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The new ESC core curriculum – a survey by the Swiss Council of Cardiology Practice

Chenevard Rémy, Gnehm Peter, Rüdiger Marjam, Veragut Béatrice, Capoferri Mauro, Koestner Simon, Monnard Simon, Schüpfer Christian, Hess Niklaus, Zuber Michel, Potocki Mihael

Introduction

The European Society of Cardiology (ESC) has launched the new "core curriculum", an education programme that defines content, but also a new training method. Felix Tanner, current president of the Swiss Society of Cardiology (SSC), is the main author of the position paper [1].

In the core curriculum, "entrustable professional activities" (EPAs) are the central tool for training evaluation. The EPAs differentiate five levels of independence (level 1 observe, levels 2–4 perform under supervision, level 5 perform independently).

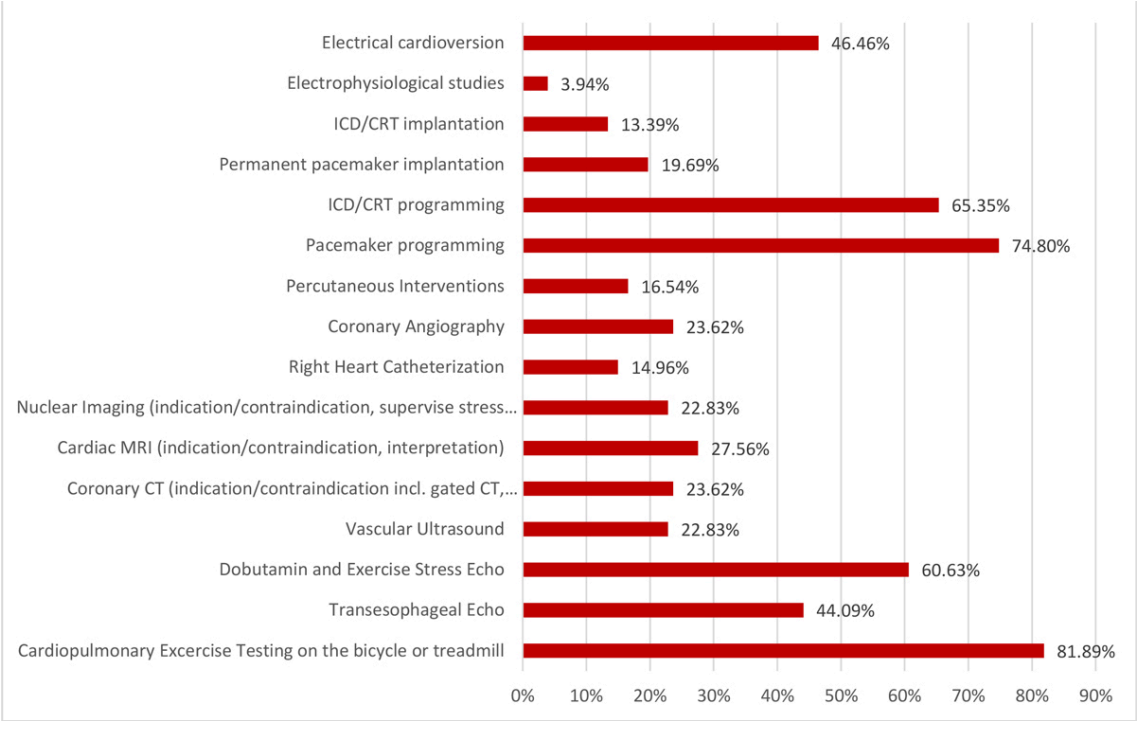
As cardiology evolves and subspecialities grow, there is a need to reform and restructure the training of future cardiologists. Standardisation is desirable, since recognition of cardiologists between Switzerland and the EU is reciprocally legally mandated. Nevertheless, adaption to the specific national healthcare system makes sense.

The Swiss Council for Cardiology Practice (SCCP), representing Swiss general cardiologists in private practice, was asked to participate in this education-reforming process. With this survey, the SCCP intended to (1) make visible what is really performed in clinical private practice and (2) suggest adaptions to the Swiss version of the ESC core curriculum. This should help the SSC training commission in their work and decisions.

Methods

The SCCP has 102 official members, but is intended to represent all Swiss cardiologists in private practice. Therefore, we extended the number of participants by asking all the regional group representatives to provide us with a more complete list. It is clear that in individual cases, it was not always possible to determine whether the partic-

Figure 1: Question 1 – Which of the following EPA skills do you use in your daily practice?



ipant represents the target audience or not. This is a potential bias. However, this circumstance reflects the reality of very different settings in private practice. The survey was drafted by the SCCP board and then launched by the SSC on 2 December 2020. A reminder was sent on 15 December. The survey was closed on 6 February 2021. For presentation of the results, solely descriptive statistics were used.

