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NEWSLETTER

SA HEART NEWS 2016

reetings from Cape Town! I hope those of you who attended SA Heart Congress 2016 enjoyed it as much as I did - it was good seeing old friends and colleagues again. We hope to see more of all of you in the coming year.

At this conference, the SA Heart Executive committee for the term 2016 - 2018 was finalised and announced at the AGM. I am extremely grateful for the opportunity to represent the cardiovascular community of South Africa, and beyond, in the capacity of your new president. My sincere appreciation and gratitude to Prof Karen Sliwa-Hähnle who has, for the past 2 years, led our society with grace and diplomacy. Her term has advanced our association in significant ways – increasing our international collaboration, the registration of our association as a company and the linking of our association with the Department of Health. She remains a stalwart advocate for cardiovascular health and now takes up position as President elect of the World Heart Federation. This will forge even stronger links between SA Heart and the leading international global initiatives regarding CVD prevention and control. We thank her for all her amazing efforts over the past term. She will remain on the executive as immediate-past president for a year and I, for one, am appreciative of the continued sage advice and insights we will gain in the following year. Karen, we extend our deepest thanks and appreciation.

I would like to make use of this opportunity to introduce myself. I am a UCT graduate and completed my housemanship at Victoria Hospital in Wynberg. My training in paediatrics and paediatric cardiology was completed at Red Cross Children's Hospital (RXH) and in Düsseldorf, Germany. I qualified as a paediatric cardiologist in 2007 and left clinical practice in 2008 to undertake fulltime research. I completed my MPH in 2011 and PhD in 2015. I am the current Hamilton Naki post-doctoral scholar working as a full-time researcher on projects spanning Rheumatic Heart Disease, Congenital Heart Disease and Grown-up Congenital Heart Disease, but I will return to clinical practice at RXH



in October 2016. I first served on a SA Heart committee in 2007 – organising the 2008 conference as the paediatric representative. I then served within the PCSSA, first as secretary (2008 - 2012) and then as president (2012 - 2016) and within the Western Cape branch (2008 - 2015) and Secretary to the amalgamated branch (2015 - 2016). I am also the chairperson of the Paediatric task force within the Pan-African Society of Cardiology, a member of the RHD taskforce, the co-director with Prof Jonathan Carapetis of RhEACH (Rheumatic Heart Disease, Evidence, Advocacy, Communication and Hope) which is a founding partner of the Global Initiative RHDAction, a previous board member of the Heart and Stroke Foundation and a current board member of the Hatter Institute of Cardiovascular Research.

On a personal note, I am from Athlone in the Cape and married to Alexander, a German plastic surgeon practising at Tygerberg hospital (we met during his medical school visit to the hospital where I was doing my internship). We have 2 sons, Gabriel 15 and Eli 11. We have 3 dogs (a 60kg Neopolitan mastiff, a 40kg Bouvier des Flandres and ruling the roost, a French bulldog called Django). I enjoy spending my free time walking

SA HEART NEWS 2016 continued



The Zühlke family doing the PASCAR walk in Mauritius, PASCAR.

Cardiovascular Health with Joanna Ralston from the World Heart Federation, Oyere Onuma, chief medical officer CVD WHO, Prof Jonathan Carapetis from RhEACH and Telethon Institute and Porforio Nordet from Cuba. I look forward to getting to know as many of you as possible as well as the new challenges of the SA Heart presidency.

This is the first time that SA Heart will be led by a Paediatric cardiologist. I am aware that this may be a cause of concern to some, however, let me assure you wholeheartedly that my vision for our association has as a central tenet the heart team – including and promoting all disciplines within the team. My aims for the next 3 years are threefold, and are, in fact, informed by the survey done 2 years ago and the needs and suggestions expressed by members. Firstly, I am hoping to further the reach of SA Heart to the broader



My husband and I visiting the Taj Mahal in 2014, India after speaking at the Asia-Pacific Paediatric Cardiology meeting.

the dogs, travelling to wonderfully hidden spots near Cape Town (preferably totally off the grid), gardening and reading (almost as essential to me as breathing). I have included a few photographs – one of the family and I in Mauritius at the recent PASCAR meeting, my husband and I visiting the Taj Mahal in 2014 after speaking at the Asia-Pacific Paediatric Cardiology meeting and 2 of my RHD activities – in Addis Ababa in March and at the World Congress of Cardiology and



The Addis Ababa declaration, Addis Ababa, Ethiopia March 2015.



World Congress of Cardiology and Cardiovascular Health, Mexico City Mexico. From left to right: Joanna Ralston (CEO, WHF), Porforio Nordet (WHO, Cuba) Oyera Onuma (CMO, WHO) and Jonathan Carapetis (Director, Tekethon Kids Insitute, Perth Australia).

community – this includes the public, our departments of Health and affiliated cardiac associations. We already enjoy good ties with the ESC, I hope to extend our association with WHF and PASCAR, the DOH and in particular, the public.

