Senior registrar posts: false alarms

Considerable anxiety has been caused in four regions over the past 18 months as each received notification of a reduction in the number of senior registrar posts approved by the Joint Planning Advisory Committee (JPAC). Mersey was the first to be affected, and Yorkshire the most recent. In no case had any consultation taken place. The situation in Liverpool took months to resolve, and eventually a post was restored seemingly as a gesture of goodwill. But since then, the Manpower Division of the Department of Health has been able to identify the problem. These threatened reductions seem to have resulted from a confusion concerning posts in adult and paediatric cardiology. In the last round of JPAC reviews the paediatric cardiologists presented their evidence separately, in the hope of being emitted to one common pool. The paperwork seems not to have been properly integrated. Our next submission will be a joint one, so confusion can be avoided. Meanwhile we hope that the source of the error—now identified—has been removed so that no more spurious cuts will be announced. This newsletter has been critical in the past of the Manpower Division where bunching of consultant posts is one of the enemy of reason instead of its servant. But changes have occurred, and we now enjoy an excellent liaison similar to that which proved so helpful to all parties in the past.

Senior registrar posts: JPAC review

Readers of the newsletter will not need reminding of our belief that the numbers of senior registrars allocated to cardiologists is inadequate. Recently several appointment committees have interviewed only one candidate for consultant posts. Within five years the number of consultant retirements will double, and the manpower gap far outweigh its status. Our request for an earlier JPAC review was rejected a year ago on the grounds that there would be no suitable opportunity. But now the urgency is better appreciated, and we have been promised a review in November 1992, over a year earlier than the provisional date we had been given earlier. We still face one problem that is not the fault of the Department of Health nor of JPAC. For manpower planning, paediatric cardiology is considered part of cardiology at senior registrar level, but as part of pediatrics at registrar grade. The potential for further confusion in the training programme is clear. We hope that colleagues—mostly paediatricians—who oppose any change can be persuaded that the two components of specialist training must not be separated in this way.

Senior registrar posts: part-time training

An interesting theme in the newsletter has concerned the difficulties faced by all who wish to avail themselves of part-time training at senior registrar level—usually women, though not exclusively so. We have listed the steps that have to be taken (newsletter, August 1991). We have written to all regional health authorities asking for sympathetic consideration for applicants—and in most cases has been helpful and in time, a new annual round of part-time training has been announced. But we have been surprised by a seemingly immovable impendiment faced recently by one trainee. A woman wishing to make a career in cardiology was aware of the long procedure of the training programme needed at present to obtain a part-time training post—approximately a year. Wishing to avoid disruption of her training, she made an application a few months before she was due to marry. However, Mrs Marriner seems sometimes to be ground for part-time training after the event, but a potential change in domestic circumstances is not. It is not surprising that this should be so great as women attempt to progress from house officer to consultant if they are treated so unsympathetically? Is there really a commitment to part-time training, or is it a matter of using words to mask inaction? Should a well-founded wish to do part-time training not be a valid enough reason for application? No one would choose this long path needlessly because of a potential disadvantage in further advancement. We must add, however, that the arrangements for part-time training of senior registrars is under review. We hope for changes.

