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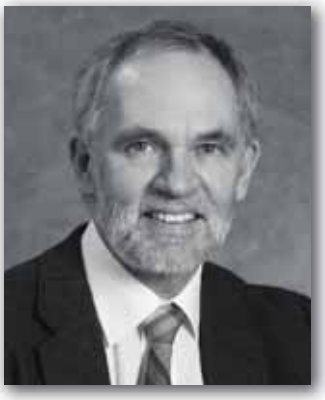

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Cardiology training in South Africa – On the brink?

More often than not, when we use the expression "on the brink", we are referring to an impending bad situation. On the edge of a cliff without wings so to speak…, on the brink of disaster…, on the brink of ruin…, on the brink of collapse…, on the brink of extinction….

In the broad sense, "on the brink" refers to the point where a new or different situation is about to begin and it may not necessarily signal impending doom. On the contrary, it may refer to a sense of anticipation, of being primed, a state of readiness, champing at the bit. It may signal that it is all systems go.

When I currently refer to cardiology training in South Africa, the term "on the brink" more likely conjures up visions of "Houston, we have a problem" rather than "We have a lift-off". Why is it that, as head of a cardiology training centre in South Africa, I am currently seeing the training of South African cardiologists as being on the edge of the cliff rather than on the launch-pad?

There are a number of prerequisites to producing a well-trained cardiologist in South Africa:

- Firstly, the training centre must be recognised as such by the Health Professions Council of South Africa (HPCSA). Once recognised, it is then allocated a number of training post numbers, based broadly on the number of patients served and the number of registered cardiologists at the centre (the ratio of trainees to trainer is currently 2:1).
- Secondly, the training centre must have access to funded posts. A training post number does not mean that it is linked to a funded post. For example, the Division of Cardiology at Stellenbosch University has 8 HPCSA training post numbers (based on the number of patients we serve and the number of cardiologists on staff), yet we currently have access to only 2 funded posts. To train more candidates therefore requires that we train in supernumerary (self-funded) posts. The sources of supernumerary funding varies and may include academic fellowships (very limited in number and often providing incomplete funding), sponsorship from the private sector or through sponsorship by governments of foreign countries or non-South African universities.
- Thirdly, the training centre must have the expertise and infrastructure to provide quality training.

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If we consider the result of the last cardiology examination hosted by the College of Medicine of South Africa (Cert Cardiology) some of the current realities become clear to us. Only one candidate passed the examination. The College of Medicine of South Africa would not divulge the number of candidates who sat for the examination but it is reasonable to assume that more candidates failed the examination than candidates who were successful. Assuming that more than one candidate from more than one training centre failed the examination one has to be concerned about the potential role the training centres played in the failures. Although it is the individual taking the examination, and not the training centre, one has to be concerned about the possibility that the training centres were not able to prepare the candidates properly for the examination. The capacity of many of our training centres to provide adequate training is under threat for various reasons, most notably the small number of skilled trainers at the various training centres. It is common knowledge that a number of training centres have recently been brought to their knees through having no cardiologist, or only one cardiologist, on their staff. Add to that the loss of nursing staff, loss of technologists and lack of access to modern equipment and the state of readiness of our training centres to train our future cardiologists, or more correctly the lack of readiness, becomes evident.

The other telling statistic contained in the result of the last Cert Cardiology examination is that the one candidate who passed was not a South African. I believe we all share the commitment to uplift the African continent by providing much needed training to cardiologists from countries north of our borders who cannot provide cardiology training in their own countries. However, this cannot occur at the expense of South Africans who wish to train in cardiology and I believe that to some extent it does. The reason for this lies in the lack of funded training posts that South Africans can aspire to. If I take my own centre as an example, we normally train 5 to 6 trainees at a time. Yet we only have access to 2 funded posts. The other 3 to 4 trainees are therefore supernumerary. The easiest access to funding for the supernumerary posts would be to accept 3 or 4 of the numerous applications we receive form colleagues in countries such as Zambia, Kenia, Nigeria, Rwanda etc. These candidates come with their own funding. The net result may therefore be that we train 2 South Africans and 4 non-South Africans. We prevent this imbalance by limiting the training of foreign supernumeraries to 1 or 2 at a given time. I do not know what the ratio for South African trainees vs. foreign trainees are at other training centres, but I do suspect that the threat that we produce more foreign than South African cardiologists, due to a lack of funded posts, is a real one. It must be remembered that the trainees make up a large component of the staff which provide service to our patients and if the funded posts do not provide enough staff to provide the service, then supernumerary staff, potentially foreign supernumerary staff, is the only option left to maintain the service.

Is the alternative vision for "on the brink", namely on the brink of excellence, on the brink of a stable training platform, on the brink of meeting our country's needs in terms of a cardiology service something to consider? We are a country with significant resources. We are a country with an excellent track record in cardiology. We are a country that can provide excellent training in cardiology, albeit limited to pockets of excellence rather than uniform, top quality training at all our training centres. How do we realise the dream of excellence at all our training centres? The answer is the same as the answer to the question: How does South Africa ensure that it is a successful nation? We will achieve success through education and training.

For the cardiology service in our country to remain healthy, cardiology trainees must have access to a cardiology training programme (sufficient funded training posts) and the training centres must have access to skilled trainers (sufficient funded consultant posts). Currently this is not the case and there is a real threat of further cuts.

We are on the brink. Policy makers will decide if it is on the brink of disaster or the brink of success. Take a moment to reflect if you are a "policy maker" and do not assume that someone else is being addressed here. Government, through its Departments of Health and Education are at centre stage, but so are our Universities and Medical Faculties. Statutory and professional bodies such as the HPCSA, the South African Heart Association and the College of Medicine of South Africa must also provide crucial guidance. In the final analysis it will be individuals, be they cardiologists working in our training hospitals, managers of training hospitals, deans of our universities, directors of government departments or politicians, who will determine if we are on the brink of disaster or on the brink of a bright future.

Policy makers, take heed of the explanatory notes relating to "on the brink" in the Cambridge dictionary: "if something is teetering on the brink of a bad situation, it is likely that the situation will happen soon".