To this end, we now have a Facebook page, Twitter feed and a LinkedIn site and we hope to use these, and other portals, to link with the community and our related organisations. We need to spread the word regarding the importance of CVD and the prevention and control avenues. I would like to see SA Heart become a key opinion leader in the CVD space in the next 2 years and beyond. Secondly, I would like to see SA Heart become more relevant to each member. Our hashtag is now #SAHeartforyou and I hope to concretise this during my term with increasing exposure to science, research and educational opportunities for all members, especially our younger members (the executive of the future)! We are looking for new and enthusiastic members to join SIGs, branches and committees and contribute, and benefit, from membership. I encourage everyone to register on the membership portal (all members must register on this portal - we have no other membership system), thus ensuring that you will be able to nominate, vote and stand for positions in the future but also so that we are able to contact you for relevant opportunities. We also encourage everyone to use our website to access information, calendars and future meetings and to read Erika's regular newsletters regarding scholarships, discounted SA Heart rates and new and important developments in our community.

Finally, I hope to contribute to a solid financial footing to allow us to continue our important joint activities such as the SA Heart journal, SHARE and potentially new educational activities. This will be a big challenge in the current climate but we have the strength of years of experience from the current Executive and many enthusiastic and committed individuals. To that end, I will also be working very closely with our new congress organising committee MCI as we plan the 2017 and 2018 congresses.

In order to achieve these goals, I plan to work very closely with, and encourage strong input from our

National Advisory Council which represents all our special interest groups, standing committees, regional branches and disciplines. We have 3 major bodies representing all your interests. The first is the SA Heart executive committee, the brains and the conscience (what should be done?) of our association. The national executive consists of the core leadership (president, immediate past president or president-elect, treasurer, secretary and vice-president) together with the heads of all the standing committees (with representatives from all SIGS), the editor of the SA Heart Journal and the chairperson of SHARE.

We need to spread the word regarding the importance of CVD and the prevention and control avenues.

The second is the National Advisory Council which consists of the full EXCO and the chairs of each of the SIGs and regional branches. This is the most representative body of SA Heart and it also helps to give the EXCO further direction and information regarding important issues for each group. The NAC acts as the hands and feet of the association (getting all the work done!).

Finally we have the administrative arm or the board of directors, which consists of the president, treasurer and

SA HEART NEWS 2016 continued

3 additionally voted in directors responsible for fiduciary matters, day to day admin and checking that all processes adhere to the company's act. I have attached a few slides to explain the roles in more detail.

ORGANISATION

- National Executive (NE)
- Board of Directors
- Entrenched Standing committees
- National Advisory Council (NE, plus heads of SIGs and branches)
- Sub groups
- Regional branches
- Special interest groups

BOARD OF DIRECTORS

- National President of NE ex officio
- Treasurer of NE ex officio
- Three members elected annually by members
- Majority of Board non exec (not staff)
- Members of NE may sit on Board

BOARD OF DIRECTORS PURPOSE

- Daily administration of the company
- Fulfil functions as per Companies Act
- Keep accounts, collect subscriptions and prepare financial report and budgets for General Assembly
- Establish National Central Office
- Retain services of staff
- Implement decisions by General Assembly
- Run the SOP of Annual Congress
- Promotes objectives of company

NATIONAL EXECUTIVE (NE)

- National President (serves 2 years) (president-elect moves into this position automatically after a year, only elected if no president-elect available)
- President-elect (serves | year)(normally previous Vice President but members may elect somebody else)
- Immediate past president (serves I year after presidency)
- Vice-president (serves 2 years)
- Secretary (serves 2 years)
- Treasurer (serves 2 years)
- Chairperson of the 4 standing committees (serves 2 years)
- Editor of the SA Heart Journal
- Chairperson of the SHARE registry working group
 Ad hos members (conves Lyear)
- Ad hoc members (serves I year)

NATIONAL EXECUTIVE (NE) PURPOSE

- Promote the objectives of company
- Act as spokesperson of the company
- National president shall represent the company at home and abroad
- Shall preside and organise the Annual General Assembly and Annual congress in terms of the SOP
- Shall oversee the annual elections and nominations
- Gives strategic guidance to the Board

The new vice president is Prof Lungile Pepeta, head of Paediatrics and Paediatric cardiology at Dora Nginza Hospital in PE while Dr Sajidah Khan, now in private practice in Durban continues as secretary. Prof Francis Smit continues as treasurer of SA Heart, an immense task which he has carried out with great commitment for many years and for which we thank him sincerely. This core executive will be supported by the chairs of the 4 standing committees while Prof Mpiko Ntskehe continues as chair of the SHARE registry and Prof Anton Doubell as editor of the SA Heart Journal. Prof Doubell is now also ably supported by Prof Sandrine Lecour as deputy-editor as well as an excellent hand-picked editorial team.

We also have a board of directors consisting of Drs Paul Adams and Hopewell Njinjana, besides Prof Francis Smit and myself. At our first meeting, we will have the opportunity to co-opt further members onto this board to ensure a wider representation. Thus far, we have Bloemfontein, Gauteng, and Cape Town as well as Paediatric cardiology and surgery representatives. We look forward to welcoming adult cardiology on board as well. The board will meet once a term and the executive and national advisory council will meet every 6 months or, if needed, via teleconference in-between.

