

## CHAIRPERSON'S REPORT

### BOARD COMPOSITION AND CONSTITUTION

The board members of the South African Heart Association, after being elected by the SA Heart® membership, met virtually on 13 March 2021 for an induction meeting at which our president, Dr Blanche Cupido, introduced the members, summarised the vision and mission statements for the organisation, and discussed strategy and governance aims.

The goal of governance, as expressed by the president and supported by the board, is to complete the transformation processes required for SA Heart® to function as an NPC (see below) within a year. This will allow us to fulfil our vision of Advancing cardiovascular healthcare for all living in South Africa through science, training/education, policy

making, and member interests can be fully and more effectively pursued and realised within an established and official framework. Dr David Jankelow, the past president, joined the meeting to impart his legendary enthusiasm and advice to the incoming board and was thanked for his dedicated service to the association and the cardiovascular community.

I believe that this is the first year in which a basic scientist, previously an affiliate member, but now an ordinary member of the Association, chairs the board. I undertake to perform this duty in an impartial and collegiate manner based on seeking unanimous agreement, and to revert to more structured/formal procedures only if this cannot be attained. Please see Figure 1 for the current board members (including the subsequently elected ARC chairman).



**Blanche Cupido**  
President  
Ex-Officio



**Tom Mabin**  
Non-executive Board Member  
Business Skills



**Alfonso Pecoraro**  
Non-executive Board Member  
Financial Skills



**Tawanda Butau**  
Non-executive Board Member  
At Large



**Martin Mpe**  
Non-executive Board Member  
At Large



**Deon Bezuidenhout**  
Non-executive Board Member  
At Large



**Robyn Hey**  
Independent Board Member  
Legal Skills



**Francois Mintoor**  
Board Member chairing the  
ARC committee

**Vacancies:** Executive Board Member/CEO | Company Secretary

**FIGURE 1:** SA Heart® Board 2021 - 2023.

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## CHAIRPERSON'S REPORT continued

### SA HEART®, NPC

SA Heart® is in the process of fully transforming from a loose association to a non-profit company (NPC). This transformation requires adherence to CIPC requirements and provisions of the companies act pertaining to NPC as well as King IV as it pertains to non-profits and requires all SA Heart® officers to comply with all their fiduciary responsibilities in terms of care, duty and loyalty to the company. As this is the first year that the Association is governed according to the new Memorandum of Incorporation, there are of course some issues related to governance that had and must be fully implemented. Examples include:

- the preparation, execution and implementation of all required documentation and contracts (e.g., MOUs with SIGs/Branches, Terms of Reference, establishment and delegation of duties, etc.)
- constitution of the various board steering committee and standing committee with the election of chairs
- filling of key positions, such as chair of the Board Auditing and Risk Committee (BARC) and the position of the CEO

As will be seen in the remainder of the report, much progress has been made in many areas, while some still require some dedicated input to fully implement.

Members of committees are requested to declare potential or actual conflicts of interest (written declaration obtainable from the General Manager), followed by verbal confirmation at meetings, and to recuse themselves where required. A motion for changes to sections of the Memorandum of Incorporation (MOI) relating to the election of board members and a president-elect, to facilitate skill-matching by the Nominations Committee and continuity, respectively, will be put forward in the current AGM. To ensure compliance with the POPI Act (Protection of Personal Information act), the board will appoint a POPI information officer to oversee the handling and dissemination of members' and other stakeholder information.

### COMMITTEES

The Association has 5 board steering committees, namely Audit and Risk (ARC), Social and Ethics, Nominations,

Stakeholder and Executive committees, as required by the companies act due to its large public interest score (>500). These committees and chairs were elected at the first meeting, except for the following:

- Chair of the Exco committee: The president fulfills this role until a suitable CEO and model for reimbursement can be found and implemented.
- Co-opted members of the Exco were identified and Prof Sliwa and Dr Ebrahim were subsequently elected.
- The Chair of the ARC: this post was subsequently advertised, and after a rigorous selection process from 26 applicants and interviews with shortlisted candidates, Mr Francois Mintoor, (MBL, MBA) was elected to the board and to this position. He has extensive experience on corporate BARC committees as well as experience as company secretary and is a valuable addition to the board.

SA Heart® additionally has 3 standing committees: Education, Private Practice, Ethics and Guideline, as well as special committees related to the scientific congress (headed by Dr David Jankelow) and an education subcommittee comprising the heads of the cardiology departments (see Figure 2 for detailed information on committee memberships). Mr Thabo Ngaka, Ms Jade Cooke and Dr Nqoba Tsabedze have taken over as newsletter editor, social media editor and SHARE chair, respectively, and Mr Jaco Joubert leads the drive to establish an industry representative committee.

The chairs and members of all the committees are thanked for their service. Special thanks also go to our General Manager, Erika Dau, for her input and efficiency on all fronts, Elizabeth Schaafsma for her tireless work on the SHARE initiatives, and our President who has not only temporarily taken on the CEO position and chairing the Exco committee, but also stands in as co-chair of the Education committee.

### SIGS AND BRANCHES

A Memorandum of Understanding (MOU) relating to the interactions between the Special Interest Groups (SIGs) and the SA Heart® Association have been negotiated and signed with all the SIGs (SASCI, HeFSSA, PCSSA, CASSA, CISSA, SASCAR, LASSA). The board thanks the president for driving this initiative and the SIG chairs for construc-

### STEERING BOARD COMMITTEES

AUDIT AND RISK COMMITTEE (ARC)	STAKEHOLDER COMMITTEE
<b>Francois Mintoor (Chair)</b>	<b>Blanche Cupido (Chair)</b>
Robyn Hey	Deon Bezuidenhout (ex officio)
Alfonso Pecoraro	CEO
Tom Mabin	SIG presidents
Blanche Cupido	Industry Committee representatives
	Branch Presidents
<b>NOMINATIONS COMMITTEE</b>	Johannesburg
<b>Tawanda Butau (Chair)</b>	Western cape
Blanche Cupido	Bloemfontein
Robyn Hey	Pretoria
Martin Mpe	Durban
Deon Bezuidenhout (ex officio)	Standing Committee Chairs
	Education
<b>EXECUTIVE COMMITTEE</b>	Ethics and Guidelines
<b>CEO (Chair)</b>	Private Practice
<b>Blanche Cupido (acting Chair)</b>	SHARE chair
Alfonso Pecoraro	Editor in Chief, SA Heart® Journal
Deon Bezuidenhout (ex officio)	
Joseph Shaw (General Counsel)	<b>SOCIAL AND ETHICS COMMITTEE</b>
Erika Dau (General Manager)	<b>Martin Mpe</b>
Iftikar Ebrahim (Co-opt)	Tawanda Butau
Karen Sliwa (Co-opt)	Deon Bezuidenhout (ex officio)

### STANDING COMMITTEES

EDUCATION	AFFILIATION
<b>Dr Blanche Cupido (Chair)</b>	CISSA / HeFSSA / CASSA / SASCI / SASCAR / LASSA
Dr Marshall Heradien (co-opted, vice chair)	HeFSSA
Professor Ashley Chin	CASSA
Dr Nqoba Tsabedze	HeFSSA / SASCI / SASCAR
Professor Antoinette Cilliers	PCSSA
Dr Jane Moses	CASSA / HeFSSA
Professor Timothy Pennel	Surgeon
Professor Justiaan Swanevelder	Cardiac Anaesthetist
Dr Shungu Mogaladi	Surgeon
Dr Arthur Mutyaba	SASCI
Ms Kerry Moir (co-opted)	ISCAP
Dr Dirk Blom (co-opted)	LASSA

**FIGURE 2:** SA Heart® committee memberships

## CHAIRPERSON'S REPORT continued

STANDING COMMITTEES			
PRIVATE PRACTICE	AFFILIATION	ETHICS AND GUIDELINES	AFFILIATION
Dr David Jankelow (co-opted) Chair	SASCI	Dr Eric Klug (Chair)	HeFSSA
Dr Gavin Angel	SASCI	Dr Jens Hitzeroth	HeFSSA / SASCI
Dr Andrew Ascherson	SASCI	Dr John Lawrenson	PCSSA
Dr Tawanda Butau	SASCI	Dr Graham Cassel	CISSA / SASCI
Dr Adele Greyling	CASSA / PCSSA	Dr Pieter van der Bijl	CISSA, HeFSSA
Dr Mmuso Mogwera	SASCI	Dr Ruchika Meel	CISSA
Dr Pieter van der Bijl	CISSA	Dr Darshan Reddy	Surgeon
Dr Vernon Freeman	CASSA	Dr Samkelo Jiyana	PCSSA
		Dr Dirk Blom co-opt	LASSA
		Professor Frederic Michel co-opt	SASCAR
		Selvan Govindsay co-opt	ISCAP

SPECIAL COMMITTEES/SIGS/BRANCHES				
CONGRESS SCIENTIFIC COMMITTEE	SPECIAL INTEREST GROUPS (SIGS)		BRANCHES	
Dr David Jankelow	CISSA	Alfonso Pecoraro	Johannesburg	Ahmed Vachiat
Dr Blanche Cupido	HeFSSA	Martin Mpe	Western Cape	Alfonso Pecoraro
Professor Neil Davies	CASSA	Adele Greyling	Bloemfontein	Dormant/Vacant
Professor Anton Doubell	SASCI	Hellmuth Weich	Pretoria	Iftikhar Ebrahim
Dr Adele Greyling	ISCAP	Waheeda Howell	KwaZulu-Natal	Rob Dyer
Sister Waheeda Howell	SASCAR	Neil Davies		
Professor John Lawrenson	LASSA	David Marais		
Professor Pravin Manga	PCSSA	Hopewell Ntsinjana		
Dr Ruchika Meel				
Dr Martin Mpe	SHARE		INDUSTRY	
Dr Alfonso Pecoraro	Nqoba Tsabedze (Chair)		Jaco Joubert (Device Industry)	
Professor Andrew Sarkin			Pharma industry representative to be appointed	
Dr Helmuth Weich				

SUBCOMMITTEE - HEADS OF CARDIOLOGY DEPARTMENTS			
Professor M. Ntsekhe	Groote Schuur / UCT	Professor A. Sarkin	Steve Biko / Pretoria
Professor M. Nethononda	Baragwanath / Wits	Professor J. Lawrenson	Red Cross / UCT / Paed
Professor A. Doubell	Tygerberg / Stellenbosch	Professor Antoinette Cilliers	Chris Hani Baragwanath / Paed
Professor P. Mntla	SMU (Sefako Makgatho Health Sciences University)	Professor Steve Brown	Bloemfontein / Paed
Dr N. Tsabedze	Charlotte Maxeke / Wits	Dr Ebrahim Hoosen	Albert Luthuli / Paed
Professor M. Makotoko	University of the Free State	Dr Adele Greyling	Port Elizabeth / Paed
Professor D. Naidoo	Albert Luthuli / KwaZulu-Natal	Professor Lindy Mitchell	Steve Biko Hospital / Pretoria / Paed

FIGURE 2: SA Heart® committee memberships

tive input and debate that led to the successful execution of these documents. MOUs were also signed with the Western Cape, KwaZulu-Natal and Pretoria branches at the time of writing this report, with Johannesburg to be added by the time of the AGM. The Bloemfontein branch is dormant and requires revitalisation.

## FINANCIAL

SA Heart® was audited by HVM Chartered Accountants for the financial year 2021 and found to be a going concern. Mr Francois Mintoer, the ARC (Audit and Risk Committee) chair, presented the audited financial statements and findings to the board who have accepted and approved the audit. Mr Mintoer will present the financial position of SA Heart® in more detail in the BARC report and is thanked for the expert and efficient way he completed this important task so soon after his election to the board. SA Heart® has applied for status as a PBO (Public Benefit Organisation) that will allow donors to receive tax exemption on donations made to the association. Attaining this valuable status is quite a lengthy process and is still in progress.

