My dear colleagues and friends of SA Heart®,

I am extremely grateful for the opportunity to serve as the SA Heart® President. The first 3 months have certainly been a steep learning curve filled with excitement and opportunity. I would like to thank Dr David Jankelow for his tireless efforts over the last few years. He has led with kindness and compassion and steered the organisation through the preparatory phase of the transition to a Non-Profit Company (NPC).

Bear with me for this first, rather long message and allow me to set the scene for where we are, and where we would like to go.

The vision of SA Heart® remains to advance cardiovascular healthcare for all living in South Africa and build on the 4 strategic pillars of the organisation (Figure 1): Science, Education, Member and Policy. We need to influence cardiovascular healthcare policy, now more than ever.

![Figure 1: Vision, Mission and Strategic Pillars of SA Heart®](image-url)
I would like to update you on some of the structural and governance changes within SA Heart® which came into action over the last 6 months. SA Heart® has moved from a Loose Association to a Non-Profit Company (NPC) in 2016. The previous SA Heart® Board (2018 - 2021) established the revised Memorandum of Incorporation (MOI) (available on our website www.saheart.org) directed at aligning the organisational and governance structures with the Company Act and King IV. This was adopted by the necessary vote with at least 75% of members voting being in favour to change the MOI at the AGM in 2020. The new MOI has taken effect from March 2021, when the newly elected Board also took over.

A major positive change is that of membership – all members of SA Heart® (clinicians, scientists, allied professionals) residing in South Africa are now equal voting members with the ability to serve in SA Heart® leadership and be involved in teaching and other projects.

The current structure of the organisation (Figure 2 and Figure 3) includes a Board of 6 elected and 1 recruited non-executive Board members, of which 4 are SA Heart® members and 2 are independent Board members, and 1 ex-officio Board member (myself). We have also co-opted 3 members – Prof Karen Sliwa, Dr Ifti Ebrahim and Mr Joseph Shaw (independent member; law) – to serve as co-opted non-voting members of the Executive committee of the Board. The position of CEO is yet to be filled.

The 4 main Board Committees include:

- **Nominations Committee**: Appointments and election processes.
- **Ethics and Social Committee**: Issues around how we work, engagement around national and provincial policy affecting our members and profession; corporate citizenship.

![SA Heart® Board 2021 - 2023.](image)

**Vacancies**: Executive Board Member/CEO | Company Secretary
for the next 5 - 10 years and collaborating in taking SA Heart® forward in an efficient and effective manner.

Due to the COVID-19 pandemic, the 2020 congress was cancelled. This year the SA Heart® 2021 Congress will be held virtually. Though many of you expressed your eagerness to meet in person, the risk, given the uncertainty around the pandemic caused us to opt for a safer, virtual event. Nevertheless, the programme and interactive online experience will prove to be exciting, engaging and informative. The theme for this year’s congress is: A Masterclass.

Our Scientific Programme Committee led by Dr David Jankelow, the immediate past-president of SA Heart®. I am pleased to announce that many world-class experts have already been secured as part of the academic line-up. I look forward to welcoming all of you online on 29 October 2021.

Audit and Risk Committee: both financial and other risk affecting SA Heart® – we have just appointed an independent Chair for this Committee, Mr Francois Mintoor, who has extensive financial and risk management experience.

Stakeholder Committee: includes chairs of SA Heart®, Standing Committees, projects and representation from each SIG and branch as well as industry.

The aim is to improve communication between all stakeholders and all subgroups within SA Heart® to work together more effectively towards our common goals. We have also engaged with both members and industry in the last month via an online survey. Thank you to all those who participated and for the great input and ideas. I look forward to working with all of you in planning strategically for the next 5 - 10 years and collaborating in taking SA Heart® forward in an efficient and effective manner.

Due to the COVID-19 pandemic, the 2020 congress was cancelled. This year the SA Heart® 2021 Congress will be held virtually. Though many of you expressed your eagerness to meet in person, the risk, given the uncertainty around the pandemic caused us to opt for a safer, virtual event. Nevertheless, the programme and interactive online experience will prove to be exciting, engaging and informative. The theme for this year’s congress is: A Masterclass.

Our Scientific Programme Committee led by Dr David Jankelow, the immediate past-president of SA Heart®. I am pleased to announce that many world-class experts have already been secured as part of the academic line-up. I look forward to welcoming all of you online on 29 October 2021.

---

Continued on page 4
We once again find ourselves within the midst of the horror of the third wave of COVID-19. Having already endured so much, both personally and professionally, in the last 16 months, I commend you for the remarkable tenacity, compassion and dedication you continue to show to our communities and patients.

“Courage doesn’t always roar. Sometimes courage is the quiet voice at the end of the day saying “I will try again tomorrow”.”

– Mary Anne Radmacher

Lastly, I would like to hear from all of you as your input and suggestions would be greatly appreciated.

Please feel free to email me with constructive suggestions you may have:

BJ.Cupido@uct.ac.za

Strength for the next few months.

Blanche Cupido
SA Heart® President

SA HEART® ANNUAL GENERAL MEETING

All members are invited to the

SA HEART® AGM

STARTING AT 18H15
ON FRIDAY 29 OCTOBER 2021
VIA ZOOM.
We had a 23% response rate on the Members’ Survey, and some of the findings are reported on here.

We received feedback from a large and diverse group of members and specialty groups, with an equal division of private and public healthcare representation. Mid-and late career members/age group were slightly better represented, but equal contribution across the amount of years of SA Heart® membership held.

