



9th October, 2012.

***Canadian Association of Interventional Cardiology/Association Canadienne de cardiologie
d'intervention
2011-12 Report to Canadian Cardiovascular Society Council***

Annual report

It has been a busy and generally successful year for the *Canadian Association of Interventional Cardiology-Association Canadienne de cardiologie d'intervention* (CAIC-ACCI). As of June 2012, membership stood at 191 members, including approximately 40 interventional cardiology fellows. These figures mean that approximately two-thirds of practising interventional cardiologists in Canada are currently members of our Association as well as the Canadian Cardiovascular Society. We are determined to grow our membership further and our various regional representatives are working to understand the reasons for non-membership and how this might be addressed.

Other than its modest revenue from membership dues, CAIC-ACCI relies entirely on funding from pharmaceutical and device companies to support its activities. While the Association is currently in a healthy position financially, the number of industry partners providing financial support has contracted significantly in recent years. We are working to improve our dialogue with current and potential industry partners so that they better understand our goals and objectives. We see more strategic and stronger partnerships with industry as essential if we are to deliver on being the national voice for the advancement of interventional cardiology in Canada.

A key objective of CAIC-ACCI in recent years has been to enhance the quality and consistency of interventional cardiology training in Canada. A decade of effort by CAIC-ACCI with strong support from the CCS was finally rewarded in November 2011 with the approval of the Royal College Diploma Program in Interventional Cardiology. This represents a true landmark achievement in Canadian interventional cardiology and will finally provide some recognition for our subspecialty. The Diploma Program will help standardize training across provinces and ensure that our patients receive a similarly high standard of care irrespective of where treatment is delivered. Interventional cardiology fellows who started fellowship training in July 2012 will make up the first cohort of graduates eligible to become Diplomats of the Royal College of Physicians and Surgeons of Canada (DRCPC) in Interventional Cardiology. Full details of the Interventional Cardiology Diploma Program are available on the Royal College website (http://www.royalcollege.ca/portal/page/portal/rc/credentials/specialty_information/afc_information/interventional_cardiology). The joint CCS-CAIC Guidelines for Training and Maintenance of Competence in Adult Interventional Cardiology were also published in the *Canadian Journal of Cardiology* in November 2011 (Palisaitis *et al* Can J Cardiol 2011; **27**: 865-867) and represent the template on which Royal College Diploma certification is based. CAIC-ACCI Executive wishes



to acknowledge the excellent leadership of Dr. Don Palisaitis, who has been a pivotal figure in securing Royal College approval in his capacity as Chair of our Standards of Training and Competency Working Group.

Training of interventional cardiology fellows continues to be a high priority of CAIC-ACCI and has been one of our most consistent successes in recent years. Highly successful Fellows' Workshops and Symposia have been held in conjunction with the Canadian Cardiovascular Congress and the June Montreal Interventional Cardiology Symposium for the last several years. We are looking forward to another successful Fellows' Workshop at the forthcoming CCC in Toronto. We are also exploring the possibility of developing our ties with the Society for Cardiovascular Angiography and Interventions (SCAI) in the United States and possibly participating in some of their Fellows' training initiatives. CAIC-ACCI Executive wishes to thank Dr. Peter Seidelin for his superb leadership in organizing and coordinating our Fellows' training initiatives.

CAIC-ACCI has also offered a number of successful symposia and workshops for its regular members during the last year. These included a STEMI symposium and Transcatheter Aortic Valve Implantation (TAVI) Spotlight Session at CCC Vancouver 2011 and a symposium at the Montreal Interventional Cardiology symposium in June covering a broad range of interventional cardiology topics. CAIC-ACCI has also supported and partnered in a number of other meetings including the 14th Annual Coronary Physiology, IVUS and Invasive Imaging Workshop and Tremblant Interventional Cardiology Meetings in February and the recent 1st Advanced International Masterclass on the Transradial Approach (AIM-RADIAL) in Quebec City. We are looking forward to hosting a STEMI symposium at the forthcoming Transcatheter Cardiovascular Therapeutics (TCT) meeting in Miami and a Revascularization Workshop at CCC Toronto.

Regulatory and fiscal challenges are increasingly delaying or sometimes preventing access to new drugs and devices in Canadian interventional cardiology. CAIC-ACCI is endeavoring to be more active from an advocacy perspective so that our patients have access to the best available treatments. Subsequent to member feedback, CAIC-ACCI and CCS wrote a joint letter in March 2012 petitioning the Canadian Drug Expert Committee (CDEC) for its controversial decision in relation to the oral anti-platelet agent ticagrelor. This is the first time that CAIC-ACCI and CCS have partnered in this way and it should not be the last. Our organizations need to push for the opportunity to have more dialogue with our regulatory and reimbursement agencies and if necessary provide experts who can participate in their review processes.

An important recent change within CAIC-ACCI Executive was the departure of Mr. Charles Pitts from the position of Executive Director. CAIC-ACCI Executive is extremely grateful to Charles for his 10 years of dedicated service to the Association and to Canadian Interventional Cardiology. Charles has been replaced as Interim Executive Director by Mr. Kevin McKenzie (CV attached).



Kevin's extensive experience in the pharmaceutical industry and cardiovascular arena represent a natural fit and we look forward to his contribution over the coming year and beyond. Kevin is initially focusing on one of CAIC-ACCI's top priorities for the coming year, namely the strengthening of our Affiliate relationship with CCS. CAIC-ACCI has chosen to pursue the enhanced level of secretariat/administrative support offered to Affiliates as described in the Affiliate Policy approved by CCS Council in October 2011. Considerable progress has already been made in coordinating the hand over of administrative functions. CAIC-ACCI Executive is extremely grateful to CCS Staff for all their help and support and in particular to Ms. Linda Palmer.

Other CAIC-ACCI priorities for the coming year include:

- Improving the reliability and quality of communication with members and partners. An important advance in 2012 has been the distribution of a quarterly CAIC-ACCI newsletter which has been very well received (October 2012 issue attached). A survey of members is needed to help better understand the needs of our members and to guide priority setting.
- Re-activation of the CAIC-ACCI website which was suspended for redesign in early 2012
- Development of a formal business plan for the National CAIC-CCS Catheterization-PCI Database.

CAIC-ACCI Executive is looking forward to the year ahead and is confident that the strengthening of our relationship with CCS will help us meet the many challenges that lie ahead.

Dr. Michael P. Love MB ChB MRCP MD

On behalf of CAIC-ACCI Executive

Attending Interventional Cardiologist and Associate Professor of Medicine

Queen Elizabeth II Health Sciences Centre and Dalhousie University

Halifax, Nova Scotia.

CAIC-ACCI Executive 2011-2012

Mr. Kevin McKenzie (Interim Executive Director)

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