

Weakening of the Cardiology Residencies

Medical residencies are considered the best system for training specialists and are clearly the best option compared to other training programs for young doctors who failed or were not willing to enter a residency program.

However, the results of the evaluation recently published in the Argentine Journal of Cardiology (RAC) (1) suggest that, over the last years, the performance of cardiology residencies is far from what would be optimal or desirable. The characteristics considered as strengths by the interviewers in most cases were ranked below 50%: good monitoring of resident performance, adequate teaching profile of the physicians in charge of the service, or opportunities to perform procedures are some important examples of the deficiencies.

Working conditions are along the same lines: distributing the number of on-call duties equitably and implementing a rest period after on-call shifts, adapting the working day to what is established by the current regulations, among others, also present an unfavorable profile.

If we add the low salary residents receive for their work, the poor level of satisfaction with what the residency offers is not surprising, among other worrisome consequences.

It is time to ask oneself if there has been a progressive weakening of the residency programs over the past few years that has positioned them as a less attractive training project. If this is already happening, it is not an exaggeration to assume or predict that the residency will no longer be the first choice for a significant portion of young doctors at the time of training, even leaving unfilled positions. One should also ask oneself how that will affect the quality of health care in our country in the coming years or decades.

Another equally worrying consequence of failing to correct their poor salaries is that, sooner or later, this will inevitably and unfortunately (if this is not already happening) result in a selection of those doctors with a better personal or family socio-economic status to support them financially during their training years. In the same sense, this situation also favors foreign doctors, who are more likely to accept unfavorable conditions, to occupy the positions left vacant by native doctors. This universal phenomenon is also seen in other settings. In order not to lose focus on the discussion, it is necessary to make it clear that we are proud that foreign doctors continue to choose our country and medical schools to be trained as specialists, and we hope that they will continue choosing it, but it is necessary and urgent to halt and consider the causes behind this trend.

Also, an important change should not be underesti-

mated; the new generations do not seem to be willing to accept any condition of work that seriously jeopardizes their quality of life in return for receiving training.

Neither should the way in which the offer of post-graduate courses has grown as an alternative to a residency be left unmentioned; many young doctors may erroneously consider these courses as a shortcut to move quickly to interventional cardiology or diagnostic imaging without prior intensive clinical training. The residency is the stage during which solid conceptual bases of clinical cardiology areas are acquired, also necessary and essential for those who later prefer a subspecialty.

Therefore, it is no longer feasible to set the autopilot and expect the residency to function. There are signs that demand discussing and rethinking means and aims to introduce the necessary changes without further delay.

From the conclusions drawn from the evaluation of the residency programs published in the RAC, the following messages and warnings arise for all the actors:

- The state and private medical institutions should pay the residents decent salaries, according to their status as professionals and according to their enormous workload. Current salaries are unacceptable and are often even below those of the rest of the healthcare workers with whom they work every day. They must also comply, in all cases, with the current labor regulations regarding medical coverage, insurance and contributions, among others.
- All the cardiology departments should update their training programs in line with the continuous changes occurring in some areas of cardiology, as for example in ambulatory care, an important and expanding area with a historical lack of training. Residents should also be periodically monitored with a systematic evaluation and should be actively supported and accompanied in their legitimate claims.
- Staff physicians are expected to actively participate and educate not only in classrooms but also during rounds after on-call shifts and ward rounds, and especially at the patient's bedside.

Changing this sustained weakening of Cardiology residencies for a decided empowerment in each and every important aspect will be crucial for the residency program to remain the best option for specialization and one of the most wonderful professional and human experiences that a young doctor will know throughout his career.

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REFERENCES

1. Lobianco MD, Galli A, Swieszkowski S, Kazelian L, Pages M, Lapresa S, et al. 2010-2017 Evaluation and Accreditation of Cardiology Residencies. *Rev Argent Cardiol*;87:296-300. <http://dx.doi.org/10.7775/rac.es.v87.i4.14610>