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## BRITISH CARDIAC SOCIETY NEWSLETTER

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We had anticipated having some firm news this month about our proposed valve registry (in conjunction with the Society of Cardiothoracic Surgeons) but our plans for a degree of cooperation with the manufacturers have had a setback. Professor Ken Taylor attended a board meeting of the International Association for Prosthesis Manufacturers (APM) in Amsterdam in December to present to them the proposals for the UK valve scheme that we believe might be a pilot for a wider European plan. He has told us the disappointing result of this meeting: "After considerable discussion it became apparent the IAPM members were unwilling to provide any financial support for the initiative. IAPM members believed it was more appropriate for themselves to pursue the development of a standard pan-European registration card of implanted valves, and they considered this approach as their priority. Although a pan-European scheme is welcome—and one that we ourselves have supported in principle—most European countries do not have the level of data registration on valve patients compared with the comprehensive information available through the United Kingdom Valve Registry. The IAPM scheme offers no real prospect of increasing the minority of patients who currently receive a card with details of the implanted valve(s), and therefore it seems important for us to pursue alternative funding approaches in this country." We hope soon to have news of better progress in this area that we identified as a priority very many months ago.

A working party on radiation hazards in radiology has been set up by the society. Radiation has always been a problem, but two factors are making it more pressing. The first follows from the increasingly complex procedures that are needed in interventionalist cardiology, in electrophysiology, and in paediatric cardiology. Inevitably these lead to longer screening times than are needed for simple angiography. Advances in other imaging techniques—notably echocardiography—are an important mitigating factor, but some cardiologists are facing longer screening times than has been usual, and indeed longer times than may be desirable. The second factor may become increasingly important over the next few years: we face a major reduction in the number of career registrars and research registrars and inevitably this will increase the workload of more senior colleagues in relation to investigation and pacemaker implantation. Clearly there are implications for safety and indeed for staffing levels. The working party will be chaired by John Camm. We are delighted that three distinguished cardiac radiologists have agreed to help: John Reid from Edinburgh, Peter Wilde from Bristol, and Maurice Raphael from London. The other cardiologists are Shakel Qureshi, Martin Rothman, Malcolm Clarke, and Roger Boyle.

We continue to be concerned by the severe problems over staffing faced by cardiologists in the United Kingdom. An important aspect is the impossibility of providing a compre-

hensive service within our district hospitals. This is faced most acutely by single handed cardiologists in the larger districts. We have written to all who are in this situation (having district populations over 250,000), enclosing an informal questionnaire that was drawn up in cooperation with the President of the Royal College of Physicians who shares our concern. The results will be made available to the college and may be used in the evidence submitted to an enquiry on medical manpower within the National Health Service.

We feel a little guilty (only a little) about the number of questionnaires we are sending out. Accurate information is a powerful weapon. It is essential in our struggle for the facilities to provide an adequate service in the specialty. The staffing surveys for consultants and senior registrars (1991) are nearing completion, and in February we sent out the survey on facilities (1992). For the first time we cooperated with the affiliated groups and incorporated new questions at their request. We also combined forces with the Society of Cardiological Technicians which was intending to conduct its own survey. Their document, which was mailed with our own, is intended for completion by senior or chief technicians. The cooperation will avoid the need to collect information twice. We hope colleagues appreciate that the big bang strategy for surveys—whereby most come in one fell swoop—does save time, trouble, and irritation in the end. Those who put the documents to one side are also aware of the relentless nagging that ensues: it is easier to complete them at once. One of the authors of this letter wishes to report that his was the first completed return for the staffing survey: it did come and go by post, though the University of Sussex is not far away . . .

John Birkhead, in collaboration with colleagues in Bath, Brighton, Doncaster, Merthyr Tydfyl, and Telford, has completed a preliminary study of factors influencing the delay between the onset of symptoms and administration of thrombolytic therapy in patients with acute myocardial infarction. The results, shortly to be submitted for publication, have stimulated much discussion within the audit committee and the project is to be expanded to include 25 cardiac care units in district general hospitals as an exercise that should enable participating centres to compare their performance with that of others. Data collection will be extremely simple, requiring minimal additional work easily incorporated into the routine of the busiest cardiac care unit. If you think you might like to participate please contact John Birkhead at Northampton General Hospital. The second project currently in progress is David de Bono's Confidential Enquiry into Complications from Cardiac Catheterisation (CECCC). Its feasibility was assessed in five cardiac catheterisation laboratories and the study has now been extended to include more than 25 centres. In most centres a senior CCU nurse is responsible for reporting complications: data collection has been remarkably smooth. Interest is maintained by a monthly newsletter and periodic feedback to participants who can identify the results from only their own centre. Such feedback has already identified a consistent pattern of complications in two centres resulting in an internal review of procedures. Ideally we feel that all cardiac centres should participate and if you think you might be prepared to join the next wave please contact David de Bono at Leicester. New audit proposals under discussion relate to non-cardiac surgery in patients

on long-term anticoagulant therapy (Mark Dancy) and the management of cardiac surgical waiting lists (Tom Treasure and Michael Joy). We hope that the committee will shortly have control of its own budget. If you have an idea for an audit project requiring national rather than local organisation write to Nick Brooks at Wythenshawe Hospital, Manchester.

We have received news of the British Pacing and Electrophysiology Group from Richard Sutton who writes "BPEG's next annual general meeting will be on 10 July at the Royal College of Physicians, the guest speaker will be Professor Giorgio Feruglio. BPEG continues its educational efforts to combat the inappropriately low rate of pacemaker implantation in the United Kingdom, with symposia in Maidstone, Plymouth, Aberdeen, Liverpool, and Norwich. An educational session is planned for 26 May (2.00 to 5.00 pm) in association with the British Cardiac Society annual meeting in Harrogate. Additional information can be obtained from BPEG (071 351 8298). The working party report on pacemaker prescription that was published in the *British Heart Journal* in August 1991 has attracted 9500 reprint requests so far."

The European Society of Cardiology has published the latest figures on the number of cardiologists in 10 countries who have been elected to the fellowship. Our efforts to promote enthusiasm have not been in vain. To our considerable surprise, the United Kingdom heads the list with 64 fellows, with Italy second at 53. Nevertheless, we are not satisfied that colleagues are availing themselves of the opportunity for support from the British Cardiac Society. We have 390 cardiologists in the United Kingdom at the last count, and many cardiac surgeons in addition. Many more qualify for the fellowship than have applied. The criteria set by the European Society are set out in the newsletter of February 1991. Application forms can be obtained from: ESC Fellowship Department, 22 Rue Juste Olivier, CH-1260 Nyon, Switzerland.

The date of the first teach-in, on molecular biology (Sir David Weatherall), on 31 March is rapidly approaching. By this time all places may well have been taken but we do plan a reserve list so it may be worth telephoning the society if you have not already done so. Abstracts for the first meeting of the European Resuscitation Council (Brighton, 20 and 21 November) are due to be submitted by the end of April. Information packs are available from the British Cardiac Society. Because the society played a key role in the formation of the council we hope to see a good British presence and strong participation.

DOUGLAS CHAMBERLAIN  
*President, British Cardiac Society*  
PAUL OLDERSHAW  
*Secretary, British Cardiac Society,*  
9 Fitzroy Square,  
London W1P 5AH

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## NOTICE

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The Annual Meeting of the **British Cardiac Society** will take place at the Harrogate International Centre on 26 to 29 May. The closing date for receipt of abstracts was 3 January.