did about it.

Track 3: Health systems and heart disease

Being better advocates for those with congenital and acquired heart disease requires that we have accurate data on the burden of disease. That data is still for the many regions of the world either scant or speculative. So we ask, what is the worldwide burden of disease? We ask the questions: How can global collaboration distribute cardiac care in less well-developed countries?; What can we learn from humanitarian efforts in children's heart surgery on four continents?; How can we extract synergy from these diverse efforts often within the same country?; What are the ethics of resource allocation in every country?; and How do we prioritise interventions and surgeries in resource-limited environments?

We explore issues in training, re-training and retaining nurses, surgeons and cardiologists for different environments and using different methods and show both dramatic success stories but equally strong failure.

Research is a third topic within this track and examines the need for large scale multicentre studies using methodologies applicable to small surgical cohorts. We elaborate on strategies to improve capacity for health and heart science particularly in the neglected heart diseases and in the regions of the world where there are major resource constraints to science. Disease registries are becoming both popular and time consuming and we ask what value is added from this data collection.

The International Society for Nomenclature in Paediatric and Congenital Heart Disease will have its summit at the World Congress. That offers an occasion to inquire: What is in a name? Harmonisation between diverse coding systems will be an important agenda item and there will be an update on progress towards the ICD 11.

The following topics are for discussion in this track:

- Global burden of heart disease.
- Building capacity through global collaboration.

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- A worldwide summit of support groups for patients with congenital heart disease.
- Seminar on ethics in health systems.
- A primer on economics for the health professional.
- Training, retraining and retaining: staffing cardiac units of the future.
- Research: knowledge translation and incorporation.

Track 4: Surgery and intensive care

“Peri-operative care” brings together various specialties to investigate issues of quality and safety, advances in anaesthesia, the evidence for state-of-the-art pharmacology and fluid therapy, cardio-pulmonary bypass and perfusion, the critical “first 24 hours” after surgery, the challenges to sepsis control and elimination.

With a strong foundation in basic science, embryology and morphology, this track concentrates on three sets of problems or pathologies: The left ventricle and left ventricular outflow tract obstruction; The right ventricle and right ventricular outflow tract obstruction; and Surgery for rheumatic valvular disease.

In Cape Town, South Africa, it is appropriate to reflect on the development of heart transplantation and mechanical support since the pioneering work of Christiaan Barnard and others at Groote Schuur Hospital and elsewhere in the 1960's.

The following topics are for discussion in this track:

- Basic science for the surgeon, including stem cell research.
- Surgical management of LV outflow tract lesions.
- Coronary surgery in children.
- Surgical management of RV outflow tract obstruction.
- Surgery for rheumatic heart disease.
- Anaesthesia and peri-operative care.
- Cardio-pulmonary bypass and perfusion update.
- 46 Years after heart transplantation – where is the future?

Track 5: Adults with congenital heart disease, and the prevention of acquired heart disease

The high numbers of adult survivors with congenital heart disease means an ever-increasing burden of this disease with a population of adult-orientated cardiologists and surgeons possibly not well equipped to manage them. For this reason we highlight adult disease as one of the tracks however, the more adult-focused cardiologists and surgeons will find problems peculiar to more adult populations spread across all of the 5 tracks.

The other platform in this track acknowledges the antecedents of lifestyle related heart disease are all to be found in children. Therefore, we investigate preventative strategies in nutrition, diet, exercise, substance use and abuse which will lead to improvements in heart health.

- Healthier lifestyles in children reduce adult-onset heart disease.
- Exercise, science and heart disease.
- Coronary artery disease in the young.
- A lifetime with congenital heart disease – patient management from birth to death: medical therapies.
- A lifetime with congenital heart disease – patient management from birth to death: surgical therapies.

Partners and special interest groups

Many international societies and institutions share the view that the 4-yearly “World Congress of Paediatric Cardiology and Cardiac Surgery” is the defining international event in the lives of those of us who are interested in helping children with heart disease. These institutions are cooperating with the 6th World Congress in one way or another and in a strong message of support, several have cancelled their own meetings in 2013 in favour of the World Congress.

These institutions include:

- World Society for Paediatric and Congenital Heart Surgery (WSPCHD)
- Pan African Society of Cardiology (PASCAR)
- Association of European Paediatric Cardiology (AEPC)

- Children's Hospital of Philadelphia (CHOP)
- Congenital Structural Interventions (CSI)
- Asia Pacific Paediatric Cardiac Society
- International Society for Nomenclature in Paediatric and Congenital Heart Disease (ISPCHD)

Several Special Interest Groups of SA Heart accepted the invitation to assist the PCSSA with the development of the scientific programme.

- South African Society of Cardiovascular Intervention (SASCI)
- Cardiac Arrhythmia Society of South Africa (CASSA)
- Heart Failure Society of South Africa (HeFFSA)
- South African Society for Cardiovascular Research (SASCAR)

Remember these dates!

27 January 2012

Registration opens (Super early bird)

27 January 2012

Call for papers

31 July 2012

Deadline for abstracts

31 August 2012

Confirmation of accepted papers

31 October 2012

Closing date for early bird discount rate

**For more information,
visit www.wcpcs2013.co.za!**

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CALENDAR**

**17-22 FEBRUARY 2013
CAPE TOWN, SOUTH AFRICA**



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6th WORLD CONGRESS
Paediatric Cardiology & Cardiac Surgery

Conference Secretariat

Contact the conference secretariat
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Hosted by:



The Paediatric Cardiac Society
of South Africa



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A trendy, sophisticated, multi-cultural city at the foot of Africa in a diverse and beautiful natural environment. Cape Town is a destination with irresistible appeal. South Africa has a compelling history and with its abundance of game reserves offers visitors a uniquely different cultural and tourist experience.

The "World Congress" is the defining international event in the lives of surgeons, cardiologists, interventionists, anaesthetists, intensivists, nurses and other professional colleagues committed to the care of children and adults with congenital or acquired heart disease. The most distinguished international faculty available makes the "6th World Congress" an attractive, interactive and unique meeting place for clinicians, scientists, health care managers and policy developers from all across our world.

www.pccs2013.co.za

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THE LAUNCH OF ISCAP

Welcome to all members of SASCI, and to all CathLab Nurse and Allied Professionals. This newsletter is one of the numerous steps in fulfilling a dream: The launch of ISCAP!

