



The Society of Cardiothoracic Surgeons  
of Great Britain and Ireland

# THE BULLETIN

JANUARY 2002

The past year has been extremely busy for the Society with much of our time and effort spent on protecting our public image. The medical profession in general continues to be in the spotlight but cardiac surgery has been hit hard. The £14m Bristol Report with its 198 recommendations was released in July and more recently Dr Foster published unit results for coronary artery surgery in The Times. Some of us have felt hurt by all this but we have to realise that, through the government, the public are going to continue to insist on more and more information being available to them.



We have to regain the initiative and control by being prepared to publish surgeon specific data but under our processes and lead. Only then will we be seen to be doing a good job in these under-funded circumstances. However, the Government seems to have a real determination to reduce waiting lists, and as I write this, Mr Milburn has announced more money for eight units to be expanded. They will need our cooperation and we should be remunerated in a fair and consistent manner for the extra work that will inevitably be

needed. The Executive Working Group on surgical cross cover has produced a formula for this.

Bruce Keogh has been instrumental in developing a positive relationship with the Department of Health, the ministry, Dr Foster and The Times and we are lucky to have a Secretary with so much skill and energy. I know that he will address the issue of data release at length in his report and I'm sure that lively discussion will be had in relation to these matters at the forthcoming annual meeting in Bournemouth. In light of this we have split the business meeting into two to allow more time for debate. I for one look forward to your comments and support in March and hope that the Annual Meeting will be well attended.

Two hundred and forty eight abstracts were submitted, pared down to 48, which together with symposia on Trauma and "Consultant Suspension" make for an interesting meeting. We will also be using, with Richard Steyn's help, a very modern, high tech method of presenting the posters in the interactive sessions. We continue to use the format of completely mixing up the programme rather than having parallel sessions - the juniors particularly like this arrangement as they want to go to everything!

As this will be my last report in the Bulletin as President, I would like to take this opportunity of thanking all those who have helped me through a most interesting, but challenging two years. I would like to thank all members of the Executive, but particularly Bruce Keogh, who does an outstanding job as Secretary of our Society.

**James Monro, President**

## Annual Meeting

Accompanying this bulletin is information concerning our annual meeting. The registration form is a tear-off page which when completed should be sent to Isabelle at the society office in London. An accommodation form is also included and hotel reservations can be made using this (or on-line as detailed) - but please note that this should **not** be sent to the Society office.

For those unable to attend the meeting, 2002 membership subscriptions must be paid using the same registration form. If we do not receive payments by March 31st we will debit cards as per your instructions last year - you will be notified of this.

## National Heart Research Fund Lecture to Continue

The National Heart Research Fund has sponsored the Honoured Guest's Lecture at the Annual Meeting for the last four years. Ros Jenkins of the National Heart Research Fund has been advised by their trustees that this will continue until at least 2007. The Guest of Honour this year is Alain Carpentier from Paris who is also speaking at the Postgraduate Day.

The National Heart Research Fund is looking for surgeons to run the London Marathon on their behalf. If you can raise £1,500 sponsorship a place is guaranteed - contact Ros on 0113 2976200.



## FROM THE SECRETARY – Bruce Keogh

It has been a busy few months for the society. The main issue has been the publication of unit results for coronary surgery by **Dr Foster** in The Times. This prompted our extraordinary general meeting on 9th November, attended by representatives from 28 units. Two important decisions were made:

1. To publish the results of isolated coronary surgery and all heart surgery by unit on our website.
2. Not to release our register data to any other newspaper beforehand since we had struck an agreement with Dr Foster and The Times to publish an article outlining our concerns in the same supplement as the league tables.

Although The Times publication attracted a pretty subdued response it resulted in considerable distress for a few units who felt unjustly represented. Whatever the rights or wrongs, this process will continue. The government feels that,

- it is a disgrace that hospitals have been collecting data on procedures for nearly 30 years but it still remains both suspect and secret
- the public have a right to see this sort of data
- trusts will do nothing to improve their IT until the data is used in a public arena.

So they have started to use the Hospital Episode Statistics (HES) data for a variety of performance indicators. The next step being considered is to release data on physician specific outcomes across the board fairly soon. The political imperative is such that it is extremely unlikely we will be able to prevent the public release of surgeon specific data but we may be able to argue reasonably for a limited delay until the data is more robust. This is on the basis that if data is relatively distorted for units it is extremely unreliable for relating specific procedures to individual practitioners and may be wrong in up to 30% of cases.

