
BRITISH CARDIAC SOCIETY NEWSLETTER

All cardiologists, both in the principal centres and in district general hospitals, should by now have received a form to complete on cardiac registrars. We are all bedevilled these days by forms that demand action, and I do not imagine that this latest one from the British Cardiac Society and the Specialist Advisory Committee will have been any more welcome than all the others that land so regularly on our desks. Unfortunately they are a necessary evil in our brave new world and we ignore them at our peril — or that of our departments. Fortunately, the information we are seeking now is simple; it must be provided by all consultant cardiologists who wish to have a post at “registrar” level considered for the first part of the new six year programme. The changeover from the existing less formal arrangements will occur over a year or so, but we hope that most new appointments will now be made under the new scheme. For those in England and Wales application must also be made to the Joint Committee on Higher Medical Training office at the Royal College of Physicians; other arrangements will be made for Scotland and Northern Ireland. Some details were given when the forms were sent out, but any who are unsure how to proceed should contact Peter Sleight or Douglas Chamberlain. At the time of writing, the total number of posts at registrar level has not been agreed, but we are reasonably optimistic that we will have enough “protected” for the specialty to match the requirement for subsequent senior registrar vacancies. Selection may not be easy and many difficulties are yet to be resolved. No post can be finally approved, however, without inspection by the Specialist Advisory Committee. Soon, incidentally, it will be time to conduct another census of senior registrars. We are aware that some of those now or recently in post have been slow to apply for a training number with a view to accreditation. To neglect this is unwise.

The number of senior registrar positions in cardiology approved by the Joint Planning Advisory Committee is 60. Of these, eight are now reserved for paediatric cardiology (with two not taken up because of administrative delays) and two are reserved for part time appointments for up to four individuals (at

least one of which has not been allocated). There are 10 posts set aside for research under the aegis of the Association of Medical Charities, the Medical Research Council, and Regional Health Authorities. But these are not speciality specific. In other words, we have no guarantee that the 10 research posts will go to cardiologists: we have merely contributed an arbitrary share of a pool from which the posts in all specialities are taken. We have some protection from the mere play of chance, however, because six of the 10 are at present allocated to the British Heart Foundation. Even from here — and reasonably — research applications will be successful only on the basis of scientific merit. Those who are successful may not be training for consultant posts in cardiology and indeed may not be cardiologists at all. Thus we have rigid control of the numbers of senior registrar posts (calculated on the basis of expected retirements from the consultant grade plus an allowance for historical growth), yet 20% of the allocation (10 of 50) is beyond our control. This curious system seems a total abrogation of the stated intention to achieve a balance. Only 40 training posts are available in England and Wales for senior registrars (and academics of equivalent status) in adult cardiology.

Peter Sleight and Douglas Chamberlain (as chairman of the Training and Manpower Committee) discussed the Joint Planning Advisory Committee process in an informal meeting with two representatives of the Department of Health on the 4 December. We were courteously received and given useful advice on submissions: problems were discussed but could not be resolved in that forum. Another useful meeting took place a few weeks earlier with the secretary of the Association of Medical Charities, but again problems could be defined better than they could be solved.

The publicity over the Björk-Shiley valves continues. We understand the motives for the current moves to alert patients who have the vulnerable valves, but it seems regrettable that there should be a need further to heighten their level of anxiety. One of the lessons of the current problem has been the difficulty in discovering for many patients the details of prosthetic valves in situ. This information should be readily available from the patients' notes, but for many reasons this system can fail. Many patients do carry cards issued by the valve manufacturer, but the process to obtain a card is not totally simple and frequently fails. We believe that all patients with artificial heart valves should be given a standard card or bracelet while they are still in hospital. No approach has yet been made for cooperation from the manufacturers, but pacemaker companies were very helpful when similar issues were discussed several years ago. Do members feel this should be pursued?

We end this newsletter on a sad note. Many will now be aware of the sudden death on 5 January of Professor Attilio Reale who was President of the European Society of Cardiology. He became president at the Stockholm meeting: many will have heard his speech at the assembly when he looked forward to his period in office, which was tragically cut short. We hope to write more of this next month and also of the changes that will be necessary within the European Society.

DOUGLAS CHAMBERLAIN
President, British Cardiac Society
PAUL OLDERSHAW
Secretary, British Cardiac Society
1 St Andrew's Place
London NW1 4LB

NOTICES

1991

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

An international workshop on **Coronary Surgery: Clinical and Basic Perspectives** organised by the Department of Cardiac Surgery of the University of Sheffield and the British Society for Cardiovascular Research will be held in Sheffield on 17 May: Mr G D Angelini, FRCS, Department of Cardiac Surgery, Northern General Hospital, Sheffield S5 7AU (0742 434343).

The 5th annual meeting of the **Mediterranean Association of Cardiology and Cardiac Surgery** will be held in Alexandria on 23 to 27 September: Professor M El-Fiky, Cardiac Surgery Department, Ain Shams Faculty of Medicine, Abbassia, Cairo, Egypt (202 834981/835495; Fax 202 834981).

The 5th international symposium on **Calcium Antagonists: Pharmacology and Clinical Research** will be held in Houston on 25 to 28 September: Organizing Secretariat, Giovanni Lorenzini Medical Foundation, c/o Dr Marjorie G Horning, Baylor College of Medicine, Room 826 E, One Baylor Plaza, Houston, Texas 77030, USA (713 797 0401; Fax 713 796 8853) and Organizing Secretariat (for Europe), Fondazione Giovanni Lorenzini, Via Monte Napoleone, 23-20121 Milan, Italy (02 78 36 68-76 00 22 67; Fax 02 78 15 11).