BRITISH CARDIAC SOCIETY NEWSLETTER

Cardiologists support the concept of prevention of coronary disease, but few are enthusiastic or even active in the field. The British Heart Foundation symposium on Progress in the Prevention of Coronary Disease held in Edinburgh at the end of May had an excellent programme that attracted fewer participants than might have been expected: these included only one or two consultant cardiologists who were not themselves speakers. Fortunately, other disciplines were better represented. The reasons for the indifference in our specialty are complex, and to a degree understandable. But the symposium highlighted new and relevant progress—some that could be described as a hot topic—in epidemiology, pathology, haematology, biochemistry, genetics, and clinical cardiology. The threads that have often seemed disparate and disjointed are now weaving a discernible pattern. It is still incomplete but it will increasingly influence many areas of good clinical practice. Cardiologists, though hard pressed by the burden of investigation and treatment for established disease, should no longer ignore it.

We will soon have more news of those registrar posts that will form part of the formal training programmes in cardiology. They will be only a few of them for two related reasons. First, we will have two training periods, equivalent to registrar and senior registrar, of three years each. It follows that we need only 60 registrars to equal the number of senior registrars (this includes paediatric cardiology) plus a small allowance for inevitable wastage. Few regions can expect more than one registrar appointment per year, and some of his or her time may well be spent in regional centres. Secondly, the Joint Planning Advisory Committee has made recommendations that will reduce appreciably the total number of career registrars irrespective of any training programmes: cardiology cannot be divorced from this process which is based on consultant opportunities. We question some of the premises and calculations, but we cannot deny the need for tighter control. The four senior registrar posts advertised from January to May 1991 attracted an average of 24 applicants seeking promotion from the registrar grade. Their mean age was 34 years. Those who were short-listed had spent about eight years as registrars, and were already very well trained. Many had an MD. What will happen to those who were not appointed, or indeed to those who did not reach the short list? Most will have been enticed into our specialty by the prospect of exciting research. In itself this may be good, but who can justify the frustration and the wasted years for the majority who will not achieve their goal? On the other hand, can the service survive the reduction in numbers that is now proposed? Only those who choose to remain totally ignorant of reality can believe that the shortfall can be made good by additional consultant effort, at least until we have many new consultant posts. If serious disruption is to be avoided, we will need to adopt several strategies including the appointment of competent overseas candidates to non-career training posts,

perhaps the inclusion of cardiology in other specialist rotations, the use when possible of experienced hospital practitioners or clinical assistants and, above all, new appointments at consultant grade. As well as easing the burden directly, the eventual result of this last measure will be an increase in numbers within the training grades. The system may in time be self adjusting, but the process will take decades, not years, unless we have direct intervention with additional funding to bring our staffing levels more in line with those in most of the developed world.

We have special anxieties about women in cardiology, who face additional difficulties. Many need part-time training for which our allocation of senior registrar posts is top sliced, but few avail themselves of potential opportunities. The problem is not unique to cardiology—only 15% of all consultants are women. However, the figure for cardiology is 5%. One reason for the general difficulty in reaching consultant status is that the system for part-time training is poorly understood. We are grateful to Dr Angela Jones of the North West Thames Regional Health Authority for explaining the process. The scheme was set up in 1979 partly with the aim of providing posts for women doctors who wish to complete their training or work part-time while they raise their families. The posts are established on a personal basis and cease when the incumbent leaves the post. Senior registrars are funded from the regional health authority budget, but there is no obligation on the authority to do so. Our allocation of two whole-time equivalents should allow four individuals to benefit at any one time from part-time training, and we know from a survey we conducted a year ago that most centres would offer facilities if funding were on a supernumerary basis. The scheme is advertised annually in the journals, usually in the autumn. Applicants are considered by a National Assessment Committee, and successful applicants will be given manpower approval for nine months. During this time they must arrange educational approval which should be available after the supervising consultant has sent a training programme to the relevant Royal College. Funding is the next requirement in the complex process, but most will feel it prudent to liaise with their regional authority from the outset. Finally, the applicant must be interviewed by a modified appointments committee to demonstrate that she (or he) is of a similar calibre as a full-time applicant. A similar plan is also available at registrar grade, and at present this can be funded by the Department of Health. We are anxious that women who have embarked on a career in cardiology should use these facilities rather than abandon all hope of achieving their goal because of domestic pressures. Our postgraduate advisor will help those who are uncertain of how best to proceed, but trainees who wish to follow the part-time path may also wish to consult Jane Flint who is on our manpower committee with a special remit to help junior colleagues through the maze described above. We have written to all regional directors of public health and all postgraduate deans (in England) to point out the special problems that have to be faced by part-time trainees in cardiology, and the impracticality of posts depending on time shares. We hope that sympathetic help will be available even in this time of severe financial constraint.

Our Postgraduate Advisor, Howard Swanton, had drawn attention to the difficulties experienced by trainees in funding research posts, and has written a letter that forms the basis of what follows. We will try in future Newsletters to provide reminders of deadlines for grant applications. But please

do not rely on us, we promise only to try! The information will be directed primarily at registrars who have not had research experience and who are seeking their first grant in a very competitive field. Hopeful applicants should obtain application forms and confirm closing dates by contacting the relevant research fund office at the addresses shown. All research projects must be approved by the local ethical committee if human subjects are involved.

The British Heart Foundation, 14 Fitzhardinge Street, London W1H 4DH (Tel: 071 935 0185; Fax: 071 486 1273). A booklet giving information on research awards can be obtained from Miss Valerie Mason, Research Fund Manager. She will be happy to give advice on the type of grant that might be appropriate. With the exception of Overseas Visiting Fellowships, applicants must be British citizens or have been resident in the United Kingdom for a minimum of three years. The fellowships committee meets quarterly to consider applications. Junior Research Fellowships are applicable to cardiologists who want to undertake one or two years research under direct supervision of a senior research worker. The grant is for salary plus minor expenses. The head of the department must approve the application and state that funding for the research itself is already available. Intermediate Research Fellowships are offered for three years in the first instance. Applicants must have had research experience to qualify. For both types of fellowship, 10 copies of the research protocol are required together with a curriculum vitae. The closing date is 29 August for a meeting in October.

The Wellcome Trust, 1 Park Square West, London NW1 4LJ (Tel: 071 486 4902; Fax: 071 487 4915). A booklet on grants and support for research can be obtained from the address above. General inquiries can be addressed to Ms Sandra Carpenter. A limited number of Medical Graduate Research Training Fellowships are available for medical and dental graduates who should generally be under the age of 34. Grants are awarded for one, two, or occasionally three years. Initially applicants should submit a curriculum vitae, a brief 300–400 word document on the project, with the name of the supervisor, and the address where the work will be done. These and a completed application form should be sent to Dr David Gordon, Programme Director, at least three months before the work is due to start. Applications are considered four times a year, and short-listed candidates are interviewed.

Bristol-Myers Squibb, 141–149 Staines Road, Hounslow, Middlesex TW3 3JA (Tel: 081 572 7422). Application forms for Cardiovascular Fellowships Awards for 1992 can be obtained from Dr C H Dash, Vice President of Medical Affairs, Northern Europe Region, at the above address. Candidates should be citizens or residents of the United Kingdom, and should usually be at registrar or senior registrar level. Two awards are made annually. They support a research fellow for up to two years. The applications must include two letters of recommendation from individuals (usually senior cardiovascular physicians or cardiologists) familiar with the applicant's work. Previous experience is not essential. Short-listed candidates are interviewed. The closing date for applications is 31 October. Awards are announced in January 1992 to start in July 1992.

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