**BRITISH CARDIAC SOCIETY NEWSLETTER**

**Annual Meeting 1993**

The 1993 Annual Meeting of the British Cardiac Society was held at the Wembley Conference Centre from 18 to 21 May. Approximately 1500 delegates attended, and the number of abstracts submitted and accepted was greater than in previous years. There were several innovations including the integration of the affiliated groups into the main part of the meeting, a moderated poster session and, to give the delegates more time to visit the exhibition, the business meeting of the Society was moved from its traditional position on Thursday lunchtime to Wednesday evening. Members' comments on the meeting are encouraged. Please write to Duncan Dymond.

The Young Investigators Award attracted a record number of submissions and we thank Professors Michael Davies, Professor Remme, Professor S Cobbe, and Dr P Weissberg for judging the competition. The standards of the presentations were very high and the judges awarded a joint first prize to Dr A Brady of the National Heart and Lung Institute, London, for a submission entitled "Nitric oxide and cardiac myocyte contraction" and to Dr M Bennett, from the University of Wales College of Medicine, for a submission entitled "Central role of the c-myc proto-oncogene in vascular smooth muscle cell proliferation and cell death".

The Wembley Conference Centre has always had certain disadvantages but it is the only suitable centre in London. There are no immediate plans to hold future meetings in London, and whether or not we do so will depend on finding an adequate alternative conference facility at reasonable cost. Next year's Annual Meeting is in Torquay from 17 to 20 May.

**Queen's birthday honours 1993**

We offer warmest congratulations to Desmond Julian and George Radda who were both awarded the CBE. Their major contributions to cardiology have been appropriately recognised. It was also a pleasure to see the award of an OBE to Dr James Read, Director of the National Centre for Coding and Classification, with whom the British Cardiac Society is working at present on data management.

**European Society of Cardiology**

Philip Poole-Wilson writes: "The Research and Training Committee of the European Society of Cardiology met recently under the chairmanship of Julius Papp. Twenty-four applications were received for research fellowships and 25 for training fellowships. Five research fellowships and six training fellowships have been granted. The names of the successful applicants will be announced during the congress in Nice.

An ad hoc committee had been established by the Board of the European Society of Cardiology to consider whether a basic journal in cardiovascular science should be supported by the European Society of Cardiology. That committee has now reported and negotiations are beginning with existing journals. Many of you will be aware that the Board of the European Society of Cardiology has initiated a European Video Journal of Cardiology (EVJC). This is a joint venture between the European Society of Cardiology, Cardio Diffusion, and Kluwer. The editor is Lars Ryden and the members of the editorial board are Marten Rosenvist (deputy editor), Antonio Bayes de Luna, Franz Dienstl, Jean-Marie Detry, Raimund Erbel, and Gunter Breithardt. There will be six issues of the video journal each year. This is a new venture. There can be no doubt that new technologies are going to emerge in the communication of advances in cardiology and in teaching. Precisely how these will be used in the future is not yet clear.

Discussions are continuing on the establishment of a working group on heart failure within the European Society of Cardiology.*

**Implications for training in cardiovascular medicine of the Chief Medical Officer's report on specialist training (Calman report)**

Michael Webb-Peploe, chairman of the Manpower and Training Committee, writes: "In July 1992 the Secretary of State for Health set up a working group under the chairmanship of the Chief Medical Officer to advise her on any action needed to bring the United Kingdom into line with the European Commission (EC) directives on medical training. The EC considered that the United Kingdom's position was unsatisfactory because (a) in a few specific cases certificates from other member states had not been recognised as being evidence of completion of specialist training by the Royal Colleges and the General Medical Council (GMC), and (b) the United Kingdom certificate was often awarded at an intermediate point during postgraduate training rather than at its completion."

**Main recommendations of the report**

These focus largely on the length of time spent in training and the content of education and training programmes. The need to comply with EC regulations, by avoiding a second "accreditation" separate and distinct from an EC certificate of specialist training, is met by the proposal to replace accreditation by a certificate signifying completion of specialist training (CCST) which will be equivalent to the EC certificate. This certificate will be granted by the GMC on the advice of the Colleges, and the Medical Register will show the award of a CCST or the equivalent qualification from another EC member state by "CT" as a specialist indicator together with the relevant specialty, the year of award, and the member state in which the qualification was awarded.

In aiming to shorten training programmes the report expects that most trainees would be appointed to consultant career grade posts by the age of 31 or 32 years. Minimum training programmes of two years of general professional training at senior house officer level (that is, starting at full registration) followed by four to six years of higher specialist training (depending on specialty) are the minimum periods proposed by the Colleges. The establishment of a single training grade (replacing career registrar and senior registrar grades) is strongly urged by 1995 as being one way of shortening training programmes and eliminating the time-wasting hurdle between registrar and senior registrar grades. After a minimum of two years of general professional training and passing the MRCP examination, the United Kingdom trainee would enter a six year cardiovascular
training period. One to two of the first three years would be spent in a district general hospital and the remainder in a regional specialist unit.

