## NEWS

- Attend the EAPCI
  General Assembly on
  Thursday 22<sup>nd</sup> May (18:30, location TBC) at EuroPCR
  and learn the results of the
  EAPCI Board elections.
- SFL Forum Conference
  2014 was a very successful
  event bringing together
  leading interventionalists,
  government representatives
  and industry partners from
  26 countries sharing their
  experience in building
  effective PPCI networks to
  reduce morbidity and
  mortality of patients
  suffering from acute
  coronary syndromes.
- Register today for ESC Congress 2014! Early Registration ends 31 May
- ESC Congress 2014: submit your Hot Lines, Clinical Trial Updates & Registries by 1 May

## EAPCI Focus on the Association of Cardiovascular Interventions of the Polish Cardiac Society An interview with the President,

## Andrzej Ochała What does the EAPCI membership mean for a national society?

Though the Association of CardioVascular Interventions (ACVI) of the Polish Cardiology Society (PCS) is one of the largest national interventional cardiology groups in Europe today, we do not participate nearly enough in the EAPCI, something we hope to improve soon! The EAPCI is a highly valuable educational platform, which is of great use as the foundation for the education of Polish interventional cardiologists. Programmes supported by the EAPCI are very useful for clinical and scientific exchange among cardiologists throughout Europe. Our association cooperates, as well, with EuroPCR, organizing together the WCCI PCR course in Warsaw as well as the PCR session during the NFIC meeting in Krakow. We believe that in the "one Europe" of the future, the EAPCI could help to standardise medical education and training, and together we could unify qualifications for interventional cardiologists. This idea of "one European interventional cardiologist", well-educated and well trained, could be the future goal for the EAPCI and we in the ACVI would like to support this.

In Poland we have only just introduced individual certificates for invasive cardiologists last year. The educational part of these qualifications are based on EAPCI courses and we encourage young fellows to take part in international meetings approved by the EAPCI. We also established a special grant system for young cardiologists to make it easier for them. This year mini-seminars with PCR are taking place in Poland for the first time; this will be an opportunity for our doctors and friends from all Eastern European countries to expand their knowledge. We hope our cooperation with the EAPCI will continue to expand in the near future.

## What are the current issues related to the national society?

In recent years, and over a very short period of time, we have successfully worked with Stent for Life, developing a network for



Andrzej Ochała, President of the Association of Cardiovascular Interventions of the Polish Cardiac Society



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**Upcoming annual meeting:** the 9<sup>th</sup> of March 2014 in Warsaw

**Founded:** 1993

**Members:** 826 members from 154 cathlabs

EAPCI members:

218 (as of March 2014)



treating STEMI that includes more than 150 centres, most of them working 24/7. Due to this, we have been able to decrease mortality in STEMI patients significantly. ACVI continues to work to improve this network, attacking the logistical problems inherent in transportation, introducing teletransmissions and by using education to improve the quality of invasive procedures. We can say clearly say that the Stent for Life programme was a big success in Poland.

Like other countries, we feel the effects of the economic recession, which, though not as serious in Poland, is still present. These economic issues make the introduction of

new technologies like TAVI, Mitraclip or LAA closure more difficult. The numbers of these procedures performed in Poland today are well below our expectations. We hope that cooperation with other countries through the EAPCI could be helpful in this situation.

One of the biggest challenges facing our healthcare system is that it is in permanent transformation. ACVI tries to protect our members in this difficult environment – our second goal after education. We see ourselves as playing an active role in the creation of a better healthcare system, especially that part dealing with invasive cardiology.