The Turkish Society of Cardiology

– Towards the 50th Anniversary: Dedication to Continuous Progress in Cardiovascular Health Through Education, Training and Research –

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Dear Colleagues,

The Turkish Society of Cardiology (TSC) was established in 1963 by a board of founding members headed by Professor Dr Muzaffer Esat Guchan. It has been a member of the European Society of Cardiology (ESC) and the World Heart Federation since 1964. From its foundation until the end of the 1990 s, it was managed by almost the same staff, because the number of cardiology specialists in Turkey was limited and the structure of the organisation was traditional. Cardiology Specialisation Training, which was a subbranch of Internal Medicine in the 60 s, started to become a separate department informally after 1974, and with the 1990 reorganisation of the universities it earned the status of a separate department in all of the Turkish medical faculties.

Over the course of time, well-trained human resources increased in terms of quantity and quality in both the world and Turkey, because of the serious improvements in cardiology and cardiology training. This situation stimulated new

Figure 1. Board members of the Turkish Society of Cardiology. (**Front row**) Cetin Erol (Past President, Ex Officio Member of Board), Oktay Ergene (President), Lale Tokgözoğlu (Past Vice President, Ex Officio Member of Board), Omer Kozan (President Elect). (**Back row**) Giray Kabakci (Member of Board), Murat Ersanli (Secretary), Mehmet Eren (Treasurer), Mehmet Aksoy (Secretary General), Adnan Abaci (Member of Board), M. Kemal Erol (Vice President).

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institutional, administrative and structural demands on the Turkish cardiology community in the 1990s.

This past decade can be called the transformation period; previous presidents Professor Dr Ali Oto, Professor Dr Cetin Erol, President Elect Professor Dr Omer Koza and our young colleagues undersigned important institutional, administrative and structural innovations and achievements (Figure 1).

In terms of administration, by means of the amendment propositions put forward at the General Assembly of 2002, long-term presidency and administratorship were ended and the executive board is limited to defined periods of service. The next step in terms of administration was preserving democratic participation with a restructuring similar to the European cardiology societies, so a “President Elect System” was planned and put into practice at the 2008 TSC General Assembly.

The TSC’s mission was set out for the first time in 2002 as “[preserving] the cardiovascular health of the Turkish population by supporting the professional and public education and research” and the TSC’s first Strategic Plan was prepared, taking into consideration modern management principles. The main areas of the strategic plan are:

- Leadership in research, coordination and support function in the field of cardiology
- Institutionalizing continuous education in cardiology and undertaking an active role in the procurement of accreditation
- Improving public awareness of the Turkish people in heart-healthy lifestyles for primary and secondary protection from cardiovascular diseases
- Promoting and auditing good clinical practice in cardiology
- Being pro-active in developing policies concerning cardiovascular health
- Reinforcing the corporate identity of TSC and branding it nationally and internationally

and they have all been implemented.

These democratic administrative and institutional innovations resulted in the need for more planned, rapid and radical action and for the enthusiastic adoption of TSC principles by its members. Thus, the number of TSC members has exceeded 2,150, covering %75 of all active cardiologists; which stands for the highest rate of voluntary organization not only in medicine but in all sectors.

As a result of this complex restructuring, an important and inevitable action on professionalization was taken at the end of 2004. As in all similar large-scale societies, a competent general manager was appointed. Our general manager, Ahmet Unver, is still in that office and has a great track-record of performance (Figure 2).

In 2004 the Turkish Board for Accreditation in Cardiology (TBAC) was established as an autonomous entity and the TSC provides full financial and logistic support. The TBAC held 9 Qualifying and 21 Certifying Examinations for voluntary cardiologists and has issued Accreditation Certificates for 619 specialists to date. The TBAC started a Specialty Training Accreditation System in 2010 and Cardiology Departments of 8 universities have passed all the auditing procedures and been awarded the first Certificates in this field, in 2010 and 2011.

A rapidly developing field of activity is online education facilities for doctors and the public. We started these activities by providing the videos of our national congresses and meetings in 2003. In time the “Presentation Center” was added to provide access to almost all of the presentations made in our CME programs. In addition to the Webcasts and Presentation Center, we recently started “Webinars in Interventional Cardiology” and “E-Congress of Cardiology”. The website of our peer-reviewed official journal *Archives of the Turkish Society of Cardiology* started providing full texts of the articles published since 2000 and the abstracts of all articles published in 1990–2000. The journal is fully indexed in PubMed, IndexMedicus, IndexCopernicus and the Turkish Medical Index. It has accepted articles only

Figure 2. Professional team of the Turkish Society of Cardiology Head Office. (**Front row**) Ahmet I. Unver (Chief Executive Officer), Oktay Ergene (President). (**Back row**) Deniz Corut (Membership Relations, Official Journal), Yesim Gungor (Communication Archives, Visual Archives, Turkish Board of Accreditation, Research Projects Support), Binnur Tasdelen (Accounting and Finance), Beliz Kirsac (Stent for Life Project Manager, TSC-Interventions Secretary, International Communication).