ISCAP is an Active Working Group of SASCI and to join ISCAP you need to have associate membership with both SASCI and SA Heart Association. Visit the SASCI website (www.sasci.co.za) for regular news and information on ISCAP.

During the annual SASCI AGM on 27 November 2011, ISCAP was introduced as an associate member working group within SASCI. Sr Gill Longano gave an introductory presentation at this meeting and the response from all the attendees was positive. During this meeting Sr Gill Longano (Johannesburg) and Sr Liezl le Grange (Cape Town) were co-opted to serve as representatives on the SASCI Executive Committee. On 12 December they participated in their 1st SASCI Exco Teleconference.

ISCAP has set the following goals:

Short term goals

- To provide Allied Professionals with an authoritative and cohesive voice.
- To provide a platform for Allied Professionals to work together as a team to ensure that standards are maintained in all aspects of the cath lab environment.
- To provide Allied Professionals the opportunity to attend educational courses specifically designed to meet their needs, thereby ensuring best patient care.

Long term goals

- To collaborate with other societies locally and internationally.
- To establish a SANC recognised cath lab Certificate for Nurses.
- To promote clinical research within the cath lab environment.

The Interventional Society of CathLab Allied Professionals (ISCAP) is dedicated to improving the standards in cath lab care to improve the quality of life of all South Africans by reducing the impact of cardiovascular disease. The role of nurses, technologists and radiographers (Allied Professionals) is to ensure that patients receive the best care. Teamwork and knowledge are essential for success.



The profile of cath lab is rapidly changing. One example of new challenges is the Hybrid cath lab. This is a dedicated theatre with angiographic guidance for sterile vascular and cardiac procedures. A new generation of cath lab personnel is required. There is an exciting future on the horizon.

Other initiatives in which ISCAP will be integrally involved include: The Share Registry which is underway throughout the country and Stent for Life which is promoting early access to Angioplasty for STEMI patients, ensuring that patients are getting best care when having a myocardial infarction. That's what cath lab is all about!

Discussions with numerous companies indicate that the formation of ISCAP is seen as a positive development and that companies are willing to work closely with a group representing the majority of cath lab nursing staff. To accomplish this we need you to become a member (go to www.sasci.co.za and click on the ISCAP logo). We were once but a cardiac murmur, but have now developed our own rhythm – The heart beat of the cath lab!

The Interventional Society of CathLab Allied Professionals has always been a dream but the logistics and funding necessary have been overwhelming till now. Our Mentor, Marilyn de Meyer (Nursing Services Manager: Theatre/cath lab, Glynwood Hospital) needs special mentioning. Her enthusiasm and passion has catapulted us into action as a working group! Thanks to SASCI's contributions, especially Dr G. Cassel and Dr T. Mabin, ISCAP is now in its early phase, and we profess to grow and become an independent society with the help of the numerous enthusiastic individuals and companies who believe that there is an exciting future in cardiology for everyone! It is time for us to take responsibility in order for those needs to be fulfilled in the future.

Ke nako – it is time!

Dianne Kerrigan
Chairperson, ISCAP

SOUTH AFRICAN SOCIETY FOR CARDIOVASCULAR RESEARCH (SASCAR)

At the beginning of 2012, I would like to wish you all a successful year ahead. Thank you for your support in 2011. It is my privilege to report on SASCAR's activities over the past few months and for the rest of 2012.

SA Heart meetings

In 2011, SASCAR has been actively involved in the basic science programme of the Annual South African Heart Association Congress hosted by CASSA in East London, 23 - 26 October. Prof A.J. Shah from London, Prof Regitz-Zagrosek and Prof P.J. Schwartz were our key note international speakers, offering a broad spectrum of basic and clinical cardiovascular research to our attendees.

Congratulations to Ms Nadia Carstens and Ms Sishi Balindiwe who won the price for best poster and oral presentations, respectively. We would like to thank the Organising Committee and the industries for sponsoring the attendance of 2 students from Walter Sisulu University (Ms Nangamso Ndunna and Mr Sinethemba Zono). Our joint programme with HefSSA related to "Heart failure from bench to bedside" was once again very successful and we hope to reconvene this session at SA Heart 2012. Please, diarise SA Heart 2012 in Sun City, 19 - 22 July.

Executive committee

I would like to take this opportunity to thank the dedicated SASCAR Exco for allowing the Society to reach its goals. Dr Neil Davies (Treasurer), Prof Hans Strijdom, Miss Sylvia Dennis (Secretary), Mr Gideon Burger and Prof Karen Sliwa will remain in the Committee for 2012. Dr Syianda Makaula will not remain as part of the Executive Committee, but we would like to thank him for his contributions since the Society's creation and wish him all the very best with his future plans.

Workshops for 2012

Our main workshop in 2012 will certainly be the second UK/SA Cardiovascular Research workshop in Cape Town, 16 - 17 August 2012. After a successful first workshop in London in December 2011, we look forward to hosting the meeting at the University of Cape Town. We are delighted to announce that this meeting has been endorsed by the Cellular Biology of the Heart Working Group of the European Society of

Our joint programme with HefSSA was once again very successful.

Cardiology. A specific session on New Frontiers in Cardio-protection will be lead by top international speakers in the field (Prof Michel Ovize, France; Prof Rainer Schulz, Germany; Prof Peter Ferdinandy, Hungary; and Prof Klaus Preissner, Germany have already agreed to participate). Five PhD students from the UK will spend a week in Cape Town and visit different cardiovascular research laboratories at the University of Cape Town and the University of Stellenbosch. (Please find details on the programme and registrations on our website.)

Remember to visit our website www.sascar.org.za for more details on future workshops, our members and the latest information on the Society's activities.

