

20 years of EHRA Presidents' memories

In 2023 EHRA will celebrate its 20th anniversary, this short history reminds us of all that has been achieved over this period.



EHRA
European Heart
Rhythm Association

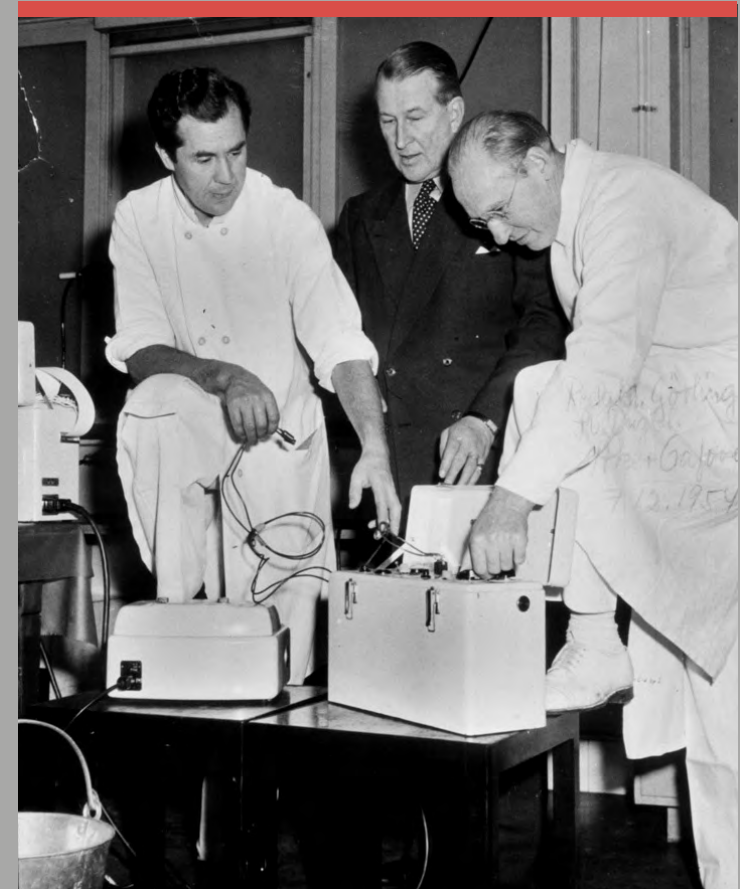
| The European Working Groups

In order to understand how it came that EHRA was founded in 2003, we should recall the incredible evolution and development in the understanding and treatment of cardiac arrhythmias over the last 50 years and cite a few personalities that were “pacemakers” in this evolution.

Pacemakers

In 1958 the first pacemaker was implanted by Ake Senning in Stockholm. He estimated, after having been asked by some cardiac surgeons around the world, that the annual need for such a device was about 30 units. Pacemaker implantation was the job of the cardiothoracic surgeon while cardiologists only contributed by identifying candidates for the treatment and their follow-up. However, this highly successful therapy led to an educational network quickly learning how to manage pacemaker malfunctions. In many countries, these informal networks changed into national “pacemaker clubs” which included cardiothoracic surgeons and physicians interested in arrhythmias as well as engineers.

In order to generate statistical information national pacemaker registries were created and the data were discussed at international meetings. Soon the concept of a multipurpose pacemaker card for the patient was proposed in order to harmonise the data. With this card, the patient could, when needed, travel to other centres. From these initial activities, the need for more formal and organised grouping became obvious and on April 21st 1977 four cardiologists – Giorgio Feruglio (Udine, Italy), Edgar Sowton (London, UK), Konrad Steinbach (Vienna, Austria) and Hilbert Thalen (Groningen, The Netherlands) met at the symposium “To pace or not to pace” in Brussels and decided to found the European Working Group on Cardiac Pacing (EWGCP).



Ake Senning (left), with an external pacemaker, Stockholm 1958

| The European Working Group on Cardiac Pacing (EWGCP)



Chairs of the EWGCP

1977 - 1979	Edgar Sowton
1979 - 1981	Hilbert Thalen
1981 - 1983	Giorgio Feruglio
1983 - 1985	Konrad Steinbach
1985 - 1987	Francesco Perez-Gomez
1987 - 1989	Olof Edhag
1989 - 1991	Anthony Rickards
1991 - 1993	Hugo Ector
1993 - 1995	Lukas Kappenberger
1995 - 1997	Richard Sutton
1997 - 1999	Massimo Santini
1999 - 2001	Panos Vardas
2001 - 2003	Cecilia Linde

Konrad Steinbach was asked to organise the first meeting of the EWGCP - Nucleus in Vienna on June 11th 1977. At this time, Paul Hugenholtz, who was the secretary of the European Society of Cardiology (ESC), approved the proposal to create the EWGCP. Together with another 18 study groups, also later named "Working Groups", these were to form a new structural element within the ESC to keep European cardiology united.

The 1st EWGCP - Symposium took place in London from 7th to 9th of May 1978. The scientific program included 32 presentations, a seed that evolved into today's EHRA-Congress.

Next to scientific aspects of cardiac pacing, from pacing threshold concerns with various electrodes to pacemaker longevity, research on hemodynamic optimisation, dual-chamber and rate-responsiveness were hot topics forming the basis for multicentre studies and substantial, transparent support of the industry. There were many subjects of concern, such as the wide variation of pacemaker implantations in various countries. As a consequence, the composition of this Working Group respected national representation.

The transatlantic collaboration was, of course, a privileged route and the first steps were to exchange experiences, improve therapeutic approaches and learn about new products. Our contacts were based on friendship and respect for mutual work and engagement. From the very first meeting of the North American Society of Cardiac Pacing and Electrophysiology (NASPE created in 1979) leaders of the field met on either side of the Atlantic, and Seymour Furman, Victor Parsonnet and Warren Harthorne gave much input to extend the "pacing network" as it was then called. At that time there were over 40 pacemaker manufacturers worldwide and as a consequence challenging practical and engineering-based discussions often occurred.

| The European Working Group on Cardiac Arrhythmias (EWGCA)



Chairs of the EWGCA

1976 - 1990	Paul Puech
1980 - 1982	Bertil Olsson
1982 - 1984	Martin Schlepper
1984 - 1986	Ronald W.F. Campbell
1986 - 1988	Phillipe Coumel
1988 - 1990	Michiel J. Janse
1990 - 1992	Peter J. Schwartz
1992 - 1994	A. John Camm
1994 - 1996	Günter Breithardt
1996 - 1998	Ronald W.F. Campbell
1998 - 2000	Samuel Lévy
2000 - 2002	Etienne Aliot
2002 - 2003	Carina Blomström Lundqvist

In the 1968 textbook “Principles of Internal Medicine” by Harrison we find in the chapter on arrhythmias only digoxin, quinidine, procainamide, atropine and noradrenaline as remedies for arrhythmia treatment, while cardiac arrest was managed with more hope than any technical devices by ambulance-teams and anaesthetists. Cardiac electrophysiology was basic science at that time which was practised in the physiology departments of many Universities. Antiarrhythmic therapy later was based on the concept of influencing the action potential and antiarrhythmic drugs were classified accordingly, but this process took time and much engagement until it could be translated from basic research to clinical studies. The working group on cardiac arrhythmias emerged from this setting in the early 1980s. The founding members generally came from university-based centres of pharmacology, physiology and internal medicine, a more academic-leaning society than that from which the EWGCP had come. Clinically engaged researchers started the translational approach to bring science from cell to bedside, and a European working group on cardiac arrhythmias (EWGCA) was developed.

The mission of the EWGCA was to provide an anatomically and physiologically accurate nomenclature for inspiring and directing research, development, and therapy. Diagnostic electrophysiology involving painstaking work and deductive reasoning, led by Hein Wellens and Philippe Coumel began to decipher the mechanisms and cardiac location of a wide variety of supraventricular, junctional and ventricular arrhythmias. Potential management, other than blunderbuss antiarrhythmic drug therapy, began to emerge. The difficulties in the field of antiarrhythmic drug development and testing in the post-CAST era, and the desire to provide an operational framework for consideration of antiarrhythmic drugs that would both encourage therapeutic advancement in the management of cardiac tachyarrhythmias and sudden death prevention were the leading motivations.

| Working Party Clustering

With the successful application of Michel Mirowsky's implantable defibrillator and the introduction of transcatheter ablation of cardiac arrhythmias with fulguration detected by chance and applied with vision by Guy Fontaine, both in the 1980s, it became more and more evident that these topics would need the combined expertise from the pacing community, from the non-invasive arrhythmologists as well as from cardiothoracic surgeons, which meant that the interests of the two working groups began to overlap. Moreover, electrophysiology as well as pacing, in fact, the whole of arrhythmology, was becoming an increasingly important part of clinical cardiology. There was a logical need to merge these fields into a larger scientific community with good visibility since the ESC framework was completely inadequate.

It was the common idea of Tony Rickards and Peter Schwartz to charge Lukas Kappenberger and John Camm with organising this "Euro-Pace" meeting, unaware that this could eventually become EHRA twelve years later.

At this stage, Panos Vardas, who was a member of the ESC Board pressed for a European Journal of Electrophysiology to be supported by the cluster of the Working Groups on Pacing and Cardiac Arrhythmias. In Munich, in 1990 the publisher of Herzschrittmacher contacted Richard Sutton with a view to establishing this journal. PACE had already existed since the 1970s and the Journal of Cardiovascular Electrophysiology was just getting underway.

Richard Sutton accepted the invitation and the European Journal of Cardiac Pacing and Electrophysiology was established and he was appointed as its Editor-in-Chief. The journal continued until 1997 with 4-6 issues per year but ultimately failed due mainly to a lack of support.

With hindsight, it was perhaps inevitable that these particular working groups should form the nucleus of an explosion of activity that would go beyond the working group formula, though its conception and maturation was not so clear at the time. Some members of the EWGCP had begun to rebel.

We were facing very stiff competition from a highly organised and independent organisation in the USA (the North American Society of Pacing and Electrophysiology [NASPE]). This professional group was able to run away with organising the nascent specialty of cardiac arrhythmology - something had to be done but the ESC provided nothing to the working groups except filing cabinet space.

In view of this in 1997 the ESC suggested that working groups with interests in common fields should form a cluster. However, this definition was vague and no leadership could be attributed to them.

The ESC pressed on with the merger of working groups. It was described as a merger of the Working Groups on "Cardiac Arrhythmias" and "Cardiac Pacing" into a single Working Group on "Arrhythmias and Cardiac Pacing".

Again the issue of a European Journal in this field emerged and *Europace* was first published in 1999. In its first issue, devoted to atrial fibrillation, there were papers by Sam Lévy and Lukas Kappenberger, among others. Since then it has become a very successful journal, receiving approximately 1400 submissions a year and has had Richard Sutton, John Camm, Gerhard Hindricks and Angelo Auricchio as Editor-in-Chief.

