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URGENT REFORM OF TRAINING NEEDED TO MEET PATIENTS' NEEDS

The organisations representing cardiovascular health professionals in the UK say that the training of resident cardiologists needs major reform to meet the needs of patients, both now and in the future.

The statement, published today in *Heart*, the official journal of the British Cardiovascular Society and published jointly with BMJ Journals, says that the new training curriculum introduced in 2022 has significantly diminished the ability to deliver sufficient cardiology training to meet the needs of patients. The British Junior Cardiologists Association (BJCA), British Cardiovascular Society (BCS) and 12 of the BCS' affiliated societies have endorsed the statement (see full list below).

The duration of UK cardiology training now ranks among the longest in the world, with UK cardiology trainees having to complete a minimum of 10 years of postgraduate training prior to CCT. The new training curriculum includes mandatory joint training in general internal medicine (GIM), reducing the time available to learn cardiovascular medicine. Two years on, the effects of the new curriculum are now becoming clear – it has significantly reduced cardiology training opportunities for resident doctors, particularly in life-saving procedures like TAVI, and in echocardiography.

Resident doctors have reported that they no longer feel confident about applying for consultant roles, even after having received the completion of training certificate that enables them to become consultants. As a result, they are having to undertake extra training to make up for the training opportunities lost during their formal training period. This undermines the expectation that new consultants will be able to practise independently immediately on becoming a consultant.

While the direct effects on patient care have not yet been measured, the organisations believe that if training is not reformed soon, the lack of suitably trained cardiologists will substantially and negatively impact patients of the future, particularly as people are living longer with more cardiovascular conditions.

The increasing complexity of expectations placed on trainees also has the potential to significantly hinder academic training, discouraging research and innovation, risking the future of UK clinical academia.

The statement outlines four key areas for urgent curriculum reform:

- The limiting of specific training time in GIM, including time taken to fill service provision shortfalls, to a maximum of one year (full-time equivalent) and the removal of any mandated GIM training time for all final year trainees
- The derogation of specific curriculum requirements (including mandated GIM dual accreditation) for academic cardiology trainees
- Rationalising GIM commitments which detract from appropriate training time in cardiology and provide minimum benefit to future patients (ie, GIM audit in addition to cardiology audit, need for GIM clinics and duplication of procedures previously signed off during prior training that are not routinely required in cardiology/GIM practice).
- Clear training pathways and ability to accredit in subspecialties and procedures that are appropriate to meet the future cardiovascular needs of the UK. This should include, but not be limited to complex structural intervention, heart valve disease and inherited cardiovascular conditions.

If the current bodies overseeing cardiology training fail to implement these essential changes, additional options, including an independent regulatory framework for cardiology training, should be considered. Without immediate action, UK cardiology training risks facing a generational crisis of inadequately skilled consultants, which could compromise future patient care.

See the full statement here <https://heart.bmj.com/content/early/2024/12/03/heartjnl-2024-325037>

Endorsing organisations:

Association for Inherited Cardiac Conditions (AICC), British Association for Cardiovascular Prevention & Rehabilitation (BACPR), British Cardio-Oncology Society (BC-OS), British Cardiovascular Society (BCS), British Heart Rhythm Society (BHRS), British Heart Valve Society (BHVS), British Junior Cardiologists Association (BJCA), British Society of Cardiovascular Imaging (BSCI), British Society of Cardiovascular Magnetic Resonance (BSCMR) British Society for Cardiovascular Research (BSCR); British Society of Echocardiography (BSE), British Society for Heart Failure (BSH), Cardiovascular Care Partnership UK (CCPUK), UK Maternal Cardiology Society (UKMCS).