Please support your executive and the committees by actively participating and communicating your concerns, ideas and praises. An association is only as vibrant and alive as its individual members are. I look forward to partnering with you all to elevate the message of CVD in South Africa and to consolidate the wonderful efforts of the previous SA Heart executives.

I look forward to meeting you all at SIG, branch and committee meetings or SA Heart Congress 2017. Please feel free to email me directly at liesl.zuhlke@uct.ac.za with any comments, suggestions or concerns.

Dr Liesl Zühlke President, SA Heart Association

POPULAR CONGRESSES FOR 2016/2017

CONGRESS	DATE	СІТҮ	COUNTRY
CSI AFRICA 2016	25 - 26 November 2016	Kampala	Uganda
http://www.csi-congress.org/csi-africa.php			
ICI MEETING 2016 (INTERNATIONAL CONFERENCE FOR INNOVATIONS IN CARDIOVASCULAR SYSTEMS)	4 - 6 December 2016	Tel Aviv	Israel
http://2016.icimeeting.com			
IOTH INTERNATIONAL CONGRESS ACUTE CARDIAC CARE	15 - 17 January 2017	Tel Aviv	Israel
http://www.acute-cardiac-care.com			
ACC 2017	17 - 19 March 2017	Washington DC	USA
https://accscientificsession.acc.org			
AFRICAPCR	23 - 25 March 2017	Crystal Towers,	South Africa
http://www.africapcr.com		Cape Town	
EUROPREVENT	6 - 8 April 2017	Malaga	Spain
https://www.escardio.org/Congresses-&-Events/EuroPrevent			
HEARTFAILURE	29 April - 2 May 2017	Paris	France
http://www.escardio.org/heartfailure			
EUROPCR	16 - 19 May 2017	Paris	France
http://www.europcr.com			
CONGRESS OF THE EUROPEAN SOCIETY OF CARDIOLOGY	26 - 30 August 2017	Barcelona	Spain
http://www.escardio.org			
18TH ANNUAL SA HEART CONGRESS http://www.saheart.org	9 - 12 November 2017	Sandton	South Africa

Please also consult the SA Heart website at www.saheart.org for constant updates to this list as well as local training opportunities offered by SA Heart, SIGs and other role players.



WORLD HEART DAY

World Heart Pay 29 September 2016 Table Mountain goes red!

World Heart Day takes place on 29 September every year and is an opportunity for people across the globe to take part in the world's biggest intervention against cardiovascular disease (CVD).

This World Heart Day our focus was on creating hearthealthy environments by ensuring that people are able to make heart-healthy choices wherever they live, work and play. World Heart Day encourages us all to reduce our cardiovascular risk and promote a heart-healthy planet for all.

The World Heart Federation, The South African Heart and Stroke Foundation and the South African Heart Association aim to prevent and control these diseases through awareness campaigns and actions, by promoting the exchange of information, ideas and science amongst those involved in cardiovascular care, and advocating for disease prevention and control by promoting a healthy lifestyle at individual, community and policy maker level.

In South Africa:

- Non-communicable diseases (NCDs), including CVDs, are estimated to account for 43% of total adult deaths.
- CVDs account for almost a fifth (18%) of these deaths.
- 210 people die from heart disease every day.
- Every hour at least 5 South Africans have a heart attack.
- Some of the CVD related risks factors in adults are outlined below:
 - 18% of the population smoke tobacco.
 - II litres of pure alcohol is consumed per person.

- 10% of individuals, 15 years and older, are prehypertensive.
- I in 3 South African adults (33.7%) have hypertension which can increase the risk of heart attack, heart failure, kidney disease or stroke.
- Hypertension is worsened by poor eating habits, obesity, lack of physical activity and excessive alcohol intake.
- Obesity, due to nutrient-poor food and high sugar beverages, is common.
- Cardiac Disease in maternity is an important contributor to maternal death beyond the standard date of reporting (42 days).

Obesity in South Africa:

- SA has the highest rate of obesity in sub-Saharan Africa.
- 70% of women and a third of men in South Africa are classified as overweight or obese.
- I in 4 girls and I in 5 boys between the ages 2 14 years are overweight or obese.

Taking action:

- In February 2016, South Africa became the first African country to announce plans to introduce a new tax on sugar-sweetened drinks. This "sugar tax" will come into effect in April 2017. This is based on data that 1 in 5 South Africans consume an excessive amount of sugar.
- In 2013, the South African government introduced legislation in line with targets set to reduce salt intake to less than 5g a day per person by 2020.

Children get heart disease too:

- Congenital heart disease is the most common birth defect, affecting 8 in 1 000 children.
- Rheumatic Heart Disease is the most common acquired heart disease and can affect up to 2% of schoolchildren living in vulnerable situations. It is caused by an untreated sore throat.
- Although both of these can be treated by early diagnosis and timely surgery, this is not available in every part of country and very few children are able to access life-saving surgery in Africa.