Europace (1999) 1, 1

Editorial

Introducing *Europace*

This first issue of *Europace* represents a major commitment by the European Society of Cardiology to publication of excellent scientific work from Europe and also from the rest of the world. This Journal is the first subspecialty journal of the Society and those of us who are interested in the fields of pacing and electrophysiology should feel honoured and enthusiastic about the future of science in our discipline. To this end, the Working Groups on Cardiac Arrhythmias, Pacing and Cardiac Cellular Electrophysiology have combined to back this endeavour.

Volume 1, Issue 1, 1 January 1999

EDITORIAL

Introducing *Europace* 📄

R. Sutton

EP Europace, Volume 1, Issue 1, 1 January 1999, Page 1, <https://doi.org/10.1053/eupc.1998.0020>

[View article](#)

Atrioventricular junctional ablation and pacing for paroxysmal atrial fibrillation: the Barcelona recommendations 📄

S. Lévy

EP Europace, Volume 1, Issue 1, 1 January 1999, Pages 2-4, <https://doi.org/10.1053/eupc.1998.0017>

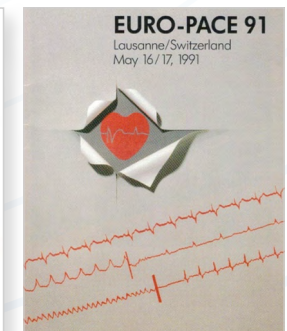
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Ablate and pace therapy for paroxysmal atrial fibrillation, too much too late 📄

L. Kappenberger

EP Europace, Volume 1, Issue 1, 1 January 1999, Pages 5-6, <https://doi.org/10.1053/eupc.1998.0018>

[View article](#)



| Basic Work on the European Heart Rhythm Association Concept

The work to merge the two working groups was started in the 1990's based on pioneering colleagues in ESC and the WG's, among whom Panos Vardas was the main architect in the development. The nuclei of EWGCP and the EWGCA, had a turbulent but productive joint meeting in Venice in October 2002 and there was a strong intention for further collaboration, but it was not clear how anything would work. However, by then the plans for ESC associations, as semi-independent, funded and staffed groups within the ESC was emerging. A major stimulus for this was the resignation of Massimo Santini from the Board of the ESC and then his collaboration with Sam Lévy, John Camm and others in proposing the establishment of the European Cardiac Arrhythmia Society - ECAS as an independent and external (not part of the ESC) professional society. This was a clear threat to the ESC, not only in the field of arrhythmology but to the integrity of the whole of the ESC if other subspecialties were to follow that lead.

Elections for a leader of the joint Working Group and for the potential a new association, organised by Panos Vardas, were held between Lukas Kappenberger and Carina Blomström-Lundqvist. It was a very close result but Lukas was the winner. In August 2002, Alan Howard, the then chief executive officer of the ESC, asked Jean-Pierre Bassand (then President of the ESC), Michael Tendra (then ESC President-Elect) and Panos Vardas (ESC Councillor) to work with Lukas Kappenberger to draw up a framework for the first ESC Association, which eventually would become the European Heart Rhythm Association. Panos Vardas played a leading role in this work because of his personal interest in cardiac arrhythmias and pacing and because of previous work that he had done with Günter Breithardt and others when thinking through the possibility of reorganising the ESC and developing possible byelaws for an "association". Several months later other groups, such as echocardiology began to follow this lead. At the General Assembly of the ESC in Vienna on 2nd September 2003, under the ESC presidency of Jean-Pierre Bassand, EHRA was officially recognised as a constituent body of the ESC. This provided the structure for a professional organisation that could rival competitor organizations such as the NASPE (now HRS) in the USA. The establishment of EHRA settled the problem as far as some, particularly John Camm, were concerned, but others persisted with the idea of splitting from the ESC and went ahead to form the European Cardiac Arrhythmia Society.



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EHRA Presidents 2003 - 2022

2003-2005: Lukas Kappenberger

2005-2007: Silvia Priori

2007-2009: Josep Brugada

2009-2011: Panos Vardas

2011-2013: Angelo Aurricchio

2013-2015: Karl Heinz Kuck

2015-2017: Gerhard Hindricks

2017-2018: John Camm

2018-2020: Hein Heidbuchel

2020-2022: Christophe Leclercq



European Heart Rhythm Association 2003-2005: Lukas Kappenberger

Executive Board

President:	Lukas Kappenberger
President-Elect:	Silvia Priori
Secretary:	Hugo Ector

Carina Blomström-Lundqvist
Martin Borggrefe
Josep Brugada
Hugo Ector
Jean-Yves le Heuzey
Cecilia Linde
Panos Vardas

Ex Officio

EiC Europace:	Richard Sutton
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Committee Chairs

Accreditation in EPS:	Josep Brugada
Database & Pacemaker Registry:	Hugo Ector
Membership & National Societies:	Panos Vardas
Communication & Web:	Luc Jordaens
Education:	Ali Oto
International Relations:	Etienne Aliot
Quality Assurance:	Cecilia Linde

Activity

Based on years of preparative work of ESC Presidents Michael Tendera and Jean-Pierre Bassand, and Panos Vardas, as well as the two Presidents of the old WG's, Hugo Ector organised a ballot of both EWG's Nuclei and the result was that I was charged to become the first president of the European Heart Rhythm Association. I was given the task to formulate what conditions for a presidency were essential for creating and peacefully achieving the mission. There were many supporters of the idea, namely the presidents of the EWGCA, Carina Blomström-Lundqvist and of the EWGCP, Cecilia Linde, both sacrificing their leadership positions for the new adventure. A powerful yet critical supportive statement was issued by Josep Brugada. Now there was to be the difficult task of developing from scratch a completely new structure that could fulfil the mission to be the forum of European arrhythmology, stretching from clinical medicine to the patient, inclusive of all rhythm disturbances of the heart, their prevention, diagnostics, therapy and related complications. A name had to be given to this group which was not easy to find in the jungle of copy-right variants such as "ERA" that were already blocked. So our final proposal of "**European Heart Rhythm Association**" (EHRA) which was free from copyright and the logo, still brilliant today, was offered by Barbara Lefèvre at the Heart-House.

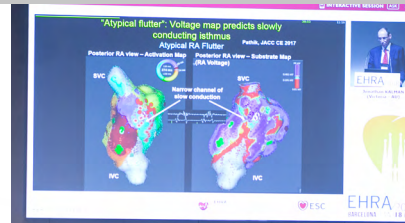
Next came structural changes and work setting up EHRA. By then Europace 2003 to be held in Paris was in full preparation by Sam Lévy and was scheduled for December 14th - 17th. This well-prepared meeting came up with a budget that EHRA could not afford. The EHRA board had to cancel social events, which were too expensive in favour of science and education.

Hugo Ector was nominated as a wise and hard-working secretary. He together with Alan Howard and myself evaluated and assembled all the points and arguments that were brought forward by the constitutional board and other ad hoc advisors, known as "Very Useful Persons or VUPs" who included Pedro Brugada, Martin Borggrefe, Philippe Ritter and many other outstanding arrhythmologists. This work resulted in a written constitution. These statutes were accepted by the General Assembly in 2004 and were published in Europace (Kappenberger L and Ector H. *Europace* 2005;7:87-90). The EHRA mission: "improving the quality of life and reducing sudden cardiac death by limiting the impact of heart rhythm disturbances" was then announced. Now the EHRA adventure had begun.

The next important step was to organise the Europace 2005 meeting in Prague, defining membership, EHRA-Exams, etc. Although the former working groups had members, mostly from belonging to national societies, EHRA did not yet have any formal membership and this was started by transferring Working Group members to EHRA. The very first person to sign up for membership in EHRA was Günter Breithardt, a former president of ESC from Münster in Germany.

Looking back at the exponential growth of EHRA over the last 20 years we could have hoped, but did not imagine that it would become what it is now. It started from scratch and we could not be sure that it would work and that the rules would be agreed and adhered to. It is a success because so many of the leaders in the field were ready to devote themselves to the idea - to give up their own "image" and simply serve the mission, as did my successor in the presidency, Silvia Priori.

Now I look back with good memories of the myriad of engaged volunteers and fighters that became friends for life. I keep in honour the vision and memory of those very engaged cardiologists and teachers who gave the initial stimulus nearly 50 years ago. Their spirit seems to persist and still grow, and I respectfully admire the ongoing enthusiasm and professionalism of the many new generations that took on the flame, in order to reduce the burden of arrhythmia for patients.





European Heart Rhythm Association 2005-2007: Silvia Priori

Executive Board

President:

Silvia Priori

President-Elect:

Josep Brugada Terradellas

Past President & Chair of

Nominating Committee:

Lukas Kappenberger

Secretary:

Panos Vardas

Treasurer:

Harry Crijns

Ex Officio

EiC Europace:

Richard Sutton

Committee Chairs

Accreditation:

**Jose Luis Merino
and C Linde**

International Affairs:

Hugo Ector

Scientific Programme:

Karl Heinz Kuck

Scientific Initiatives:

Angelo Auricchio

Education:

Carina Blomström Lundqvist

Web Site and

Communication:

Carlos Napolitano

Activity

I was elected President of EHRA in 2005, right after the very successful Europace meeting that ended the presidency of Luckas Kappenberger. I was very lucky to have a powerful Executive Board on my side, composed of Josep Brugada, my designated successor, who had partnered with Jose Merino to develop the Accreditation Examination in Electrophysiology and Cardiac Pacing: a fundamental step to make EHRA important for the Electrophysiology community in Europe: during the Europace meeting in Prague the first 16 EHRA members passed the accreditation exams.

Another prominent member of the Board was Panos Vardas, who had been the man with the strategic vision to promote the creation of a European Association on Arrhythmias and Electrophysiology; he was given the role of Secretary of the Board. Furthermore, Harry Crijns served as the Board Treasurer, and finally, we had the privilege of having Richard Sutton as the Editor-in-Chief of Europace. In addition, six committees led by strong leaders, acted as the engines of the Association under the leadership of Karl-Heinz Kuck as chair of the Scientific Committee, Jose Merino and Cecilia Linde in the Accreditation Committee, Hugo Ector in International Affairs, Angelo Auricchio on Scientific Initiatives, Carina Blomström-Lundqvist in Education and Carlo Napolitano in the coordination of Website and Communication.



Among the key aspects we had to address in shaping the Association, a particularly challenging one was to define our relationships with the other stakeholders in the European electrophysiology field: CARDIOSTIM, the Heart Rhythm Society, and the Industry.

We started by defining a collaboration agreement with CARDIOSTIM to ensure that EHRA would not create an undesirable fracture in the European Electrophysiology Community. The agreement with CARDIOSTIM leadership remained in place for some years, allowing EHRA to grow and establish its role as a provider of Education and Accreditation for its membership, of being the owner of a solid Journal dedicated to the European arrhythmia community and the organizer of the successful meeting “Europace”.

At the international level, we reached out to the leadership of the Heart Rhythm Society (HRS) and established a collaborative agreement for regular exchanges between the boards of the two societies, and interactions for producing joint scientific documents were also implemented.

Last but not least, EHRA took a very proactive role in working with the Industry during a difficult time when recalls of devices hit the pacing and device community like a storm. Thanks to educational activity, and prompt communication between the industry and EHRA leadership, our Association played an important role in disseminating to the electrophysiology community the recommendations on how to react to each of the necessary actions for the safety of patients.

