

# Current Situation of Cardiologists in our Country. Health Policy Area Survey Results

## *La situación actual de los cardiólogos en nuestro país. Resultados de la encuesta del Área de Políticas de Salud*

DIEGO S. NOVIELLI<sup>1</sup>, HORACIO POMÉS IPARRAGUIRRE<sup>2</sup>, FERNANDO J. SOKN<sup>3</sup>, RUBÉN KEVORKIAN<sup>4</sup>, CARLOS RAPALLO<sup>5</sup>, ALBERTO CACCAVO<sup>6</sup>, ANÍBAL PICAREL<sup>7</sup>, NÉSTOR PÉREZ BALIÑO<sup>8</sup>, OSVALDO MASOLI<sup>9</sup>, JORGE E. TRONGÉ<sup>10</sup>

### ABSTRACT

**Background:** The current crisis in the national healthcare system is impacting on the development of cardiology practice.

**Objectives:** To know the current situation of cardiologists in their professional practice in terms of working conditions, satisfaction with their salaries and their representation by the Argentine Society of Cardiology, and their opinion on forms of continuing medical education.

**Methods:** A closed anonymous survey was sent via the Society corporate email, social networks, and direct WhatsApp contacts. The RedCap platform was used. The Likert scale was implemented in multiple choice answers.

**Results:** A total of 393 cardiologists were surveyed; 27% were female. The mean age was  $56 \pm 9$  years. Fifty percent of cardiologists worked in public or private healthcare institutions without medical residency, an average of  $40 \pm 10$  hours per week. A high percentage believed it would be useful to create care networks for main diseases. More than 90% felt that they are not adequately paid and that they are not properly represented by the trade union. A total of 89.9% considered that the medical residency is the best system of training. Between 76.1% and 80.2% were in favor of completing the residency with a doctorate or master's degree, respectively. Finally, 53% agreed with the need for recertification.

**Conclusions:** Medical professional practice is evenly distributed between public and private institutions, with and without medical residency. Most cardiologists do not work in care networks, but a high percentage express the need and willingness to do so. Most cardiologists are dissatisfied with their salaries, and also feel they lack an adequate trade union representation. Regarding postgraduate education and training, as in previous surveys, it is confirmed that the medical residency is the best system of training and it should be complemented by a doctorate and/or master's degree in the specialty in view of the constant updating and advances in cardiology.

**Keywords:** Health policy - Cardiology education - Medical training - Cardiology - Residency - Goals of care

### RESUMEN

**Introducción:** La crisis actual del sistema de salud nacional afecta el desarrollo de la práctica cardiológica.

**Objetivos:** Conocer la situación actual de los cardiólogos en su actividad profesional respecto a las condiciones de trabajo, conformidad con su remuneración y representación ante la Sociedad Argentina de Cardiología, y su opinión en cuanto a las formas de educación médica continua.

**Material y métodos:** Encuesta cerrada, anónima, enviada a través del mail corporativo de la Sociedad, redes sociales y contactos directos de WhatsApp. Se utilizó la plataforma RedCap. Se implementó la escala de Likert en las respuestas que tenían múltiples opciones.

**Resultados:** Se encuestó a 393 cardiólogos, el 27 % mujeres. La edad media fue  $56 \pm 9$  años. El 50 % trabaja en el ámbito público o privado sin residencia, una media de  $40 \pm 10$  horas semanales. Un alto porcentaje cree conveniente generar redes de atención en

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**Correspondence:** Diego Novielli, Hospital Cuenca Alta Nestor Kirchner, RP6 Km 92,5, Cañuelas, Provincia de Buenos Aires.

E-mail: diegonovielli@gmail.com



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<sup>1</sup> Hospital Cuenca Alta Néstor Kirchner (HCANK). SAC

<sup>2</sup> Health Policy Area Agüero Medical Institute, Morón. SAC Health Policy Area.

<sup>3</sup> IMA Clinic, Adrogué. SAC Health Policy Area.

<sup>4</sup> F. J. Santojanni Hospital. SAC Health Policies Area.

<sup>5</sup> Sanatorio Anchorena-Itoiz. SAC Health Policy Area.

<sup>6</sup> Coronel Suarez Clinic. SAC Health Policy Area.

<sup>7</sup> Lucio Meléndez Adrogué Hospital. SAC Health Policy Area

<sup>8</sup> Cardiovascular Institute of Buenos Aires. SAC Former President. SAC Health Policy Area.

