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 fledgling 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."

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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.