When my term ended, I felt very confident that EHRA had set the stage for becoming a significant player in electrophysiology, not only for European cardiologists and electrophysiologists but rather aiming to lead the arrhythmia discipline world-wide.





European Heart Rhythm Association 2007-2009: Josep Brugada

Executive Board

President:	Josep Brugada Terradellas
President-Elect:	Panos Vardas
Past President & Chair of Nominating Committee:	Silvia Priori
Secretary:	Pierre Jaïs
Treasurer:	Joseph Kautzner

Ex Officio

EiC Europace:	A. John Camm
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Committee Chairs:

Accreditation Committee:	Fernando Arribas
International Affairs & National Societies:	Christian Wolpert
Scientific Initiatives:	John M. Morgan
Scientific document:	Angelo Auricchio
Training Fellowships:	Karl Heinz Kuck
Education:	Carina Blomström-Lundqvist
Europace 2009 Program:	Martin Schalij

Activity

I was elected President at the EHRA meeting in Prague in 2005 and became effective President of EHRA in the meeting in Lisbon in 2007, immediately after the presidency of Silvia Priori. The main task at that moment in the history of EHRA, was to consolidate our Association as the leading organisation for electrophysiology in Europe. NASPE (North American Society of Pacing and Electrophysiology) was trying to turn global by changing its name to HRS (the Heart Rhythm Society) and this was an obvious threat to the European concept of an independent European organisation for cardiac electrophysiology. At the same time, there was the possibility that in Europe ECAS (the European Cardiac Arrhythmia Society) could have an important influence and divide our forces, thus depleting the influence of European electrophysiologists.

The idea was that some differential aspects had to be implemented to mark our own profile as an Association and show that EHRA was taking a lead. In this sense, the accreditation system, already initiated in the previous Presidency, was the main task to support and develop. Fernando Arribas was the leader and chair of the Accreditation Committee. His job was extremely difficult and time-consuming, putting together all the logistics and scientific aspects of the exams. Accreditation very rapidly became a big success and gave EHRA the flavour of respectability among institutions, hospitals and arrhythmias services across Europe. The professional electrophysiologists understood that being accredited was a plus point in their CV and would open the doors for new job opportunities. Nowadays, almost all positions for arrhythmia professionals offered in Europe require EHRA accreditation as a basic criterion to allow candidates to be considered.



The second important task that was undertaken by this board was to obtain data about the reality of electrophysiology and arrhythmias in Europe. We felt that the first thing we needed before trying to offer solutions on how to manage arrhythmias, was to know the situation across Europe. Certainly, a big disparity was suspected among the different countries concerning the availability of human and technical resources, the use of the techniques of treatment, including catheter ablation and device implants. Christian Wolpert took the lead in this task and, with the help of the industry and country leaders across Europe did an incredible job. The first White Book was finally completed and offered to all members, institutions, administrations, etc. to help, first of all, to understand the enormous differences across Europe, and secondly, to offer solutions to harmonize the management of arrhythmias across the continent.

The White Book initiative continued and has been used since then as a reference for the less developed countries and represents a very useful tool to push the different administrations for the allocation of new human and technical resources.

During this term, education, in all aspects, was one of the main issues taken into account. Carina Blomström-Lundquist, Angelo Auricchio, John Morgan, and Karl-Heinz Kuck, all of them in their respective committees, prepared a very well-developed strategy to offer as many educational courses, grants, fellowships, and scientific documents as possible. Special attention was given to those preparing for the accreditation exams both in electrophysiology and in cardiac devices. It is important to explain that at that moment

the training fellowship program of EHRA was the largest in the number of trainees and also in the budget available from the ESC. This was thanks to the efforts of all board members and the support of our industry partners. Pierre Jaïs and Joseph Kautzner together with the past and elected presidents, had an outstanding role in negotiating with the different partners to obtain economical and logistic support to achieve this goal.



Many documents were prepared and published like the joint document with HRS about ablation in VT, or the EHRA/AFNET document on the management of atrial fibrillation. Consensus documents on ICD and end-of-life, ICD and driving, indications for loop recordings implants or how to manage multiple ICD shocks are examples. Several surveys were undertaken for example the ICD in athletes, the CRT survey in collaboration with the Heart Failure Association, or the ICD Registry across Europe. A new concept was launched, the EP-WIRE initiative, created to obtain fast information about very specific questions from as many actors as possible in Europe. So, simple questions were asked to all members and they had the opportunity to answer within a few days. The results were analysed and published in the EHRA Journal. This offered a lot of information on very practical aspects and was extremely useful to design the strategies for educational courses, documents, surveys, etc.

The mandate terminated in the EHRA biannual meeting in Berlin in 2009. The meeting was a success, with an incredible number of participants, abstracts presented and information exchange among the electrophysiology community members. A growing number of participants came from outside Europe indicating that EHRA was consolidating and becoming a global reference in arrhythmia management. The scientific program in Berlin was outstanding, thanks to the dedication of Martin Schalij, he managed to attract the interest of so many participants and this success reinforced the idea, already expressed by this President at the beginning of the mandate, that an annual independent meeting of EHRA was absolutely necessary. This was finally achieved some years later.

Other important issues included EHRA becoming in 2008 the first association within the ESC with a paying membership only and in 2009 the first ESC webinar was developed by EHRA.

I do not want to finish the summary of my mandate without thanking the dedication, professionalism and collaboration demonstrated by the all EHRA staff and I will personalize it, in Svya Palayan and Keren Deront. Without their work all these achievements would not have been possible. Thank you from my heart.

It has been an honour to be part of the history of EHRA and I feel extremely proud of what was achieved during these years.



| European Heart Rhythm Association 2009-2011: Panos Vardas

Executive Board

President:	Panos Vardas
President-Elect:	Angelo Auricchio
Past President & Chair of Nominating Committee:	Josep Brugada Terradellas
Secretary:	Carina Blomström-Lundqvist
Treasurer:	Paolo Della Bella

Ex Officio

EiC Europace:	A. John Camm
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ESC Working Group Representative

Cardiac Cellular EP:	Elisabetta Cerbai
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Committee Chairs:

Scientific Initiatives:	John M. Morgan
National Societies:	Christian Wolpert
Accreditation:	Fernando Arribas
Health Economics:	Giuseppe Boriani
International Affairs:	Karl-Heinz Kuck
Europace 2011 Programme:	Gerhard Hindricks
Web site & Communication:	Hercules Mavrakis
Education:	Hein Heidbuchel
Training Fellowships:	Pedro Brugada
Scientific Documents:	Paulus Kirchhof

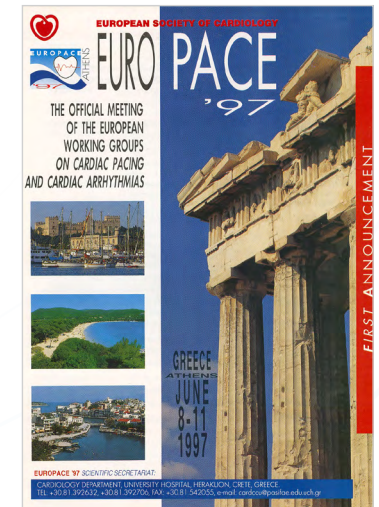
Activity

The European Heart Rhythm Association was born out of a decision by the ESC general assembly on September 2, 2003. However, the idea of creating a major European arrhythmia association had already been simmering in the minds and hopes of many European arrhythmologists for several years.

It would be reasonable to claim that my memories of that entire period—namely from 1997, when I organised the Europace congress in Athens, until September 2009, when I became President of EHRA—could easily provide material for an interesting book.

From my term of office, I can recall a number of minor and some major initiatives that I would definitely always consider to be group actions. To put it another way, I believe that none of them could have been achieved, either in August 2002, when J.P. Bassand appointed me to play a major role in the creation of an ESC association—by a long way the first of all the associations that followed—or even later, when I was elected president of EHRA for the two-year period 2009-2011, without the contributions of a large number of distinguished colleagues. I will list some of the actions that I think are worthy of mention.

First of all, I want to highlight the 2010 Spring Summit, which I determined should have an innovative and attractive agenda. To this end, the central theme chosen was “e-Health in Arrhythmias”. The first day of the EHRA Spring Summit gave participants the opportunity to listen to high-level contributions, such as that of Petra Wilson, on the subject of law and regulations in digital health. In reality, this was the first ESC event devoted to digital health, which I could see was developing at a tremendous rate.



Another novel topic that I introduced to EHRA, and that later became of interest to the entire ESC, was health economics and in particular the issue of reimbursement for implantable recorders. Indeed, during this time, we developed an interesting project together with Marcus Siebert, senior director and reimbursement officer of St Jude Medical, on the need for proper reimbursement of digital health services and of wearables. Health economics in cardiovascular medicine was another long-standing interest of mine, which later, as ESC President, I was able to put on the ESC's main agenda.

I also consider the EHRA White Book to be one of my initiatives that deserves mention in this brief memoir. The first edition, of course, appeared during the Presidency of my predecessor and friend, Professor J. Brugada, and during my own tenure, it continued to be a success. Here I should also point out that Josep—who has always honoured me with his friendship and trust—and I highlighted the need to present in detail the realities of various countries in the field of arrhythmology and heart rhythm devices. We recognised the value of obtaining accurate metrics from healthcare planners in every country, to more strongly support our scientific domain. It is a pity that the EHRA White Book is no longer being published.



The EAST study, whose prime movers were Paulus Kirchhof, John Camm and Günter Breithardt, received vital support from the EHRA board under my Presidency, since from the beginning it became apparent how important the resultant research work would be. Today's developments and

publications have vindicated this decision. I also remember that, during my term of office, we thought it important to organise EHRA Summits, not only in Nice but also in other countries, such as the one in Budapest. There, science topics, as well as healthcare issues, were presented in front of a significant audience.

Of course, my tenure was heavily preoccupied with the then burning issue of whether or not to support the CARDIOSTIM Congress, a historic scientific event, but one that was not owned by the ESC and EHRA. After much hesitation, I chose to give a two-year extension to the CARDIOSTIM contract with EHRA, while clearly stating that it would be

the last. It was immediately apparent that this middle ground, as an option, did not fully satisfy the view of all key EHRA figures, such as Josep Brugada and Gerhard Hindricks. Fortunately, the next leaders of our Association came up with a definitive solution to this chronic problem.

Speaking of Europace conferences, I of course was called upon to contribute, I think creatively, to Europace 2009 in Berlin, as EHRA President-Elect, and to Europace 2011 in Madrid, as EHRA President. Both these June meetings were extremely well organised and successful. I have always believed and insisted that Europace, a historic ESC conference, needs to be organised in the month of June, as its founders laid down in 1976.

I have tried in this short memoir to present a selection of my memories from that era. I would like to stress that, throughout the 31 consecutive years that I have been serving the ESC.