Re-enter the Central Cardiac Audit Database (**CCAD**). This project, currently funded by the DoH and under the umbrella of the NHS Information Authority, collects cardiological and surgical data on children undergoing interventions for congenital heart disease. The database is linked to the Office of National Statistics allowing long-term mortality tracking as used by the UK Heart Valve Registry. The system is now working well, so we have abandoned the paediatric section of the Cardiac Surgical Register. Dr Roger Boyle is now keen to extend CCAD into the adult arena. This requires harmonisation of clinical datasets between ourselves and the British Cardiovascular Intervention Society (BCIS) which is almost complete. Once a common dataset is defined it has to be approved by the Information Standards Board before integration into the NHS information stream. We have been arguing for adequate resources to collect data locally and things are at last looking promising on this front – watch this space!

We have also developed robust data validation methodologies through our collaboration with the Nuffield Trust, Rand Organisation and California Department of Health and we hope to extend this experience to CCAD. This group is co-chaired by Professor Leon Fine, University College London. He supported the Executive on 9th November and we were impressed by his incisive perception of the issues surrounding the public release of outcome data.

At best, there will be no release of surgeon specific data until a reliable system is in place where data is validated and of sufficient quality to allow the application of agreed risk models. At worst, the government will feel unable to wait for CCAD to roll out and will simply release more outcome data based on HES. It is vital we all give sober consideration as to how the Society handles surgeon specific data. **This will be a key issue for discussion at the annual business meeting in March.**

In the meantime the Executive has decided that in order to regain the initiative, we should publish unit results of isolated aortic valve replacement, aggregated over 3 years, on our website.

### We have been busy on other fronts as well.

- In order to be politically effective the Society must forge closer links with the DoH, but we must maintain our autonomy. Dr Roger Boyle now regularly attends our Executive meetings to update us on the NSF and DoH thinking.
- We have formally established a Professional Standards Committee consisting of the President (chair), the vice president, honorary secretary and two elected members in the last year of their term on the Executive. The organisers of the registers and co-ordinator of the Quality Accreditation Programme will be in attendance.
- Our website is continually evolving. We were the second organisation to join STS to form CTSNet in late 1998. Since then the number of hits has risen from 100 to well over 1000 hits per day. The busiest day was after the Dr Foster publication.
- We have introduced the use of short life working groups to tackle specific issues. This policy concentrates the mind on one task and enables more members to contribute to Society business. These groups are detailed in the accompanying table. As the reports are finalised they will be published on our website which is becoming our preferred mode of communication.

We should therefore feel positive about our Society. However, all the good work will be to no avail without an effective PR strategy so this is being developed by a group chaired by James Roxburgh. An application has been submitted for an exhibition on cardiothoracic surgery in the House of Commons. We will also collaborate with Dr Foster and use their expertise to broadcast to the general public clear descriptions of operations, their associated risk and relative benefits. Educating and informing the public is a responsibility we must grasp over the coming year.

Finally, we have been fortunate to have a president, Jim Monro, whose experience of both paediatric and adult cardiac surgery at the time of the Bristol report was invaluable as was his judicious handling of the media during a turbulent time for our specialty. Jim will be stepping down in March but will continue to co-chair the DoH Paediatric Cardiac Services Review Group which is reviewing national paediatric cardiac services. Colin Hilton takes on the mantle during our next annual meeting at Bournemouth in March.

### Working Group Remit

### Chairman

Waiting list management	Leslie Hamilton
Standardisation of arrangements for surgical cross cover	Steve Hunter
Models of care for the delivery of cardiac surgery, with the British Cardiac Society	John Wright
Critical under-provision of surgery for lung cancer in the UK, with the British Thoracic Society	Tom Treasure
The conflict between service and training	Andrew Murday
The changing role of consultants as their careers evolve	Terry Lewis
Standardisation of job plans	James Roxburgh
The future of oesophageal surgery	Andrew Thorpe
Public relations strategy	James Roxburgh

## SEEING SENSE IN THE SOUP

Most of you will have had some contact with the Intercollegiate Board in some way or other, either as a candidate, examiner, trainer or programme director. Like me until recently, you may not know how the Board is constituted and how it connects to the various other bodies which exist to organise training and accreditation. At their worst these organisations can sound like a bowl of alphabet soup. But the ISB, JCIE, SAC, JCHST and STA do have some useful functions. They are as follows:

The Intercollegiate Specialty Board consists of a chairman, together with representatives from each of the 4 surgical colleges, and 2 representatives chosen by the executive of the Society of Cardiothoracic Surgeons of Great Britain and Ireland. This Board meets every 6 months and oversees the Intercollegiate Specialty Examinations in Cardiothoracic Surgery. There are similarly constituted Boards for each of the other surgical specialties. The chairmen of these Boards meet on a regular basis at the Joint Committee on Intercollegiate Examinations. This ensures common policies providing a degree of uniformity across the surgical profession. If a Board wishes to make any changes to the examination process these have to be approved by the JCIE. The JCIE reports to the Senate.