Preventing CVD and promoting overall health and well-being

Public health messaging:

- Focus on knowing "your numbers"- screen for HDL, LDL cholesterol and hypertension.
- Live a healthy life-style: eat healthy and make smart food choices (reduce salt and sugar intake and increase fruit and vegetable consumption), engage

in physical activity (30 minutes a day for 5 days a week), avoid smoking, reduce stress and emotional distress.

- Awareness and knowledge of genetic pre-disposition (familial factors) and life stage (middle and older adult years) as risk factors for CVD onset.
- Once diagnosed with CVD, stay on treatment, talk to the doctor, nurse and allied health practitioner.
- Empower individuals, families and communities to pursue one goal - improve overall health and prevent CVD onset.
- Shortness of breath in pregnancy or postpartum can be a sign of a heart problem and needs to be checked.





Prof Karen Sliwa, MD, PhD, FESC

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"HEART OF THE MATTER"

collaborative engagement project between the community of Delft and members of the Cardiovascular Research Group from the Faculty of Medicine and Health Sciences, University of Stellenbosch.

In January 2016, Dr Gill Black (director of Sustainable Livelihoods Foundation [SLF]) and Prof Hans Strijdom (head of the Cardiovascular Research Group, University of Stellenbosch) initiated a project funded by the Wellcome Trust, with the aim of bringing heart research to the community of Delft, an impoverished township in Cape Town. This collaborative project is the first of its kind and has left a lasting impression on the community members and scientists alike. Prof Strijdom's team consisted of post-graduate students, post-doctoral fellows and academics, and adult and youth community members recruited by SLF.

Several engagement sessions were held throughout the year in Delft and at the Faculty of Medicine and Health Sciences in Tygerberg. During these sessions, platforms were created to facilitate dialogue between the scientists and community members. Essentially, the scientists were introduced to the daily life and challenges facing the people living in a township, such as Delft, by means of story-telling and photographic images taken and presented by the Delft participants. It became clear that leading a healthy lifestyle is not that easy in view of financial realities and lack of access to healthy food in Delft. Several conversations were held aimed at finding solutions, but also to hear how the community achieves a healthy lifestyle through creative thinking and making the best of their situation. Conversely, the scientists held several awareness sessions on cardiovascular health and disease, and the prevention thereof.

For many of the Delft community members, this was the first time that they were exposed to such information sessions. Prof Strijdom organised a week-long visit to the Division of Medical Physiology in the Faculty of Medicine and Health Sciences by the Delft community participants. Here they were exposed to a typical heart research laboratory, as well as the Morphology Museum in the Faculty. At the end of the year-long project, the adult community members produced a book in which all their photographs and stories were compiled, thus sharing with readers that which they had learnt from the project. The youth participants produced a video in which they related their stories and the lessons learnt.



Cardiovascular disease research scientists working in the Faculty of Medicine and Health Sciences at the University of Stellenbosch and residents of Delft in Cape Town became knowledge exchange partners in the Heart of the Matter project where they learned from each other about the causes and effects of the heart disease epidemic in urban South Africa - and shared their ideas about what can be done to address it.



During the inception phase of the HOTM project, the scientific team from the University of Stellenbosch joined their project partners from Delft in a 3-day workshop that used role-play as an approach for participants to get to know each other and share their knowledge and ideas.

A final event, attended by 200 people, was held in the Delft Civic Centre on Saturday 15 October. At this event the scientists and the Delft community participants presented the outcomes of the project to the audience and the video produced by the youth was



A group of twenty Heart of the Matter project participants from Delft visit the cardiovascular disease research laboratories at the University of Stellenbosch. Here they closely watch an experiment being conducted on a rat heart.

shown. This project was an eye-opener, and for the Cardiovascular Research Group members, certainly a valuable opportunity to gain insights into a community from which so many of our clinical study participants are typically recruited.

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



PROFESSOR OF SCIENCE AIMS TO IMPROVE SOCIETY

Award winning professor of Physiology and Fulbright scholarship recipient, Faadiel Essop, explains his newest venture, a heart centre for the University of Stellenbosch.

"It will be a joint venture between the Faculty of Science and the Faculty of Health Sciences. We still need to work out the logistics, but it will straddle the 2 campuses."

"The centre will have 2 key focus areas: the I will be research to address problems in our society, the other, and what I think would make this centre unique, would be post-graduate student training. It will be a place where we can harness the minds of students. I see it as a training ground for African, as well as international students."

He indicated that 50% of the places will go to international students and the remainder to South African students.

"These positions would be fully funded; I just need to find the money. So, if I decide to apply and I am suitable for the course and lucky enough to get accepted, I would get a scholarship covering both study fees and living costs. Hopefully, by next year it will be up and running."

Essop comes from a humble background, growing up in the rural parts of the Western Cape.

"I was born in Ceres, a beautiful but very small town. I remember growing up and playing bare-foot in the streets, those were fun days."

"We soon moved to Paarl, which was actually my parents' hometown. We left Ceres because there was an earthquake and our house was destroyed."

Science was not something that Essop initially showed an interest in, but as he matured, things started to change.

