Tomorrow's cardiologists

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The needs and aspirations of the UK's junior doctors have not been far from the headlines since the Medical Training Application Service (MTAS)/Modernising Medical Careers (MMC) debacle unfolded. The results of this year's British Junior Cardiologists Association (BJCA) survey of cardiology trainees therefore make fascinating reading (pages 134–36).

Our trainees are clearly both well informed and politically astute. Their views certainly deserve careful attention and at least four important issues emerge from this year's survey.

New curriculum

First of all, it is clear that there is strong support for the new curriculum. This was introduced in 2007 and comprises three years of core cardiology training followed by two years of modular sub-specialty training. The curriculum is competency based and supported by a wide range of both formative and summative work-place assessments and a knowledge-based assessment (multiple choice question exam). The Specialist Advisory Committee (SAC) has set up a subgroup with the remit of developing methods for selecting trainees into sub-specialty training and we are pleased to see that most trainees accept that this will have to be a competitive process.

Academia

Secondly, interest in academic cardiology has reached an all time low. Although more than two thirds of our trainees will complete a period of research leading to a higher degree, many through specific academic training pathways created by the Walport scheme, only a tiny fraction wish to pursue a career in academic cardiology. This problem is not unique to cardiology; indeed, the Calman reforms seem to have unintentionally undermined the appeal of academic medicine as a whole. This is worrying because it threatens Britain's status as one of the leading contributors to cardiovascular research but more importantly because service development is so heavily dependent upon high quality clinical research. The latter issue is a concern exaggerated by the expectation of Government that the UK can

develop a competitive programme of translational medicine. There is, therefore, an urgent need to create more attractive career paths for those interested in academic cardiology and we believe that this will be difficult to achieve if the recommendations of the Tooke Review[1] are not implemented in full.

Resources

Thirdly, problems still exist in matching training resources to the needs of trainees, particularly in echocardiography, computed tomography (CT)/magnetic resonance imaging (MRI) scanning, electrophysiology and adult congenital heart disease. The abolition of Deanery visits by the Postgraduate Medical Education and Training Board (PMETB) has made it more difficult for the SAC to monitor the quality of specialty training, but we are committed to use the new quality management system proposed by PMETB to ensure that adequate opportunities exist for training in all areas of the curriculum.

Future prospects

Finally, and rather sadly, it seems clear that our trainees are rather fearful of what the future may hold. Their confidence has undoubtedly been undermined by the fallout from MTAS and MMC. However, they are obviously also acutely aware of the very difficult workforce issues that our profession faces. The number of medical students passing through our medical schools has doubled

over the last 10 years and we are destined to see fierce competition for a limited number of training posts in the foreseeable future.

The British Cardiovascular Society (BCS), and the BJCA, have argued for a modest increase in the number of cardiology training posts citing the relatively low numbers of cardiologists per head of population, the high prevalence of heart disease, and the compelling evidence of unmet need in some parts of the UK. However, this will bring its own problems. As the trainees clearly recognise, there may be real difficulty in obtaining a consultant job on obtaining a certificate of completion of training (CCT).

The NHS is effectively a monopoly employer, and has a responsibility to ensure that well-trained doctors and specialists are given the opportunity to use their hard won skills. The BCS will continue to represent the interests of cardiologists and cardiology trainees in what may prove to be a series of difficult negotiations with Government. We are pleased to say that the sort of information that this year's survey has produced will make our task a little easier

Conflict of interest
None declared.

Reference

1. Tooke J, Ashtiany S, Carter D *et al*. *Aspiring to excellence. Findings and final recommendations of the independent inquiry into modernising medical careers*. London: MMC Inquiry, January 2008. Available from: www.mmcinquiry.org.uk