### Why Do You Belong to SA Heart® - Top Reasons Identified

<table>
<thead>
<tr>
<th>Networking, collaboration</th>
<th>Career path and recognition in profession</th>
</tr>
</thead>
<tbody>
<tr>
<td>News and Communications</td>
<td>Membership and benefits of SIGS</td>
</tr>
<tr>
<td>Guidelines - access to</td>
<td>International meeting access discounts</td>
</tr>
<tr>
<td>Educational opportunities</td>
<td>To contribute to a cardiology society rather than all being on our own</td>
</tr>
<tr>
<td>CPD points</td>
<td>Opportunity to engage with KOLs in therapeutic areas</td>
</tr>
</tbody>
</table>

**Answer Choices**

| Networking and collaboration with peers | 45.33% | 68 | Newsletter         | 14.00% | 21 |
| News updates and communications      | 42.67% | 64 | Access to grant opportunities | 12.00% | 18 |
| Access to clinical practice guidelines | 42.00% | 63 | Representation at Department of Health level | 11.33% | 17 |
| Other educational opportunities     | 41.33% | 62 | Access to support regarding billing and medical aid mediation | 10.00% | 15 |
| Access to free CPD points via SA Heart® Journal CPD questionnaire | 30.67% | 46 | Representation to College of Medicine of South Africa | 6.67% | 10 |
| Importance to career path and recognition in the profession/practice | 25.33% | 38 | Opportunity to stand for Board committees and/or standing committees of SA Heart® | 6.67% | 10 |
| Allowing members to, involvements with and benefits from special interest group(s) (SIGs) | 24.67% | 37 | Emerging leaders’ programme | 5.33% | 8 |
| Access to international meetings through scholarships or discounts (SA Heart® or offered by ESC or World Heart Federation or other Associations) | 21.33% | 32 | Constituent body membership with World Heart Federation | 5.33% | 8 |
| SA Heart® Congress discount          | 20.00% | 30 | Right to attend and vote at SA Heart® NPO company meetings (e.g. AGM) | 4.67% | 7 |
| Allowing membership to, involvement with and benefits from Regional Branches of SA Heart® | 19.33% | 29 | Opportunity to serve as Director of the Board | 2.67% | 4 |
| Constituent body membership with ESC | 15.33% | 23 | Constituent body membership to Pan African Society of Cardiology | 2.00% | 3 |
| Opportunity to give back             | 14.67% | 22 | Other (please specify) | 2.00% | 3 |

**Total Respondents: 150**

Continued on page 6
The reason(s) why members belong to SA Heart® are varied, but opportunity for networking and collaboration together with impact on career path and peer recognition, as well as access to resources and educational opportunities were dominant.

**DO YOU CONSIDER YOUR MEMBERSHIP GOOD VALUE FOR MONEY?**

<table>
<thead>
<tr>
<th></th>
<th>VERY POOR</th>
<th>POOR</th>
<th>FAIR</th>
<th>GOOD</th>
<th>EXCELLENT</th>
<th>TOTAL</th>
<th>WEIGHTED AVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVERAGE</td>
<td>0.67%</td>
<td>4.67%</td>
<td>26.00%</td>
<td>47.33%</td>
<td>21.33%</td>
<td>150</td>
<td>3.84</td>
</tr>
</tbody>
</table>

Most members (>94%) would recommend SA Heart® membership to colleagues and found membership to be a fair to good value for money.

SA Heart® has indeed made changes to its Memorandum of Incorporation (MOI), meaning that ALL (local) members regardless of profession, may now vote and serve on committees, and SA Heart® strongly encourage this. While announced at the AGM 2020 and communicated, the survey clearly showed that some previously “Associate Members” have not understood this well and have asked for more inclusivity of their group. The new SA Heart® Board, which started under the new MOI in March this year, is proud to have a Basic Scientist, Prof Bezuidenhout, as the chair and ably leading the Board.

**WHICH METHODS OF COMMUNICATION WOULD YOU LIKE TO SEE MORE OF?**

- Email: 30.09
- Social Media: 16.81
- News updates on website: 5.31
- Video clips on website: 19.47
- Podcasts available on website: 9.73
- Notifications: 3.54
- Notifications by WhatsApp: 15.04

**WHICH OF THE FOLLOWING EMAIL DO YOU READ?**

- News from & about members: 15.04
- Association business news: 3.54
- Association news - activities & community: 5.31
- Grants & Scholarships: 19.47
- Third party congresses/education: 9.73
- Educational offerings, incl. SIGs/Branches: 16.81
- None: 16.81
While there was a clear favour for communication by email, not all email circulars are equally well received or of interest, with a strong bias towards information on educational opportunity. Requests for novel ways of communication, inclusivity of all membership groups and expanding communication to non-members were mentioned.

One point that came through strongly in the Member Survey was the request for more educational events across different member categories and specialities and more online educational material. This includes access to more sponsorships and CPD accredited opportunities for members.

SA Heart® has just held its inaugural SA Heart® Fellow Exam Preparation Course (more information in the next newsletter) and August will see the first edition of the SA Heart® National Journal Club, which will be held monthly going forward. These are 2 initiatives (both CPD accredited) where we are starting to expand educational possibilities, and SA Heart® will look at involving other member groups in their offering over time.

The Industry Survey showed most industry partners were satisfied their sponsorships made a fair to very good difference in cardiovascular healthcare in South Africa. Companies rated the opportunity to support SA Heart® members, building relationship with SA Heart® leadership and access to SA Heart® members as potential customers very high amongst their investment return, as well as the visibility of their logo and sense of community.

**WHAT BENEFITS DO YOU SEE FROM SPONSORSHIP SA HEART® PROGRAMMES AND EVENTS?**

<table>
<thead>
<tr>
<th>Answer</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased community presence/recognition</td>
<td>80%</td>
</tr>
<tr>
<td>Increased business after sponsorship</td>
<td>60%</td>
</tr>
<tr>
<td>Ability to interact with SA Heart® members</td>
<td>40%</td>
</tr>
<tr>
<td>Relationship-building with SA Heart® leadership</td>
<td>20%</td>
</tr>
<tr>
<td>Other - please specify</td>
<td>0%</td>
</tr>
</tbody>
</table>

Answered: 38
Skipped: 0

Continued on page 8
In the Industry Survey the suggestion to launch an Industry Forum has found strong support, and this initiative will be launched in August. This committee of Forum is envisaged to facilitate communication between individual industry companies, and between these companies and SA Heart®.

In the Industry Survey the suggestion to launch an Industry Forum has found strong support, and this initiative will be launched in August. This committee of Forum is envisaged to facilitate communication between individual industry companies, and between these companies and SA Heart®.

On the communication side, few industry partners felt well informed on the vision and mission of SA Heart®, and while some were very satisfied with how SA Heart® communicates purpose and usage of sponsorships and grants, others indicated room for improvement in this field.
with 2 representatives also being part of the SA Heart® Stakeholder Committee.

We will endeavour to address more of your suggestions and shortcomings you pointed out in the months to come, taking small steps to an improved Association. We invite you to actively take part in any initiative we launch, support committee work, be proactive and to keep communication flowing – any organisation is only as vibrant as its individual members are. The survey should not be seen as the last and only way to make your ideas, suggestions and concerns heard.

