The Residency Review Committee for Internal Medicine has proposed new special requirements for training programs in cardiovascular diseases. These requirements have been circulated for comment to various organizations, including the American College of Cardiology. The comments have been incorporated into the final draft that is now being presented to the Accreditation Council for Graduate Medical Education (ACGME). If approved, it is likely that these requirements will become effective July 1, 1994 and will be the yardstick by which training programs will be measured in order for accreditation. Because many College members are receiving training, teaching or otherwise involved with training, I highlight some of the proposed requirements here so that readers can review the current status of their own training programs.

The adult cardiology training program must be 3 years in duration and there must be a minimum of one trainee a year with a minimum of three trainees in a program. There must be a minimum of four full-time teaching faculty, and for each 1.5 trainees, there must be no less than one full-time faculty member who must devote substantial time (at least 20 hours/week) to teaching, research, administration and/or the critical evaluation of the performance, progress and competence of the trainees. The program director and faculty should be certified in cardiovascular disease. There must be a cardiac catheterization laboratory and active performance of cardiac surgery at the primary training site.

A minimum of 24 months of clinical training is required during the 3-year period. There must be at least 8 months of nonlaboratory clinical practice activities (e.g., consultations, service in cardiac care units, postoperative care, treatment of patients undergoing cardiac surgery), at least 4 months’ practice in the cardiac catheterization laboratory, at least 4 months’ practice in noninvasive cardiologic procedures including exercise stress testing, echocardiography and nuclear cardiologic studies, and at least 3 months devoted to electrophysiology, interpretation of electrocardiograms (ECGs), ambulatory ECG recording and pacemaker follow-up.

For the first time the Residency Review Committee has specified a minimum number of tests. Trainees must participate in a minimum of 100 catheterizations and a minimum of 50 treadmill tests. They are also expected to perform a minimum of 150 echocardiographic studies and to interpret a minimum of 150 such studies. There must be research experience for all fellows, who are expected to complete some scholarly work during their 3 years of training. In addition, trainees should acquire experience with pericardiocentesis, programming and follow-up of permanent pacemakers, intracardiac electrophysiologic studies, intraaortic balloon counterpulsation, coronary angioplasty and cardiovascular rehabilitation. Trainees should gain experience in the interpretation of chest radiographs, ECGs, ambulatory ECG recordings and radionuclide studies, and they should be familiar with published work in cardiovascular disease. Fellows must also receive didactic instruction in anatomy, physiology, metabolism, molecular biology, pharmacology and pathology as well as in the prevention of cardiovascular disease, including instruction in epidemiology, biostatistics, risk factors and lipid disorders. Of course, fellows are expected to have broad experience in the evaluation and management of patients with a wide variety of cardiac diseases.

Although these represent only a sampling of the requirements for training in cardiology, it should be apparent that there are some significant changes from previous requirements. This information should provide program directors with the opportunity to plan for alterations in their program to begin July 1, 1994 to be in substantial compliance with these overall requirements. Once the requirements have been approved by the ACGME, they will then be available in printed form so that program directors and participants may review all of the necessary details that are not covered here. The intent of these changes, of course, is to ensure that fellows receive appropriate training to become excellent cardiologists. The ACGME is to be commended on their continued upgrading of requirements for training in subspecialty programs.