Warmest regards,

Sandrine Lecour
Chairperson, SASCAR

SASCAR Executive Committee elected in 2010:

S. Lecour (Chairperson), S. Dennis (Secretary), G. Burger, N. Davies, S. Makaula, K. Sliwa and H. Strijdom.

POPULAR CONGRESSES FOR 2012/2013

CONGRESS	DATE	CITY	COUNTRY
ASIAN PACIFIC CONGRESS OF HEART FAILURE (APCHF)	3 - 5 February 2012	Chaing Mai	Thailand
CRT 2012	5 - 7 February 2012	Washington, DC	USA
JIM 2012	9 - 11 February 2012	Rome	Italy
TREND 2012 - TRANSCATHETER RENAL DENERVATION	18 February 2012	Frankfurt	Germany
INTERNATIONAL CONGRESS OF CARDIOLOGY (ICC)	24 - 26 February 2012	Hongkong	Hongkong
ACC.12	24/27 March 2012	Chicago, Il	USA
WORLD CONGRESS CARDIOLOGY	18 - 21 April 2012	Dubai	UEA
ESH 2012	26 - 28 April 2012	London	UK
EAPCI	3 - 5 May 2012	Dublin	Ireland
EUROPCR	15/18 May 2012	Paris	France
HEARTFAILURE 2012	19 - 22 May 2012	Belgrade	Serbia
FRONTIERS IN CARDIAC AND VASCULAR REGENERATION	30 May - 2 June 2012	Trieste	Italy
HEART RHYTHM SOCIETY 2012	9 - 12 May 2012	Boston, MA	USA
CARDIOSTIMM	13 - 16 June 2012	Nice	France
SA HEART 2012	19 - 22 July 2012	Sun City	South Africa
ESC 2012	25 - 29 August 2012	Munich	Germany
ACUTE CARDIAC CARE	20 - 22 October 2012	Istanbul	Turkey
APSAVD: ASIAN PACIFIC SOCIETY OF ARTEROSCLEROSIS AND VASCULAR DISEASES	20 - 22 October 2012	Phuket	Thailand
CHEST 2012	20 - 25 October 2012	Atlanta, GA	USA
EUROECHO 2012	5 - 8 December 2012	Copenhagen	Denmark
EHRA - EUROPACE	23 - 26 June 2013	Athens	Greece

SOUTH AFRICAN SOCIETY OF CARDIOVASCULAR INTERVENTION

It is my privilege to, for the first time as President, report on SASCI's activity over the last few months of 2011 and highlight focus areas for 2012.

It is my honour to take over the reins of a Society which has such a major role to play in our current changing health care environment.

My sincerest thanks to those SASCI members who attended the annual general meeting (AGM) at the France-Reunion-South Africa (FRSA) meeting (end of November) and for their contribution in electing a new executive committee (Exco) and office bearers. The minutes of the AGM and our 2011 Annual Report are available at www.sasci.co.za

A Society is only as strong as its members and is highly dependent on individuals willing to get involved in order to influence the environment we operate in. I am pleased to welcome four new Exco members on the team: Len Steingo, Mark Abelson, Dave Kettles and Jean Vorster. They have already begun to contribute meaningfully and I am excited to have them on my Exco.

The following Exco members stood down after numerous years of active contribution to the society: Tom Mabin, Clive Corbett, Jai Patel and Jacques du Toit: Tom and Clive deserve special recognition for their years as President (also ex-officio) and Treasurer respectively. Both were involved as founder Exco members from SASCI's inception and made a major contribution to create the active Society we have today.

Graham Cassel has stepped down as President after the maximum two 2-year terms and will, as ex-officio President, continue to advise and guide the new Exco. My personal thanks go to Graham who has handed me a Society with momentum and influence. His work over the past 4 years has made going forward much easier, and, I will of course be calling on Graham for advice and guidance for continued momentum.

The following members continue on the Exco (office in brackets): Farrel Hellig (President), Sajidah Khan (Vice-President), Cobus Badenhorst (Treasurer), Adie Horak (Secretary), Mpiko Ntsekhe and Chris Zambakides.

Craig Goodburn's co-option to Exco as industry representative was ratified at the AGM (Salome Snyders remains but with limited availability due to her international commitments). In addition Rob Millar and Mariska Fouche will represent industry until AGM 2012.

ISCAP (Interventional Society of CathLab Allied Professionals) has been formed and two representative members Gill Longano and Liezl Le Grange were co-opted on our Exco at the AGM. Please refer to the complete ISCAP write-up in this newsletter.

The following major activities/programmes took place since the previous report:

Guideline activities

The SASCI Executive Guideline Working Group, namely Graham Cassel, Tom Mabin, Farrel Hellig and Sajidah Khan has developed "SASCI's Comments on the Treatment of Myocardial Revascularisation from a South African Interventional Perspective" over the past few months. The document is available at www.sasci.co.za and should be read in conjunction with the European Society of Cardiology Guidelines. It has been issued to the broader medical funding environment as well as the Council for Medical Schemes.

A "Joint Consensus Statement and Guideline on Transcatheter Aortic Valve Implantation" jointly developed by the SA Heart Association, the Society of Cardiothoracic Surgeons of South Africa and SASCI has also been issued.

Funders have raised questions regarding the use of two operators for Percutaneous Cardiovascular Intervention (PCI). After consulting with members of the SASCI Exco, ordinary SASCI members and the SA Heart Exco the following consensus was reached:

- It is acceptable for a cardiologist to use a second operator for PCI at his/her own discretion if he/she believes that this will improve procedural success and/or reduce patient risk;
- It is acknowledged that a second operator is not required for every case as a matter of routine, but SASCI cannot prescribe as to the frequency with which 2 operators are required. This will depend on the case mix in the context of

a particular practice and/or the level of experience of an operator for a given procedure; and

- If a funder believes that a practitioner is abusing the codes for a second cardiologist in the PCI context, then the funder will need to take that up with the individual practitioner in the same way that they would for abuse of any other billing codes. Opinions can be sought from SA Heart or SASCI at the funder's expense.

Educational activities

It is with great pride that SASCI hosted Dr Spencer B. King III, (M.D., M.A.C.C., F.A.C.P., F.E.S.C.) - Executive Director: Academic Affairs, Saint Joseph's Health System, President: Saint Joseph's Heart and Vascular Institute, and Professor of Medicine: Emeritus, Emory University School of Medicine – as our 2nd SASCI Visiting Professor for 2011.

