

Editor's Page

Continuing Medical Education for the European Cardiologist

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There can be no doubt that the quality of continuing medical education (CME) in Europe is improving. In cardiology, a speciality that has a wide spectrum of interests, occupies a large number of individuals and, of course, is able to devote considerable financial means to its support, CME appears to be more active than even before. This encouraging finding, however, is not sufficient to allay serious reservations and doubts related mainly to the wide variability of conditions within the Europe region.

One interesting aspect of this variability is that within our continent around forty-seven different postgraduate medical programmes for cardiology are currently active, corresponding to the same number of different national health care systems and languages. Official cardiology journals, issued by national cardiological societies, number more than thirty. Most of those are of moderate significance or less.

So is all this an asset for Europe or a liability? Sociologists would certainly see it as an asset. Economists would demur, after weighing the cost. European cardiologists themselves have mixed feelings, since they enjoy their national identity while being disheartened by the multiple languages and the heterogeneity of European medical education in cardiology.

The solution to the above reality appears to be coming from the European Society of Cardiology (ESC), as well as other important European organisations that are involved with CME and professional medical topics such as EBAC and UEMS.

In cooperation with national societies, the ESC is working systematically for the development of a Core Syllabus for CME in cardiology, written in the English language, which will provide a structure or "template" for the educational activities of the ESC,

both internally and in its external relations with other societies.

This syllabus will provide the ESC with a basis on which to organise a detailed educational programme, the Core Curriculum, to produce high quality educational products and to publish consistent guidelines for clinical practice. National cardiological societies, also with reference to the Core Syllabus and Core Curriculum, will be able to develop uniform educational programmes for trainee cardiologists that will conform to a given, unified European structure.

There can be no doubt that the application of a harmonised and uniform scheme for training in cardiology will not only depend on the efforts of the ESC but will also require a significant degree of cooperation between different European nations.

I acknowledged at the start that, in spite of the wide discrepancies in the financial capabilities and Gross Domestic Product of different European countries, the dissimilar national policies, the delays and inconsistencies in national governments, the quality of CME in Europe is improving.

There remain, however, some vital points that need to be addressed at the regional and the central European level if we wish to achieve a well-orchestrated, "continental" medical training programme.

The following should be considered of primary significance: common, unified cardiology examinations in Europe; periodic evaluation of centres specialising in cardiology; and of course, obligatory CME accreditation in Europe.

If the above goals can be realised, then the efforts being made today by the ESC, the European Accreditation Council and the Union of European Medical Specialists will not be in vain.