As President of the Pacing Working Group, President of EHRA, and President of the ESC, I was primarily interested in the strategic side of events, and our Society's achievements, as a valuable asset for the scientists of Europe. My principal motto was: *"We remain as Europeans united, innovative and active in international scientific events."* This was precisely my approach during the turbulent period 2002-2003, when, as a member of the ESC Board and Past Chairman of the Working Group of Cardiac Pacing, I had to make a strategic contribution to a significant initiative by leading the creation of EHRA. Many of the projects I initiated in 2009-2011, as President of EHRA, later evolved into important ESC policies while I was heading its board from 2012-2014, such as the Atlas of Cardiology database and the development of digital health in cardiology.

I have never had any qualms about backing the unity of the entire ESC. For a long time, I have given my strategic support to important candidates standing in elections for the EHRA presidency. This has sometimes been at the expense of my family and my patients, here in my country.

But it was worth the effort, and that is how I intend to continue. With an ideology focused on meritocracy, camaraderie, and of course on progress and innovation.



| European Heart Rhythm Association 2011-2013: Angelo Auricchio

Executive Board

President	Angelo Auricchio
President-Elect:	Karl-Heinz Kuck
Past President & Chair of Nominating Committee:	Panos Vardas
Secretary:	Lluís Mont
Treasurer:	Christian Wolpert

Ex Officio

EiC Europac:	A. John Camm
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ESC Working Group Representatives

Cardiac Cellular EP:	Paul Volders
E-Cardiology:	Enno van der Velde and Marek Malik

Committee Chairs:

Scientific Initiatives:	Carina Blomström -Lundqvist
National Societies:	Robert Hatala
Certification:	Katja Zeppenfeld
Health Economics:	Giuseppe Boriani
International Affairs:	Gerhard Hindricks
Europace 2013 Programme:	Andreas Goette
Web site & Communication:	Hercules Mavrakis
Education:	Hein Heidbuchel
Training Fellowships:	José Luis Merino
Scientific Documents:	Paulus Kirchhoff

Activity

When I took over the role of President in June 2011, I proposed a strategy to the new Board that was built around a number of key elements including:

- Expanding EHRA education by offering and diversifying the education product portfolio
- Increasing the training opportunities for young cardiologists wanting to become electrophysiologists
- Improving collaboration with the Esc Working Group on arrhythmias and electrophysiology
- Linking with 55 national societies
- Increasing the number of EHRA scientific registries
- Enhancing the international scientific network

During the 2 years of activities, the new EHRA Board undertook many projects and initiatives aimed at supporting the strategy and improving EHRA's visibility, both in Europe and around the world.



In the years 2011-2013, the number of the Research Network partners significantly increased and several registries were initiated or continued. These included the EAST trial (Early comprehensive Atrial fibrillation Stroke prevention Trial - www.easttrial.org) which was a European, investigator-initiated study jointly conducted by AFNET (as sponsor) and EHRA. The trial was supported by a unique partnership with Sanofi Aventis and St. Jude Medical. It aimed to determine whether an early, standardised rhythm control intervention could help prevent adverse cardiovascular outcomes associated with atrial fibrillation, including stroke and death. At the end of my presidency, over 1000 patients had been enrolled in 11 participating European countries. Meanwhile, the trial has been completed and several very important publications including in the New England Journal of Medicine in 2020 have reported its very clinically-relevant results. Another important registry has been the Atrial Fibrillation Ablation Registry, which was part of the EURObservational Research Programme (EORP) with cooperation across 28 ESC member countries and two ESC-affiliated countries. Its main objective was to describe the clinical epidemiology of patients undergoing an Atrial Fibrillation Ablation (AFA) procedure, and the diagnostic and/or therapeutic processes applied. The results of this registry have been extensively reported in many peer-reviewed articles.



Finally, the European Lead Extraction Controlled Registry (ELECTRa), the first large prospective, multi-centre, European Controlled Registry of consecutive patients undergoing TLE procedures. Initial results were presented in June 2013 during EHRA EUROPACE and meanwhile published in about 20 peer-reviewed articles.

A new Educational Framework was developed in the years 2011-2012 which embraced educational initiatives of external partners that were complementary to EHRA's own offerings. EHRA set and maintained high standards of professional excellence. Newly designed tracks (all EBAC accredited) for EP and device specialties were developed including some dedicated to general cardiologists and allied professionals. In the autumn of 2012, the EHRA Educational Framework was implemented and formalized within the new ESC online educational platform, ESCeL. Moreover, during 2012, EHRA delivered a number of major training programmes for members that included the following: the EHRA Basic and Advanced EP course, the EHRA device course, the Case-based arrhythmia and device practice course, and for the first time in its history an EHRA Basic EP course in Egypt. In the years 2011-2013 more than 1200 physicians attended an EHRA professional training course.

Much effort went into the promotion of best practices in cardiac arrhythmia treatment, including the development of a web portal dedicated to patients suffering atrial fibrillation, and the lobbying of national governments and EU institutions to tackle inequalities in access to high-quality care. We have also taken positive action to highlight the burden of sudden cardiac death amongst ESC member countries and argued strongly for the deployment of cost-effective solutions. Reducing inequalities in the healthcare treatment of arrhythmia was a major political objective set during my presidency. To serve this very ambitious scope, several activities were undertaken including the so-called "Eastern initiative" and "ICD for Life".

The Eastern Initiative was introduced to the chairs of the Eastern European National Societies at a meeting held in Sophia Antipolis during the EHRA Summit meeting in 2012. It was agreed to focus EHRA's strategic and political support on five selected countries to help meet the needs of their heart rhythm communities. EHRA supported the training of operators through short-term master fellowships, public awareness campaigns for sudden cardiac death, and education programmes for the referring medical community. The "ICD-for-Life" project aimed to create an infrastructure for promoting defibrillator therapy as the only life-saving modality for the prevention of sudden cardiac death. The White Book initiative allowed us to identify those countries with the greatest disparity in ICD use across ESC member countries, in particular in Eastern Europe. To consider ways to address this situation, representatives of selective countries worked with me on together with political decision makers, health care administrators, and industry partners during the ICD-for-Life summit, held in Belgrade in October 2012. Finally, EHRA fostered relationships with the Ministry of Health of emerging European economies and key institutions including the World Health Organization and Directorate for Health and Consumer Affairs of the European Union, to negotiate a better way forward on managing arrhythmias and cardiac pacing.



Membership steadily grew, and in June 2013 more than 1,800 cardiologists and other professionals became EHRA members. We introduced the bulk membership schemes with national societies, initially with AIAC. This welcome growth represented an endorsement of EHRA's ability to meet the needs of its members as well as a demonstration that it can actively support and complement the work undertaken by each of the national working groups on arrhythmias and electrophysiology. Overall, the last year has been very successful for EHRA and has confirmed its undisputed leading role as a European, as well as an international, scientific organisation.

There were 91 applications for EHRA Training Fellowships in June 2013 23 from young, talented cardiologists who wanted to become electrophysiologists. Of the grants, 20 were awarded to applicants from the ESC member countries, while three were jointly awarded with the Asia Pacific Heart Rhythm Society (APHRs). This was one of the largest number of grants ever given by EHRA in its entire lifetime.

My presidency concluded with the highly successful 2013 EHRA EUROPACE Congress held at the Metropolitan Expo Exhibition Centre in Athens. It was, for the first time, the result of collaboration between EHRA and the ESC Working Groups on e-Cardiology and Cardiac Cellular Electrophysiology. Despite the economical challenges that Greece and Europe was experiencing at the time of the congress, over 5,000 delegates attended the congress.



Media coverage of EHRA EUROPACE 2013 was comprehensive. Nine press releases were issued ahead of and during Congress addressing a wide range of topics. These included original contributions such as the association between fish consumption and AF, and an investigation into rhythm disturbances caused by cola and honey as well as the presentation of new ESC Clinical Practice Guidelines on Cardiac Pacing and CRT covered and finally, the launch of AFIBMATTERS.com website and the new additions to the White Book. There were also announcements of the results from a number of studies and trials, notably:

- **The PREFER AF study** found that Oral anticoagulation is now used in over 85% of patients with atrial fibrillation (AF) eligible for therapy.
- **ISSUE (the International Study on Syncope of Uncertain Aetiology)** determined that cardiac pacing is more effective in patients with presumed neurally mediated syncope (NMS) and asystolic episodes in which tilt table testing proves negative (TT-), than in patients in which the tilt table testing proves positive (TT+).
- **Gap-AF - AFNET 1 Trial:** using catheter ablation to create complete linear lesions around pulmonary veins, proved more effective than the creation of incomplete lesions in preventing recurrence of atrial fibrillation (AF), reports the GAP-AF study. For the first time a randomized controlled study has been undertaken comparing the two different ablation strategies for patients with paroxysmal AF.
- **Catheter Ablation for the Treatment of Persistent Atrial Fibrillation:** the SARA trial found that catheter ablation therapy was superior to medical therapy for maintenance of sinus rhythm in patients with persistent AF.

The progress we have achieved was a direct result of the outstanding contributions made by the whole EHRA Executive Board, by each of the EHRA committee chairs and co-chairs, and by individuals committee members - all of whom were voluntarily giving up their time to serve EHRA. The 2011-2013 Board has worked well together in implementing the strategy to prepare EHRA for future challenges, and we have received excellent support from the permanent staff at the European Heart House. With my profound gratitude, I acknowledge the contribution made by all of these excellent physicians, scientists, and allied professionals who lent their expertise to help EHRA in its mission under my presidency.



European Heart Rhythm Association 2013-2015: Karl Heinz Kuck

Executive Board

President:	Karl-Heinz Kuck
President-Elect:	Gerhard Hindricks
Past President & Chair of nominating committee:	Angelo Auricchio
Secretary:	Christophe Leclercq
Treasurer:	Bela Merkely

Ex Officio

EiC Europace:	A. John Camm
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Cardiac Cellular EP:	Paul Volders
E-Cardiology:	Marek Malik
Adults with Congenital Heart Disease:	Gerhard Diller

Committee Chairs:

Certification:	Katja Zeppenfeld
National Cardiac Societies:	Luigi Padeletti
Scientific Initiatives:	Carina Blomström-Lundqvist
Scientific Documents:	Gregory Lip
Training Fellowship:	Jose Luis Merino
Education:	Haran Burri
Website and Communications:	Maxim Didenko
Congress Scientific Programme:	Cecilia Linde
International Affairs:	Paulus Kirchhof
Health Economics:	Francisco Leyva
Innovation:	Frits W. Prinzen
Young Electrophysiologist:	Tom de Potter
Women in EP:	Andrea Sarkozy

Activity

2013

The goal of EHRA in 2013 was to continue what had been successfully built by EHRA in the years before and to focus on some specific issues, which will be discussed in detail. One of the important political goals was to improve the cooperation between EHRA and the European Cardiac Arrhythmia Society (ECAS) under its president Dr Riccardo Cappato. This included exploring fields of common interest such as scientific documents and congresses.

Specific fields of EHRA in 2013 were the following.

