So you want to be a **Cardiologist**

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Accepted

Cardiovascular Medicine is now a very broad church, incorporating Cardiologists who can be frontline emergency Interventionalists, or experts in cardiac imaging, device implantation, arrhythmia ablation, pharmacology, genetics and research. Above all Cardiologists are clinicians trained in the management of patients with a wide and changing spectrum of heart disease. It is a very practical specialty, requiring a clear understanding of physiology and anatomy, often urgent technical ability, data interpretation and decision-making.

The last 30 years has seen a huge change in heart disease with a 30% reduction in deaths from myocardial infarction, but rising incidences of atrial fibrillation and heart failure in an ageing population, and a growing population of Adults with Congenital Heart Disease (ACHD) with these patients surviving long into adult life.

WORKING AS A CARDIOLOGIST

Above all you need to have an empathy with patients with cardiovascular disease, and not be daunted by large clinics or take-ins. Beyond this, you need to have the ability and interest in managing cardiological emergencies as well as the long-term conditions within cardiology, such as heart failure, arrhythmias and post-surgical patients. Cardiology practice is dynamic with a huge international research base driving regular updates in clinical guidelines and protocols.

Cardiology has always been a 24/7 specialty so be prepared to share on-call duties with your Consultant team for weekday night cover and weekends for the duration of your career. The working week usually includes 2-3 fixed sessions within your sub-specialty area, with other sessions looking after emergency hospital admissions and 1-2 outpatient clinics per week. Consultants also have 2-3 sessions per week set aside for Clinical Governance activities (such as audit, teaching and research) and their own life-long learning activities that are scrutinised annually.

We have a heavy reliance on technology and we also work closely with other colleagues (physicians in other medical specialties, cardiac surgeons, radiologists) and allied professional groups (nurses, clinical physiologists, radiographers, physiotherapists and biomedical engineers). Implementation of new ideas and expensive treatments needs our input into Public Health planning and NHS management. Team working is a key element of our daily work.

THE TRAINING PROGRAMME

Entry to the training programme in Cardiology requires 24 months of Core Medical Training following completion of Foundation Training. If you haven't worked in cardiology during your CMT it would be a good idea to do a taster module before committing yourself to Higher Training. Passing MRCP (PACES) is also essential and entry is by competitive interview held annually. The programme itself is 5 years in duration. 30% of the current trainee group are female.

All trainees are enrolled for dual training in Cardiology and General Internal Medicine (GIM) and can lead to Dual Certification in Cardiology/GIM. This recognises the amount of GIM within the Cardiology patient population and also the amount of Cardiology presenting in unselected GIM emergencies (both about 40%).

The first 3 years of training (ST3-5) is core training in Cardiology, and trainees become proficient in the basic diagnostic tests in cardiology (ECG interpretation, treadmill testing, echocardiography, cardiac catheterisation and interpretation of ambulatory monitoring) and management of the major presenting conditions, including interventional treatments and device implantation. This is followed by 2 further years of subspecialty training (ST6-7) in one of seven areas (Coronary Intervention; Electrophysiology & Pacing; Heart Failure; ACHD; Advanced Imaging; Academic Cardiology and GIM for Dual CCT). The area of subspecialty chosen depends on aptitudes and technical abilities. A written Knowledge-Based Assessment exam (KBA) has to be passed when core training has finished and can be taken from ST5 onwards.

The training within these areas is modular and some modules can be combined. Assessment throughout the programme is continuous, competence-based and uses the Workplace-Based Assessments (WPBAs). Progress is assessed annually by the Deanery using the ARCP process. Details of the most recent curriculum are available at: http://www.jrcptb.org.uk/trainingandcert/ST3-SpR/Pages/Cardiology.aspx

The training takes place in approved posts within the major hospitals in NI. There are monthly core teaching sessions for all trainees in the programme. The programme allows for part-time training as well as leave from the programme for defined periods to pursue Training or Research in other approved posts or locations throughout the world. Some experience of research is desirable but no training credit is allowed for this, unless you are pursuing an academic subspecialty career. Most trainees choose a period of research leading to a higher degree (MD or PhD). Most trainees seek some experience and training outside Northern Ireland in the form of a Clinical or Research Fellowship, usually in a major International centre taken towards the end of training. Our trainees have fared well in these posts over the years.

THE NEXT GENERATION

Cardiology has mushroomed as a specialty since the 1980's and much has been achieved in all of the subspecialty areas. The challenges of the next 30 years will be many, as the prevalence of various heart diseases will remain high in our community. Becoming a Cardiologist is technically demanding, but if you love clinical contact, team-working, are not daunted by technology and innovation, and want to contribute to the fight against common cardiac diseases, then consider Cardiology as a career.