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The Society for Cardiac Angiography & Interventions

President's Page

A Global Community: Strengthening Relationships Abroad and in the U.S.

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ARGENTINA, AUSTRALIA, BAHRAIN, BANGLADESH, BELGIUM, BRAZIL, CANADA, CHILE . . .

SCA&I is truly an **international** Society. We have grown to where we now have members practicing in forty-three countries around the world. As I mentioned in last month's President's Page, one of our five key goals this year is to strengthen inter-societal relationships in the U.S. and abroad. This month, I'd like to share some ideas about how together we can meet that goal.

. . . ***CHINA, EGYPT, FRANCE, GERMANY, GREECE, HONG KONG, INDIA, ISRAEL, ITALY***. . .

Since its founding in 1978, our Society has been the voice of the invasive and interventional cardiologist. In that respect we have been quite successful. However, the world of cardiology is much broader than the community of invasive/interventional cardiology, and knows no national boundaries.

It is vital that we have close partnerships with our colleagues in the U.S. and abroad. At a time when many outside forces are attempting to fragment us and define for us our role in patient care, it absolutely essential that we expend our energies to build bridges (not walls), to partner (not partition) and to unify (not divide).

. . . ***JAPAN, JORDAN, KUWAIT, LEBANON, MALAYSIA, MEXICO, MYANMAR, NETHERLANDS*** . . .

In the U.S. In the United States, it is paramount that we have functional partnerships with the American College of Cardiology (ACC), the American Heart Association (AHA) and with our fellow subspecialty organizations. ACC has recognized how important it is to have strong, active subspecialty relationships within the house of cardiology, and pursues those partnerships vigorously. For example, appropriate subspecialty representatives have spoken on behalf of all U.S. cardiologists at RUC and PEAC meetings (AMA committees that make recommendations to HCFA/CMS) concerning specific reimbursement codes.

I strongly believe that collaboration and partnership is the best way to meet the interests of patients and physicians alike in the increasingly complex world of cardiovascular practice. The alternative – a splintered cacophony of voices – may give the illusion of greater independence but in reality leads to much weaker impact. Therefore, in the U.S. SCA&I must be a partner able to communicate, collaborate and cooperate as an equal in cardiovascular issues.

. . . ***NEW ZEALAND, OMAN, PAKISTAN, PANAMA, PHILIPPINES, POLAND*** . . .

Internationally. Moving beyond the U.S., we have a unique opportunity to facilitate interaction among international interventional societies. Our very name intentionally is devoid of any geographic or regional inference. Further, within our Society international members have been extraordinarily effective in disseminating information and involving Society representatives in local educational efforts. Society leaders are invited to participate in virtually every interventional meeting abroad.

Your Society is working with those international organizations in key areas, with more activities planned. For example, together we are exploring opportunities to develop international cath lab guidelines and data registries. In the very near future, the Society's newsletter likely will be made available in Spanish and potentially other languages. The Society is also working with international organizations in educational needs assessment, to learn how educational programs can be made even more relevant to physicians' needs. To further these many efforts, Society members from outside the U.S. often travel literally half a world in order to participate in one or two days of Society meetings and represent their own countries' interests.

We need to capitalize on this enthusiasm and facilitate accelerated growth in cooperative international efforts. These could include cooperation in developing international practice guidelines, training standards and new educational models. Focusing on meeting the needs of interventional cardiologists in training worldwide is a particularly acute need.

. . . ***PORTUGAL, SAUDI ARABIA, SINGAPORE, SOUTH AFRICA, SOUTH KOREA. . .***

What next? I propose that the paramount goal of the Society in this area should be to serve as a resource to encourage inter-society partnerships within the U.S. and abroad – with respect for the independence and unique viewpoints of each organization. While there is of course healthy diversity in those viewpoints, there is much more that we have in common. Here are a few ideas about how we can work together:

- **Professional education.** Develop an international online library of didactic materials (e.g., slides, cases, cines) for our societies to use in training interventional fellows. This is a concept the Society has been developing, and would welcome the participation of international societies as partners. Conceivably this library could reside on other societies' web sites as well, "co-branded" with each participating organization's name.
- **Guidelines.** As interventional cardiologists, we face similar patient situations daily, regardless of where we live. There are many opportunities for us to collaborate in developing practice guidelines, building on the important work that ACC and AHA have done. We will explore working with international society leaders to determine how we develop international guidelines for the practice of interventional cardiology.
- **Training.** Third, we should consider collaborating on international guidelines for training future interventionalists. What differences exist in how interventionalists are trained from country to country? What similarities? What can we learn from each others' experiences? I propose that international societies agree on a core set of knowledge and skills that an interventional cardiologist should have. This should be done with an appreciation and respect for the many differences that exist among nations. Again, although there are differences among countries, there is much more that we have in common.
- **Ethics.** As the pace of research accelerates, issues of patient confidentiality, informed consent, research sponsorship, conflict of interest and others become even more important. Our societies could collaborate to develop advisory guidelines to assist us all in navigating these thorny areas – lest external forces dictate those guidelines to us first.

In sum, SCA&I should become the facilitator of interventional international society relationships – not to dominate, but simply to be a resource for enabling those relationships to grow.

This fall, SCA&I is organizing a meeting of leaders from international interventional societies to explore taking these ideas to the next stage. In a future President's Page, we will report to you results of that meeting, and will invite those international leaders to share their comments with you through this column.

. . .***SPAIN, SWITZERLAND, THAILAND, TURKEY, UNITED ARAB EMIRATES, UNITED KINGDOM, UNITED STATES.***

What are your ideas in this area? Please send your thoughts to me at president@scai.org

Thank you.