1. Increasing efforts to further improve collaboration between EHRA and National Cardiac Societies. The White Book and ICD for Life projects were two very important initiatives that illustrated the strong relationship that the EHRA had established with National Cardiac Societies and their Working Groups in Electrophysiology, Cardiac Pacing and Arrhythmias.
2. Starting new registries on CRT in heart failure patients, renal denervation in patients with arrhythmias such as atrial fibrillation, and others. Furthermore, the European Lead Extraction Controlled Registry (ELECTRa) was the first large prospective, multi-centre, European-controlled registry of consecutive patients undergoing transvenous lead extraction procedures. Initial results were presented in June 2013 during EHRA EUROPACE, with an update planned during the 2014 ESC Congress.
3. Expanding the EHRA Fellowship Training Programme through the Proctor programme. The launch of the Proctor programme was an initiative dedicated to supporting established physicians or former fellows in Eastern Europe. Under the programme, these individuals could receive grants to enable them to travel to Western Europe hosting centres to acquire new skills and techniques. EHRA Training Fellowships gave physicians from ESC and affiliated countries the opportunity to gain specialised training in clinical electrophysiology in another ESC member country. The objective was to promote the development of academic medicine within the field of clinical cardiac electrophysiology.



Academic Research Fellowship - the Scientific Initiatives Committee had proposed and established the Academic Research Fellowship. Its purpose was to promote a potential career within academic electrophysiology by providing research supervision and guidance towards various research fields. This approach aims at candidates looking for a period of high-quality supervised research, and the grant was open for both clinical and basic science research. The duration was one year with the option of an additional year. The first Academic Research Fellowship was announced at the 2013 EHRA Europace Congress in Athens.

4. Enhancing the EHRA certification process to offer an iPad-based exam for Allied Professional physicians.
5. Three new EHRA committees were established in June 2013: Women in Electrophysiology, Young Electrophysiologists, and Innovations.



As long ago as 2005, the ESC recognised the need to focus attention on females in cardiology through its ESC Women@Heart initiative. The EHRA's Women in EP Committee aimed to take this a stage further by focusing on arrhythmia from the perspective of female patients and female physicians.



The Young Electrophysiologists committee had been formed to facilitate, enhance and accelerate the development of early career electrophysiologists. Its goal was to promote the work of our members and create a global network within the scientific EP community to assist with non-clinical professional training needs.

The new EHRA Innovations Committee had been created to establish formal processes that capture new ideas, match them to unmet needs, and ensure that no promising innovations were lost.

The EHRA Education Committee develops high-quality training programmes for cardiologists specialising in pacing and EP, for trained electrophysiologists and for cardiologists with a special interest in arrhythmias.

2014

It is appropriate to begin with the successful CARDIOSTIM - EHRA EUROPACE meeting in Nice. This was the first congress arising from EHRA's collaboration with CARDIOSTIM, and it was pleasing to see more than 5,000 participants engaging fully with a highly praised scientific programme.

The board had extended the Proctor Programme as promised the previous year. This initiative supported physicians from eastern Europe to travel to established CP and EP centres of excellence to undertake short-term training. Furthermore, the ELECTRa multi-centre registry of consecutive patients undergoing transvenous lead extraction procedures had recruited more than 3,000 patients in 2014.

The training fellowship programme has been continued and extended as decided in the previous year.

1. Regular Training Fellowships

EHRA Training Fellowships have given physicians from ESC the opportunity to gain specialised training in clinical cardiac EP in other ESC member countries. The objective was to promote the development of academic medicine. Thanks to the generous support of our industry partners, 16 grants were awarded in 2014 from 104 applications received. Of these, 68 were from individuals and 36 from centres. Thirteen of the grants were awarded to applicants from the ESC member countries, while three were jointly awarded with the Asia Pacific Heart Rhythm Society (APHRs).

2. Proctor Programme

In addition, the Proctor Programme has been successfully launched. This programme provides support for physicians or former Fellows from eastern Europe to visit established CP and EP centres of excellence for training in new techniques. In this first full year, 14 individuals applied for support, along with 11 centres. Six positions were offered in 2014.

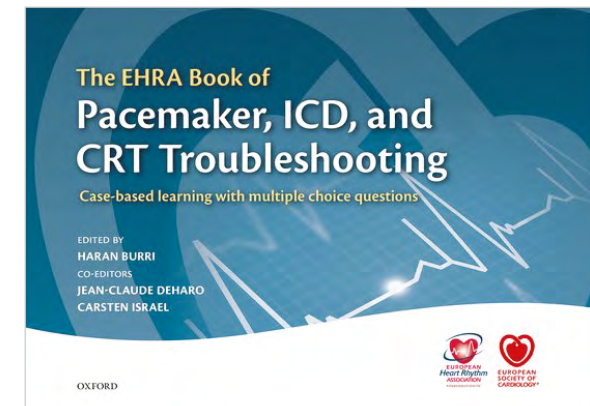
3. Academic Research Fellowship

In the previous year, the Scientific Initiatives Committee had proposed and established the Academic Research Fellowship. The Second Academic Research Fellowship was announced at the 2014 CARDIOSTIM - EHRA EUROPACE meeting in Nice.

Furthermore, the National Cardiac Societies Committee actively promoted EHRA activities within the ESC member countries. To help meet this objective, the structure of the Committee was redefined in 2014. The ESC member countries had now been organised into five regions according to OECD classifications and Regional Coordinators have been appointed for each. The regions were Western Europe, Southern Europe, Eastern Europe, Northern Europe, and Non-European. The role of the Coordinator was to support and promote EHRA activities and initiatives, and helped bring together representatives from the respective National Cardiac Societies and Working Groups to share information and challenges. The Regional Coordinators were also responsible for monitoring activities within their regions that could reduce the impact of cardiac arrhythmias and lower the incidence of sudden cardiac death. Work had focused on a number of programmes: the 2014 EHRA White Book and the ICD FOR LIFE project.

In 2014, the EHRA Board focused on a number of important projects that built on the foundations laid down in previous years:

- Supporting the joint ESC/EHRA initiative that encourages the implementation of AF Guidelines in selected countries
- Finalising the concept of an advanced course in cardiac arrhythmia at the University of Maastricht in cooperation with the ESC Academy in Brussels
- Promoting the first edition of the EHRA Inventors Award Innovation Committee led by Prof Frits Prinzen. The first EHRA Inventors Award will be presented, and dedicated Scientific sessions on innovation created, at the EHRA EUROPACE - CARDIOSTIM 2015 in Milan.
- Launching new versions of the website for patients, covering Atrial Fibrillation in Spanish and Italian (this was the focus in 2015). In 2014 the website has been launched.
- Providing a framework for improved collaboration on arrhythmia-related aspects with the ESC Working Group on Adult Congenital Heart Disease



In addition, we all looked forward to the EHRA EUROPACE - CARDIOSTIM 2015 meeting in Milan. The programme offered dedicated sessions for Allied Professionals, Young Electrophysiologists and Women in EP. This meeting also hosted the congress of the ESC Working Group on Cellular Electrophysiology and included sessions organised by the ESC Working Group on e-Cardiology.

The EHRA book of Pacemaker, ICD and CRT troubleshooting by Haran Burri, Carsten Israel, Jean-Claude Deharo was published in May 2015

It should also be mentioned that I, as EHRA President, had become at this stage a full voting member of the ESC Board along with my counterparts from the other ESC Associations.

In summary, during my presidency, EHRA had successful years with many positive achievements. We had become a thriving community and this was reflected in the vision, energy, and commitment of everyone who had made contributions to our work. We can all be very proud of ourselves and, on behalf of the Board and patients everywhere, I thank everyone for supporting me and EHRA.



| European Heart Rhythm Association 2015-2017: Gerhard Hindricks

Executive Board

President:	Gerhard Hindricks
President-Elect:	A. John Camm
Past President:	Karl-Heinz Kuck
Secretary:	Hein. Heidebuchel
Treasurer:	Katia Zeppenfeld

Ex Officio

EiC Europace:	A. John Camm
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ESC Working Group Representatives

E-Cardiology:	Goran Krstacic
Cardiac Cellular EP:	Paul Volders
Grown-up Congenital Heart Disease:	Gerhard Diller

Committee Chairs:

Scientific Initiatives:	Nikolas Dagres
Nominating Committee:	Angelo Auricchio
National Societies:	Bela Merkely
Certification:	Jens Cosedis Nielsen
Congress Scientific Programme:	Michael Glikson
Education Committee:	Jose Merino
Training Fellowships:	Corrado Carbucicchio
Scientific Documents:	Gregory Y. Lip
Young EP:	Tom de Potter
Women in EP:	Andrea Sarkozy
Innovation:	Frits Prinzen

Activity

Transforming the CARDIOSTIM Europace congress to an independent annual congress of the European Heart Rhythm Association

The road for EHRA to establish an annual congress for arrhythmias and cardiac electrophysiology was rough and quite long. I started to be involved in 2008, when Panos Vardas, the President-Elect of the Association, approached me during the CARDIOSTIM meeting in Nice asking whether I would be willing to contribute to the new EHRA board under his presidency. I was a little surprised about the request as I had not been involved in any activities of the Association before. However, I agreed with pleasure and joined the EHRA Board in the summer of 2009 as the chairperson of the EHRA program committee.

I learned about the specific structure of the Congress business in arrhythmias and electrophysiology in Europe: EHRA administration explained to me the agreement and the contract that had been settled between the CARDIOSTIM congress organization REED and the European Heart Rhythm Association / European Society of Cardiology, respectively. This contract was initially settled in 2006 and in principle described that either one organisation, i.e. CARDIOSTIM and EHRA, would in alternate years take the responsibility for organising a European Congress for electrophysiology and arrhythmias. The congress organisations were independent of each other. EHRA had the right to cover the “odd” years while the CARDIOSTIM organisation was responsible for the “even” years.

This contract was intended to terminate in 2012, and I can clearly recall the intense discussions about the option for extension of this agreement that we had in the EHRA Board under the presidency of Panos Vardas (2009 to 2011). Even then the question was if we should continue this cooperation or go for our own annual congress - independent from the REED organisation. This was a principal decision for the leadership of the Association and the discussions around this topic were both intense and very emotional. I remember a very emotional discussion among EHRA leadership at the end of the EHRA Congress in Madrid in 2011. However, the board took the decision - with just a single vote difference to continue the cooperation for another five years until 2017. Thus, between 2012 and 2017 we proceeded as agreed with changing responsibilities every other year between CARDIOSTIM and EHRA. In 2013, I became the President-Elect of the Association and served in that position under the presidency of Karl-Heinz Kuck. During his mandate, the first discussions about the topic reappeared. However, since the stage was settled until 2017, there was no top priority for the topic.

I started my term as EHRA President in June 2015 and the strategic decision about the annual congress became the key topics of my presidency. The first discussions reappeared during a strategic board meeting that we had in December 2015 in Budapest, Hungary. During that meeting, the EHRA Executive Board re-discussed the opportunities for the Association to develop the Congress with or without a partner. The contract with CARDIOSTIM/REED had to be renegotiated until the end of 2016. Therefore, there was not that much time for the decision-making process.