<sup>9</sup> Cardiovascular Institute of Buenos Aires. Former president of SAC. SAC Health Policy Area.

<sup>10</sup> IMA Clinic, Adrogué, SAC Former Presidents. SAC Health Policy Area

las principales patologías. Más del 90 % piensa que no está correctamente remunerado y que no tiene una representación gremial adecuada. El 89,9 % considera que la residencia es el mejor sistema formativo y entre el 76,1 % y el 80,2 % aprueba completarlo con doctorado o máster de posgrado, respectivamente. Finalmente, 53 % está de acuerdo con la necesidad de la recertificación.

**Conclusiones:** El accionar médico está distribuido de manera similar entre entidades públicas y privadas, con y sin residencias médicas. La mayoría no trabaja en redes de atención, pero en un alto porcentaje expresa la necesidad y adherencia a realizarlo. La mayor parte de los cardiólogos está disconforme con su remuneración, y siente que carece de una representación gremial adecuada. Con respecto a la educación y formación de posgrado, se ratifica, como en encuestas previas, que la residencia es el mejor sistema formativo y debería complementarse con doctorados y/o maestrías de la especialidad atento a la permanente actualización y progreso de la cardiología.

**Palabras claves:** Política sanitaria - Educación cardiológica - Formación médica - Cardiología - Residencia - Metas de atención

## INTRODUCTION

In 2023, a year of changes in Argentina –a presidential election, rising inflation and shortly after the end of the COVID-19 pandemic– in which physicians were able to express their concerns, there were also debates about how cardiologists are suffering from this crisis (which is reflected in their fees, the daily treatment of patients and the difficulty of ensuring that this is optimal, based on the best available evidence), and how this is reflected in the efforts and desires of colleagues to continue updating, research and improvement studies. Therefore, the Health Policy Area of the Argentine Society of Cardiology (APS SAC) conducted a first survey on three points on which more information is needed: the current situation of cardiologists in their professional practice, their perceptions of work conditions and remuneration and their representation in the Society, and their opinion regarding training in their specialty and continuing medical education activities.

## METHODS

An observational, cross-sectional study was performed to evaluate different settings of cardiologists' lives in Argentina. A questionnaire validated by the Ethics and Research Committee of the SAC was used, according to different metric characteristics. The survey was conducted between June and September 2023 and was anonymous.

The questionnaire was self-administered, and sent via the Society corporate email, social networks, and WhatsApp contacts. The RedCap platform was used in accordance with the Society recommendations.

The questionnaire consisted of 16 questions separated into three domains or dimensions that measured the following: 1) the cardiologist's relationship with the Society (5 questions), 2) the quality and professional recognition of the cardiology activity (7 questions), and 3) continuing medical education (4 questions). Most of the questions were asked with a five-option Likert-type ordinal response scale. (1) In addition to the questionnaire, demographic (age, sex) and occupational (income level, workload) characteristics were collected to relate them with the other domains.

Descriptive statistics were used; qualitative variables were expressed as frequencies and percentages, and quantitative variables as mean and standard deviation.

A link to the survey is attached to Annex 1.

## RESULTS

### Sample demographic characteristics

A total of 393 cardiologists were surveyed; 109 (27%) were female and the mean age was  $56 \pm 9$  years. Of the

respondents, 320 (81%) were members of the SAC, and 34 (9.67%) did not belong to any scientific entity. Ninety-five (95) respondents (24.9%) were members of the SAC and another scientific entity. Of all the respondents, 276 (70.73%) lived in the Metropolitan Area of Buenos Aires (AMBA), that is, the Autonomous City of Buenos Aires and some adjacent districts of the province of Buenos Aires.

Most of them had more than 20 years of professional practice (Figure 1). An average of 40 hours of work per week was reported. Fifty percent (50%) of cardiologists worked in public or private healthcare institutions with medical residency (Figure 2).

Regarding the scope of care, most of cardiologists referred that they should focus on primary (prevention and promotion of cardiovascular health) and secondary care (diagnosis and treatment of cardiovascular diseases), and only 33 (8.4%) cardiologists referred that they should only work in critical care areas.

When cardiologists were asked whether they should work in cardiovascular disease networks, the vast majority answered in the affirmative (373, 95%), however, only a half was part of a network (207, 52.7%).

Regarding remuneration and economic satisfaction, more than 90% of a total of 371 respondents disagreed with their incomes and salary (Figure 3).