As many of you will know there is a professional Intercollegiate secretariat, based in Edinburgh, which administers the examinations and all the committees that oversee them.

Alongside the examination system there is a further system based on the Specialist Advisory Committees. These oversee training programmes and the progress of each trainee. The SAC's come together at the Joint Committee on Higher Surgical Training.

The JCHST, like the JCIE, ensures uniformity across the specialties and reports to Senate.

In order to get on to the Specialist Register, which is administered by the Specialist Training Authority, a surgeon is required to pass the Intercollegiate Specialty Examination and hold a Certificate of Completion of Specialist Training (CCST) from the SAC.

That's the end of the soup course. Just for afters perhaps I could mention the biggest challenge the ISB faces at the moment. You will almost certainly have seen various reports recommending that specialists who treat children should be subject to specific assessment in paediatric aspects of their field. To this end we will almost certainly have to introduce a special section of the examination for those who require it. The question is then to decide how much further this should go. The advent of segregated training for thoracic surgeons might suggest a requirement for a separate examination for those trainees? Might the same be said of transplant surgery or oesophageal surgery? We should not be afraid of these changes. What I would like to see, however, is a full debate throughout the profession. It is an issue that will continue to be discussed by the Society executive, but as individuals please formulate your ideas, and if you are prepared to let me have them, I will ensure that they are considered thoroughly when implementing our future policy.

**Andrew Murday**  
**Chairman, Intercollegiate Specialty Board in Cardiothoracic Surgery**

## Cardiothoracic Courses

### Applied Basic Science for Cardiothoracic Trainees

18th - 20th February 2002

The Royal College of Surgeons of England

*A three day lecture course aimed at HSTs in years 1-3 of training. Course content will cover cardiac and thoracic surgical anatomy, physiology and pathology.*

### HST Introductory Thoracic Surgery

26th - 28th March 2002

The Royal College of Surgeons of England

*A brand new three day skills course aimed at HSTs in the first year of thoracic surgery. Course content will include anatomy, physiology, imaging, endoscopy and practical skills including VATS and lung surgery.*

For further information on either of these courses contact:

Cardiothoracic Courses Assistant

Raven Department of Education

The Royal College of Surgeons of England

35 - 43 Lincoln's Inn Fields

London WC2A 3PE

Tel 020 7869 6431

Fax 020 7869 6320

Email [cardiothoracics@rcseng.ac.uk](mailto:cardiothoracics@rcseng.ac.uk)

## St Jude Scholarship – £10,000

Phil Alderson has announced that the St Jude Scholarship has been increased to £10,000! In addition St Jude is sponsoring the entire Post-graduate Day at the Annual Meeting in March.

Applications are now invited for this scholarship from members of the society **to enable a period of training not available at the applicant's home institution.** Application forms are available either on line at [www.scts.org](http://www.scts.org) or from Isabelle at the Society office ([sctsadmin@scts.org](mailto:sctsadmin@scts.org)). The closing date is St Valentine's Day - 14th February, with the award/s being made at the Annual Dinner in Bournemouth. Should the committee feel it appropriate the award may be split and given to more than one person.

## Intercollegiate Examinations

22nd - 23rd May 2002

Glasgow

Closing date: 8th March 2002

16th - 17th October 2002

Leeds

Closing date: 6th August 2002

## Dates for your Diary

### Current Trends in

#### Thoracic Surgery 2002

24th-26th February 2002

Fort Lauderdale, Florida, USA

Email: education@promedica-intl.com

#### 12th World Congress of the International Society of Cardiothoracic Surgeons

3rd-6th March 2002

Lucerne, Switzerland

Email: iscts@congressorg.ch

#### V International Meeting on General Thoracic Surgery

11th-12th April 2002

Barcelona, Spain

Email: rct@rct-congreso.com

#### International Soc for Heart & Lung Transplantation

10th-13th April 2002

Washington, USA

Email: ISHLT@aol.com

#### 2nd European Conference on Management of Coronary Heart Disease

13th-15th April 2002

Nice, France

Tel: +44 (0)1892 539606

#### 82nd Annual Meeting of the AATS

5th-8th May 2002

Email: aats@prri.com

#### British Cardiac Society

13th-16th May 2002

Harrogate International Centre

Further Info: [www.bcs.com](http://www.bcs.com)

