BRITISH CARDIAC SOCIETY NEWSLETTER

Surveys: The Past

We began our surveys in cardiology in 1979 after a decision taken at the Cardiology Committee of the Royal College of Physicians, then chaired by John Goodwin. From the outset the British Cardiac Society played a leading role, using facilities provided by the University of Sussex. The first publication was in 1981, with a paper entitled "Career prospects in cardiology in England and Wales. Survey of 15 health regions". This reflected the major priority at the time, which was the plight of large numbers of time expired senior registrars. Our specialty was the first to start regular surveys and probably the first to make a determined effort to match numbers of trainees at senior registrar level to consultant vacancies. By the time the joint planning advisory committee (JPAC) came into existence we had already succeeded in this objective, and some posts in larger centres had been given up as a result of negotiation. The numbers of senior registrars becoming time expired fell progressively, but now the pendulum has swung to the point at which we are entering a period of shortage that will become acute from 1997. The Department of Health were given this information formally two years ago at a meeting between three representatives of the manpower division and two representatives of our own training and manpower group—one of whom was Peter Sleight as chairman of our Specialist Advisory Committee (SAC). No action was taken as a result of this meeting, and our application for an early JPAC review was rejected—our next opportunity was to be December 1993, too late to prevent a major crisis. But we have already alluded to the changes that have taken place within the manpower division of the Department of Health, with the complete and welcome acceptance now of cooperation rather than confrontation. As a result we *do* have an early JPAC review. The process has started and culminates with a meeting with the full committee on 19 November. We hope that the evidence we present will persuade the committee that an increase in senior registrars is appropriate.

Surveys: The Present

We suggest that some colleagues may not appreciate fully the importance of reliable manpower data in discussions that take place (frequently these days) with regional health authorities, with the Department of Health, with JPAC, and with the Colleges. We know that surveys are irksome, but they provide the ammunition we need, and without that ammunition we are near powerless. The first stage of the 1991 survey was completed by regional contacts, who are efficient and very swift in their responses. But we prefer to collect detailed information—some of which is confidential—on an individual basis. Of 443 survey forms sent out in January 1992 to confirm and supplement information already collected from our regional contacts, 82% had been returned within six weeks. After sending one reminder we still had 5% outstanding by mid May. After a second written reminder and several telephone calls 1.5% had not sent us information as late as mid

June. Moreover 35 forms were completed incorrectly and had to be returned, and many of these were slow in arriving back. We always achieve 100% compliance in the end, but only in late July 1992 could work start on the 1991 returns. The forms on staffing are very simple and take only minutes to complete. The amount of effort required to collect accurate, consistent, and verified information seems unnecessarily disproportionate as well as expensive for the Society.

We have made a slight change in our classification of cardiologists for the 1991 survey. In the past, we distinguished those who did cardiology exclusively from those who also had additional responsibility for some general internal medicine. The latter group comprised only those physicians with a special interest in the specialty who had appropriate training, and who spent a minimum of 40% of their time devoted to it. (Without these criteria we do not believe it is appropriate to be called a cardiologist). The alteration relates not to these but to the first category. There are many whose working life is devoted *almost* exclusively to cardiology, but who continue to have responsibility for emergency medical admissions. Some cardiologists with "take" duties are interventionists. It is unrealistic to classify such colleagues as anything but fully committed specialists. The division now is between individuals with a 40% + commitment, and those with an 80% + commitment. In other words, the exclusive cardiology group have been joined by a near-exclusive cardiology group who share the on-call commitment to general medicine. This change will distort slightly any comparison with previous years, but overall numbers will not be affected.

Surveys: The Future

Cardiologists—and other members of specialist groups—have been at risk of receiving forms from two different manpower surveys that seek very similar information, because the Royal College of Physicians now conducts its own overview surveys and does so very efficiently. Duplication of effort is irritating for all concerned, and Professor Steven Semple has agreed that the British Cardiac Society can be responsible for data collection from all cardiologists on our own lists. We prefer to collect our own specialty data for several reasons. First, our system is now well refined and works well. Secondly our numbers are relatively small so that most individuals are known to us and all data can be carefully verified. Thirdly and most importantly we can use our own criteria for defining who should be counted as a cardiologist whereas the College has to depend on other opinions that may be inaccurate and inconsistent. There has been a tendency for College numbers to be lower than our own because some cardiologists (even in major centres) have been counted as physicians. The Department of Health now pays close attention to College data (which is accurate overall if not by specialty), and in consequence the calculation for cardiology senior registrar numbers could be distorted. By using a common data set any ambiguities over specialist responsibility will be removed. We will send out the College's own excellent forms with a supplementary sheet for the additional data that we require. Other specialties may decide to follow this lead in future. We are sure you will approve of this arrangement on the grounds both of efficiency and accuracy. We are grateful to the College manpower office for their cooperation and trust. In future index dates will always be September which is the month always chosen by the Department of Health.

News from Europe

Philip Poole-Wilson writes: "The European Society of Cardiology is made up of 32 national societies and 24 working groups. You might wish to know who in Britain represents British interests within the European Society. At present we have strong representation. Each of the 24 working groups has two chairmen making a total of 48 persons. At present no less than nine come from the United Kingdom. They are: Robert Anderson, developmental anatomy and pathology; John Camm, arrhythmias; Henry Dargie, exercise physiology; Andrew Henderson, pathogenesis of atherosclerosis; Colin Prentice, thrombosis and platelets; Anthony Rickards, cardiac pacing; Peter Sleight, hypertension and the heart; Jane Somerville, grown-up congenital heart disease; Ann Townsend, cardiovascular nursing.

We also have substantial representation on the administration side. Raphael Balcon is the representative of the working groups on the advisory board of the European Cardiology Congress Organisation (ECCO). Andrew Henderson is a member of the research fellowship and training committee which determines the 12 awards that are given annually. Philip Poole-Wilson is the secretary of the Society. Peter Sever is on the executive scientific committee that has overall responsibility for organising the final programme for the annual congress. Peter Sleight is on the nominating committee that puts forward names for future boards. In addition, we have two representatives on the monospecialty in cardiology in the European Union of Specialist Doctors (UEMS): Michael Petch was appointed by the British Cardiac Society and John Martin was appointed by the British Medical Association after nomination by the Royal College of Physicians.

News of colleagues

Howard McAlpine has been appointed as physician and cardiologist at the Victoria Infirmary Glasgow, and Graham Stuart as paediatric cardiologist at the University Hospital of Wales. We are very pleased to know that Raphael Balcon is the new chairman of the cardiology committee of the Royal College of Physicians, and under a recent change in our constitution becomes an ex officio member of Council of the British Cardiac Society. We were also delighted to hear recently of a new honour bestowed upon John Goodwin. He has been awarded the Enzo Ferrari Prize in Cardiology by the Ferrari Trust (Premio Ingenier Enzo Ferrari) of Modena, Italy. The prize is relatively new. Previous winners have been Eugene Braunwald and John Ross. The recipient is requested by the Foundation to give a lecture. John will be travelling to Italy to speak on 19 October on "Diastolic Heart Disease".

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NOTICE

The 1993 Annual Meeting of the **British Cardiac Society** will take place at the Wembley Conference Centre from 18 to 21 May.