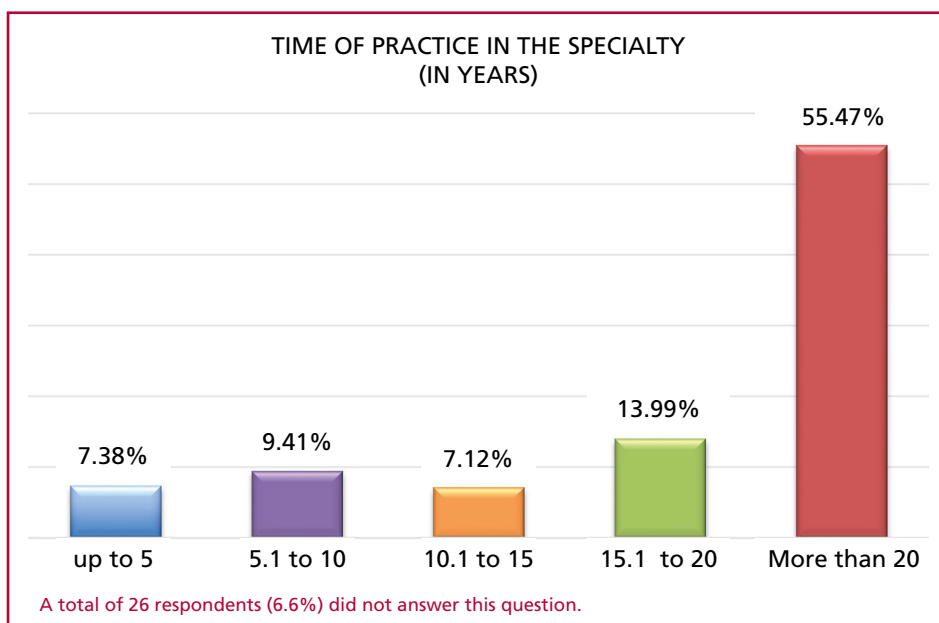
The lower their salaries, the greater their personal dissatisfaction and the worse their vision of the future, which was clearly reflected in the question on how professionals see themselves in the next five years: 289 (73.5%) saw themselves in the same or worse conditions than today.

Finally, 365 respondents (92.8%) considered that economic, social and trade union representation of cardiologists is inadequate.

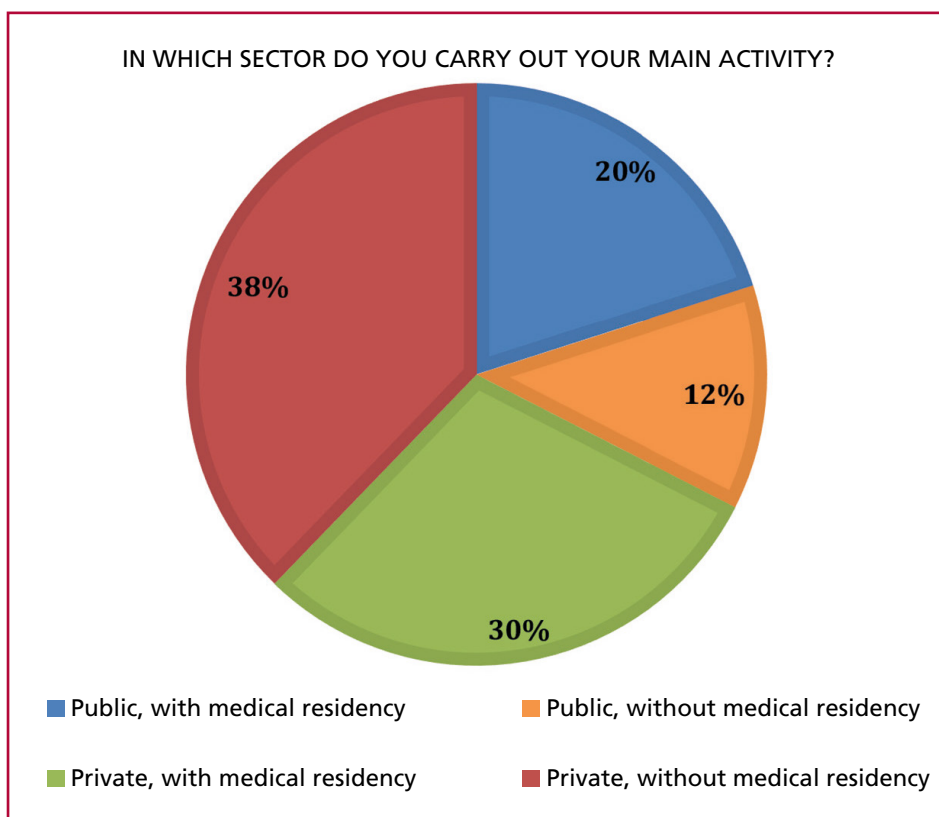
When asked about the APS SAC, 300 (76%) answered that they did not know it or did not think they know enough about it; 17% of them answered in the affirmative, 4% knew it, but they considered it irrelevant, and the rest did not answer. However, 329 (83%) agreed that the SAC should evaluate and actively participate in the hierarchization and remuneration of the medical profession. (2)