Erika Dau, SA Heart® General Manager, with particular thanks to Dr Blanche Cupido, SA Heart® President, for initiating these surveys and Mrs Elizabeth Schaafsma (SHARE Registry) for handling the survey administration, technicalities and data.
Dear all,

SA Heart® 2021, “A Masterclass” is now 3 months away and will take place from 29 - 31 October.

I am getting so excited now as we have turned a local conference into a global event. For 3 days, the most eminent local and international faculty will provide a current overview of cardiovascular medicine. Lord Sebastian Coe will give an inspirational and exciting opening keynote address. Our main plenaries will be held in conjunction with the European Society of Cardiology (ESC) and these include valvular heart disease, heart failure, cardiovascular disease prevention and pacing. The ESC chairs of the 2021 Guidelines in these areas, will present what’s new from their latest recommendations. Valve disease will encompass 2 plenaries – these will be multimedia, interactive and case-based to highlight difficult problems. Three of the academic units will cover different areas – mitral regurgitation, aortic stenosis and mitral stenosis/multivalve disease. We have speakers from Mayo Clinic, Oxford, Harvard, London School of Tropical Medicine & Hygiene, Italy, France, Germany, South Carolina, Nigeria, Mozambique and many more. Other sessions – COVID-19, the heart of the matter, statistics for the practicing clinician, controversies and perspectives and an approach to common arrhythmias.

I am delighted that Professor Eugene Braunwald will present - “Will coronary atherosclerosis be eliminated?” It is an immense honour for us to host him. Other highlights include, Paul Ridker, “Inflammatory targets in atherosclerosis”; Deepak Bhatt on “Triglycerides – A modifiable risk factor?”; Sir Rory Collins, “Real world evidence”; Eric Klug, “Ten heart failure lessons”; Barry Borlaug, “Pathophysiology of HFrEF”; Ann Mocumbi, “Is there an epidemiologic transition in heart failure in Africa?”. The closing speaker will look to the future. Paul Friedman from Mayo will present, “AI, the next frontier in cardiology – implications for Africa”.

We are grateful to our extensive industry for their generous support, without which we could not have these educational meetings. Our unique digital platform will hold a virtual exhibition for delegates to engage with the pharmaceutical and device industry. I strongly encourage you all to visit each of the industry booths. We have built industry time into the programme.

Lastly, as Professor Anton Doubell messaged us, “SA Heart® 2021 is just like the Olympics. Only the best will participate”. See you online on 29 October.

My very best to you all.

David Jankelow
Congress Chair and immediate past President, SA Heart®
Thabo is a young gentleman from a small town called Mount Fletcher in the Eastern Cape.

He started his career in 2012 when he commenced his studies in Clinical Technology at the Durban University of Technology. In 2014, he joined the Groote Schuur Hospital (GSH) Cardiology team as a trainee Cardiac Technologist. He then obtained his Diploma at the end of 2014 as a supervised Cardiac Technologist. In 2016, he completed his Bachelor’s Degree and qualified as an Independent practitioner. During his time at GSH, because of his love for teaching, he has shown dedication to training student Cardiac Technologists that came after him. Sometimes he would sacrifice an hour or 2 of his Saturday mornings to teach. He was known by his GSH colleagues for his impressive Echocardiography skills.

In 2019, the Cardiology department at Nelson Mandela Academic Hospital (NMAH) officially opened. Thabo then left GSH for NMAH to practise as a Chief Cardiac Technologist in the new Cardiology department. You would think he had forgotten about his students that he left back in Cape Town. Instead, he created a WhatsApp group consisting mostly of Cardiac Technologists and started posting his recorded Zoom videos where he taught very basic Electrophysiology and Cardiac Rhythm Management (CRM). He carried over his love for sharing knowledge to the Physicians and Nurses at NMAH.

Outside of work, you find him hiking with his camera either somewhere mountainous and taking landscape shots or crawling on the ground taking close-up photographs of the smallest of insects. He loves to give significance to the smallest creatures crawling on the ground. That is one of the reasons why he loves going to his rural home in Mount Fletcher where he gets to identify and capture a variety of them. His new fascination is to capture stars and the milky way, which he gets to do perfectly back home in the absence of all the city lights.
The Cardiac Arrhythmia Society of Southern Africa (CASSA) is a special interest group of SA Heart®. The CASSA Executive Committee consists of: Adele Greyling (president), Ashley Chin (immediate past president), Kaveshree Govender (treasurer), Andrew Thornton, Ruan Louw, Jane Moses, Pro Obel, Rob Scott Millar, 2 industry representatives (Laura Avnit, George Van Der Merwe), Human Nieuwenhuis (allied professional) and CASSA coordinator Glenda Nichols. I would like to thank them for their time, expertise and support to date. CASSA aims to improve the treatment and awareness of heart rhythm disorders through education, the facilitation of research and improving patient access to care. To achieve these goals, recent CASSA initiatives include:

ONGOING EDUCATION

Prof Ashley Chin reports that Dr Phila Mkoko’s training at Groote Schuur Hospital as fellow in cardiac electrophysiology is progressing well. The quarterly ECG quiz published in the SA Heart® Journal continues to promote teaching of ECG interpretation. The Andrzej Okreglicki Memorial Advanced ECG and Arrhythmia Interpretation Course was held as a virtual meeting earlier this year. As always this was a highlight on our calendar and a valuable tool for registrars preparing for the exams. Following the successful CASSA webinars hosted in November 2020 (one on atrial fibrillation during “Global AF Awareness Week” and 2 ECG webinars) I’m happy to report we are keeping the momentum going. In March we hosted a webinar discussing syncope with a multidisciplinary approach that was well received. Due to popular demand, a second webinar was hosted in June. Several other topics were discussed including the role of physiological pacing in both the paediatric and adult population. We have a number of teaching webinars and journal clubs for cardiac technologists planned, with the long awaited course for clinical technologists in cardiac pacing to commence soon. As part of ongoing registrar teaching and improving patient access to care, several CASSA members have been teaching and assisting with cases in public hospitals where there is no EP service available. Dr Govender has performed several ablations, CRT implants and lead extractions at Charlotte Maxeke and Baragwanath Hospital. Dr Ruan Louw assisted with cases at Baragwanath Hospital. I did paediatric ablations at Baragwanath Hospital and will now be involved with the EP service at Red Cross Children’s Hospital. Once international travel becomes more accessible, we will hold another paediatric EP week with visiting consultant Dr George McDaniel from Virginia. Dr Govender and I performed 2 ablations at Milpark Hospital, supported by the Netcare Foundation, on patients where 3D mapping was required - 1 in a 9-year-old girl with tachycardiomopathy from junctional ectopic tachycardia and a redo procedure in a young women with a history of post op Tetralogy of Fallot and atrial flutter. Dr Haroon Mia is involved with clinical EP and ECG teaching at Albert Luthuli Hospital. We hope to hold more frequent educational events and I thank all involved for their willingness to offer their time and expertise. A special thanks also to our industry partners and the Netcare Foundation, without whom these events would not be possible.

