

Minutes and Handbooks

Carlo Di Mario*, MD, PhD, FRCP, FSCAI, FACC, FESC
**President of the European Association of Percutaneous Cardiovascular Interventions;
 Consultant Cardiologist and Professor of Clinical Cardiology**

Royal Brompton Hospital and Imperial College, London, United Kingdom

Minutes are dry documents; nobody likes reading them because they are almost as boring as the instruction book for your mobile telephone. For the mobile phone, allow me to give you a good tip: if you have a problem, ask your children. If they are 10 or older (but sometimes even before that age) they will find a solution before you even have the time to open the web page with the instructions. It is called intuition and seems to die at the same pace as the neurons in your brain. For the minutes, sometimes there is no alternative but investing some time in reading them. Better to learn in advance the decisions of the last hospital management meeting you wanted so badly to attend, but couldn't because that last minute primary angioplasty arrived at the wrong time (remember to find a better – or at least a different excuse next time). It is unlikely you will be able to reverse the unanimous decisions to reduce your Cathlab personnel and time, to cut your salary and share your office with three more colleagues. At least you will not stand with your jaw dropped like an idiot when this happens. If you have the habit of reading these types of bureaucratic minutes, there is a chance you will find entertaining, or at least informative, the paragraphs below, which summarise the last Board meeting of our Association, held in Roissy near the Paris airport on December 10, 2009. We have regular monthly teleconferences and they proved to be effective in checking the progress of existing projects and handling current affairs. When it comes to taking important decisions on new projects, brainstorming to address new potential needs, share the little money of our budget to ensure that these projects go ahead, you would agree that nothing can replace a face-to-face meeting. Therefore, the Board decided to hold three meetings a year (the next two taking place during EuroPCR and the ESC congress in May and August 2010, respectively).

EAPCI Board Winter Meeting

The cross-presidency article of last June¹ lists the six members of the Executive Committee, including the four (President, President-Elect, Secretary and Treasurer) you have elected to these posts for the next two years. This Board was the first occasion to meet the chairpersons of the various committees forming the backbone of the Association. According to the statute, chairpersons and committee members are not elected but appointed by the President and the Executive Committee for two years, renewable for two more years. This time, the Association went through an extensive process of consultation with the national interventional societies as well as interviews of the candidates, and only recently completed the list of members, visible on-line at the Association website.

EuroTRAINING

The chair of the training committee, Martine Gilard from Brest, France, deeply involved in the active training programme started 10 years ago in France and President of the French Interventional Society, was first to speak. She presented a detailed plan to build a platform for certification of interventional training in Europe. She acknowledged the work done in the past, at the time the Association was just a small Working Group of the ESC, with a curriculum prepared and agreed on by all the National Societies listing the minimum requirements in terms of years of training (two years), number and type of angioplasty procedures (200; 60 in acute coronary syndromes including primary angioplasty), attendance of meetings and courses to provide formal certified knowledge in the subjects of the interventional training syllabus². More recently, most national interventional societies have also prepared a list of approved training centres, discussed with the corresponding cardiology society. The chair of the education committee, Lino Goncalves from Coimbra,

* Corresponding author: Royal Brompton Hospital, Sydney Street, London, SW3 6NP, United Kingdom

E-mail: C.DiMario@rbht.nhs.uk

Portugal, supported the decision to start a training certification programme but clarified that certificates issued by our Association or any other scientific society, such as the ESC, have no legal value because only national accreditation authorities have the power to issue valid diplomas and subspecialty accreditation is still a controversial item. The European Union will not interfere in this process because the principle of subsidiarity demands the competence on education to the national authorities. Once enough countries have started, however, the need to have a homogeneous process of specialty training to facilitate movement of specialists across Europe can trigger a domino effect to involve the remaining countries. To further complicate the problem, the natural counterpart of the European Commission is the Association of European Medical Specialists (UEMS) and not an individual scientific society or branch of a society such as ours. There was unanimous consensus on the decision to start a program of certification of interventional training. A central European training certification platform will be prepared and offered to all the national societies to be translated and modified according to local needs with the ultimate goal to have it endorsed by the national accreditation authorities. While such a national programme is still not available, or in small countries unlikely to have resources to organise it, the trainee will be able to use the EAPCI platform to obtain a certificate of conformity of his training with European standards, potentially helpful to single-out valid candidates for Cardiology posts involving interventional work. The platform will be built in modules including certification of knowledge in a specific field, documentation of cases done, uploading a procedural log-sheet and electronic copies of the angioplasty images. A statement by the local approved supervisor and the review of the material produced by the EAPCI examiners will be required before the certificate of training is issued. The 23 members of the committees of training and education, all prominent educators representing almost all the European countries, will prepare this platform, following and improving the model of other subspecialty accreditation programmes such as that of the Echocardiography and Arrhythmia Associations. A recommendation on the controversial point of the need to organise a final multiple choice examination, and on the identification of the best provider to develop this platform – will be requested to these joint committees and their chairs. The board agreed to allocate most of the financial resources 2009-10 to ensure a sufficient budget to support the multiple meetings required and the cost of the IT company developing the platform. At the end of the EAPCI meeting, the Board met 60 interventional fellows coming from 14 different European countries participating in a dedicated training course. There was general support for the construction of a European platform, even when participants were fully informed that the final certificate will hold no legal value. There was a mixed response on the opportunity of having a final examination, with a result similar to the answers received in a recent questionnaire submitted to 120 Fellows in London (94% in favour of European certification of interventional training, 66% in favour of a formal exam).

