



ANNUAL REPORT OF THE PAEDIATRIC CARDIAC SOCIETY OF SOUTH AFRICA 2013-2014

1.

The two year term of office of the current Executive of the PCSSA ends with these fresh elections at the AGM in October 2014. As president, I would like to thank the current executive committee members, Paul Adams Vice-president, Belinda Mitchell Secretary, Stephen Brown Treasurer, Andrew Brooks- Training, Jeff Harrisberg- Private Practice, Ebrahim Hoosen- Ethics and ex-Officio, Christopher Hugo-Hamman- CEO 2013 company. It has been a great pleasure to have worked with you all these past 2 years, a great and exciting period and hopefully. as a committee we have steered our society into the direction our members would be happy with. Personally it is been an honour to lead the society thus far and I wish to thank the executive for all their help and support during this time.

2. FINANCIAL STATEMENT FOR YEAR ENDED 20 January 2014 audited

We are pleased to report that the Society is in a good financial position. The Annual Financial Statement for year prepared by our Treasurer Prof Stephen Brown, is appended. Expenses over the past financial year related to loans to the 2013 world congress company and significant sponsorship of nurses and local meetings. These nurses were sponsored from each of the local private and public hospital units in order to attend the world congress in February 2013. Unrestricted educational grants were received in order to run an interventional workshop held at Red Cross Hospital in October 2013. We have reserved the major portion of the funds into a separate account to allow us to pursue legacy projects beyond the immediate term.

3. 2013 WORLD CONGRESS

Our major focus for the past years has been directed on initially securing, then preparing and hosting the 6th World Congress of Paediatric Cardiology and Cardiac Surgery. This was a monumental task and enormous thanks and appreciation for the incredibly hard work must go to all the members of the local organising committee, in particular the CEO, Christopher Hugo-Hamman and Susan Vosloo, Stephen Brown, Jeff Harrisberg, Ebrahim Hoosen, Andre Brooks, Linda Blezard and Liesl Zühlke. The legacy of the World Congress lives on. To date, it remains the largest cardiovascular meeting on the continent and more importantly, has given rise to much interest in terms of future meetings. It has also set a precedent for collaboration and cooperation between hosting committees and SA Heart. All revenue from the meeting was used to equally reimburse the PCSSA and SAHeart for hosting the conference. It was also one of the first interactions with Africa PCR and CSi who will now be leading independent programmes on the continent in future. A major goal of the conference was the goal to focus attention on the plight of children living with cardiovascular diseases and to highlight the incredible work being done on this front in the past decades. We hope that we have achieved this through our connections made at the conference and subsequent interactions with the international community. This remains an ongoing goal of our society.

We also wanted to showcase the amazing work being done in South Africa, our live case broadcasts from local units introduced a new cadre of extremely talented individuals to the world and we hope to use these broadcasts as well as the experience to continue to teach and train interventionists around the world. Please remember that for reviewing and teaching purposes, In addition, recordings of the live cases are in the process of being edited for release to all teaching units, again fulfilling the academic legacy of the congress.

4. 2013 WORLD CONGRESS LEGACY PROJECTS



Paediatric Cardiac Society of South Africa

There were several significant legacy projects identified after the congress. The first was our website which has been completely restructured and redesigned with a new logo based on the world congress logo and content. This has been integrated with social media platforms and we plan to extend the brand further with medical content, interaction within units in the country and possibly on our content and messages to family. There are already substantial resources on the website, we intend to build a repository of images, cases, quizzes and relevant publications. We are also including functionality to allow for access to future live cases or seminars via the website. We hope to offer this as an option to both our members and to members of our affiliated PASCAR sites. This could be viewed as both a training and collaborative opportunity - ward rounds/fellow training/cases.

A second legacy project was the collaboration between Pedheart Resource and the patient and professional information portal- this has been up and running for some time and allows patients to download (or doctors to download on their behalf) hand-outs relating to common cardiac conditions. We are thrilled that the first translations of the patient information leaflets will soon be available for download, our thanks to Paul Adams for spearheading this initiative. Pedheart Resource is regarded as the most comprehensive congenital heart disease educational website. It has detailed defect and treatment descriptions, in-depth tutorials, a searchable image library, collections of patients' hand-outs and over 1 200 Power- Point slides in several different languages (<http://www.heartpassport.com/>). In addition, the site providing information on congenital heart disease for parents can be found on <http://www.africa.congenital.org/>, as well as providing information on congenital heart disease for medical practitioners. A major goal for the new term is to actively market and promote our website to general paediatricians and all caring for children with heart disease- we urge you to spread the news.

A major project planned for 2015 is a World Congress Legacy research fund which will be used to support paediatric cardiac services research within the country. The terms and conditions for this fund are still under negotiation, we anticipate that a significant proportion will go towards supporting one research period. This will be a major undertaking for the PCSSA and we are thrilled and excited at taking this forward. We will also be announcing smaller research award- most likely one per year to support research especially for those involved in post graduate studies.