Dr King offered numerous teaching opportunities for the medical schools he visited from October to November 2011. Lecture evenings for private and public cardiologists in Pretoria, Johannesburg, Cape Town, Bloemfontein and Durban were also arranged and well attended during Dr King's tenure. I would like to thank Medtronic for their substantial and unconditional support of this valuable extension of SASCI's long standing commitment to enhance cardiology sub-specialty training in South Africa. Our thanks also goes to Dr King (and his wife Gail) for spending 2 months of their lives enriching ours and leaving behind a legacy of excellence in cardiology.

SASCI is also privileged to announce that the President of Percutaneous Cardiovascular Revascularisation (PCR), Prof Jean Marco has agreed to be our 3rd annual Visiting Professor in 2012. This is once again a truly exceptional educational opportunity for our country.

The South African Heart Association Congress 2011

The congress was held in East London from 23 - 26 October last year. Dr Spencer King and Dr Vasco Rui Da Gama Ribeiro were our international faculty representatives with support from local speakers. The programme was received with enthusiasm by members.

France-Reunion-South Africa (FRSA) meeting

Once again the FRSA meeting was a resounding success and our appreciation goes to Dr Tom Mabin for his untiring efforts to bring this valuable meeting to South Africa. Please refer to his report back below.

The 6th France-Reunion-South Africa (FRSA) meeting took place in Cape Town from 27 - 30 November. This combined effort between SASCI, Society of Cardiothoracic Surgeons of South Africa (SOCTSSA) and the France-Reunion group was hosted in South Africa for the second time. It was endorsed by the University of Cape Town (UCT) and Mayo Clinic and carried full European Board Accredited Council (EBAC) accreditation. True to tradition, it was blessed with a superb international and local faculty totalling some 37 speakers, with some seminal talks delivered by renowned European and American speakers.

A wide range of topics on interventional cardiology and cardiac surgery were discussed. In the 14 years since the inception of this meeting, the two disciplines have moved closer together and the principle of collaboration on a number of clinical scenarios continues to prevail.

“A society is only as strong as its members and is dependent on individuals willing to get involved.”

The current status of PCI vs Coronary Artery Bypass Graft (CABG) has been more clearly defined by relevant studies such as SYNTAX, whilst the impact of FFR on the management of coronary disease was extensively discussed by some leading opinion-formers in this field. New fields of intervention such as renal denervation and the percutaneous closure of paravalvar leaks were presented, whilst structural heart disease and valvular interventions like Transcatheter Aortic Valve Implantation (TAVI) were the subjects of full sessions.

The BoE Conference Centre in the V&A Waterfront in Cape Town proved to be highly optimal by providing excellent

SASCI CONTINUED

conference facilities, intimate opportunities for industry to interact with delegates and convenient access to restaurants and hotels. The kind weather made it a perfect meeting place.

In the prevailing economic environment it is becoming increasingly difficult to hold international meetings such as this one and sponsors are increasingly difficult to find. We were, however, very happy to have had support from 19 companies, attracting nearly 150 delegates from France and Europe and having over 200 South African delegates with nearly 450 people attending in total.

This meeting is one of a few sources of income for SASCI and has been an important flagship for our commitment to quality education. Unfortunately it is apparent that the France-Reunion group will find it increasingly difficult to support the programme outside of Europe. For that reason, the next meeting will be held in Bordeaux, France in 2013 endorsed by the Bordeaux University. SASCI will remain actively involved in compiling the programme and faculty and will encourage as many members as possible to diarise. As before, it promises to be equally exciting and unique.

The future challenge will be to try and maintain opportunities for South African colleagues to be exposed to such respected teachers locally in an environment where cardiology and surgical disciplines can intermingle on a personal level.

Society for Cardiac Angiography and Intervention (SCAI) Fellows Programme

South African Fellows had the opportunity to attend the annual Society for Cardiac Angiography and Intervention (SCAI) Fellows Programme in Las Vegas from 6 - 9 December 2011. The SA delegation included Drs M.C. Mayayise, G.S. Harris, S. Pandie and C. Kyriakakis. Please refer to their report back in this newsletter.

SASCI Annual Fellows Programme 2012

The 7th annual Fellows programme will take place on the weekend of 3 March 2012 in East-London at LIFE St Dominic's Hospital with Dr Dave Kettles as Programme Director. Generally this programme is always well attended by Fellows

from across South Africa and I have no doubt that this year will be up to the usual excellent standard.

EuroPCR Programme

SASCI has established a firm position as a society of value. We collaborated with France in 2011 and we will partner with Poland in 2012. TAVI complications will be the interesting topic. I thank members for the excellent attendance over past years and request members to do the same in 2012 as the session promises to be most interesting.

Africa PCR Initiative

SASCI was approached by PCR to consider the establishment of a representative African PCR organisation. SASCI hosted 2 broad-based meetings with representation from PCR (Prof Jean Marco and Dr William Wijns) and the SA Heart Association, Pan African Society of Cardiology (PASCAR), medical schools, Paediatric Cardiology and Cardiac Surgery. All participants agreed that the formation of such a committee will be beneficial to cardiology in South Africa and the continent.

A committee was formed under the chairmanship of SASCI President Dr Farrel Hellig with the understanding that Africa PCR will define its own needs and draw on tools and expertise offered by EuroPCR. This is a wonderful opportunity for Africa to identify areas of need and to have immediate resource allocation from Europe. EuroPCR is hereby thanked and commended on their visionary approach. The first Africa PCR presence will be at SA Heart Congress 2012 where a full Africa PCR educational day is planned.

The committee consists of: Drs Farrel Hellig (Committee Chairperson/SASCI), Sajidah Khan (Academic/SASCI), Tom Mabin (SASCI), Cassel Graham (SASCI), Cobus Badenhorst (SA Heart 2012), Ebrahim G.M. Hoosen (Paeds/Congress 2012), Mpiko Ntsekhe (Academic/PASCAR), Martin Sussman (Surgeons/SA Heart Association), Anton Doubell (Academic/SA Heart Education), Danie Marx (Academic/SA Heart Education), Hans Buyl (liaison) and George Nel.