EuroREGISTRY

Patient-based PCI database

The Board enthusiastically received the proposal of Stefan James from Uppsala, Sweden, chair of the registry and database committee, to create a European database of interventional

procedures merging existing national platforms linked to mortality and other outcome measures (hospitalisation and cause of hospital readmission). Since no meetings were held with other committee members representing the United Kingdom, Germany, Poland and other countries with large patient based existing databases to explore feasibility, only an initial sum sufficient to cover the possible cost of data conversion was allocated in the 2009-10 budget.

Cumulative PCI database

Following the express requests of some smaller European countries with no patient based database, but interested in a comparison of the number and types of interventions in Europe, a decision was made to ask Bernhard Meier from Bern, Switzerland, to restart from May 2010 his presentation of the cumulative interventional procedures in Europe, to be reported during the EAPCI general assembly and published in EuroIntervention. A questionnaire approved by EAPCI was sent to all the presidents of the national interventional societies or working groups.

EuroRESEARCH

The launch of clinically oriented strategy trials able to solve the many open questions in interventional cardiology unlikely to be addressed by industry sponsored trials was indicated as a priority by Stephan Windecker from Bern, Switzerland and Manel Sabate from Barcelona, Spain, chair and vice-chair of the clinical research committee (formerly called “clinical initiatives”). A list of features required for a research project to be of interest for Association sponsorship or endorsement was presented. There was general agreement on the principle, but the financial resources to secure these activities and its business model (a “research foundation”?) will require further reflection. Satisfaction was expressed that the Association was already involved via clinical trials committee members in studies under planning on stent thrombosis, treatment strategy with direct thrombin inhibitors and DES for left main disease.

EuroPCR and interventional programme during the ESC congress

William Wijns, from Aalst, Belgium, past-president and vice-chairman of the EuroPCR board of directors, addressed the frequent remark that insufficient changes had been made in the structure of EuroPCR to meet its new function as official congress of a democratic Association such as EAPCI. He mentioned the adoption of ‘abstract sessions’ to allow members to present their work, the highly successful ‘Call for Cases’ sessions, the introduction this year of Forum sessions where participants can propose new strategies for the treatment of bifurcation lesions, STEMI and TAVI, the radical change of the programme committee with 2/3 of the members newly appointed upon indications by the EAPCI Board. Marc Doncieux and Sally Vincent from Europa Organisation, organiser of EuroPCR, confirmed that in Paris during EuroPCR 2010 the EAPCI will hold its general assembly on Tuesday afternoon, in the main arena, after the most prestigious session of the congress (‘Hot Trials’) and all the rooms requested for the various committee meetings will be provided. Dariusz Dudek from Krakow, Poland and Marko Noc from Ljubiana, Slovenia, chair and vice-chair of the scientific programme

committee (formerly called “scientific initiatives”), clarified that from next year, the call for proposals at EuroPCR will allow them and the newly appointed talented group of committee members to submit a large number of symposia and sessions, filtering, merging and enhancing proposals from individual members, while ensuring diversity of presenters and topics. A similar work was done this time for the ESC congress programme in Stockholm 2010, with 10 mainly interventional sessions and various sessions in cooperation with other working groups or associations, reflecting, whenever possible, the individual proposals received from members.

Stent for Life

Jean Fajadet, from Toulouse, France, president-elect, reported the results of this new initiative recently endorsed by the ESC Board. After the publication in EuroIntervention³ of the successful European network models and a review of the status of treatment of STEMI in Europe, with large differences in penetration of primary angioplasty not explained simply by resource availability⁴, the steering committee, chaired by Petr Widimsky from Prague, Czech Republic which now includes also Steen Kristensen, ESC vice-president responsible for national societies, has approached six pilot countries with below standard penetration but a sufficient number of cathlabs and interventionalists to allow for rapid growth. A successful campaign to obtain industry sponsorship, the presence of an experienced, full-time coordinator, the motivation of champions identified in different countries and already preparing an action plan focusing on key regions... all this offers great hope of rapid changes in the organisation of transport of patients with acute chest pain allowing a greater utilisation throughout Europe of primary PCI, a life-saving procedure with Class IA recommendation in the ESC STEMI guidelines.

EuroBudget

Kari Niemela from Tampere, Finland, EAPCI treasurer, presented the provisional budget for 2010-11, in the red for 160,000 €, used to support the extraordinary expenses for certification of training and the European registries, as well as to avoid a drastic reduction of the number of training and research fellowships offered for next year (six in 2010 instead of seven in 2009). The budget was approved, because there was still unspent money in the bank account, and in the expectation that the budget will be balanced after these extraordinary expenses in 2011-12.