ANNUAL 2020 CASSA SYMPOSIA

Our annual CASSA symposium was held on 20 and 27 February 2021. Previously this meeting was held annually in Cape Town and Johannesburg with 2 international speakers; the same programme repeated on both Saturdays. With the cancellation of in-person meetings and restrictions on travel, we have decided to hold this year’s meeting as a free virtual event. This gave us the opportunity to change both the format and the number speakers (14 in total and 11 international faculty) we could host. A broad range of topics were discussed including the management of arrhythmia in pregnancy, foetal arrhythmias, new advances in pacing including leadless pacing, the role of home monitoring in CRM, sudden cardiac death and an update on the management of atrial fibrillation. Interactive sessions were held on device troubleshooting and the ever popular ECG sessions. I would like to thank all our speakers for an excellent meeting. For me, it really was an exceptional meeting with so many renowned international speakers covering a wide range of topics. All sessions are available for viewing on our website. More details will follow in due course regarding our 2022 meeting, but it is likely that it will be a hybrid meeting with both local and international speakers.
**COLLABORATION WITH THE EUROPEAN HEART RHYTHM ASSOCIATION (EHRA)**

CASSA’s collaboration with EHRA continues and we hosted a joint session at the virtual EHRA 2021 congress in April. The focus of the session was on anticoagulation management with Drs Jane Moses and Kaveshree Govender as speakers and Prof Ashley Chin as chair.

**COLLABORATION WITH THE HEART RHYTHM SOCIETY (HRS)**

This year’s HRS meeting will be held in Boston as a hybrid meeting in July. The planned collaboration as discussed in 2019 by Prof Ashley Chin and Dr Andrea Russo, has been put on the backburner by the COVID-19 pandemic. I will be chairing a virtual session on the management of LQTS. We look forward to further collaboration in future.

**CASSA ACCREDITATION**

We embarked on the process of CASSA accreditation for clinical technologists. It was considered necessary as the field of invasive EP, and thus the role of the clinical technologist, has vastly evolved over the last few years. This will be a voluntary process to give acknowledgement to our highly qualified and valued allied colleagues. More details will be published in the SA Heart® Journal in the near future.

**RESEARCH**

Several of our members have been involved in research. Prof Ashley Chin is heading up the SA SHARE AF registry looking at the outcomes of patients with atrial fibrillation treated by catheter ablation. Currently there are 10 enrolment sites throughout South Africa in both the public and private sector with more to follow soon. Dr Faizel Lorgat is involved in a multicentre, international study looking at the outcomes of patients treated based on the ALARA principle with low or zero fluoroscopy in SVT ablation. I co-authored a review paper with Prof Sabine Ernst, et al. on catheter ablation of arrhythmia during pregnancy that was published in a German journal (Herzschrittmacherther Elektrophysiol). Prof Ashley Chin, Drs Jane Moses and Andrew Thornton published a paper in the SA Heart® Journal on the management of arrhythmias in COVID-19.

**FURTHER PLANS**

CASSA will be expanding our website, online and social media presence over the next year. We plan to establish a programme through CASSA where used devices can be donated. CASSA is also in the process of registering as an NPC.

**“CASSA aims to improve the treatment and awareness of heart rhythm disorders through education the facilitation of research and improving patient access to care.”**

**THANKS**

I would like to thank the CASSA exco for their support and enthusiasm. A special thanks also to our corporate members and sponsors for their continued support. They are Medtronic, Vertice, Biosense-Webster, Boston Scientific, Biotronik, Boehringer Ingelheim, Bayer Pharmaceuticals, Pfizer and Inova Pharmaceuticals.

Dr Adele Greyling  
CASSA president
The following are the main activities planned for 2021.

**HEFSSA WILL ESTABLISH A HEART FAILURE ACADEMY**
HeFSSA will establish a Heart Failure Academy under Prof Nash Ranjith as the leader with assistance from the Executive Committee.

- The initial course will be a Basic HF Course focused on Primary Care (MDT) with an advanced course at a later stage.
- The Course will be offered modular and online to allow self-study and continued assessment with CPD accreditation.

**WEBINAR SERIES 2021**
The Webinar Series 2021 (4 GP and 2 Specialist) with Dr Martin Mpe as Convener will be hosted during Q3 and Q4 2021.

- During 2020 HeFSSA hosted approximately 3 000 delegates during the 5 Webinars offered.
- F2F will be offered in due course as these fill a different need (pre-2020 HeFSSA organised 20 regional meetings annually in South Africa and Namibia).
- Virtual educational will however remain a cornerstone even when F2F education returns.

**SA HEART® CONGRESS 2021**
- HeFSSA Programme at the Congress will be spearheaded by Karen Sliwa and Martin Mpe as support to Blanche Cupido.
- The annual HeFSSA hosted Pre-congress Workshop “Cardio Update for Non-Cardiologists” will be convened by Eric Klug and Nqoba Tsabedze. This could be offered as a F2F or virtual meeting dependent on the SA Heart® Congress format. The workshop will be offered free of charge to delegates (as usual) and HeFSSA will raise sponsorships to support the meeting. The HeFSSA office has developed professional proficiency in offering virtual courses and webinars with success the past year (up to 1 000 GPs and Physicians has attend a webinar).

**DOH (PUBLIC SECTOR ENGAGEMENT)**
Dr Mpe continue to actively engage the DOH and to build a positive rapport.

**SHARE AF REGISTRY**
SHARE AF Registry with Martin Mpe and Ashley Chin as principal investigators. Expression of interest letter will be circulated to members for consideration.

