Challenges for the Canadian Cardiovascular Society in the 1990s

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In 1990, the Canadian Cardiovascular Society (CCS) approved a strategic plan intended to better fulfill its mission 'to foster optimal cardiovascular health'. The 13 objectives of this first plan focused mainly on education, training, research, care and ethics. This report highlights the realization of some of these objectives during the 1990s.

The CCS and its implications in maintaining and promoting cardiovascular knowledge

One of the major objectives of the CCS's strategic plan was the development and implementation of a maintenance of competence (MOCOMP) program for all cardiologists and cardiovascular surgeons of the Society. A CCS national survey showed that 85% of the members were in favour of such a program. The Council struck a working group of CCS members implicated in medical education to set up the program in collaboration with members of The Royal College of Physicians and Surgeons of Canada (RCPSC) MOCOMP program. The CCS MOCOMP program was the first to be recognized among the Canadian medical specialities; its impact was assessed in the first years on the topic of heart failure management before and after the consensus conference that addressed this subject.

A major issue discussed in the late 1980s was the extension of the one-year to a two-year cardiology training program to better integrate the additional knowledge and expertise related to new diagnostic and therapeutic developments into the curriculum. This proposal met some resistance at the RCPSC Credentials Committee for several years, despite the results of a survey of cardiologists that showed that 70% were in favour of such an extension, the agreement between the CCS and the RCPSC Speciality Committee in Cardiology, as well as the justifications elaborated by the CCS, including guidelines on laboratory training requirements. The proposal was finally accepted in 1995.

Also in 1990, two other initiatives occurred. First, *The Canadian Journal of Cardiology* became the official journal of our Society, and the Founding Editor, Dr Robert E Beamish, was appointed Editor-in-Chief. Since then, the *Journal* has been a tribune for cardiovascular research and education. Second, the first consensus conference was presented; this initiative and the subsequent conferences have attested to some remarkable teamwork and have been highly appreciated by the membership.

The CCS meetings were restructured, particularly with the integration of several other societies and organizations working in the cardiovascular field. The CCS's annual meeting became the annual Canadian Cardiovascular Congress. Finally, the CCS participated at the annual meeting of the American College of Cardiology board and the Inter-American Society of Cardiology

board, giving opportunities to exchange with our colleagues from the USA, Central and South America and to contribute to the InterAmerican Society of Cardiology mission.

The CCS and cardiovascular research

The funding allocated to research has always been limited, when the burden of cardiovascular disease in Canada is considered. The CCS Council and several members have worked with the Heart and Stroke Foundation of Canada (HSFC) to improve financial resources. In 1990, the CCS, in collaboration with the HSFC, set up a 'round table' of partners from the industries involved in cardiovascular health. This initiative has matured and contributed since 1992 to several annual fellowships for young colleagues who are pursuing their training in research.

Under the initiatives of Dr Paul Armstrong, Chair of the HSFC Research Council, and Dr Eldon R Smith, President of the CCS, a Canadian Task Force on Cardiovascular Science was formed with representatives from the government health agencies, research funding organizations, industries and Societies working in the cardiovascular field. The impact of this task force generated a better understanding of the limited funding for cardiovascular research, as well as a closer relationship with other Societies and organizations working in the cardiovascular field. Funding subsequently increased, but has still remained limited compared with other developed countries.

Since the 1980s, the CCS's annual meeting has generated some revenues. In the early 1990s, these revenues were put into a charitable account, and a specific committee assumed the management of the funds in a newly incorporated group called the CCS Academy, which was subsequently renamed the CCS Foundation. The foundation provides funds for recruitment of outstanding young colleagues who are embarking on a clinical, teaching or research career. Funds are also provided to students or residents to attend the Canadian Cardiovascular Congress.

The CCS and cardiovascular health care

In the 1990s, another important issue facing cardiovascular health was the inequality in the allocation of resources, particularly long waiting lists for invasive therapy, and disparities in availability of diagnostic and therapeutic equipment. These findings were based on a survey performed by the CCS Council. The Council shared the surveyed data with the Senate Committee to define the objectives of an optimal allocation of cardiovascular resources. Senator Wilbert J Keon was a major contributor to realize this undertaking. The CCS expressed its concern to the federal and provincial Ministers of Health when they reduced medical school admission by 10% without previous representative consultation or a clear

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evaluation of the human and demographic resources. As we all know, this decision came to have serious consequences on health care five to eight years later.

The CCS and ethical issues

A CCS Ethics Committee elaborated a cardiovascular ethics reference list to aid in the development of a curriculum for teaching cardiovascular ethics. Workshops were created at the annual meetings and papers were published on the following topics: ethics in academic cardiovascular services, the relationship between the cardiovascular physician and the industry, end-of-life issues, and cardiovascular resources in Canada – the cardiovascular clinician's role in determining their just allocation. The membership had the opportunity to provide feedback on the drafted manuscripts, and they did. This generated interesting exchanges. The committee incorporated the input of the members in their recommendations, and many of them were subsequently approved. The CCS Council recommended to the RCPSC that biomedical ethics be integrated in the training programs of adult and pediatric cardiology and cardiovascular surgery.

The CCS and cardiovascular disease prevention

CCS members have contributed to the cardiovascular prevention program of the HSFC. In 1992, the members of the Council participated actively in the International Heart Health Conference in Victoria, British Columbia, on "Bridging the gap: Science and Policy in Action" sponsored by Health and Welfare Canada, British Columbia Ministry of Health, the HSFC, and the Heart and Stroke Foundation of British Columbia and Yukon. This

meeting was a terrific success and culminated in the Victoria Declaration, which focused on inequalities in cardiovascular prevention and promising approaches to reduce the burden of cardiovascular disease. The relationship with Health Canada became closer in 1993; I was then privileged to be the Chair of the Canadian delegation, which succeeded in bringing to Canada the fourth International Conference on Preventive Cardiology (ICPC), the most prestigious international meeting dedicated to this subject. This meeting was held in Montreal, Quebec, in 1997. It was a huge success both in terms of its scientific impact and as a catalyst for those working in cardiovascular prevention. It was also financially successful. The profits of this meeting were matched by the HSFC to create the fourth ICPC-CCS-HSFC Fellowship, an annual fellowship specifically allocated to cardiovascular prevention.

In closing the 1990s

All these achievements were made possible because of the collaboration of CCS members, HSFC colleagues and one person who had devoted 17 years of her life as the secretary of the CCS – Ms Dolores Lourenço. The accomplishments of the 1990s were truly remarkable and reflect an extraordinary team effort. However, all of us also realized that this great decade was made possible because our colleagues from 1957 to 1989 constructed solid basis that set the way for the 1990s. Considering the achievements of the second millennium thus far, the CCS colleagues who met the objectives of the first strategic plan of the 1990s can be proud of their contribution to the mission of our Society and to preparing the way toward the future.