

# Circulation

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## European Perspectives in Cardiology



## Harmonising Cardiology Training Across Europe



### Peter Mills, MA, BSc, FRCP, FESC, Heads the Organisation Committed to This Task

**Dr Peter Mills, cochair of the European Board for the Specialty of Cardiology—the organisation tasked with harmonising the training of cardiologists across Europe—talks to James Butcher, PhD, about his plans for a Web-based assessment system that could revolutionise the way trainee cardiologists learn their craft.**

The European Board for the Specialty of Cardiology began in 1992 as a collaborative effort between the cardiology section of the European Union of Medical Specialties and the European Society of Cardiology, to harmonise the training methods of cardiologists across Europe. Currently, cardiologists cannot move easily across Europe's borders because of the wide variation in training methods and accreditation schemes in the different member states. The European Board for the Specialty of Cardiology aims to change that.

So, when Peter Mills, MA, BSc, FRCP, FESC, became chair of the European Board for the Specialty of Cardiology in January 2007, he knew he would face a major challenge during his time at the helm. "The task is very big. It will involve not only coordinating the subspecialties but also developing an accreditation process for the general cardiologist," he says.

During the next few years, Dr Mills, together with his cochair, Heinz Weber, MD, professor of internal medicine and cardiology at the Danube Hospital, Vienna, Austria, and their colleagues at the European Board for the Specialty of Cardiology, intend to lay out the requirements for a Web-based platform that will allow regulatory authorities to more easily assess whether a cardiology trainee has gathered sufficient competencies across the published European

Society of Cardiology curriculum to achieve accreditation as a European general cardiologist.

"The plan of action is to look at the advantages, without ignoring the disadvantages, of a Web-based system," says Dr Mills. "Most countries struggle because they have a paper-based system or the remains of a paper-based system. Of course, ultimately one has in mind to persuade national governments and the European commission of the quality of the Web-based platform," he says.

Medical trainees have to demonstrate competence in 3 areas: practical skills, which have a special importance in many subspecialties of cardiology; knowledge, which most countries test in written or oral examinations; and professionalism, which encompasses attitudes and behaviours as well as intellectual and academic development. "What the world is short of are methods that allow trainees to demonstrate that they have attained prescribed levels of competence in these 3 areas," says Dr Mills.

Currently, many countries use log books that simply list the number of procedures to track their cardiology trainees' progress in learning key practical skills, but Dr Mills considers this approach almost worthless. "The regulator is not necessarily informed about complications and whether the procedures represented straightforward clinical cases or whether the trainee treated patients who fell into a high-risk

### On other pages...

#### **Spotlight: David Wood, MD, MSc, FRCP, FESC**

Dr David Wood, Garfield Weston Professor of Cardiovascular Medicine at Imperial College, London, United Kingdom, describes how the death of an ambulance driver prompted him to pursue cardiology as a career.

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#### **History of Cardiology: Vasilii Kolesov, MD**

Despite the restrictions of the Soviet regime, surviving the siege of Leningrad, and having his ideas ignored by his own cardiology society, Dr Vasilii Kolesov became a major force in the development of anastomotic coronary artery surgery.

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category,” he explains. “What is needed is for trainee doctors to reflect on the procedures that they have carried out and to analyse their experience against a defined curriculum.” If the trainee has insufficient experience of a particular procedure, such as right heart catheterisation, then the trainee and trainer need to develop a plan for the trainee to obtain that experience before seeking accreditation. “What we’re looking to do is to design a Web-based system that will do most of the analytical work for the regulator,” says Dr Mills. “If the trainee can’t complete the Web-based structure, then they might decide not to apply for the European accreditation.”

Deciding how to assess a trainee’s competence at an invasive procedure presents a far-from-straightforward task. In an ideal world, an independent expert who works in a different institution would assess each trainee. In practice, the expense of bringing in external experts makes this very difficult to achieve. Therefore, a trainer from the same institution as the trainee will likely serve as the assessor. “In the field of nursing, assessments like this have been used for a long time, and doctors are relatively backward about the methods by which they conclude that someone is good enough to perform an angiogram as a solo primary operator,” says Dr Mills. Doctors must take the essential step of watching the trainee perform the procedure in real-life clinical practice. Crucially, the system must minimise bureaucracy to remain viable, but, of equal importance, it must record all the necessary and valid observations of competence.

A Web-based system could also help to assess trainees’ knowledge, perhaps by asking them to complete online modules throughout their training periods. “What seems to us more appropriate is that you recognise the challenge of the breadth of your curriculum, and the obvious answer to that is to tackle it in a modular learning and assessment way, rather than homogenising it and assessing it on a single day,”



**Figure.** *The logo of the European Board for the Speciality of Cardiology.*

says Dr Mills. “European cardiology has access to a lot of up-to-date teaching material that has been assessed by a separate authority—the European Board for Accreditation in Cardiology—as being valid and independent of commercial interests, and that provides a very rich resource for getting people to answer questions online,” he explains.

“The European Society of Cardiology is considering funding the development of such an online system. This system would be used not only for accrediting trainees but, ultimately, also for revalidation; it would be tangible evidence of self-regulation,” Dr Mills suggests.

*James Butcher is a freelance medical journalist*