**HF “SNAPSHOT” SURVEY**
Prof Makotoko as PI - Protocol submitted to UFS and Free State DoH Ethics Committee. The Pilot project will run for 12 months at 3 hospitals in Bloemfontein during 2021 with National rollout in 2022.

**PROTECTION OF PERSONAL INFORMATION ACT (POPI)**
Healthcare Practitioners need to take note that according to the South African Constitution, everyone has the right to privacy but at the same time the right to access any information that is held by another person and that is required for the exercise or protection of any rights. The Promotion of Access to Information Act (PAIA) gives effect to the right to access of information. The Protection of Personal Information Act (POPI) gives effect to the right to privacy.

In essence POPI requires you to establish measures that ensure that you only collect, use, store, delete and otherwise handle personal information in permitted ways and that it is appropriately protected from unauthorised access or loss. You will be expected by law to implement reasonable technical and organisational measures to ensure this protection is in place.

Remember that POPI does not say you cannot process or share personal information, it just sets some conditions to do it lawfully.

It is also important to note that POPI does not replace the HPCSA’s existing guidance on safeguarding confidential patient data. The HPCSA’s Confidentiality: Protecting and Providing Information contains all the key information you need to know about ensuring confidentiality and the various guidelines surrounding disclosure of confidential information in different scenarios.
IMPORTANT LINKS:
4. HPCSA Legislation: https://www.hpcsa.co.za/?contentId=499&actionName=Legal and Regulatory Affairs
5. HPCSA Booklet 5, Confidentiality: Protecting and Providing Information (September 2016), para 4: file:///C:/Users/georg/AppData/Roaming/Microsoft/Word/HPCSA, Confidentiality: Protecting and Providing Information, para 4
6. HPCSA Booklet 2, Ethical Guidelines for Good Practice with Regard to HIV (September 2016), para 5: https://www.hpcsa.co.za/Uploads/Professional_Practice/Conduct %26 Ethics/Booklet 6 Gen Ethical Guidelines for Management of Patients with HIV.pdf

POPULAR CONGRESSES FOR 2021

<table>
<thead>
<tr>
<th>CONGRESS</th>
<th>DATE</th>
<th>PLATFORM</th>
<th>HOST</th>
</tr>
</thead>
<tbody>
<tr>
<td>17TH ANNUAL FELLOW WORKSHOP</td>
<td>14 - 15 August 2021</td>
<td></td>
<td>South Africa</td>
</tr>
<tr>
<td>By invitation or contact <a href="mailto:george@medsoc.co.za">george@medsoc.co.za</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ESC CONGRESS VIRTUAL EXPERIENCE</td>
<td>27 - 30 August 2021</td>
<td>Online</td>
<td>Europe</td>
</tr>
<tr>
<td><a href="https://www.escardio.org/Congresses-&amp;-Events/ESC-Congress">https://www.escardio.org/Congresses-&amp;-Events/ESC-Congress</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5TH CARDIAC DISEASE IN PREGNANCY SYMPOSIUM</td>
<td>27 - 28 September 2021</td>
<td>Cape Town</td>
<td>South Africa</td>
</tr>
<tr>
<td>Email <a href="mailto:sylvia.dennis@uct.ac.za">sylvia.dennis@uct.ac.za</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LASSA LIPIDOLOGY COURSE</td>
<td>7 - 10 October 2021</td>
<td>Cape Town</td>
<td>South Africa</td>
</tr>
<tr>
<td>Email <a href="mailto:elouise@shiftideas.co.za">elouise@shiftideas.co.za</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SA HEART® CONGRESS 2021</td>
<td>29 - 31 October 2021</td>
<td>Online</td>
<td>South Africa</td>
</tr>
<tr>
<td>A MASTERCLASS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.saheart.org/congress">http://www.saheart.org/congress</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AHA SCIENTIFIC SESSIONS 2021</td>
<td>13 - 15 November 2021</td>
<td>Boston, MA, Virtual</td>
<td>United States of America</td>
</tr>
<tr>
<td><a href="https://professional.heart.org/en/meetings/scientific-sessions">https://professional.heart.org/en/meetings/scientific-sessions</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CARDIO MAGNETIC RESONANCE CONGRESS</td>
<td>20 - 21 November 2021</td>
<td>Cape Town</td>
<td>South Africa</td>
</tr>
<tr>
<td>PASCAR CONGRESS</td>
<td>22 - 25 November 2021</td>
<td>Mombassa</td>
<td>Kenya</td>
</tr>
<tr>
<td><a href="https://www.pascar.org/content/page/pascar-congress">https://www.pascar.org/content/page/pascar-congress</a></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please also consult the SA Heart® online calendar at www.saheart.org/events/eventcalendar for constant updates as well as a number of ISCAP workshops and SASCI/SA Visiting Professor evening lectures around the country.
Despite the challenges posed to us in the last year, the SASCI team has been busy on many fronts, and it is especially reassuring that we maintained educational activities. Highlights of SASCI activities since AGM 2020 include:

**EDUCATION**

**EuroPCR Africa Hub Johannesburg, 18 - 20 May**
The main objective of the Society is education to our members and the wider Cardiology community. SASCI raised funding to support attendance of EuroPCR South Africa Hub (and online). We received a total of 17 grant applications and succeeded in supporting 8 applicants from across South Africa, with all academic units that applied receiving a grant.

**Endovascular Cardiac Complication (ECC) Congress, Lausanne, Switzerland, 18 - 19 June 2021**
ECC 2021 will be hosted virtually with South Africa as one of the 8 Hubs globally. Hellmuth Weich and Tom Mabin will act as judges from SA, evaluating cases that are submitted from across the globe (excluding RSA submissions). During the South Africa session Hellmuth Weich, Adie Horak and Farrel Hellig will act as panelists for the Complications Cases submitted from South Africa.

**SASCI Visiting Professor Programme 2021**
Prof David Holmes was confirmed to return to South Africa in 2021 as Visiting Professor but the programme is postponed due to international travel restriction. His tenure has been rescheduled to early 2022. To build up his tenure, a Live CPD Webinar will be arranged later in 2021 with Prof Holmes as main speaker. In the interim SASCI, with support from Medtronic, is arranging a local VPP with South African based senior interventional cardiologist travelling to Academic units for a few days of proctorship and preceptorship. We are pleased and grateful to confirm that Dr Adie Horak agreed to set time aside each month to visit the academic units.