Acknowledgements

I would like to thank our industry partners for their continued and unwavering support of SASCI and its constitutional objectives. These companies have demonstrated their commit-

ment to our Society and education in South Africa: Angio Quip, Aspen, AstraZeneca, Baroque, B Braun, Boston, Cordis, Disa Vascular, Edwards, Lilly, Medtronic, MSD, Paragmed, Pharma Dynamics, Torque Medical, Viking and Volcano.

Finally I wish to thank members for trusting me as president of this important Society. I assure my membership of my commitment to create new opportunities for South African interventionalists and to run the Society as objectively as possible. I also declare that I have resigned from all advisory boards so as to remove any potential conflict of interests.

I believe that we can look forward to a busy, prosperous 2012.

Farrel Hellig
President, SASCI

P.S. Please contact your Executive Officer George Nel at 083 458 5954 or sasci@sasci.co.za if you need any assistance or need to formally communicate with the executive.



SASCI
South African
Society of
Cardiovascular
Intervention

SASCI FEEDBACK: SCAI FALL FELLOWS COURSE, USA

Thanks to SASCI, SCAI and Boston Scientific, we had the great privilege of attending the prestigious SCAI Fall Fellowship in Las Vegas from the 5 - 9 December 2011. Advertised as one of the best interventional cardiology seminars for fellows, it definitely did not disappoint. As previously attested, this meeting provides a great forum for learning. The course is aimed at fellows exiting their training in interventional cardiology in the USA. The atmosphere was very sincere and receptive. We also got to meet many people working elsewhere, even South Africans in foreign training programmes. From a venue point of view, Las Vegas was amazing. We had excellent accommodation; plenty of entertainment and the conference staff were perfect hosts.

Two parallel sessions were run daily, including an adult interventional cardiology session and a congenital/structural heart disease interventional schedule aimed more towards colleagues in the paediatric interventional field. After each day's session various workshops were run by the faculty.

We attended workshops on Intravascular Ultrasound (IVUS) and Fractional Flow Reserve (FFR), a clinical case presentation and one on the rotablator which all provided an informal and interactive learning platform. The adult interventional sessions covered a wide spectrum ranging from coronary and valvular disease to peripheral and carotid interventions. Though the experienced panel presented case studies which required complex procedures and challenging decisions from them in the course of their careers, the central message repeatedly conveyed to the audience was to stick to the basics and not

attempt tackling complex disease early in one's career. An excellent afternoon session was devoted to interventional complications and the prevention and management thereof. State of the art reviews covered multi-vessel and left main Percutaneous Cardiovascular Intervention (PCI), bifurcation stenting, Chronic Total Occlusion (CTO) management, peripheral stenting and acute stroke interventions whilst a thorough overview on interventional pharmacology was also covered.

From an academic point of view, it was a state-of-the-art conference with excellent lectures covering all aspects of coronary and peripheral interventions, simulated cases, hands-on workshops and case presentations from experts in the field like Ted Feldman, Morton Kern, Ramon Quesada and Issam Moussa amongst others.

There was a strong focus on the expansion of the interventional field, converting the cardiologist into an all-round cardiovascular specialist. This included percutaneous valve interventions, peripheral stenting and stroke management.

A great amount of time was spent on the prevention, identification and management of complications.

We would highly recommend that you consider applying for this programme.

Reviewed by: Drs Charles Kyriakakis, Shaheen Pandie, and George Harris.



YOUNG AFRICAN SCIENTISTS WORLD CONGRESS 2013 SCHOLARSHIPS

Introduction

The organising committee of the 6th World Congress of Paediatric Cardiology and Cardiac Surgery has established 20 Young African Scientist World Congress Scholarships. The intention is to increase capacity in health science by assisting young African clinicians and researchers to attend the Congress in 2013.

Value

Each grant is valued at 20 000 ZAR. A portion will be used to cover conference registration and hotel accommodation and the remainder provided to the scholar at the time of the conference held in Cape Town 17 - 22 February 2013.

Eligibility

Candidates must be under 36 years on 17 February 2013 and may be either under-graduate or post-graduate students, post-doctoral or early career specialists. Applicants must have been born in Africa and should be working in Africa. Applicants who have a paper accepted for poster or oral presentation at the Congress, are eligible to receive the scholarship.

Application

Application forms (obtainable from info@wcpccs.co.za) need to be completed and returned to the Conference Secretariat before 1 July 2012. The application form must be accompanied by the abstract of the paper submitted to the Congress, a one page summary of the work to be presented, a letter of motivation and a letter of recommendation by the applicant's supervisor. A certified copy of the applicant's passport must accompany the application. The successful applicants will need to complete registration, comply with the deadlines for submissions as prescribed at www.pccs2013.co.za. To receive residual grant money successful candidates must attend the congress, present personally to the conference organisers with verification documents and present their paper. No direct payments will be made to the successful candidates prior to the congress. Applications should be sent only by email attachment, in one pdf file, with the title of the email, "Young African Scientists Congress Scholarships".

Terms

Application for the scholarship or acceptance of a paper by the World Congress Scientific Committee does not guarantee the applicant will receive an award. No correspondence will be entertained after application. Applicants will be notified of the outcome of their application before 31 August 2012.

The World Congress is supported by an unrestricted educational grant from PepsiCo.



LOUIS VOGELPOEL TRAVELING SCHOLARSHIP

Applications are invited for the annual Louis Vogelpoel Travelling Scholarship for 2013. An amount of up to R15 000 towards the travel and accommodation costs of a local or international congress will be offered annually by the Cape Western branch of the South African Heart Association in memory of one of South Africa's outstanding cardiologists, Dr Louis Vogelpoel.

Louis Vogelpoel was a pioneer of cardiology in South Africa who died in April 2005. He was one of the founding members of the Cardiac Clinic at Groote Schuur Hospital and University of Cape Town. He had an exceptional career over more than 5 decades as a distinguished general physician, cardiologist and horticultural scientist. Dr Vogelpoel's commitment to patient care, teaching and personal education is remembered by his many students, colleagues and patients. Medical students, house officers, registrars and consultants benefited from exposure to his unique blend of clinical expertise, extensive knowledge, enthusiasm and gracious style.