Compared to the situation in 2011, the main “mindset” of the EHRA Board members had changed in the direction of support of our own independent EHRA Congress. I was one of the main supporters of the idea to split from CARDIOSTIM since I was convinced that we would be more successful with an annual congress and that an annual congress would substantially strengthen the association as the leading organisation in Europe in the field of arrhythmias and electrophysiology.

However, every substantial change also induces fears and worries: among those was the risk of a situation where CARDIOSTIM would also independently go annually and the whole congress scene would be “cannibalized”. In addition, there was the argument that CARDIOSTIM may look for new partners, for example, ECAS, to strengthen their position. We had very open, respectful, but also controversial discussions about this important issue within the EHRA Board and also with the Management Group of the European Society of Cardiology. Indeed, the business model with CARDIOSTIM was quite solid and safe; however, there was a lack of opportunities to further position EHRA as the indisputable leader in the field of arrhythmias and electrophysiology.

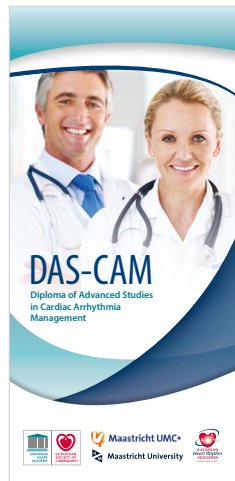
From my perspective, this was also very important in light of our intercontinental relations. Our North American partners with the Heart Rhythm Society had an annual congress and the congress scene in South America (LAHRS) and Asia (APHS) in cardiac electrophysiology was expected to develop soon. Another line of

argument related to the position of the industry and the financial streams that were generated by the Congress. Would industry in case of a split walk with us or would there be a competitive situation? I was convinced that the industry would clearly recognise and appreciate the strong set of educational and scientific values intimately linked to EHRA. In the discussion, I always opposed the perspective that both EHRA and CARDIOSTIM were scientific organisations. There is, I said, a fundamental difference between the two organizations: REED / CARDIOSTIM was a commercial organisation with scientific interest, while we, the European Heart Rhythm Association, were a scientific organisation with a public responsibility. I believe that in the end, this was the key argument that convinced the ones in doubt about the decision to agree to move to an annual congress for EHRA.

As always, you have to leave something behind when you start something new. That was of course also true for our cooperation with CARDIOSTIM which lasted for a decade. I can very well recall the emotional moment when we had the last CARDIOSTIM Europace Congress in Nice in 2016. During the faculty dinner in one of the beautiful palaces in Nice, it was announced that the chairman of CARDIOTIM, Philippe Ritter, would step down from his position. In addition, the North American face of CARDIOSTIM, Douglas P. Zipes, also announced that he would no longer take this responsibility. After this announcement, I stood up, went to the microphone, and honestly thanked both CARDIOSTIM leaders for their great performance, friendship and cooperation. In addition, this statement came really from my heart. However, in that moment it was also clear to me that the time for change had come.

The final decision to propose the annual congress for the future to the EHRA Board and to the Board of the ESC was taken on October 4, 2016 unanimously by the Executive Board of EHRA. Furthermore, the Executive Board suggested shifting the date of the Congress from June into the end of Q1 of the year to be the first continental event on arrhythmias and electrophysiology within the annual congress calendar. The EHRA Board subsequently agreed all this.





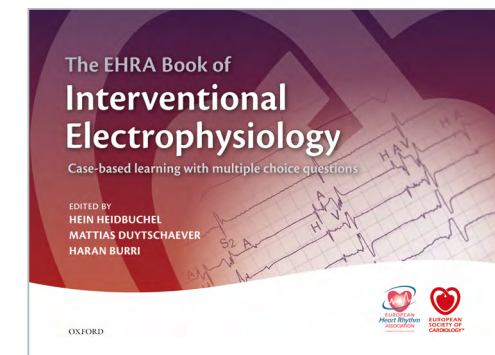
Premium postgraduate education is well established in many fields and our colleagues from the Heart Failure Association of the ESC had decided to establish the diploma course in cooperation with Zurich University. Panos Vardas, who was the managing director of the European Heart Academy of the ESC at that time suggested that EHRA should also do this. The arguments in favour were that it would give a strong signal that EHRA was also active in premium education in collaboration with one of the leading European universities. Against this, however, were the organisational burden and the high costs. In the end, the EHRA Board took the decision to establish a postgraduate course and called for applications from European universities. Maastricht University was selected as the partner university and Prof. Harry Crijns was asked to chair the DAS-CAM (Diploma of Advanced Studies in Cardiac Arrhythmia Management) steering committee that was responsible for the

development of a high-level, high-quality educational program. It was the main goal of the course to systematically develop scientific and educational content that would promote the leadership skills of the participants rather than just teaching arrhythmology and cardiac electrophysiology. Eight modules were developed and key opinion leaders from the association were nominated as anchor persons to chair the modules.

In the following years, EHRA very successfully developed the annual EHRA Congress into the main European congress event in the field of arrhythmia and electrophysiology: 2017 in Vienna, 2018 in Barcelona and 2019 in Lisbon. Then there was Covid-19: in 2020 and 2021, EHRA organized two very successful digital congress events before we joined again face-to-face during EHRA 2022 in Copenhagen. Now we are again in Barcelona. In the end, I think we took the right decision on this very important strategic question to strengthen the role and the visibility of the European Heart Rhythm Association from a global perspective. Indeed, with the annual EHRA Congress, we have successfully developed the congress flagship in the field of arrhythmia and electrophysiology. Thanks to all of you involved in the discussions, the decision process and most importantly in the development and execution of our so successful and enjoyable annual EHRA congress events.



2016 also saw the launch of the ERTC (EHRA Recognized Training Center) and the Fellowship scheme for EHRA (FEHRA)



In March 2017*, The EHRA Book of Interventional Electrophysiology: Case-based learning with multiple choice questions was published.



| European Heart Rhythm Association 2017-2018: John Camm

Executive Board

President:	A. John Camm
President-Elect:	Hein. Heidebuchel
Past President & Chair of Nominating Committee:	Gerhard Hindricks
Secretary:	Robert Hatala
Treasurer:	Cecilia Linde

Ex Officio

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Committee Chairs:

Certification:	Jens Cosedis Nielsen
Selection:	Paulus Kirchhof
Education:	Jose Luis Merino
Scientific Documents:	Gregory YH Lip
Scientific Initiatives:	Nikolaos Dagres
National Societies:	Prof. Isabelle C. van Gelder
Young EP:	Valentina Kutiyfa
International Affairs:	Lluís Mont
Health Economics Coordinator:	Francisco Leyva
Women in EP:	Sabine Ernst
E-communications:	Christian Elsner
Congress Scientific Programme:	Christophe Leclercq

Activity

I had held an *ex officio* position on the EHRA Board since I took over as Editor-in-Chief of the *Europace* journal in 2006. I was therefore well placed to be elected President when it became clear that the presidential term would be for a shorter period than usual in order to allow alignment between the 2-year ESC Board cycle and the 2-year EHRA Board cycle and to allow the start dates of all appointments to begin in September at the annual ESC congress rather than at our traditional start date, usually in June coincident with the EHRA Annual Congress. Altogether my period in office amounted to about 15 months.

Although short, my experience as President of our Association was packed with considerable challenges, among which was the largest threat ever faced by EHRA. MEDTECH decided not to directly fund any individuals wanting to come to professional meetings, which until then, was the predominant method by which delegates were able to join the meetings. This seriously jeopardized attendance at the EHRA meetings. It was implemented beginning in January 2018. These changes were the “brainchild” of the medical device industry and were initiated by Medtronic through MEDTECH and EUCOMED. The reasoning behind this change was logical. Paying the expenses for a customer to attend a meeting could be interpreted as a bribe or reward to the customer, and this was not consistent with the US Sunshine Act nor developing legislation and bylaws in Europe, and had to stop. Similarly, meetings that took place at the height of the tourist season in a popular resort could not be funded. This clearly meant that companies could no longer fund CARDIOSTIM, leading to its discontinuation. The general ban on inviting delegates to professional meetings was also the death knell for many other European meetings that had competed with EHRA.

We needed a solution to the problem because it was unthinkable that the major and most important of the European meetings dealing with arrhythmias, rhythm-related medical devices and cardiac electrophysiology could no longer take place. We had several meetings with EUCOMED and finally understood that the essence of the problem was the direct link between the particular person who was awarded a travel grant and the company, and if that link was no longer transparent, companies could still support a fund to bring delegates to the meeting. EHRA, with the help of the ESC, established a mechanism for doing this. Candidates for the grant could apply directly to the EHRA and the companies could provide the travel support money to EHRA and not directly to the candidate.

However, the total grants donated by our commercial partners to EHRA fell far short of that needed to support the number of people usually brought to the EHRA annual congress. Fortunately, EHRA was then able to approximately match these donations by drawing from its own reserve funds held with and by permission of the ESC. EHRA then established the mechanism by which individuals could apply for these travel grants and established a committee to judge the applications and make the awards without any input from the company. Altogether some 750 awards were made.

EHRA was the most vulnerable of the ESC Associations and Working Groups because of its relatively high reliance on funding from device rather than pharma companies, but this occurred at the peak of marketing of direct oral anticoagulants which undoubtedly helped the congress to survive. Device companies were also confused about the operation of the new arrangements and some local divisions were able to continue some direct funding. Many but not all pharma companies now operate similar regulations. Funding for attendance at meetings is becoming more of a personal obligation for senior physicians, but less so for junior and trainee physicians, and some allied professionals and nurses for whom EHRA and the ESC continue to provide funding. Without the determination of EHRA and the committed support of the ESC, EHRA might well have suffered the same fate as many other European meetings.

Other exasperations continued to fester, especially the consequences of the split with CARDIOSTIM, our ongoing attempts to amalgamate appropriately with ECAS and the competition with other European regional meetings that had operated with strong international support and engagement. As the market and financial support for meetings contracted, the need to channel funding to the EHRA Congress, which would maximize the educational potential, especially by providing the continuous opportunity to review all the content via ESC365 became critical. Paradoxically the MEDTECH/EUCOMED regulation helped with many of the issues. EHRA was less dependent on industry funding than CARDIOSTIM, ECAS and others.

We had been running annual meetings but with CARDIOSTIM in charge one year and EHRA the next and we wanted to change to an annual cycle but without CARDIOSTIM. This was finally achieved in 2018 with the Barcelona meeting and we changed the name from EHRA Europace to EHRA2018 - the first solo congress for over 10 years but it was to occur in March 2018, the same financial year as our previous congress with CARDIOSTIM in Vienna June 2017. As you might imagine this raised huge difficulties with companies that also operated with the same financial year boundaries. How could they afford to provide funding for two EHRA meetings in the same financial year? Fortunately, not all companies used the same financial year dates and we were able to squeeze some support but nothing like the volume of our usual financial contributions.

We had wanted to keep our meeting in June but could not because of our previous contract with CARDIOSTIM and decided to change to March/April since this part of the year was not congested with other heart rhythm meetings, but we then began to collide with the ACC congress. Eventually, we were able to avoid this clash, but it remains a challenge. We would also have liked to go back to Nice when CARDIOSTIM subsequently went out of business but the MEDTEC agreement would not allow that: must take into account the season - not touristy!