EAPCI and EuroPCR on-line Website

Andreas Baumbach from Bristol, UK, and Bernard Chevalier from Massy, France, chair and vice-chair of the web and communications committee, discussed the opportunities to use the existing large mass of educational content in these sites, including the slides of the last four London European Interventional Fellows' Courses, www.europeancardiofellowscourse.org to support the training platform.

Endorsement of congresses

Manel Sabate presented a proposal of the procedures to follow in order to sponsor meetings, limited to a few fellows courses to avoid conflicts with the official congress EuroPCR, as well as to endorse

meetings organised by others. An automatic endorsement (upon request) is expected for the official annual meeting of the various national interventional societies. Jean Fajadet, President Elect and Committee Chair for international affairs and national societies, will offer to all the national presidents the possibility of organising a joint session focused on EAPCI activities. A document listing the conditions for granting endorsement to other worthwhile interventional congresses was approved. The proposal to request a handling fee to process these applications was rejected by the Board.

EAPCI's Organisation at Heart House

Marielle de la Torre, EAPCI executive officer, confirmed, to everybody's great relief, that she will remain full-time dedicated to EAPCI, under the supervision of Muriel Mioulet, the director of external affairs and associations, supported by Caroline de Moras, project manager/assistant manager. In addition, to meet the expectations of dedication, continuity, seniority, expertise and coordination, the Heart House business units will be reviewed and reinforced around clusters of expertise. These clusters have been identified based on the list of committees of each Association, as to ensure that these business units will have the expertise required to accompany the committees in meeting their deliverables.

EuroIntervention

Patrick Serruys from Rotterdam, the Netherlands, Editor-in-Chief of the official EAPCI journal, reported the positive results for 2009, with an increase in the number of issues (10 expected in 2010 including two Supplements), printed copies delivered (12,000), number of hits (a total of more than a million reached in November, with more than 250,000 downloads of articles). The penetration of the journal appears far greater than the penetration of any other subspecialty journal of the ESC family, and will hopefully be reflected by the first impact factor, expected by the end 2010. The positive cooperation with Thomas Lüscher, Editor-in-Chief of the European Heart Journal, allows transfer for consideration in EuroIntervention of worthwhile articles in the field of interventional cardiology with good reviews but insufficient priority or too technical to be published in the European Heart Journal.

In conclusion... EuroDelegation

A positive meeting, I think, with an historical decision on embarking on a training certification programme, as well as many ongoing or planned activities. If you bothered to read this far, please, help me to answer the still too many colleagues who complain because the Association does nothing of interest for interventional cardiology in Europe, and who do not bother to become members (fortunately fewer than in the past, now we have 2,256 members). You may ask what I did during the Board meeting... I nodded. After each presentation and discussion I dictated some action points, for others to apply. I followed the advice of my good friend Kari Niemela, studying at night to complete business school while he is managing a 50 million euro cardiovascular department in between primary angioplasties. He told me that leadership means ability to delegate. With such a great group of people around me in the

Association, delegating is very easy. In short, I think I am learning the first golden rule of the successful manager: Take all the credit for the success and delegate all the duties.

References

1. Wijns W, Di Mario C. Presidential criss-cross. The transfer of office between EAPCI presidents. *EuroIntervention*. 2009;5:293-297.

2. Di Mario C, Di Sciascio G, Dubois-Randé JL, Michels R, Mills P. Curriculum and syllabus for Interventional Cardiology subspecialty training in Europe. *EuroIntervention*. 2006;2:31-6.

3. Knot J, Widimsky P, Wijns W, Stenestrand U, Kristensen SD, Van' T Hof A, Weidinger F, Janzon M, Nørgaard BL, Soerensen JT, van de

Wetering H, Thygesen K, Bergsten PA, Digerfeldt C, Potgieter A, Tomer N, Fajadet J. How to set up an effective national primary angioplasty network: lessons learned from five European countries. *EuroIntervention*. 2009;5:299-309.

4. Widimsky P, Wijns W, Fajadet J, de Belder M, Knot J, Aaberge L, Andrikopoulos G, Baz JA, Betriu A, Claeys M, Danchin N, Djambazov S, Erne P, Hartikainen J, Huber K, Kala P, Klineva M, Kristensen SD, Ludman P, Ferre JM, Merkely B, Milicic D, Morais J, Noc M, Opolski G, Ostojic M, Radovanovic D, De Servi S, Stenestrand U, Studencan M, Tubaro M, Vasiljevic Z, Weidinger F, Witkowski A, Zeymer U; on behalf of the European Association for Percutaneous Cardiovascular Interventions. Reperfusion therapy for ST elevation acute myocardial infarction in Europe: description of the current situation in 30 countries. *Eur Heart J*. 2009 Nov 19. [Epub ahead of print]