A gifted and enthusiastic teacher he was instrumental in the training of generations of under graduates by regular bedside tutorials. He served as an outstanding role model for post-graduates and many who have achieved prominence nationally and internationally acknowledged his contribution to the development of their careers.

All applications for the scholarship will be reviewed by the executive committee of the Cape Western branch of the South African Heart Association. Preference will be given to practitioners or researchers in the field of cardiovascular medicine who are members of the South African Heart Association and are resident in the Western Cape.

Applications should include (1) A brief résumé of the work the applicant wishes to present at the congress and (2) A brief letter of what the applicant hopes to gain by attending the relevant congress. The applicant should submit an abstract for presentation at the relevant national or international meeting. Should such an abstract not be accepted by the relevant

congress organising committee, the applicant will forfeit his or her sponsorship towards the congress. (Application can however be made well in advance of the relevant congress but will only be awarded on acceptance of the abstract.) A written report on the relevant congress attended will need to be submitted by the successful applicant within six weeks of attending the congress. The congress report will be published in the South African Heart Association Newsletter.

‘A gifted and enthusiastic teacher he was instrumental in the training of generations of undergraduates.’

Applications should be sent to Prof Johan Brink, President of the Cape Western branch of the South African Heart Association, Chris Barnard Division of Cardiothoracic Surgery, Cape Heart Centre, Faculty of Health Sciences, University of Cape Town, Anzio Road, Observatory, 7925 or alternatively email: johan.brink@uct.ac.za.

Previous recipients with this prestigious award were Sandrine Lecour, Roisin Kelle and Liesl Zuehlke.

Applications close on 31 January 2013.

HEFSSA NEWS

HeFSSA (The Heart Failure Society of South Africa) is very excited about the proposed programmes for 2012. This year's calendar has all the elements to ensure that we have as usual a busy, but fruitful year. We are looking forward to our partnership with key players in the health industry to ensure that the goals in our mission statement, i.e. to promote education and research as well as collaboration on issues relating to heart failure in South Africa and around the world, are met.

Dr Jens Hitzerth joins our hard working HeFSSA executive committee under the efficient leadership of the President, Prof Karen Sliwa. The other members of the executive committee are: Drs Eric Klug (Vice President), Martin Mpe (Treasurer), Cristina Radulescu, Darryl Smith, Pro Obel, Jean Vorster, Tony Lachman and Prof Sandrine Lecour and the industry Exco representatives, Luigi Zampieri and Patricia Magagula. We are extremely grateful for their dedication to the Society.

Please remember to visit the HeFSSA website, for the latest news, publications and general information regarding upcoming events that might be of interest to you. The HeFSSA Exco also contributes continuously to ensure that the content stays relevant and interesting. The next content update will be completed at the end of January.



During the SA Heart 2011 congress the HEFSSA best oral presentation award was given to Dr Kemi Tibazarwa and Dr Dike Ojii. The topics of the presentations were: Familial aggregation of dilated Cardiomyopathy in families of patients with post-partum Cardiomyopathy – Dr K.Tibazarwa and Markers of left and right ventricular remodelling in a Nigerian Hypertensive Cohort – Dr D. Ojii from Nigeria.



From left to right: Dr M. Sani, Prof K. Sliwa, Dr K Tibazarwa and Dr D Ojii.

The following programmes are on the agenda for 2012:

Physicians Conference

Prof Sliwa is representing HeFSSA at the Physicians Conference in Cape Town 24 - 26 February 2012. The topics will be relevant to specialist physicians and trainees in the private and public sectors and colleagues beyond our borders. HeFSSA will be involved on Thursday 23 February 2012, Groote Schuur Hospital Old Main Building, "Meet the Experts" Sessions, from 09:30 - 15:30. The two topics that will be discussed are: A Practical Approach to the Evaluation of Heart Failure and A Practical Approach to the Management of Intractable Heart Failure. For more information go to www.uct.ac.za.

SA Heart Congress 2012

HeFSSA will participate in the SA Heart Congress that will take place from 19 - 22 July 2012 at Sun City. The theme of the congress, Structural Heart Disease, gives ample opportunity for everybody involved with cardiac care to participate. Dr M. Mpe represents HeFSSA on the organising committee. HeFSSA will participate in collaboration with SASCAR and we will organise the half day pre-congress GP Cardio update programme.

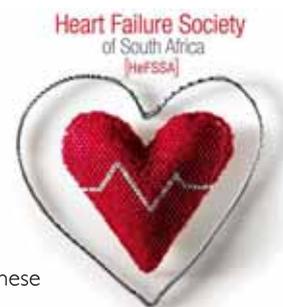
Update of the HF Guidelines

The Exco is awaiting feedback from the European Society of Cardiology where after the completion of this process will be pursued.

GP workshops

HeFSSA's aim during the GP workshops is to educate as many general practitioners as possible on Heart Failure and general Cardiology. This year will be no different and this year's topics will cover acute and right heart failure with aspects of chronic heart failure added. These meetings will

take place from August to October in numerous cities all over South Africa. More details will be available on the HeFSSA website once dates are finalised.



HeFSSA can only achieve these goals thanks to our loyal corporate members who support us with generous educational grants. Our sincere appreciation goes to AstraZeneca, Servier, Pharma Dynamics, Merck and Medtronic.

Please contact the HeFSSA office if you want to learn more about these events or if you want to participate in any of the programmes.

Contact details

George Nel: info@hefssa.org or 083 458 5954

Sanette Zietsman: zietsmans@vodamail.co.za or 083 253 5212

NEWS FROM CISSA (CARDIOVASCULAR IMAGING SOCIETY OF SOUTH AFRICA)

Following the very successful pre-course imaging symposium in East London last year, CISSA looks forward to another exciting programme in Sun City. As before, the emphasis will be on multimodality imaging to optimise management and outcomes in cardiovascular disease.

The theme for this year will be imaging for adult congenital heart disease, an area of growing clinical importance with often difficult diagnostic and management decisions. Join us and share the experience and knowledge of leading congenital specialists from the Mayo Clinic. Some of the exciting topics you can look forward to, include:

- PFO closure – routine or only for a select few?;
- Closure of ASD – when and how?;
- Optimal assessment of the repaired TOF; and
- How to differentiate between Athletes Heart and HOCM?