Finally, in terms of continuing medical education, when asked about the best system of medical specialty training, 353 (89.9%) agreed that it was the residency. In the context of the current debate on the best sys-

**Fig. 1.** Time of professional practice, in years.



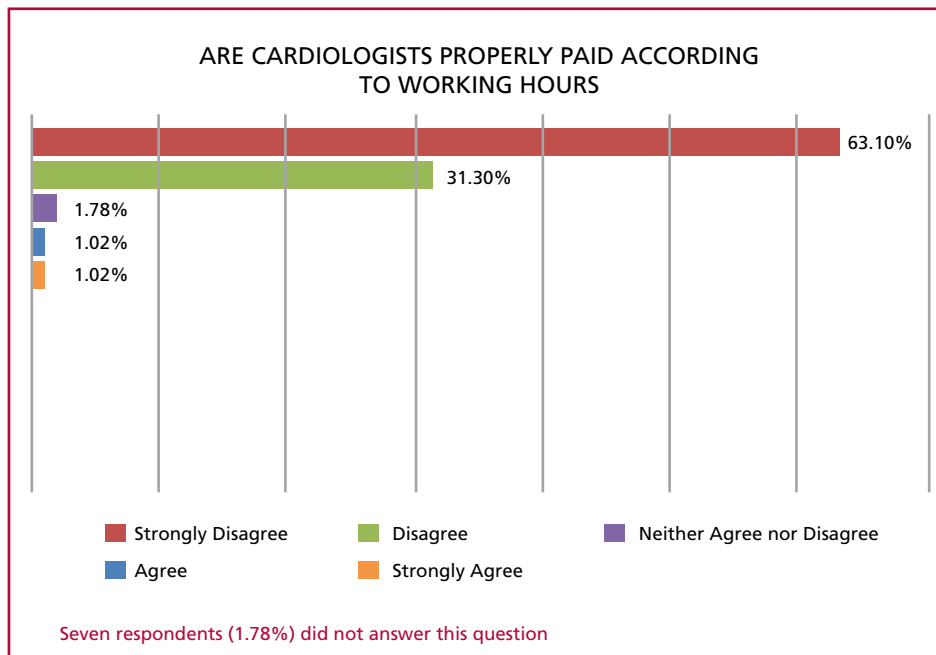
**Fig. 2.** Cardiology practice scope.



tem of specialty training and the type of residency that should be developed, the responses were as follows: 59 (15%) answered that it should be a Cardiology course following the residency in Internal Medicine; 37 (9.2%) were in favor of the residency in Cardiology following the residency in Internal Medicine; 37 (9.4%) agreed

with direct entry into the residency in Cardiology; and 253 (64.4%) agreed with a 1-year residency in Internal Medicine followed by a 3-year residency in Cardiology. Seven respondents did not answer this question.

Regarding the new current scenarios for postgraduate training and, in particular, continuing education,



**Fig. 3.** Cardiologists' views on remuneration in relation to working hours

299 (76.1%) and 315 (80.2%) were in favor of a doctorate and master's degree training, respectively. (3)

To conclude, we asked about the professional peer recertification: 212 (53%) agreed/strongly agreed, and only 1 out of 5 disagreed or strongly disagreed with the professional recertification process.

## DISCUSSION

According to the survey, cardiologists believe that care should be focused on primary and secondary care, an aspect that confirms the position of the SAC for the last quarter of the century, which has defined the cardiologist as a physician focused on cardiovascular prevention in primary and secondary care (4,5). Another striking aspect is the strong conviction to work in care networks. In this sense, there are initiatives in Argentina (6-8) similar to those in the European countries, (9) such as Spain, Germany, Italy and also in our own country, where the "Stent for Life" network is laying the foundations for the construction of a care system for acute myocardial infarction. (10) The networks should help to increase knowledge and promote the development of new strategies for a better management of the different cardiac diseases.