## CONGRESS, PCO

After initial plans for a hybrid conference with physical and virtual delegates, the uncertain situation regarding the pandemic has resulted in a switch to a fully virtual conference, under the title: "A Masterclass" as envisioned and executed by Dr David Jankelow and his congress committee. After the due process of tenders, interviews and negotiations, the board, with input from the Conference committee chair, selected Event Options as the Professional Conference Organiser. The PCO will employ state of the art communication techniques and software to enhance the congress experience for speakers, delegates, sponsors and industry. A virtual successful industry walkthrough of the system was performed by the PCO.

Dr Jankelow and his team have managed to attract top international speakers, not only in the field of cardiology, but also Lord Sebastian Coe, world-renowned athlete, ex-member of parliament with experience in the Health Ministry, and life peer in the United Kingdom. The board encourages all members to attend and looks forward to seeing everyone online at this event to be held on 29 - 31 October 2021.

## CEO

SA Heart® requires a Chief Executive Officer to run the company daily, to be on the board as an executive member, and to chair the executive committee. Our president, Dr Blanche Cupido, has agreed to temporarily fill this position until a suitable candidate can be found. The permanent filling of the post requires a suitable remuneration model and candidate and is being pursued.

‘The board encourages all members to attend.’

## TRAINING AND EDUCATION

The association has been very active in this field, with the implementation of a Fellows Exam Preparation course, Monthly Journal Club, ESC conference daily highlight updates, and plans for implementing training platforms. More details on these activities can be found in the CEO/President's report.

## WEBSITE/BRANDING/FEEES

The executive committee of SA Heart® has undertaken to appoint "Remote" and "Brandtree" to take over the management of our branding, website and membership administration/fees. Our current service provider for the website and association management system has given notice on the service agreement, forcing SA Heart® to look for new service providers. SA Heart® has also decided to work towards a monolithic branding approach with its SIGs and found this the ideal time to incorporate this with the website revamp.

Wishing SA Heart® and all its members a prosperous and fulfilling year.

Best regards

**Deon Bezuidenhout**

## POPULAR CONGRESSES FOR 2021

CONGRESS	DATE	PLATFORM	HOST
AHA SCIENTIFIC SESSIONS 2021 <a href="https://professional.heart.org/en/meetings/scientific-sessions">https://professional.heart.org/en/meetings/scientific-sessions</a>	13 - 15 November 2021	Boston, MA, Virtual	United States of America
CARDIO MAGNETIC RESONANCE CONGRESS <a href="https://uctcmc.eventsair.com/cardiovascular-magnetic-resonance-congress-of-south-africa-2020">https://uctcmc.eventsair.com/cardiovascular-magnetic-resonance-congress-of-south-africa-2020</a>	20 - 21 November 2021	Cape Town	South Africa
PASCAR CONGRESS <a href="https://www.pascar.org/content/page/pascar-congress">https://www.pascar.org/content/page/pascar-congress</a>	22 - 25 November 2021	Mombassa	Kenya
ICI FOR ALL 21 HYBRID EVENT <a href="https://icimed.org/ici-for-all">https://icimed.org/ici-for-all</a>	05 - 07 December 2021	Tel Aviv	Israel

Check SA Heart® online calendar for updates and training events across the country.  
<https://www.saheart.org/events/eventcalendar>

HYBRID CONGRESS

# CMR CONGRESS OF SOUTH AFRICA 2021

CMR in Cardiovascular Infections

## 20-21 NOV

DOUBLETREE BY HILTON HOTEL CAPE TOWN | UPPER EASTSIDE

**New DATE REGISTER TODAY**

[sacmrcongress.co.za](http://sacmrcongress.co.za)

## IN MEMORY OF DR STEPHANUS MELT VAN DER SPUY

With great sadness, we said goodbye to Dr Melt van der Spuy who lost the fight against COVID-19 on 16 July at the age of 67 years. The lives of those dear to him will be empty in the areas he had brightened for them.

I had known Melt since 2002 when I started Cardiology private practice at the Mediclinic Medforum hospital in Pretoria. I later worked with him at the Mediclinic Heart Hospital from early 2009 until his untimely death.

Melt finished his MBChB in 1978 at the University of Pretoria. He specialised in Internal Medicine in 1987 at the then Medical University of South Africa (MEDUNSA). He registered as a Cardiologist in 1989 after his training at the University of Pretoria. Melt had many passions; he loved the legal profession, fast cars and fine wine. He was keen to share his knowledge and experiences with others. He was a faculty member of the SA Heart® GP Refresher workshop held in Rustenburg in 2015.

His last academic meeting was in 2019 at the Cross Roads Interventional Meeting for Cardiologists and Fellows. Melt had a case presentation, and he was the subject of his presentation.

Melt had health challenges that would dampen the spirit of ordinary mortals. He was, however, relentless in his desire to continue with his Cardiology practice. He also remained on the Call list until very recently. All his colleagues knew that he had health challenges and that he might never finish the call weeks. He would be very animated whenever he was upset. One could say that he always displayed his displeasure with uncalculated abandon. He had a Cath Lab personality different from one outside the theatre.

Our thoughts and prayers are with the family. One man once said: "It is not the years in a life that counts; it is the life in the years."

**Dr Martin Mpe**

## SNIPPETS

**NEW**

**NATIONAL MONTHLY JOURNAL CLUB, CPD ACCREDITED,  
FREE TO ATTEND FOR MEMBERS.**

**Get your registration link from the monthly SA Heart® circular.**

Hosted by KwaZulu-Natal branch in November and Paediatric Cardiac Society in December 2021.

**CASSA ACCREDITATION INITIATIVE FOR  
CLINICAL TECHNOLOGISTS IN  
ELECTROPHYSIOLOGY**



Continued increase in patients burdened by arrhythmias has, over time, stimulated the development of new techniques and technology for the treatment of tachyarrhythmias. There's a high demand for Electrophysiologists in South Africa, and with it comes the demand for well-trained Electrophysiology Technologists.

CASSA aims to create opportunities for not only physicians, but for technologists to improve their level of expertise, create learning platforms and ultimately improve the level of care to our patients.

**For further information, please contact Human Nieuwenhuis at [humannieuwenhuis@yahoo.com](mailto:humannieuwenhuis@yahoo.com).**

## ANNUAL REPORTS 2021

### BOARD COMMITTEE REPORTS

#### BOARD AUDIT AND RISK COMMITTEE (“BARC”)

##### Committee members

Mr François Mintoor (Chair), Dr Blanche Cupido, Ms Robyn Hey, Dr Thomas Mabin and Dr Alfonso Pecoraro.

During the last quarter Mr François Mintoor was appointed as Board Director and as the Chairman of the BARC of SA Heart®.

The BARC met briefly on 22 July 2021 to discuss and provide feedback to the Nominations Committee in terms of a possible remuneration package that could be offered to a potential candidate that applied for the Chief Executive Officer (“CEO”) position, should his/ her application meet the requirements of SA Heart®.

- The BARC scrutinised the reserves and other financial information and concluded that at this stage SA Heart® does not have the finances available to support a CEO appointment. The outcome was communicated with the Board and the matter would be reviewed after the 2021 Congress.

BARC Chairman met with the External Auditor (HVM Chartered Accountants) on 05 August 2021.

- It is standard practice for the Chairman of a BARC to meet separately with the external auditor, prior to the BARC meeting. This to iron out any issues and ensuring that the meeting at the BARC will be well conducted.
- Some items were identified that needed to be corrected, which was done.
- Updated audited Annual Financial Statements were provided to the BARC Chairman for final review prior to the BARC meeting.

BARC Meeting with External Auditor on 10 August 2021.

- The 2021 audited Annual Financial statements were presented by the external auditors. The following were noted:
  - Management provided the needed support to the external auditors to complete their audit.
  - Sufficient internal controls are in place.
  - The going concern principal was discussed and the auditors provided comfort on same. Cash flow on hand is R7.4m (largely due to significant investments on hand). The 2020 financial year showed a surplus of R1.85m whereas the 2021 financial year showed a deficit of R1.24m. Management is positive that the deficit will be overturned due to expected (2021) congress income. The significant difference is due to the lack of congress income during the 2021 financial year.
  - Audited materiality was set at R60 000 and no significant findings were identified during the audit.
  - Management Report included for Board review with the one finding. Management to close the finding.
  - The Auditors expressed an opinion, i.e. that the audited AFS present fairly, in all material respects, the financial position of The SA Heart® as at 28 February 2021.
  - The Board approved the audited 2021 AFS.

**François Mintoor**

**Board Audit and Risk Committee Chair**



## EXECUTIVE COMMITTEE

### Committee members

Dr Blanche Cupido, Prof Deon Bezuidenhout, Dr Alfonso Pecoraro and Ms Erika Dau.

### Co-opted members

Mr Joseph Shaw, Prof Karen Sliwa and Dr Iftikar Ebrahim.

This group has been meeting monthly to discuss pertinent issues relating to SA Heart®. It serves to workshop issues and present viable options for decision-making to the SA Heart® Board. I am currently Chairing this Committee but only until SA Heart® has appointed a CEO. Several issues addressed this year so far include:

- Website / digital and branding strategy – a proposal is made for the Board re: Remote and Brand tree.
- Input into our income (derived from limited streams).
- Expanding the member base.
- Expanding from a financial / fundraising side beyond just the medical industry.

Details are available on request.

### Blanche Cupido

## SA HEART® NOMINATIONS COMMITTEE

The committee was able to successfully shortlist and interview two candidates for the position of chairperson of the Audit and Risk Committee of the SA Heart® Board. This led to the successful appointment of Mr Francois Mintoor who has hit the ground running as the chairperson of the Audit and Risk Committee. The position of CEO of the SA Heart® Board has been advertised and we are currently awaiting confirmation of funding for the position before going ahead and interviewing the candidates who have submitted CVs for the position.

### Tawanda Butau

#### Nominations Committee Chairperson

## THE SOCIAL AND ETHICS COMMITTEE

The Social and Ethics Committee has not had projects to work on directly.

The first assignment was intended to be an engagement with the Provincial Department of Health following the Fire Crisis at the Charlotte Maxeke Academic Hospital. The Hospital has since been reopened before we could engage. The EP Lab is still not operational yet as this is in the area which was compromised by the fire incident. The Catheterisation Lab is back online.

We received communication from the National Department of Health inviting comments on the Health Technology Assessment Methods Guide that will inform the selection of medicines to the EML. This was sent to all the stakeholders. The dead-

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## ANNUAL REPORTS 2021 continued

line for submission is 4 October 2021. The SA Heart® Board recommended that SA Heart® input be led by the Ethics and Guideline Standing Committee of SA Heart®. I have conveyed this to Prof Eric Klug, and I expect an update on the progress.

I have approached the National Department of Health with the intent of setting up a Ministerial Advisory Panel on Cardiovascular Disease. This is to be led by the NCD Portfolio of the NDOH. There seems to be an appetite for this initiative from the Department of Health. I will report back to the SA Heart® Board on the progress. I hope that the SA Heart® will be represented as one of the stakeholders in this endeavour.