CISSA greetings

Prof M.R. Essop
CISSA President

“The emphasis will be on multimodality imaging.”

SAMA SPECIALIST INDABA: SATURDAY 26TH NOVEMBER 2011

We attended this meeting on behalf of SA Heart to discuss the Future of Private Specialists in South Africa, herewith our summary:

Dr Norman Mabasa, chairperson of SAMA stated that SAMA wants to represent all specialists when meeting with the Health Council to discuss the reference price list, National Health Insurance (NHI), challenges experienced by the Competitions Commission as well as the recent PMB ruling. The government sends various messages, stating that:

- Public/private partnerships are condemned (without this type of partnership we believe there is no hope for NHI);
- Medical aid; will be done away with completely; and
- A state-owned pharmacy is to be introduced.

These issues certainly need urgent discussion and presently SAMA has the best contact with government.

- The policy initiatives that have focused on Primary Health Care have further fragmented the health care system;
- The green paper on NHI does not even mention the role of the specialist;
- Transformation of the system and re-evaluating the role and efficacy of hospital management are central to upgrading Public Health Care; and
- Appropriate change in the health sector will support social stability.

Dr M. Mbokota, a gynaecologist, commented on the green paper's limited information with regards to specialists' future involvement which clearly the NHI cannot ignore. NHI is here to stay.

Dr Pillay explained the challenges of the Public Health Sector, - a huge task for which we do not have enough health care professionals. We need to produce more doctors rather than

‘We need to produce more doctors rather than recruiting from other countries.’

Mr Julian Botha, legal adviser of SAMA, discussed contracts with medical schemes. At present the buyer of services decides what the price would be, which means the price will most often be inadequate. SAPPF very clearly described the formula to use to derive at an appropriate fee recently. Members should evaluate their situation carefully before signing such a contract. Capitation, as is planned mainly for GP practises, has a huge potential of under-servicing a patient.

Prof M.D. Smith summarised the problems in Public Health Care:

- Service delivery is complex and fragmented, poorly managed and lacks accountability and efficient systems;

recruiting from other countries. He again mentioned the Minister's ten point plan:

1. Provision of strategic leadership and creation of a social compact for better health outcomes;
2. Implementation of a NHI plan;
3. Improving the quality of services;
4. Overhauling the health care system and improving its management;
5. Improving human resources management;
6. The revitalisation of physical infrastructure;



7. Accelerated implementation of a HIV and AIDS plan and reduction of mortality due to TB and other communicable disease;
8. Mass mobilisation for better health for the population;
9. Review of the drug policy; and
10. Strengthening research and development.

The principles of NHI includes: the right of access to health; Social solidarity; Equity; Effectiveness; Appropriateness; Effectiveness; Efficiency and Affordability. The focus for Primary Health Care services shall be delivered according to three streams namely:

1. District-based clinical specialist support teams supporting delivery of priority health care;
2. School-based Primary Health Care services; and
3. Municipal Ward-based Primary Health Care services.

The NHI system is not based on an insurance module. Medical schemes will continue to exist and may also provide top-up cover. No one will be allowed to opt-out of the NHI. Even if the NHI never becomes a reality, the Public Health Sector issues will be addressed. The NHI will not be incorporated before the public sector in S.A. has not been transformed.

The audience voiced a number of comments and proposals and are invited to send their comments to the NHI link on SAMA's website.

Dr D. van Loggerenberg's comments (head of SAMA's Private Practise unit) are more in line with ideas expressed by private practise specialists and include:

- The health care industry does not adhere to the same ethical standards as that of the doctors;
- Health care inflation increases exponentially every year;
- Hospital and administration costs are the drivers of inflation and take 40% in the Rand;
- Administrators are overcharging;

- Managed Health Care (MHC) has not succeeded in bringing down healthcare costs.
- Brokers have not attracted enough new members;
- Specialists are not contributing to the rise of medical scheme rates; and
- Doctors should stand together, speak as one voice and not undersell themselves.

Johan Pretorius of Medical Practise Consulting discussed the risks associated with practice management as well as those associated with practicing without Professional Indemnity (PI) insurance.

Dr M. Grootboom of SAMA stated the organisation with its almost 15 000 member's plays a role in:

- Private practitioner's advocacy;
- Fighting for doctors' clinical independence with the emphasis as ethics being the sole indicator for quality;
- Proving that medical schemes are squandering contribution income;
- Promoting doctors as the most critical component of the health care industry;
- Improving the earning capacity of doctors via the practise cost calculator and coding (also providing coding training for newly qualified specialists & receptionists);
- Expanding SAMA's value proposition;
- Without professional indemnity insurance;
- Proved the doctors billing manual (DBM) online available with a link to medical scheme tariffs; and
- SAMA wants to provide an administration service to societies at no or minimal cost.

Adriaan Snyders

Sanette Zietsman

CARDIAC ARRHYTHMIA SOCIETY OF SOUTHERN AFRICA (CASSA)

The Executive Committee of the Cardiac Arrhythmia Society of Southern Africa (CASSA) recently held their annual strategic meeting and will be kick-starting the year with a number of great initiatives.

Website

CASSA has changed to a new webmaster and its website can now become the educational and communication portal it was intended to be.

CASSA members can look forward to an events calendar highlighting all its educational programmes, as well as events hosted by our corporate member partners.

Interesting articles, assistance in dealing with funders, a GP's corner and a patient section dealing with Frequently Asked Questions (FAQs), are additional features that will make a regular visit to www.cassa.co.za worthwhile.

Information pertaining to the accreditation of Implantable Cardiac Defibrillators (ICD) practitioners and other international

guidelines can be found under "Guidelines and Recommendations".

The site will be updated regularly, so visit it often to stay abreast of what is happening in the field of cardiac rhythm management.

ICD Accreditation

CASSA launched the accreditation of ICD practitioners in 2011 for practitioners implanting basic ICDs for primary prevention. Clinicians who would like to apply, are invited to contact the CASSA office for more information.

The accreditation process consists of three parts:

- Attending a CASSA accredited course (see list of available courses below as well as on the website);
- Passing a CASSA administered test. This test will be written once a year at the SA Heart Congress; and
- Practical implantation in consultation with a mentor.