The lack of satisfaction with remuneration is clear and has been identified in several reports over 20 years. Today, it is exacerbated by the increased burden of training, work scenarios and demands. Physicians must respond satisfactorily to the diverse demands of patients, who are increasingly interested in and knowledgeable about various aspects of their health. All this must be done without any remuneration commensurate with a consultation time that satisfies both doctors and patients, at any level of care. (11,12)

As cardiologists, we are not unaware of the current situation in our country, so we have decided to evaluate our situation in particular. From our survey and comparing some points with a similar survey conducted in 2014 by Borracci et al., we may conclude that the relationship between salary and satisfaction is maintained in a direct way: the higher the salary, the higher the satisfaction. (13)

In terms of personal development, cardiologist satisfaction, and quality and time of consultations, the concept of the Triple Aim concept (improving the patient's experience, improving the clinical outcomes of the population, reducing per capita costs of health care), (14,15) has given way to the concept of the Quadruple Aim, which necessarily includes physician satisfaction, with equal emphasis on quality of care, system resources, patient satisfaction and professional satisfaction. (16)

Regarding the postgraduate training system, the vast majority recognize the residency as the best training system. (17,18) Nevertheless, and according to the CONAREC survey presented at the last Congress on Cardiology, 83% of future cardiologists are considering the possibility of emigrating to practice the profession in other countries. (19)

The survey revealed dissatisfaction in many areas of cardiology. In this sense, at the time of writing this document, an ad hoc group called "Cardiología Unida" (United Cardiology) is working. This group is led by several scientific entities, including the Argentine Society of Cardiology (SAC), the Argentine Federation of Cardiology (FAC), the Argentine Cardiology Foundation (FCA), the Argentine College of Cardiology (CAC), the Argentine College of Interventional

Cardioangiologists (CACI), the Argentine College of Cardiovascular Surgeons (CACCV) and the Argentine Civil Association of Vascular Surgery and Angiology (ACCVAA). (20)

It is clear that the concept of the Quadruple Aim appears to be a complex objective that involves many different actors and constantly challenges us as a society in terms of updating, training and new aspects of quality and patient-centered management. (21)

We believe it is important to highlight that the Argentine Society of Cardiology has a relevant role to play as an advisory body to official organizations in terms of optimizing the quality of care and training, remuneration and recertification of professionals in their specialty. In this sense, the Health Policy Area (APS) is a valuable tool for the relationship between our Society and those organizations. However, it is necessary to recognize that more than half of the respondents are not aware of the activities of the APS or do not consider them relevant. Nevertheless, the vast majority answered that the SAC should evaluate and actively participate in the hierarchization and remuneration of the medical profession. (2)

This should lead us to reflect on the need for greater implementation and promotion of activities and proposals related to the quality of care, continuing medical education and the hierarchization of the cardiologist medical profession, through the joint work of the APS and the Recertification Area and the joint task with the Argentine College of Cardiology (CAC) regarding appropriate remuneration.

### Limitations

Given the volatility of the Argentine currency and the many discussions in the public and private sectors about salaries and a potential increase for cardiologists, in the survey, we did not ask for the amount earned by each colleague.

The survey provides insights into the cardiologists' thinking, but it may not be definitive in a changing scenario.

Most of the cardiologists who answered the survey were from the AMBA.

Young and female cardiologists were under-represented.

The survey did not include other stakeholders in cardiovascular health.

### CONCLUSIONS

Medical professional practice is evenly distributed between public and private institutions, with and without medical residency. Most cardiologists do not work in care networks, but a high percentage express the need and willingness to do so. Most of them are dissatisfied with their salary and feel that they are not properly represented by the trade union.

The medical residency is still considered the best system of training, and it is accepted that it should be complemented by postgraduate medical education

through a doctorate and/or master's degree in the specialty.

Finally, it should be noted that most cardiologists consider that the SAC should evaluate and actively participate in the hierarchization and remuneration of the medical profession.

### Conflicts of interest

None declared.

(See authors' conflict of interests forms on the web).

### Acknowledgments

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### Annex I. Health policy area survey

<http://redcap.sac.org.ar/redcap/surveys/?s=HEWTKTPEKR978KJF>

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