A Snapshot of the Netherlands Society for Cardiology: History & Current Activities

In this interview, Dr. M.C.G. Daniëls, President of the Netherlands Society for Cardiology, and Prof. dr. E.E. van der Wall tell Cardiology Management about the origins and current activities of this society. Firstly, Prof. van der Wall tells us about the society’s history and background.

DG: Please tell us about the origins of the NVVC.

EW: The NVVC was founded on 28 April 1934 on the occasion of the 70th birthday of Prof.dr. Karl Friedrich Wenckebach who became First Honorary President, and by Prof.dr. W.A. Kuenen as First President. They created the society because in the Netherlands interest was rapidly growing in the field of electrophysiology following the achievements of Prof. dr. Willem Einthoven who received the Nobel Prize for Physiology/Medicine in 1924, and of course by Wenckebach himself. Willem Einthoven unfortunately died in 1927.

DG: How many members joined the society initially, and how did it grow over the years?

EW: Around 50 members first joined the society. The society blossomed until World War II, when everything was either slowed down or put on hold. The NVVC regained its identity in 1947 and in 1949 cardiology became an autonomous and independent specialty with its own regulations for professional training. At the moment, the NVVC counts approximately 1,500 members.

DG: What were its main activities at the beginning?

EW: The society was initially purely scientific and every physician with an interest in cardiology, including veterinary surgeons, could apply for membership for an annual fee of five Dutch guilders. The first NVVC meetings were held on Sundays at different university locations. The very first report was based on the NVVC meeting at Leiden University Hospital, 31 October 1936, chaired by the late Prof. dr. Herman Snellen.

DG: Last year, the NVVC celebrated 75 years of existence - how did the society mark this event?

EW: At our spring meeting, there was a special theme called 'Made in Holland'; we invited speakers from abroad, there were appointments of honorary members, publication of a special issue of the Netherlands Heart Journal, and major festivities along the 'Y', one of the main harbours of Amsterdam.

Now, Dr. Daniëls tells us about the structure, organisation and current activities of the society.

DG: Can you tell us about your activities within the NVVC, prior to being elected as President?

MD: Prior to becoming president of the NVVC, I was especially involved in the working group that supervises the training of fellows in cardiology, and was also the representative of the cardiology society to the registration board for medical specialists in the Netherlands. This board is responsible for the accreditation of Dutch training programmes for specialists.
DG: As President, what have been the main developments you have brought about during your tenure?

MD: Firstly, I have tried to focus on the quality of cardiology care in all its aspects. Furthermore, we have positioned ourselves in a more pronounced way as a partner in the care for patients with cardiovascular diseases. We have achieved this by initiating regular contacts with the related authorities, politicians, insurance companies and so on, to promote the need for good cardiologic services in a time of financial constraint.

DG: How many cardiologists are there in the Netherlands, and how many are members of the society?

MD: There are around 800 practicing cardiologists in the Netherlands, of which a total of 97% are members of the society.

DG: How is the society governed and structured?

MD: The society consists of a board of five people: the president, the president-elect, the treasurer, the secretary and one additional board member. The board meets weekly for half a day at the official office of the NVVC in Utrecht. The office of the NVVC has three devoted secretaries and a webmaster along with a director for the office. Decisions are usually taken in a unanimous fashion.

DG: Please describe for us the main committees and working groups within the society, and their activities.

MD: The society consists of many working groups devoted to specific areas: coronary interventions, electrophysiology, imaging, rehabilitation & prevention and so on. Furthermore, there are committees on quality of care (including guidelines), training of fellows, and financial issues, to name the most important. Communication to our members is primarily through a weekly digital newsletter, as well as through our website. The society publishes the Netherlands Heart Journal, which has a core focus on science.

DG: Please tell us a bit about the NVVC’s ties with the European Society of Cardiology (ESC) - how long have the two societies been linked, and in what areas do they collaborate?

MD: The NVVC has strongly established ties with the ESC. In fact, the first president of the ESC and one of the founding fathers was Dutch. Later on, Prof. Simoons, an eminent Dutch cardiologist was elected as President of the ESC. Many Dutch cardiologists participate in the various committees of the ESC.

DG: Is the society active in promoting and organising the education of cardiologists in the Netherlands?

MD: Yes it is; there is a general meeting twice a year that lasts for two days in April and three days in November. During this meeting, areas such as science, guidelines etc. Are presented and discussed. Furthermore, dissemination of guidelines is done through the work of the Quality of Care committee. There is a specific board governing the education of fellows. The NVVC has a Cardiovascular Educational Institute that regulates educational courses for cardiologists and for fellows in cardiology.

DG: Is the society active in promoting healthcare management, or administration courses to its members?

MD: Management is important: the society organises dedicated management courses for members that are interested in this area.

DG: Is the society promoting the message of 'prevention' amongst the population?

MD: The society has a close collaboration with the Dutch Heart Foundation that specialises in population-wide education.

DG: Does the society have an annual meeting?

MD: A society meeting takes place twice a year. The 2010 spring meeting edition took place at the beginning of April, where the main focus was on "case studies" consisting of interactive and stimulating presentations discussing cases of day-to-day patients that do not fit within our standard guidelines.