



Association for European Paediatric Cardiology

Newsletter – July, 2010

First published online 8 June 2010

The 44th Annual Meeting in Innsbruck

Volcanic ashes have darkened the European skies and several meetings and congresses have been cancelled due to the closed airspace. As this newsletter is written, the AEPC Annual Meeting in Innsbruck takes place in 2 weeks. We hope that there will not be any new volcanic eruptions that could endanger the AEPC Annual Meeting. Professor Joerg Stein with his team has created an excellent scientific programme for the meeting. We will tell more about the meeting in the next newsletter.

New council members

In Innsbruck, André Bozio will end his period as President of the Association. He will still continue as past-President for another year. André will be replaced by Shak Qureshi, a paediatric cardiologist from London, as President. We all wish him luck in this challenging task!

Bohdan Maruszewski, the Council member who represented our surgeons, also ends his period on the Council during the Business Meeting in Innsbruck. He is replaced by Juan Comas, a cardiothoracic surgeon from Madrid. Katarina Hanséus, a paediatric cardiologist from Lund and a council member, will be the next Secretary-General-Elect. She will replace Eero Jokinen as Secretary-General during the Business Meeting in Granada in 2011.

The Council takes this opportunity to thank warmly all the retiring Council members, and to welcome equally warmly the new Council members, who we know will work equally hard for the benefit of the Association!

Training and education are our major task

One of the objectives of the Association is to ensure a high standard of professional practice in paediatric cardiology in Europe. Therefore, the Association has established an Educational Committee that together

with the working groups has created training recommendations in different fields of our discipline. In this issue, you will find the recommendations from the AEPC for training in diagnostic and interventional cardiac catheterisation.

Many of us can share the experience of Dr Maarten Witsenburg, one of the authors of the recommendations:

“In 1979, during my third year of training in paediatrics, I performed my first 20 diagnostic cardiac catheterizations in children. The first ten procedures I performed under direct supervision, after that I could call my boss when I thought that was necessary. The expert and extensive routine of the cathlab technician and nurse prevented me from many mistakes. It was the time of diagnostic work-up for intracardiac or ductal shunts, morphology of tetralogy of Fallot or an aortic coarctation. The Rashkind septostomy was the only intervention that was used in my institution.

“Since then major changes have taken place: echocardiography took over most of the diagnostics, balloon valvuloplasty and vessel stenting became possible, as well as device closure of ducts and septal defects. The present day program in the paediatric and adult congenital catheterization laboratory is much more demanding. This is a consequence of the rapid development of interventional cardiology in a patient group that gradually became more complex. Nowadays the trainee can not get part of his routine skills from simple diagnostic cases anymore. He or she needs a thorough knowledge of the morphology, haemodynamics and the wide spectrum of catheters and devices available”.

Times have changed and nowadays the importance of proper training has been understood in the training hospitals.

In this issue, new AEPC recommendations for training in diagnostic and interventional cardiac catheterisation are presented. A staged approach for training is advised, of which all trainees follow the basic part. Those that will continue in invasive

cardiology will follow the intermediate level during, and possibly the advanced level, after the completion of paediatric cardiologist training.

The Council of the Association and the working group of Interventional Cardiology hope that these recommendations will provide a solid basis for both trainees and trainers in the exciting field of

diagnostic and interventional congenital cardiac catheterisation.

In closing, I hope you all have a relaxing period of vacation.

Eero Jokinen
Secretary-General