**The Cardio fellows summit webinar series continue in 2021**
SASCI hosted a remarkably successful Webinar Series for Cardiology Fellows from South Africa and Africa with such eminent faculty as Prof Gregory Barsness (USA), Simon Redwood (UK) and Davide Capodanno (Italy) as International Faculty. The teaching format was conceived and designed through a collaborative effort between the SASCI-office, Hellmuth Weich and Jean Marco (Founder and Honorary Chairman of PCR) to centre around practical case presentations, and interactive discussions with a focus on decision making and individualised patient care. Senior Fellows are involved as case presenters and panelist allowing them the opportunity to hone their skills and ability to review a case with success. This is an ongoing webinar series and will continued to be offered throughout 2021.

**The 17th SASCI Annual Fellows Workshop 2021**
The workshop is planned to proceed as a face-to-face meeting that is virtually enabled, this will allow onsite delegates and faculty to network and fully engage without excluding those who could not travel from South Africa, Africa, and even the rest of the world. Virtual presentations will expand our faculty reach to include International Faculty Gregory Barsness (USA), Azeem Latib (USA) Bernard Gersh (USA), Simon Walsh (UK), Colm Hanratty (UK), Simon Redwood (UK) and Goran Stankovic (Serbia) to be invited. The Fellows Workshop will be hosted on 14 and 15 August 2021.

**ISCAP Webinar Series 2021**
ISCAP is focused on ongoing training for all Cath Lab Allieds including nurses, radiographers, and technologists across South Africa. We have launched the ISCAP Webinar Series for 2021 with a lecture on Abdominal Aortic Aneurysm on 10 April 2021. The next webinar will cover Radiation Control for Cath Lab Allieds and is planned for June 2021. The Webinar Series programme content was set based on a Members’ Needs Analysis Survey. We look forward to continuing the series throughout 2021 with exciting and relevant topics for the allied professionals.

**RESEARCH**

**STEMI SA Update**
It was decided that the STEMI India Database platform will be best suited to South Africa because it is an existing online platform with minimal costs, and we will benefit with the vast experience of Dr Thomas Alexander and his team. The test phase of data capturing on this platform has
been completed in March and April with changes to be made to the platform in May 2021 with immediate role out thereafter. Most academic units indicated an interest to participate, and several private hospitals will do as well.

**SASCI PRIVATE PRACTICE - LEGAL, REGULATORY AND FUNDER UPDATE**

**SASCI PPC**
SASCI PPC benefit from consistent and substantial effort from Tom Mabin (as consultant) and Karen van der Westhuizen (coding expert) with ongoing support from Elsabe Klinck Associates.

**NHI Bill**
The objective of the NHI Bill is to provide universal access to quality health care for all South Africans, as enshrined in the Constitution. The Bill is currently before Parliament and public hearings expected from mid-2021 onwards. SASCI have requested a presentation slot to present our case in-person to parliament and this took place on 15 June with a presentation by Dr Hellmuth Weich (more details to follow).

**Discovery Health CAD Programme for 2021**
Discovery Health Coronary Artery Disease (CAD) Care Governance Initiative negotiations has been concluded and updated programme introduced for 2021. The first round of practice reviews and peer mentorship will start mid-2021. SASCI will continue to work towards ensuring that our members interest is professionally represented to the ultimate benefit of your practice and your patients.

**Medihelp TAVI case**
SASCI’s complaint to the Council for Medical Schemes (CMS), in terms of section 47 of the Medical Schemes Act, was ruled in SASCI’s favour against Medihelp. Medihelp appealed the decision of the Registrar of the CMS and SASCI is seeking a set-down date at the Appeals Committee to have the matter heard. SASCI is cognisant of the delays which have plagued the CMS of late, and which have been exacerbated by the COVID-19 pandemic. However, SASCI will continue to engage with the CMS to bring finality to the matter. The Appeal was set for mid-June and the SASCI legal and clinical team is preparing our heads of argument. Late breaking news “Medihelp withdraw the appeal and the original CMS ruling will stand”.

More detail will follow but in essence “TAVI must be funded as a PMB up to cost of the surgical procedure”.

**Protection of Personal Information Act (POPIA)**
Healthcare Practitioners will need to balance the right to access and the right to privacy of information. Using the guidelines set out in the HPCSA and POPIA will be an ongoing process and responsibility lies with the Healthcare Practitioner to consider your information processes and policies to prevent any unlawful disclosure of personal information. Several organisations provide support services to guide you and your practice in this period. SAMA, SAPPF and Practice Management Service provides POPIA toolkits to members or clients (in some cases free of charge) and Elsabe Klinck and Associates also provides direct support in this matter.

“SASCI hosted a remarkably successful Webinar Series for Cardiology Fellows.”

**Private Sector Funder Engagement with Guidance from SASCI:**
- Challenges to funder rejections of e.g. 6 054 as add on for 1 252 in obese patient.
- Medscheme launched a Preferential Procurement of devices programme.
- DH CAD programme will be added to the electronic health records for CAD patients with input from SASCI.
- Medscheme will also embark on CCTA utilisation programme.
DH are planning a Readmission Prevention Project
Both DH and Medscheme have been engaged on appropriate introduction of IVL and RDN.

All SASCI submissions can be accessed at http://www.sasci.co.za/content/page/sasci-guidelines

CARDIOLOGY CODING

There are 2 major coding projects being conducted in cardiology under the auspices of SASCI PPC, with Karen van der Westhuizen (coding expert) and Dr Tom Mabin (practitioner expert) as project leads:

- The Cardiology Coding Handbook (updated 2020)
- The Cardiology MDCM (Medical Doctor’s Coding Manual) Coding update with CCSA2020 crosswalk

The Cardiology Coding Handbook
The SASCI Coding Handbook that was created in 2014 by Dr JP Theron, et al. was substantially updated and reissued end November 2020. It is important to remember that the Coding Handbook is a living document. Scenarios and guidelines will be added as the need arises. Feedback from practitioners on the document is required to ensure clinical completeness and validity. Karen van der Westhuizen and Tom Mabin are available to guide members on issues pertaining to coding and funders interpretation thereof. Please send queries to sasci@sasci.co.za.