**Martin Mpe**

**Social and Ethics Committee Chairperson**

### STAKEHOLDER RELATIONS COMMITTEE

#### Committee members

Dr Blanche Cupido (SA Heart® President, committee chair, Chair Education Committee), Prof Deon Bezuidenhout (Board Chair), Dr Hellmuth Weich (President SASCI), Dr Martin Mpe (President HeFSSA), Mrs Waheeda Howel (President ISCAP), Dr Adele Greyling (President CASSA), Prof Neil Davies (President SASCAR), Prof David Marais (President LASSA), Hopewell Ntsinjana (President PCSSA), Dr Alfonso Pecoraro (President CISSA and Western Cape Branch), Dr Iftikhar Ebrahim (President Pretoria Branch), Dr Rob Dyer (President KZN branch), Dr Ahmed Vachiat (President Johannesburg branch), Prof Stephen Brown (Treasurer, Bloemfontein branch), Dr David Jankelow (Chair, Private Practice Committee, Convenor SA Heart® Congress 2021), Dr Nqoba Tsabedze (Chair SHARE Committee), Prof Eric Klug (Chair, Ethics and Guidelines Committee), Prof Ntobeko Ntusi (Editor in Chief, SA Heart® Journal) and Mr Jaco Joubert (Device industry Committee Chair).

This Committee was formed in early March 2021 and met for the first time on 1 July 2021.

- The Stakeholder relations committee replaces the previous National Advisory Council (NAC) Meeting, but now concentrates more on governance issues, being involved with the overall strategic plan in a co-ordinated effort to strengthen the organisation and operational feedback. The new governance structure aims to foster good governance and allows us to see our deficiencies and fix them, thus building sustainability and continuity.
- The Memorandum of Understanding (MOU) governs the relationship between SA Heart® and its special interest groups (SIGs) and Regional Branches (RB). A draft MoU was formulated last year and sent to the subgroups for comments. After addressing concerns from various parties and taking them on board, the final MOU has been circulated and signed by the SIGs and branches.
- One of our aims is to improve the value proposition to our members. Given the new changed structure, individuals previously listed as Allied Professionals now have full voting and representative rights. We are strongly committed to increasing our reach in terms of greater scientist and Allied Professional involvement.
- It has been a great difficulty to get people involved in the branches, especially when they are already committed to involvement with other committees and SIGs. Furthermore, continuity and institutional memory remains an important issue to address. The development of terms of reference, policies and standard operating procedures (SOPs) will aid this. It serves to establish a baseline that future leadership can fall back on without having to start from scratch or reinvent. Part of the terms of reference is also to capacity build and plan for succession.
- The Emerging Leaders Cohort has been established to contribute to career development and ensure continuity and capacity building and successive leadership for the branches or SIGs.

- A new Industry Representation Committee has been established, under the leadership of Jaco Joubert. Communication with industry has not always been optimal and we didn't really hear from them unless we wanted sponsorships. We hope that the industry representatives can bring input from the industry and convey consensus from that group to the committee.
- SA Heart® recently conducted two surveys, one for members and one for the industry which showed gaps, but also value and strength. The results of these surveys were published in the last SA Heart® Newsletter. Most are related to educational needs, all of which are currently being addressed by SA Heart®.
- The next meeting will be in 6 months' time

**Blanche Cupido**  
**Stakeholder Committee Chair**

## STANDING COMMITTEE AND PROJECT REPORTS

### SA HEART® EDUCATION COMMITTEE

**Elected Members:** Ashley Chin, Antoinette Cilliers, Blanche Cupido, Shungu Mogaladi, Arthur Mutyaba, Jane Moses, Timothy Pennel, Justiaan Swanevelder and Nqoba Tsabedze.

**HOD members:** Steven Brown, Anton Doubell, Adele Greyling, Ebrahim Hoosen, John Lawrenson, Mpiko Ntsekhe, Mashudu Nethononda, Mokoali Makotoko, D Naidoo, Andrew Sarkin and Mamokgethi Mukhari.

**Co-opted members:** Marshall Heradien (Co-chair), David Jankelow (Congress Scientific Programme Convenor) and Sajidah Khan (Fellows Course Convenor).

We struggled to find a Chair from within the cohort and I am therefore fulfilling this role in the interim. Dr Marshall Heradien has been appointed Co-chair with the view to take over this function after about 6 - 9 months.

The first meeting took place on 8 June 2021. An overview of the new structure and the establishment of tangible aims and objectives were discussed. Since then, several initiatives have started:

#### Fellows subgroup

**Fellows Exam Preparation Course:** This course was planned by Dr S Khan and I. Dr Khan was the content director. The course took place over 2 days (9 and 10 July 2021) with over 30 fellows attending. I would once again like to thank all the speakers for an excellent line up of world-class talks, and to the attendees for your enthusiasm and important feedback for improvement.

#### Other Fellows Activities / in the pipeline

- Fellows' WhatsApp group – to allow for easier communication and dissemination of relevant information, e.g., interesting articles, etc.
- Marshall (director) and I are working on a Fellows Support program, hopefully a monthly (in future potentially 2 weekly) session around cases, teaching, sharing and even looking at some of their research projects and giving support. The details and logistics of these will of course be complementary and not instead of institutional practices

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## ANNUAL REPORTS 2021 continued

### Head of Departments

This committee provides a suitable platform to discuss training and standardise initiatives across the country and deal with the issues pertaining to CMSA, HPSCA and training. This discussion included Adult Cardiologists, Paediatric Cardiologists, Surgeons, Anaesthetist. A meeting will be scheduled with HODs in early November to discuss the main/initial issues to tackle collectively re: training as well as strategising how to engage CMSA. I'd like to thank all those who already provided input and look forward to hearing from and moving forward with such an important part of our mandate.

### Social Media posts

Our social media presence has increased significantly over the last year with an increasing number of engagements from both clinicians and the public alike. We currently have over 15 000 followers on Facebook and many more post likes and comments. On Twitter, the uptake is a bit slower. Our current media editor, Jade Cook, sources or writes articles/tweets for social media. I then vet these to ensure accuracy of content before we post. I am currently looking for a few people to assist with this – those interested, please contact me.

### SA Heart® National Journal Club

This was the brainchild of the previous SA Heart® Board and Dr David Jankelow. I would like to thank everyone involved from the scientific programmes presented so far (Dr Jankelow, Dr Vachiat on behalf of the Johannesburg branch and Dr Hitzeroth on behalf of SASCI). Erika and the Team from Event Options (led by Larna Jackson and team), thank you for the logistics needed to make this event happen. For each of the meetings, the academic programme was excellent with presentations and journal articles which were practically relevant to our community. Participation was close to 100 at each of the meetings.

This meeting will continue monthly – the first Wednesday of every month on a round-robin basis in terms of hosting. I would like to encourage all SIGs and branches who have not yet signed up for their month to contact Erika and do so.

### Branch meetings

Due to COVID-19, most branches have been relatively dormant in terms of educational activities but are being encouraged to restart activities. An easy way to start these up again is by hosting a journal club.

### SIG endeavours

These have been ongoing with several of the SIGs embracing virtual platforms to reach even larger audiences. I would like to commend the work of our SIGs during the pandemic in keeping educational activities going for all of us (please refer to the individual AGM reports).

### SA Heart® at ESC August 2021

We had the great privilege of hosting a daily highlights session at the ESC virtual conference this year. Every day of the congress at 18h00, we presented the highlights of the ESC from the last 24 hours, looked at a few key papers in a bit more detail and contextualised it to the South African context. I would like to thank the following members for assisting me with this endeavour: Mr Martin Mpe, Dr Adele Greyling, Dr Jane Moses, Prof Farrel Hellig, Prof Andrew Sarkin, Dr Nqoba Tsabedze, Prof Mpiko Ntsekhe, Dr Adie Horak, Prof Ashley Chin, Prof Eric Klug and Dr Hellmuth Weich. These videos will hopefully be available soon for distribution to a member platform.

### Other initiatives

**Angina Awareness Month** is a recurring initiative between Servier and SA Heart®. This year, several interviews creating angina awareness were given. I would like to thank Drs Arthur Mutyaba and Herman Van Der Laan for being the point of contact persons, and to Drs David Jankelow, Pieter Van Der Bijl, Rene Janse Van Rensburg, Chevaan Hendrickse and Marshall Heradien for engaging with radio station interviews. These have been hugely impactful in terms of number of people reached with heart healthy messaging.

Collaborating with **GAFPA (Global Alliance for Patient Advocacy)**, the Heart and Stroke foundation and LASSA around messaging and advocacy for testing and treatment in patients with hypercholesterolemia – this will culminate in a series of activities during September (World Heart Month).

### Other tasks

- Endorsements
- EML guidelines
- Comments on guidelines – this would be in conjunction with the Ethics and Guidelines Committee
- Engagement with DOH – This is currently a huge gap in what we do – over the next few months the aim is to start engaging with relevant areas of the Department of Health so that we may, as an organisation, have a better footprint in terms of advocacy and policy.

I would like to thank everyone for their tremendous work and would also like to encourage you to partner with and encourage more junior members of our organisation to get involved.

### Next meeting

Mid to end October 2021

### Blanche Cupido

#### Education Committee Chair

## ETHICS AND GUIDELINES COMMITTEE

### Committee members

Prof Eric Klug (Chairperson), Prof John Lawrenson (PCSSA), Dr Jens Hitzeroth (SASCI), Dr Pieter van der Bijl, Dr Ruchika Meel (CISSA), Dr Ferande Peters, Dr Darshan Reddy (Surgeon), Dr Samkelo Jiyana, Dr Graham Cassel, Dr Dirk Blom (Co-opted, LASSA), Prof Frederic Michel (Co-opted SASCAR) and Mr Selvan Govindsamy (co-opted ISCAP).

My vision is to produce 1 page guideline documents for publication on topics relevant to South Africa and particularly with new material from more recent trials. The committee has recently been approached for a PFO closure statement.

A committee meeting will be planned for late August 2021.

### Eric Klug

#### Ethics and Guidelines Committee Chairperson

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## ANNUAL REPORTS 2021 continued

### PRIVATE PRACTICE COMMITTEE (PPC)

#### Committee members

Dr David Jankelow, Dr Jean Vorster, Dr Andrew Asherson, Dr Pieter Van der Bijl, Dr Adele Greyling, Dr Gavin Angel, Dr Tawand Butau, Dr Mmuso Mogwera and Dr Vernon Freeman.

The PPC met by Zoom on 14 July 2021. The meeting was assisted by George Nel, who has officiated in his capacity as CEO of SASCI.

We explained the workings of the PPC, in addition to our role in representing and providing coding advice primarily to our members, as well as to the funders on an ad hoc basis. George Nel outlined the process and the project of a CPT funding crosswalk, which has now been completed. The latter is presently awaiting comment by the larger funders. We will update SA Heart® on the ongoing progress thereof.

The Protection of Public Information Act (POPIA) was also discussed at length. Dr Asherson kindly agreed to outline the issues that members may well face regarding POPIA. See below:

#### Areas of risk of contravention of POPIA in everyday practice include:

- Seeing an admission on the ward or in casualty, where their medical history will be discussed in detail, likely in front of other patients on the other side of the curtain, or attending nurses. Unlike patients visiting the rooms, they wouldn't have had an opportunity (or may be too unwell) to sign a practice agreement. Are we potentially moving to a situation where it's sign first, doctor second?
- Calling relatives to seek collateral information on a patient who is unwell or cannot provide an adequate history.
- Discussing details, or responding to requests for information regarding a patient's current medical problems with a relative / NOK, etc.
- Sharing on an urgent basis, without signed consent, by email, telephone, or any other SM platform (mainly Whatsapp in my case) patient reports, copies of ECGs, etc with other colleagues. An example perhaps, is a patient known to me with previous CABG, admitted elsewhere with STEMI.
- Sharing patient reports with funders (for motivations) or third party insurers managing claims. Will we need separate consent forms for different reasons?
- Sending reports or other non-urgent information without consent to colleagues (i.e. a GP 200km away needs a report from the patient's last visit 18 months ago - the practice agreement then didn't include a POPI clause.).
- Direct unencrypted email communication with a patient (e.g. explaining the results of the CT angio etc.).
- Asking other colleagues for ad hoc advice (for example, to come to the cath lab to look at an angiogram.).
- Departmental meetings (e.g. we meet once a week to review interesting angiograms and discuss difficult cases.) M&M's also possibly problematic.
- Calling patients by name out of a crowded waiting room.
- Weekend handover lists (e.g. we cover each other's patients over the weekends).
- Sending digital dictation files by email to an offsite typist.

