

BRITISH CARDIAC SOCIETY NEWSLETTER

You have voted to return to Wembley for the spring meetings in 1993 and 1995. The majority was a narrow one: 144 in favour of Wembley and 135 against. This may surprise many who were so enthusiastic about Torquay, and those who worked in London who found it was helpful to be away from the shop. Perhaps many who voted for Wembley had not been to Torquay or do not work in London...? The President wondered about giving two votes to Officers or making an adjustment for the many abstentions; but the first option would not have worked, and the second was overruled by his democratically minded colleagues. The Officers' discussions after the Torquay meeting did not bring to light any major problems relating to the organisation. The sessions went smoothly, but we did receive comments on some of the slides from Mr Tony Oxley who is our new consultant on audiovisual aids. The mounts should be of good quality, and with glass. Remember that the projector lamps are very powerful, and therefore very hot. This may not cause a problem during short presentations, but in plenary sessions poor quality slide mounts are liable to cause problems.

The society received 19 applications for travel scholarships for the Stockholm meeting. As usual, priority was given to those presenting papers at the meeting who could not obtain appropriate support from other sources. We received 19 applications, of which 17 were deemed very suitable and given funding. Members are reminded of this facility. For the next meeting we plan to make 25 scholarships available and we hope to receive applications from all those qualified to receive them.

What do members think about the tradition that only surnames should be used during official business of the society? The astute among you – presumably all – may have noticed that the practice has not been observed consistently in the newsletter. The sky has not yet fallen, and indeed not a single letter of protest has been received. Is the tradition outmoded? Few would favour the artificial bonhomie of first names used as a routine, but should we not move into line with usual social conventions whereby both first names and surnames can each be used as is appropriate. We look anxiously to the sky...

The membership of the Data Management Committee was mentioned in the September

newsletter: Parker (chairman), Campbell, Hubner, Macfarlane, Nathan, Poloniek, Rickards, Chamberlain, K Taylor, and a paediatric cardiologist. Michael Tynan has now agreed to fill the paediatric slot, and the committee has been enlarged by the addition of another District General Hospital cardiologist – Tony Mourant. This is an important committee for many reasons, but not least because of the implications for audit. It is setting about the task of developing an agreed data dictionary for all the major areas of cardiology and cardiac surgery in regional centres and district general hospitals. This must work in conjunction with the clinical information services that are being introduced into the National Health Service.

You will soon be seeing the results of the 1990 staffing survey that was completed in August. The growth in consultant numbers remains at about 5% a year and this must be maintained for the next decade if we are to match by then the target of 150 new posts that we calculate we need now for adequate provision of the service. This number is made up of 60 new posts for the centres to cope with the present shortfall plus the emerging needs of angioplasty, 40 new posts for districts that at present have no cardiologist, and 50 posts for the larger districts that have one post but by our existing guidelines need two. By the end of the decade the goal posts will have moved so it may be a very long time before we catch up with our true requirements. We have to watch carefully the number of training posts to ensure that we will be able to meet future growth, as well as the need for replacements. Retirements do tend to be cyclical and our predictions based on our surveys are therefore of critical importance. They have proved reliable over the past 12 years and they will continue to give us the information we need. Our hope is that the system can be flexible enough to respond to future requirements. We have long known that a bulge in retirements starts in 1997 and continues for several years thereafter. Our training programmes extend over six or seven years so we must be looking ahead now if we are not to have a shortfall. At present we probably have too many within the registrar grade who aspire to a career in cardiology. This requires an adjustment which will be made by the Joint Planning Advisory Committee under the guidance – we trust – of the Royal College of Physicians in conjunction with the society. But we are likely to need some increase in senior training posts, and we must resist unrealistic cuts at registrar level. The reductions in the number of registrars is intended to be a 10 year programme and there are grave risks in making cuts that are rapid and Draconian.

Publication of the current staffing survey is being held up because we wish to include with it the results of the 1989 facilities survey. This

was not completed last year because many districts (including several major centres) did not return their questionnaires despite several reminders by post and telephone. Please remember that data provide strength to our negotiating position. The new arrangements, whereby our surveys are conducted by the Trafford Centre which is within the University of Sussex and under the direction of Richard Vincent, enable us to be more persistent. At the end of the day the minority of recalcitrant colleagues (we sympathise with their problems though we won't admit it) will realise there is no reasonable escape and rapid response may be easiest in the end. That is the view we are anxious to promote, especially as surveys are now to be annual rather than biennial events. Meanwhile only a few districts are holding out and the forces arrayed against them are gaining strength. When you read this the battle will be won.

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NOTICES

British Cardiac Society

The Annual Meeting will take place at the Scottish Exhibition Centre, Glasgow on 30 April to 3 May 1991. The closing date for receipt of abstracts will be 10 December 1990.

Cardiology and cardiac surgery

An international workshop on Updates in Cardiology and Cardiac Surgery, jointly organised by the Heart Institute, St Vincent's Hospital and Medical Center, Portland, Oregon, and the Institute of Cardio-Vascular Diseases, Madras will be held in Madras on 11 to 13 January 1991. Information from Institute of Cardio-Vascular Diseases, 180 NSK Salai, Madras – 600 026, India.

Cardiac pacing and electrophysiology

The IXth World Symposium on Cardiac Pacing and Electrophysiology will be held in Washington, DC on 28 to 31 May 1991. For information write to the North American Society of Pacing and Electrophysiology, 377 Elliott Street, Newton Upper Falls, MA 02164, USA.

Computers in cardiology

The Eighteenth International Conference on Computers in Cardiology will be held in Venice on 23 to 26 September 1991. Inquiries to Computers in Cardiology, c/o LADSEB-CNR, Corso Stati Uniti 4, 35020 Padova, Italy. Telephone: +39-49-8295702. Fax: +39-49-8295649.