"I do not recall having any particular interest in science when I started primary school. I injured my eye playing some sort of game and ended up at Groote Schuur Hospital. That exposed me to the scientific side of things."

"I got to experience the big city academic hospital, all these people walking around in white coats and tests being done, it was fascinating to me. That is my earliest memory of expressing an interest in the sciences."



His interest in science did not stop at mere intrigue, things began getting practical rather swiftly.

"I had a pet rabbit when I was in primary school and one day I saw that he had died. I do not know what got into me, but I dissected him. He was my beloved pet but I felt the urge to open him up and see, to discover on my own."

"When I was in high school one of my friends nicked his foot on a piece of glass. Before he received treatment, I had asked him for some blood so that I could look at it on a slide. He was furious, he was in pain and all I wanted was blood to study under the microscope," he says.

High school saw Essop develop a keen interest in biology, especially the biochemical side of things. Unfortunately, political upheaval disrupted his studies.

"The best school that was available, because of the apartheid system, was Noorder-Paarl Secondary School, so I went there. The facilities weren't very good and we missed out because of boycotts."

"It was very difficult for me to focus on studies and I basically lost my entire matric year. I learnt a lot on the

political side of things but matric is a ticket to university and that side suffered badly. I passed well, but not exceptionally because of all the disruptions. That cost me a place at medical school."

Essop decided to pursue science as a career and moved to Cape Town to complete a Bachelor of Science (BSC) degree at the University of Cape Town (UCT).

"Being away from home was a huge learning process, especially having to figure out buses and trains. You are amidst all these smart people, people from top schools. I thought it was great, despite coming in with a backlog."

"We spent our first day of chemistry in the lab and were required to do an assessment of inventory and look at the equipment. I didn't have a clue; I hadn't seen half of it. But you learn quickly and catch up."

After Essop graduated from UCT, the question of what next? began to surface.

"My students ask me the same question all the time and I give them the same speech I was given back then. You can either become a teacher by doing a year-long diploma or you can get into the biotech industry and use the generic skills you've picked up."

"So, I had the same choices as students have today. Many of my friends started to exit the system, branching into teaching and so forth. With no disrespect, it wasn't enough for me. I wanted to aim for more and I convinced my father to allow me to stay at university for another year."

Essop explains that it is important to trust in life's plan for you, emphasising that when he started out he never pictured himself being where he is today.

"It's an important lesson I teach my students. I was just following the journey of life; you have to go with the flow. I didn't have any pre-conceived plans. I always say happiness is a journey, not a destination."

He applied again for medicine just before starting honours and had to choose between science and medicine.

"I decided on honours in medical biochemistry at the UCT medical campus and I was happy. I had amazing lecturers and it was fascinating. My professors there taught me things that I still remember today." The professor tasked with supervising his honours project was a clinician, which meant that Essop was left to his own devices a lot of the time. This enabled him to grow as a scientist.

"I could have taken his absence in 2 ways, I see it now in my students. Some of them panic and ask for help, others take it as an incentive to try things on their own. I was inclined towards the latter."

"It was a chance to explore. I would report back to him but I had already started to take ownership of the project and I think perhaps students do less of that today."

Essop decided to pursue science as a career.

A masters (MSC) degree was not something that Essop had considered until his father received a phone call from his professor.

"He called my dad's shop and said that the university had a study grant for me. So, I registered for my masters and continued studying. You can also upgrade to a doctorate (PhD), so I did, and there I was doing a PhD!"

"Many years had passed, my friends had moved on with their lives, having married and starting families. I viewed those who had left academia as the ones who were missing out. They were running around occupied with other responsibilities whilst I got to do all these fascinating things."

With a wide variety of interests, philosophy has always played a big role in Essop's life.

"I was part of a philosophical discussion group with some friends during my MSC and PhD years and we would meet once a week."

"Science was only a component of a larger world view. We would stay up into the early hours of the morning

PROFESSOR OF SCIENCE continued

looking at texts, engaging in fierce arguments and debates. People would leave there angry, myself included, egos bruised. It forced us to check our arguments and strengthen them, a good skill to have in the sciences because you have to consider all the deficiencies in your work, see where you were caught out and make sure it didn't happen again," he says.

One day Essop noticed an advertisement in the paper for a post-doctorate fellowship in the Heart Unit at UCT. By this time Essop was married and had started his family.

"I applied for the programme purely because it was interesting to me. It was probably a bit a selfish but I am lucky to have such a good wife because she didn't stop me."

"So now I was in the top laboratory at the UCT medical school, which was an important step in my development as a scientist. I received top mentorship from Professor Lionel Opie, which was fantastic, because it involved a lot of learning from mentors."

"Opie was interested in the heart and its metabolism, that's where I found my niche, in the biochemistry of the heart. Then I was awarded a Fulbright scholarship which allowed me to spend time in the United States," he says.

After returning from America, the University Stellenbosch (US) made advances towards Essop but he showed no interest in accepting a position at the university.

