TRAINING

Training for academic cardiovascular medicine

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Academic units of cardiovascular medicine have traditionally provided a substantial part, if not all, of the clinical service for their teaching hospital. Hence, the clinical load carried by a lecturer or senior lecturer has often been equivalent to that carried by their National Health Service senior registrar and consultant colleagues, inevitably at the expense of research. Yet, the future of academic cardiovascular medicine depends on its research. Increasingly, young would-be academics are recognising the importance of a sound research training, particularly in laboratory based techniques, which often includes completion of a PhD plus a period of post-doctoral research outside the clinical arena. Continued success requires a commitment, in terms of time and effort, to research that is incompatible with a full-time clinical load. In recognition of this, research fellowships, such as the Medical Research Council Clinician Scientist and British Heart Foundation Clinical Scientist awards were created to allow promising academic clinicians to focus on research while at the same time gaining sufficient clinical training for their future needs, often determined on an *ad hominem* basis. Since such fellowships also provide a potential career pathway to the top in academic medicine, they have attracted very high calibre applicants. This career path is far removed from that proposed for academic cardiology in the recently published Guidelines for Specialist Training in Cardiology (*Br Heart* 1995;73:suppl 1). Unfortunately, interpretation of these guidelines by some cardiologists and postgraduate deans has given cause for concern among potential academic clinicians.

Over the past 10-20 years cardiovascular medicine in the United Kingdom has become dominated by invasive, interventional techniques that require a high degree of training

and competence. This is reflected in the Guidelines for Specialist Training in Cardiology which place great emphasis on invasive cardiology. Nevertheless, a substantial proportion of academic cardiovascular physicians do not perform such procedures in their clinical practice, nor should they need to in the future. Clearly, those who do must achieve, and be seen to achieve, the necessary level of competence. However, those whose clinical interests are non-invasive should be allowed to tailor their training towards their perceived future clinical role. This argues strongly in favour of a degree of flexibility in the training requirements not embraced by the published guidelines.

Fortunately, this is also the view of the Working Group on Academic and Research Medicine who recently published their recommendations (*NHS Executive*, May 1995) stating that "Providing standards can be maintained, the arrangements should be sufficiently flexible to allow for those who wish to follow a "fast track" satisfying the minimum requirements for specialist training; therefore, there should continue to be a place for *ad personam* training arrangements, for example academic staff who are currently following an unconventional approach to higher specialist training."

It is essential for the future of academic cardiovascular medicine that postgraduate deans, local training committees and the Specialist Advisory Committee in Cardiovascular Medicine should accept these recommendations and publish a clear statement to this effect as soon as possible so that those contemplating a career in academic and research medicine should not be put off by perceived uncertainties over their future clinical training requirements.

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New training guidelines: what are the implications for cardiological research?

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The new British Cardiac Society guidelines for training in cardiology¹ set out extremely detailed proposals, which are likely at least in principle to be accepted as the basis for specialist cardiology training over the next

decade. What are their implications for cardiological research? There are three aspects to this question: the implications for the research training of future cardiologists, for the training of future cardiological researchers (an impor-

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