

Pediatric & Congenital Electrophysiology Society: building an international paediatric electrophysiology organisation



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The Pediatric and Congenital Electrophysiology Society (PACES) is a non-profit organisation comprised of individuals dedicated to improving the care of children and young adults with cardiac rhythm disturbances. Although PACES is a predominantly North American-centric organisation, international members have been a part of PACES for the last two decades. This year, PACES expanded its North American framework into a broadly expansive international role. On May 12, 2015, paediatric electrophysiology leaders from within the United States of America and Canada met with over 30 international paediatric electrophysiologists from 17 countries and five continents discussing measures to (1) expand PACES' global vision, (2) address ongoing challenges such as limited resource allocation that may be present in developing countries, (3) expand PACES' governance to include international representation, (4) promote joint international

sessions at future paediatric EP meetings, and (5) facilitate a global multi-centre research consortium. This meeting marked the inception of a formal international collaborative spirit in PACES. This editorial addresses some solutions to breakdown the continental silos paediatric electrophysiologists have practiced within; however, there remain ongoing limitations, and future discussions will be needed to continue to move the PACES global international vision forward.

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Introduction

Paediatric electrophysiology is a unique discipline within paediatric cardiology, bridging a traditional outpatient clinic and inpatient and intensive care consulting role with an interventional procedure-based model. Paediatric

electrophysiologists care for children and adults with CHD who have arrhythmias using a combination of pharmacological and non-pharmacological therapies, including implantable devices and catheter ablation. In addition, with the expanding role of genomics in cardiovascular medicine, paediatric electrophysiologists have become the “go-to” experts in channelopathies such as long QT syndrome, Brugada syndrome, and catecholaminergic polymorphic ventricular tachycardia. Sudden death in the young has received increasing attention in both medical and lay media and paediatric electrophysiologists have the expertise to guide the field, including screening programs, advocacy, and risk

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stratification for sudden death in children with CHD and cardiomyopathies. In this respect, paediatric electrophysiologists are often the central core of a multi-disciplinary team. Most large children's hospitals in North America have 2 or more paediatric electrophysiologists; however, on an international level, most other countries rarely have more than 1 paediatric electrophysiologist – who may function additionally in an interventional or general role – per centre, whereas in some cases there may only be 1 paediatric electrophysiologist in an entire country, caring for a large number of children spread across vast regions. Other countries do not have any providers specifically trained in paediatric electrophysiology, but one or more adult electrophysiologists who work together with paediatric cardiologists to provide care.

As the world has become smaller with web-based communication, it has become progressively easier for paediatric electrophysiologists to communicate across previously challenging barriers. Individually, many Paediatric and Congenital Electrophysiology Society (PACES) members have reached out internationally to establish collegial professional relationships with practitioners in other countries, based on formal and informal visits and exchanges; however, effective implementation of a global paediatric electrophysiology community also requires an organising body that oversees and facilitates this activity – a body which nearly all paediatric electrophysiologists view as their “home.” To address this need, PACES recognised its responsibility in opening a dialogue beyond its traditional North American framework into a broadly expansive international role. It is possible that such an undertaking may be considered worthwhile by other paediatric cardiology subspecialty medical societies.

PACES as an organisation

Founded by clinician leaders, PACES is a non-profit organisation comprised of individuals dedicated to improving the care of children and young adults with cardiac rhythm disturbances; one of the society's high-quality collaboration and research and exchange of ideas on arrhythmia topics that are relevant to the interests of children and young adults with CHD. PACES is the “community of practice” to the Heart Rhythm Society with expertise in congenital and paediatric electrophysiology.

Membership in PACES consists of four types: 1) Regular, 2) Associated Professional, 3) Trainee, and 4) Affiliate. Regular membership is open to individuals with an MD, DO or PhD degree who are interested in arrhythmias in the paediatric and CHD patient, who have completed training, and who are engaged in the practice of Paediatric Cardiac Electrophysiology through clinical service, research, or teaching. Associated professional membership is open to individuals who are interested in arrhythmias in the paediatric and CHD patient, assist in paediatric cardiac electrophysiology through clinical support, research, or teaching, and do not hold one of the degrees required for regular membership. Regular and associated professional members

are eligible to vote, hold office, and serve on committees. The elected officers of the society are the President, Vice President for Administration, Vice President for Finance, and Vice President for Research and an Associated Professional Representative. These officers and the two immediate past presidents comprise the Executive Committee. In addition, there are six standing committees: (1) Guideline Development, (2) Guideline Review, (3) Advocacy, (4) Finance, (5) Training, and (6) Research. These committees are chaired by a senior electrophysiologist and have an additional 10–15 physician and advanced practice nurses allowing for greater membership participation.

International paediatric electrophysiology meetings

Although PACES began in the 1980s with only a very small group of paediatric electrophysiologists, it now claims over 400 members worldwide. Although the small size of the society presents certain challenges, it also provides tremendous opportunities for innovation and growth, and one such opportunity is the expansion of our international presence, both in numbers of members and in the development of a shared global vision. On May 12, 2015, the predominantly North American leadership of PACES met with over 30 international paediatric electrophysiologists representing 17 countries – Australia, Canada, Chile, China, Costa Rica, Czech Republic, Finland, Germany, Hungary, Israel, Italy, Japan, New Zealand, South Korea, United Kingdom, United States of America, and Vietnam.

Before this inaugural meeting, a list of discussion topics was sent to all invited representatives to serve as a framework of possible items of interest for both North American and international representatives. These items included the following:

- Collaborative clinical scientific research
- Development of practice guidelines
- Clinical and research training and academic exchanges
- Global quality improvement collaboration
- Sharing of globally relevant best practices
- Effect of health care systems and finance on access to technology
- Cost competition, international referrals and self-referrals in a globalised world
- Expansion of established paediatric electrophysiology programmes to international satellite organisations
- Second opinions and case review
- Medical missions

Expanding PACES global vision: opportunities

After extensive discussions by all participants around many of the areas listed above, it became quite apparent that a more inclusive global paediatric electrophysiology vision was initially going to require four changes within the current PACES model.

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