- Taking files out of the office to do admin at home. Risk of theft thereof.
- Sending unencrypted reports or information by email (forwarding Radiology results, etc.)

**Specific questions include:**

- Can we refuse to see or treat a patient if they refuse to sign the POPI waiver in the agreement?
- What constitutes adequate consent to share info - must it be signed/written, or is verbal sufficient in some circumstances?
- Can we legally extend the time we may retain patient records/files?
- Which are the POPIA compliant cloud storage platforms?
- At what age can a child provide/withhold consent?
- Is there a place / necessity for a hospital "front door" POPI waiver/consent ie one issued by Life/Medi-clinic/Netcare - POPIA also affects nursing handovers etc, and may provide medical practitioners with an additional layer of protection.
- Should we (SA Heart® or other national body) be pushing regulators for amendments, or alternatively a POPI-M (medical) act? Detailed prompt information sharing is vital for best patient care; POPI is a potential hinderance.
- What are the practical requirements for an office to be POPI compliant? e.g. staff POPIA training log, lock and key security for paper files, file / PC screen visibility in the office.
- Will//are we required to be POPI certified? Lots of these types of things springing up on the net:  
<https://popiacertification.co.za/popii/index.php>
- Is a person in receipt of information sent without written consent ever at risk of liability (i.e. a GP requests an opinion by Whatsapp on an ECG, and sends details.)
- Is there a legal "trump card" i.e. "we did it in the patient's best interest, therefore consent neither sought nor required."

We plan to collate the above and to then request the legal representative who is a SA Heart® board member for advice thereof. We will also involve the Ethics and Guideline Committee in this regard.

In addition, we will be called to give consensus opinions regarding more sensitive matters pertaining to funder audits of our members. Regarding the latter we recently assisted one of our senior members with an audit by Discovery Health. The problem arose because of the use of code 3447, which was billed for interpretation of a chest X-ray. Discovery sited that the interpretation is incidental to the consultation and evaluation of the patient . The latter code cannot be charged additionally and resulted in an overpayment of R 57 443.70 made to this practice. Discovery has accepted that our member is an esteemed and respected colleague, who is held in the highest regard by all concerned. Unfortunately there was a clear billing error. A number of repayment options were offered to our member, who chose to accept one of the options. Dr Maurice Goodman has since assured me that Discovery are presently reviewing the entire process of engagement with healthcare professionals. This is in order to ensure that such matters are dealt with in a courteous and respectful manner.

**David Jankelow**

**SA Heart® Private Practice Committee Chair**

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## ANNUAL REPORTS 2021 continued

### SA HEART® REGISTRY – SHARE COMMITTEE

#### Committee members

Nqoba Tsabedze (Chairperson), Elizabeth Schaafsma, Karen Sliwa, Jacques Scherman, Hellmuth Weich, Ashley Chin and Martin Mpe.

The COVID-19 pandemic has brought much turmoil to the lives of South African healthcare professionals, with an increased workload for under-resourced departments and practices already struggling with a high cardiac disease burden in the SA population, more frequent and longer on Call shifts, higher patient admissions with complex disease, and dealing with the sad loss of colleagues, friends and patients, while still providing an excellent level of care and service in all spheres.

These challenges have not left the SHARE registry projects untouched, and we are sad to announce the resignation of Prof Mpiko Ntsekhe from the position of Chair of the SHARE Committee, as he has had to take on additional research and management responsibilities at short notice upon the death of a colleague. We would like to thank Prof Ntsekhe for his years of outstanding service to the SHARE registry projects, his vision of the niche registry projects addressing specific conditions or procedures has proved to be successful, and his leadership and discernment in discussions on strategic directions and in other issues has been invaluable.

The post of Chair: SHARE Committee was advertised and filled according to the new SA Heart® administrative procedures under the new MOI, and we would like to welcome Dr Nqoba Tsabedze into the position of Chair.

Dr Tsabedze has taken over the reins smoothly in a difficult time for cardiac care in South Africa, and we are sure his enthusiastic and dedicated approach will see the registry projects growing in significance and influence in the coming years.

The SHARE projects have made progress, albeit slowly, since the advent of the COVID-19 pandemic and associated lockdowns and restrictions. Factors such as the restrictions on elective procedures, the temporary closure of academic outpatient clinics, and patient fears about infection while attending visits at medical centres, have led to a reduction in the number of procedures done, and has led to a lag in entry of some follow up data. Plans for expansion to add 3 more registries were side-lined, and project progress was interrupted due to regulatory and ethics approval bodies being closed or experiencing technological and resource challenges.

The SHARE-TAVI registry runs smoothly and is seen to be of significant value by both the sites involved and by the funding organisations, who have entrenched the registry-generated data sheets into their own approval processes, and who have shown significant interest in the local outcomes data that has been presented from the registry. This has enabled greater access to TAVI technology for appropriately selected patients, and developing relationships with a wider network of funders to encourage them to support access to implants for their members is a priority for the project in the short term. The local TAVI data from the registry is presented with outcomes comparative to other international registries and to RCTs, so that the funders may make informed review of the outcomes in the local SA context.

The TAVI registry is close to the 2 000-entry mark for patients evaluated for TAVI, with  $\pm$  1 350 patients going on to have an implant captured since SHARE's inception. Although it would be expected that there would be year-on-year growth in the total number of implants done, the number of implants in 2020 was only 75% of those done in 2019. The number of implants completed recovered rapidly in those months where the lockdown restrictions were reduced between successive Covid waves, so the reduction in implant numbers in 2020 is not linked to demand but is circumstantial to the pandemic. The demand



and need for this technology still exists and the role of the registry and local data in supporting access to this technology and level of care can not be underestimated.

Together with the cases captured, the registry tracks patients in the funding approval process, and nearly 300 patients are awaiting decisions from the Funders. Funders have had reduced staff capacity to comply with social distancing protocols, and the processing of applications for procedure funding has suffered unusual delays and new obstacles too. While the approval process time has also been affected by the lockdown, some patients with approved TAVIs have declined the intervention for fear of contracting COVID-19 during their planned admission, and there has been mortality amongst these patients as a result. A further 200 patients are followed up to 1-year as they exited the TAVI programme after they were evaluated, the majority exiting due to declined funding or affordability issues where low value partial funding is offered by some Funders.

Several barriers still remain for access to TAVI technology for appropriately selected patients. Both Funder resistance and geographically equitable access are being addressed through interactions with Industry and Funders, as several Funders are resisting the establishment of additional TAVI centres and do not fund procedures during the proctorship period. This type of liaison with Funders and Industry is considered an important part of the mission of the SHARE projects, which primarily aims to improve patient care, and facilitating access to appropriate care is regarded to be part of that mission. SHARE is also directed to publish the results from the registries, and has had several abstracts accepted at local and international meetings to this effect. Last year abstracts were submitted and accepted by EuroPCR 2020 and the ESC Congress 2020. An ePoster with recorded audio presentation was displayed in the Best Moderated Poster channel at the ESC2020 – The Digital Experience, and received favourable responses. In 2021 abstracts were submitted to the ESC and to SA Heart® Annual Congress (accepted). Follow-up data entry is being hampered by patients who do not want to attend their regular appointments for fear of COVID-19 infections at medical centres. This has delayed the planned analysis of the collated data, but the TAVI registry committee is busy with ongoing data QA and extraction for analysis preceding the preparation of a manuscript of the local outcomes data. We have made use of a database linked to the Department of Home Affairs records to verify dates of death for patients suspected of being deceased in cases of Lost to Follow-up, and this has been very effective.

As always, we remain grateful to our funders, and are happy to report that Medtronic and Edwards have continued to support the registry through various grants. We hope that as further industry members expand their product offerings to include TAVI implants, that they too will support the registry.

Prof Karen Sliwa of the Hatter Institute at UCT, and Dr Priya Soma-Pillay lead the SHARE Cardiac Disease and Maternity Registry (CDM), which has come to the end of its life cycle, data entry has been closed on this project and as Prof Sliwa's responsibilities at WHF have increased, she has handed over the lead in reporting on this registry to Dr Ferial Azibani, who is now in the process of preparing the first manuscript on this patient cohort.

The new Atrial Flutter/Fibrillation registry, SHARE-SAFFR, led by Dr Martin Mpe and Prof Ashley Chin, has been developed and tested by the Investigators, and ethics approval has been obtained for the initial sites. Further sites were identified and ethics approval was obtained for these too. Initiation of the sites was delayed during the lockdown period, but data capture has begun now at those sites slowly, as the lockdown periods have hampered access to patients, who do not want to attend medical centres unless for emergency treatments.

Widespread disruptions due to the COVID-19 lockdown have been disheartening, but we look forward to a rally of progress and growth as more of the population becomes vaccinated and fewer demands are placed on healthcare workers for COVID-19-related treatments and concerns. Despite the unexpected stumbling block of COVID-19 in the last 18 months, we

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## ANNUAL REPORTS 2021 continued

will continue to generate the type of local data and information that will influence and improve clinical practice, patient care, and public policy in the future. The committee remains thankful to individual members of SA Heart®, the SA Heart® Executive, Industry partners, Funders and hospital groups for their continued interest and support of SHARE, and of course most importantly to the Investigators and participants at all our sites.

**Elizabeth Schaafsma and Dr Nqoba Tsabedze**  
**SHARE Committee Chairperson**

### SA HEART® SOCIAL MEDIA

#### Overview

Jade Taylor Cooke took over content creation for SA Heart®'s Facebook and Twitter profiles from Carine Visagie at the beginning of July 2021. She continued to build on Carine's strategy of posting content that was a balance between up-to-date industry research and heart-healthy advice that our community can share with their own followers. An audience poll in July confirmed that these are the two main reasons our followers interact with our profiles.

#### Facebook Likes and Followers

At the time of writing, our Facebook page has 14 809 likes (up 15.4% from 12 837 in August 2020). We are also in the rather unusual social media situation of having 15 044 followers. This means that 235 profiles have not hit "like" on our page but are opting to follow our content (meaning it will appear in their feed). Since followers are a more useful indication of a page's success than likes are, this is a strange but ultimately good thing.

#### Facebook Demographics

**Gender:** Our audience continues to be predominantly women (72.4%).

**Age:** The 25- to 34-year-old bracket constitutes the largest share of our likes (27.3%), followed by 35- to 44-year-olds (21.7%). The 45 - 54, 55 - 64 and 65+ brackets average around 15% audience share each. 18- to 24-year-olds, it seems, are not too interested in heart health, and constitute only 3.1% of our audience (The perceived invincibility of youth!).

**Location:** The majority of our audience is in South Africa (92.5%), with the remainder currently split between Egypt, Namibia, the UK, Australia, India, the Philippines, Uganda, the US and Botswana. In terms of local cities, Cape Town still constitutes our largest follower base (17.2%), followed by Durban (6.9%) and Pretoria (4.9%).

#### Twitter

We currently have 711 Twitter followers, up 11.6% from 637 in October 2020. Unfortunately, other metrics for Twitter are not readily available without a third-party, paid-for analytics dashboard.