The Cardiology MDCM Coding update
A complete MDCM (Medical Doctor’s Coding Manual) review was sanctioned by SASCI in February 2019. CCSA is the industry accepted benchmark to use when a MDCM code update is requested. The MDCM updates are approved and published by SAMA (South African Medical Association) after submission and extensive consultation. This will be the first MDCM update in cardiology since 2006 and submission to SAMA will take place in 2022 and is crucial to move cardiology coding forward. The next phase will be that both Discovery and Medscheme model and cost-analyse the new proposed codes during 2021. Karen van de Westhuizen continue to work tirelessly to move the project forward and keeping all stakeholders onboard.

The crosswalk is currently being analysed using the CCI-edits in combination with MDCM (CCI is the Correct Coding Initiative published in America to prevent unbundling or over coding). This CCI analysis will be utilised by the funders to calculate the costing of the new crosswalk. This will indicate if the crosswalk is cost-neutral to both funders and practitioners, or if the cost implication could be detrimental to either.

“\nIt is important to remember that the Coding Handbook is a living document. Scenarios and guidelines will be added as the need arises.”"
Jade is a content creator and copy editor (word nerd) from Cape Town. She began writing her first novel at the age of seven. Naturally, it centred on a girl, a horse and the kinds of adventures a girl and horse get up to in a seven-year-old’s brain. Unsurprisingly, there was no subsequent bidding war among publishers.

After graduating from UCT with a BA in English Language and Literature, Jade did what every aspiring young writer in the late-2000s did best: tried to make a career in magazines look as glamorous as it always did on TV. Though the high heels and free designer outfits were far fewer than she’d expected, she did learn a lot — including how to think on your feet when the whole world switches from print to digital seemingly overnight.

Today, Jade runs her own remote copy and content business, writing the words that help her clients connect with their dream audience. From blogs and long reads to newsletters and social posts, she takes care of the copy so they can get back to doing what they do best.

When she’s not working, you’ll find Jade drinking too much Five Roses tea and dreaming of the day we can travel again without restrictions.

WEBSITE LINKS

**SA HEART**  www.saheart.org
**CASSA**  www.cassa.co.za
**HEFSSA**  www.hefssa.org
**PASCAR**  www.pascar.org
**PCSSA**  www.saheart.org/pcssa
**SASCAR (RESEARCH)**  www.sascar.org.za
**SASCI**  www.sasci.co.za
**ACC**  www.acc.org
**ESC**  www.escardio.org
**WORLD HEART**  www.world-heart-federation.org
The LASSA committee hopes that all our members have survived the corona virus pandemic without suffering. This 2021 newsletter is circulated to all LASSA members to summarise activities and bring some information. It is also circulated to members of the South African Heart Association.

ACTIVITIES IN LASSA

The worldwide spread of the Corona 2 virus has undoubtedly drawn attention to the threat of infectious disease to us all. But the focus on containing this pandemic has detracted from dealing with the risk of atherosclerotic cardiovascular disease that remains the leading cause of death and a bigger threat to westernised communities especially, despite the widespread availability of affordable preventive treatment.

LASSA had to postpone the lipidology course planned for 2020 as a result of restrictions on travel and congregation. This course is now on from 7 - 10 October in Cape Town. The course, like previous courses, will cover a wide range of topics ranging from biochemistry through physiology to disorders of metabolism but has an emphasis on the clinical approach and treatment of the more common dyslipidaemias. The course should be of interest to general physicians, paediatricians, general practitioners and persons making decisions about prescription of medication for dyslipidaemia. Over the past few years several new disorders have been characterised and new medication has become available. The course was highly rated by an international as well as local audience in 2018 and 2019 respectively.

LASSA, noting that alirocumab and evolocumab the recently marketed neutralising monoclonal antibodies against PCSK9, powerfully lower LDL concentration, considered how best to evaluate the most severely hypercholesterolaemic patient so that, in the setting of limited resources, the most appropriate treatment can be granted. The number of patients with familial hypercholesterolaemia (FH) in South Africa is estimated to be at least 200 000. Assuming that approximately 10% of these would have more extreme elevation of LDL-C and risk, it is clear that it is impossible to rapidly recognise and assess 20 000 people. There is inadequate training of medical practitioners to deal with such severe cases. Special clinics and teaching hospitals have been decimated and can also not provide such services. The conclusion was that hypercholesterolaemia of >12mmol/L would identify patients at extremely high risk and would include some persons with secondary disorders and unusual metabolic disorders that may not respond to PCSK9-directed monoclonal antibodies. Medical schemes were approached to support a special evaluation by a detailed questionnaire with telephonic follow-up for clarification of unclear points, to secure the best answers along with the information from the referring doctor and previous laboratory tests. A targeted genetic evaluation could further confirm the diagnosis of FH and would ensure the most appropriate prescription of an important advance in therapeutics. Simultaneously, LASSA will accumulate important information about the scope of the problem and how medical practice may be affected in this country.

LASSA also interacted with persons involved in creating an advocacy group to promote awareness and preventive treatment of atherosclerosis in South Africa. This follows an international trend for FH recognition and advocacy for best treatment. Indeed, South Africa was one of the leading countries to recognise founder effects in FH but has lagged behind in dealing with FH. Even in countries like the USA and in the UK, patient advocacy groups were established because of the neglect of FH. LASSA is interested in participating in a network of medical and scientific colleagues with expertise in lipidology on the continent of Africa. The whole continent seems to be lagging behind in the investigation and treatment of atherosclerotic vascular disease and especially metabolic errors in lipid and lipoprotein metabolism. Importantly for Africa, expertise in lipidology should be broader so that not only patients with atherosclerosis risk and pancreatitis risk can be helped, but also those with so many other of the complications of metabolic errors can be helped in the fields of paediatrics, neurology and dermatology.

An approach from the International Atherosclerosis Society to develop an educational programme has not culminated in support for such an outreach into Africa through teaching hospitals. LASSA has joined the Pan-African Society for Cardiology (PASCAR) to enhance lipidology and preventive
collaborate with the European Atherosclerosis Society. The latter is interested in getting involved with Africa. However, we realised at the preliminary discussions that the infrastructure to recognise and diagnose lipid and lipoprotein disorders is rather lacking in most of Africa and more education is required. Perhaps joint efforts can be made on a teaching programme.

