Practicing Cardiology in the Netherlands: Viewpoint of the Department Chief

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In this interview, Cardiology Management speaks to Prof. Dr. Maarten L. Simoons, an eminent specialist in the field of cardiology and past president of the European Society of Cardiology, about what it is like to lead the country's largest and busiest department of cardiology.

How did you come to be interested in cardiology, and what are your special areas of interest within the field?

As a medical student, I became involved in balistocardiography, assisting a visiting American professor at my university in Utrecht, who needed both assistance and a Dutch translator (me). Subsequently I worked as a tutor in physiology and began research in exercise physiology and electrocardiography. My thesis was on Computer-Assisted Exercise Electrocardiography.

Can you tell us a bit about the Thoraxcenter where you are chief?

The Thoraxcenter is the largest cardiology department in the Netherlands, in terms of the size of its staff. It is part of the renowned centre for excellence, the Erasmus University Medical Centre, which was identified using citation analysis, by the Times Education Supplement (2009) as the best centre for clinical research in Europe. Our cardiovascular research school, known as “COEUR”, is a collaboration of 12 departments in Erasmus MC working on cardiovascular medicine (see www.coeur.nl) and has the country's top citation score.

As well as acting as chairman of COEUR, I am chairman of the Thoraxcenter and chief of cardiology. We employ about 650 people, including some 30 cardiologists and eight cardiac surgeons, scientists, engineers, nurses and secretaries etc, and count 31 different nationalities. At the Thoraxcenter, we perform about 1,100 cardiac surgery procedures, 1,500 PCI and other percutaneous interventions, 400 ablations and 400 ICD implantations per annum. We have an extensive outpatient clinic, with a special interest in congenital heart disease – we are one of four centres in The Netherlands in this area – in cardiomyopathies and severe heart failure programmes, including heart transplant and cardiac assist device programmes.

The department has 100 beds of which 60 are for cardiology and 40 are for cardiac surgery, including the ICCU (14 beds) and ICU (12 beds). We also count four, soon to be five, cathlabs, equipped with Stereotaxis magnet navigation and Hansen robotics, and four operating rooms. We are international leaders in interventional cardiology and include some of the leading luminaries in the field as well as in electrophysiology, imaging, cardiomyopathies, acute coronary syndromes and also in biomedical engineering and information technology.
What are the most enjoyable aspects of your professional life, and which aspects do you find most challenging?

The most enjoyable aspects of my working life are patient care, supervising young fellows in their training and research, and working in international research collaborations. Conversely, the most challenging are finding financial support for the department activities, such as the renovation of our building. Probably the most time consuming part of my job is the management of the department and its research.

Are waiting lists for cardiology a problem in your department?

No, we only have a waiting list for ablation Therapy.

Do turf wars exist between radiologists and cardiologists in the Netherlands? Who does cardiac imaging studies, mainly in The Netherlands?

We solved the turf battle by the joint appointment of cardiologist Pim de Feyter as professor of cardiac radiology for both departments of cardiology and radiology, and of two other cardiologists working part-time in the department of radiology led by chief Gabriel Krestin. Accordingly, we have been very active in this field, using the newest Siemens CT and GE MRI scanners. In echocardiography, we continue on with established research programmes, which are the legacy of my now-retired predecessors Prof. Roeland and the engineer Prof. Bom, who was succeeded by Prof. Van der Steen.

Are you a believer in the usefulness of multi- and inter-disciplinary team meetings in your department?

We hold daily heart team meetings with the cardiac surgeons, daily meetings with the intensivists, weekly meetings of all those involved in congenital cardiology (paediatric cardiology, surgery and adult cardiology), and extensive collaboration with medicine and clinical genetics. We strongly believe in collaboration and act accordingly.

How is the National Society of Cardiology in The Netherlands promoting the interests of its members?

The society is a strongly professional organisation. We hold two scientific meetings per year, and organise both training and quality assurance programmes in cardiology. Part of our mission is to run national training courses and CME programmes. All hospitals are reviewed via site visits every five years for the quality of their cardiology care. Similarly, teaching hospitals are reviewed, also via site visits, every two to five years. Guidelines are adopted from the ESC, and national position papers are also sometimes produced where necessary.

Tell us about the education of cardiologists in the Netherlands.

Education in cardiology in The Netherlands counts two years of general medicine training, followed by four years in cardiology training. The last year of this will cover a chosen subspecialty (a so-called “aandachts gebied”): ranging from general cardiology to congenital cardiology, electrophysiology, imaging (echo, MRI, CT, nuclear, etc.), intensive cardiac care and interventional cardiology. Our national education programme follows the core ESC model.

Is continuing education important in The Netherlands after mandatory cardiology training is complete?

Yes, essential. Every five years we need to be re-certified. This requires a minimum of two days per week of active patient care and 40 hours of CME courses per year – I know that some colleagues have failed and subsequently lost their registration, so continuing education is something that is taken very seriously within the profession here.

Are there any dedicated ‘management’ courses available for cardiologists? Is management education emphasised for healthcare professionals in The Netherlands?

The particular topic of healthcare management as an educational specialty has just begun to be organised in our university, not just for cardiologists but for all medical specialists that are in a management position. Furthermore, there are obligatory courses in teaching methodology that must be undertaken.

What three pieces of advice would you give to other heads of cardiology
What three pieces of advice would you give to other heads of cardiology departments?

1. Do what you enjoy doing, whether research, teaching or patient care;
2. Delegate more than I do, and
3. Create opportunities for others to do their “thing”.

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