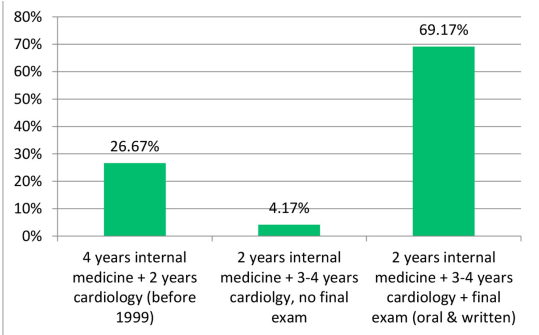
Results

A total of 130 cardiologists (34% response rate) completed the survey. Except one, all questions (figures 1-11) were answered by more than >98% of participants. Question (1) emphasises the diversity of cardiology practice: advanced skills are used by many practitioners: transoesophageal echo 44%, stress echo 61%, pacemaker and implantable cardioverter defibrillator / cardiac resynchronisation therapy (ICD/CRT) programming 75% and 65%, respectively. Coronary angiography and pacemaker implantation are also commonly performed (24% and 20% respectively). Sixty-nine percent of the participants completed their cardiology training under the current training guidelines (3–4 years cardiology, 2 years internal medicine, final examination). Twenty-seven percent of the participants completed their training when cardiology was a subspecialty of internal medicine. Most cardiologists classified their own training as sufficient for the cur rent job (70% positive, 20% neutral). However, 49% would have appreciated an internship in a cardiology practice as part of their education. In general, the new core curriculum met with a positive response from the population surveyed: only 5% think that the new system will worsen the situation for cardiology practice; 73% expect improvements or at least a steady state. There are some concerns: 72% consider that the number of trainees is largely dictated by hospital service needs rather than by real demand. And as such, 65% fear that training quality and experience will decrease for the individual trainee.

Discussion

After completion of cardiology training as defined by the Swiss Institute for Medical Education SIWF/ISFM, young physicians will be able to perform the tasks and use the skills needed to work independently as a general cardiologist. The core curriculum defines the requirements for both trainees and training institutions.

Figure 2: Question 2 – Which formation criteria did you fulfil to become a cardiologist?



This present survey demonstrates above all that the average Swiss cardiologist in private practice performs tasks that go well beyond basic qualification skills. One could argue that the study does not represent the typical Swiss general cardiologist. Indeed, the results suggest a fair num-

Figure 3: Question 3 – Regarding your own training, what fits best: "My cardiology training prepared me well for the demands at that time."

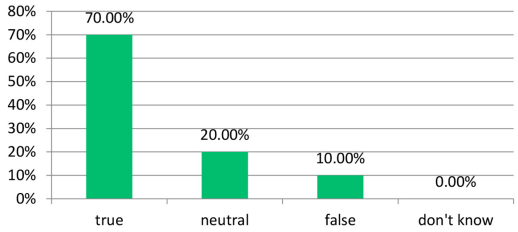


Figure 4: Question 4 – Regarding your own training, what fits best: "I would have appreciated a rotation in a cardiology practice."

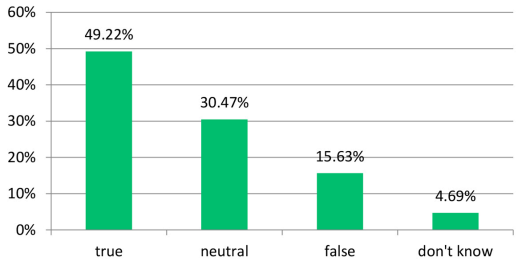


Figure 5: Question 5 – Do you think the new curriculum will improve training and better prepare young cardiologists for private practice?

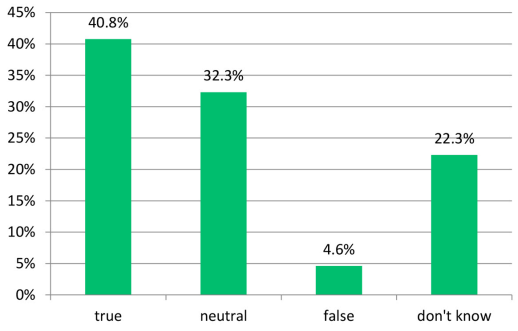
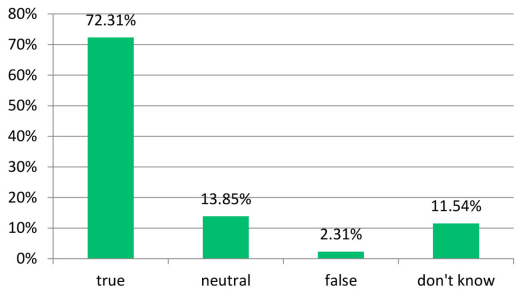


Figure 6: Question 6 – With regard to current training, what fits best: "The number of trainees depends upon university hospital needs but not on real demand – there are too many trainees."



ber of colleagues combining private practice with hospital activity. In our own experience, extended activity for practitioners in private practice is common. Thus, the survey reflects reality with a broad variety of business models.