Professor Emeritus A.D. Marais

More recently LASSA joined with several other colleagues interested in lipidology, predominantly from the northern rim of Africa, to develop better connections and potentially expand the expertise in lipidology. At the end of 2020 and early in 2021, 2 webinars were presented. The first on lipidology in general and the second on FH. Both were well attended. This demonstrated that the new technology, with virtual meetings, may well enhance dissemination of information. It is clear, however, that significant basic education is required for lipidology to flourish. For this reason, face-to-face meetings in smaller groups and especially with regional focus on the continent, would be the best way forward. However, financial support for such educational courses is hard to find. It is also important that, having raised the awareness of these disorders, some laboratory diagnostic service would be necessary for at least a few years until such services become available for diagnosis and research of disorders in all regions.

“Expertise in lipidology should be broader.”

cardiology. At the end of 2020 and early in 2021, 2 webinars were presented. The first on lipidology in general and the second on FH. Both were well attended. This demonstrated that the new technology, with virtual meetings, may well enhance dissemination of information. It is clear; however, that significant basic education is required for lipidology to flourish. For this reason, face-to-face meetings in smaller groups and especially with regional focus on the continent, would be the best way forward. However, financial support for such educational courses is hard to find. It is also important that, having raised the awareness of these disorders, some laboratory diagnostic service would be necessary for at least a few years until such services become available for diagnosis and research of disorders in all regions.

More recently LASSA joined with several other colleagues interested in lipidology, predominantly from the northern rim of Africa, to develop better connections and potentially expand the expertise in lipidology. At the end of 2020 and early in 2021, 2 webinars were presented. The first on lipidology in general and the second on FH. Both were well attended. This demonstrated that the new technology, with virtual meetings, may well enhance dissemination of information. It is clear, however, that significant basic education is required for lipidology to flourish. For this reason, face-to-face meetings in smaller groups and especially with regional focus on the continent, would be the best way forward. However, financial support for such educational courses is hard to find. It is also important that, having raised the awareness of these disorders, some laboratory diagnostic service would be necessary for at least a few years until such services become available for diagnosis and research of disorders in all regions.

More recently LASSA joined with several other colleagues interested in lipidology, predominantly from the northern rim of Africa, to develop better connections and potentially expand the expertise in lipidology. At the end of 2020 and early in 2021, 2 webinars were presented. The first on lipidology in general and the second on FH. Both were well attended. This demonstrated that the new technology, with virtual meetings, may well enhance dissemination of information. It is clear, however, that significant basic education is required for lipidology to flourish. For this reason, face-to-face meetings in smaller groups and especially with regional focus on the continent, would be the best way forward. However, financial support for such educational courses is hard to find. It is also important that, having raised the awareness of these disorders, some laboratory diagnostic service would be necessary for at least a few years until such services become available for diagnosis and research of disorders in all regions.
We are deeply saddened to hear of the passing of our colleague, Dr Steve Spilkin.

No words hold enough power to ease the pain today, but all the good memories bring both comfort and strength.

We pay tribute to Dr Spilkin for his humility, kindness, strength and for his life-long dedication to the profession of Cardiology. He was a truly great man. He served the Community in the Eastern Cape, on his own for many years until his newly trained colleagues arrived, and under his mentorship we developed and honed our cardiac skills. His contribution and “banter” at our weekly Thursday academic meetings where we would discuss cases and argue over best practice for patient outcomes, will remain a lasting memory with us all.

We will miss you Steve,
You will never be forgotten,
Rest well dear colleague,

And to his family: “Hamakom y’nachem etchem b’toch sh’aravail tziyon ee yerushalayim.”

Dr James Potts, Cardiologist
Life St George’s Hospital, Eastern Cape

Steve Spilkin’s untimely death offers those who look after children with heart disease the opportunity to reflect on the life of a remarkable man who made a huge difference not only to the patients he cared for but to the colleagues that he interacted with during his career.

Steve had been trained in the pioneering era when cardiologists were taught how to look after adults and children and as a result, he was responsible for referring children from Port Elizabeth to both private and state facilities in Cape Town for many years.

His paediatric clinics in the public sector hospitals were famous beyond Gqeberha; more than one of the junior doctors who acted as assistants during those long afternoons have gone on to a career in cardiology, swept along by his enthusiasm.

It would probably come as a surprise to him to realise how he mentored his colleagues to whom he referred his patients. His referral letters included the details of a meticulous examination, analysis of the ECG and a detailed echo report along with suggested management. To the recipient, 20 years his junior, this was a marvelous gift. His regular follow up letters to us were records of patients growing up with congenital heart disease and the challenges they faced entering adulthood. Even though we did not take care of adult patients, these letters were valuable lessons, showing us that congenital heart disease was often significantly alleviated but not cured. Furthermore, these letters showed us that getting surgical treatment “right” early often resulted in the best outcomes.

Despite his experience, he nevertheless showed great humility by not only respecting our opinions but also by seeking our advice regarding the management of patients. When we visited him to help him to learn the “newer” interventional techniques, he was a gracious host who was already a skilled interventional cardiologist and yet was prepared to learn from his much less experienced colleagues.

We offer his family our deepest sympathies.

We will miss him – may he rest in peace.

John Lawrenson and Harold Pribut
Applications are invited for the annual Louis Vogelpoel Travelling Scholarship for 2022. An amount of up to R20 000 towards the travel and accommodation costs of a local or international congress will be offered annually by the Western Cape 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 the University of Cape Town. He had an exceptional career of 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 undergraduates by regular bedside tutorials. He served as an outstanding role model for postgraduates 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 Western Cape 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 synopsis 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 6 weeks of attending the congress. The congress report will be published in the South African Heart Association Newsletter.

Applications close on 31 January 2022.

“A gifted and enthusiastic teacher, he was instrumental in the training of generations of undergraduates.”

Applications should be sent to Dr Alfonso Pecoraro, President of the Western Cape branch of the South African Heart Association, Division of Cardiology, Tygerberg Hospital, Francie van Zijl Drive, Tygerberg 7505; or alternatively email: pecoraro@sun.ac.za.

Previous recipients of this prestigious award include Sandrine Lecour, Roisin Kelle, Liesl Zühlke and Prof Hans Strijdom.

Applications close on 31 January 2022.