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## *British cardiology*

# *Staffing in cardiology in the United Kingdom 1988* *Fifth biennial survey*

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**SUMMARY** This is the fifth survey of staffing (consultants and senior registrars) in cardiology in the United Kingdom. Data from previous years—including the fourth survey (1986) that was not published separately—are used to show the trends over the past decade. In 1988 there were less than six cardiologists per million population. The United Kingdom, with Ireland, has fewer cardiologists than all other European countries with reliable figures. The ratio for Europe as a whole is approximately 45 per million population; the recommended figure for the United States of America is 60 per million. The distribution of cardiologists in England and Wales is still very uneven. Seven million people—nearly 15% of the population—have no immediate access to special expertise in cardiology. Women are particularly poorly represented in the speciality.

This survey indicates that the crisis in staffing for cardiology continues. It will worsen as the possibilities grow for effective management of heart disease and as needs increase with the greater average age of the population. Resolution of this crisis should be a major priority in policies aimed at countering the ravages of heart disease.

Staffing and facilities in cardiology in the United Kingdom have been monitored since 1978. Cardiologists were one of the first speciality groups to do so, with the twin intentions of identifying deficiencies in the provision of services throughout the country and of providing information that would aid matching of training posts to future consultant vacancies.

Three surveys have been published.<sup>1-3</sup> These were all conducted from the Centre for Medical Research within the University of Sussex, on behalf of the British Cardiac Society and the Cardiology Committee of the Royal College of Physicians of London. The fourth survey related to consultants and senior registrars only. It was to have been undertaken by the British Cardiac Society, but changes of staff led to unforeseen delays, and the data—with an index date of 1 July 1986—were not published. They are, however, included with this report that deals primarily with information on staffing with an index

date of 1 April 1988 (for senior registrars) and one of 1 July 1988 for consultants.

### **Methods of inquiry**

A cardiologist in each health region of England and Wales was sent a list of district contacts to confirm that these contacts were still in post and likely to complete a questionnaire. We used a different method to survey the Health Boards of Scotland and the Health and Social Service Area Boards of Northern Ireland: two of us (DB and DMCCB) collected these data. In previous surveys it was more difficult to obtain information from Scotland and Northern Ireland because of the different organisation of health care. On this occasion the new method of collecting data for Scotland and Northern Ireland proved more successful. We therefore believe that our current data are substantially accurate; but comparisons for Scotland and Northern Ireland that depend on information from previous surveys were included only when we believed that they were accurate.

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