I read with great interest the article titled, “Who is a cardiologist? Usurpers spawn,” by Dr. Mishra published in November–December 2015, Issue 6 of the Journal. The article is of profound significance to the future of cardiovascular medicine in India, and raises very important questions that merit rigorous dialog amongst the Indian cardiology community and with postgraduate education accreditation authorities in India. It has been known that there exists an acute shortage of cardiologists in India. The current infrastructure is not adequate to provide uniform training to each cardiovascular trainee across India that ensures high-quality, evidence-based care to patients irrespective of geographic variations, and proximity to urban areas where tertiary and quaternary care is more accessible. A burgeoning middle class in India is yearning access to high-quality and reliable healthcare. As cardiologists, our community has always been at the forefront of medical and technological advances, and must replicate its pioneering efforts in catalysing reforms that will curb usurpers from diluting the dignity, professionalism, and quality of a “true” cardiologist that has dedicated years of hard work, personal sacrifice, and rigorous training with the desire to provide excellent care to patients.

I have a few ideas and suggestions, imbied from the West (having received postgraduate training in America for the past seven years), that I want to share through this letter that can be implemented in a stepwise fashion in order to curb “usurpers’ menace” in India.

1. Fellowship in the Cardiological Society of India

Fellowship in the Cardiological Society of India (CSI) is a credential that signifies dedication, professionalism, and quality in the delivery and practice of cardiovascular medicine in India. However, the current eligibility criteria preclude fellows-in-training and early career cardiologists from applying for credentialing (cardiologists have to be at least 10 years in practice before becoming eligible for CSI). Akin to Fellowship in the American College of Cardiology, CSI is a title that confers confidence in our patients and represents credibility in our subspecialty education and training. The Cardiological Society of India (CSI) should strive for inclusion of all cardiologists in India that are in their early career phase as its fellows that will help support them in establishing their practices by securing patients’ confidence and differentiate them from usurpers. In addition, the CSI should engage in educating patients about the significance and value of the letters “CSI” in identifying “true” cardiologists.

2. Credentialing of allied healthcare professionals by CSI

Taking leaf from the American College of Cardiology, the CSI should take initiative in recognizing qualified allied healthcare professionals that participate in delivering care to cardiovascular patients. These allied healthcare professionals, or “advanced practice providers” as they are referred to in America, are indispensable in the delivery of quintessential care, and sharing the workload with cardiologists, and their inclusion within the CSI, defining roles and expectations, and credentialing of qualifications will be another significant step forward in fighting “usurpers’ menace.”

3. Identifying academic cardiologists in private practice who can fill the lacunae in training future cardiologists

This is one step where India has lacked initiative, and the academic cardiology colleagues have demonstrated immense inertia. There are many excellent cardiologists in private practice in India who are amazing teachers, and can fill the lacunae from an infrastructure standpoint in training the future generation of cardiologists. If there is an interest and inclination from these otherwise celebrated cardiologists in private practice to be clinician educators, there should be a mechanism in place for them to receive academic affiliation with a local university or medical school, while still be able to care for patients in private practice. This will require understanding, endorsement, and support from the academic cardiologists in India, and a call to action from the CSI to appropriate federal and licensing authorities to enable such partnership.
4. Maintenance of certification

Following locally conducted university or medical school-based examinations, or examinations conducted by the National Board of Examinations, there is no mechanism in place that provides objective assessment on the level of contemporaneity for cardiologists in practice. It is important for us as a community to be able to demonstrate to our patients that we are up-to-date in our knowledge and practice of cardiovascular medicine. While maintenance of certification has generated a lot of heat and controversy in academic circles in America, some form of metric is necessary to gauge currentness among practicing cardiologists, thereby adding another layer of distinction from the usurpers.

It is our responsibility to bear the flag of our profession high amongst other subspecialties and disciplines in Medicine, and for our patients’ health and satisfaction. The time is ripe for Indian cardiologists to transcend systemic barriers and embrace reforms to deliver highest-quality care to fellow Indians.

Conflicts of interest

The author has none to declare.

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