

Working as a cardiologist



Cardiology is an attractive specialty for multiple reasons. Cardiovascular disease is the number one cause for mortality around the world and most frequently encountered medical presentation to hospital. The scope within cardiology is broad, from acute inpatient emergencies to outpatient management, procedures in radiology, young adult congenital and rheumatic heart disease patients to elderly/palliative settings, and clinical to academic development. It is the pinnacle of evidence-based medicine with the widest range of established and effective therapies that improve patient outcomes, making it a very rewarding specialty.

The fact that the scope is wide means you don't necessarily have to be great at everything. The main attributes of a successful cardiology clinician are leadership, sharp decision-making and good teamwork and communication skills. Having a solid medical knowledge basis, including physiology and even physics, is really helpful for most areas. Interests and competency in procedures is invaluable. Enthusiasm for being up to date with the latest literature, guidelines, critical appraisal and involvement in research is useful.

Rapid advances in cardiology sciences and therapeutics are the primary challenges, not only to adjust accordingly for best clinical practice, but also evaluating and selection of management strategy, including within New Zealand's confinement of a limited budget. Another challenge is consultant prospects. However, the specialty will necessarily continue to grow to meet increasing population demands. Optimising your chances by gaining experience is critical, and overseas fellowship is essentially compulsory, and research (including higher degrees) is helpful.

Doing a basic training cardiology registrar run is useful to see if you like the specialty and get to know the consultants. Talking to current trainees and consultants is helpful. Undertaking research projects is strongly advised, including subsequent attendance +/- presentation at conferences, and publications. Most local candidates with reasonable ability and experience have a good chance of getting onto cardiology training within two if not on the first attempt.

The Auckland region training programme is of high quality. Advanced training in cardiology is three years' full time. The core runs are cath, echo and electrophysiology; other runs include cardiovascular intensive care, adult congenital heart disease and research. The focus for each run is acquiring specific skills and knowledge, followed by inpatient, outpatient and on-call commitments."

Dr Tom Wang, Cardiology Registrar, Auckland District Health Board

New Zealand cardiology specialists talk about the reality of working within this field

Why did you choose cardiology and what do you like most?

Cardiologists chose this field because of the nature and variety of work. Cardiology is said to combine the intellectual aspects of a medical specialty with considerable opportunity for procedural work. Practice may include angioplasty, radiofrequency ablation, pacing and cardiac biopsy. The specialty is a particularly rewarding area of work since you are able to make dramatic improvements to a patient's symptomatic and functional state. In most cases it is possible to return the patient to a normal life.

What strengths and abilities make a good cardiologist?

You should possess good medical knowledge and aptitude for technical procedures. One cardiologist said it is necessary to have a 'physician attitude' with slight surgical tendencies. Specific abilities vary depending on the area of interest.

As a specialist, can you describe a typical day?

Much cardiology work is procedure-based so set lists, catheter laboratories and clinics occupy a large proportion of the working week. You will also care for patients on the ward. There can be a moderately high rate of call-in depending on your area of interest and expertise. Most consultants work more than 50 hours per week.

What do you think are the future challenges of cardiology?

As technological advances are made and the cost of interventions increase, the most significant issue facing cardiology in New Zealand will be the appropriate use of new technology. It will be a challenge to retain good levels of clinical care given the constraints imposed by restrictions on health spending. Cardiologists currently have to cope with the demands of patients who are increasingly aware of treatment options (because of information available on the internet) in the context of rationing. Developments in gene therapy and molecular cardiology will also challenge the specialty.

What advice would you give someone thinking about a career in cardiology?

Cardiologist said that you should talk to trainees and consultants and not to be put off by the on-call commitments. Within cardiology there are areas of interest to suit everyone. Although the advanced training programme takes three years, it is recommended that you spend four years in training. It is also advisable to spend a time (one to three years) completing post-fellowship training overseas, and studying towards an MD or PhD.

What are future opportunities in cardiology?

Prospects in cardiology are reasonable. Cardiologists said that at times openings are scarce, but there is a growing demand for the specialist services of cardiologists due to the increase of heart disease. Opportunities for employment are continually increasing.

What is the work/life balance like?

As with many specialties it is difficult to take time out from training to start and raise a family, but this is becoming easier with more part time opportunities becoming available. Travel as part of training is encouraged - an overseas cardiology fellowship is a usual requirement if you want to develop an area of interest or expertise. Once you are established in a permanent position, leave for travel will depend on the size of the department and the availability of locum and cross-cover.

Support from home is important since cardiology is not seen as being especially 'family-friendly.' Long hours of work and on-call and call-back commitments inevitably have an impact on family life, and even once you are a consultant you might still expect to be called during the night. Cardiologists said that the demands of the job are comparable with those in other professional careers.

What are the disadvantages of cardiology?

The amount of on-call work can be a disadvantage, although the amount of on-call work varies between the different areas of the specialty. Cardiology is increasingly technically oriented and resource limitations from capped funding can be frustrating.

Any comments on the current training?

The training programme in New Zealand is well regarded.