#### Growth and Campaigns

July and September saw unprecedented reach and impressions for our Facebook content – up more than 350% at times. While some of Jade's evergreen SA Heart content drew a lot of engagement, the spike in the number of eyes on our posts is largely due to two recent campaigns. The first was Servier's Angina Awareness Campaign in July, which was accompanied by a R9 000 boosting budget. The second is, of course, the current campaign (run by the consummately professional Vanessa Carter) around the SA Heart Congress in October. This is also accompanied by an additional advertising budget. Together, the extra content and additional boosting has augmented our ability to reach and expand our community.

## Popular Posts

In the past 3 months, these are the SA Heart posts\* that had the biggest reach and most engagement:

- SA Heart®'s stance on the COVID-19 vaccine (40 029 people reached; 6 375 engagements)
- The video of Dr Chevaan Hendrickse educating viewers about coronary heart disease (27 751 people reached; 1 359 post engagements)
- An original and shareable National Women's Day quote card (22 988 people reached; 3 060 post engagements).

\*Not including the boosted Servier and Congress campaigns

Each of the above posts was boosted by only R250. As a comparison, the Servier Angina Campaign had a boosting budget of R1 000 for each of its posts, generating between 20k and 55k reach for each one.

## Glossary

**Engagement:** The number of reactions, comments, shares and clicks on your post.

**Impressions:** The total number of times that your post has been seen.

**Reach:** The number of people who saw any content from your Page or about your Page, including posts, stories and ads.

## Jade Taylor Cooke

## ANNUAL REPORTS 2021

### SPECIAL INTEREST GROUPS (SIG) REPORTS

#### CARDIAC ARRHYTHMIA SOCIETY OF SOUTHERN AFRICA, CASSA

##### Ongoing education

The Andrzej Okreglicki Memorial Advanced ECG and Arrhythmia Interpretation Course had to be cancelled in March 2020. The meeting was held as a virtual meeting in November 2020 and in May 2021. A further meeting is planned for October 2021.

CASSA also hosted several webinars. There were 3 webinars in November 2020. One of the webinars focused on atrial fibrillation during "Global AF Awareness Week". The other 2 webinars were ECG teaching webinars for general practitioners. In July this year, part 3 of the ECG teaching was held, as well as a webinar focusing on syncope in March. All the webinars were well attended with over 1 700 delegates attending ECG webinars alone. Several teaching webinars and journal clubs for Cardiac Technologists were held. CASSA will be hosting the SA Heart® journal club meeting in October.

Furthermore, a pacing course aimed at clinical technologists will commence in September.

##### Annual 2021 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 of speakers (14 in total and 11 international faculty) we can host. The symposium consisted of 4 different sessions over both Saturdays. A broad range of topics was discussed, including the management of arrhythmias 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. Several interactive sessions were held on device troubleshooting and the ever-popular ECG sessions.

##### Collaboration with the European Heart Rhythm Association (EHRA)

CASSA's collaboration with EHRA continued with the hosting of a joint session at the virtual EHRA 2021 congress in April. The focus of the session was on anticoagulation management.

##### Other news

CASSA registered as an NPC.

We have made updates to our website, online and social media presence.

##### Thanks

I would like to give thanks to the CASSA Exco for their support and patience. This is a steep learning curve for me; Ashley Chin (immediate past president), Kavi Govender (treasurer), Jane Moses, Rob Scott Millar, Andrew Thornton, Ruan Louw, Pro Obel, Human Nieuwenhuis (allied professional), 2 industry representatives (George van der Merwe and Laura Avnit) and of course, Glenda Nichols (CASSA co-ordinator).

A special thanks also to our corporate members and sponsors for their continued support in the current economic climate. They are Medtronic, Vertice, Biosense-Webster, Boston Scientific, Biotronik, Boehringer Ingelheim, Bayer Pharmaceuticals and Inova Pharmaceuticals.

**Adele Greyling**  
**CASSA President**

## CARDIAC IMAGING SOCIETY OF SOUTH AFRICA, CISSA

### Board

Alfonso Pecoraro, Blanche Cupido, Philip Herbst, Anton Doubell, Ruchika Meel, Wayne Lubbe and Ntobeko Ntusi.

### Educational activities

Due to the worldwide COVID-19 pandemic, educational activities were limited. CISSA will contribute to the imaging sessions in collaboration with academic units and the ESC during the 2021 SA Heart® Virtual congress. SUNECHO (9 - 13 May 2022), New Horizons and the annual CISSA echocardiography workshop will continue in 2022.

### Accreditation

We are encouraged by the number of members, in particular Cardiac Physiologists, that have been accredited with international imaging societies. Members that need information or supervision should contact Mr Jan Steyn.

**Alfonso Pecoraro**  
**CISSA President**

## HEART FAILURE SOCIETY OF SOUTH AFRICA, HEFSSA

It is during these unprecedented times that our dedication towards healthcare and our patients are at the forefront. I am mindful of the great sacrifices we make every day, demonstrating professional acumen, personal courage, and ethics in our fight against the pandemic. Thank you to each healthcare worker and doctor at the forefront, and each practice limiting patients and appointments to the essential.

### HeFSSA Exco

Martin Mpe (President), Jens Hitzeroth (Vice-President), Eric Klug (Ex-Officio President), Darryl Smith (Treasurer) and Nash Ranjith (Secretary), Karen Sliwa, Tony Lachman, Makoali Makotoko, Nqoba Tsabedze, Ntobeko Ntusi, Mpiko Ntsekhe and Pro Obel (co-opted). I would like to thank my Executive for their faithful service to our heart failure colleagues and patient community.

**The following are the main activities for 2021:**

**HeFSSA will establish a Heart Failure Academy** under the leadership of Prof Nash Ranjith, Prof Mpiko Ntsekhe and Dr Nqoba Tsabedze with assistance from the Executive Committee.

- The initial course will be a Basic HF Course focused on Primary Care (Multi-Disciplinary Team) with an advanced course at a later stage.
- The Course will be offered modular and online to allow self-study and continuous automated MCQ assessment with CPD accreditation.
- SA Heart® and HeFSSA have engaged with the ESC and Zurich Heart House to explore possible collaboration.

**Webinar Series 2021** (4 GP and 2 Specialists) with Dr Martin Mpe as Programme Director will be hosted in Q3 and Q4 2021.

- The HeFSSA Specialist Webinar focussed on "The patient's journey" saw almost 500 delegates attend on 24 June.
- The HeFSSA Specialist Webinar on "What does HF Management look like in 2021? A cardiologist perspective" was hosted on 22 September 2021 following the ESC that will see substantial new insights.

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## ANNUAL REPORTS 2021 continued

- The HeFSSA GP Webinar Series 2021 covers a wide range of topics including:
  - **Acute Heart Failure and Management (26 August 2021) was well attended by almost 700 delegates.**
    - Acute Heart Failure - Assessment and diagnostic pitfalls – Dr Farai Dube
    - Pharmacotherapy challenges in Acute Heart Failure – Dr Nico vd Merwe
    - Current pharmacotherapy for a reduction in mortality and hospitalisation for HFrEF patients with a focus on heart rate reduction for better outcomes. - Anders Barasa (Denmark)
  - **New Therapies in Heart Failure (9 September 2021)**
    - Heart Failure and Diabetes – Prof Ntobeko Ntusi
    - What is the Evidence – Dr David Jankelow
    - Management of Heart Failure: An Update – Prof Eric Klug
  - **“More than Diabetes Treatment?” (7 October 2021)**
    - Phenotypes of Heart Failure in Type II DM Who is at risk?
    - SGLT2 inhibitors: A new class of drugs for the treatment of Heart Failure
  - **Forgotten Aetiologies in Heart Failure (4 November 2021)**
    - Heart failure in Acute Myocardial Infarction - Who is at risk and how to treat it?
    - Atrial fibrillation in heart failure - HFrEF versus HEpEF
    - Breakthrough in Heart Failure Treatment - Across Ejection Fractions
- The HeFSSA office has developed professional proficiency in offering virtual courses and webinars with success over the past year (up to 1 000 GPs and Physicians have attended some webinars). 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 education will, however, remain a cornerstone even when F2F education returns.

### SA Heart® Congress 2021 – Virtual

Please do attend the exciting **HeFSSA Track during the Congress** on 30 October “A Primer in Cardiac Failure: managing comorbidities and special considerations - A joint session with the ESC”.

The annual HeFSSA hosted Workshop **“Cardio Update for Non-Cardiologists”** will be convened by Eric Klug and Nqoba Tsabedze and will be offered as a virtual meeting on the SA Heart® Congress platform. The workshop will be offered free of charge to delegates and HeFSSA will raise sponsorships to support the meeting.

**HeFSSA Quarterly Nutritional Newsletter and Recipes** are available online (<https://www.hefssa.org/static/patients>) for the benefit of healthcare practitioners and their heart failure patients as well as caregivers. This material is available in various South African languages that will see the content be accessible to more than 90% of patients in their home languages.

**DOH (public sector engagement)** – Dr Mpe continues to actively engage the DOH and to build a positive rapport.

**HF “Snapshot” Survey** with Prof Makotoko as PI - The Pilot project will run for 12 months at 3 hospitals in Bloemfontein during 2021 with a 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 to 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.

Due to travel restrictions, no educational travel grants have been awarded so far in 2021. We plan to support registration to attend the virtual SA Heart® Congress 2021.

Thank you to AstraZeneca, Bayer, Boehringer-Ingelheim, Boston Scientific, Biotronik, Cipla, Lilly, Novartis, Novo Nordisk, Pfizer, Pharma Dynamics, Medtronic, Servier and Vertice Medtech for your corporate support and educational grants, which make our society activities possible.

The HeFSSA website is continually updated to remain relevant. Please visit the website at [www.hefssa.org](http://www.hefssa.org) and contact the HeFSSA office to contribute to ensuring that the items stay updated and relevant.

**HeFSSA encourages all parties who are passionate about heart failure to contact George Nel, HeFSSA Executive Officer at [info@hefssa.org](mailto:info@hefssa.org).**

**Martin Mpe**  
**HeFSSA President**

## **LIPID AND ATHEROSCLEROSIS SOCIETY OF SOUTHERN AFRICA, LASSA**

The Lipid and Atherosclerosis Society of Southern Africa (LASSA) remains a small special interest group that focuses on metabolic errors in lipid and lipoprotein metabolism which impart a high risk of severe illness. Less severe dyslipidaemias which contribute to most of the atherosclerosis risk at a population level, are a shared interest with the South African Heart Association (SA Heart®) and the Society for Endocrinology, Metabolism and Diabetes of South Africa (SEMDSA).

The LASSA committee remains concerned about the difficulties in developing the emerging discipline of lipidology in South Africa. The coronavirus pandemic has diverted interest and resources away from diseases other than Covid-19 in addition to also disrupting clinics, teaching and training. Technological advances have ameliorated the lack of face-to-face meetings by webinars but there being no full-time posts for lipidology, the time available to the few persons working in the field of lipidology has diminished. The waning support at teaching hospitals for a dedicated clinic and a special laboratory, which could serve both public and private sector patients with severe disorders, has resulted in less research and has failed to attract younger colleagues into the discipline. There is serious concern about our ability to implement all the improvements in the diagnosis and management of severe dyslipidaemias in South Africa as well as in the whole continent of Africa.

The Lipidology course originally planned for 2020 had to be postponed and is now planned for 7 - 10 October 2021 in Cape Town.

Professors Raal and Marais were active in the European Atherosclerosis Society Familial Hypercholesterolaemia Study Collaboration. Professors Raal and Blom are involved in databases on Familial Hypercholesterolaemia (FH). Regrettably, there is little infrastructure in South Africa for collating the important experience with FH and contributing to international collaboration. Professors Raal and Blom remained active in international studies testing new therapeutic strategies for severe dyslipidaemias. Special diagnostic services were still provided in the lipid laboratory for problem cases nationally, although this decreased during the COVID-19 lockdown period.