"It was probably arrogance and loyalty towards UCT that initially made me decline. I went for the interview and was offered the job. It was closer to home so my family said that I had to take the position. Until then, I had been driving from Paarl to UCT and back every day."

"At Stellenbosch I was given the opportunity to build my own thing. I could get my own funding which allowed me the autonomy to pursue my own interests. That's what brought me here."

Essop became Head of the Department of Physiological Sciences and held that position for 6 years until stepping down this year to re-focus on research and teaching.

"My approach to teaching is open-minded. I wait for the student to approach me, to show initiative. If they have no passion, they shouldn't be here." "I am not the policeman, I am here to inspire and stimulate, to work together to create new knowledge, not to drive the student."

Although Essop says he had reached the pinnacle of his career, boredom started creeping in, pushing him to look for a new challenge.

"I need a new mountain to climb so I am working on a fresh project. The longer you continue down the path of academia, you begin seeing your influence spreading a bit wider into society and you start having a greater philosophical influence."

"For me it's not about the closed science in the lab, my life story will tell you that. It's about how I can play a wider role in society."

Essop draws attention to a poster, pointing out one of his favourite Dalai Lama quotes. It's something that remains with him constantly, he says.

"Man surprised me most about humanity. Because he sacrifices his health in order to make money. Then he sacrifices money to recuperate his health. And then he is so anxious about the future that he does not enjoy the present; the result being that he does not live in the present or the future; he lives as if he is never going to die, and then dies having never really lived."

Professor Faadiel Essop completed his undergraduate studies, postgraduate studies and PhD degree at the University of Cape Town before taking up a postdoctoral fellowship at the Hatter Heart Research Institute at the University of Cape Town's Faculty of Health Sciences. His joint research work with Professor Heinrich Taegtmeyer received the Young Investigators award at the annual meeting of the American College of Cardiology. He was also awarded a prestigious Fulbright scholarship to spend time in Professor Heinrich Taegtmeyer's laboratory.

Outside of academia, Professor Essop is the president of the Physiology Society of Southern Africa and a member of the African Association of Physiology. He was recently asked by the Heart and Stroke Foundation of South Africa to be the chairperson of the research advisory committee.

Article appeared in Die Matie. Reprinted with permission.

Hayley Grammer

WHAT DO HIS STUDENTS SAY?

"He likes to pose burning questions that you have to prepare for and present in front of the class. By doing this he allows you to research the topic, ensuring you are well prepared for his lectures," says Natasha Driescher, a PhD student.

"Prof is an outstanding academic and a fantastic mentor. He has an unbelievable ability to simplify something that is initially horrifying and complex, making it accessible to whoever he is speaking to. His lecturing style stimulates an understanding beyond physiology, and in doing so, he makes the complexities seem like small obstacles that just need a little bit of attention," says Marco Saieva, a third year physiology student.

"I met Prof Essop as an undergrad studying physiology. He first struck me as someone who is really passionate about his work and he managed to instil that curiosity, passion and enthusiasm for physiology in me. He gets students excited about physiology, but also teaches valuable philosophical and life skills through his lectures. He allows his students to reach their full potential and beyond, by giving guidance when needed, but stepping aside and allowing them to grow when that is best," says post-doctoral research fellow Danzil Joseph.



EXECUTIVE COMMITTEE 2016/2017

Name	Address	Telephone	Email
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Dr David Jankelow Chair: Private Practice Committee	Postnet Bag 3 Highlands North 2037	011 640 5153	djankelow@icon.co.za djankelow@lkdoctors.netcare.co.za
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Prof Anton Doubell Editor: SA Heart Journal	Division of Cardiology 8th Floor, Green Avenue Tygerberg Hospital Francie van Zijl Drive Tygerberg 7505	021 938 4400	afd@sun.ac.za Cc: myw@sun.ac.za

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SA HEART STANDING COMMITTEES 2016 - 2018

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SA HEART STANDING COMMITTEES 2016 - 2018 continued

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OFFICE CLOSURES

The SA Heart Office will be closed from and including 16 December 2016 to 2 January 2017. The SHARE Office will be closed from and including 10 December 2016 to 2 January 2017.

Wishing all Members and Readers a safe Holiday Season.

NEW CHAIRS INTRODUCE THEMSELVES



DR NTOBEKO A.B. NTUSI, New chair of the SA Heart Education Committee (Butau)

Dr Ntobeko Ntusi is the Head and Chair of Medicine and Clinical Lead for Cardiovascular Magnetic Resonance and Cardiovascular Computed Tomography at the University of Cape Town (UCT) and Groote Schuur Hospital, Cape Town, South Africa. He obtained a BSc (Hons) degree in Cellular and Molecular Biology from Haverford College, USA, and an MBChB degree from UCT, before completing a fellowship in Internal Medicine through the College of Medicine of South Africa. He served his internship and later worked as a community service medical officer and senior house officer at Frere Hospital in East London,

South Africa. He read for a D.Phil in Cardiovascular Medicine at the University of Oxford, and completed his MD in Cardiology at UCT. Dr Ntusi has co-authored 6 book chapters and over 60 peer-reviewed publications with over 1 000 citations and over 100 published conference proceedings. He is a sub-editor of the South African Heart Journal and a section reviewer on UpToDate.

