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, patho-ology, 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 reasons: first, we already have two full-time training grades, equivalent cardiology) plus registrar, number made for inevitable changes. 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 the aim of providing posts for women doctors who desire 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 individual is ready for full-time work. The posts are funded from the regional health authority budget, and there is no obligation on the authority to do so. Our allocation of two three-quarters-time equivalents should allow four individuals to train 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 based on the same principle as those 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. The process will make most 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 her/his future, but trainees who wish to follow the part-time path 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 arisen 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, has drawn attention to the difficulties experienced by trainees in funding research posts, and has written a letter that forms the basis of the text that 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 the competitive field. Those who are already experienced 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 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 investigator. The level of support is slightly lower than previous years due to 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 to those who have completed an M.R.C. Studentship. 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 giving information on research awards 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 are invited to submit a research proposal and 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 Professor 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.

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BEATLES CARDIAC SOCIETY NEWSLETTER

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