Another legacy project has been the promotion and support of pulse-oximetry screening within selected units within the country. It has been clear to all those working in congenital heart disease in this country that there is a significant diagnostic gap with critical congenital heart disease still going unrecognised. It remains our major priority to improve awareness of congenital heart disease, the diagnosis and management of the condition and building the infrastructure in terms of diagnostic and treatment facilities. However in certain parts of the country, with low infant mortality rates, privately insured patients and supportive infrastructures with sufficient paediatric cardiac care resources, pulse-oximetry screening is clearly an additional tool to diagnose critical congenital heart disease. We have thus undertaken to address general paediatricians at both the recent South African Paediatric Association and local paediatric management meetings as well as management of private hospital groups regarding this practice. Alongside this, we are continuing our conversation with the Department of Health to address the inadequacies for paediatric cardiac services in particular in certain provinces in the country.

5. CONGRESSES

1. The South African Paediatric Association congress was held in September 2014 at CTICC and PCSSA played an important role at this meeting. We held a practical workshop, hosted a parallel session with 3 talks, participated in an active debate on neonatal screening and gave a plenary talk in the closing session. This was an important opportunity to teach general paediatricians and I would like to congratulate the team involved and thank all for the contribution to an exciting programme. There has been great interest from general paediatricians for further cardiology teaching and we would like to explore ways of doing this in the following year.

2. We have an exciting congress ahead this year- ably headed up by Ebrahim Hoosen. The two international speakers bring a host of experience and diverse interests to the congress- we have a full parallel programme to enjoy while the PCSSA speakers will also deliver lectures within the plenary programme.

3. "Africa is open for high-level research" Prof Mayosi from Cape Town recently published a landmark study in New England Journal of Medicine and declared Africa open for research. This study and the REMEDY study: Global Rheumatic Heart Disease Registry were presented at the recent ESC meeting- the largest cardiovascular meeting in the world and one of the first two African-led studies to be presented there. REMEDY



was presented by Liesl Zuhlke, on behalf of 25 sites including four from South Africa. You can read and watch all the esc content on esc365. <http://congress365.escardio.org/>

4. CSI Africa 2014 CSI- Africa (Catheter Interventions in Congenital, Structural and Valvar Heart Disease) 2014 in Arusha, Tansania, December 5-6,2014. This workshop will offer a comprehensive overview of the most important catheter therapies of congenital, structural and valvar heart disease in children and adults. CSI addresses the needs of adult and pediatric interventionists, cardiovascular surgeons, anesthesiologists, imaging specialists, and colleagues of other disciplines who wish to know more about the field. This year CSI is concentrating on African faculty and several PCSSA members will be supporting faculty. Several cath labs are starting all over neighbouring countries and we support these important initiatives. We have 10 free registrations on offer to any member of the PCSSA who would like to attend.

5. PASCAR Tunisia, 2015. We urge members to consider Tunisia 2015 for the PASCAR conference next year. As an affiliate member, we are keen to foster a closer collaboration with our African colleagues. We hope that next year, there could be a substantial paediatric programme in the conference.

6. COLLABORATIONS

We have joined the CHIP network (the Congenital Heart Professionals Network) which has been designed to provide a single Global list of all CHD-interested professionals. This list will enable the speedy and efficient connection of paediatric and adult CHD-interested professionals to events, conferences, research opportunities and employment whilst increasing education opportunities and providing awareness of new developments in the field. The CHIP network thus aims to bring the paediatric and adult congenital heart communities into closer contact and to offer a communication tool for the discussion of critical issues.

8. TRAVEL AWARDS

A new fellowship was established last year which will allow two fellows to attend the fellow interventional course in Nevada in December. The fellowship is worth R25 000 this year and is co-sponsored by the course itself covering registration and accommodation with the additional funds for travel expenses. Last year's recipients were Himal Dama and Barend Fourie. We are very pleased to announce the recipients of this year's award: Liesl Andrag and Cerri Grieg, Well done to them both and we wish them a great stay and learning experience.

7. THE YEAR AHEAD

There are several goals for the new year ahead:

- We need a complete database of all practitioners involved in the management and treatment of children with heart disease are not members of SA Heart not PCSSA. It is our aim to have as complete a database of these colleagues as possible to involve them in our society and activities. We also wish to spread our reach to more general paediatricians, involve patient and parent groups and build closer collaboration with the department of health.
- We also intend to be more relevant to all our members, focus on the new generation of trainees and provide more input into issues of ethics and advocacy for children. It has also always been a goal to develop and encourage a research ethic within our members. We would like to use our research fund to build on this foundation and to encourage more post-graduate degrees within our organisation. We would like to start with our research fund but also to support those fellows undertaking M Meds or MPhils with mentorship and practical help.



Paediatric Cardiac Society of South Africa

- Two areas of growing interest are adults with congenital heart disease and specialised paediatric cardiac surgery. These are two training areas that we would like to address in the near future.
- Our final goal for the coming year is to further develop our website, in conjunction with the information portal, into a more accessible vibrant and interactive site that facilitates conversation between practitioners and patient/parent groups and to focus on promoting advocacy for our children. We have identified certain advocacy groups and will work together with these to improve the visibility of children with heart disease.

My thanks to my colleagues on the Executive of the PCSSA for their hard work and support thus far. For those retiring from the executive , in particular ex-officio Ebrahim Hoosen and Chris Hugo-Hamman (who are not restanding for election) , our particular thanks and appreciation for all the hard work and dedication.

Liesl Zühlke

Dr Liesl Zühlke
Specialist Paediatrician/Paediatric Cardiologist
President: Paediatric Cardiac Society of South Africa