The SCCP strongly believes that cardiologists in private practice can manage a wide spectrum of patients efficiently, economically and to a high standard. In private practice, cardiologists are in close contact with the primary care giver and as such guarantee individual patient-centred medicine.

Becoming a general cardiologist requires additional knowledge and specific training. In the Swiss healthcare system, skilled general internists provide good basic cardiology care, thus the cardiologist in private practice must be capable to handle more complex cases. The "Swiss edition" of the core curriculum must take this into account. Stress echocardiography, pacemaker- and ICD/CRT programming are currently performed by 61–75% of cardiologists in private practice. The survey participants clearly indicate that these tasks require additional training. The core curriculum should prepare our future colleagues for that next step. The SCCP therefore strongly suggests that these three tasks are upgraded in the Swiss core curriculum as compared with the ESC core curriculum. Furthermore, the SCCP believes that "all-rounder" cardiologists in smaller hospitals, performing a wide variety of investigations, have a spectrum of skills very much alike to cardiologists in private practice. As such, these two entities could share a common training pathway to become a "general cardiologist with advanced skills".

The SCCP thanks all participants and the involved members of the regional committees. The SCCP thanks the SSC head office for the collegial collaboration and practical support.

Figure 7: Question 7 – With regard to current training, what fits best: "Due to an increasing number of trainees, experience and training are decreasing."

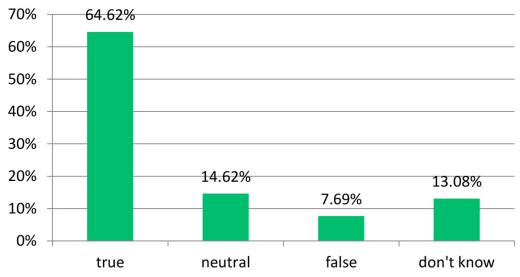


Figure 8: Question 8 – With regard to current training, what fits best: "Many young talents are lost in subspecialities, they don't realise how attractive general cardiology is."

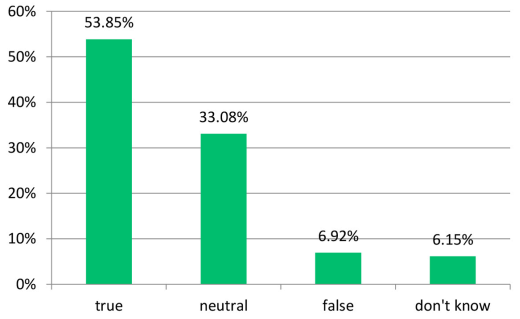


Figure 9: Question 9 – With regard to additional qualifications, what fits best: "De facto subspecialisations already exist and it's time they were defined and certified."

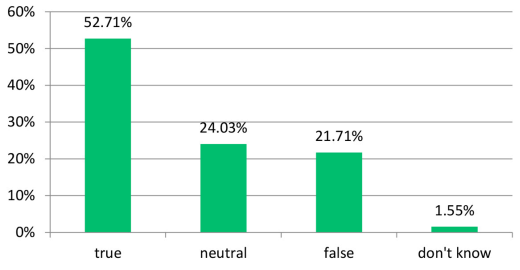


Figure 10: Question 10 – With regard to additional qualifications, what fits best: "Additional qualifications are fine but they should not limit the general cardiologist in his/her daily work."

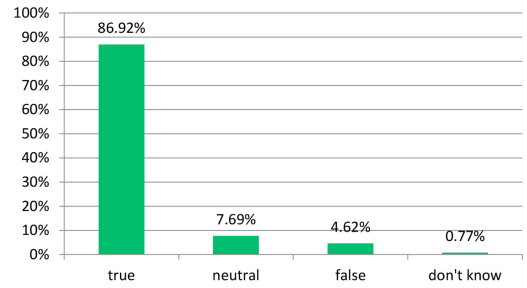
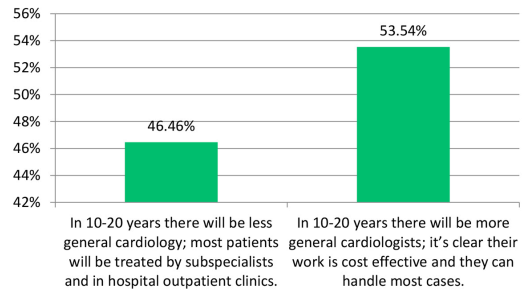


Figure 11: Question 11 – Please indicate which development you think is more likely.



Reference

1 Tanner FC, Brooks N, Fox KF, Gonçalves L, Kearney P, Michalis L, et al.; ESC Scientific Document Group. ESC Core Curriculum for the Cardiologist. Eur Heart J. 2020;41(38):3605–92. doi: http://dx.doi.org/10.1093/eurheartj/ehaa641. PubMed.