The complete set of accreditation guidelines is on the website.

Available accreditation courses for 2012

Medtronic

27 & 28 January	Module 1: ICD principles in clinical practice	Johannesburg, South Africa
24 & 25 February	Module 2: Overcoming challenges in ICD follow-up	Johannesburg, South Africa
20 & 21 April	Module 1: ICD principles in clinical practice	Johannesburg, South Africa
25 & 26 May	Module 2: Overcoming challenges in ICD follow-up	Johannesburg, South Africa
14 & 15 September	Module 1: ICD principles in clinical practice	Johannesburg, South Africa
19 & 20 October	Module 2: Overcoming challenges in ICD follow-up	Johannesburg, South Africa

Boston Scientific

28 & 29 March	ICDs – from device features to clinical practice	Paris, France
5 & 6 September	ICDs – from device features to clinical practice	Paris, France
14 & 15 November	ICDs – from device features to clinical practice	Paris, France

Continued on page 74

TRAVEL SCHOLARSHIPS OF THE SOUTH AFRICAN HEART ASSOCIATION

The travel scholarship is available to all members and associate members living in South Africa and primarily aims to assist junior colleagues. In doing so, continued future participation in local or international scientific meetings/workshops is encouraged.

REQUIREMENTS

- Applicants must be fully paid-up members/associate members in good standing for at least one year.
- Applications need to include:
 - Full details of the meeting/workshop;
 - The applicant's abbreviated CV; and
 - A breakdown of the anticipated expenses.
- Applications must reach the Association a minimum of 3 months before the event.

RECOMMENDATIONS

- Acceptance of an abstract submitted by the applicant at the scientific meeting/workshop. (Should acceptance be pending, the application need still be submitted 3 months prior with a note stating expected time of approval.) In such a case the scholarship might be granted conditionally: that proof of the abstract being accepted is submitted afterwards);
- An invitation to participate as an invited speaker at the meeting;
- Publications in a peer reviewed journal/s in the preceding year;
- An applicant from a member of a previously disadvantaged community; and
- An application from a member younger than 35 years of age.

ADDRESS APPLICATIONS TO:

The President
South African Heart Association
PO Box 19062
Tygerberg
7505

**A maximum of four scholarships will be awarded annually.
Support for international meetings will be awarded to a maximum of R20 000
and local meetings a maximum of R7 500 per scholarship.**

CASSA CONTINUED

Amayeza Abantu: Dates to follow

Biotronik: Dates to follow

Teaching Electrophysiology (EP) and Pacing in South Africa

As SA Heart's appointed special interest group CASSA will be conducting a survey on the status quo at South Africa's cardiology training institutions with regards to EP and Pacing. The results will be compared to international standards. It is important to ensure that cardiac electrophysiology, together with ECGs and cardiac rhythm devices are recognised as being part of mainstream cardiology and that training in cardiology in South Africa should reflect this.

Educational programmes

SA Heart 2012

As is customary each year CASSA will be involved in the academic programme of the annual congress of the South African Heart Association.

The following sessions are being planned:

Wednesday 18 July 2012, Johannesburg: Dinner meeting with Prof Karl-Heinz Kuck where he will be showcasing some of his more challenging EP cases.

Friday 20 July 2012, Sun City: CASSA parallel session. During this session Prof Kuck will give two 30 minute lectures, after which he will comment on cases presented by local Electro-physiologists.

The many faces of atrial fibrillation (AF) national symposium

Back by popular demand, CASSA will again host the very popular many faces of AF national symposium with meetings in Cape Town, Durban and Johannesburg with the possibility of satellite meetings elsewhere. This event will be scheduled towards the end of October 2012.

General Practitioners

This year, CASSA will join forces with two of our corporate member companies, i.e. Medtronic and Boehringer-Ingelheim to educate GPs around the country on atrial fibrillation.

Medical aids

An audience which is often overlooked with regards to education is the medical aid field. CASSA is proud to announce that it will again maintain a presence at the annual congress of the Medical Advisors Group in Cape Town in August. The society will have the opportunity to educate the medical advisors of most of our country's medical aids on heart rhythm disorders and their treatment protocols.

CASSA has been involved with some of the big medical schemes and administrators.

Medical aids and the issue of the non-funding of certain treatments

For the past year CASSA has been very involved in interactions with some of the big medical schemes and administrators in South Africa to ensure proper funding for cardiac rhythm treatment.

CASSA has strong support systems in place, including legal advice as well as support from the Council of Medical Schemes. The CASSA Exco would like to invite all its members to make use of this resource. However this is exclusively reserved for CASSA members only - so, if you are not a CASSA member yet, join today!

More details on support for dealing with medical aids can be found on the website.

For more information on any of the topics above, please contact Franciska Rossouw at 082 806 1599, email franciska@cassa.co.za or visit www.cassa.co.za.

THE SOUTH AFRICAN HEART ASSOCIATION RESEARCH SCHOLARSHIP

The research scholarship is available to all full and associate members of SA Heart Association living in South Africa. It is primarily intended to assist colleagues involved in much-needed research to enhance their research programmes.

REQUIREMENTS

- Applicants need to be fully paid-up members/associate members in good standing for at least one year.
- Applications must include
 - The applicant's abbreviated CV;
 - A breakdown of the anticipated expenses;
 - Ethics approval; and
 - Full details of the research.

RECOMMENDATIONS

- Publications of related work in a peer reviewed journal in the preceding year;
- Applicants from a previously disadvantaged community; and
- Applicants younger than 35 years of age.

ADDRESS APPLICATIONS TO:

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

THE SELECTION PANEL WILL REVIEW APPLICATIONS ANNUALLY AND THE CLOSING DATE IS 30 SEPTEMBER 2012.

One scholarship to a maximum amount of R50 000 will be awarded annually.

APPLICATIONS WILL BE ASSESSED ACCORDING TO THE ACCOMPANYING RESEARCH PROTOCOL WHICH SHOULD INCLUDE:

- An abstract (maximum 200 words);
- A brief review of the literature (maximum 200 words);
- A brief description of the hypothesis to be investigated (maximum 100 words);
- A detailed methodology (maximum 500 words); and
- References.