#### American Thoracic Society

17th-22nd May 2002

Atlanta, Georgia, USA

Email: drichardt@thoracic.org

#### Cardiothoracic Surgical Research Club

##### Summer Meeting

18th May 2002

Southampton General Hospital,

Southampton

Email: Dawn.Black@suht.swest.nhs.uk

#### The Sheffield Seminar

30th - 31st May 2002

Northern General Hospital, Sheffield

Email: gaetano.rocco@btpopenworld.com

#### British Thoracic Society Summer Meeting

27th-28th June 2002

Manchester Conference Centre,

UMIST, Manchester

Further Info: [www.brit-thoracic.org.uk](http://www.brit-thoracic.org.uk)

## Society Website:

[www.scts.org](http://www.scts.org)

Who is Dr Foster? What did the Society do about The Times league tables? What are the Executive up to (and who are they anyway?). Where is that copy of that National Database Report? What is Bruce's e-mail address? Where is the Society's Annual Meeting? What shall we tell the public about risk stratification (FAQs)?

With great foresight Bob Dylan suggested that "the answers are blowing in the wind" – they certainly are out there and can be found on our Society's website at [www.scts.org](http://www.scts.org). The web site is now the first logical port of call for information. Every member of the Society has their own web page through the link with CTSnet and so it is particularly valuable if you want someone's phone number or e-mail address – it is up to you to make sure your own page is updated (you will need your user name and password which can be obtained from Bruce Keogh). In the drive to be more professional, efficient and cost effective, the Executive use the Committee pages on the site for circulation of all meeting documents. Bruce has put a lot of work into developing the site and any suggestions and contributions are welcome. Try it and see.

## Crossword

Try your crossword skills and complete Sam Nashef's conundrum - he will reward the first correct solution he receives.

The solution to this puzzle (and that of the last bulletin) can be obtained by contacting Sam's secretary

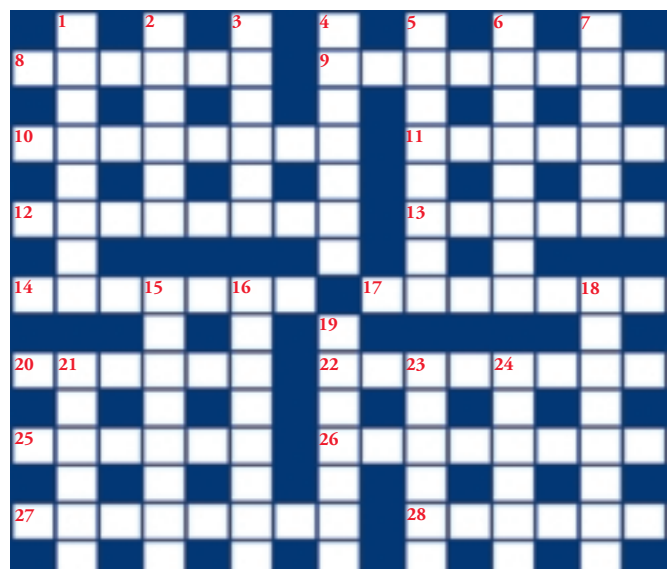
(Email - [Helen.Rodriquez@papworth-tr.anglox.nhs.uk](mailto:Helen.Rodriquez@papworth-tr.anglox.nhs.uk))

### Across

- 8 See 22  
 9 Plane of dry occupation (8)  
 10 Vehicle protector foremost (8)  
 11 See 20  
 12 Submarine flounders each time it is immersed, even partly (8)  
 13 Prisoner at home with a friend (6)  
 14 Notice compiler sit: he's fat! (7)  
 17 Originating from Africa: a bit of a rug and an urn (7)  
 20/11 Health publicist went to Gloucester (6,6)  
 22/8/ Gay boy angry if car transporters perform the work of 4,16 (8,6,6,8)  
 25 Plot diagram (6)  
 26 Cads find heavenly body in evil's grasp (8)  
 27 Siren let loose on member of audience (8)  
 28 See 2 down

