



SCTS

Society for Cardiothoracic Surgery
in Great Britain and Ireland

Annual General Meeting 2024 Minutes

Thursday 28th March 2024

17:30 – 19:00 on Zoom

Chair – Narain Moorjani, SCTS President

Minutes of the AGM 2023

Approved.

Minute's silence for deceased members

New members

Approved with no objections.

17:35 – 17:45

President's report

Narain Moorjani, SCTS President

Royal Papworth Hospital, Cambridge

The President gave an overview of the activities of the SCTS Executive and its sub-committees, including the SCTS Adult Cardiac Database, proposals to support elective surgery recovery, and widening participation in cardiothoracic surgery. Within thoracic surgery, there are plans to agree on a national thoracic surgery dataset for a Thoracic Surgery Database and to establish a Thoracic Surgery Priority Setting Partnership to set research priorities within the specialty. A growing portfolio of cardiac surgery research studies has been developed in collaboration with SCTS Research. The Society is collaborating with its SSA partners in the FSSA to develop national strategies to support the cardiothoracic workforce against sexual misconduct and other forms of bullying and harassment and write guidelines on the scope of practice for medical associate professionals. Thanks were conveyed to the SCTS Executive and Administration team for all their hard work. Finally, the President thanked Cha Rajakaruna and the Meetings team for delivering another successful Annual Meeting at the ICC Wales.

17:45 – 18:00

Honorary Treasurer's report

*Mark Jones, Honorary Treasurer
Royal Victoria Hospital, Belfast*

The Treasurer outlined the Society's principal sources of income – membership subscriptions and the Annual Meeting – and main expenditure – educational courses, management and administration, and governance. The Society's funds are invested to achieve maximal income whilst avoiding high-risk or unethical investments; investment income is recovering slowly after depreciation in 2022 because of the turbulent economic circumstances. The turnover has been over £1m for the last two years, requiring a more detailed annual financial audit. Annual expenditure rose steadily to £1.3m last year, but net income has fallen because of the (now recovering) value of the investment portfolio and fewer grants and awards to support our educational courses. As a result, the Society's overall reserves have fallen, but the accountants judge these reserves as sufficient. The Society has acted on the recommendations of the financial audit findings by setting up a financial risk register and a register of related parties, starting a detailed review of the Society's income and expenditure, and defining how the SCTS should support related third-party organisations.

18:00 – 18:10

SCTS Adult Cardiac Surgery database

*Uday Trivedi, SCTS Audit Sub-committee Co-chair
Royal Sussex County Hospital, Brighton*

Outcome monitoring changed to unit-level monitoring and measures beyond mortality with the Quality Assurance Programme roll-out in 2019. The QAP survey is sent to all BORS representatives, even non-members, for regular completion, but delays in quarterly review and updating of data remain. The SCTS Executive has agreed that the unit lead and Medical Director/Chief Medical Officer should be informed of any unit failing to complete two consecutive quarterly reviews. Without regular QAP engagement, the SCTS could not offer as full support to a unit or an individual surgeon identified as an outlier on NICOR analysis. Units were encouraged to submit a data-sharing agreement for the SCTS Adult Cardiac Database established in collaboration with UHBW (as joint data controllers) and Dendrite (data processor) for benchmarking, national audit, and research to improve patient outcomes.

18:10 – 18:20

SCTS Research Thoracic Surgery Priority Setting Partnership

*Akshay Patel, RCS Associate Surgical Specialty Lead in Thoracic Surgery
Queen Elizabeth Hospital, Birmingham*

The SCTS plans to establish a Thoracic Surgery PSP in collaboration with the James Lind Alliance following successful PSPs in adult cardiac and congenital cardiac surgery. A steering group has been created under the leadership of Babu Naidu and Karen Redmond. The first step is a national survey to collect stakeholder input on research uncertainties to define the

PSP's scope and identify thematic areas. The SCTS is exploring potential sources of funding such as philanthropic donations; the JLA prefers to avoid industry and pharma support.

18:20 – 18:30

SCTS Post-CCT Fellowships

*Elizabeth Belcher, Education Secretary
John Radcliffe Hospital, Oxford*

Training opportunities in cardiothoracic surgery fell during COVID and are slower to recover compared with other surgical specialties. SCTS Education has supported > 150 fellowships for advanced surgical training, usually overseas, in collaboration with Marian Ionescu, Ethicon, and other sponsors. The SCTS has created new post-CCT fellowships, based on existing high-quality programmes, in robotic thoracic surgery (Barts), complex aortic surgery (Liverpool (two), Barts), and complex mitral valve surgery (Bristol) accredited by the RCSEd and overseen by the SAC with agreed quality indicators. The approved curricula include course and specialist conference attendance, clinical experience, and operative experience with indicative independent case numbers, supervised procedures, and advanced surgical techniques. These fellowships will be advertised nationally but appointed locally.

18:30 – 18:40

SCTS Constitution

*Rana Sayeed, Honorary Secretary
John Radcliffe Hospital, Oxford*

The constitution was last revised in 2012 when the SCTS changed its name from the Society of Cardiothoracic Surgeons to the Society for Cardiothoracic Surgery. Governance improvements already implemented include defining the eligibility criteria to stand for office and a more robust interview process for Appointed Trustees. Last year's AGM passed two resolutions to increase the number of Trustees by creating three Trustees to be elected by and represent NTN, TAD, and NAHPs to increase non-Consultant representation as Elected Trustees and making the Communications Secretary an Appointed Trustee. The special resolution at this year's AGM is to approve the adoption of the new constitution.

18:40 – 18:50

Questions and comments

- *Are you aware that the Confidentiality Advisory Group does not cover Scotland and Northern Ireland?*
CAG only covers England and Wales. There are separate arrangements for Scotland – the Scottish Cardiac Audit Programme – and Northern Ireland.
- *If we want to use the data for research and QIP, do we still need NICOR's permission? Is there a cost to use the data?*

Currently, we need to request data from NICOR for clinical research. NICOR charges a fee according to the work necessary to provide the requested data; in the past, the fee has been £3000 to £5000. NICOR has a section on its website describing how to apply for data and its criteria for data release.

- *After adopting the new constitution, can non-consultant trustees stand for President?*
Last year's AGM approved the proposed changes to the new constitution after extensive consultation with the membership at several meetings and a dedicated webinar. There will be no changes to the eligibility criteria under the new constitution, if adopted, and, as now, only consultant members can stand for President.

18:50 – 18:55

AGM special resolution poll

1. That the draft articles of association (shared in advance of the AGM) be adopted as the articles of association of the Company in substitution for, and to the exclusion of, the existing articles of association.

Response: 97.1% yes, 2.9% no.

The special resolution was passed, and the new constitution will be adopted.