So you want to be ... a cardiologist

Cardiovascular disease accounts for nearly 40% of all deaths in the UK. Major government initiatives, most notably the National Service Framework in 2000, have served as a catalyst for the provision of more accessible and comprehensive cardiac services in the 21st century. This has paralleled advances in the investigation and treatment of heart disease such that many subspecialty skills are used in district general hospitals as well as tertiary centres. This sets the backdrop for those considering a career in cardiology.

Training

Training typically covers general cardiology and internal medicine in the first year or two, followed by focussed cardiology training in a tertiary centre, leading to subspecialty training in the final 1–2 years. A 2–3-year period of research is undertaken either before formal training or after 2–3 years of cardiology training. In the London deanery it is exceptional for a trainee to accredit without a higher degree.

Whereas in the pre-Calman years there was an extreme bottleneck between the old registrar and senior registrar grades, currently the challenge is to acquire a national training number (NTN). The Joint Committee for Higher Medical Training is piloting a new curriculum in cardiology, which is competence-based. All specialties will be affected by the implementation of Modernising Medical Careers.

There were 691 consultant cardiologists in England, Wales and Northern Ireland in 2003. In October 2004 there were 442 NTNs in cardiology (15% female, the lowest of all medical specialties), giving a ratio of 1.6:1 consultants:trainees. It is estimated that 57 cardiology trainees should accredit this year.

What is cardiology?

Cardiology comprises an increasing number of subspecialties. The subspecialty groups encompass coronary intervention (represented by the British Cardiovascular Intervention Society), devices and electrophysiology (previously British Pacing and Electrophysiology Group, now called Heart Rhythm UK), echocardiography (British Society of Echocardiography), heart failure (British Society for Heart Failure) and nuclear medicine (British Nuclear Cardiology Society). The growing population of adult survivors of congenital heart disease has led to the British Paediatric Cardiac Association becoming the British Congenital Cardiac Association. There are affiliated groups covering cardiovascular research, rehabilitation and trainees.

The increasing number of affiliated groups highlights the rapid evolution of cardiology. The technical developments in intervention, electrophysiology and imaging are immense. The way we deliver cardiology today is very different from a few years ago, and job roles will be different again in the next few years. Such prospects are exciting and challenging. For example, cardiac catheterization, the bread and butter procedure for so many cardiologists, will undoubtedly have to share the stage with non-invasive imaging modalities such as cardiac magnetic resonance and computed tomography in due course. We are trying to determine the potential for these modalities and recognize the need to develop new training schemes for cardiologists or radiologists interested in training in them.

Advances in electrophysiology have fundamentally changed the way we treat rhythm disturbance. Along with the lifesaving advances in defibrillator technology and use, these have created a virtually unmet subspecialty need. Coronary intervention is not the only way forward. Developments in echocardiography emphasize the need to train echocardiologists – almost non-existent in the UK. Cardiologists in training are spoilt for choice. The subspecialties require different skills, application and personality. A trainee would be hard-pressed not to find a niche in such a diverse specialty.

Dual accreditation?

Some cardiology trainees also accredit in general internal medicine, but the proportion is declining. The drop off in dual accreditation highlights the breadth and complexity within cardiology, since the demands on a cardiologist with a subspecialty interest are so great that it is difficult now to incorporate general medicine.

Is cardiology for you?

If you enjoy a rapidly advancing clinical field, undertaking both investigative and therapeutic practical procedures, evidence from decades of clinical trials plus strong industry support for research and education, then you should seriously consider a career in cardiology. It is one of the most demanding and rewarding fields of medicine. BJHM

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Further reading

Coward R (2005) *Mind the gap! Too many specialist registrars for consultant vacancies?* Royal College of Physicians, London www.rcplondon.ac.uk/professional/spr/spr_prospect04.htm

Joint Committee on Higher Medical Training (2003) *Cardiology.* Joint Committee on Higher Medical Training, London www.jchmt.org.uk/cardio/index.asp

KEY POINTS

- Demand – cardiovascular disease is the leading cause of death in the Western world.
- Supply – although highly competitive, once you have obtained your national training number job prospects are good.
- Development – the subspecialties within cardiology are expanding at a remarkable rate, with technological innovation pushing the boundaries.
- Subspecialty – trainees should seriously consider electrophysiology, heart failure and non-invasive imaging, since there is a dearth of adequately trained cardiologists in these areas.