### Down

- 1 Invested or stooped, so to speak (8)  
 2/28 Alliance platforms built by 20,11 for 22,8,3,5 (6,6)  
 3 See 22 across  
 4/16 Sod caring! Us care? We're professionals! (7,8)  
 5 See 22 Across  
 6 Goddess haunts first island for Paddy (8)  
 7 Outcome of possession (6)  
 15 Sick of waiting (8)  
 16 See 4  
 18 Contracts as out of game (8)  
 19 Mostly invisible 12 danger (7)  
 21 Flower found in the garden porch I designed last year (6)  
 23 Steers badly, but adjusts (6)  
 24 Close tight alongside (6)



## FTTN: mechanics of conversion

“Department of Health seeks Spanish surgeons” – so said the headlines. The NSF for coronary heart disease has fuelled a demand for a rapid increase in the number of cardiac surgeons. The Department of Health have requested that the SAC practically double the number of type 1 training posts over a 3 year period. Recognising that the training programme is six years, the DoH have been seeking other means for a rapid increase in numbers – initially by trying to recruit surgeons from overseas.

All this has prompted many of our current trainees in type 2 posts to seek entry onto the GMC Specialist Register to enable them to apply for consultant posts. I have many approaches as Cardiothoracic Dean to the Society and so thought it would be useful to summarise the current situation. There was a window of opportunity for mediated entry for those doctors who had been in registrar posts prior to the introduction of the Calman system – this route of entry is now closed. Doctors practising as specialists overseas can apply for direct entry onto the Specialist Register but they have to fulfil three criteria:

1. be practising at consultant level
2. hold a specialist medical qualification in cardiothoracic surgery
3. demonstrate their training programme had the same degree of supervision and duration as higher surgical training in the UK – training undertaken in the UK does not count in this process.

For those SpRs who are currently in type 2 (FTTN) posts, the only route to the Specialist Register is through a type 1 training programme leading to a CCST. The entry requirements for a type 1 programme are:

1. completion of a programme of basic surgical training
2. the possession of the MRCS
3. appointment to type 1 post which has been advertised nationally and is obtained by competitive interview.

This is obviously quite a challenge, particularly for those who have not taken the MRCS during their training - but if successful in obtaining a type 1 post then training in a type 2 post (providing there are records of the in-post assessment and satisfactory RITAs) can be counted towards the six years of the type 1 programme.

Last year 30 new type 1 posts were created. The DoH request for increased training numbers this year has been met by conversion of a significant number of type 2 posts to type 1. Recognising this and the fact that the DoH would like to see a rapid increase in the number of consultants, the Chairman of the SAC has recently written to Programme Directors encouraging them to give serious consideration to those in type 2 posts applying for type 1 programmes.

**Leslie Hamilton, Cardiothoracic Dean**

## Benefits of Membership of SCTS

- Reduced subscription to JTCVS
- Eligibility to receive society administered scholarships
- Representation of your views to DoH and Government bodies
- Professional support for you and your unit
- Free copy of the Database Report (worth £85)
- Complimentary Postgraduate Day at Annual Meeting
- Complimentary black tie dinner at the Annual Meeting

## Your Executive 2001 - 2002

President	James Monro
Vice-President	Colin Hilton
Honorary Secretary	Bruce Keogh
Honorary Treasurer	Robert Lamb
SAC Chairman	Patrick Magee
ICB Chairman	Andrew Murday
Cardiothoracic Dean	Leslie Hamilton
Cardiothoracic Skills Tutor	Christopher Munsch
Consultant Advisor to CMO	Deirdre Watson
Young Consultants Rep	Steven Hunter
Eire Rep	David Luke
Trainee Rep	Jonathan Hyde
ODTC Rep	Graham Morritt
Co-opted Thoracic Rep	Andrew Thorpe
Elected Members	Samer Nashef
	James Roxburgh
	Terence Lewis
	Graham Cooper
	Robert Bonser
	Mark Jones

## Congratulations on your consultant appointment

Miss M Jahungiri	St George's Hospital
Mr M Danton	Royal Victoria Hospital
Mr M Sarsam	St George's Hospital
M P Hayward	UCL Hospitals
Mr M Dalrymple-Hay	Derriford Hospital
Mr P O'Keefe	University Hospital of Wales
Prof Ulrich Von Oppell	University Hospital of Wales
Mr R Casula	St Mary's Hospital
Mr D Pagano	University Hospital Birmingham
Mr R Kanagasabay	St George's Hospital
Mr J Hyde	Royal Sussex County Hospital

## Subscriptions for 2002

Subscriptions will be collected with the registration fees for the Annual Meeting in March. Rates for 2002 are:

Consultant	£215	Overseas	£110
Trainee	£110	Associate	£50