

### **EAPCI General Assembly**

#### 20 May 2021 - EuroPCR 2021

### **Questions & Answers**

### Q1 - Are we are going to have access to this presentation?

Slides of the EAPCI General Assembly will be made available on EAPCI webpages and accessible to eligible EAPCI Voting Members (and those who need to renew their EAPCI Membership to remain eligible)

# Q2 - Can you elaborate more on a planned coaching program for women? Will it be related to their leadership skills?

The online coaching programme will be launched as a pilot and targeted to young interventional cardiologists, both men and women with a target for 50% of male & female candidates from Institutional Members Country of the ESC.

Its aim is to enable the personal development of fellows in interventional cardiology, fulfilling tasks both in the field of support for personal development, research and practical tips.

As such, it is not restricted to leadership skills nor women which is the objective of the <u>ESC Grants for the Women Transforming Leadership Programme</u>.

#### Q3 - We need more information about the CMRP

EAPCI Country Mutual Recognition Process (CMRP)

- Design & Process: Individuals who are certified with a national association/WG that is mutually recognized will only have to pass the certification part A exam and do not have to submit an eLogbook (Cath Lab Pathway) to be fully EAPCI certified. Equally, it is envisaged that reciprocity between National and European certifications will lead EAPCI certified individuals from being exempted from the practical part of the national certification.
- Present situation: The Training and Certification Committee connected with
  the International Affairs and National Working Group Networking Committee
  (IANWGNC) + New Initiatives For Young Interventionalists Committee
  (NIFYIC) to strengthen connection with Interventional Working Groups. Such
  actions were necessary to launch the Country Mutual Recognition Process
  (CMRP) process in S2 2021. France, Italy, Portugal, Poland, Spain, Belgium,
  Netherlands are provisional pilot countries.





This is the objective of the "mutual recognition" initiative. A pilot phase has started including 7 countries which agreed to participate. The first step is to define align the requirement between the certification of each individual country and the EAPCI certification. Once this pilot phase is achieved it will be extended progressively to other countries.

# Q4 - How can you help members from the West African region, where there are not many cath labs to facilitate training?

EAPCI currently does not offer any training possibilities outside ESC Member Countries.

### Q5 - Do we need to do more so that more women will participate?

Several initiatives are being led by both the EAPCI Board, New Initiatives for Young Interventionalists and Women Committee to encourage women to pursue career in interventional cardiology and to contribute to EAPCI activities and be more represented.

### **Q6 - How many members are there from Developing Nations?**

Please find below the EAPCI Membership breakdown on 31 April 2021, in line with the Gross National Income (GNI) classification from the World bank

- low-income economies represent 0,3% of EAPCI membership
- lower middle-income economies represent 19,6% of EAPCI membership
- upper middle-income economies represent 18,6% of EAPCI membership
- high-income economies represent 61,6% of EAPCI membership

# Q7 - What is EAPCI's take on post CoVID-19 cardiac function tests for lay people and sports persons and resumption of exercise - when to initiate how to step up the exercise level?

This is a very individual decision, so these patients need to be guided by their local doctor. Not much is known on how to deal with these patients. Factors to be respected are also where the restriction of the patient comes from: is it mainly the pulmonary situation, is it primarily a reduced overall shape after a long hospital stay, or, is the main reason a cardiac one and then which one: myocardial infarction e.g. in the frame of the COVID infection or heart failure as consequence of a viral myocarditis? However, we understood from the general assembly that there may be a need to come up with some recommendations and this question will be discussed within the board.





### Q8 - Can Fellows from India apply for training fellowships?

EAPCI Fellowship programme is restricted to **ESC National Cardiac Societies**.

# **Q9 - What is EAPCI's position on CoVID-19 and CoVID-19 Vaccines precipitation of Acute Coronary Syndromes?**

While we all support vaccination for COVID in general and believe that this is the way to go, specific questions in particular for an official EAPCI position can be answered following the ESC regulations – also this question will be discussed in one of the next board meetings.

# Q10 - Is it possible for the certification committee to establish a process with Euro countries to get equivalent or automatic registration as specialist in intervention?

See question 3

## Q11- How can EIJ collaborate with EAPCI in the expansion to all European countries?

EIJ may host every month a column dedicated to EAPCI activities. This is a good space to disseminate any update from the Association, including services to the community.

# Q12 - Very low acceptance of articles, does that indicate low quality of majority of papers?

On the contrary, the quality of papers submitted is high, leading to a need to be highly selective to avoid generating a backlog of accepted papers in the waiting list for printing. Thanks to the increase in good submission, we simply decided to raise the bar for the sake of having the best possible Journal.

Q13 - What about the micro-Fellowship program for young interventional cardiologists (observe-ship) from the non-European countries (that EAPCI had organize once in 2019)? That is a great educational opportunity for young specialists from countries without European diploma.

This programme was a pilot which originated from the EAPCI Women Committee and funded by the Association. It was restricted to <u>ESC National Cardiac Societies</u>.

It was decided to focus on the 12-months fellowship programme and on the pilot coaching programme for the time being.