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Along with the reforms in SA Heart®, the constitution was updated and circulated but there were few comments from members. The increasing administrative requirements following the structural changes in SA Heart® are unfortunate and difficult to meet under difficult working conditions applying to the tertiary units in which LASSA predominantly operates.

Prof Marais participated in a lipidology teaching course in the Netherlands (10 - 11 June 2021). This country is strongly supporting the development of vascular medicine. Prof Marais also represented LASSA in the International Lipid Expert Panel that joins many societies with a lipid interest. Prof Marais has also explored making links with colleagues and organisations interested in dyslipidaemia in Africa, but it has been difficult to find support for teaching and supporting diagnostic investigations from which research will follow. The International Atherosclerosis Society (IAS) was unable to support such a venture but has awarded a scholarship to Prof Kemi Tibazarwa from Tanzania although this has been delayed by the pandemic. Recently, contact was established between LASSA and the Egyptian Association of Vascular Biology and Atherosclerosis (EAVA), and LASSA will be represented at their Cardiorisk hybrid conference from 11 - 13 November 2021. The same organisation and LASSA have met with the European Atherosclerosis Society to forge links to promote lipidology. LASSA joined the Pan-African Society for Cardiology (PASCAR) to deliver 2 webinars on dyslipidaemia. Although these links hold promise for making important connections, without support for staff and facilities, it is not possible to improve the service, teaching and research relating to lipid disorders in South Africa and the majority of countries on the African continent.

LASSA explored improving diagnostic work-up of severe dyslipidaemia patients through support from medical schemes but there is no conclusion to this process although one medical scheme did show an interest. The plight of FH was highlighted recently in an editorial in the South African Medical Journal. In the same issue was a letter indicating inappropriate prescription decisions by a medical scheme.

Prof Raal's term in the IAS committee is finishing. Prof Blom has been nominated to serve on the IAS committee. It is hoped that involvement in the IAS will boost lipidology in Africa as this continent is lagging far behind the other continents.

**David Marais**  
**LASSA President**

### PAEDIATRIC CARDIAC SOCIETY OF SOUTH AFRICA, PCSSA

The term of office for the current executive committee of the PCSSA ends this coming October with elections to be held during the upcoming virtual SA Heart® congress to be held from 29 - 31 October 2021. It's been a season full of unprecedented challenges due to the global Corona Virus pandemic. In my capacity as President, I would like to thank the following members of the outgoing executive committee: Stephen Brown, Lindy Mitchell, Barend Fourie, Andre Brooks and Jayneel Joshi for all their work towards the association during these trying times.

#### Education and Service

We say "Congratulations" to Drs T David, D Kloock, D Manzini, D Murigo-Shumba and P Raphula for passing their CMSA Paediatric Cardiology Certificate Examinations during the first half of 2021. This was the biggest cohort yet to sit for and successfully pass these exams. These examinations were held virtually, therefore a warm congratulations to the convenors and examiners who had to find innovative ways of making sure the exam was a success, despite the challenges of the COVID-19 pandemic.

#### Meetings, Conferences and Advocacy

The executive would like to thank Prof John Lawrenson's leadership in the organisation of the Paediatric Cardiology arm of the 2021 SA Heart® virtual meeting. Patient advocacy remains an important focus of our society. This year we celebrated the International Congenital Heart Disease Awareness Week (an annual event from 7 - 14 February).



## Conclusion

Your continued support and participation is required to keep the PCSSA an active and vibrant organisation. We live in the most interesting times where a new disease has immobilised many with fear, and indeed we must remain safe and vigilant while we learn about the effect of this novel Corona Virus on the heart. We must not forget that despite our fight against this virus, other diseases that have not ceased to affect our people. The fight against CHD must go on. Moreover, science has shown that vaccination against SARS-COV 2 virus works to prevent severe COVID disease. Let us continue to encourage all those eligible to please vaccinate..

**Hopewell Ntsinjana**  
**PCSSA President**

## SOUTH AFRICAN SOCIETY FOR CARDIOVASCULAR RESEARCH, SASCAR

The South African Society for Cardiovascular Research (SASCAR), an interest group of the SA Heart® Association, was created in October 2009.

The SASCAR Executive Committee elected in September 2019 is Prof Neil Davies (Chairperson), Dr Gerald Maarman (Secretary), Dr Rabia Johnson, Prof Frederic Michel, Dr Balindiwe Sisi, Mr Gideon Burger.

## Workshops

The ability of SASCAR to have educational workshops which have always been hands-on in nature has been completely curtailed by the ongoing pandemic. The pandemic has also restrained our desire to initiate an outreach programme to schools where we hoped to educate students in an interactive way with respect to cardiovascular health and physiology.

We are hopeful that next year should allow us to get back on track. If this is not the case, online workshops will need to be considered as a fallback.

**Neil Davies**  
**SASCAR Chairperson**

## SASCI / ISCAP / STEMI SA

After a challenging 2020 for the new SASCI Exco, we were looking forward to a "return to normal" in 2021 - famous last words. We have had to adapt to a new "normal" which impacted on many of our basic functions, but especially one of our key activities - education. Except for a very successful Fellows Workshop, virtually (pun intended) all our other educational activities had to be adapted to a virtual platform. This impacted us on many fronts, but congratulations to everybody involved for making the most of the situation and really rising to the occasion. George Nel and his team deserve a special mention here – well done and thank you. Special thanks also to the invaluable help received from Tom Mabin as consultant, Karen van der Westhuizen (coding) and Elsabe Klinck (our legal guru).

I would like to thank the **SASCI Executive Committee** that was elected at the SASCI AGM 2019 for their contribution and ongoing guidance. The SASCI Leadership team is Hellmuth Weich (President), Sajidah Khan (Vice-President), Cobus Badenhorst (Treasurer), Graham Cassel (Secretary), Dave Kettles (Past President), Jean Vorster (PPC), Ahmed Vachiat (STEMI SA), Mpiko Ntsekhe, Makoali Makotoko, Chris Zambakides, Gavin Angel, Shaheen Pandie, JP Theron, Jens Hitzeroth, Farai Dube and Waheeda Howell (ISCAP).

I would like to thank our industry corporate partners for their continued and unwavering support. Your professional and financial contribution is applauded. The following companies contributed: Ascendis, Baroque Medical, Biotronik, Boehringer Ingelheim, Boston Scientific, Disa Vascular, GE, Edwards Health Science, Terumo, Merit Medical, Medtronic, Novartis, Riverdene, Siemens, Terumo, and Vertice Medtech.

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The following noteworthy activities took place or will still take place:

Educational initiatives continue to be a cornerstone activity for the Society. Calendars are filled with webinars that have become the new normal for education events and meetings, and the unintended consequence of “webinar fatigue” is difficult to avoid. SASCI is, however, focused on providing continuous education to the cardiology community through interesting and worthwhile topics. This format allows for extended reach of audiences and expert faculty internationally. The highlights of our educational initiatives are:

### Education

The **16th SASCI Fellows Workshop 2020** was hosted on 14 and 15 November 2020 at the Blaauwberg Beach Hotel, Cape Town, with more than 40 Cardiologists and Cardiology Fellows attending the face-to-face meeting, and 20+ virtual attendees from South Africa, Africa and further abroad. Virtual International Faculty included Gregory Barsness (USA), Simon Redwood (UK), Bernard Gersh (USA), David Holmes (USA) and Morton Kern (USA) amongst the local KOLs.

**SASCI and Boston Scientific Optimising Outcomes Webinar Series** was hosted during October and November 2020 with world-renowned Cardiologists Colm Hanratty and Simon Walsh as faculty, including local KOLs on the panel. The webinars covered interesting presentations on “Preventing Stent Failure” and “Calcium Management” followed by robust discussion sessions with the panel.

**EuroPCR Africa Hub Johannesburg, 18 - 20 May 2021.** The main objective of the Society is education to its members and the wider Cardiology community. SASCI raised funding to support attendance at the 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 was hosted virtually with South Africa as one of the 8 Global Hubs. Hellmuth Weich and Tom Mabin acted as Judges from SA, evaluating cases that were submitted from across the globe. During the South African session, Hellmuth Weich, Adie Horak and Farrel Hellig formed the panel for the Complications Cases submitted and approved by South Africa. A total of 884 HCPs attended the Congress from 104 different countries. Dr Jacques Liebenberg received the “Best Case” award from South Africa.

**SASCI Visiting Professor Program 2021 - Prof David Holmes** was confirmed to return to South Africa in 2021 as Visiting Professor but the programme was postponed due to international travel restrictions. 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 the main speaker. In the interim, SASCI, with support from Medtronic, is arranging a local VPP with South African based senior interventional cardiologists travelling to Academic units for a few days of proctorship and preceptorship. We are pleased and grateful to confirm that Dr Adie Horak has set time aside each month to visit the academic units.

**The Cardio Fellows Summit Webinar Series continues 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 panellists allowing them the opportunity to hone their skills and ability to review a case with success. This is an ongoing webinar series and will continue to be offered throughout 2021.

**The 17th SASCI Annual Fellows Workshop 2021** was planned to proceed as a face-to-face meeting that is virtually enabled to 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 expanded our faculty reach to include International Faculty **Bernard Gersh (USA) and David Holmes (USA)** who were invited. The Workshop was hosted on 16 and 17 October 2021 in Sandton.

**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 followed by **Radiation Control for Cath Lab Allieds** on 19 June 2021 and **Pacing for the Allied Professional & Myocardial Infarctions in Drug Users** on 21 August 2021. The Webinar Series programme content was based on a Members' Needs Analysis Survey. We look forward to continuing the series throughout 2021 and 2022 with exciting and relevant topics for allied professionals.

**SA Heart® Congress 2021** will be hosted virtually but very interactive at the end of October 2021, and this will be the seminal cardiology event for both SASCI and ISCAP members. Please do attend and actively contribute to making this an educational highlight for 2021.

### **STEMI SA**

**STEMI SA Update** - The aim of STEMI SA is to educate, improve networks and facilitate early reperfusion therapy of patients with ST Elevation myocardial infarction in South Africa. This initiative is a national programme, under SASCI, with clear goals and timelines.

We have a well-balanced group from both the public and private sectors, who are young and more experienced, as well as incorporating those individuals who have been instrumental in setting up STEMI SA. The **STEMI SA Committee** is Ahmed Vachiat (Chairperson), Adriaan Snyders (Ex-officio Chairperson), Dave Kettles and Alfonso Pecoraro (Research), Martin Mpe and Len Steingo (Education), Arthur Mutyaba, Sajidah Khan, Jens Hitzeroth, Rhena Delpert, Hellmuth Weich, Nqoba Tsabedze, Shaheen Pandie, Mpiko Ntsekhe, J Vorster, Don Zacharia and Khulile Moeketsi.

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 from the vast experience of Dr Thomas Alexander and his team. The test phase of data capturing on this platform has been completed with changes made to the platform by August 2021 with immediate roll-out thereafter. Most academic units indicated an interest to participate, and several private hospitals will do as well. Drs Dave Kettles and Alfonso Pecoraro are leading the research team.

### **SASCI Private Practice - Legal, Regulatory and Funder Update**

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

### **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 were held in June and July 2021 onwards. SASCI has requested a presentation slot to present our case in-person to parliament and this took place on 15 June with an in-person presentation by Dr Hellmuth Weich. His presentation was well-received by the Portfolio Committee and The Committee will now have to consider all input and make amendments to the Bill. It will then be sent to the National Council of Provinces, and once accepted, will be put to a vote by the National Assembly.

