Interventional cardiology training in the UK: time for a change?

The current specialist registrar (SpR) training system in the UK is necessarily built on the foundation of general training in cardiology. The acquisition of skills in subspecialties such as intervention, electrophysiology and echocardiography is arranged informally and locally. There is usually no formal enrolment procedure and no formal training programme. Nor is there a formalised assessment of competence in that subspecialty above and beyond the general cardiology Certification of Completion of Specialist Training (CCST).

Traditionally, this system has worked well because it was based upon successful apprenticeship learning. Restrictions in working hours and changes in the training structure have diluted the potential for this type of learning, and yet it remains the primary component of modern interventional cardiology training. Shorter working hours are sensible and humane but result in reduced opportunities to see and perform percutaneous coronary intervention (PCI), especially emergencies, and have also eroded (to an alarming degree in my view) the continuity of care that incorporates good pre- and post-procedure assessment of patients. In large centres the lack of formal selection of appropriate individuals for interventional training means that at any one time several trainees can be partially trained simultaneously, without focus upon one or two individuals. Furthermore, the assessment of an individual's competence in interventional cardiology is currently based upon the report of their experience and confirmation by their referees, without any formalised, standardised assessment.

This has direct relevance not only to pre-CCST trainees but also to the cohort of established consultant cardiologists who have never received a 'full training' in intervention but who are now (necessarily) becoming interventional specialists. As the demand for PCI continues to increase, so the need for these cardiologists to evolve into interventional specialists will become greater.

With these challenges in mind, it is surely time to re-examine our training structure and take our responsibility to produce large volumes of well trained interventionalists (who will be needed to meet the escalating demand for PCI nationwide) more seriously. To that end, we need to assess the potential for formalised, dedicated subspecialty training over a period of, perhaps, the last two years of the training scheme that would culminate in a standardised certification of competence.

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Potential benefits of formalised interventional training

The introduction of a formalised curriculum for subspecialty training in intervention with a recognised, certified assessment appears to be consistent with the recent strategic move of the Royal College of Physicians towards higher specialty training and has several other potential advantages.

- It will ensure that a minimum standard of clinical competence has been achieved by all certified interventionalists.
- It will provide the momentum to tighten up the way we train our interventionalists. For example, it will reintroduce a formalised framework for selecting trainees. The establishment of competition for places on a formalised two-year training programme will not only guarantee high-quality candidates but will have beneficial effects on the motivation of SpRs throughout the earlier part of their general medical and cardiology rotations (in a similar manner to the defunct Senior Registrar interview). It would also stimulate centres to focus the available expertise and cath lab time on recognised subspecialty trainees.
- The two-year formalised training programme guarantees a return to emphasis on the importance of pre-procedure

assessment and case selection, as well as an ability to detect and look after procedural complications.
- With the advent of many new PCI centres in the UK, as well as an expansion in the activity of existing centres, the demand for established consultants to become interventional specialists will increase. Currently, the British Cardiac Intervention Society (BCIS) is doing its best to provide guidelines to help establish whether each individual requires training or retraining. This is a difficult area, fraught with sensitive issues relating to self-declaration of training. Certified training could provide a rigid structure within which such dilemmas can be assessed.
- A Europe-wide recognised training scheme might facilitate fellowships, sabbaticals and exchanges for individuals between recognised centres.

Potential disadvantages
- The introduction of such a scheme will threaten the government's aim to streamline specialist training further.
- There may be an increase in the time required of interventional specialists to meet training and assessment targets adequately.
- A lack of certification in intervention may disadvantage established consultants who wish to retrain.
- It will introduce another layer of bureaucracy.

The time seems right to reassess our interventional training. Momentum is already well established in the cardiology community in Europe to achieve two-year subspecialty training, and it is a bandwagon upon which we should jump!

Conflicts of interest

These are personal views and not representative of any national body. There are no conflicts of interest to declare.

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