Despite many discussions involving the entire EHRA presidential trio and the leaders of ECAS, we were eventually unable to reach any agreement with ECAS. We could not accept the concept that both meetings and societies were of equal importance and therefore automatically make all of our respective members, members of the other group. By the time I left office, we had failed to come to any agreement. This was a personal disappointment for me because I was friends with the leadership of ECAS, and had initially supported its establishment, until the ESC, then under the control of Alan Howard and Jean-Pierre Bassand finally agreed that The European Working Groups of Cardiac Arrhythmias and Cardiac Pacing could form as an association with sufficient independence and authority to be able to compete with the Heart Rhythm Society.

During my presidency, the ESC and therefore EHRA was reorganized according to the five pillars of Advocacy/Education/Congress/Membership and Research. This was a major step in making the ESC organisation coherent and more homogenous, but EHRA also foresaw at this time the other side of the coin, centralization and loss of independence. However, EHRA conformed to the reorganization, which was quite straightforward. It has operated under this structure ever since, but as expected the creep toward increased centralization of decision-making and budget control became more apparent and remains under constant review.

Another possible problem appeared when a new ESC Council on Cardiovascular Nursing and Allied Professionals was announced. EHRA feared that the new council would attract allied professionals away from EHRA, but fortunately, this did not turn out to be a big threat.

On the horizon, we began to notice European Union directives concerning medical devices. Two new EU directives required medical devices to be licensed and approved in the EU, therefore removing the advantage that European cardiologists had compared with our transatlantic colleagues who had faced such regulations under the FDA. Thus, when these directives became operational we would no longer have early access to innovative devices and turn this to an advantage by organizing and reporting early studies. We joined in the debate about these regulations but were in no position to change them, only to understand their implications. Fortunately, the ESC also recognized this major development and galvanized ESC collaboration and advocacy in this regard.

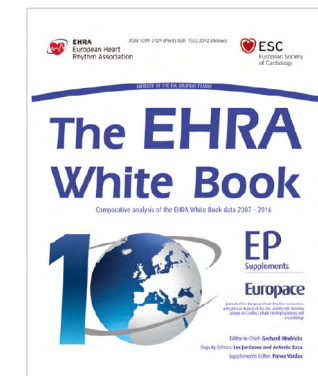
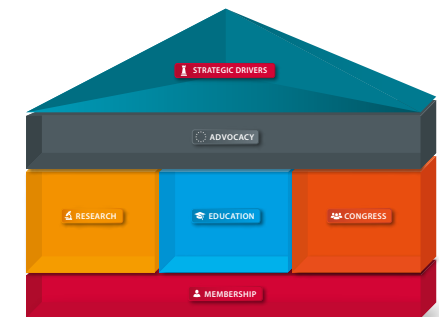
The hugely successful “White Book”, detailing the European EP and devices activity finally ran aground after the funding for the programme was withdrawn by Biotronik. Regretfully, this aspect of record keeping was handed over to the ESC ATLAS project.

Fortunately, EHRA was able to attract/form the European Cardiac Arrhythmia Genetics subgroup (ECGn). This is an increasingly important and critical aspect of the investigation, management and treatment of patients with cardiac arrhythmias and this new alignment was strongly supported by EHRA.

EHRA continued to give its support to DAS-CAM, but concerns were building about the stronger involvement of the ESC than of EHRA in the organisation and administration of the course. Also, the large costs involved in a diploma course for only 30-40 students, seemed unwieldy and potentially ate into funding that might have been available for other EHRA programs. This issue was not resolved when my presidency ended. However, the general sentiment was that EHRA wanted DAS-CAM to succeed and hoped that EHRA would become more involved and that costs would fall in the future.

Undoubtedly, my best moment as President of EHRA was the EHRA annual congress in Barcelona in March 2018. EHRA2018 was in many ways a celebration of our facing up to and overcoming adversity, and coping with major change. Surprisingly, at this congress, which was initially thought to be doomed, there was a very good attendance, far more than we had ever hoped.

The success of my relatively short presidential term was undoubtedly due to the support and encouragement that I received from the Board and Committees of EHRA. Thank you to them all. I experienced, as do all Presidents of EHRA, patient and unflinching help from the EHRA Heart House team of Syva Palayan and Vanessa Meyen without which I would have achieved very little. Very grateful thanks to both of you.





| European Heart Rhythm Association 2018-2020: Hein Heidbuchel

Executive Board

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Secretary:	Jose Luis Merino
Treasurer:	Helmut Puererfellner

Ex Officio

EiC Europace:	Gerhard Hindricks
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ESC Working Group Representatives

E-Cardiology:	Joost Lumens
Cardiac Cellular EP:	Dobromir Dobrev
Grown-up Congenital Heart Disease:	Gerhard Diller

Other Representatives

EHRA Focus Group on European Cardiac Arrhythmia Genetics (ECGen):	Elijah Behr
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Committee Chairs:

Certification:	Stelios Tzeis
Selection:	Isabel Deisenhofer
Education:	Jan Steffel
Scientific Documents:	Nikolaos Dagres
Scientific Initiatives:	Tatjana Potpara
National Societies:	Isabelle Van Gelder
Young EP:	Jedrzej Kosiuk
International Affairs:	Luis Mont
EHRA mHealth and Health Economics and PROM Coordinator:	Emma Svennberg
Women in EP coordinator:	Laura Vitaly Serdoz
E-communications:	Francisco Manuel Moscoso Costa
Congress Programme Committee:	Haran Burri

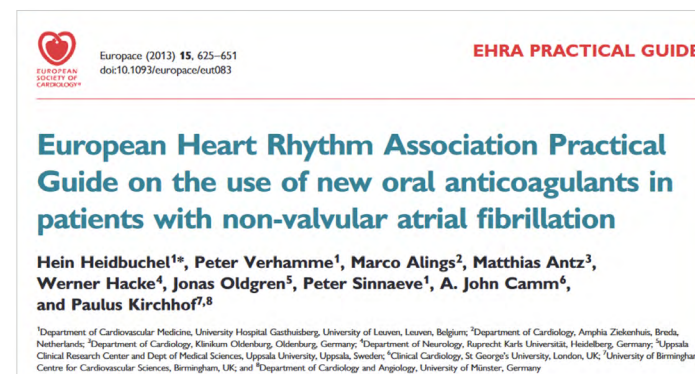
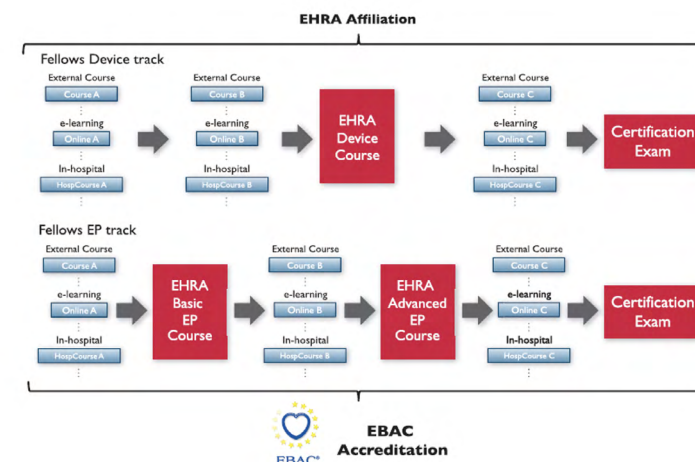
Activity

As a young staff member I witnessed the birth of EHRA from the side-lines, without realizing what would be the impact of those events on my later career: Hugo Ector, my mentor at the time, often made remarks during our clinical work on discussions he had (and troubles he encountered) trying to merge two ESC working groups. Clearly, he and others succeeded, which resulted in the birth of EHRA. A few years later, I was invited by Josep Brugada to join the education committee, then led by Carina Blomström Lundqvist, and started to develop my enthusiasm for a young organisation with high ambitions for the EP community all over Europe. Under Panos Vardas, I became the chair of the Education Committee and deployed a strategic plan “to put EHRA in the middle of education”. Together with the Presidents of that time, we considered education as the foundation stone of the young EHRA, in order to demonstrate the value of the organization to a young generation of electrophysiologists. It was our vision that it would be important to retain them as lasting members and grow EHRA. At that time, each device company was organising its own ‘pacing courses’, merrily asking EHRA to provide lecturers and to stamp the programs with the approval of EHRA. We dubbed the new arrangement EHRA’s “Educational Framework”, which still persists today. It comprises a backbone of EHRA’s own courses (with contributions from the Industry), and is supplemented by more practical hands-on courses provided by the Industry itself. I may well hold the record as ‘the cardiologist arriving earliest in the morning at the Heart House in Nice’: to set up a case-based course with simulators. A taxi dropped me and a colleague at 5:30 in the morning, only to find everything closed and have to wait at the gates on the street for the first service people to let us in. Luckily, that was in June!

A certification process nicely put the crown on these educational efforts, although it took a while to align both the educational and certification efforts. But now, after 20 years, we can look back on a first great generation of 'EHRA-certified electrophysiologists'. Having to deal with the first colleagues that needed re-certification during my presidential turn, we ensured that this would be a meaningful and lean process, with no requirement for new exams. Our education meanwhile expanded to the publication of further editions of "Practical guides", of which I coordinated the guides on radioprotection and the well-known "EHRA NOAC Practical Guide", the first edition of which had been published in 2013, with others now following up with practical guides on antiarrhythmic drugs and mobile health technology.

After I took a sabbatical leave from EHRA in 2013, Gerd Hindricks motivated me to run in the elections of 2015 for Secretary. It did not take long for me to rediscover my energy for EHRA and I quickly engaged. Being part of the EHRA Executive Board, I witnessed even better the expansion of EHRA to a wide variety of activities and the transition to a yearly congress which was essential for the maturation of our society. During consecutive bilateral meetings with the HRS leadership, I noticed a gradual evolution from being the little brother society, to an equal partner, and even into an organisation that was looked at for its innovative initiatives and leadership.

I was elected EHRA President in 2017 for a 2018-2020 term. It is a special experience, more than just an honour, to realize that you are endowed by your colleagues with the task to guard the future of their profession. The work as President-Elect starts immediately, scouting for colleagues to devote their time as volunteers to the multitude of EHRA activities and committees. I felt an enormous responsibility to ensure that the diversity of our growing community was correctly represented in the more than 170 committee and other positions. One has to balance representation and opportunities for different geographical regions, device specialists vs. ablation experts, care for potentially underrepresented groups, and support for those with adjoining expertise like congenital heart disease, e-cardiology, cellular electrophysiology and cardiogenetics. My main goal was to be more inclusive. I invited all the national Working Group Presidents for proposals on EHRA committee members, we invited non-committee members to writing groups and scientific initiatives, and organized many open discussion meetings with the Working Groups to receive feedback and input. For the first time in EHRA's history, more than 25% of Board positions, Committee memberships and faculty assignments went to women, more even than their proportion within the EHRA membership at that time. I moved the EHRA Summit location to less represented countries in which we usually do not hold meetings (such as Poland and Norway), continued to expand our educational activities beyond Europe (e.g. Egypt, the Gulf Region, Russia and Kazakhstan), and brought education towards some European countries (on the request of and in collaboration with local organizers). We expanded the activities and the presence of the young EP community.