### **Discovery Health CAD Programme for 2021**

Discovery Health Coronary Artery Disease (CAD) Care Governance Initiative negotiations have been concluded and an updated programme introduced for 2021. The first round of practice reviews and peer mentorship will start Q3 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. The Appeal had been set for

## ANNUAL REPORTS 2021 continued

mid-June but was withdrawn at the eleventh hour - speaking to the low prospects of success they had. "The original CMS ruling will stand and TAVI must be funded as a PMB up to the 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 provide POPIA toolkits to members or clients (in some cases free of charge) and Elsabe Klinck and Associates (EKA) also provides direct support in this matter:

**POPI Practical Implementation for HCP provided by EKA:** Personal information can be processed on 1 of 2 grounds, with a person's consent, or, where a law so requires or permits. There have been several practical issues relating to the POPI Act that have caused some uncertainty:

- The sharing of patient information between practitioners: This is permitted by law (the National Health Act's section 15), and no patient consent is needed between, for example, a referring- and a referred-to practitioner. The recipient practitioner also does not have to give any POPI assurances (e.g., in the form of a letter or confirmation) to the practitioner sending the information. Section 15 just requires that the sharing of personal, identifiable information (including images) must be in the interest of the patient, and necessary to be shared.
- Patients also do not need to sign a consent for the practitioner to process their personal and health information. This processing is permitted by section 32 of the POPI Act. It is also a requirement of the HPCSA Ethical Rules, and certain information must be processed under the medical scheme's regulations to issue valid claims.
- The presentation of case studies at journal clubs or CPD events must be preceded by the patient consenting to the "further processing" of their information, if the information was initially created for treatment, and not for any other purpose. This consent must be specific, and, according to the Information Regulator, a blanket consent cannot be obtained from all patients in case their information may be used sometime in the future.
- Patient information may be "accessed" on the authority of the National Health Act for the purposes of "study, teaching or research," but it must be undertaken with the "authorisation of the user" (i.e., the patient), the head of the health establishment concerned and the relevant health research ethics committee. If the information being accessed is anonymised, no user (patient) consent is necessary, but ethics committee permission is required for all research. "Teaching" in the National Health Act ("academic complexes") and under the Health Professions Act refer to accredited institutions of higher learning, forming part of formalised, accredited training programmes.

### Certificate of Need Submission (15 August 2021)

SASCI submitted a comprehensive commentary of the Draft Certificate of Need Regulations. This included a full legal review by Elsabe Klinck as well as cardiologist practitioners' perspective by Tom Mabin, Hellmuth Weich, et al. These regulations will supplement the NHI Fund's future accreditation of practitioners. The submission is available on the SASCI website, but the following excerpt sets the tone "Simply put, the R158-one-size will definitely not fit all. The Draft Regulations, therefore, does not align with the 2003 NHA and its associated systems and regulations, as opposed to the R158 which is based on the apartheid-era 1977-Health Act." And "SASCI and SA Heart® mandate that the cardiology profession is consulted prior to the finalisation of CON regulations relating to practices, facilities such as hospitals and the requirements set for technology, infrastructure, and staffing requirements, as well as the financial viability of cardiology practices in outlying and rural areas."

### Private Sector Funder Engagement with Guidance from SASCI:

- Challenges to funder rejections of e.g. 6 054 as add on for I 252 in an obese patient.
- Medscheme launched a Preferential Procurement of devices programme.

- The DH CAD programme will be added to the electronic health records for CAD patients with input from SASCI.
- Medscheme will also embark on a CCTA utilisation programme.
- DH is planning a Readmission Prevention Project.
- Both DH and Medscheme have been engaged with on the 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 at the end of 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](mailto: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 continues 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.

I would like to congratulate and thank everybody involved for your hard work and especially George Nel and his team for running a very tight ship so smoothly. There are many challenges ahead but also many more exciting prospects that make me excited about the year ahead of us.

**Hellmuth Weich**  
SASCI President

## ANNUAL REPORTS 2021

### BRANCH REPORTS

#### JOHANNESBURG BRANCH

##### Board

President: Ahmed Vachiat, Vice-Presidents: Mamaila Lebea, Secretary: Rob Leibbrandt, Treasurer: David Jenkelow, Members: Farouk Mamdoo, Nqoba Tsabedze, Antoinette Cilliers, Pravin Manga, Don Zachariah and Riaz Dawood.

The Johannesburg branch hosted the first SA Heart® National Journal Club on the 4 August 2021. Topics included:

- COVID and thrombosis
- COVID and cardiomyopathy
- Journal review (LAA appendage closure)

This platform on the first Wednesday of every month is a good opportunity for education, networking, information and bringing closer members of SA Heart®.

We hope to have face to face meetings in the new year and hope to incorporate hybrid meetings where possible.

##### **Ahmed Vachiat**

##### **Johannesburg Branch President**

#### KWAZULU-NATAL BRANCH

Unfortunately, local branch activities continue to be hamstrung by our current inability to unfreeze our branch bank account. This has made it impossible to hold elections for a new committee and the current committee has been depleted by resignations (from the committee) and retirements (from active practice).

An informal planning meeting was held in July 2021 to try and plot a way forward and the help and good auspices of George Nel have been sought to assist in subsequent planning. At the moment this remains dependent on freeing up the available funds, something which Dr Jai Patel (longstanding Branch Treasurer) and I are actively working on. I'm hopeful that before October we will have resurrected our branch, elected a new committee and put forward our plans for the next year.

##### **Rob Dyer**

##### **KwaZulu-Natal Branch President**

#### PRETORIA BRANCH

Our focus to serve the educational needs of our branch members (Cardiologist, Fellows, Allieds, EP and Surgeons) has been curtailed by the COVID-19 pandemic and lockdown preventing face-to-face meetings.

The new normal of virtual meetings made engaging on national and international platforms possible on a very frequent basis and as such superseded organisation of local branch-only focused meetings.

We hope to return to our face-to-face schedule early in 2022. I would like to thank Pharma Dynamics for their continued support and for making planning future meetings possible.

Please contact George Nel ([george@medsoc.co.za](mailto:george@medsoc.co.za)) or me ([drioebrahim@gmail.com](mailto:drioebrahim@gmail.com)) if you wish to contribute at future meetings or to suggest appropriate programmes for Pretoria.

**Iftikhar Ebrahim**  
**Pretoria Branch Chairperson**

## **WESTERN CAPE BRANCH**

### **Board**

Alfonso Pecoraro, Jane Moses, Blanche Cupido, Bradley Griffiths, Jens Hitzeroth, Chevann Hendricks, Helmuth Weich, George Comitis and Charles Kyriakakis.

### **Educational activities**

Due to the COVID-19 pandemic, all 4 educational activities had to be postponed. We plan to restart our quarterly meetings during February 2022.

**Alfonso Pecoraro**  
**Western Cape Branch Chairperson**

## ONE JOURNEY, TWO STORIES

**D**uring my third year of my National Diploma in Clinical Technology, as part of work-integrated learning, lecturers used to come to the different hospital units, and we would attend a board meeting. During the board meeting, they would tell us about the changes that will happen soon regarding the Clinical Technology course. That made me aware that our profession changes over time, which encouraged me to further my studies.

After I qualified as a Clinical Technologist (Cardiology), I was employed at a non-teaching hospital, which made me realise that without studying, I get bored after work. I then started researching on different topics that I can use for a Master's degree. I also started enquiring at Durban University of Technology (DUT) regarding Master of Technology (as it was called back then). Whilst waiting for DUT to respond, I got a post at Chris Hani Baragwanath Academic Hospital (CHBAH).

When I started at CHBAH (March 2015), I was exposed to paediatric cardiology. During paediatric cardiology rotations, we used to have journal clubs on Wednesdays which enhanced my love of research and enrolling for Master of Health Sciences (MHSc): Clinical Technology. I spoke to Professor Cilliers regarding my studies and luckily at the time, there was a doctor who needed echocardiograms for healthy newborns to just identify if they have any cardiac lesions. Prof recommended that I use the same data for my studies.

I then started writing a concept paper, which was accepted at the beginning of 2016. I registered and started with the proposal of my research entitled "Echocardiography Nomograms in Black South African Neonates." I submitted my proposal in April 2016 and got DUT approval mid November 2016. However, I was encouraged to wait for DUT before getting the hospital permission. For the hospital to grant me permission, I needed another ethical approval from the hospital's affiliated university (University of Witwatersrand) which I applied for at the beginning of 2017, but only got approved later in the year. I started data collection that same year and finished the following year. As I was preparing for data analysis, I started with my thesis write-up and the year was over. For me to register in 2019, I had to apply for the extension of my studies as it was going to be the fourth registration and I was approved to continue with my studies. During that year, I did my data



**Ms Nondumiso Hadebe.**

analysis, completed my thesis and submitted it. I was granted a pass at the beginning of 2020 and graduated the same year.

It was a long 4 years with plenty that I learned within that time. My overall challenges were data collection and analysis and waiting for almost 2 years for ethical approval. At times, the wait made me feel like I should just quit, but with that I have learned and would encourage people going the same journey that when still waiting for the concept paper, start with your proposal so that as soon as you register, you submit your proposal for ethical approval, both at the university and hospital. My downfall during data collection was that I used to come back home tired and not capture the data collected the same day. I captured the data 4 months later after data collection, which made me delay starting data analysis. With MHSc, it is recommended that you do your own data analysis, and it was very challenging for me.

I am very proud of myself for completing such a challenging degree which further enhanced my love for research. I would like to thank the following people who helped me throughout and made such a challenging time a bearable one: Prof A Cilliers, Prof H Ntsinjana, Dr R Prakaschandra, Mrs B Beckerling, CHBAH, mothers of the newborn babies who participated and the Statistics Department at University of Witwatersrand.

**Ms Nondumiso Hadebe**



I have always believed that everything happens for a reason. I remember the day I left Groote Schuur Hospital to pursue a job as a Sales Rep in Johannesburg, thinking I needed a change of scenario. I believed you could never grow in an environment where you were trained because you're seen as a student even when you are fully qualified. Well, that's me.

I had only worked 7 months at my new job as an ultrasound sales and application specialist when I realised I missed being in the catheterisation lab. So, I applied for a position as a Cardiac rhythm territory manager. Luckily enough, Gauteng was totally different from where I had trained in Cape Town. In Gauteng, the sales representatives are the ones who do pacemaker implants in the catheterisation lab and follow-ups in the pacemaker clinics. So, in a way, I got that little bit of satisfaction because I was at least back in the catheterisation lab for pacemaker implants. It had only been 8 months when a Clinical Technologist post was advertised at Chris Hani Baragwanath Academic Hospital (CHBAH) in November 2015. I had to carefully contemplate the decision that I was about to make because it meant taking a big pay cut. My husband supported me in the decision, so I applied and fortunately got the post.

Within the first month, I realised that this was the best decision I could have made. CHBAH had some of the best adult Cardiologists to learn from, as well as Paediatric Cardiology, which was a department I wasn't exposed to in my previous training centre. I immediately fell in love with paediatric Cardiology.

There's something exceptionally rewarding working with babies and children. They do not pretend, once they are better, you can see it in their cute faces and bright smiles full of appreciation. I was also fortunate to have my friend who I had met in Cape Town (Groote Schuur Hospital) as my colleague, Nondumiso Hadebe. She was the one who talked me into pursuing my Master of Health Sciences degree. We did not waste time the following year. In January 2016, we booked a bus to Durban to register for our first year in a Master of Clinical Technology in Cardiology degree at the Durban University of Technology, with the topic: The diastolic inflow and longitudinal movement of the heart in the African full-term new-born infant.