During this time the trainee would become proficient in general clinical cardiology, coronary care, non-invasive cardiac investigation (exercise testing, ambulatory ECG monitoring, echocardiography to intermediate level) and would be introduced to permanent pacing and invasive investigation in the catheter laboratory. During this first three years, the trainee would also be expected to have done 100 unselected acute emergency takes with continued clinical care of the patients admitted on these takes. This is the number that the Specialist Advisory Committee in General Internal Medicine have said is a minimum for any trainee seeking appointment as a general physician with an interest in cardiovascular medicine.

The final three years of the training programme would be spent in a regional centre. During these years the trainee would acquire further experience and training in clinical cardiac care (including post-cardiac surgery patients), in invasive and non-invasive investigation, in interventional cardiology, in pacing, and in electrophysiology. One of the six years could be spent in full-time research (and this would be encouraged)."

**TIMETABLE**

"Provisional training programmes have to be submitted by the next plenary session of the Joint Committee on Higher Medical Training in early November 1993. The final training programmes have to be ready by July 1994 and are expected to be up and running by the end of 1995."

**British Cardiovascular Intervention Society**

Martin Rothman and Huon Gray write: "BCIS was founded formally in 1987 and originated because fledging interventionists felt the need to meet. The originators of this collaboration were David Cumberland and Man Fai Shui, the latter becoming the founding chairman. BCIS continues to provide a forum for discussion of matters related to intervention and holds regular meetings in the spring and autumn as well as organising a working group session at the Cardiac Society's Annual Meeting. BCIS has recently provided a member to the British Cardiac Society Working Party on Radiation and to the working group on Read Codes, as well as interacting with the Department of Health (DOH) on a number of matters.

At the February 1993 Annual General Meeting of BCIS, held at St Mary's Hospital, London, Man Fai Shui and Duncan Dymond stood down as Council members of BCIS and Ian Hutton (Royal Infirmary, Glasgow) and Nigel Buller (Royal Brompton, London) were elected to replace them. Membership of BCIS now stands at 279.

The Department of Transport has issued new recommendations concerning driving after angioplasty. Those holding vocational licences (HGV or PSV) may not drive for three months after a successful PTCA and may regain their licence only after completing at least four stages of the standard Bruce exercise test off medical therapy with "no symptoms or signs of cardiac dysfunction". Equivocal cases will be assessed by the DOH's medical advisers. At present the recommendation for those holding a private licence is that they should not drive for one week after PTCA. BCIS believes this is unnecessarily restrictive and is discussing this with the appropriate authorities in the hope that it may be altered to allow individuals to drive earlier, at the discretion of their cardiologist.

BCIS has set up a subcommittee to assess the resources required nationally to provide invasive and interventional cardiological services. Most would agree that the United Kingdom is under-provided for these procedures but at present it is difficult to assess current levels of activities—how far these are short of the ideal—and the extent of regional variations.

Over the next few years there will be increasing pressure, both nationally and from the EC, to audit the use of new interventional devices and probably to limit their use to designated centres while they are still in the trial phase of their development. BCIS supports the regulation of the use of new devices and has been in close contact with the Devices Directorate of the DOH, which is keen to involve BCIS in setting up a registry.

The annual BCIS audit of cardiac interventional procedures in the United Kingdom in 1991 appears on page 201 of this issue of the British Heart Journal. Persuading certain centres to provide data about their interventional procedures continues to be enormously difficult and time-consuming, requiring funding from the British Cardiac Society to pay for a BCIS audit assistant to chase recalcitrant units. BCIS continues to plead the importance of providing this information and to ask for better cooperation.

The next scientific meeting of BCIS will be held in Manchester on Friday 1 October 1993. The local organiser is Dr Bernard Clarke, with the support of colleagues both at Manchester Royal Infirmary and Wythenshawe Hospital. The first meeting in 1994 will be in London on 20 and 21 January, with speakers and some delegates from the United States and Europe as well as the United Kingdom, although as usual the meeting will be directed principally at our United Kingdom membership."

**NOTICES**

The 1994 Annual Meeting of the British Cardiac Society will take place at the Riveria Centre, Torquay from 17 to 20 May.

The International Symposium on Infective Endocarditis organised by the Working Group "Valvular Heart Disease" of the European Society of Cardiology will take place in Lyon, France on 28 to 30 October 1993—Further details from Albine Conseil, 5 Boulevard de Courbevoie-Bât B, 92523 Neuilly-sur-Seine, Cedex-France. (Tel: (+ 33) 1 47 47 57 37. Fax (+ 33) 1 46 40 70 36). The closing date for abstracts was 15 June.