A parliamentary select committee

Since the announcement of a date for the general election, politicians and politicians have been in the news to the extent that most of us feel the need for a break. Nevertheless we wish to reassert the experience of attending a parliamentary select committee at Westminster. It was fascinating and impressive. Andrew Henderson has written about it. "At the instigation of the Cardiac Group in Wales the Welsh Affairs Committee considered the provision of cardiology services in Wales on 18 December 1991. It took evidence from representatives of the specialty in Wales, from the Parliamentary Under-Secretary of State, from the Director of the National Health Service in Wales, and from the Chief Medical Officer. It has now published its report. The cardiologists and cardiac surgeons throughout Wales had expressed their concern at the continuing delays in providing the much needed expansion of cardiac services there. In 1981 in a report on cardiothoracic services in Wales. Expansion was promised by the then secretary of state for Wales in 1984. Wales has had a relatively low resource base of one regional centre with capacity for 600 operations per year, together with the lowest relative provision of cardiologists in the United Kingdom and half of its district general hospitals without a physician trained in cardiology. Concern and the heightened interest surrounding the "de-regionalisation" of cardiology services and of the National Health Service changes. The experience was interesting, not least as a result of being able to remain as observers after we had given our evidence. The questioning was direct, though always courteous. The chairman had done his home-work well. It should be recorded that the President of the British Cardiac Society acted as specialist adviser to the committee. The professional witnesses gave evidence in line with the recommendations of the Joint College's Fourth Report (1988) (which is included with the select committee's report), while outlining the factual background relating to cardiac services in Wales and the history of official statements relating to its provision. The parliamentary Under-secretary of state took the opportunity to announce additional funding of £5m to expand facilities at the University Hospital of Wales, £1.5m to other district health authorities to purchase cardiac surgery elsewhere, £2.5m to complete the development of the cardiac unit at the University Hospital of Wales; (b) to underline the urgency of the appraisal for a further increase in surgery (already promised in 1989 by the then secretary of state), and to recommend that its terms of reference are restricted to the size and location of a second unit in South Wales (despite the parliamentary under secretary of state's comments that the appraisal should embrace whether or not a second unit was still needed); (c) to emphasise the need for a major increase in the number of angioplasties; (d) to conclude that a reduction in the number of angioplasties might paradoxically increase the need for treatment; (e) to recommend closer communication between Welsh Office and professional practitioners with the view that Wales, at least, should have a regional cardiology unit, and an appraisal of the longer term options for the shortfall of 400 operations relative to the pre-existing Welsh Office annual target of 1200 per year. The salient points of the report were (a) to underline the urgency of the appraisal; (b) to underline the urgency of the appraisal for a further increase in surgery (already promised in 1989 by the then secretary of state), and to recommend that its terms of reference are restricted to the size and location of a second unit in South Wales (despite the parliamentary under secretary of state's comments that the appraisal should embrace whether or not a second unit was still needed); (c) to emphasise the need for a major increase in the number of angioplasties; (d) to conclude that a reduction in the number of angioplasties might paradoxically increase the need for treatment; (e) to recommend closer communication between Welsh Office and professional practitioners with the view that Wales, at least, should have a regional cardiology unit, and an appraisal of the longer term options for the shortfall of 400 operations relative to the pre-existing Welsh Office annual target of 1200 per year.

Hypertrophic Cardiomyopathy Association

We have had a letter from John Goodwin concerning the Hypertrophic Cardiomyopathy Association and would like to see an article about the Association (British Heart Journal 1990;64:410). The organisation was set up by sufferers from hypertrophic cardiomyopathy in the interest of patients and their relatives. The role of the association is one of guidance and counselling to help patients to understand the disease, adapt their life styles appropriately, and come to terms with the condition in the absence of a cure. The association sets up round the country to advise on diagnosis, treatment, and counselling of patients and their families. The organisation has recently drawn up ten guidelines on the management of hypertrophic cardiomyopathy. In addition to explaining the disease, these guidelines emphasise the importance of discussions of their condition fully with their medical advisors. Further information may be obtained from the Chairperson, Mrs C Biro (telephone 0923 896776),
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NOTICES

1992

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

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Sara Thorne, Jonathen Swan from the Royal London Hospital, and Jonathen Swan from the Wyth Institute have both won Bristol-Myers Squibb Cardiovascular Awards which will start in July 1992.

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The office of the British Heart Journal has moved to 9 Fitzroy Square, London W1P 5AH (telephone 071 383 4006: fax 071 388 0903).

The International Workshop on Angina Pectoris with Normal Coronary Arteriograms sponsored by the European Society of Cardiology will take place on 12 June 1992 at the Department of Cardiological Sciences, St George’s Hospital Medical School. The workshop is organised by J C Kaski and W J McKenna and has 19 invited speakers. The following topics will also be briefly discussed—current concepts on pathogenesis; metabolic regulation of coronary blood flow; prognosis and treatment of patients with angina and normal coronary arteries; angina pectoris in the cardiomyopathies; and future avenues of research. Registration fee (£75 including lunch, cheque payable to Special Trustees Medical Centre A/c) should be sent to Jill Williams, Postgraduate Manager, St George’s Hospital, Grosvenor Wing, Blackshaw Road, London SW17 0QT.