I asked Prof A Cilliers to be my supervisor and Dr R Prakashchandra was my DUT supervisor. Thank God I had



**Mrs Bongiwe J Beckerling**

these phenomenal women as my supervisors because they drove me to success. 2016 was the year my husband, fiancé at the time, was planning our wedding. So there was a lot happening, but the work needed to be done. I would survive with 4 hours of sleep to ensure I was meeting due dates. A year later, I fell pregnant with my son and that was the toughest year. With pregnancy fatigue, work, and my Master's were strenuous to work on. I thank God for a supportive husband who aided me in all ways imaginable. I would stay up at night working on corrections sent by my supervisors while my baby and husband were sleeping. I would still have to go breastfeed him every 2 - 3 hours and my husband would take over after that so I could go back to my work. Studying with a baby is not easy but it is doable. I believe anything you set your mind to can be done. The Masters degree I had planned to finish in 3 years ended up taking 4 years because life happens, but if you have a set goal, nothing can stand in your way.

2016 - 2020 were the toughest years for me academically, but I'm glad I went through all of it. I'm one of a few Cardiac Technologists with a Master's in Health Sciences and I'm planning to do my PhD soon. I believe research plays an important role in discovering new treatments and making sure that we use existing treatments in the best possible ways.

**Mrs Bongiwe J Beckerling**

## CASSA ACCREDITATION FOR CLINICAL TECHNOLOGISTS IN ELECTROPHYSIOLOGY

Human Nieuwenhuis\*, Adele Greyling\*,#, Ashley Chin†, Robert Scott Millar†

\*Mediclinic Vergelegen, Somerset West, South Africa

#Department of Paediatrics and Child Health, Faculty of Medicine and Health Sciences, Stellenbosch University and Tygerberg Hospital, Tygerberg, South Africa

†Department of Cardiology, University of Cape Town and Groote Schuur Hospital, Observatory, Cape Town, South Africa

### Address for correspondence

Human Nieuwenhuis  
Block 3, Suite 18  
Mediclinic Vergelegen  
Main Road  
Somerset West  
Cape Town  
7130  
South Africa

### Email

humannieuwenhuis@yahoo.com

### ABSTRACT

Arrhythmia and cardiac electrophysiology services are an innovative and fast-growing branch of clinical cardiology. In the past 3 decades, electrophysiology studies and ablation of cardiac arrhythmias have become an established treatment option available to patients with arrhythmias ranging from supraventricular tachycardias and typical atrial flutter to more complex ablations for atrial fibrillation and ventricular tachycardias. With the increased need for skilled Physicians capable of performing these procedures, the need for skilled Clinical Technologists has also increased. Suitably qualified Cardiac Technologists, specialised in providing technical support for electrophysiological procedures in the EP lab, are an integral part of the arrhythmia team. Technology in the field of electrophysiology is constantly developing and improving. It is the Technologist's responsibility to adapt, learn and improve their skill set to ensure they can safely perform their duties in the EP lab. The accreditation in electrophysiology for Cardiac Technologists was proposed to help ensure safe and professional standards for all Cardiac Technologists doing electrophysiology procedures.

### INTRODUCTION

Clinical electrophysiology (EP) which deals with the diagnosis and treatment of cardiac arrhythmias has a long and fascinating history. The first ablation procedure was performed in 1982 and since then, ablation procedures have improved significantly and more types of ablations for different arrhythmias were introduced.<sup>(1)</sup> Arrhythmia and cardiac electrophysiology services are an innovative and fast-growing branch of clinical cardiology. In the past 2 decades, we have seen the introduction of electro-anatomical mapping systems which enables the construction of a 3-dimensional anatomical map of any chamber in the heart and this allows ablation procedures to be done with little to no fluoroscopic navigation.<sup>(2)</sup> Today, most atrial and ventricular arrhythmias can be successfully ablated. Suitably qualified and sub-specialised cardiac technologists are an integral part of the arrhythmia team. EP technologists require advanced knowledge in the differential diagnosis of arrhythmias, including clinical characteristics, potential hazards, and treatment options.

It is the responsibility of the EP Technologist to prepare the patient for the EP procedure. Proper placement of reference patches and correct positioning of ECG leads, and defibrillator patches are of paramount importance. Detailed knowledge of the various hardware components such as recording systems, mapping systems, heart stimulators as well as troubleshooting skills in case of technical problems, are some of the important skills and knowledge a suitably qualified EP Technologist requires. Moreover, the EP Technologist needs expert knowledge of indications and use of medication commonly utilised during EP procedures. Depending on the organisation in the EP laboratory, EP Technologists may acquire specific training in the use and handling of different 3-dimensional mapping systems (CARTO 3D Mapping, Biosense Webster Inc.; Ensite Precision, ABBOTT; Rhythmia HDx, Boston Scientific) and different ablation systems (Radio Frequency, Cryoablation, etc.). EP Technologists commonly perform basic diagnostics such as 12-lead surface or Holter-ECG monitoring. An EP Technologist should have good knowledge of 12-lead ECG interpretation and be capable of diagnosing arrhythmias and heart block. Depending on individual training and apti-

tude, they may also perform pre- and post-procedural echocardiography, trans-oesophageal echocardiography, device interrogation, and device programming.<sup>(3)</sup>

This necessitates the need for ongoing training for all members of the EP team to stay up to date with the latest technology and research to provide a good standard of care to the patients.

### CASSA'S INITIATIVE

The accreditation of Clinical Technologists in electrophysiology was initiated to help ensure safe and professional standards for all Cardiac Technologists doing EP procedures. The role of the EP Technologist in the lab has grown exponentially along with the growth seen in EP procedures performed and the constant introduction of new technology used to better treat and improve patient outcomes. Accreditation according to the Cardiac Arrhythmia Society of Southern Africa (CASSA) standards would mean that a Cardiac Technologist has sufficient knowledge and experience to safely perform their duties in the EP lab. Cardiac Electrophysiology is a sub-speciality and does not form part of the general cardiac technology syllabus in South Africa. This means that Technologists who perform electrophysiology procedures need additional training and expertise to safely perform their duties in the EP lab. In most high-volume EP centres in the United States and over the world, it is the accepted standard for an EP Technologist to complete the International Board of Heart rhythm examiners (IBHRE) certificate examination for competency in Cardiac Electrophysiology for the Allied Professional to work as an EP technologist.

The Executive Committee (EXCO) of CASSA has selected a subcommittee which has drawn up criteria for Cardiac Technologists in the field of EP, as well as newly qualified Technologists looking to pursue a career in EP. These criteria include training and experience, current practice, and certification.

### CASSA ACCREDITATION PROCESS

Various criteria will be used to assess the knowledge and experience of a Cardiac Technologist applying for CASSA accreditation.

‘Arrhythmia and cardiac electrophysiology services are an innovative and fast-growing branch of clinical cardiology.’

There are 2 pathways to accreditation:

#### Pathway A

- At least 2 years experience working in an EP lab training with a senior EP Tech or EP Physician where at least 75% of practice is Electrophysiology-related procedures.
- A logbook consisting of at least 150 cases performed in the last 3 years.
- Submission of 10 EP cases (chosen by the CASSA accreditation committee from the logbook), for detailed review and formal interview of the Technologist regarding technological aspects of the 10 EP cases.

OR

#### Pathway B

- Current certification with the International Board of Heart Rhythm Examiners (IBHRE) in Electrophysiology (CEPS).
- A logbook consisting of at least 150 EP cases performed in the last 3 years.

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## CASSA ACCREDITATION FOR CLINICAL TECHNOLOGISTS IN ELECTROPHYSIOLOGY continued

Every candidate applying for accreditation will be reviewed by the CASSA Accreditation committee and signed off by the CASSA president and head of the accreditation panel.

### The logbook should include:

- 150 Invasive EP studies in total done in the last 3 years only (older cases will not be accepted) as the first operator.
- Must include a total of 100 Radio-frequency ablations performed as the first operator.
- Of the 150 cases, at least
  - 30 SVT ablations - AVNRTs/Accessory pathways (concealed or manifest)
  - 20 Typical Flutter ablations
  - 30 Complex Tachycardia ablations - Atrial tachycardia/Atypical flutters/VT/PVC's
  - 30 Atrial Fibrillation ablations (PVI's) – Cryo or RF
  - 30 3D mapping cases self-performed (not by industry representative)
    - 3D mapping cases may be of any procedure type

All logbooks must be signed off by the EP Physician performing the procedures and training. It is important to note that if the applicant works or completed their training in a lab where all the necessary logbook procedures are not performed, it should be clearly stated which procedures are not performed in the lab where they work or completed their fellowship.

Due to the selection process and minimum qualification criteria used for entry to write the IBHRE exams, any candidate applying for CASSA accreditation that passed the IBHRE (CEPS) will automatically meet the criteria required and will only have to supply the necessary certification of their exam as well as their logbook which meets the above criteria for the past 3 years to achieve accreditation. Should the CASSA accreditation panel find that an applicant does not meet the necessary criteria needed or sufficient experience to safely perform EP procedures, it remains the right of the CASSA accreditation panel to deny accreditation. Feedback and recommendations about how accreditation can be achieved will be provided by the panel.

The accreditation panel will comprise several members of the CASSA EXCO [including the current president of CASSA, a Cardiac Technologist who meets CASSA accreditation, and 2 CASSA EXCO members (including the head of the accreditation panel)]. CASSA is a non-statutory governing body and accreditation is a voluntary process available to all Cardiac Technologists who are members of CASSA and the SA Heart® Association.

### CONCLUSION

The field of cardiac electrophysiology and ablation procedures has expanded tremendously over the last decades and became an innovative and fast-growing branch of clinical cardiology. The development of new techniques and technology within the field of electrophysiology has revolutionised the treatment of tachyarrhythmias. With a continuing increase in patients burdened by arrhythmias, the demand for electrophysiologists in South Africa also comes with a demand for well-trained EP Technologists. CASSA aims to create opportunities not only for physicians, but for Technologists to improve their level of expertise, create learning platforms and ultimately improve the level of care to our patients.

### REFERENCES

1. Millar RS, Chin A. Rhythms of the heart: The history of electrophysiology and its current status in South Africa. *SA Heart J* 2015; 12:156-163.
2. Maury P, Monteil B, Marty L, et al. Three-dimensional mapping in the electrophysiological laboratory. *Arch Cardiovasc Disease* 2018; 111:456-464.
3. Kuck KH, Wissner E, Metzner A. How to establish an arrhythmia unit in the 21st century. *Rev Esp Cardiol (Engl Ed)*. 2012 Jan; 65(1):92-6. English, Spanish. doi: 10.1016/j.recesp.2011.10.005. Epub 2011 Nov 29. PMID: 22129585.

## LOUIS VOGELPOEL TRAVELLING SCHOLARSHIP

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.

‘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](mailto: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.**

WEBSITE LINKS

<b>SA Heart®</b>	<a href="http://www.saheart.org">www.saheart.org</a>
<b>CASSA</b>	<a href="http://www.cassa.co.za">www.cassa.co.za</a>
<b>HeFSSA</b>	<a href="http://www.hefssa.org">www.hefssa.org</a>
<b>PASCAR</b>	<a href="http://www.pascar.org">www.pascar.org</a>
<b>PCSSA</b>	<a href="http://www.saheart.org/pcssa">www.saheart.org/pcssa</a>
<b>SASCAR (Research)</b>	<a href="http://www.sascar.org.za">www.sascar.org.za</a>
<b>SASCI</b>	<a href="http://www.sasci.co.za">www.sasci.co.za</a>
<b>ACC</b>	<a href="http://www.acc.org">www.acc.org</a>
<b>ESC</b>	<a href="http://www.escardio.org">www.escardio.org</a>
<b>World Heart</b>	<a href="http://www.world-heart-federation.org">www.world-heart-federation.org</a>



SA HEART® ANNUAL GENERAL MEETING



All members are invited to the  
**SA HEART® AGM**  
**STARTING AT 18H00**  
**ON FRIDAY 29 OCTOBER 2021**  
**VIA ZOOM.**