Figure 3. The 27th National Cardiology Congress with international participation held on October 27–30, 2011, in Istanbul.

online since 2006 and all the articles have been provided online in English since 2008.

In 2006 the National Cardiovascular Health Policy was prepared by the TSC and submitted to the Ministry of Health and the Parliament Commission on Health. The policy was published by the Ministry in 2007. With the National Cardiovascular Health Policy, the struggle against cardiovascular diseases became state policy. In 2007 the “European Heart Health Charter” was undersigned in Turkey by the concerned societies and the Minister of Health. Within this initiative, in 2008 an “Action Plan against Smoking” and in 2010 an “Action Plan against Obesity” were put into practice by the Ministry of Health. A joint initiative working on another component of this field is “Diabetes 2020”. The TSC also actively participated in all components of the “EuroHeart Health Project” and our “Task Force for Women and Heart Health” is maintained and even more active.

“Improving the awareness of prevention against cardiovascular diseases” is one of the TSC’s strategic objectives. Since 2005, with this aim and by means of mass media, particularly TV and radio, the importance of cardiovascular diseases and the prevention principles have been explained to the public. This activity, which is still on the agenda with increasing intensity, is important for public health and also improves the public image of the TSC as a creditable source of information.

In 2006, the National Cardiology Congress was accredited by EBAC for the first time besides the Turkish Medical Association (**Figure 3**), and the number of attendants, both national and international, rose from the 2,000s to the 4,000s over 5 years. The average number of physicians attending the 20–25 scientific meetings and courses organized by the TSC is over 8,000 annually in the past 5 years. For the past 3 years the national congress has been held in Istanbul, with participants numbering around 4,000. Another trend for the National Congress is the rapidly increasing number of abstracts presented and participants attending from other countries.

Scientific collaboration with international organisations continues to develop. The election of TSC members to executive boards of professional scientific societies in Europe and America, mainly the ESC, is one of our prime objectives. In fact, Professor Dr Muzaffer Degertekin was elected as a member of the ESC board at the 2010 General Assembly of the ESC. He is also the president of the Turkish Association of Percutaneous Cardiovascular Interventions. For the 2012–2014 term, my own candidacy for board membership of the ESC is supported by several societies in Europe.

In order to develop specific projects and closer cooperation with Turkic and neighbouring countries, the Turkic World Cardiology Association was founded in 1999 and its permanent secretariat is conducted by the TSC. Within this framework, joint meetings have been organized with Azerbaijan, Kazakhstan, Kyrgyzstan, Uzbekistan, Turkmenistan, Georgia, Bosnia Herzegovina, Croatia, Greece, Kosovo, Montenegro, Syria, Jordan and Lebanon. Activities of this kind will be carried on in the future, too.

Last year, in order to increase the number of cardiologists, cardiology specialization training was shortened to 4 years, which is obviously insufficient, especially when considering the fast pace of development in both research and clinical practice, as well as in diagnostic and therapeutic methods and equipment. Thus, the TSC is directing all its efforts to extending the training period of cardiology specialisation to a minimum of 5, preferably 6 years.

Apart from this, the TSC is lobbying the authorities to add sub-specialisation training in Interventional Cardiology and Electrophysiology & Arrhythmia of at least 2 years for each; in the short term we are insisting on starting 1-year Certification Programs in these fields.

We should also develop objective and satisfactory qualifying and certifying systems in these fields requiring further expertise. These systems do not exist in other European countries either and it is essential to develop them together, internationally, as soon as possible.

The establishment of qualifying and certifying systems in the field of Cardiac Imaging (TTE, TEE, ICE, IVUS, OCT, MDCT and MRI) should also be an intermediate-term objective, both in Europe and in Turkey.

We are persistent about these issues at all levels and I am convinced that we will manage to persuade the authorities to accept these demands, because they are essential for public health.

During my presidency, within the framework of our strategic plan, we will continue to collaborate with the government to establish a practical registry system and to make use of the data to develop realistic health policies. We have already started a joint effort to develop a form for registering interventional operations throughout the country.

Of course we also will be more than glad to exchange experiences, and to start and improve systematic cooperation, with the Japanese Circulation Society in the fields of clinical and epidemiological studies, besides continuous education. Naturally, we will be glad to receive articles for our journal sent by our Japanese colleagues.

And we will be happy to receive abstracts from Japanese cardiologists for

- Our 28th National Cardiology Congress, which will be held in Antalya on October 11–14, 2012 (**Figure 4**)
- 3rd World Heart Failure Congress to be held in Istanbul on November 29–December 2, 2012
- ESC's Acute Cardiac Care 2012 Congress to be held in Istanbul on October 20–22, 2012

and to see them in Turkey more often. We will also appreciate your proposals of session topics, lecture titles and chairmen and speakers, especially for the 3rd World Heart Failure Congress. Although the greatest continent separates our societies, we know that our societies and cultures have several similarities and sympathy for each other for ages.

Figure 4. The 28th National Cardiology Congress with international participation, to be held on October 11–14, 2012, in Antalya.

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