Dr Ntusi has been actively engaged in, and has contributed towards, an improved understanding of cardiomyopathy, inflammatory heart disease and heart failure in South Africa and abroad. He has promoted education and efforts to combat cardiovascular disease in South Africa, the African continent and internationally, through his activity in the South African Heart Association, Pan African Society of Cardiology, the Society for Cardiovascular Magnetic Resonance and other scientific bodies. He supervises masters, PhDs and medical students on cardiovascular and heart failure related projects. He has presented abstracts and has been invited as faculty to the scientific sessions of many international conferences and meetings. He is a Director of a CMR course at the University of Cape Town which aims to build capacity for CMR practice on the African continent. He has established the South African CMR registry and collaborates on the global GCMR registry. Dr Ntusi brings expertise, commitment and enthusiasm in his quest to further the mission of the HeFSSA, CISSA and the SA Heart Association.



DR MARTIN TAWANDA BUTAU, New chair of the Fulltime Salaried Practice Committee (Ntusi)

I completed my undergraduate medical training at the University of Transkei (Now Walter Sisulu University) in 2003. Having done my internship and community service in Umtata, I trained as a registrar in Internal medicine at Walter Sisulu University and obtained my fellowship of the College of Physicians in 2010.

I moved to Cape Town in 2011 and trained as a fellow in Cardiology at the Cardiac clinic, Groote Schuur Hospital, University of Cape Town. I completed my training and obtained

my certificate in Cardiology from the South African Colleges of Medicine. I then moved back to the Eastern Cape where I took up a position as Head of Cardiology at Port Elizabeth Provincial hospital from February 2014 up to the end of February 2016.

Since March 2016, I have been in full-time private practice in Port Elizabeth. I am a married father of 3 who enjoys rugby and soccer.





TRAVEL SCHOLARSHIPS OF THE SOUTH AFRICAN HEART ASSOCIATION

You are cordially invited to submit your application for the SA Heart Travel Scholarship of the fourth term 2016 to reach the SA Heart Office by 31 December 2016.

This scholarship is available to all members and associate members residing in South Africa. Its primary goal is to assist junior colleagues, thereby ensuring their continued participation in local or international scientific meetings or workshops.

REQUIREMENTS

- Applicants must be fully paid-up members/associate members for at least I year.
- Applications must include the following:
 - Full details of the meeting/workshop;
 - An abbreviated CV of the applicant; and
 - A breakdown of the expected expenses.
- Applications must reach the Association **a minimum of 3 months ahead** of the scheduled event.

RECOMMENDATIONS

- Acceptance of an abstract at the scientific meeting to be attended. (If acceptance of the abstract is pending, the application must still be submitted 3 months prior to the event with a note stating when the approval is to be expected. In such a case the scholarship might be granted conditionally and proof needs to be submitted once the abstract has been accepted.);
- Invitation to participate at the meeting as an invited speaker;
- Publications in a peer-reviewed journal in the preceding year;
- Applicants from a previously disadvantaged community; and
- Applicants younger than 35 years of age.

APPLICATIONS MUST BE ADDRESS TO:

The President of the South African Heart Association PO Box 3213 Matieland 7602 And submitted electronically to erika@saheart.org

> Applicants that have benefited from a SA Heart Travel Scholarship in the past 3 years need not apply. Preference is further given to members who have never benefited from a SA Heart Scholarship.

DR PEPETA, THE NEW SA HEART VICE PRESIDENT



DR LUNGILE PEPETA

I wish to thank all the members of the South African Heart association who nominated and elected me as Vice President of the South African Heart association (SA Heart) for the next year. Perhaps I should start by introducing myself. I was born and bred in Bizana, a small town in the north eastern part of the Eastern Cape Province, South Africa. I completed both my primary and secondary education in Bizana where I matriculated from Bizana Village High School in 1991. I then joined the Faculty of Health Sciences of the then University of Transkei (now Walter Sisulu University) in 1992 as a first year medical student. Our class pioneered both Problem Based Learning and Community-oriented Education. It was a small class of 29 graduates who completed MBChB in 1997. After completing my

