Health of the Nation

We have heard criticism that the British Cardiac Society did not make known to members its response to the government's green paper or to the strategy document that followed. Many Regions and Districts are now discussing implementation and have invited participation by cardiologists, and of course we welcome this. We can provide a copy of our response to any who may request it, but the following is a brief summary of some of our recommendations.

Prevention must have a major role in any health strategy. The society stressed that tobacco smoking is the major avoidable contributor to premature mortality from coronary heart disease, and urged that tobacco advertising should be phased out as soon as possible—in line with the policy adopted by other socially advanced countries. The specific roles for the government, the National Health Service, and health education and voluntary groups include the organisation of anti-smoking campaigns, advice on the risks of smoking and on techniques of quitting, the promotion of workplace anti-smoking policies, and the recognition of the role of doctors in smoking cessation, for example, by the inclusion of smoking cessation in the workplace anti-smoking policies, techniques and skills of the workplace engineer and the workplace technician. We believe that doctors with special interest in smoking cessation, for example, by the inclusion of smoking cessation in the workplace anti-smoking policies, techniques and skills of the workplace engineer and the workplace technician.

Read codes

We have discussed Read codes previously in September 1991 and in May 1992. Malcolm Towers, who represents the specialty in the Cardiac Society, has given its support to a committee to review with the Royal College of General Practitioners the Read codes. The society emphasised that such a section of the Data Management Committee has been set up under the chairmanship of John Parker. Other members, are Tony Rickards (electrophysiology and pacing), Robert Anderson (paediatric cardiology), Graham Leech (echocardiography), and Malcolm Towers (nuclear cardiology). There is also a "general group" comprising John Birkhead, Michael Petch, and Malcolm Towers. The society welcomed evidence that the more recent codes are starting to be adopted; one example is the Royal College of General Practitioners who support the use of the new Read codes.

News of British cardiology

The seventh survey of staffing in cardiology appears in this issue. Members will note that between 1990 and 1991 no improvement occurred in the number of district hospitals without cardiologists. We have too few senior registrars, partly because of the inappropriate top slice taken for research. By the time this newsletter appears we shall have had our review with the Joint Planning Advisory Committee (JPAC). This was brought forward at our request. We believe we have an excellent case for increasing the number of senior registrars. The manpower and Planning Committee of the British Cardiac Society would like to know of cardiology centres that could accommodate additional trainees at this level. The committee could do little more than offer advice on the steps to be taken in any application. This may be helpful, however, because the procedure is complex and lengthy. Absolute selection nationally does not guarantee manpower approval, educational approval, or funding. The delay from application to the Joint Committee on Higher Education is such that the physician in post is likely to be at least two years.

News of the British Cardiac Society

At its recent meeting, Council discussed the attitude of the society to commercial sponsor-
Heart Journal has written the following on the subject of reports relating to British cardiology: “The British Cardiac Society and the British Heart Journal have agreed guidelines for the drafting and submission of reports. The aims of these guidelines are to coordinate subjects and authors and avoid duplication of effort. Reports bearing the authority of the British Cardiac Society, which will include those of its affiliated groups, should be seen by the Publications Committee before coming to the British Heart Journal.” The guidelines, which will minimise delays, can be obtained from Peter Mills at the journal office.

News from Europe

Philip Poole-Wilson writes: “The Barcelona Congress this year is over and was judged to be a great success. The number of registrations (over 13,000) was yet another record. Over 10,000 were active participants. The continuing growth in the size of the meeting clearly indicates popularity, but does present difficulties to the European Society of Cardiology with regard to organisation and finding suitable sites. Size is not the most important measure of the success of a congress. Many of you have commented that the standard of the scientific work is still increasing. Many important studies from Europe and the world were presented. Presentations on thrombolysis and drug intervention after myocardial infarction undoubtedly will have the greatest immediate impact on medicine. In the medium to long term the sessions on genetics, molecular biology, regression of atheroma, and ischaemic syndromes may provide a basis for major therapeutic advances. During the General Assembly a new Board for the European Society of Cardiology was elected. Michel Bertrand (France) takes over as the new President for the period 1992-4. Philip Poole-Wilson (UK) was elected President-elect, Günter Breithardt (Germany) is Secretary, Marten Simoons (Netherlands) is Treasurer, Joan Cosin Aguilar (Spain) and Julius Papp (Hungary) are the Vice-Presidents, and Sergio Chercia (Italy), Franz Dienstl (Austria), John Gialafos (Greece), and Lars Ryden (Sweden) are the new Councillors. Five new countries have become members of the European Society of Cardiology. These are Latvia, Lithuania, Estonia, Croatia, and Slovenia. A new Working Group on Cardiovascular Surgery was created and I do hope that members of the British Cardiac Society will join it. The Working Group on Nuclear Cardiology changes its name to Nuclear Cardiology and Magnetic Resonance. The Working group on Pathophysiology of the Cardiac Myocyte changed its name to Cellular Biology of the Heart. Sixty nine new Fellows of the European Society of Cardiology (FESC) were created. Forty seven were present. These included the following from the UK: John Cleland, Christopher Davidson, Simon Joseph, Bruce Keogh, and Richard Vincent.

News of colleagues

Mark de Belder and James Hall have been appointed as consultant cardiologists to the new cardiac centre at South Cleveland Hospital; Anthony Gershlick has left his senior lecturer post to become a consultant cardiologist at the same hospital at Groby Road Leicester; Gordon Dalzell has left the Altnagelvin Hospitals in Northern Ireland to take a post at the Royal Victoria Hospital, and has been replaced by Albert McNeill. These posts attracted a total of 23 applicants — an unusually large number in these days of relative scarcity of senior registrars. Sadly, however, another appointment to a district hospital could not be made because none of the applicants was considered to be suitable for short listing. We understand the post will be re-advertised.

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