I was the first happily tweeting EHRA President, announcing new initiatives or reporting on different meetings all around Europe and the world. We strengthened EHRA's worldwide recognition by taking up leadership in an initiative to unite all worldwide EP associations to discuss with our partners from Industry the need for a new balance in education: as EP societies we perceived that our educational activities, which form the core of our existence, were under threat because transparency regulations (like the MedTech code in Europe) were used as a pretext to take away support from the EP societies' congresses and educational efforts, and turned into edu-marketing initiatives by the Industry itself. Although sometimes tense, these discussions were rewarding since we all recognize that we are indispensable partners for the continued innovation and growth of our EP field. Mutual respect is a key foundation for our onward progress. EHRA later also initiated a 'Worldwide Forum on CIED Follow-up', striving for the universal implementation of inter-operability in this field, i.e. to guarantee that information from device interrogations, in-office or remote, can be easily extracted and combined, within each vendor's portfolio but also across all vendors. This will be a long process, but all EP societies are united in their willingness to make this happen.

The EHRA Congress in Lisbon in 2019 with Haran Burri and Katia Zeppenfeld as chairs was highly successful. Among other innovations, it featured the first patient session, in which patients testified on their experiences with EP diagnosis and treatment. Patients now are integrated into many other EHRA activities, and often provide very unique perspectives on our activities. This undoubtedly leads to increased value for patient care. I installed the first 'mHealth coordinator' (Emma Svennberg) who very successfully put many mHealth activities on EHRA's agenda. For example, together with HRS, she set up mutually supported 'digital health summits' at the EHRA and HRS congresses. Today, EHRA has a full mHealth Committee. Talking about congresses: I was the first President who had to cancel an EHRA meeting: my welcome video for the EHRA 2020 Congress in Vienna may become a collector's item like a rare stamp, being recorded and edited but never shown... Nevertheless, we managed to transition in a matter of weeks into an online event. That would never have been possible without the tremendous support of ESC, our 'mother society'. It is an important part of a two-sided coin: some may consider that EHRA does not have enough autonomy being part of the ESC family, while others will focus on the capabilities that ESC provides to us which EHRA could never develop on its own. Both positions have proponents with their strong arguments.

Meanwhile, I failed in attempts to fully unite the European EP community: some colleagues remain convinced of their independent position. And I failed in attempts to realize a simpler combined membership scheme in which national societies, EHRA and ESC are all integrated into a unified shareholder-ship. As a Belgian, coming from a small divided-but-united country in the midst of Europe, I have always defended the idea that such questions, tensions and discussions are a natural part of societal life: only open discussion can lead to good compromises and balance. It has taken a lot of my and my predecessors' time to have these discussions with the ESC, ECAS and national working groups, and it will remain a major task for future Presidents. But if successfully continued, and good balances found, it is an asset for the well-being of our Association.

Looking back as a Past-President, I am most proud of the achievement that EHRA (and ESC) for the first time in their history are taking up the role as the coordinator of a European-funded project, i.e. the Horizon-2020 research project EHRA-PATHS.



Before, our role was limited to that of a partner that was responsible for education and dissemination. It had always been my vision that EHRA needed to become a "scientific coordinator", for two main reasons: 1) to be respected as an advocacy partner by the EU authorities by being recognized as a scientific leader is a tremendous advantage; 2) EHRA also needs to provide research opportunities to electrophysiologists around Europe and beyond, not just educational opportunities. Moreover, participation in research should not be limited to those working in academic centres, but all electrophysiologists. The EHRA-PATHS project definitely fulfils these aspirations, and I sincerely hope that it is only the first in a long line of European-wide research projects led by EHRA.

When being evaluated, I hope that my turn as EHRA President contributed to more transparency, to a more 'open and inviting EHRA', and to a thriving community with worldwide recognition. In my last official duty as chair of the Nominating Committee, we opened the EHRA elections to multiple candidates, i.e. all those who fulfil some prespecified general requirements, without any pre-selection nor any interference into the election process by the Committee (which in that sense has become a 'Selection Committee'). If my colleagues, if you, evaluate my presidency as a successful effort to provide open opportunities to as many colleagues as possible, and hence to have contributed to the successful history of EHRA, I have succeeded...



| European Heart Rhythm Association 2020-2022: Christophe Leclercq

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Past President & Chair of
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Christophe Leclercq

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Ex Officio

EiC Europe:

Gerhard Hindricks

ESC Working Group Representatives

E-Cardiology:

Polychronis Dilaveris

Cardiac Cellular EP:

Carol Ann Remme

Adult Congenital Heart Disease:

Michael Gatzoulis

Other Representatives

EHRA Focus Group on European

Cardiac Arrhythmia Genetics (ECGen): **Elijah Behr**

Committee Chairs:

Certification:

Stylianios Tzeis

Selection:

Giovanni Luca Botto

Education:

Jan Steffel

Scientific Initiatives:

Serge Boveda

Scientific Documents:

Nikolaos Dagres

National Societies:

Sime Manola

Young EP:

Katarzyna Malaczynska-Rajpold

International Affairs:

Helmut Puererfellner

Digital mHEALTH &

Emma Svennberg

Health Economics Coordinator:

Giuseppe Boriani

Patient Coordinator:

Jean Claude Deharo

E-communications:

David Duncker

Congress Scientific

Programme Committee:

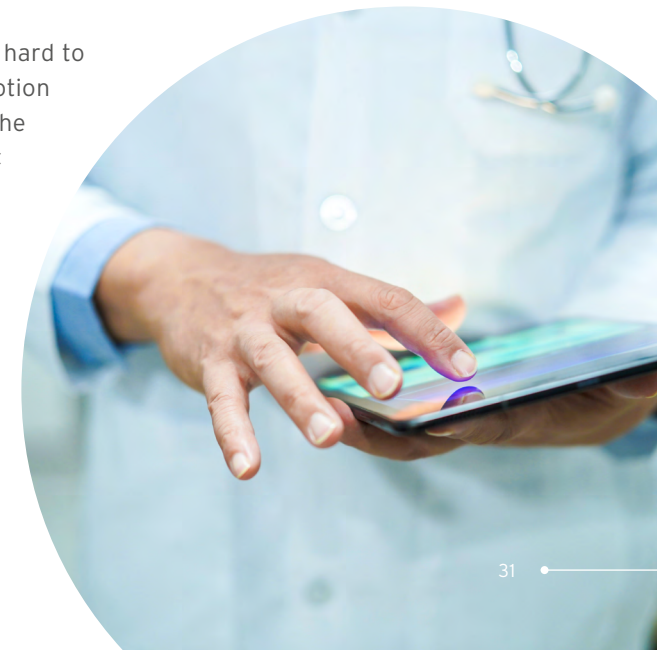
Isabelle C. van Gelder

Activity

When I took the decision in 2017 to be a candidate for the position of EHRA President-Elect I could not imagine that my EHRA Presidency would be so very unusual due to the COVID pandemic with so many changes needed due to travel restrictions and the impossibility to have face-to-face meetings. The Covid pandemic started in Europe in 2020, the year when I became EHRA president. We had to be proactive and adaptable to ensure the continuity and the continued development of EHRA activities with new formats. We spent days and days on Zoom to keep the cohesion and the strength of our Association. This was only possible with the unbelievable commitments of our executive board, our full EHRA board, and also all EHRA committees and volunteers and our fantastic staff (Svya, Vanessa and Lauren). We had as well the full and so important support of all the ESC family (ESC board lead by Stephan Achenbach, ESC staff and our CEO).

To ensure one of our important missions, our educational portfolio had to change dramatically to offer only online courses with new formats and an online certification for the EHRA exams.

The digital and the communication committee worked hard to ensure to development of digital tools and the promotion of EHRA among the worldwide EP community. The production of scientific documents and scientific initiatives did not suffer during this period with major documents and surveys. The young Ep community launched many new initiatives to gather more young EPs within EHRA. During this time the number of EHRA members increased to more than 4,000 paying members and we decided to simplify the membership scheme with now only one level (silver) and the FEHRA members.





Among the new initiatives launched the monthly podcast “Keep the Rhythm” and the 2nd edition of the EHRA Book on Pacemaker, ICD and CRT Troubleshooting.

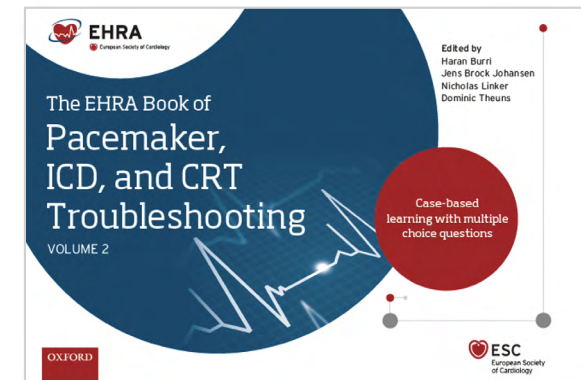
In 2021 we had a pure online EHRA congress with a wonderful programme built by the congress Programme Committee, this congress was very successful but we were all in front of our computers at home or in our offices. Nevertheless, I was impressed by the level of interaction despite the lack of a face-to-face meeting.

In December 2021, during a huge Covid wave, the board took a very courageous decision for the 2022 EHRA congress: we decided to have an onsite and online meeting in Copenhagen. I must recognize that I did not sleep very well during the weeks before the congress. However, the congress was very successful with 4780 participants (60% on-site!) with a fantastic programme and I had never felt such a so friendly ambience at a congress, delegates were so happy to meet in person after such a long time - even an electricity cut did not alter the enthusiasm of the participants. The 2022 EHRA congress was the first ESC congress with in-person delegates after 2 years of only online congress giving the hope of a return to “a normal life”. We were also happy and proud to offer 500 grants to the EP community to facilitate attendance.

During my mandate, the EHRA board took two important decisions for our journal EP Europace. First, after long discussions, we decided to “flip” our journal to a fully open-access journal to facilitate the diffusion of science by making all the EP Europace manuscripts available for all scientists and clinicians around the world. EHRA is the first EP scientific society to do this. We had also an important change for the journal. After 5 successful years as Editor-in-Chief, Gerhard Hindricks decided to step down. We are very grateful to Gerhard for his excellent commitment during his mandate. A new call for Editor-in-Chief was launched and the selection committee decided to appoint Angelo Auricchio as the new Editor-in-Chief for the EP Europace journal.

The MY RHYTHM DEVICE website was launched in 2022 to help patients, their families and caregivers living with a cardiac device - another patient-centred initiative to join AFIBMATTERS.

These two years were fantastic from a personal perspective and also from a professional viewpoint. I had the chance to work with people who were very dedicated to our Association and I thank them from the depth of my heart for their trust and support. Without them, life would not have been so pleasant. It was also for me an excellent opportunity to meet so many people with such wonderful personalities and I will never forget the singing of the full board in Zagreb during my last board meeting.



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European Heart
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