internship at Mthatha General Hospital in 1998, I joined Frontier Hospital in Queenstown for my community service. I spent 6 months in Paediatrics at Frontier Hospital and 6 months at Dordrecht Hospital (a district hospital near Queenstown). During this time, I developed an interest in Paediatrics and attempted, and passed, the Diploma in Child Health through the Colleges of Medicine of South Africa in October 1999. I then applied for a medical officer post in Paediatrics at King Edward VIII Hospital and I joined this institution in January 2000. Six months later, I was appointed as a registrar in Paediatrics. I passed the Fellowship of Paediatricians of South Africa (FC Paed SA) in September 2003 and I was consequently registered as a paediatrician in June 2004. I returned to Frontier Hospital where I was appointed as Head of Paediatrics department. It was when I was in this semi-rural town that I noticed the need for paediatric cardiologists in this country. I started looking for jobs to further my training in paediatric cardiology and I was accepted at Chris Hani-Baragwanath Academic Hospital, University of the Witwatersrand, Johannesburg in November 2005. I obtained the Certificate in Cardiology (Paediatricians) through the College of Paediatricians of South Africa in May 2008 and concluded my training towards the end of 2008. The Health Professions Council of South Africa (HPCSA) registered me as a paediatric cardiologist in 2008. I moved back to the Eastern Cape in January 2009 and spent I month in Nelson Mandela Central Hospital in Mthatha and then moved to Port Elizabeth. I was appointed as paediatric cardiologist at Dora Nginza Hospital in February 2009 and as Head of department of Paediatrics in March 2009. After working for about a year, trying to establish a paediatric cardiology training unit, I realised that our unit could in fact satisfy the requirements for training of paediatric cardiologists as per CMSA and HPCSA guidelines. Our unit was formally registered for training of fellows in paediatric cardiology in May 2010. The unit has produced a paediatric cardiologist (Adele Greyling) who has just qualified as an Electrophysiologist after doing a 2 year training programme in both adult and paediatric electrophysiology in Leuven, Belgium. We cannot wait to welcome Dr Greyling back in Port Elizabeth in January 2017. The unit now has 3 fellows: Mahlubandile Nxele (third year); Zongezile Makrexeni (second year) and Samkelo Jiyana (first year). Mahlubandile will attempt his Cardiology exams in the Feb/May 2017 cycle of the CMSA examinations.

My special interest in cardiology is interventional cardiology in congenital and acquired heart diseases in children and grown up congenital heart disease patients.

Spurred on by this interest, I joined the Society for Cardiovascular Angiography and Interventions (SCAI) as an international member in 2012. After satisfying the requirements for fellowship in SCAI (FSCAI), I was admitted as a fellow in December 2014.

In August 2014, I was appointed to the post of Head of clinical department in Paediatrics and Child Health at Dora Nginza Hospital. Over time, as relationships between tertiary institutions in the province and Walter Sisulu University were strengthened, quite a number of specialists involved in both undergraduate and postgraduate training (registrars and fellows) with Walter Sisulu University (WSU), were appointed as joint staff with WSU. In January 2016, I was appointed as associate professor of Paediatrics, Walter Sisulu University, the position which I hold to date.

I first joined SA Heart as a fellow in Paediatric cardiology in 2006. I was nominated as an Executive Member of the Paediatric Cardiac Society of South Africa in 2014. I am humbled to be appointed as the President of PCSSA for the next 2 years. I hope this gives a glimpse as to who the Vice President of the South African Heart Association is. I look forward to a great working relationship with my President, the other Exco members, the board, SIGS, Members of SA Heart under various SIGS, ordinary members, fellows, other Societies and the community at large.

CONGRESS 2016 IN PICTURES

Joint 17th Annual SA Heart / 26th World Congress of the World Society of Cardiothoracic Surgeons Cape Town, September 8 - 11, 2016



Professor Anton Doubell, past president of the South African Heart Association and current editor of the SA Heart Journal receives honorary membership of the Association at the gala dinner of the 17th Annual Congress of the South African Heart Association. The award was announced by Hellmuth Weich and presented by Liesl Zühlke.



Congress Co-chairman, Fonnie Pecoraro, sharing a lighter moment on stage with out-going President of SA Heart, Karen Sliwa, and the new incumbent, Liesl Zühlke.



Robbie Kleinloog being congratulated as the incoming President of the World Society of Cardio-Thoracic Surgeons (WSCTS). Left to right, the current President Vipin Zamvar, Chancellor of the society, Stuart Jamieson and Vice-Chancellor, Sotirios Prapas.



Renowned children's heart surgeon, Professor Rob Kinsley, receives a lifetime achievement award from Robbie Kleinloog, at the 26th World Congress of the World Society of Cardiothoracic Surgeons.



The living legends in cardiology and cardiothoracic surgery, all African-born, (left to right) Professor Stuart Jamieson (San Diego, USA), Professor Bernhard Gersh (Mayo Clinic, USA) and Professor Sir Magdi Yacoub with interviewer Robbie Kleinloog, sharing intimate snippets and career highlights with the audience during the WSCTS gala evening.

LOUIS VOGELPOEL TRAVELLING SCHOLARSHIP

pplications are invited for the annual Louis Vogelpoel Travelling Scholarship for 2017. 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 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 University of Cape Town. He had an exceptional career of 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 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.

• 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 Western Cape 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 of this prestigious award include Sandrine Lecour, Roisin Kelle and Liesl Zühlke.

Applications close on 31 January 2017.

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.

APPLICATIONS MUST BE ADDRESS TO:

Education Standing Committee South African Heart Association PO Box 3213 Matieland 7602 And submitted to the SA Heart Office electronically: erika@saheart.org

THE SELECTION PANEL WILL REVIEW APPLICATIONS ANNUALLY AND THE CLOSING DATE IS 30 SEPTEMBER 2017.

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.

Members who have received this scholarship in the past 3 years need not apply.